
# Crisis Intervention Services

**Annual Quality Report**

**July 1, 2023 – June 30, 2024**

# Contents

## Service Description

- Crisis Intervention Services are intended to provide screening, problem resolution, and referrals before situations escalate to an emergency or higher level of intensity and service.

- The Guidance Center provides three levels of Crisis Intervention Services in McKean County:
    1. Crisis Telephone/Telehealth Services: provides immediate response on a 24-hour basis. The staff assists by offering assessment, crisis intervention, suicide prevention, crisis resolution, and referral to a vast array of local agencies and support groups.
    2. Crisis Walk-in Services: provides immediate response to individuals who are in need of an urgent face-to-face consultation at The Guidance Center located at 110 Campus Drive in Bradford, PA. Face to face services continue to decline due to the COVID-19 pandemic.
    3. Mobile Crisis: provides early intervention prior to the situation escalating. Consultation services are also provided to individuals, support systems, and behavioral health providers.

- Services are provided in a variety of ways based on the individual's needs and circumstances. Services incorporate consumer self-help approaches and are provided in a manner that allows clients to retain the greatest possible control over their own lives. A main component in Crisis Services is to focus on client strengths and to maintain a sense of identity, dignity, and self-esteem.

## Overview

- In 2024, The Guidance Center updated its mission statement to better reflect the comprehensive work and the ambitious goals set to assist people along their unique life journeys. Since the mission statement had not been revised in almost 40 years, it became evident that a new mission statement was crucial to truly capture the evolving mission of our agency and the ever-changing needs of the communities we serve. *"Our mission is to connect, support and provide guidance to people along life's path. We are committed to fostering growth and resilience by offering accessible programs and*

*services."* In addition to the new mission statement, the agency also introduced a slogan, "**T**ogether **G**uiding **C**hange" that was approved in 2024.

- 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 in order to reduce hospitalization 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.

- The Guidance Center prioritizes quality improvement through a comprehensive approach. Quality Improvement Plans are developed based on internal compliance audits and valuable insights gathered from feedback surveys. Surveys are distributed to clients who accessed Crisis Services and to agencies in the community who work directly with Crisis Services and Crisis Professionals. These surveys are crucial for ensuring the Crisis Program consistently delivers high-quality care.

  Clients participating in the program are asked to complete a feedback survey assessing their satisfaction with the services received. Agencies in the local community who work closely with Crisis Services are offered a feedback survey to evaluate the effectiveness of the program. Agencies vary from schools, law enforcement agencies, and healthcare facilities. All survey results are transparently shared with key stakeholders, including Senior Management, the Executive Director, and the Agency Board of Directors. Furthermore, these results are publicly accessible on the agency's website to enhance transparency and accountability.

  To address any areas of concern identified through the survey process, The Guidance Center utilizes a structured quality improvement and monitoring process using the Plan-Do-Check-Act (PDCA) Model. This approach ensures continuous improvement in service delivery.

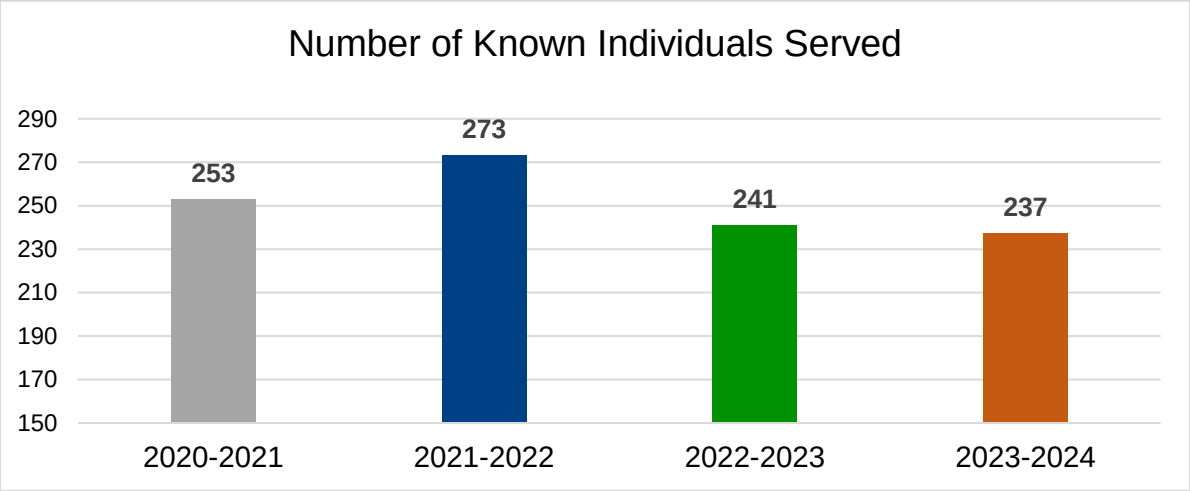
- Data for this Quality Report is from July 1, 2023, through June 30, 2024.

## Demographics

Demographics for Crisis Intervention Services are captured from the reported data collected. It is not uncommon for individuals to stay anonymous while receiving Crisis Intervention Services. The data below is based upon the collected demographic data.

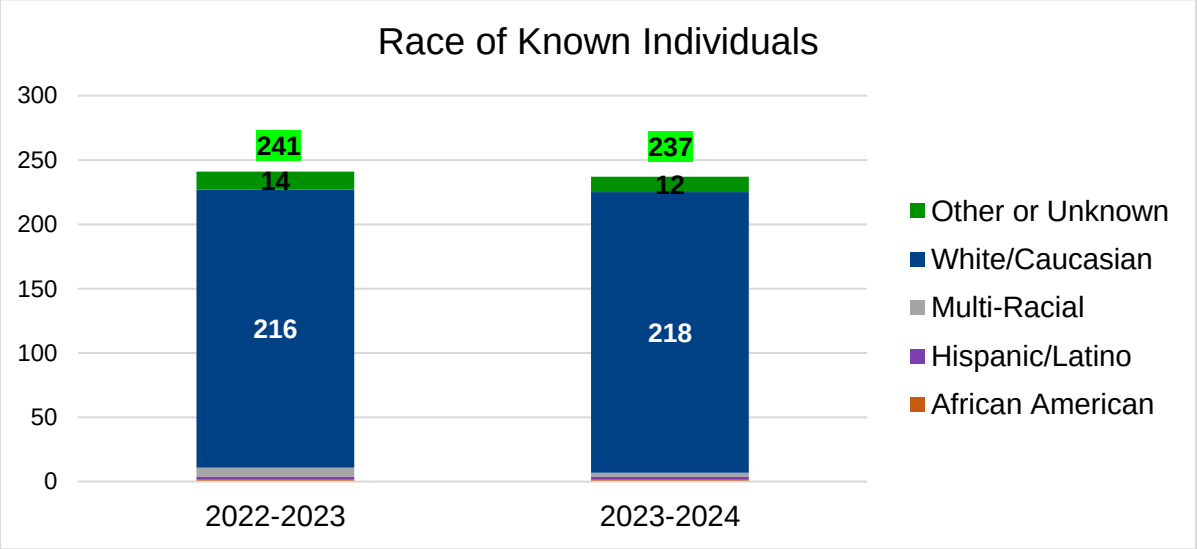
### Number of Individuals Served

The number of known individuals served in Crisis Services during this review is captured in the graph below. The number of known individuals remains similar to the last review.



