



Outpatient Services



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

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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 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.
 - 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

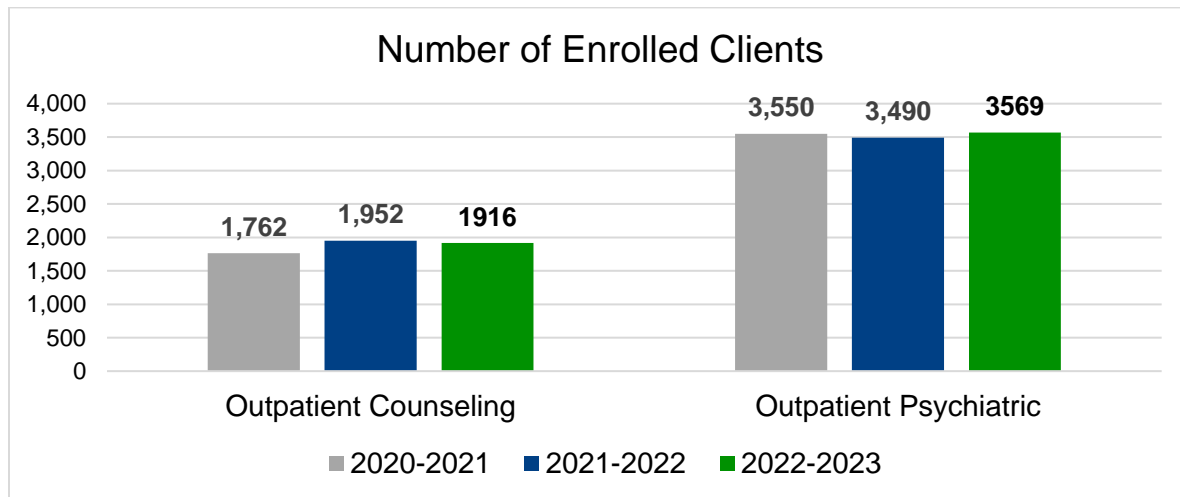
Outpatient Services. During this period of review, almost all services were delivered face-to-face.

- Quality Improvement plans are made based upon internal compliance audit results and client feedback survey results to improve quality outcomes. Random individuals served in the program are offered National Outcome Measures (NOMS) at various intervals throughout treatment. Additionally, client's 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 Student Assistance Program.
- Data for this Quality Report is from July 1, 2022, through June 30, 2023.

Demographics

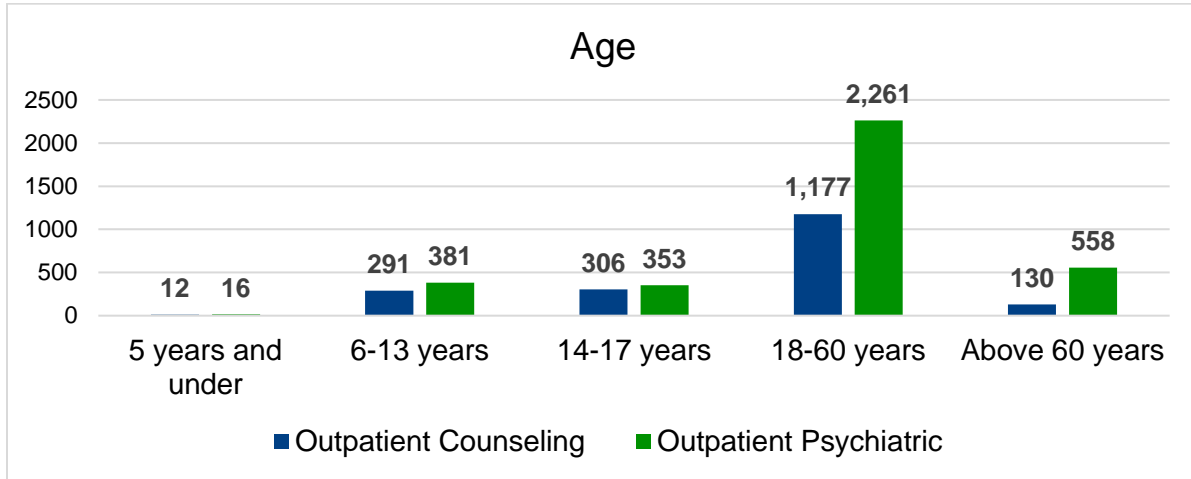
Number of Enrolled Clients

There was a slight decrease of enrolled clients in Outpatient Counseling and an increase in Outpatient Psychiatric Services from the last review. The chart below indicates the number of clients enrolled in both programs during this review.



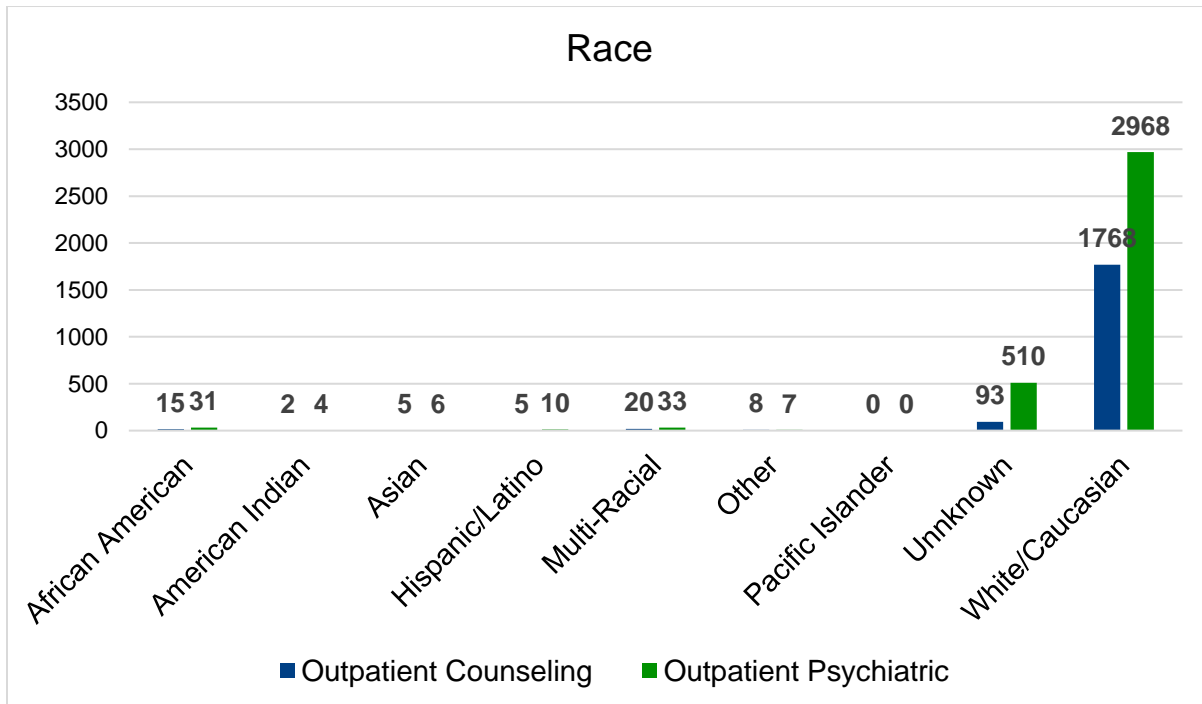
Age

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 97. The following graph depicts clients age in both programs.



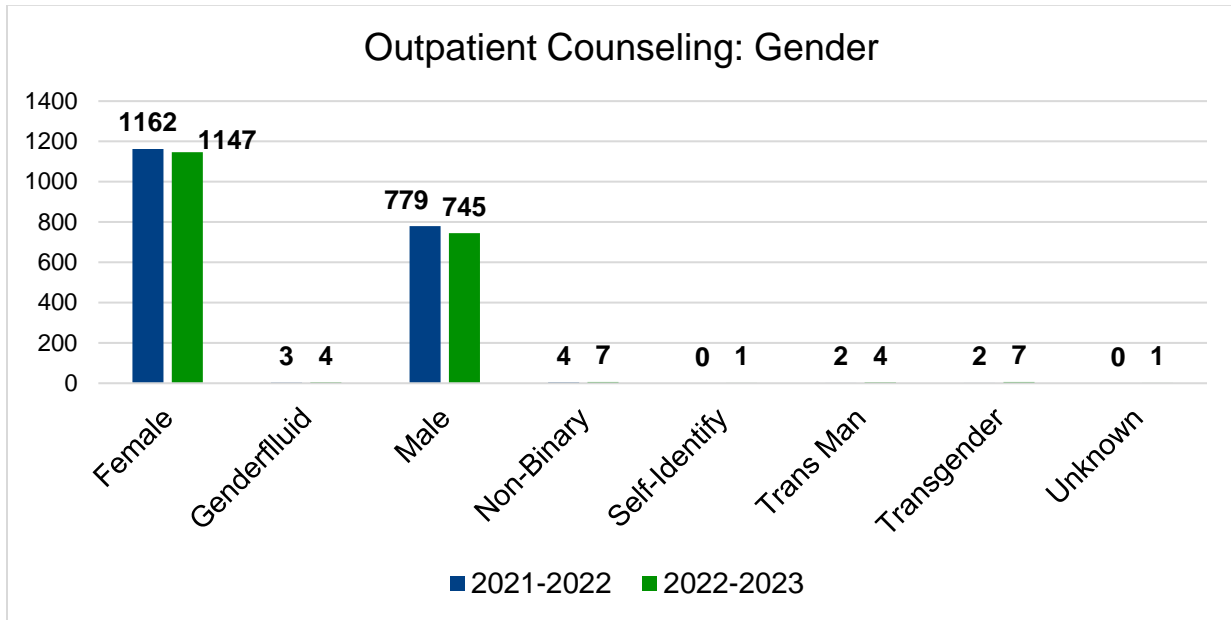
Race

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

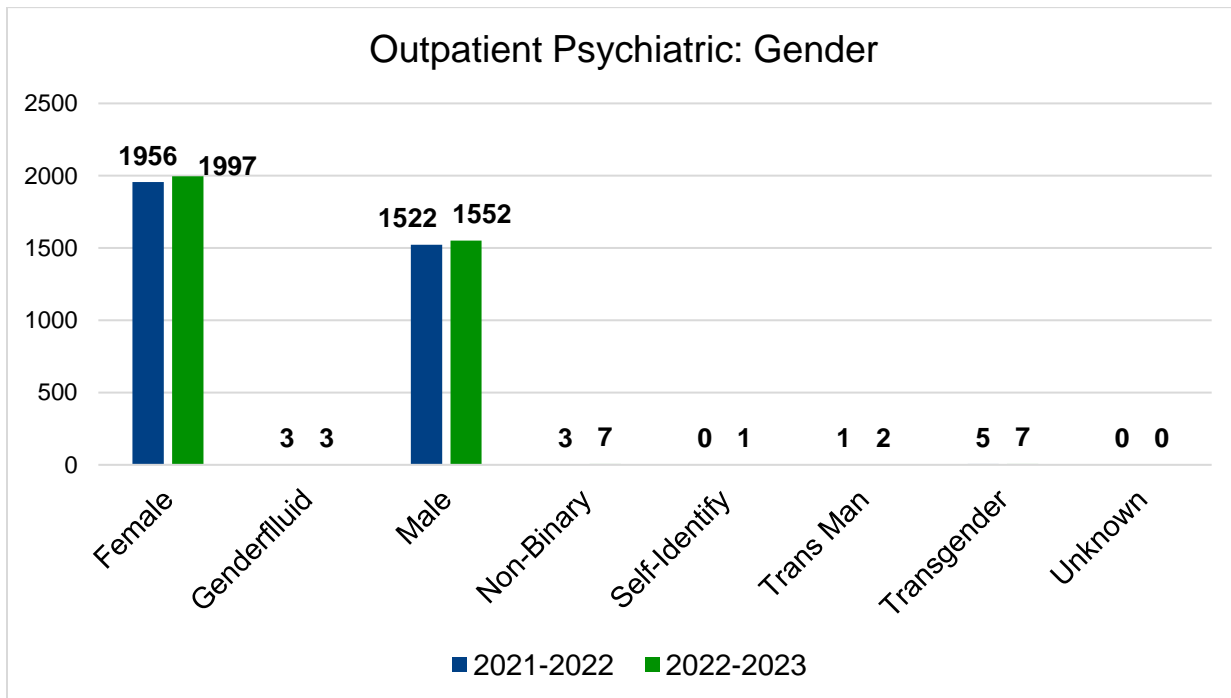


Gender

Consistent with the last review, majority of individuals served in Outpatient Counseling Services are female. The graph below depicts the gender in Outpatient Counseling Services.



