



## **Dickinson Center, Inc. Peer Support Program Continuous Quality Improvement (CQI) Plan Annual Report Quality Assurance Annual Review Report Fiscal 7/1/2023-6/30/2024**

### 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 has operated within the limits of federal, state, and local laws and regulations as well as DCI policy. DCI's Corporate Compliance Program works 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 103 charts audited this past year. The majority show completion of all regulatory requirements in charts with occasional issues. 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:

- This year has been a challenge to make sure to audit paper and Avatar Electronic Health Record (EHR) charts since we began to implement some EHR documents and having to monitor both places when doing chart audits.
- We are working hard to ensure we have initials on documents with errors or corrections.
- Tracking and ensuring paperwork is signed on paper if have connection issues at their home.

- Consumer struggling to use the stylus pen to sign electronic on computer or signature pad. Some signatures are very hard to read.
- One chart had paperwork signed later due to staff abandonment.

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 had been completed with all proper signatures 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, 2023, we received 65 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, 2023, we have had 46 admissions and served 110 members this fiscal year. All members met the criteria for admission. A Licensed Practitioner of the Healing Arts signed off referrals.

We support individuals in their recovery process while supporting them with services and resources they identify. 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 nineteen members receive services with exceptions; all of which have supporting documentation to ensure service provision was appropriate.

#### Discharges:

Throughout the counties that we serviced there were 35 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:

- 11 Successful
- 1 Passed away
- 3 Moved
- 13 Voluntarily closed
- 6 Disengage or unable to be reached
- 1 Short staffed and chose to close

Member Outcomes:

- 9 Prepared and passed subsequent housing inspections
- 5 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
- 26 Connected to community, participated on their own, decrease isolation; work on anxiety and social phobia in community
- 13 Exercised, joined the gym and or lost weight, 1 member lost 64lbs
- 1 Obtained driver's license
- 9 Obtained employment
- 3 Employment skills
- 2 Connected spiritually in community
- 1 WRAP Plans completed
- 16 Use CommonGround as a resource
- 15 Wellness

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

Hospitalizations:

Four psychiatric hospitalizations were reported three were voluntary and one was involuntary. None one of which needed a higher level of care. There were at least four medical hospitalizations for members.

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 41 random cold calls and attempted 17 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 does a great job”, “I am very satisfied very helpful too”, “she’s one of the best”, and “she really helps with my anxiety and stress a lot.”

#### 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-eight surveys were given to members in November 2023 with twenty-seven being returned. This resulted in an average satisfaction score of 4.50. The results were shared and reviewed during the Quality Assurance Meeting on February 21, 2024. The group had a discussion on the question “I have experienced fewer psychiatric hospitalizations in the past 6 months.” The group felt this might be skewed because not everyone has had a behavioral health hospitalization. We will continue to monitor this question and staff can explain this to members if they are helping to go over questions. June 2023 results will be shared and discussed in the next quality assurance meeting. Overall, the program had a 4.50 on the Likert scale.

Seventy-three surveys were given to members in June 2024 and will be shared and discussed at the next quality assurance meeting. No questions resulted a score below 4.0 on a Likert scale for December’s surveys.

#### Adherence to the Peer Support Program Service Description:

The Program Director reviewed the service description during the 10-17-2023 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](http://www.dickinsoncenter.org).

#### Annual Licensing Feedback and Recommendations:

Our last annual licensing visit was on June 14, 2024. We received positive feedback regarding our program being “really tight.” It was indicated that there were a lot of mental health wellness, notes and activities related to plans, supervision exceeds standards, and nice group supervision component.

We received compliments on good information in the annual report. He also pointed out that one staff member does a great job and who “should be the standard” for other Peers.

Recommendation was to email the OMHSAS RA Account for Clarification on the pending staff requirement changes for Peer Support. This was discussed in meetings that we need to wait until OMHSAS bulletin becomes finalized before implementing these changes.

## 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. We hired 4 new staff and one of those staff resigned. In addition, we were faced with some issues and had to have staff cover in other counties for vacant positions and caseloads for several months. It is often a struggle to hire in our off-branch counties (Warren County and Potter County) which could take up to a year to replace and train staff due to being in 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. The hiring, orientation, and training process presents many challenges within the program as well as 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, building caseloads takes time, direct service hours and meeting the minimum regulations before staff can work on their own. It is often difficult to juggle caseloads for staff and supervisors.

We started implementing progress notes in our Electronic Health Records in September 2023 and having the treatment plans signed in our EHR as well, which caused a large amount of training, frustration, and supervision to be undetermined. With these new items implemented came challenges with capturing client's signatures. Client's experienced difficulty signing on the computer vs. using a pen.

Peer Support Supervisor, Hannah Kline, was on FMLA from March 2024 through May 2024 and created a lot more tracking, time, and staffing for Program Director, Tracey Williams. During this same time, the agency launched a new time keeping system that staff were unfamiliar with and had to learn from scratch how to navigate. This prompted a lot of time to train staff and learn an entire new system and staff had many questions/issues to work through.

We experienced challenges in areas such as our paper charts and odd events happening where documents may be misplaced and/or missed. There are a lot of people involved with each chart and many different people accessing these charts weekly which creates a higher risk of documents being misplaced.

We have also faced other various challenges with members cancelling, no show, 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.

In addition, the peer support program has faced challenges in other areas such as having a very high number of referrals and members which created many more openings than staff are used to, and more goal plans. Although it is a positive to have these referrals, it adds on more paperwork and time for staff which often results in staff burnout. Supervisory time was increased while dealing with staff burnout to ensure their wellness and focus on taking care of themselves. 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 continue implementing more electronic documents in the next fiscal year.

Miscellaneous:

In early 2024, our Peer Support Program Director was asked to take part in collaboration meetings with Clearfield/Jefferson County Administrator other Peer Providers, Community Care Behavioral Health and Mental Health Partnership to help bring in more Certified Peer Support Trainings for peers to become certified. We have discussed how hard it is to recruit and send staff far away. We decided to have trainings in the DuBois, Pennsylvania area at least once per year if we are able. The team worked with Mental Health Partnerships to develop contracts to have reasonable costs for training. A training was held in DuBois in September 2024, which we had one member attend and become certified. We will continue these efforts moving forward to help with the recruitment of new peers when feasible.

Respectfully submitted,  
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Dickinson Center, Inc. Program Director