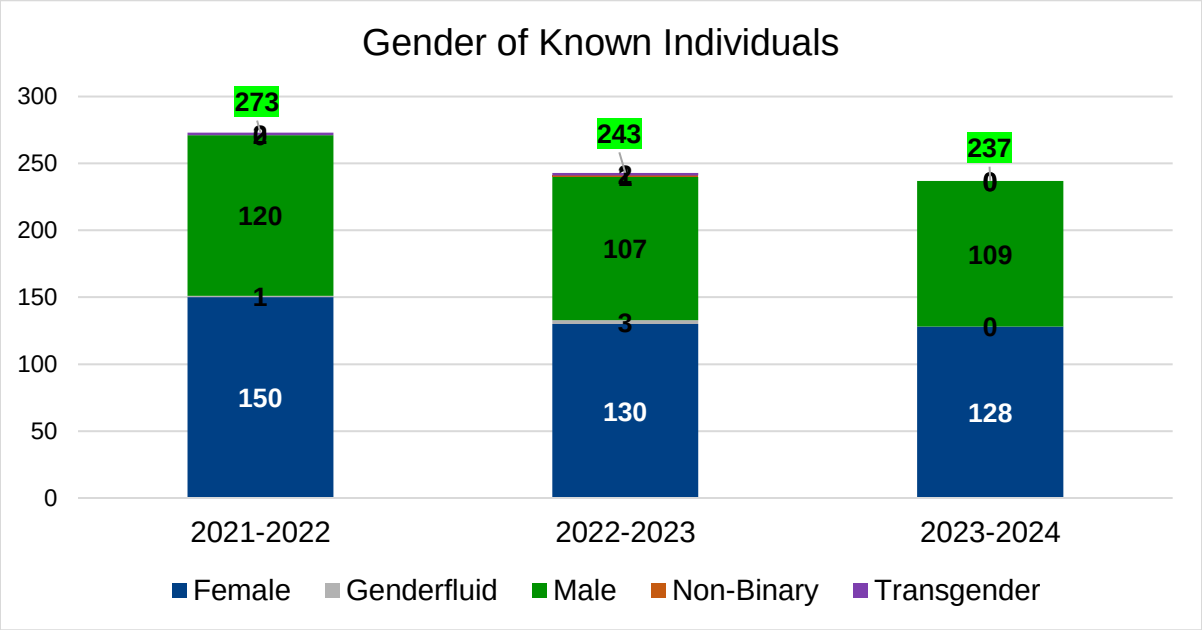

### Race

Majority of the individuals receiving Crisis Intervention Services were White/Caucasian. The following graph indicates the number of individuals and their race.



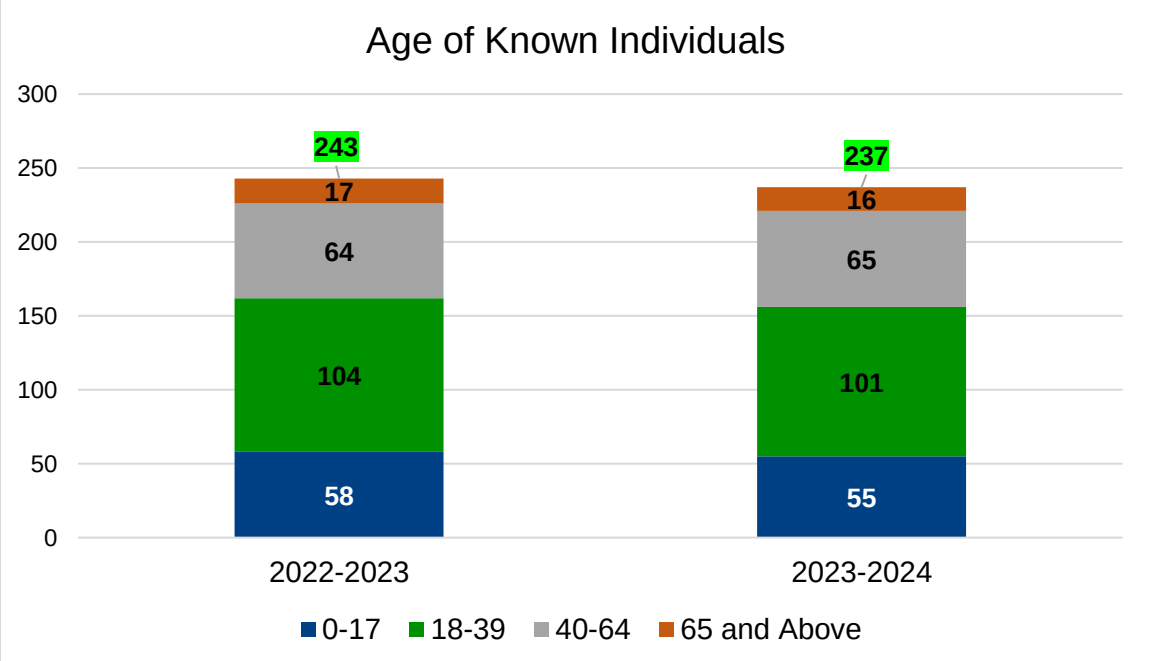
**Gender**

Consistent with the last review, there are a greater number of females served in Crisis Intervention Services during this review, followed by the number of males. The graph below depicts the percentage of each gender.



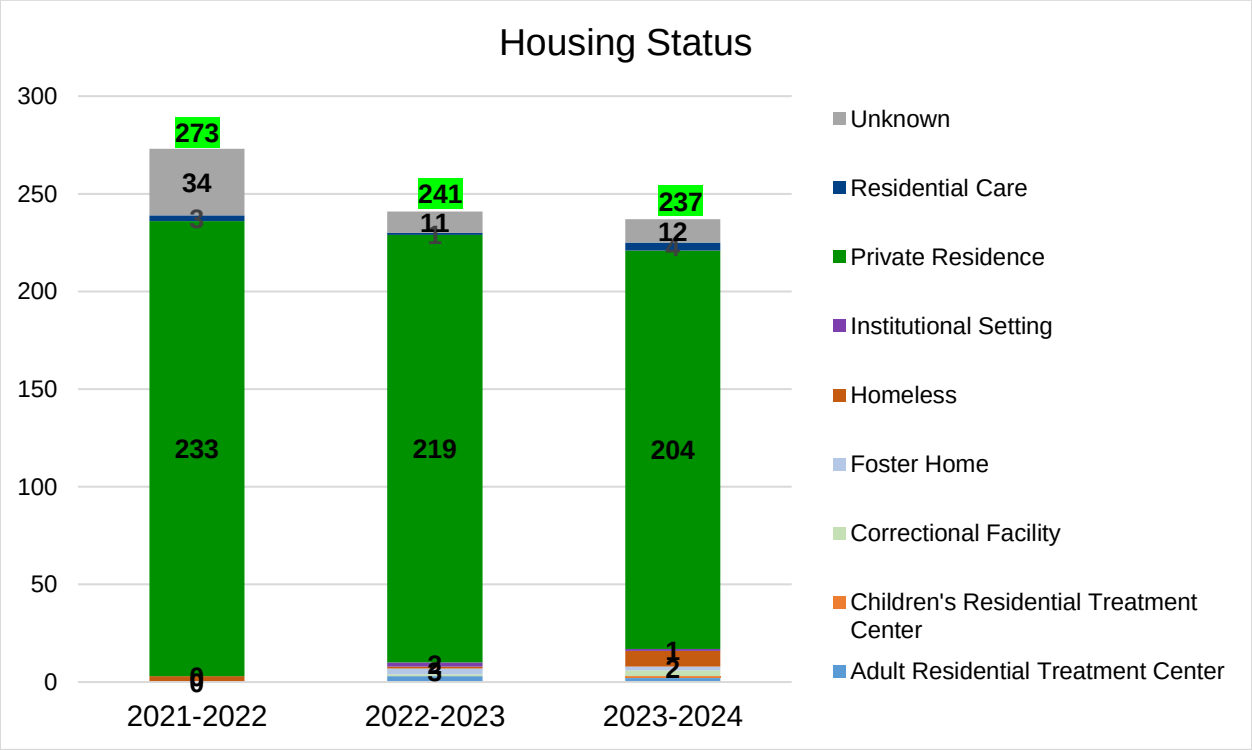

**Age**

The majority of identified individuals served were between the ages of 18 and 39 years. The following table represents the number of individuals and their age.



