



Quality Review and Report

July 2026

Pennsylvania regulations for Psychiatric Rehabilitation require providers to make an annual report available to the public. Elements must include data on outcomes, record reviews, participant satisfaction and compliance with our service description.

Outcomes

The following information is made available from the Outcomes Portal made available to us through our partnership with Community Care Behavioral Health.

The Chartiers Psychiatric Rehabilitation program completed 249 surveys. All participants reported having at least one active goal. The data reflects strong engagement across multiple life domains, with a focus on improving quality of life, functionality, and personal development.

Goal Engagement

100% of participants reported having at least one current goal.

Most common goal areas include:

- Housing/Living (99)
- Physical Wellness (39)
- Employment/Working (32)
- Emotional (22)
- Social (21)

Domain Goal Distribution

Participants prioritized goals in the following domains:

- Living: 227 (91.2%)
- Physical Wellness: 210 (84.3%)
- Social: 195 (78.3%)
- Working: 132 (53.0%)
- Learning: 197 (79.1%)
- Substance Use: 17 (6.8%)

Progress Ratings

Participants self-reported progress across domains using a 5-point scale with the following scores being given to the highest ratings of "Quite a Bit" and "A Lot" of progress.

Domain	Highest Progress Levels
Living	134 (66.0%)
Physical Wellness	112 (49.6%)
Social	103 (46.4%)
Working	53 (23%)
Learning	50 (22.2%)
Substance Use	15 (6.5%)

Overall Program Impact

- Average Progress Rating: 7/10
- Average Hopefulness Rating: 7/10

These scores reflect a generally positive outlook among participants regarding their personal growth and optimism for the future.

Below is the data from the Community Care Portal. It is presented as numerical data followed by the same data represented graphically:



Reporting: Psych Rehab: July 01, 2025 - June 30, 2026

Reporting: Progress Measure: July 01, 2025 - June 30, 2026

View: Table ▼

Progress Measure: Goals

[View Graph Results](#)

Goals	Yes	No
Do you have a current goal?	249	0

[View Graph Results](#)

Goal Areas	Yes
Housing/living	99
Education/learning	18
Employment/working	32
Social	21
Physical wellness	39
Spiritual	5
Emotional	22
Financial	12
Substance use	1

Progress Measure: Domain Summary

[View Graph Results](#)

Domain	Goal	Not a Goal	Completed Goal	Total
Living	227	22	0	249
Learning	97	151	1	249
Working	132	116	1	249
Social	195	53	1	249
Physical Wellness	210	38	1	249
Substance Use	17	231	1	249

Progress Measure: Progress

[View Graph Results](#)

Progress	Not at All	A little	Some	Quite a bit	A lot
Living		12	57	81	53
Learning		124	51	31	19
Work		122	55	37	16
Social		53	66	65	38
Physical Wellness		24	90	81	31
Substance Use		208	9	10	5

[View Graph Results](#)

Progress	Average
How much progress have you experienced while enrolled in the program?	7
How hopeful do you feel about your life?	7



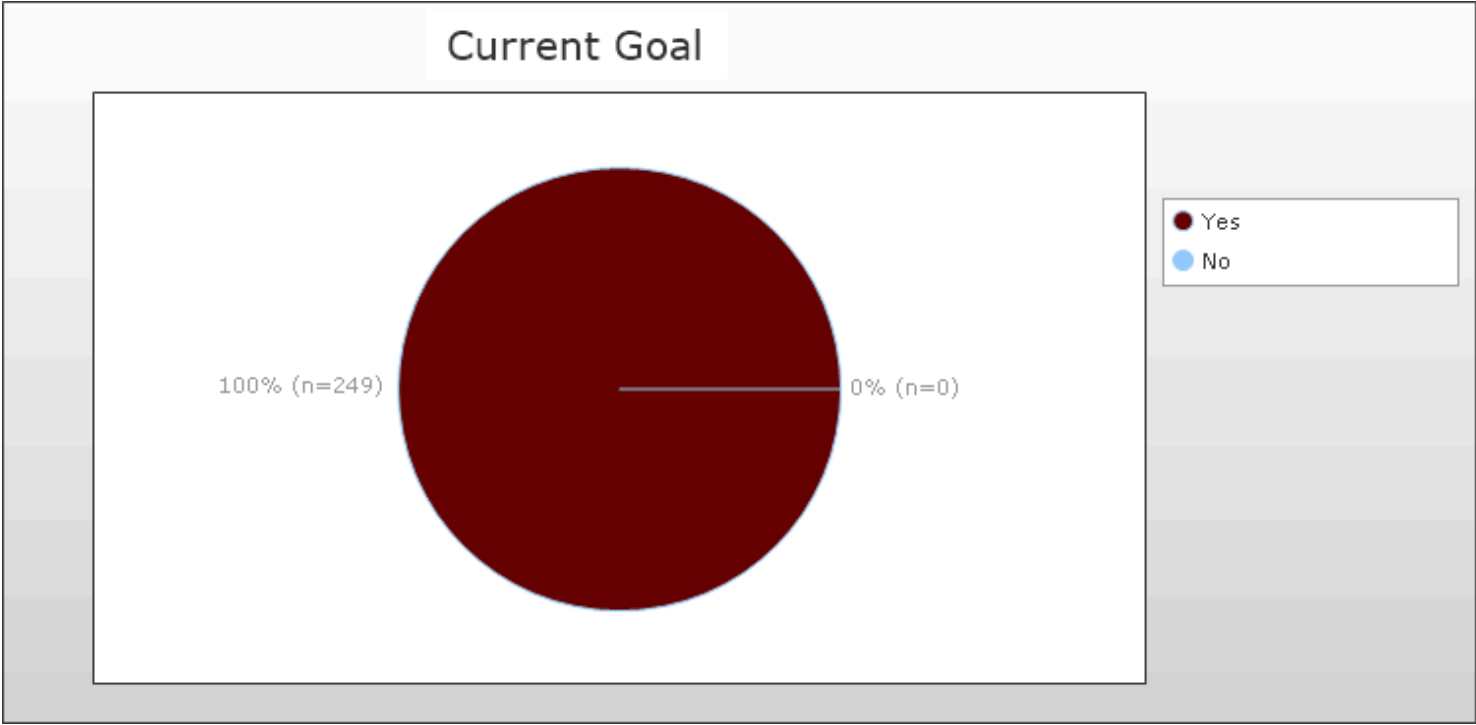
Reporting: Psych Rehab: July 01, 2025 - June 30, 2026

