



# **Peer Support Services**

## **CONTINUOUS QUALITY IMPROVEMENT PLAN AND REPORT**

## **About Us**

Beaver County Rehabilitation Center, Inc. is a private nonprofit organization located in Beaver County, Pennsylvania. Aurora Services, our department that provides Peer Support Services, is located at 363 Third Street, Beaver, Pa, 15009.

It is the mission of the Aurora Peer Support program to provide individualized, recovery-focused services that allow individuals the opportunity to learn to manage their own recovery and advocacy processes.

It is the philosophy of the Aurora Peer support program to convey hope, respect, and the belief that individuals have the capacity for learning and growth. All services shall be delivered in a culturally competent manner, and certified peer support specialists recognize that culture is central to recovery.

Services are built upon the strengths and capabilities of the individual. Services support the full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and larger society.

Personal support networks are encouraged by using natural supports within communities, peer support initiatives, and self- and mutual-help groups. It is the goal of services to emphasize the acquisition, development, and expansion of rehabilitative skills needed to move forward in recovery.

Peer Support services accentuate personal safety, self-worth, confidence, growth, boundary-setting, planning, self-advocacy, personal fulfillment, and the development of social supports and effective communication skills.

We serve adults 18 years of age and older who have a presence of or a history of a serious mental illness; and, youth and young adults who are at least 16 years of age and older, but under 27 years of age who have the presence of a serious emotional disturbance or serious mental illness.

We recognize that culture is central to recovery. Through the strength-based assessment process, individuals are encouraged to identify their cultural preferences, inform staff of any accommodations needed, and discuss any specialized services, such as language assistance.

Interventions are based on the Consumer Operated Services Evidence Based Principles Toolkit, guided by research publications and principles identified by Recovery Community Services Programs, and align with the Recovery Oriented Systems of Care framework model. These are vital components we believe are necessary to promote individual resiliency.

We incorporate SAMHSA's six key principles of a trauma-informed approach and trauma-specific interventions including safety, trustworthiness and transparencies, peer support, collaboration and mutuality, empowerment, and cultural, historical, and gender issues. We provide services in a manner that is consistent with the survivor's need to be respected, informed, connected and hopeful regarding their own recovery, recognizes the interrelationship between trauma and symptoms of trauma, and works in a collaborative way with survivors, family and friends of the survivor, and other human services agencies to empower survivors and consumers.

We provide activities based upon the interests and needs of the individual. Examples of specific service activities include self-help, system advocacy, individual advocacy, pre-crisis/post crisis support, and skill development or support in the areas of living, learning, working, socializing, and wellness.

We support recovery and expect to reduce the need for higher levels of care. As a result of participation, we expect individuals may enhance community involvement, strengthen reliance on natural supports, and report increased satisfaction with their quality of life.

### **Continuous Quality Improvement Plan Development**

Essential for accountability and improvement regarding our mission, vision, and values, is the need for quality oversight. This process gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure desired outcomes. This continuous quality improvement (QI) plan is designed to provide an annual review of the quality, timeliness, and appropriateness of four focus areas:

- i. Outcomes for PSS
- ii. Individual Records Reviews
- iii. Individual Satisfaction
- iv. Compliance with approved PSS agency service description

Each of our focus areas are divided into goals with supporting outcomes and measurable objectives. Goals and objectives selected in each focus area were selected in consideration of past performance data and present QI initiatives maintained by DHS, SAMHSA, and OMHSAS. Each objective has an action plan which allows us to concentrate our efforts and measure the extent to which goals are being achieved.

### **Plan Monitoring and Improvement**

This QI plan is reviewed by the Peer Support Supervisor, Mental Health Professional, Quality Assurance Specialist, and Executive Director annually. Individuals served also participate in QI plan development and follow up by offering feedback about their services. This team fosters a team-oriented approach that we hope will help generate a high degree of compliance and individualized services.

