



**Psychiatric Rehabilitation Program – Coudersport  
R.I.S.E. (Reaching Independence, Staying Empowered)  
Quality Assurance Report  
6/7/2024 – 5/7/2025**

## **Introduction**

As R.I.S.E. enters its sixteenth year of serving our community, we are happy to share the exciting changes and advancements we have made over the past year. Members actively participate in planning/modifying the daily activity schedule to better align with their needs and interests with the addition of a daily mindfulness practices group and weekly art therapy and interpersonal skills sessions. Our PR program continues to serve members from the Potter and McKean County areas, operating Monday through Friday from 9:00 am to 3:00 pm. Despite staffing changes and challenges, staff have remained steadfast in providing members with quality individualized programming to assist them with reaching their overall recovery goals. Members collaborate with PR staff to bring awareness to their current skills, strengths, abilities, and areas of need for skill building in order to obtain their desired role in living, employment, learning, and social environments. Family, friends, and other agencies may also be involved in this recovery process, as support is an integral component to success in recovery. PR staff have also been working to highlight the importance of overall wellness in mental health recovery. We continue to offer more group sessions on wellness topics, aligned with SAMHSA's eight dimensions of wellness. All group sessions and activities are designed to teach essential skills and provide opportunities for members to practice and apply them. When available, members are offered opportunities to practice these skills in the community, and most recently through their participation in the community garden. They are able to socialize with other gardeners and build lifelong gardening skills. PR staff also offer individualized support through one-on-one sessions with members to review their progress, identify barriers, and find solutions to overcome these obstacles. Together, we continue to strive for excellence in supporting our members' journeys toward recovery and well-being.

## **Referrals**

Since June 7, 2024 we received 10 referrals. This has increased from last year. Referrals were primarily received from DCI Outpatient Services, UPMC Cole, and Potter County Human Services Blended Case Management, with new referrals coming from Laurel Health Center. Staffing shortages in our program have limited the ability to seek and accept new referrals, as the census must remain at a level that is conducive to providing quality programming to existing members. With that said, PR staff continue to work with existing referral sources, notifying them when the program has opportunities to accept referrals. We anticipate being able to take on more members as staffing patterns have changed.

## **Admissions**

Since June 7, 2024, the program has had seven admissions, which is also up from last year. The current enrollment as of April 28, 2025, is 19 members with an average daily census of 6.02. Readiness appeared to be the greatest factor in successful admission, with one individual delaying admission due to medical issues. PR staff continue to work with referral sources to assist with assessing an individual's readiness and willingness for services by offering tours of the program, distributing brochures, and providing opportunities to speak with PR staff about the program before beginning services. An additional barrier, as mentioned above, continues to be staffing shortages as it relates to the ability to accept referrals. Current staff remain dedicated to resolving staffing issues by working closely with marketing and HR teams. Despite staffing challenges, PR staff have increased consumer engagement to promote retention of existing members in various ways such as using a staff cellphone, which has added the ability for members and staff to engage via text, contacting members who have not engaged in programming for 1-2 weeks, sending letters, and collaborating with service providers more frequently. We have worked to increase our outreach to members who have been struggling to attend and offered support, ideas, and options when they were unable to get to the program. Member retention is an ongoing focus and challenge and we continue to develop creative ways to support individuals in their recovery journey while connecting them to skills, services supports, and resources that they find to be of interest. The program has experienced an increase in member retention and readiness to work on preferred domains, skills, and personal goals with a retention rate of approximately 79% from last year to the present. While four exceptions were necessary this year, we were able to complete the needed documentation so that individuals wanting services were able to participate. We remain in contact with CCBH and the County MH Administrator to review and discuss service interests and need areas for these individuals. Contact with the Potter County Mental Health Administrator is scheduled monthly and contact with CCBH is quarterly, as well as on an as-needed basis due to changes in life circumstances for the individuals we serve.

