RHD ALLIES

Quality Assurance Annual Report

From January 1, 2025 – December 31, 2025

Resources for Human Development (RHD) Allies is a mobile certified peer specialist (CPS) program that provides services in Allegheny County. Services are provided by trained professionals with lived experience and are designed to help those in need of mental health (MH) and/or substance use disorder (SUD) support.

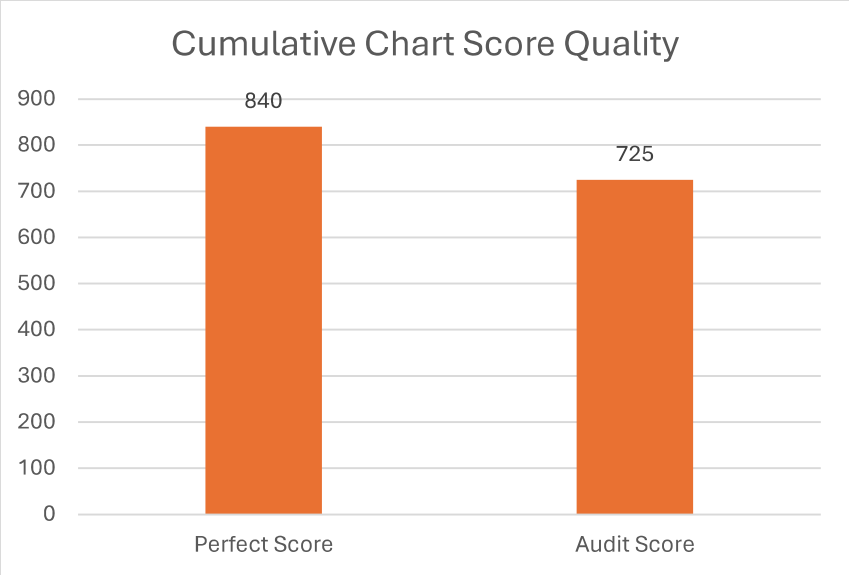
Our quality assurance is completed in accordance with our written Continuous Quality Improvement plan. This plan "provides for an annual review of the quality, timeliness, and appropriateness of services," as stated in 55 Pa. Code § 5230.8. Our plan was developed with the input of leadership, CPS workers, and participants alike, and is designed to elevate many voices to ensure we provide the highest quality services possible. This Annual Report analyzes our findings and identifies how we will use the data we collect to continue to improve our program.

Individual client Record Review

1. Chart Audit- Four chart audits are completed each month using a system designed to ensure each chart is audited approximately once every 2 years. Audits are not completed for a chart until that participant has been in service for at least 6 months.
    a. Audits are completed by program supervisors or their delegates monthly.
    b. Chart Audits measure compliance with regulations and agency service description.
    c. See the attached standard chart audit form.
2. Our goals are to
    a. Audit charts of all active participants every two years.
    b. Bring all charts up to compliance.

