SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT

Partner with Western Psychiatric Institute and Clinic of UPMC

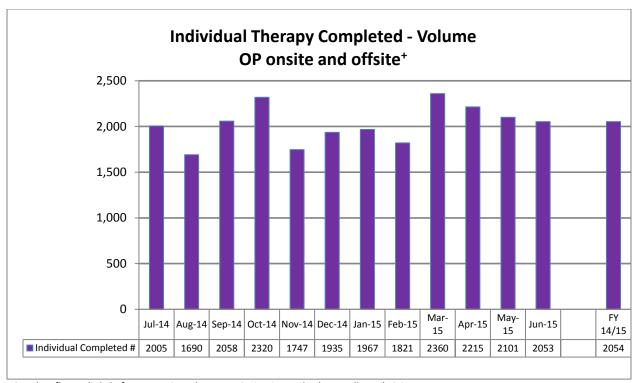
Annual Report 2014-2015

Outpatient Therapy and Medication Clinic End of Year Report 2014-2015

From 7/1/14 - 6/30/15 Safe Harbor Behavioral Health's Adult Outpatient Program serviced a total of 5,766 individuals. The Child Outpatient Program served a total of 2,071 individuals.

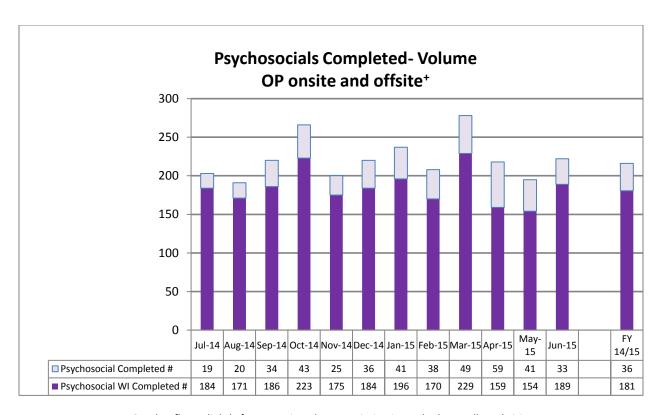
3,299 unduplicated adults were served in ongoing therapy, and 4,737 unduplicated adults were served in the medication clinic. 1,374 unduplicated children were served in ongoing therapy, and 1,294 unduplicated children were seen in the medication clinic. In Certified Peer Specialist Services, 60 unduplicated clients received 704 Individual Sessions and 24 Peer Group Session.

Safe Harbor Behavioral Health employed over 20 full-time **therapists**, who provided 24,148 individual sessions, 688 family sessions and 2,832 group sessions *at all sites combined*. Within our satellite program, there were 6,503 individual therapy sessions, 213 family sessions, and 260 group sessions and 833 unduplicated clients. Many of these were children in area schools and many were at the Wayne Primary Care site, the Multicultural Resource Center and Safe Harbor West.



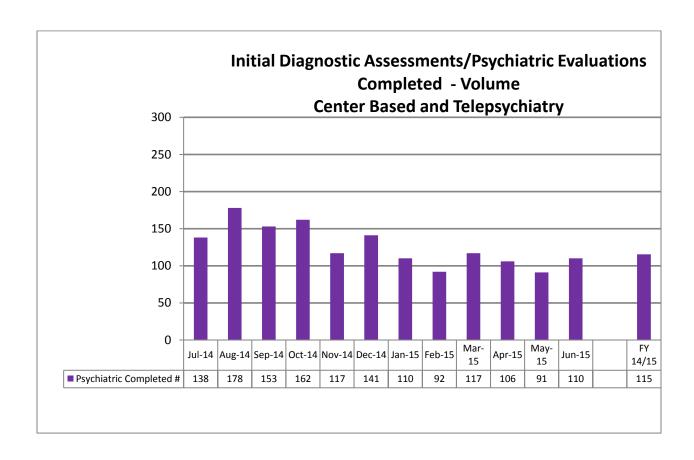
+Graph reflects slightly fewer services due to variation in methods to pull total visits.

