

# **RHD Allies Quality Assurance Report**

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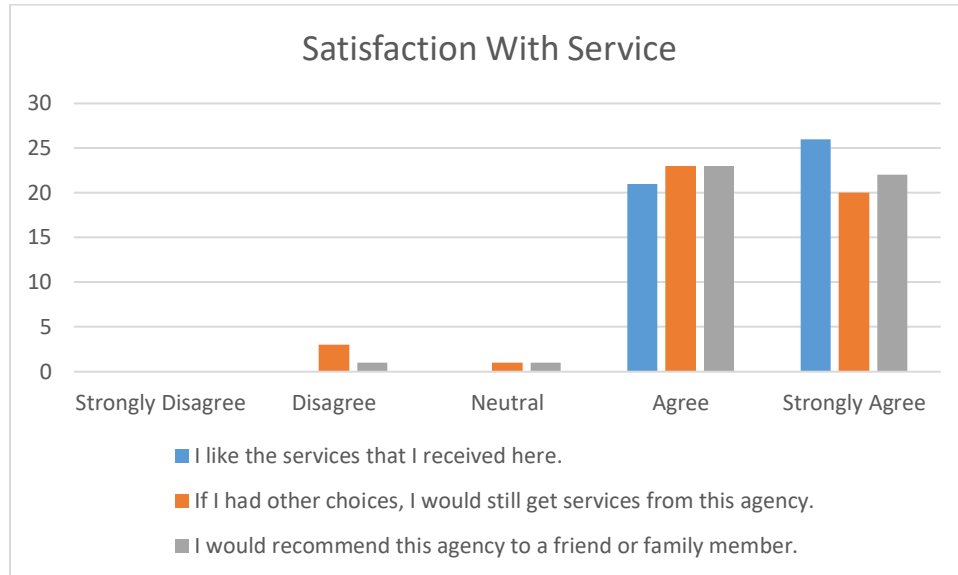
**21/22**

RHD Allies effectively assists individuals with mental illness and substance use disorders who are often involved with the legal system. A staff of credentialed peer support professionals delivers assistance and support through their shared experiences and successful personal journeys of recovery. Over the past three years, we have continued to adapt our practices to assist our participant population as best we can and embody the definition of a peer support agency. Carefully selected measurements indicate that we are meeting or exceeding the expectations of our participants by performing the essential functions of a peer support agency. Beyond the expectations of those we serve, RHD Allies strives to exemplify this model of care through adherence to evidence-based best practices and continuous quality improvement. The following report documents the realized results of operating with these standards. By achieving the results that are provided in this report, we satisfy the definition of a peer support agency. An analysis of these results identifies strengths and weaknesses across our organization and recommends possible steps to take that may further enhance our position as a provider of peer support services.

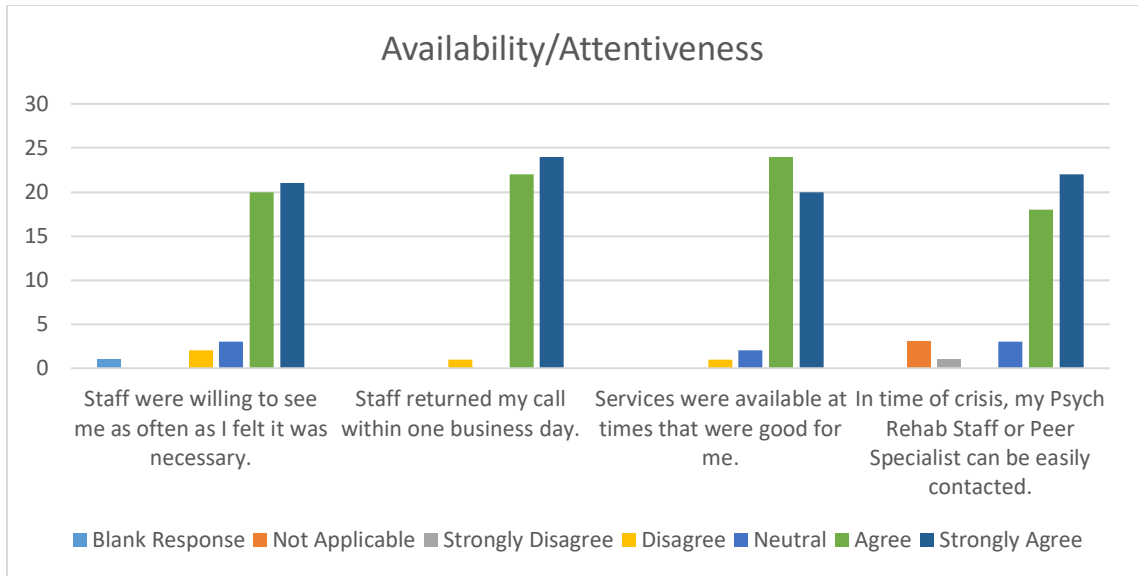
## **I. Satisfaction Survey**

The satisfaction survey is conducted annually and is given to as many participants as are willing to participate. This past year we achieved a rate of over 87% of participants surveyed. This is an increase from last years 75%. This survey utilizes the experiences of our participants to guide our quality assurance efforts. The feedback received with this tool allows us to effectively gauge

