



**Psychiatric Rehabilitation Program - Ridgway
Quality Assurance Report
April 8, 2025**

Introduction

This DCI S.T.E.P.S. Psych Rehab Program, nearing its fifteenth year of service to community members, has experienced several changes over the past year. We continue to successfully adjust to staffing and program changes and challenges while supporting our partner PR program(s) with staffing shortages. We have been exited to see a gradual return to a more flexible and community connected program. Our Psychiatric Rehabilitation (PR) program continues to serve members from the Elk and Cameron County areas. Members partner with PR staff to determine what skills/strengths they currently have and the skills they feel they need in order to achieve their goal(s) within the living, working, learning and social environments. Staff also support skill building in overall health and wellness and self-maintenance. The program members assist and partner with staff in developing their personal goal plan as well as daily program plan. Groups and activities are designed to teach desired and needed skills and PR staff also provide individual sessions to assess progress or barriers to progress. Family, friends and other agencies may also be involved in this recovery process. The program operates primarily between the hours of 7:30 am and 3:30 pm Monday through Friday. We continue to provide Saturday services once/month to allow for recovery activities and opportunities for skill building with individuals.

Referrals

Since May 17, 2024 we have received 50 referrals from area sources and agencies. We have slowed referrals due to staffing issues and are working to get back to full staff. Our consistent referrals are from DCI Blended Case Management, DCI Outpatient Services, Cen-Clear Behavioral Health, Penn Highlands Behavioral Health, and Cameron/Elk Counties Behavioral & Developmental Program. We are receiving more referrals from various other local entities and from existing members, and an increased number of self-referrals. This program has received an increase in mobile referrals in the past year and a decrease in site-based referrals. Overall the program remains vibrant and active, and we continue to seek to respond our referrals in a timely manner. Program interest and referrals have been impacted by the lingering effects of the pandemic, illness overall, and an increase in mobile services. Our current population is also aging, which has affected their consistent participation in on-site services. We are working on finding creative ways to introduce our community agencies and individuals to the benefits of psychiatric rehabilitation services. Mobile referrals are strong as an increased number of individuals prefer in-home or in-community PR service provision.

Admissions

Since May 17, 2024 (and as of March 13, 2025) we have had 37 admissions across both the mobile and site-based PR services. Our current enrollment as of 3/31/25 is 67 (mobile and site combined) and average daily census on-site was 11.14. This is combining both site and mobile members. Overall this is down. We are monitoring ongoing staffing issues, changes in staff routines, and member engagement issues. We are making more consistent efforts to increase and support consumer engagement and to improve our retention of members through personal contact, phone contact, letters, and communication with other natural and formal supports. We have worked to increase our outreach to members who have been struggling to attend and offered support and ideas/options when they were unable to get to the program. Member retention is an ongoing focus/challenge and we have been brainstorming to find creative ways to support individuals in their recovery process and connect them to skills, services and supports, and resources that they express interest in. Telehealth services are used in rare situations when individuals are unable to engage any other way. We review these situations within our PR team and with our compliance officer. We have successfully navigated these situations and maintained solid in-person services for members. This remains an opportunity for skill-building in problem solving, self-care, and community awareness and involvement. We have experienced an increase in member retention and readiness in working on preferred domains, skills and personal goals.

While 2 new 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 the County MH Administrator to review and discuss service interests and needs areas for these individuals. These contacts are scheduled for every four to six months and on an as-needed basis due to changes in life circumstances for the individuals we serve.