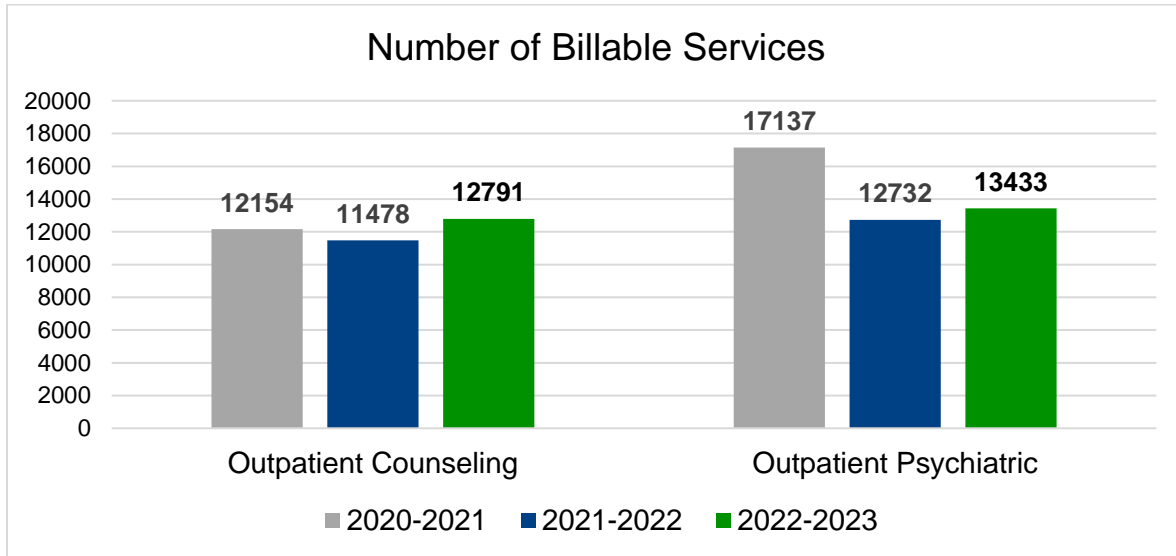
Consistent with Outpatient Counseling Services, a greater number of females were served in Outpatient Psychiatric Services. The graph below depicts the gender in Outpatient Psychiatric Services.



Service Data

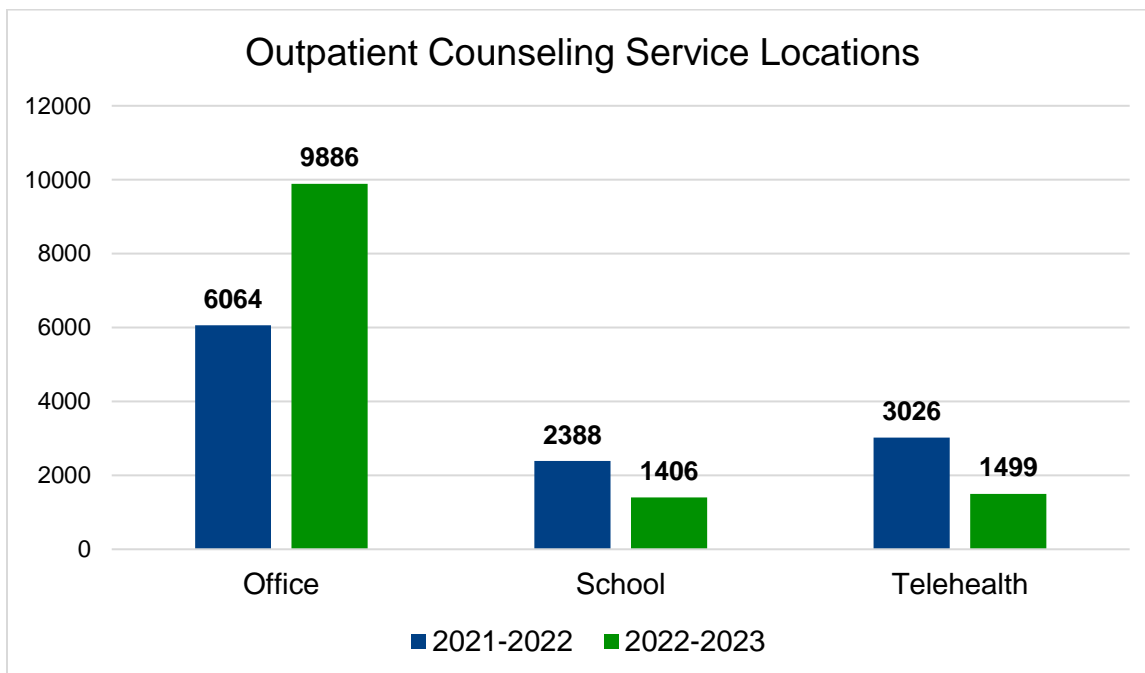
Number of Services

The number of services completed increased during this review in both Outpatient Counseling & Outpatient Psychiatric Services compared to the last review.

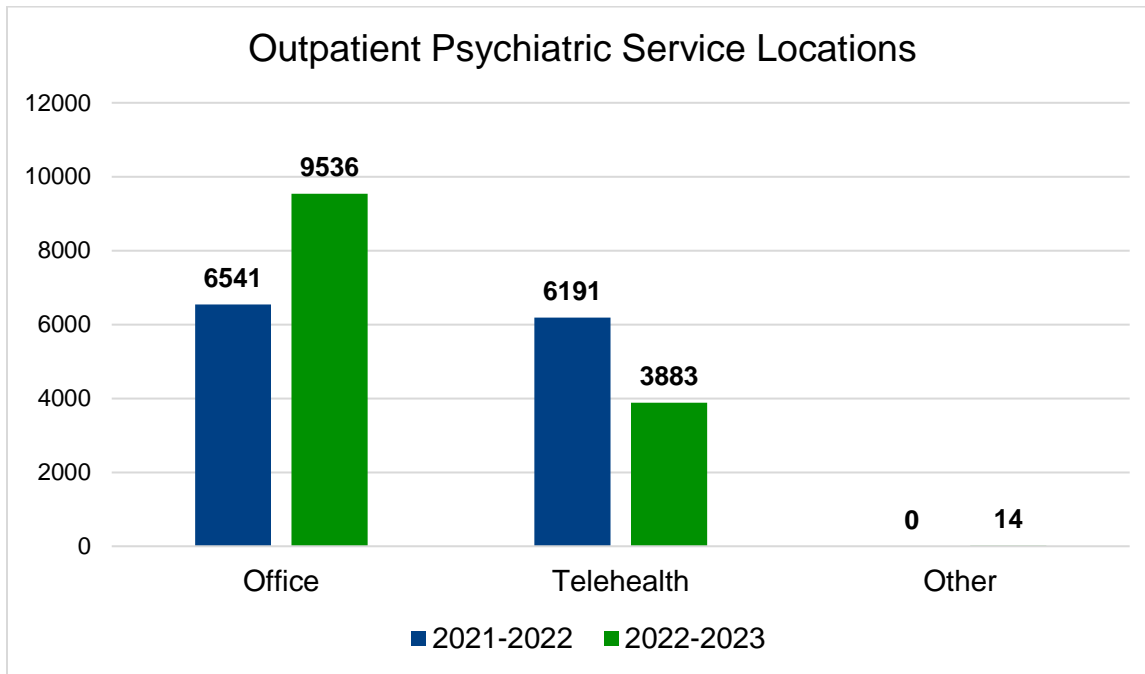


Location of Services

During this review, we saw a decrease in services being delivered via telehealth. As we continue moving from the COVID-19 pandemic, the majority of services are delivered via face to face. The chart below indicates the number of services by each location.

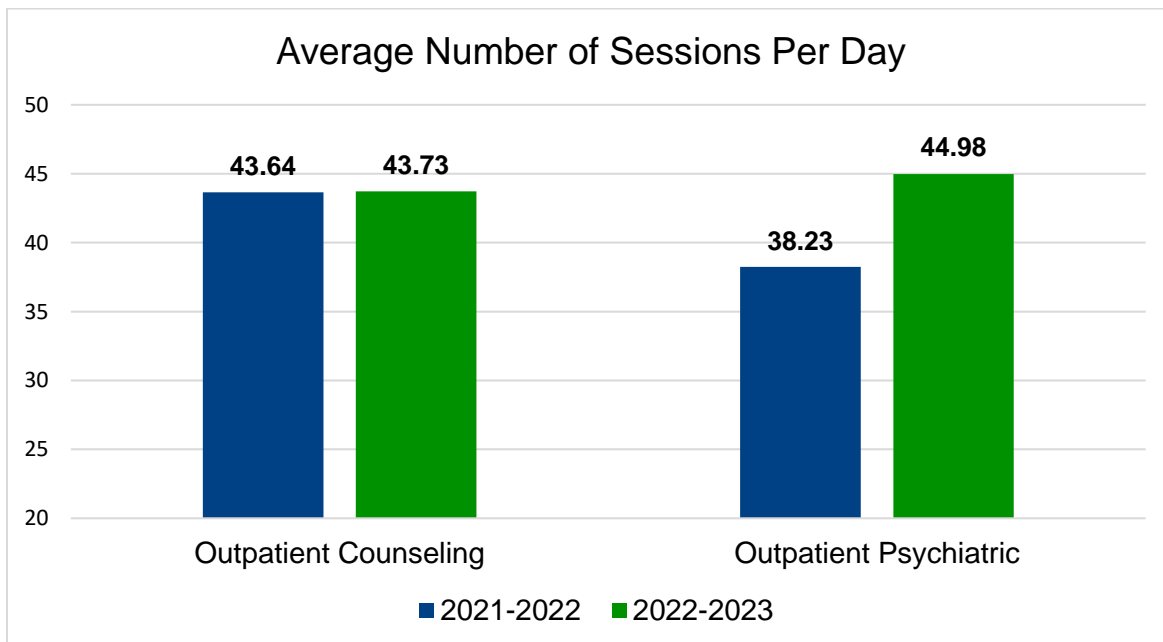


Consistent with Outpatient Counseling Services, the majority of services delivered were in the office with 9,536 services. Additionally, there were 3,883 services delivered via telehealth, 12 services delivered in the home, and 2 services delivered in a correctional facility or jail.



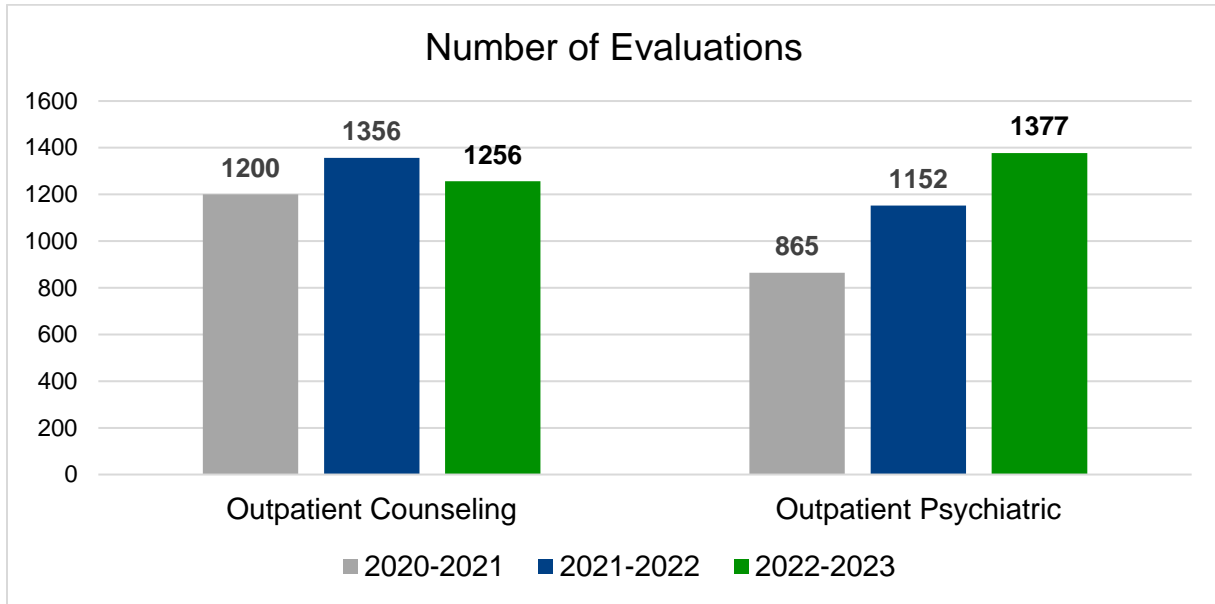
Sessions Per Day

The average number of sessions completed each day by service is displayed in the graph below. We saw an increase in the average number of sessions per day in both services from the last review.

