



Psychiatric Rehabilitation Services



Annual Quality Review
July 1, 2022 – June 30, 2023

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Service Description

- The mobile psychiatric rehabilitation program at The Guidance Center serves individuals who are 18 years and older. The individuals served will meet the eligibility requirements set forth by the Office of Mental Health and Substance Abuse. Those diagnostic regulations define serving individuals who are diagnosed with Schizophrenia, Schizoaffective Disorder, Major Mood Disorder, Psychotic Disorder, or Borderline Personality Disorder. In addition, possess a moderate to severe functional impairment in the live, work, learn, and social domains of their life. The program follows the agency policies and procedures already established accommodating special populations. The agency maintains specific policies and procedures for providing services to individuals who are hearing and visually impaired. Additionally, The Guidance Center's policies and procedures provide guidance and protocol to address language barriers for individuals being served. Cultural Competency can be defined as an adherence to guiding principles developed to increase the ability of mental health providers, agencies or systems to meet the needs of diverse communities, including racial and ethnic communities.

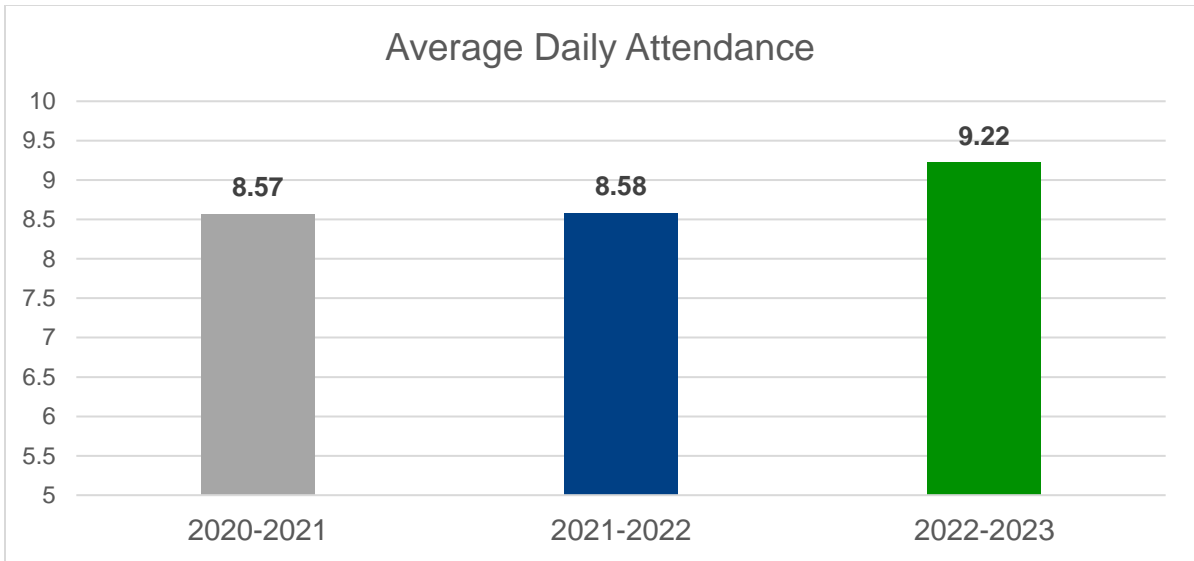
Mobile Psychiatric Rehabilitation service delivery will be competent in the cultures that are predominant in the area. The Guidance Center acknowledges that individuals residing in the area are family oriented who are rooted deeply in their religious beliefs that live in a rural setting where everyone knows everyone. We acknowledge the difficulty, at times for individuals and families to accept assistance from anyone outside of the family realm. It is the intention of the service to respect those beliefs, however, at the same time break down barriers that exist surrounding the stigma of mental illness. Education will be provided to the individuals and families surrounding the basis of mental illness so recovery of the illness can be achieved. The Guidance Center strives to make programs assessable, appropriate, appealing, and effective for the community that we serve.

The Mobile Psychiatric Program understands that some cultures hold different beliefs about the causes and treatment of mental illness. Agency staff remain mindful and respectful of those in any of the programs the agency offers.

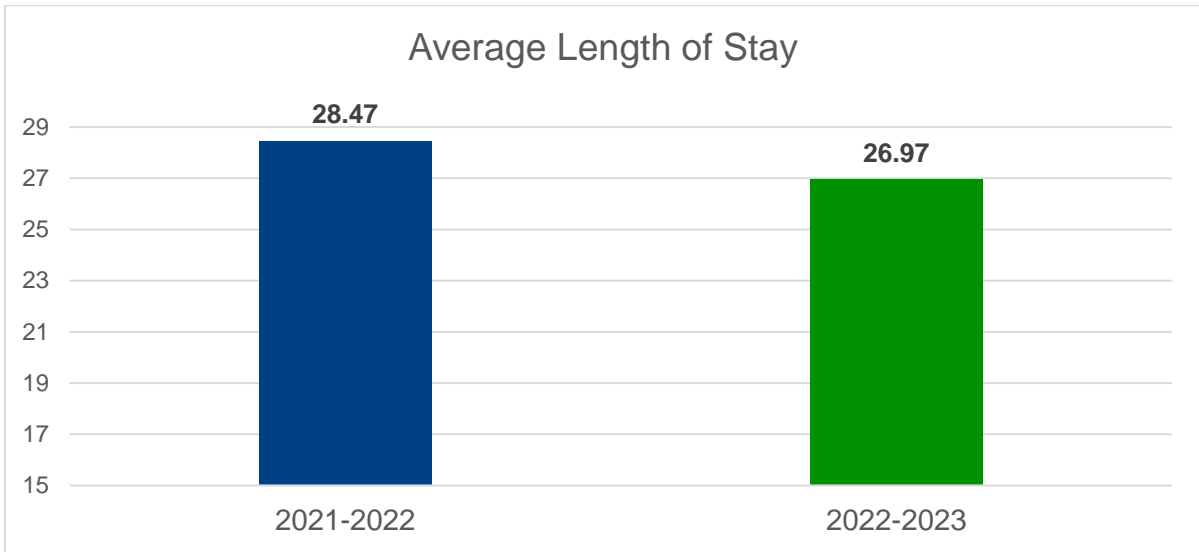
- Psychiatric Rehabilitation is an important and necessary service that assists individuals who have a history or presence of a serious mental health diagnosis to attain or enhance skills to support their recovery. Recovery is a process of change through which individuals improve their health and wellness, 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.

Overview

- The Guidance Center operates under the mission of developing and providing comprehensive, quality mental health and substance use treatment, intellectual disability services, education, prevention, and community outreach services, guided by principles of least restricted care, cost effectiveness, accessibility, and responsiveness to individuals, families and communities served.
- 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 Quality & Compliance Department continuously evaluates the Psychiatric Rehabilitation Program to ensure the program operates within the descriptive outline.
- On May 11, 2023, the federal Public Health Emergency (PHE) declaration expired, however, it did not mean the virus no longer existed. The agency continued precaution measures when necessary while still providing optimal service delivery within the Psychiatric Rehabilitation Program. During this period of review, all services were delivered face-to-face. We continue to see an increase in the individuals served in the program participating in social activities.
- Progress Measures are collected on client's responses to goals, strengths, activities, living status, learning status, work status, social goals, wellness activities, and progress made in the Psychiatric Rehabilitation Program.
- Quality Improvement plans are made based upon internal Compliance audit results and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure The Guidance Center is delivering optimal care in the Psychiatric Rehabilitation Services. In October 2023, Psychiatric Rehabilitation clients were offered feedback surveys using a HIPAA compliant platform. Data was extracted and analyzed based on quality performance. Survey results are shared with the Program Director, Senior Management, Executive Director, and the Agency Board of Directors.
- Average Daily Attendance slightly increased from the last review of 8.58 individuals to 9.22 individuals.



- The average length of stay slightly decreased from 28.47 months to 26.97 months.

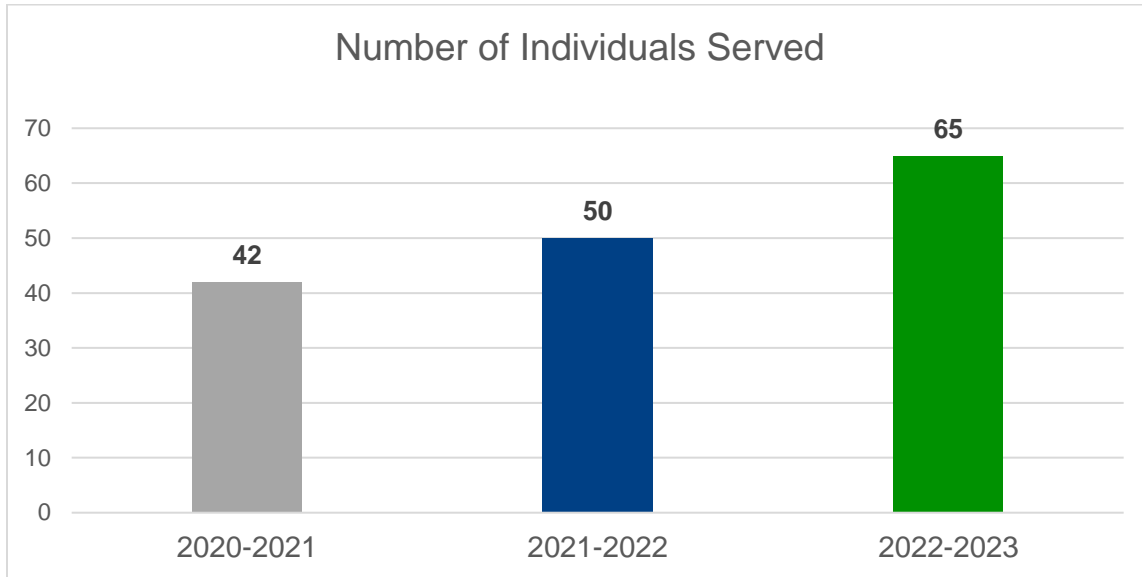


- Data for this quality report is from July 1, 2022, to June 30, 2023.

Demographics

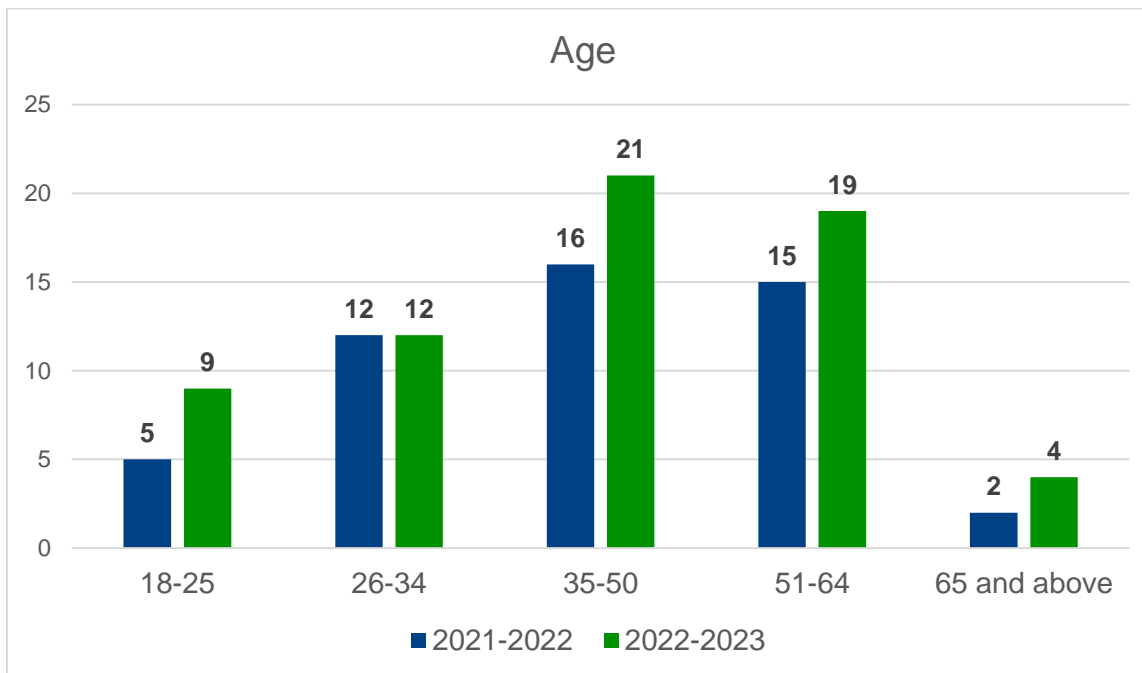
Number of Individuals Served

There continues to be an increase of individuals served in the Psychiatric Rehabilitation Program since the 2020-2021 fiscal year.



