



Drug & Alcohol Services



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

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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.
- A component to Drug & Alcohol Services is Medicated Assistance Therapy. Suboxone is an evidence-based, FDA approved treatment medication for Heroin or other opioid addiction. Suboxone treatment is provided at The Guidance Center through the outpatient department at the Bradford clinic in McKean County.

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.
- 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 (CCBHC) Grant.
- The Guidance Center has the distinction of being a Certified Community Behavioral Health Clinic (CCBHC). The goal of CCBHC is to improve access to care, enhance service coordination, and improve service quality to reduce hospitalizations and inpatient facility use and to reduce suicide and suicide attempts.

CCBHC's are required to provide the following nine core services:

1. Crisis Services –available 24 hours a day, 7 days a week
 2. Treatment Planning
 3. Screening, Assessment, Diagnosis, & Risk Assessment
 4. Outpatient Mental Health & Substance Use Services
 5. Targeted Case Management
 6. Outpatient Primary Care Screening and Monitoring
 7. Community-Based Mental Health Care for Veterans
 8. Peer, Family Support & Counselor Services
 9. Psychiatric Rehabilitation Services
- The program is staffed by psychiatrists, a registered nurse, and therapists.

Team Members

The following staff members currently provide services within the Drug and Alcohol Department during this period of review were:

- Dr. Dezo Halbauer: Medical Director / MAT Prescriber / Consulting Psychiatrist
- Briana Jones: Project/Facility Director
- Nina Lau: Registered Nurse
- Aron Gage: Therapist
- Tania Geist: Therapist
- Michael Gallina: Therapist
- Daniel Potter: Therapist

The Guidance Center Board Members providing oversight include:

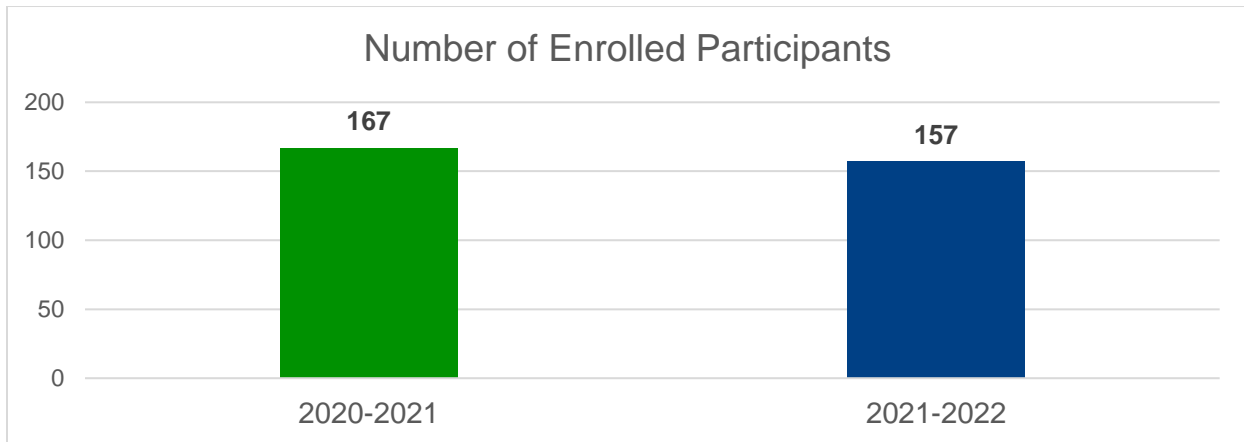
- Pastor Rob Klouw, President
 - Shane Oschman, Vice President
 - John Sullivan, Treasurer
 - Sam Johnson, Secretary
 - Sal Luzzi
 - Stacy Wallace
 - Jim Keltz
 - Alcherrie Williams
 - Raymond Douglass
 - Christy Clark
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- The Guidance Center has continued to provide optimal service delivery within the Drug & Alcohol Program 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 a reduction in illness severity, hospitalizations, and deaths related to COVID-19. Therefore, our agency provided more in-person sessions in the office to the individuals served during this period of review. Additionally, we saw an increase in the individuals served participating in social activities. 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. Client feedback survey results provide necessary data to ensure The Guidance Center is delivering optimal care within the program. All individuals receive a follow-up survey when they are discharged from services. The agency's Quality Director contacts discharged individuals via phone and by mail. Data was extracted and analyzed based on quality performance. Survey results are shared with the Project/Facility Director, Senior Management, Executive Director, and the Agency Board of Directors.

- 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

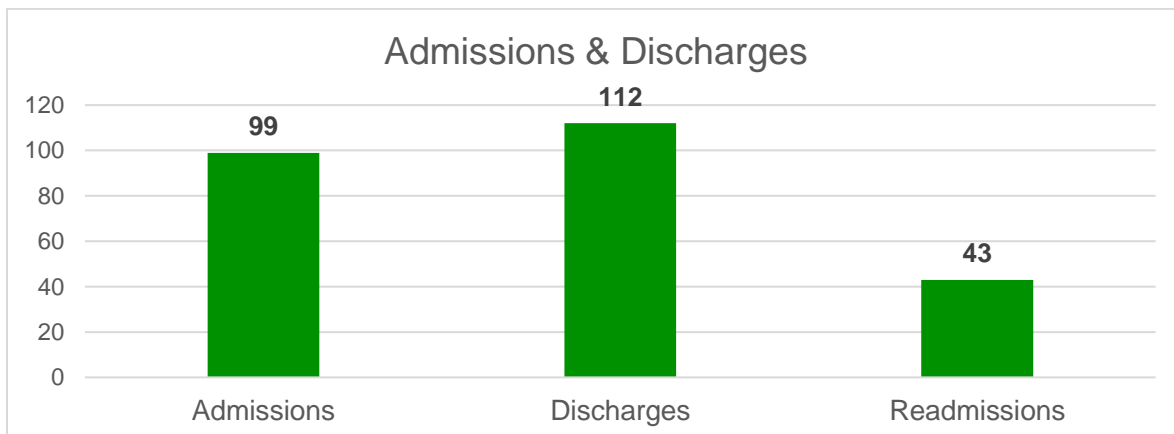
Number of Enrolled Participants

There were 157 participants receiving Drug & Alcohol Services during this review, which was a slight decrease from the last review.



