



Outpatient Services



Annual Quality Review
July 1, 2024 – June 30, 2025

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Service Description

- Outpatient Services are delivered by a multidisciplinary team that includes board-certified psychiatrists, psychiatric nurse practitioners, licensed psychologists, and master's-level clinicians who are specially trained and credentialed in behavioral health treatment. This integrated team model supports comprehensive assessment, individualized treatment planning, medication management, and coordinated therapeutic interventions to ensure continuity and quality of care.
- The Guidance Center utilizes a strength-based, person-centered, and family-centered approach, recognizing each individual's unique experiences, needs, and goals. Services are delivered through a holistic framework that considers emotional, behavioral, social, and environmental factors impacting wellness. A range of evidence-based therapeutic modalities are offered and tailored to individual needs, supporting measurable progress toward recovery and improved functioning.
- The Guidance Center is committed to providing accessible, high-quality care to adults, adolescents, children, and families through both Outpatient Counseling and Outpatient Psychiatric Services. Treatment is designed to promote stability, resilience, and long-term wellness, while fostering collaboration among providers, individuals served, and natural supports.

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, **"Together Guiding Change"** that was approved in 2024.
- The agency operates under an annual Quality and Compliance Plan that outlines its quality improvement and compliance initiatives, governance framework, key procedures, and established annual goals. These plans provide the foundation for consistent oversight and accountability across all programs, including Outpatient Counseling and Psychiatric Services.

All agency employees are required to review and acknowledge their understanding of both the Quality and Compliance Plans. The plans are formally approved by the Agency's Board of Directors and the Medical Director and guide agency operations throughout the year to ensure regulatory compliance, service integrity, and the delivery of high-quality, person-centered care.

- 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.
 - 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 client feedback surveys. These surveys are crucial for ensuring Outpatient Services consistently delivers high-quality care.

Clients participating in the program are asked to complete a feedback survey assessing their satisfaction with the services received. The survey results are transparently shared with key stakeholders, including the Program Director, 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, 2024, through June 30, 2025.

Agency Quality & Compliance Plan

- The Medical Director is a cornerstone of The Guidance Center's annual quality and compliance plan development. The Guidance Center's Medical Director collaborates closely with the Quality Director, Compliance Coordinator, Senior Director of Quality, Compliance & Information, and Executive Director to ensure the plans are comprehensive, clinically sound, and compliant with all regulations.

The Medical Director's expertise is vital in shaping these plans, which are then rigorously reviewed by Senior Management and key staff before being presented to the Board of Directors for final approval. The Medical Director's signature, alongside the Executive Director's and Board's, signifies their integral role in the plan's implementation.

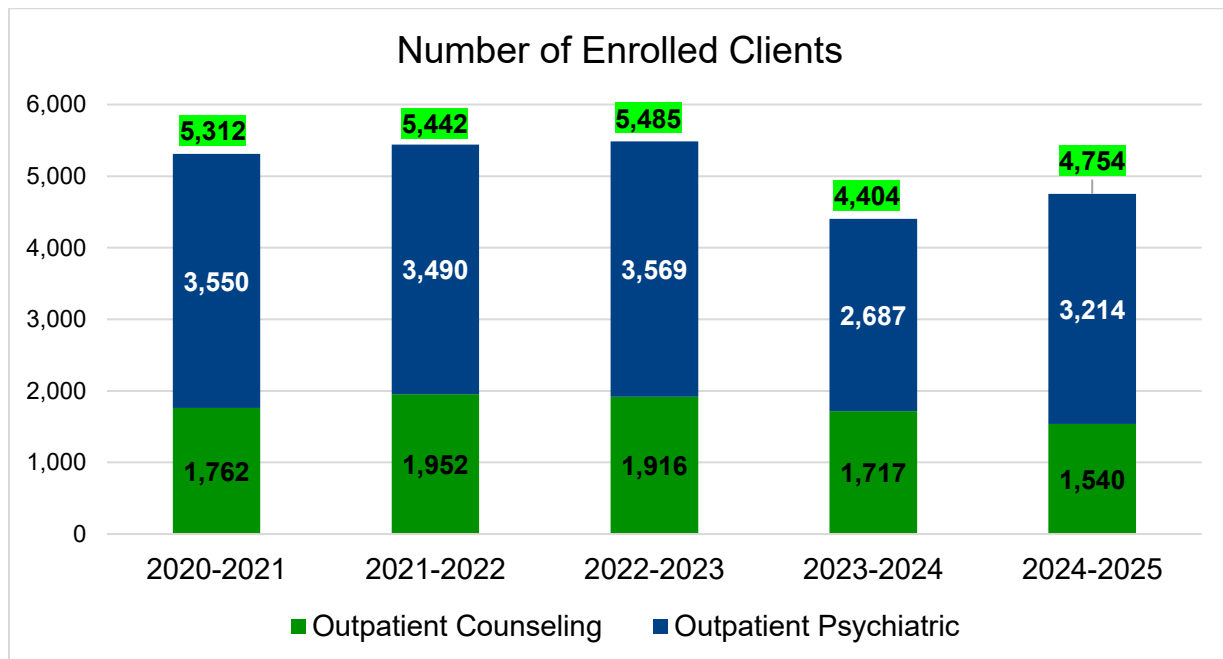
Furthermore, the Medical Director actively champions these plans by directly reviewing them with both Outpatient Clinical and Psychiatric staff, as exemplified in group supervisions, ensuring thorough understanding and adherence.

On March 24, 2026, during group supervision, Dr. Welge actively engaged staff in a comprehensive review of the agency's quality and compliance plan. This included a detailed discussion of its contents, with particular emphasis on the goals and objectives. Dr. Welge met with staff to confirm they reviewed the Agency Quality & Compliance Plan, understood its contents, and submitted their acknowledgment to the Human Resources Department.

Demographics

Number of Enrolled Clients

The graph below indicates the number of enrolled participants in Outpatient Counseling and Outpatient Psychiatric Services.

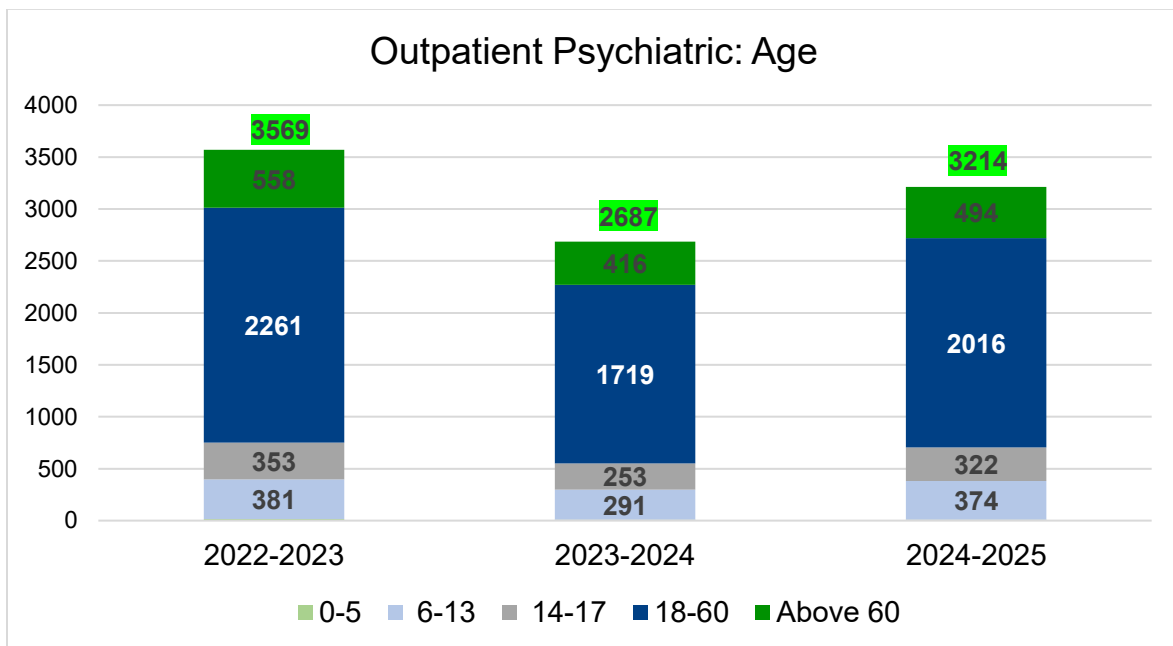
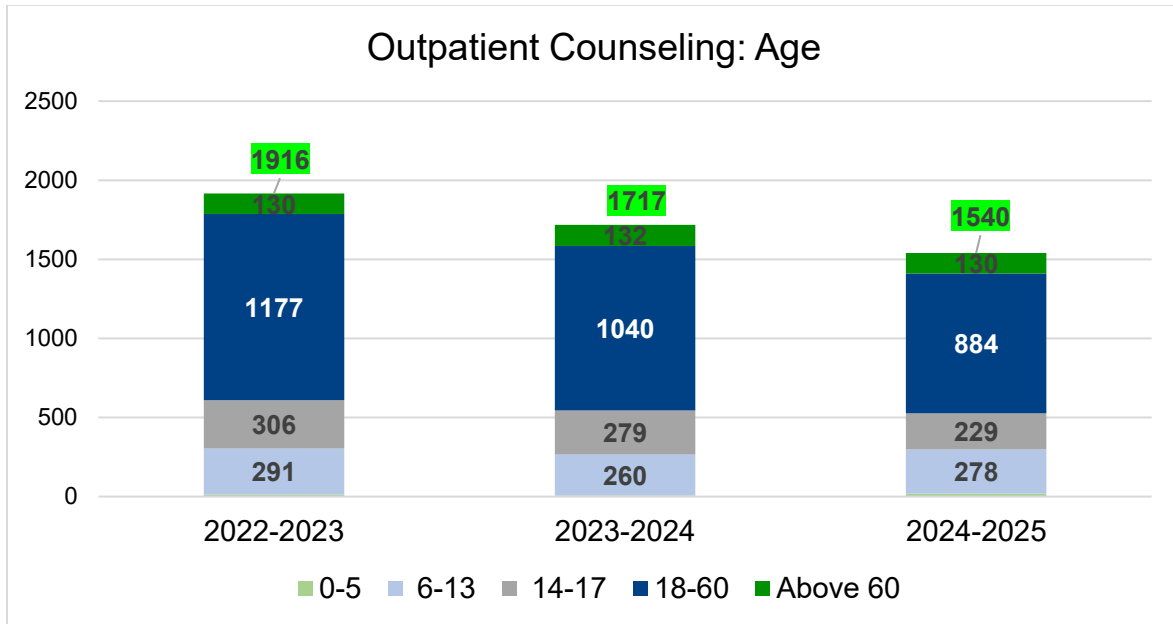


During this reporting period, Outpatient Counseling services were provided to 1,540 individuals, while 3,214 individuals received Outpatient Psychiatric Services, for a combined total of 4,754 individuals served. This reflects an 8% increase in the number of individuals served compared to the previous reporting period.

The continued growth in service utilization demonstrates sustained community need for outpatient behavioral health services and the program's capacity to respond effectively to that demand while maintaining access to care.

Age

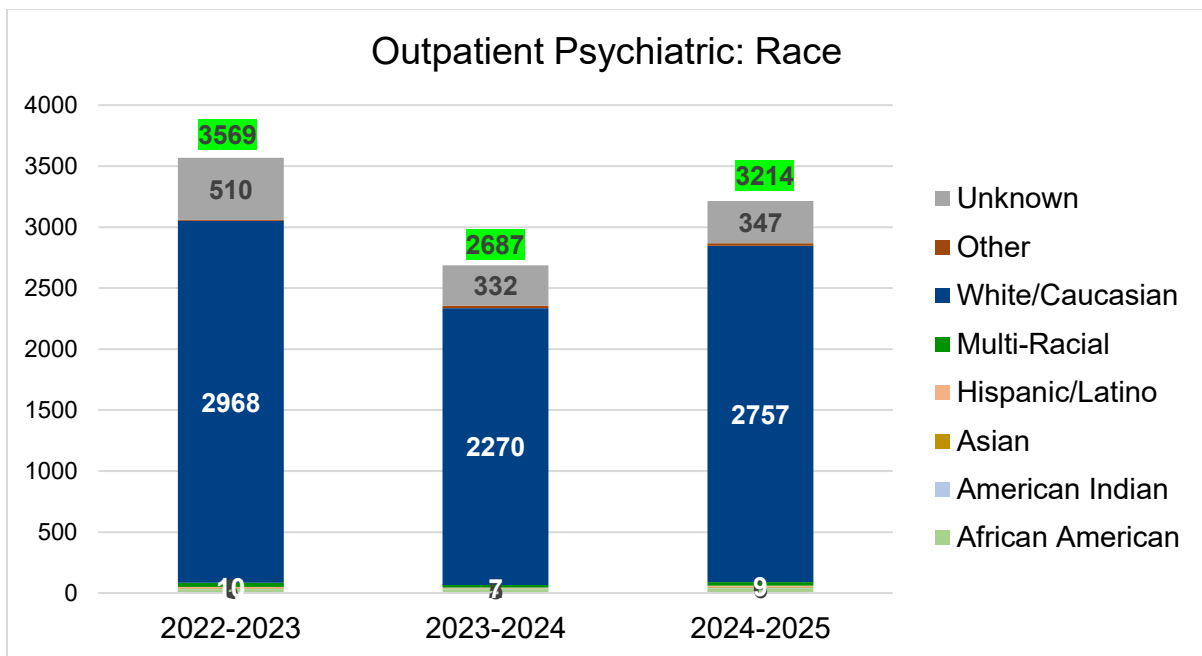
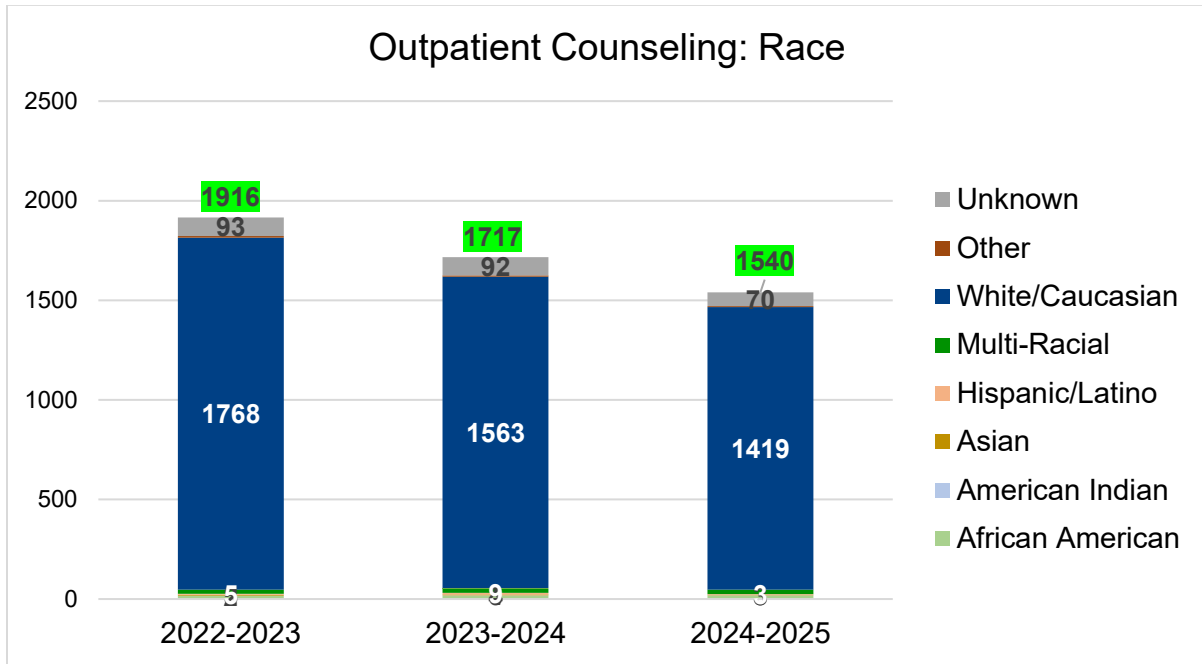
The Guidance Center provides Outpatient Counseling and Outpatient Psychiatric Services for all ages. The following graphs depicts clients age in both programs.



Consistent with previous reviews, many of the individuals receiving Outpatient Counseling and Outpatient Psychiatric Services are adults aged 18-60. Age ranged from 4 to 90 years in Outpatient Counseling and 4-96 years in Outpatient Psychiatric Services during this reporting period.

Race

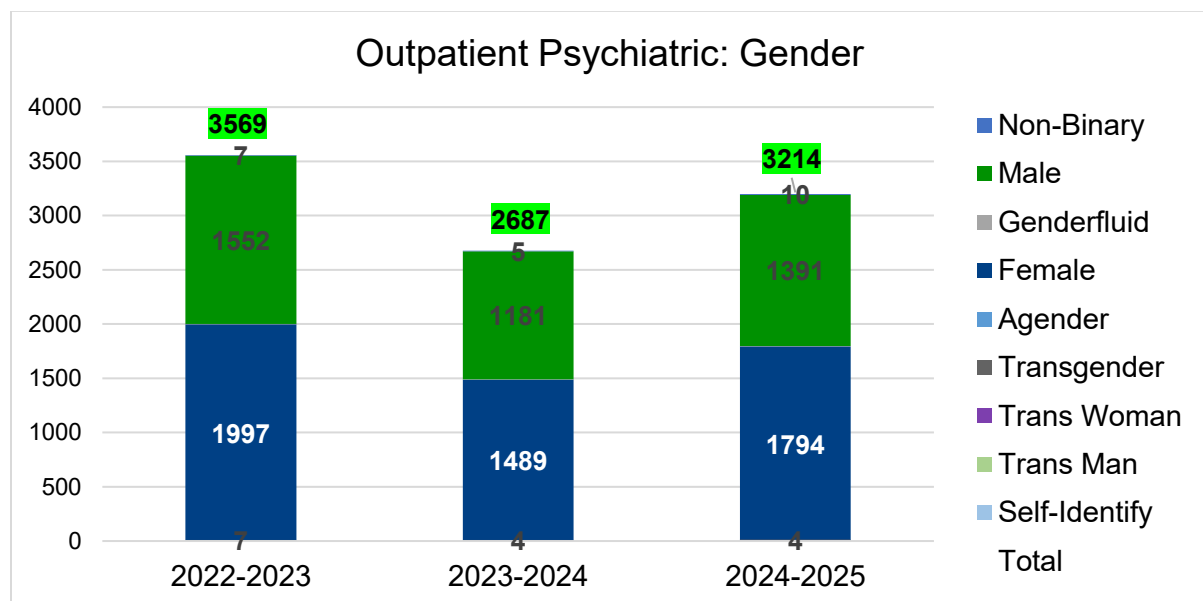
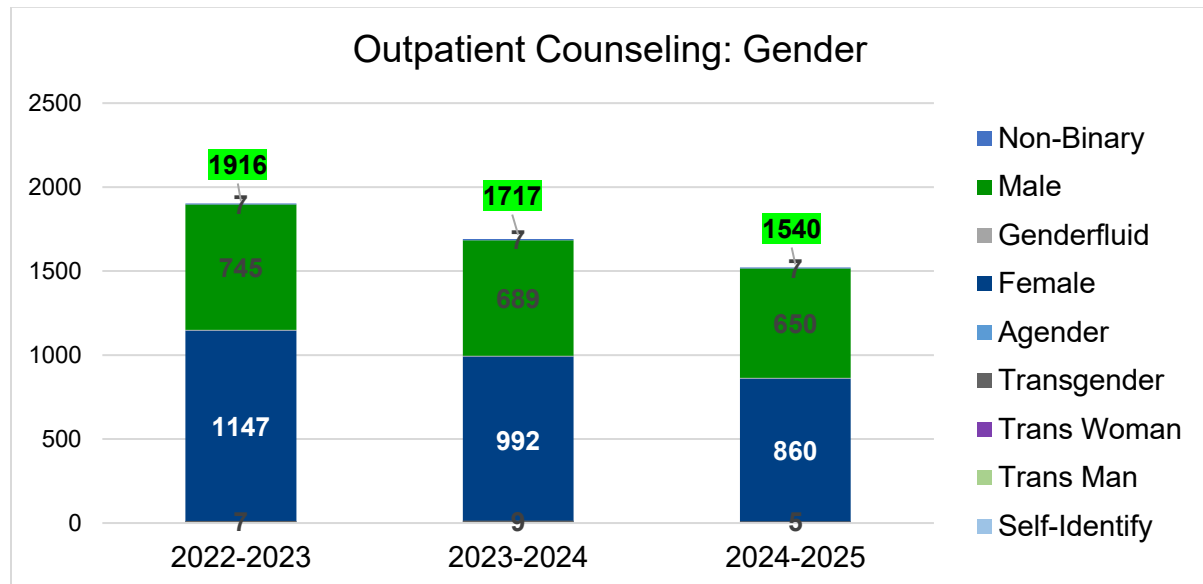
The following graphs depict the race of individuals served in both Outpatient Counseling and Outpatient Psychiatric Services.



