



# The Guidance Center

Drug & Alcohol Department  
Annual Quality Review

**January 1, 2020 – December 31, 2020**

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## Program Overview

### Service Description

The Drug and Alcohol Program provides level of care evaluations, individual counseling, and Medication Assisted Treatment. Referrals into the program come from several sources including probation offices, physical health providers, human services organizations, self-referrals, hospitals, and other treatment providers.

Treatment and intensity of services are tailored to the needs, strengths, supports, and recovery progress of the individual. Drug and Alcohol Services are a core service required by the Certified Community Behavioral Health Clinic grant.

### Introduction

Over the past year, the Drug and Alcohol Program has continued to provide level of care evaluations, individual counseling and Medication Assisted Treatment. Referrals into the program come from several sources including probation departments; physical health providers; human service organizations; other treatment providers; self-referrals and local hospitals. Drug and Alcohol Services are a core service required by the Certified Community Behavioral Health Clinic grant.

### Team Members

The following staff provide services within the Drug and Alcohol Department:

- Dr. Alexander Welge - Medical Director /MAT prescriber/consulting psychiatrist
- Denise Seagren-Peterson - Therapist
- Tania Geist – Therapist
- Nina Lau - Registered Nurse
- Dr. Dezo Halbauer - MAT prescriber/consulting psychiatrist
- Lorraine Sloan - Intake Worker

Added members to the Drug and Alcohol Department in the past year include:

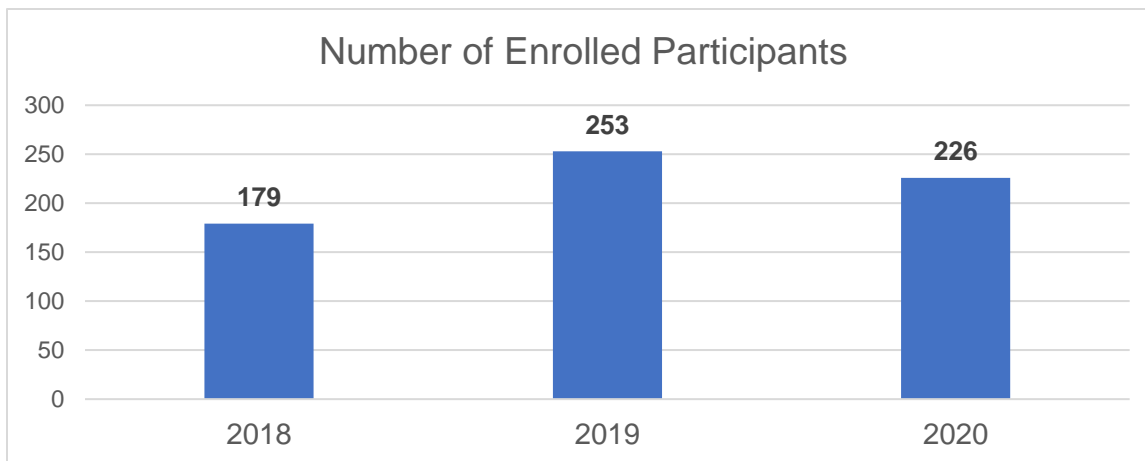
- Tina Cary – Director of Provider and Community Relations
- Briana Jones – Project Director
- Michael Gallina – Facility Director
- Kristine Kivari – Senior Director Clinical Services

The Guidance Center Board Members providing oversight include:

- Pastor Rob Klouw, President
- Mr. Shane Oschman, Vice President
- Mr. Sam Johnson, Secretary
- Mr. John Sullivan, Treasurer
- Ms. Sarah Tingley
- Mr. Dave Caldwell
- Mr. Sal Luzzi
- Ms. Stacy Wallace
- Ms. Julie Chartreau
- Mr. Jim Keltz
- Ms. Alcherrie Williams

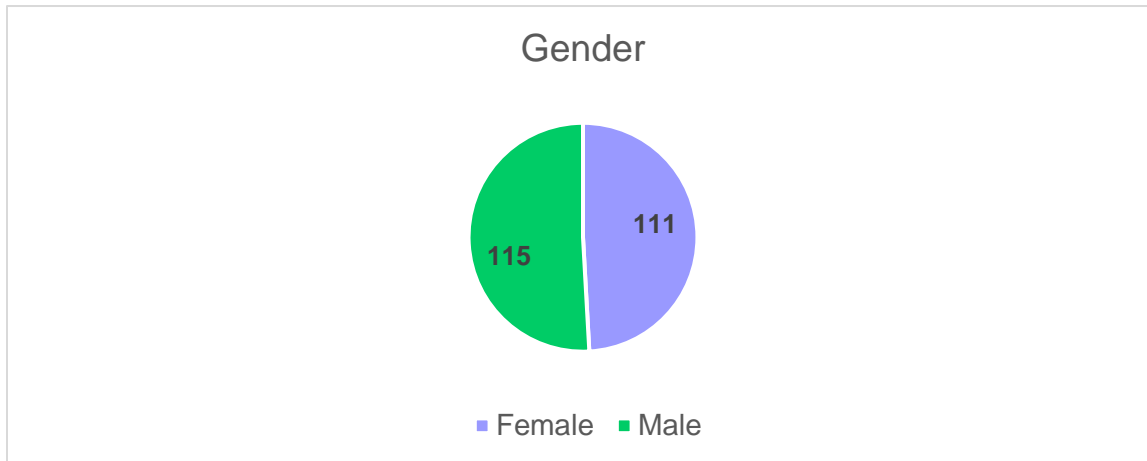
## Demographics

Drug & Alcohol Services information contained in this report is for January 1 through December 31, 2020. There were 226 participants receiving Drug & Alcohol Services during the program year which was a slight decrease from 2019.