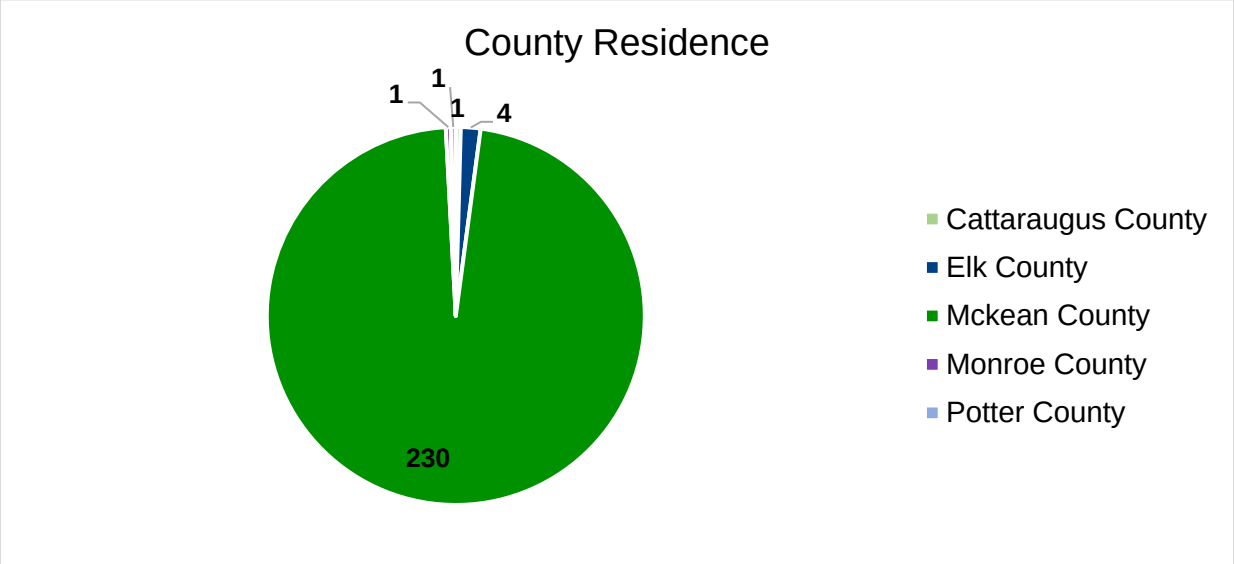
### Housing Status

The chart below indicates the percentage of individuals' housing status. Most known individuals who received Crisis Services live in a private residence.



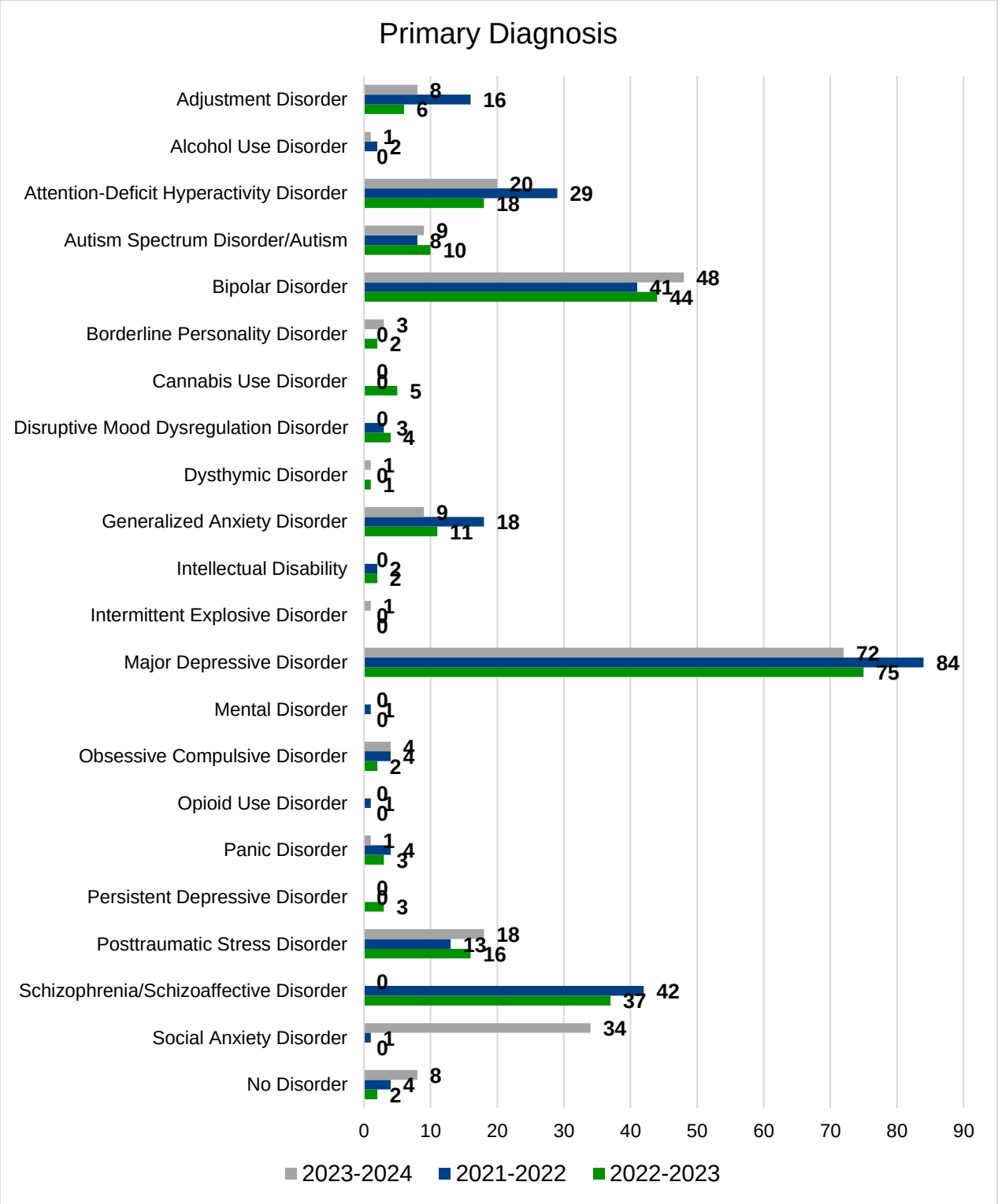

### County Residence

While all Crisis Services occur in McKean County, some of those individuals reside in another county. The graph below indicates the number of individuals and the county they reside in.



**Primary Diagnosis**

Consistent with the previous reviews, Major Depressive Disorder is the most common primary diagnosis among individuals served. A complete breakdown of all primary diagnoses are represented in the chart below.