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

Gender

The following graphs indicate each participants gender in both Outpatient Counseling and Outpatient Psychiatric Services for this reporting period.



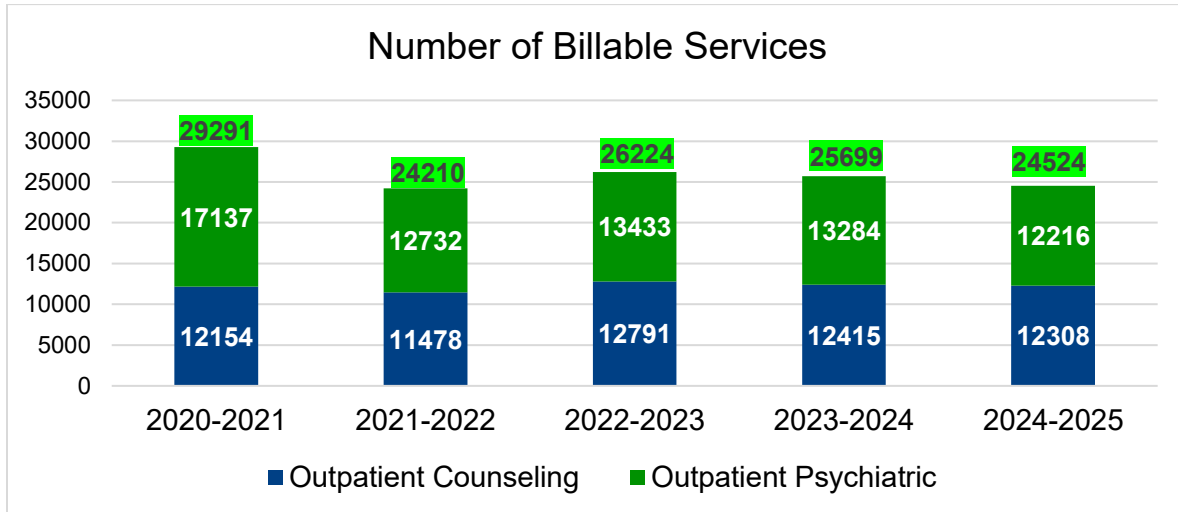
Consistent with the last review, majority of individuals served in both Outpatient Counseling & Outpatient Psychiatric Services are female followed by male. The graph below depicts the gender in Outpatient Counseling Services.

In Outpatient Counseling Services, approximately 56% of clients are female, 42% are male, and the remaining 2.3% identify as other genders. Similarly, in Outpatient Psychiatric Services, females comprise about 56% of individuals served, males make up 43%, and the remaining 1% represent other genders.

Service Data

Number of Services

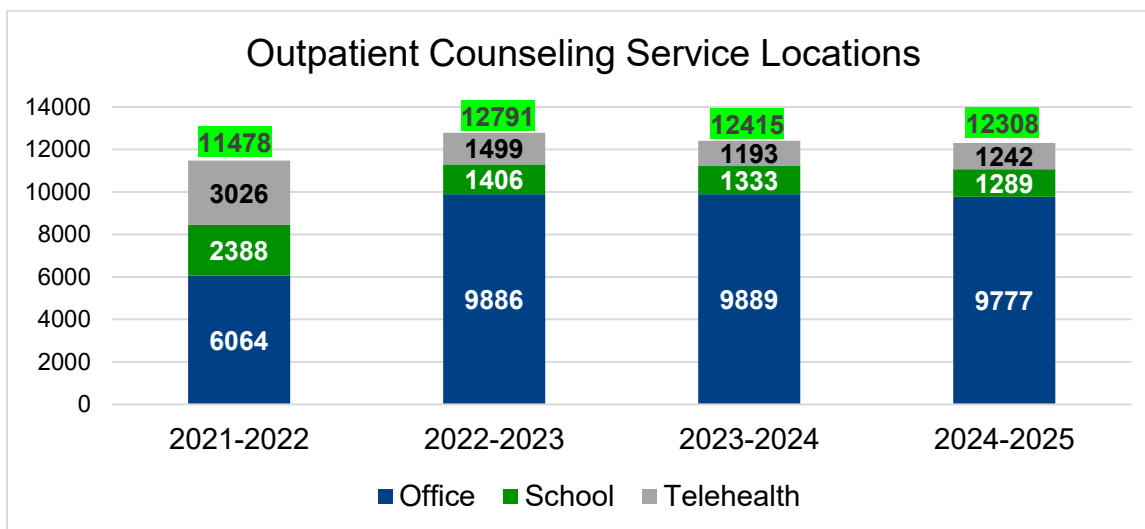
The graph below indicates the number of services delivered during this reporting period.



The total number of services delivered during this reporting period remained consistent with the previous year, indicating stability in service utilization. A total of 12,308 services were completed within Outpatient Counseling, and 12,216 services were completed within Outpatient Psychiatric Services.

Location of Outpatient Counseling Services

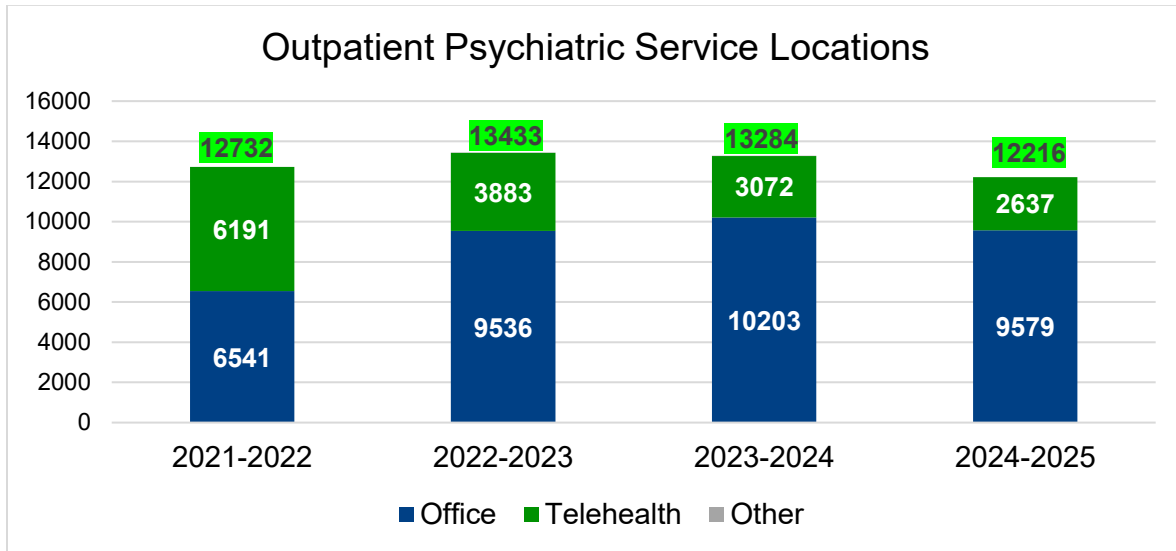
The following graph indicates the location of where services were in Outpatient Counseling Services.



During this reporting period, most of the services were delivered in the office, while some were delivered in a school setting or through telehealth.

Location of Outpatient Psychiatric Services

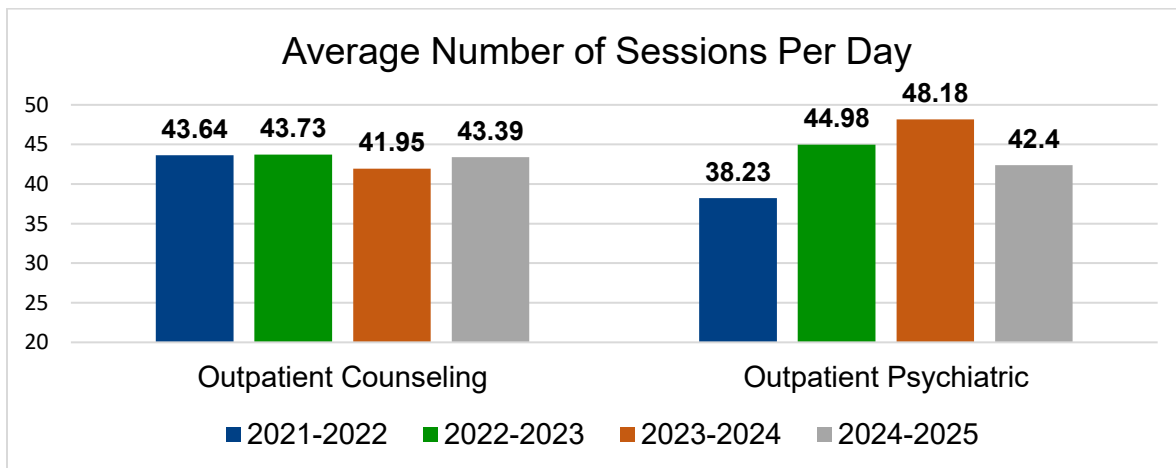
The following graph indicates the location of where services were in Outpatient Psychiatric Services.



During this reporting period, most of the services were delivered in the office, while some were delivered through telehealth.

Sessions Per Day

The graph below indicates the average number of sessions completed per working day for both Outpatient Counseling and Outpatient Psychiatric Services.



During this reporting period, the average number of sessions completed per day was 43.39 in Outpatient Counseling and 42.4 in Outpatient Psychiatric Services.

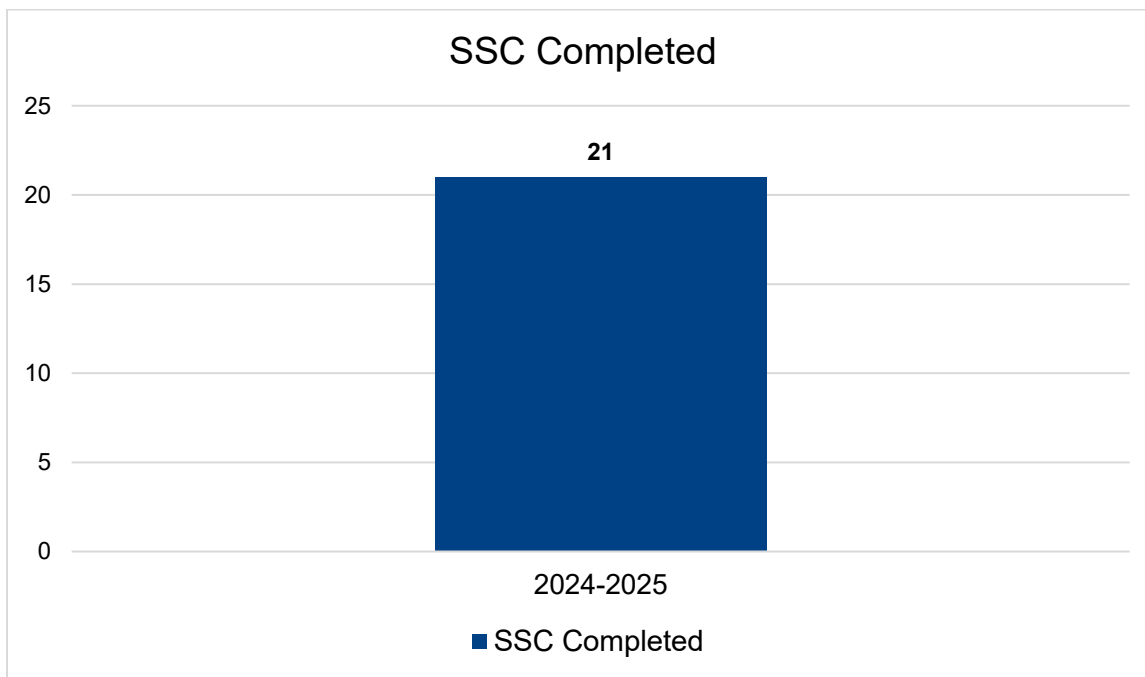
These averages demonstrate consistent daily service delivery across both departments and reflect steady provider productivity and sustained access to care for individuals receiving outpatient services.

Single Session Consultation

In May 2024, Community Care Behavioral Health (CCBH) launched the Single Session Consultation (SSC) pilot program to improve timely access to mental health services and address immediate client needs more efficiently. This innovative model offers individuals a focused, solution-oriented session aimed at reducing barriers to care while providing actionable strategies in a single visit. Individuals who receive SSC leave their session with a tailored action plan designed to support their ongoing mental and behavioral health goals.

The primary objectives of the SSC pilot included reducing hopelessness, anxiety, and emotional distress. Preliminary outcome data show a significant reduction in both anxiety and depression scores among participants, highlighting the early success and potential of the SSC model in enhancing client outcomes and satisfaction.

The graph below represents the number of Single Session Consultations completed during this reporting period.



There were 21 Single Session Consultations completed during this reporting period.

Intake Process

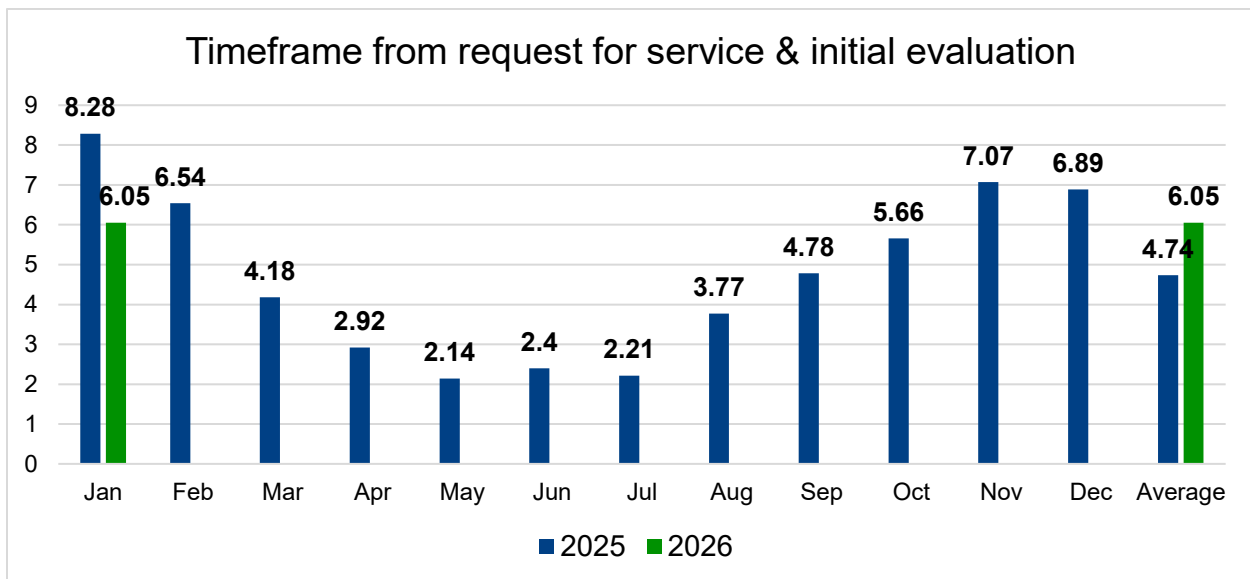
In July 2023, The Guidance Center implemented the Same Day Access (SDA) Model within Outpatient Counseling Services to improve timely access to care and strengthen service engagement. The SDA model allows individuals seeking outpatient counseling to receive a clinical evaluation on the same day they request services, eliminating traditional wait times and reducing barriers to treatment initiation.

At the point of entry, individuals meet with the Client Navigator, who plays a critical role in facilitating access and continuity of care. The Client Navigator provides comprehensive clinical and administrative support, including gathering required intake information, assessing immediate needs, determining service appropriateness, and coordinating referrals or linkages to additional supports as indicated. This role enhances client advocacy, ensures accurate service placement, and promotes a streamlined intake process.

During the initial evaluation, clinicians complete and document all required clinical components in the electronic health record, including assessments, screenings, symptom review, treatment planning, and service appropriateness determinations. This structured and standardized intake process supports regulatory compliance, clinical quality, and individualized care planning.

Since implementation, the SDA initiative has resulted in measurable improvements in service delivery and access. The average number of days between a client’s request for services and completion of the initial evaluation has significantly reduced over time. This outcome reflects a sustained quality improvement effort focused on intake efficiency, workflow optimization, and engagement strategies. As a result, the department has experienced enhanced client access, improved early engagement in treatment, and a notable reduction in no-show rates.

The graph below illustrates the average number of days between the request for Outpatient Counseling services and the completion of the initial evaluation, demonstrating the impact of the Same Day Access model on timely service delivery.



The timeframe between a client’s request for services and completion of the initial evaluation is routinely monitored within Outpatient Services as a key performance indicator (KPI) under the Certified Community Behavioral Health Clinic (CCBHC) model. Timely access to care remains a critical measure of quality, engagement, and regulatory compliance.

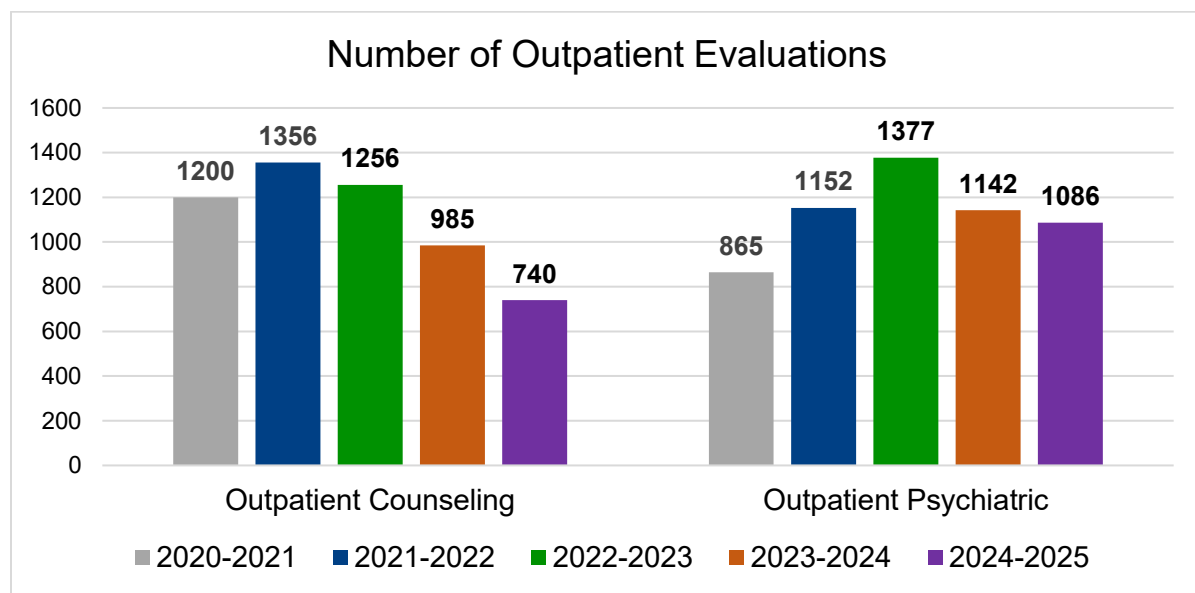
This metric is tracked and analyzed on a monthly basis. Since the implementation of formal monitoring processes, Outpatient Services has consistently ensured that clients receive their initial evaluation within ten (10) business days of requesting services. Ongoing oversight and workflow optimization efforts have strengthened adherence to this benchmark and supported sustained performance improvement.

In April 2025, the agency will expand the Same Day Access (SDA) model to include Outpatient Psychiatric Services. Based on the demonstrated success of SDA within Outpatient Counseling, where evaluation timelines were significantly reduced, we anticipate further decreases in wait times for psychiatric evaluations. This expansion reflects the agency’s continued commitment to improving timely access, enhancing client engagement, and advancing quality care delivery across service lines.