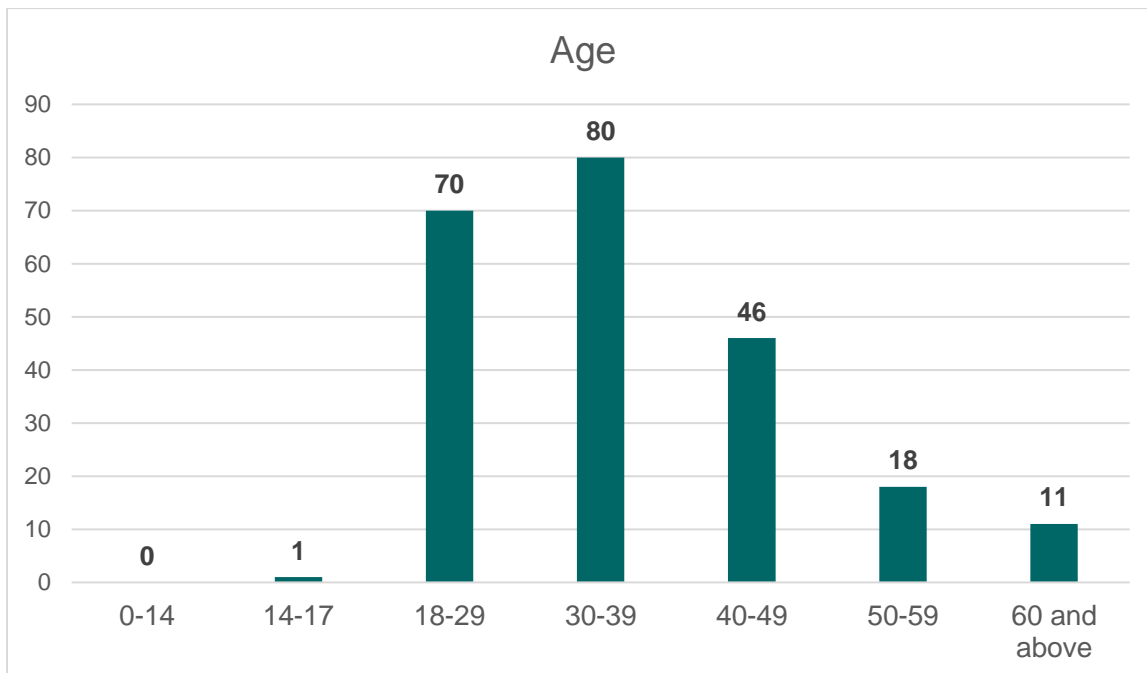
Of the 226 participants served, there were 4 more males served than females. The following pie chart indicates the number of males and females who received Drug & Alcohol Services.

## Gender



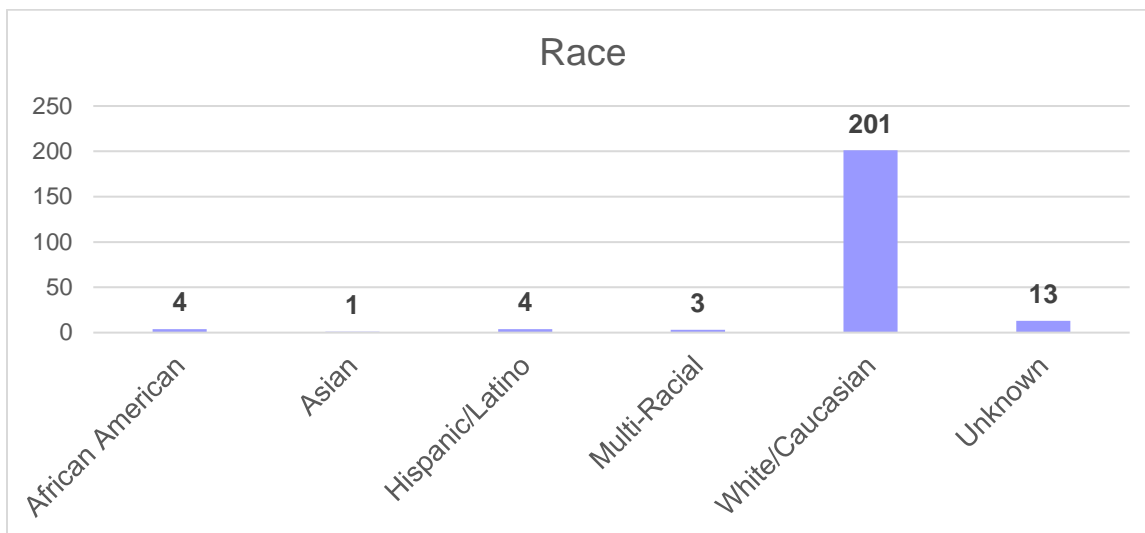
## Age

Many of the individuals receiving Drug & Alcohol Services are adults ages 30-39. The following graph depicts the ages of participants served.



