AURORA SERVICES
BE PART OF RECOVERY

Psychiatric Rehabilitation Services

QUALITY IMPROVEMENT REPORT 2026

BEAVER COUNTY SYSTEM OF CARE

Last updated 7/30/2026

About Us

Beaver County Rehabilitation Center, Inc. is a private nonprofit organization located in Beaver County, Pennsylvania. Aurora Services, our licensed Psychiatric Rehabilitation Services facility, is located at 363 Third Street, Beaver, Pa, 15009. We serve adults with mental illness in Beaver County. We provide site-based and mobile psychiatric rehabilitation services.

Mission

It is our mission to provide the opportunity for recovery from mental illness, or co-occurring mental illness and substance abuse, by providing individuals services to select, attain, and keep roles of importance to the person in the community.

Philosophy

It is the philosophy of Aurora Psychiatric Rehabilitation to convey hope and respect and the belief that individuals have the capacity for learning and growth.

All services will be delivered in a culturally competent manner and practitioners recognize that culture is central to recovery.

All services are person-centered, and practitioners engage in informal and shared decision-making and facility partnerships with people identified by the individual receiving services.

Services are built upon the strengths and capabilities of the individual.

Services support the full integration of people in recovery into their communities where they can exercise their right of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and larger society.

Aurora supports the importance of self-determination and empowerment: the right to make decisions, including decisions about the types of services and supports they receive.

Personal support networks are encouraged by using natural support within communities, peer support initiatives, and self- and mutual-help groups.

It is the goal of services to help individuals improve the quality of all aspects of their lives: including social, occupational, educational, residential, intellectual, spiritual, and financial.

Psychiatric Rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

Quality Improvement Plan

Plan Development

Essential for accountability and improvement regarding our mission and philosophy is the need for quality management oversight. This process gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure desired outcomes. This quality management plan is designed to provide an annual review of the quality, timeliness, and appropriateness of five focus areas:

i. Outcomes
ii. Individual Records Reviews
iii. Individual Satisfaction
iv. Admission
v. Compliance with approved agency service description

Each of our focus areas is divided into goals with supporting outcomes and measurable objectives. Goals and objectives selected in each focus area were selected in consideration of past performance data and present QM initiatives maintained by DHS, SAMHSA, and OMHSAS. Each objective has an action plan which allows us to concentrate our efforts and measure the extent to which goals are being achieved.

Plan Monitoring and Improvement

Aurora's Psych Rehab quality management plan is formally analyzed at least annually. Though most goals only require an annual measurement, relevant data is monitored on a semiannual, quarterly and even monthly basis when necessary. We analyze the results and develop action plans as needed to address the findings and to provide accountability to our mission and vision, and to ensure progress toward desired outcomes within each focus area. Though our Executive Director has overall responsibility for agency direction, fiscal stability, and participant welfare, the QM committee exists to oversee agency-wide adherence to the plan. The committee consists of administrative staff, fiscal staff, program staff, and participants to ensure comprehensive expertise and perspective when evaluating each dimension of the plan. This committee fosters a team-oriented approach that we hope will generate a high degree of compliance across all systems. Reviews and revisions will be supported with documentation and will demonstrate an overall commitment to the ongoing process of quality management within our organization.

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Focus Area: Outcomes

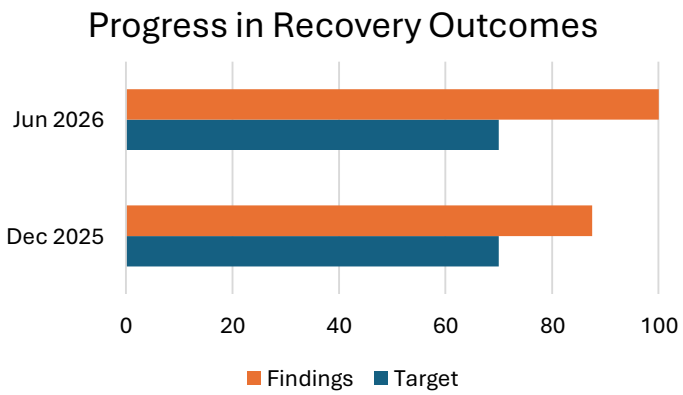
Goal: Individuals achieve desired outcomes.

Desired Outcome: Aurora Psych Rehab provides participants with the opportunity to progress toward their personal and recovery goals.

