Psychiatric Rehabilitation Services

Annual Quality Review

July 1, 2023 – June 30, 2024

Contents

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

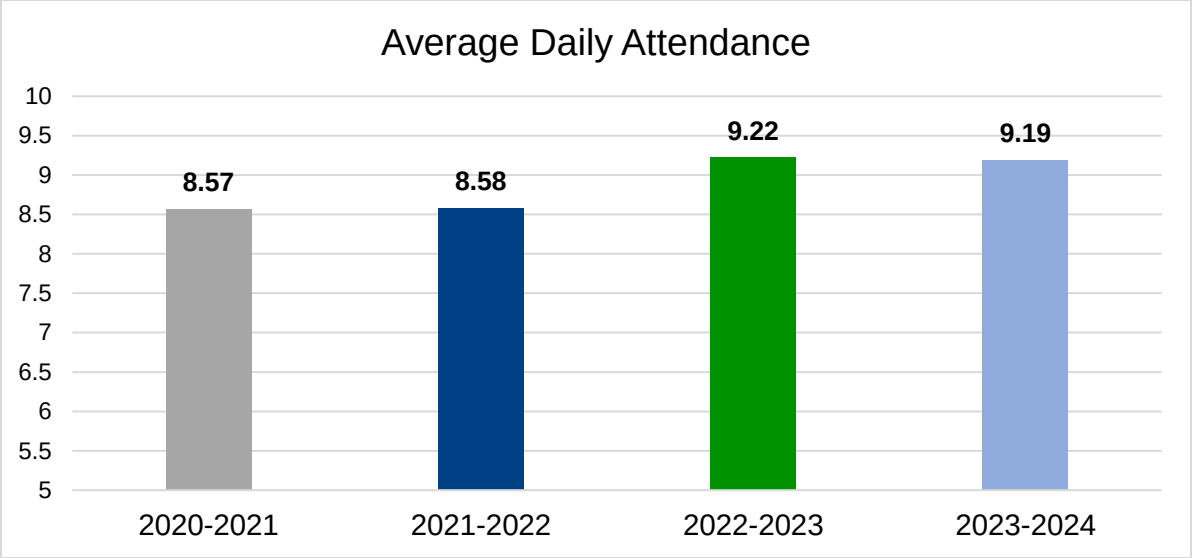
- In 2024, The Guidance Center updated its mission statement to better reflect the comprehensive work and the ambitious goals set to assist people along their unique life journeys. Since the mission statement had not been revised in almost 40 years, it became evident that a new mission statement was crucial to truly capture the evolving mission of our agency and the ever-changing needs of the communities we serve. *"Our mission is to connect, support and provide guidance to people along life's path. We are committed to fostering growth and resilience by offering accessible programs and services."* In addition to the new mission statement, the agency also introduced a tag line, "**T**ogether **G**uiding **C**hange" that was approved in 2024.

- 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. Upon review, the Guidance Center's Quality & Compliance Department evaluated the Psychiatric Rehabilitation Program to ensure the program operates within the descriptive outline and determined we are compliant and we are operating within the written service description.

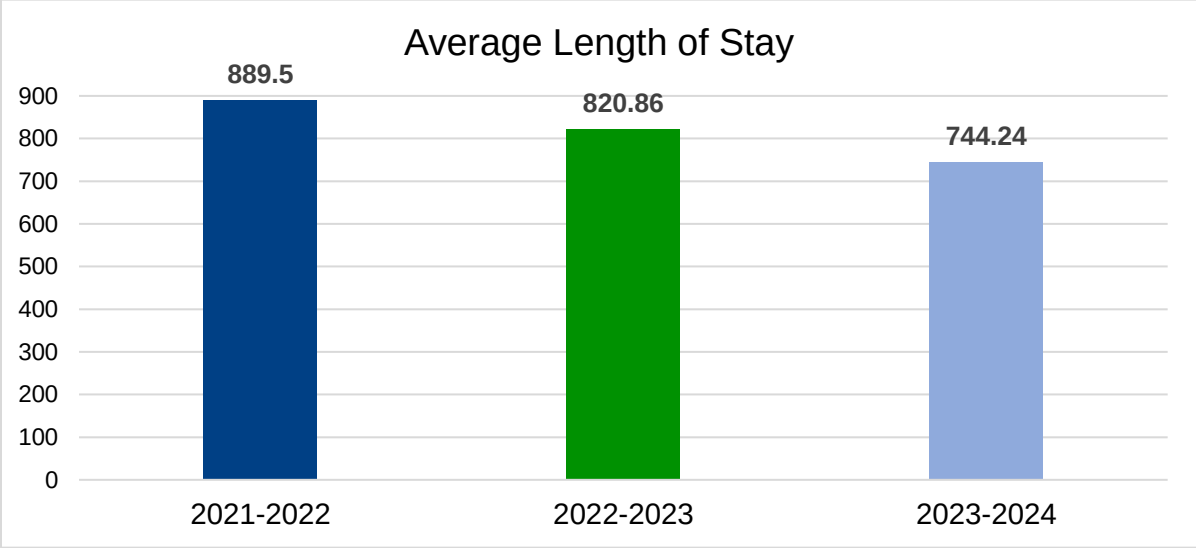
- Progress Measures are collected on client's responses to goals, strengths, activities, living status, learning status, work status, social goals, wellness activities, and progress made in the Psychiatric Rehabilitation Program. Data was extracted and analyzed on each progress measure that was completed during this period of review.

- 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 2024, 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 Mobile Daily Attendance stayed relatively similar to the last review with a slight decrease from 9.22 individuals to 9.19 individuals.



- The average length of stay decreased from an average of 820.86 days to 744.24 days during this review.

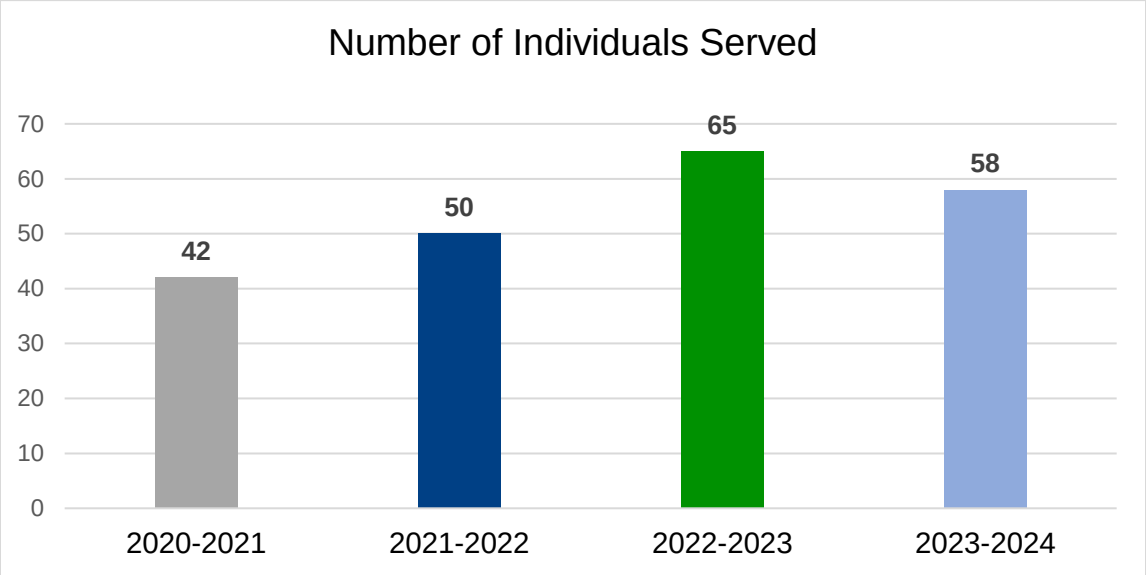


- Data for this quality report is from July 1, 2023, to June 30, 2024.

Demographics

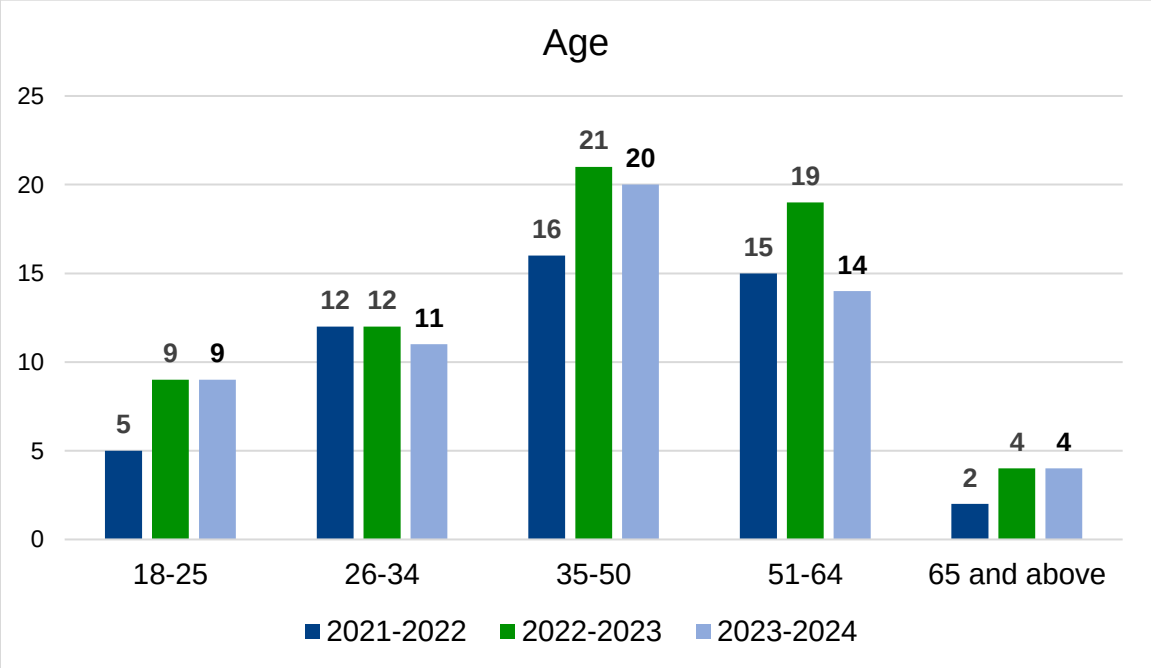
Number of Individuals Served

There was a decrease in individuals served in the program from the last review.



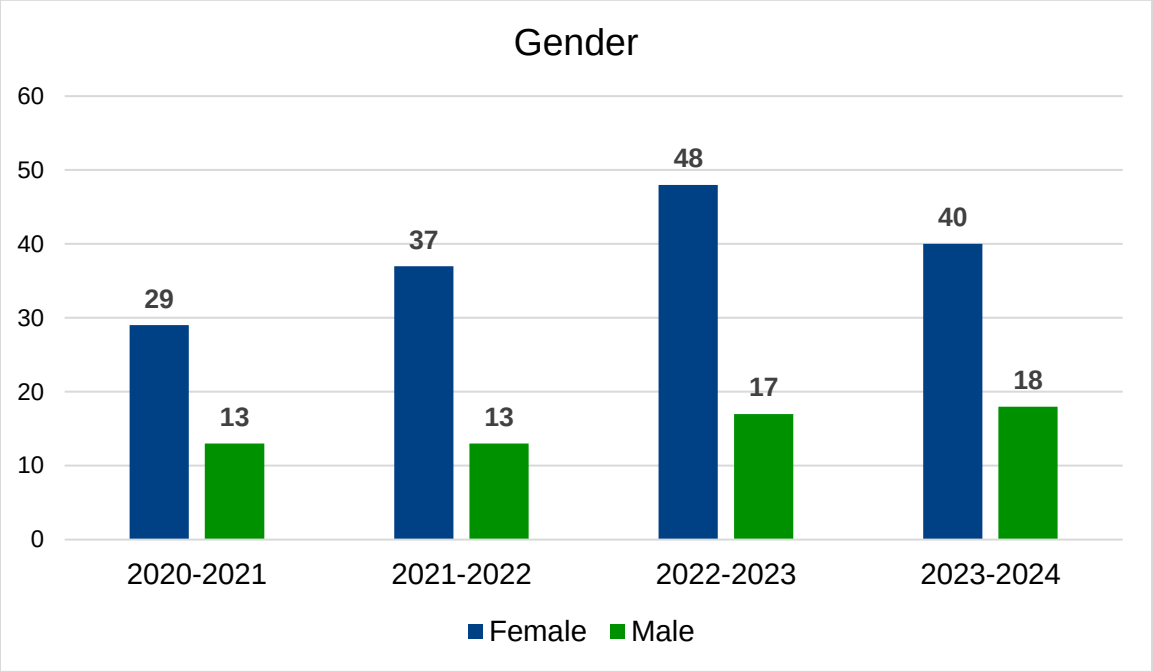
Age

Consistent with the last review, 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.