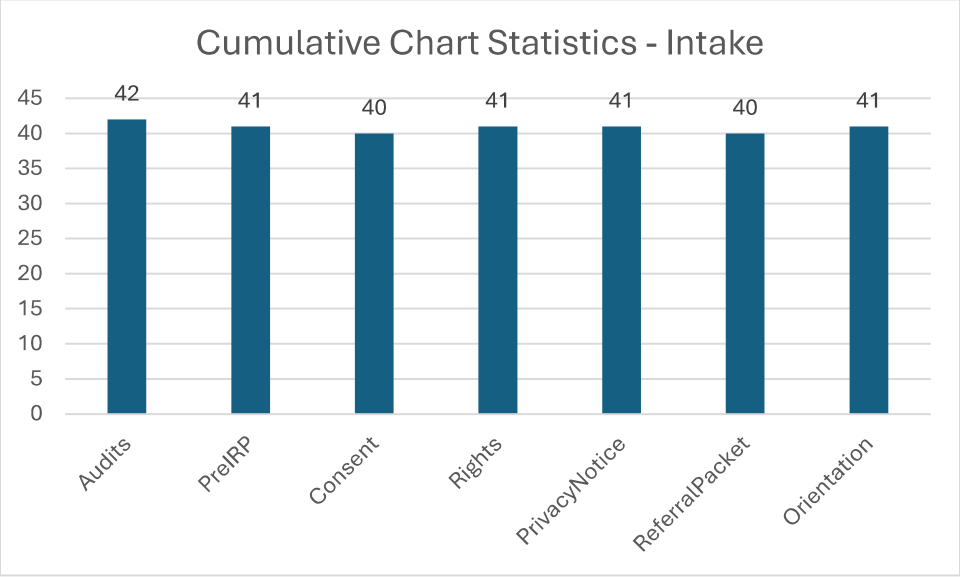
Analysis

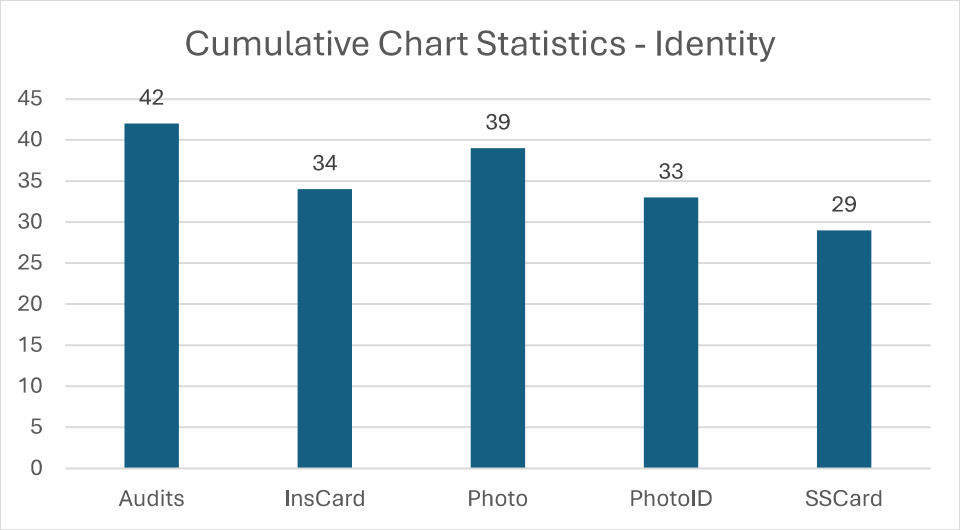
From January 1, 2025-December 31, 2025, the Allies program served 105 participants, 33 of whom were discharged during that time period. At the end of the calendar year, there were 72 active participants in the program.

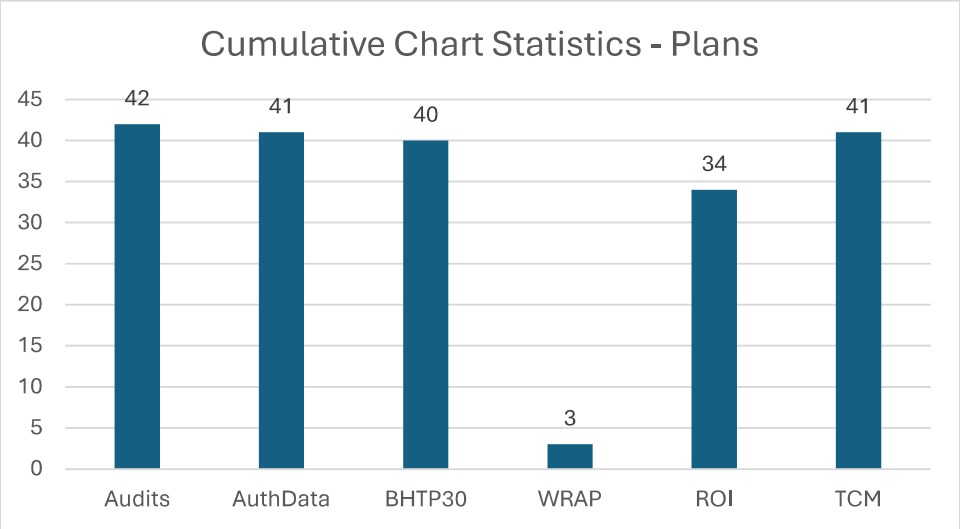


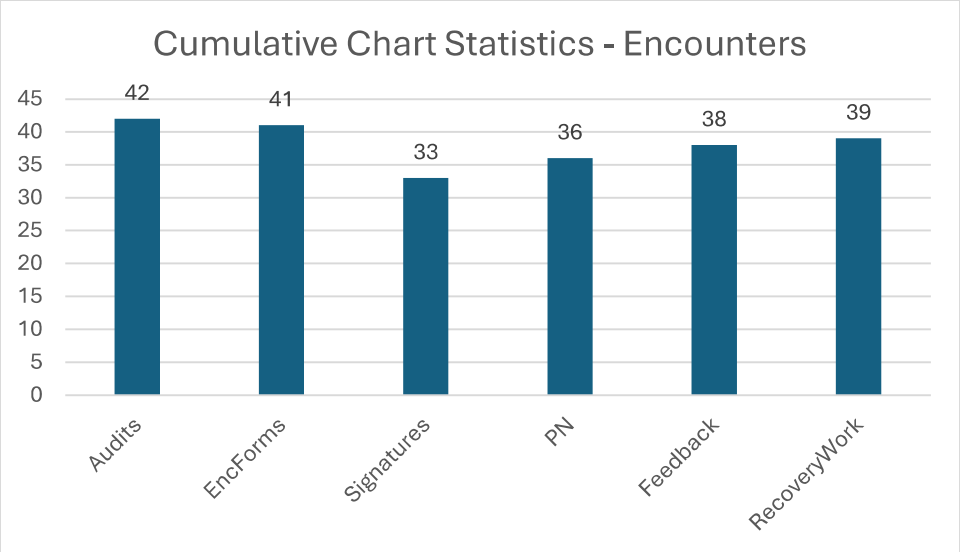
Cumulatively, our chart audits added up to 725 out of a possible 840 points, resulting in an 86% overall score. This represents a 3% improvement in our scores from the previous year. Additionally, this score includes a question concerning the presence of a WRAP plan, which is an optional item for our program, thus penalizing our overall score if the optional plan is not completed. If we remove this question from the audit scores, our cumulative score moves to 722/798, or 90%. We will be removing this question from our chart audit form moving forward.

