



Outpatient Services



Annual Quality Review
July 1, 2021 – June 30, 2022

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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.
- The Guidance Center is committed to the care of adults, adolescents, children and families in both Outpatient Counseling and Outpatient Psychiatric Services.

Overview

- The Guidance Center operates under the mission of developing and providing comprehensive, quality mental health and substance use treatment, intellectual disability services, education, prevention, and community outreach services, guided by principles of least restricted care, cost effectiveness, accessibility, and responsiveness to individuals, families and communities served.
- The Guidance Center has continued to provide optimal service delivery within the Outpatient Counseling & Outpatient Psychiatric Services throughout the ongoing challenging times of the COVID-19 pandemic. As we maneuvered through the pandemic, our nation came to be in a stronger place with the utilization of tools such as vaccinations, boosters, and treatment. With these protective measures, there was reduction in illness severity, hospitalizations, and deaths related to COVID-19. Therefore, our agency provided more in-person sessions to the individuals served during this period of review. The Guidance Center continues to adhere to the CDC and State guidelines and will make accommodations to policies and procedures when necessary.
- Quality Improvement plans are made based upon internal compliance audit results and client feedback surveys to improve quality outcomes. Individuals served in the program are offered a National Outcome Measures (NOMS) upon opening, throughout their service, and at discharge. Data is collected by interviewing clients to report on their behavioral health, demographics, functioning, employment, education, housing, and measures specific to the service they are receiving. Data is entered into the SAMHSA's Performance Accountability and Results System (SPARS) website and in the agency's Electronic Health Record (EHR). Data is extracted and examined for quality improvement. Additionally, feedback surveys were completed regarding the services delivered in the schools.
- The Guidance Center is a designated North Central Trauma Informed Care Center through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) for expertise in

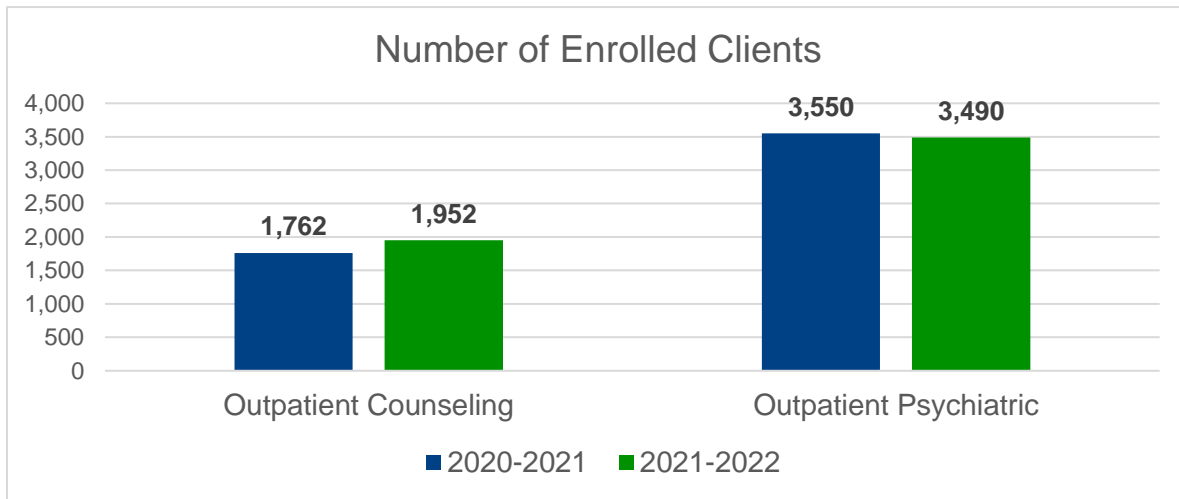
trauma informed care practices, specific treatment modalities, supervision, and program management.

- Data for this Quality Report is from July 1, 2021, through June 30, 2022.

Demographics

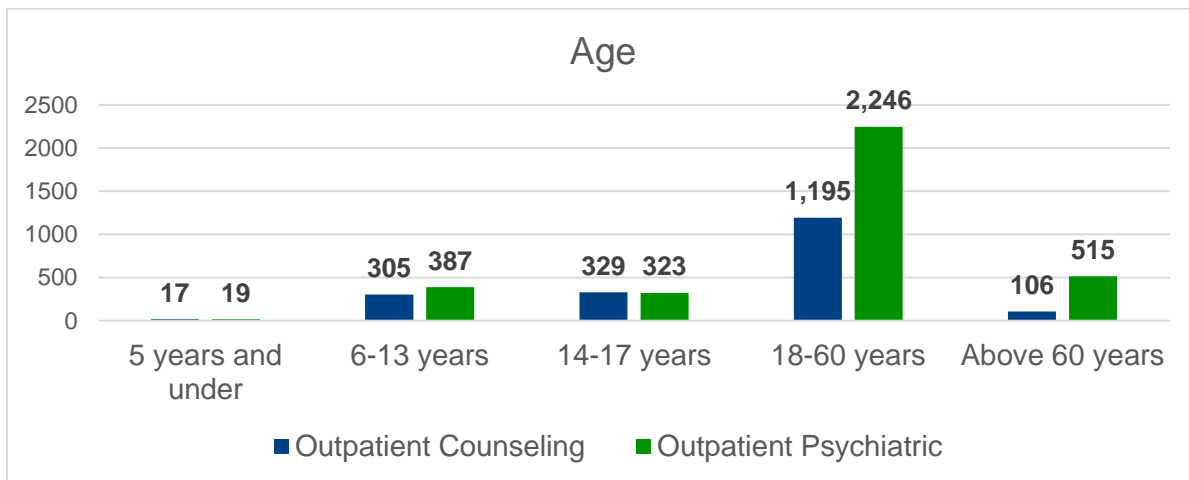
Number of Enrolled Clients

There was an increase of enrolled clients in Outpatient Counseling and a slight decrease in Outpatient Psychiatric Services from the last review.



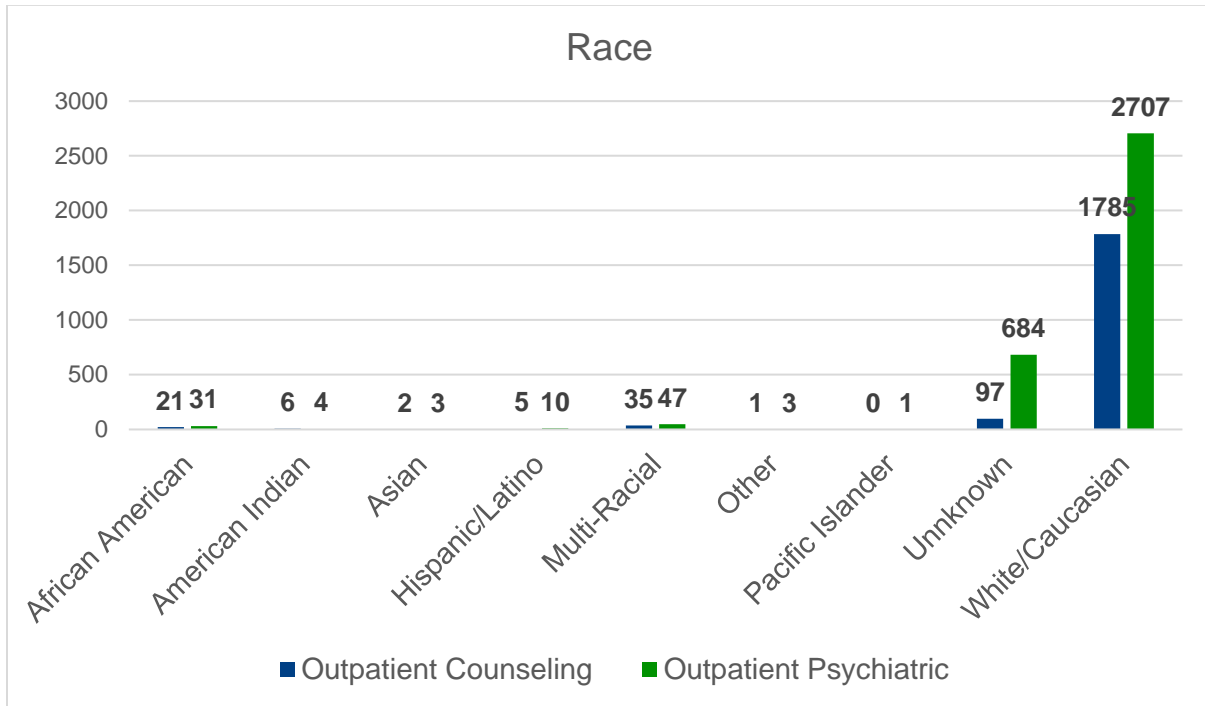
Age

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. Age ranges varied from 3 to 99. The following graph depicts clients age in both programs.



