



Outpatient Services



Annual Quality Review
July 1, 2020 – June 30, 2021

Contents

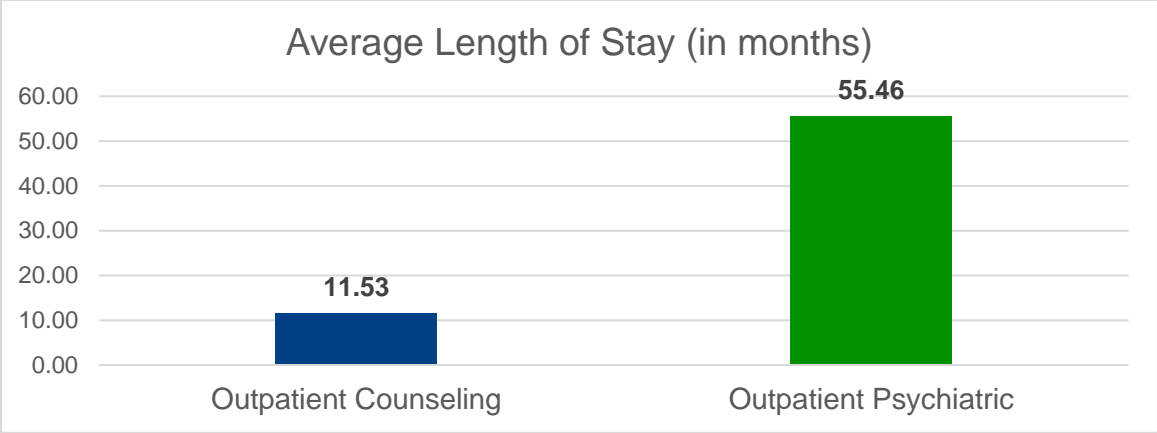
Service Description	3
Overview	3-4
Demographics.....	4
Age	4-5
Race	5
Gender	6
Service Data	7
Number of Services.....	7
Location of Services	7-8
Sessions Per Day.....	8
Evaluations	9-10
Quality Improvement Indicators.....	10
Evidence-Based Practices.....	10-12
Care Coordination	12
Consultations	12
Program Adherence.....	12
Audits	13-14
Program Goals	15
Supervision	15
Training	15-16
Satisfaction Surveys	17
Survey Results	17-23
Comments.....	23

Service Description

- Outpatient services are provided by a multidisciplinary team of psychiatrists, psychiatric nurse practitioners, psychologists, and specially trained and certified master's level clinicians.
- The Guidance Center utilizes a strength-based, person-centered, family-centered, holistic approach in effort to support individuals in meeting their personal goals for wellness and recovery. A variety of evidence-based therapy approaches are offered.

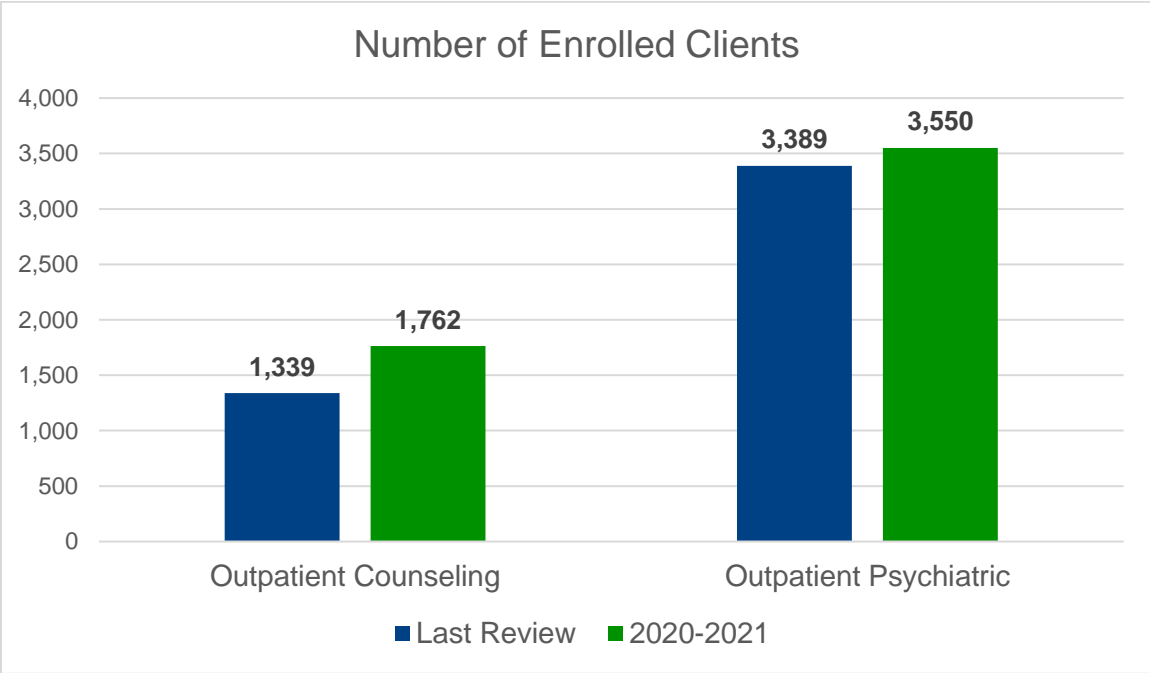
Overview

- The Guidance Center continues to monitor the COVID-19 pandemic and adhere to CDC guidelines and the Pennsylvania Department of Health guidelines along with the program guidelines and the agency's policies and procedures. As we have endured many changes throughout the pandemic, client safety and their well-being has remained a top priority while serving our clients. Although majority of sessions were delivered via telehealth, some sessions were held face to face in the home or a school setting following CDC guidelines and recommendations.
- In 2017, The Guidance Center was one of eight clinics in Pennsylvania to be designated as a Certified Community Behavioral Health Clinic (CCBHC) due to the agency's commitment to staff credentialing and clinical excellence, use of evidence-based practices, availability and timely access to services, care coordination, behavioral and health service integration, and continuous quality improvement. As Pennsylvania withdrew from this federal pilot program in December 2019, The Guidance Center began providing services as an Integrated Community Wellness Center in January 2020. Also in 2020, The Guidance Center was awarded the Certified Behavioral Health Clinic (CCBHC) Expansion Grant for two years to support the work already started.
- To monitor the effectiveness & satisfaction of the program, individuals were offered feedback surveys upon opening, at 6 months, and at discharge. Surveys are documented in the Electronic Health Record and survey results are compiled by the Quality Director. After review, it is reported that clients feel supported and satisfied with their services.
- The Guidance Center is a designated North Central Trauma Informed Care Center through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) for expertise in trauma informed care practices, specific treatment modalities, supervision, and program management.
- Data for this Quality Report is from July 1, 2020 through June 30, 2021. The average length of stay for Outpatient Counseling is 11.53 months and 55.46 months for Outpatient Psychiatric.



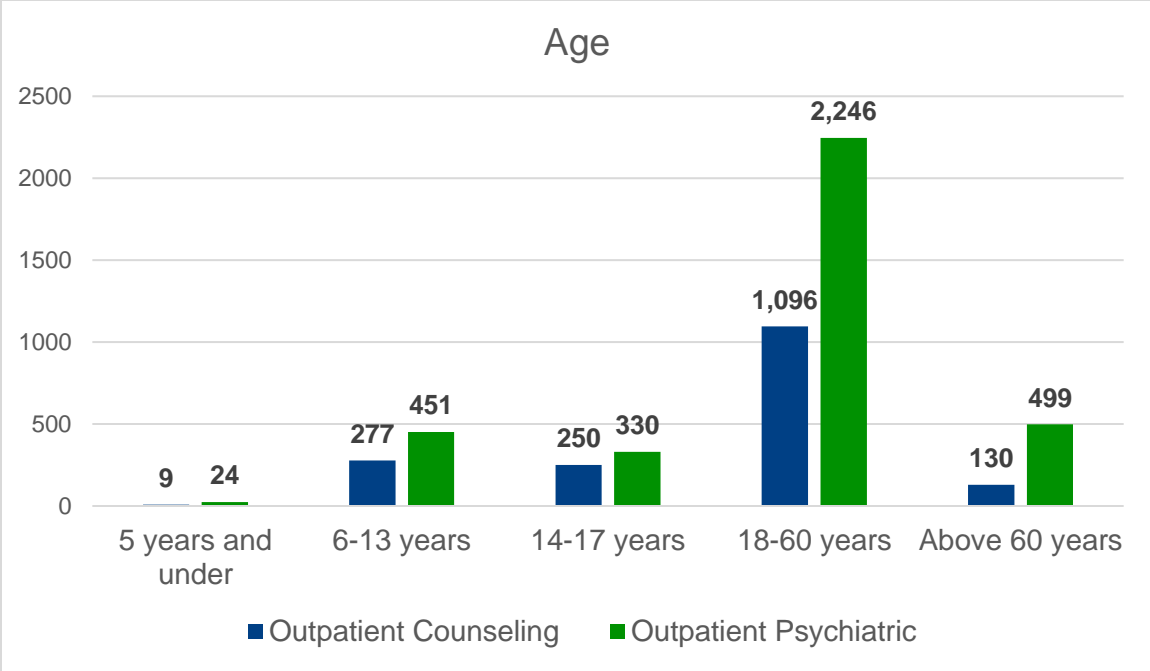
Demographics

There was an increase of enrolled clients in both Outpatient Counseling and Outpatient Psychiatric from the last review.



