



Psychiatric Rehabilitation Services



Annual Quality Review
July 1, 2020 – June 30, 2021

Contents

Overview.....	3
Services.....	4
Admissions & Discharges.....	4
Crisis Contacts & Hospitalizations.....	4
Location of Services.....	5
Demographics.....	5
Race and Gender.....	5
Age.....	6
Primary Diagnosis.....	6
Education.....	7
Religious Preference.....	7
Progress Measure Responses.....	8
Goals.....	8
Strengths.....	9
Activities.....	9
Living Status.....	9
Individual Lives With.....	10
Housing Stability.....	10
Learning Status.....	11
Work Status.....	11
Hours Worked Per Week.....	12
Social.....	12
Physical Wellness.....	13
Progress.....	14
Progress in Program.....	14
Hopefulness for Life.....	14
Program Adherence.....	15
Audits.....	15-16
Staff Supervision.....	16
Staff Trainings.....	16-17
Evidence Based Practices.....	17
Survey Results.....	17-19

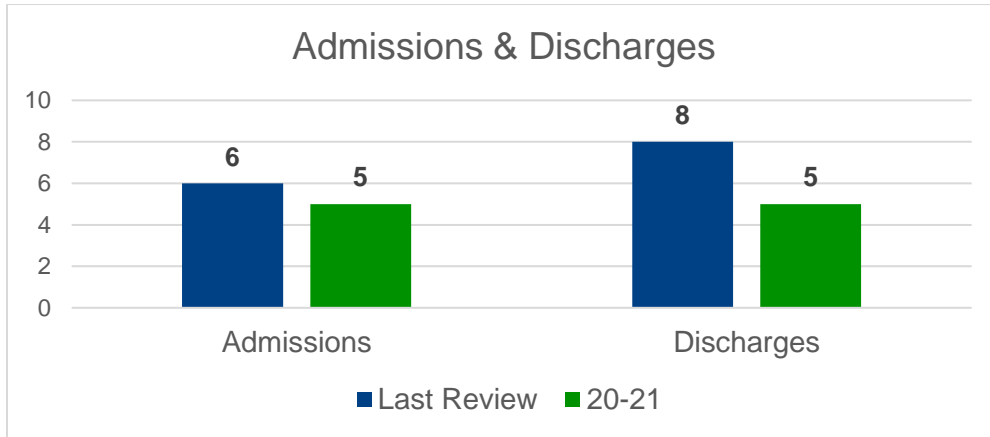
Overview

- The Guidance Center has continued to provide optimal service delivery within the Psychiatric Rehabilitation Program throughout the ongoing challenging times of the COVID-19 pandemic. According to the U.S. Department of Homeland Security, The Guidance Center continues to be designated as an essential service therefore services have been completed face-to-face and telehealth. Services were delivered primarily through telehealth, although some services were delivered face-to-face. Face-to-face services were completed when determined by the Program Supervisor and the Psychiatric Rehabilitation Worker and only conducted when a need was identified. Face-to-face services were provided following the CDC guidelines and Agency Policies & Procedures.
- Psychiatric Rehabilitation is an important and necessary service that assists individuals who have a history or presence of a serious mental health diagnosis to attain or enhance skills to support their recovery. Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This service focuses on individuals' strengths and supports to help them build skills they feel are needed to function in their chosen life roles. The Guidance Center's Compliance Department continuously evaluates the Psychiatric Rehabilitation Program to ensure the program operates within the descriptive outline.
- Various Progress Measures were collected on client's responses to goals, strengths, activities, living status, learning status, work status, social goals, wellness activities, and progress in Psychiatric Rehabilitation program treatment was made possible. Data extracted from the Progress Measure forms are shared in this report. Findings show that there is a 16% increase in paid employment. It was found that there is a decrease in individuals engaging in social activities. In the last review, it was found that 24% of individuals were engaging in social activities which is a 4% decrease for this review period. We predict the decrease in social activities is most likely related to the COVID-19 pandemic where social distancing guidelines continue to be recommended.
- Individuals served were included in our Quality Improvement development by participating in client feedback surveys. These client feedback surveys provided data needed to ensure The Guidance Center is delivering optimal Psychiatric Rehabilitation Services. In October 2021, clients were contacted to complete a survey on the Psychiatric Rehabilitation Program. All enrolled clients were offered to participate in surveys and seventeen surveys were completed.
- Average Daily Attendance slightly decreased from the last review of 8.57 individuals to 7.66 individuals.

Services

Admissions & Discharges

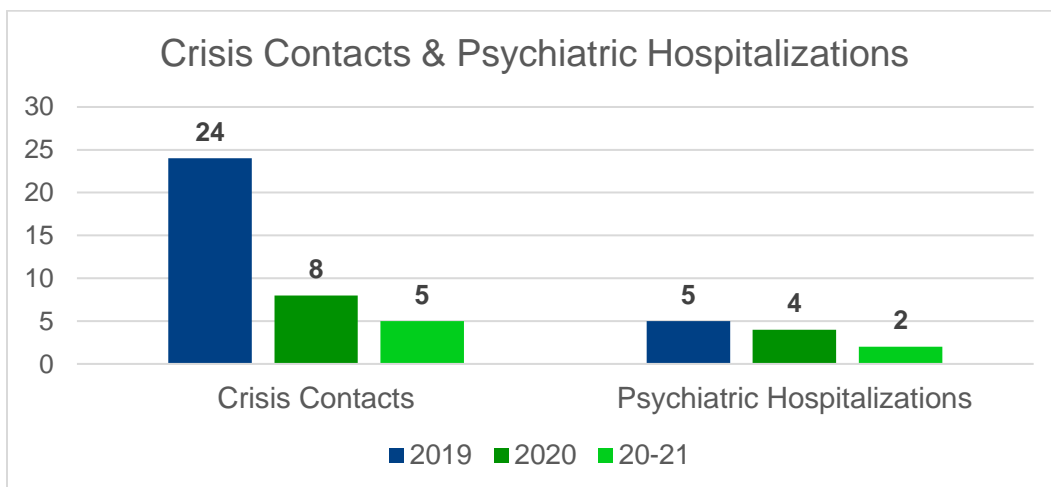
There was a slight decrease in admissions in the Psychiatric Rehabilitation Program. There were 8 admissions and 5 discharges during this review.



For exceptions to admission and continued stay requirements, there were zero during this period. Each Psychiatric Rehabilitation Plan is reviewed every 90 days to ensure continued stay requirements were met.