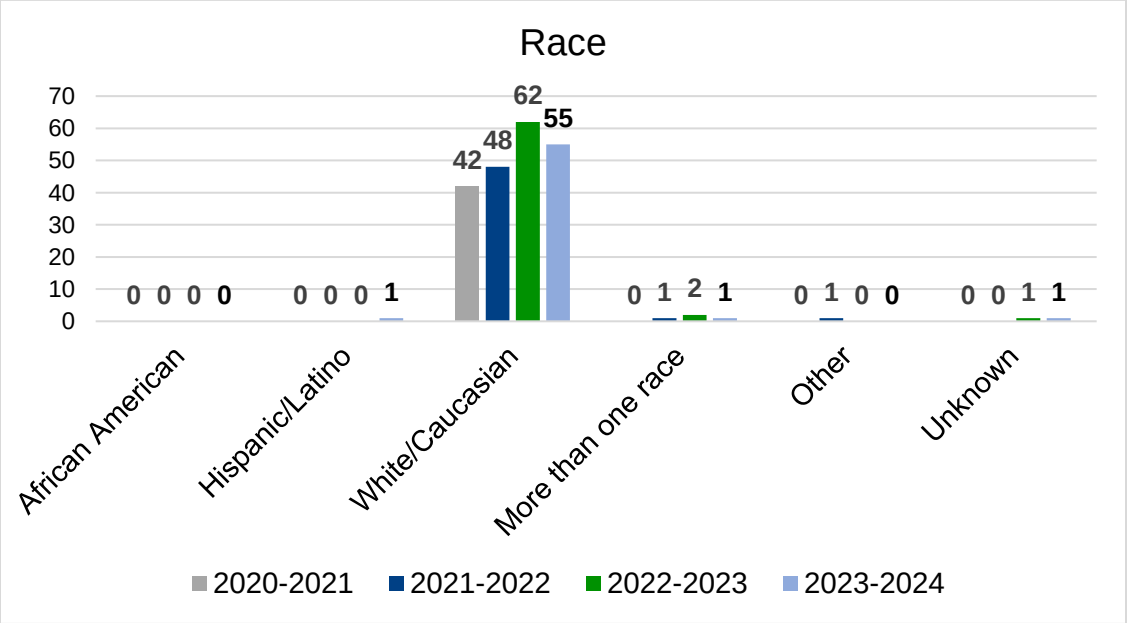
Gender

Consistent with previous program years, there are only two genders identified by individuals. The majority of individuals enrolled in the program are female.



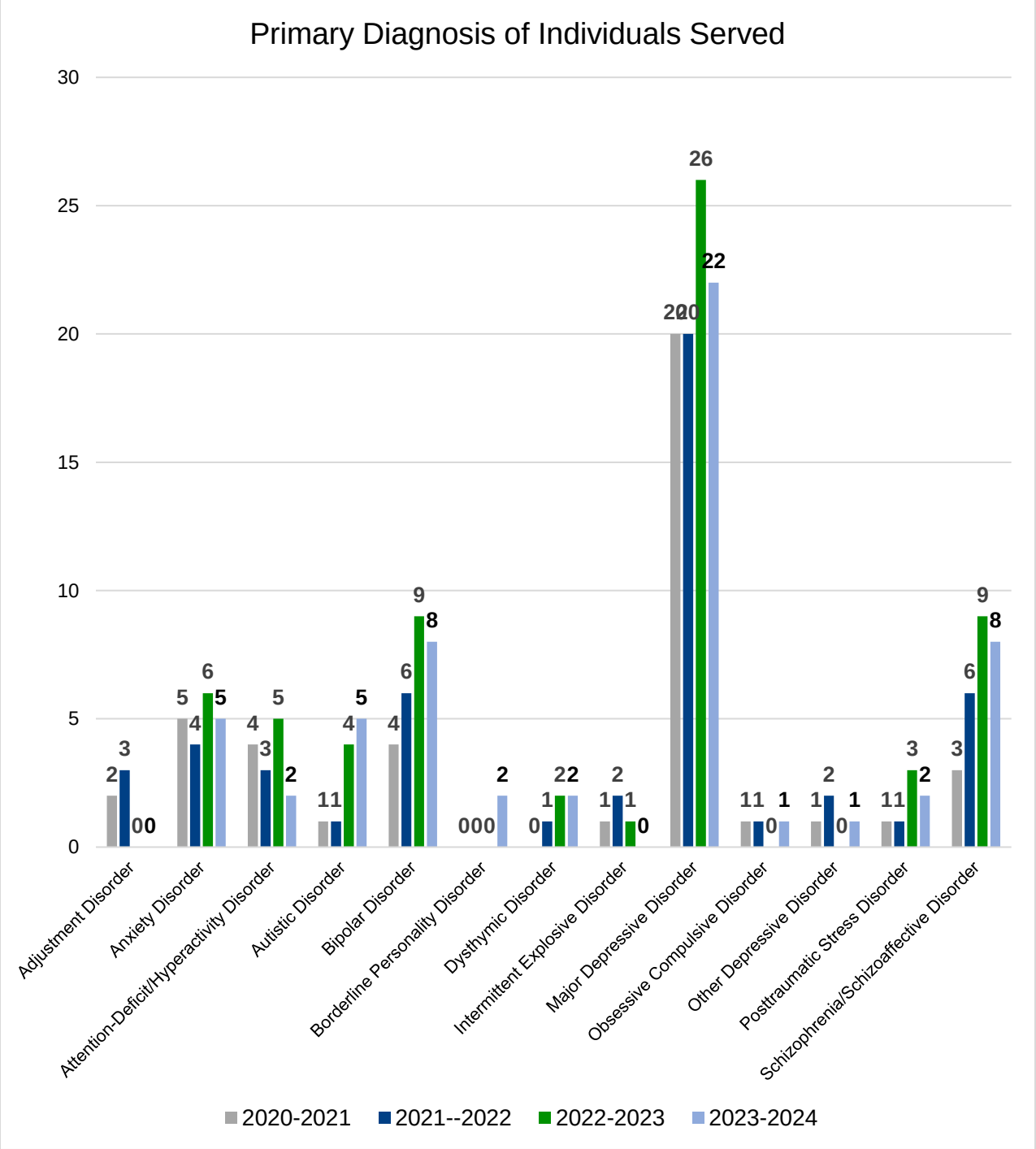
Race

There was one individual's race Hispanic/Latino, one more than one race, fifty-five were white/Caucasian, and one race was unknown. 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:

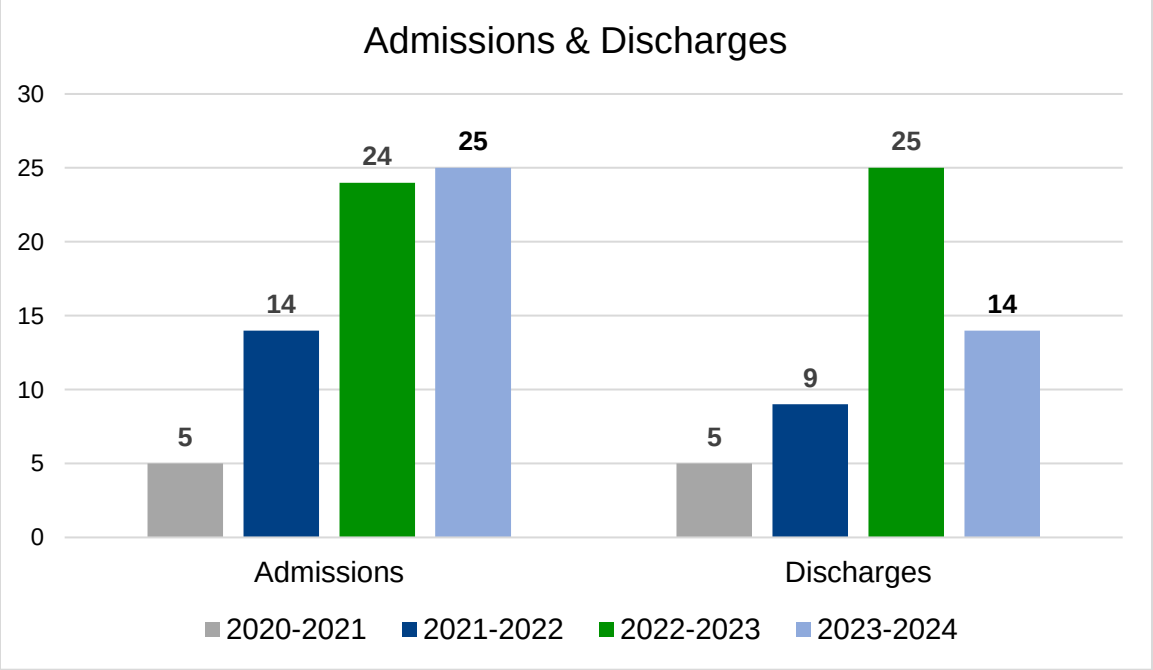
- Schizophrenia
- Schizoaffective
- Psychotic Disorder
- Major Mood Disorder
- Borderline Personality Disorder

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 an increase of one admission from the last review to this review. There were 11 less discharges during this review compared to the last review.



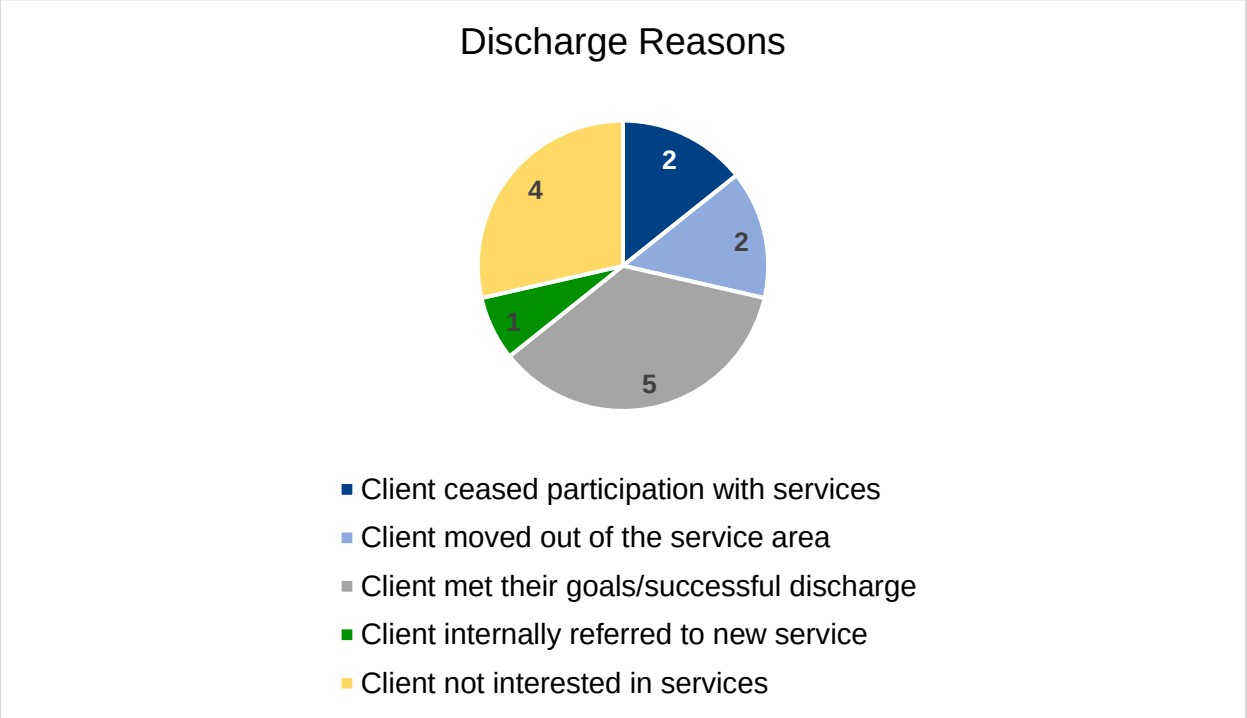
For exceptions to admission and continued stay requirements, there were two exceptions during this review. Each Psychiatric Rehabilitation Plan is reviewed every 90 days to ensure continued stay requirements were met.