## Race

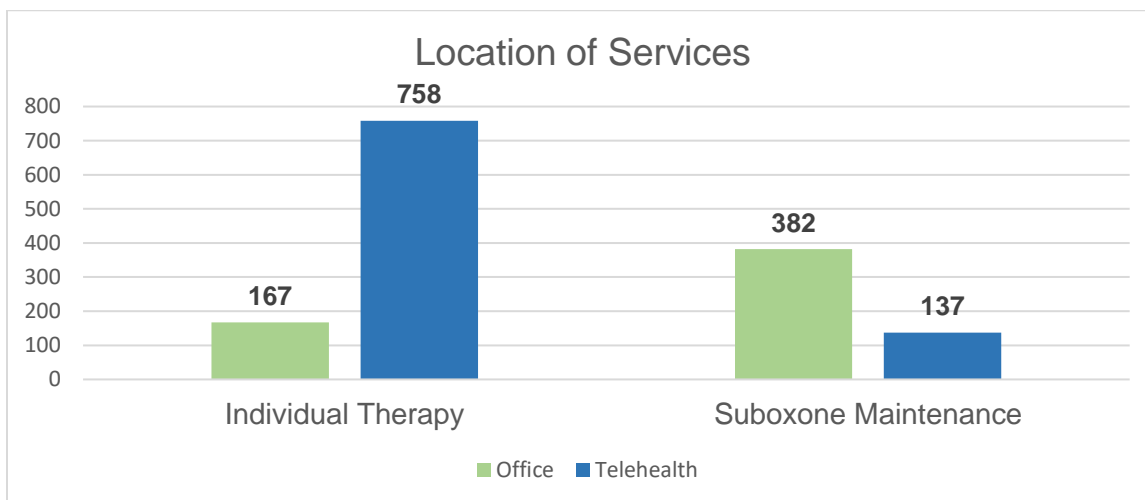
The majority of individuals receiving services through the clinic are Caucasian.



## Service data

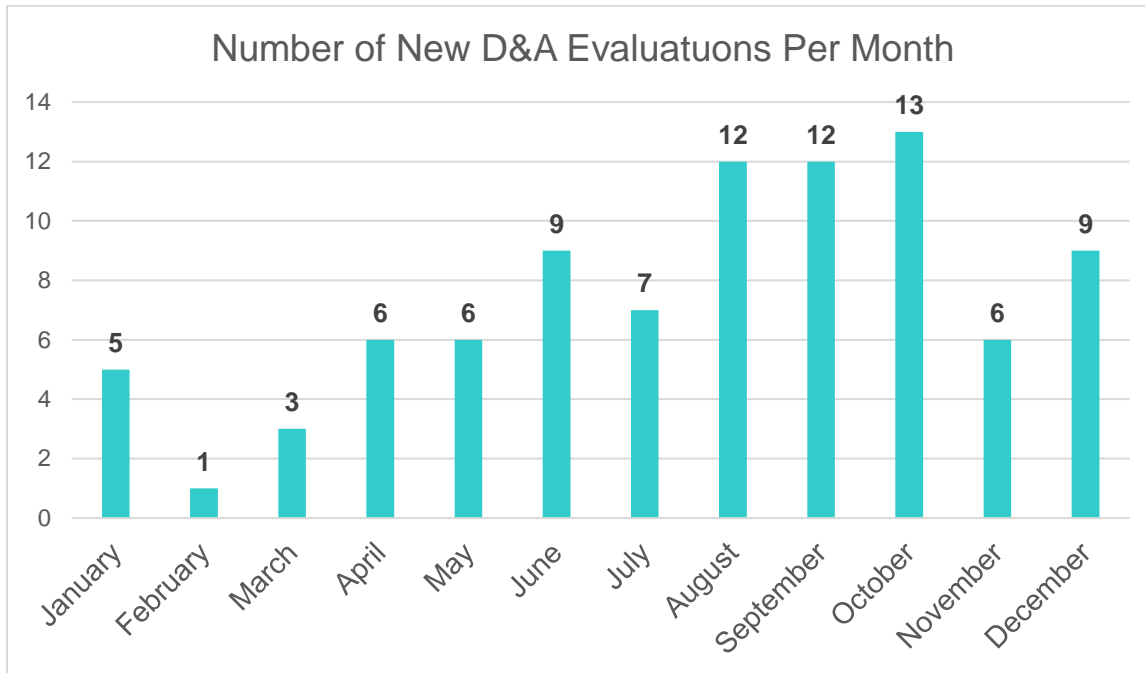
### Location of Services

There were 925 Individual Therapy sessions provided and 519 Suboxone Maintenance Visits (follow-up appointments) completed. Majority of individual therapy sessions were completed via telehealth. Consequently, majority of Suboxone Maintenance visits were completed in the office. The location of these services are indicated in the table below.