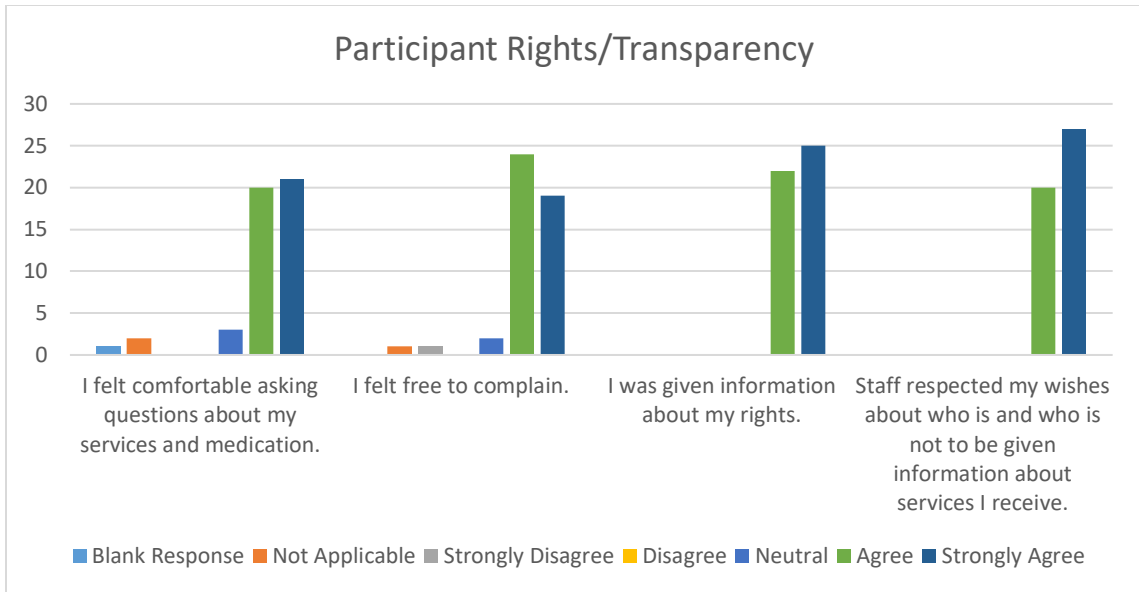
the job we are doing in a number of domains. The results of these areas are shown below with a discussion included.



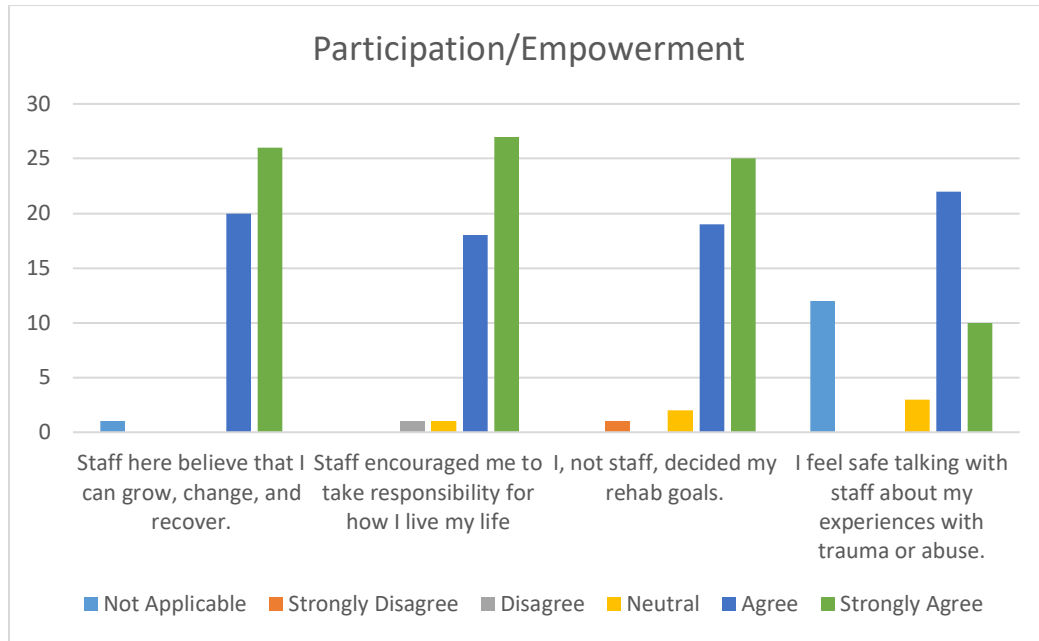
Overall, a majority of participants expressed satisfaction with our services based on their responses from the Satisfaction Survey. In comparison of data from last year, there were less participants that “strongly agreed” and more “agreed” responses, indicating a decrease with their satisfaction with our services.