Reporting: Progress Measure: July 01, 2025 - June 30, 2026

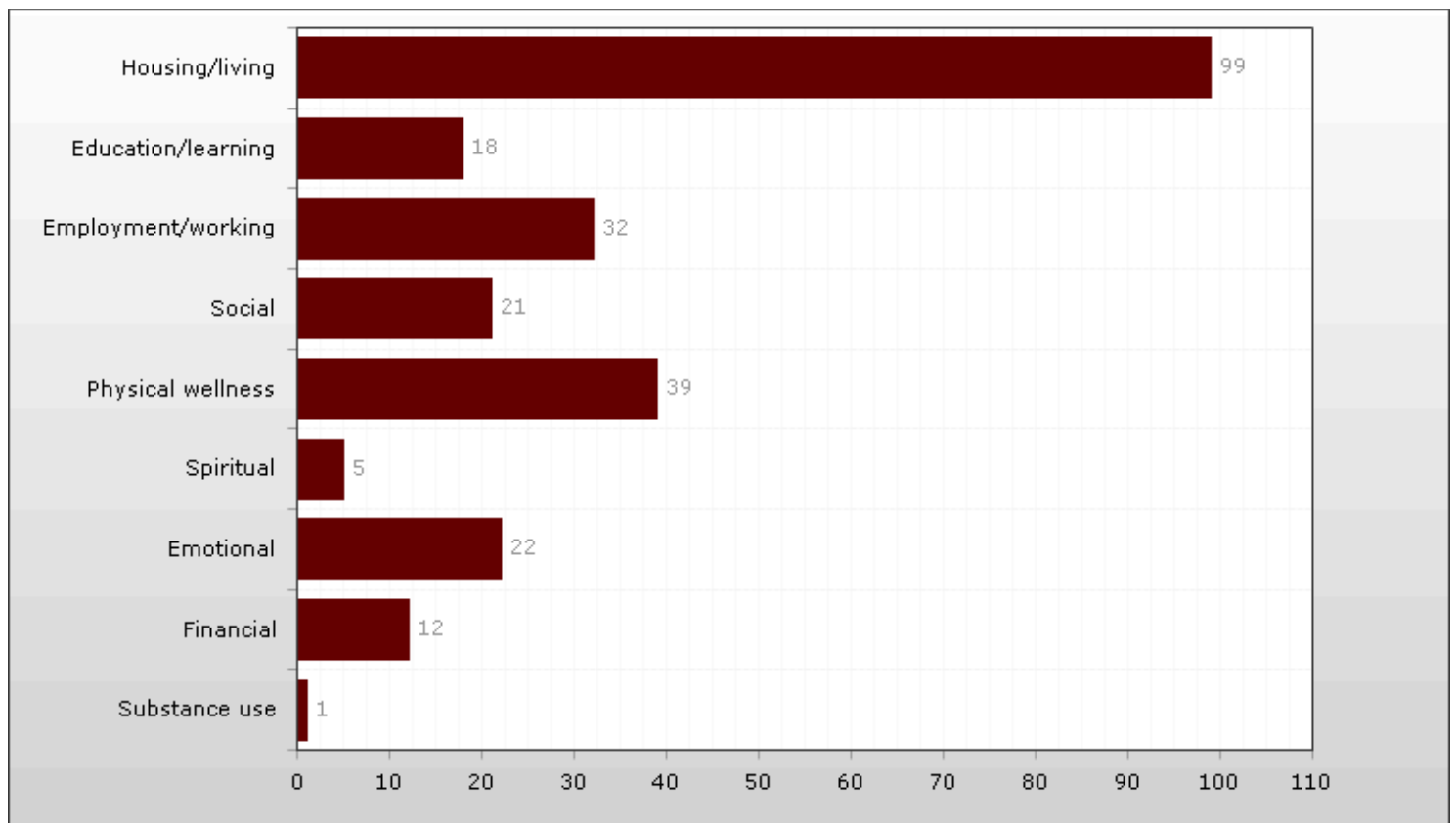
View: Graph ▼

Progress Measure: Goals: Current Goal

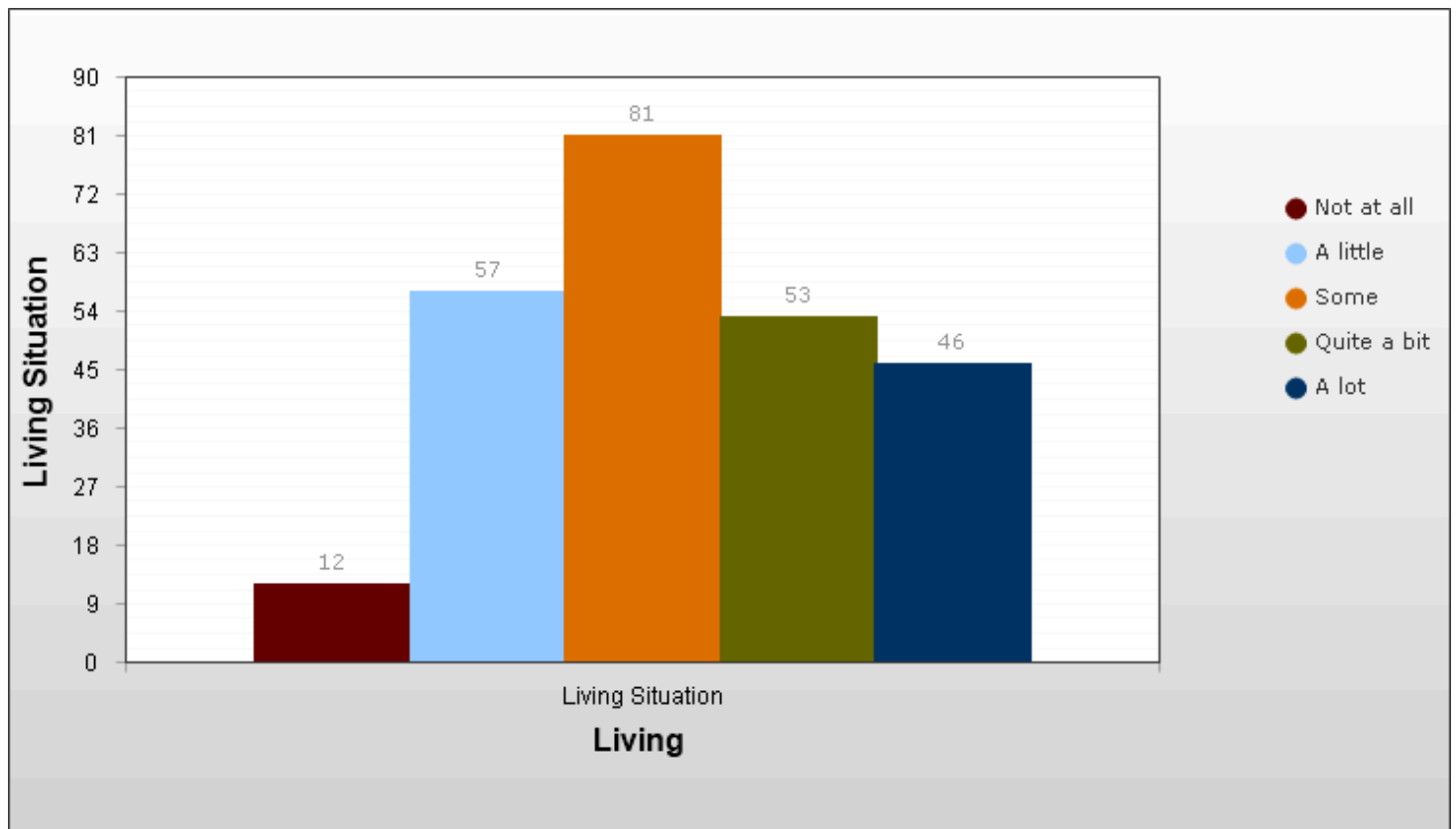
[View Table Results](#)