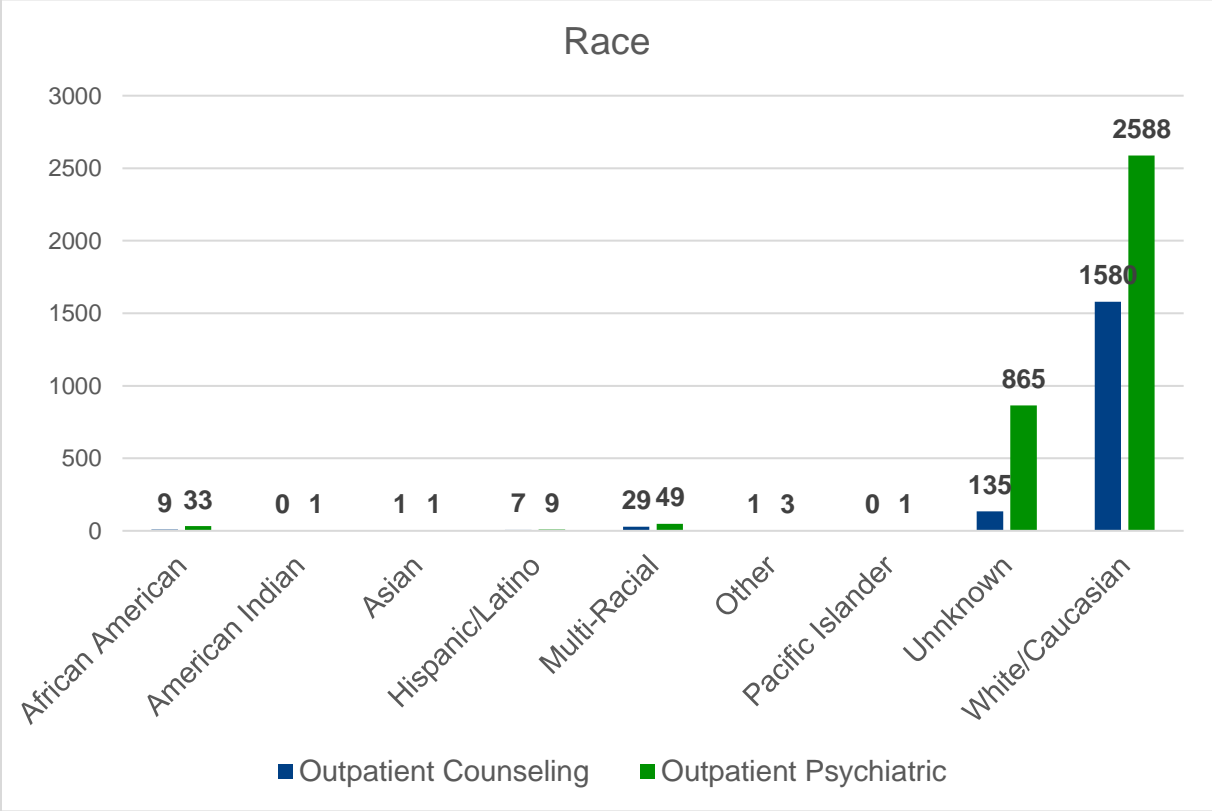
Age

The Guidance Center provides Outpatient Counseling and Outpatient Psychiatric Services for all ages. Many of the individuals receiving Outpatient Psychiatric and Outpatient Counseling Services are adults aged 18-60. The following graph depicts clients age in both programs.



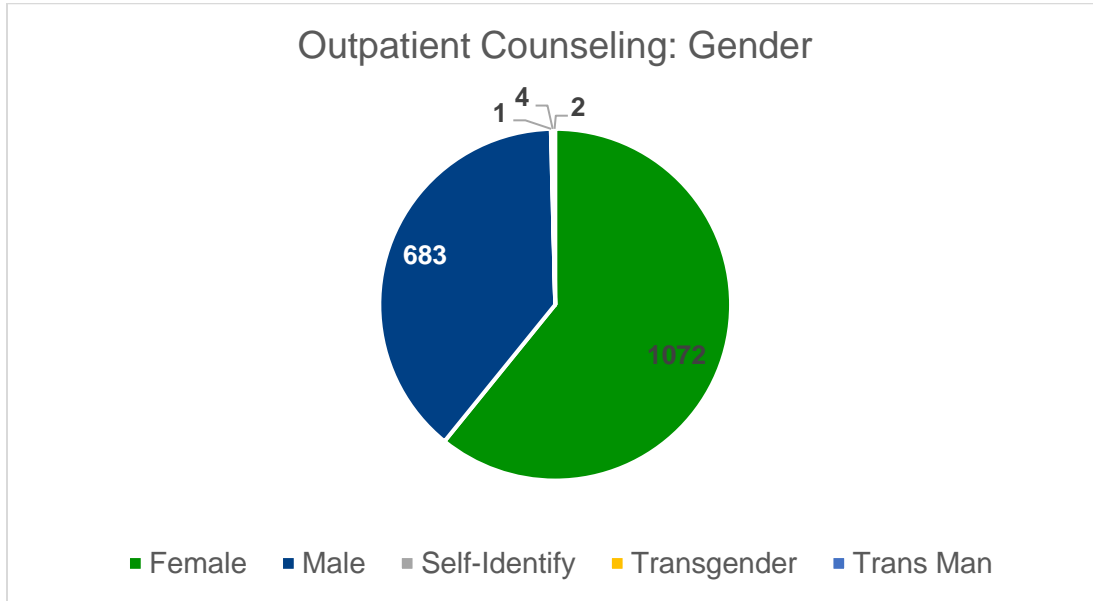
Race

The majority of individuals receiving services through the clinic are Caucasian.

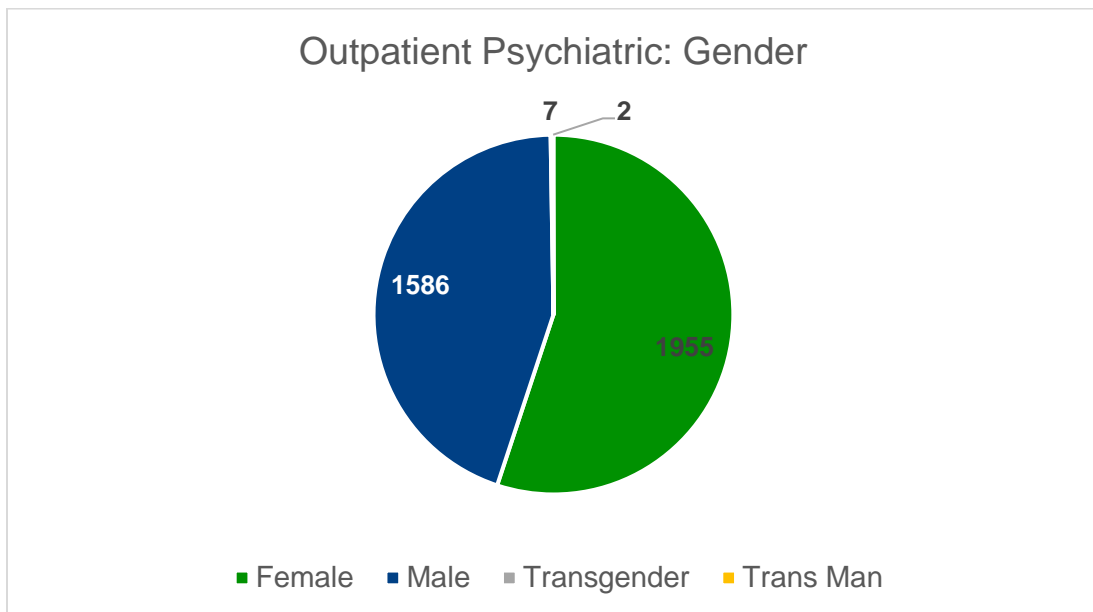


Gender

A greater number of females have been served in Outpatient Counseling. During this period of review, 1,072 identified as female, 683 identified as male, 4 identified as transgender, 2 identified as trans man, and 1 as self-identify.