We conduct qualitative and quantitative data reviews as appropriate for the type of data. We attempt to include all active individuals in our sample size because we believe each participant's experience is important to our overall outcomes.

We develop action plans to address our objectives, to provide accountability to our mission and vision, and to ensure progress toward desired outcomes within each focus area.

Reviews and revisions will be supported with documentation and will demonstrate an overall commitment to the ongoing process of quality improvement within our organization.

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### Focus Area: Outcomes

**Goal:** Individuals achieve desired outcomes.

**Desired Outcome:** Peer Support provides participants the opportunity to progress toward their personal and recovery goals.

Target Objective #1	Using a full month’s sample of daily entries, more than 50% of participants will indicate that progress was made toward their goals on the majority of entries.	
Performance Measures	% of individuals demonstrating progress in their outcomes N: Number of Individuals making progress in one or more domain D: Number of individuals engaged in services	
Data Source	State Goal Tracker – Peer Support Outcomes; Daily Entries	
Sample Size	One month of all current participants’ files	
Frequency of Reviews	Annual (July)	
Review Timeframes	July – June	
Responsible Reviewer	Peer Support Supervisor	
Other Team Members	MH Professional, Peer Support Specialists, Quality Assurance Specialist, Individuals	
Action Plan		
<u>Action Item</u>	<u>Person Responsible</u>	<u>Target Date</u>
Review individual files	Peer Support Supervisor	July 31
Analyze results and present findings	Quality Assurance Specialist	August 15
Incorporate actions to address findings	Peer Support Supervisor	August 31

### Focus Area: Outcomes

**Goal:** Individuals achieve desired outcomes.

**Desired Outcome:** Peer Support provides participants the opportunity to progress toward their personal and recovery goals.

Target Objective #3	80% of respondents agree or strongly agree that the services they are receiving are helping them reach their personal and recovery goals.	
Performance Measures	N: # of responding individuals (identified with Peer Support) that either agree or strongly agree that the services they are receiving are helping them reach their personal and recovery goals during the period under review D: # of responding individuals (identified with Peer Support) who completed the survey.	
Data Source	BCRC Participant Satisfaction Survey	
Sample Size	Responses for all peer support respondents	
Frequency of Reviews	Annual (March)	
Review Timeframes	Prior year	
Responsible Reviewer	Peer Support Supervisor	
Other Team Members	MH Professional, Peer Support Specialists, Quality Assurance Specialist, Individuals	
Action Plan		
Action Item	Person Responsible	Target Date
Create survey form on paper and Survey Monkey	Quality Assurance Specialist	February 28 (annual)
Administer survey to participants	Peer Support Supervisor/Specialists	March 1 – March 31
Analyze and report findings to Supervisor	Quality Assurance Specialists	April 15
Incorporate actions to address findings	Peer Support Supervisor	April 30

### Focus Area: Individual Records Reviews

**Goal:** Individuals can make timely, informed decisions about their services.

**Desired Outcome:** Participants receive quality, timely, and appropriate services because their information is reviewed and updated regularly.

Target Objective #1	100% of Aurora peer support participant records reviewed are compliant with regulations.	
Performance Measures	Percent of files compliant with regulations out of all files reviewed. Review Criteria: All requirements are Legible, Complete, Within Timeframe, Signed and Dated, Permanent-Secure Location, Kept for 4 years, and Properly Disposed	
Data Source	State Goal Tracker for PSS	
Sample Size	All Individual Records	
Frequency of Reviews	Semiannual (January and July)	
Review Timeframes	July – December and January - June	
Responsible Reviewer	Peer Support Supervisor	
Other Team Members	MH Professional, Peer Support Specialists, Quality Assurance Specialist, Individuals	
Action Plan		
<u>Action Item</u>	<u>Person Responsible</u>	<u>Target Date</u>
Review all individual files for compliance	Peer Support Supervisor	June 30 December 31 (semiannual)
Analyze results and present findings to Supervisor	Quality Assurance Specialist	July 15 January 15 (semiannual)
Develop and Incorporate actions to address findings	Peer Support Supervisor	July 30 January 30 (semiannual)

