Crawford County Mental Health Awareness Program, Inc. (CHAPS)

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CHAPS Peer Support Program Annual Report 7/14/22 – 7/23/23

Referrals

The primary source of referrals to the peer support programs are people waking into the agency asking for assistance. However, we also receive regular referrals from the inpatient mental health unit, many other provider agencies, BCM's, CYS, schools and community members. Interagency referrals are also made as needed to provide the most comprehensive services to the consumer. Once the referral is assigned to Peer Support the verification of eligibility is received form the LPHA. Referrals are assigned to staff and the initial call to schedule the intake is made within seven days. All attempts to contact the consumer are documented to support outreach attempts.

Peer Support Program (CPS) Outcomes

The CPS program served 133 consumers in the last year. The average length of stay for the CPS program is 6 to 12 months. There were 40 discharges form the CPS program. In the majority of discharges, the consumer stop following through with services and we are unable to locate or contact them. It is then documented that we are unable to reach them on the signature line of the discharge. Other discharge reasons include incarceration, the consumer has moved from the service area, or they have transferred programs within the agency to better meet their needs. Consumers also have been discharged because they have completed their plan goals. They have gained more independence, become employed, are managing their overall wellness independently, improving personal relationships, practicing self-advocacy skills, become more social and many other achievements.

We have served 31 youth in COMPASS in 2022-2023 and we are currently serving 13 individuals. Most participants are also attending Pathfinders as well. Transportation and housing continue to be the biggest barrier in this program. CPS are working more closely with families and treatment teams with their youth peers (many are involved in multiple youth serving

systems). We continue to notice more youth who are about to turn 18 and graduating (or not finishing school) who would like to access their own housing to live independently from their family, though there are few options for under 18 and limited options for youth up to age 26 who have few resources and limitations with lack of independent living skills necessary to live independently. Thankfully we are exploring more funding opportunities to create housing programming specifically targeted to youth and young adults.

Individual record reviews

Supervisor's review two files per employee each month, this is completed in supervision. This ensures all files are reviewed within the year. The majority of file work is completed within regulatory time frames. Peer support only has 30 days to complete an IRP which is a tight time frame to work within, especially if the consumer is not following through regularly. Any documentation that is late has a reason documented as to why. For example, the consumer missed appointments and the plan or quarterly update was not completed within the appropriate timeframe. Other common findings are that consumers do not always date their signatures, that many consumers do not want to comment on their services for the day, and staff do not always complete the name and date of birth at the top or bottom of each page. We find the notes are sufficient in most cases however some staff will write too much information while missing the interventions they provided. It is an ongoing discussion of capturing the valuable work they do through their documentation.

Individual satisfaction

Consumer satisfaction survey are completed yearly for each program within the agency. We aim to survey at least 50% of program participants. The surveys are completed by interns and work study students beginning in early March and ending in mid-April. A survey results presentation is conducted in the Drop-in-Center for staff, members and stake holders. The results are available to review by all interested parties. We also hold focus groups yearly as well. This gives consumers the opportunity to share their thoughts and suggestions on the programs they receive services in. These groups have resulted in changes to programming, new program development and other changes to improve the experience consumers have while in our building and while receiving services. *Please see attached satisfaction survey results for Peer Support and COMPASS programs

Use of exceptions

We have no use of exceptions to admissions and continued stay requirements in the past year. We continue to access our local mental health outpatient providers as well as Dr. Susan Maloney to provide the LPHA verification for services.

Evaluation of compliance with the agency service description

The compliance committee reviewed the Psych Rehab and Peer Support service descriptions on 2/24/23. They are satisfied that services are being provided as described within the documents. There are no changes needed at this time. We will adjust the service description as regulations require us to do so. These changes will be submitted for approval to OHMSAS and Beacon Health options when necessary. The Quality Assurance committee will also have the chance to review the document at the next annual meeting on 7/13/23.

Action steps

- Continue to work with the Credible team to improve the use of the system to better meet our needs and our ability to extract data from the system.
- Increase visibility and marketing of agency within the community, increase community outreach efforts.
- Explore other retention and recruitment efforts for new and existing staff. Explore
 opportunities for current staff within the agency.
- Explore tools to simplify and gather outcomes data for all programs.
- Increase staff productivity targets and meeting program hours.
- Identify and train more CPS staff, specifically those to work with youth
- Increase staff morale and improve the overall culture of the agency to reflect our mission.
- Ensure staff are available and present to take referrals during business hours.
- Maximize consumer participation in programs to benefit their overall wellness and recovery.
- Advocate for more CPS trainings closer to this area or allow for virtual training to be approved.