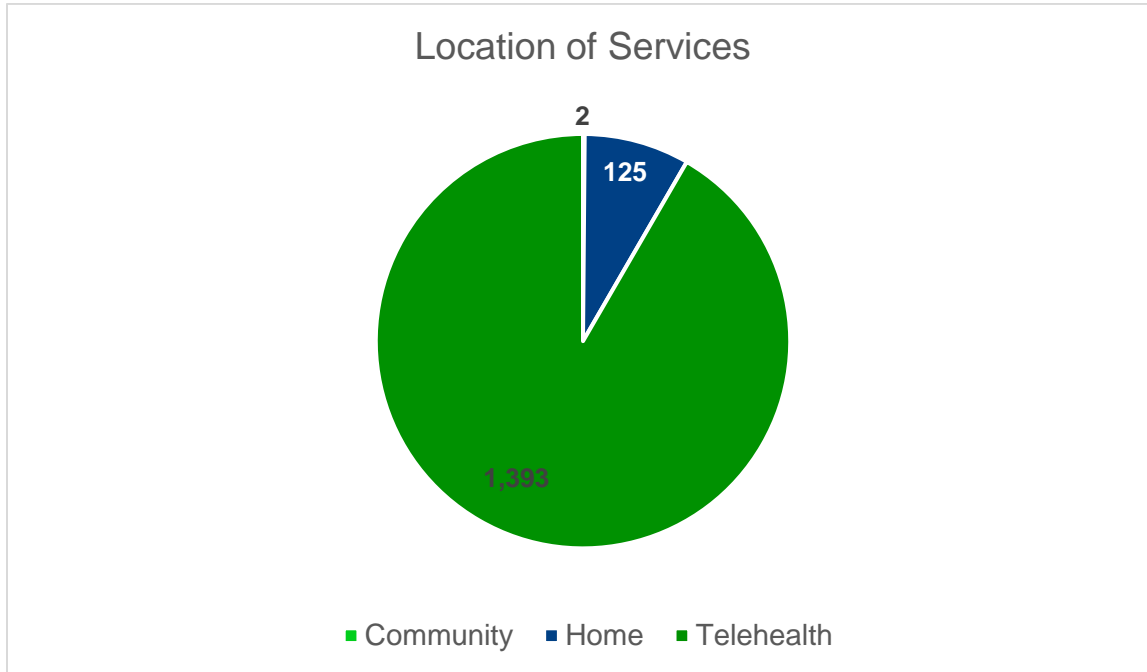
Crisis Contacts & Psychiatric Hospitalizations

Recognizing the importance of coordinating care, the program monitors involvement with crisis services and supporting those who have been hospitalized. During this review, individuals receiving Psychiatric Rehabilitation Services had 5 contacts with crisis services. Additionally, 2 individuals required psychiatric hospitalizations. Crisis contacts and psychiatric hospitalizations continue to decrease over the periods of review as indicated in the charts below.



Location of Services

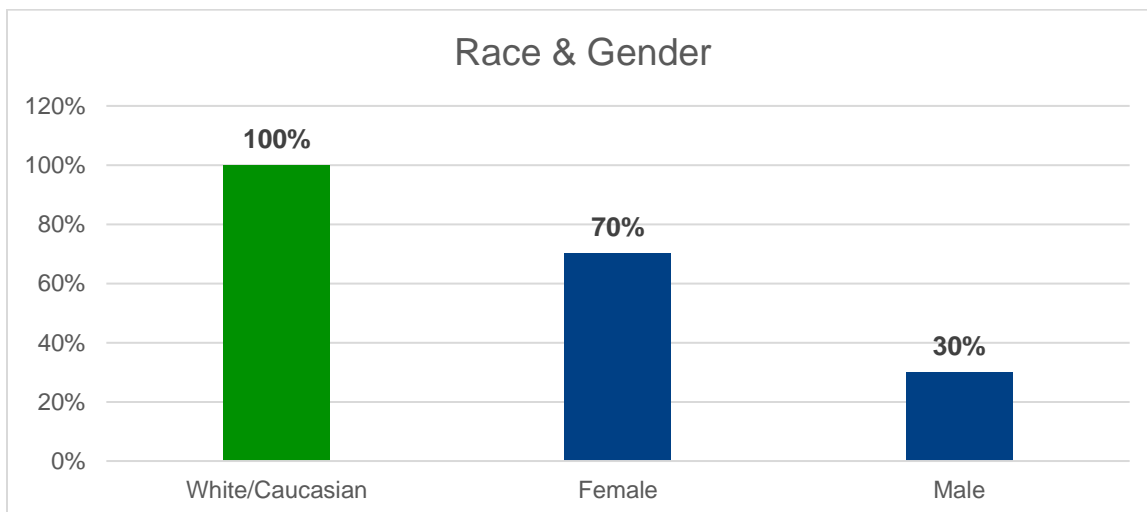
There were 1,520 services completed during this review. Majority of services were delivered via telehealth, while some were delivered in the home and community when deemed necessary.



Demographics

Race and Gender

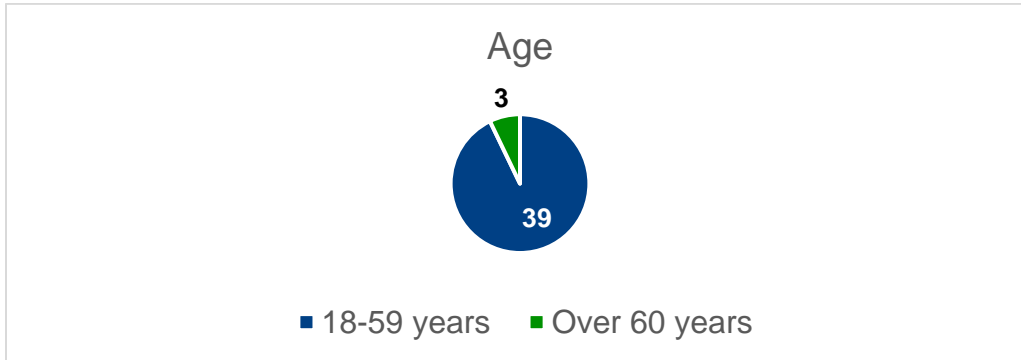
All program participants of the Psychiatric Rehabilitation Program are Caucasian. Seventy percent of the participants are female, while thirty percent are male.



