

Peer Support and Advocacy Network Annual Report (7/1/2021 through 6/30/2022)

Certified Peer Specialist Program

Overview

The 2021/22 fiscal year saw a significant challenge in staff retention, due in part to continuing pandemic circumstances, with only two Certified Peer Specialists working most of the year. Despite this, and the need for a waitlist from September through December, the program was able to deliver quality services to our participants. The information provided in this report is limited, however, to the service quality audit information and some outcome performance measures.

Certified Peer Specialist (CPS) Services Analysis

From 7/1/2021 to 6/30/2022, (116) program participants received some duration of services. The following tables provide some information about the individuals served.

Demographics Total Current Participants Served												
Black		Hispanic		White		Native American		Asian/Pac Islander		Other/Not Spec		
M	F	M	F	M	F	M	F	M	F	M	F	
7	14	0	0	35	57	0	1	1	0	0	1	116

The number of individuals served this fiscal year is higher than the previous fiscal year (114) despite staff turnover.

Forty-seven (47) individuals were referred and enrolled in the CPS program during the 2021/22 fiscal year in contrast to (41) the previous fiscal year. Information gathered during enrollment confirmation calls, individuals sought services to decrease isolation, manage symptoms of their diagnosis better, such as anxiety and depression, and wanted to interact more in their communities.

All individuals referred received a confirmation call to ensure correct understanding of the certified peer specialist program and to verify personal interest in services. Once confirmed, the program coordinator reviewed each referral to determine appropriateness for services and identify the best peer specialist match.

Forty (40) individuals were referred but never enrolled. Reasons for individuals not enrolling in services varied from; incomplete or expired referral forms, disinterest expressed during the enrollment confirmation call, individuals not engaging or meeting with assigned CPS, or not appropriate for services based on determined support needs.

There were (38) discharges during the fiscal year and (43) the previous year. The two primary reasons for discharges were disengagement or request to discontinue services. Individuals predominantly stopped returning calls to their assigned CPS. Requests to discontinue services were presented for various reasons; medical issues or greater level of care needed, different services desired, departure of primary CPS or never actually engaged. Although services returned to more in person meetings, it still

holds true that the inability to meet face to face due to pandemic concerns also caused some participants to discontinue services due to not adjusting well to meeting via telephone or video calls.

Continuous Quality Improvement Activities

PSAN's Continuous Quality Improvement Plan was followed during this fiscal year. There were no notable changes in activities aside from the planning work to identify new outcomes and performance measures.

Audits and Findings

A (10-15%) sample of all documented services approved for claims submission was audited by the compliance and programs administrator. While the intent was to conduct audits monthly, there were a few months that audits were not completed for various reasons. The audit frequency was a little more frequent than every other month with eight of twelve months audited. Of those months audited:

- (55) total individual progress notes (IPN) were audited of (550) yielding a (10%) sample of all claim's records
- (34) IPNs for funder Community Care Behavioral Health (CCBH)
- (21) IPNs funded by the county

The records sample was randomly selected although some adjustments to the selection were applied to ensure all certified peer specialists had at least one IPN documentation sample included to be representative. The audit examined the following elements:

- i) Current Individual Recovery Plan (IRP) and Assessment (My Strengths and Skills)
- ii) Administrative documents
- iii) Documentation content and adherence to organizational and funder defined performance standards

Accomplishments and Positives

- Nearly (17%) of the randomly selected progress notes received a GOOD quality rating meaning the content exceeded the performance/quality documentation standard.
- All progress notes referenced the goals and specific needs of the participants in a clear and professional manner.
- Non-billable notes were used consistently to explain missed/changed appointments, other non-service-related needs, and conversations with support persons.
- Many of the notes showed empathy, sound engagement, and genuine care for the participant.

Improvement Areas

- Reduce the amount of content that is general recap about what the participant did independent of the CPS and provide more content on specific CPS interventions and facilitations during the

session.

- More consistently indicate progress on goals with references and measures.
- Improve the focus and content of the Plan for Next Meeting to better apply to the next session.
- Encourage more detailed participant comments about each meeting.

The results of the audits were provided to the program coordinator and executive director. The program coordinator reviewed the findings with the certified peer specialists and provided individual supervision as needed to address areas identified for improvement.

Service Utilization Reviews

The program coordinator was directly involved in the services review as a function of billing approval for submission. Additionally, service needs and issues were reviewed in the individual supervision sessions with staff. Therefore, participants' appropriateness for services, specific needs, and service effectiveness were reviewed consistently despite the halt in formal review meetings.

Performance Outcomes

The outcomes and key performance indicators established and implemented at the beginning of the last quarter of the 2020/21 fiscal year were not completed for the current 2021/22 fiscal year. With continued limited administrative resources and certified peer specialists, it did not seem reasonable to try and conduct phone interviews with all the program participants.

Starting in the new year, the measures will be captured for all new enrollees at the following intervals: enrollment confirmation (baseline measure), every 6 months thereafter and at exit from services whenever participants are able to be contacted. The information will be obtained via phone interview and entered into an outcome's measures form within ESystems (electronic health record). Once a full cycle of data can be collected and analyzed, specific action plans for improvement will be defined. For now, the focus of the peer specialist program will be on hiring new, quality certified peer specialists and working to address some of the specific areas of improvement with individual progress note documentation.

However, through our Annual CART Provider Survey, we were able to ascertain information regarding our program's effectiveness and attention to recovery-oriented services. Of those surveyed, (100%) stated that their peer specialist assisted participants in their recovery, supporting them in their health and wellness, and providing support and a place to openly share their hopes and their feelings. They further shared that they felt a part of the process of setting their own goals and making their own decisions about their treatment. They generally felt encouraged throughout the process and felt supported in their communities and through crisis situations.

Feedback provided during the survey included demonstrating better communication when a peer specialist was ill and could not attend a scheduled meeting. It was also stated that more resources could be provided by the peer specialist for more specific participant needs. Suggestions included hiring more staff to assist current peers with high participant caseloads.