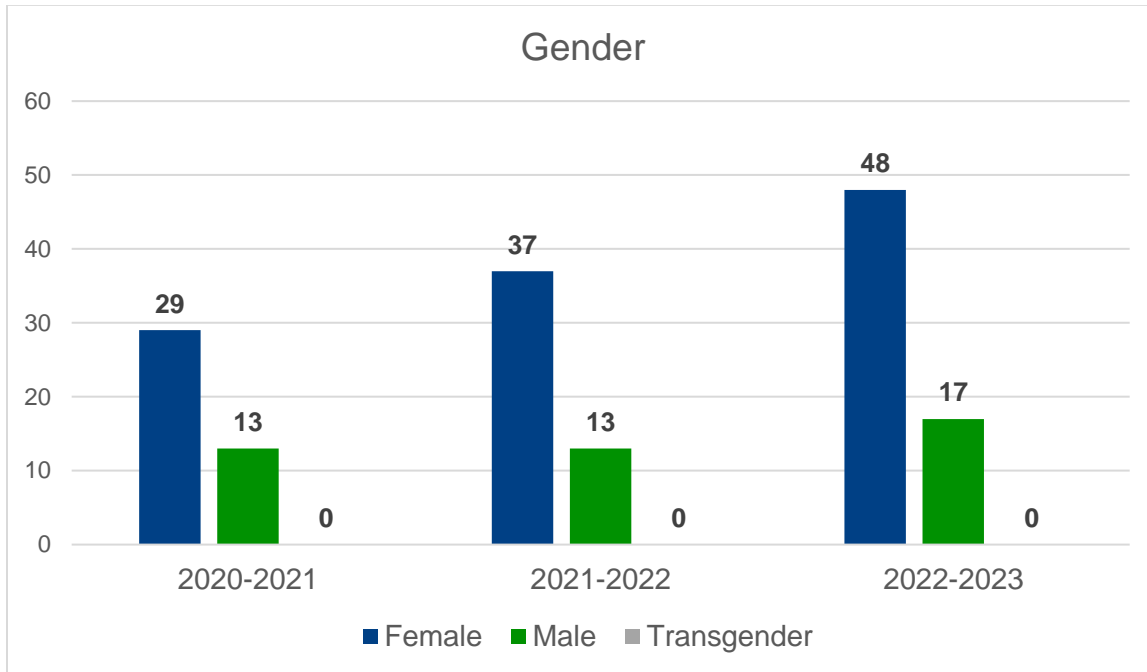
Age

The majority of individuals served in the program are between the ages of 35 and 50. A complete breakdown of individuals' age is captured in the table below.



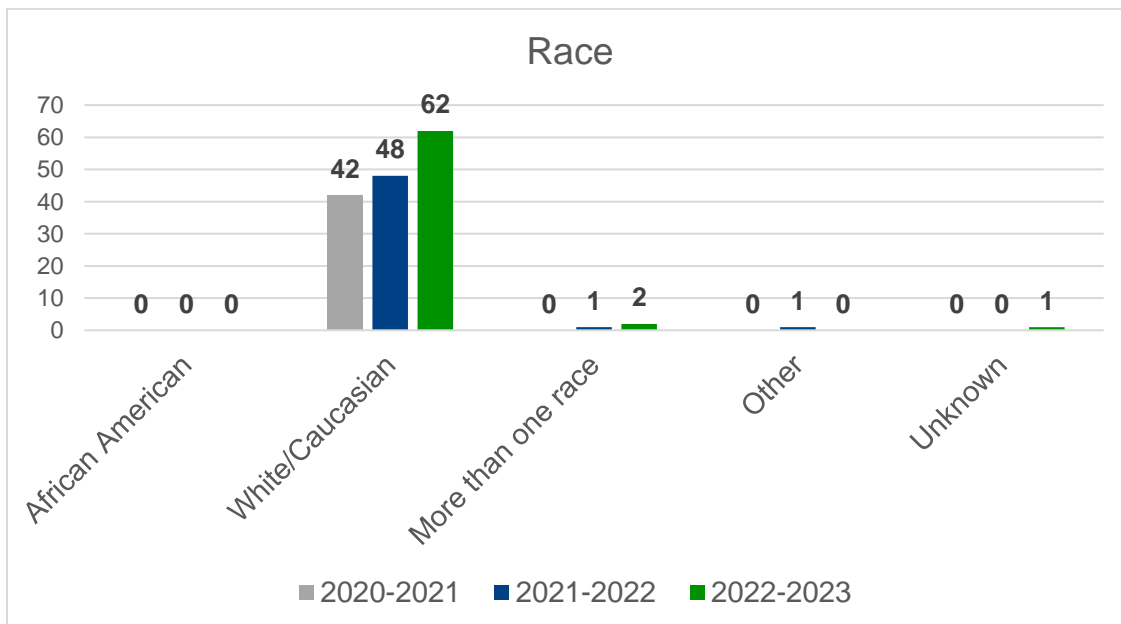
Gender

Consistent with previous program years, majority of individuals enrolled in the program are female.



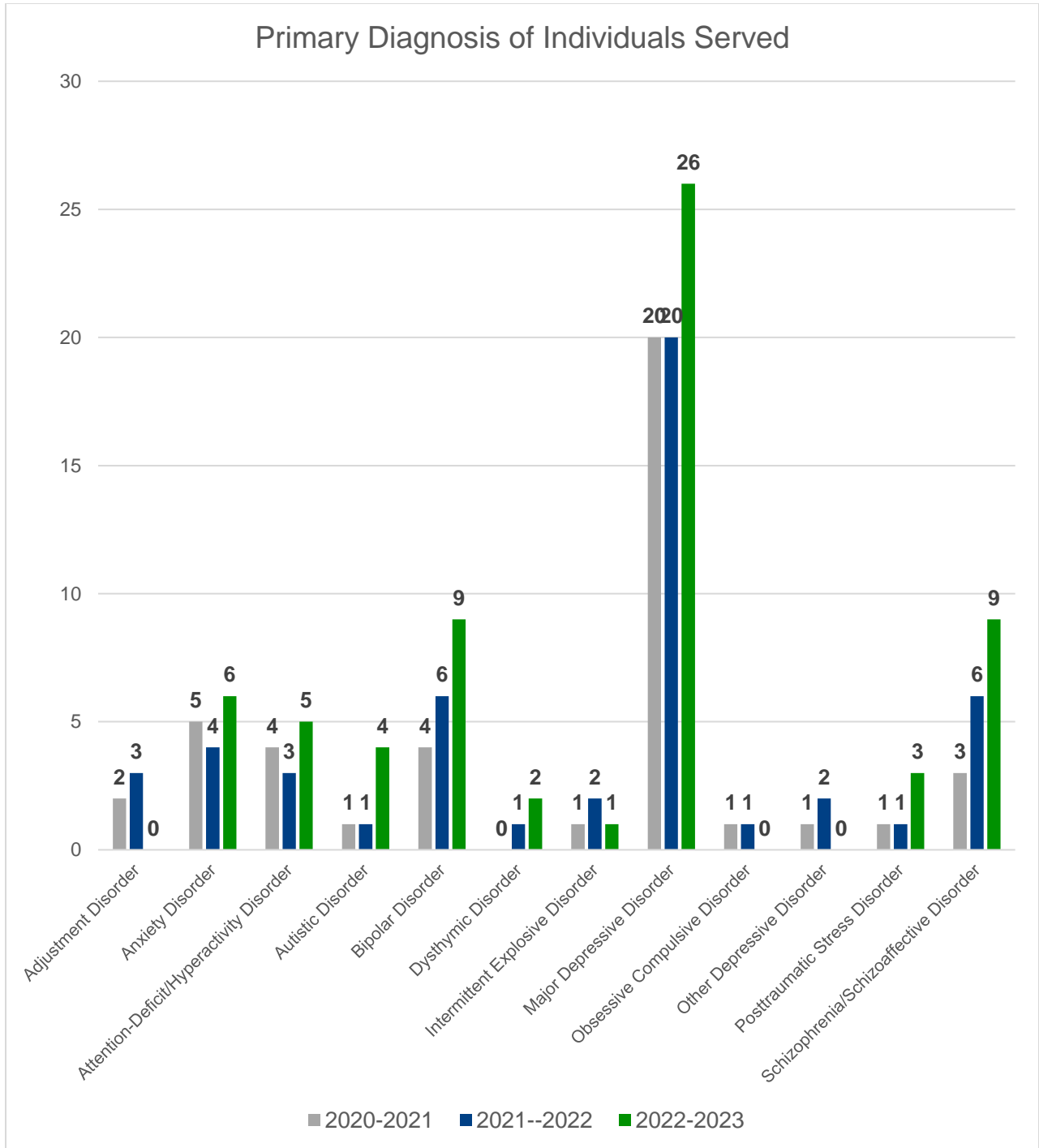
Race

Last year, all participants in the program were white/Caucasian. This year, we had two individuals identify as more than one race and one race unreported. Below is a complete breakdown of individuals' race.



Primary Diagnosis

Consistent with previous reviews, the primary diagnosis upon admission of the program of individuals served remains as Major Depressive Disorder.



Service Data

Admissions & Discharges

The Psychiatric Rehabilitation Program serves individuals who are 18 years and older who are diagnosed with a severe persistent mental illness and voluntarily wants to receive services. The Health Choices approved diagnosis is as follows:

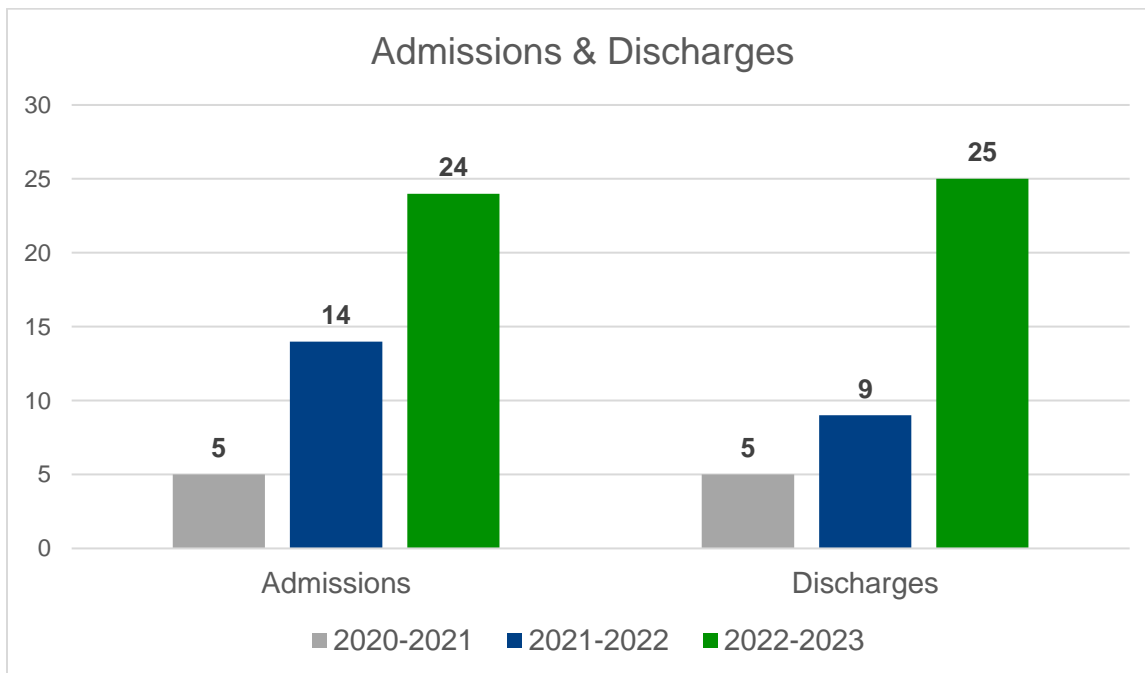
- Schizophrenia
- Schizoaffective
- Psychotic Disorder
- Major Mood Disorder
- Borderline Personality Disorder

The individuals served will also have an identified moderate to severe functional impairment that interferes with their personal role performance in living, working, learning, and socializing domains of their lives. These domains can also be interpreted as vocational, educational, and/or self-maintenance domains.

A written recommendation will be required for Psychiatric Rehabilitation Services from a Licensed Practitioner in the Healing arts. A LPHA will be defined as a Psychiatrist Licensed Psychiatric Registered Nurse or a Licensed Psychologist.

Individuals who do not meet the above outlined admission criteria may be considered for the program if, a Licensed Practitioner includes a diagnosis of mental illness that is listed in the DSM-V and has a written recommendation further outlining and describing the functional impairments of the individual being referred.

There was a significant incline in admissions and discharges in the Psychiatric Rehabilitation Program during this review. There were 24 admissions and 25 discharges during this review.