Age

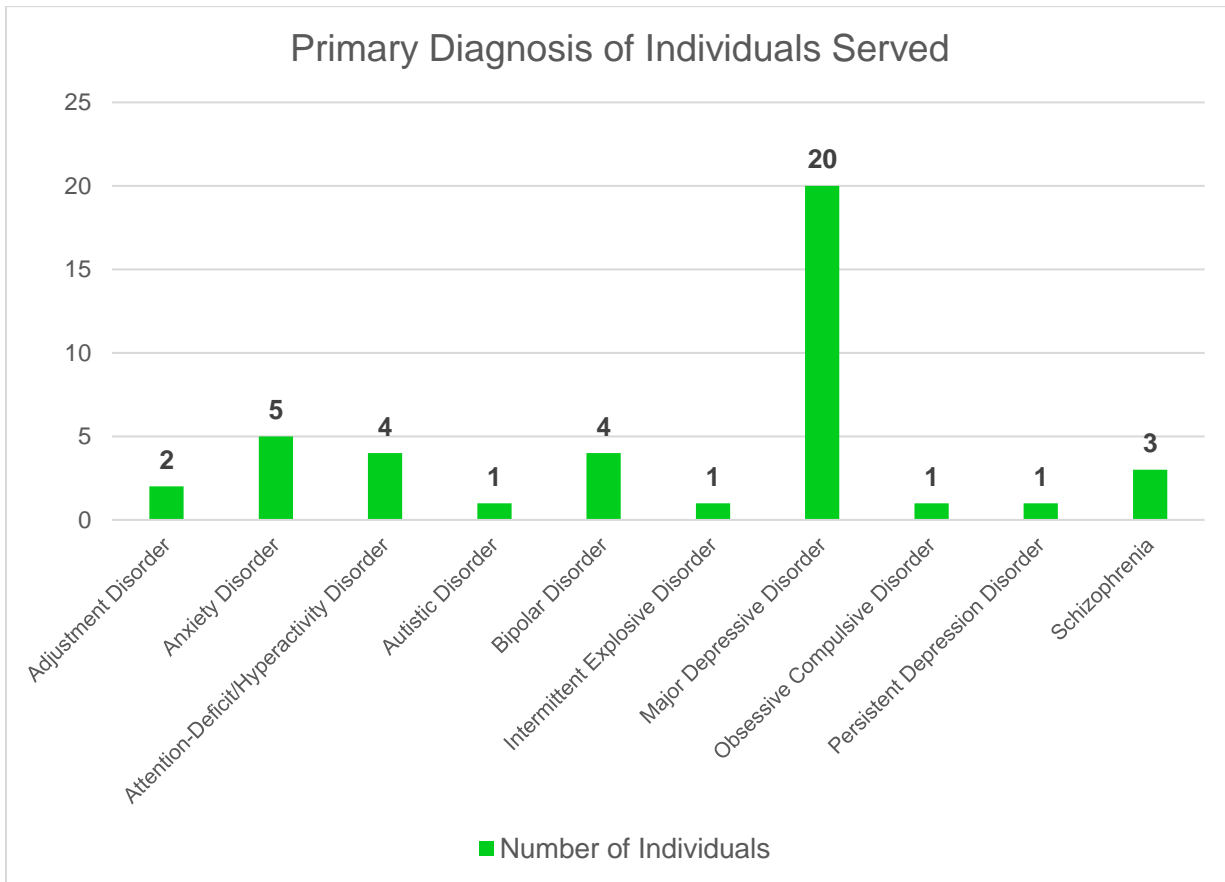
There were 42 individuals enrolled in the Psychiatric Rehabilitation Program.

- 18-59 years old: 39
- Over 60 years old: 3



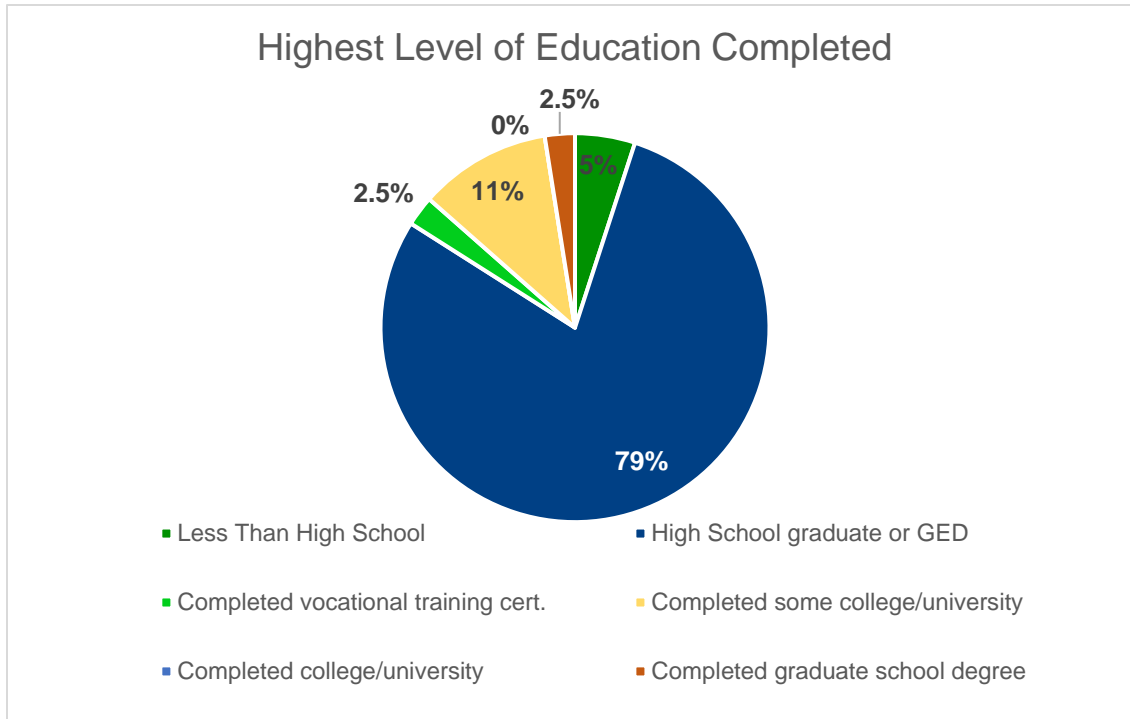
Primary Diagnosis

Primary diagnosis range for the individuals served in the program. Majority of individuals served are diagnosed with Major Depressive Disorder.



