



Drug & Alcohol Services



**Annual Quality Review
July 1, 2022 – June 30, 2023**

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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, internal referrals, 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 of 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.
- Drug & Alcohol Services is a vital service for individuals in the community as they work toward their recovery. The description of team members and agency Board of Directors is listed below.
- Current team Members providing service in the Drug & Alcohol Department during this period of review:
 - Dr. Dezo Halbauer, Medical Director / MAT Prescriber / Consulting Psychiatrist
 - Briana Jones, Project/Facility Director
 - Bobbi Newman
 - Nina Lau, RN
- Agency Board of Directors providing oversight include:
 - Pastor Rob Klouw, President
 - Shane Oschman, Vice President
 - John Sullivan, Treasurer
 - Sam Johnson, Secretary
 - Jim Keltz
 - Christy Clark
 - Sal Luzzi
 - Stacy Wallace
 - Alcherrie Williams
 - Ray Douglass
 - Brett Lawton
 - Jeannine Kloss

- On May 11, 2023, the federal Public Health Emergency (PHE) declaration expired, however, it did not mean the virus no longer existed. The agency continued precaution measures when necessary while still providing optimal service delivery within the Drug & Alcohol Program. During this period of review, almost all services were delivered face-to-face in an office setting.
- Quality Improvement plans are made based upon internal compliance audit results and client feedback to improve quality outcomes. Client feedback follow-up surveys are offered to all individuals who have been discharged from the program. Survey results provide necessary data to ensure The Guidance Center is delivering optimal quality care within the program. Survey data is 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 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.

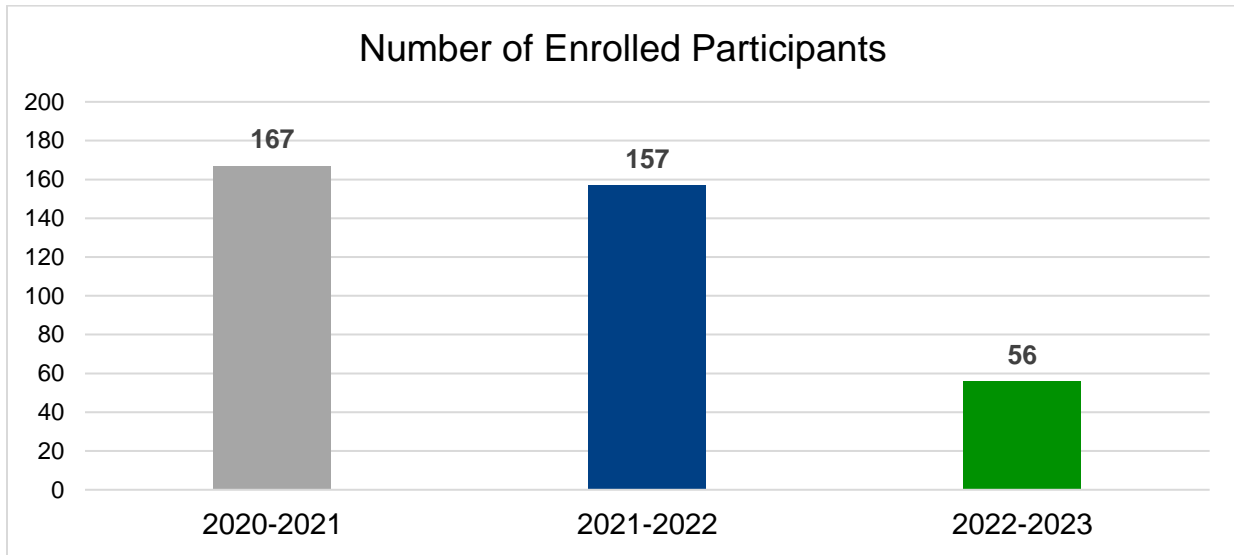
CCBHC's are required to provide the following nine core services:

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 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, 2022, through June 30, 2023.

Demographics

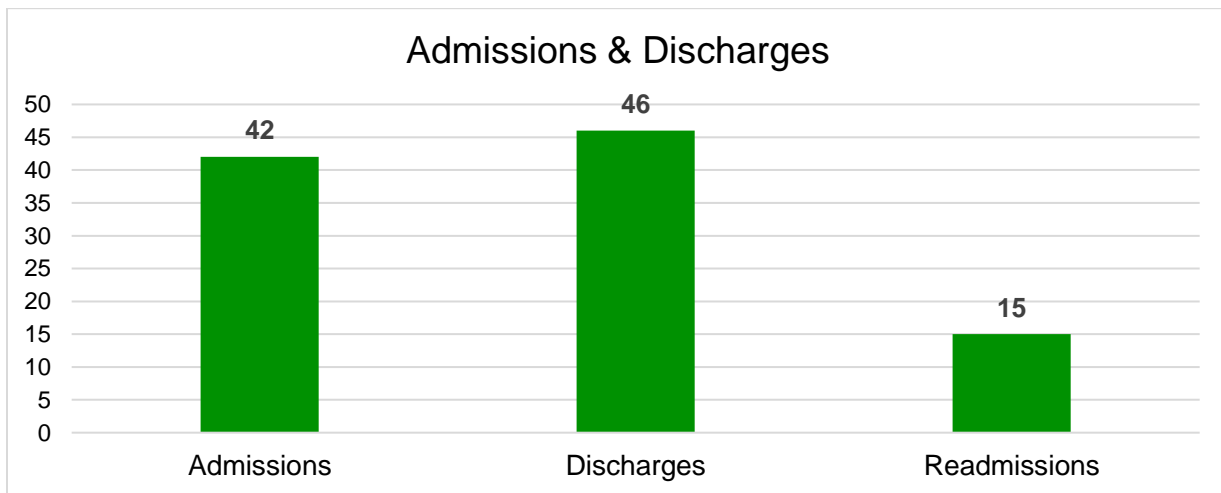
Number of Enrolled Participants

There were 56 participants receiving Drug & Alcohol Services during this review, which is a drastic decrease since the last review. The program staff has been reduced significantly to provide higher quality services to the enrolled individuals, which resulted in a smaller program.



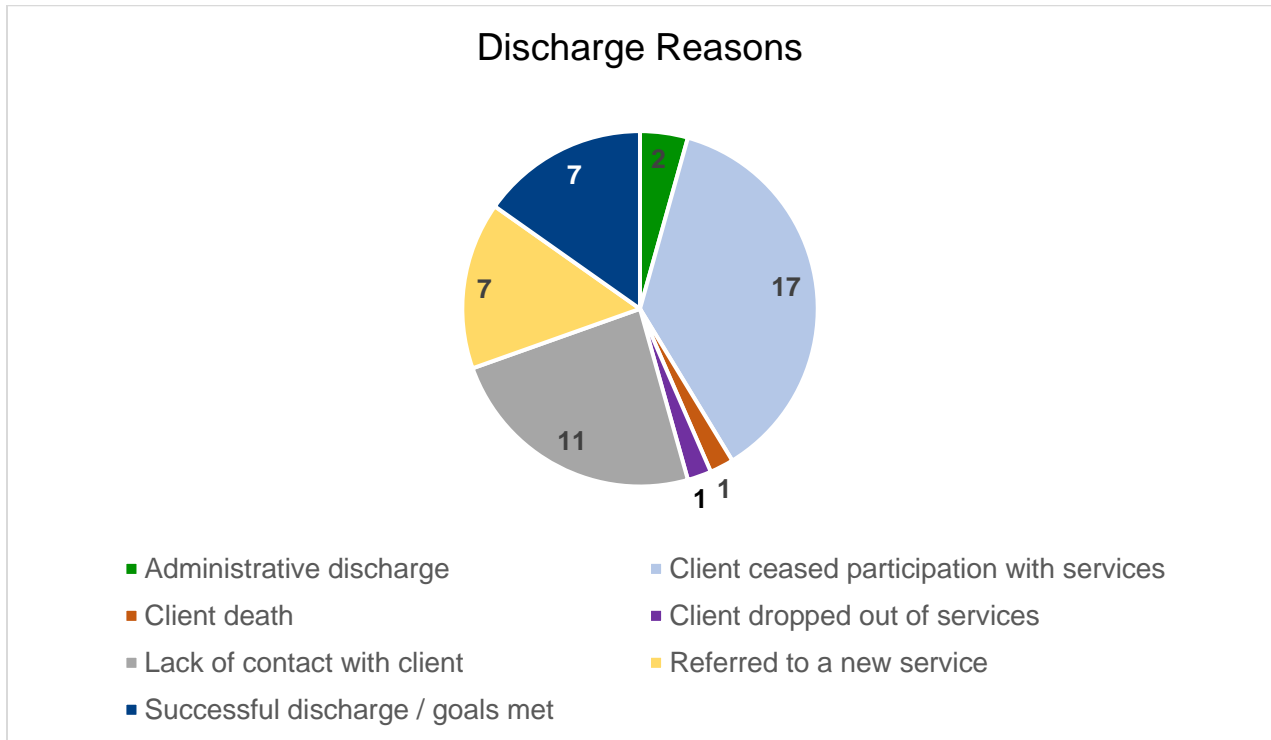
Admissions & Discharges

During this review, there were 42 admissions and 46 discharges. In addition, there were 15 participants who were admitted into the program more than once during this period of review.



