

GBHWC Quality Improvement Newsletter

Vol 1 Issue 4: Feb 13, 2017

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CARF Compliance Update

It's been seven months since CARF accreditation and GBHWC continue to address all the deficient areas that were identified in the survey. The mindset is slowly shifting and changes to everyday practices began to happen for reasons deeper than because CARF says so. Instead, personnel were motivated increasingly by a desire for quality improvement while using CARF standards as a guide.

The Quality Improvement plan that was submitted to CARF acts as a roadmap for the different programs to adhere to, and Quality Management is monitoring CARF compliance.

Several restructuring has been made in the Clinical Services Division for this quarter. An acting Clinical Administrator was appointed streamlining all communications and decision making of the different clinical programs. Restructuring of the Residential Recovery Program's clinical team and tasking the Adult Counseling Division to handle the Day Treatment program; providing group counseling and therapy

are one of the many changes that were implemented during this quarter in the Residential Program.

The Training and Prevention branch of GBHWC which only handle trainings in the community was tasked to handle and oversee all the in-house training required by CARF as well. It is the goal to complete all the required training by the end of 2018. Improving clinical documentation is one area that is continuously being worked on. Training on electronic medical records is conducted on a regular basis now. Treatment planning and clinical formulation training as a refresher course was also conducted this quarter.

Customization of the Electronic Medical Records AWARDS treatment plan module was also undertaken eliminating redundancy. A medical chart review is being conducted regularly to identify areas of improvement, and identify incomplete or deficient charts for completion.



Quality Improvement and meeting all of CARF standard is a continuous process, and GBHWC is committed in its efforts to comply and meet all of the national standards.

Adult Out Patient Group Therapy Services



The adult outpatient program are now conducting three evidence-based group therapy sessions. (1) The SAFE-T group which provides 30-45 day follow up care

for consumers with recent suicide attempt or high risk for suicidal behaviors. (2) First Psychosis group, this is adopted from the SAMSHA Recovery After an Initial Schizophrenia Episode (RAISE) initiatives. Studies have shown the importance of immediate treatment for improving symptoms, reducing relapse episodes, and preventing deterioration and disability among individuals suffering from psychotic illness.

The 3rd group is the Seeking Safe-

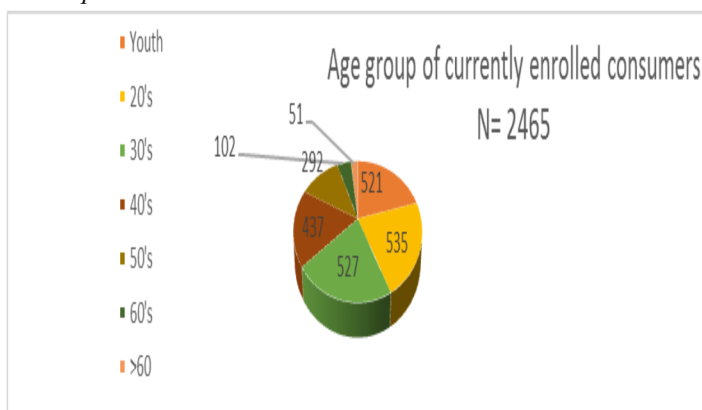
ty, which is an evidence-based, present-focused counseling model to help people attain safety from symptoms and reactions related to diagnosis of Major Depressive Disorder, Serious Mental Illness, trauma and/or substance abuse.

The group therapy sessions was started by Psychologist Dr. Mary Fegurgur and is now run by the Adult Counseling Division.