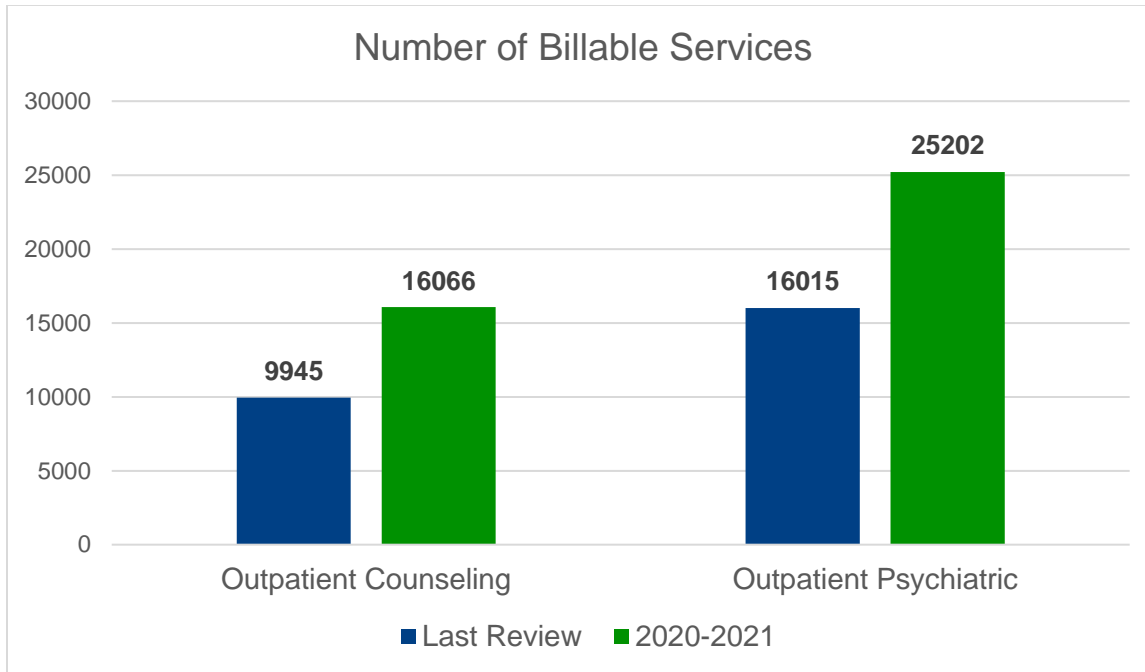
Consistent with Outpatient Counseling Services, a greater number of females were served in the Outpatient Psychiatric Program. During this period of review, 1,955 identified as female, 1,586 identified as male, 7 identified as transgender and 4 identified as trans man.



Service Data

Number of Services

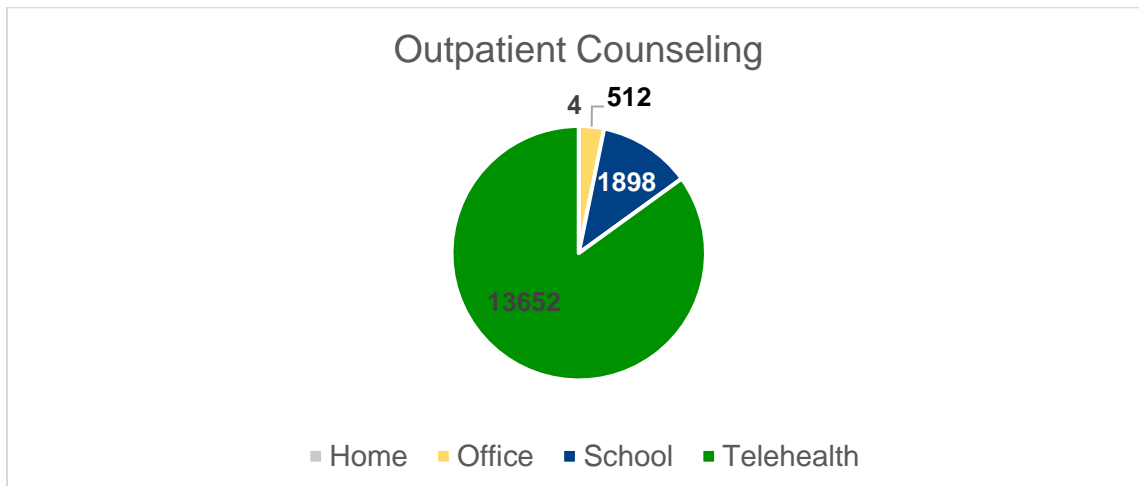
There was an increase in number of billable services in both Outpatient Counseling and Outpatient Psychiatric from the last review. During this review, there were 16,066 Outpatient Counseling Services and 25,202 Outpatient Psychiatric Services.



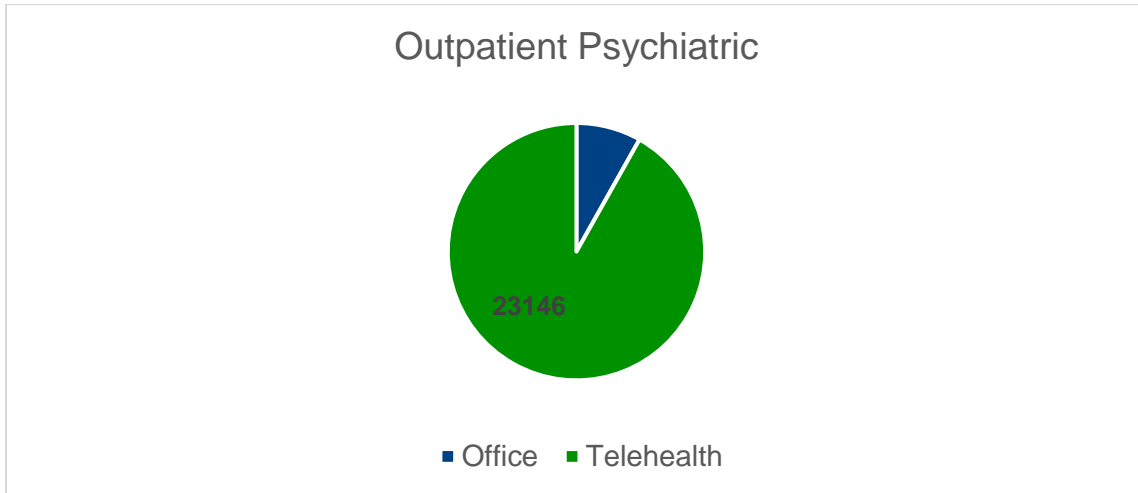
Location of Services

Consistent with the last review, majority of Outpatient Counseling and Outpatient Psychiatric Services were delivered via telehealth. The charts below depict the location of service delivery for each program during this period of review.

Outpatient Counseling had 4 services delivered in the home, 512 delivered in the office, 1,898 delivered in a school setting, and 13,652 delivered via telehealth.