## **Psychiatric Hospitalizations**

There were two hospitalizations in the last year, including one psychiatric hospitalization, zero drug and alcohol hospitalizations, and one medical hospitalization. The one hospitalization was completed under a 302 commitment. One member returned to PR after discharge to continue working on their stated goals and objectives and one individual chose to discontinue services. Case management and mobile PR were recommended, with case management obtained. We continue to support, coach, and teach members about advocacy and identifying relapse-related challenges. We promote partnerships with service providers and encourage relapse prevention, problem solving, decision making, and personal safety skills within program activities and interventions.

## **Discharges**

There were 5 discharges this past year. The average length of stay was 1,042 days, which is an increase from last year. Two discharged members had attended PR for several years. Contributing factors for discharge included positive outcomes such as a successful recovery and employment, as well as challenges such as readiness and disengagement, alcohol/drug addiction, medical concerns, and transportation issues. PR staff recommended services such as case management, outpatient D&A, and mobile PR to assist these individuals with their recovery. We remain dedicated to member engagement. We support and promote personal choice while encouraging members to overcome barriers related to attendance. We seek to

address discharge skills and preparedness in sessions and talk to members about the opportunities for their recovery as they move on from services.

### **Complaints/Grievances**

No complaints or grievances were filed this year by program members. Staff continue to facilitate monthly Consumer Advisory Board meetings to discuss concerns, announcements, upcoming events, and general program updates. During these meetings, members have the opportunity to express their thoughts, opinions, and suggestions in a safe collaborative environment. Members feel empowered to express their ideas related to group session topics, fundraising opportunities and preparation, positive feedback/successes, and resolving concerns such as device use guidelines and PR task sign-up. These meetings provide ongoing opportunities for members to build and practice skills such as collaboration, critical thinking, delegation, conflict resolution, acceptance, active listening, and open-mindedness.

### **Policy Changes**

There have been no program policy changes from June 2024 - present. We continue to operate as we have providing support to the members within the regulatory parameters and psychiatric rehabilitation principles and practices. All COVID-19 procedures and policies remain discontinued at this time. With that said, staff continue to stay apprised of changes from county, state, and federal agencies that would require a change to procedure.

### **Review of Adherence to Service Description**

Over the past year, the Program Director and Senior Director have reviewed the program's service description and have ensured that all programming and services provided are in adherence with that document's guidelines. This process will continue going forward in order to ensure the program's adherence to professional and state expectations.

### **Satisfaction Surveys**

Members are invited to complete satisfaction surveys on a bi-annual basis. Results from the past year have remained positive, with members reporting beneficial outcomes from their engagement in PR. We highly value member feedback and use it to guide our responses to the needs and interests of those we serve. The feedback is utilized to evaluate and adjust our service provision as necessary. The satisfaction surveys conducted in January 2025 showed that 93% (15) agreed or strongly agreed with Question 9: "I would recommend this program to others." There was only one disagree response to Question 8: "PR staff respect my privacy and maintain my confidentiality at all times." Member satisfaction surveys were completed twice over the past year, in August 2024 and January 2025, as part of our Annual Quality Plan. Staff distribute the surveys, and members assist each other in completing them to ensure the anonymity of the feedback. These results, along with this Quality Report, are shared with DCI administration, PR staff, and members during sessions. They are integral to program planning and service provision, helping us address issues of dissatisfaction, consider suggestions for improvement, and identify gaps in services. We discuss these results during staff meetings and explore options to respond to member suggestions and feedback.

Most members chose not to provide additional written feedback in the survey. However, members offer valuable verbal feedback on a day-to-day basis and provide valuable insight into what is working well and areas for improvement. One member mentioned that PR provided

them with opportunities to make friends, build coping skills for worry and rumination, and increase independent living skills. Another individual mentioned that they see the others in the group as their family, and enjoys the support they get from PR. Another individual shared that they can feel overwhelmed with changes in staffing, programing, or schedules in general. This feedback enabled staff to offer additional support to help individuals cope with staffing and programming changes, ensuring that all changes are fully reviewed and understood before implementation.

