

**Center for Community Resources, Inc.**  
**Peer Support Program**  
**Quality Assurance Annual Report Summary**  
**Fiscal Year 2019/2020**

**Introduction:**

The mission of Center for Community Resources, Inc., (CCR) is to make a positive difference in everyday lives by connecting people to a network of supports and services essential for actively learning, working, and living in the community. The Certified Peer Support program embraces the mission of CCR by ensuring that all Peers are gaining the necessary tools and techniques to establish a healthy way of life.

William Anthony, Directory of the Boston Center for Psychiatric Rehabilitation, defines recovery as, “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” CCR strongly believes that recovery is a mix of hope, empowerment, support, education/ knowledge, self-help, human appreciation, and personal fulfillment.

Certified Peer Specialist (CPS) services provide services to Peers with serious mental health issues, serious emotional disturbances, or co-occurring disorders. Services are founded on the recovery-oriented models that focus on mutual relationships, partnerships, individual strengths, skill development, personal choice, and community integration. CPS helps individuals understand their personal experiences and develop strategies and skills to maintain wellness. CPSs will help explore the issues that are presenting difficulty and will teach individuals the necessary skills to successfully identify and follow through using their own solutions. The following recovery principals will be utilized:

**Hope** is a part of recovery that individuals must develop and internalize during their recovery. Hope is a desire accompanied by confident expectation. Having a sense of hope is the foundation for ongoing recovery of mental illness. The smallest belief that recovery is possible can fuel the recovery process.

**Empowerment** is the belief that one has the power to control his/her own life, including his/her own illness. Empowerment also involves taking responsibility for self and advocating for self and others. A greater sense of empowerment in one’s life grows throughout his/her journey of recovery.

**Support** from peers, family, and friends is essential for recovery from mental illness. It is beneficial to have multiple sources of support. Support not only reduces an individual’s sense of

isolation but also increases activity in the community, allowing individuals the opportunity to hold integral roles in society.

### **Education**

Education about illnesses, medications, best treatment practices, and resources is essential to recovery. CPSs can help individuals identify ways to educate themselves by accessing conferences, workshops, support groups, collaboration with medical professionals, and other available resources. Education is important to help individuals learn about themselves, including symptoms and triggers in order to gain control over their illnesses.

### **Population Served:**

The target population that CPS serves is youth (individuals aged 14 years to 17 years), young adults (individuals aged 18 years to 27 years), and adults (aged 18+ years) that meet the medical necessity criteria of serious emotional disturbance, serious mental illness, and/or mental illness with co-occurring disorders. Individuals must be voluntarily referred by a licensed practitioner of the healing arts. The medical necessity for CPS is determined and prescribed by a medical assistance-enrolled prescriber who has observed over that past year a functional impairment that is directly related to the mental illness within the areas of basic daily living; instrumental living skills; and functioning in social, family, or vocational/educational settings. The functional impairment has been deemed to have made little to no improvement and would benefit from supportive services.

### **Services Provided**

CPSs assist Peers with varying levels of need; therefore, daily activities will reflect each individual's level of recovery. CPSs primarily work with individuals in the community in furtherance of each individual's goals as outlined in the service plan. There is no typical day nor predetermined length of stay. To continue the service, the individual must meet the following criteria:

1. Agree to continue to participate in the CPS program.
2. Continue to experience functional impairments that limit the success of role performance.
3. Demonstrate benefit from the CPS program or have a reasonable expectation that withdrawal from the service may result in the loss of goals attained.