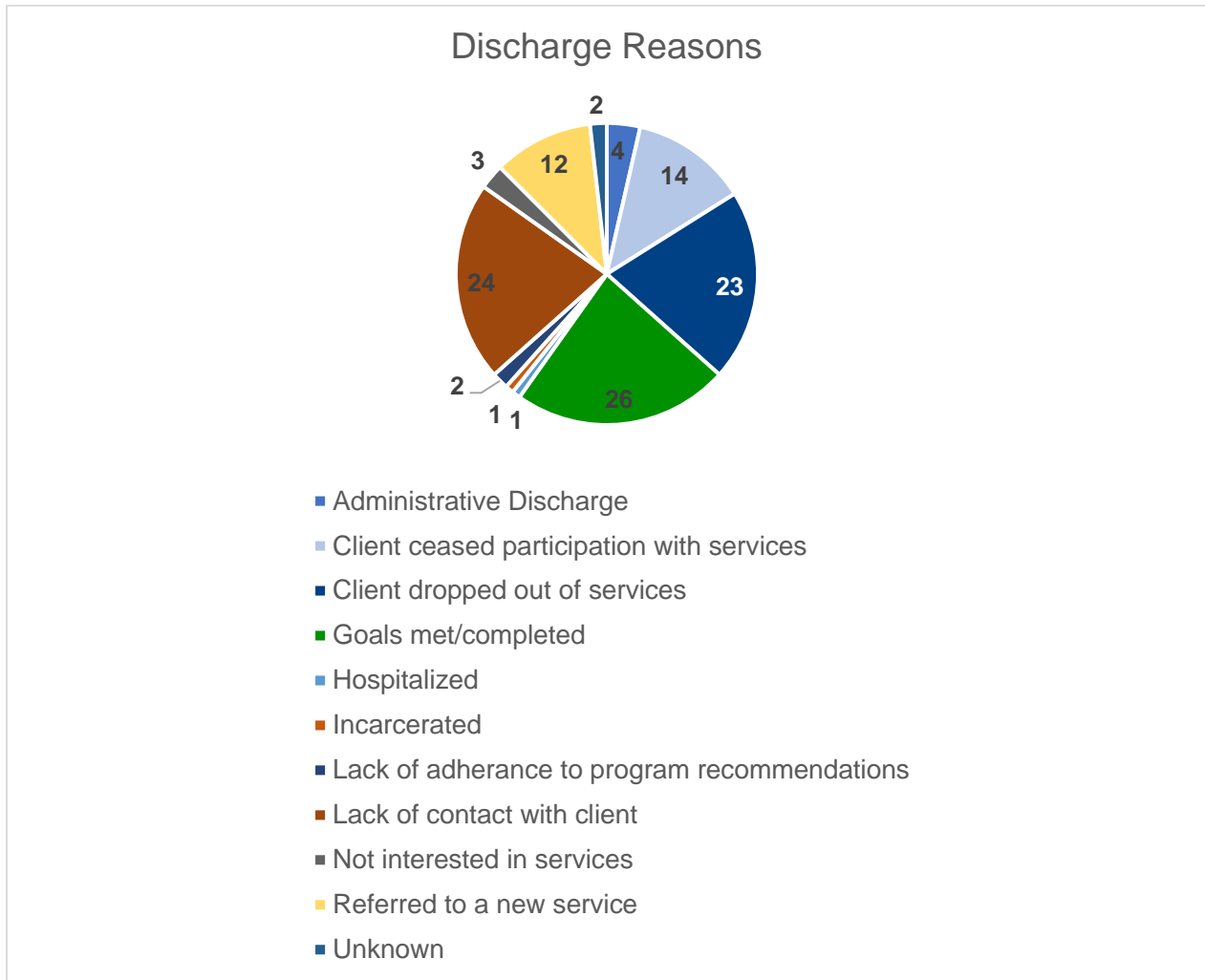
Admissions & Discharges

During this review, there were 99 admissions and 112 discharges. In addition, there were 43 participants who were admitted into the program more than once during this period of review.



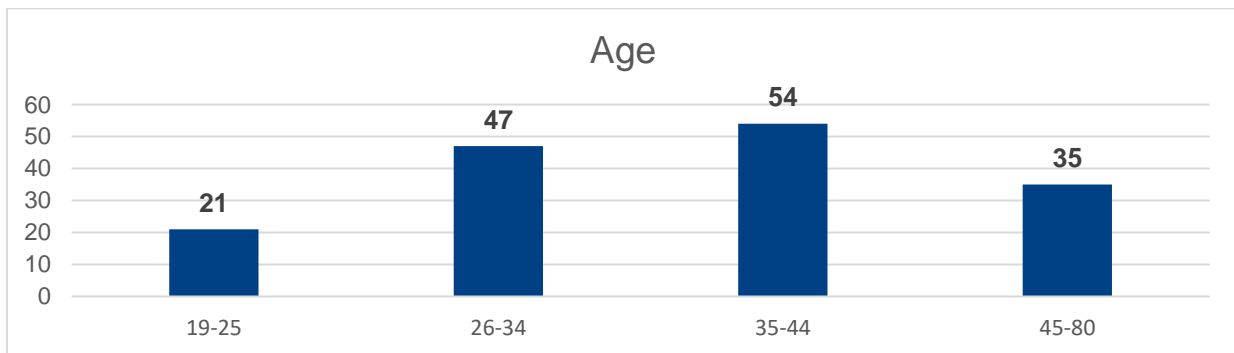
Discharge Reasons

Of the 107 discharges, the majority of clients met their goals and had a successful discharge.



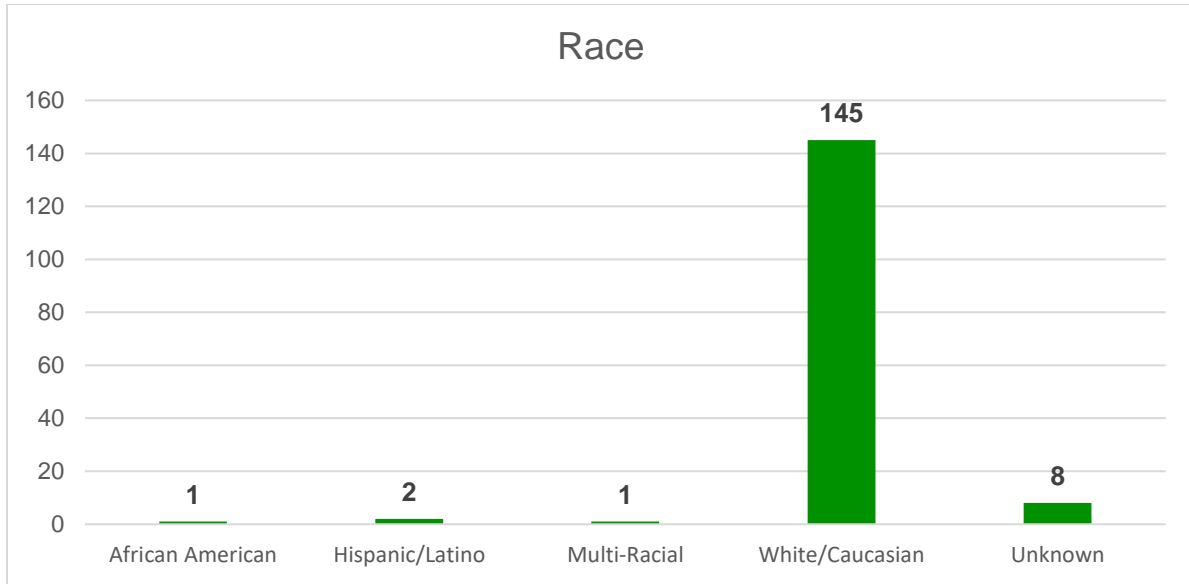
Age

Ages of individuals range from 18 to 80 years. The majority of individuals served in the program are from ages 35-44. The graph below depicts the number of participants in each age group.