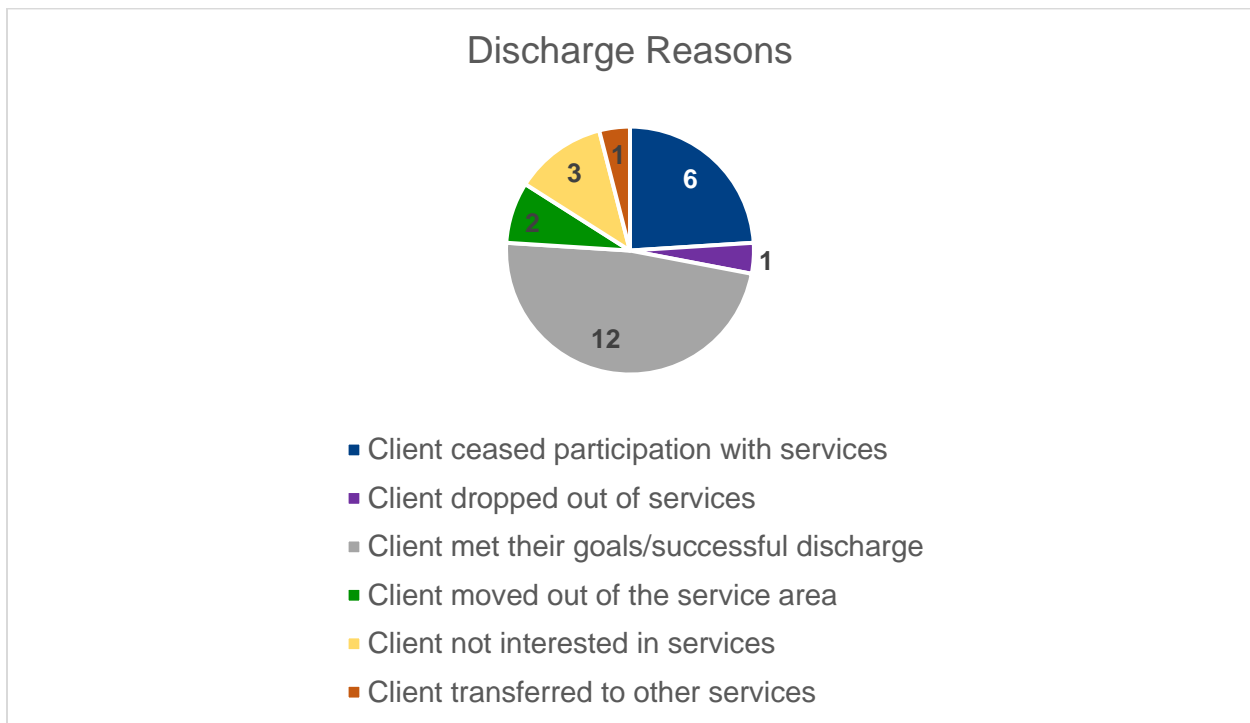
For exceptions to admission and continued stay requirements, there were three exceptions during this review. Each Psychiatric Rehabilitation Plan is reviewed every 90 days to ensure continued stay requirements were met.

Discharges

As individuals meet their objectives, improve their functional impairments, and develop a new skill set, discharge planning will occur. When individuals are discharged from the program, they are made aware of their rights and information regarding program referral if a future referral is necessary. Additionally, the collaborative team working with the individual will be aware of the discharge plan.

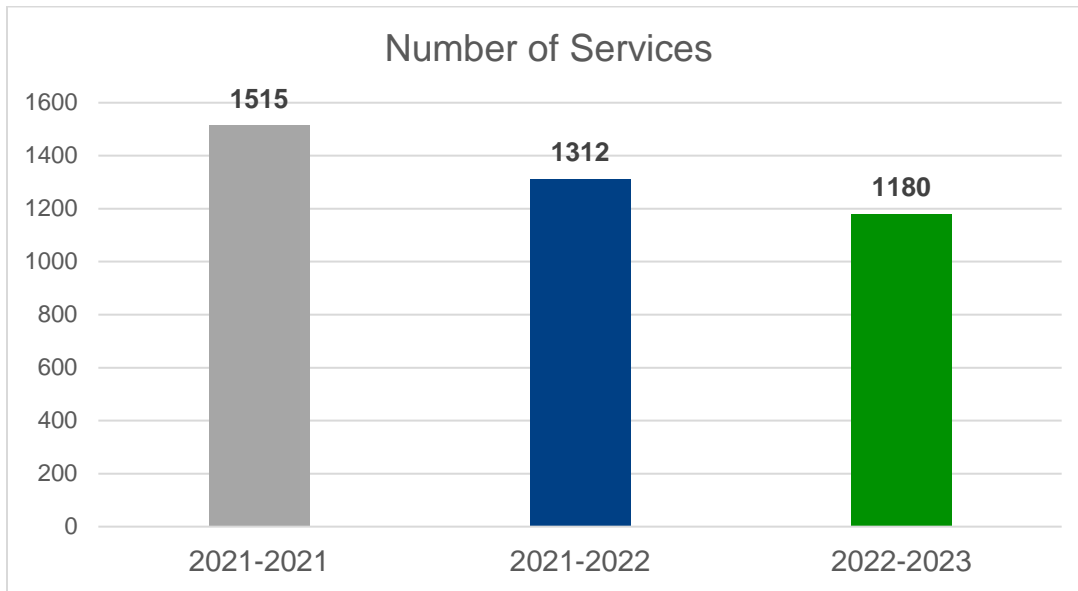
Discharge Reasons

Most clients discharged from the program is because they met their goals and had a successful discharge. All discharge reasons are captured in the chart below.



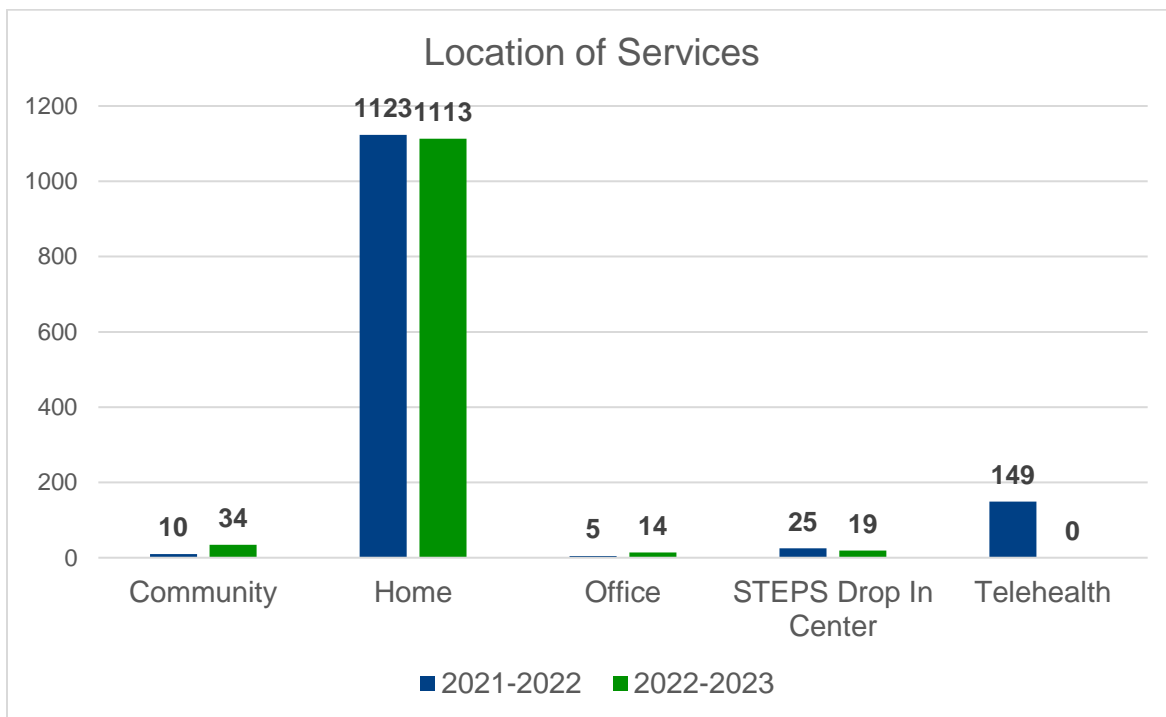
Number of Services

The number of services continues to slightly decrease from previous fiscal years.



Location of Services

The majority of services delivered continues to be in the home. There were no services delivered via telehealth during this review. A complete breakdown of service locations is represented in the chart below.

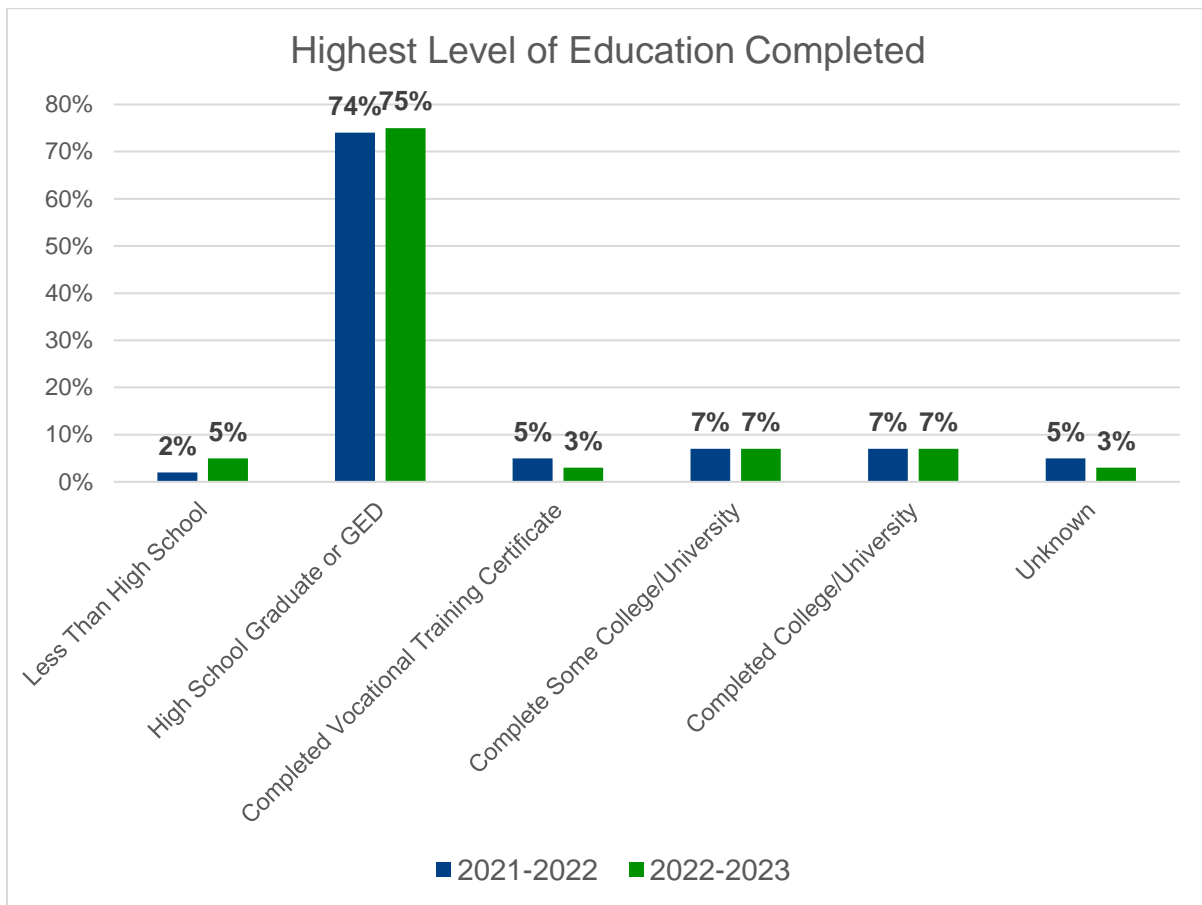


Progress Measure Responses

Progress Measures are completed on a quarterly basis. There were a total of 171 Progress Measures completed during this review. Data from Progress Measures are pulled from the most recent response completed for each individual.