**Focus Area: Individual Satisfaction**

**Goal:** Individuals are satisfied with their services.

**Desired Outcome:** Participant satisfaction with service provision is continually reviewed.

Target Objective #1	85% of respondents indicate an overall satisfaction with the services they are receiving.	
Performance Measures	% of respondents who complete the satisfaction survey and report overall satisfaction with the services they are receiving N: # of responding participants that either agree or strongly agree that they are satisfied with the services they are receiving D: # of responding participants who complete the survey	
Data Source	BCRC Participant Satisfaction Survey	
Sample Size	All responses by peer support participants	
Frequency of Reviews	Annually (March)	
Review Timeframes	Previous Year	
Responsible Reviewer	Peer Support Supervisor	
Other Team Members	MH Professional, Peer Support Specialists, Quality Assurance Specialist, Individuals, Executive Director	
Action Plan		
Action Item	Person Responsible	Target Date
Create survey form on paper and Survey Monkey	Quality Assurance Specialist	February 28(annual)
Administer survey to participants	Peer Support Supervisor	March 1 – March 31
Analyze and report findings to Supervisor	Quality Assurance Specialist	April 15
Incorporate actions to address findings	Peer Support Supervisor	April 30



**Focus Area: Individual Satisfaction**

**Goal:** Individuals are satisfied with their services.

**Desired Outcome:** Participant satisfaction with service provision is continually reviewed.

Target Objective #2	85% of respondents indicate improvement in their quality of life since engaging with Aurora.	
Performance Measures	% of respondents who complete the satisfaction survey and report improvement in the quality of life N: # of responding participants that either agree or strongly agree that they are services have improved their quality of life D: # of responding participants who complete the survey	
Data Source	BCRC Participant Satisfaction Survey	
Sample Size	All responses by peer support participants	
Frequency of Reviews	Annually (March)	
Review Timeframes	Previous Year	
Responsible Reviewer	Peer Support Supervisor	
Other Team Members	MH Professional, Peer Support Specialists, Quality Assurance Specialist, Individuals, Executive Director	
Action Plan		
<u>Action Item</u>	<u>Person Responsible</u>	<u>Target Date</u>
Create survey form on paper and Survey Monkey	Quality Assurance Specialist	February 28(annual)
Administer survey to participants	Peer Support Supervisor	March 1 – March 31
Analyze and report findings to Supervisor	Quality Assurance Specialist	April 15
Incorporate actions to address findings	Peer Support Supervisor	April 30

**Focus Area:** Compliance with the approved PSS agency service description

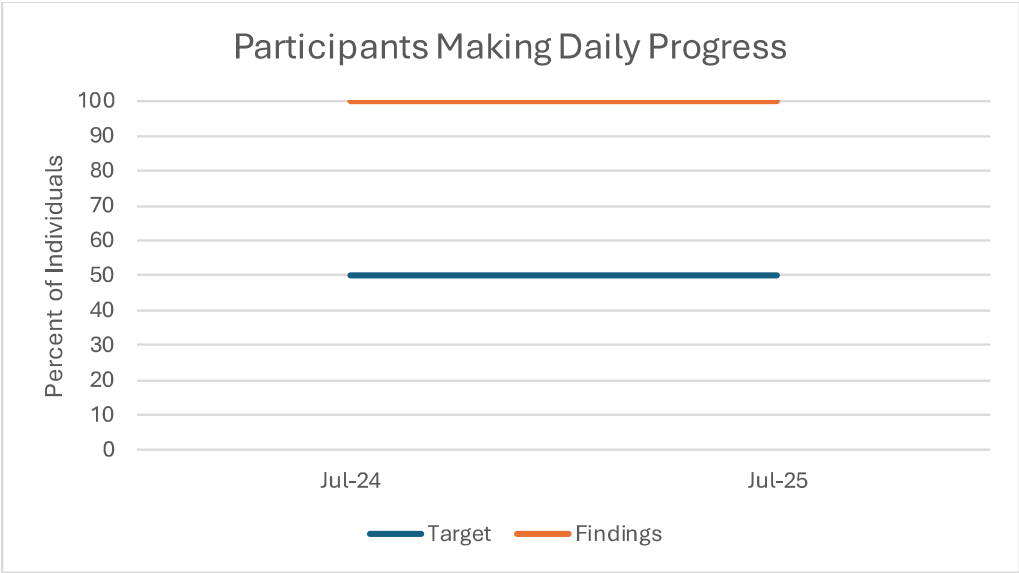
**Goal:** Individuals receive approved services.

