

**Introduction:** Peer support Services are specialized therapeutic interactions conducted by self-identified current or former consumers of mental health services. The peer specialist is trained and certified to offer support and assistance in helping others in their recovery and community integration process. Peer support is intended to inspire hope in consumers that recovery is not only possible, but also realistically achievable. The program philosophy is that all peer specialist are examples of hope and can enlighten people as to what recovery is and can teach the skills to help facilitate their wellness journey. Recovery pathways give people direction and assistance in achieving individualized goals. It offers recovery principles and wellness tools to provide ways to maintain wellness and divert possible problems. Services are based on support and respect. Peer encounters provide opportunities for rapport building, role modeling, companionship, and a common ground.

**Chart Reviews/Audit:**

Program Director, Program Supervisor and/or staff reviewed at least one chart per staff member monthly. The method in selecting charts for review was the first chart in the drawer for each staff members. The next month was the second chart and so forth. Program Supervisor and/or Program Director reviewed 106 open and 37 closed charts from June 1, 2020 through April 30, 2021. Compliance tickets were completed to determine whether the chart was in compliance. Original compliance tickets were placed in the front of the chart. (Due to Covid-19 we have had telehealth exceptions and worked very hard to keep up on the documents that are required an original signature.)

*Open chart results:* 106 chart audits were completed-81 charts audits were completed- in full compliance and 25 needed original documents returned from remote locations. At this time we were also in the process of completing yearly crisis plans and/or release of information. Of the 25 charts that needed documentation we 4 needed encounter logs completed due telehealth exception due to Covid-19. Since there is a waiver for this we tried to do our due diligence to obtain original signatures.

*Closed Chart Results:* 37 chart audits were completed-17 charts were successful, 16 consumers physically signed the closing documents and 1 signature exception was completed. Any closings that were completed without meeting in person or via telehealth were mailed asking them to review, sign and return.

**Clearances:** All staff clearances due this year were completed and are located in their personnel file in the Human Resources Department. Supervisors tracked due dates from a report and were notified ahead of time in order to prevent any lapsing. All staff were required to have the proper clearances prior to beginning employment. All staff passed PA State Police Criminal Background and Child Abuse Clearances. All Certified Peer Specialists identified they have received services for mental health for a serious mental illness as defined in the Bulletin OMH-94-04.

**Employment Clearances, Exclusion Lists, and the National Practitioner Data Bank:** Checks were completed by our Compliance Officer on all new employees before their start date. The entire current DCI employee/contractor/vendor roster is checked every month.

**PCB:** All Certified Peer specialists are Pennsylvania Board Certified (PCB).

All current staff hired prior to 4-15-19 received their Pa Certification Board in June 2018. One staff was recertified and two new staff members received initial PCB certifications since June 2020. Staff are responsible to track their recertification dates.

**Mandated Trainings for Licensing:**

All staff met the requirements for initial and continued employment. All staff have completed and passed the required Certified Peer Specialist Training.

All staff members completed the required annual trainings to meet regulations. All trainings are listed in detail on a cover sheet and are located in a training binder along with their certificates of completion. All staff have an annual training plan beginning January 1 and ending December 31<sup>st</sup> each year. The Program Director and/or Program Supervisor and Certified Peer Specialist(s) attended the following trainings outside of our Relias Learning Computer trainings:

- Human Trafficking White Deer Run Treatment Network
- Behavioral Health Services and The LGBTQI+ Community

The Program Director has been actively involved with the Behavioral Health Alliance of Rural Pennsylvania (BHARP) Trauma Institute Initiative. The program director and program supervisor have been actively involved with the Supervision of Peer Recovery Support Specialist Learning Collaborative. CommonGround is incorporated into our Peer Program in Elk/Cameron Counties. The Program Director of Peer Support is on the CommonGround Leadership Team. This resource is extremely beneficial to our staff and helps our consumers become engaged in their recovery.

**Peer Networking/Input:** Peers that received services through our Peer Support Program actively attended the quarterly Quality Assurance Meetings and provided input to our plan and follow-up from the previous year. These meetings occurred via ZOOM due to the pandemic. Consumers provided suggestions and feedback during our Quality Assurance Meetings that were held quarterly. They suggested to participate in the C.O.P.E Drop-In Center activities in Elk/Cameron Counties through ZOOM. They also discussed any groups online that would help to stay connected during the pandemic.

Peer Specialists to attend various conferences through Relias Learning. They were also provided many resources to online websites to help connect with other peers and resources.

Peers also have access to the DCI Internet and Intranet to keep updated with our affiliates such as Beacon Light's Peer program.

**Field Audits (Cold Calls):** Program Director and Program Supervisor conducted random cold calls on a quarterly basis and ask a list of questions. There were 68 completed cold calls and 50 additional attempts from June 1, 2020 through April 30, 2021.

