



**Annual Continuous Quality Improvement Review and Plan
Certified Peer Specialist Program
February 2024- February 2025**

CenClear Mission Statement

CenClear is committed to improving lives through high-quality early childhood and behavioral health services for all ages.

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 Compliance:

As of 1/29/25, the CenClear Peer Support Service Description is in alignment with the most recent update of the OMHSAS Peer Support Bulletin and other existing regulations and performance standards. If changes to regulations or standards occur, the CenClear Peer Support Administrative Team will coordinate to draft needed updates to the description which will be sent to OMHSAS for review/acceptance.

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 107 referrals made to the program since 3/1/2024.

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 35 admissions between March 2024 and February 2025.

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 52 discharges between 3/1/2024 and February 2025.

Reasons for Discharge:

Goal Plan Completed: 8

Change in Level of Care: 2

Unable to Contact or Locate Consumer: 4

No Funding/Approval of Services: 5

Consumer Declined Further Services: 16

Non-Engagement of Services: 6

Consumer Moved: 3

Other: Peer schedule is full (1), services not appropriate for peer need (2), deceased due to natural causes (1), unable to staff (4).

Peer/Program Outcomes:

In the last licensing year, CCBH informed CenClear of the hospitalization of 6 CPS peers. These peers were not rehospitalized. Several other peers were hospitalized for physical health reasons. In these cases, wellness coordination with the CenClear Wellness Nursing Department was encouraged. Recently, the direction of this department has transitioned to the Director of Nursing who will be developing a new workflow for providing wellness nursing services to community-based program members. This will likely involve both in-person and telehealth services.

Eight program participants discharged from the program due to the successful completion of their recovery goals documented on the peer support service plan. We continue to provide ongoing training on the development of SMART goals to assist our staff with educating their peers about creating goals that are more measurable so that even the smallest amount of progress can be documented as having been achieved. Goals achieved included: 3 environmental goals, 3 physical wellness goals, 1 social goal, and 1 emotional goal.

Since our transition to a new EHR system, we have lost some of our established outcome measurement tools- namely, easy access to goals that have been achieved (including job and housing obtainment.) Moving forward, we will continue coordination with the EHR Superuser Cohort to determine if the Life Events function of the EHR system will allow for tracking outcomes measures.

Individual outcome measures for each peer are documented on the CPS Progress Measure, which is monitored by a CPS department assistant and entered into the CCBH ePortal.

Program Accomplishments/Activities/Events over the past year: CenClear CPS staff continued to develop professionally throughout the year. Several staff attended training to become Certified Forensic Peer Support Specialists, while others attended a conference on providing support to people with Autism. We had staff attend the annual peer support conference hosted by PAPSC, and one of our staff attended the annual banquet. Staff sought opportunities for training and were encouraged to provide feedback on trainings and needed areas of support at our monthly training meetings. Staff have asked for more training options and are particularly interested in the experiential Hearing Voices training. CPS Program Supervisor Chelsey McElwee and Program Manager Kaitlyn Bloom coordinated to develop a plan for more training options. CPS Program Director, Denise Moore, is in the process of being able to provide the Hearing Voices training with the hopes that we can offer it in the Fall of the upcoming licensing year. CenClear continued to partner with Community Connections to staff the CSP Ambassador position which has consistently been held by CPS Melissa Castro. Melissa Castro and Chelsey McElwee had the opportunity to attend the NamiCon conference which benefitted Melissa in both positions. Brianna Beck

attended hill day in Washington DC to represent the CenClear peer support program. In addition, Program Manager Kaitlyn Bloom and CPS Supervisor Fred Swope participated in the local Youth Leadership Summit during which Fred participated on a panel regarding recovery and resiliency. Lastly, Fred's peer, M, was invited to share her recovery story with the CenClear ACT team as part of their ongoing training initiatives. Program Supervisor Jody Kulakowski completed the Leadership Academy that she was accepted into last licensing year and also became a certified CFRS. CPS/CRS staff Shane Ellis and Chris Kumm continued to work to develop the CRS program with support from Program Supervisor Jody Kulakowski. They attended hill day in Harrisburg.

