Psychiatric

Rehabilitation Services

Quality Improvement

Report

January 1, 2023 – December 31, 2023

GLADE RUN
LUTHERAN SERVICES
Serving Our Communities Since 1854

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Introduction

The purpose of the Psychiatric Rehabilitation Services (PRS) Program is to encourage and support individuals to envision their own life possibilities and gain valued roles in their community. The Psychiatric Rehabilitation Services at Glade Run Program is called EPIC (Empowering People in Communities).

Psychiatric Rehabilitation Services is centered around the following 12 Guiding Principles:

- Person-centered approach
- Partnership between service provider and service user
- Partnership with family members and significant others
- Utilization of peer support
- Utilization of natural supports
- Strengths focus
- Focus on work and career development
- Assessments related to person chosen goals and environments
- Emphasis on goal-related skills training, resource development and environmental modifications
- Integration of treatment and rehabilitation services
- Ongoing, accessible, and coordinated services
- Empirical orientation

Psychiatric Rehabilitation Service values:

- Self-determination and empowerment
- Dignity and worth of every individual
- Optimism that everyone has the capacity to recover, learn and grow
- Wellness
- Cultural diversity
- Promotion of valued social roles and normalized environments

There is an emphasis on self-advocacy to promote and encourage the individual to be knowledgeable about their mental health diagnoses, to identify their strengths, concerns and needs. Psychiatric Rehabilitation Services has three primary goals: Recovery, Community Integration, and Quality of Life. Psychiatric Rehabilitation Service works in the life domains of: Employment, Education, Social, Wellness, and Basic Living Skills

Demographics

Program	Total # of Clients Served			Admissions			Discharges			Average Length of Stay		
	2023	2022	2021	2023	2022	2021	2023	2022	2021	2023	2022	2021
PRS	156	142	156	72	58	83	51	62	70	436	358	377
Butler	81	63	81	40	26	33	20	25	42	394	482	485
Beaver	75	79	75	32	32	50	31	37	28	463	275	214

Discharges and Admissions - Beaver

Month	Discharges	Male	Female	Admissions	Male	Female
2023	31	18	13	32	19	13
2022	37	18	19	32	15	17

Discharges and Admissions - Butler

Month	Discharges	Male	Female	Admissions	Male	Female
2023	20	10	10	40	20	20
2022	25	13	12	26	13	13

Admission Primary Diagnosis most prevalent

Diagnosis	2023	2022
Generalized Anxiety DO	2	4
Dissociative Identity DO, SE	0	1

Major Depressive DO, all types	10	23
ADHD, all types	0	2
Pervasive Developmental DO, NOS	0	1
Bipolar all types	16	11
Persistent Depressive DO	0	1
Schizophrenia	1	3
Social Anxiety DO	0	1
Schizoaffective DO All types	21	6
ASD	3	1
Paranoid Schizophrenia	0	1
Anxiety DO due to another medical condition	0	1
Unspecified Psychosis	0	1
Un Specified Bipolar and Related DO	4	1
Disruptive Mood Dysregulation DO	1	0
Insomnia DO	1	0
Obsessive Compulsive DO	2	0
PTSD	6	0
Social (Pragmatic) Communication DO	1	0

The chart above identifies the 4 most prevalent diagnoses of the individuals upon admission that were served in PRS. This data is used to guide the program tools, skills, and approaches that will assist individuals with achieving positive impacts and goals. It is important to note that although the identified diagnoses above in green were the most common, the program also served individuals with the additional diagnoses as noted in the above chart. The data shows an increase in diagnosis of Schizoaffective DO all types and a decrease in the diagnosis of Major Depressive DO All types from 2022 to 2023. A new diagnosis for individuals receiving services is PTSD

Discharge Primary Diagnosis most prevalent

Diagnosis	2023	2022
Generalized Anxiety DO	4	7
Dissociative Identity DO, SE	0	1
Major Depressive DO, All types	18	19
ADHD, combined	0	2
Pervasive Developmental DO, NOS	1	1
Bipolar All types	11	11
Persistent Depressive DO	0	1
Bipolar DO, CE mixed severe with psychotic features	0	2
Schizophrenia	2	1
Unspec. Schizophrenia Spectrum and other psychotic DO	0	1
Disruptive Mood Dysregulation DO	0	1
Schizoaffective DO All types	10	12

Unspecified Depressive DO	0	1
Unspecified Psychosis	0	1
Other Specified Bipolar and Related DO	0	1
ASD	1	0
Paranoid Schizophrenia	1	0
PTSD	3	0

During this reporting period, the PRS program saw a high percentage of clients with a diagnosis of Major Depressive, Schizoaffective DO all types, and Bi-polar all types being discharged. This is consistent across both counties. This data corresponds with the increase in these diagnoses from 2022 to 2023 The PRS program collaborates with others through the discharge process to identify any additional support and resources that could be utilized.