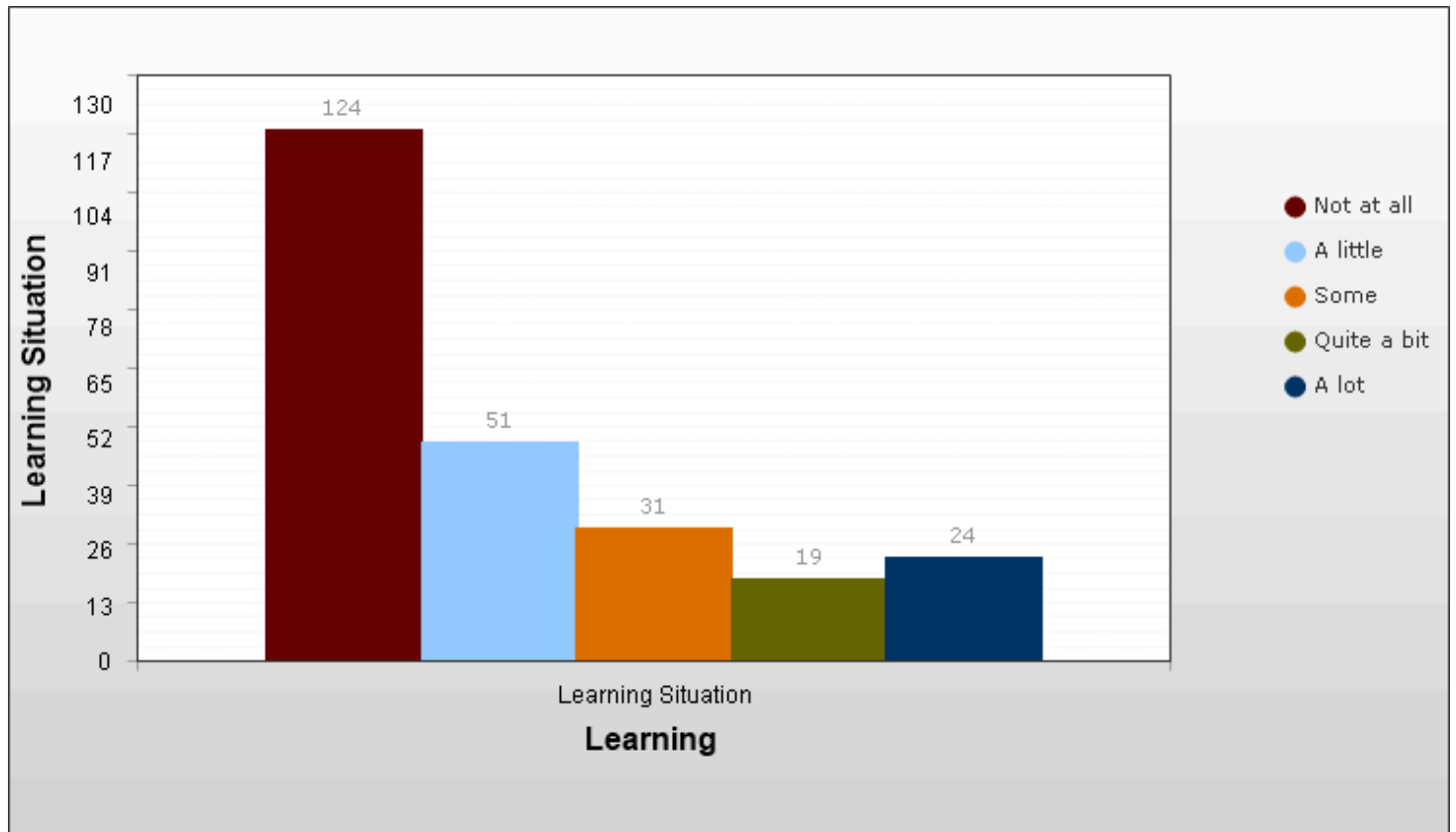
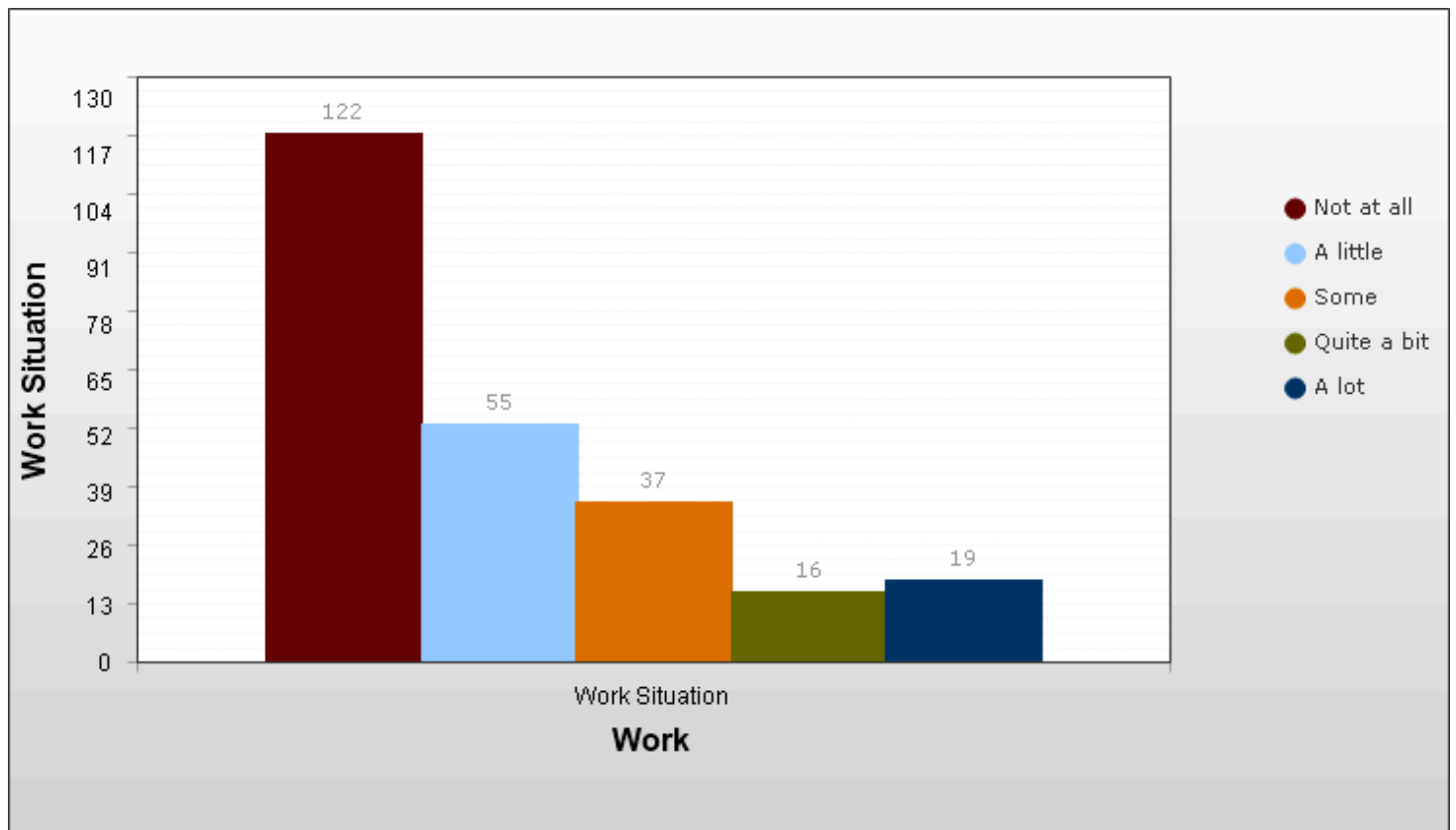


Progress Measure: Goals: Goal Areas

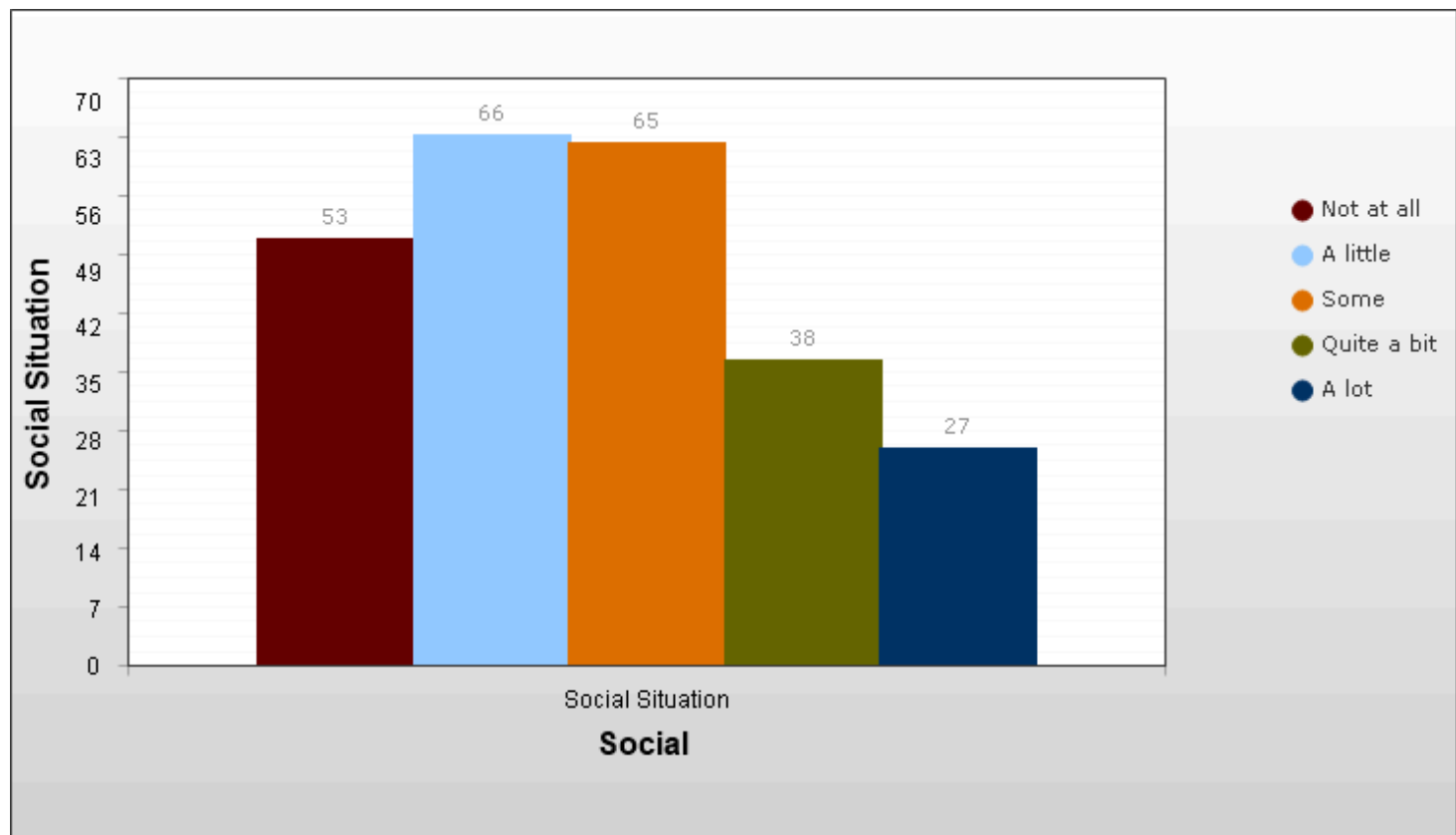
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Progress Measure: Progress: Living