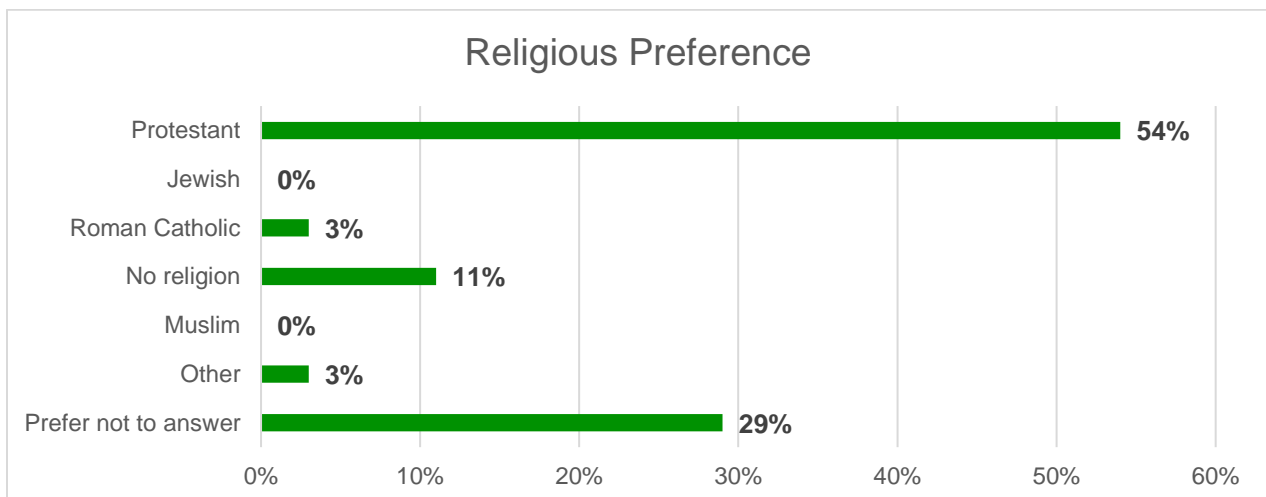
Education

Most of the individuals have a high school education. Five percent of the individuals have not completed high school or have a GED and eleven percent have completed some college training.



Religious Preference

In terms of religion preferences, most individuals reported Protestant. Zero participants reported Muslim or Jewish religion preferences.

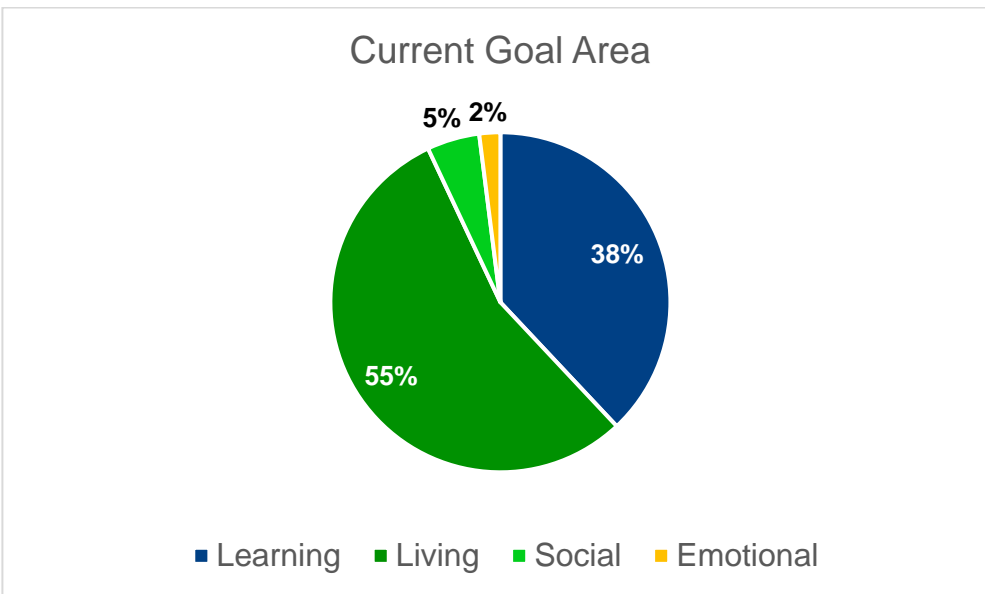


Progress Measure Responses

Progress Measures are completed on a quarterly basis. Data from Progress Measures are pulled from the most recent response completed for each individual.

Goals

The most common reported goal area in the individual's rehabilitation plans are living and learning. Few individual's rehabilitation plans are social and emotional. Goal area options include living, learning, working, social, physical wellness, spiritual, emotional, financial, and substance use. Goal areas remain relatively consistent from the last review.



Majority of individuals current goal area in the recovery/service plan is education/learning. Some had a goal area of housing/living and few had a goal area of social.

Strengths

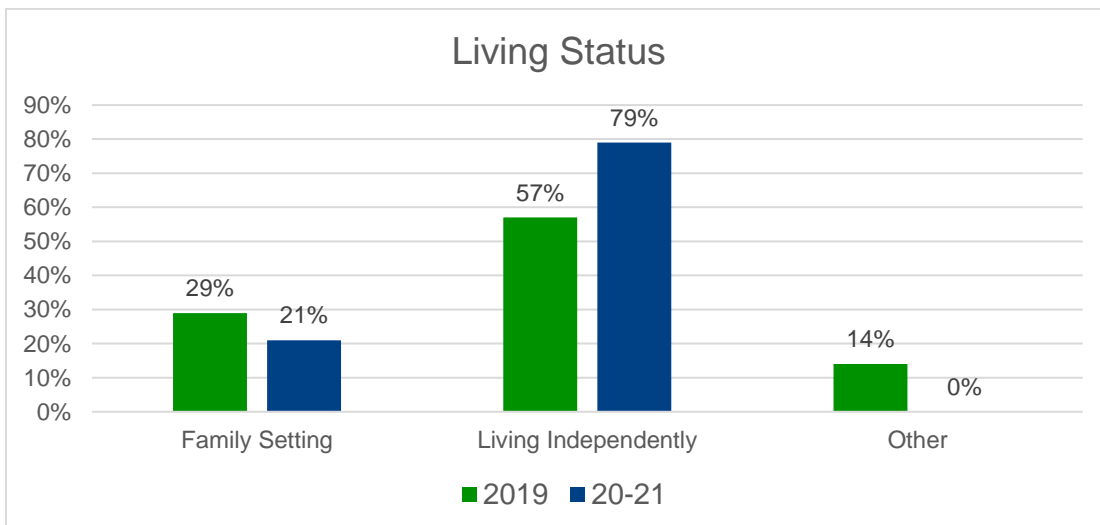
When completing their reviews, individuals are asked to identify strengths. The following word cloud is a representation of the strengths identified.