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.

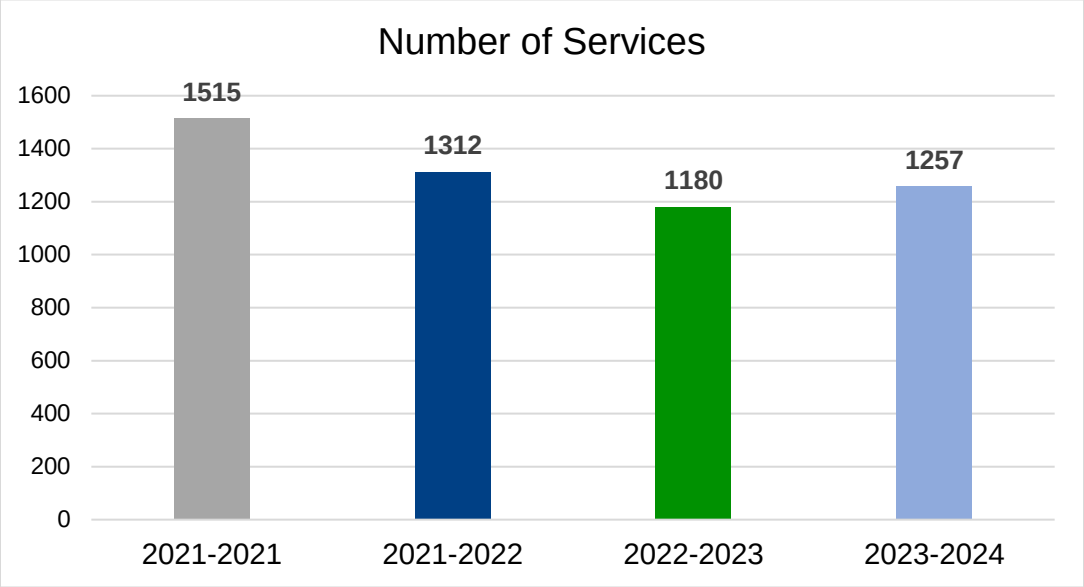
Discharge Reasons

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.



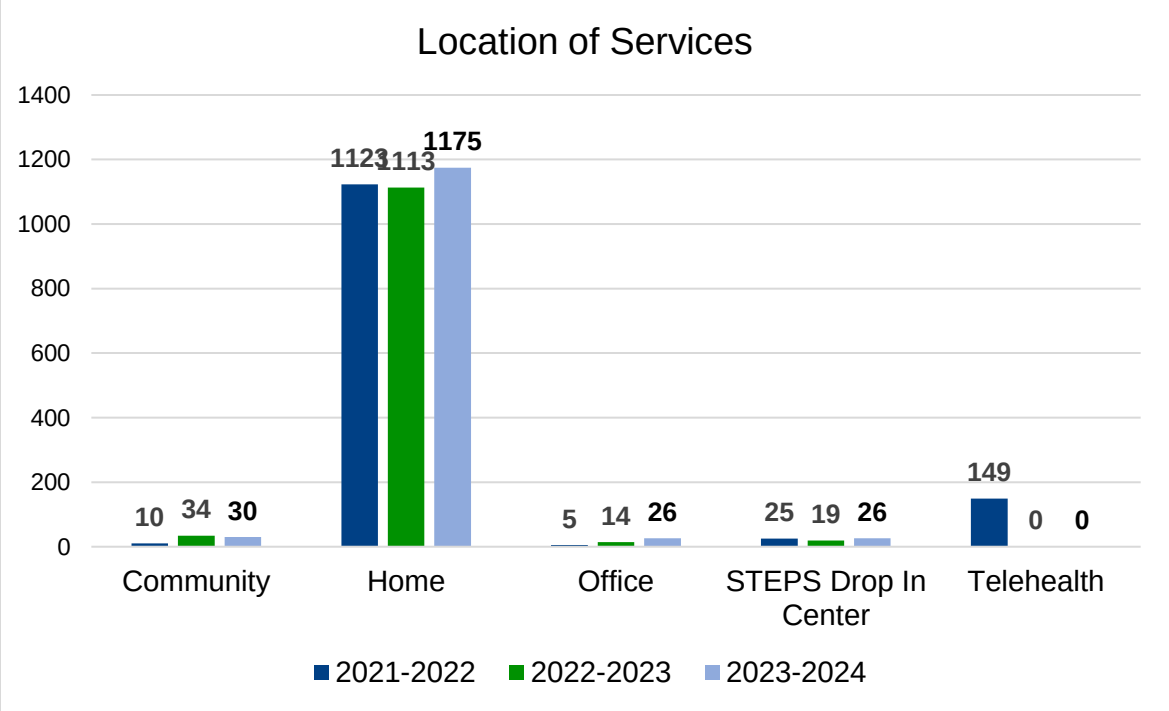
Number of Services

The number of services increased from the last review.



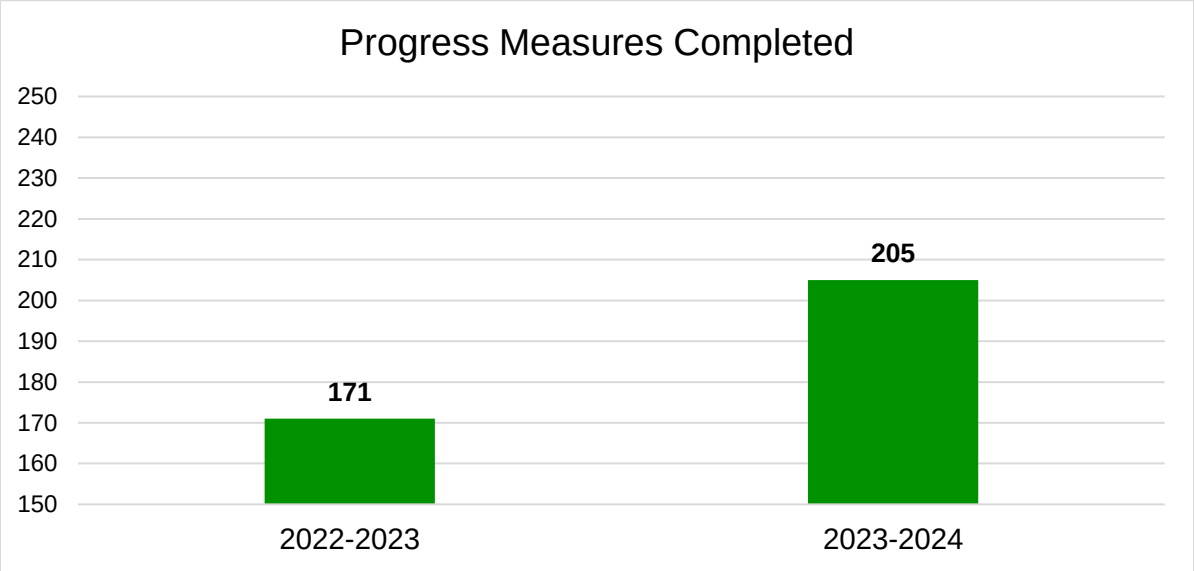
Location of Services

Most services delivered continues to be in the home. Consistent with the last review, there were no services delivered via telehealth during this review. A complete breakdown of service locations is represented in the chart below.



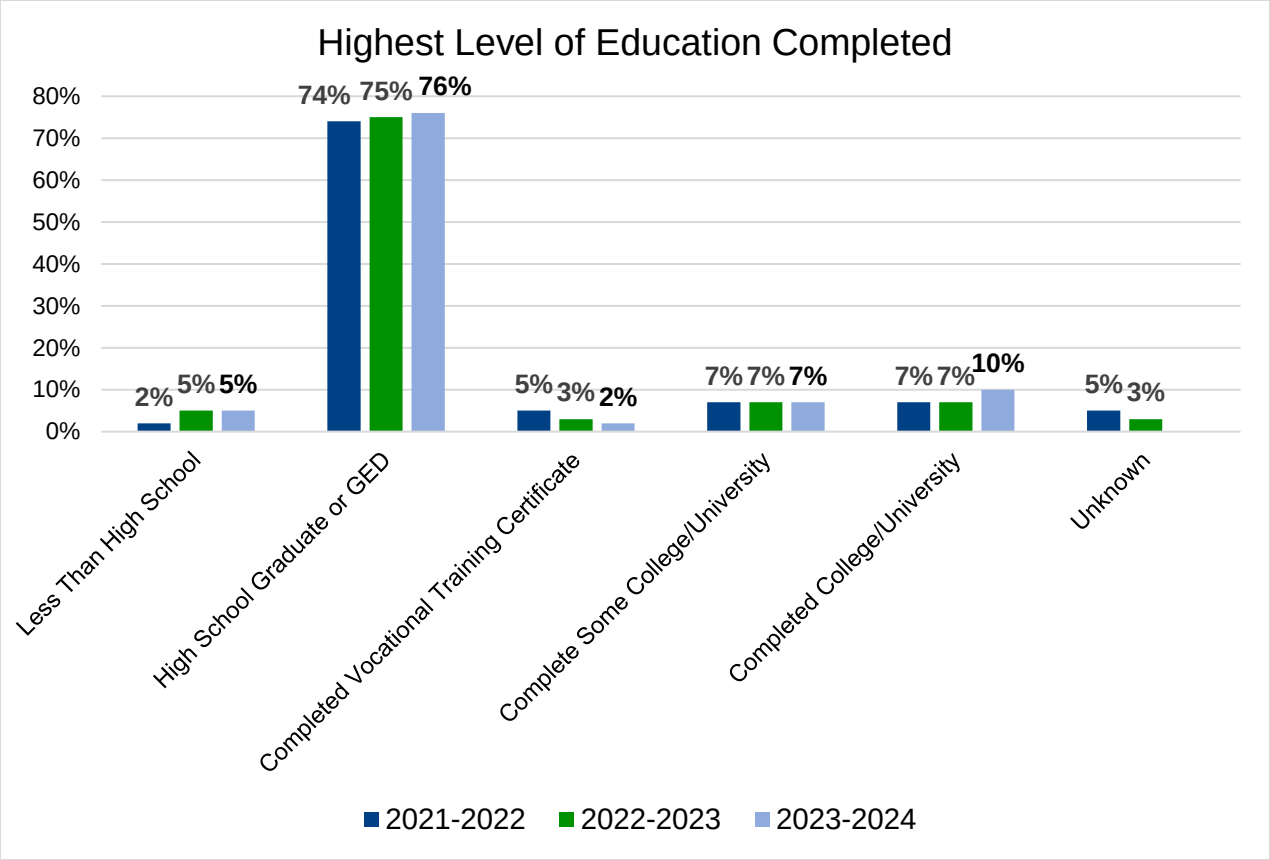
Progress Measure Responses

Progress Measures are completed on a quarterly basis. There were a total of 205 Progress Measures completed during this review. Data from Progress Measures are pulled from the most recent response completed for each individual.



