



# Peer Support Services



**Annual Quality Review  
July 1, 2024 – June 30, 2025**

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## Service Description:

The Peer Support Program of The Guidance Center is a service that offers mentoring, mutual support and assistance to eligible adults who have been diagnosed with a serious, persistent behavioral health illness. As a result of the behavioral health illness, individuals possess a more in-depth compromised functional abilities in social, self-maintenance, educational and vocational domains. The Peer Support Program engages an array of supportive strategies that focus on an individualized service plan related to their behavioral illness and functional abilities.

Service delivery provisions of The Guidance Center are guided by principles of recovery, as detailed in the OMHSAS guiding principles; least restrictive care, accessibility, and timely responsiveness to the needs of the individuals being served.

The Peer Support Program’s overarching goal is to empower individuals to choose a path in life that provides a balance of self-worth, wellness, instills hope, and acceptance. Certified Peer Support Specialists support individuals in the community, in their homes, and other settings. Individual access will be self-directed and driven by the consumer.

The program will provide mentoring opportunities for individuals to learn and support acquisition and utilization of skills needed to facilitate their individual recovery, to promote the knowledge of available resources within their community as well as facilitate the development of sense of wellness and self-worth. The primary focus of the program includes the following:

- Provide opportunities for individuals receiving services to direct their own recovery and advocacy processes
- Mentor and support skill acquisition and utilization of the skills needed to facilitate an individual’s recovery
- Promote the knowledge of available service options, choices, and shared decision making
- Promote the incorporation of natural resources within the community
- Facilitate the development of a sense of wellness and self-worth

The Quality & Compliance Department conducted a comprehensive evaluation of the Peer Support Program during this period of review. This evaluation examined program operations against the established service description. Findings from this evaluation determined The Guidance Center’s Peer Support Program is fully compliant within the service description, all outlined service standards, expectations, and regulations.

## Overview:

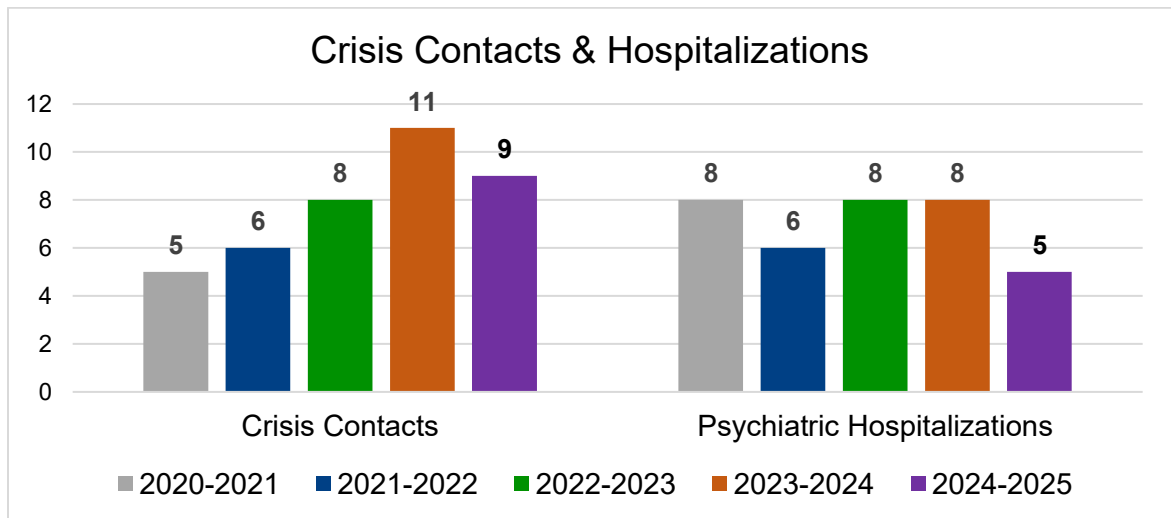
- In 2024, The Guidance Center updated its mission statement to better reflect the comprehensive work and the ambitious goals set to assist people along their unique life

journeys. Since the mission statement had not been revised in almost 40 years, it became evident that a new mission statement was crucial to truly capture the evolving mission of our agency and the ever-changing needs of the communities we serve. *“Our mission is to connect, support and provide guidance to people along life’s path. We are committed to fostering growth and resilience by offering accessible programs and services.”* In addition to the new mission statement, the agency also introduced a slogan, **“Together Guiding Change”** that was approved in 2024.

- The agency operates under an annual Quality and Compliance Plan that outlines its quality improvement and compliance initiatives, governance framework, key procedures, and established annual goals. These plans provide the foundation for consistent oversight and accountability across all programs, including Peer Support Services.

All agency employees are required to review and acknowledge their understanding of both the Quality and Compliance Plans. The plans are formally approved by the Agency’s Board of Directors and the Medical Director and guide agency operations throughout the year to ensure regulatory compliance, service integrity, and the delivery of high-quality, person-centered care.

- Peer Support Services continue to play a vital role in supporting individuals as they work toward their recovery goals. During the review period, 53 individuals were enrolled in Peer Support Services, reflecting a modest increase of one individual from the previous review period. This continued utilization underscores the ongoing need for and value of Peer Support Services as a meaningful and effective support for individuals experiencing behavioral health challenges.
- Recognizing the critical importance during times of crisis support, the Peer Support Program closely monitors participant involvement with crisis services and provides ongoing support to individuals who experience psychiatric hospitalization. During the review period, nine individuals had contact with crisis services, representing a decrease of more than 18% compared to the previous review period. Additionally, five individuals required psychiatric hospitalization, reflecting a 37.5% reduction from the prior review.



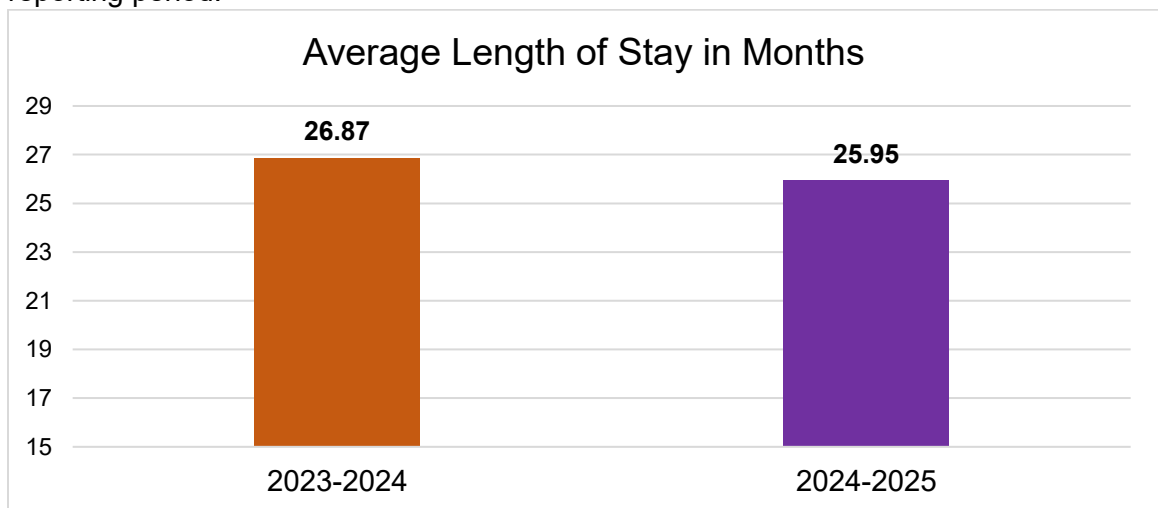
Ongoing monitoring of crisis utilization and hospitalization trends is essential to ensuring continuity of care and supporting individual recovery. Timely follow-up following psychiatric admission is a core component of the program's care coordination practices. Of the five individuals discharged from a psychiatric hospital stay during this review period, 100% received follow-up care within 24 hours of discharge, demonstrating strong adherence to best practices and a commitment to supporting successful transitions back to the community.

- The Guidance Center prioritizes continuous quality improvement through a comprehensive, data-informed approach. Quality Improvement Plans are developed using findings from internal compliance audits and insights obtained through client feedback surveys. These surveys serve as a critical tool for evaluating service effectiveness and ensuring that the Peer Support Services Program consistently delivers high-quality, person-centered care.

Individuals participating in Peer Support Services are invited to complete a satisfaction survey to share feedback regarding their service experience. Survey results are reviewed and shared with key stakeholders, including the Program Director, Senior Management, the Executive Director, and the Agency's Board of Directors. To further promote transparency and accountability, aggregated survey results are also made publicly available on the agency's website.

When areas for improvement are identified through client feedback or audit findings, The Guidance Center implements a structured quality improvement and monitoring process using the Plan Do Check Act (PDCA) model. This systematic approach supports ongoing evaluation, responsive action, and continuous enhancement of service delivery to better meet the needs of individuals served through Peer Support Services.

- The average length of stay for individuals enrolled in Peer Support Services during this time of review was 789.96 days or 25.95 months, which is comparable to the previous reporting period.

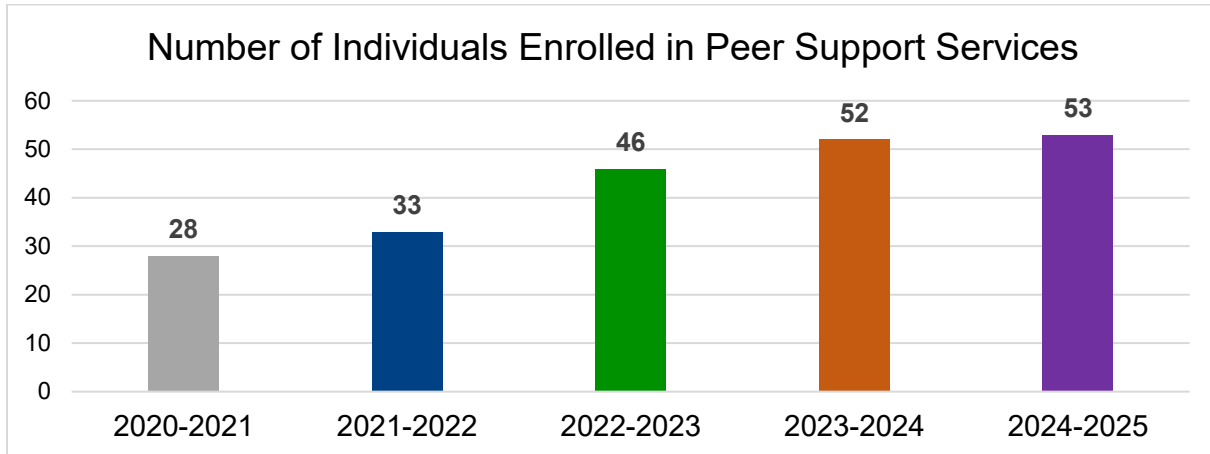


- Data for this quality report is from July 1, 2024, to June 30, 2025.

## Demographics

### Number of Individuals Served

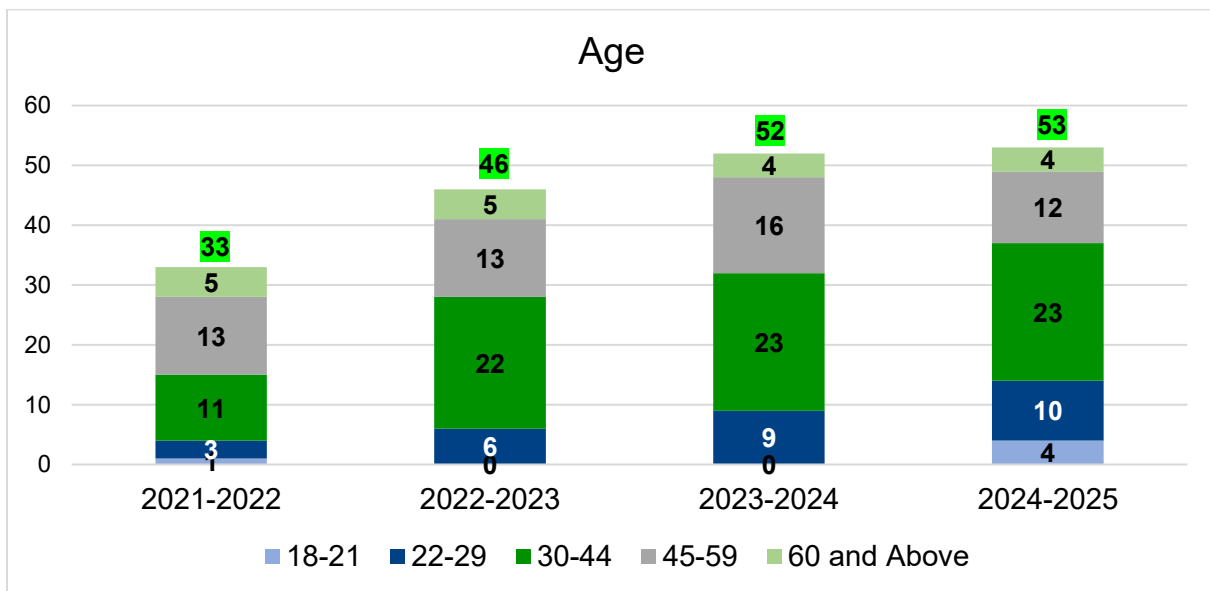
A complete breakdown of individuals enrolled in the program from 2020 is captured in the graph below.



We continue to see an increase in individuals enrolled in Peer Support Services. There was an increase of one individual enrolled in the program from the last review.

### Age

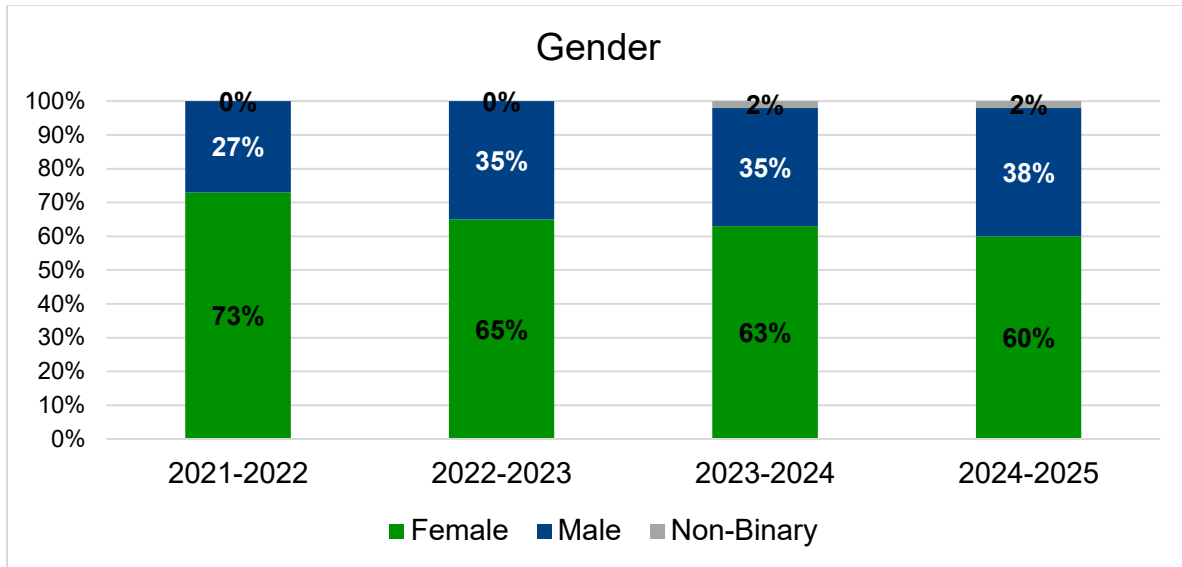
The ages among individuals served in the program during this review are between the ages of 19 and 68 years. The graph below indicates the ages of people served.