Number of Evaluations by Program

Comprehensive evaluations serve as the foundation for personalized client care. By capturing vital data, including medication history, behavioral health and substance use backgrounds, and proactive screenings, the agency ensures that service delivery is both clinically appropriate and tailored to individual needs. These assessments serve as a roadmap for effective intervention and referral management.

The chart below indicates the number of evaluations completed in both Outpatient Counseling & Outpatient Psychiatric Services.

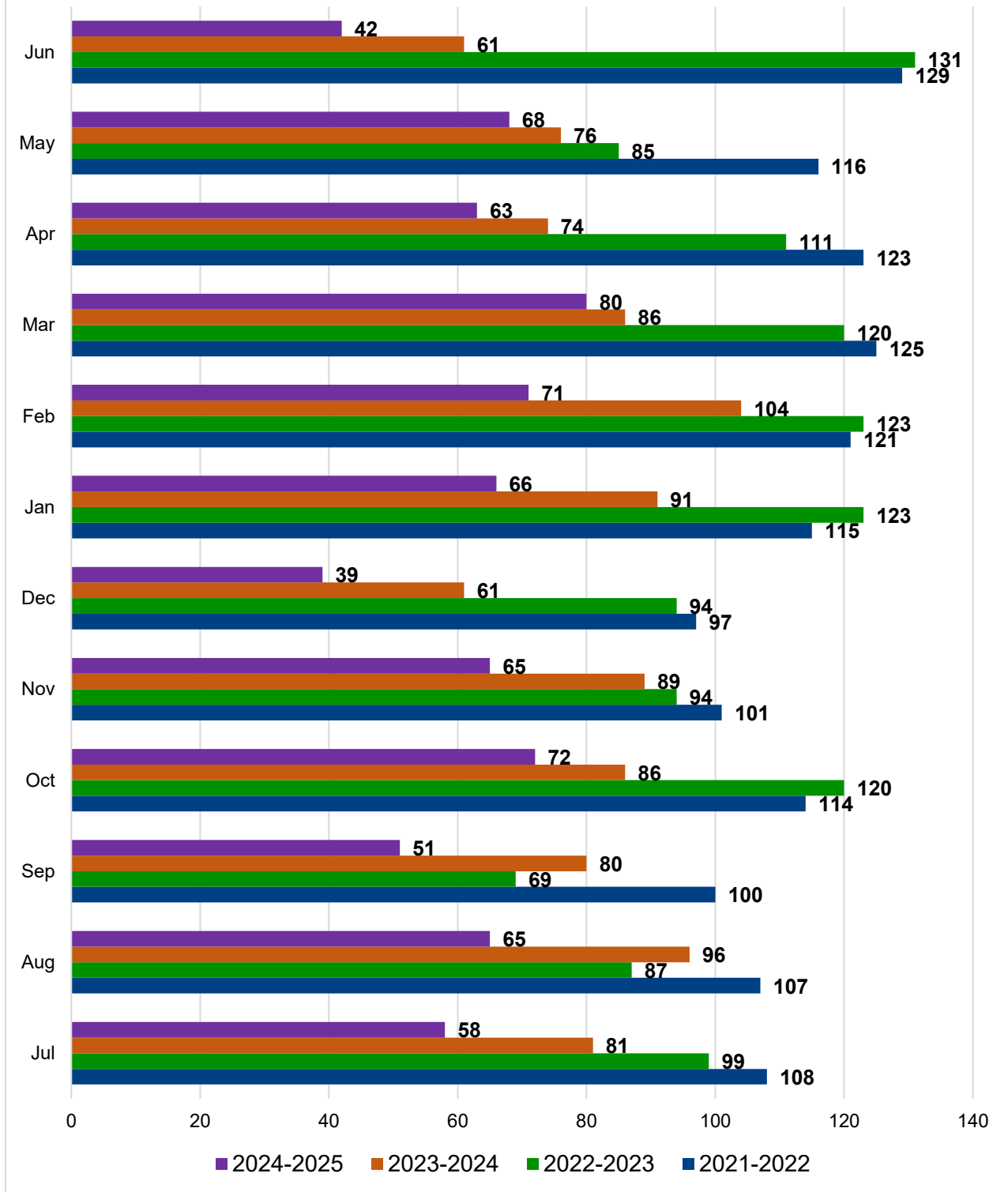


During this reporting period, there were 740 evaluations completed in Outpatient Counseling and 1,086 evaluations completed in Outpatient Psychiatric Services. This report reflects a stabilization of clients staying enrolled in Outpatient Services. With 1,826 evaluations completed this period, the agency has noticed that fewer individuals are cycling back through the intake process, indicating more effective long-term engagement in our existing outpatient programs.

Outpatient Counseling Evaluations

The following chart below indicates the number of evaluations completed per month in Outpatient Counseling Services.

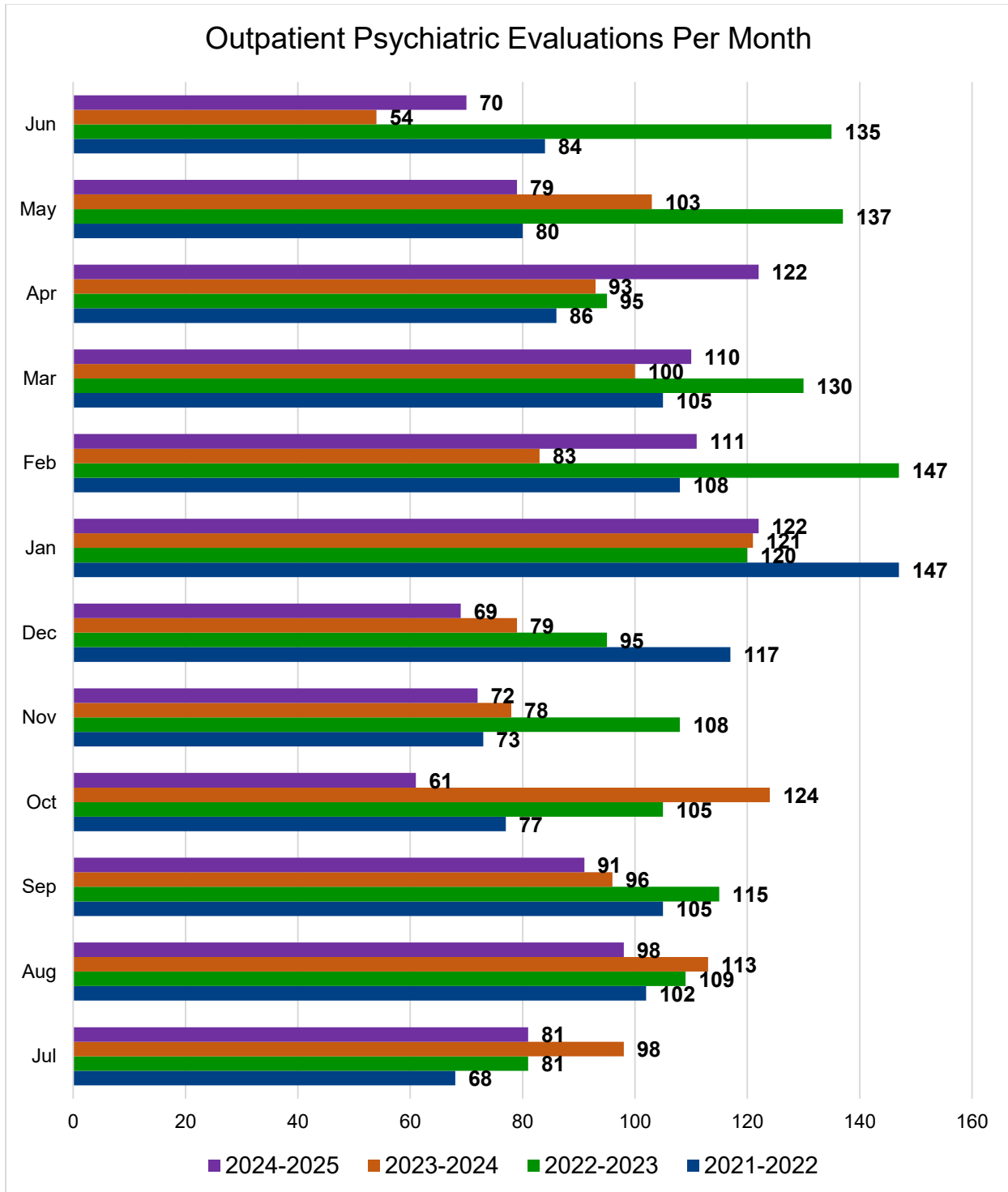
Outpatient Counseling Evaluations Per Month



During this reporting period, most Outpatient Counseling evaluations occurred in the month of March with 80 evaluations completed.

Outpatient Psychiatric Evaluations

The following chart below indicates the number of evaluations completed per month in Outpatient Psychiatric Services.



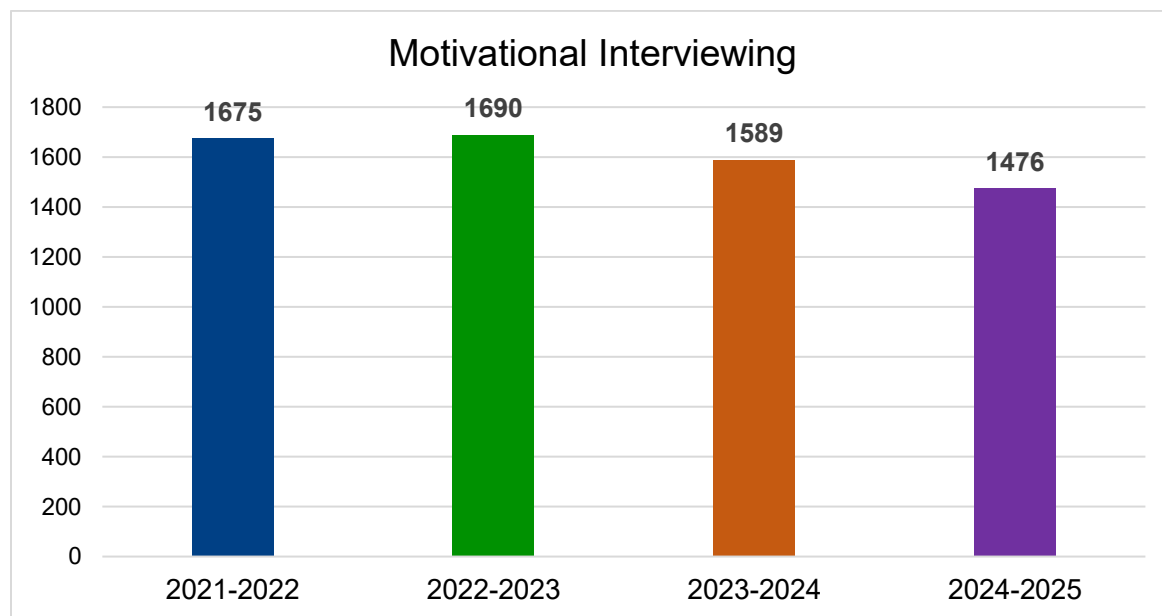
During this reporting period, most of the Outpatient Psychiatric evaluations occurred in the months of January and April with 122 evaluations completed.

Quality Improvement Indicators

Evidence-Based Practices

The Guidance Center Outpatient Services utilizes a range of evidence-based practices to ensure that individuals receive high-quality, effective behavioral health care tailored to their needs. Clinicians incorporate research-supported therapeutic approaches to address a wide variety of mental health and substance use concerns, promoting improved outcomes and long-term recovery. Evidence-based practices are integrated into assessment, treatment planning, and ongoing service delivery to ensure interventions are both clinically sound and person-centered. By utilizing these approaches, Outpatient Services supports individuals in developing coping skills, improving emotional regulation, strengthening relationships, and enhancing overall functioning. The use of evidence-based practices also ensures alignment with current clinical standards, regulatory expectations, and the mission of The Guidance Center to provide accessible, effective, and compassionate behavioral health services to the community.

Motivational Interviewing is an evidence-based, client-centered approach designed to help individuals explore and resolve ambivalence about change. Motivational Interviewing is the most common approach used during sessions. Clinicians use open-ended questions, reflective listening, affirmations, and summarizing to help individuals identify their own motivations, strengths, and goals. The graph below indicates the number of individuals who received Motivational Interviewing during this reporting period.

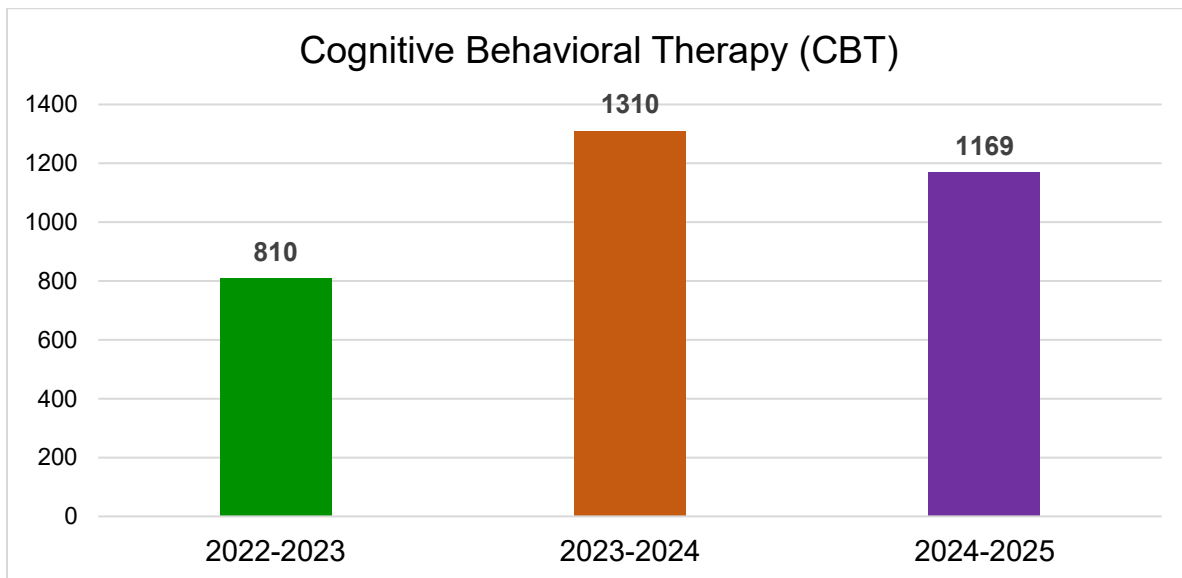


During this reporting period, 1,476 individuals received services that incorporated Motivational Interviewing techniques as part of their treatment. The use of Motivational Interviewing supports client engagement by helping individuals explore ambivalence, strengthen personal motivation, and identify meaningful goals for change. Integrating this evidence-based approach within Outpatient Services enhances the therapeutic process and supports individuals in developing greater readiness for behavioral change and sustained recovery.

Another commonly utilized evidence-based practice at The Guidance Center is Cognitive Behavioral Therapy (CBT). Outpatient therapists are trained in CBT and incorporate this approach into treatment to support individuals experiencing a variety of behavioral health concerns. Cognitive Behavioral Therapy is an evidence-based therapeutic model that focuses on the relationship between thoughts, feelings, and behaviors. Developed in part by psychiatrist Aaron T. Beck, CBT helps individuals recognize and challenge unhelpful or distorted thinking patterns that may contribute to emotional distress or maladaptive behaviors.

Through structured, goal-oriented sessions, clinicians work collaboratively with clients to develop healthier patterns of thinking, strengthen coping strategies, and practice new behaviors that promote improved emotional well-being and overall functioning. CBT frequently incorporates skill-building techniques such as cognitive restructuring, problem-solving, behavioral activation, and stress management. Because the approach is practical and focused on present challenges, it is widely used to address conditions such as anxiety, depression, trauma-related disorders, and substance use concerns in outpatient behavioral health settings.

All Outpatient Counseling staff received formal training in CBT through the Beck Institute for Cognitive Behavior Therapy, ensuring clinicians are equipped with the knowledge and tools needed to effectively implement this evidence-based practice. The graph below illustrates the number of CBT services delivered during this reporting period.



During this reporting period, 1,169 individuals received CBT as an evidence-based approach while receiving services.

Additionally, several other evidence-based practices (EBPs) were utilized during this review period within Outpatient Services at The Guidance Center. These approaches allow clinicians to tailor treatment to the unique needs of individuals, particularly those experiencing trauma, substance use concerns, or complex mental health conditions. Brief descriptions of these practices are provided below:

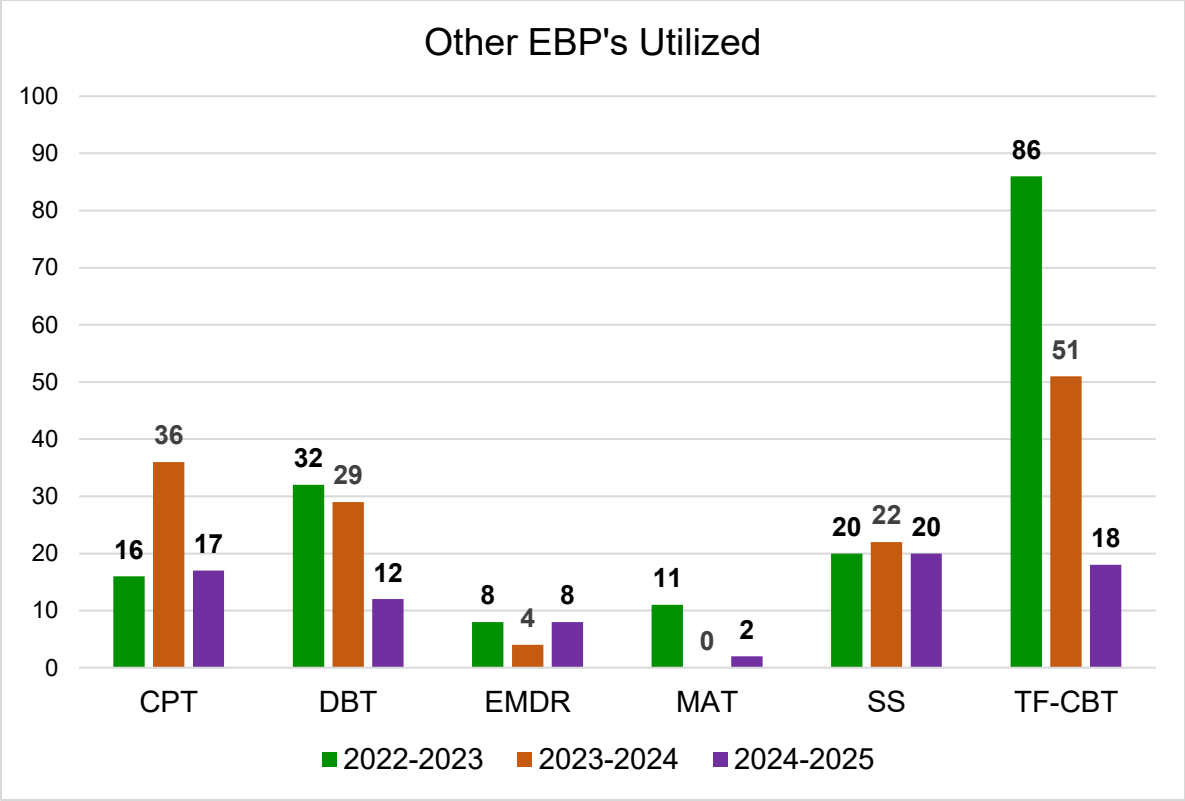
- **Cognitive Processing Therapy (CPT)** – Cognitive Processing Therapy is a structured, evidence-based treatment designed to help individuals recover from trauma and symptoms related to Post-Traumatic Stress Disorder. CPT helps individuals identify and

challenge unhelpful beliefs related to traumatic experiences and develop healthier ways of understanding and coping with those events.

