

RHD Allies Quality Assurance Report

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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 four 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 67% of participants surveyed. This is a decrease from last year's 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 several domains.

Discussion

A new survey of 8 questions replaced our previous survey that had # questions, thus the results cannot be appropriately compared from previous years. The results from the new survey are not yet published.

II. CART Survey

The Consumer Action Response Team (CART) is program of NAMI Southwestern Pennsylvania. Telephone interviews were conducted in February 2023. The results help shape our Quality Improvement Plan by highlighting areas of satisfaction and improvement. The following graph below summarizes major areas of satisfaction indicator, comparing RHD's results with the network average of the CCBHO total:

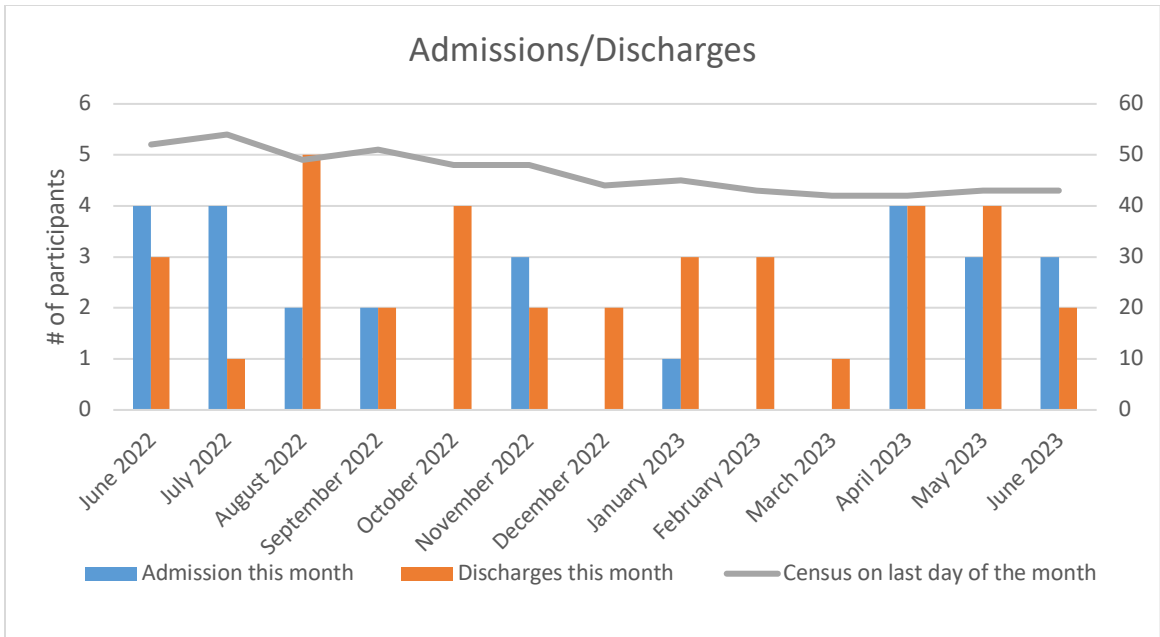
Satisfaction Indicator	Your Results N= 7 (% satisfied/neutral/NA)	Network Average N= 154 (% satisfied/neutral/NA)
1. Satisfaction with Access	100%	96%
2. Satisfaction with Information Provided	97%	87%
3. Satisfaction with Acceptance	100%	96%
4. Satisfaction with Perceived Choice	95%	93%
5. Overall Satisfaction	100%	97%

