ANNUAL QUALITY IMPROVEMENT REPORT

Psychiatric Rehabilitation Services

Fiscal Year 2025–2026 | Report finalized August 2026

Agency	Peoples Oakland
Review scope	Quality, timeliness, and appropriateness of PRS
Data sources	Quarterly record review, QPM data, service-description review, and member feedback

Executive Summary

Peoples Oakland completed its annual review of the quality, timeliness, and appropriateness of Psychiatric Rehabilitation Services (PRS) for FY 2025–2026. The review found meaningful participant-reported progress and hope, no admissions outside the qualifying diagnostic criteria, and active quarterly oversight of records and the approved agency service description. Documentation findings included two late individual rehabilitation plans and missing Quarterly Progress Measures (QPMs). Quality Improvement Plans were implemented and communicated to staff in response.

QPM results included 19 administrations or reporting records. Because some initials recur across quarters, the results describe records collected and should not be interpreted as 19 unique individuals. Of the 19 records, 13 (68%) reflected moderate or substantial overall program progress, and 14 (74%) reflected moderate hope or being filled with hope.

1. Annual Review Process

Reviewers and frequency

Reviewers included the Associate Director, Executive Director, Quality Assurance Manager, and Programs Coordinator. Individual record reviews and service-description compliance reviews were completed quarterly. QPM results were compiled for the full fiscal year and analyzed for this annual report.

Review types and sample-size methodology

Review activities included individual record review, QPM outcome and participant-response analysis, review of admissions against diagnostic requirements, and evaluation of compliance with the approved agency service description. Because FY 2025–2026 was a ramp-up year for the program, all PRS charts were included in the record-review sample rather than selecting a subset. The QPM analysis includes all 19 available quarterly records in the annual file.

Participation of individuals served

Two PRS members participated in quality-improvement planning by providing feedback about the outcomes they believed were important to report. Their input supported inclusion of QPM measures addressing goal domain, progress toward the individual goal, overall progress experienced in the program, and hopefulness. QPM data gathered during the year are summarized below and will continue to inform QI follow-up.

2. Review Findings

A. PRS outcomes and individual-reported experience

The QPM data demonstrate engagement across several recovery domains. Housing/living and social goals were most common, together accounting for 14 of 19 records (74%). Participant ratings indicate that progress was present across all records, although its intensity varied.

For this review, the QPM questions about overall program progress and hopefulness were analyzed as individual-reported experience and satisfaction indicators. The results are favorable overall, while the two none/minimal-hope responses identify a need for individualized follow-up rather than a program-wide conclusion.

Current goal domain	Records	Percent
Housing/living	9	47%
Social	5	26%
Education/learning	2	11%
Employment/working	2	11%
Emotional	1	5%

Progress toward current goal	Records	Percent
A lot	3	16%
Quite a bit	3	16%
Some	8	42%
A little bit	5	26%

Overall progress in the program	Records	Percent
A lot of progress	6	32%
Moderate progress	7	37%
Some progress	6	32%

Hopefulness about life	Records	Percent
Filled with hope	8	42%
Moderate hope	7	37%
Some hope	2	11%
None/minimal hope	2	11%

Note: Percentages are rounded and may not sum to 100%. Source: QPM Annual Report, FY 2025–2026, last updated August 19, 2026.

Analysis

- Positive program experience: Every QPM record reflected at least some overall program progress; 13 of 19 records (68%) indicated moderate or substantial progress.

- Hope as an outcome: Fourteen of 19 records (74%) reflected moderate hope or being filled with hope. Two records (11%) reflected none/minimal hope and warrant continued individualized attention.
- Goal concentration: Housing/living was the most frequent goal domain (47%), followed by social goals (26%). This supports continued emphasis on independent living and community connection while maintaining access to education, employment, and emotional-wellness supports.
- Goal-level progress: Six records (32%) reflected quite a bit or a lot of progress toward the current goal, while five (26%) reflected only a little progress. Quarterly review should identify barriers and determine whether strategies or goals require revision.

B. Individual record reviews

All PRS charts were reviewed through the quarterly review process. Reviewers identified two late individual rehabilitation plans and missing QPM documentation. These findings represent timeliness and documentation-completeness concerns. Quality Improvement Plans were implemented and provided to the responsible staff, with follow-up incorporated into subsequent review activity.

C. Admission diagnostic compliance

Measure	Finding
Individuals admitted without a diagnosis listed in § 5230.31(a)(2)	0
Average PRS duration for individuals without a listed diagnosis	Not applicable

Analysis: The review found full compliance with the diagnostic component of the admission requirement for the reporting year.

D. Approved agency service description

Compliance with the approved agency service description was evaluated at quarterly meetings. When gaps in compliance were identified, Quality Improvement Plans were implemented. The quarterly review structure supported timely identification, assignment, and follow-up of corrective action during the program's ramp-up year.

3. Annual Findings and Actions

The annual review supports continuation of PRS while identifying focused opportunities to strengthen documentation timeliness, consistent outcome measurement, and data-informed service planning.

Finding	Action	Responsible role(s)	Follow-up
Two individual rehabilitation plans were late.	Reinforce plan due-date tracking; review upcoming due dates during supervision; verify completion during quarterly chart review.	PRS staff; Quality Assurance Manager; Associate Director	Ongoing; assess each quarter
QPMs were missing from some records.	Use a QPM tracking mechanism tied to quarterly deadlines; provide staff reminders and targeted coaching; verify QPM presence in quarterly review.	PRS staff; Quality Assurance Manager; Programs Coordinator	Ongoing; assess each quarter
Five QPM records showed only a little goal progress.	Review barriers with the individual; confirm that goals remain meaningful and attainable; revise strategies or goals when indicated.	PRS practitioner with individual served	At next service-plan/QPM review

Finding	Action	Responsible role(s)	Follow-up
Two records reflected none/minimal hope.	Use person-centered follow-up to identify contributing factors, strengths, supports, and desired changes; monitor hopefulness in the next QPM.	PRS practitioner with individual served	Next QPM and ongoing
Housing/living and social goals represented 74% of records.	Maintain service capacity and community-resource linkage in these domains while preserving individualized access to all approved PRS domains.	Programs Coordinator; PRS team	Review trends annually
Members contributed to selection of outcomes for reporting.	Continue member participation in annual QI development and follow-up; document feedback and the program response.	Associate Director; Programs Coordinator	At least annually and during QI follow-up
Ramp-up-year review used a 100% chart sample.	Reassess sampling methodology for the next reporting year based on caseload size, risk, prior findings, and the need for statistically and operationally meaningful oversight.	Quality Assurance Manager; Associate Director	Before next annual review cycle

4. Monitoring and QI Follow-Up

The Quality Assurance Manager and program leadership will monitor completion of corrective actions through quarterly chart reviews and quarterly evaluation of service-description compliance. Results will be shared with relevant staff. Recurring or unresolved findings will result in additional coaching, revised tracking tools, or an updated Quality Improvement Plan. Member participation will be documented during development and follow-up of QI activities, including review of which outcomes are meaningful to individuals receiving PRS.

5. Conclusion

The FY 2025–2026 review found that PRS participants reported progress and hope across a range of recovery goals, with strongest concentration in housing/living and social domains. Admission diagnostic requirements were met. The principal opportunities for improvement involve timely completion of individual rehabilitation plans and consistent QPM documentation. The actions in this report establish an ongoing quarterly mechanism for correction, monitoring, and member-informed improvement.

Approval

Role	Name/signature	Date
Executive Director		
Associate Director		
Quality Assurance Manager		