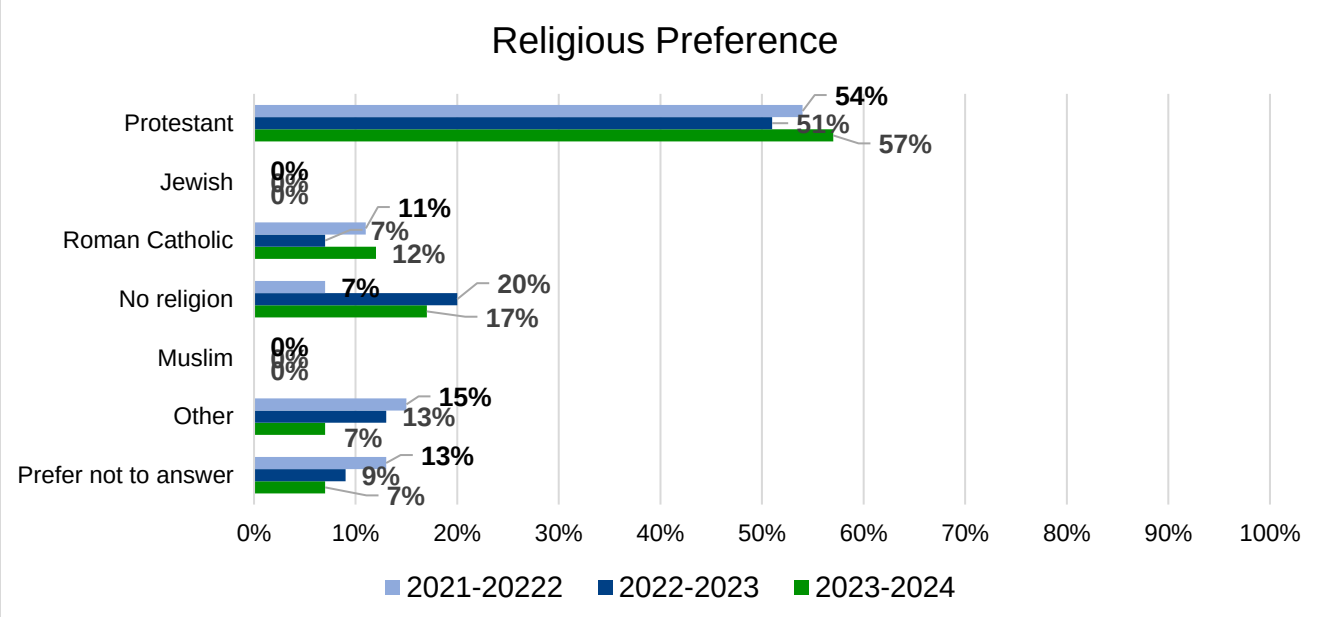
Education

Consistent with the last review, the majority of the individuals served in the program are a high school graduate or have a GED. There was an increase of individuals who completed college/university during this review. A complete breakdown of individuals' education is represented in the next chart.



Religious Preference

In terms of religion preferences, most individuals reported Protestant. Similar to the last two reviews, zero participants reported Muslim or Jewish religion preferences.

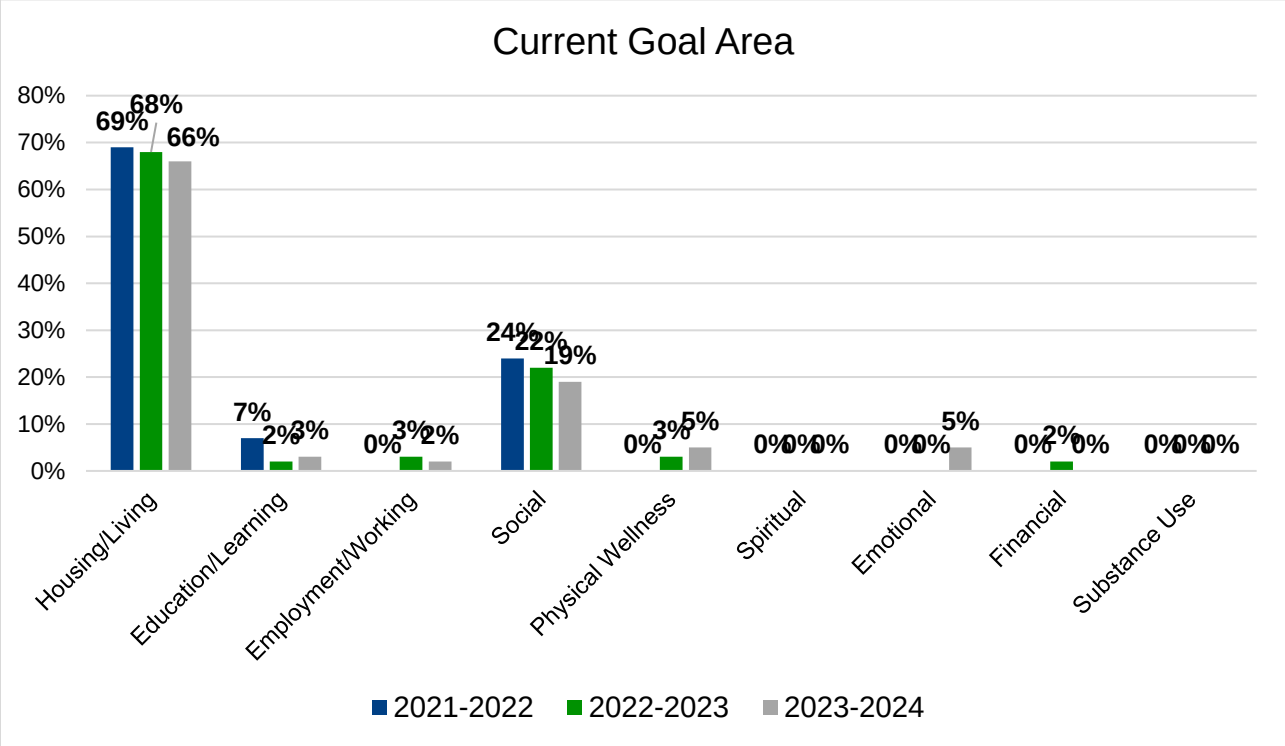


Goals

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 the social area. Goal area options include the following:

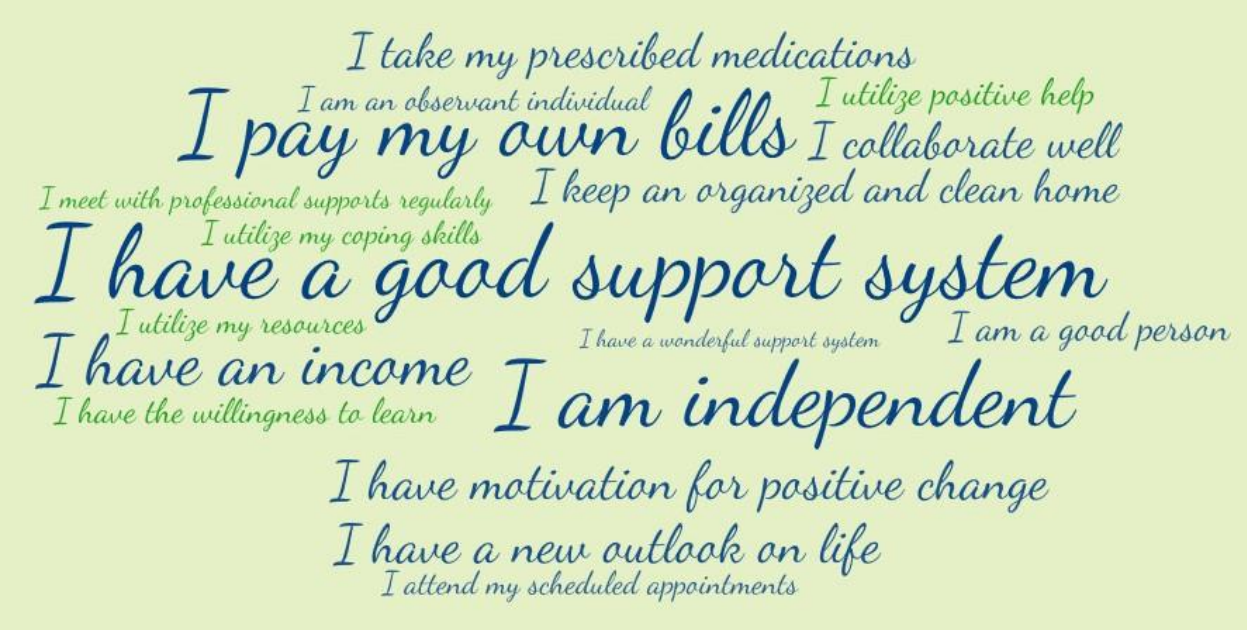
- Housing/Living
- Education/Learning
- Employment/Working
- Social
- Physical Wellness
- Spiritual
- Emotional
- Financial
- Substance Use

The current goal area for individuals enrolled in the Psychiatric Rehabilitation Program is consistent with previous reviews 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 emotional.



Strengths

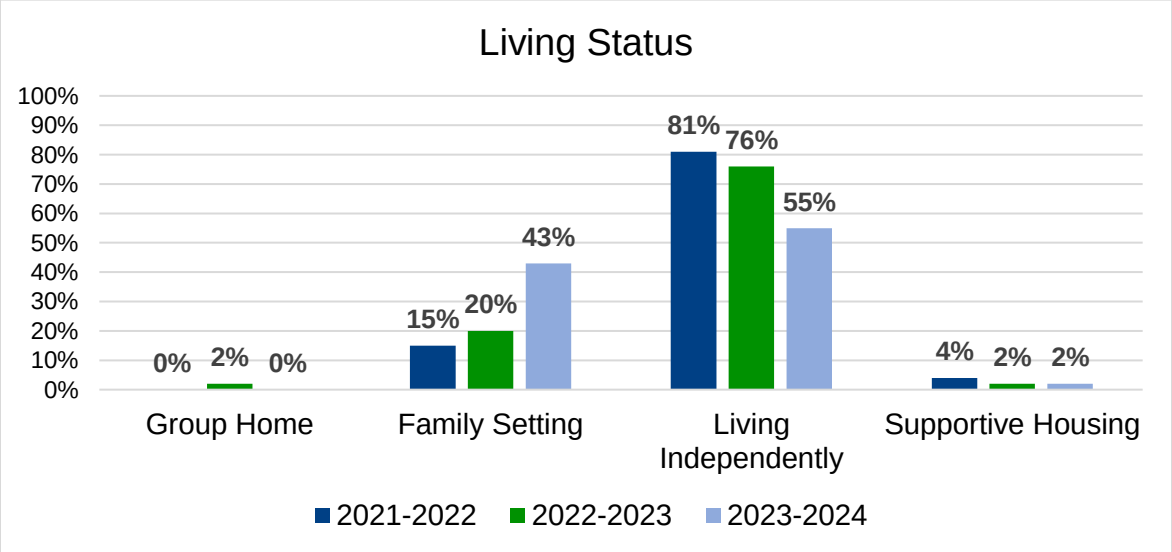
When completing their reviews, individuals are asked to identify their strengths that can contribute to achieving their goals. The following word cloud is a representation of some of the strengths identified by the individuals served in the program.