Hiring continues to be difficult for our program. The cost of the training continues to increase, and training is rarely offered outside of the Pittsburgh and Philadelphia/Harrisburg regions. The addition of the requirement to be certified before being able to provide peer support also adds an additional challenge. To chip away at some of these barriers, CenClear partnered with Peerstar, Dickinson Center, and Roads to Recovery to host a CPS training at the CenClear office in DuBois. 3 new staff attended this training. These staff are performing well and benefitted from access to supervisors and supports that they would not have had if the training was away.

We spent a lot of time this licensing year learning new processes and developing new procedures. Many of these workflows and procedures remain in development as we learn more about these systems each day. Our supervisory department was restructured at the beginning of the licensing year, and we obtained new EHR and payroll systems. The EHR system includes an AI note-taking component. In addition, we switched to Microsoft Teams and now use OneDrive to store our documentation. Our focus was on maintaining and supporting the staff in our department, while taking as little time as possible away from staff being able to provide peer support services to their peers. These transitions were difficult and are still impacting our department as we look ahead into a new licensing year. Staff persevered and continue to support one another- these challenges brought our department closer together and allowed some staff to become aware of their own leadership skills. All of these new processes and systems led to an update of our CPS orientation training. Program Supervisor Chelsey and Program Manager Kaitlyn worked with the rest of the admin team to update the training structure and associated documents, including: the New Hire Training checklist, documentation 'cheat sheets', CPS/CRS EHR Workflows, comprehensive resources guides for each of our counties served, and a new CPS Orientation Powerpoint that will act as a resource for the entire department. We collaborated with the CenClear IT department to make it so that all of these things are accessible to staff in Microsoft Teams.

CenClear developed an employee spotlight program and several of our staff were acknowledged for their work and dedication to the department. CenClear also supported Program Supervisor Chelsey McElwee with obtaining her Master's degree in Clinical Psychology, after the successful completion of her Bachelor's degree in Psychology. Several of the staff within our department continue to maintain employment and volunteer positions outside of CenClear that benefit our local communities.

Our department continues to grow and develop with assistance from our administrative supports and our organizational supports have grown as we've supported one another through organizational changes.

Lastly, CenClear CPS program was selected for a CCBH Program Integrity Audit that was completed in November 2024. A sample of records were selected, and reviewed, by CCBH and no deficiencies were found.

Current Program Census: 136

Number of Staff: 1 Program Director, 1 Program Manager, 4 Program Supervisors, 13 Full-Time CPS Staff, 14 Part-Time CPS Staff, 2 Departmental Assistants

Licensing Status: As a result of a licensing inspection on March 1, 2024, 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 the organization and thoroughness of the documentation provided prior to the licensing visit. The reviewer suggested that we review our policies to ensure that we are not holding ourselves to unrealistic standards that fall outside the scope of the regulations and performance standards.

Participant Surveys (Individual Satisfaction): Consumer satisfaction surveys were sent out via SurveyMonkey in July 2024 and January 2025. There were 37 respondents in July, and 46 respondents in January. The number of responses has dramatically decreased this licensing year, so we will be mindful of this when making plans for future surveys- the next will be in July 2025. After the January 2025 survey period, CenClear will be switching from SurveyMonkey to Microsoft Forms to collect peer feedback.

Changes were made to the survey between the 2 review periods so direct comparison was not possible; however, there were fewer "fair" and "poor" responses recorded on the January 2025 survey.