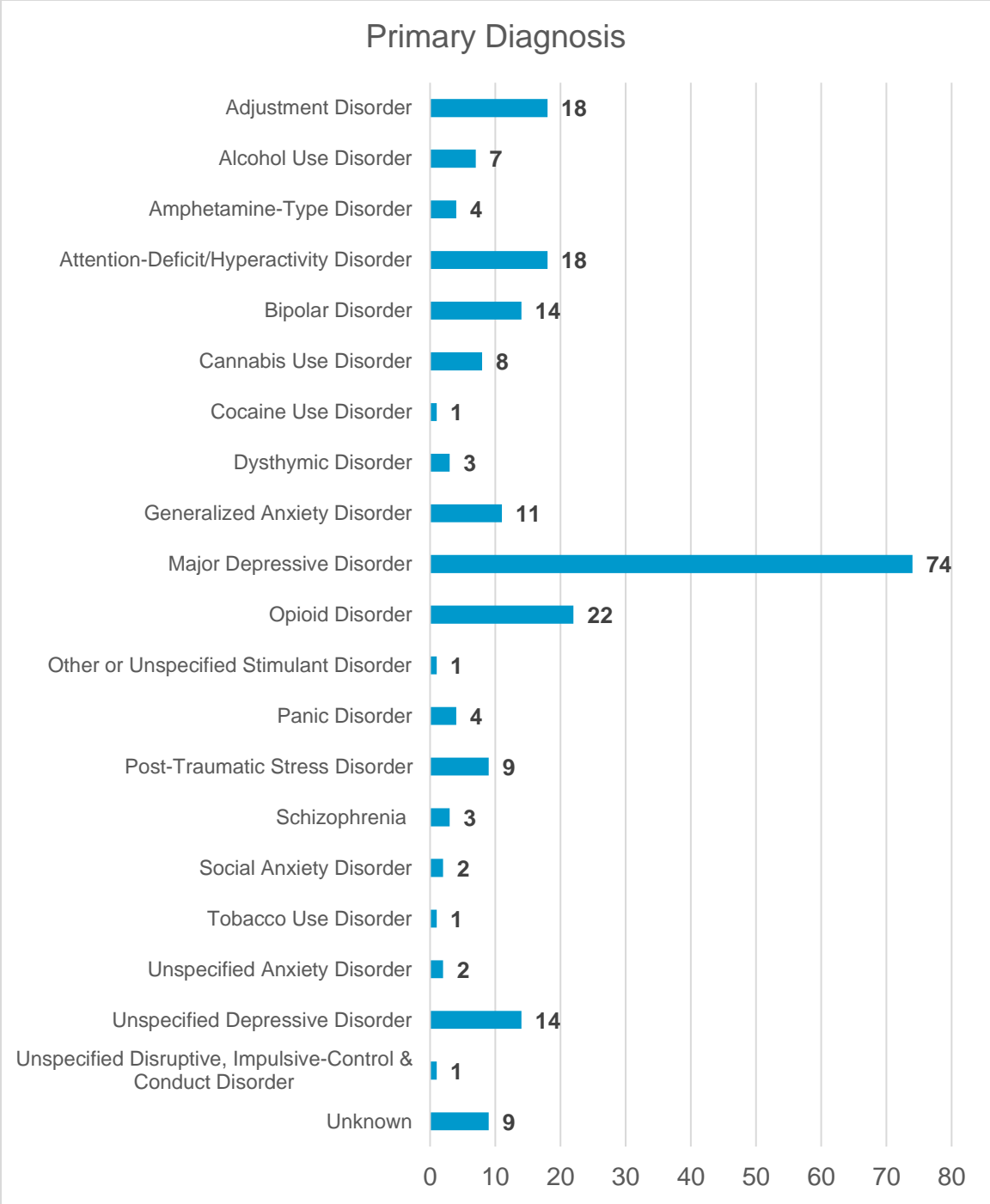
## Evaluations

The following graph shows the number of new drug and alcohol evaluations completed per month.



## Primary Diagnosis

The primary diagnosis of individuals enrolled in Drug & Alcohol Services is Major Depressive Disorder with 74 individuals. A complete breakdown of the primary diagnosis is found below.



### Program Adherence

To ensure that the Drug & Alcohol Services is adhering to the program regulations and agency policies, routine record audits as well as regular supervision is utilized.



## Audits

Regular audits are completed by members of the Drug & Alcohol staff including Program Director, Clinical Supervisors, Quality & Compliance Department, and regulatory agencies.

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 Program Director
6. Quarterly internal audits by Compliance Coordinator
7. Quality team reviews by program process

The agency Compliance Coordinator reviewed 15 charts for 27 CCBH Quality Indicators and Program Specific Indicators.

### Results:

<b>Category</b>	<b>Score</b>	<b>Goal</b>
Intake and Assessment	97%	80%
Treatment Planning	99%	80%
Care Coordination	97%	80%
Physical Health	100%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Indicators	86%	80%
Optional Additional Indicators	97%	80%

The next internal audit is scheduled for May 2021.