Consistent with previous reviews, most individuals served in the program continue to be between the ages of 30 and 44 years.

## Gender

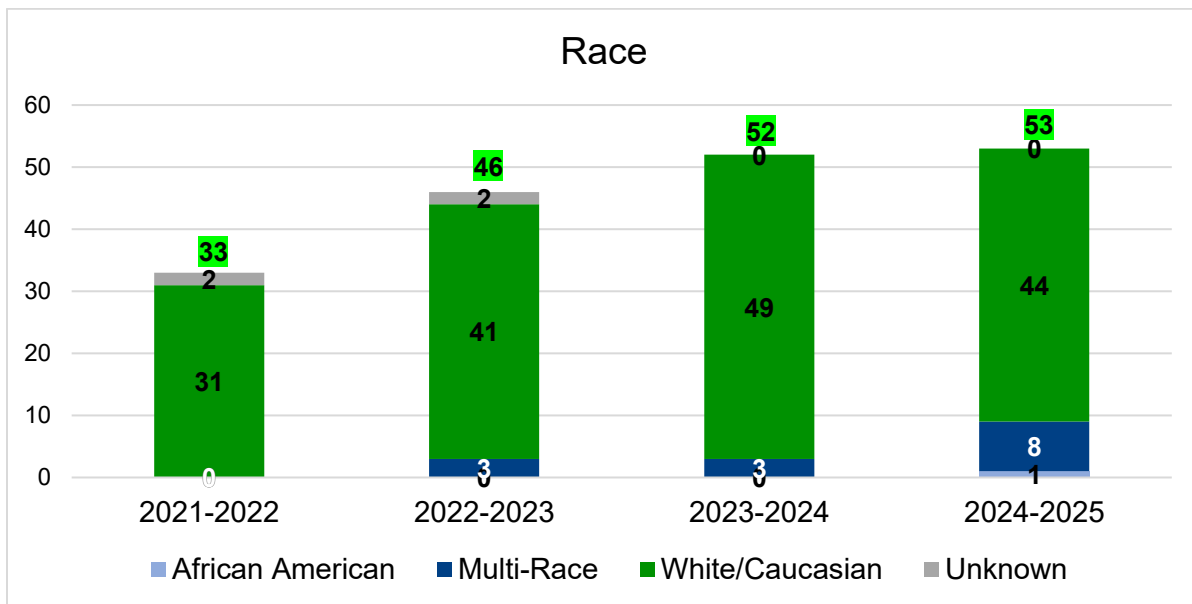
Gender among individuals served in the program is recorded. The graph below indicates the gender of individuals served in the program.



Consistent with previous reviews, most individuals served in the program are female.

## Race

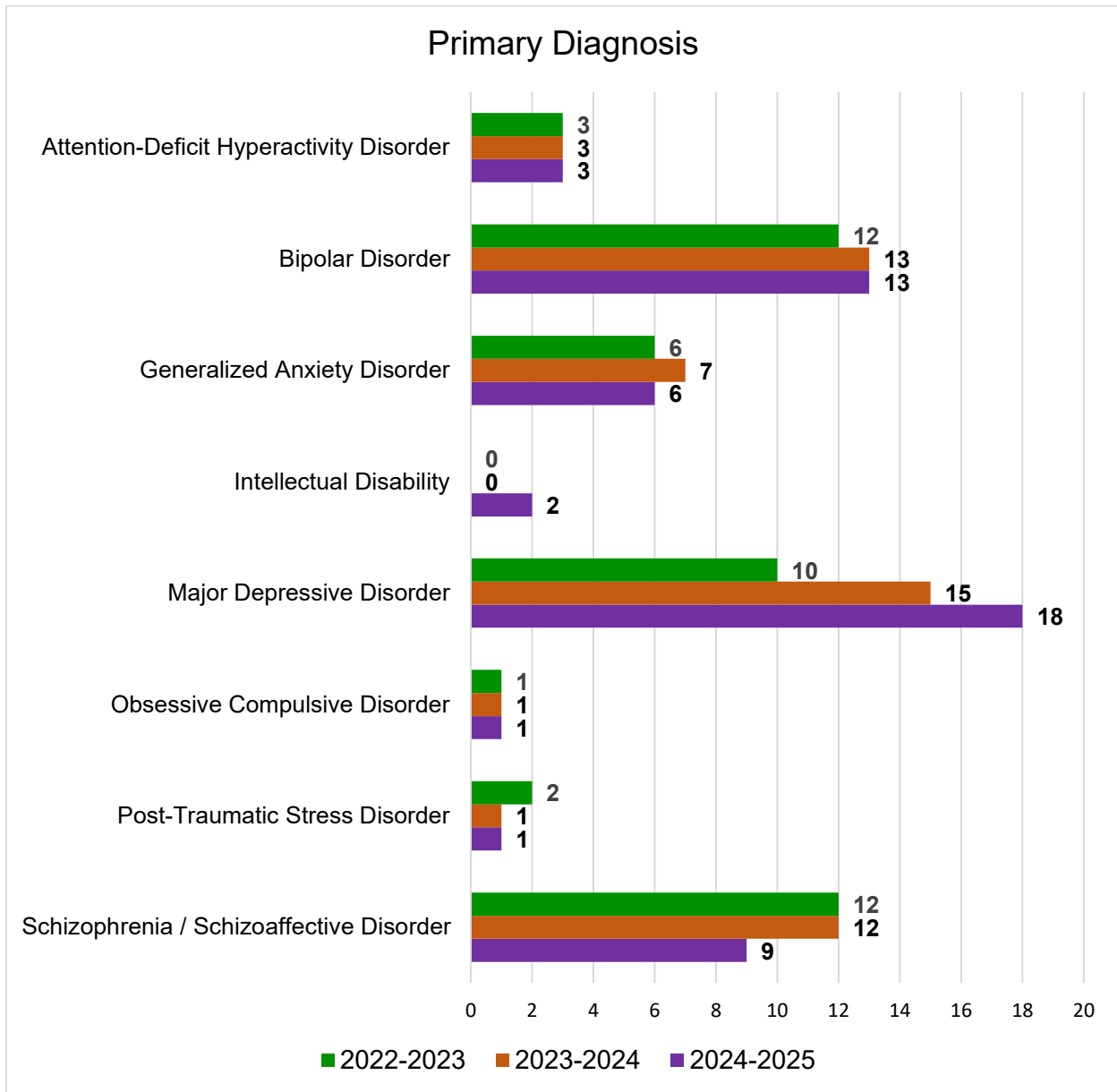
The graph below indicates the race of individuals served in the program.



Race was recorded for all individuals served in the program. Consistent with previous reviews, most individuals enrolled in the program are White/Caucasian.

## Primary Diagnosis

The following graph indicates the primary diagnosis for individuals served in the program.

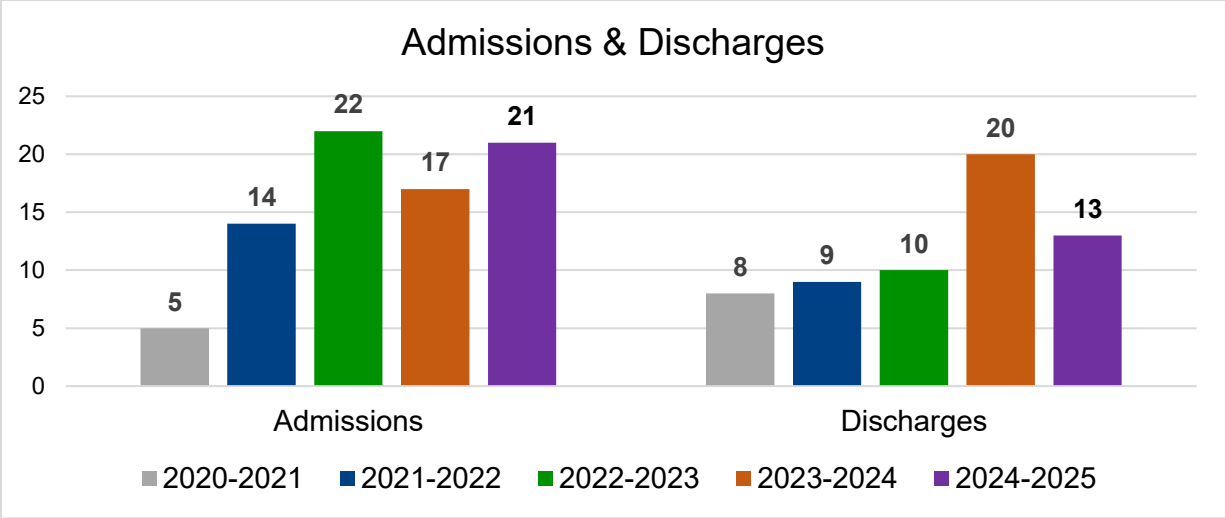


Consistent with previous reviews, the most common primary diagnosis among individuals served is Major Depressive Disorder, with 34% of the individuals.

## Service Data

### Admissions & Discharges

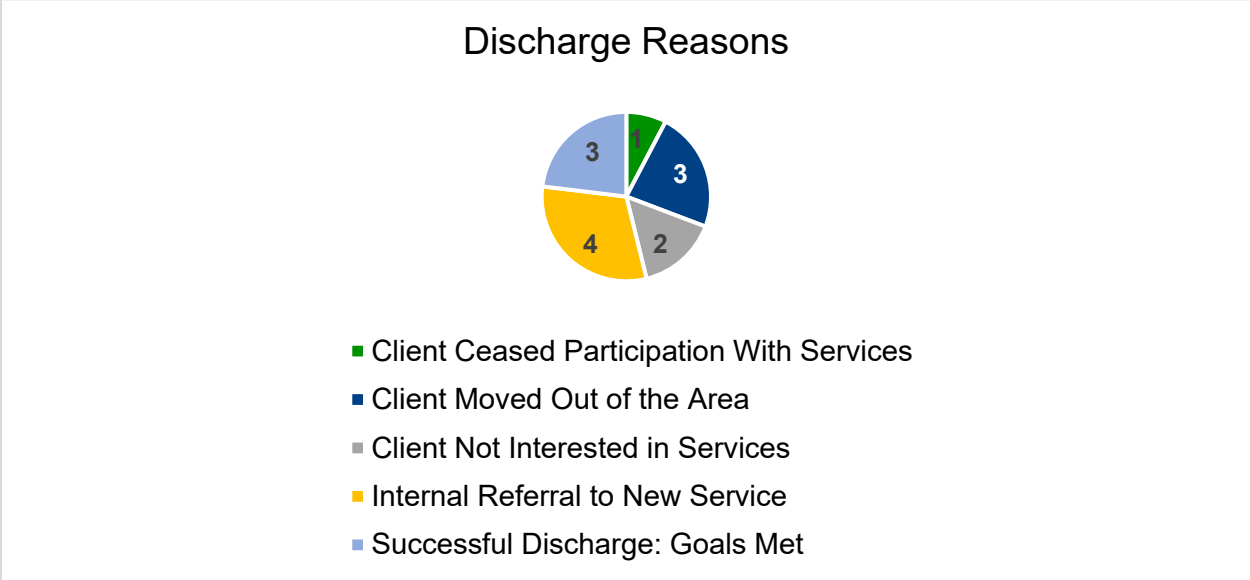
The following chart indicates admissions and discharges from 2020 to present.



Peer Support Services demonstrated strong program retention during this review period, with most individuals continuing participation from prior years, reflecting sustained engagement and commitment to recovery. Additionally, program access increased, with four new individuals admitted, representing a 23.53% increase compared to the previous period. At the same time, discharges declined significantly, with seven fewer individuals exiting the program, a 35% reduction, indicating improved continuity of services and stability among participants.

**Discharge Reasons**

Discharge reasons vary for the individuals served in Peer Support Services. The table below indicates the reasons individuals discharged from the program.



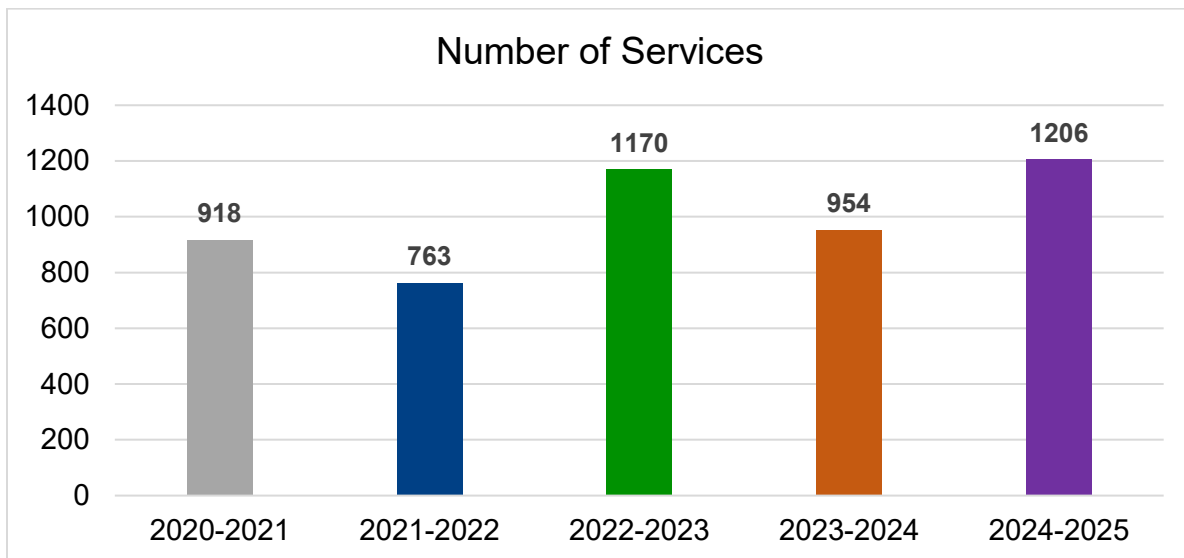
During this review period, discharge outcomes reflected a combination of successful transitions and natural service changes. Four individuals were discharged following referrals to other internal agency services to better meet their evolving needs. Three individuals discontinued

services due to voluntary disengagement or expressed lack of continued interest. Additionally, three individuals were discharged as a result of relocating outside the service area. Notably, three individuals were successfully discharged after achieving their identified recovery goals, demonstrating the effectiveness of Peer Support Services in supporting meaningful recovery outcomes.