- **Dialectical Behavior Therapy (DBT)** – Developed by psychologist Marsha M. Linehan, Dialectical Behavior Therapy combines cognitive-behavioral techniques with mindfulness strategies. DBT focuses on building skills in emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness, and is commonly used to support individuals experiencing intense emotions, self-harming behaviors, or chronic mental health challenges.
- **Eye Movement Desensitization and Reprocessing (EMDR)** – Eye Movement Desensitization and Reprocessing is a trauma-focused therapy developed by Francine Shapiro. EMDR helps individuals process and reduce the emotional impact of traumatic memories by using guided eye movements or other forms of bilateral stimulation while recalling distressing experiences.
- **Medication-Assisted Treatment (MAT)** – Medication-Assisted Treatment is an evidence-based approach used to treat substance use disorders by combining FDA-approved medications with counseling and behavioral therapies. MAT is commonly used in the treatment of Opioid Use Disorder and other substance use disorders to reduce cravings, prevent relapses, and support long-term recovery.
- **Seeking Safety (SS)** – Seeking Safety is a present-focused, evidence-based treatment model designed to help individuals address both trauma and substance use concerns simultaneously. The approach emphasizes coping skills, safety, and psychoeducation to help individuals stabilize and build healthier strategies for managing stress and triggers.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** – Trauma-Focused Cognitive Behavioral Therapy is an evidence-based treatment designed to help children and adolescents who have experienced trauma. TF-CBT integrates trauma-sensitive interventions with cognitive behavioral principles to help youth process traumatic experiences, manage distressing emotions, and strengthen supportive family relationships.

Together, the integration of these evidence-based practices allows Outpatient Services to provide comprehensive, individualized care that addresses the diverse behavioral health needs of the individuals served.

The following graph depicts the number individuals who received other evidence-based practices during this reporting period.



During this reporting period, a combination of 77 other evidence-based practices were utilized.

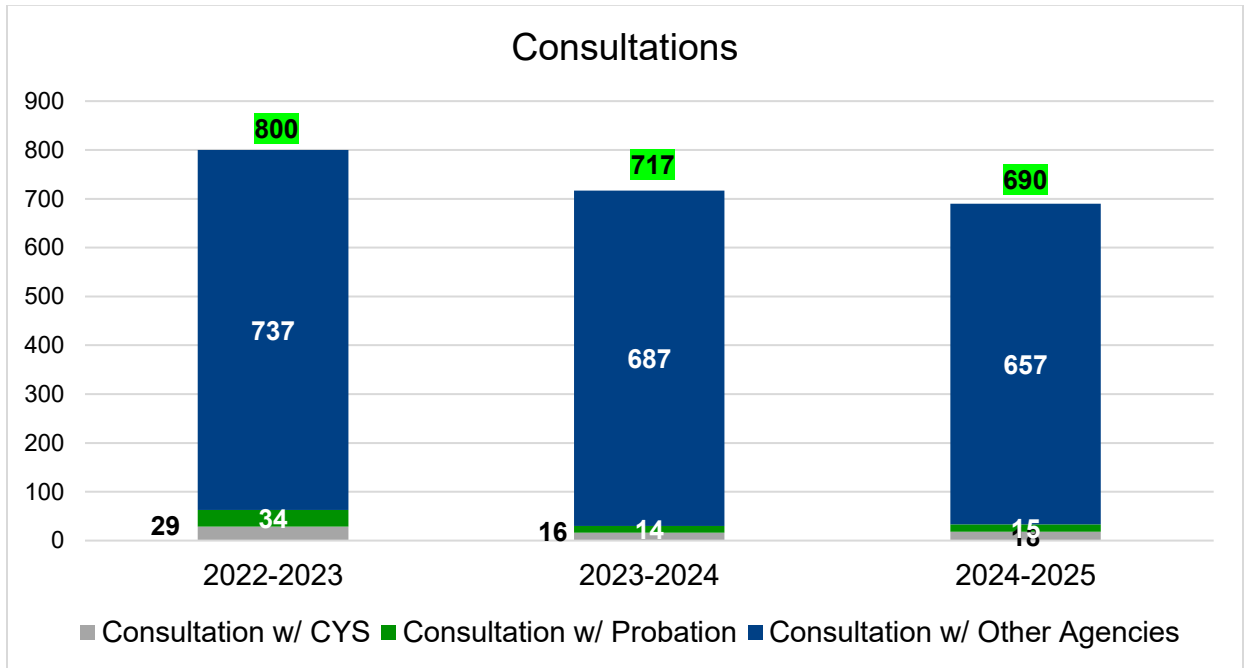
Care Coordination

Improving care coordination with external and internal providers remains a key priority within Outpatient Services at The Guidance Center. Effective care coordination ensures that all aspects of an individual’s behavioral health, medical, and social needs are addressed in a comprehensive and collaborative manner. By maintaining communication and collaboration among treatment providers, Outpatient Services works to ensure that individuals receive consistent, well-integrated care across all points of service.

Strong care coordination efforts support improved treatment outcomes by aligning treatment goals, reducing duplication of services, and promoting continuity of care. This collaborative approach helps ensure that providers are working together to support the individual’s overall treatment plan and recovery goals. Through ongoing communication, shared treatment planning, and coordinated service delivery, Outpatient Services strives to create a seamless and integrated system of care that empowers individuals with mental and behavioral health conditions to access the resources and support necessary to achieve improved health, stability, and overall well-being.

Consultations

The graph below indicates the number of consultations that occurred during this reporting period.



During this reporting period, a total of 690 care coordination consultations were completed by Outpatient Services at The Guidance Center. These consultations represent collaborative efforts with community partners and other service providers to support comprehensive, coordinated care for individuals receiving services.

Of the 690 consultations completed, 18 occurred with Children & Youth Services (CYS), 15 were conducted with Probation, and 657 consultations took place with other community agencies and providers. These collaborative interactions play an important role in ensuring continuity of care, aligning treatment goals across systems, and supporting individuals and families through a coordinated approach to behavioral health services.

Student Assistance Program (SAP)

The Student Assistance Program (SAP) provides mental health counseling services, consultation, and referrals to community resources for students across public schools in McKean County. SAP services are available to students in kindergarten through 12th grade and are designed to identify and address barriers that may interfere with a student's academic success, behavioral health, or overall well-being.

SAP utilizes a team-based approach, bringing together school personnel and community behavioral health professionals to support students and families. The SAP team works collaboratively to help identify student needs, connect families with appropriate school and community resources, and assist in developing and implementing individualized plans that

support student success across school, home, and community environments. The program emphasizes a strength-based approach, focusing on each student’s abilities while addressing challenges that may impact learning or emotional well-being.

SAP services are currently provided in thirteen public schools across McKean County. These schools include:

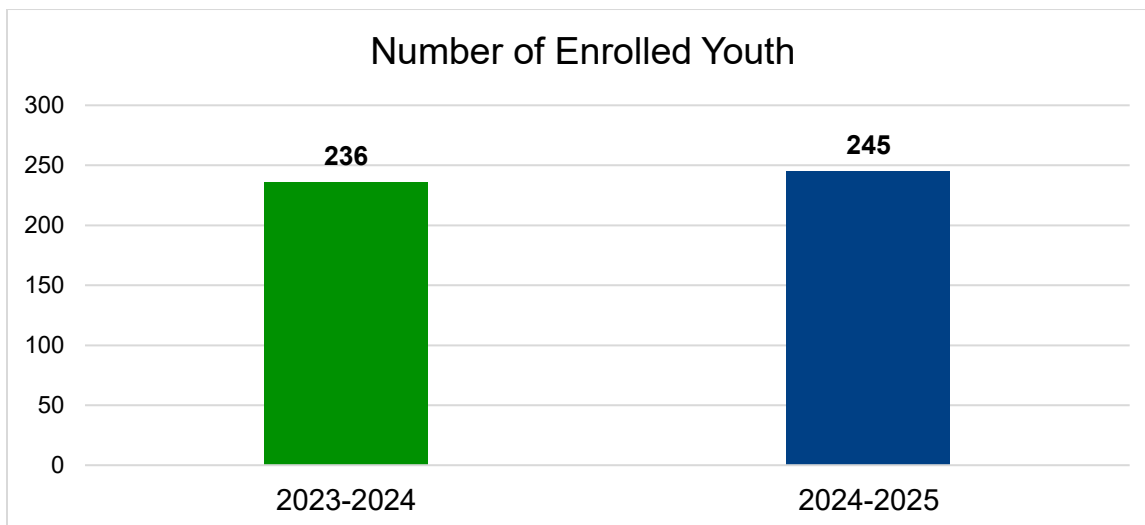
- Bradford Area High School
- Floyd C. Fretz Middle School
- George G. Blaisdell Elementary School
- Kane Elementary School
- Kane Middle School
- Kane Junior/Senior High School
- Otto Eldred Elementary School
- Otto Eldred Junior/Senior High School
- Port Allegany Elementary School
- Port Allegany Junior/Senior High School
- School Street Elementary School
- Smethport Elementary School
- Smethport Junior/Senior High School

Through collaboration with school districts and community partners, SAP helps ensure that students and families have access to appropriate behavioral health supports and resources that promote academic success, emotional well-being, and overall student stability.

Demographics

Number of Students Who Received a SAP Screening

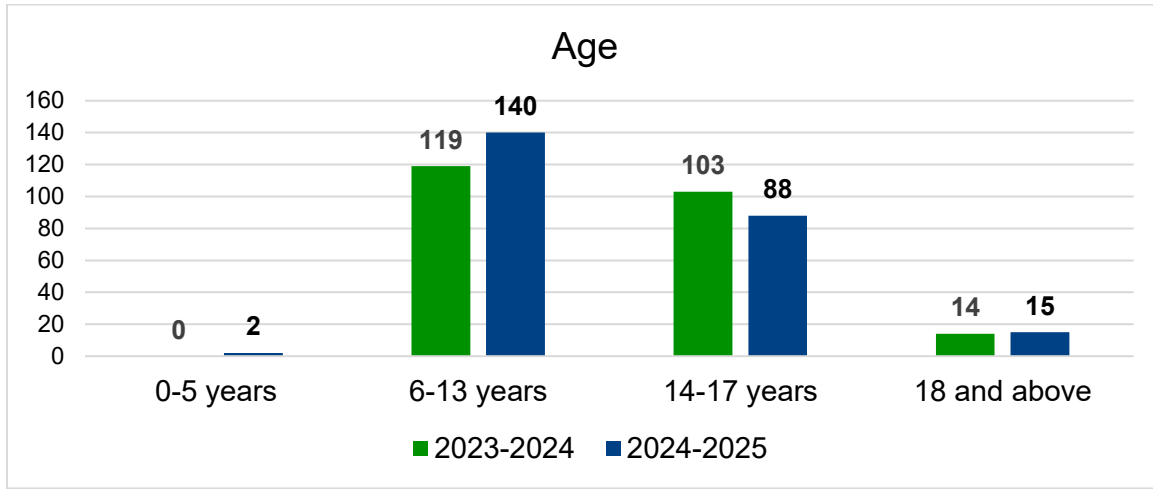
The graph below indicates the number of students who received a SAP screening during this reporting period.



During this reporting period, there was an increase of 9 youth served in the Student Assistance Program, representing a 3.8% increase from the previous review.

Age

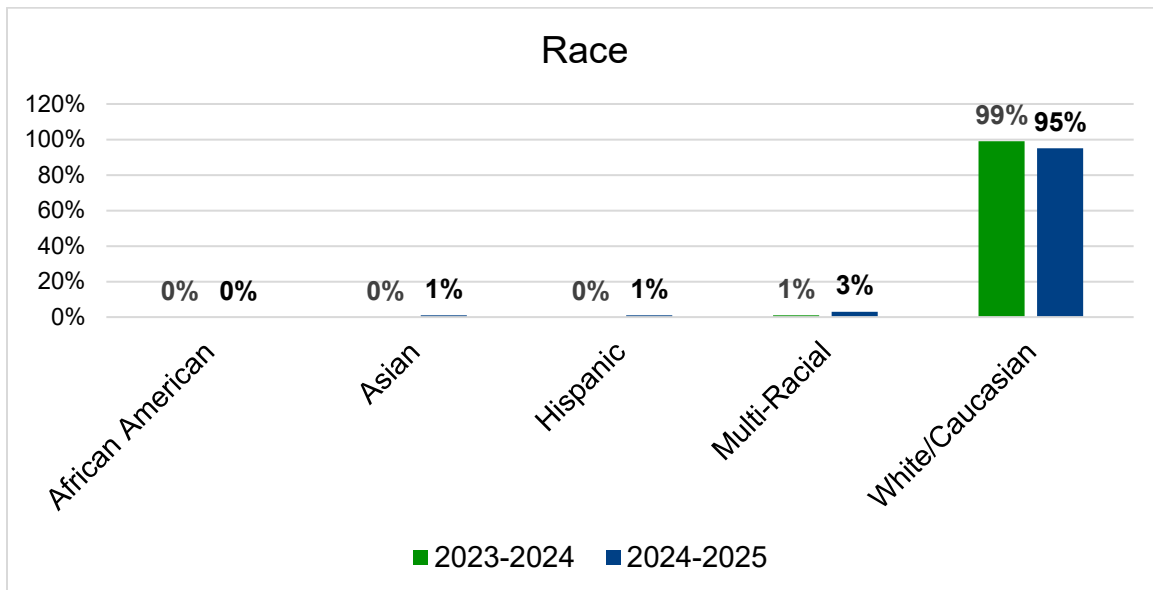
The graph below indicates the ages of students served in SAP during this reporting period.



During this reporting period, ages ranged from 5 to 19 years. Similar to the previous reporting period, most youth are between the ages of 6 and 13 years.

Race

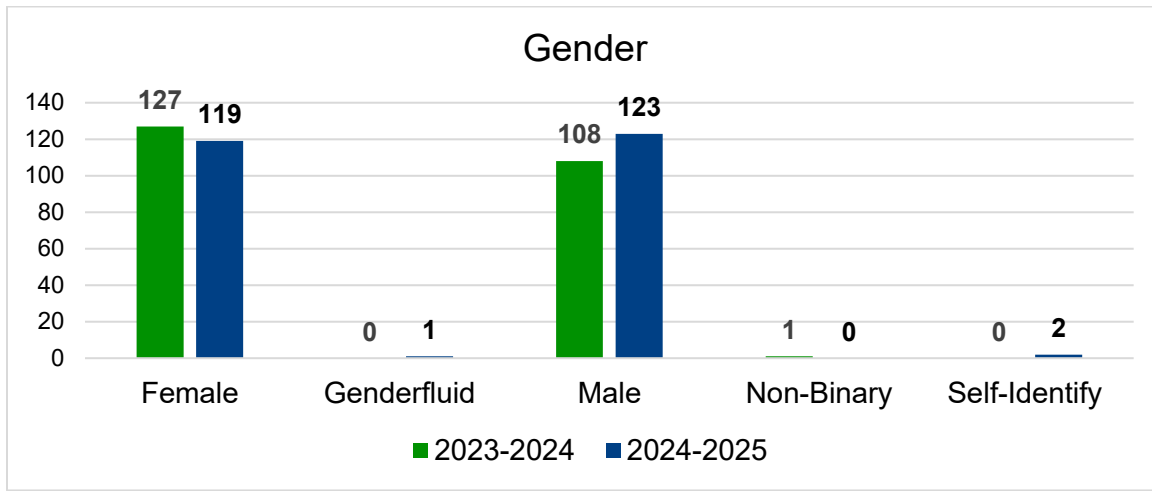
The graph below indicates the students' race.



Similar to the previous reporting period, of the youth with their race recorded in the Electronic Health Record (EHR), most are white/Caucasian.

Gender

The graph below indicates the students' gender.

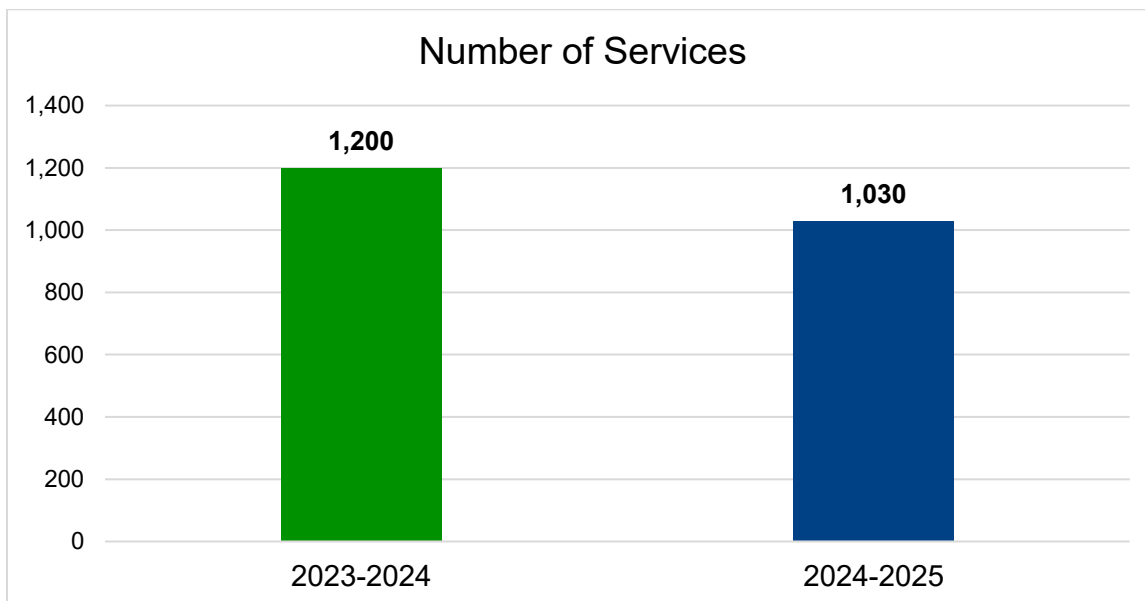


During this reporting period, most of the youth served are male followed by female.

Service Data

Number of Services

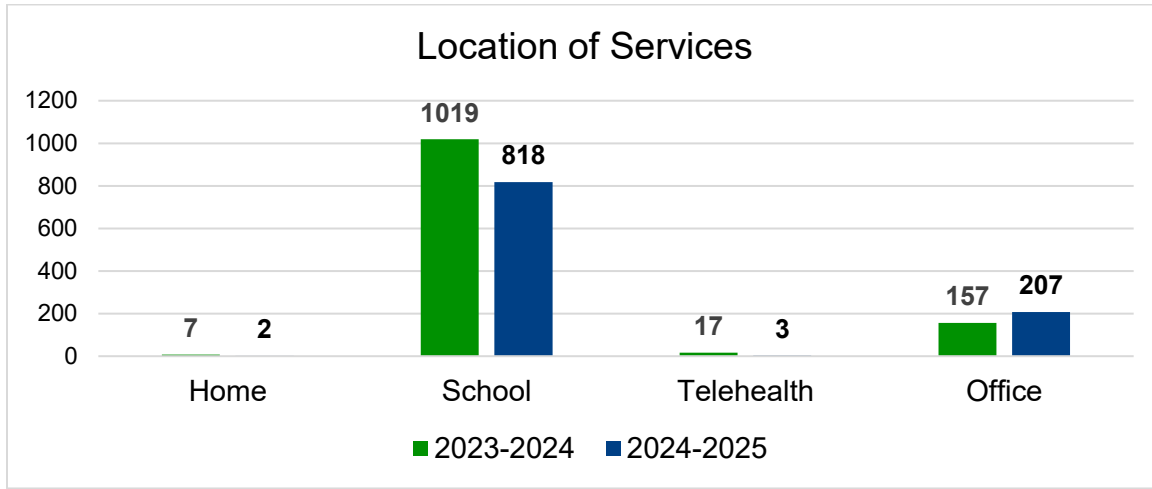
The graph below indicates the number of services completed in SAP during this reporting period.



During this reporting period, there were 1,030 services completed. Service types include SAP, screenings, and consultations.

Location of Sessions

The graph below represents the location of service delivery during this reporting period.