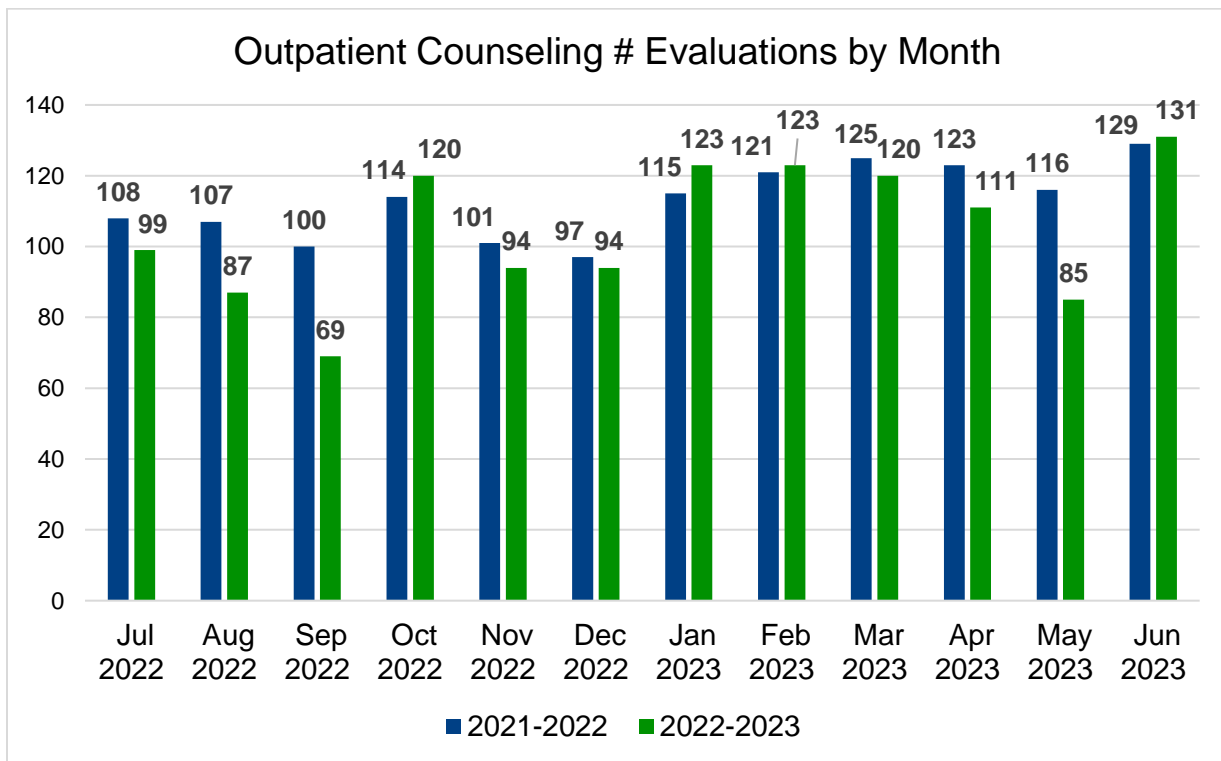


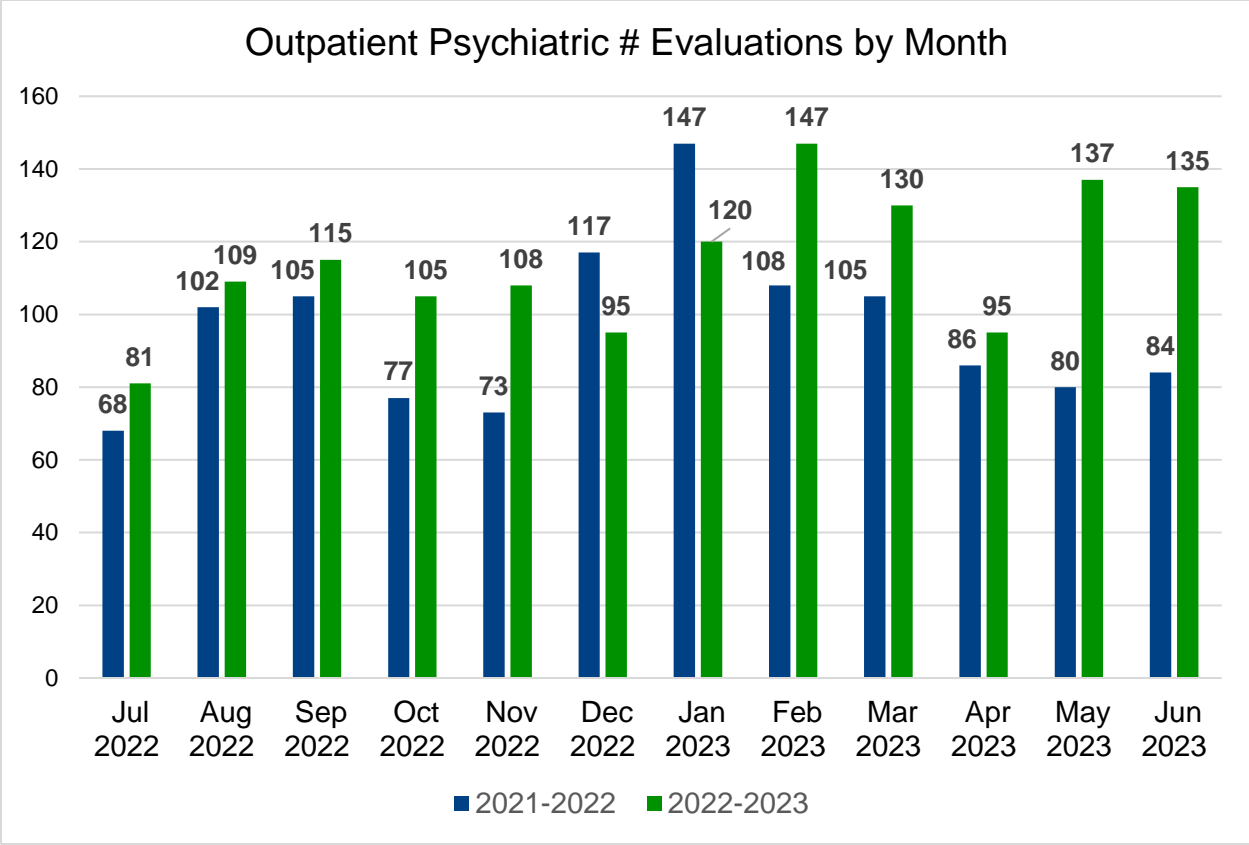
Number of Evaluations by Program

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



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

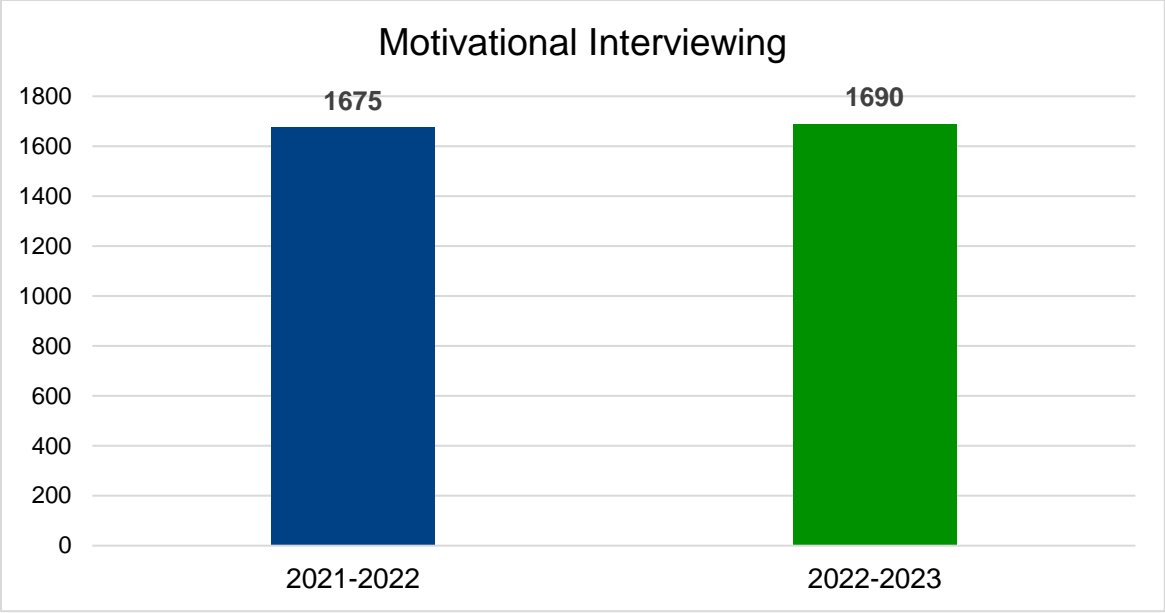




Quality Improvement Indicators

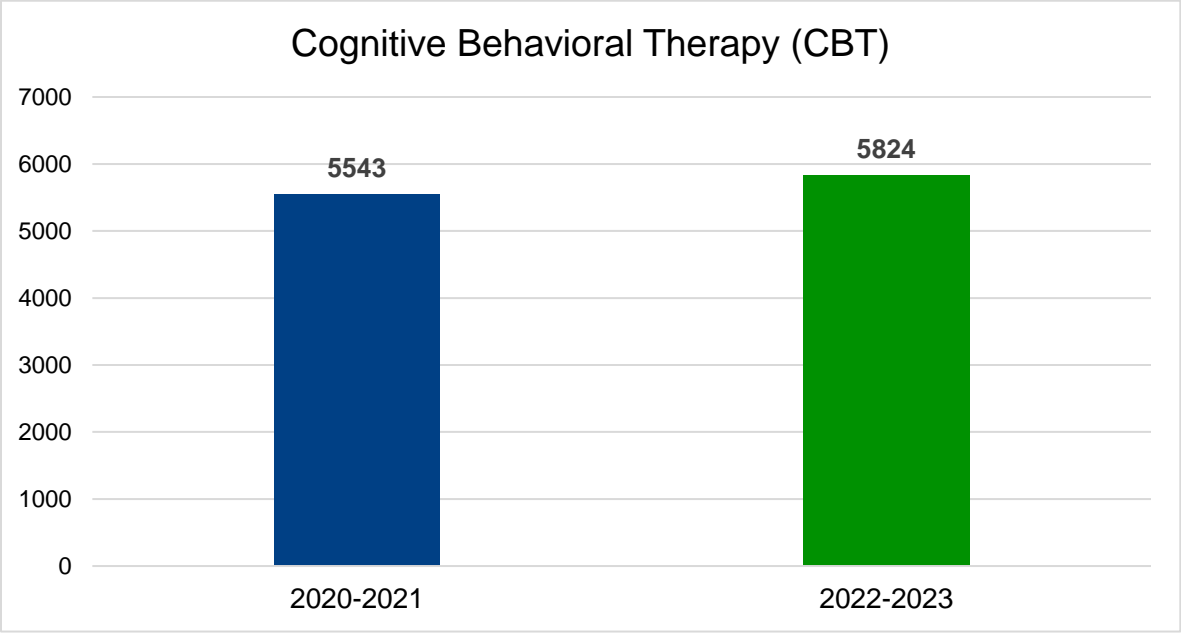
Evidence-Based Services

Each session includes the Motivational Interviewing evidence-based technique. Below are the number of individuals who received Motivational Interviewing during an Outpatient Counseling session.



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.

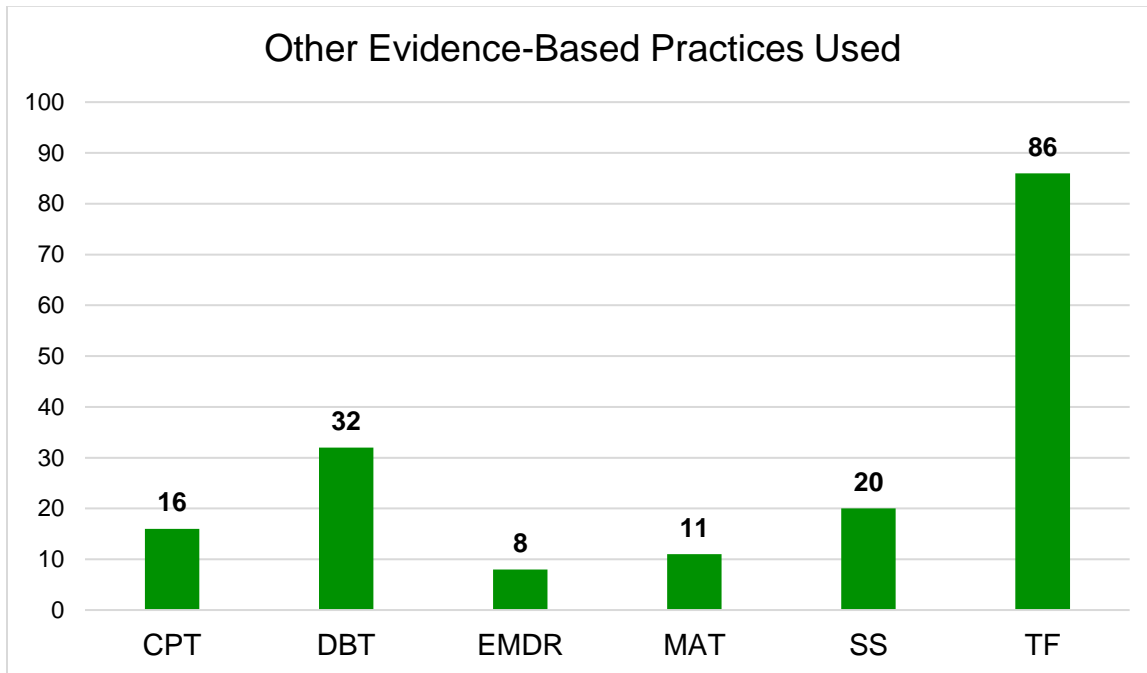
The graph below depicts the number of CBT services has increased from our last review.