The following charts show our scores on each of our audit questions compared to the overall number of audits completed of 42.




Cumulative Chart Statistics - Identity
45
40
35
30
25
20
15
10
5
0
42
34
39
33
29
Audits
InsCard
Photo
PhotoID
SSCard


Cumulative Chart Statistics - Plans
45
40
35
30
25
20
15
10
5
0
42
41
40
3
34
41
Audits
AuthData
BHTP30
WRAP
ROI
TCM


Cumulative Chart Statistics - Encounters
45
40
35
30
25
20
15
10
5
0
42
41
33
36
38
39
Audits
EncForms
Signatures
PN
Feedback
RecoveryWork

Analysis

The data showed great improvement in the focus areas from last year. The percentage of charts with an insurance card present rose from 62% last year to 81% this year. The percentage of charts with a social security card rose from 44% last year to 69% this year. Aside from the WRAP plan item addressed above, this was our lowest scored audit item.

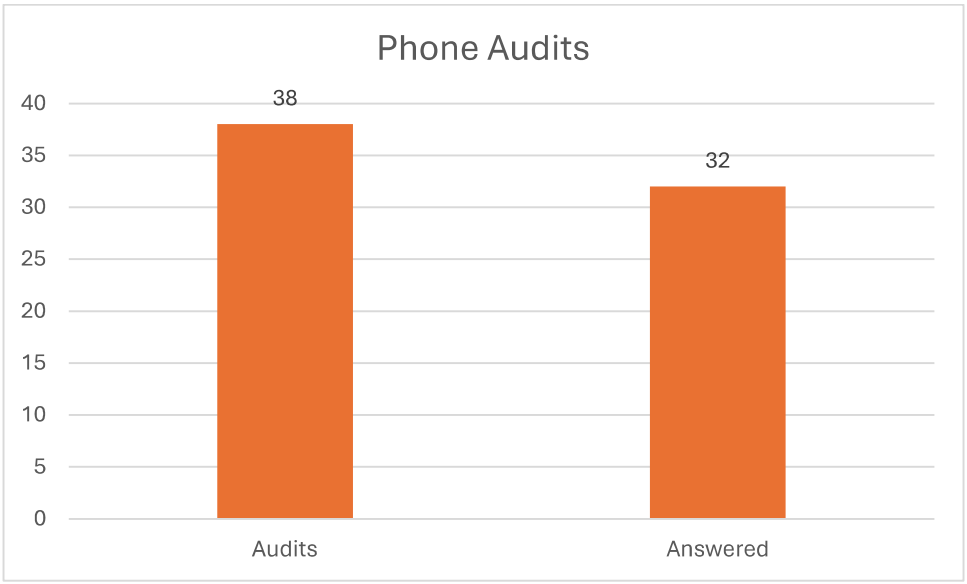
Actions

We plan to stop scanning social security cards and simply record social security numbers, as this meets our needs while being less intrusive to the participant. If a participant is in need of a social security card, we will assist them with obtaining one, but we will no longer be scanning them into our records. The question will be modified on our audit forms to reflect this change.