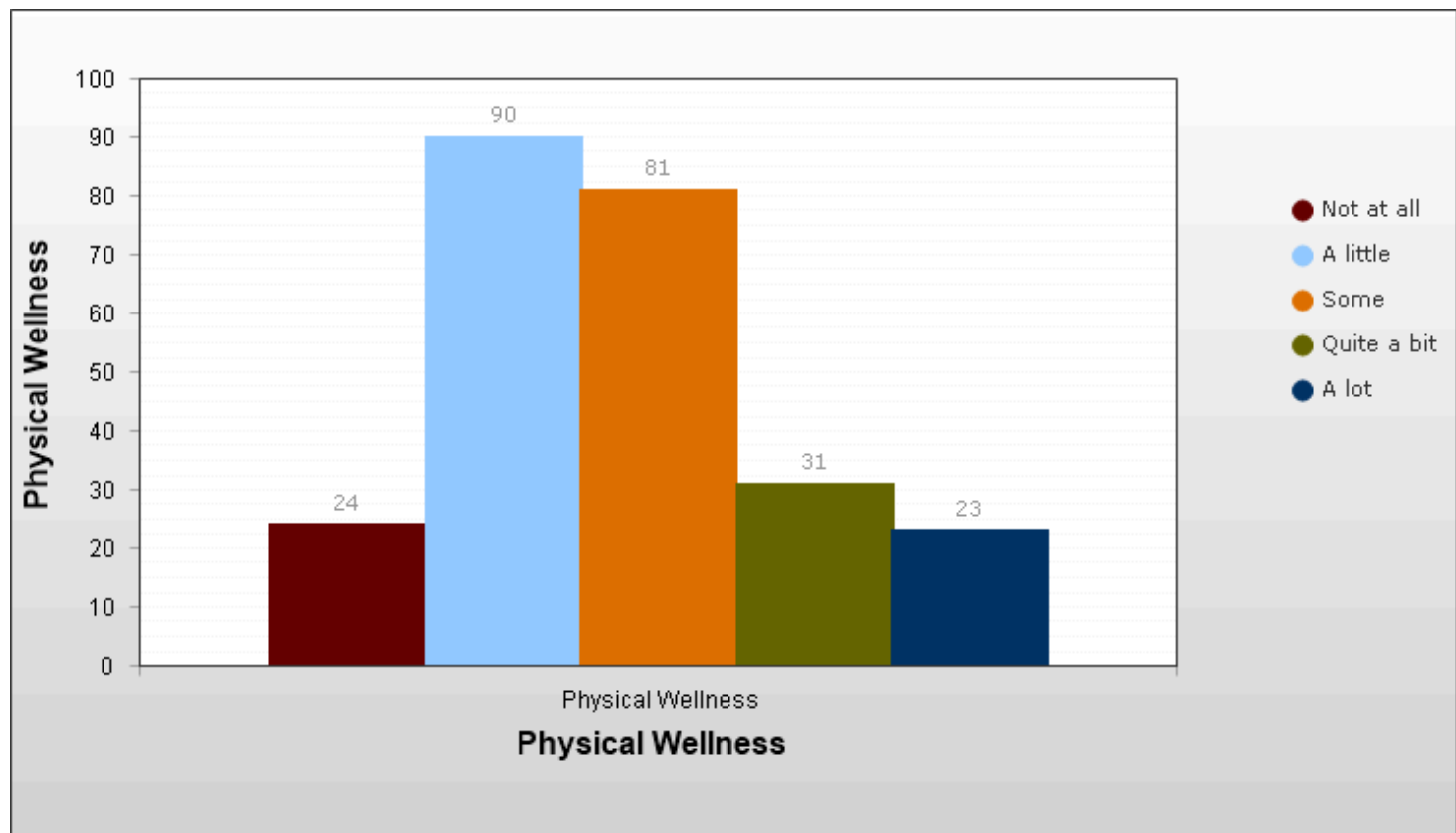
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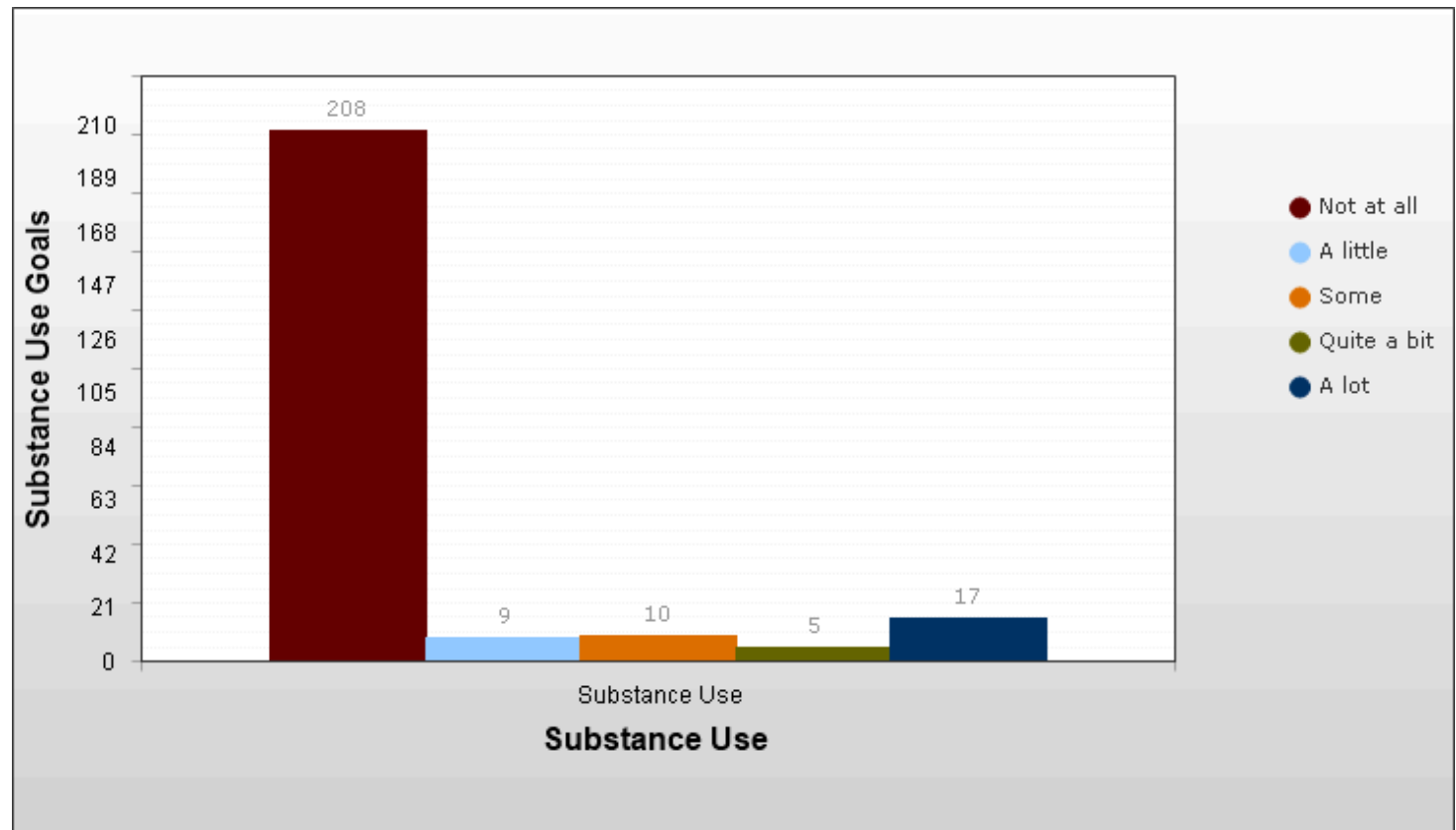
Progress Measure: Progress: Learning[Return to top](#)**Progress Measure: Progress: Work**[Return to top](#)