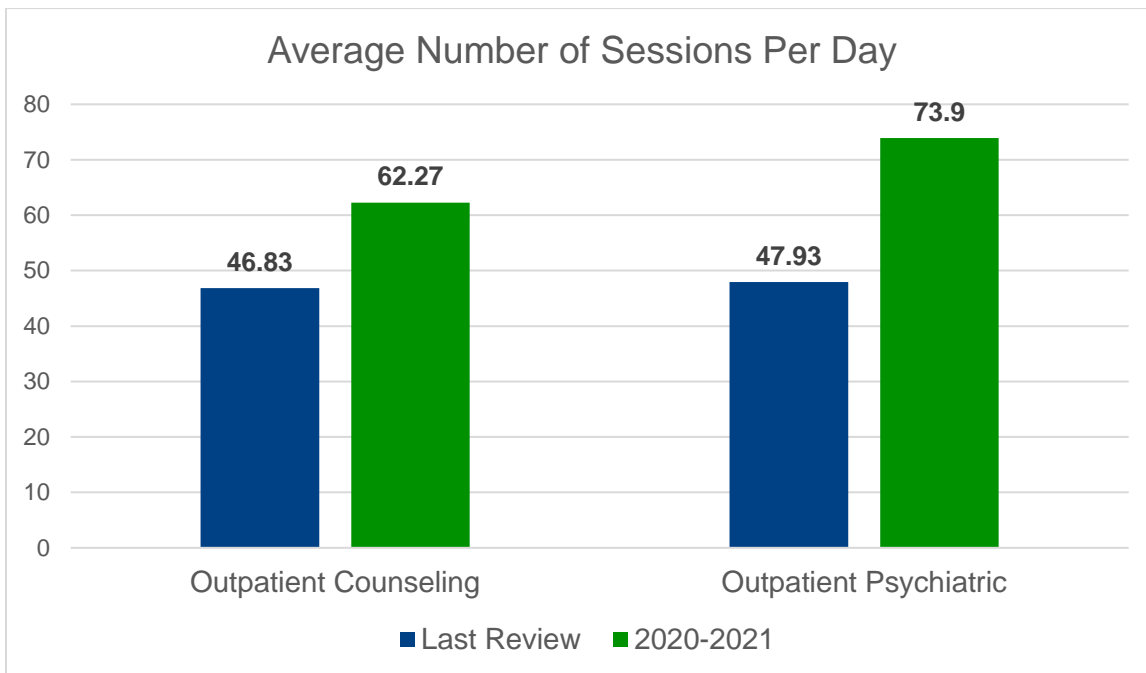


Outpatient Psychiatric had 2,055 services delivered in the office and 23,147 delivered via telehealth.



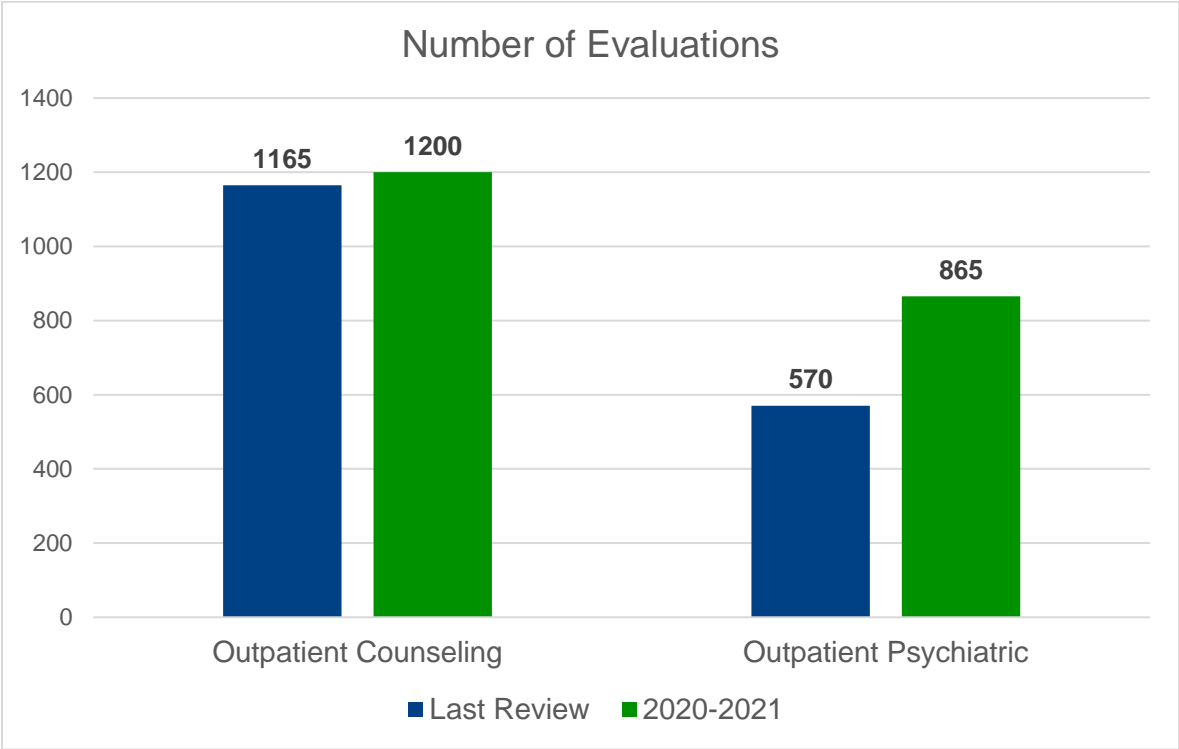
Sessions Per Day

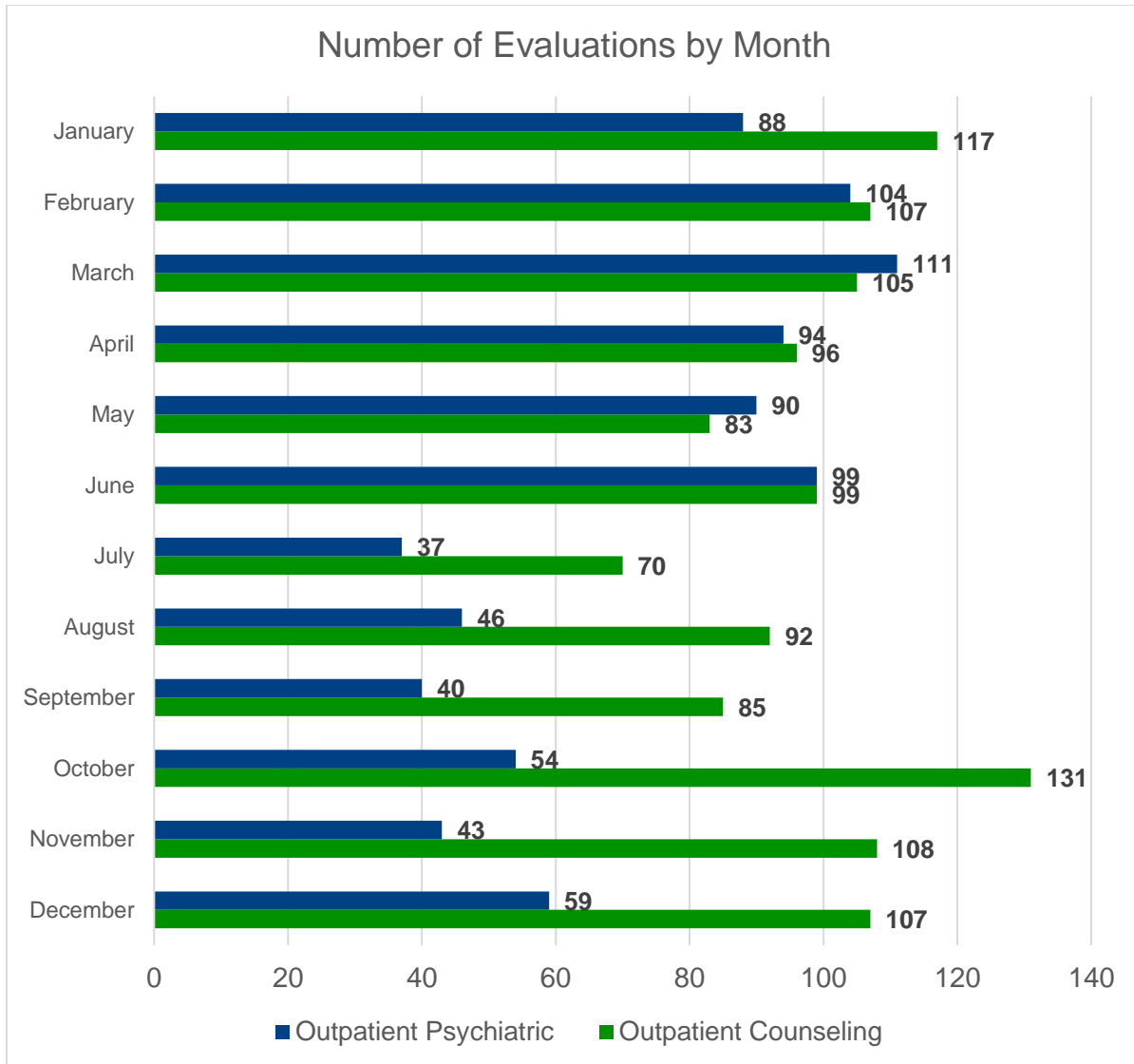
The average number of sessions per day has increased since the last review.