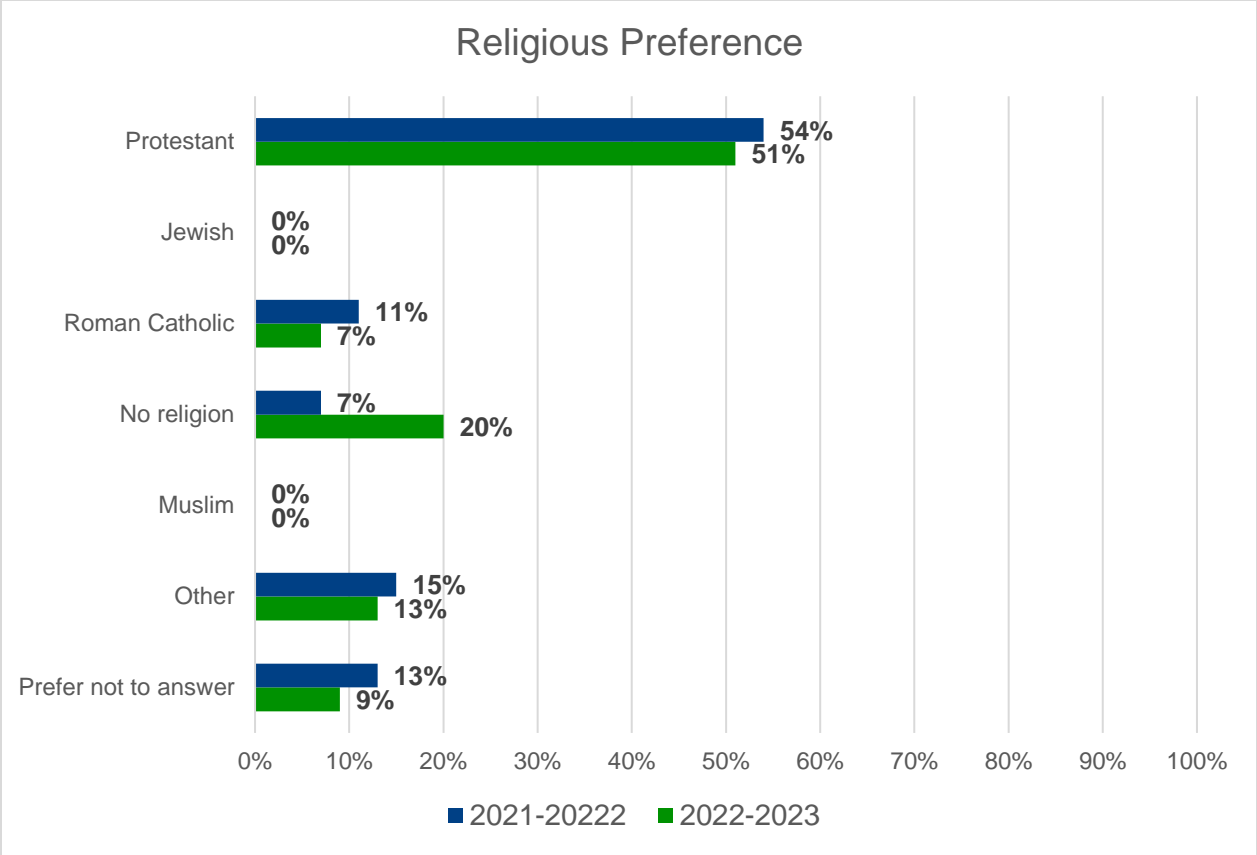
Education

Consistent with the last review, the majority of the individuals served in the program are a high school graduate or have a GED. A complete breakdown of individuals' education is represented in the next chart.



Religious Preference

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

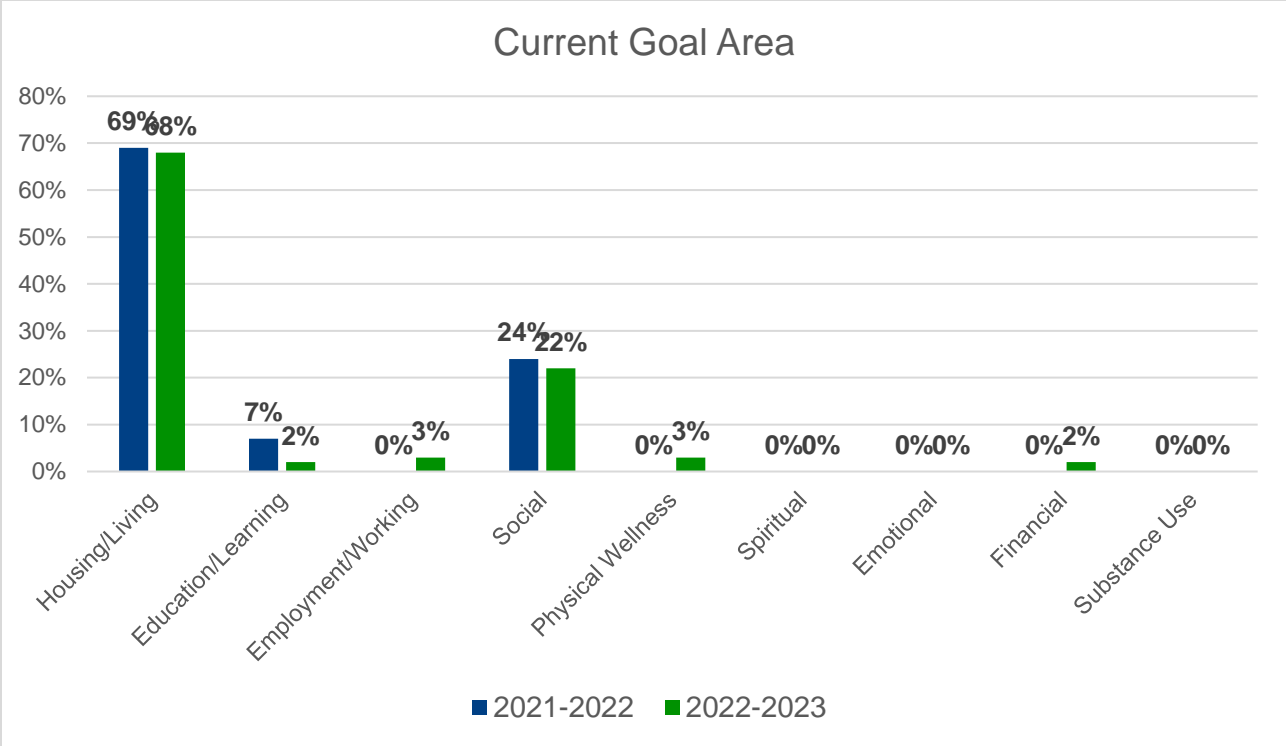


Goals

Of the most recent goals set by the individuals enrolled in the program, most common reported goal area is housing/living. Some individual’s rehabilitation plans include goal areas in education/learning and social. Goal area options include the following:

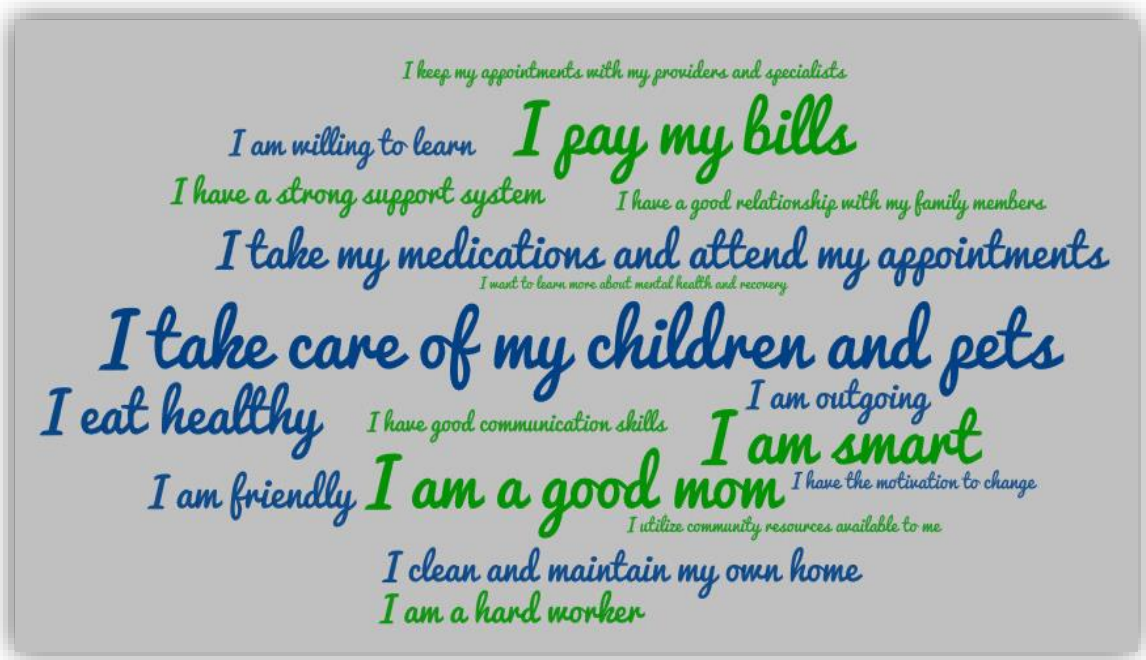
- Housing/Living
- Education/Learning
- Employment/Working
- Social
- Physical Wellness
- Spiritual
- Emotional
- Financial
- Substance Use

The current goal area for individuals enrolled in the Psychiatric Rehabilitation Program is consistent with last year being in the housing/living area. Some individuals during this review identified their current goal area in social. Additionally, few individuals identified their goal in education/learning, employment/working, physical wellness, and financial.



Strengths

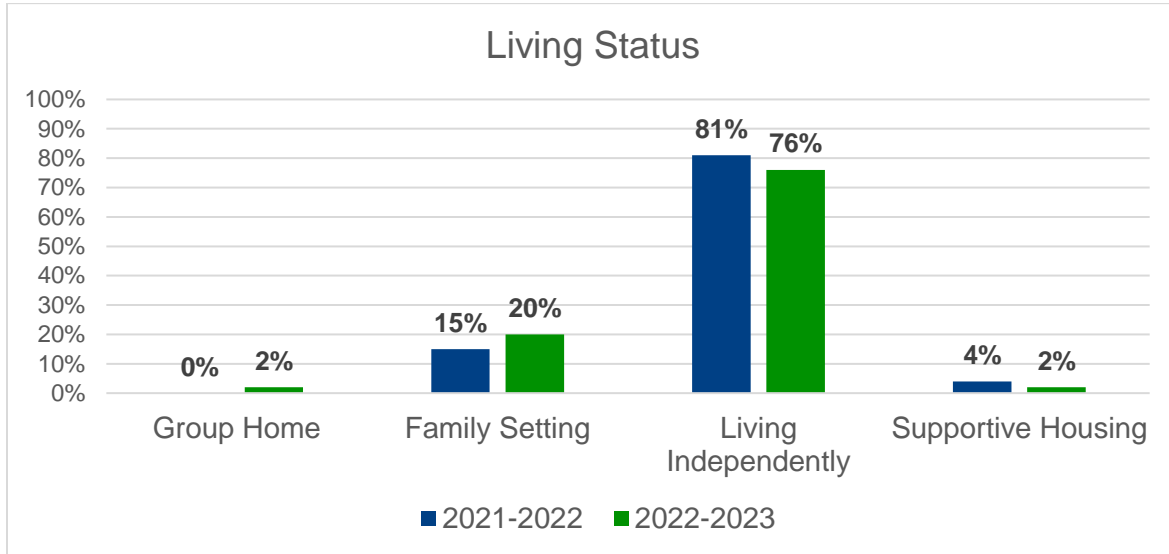
When completing their reviews, individuals are asked to identify their strengths. The following word cloud is a representation of some of the strengths identified by the individuals served in the program.



Activities

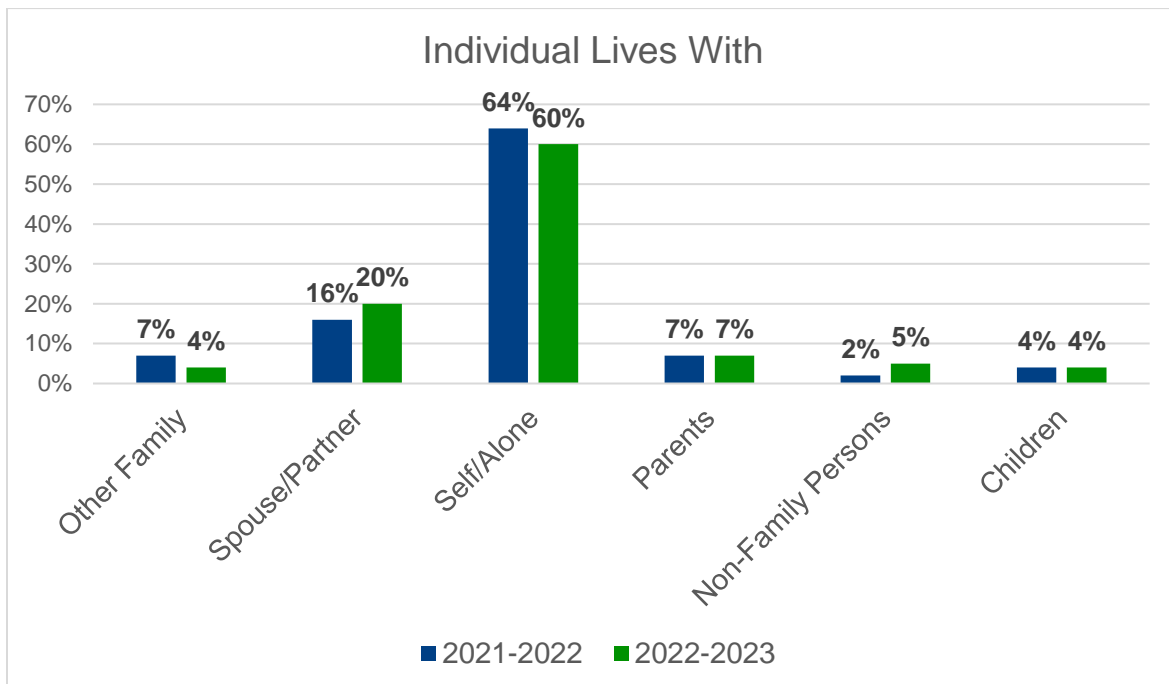
Living Status

Consistent with the last review, most individuals are living independently. Other individuals live in a group home, family setting, or in supportive housing.