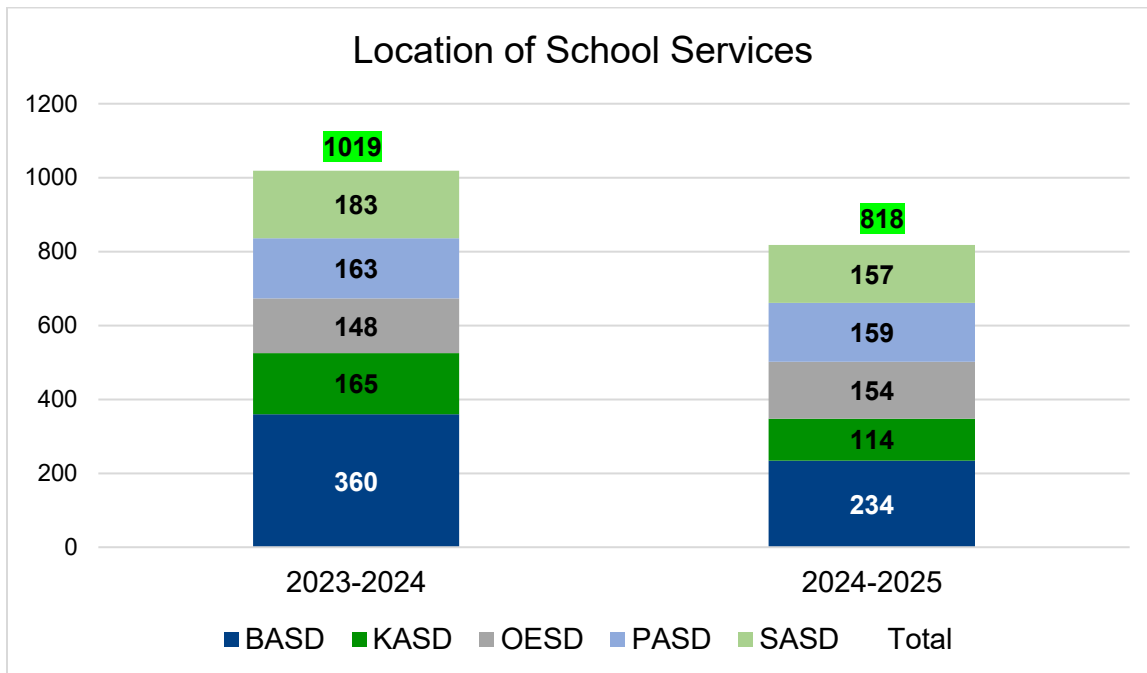
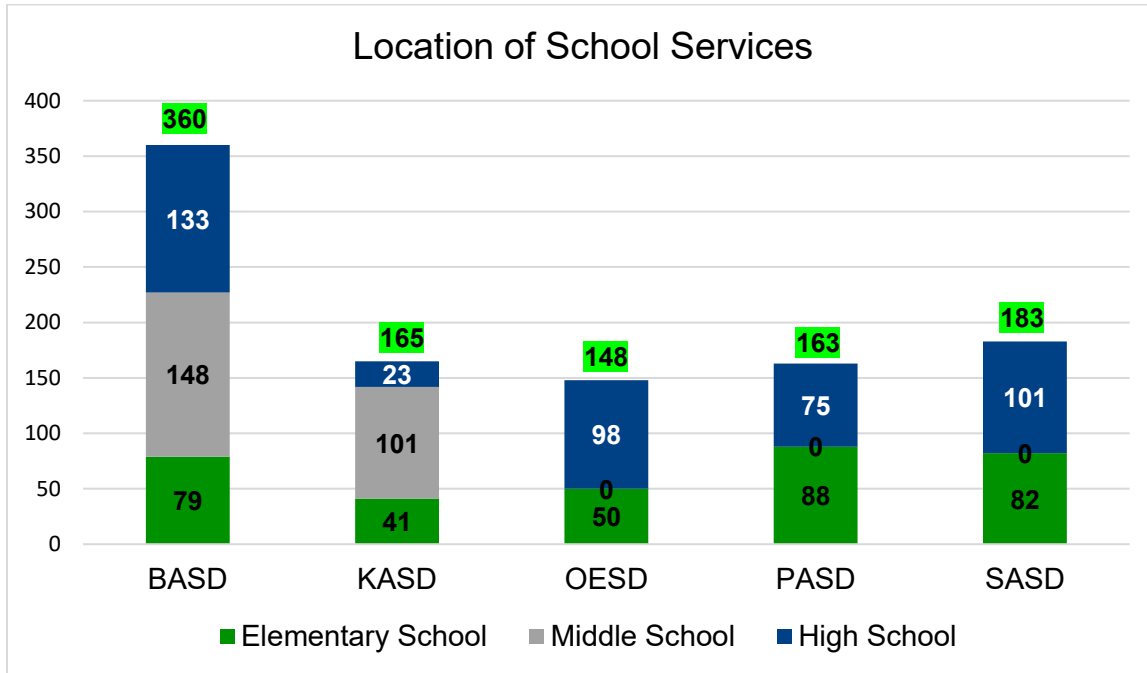
Similar to the previous reporting period, most of the services delivered were in the school.

The table below indicates each school within each district.

School District	Elementary School	Middle School	High School	Total
Bradford Area School District (BASD)	1. George G. Blaisdell 2. School Street Elementary	Floyd C. Fretz Middle School	Bradford Area High School	4
Kane Area School District (KASD)	Kane Elementary School	Kane Middle School	Kane High School	3
Otto Eldred School District (OESD)	Otto Eldred Elementary School	Otto Eldred Jr./Sr. High School		2
Port Allegany School District (PASD)	Port Allegany Elementary School	Port Allegany Jr./Sr. High School		2
Smethport Area School District (SASD)	Smethport Elementary School	Smethport Jr./Sr. High School		2
Total				13

Location of School Services

The following graph breaks down the number of services completed in each school district.



During both reporting periods, most of the school services were held in the Bradford Area School District.

Trauma Informed Care

The Guidance Center was designated as a Trauma-Informed Care Center in 2017. Every two years, the agency undergoes a recertification process through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) to maintain this designation. As part of these requirements, the organization provides ongoing staff training on Trauma-Informed Care practices. Additionally, all supervisors receive specialized training in Trauma-Informed Supervision. The agency has also adopted evidence-based practices to enhance treatment effectiveness while prioritizing staff wellness and support.

The objectives of Trauma-Informed Care include the following:

- Ensuring that individuals receiving services feel safe, supported, and have trust in both the staff and the agency.
- Empowering clients as active partners in their treatment, giving them a voice in decision-making.
- Assisting clients in leveraging their strengths, abilities, and personal experiences to support their healing process.
- Enhancing the relevance of treatment by incorporating each individual's beliefs, traditions, and values.
- Prioritizing staff well-being and satisfaction to promote a healthy work environment and reduce burnout.

To advance the initiative of staff wellness and care, the Trauma-Informed Care Committee was established. This committee comprises representatives from each department and meets bimonthly to review program updates, client and staff safety, and general concerns. Additionally, the committee fosters awareness by organizing staff appreciation and recognition events. Members collaborate to develop strategies for reducing staff turnover and promoting engagement in trauma-informed practices, with opportunities for staff to participate in initiatives and be entered into incentive drawings. This initiative not only supports and recognizes staff but also reinforces the principles and significance of trauma-informed care for both clients and employees.

Program Adherence

The Outpatient Department utilizes a comprehensive and multi-layered oversight structure to ensure full compliance with regulatory standards, payer requirements, and the approved service description. The agency's Quality & Compliance Department conducts ongoing evaluations of Outpatient Services to verify adherence to program regulations and to ensure that the needs of individuals served are consistently met through high-quality, clinically appropriate care.

Program adherence and regulatory compliance are monitored through both external and internal review processes, including:

- Annual quality reviews conducted by Community Care Behavioral Health (CCBH)
- CCBH Fraud, Waste, and Abuse audits
- CCBH annual benchmarking reviews

- Annual licensing review by Office of Mental Health and Substance Abuse Services (OMHSAS)
- Monthly chart reviews completed by Clinical Directors
- Quarterly internal compliance audits conducted by the Compliance Coordinator
- Annual quality reviews conducted by the Quality Director

In addition to these formal review mechanisms, routine record audits, structured supervision, and comprehensive quality monitoring activities are conducted to promote continuous program integrity. Findings from these reviews are analyzed to identify trends, address potential risks proactively, and implement corrective actions when indicated.

Based on the results of this reporting period's internal quality review, the Outpatient Department is operating in full compliance with program requirements and within the approved service description. Ongoing monitoring efforts reinforce a culture of accountability, continuous improvement, and regulatory readiness.

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 Outpatient Services, are actively recruiting members to add to this important feedback group. Currently, we have multiple clients from Outpatient Services involved in this committee. This effort aims to capture as much feedback as possible and to broaden the committee's representation across all programs 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.

Outpatient Services includes clients in the essential quality improvement processes in several meaningful ways. All participants in the program are routinely offered comprehensive feedback surveys to evaluate the overall effectiveness of the services provided, their satisfaction with service delivery, and their level of engagement within the program. The results of these surveys are compiled and analyzed to ensure that the agency is delivering the highest quality of care while effectively meeting the diverse needs of the individuals served. These results are then shared with the quality team, members of the agency Board of Directors, as well as the participants in the program to foster transparency and collaboration.

In addition to the client feedback surveys, youth and their families are provided with the Client Handbook upon enrolling in services. This client handbook encompasses essential topics such as client rights, the individualized plan of care, confidentiality practices, and instructions on how

to file a grievance or express any concerns. Additionally, at any time, anyone can easily provide feedback through the agency's website by using the designated feedback section. A client feedback form automatically populates and is sent directly back to the quality department for processing. This valuable input not only highlights areas for improvement but also addresses any concerns while assessing the overall effectiveness of the services offered. This data plays a crucial role in enhancing the quality of care at the agency.

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 client 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.

OMHSAS Licensure Site Visit & Audits

Outpatient Services received and complied with the re-licensure site visit on March 24, 2025, 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 Outpatient Clinic. Recommendations made by Beth were carefully considered and implemented as current procedures.

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

Furthermore, we comply with the CCBH performance measures and CCBHC quality measures to ensure adherence to the program model is being followed and promote continuous quality improvement which ultimately improves outcomes for the individuals served.

Internal Compliance Audits

To ensure ongoing regulatory compliance and the delivery of high-quality, person-centered services, Outpatient Services undergoes structured quarterly internal compliance audits conducted by the Compliance Coordinator. These audits are designed to evaluate adherence to OMHSAS licensing standards, contractual requirements, and the approved service description.

Audit findings are formally compiled and presented to agency leadership, including the Senior Director of Clinical Services, Senior Director of Provider and Community Relations, Program Directors, Outpatient staff, Executive Director, and the Board of Directors. This structured reporting process promotes transparency, executive oversight, and organizational accountability.

When areas requiring improvement are identified, they are addressed through a formal Corrective Action Plan (CAP) developed using the Plan Do Check Act (PDCA) performance improvement model. Corrective action plans include clearly defined objectives, responsible parties, implementation timelines, and follow-up monitoring to ensure sustainable resolution.

To foster a culture of continuous quality improvement, audit results are reviewed collaboratively with Outpatient staff. This team-based approach encourages shared ownership of compliance outcomes, strengthens practice consistency, and supports proactive risk mitigation. Identified improvement areas are incorporated into measurable program goals and tracked over time to evaluate effectiveness.

Results and trend analyses from internal compliance audits are summarized annually within the Comprehensive Quality Report, ensuring alignment between operational oversight, performance measurement, and strategic quality planning.

Methodology

Internal compliance audits within the Outpatient Department are conducted on a quarterly basis by the Compliance Coordinator using a randomized chart selection process. Charts reviewed include active cases, newly admitted individuals, and recently discharged cases to ensure adherence to documentation standards, regulatory requirements, and approved clinical procedures across the full continuum of care. At minimum, one chart per clinical staff member is selected during each audit cycle to promote equitable oversight and accountability.

In addition to quarterly compliance audits, the Program Director conducts weekly chart reviews to provide ongoing clinical oversight, reinforce documentation standards, and support timely corrective action when necessary. This layered review structure strengthens internal controls and promotes consistent program integrity.

Audit findings are systematically documented, analyzed, and trended over time to identify patterns, strengths, and opportunities for improvement. Results are shared with leadership and incorporated into continuous quality improvement initiatives, staff training efforts, and supervision focus areas.

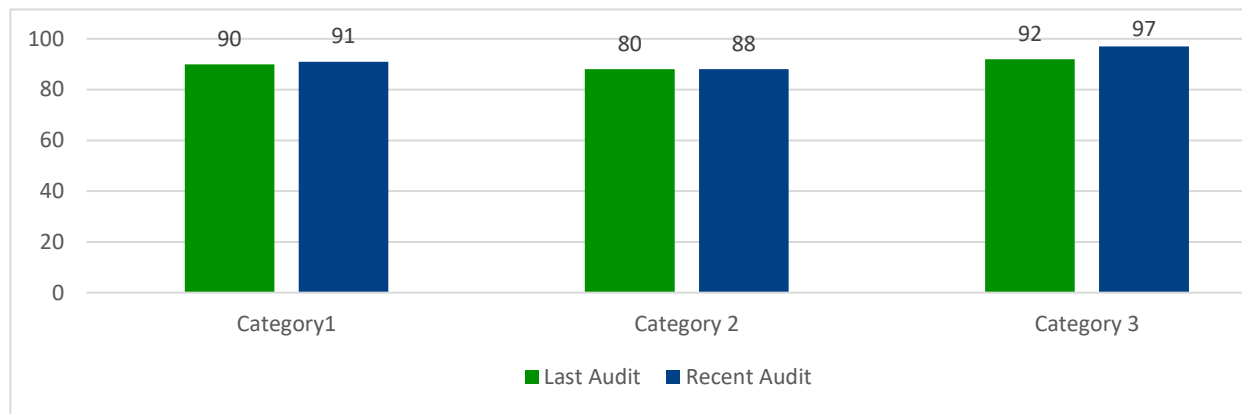
Outpatient Counseling Internal Compliance Audit Results

The summary below reflects the outcomes of all internal compliance audits conducted during this reporting period and provides a transparent overview of compliance performance, identified trends, and any corrective actions implemented.

Internal Quality Review			
Program	OP Counseling	Date of Audit	8/12/24 – 8/15/24
Number of Charts Reviewed	80 Randomized Charts	Audit Schedule	Quarterly – Q1
Total Number of Indicators	13 Quality Indicators		

Category	Score	Goal
1. Intake Documentation	91%	80%
2. Treatment Documentation	88%	80%
3. Discharge	97%	80%

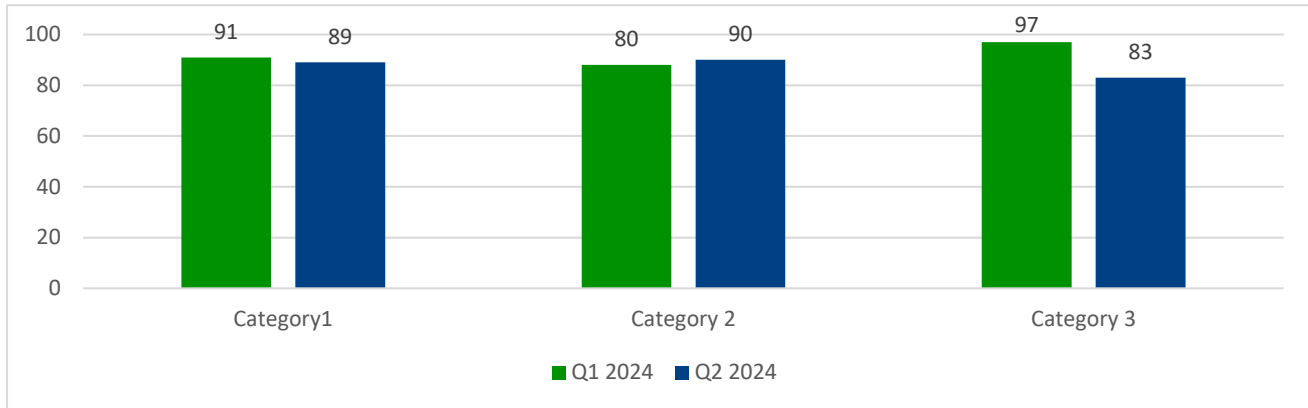
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Counseling	Date of Audit	11/11/24-11/15/24
Number of Charts Reviewed	80 Randomized Charts	Audit Schedule	Quarterly – Q2
Total Number of Indicators	13 Quality Indicators		

Category	Score	Goal
4. Intake Documentation	89%	80%
5. Treatment Documentation	90%	80%
6. Discharge	83%	80%

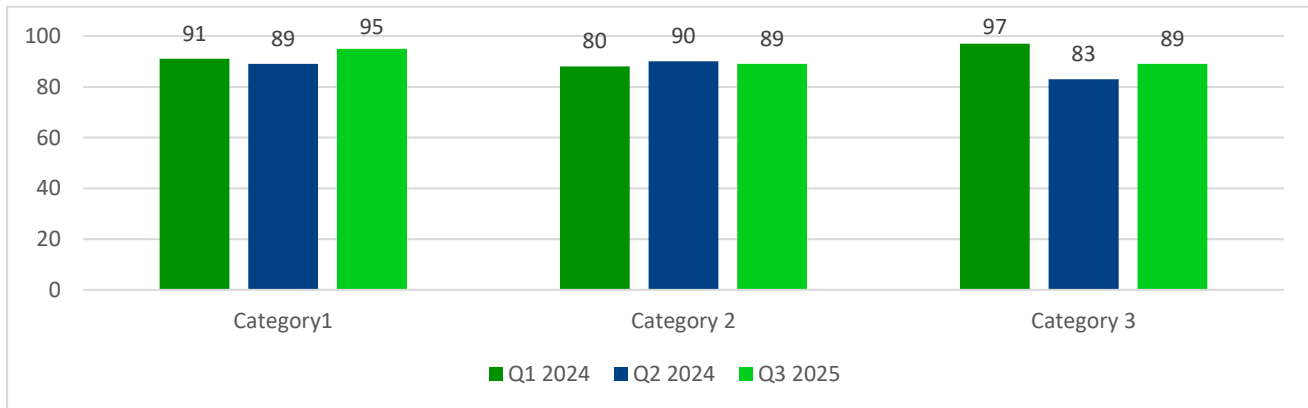
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Counseling	Date of Audit	2/3/25 – 2/5/25
Number of Charts Reviewed	80 Randomized Charts	Audit Schedule	Quarterly – Q3
Total Number of Indicators	13 Quality Indicators		

Category	Score	Goal
7. Intake Documentation	95%	80%
8. Treatment Documentation	89%	80%
9. Discharge	89%	80%

Comparison from the last Internal Audit:

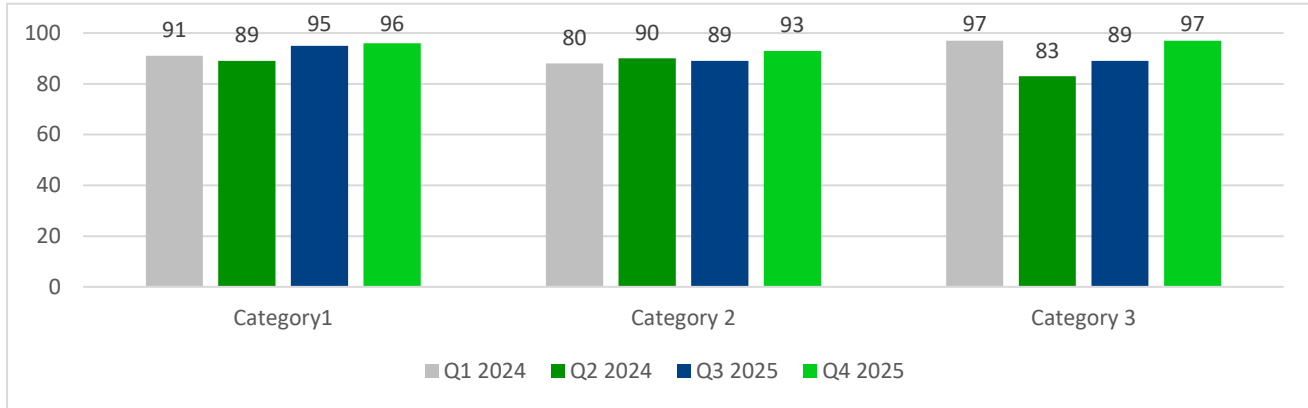


Internal Quality Review			
Program	OP Counseling	Date of Audit	4/14/25 - 4/18/25
Number of Charts Reviewed	80 Randomized Charts	Audit Schedule	Quarterly – Q4
Total Number of Indicators	13 Quality Indicators		

Category	Score	Goal
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10. Intake Documentation	96%	80%
11. Treatment Documentation	93%	80%
12. Discharge	97%	80%

Comparison of the last Internal Audit:



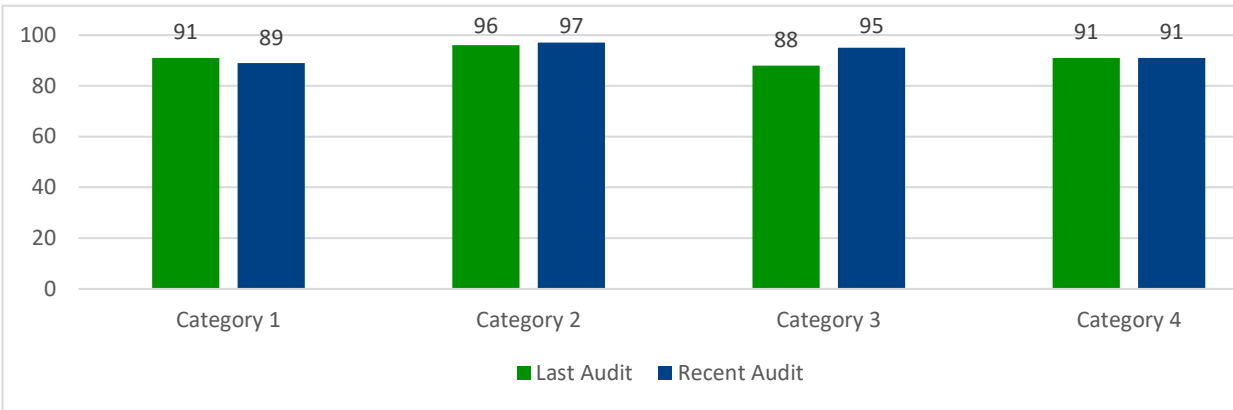
Outpatient Psychiatric Internal Compliance Audit Results

The summary below reflects the outcomes of all internal compliance audits conducted during this reporting period and provides a transparent overview of compliance performance, identified trends, and any corrective actions implemented.