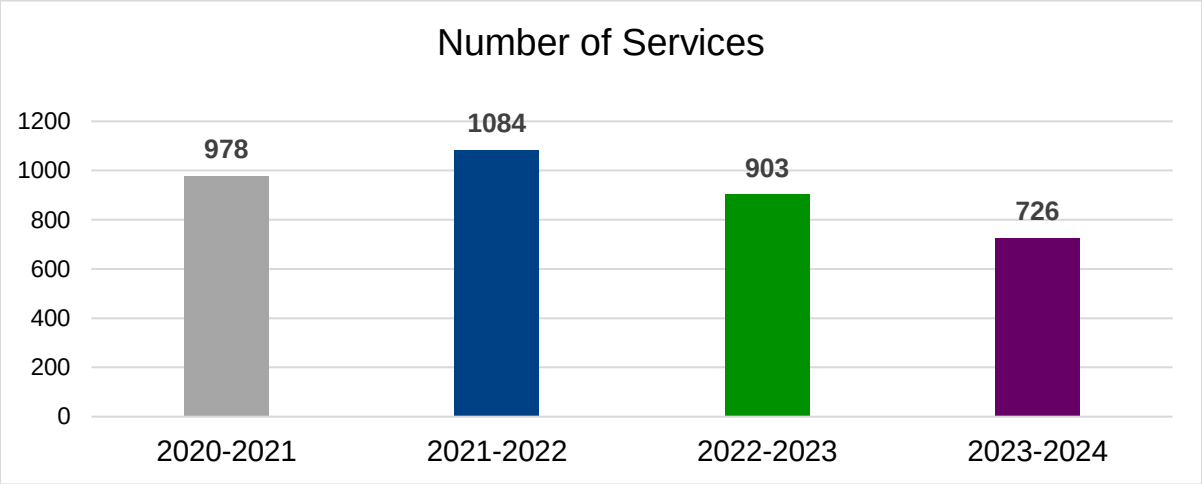


## Service Data

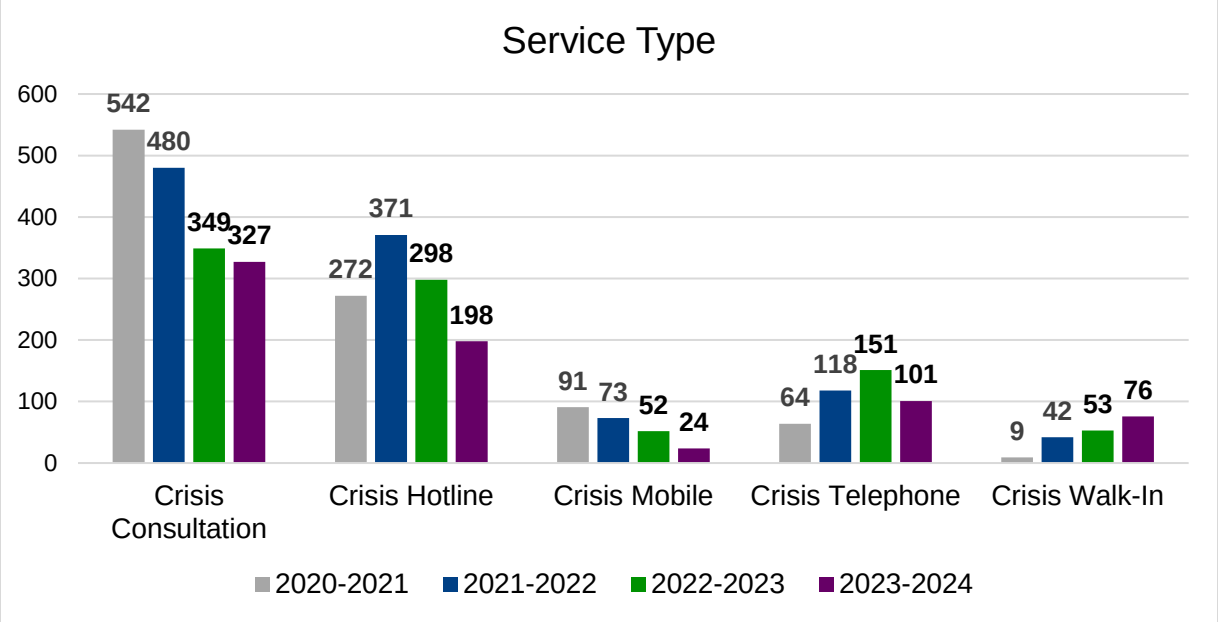
### Number of Services

Since we have expanded services at the agency, it has not been uncommon that crisis services continue to decrease. The Guidance Center launched Assertive Community Treatment (ACT) in September 2021, Same Day Access (SDA) in July 2021, and Single Session Consultation (SSC) in May 2024. These programs assist individuals high-quality care, level of service delivery, and the quick response they need.

During this review, there were 726 Crisis Services completed.

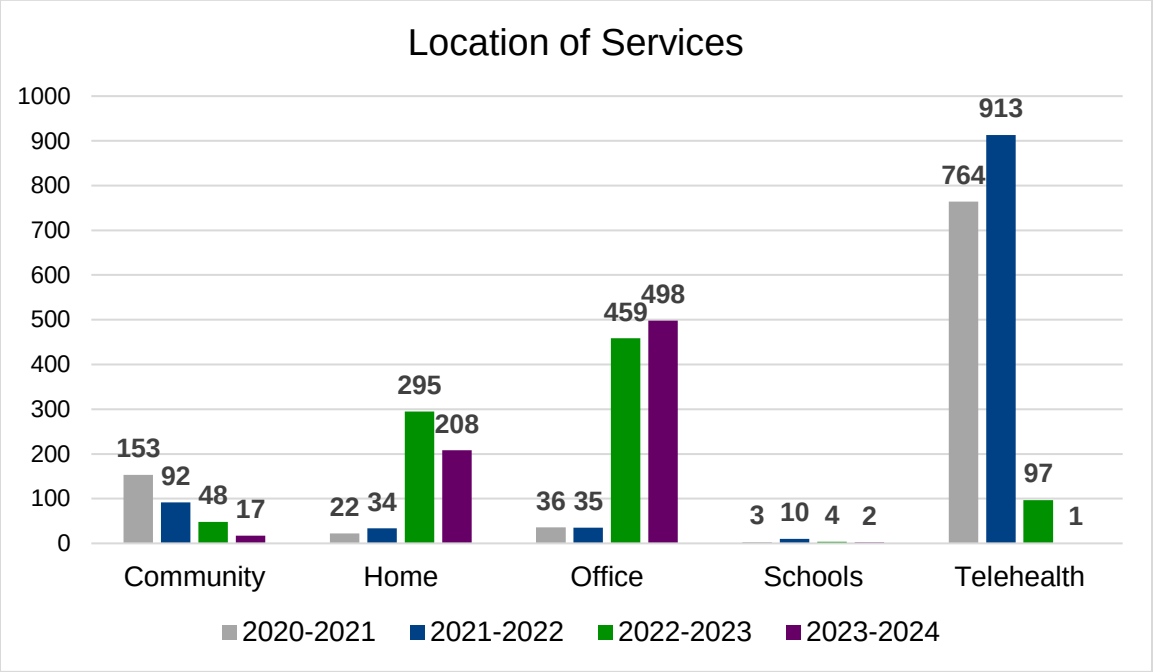



Majority of services delivered were Crisis Consultation. We continue to see an increase in Crisis Walk-In numbers since the beginning of the COVID-19 pandemic. We anticipate to see crisis walk-in sessions to continue increasing.



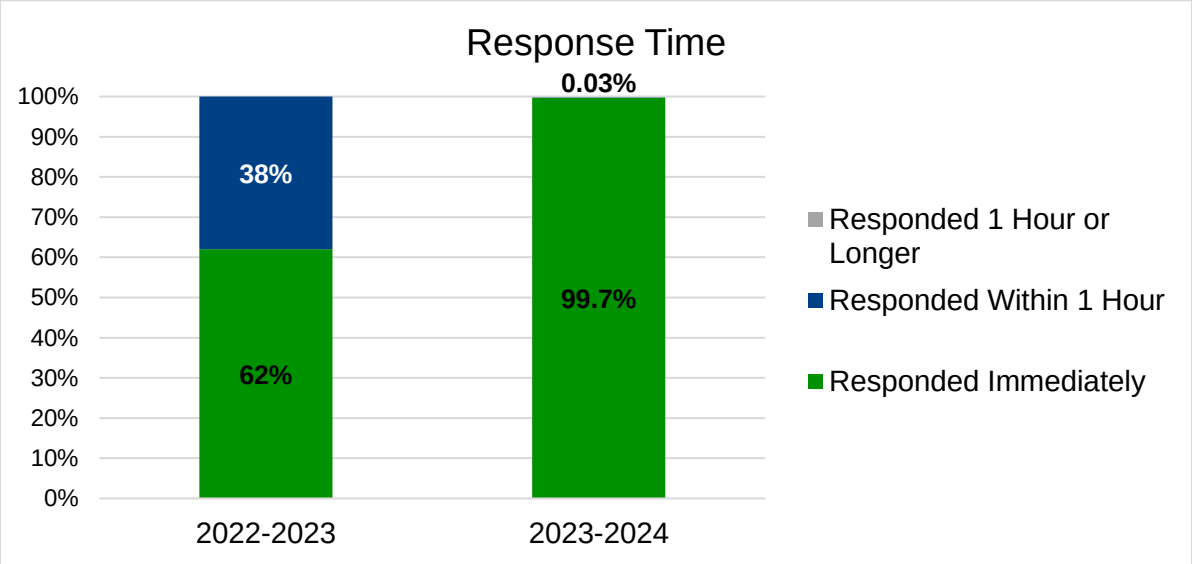
**Location of Services**

Since most services are telephone or hotline contacts, most of the services are delivered in the office setting. A complete breakdown of service locations is captured in the graph below.