Additionally, other evidence-based practices were used during this review. Other evidence-based practices include the following:

- Cognitive Processing Therapy (CPT)
- Dialectal Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Medication Assisted Treatment (MAT)
- Seeking Safety (SS)
- Trauma Focused (TF)

The graph below depicts the number individuals who received other evidence-based practices during this review.

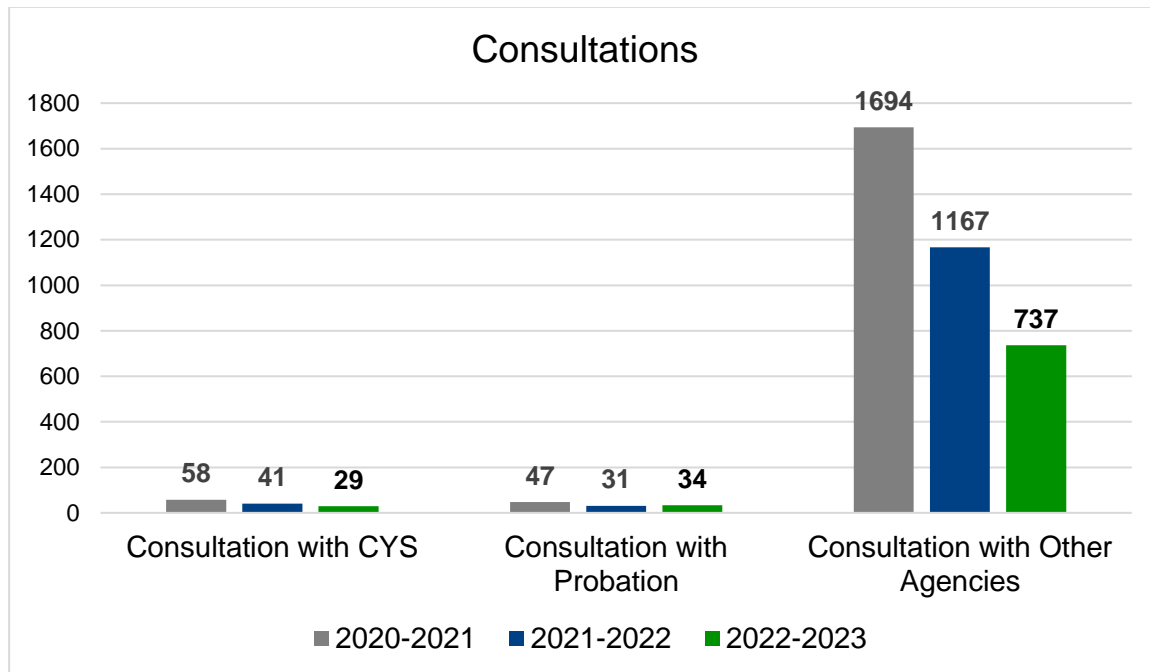


Care Coordination

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, however, remains as a core component of treatment.

Consultations

There were 800 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 and complying with the service description, routine record internal compliance audits, intensive supervision, and comprehensive quality reviews are completed. We continuously evaluate our program to ensure we are adhering to program requirements and found we are compliant operating within the service description.

At the intake process, individuals meet with the Client Navigator who provides a range of clinical and administrative support services to the clients who are referred for outpatient services. The client navigator collects necessary information, provides support, and advocates for each individual. The client navigator provides linkages, referrals, and follow-up for services and support based on needs identified. Additionally, the appropriateness of the service is determined. Moreover, during the initial evaluation, every treatment plan, treatment plan updates, screenings, symptoms, and appropriateness of service is reviewed and documented within the client's chart.

Internal compliance audits are conducted by the agency Compliance Coordinator on a quarterly basis. The audit tools that are used for each internal compliance audit are represented below.

Outpatient Counseling Internal Compliance Audit Tool

The most current Outpatient Counseling audit tool consists of 13 indicators under 3 categories. Indicators audited by the Compliance Coordinator are listed below:

1. Intake Documentation
 - a. Service Agreement form is signed within the past year
 - b. Timeframe between request for service and initial assessment is within 10 days
 - c. Client photo in the Electronic Health Record
 - d. Email address on file
 - e. Insurance can be seen by provider
 - f. POMS Priority Population & Independence of Living completed
2. Treatment Documentation
 - a. Appropriate strategies are recommended if BMI is over or underweight
 - b. Waist circumference documented in the Electronic Health Record
 - c. Crisis Planning Review – was a Crisis Plan completed?
 - d. Suicide Risk Assessment completed at list visit
 - e. Treatment Plan is completed and updated every 6 months
3. Discharge
 - a. Discharge summary/progress notes clearly indicate transition of care/step down services were discussed with the member/family/guardian, and the importance of follow-up care, and the member's response
 - b. Discharge – completed 45 days after the last scheduled visit

Outpatient Psychiatric Internal Compliance Audit Tool

The most current Outpatient Psychiatric audit tool consists of 22 indicators under 4 categories. Indicators audited by the Compliance Coordinator are listed below:

1. Intake and Assessment
 - a. Service Agreement signed within the past year
 - b. Evidence of comprehensive evaluation
 - c. Trauma screening completed
 - d. Completion of risk assessment during intake
 - e. Completion of risk assessment during last session
 - f. Tobacco screening completed
 - g. If tobacco user, cessation is discussed
 - h. Was the client scheduled for their initial appointment within 10 calendar days of their initial request to be seen?
 - i. POMS Priority Population & Independence of Living completed
2. Treatment Planning
 - a. Evidence member is involved in the treatment planning process
 - b. Crisis plans are individualized and include specific interventions for the consumer and family/support system
 - c. If client received telehealth services, they have a photo in the Electronic Health Record in the profile section
3. Care Coordination
 - a. Evidence of care coordination with PCP

- b. Evidence of coordination of care with other behavioral health specialists
- c. Evidence of care coordination with educational and/or vocational systems, and other child/adult serving systems, as appropriate/requested
- 4. Physical Health/Behavioral Health Indicators
 - a. Height documented
 - b. Weight documented
 - c. BMI documented
 - d. Appropriate strategies are recommended if BMI is considered over or underweight
 - e. Waist circumference
 - f. Documentation of allergies
 - g. Is there at least 1 urinalysis or drug screen completed within the last year?

Recently, both Outpatient Counseling and Outpatient Psychiatric Services have decreased the number of indicators that are internally audited. Indicators are considered “retired” once they meet 100% for four consecutive quarters.

Once audits are completed, the Compliance Coordinator submits the results to the Quality Director for careful review. Once the audit results are approved, they are shared with program staff. Areas identified for quality monitoring are developed into a Plan Do Check Act (PDCA) Model and are also shared with program staff.

Quality reviews occur routinely after each internal compliance audit, and findings are shared with Program Director and staff. If an area of concern is discovered, a corrective action plan is developed using the Plan Do Check Act (PDCA) Model. Program goals are determined when quality improvement areas are identified during quality reviews and internal compliance audits. Additionally, an annual comprehensive quality report is completed which encompasses the services delivered, demographic information, outcomes, and client satisfaction.

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. Charts are chosen based on current charts, new charts, and discharged charts to ensure proper procedures are being followed. In addition to internal audits by the Compliance Coordinator, the Program Director reviews Outpatient charts on a weekly basis.

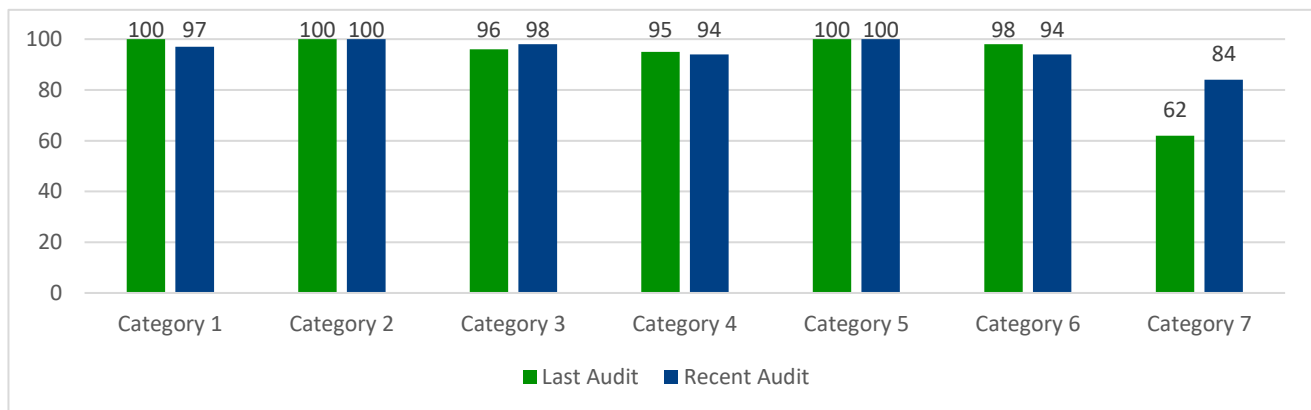
Results from all internal compliance audits completed by the Compliance Coordinator during this time of review are below.

Outpatient Counseling Internal Compliance Audit Results

Internal Quality Review			
Program	OP Counseling	Date of Audit	7/25/2022
Number of Charts Reviewed	65 Randomized Charts	Audit Schedule	Quarterly – Q1
Total Number of Indicators	34 Quality Indicators		

Category	Score	Goal
1. Intake and Assessment	97%	80%
2. Treatment Planning	100%	80%
3. Care Coordination	98%	80%
4. Physical Health	94%	80%
5. Discharge Planning	100%	80%
6. Smoking Cessation	94%	80%
7. Key Indicators	84%	80%

Comparison from the last Internal Audit:

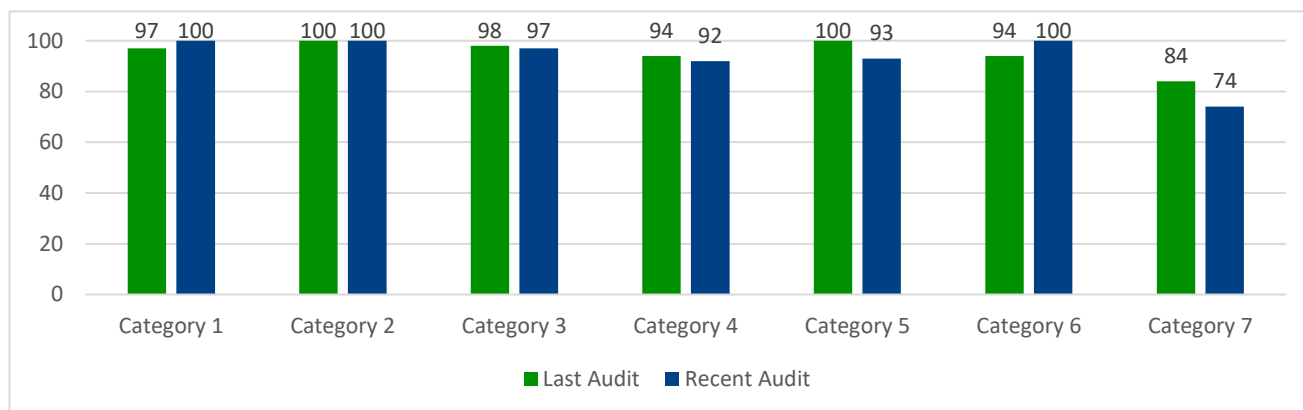


Internal Quality Review			
Program	OP Counseling	Date of Audit	11/7/22 – 11/11/22
Number of Charts Reviewed	65 Randomized Charts	Audit Schedule	Quarterly – Q2

Total Number of Indicators	34 Quality Indicators
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Category	Score	Goal
1. Intake and Assessment	100%	80%
2. Treatment Planning	100%	80%
3. Care Coordination	97%	80%
4. Physical Health/Behavioral Health Indicators	92%	80%
5. Discharge Planning	93%	80%
6. Smoking Cessation Data	100%	80%
7. Key Clinical Indicators for Level of Care	74%	80%