Progress Measure: Progress: Social

[Return to top](#)

Progress Measure: Progress: Physical Wellness



[Return to top](#)**Progress Measure: Progress: Substance Use**[Return to top](#)

Individual Record Reviews

We have been working to transition this review from a 100% supervisory review to a team/peer review. With just this process alone, we review over 60% of the open cases, and additional cases are discussed in individual supervision as well as in team meetings.

Participant Satisfaction

Participant Satisfaction is primarily conducted by the Consumer Action and Response Team (CART). Our most recent survey occurred between July 29 and September 3, 2024. We are currently working with CART to identify participants who wish to be interviewed for a survey in 2026.

The results of the 2024 survey are provided here, followed by our response which included our plan to use the results to improve our services.

CART Report to Provider

Summary Table

	Sat. or Yes	Neutral, Unsure, etc.	Dissat. or No
SERVICE ACCESS	-	-	-
Q3: Received Needed Services	8	2	-
Q5: Enough Time Spent	7	3	-
Q6: Staff Turnover	6	1	3
Q7: Sufficient Appointment Times	9	-	1
Q8: Preferred Method of Care	9	1	-
Q9: Preferred Language	10	-	-
Q10: Convenient Location	9	-	1
	-	-	-
FACILITY	-	-	-
Q12a: Clean	-	NA	-
Q12b: Comfortable	-	NA	-
Q12c: Safe	-	NA	-
	-	-	-
INFORMATION PROVIDED	-	-	-
Q21: Questions Answered	10	-	-
Q23: Medication Benefits	-	NA	-
Q24: Medication Side Effects	-	NA	-
Q42: Complaint/Grievance	4	2	4
	-	-	-
THERAPUTIC RELATIONSHIP	-	-	-
Q14: Express Dislikes	8	2	-
Q18: Helpful/Supportive	10	-	-
Q19: Respect for Beliefs/ Religion/ Race/ Gender/ Sexual Orientation	10	-	-
Q20: Overall Satisfied w/ Respect	10	-	-
	-	-	-
CHOICE	-	-	-
Q15: Forced or Pressured	8	2	-
Q16: Treatment Plan Involvement	9	-	1
Q17: Make Treatment Decisions	9	1	-
	-	-	-
OUTCOMES	-	-	-
Q34: Helpful Services	9	1	-
Q35: Satisfied with Services	10	-	-
Q37: Better Quality of Life	10	-	-

Provider:
Chartiers Center

Population:
Adult Mental Health

Service Type:
Mobile Psychiatric Rehabilitation

Provider Address:
250 Mt. Lebanon Blvd., Suite 308
Pittsburgh, PA 15234

Phone Project Date(s):
July 29, 2024 > September 3, 2024

Contact Person:
Janelle Eberhardt, MS, CPRP
Director of Mobile Psychiatric Rehabilitation

Contact Email:
jeberhardt@chartierscenter.org

Contact Phone:
(412) 221-3302 Ext. 213

of Interviews: 10

Comments:
(Community Based Program / County R.S. List)

Person Interviewed: Adult Services

Base	Adult Consumer	Family Member
10	9	1

Q1: How long ago did you (or your family member/child) start receiving your (or their) (___) services?

Base	Less than 1 week	1-3 Weeks	1 Month	1-3 Months	4-6 Months	7-9 Months	10-12 Months	More than 12 months	Didn't Answer
10 100.00%	- -	- -	- -	- -	- -	- -	- -	9 90.00%	1 10.00%

Q2: How long did you (or your family member/child) have to wait after first seeking your (or their) (___) services, before having your (or their) first session?

Base	Less than 1 week	1-3 Weeks	1 Month	2 Months	3 or More Months	Unsure	Didn't Answer
10 100.00%	3 30.00%	- -	- -	- -	3 30.00%	4 40.00%	- -

Q3: Did you (or your family member/child) start receiving your (or their) (___) services as soon as you (or they) needed them?

Base	No	Yes	Didn't Answer
10 100.00%	- -	8 80.00%	2 20.00%

Q4: In the last 12 months, were you (or was your family member) able to get the help you (or they) needed?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	2 20.00%	8 80.00%	- -

Q5: Do you (or does your family member/child) spend enough time with the staff who provide your (or their) (___) services?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	3 30.00%	7 70.00%	- -

Q6: Do you (or does your family member/child) experience a lot of turnover in the staff who provide your (or their) (___) services?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	6 60.00%	1 10.00%	3 30.00%	- -

Q7: Are you satisfied with the hours of operation and appointment times for your (or your family member's/child's) () services?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	1 10.00%	- -	9 90.00%	- -

Q8: Do you (or does your family member/child) receive your (or their) () services by your (or their) preferred method(s)?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	1 10.00%	9 90.00%	- -

Q9: Do you (or does your family member/child) receive your (or their) () services in your (or their) preferred language?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q10: Do you (or does your family member/child) receive your (or their) () services in a convenient location?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	1 10.00%	- -	9 90.00%	- -

Q14: Are you worried about telling staff what you don't like about your (or your family member's/child's) () services?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	8 80.00%	1 10.00%	- -	1 10.00%

Q15: Have you felt forced or pressured to accept () services that you didn't want (for yourself or for your family member/child?)

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	8 80.00%	2 20.00%	- -	- -

Q16: Were you involved in planning your (or your family member's/child's) treatment or setting goals for your (or your family member's/child's) services?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	1 10.00%	- -	9 90.00%	- -

Q17: Were you (or you and/or your child) given the chance to make (or be involved in) treatment decisions?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	1 10.00%	9 90.00%	- -

Q18: Are staff helpful and supportive?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q19: Are staff fully respectful of your (or your child's) race, gender, sexual orientation, religion, and ethnic background?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q20: Overall, are you satisfied with the respect shown to you (or your child) by staff?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q21: When you ask questions about your (or your family member's/child's) treatment or services, do staff answer these questions to your satisfaction?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q25: Do staff help you (or your family member/child) to connect to community activities that are important to you (or them)?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	1 10.00%	9 90.00%	- -

Q26: Do staff ask for your (or your family member's/your and/or your child's) feedback about your (or their) services?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	2 20.00%	1 10.00%	6 60.00%	1 10.00%

Q27: Do staff help you (or your family member/child) to identify strengths you (or they) have?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q28: Do staff provide information about how recovery happens?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	2 20.00%	8 80.00%	- -

Q29: Do staff include family and friends in your (or their/your child's) services, with your (or your family member's) permission?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	2 20.00%	1 10.00%	7 70.00%	- -

Q30: Do staff always communicate hope for your (or your family member's/child's) recovery?