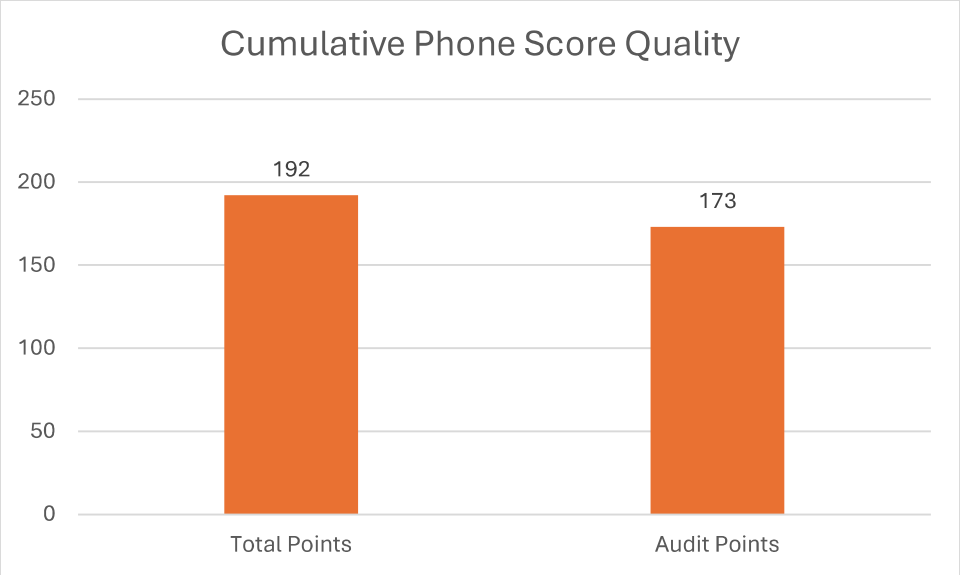
Phone Survey- Monthly phone calls are made to one participant per staff caseload

1. Phone surveys are completed by program supervisors or their delegates monthly.
    a. Surveys measure timeliness and appropriateness of service.
2. The charts will be randomly selected by the Data Manager.
3. See the attached survey form.

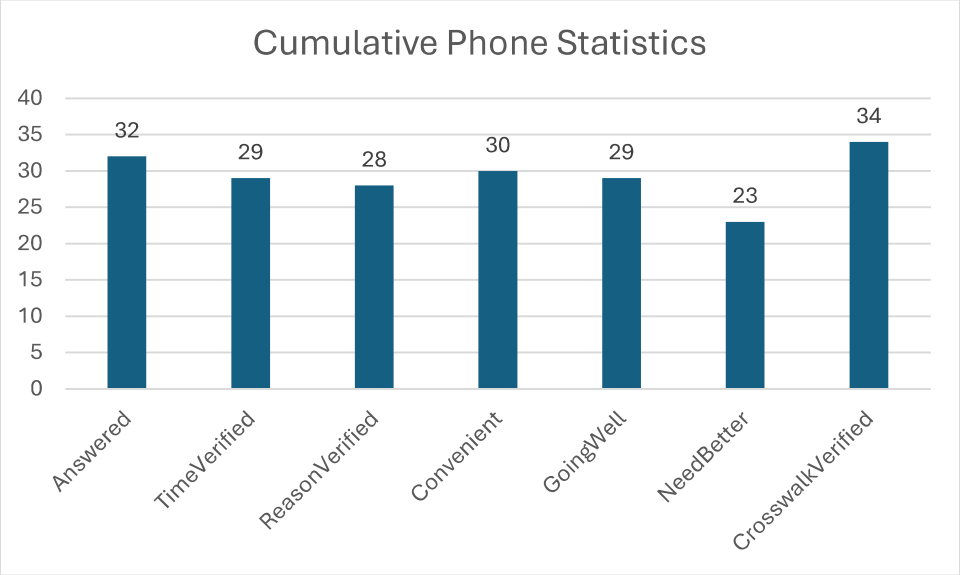
Analysis



38 phone audits were conducted with 32 participants answering, resulting in an 84% completion rate.



Cumulatively, our phone audits added up to 173 out of a possible 192 points, resulting in a 90% overall score. This represents a 4% improvement in our scores from the previous year.



The lowest score was in response to the question "Is there anything that needs to get better with the services that we provide?" Nine participants answered yes to this question. Of those nine participants, four chose to elaborate on their answer. Three of the four clarified that they wanted more time with their CPS.

Actions

Our program will continue to strive to provide as much time as needed to each of our participants, while encouraging the development of independence whenever possible.

3. ALLIES Forensic CPS Dashboard

1. Weekly Dashboard reports
    a. Completed weekly by program manager or their delegate to measure
        i. IRP due dates
        ii. Authorization due dates
        iii. Missed Participant contacts report