Target Objective #1	70% of individuals engaged in site-based or mobile psych rehab services will demonstrate progress in their recovery outcome(s), as documented in progress notes, nonbillable notes, and/or individual rehabilitation plan updates.
Performance Measures	% of individuals demonstrating progress in their recovery outcomes N: Number of Individuals making progress in one or more domain D: Number of individuals engaged in services
Data Source	State Goal Tracker
Sample	All current participants' files
Frequency	Semiannual (January & July)
Review Timeframes	January – June and July - December
Responsible Person	Manager of Mental Health Services
Other Team Members	Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals

Action Plan

Action Item	Person Responsible	Target Date
Review individual files	Manager of MH Services	June 30 December 31
Analyze results and present findings	Quality Assurance Specialist	July 15 January 15
Incorporate actions to address findings	Manager of MH Services	July 30 January 30



Findings: ***Jan 2026 -*** *30*/33 (91%) participants were making progress toward their goals. 3 participants were not in attendance during the review period. **July 2026 –** 46/66 participants were making progress. Examples: a new apartment, new employment and new friends.

Actions: Continue individualized services

Focus Area: Outcomes

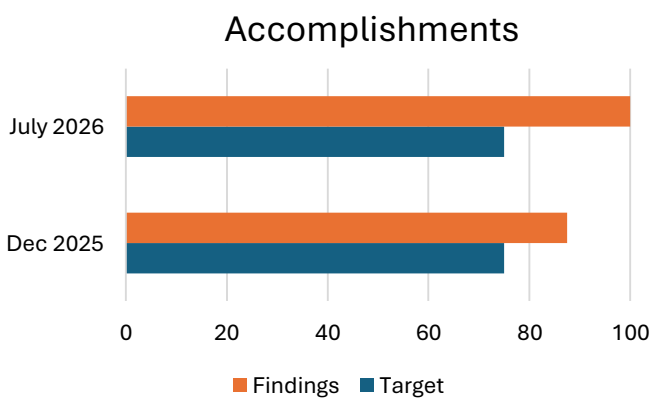
Goal: Individuals achieve desired outcomes.

Desired Outcome: Aurora Psych Rehab provides participants with the opportunity to progress toward their personal and recovery goals.

Target Objective #2	Of all semi-annual satisfaction survey respondents, 75% of respondents will be able to relay at least one accomplishment they have experienced since attending Aurora.
Performance Measures	% of semi-annual survey respondents that indicate an accomplishment since attending Aurora Psych Rehab. Numerator: # of respondents that identify at least once accomplishment Denominator: Total # of respondents during the review period.
Data Source	Semi-annual Satisfaction Surveys
Sample	All surveys completed during the review period.
Frequency	Semiannual (June and December)
Review Timeframes	January – June and July - December
Responsible Person	Manager of Mental Health Services
Other Team Members	Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals

Action Plan

Action Item	Person Responsible	Target Date
Administer surveys to individuals	Manager of MH Services	June 30 December 31
Analyze results and present findings	Quality Assurance Specialist	July 15 January 15
Incorporate actions to address findings	Manager of MH Services	July 30 January 30



Findings: **Dec 2025**, 7/8 (87.5%) respondents reported accomplishments including increased socialization, friendships, enjoying being with people, using mindfulness approaches, breathing exercises to reduce anxiety, healthy living, meeting goals, learning manners, and patience. **June 2026:** 7/7 respondents reported accomplishments such as thinking about my future, staying calm under stress, being a better friend, talking, meeting new people, boundaries, self-care, being more open, more independent and confidence.

.*Actions:* We ask participants on a daily basis to provide input and feedback about their services, encouraging each individual to make accomplishments meaningful to them. The participant who did not list an accomplishment did not respond to this question. However, they said, "Yes, I am happy with this service" to another statement.