All calls reported being satisfied with their staff member and the program. All cold calls conducted were satisfied with services and there were no concerns that were brought to the attention of the Program Director or Supervisor. Some questions were irrelevant due to Covid-19. Some comments provided by consumer were:

“helps support walking to get motivated”, “wants to change plan to get more organized”, I like him he’s really good to work with”, things going really good”, I have a connection with him I didn’t think I would because he’s painfully young he is great”, “She’s doing a good job”, “I like her”, “gives me a lot of good advice”, “I wait for her to come good people and good rapport” and “I am very happy with my staff”.

**Coordination of Services:** Staff collaborated with other mental health services within Dickinson Center, Inc., and other community services such as CenClear and Beacon Light Behavioral Health systems. Staff have worked together with case managers, Mobile Psychiatric Rehabilitation services both mobile and site based to better serve the consumers. Staff also collaborated with therapists, primary care doctors, drug & alcohol services, OVR, Employment Support Services, Housing as well as natural supports and community resources. All of these services help with the continuity of care in their recovery process. Linkage agreements with other agency providers are located at the Dickinson Center, Inc.’s main office

**Treatment Team Meetings:** Staff attended treatment team meetings as requested. The goal is to work together with case managers and consumers to collaborate and provide quality services.

**Culturally Competent Resources:** Each consumer that is opened with the program receives a list of available culturally competent resources in the community. These are related to housing, leisure, legal entitlements, emergency needs, physical and mental wellness and co-occurring disorders. This list is updated periodically.

**Satisfaction Surveys:** Satisfaction surveys were handed out to each consumer by their staff member. Individuals had the choice to complete it and return to staff member in an envelope or to return by mail. Surveys were sent June 2020 and December 2020. There were 23 questions and were scored on a Likert Scale with 5 being the highest. Surveys were given to 65 consumers with 39 being returned in June 2020 and in overall satisfaction average of 4.38. One question in December’s survey resulted in a 3.92 which was discussed during a quality assurance meeting. On December 5, 2020. The question was “Because of this service, I have increased the time I spend in the community.” It was concluded that some individuals may not have this as a goal and individuals may not be able to answer this accurately due to the answer choices. We will add a N/A option as a choice for those consumers that it is not pertaining to their goals. The same question in December 2020’s survey resulted with the lowest score of 3.55. Overall, we received positive comments regarding the Peer Support Program. Consumers provided feedback during our quality assurance meeting stating that COVID-19 could have also had a great impact due to not having events to go to in the community.

**Consumer Outcomes Measurement:** Consumer outcomes were reviewed with the consumers each time an assessment was completed. Our Strength Based Assessment 6 month update document was changed to Individual Support Plan/ISP Review. This will help to identify better what is accomplished and what goals the consumer still needs and wants. Some achievements on goals/interventions include exercising and consumers losing weight which helped increase self-esteem, support in community, social activity, communication with appropriate conversations, gaining friendships, initiating conversations, etiquette with eye contact, assertiveness, identifying and implementing coping skills, role played and practiced for interviews and support in completing applications, advocating for mental and physical health.

The Peer Support program continually evaluates additional ways to monitor and measure true outcomes. At discharge consumers were asked questions on the Dickinson Center, Inc. discharge summary. It measures reduction in symptoms, improved quality of life and achieving their personal recovery goal. Consumers were asked these questions in person during service closings with staff. If they closed without meeting the document was mailed asking to complete and return. Consumers choose to answer 1 or all 3 of these questions.

The scoring is a Likert scale with 1(Strongly Disagree) to 5 (Strongly Agree).

1. I have experienced a reduction in symptoms because of my time in Peer Services had a score of 4.31.
2. I have experienced an improvement in the quality of my life because of my involvement with Peer Services had a score of 4.21.
3. I feel as if I have achieved my personal recovery goals that I set at the beginning of Peer Services had a score of 4.36.

**Program tracking information:**

**Psychiatric Hospitalizations after opened-only 2**

1 voluntary and returned to community by choice  
1 high level of care after discharge

**Obtained Employment- 4**

**Passed HUD Inspecaion-3**

**Began Independently Living-5**

**Quit Smoking-3**

**Medical Hospitalizations-7**

3 were infections or illness, 1 house fire, 1 complications with Covid-19, 1 knee surgery

**Staff Changes:**

Staff Hired: 3

Staff Resigned: 1

**Admission total of all counties:**

Elk/Cameron: 33

Potter: 13

Warren: 13

Forest: 0

Clearfield/Jefferson: 0

**Discharge total of all counties:**

Elk/Cameron: 31

Potter: 19

Warren: 6

Forest: 1  
Clearfield/Jefferson: 0

**Average Length of Stay for discharged clients: 319.78 days**  
**Average Length of Stay for active clients: 180.84 days**

**Discharge Reasons:**  
**Total Discharges: 51**  
**Of the 37 discharge audits**

**Successful: 17**  
**Voluntarily closed: 7**  
**Unable to locate: 5**  
**Passed away: 2**  
**Moved: 1**  
**Need Higher Level of Care: 5**

**Waiver (Exception) Requests:** Program Director prompts the Administrative Assistant (AA) staff member when individuals need to have an Exception (Waiver) Request sent to Community Care Behavioral health (CCBH). This is done by checking the appropriate box on the cover sheet for an opening. The AA faxes the completed Exception Request to CCBH. The program Director completes the form and includes it in the referral packet that staff are to give their supervisor when opening. When the AA receives the Waiver request back signed this goes in the chart stapled with the CCBH precertification and also when a continued stay is completed.