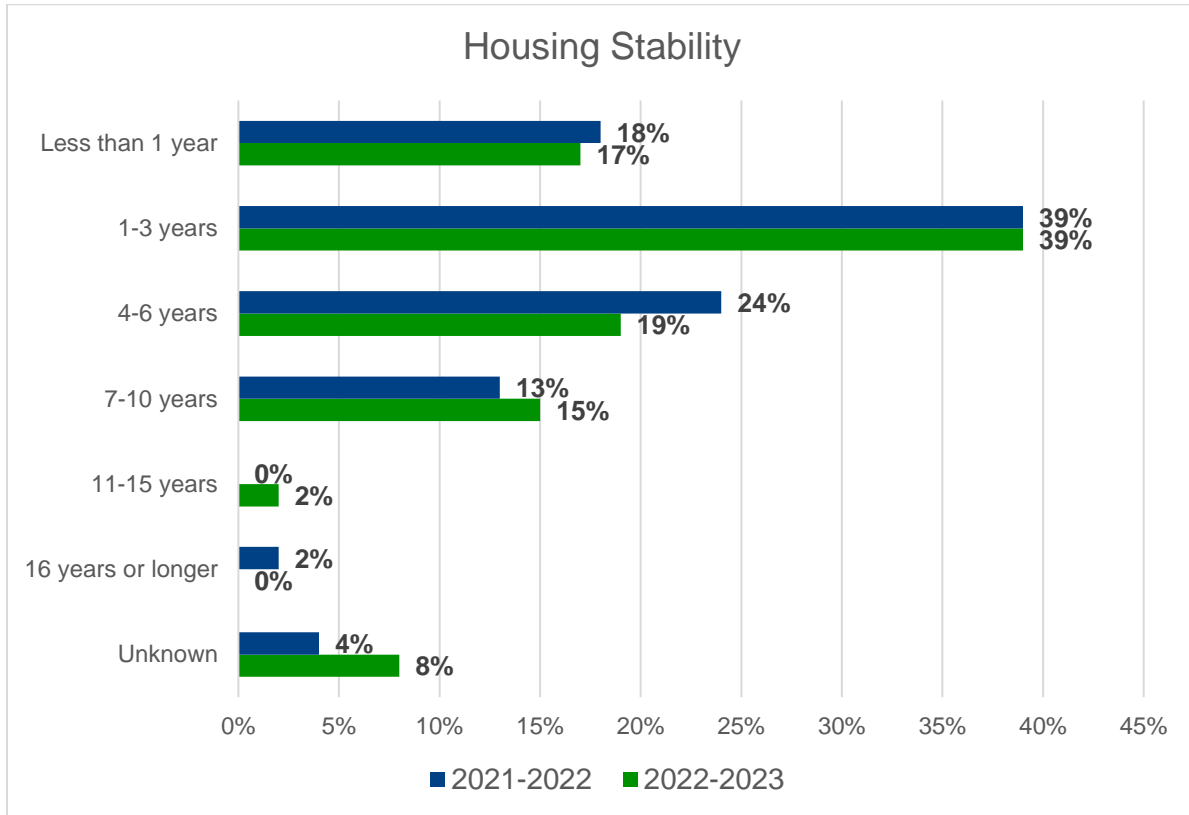
Individual Lives With

Most individuals continue to live by themselves or alone.



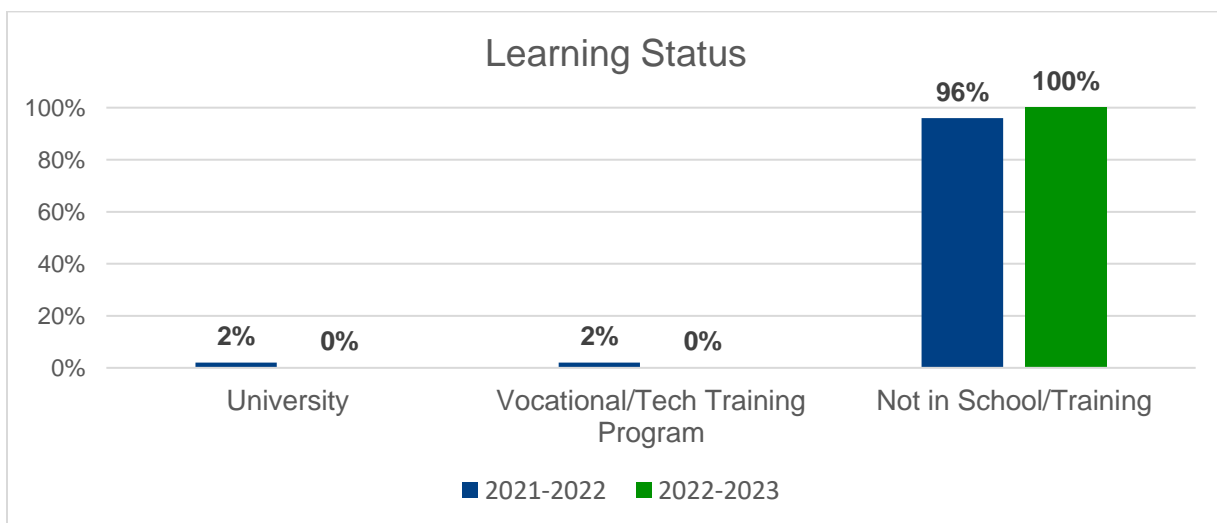
Housing Stability

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



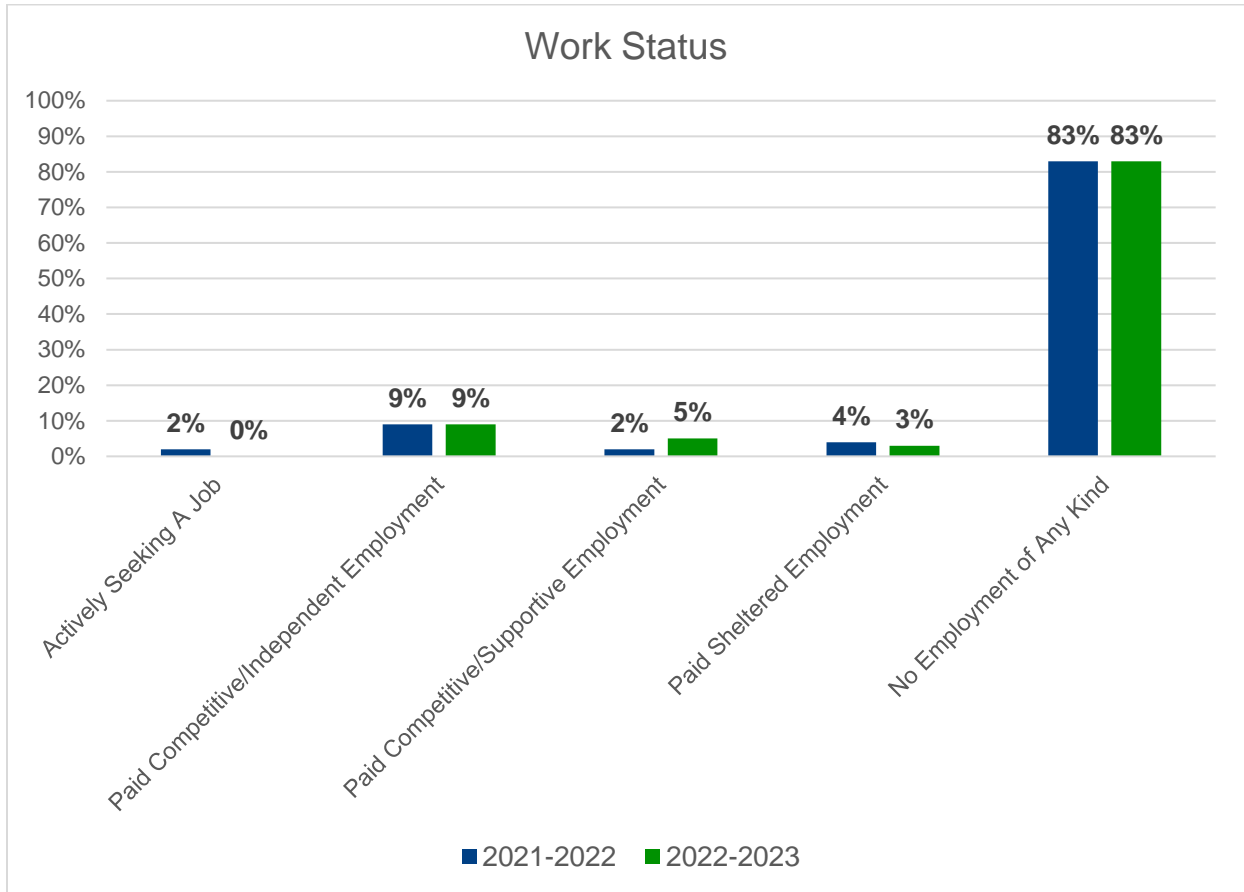
Learning Status

No individuals enrolled in the program were currently enrolled in school or training.



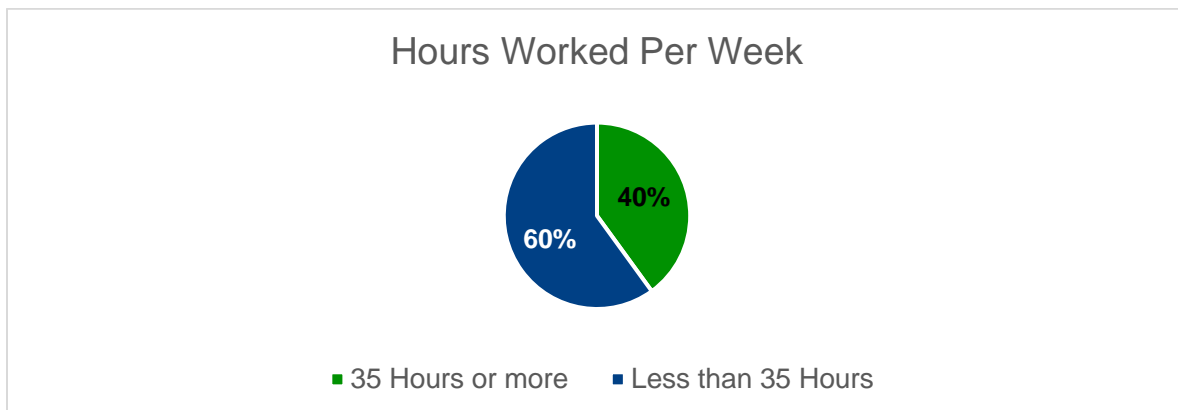
Work Status

The majority of individuals enrolled in the program have no employment of any kind.



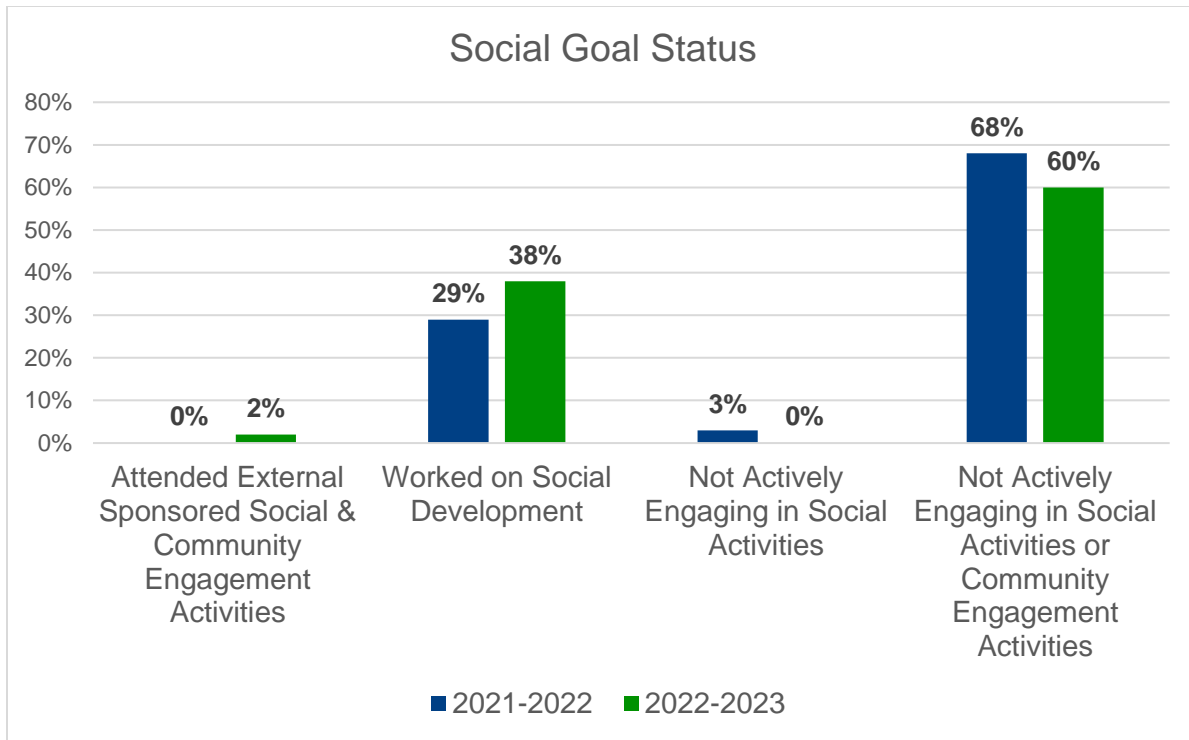
Hours Worked Per Week

Of the individuals who are employed, 40% work 35 hours per week or more while 60% work less than 35 hours per week.