Internal Quality Review			
Program	OP Psych	Date of Audit	8/26/24-8/29/24
Number of Charts Reviewed	50 Randomized Charts	Audit Schedule	Quarterly – Q1
Total Number of Indicators	22 Quality Indicators		

Category	Score	Goal
13. Intake and Assessment	89%	80%
14. Treatment Planning	97%	80%
15. Care Coordination	95%	80%
16. Physical Health/Behavioral Health Indicators	91%	80%

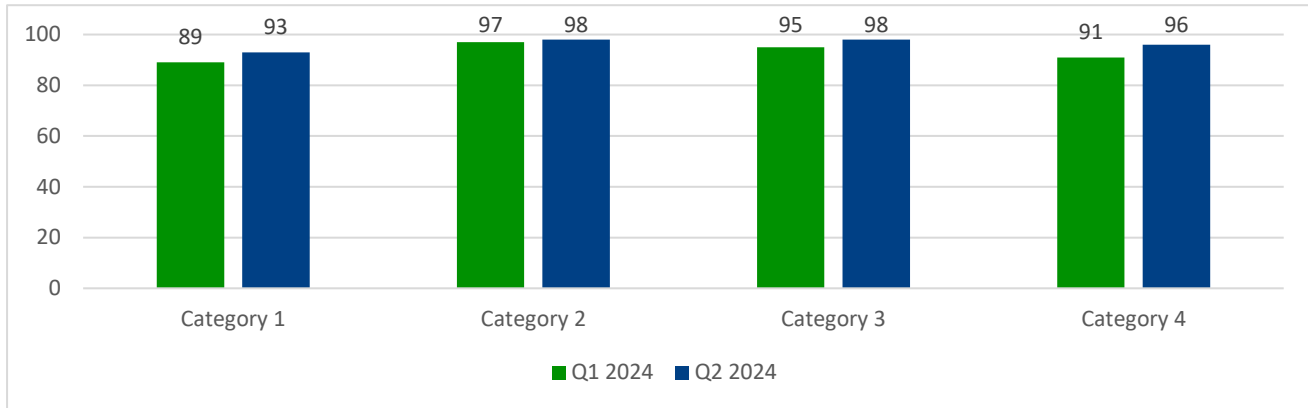
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Psych	Date of Audit	11/18/24-11/20/24
Number of Charts Reviewed	50 Randomized Charts	Audit Schedule	Quarterly – Q2
Total Number of Indicators	22 Quality Indicators		

Category	Score	Goal
17. Intake and Assessment	93%	80%
18. Treatment Planning	98%	80%
19. Care Coordination	98%	80%
20. Physical Health/Behavioral Health Indicators	96%	80%

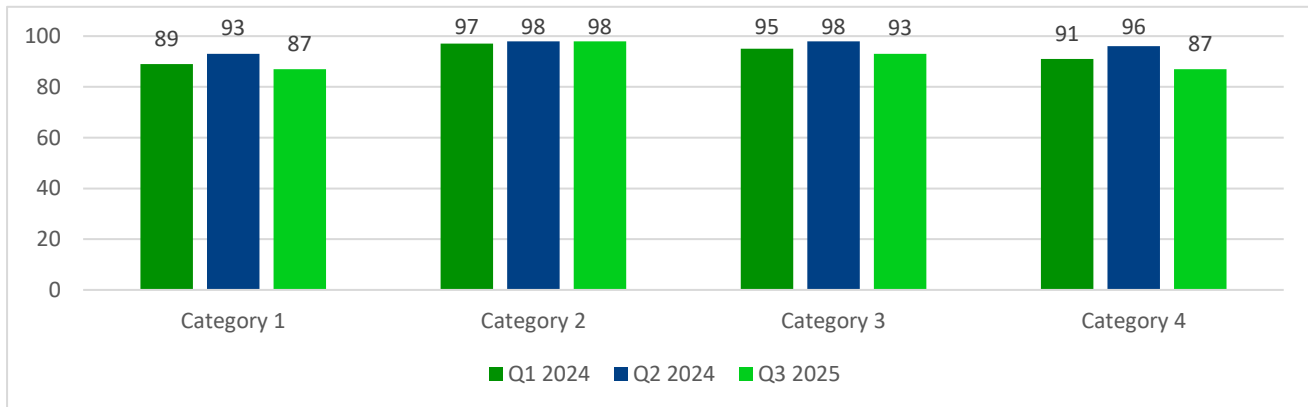
Comparison from the last Internal Audit:



Internal Quality Review			
Program	OP Psych	Date of Audit	2/10/25 – 2/13/25
Number of Charts Reviewed	60 Randomized Charts	Audit Schedule	Quarterly – Q3
Total Number of Indicators	22 Quality Indicators		

Category	Score	Goal
21. Intake and Assessment	87%	80%
22. Treatment Planning	98%	80%
23. Care Coordination	93%	80%
24. Physical Health/Behavioral Health Indicators	87%	80%

Comparison from the last Internal Audit:

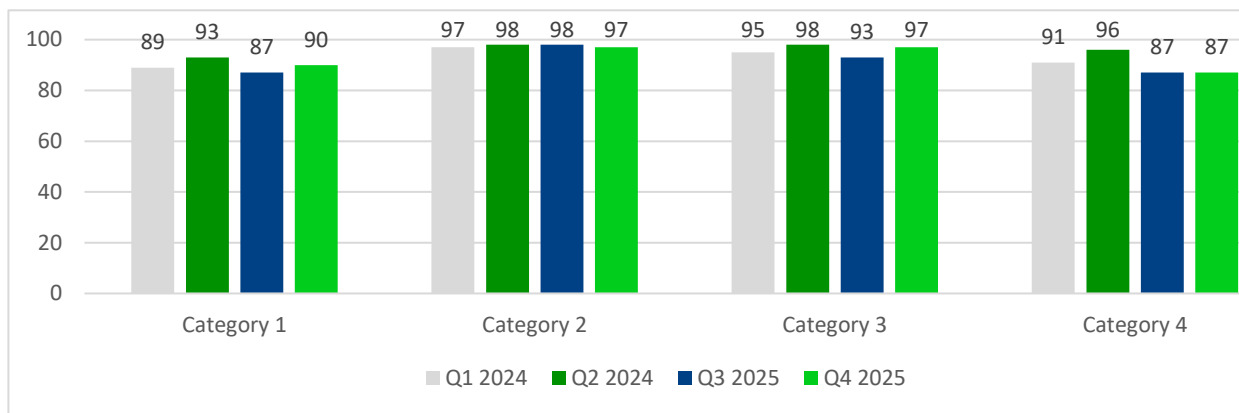


Internal Quality Review			
Program	OP Psych	Date of Audit	4/28/25-5/2/2024

Number of Charts Reviewed	60 Randomized Charts	Audit Schedule	Quarterly – Q4
Total Number of Indicators	22 Quality Indicators		

Category	Score	Goal
25. Intake and Assessment	90%	80%
26. Treatment Planning	97%	80%
27. Care Coordination	97%	80%
28. Physical Health/Behavioral Health Indicators	87%	80%

Comparison of Internal Audits:



Program Goals

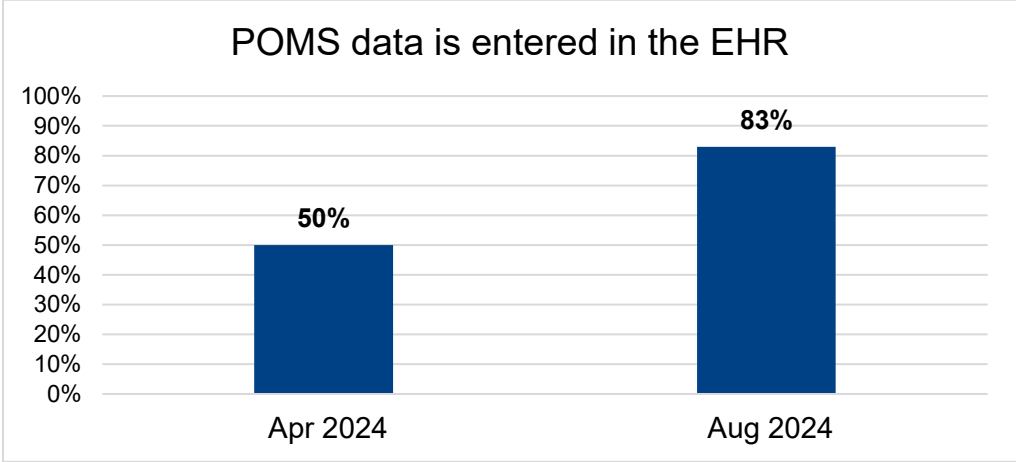
Findings from quality reviews and internal compliance audits are used to inform program goals and guide ongoing quality improvement efforts through the Plan Do Check Act (PDCA) Model. Audit results are carefully analyzed to identify strengths, trends, and opportunities for improvement within the program. When performance indicators fall below established benchmarks, a corrective action plan is developed and implemented to improve outcomes and ensure that performance measures reach or exceed the 80% compliance threshold.

The following areas were identified for continued monitoring and quality improvement during this review period:

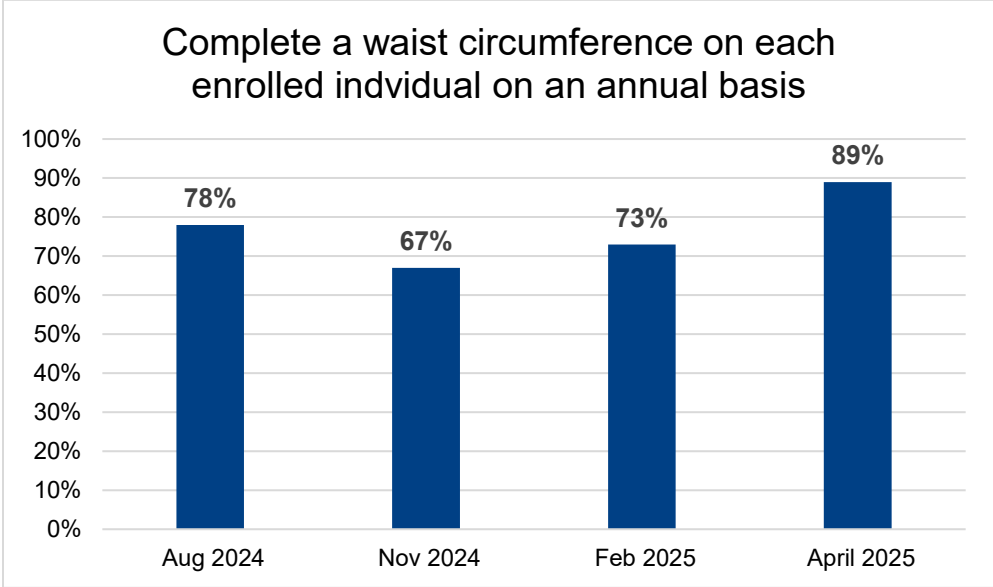
Outpatient Counseling Program Goals & Corrective Action Plans

1. Priority Population & Independence of Living (POMS) information is documented within the Electronic Health Record (EHR).
 - a. This performance area improved to exceed the established benchmark in August 2024, at which time the associated corrective action plan was considered successfully completed and formally retired. Although the corrective action plan has been retired, this metric will continue to be monitored as part of ongoing

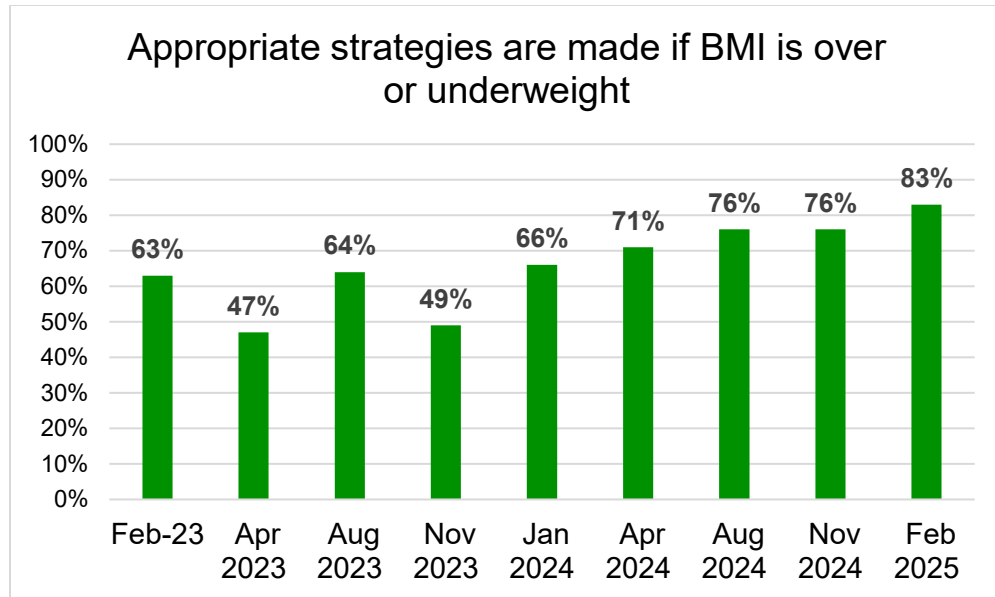
internal audits to ensure sustained compliance and to verify that performance consistently meets or exceeds the established goal.



- 2. Waist circumference is documented for each enrolled client on an annual basis.
 - a. This performance area improved to exceed the established benchmark in April 2025, at which time the associated corrective action plan was considered successfully completed and formally retired. Although the corrective action plan has been retired, this metric will continue to be monitored as part of ongoing internal audits to ensure sustained compliance and to verify that performance consistently meets or exceeds the established goal.

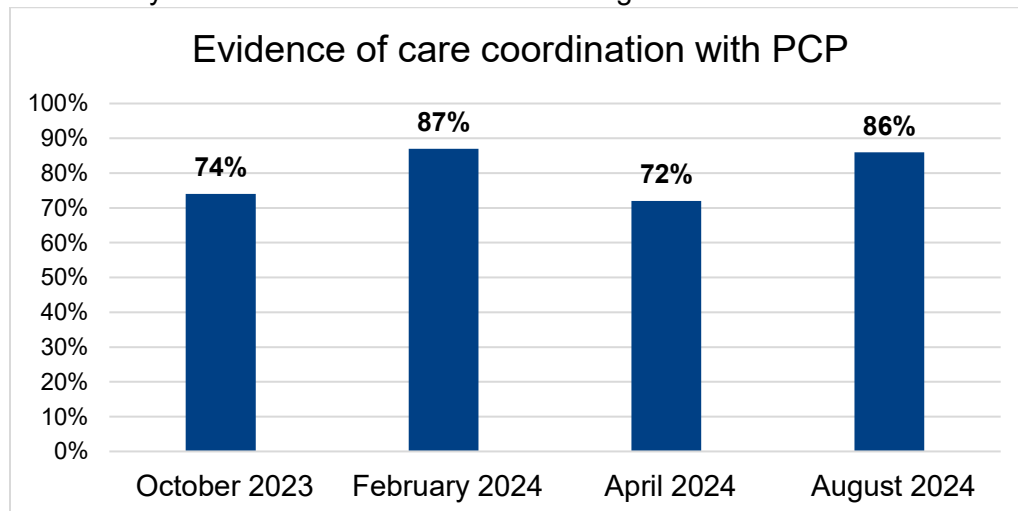


- 3. Appropriate strategies are made if Body Mass Index (BMI) is over or underweight.
 - a. This performance area improved to exceed the established benchmark in February 2025, at which time the associated corrective action plan was considered successfully completed and formally retired. Although the corrective action plan has been retired, this metric will continue to be monitored as part of ongoing internal audits to ensure sustained compliance and to verify that performance consistently meets or exceeds the established goal.



Outpatient Psychiatric Program Goals & Corrective Action Plans

1. Documentation of care coordination with the client's Primary Care Physician (PCP) is documented in the Electronic Health Record (EHR).
 - a. This performance area improved to exceed the established benchmark in August 2024, at which time the associated corrective action plan was considered successfully completed and formally retired. Although the corrective action plan has been retired, this metric will continue to be monitored as part of ongoing internal audits to ensure sustained compliance and to verify that performance consistently meets or exceeds the established goal.



These metrics were identified as priority goals following performance gaps. By leveraging a collaborative approach, engaging staff at all levels, we implemented strategic interventions to

align these metrics with regulatory standards. This ongoing focus on quality assurance reflects our dedication to meeting client needs through continuous process improvement.

Staff Supervision

To ensure the consistent delivery of trauma-informed, ethical, and evidence-based care, Outpatient Services maintains a structured and well-documented clinical supervision framework. Supervision is designed to promote clinical competency, reinforce best practices, support professional growth, and safeguard the quality of services provided to individuals and families.

Therapists receive a minimum of one hour of individual supervision on a biweekly basis. In addition, clinicians participate in group supervision twice per month, which is facilitated in collaboration with a psychiatrist to promote interdisciplinary consultation, diagnostic clarity, and integrated treatment planning. Documentation of psychiatric participation in group supervision is maintained by the Clinical Director of Outpatient Counseling to ensure compliance and oversight.

Supervision records are formally maintained by the Clinical Director of Outpatient Counseling and the Clinical Director of School-Based Services. These records verify supervision frequency, clinical discussion topics, and professional development focus areas.

To further support workforce competency and service quality, individualized training plans are developed for each clinician and reviewed annually. Training plans are aligned with program needs, regulatory requirements, emerging best practices, and identified areas for professional growth. This structured supervision and training model reinforces a culture of accountability, clinical excellence, and continuous quality improvement within Outpatient Services.