Base	No (Never)	Sometimes	Yes (Always)	Didn't Answer
10 100.00%	- -	- -	10 100.00%	- -

Q31: What do you like about your (or your family member's/child's) (____) services?

(C) Shannon and John are very helpful. They have helped me a lot with alcoholism, etc. CTE due to a lot of concussions, a lot of diagnosis. Very positive. They've been really helpful. Shannon has helped me a lot. I've learned to speak up about my problems and be assertive. Shannon helps me with cleaning my apartment.

(C) They are reliable, dependable, and I can always rely on them for help.

(C) They help me with paperwork and help me with symptoms.

(C) I like the services, but I don't like how far away they are from where I reside.

(C) I like the provider they listen to me and help me a lot.

(C) The concern that the people who visit me are genuinely concerned about me.

(C) Consistency, and staff is very good.

(C) They have helped me a lot. I appreciate everyone's help. They are all good.

(C) They are very friendly and nice and help you with your problems. He gets back to me quite quickly if I have a question.

(F) I like that they are friendly, and ask questions to see if she remembers things. They seem very friendly.

Q32: What do you dislike about your (or your family member's/child's) (____) services?

(C) Transportation. If you miss appointments, you have to go to a "back on track" program. You have to give them 24 hours' notice, if missing an appointment.

(C) The turnover in staff. They leave when you get comfortable with them.

Q33: If you could improve anything about your (or your family member's/child's) (____) services, what would it be?

(C) Improve my mental health services and physical health services. Access to them, there is no transportation to appointments, shopping etc.

(C) Try to get better transportation services.

Q33: If you could improve anything about your (or your family member's/child's) (___) services, what would it be?

(C) More consistent staff.
(C) Help me with transportation - getting to appointments, going to places. Dad has to take me to meetings.
(C) They should be able to drive me places. I need housing and need to visit places for apartments.
(F) She could go out some more on outings such as the bank, shopping, etc. I take her grocery shopping sometimes.

Q34: Do you feel that your (or your family member's/child's) (___) services help (you/them)?

Base	No	Unsure	Yes	Didn't Answer
10 100.00%	- -	1 10.00%	9 90.00%	- -

Q35: Overall, how satisfied are you with the services you (or your family member/child) received?

Base	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Didn't Answer
10 100.00%	- -	- -	- -	1 10.00%	9 90.00%	- -

Q36: Overall, how satisfied are you with your level of involvement in your family member's/child's services?

Base	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Didn't Answer
1 100.00%	- -	- -	- -	- -	1 100.00%	- -

Q37: What effect has the treatment have you (or has your family member/child) received had on the quality of your (or their) life?

Base	Much Worse	A Little Worse	About the Same	A Little Better	Much Better	Didn't Answer
10 100.00%	- -	- -	- -	2 20.00%	8 80.00%	- -

Q42: Do you know who to call if you have a complaint or grievance about the care you (or your child) receive(s)? (Family member of adults not asked)

Base	No	Unsure	Yes	Didn't Answer
9 100.00%	4 44.44%	1 11.11%	4 44.44%	- -

Information Distributed:

	Base	10
CCBHO Member Handbook		2
CCBHO Customer Service/Member Services Department		3
ACDHS Director's Action Line		4
Nothing Distributed		6

INTERVIEWER(S): BR
REPORTER: SW

EM: Susan Coyle, RN, MPH, Chief Executive Officer
Rosi Albert, LPC, Chief Clinical Officer
Jeffrey DeSantis, CPRP, Assistant Chief Clinical Officer
Steven Gradeck, MC, Administrator of Data, Analytics & Quality
Adam Krizanik, LPC, Clinical Administrator, Recovery Rehab Services
Janelle Eberhardt, MS, CPRP, MPR Director
Karen Madden, M.S.Ed., MBA, Quality Management Clinician
CC: CART file



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October 24, 2024

cc: Karen Madden, M.S.Ed., MBA, Quality Management Clinician
Quality Management Department
Community Care Behavioral Health

Re: CART Phone Interviews conducted between 7/29/2024 and 9/3/2024

Dear Mr. Freund:

We at Chartiers Center would like to extend a word of thanks to you and the entire team at CART for your ongoing efforts in providing advocacy for the communities served by our organization. Your work enables Chartiers Center to continuously evaluate and improve our service provision as we progress toward full employment of our Mission and Vision statements. Regular feedback such as that provided by CART is critical to our success.

Chartiers Center Staff reviewed the feedback provided by consumers on the 2024 CART survey for our Mobile Psychiatric Rehabilitation (MPR) Program and noted the following areas to be addressed, based on one or more consumers giving a response indicating dissatisfaction:

- Consumers' experience with our MPR program's service access in terms of length of wait time to receive services, staff turnover, and time, length, frequency, location, and methods of service
- Consumers' view of being provided with adequate information on recovery and processes by which to make complaints or grievances or otherwise provide feedback on their level of satisfaction with our MPR services
- Consumers' view of the opportunities for choice provided by our MPR program in terms of choosing to receive services, being involved with treatment planning and

decisions, having friends and family involved in services, and being connected to preferred community activities

- Consumers' view of their personal outcomes from our MPR services and specific comments on what they dislike about services or feel could be improved about services

1. How do you plan to use the enclosed satisfaction data to improve the services that you provide?

We received actionable feedback in the following areas:

SERVICE ACCESS

- *Q2: How long did you have to wait after first seeking your services, before having your first session?*
- *Q4: In the last 12 months, were you able to get the help you needed?*
- *Q5: Do you spend enough time with the staff who provide your services?*
- *Q6: Do you experience a lot of turnover in the staff who provide your services?*
- *Q7: Are you satisfied with the hours of operation and appointment times for your services?*
- *Q8: Do you receive your services by your preferred methods?*
- *Q10: Do you receive your services in a convenient location?*
- Our MPR program will also continue to implement the following practices to address and increase consumer satisfaction with our Service Access in the following areas:
 - Length of wait for services to start: Our MPR program is committed to opening new referrals as quickly as possible after they are received. If the program is in a period of being short-staffed after an existing staff member departs and we have not yet filled the vacancy, at times we do have to place new referrals on a waitlist. Once a new staff member begins, all referrals on the waitlist are opened to the program as soon as possible in the order that they were received, or they are opened on a rolling basis as current staff have participants discharge from the program.
 - Turnover in staff: Over the past few years, Chartiers Center has made great efforts to attract and retain the highest quality staff for the MPR program. MPR staff salaries were raised once again this past spring and are extremely competitive within the field, with an impressive benefit package to match. In 2024, Chartiers Center also implemented the Pay 4 Performance Plan to offer MPR staff the opportunity to increase their earnings even further in reward for both meeting and exceeding our program's high standards for provision of billable consumer services. Additionally, MPR staff enjoy a high level of attention and

responsiveness from their supervisors when they need support. All staff have at least 2 hours of supervision per week, one individual and one as a team. Outside of these regularly scheduled meetings, MPR supervisors are always available to respond promptly to staff members' phone calls and emails throughout every workday. Lastly, Chartiers Center has honored its employees for many years with a Staff Appreciation week in the month of September, and in 2023, Chartiers Center also created an Employee Engagement Committee to assist with making the culture of the agency as staff-friendly as possible. Ultimately, staff turnover is unfortunately not an unavoidable phenomenon in any career field, and mobile mental health positions are particularly demanding. That said, Chartiers Center's MPR program has been in operation for 5 years, and half of our current MPR staff members have been with the program for 2-5 years.