Activities

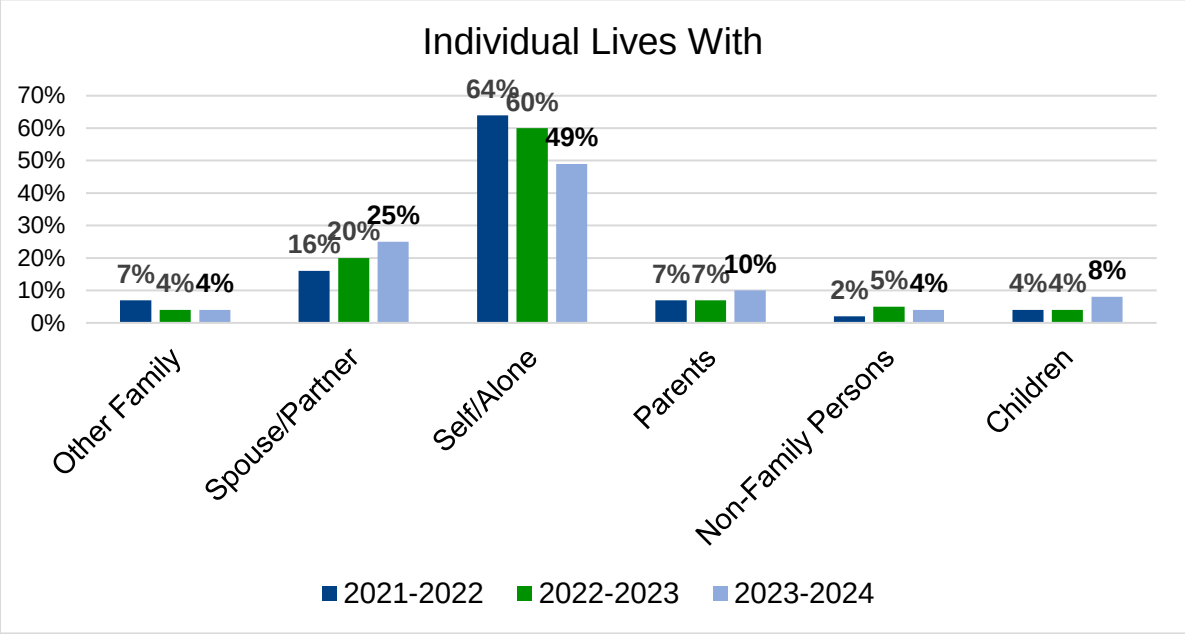
Living Status

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



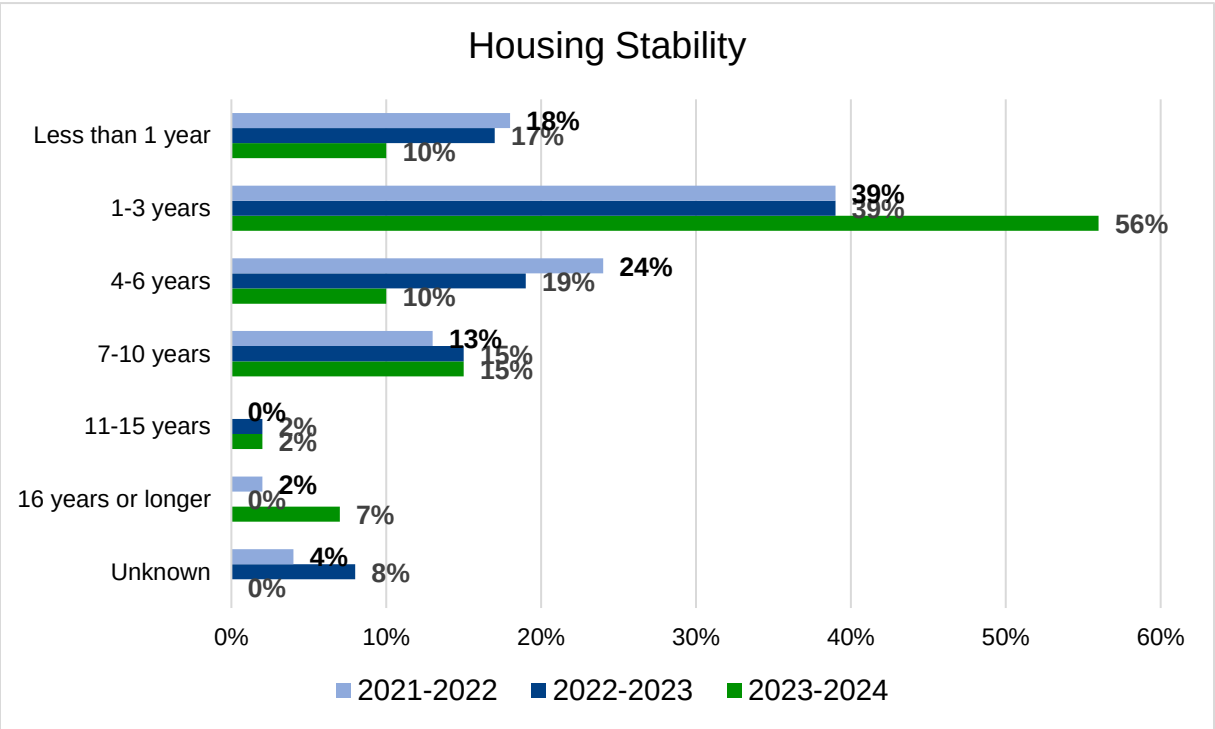
Individual Lives With

Most individuals continue to live by themselves or alone.



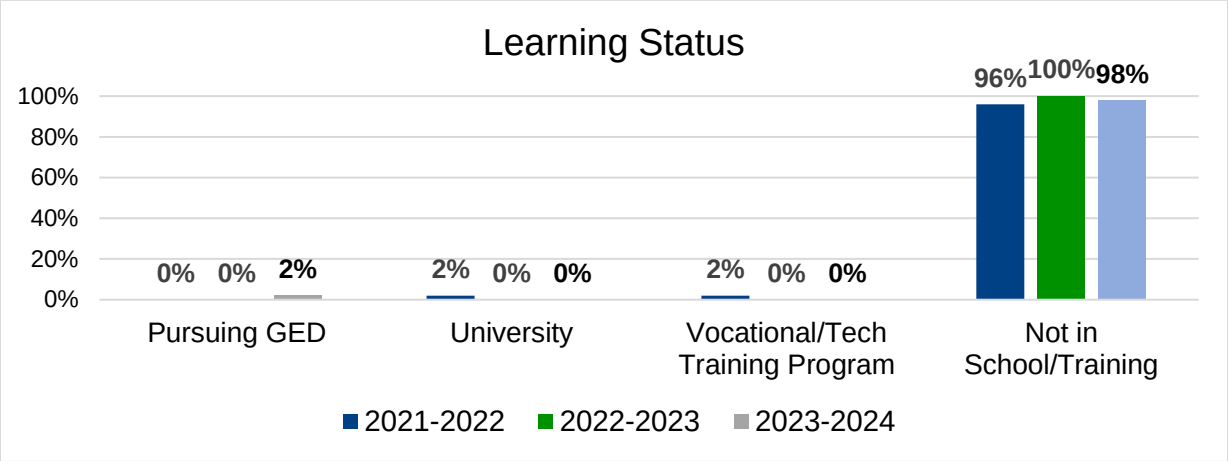
Housing Stability

Consistent with the last review, most individuals indicated they have lived in stable housing between 1 and 3 years.



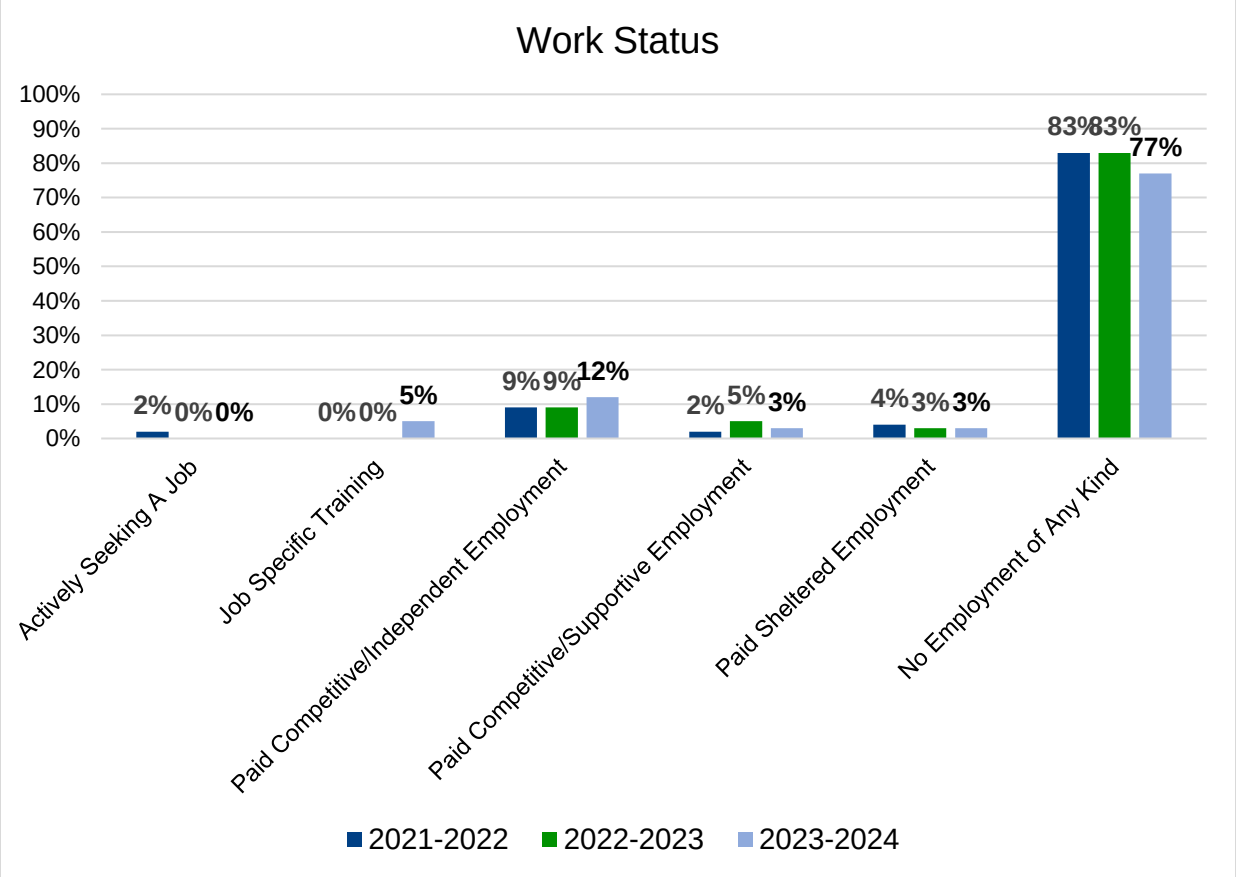
Learning Status

Almost all individuals enrolled in the program are not in school or enrolled in training, while one individual is currently pursuing their General Education Degree (GED).