## Supervision

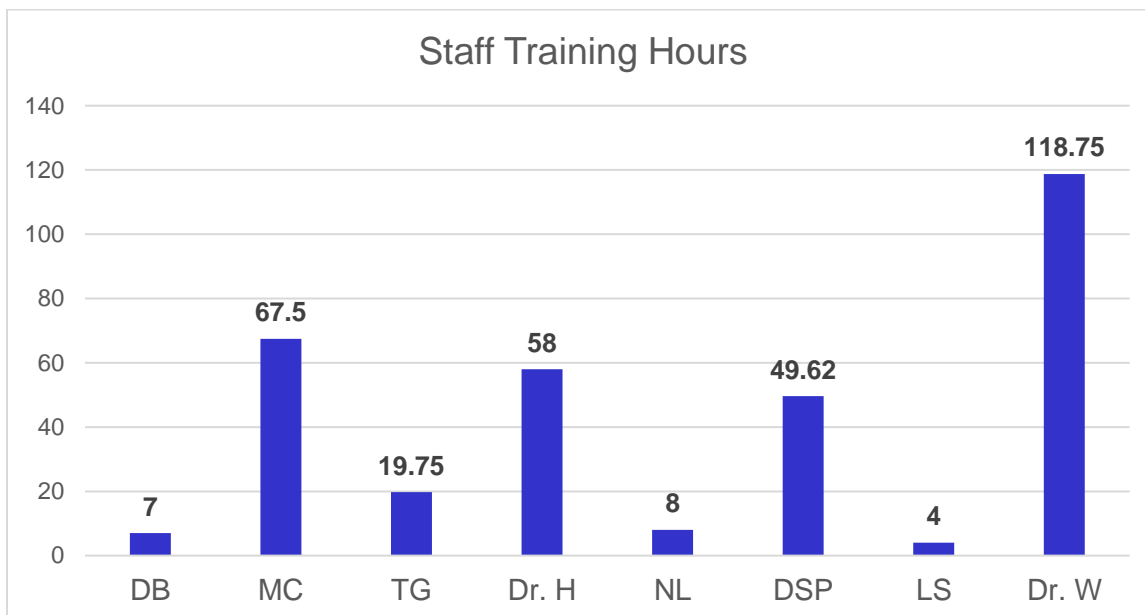
Ensuring that participants receive optimum care, staff receive appropriate supervision.

Therapists receive one-hour individual supervision per month. Additionally, therapists receive group supervision for one hour per week with a Psychiatrist for MAT clients.

Supervision records are kept by the Facility Director. Individual training plans are reviewed and updated on a regular basis.

## Staff Trainings

The table below represents training hours for each staff member. Staff members are listed by initials.