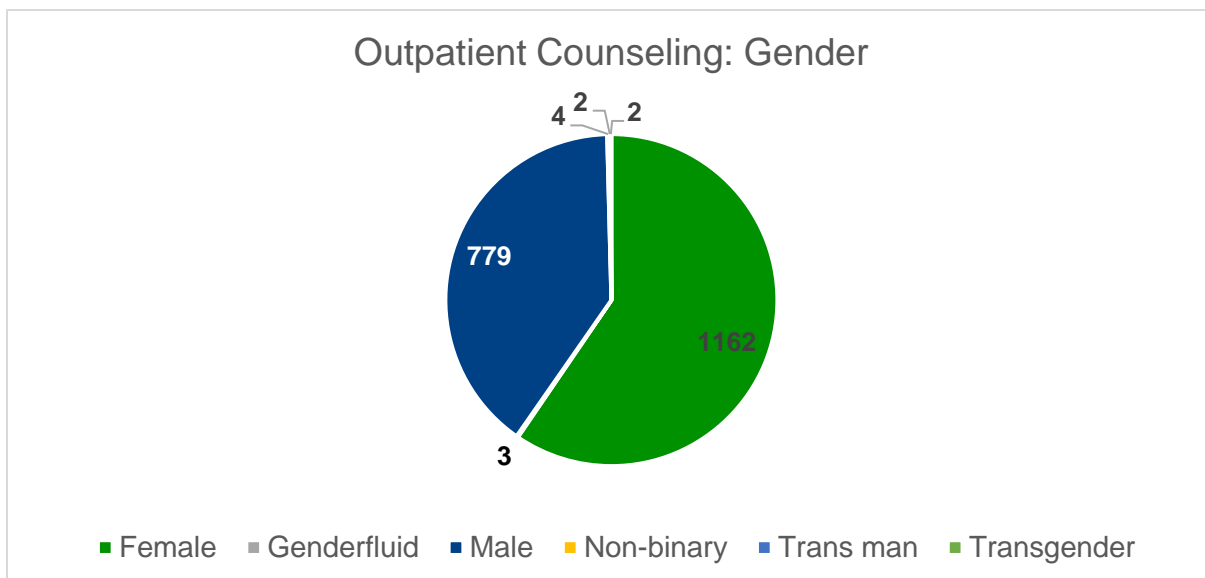
Race

Majority of individuals receiving services through the clinic are Caucasian in both Outpatient Counseling and Outpatient Psychiatric Services.

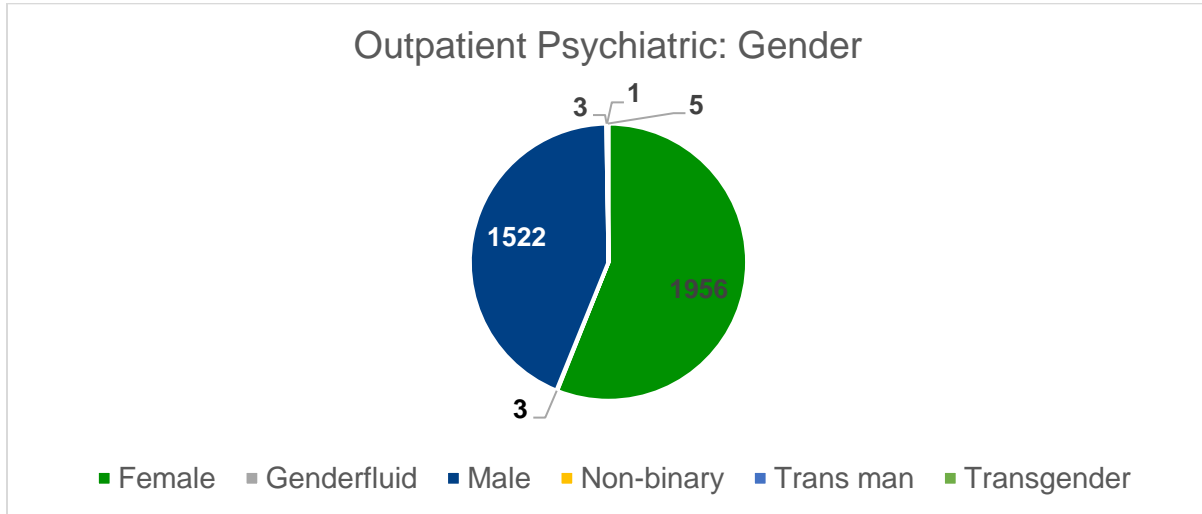


Gender

Consistent with the last review, majority of individuals served in Outpatient Counseling Services are female. During this review, 1,162 individuals identified as a female, 3 identified as genderfluid, 779 identified as a male, 4 identified as non-binary, 2 identified as trans man, and 2 identified as transgender. The graph below depicts the gender in Outpatient Counseling Services.



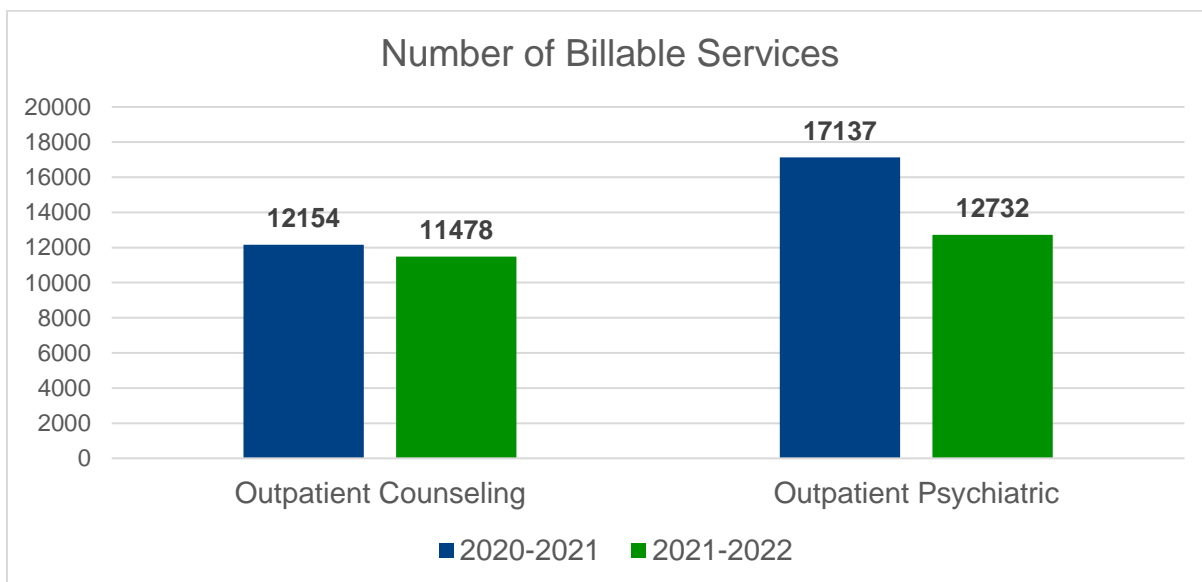
Consistent with Outpatient Counseling Services, a greater number of females were served in Outpatient Psychiatric Services. During this period of review, 1,956 individuals identified as female, 3 identified as genderfluid, 1,522 identified as male, 3 identified as non-binary, 1 identified as trans man, and 5 identified as transgender. The graph below depicts the gender in Outpatient Psychiatric Services.