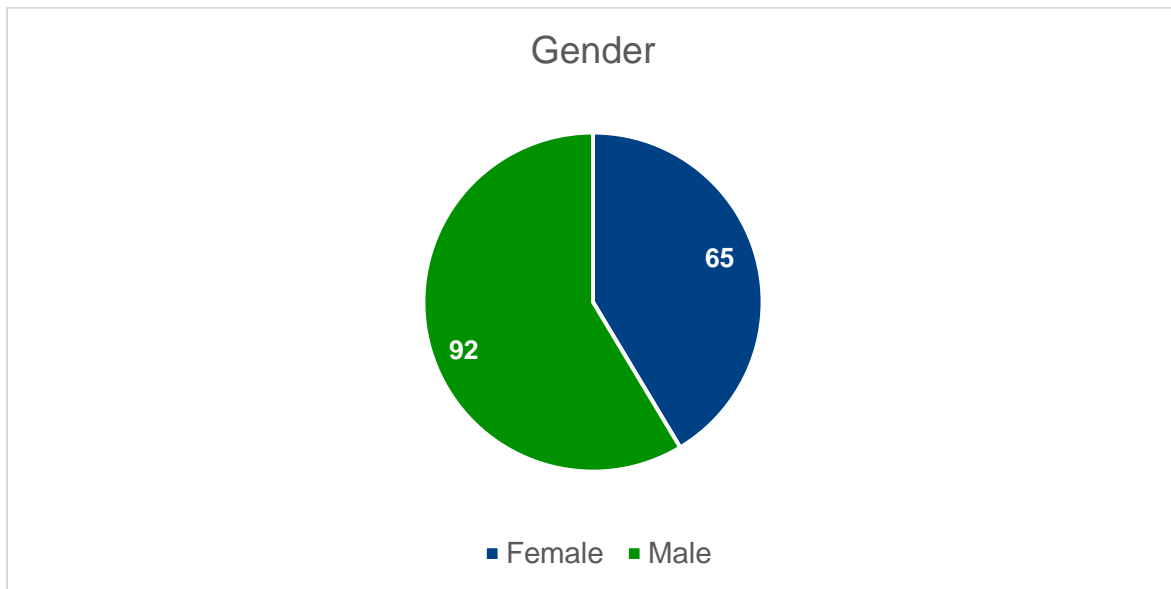
Race

Majority of the participants enrolled in Drug & Alcohol Services are Caucasian. The graph below depicts the race of the individuals served in the program during this review.



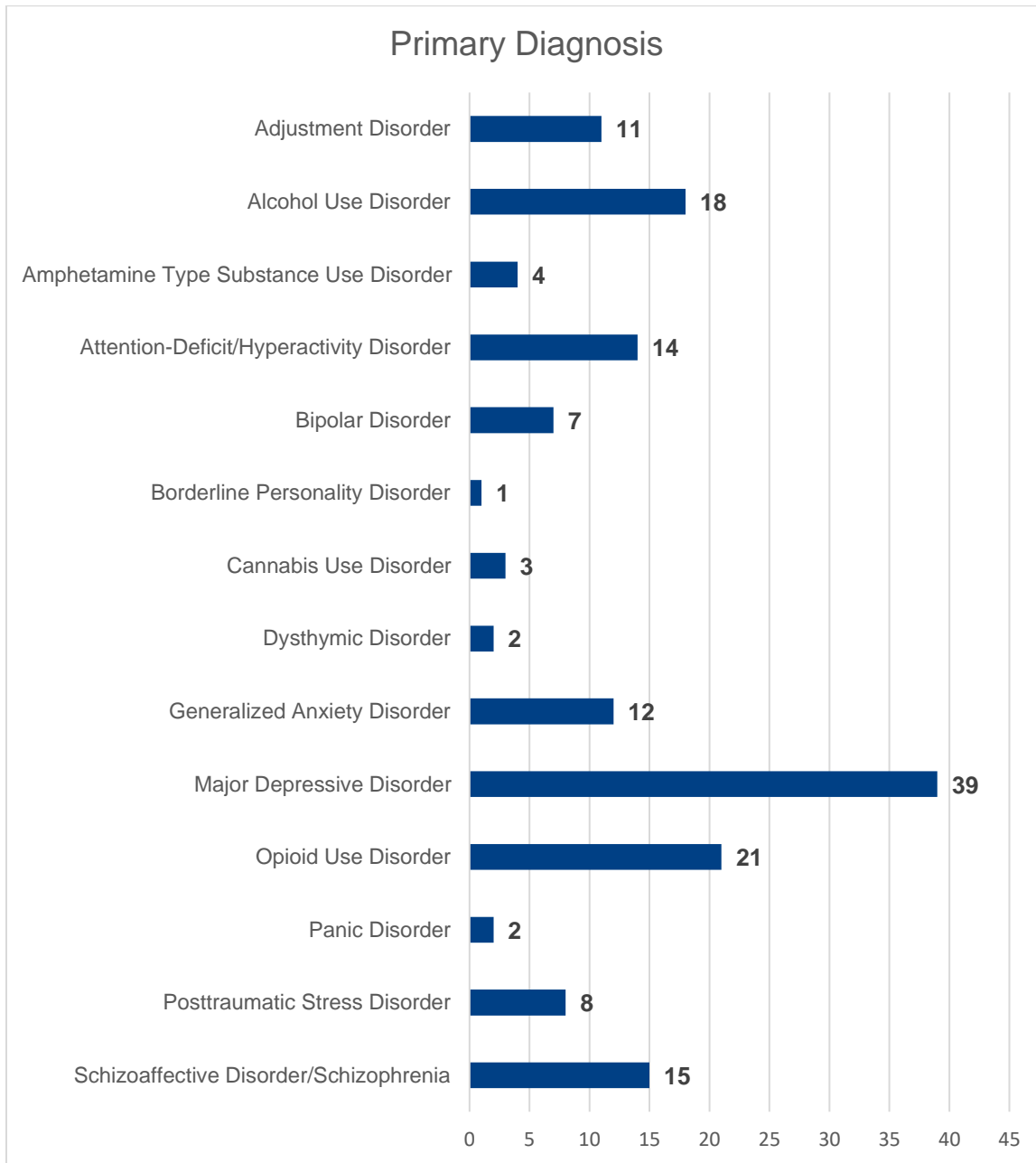
Gender

Majority of individuals served in the program are male.



