



Annual Quality Improvement Review and Plan

Certified Peer Specialist Program

February 2023- February 2024

CenClear Mission Statement

CenClear is an organization dedicated to leading our community with superior quality and innovative services to all consumers by providing physical, social, emotional, educational and leadership development.

Type of Service

CenClear's Certified Peer Support Program provides ongoing education and strengths-based support to consumers of mental health services by promoting self-determination, personal responsibility, and empowerment through peer support and self-directed recovery, as part of the Pennsylvania Mental Health Service System. The goal is to provide mutual support to those struggling with mental health challenges and transfer skills needed for successful maintenance of mental health symptoms and improved behavioral stability.

Service Description:

CenClear's Peer Specialist Program is an office and mobile based service, seeing those individuals served by the program in outpatient sties, community, home, school, and any treatment/agency, community facility, medical office, or any other location that meets the needs of the individual and/or goals developed in their Individual strengths-based Service Plan (ISP).

Referrals:

Individuals meeting the eligibility criteria must be referred using the two-page CPS referral form. Page one of the referral can be completed by the peer, their support person, or an existing provider. Page two, the Written Recommendation for Services, must be signed by a Licensed Practitioner of the Healing Arts (LPHA).

There have been 61 completed referrals since February 22, 2023.

Many more inquiries were made by internal request for change or via the CenClear website. Inquiries that led to a completed referral are counted in the referral total.

If staffing is unavailable, peers will be given the option to be referred to another provider, or to join our wait list.

Admissions and Continued Stay:

Anyone diagnosed with a Serious Mental Illness (SMI) or, if under the age of 18, a history of Serious Emotional Disturbance (SED), and who is the recipient of Medical Assistance (MA) is eligible to receive Peer Support Services, as it is deemed medically necessary. Consumers without Medical Assistance (MA) coverage may be funded by county funds, if available.

There were 53 admissions between February 2023 and February 2024.

Discharge Criteria:

An individual may be discharged when PSS is no longer medically necessary, the individual no longer meets eligibility requirements or the individual has achieved the goals and sustained progress as identified in the ISP and services are not expected to provide additional benefit to the individual. An individual may request to withdraw from PSS. A decision to discharge should be a joint decision between the individual and the PSS agency. When a decision to discharge is not a joint decision, the PSS agency shall document the reason for discharge. When a decision to discharge is reached, a PSS agency shall offer the individual the opportunity to participate in future service. When an individual who was discharged from PSS has a subsequent need for PSS and meets admission criteria, the PSS agency shall consider the individual for readmission without regard to previous participation. When an individual voluntarily withdraws from the PSS program, a PSS agency shall plan and document next steps with the individual, including recommended service and referral. When it is necessary to discharge an individual from PSS due to the individual's disengagement, prior to discharge the PSS agency shall document: (a) Attempts to reengage the individual. (b) The circumstances and rationale for discharge. Upon discharge, a PSS agency shall complete a dated and signed discharge summary that includes a description of the following: (a) Services provided. (b) Outcomes and progress on goals. (c) Reason for discharge. (d) Referral or recommendation for future service. A PSS agency shall ensure that the discharge summary is: (a) Completed no more than 30 days after the date of discharge. (b) Reviewed and signed by a mental health professional.

There were 83 discharges between February 2023 and February 2024.

Reasons for Discharge:

Goal Plan Completed: 8

Change in Level of Care: 5

Unable to Contact or Locate Consumer: 9

No Funding/Approval of Services: 2

Consumer Declined Further Services: 16

Non-Engagement of Services: 16

Consumer Moved: 3

Other: Unable to staff after staff turnover (12), Asked to be discharged due to feeling supported enough by other supports (1), Service no longer appropriate (3), Prioritizing employment (1), Chose to discharge after staff turnover (4), Chose not to continue with service after intake (3).

Program Accomplishments/Activities/Events over the past year: The CenClear CPS program participated in many enrichment and engagement opportunities over the year. Several staff attended the PA Peer Support Coalition conference and banquet. Program Supervisor Chelsey McElwee was nominated for the PMHCA Board of Directors and Program Supervisor Jody Kulakowski was nominated to attend the Leadership Fellows Academy hosted by OMHSAS. A group of 4 CPS' attended Youth and Young Adult peer training, increasing our ability to provide peer support services for youth and young adults in several of our service areas. We now have staff who can facilitate BALM training, as well as Wellness Coaching, and Forensic Peer Support training. Many staff attended the Older Adult Symposium to increase their skills working with older adults, as a large portion of the peers we serve are members of that population. CenClear also partnered with Community Connections to staff the CSP Ambassador position, currently held by CPS Melissa Castro. Several staff attended the CSP Holiday Gathering where numerous other providers were in attendance to educate the community about mental health resources.