Service Data

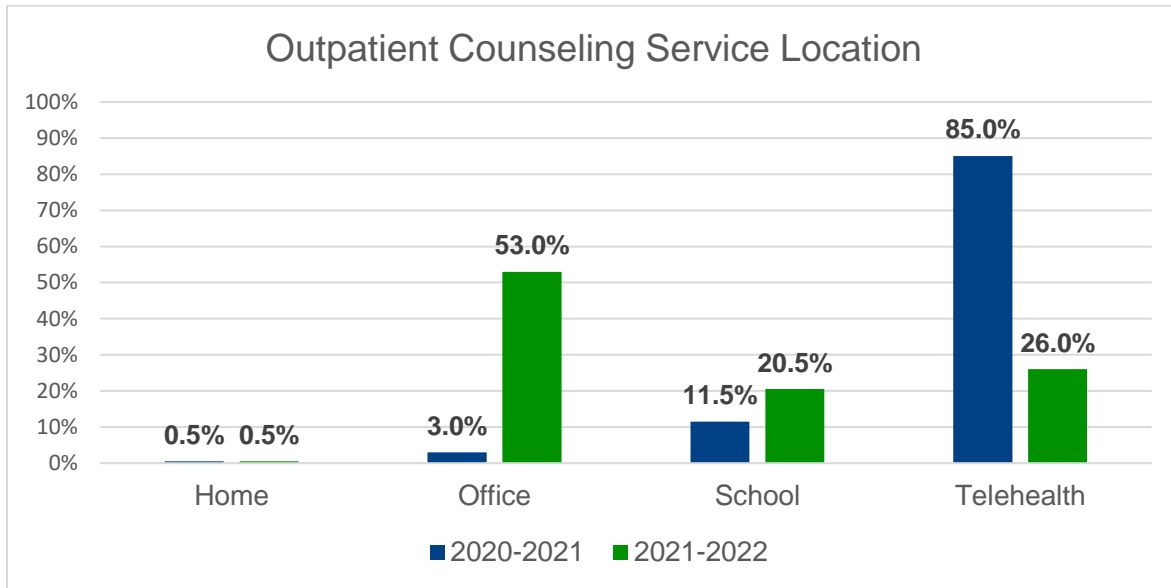
Number of Services

Number of services completed slightly decreased in both Outpatient Counseling & Outpatient Psychiatric Services. This was consistent across the agency. We found number of services decreased in majority of programs. Predicted reasons for decrease in services could be related to individuals facing transportation barriers, individuals accessing community events more and possibly missing appointments, or other contributing factors.

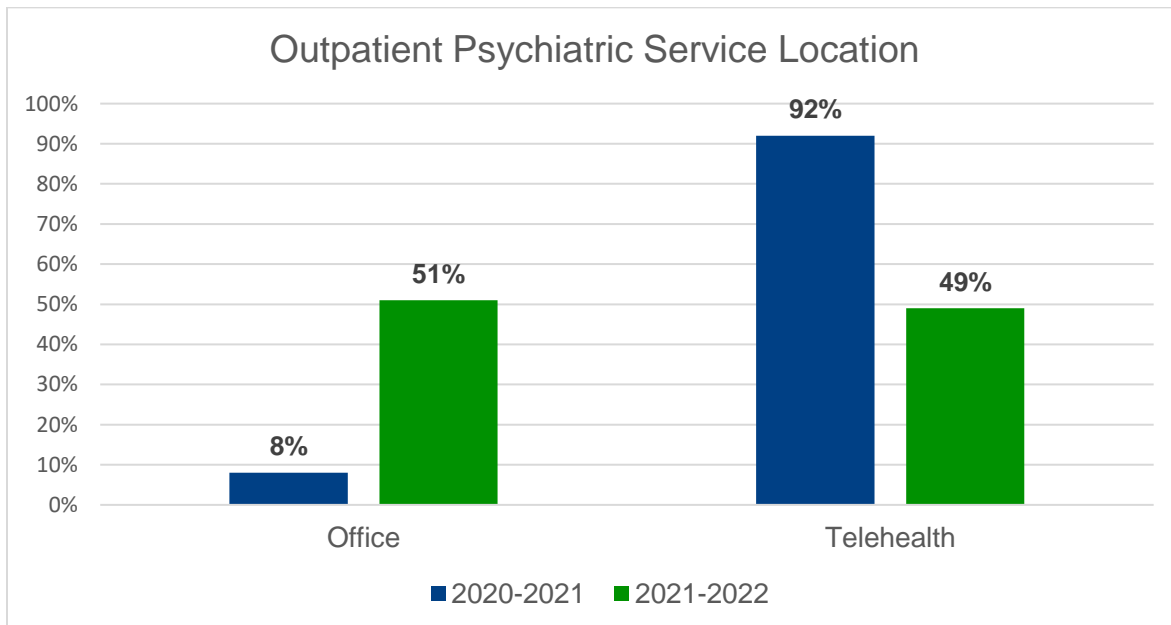


Location of Services

During the last review, majority of Outpatient Counseling Services were delivered via telehealth. During this review, majority of services were delivered in the office while some were delivered in the school and via telehealth. One service was delivered in the home. The chart below depicts the service locations.

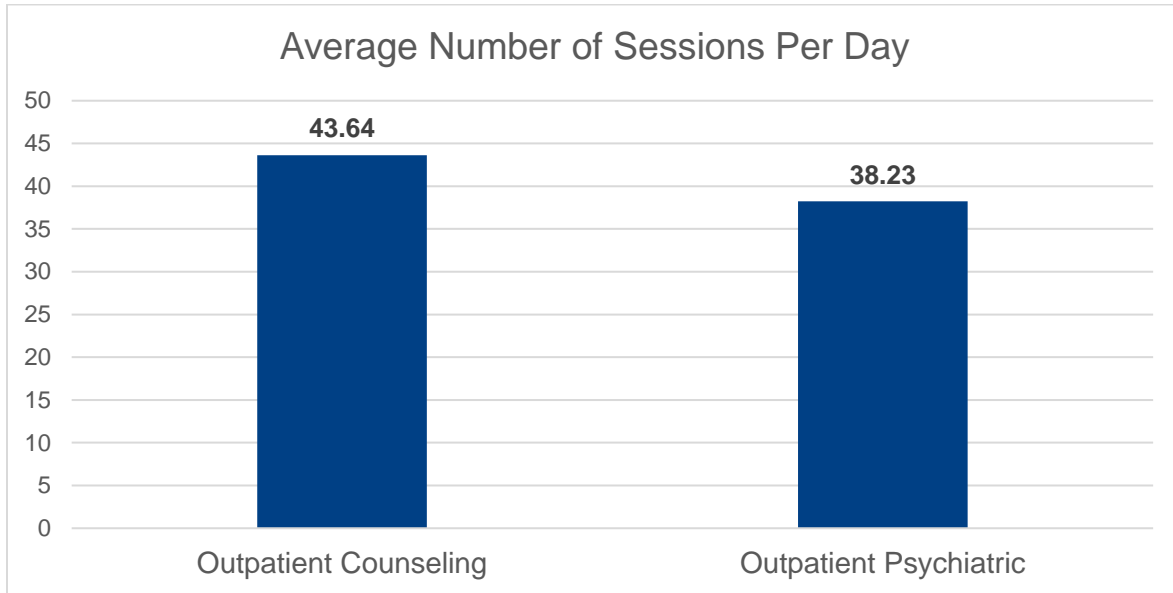


During the last review, services were primarily delivered via telehealth. During this review, services were almost equally delivered in the office and via telehealth. We anticipate seeing majority of services being delivered in the office as we continue to move forward with the pandemic.