## Service Data

### Number of Services

The table below indicates the number of services completed in Peer Support Services since the 2020-2021 fiscal year.

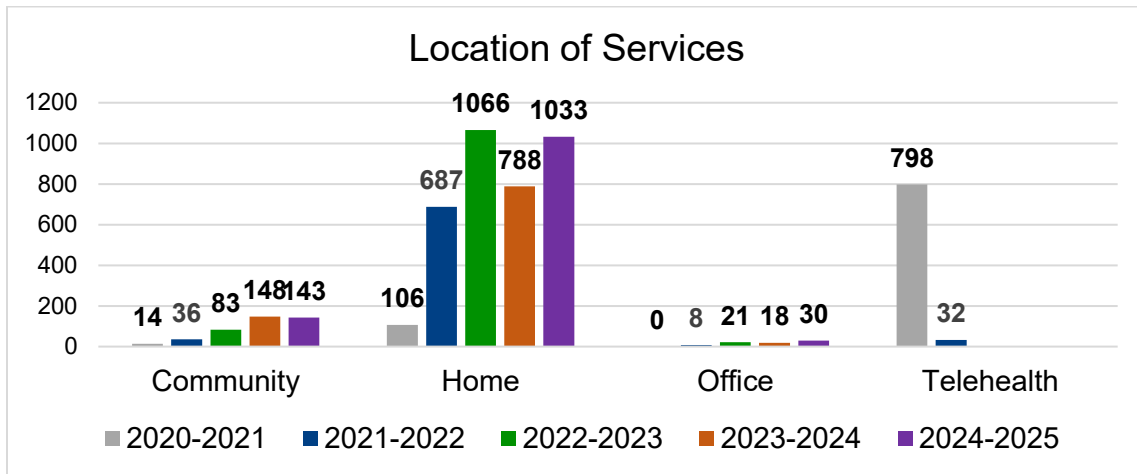


Service delivery within Peer Support Services increased substantially during this review period. The total number of services completed rose from 954 to 1,206, representing a 26.4% increase, which reflects enhanced service capacity, improved engagement, and sustained participation among individuals served.

In 2022, the Office of Mental Health and Substance Abuse Services (OMHSAS) issued a bulletin clarifying that Peer Support Services (PSS) identified in an Individual Service Plan (ISP) may be delivered while a participant is in transit with a Certified Peer Specialist, when clinically appropriate and aligned with the goals outlined in the ISP. To ensure compliance with this guidance, the Program Director reviews all transit-based services to verify that they meet the intent and service description outlined in the bulletin. During this reporting period, no transit services were provided; however, the program maintains procedures to implement and monitor such services when clinically indicated.

## Location of Services

The graph below represents the location of where services were held during this time of review.

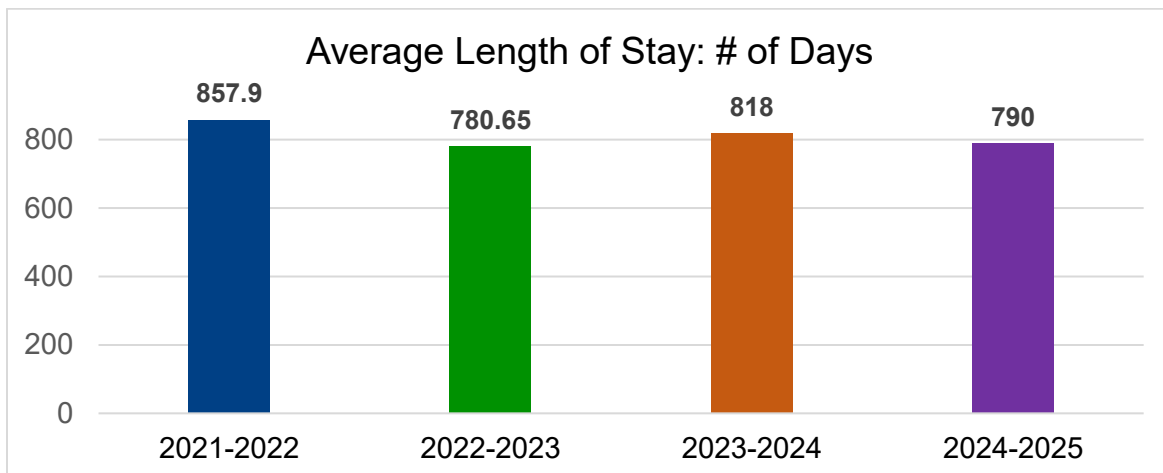


In 2024, the Office of Mental Health and Substance Abuse Services (OMHSAS) issued a bulletin explicitly authorizing the delivery of Peer Support Services via telehealth, including both video and audio-only formats, when clinically appropriate. In response, the program developed and implemented a corresponding policy and procedure to ensure compliance with this guidance. Under this policy, telehealth services may be utilized in limited circumstances, such as inclement weather or staff/participant illness, and must receive prior review and approval from the Program Director before service delivery.

During this review period, most services continued to be delivered in individuals' homes. Consistent with the findings of the previous three reviews, no Peer Support Services were delivered via telehealth during this reporting period.

## Length of Stay

The graph below indicates the average number of days individuals spend in Peer Support Services.



The average length of stay in Peer Support Services was 790 days, reflecting sustained long-term engagement consistent with recovery-oriented peer support. This represents a 28-day decrease from the previous review period, suggesting improved service flow and effective transition planning while maintaining continuity of care.

## Peer Support Measures Survey

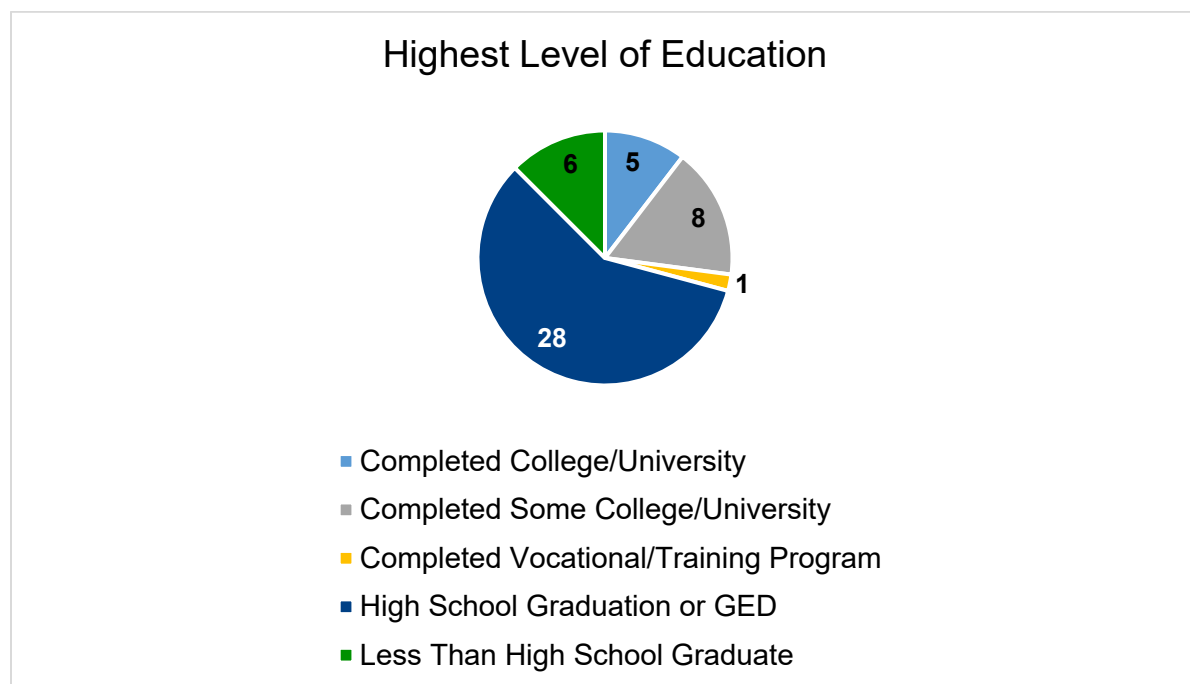
Progress measure data for Peer Support Services was derived from the Peer Support Measures Survey, utilizing the most recent survey completed during the 2024–2025 Fiscal Year. Survey results are used to inform continuous quality improvement efforts by identifying opportunities to enhance the care and support individuals receive, as well as to guide staff training, supervision, and program development.

The survey tool also supports individual-level progress comparison, allowing changes in recovery outcomes to be tracked over time. The Peer Support Measures Survey is administered at program enrollment to establish a baseline and is subsequently completed every six months, in April and October, to monitor progress and outcomes on an ongoing basis.

During this reporting period, 48 individuals completed a Progress Measure as part of Peer Support Services. In accordance with program requirements, individuals enrolled in the program are expected to complete a Progress Measure within 90 days of enrollment to establish timely outcome tracking. Data from multiple domains of the survey are incorporated into this quality report and are summarized in the tables that follow to highlight trends, outcomes, and areas for ongoing quality improvement.

### Highest Level of Education

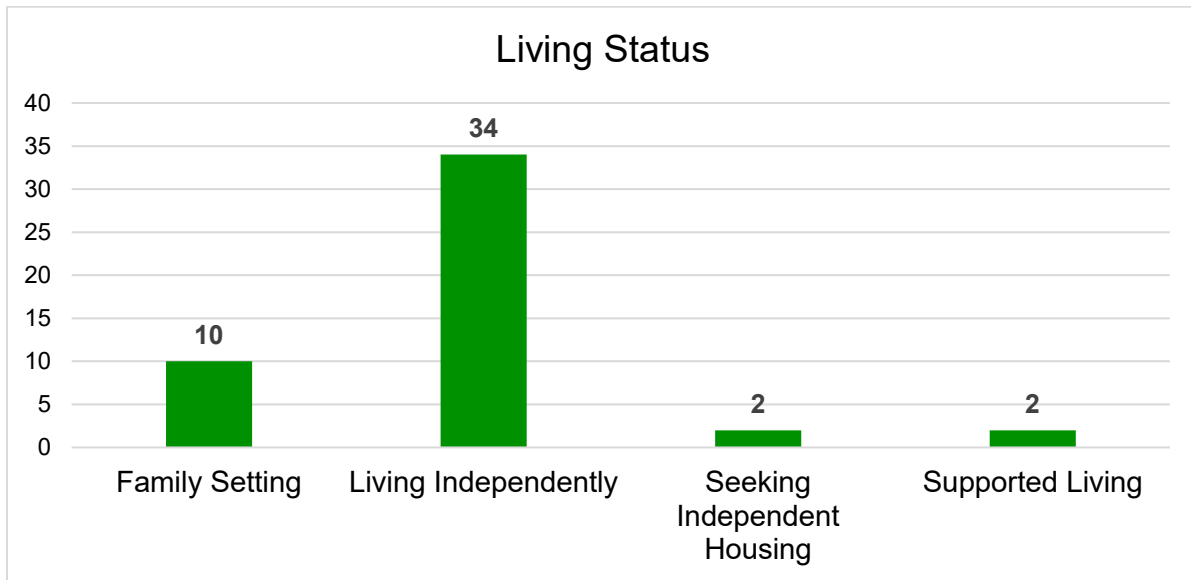
The graph below represents the number of individuals and their highest level of education.



Majority of the individuals served in the program are a High School Graduate or have a General Educational Development (GED).

### Current Housing Status

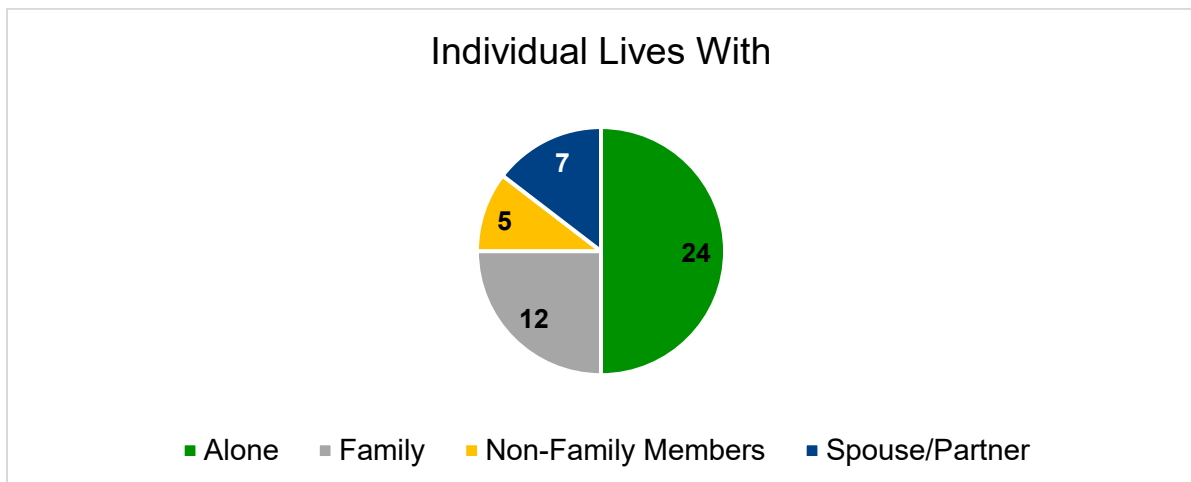
Housing information is also collected on individuals enrolled in Peer Support Services. The graph below indicates individuals' living status.



Living status data indicates that most individuals served in Peer Support Services reside independently, accounting for 71% of participants. An additional 21% live in a family setting, reflecting the presence of natural support systems for a significant portion of individuals enrolled in the program.

### Individual Lives With

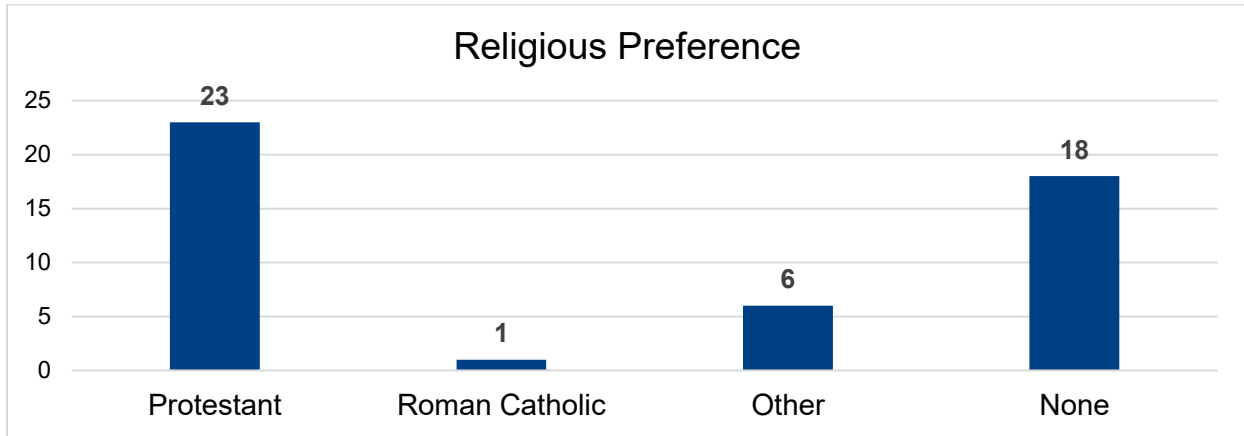
The graph below indicates who individuals reside with.