Primary Diagnosis

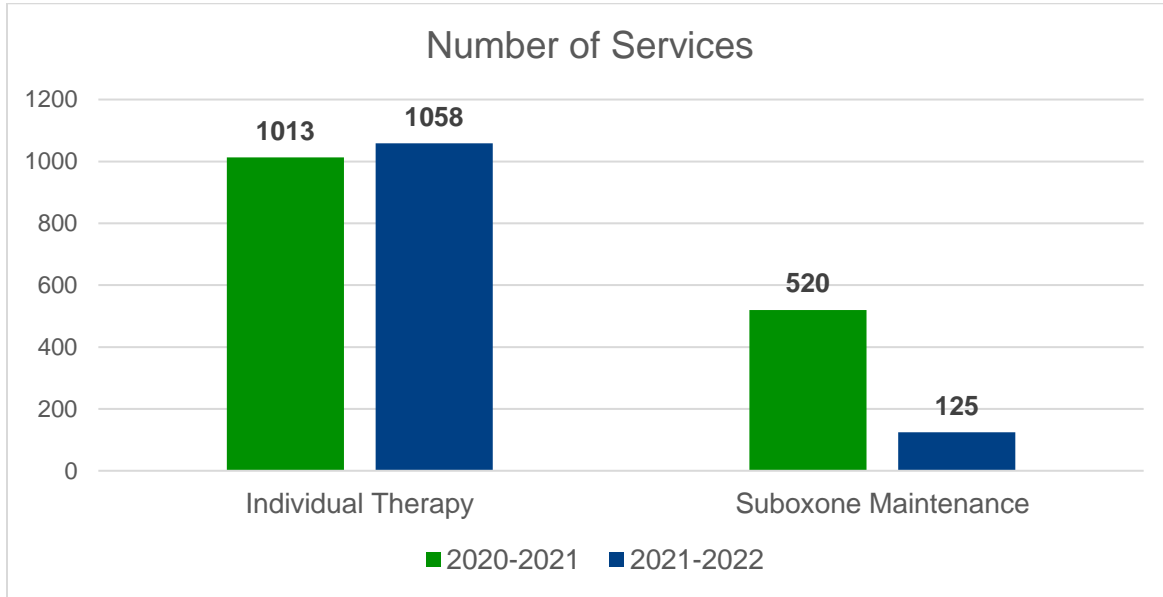
The primary diagnosis of individuals enrolled in Drug & Alcohol Services is Major Depressive Disorder with 39 individuals. A complete breakdown of the primary diagnosis is found below.



Service Data

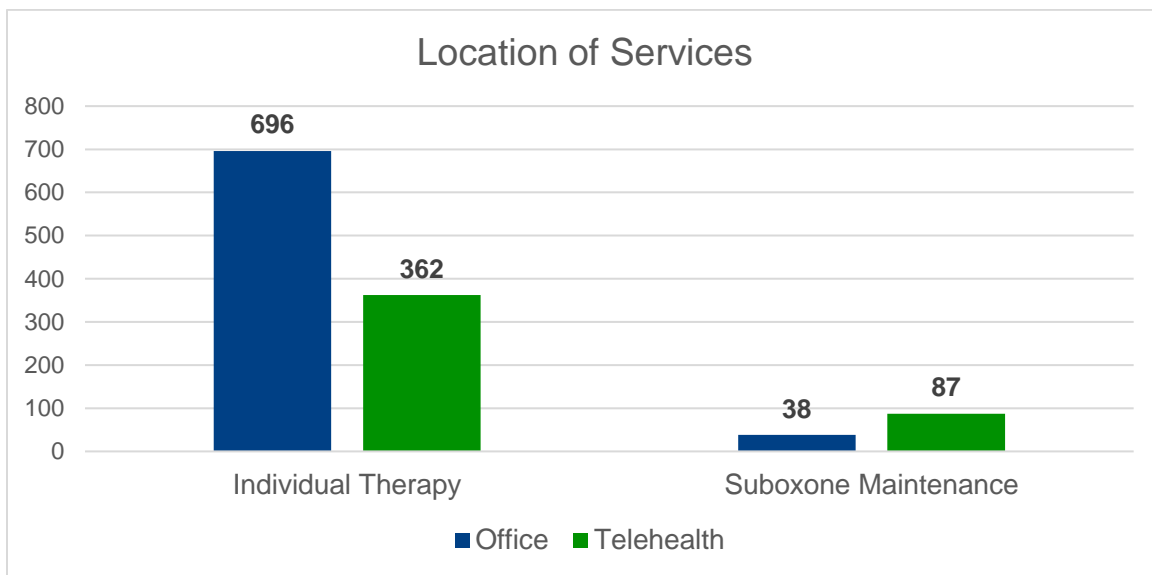
Number of Services

There was an increase in individual therapy and a decrease in suboxone maintenance sessions during this review. There were 1,058 individual therapy sessions and 125 suboxone maintenance sessions.



Location of Services

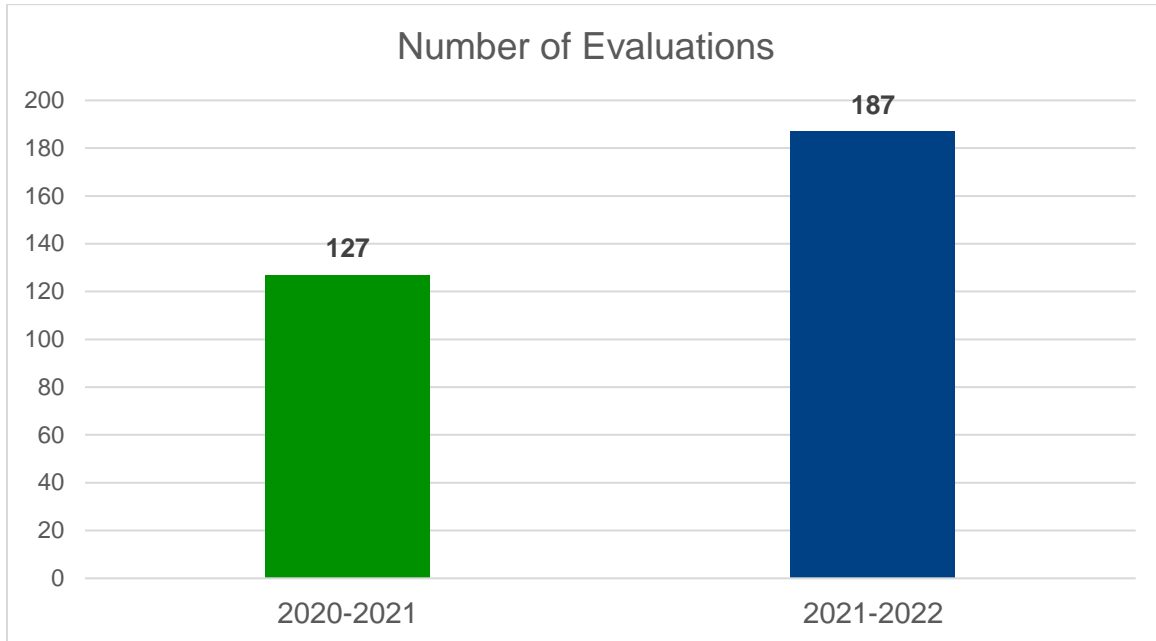
Majority of individual therapy services were held in the office, while majority of suboxone maintenance sessions were held via telehealth.