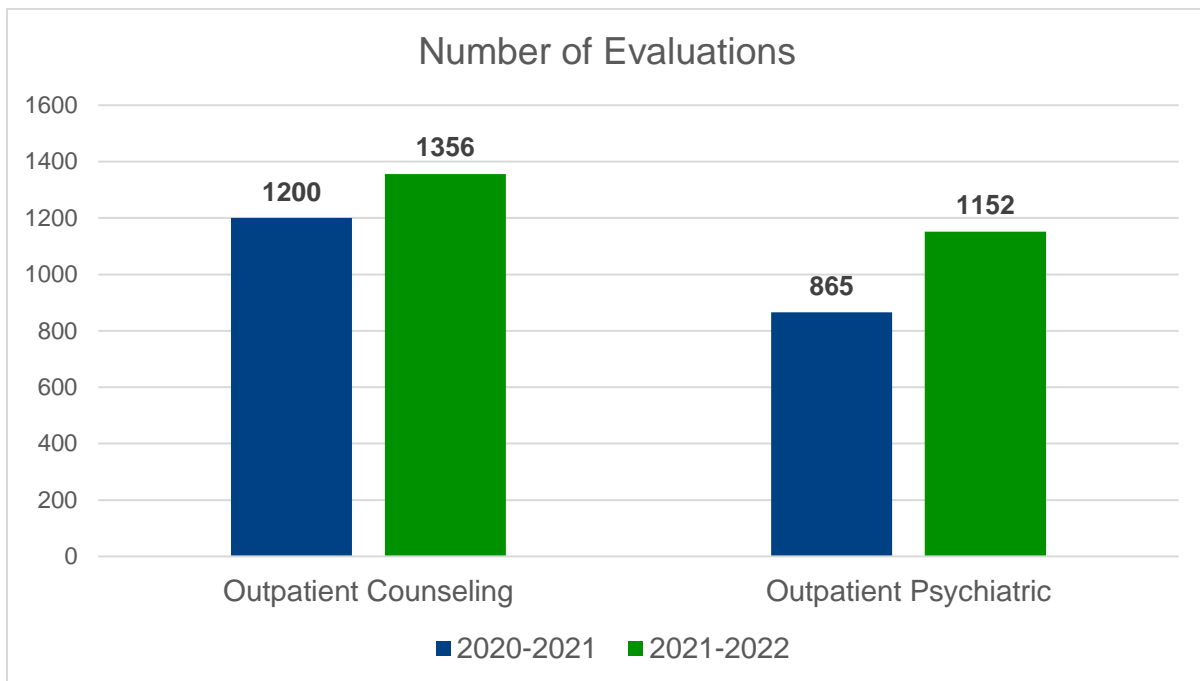
Sessions Per Day

Below the average number of sessions completed each day are displayed in the graph.

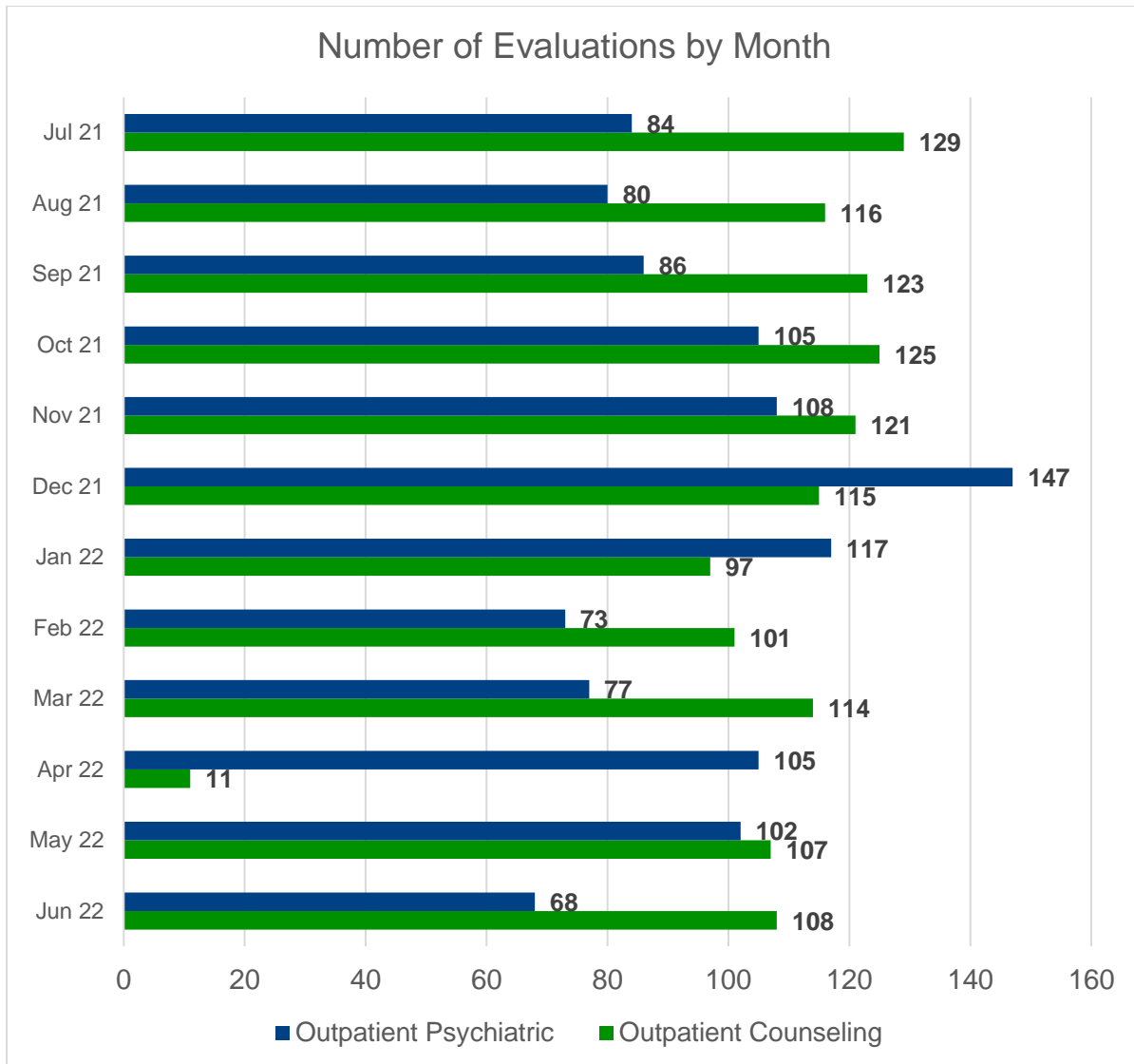


Number of Evaluations by Program

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



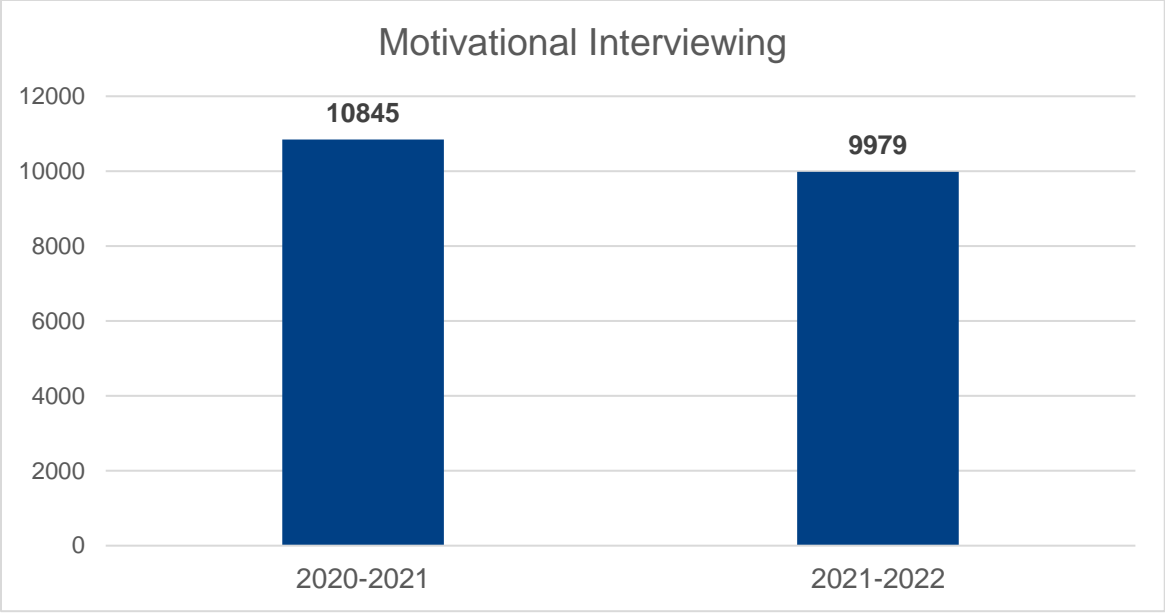
The chart below indicates the number of evaluations completed by both Outpatient Counseling and Outpatient Psychiatric Services.