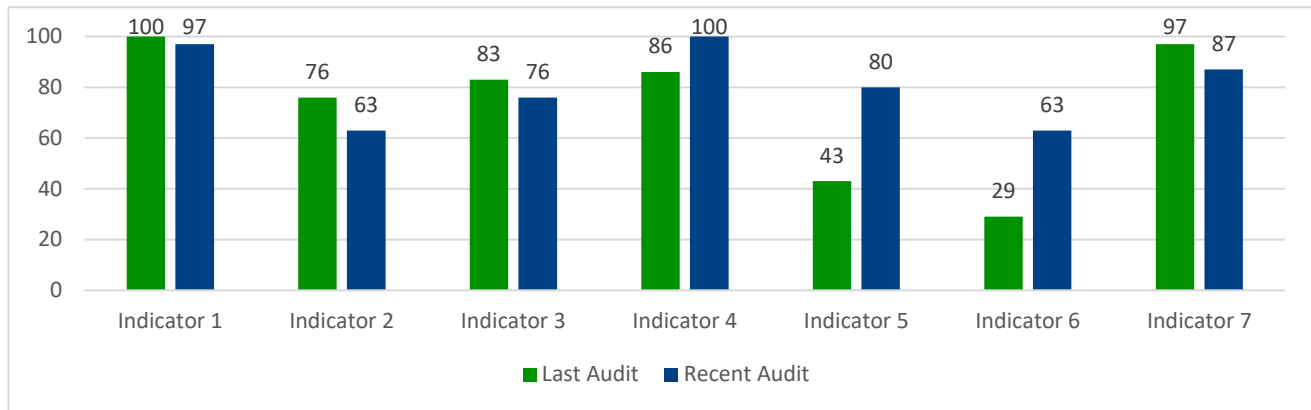
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Counseling	Date of Audit	1/31/23-2/2/23
Number of Charts Reviewed	75 Randomized Charts	Audit Schedule	Quarterly – Q3
Total Number of Indicators	7 Quality Indicators		

Indicator	Score	Goal
1. Is a Telehealth Consent Form Reviewed & signed	97%	80%
2. Appropriate strategies are recommended is BMI is overweight	63%	80%
3. Waist Circumference	76%	80%
4. Discharge Summary completed fully	100%	80%
5. Discharge – Done 45 days after last scheduled visit	80%	80%
6. Timeframe between request for service & initial assessment is 10 days	63%	80%
7. Crisis Planning has been completed	87%	80%

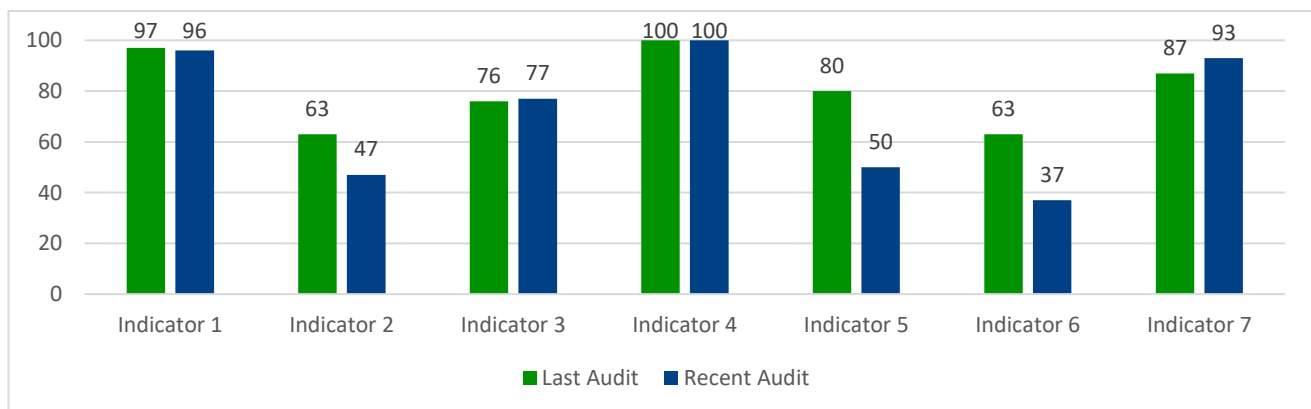
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Counseling	Date of Audit	4/17/23 – 4/19/23
Number of Charts Reviewed	75 Randomized Charts	Audit Schedule	Quarterly – Q4
Total Number of Indicators	7 Quality Indicators		

Indicator	Score	Goal
1. Is a Telehealth Consent Form Reviewed & signed	96%	80%
2. Appropriate strategies are recommended is BMI is overweight	47%	80%
3. Waist Circumference	77%	80%
4. Discharge Summary completed fully	100%	80%
5. Discharge – Done 45 days after last scheduled visit	50%	80%
6. Timeframe between request for service & initial assessment is 10 days	37%	80%
7. Crisis Planning has been completed	93%	80%

Comparison from the last Internal Audit:



Outpatient Psychiatric Internal Compliance Audit Results

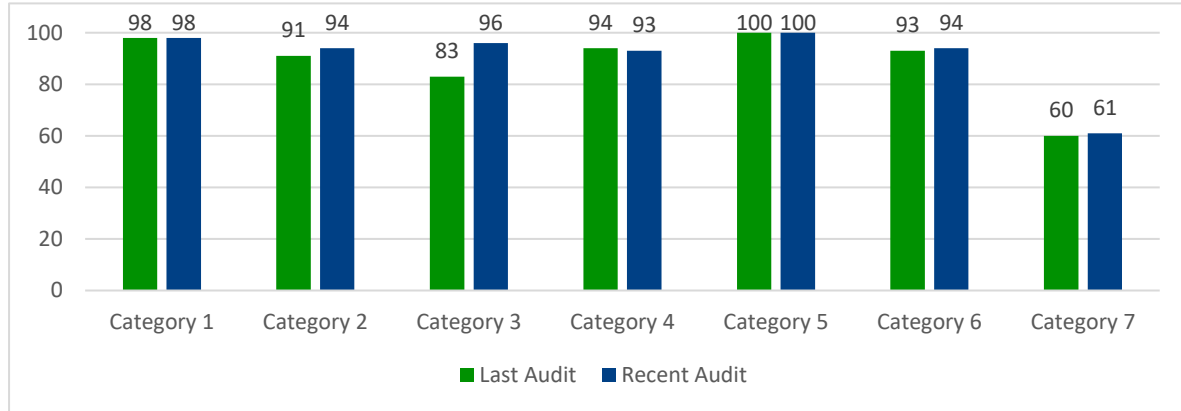
Internal Quality Review			
Program	OP Psych	Date of Audit	April 22, 2022
Number of Charts Reviewed	52 Randomized Charts	Audit Schedule	Quarterly – Q1
Total Number of Indicators	30 Quality Indicators		

Category	Score	Goal
1. Intake and Assessment	98%	80%
2. Treatment Planning	91%	80%
3. Care Coordination	83%	80%
4. Physical Health/Behavioral Health Indicators	94%	80%
5. Discharge Planning	N/A	80%
6. Smoking Cessation Data	93%	80%
7. Key Clinical Indicators for Level of Care	60%	80%

Internal Quality Review			
Program	OP Psych	Date of Audit	11/14/22 – 11/17/22
Number of Charts Reviewed	50 Randomized Charts	Audit Schedule	Quarterly – Q2
Total Number of Indicators	30 Quality Indicators		

Category	Score	Goal
1. Intake and Assessment	98%	80%
2. Treatment Planning	94%	80%
3. Care Coordination	96%	80%
4. Physical Health/Behavioral Health Indicators	93%	80%
5. Discharge Planning	100%	80%
6. Smoking Cessation Data	94%	80%
7. Key Clinical Indicators for Level of Care	61%	80%

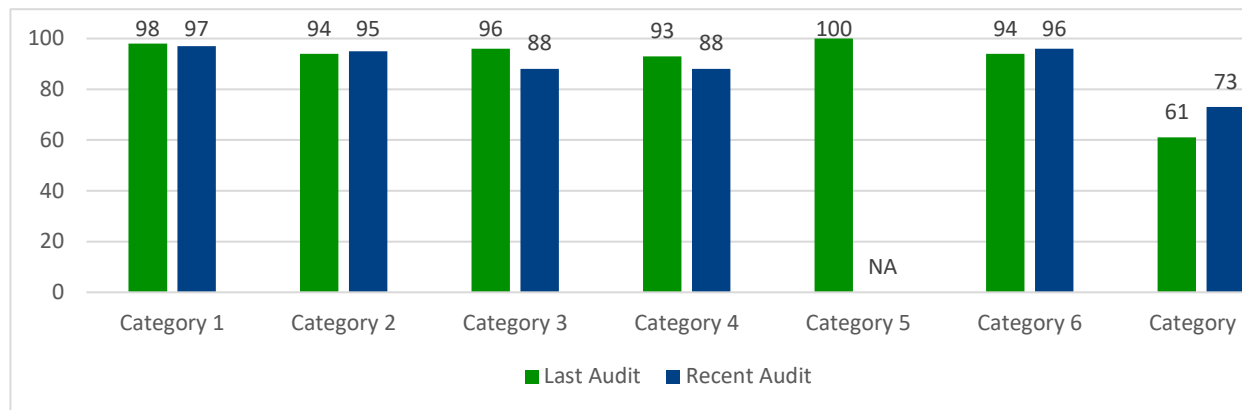
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Psych	Date of Audit	2/13/23 - 2/15/23
Number of Charts Reviewed	45 Randomized Charts	Audit Schedule	Quarterly – Q3
Total Number of Indicators	30 Quality Indicators		

Category	Score	Goal
1. Intake and Assessment	97%	80%
2. Treatment Planning	95%	80%
3. Care Coordination	88%	80%
4. Physical Health/Behavioral Health Indicators	88%	80%
5. Discharge Planning	N/A	80%
6. Smoking Cessation Data	96%	80%
7. Key Clinical Indicators for Level of Care	73%	80%

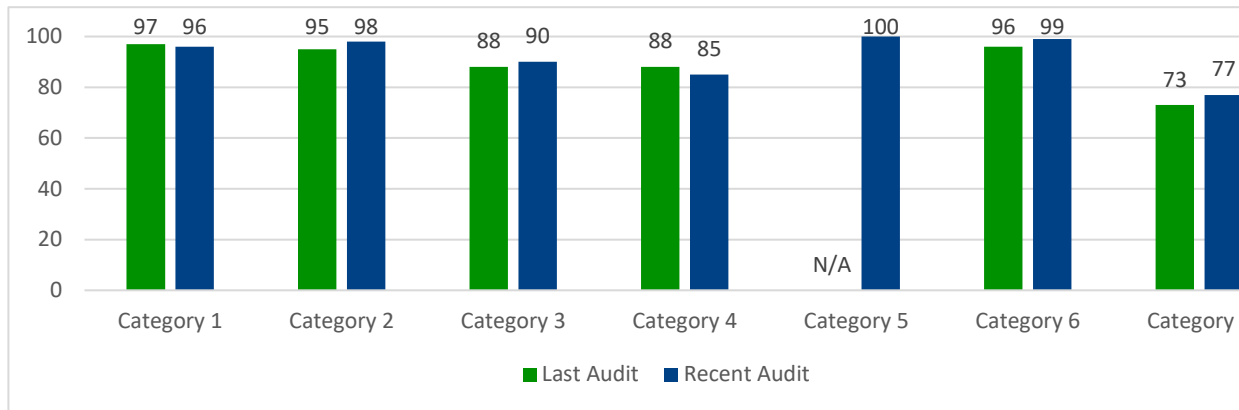
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Psych	Date of Audit	5/1/2023 – 5/3/2023
Number of Charts Reviewed	50 Randomized Charts	Audit Schedule	Quarterly – Q4
Total Number of Indicators	30 Quality Indicators		

Category	Score	Goal
1. Intake and Assessment	96%	80%
2. Treatment Planning	98%	80%
3. Care Coordination	90%	80%
4. Physical Health/Behavioral Health Indicators	85%	80%
5. Discharge Planning	100%	80%
6. Smoking Cessation Data	99%	80%
7. Key Clinical Indicators for Level of Care	77%	80%

Comparison from the last Internal Audit:

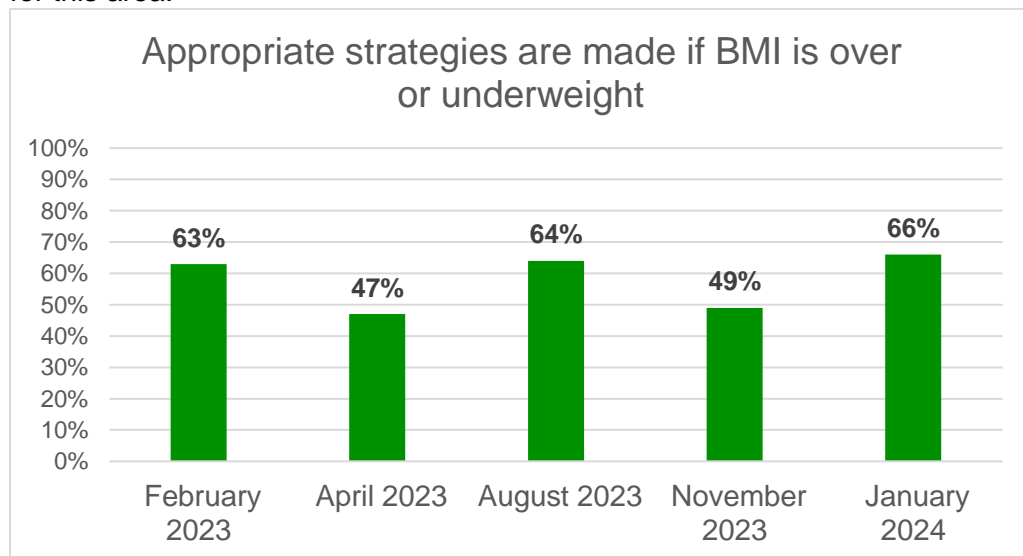


Program Goals

Quality review findings and internal compliance audit results assist in determining program goals using the Plan Do Check Act (PDCA) Model. Audit results are carefully reviewed to develop a plan to increase the indicators to reach or exceed 80%. The areas being monitored for quality improvement during this review include the following.