It should be noted that there has been a considerable amount of referrals and enrollments of individuals having intellectual disabilities. This has impacted the group offerings as the program has needed to alter service delivery to accommodate learning styles.

Mobile vs. Site Based

PRS location	Mobile Units 2022	Site Based Units 2022	Total Units 2023	Mobile Units 2023	Site Based Units 2023	Total Units 2023
Beaver	4568	34504	39072	4755	35851	40606
Butler	3864	33065	36929	3750	34188	37938

The difference between site based and mobile units reflects consumers' attendance and program engagement. Site based engages multiple consumers minimally twice a day, 5 days a week through group and individual sessions. A typical site-based group can have up to 12-15 consumers. Mobile occurs less frequently and often only engages one consumer at a time. An individual engaged in mobile services is seen on average once (occasionally twice) a week.

Satisfaction Surveys

1. Initial

16 surveys were completed for initial consumers. Participation included 12 from Beaver County and 4 from Butler County.

- All 16 responders reported their services were scheduled in a timely manner.
- 100% felt that their intake appointment took place in a timely manner, that the staff were respectful.
- 16 Consumers felt during the intake process they were able to openly communicate and be honest about their feelings without judgment.
- 15 consumers stated they understand their responsibilities in participating in PRS and 1 stated they did not. One consumers commented "not sure"
- 100% stated they understand the program's responsibilities to them and their family.
- 16 consumers said they were asked for their input about strengths and needs of them and their family. This data was the same when asked if the family was part of the treatment planning and goal setting.
- 15 said they knew how to file a grievance or complaint 1 said "No, but I do have the handbook to look at and was told to ask for support if needed."
- 15 stated they would feel comfortable filing a complaint if they had a problem and 1 stated "It's not this place in particular, not sure the feeling would make a difference or be addressed accordingly."
- 100% were made aware that there are other service providers available to use if they choose.

2. PRS Consumer Outcome Survey

19 PRS specific outcome surveys were completed by consumers. 2 were from Butler County and 17l were from Beaver County.

- 11 responded to what type of program they were in and 8 skipped the question. 9 were site based and 3 were mobile.
- 11 responded that this was an initial survey, 1 stated it was concurrent and 7 completed it as a discharge survey.
- 14 stated they did not have any inpatient psychiatric admissions in the past year. 4 stated yes, they did and of those 3 were hospitalized more than once. 2 stated 2 times and 1 said 3.
- When asked if they have ever had an inpatient psychiatric admission in their lifetime 16 stated yes and 3 said no. When asked how many, responses ranged from 1 to more than 20.
- When asked if they have ever had an inpatient psychiatric admission since their admission to the psychiatric rehabilitation program, 9 responded and 10 skipped the question. Of the 9, 1 stated yes and 2 times and 8 stated no.
- Additional questions regarding level of interference were asked.

Question: What level of interference…	Rarely	Occasionally	Sometimes	Most of the time	All of the time
does your current mental health systems have on your ability to manage your responsibilities of daily living?	15.79%	5.26	26.32	31.58	21.05
does your current mental health symptoms have on your social interactions?	5.26%	10.53	15.79	42.11	26.32
does your current mental health symptoms have when you are working, volunteering and/or your desire to obtain employment or volunteer job?	21.05%	10.53	15.79	26.32	26.32
does your current mental health symptoms cause regarding involvement with educational activities?	15.79%	15.79	26.32	26.32	15.79
does your current mental health symptoms cause with tasks necessary to manage your mental and physical health needs?	21.05%	10.53	31.58	31.58	5.26

3. Discharge

8 discharge surveys were completed by consumers and 6 were from Beaver County and 2 were from Butler County.