Psychiatric Hospitalizations

There were 6 psychiatric hospitalizations this past year, with all being voluntary hospitalizations, allowing members to self-direct their choice of location/agency and be a more active part in their care. Of these 6 hospitalizations, one individual was hospitalized 3 separate times and is working with support services to find a recovery routine more effective for them. All members of these voluntary admissions were able to return to program upon discharge. There were 4 medical hospitalizations for members, 2 for one member with a persistent medical issue that requires regular medical intervention. These experiences have prompted ongoing support and skill-building for self-care skills and increased work on managing medical conditions and issues. 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 21 PR discharges this past year. The average length of stay was 436.27 days for PR services. This is a decrease from last year's average. One contributing factor is that several members who had participated over longer periods of time struggled with persistent symptoms. Several presented reasons for discharge included aging issues and the need for increased supports, obtaining work, members moving from the area, difficulty adjusting to the structure of the program, readiness and lack of interest, lack of communication with program, successful use of other services, transportation issues, and successful completion of recovery goals. We

had an increase in members who were admitted, attended less than five times, and were not ready or interested in attending an on-site program. This seems to be a pattern over the past few years. We have experienced increased interest in mobile PR services overall.

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

There were no grievances this past year. We continued to hold monthly member advisory meetings and work through program suggestions, ideas, and input from members. This allows for everyone's active involvement in sharing their thoughts and ideas on a regular basis. Members have worked together to resolve issues around chores, program planning, respect, and group involvement. They have been provided opportunities to build recovery skills around patience, supporting others, listening, and acceptance/tolerance. These monthly member/peer advisory meetings and members are active in addressing membership issues, concerns, newsletter planning, planning for program activities, and communicating about group successes and concerns. Members are active in programming and planning recovery activities.

Policy Changes

There have been no program policy changes in 2024/2025. We continue to function as we have and are supporting members within the regulatory parameters and psych rehab principles and practices. We have adhered to all OMHSAS and agency regulations and policies. This is something we have been mindful of and continue to educate and inform members about. Policies for mobile and on-site programming remains the same, just combined.

Review of Adherence to Service Description

Over the past year, we worked with OMHSAS and our payers to combine mobile and site PR services licenses and service line. Our service description was not updated this past year as service provision remains as outlined. There have been no needed changes.

Satisfaction Surveys

Members are invited to complete satisfaction surveys on a bi-annual basis. Results over the past year have been very positive. We always value member feedback and use it as a guide for responding to the needs and interests of the people we serve. Feedback from the surveys is used to evaluate service provision and adjust as needed or necessary. Satisfaction surveys currently average 4.63 out of a 5.0 scale. Member satisfaction surveys were completed at two times over the past year in May and again in December per our Annual Quality Plan. Staff distribute the satisfaction surveys and members help each other to complete them in order to protect the anonymity of the feedback. These results were shared with DCI administration, in PR staffing, and during member sessions. They are used in program planning and service provision as we seek to trouble-shoot and problem solve issues of dissatisfaction, suggestions for improvement, and gaps in services. We brought them to staffing and talked about options and opportunities to respond to member suggestions and feedback.

Member feedback allowed us to offer an increase in creative art programming, including a pottery class. We have continued with exploring holistic recovery activities and skills and members continue also to landscape around the agency sign outside of the building, and include members in a CIT training on a peer panel. We have also increased the variety of session topics that connect with current member interests and issues.

Staffing Changes

Several staffing changes and challenges occurred this past year. Rita Kraus, BS, CPRP remains in the new role of Senior Director of all Psych Rehab Programs. While 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 across all programs. She continues to actively communicate with her supervisor and the compliance officer in enhancing quality services and effective programming for the site-based 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 also 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.

Cheri Hofmann, BS, CTRS, CPRP moved into the role of Rehabilitation Coordinator. As a PR Specialist she continues to grow into this leadership role more as time passes. She assists with program development and planning. She is expressing an overall increased comfort with her skills as a Certified Psychiatric Rehabilitation Specialist and modeling these skills for other staff. She has actively pursued training and experiences that support her growth in providing quality PR services. In the past year she moved to part time work and remains active in daily site-based services.

Lindsey Benevich, BS, has grown in her confidence as a PR Worker and now works 32-40 hours per week. She manages a schedule that supports the program and her own needs. After several changes to her schedule, she is planning to participate in CPRP prep courses when ready. She has been cross-trained to provide mobile PR services as well and is expressing an increased awareness of members needs within their community and homes.