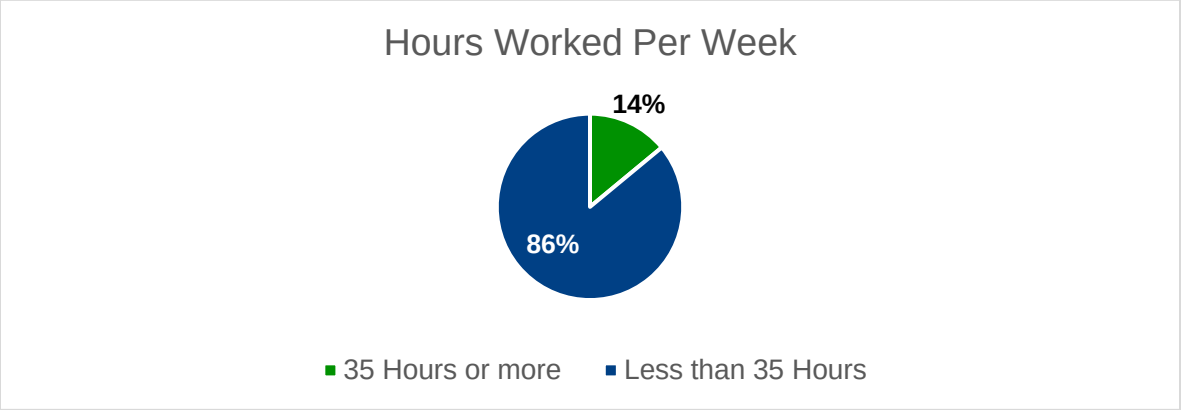
Work Status

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



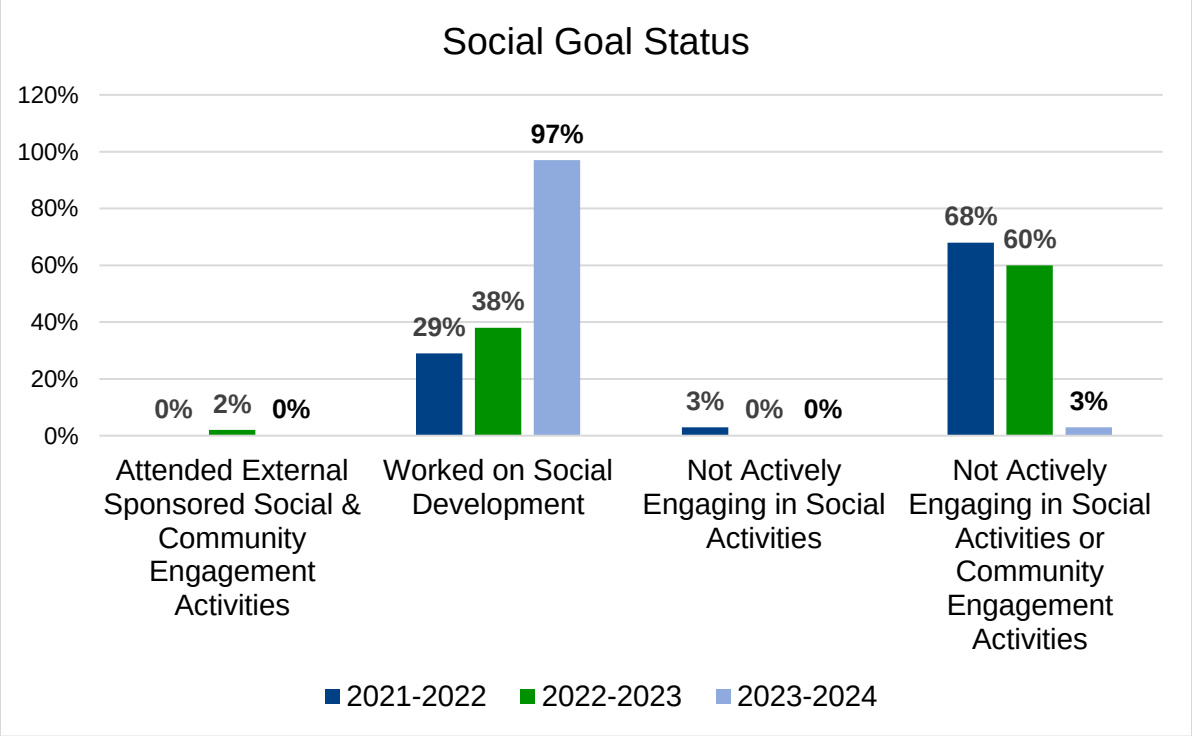
Hours Worked Per Week

Of the individuals who are employed, 14% work 35 hours per week or more while 86% work less than 35 hours per week.



Social

During this fiscal year, we saw a drastic increase of individuals reporting they are working on their social development. Only 3% of individuals reported they are not actively engaging in social activities or community engagement activities.

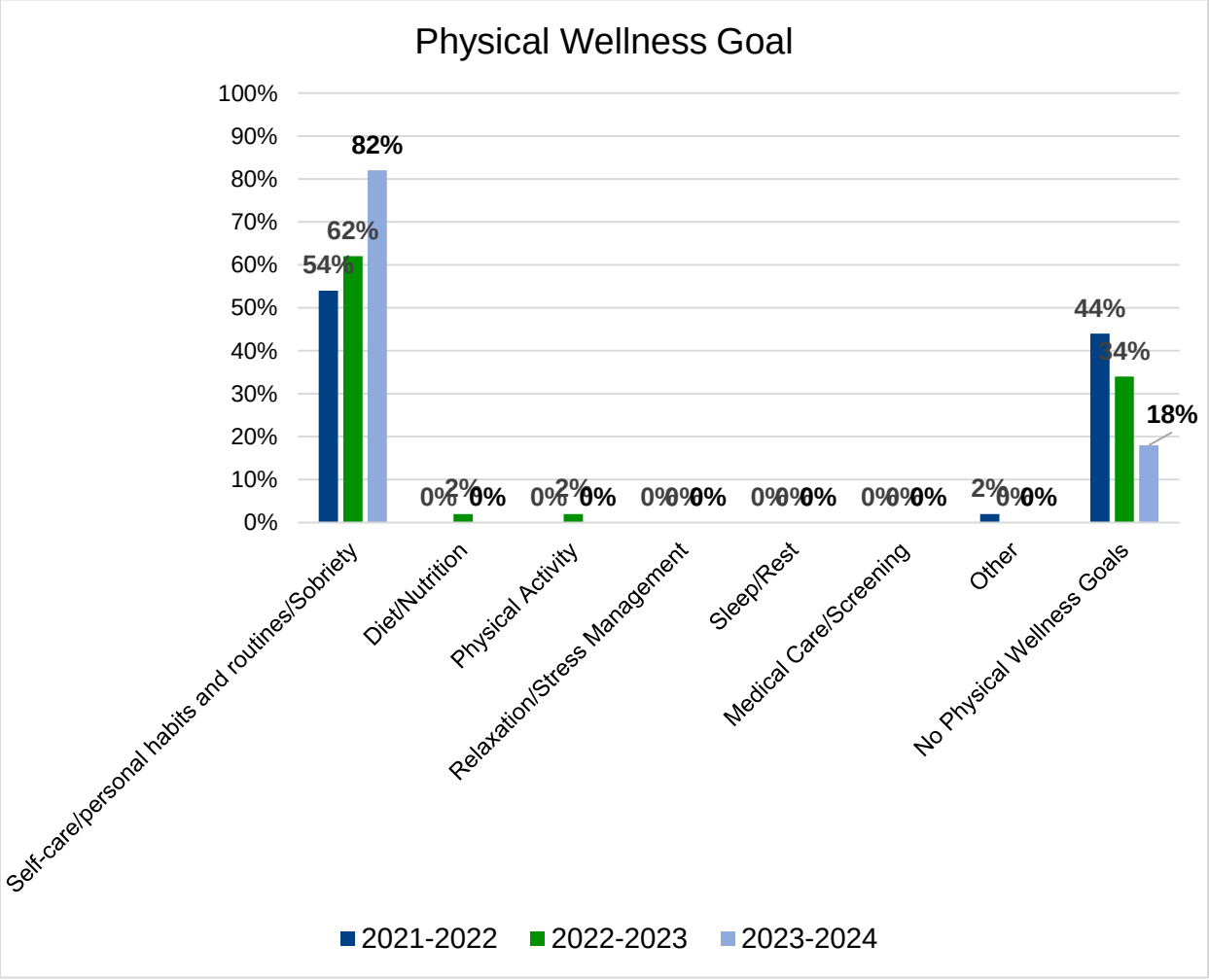


Physical Wellness

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 individuals with a self-care/personal habit and routine/sobriety goals identified and a decrease in individuals with no physical wellness goals identified by the individuals served.



Outcomes

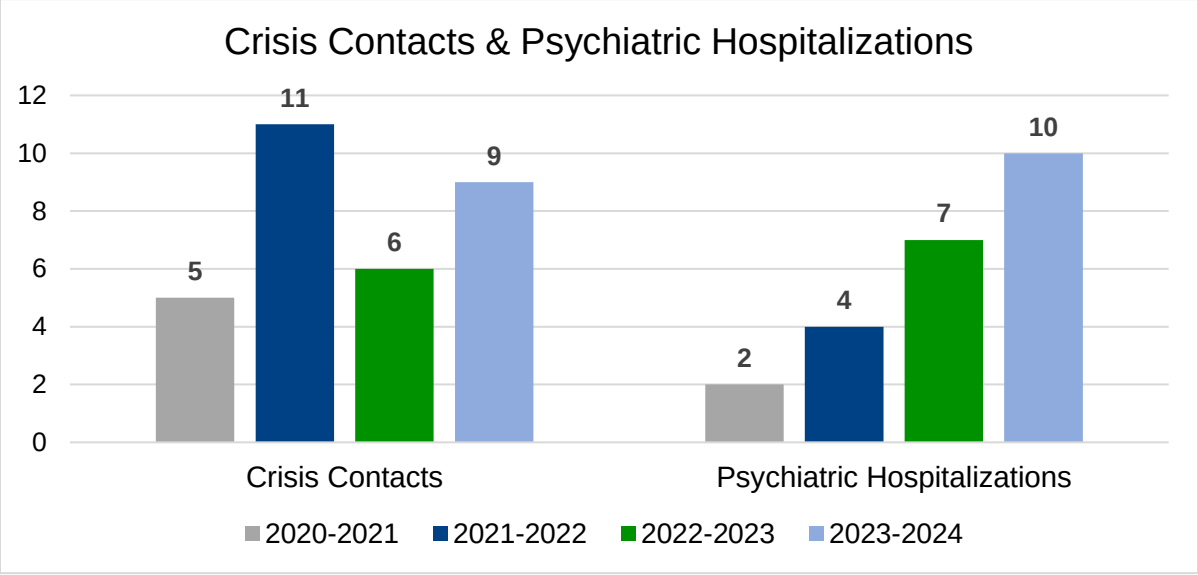
Services are delivered to protect the confidentiality of the person, however, striving to meet the needs, desires, and outcomes defined by the consumer.

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

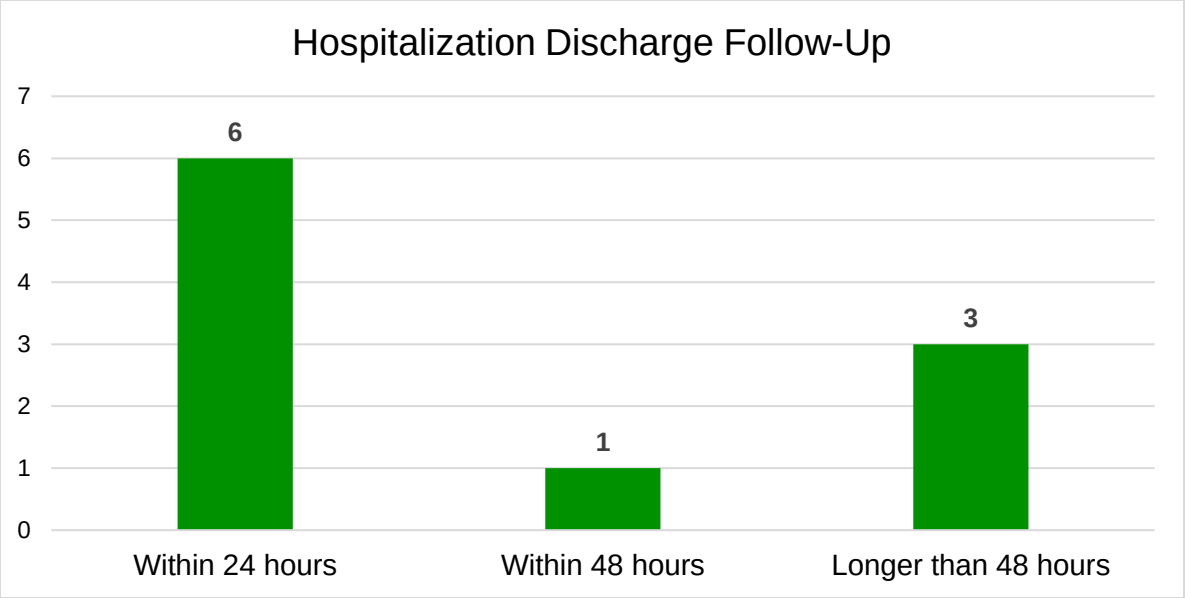
- Valued Roles of the individual will be obtained
- Reduced Hospitalization
- Reduced Crisis contacts
- Provide early intervention in relapse symptomology
- The identified functional impairments will see an improvement, gain or restoration in functioning level and positive change
- Increase the ability 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 9 contacts with crisis services. Additionally, 10 individuals required psychiatric hospitalizations. Both crisis contacts and psychiatric hospitalizations have increased in this fiscal year.