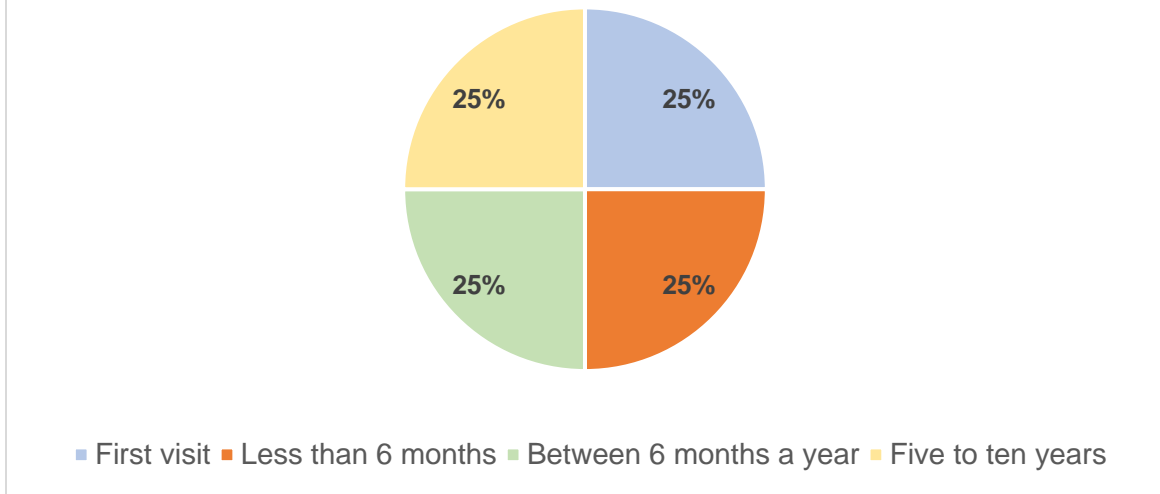


## Satisfaction Surveys

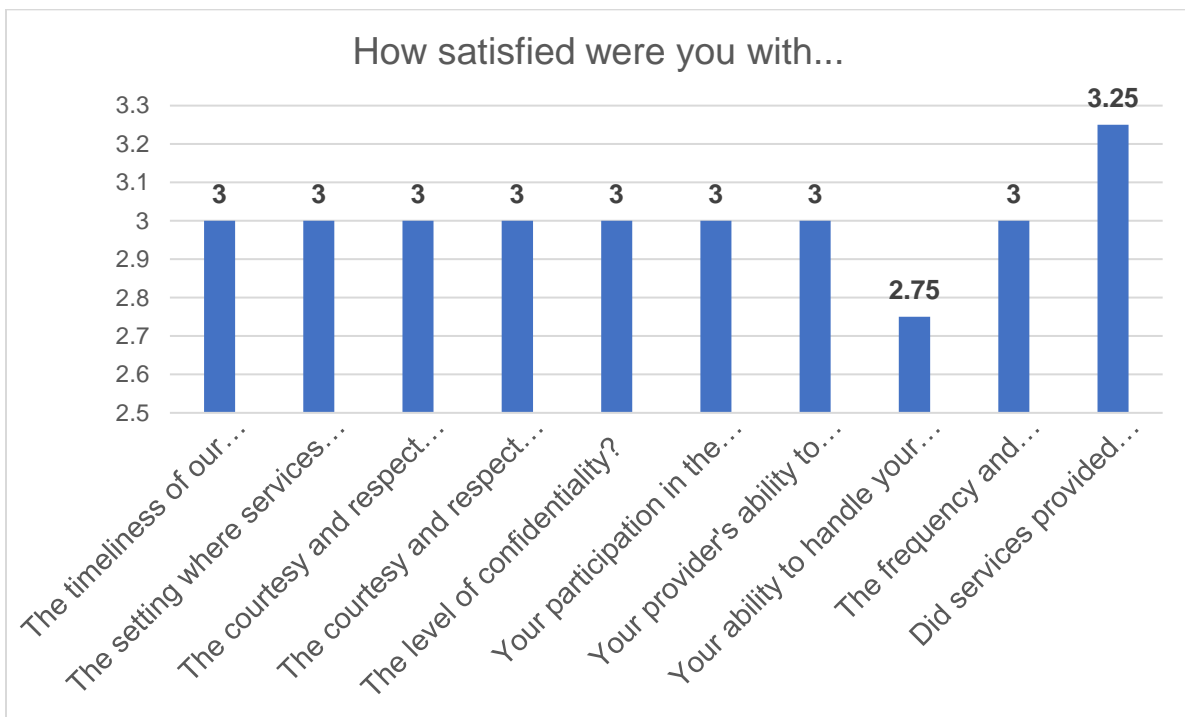
### Survey Results

From October 2019 to March 2020, 4 client surveys were completed within the Drug & Alcohol Program. Several demographic information was collected. The following pie chart shows the length of receiving service for all 4 participants.

### Length of Receiving Service



The chart below shows the results from the survey question on satisfaction of services.



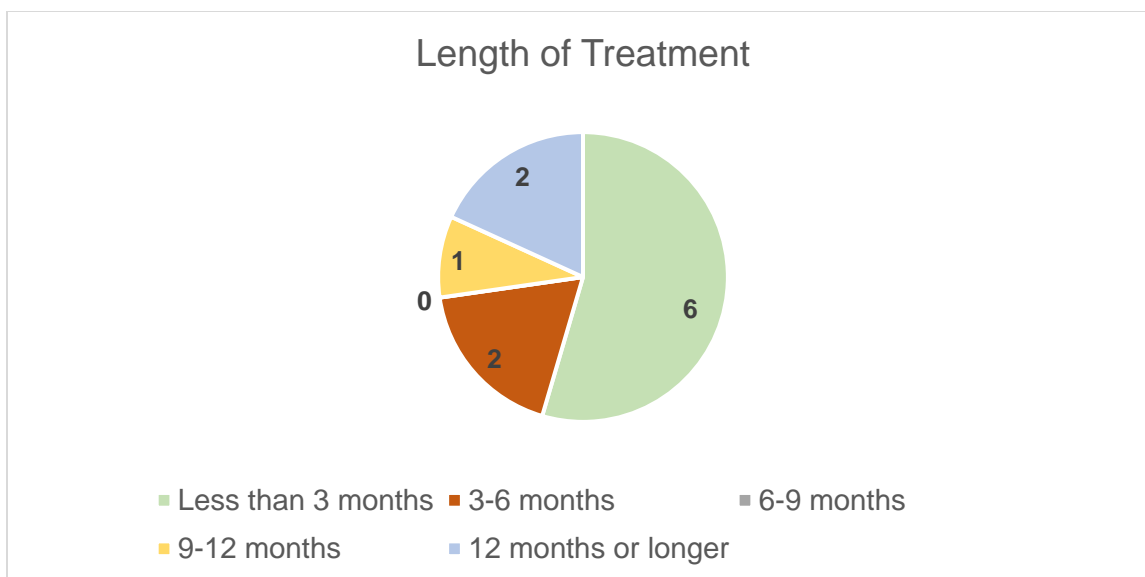
The choices for this question are as follows:

Choices	Average
The timeliness of our response to your initial request for this service?	3
The setting where services were provided?	3
The courtesy and respect shown by clerical staff?	3
The courtesy and respect shown by the treatment provider?	3
The level of confidentiality?	3
Your participation in the development of a treatment plan that met your needs?	3
Your provider's ability to help you and your family?	3
Your ability to handle your situation as a result of receiving services?	2.75
The frequency and convenience of contacts?	3
Did services provided address your specific cultural background in a respectful manner?	3.25

There was one qualitative question answered from all 4 surveys. One person noted that the most helpful thing about the services they received over the last 6 months were thinking of ways to prevent relapse.

In October 2020, the Quality Department began administering Drug & Alcohol follow-up surveys. Since then, 11 follow-up surveys have been completed and the data is below.

