

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:

A random sampling of program record reviews are conducted monthly by the program supervisor and/or director in order to ensure accuracy and efficacy. We review one chart per staff member monthly. One time per calendar year all charts are reviewed. During the review a compliance ticket is completed by the Program Supervisor and/or Program Director. The Program Supervisor and/or Program Director review the ticket to determine if the chart is in compliance or not. The original is then placed in the very front of the chart Program Director will monitor the compliance tickets monthly. (Due to Covid-19 we have had telehealth exceptions and are working very hard to keep up on the documents that are required an original signature.) We found charts frequently did not have consumer signatures due to telehealth services provided during COVID-19. Fortunately, we were allowed signature exceptions for this reason.

Clearances: All staff that had clearances due this year were completed and are located in their personnel file in the Human Resources Department. Supervisors track due dates from a report and are notified ahead of time in order to prevent any lapsing. All staff are required to have the proper clearances prior to beginning employment. All staff must pass PA State Police Criminal Background and Child Abuse Clearances. All Certified Peer Specialists 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 are 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 have to become Pennsylvania Board Certified (PCB). All current staff hired prior to 4-15-19 received their Pa Certification Board in June 2018. Three staff members were recertified in June 2020 and two new staff members received initial certification in 2019. One new staff member became PCB certified on June 30, 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. We have had 3 new staff members who passed the training and became Pennsylvania Board Certified.

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 31st each year. The Program Director, Program Supervisor and/or Certified Peer Specialist(s) attended the following trainings outside of our Relias Learning Computer trainings:

- Supervision of Peer Recovery Support Specialist- CCBH (Learning Collaborative)
- Trauma Incident Reduction
- Current Drug Trends- White Deer Run Treatment Network
- Pennsylvania Peer Support Coalition: Orientation to Medicaid Funded Peer Support Documentation
- Certified Personal Medicine Coach

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 County. 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 receive services through our Peer Support Program actively attend the quarterly Quality Assurance Meetings and provide input on our plan and follow-up from the previous year. They give suggestions and feedback during our Quality Assurance Meetings that are held quarterly.

Peer Specialists had the opportunity to attend various conferences throughout the year and gained more networking opportunities including the Peer Focus Group that was held at the Ridgway Fireman's in October 2019. Peers networked in helping plan the Recovery in the Stix, however, it was cancelled due to Covid-19. They were also provided many resources to online websites to help connect with other peers and resources.

We had two CPS staff volunteer to support a local Crisis Intervention Team Training. Members participated in role plays, sharing their recovery stories and provided feedback to first responders. This was a great way to increase knowledge in the community and help decrease stigma.

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

Field Audits (Cold Calls): Program Director and Program Supervisor conduct random cold calls on a quarterly basis and ask a list of questions. We have conducted at least 1 cold call per staff member per quarter. Overall, consumers reported being satisfied with their staff member and the program. Any program concerns that were brought to the attention to the Program Director were addressed regardless of the source. Some questions were irrelevant due to Covid-19.

Coordination of Services: Staff collaborate with other mental health services within Dickinson Center, Inc., and the community. Staff have worked together with case managers, Mobile Psychiatric Rehabilitation services both mobile and site based to better serve the consumers. Staff also collaborate 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 attends treatment team meetings when they are requested. The goal is to work together with case managers and other key staff to best assist our consumers.

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 will be revised at our next quality assurance meeting. 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 can mail it in. Surveys were sent December 2019 and June 2020. There were 23 questions and were scored on a Likert Scale with 5 being the highest. Sixty-nine surveys were given out in December 2019 with 37 being returned. These results averaged an overall satisfaction of 4.45. Sixty-five surveys were given out to 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 June 2020's survey resulted with a 3.59 and one other question resulted in 3.92. "I believe that individuals with mental health can and due recover." These will be addressed in the August Quality Assurance meeting with the consumers. Overall, we received positive comments regarding the Peer Support Program.

Outcome Measurement: Consumer outcomes were reviewed with the consumers each time an assessment was completed. Our Strength Based Assessment 6 month update has a section on skills and supports gained. For each goal, it shows what was worked on, completed, and what they choose to work on for the next plan.

The Peer Support program continually evaluates additional ways to monitor and measure true outcomes. At Discharge consumers are asked questions on the discharge summary that measures reduction in symptoms, improved quality of life and achieving their personal recovery goal. Consumers

are asked these questions in person during service closings with staff. Consumers choose to answer 1 or all 3 of these questions. This year is our first year tracking questions and we will continue to track them and compare the data next year.

They scored on 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 4.07.
2. I have experienced an improvement in the quality of my life because of my involvement with Peer Services had a score of 4.33.
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 4.07,

Program tracking information:

Staff Changes:

Staff Hired: 3

Staff Resigned: 1

Total Served: 125

Elk/Cameron: 72

Potter: 37

Warren: 15

Forest: 1

Clearfield/Jefferson: 0

Admission total of all counties:

Elk/Cameron: 31

Potter: 19

Warren: 11

Forest: 1

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 active clients

153 days

Discharge Reasons:

Total Discharges: 57

Successful: 25

Voluntarily closed: 14

Unable to locate: 8

Passed away: 1

Moved: 8

Need Higher Level of Care: 1

Average days from receiving referrals to opening

21 days (the time delay is mostly related to ensuring proper completion of forms for this prescriptive service)

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. The Peer Program implemented collaborative documentation at the end of May 2019. All staff were trained on how to teach consumers what it is and provided a document for them to sign stating they were taught and if they choose or decline to participate. All consumers were given the opportunity to participate in collaborative documentation with Individual support plans, assessments and progress notes. This helps promoting engagement with the individual through a highly engaged conversation. This conversation is between the consumer and the Peer Specialist to assure that both are of the same understanding with regard to what was accomplished during the session and what the next steps are to support the individual's support plans.

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.

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.

Program Director will continue to monitor program satisfaction and will develop more outcomes to ensure continually quality of the program. We will be reviewing the approved service description to ensure compliance.

Additional Peer Outcomes/Accomplishments:

Our Peer program had successful closures this fiscal year. Consumers were successful in achieving many goals including; gaining employment, connecting to community resources, passing HUD inspections, gaining housing of their choice, social networking, losing weight, and increasing sense of self-worth, advocating for themselves, becoming active members of the community, completing WRAP plans, and much more. Consumers were provided with the Community Care Adult Progress Measures to complete on a quarterly basis. Our Administrative Assistant enters this data into the CCBH Portal and CCBH compiles this data.

Staff in Elk County are using CommonGround while staff in Potter, Forest, Warren counties are using the Recovery Library. Both are wonderful resources to help the consumers in their recovery. Consumers have become more engaged and actively involved in their meetings.

OMHSAS reviewed our Peer Support program on June 3, 2020 with no citations.

This document is available for view via www.dickinsoncenter.org under Peer support Program

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