- All 8 stated they were part of the discharge planning process and 6 said they felt staff helped them build a supportive network in their community while 2 said they did not. The 2 that stated no said they already had networks in place.
- 5 stated they understand the medication management follow-up process and 2 said no when asked if a staff member has talked to their next provider to help with the transition process.
- 6 consumers were not transitioning to another Glade Run service and 2 were planning to engage in PRS mobile only.
- 25% strongly agreed the PRS services were helpful, 62.5% agreed, and 12.5% were neutral.
- 12.5% strongly agreed when asked if they met their goals, 62.5% agreed, and 25% were neutral.
- 12.5% strongly agreed their needs were met by the program, 62.5% agreed, and 25% were neutral.
- 50% strongly agreed that they would recommend Glade Run to someone else, 37.5% agreed, and 12.5% were neutral.

- 25% strongly agree they are confident the skills they have learned can be used in the home, community or school, and 75% agree.

4. External Surveys

We received 12 surveys from an external source. The Butler County Consumer/Family Satisfaction Team provided us with the survey they received. 10 were for Site Based and 2 were for Mobile and they were for the time period July 2022-June 2023

Site Based:

- When asked if they knew they could choose where to get treatment, 9 stated yes, and 1 said no.
- All 10 stated the provider staff were respectful and friendly and once they first called they were scheduled in a timely manner.
- When asked if they had a problem with the provider/site would they feel comfortable filing a complaint, 9 stated yes and 1 stated no.
- All 10 stated they were asked to participate in treatment planning goals, but only 5 actually wanted their family to participate and 5 did not. Of the 5 whose family participated all stated the provider involved them in planning/goals.
- All 10 were made aware of support services in the community and stated they are overall satisfied with services they are receiving.
- When asked how hopeful they were about their future since receiving services: 7 were Almost Always/Always Hopeful, and 3 were Often Hopeful.
- In the last 12 months, all 10 respondents stated they were able to get the help they needed.
- 9 stated they were given the chance to make treatment decisions and 1 did not.
- When asked what effect the treatment they received had on the quality of their life: 4 stated much better, 5 stated a little better and 1 stated about the same. When asked for examples they said "Keeps him grounded in life and able to socialize in the community", "Attending groups, has workers behind him and knows everything is going to be good", "Knowing help is available", "More outgoing", "Improved family situation", "Put on different meds and I feel more calm", and "Helped me get into school and find work".
- All 10 stated staff treat them with respect regarding their cultural background and staff encourage them to do things that are meaningful to them Almost Always/Always.
- When asked if the services they are receiving are consistent with recovery-based principles 9 strongly agree and 1 agreed.
- When asked what they like about services: 7 chose "They are nice, kind and helpful", and 1 stated "/they motivate me to be a better person they give me the tools and equipment to deal with my problems."
- When asked what they dislike about services, one responder said: "Long day.
- When asked if they could improve anything they said: "Doing more group attending", "More class on recovery of D&A."

- Consumers were asked if there was anything else they wanted to say: "They are helpful", "Likes everything", "Knows they can help with assisted living", and "Grateful."

- **Mobile**:

- 1 stated they know they can choose where to get treatment and 1 did not.
- Both stated the staff were respectful and friendly and when they first called for an appointment, services were scheduled in a timely manner.
- When asked if they had a problem would they feel comfortable filing a complaint, both stated yes.
- Both stated yes, they are asked to participate in treatment and goal planning and 1 stated they did not want their family to participate in treatment and goal planning and 1 did. The one responder that wanted their family to participate was involved in treatment planning/goals.
- When asked if their provider made them aware of support services in the community both stated yes.
- Both respondents stated overall, they are satisfied with the services they are receiving.
- When asked how hopeful they are about their or their child's services, one responded Almost Always/Always Hopeful and one chose Sometimes Hopeful.
- Both stated that in the last 12 months they were able to get the help they needed and they were given the chance to make treatment decisions.
- When asked what effect the treatment they received had on the quality of their life, one stated a little better and one said about the same. When asked to provide examples they said "more social."
- Both stated the staff treat them with respect regarding cultural background and staff encourage them to do things meaningful to them.
- When asked if the services they are receiving are consistent with recovery-based principles both strongly agreed.
- When asked what they like about the services they are receiving they stated, "They understand her" and "Being able to stay on meds" and "very helpful."