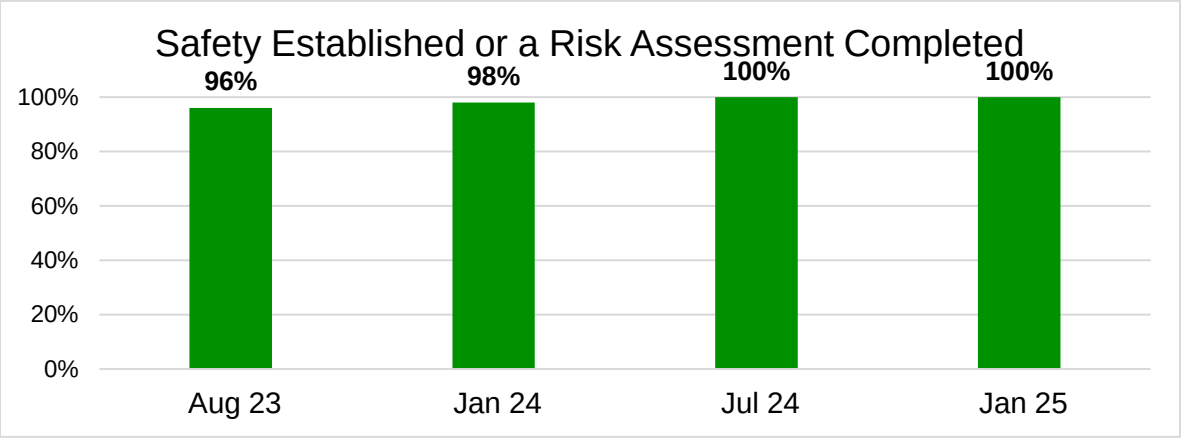

**Response Time**

The program is monitored for the response from the time a crisis matter is reported until the time crisis staff respond. During this review, 99.7% of the time crisis staff responded immediately. Consistent with the last review, no crisis response took longer than one hour. The chart below indicates all responses occurred for the previous review and this review.



**Safety Established**

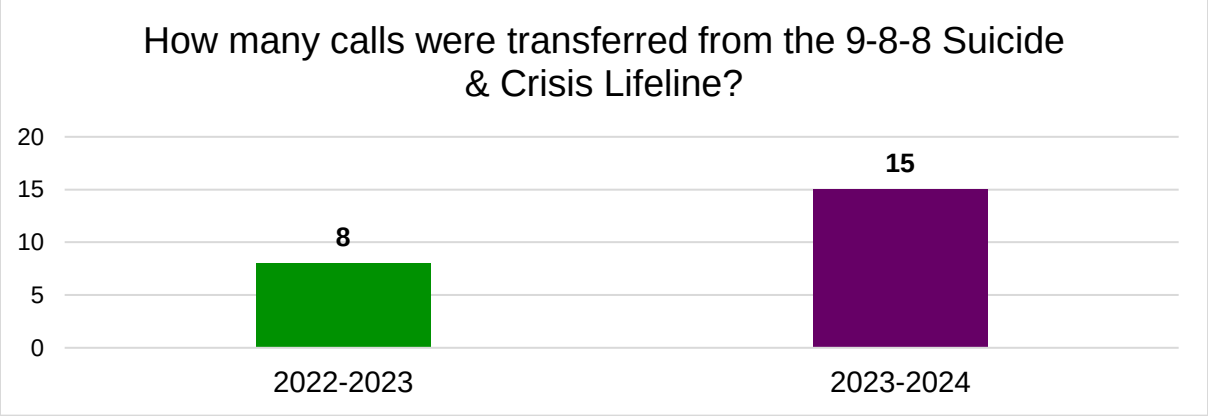
Establishing safety or conducting a Columbia-Suicide Severity Rating Scale (C-SSRS), also known as a Risk Assessment, when risks are evident is a priority in Crisis Services. All staff are trained in utilization of the Risk Assessment and are provided with the resources to handle high risk contacts. The Compliance Coordinator conducts internal audits that monitor whether safety was established or if a Risk Assessment was completed. The graph below indicates the percentage of services that resulted in safety being established or a Risk Assessment completed.




The graph above indicates 100% of the time safety was established or a risk assessment was completed in both quarters in the 2024-2025 year.

**9-8-8 Suicide & Crisis Lifeline**

In 2020, Congress developed the 988-telephone number which was previously known as the National Suicide Prevention Lifeline. This lifeline offers a 24/7 call, text, and chat services to a trained crisis counselor who can help people experiencing suicidal ideations, a mental health crisis, and/or any other kind of emotional distress. At the agency, we started monitoring the number of phone calls our crisis hotline receives that are transferred from the 9-8-8 Suicide & Crisis Lifeline. During this period of review, we had an increase of 7 phone calls transferred from 9-8-8 compared to the last review.



## Program Adherence

Multiple approaches within the Outpatient Department to ensure compliance with regulations. The agency's Quality & Compliance Department evaluates Crisis Services to ensure the service description is followed and the needs of the individuals served are met. Program adherence efforts are monitored by the following:

1. Internal chart reviews conducted by the Senior Director of Crisis Services
2. Biannual internal compliance audits conducted by the Compliance Coordinator
3. Annual quality reviews conducted by the Quality Director
4. Annual OMHSAS licensing review

To ensure that Crisis 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. During this quality review, it was found that Crisis Services adheres to program requirements and operates within the service description.

### Quality

Participant feedback is crucial for gathering valuable insights and improving the overall quality of services offered by The Guidance Center. The agency values the input and perspectives clients regarding all the services that are offered by the agency. To enhance the process of gathering this important feedback, we established a Client Advisory Committee in 2020. Clients and/or family members of clients are encouraged and invited to join the committee, providing them with a platform to share their unique perspectives specifically focused on quality improvement. Any client or family member of a client can join this committee at any time, making participation accessible to everyone. Routinely, our programs, including Crisis Services, are actively recruiting members to add to this important feedback group. Currently, we have multiple clients who've received Crisis Services involved in this committee. This effort aims to capture as much feedback as possible and to broaden the committee's representation across all the programs and services offered at the agency. The Quality Director presents ideas shared and quality initiatives collected during the Client Advisory Committee meetings at agency quality meetings that involve the Executive Director and Senior Management. Quality initiatives are often directly developed from the valuable ideas shared during these Client Advisory Committee meetings.

Crisis Services actively incorporates feedback into its quality improvement. Individuals can provide ongoing feedback to the Quality & Compliance Department, complete in-waiting-room QR code surveys, or respond to direct survey links. This quality report includes the client feedback results, which are analyzed to ensure high-quality, responsive care. Findings are shared with the quality team, the Board of Directors, and program participants to promote transparency and collaboration.

Participants have the option to provide feedback either anonymously or by including their name if they wish to be contacted for follow-up discussions. The ongoing input and feedback exchange offers continuous opportunities for individuals to contribute their input, which are outlined in the agency Quality Plan. A summary of findings from satisfaction surveys and other

input methods are captured within comprehensive quality reports. These reports, which serve as a vital resource for understanding service effectiveness, can be found on the agency website for public review and transparency.

## Compliance

Compliance is critical and important to The Guidance Center to ensure ethical, legal, and professional standards are met, protecting both clients and the agency. Adhering to regulations, while compliance with licensing and accreditation requirements ensures quality care. It also minimizes legal risks, prevents financial penalties, and fosters trust among clients, staff, and regulatory bodies. By maintaining strict adherence to policies and best practices, The Guidance Center operates with integrity and provides effective treatment.

## Audits

Crisis Services received and complied with the re-licensure site visit on March 26, 2024, with Beth Choset, LCSW, of the Office of Mental Health and Substance Abuse Services (OMHSAS), for the renewal of the Certificate of Compliance to operate. During the re-licensure site visit, there were no citations warranted to The Guidance Center's Crisis Services. Recommendations made by Beth were carefully considered and implemented as current procedures.

The Quality Director conducts an in-depth comprehensive quality review, evaluating service effectiveness, quality outcome data, client satisfaction, and overall program performance.