Current Program Census: 160

Number of Staff: 1 Program Director, 1 Program Manager, 2 Program Supervisors, 7 Field Supervisors, 8 Full-Time CPS Staff, 14 Part-Time CPS Staff, 2 Departmental Assistants

Licensing Status: As a result of a licensing inspection on February 22nd, 2023, the program was found to have zero deficiencies with no plan of action required. We were commended on our quality assurance program, as well as for making the changes suggested at our review the year prior- namely, adding a Written Recommendation for Services portion to our referral form and updating our treatment plan signature policy. The reviewer identified that there was consistency in services being provided across locations and the content of the Progress Notes gave a good picture of the supports provided by staff in our program. We were encouraged to continue to ensure we are following our policy of documenting services provided during transit.

Participant Surveys: Consumer satisfaction surveys were sent out via SurveyMonkey in July 2023 and January 2024. There were 68 respondents in July, and 71 respondents in January. Indicators stayed relatively the same between the 2 survey periods. There were 4 'poor' responses on the recent survey- January 2024. One respondent in Jefferson County selected 'poor' as their response to the following questions:

- 1) I am satisfied with CPS' ability in scheduling appointments at time that fit my schedule.
- 2) The number of sessions each week meets your needs.
- 3) Issues at time of intake are decreased as a result of services.

An additional respondent in Clearfield County selected 'poor' as their response to "Issues at time of intake are decreased as a result of services." Neither respondent specified comments or concerns or provided their information for a follow-up call.

Individual Records Review: There is a monthly review conducted by the director of the program, which is collected and reviewed by the Quality Assurance department. Results and deficiencies of monthly chart audits are immediately shared with staff via email and are followed-up on in Field Supervisor meetings, Weekly CPS Admin meetings, and individual supervision. Trending concerns are also reviewed in Monthly Half-Staff meetings. This is to ensure charts are up to date with state regulatory documentation.

Trending issues that we continue to work on as a department are: ensuring that supporting documentation is completed timely (CPS Progress Measures, Wellness Screening Tools, POMs, etc.), attaching peer signatures to telehealth sessions, and ensuring that services are not billed on a plan that is not yet signed by the Program Director/utilizing the active plan until the new plan is approved.

Training: CPS staff are required to participate in a 75-hour orientation course offered by one of the PCB-approved vendors before they can see any peers. In addition, all new CPS staff attend CenClear orientation, complete new hire trainings in Relias, participate in wellness coaching and tobacco cessation counseling training, and engage in departmental training. 6 hours of field training is provided in the field by Field Supervisors before a new CPS can begin providing services- which is documented in a supervision note. After successfully passing the CPS certification exam, within 6 months of hire, CPS' must maintain their certification by attending 36 hours of training for every certification period (2 years). 24 of the training hours must be specific to peer support and/or recovery practices, 3 hours in ethics, and the remaining 9 hours are chosen by the professional and may be in any topic. In addition to these trainings, staff completes yearly fraud, waste and abuse training as well as mandated reporter training every five years. Staff is also trained on the Sanctuary Model, as CenClear is a Sanctuary organization. A record of training hours is maintained by the Vairkko system, and a back-up of these records is held within the CPS department for auditing purposes.

All staff received the needed training hours and are on target to meet the hours needed for their individual certifications. Several staff were selected for PCB training audits during this period, and no deficiencies were identified in the records.

Supervision: Supervision is maintained by Field Supervisors, Program Supervisors, and the Program Manager. Supervision is held weekly for at least one hour in total and is a combination of individual and group, face-to-face and virtual. One face-to-face supervision is

held each week, at minimum, to meet regulatory requirements. Supervision documents are stored in the EHR and are signed by staff and their supervisor.

Grievances Filed: There were no grievances filed during this reporting period.

Reviewing the Quality Improvement Plans: The quality improvement plan for the year will be posted on the CPS portion of the CenClear website. Existing peers, families, and other community stakeholders will be encouraged to view the plan and a copy can be provided, if requested. The annual plan will be reviewed with administrative staff and shared with the entire CPS team.

Upcoming Year's Quality Improvement Plan: Our quality improvement plan for the upcoming year involves improving our discharge process and ensuring continuity of care at the point of, and after, discharge from the program to increase the number of discharges due to "service goals met". To do this we will continue to train staff on the regulations surrounding discharge and how the discharge process will look in our new EHR system, SmartCare. A related goal is for a majority of our discharges to be completed face-to-face with a peer. Secondly, we wish to continue with developing our supportive roles within the department as we work to retain staff and ensure that people have opportunities to develop professionally. Lastly, we hope to continue to revitalize and grow the footprint of our Recovery Center- while intended for peers with substance use disorder, the resources compiled by the center may be helpful to peers we serve in the CPS program.

Completed by: Kaitlyn Bloom, BS, CPRP, CPSS- CPS Program Manager (February 2024)