<b>Service Tools/Activities/Interventions</b>	<b>Expected Outcomes</b>
Outreach, Engagements, and Socialization	The individual's participation in the recovery process will be enhanced through outreach, engagement, and socialization.
Individual and System Advocacy	The individual will assume the proactive role in treatment and other life management areas.
Self-Help; Self-Improvement	The individual will develop skills and community integration abilities to identify and utilize community resources; obtain information about education, training, work, volunteer, and/or leisure activities; gain understanding to obtain reasonable accommodations for disabilities; and become active within the community.
Housing, Money Management, and Life Skills	The individual will gain knowledge about how to access financial services, maintain stability in housing, learn to improve his/her living situation, and manage money.
Personal Care, Nutrition, Medical Care	The individual will see improvement in his/her physical health and will receive support as needed at medical appointments and in interfacing and self-advocating for personal health care.
Social Skills and Social Network	The individual will learn to distinguish healthy and unhealthy relationships and learn to develop and maintain positive, helpful relationships and a social network that supports recovery.
Communication Skills	The individual will develop or improve communication skills that help to express needs and desires and build positive relationships with peers, family, and the community.
Crisis Support and Relapse Prevention	The individual will develop a recovery plan as well as a crisis plan and will learn to recognize early triggers and signs of relapse; increase coping skills; and learn to use alternative services and supports to prevent crises, emergency, or hospital services.
Linkage	The individual will improve coordination and linkage to needed community services and supports through recovery and self-advocacy.
Support of Meaningful Activities Identified	The individual is able to choose and participate in activities he/she identifies as important to identified desires in recovery.

Emotional Support	The individual receives support from a CPS who can engage in relevant self-disclosure to inspire hope and recovery strategies.
Development of Rehabilitation and Recovery Goals	The individual chooses and guides his/her own recovery process.
Peer Counseling and Assistance with Development of Problem Solving Skills	The individual will have improved problem solving skill ability.
Participation in Clinical Treatment Teams	Upon request, the individual will work with the CPS to improve communication and coordination of the goals among an individual's support team.
Other goal(s) identified in the Individual Service Plan	

**Staffing:**

All staff will meet the minimum qualifications of possessing the following:

- High school diploma or GED
- Strong interpersonal and communication skills and the ability to work effectively with a wide range of constituencies in a diverse community
- Ability to work independently and as a team
- Current PA driver's license
- Act 33/34 clearances, FBI clearances with finger prints
- Ability to self-disclose as a current or former mental health consumer or co-occurring consumer who can provide relevant self-disclosure
- Has maintained within the past three years, 12 months of successful full- or part-time employment or volunteer work experience, or at least one year post-secondary education totaling 24 credit hours
- Ability to establish relationships with Peers
- Successful completion of the OHMSAS Certified Peer Training

CCR has the capacity to employ 4.0 FTE within the CPS program. Two seasoned staff have been identified and trained as a supervisor to support program growth.

Currently, CCR has 4 CPSs on staff.

**Training:**

CCR values staff education through supporting and providing regular and ongoing staff training. This helps to ensure that CPSs are engaged, informed, and knowledgeable. All CPSs serving the adult, youth, and young adult populations are trained in the following areas:

- QPR (Question, Persuade, Refer) Gatekeeper training;
- Documentation in the CPS program;
- HIPAA;

- Establishing healthy boundaries;
- Trauma-Informed Care;
- Mental Health First Aid;
- Opioid Dependence;
- Medication Education;
- Youth and Young Adult Training;
- Mandated Reporter Training;
- Strength-Based Approach;
- Compassion Fatigue;
- Hearing Voices; and
- WRAP Training.

Further description of the training plan for staff regarding recovery and peer support:

- CPSs will complete the Peer Specialist certification training curriculum approved by OMHSAS and successfully pass the exam before providing services.
- CPSs will have 12 hours of field supervision prior meeting with Peers.
- CPSs will complete 18 hours of continuing education per year with 12 hours dedicated to recovery principles and practices in order to maintain certification.
- Training on cultural competency and age-appropriateness will be required. .

Documentation on all training attended by staff is maintained by CCR.

**Peer Networking Opportunities:**

Networking among other CPSs is necessary for the longevity, growth, and success of the CPS. During this fiscal year, the staff participated in the quarterly CPS meeting held by Southwest Behavioral Health Management. Since April, staff have been engaging at least weekly with their team members via a virtual platform for either team meetings and/or attending a weekly CPS support group. All CPSs attended a 4 hour documentation training, as well as a 4 hour ethics training to ensure they are in good standing for recertification.