Staff and Client Safety

Staff and client safety are a focus of the Quality Improvement team and initiatives. Our agency wide plan targets increased training, safety initiatives and efforts are reviewed by the internal safety committee. The charts below review staff work related injuries and client critical incidents. It is worth noting that there were zero staff injuries that resulted in the loss of work days and transitional duty.

Employee Work Related Injuries January 1, 2023 - December 31, 2023

Location	# of Reported Injuries	# of Injuries Resulting in Lost Work Days	# of Total Lost Days	# of Injuries Resulting in Transitional Duty	# of Transitional Duty Days
PRS	0	0	0	0	0

Client Critical Incidents

Year	Total # of Incidents	Total # of Consumers	Client death	Police Involvement	Hospital/Medical	Psychiatric Involuntary	Psychiatric voluntary	Suicide attempt	EWC-ER visit	Serious Nature/Other
2023	30	156 (18 clients)	1	0	2	2	10	3	7	5
2022	8	142 (8 clients)	0	1	5	1	1	0	0	0

The data indicates an increase in critical incidents from 2022 to 2023. It is our assumption this is a direct correlation to the increase in clients with high-risk diagnosis.

Staff Are Our Greatest Resource

PRS Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
2023	10	4	3	11	30%
2022	8	7	5	10	62.5%
2021	8	3	3	8	37.5%

During 2023, 1 staff was terminated, 1 was on intermittent leave on two occasions. The program experienced significant staff turnover and staffing challenges in 2022. To counter this the program increased staff salaries and initiated individual professional development plans. Each PRS workers staff development plan includes the goal of obtaining/maintaining Certified Psychiatric Rehabilitation Practitioner certification. Each staff plan toward certification is individualized. Over the last year, one staff has obtained their CPRP certification, 2 are scheduled to test, and 3 are completing required course work.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Service Description

The Glade Run Psychiatric Rehabilitation Service (PRS) program is called EPIC (Empowering People In Communities). The program offers both site based and mobile options to meet the individual needs of the adult. The EPIC PRS will incorporate individual self-help approaches that allow for the individual to retain control over their own lives. The individual will be actively involved in all aspects of planning, setting their own goals and deciding what services they will receive. The program services will provide a variety of opportunities to achieve identified Individual Recovery Plan (IRP) goals through individual, group and/or milieu activities.

EPIC will be utilizing Illness Management and Recovery, a psychiatric rehabilitation evidence--based practice that is designed to empower people who have serious mental illnesses to understand and manage their illnesses effectively. During a series of four daily group sessions, psychiatric rehabilitation staff will assist the individual in developing their own tailored strategies for coping with their illness, constructing their own goals for recovery and playing an integral role in decision-making about their treatment. Nine topic areas are covered in the program: (1) teaching recovery strategies, (2) practical facts about mental illness, (3) the stress-vulnerability model and treatment strategies, (4) building social support, (5) reducing relapses, (6) using medications effectively, (7) coping with stress, (8) coping with problems and symptoms, and (9) getting your needs met in the mental health system. Practitioners use a variety of techniques to accomplish these goals, such as cognitive-behavioral, educational and motivational strategies. A SAMHSA toolkit has been developed

for this practice. We will also use the Mental Health Recovery Star tool that will allow for measurement of outcomes as it enables people using services to measure their own recovery progress with the assistance of their identified supports.

EPIC will also use curriculum targeted at the following needs and skills: Educational and Career Planning, Daily Living, Housing and Money Management, Self-Care, Social Relationships and Work Life. Therefore, services will be flexible and be based on real life circumstances that the individual is likely to encounter in his/her daily life. Individuals will be encouraged to use or develop natural supports in the community and be integrated into the living, working, learning and leisure time activities of the community.

Disposition at Discharge

As a program, PRS strives towards discharging consumers as improved and stable. All consumers are informed upon discharge of the option to re-enroll when and if Psychiatric Rehabilitation Services are needed. Applicable referrals and service linkage is provided for consumers discharging out of the service area. When consumers achieve objectives towards goal/s then a partial completion of goal is warranted.