- Meeting consumer preferences for frequency, length, time, and place of services: MPR is required to offer our participants appointment times that are convenient for them. Participants are able to choose their preferred days and times during the week to have their MPR meetings. Additionally, MPR staff always meet with participants in the location of their choosing. Often that is in their home, and sometimes it is in the community, depending on their preferences. Participants never have to travel to or meet with their MPR staff at a location that is not of their choosing since we come to them. When new consumers are opened to MPR services, they are informed that we typically meet with our participants at least once per week for 2 hours per meeting, but that we can schedule more frequent or longer meetings if needed. We then ask them what their thoughts are in terms of frequency and length of appointments that would be a good fit for them and strive to meet those preferences. At the end of every MPR meeting, consumers are asked when, where, and for how long they would like to schedule their next appointment, thus continuously providing them with the ability to request changes to better meet their needs and preferences.
- Receiving preferred method of care: The MPR program is entirely consumer-driven. Our participants select the goals they want in their Individual Rehabilitation Plans and direct the goal work that it is engaged in during each of their meetings with their MPR staff. Participants are given the opportunity to change their goal plans minimally 4 times per year as their goal plans are updated every 90 days.

INFORMATION PROVIDED/FEEDBACK SOLICITED

Regarding consumers' satisfaction with our MPR program's information provided and feedback solicited, responses to the following questions were reviewed:

- *Q42: Do you know who to call if you have a complaint or grievance about the care you receive?*
- *Q26: Do staff ask for your feedback about services?*
- *Q14: Are you worried about telling staff what you don't like about your services?*
- *Q28: Does staff provide information about how recovery happens?*

Plan to Improve Satisfaction with MPR Program's Information Provided / Feedback Solicited:

- MPR has identified a need to more thoroughly and regularly review with participants our Complaint and Grievance Procedure. As of November 2024, we are implementing an enhanced Complaint and Grievance Procedure review process with all our new and existing participants. In this revamped process, we will provide participants with a physical copy of the Complaint and Grievance procedure, read over the procedure with them, answer any questions they may have, and have participants sign off to document that this has been provided and reviewed with them.
- The MPR program will also continue to implement the following existing opportunities for consumers to give feedback or express any complaints about their MPR services:
 - The MPR program will offer the opportunity for all consumers to participate in twice yearly MPR Advisory Board meetings during which they are asked to openly provide feedback on how their MPR services can be improved. These meetings are now also being offered virtually to allow for increased consumer participation.
 - MPR staff will continue to complete Progress Review and Measures with all their consumers every 90 days as part of their Individual Rehabilitation Plan updates and input this data into the CCBHO portal.
 - MPR staff will ask their consumers if they are willing to participate in the annual CART survey and encourage them to do so.
- In terms of providing our consumers with information on how recovery happens, this information is embedded into every single MPR meeting. At the first MPR intake meeting, we initiate the process of empowering our participants to recognize that recovery is possible and that they decide what they want their recovery to look like. The driving force of Psych Rehab services is the pursuit of our participants' self-defined recovery goals. Through the creation of their initial MPR Individual Rehabilitation Plan, participants determine how their recovery will happen; MPR staff then provide the education, support, and encouragement needed to assist them

in engaging actively in their recovery journey. In every MPR meeting, staff work collaboratively with participants on the recovery goal of their choice.

- To impart inspiration along their recovery journey, this past May, MPR participants were invited to an MPR Advisory Board meeting in which a volunteer from NAMI gave an “In Our Voice” presentation. This presenter shared his very personal mental health recovery story with the attendees, and then encouraged them to engage in a recovery-focused discussion afterwards. Many attendees gave feedback on how much they appreciated this presentation, so the focus of our future Advisory Board meetings will remain on inspiring our participants to continue working towards their own personal definitions of recovery.

OPPORTUNITIES FOR CHOICE

Regarding consumers’ satisfaction with our MPR program’s opportunities for choice, responses to the following questions were reviewed:

- *Q15: Have you felt forced or pressured to accept services that you didn’t want?*
- *Q16: Were you involved in planning your treatment or setting goals for your services?*
- *Q17: Were you given the chance to make treatment decisions?*
- *Q25: Do staff help you connect to community activities that are important to you?*
- *Q29: Do staff include family and friends in your services, with your permission?*

Plan to Improve Satisfaction with MPR Program’s Opportunities for Consumer Choice:

- The MPR Program makes every effort to ensure that consumers are never forced or pressured to accept services, as Psych Rehab services are designed, and in fact required, to be 100% voluntary. The voluntary nature of the MPR program is stressed to participants from their first intake meeting; the first piece of intake paperwork that we have new participants sign is the Consumer Contract, which states that the program is voluntary. After reviewing the program and participation expectations, prospective participants are asked if they would like to participate in the MPR program. If they agree, they check “YES, I agree to participate in the Mobile Psychiatric Rehabilitation Program” on the Consumer Contract and then sign and date. If they decide they don’t want to participate, they check “NO, I understand the program, but I am not interested at this time” and then sign and date. If they check “No,” the intake meeting then concludes, and no billing occurs for the service as the consumer did not agree to participate.

When participants are exhibiting a lack of engagement in their MPR services, we also revisit the voluntary nature of the program and ask if they still want to participate. Sometimes a participant’s lack of engagement is a sign that they no longer want the service, and directly asking that question gives them the opportunity to voice that, and then be discharged from the program per their wishes.

Every 90 days, MPR staff ask participants directly during their goal plan updates if they choose to continue participation in the program, as this is a continued stay requirement per Psych Rehab Services State Regulations. A box is checked to indicate that the consumer has said that they do choose to continue their participation in the program. If they were to say no, a program discharge would be completed at that time instead of the goal plan update.

- In terms of consumers being involved in their goal setting and treatment decisions, from the very first MPR intake meeting, it is explained to participants that THEY choose the goals that they want to work on in the MPR program. The initial thorough Comprehensive Assessment conducted with each new participant very clearly indicates at the end of each MPR Domain (Living, Learning, Working, Social & Wellness) what the individual identifies as “Areas for Change” and “Chosen Goal(s).” At the end of the Comprehensive Assessment, the participant’s “Chosen Goals” for each domain are then summarized and prioritized by the participant, and this information forms the basis for their initial Individual Rehabilitation Plan. Goal plans are updated on a quarterly basis, and consumers are asked during each goal plan update meeting if they want to add, delete, or change any goals in their plan to ensure they are the decision makers in this process, not the MPR staff or any other parties.

In terms of including family and friends in our MPR services, we have found that the highly individualized and consumer-driven nature of Adult Psych Rehab Services, as well as its intensive skill-building focus, results in MPR not lending itself as well to regular family and friend involvement as other services may. While our program is open to a participant including one of their natural supports in an MPR meeting, we also must be careful to protect and uphold the consumer’s right to self-determination in setting their MPR goals and making their own decisions on what they will work on during each of their meetings. If a family member or friend feels empowered to also weigh in on or try to direct a consumer’s goal work, we have observed that this can result in the participant’s own choices being diminished or removed, leading to frustration and ultimately withdrawal from a service that is meant to be entirely their own. Sometimes, we also must set boundaries with participants and their family/friends that MPR services are just for the participant and that we are not also there in the home to assist them with their needs. By and large, it would not make sense – or even be permissible – for us to be providing skill building services during MPR meetings to anyone other than the enrolled participant, whose health insurance is paying for the service to be provided specifically to the insured participant.

- In terms of assisting our consumers in connecting to community activities that are important to them, during a new participant’s initial Comprehensive Assessment, they are asked if they have goals for themselves socially and if they want to work on engaging in more social and community activities, such as recreational, spiritual, or wellness-focused groups. During the creation of a consumer’s initial Individual

Rehabilitation Plan and every 90-day goal plan review thereafter, participants are given the opportunity to add a social goal or expand upon an existing one. MPR staff will continue to assist consumers who have expressed a desire for more social interaction and involvement to research and attend community activities of interest such as Chartiers Center's Creative Recovery social rehabilitation program, the Sally & Howard Levin Clubhouse, churches, local AA/NA groups, mental health support groups, and LGBTQ+ groups. MPR staff also teach consumers how to use public transportation to get to social opportunities and connect them to free bus passes. Additionally, we assist our consumers with building and bolstering social skills to assist with their success in becoming more engaged in their community.