Number of Evaluations by Program

There was an increase of evaluations in both Outpatient Counseling and Outpatient Psychiatric from the last review.



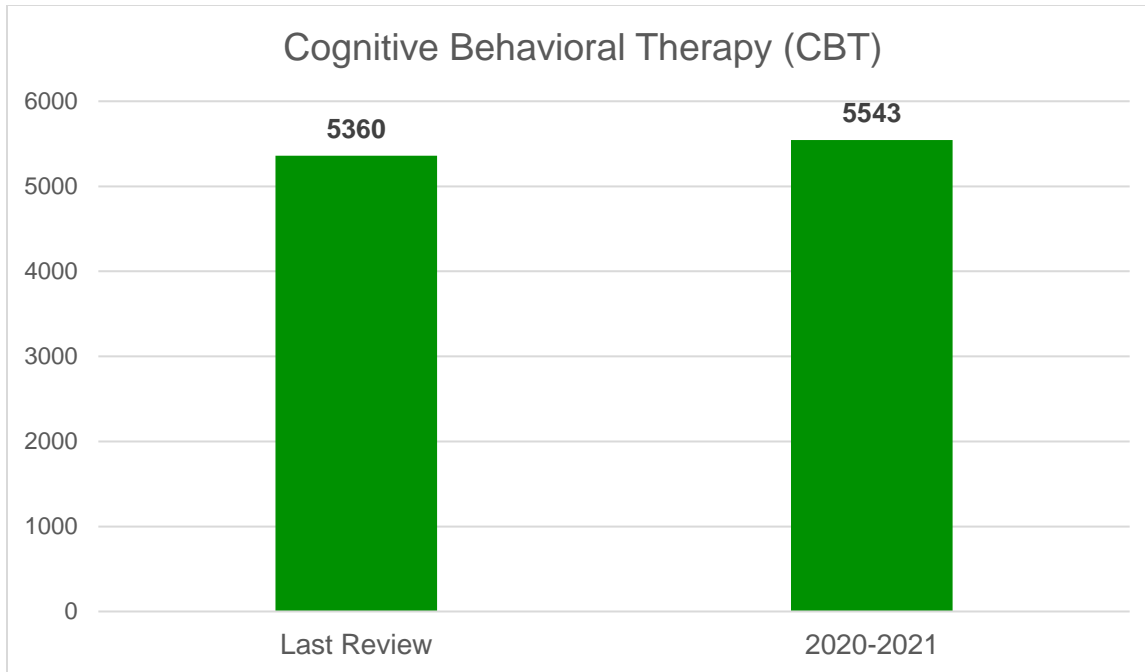


Quality Improvement Indicators

Evidence-Based Services

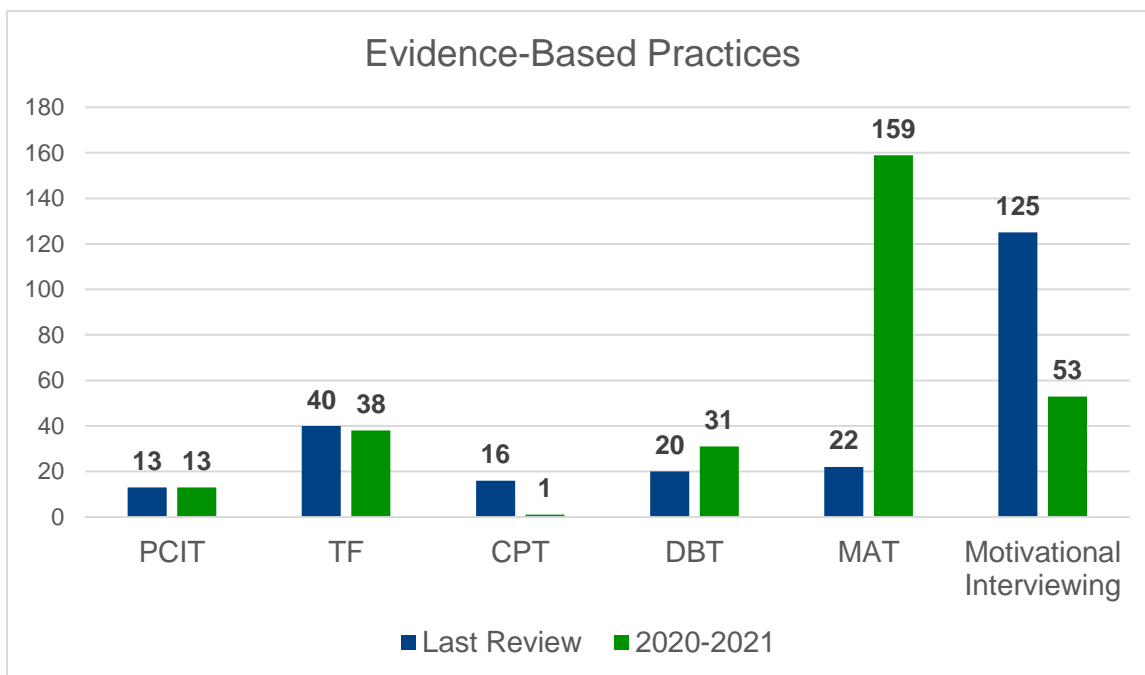
The agency's Quality Improvement Plan allows each program to focus on improving areas identified by the Program Director and team members. It is an ongoing quality initiative to monitor the evidence-based practices used. Outpatient therapists are trained in Cognitive Behavioral Therapy (CBT). All Outpatient Counseling staff received training in CBT through the Beck Institute.

The graph below depicts the number of CBT services has slightly increased from our last review.



Additionally, other evidence-based practices were used during this review. Other evidence-based practices include Parent Child Interaction Therapy (PCIT), Trauma Focused (TF), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Medication-Assisted Treatment (MAT), and Motivational Interviewing.

The graph below depicts the number of other evidence-based practices used in comparison to the last review.

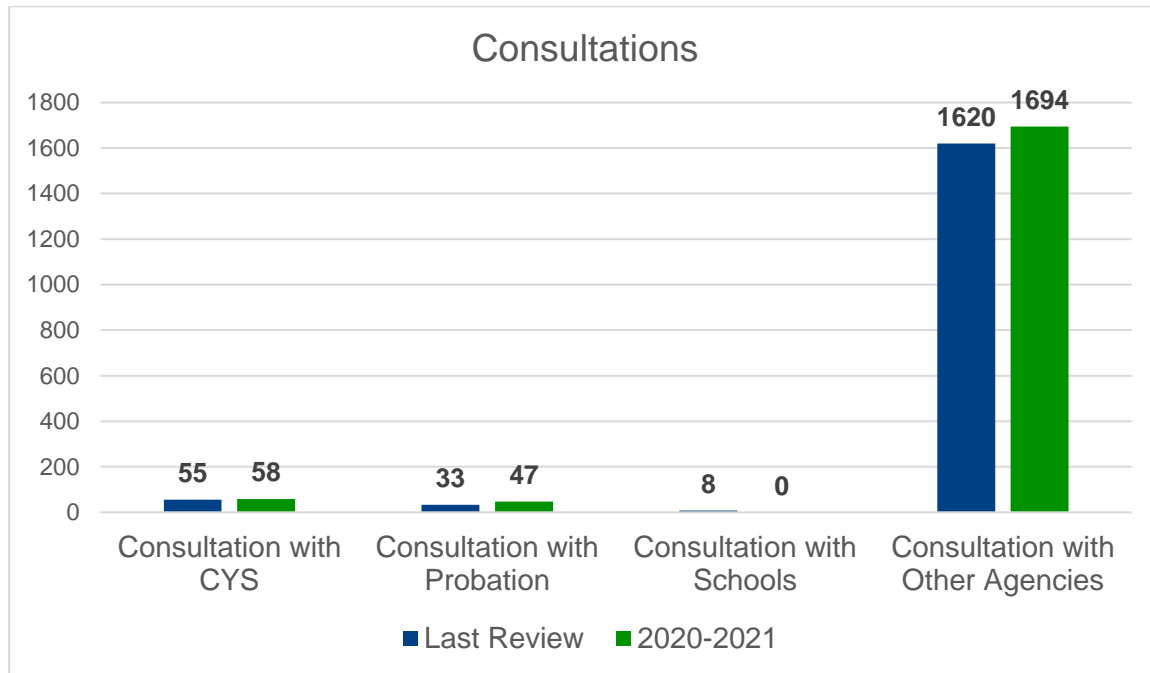


The number of individuals receiving PCIT continues to be impacted by the COVID-19 pandemic where numbers have decreased from previous years.

