Dickinson Center, Inc. Peer Support Program
Continuous Quality Improvement (CQI) Plan Annual Report
Quality Assurance Annual Review Report Fiscal 7/1/2025-6/30/2026

Introduction

The Peer Support Program at Dickinson Center, Inc. is committed to providing recovery-oriented, person-centered services that empower individuals to achieve their personal goals, strengthen resilience, and enhance their overall quality of life. Through the lived experience and specialized training of Certified Peer Specialists, the program promotes hope, self-determination, community integration, and meaningful recovery for individuals receiving behavioral health services. DCI's Peer Support Program has been providing services for 19 years to community members and continues to serve members from the Elk, Cameron, Clearfield, Jefferson, Potter, Forest and Warren County areas. The members assist and collaborate with staff in developing their personal goal plan. Individual services are designed to support them in their desired location, whether it be in their home and/or community. Family, friends and other agencies may also be involved in this recovery process. The program operates on a flexible schedule typically Monday through Friday.

Program Compliance

The Peer Support Program has operated within the limits of federal, state, local laws and regulations as well as DCI policy. DCI's Corporate Compliance Program works to ensure that applicable regulations and policies are distributed, understood and adhered to by employees and associates of the organization. The Compliance Program works to involve all employees in identifying and implementing processes that promote compliance in activities.

Individual Record Reviews:

The Program Supervisor completes random chart audits monthly. 74 charts audits were completed this past year. The majority show completion of all regulatory requirements in charts with occasional issues. Audits were completed in order to increase our team's awareness of documenting and tracking service provision effectively and efficiently. This has resulted in an increase in mindfulness, which prompted conversations about charting and how to improve in areas where there were some struggles:

- Ensuring paperwork is signed on paper if have connection issues at their home.
- Encounters needing signed after the visit if forgot to obtain and trying to capture signatures for services provided via telehealth.

From these results, we talk more consistently about audits, licensing requirement and timeliness of paperwork during supervision. We will continue to discuss areas above in our staffing meetings as well.

Quality, Timeliness and Appropriateness of Services:
Individual Support Plan/Goal Plan (ISP) and Review

ISP's (goal plans) were completed within 30 days from the date of opening and were updated at least every 6 months (180 days) or as requested. Initial Plans had been completed with all proper signatures within the 30 days from opening. At least every 6 months an ISP update and plan were completed together with the CPS and member. Peer Assessments were done at least yearly unless a goal needed added or changed and was not indicated as a need on the previous assessment.

Outcome Measurement:

Referrals: Since July 1, 2025, there were 72 referrals from several sources and agencies. Our consistent referrals are from DCI Blended Case Management, DCI Outpatient services, Penn Highlands Behavioral Health, Cameron/Elk Counties Behavioral & Developmental Program and self-referrals.

Admissions:

Since July 1, 2025, there were 51 admissions and 114 members served this fiscal year. All members met the criteria for admission. A Licensed Practitioner of the Healing Arts signed off on all referrals received. We support individuals in their recovery process while supporting them with services and resources in which they identify.

Discharges:

Throughout the counties that we serviced there were 57 discharges this past year with an average length of stay of 860 days. This is a slight increase from last year. Many members who had participated over longer periods struggled with persistent symptoms and remained dedicated to working toward improving their goals.

Reasons for discharge:
18 Successful
6 Moved
1 Jail
16 Voluntarily closed
13 Disengage or unable to be reached
3 Other

Member Outcomes:
20 Prepared and passed subsequent housing inspections.
4 Actively attended Alcoholic Anonymous.
68 Increased their independent living skills (organization/cleaning, cooking, time management, budgeting, healthier eating, and/or researching diabetic meal preparation.
34 Connected to community, participated on their own, decreased isolation, and learned new coping skills for social anxiety.
25 Exercised, joined a gym, lost weight (1 member lost 20 lbs and another lost over 100 lbs).
14 Obtained employment, maintained employment, volunteered or gained employment.
14 Wellness Plans completed or started.
10 Use resources from CommonGround
Miscellaneous: went on vacation after learning to save money, publicly presented their own mental health journey/accomplishments, moved away independently into own apartment, cut down on smoking, saved up to purchase a vehicle.

Hospitalizations:
10 psychiatric hospitalizations (9 voluntary and 1 involuntary. No higher level of care)
There were at least 16 medical hospitalizations for members.

