

Peer Support and Advocacy Network Annual Report (7/1/2025 through 6/30/2026) Certified Peer Specialist Services

Overview

Peer Support Services are specialized interactions guided by self-identified current or former consumers of mental health services. Peer Support is intended to inspire hope in consumers that recovery is possible. Certified Peer Specialists (CPSs) are examples of hope and can share what recovery is and can teach the skills to help facilitate assist others on their wellness journey.

Our CPS program provides services in Allegheny County. The 2025/26 fiscal year brought both change and growth but also sustained stability. We continued to serve with two full-time and two part-time CPSs, which enabled us to continue to provide quality services for participants. The information provided in this report is limited to the service quality audit information and outcome performance measures.

Training

The Certified Peer Specialist (CPS) is trained and certified through the Pennsylvania Certification Board (PCB) to offer support and assistance in helping others in their recovery and community-integration process. All CPSs are up to date on annual training. The supervisor and other support staff for the program are also certified through the PCB and receive continuing education credits annually.

Certified Peer Specialist (CPS) Services Analysis

From 7/1/2025 to 6/30/2026, 123 program participants received services. The following tables provide some information about the individuals served.

Demographics of Participants Served													
Black		Hispanic		White			Native American		Asian/Pac Islander		Other/Not Spec		
M	F	M	F	M	F	Other	M	F	M	F	M	F	
8	18	0	2	36	52	2	0	0	1	0	2	2	123

Primary Diagnosis of Participants Served														
Maj. Depressive			Schizo Type (All)		Post Traumatic		Bipolar/Mood			Anxiety (All)		Other		
M	F	Other	M	F	M	F	M	F	Other	M	F	M	F	Other
13	28	0	19	14	4	9	3	10	1	3	8	5	5	1
														123

The number of individuals served this fiscal year is lower than the previous fiscal year by sixteen (16) participants.

Twenty-nine (29) individuals were referred to and enrolled in the CPS program during the 2025/26 fiscal year in contrast to forty-seven (47) the previous fiscal year. From information gathered during enrollment confirmation calls, individuals sought services to manage mental health symptoms better, such as anxiety and depression, and wanted to interact more in their communities. Other areas of recovery included vocational, educational, and physical goals.

All individuals referred received a confirmation call to ensure their understanding of the certified peer specialist program and to verify personal interest in services. Once confirmed, the program coordinator reviewed each referral to determine appropriateness for services and identify the best peer specialist match.

Fifty-two (52) individuals were referred but never enrolled. Reasons for individuals not enrolling in services varied from incomplete or expired referral forms, disinterest expressed during the enrollment confirmation call, individuals not engaging or meeting with their assigned CPS, or not appropriate for services based on determined support needs. Oftentimes, individuals simply did not return calls regarding their referral.

There were forty-one (41) discharges during the fiscal year and sixty-four (64) the previous year. The primary reasons for discharges were successful completion of the services, disengagement, or request to discontinue services. Requests to discontinue services were presented for various reasons, such as medical issues or greater level of care needed, different services desired, or never actually engaged. CPS services were mostly rendered in person, with very few encounters being held via telehealth.

Successful Completion: 7.3%
Moved Out of County: 9.8%
Request by Participant: 31.7%
Disengagement: 34.1%
Other: 17.0%

Continuous Quality Improvement Activities

PSAN's Continuous Quality Improvement Plan was followed during this fiscal year, and there were no significant changes in activities.

Audits and Findings

A 10-15% sample of all documented services approved for claims submission was audited by the compliance and programs administrator. Of those months audited:

- 259 total individual progress notes (IPNs) of 813 were audited yielding a 32% sample of all claims records for Community Care Behavioral Health Organization (CCBHO)

The records sample was randomly selected although some adjustments to the selection were applied to ensure all certified peer specialists had at least one IPN documentation sample included to be representative. The audit examined the following elements:

- i) Current Individual Recovery Plan (IRP) and Assessment (My Strengths and Skills)
- ii) Administrative documents
- iii) Documentation content and adherence to organizational and funder defined performance standards

Accomplishments and Positives

- Of the randomly selected progress notes 35% received a good quality rating meaning the content exceeded the performance/quality documentation standards
- IPN Plans for Next Meeting improved with CPSs providing more relevant activities related to IRP goals and objectives
- Notes generally demonstrated empathy, encouragement, positive engagement/rapport building, and genuine concern for the participant

Improvement Areas

- Continue to reduce the amount of content that is a general recap about what the participant said or did independent of the CPS and identify more content on specific CPS interventions and facilitations during the session
- Continue to update goals to be more measurable and realistic
- Increase awareness of when paperwork expires, such as the initial referral and annual authorizations

The results of the audits were provided to the program coordinator and executive director. The program administrator/compliance officer typically communicated feedback directly to the CPSs following internal audits, or the program coordinator reviewed the findings with them, both providing individual supervision as needed to address areas identified for improvement.

Service Utilization Reviews

The program coordinator, program administrator/compliance officer, and executive director were directly involved during formal meetings, held quarterly, for service reviews as a function of billing approval for submission and appropriate utilization of the services. Additionally, service needs and issues were reviewed in the individual supervision sessions with staff.

Performance Outcomes

The measures are captured for new participants at enrollment, every six months thereafter, and at exit from services whenever participants are available to be contacted. Emphasis on the professional development of current Certified Peer Specialists continued based on the needs of the individual staff. Identified goals for staff included maintaining boundaries, time management, and timely communication.

Through the CART Provider Survey, we were able to determine other areas for improvement. We again received feedback regarding awareness of the complaint and grievance procedure. This number decreased from past surveys but continued to remain an issue as three individuals in the current survey stated they were not aware of this procedure.

The complaint and grievance procedure is reviewed at various points once an individual has been enrolled in CPS services. When a referral has been received, the program coordinator calls the participant to explain PSAN services and identify their CPS. At this initial contact, the program coordinator ensures they have the name and contact information should they need anything moving forward. The complaint and grievance process is then discussed again during their initial

meeting with their assigned CPS. At this initial meeting, they are given a participant handbook, and the complaint and grievance information is identified and discussed with the participant. The handbook is then reviewed every six months in case a participant has some questions that they may not have answered yet. The program coordinator's business card is also provided with the handbook.