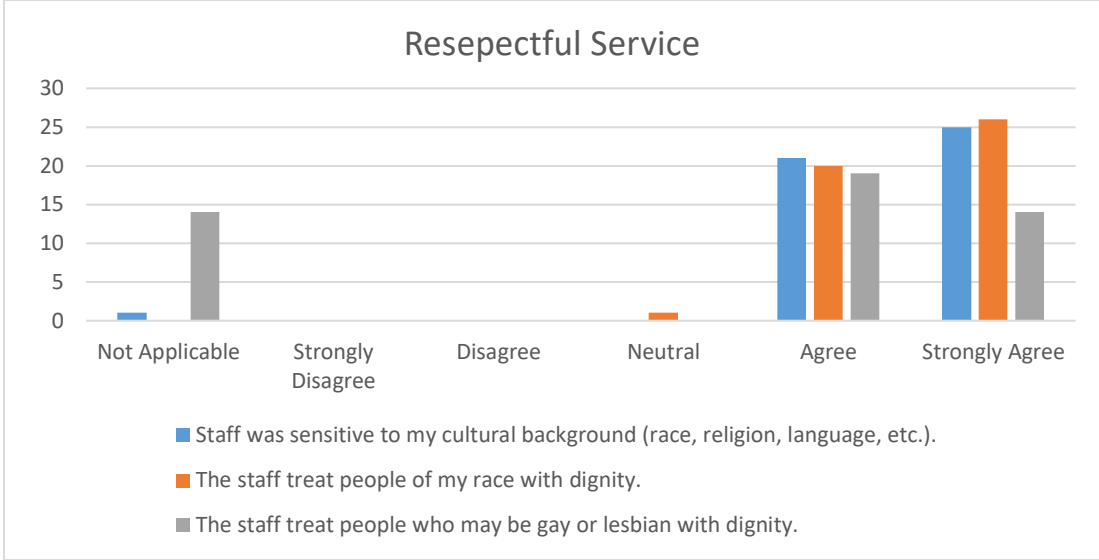
The fact that our peer support professionals are very accessible and consistently attend to the needs of participants perhaps contributes to the high level of satisfaction with our services. It is a policy of RHD Allies to see every participant in a caseload each week unless circumstances prevent this. It is also a policy of RHD Allies to make sure that an alternative CPS is available to cover a caseload in the event that something prevents a CPS from seeing his or her own participants. These policies ensure every participant is receiving the level of service required for their specific needs and that we are satisfying all contractual obligations outline by our payer. Statically, there was no change in this category compared to last year's results.



RHD Allies treats all participants with the highest level of respect and dignity, as stipulated in RHD values. With these guiding principles, every effort is made to demonstrate that we serve at the pleasure of our participants. The results of this domain indicate that we are creating an environment that clearly prioritizes the rights and needs of each participant. The participants understand that they have a voice within the organization because this is emphasized during their interactions with the CPS and actions are taken which reflect acknowledgement of participant input and feedback.

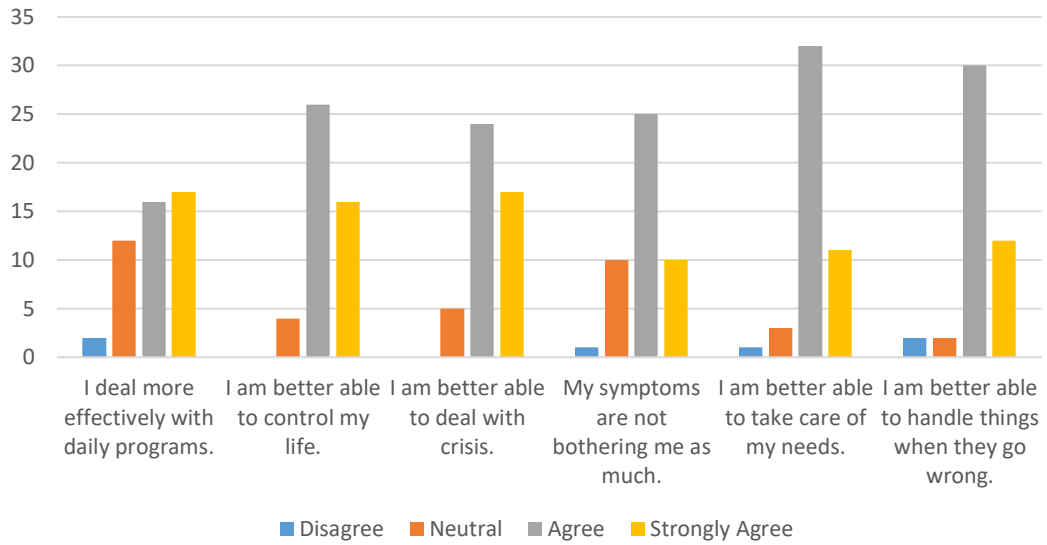


A primary focus of our services is the empowerment of participants to take charge of their life and recovery. We support our participants in a way that facilitates every aspect of recovery. This is what we do on the most basic level. Receiving high levels of satisfaction in this area supports the fact that we exemplify the role a peer support professional should play in the life of a participant. We continuously examine ways to accomplish this more comprehensively and to a greater degree. We have a cohort of participants (12) who don't believe they are a victim of trauma or abuse.

