

Mental Health Association of Northwestern PA (MHANP)
Peer Support Program (PSP)
Annual Report
Fiscal Year July 1, 2021 to June 30, 2022
Outcomes Measurements of the Continuous Quality Improvement Plan
By Theresa Abbey, Team Leader

During FY 21-22 there were 5 inactive peers who were closed and 47 peers who were actively engaged in PSP services.

WRAP Progress

Measure: 15 out of 44 peers started and/or completed a WRAP.

Methods: Certified Peer Specialist (CPS) met with peer one-to-one to complete.

Outcomes:

- Offered = 15 self-reported yes and 44 self-reported no, but the exact number was not documented. It is unknown whether there are peers who started/completed a WRAP were counted in this number.
- Started = 7 or 15%
- Completed WRAP = 8 or 5%

Strength:

- All CPS staff are certified by the Mary Ellen Copeland Center to complete Wellness Recovery Action Plans (WRAP). The Certified Peer Specialist Supervisor (CPSS) is a certified WRAP Group Facilitator.

Improvement Goals:

- Document and increase number of WRAPs being offered to peers.
- Team Leader has completed a WRAP facilitator refresher course.
- Team Leader has facilitated CPS staff members completing a WRAP section during a team meeting to gain practice.
- WRAP notebook will be given to every new peer as needed at the intake process.
- CPSS will add a question on the IRP to prompt CPS to encourage peer to offer, start and complete a WRAP.
- To track whether a WRAP is completed, CPS will notify the CPSS and document on the Individual Recovery (Service) Plan (IRP).

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- A certificate of completion will be provided to each peer who finishes a WRAP. A copy will be placed in the file.

Hopefulness Level

Measure: 28 peers who were actively engaged, receiving services and whose IRP was completed in the 3rd quarter of the fiscal year. (January 1 to March 31, 2022)

Method: Peer's self-reported feeling of hopefulness by completing a Likert scale. 1 least hopeful. 10 most hopeful.

Outcome: Average hopefulness score is 7 out of 10 for the third quarter of the fiscal year January 2022 to March 2022.

Strength: Scores have been obtained at intake and 6 months thereafter for every peer who receives services.

Improvement Goal:

1. Level of feeling of hopefulness would increase.
2. CPS ask peers to write a comment about their hopefulness score on the IRP at intake and every 6 months thereafter.
3. CPSS and clerical staff will record average scores quarterly.

Impact Survey

Date: This survey was completed in February 2022.

Measure:	Number of peers open February 2021	= 24
	Number of surveys done	= 14
	Length of stay in PSP	
	Less than 1 month	= 0
	1.6 months	= 7
	6 months	= 2
	1 year or more	= 5

Methods: Distributed by assigned CPS and returned to CPSS in a sealed envelope or mailed via USPS.

Outcomes:

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- Developed skills to manage mental health symptoms
- Peers stated they gained a better sense of self-worth
- Peers stated they participated in treatment and service planning

Comments by Peers:

- A few peers stated they believe the CPS can relate and understand them better because the CPS has mental illness too.
- Other peers found their CPSs very supportive, actively listens, is encouraging, and the fact that CPS are easy to talk.
- One peer enjoyed working on WRAP. Another said CPS helped them come up with their own skill set to maintain calm and collected when they are alone.
- She's very helpful in all situations I may have. She offers much needed support without judgement.

Improvement Goal:

- We added a cover letter to the surveys explaining how helpful comments are—positive or adverse.

Consumer Satisfaction Survey

Measure: Total random sample of 9

Methods: C/FST staff asked providers to obtain a Release of Information giving C/FST permission to reach out directly to the peer. C/FST asked survey questions of the peer either over the telephone or in person. The number of surveys completed was determined by the Erie County Office of Mental Health. The number to be done was 9. One extra survey was completed because a peer volunteered the feedback.

Outcomes:

1. 100% were satisfied with the following:
 - Quality, timeliness, atmosphere, respectfulness, cleanliness of facility, overall experience.
 2. 90% answered yes to the question about whether they were able to get help, and 10% said sometimes.
- Comments: She is very good.

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3. 100% said yes when asked if they were involved in treatment decisions, and 10% said sometimes.
4. 30% feel much better, 20% feel a little better and 50% feel about the same regarding the effect treatment received had on quality of life:
5. 100% stated they were satisfied with delivery of service and treatment.
6. When asked the open-ended question what are you least satisfied with?
 - Comments: She terminated my service because I thought I was moving but, I moved to a hotel instead in Erie, PA.
7. 100% felt their relationships with people improved since using service.
8. 100% expressed PSP services available as needed.

Improvement Goals:

1. Will look for ways the PSP can support peers that want to improve their quality of their life.
2. Will work on helping peers understand the complaint process for CCBH.
3. Will help peers become more aware of educational resources in the community.

Evaluation of compliance with the approved PSS agency service description

Internal Audits:

Individual record reviews to evaluate compliance with the approved PSP agency service description took place. Below lists those responsible, the timeframe within the reviews occurred and the number of reviews done this past fiscal year:

- PSP Team Leader completed the following:
 - Held weekly with PSP Staff Member to review 25% of caseload.
 - Reviewed a random sample of 25% of Progress Notes weekly.
 - Reviewed a random sample of 10% of files monthly.
 - Trained all new CPS staff and then annually on FWA, security, HIPAA, HITECH, confidentiality, and telehealth.
 - The IRP form was revised by 11/30/2021 to include the following: Date the IRP was signed by the MHP and the Start date of the goal. Peer Specialists have been trained by 12/13/2021 to use the new form, including how to determine when new goals need to be developed.
 - A new Clerical Support staff member was hired 10/7/2021 and this position is dedicated to tracking all documents.

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- The IRP form is revisited often in Team meetings to keep Peer Specialist updated.

External Reviews:

- An independent certified public accountant will complete a financial audit review of billing practices in October of 2022.
- The most recent OMHSAS licensure review for renewal was on March 17, 2022.
 - The reviewer noted many positives including:
 - No citations and no suggestions were given
 - Super organized
 - Plans were timely- measurability, follows regs, detailed action steps, frequency, good interventions, good action steps.
 - Notes- good content
 - Linkage agreements- good and thorough
 - Staff trainings- are great, tracked well
 - Supervisions-documentation thorough, meetings occur regular.
 - Discharge summary- follows regulations.
 - A Quality Assurance report had been prepared as of April 2021 and has been updated and revised in 2022 by:
 - Peers
 - CEO
 - Team Leader
 - CPS
 - Clerical staff
 - Security officer
 - It is made available to the public.
 - The QA Plan was revised and reviewed by the CPSS and CEO.
 - There will be a QA meeting with peers and Staff to review and revise the report and finalize it on 9/30/22 at 1 pm.