Activities

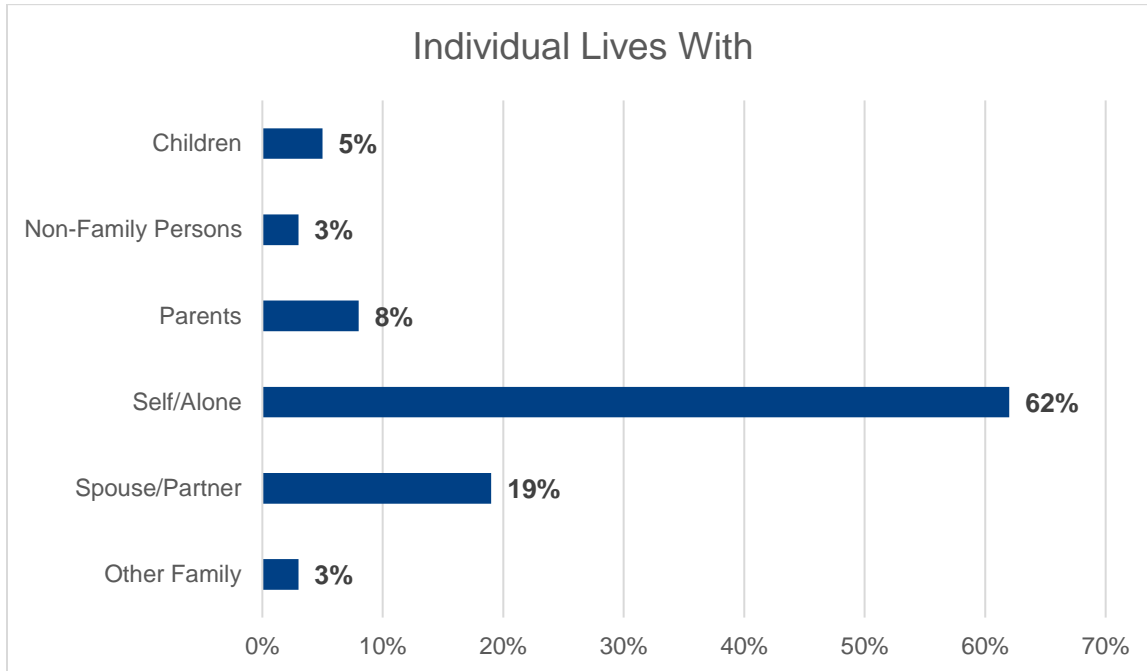
Living Status

Most individuals are living independently. Since 2019, the percentage of individuals has risen from 57% to 79%. In addition, the percentage of individuals who live in a family setting has decreased since 2019 from 29% to 21%.



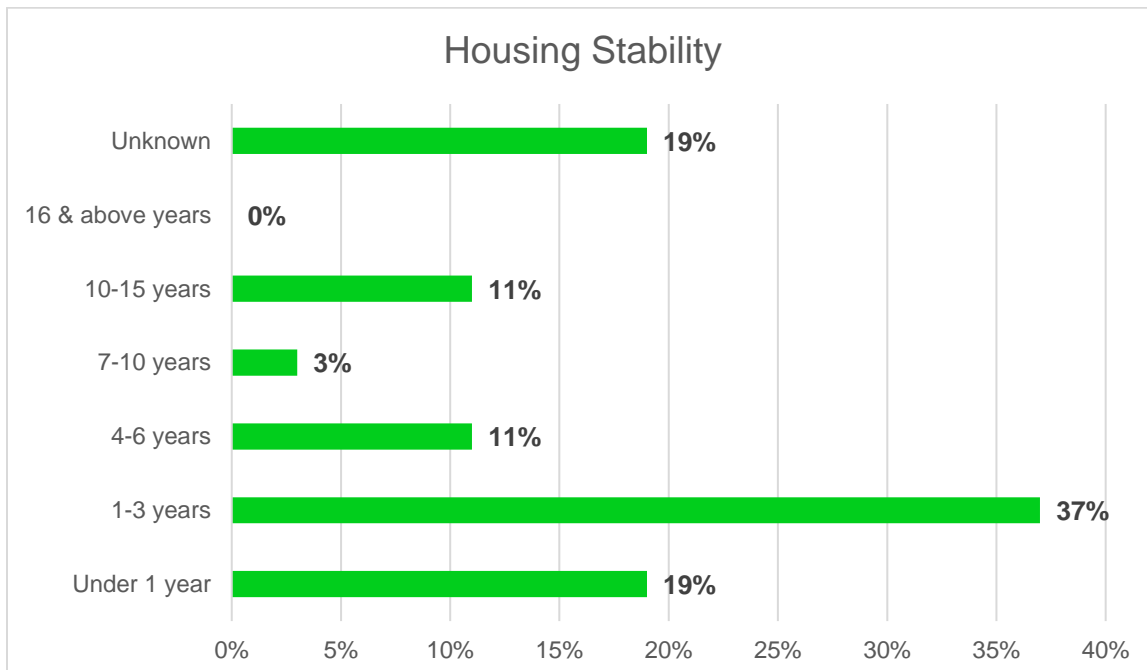
Individual Lives With

Most individuals in the program live by themselves.



Housing Stability

Most individuals indicated they have lived in stable housing between 1 and 3 years.