**Supervision/Collaborative Documentation/ Employee Evaluations:**  
Supervisions are provided weekly and more frequently if needed. Staff are aware and encouraged to contact the Program Director or Program Supervisor who are readily available to answer any questions or provide guidance outside of scheduled supervisions. Group staffing were also held periodically throughout the year. .

Employee Evaluations were completed on all staff yearly.

**Barriers/Future Planning**

COVID-19 presented significant challenges for staff and consumers. Our agency quickly managed to help staff provide timely services to our consumers. It was a learning experience for both staff and consumers. Staff provided telehealth services and offered significant support to consumers although we found it difficult initially to engage with them via telehealth. Once our staff were equipped with the capability to utilize ZOOM, we provided support and education to assist our consumers in doing the same. We found some consumers did not have devices or internet access to take advantage of the ZOOM technology. In these instances, we made telephone calls or helped them set up devices to have the capability to ZOOM.

Dickinson Center, Inc. Peer Support Program  
Continuous Quality Improvement (CQI) Plan Annual Report  
Quality Assurance Annual Review Report Fiscal 6/1/20-4/30/21

It was an adjustment for staff and consumers to get used to wearing masks and the challenges that go along with it as they can be hot and uncomfortable for long periods of time. Despite the challenges, staff knew they had to lead by example. They educated consumers on the health benefits of wearing masks and even helped consumers make their own. Consumers engaged in this process and enjoyed learning how to make the masks. Disposable masks were provided to consumers who were not able to make or afford their own.

As staff start seeing consumers in person following telehealth services due to COVID-19, they are making sure to get consumer signatures on required documents.

We would also like to see an increase in closings with consumers in person. We will be working on this throughout this next year.

This document is available for view via [www.dickinsoncenter.org](http://www.dickinsoncenter.org) under Peer support Program

Tracey Williams, Director

**Dickinson Center, Inc. Peer Support Program  
Continuous Quality Improvement (CQI) Plan Annual Report  
Quality Assurance Annual Review Additional information to include date range- 5/1/2021-6/30/2021  
Original Quality Assurance Annual Review- 6/1/2020-4/30/2021**

**Chart Reviews/Audit:**

17 additional chart reviews were completed. 12 were open and 5 closed. This makes a total of 116 open and 42 closed charts reviewed.

12 additional open chart compliance tickets were completed, all of which were in compliance.  
5 additional closed chart compliance tickets were completed.

**Pennsylvania Board Certification (PCB):** We had 1 additional staff who completed their PCB recertification.

**Field Audits (Cold Calls):** 29 additional cold calls were attempted. 13 were unable to be reached. 16 were contacted and the questions reflected satisfaction with the services.

**Satisfaction Surveys:** June 2021 Surveys were distributed to 66 consumers with 36 returned. This is a 54.54% return rate and an overall average of satisfaction on a Likert Scale was 4.29.

The three highest satisfaction scores were numbers 11, 16 and 25 respectfully.

4.61- My Peer Specialist respects my privacy and maintains my confidentiality at all times.

4.58- My Peer Specialist worker schedules our next visit prior to leaving our visit.

4.58- I am comfortable with the service I am receiving with Peer.

The three lowest satisfaction scores were numbers 12, 1, and 7 respectfully.

3.59-Because of this service, I have increased the time I spend in the community

3.92- I believe that individuals with mental health can and do recover.

3.97- Start and End times are completed prior to me signing the Service Activity Logs (Progress Notes) at the end of each visit.

**Psychiatric Hospitalizations-** 4 additional individuals were hospitalized. 3 of which were 201 voluntary admissions and 1 went to a higher level of care.

**Obtained Employment-** 2 additional

**Passed HUD Inspections-** 3 additional

**Began Independently Living-** 1 additional

**Gained Friendships-** 8 additional

**Admission total of all counties:**

Elk/Cameron: 5 additional with a total of 39

Potter: 2 additional with a total of 15

Dickinson Center, Inc. Peer Support Program  
Continuous Quality Improvement (CQI) Plan Annual Report  
Quality Assurance Annual Review Report Fiscal 5/1/2021-6/30/2021

Warren: 3 additional with a total of 16

**Average length of stay for discharged clients:** 298.80 days

**Additional Discharge Reasons:**

Additional Discharges- 15

**Reasons for Discharges:**

Successful- 7 additional

No Reponse-2 additional

Withdrew- 5 additional

Passed Away-1 additional