Discussion

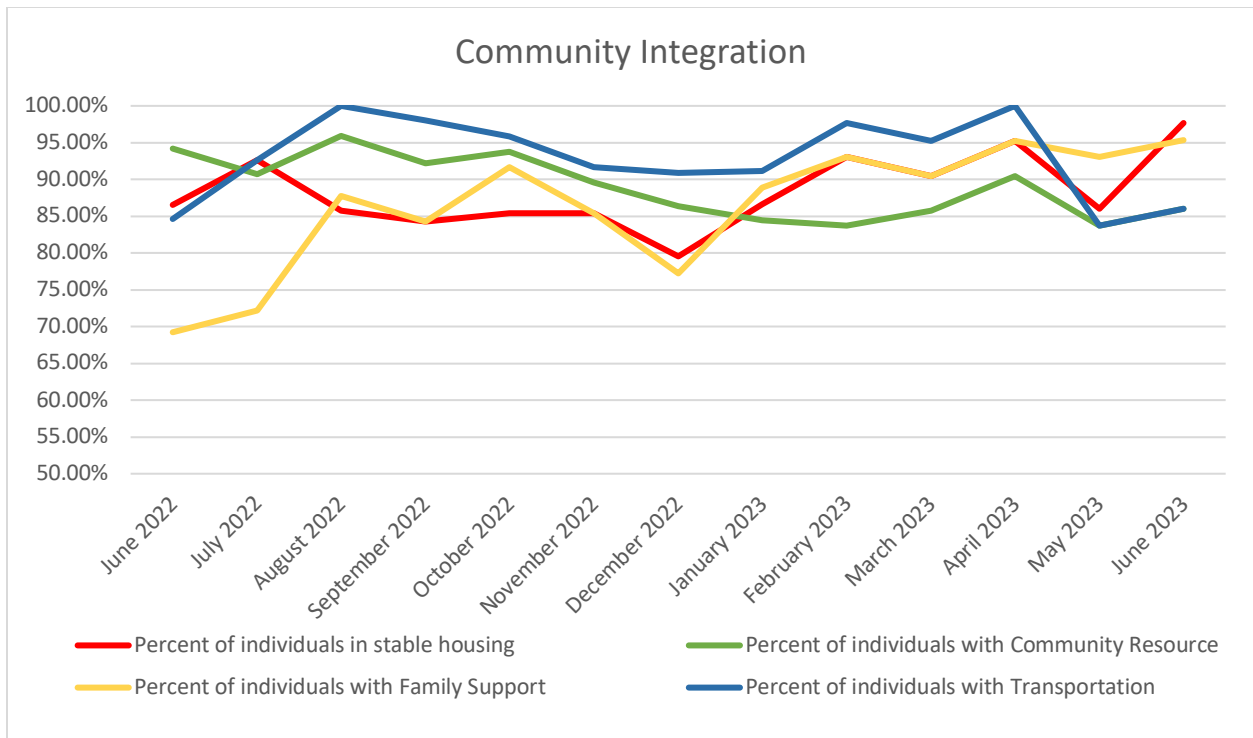
Overall, our scores exceeded the network average. Participants communicated a high degree of satisfaction for the services we provided. Areas for improvement are “Information Provided” (97%) and “Perceived Choice” (95%). We will invite CART’s director, Paul Freund, to brainstorm on how we can achieve 100%. We will continue to train our CPS to ensure that participants are fully aware of RHD’s resources and commitment to their development choice.