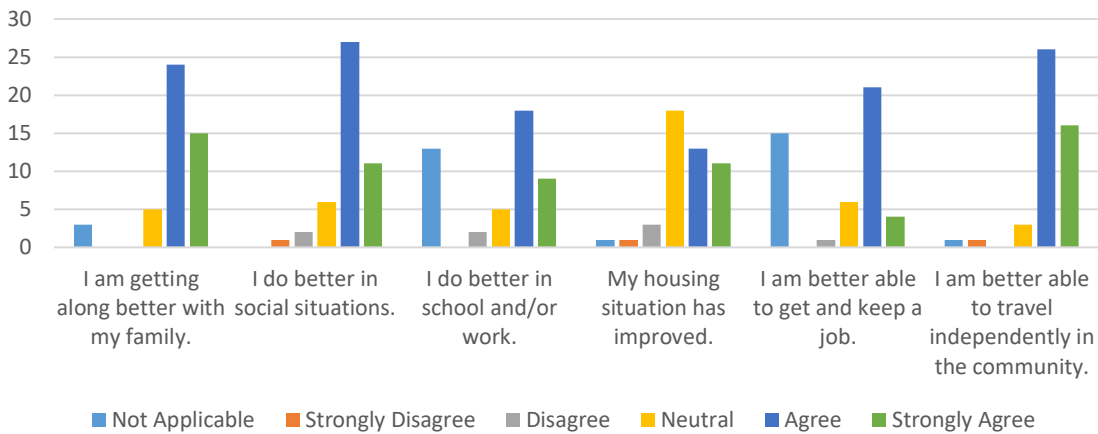


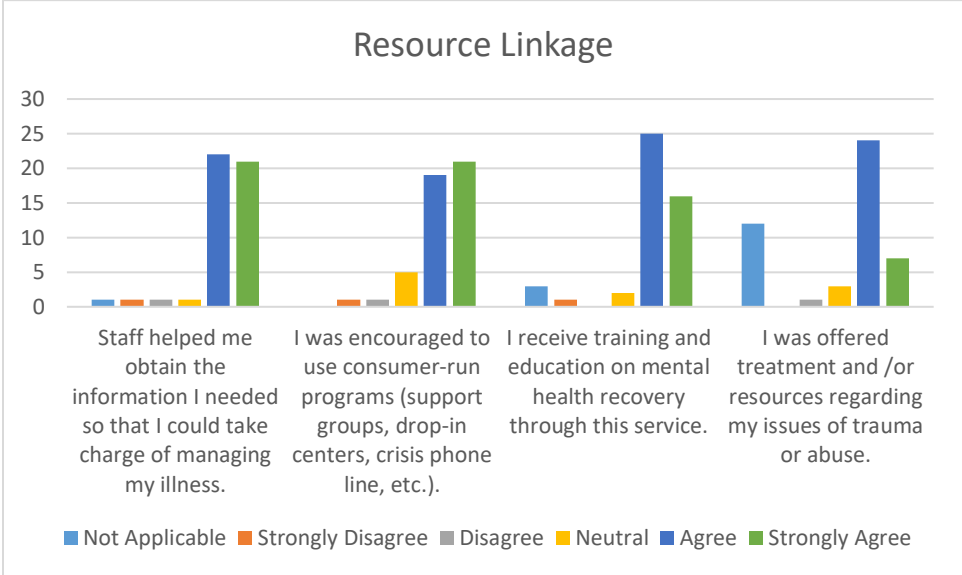
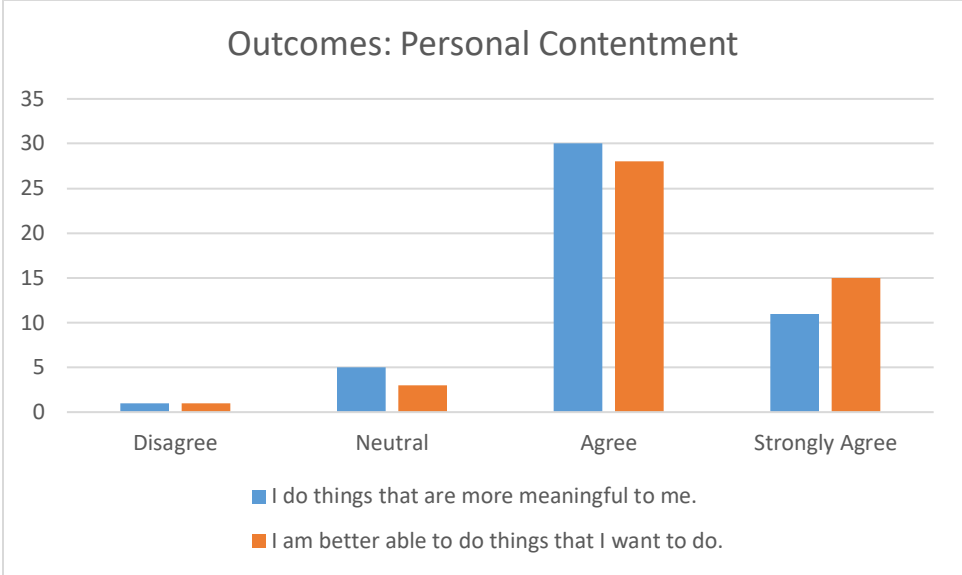
The foremost value employed by RHD Allies is to respect the dignity and worth of every individual. This is in respect to their values, beliefs, and orientation. In regards to sexual orientation, 30% of our participants don't believe this question pertained to them. We make every effort to communicate our respect for individuals of any constitution. Never has an issue arisen that would have elicited a disagreeing response to our interactions with them, suggesting any deviation from our values.