Reports from the July survey included "poor" responses to questions regarding satisfaction with the availability of the assigned CPS, and "fair" responses to questions regarding timely response of the CPS to phone calls from the peer, the number of sessions each week meeting peer need, the CPS' ability to understand the peer's situation, empathy/professionalism of the CPS, and progress toward resolving presenting problems. 1 peer also reported that they felt they were not given adequate information about telehealth services and 2 peers identified that they do not have the technology necessary to receive telehealth services and their experience with telehealth was not positive. "Fair" and "poor" ratings were provided by 3 unique individuals and none requested follow-up or provided further comment.

Comments on the July survey included:

With my therapist, sometimes it was preferable to talk over the phone. I wish she would come to my house actually. But having to take the bus up there when she could just call me on the phone is B***S***!"

Telehealth works best for me. Phone calls are the optimal method of services I receive due to my busy schedule with work and home life. I require a lot of verbal communication as I need more communication than I do activity. The things that have helped me cope are all through

conversation. A huge part of my life is spiritual, social justice, and morals and ethics and philosophical. My cps helps to provide those conversations. They help me to understand people and how I am able to fit in and navigate social situations since life is nothing but interpersonal relationships. My diagnoses have hindered my ability to have rewarding and fulfilling relationships and these communications have helped me greatly in understanding the people I work with on a day to day basis. As well as family, friends and coworkers.

Reports from the January survey included 1 “dissatisfied” response to the question regarding compatibility with the assigned CPS. 1 peer responded that they do not feel like they are making progress on their recovery goals.

Comments on the January survey included responses to what happens in a typical CPS session and any concerns or successes the peer wanted to share:

She takes me out into the community and helps me to make friends

My CPS gets me out in the community to work towards budgeting and physical health and listens when I have stressors

We talk a lot and she listens. She helps me come up with ways to problem solve and try to work on setting boundaries. It helps me by helping me being able to talk instead of holding things in. She makes me feel understood and not alone in situations. She is helping me set boundaries so people arnt taking advantage of me and using me.

I don't feel so lonely when Mark comes.

Having someone to let me talk to and who shares their life stories with me

we work on budgeting healthy eating and getting out into the community

We get out in the community, she listens as I describe my problems. She teaches me coping skills, reminds me of other coping skills, and helps me remember how to calm myself or helps me find/contact the resources I need to resolve my problems. I've gotten better with managing my budget. I've gotten better at being able to manage my environment(keep my home clean).

Interactions go from stating all issues that have come up from time away and then we look at the activating event, the belief, and the consequences of actions that have or had taken part. The mental support , is wonderful.

Get out in the community to work on my physical health and budgeting skills. Work on building more ways for me cope with stressors by getting involved with activities and learning new ones. With having support helps with decreasing my depression and anxiety.

She helps me with budgeting and I have been doing well with this and bargain shopping

Cps supports me very well with me getting my shopping done. She knows I cannot do it alone and stays right with me to help reduce my anxiety and phobias. Cps had tried getting me into the community and has done so on one occasion.

Cps supports me with communication skills and with setting boundaries which helps me with difficult situations such as drama

Getting a job with my Cps support and encouragement

We work on my daily living skills and gives me emotional support when needed. The support helps with decreasing my anxiety and depression.

We work towards my physical health by learning more ways to eat healthier and working towards my budgeting skills to save more money on my own. Gets me out in the community. It helps with decreasing my anxiety and depression.

Been working towards my daily living skills to find more time in my routine and learning ways to budget my money to help save more money through out the month. Helps with reducing my Mental health symptom's.

My CPS listens to what I have to say and is respectful and understanding. I'm happy

my CPS listens to me and is supportive. Everything is good

We work on things I am interested in working on like exercising and social interaction.

My CPS assists me with budgeting when we're out shopping. She also has been helpful with helping me deal with my anxiety when I'm around a crowd. If we're staying at my apartment, she helps me get or remain motivated to maintain my home in a manner that helps support my mental and physical health

We work on my daily living skills in my apartment to help with me keeping a clean environment. Takes me out in the community to make new friends and working towards helping me with my budgeting with overdrafts and spending.