Quality Improvement Indicators

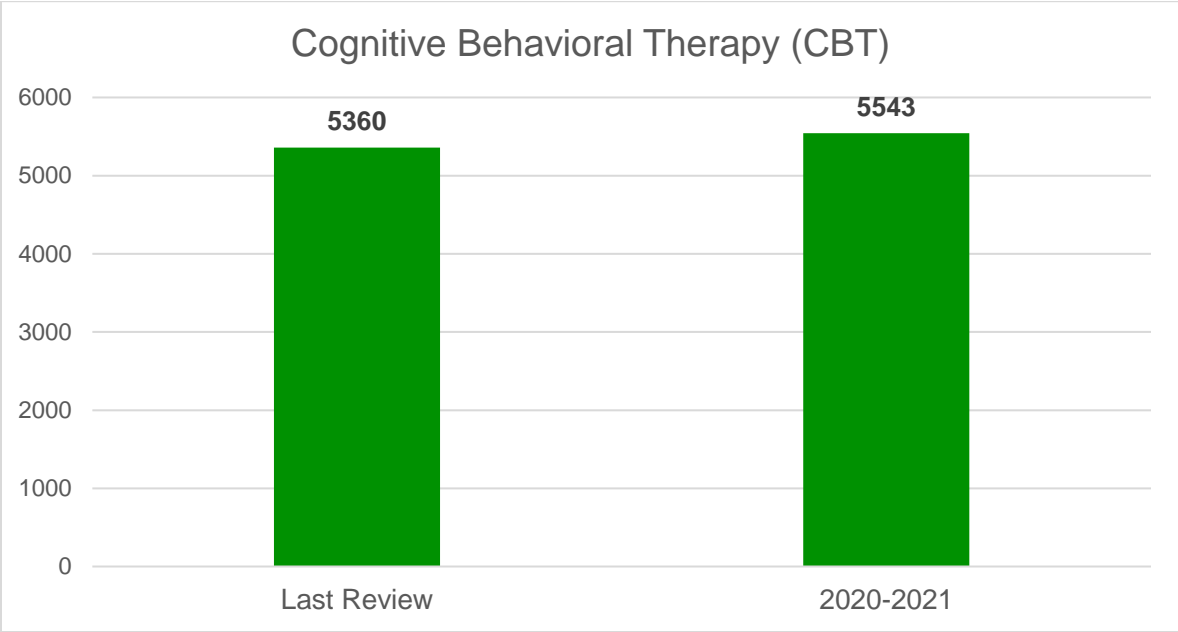
Evidence-Based Services

Each session includes the Motivational Interviewing evidence-based technique. Below are the number of times Motivational Interviewing was used during an Outpatient Counseling session.



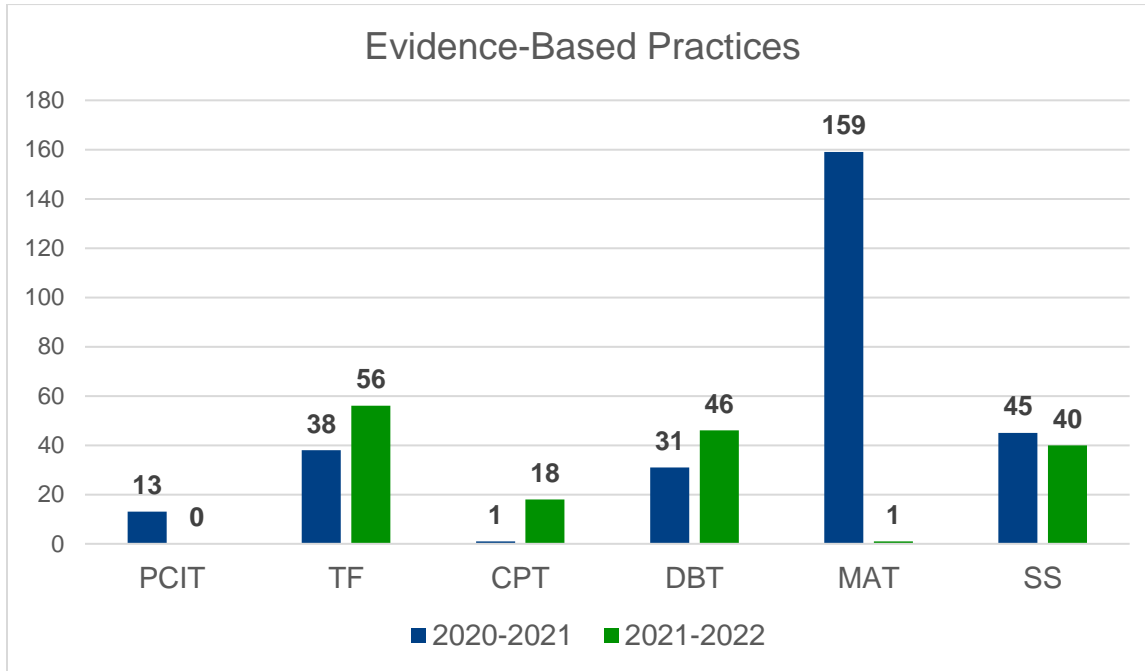
The agency's Quality Improvement Plan allows each program to focus on improving areas identified by the Program Director and team members. It is an ongoing quality initiative to monitor the evidence-based practices used. Outpatient therapists are trained in Cognitive Behavioral Therapy (CBT). All Outpatient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

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



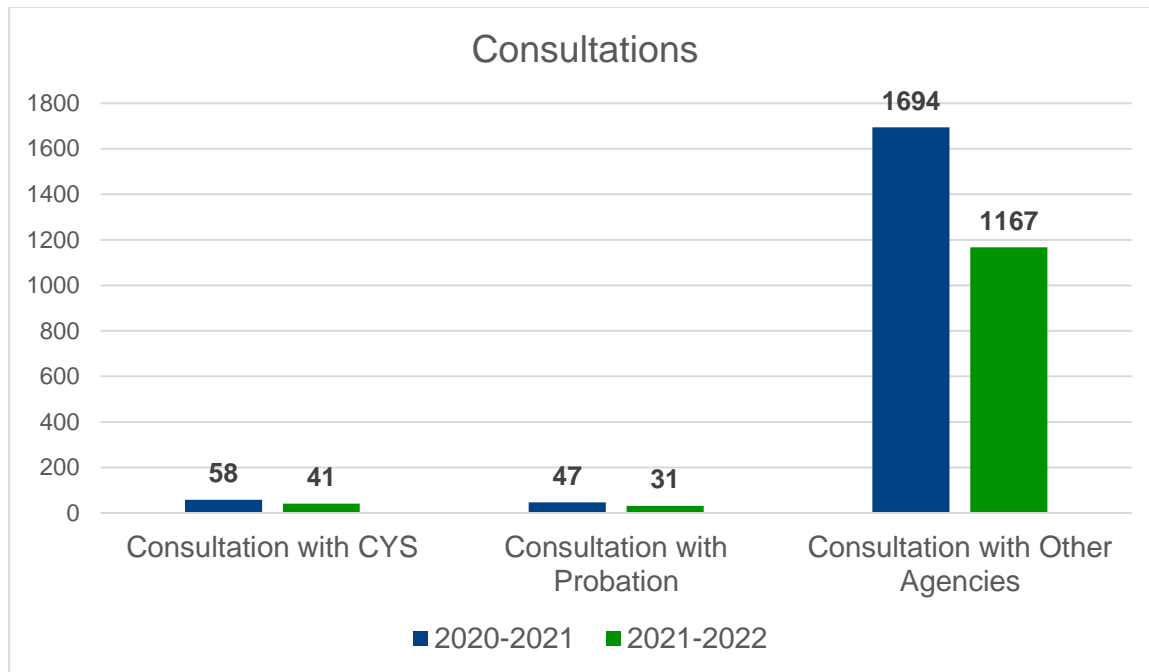
The number of individuals receiving PCIT continues to be impacted by the COVID-19 pandemic where numbers have continued to decrease from previous years and this year, there were no individuals who received PCIT.

Care Coordination

One of the main goals of Outpatient Services is to improve care coordination with other providers. Monitoring shows there has been a slight decrease consulting with other agencies during this review.

Consultations

There were 1,239 consultations that occurred during this review. The following graph is broken down into consultation with Children and Youth Services, Probation, and other organizations.



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 comprehensive annual 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 quality reviews and internal compliance audits.

The agency formed a Quality Advisory Committee in 2020 where current or former clients or family member of clients are given the opportunity to join 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. Annual 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.

Internal Compliance Audits

Outpatient Counseling

On May 9, 2022, 65 Outpatient Counselling Charts were reviewed for 28 of The Guidance Center Quality and Compliance Indicators and 5 Program Specific Indicators.

