

## Peer Support and Advocacy Network Annual Report (7/1/2022 through 6/30/2023)

### Certified Peer Specialist Program

#### Overview

Peer Support Services are specialized interactions conducted by self-identified current or former consumers of mental health services. Peer Support is intended to inspire hope in consumers that recovery is possible. Certified Peer Specialists (CPS) are examples of hope and can share what recovery is and can teach the skills to help facilitate a wellness journey.

Our CPS program provides services in Allegheny County. The 2022/23 fiscal year saw some challenges with only two part-time Certified Peer Specialists working the first half of the year. In January, a third full-time Certified Peer Specialist was hired. Therefore, the program was able to provide quality services to an increased number of participants. The information provided in this report is limited to the service quality audit information and some outcome performance measures.

#### Training

The certified peer specialist (CPS) is trained and certified through the Pennsylvania Certification Board (PCB) to offer support and assistance in helping others in their recovery and community-integration process. All CPSs are up to date on annual trainings. The supervisor and other support staff for the program are also certified through the PCB and receive continuing education credits annually.

### Certified Peer Specialist (CPS) Services Analysis

From 7/1/2022 to 6/30/2023, (135) 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		Asian/Pac Islander		Other/Not Spec		
M	F	M	F	M	F	M	F	M	F	M	F	
11	15	0	0	41	63	0	0	0	1	2	2	135

Primary Diagnosis Participants Served												
Maj. Depressive		Schizo Type (All)		Post Traumatic		Bipolar/Mood		Anxiety (All)		Other		
M	F	M	F	M	F	M	F	M	F	M	F	
15	21	17	22	2	11	11	13	5	12	4	2	135

The number of individuals served this fiscal year is higher than the previous fiscal year (116).

Thirty-eight (38) individuals were referred and enrolled in the CPS program during the 2022/23 fiscal year in contrast to (47) the previous fiscal year. From 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.

Twenty-one (21) 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 (61) discharges during the fiscal year and (38) the previous year. The two primary reasons for discharges were disengagement or request to discontinue services. Individuals 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 continuing 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 nine of twelve months audited. Of those months audited:

- (152) total individual progress notes (IPN) were audited of (553) yielding a (28%) sample of all claims records
- (94) IPNs for funder Community Care Behavioral Health (CCBH)
- (58) 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 (15%) of the randomly selected progress notes received a “GOOD” quality rating meaning the content exceeded the performance/quality documentation standard.
- All progress notes referenced participant 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.
- Participant comments were more detailed overall.
- Many of the notes showed empathy, sound engagement, and genuine care for the participant.

## Improvement Areas

- Continue to reduce the amount of content that is general recap about what the participant said or 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.

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, program administrator/compliance officer, and executive director were directly involved during formal meetings, held quarterly, for service reviews as a function of billing approval for submission. Additionally, service needs and issues were reviewed monthly in the individual supervision sessions with staff.

## *Performance Outcomes*

The outcomes and key performance indicators established and implemented in the last quarter of the 2020/21 fiscal year were not completed for the current 2022/23 fiscal year. With continued limited administrative resources and certified peer specialists for most of the last year, it did not seem realistic to try and conduct phone interviews with all program participants.

Starting in the last quarter of the current calendar 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 or in person and entered an outcomes measures form within E-Systems 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 continuing to hire and train new, quality certified peer specialists and continuing to address some of the specific areas of improvement with individual progress note documentation.

However, through a CART Provider Survey, we were able to determine areas for improvement, for example, several questions related to providing information and resources about recovery. The number of the “disagree” responses was small but because the questions are important to participants’ understanding of the program and fully taking part in their CPS sessions, these statements were addressed directly with CPS staff.

It was reinforced with the staff that communicating with their participants clearly and frequently about goal planning, services such as our own Warmline, New Horizons and other drop-in centers, and resources in the community was extremely necessary. In addition to providing such information at the time the individual first meets with them, CPSs were instructed to do so periodically thereafter. It was also suggested that it would also be valuable to remind each of their participants frequently what their strengths are and how they help each of them in the recovery process.

Feedback provided during the second quarter benchmark survey demonstrated that our program exceeds the Network Average in all five areas of Satisfaction listed below.

<b>Satisfaction Indicator</b>	<b>Your Results</b>	<b>Network Average</b>
	<b>N= 14 (% satisfied/neutral/NA)</b>	<b>N= 154 (% satisfied/neutral/NA)</b>
1. Satisfaction with Access	100%	<b>96%</b>
2. Satisfaction with Information Provided	93%	<b>87%</b>
3. Satisfaction with Acceptance	100%	<b>96%</b>
4. Satisfaction with Perceived Choice	95%	<b>93%</b>
5. Overall Satisfaction	100%	<b>97%</b>