OUTCOMES/GENERAL RESPONSE TO DISLIKES & SUGGESTIONS FOR IMPROVEMENT

Regarding consumers' view of personal outcomes from their MPR participation and their expressed dislikes and areas for service improvement, responses to the following questions were reviewed:

- *Q34: Do you feel that your services help you?*
- *Q32: What do you dislike about your services?*
- *Q33: If you could improve anything about your services, what would it be?*

Plan to Improve Satisfaction with MPR Program's Personal Outcomes and Response to Areas of Suggested Improvement

- MPR staff do ask participants as part of each 90-day goal plan review to rate the overall progress they feel they've made since enrolling in the MPR program, as well as recent progress made in their various goal areas. However, we recognize these questions do not specifically ask about the consumers' view of the helpfulness of the MPR service. It is possible that a participant could feel they've personally made progress, but not necessarily attribute that progress to the MPR program's assistance.
- Two respondents mention being dissatisfied with staff turnover and wanting more consistent staff. This is an important area for improvement and is addressed above under our response for Q6 in the Plan to Improve Satisfaction with the MPR Program's Service Access.
- Five respondents mention they want their MPR staff to be able to provide transportation for them. It is true that MPR staff only provide transportation for participants in rare circumstances in which transportation is indicated to enable a client to engage in goal work related to skill-building. For instance, if a participant needs skills training on how to effectively shop for groceries and make affordable and healthy choices at the grocery store, it could be appropriate for an MPR staff to

provide transportation to a nearby store for the participant on a limited basis to build these skills. Once sufficient skills training has occurred, however, an MPR staff would not continue to provide transportation to the grocery store as we would no longer be doing so to build skills, and that is the purpose of our service.

As the goal of Psych Rehab services is to promote participant self-sufficiency, we would be going against the philosophy of the service to become a person that is relied upon by the participant to provide transportation for running errands or getting to appointments. It is within the scope of our service, however, to provide skills training for using public transportation so participants can learn how to get to the places they need to go on their own. We can also teach clients how to access resources such as half-fare bus passes and MATP to get free or affordable rides, or we can connect them to other support services that may be able to provide transportation. For instance, referring a participant to BSC services could help provide them with transportation to look at apartments if they need housing, or referring them to Peer Support services could provide them with transportation to go on outings.

2. How do you plan to include consumers/families in the process?

We will continue to encourage consumers to participate in the CART process as well as our Mobile Psych Rehab Advisory Board. We will inform consumers that the CART response can be made available to them upon request. We will also encourage consumers to identify family members or significant others to be included in treatment planning / goal setting as appropriate

3. What outcomes do you anticipate as a result of your proposed Quality Improvement activity?

We anticipate that our planned changes will increase communication and rapport between staff and consumers, help consumers gain specific skills and knowledge, and increase consumer satisfaction.

In closing, on behalf of everyone at Chartiers Center, I would once again like to say thank you to your team for their diligent efforts. Having honest and accurate feedback from our clients is essential in continuously improving services provided to them, as their progress is our most important measure of success.

If you require any further information or have any further questions that you would like us to address, please do not hesitate to reach out to us at your convenience. We will be happy to assist to our fullest ability.

Sincerely,



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Attachments

CC: Susan Coyle, RN, MPH, Chief Executive Officer, Chartiers Center
Rosi Albert, LPC, Chief Clinical Officer, Chartiers Center
Jeff DeSantis, Assistant Chief Clinical Officer, Chartiers Center
Steve Gradeck, MS, Administrator of Data Analytics & Quality, Chartiers Center
Janelle Eberhardt, MS, CPRP, Director of Mobile Psychiatric Rehabilitation
Janelle Webb, MHA, Director of Janus Program

Analysis of Service Description

In 2025, we updated our service description to harmonize with the new version of the Psychiatric Rehabilitation regulations. It was reviewed and approved at our last licensing visit on August 26, 2025 and reviewed again prior to the most recent licensing visit.

Exceptions to Admissions and Continued Stays

We have identified no compliance issues with our process of vetting exceptions to admissions and continued stays.

Advisory Board Meeting and Feedback

This year's Advisory Board Meeting was held on July 22, 2026. 9 program participants were in attendance. Meeting agenda and minutes are below:



Mobile Psychiatric Rehabilitation (MPR)
Advisory Board Meeting Agenda

July 22, 2026



Mobile Psychiatric Rehabilitation (MPR)

Advisory Board Meeting Agenda

July 22, 2026

1) Welcome / MPR Team Introductions

- MPR Director: Janelle Eberhardt, CPRP
- Janus Program Director: Janelle Webb, CPRP
- MPR / Janus MPR Specialists: Koron Harris, CPRP & Nora Debski, CPRP
- MPR / Janus MPR Workers: Krista Huebner, Ericka Johnson & Chante McGowan
- Janus Administrative Assistant: Rachel Allen
- Clinical Administrator: Adam Krizanik, LPC

2) Description of Purpose and Scope of MPR Advisory Board

3) ICEBREAKER: Would you Rather....?

4) Open Feedback / Discussion Time

- What kind of MPR goals have you been working on?
 - EG (MPR)
 - Working on re-learning how to use public transportation, budgeting, and socialization
 - EMc (MPR)
 - Working on getting organized and unpacking her apartment
 - JS (Janus)
 - Working on cleaning goals to get her apartment in better shape
 - Would like to start working on going out into the community more often
 - MG (Janus)
 - Working towards living independently again
- Accomplishments to share?
 - EMc (MPR)
 - She is getting close to not living out of boxes and being fully unpacked in her bedroom!
 - JS (Janus)

- She is handling the mess in her apartment (trash, mice, etc.) and feeling a higher level of motivation due to the positive changes to her living space
- How can we improve our MPR services?
 - N/A
- Shoutouts!
 - Nora (Janus)
 - Shoutout to JS for sticking to her cleaning schedules and using more effective communication skills with her peers/coworkers/friends/etc.
 - Koron (MPR)
 - Shoutout to EMc for working hard with MPR staff to finally get her life/living space unpacked and organized
 - Shoutout to LR for making it to the meeting and working on her socialization goal
 - Krista (MPR)
 - Shoutout to NA for doing a great job keeping up with her cleaning, exercising, and socialization goals outside of time with MPR staff
 - Ericka (Janus)
 - Shoutout to RO and MC for coming to the Advisory Board Meeting and socializing with their peers!
 - Janelle W. (Janus)
 - Shoutout to JP for proving himself wrong about working and using public transportation, as he does both independently now!
 - MG (Janus)
 - Shoutout to the Janus staff for all their support and assistance!
 - He has been able to start accomplishing things he didn't believe he could do on his own

5) PASS THE PARCEL GAME!!!

- Participants:
 - MPR
 - NA, LR, EMc, Krista
 - Janus
 - MC, JP, MG, JS, RO, Ericka, Fred

6) CORNHOLE TOURNAMENT!!!!!!!!!!!!

- Participants:
 - MPR
 - LR, EG, Krista
 - Janus
 - JS, RO, JP, MG, Ericka, Fred

7) Closing discussion:

- Any questions about your MPR services?
 - N/A
- Suggestions for future meetings?
 - Koron (MPR)
 - Ice Cream Social

Psychiatric Rehabilitation

12 Core Principles and Values

Principle 1: Psychiatric rehabilitation practitioners convey hope and respect and believe that all individuals have the capacity for learning and growth.

Principle 2: Psychiatric rehabilitation practitioners recognize that culture is central to recovery and strive to ensure that all services are culturally relevant to individuals receiving services.

Principle 3: Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services.

Principle 4: Psychiatric rehabilitation practices build on the strengths and capabilities of individuals.

Principle 5: Psychiatric rehabilitation practices are person-centered; they are designed to address the unique needs of individuals, consistent with their values, hopes and aspirations.

Principle 6: Psychiatric rehabilitation practices support full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.

Principle 7: Psychiatric rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.

Principle 8: Psychiatric rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.

Principle 9: Psychiatric rehabilitation practices strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.

Principle 10: Psychiatric rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

Principle 11: Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Programs include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.

Principle 12: Psychiatric rehabilitation services must be readily accessible to all individuals whenever they need them. These services also should be well coordinated and integrated with other psychiatric, medical, and holistic treatments and practices.