Care Coordination

One of the main goals of Outpatient Services is to improve care coordination with other providers. Monitoring shows that there have been slight improvements during the past year consulting with other agencies. The following graph is broken down into consultation with Children and Youth Services, Probation, schools, and other organizations.

Consultations



There was an increase of 83 consultations during this review.

Program Adherence

To ensure that Outpatient Services is adhering to the program requirements, routine record audits as well as intensive supervision is utilized. Additionally, a quality review is conducted by the Quality Director to evaluate compliance with the service description. Program goals are determined when quality improvement areas are identified during a quality review.

Moreover, the agency formed a Quality Advisory Committee in 2020. Clients of the agency are offered to join the committee to provide feedback for quality initiatives. Quality Director reviews the quality initiatives at the monthly agency Quality Meetings with the Executive Director and Senior Management.

Audits

The following auditing methods are completed in the program:

1. Community Care Behavioral Health (CCBH) yearly quality reviews
2. CCBH Fraud Waste and Abuse Audits
3. CCBH annual benchmarking reviews
4. Annual OMHSAS licensing review
5. Monthly Chart reviews completed by Clinical Directors
6. Quarterly internal audits by Compliance Coordinator
7. Ongoing quality reviews by Quality Director

Methodology

Charts are selected by a random sample to be audited internally by the Compliance Coordinator on a quarterly basis. In addition to internal audits by the Compliance Coordinator, Program Directors review Outpatient charts on a regular basis.

Results from the most recent internal audit completed by the Compliance Coordinator during this time of review are below.

Quality Internal Review

Outpatient Psychiatric

Results for 50 Charts:

Category	Score	Goal
Intake and Assessment	100%	80%
Treatment Planning	90%	80%
Care Coordination	99%	80%
Physical Health	89%	80%
Discharge Planning	100%	80%
Smoking Cessation	93%	80%
Key Indicators	73%	80%

Key Indicators:

- Was the member scheduled for their first appointment within 10 calendar days of their initial request to be seen? **(67%)**

- If client has an unspecified depressive disorder or major depressive diagnosis, a Columbia suicide risk assessment was completed at every session? **(90%)**
- Was a urinalysis or drug screen completed? **(61%)**

Internal Quality Review

Outpatient Counseling

On May 11, 2021, 39 Outpatient Counselling Charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 5 Program Specific Indicators.

Results for 43 Charts:

Category	Score	Goal
Intake and Assessment	92%	80%
Treatment Planning	97%	80%
Care Coordination	99%	80%
Physical Health	89%	80%
Discharge Planning	95%	80%
Smoking Cessation	94%	80%
Key Indicators	82%	80%

Crisis plan updated every time the treatment plan is updated and/or if there is a crisis **70%**

Discharge- done 45 days after the last scheduled visit? 100%

Initial Treatment Plan completed within 14 days of first appointment? 85%

Timeframe between request for service & initial assessment **53%**

If using evidenced-based practice (EBP) such as CBT 100%

Plan Do Check Acts (PDCA) have been implemented for the areas that fell below the 80% threshold. PDCA's are reviewed quarterly and progress will be monitored and reported.

Program Goals

Outpatient Services monitors the areas that fell below the 80% threshold using the Plan Do Check Act (PDCA) model. The areas that are being monitored are:

1. Outpatient Counseling: Clients will be offered an initial evaluation within 10 days of referral.
2. Outpatient Counseling: A telehealth consent form is reviewed and signed.
3. Outpatient Psychiatric: A urinalysis is to be completed on all enrolled clients.
4. Outpatient Psychiatric: Crisis Plans are individualized and include specific interventions for the client and family/support system.
5. Outpatient Psychiatric: Appropriate strategies are recommended if BMI (Body Mass Index) is out of the recommended range.

Staff Supervision

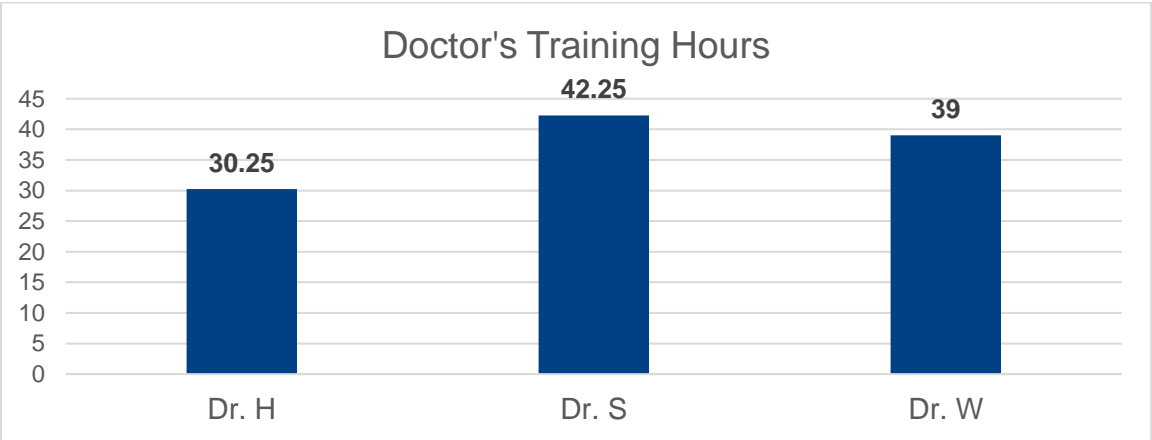
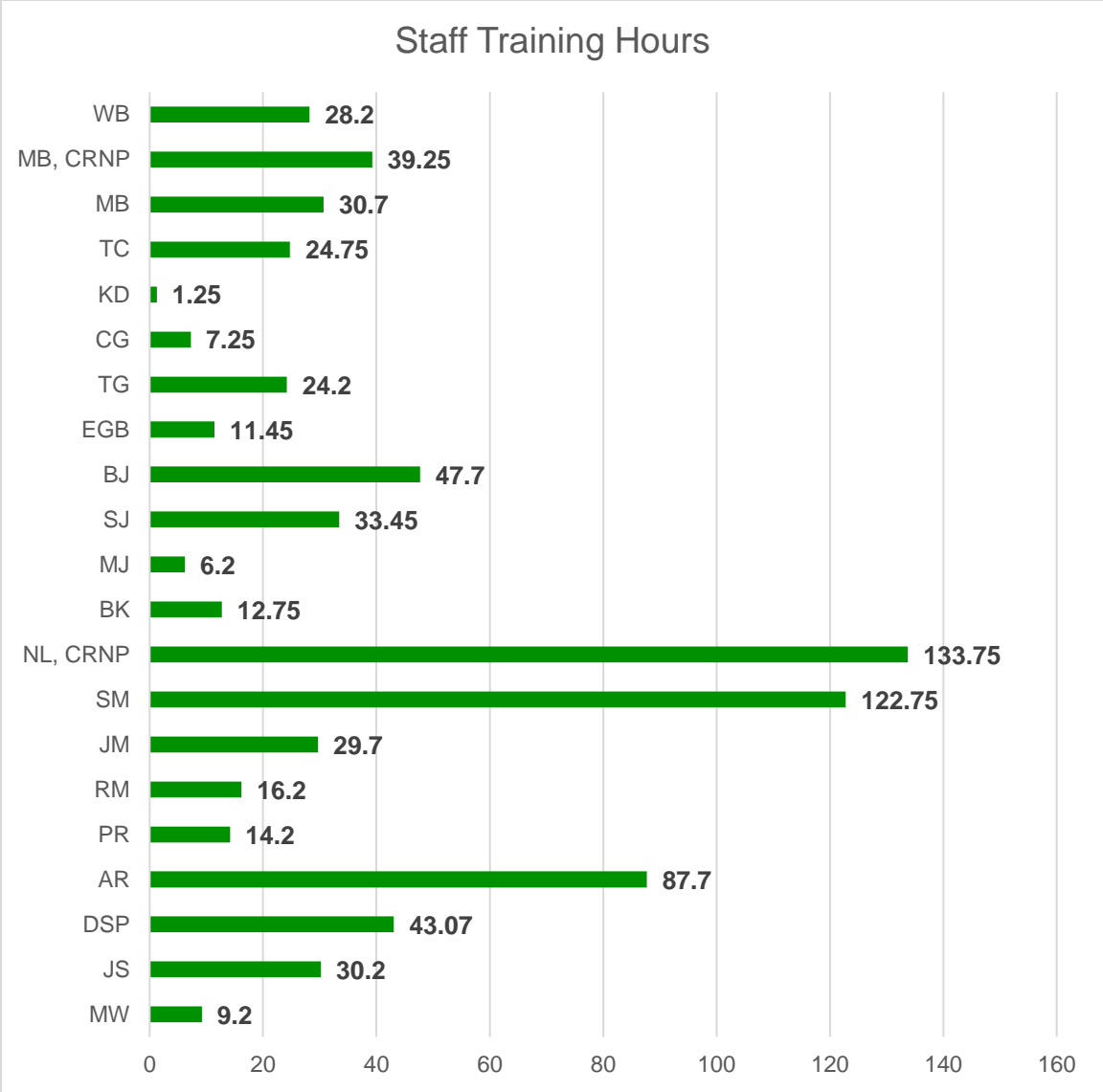
Ensuring that clients receive trauma informed care, staff receive appropriate supervision.