Most individuals enrolled in the program live independently. Those who reside with family members include individuals living with their children, parents, or other relatives, reflecting a range of family-based living arrangements among participants.

### Religious Preference

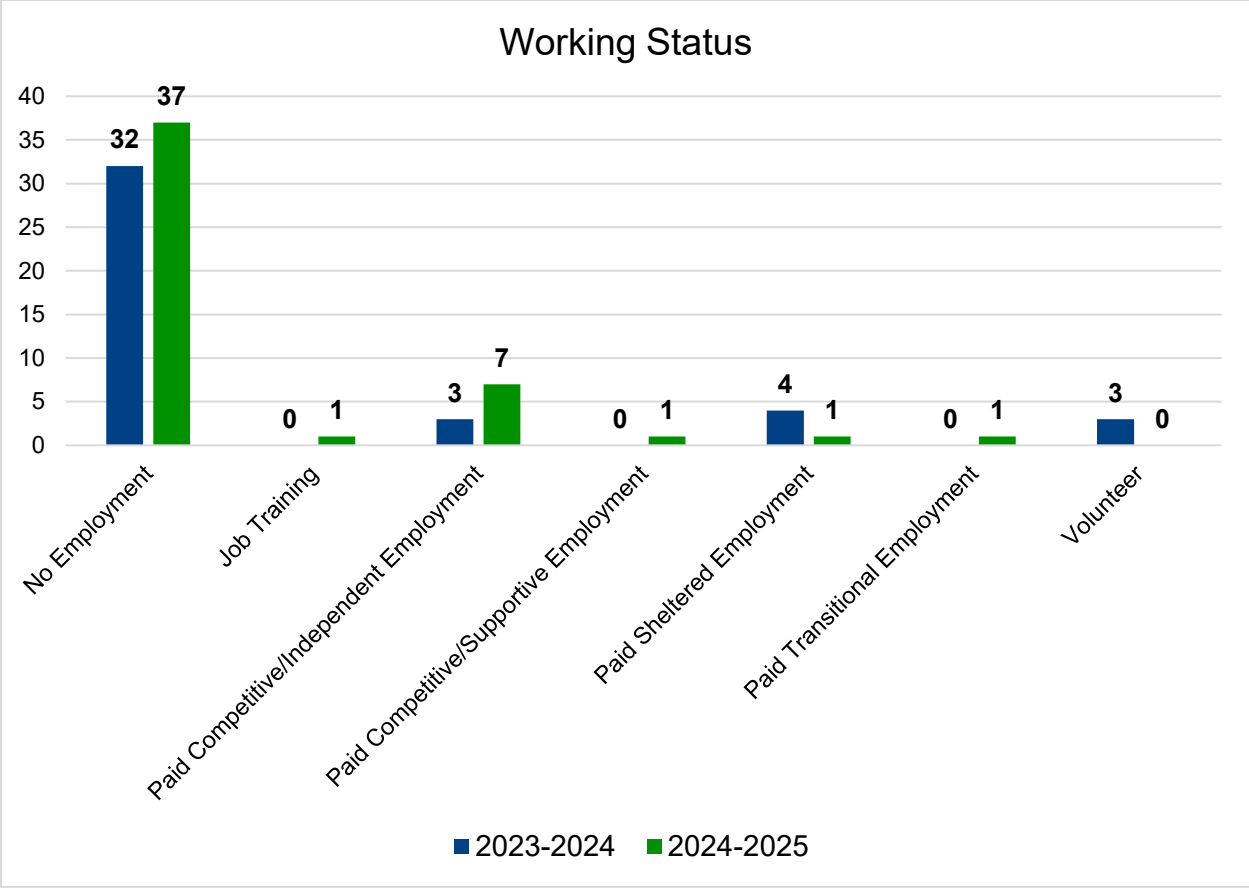
Religious preference among individuals served in the program is recorded in the survey. The graph below represents their answers.



Among individuals served in the program, the most reported religious preference is Protestant, with 23 individuals (48%) identifying as such. Additionally, 18 individuals (38%) reported having no religious preference, highlighting the diversity of spiritual and non-spiritual affiliations within the program population.

### Working Status

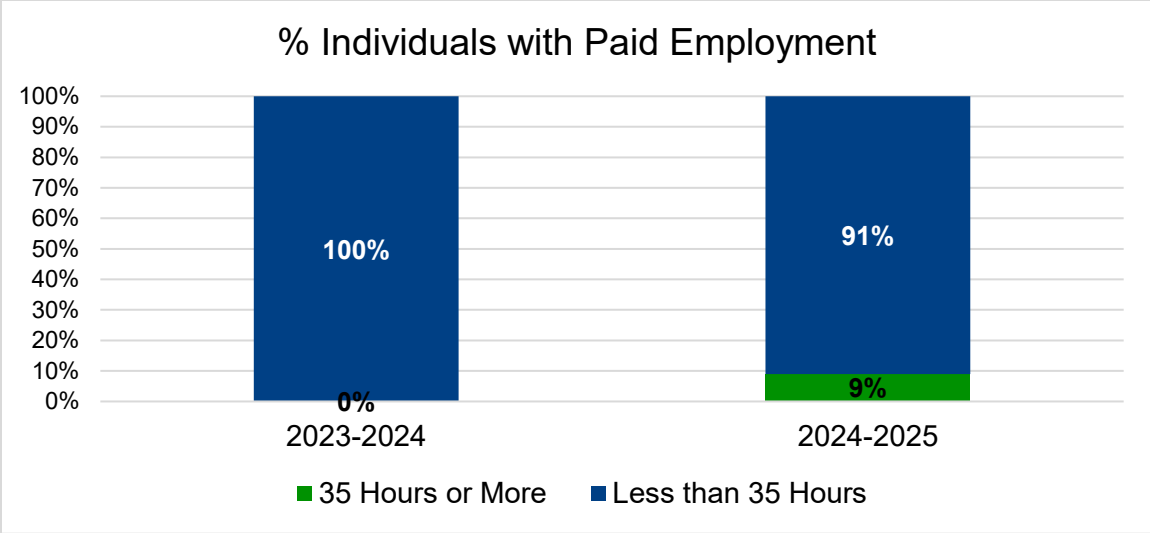
Working status is a component of the survey that is asked among the people served in the program. The following graph represents their answers.



During this review period, there was an increase in the number of individuals without employment. At the same time, the program also saw growth in the number of participants engaged in paid competitive or independent employment, reflecting positive movement toward vocational goals for some individuals served.

**Paid Employment**

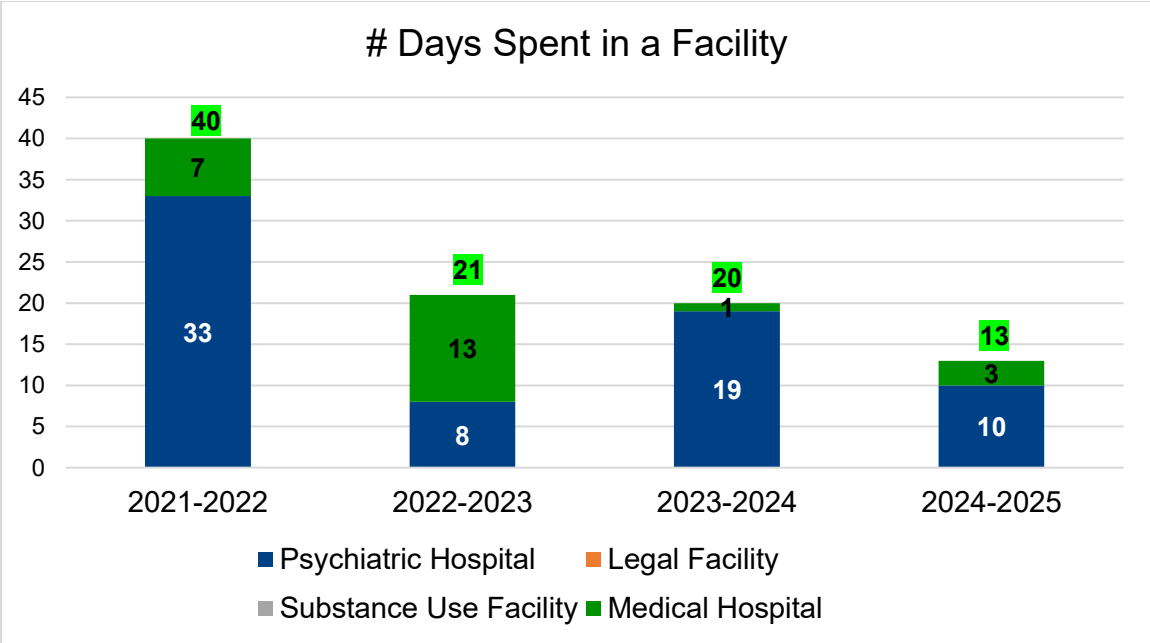
Individuals who reported they had paid employment or supportive employment/work program involvement reported if they worked more or less than 35 hours a week. The following chart represents those responses.



The data indicates there is an increase in individuals who are employed that work 35 hours or more per week.

### Number of Days Spent in a Facility

By self-report, individuals report the number of days they have spent in a facility within the past 30 days of the Progress Measure being completed. The graph below depicts the number of days individuals spent in the identified facilities.



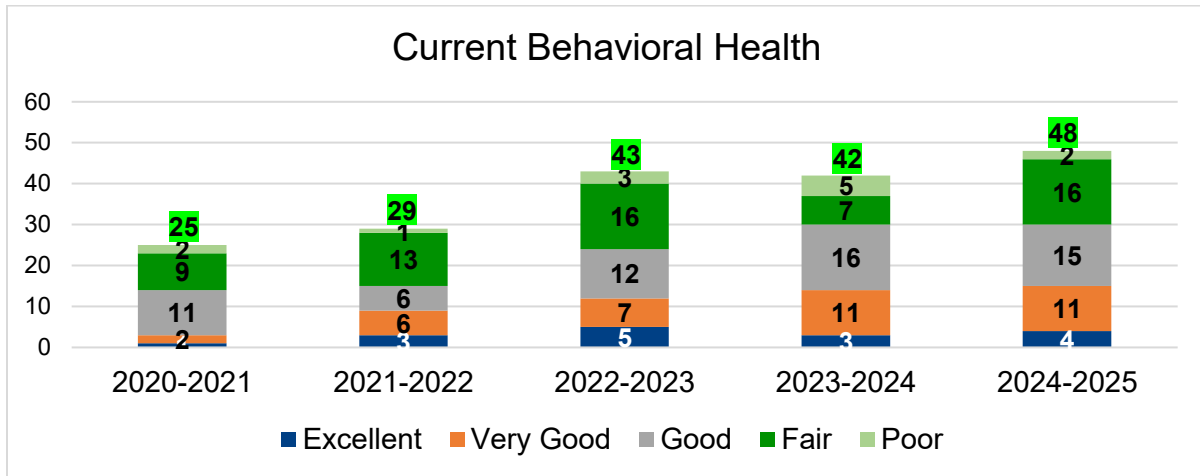
During this review period, there was a slight increase in medical hospitalizations among individuals served in the program. Conversely, admissions to psychiatric hospitals decreased significantly, suggesting improved mental health stability and effective support through the program.

## Behavioral and Physical Health

The Peer Support Measures Survey asks individuals to self-assess their current behavioral and physical health. Participants indicate their perception using a five-point scale: Poor, Fair, Good, Very Good, and Excellent, allowing the program to monitor changes in health status and track outcomes over time.

### Current Behavioral Health

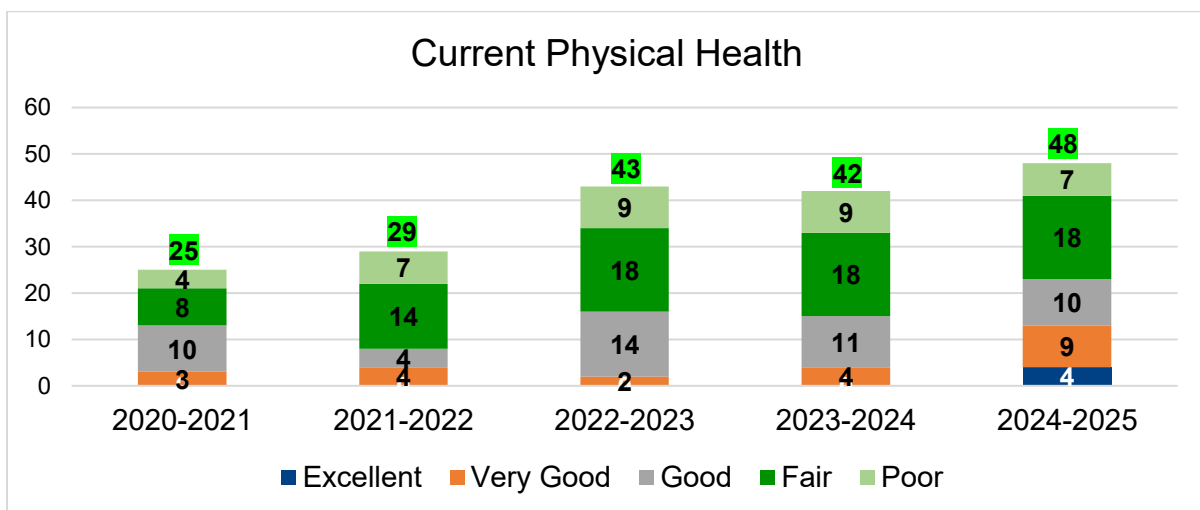
The graph below indicates the responses of individuals served and their perception of their current behavioral health.



Most individuals enrolled in Peer Support Services rate their current behavioral health as good or fair.

### Current Physical Health

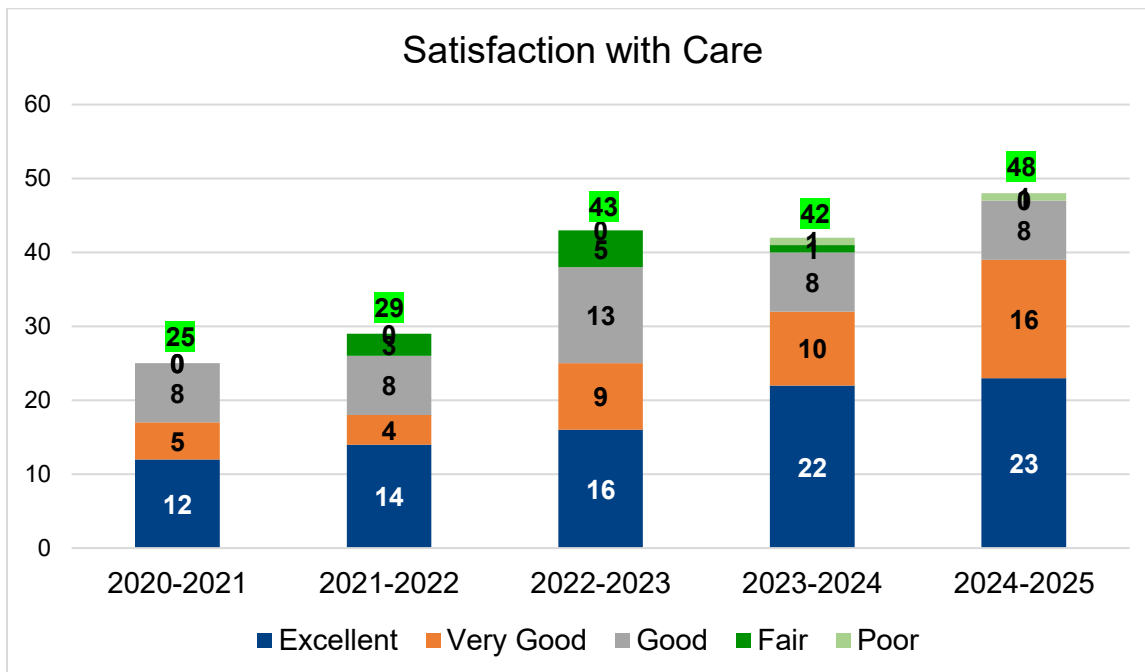
The graph below indicates the responses of individuals served and their perception of their current physical health.