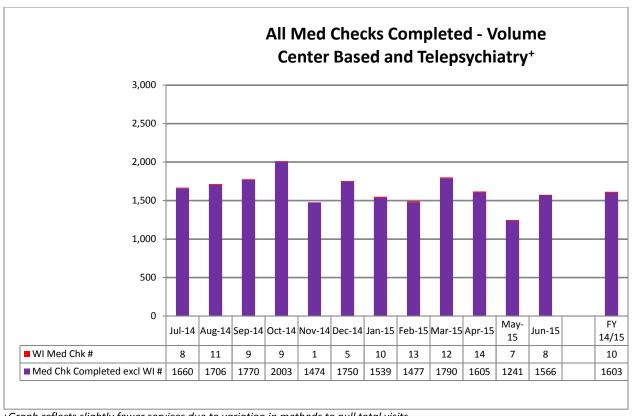
When **new clients** enrolled in services in 2015, clinicians completed 2,221 walk-in psychosocial assessments and 446 scheduled psychosocial assessments.



 $+ Graph\ reflects\ slightly\ fewer\ services\ due\ to\ variation\ in\ methods\ to\ pull\ total\ visits.$

The **medication clinic** employed 5 full time psychiatrists, 3 full time nurse practitioners, one physician assistant, and additional per diem staff throughout most of the Fiscal Year, with supplemental hours being provided by telepsychiatry. During the spring, one full time psychiatrist resigned, and a full time physician assistant was added. These prescribers provided a combined 19,699 medication checks at SHBH, of which 2,057 medication checks were delivered through telepsychiatry. There were a total of 1,515 diagnostic evaluations, of which 264 were delivered by telepsychiatry. The clinic continues to have a thriving telehealth service, and to provide specialty services for injection medications and Clozaril.





⁺Graph reflects slightly fewer services due to variation in methods to pull total visits.

Age and payer of active clients in outpatient as of June 30, 2015 are summarized below:

200 -10

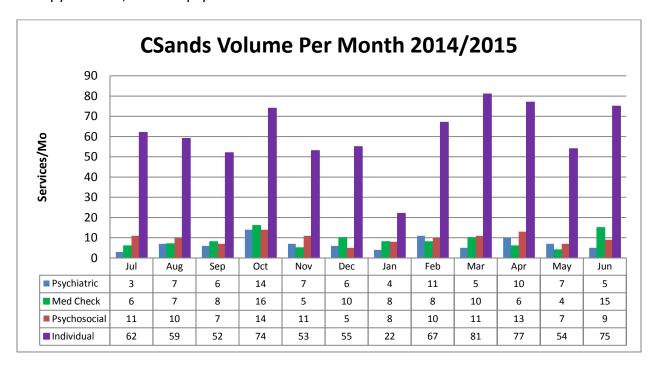
	age <18		
Insurance at Last Service	Active	Closing	Total
CC (CCBH)	963	84	1047
CO (County)	35	5	40
MA (Medical Assistance	22	1	23
MC (Medicare)	5	1	6
NO (No Insurance)	10	3	13
PR (Private)	347	34	381
SE (Self Pay)	2		2
VB (Value Behavioral Health)	4		4
Total	1388	128	1516

Active	Closing	Total
1859	61	1920
243	12	255
107	7	114
1444	33	1477
89	8	97
1027	58	1085
25	2	27
5		5
4799	181	4980

all ages

Active	Closing	Total
2822	145	2967
278	17	295
129	8	137
1449	34	1483
99	11	110
1374	92	1466
27	2	29
9	0	9
6187	309	6496

% Medicare 0.4% 30.1% 23.4% The specialized Crisis Services Acute Needs and Diversion Services (CSANDS) program delivered services to 163 clients, with services including 85 psychosocial intakes and 731 therapy sessions, and 116 psychiatric evaluations and 103 medication checks.



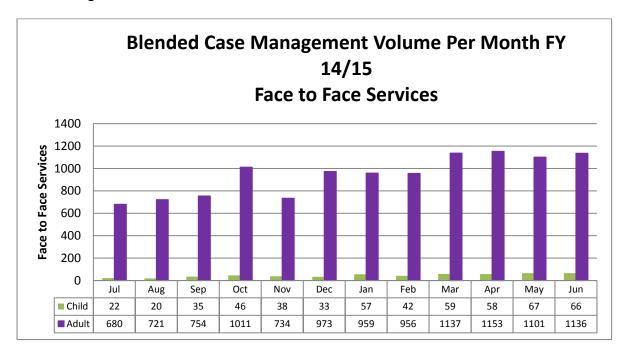
Key Accomplishments

Services:

Safe Harbor continues to innovate to deliver comprehensive outpatient services that utilize state of the art medications, therapy interventions, and program designs.