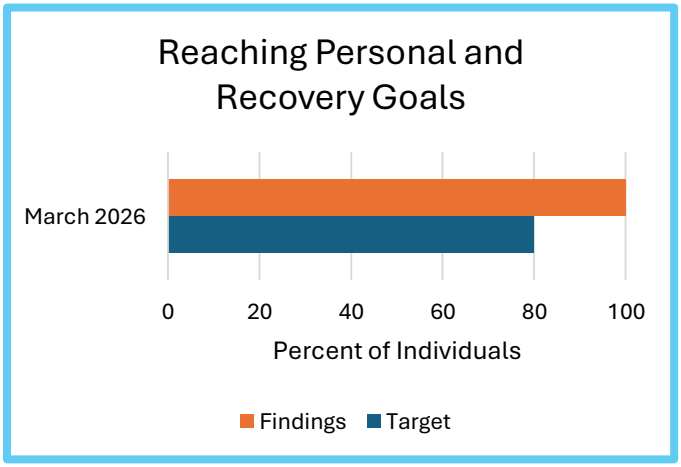
Focus Area: Outcomes

Goal: Individuals achieve desired outcomes.

Desired Outcome: Aurora Psych Rehab provides participants with the opportunity to progress toward their personal and recovery goals.

Target Objective #3	80% of responding participants indicate that the services they are receiving at Aurora are helping them reach their personal and recovery goals.
Performance Measures	% of responding participants who respond "agree or strongly agree" that the services they are receiving are helping them achieve their goals. N: Number of respondents who "agree or strongly agree" to this statement. D: Number of respondents to this statement in the survey.
Data Source	BCRC Participant Satisfaction Survey
Sample	All results from respondents who indicate they receive Psych Rehab services
Frequency	Annual - March
Review Timeframes	Prior Year
Responsible Person	Manager of Mental Health Services
Other Team Members	Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals, Executive Director

Action Plan		
Action Item	Person Responsible	Target Date
Administer survey to individuals	Manager of MH Services	March 1 – 31
Analyze results and present findings to Executive Director and Manager of MH Services	Quality Assurance Specialist	April 15
Develop and Incorporate actions to address findings with the executive director	Manager of MH Services	May 31



Findings: 9/9 (100%) responding participants agreed or strongly agreed.

Actions: Continue supporting individuals in the development and achievement of goals that are meaningful to them.

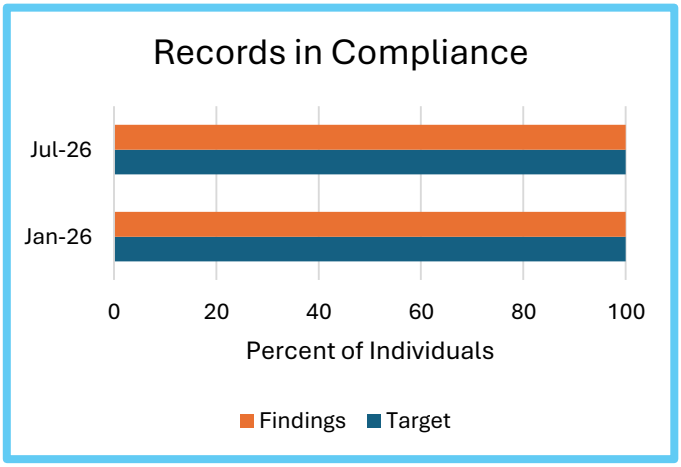
Focus Area: Individual Records Reviews

Goal: Individuals can make timely, informed decisions about their services.

Desired Outcome: Participants receive quality, timely, and appropriate services because their information is reviewed and updated regularly.

Target Objective #1	100% of Aurora psych rehab participant records reviewed are compliant with regulations.
Performance Measures	**Percent of files compliant with regulations out of all files reviewed.** Review Criteria: All requirements are Legible, Complete, Within Timeframe, Signed and Dated, Permanent-Secure Location, Kept for 4 years, and Properly Disposed
Data Source	State Goal Tracker
Sample	All Individual Records
Frequency	Semiannual - January and July
Review Timeframes	July – December and January - June
Responsible Person	Manager of Mental Health Services
Other Team Members	Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals

Action Plan		
Action Item	Person Responsible	Target Date
Review all individual files for compliance	Manager of MH Services	June 30 December 31
Analyze results and present findings to Executive Director and Manager of MH Services	Quality Assurance Specialist	July 15 January 15
Develop and Incorporate actions to address findings	Manager of MH Services	July 30 January 30



Findings: 46/46 (100%) and 56/56 (100%) records were compliant with applicable regulations at their respective reviews.

Actions: Continue current procedures to ensure timely, accurate, and complete documentation.

Focus Area: Individual Satisfaction

Goal: Individuals are satisfied with their services.