Therapists receive one-hour individual supervision biweekly and group supervision twice a month with a psychiatrist.

Supervision records are kept by the Program Director and Clinical Directors. Individual training plans are reviewed and updated annually.

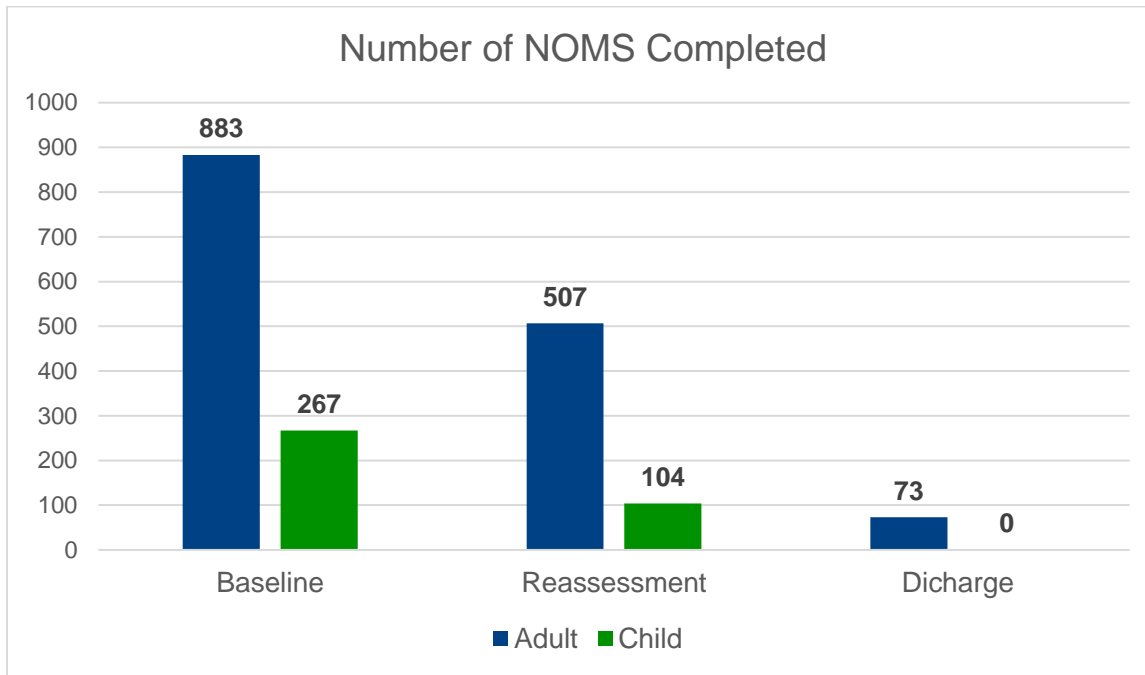
Staff Trainings

Staff trainings continue to be a key component in the Outpatient Department. The graph below represents training hours for each staff member.



Satisfaction Surveys

Client feedback continues to be an important component to ensure client satisfaction is met and exceeded. Individuals enrolled in Outpatient Services are offered National Outcome Measures (NOMS) to collect feedback. Individuals are offered baseline, reassessment, and discharge NOMS to adults and children enrolled in Outpatient Services. The number of NOMS collected are captured in the chart below. There were a total of 1,463 adult NOMS and 371 child NOMS completed totaling 1,834 surveys.



Survey Results

Demographic information is collected in the NOMS along with housing status, criminal history, education and employment, social connectedness and more.

Additionally, individuals rated their satisfaction of services using this scale:

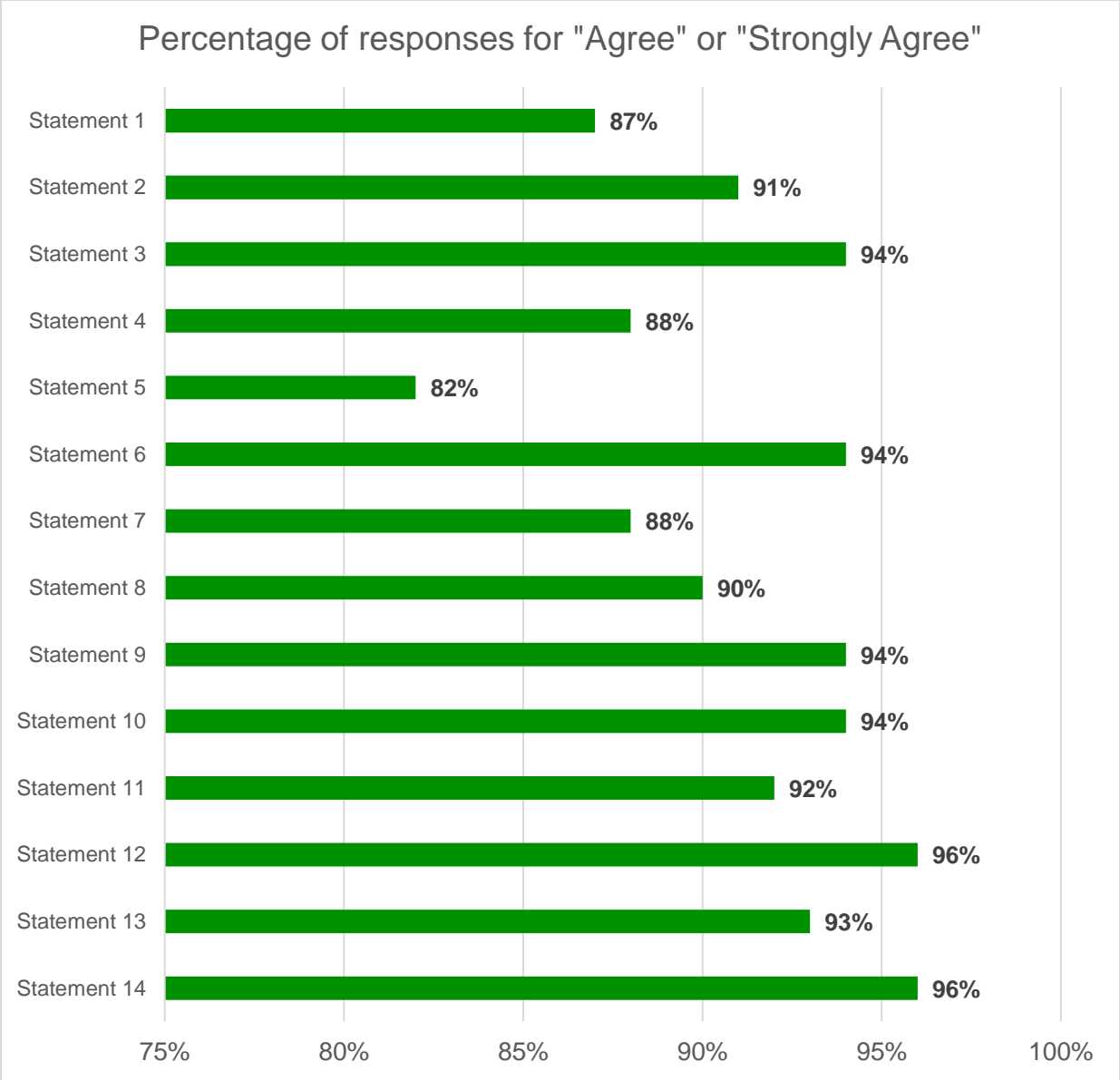
- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree
- Refused

The following table lists the statements on the adult NOMS Reassessment regarding the individual's satisfaction in various areas.