## Internal Compliance Audits

Ensuring compliance and high-quality care is delivered, internal audits occur biannually for Crisis Services by the Compliance Coordinator. Initially, the indicators reviewed consisted of: timeliness of the response, if safety was established, if follow-up information was identified. Since these indicators repeatedly were at 100%, new indicators were developed in 2023.

To ensure regulation adherence, the Compliance Coordinator performs internal biannual compliance audits covering various quality indicators. Audit results are shared with the Senior Director of Crisis Services, Executive Director, and Crisis staff. Areas identified for quality monitoring are developed into a corrective action plan utilizing the Plan Do Check Act (PDCA) Model. To foster continuous improvement, staff collaboratively review internal compliance audit findings and corrective action plans, working together to develop and implement effective strategies. Program goals are determined when quality improvement areas are identified during quality reviews and internal compliance audits. Results of the internal compliance audits are outlined in each annual comprehensive quality report.

## Methodology

Methodology for internal compliance audits is a random selection of charts who received a crisis service by the Compliance Coordinator on a biannual basis. Charts are selected to ensure all

crisis staff are reviewed. In addition to internal audits conducted by the Compliance Coordinator, the Senior Director of Crisis Services reviews charts regularly.

Results from all internal compliance audits conducted by the Compliance Coordinator during this time of review are as follows.

**Crisis Services Internal Compliance Audit Results**

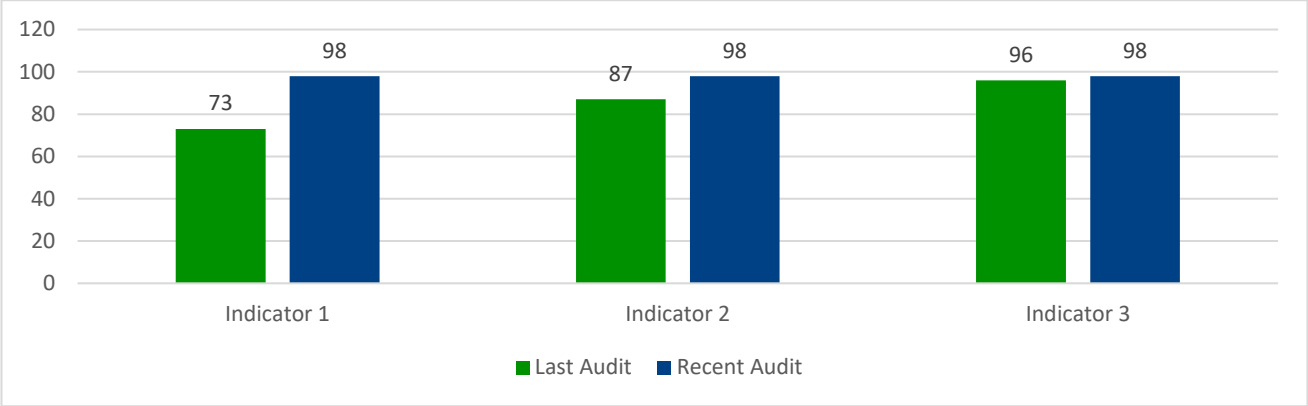
| Internal Quality Review | | | |
|---|---|---|---|
| Program | Crisis Services | Date of Audit | 8/1/23 - 8/2/23 |
| Number of Charts Reviewed | 50 Randomized Charts | Audit Schedule | Biannually – Q1 |
| Total Number of Indicators | 3 Quality Indicators | | |

| Category | Score | Goal |
|---|---|---|
| 1. Was Evidence-Based Practice Utilized? | 73% | 80% |
| 2. Was an outcome identified? | 87% | 80% |
| 3. Risk Assessment Conducted or was Safety Established | 96% | 80% |

| Internal Quality Review | | | |
|---|---|---|---|
| Program | Crisis Services | Date of Audit | 1/15/24 - 1/16/24 |
| Number of Charts Reviewed | 50 Randomized Charts | Audit Schedule | Biannually – Q3 |
| Total Number of Indicators | 3 Quality Indicators | | |

| Category | Score | Goal |
|---|---|---|
| 4. Was Evidence-Based Practice Utilized? | 98% | 80% |
| 5. Was an outcome identified? | 98% | 80% |
| 6. Risk Assessment Conducted or was Safety Established | 98% | 80% |

## Comparison Since Last Internal Audit:

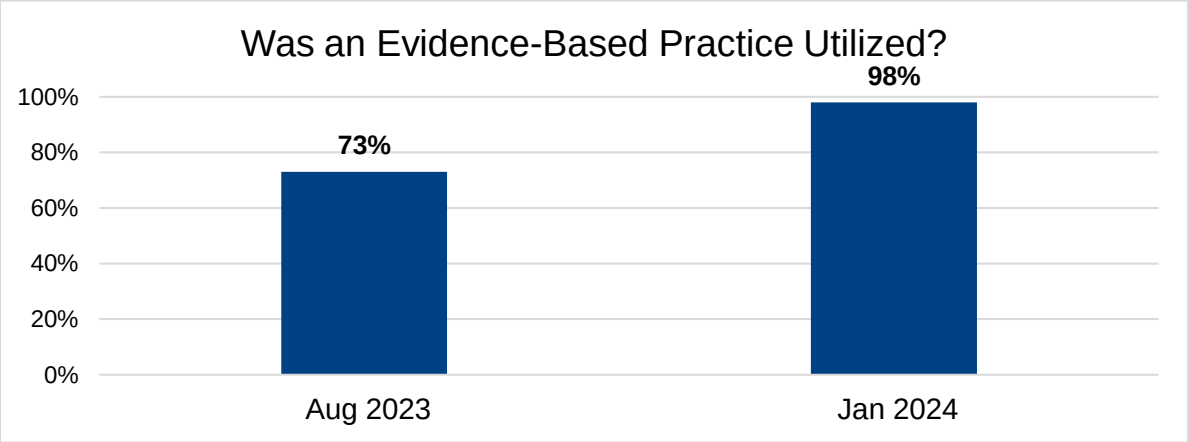



Internal compliance audit results and the quality review indicate the program is operating within the program description and is compliant with regulations.

### Program Goals

Program goals are established to address client needs and to ensure adherence to internal compliance and quality standards. Recent reviews identified inconsistencies in the accurate recording of utilized Evidence-Based Practices (EBPs) within the Electronic Health Record (EHR). To address deviations from established performance indicators identified through internal audits, corrective action plans are developed utilizing the Plan Do Check Act (PDCA) Model. These plans remain active until targeted performance goals are achieved or exceeded, at which point they are considered for retirement. This process ensures continuous quality improvement and sustained compliance.

The graph below represents the internal quality monitoring for this indicator.




In quarter 1, 73% of the time the utilization of an Evidence-Based Practice was documented. In quarter 3, we saw a drastic increase of 25% for this area. This corrective action plan was considered retired in January 2024.