III. CQI Monthly Metrics

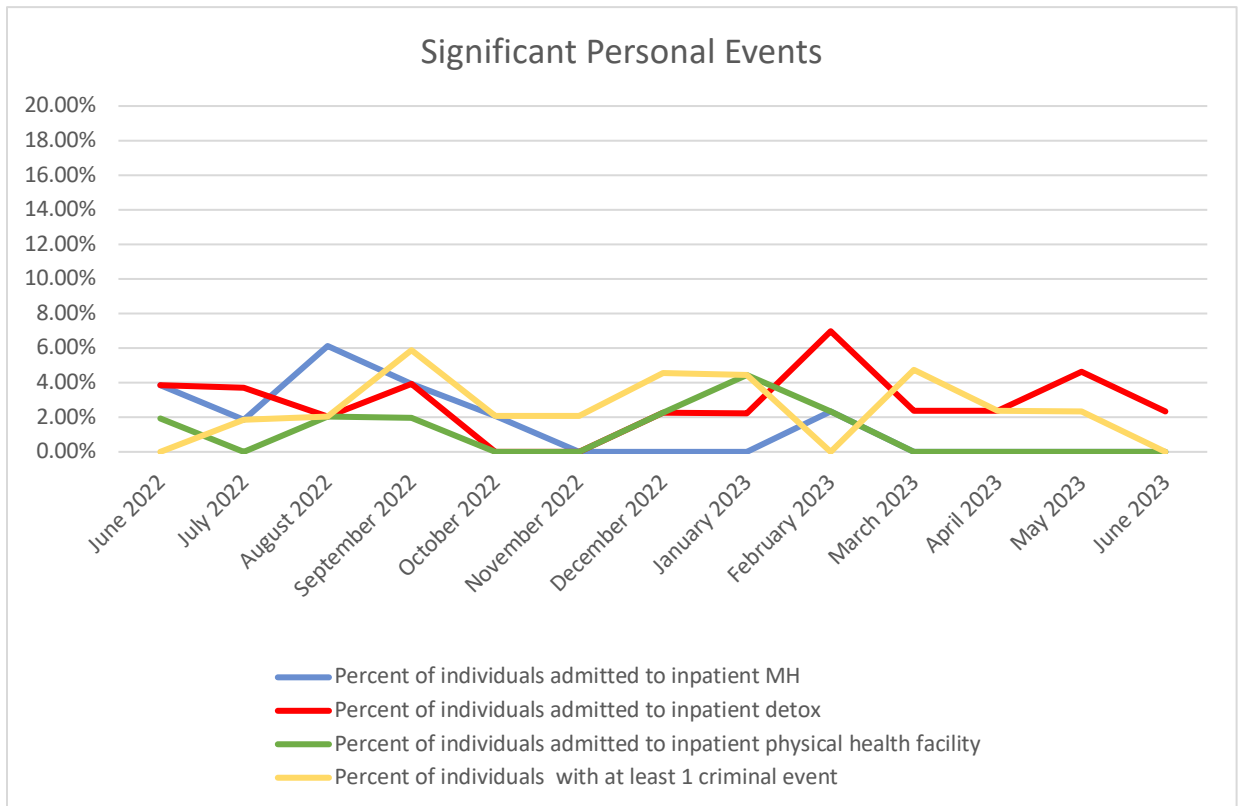
The Monthly Metrics are obtained from the knowledge each CPS has of the participant that they work with. Data is collected for every single participant served at the beginning of every month. The information is entered into a spreadsheet and analyzed month over month. The data collected evaluates objective 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:



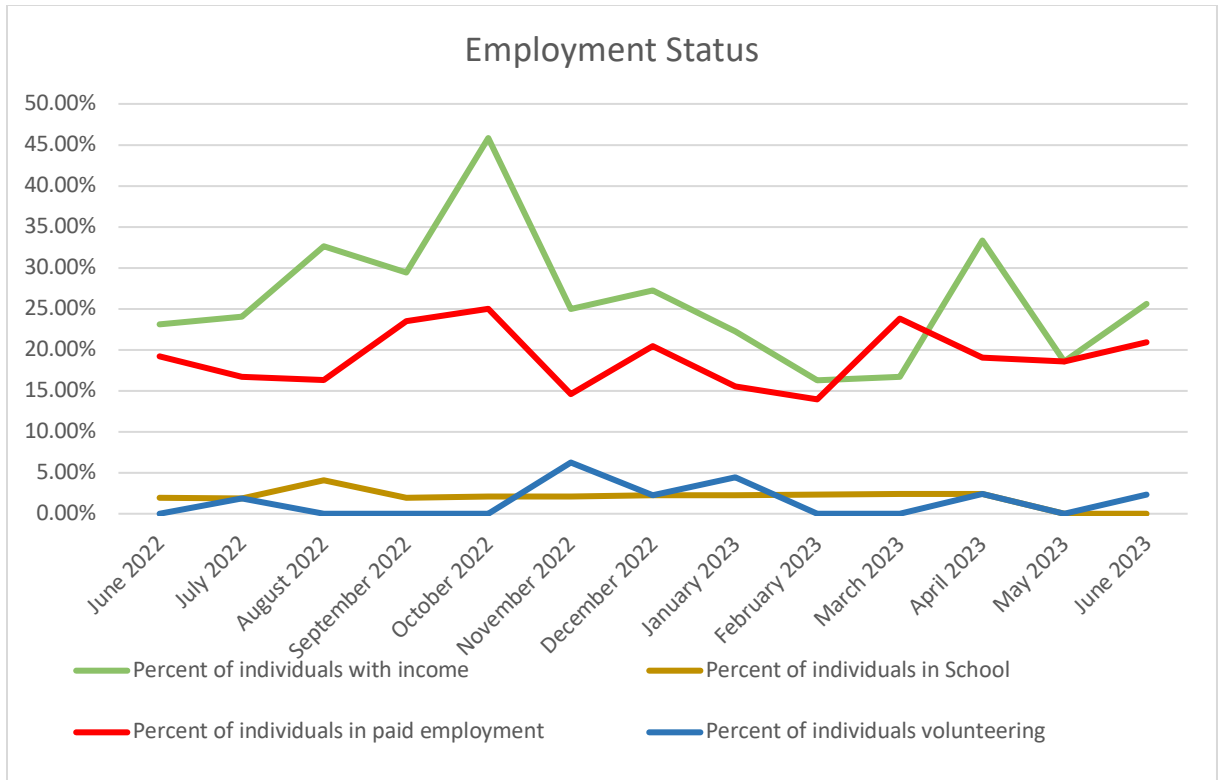
- Our census declined by 20% (11 participants) given our manpower shortages and a 62% turnover rate.