## **Staffing Changes**

This program has experienced changes and challenges with staffing this past year. Koriann Bollhorst, BS, CPRP resigned from her position as Program Director in December of 2024. We had previously hired Neil Donaldson MS, PR Specialist, who was then promoted to Program Director. Neil has been working with Rita Kraus, BS, CPRP, for his orientation and training. This change then left a vacancy in the PR Specialist position. Robert Green, BA, CPRP, and Kaitlyn Wareham, PR Specialist, from the Bradford PR Program, provided additional staffing support. Rita Kraus had also been providing coverage and support while we worked to fill the position. Lisa Babb was recently hired to fill the PR Specialist position.

Neil Donaldson has been with the program since July of 2024. He had had previous supervisory and MH experience at another MH agency. He brings experience of mobile and family work with a specialty in training for individuals with Autism. He has recently successfully completed his 90-day orientation. He has been taking on the role of Director since January 2025. He is working under a waiver through 11/15/2025, and is currently preparing to take his CPRP exam. Neil works closely with Rita Kraus, who remains in the role of Senior Director of all Psych Rehab Programs. She works primarily at the Ridgway office, is supporting and coaching Directors of the Coudersport and Bradford PR programs, and is assisting in training new staff. She continues to actively communicate with her supervisor and the compliance officer in enhancing quality services and effective programming for the PR Programs. She seeks to communicate with all stakeholders including OMHSAS to assist in review of regulations, and responding proactively to opportunities for growth and change. Rita remains active as an advisory board member for PAPRS. She has been active on the PAPRS board for over 10 years. She supports 302 delegate services and chairs the DCI Wellness Committee, now in its 17th year of support for employees. She is traveling more due to staff shortages and supporting McKean and Potter County PR programs.

Lisa Babb, BA, has worked as a peer specialist and is working to recertify within that profession as well as onboarding with the PR program. She began working with DCI on 3/18/25 as a PR Specialist. She is working under an approved waiver through 5/1/2026, for she does not have the required one year of PR work experience. She has past experience working within the mental health field and we are impressed with her creativity and desire to support individuals along their recovery journey. She is actively training and growing in both her awareness of the psych rehab profession as well as the members and their recovery journeys. She is working through her orientation process with the guidance and support of Rita Kraus and Neil Donaldson. She is beginning to lead groups and write progress notes.

Kaitlyn Wareham joined DCI in December 2023 as a PR Specialist at the Bradford PR Program. She is currently working under a waiver that was approved in late April of 2024 (and resubmitted for renewal). Kaitlyn joined PRA and PAPRS, and is working to acquire required trainings to be eligible to sit for the CPRP exam. Kaitlyn had provided group coverage and documentation

support on one day per week in the Potter PR Program. She has recently returned from a leave of absence and her on-site hours are to be determined.

### **Chart Reviews/Audits**

Between 6/1/2024 and 5/16/2025, 25 charts were audited. The majority showed completion of all regulatory requirements. Occasional quality issues include reporting the use of member outcome checklists and thorough completion of member progress notes (circling am/pm and writing corresponding number to goal next to each group). Chart audits are completed by several staff members in order to increase our team's awareness of documenting and tracking service provision effectively and efficiently. This has resulted in an increase in documentation compliance, mindfulness, and natural conversations about charting and the overall quality of our documentation. Including chart auditing as part of the discharge procedure also allows for a thorough review of closed charts. Charting results included:

