

**Dickinson Center, Inc. Peer Support Program
Continuous Quality Improvement (CQI) Plan Annual Report
Quality Assurance Annual Review Report Fiscal 7/1/2022-6/30/2023**

Introduction

This DCI Peer Support Services has been providing services for 17 years to community members. We have been excited to see the lessening of pandemic related restrictions and a gradual return to a more flexible and community connected program. Our Peer Support Program continues to serve members from the Elk, Cameron, Clearfield, Jefferson, Potter, Forest and Warren County areas. Members collaborate with the Peer staff to determine what support they currently have and the support they feel they need in order to achieve their goal(s) within the living, self-maintenance, working, education and social domains. Staff also support individuals with building their overall health, wellness, and self-maintenance. The members assist and collaborate with staff in developing their personal goal plan. Individual services are designed to support them in their desired location, whether it be in their home and/or community. Family, friends and other agencies may also be involved in this recovery process. The program operates on a flexible schedule typically Monday through Friday.

Program Compliance

The Peer Support Program is operated within the limits of federal, state, and local laws and regulations as well as DCI policy. DCI's Corporate Compliance Program worked to ensure applicable regulations and policies are distributed, understood and adhered to by employees and associates of the organization. The Compliance Program worked to involve all employees in identifying and implementing process that promoted compliance in activities.

Individual Record Reviews:

The Program Director and/or Supervisor completes random chart audits monthly. There were 73 charts audited this past year. The majority show completion of all regulatory requirements in charts with occasional issues. The audits were completed this past year in order to increase our team's awareness of documenting and tracking service provision effectively and efficiently. This has resulted in an increase in mindfulness, which prompted conversations about charting and how to improve in areas where there were some struggles:

- We are working hard to ensure we have initials on documents with errors or corrections.
- In one chart, there was missing letter for proof that the Primary Care Notification was mailed.

From these results, we talk more consistently about audits, licensing requirement and timeliness of paperwork during supervision. We will continue to discuss areas above in our staffing meetings as well.

Quality, Timeliness and Appropriateness of Services:
Individual Support Plan/Goal Plan (ISP) and Review

ISP's (goal plans) were completed within 30 days from the date of opening and were updated at least every 6 months (180 days) or as requested.

Initial Plans were all generated within the 30 days from opening. At least every 6 months an ISP update and plan were completed together with the CPS and member. Peer Assessments were done at least yearly unless a goal needed added or changed and was not indicated as a need on the previous assessment.

Outcome Measurement:

Referrals: Since July 1, 2022, we have received 53 referrals from several sources and agencies. Our consistent referrals are from DCI Blended Case Management, DCI Outpatient services, Penn Highlands Behavioral Health, Warren General Hospital, Warren State Hospital, Cameron/Elk Counties Behavioral & Developmental Program and self-referrals. We are receiving more referrals from various other local entities, and an increased number of self-referrals. Some referrals we had to offer to help connect with another provider since we did not have adequate amount of staff to provide the level of service needed. We provided contact information of another peer provider in that county.

Admissions: Since July 1, 2022, we have had 33 admissions and served 103 members this fiscal year. All members met the criteria for admission. Referrals were signed off by a Licensed Practitioner of the Healing Arts and included an Axis 1 diagnosis.

We support individuals in their recovery process while supporting them with services and resources that they express interest in. During COVID-19, referrals and admissions continued and we focused on serving and engaging members in their home and communities and through tele-health services when needed. This gave staff the opportunity to work with members on their goals and support them with problem solving, self-care, and community awareness and involvement.

This year we had, six members receive services with exceptions; all of which have supporting documentation to ensure service provision was appropriate.

Discharges: Throughout all the counties, we service there were 42 discharges this past year with an average length of stay of 520 days. This is a slight increase from last year. Many members who had participated over longer periods struggled with persistent symptoms and remained dedicated to working toward improving their goals.

Discharge reasons

- 14- Successful
- 1- Passed away
- 2- Moved
- 20- Voluntarily closed
- 0- Higher level of care
- 2- Unable to be reached
- 3- Chose not to remain open once peer resigned

Member Outcomes:

- 3- Prepared and passed subsequent housing inspections
- 1- Actively attended Alcoholic Anonymous

- 18- Worked on independent living skills (cleaning, time management, budgeting & organizing etc.)
- 9- Worked on cooking, food prep, healthier eating and or researching diabetic meal preparation
- 16- Connected to Community, participate on their own, decrease isolation; work on anxiety and social phobia in community
- 3- Gained friendships
- 7- Exercised, joined the gym and or lost weight
- 1-- Actively working towards getting license back
- 2-Obtained employment
- 4- WRAP Plans completed
- 12- Use Common Ground as a resource

Several individuals reported that they gained many resources and were supported while participating in the program.

Hospitalizations:

Three psychiatric hospitalizations were reported all three were voluntary. None of which needed a higher level of care.

There were four medical hospitalizations for members. Three of which was due to medical complications that resulted in multiple admissions throughout this year. These experiences have prompted ongoing support for self-care skills and increased work on managing medical conditions and issues. We continue to support, coach and teach about advocacy and identifying relapse related challenges.