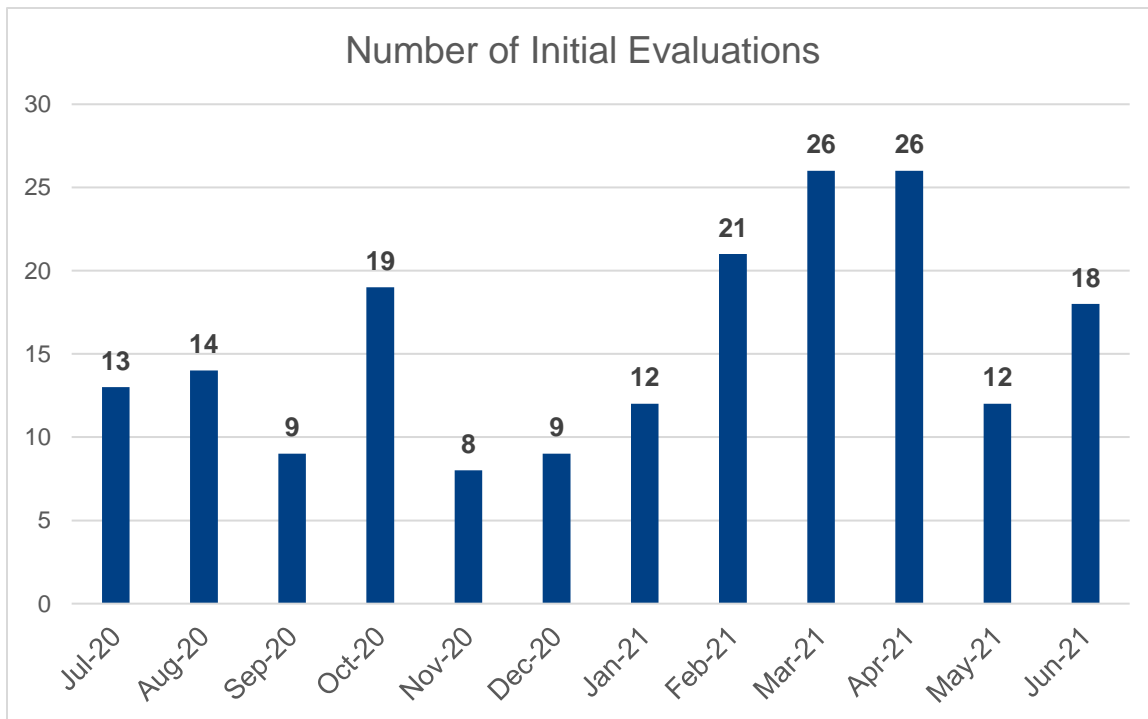
Collectively, majority of services delivered were face to face in the office.

Number of New D&A Evaluations

There was a total of 187 initial D&A evaluations which was an increase from the previous review.

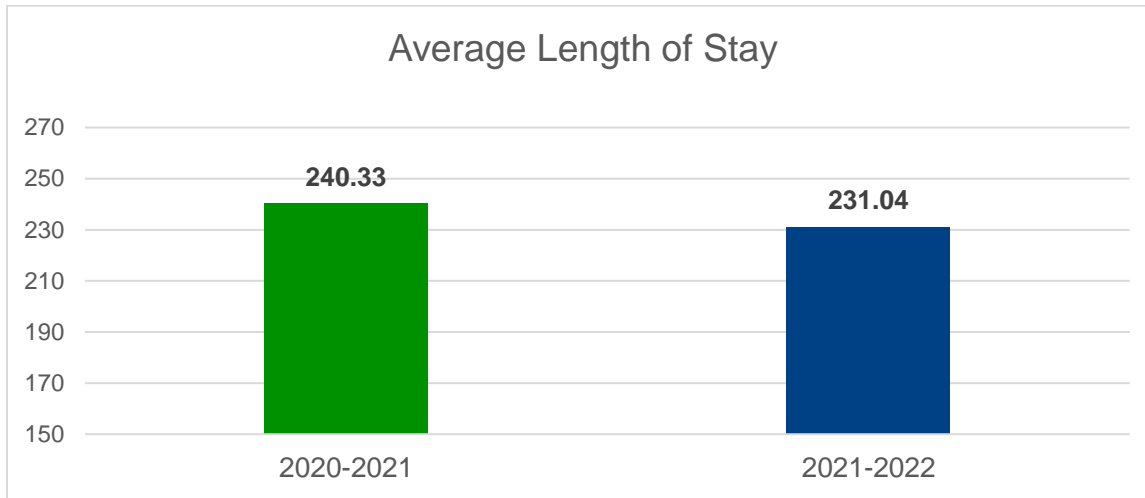


A complete breakdown of the number of initial evaluations completed per month is indicated in the graph below.



Length of Stay

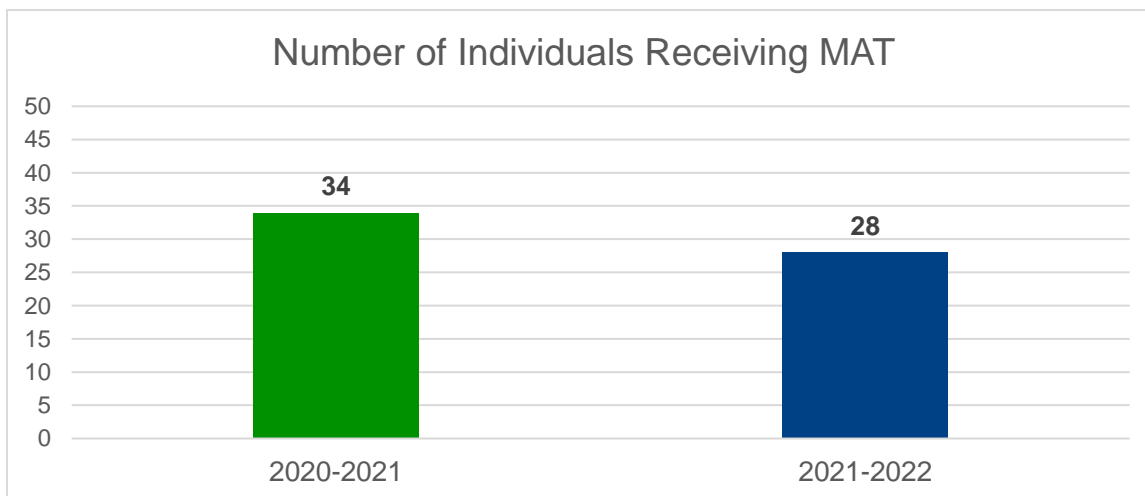
The average length of stay for individuals participating in the program is 231.04 days.



Evidence Based Programming

- 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 (MAT) is the recommended Evidence-Based Practice. During this review, there were two psychiatrists trained to treat individuals with Medication Assisted Treatment options.