Staff Trainings

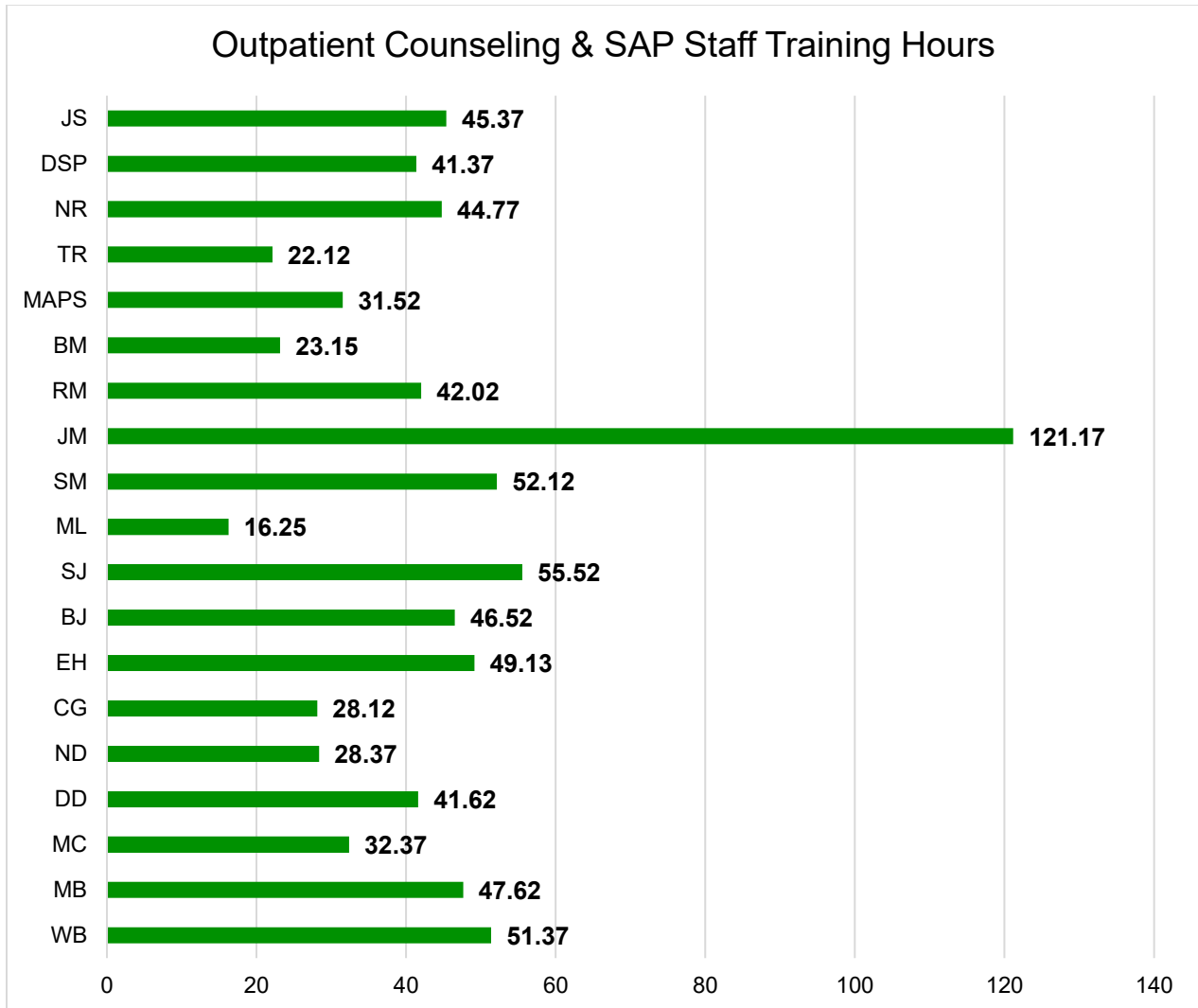
Ongoing staff training remains a foundational component of quality assurance within the Outpatient Department. A strong commitment to workforce development ensures that clinicians and psychiatric providers are equipped with the knowledge, clinical skills, and resources necessary to deliver high-quality, evidence-based care.

Training initiatives are designed to reinforce ethical and legal standards, strengthen clinical competencies, and promote a trauma-informed, person-centered approach to treatment. Educational opportunities include regulatory updates, evidence-based therapeutic modalities, risk assessment and crisis intervention strategies, documentation standards, cultural responsiveness, and emerging best practices in behavioral health.

Continued professional development enables staff to remain current with evolving research, treatment innovations, and industry standards. This proactive approach enhances service effectiveness and client outcomes.

Outpatient Counseling & SAP Staff Training

The following graph provides a representation of the total staff training hours completed within the Outpatient Counseling Department during this reporting period.

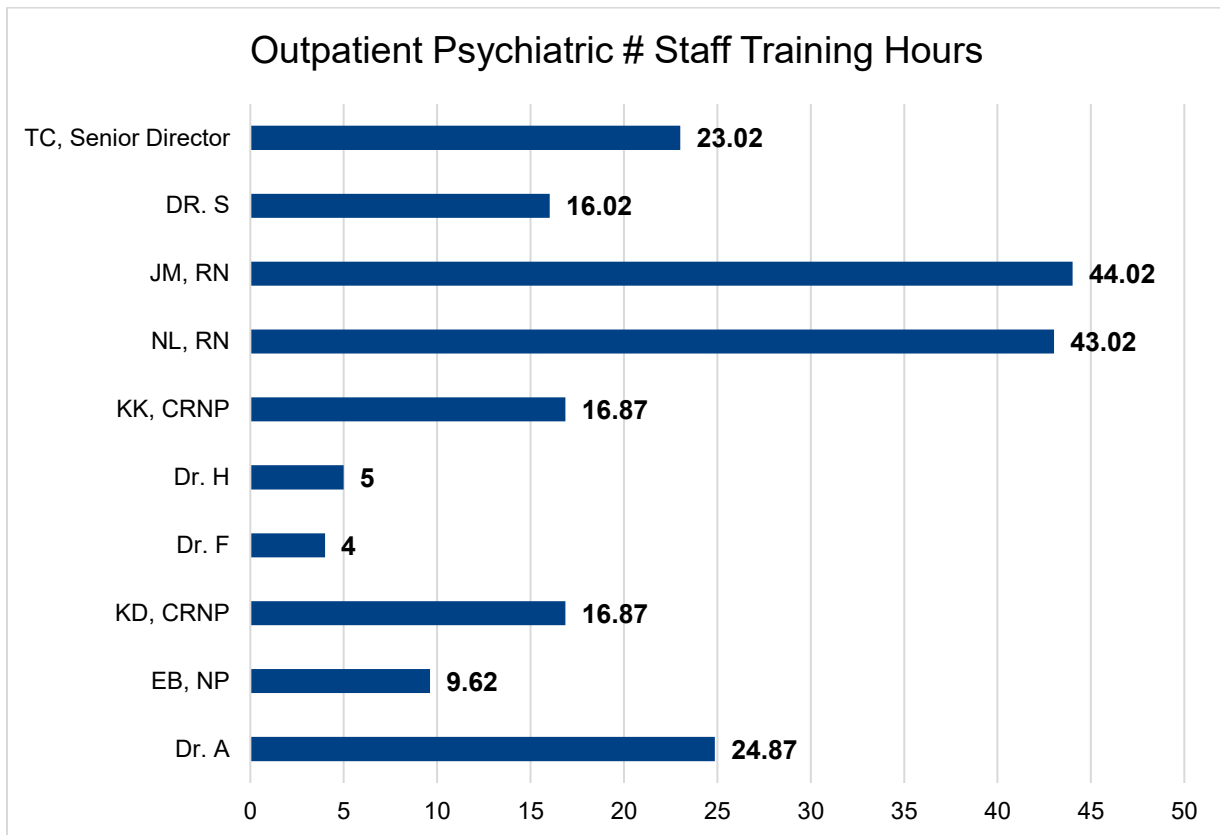


The Outpatient Counseling Department demonstrated a strong commitment to professional development and service excellence during this reporting period, with staff collectively completing 820.5 hours of training. This substantial investment in ongoing education reflects the department's dedication to maintaining a highly skilled workforce and ensuring that staff remain informed on current best practices, clinical interventions, regulatory requirements, and emerging trends in behavioral health care.

Continued participation in professional training supports the department's ability to deliver high-quality, evidence-based, and trauma-informed services, while also promoting staff competency, ethical practice, and improved outcomes for the individuals and families served through Outpatient Services.

Outpatient Psychiatric Staff Training

The following graph provides a representation of the total staff training hours completed within the Outpatient Psychiatric Department during this reporting period.



In addition to the training completed by Outpatient Counseling staff, the Outpatient Psychiatric staff also demonstrated a strong commitment to professional development during this reporting period. Psychiatric staff collectively completed 203.31 hours of training, supporting continued growth in clinical knowledge, regulatory compliance, and best practices in behavioral health care.

Ongoing training ensures that psychiatric providers remain current on evolving treatment approaches, medication management practices, and standards of care. This continued investment in staff development helps strengthen the department's capacity to deliver safe, effective, and high-quality psychiatric services, ultimately enhancing the quality of care provided to individuals receiving services through Outpatient Programs.

Satisfaction Surveys

Client satisfaction surveys are distributed through multiple methods to ensure accessibility and encourage participation among individuals receiving services. The results of these surveys are routinely collected, analyzed, and compiled to evaluate client perceptions of care, identify areas of strength, and inform ongoing quality improvement efforts.

Student Assistance Program (SAP)

Satisfaction surveys are distributed to all thirteen schools in McKean County where Student Assistance Program (SAP) services are provided by The Guidance Center. Each spring, participating schools are invited to provide annual feedback regarding the SAP services delivered to students. These surveys allow school personnel to evaluate the effectiveness, accessibility, and overall impact of the program within their respective schools.

Completed surveys are submitted to the Quality Director for review and analysis. The feedback collected is used to identify strengths, assess areas for potential improvement, and support ongoing quality improvement efforts within SAP services. Input from school partners plays a critical role in ensuring that services remain responsive to the needs of students, families, and school communities.

The Guidance Center currently provides SAP services to 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

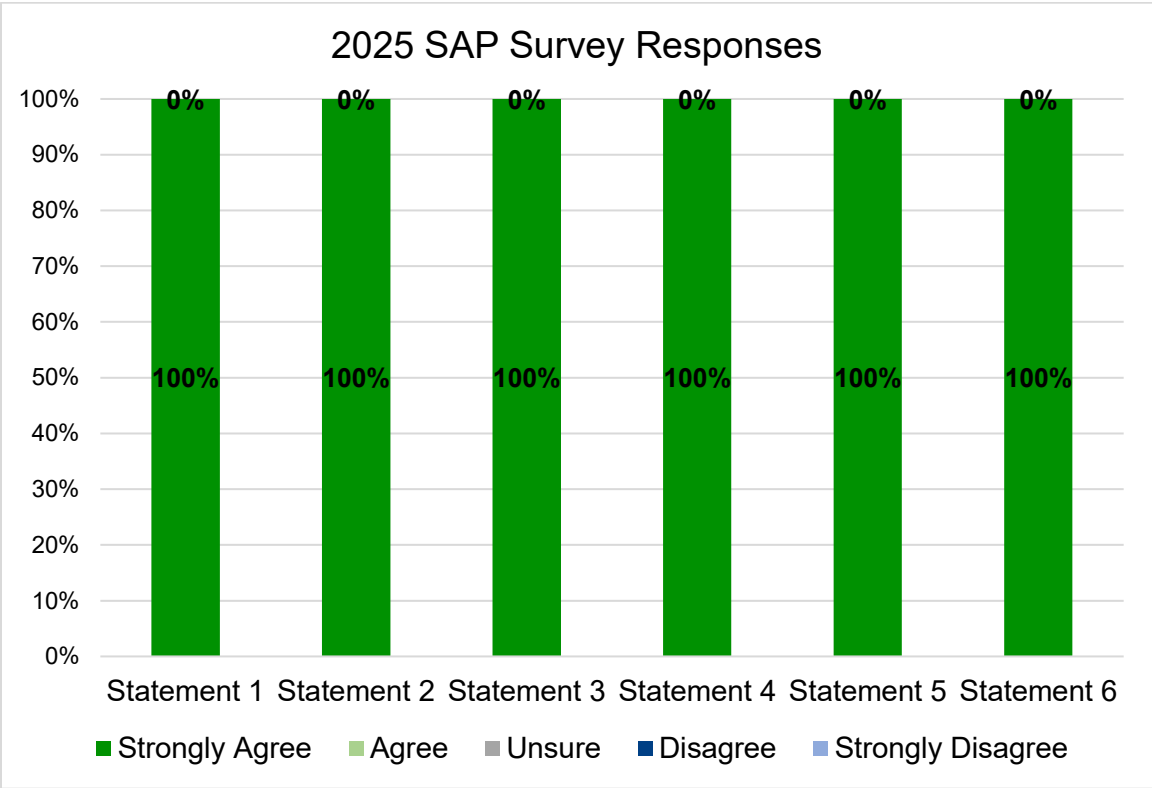
The table below presents the percentage of respondents who selected ‘Agree’ or ‘Strongly Agree’ for each survey statement.

#	Statement	% “Strongly Agree” or “Agree” Responses				
		2022	2023	2024	2025	2026
S1	In general, we are satisfied with our MH Consultant’s performance.	100%	100%	100%	100%	100%
S2	The SAP MH Consultant seems genuinely interested in the team’s functioning and goals.	100%	100%	100%	92%	100%
S3	The SAP MH Consultant seems genuinely interested in the students’ problems.	100%	100%	100%	100%	100%
S4	We feel comfortable approaching our MH Consultant with any SAP or student issue.	100%	100%	100%	100%	100%

S5	The SAP MH Consultant is available and prompt for meetings and student assessments.	84%	100%	100%	100%	100%
S6	The SAP MH Consultant is meeting our team's current expectations.	84%	100%	100%	100%	100%
Average Scores		95%	100%	100%	98.6%	100%

The average score across survey statements remained high, indicating a strong level of satisfaction among participating schools with both the quality of services provided and the support received from their Mental Health Consultant.

The graph below represents the data compiled from the schools SAP is provided in.



Survey results indicate school representatives are more than satisfied with their SAP service and their Mental Health Consultant.

Comments

The following word cloud depicts the comments shared from the school representatives regarding the Student Assistance Program (SAP) and their Mental Health Consultant.

THERE ARE NEVER GAPS BETWEEN THE SCHOOL, OUR STUDENTS, AND OUR MH CONSULTANT

OUR MH CONSULTANT IS AN AMAZING ASSET TO OUR TEAM!
 WE APPRECIATE THE IMPACT, EFFORT, AND WEEKLY GUIDANCE!

OUR MH CONSULTANT IS A POSITIVE AND PRODUCTIVE PART OF OUR TEAM.
 OUR MH CONSULTANT CONNECTS STUDENTS WITH APPROPRIATE SERVICES.

OUR MH CONSULTANT IS DOING A GREAT JOB!

RECOMMENDATIONS ENSURE THE SAP TEAM CONTINUES TO MOVE IN A STUDENT CENTERED DIRECTION.
 WE APPRECIATE THE TIMELINESS IN WHICH SCREENINGS ARE COMPLETED.

OUR MH CONSULTANT IS EXCEPTIONAL!

OUR MH CONSULTANT IS GREAT WITH STUDENTS AND STAFF.
 OUR SCHOOL IS EXTREMELY HAPPY HAVING OUR MH CONSULTANT.

National Outcome Measures (NOMS)

Client feedback continues to be an important component of ensuring client satisfaction is met and exceeded within Outpatient Services. 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. Additionally, all Outpatient clients were sent a client satisfaction survey via email with a link to rate their satisfaction with services. During this review, there were 8 individuals who chose to complete the NOMS Reassessment Survey.

Respondents evaluated their experience via a series of categorical statements, with results calculated based on the percentage of 'Yes' responses. To ensure data integrity, respondents were permitted to bypass questions; therefore, percentages are calculated based on the total number of active responses for each specific metric.

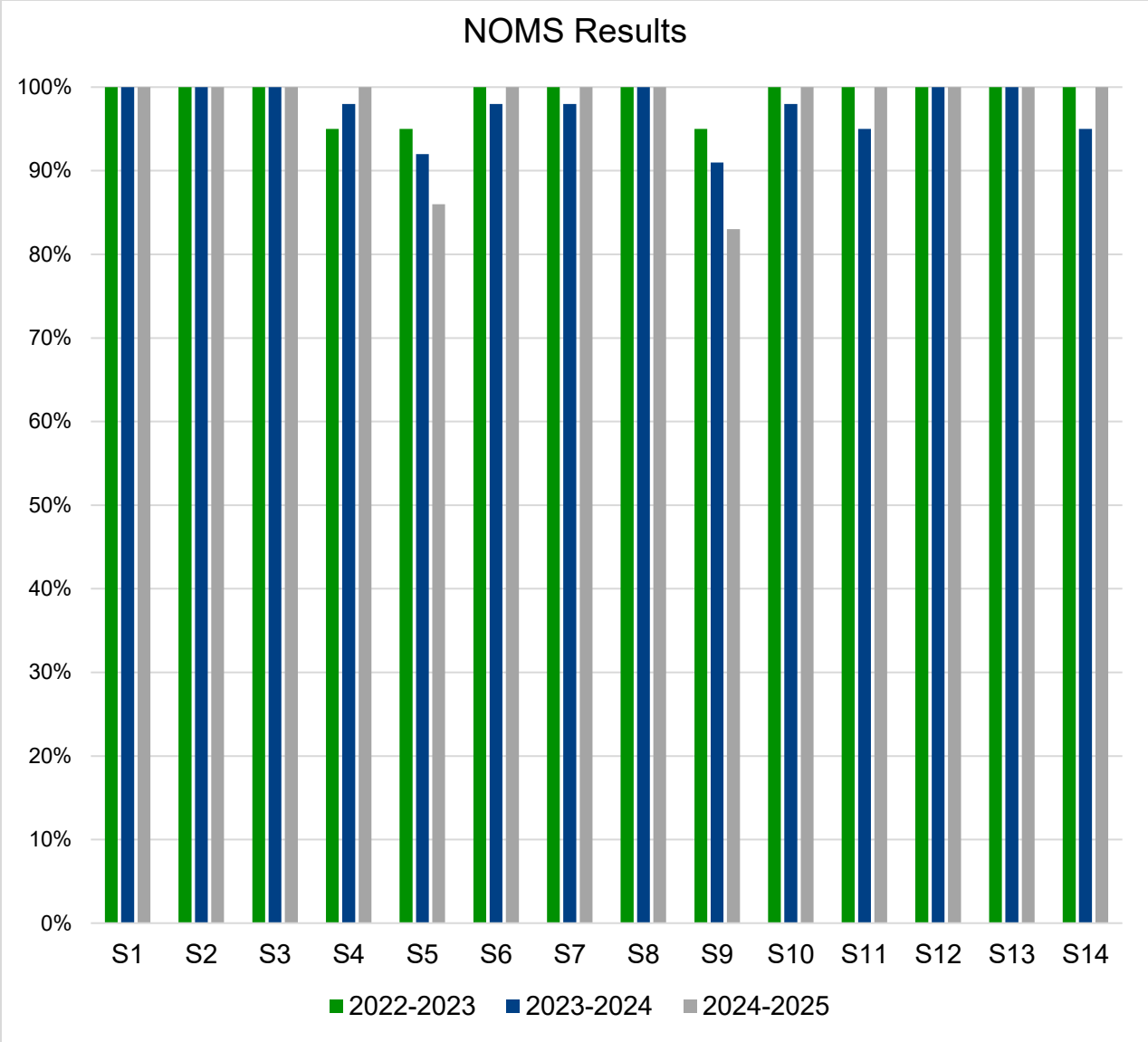
Statements:

Statement #	Statement	Result
Statement 1	Staff here believe I [my child] can grow, change, and recover.	100%
Statement 2	I [my child] felt free to complain.	100%
Statement 3	I [my child] was given information about my rights.	100%

Statement 4	Staff encouraged me [my child] to take responsibility for how I [they] live my [their] life.	100%
Statement 5	Staff told me [my child] what side effects to watch for.	86%
Statement 6	Staff respected my [my child] wishes about who is and who is not to be given information about my treatment.	100%
Statement 7	Staff were sensitive to my [my child's] cultural background (race, religion, language, etc.)	100%
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.	100%
Statement 9	I [my child] was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	83%
Statement 10	I [my child] felt comfortable asking questions about my treatment and medication.	100%
Statement 11	I [my child] , not staff, decided my [my child's] treatment goals.	100%
Statement 12	I [my child] like(s) the services received here.	100%
Statement 13	I [my child] would still get services from this agency if there were other choices.	100%
Statement 14	I [my child] would recommend this agency to a friend or family member.	100%

Respondents indicated they are satisfied with their service or their child's service and they would; d recommend their service to another person.

The following chart indicates the percentage of adults who responded with a "yes" to the statements.