Ana Arthurs, BS, Psych Rehab Worker, is working on moving into caseload management, and is active in asking questions and relaying on supervisory guidance and support. She has also been working on her master's program for social work and will be decreasing her weekly hours to 32 in order to accommodate her academic schedule. In the spring/summer, she will be working a more flexible schedule due to her class schedule.

Martha Tonchich has moved to a full-time PR Worker position this year. She has been oriented to all job duties and psychiatric rehabilitation service provision. She brings creative programming and enthusiasm to service members. She has worked to build recovery and psych rehab service provision skills.

Shalya Ferraro is a full-time PR Specialist with a waiver. She has several years working with individuals who live with a mental health diagnosis, but none specific to psychiatric rehabilitation services. She has worked with us for a year and is currently working on the CPRP prep course through PRA.

Chart Review/Audit

32 charts were audited between 4/1/24 and 4/1/25. Over 85% are showing 100% completion of all regulatory requirements. Occasional quality issues include printing forms from the incorrect format within the electronic health record, care of following and documenting progress, and missing duration and frequency on an objective in recovery plans. 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 overall quality of our documentation. Charting results included:

1. Encounter forms and turning them in monthly to better track these more regularly. This will allow for more frequent quality checks on these forms. We continue to grow in how we are managing and monitoring mobile services and tracking documents since staff are out in the community.
2. A few releases missing checkmarks, and times initially – these were corrected.
3. Two recovery plan completed late due to absences, we had them sign immediately, and had them sign a consent to participate. We support members who struggle with attendance, seeking to meet them where they are at and with consideration to their needs and life events.
4. Three encounter forms that needed signatures, these were corrected.
5. Chart audits are completed on all discharged members and we continue to discuss services provided on each case in supervisions and staffing meetings to better maintain consistency among programs and cases.
6. Functional summaries – we strive to accomplish these within 30 days of attendance and have accomplished this 90% of the time. For mobile members this is more of a challenge as we do not see them as frequently. We continue to work on this and include members with planning and working on these as well.
7. Filing issues are ongoing as staffing issues with administrative support staff is erratic, training issues and consistency are a struggle. We are working on this issue with the administrative support team and this is gradually improving.
8. The PCP letter was not sent for one member – missed in the admission – this was corrected. Getting data upon admission in regard to allergies and service providers – all corrected.

Audit results are being discussed more consistently during supervision and during staff meetings. The chart audit form has been updated to more accurately capture each chart and service component. There has been increased coaching on chart auditing, and for several months when our census was increased only the director was completing audits. Results are shared with staff as issues were noted.

We continue to complete member surveys and outcome checklists twice a year to assist in reviewing member successes and progress throughout their program involvement. We are working with administrative support staff on filing, staffing issues in this program have impacted the consistency and at times the accuracy of filing documents and auditing has helped us to note and make correction where needed. This remains an area of focus due to ongoing staffing changes and challenges

The PR Director continues to utilize administrative support staff for support with filing and chart review processes, with a recent increase in hours of support. We are looking forward to increased documentation consistency and improved chart/documentation care and tracking. Several meetings about filing have occurred this past year to improve communication about managing and tracking documentation in a timely fashion.

Our Annual Quality plan outlines that we would complete 2 to 3 chart audits monthly, and we achieved that with 32 audits completed for the year. This is an improvement from last year and we are working to communicate findings with the team and agency for ongoing planning to overcome any issues that arise. This is a result of several closed charts awaiting audit at this time. 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. We have had help with audits from the compliance officer when staff are covering programs and traveling among agency programs. 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, in supervision (as previously mentioned) and more individual psych rehab service provision.