Desired Outcome: Participant satisfaction with service provision is continually reviewed.

Target Objective #1	85% of respondents indicate an overall satisfaction with the services they are receiving.
Performance Measures	% of respondents who complete the satisfaction survey and report overall satisfaction with the services they are receiving N: # of responding participants that either agree or strongly agree that they are satisfied with the services they are receiving D: # of responding participants who complete the survey
Data Source	BCRC Participant Satisfaction Survey
Sample	All relevant responses by participants who indicate that they receive Psych Rehab
Frequency	Annually (March)
Review Timeframes	Previous Year
Responsible Person	Manager of Mental Health Services
Other Team Members	Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals, Executive Director

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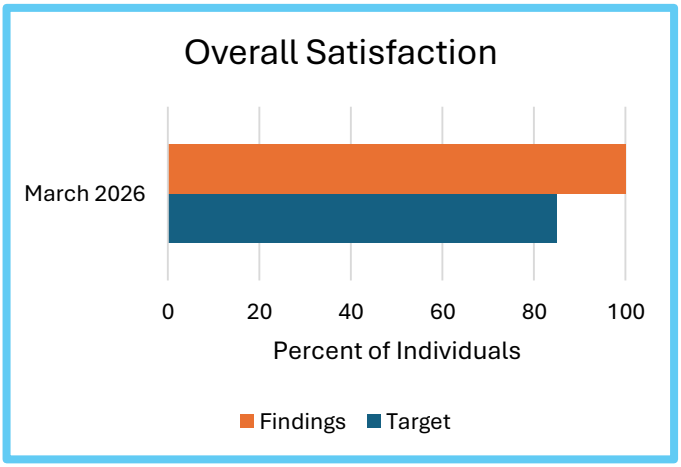

Findings: 9/9 (100%) of respondents indicated agree or strongly agree.

Actions: Continue providing individualized services according to each individual's preferences and goals.

Focus Area: Individual Satisfaction

Goal: Individuals are satisfied with their services.

Desired Outcome: Participant satisfaction with service provision is continually reviewed.

Target Objective #2	85% of respondents report an overall improvement in their quality of life since engaging with Aurora.
Performance Measures	% of respondents who complete the satisfaction survey and report an overall improvement in their quality of life during the period under review. N: # of responding participants who agree or strongly agree that they've experienced improved quality of life since the start of Aurora services. D: # of individuals who completed the survey
Data Source	BCRC Participant Satisfaction Survey
Sample	All relevant responses by participants who indicate that they receive Psych Rehab
Frequency	Annually (March)
Review Timeframes	Previous Year
Responsible Person	Manager of Mental Health Services
Other Team Members	Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals, Executive Director

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Administer survey to individuals	Manager of MH Services	March 1 – 31
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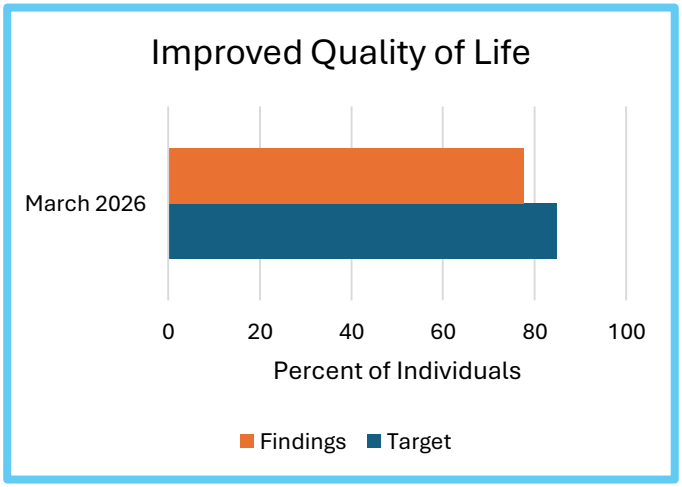
Develop and Incorporate actions to address findings with the executive director	Manager of MH Services	May 31



Findings: 7/9 (77.8%) of respondents agree or strongly agree. 2 respondents answered neutral. 1 of the respondents received a medical diagnosis (tumor) during the satisfaction review timeframe. The other had to move away from their family home. These were two life circumstances beyond Aurora's service capacity.

Actions: Consider revising this item next year.