Analysis

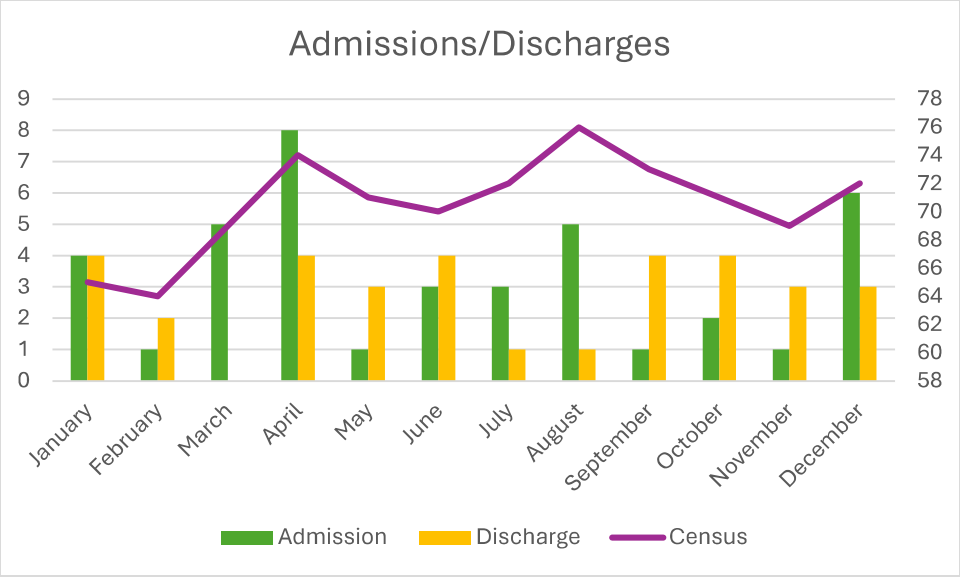
Weekly Dashboard reports effectively maintain compliance with our relevant stakeholders and ensure we stay consistent with our agency service description. The results of these reports indicated that we were overall compliant with meeting IRP and authorization due dates. Quality Assurance efforts made in this way demonstrate that we are committed to being a reliable and exemplary provider of CPS services.

These reports ensure that staff and supervisors can monitor IRP updates. In supervision, this information is brought to the open forum of director, supervisor, and staff to give feedback for improvement in quality, timeliness, and appropriateness of services.

In summary, they show that participants were never seen longer than ten days apart unless circumstances beyond the control of the practitioner prevented an interaction. The Treatment plans were able to remain current due to the regular reporting of the status of these documents. Each of these metrics are critical to the proper operation of the business unit and are maintained diligently.

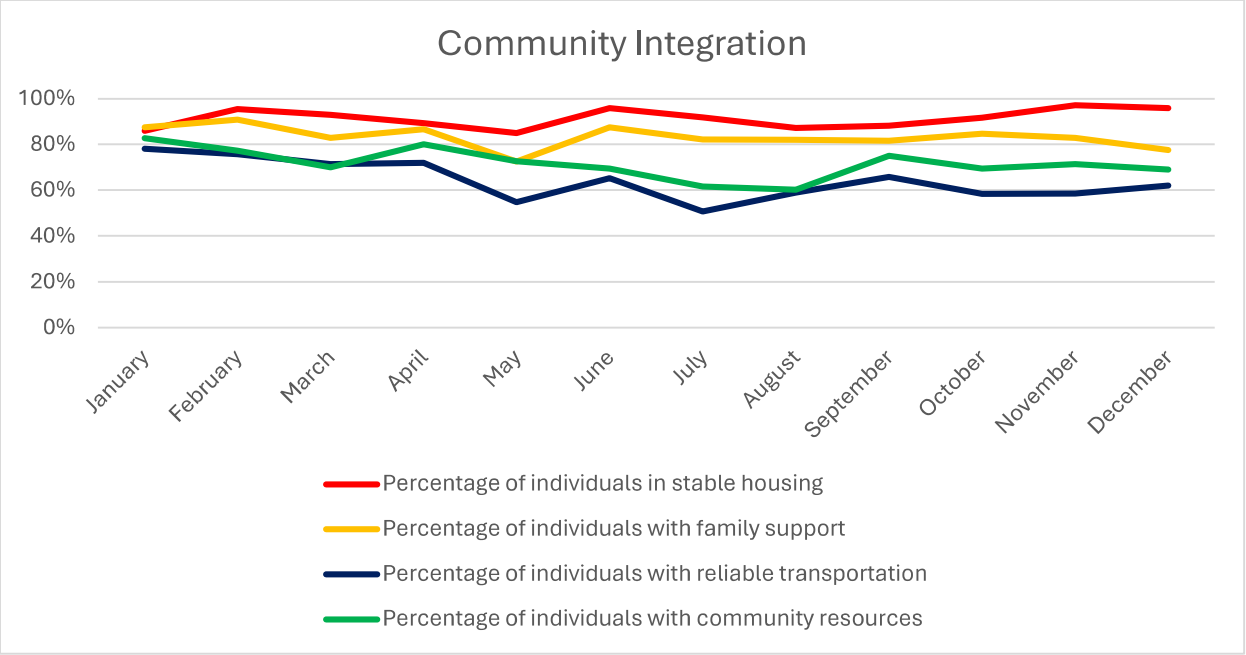
Monthly Metric

1. Monthly metrics are completed by staff for every participant.
    a. Metrics tracked: hospitalizations, criminal activity, living, vocation, income, attachment to community, transportation, education, and status of mental health and substance use disorder treatment.
    b. Metrics track discharges and the events related to discharge and transition events.
2. See the attached metric form.