Individual Satisfaction:

Field Audits (Cold Calls)

Peer Support Director/Peer Support Program Supervisor conducted 58 random cold calls and attempted 29 additional calls this past year. Messages to return our calls were left on voicemails when able. Calls were made on a quarterly basis this past year. Overall, members reported being satisfied with their staff member and the program. Feedback provided was very positive and complimented staff and their abilities. Members stated they felt very supportive, encouraged and staff were professional. Some members shared what goals and accomplishments they were working on.

Some comments that were shared were: "she helps me with everything I couldn't ask for a better person to help me", "she helps me feel not so depressed", "staff is a good fit", "I've come a long way since working with her, "I like her, easy to talk to and really nice."

Consumer Satisfaction:

We welcome any feedback from staff and members. We invite members to complete satisfaction surveys on a biannual basis. We always value member feedback and use it as a guide for responding to the needs and interests of the people we serve. Feedback from the surveys were used to evaluate service provision and to adjust as needed. Satisfaction surveys were handed out to each member this past year. The survey had 25 questions. It was scored on a Likert scale with five being the highest. Sixty-six surveys were given to members in December 2022 with Twenty-seven being returned. This resulted in an average satisfaction score of 4.46. 51 surveys were given to members in June with 11 surveys returned. We were short staffed in Potter and Warren Counties when these surveys were distributed by staff to the members. These resulted in an average score of 4.40. Survey results from December 2022 were shared

and discussed at March 1, 2023 quality assurance meeting. No questions resulted a score below 4.0 on a Likert scale. The questions was “Because of this service, I have increased the time I spend in the community”, “I have experienced a decrease in use of crisis and emergency room visits in the past 6 months”, and I have experienced fewer psychiatric hospitalizations in the past 6 months we have added a Non- Applicable (NA) option. This has helped clarify if these questions did not pertain to that individual. This was a result of member input and staff feedback. They felt this lower score could have been a result of lack of transportation or ways to get to and from places, limited community event, COVID, regulations and/or members living in a rural location. June 2023 results will be shared and discussed in the next quality assurance meeting. Overall, the program had a 4.40 on the Likert scale. Three questions had below a 4.0. “I believe that individual with mental health can and do recover”, “I give everything I can to achieving my personal recovery goals,” and “This program has helped me increase my hopefulness for the future.”

Adherence to the Peer Support Program Service Description:

The Program Director reviewed the service description during the 3-1-2023 Quality Assurance meeting and discussed with the members and staff. There no items that needed adjusted according to the group.

Continuous Quality Improvement (CQI) Plan Annual Report:

The Peer Support Annual report was completed and reviewed annually. The reports are available for public view on our website www.dickinsoncenter.org.

Annual Licensing Feedback and Recommendations:

Our last annual licensing visit was on June 20, 2023. We received positive feedback regarding “the golden thread”. It was indicated that plans are timely, signatures are present, and goal are individualized and measurable. Staff records, training and linkages are all good. We received “Kudos” on our annual assessments and stated that they had very good information. Our supervision is very clear and “really nice”. Recommendations included that when we have a supervision meeting that is missed to be sure to try to make it up. We are to make sure the note content justifies the time spent with the consumer. Consider filling out your chart audit forms with other quality information. Be mindful of spending significant time primarily on one goal with consumer, and to justify if this is occurring. Continue education of the “golden thread.” Legibility is still required and to be mindful.

Current Issues, Concerns and/or Challenges:

Over the course of the last year, the Peer Support Program at Dickinson Center Inc. has encountered various challenges within the program. There were two (3) staff vacancies in our off-branch locations, one in Potter County and two in Warren County. In regards to that, we were faced with some issues and had to have staff in other counties cover those vacant positions and caseloads for several months. It is often a struggle to hire in these counties which could take up to a year to replace and train staff due to being a rural location and most applicants do not meet the minimum requirements to become a Peer Specialist. Because of these vacancies, the program has experienced an increased cost in gas, maintenance on vehicles, and supplies for program. Overall, we had 6 new hires and lost 5 staff. The hiring and training process presents many challenges within the program and financially for the program. Challenges include a lot more supervisory oversight, time spent training and ensuring staff have sufficient knowledge to complete their jobs well, and building a caseload takes time and direct

service hours and meeting the minimum regulations before staff can work on their own. It is often times difficult to juggle caseloads for staff and supervisors.

We've also faced other various challenges with members cancelling, no shows, and struggles with COVID-19 and when staff are sick and covering for one another. These issues have challenged us to meet the minimum standards for our program to break even. There were struggles with paperwork at times, especially for when staff quit, collecting it, and having a new staff complete the remaining necessary documents. We struggled with getting discharge paperwork signed even when we offer to meet to close them and we mail their discharge paperwork with a self-addressed stamped envelope to return the document. This adds more work for staff and more tracking on supervisors. We will continue to document our attempts in obtaining signatures for when members close with the program.

Here is some content from the self-report: DCI also recognized in January 2023 that a staff member had been submitting false documentation. An internal investigation was held, and the results were reported to our payer and the Bureau of Program Integrity. Payment for falsified claims and services not provided was returned to the payer in the amount of \$14,136.50. We have since adjusted and increased our internal monitoring processes, and a summary of these changes was approved by the payer within a plan of correction.

With all of these challenges, staff focused on working various hours and covered when necessary in order to meet the needs and requirements of the program. All documentation was completed on time.

We plan to implement a process for beginning electronic records in the next fiscal year.

Respectfully submitted,
Tracey Williams, BS, CPRP, MHP
Dickinson Center, Inc. Program Director