Dickinson Center, Inc. Peer Support Program
Continuous Quality Improvement (CQI) Plan Annual Report
Quality Assurance Annual Review Report Fiscal 7/1/2021-6/30/2022

Introduction

This DCI Peer Support Services has been providing services for 16 years to community members. We have had an eventful year and have successfully maneuvered the COVID-19 pandemic and adjusted to staffing and program changes and challenges. 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, Potter, Forest and Warren County areas. Members partner 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 indivuduals with building their overall health, wellness, and self-maintenance. The members assist and partner with staff in developing their personal goal plan. Individual serivces 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 indentifying and impliementing process that prommoted compliance in activites.

Individual Record Reviews:

The Progam Director and/or Superivsor completes random chart audits monthly.
There were 82 charts audited this past year. The majority show completion of all regulatory requirements in charts with occasional issues. Several staff members completed chart audits 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 all encounter logs in a timely manner.
- In one chart, the title of the document was missing at the top of the last page.
- In another chart, a release of information was missing a time.

From these results we talk more consistently about audits, liscensing requirement and timeleness 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 chagned and was not indicated as a need on the previous assessment .

Outcome Measurement:

Referrals: Since July 1, 2021, we have received 29 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. Two of the 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 provdider in that county.

Admissions: Since July 1, 2021, we have had 29 admissions and served 104 members this fiscal year. All members met the criteria for admission. Referrals were signed off by a Liscensed 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 five 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 44 discharges this past year with an average length of stay of 328 days. This is a slight increase from last year, as several members who had participated over longer periods of time struggled with persistent symptoms and remained dedicated to working toward improving their goals.

Discharge reasons
16- Sucessful
2- Passed away

2- Moved
20- Voluntarily closed
1- Higher level of care
3- Unable to be reached

Member Outcomes:
1- Prepared and passed subsequent housing inspections
7- Actively worked on cleaning and organizational skills
1- Actively attended Alcoholic Anonymous
7- Worked on independent living skills (cleaning, budgeting, organizing etc.)
8- Worked on cooking, food prep, healthier eating and or researching diabetic meal preparation
7- Connected to Community and participate on their own
4- Gained friendships
9- Exercised, joined the gym and or lost weight
1-- Actively working towards getting license back
3- WRAP Plans completed
8- Use CommonGround as a resource

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

Hospitalizations:

Five psychiatric hospitalizaions were reported 3 were voluntary and 2 were not.
There were three medical hospitalizations for members. One of which was due to medical complicatons that results in multiple admissions throughout the year. Some of this was due to COVID and/or medical conditions. 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 47 random cold calls and attempted 30 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: “Amazing-The Program”, “I like her very much and good at her job”, “She’s compassionate and professional” and “I look forward to seeing her, makes my day and helps me a lot with reducing my anxiety.”

Consumer Satisfaction:

We welcome any feedback from staff and memebers. 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 5 being the highest. Fifty-seven surveys were given to members in December 2021 with 27 being returned. This resulted in an average satisfaction score of 4.42.
60 surveys were given to members in June with 22 survyes returned. These resulted in an average score of 4.39. Survey results from December 2021 were shared and discussed at January 19, 2023 quality assurance meeting. One question resulted a score below 4 with a 3.92. The question was “Because of this service, I have increased the time I spend in the community”. Staff and members provided feedback on this. They felt this lower score could have been a result of lack of transportation or ways to get to and from places, limited community events , COVID, regulations and/or members living in a rural location. June 2022 results were shared at the Quality Assurance meeting in September 2022. No questions resulted below a 4.0 score. Feedback provided from staff and members were that they felt a Non-Applicable (NA) line would be a good idea since not everyone has been in the hospital. They felt this score could be inaccurate due to not knowing what to mark as a score without the NA option. These results were shared with PR staff, members and DCI administration. Feedback received was used for program planning and service provision as we seek to problem solve issues of dissatisfaction, suggestions for improvement, and gaps in services.
We did not receive any grievances this past year. We did continue to promote the monthly member advisory/peer meetings.

Adherence to the Mobile Psyhiatric Rehabilitaitoin Program Service Description

The Program Director reviewed the service description during the 11-11-21 Quality Assurance meeting and discussed with the memebers and staff. There were items that needed adjusted. The Compliance Officer, Lynne Childs emailed the revised service description to Andrew Druziski at Office of Mentalh Helath and Substance Abuse Center. He responded no official approval needed.

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.

Current Issues, Concerns and/or Challenges

We have maintained adherence to all COVID-19 protocols and recommendations received from the PA Department of Health and DCI. We remain successful in providing both community and telehealth services to all member

Respectfully submitted,

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Dickinson Center, Inc.
Program Director