1. There has been a marked improvement in ensuring functional assessment domains match IRP domains, with only one error where a domain was not selected in the functional assessment but selected on the IRP, which was corrected as soon as it was discovered.
2. One initial Functional Assessment was completed on the 54<sup>th</sup> day past admission date, with best practice being 30 days after this date. This error was due to staffing shortage.
3. One initial Functional Assessment was completed on the 31<sup>st</sup> day past admission date, with best practice being 30 days after this date.
4. One initial Functional Assessment was completed on the 34<sup>th</sup> day past admission date, with best practice being 30 days after this date.
5. One initial Functional Assessment was completed on the 36<sup>th</sup> day of attendance, with best practice being 30 days after intake.
6. One Quarterly Note was missing the member's goals; this was corrected and has not occurred since. Staff route documentation to their Director or Sr. Director for review to ensure accuracy and quality.
7. One IRP was entered twice due to staff error; required corrections were missed before IRP was finalized, resulting in a new IRP being created to reflect the changes.
8. One PCP letter was not sent at admission as the member did not have a PCP at that time. PCP letter was sent at earliest mention of PCP by member, with staff periodically reviewing member's PCP status.

Audit results are being discussed more consistently during supervision and staff meetings. The chart audit form has been updated to more accurately capture each chart and service component. We are working to identify areas for improvement. There has been increased coaching on chart auditing, and for several months only the Director was completing audits. Results were shared with staff as issues were noted. We continue to conduct member surveys to assist with reviewing member successes and progress throughout their program involvement.

We are working with administrative support staff on filing and form structure, as well as the correct completion of intake forms, signatures, and progress notes. Accuracy in filing documents and auditing has helped us to identify and make corrections where needed. The PR Director continues to utilize administrative support staff for filing and chart review processes. We are looking forward to increased documentation consistency and an improvement in chart/documentation care and tracking.

Our Quality Plan outlines that we would complete 2 to 3 chart audits each month, and this year we averaged completion of 1.47 charts per month. We continue to train staff to complete the audits. The Program Director completes all audits when increased census and time constraints do not allow staff this opportunity. The overall audit process has been more consistently used as a teaching tool and one that supports recognition of service needs, which leads to creative discussions and more individualized psych rehab service provision.

There were no violations during the program's annual licensing in June 2024. Our annual training year is recognized to be from July 1<sup>st</sup> to June 30<sup>th</sup>. We have also better identified how we address chart audit and quality check findings in our supervision and staffing meetings and are growing in consistency with this. We continue to incorporate feedback from licensing into our daily practice. Training logs are now identifying PR core training from approved providers. We primarily have training from PAPRS/PRA, and recently from the Drexel University Division of Behavioral and Healthcare Education training site.

### **Current Issues, Concerns and/or Challenges**

The greatest challenge over the past year has been the changes in staffing. With the resignation of the former Director in December 2024 and Neil moving into the Director position in January 2025, the vacant PR Specialist position was only filled in March of 2025. To assist with the workload, staff from the Bradford and Ridgway PR programs have been providing ongoing support and coverage to ensure that the quality of programming does not suffer. In addition, regular meetings have been established to keep everyone updated on the progress and challenges of filling the vacancy. Despite these challenges, the dedication and flexibility of the team have been instrumental in maintaining our program standards.

Transportation remains an ongoing concern and barrier, as there is currently no public transportation available in this area for individuals to attend this program. We contract with a private transportation business to provide transportation needs for our program. Psych Rehab members reside throughout the Potter and McKean county areas. This remains at the forefront of planning for members to successfully attend the program. We have struggled with severe weather events and road conditions this past winter, as well as scheduling limitations due to the vast area of this rural county, which restricts the number of days some individuals may attend program. We are active in communicating with the Driver Coordinator and drivers in providing safe transport to and from services. Our contact with this service remains consistent and ongoing, even outside of program hours to ensure effective communication and reliable transport for members. Our members are also encouraged to communicate with transportation to support their own recovery and responsibility for attending PR.

We are working to increase collaborative efforts with other service providers. We pursue collaboration with PCHS, Sagewood, UPMC-Cole, The Guidance Center, Cen-Clear Community MH Services, as well as other agency services. We are building connections with these organizations, resulting in improved member outcomes and coordination of care. We continue to coordinate and participate in a monthly mutual consumer meeting, bringing member successes, needs and progress for consideration.

### **Program Outcomes**

Our members report the following successes over the past year:

- It is like a second family here, everyone is very supportive.
- I don't know where else I would go to get the help I need.