Results for 65 Charts:

Category	Score	Goal
Intake and Assessment	100%	80%
Treatment Planning	100%	80%
Care Coordination	96%	80%
Physical Health	95%	80%
Discharge Planning	100%	80%
Smoking Cessation	98%	80%
Key Indicators	82%	80%

Key Indicators

Crisis plan updated every time the treatment plan is updated and/or if there is a crisis **98%**

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

Initial Treatment Plan completed within 14 days of first appointment? **86%**

Timeframe between request for service & initial assessment **25%**

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

Indicators that fell below or hit 80%

Waist circumference annually **77%**

Outpatient Psychiatric Results

On May 24, 2022, 50 OP Psychiatric Charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 5 Program Specific Indicators.

Results for 50 Charts:

Category	Score	Goal
Intake and Assessment	96%	80%
Treatment Planning	95%	80%
Care Coordination	84%	80%
Physical Health	95%	80%
Discharge Planning	100%	80%
Smoking Cessation	77%	80%
Key Indicators	69%	80%

Key Indicators:

Was the member scheduled for their first appointment within 10 calendar days of their initial request to be seen? **26%**

If client has an unspecified depressive disorder or major depressive diagnosis, a Columbia suicide risk assessment was completed at every session? **100%**

Was a urinalysis or drug screen completed? **83%**

If Client has No Show/Cancelled two consecutive sessions, was client placed on Standby? **67%**

Was Telehealth Consent Signed/Reviewed? **67%**

Indicators that fell below the 80% goal:

Crisis Plans are individualized and include specific interventions for the consumer and family/support system **60%**

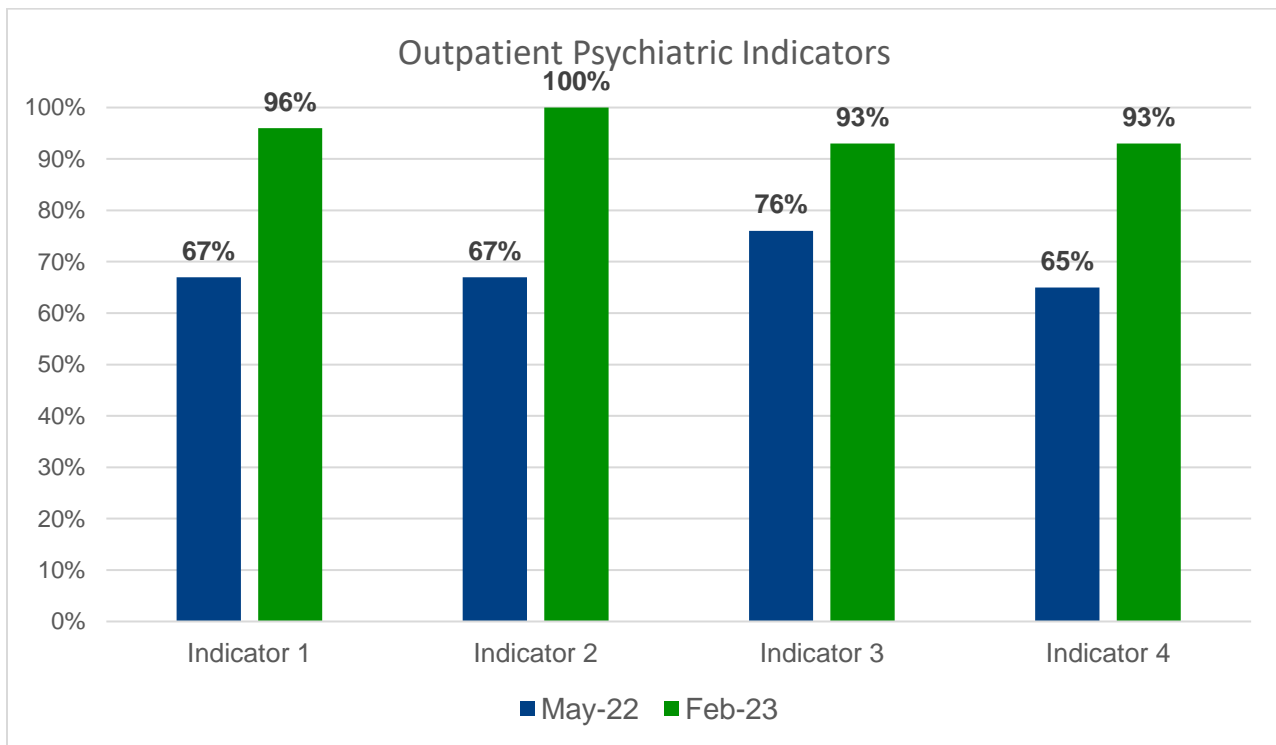
Evidence of care coordination with family/friends/community/natural supports, if requested by member **67%**

Waist Circumference annually **76%**

If Tobacco user, cessation discussed **65%**

Internal compliance audits are conducted quarterly on both Outpatient Psychiatric and Outpatient Counseling Programs. The two indicators for Outpatient Counseling are areas that are being monitored for quality improvement by our quality team. The Outpatient Psychiatric Program had several indicators increase at the most recent audit which left only 2 areas being monitored for quality improvement. All areas being monitored for quality improvement have been added to our program goals.

The indicators that now reach or exceed the goal of 80% for Outpatient Psychiatric were made into Plan Do Check Acts (PDCA's) and have since been retired. The graph below reflects the progress of those indicators over time.



Indicator 1 = Was a telehealth consent signed/reviewed?

Indicator 2 = Evidence of care coordination with family/friends/community/natural supports, if requested by member?

Indicator 3 = Waist circumference documented annually?

Indicator 4 = If the client is a tobacco user, was cessation discussed?

Program Goals

Internal compliance audits are a core component in identifying 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 as follows.

Outpatient Counseling Program Goals

1. Clients will be offered an initial evaluation within 10 days of referral.
 - a. Outpatient Counseling's last internal audit occurred in January 2023 and this indicator increased to 63%. However, this area will remain an area of quality monitoring until it reaches or exceeds the goal. New intake processes are being developed and examined to determine what processes are working and what processes need changed or implemented.
2. Recording waist circumference will occur on all enrolled Outpatient Counseling clients in the Electronic Health Record (EHR).

Outpatient Psychiatric Program Goals

1. Clients will be offered an initial evaluation within 10 days of referral.
 - b. Outpatient Psychiatric's most recent internal audit occurred in February 2023 and this indicator increased from 22% to 31%. However, this area will remain an area of quality monitoring until it reaches or exceeds the goal. New intake processes are being developed and examined to determine what processes are working and what processes need changed or implemented.
2. Develop crisis plans that are individualized and include specific interventions for the consumer and family/support system.
 - a. The most recent most recent internal audit indicates this indicator increased to 71%. However, this area will remain an area of quality monitoring until it reaches or exceeds the goal.
3. If a client has had two consecutive no-show or canceled appointments, the client will be placed on standby.

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.