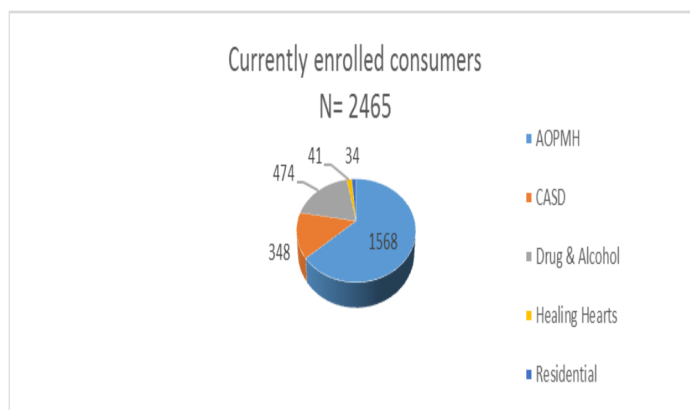
Program Census and Intake

As of January 8, 2018 there were a total of 2,465 consumers enrolled in GBHWC. 61.46% were males and the rest females. Tables below represents the breakdown of consumers in their age group showing majority of the consumers are in their 20s, followed by consumers in their 30s. One thousand five hundred sixty-eight (1568) or 65% of the consumers belong to the Adult Outpatient Mental Health program.

Graph 1



Graph 2

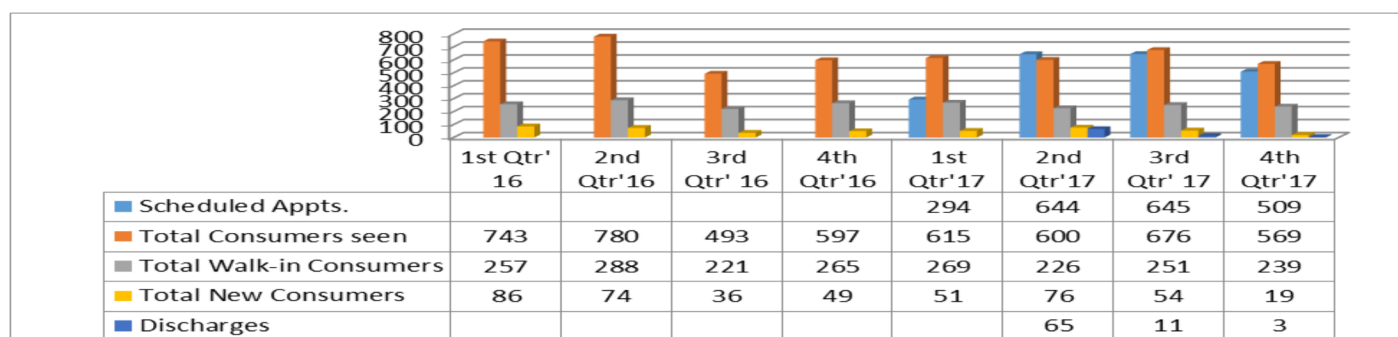


Adult Outpatient Program Data

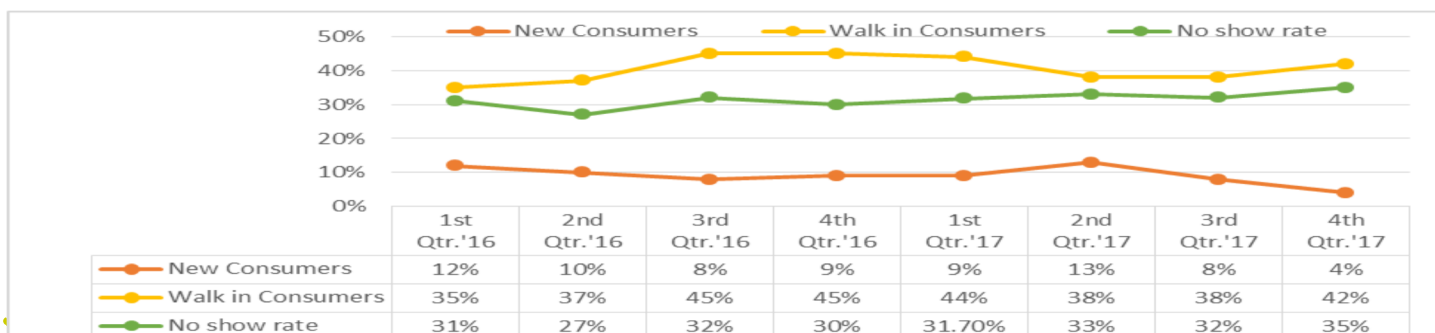
Team 1 Medication Clinic

As of Jan 8, 2018 there were a total of 771 active consumers enrolled in medication clinic alone, not counting consumers in other teams and programs that would also get medication clinic services.