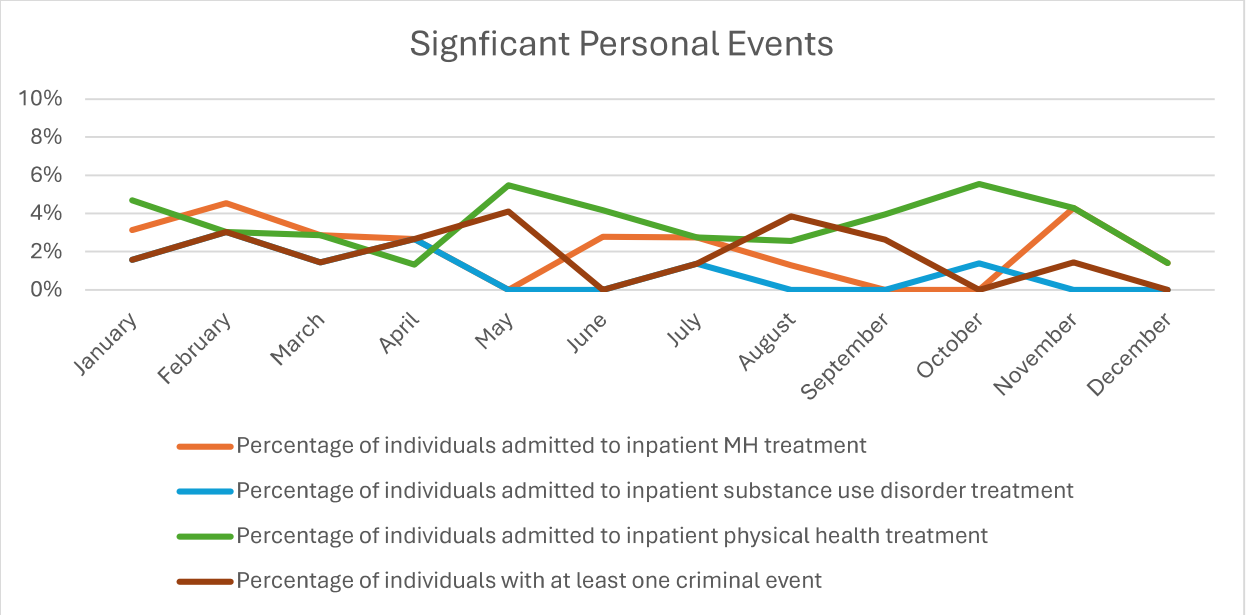


Our end of year census increased our program by six participants over last year.