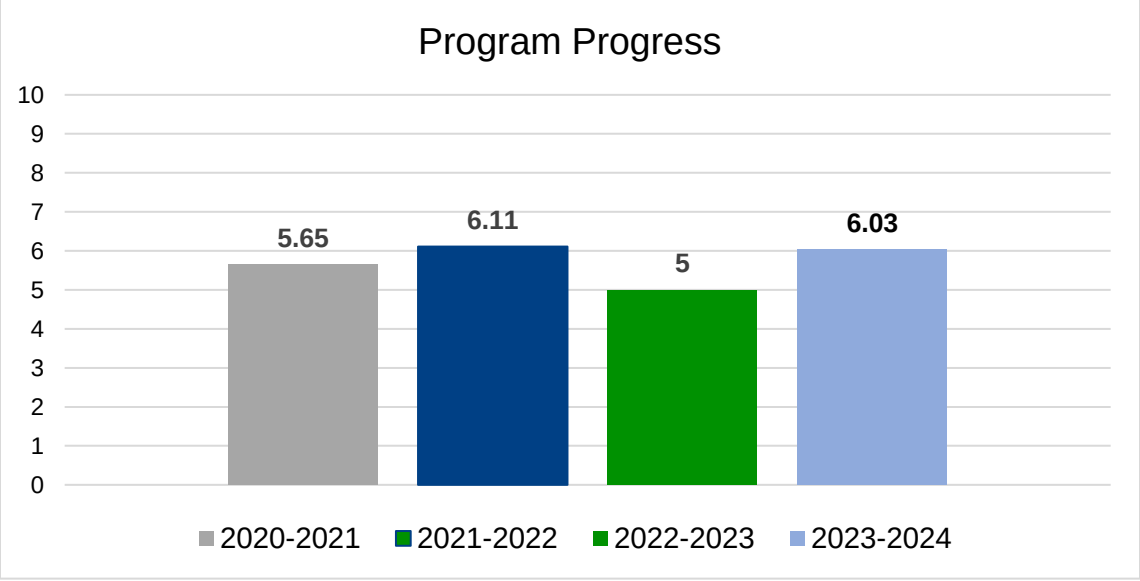
A critical focus of the agency is following up with individuals who are hospitalized. The chart below indicates the time of follow-up from the hospital discharge.



All individuals had follow-up after being discharged from a psychiatric hospital stay. Most individuals had follow-up care within 24 hours of a hospital discharge.

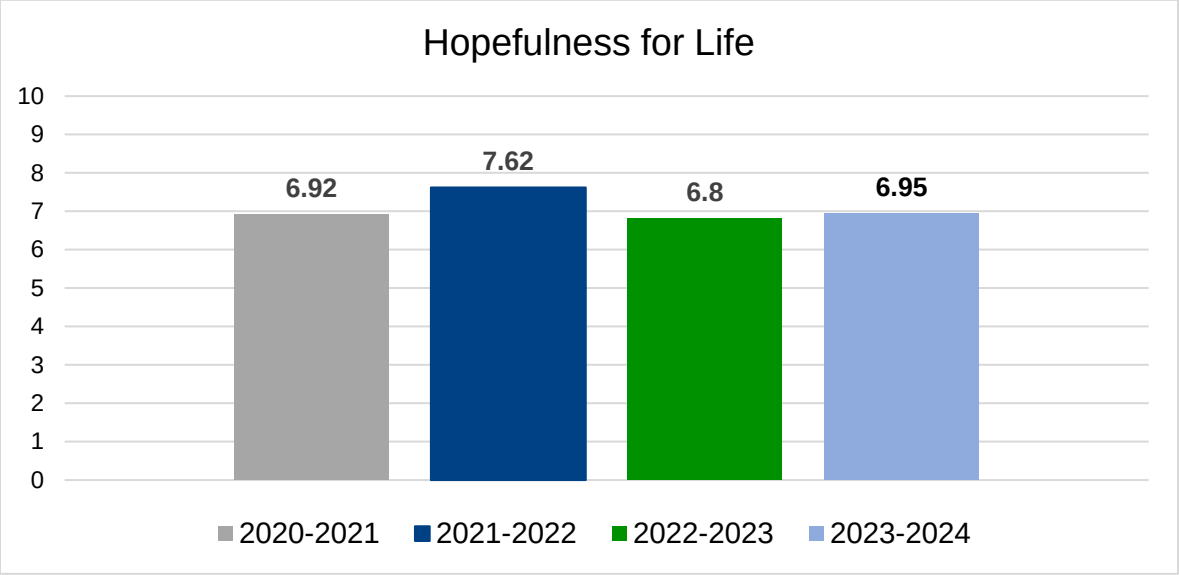
Progress in program

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 increased 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 increased 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
3. Internal comprehensive quality review by the Quality Director

Methodology

Methodology for sampling for internal compliance audits:

A random sample of charts is carefully selected by the Compliance Coordinator for the internal compliance audits that are conducted biannually. The Compliance Coordinator will choose charts that have been open for a considerable amount of time, alongside those that are newly

enrolled, in order to thoroughly ensure that all necessary opening paperwork is completed and appropriately documented to meet the established standards and requirements.

In addition to the internal compliance audits that are performed regularly, comprehensive chart reviews are also conducted by the Program Director. This process involves the careful and random selection of an equal number of charts from each staff member, ensuring that all team members are assessed fairly. These audits take place on a quarterly basis, which helps maintain high standards and accountability within the organization.

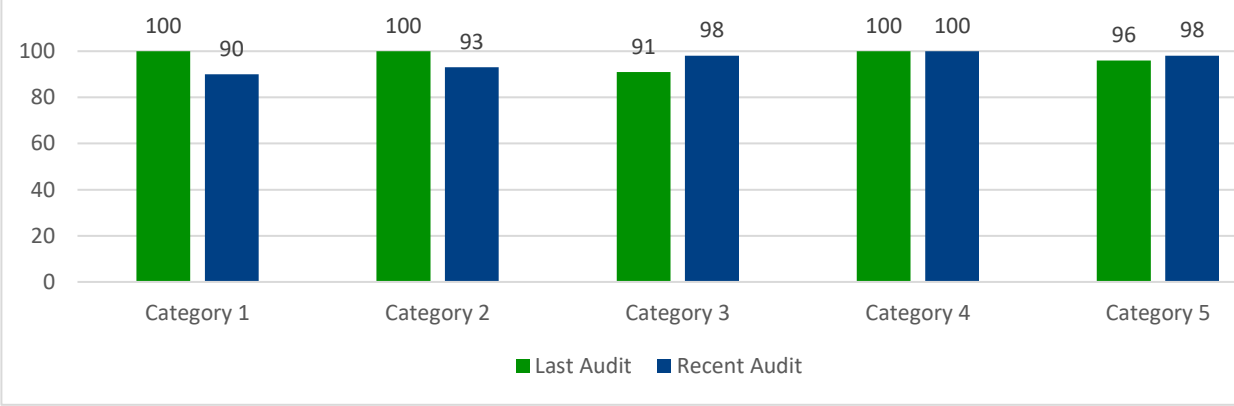
Audit Results

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	7/26/2023 – 7/28/2023
Number of Charts Reviewed	15 Randomized Charts 3 Discharged charts	Audit Schedule	Bi-Annually - Q1
Total Number of Indicators	21 Quality Indicators		

Category	Score	Goal
1. Intake and Assessment	90%	80%
2. Treatment Planning	93%	80%
3. Physical Health/Behavioral Health Indicators	98%	80%
4. Discharge Planning	100%	80%
5. Key Clinical Indicators for Level of Care	98%	80%

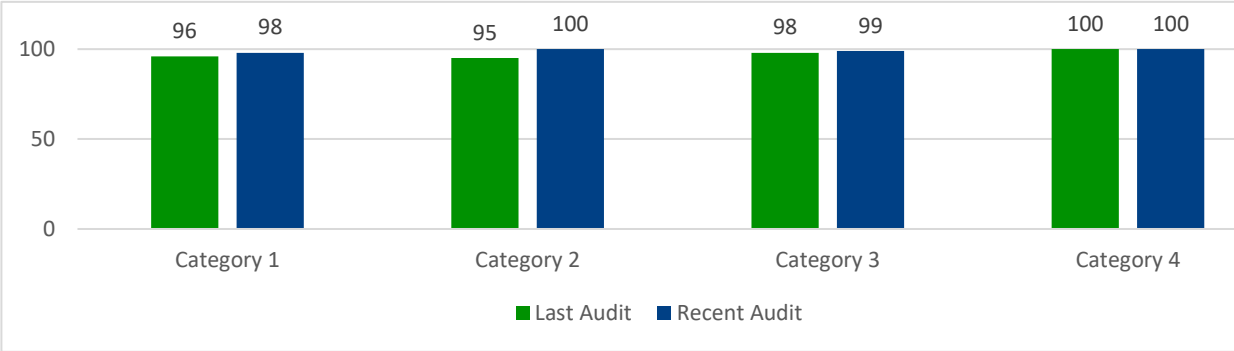
Comparison from the last Internal Audit:



Internal Quality Review			
Program	Psych Rehab	Date of Audit	1/18/24 – 1/19/24
Number of Charts Reviewed	15 Randomized Charts 3 Discharged charts	Audit Schedule	Bi-Annually - Q3
Total Number of Indicators	22 Quality Indicators		

Category	Score	Goal
6. Intake and Assessment	98%	80%
7. Treatment Planning	100%	80%
8. Physical Health/Behavioral Health Indicators	99%	80%
9. Discharge Planning	100%	80%

Comparison from the last Internal Audit:



Staff Supervision

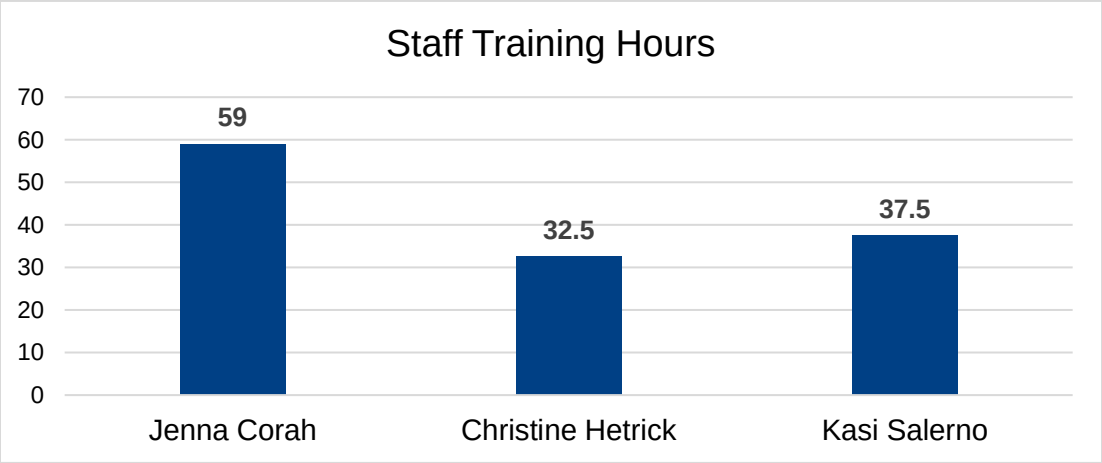
Staff supervision is a significant focus area for the Psychiatric Rehabilitation Program. Supervision is held face-to-face on a weekly basis. The Program Coordinator uses supervision time to monitor the evidence-based approaches that are utilized in the program. Individual supervision monitors the outcomes 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 2024 Quality & Compliance Plans
- HIPAA Guidelines



In addition to the required annual training, all staff within the program completed the following trainings:

- Depression and Suicidality in Older Adults
- Diversity, Equity, and Inclusion for the Healthcare Employee
- Effects of Deployment, Combat Stress, and Moves on Families and Children
- Recovery Principles and Practices in Behavioral Health Treatment
- Working More Effectively with LGBTQ+ Children and Youth
- Working with an Interdisciplinary Integrated Care Team
- Schizophrenia Spectrum and Other Psychotic Disorders for Paraprofessionals