These experiences have prompted ongoing support for self-care skills and increased management medical conditions and issues. We continue to support, coach and teach about advocacy and identifying relapse related challenges.

Individual Satisfaction:

Field Audits (Cold Calls)
Peer Support Director/Peer Support Program Supervisor conducted 37 random cold calls and attempted 10 additional calls this past year. Messages to return our calls were left on voicemails when able. Calls were made on a quarterly basis. Overall, members reported being satisfied with their staff member and the program. Feedback provided was very positive and complimented staff and their abilities. Members stated they felt very supported and encouraged by their staff. Some members shared their goals and accomplishments they were working on which included: "She's wonderful. You picked a good one!" "They've been amazing and listen and give insight." "We've gone through similar things" "She's just fantastic, loving, caring and worth the wait."

Consumer Satisfaction:

Members are invited to complete satisfaction surveys on a biannual basis. Feedback on the program is welcomed and encouraged. We always value member feedback and use it as a guide for responding to the needs and interests of the people we serve. Feedback from the surveys were used to evaluate service provision and to adjust as needed. Satisfaction surveys were handed out to each member this past year. The survey had 25 questions. It was scored on a Likert scale with five being the highest. 53 surveys were given to members in June 2026 with 33 being returned.

This resulted in an average satisfaction score of 4.51. The results were shared and reviewed during the Quality Assurance Meeting on July 29, 2026. The group had discussions on the questions that scored below a 4 on the Likert scale which was “I have experienced fewer psychiatric hospitalizations in the past 6 months” and “I have experienced a decrease in use of crisis and emergency room visits in the past 6 months.”
The feedback was that members chose ‘neutral’ and it was suggested that the question is either reworded or replace ‘neutral’ with ‘Not Applicable’. MHP and Program Supervisor to look into a new method of surveys such as survey monkey to better track answers while also collecting information with a more effective method. The top two highest scores were tied with a rating on the Likert scale of 4.82. These questions were “My peer specialist respects my privacy and maintains my confidentiality at all times” and “I am comfortable with the services I am receiving with Peer.”

Adherence to the Peer Support Program Service Description:

The Program Supervisor reviewed and discussed the service description during the Quality Assurance meetings in November 2025 and June 2026. There were no items that needed adjusted according to the group.

Continuous Quality Improvement (CQI) Plan Annual Report:

The Peer Support Annual report was completed and reviewed annually. The reports are available for public view on our website www.dickinsoncenter.org.

Annual Licensing Feedback and Recommendations:

Our most recent annual licensing visit was on June 24, 2026. We received positive feedback regarding timely ISP plans, notes addressed goals, and documentation was thorough and organized. Recommendation and suggestions included evidence for weekly supervisions, duration on service plans, and incorporating the compliance ticket in the QA content.

Current Issues, Concerns and/or Challenges:

Within the last fiscal year, the Peer Support Program at Dickinson Center Inc. has encountered various challenges with regards to staffing. 6 staff were hired and then we lost 4 of the 6 staff. In addition, we were faced with some issues where staff had to cover in other counties for vacant positions and caseloads. We also experienced challenges with recruiting staff due to the timing of the required 75-hour training to become a certified peer specialist. At times, the training schedule does not align with our hiring and interview timeliness, which can delay the certification process and impact our ability to fill positions.

During the last fiscal year, The Peer Support Program experienced several changes in staffing structure and leadership roles. The full-time MHP/Program Director transitioned out of the program. To maintain continuity of program oversight and support, the Program Supervisor assumed full-time supervisory responsibility for the Peer Support Program and now provides direct oversight of program operations and staff.
Additionally, a new MHP joined the program to provide clinical support and consultation to the supervisor and peer support staff as needed. This updated staffing structure has allowed the program to maintain appropriate supervision, clinical support, and operational oversight while adapting to changes in personnel. The program continues to monitor the impact of these staffing changes throughout ongoing supervision, communication, and quality assurance activities to ensure continuity and quality of services provided to individuals receiving peer support.

The Peer Support Program is committed to using the findings of this annual QA review to inform future goals, strengthen services, support staff development, and promote positive outcomes for individuals receiving peer support. Continuous quality improvement will remain an ongoing process and shared responsibility across the program.

Respectfully submitted,
Hannah Kline, BA
Peer Support Program Supervisor