**FY 19/20 Statistics:**

**Staffing:**

Seasoned CPS Staff: 4 Casual  
 New CPS Staff: 0 Casual  
 Seasons Mental Health Professional: 1 Part Time  
 New Mental Health Professional: 1 Part Time.

**Total Served: FY 2019-2020 (July 2019- June 2020)**

**Butler County:**

Ongoing Cases: 16 Cases

New Cases: 17 cases  
Closed: 18 cases

**Lawrence County:**

Ongoing Cases: 1 cases  
New Cases: 0 cases  
Closed Cases: 3 cases

**Westmoreland County:**

Ongoing Cases: 0 Cases  
New Cases: 0 cases  
Closed: 0 cases

**Armstrong/Indiana County:**

Ongoing Cases: 0 Cases  
New Cases: 0 cases  
Closed: 0 cases

**Venango County:**

Ongoing Cases: 0 Cases  
New Cases: 0 cases  
Closed: 0 cases

**Crawford County:**

Ongoing Cases: 0 Cases  
New Cases: 0 cases  
Closed: 0 cases

**Average Length of stay:**

The average length of stay for Butler County is 352 days. During this time, there were eight cases where the length of stay was less than 21 days due to Peers moving out of county or needing a higher level of care. This short stay impacted the length of stay average.

Lawrence County served four Peers this fiscal year, for an average length of stay of 75 days.

**Satisfaction Surveys:**

Satisfaction surveys are handed out to each consumer at three months of service and annually thereafter. There are 10 questions that are scored on a 1-5 Likert Scale. The results of these surveys averaged a 4.0. There were no questions that resulted below a 4.0; therefore, no corrective actions needed to be taken.

**Policy Changes:**

As of August 31, 2019, all staff became Pennsylvania Board Certified (PCB). Policies and procedures were reviewed this year, and no updates occurred.

The service description for the CCR CPS services was also reviewed, and no changes were made.

**Audit Results:**

During this fiscal year, the CPS program was audited internally by management, CCR Compliance, Butler County Human Services, and Beacon Health Options.

**Internal Audit Findings:**

- Notes need to be completed within 3 business days
  - To correct, improvements to the E-System were created.
- One case was missing a Strength-Bases Assessment (SBA)
  - SBA was updated to include the MHP signature.

**Compliance Department:**

The CPS program was placed on an internal corrective action plan during this fiscal year. Audit findings were:

- Duplicate/unnecessary paperwork
  - Clerical staff have been assigned to the department. These staff are not filing any documents that are not signed and approved by supervisor.
- Staff dating consumer signatures
  - Reviewed in staff meeting, and policy put in place.
- SBA and ISP not updated timely
  - No billable notes are being documented for attempted completion.
  - ISP and SBA are being initiated at month 5 of review.
- Documents missing manager signature
  - Any documents not signed by a manager are returned prior to filing.
- Missing fields on releases
  - Training was conducted, and each staff was provided a job aide to assist with proper completion.
- Encounter forms not matching times in E-System
  - All encounter forms and notes reviewed prior to billing of insurance. The E-System has locked all notes so that notes cannot be changed, deleted, or added after seven days without Director approval.

**Butler County Human Services**

Area of improvement:

- One chart did not have an SBA prior to completed service plan.
  - SBA was updated to include the MHP signature.

**Office of Mental Health and Substance Abuse Services**

No citations were given.

Areas of improvement were for ISPs included:

- The duration of goals needs to be added to the service plan goals.
  - To correct, management reviewed and trained staff during team meeting.
- Staff signatures need to be complete and legible.
  - To correct, management reviewed during team meeting. All signatures that are not legible are returned prior to being approved by the supervisor.
- Missed supervisions need to be documented at the next in-person supervision and signed for this date
  - To correct, supervision logs are now electronic with signature pages kept separately.