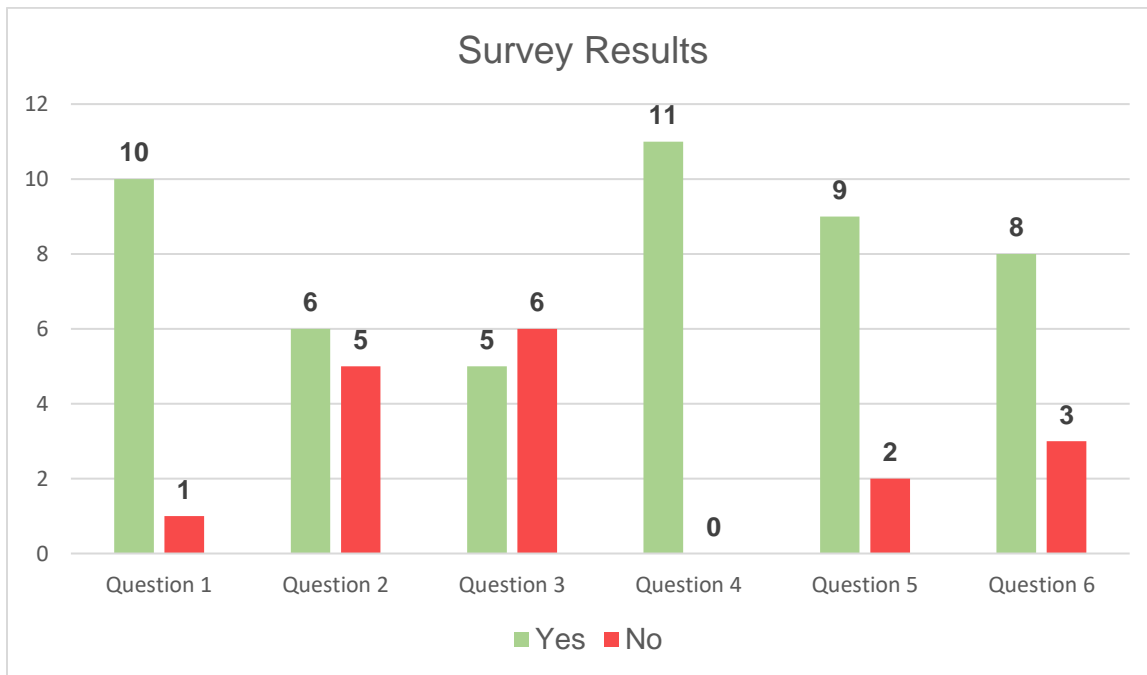
The pie chart below indicates the length participants were involved with treatment.



Majority of participants were involved with treatment less than 3 months.

Participants were asked several questions regarding their treatment. The questions are as follows:

<b>Question 1</b>	Were you satisfied with the frequency of your Drug & Alcohol appointments?
<b>Question 2</b>	Did you successfully complete treatment?
<b>Question 3</b>	Are you using any self-help group, spiritual, or mental health services to aid recovery?
<b>Question 4</b>	Do you understand the disease concept of addiction?
<b>Question 5</b>	Are you following your relapse prevention plan?
<b>Question 6</b>	Did you follow through with any scheduled appointments?

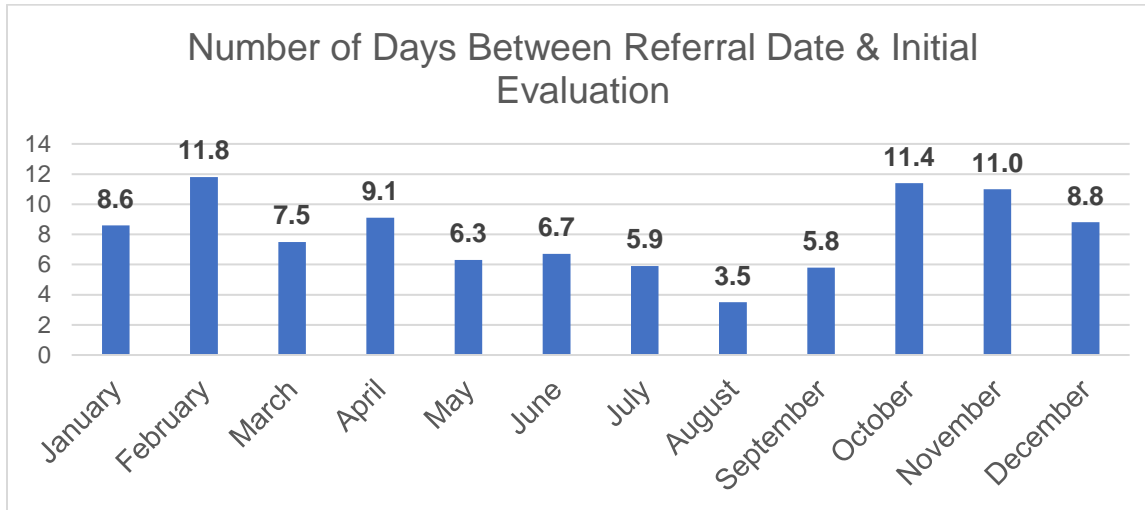


Additionally, participants were asked to report on their satisfaction with their treatment experience.

Participants responded based on a Likert Scale whereas 1 represents not at all satisfied and 5 represents very satisfied. The average of satisfaction was 4.18 out of 5.

## Outcomes

A specific goal of the Drug and Alcohol Program is to complete the initial evaluation within 7 days of referral. Quick initiation of treatment yields more positive outcomes for individuals with substance use disorders. On average, individuals are seen within 8.03 days.



Due to the increase in days before initial evaluation was completed, a quality improvement plan was enacted.