**Desired Outcome:** Compliance with the approved PSS agency service description

Target Objective #1	Aurora Peer Support participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan. The integrated CAP may be removed from the following QM plan cycle if updated procedures have been implemented and successful in meeting compliance standards.	
Performance Measures	% of requested Peer Support audits that Aurora participated in <u>AND</u> % of CAPs integrated into the QM Plan for the period under review. N: # of requested Peer Support audits that Aurora participated D: # of requested Peer Support audits for the period under review Qualitative: CAPs for the period under review integrated into the QM Plan	
Data Source	Audit letters, QM Plan	
Sample Size	All PSS audit requests and findings	
Frequency of Reviews	Annually (July/August)	
Review Timeframes	Previous Year	
Responsible Reviewer	Quality Assurance Specialist	
Other Team Members	Peer Support Supervisor, MH Professional, Peer Support Specialists, Individuals, Executive Director	
Action Plan		
<u>Action Item</u>	<u>Person Responsible</u>	<u>Target Date</u>
Participate in all requested audits	Quality Assurance Specialist	As scheduled
Develop corrective action plans as requested	Quality Assurance Specialist	As requested within required timeframe
Update Quality Management Plan to integrate new CAPs	Quality Assurance Specialist	Within 30 days of approval of CAP

Daily Progress

Target Objective #1	Using a full month’s sample of daily entries, more than 50% of participants will indicate that progress was made toward their goals on the majority of entries.
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July 2024

**Analysis:** 100% of participants indicated progress on their entries. The objective is met.

**Actions to Address Findings:** Continue to monitor feedback daily to ensure participants’ belief that progress is being achieved.