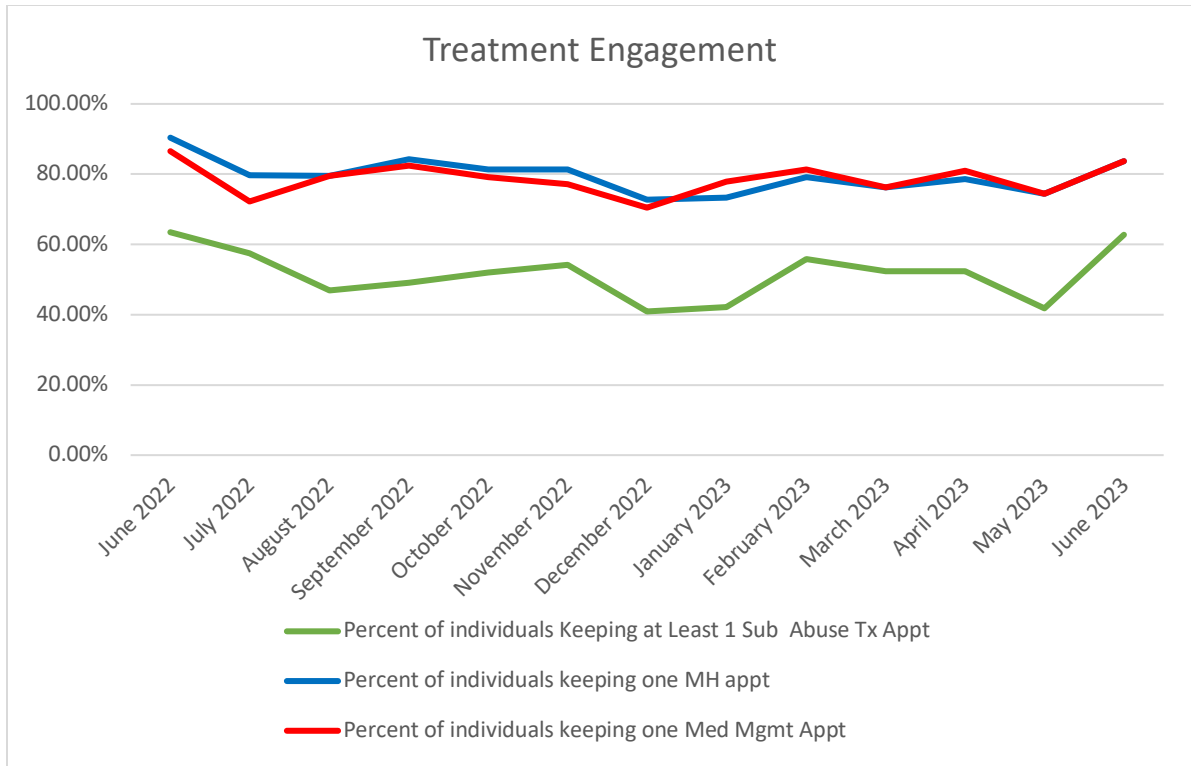
- Our population's access to stable housing family support has generally increased. We observed a decrease in access to community resources. We also noticed a general increase of access to transportation before and after the summer months, but not during.