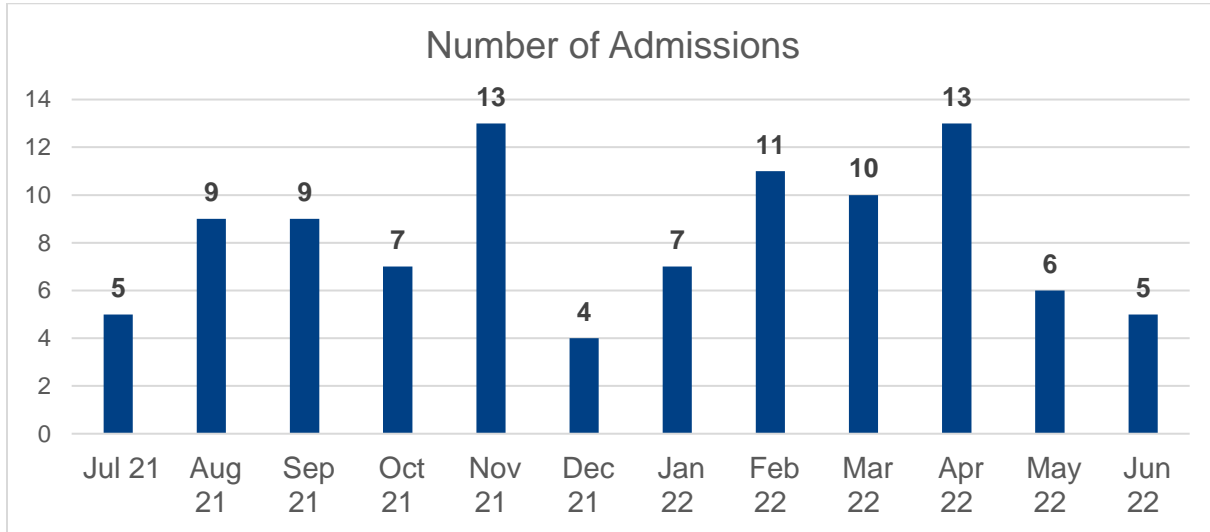
There were 28 participants who received MAT during this review, which was a slight decrease from the previous review. The following table depicts the number of individuals who received MAT.



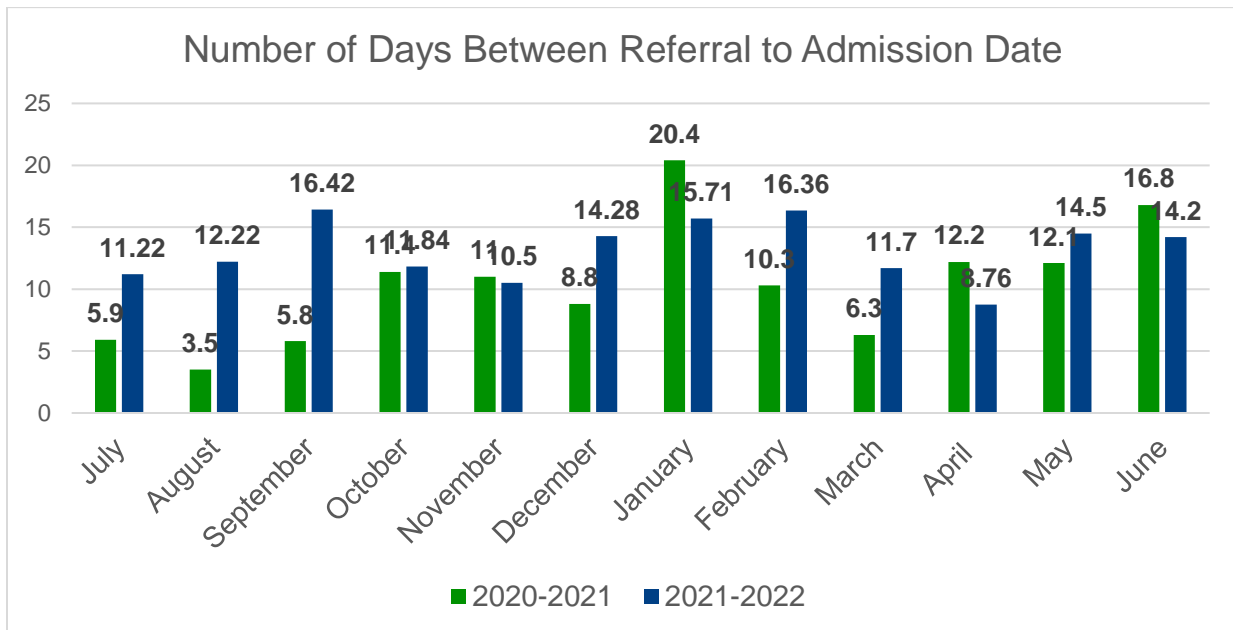
Outcomes

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.

The table below is broken down by number of admissions by month.



The table below indicates the number of days between referral date and admission date broken down by month.



The timeframe between referral to admission date continues to be an area of focus for quality improvement. On average, individuals are seen within 13.14 days which is an increase from 10.37 days from our last review. This area remains as a program goal to decrease the time

between the request for services to the initial evaluation. A Plan Do Check Act (PDCA) was developed for this area in 2020 and continues to be monitored for quality improvement.

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. CCBH Fraud Waste and Abuse Audits
2. CCBH annual benchmarking reviews
3. Annual DDAP licensing review
4. Monthly Chart reviews completed by Program Director
5. Quarterly internal audits by Compliance Coordinator
6. Quality reviews by Quality Director

Methodology

Charts are internally audited by the Agency Compliance Coordinator on a quarterly basis. In addition to internal audits by the Compliance Coordinator, the Facility/Project Director reviews all charts on a regular basis.

For the internal audits completed by the Compliance Coordinator, charts are selected at random sample. There were 4 internal audits conducted during this review. The results of the internal audits are as follows:

Internal Compliance Audits

On August 17, 2021, 5 Drug and Alcohol Counselling Charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 11 Program Specific Indicators.

Results for 5 Charts:

Category	Score	Goal
Intake and Assessment	96%	80%
Treatment Planning	94%	80%
Care Coordination	83%	80%
Physical Health	96%	80%
Discharge Planning	N/A	80%

Smoking Cessation	100%	80%
Key Indicators	86%	80%
Optional Additional Indicators	96%	80%

On November 23, 2021, 20 Drug and Alcohol Counselling Charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 14 Program Specific Indicators.

Results for 20 Charts:

Category	Score	Goal
Intake and Assessment	95%	80%
Treatment Planning	93%	80%
Care Coordination	95%	80%
Physical Health	86%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Indicators	91%	80%
Optional Additional Indicators	76%	80%

On February 14, 2022, 20 Drug and Alcohol Counselling Charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 15 Program Specific Indicators.

Results for 20 Charts:

Category	Score	Goal
Intake and Assessment	96%	80%
Treatment Planning	94%	80%
Care Coordination	91%	80%
Physical Health	87%	80%
Discharge Planning	100%	80%
Smoking Cessation	96%	80%
Key Indicators	86%	80%

Optional Additional Indicators	77%	80%
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On May 17, 2022, 20 Drug and Alcohol Counselling Charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 15 Program Specific Indicators.

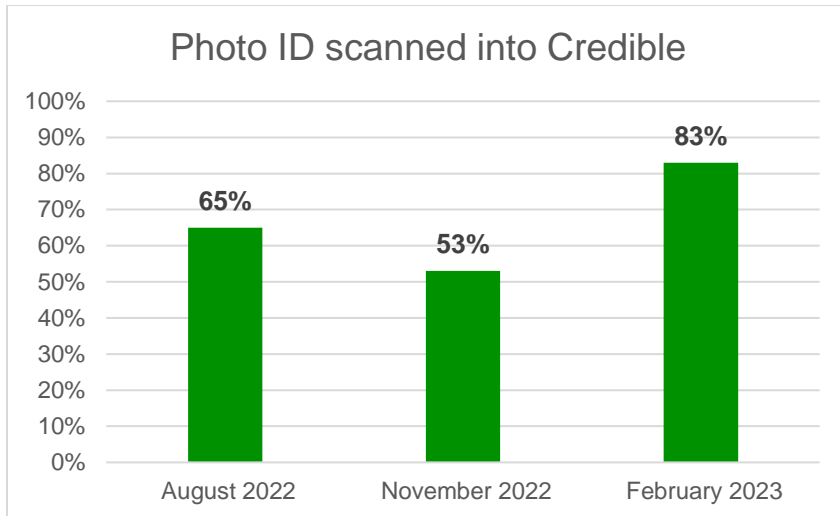
Results for 20 Charts:

Category	Score	Goal
Intake and Assessment	90%	80%
Treatment Planning	77%	80%
Care Coordination	84%	80%
Physical Health	87%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Indicators	82%	80%
Optional Additional Indicators	73%	80%

Internal compliance audits are reviewed with the Quality Director. Areas that fall below 80% are a core focus for quality improvement which plays an integral part in developing program goals.