A total of 569 consumers were seen for the 4th quarter.



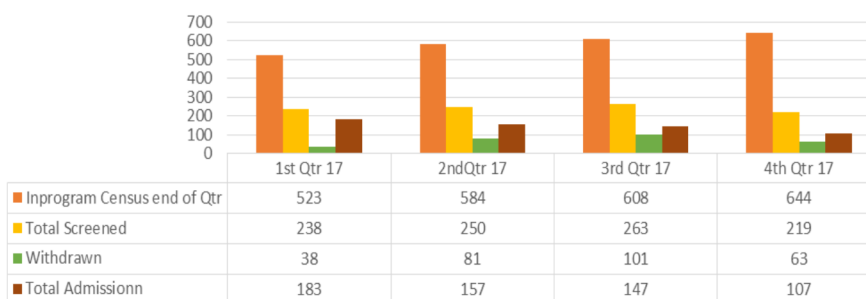
No shows in Medication Clinic is high at 35% despite the follow up reminders, and this is the highest percentage of no shows since 2016. An uptrend of walk-in consumers was also noted since the 2nd quarter of 2017.



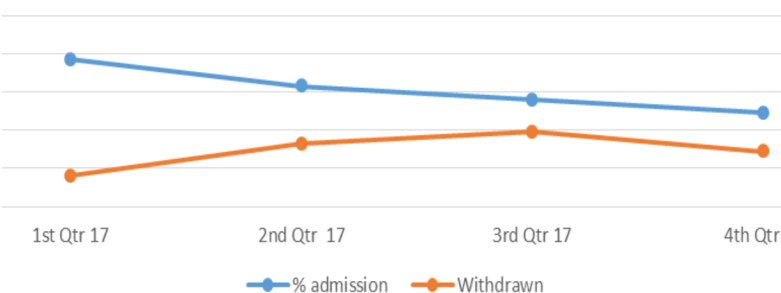
Adult Outpatient Treatment Team 2 & 3 Data

The outpatient treatment team 2 and team 3 had a total of 664 active consumers as of Jan .8, 2018. A total of 219 consumers were referred to the outpatient program and screened for the 4th Qtr. (Oct-Dec) of 2017. Of these consumers only 107 (49%) were admitted to the program, 63 (29%) were withdrawn, 43 (20%) still have pending intakes and 6 were not eligible to the program.

Treatment Team 2 and Team 3 Census



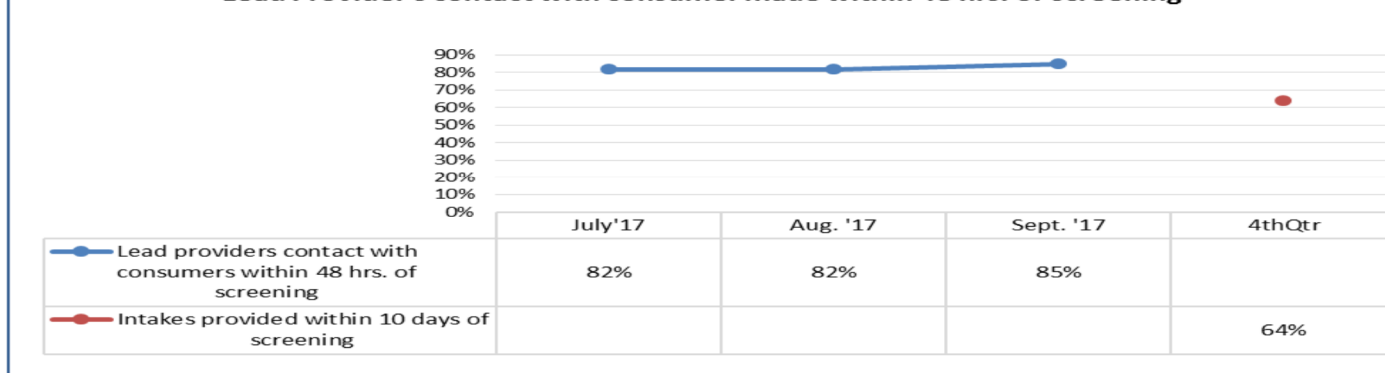
Team 2 & Team 3, % Admission and % Consumer Withdrawal