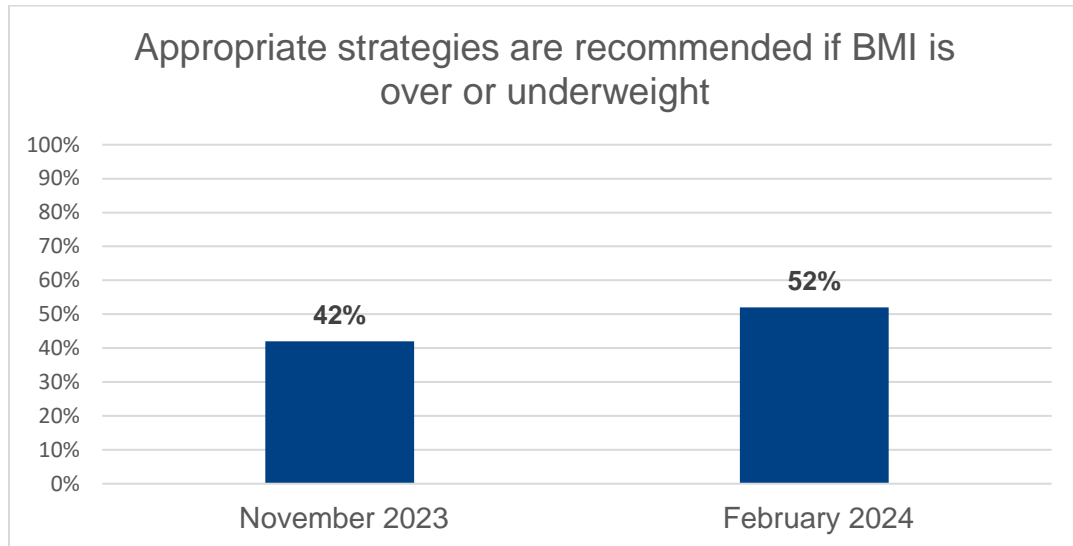
Outpatient Counseling Program Goals

1. Clients will receive appropriate strategies if BMI is considered over or underweight.
 - a. This area has been being monitored since February 2023 for quality improvement. There has been an increase of 17% in this area since the last internal compliance audit. The chart below represents the progress being made for this area.



Outpatient Psychiatric Program Goals

1. Clients will receive appropriate strategies if BMI is considered over or underweight.
 - a. Consistent with outpatient Psychiatric Services, this area has been being monitored for quality improvement since February 2024. There was a 10% increase since the last review. This area will remain as a PDCA until it reaches or exceeds the goal of 80%.



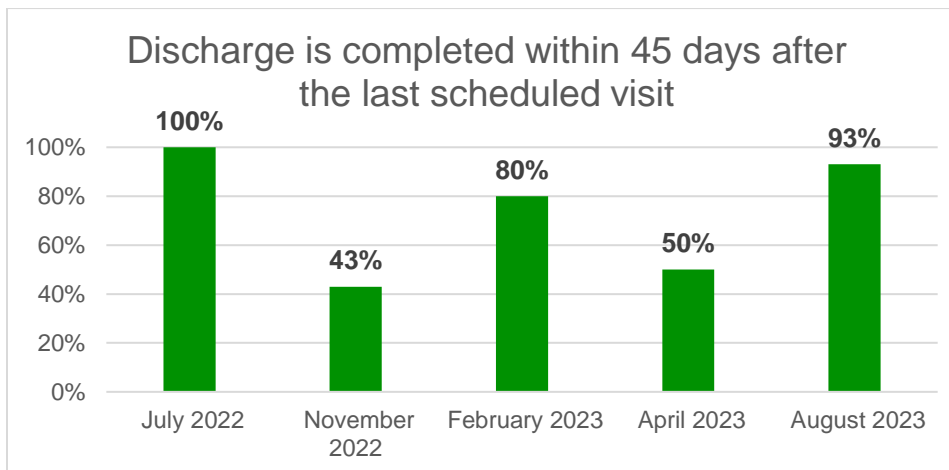
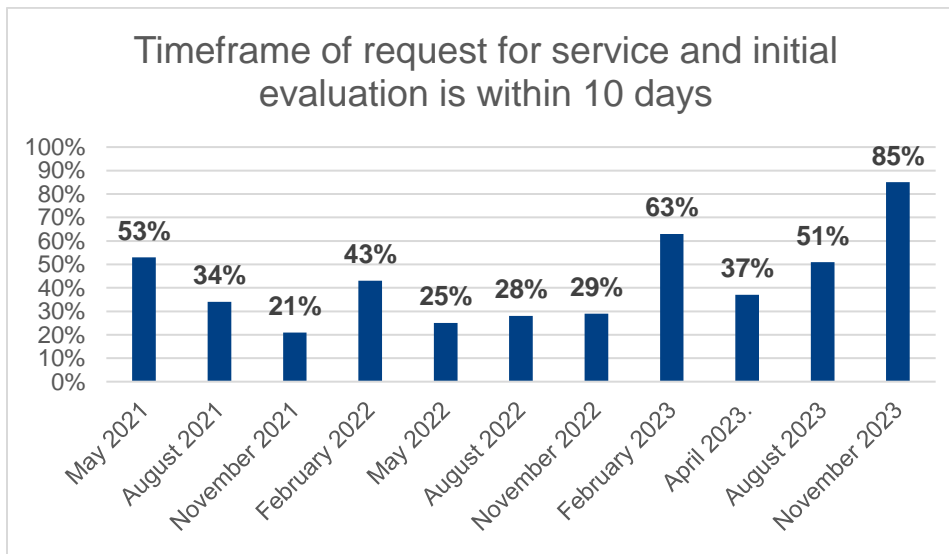
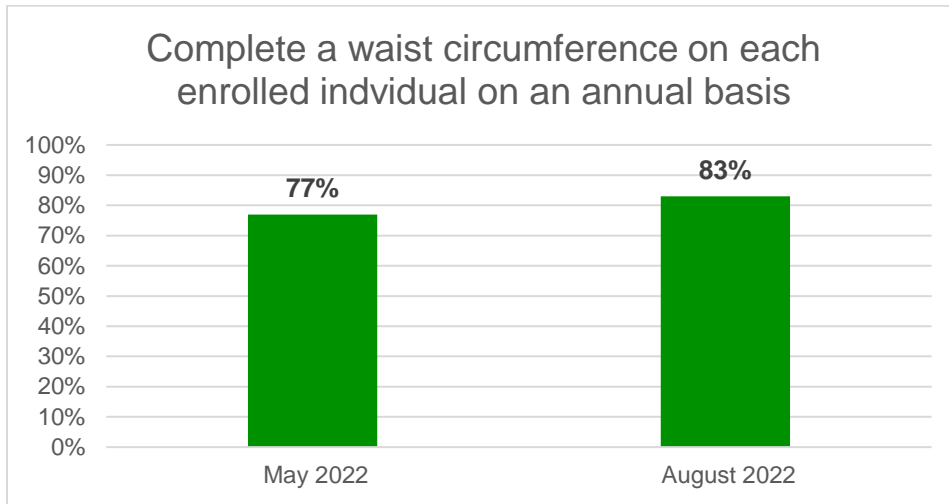
Retired Program Goals

At the last review, it was an ongoing effort to get clients seen within a timelier manner. The goal is to get clients seen within 10 days of the request for service. We continued to monitor this area for quality improvement and found we were not meeting the desired goal. We launched the Same Day Access (SDA) initiative in the summer of 2023 which allowed people to have their initial evaluation the same day they requested the service. Since we have launched, the timeframe between request for service and the initial evaluation decreased drastically. This was an ongoing quality improvement plan since 2021 and was finally able to be retired in November of 2023. We are now averaging less than one business day of time between the request for service and the initial evaluation.

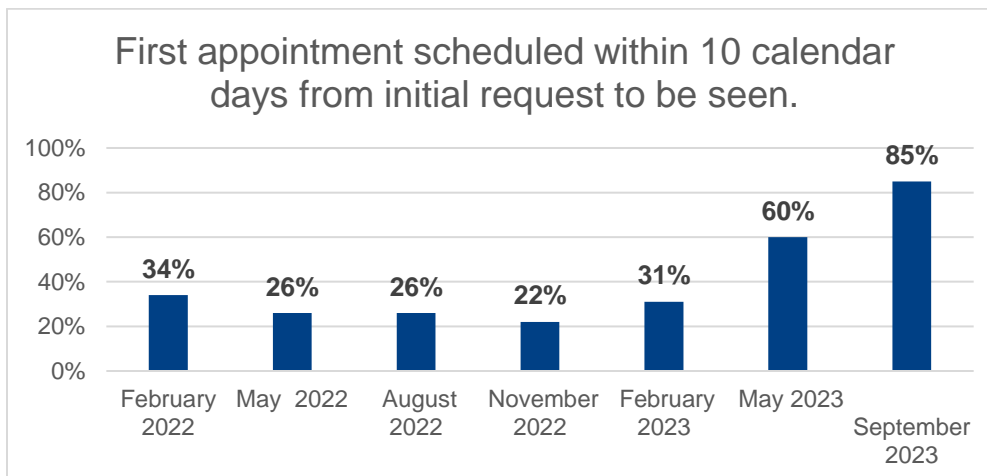
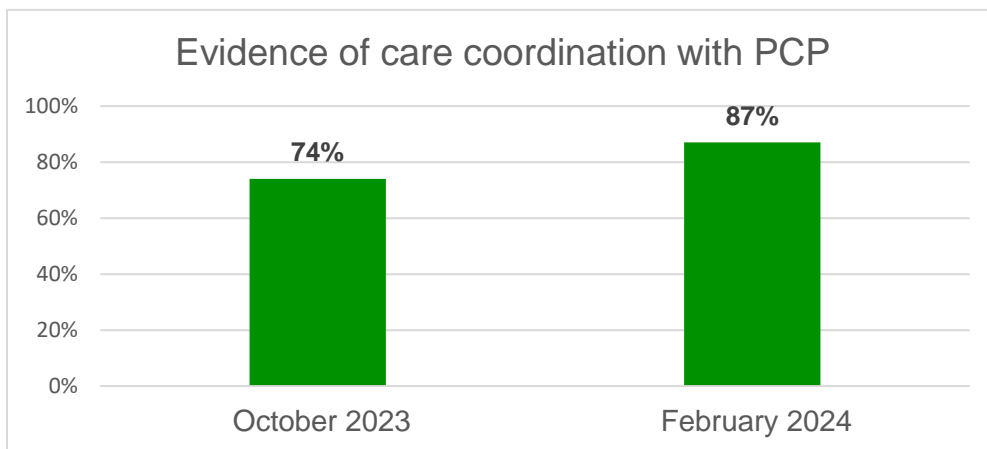
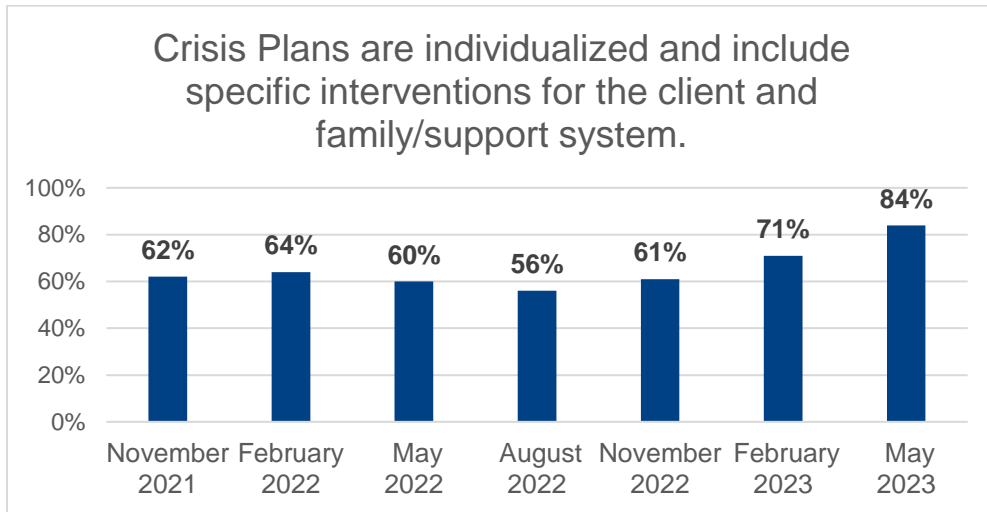
All indicators that were being monitored for quality improvement using the PDCA Model are continuously reviewed. Once an area reaches or exceeds 80% during the program year, they are considered “retired”, but remain as an indicator for internal compliance audits.