Statements:

Statement 1	Staff here believe I can grow, change, and recover.
Statement 2	I felt free to complain.
Statement 3	I was given information about my rights.
Statement 4	Staff encouraged me to take responsibility for how I live my life.
Statement 5	Staff told me what side effects to watch for.
Statement 6	Staff respected my wishes about who is and who is not to be given information about my treatment.
Statement 7	Staff were sensitive to my cultural background (race, religion, language, etc.)
Statement 8	Staff helped me obtain the information I needed so that I could take charge of managing my illness.
Statement 9	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)
Statement 10	I felt comfortable asking questions about my treatment and medication.
Statement 11	I, not staff, decided my treatment goals.
Statement 12	I like the services I received here.
Statement 13	If I had other choices, I would still get services from this agency.
Statement 14	I would recommend this agency to a friend or family member.

The chart below indicates the percentage of individuals who responded “Agree” or “Strongly Agree”.



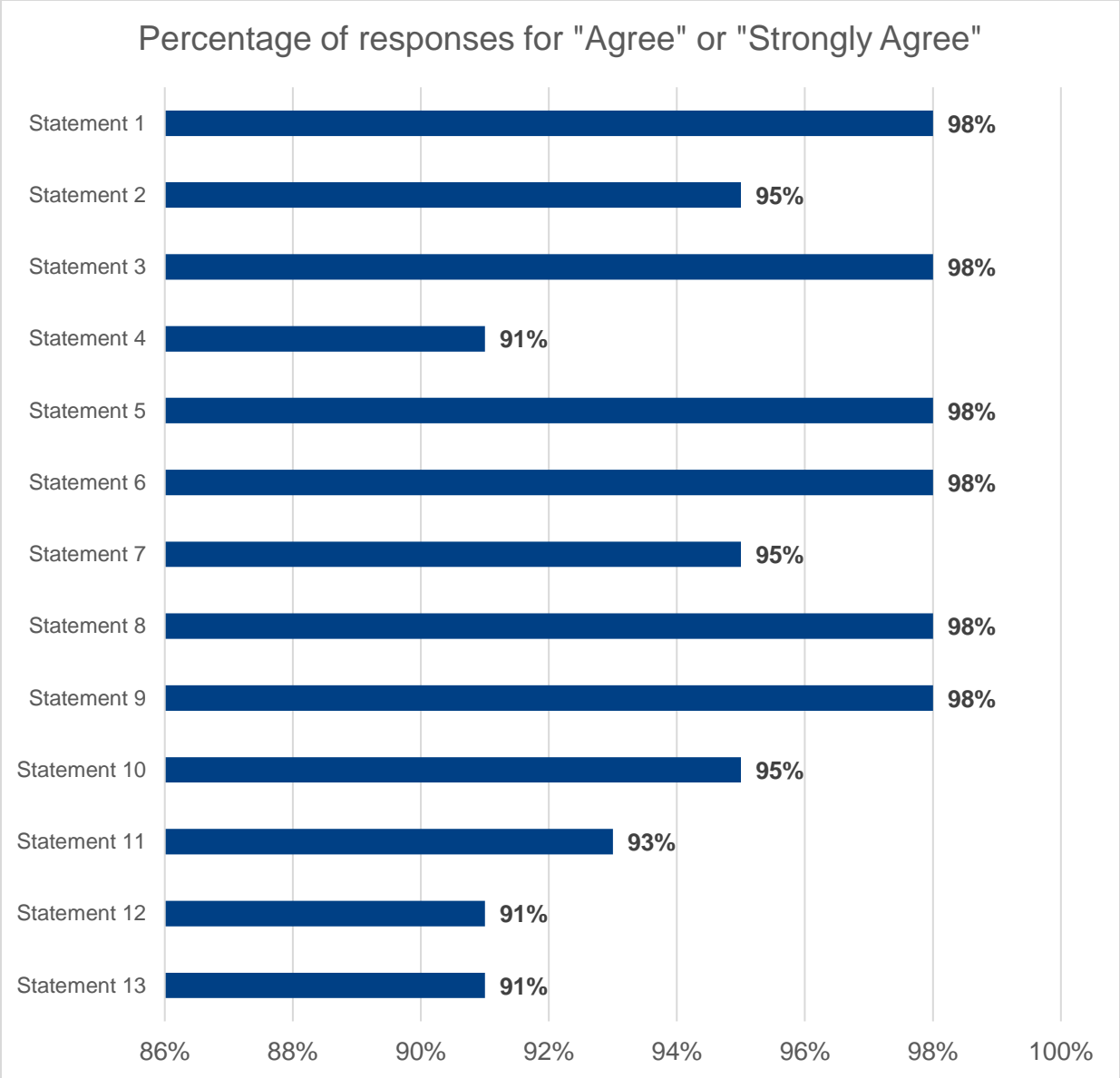
The following table lists the statements on the child NOMS Reassessment regarding the individual's satisfaction in various areas.

Statements:

Statement 1	Staff here treated me with respect.
Statement 2	Staff respected my family's religious/spiritual beliefs.
Statement 3	Staff spoke with me in a way that I understood.
Statement 4	Staff was sensitive to my cultural/ethnic background.

Statement 5	I helped choose my [my child's] services.
Statement 6	I helped choose my [my child's] treatment goals.
Statement 7	I participated in my [my child's] services.
Statement 8	Overall, I am satisfied with the services I [my child] received.
Statement 9	The people helping me [my child] stuck with me [us] no matter what.
Statement 10	I felt I had [my child had] someone to talk to when I [he/she] was troubled.
Statement 11	The services I [my child and/or family] received were right for me [us].
Statement 12	I [my family] got the help I [we] wanted [for my child].
Statement 13	I [my family] got as much help as I [we] needed [for my child].

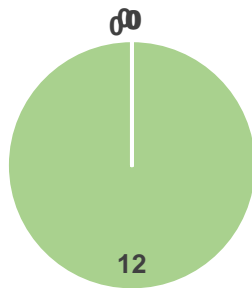
The chart below indicates the percentage of individuals who responded “Agree” or “Strongly Agree”.



After review of the Adult NOMS and the Child NOMS, results indicate that majority of individuals agree or strongly agree to the statements.

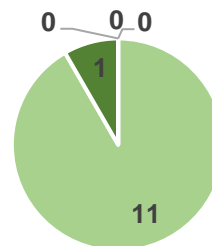
In addition to the NOMS, the Student Assistance Program (SAP) collected feedback from the schools that we serve. Surveys were collected in the Spring of 2021. Twelve surveys were completed.

In general, we are satisfied with the MH Consultant's performance.



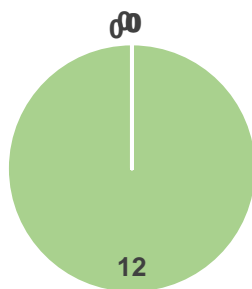
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

The MH Consultant seems genuinely interested in the team's functioning and goals.



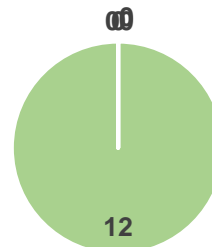
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

The MH Consultant seems genuinely interested in the students' problems.



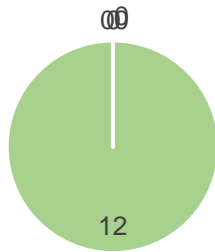
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

We feel comfortable approaching our MH Consultant with any SAP issue or student issue.



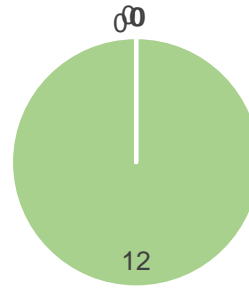
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Our SAP MH Consultant is available and prompt for meetings and student assessments.



- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

The MH Consultant is meeting our team's current expectations.



- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

The SAP survey results indicate that the schools we serve are satisfied with the services provided.

Comments

School staff were able to provide comments and feedback on the surveys. Below are some of the feedback we received.