Visiting drop in centers to get out and doing activities with others to help with anxiety and depression

Getting out in social settings and learning techniques on how to be more emotionally stable with less panic attacks and anxiety

Working on hobbies for coping with my mental health. CPS is always willing to help or try new activities

In a typical session with my CPS she helps me to deal with stress and anxiety while participating in doing activities and outings.

I feel we can talk about anything and if I have a problem she helps me work through it.

I feel my CPS gives me positive feedback, listens to what I need help with and assists me in what my needs are.

i get out more and work on social skills; BenJamin helps me by pointing out areas to improve with my interactions and reading the room. BenJamin also helps me work on my anxiety. Benjamin is helping me work toward my goals and becoming more independent.

Cps gets me out of the apartment and I am building a support network. I have been doing karaoke in front of others which is a big step for me

it's good ,she helps me talk to people ,we play pool and uno, and we work on flashcards to read

working on hobbies with my CPS to help with my stress and anxiety. It helps me feel better.

My CPS helps me put my thoughts in order and prioritize what matter to me. Trying to find more activities in the area

We have a lot of good talks and he helps me to get things off my chest. He gives me ideas about how to improve my diet and to help me to stop some of my bad habits. I moved into another apartment and am much happier now. My CPS supported me through the move and he was very helpful throughout the process.

He is someone I joke around with and have a good time. With my CPS's help I have all but quit smoking cigarettes.

My CPS and I meet at places to work on my goals. He is a good support system and listens to things I'm struggling with and offers so much assistance to figure out how to fix things in my life. We spend most of sessions discussing ways I can improve my life.

We go over goals and what want to do.. we discuss what we will do for an hourw. I am satisfied with the service I received.

My cps listens to me and respects me.

My CPS helps me with my anxiety when I am out in public. She helps "get me out of my own head". She helps me with my anxiety and with all my daily living. We discuss a lot of issues that are out of my control

We work on Communication skills and he helps me with recognizing social cues and boundaries

Work on physical health, daily living skills work on budgeting. He supports me with making sure he is there with me and helping me understand things

We go to the gym to work on my physical health, we listen to good music, we talk about healthy food choices. My visits help me work on the things I need

We discuss any appointments or notable events that happened in the next week then what will happen in the following week. If I have appointments, we discuss what will happen during them and any advocating or planning I'll need to do for them. We look over my calendar/activity tracker to make sure I'm being productive and that it's still helping me. If there are any social supports I need, we'll discuss those. I mostly benefit from my CPS's support by talking through my challenges and how to best work through them.

we have lunch together and shoot pool. I have lost weight and look forward to getting out of the house.

visit and talk and helps me do stuff around the house. I'm drinking less. I quit smoking a few years ago

These positive responses were summarized and shared with CPS department staff at the February monthly training. Responses highlighted numerous things, most notably: staff are ensuring that holistic wellness is being honored by engaging in wellness coaching with their peers, peers are making progress on their personalized recovery goals, and that they feel safe with, heard, and respected by their CPS'.

Individual Records Review: There is a monthly quality evaluation conducted by the CPS Program Manager, in collaboration with the CPS Program Supervisor who oversees Quality Assurance and completes monthly chart audits. The monthly evaluation and chart audit summaries are then 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 Weekly CPS Admin meetings and individual supervision. Trending concerns are acknowledged immediately via email to all CPS staff and are also reviewed at the beginning of our monthly training meetings. This is to ensure charts are up to date with state regulatory documentation and associated standards. The goal of the CPS department is to review at least one record documented by each existing CPS each month, as well as all records for all peers that have been discharged throughout the month. Typically, this accounts for about 20% of our peer census, or 30-40 charts. Over the 2024 licensing year, our quality assurance processes have been greatly impacted by our transition to a new EHR system. The development and utilization of new workflows is ongoing.