Social

During this fiscal year, we saw an increase of 9% in working on social development. Additionally, 2% of individuals attended external sponsored social and community engagement activities.

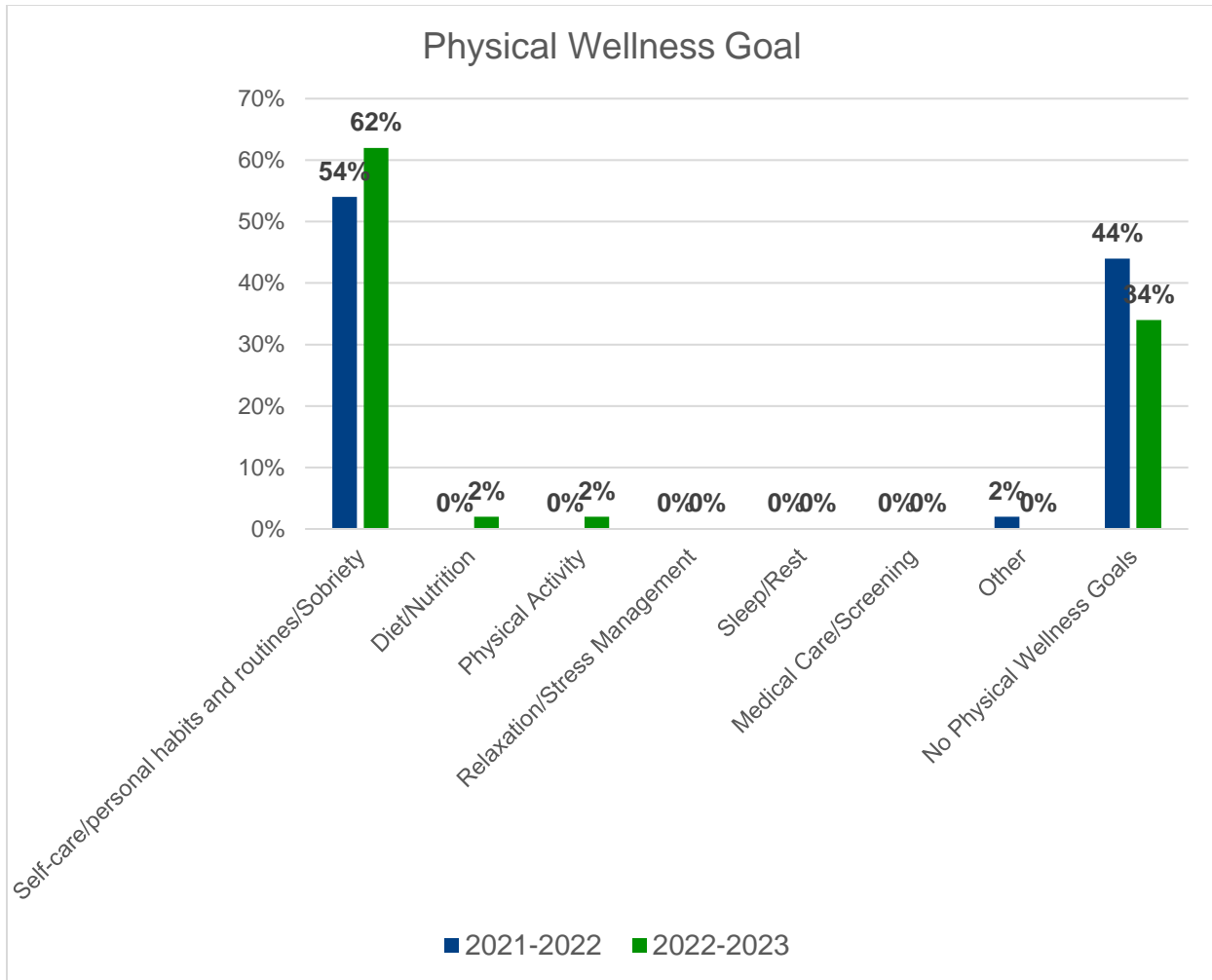


Physical Wellness

Within the Progress Measure, individuals are asked to report on their physical wellness goal. 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 and a decrease in individuals with no physical wellness goals identified by the individuals served.



Outcomes

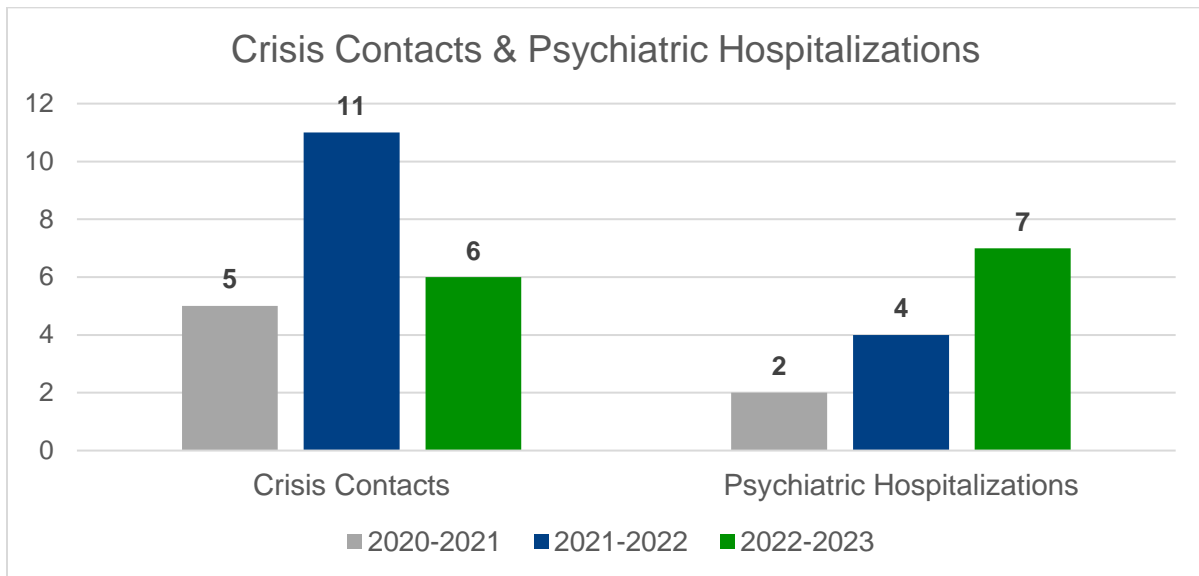
Services are delivered to protect the confidentiality of the person, however, striving to meet the needs, desires, and outcomes defined by the consumer.

Psychiatric Rehabilitation will meet the identified outcomes of the Program, those being:

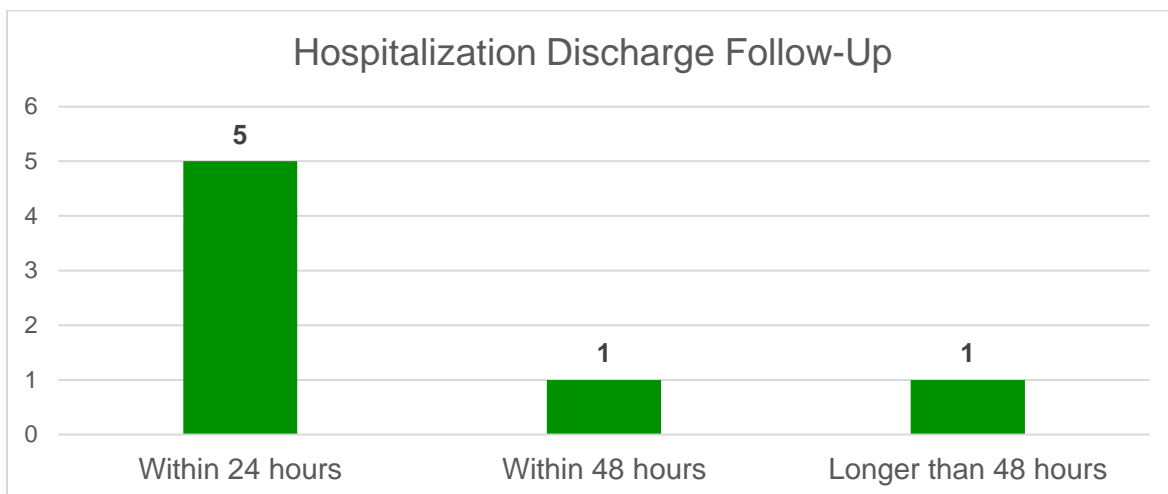
- Valued Roles of the individual will be obtained
- Reduced Hospitalization
- Reduced Crisis contacts
- Provide early intervention in relapse symptomology
- The identified functional impairments will see an improvement, gain or restoration in functioning level and positive change
- Increase the ability to fulfill work or educational goals

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 6 contacts with crisis services. Additionally, 7 individuals required psychiatric hospitalizations. Crisis contacts have decreased, and psychiatric hospitalizations have increased in this fiscal year.



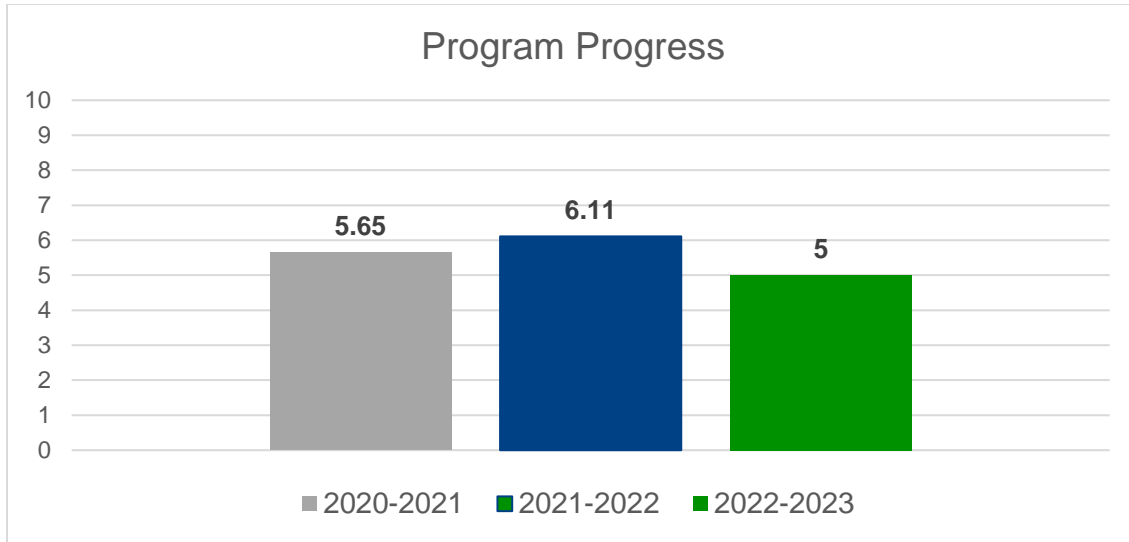
A critical focus of the agency is following up with individuals who are hospitalized. The chart below indicates the time of follow-up from the hospital discharge. There was one incident where follow-up was not documented in the Electronic Health Record (EHR).



The majority of individuals had follow-up care within 24 hours of a hospital discharge.