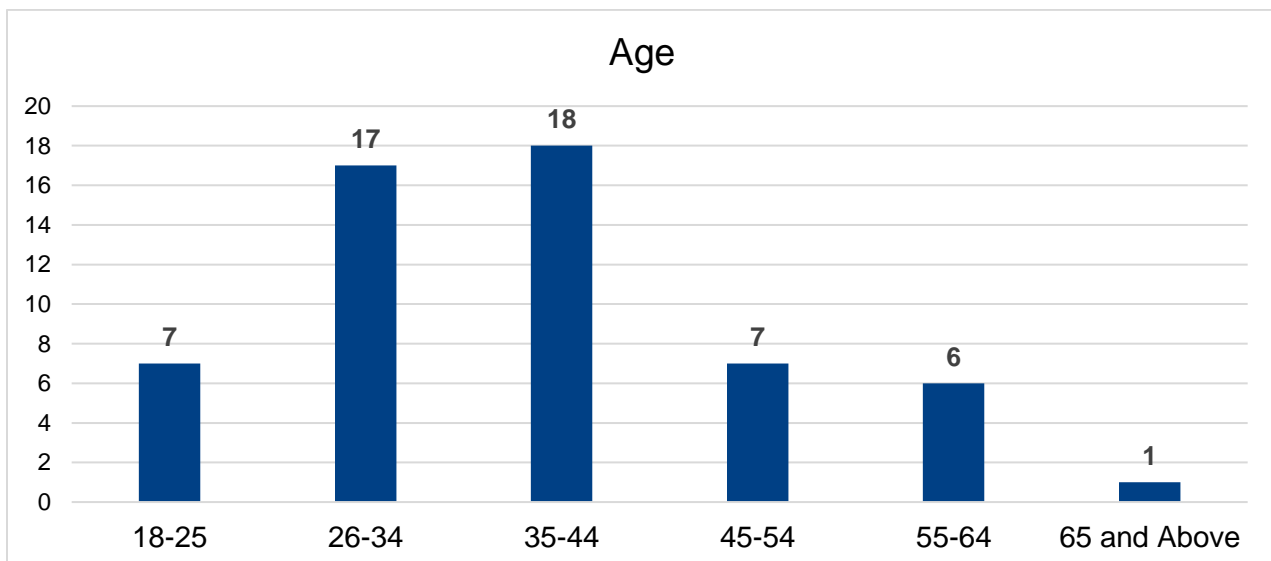
Discharge Reasons

Most individuals served in the program discharged due to the client ceasing participation with services. However, there were seven individuals discharged because they met their goals and successfully discharged from the program.



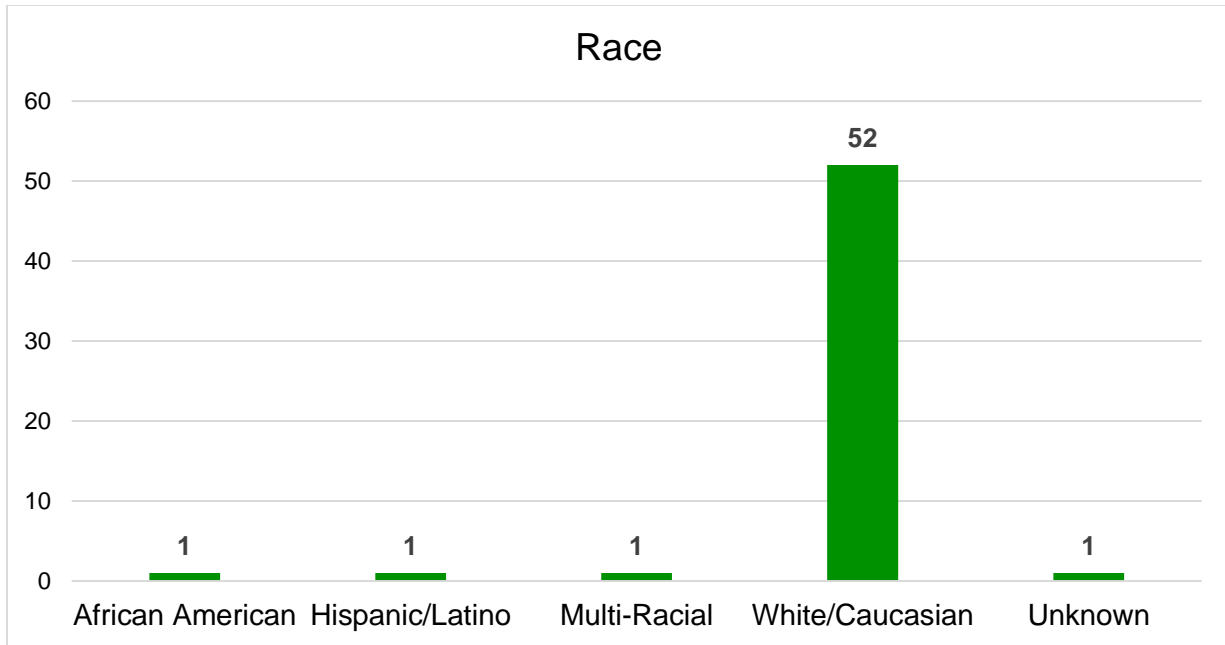
Age

Ages of individuals range from 20 to 71 years. Most individuals served in the program are from ages 35-44. The graph below depicts the number of participants in each age group.



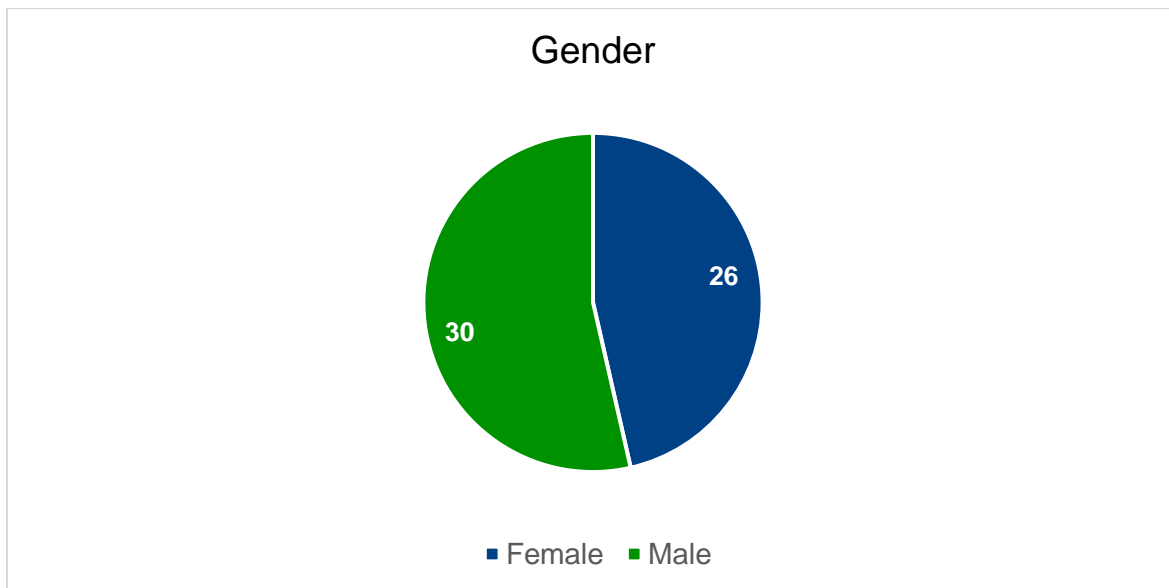
Race

The 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.