Program Goals

- Participants will have an initial evaluation within 7 days of the request for services to ensure timely treatment is being implemented.
- Uploading Photo ID for all enrolled individuals in the program into the Electronic Health Record. This area was enacted into a PDCA in September 2022 and is now retired since this area now exceeds the goal. However, this area remains as an indicator for internal compliance audits conducted by the agency Compliance Coordinator. Below is the progress on this area:



- Evidence of care coordination with the individual's PCP is recorded in the Electronic Health Record with a release of information signed by the individual.

Staff Supervision

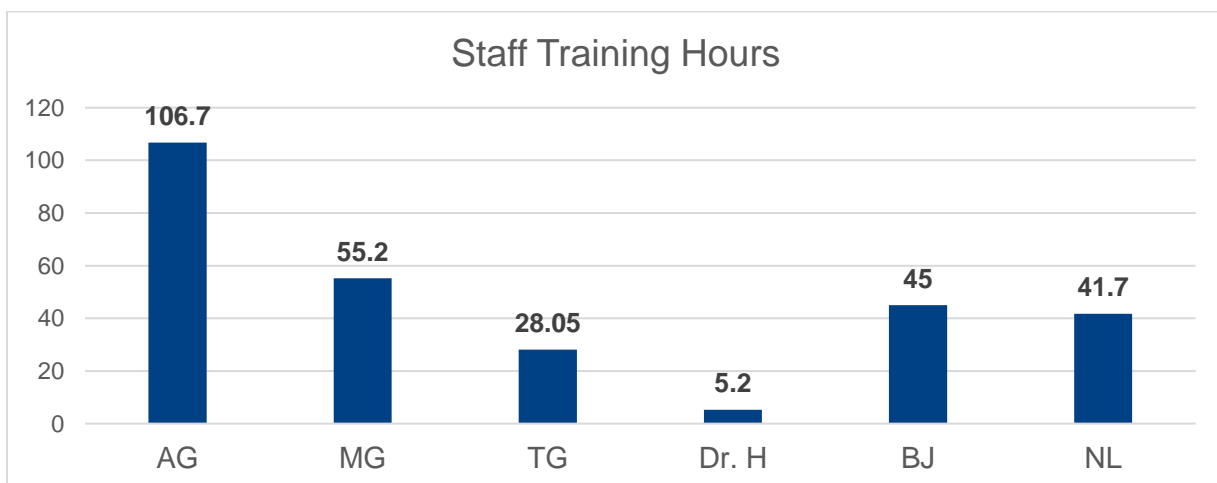
Ensuring that participants receive optimum care, staff receive appropriate supervision.

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

Supervision records are kept by the Project/Facility Director.

Staff Trainings

Individual training plans are reviewed and updated on a regular basis by the Project/Facility Director and the agency Training Coordinator. The table below represents training hours for each staff member. Staff members are listed by initials.



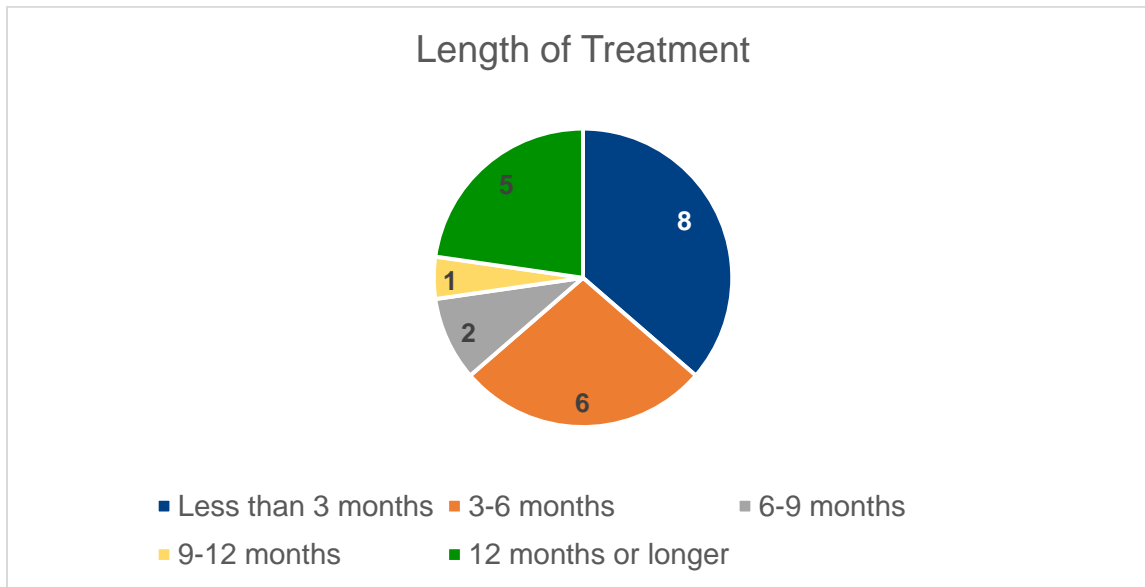
Satisfaction Surveys

Survey Results

All participants are offered a follow-up survey when they are discharged from Drug & Alcohol Service. The Agency Quality Director contacts discharged participants and offers them a feedback survey via telephone or by mail.

During this review, there were 22 surveys completed.

The length of treatment was recorded in survey responses. The pie chart below indicates how long individuals were involved with Drug & Alcohol Services.