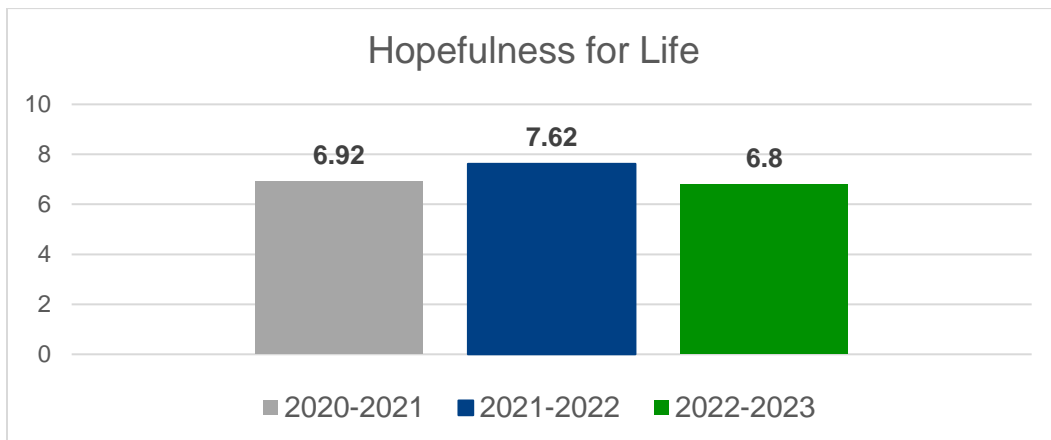
Progress in program

On a scale from 1 to 10 with 1 being *No Progress* and 10 being *A Lot of Progress*, individuals rated how much progress they have experienced while enrolled in the program. The average score slightly decreased 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 rated how hopeful they feel about their life. The average score slightly declined from the last review.



Program Adherence

To ensure that Psychiatric Rehabilitation Services are adhering to the Program Model, multiple strategies are utilized. The agency's Quality & Compliance Department evaluates the Psychiatric Rehabilitation Program to ensure the service description is followed and the needs of the individuals are being met.

Program adherence efforts are monitored by quality reviews, internal compliance audits, intensive supervision, and staff training.

The following auditing methods are completed in the Program:

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

Methodology

Methodology for sampling:

A random sample of charts are selected by the Compliance Coordinator for the internal compliance audits.

In addition to internal compliance audits, chart reviews are conducted by the Program Director who randomly selects the same number of charts from each staff member to be audited quarterly.

Audit Results

There were 2 internal compliance audits completed during this fiscal year. Results from the internal audits are below.

Internal Quality Review			
Program	Psych Rehab	Date of Audit	7/12/2022
Number of Charts Reviewed	25 Randomized Charts	Audit Schedule	Bi-Annually - Q1
Total Number of Indicators	33 Quality Indicators		

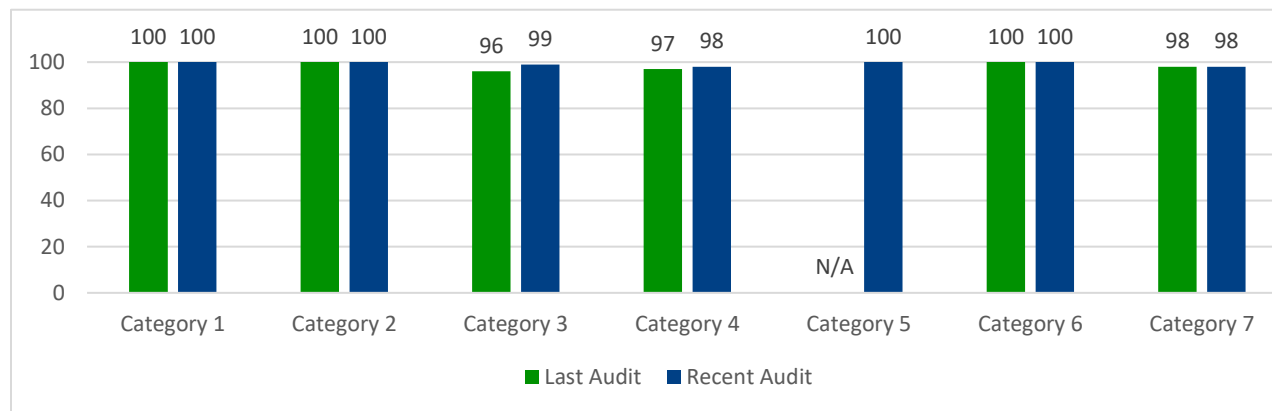
Category	Score	Goal
1. Intake and Assessment	100%	80%
2. Treatment Planning	100%	80%
3. Care Coordination	99%	80%
4. Physical Health/Behavioral Health Indicators	98%	80%
5. Discharge Planning	100%	80%

6. Smoking Cessation Data	100%	80%
7. Key Clinical Indicators for Level of Care	98%	80%
Indicators that fell below 80%:		
None.		

Notes from Audit:

- None

Comparison from the last Internal Audit:



Internal Quality Review			
Program	Psych Rehab	Date of Audit	1/24/23 – 1/26/23
Number of Charts Reviewed	20 Randomized Charts	Audit Schedule	Bi-Annually - Q3
Total Number of Indicators	35 Quality Indicators		

Category	Score	Goal
8. Intake and Assessment	100%	80%
9. Treatment Planning	100%	80%
10. Care Coordination	97%	80%
11. Physical Health/Behavioral Health Indicators	87%	80%
12. Discharge Planning	100%	80%
13. Smoking Cessation Data	100%	80%
14. Key Clinical Indicators for Level of Care	95%	80%

Indicators that fell below 80%:

Indicator 23: Follow up recommendations marked if BMI is overweight or underweight – 39%.

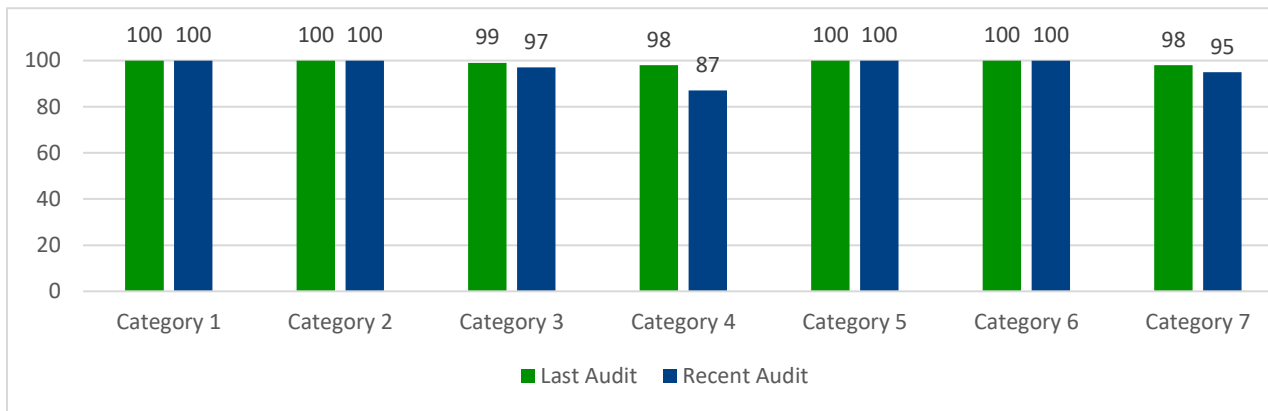
Charts “not met” missing the recommendation include: 1, 3, 6, 7, 10, 12, 14, 17, 19

Charts “partially met” due to having recommendations, but wrong recommendation: 2, 9, 11, 13

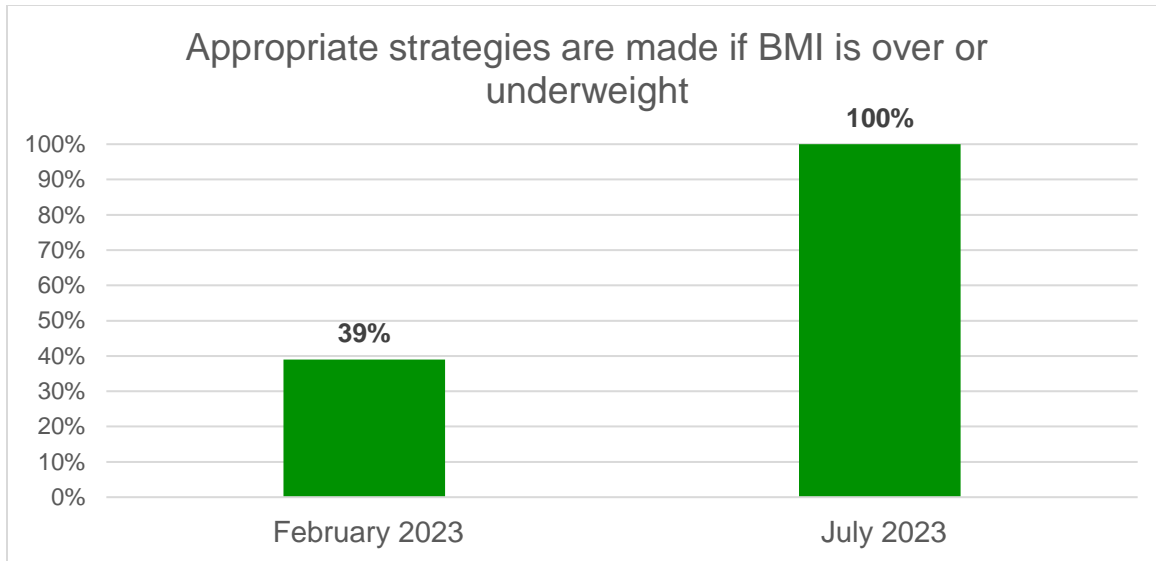
Notes from Audit:

- **Chart 9** – needs admittance date in Episode
- **Chart 2** – has a current Crisis Plan with OP Counsel, last Psych Rehab Crisis Plan was on 1/10/22
- **Chart 4 & 7** – Initial Recovery Plan not completed within 60 days due to cancellations/no shows– this caused Indicator 29 to hit 80% (10 new client charts audited, 2 of the charts were not met)
- **Chart 20** – Needs new PCP release – last one signed on 1/12/2022

Comparison from the last Internal Audit:



A Plan Do Check Act (PDCA) was implemented for the BMI indicator in February of 2023. This indicator was consistently low across most programs at the agency. During this period of review, the Quality & Compliance Team developed Business Intelligence (BI) reports in the Electronic Health Record (EHR). These BI reports were created to be used as a supervision tool to monitor certain aspects of the client chart. Once this BI report was created and used by the Psychiatric Rehabilitation Program, we saw a drastic increase in the BMI being reported in the EHR and appropriate strategies being made if the BMI is under or overweight. Below is the tracking of this indicator through the internal compliance audits.



This PDCA is now considered a retired PDCA since it now exceeds the goal.

Staff Supervision

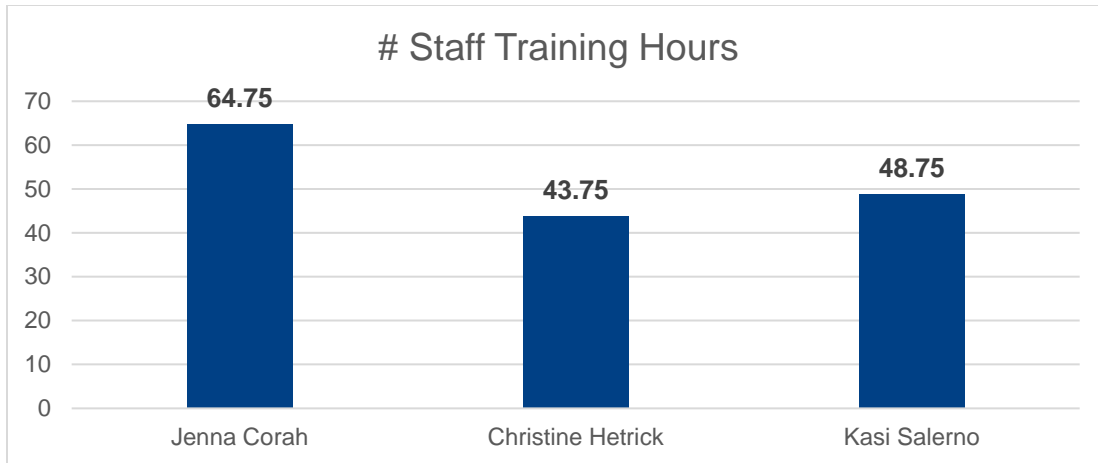
Staff supervision is a significant focus area for the Psychiatric Rehabilitation Program. Supervision is held face-to-face on a weekly basis. The Program Coordinator uses supervision time to monitor the evidence-based approaches that are utilized in the program. Individual supervision monitors the outcomes of each individual receiving services. Group staff meetings occur weekly. Meetings address agency policies, evidence-based approaches being utilized, outcomes of the models being delivered, and overall functioning and satisfaction of the program being delivered.

Staff supervision logs are kept by the Program Coordinator.