There were no violations during the program's annual licensing in April 2024. We are continuing to work on documenting our progress reviews in supervision and staffing, as well as documenting on our conversations with agencies we collaborate with on our re-engagement form. We remembered to add mobile on our program information form, something we forgot last year. We continue noting core trainings and have separated these out on our staff development logs. We have stored handouts from trainings as evidence of how the trainings we attend are related to PR services. These are available either in a file for this license or by hard copy in a folder. We have updated our orientation log to be more comprehensive and outline the shadowing, supervising and beginning individual and group sessions for new staff. We have outlined the required PR trainings as well in our newer orientation form and are using this while finalizing it with staff feedback about what is working for them.

Current Issues, Concerns and/or Challenges

We worked through several staffing struggles over the past year. The schedule changes were ongoing and we have been able to support and train newer staff who have been assets to our program and team. We have adjusted office spaces to allow staff to have private space in order to increase each member's comfort and privacy when talking to staff. We also adjusted and explored schedules that best suit program needs, service provision, and for maximizing services for the needs of individuals we serve. We provide services to mobile PR consumers, this has increased creative service provision over 2 counties.

We have maintained adherence to all health protocols and recommendations received from the PA Department of Health and DCI. We remain successful in providing both on-site and telehealth services to all members, with decreasing telehealth. We have sought and encouraged personal choice with members for their ratio of on-site to telehealth services. Our members have had an active role in choosing services that meet their needs. We remained vigilant in providing safe services, collaborated with members in following all established protocols, and continue to follow these with success. Members report feeling confident about their safety at our program. We continue to daily sanitize the program and encourage individuals to monitor their own symptoms and remain home when sick in order to care for themselves and protect others from exposure.

We have supported, communicated with, and assisted in creating a schedule that allows individuals experiencing the lingering impact of the pandemic and current flus and illnesses, to maintain contact and experience successful involvement in Psych Rehab services.

We continue with annual trainings and this became very challenging for staff this past year due to staffing shortages, changes in schedules, and attention to details. Staff have been able to prioritize completion of these trainings prior to annual licensing. We remain involved in the annual PAPRS conference. We are currently attending this year's virtual conference. All staff have been able to attend due to team support and creative planning.

Transportation remains an ongoing concern, as the Area Transportation Authority is the only public transportation available in the area. STEPS Psych Rehab members travel from throughout the Elk and Cameron County areas. This remains at the forefront of planning for members to successfully attend the program. We have struggled with ATA's ongoing schedule changes due to the pandemic's impact on their services. We work with Fitch Transportation as another significant transport for members. This has helped to decrease wait times and flexibility in participation. We are active in communicating with drivers in providing safe transport to and from services. In this our contacts with these services has increased to ensure effective communication and reliable transport for individuals. Several members also drive themselves to programming, allowing increased flexibility and choice about the time they spend at the program.

We are working to increase collaborative efforts with other service providers. We pursue collaboration with Cen-Clear Community MH Services and other agency services, finding that we are building connections with them that improve member outcomes and coordination of care. This has been reflected in the feedback members give to staff. We continue to meet with other service providers and are increasing in-person versus remote meetings. This has added to the convenience of communicating with others across our area.

Program Outcomes

Our members report the following successes over the past year:

1. I used my stove for the first time since moving to new apartment and prepared sautéed mushrooms with mobile PR.
2. I went for a walk for over an hour with mobile PR.
3. I participated in CIT training.
4. I made suggestions for helping people with mental health concerns at a training in town.
5. I shared my recovery story at a local CIT training.
6. I helped with grocery shopping and looking for deals.
7. I kept up with my rent and got through my inspection at the high rise.
8. I moved into my own place and have a new friend.
9. I made cookies for the first time.
10. I got a part time job and am doing really well with it.
11. I helped plant some flowers and clean up around the sign.
12. I took a pottery class with some peers.

The Program Checklist completed 1 or 2 times a year with members allows them to self-assess successes they have achieved. Over the past year members self-report the progress they are making across all domains. Members identify their own successes and progress, and this process has helped to increase a positive view of their recovery and promotes the belief that individuals can and do recover. The tally from these responses is included in our licensing binder for review.