The areas below identify indicators that were considered low that were formed into program goals during this review. These areas were closely monitored for quality improvement and once they exceeded the target goal, they were considered retired.

Outpatient Counseling Retired PDCA's:



Outpatient Psychiatric Retired PDCA's:



Staff Supervision

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

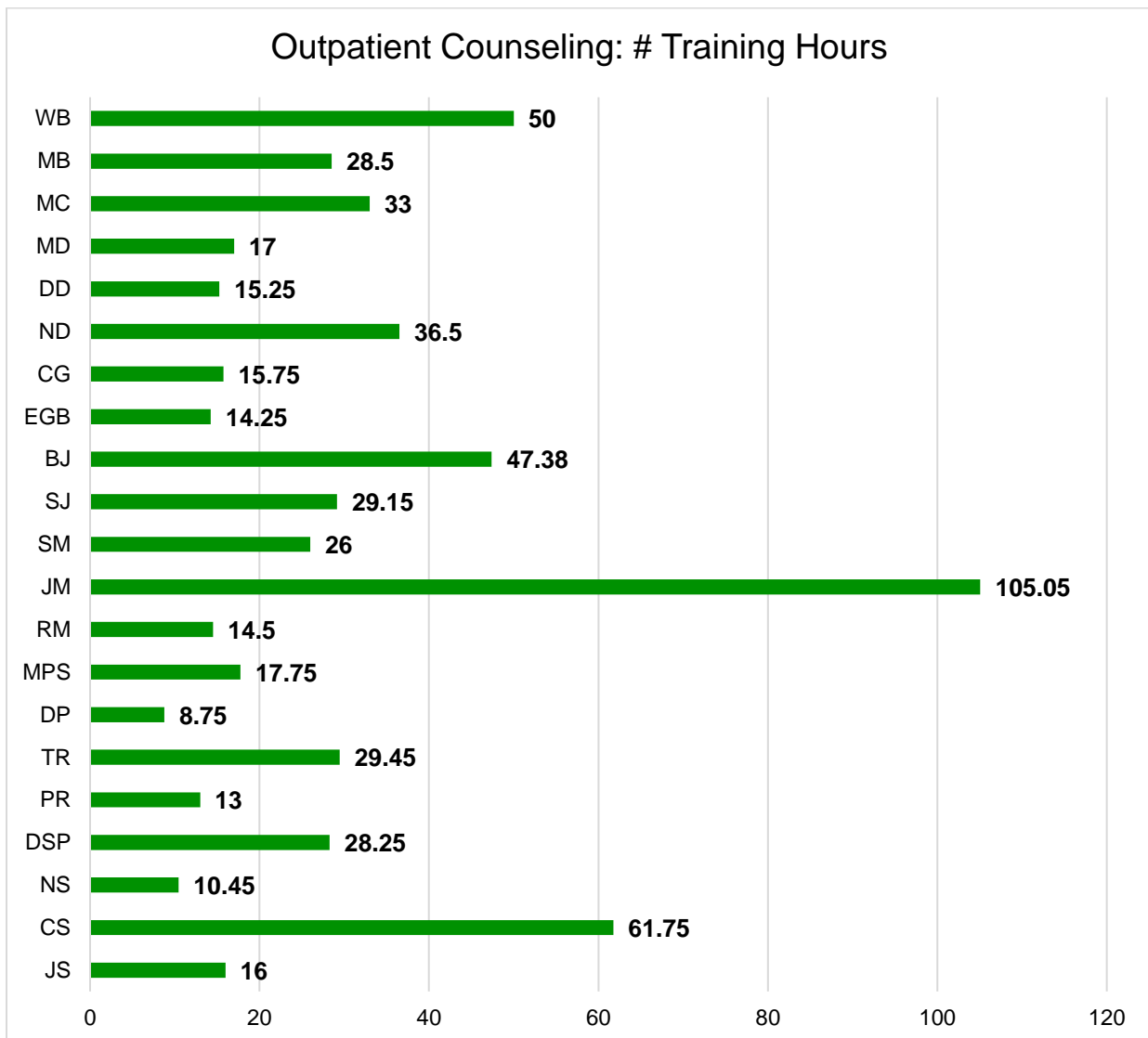
Therapists receive one-hour individual supervision biweekly and group supervision twice a month with a psychiatrist.

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

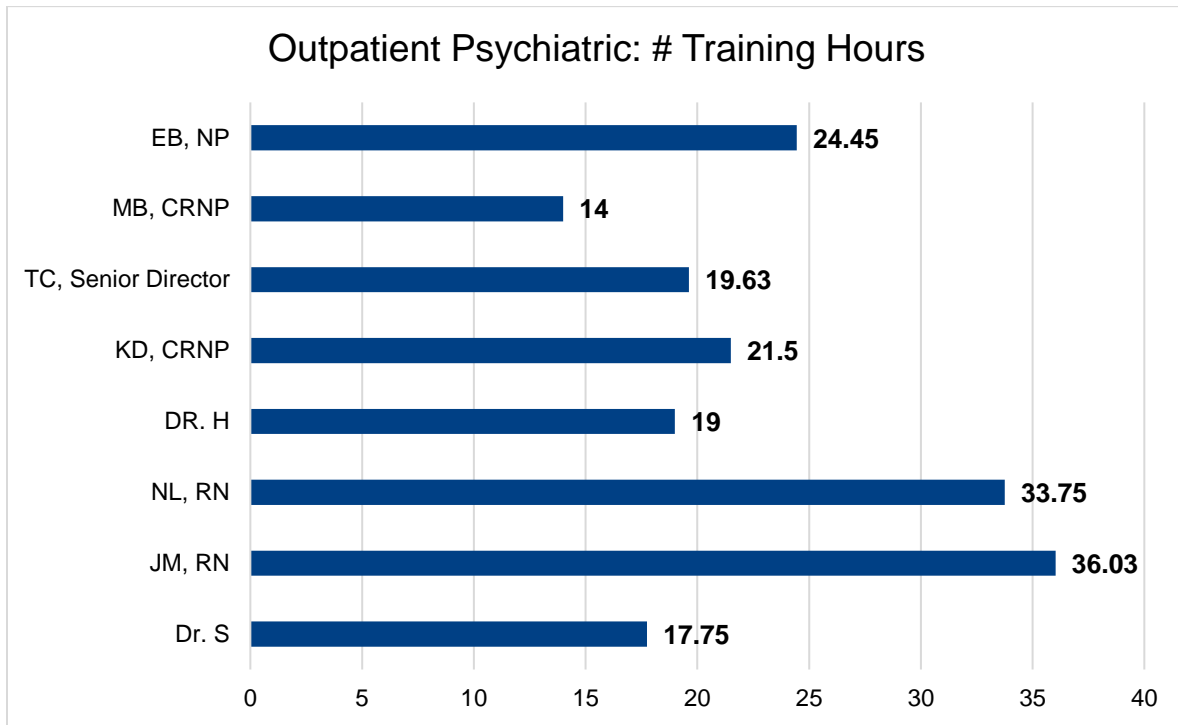
Supervision records are kept by the Outpatient and School Based Clinical Directors.

Staff Trainings

Staff trainings continue to be a key element in the Outpatient Programs. Outpatient Counseling staff members had over 600 staff training hours combined. The following graph represents training hours for each staff member.



Outpatient Psychiatric staff members had over 180 staff training hours combined. The following graph represents training hours for each staff member.



Satisfaction Surveys

Client feedback continues to be an important component of ensuring client satisfaction is met and exceeded. Individuals enrolled in Outpatient Services are offered National Outcome Measures (NOMS) to collect feedback on their perception of care and quality improvement. Random individuals are chosen to complete the NOMS assessment at various intervals throughout treatment. There were 22 individuals who chose to complete the NOMS assessments during this review.

Survey Results

Demographic information is collected in the NOMS along with functioning, stability in housing, education & employment, crime & criminal history, and social connectedness.

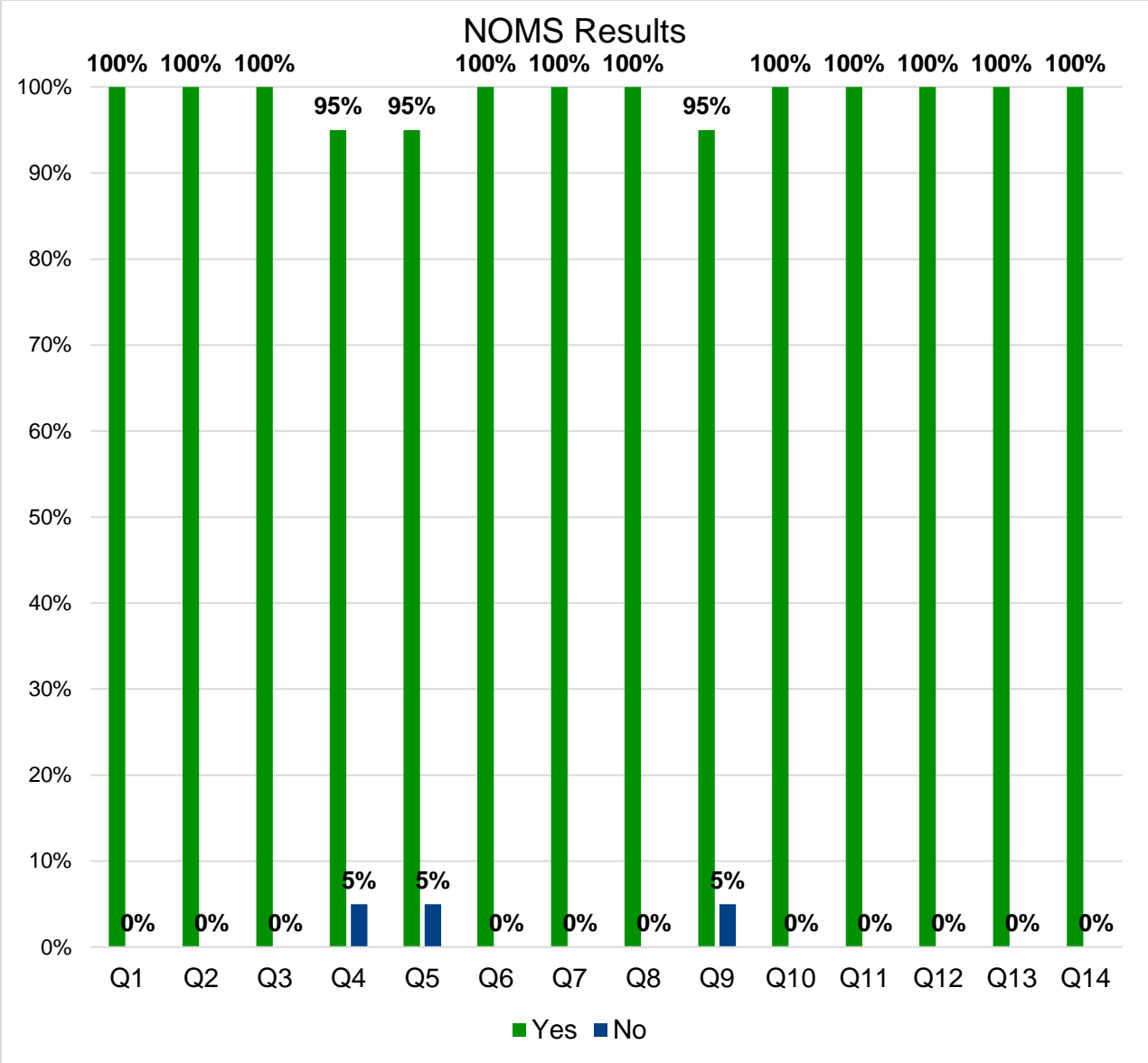
Additionally, individuals rated their perception of care based on the statements below. Individuals had the option of answering with “yes” or “no”. None of the statements were mandatory to respond to so some answers were left blank.

The following table lists the statements on the NOMS regarding the individual’s perception of care in various areas.

Statements:

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

The following chart indicates the percentage of adults who responded with a “yes” or “no” answer.



The results of the NOMS assessments indicate individuals are satisfied with their care.

In addition to the NOMS assessments, the agency implemented a client feedback QR code in the waiting rooms of the Bradford, Kane, and Smethport offices in 2024. This QR code will give all individuals coming into the office an opportunity to provide feedback at any time.