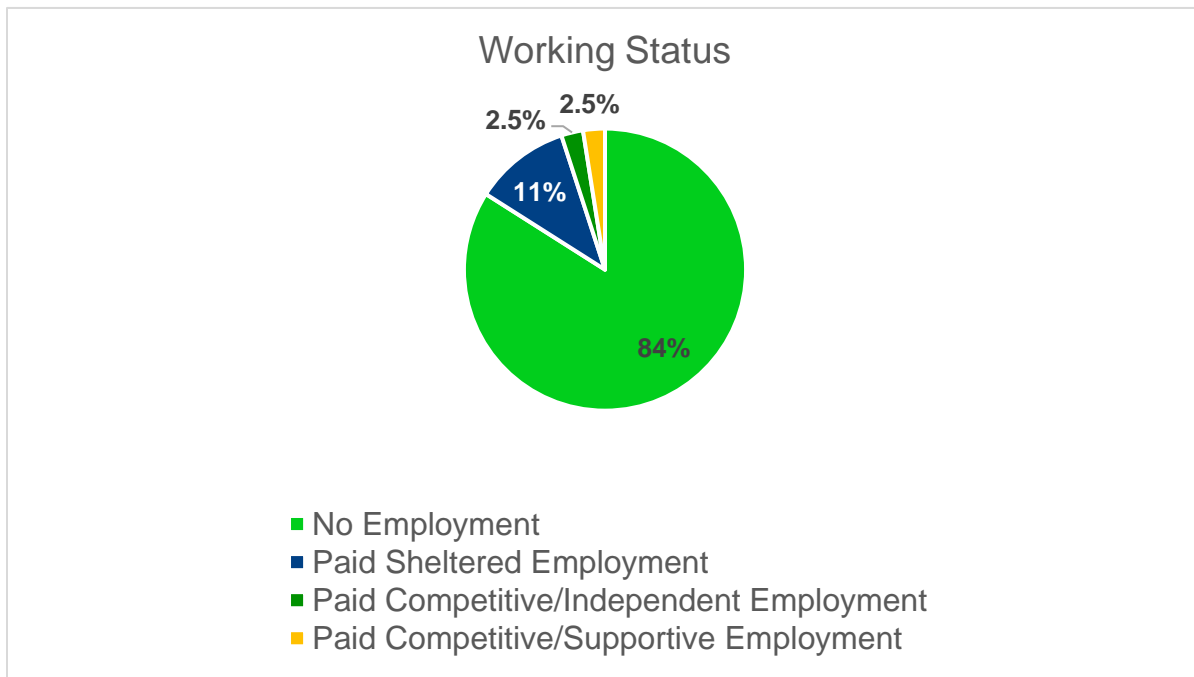


Learning Status

One hundred percent of the participants are not currently enrolled in school or training which remains the same from the last review.

Work Status

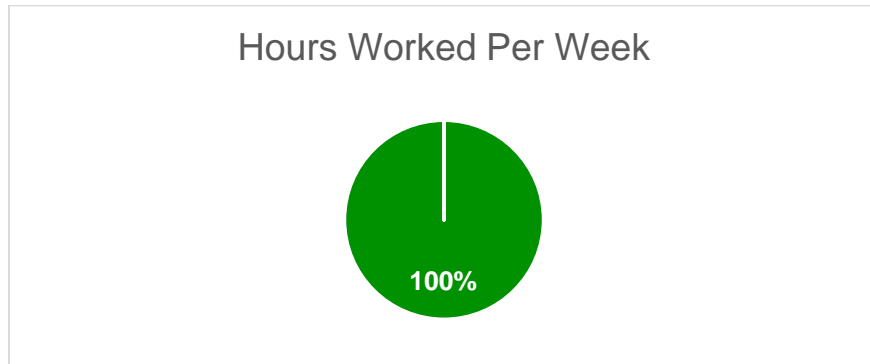
Many of the individuals within the program are not employed.



There was an increase in working status. In 2019, no individuals had employment and during fiscal year 2020-2021, 16% of the individuals received some sort of paid employment.

Hours Worked Per Week

For individuals who were employed, 100% worked below 35 hours per week. This percentage has remained the same from 2019.



Social

Approximately, 20% of individuals are engaging in some sort of social activities which is a slight decrease of 4% from last review.

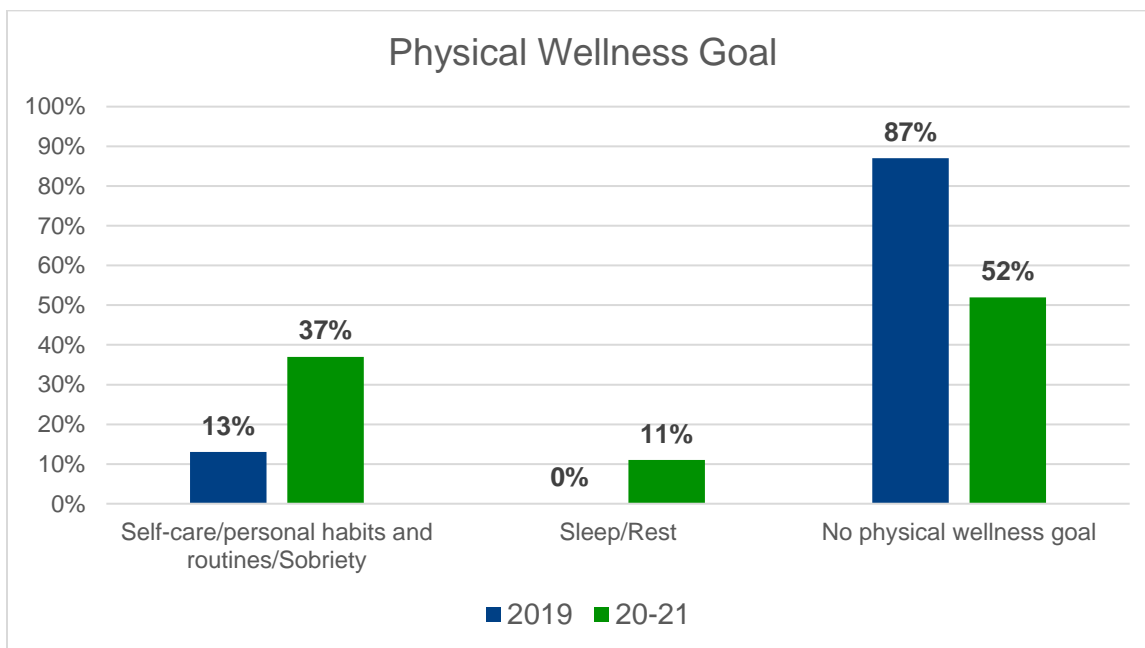


Physical Wellness

The Physical Wellness goal areas are as follows:

- No Physical Wellness Goals
- Self-Care/Personal Habits and Routines
- Diet and Nutrition
- Physical Activity
- Relaxation/Stress Management
- Sleep/Rest
- Medical Care/Screening
- Other

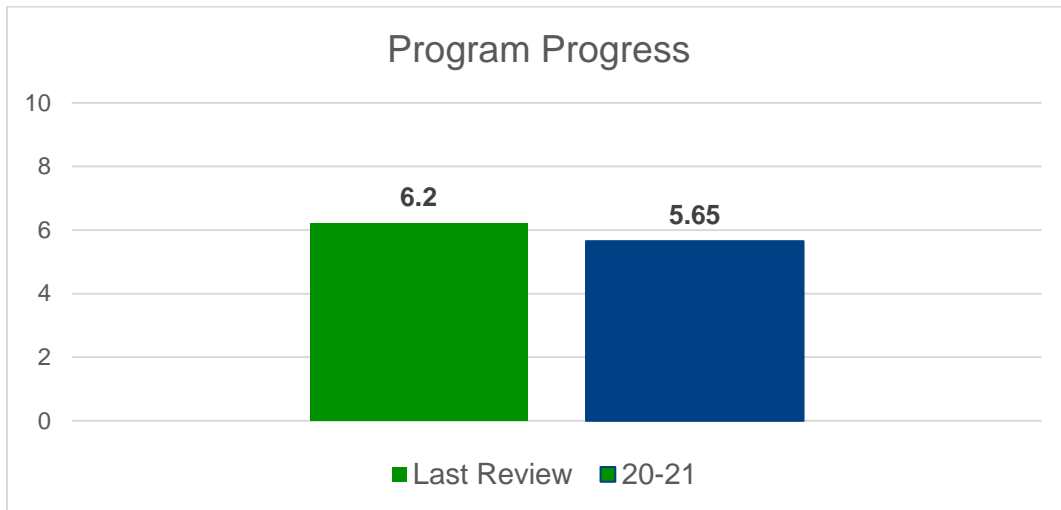
There was an increase of physical wellness goals identified by the individuals served. The percentage of no physical wellness goals decreased by 35% from the last review.