- I have people in my life I can count on now.
- I feel like I belong, and everyone is so supportive.
- I have better conversations with my partner.
- I am learning different coping skills to help with my symptoms of my mental illness.
- I have a better understanding of my diagnosis.
- I started to volunteer in my community and make meals at home.
- I feel like I'm understood by the staff and peers at RISE.

The member Recovery Checklist outlines progress being made toward their stated goals. It allows members to review and assess their objectives and goals each attendance day. Members have been more engaged with their checklists over the past year, self-reporting their successes and progress, which has fostered a more positive view of their recovery and reinforced the belief that individuals can and do recover. There is ongoing learning in using this tool, and staff provide close guidance and assistance as needed. Completed checklists are filed in the recovery section of member charts.

Staff continue to seek and engage in psych rehab training and we attended the annual PAPRS conference held earlier this year on April 11, 12, 18, and 19. Online options for training have increased, which has helped us in offering more opportunities for training and education options for all staff.

Members are participating, for the third year, in the Potter County Community Garden, an annual event sponsored by the Penn State Extension Office, UPMC, and the Potter County Commissioners. Members are provided the opportunity to learn about nutritional value, planting and maintaining a vegetable garden, and soil health, and are developing a sense of accomplishment by growing their own food to use for group lunches. Members are utilizing a community seed library, and plan on drying some seeds to return back to the library and help to further support the community.

Members are entering their second year of publishing a monthly newsletter with limited staff assistance. Each month a member volunteers to write the featured article on a recovery topic of their choice, often offering coping strategies. The newsletter also highlights activities the members engaged in from the previous month, such as celebrating member birthdays, recovery activities, and community engagement. The newsletter has since grown into a committee effort. Newsletter tasks are broken down to multiple members which allows support from others and further expansion of independence skills. This newsletter continues to be shared with other agency services and the community.

Program members have increased the level of community support they utilize, such as local food pantries, paper goods donation through a local church, natural supports, and for those who are eligible, the Veteran Food Share program. Staff collaborate with members in locating community resources per their interests or needs including AA meetings, community events, and the newly established local soup kitchen that operates one Saturday per month. Program members have also been using a community library to get some seeds for their community garden. They plan on drying and returning what they can in order to help keep the cycle going.

## **Future Projections/Actions**

As staffing levels improve for the PR program, we are gradually moving toward full capacity. We will continue to prioritize safe involvement and participation for all members and staff. Our commitment to increasing staff connections includes monthly meetings with all site-based psych rehab programs of DCI. We are focused on building internal connections, fostering collaboration, and strengthening team dynamics. We are also dedicated to enhancing collaborations with external resources, agencies, and programs that support our members and community.

Efforts to onboard new staff are ongoing, and we support staff members pursuing their CPRP certification when they are ready. Attendance at the PAPRS conference in April and ongoing training for existing staff are key components of our strategy to build psych rehab skills and competencies. While adjusting to challenges with staffing and service provision, we aim to grow referrals as our staffing improves. We remain dedicated to supporting members' personal goals and plans, and to promoting personal choice, hope, and empowerment.

We plan to expand our mobile and community service offerings once we have adequate staffing levels. This initiative is part of our ongoing efforts to maintain comprehensive service approaches in compliance with regulations. We are excited about the potential of this expansion to advance our mission of promoting recovery through psychiatric rehabilitation and personal empowerment within our agency and the community.

Our focus for the coming year is onboarding new staff by leveraging internal and external connections, which will greatly enhance all areas of our programming. This will enable our staff to grow the program, offer more individualized sessions, and create opportunities for increased community involvement for our members. We are excited about the positive impact these efforts will have on our program and the community we serve.

Respectfully submitted,

Neil Donaldson, MS  
Program Director  
Psychiatric Rehabilitation Program – Coudersport  
Dickinson Center, Inc.

Rita Kraus BS, CPRP  
Sr. Director – Psych Rehab Services  
Dickinson Center, Inc.