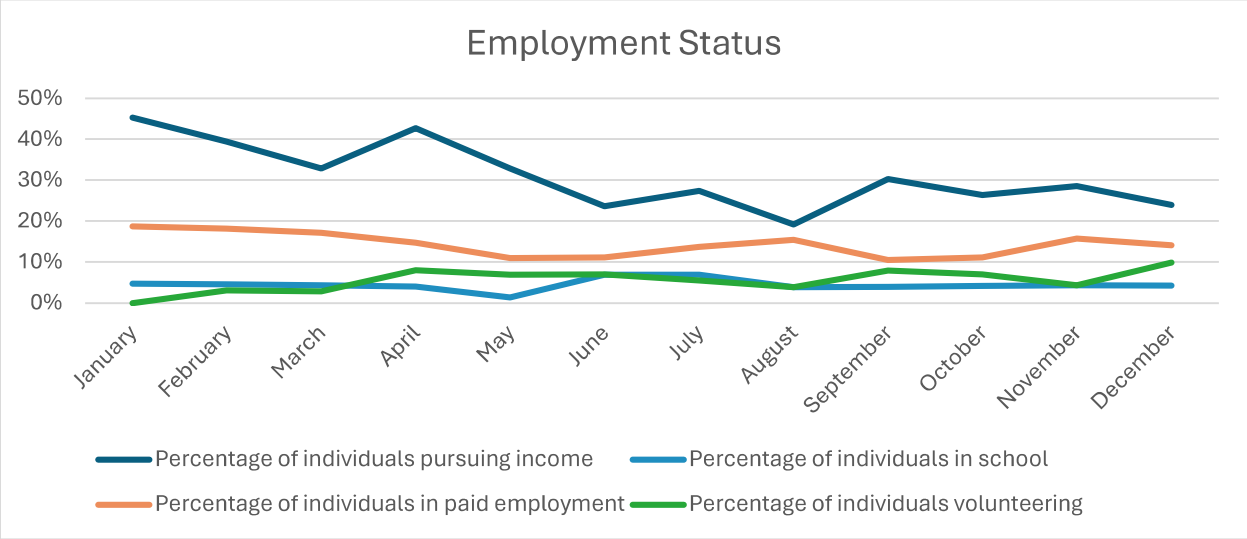
Analysis



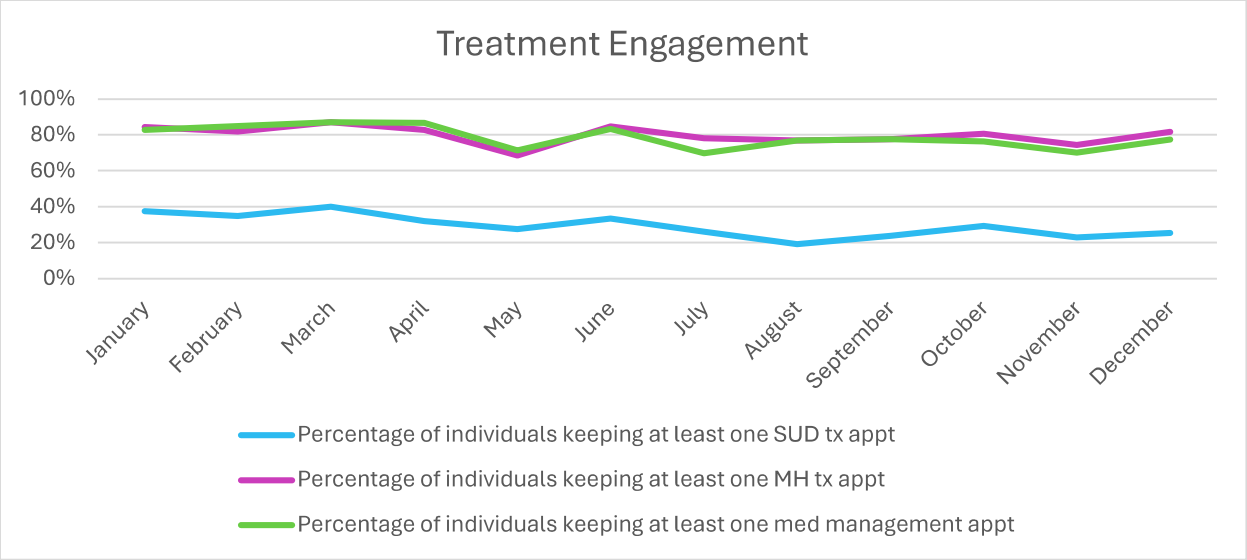
Consistent with the data from last year, we saw peak community integration towards the beginning of the year with low points tending to arrive in late spring and summer. Unlike last year, we saw an overall increase in the percentage of our participants with stable housing by the end of the year.



The program saw a reduction in the percentage of participants experiencing a hospitalization of any kind this year compared to last year.



We saw a decrease in the percentage of our participants who are pursuing paid employment, which mirrors the decrease in employment among our participants. However, we saw an increase in the percentage of our participants engaged in volunteer opportunities.



We had a comparable percentage of our participants involved in mental health, substance use disorder, and medication management treatment to our data from last year.

Actions

We will continue to track these metrics and use the data to ensure we are responding proactively to trends that continue. For example, knowing that community integration tends to show a dip in the late spring and summer months, staff will be alerted to pay attention to this metric when providing services to their participants.

Comparison of Before and During RHD Services

Each new admission to Allies is given a survey to track their use of inpatient services in the year prior to their start in the program. During program data is taken from surveys done with active participants each month. Surveys rely on self-report data and is recorded exactly as the participant discloses.

In 2025, there were 32 "Before RHD" surveys completed and 72 "During RHD" surveys completed each month on average.

Inpatient Admission	Total days prior to RHD (2023) 43 surveys	Total days prior to RHD (2024) 39 surveys	Total days prior to RHD (2025) 32 surveys	Total days during RHD services (2025) 72 surveys/mo.
Mental Health	879	371	92	258
Substance Use	478	434	311	87
Physical Health	84	3	16	539

Analysis

The data that is collected is not a direct comparison of the impact that the program has on inpatient hospitalizations, as while the “During RHD” group does contain the “Before RHD” sample, it also includes participants not included in the “Before RHD” sample.

1. We saw a much smaller number of hospitalizations in our participants prior to their admission into Allies in 2025 than in previous years. We will monitor to see if this trend continues in future years.
2. Despite 14 more participants surveyed on average in 2025, Allies saw a reduction in days hospitalized in both MH and SUD compared to 2024. However, the program also saw a significant increase in days spent in physical health inpatient treatment in 2025.
    a. MH- 318 days (2024) to 258 days (2025)
    b. SUD- 388 days (2024) to 87 days (2025)
    c. Physical Health- 125 days (2024) to 539 days (2025)

Action

We will continue to conduct surveys and track trends in our "Before RHD” and “During RHD” samples. We will explore ways to isolate our “Before RHD” group in our “During RHD” metrics so that we can make a more direct comparison between groups.