Access to Service

For this quarter two access points were measured. Consumers are to be contacted within 48hrs of screening for intake scheduling, and intake should have been provided within 10 days of screening. A total of 149 consumers screened were scheduled for intake. Only 95 (64%) were seen for intakes within 10 days of screening. The remaining were seen beyond two weeks from screening date. Intakes are scheduled at the convenience and preference of the consumer, and the availability of the assigned provider.

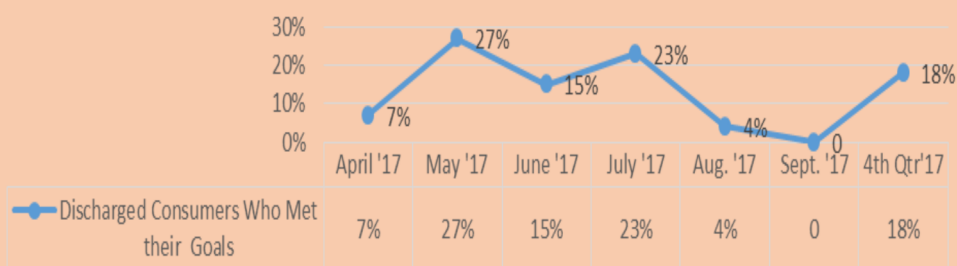
Lead Provider's contact with consumer made within 48 hrs. of screening



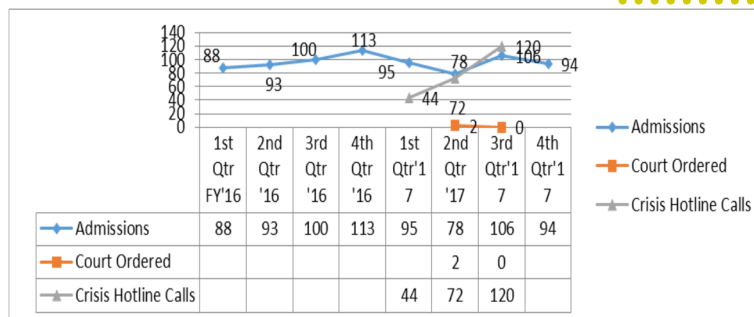
Effectiveness of Service Measure:

There were a total of 39 consumers discharged for the quarter, 65% were administratively discharged due to lost to follow up or no engagement. Only 18% were discharged due to completion of services and have met the goal.

Discharged Consumers Who Met their Goals



Crisis Stabilization Program

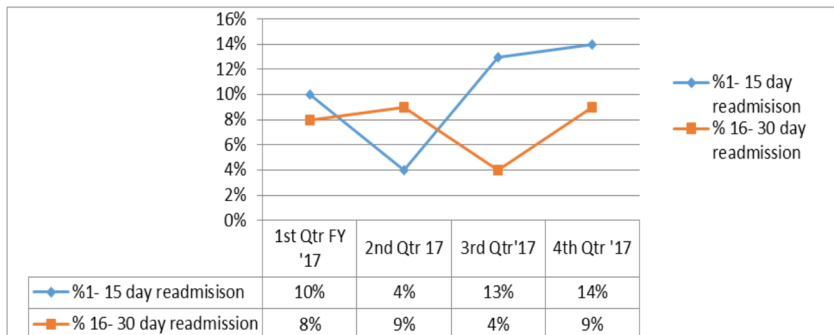


Crisis Stabilization Unit

Crisis Stabilization Unit had a total of 102 adult Inpatient admissions and only 21 child admitted at Children Inpatient Unit for the fourth quarter of 2017. Of these admissions a total of 21 readmissions were noted for the 4th quarter, 13 (14%) were readmitted within 15 days and 8 (9%) were readmitted between 16-30 days. Five of these consumers were admitted 2-3x in a month.