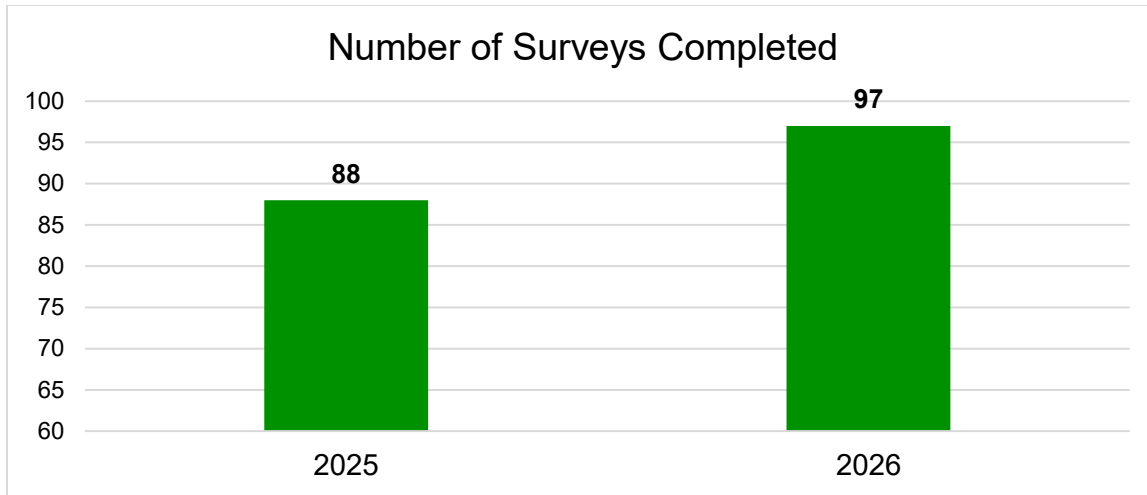
The NOMS reassessment results show that individuals are satisfied with their care, with an average of 98% of responses indicating "Yes" to the statements.

Outpatient Services Client Feedback Surveys

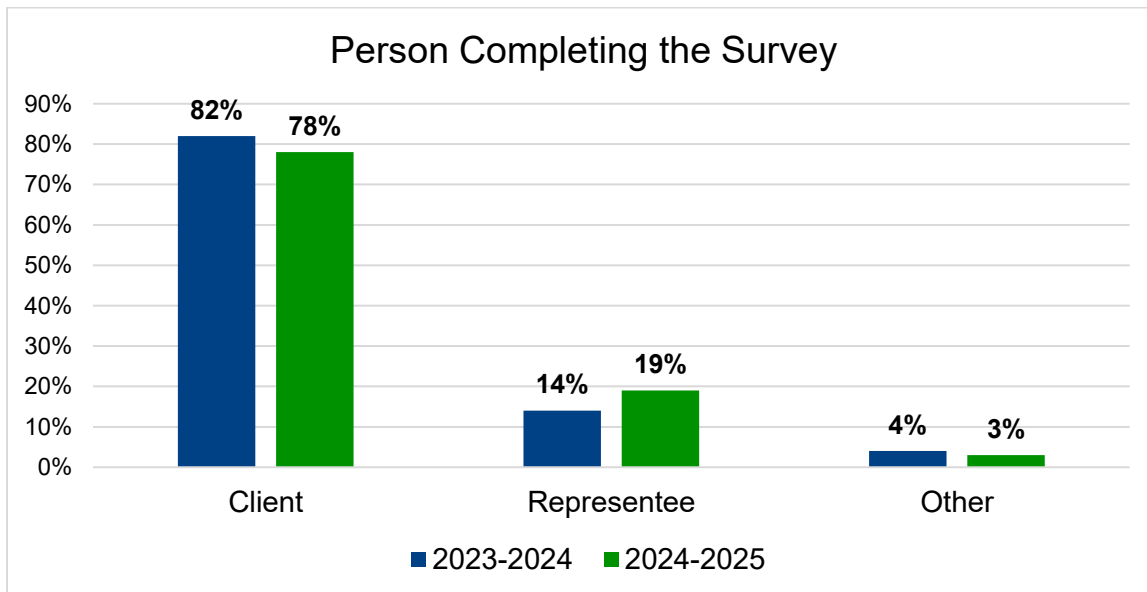
Client satisfaction surveys were distributed to all individuals receiving Outpatient Services using the email addresses documented in the Electronic Health Record (EHR). Surveys were administered through a secure, HIPAA-compliant online platform to ensure confidentiality and data integrity.

A total of 97 surveys were completed during this reporting period. Survey data was systematically extracted, aggregated, and analyzed to identify trends, measure service effectiveness, and inform continuous quality improvement efforts. Findings are reviewed by

leadership and utilized to guide program enhancements, strengthen service delivery, and address any identified opportunities for improvement. This structured feedback process supports data-driven decision-making and reinforces the program's commitment to responsive, client-centered care.

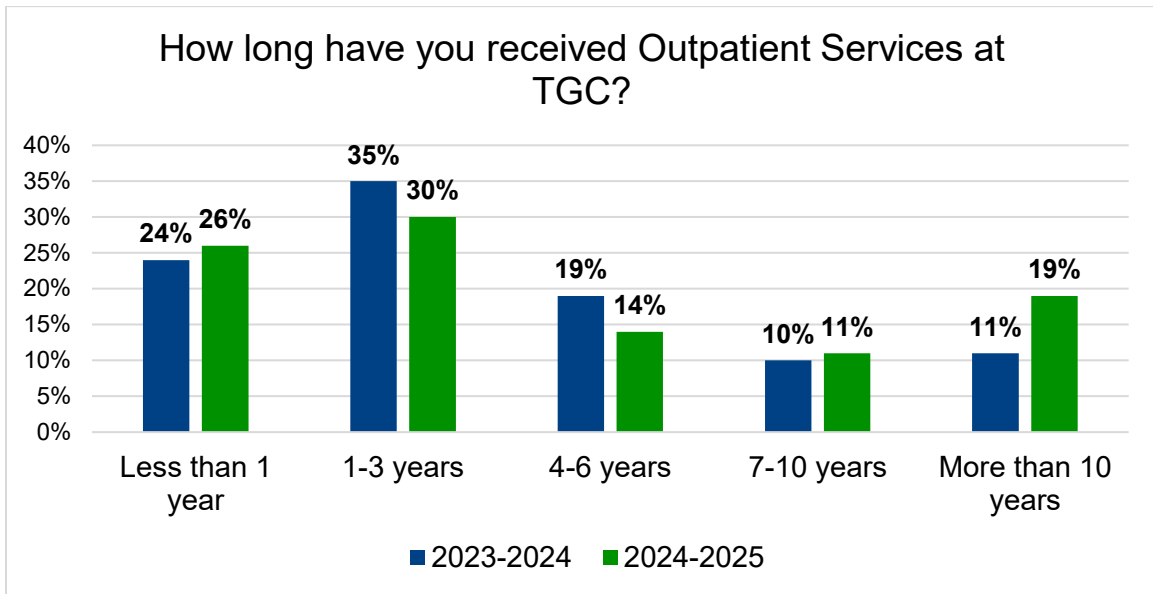


The following graph presents data on the respondent type, indicating whether the survey was completed by the client or a designated representative.



Consistent with the previous review, most of the respondents were the clients themselves completing the survey.

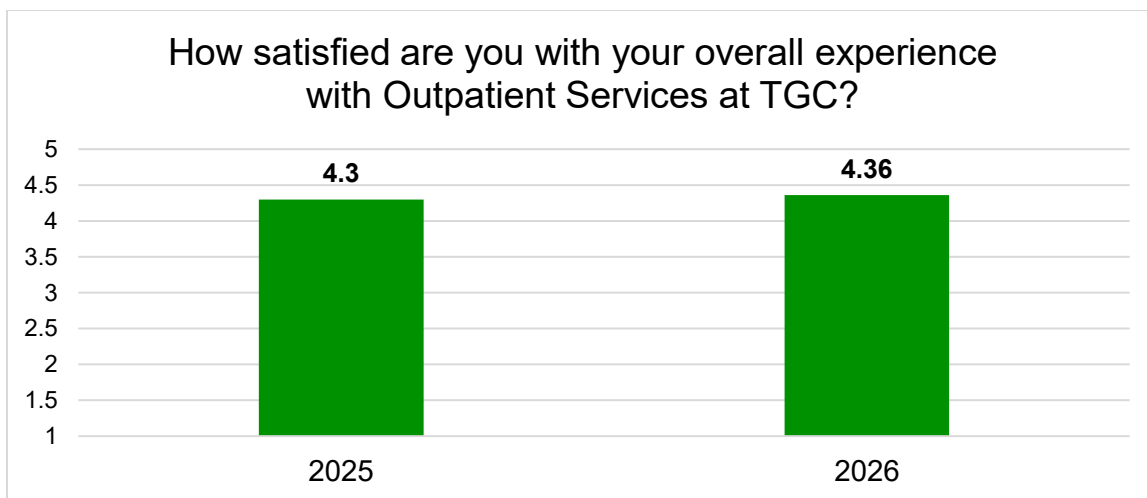
The next graph represents the number of years the person completing the survey has received services at The Guidance Center.



Most of the survey respondents have received services at the agency between one and three years.

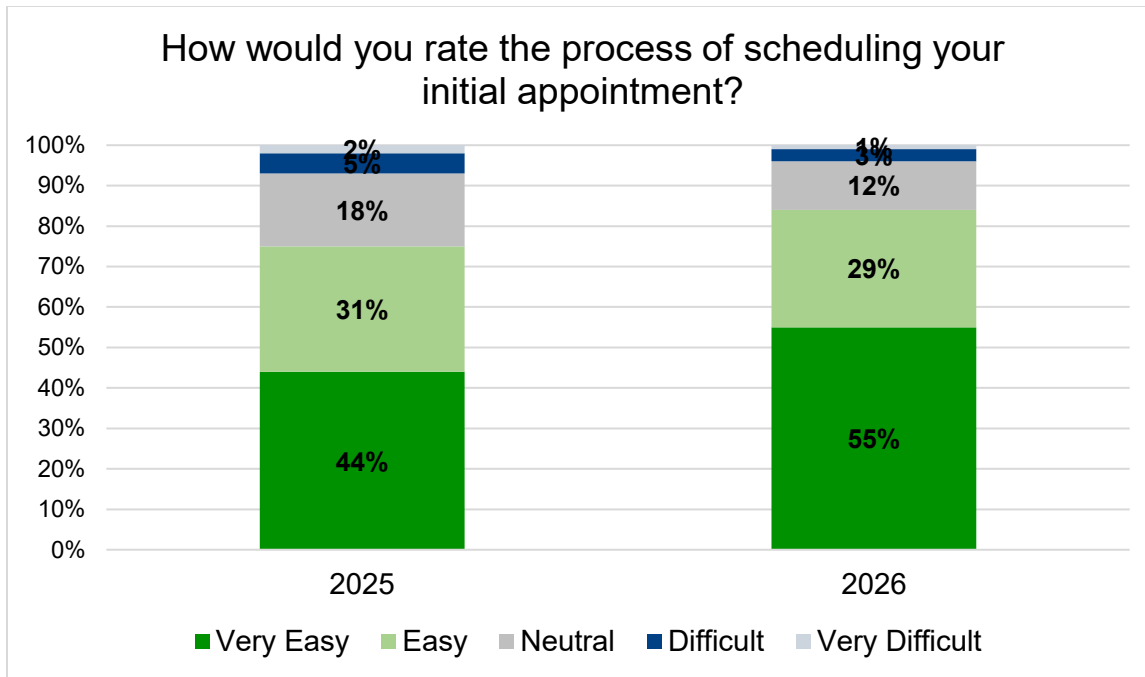
Participants receiving Outpatient Services were asked to evaluate their overall experience with The Guidance Center using a standardized 5-point satisfaction scale, with 1 indicating *Very Unsatisfied* and 5 indicating *Very Satisfied*.

The graph below illustrates the distribution of satisfaction ratings among survey respondents during this reporting period, providing a clear representation of overall client perception and service experience.



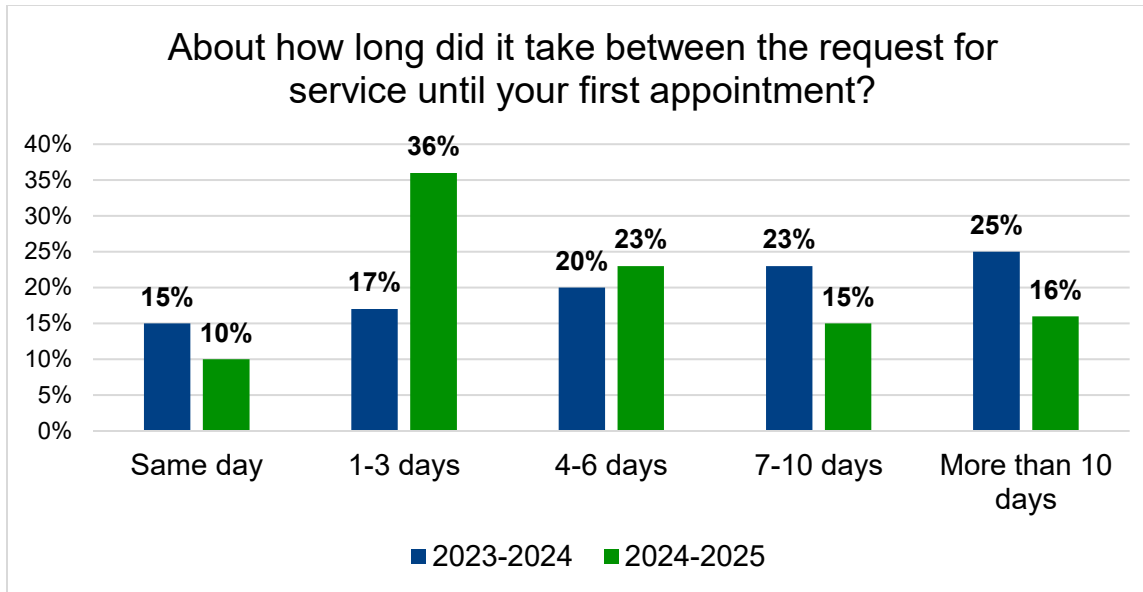
During this reporting period, participants rated their satisfaction with Outpatient Services at The Guidance Center an average of 4.36 out of 5, representing an 87% satisfaction rate.

The next question asked participants to rate the process of scheduling their initial appointment. The graph below represents their answers.



Most individuals rated their scheduling process for their initial appointment as very easy or easy.

The next question asked respondents to report how long it took between their initial request for service until their first appointment. The graph below represents their answers.



During this reporting period, most survey respondents indicated it was between 1 and 3 days from the request for service until their first appointment.

Additionally, participants are asked to rate statements based on a rating scale of Excellent to Very Poor. The statements that participants rated are below.

Statement #	Statement	2025 Average % of "Excellent" & "Good" Responses	2026 Average % of "Excellent" & "Good" Responses
S1	Wait time for appointment	84%	80%
S2	Provider's communication skills	90%	93%
S3	Provider's knowledge	88%	96%
S4	Provider's respect for you	90%	94%
S5	Provider's ability to address your concerns	82%	93%
S6	Interactions with Front Desk Staff	91%	97%
S7	Interactions with the Client Navigator	88%	87%
S8	Interactions with Nursing Staff	84%	93%
S9	Cleanliness of the facility	94%	95%
S10	Interactions with Crisis Services	n/a	88%
S11	Timeliness of Crisis Response	n/a	92%
Total Average Rating Score:		87.88%	91.63%

Statements 10 and 11 were newly added to the survey tool this year to better capture data related to crisis service experiences. During this reporting period, the average satisfaction score was 91.63%, reflecting a 3.75% increase from the previous year. This upward trend demonstrates continued improvement and indicates a high level of satisfaction with both the services provided and the professionalism of agency staff encountered by participants.

Comments

To conclude the survey, participants in the program are offered space to provide feedback on what has been the most helpful component of services and additional comments. The following word cloud depicts some of the comments shared.



Trend Analysis & Outcomes

Outpatient Services at The Guidance Center provided high-quality behavioral health care to 4,754 individuals during this review period, delivering a total of 24,524 services to address a wide range of client needs. This reflects an 8% increase in the number of individuals served compared to the previous reporting period, demonstrating continued demand for outpatient behavioral health services within the community.

A total of 1,826 evaluations were completed during this period, including 740 evaluations in Outpatient Counseling and 1,086 evaluations in Outpatient Psychiatric Services. Initial evaluations are essential for gathering critical clinical information and establishing individualized treatment plans upon enrollment. While there was a decrease in the number of evaluations conducted compared to the previous year, the sustained volume of services provided indicates

that many individuals remained actively engaged in ongoing treatment, reducing the need for new evaluations.

In July 2023, The Guidance Center implemented the Same Day Access (SDA) Model within Outpatient Counseling Services. This model allows individuals seeking outpatient counseling to receive an initial evaluation on the same day they request services, significantly improving timely access to care. The SDA approach has enhanced service delivery by increasing engagement, reducing barriers to treatment, and decreasing no-show rates. Since its implementation, the average number of days between a client's request for services and completion of the initial evaluation has significantly decreased, demonstrating improved efficiency and responsiveness to community needs.

In May 2024, Community Care Behavioral Health (CCBH) launched the Single Session Consultation (SSC) pilot program to further enhance timely access to mental health services and address immediate client concerns. The Guidance Center was selected to participate in this pilot initiative. During this reporting period, 21 Single Session Consultations were completed, allowing individuals to receive prompt support and guidance while expanding access to care.

The integration of evidence-based practices remains a central component of clinical services. Motivational Interviewing and Cognitive Behavioral Therapy (CBT) were the most frequently utilized therapeutic approaches, alongside additional evidence-based interventions designed to improve treatment outcomes and support client progress.

Care coordination also continues to play a vital role in delivering comprehensive behavioral health services. During this review period, 690 consultations with external providers were conducted, supporting collaboration among healthcare professionals and promoting a multidisciplinary approach to treatment planning and service delivery.

In addition to traditional outpatient programming, The Guidance Center continues to support youth through the Student Assistance Program (SAP). SAP provides mental health counseling services, consultation, and referrals to community resources for students across public schools in McKean County. During this reporting period, 245 screenings were conducted across 13 schools, helping identify students in need of support and connecting them with appropriate services.

As part of its ongoing commitment to Trauma-Informed Care, The Guidance Center has maintained its designation as a Trauma-Informed Care Center since 2017. The agency undergoes recertification every two years through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) and continues to provide staff training, supervision, and organizational practices that support trauma-informed principles. Staff wellness and support remain a priority, recognizing the direct relationship between workforce well-being, service quality, and positive client outcomes.

Outpatient Services also maintains compliance with all applicable regulatory requirements and participates in internal auditing, comprehensive quality reviews, and chart reviews to ensure high standards of care. Program goals are developed based on findings from these reviews, and when improvement opportunities are identified, corrective action plans are implemented using the Plan Do Check Act (PDCA) Model. During this reporting period, four corrective action plans were successfully retired after meeting or exceeding the desired performance benchmarks.

Staff development continues to be a fundamental component of high-quality outpatient care. During this reporting period, staff within Outpatient Counseling and Outpatient Psychiatric Services completed a combined total of 1,023.81 hours of training. These trainings reinforced ethical standards, trauma-informed practices, and evidence-based treatment approaches while ensuring staff remain current with evolving best practices in behavioral health care. In addition, all clinical staff met required supervision standards, promoting ongoing professional development and maintaining a collaborative and supportive work environment.

Client feedback remains an important indicator of service effectiveness and quality. Satisfaction surveys continue to reflect high levels of client satisfaction, highlighting the program's success in delivering individualized, client-centered care. Overall outcomes during this reporting period demonstrate a strong commitment to service excellence, continuous quality improvement, and meaningful community impact. Through ongoing staff training, innovative service delivery models, and adherence to trauma-informed practices, Outpatient Services remains dedicated to improving access to care and enhancing the well-being of those served.

Conclusion

Overall, The Guidance Center's Outpatient Clinic continues to deliver high-quality behavioral health services to a significant number of individuals, reflecting both the ongoing need for services within the community and the agency's ability to effectively meet that need. Client feedback surveys consistently indicate high levels of satisfaction, suggesting that individuals receiving services feel supported and benefit from the care provided.

The Guidance Center remains committed to continuous quality improvement, innovation in service delivery, and the ongoing development of staff and programs. By actively participating in pilot initiatives, implementing evidence-based practices, and maintaining strong quality monitoring processes, the agency continues to strengthen services and improve outcomes for those served. Moving forward, The Guidance Center will remain focused on expanding access to care, enhancing service quality, and responding to the evolving behavioral health needs of the community.