Staff Training

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

- Trauma Informed Care
- Fraud, Waste and Abuse
- TGC 2022 & 2023 Quality & Compliance Plans
- HIPAA Guidelines



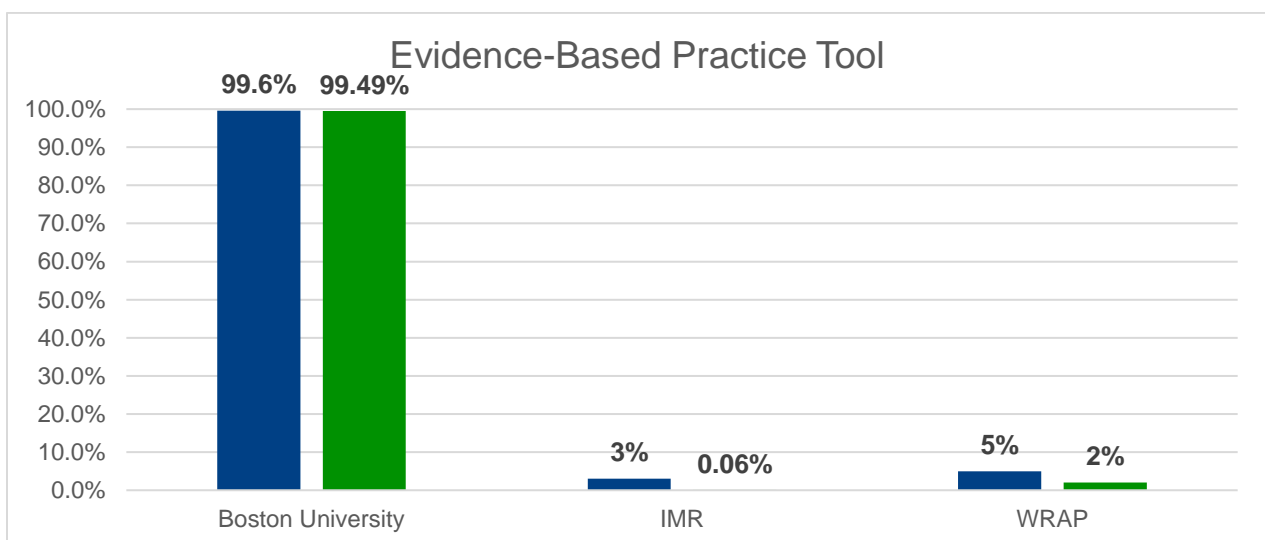
In addition to the required annual training, all staff within the program completed the Suicide Screening and Assessment, Recognizing and Responding to a Person in Crisis, Veterans and Mental Health. Additional training completed by each staff member can be found in the staff training record log.

Evidence-Based Practices

The mobile psychiatric program at The Guidance Center operates a program utilizing some of the components of the Boston University Approach, Illness, Recovery, and Management curriculum and WRAP.

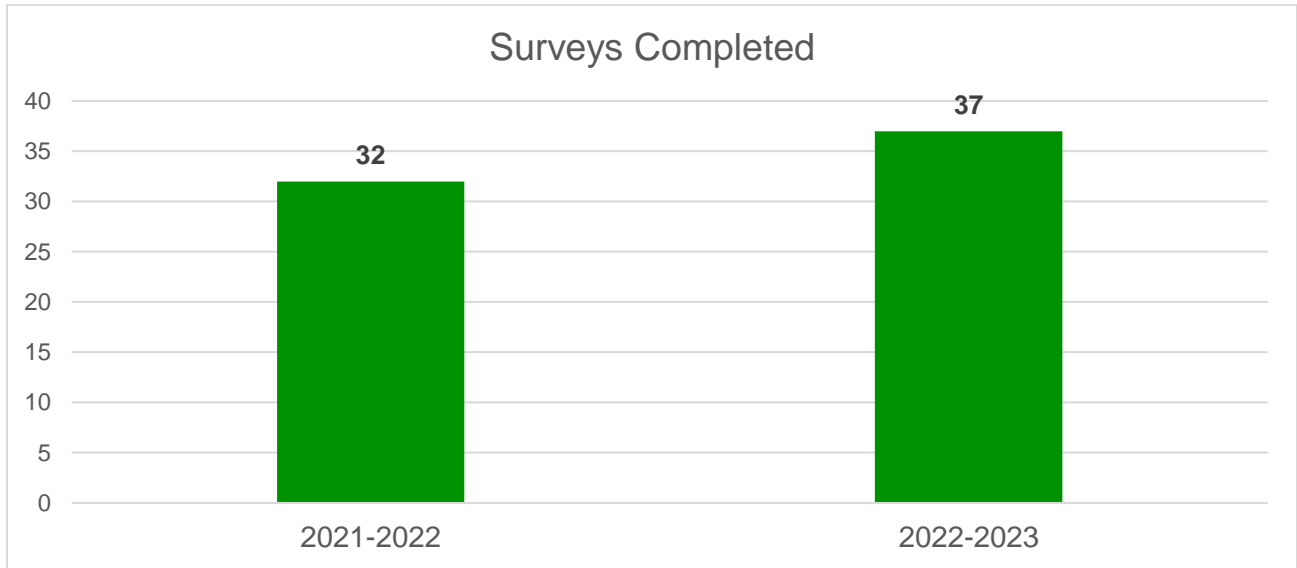
The Boston University beliefs are the foundation of our service delivery. The Illness Management and Recovery will ensure a focus on wellness, recovery, and skill building. In addition, the mobile psychiatric rehabilitation program offers to consumers the opportunity to develop WRAP plans to ensure individual wellness and offers personal support to individuals during times of crisis.

The following chart depicts the evidence-based practice tool utilized.

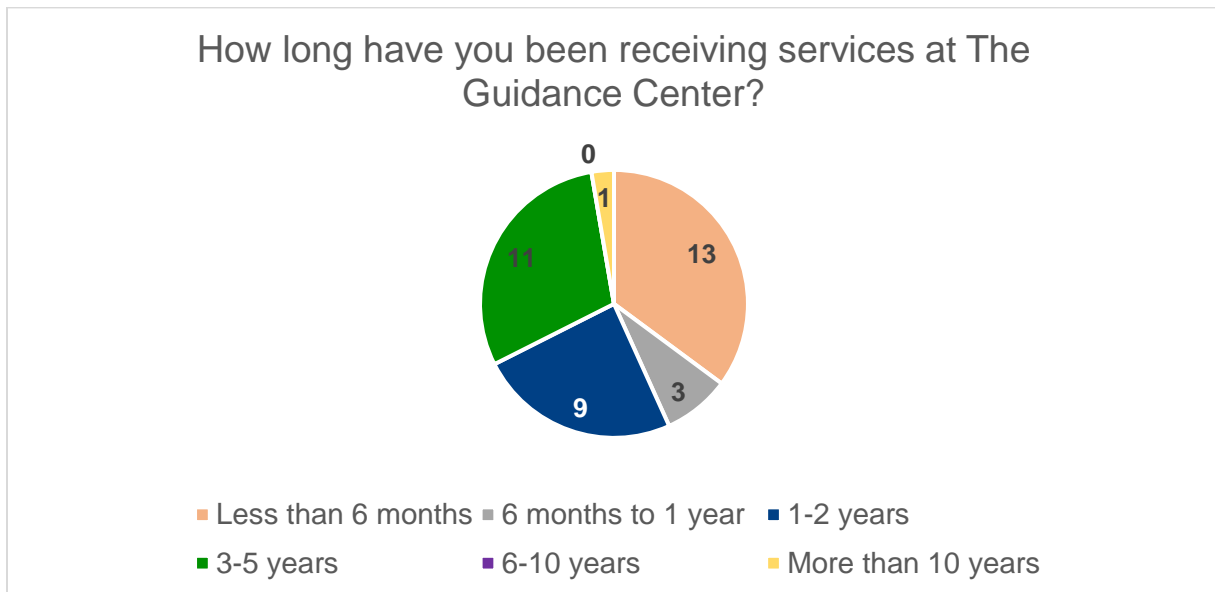


Survey Results

Surveys were offered to the participants enrolled in the Psychiatric Rehabilitation Program and 37 surveys were completed, which was an increase from the last fiscal year.



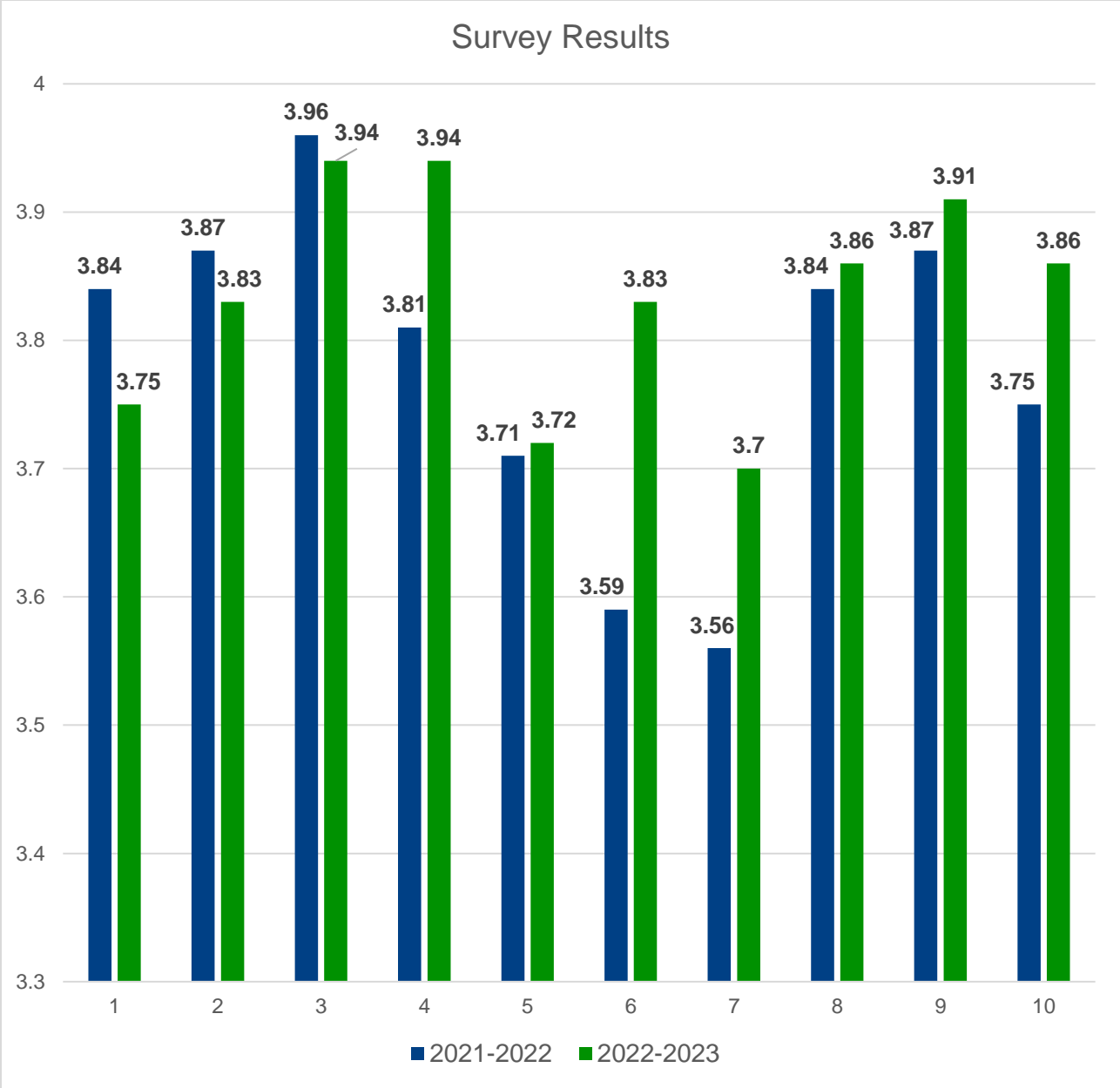
Participants were asked to report on how long they have been receiving services at the agency. The graph below reflects that information.



Most of the participants have been receiving services at the agency for less than 6 months.

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 for treatment	3.75
2. The setting in which the services are provided.	3.83
3. The courtesy and respect shown by the treatment provider.	3.94
4. The level of confidentiality	3.94
5. Your participation in the development of a treatment plan that met your needs	3.72
6. Your provider's ability to help you and your family.	3.83
7. Your ability to handle your situation as a result of receiving services.	3.70
8. The frequency and convenience of contacts.	3.86
9. Your service provider addressing your specific cultural background in a respectful manner	3.91
10. Psychiatric Rehabilitation Services overall	3.86



The average scores during this fiscal year increased from 3.78 to 3.84. Overall, individuals feel satisfied with the services they are provided.

Comments

Individuals were offered a space to reflect on what has been the most helpful thing about the services they receive. Below is a word cloud that depicts some of their comments.