During this review period, four individuals rated their current physical health as “Excellent,” marking the first time this response has been reported since monitoring these progress measures. Most participants continued to rate their physical health as “Fair,” consistent with findings from previous review periods.

### Satisfaction with Care

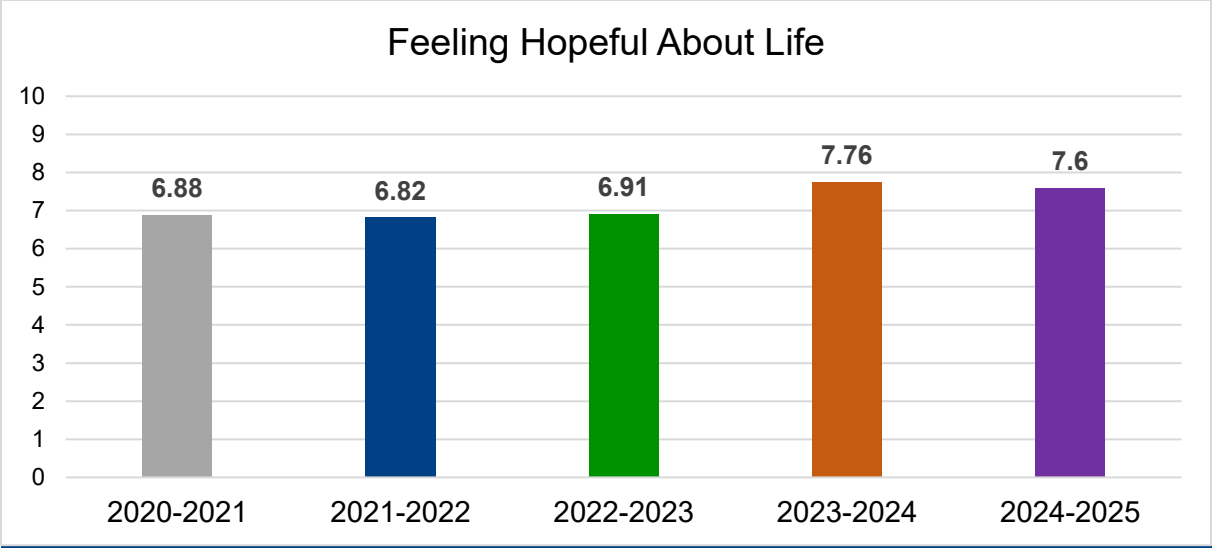
At the time of completing the Peer Support Measures Survey, individuals were asked to rate their satisfaction with the care they received using a five-point scale: Poor, Fair, Good, Very Good, or Excellent. A detailed breakdown of responses is provided in the table below, highlighting participant perceptions of the program’s effectiveness and quality of support.



Consistent with previous reviews, most individuals rated their feelings of satisfaction with care as “Excellent” followed by “Very Good”.

### Hopefulness

In the Progress Measures Survey, individuals are asked to rate their sense of hopefulness about life on a scale from 1 to 10, where 1 indicates “not feeling hopeful” and 10 indicates “feeling very hopeful.” The following graph illustrates participants’ self-assessments, providing insight into overall outlook and perceived well-being among those served by the program.



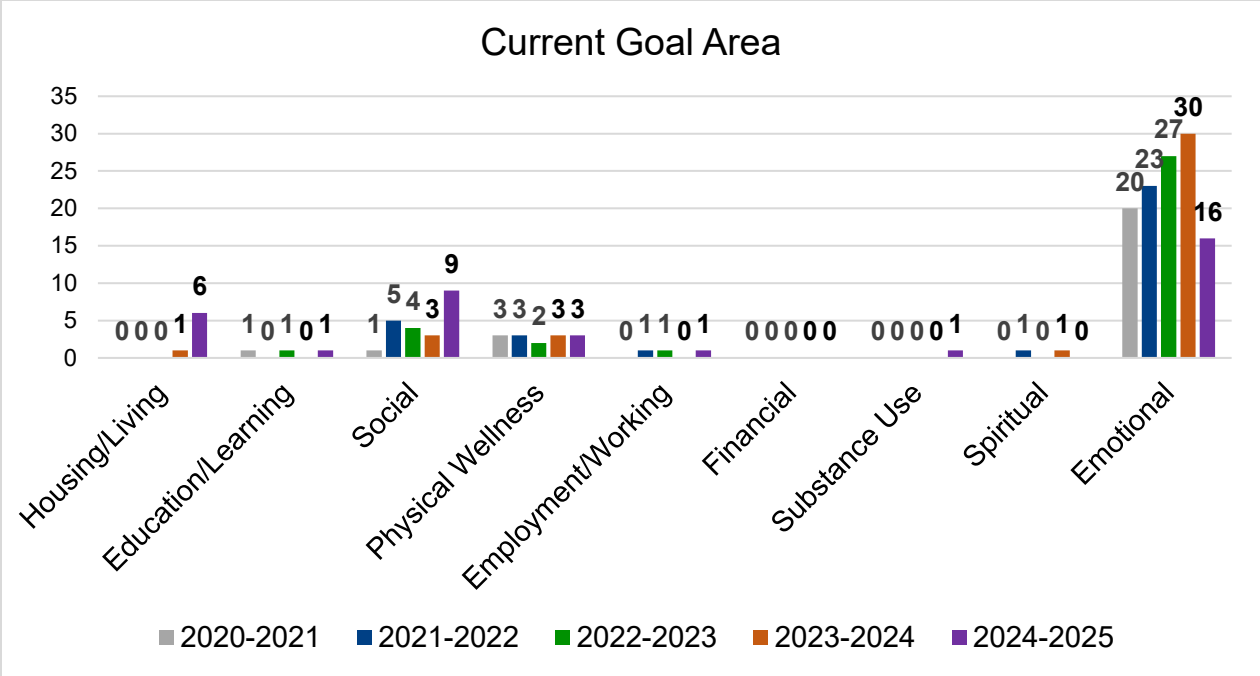
The average self-reported score for hopefulness about life among individuals in the program was 7.6 on a 10-point scale. This indicates that, on average, participants experience a moderately high level of hopefulness, reflecting positive perceptions of their current life circumstances and outlook.

**Goals**

Individuals in the program are asked to identify their primary goal areas, selecting from Housing, Education, Social, Physical Wellness, Employment, Financial, Substance Use, Spiritual, and Emotional domains. They also report on their perceived progress toward these goals, providing insight into both individual growth and the effectiveness of program supports. The following charts summarize the goals participants are focusing on and the progress they report. Participants may select multiple goal areas, reflecting the comprehensive, recovery-oriented approach of Peer Support Services and the program’s role in supporting diverse aspects of personal development and well-being.

**Current Goal**

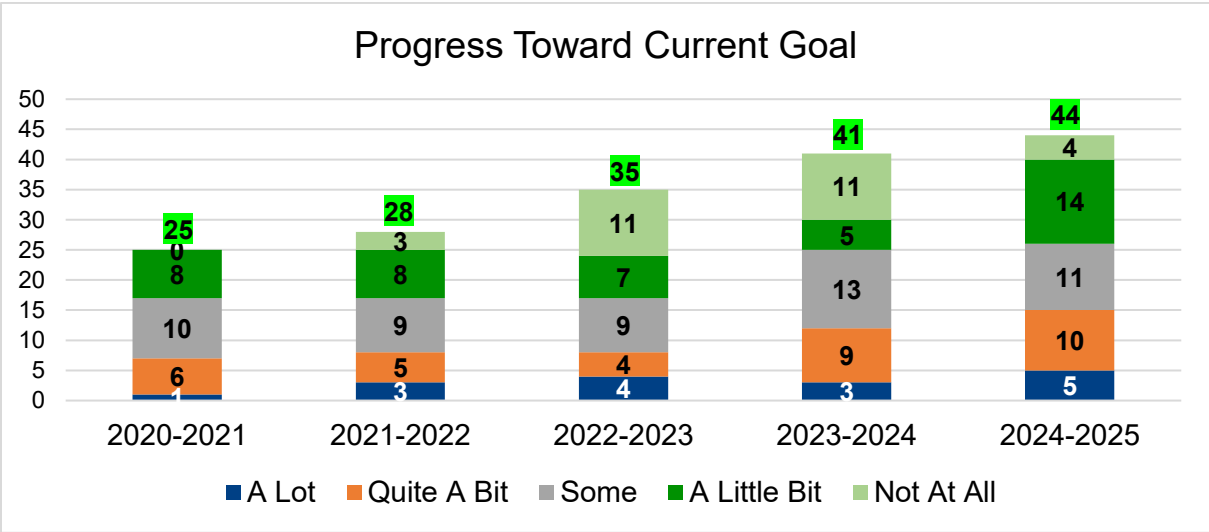
The following graph illustrates the number of individuals actively working toward goals across various categories.



During this review period, individuals identified a diverse range of goal categories. Staff have been collaborating more intentionally with participants to develop goals in areas that are most meaningful and supportive of their personal recovery, reflecting an ongoing initiative to enhance individualized care and engagement in the program.

**Progress on Current Goal**

Within the survey, individuals enrolled in the program are asked “In the past month, to what extent have you made progress on your current goal?” The graph below indicates their responses.



Most individuals reported they are making progress toward their goals.

## Strengths

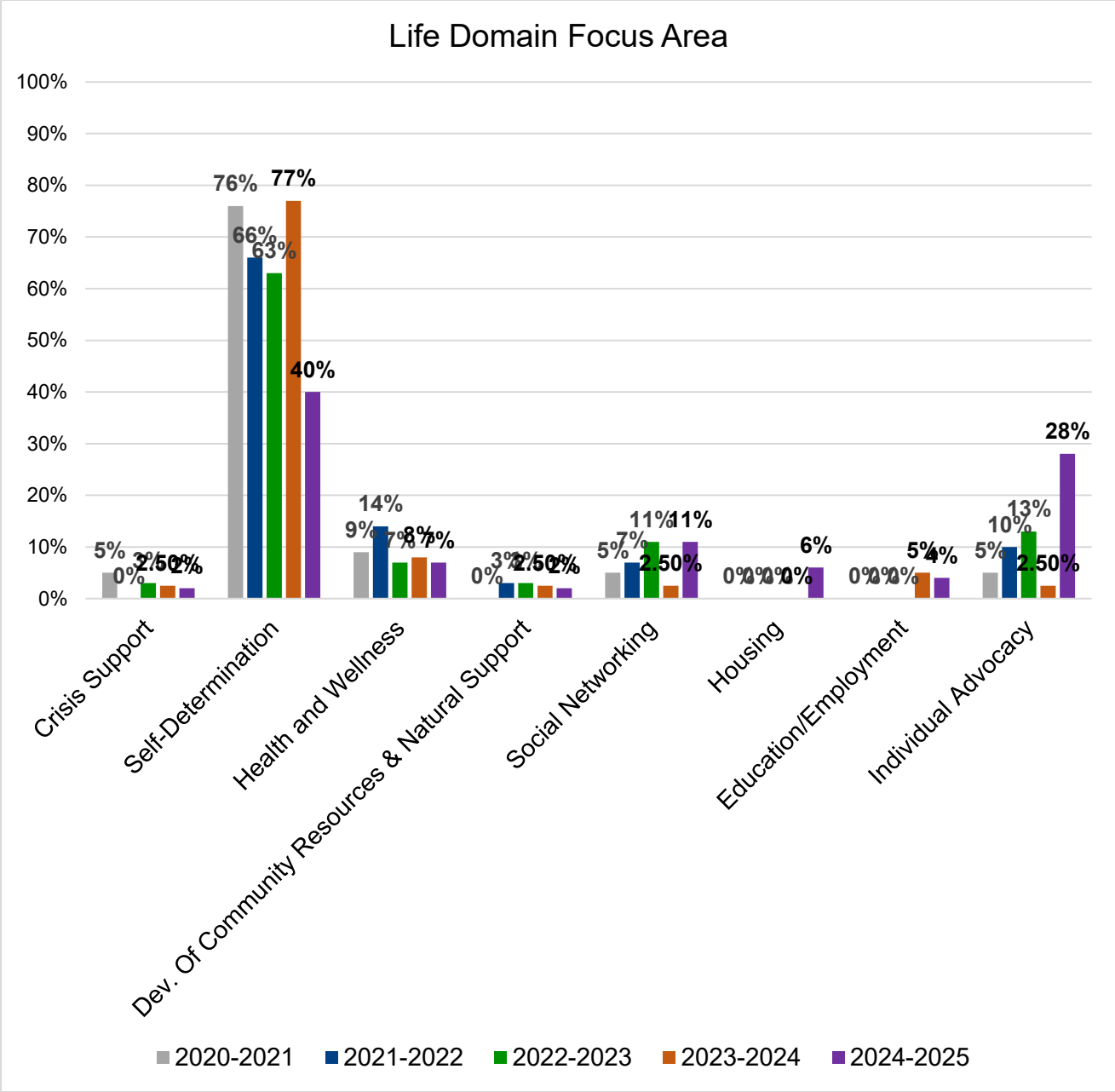
Individuals in the program are asked to identify their strengths that help them with achieving their goals. The following word cloud depicts some of their responses.



All individuals served in the program identified personal strengths that support their progress toward achieving their goals. This highlights the program's focus on recognizing and leveraging individual assets to promote recovery, resilience, and meaningful engagement in goal attainment.

## Life Domain Focus Area

Within the survey, individuals are asked to identify the life domains on which they are focusing their efforts. The following table summarizes their responses, providing insight into participant priorities and areas of personal growth.



In previous years, self-determination was consistently the most frequently selected life domain focus area among individuals participating in the Peer Support Program. To ensure staff have a thorough understanding of all life domain focus areas, the Program Director regularly reviews the definitions and significance of each domain with the team. When engaging with participants, Peer Support Specialists (PSS) utilize motivational interviewing techniques to educate clients on each life domain, supporting informed decision-making and alignment with personal goals. Self-determination is often chosen because it closely reflects the client’s individual goals and priorities.