- Less than 7% 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 population that receives disability/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.



- Though our metrics reported that the majority of individuals keep at least one kind of psychiatrist appointment, this is not the case upon further examination. Only a small fraction of our population historically would have a medication management appointment. We are currently retraining and educating our CPSs to better understand and accurately answer the monthly metrics.

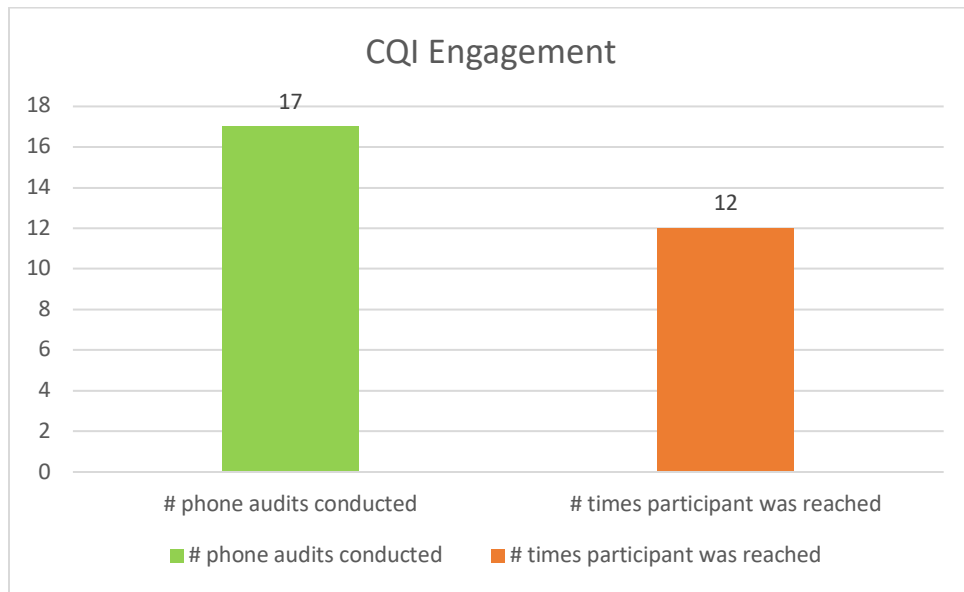