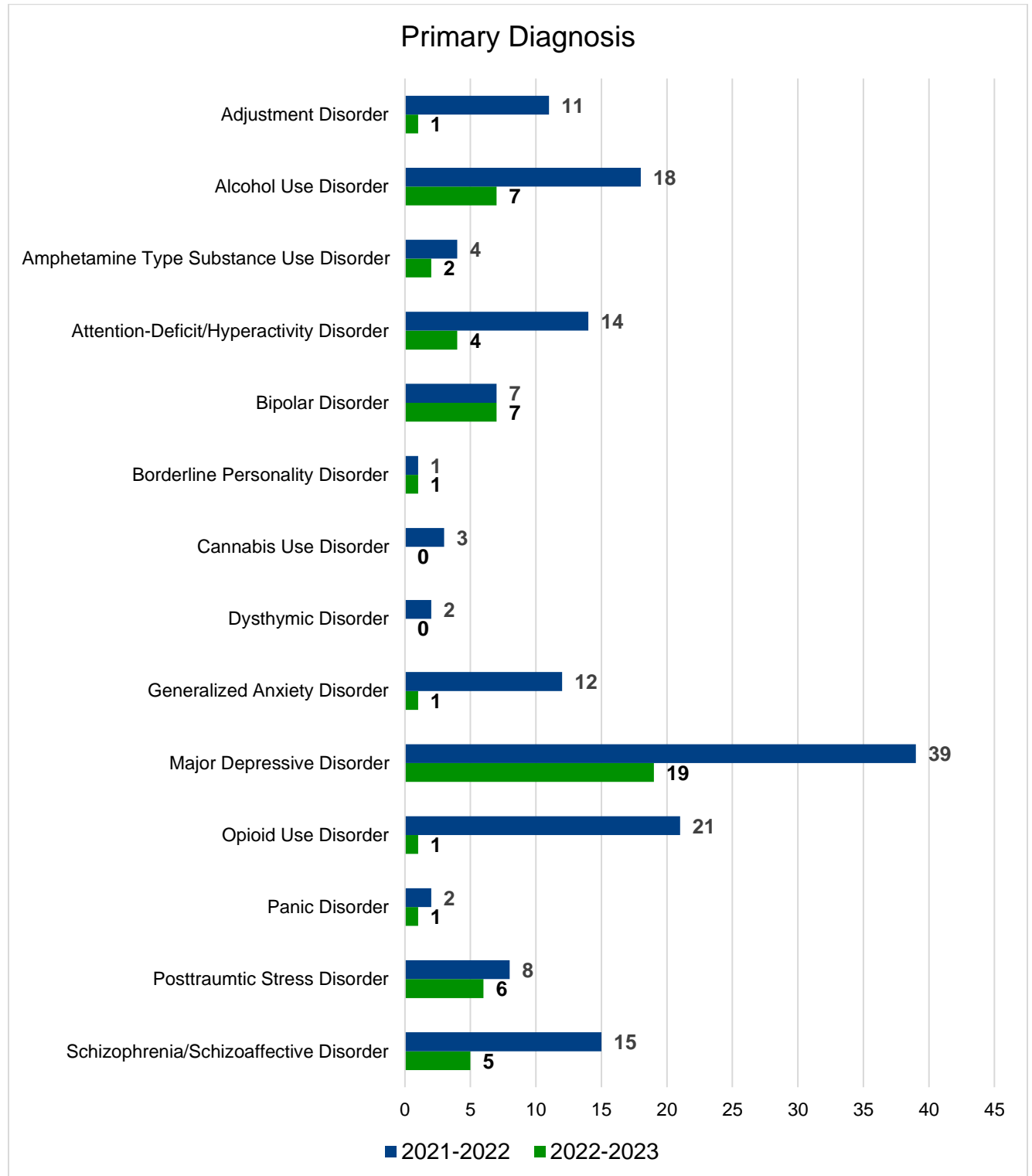
Gender

Gender among enrolled participants is almost equal, however, there were slightly more males served in the program than females.



Primary Diagnosis

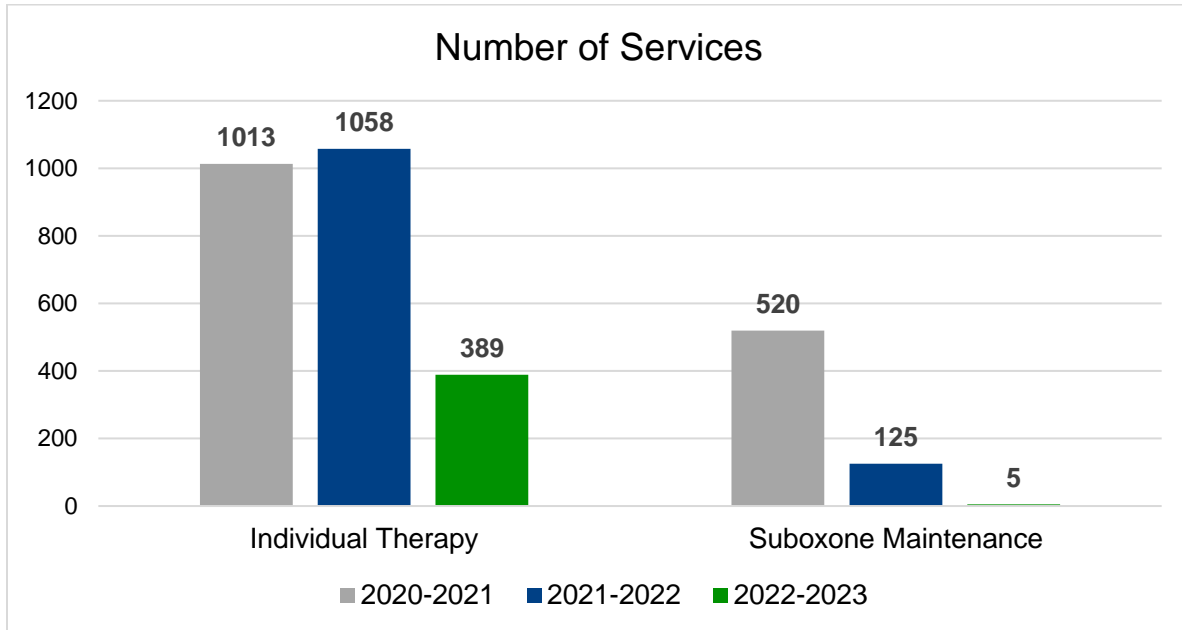
The primary diagnosis of individuals enrolled in Drug & Alcohol Services continues to be Major Depressive Disorder with 34% of the individuals served. A complete breakdown of the primary diagnosis is found below.



Service Data

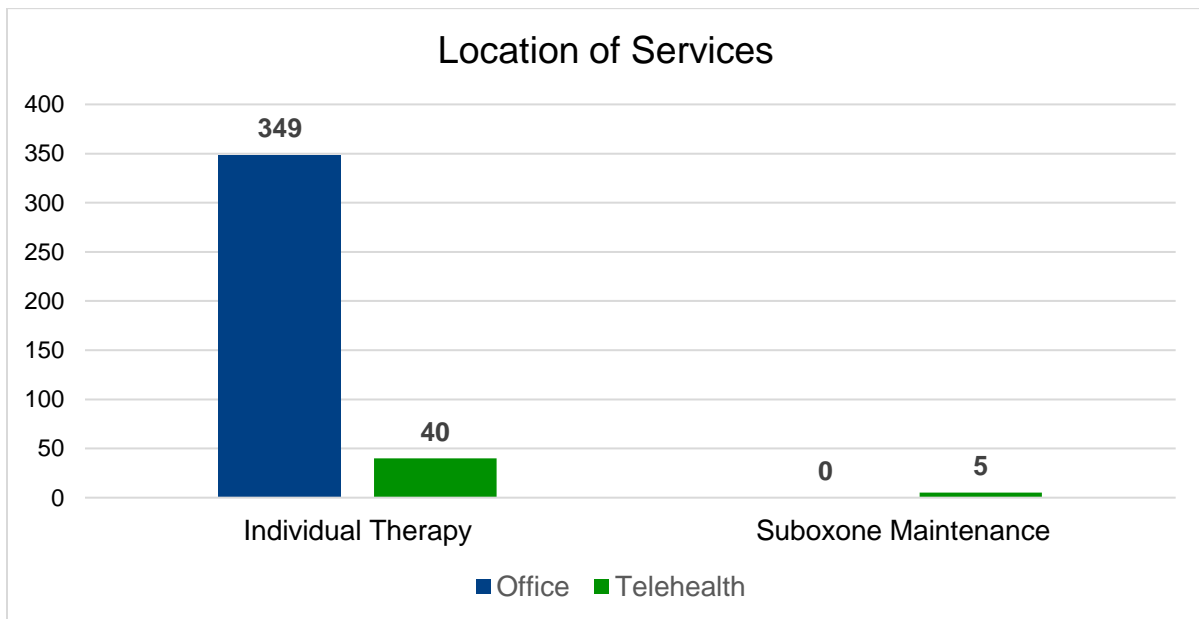
Number of Services

As expected, with the decrease in program size, we saw a decrease in services delivered. There were 389 individual therapy sessions and 5 suboxone maintenance sessions.