During this reporting period, participants selected a wider range of life domain focus areas, reflecting increased diversity in client priorities. This shift suggests that the Program Director’s ongoing staff education efforts are effective and that PSS are successfully facilitating a client-

centered approach, empowering participants to explore and select life domains that are meaningful to them. The broadened distribution of focus areas demonstrates that clients are increasingly exercising autonomy and engaging in personalized goal setting within the program.

## Program Adherence

To ensure the Peer Support Program consistently adheres to the approved Program Model, the agency employs multiple strategies within a comprehensive quality and compliance oversight framework. The Quality & Compliance Department is responsible for evaluating the Peer Support Program to confirm that services are delivered in accordance with the approved service description and that the recovery-oriented needs of individuals served are effectively met. Ongoing monitoring activities are conducted to assess service fidelity, regulatory compliance, and overall program effectiveness.

Program compliance and service fidelity are evaluated through the following established processes:

1. Annual licensing site visits conducted by the Office of Mental Health and Substance Abuse Services (OMHSAS)
2. Internal chart reviews completed by the Program Director
3. Biannual internal compliance audits conducted by the Compliance Coordinator
4. Comprehensive internal quality reviews conducted by the Quality Director
5. Review and analysis of client feedback survey results
6. Regular and consistent review of CCBH Performance Measures and OMHSAS Bulletins
7. Annual quality review with McKean County Department of Human Services

Findings from internal audits, chart reviews, quality evaluations, and client feedback are systematically reviewed and analyzed to guide continuous quality improvement efforts. These efforts include targeted staff training, policy and procedure refinement, and enhancements to service delivery practices. This structured and ongoing evaluation process supports sustained compliance with OMHSAS standards while promoting high-quality, person-centered, recovery-focused care.

Based on the results of these monitoring and evaluation activities, Peer Support Services were determined to be in full compliance with all applicable regulatory and program requirements during the review period. The comprehensive quality review confirms that the program consistently meets established standards, maintains fidelity to the approved service description, and operates effectively in support of individual recovery goals.

## Quality

Participant feedback is crucial for gathering insights and improving the quality of services offered by The Guidance Center. The agency values client and family feedback on all services. To enhance this, we established a Client Advisory Committee in 2020. Clients, including those in the Peer Support Program, are invited to join the committee to share their perspectives on quality improvement. Currently, a Peer Support Program participant actively contributes to the committee. The Quality Director presents quality initiatives collected at the Client Advisory

Committee meetings at agency quality meetings with the Executive Director and Senior Management. The Guidance Center actively recruits clients for the Client Advisory Committee and encourages participation from the Peer Support Program.

The Peer Support Program includes clients in the essential quality improvement processes in several meaningful ways. All individuals participating in the program are routinely offered comprehensive feedback surveys to evaluate the overall effectiveness of the services provided, their satisfaction with service delivery, and their level of engagement within the program. The results of these surveys are compiled and analyzed to ensure that the agency is delivering the highest quality of care while effectively meeting the diverse needs of the individuals served. These results are then shared with the quality team, members of the agency Board of Directors, as well as the participants in the program to foster transparency and collaboration.

In addition to the client feedback surveys, individuals are provided with the Client Handbook upon enrolling in services. This client handbook encompasses essential topics such as client rights, the individualized plan of care, confidentiality practices, and instructions on how to file a grievance or express any concerns. Additionally, at any time, anyone can easily provide feedback through the agency's website by using the designated feedback section. A client feedback form automatically populates and is sent directly back to the quality department for processing. This valuable input not only highlights areas for improvement but also addresses any concerns while assessing the overall effectiveness of the services offered. This data plays a crucial role in enhancing the quality of care at the agency.

Individuals have the option to provide feedback either anonymously or by including their name if they wish to be contacted for follow-up discussions. The ongoing input and feedback exchange offers continuous opportunities for individuals to contribute their input, which are outlined in the agency Quality Plan. A summary of findings from client satisfaction surveys and other input methods are captured within comprehensive quality reports. These reports, which serve as a vital resource for understanding service effectiveness, can be found on the agency website for public review and transparency.

## **Compliance**

Compliance is critical and important to The Guidance Center to ensure ethical, legal, and professional standards are met, protecting both clients and the agency. Adhering to regulations, while compliance with licensing and accreditation requirements ensures quality care. It also minimizes legal risks, prevents financial penalties, and fosters trust among clients, staff, and regulatory bodies. By maintaining strict adherence to policies and best practices, The Guidance Center operates with integrity and provides effective treatment.

## **OMHSAS Re-licensure Review**

Peer Support Services successfully completed its re-licensure site visit on February 10, 2025, conducted by Michael Kinslow of the Office of Mental Health and Substance Abuse Services (OMHSAS). The program was found to be in full compliance with all applicable licensure standards, and no citations were issued to The Guidance Center's Peer Support Services Program.

## **Audits**

Quarterly chart reviews are conducted by the Program Director to assess documentation accuracy, service fidelity, and alignment with Individual Service Plans (ISPs). Feedback from these reviews is provided directly to each staff member and is used to support ongoing coaching, professional development, and consistent service delivery.

Internal compliance audits are conducted twice annually by the Compliance Coordinator and encompass 24 established quality indicators. Audit findings are shared with the Program Director and the Senior Director of Recovery and Support Services. Any areas identified for improvement are reviewed during a multidisciplinary quality meeting involving the Quality Director, Compliance Coordinator, Program Director, and Senior Director of Recovery and Support Services. When indicated, a corrective action plan is collaboratively developed, implemented, and monitored to ensure timely resolution and sustained compliance.

The Quality Director conducts an in-depth, comprehensive quality review that evaluates service effectiveness, quality outcome data, client satisfaction, and overall program performance. This review provides an additional layer of oversight and supports data-driven decision-making to strengthen program outcomes.

In addition, the agency actively monitors Community Care Behavioral Health (CCBH) performance measures and Office of Mental Health and Substance Abuse Services (OMHSAS) bulletins to ensure continued adherence to the Peer Support Program model and to proactively incorporate new regulations, guidance, or system changes. These resources inform quality improvement initiatives, support best practices, and enhance service delivery to improve outcomes for individuals served by the Peer Support Program.

In December 2022, OMHSAS issued a bulletin clarifying that Peer Support Services (PSS) identified in an individual's Individual Service Plan may be provided during transit. The Pennsylvania Department of Human Services determined that it is clinically appropriate for individuals receiving PSS to engage in ISP-identified services while in transit with their Certified Peer Specialist. In response, the agency developed and implemented a policy to align with this guidance. When transit-based services are delivered, they are reviewed by the Program Director to ensure services remain purposeful, recovery-focused, and directly aligned with the goals outlined in the Individual Service Plan.

## **Methodology**

The Agency Compliance Coordinator conducts biannual internal chart audits, while the Program Director completes ongoing chart reviews as part of regular supervisory and oversight responsibilities.

For each biannual internal audit, a random sample of charts is selected that includes both actively enrolled individuals and individuals who have been discharged from the program. Review of discharged charts verifies that required discharge planning and documentation processes were completed in accordance with program and regulatory standards.

During the review period, two internal compliance audits were conducted. Audit findings are summarized below and reflect the program’s level of compliance with documentation, service delivery, and discharge requirements.

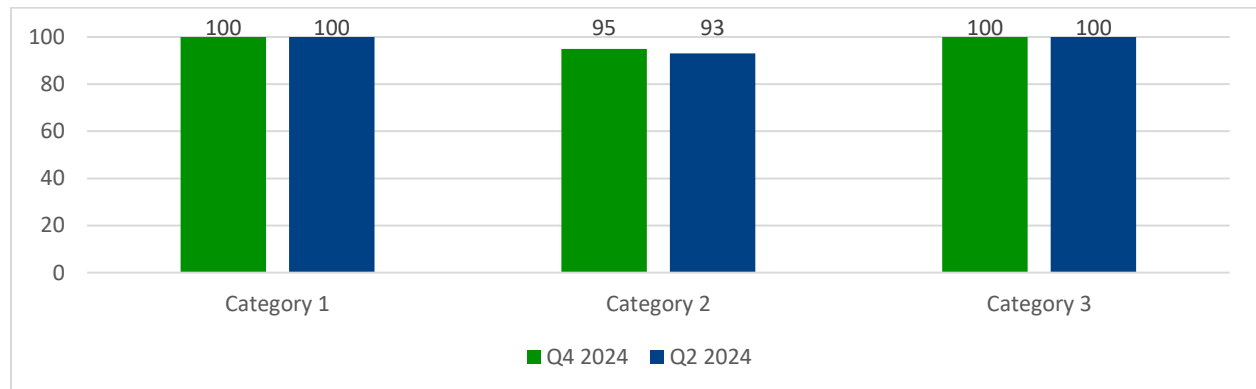
### Internal Compliance Audit Results

Below are the results from the internal compliance audits that were conducted during this reporting period.

Internal Quality Review			
Program	Peer Support	Date of Audit	11/4/24-11/6/24
Number of Charts Reviewed	15 Randomized Charts	Audit Schedule	Biannually – Q2
Total Number of Indicators	20 Quality Indicators		

Category	Score	Goal
1. Eligibility & Intake	100%	80%
2. Documentation	93%	80%
3. Discharge	100%	80%

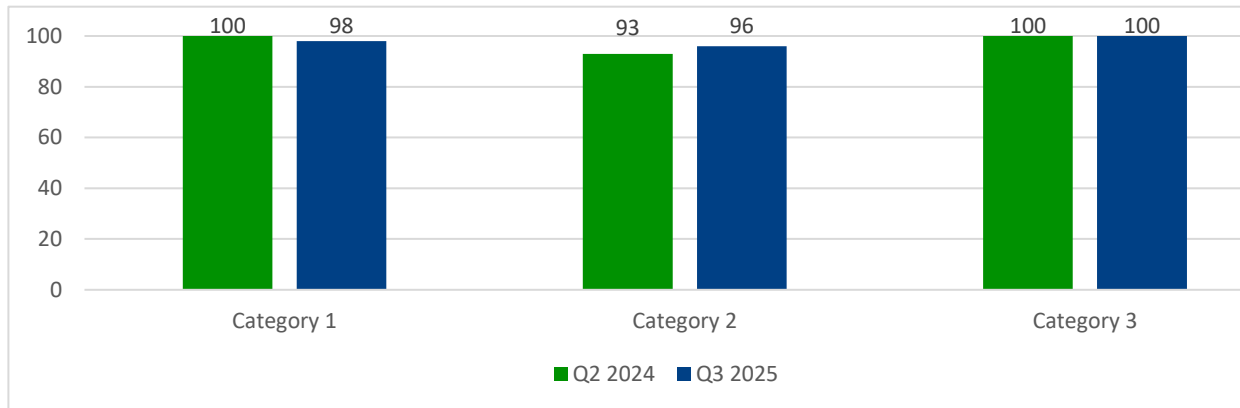
### Comparison of the last Internal Audit:



Internal Quality Review			
Program	Peer Support	Date of Audit	3/25/25 – 3/27/25
Number of Charts Reviewed	15 Randomized Charts	Audit Schedule	Biannually – Q3
Total Number of Indicators	20 Quality Indicators		

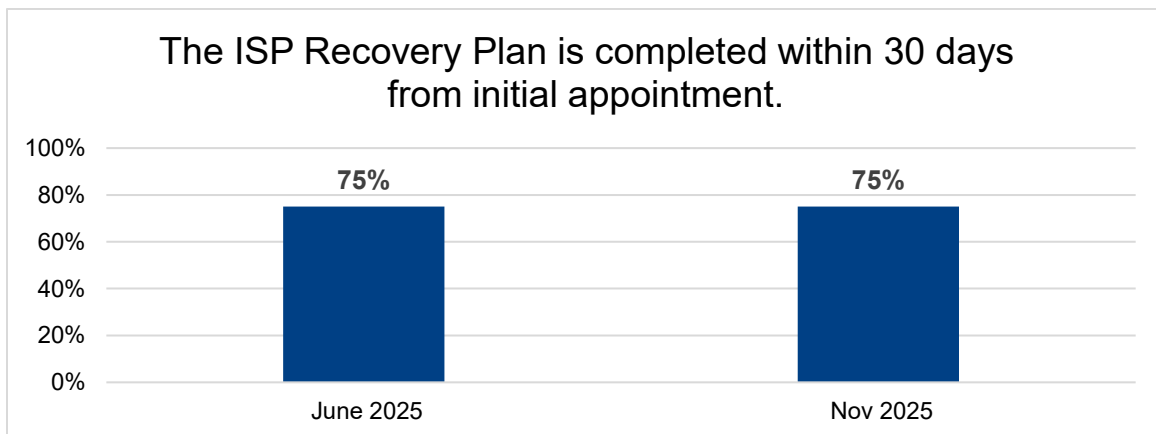
Category	Score	Goal
4. Eligibility & Intake	98%	80%
5. Documentation	96%	80%
6. Discharge	100%	80%

**Comparison of the last Internal Audit:**



During the most recent internal compliance audit, all measured indicators met or exceeded the established performance goal of 80%, with the exception of one indicator. Overall results demonstrate sustained compliance and indicate that the majority of corrective action plans have been successfully implemented and may be formally retired.

The single indicator that fell below the established threshold was addressed through the development of a corrective action plan utilizing the Plan Do Check Act (PDCA) model. This structured approach supports continuous quality improvement and ensures that corrective actions remain aligned with program goals and measurable outcomes. The chart below reflects the only corrective action plan currently in place.