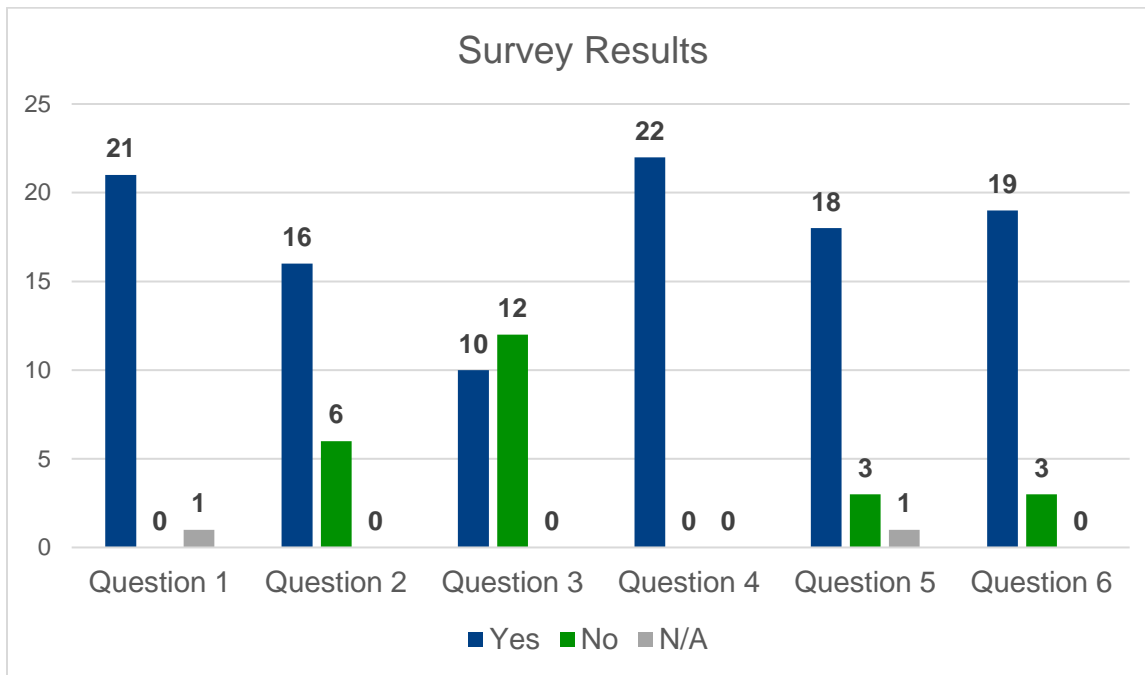
Majority of participants participated in services for less than 3 months.

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

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

Results

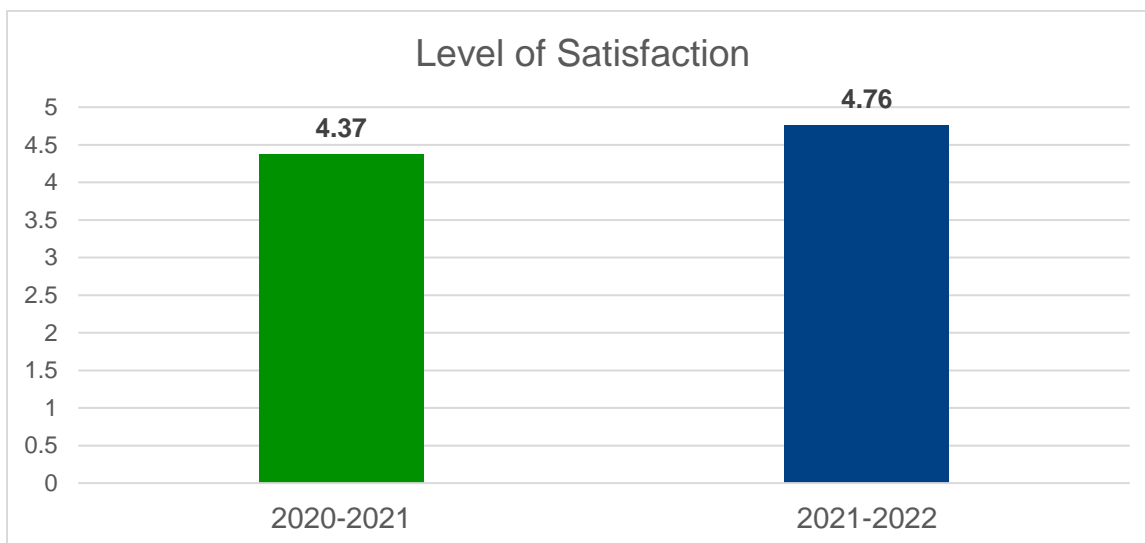
Results of the follow-up surveys are captured in the following graph.



Overall, majority of the participants were satisfied with their services. When a participant indicates they are not following their prevention plan and want to continue services, they are connected with the intake department to re-enroll in services.

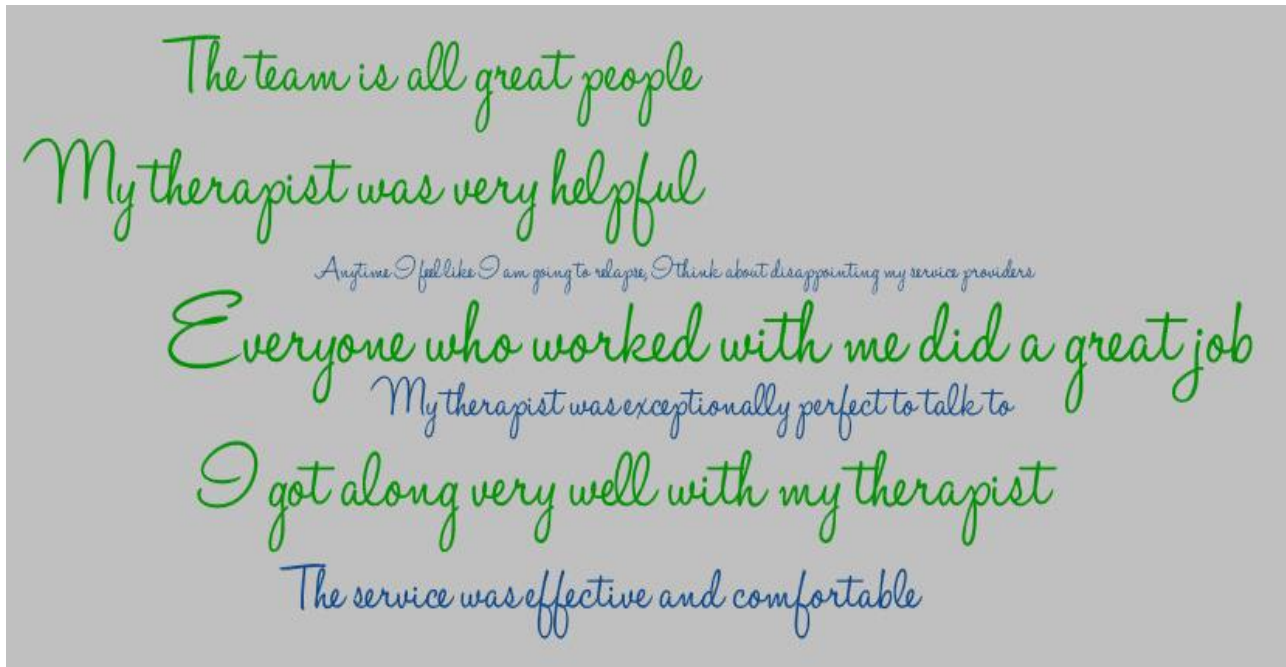
Additionally, participants were asked to report on their satisfaction with their treatment experience.

Participants responded based on a Likert Scale whereas 1 represents not at all satisfied and 5 represents very satisfied. The average satisfaction during this review was an increase from the last review. The results are captured in the chart below.



Comments

Participants were given the opportunity to provide additional feedback in their own words. The word cloud below depicts some of the comments that were shared.



Report Respectfully Submitted:

Briana Jones
Project/Facility Director, Drug and Alcohol Services