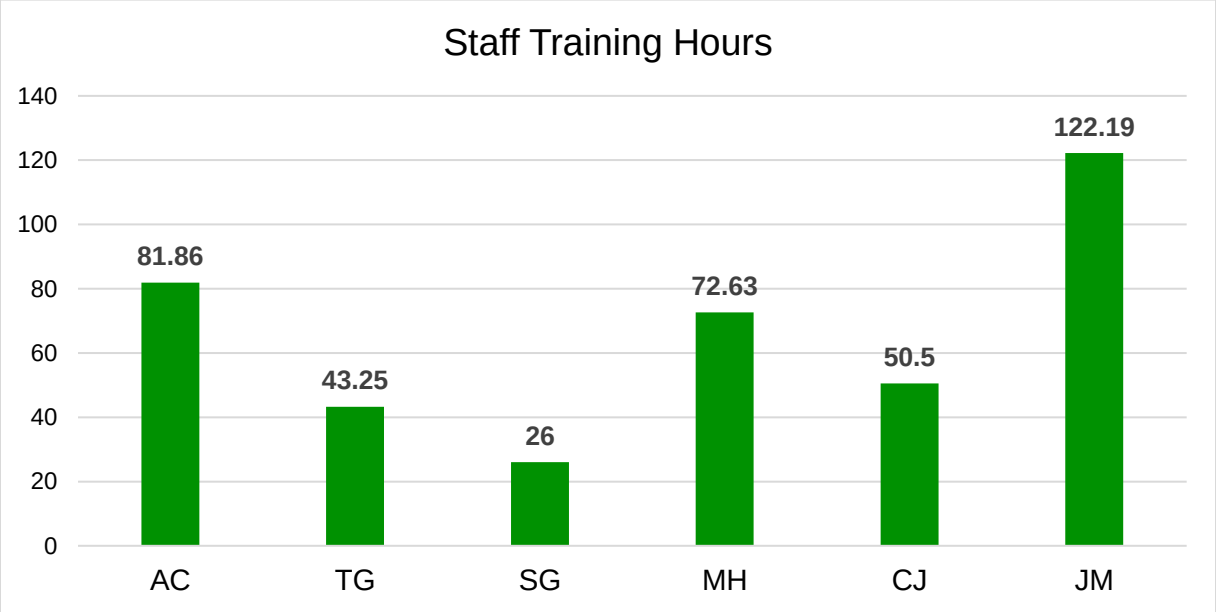
### Staff Supervision

Ensuring that staff receive appropriate and timely supervision is a critical focus of the program. Formal supervision with staff occurs on a regular basis. Additional supervision occurs as needed. Daily contacts between staff and the Senior Director of Crisis Services occur on a regular basis.

### Staff Training

Crisis Services prioritizes ongoing staff development through robust training. These trainings are designed to ensure staff proficiency in critical areas, including harm reduction, maximizing client outcomes, evidence-based practice utilization, risk assessment, and de-escalation techniques. To maintain excellence in service delivery, safety, quality, and client satisfaction, training plans are comprehensively reviewed and updated annually

The following table represents the number of training hours completed for each staff member listed by their initials.




Collectively, there were 396.43 training hours among all staff.

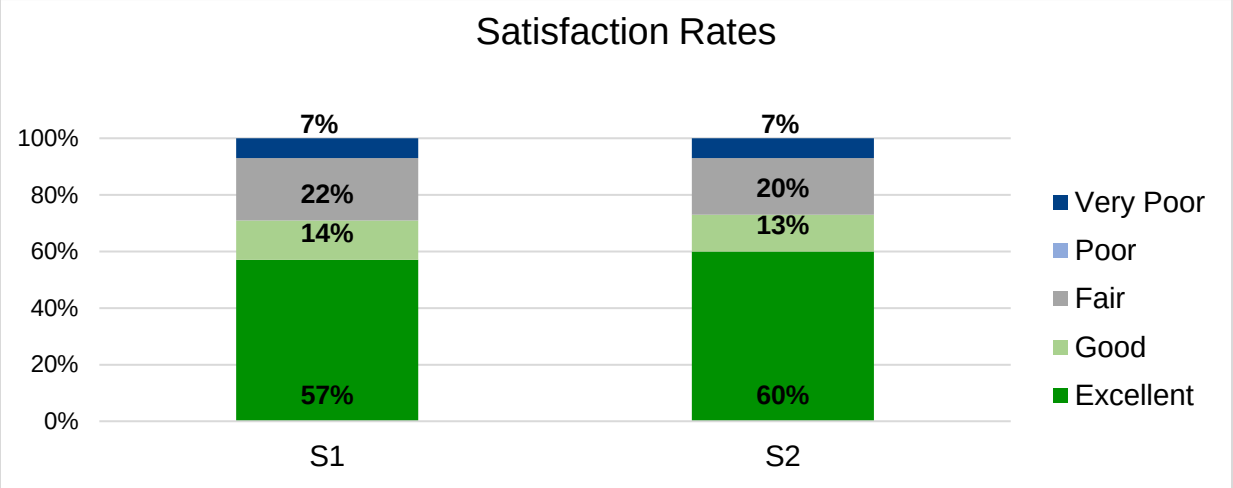
## Surveys

Crisis Services collects client feedback through various methods. As noted earlier in this quality report, individuals can share feedback at any time using multiple channels. Feedback can also be submitted directly to the Quality & Compliance Department. Individuals have the option to identify themselves or remain anonymous when providing feedback.

### Survey Results

During this review, a survey link was sent to individuals to rate their satisfaction with Crisis Services using a rating scale from Excellent to Very Poor. The results of their satisfaction with the two statements are below.

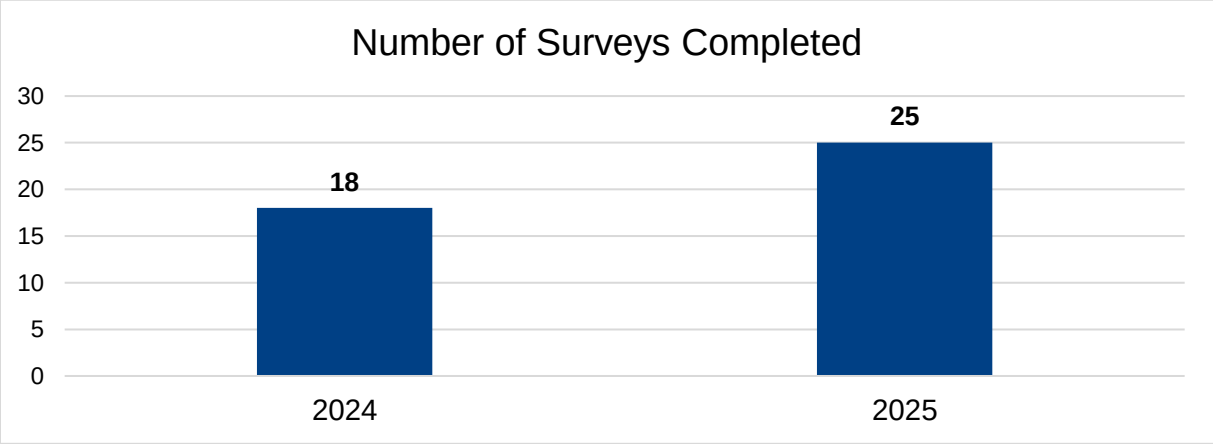
| Statement # | Statement | Average % of "Excellent" & "Good" Responses |
|---|---|---|
| **S1** | Interactions with Crisis Services | **71%** |
| **S2** | Timeliness of Crisis response | **73%** |
| | **Total Average Rating Score:** | **72%** |




Most of the respondents indicated they rate crisis services with "excellent" or "good" responses.

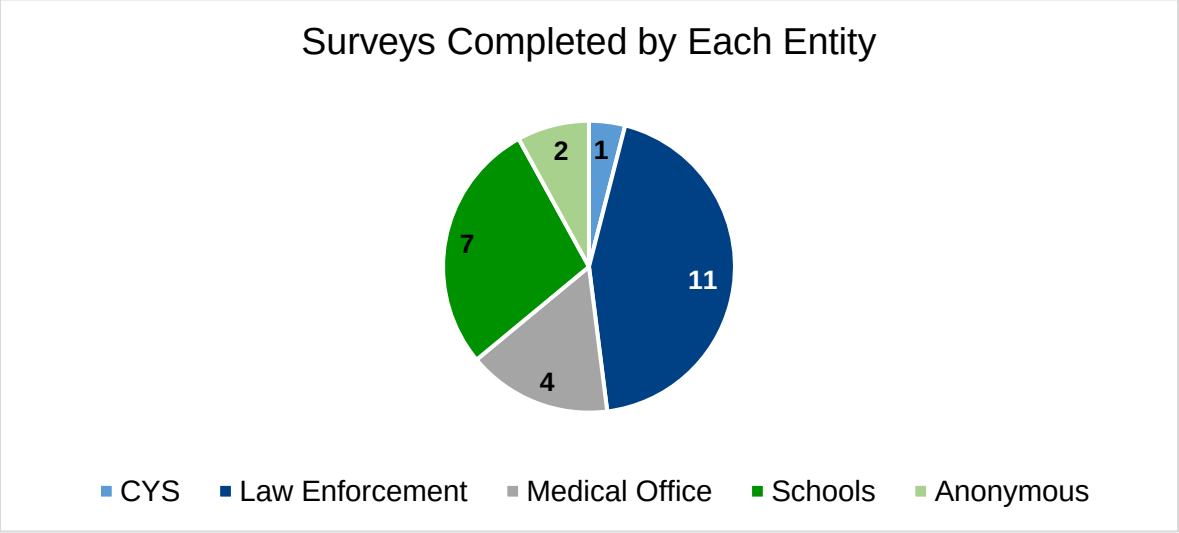
### Quality Assurance Surveys

In addition to client feedback surveys, Crisis Intervention Services asks partnering agencies who assist Crisis Intervention Team members to provide feedback as well. There were twenty-five surveys completed by several different agencies within the community.