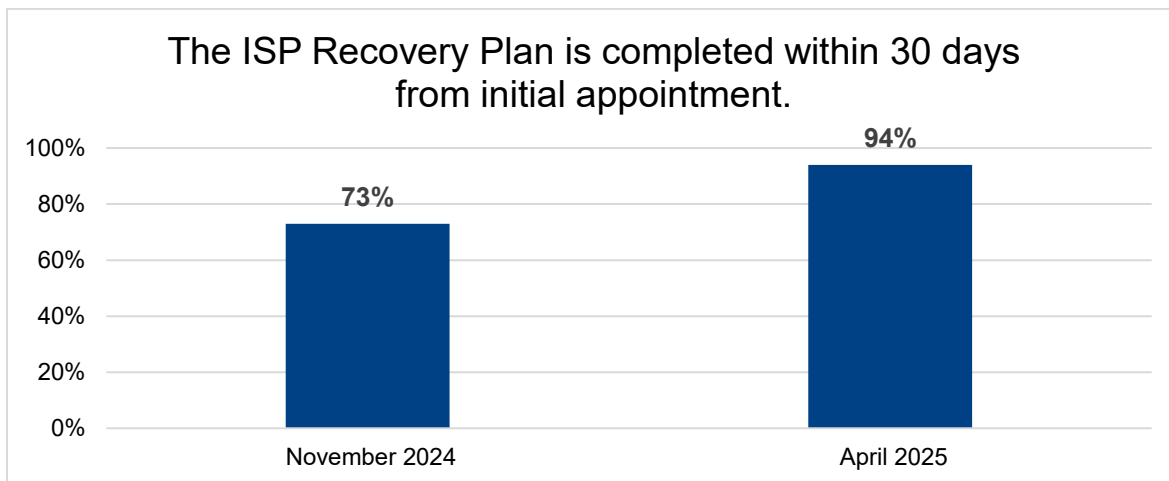
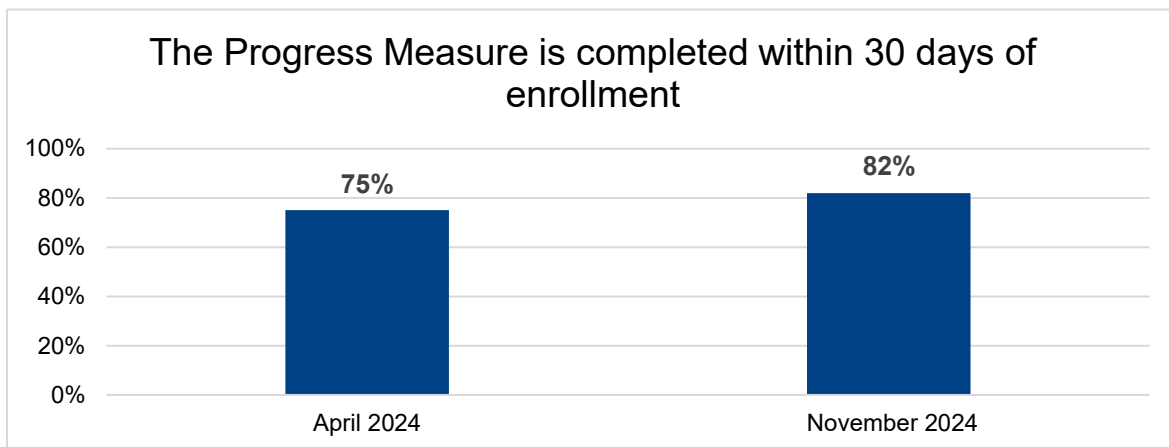


As of November 2025, performance in this area remained consistent with the previous review period; however, results continue to fall approximately 5% below the established benchmark. This indicator will remain under active monitoring, and targeted quality improvement efforts will continue until performance meets or exceeds the established goal.

### Program Goals

During this reporting period, additional priority areas were identified and addressed through corrective action plans to support program goals within Peer Support Services. These focus areas informed the program's quality improvement objectives and were selected to strengthen consistency, timeliness, and the delivery of high-quality services. Specifically, the identified areas included completion of the Progress Measure within 30 days of enrollment with updates every six months thereafter for each individual served.

Both focus areas were closely monitored to improve performance rates and support positive outcomes. Progress was tracked using the agency's PDCA model until performance met or exceeded the established benchmarks. The following charts illustrate performance trends and improvements throughout the monitoring period.



Both corrective action plans were formally retired upon achieving the desired goals. These indicators will continue to be included in internal auditing processes to ensure sustained compliance and ongoing program stability.

### **Staff Supervision**

Ensuring that staff receive consistent, appropriate, and timely supervision is a core component of the Peer Support Program's quality framework. All staff are scheduled to receive one hour of individual supervision on a weekly basis, in addition to participating in structured group supervision. Supervision during this reporting period was provided through a combination of face-to-face and virtual formats to support accessibility and continuity.

Supervision sessions are facilitated by the Program Coordinator and focus on reviewing client cases, reinforcing adherence to the Peer Support Program model, and integrating quality improvement initiatives into daily practice. These sessions also provide an opportunity to support staff professional development, address challenges, and promote high-quality, recovery-oriented service delivery.

The program maintains a goal of 100% staff participation in weekly supervision. In instances when supervision does not occur as scheduled, the reason is documented to ensure accountability and continuity of oversight. Supervision records are maintained by the Program Director and are routinely reviewed as part of ongoing quality monitoring and compliance efforts.

### **Staff Training**

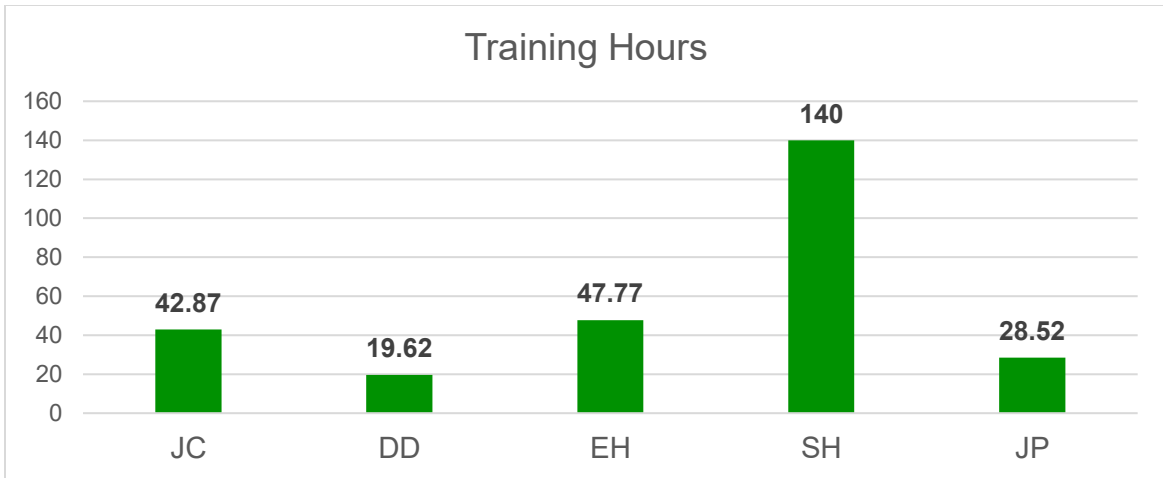
Peer Support staff are required to complete all mandated regulatory trainings and participate in additional training activities designed to support service quality, compliance, and recovery-oriented practice. These trainings ensure that staff are equipped with the knowledge and skills necessary to deliver high-quality, person-centered Peer Support Services in alignment with program standards and regulatory requirements.

Required training areas include, but are not limited to:

- Agency Quality Plan
- Agency Compliance Plan
- Fraud, Waste, and Abuse
- Trauma-Informed Care
- A minimum of 18 hours of Peer Support and Recovery-focused training

Training completion is monitored to ensure compliance with applicable requirements and to support ongoing professional development. This structured training approach reinforces service fidelity, promotes ethical practice, and enhances staff capacity to effectively support individuals in their recovery journeys.

The graph below highlights the number of trainings completed for each staff member.

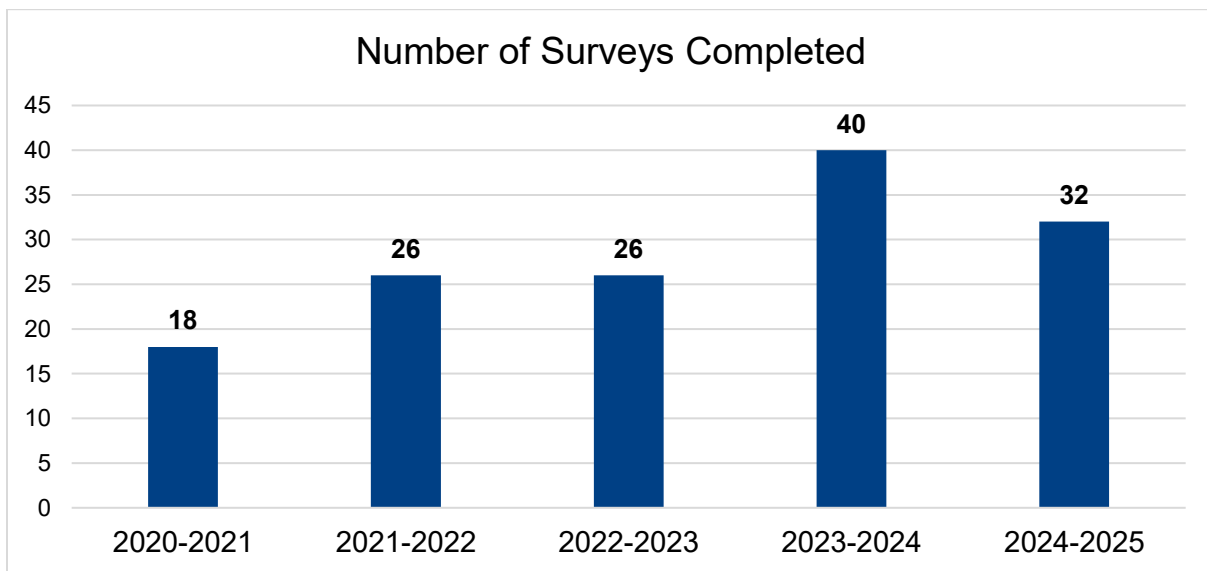


Collectively, Peer Support Specialists, the Program Director, and the Senior Director of Recovery and Support Services completed a total of 278.78 training hours during this reporting period. This substantial investment in professional development reflects the agency’s strong commitment to delivering high-quality, recovery-oriented support. Notably, two staff members each completed over 20 hours of specialized wellness coaching training, further enhancing the program’s capacity to provide individualized, client-centered care.

## Survey Results

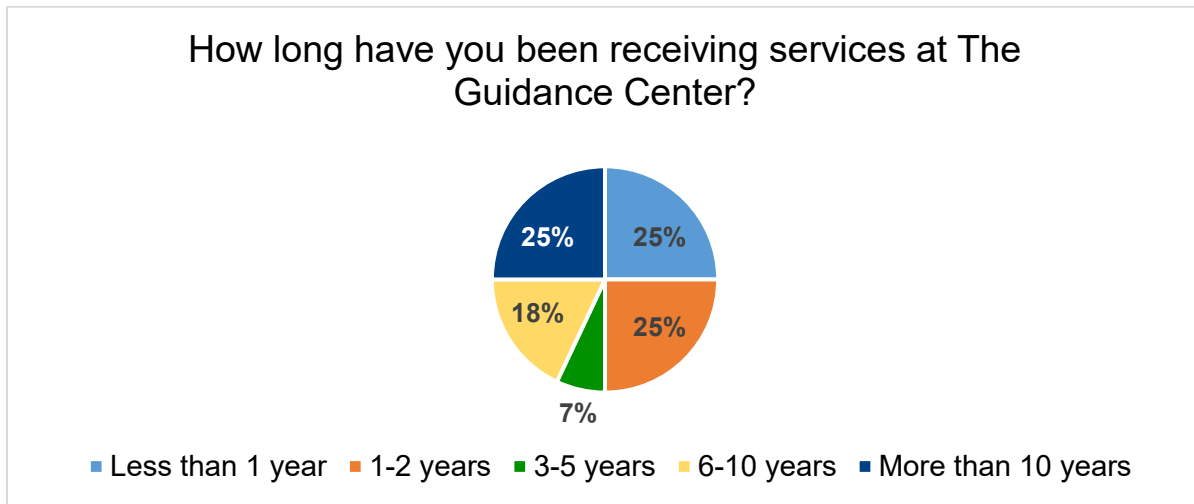
Surveys were offered to all participants enrolled in the Peer Support Program. Upon completion, these surveys were submitted to the Quality Department for data compilation and analysis. The Quality Committee thoroughly reviews the collected feedback. Based on findings, necessary modifications to the program are implemented to address any areas identified for quality improvement.

The following graph indicates the number of surveys completed for each fiscal year.



There were 32 surveys completed during this timeframe, indicating a high response rate.

The surveys consist of 21 questions. Questions 1 & 2 asked participants to identify who their provider was for service and how long they have been receiving services at The Guidance Center. The chart below indicates the amount of time individuals have been receiving services.



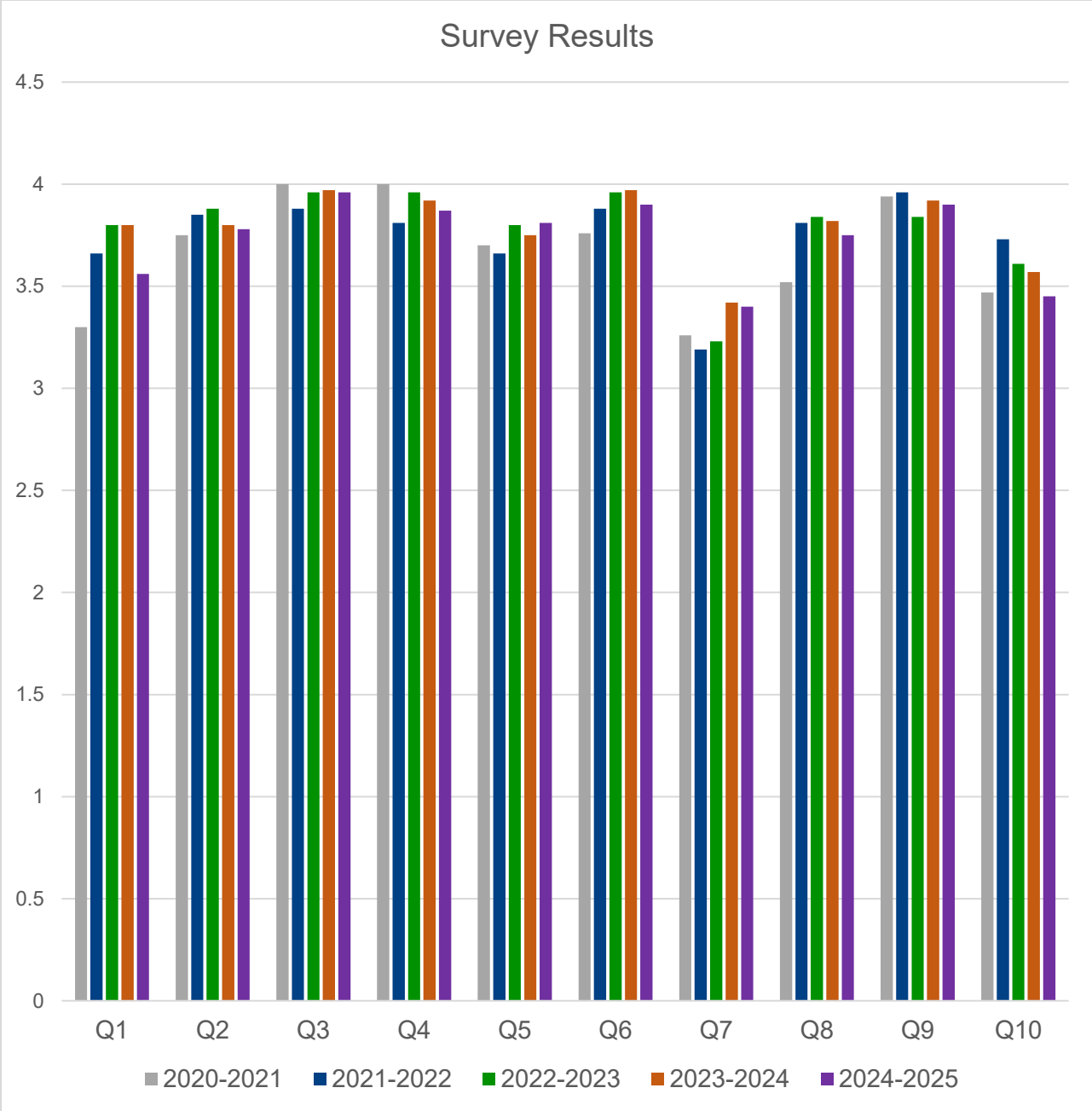
The length of time individuals are receiving services at the agency varied among respondents.