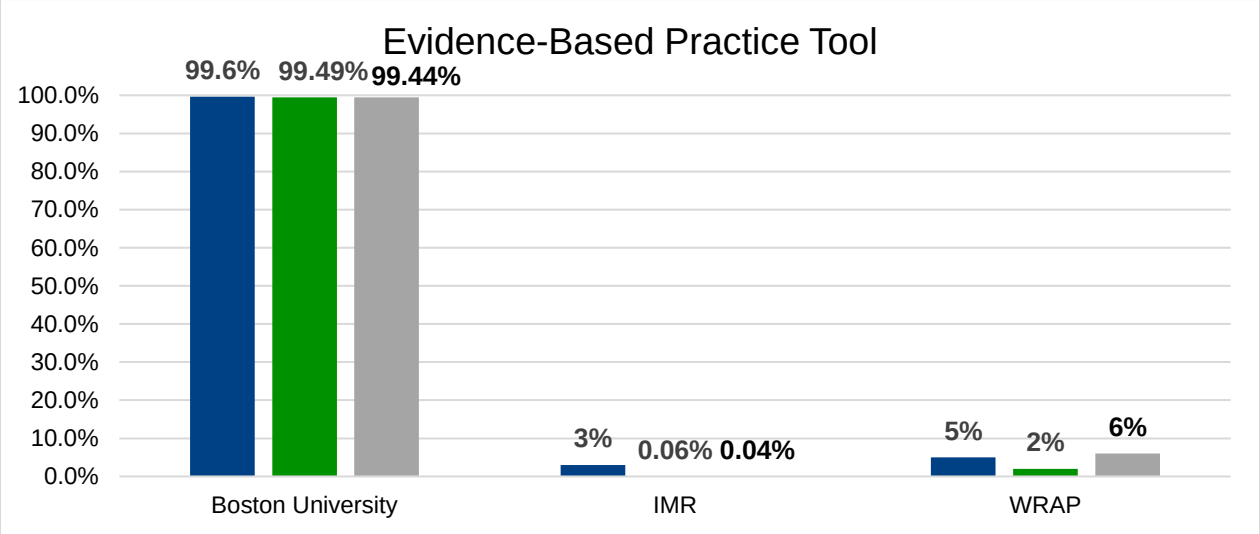
Additionally, unique trainings were completed by each staff member within the program. A complete list of training records for each staff member can be found in the training record log.

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.

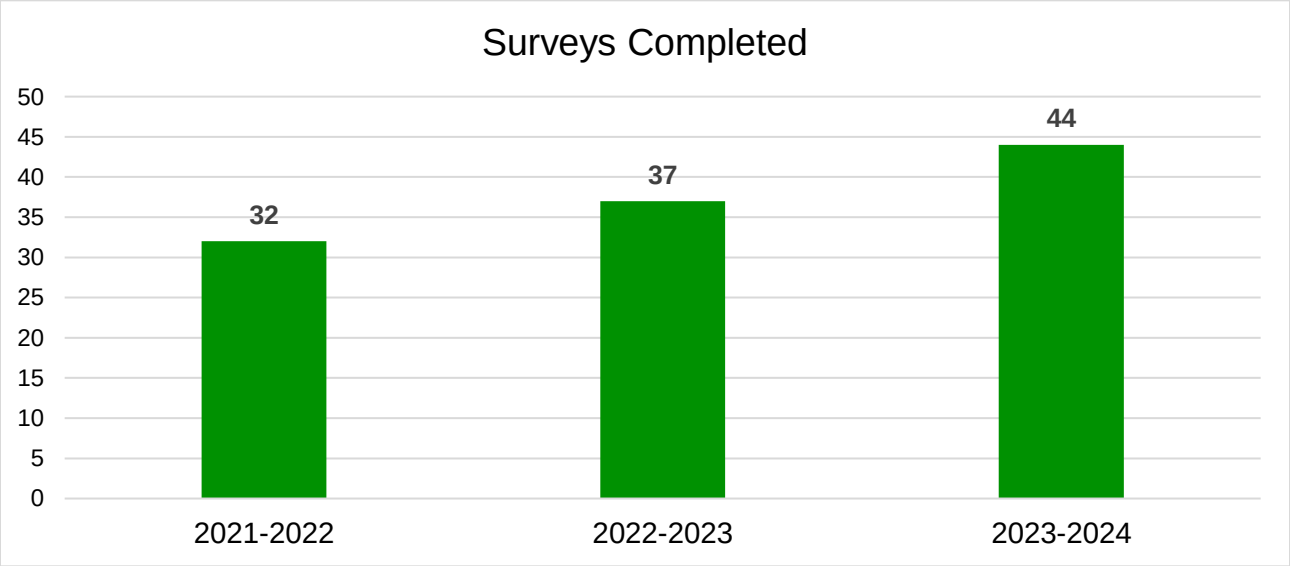
The Boston University beliefs are the foundation of our service delivery. The Illness Management and Recovery will ensure a focus on wellness, recovery, and skill building. In addition, the mobile psychiatric rehabilitation program offers to consumers the opportunity to develop WRAP plans to ensure individual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

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

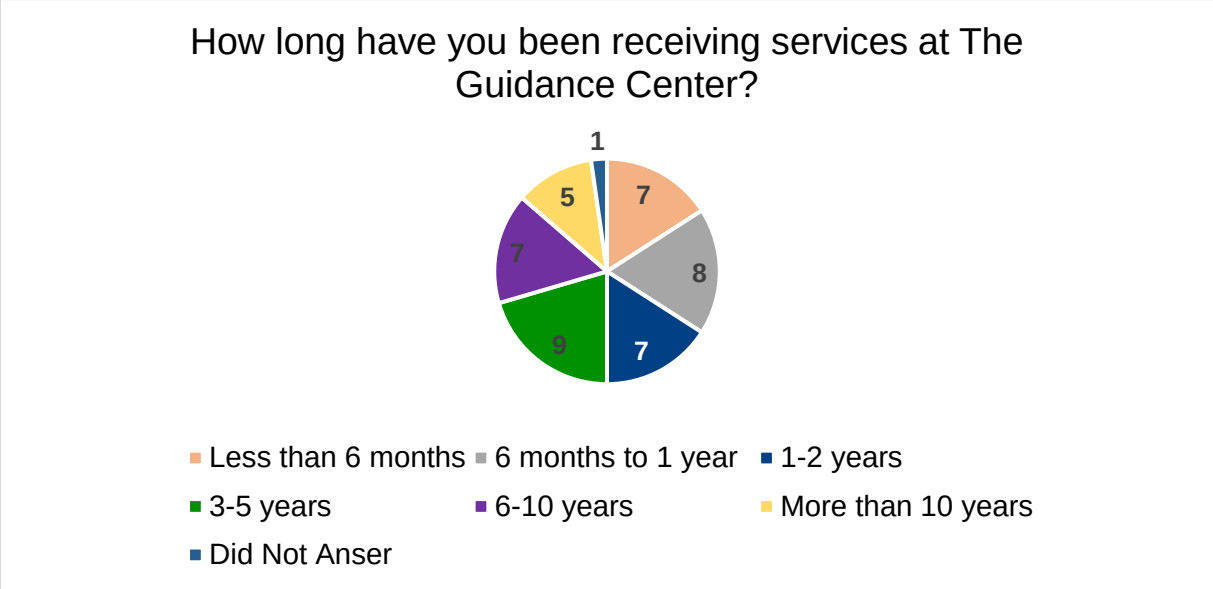


Survey Results

Surveys were offered to the participants enrolled in the Psychiatric Rehabilitation Program and 44 surveys were completed, which was an increase of 7 surveys from the last fiscal year.



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



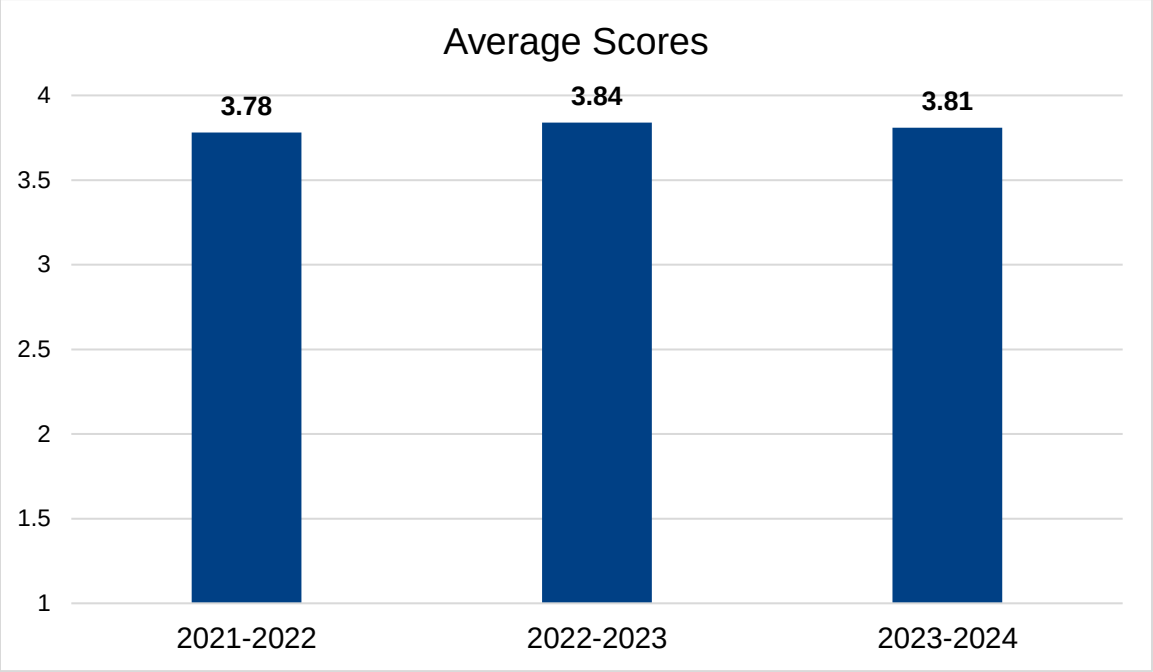
Most of the participants have been receiving services at the agency between 3 to 5 years.

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	**3.50**
2. The setting in which the services are provided.	**3.95**
3. The courtesy and respect shown by the treatment provider.	**4.0**
4. The level of confidentiality	**3.97**
5. Your participation in the development of a treatment plan that met your needs	**3.81**
6. Your provider's ability to help you and your family.	**3.93**

7. The frequency and convenience of contacts.	**3.79**
8. Your service provider addressing your specific cultural background in a respectful manner	**3.88**
9. Psychiatric Rehabilitation Services overall	**3.93**

The average scores during this fiscal year slightly decreased from 3.84 to 3.81. The following graph depicts the average scores over the last three fiscal years.



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.

Trend Analysis

After a thorough review of the data collected during this time, it was found that there was a decrease of 10.7% in the number of individuals served within the program. However, it is noteworthy to mention that there was a significant increase of 77 services provided during the same period. A vital component of the program focuses on assisting individuals in attaining or enhancing the skills necessary to support them throughout their recovery journey. An important aspect of this process includes the monitoring of crisis contacts and psychiatric hospitalizations for the individuals we serve. During this review period, there was a 50% increase in crisis contacts reported, accompanied by a 42.85% increase in psychiatric hospitalizations. We remain diligent in monitoring crisis contacts and psychiatric hospitalizations on a routine basis, with the ultimate goal of improving individuals' health and wellness, thus supporting them in living a self-directed life as they strive to reach their full potential.

Additionally, client feedback surveys are an essential source for gathering consumer input regarding the services they receive. During this review, there was an increase of 18.91% in the number of surveys collected. Although the scores from these surveys remain relatively consistent compared to the previous review, consumers continue to express their appreciation for the services offered and indicate that they feel they receive high-quality care through the program.

In conclusion, the trend analysis captured within this comprehensive report offers valuable insight into the Psychiatric Rehabilitation Program. Several key trends were identified that encompass futuristic plans, ongoing quality improvement processes, and the diligent monitoring of the overall well-being of the individuals served within the program. The Guidance Center is committed to continuously monitoring these trends and will adapt its strategies accordingly wherever indicated to ensure the highest standard of care and support.