Incidence of Seclusion and Restraint

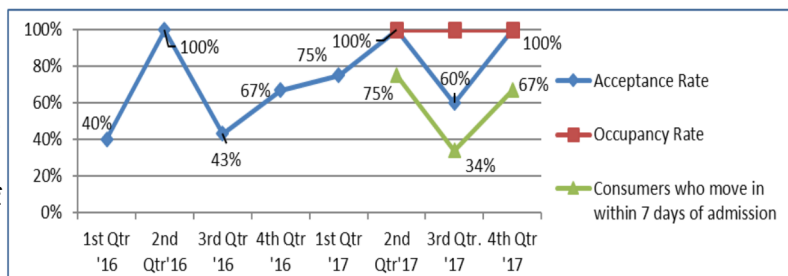
For the year 2017 only one consumer was placed in seclusion 2x, each lasting for five (5) minutes. There were 4 incidents of assaultive disruptive behavior in AIU where-in Professional Crisis Management techniques were used, each were handled appropriately. Two (2) were Sunday stroll technique, the consumer had to be taken to seclusion room. The other two restraints



Residential Treatment Program

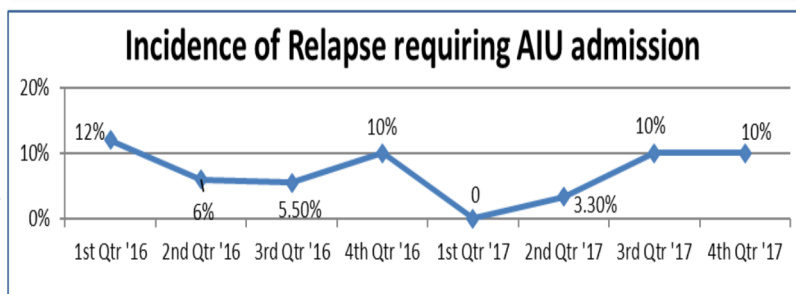
Access to Service Measure

There are currently 32 consumers in the Residential Recovery Program. There were 3 referrals for the quarter and all referrals were eligible and was accepted to the program. Out of these referrals only 2 or 67% were able to move in the home within the goal of 7 days of acceptance.



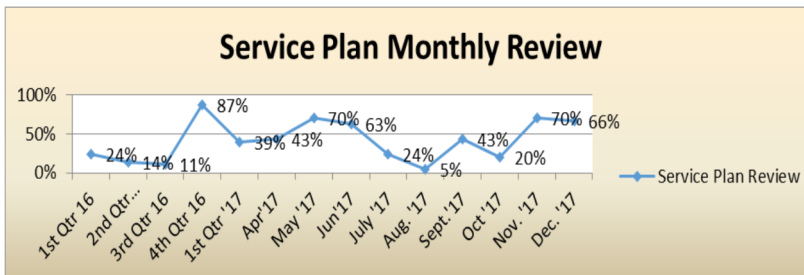
Effectiveness of Service Measure

Of the 32 consumers, 3 incidents of AIU admissions were documented. One consumer was admitted 2x within the quarter. Behavioral and treatment plan for this particular consumer was reviewed and updated.



Efficiency of Service Measure

RRP stated reviewing treatment plans once monthly as required by CARF except for the long term medical consumers at Asusena Home whose treatment plans are reviewed quarterly. Monthly treatment plan review this quarter is better and has an upward trend. Several initiatives were implemented during the quarter such as training on treatment plan, and the reshuffling of the clinical team last October 2017.



The quarterly review of treatment plans of consumers in Asusena home this quarter was 100%.