### Outcomes: Personal Responsibility



### Outcomes: Situational Well Being





The three graphs labeled as measuring ‘Outcomes’ in different areas are critical metrics indicating the efficacy of our services. The Resource Linkage graph provides an indication of how well our services address the resource acquisition aspects of peer support. We received strong results in all of these areas. Each of these areas individually describe more specifically a



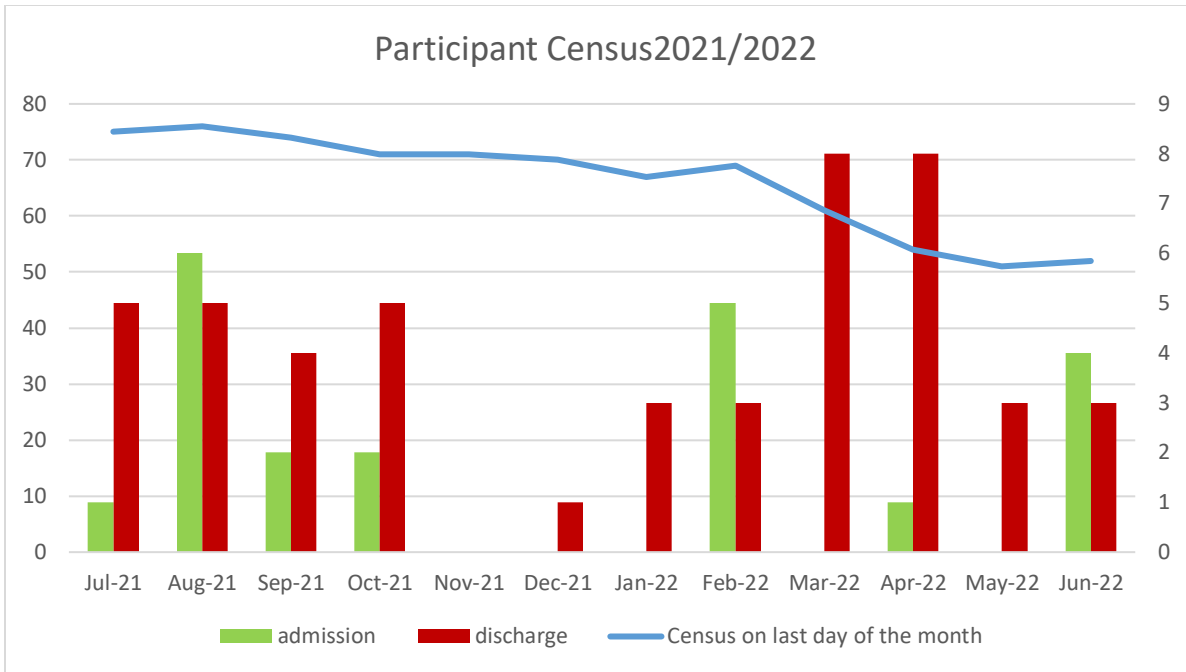
participant that has become largely empowered. High satisfaction in these areas suggest positive outcomes in our efforts to support overall wellness and recovery.