Status	2023	2022
Planned - partial completion of goals	12 (1 Butler/11 Beaver)	21
Planned - Successful Completion of goals	10 (1 Butler/9 Beaver)	18
Unplanned - consumer not attending or engaged in services	22 (13 Butler/9 Beaver)	16
Consumer moved out of the area	3 (1 Butler/2 Beaver)	5
Consumer transferred to LTSR	1 (Butler)	2
Consumer transferred to state hospital	1 (Butler)	0
Death of Consumer natural causes	1 (Butler)	0
Death of consumer unknown	1 (Butler)	0
Totals	51	62

Individual Records review

Glade Run PRS staff conduct a review of individual records of current clients that are being served. During reviews, the following areas are being evaluated to ensure compliance with regulations, as well as quality documentation: Initiation of Services, Strength Based Assessment, Individual Rehabilitation Treatment Plans, Crisis Plans, Documentation and Collaboration

Tools used for record review include the following EMR Reports: Progress Note Completion Reports, Timesheets, and Calendar Items without Timesheets.   We also use an Excel tracking document to monitor and track review of encounter forms, strength-based assessments, and individual rehabilitation goals.

Glade Run staff reviewed 100% of active clients receiving service. During this time period, COVID 19 regulations suspensions were still in effect. However, we conducted the reviews to be compliant with PRS regulations.

During the individual record reviews, 100% of clients had a current written order for services. All clients also had a Strength Based Assessment, Individual Rehabilitation plan and Crisis/Safety Plan. During this year, the COVID timelines were extended and staff were compliant with meeting those timeframes. Progress notes documenting the date, times, and service were present for clients.

The feedback that was provided to staff related to record review was surrounding specific timely documentation. PRS staff are continuing to be coached on specific information to be included in progress notes, such as more individualized data section, more data collection, response to treatment in the assessment section, next steps/plan and consumer comments. Assessment tools were enhanced and a tracking tool was developed to ensure current data on consumer SBA, releases of information, IRP due dates, UR utilization, crisis plan, service type, and diagnosis. This tracking tool is to assist with timely and accurate consumer documentation. Individual record reviews will continue to be conducted on a quarterly basis by the PRS Program Coordinators.

Telehealth/Utilization

Telehealth is utilized as needed. Telehealth is offered to individuals when they are unable to come into a group or meet in the community. Examples of this include but are not limited to - health restrictions, inclement weather and bed bugs. Telehealth is also offered in instances when the PRS building is shut down in order to continue to provide services and support (regional inclement weather). You will see below that telehealth is used minimally as in person services is the preferred model.

2023

County	# of Group Encounters	# of Group units	Unit average per encounter	# of Mobile Encounters	# of mobile units	Unit average per encounter	# of Telehealth encounters	# of telehealth units	Unit average per encounter
Beaver	4325	35517	8.21	731	4730	6.47	0	0	0
Butler	3854	34188	8.87	868	3747	4.32	2	3	1.5
Totals	8179	69705	8.52	1599	8477	5.30	2	3	1.5

County	% Group Encounters	% Group Units	% Mobile Encounters	% Mobile Units	% Telehealth Encounters	% Telehealth Units
Beaver	86%	88%	14%	12%	0%	0%
Butler	82%	90%	18%	10%	.04%	.07%
Combined	84%	89%	16%	11%	.02%	.03%

| County	Total # of Consumers	Total # of Encounters	Average encounters per consumer	Total # of units	Average # of units per consumer
Beaver	78	5056	65	40247	516
Butler	78	4724	61	37938	486
Combined	156	9780	63	78185	501

2022

County	# of Group Encounters	# of Group units	Unit average per encounter	# of Mobile Encounters	# of mobile units	Unit average per encounter	# of Telehealth encounters	# of telehealth units	Unit average per encounter
Beaver	4384	34504	7.87	707	4114	5.82	91	434	4.77
Butler	4077	33065	8.11	810	3823	4.72	8	41	5.13
Totals	8461	67569	8	1517	7937	5.23	99	475	4.80

County	% Group Encounters	% Group Units	% Mobile Encounters	% Mobile Units	% Telehealth Encounters	% Telehealth Units
Beaver	84%	88%	14%	11%	2%	1%
Butler	83%	89%	17%	10%	.16%	.11%
Combined	84%	89%	15%	10%	1%	1%

| County	Total # of Consumers	Total # of Encounters	Average encounters per consumer	Total # of units	Average # of units per consumer
Beaver	63	5182	82	39052	620
Butler	79	4895	62	36929	467
Combined	142	10077	71	75981	535