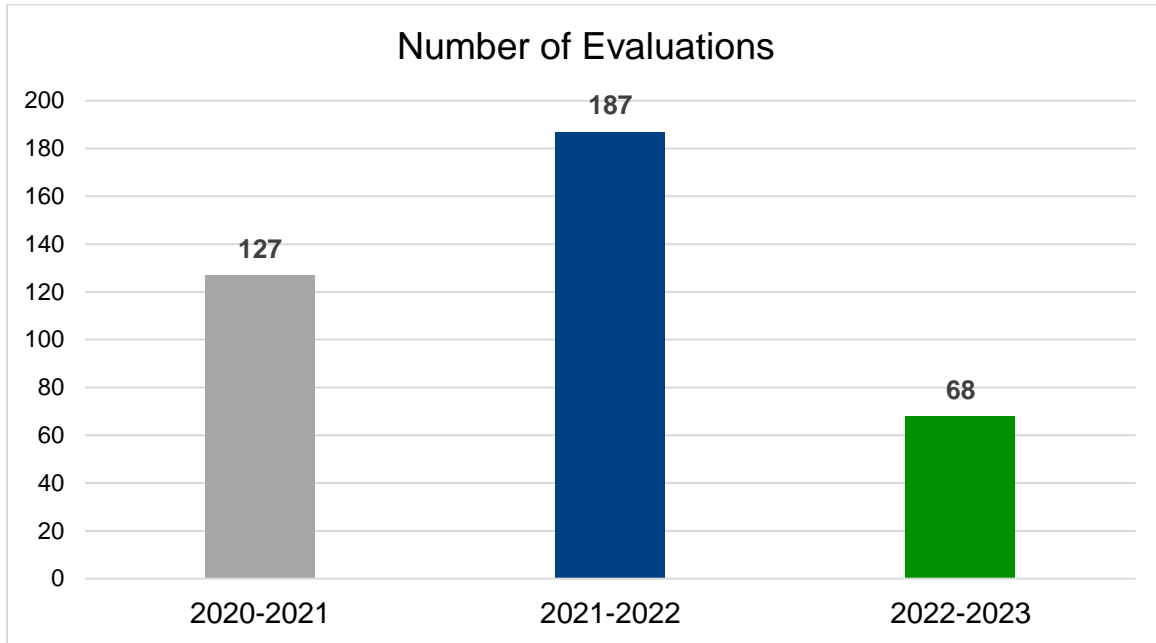
Location of Services

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

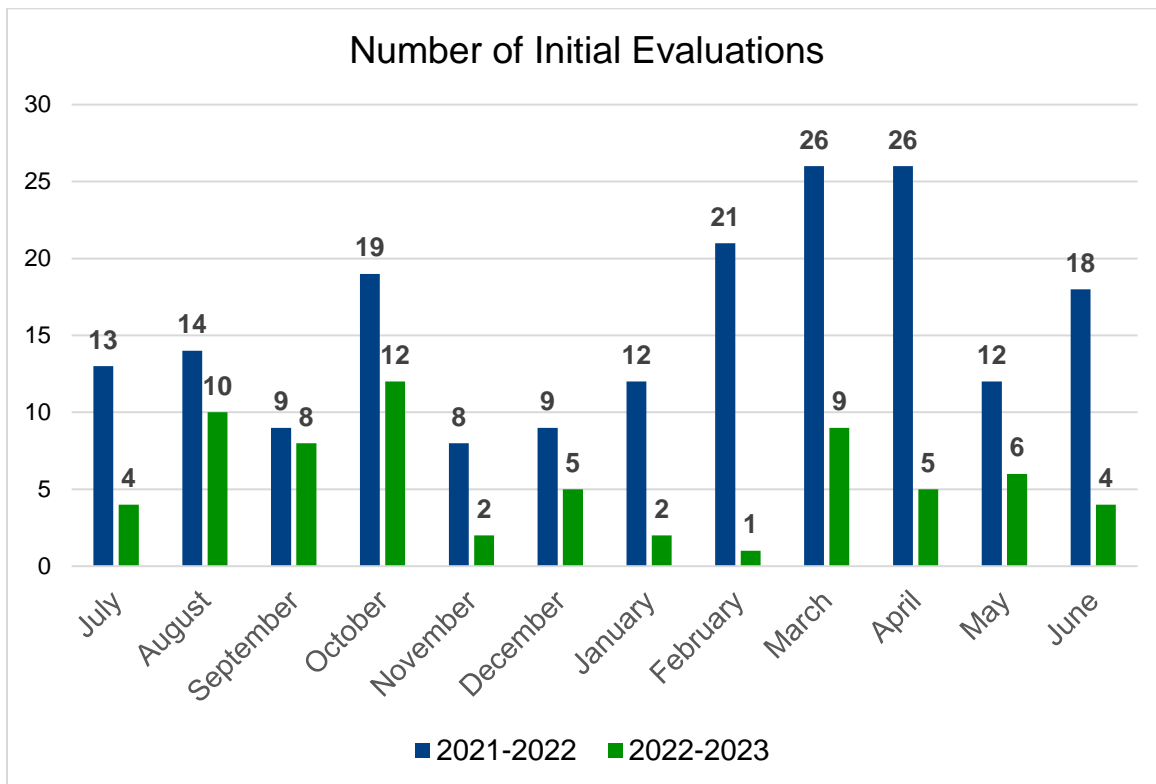


Number of New D&A Evaluations

There was a total of 68 initial D&A evaluations during this review.

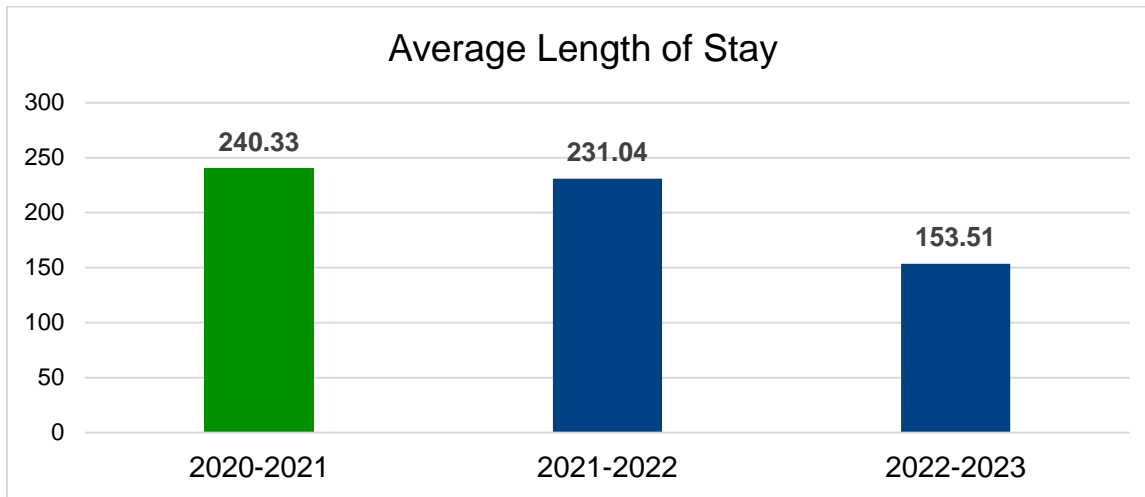


A complete breakdown of the number of initial evaluations completed per month is indicated in the graph below.



Length of Stay

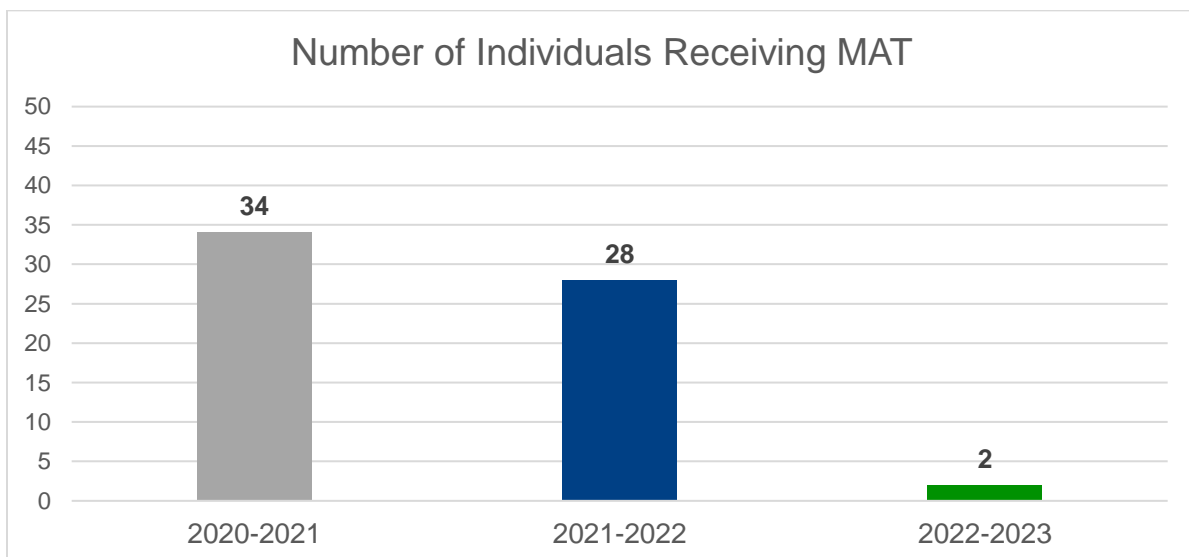
The average length of stay for individuals participating in the program is 153.51 days.



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.