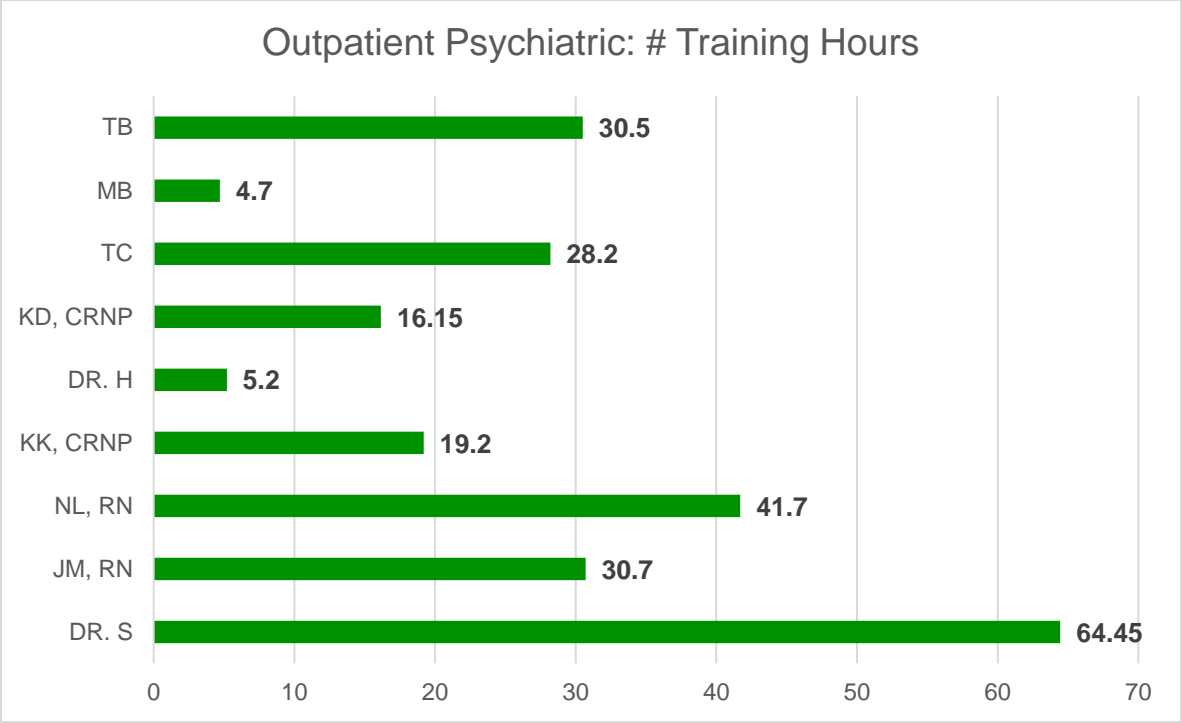
Supervision records are kept by the Program Director and Clinical Directors. Individual training plans are reviewed and updated annually.

Staff Trainings

Staff trainings continue to be a key component in the Outpatient Programs. Outpatient Counseling staff members had over 880 staff training hours combined. The graph below represents training hours for each staff member.

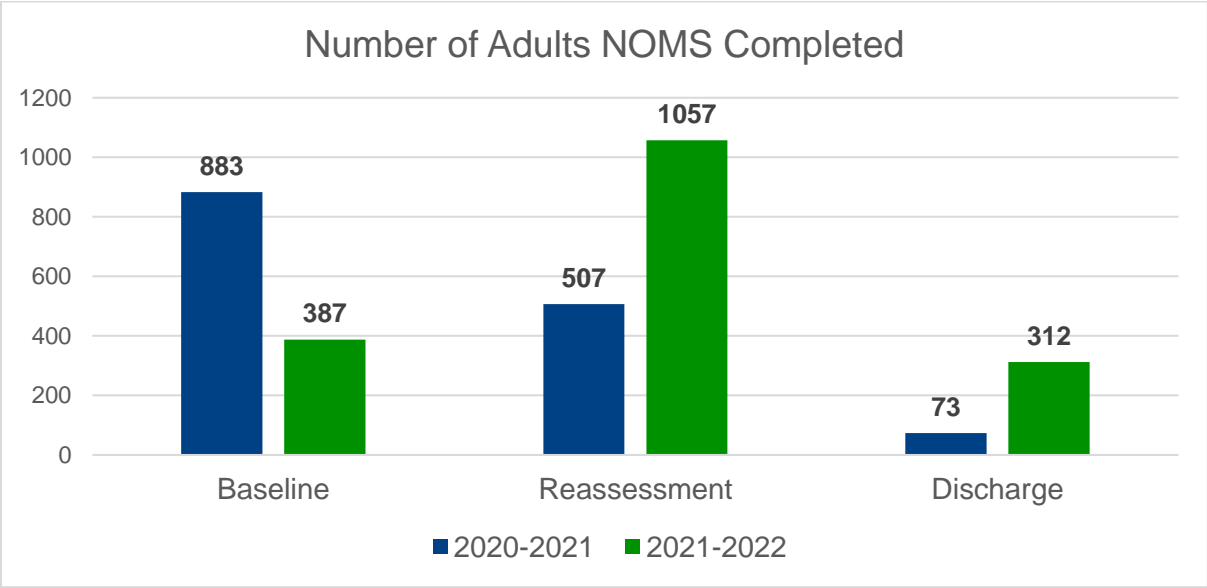


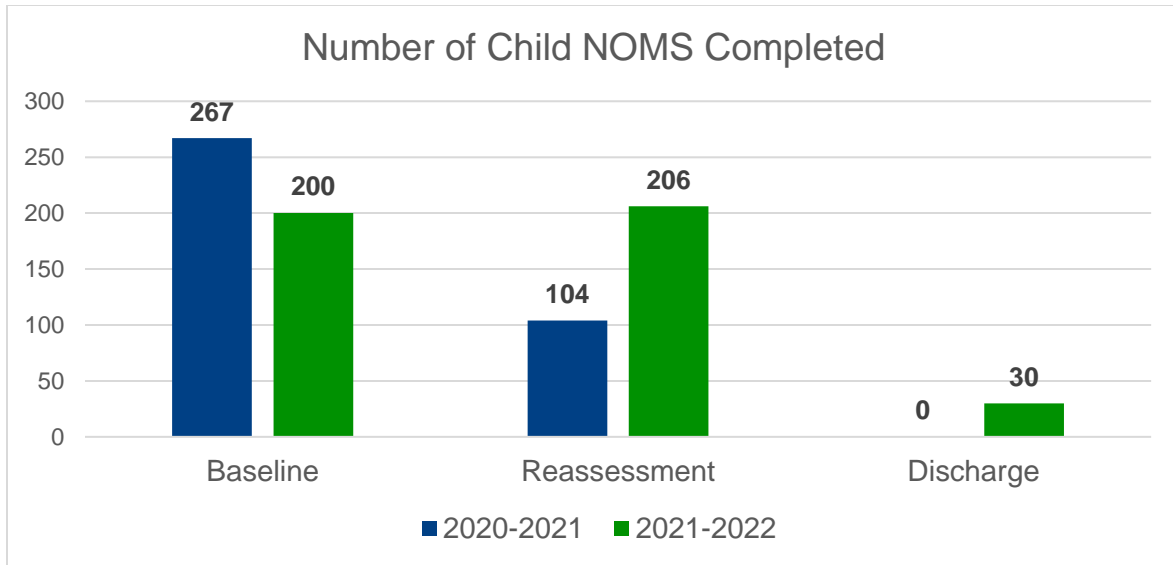
Outpatient Psychiatric staff members had over 240 staff training hours combined. The following graph represents training hours for each staff member.



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 for quality improvement. 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 was an increase in both adult and child NOMS completed during this review. There were 1,756 adult NOMS and 436 child NOMS completed.