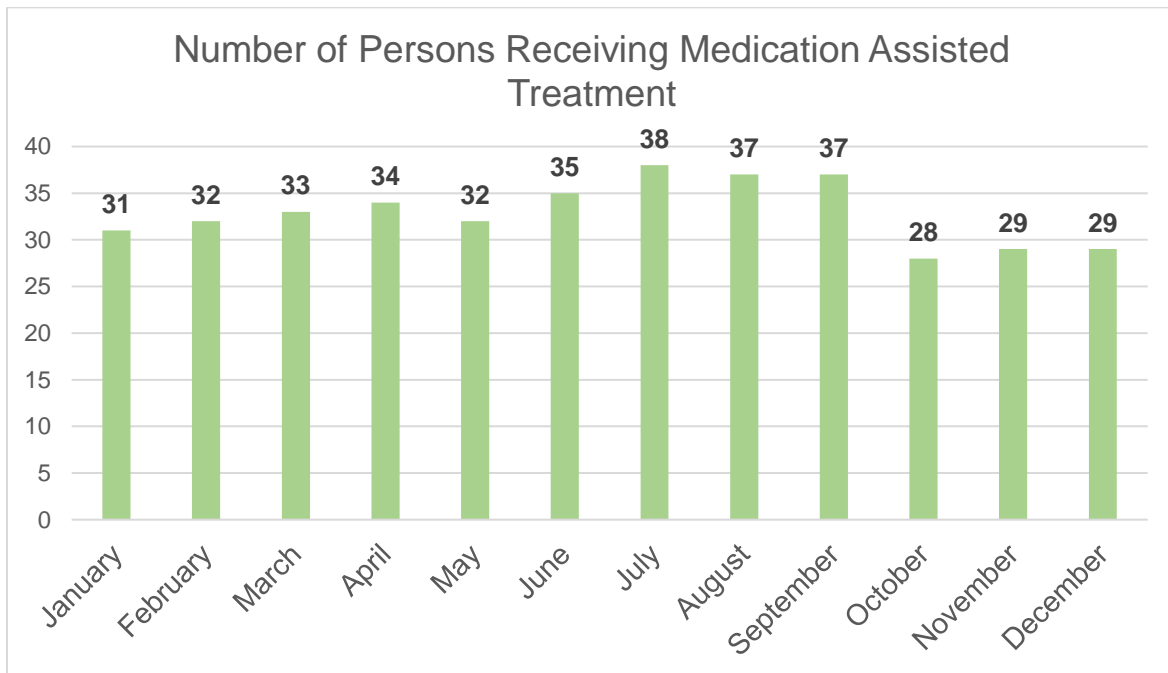
## 2020 Goals attained

1. **Resource Library Development:** there is a resource library on the network now that is available to staff across the organization. This library includes education for treating substance use and addictive disorders.
2. **Outreach activities:** Drug and Alcohol staff have been involved in more community related activities to help increase awareness.
  - a. Crisis Prevention Intervention team awareness presentation: 01/24/20
  - b. Coordination with Forensic Case Manager
  - c. Involvement in the Re-Entry Committee
  - d. Faculty Advisor for Phi Beta Chi, University of Pittsburgh at Bradford: 2019 to Present
  - e. Community Medical Screening for COVID-19, Summer/Fall 2020
  - f. Member Advisory Board, Signature Smiles Design, Inc., 2020-2021
  - g. Participation in faculty forum on Racial Bias in our community, 06/08/20
  - h. Member of Emergency Nurses Association, 1994 to Present
  - i. Member of National League for Nursing, 2019 to Present

3. **Increased Training for Staff:** through the development of the training plan and agency initiative, staff have increased training in Cognitive Behavior Therapy, Trauma focused care and Marijuana Dependence.
4. **Increased Partnership with Treatment Facilities:** during the year, the agency increased relationships with inpatient drug and alcohol providers.

### Evidence Based Programming

- One substance abuse disorder that has seen a rise in abuse is marijuana use disorder. As such, Drug and Alcohol staff members received training in the evidenced based practice of Brief Marijuana Dependence Treatment
- Motivational Interviewing remains as the primary treatment modality used in Drug and Alcohol Treatment Services.
- For treatment of those with Opioid Use Disorders, Medication Assisted Treatment is the recommended Evidence Based Practice. At The Guidance Center, there are two psychiatrist trained to treat individuals with Medication Assisted Treatment options.



## Future goals

The following goals have been established as priorities for fiscal year 2020-2021:

1. Develop a group for individuals to have their questions answered by psychiatric staff since many drug and alcohol participants have co-occurring disorders.
2. Develop stronger partnerships with forensic referral sources.
3. Focus training on co-occurring issues and cluster B personality dynamics to provide more holistic treatment to those with substance use disorders.
4. Increase Engagement of D&A participants – the no show rate for Drug and Alcohol Services remains to be about 50%. Developing strategies to engage individuals to stay involved in services remains as an initiative for the department.
5. Assist individuals in adapting to telehealth treatment in terms of accessing video services and connectivity.
6. Develop partnership with Bradford Regional Medical Center's BMAT program to offer Vivitrol prescriptions as a viable alternative to suboxone and additional tool for managing alcohol use disorders.

Report Respectfully Submitted:

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Project Director, Drug and Alcohol Services