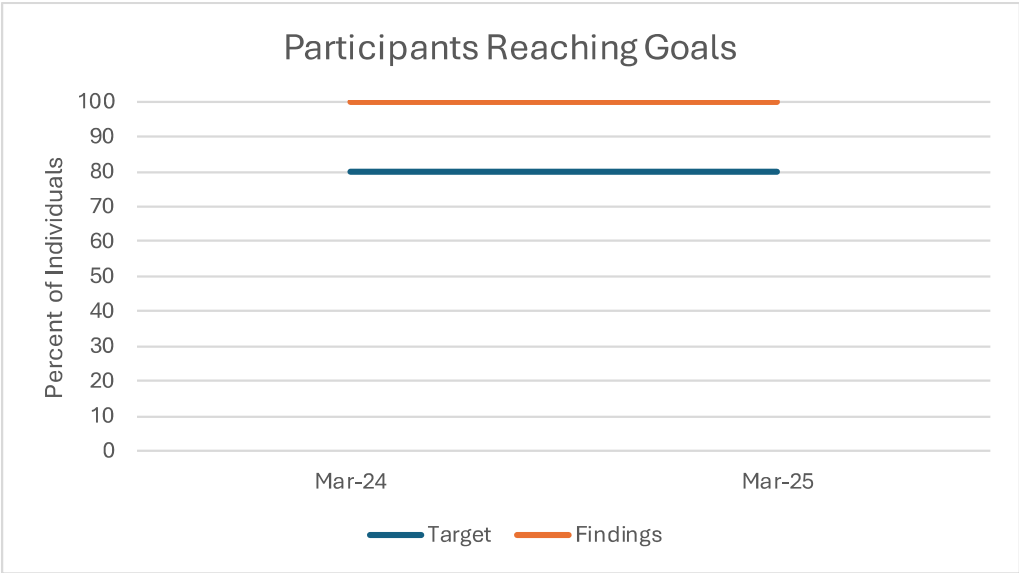
July 2025

**Analysis:** 100% of participants indicated progress was being made on their daily entries.

**Actions to Address Findings:** Continue to provide services according to the individual’s goals and objectives, and seek feedback daily about their services.

Personal and Recovery Goals

Target Objective #2	80% of respondents agree or strongly agree that the services they are receiving are helping them reach their personal and recovery goals.
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March 2024

**Analysis:** 100% (3/3) Agree, 0 Neutral, 0 Disagree that the services they are receiving are helping them reach their personal and recovery goals. The objective was met.

**Actions to Address Findings:** Continue current processes. No new actions needed.

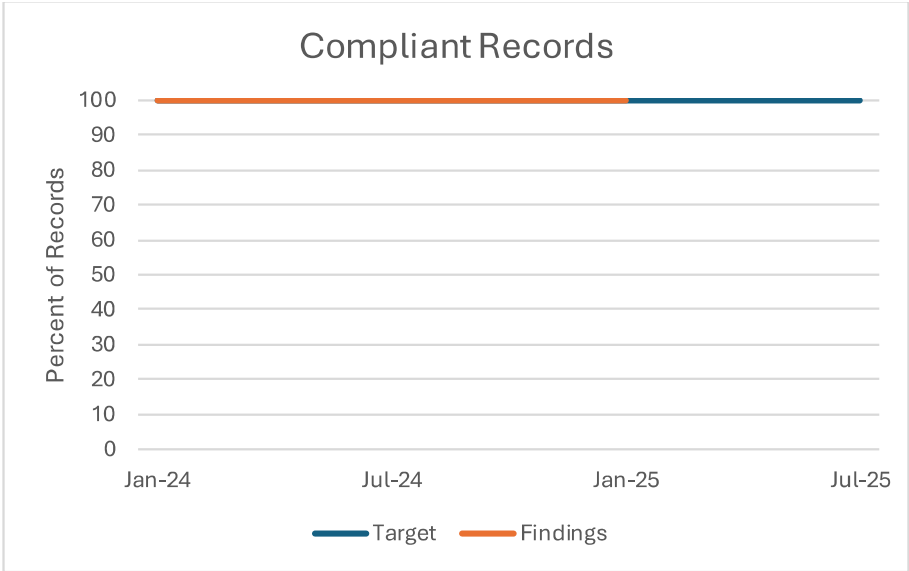
March 2025

**Analysis:** 100% (12/12) Agree or Strongly Agree, 0 Neutral, 0 Disagree or Strongly Disagree that the services they are receiving are helping them reach their personal and recovery goals. Objective was met.

**Actions to Address Findings:** Continue current processes, assess new needs as program grows.

Records Compliance Reviews

Target Objective #1	100% of Aurora peer support participant records are reviewed for the presence of ISPs and dates of compliance, updated releases, updated contact information, and updated diagnostic information.
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January 2024

**Analysis:** 100% of PSS records were reviewed for updated compliance. The records were compliant. The objective was met.

**Actions to Address Findings:** Continue to monitor. No new actions are needed.

July 2024

**Analysis:** 100% of PSS records were reviewed for updated compliance. The records were compliant. The objective was met.

**Actions to Address Findings:** Continue to monitor. No new actions are needed.

January 2025

**Analysis:** 100% of PSS records were compliant as documented on the state goal tracker.

**Actions to Address Findings:** Continue to review folders in case something is missing and document areas where progress is needed, if any.