Progress

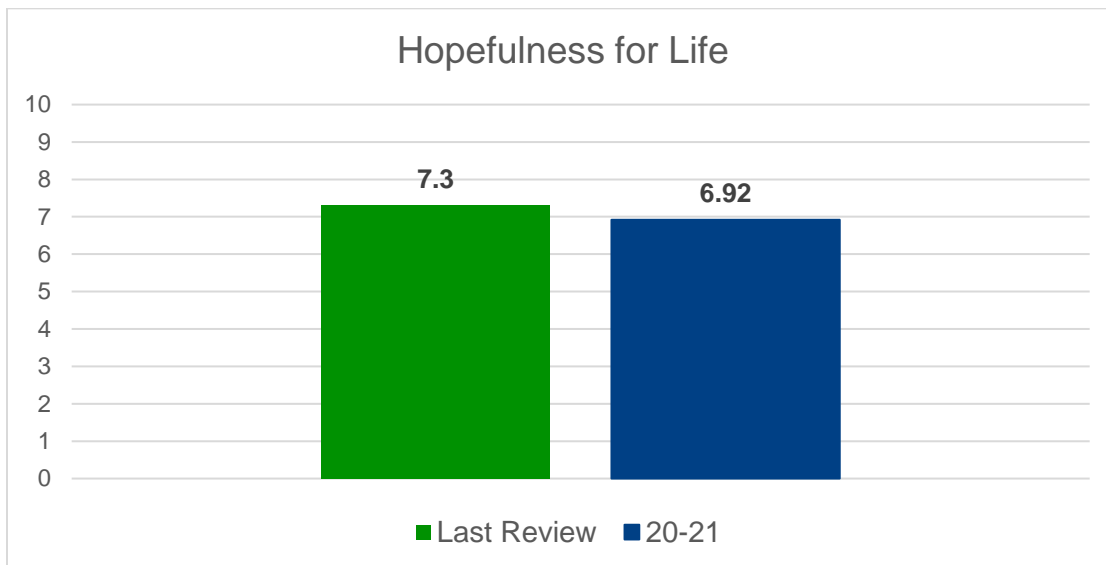
Progress in Program

On a scale from 1 to 10 with 1 being *No Progress* and 10 being *A Lot of Progress*, individuals rate how much progress has been experienced while enrolled in the program. The average score was 5.65 with numbers ranging from 4 to 9. This is a slight decrease from the last review.



Hopefulness for Life

On a scale from 1 to 10 with 1 being *No Hope* and 10 being *Filled with Hope*, individuals' rate how hopeful he/she feels about his/her life. The average score was 6.92 with numbers ranging from 5 to 10. This is a slight decrease from the last review.



Program Adherence

To ensure that Psychiatric Rehabilitation Services are adhering to the Program Model, multiple strategies of auditing as well as intensive supervision and staff training are utilized.

Audits

The following auditing methods are completed in the Program:

1. Internal quarterly audits by Compliance Coordinator
2. Internal chart reviews by Program Director

Methodology for sampling:

A random sample of 24 charts out of 77 were selected by the Compliance Coordinator for the quarterly internal audits.

For the chart review, a random sample of charts were pulled to be audited. One third of the charts were randomly selected and audited per quarter.

Figures pulled from the most recent internal audit during the Fiscal Year 2020-2021 are listed below:

On April 29, 2020, 24 Psychiatric Rehabilitation charts were reviewed for 27 Quality Indicators.

Results for 24 Charts:

Category	Score	Goal
Intake and Assessment	100%	80%
Treatment Planning	93%	80%
Care Coordination	100%	80%
Physical Health Indicator	98%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Indicators	90%	80%

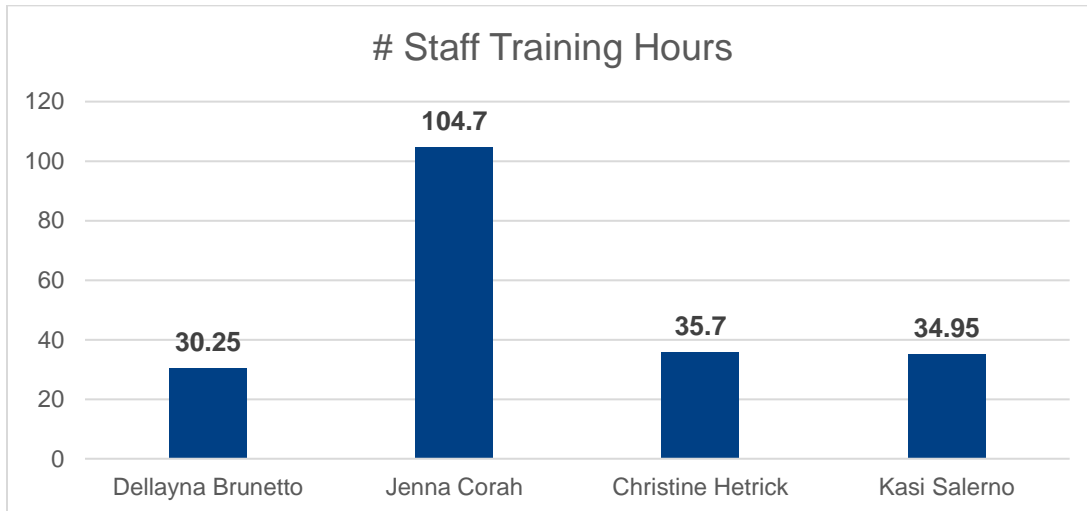
Staff Supervision

Staff supervision is a significant focus area for the Psychiatric Rehabilitation Program. Individual and group supervision occurs on a weekly basis. Supervision was provided face to face and virtually during this period. During supervision, client cases are reviewed with the Program Supervisor and quality initiatives are practiced.