Discussion

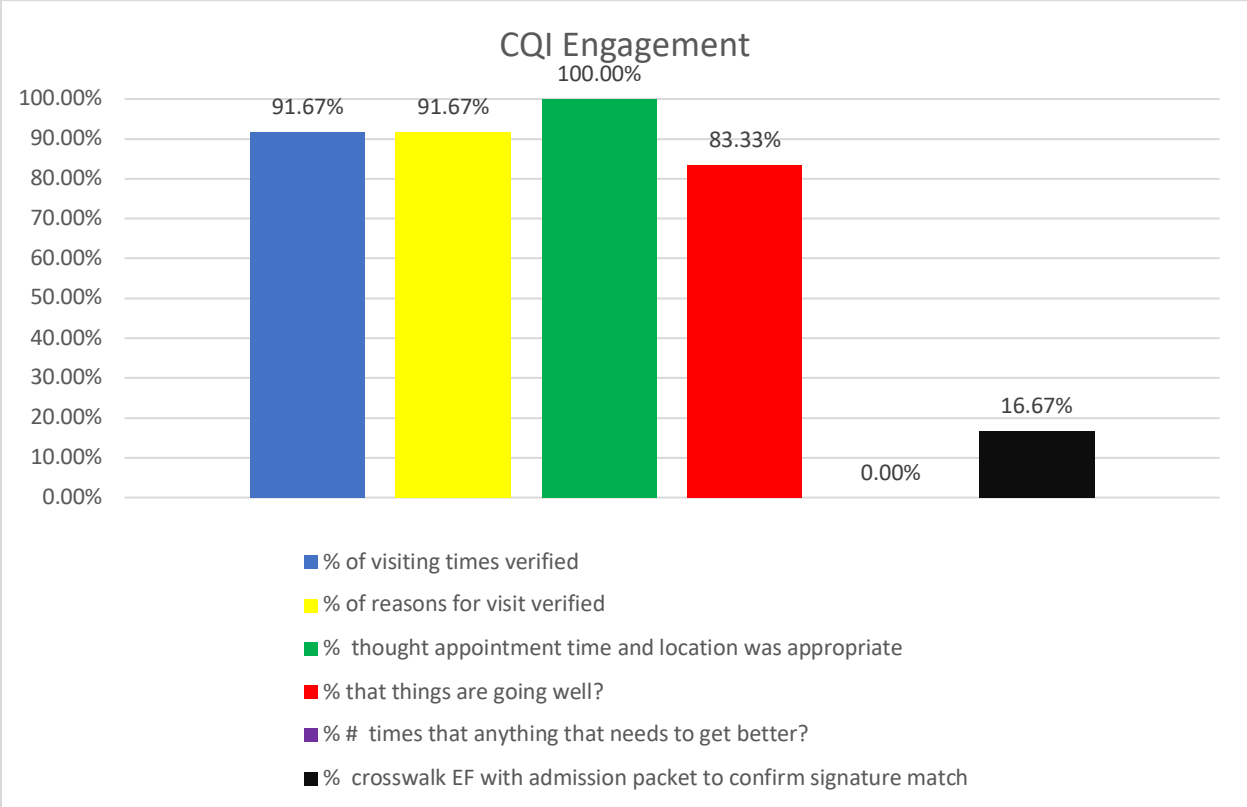
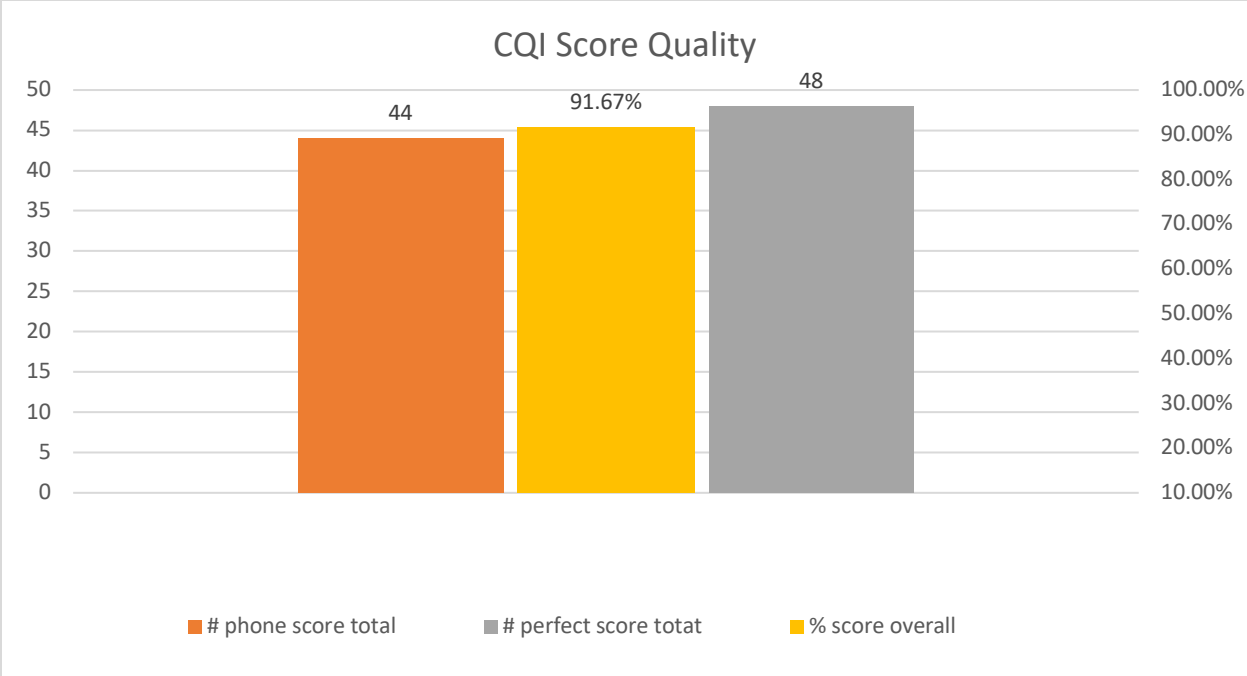
In almost every critical area measured we have achieved statistically significant results that support successful outcomes related to our services. OVR has reestablished an onsite presence. As with all of our CQI efforts, we are making an effort to collect this data in ways that allow for more in depth 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. We have developing a standardized training to acquire better results from our monthly metrics.