## Discussion

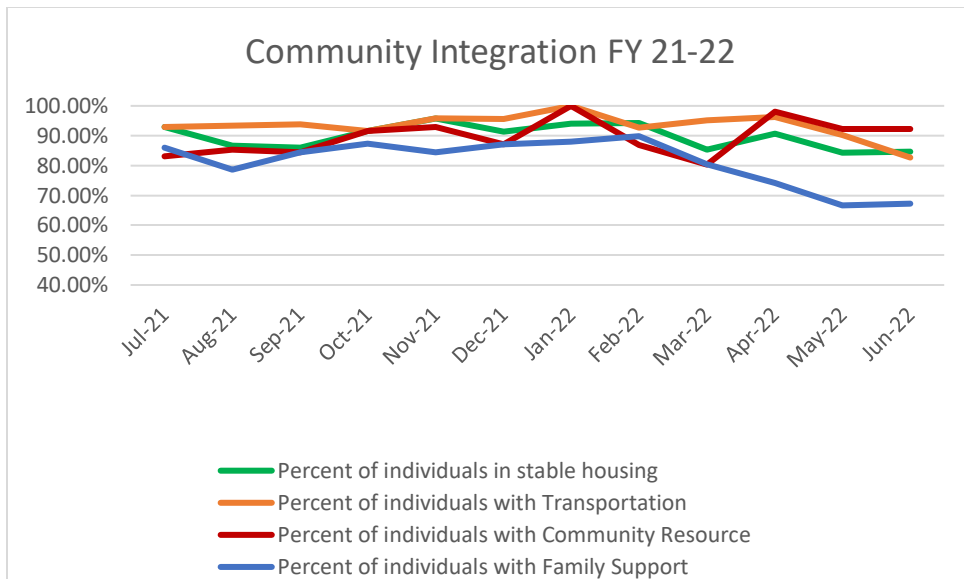
Participants are made aware that their feedback is highly valued and considered significantly when adapting policies to guide services in the future as well as when training and developing our Peer Professional staff. Overall, our internal analysis with the data from the last QA report shows that more participants responded with “Agree” than “Strongly Agree”. Even though this still indicates that, to ensure a quality program we need to find out why there was such a large change. We will change how we collect data in our CQI process to gather more information and improve our service.

## II. CQI Monthly Metrics

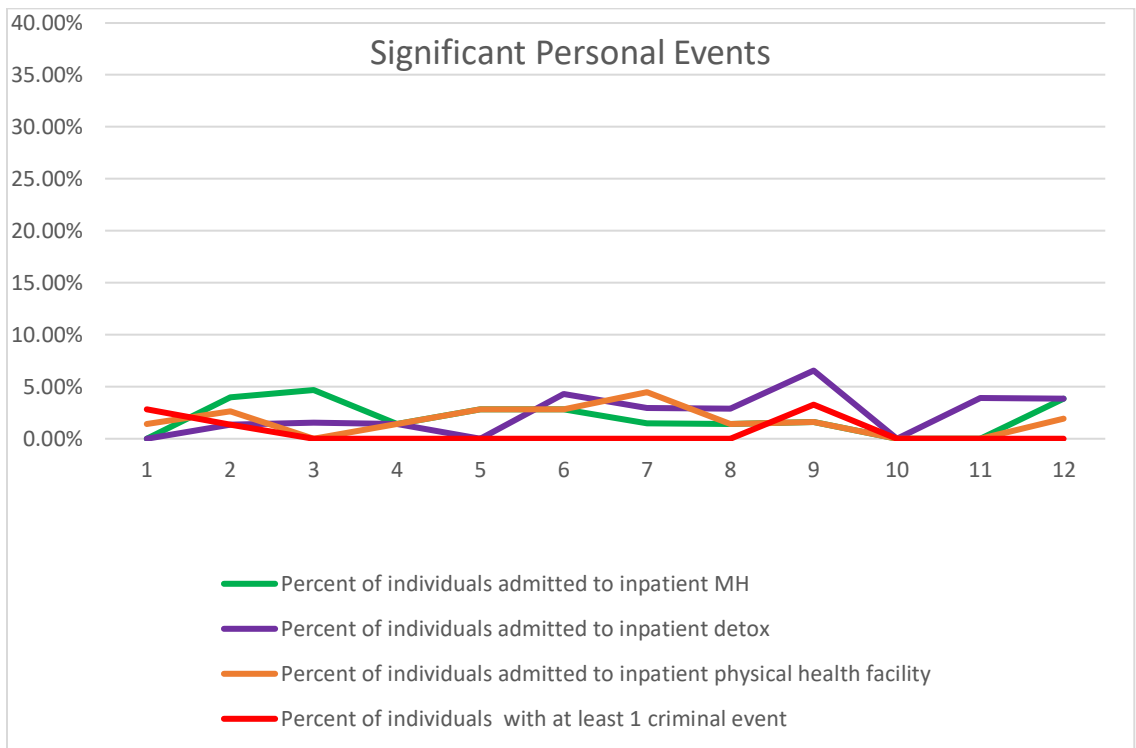
The Monthly Metrics are obtained from the knowledge each CPS has of the participant that they work with. Data is collected for every single participant served at the beginning of every month. The information is entered into a spreadsheet and analyzed month over month. The data collected evaluates objective metrics that are often collected in the behavioral health field. Our metrics are shared with our senior management team to ensure a high level of service. A summary of findings is listed below:



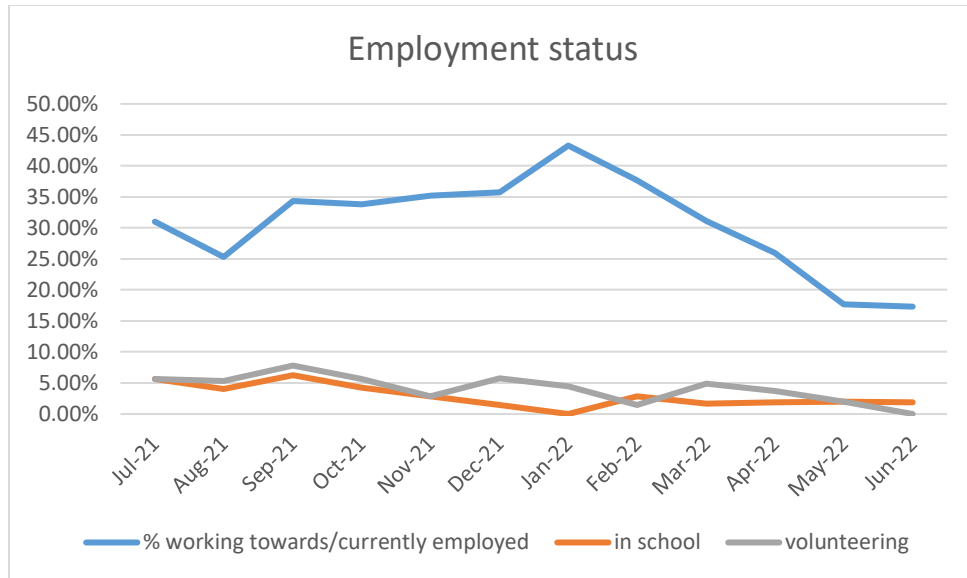
- Our census declined by 18% due to the pandemic. When the program returned to working in the community in person from telehealth, we lost 25% of our staff.



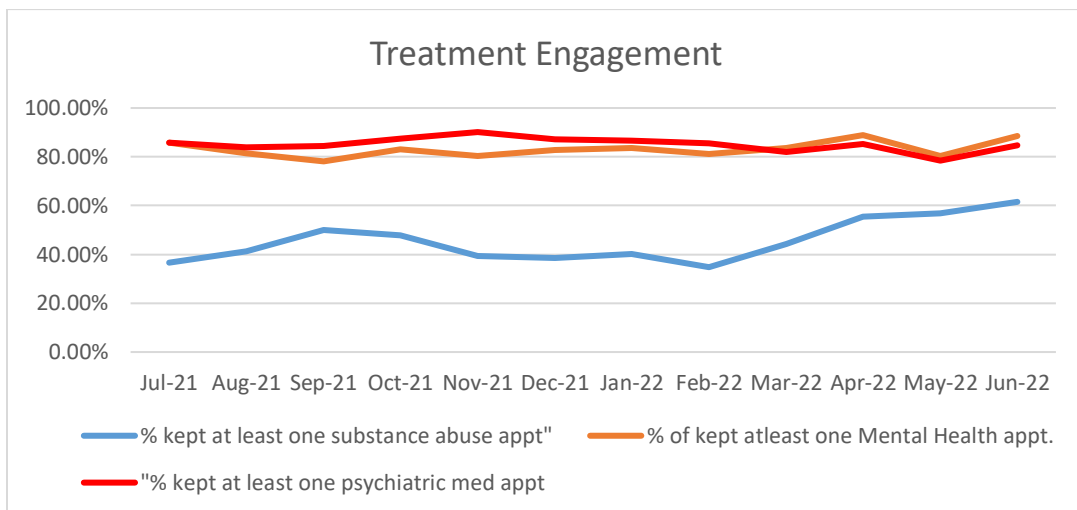
- Fluctuating around 90%, our population has access to stable housing, community and family support, as well as transportation. Our lowest indicator for Community Integration is “Family Support”, where we ended the year at 67%. When we cross walked this with the last 2 Satisfaction Surveys, we see that the data supports our staffs’ findings. We will make this a focus of improvement for this fiscal year.



- Less than 5% of our population has been involved with the legal system negatively over the past year
- On average, less than 5% of our patient population has relied on inpatient medical treatment over the past year



- We have a low percentage of participants seeking employment, educational opportunities, and/or volunteering. This is in part due to the large percentage of our census that receives disability or social security payments. This mimics current national unemployment trends. We will review with participants their views and values on gainful employment to see if their responses match the statistics.