Moreover, clients are given the client handbook upon opening. The client handbook encompasses an array of topics including, but limited to the following:

- Office location and contact information
- Client rights
- Crisis support information
- Confidentiality policy
- Grievance and concern procedures
- Payment for services

A copy of the client handbook can be given to any individual enrolled in services at any time. The grievance/concern section provides information on how to report a violation of client's rights.

Lastly, clients of the agency are invited to join the Client Advisory Committee. The agency formed the Client Advisory Committee in 2020 which consists of clients and/or family member of clients. Meetings are held quarterly, and members are offered to join in-person or virtually via Zoom. A brief agenda is created, but meetings center around open discussion for quality improvement ideas provided by the members. This feedback is shared with Senior Management at monthly quality meetings to form a plan to implement the ideas shared.

Student Assistance Program (SAP)

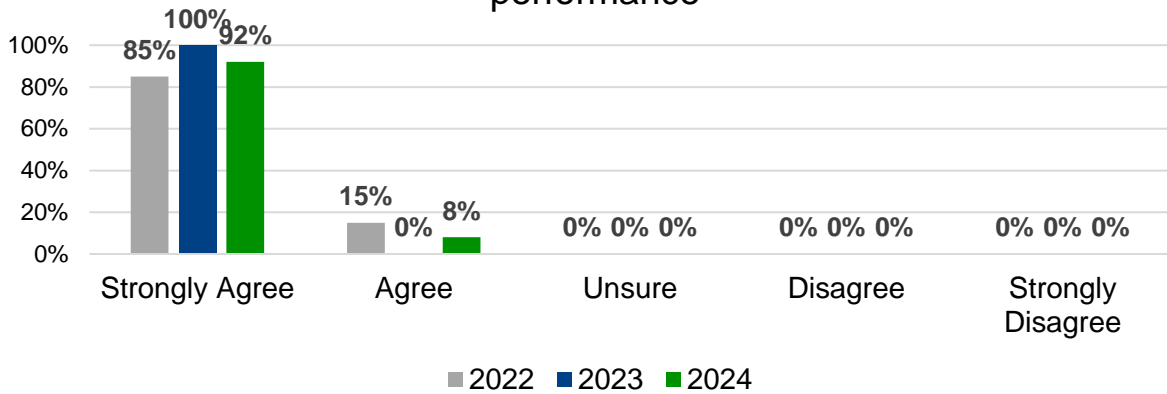
The Student Assistance Program (SAP) collects feedback from the schools that we serve on an annual basis. Surveys are distributed in the Spring of each school year and results are given to the Quality Director. The Guidance Center provides service in thirteen schools across McKean County. Below are the names of the schools who submitted a survey.

13 surveys were completed by the following schools:

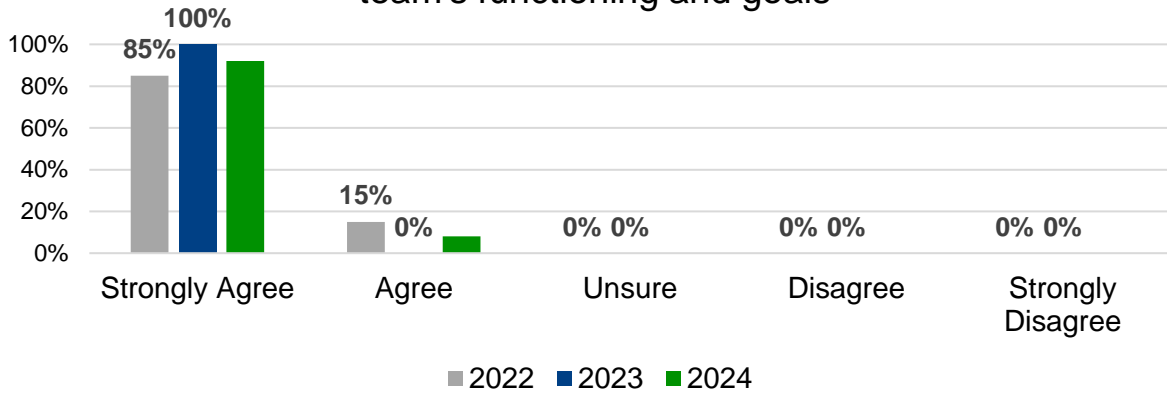
1. Bradford Area High School
2. Floyd C. Fretz Middle School
3. George G. Blaisdell Elementary School
4. Kane Elementary School
5. Kane High School
6. Kane Middle School
7. Otto Eldred Elementary School
8. Otto Eldred Jr/Sr High School
9. Port Allegany Elementary School
10. Port Allegany Jr/Sr High School
11. School Street Elementary School
12. Smethport Elementary School
13. Smethport High School

The following graphs include the compiled results from the surveys received.

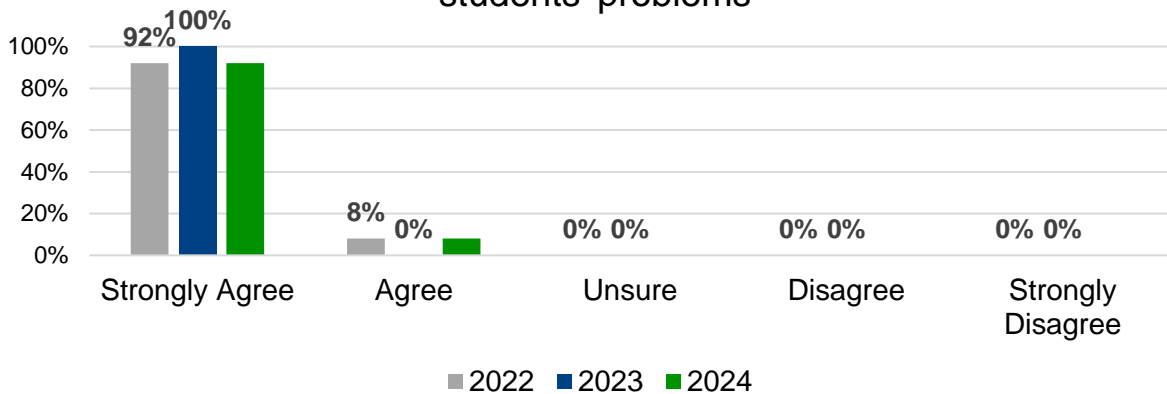
In general, we are satisfied with the MH Consultant's performance

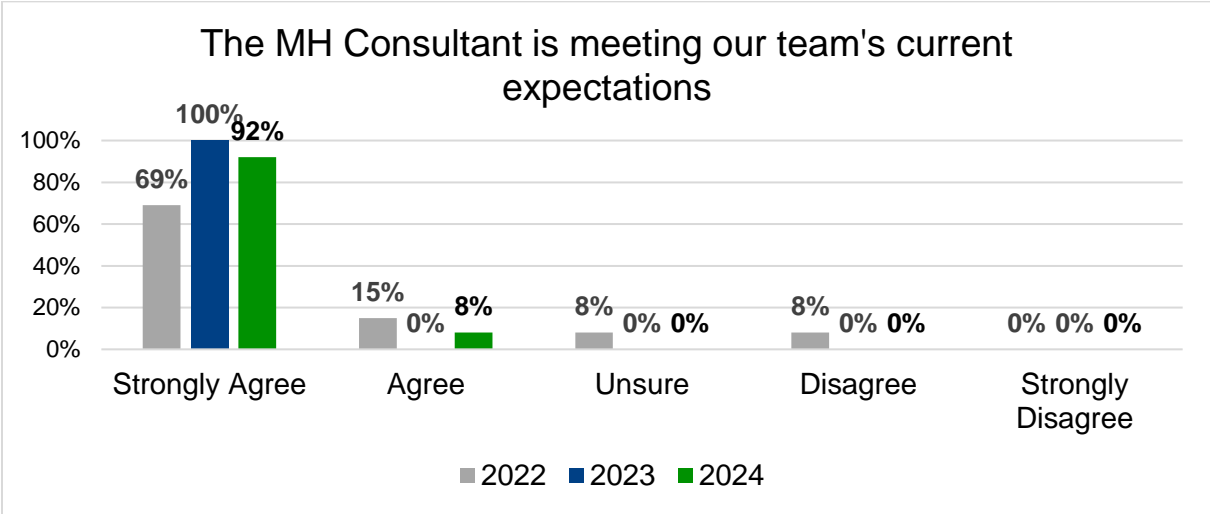
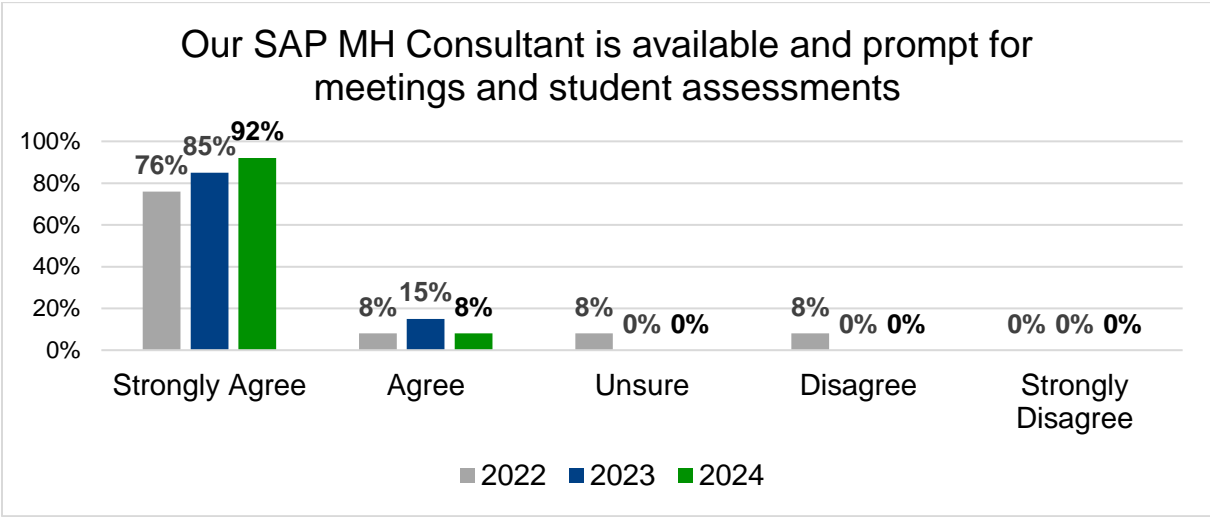
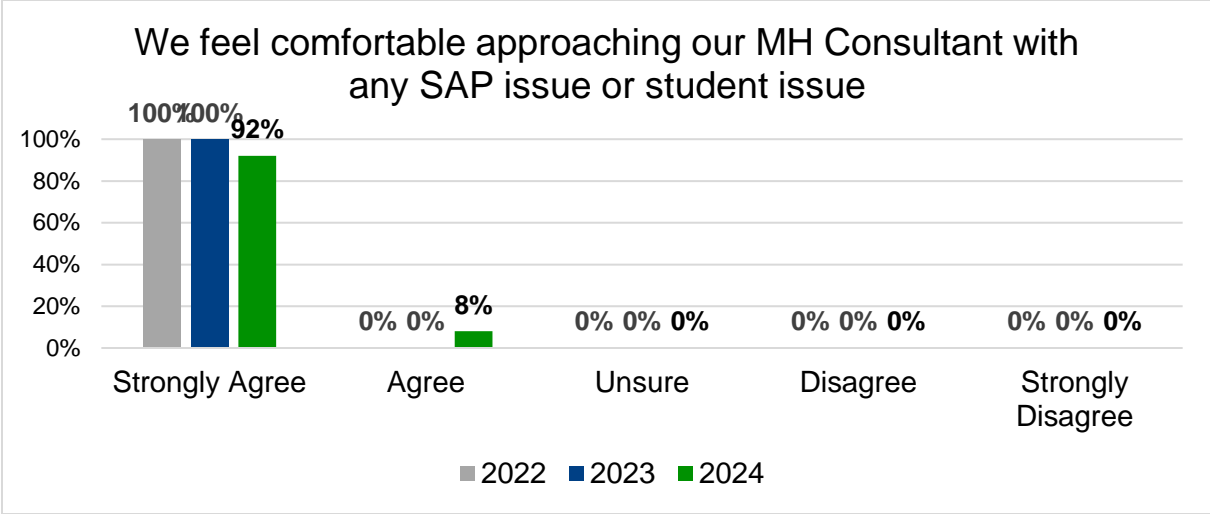


The MH Consultant seems genuinely interested in the team's functioning and goals



The MH Consultant seems genuinely interested in the students' problems





Survey results indicate school representatives are more than satisfied with their service.

Comments

School staff were able to provide comments and feedback on the surveys regarding services and their service provider.

It was a frequent point about how numerous schools expressed a desire for our service on a more regular basis. In feedback from school respondents, it was evident that the demand for additional SAP Consultants within educational institutions is substantial.

Additionally, below are some of the comments we received regarding the Student Assistance Program.