Trending issues that we continue to work on as a department are ensuring that supporting documentation is completed timely, attaching peer signatures to telehealth sessions at point of signature receipt, ensuring that locations are correct in our ISNs, and ensuring that time spent with peers during transit is accurately reflected in the body of the ISN.

There are plans in place to remedy these trends, including: ongoing education regarding tracking 'widgets' in the EHR, continuing to advocate for a simpler process for attaching signatures in the EHR and utilizing verbal consent (when appropriate), working with the CenClear billing department to update the location list to ensure all needed options are available and easily identifiable by staff, and providing ongoing training to staff who struggle with documenting time spent during transit.

Any records found to not be in accordance with regulation and standards were updated and payment was adjusted in collaboration with appropriate funding streams.

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 supervisors before a new CPS can begin providing services- which is documented in a supervision note. After successfully passing the CPS certification exam, 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.

In the coming licensing year, CenClear will be partnering with the PA Peer Support Coalition and PMHCA to bring some of their training offerings to CenClear exclusively. In addition, CenClear has coordinated with PCB who have given the go-ahead for staff to utilize some online training databases, such as Mindspring Health, to obtain training hours. By utilizing these resources we are able to offer our staff more cost-effective options for expanding their knowledge base and their ability to support a diverse group of peers.

Supervision: Supervision is maintained by Program Supervisors and the Program Manager. In September 2024, CenClear submitted an update to our Service Description which had previously stated that supervision must be provided for one-hour per week. This had become a barrier due to our regionalization and the requirement that supervision be in-person, so our reviewer encouraged us to pursue this update. This update was short-lived as the 12/20/2024 OMHSAS Peer Support Bulletin update added the requirement of supervision being at least one hour peer week. The Service Description was then updated and forwarded to the OMHSAS reviewer who acknowledged receipt on 1/29/25.

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

Reviewing the Quality Improvement Plans:

Review of Last Years QIP and Actions to Address Remaining Goals: (below)

Our quality improvement plan for the last year involved 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 intended to continue to train staff on the regulations surrounding discharge and how the discharge process would look in our new EHR system, SmartCare. A related goal was for most of our discharges to be completed face-to-face with a peer. Secondly, we wished to continue with developing our supportive roles within the department as we worked to retain staff and ensure that people had opportunities to develop professionally. Lastly, we hoped 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 have been helpful to peers we served in the CPS program.

We updated our attendance and engagement policy, which included information about discharge; however, implementation of the new EHR system did not go according to plan and the retraining took longer than expected. For this reason, the retraining piece and the overall goal to increase the number of in-person discharge sessions were moved to the current year’s plan.

At the beginning of the licensing year, we restructured the supervisory roles within our department to improve consistency and accuracy of communication and to increase the time available for staff to spend with our peer census. All staff were reoriented to their new role within the department and the reasoning for the change. This led to the achievement of

updating the programs job descriptions and negated the need for an updated Field Supervisor manual. The Program Supervisor manual will be updated once SmartCare workflows are finalized, as the restructure necessitated the addition of 2 more Program Supervisors. This goal is not part of the current year's quality plan.

Lastly, another part-time CRS was hired and he is currently in the process of scheduling his exam. The revitalization of the Recovery Center has been put on-hold until a sustainability plan can be secured in partnership with other community organizations.

Upcoming Year's Quality Improvement Plan:

This year's quality improvement plan includes goals of having at least 51% of discharges occurring during face-to-face sessions, all staff reporting confidence with the new EHR system, 90% of staff reporting hours within their expected productivity range, hiring to fill ongoing vacancies for CPS staff in Altoona and St. Marys, and increasing general staff satisfaction.

This annual quality review 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. Peers are encouraged to participate in the development of the next year's quality improvement plan, if they wish, by providing additional information, or requesting a call back from the CPS Program Manager, on their satisfaction surveys.

Completed by: Kaitlyn Bloom, BS, CPRP, CPSS- CPS Program Manager (February 2025)