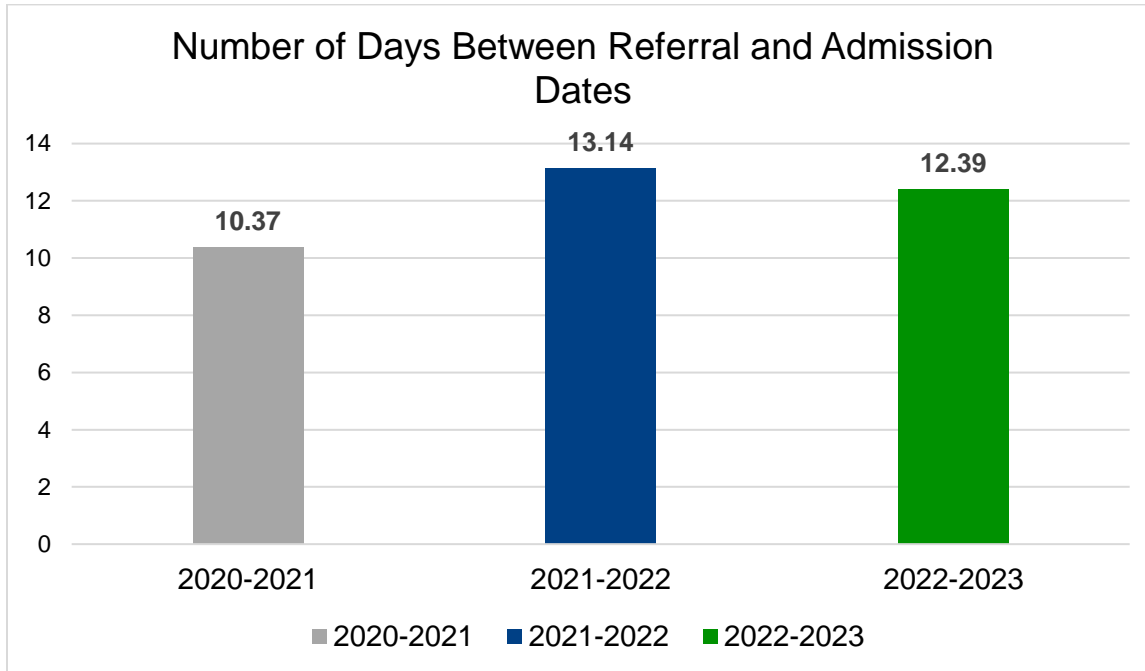
There were 2 participants who received MAT during this review. The following table depicts the number of individuals who received MAT.



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 indicates the number of days between referral dates broken down by fiscal years.



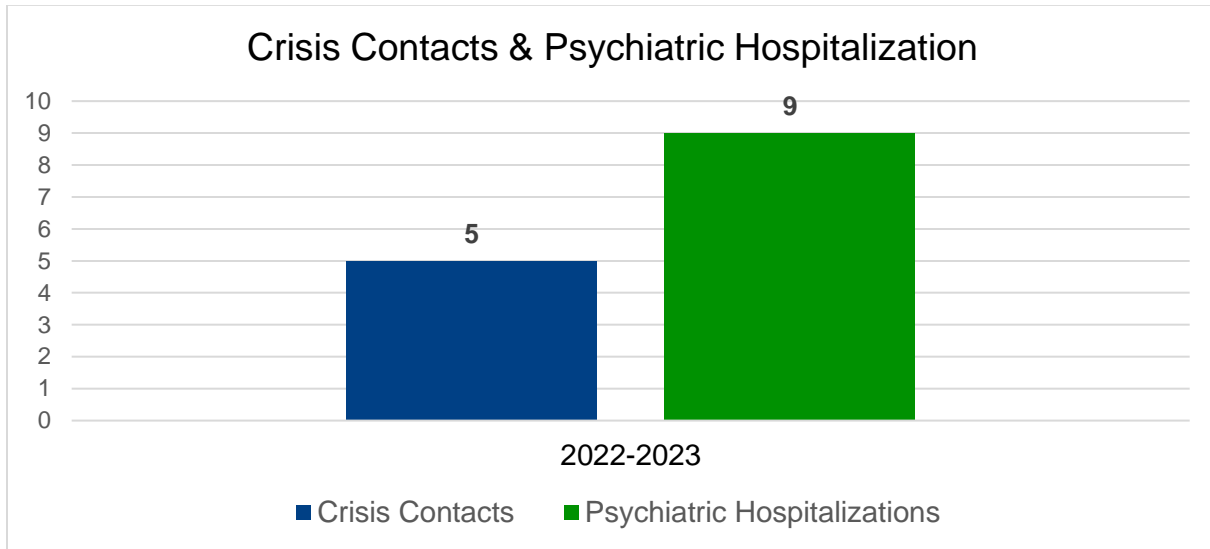
The timeframe between referral to admission date continues to be an area of focus for quality improvement. During this period of review on average, individuals are seen within 12.39 days which is a slight decrease from 13.14 days from our last review. This area remains as a program goal to decrease the 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.

The agency works diligently towards this goal of getting individuals evaluated within 7 days of their referred date to the program. We have decreased in program size to better analyze the program's quality of services and accommodate to the individuals requesting this service.

The agency implemented a Same Day Access Model to provide treatment the same day an individual requests it. Since this launch, evaluations are available with minimal prior notice if an individual should be present at the agency in need.

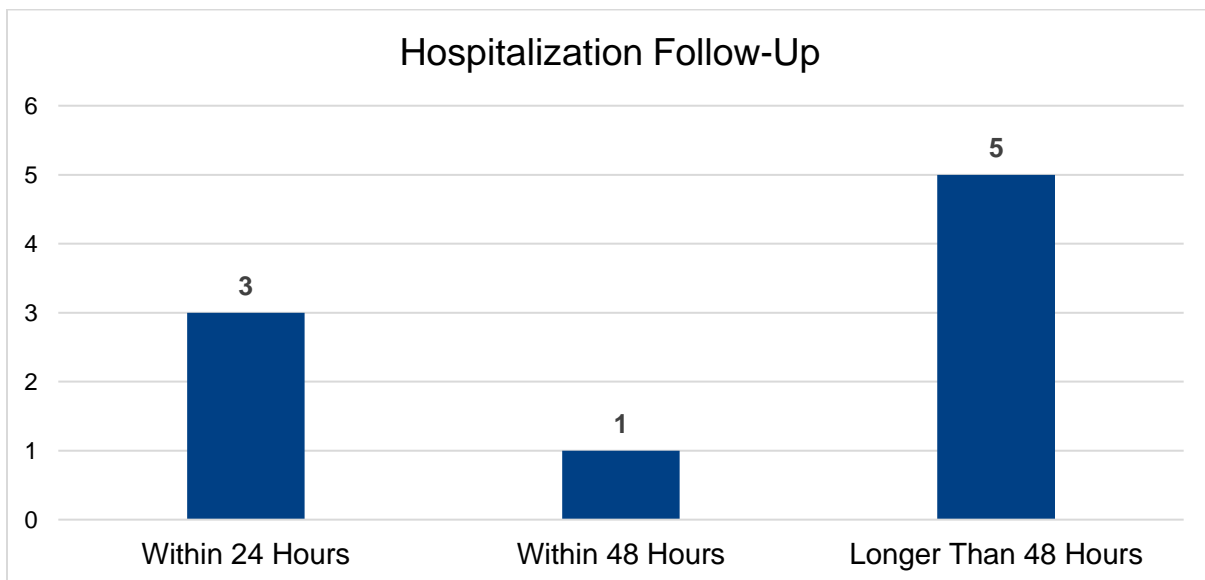
Crisis Contacts & Psychiatric Hospitalizations

Recognizing the importance of coordinating care, the program monitors involvement with crisis services and supporting those who have been hospitalized.



Psychiatric Hospitalization Follow-Up

A critical focus of the agency is following up with individuals who are hospitalized. The chart below indicates the time of follow-up from the hospital discharge.



There were 3 individuals who received follow-up care within 24 hours, 1 individual who received follow-up care within 48 hours, and 5 individuals who received follow-up care longer than 48 hours. Data shows that all individuals who had a psychiatric hospitalization during this period of review had follow-up care.

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.

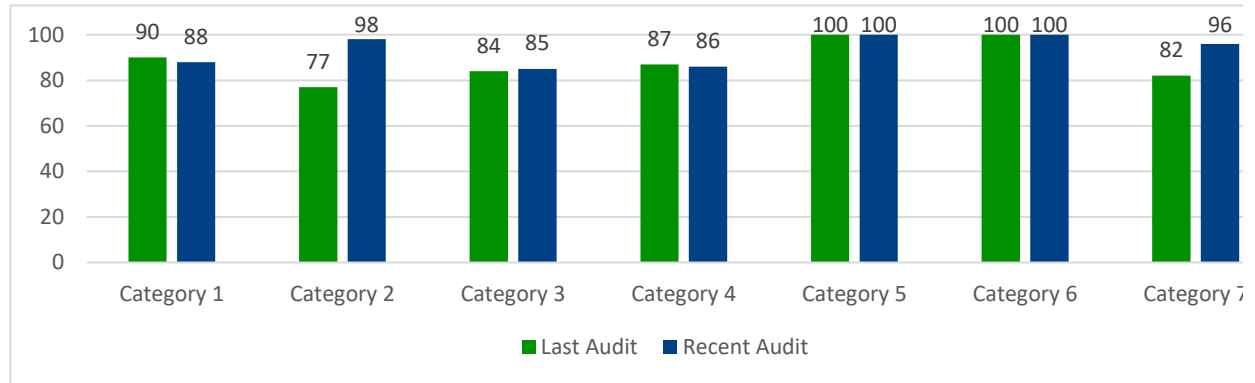
For the internal audits completed by the Compliance Coordinator, charts are selected at random sample that include current clients enrolled in the program and clients who have been discharged from the program. The discharge charts indicate that proper discharge processes were followed. There were 4 internal audits conducted during this review. The results of the internal audits are as follows:

Internal Quality Review			
Program	Drug & Alcohol	Date of Audit	8/17/2022
Number of Charts Reviewed	20 Charts	Audit Schedule	Quarterly – Q1
Total Number of Indicators	42 Quality Indicators		

Category	Score	Goal
1. Intake & Assessment	88%	80%
2. Treatment Planning	98%	80%
3. Care Coordination	85%	80%
4. Physical Health / Behavioral Health Indicators	86%	80%

5. Discharge Planning	100%	80%
6. Smoking Cessation	100%	80%
7. Key Indicators	96%	80%

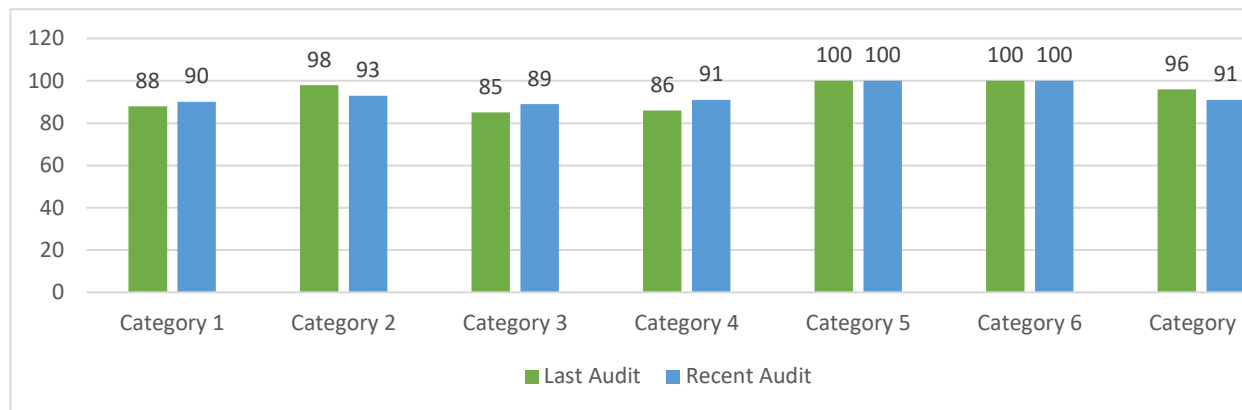
Comparison from the last Internal Audit:



Internal Quality Review			
Program	Drug & Alcohol	Date of Audit	11/18/22 – 11/22/22
Number of Charts Reviewed	15 Randomized Charts	Audit Schedule	Quarterly
Total Number of Indicators	46 Quality Indicators		

Category	Score	Goal
8. Intake & Assessment	90%	80%
9. Treatment Planning	93%	80%
10. Care Coordination	89%	80%
11. Physical Health / Behavioral Health Indicators	91%	80%
12. Discharge Planning	100%	80%
13. Smoking Cessation	100%	80%
14. Key Indicators	91%	80%

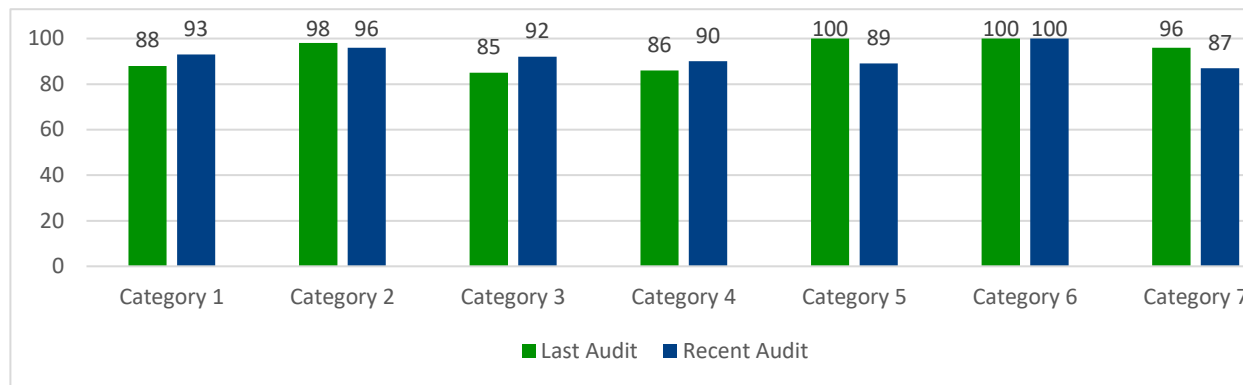
Comparison from the last Internal Audit:



Internal Quality Review			
Program	Drug & Alcohol	Date of Audit	2/6/23 – 2/9/23
Number of Charts Reviewed	12 Charts (7 new & 5 old)	Audit Schedule	Quarterly – Q3
Total Number of Indicators	46 Quality Indicators		

Category	Score	Goal
15. Intake & Assessment	93%	80%
16. Treatment Planning	96%	80%
17. Care Coordination	92%	80%
18. Physical Health / Behavioral Health Indicators	90%	80%
19. Discharge Planning	89%	80%
20. Smoking Cessation	100%	80%
21. Key Indicators	87%	80%

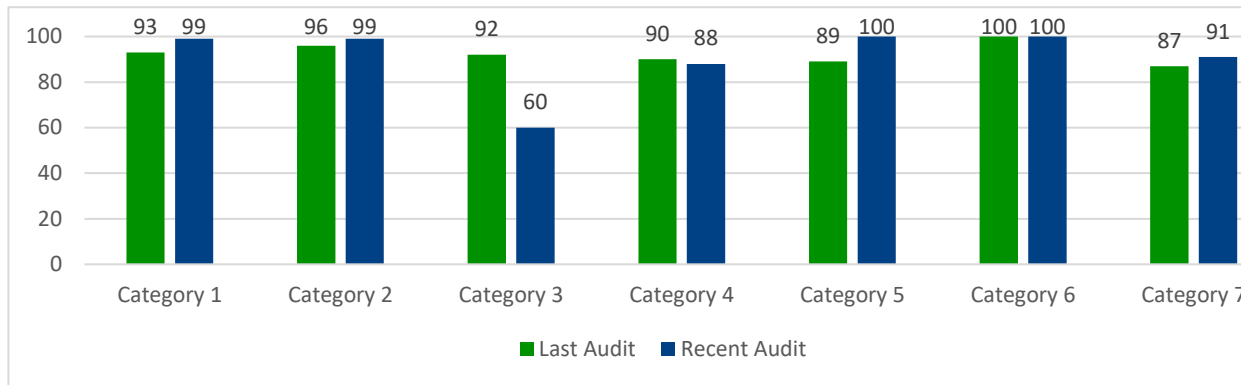
Comparison from the last Internal Audit:



Internal Quality Review			
Program	Drug & Alcohol	Date of Audit	4/24/23 – 4/26/23
Number of Charts Reviewed	12 Charts (9 new & 3 old)	Audit Schedule	Quarterly – Q4
Total Number of Indicators	46 Quality Indicators		

Category	Score	Goal
22. Intake & Assessment	99%	80%
23. Treatment Planning	99%	80%
24. Care Coordination	60%	80%
25. Physical Health / Behavioral Health Indicators	82%	80%
26. Discharge Planning	100%	80%
27. Smoking Cessation	100%	80%
28. Key Indicators	91%	80%

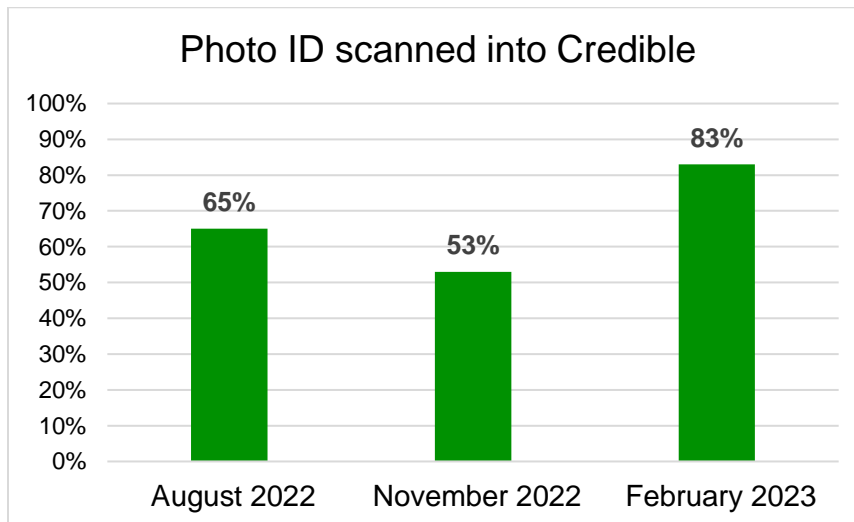
Comparison from the last Internal Audit:



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

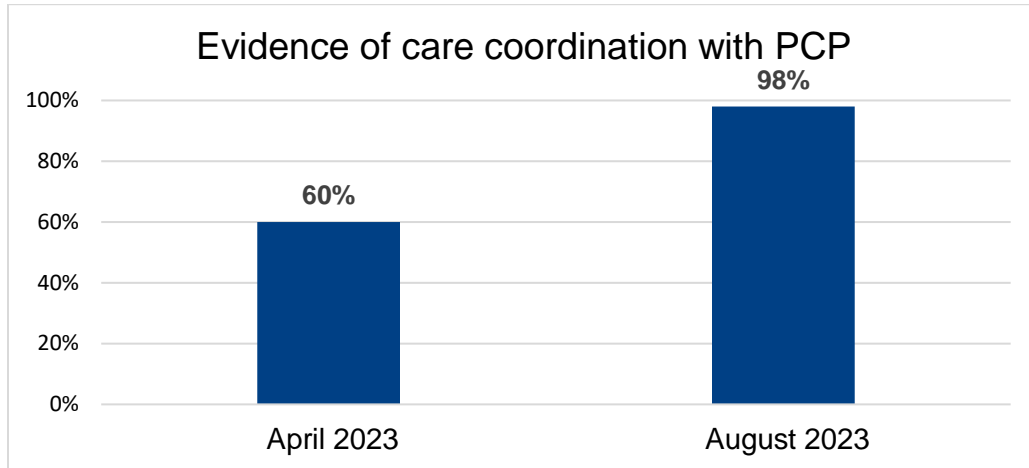
Program Goals

- 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. This area was low at the last internal compliance audit and was monitored for quality improvement using

the PDCA Model. The indicator increased in August 2024, therefore, this PDCA was considered retired. However, this area will continuously be internally audited.



Staff Supervision

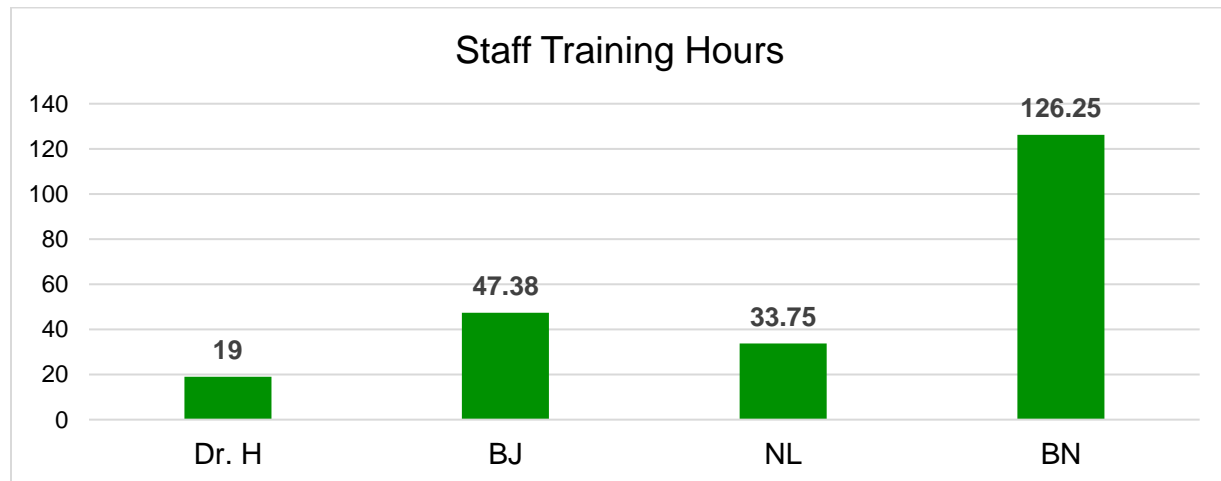
Ensuring that participants receive optimum care, staff receive appropriate supervision.

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 current staff training hours for each staff member. Staff members are listed by their initials.

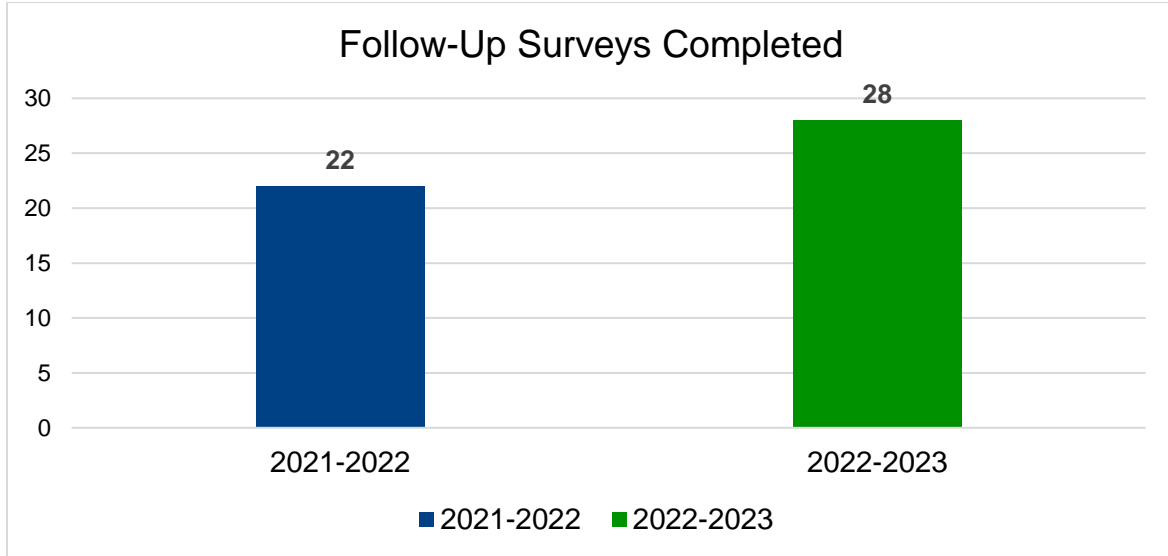


Satisfaction Surveys

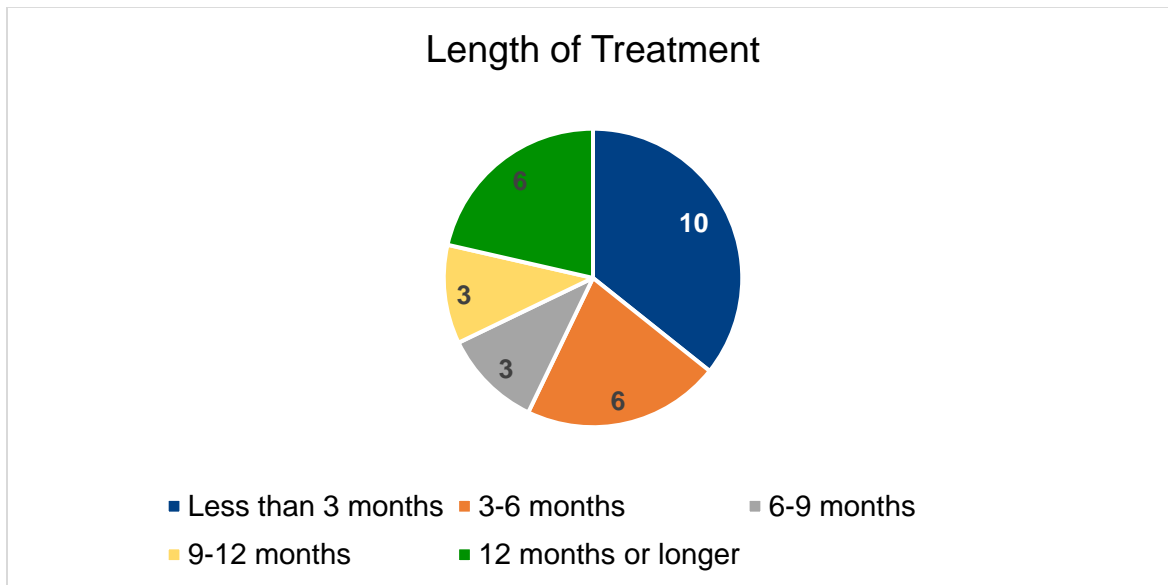
Survey Results

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 28 surveys completed which is an increase of 6 surveys since the last review.