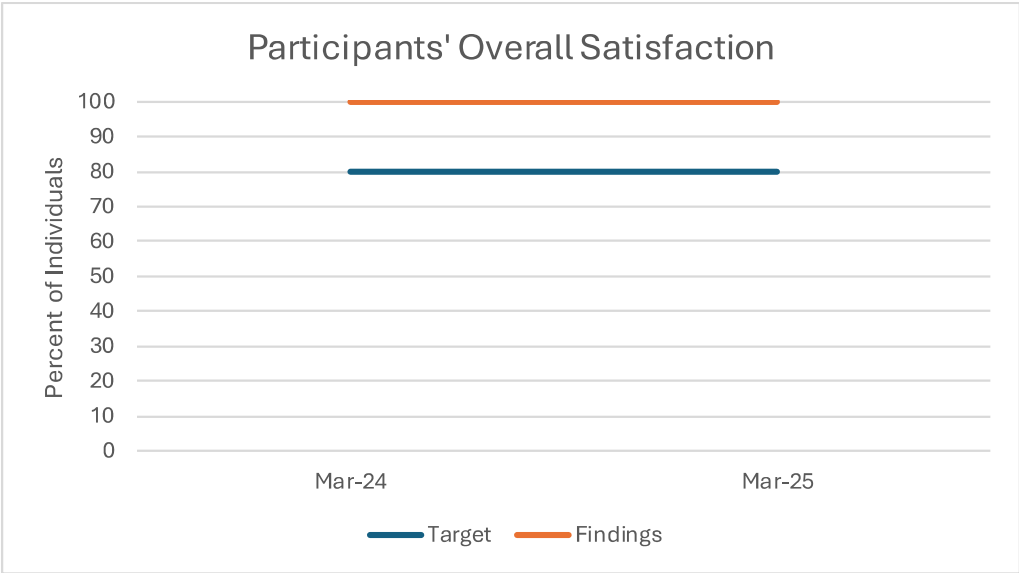
July 2025

**Analysis:** 100% of PSS records were compliant as documented on the state goal tracker.

**Actions to Address Findings:** Continue to monitor for compliance.

Overall Satisfaction

Target Objective #1	85% of respondents indicate an overall satisfaction with the services they are receiving.
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March 2024

