

Mental Health Association of Northwestern PA (MHANP)
Peer Support Program (PSP)
Annual Report
Fiscal Year July 1, 2020 to June 30, 2021

Outcomes Measurements of the Continuous Quality Improvement Plan
by Monica Stanford, Operations Manager

During FY 20-21 there were 5 inactive peers who were closed and 43 peers who were actively engaged in PSP services.

WRAP Progress

Measure: 18 out of 43 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 6 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 = 11 or 26%
- Completed WRAP = 7 or 16%

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 will attend a WRAP facilitator refresher course.
- Team Leader will facilitate CPS staff members completing a WRAP section during a team meeting to gain practice.
- WRAP notebook will be given to every new peer as part of 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).
- A certificate of completion will be provided to each peer who finishes a WRAP. A copy will be placed in the file.

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Hopefulness Level

Measure: 13 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, 2021)

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 2021 to March 2021.

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 2021.

Measure:	Number of peers open February 2021	= 26
	Number of surveys done	= 21
	Length of stay in PSP	
	Less than 1 month	= 1
	1-6 months	= 0
	6 months	= 7
	1 year or more	= 13

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

Outcomes:

- Developed skills to manage mental health symptoms
 - 95% agreed they developed skills
- Gained a better sense of self-worth
 - 100% stated they gained a better sense self-worth
- Participated in treatment and service planning

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- 100% agreed 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. A couple peers expressed feeling like he/she is not alone in dealing with a mental illness.
- Other peers found their CPSs very supportive, helpful, motivating, inspiring, kind, compassionate and good at their job.
- 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.
- One peer said that Peer Support helped them to continue studying to improve themselves and grow as well as being more mentally sharp.

Improvement Goal:

- Will add 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 8. 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.
 - Comments:
 - CPS cares and is willing to help.
 - Learning to be accountable.
 - My happiness and sociability are improving.
2. 67% answered yes to the question about whether they were able to get help, and 33% said sometimes.

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- Comments:
 - 2 Had both video and in office appointments.
 - 2 No not since pandemic.
- 3. 67% said yes when asked if they were involved in treatment decisions, and 33% said sometimes.
- 4. 67% feel much better, 22% feel a little better and 11% feel about the same regarding the effect treatment received had on quality of life:
 - Comments:
 - I am getting along much better with friends.
 - More organized and more on track.
 - Becoming more responsible.
 - Talking with Peer Support made things better.
 - They once were on the ball helping one do everything possible, but the pandemic stopped everything.
- 5. 100% stated they were satisfied with delivery of service and treatment.
 - Comments:
 - Six peers said that their Peer Specialists are helpful and they really like the talks they have with them.
 - Two peers said that they learned to be held accountable. One peer said their happiness and sociability is improving.
- 6. When asked the open-ended question what are you least satisfied with?
 - Two peers said “red tape.”
- 7. 100% felt their relationships with people improved since using service.
- 8. 100% expressed PSP services available as needed.
 - Comments:
 - One peer said when he/she/they call(s) and leaves a message, the CPS gets right back to him/her/they.
- 9. When asked the open-ended question what community resources or community supports would help you improve your life?
 - One peer said transportation.

Improvement Goals:

1. Will evaluate how service delivery has changed and could improve since the pandemic started.
2. Will look for ways the PSP could improve peers' quality of life.
3. Will work on helping peers feel more connected with family and friends.
4. Will help peers become more aware of educational resources in the community.

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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.
 - As a result of completing a file review, an exception (deficiency) was identified.
 - A new peer/consumer did not have a referral signed by a Licensed Practitioner of the Healing Arts (LPHA). Therefore, eligibility for services had not been established.
 - A Self-Report was provided to Erie County Care Management (ECCM).
 - The MHA was not entitled to receive reimbursement for claims.
 - A retraction was required by ECCM.
 - It was submitted.
 - MHP, Operations Manager, Privacy & Security Officer (One person handled the responsibilities of all roles.)
 - Met individually with PSP Staff Members and Team Leader every 2 months to discuss progress on 50% of caseload.
 - Trained all new CPS staff and then annually on FWA, security, HIPAA, HITECH, confidentiality, and telehealth.
 - Reviewed a random sample of 10% of files every 2 months.
 - As a result of a file review, several claims were found to have exceptions (deficiencies) and a monetary reimbursement to CCBH was required because of these findings.
 - A Self-Report was provided to Program Integrity Fraud, Waste & Abuse (FWA) and Community Care Behavioral Health Organization's (CCBH) Special Investigation Unit (SIU) relating to four (4) peers who received Peer Support Services (PSS) during the timeframe of 11/01/2019 through and including 06/30/2021.

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- Individual Recovery/Service Plan (ISP) is developed the individual, CPS and mental health professional (MHP) within one month of service initiation and every 6 months thereafter.
- The ISP must be consistent with the assessment and include dated signatures of the individual, the CPS working with the individual and the MHP.
- Corrective Action Plan (CAP) was required by CCBH and completed as written.
 - The ISP will be due 21 days before from the date the MHP signs the previous one and your agency will not bill for services after this date until the review has been completed.
 - An agency report, including due dates of ISP reviews, will be reviewed during weekly supervision meetings with Peer Specialists.
 - The ISP form will be revised by 11/30/2021 to include the following: Date the ISP was signed by the MHP and the Start date of the goal. Peer Specialists will be 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.
 - In the event there is a signature missing, a form listing the problem will be attached to the ISP and given to the Team Leader upon discovery. The Team Leader will be responsible to obtain the missing signature as soon as possible. In the absence of the Team Leader, the ISP will be given to the Operations Manager or the CEO who will be responsible to obtain the missing signature as soon as possible.
- This CAP was accepted by CCBH and implemented.

External Reviews:

- An independent certified public accountant completed a financial audit review of billing practices.

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- Felix and Gloekler, P.C. audited the financial statements of the MHANP, which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.
- In Felix and Gloekler, P.C. opinion, the financial statements present fairly, in all material respects, the financial position of the MHANP as of June 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the USA.
- The most recent OMHSAS licensure review for renewal was on March 17, 2021.
 - The reviewer noted many positives including:
 - Training tracking was perfect.
 - Individual Supervision was well documented.
 - Documentation was consistent and done well.
 - Progress Notes were well written.
 - Non-Billable documentation captured context.
 - Strength-Based Assessment (SBA) which was revised per reviewer's recommendation during last year's review hits all marks.
 - Progress Reviews were updated well.
 - Discharges were complete and had all needed information.
 - The following Deficiency was found, and a Plan of Correction (POC) was required:
 - At the time of the audit, PSP did not provide proof that an annual Quality Assurance report had been prepared.
 - Article X OMHSAS-19-05 Provider Handbook for Psychiatric and Hospitalization Services Section VII—Other Services November 2019.
Peer Support Services (PSS) Standards.
G. Quality Assurance...VII-17.
(3) A PSS agency shall prepare an annual report that:
 - (a) Documents analysis of the findings of the annual review.
 - (b) Identifies actions to address annual review findings.
 - (c) Is available to the public.
- The following POC was developed and implemented by April 8, 2021:

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- The QA Plan was revised by the Operations Manager and reviewed by the CPSS and CEO.