Survey questions 3 through 12 measured participant satisfaction across the categories outlined below. Responses were rated on a four-point Likert scale, with 1 indicating very unsatisfied and 4 indicating very satisfied. Individual responses were averaged to determine overall satisfaction levels for each category. Participants were asked the following prompt: *“On a scale of 1 to 4, with 1 being very unsatisfied and 4 being very satisfied, how satisfied are you with the following?”* The summarized results of these survey responses are presented below.

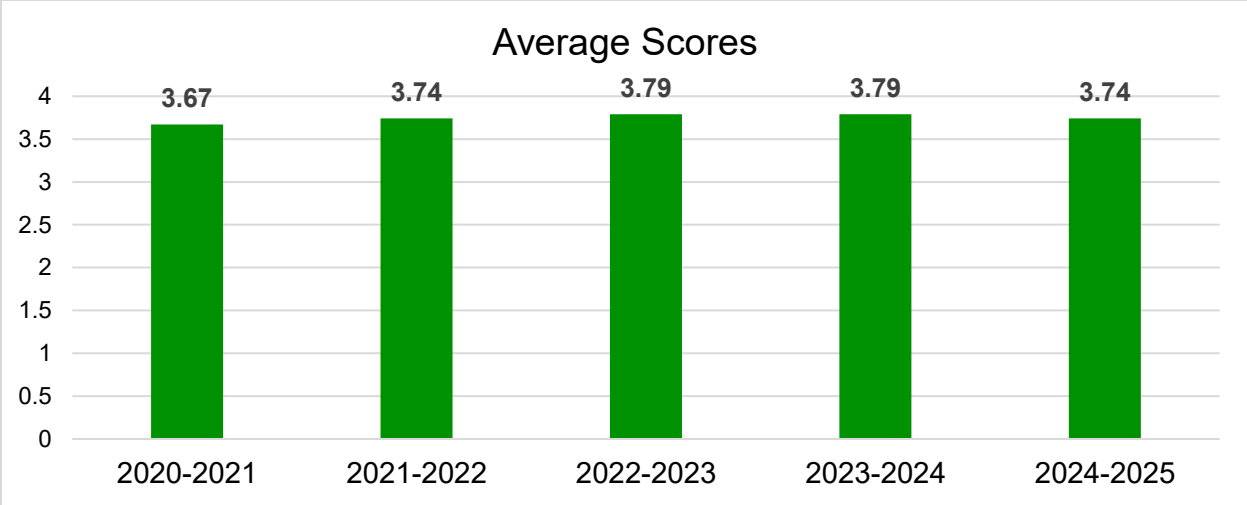
<b>Survey Results</b>		
1. The timeliness of our response to your initial request for service?	<b>3.56</b>	<b>89%</b>
2. The setting where services are provided?	<b>3.78</b>	<b>95%</b>
3. The courtesy and respect shown by your Peer Support Specialist?	<b>3.96</b>	<b>99%</b>

4. The level of confidentiality?	<b>3.87</b>	<b>97%</b>
5. Do you feel you're an active participant in service planning?	<b>3.81</b>	<b>95%</b>
6. How satisfied are you with Peer Support Services?	<b>3.90</b>	<b>98%</b>
7. Do you feel you have attained or met your personal goals within the program?	<b>3.40</b>	<b>85%</b>
8. The frequency and convenience of contacts?	<b>3.75</b>	<b>94%</b>
9. Did your Peer Support Specialist address your specific cultural background in a respectful manner?	<b>3.90</b>	<b>98%</b>
10. Rate your view of your overall wellness satisfaction.	<b>3.45</b>	<b>86%</b>

Satisfaction survey scores were averaged across each category of the assessment tool. Overall results indicate a consistently high level of satisfaction with Peer Support Services, including the treatment experience, overall service delivery, and interactions with individual Peer Support Specialists. Average scores were converted to percentage values for clarity and comparison. Percentage scores ranged from 85% to 99%, reflecting strong participant approval and a high degree of confidence in the quality, effectiveness, and person-centered nature of services provided.



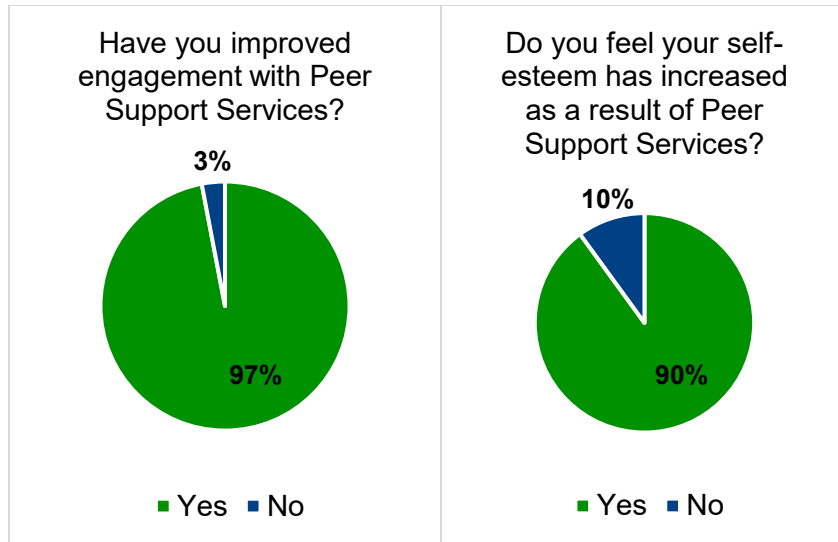
Results varied in some areas, however, the average of scores remained the same from the previous review. The following chart indicates the average scores from 2020 to now.



The average score across all survey categories remains consistent with findings from previous review periods, indicating stability in service quality and participant satisfaction. The combined average score of 3.74 corresponds to an overall satisfaction rate of 93.5%, reflecting a sustained high level of satisfaction with services provided and reinforcing the program’s effectiveness in meeting participant needs.

Questions 13–17 were designed to gather additional feedback across multiple service-related areas. The graphs below display the distribution of responses, illustrating the percentage of participants who selected “Yes” or “No” for each question, and provide further insight into participant experiences and perceptions of services.

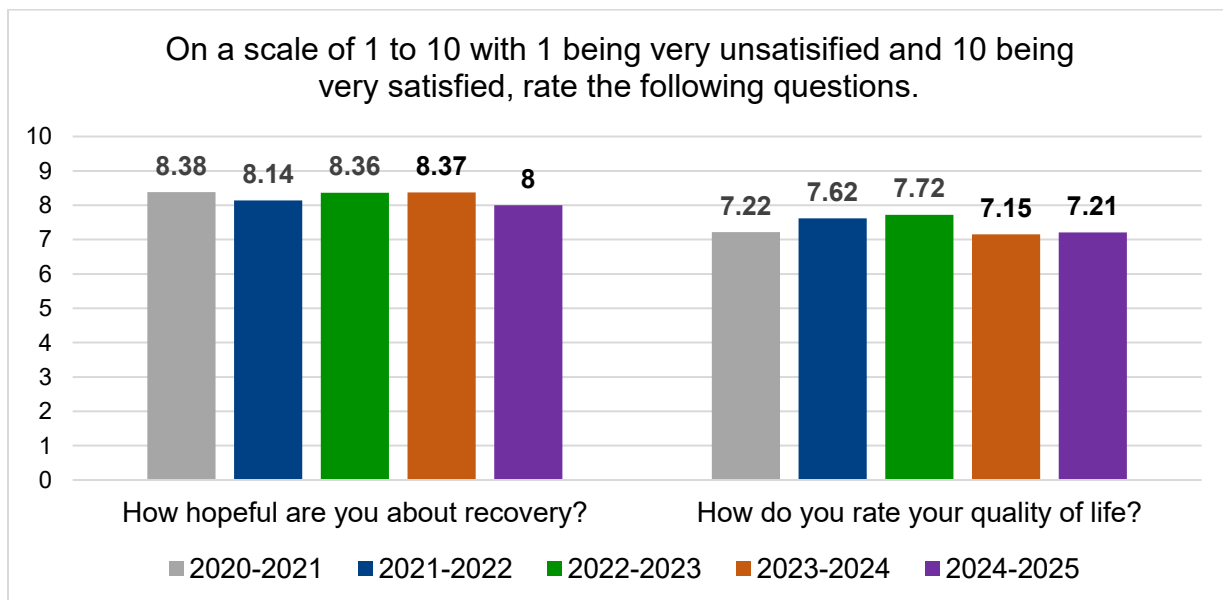




While some individuals reported feeling less socially connected, they noted that this reflects personal preference rather than dissatisfaction with services. Many participants indicated increased confidence and an enhanced ability to sustain their recovery as a result of receiving Peer Support Services. Additionally, nearly all respondents reported improved engagement with services and increased self-esteem, highlighting the positive impact of Peer Support Services on personal growth, recovery maintenance, and overall well-being.

### Hopefulness and Quality of Life Ratings

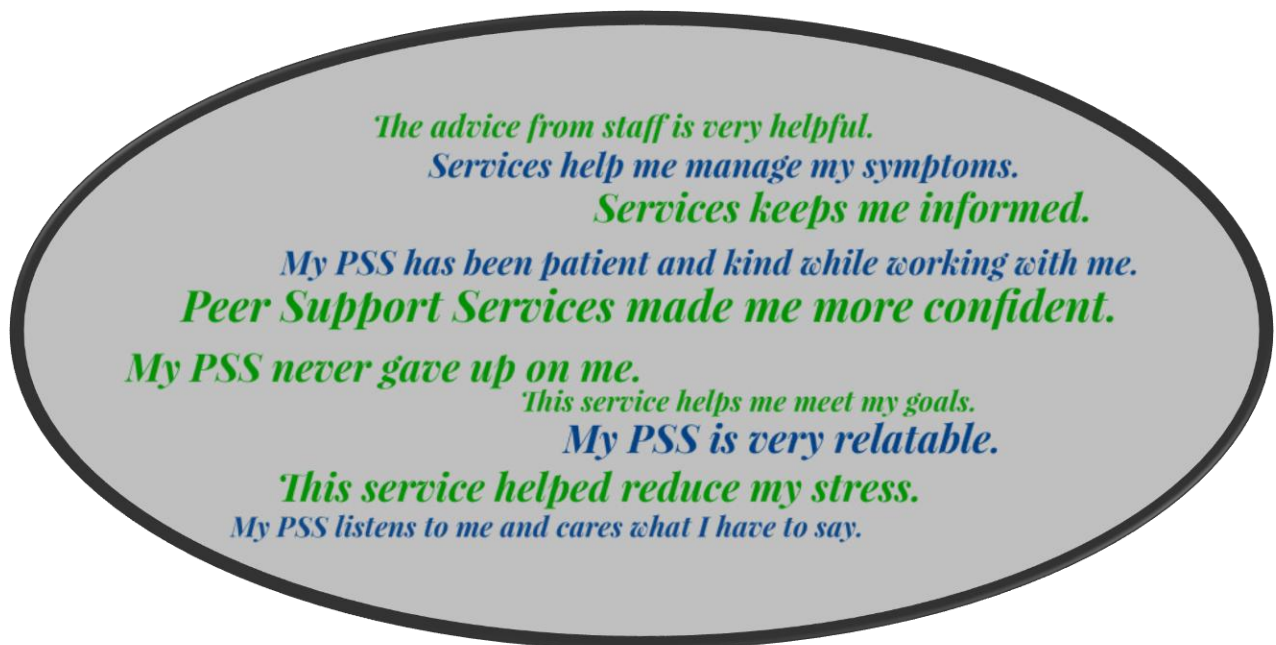
Participants were asked to rate their level of hopefulness regarding recovery and their overall quality of life using a 1-10 scale, where a rating of 1 indicates very low satisfaction and 10 indicates very high satisfaction. The graph below illustrates the average scores for both measures across all respondents, tracked from 2020 to the present, and provides a longitudinal view of participant perceptions related to recovery and quality of life over time.



Consistent with findings from previous review periods, the majority of participants reported feeling hopeful about their recovery and expressed positive perceptions of their overall quality of life. These results suggest sustained progress in recovery-oriented outcomes and reflect the ongoing effectiveness of services in supporting participant well-being and optimism for the future.

## Comments

Finally, participants were provided the opportunity to share feedback regarding the most helpful aspects of the services they received over the past six months, as well as to offer any additional comments. The word cloud below visually represents key themes and commonly expressed sentiments drawn from the qualitative responses submitted.



## Trend Analysis

Peer Support Services experienced a slight increase in enrollment, with a 2% growth in participants since the previous review. The program serves a diverse population ranging in age from 19 to 68 years, with Major Depressive Disorder being the most prevalent primary diagnosis. Most individuals served are female, representing 60% of the program population.

Crisis contacts decreased by 18%, and psychiatric hospital admissions declined by 37.5% compared to the prior review period. Timely follow-up was provided to all individuals discharged

from psychiatric hospitalization, with care delivered within 24 hours, demonstrating a strong commitment to supporting successful transitions back into the community.

There were 13 discharges from the program during this reporting period for various discharge reasons. Three individuals successfully completed the program during this review period. A total of 1,206 services were delivered, primarily within the community or at participants' homes, representing a 26.4% increase since the last review.

To support continuous quality improvement, the program administers Peer Support Measure Surveys to all participants at program entry and every six months thereafter. These surveys provide critical data to inform service delivery enhancements.

While medical hospitalizations experienced a slight increase, psychiatric hospitalizations significantly decreased. Participants generally rated their behavioral health as "fair" or "good" and their physical health as "fair." Client satisfaction remains a program strength, with most participants rating their overall experience as "excellent." During this reporting period, participants selected a wider range of life domain focus areas, reflecting greater diversity in client priorities. This broadened distribution demonstrates that clients are increasingly exercising autonomy and engaging in personalized goal setting within the program.

The program emphasizes a strengths-based approach, empowering individuals to identify and leverage their personal strengths to achieve recovery goals. Adherence to program standards is maintained through regular internal compliance audits, while staff consistently exceed training requirements and actively participate in weekly supervision. Staff satisfaction survey results indicate high levels of satisfaction with the program, the team, and the care provided.

## Conclusion

The Peer Support Program operates in full compliance with its approved service description. Client feedback consistently demonstrates that participants benefit from the program, feeling respected, understood, and empowered throughout their recovery journey. Data continues to indicate a strong need for these services within the community.

The Guidance Center remains committed to delivering the highest quality care to all participants in the Peer Support Program. Our approach is professional, individualized, and recovery-focused, prioritizing the unique needs and goals of each client. Through connection, support, and guidance, the program empowers participants to achieve meaningful outcomes and fosters growth and autonomy across their life journeys.