Staff continue to seek and engage in psych rehab training and we are registered for this year's state PAPRS conference being held on April 3, 4, 10 and 11, 2025. Online options for trainings has increased, which has helped us in offering more opportunities for training and education options for all staff.

Members have engaged in two fundraisers this past year, allowing them to build skills in community outreach and connections, and report increased confidence in being able to approach others and interact with a wider variety of people. They continue to use fundraising monies to provide protective sheets and coverings for beds and pillow cases for members residing in a local high rise to protect from any bug infestation. They continue to provide them as needed when members move into apartment complexes. They also recently used the money to send a few peers to a local community festival and a pottery class.

Members continued to create a quarterly newsletter and helped to create a program flyer that reflects their statements of satisfaction. They also created a new program logo of recovery. This logo (included at the end of this report) is being used to create a program tee-shirt that will be provided to all members. They created several designs and submitted these to the program members for a vote. They chose an eagle flying in the sky with the wording "Soaring in Recovery" to reflect the growing recovery skills and journey they are on and working toward. Several of these shirts will be offered at a local *Recovery In The Stix* workshop in May during Mental Health Awareness month.

Program members are sharing updates on community events and activities and supporting each other is safely engaging in these opportunities. This has led to an increase in natural community supports and activities. Members report a decrease of feeling isolated, as they are moving out into their communities and encourage each other in doing so. PR services promote this involvement in coaching and serving individuals within their chosen community.

Several members also volunteered to help with planning *Recovery in the Stix*. Members are signing up and we are working with other area agencies in providing transportation, and organizing and planning activities and presenters.

Staff have supported the Coudersport and Bradford Psych Rehab programs when they have been short staffed by travelling off-site and providing sessions and support. Staff have participated on the PAPRS board, executive team and attended board meetings, and state-wide psych rehab meetings and conference. We have submitted our thoughts on regulations and support psych rehab becoming an in-plan service.

Future Projections/Action Steps

We are moving toward full capacity as staffing improves for the PR program. We plan to remain vigilant about safe involvement and participation for all members and staff. We remain committed to increasing our staff connections by meeting monthly with all site-based psych rehab programs of DCI. We are working to build our internal connections, collaborations and team building. We work toward increased collaborations and connections to external resources, agencies and programs that support members and our community. We continue to support staff seeking their CPRP once they are ready. We attend our state PRS conference in April and continue to train existing staff in building psych rehab skills and competencies. The program is adjusting to struggles with staffing and therefore service provision. We are seeking to grow referrals as staffing improves. We remain dedicated to supporting member's personal goals and plans and promoting personal choice, hope and empowerment. We also want to continue to grow in how we assess and support cultural issues, choices, and preferences of members – this remains an area of growth for us.

All existing staff are being cross-trained for both mobile and site PR services. This provides the benefit of having a team for day-to-day and professional support. Expansion of the mobile/ community service provision is an area we are exploring in an effort to continue all service approaches with adherence to regulations. We are excited to see how this promotes and grows the mission of recovery through psych rehab, and personal empowerment in our agency and community. Referrals for this program have grown and we are working to keep up with a wait list at this time.

Our Rehabilitation Coordinator position continues to better support program changes and maintain quality service provision within these services. This lead position allows staff to be provided with additional guidance and monitoring, and allows for more timely support of staff needs and training and consistent programming for our site. We are also working to be more consistent in reviewing chart audits and quality checks beyond timeliness and accuracy. We are delving more into the *quality* of documentation and more accurately reflecting the ongoing work and service provision that is occurring with our program members.

We initiated a more consistent staff meeting for STEPS staff on Mondays to help with communication of member needs and plan to continue this, as all staff are finding it helpful. Staff primarily on-site are meeting on Wednesdays to address the decreasing membership of this part of services in hopes of staying vibrant in service provision. We are also targeting filing issues in collaboration with the administrative support staff to improve consistent and accurate filing of all documents and keeping everyone vigilant about the care of member charts/documents.

Respectfully submitted,

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