Focus Area: Admission

Goal: Individuals receive appropriate recovery services of their choosing.

Desired Outcome: Individuals without diagnoses listed in **§** 5230.31a2 are able to participate in PRS if they choose to receive PRS when they have a written recommendation from an LPHA with documentation of (1) a diagnosis of a mental, behavioral, or emotional disorder listed in the current DSM or ICD, which results in a moderate to severe functional impairment in at least one domain (Living, Learning, Working, Socializing, Wellness) and (2) documentation that the PRS will help the individual reach their desired goal.

Target Objective #1	100% percent of individuals without **§** 5230.31a2 diagnoses are admitted to PRS who provide appropriate documentation from an LPHA and choose to receive services.
Performance Measures	N: # of individuals admitted without **§** 5230.31a2 diagnoses D: # of total individuals without **§** 5230.31a2 diagnoses who chose to receive PRS admittance and provided required documentation.
Data Source	Participant Enrollment Spreadsheet
Sample	All individuals without **§** 5230.31a2 diagnoses who desired to receive PRS admittance and had required documentation.
Frequency	Ongoing, Annual - January
Review Timeframes	January - December
Responsible Person	Manager of Mental Health Services
Other Team Members	Administrative Assistant, Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals

Action Plan

Action Item	Person Responsible	Target Date
Admit individuals without **§** 5230.31a2 diagnoses to PRS who provide appropriate documentation from an LPHA and choose to receive services.	Manager of Mental Health Services	Ongoing
Track participants who are admitted without **§** 5230.31a2 diagnoses	Administrative Assistant	Ongoing
Collect and analyze data, report findings to Manager and update QM Plan	Quality Assurance Specialist	January 31

Findings: There were zero individuals referred or who desired to enroll in Psych Rehab services without a 5239.31(a)(2) diagnosis.

Actions: None

Focus Area: Admission

Goal: Individuals receive appropriate recovery services of their choosing.

Desired Outcome: The efficacy of psych rehab in helping different populations with their desired goals is assessed.

Target Objective #2	Individuals in different populations have a known average duration of PRS
Performance Measures	Average duration of PRS for individuals who did not have a diagnosis listed in **§** 5230.31a2
Data Source	Participant Enrollment Spreadsheet
Sample	All relevant individuals who were in attendance in the last year
Frequency	Ongoing, Annual - January
Review Timeframes	January – December
Responsible Person	Manager of Mental Health Services
Other Team Members	Administrative Assistant, Psych Rehab Specialists, Psych Rehab Workers, Quality Assurance Specialist, Individuals

Action Plan

Action Item	Person Responsible	Target Date
Provide appropriate services	Manager of Mental Health Services	Ongoing
Track duration of PRS for all participants	Administrative Assistant	Ongoing
Collect and analyze data, report findings to Manager and update QM Plan	Quality Assurance Specialist	1/31/2026

Findings: There were zero individuals referred or who desired to enroll in Psych Rehab services without a 5239.31(a)(2) diagnosis. Therefore, no average duration was calculatable.

Actions: None

Focus Area: Compliance with the Agency Approved Service Description

Goal: Individuals receive approved psych rehab services.

Desired Outcome: Psych Rehab services reflect adherence to the agency approved service description.

Target Objective #1	Aurora participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan. The integrated CAP may be removed from the following QM plan cycle if procedures have been implemented and successful in meeting compliance standards.
Performance Measures	% of requested Psych Rehab audits that Aurora participated in AND % of CAPs integrated into the QM Plan for the period under review
Data Source	Audit Letters, QM Plan
Sample	All PRS Audit requests and findings for the period under review
Frequency	Annual (July)
Review Timeframes	July – June
Responsible Person	Quality Assurance Specialist
Other Team Members	Administrative Assistant, Psych Rehab Specialists, Psych Rehab Workers, Manager of Mental Health Services, Executive Director, Individuals

Action Plan

Action Item	Person Responsible	Target Date
Participate in all requested audits	Quality Assurance Specialist	As scheduled
Develop corrective action plans as requested	Quality Assurance Specialist	As requested within required timeframe
Update Quality Management Plan to integrate new CAPs	Quality Assurance Specialist	Within 30 days of approval of CAP

Findings: Aurora participated in all requested audit activity. No corrective action plans were requested.

Actions: Continue adhering to the approved service description which is written in compliance with regulations.