PRS Number of Consumers Served per County and Totaled 2022 vs 2023
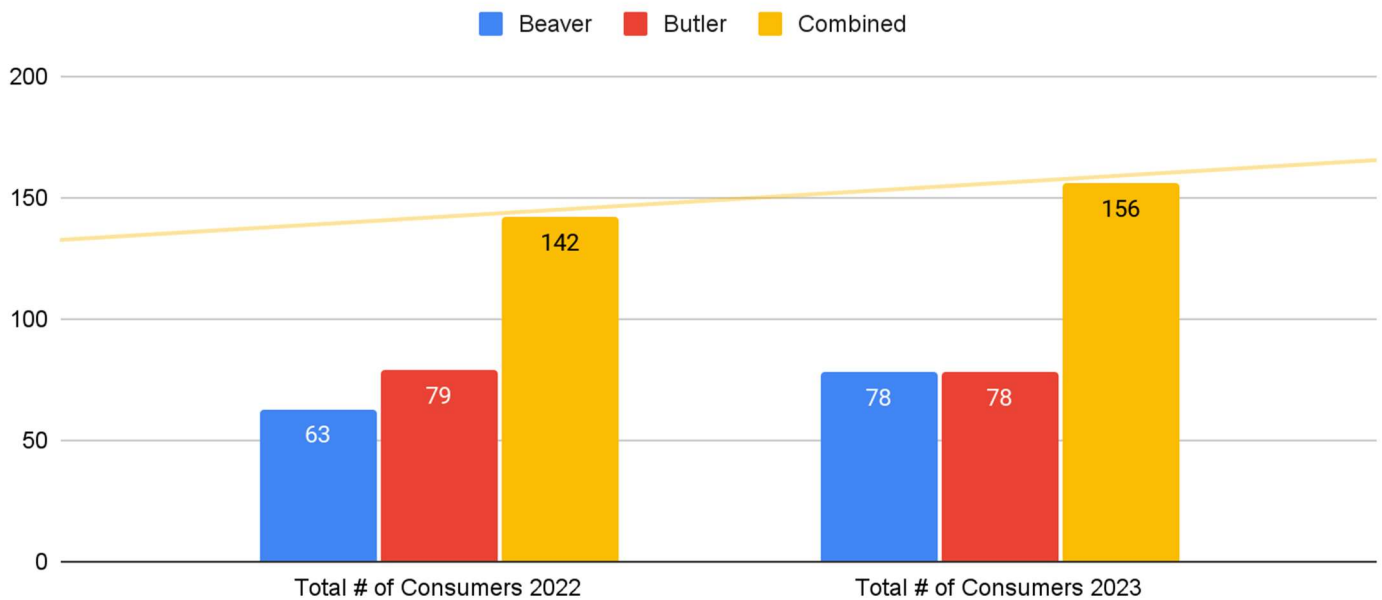
Average # of units per consumer 2022 and Average # of units per consumer 2023
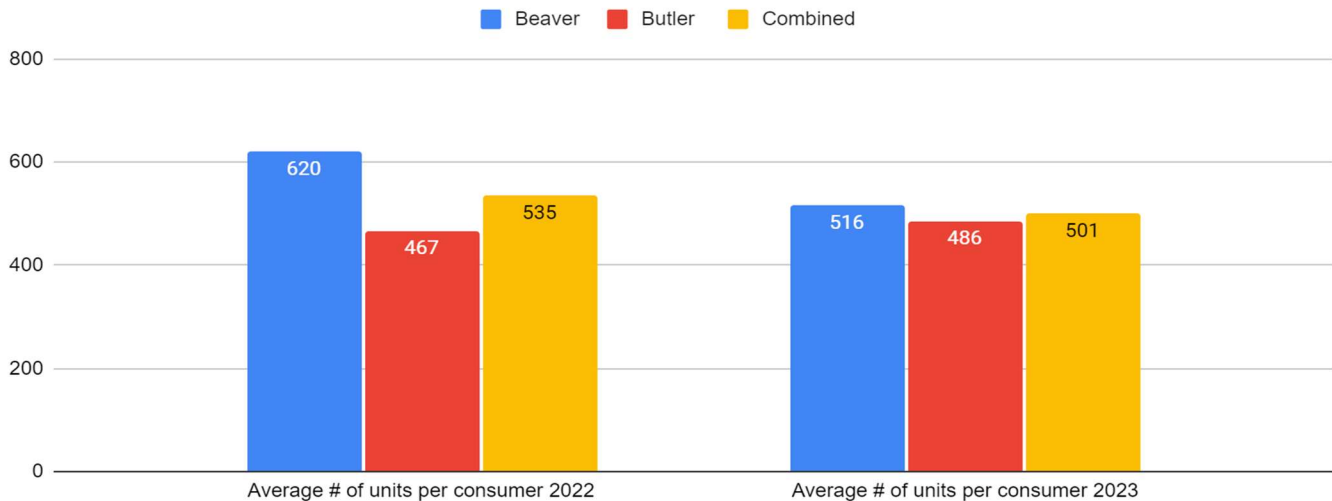
PRS Total Billable Hours 2022 vs 2023
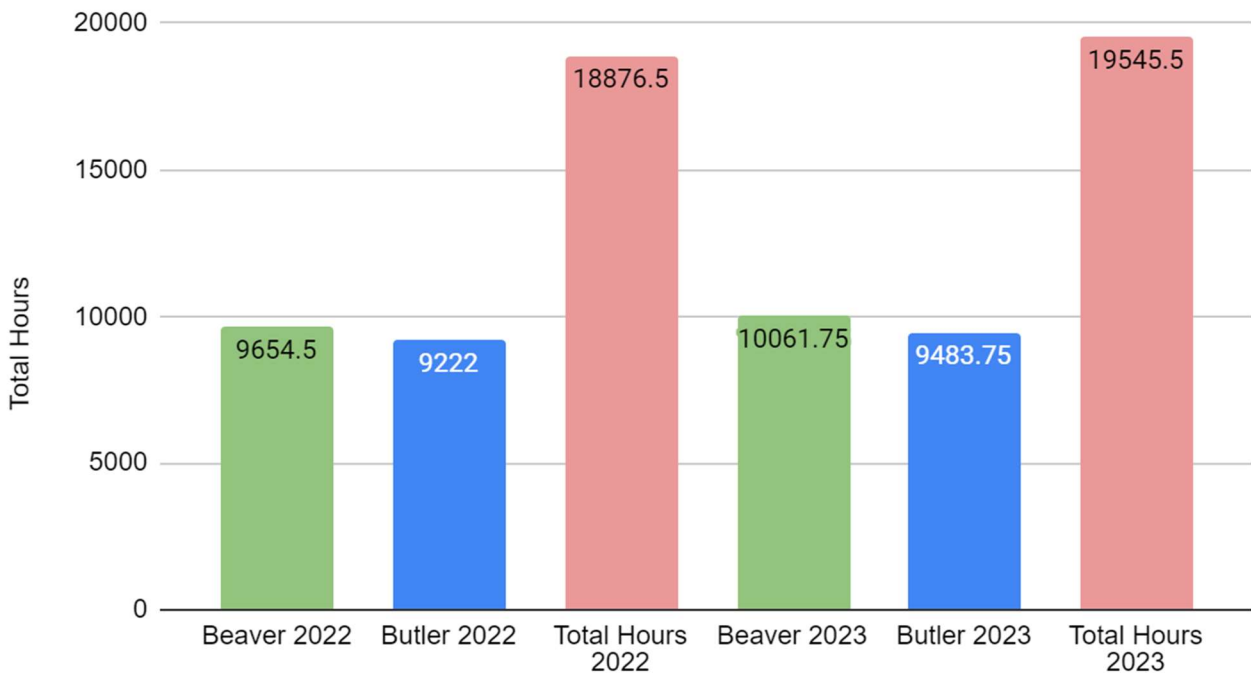
The PRS team, as well as the Quality Improvement committee, reviews data related to the utilization of prescribed hours via the completed strength-based assessment PRS services. By looking at utilization of hours, the data helps guide staff through the assessment and treatment process when discussing treatment with clients and families. This information helps identify how the hours are being utilized and helps plan for transitioning of services and discharge. This data is reviewed on a monthly basis. The benchmark for PRS each month is 90%. The data above is a summary of the percentage for the year of 2021-2022.