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

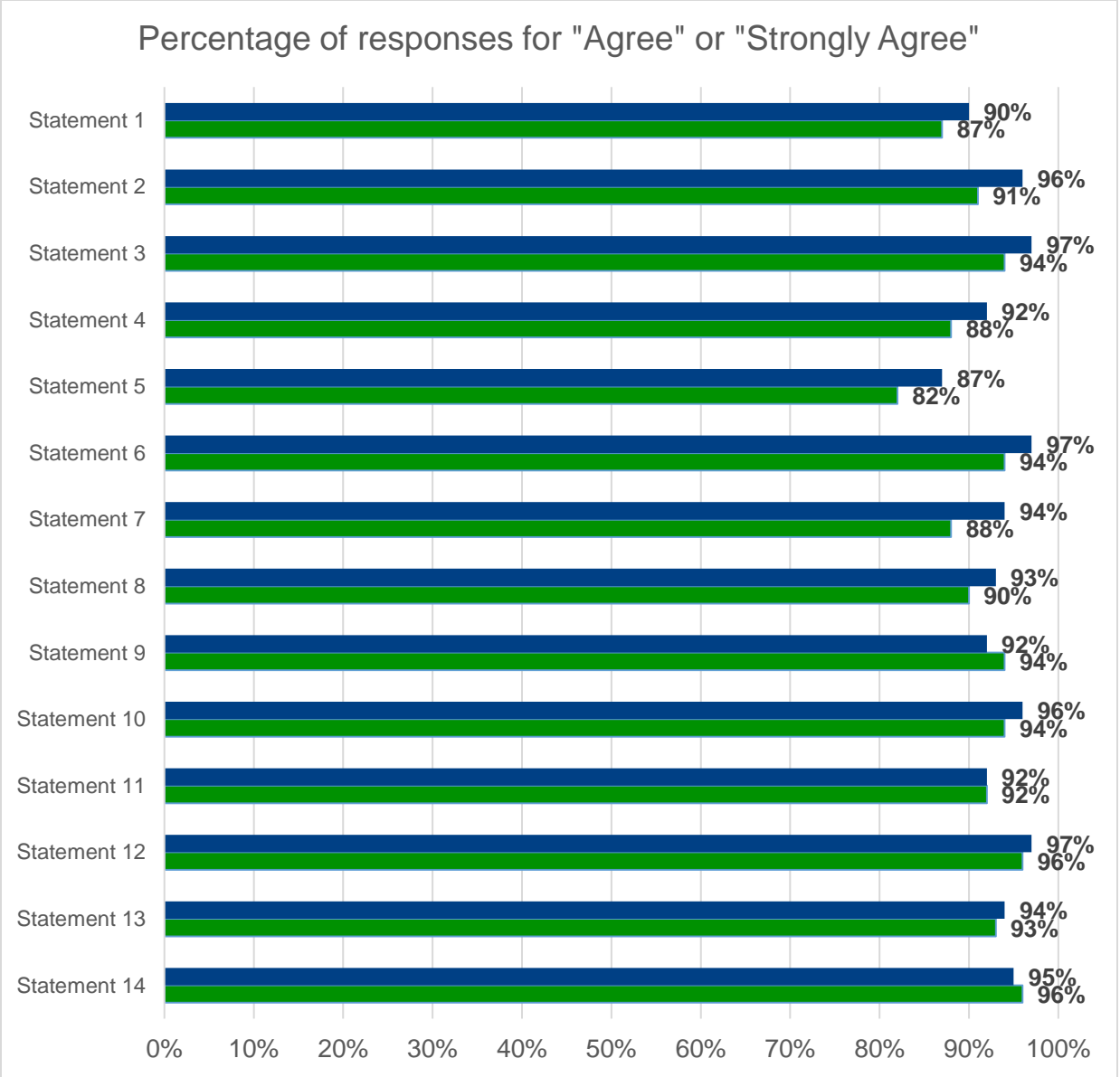
The following table lists the statements on the adult NOMS Reassessment regarding the individual's satisfaction in various areas.

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 following chart indicates the percentage of adults who responded “Agree” or “Strongly Agree”.



The average of all combined scores rose during this review from 91% to 94%. No score fell below 87%.

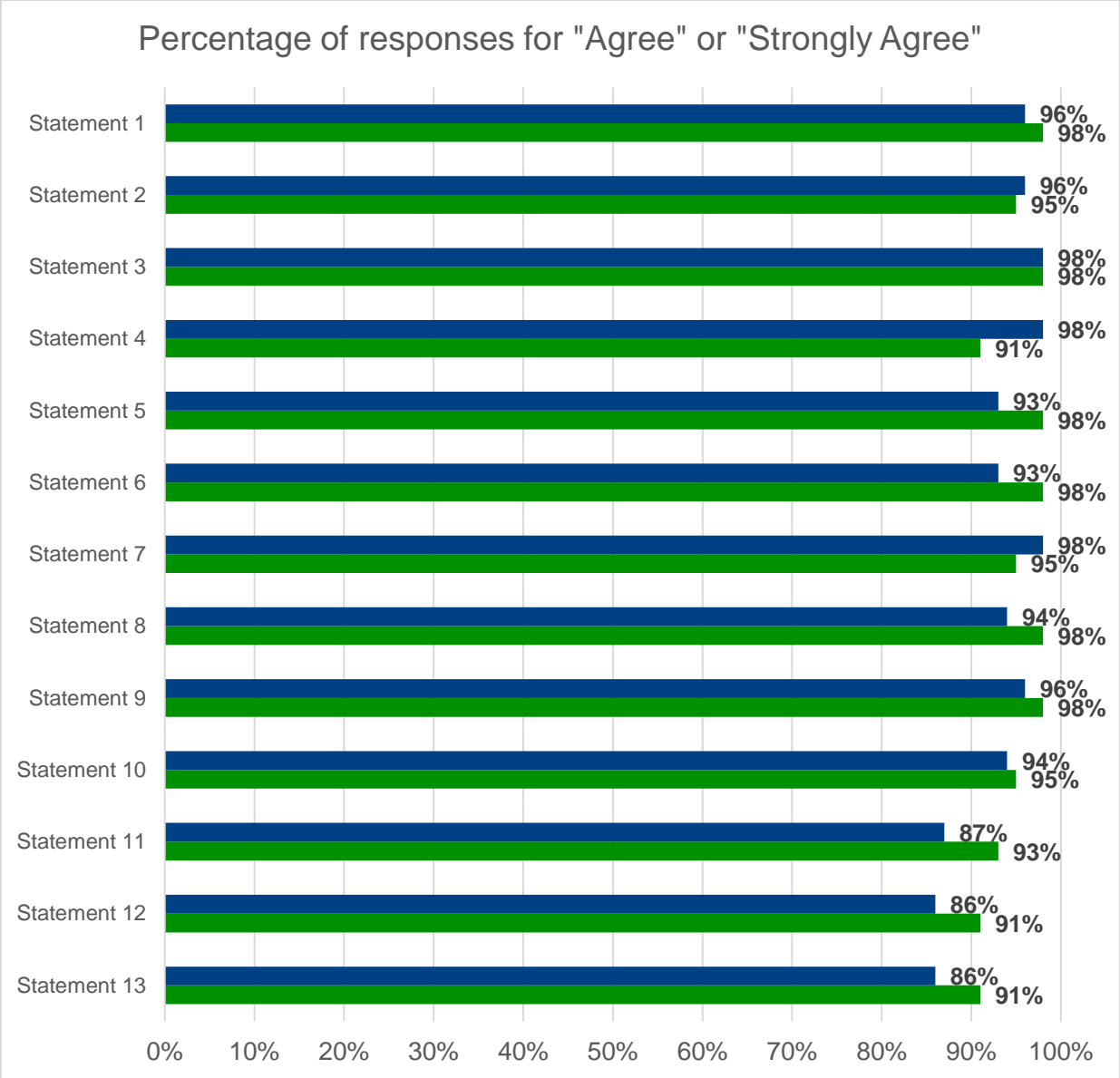
The following table lists the statements on the child NOMS Reassessment regarding the individual's satisfaction in various areas.

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 children who responded “Agree” or “Strongly Agree”.



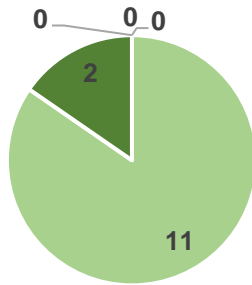
During this review, averages of all combined scores slightly decreased from 95% to 93%. However, no score fell below 86%.

After review of the Adult NOMS and the Child NOMS, results indicate that majority of individuals agree or strongly agree to the statements which indicates high satisfaction for the program.

Student Assistance Program (SAP)

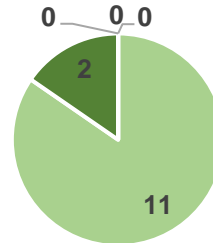
In addition to the NOMS, the Student Assistance Program (SAP) collected feedback from the schools that we serve. Surveys were collected in the Spring of 2022. Thirteen surveys were completed.

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



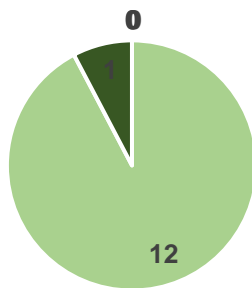
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

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



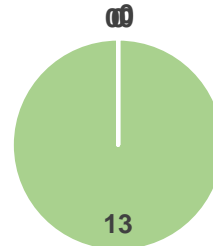
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

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



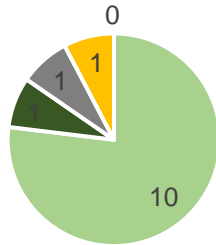
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

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



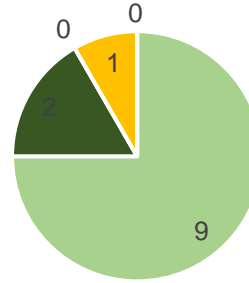
- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

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 served are satisfied with the services provided.

Comments

School staff were able to provide comments and feedback on the surveys regarding services and their service provider. Below are some of the comments we received.