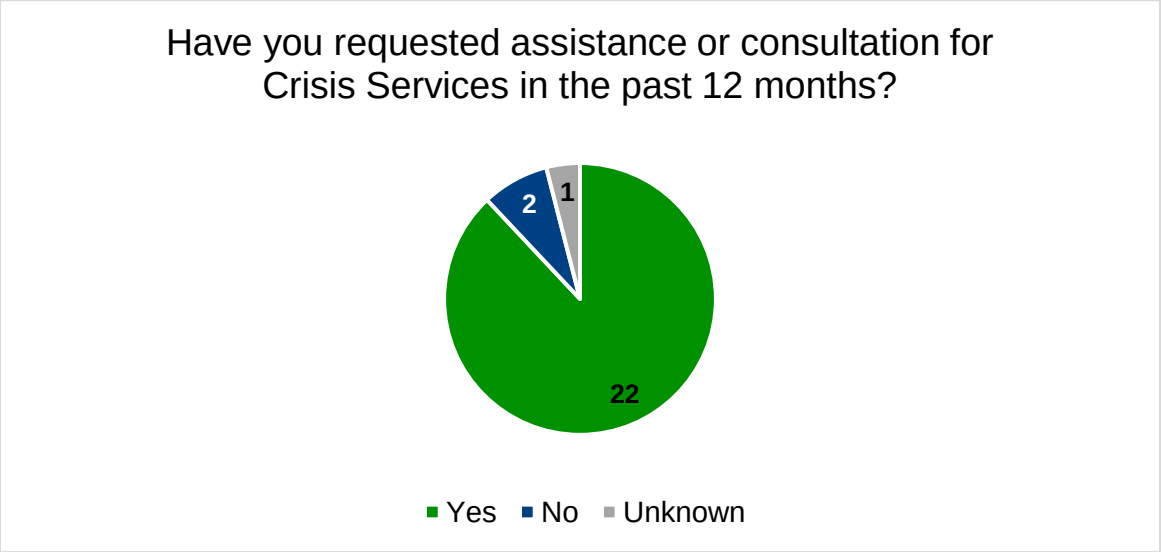
**Quality Assurance Survey Results**

The following depicts the number of surveys completed by each entity.




Two survey respondents remained anonymous while completing the survey.

The graph below indicates whether the person completing the survey requested assistance or consultation with one of The Guidance Center's Crisis Intervention Services in the past 12 months.

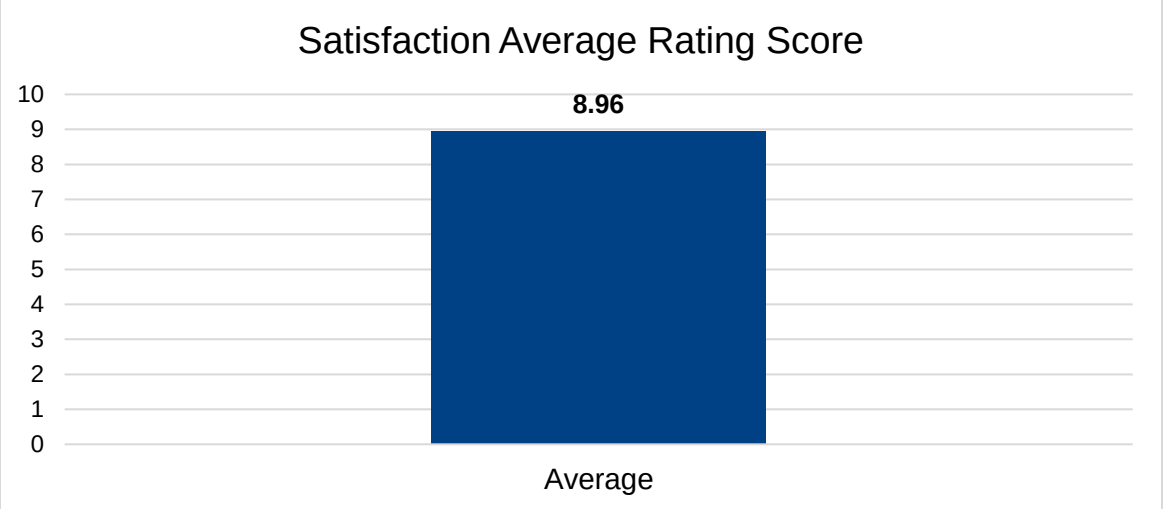



Almost all survey respondents have requested assistance or consultation for Crisis Intervention Services in the past 12 months.

Additionally, agencies were asked to indicate their satisfaction received from Crisis Intervention Services in various areas. The graph below indicates the results of those areas.


Survey results show that nearly all respondents rated their satisfaction with Crisis Intervention Services as “excellent” or “good.” However, one respondent, a representative from a school district located 45 minutes away, expressed dissatisfaction, stating that the services were not helpful because children were being referred to the Emergency Room.

Surveys measured satisfaction levels on a rating scale from 1 to 10, with 1 indicating very dissatisfied and 10 indicating very satisfied. The average score is shown in the graph below.




The average rating scale for satisfaction of Crisis Intervention Services was 8.96 out of 10 which equates to 89.6% satisfaction level with services.

**Comments**

Lastly, the survey provides opportunities for community agencies to share their comments and thoughts on Crisis Intervention Services. The following word cloud depicts the comments that were offered:


**Trend Analysis & Outcomes**

Crisis Intervention Services responded to over 700 situations during this review period, highlighting the essential role these services play in supporting the community. This figure does not include delegate responses, which are tracked separately. Of the individuals who sought crisis services, 237 were identified unique individuals with diagnoses ranging from alcohol use disorders, anxiety, depression, and borderline personality disorder to schizophrenia.

The majority of services were delivered over the telephone or hotline, with some provided through mobile or walk-in support. Most crisis interventions occurred in the community, the individual's home, the office, or, at times, in schools – ensuring support is accessible where it is needed most.

Notably, 99.7% of crisis responses were immediate, with only 0.03% occurring within one hour and none exceeding that timeframe. This reflects a significant improvement, with a 37% increase in immediate response rates since the last review – demonstrating enhanced efficiency and responsiveness.

All individuals who received crisis services had safety established or were evaluated using the Columbia-Suicide Severity Rating Scale (C-SSRS), underscoring the program's commitment to thorough risk assessment and client safety. Crisis staff are highly trained, collectively

completing over 395 hours of training during this review period to maintain a high standard of care.

Survey feedback from both individuals and community agencies reflects overwhelming satisfaction with crisis services. Respondents praised the timeliness of responses, staff knowledge, professionalism, and the quality of support provided. This high level of satisfaction reinforces the program's effectiveness in meeting community needs.

The importance of crisis services has grown significantly due to the recent closure of inpatient and outpatient behavioral health services, as well as detoxification and dual diagnosis programs at the local hospital with only a 10-day notice in December 2024. The Guidance Center responded swiftly to assist with this service gap, ensuring that individuals continued to receive high-quality care without disruption.

Crisis Intervention Services remain a vital lifeline in the community. The program's success in delivering immediate, individualized care during critical moments reflects the strength and dedication of the crisis team. The ongoing focus on staff training, rapid response, and client-centered care continues to strengthen the program's positive impact on the individuals and the community it serves.