IV. CQI Chart Audits and Phone Calls

Monthly phone calls capture about 50% of our participant population to verify service documentation from a specific progress note and illicit participant feedback. This percentage is representative of our census and allows for generalization of feedback. We also audit a sample of each participant chart for completion and compliance. Roughly 25% of our participants' chart were collected for analysis. A summary insight is provided below.

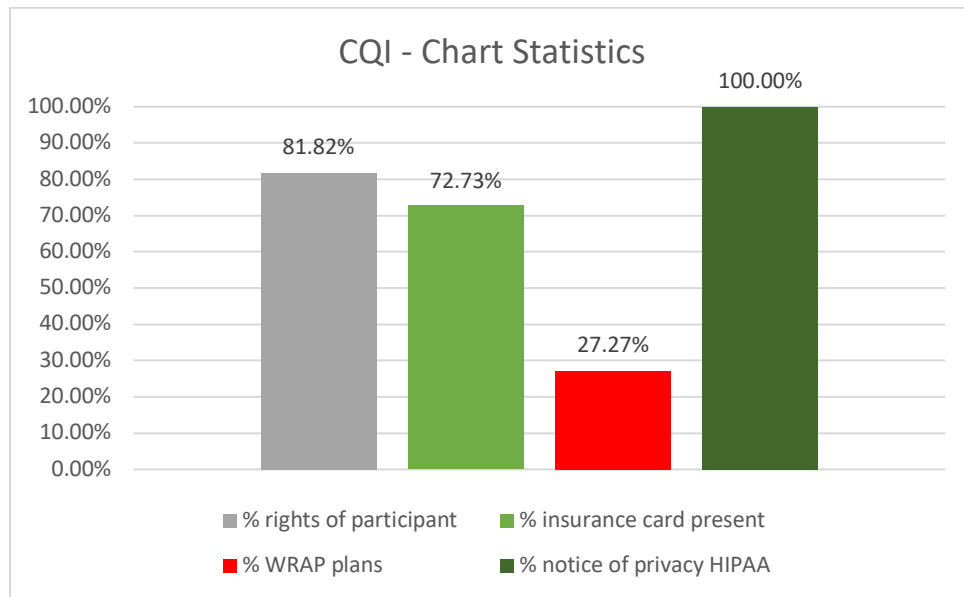
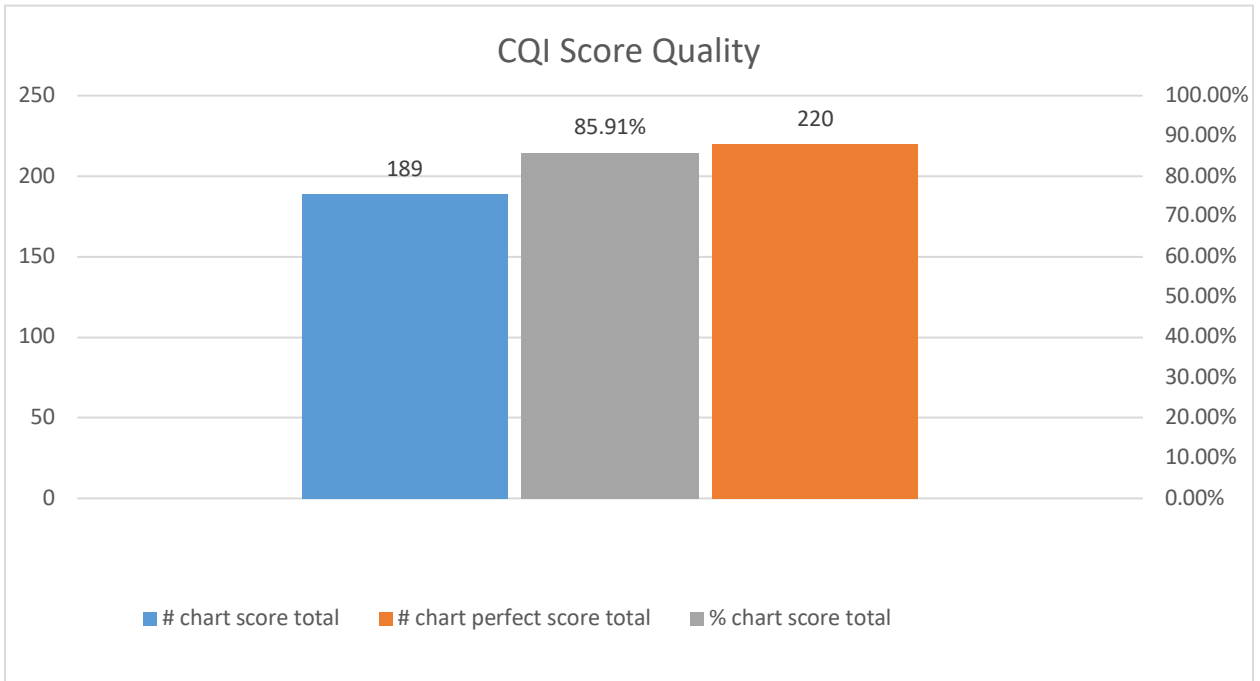