**Analysis:** 100% (3/3) Agree, 0 Neutral, 0 disagree. The objective was met.

**Actions to Address Findings:** Continue annual monitoring. No new actions needed.

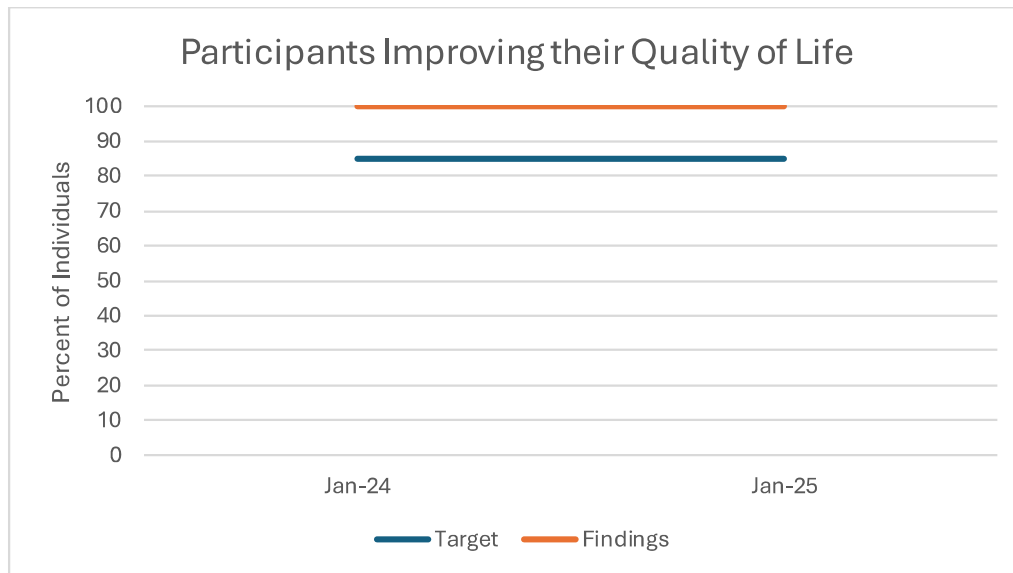
March 2025

**Analysis:** 100% (12/12) Agree or Strongly Agree, 0 Neutral, 0 Disagree or Strongly Disagree

**Actions to Address Findings:** Continue current processes.

## Quality of Life

<b>Target Objective #2</b>	85% of respondents indicate improvement in their quality of life since engaging with Aurora.
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### March 2024

**Analysis:** 100% (3/3) Agree, 0 Neutral, 0 disagree. The objective was met.

**Actions to Address Findings:** Continue annual monitoring. No new actions needed.

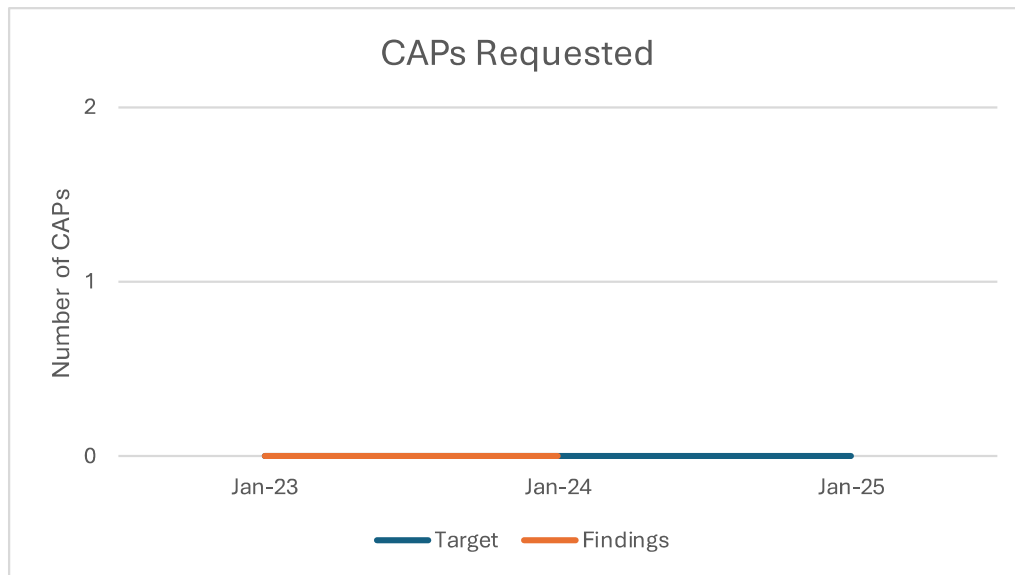
### March 2025

**Analysis:** 91.67% (11/12) Agree or Strongly Agree, 1 Neutral, 0 Disagree or Strongly Disagree. The objective was met.

**Actions to Address Findings:** Individual comments were considered and incorporated into individual services where possible.

## Integrating CAPs

<b>Target Objective #1</b>	Aurora Peer Support participates in 100% of all requested audit activity. Should an area of non-compliance be identified, 100% of CAPs will be integrated into the QM Plan. The integrated CAP may be removed from the following QM plan cycle if updated procedures have been implemented and successful in meeting compliance standards.
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### August 2023

**Analysis:** No CAPs were necessary.

**Actions to Address Findings:** Continue to implement changes as regulations are updated.

### August 2024

**Analysis:** No CAPs were necessary.

**Actions to Address Findings:** Continue to implement changes as regulations are updated.