Staff Training

To ensure the fidelity of the model, staff are required to complete agency and program specific trainings. All Psychiatric Rehabilitation staff have completed all agency required trainings and all staff have met the requirements of additional Psychiatric Rehabilitation trainings. Annual required agency trainings completed by all staff include:

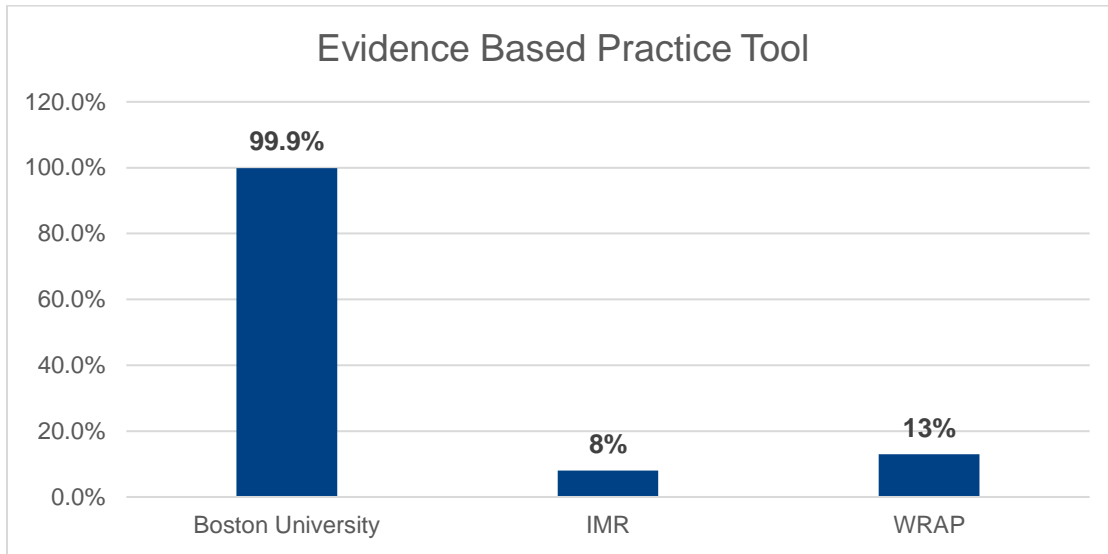
1. Risk Assessment, Suicide Prevention, and Suicide Response
2. The Roles of Family and Peers
3. Cultural Competence
4. Trauma Informed Care
5. Fraud Waste and Abuse and Quality Assurance
6. Continuity of Care/Disaster Recovery and Vicarious Trauma



In addition to the required annual trainings, all staff within the program completed the Quality Improvement Training and Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Training during this review.

Evidence Based Practices

Three Evidenced Based Practices were utilized in the Psychiatric Rehabilitation Program. The Boston University was the most used Evidence Based Practice (EBP) utilized. Additionally, the Psychiatric Rehabilitation Program also uses the Illness Management and Recovery (IMR) and WRAP Evidence Based Practice tools.

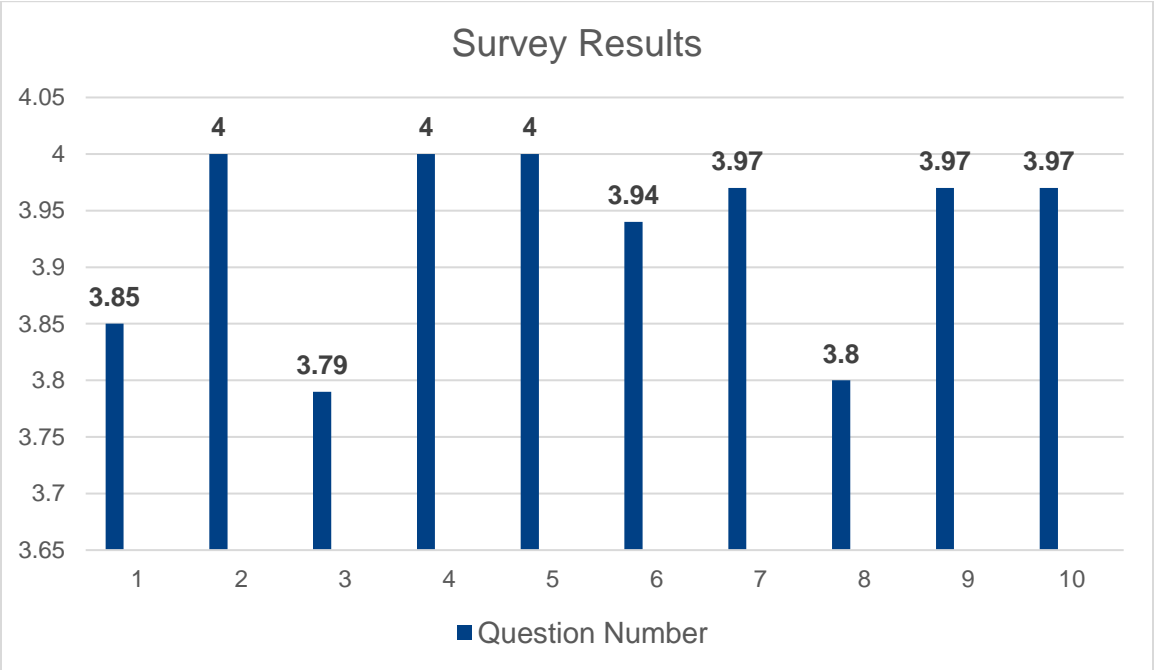


Survey Results

Surveys were completed with participants of the Psychiatric Rehabilitation Program in October 2021. Thirty-three surveys were completed. Participants were asked how satisfied they were in the categories below. The answers ranged on a scale from 1 to 4. One represents not satisfied and 4 represents very satisfied. The numbers have been averaged and results of the survey are as follows:

Survey Results	
1. Timeliness of our response to your initial request	3.85
2. The setting in which the services are provided.	4

3. The courtesy and respect shown by clerical staff.	3.79
4. The courtesy and respect shown by the treatment provider.	4
5. The level of confidentiality	4
6. Your participation in the development of a treatment plan that met your needs	3.94
7. Your provider's ability to help you and your family.	3.97
8. Your ability to handle your situation as a result of receiving services.	3.8
9. The frequency and convenience of contacts.	3.97
10. Did services provided address your specific cultural background in a respectful manner?	3.97



Many of the Psychiatric Rehabilitation clients referenced the communication with their service provider helped them feel supported and motivated. One client reflected on services and reported she felt more supported through face-to-face sessions versus telehealth. Overall, clients were satisfied to continue services throughout the pandemic and remain in the program.