Utilization was down slightly in 2021-2022 due to staff vacancy and transition of program leadership. Within this year, PRS onboarded 5 new staff (one of which left within the first 6 months) which takes over 5 months.   Site

based utilization is higher than mobile as site based is primarily based on groups. Therefore, there are more individuals being served at one time. Mobile sessions are primarily individual sessions.   We see a higher use of mobile service in Beaver versus Butler; this is likely due to staffing as well. Beaver has one staff who primarily provides mobile services.   Also, Butler was down staff the last quarter, limiting their availability for mobile services.

The use of Telehealth in PRS has decreased since its initial implementation in late winter of 2020. Telehealth is used on a limited basis and when it is in the best interest of the consumer as it continues to serve as a tool to provide continuity of care in certain circumstances. The PRS program recognizes that the main avenue of service delivery is face to face and this is the preferred method. Telehealth provides the consumer an option to still receive services in times of illness or extenuating circumstances. The use of an agency adopted Telehealth Assessment is used to determine the clinical appropriateness of using Telehealth.

Summary

The Glade Run PRS program has continued to be a supportive service in the mental/behavioral health community even while restructuring program implementation and staffing roles/responsibilities. Overall, PRS has been able to provide services to close to 150 adults. The program continues to collaborate with external agencies to ensure the needs of the adults are being met. PRS staff work to engage all who are receiving services and ensure the element of an all-inclusive environment.   The program has also been able to successfully implement the Sanctuary model where consumers are providing observational feedback and applying the commitments within the program and community. Some quality initiatives have been identified through the annual report process and will be targeted in the next year. The review process has helped the program gain perspective on the successes that have been achieved and growth opportunities for the future.

Next Steps and Strategic Plan:

PRS has been increasingly serving dual-diagnosis individuals. This means clients having both MH and drug and alcohol needs. There is a reported lack of support that addresses the needs of this population and clients are prone to relapse for lack of combined support. PRS may consider developing a position focused on D&A and conduct a consumer survey.

The program will continue to identify and track the population of consumers with intellectual disabilities and LGBTQ+ and increase support/services for this population.

PRS serves a high number of consumers on psychotropic medication and Beaver County does not have a mobile meds service option. A survey may be developed and conducted to determine need.

PRS will consider an innovative peer-delivered intervention (called PODS) aimed at enhancing community participation for adults with mental health diagnoses. PODS involve a group of consumers who work together to find common interests and then break out into smaller groups to pursue those interests, such as volunteering, gardening, farmers markets, etc. Group members will decide what they want to do, how often they want to do it, and will be responsible for figuring out how to actually do it (with support from the facilitator and peers).

Quality Initiative	Task	Responsible Party
Recovery Star data will be collected from intake and discharge and level of change will be analyzed.	● Develop assessment tools as data points to collect at intake, during treatment and at discharge. ● Review data at discharge for each consumer. ● Look at all data at least quarterly and suggest this be added as a QI committee indicator	● PRS workers, coordinators, manager and director ● QI Committee
We will continue to strive to reduce inpatient admissions as well as staff turnover rates.	TBD	PRS workers, coordinators and Director
Develop and implement a formalized QI policy and procedures to specifically address monitoring tools to ensure regulatory compliance and quality service delivery.	● Develop plan ● Submit to EMT for feedback and approval ● Share with staff once approved	PRS Director, Manager, Coordinators
Consumer chart audits will be completed in alignment with the QI plan. In Progress	Utilize PRS client record review tool	Program Coordinators
All staff will have an Individualized Professional Development Plan that will outline action steps to support CPRP Certification. On-going	● Review all staff's education and experience to determine CPRP eligibility. ● Each staff will be provided with training to ensure eligibility for CPRP certification ● Staff will be provided additional self-study opportunities to build confidence in passing the CPRP exam ● Staff's progress will be reviewed and documented through individual supervision	Individual staff, Program Coordinators and Program Director
Consumer utilization of services will be monitored. On-going	● Assessments will be utilized to determine consumers level of impairment, level of readiness for engagement in order to determine utilization goal. ● Monitoring tools will be developed to track consumer engagement to the level of need and readiness.	Program Coordinators, Program Director