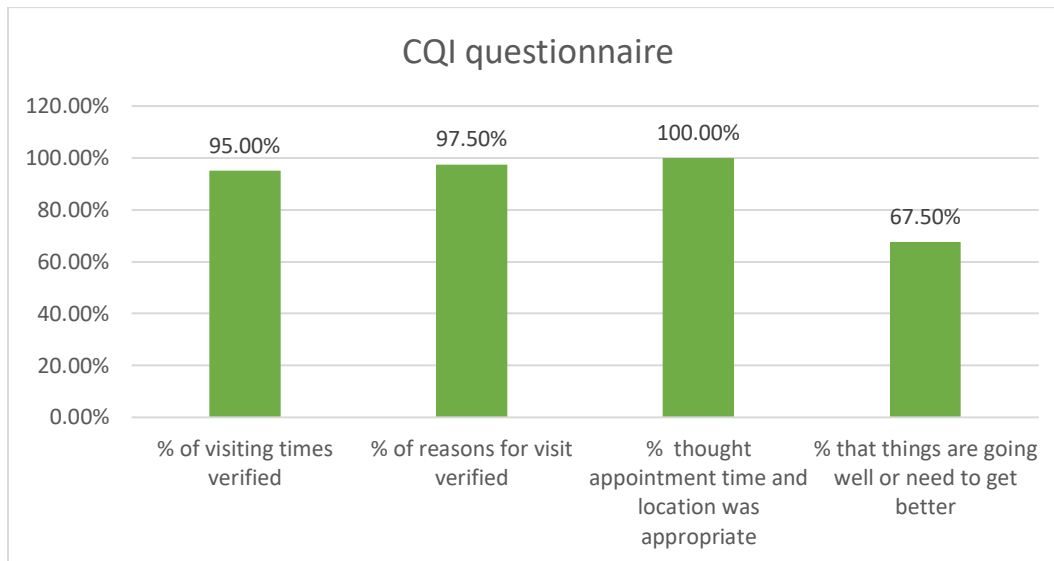
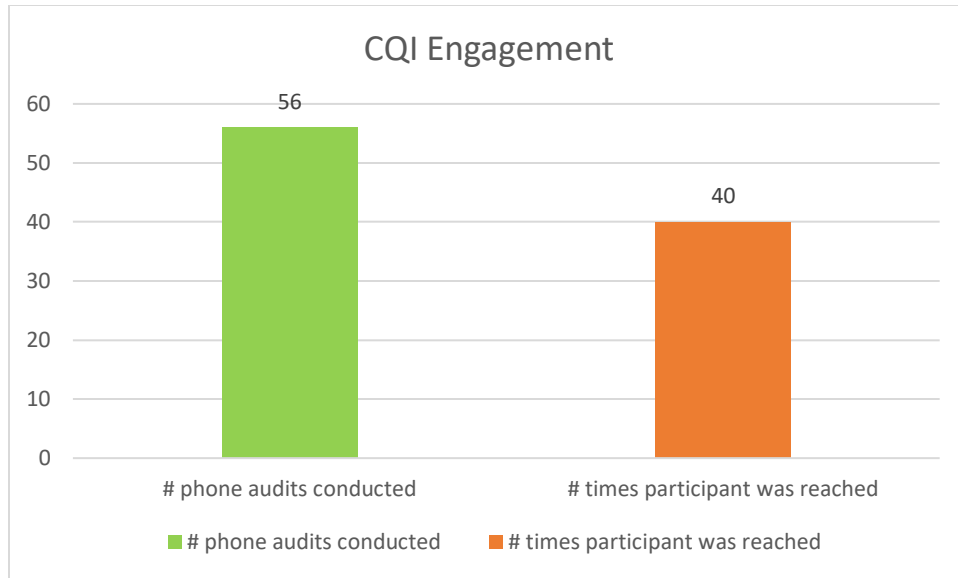
- Our participants, where applicable, engage with their outpatient treatment and medication management regimens at a rate of over 80%. The substance abuse rank is much lower but that may be due to some of our participants not having a substance abuse issue. We will look at ways to clarify this issue/question.

## Discussion

In almost every critical area measured we have achieved statistically significant results that support successful outcomes related to our services. OVR has not reestablished an onsite presence. Based on past metrics, this has not been a critical issue. As with all of our CQI efforts, we are making an effort to collect this data in ways that allow for more in depth analysis. By doing this, we can foster positive feedback loop for improving the quality of our services. With more data, we would like to have greater knowledge of how our results compare to industry standards.

### III. CQI Chart Audits and Phone Calls

Monthly phone calls are made to 10% of our participant population to verify the documentation from a specific progress note and illicit participant feedback. This percentage can be considered representative of our census and allows for generalization of feedback. We audit the charts of participant for completion and compliance. Enough charts are audited to allow for extrapolation of results to the entire participant census.



The resulting data reflects a 71.43% engagement rate. All responses are entered into a spreadsheet for review.

In addition to phone audits, we conduct chart audits to ensure proper documentation and service. We need to make the Chart audit more measurable and will make that a topic for this year's discussion. The results of the phone audits are historically positive with respect to the service provided by CPS staff. Our chart audits demonstrate comprehensive documentation of

services provided. Where gaps in documentation occur, steps have been taken to make the necessary additions to a participant's chart if possible.

#### IV. Weekly Reports

Weekly reports are conducted ensuring compliance with all requirements outlined by our payer. We run reports providing the following information:

- Participants that have not received services in a specified period of time
- Treatment plans that are approaching expiration dates
- Authorizations that need to be updated
- Notes that need to be submitted in order to allow for billing of services

#### Discussion

These reports effectively maintain compliance with our payer. The results of these reports indicated that we are consistently compliant prior to taking these measures. Quality Assurance efforts made in this way demonstrate that we are committed to being a reliable and exemplary provider of peer support services.

Moving forward we will develop solutions to make this a measurable metric for maintaining, improving, and streamlining compliance with our payer obligations.