Individual Satisfaction

RHD Corporate Survey

A corporate satisfaction survey was not held in 2025. One is being planned for implementation in 2026.

CART Survey

1. Surveys are completed by CART (Consumer Action Response Team) annually with all willing participants.
2. Results are sent to unit director.
3. Results are reviewed with Participant Advisory Board and staff.

Analysis

The CART survey was conducted October 9, 2025. We had a comparable amount of participation compared to last year, with 14 individuals completing the survey. Our survey results were very positive.

Questions 34, 35, and 37 in the survey ask about overall effect of and satisfaction with our services.

Q34: Do you feel that your (or your family member's/child's) services help (you/them)?

Base	No	Unsure	Yes	Didn't Answer
14	-	-	14	-
100.00%	-	-	100.00%	-

Q35: Overall, how satisfied are you with the services you (or your family member/child) received?

Base	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Didn't Answer
14	-	-	-	4	10	-
100.00%	-	-	-	28.57%	71.43%	-

Q37: What effect has the treatment have you (or has your family member/child) received had on the quality of your (or their) life?

Base	Much Worse	A Little Worse	About the Same	A Little Better	Much Better	Didn't Answer
14	-	-	-	2	12	-
100.00%	-	-	-	14.29%	85.71%	-

Actions

We will continue to invite CART to complete surveys and ensure that our programming maintains the high standards to which we aspire.

CHART AUDIT CHECK LIST

Participant name _____ Chart number _____

Audit date _____ CPS _____ Auditor initials _____

Admit date _____

Authorization letters

☐ Insurance authorization

Behavioral Health Treatment Plan

☐ Pre IRP

☐ Treatment plan (completed within 30 days of admission/every 180 days)

☐ **Consent to treatment**

Human Rights

☐ Rights of participant

☐ **Insurance card**

Internal/External Assessments or Crisis plan

☐ WRAP Plan

Notice of Privacy Practice

☐ HIPAA/ Privacy Practice

Referral Packets

☐ Referral form

☐ **Release of Information**

Service Agreements

☐ orientation confirmation

☐ Participant Photo

State issued ID or Driver's license

☐ Photo ID

☐ Social Security Card

TCM Strengths and Needs Assessment

☐ PVA or TCM

☐ **Encounter Forms**

BH Progress Notes

- ☐ Signed or rationale for no signature
- ☐ Documentation of service during transit
- ☐ Participant feedback
- ☐ Documentation of recovery focused work

CPS signature and date _____

Peer supervisor signature and date _____

Unit director signature and date _____

Auditor signature and date _____

RESOURCES FOR HUMAN DEVELOPMENT

RHD Allies

Forensic Certified Peer Specialist Program

Compliance and Quality Check Form rev 12/10/24

Client Name: _____ Month: _____

Staff: _____ Date of Appointment: _____ Date of CQ Check: _____

Did the participant verify the time of visit?	☐ Yes ☐ No
I see you met with (CPS) on (Date/Day of the Week). What time did he/she come? How long was he/she there? Was he/she there in the morning or afternoon? Notes:	
Reason for visit verified?	☐ Yes ☐ No
What are you two working on? Notes:	
Was the appointment at a time and location that was good for you? Notes:	☐ Yes ☐ No
Is there anything that is going especially well with the services that we provide? Notes:	☐ Yes ☐ No
Is there anything that needs to get better with the services that we provide? Notes:	☐ Yes ☐ No
(Internal Use Only) Cross-walked encounter form with opening packet to see if signatures match?	☐ Yes ☐ No

CQ Check completed by:

_____ _____ _____

Staff Signature Position Date Completed

Program Director Follow Up
Notes:

_____ _____

Program Director Signature Date Completed

DATE: _____

PARTICIPANT'S
NAME_____CPS_____

Please answer question's regarding history of services; prior to participation with RHD ALLIES.
(within the last year)

1. How many times did you go to an Emergency Room/Resolve for a CRISIS? _____

2. Was Participant admitted to an inpatient mental health (IMH) facility? _____
    A. If yes, when was participant admitted? _____No of days_____
    B. Multiple admissions? _____

3. Was Participant admitted to an inpatient detox (IDA) or rehab (IPR) facility? _____
    A. If yes, when was participant admitted? _____No of days_____
    B. Multiple Admissions? _____

4. Was Participant admitted to an inpatient physical health (IPH) facility? _____
    a. If yes, when was participant admitted? _____No of days_____
    b. Multiple Admission? _____

5. Was Participant involved in 1 or more criminal activity? _____
    a. Incarcerated # of days_____
    b. No of Incarcerations in a year_____