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



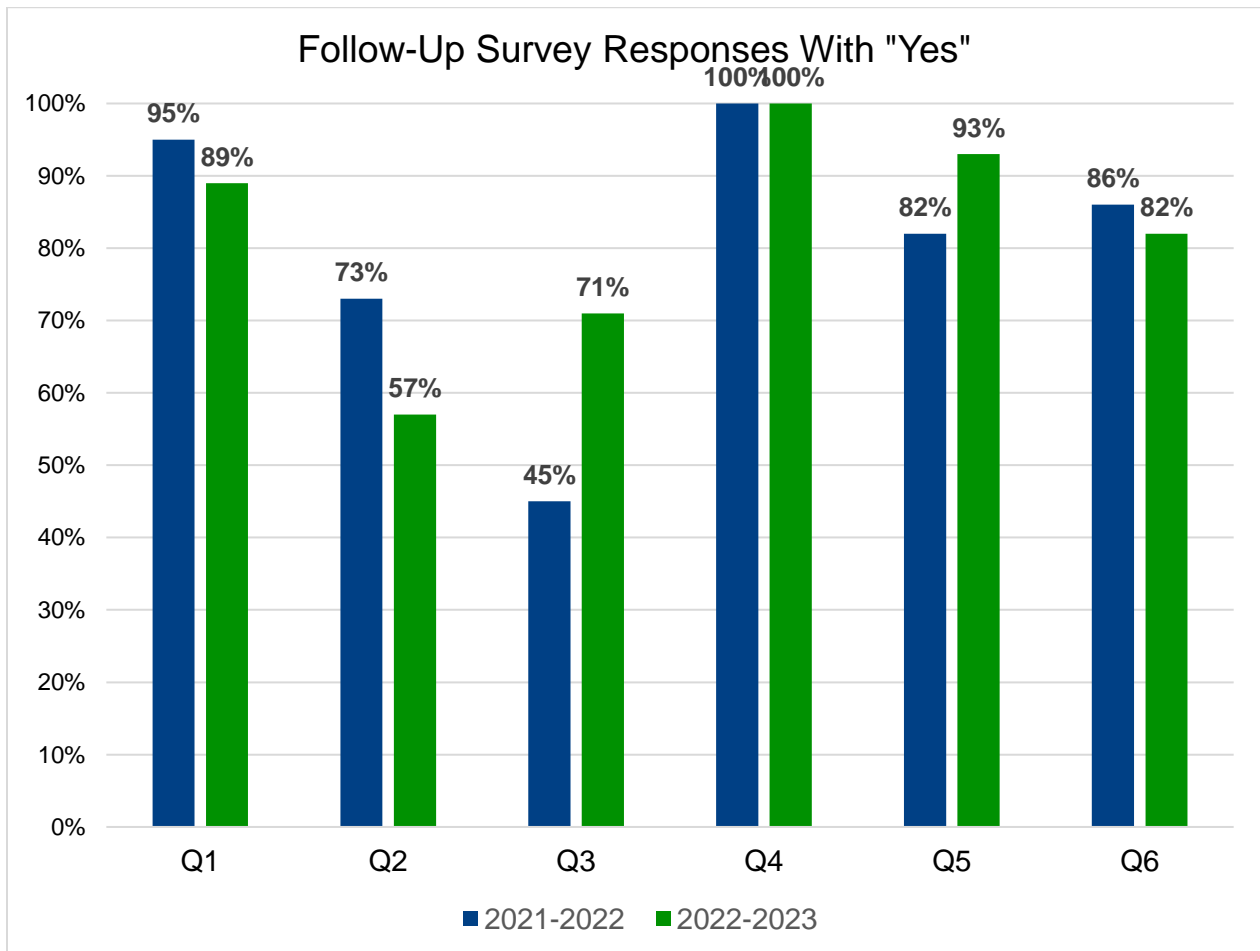
Most participants participated in services for less than three months.

Participants were asked several questions regarding their treatment. The percentages indicate the number of individuals who responded “yes”. The questions are as follows:

Question 1	Were you satisfied with the frequency of your Drug & Alcohol appointments?	89%
Question 2	Did you successfully complete treatment?	57%
Question 3	Are you using any self-help group, spiritual, or mental health services to aid recovery?	71%
Question 4	Do you understand the disease concept of addiction?	100%
Question 5	Are you following your relapse prevention plan?	93%
Question 6	Did you follow through with any scheduled appointments?	82%

Results

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

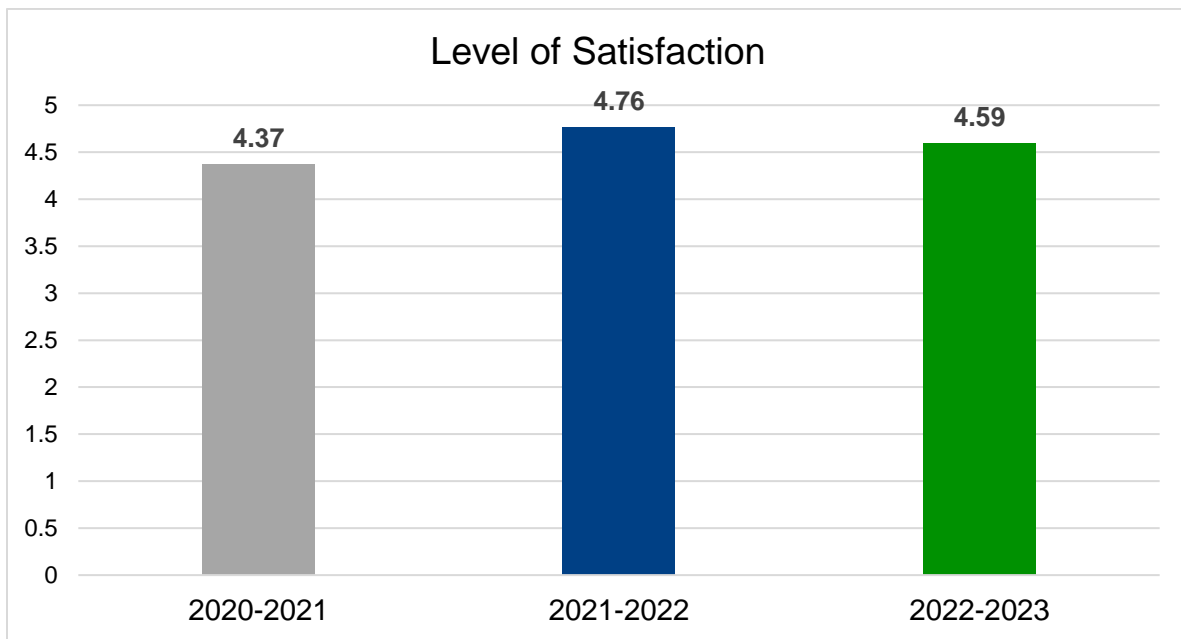


Findings from these results include:

- Most individuals served in the program are satisfied with the frequency of their appointments.
- There was a slight decrease in individuals successfully completing treatment.
- More individuals are using self-help groups to help aid their recovery.
- All individuals enrolled in the program understand the disease concept of addiction.
- Almost all individuals who completed the survey indicated they are following their relapse prevention plan.
- Most individuals served in the program followed through with their scheduled appointments.

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

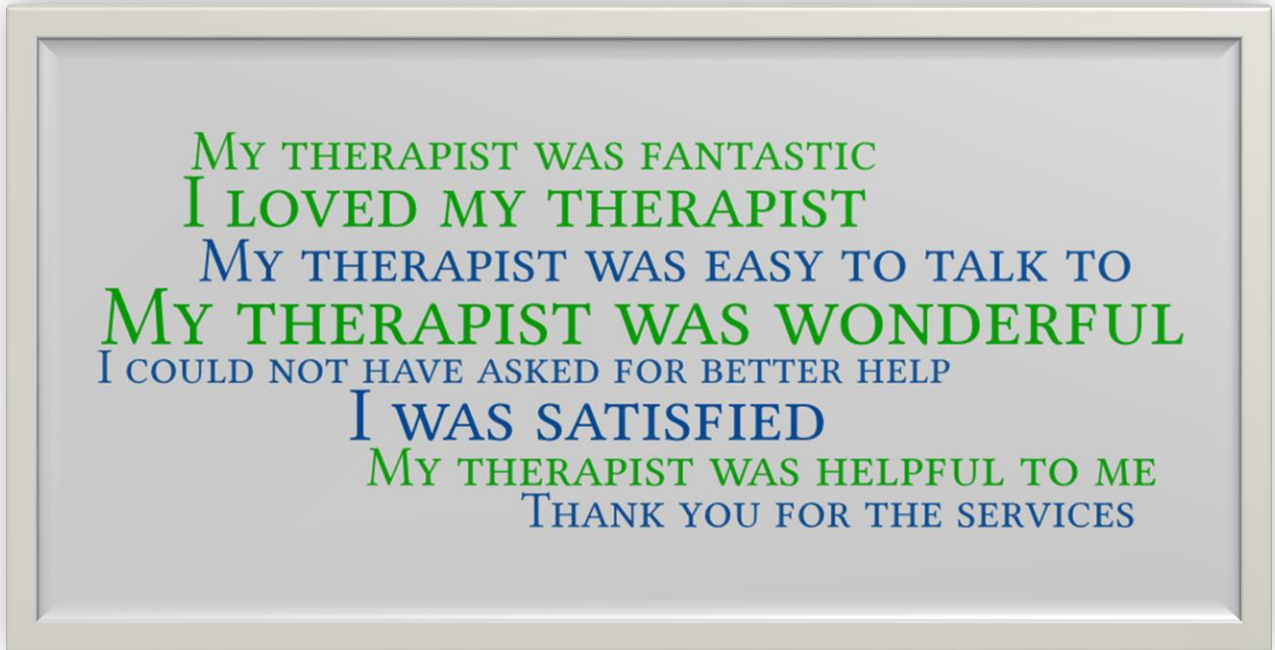
Participants responded based on a Likert Scale whereas 1 represents not at all satisfied and 5 represents very satisfied. The average satisfaction during this review slightly decreased from the last review. The results are captured in the chart below.



The graph above indicates that 92% of the individuals were satisfied with the program and treatment.

Comments

Finally, 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

Jenn Douglass
Agency Quality Director