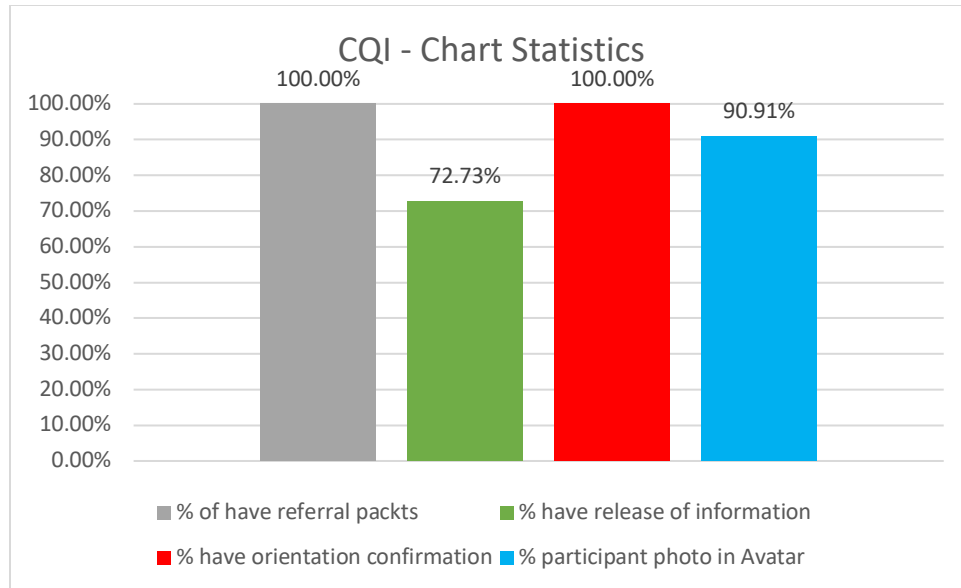


The resulting phone call data reflects a 70.59% success rate. The low percentages are recent data criteria such as confirming signature matches and “things that need to get better?”.

These reflect changes and additions to our phone questionnaire as part of our dedication towards quality, completion, and compliance of services provided.

Chart





In addition to phone audits, we conduct chart audits to ensure proper documentation and service. Each chart criterion is tabulated to assess areas of strengths and weakness. These allow us to identify improvements needed to be made, such as WRAP plans and release of information.

Discussion

The phone calls provide another avenue of eliciting participant feedback. The results of the phone audits are historically positive with respect to the service provided by CPS staff. Both phone and chart audits demonstrate comprehensive documentation of services provided. Where gaps in documentation occur steps will be implemented to remediate the issue. We will start quantifying the process by counting “yes” as 1 and “No” as 0. A perfect score will be a four. We will track individual results. We added a reminder to cross walk signatures

V. 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. Ideas include percentage of no-shows in a month, number of services authorized, and percentage of treatment plans completed in a timely manner.