- In February of 2013, the outpatient program opted to implement an "Open Access" design for new clients enrolling at Safe Harbor. This program offers same day access to intake appointments, with an emphasis on placing clients into the services that best meet their needs. 2,221 clients received this service in 2014-2015.
- Within the Open Access paradigm, Safe Harbor implemented a strategy to understand
 the care needs of new clients and to make an effort to streamline suggestions for
 services. This was accomplished by developing a Care Level System and implementing it
 in September 2013 as part of intake. Since that time, prescribers and therapists have
 been using the care level system to better assess service needs of clients.
- The **Nurse Liaison** position was created in 2013/2014. The nurse liaison's primary goal is to interface daily at the local inpatient units to ensure smooth care transitions for clients between inpatient and outpatient. This program served 651 unduplicated clients in 2014-2015

- New modalities have been implemented in therapy. Staff have been trained and implemented Parent Child Interaction Therapy as well as Wellness Recovery Action Planning, both evidence based programs. The medication clinic moved to CPT/E & M coding this fiscal year.
- Blended Case Management was added to the compliment of outpatient program, as of June 2013. The program served 601 unduplicated adult clients and 78 unduplicated children in 2014-2015. As of June 30, 2015, the program employed 17 Blended Case Managers.



Community Connections:

Outpatient staff remained quite active in the community. These connections include:

- Membership in the regional Task Force and Planning Committees increase collaborative relationships. Safe Harbor assists with: Suicide Prevention, Peer Specialist, Maternal Child Health, Child Abuse Task Force, Community Care Behavioral Health "Toolkit" meetings and Advisory Councils, and the like.
- Board memberships help to build professional networking. Safe Harbor has representation on the boards and advisory boards of multiple organizations, including: Life Works, Stairways Behavioral Health (ACT team), the Erie County Criminal Justice Steering Committee, Erie County MH/MR Board, the Erie County Drug and Alcohol Advisory Board, among others.
- **Outreach** is an important part of the program, with our staff participating in many local health fairs and events.

Quality Assurance/Quality Improvement:

Quality indicators in Outpatient are monitored regularly.

Outpatient quality indicators largely focus on improving access and wait times, as well as compliance with regulations for treatment planning and CPT codes. Highlights include:

Intake Open Access:

- Arrival to start of financial intake process
- Wait time between financial and start of psychosocial
- Ability to be seen same day
- Overall time of the process from start to finish

Outpatient Therapy:

- No Show rates for Psychosocials
- No Show rates for Individual Therapy
- Wait Times for initial Outpatient Therapy appointments
- Current treatment plans for services being delivered
- Treatment Plans for children age < 14 have parent signatures to demonstrate family involvement in treatment

Certified Peer Specialist

Client survey of Recovery Outcomes (see below)

Outpatient Med Clinic

- No Show rates for Psychiatric/Diagnostic Evaluations
- No Show rates for Medication Check visits
- Wait Times for initial Adult and Child Psychiatric/Diagnostic Assessment visits
- CPT Code Documentation Accuracy
- Quality of technology during telepsychiatry

Blended Case Management

- Prevention of billing errors due to overlapping visit times
- Timeliness of initial Recovery Plans

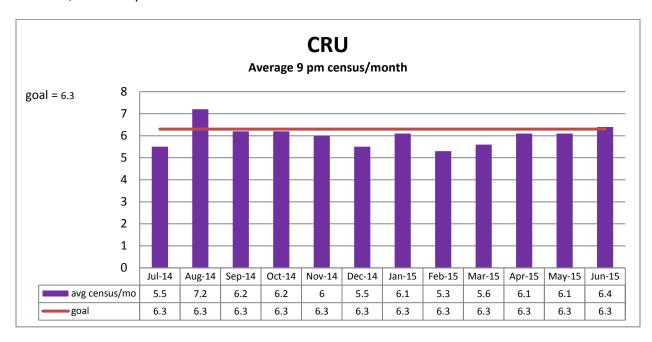
CSANDS

• Rate of Client Completion

Crisis Services End of Year Report 2014-2015

From 7/1/14 to 6/30/15, Safe Harbor Behavioral Health's Crisis programming continued to serve many Erie County residents.

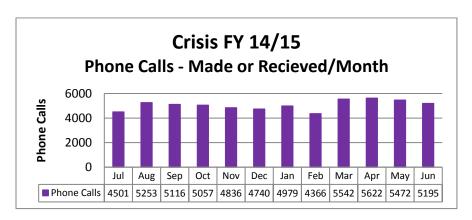
Crisis Residential admitted 391 unduplicated individuals and Crisis Services, as a whole, served 4,792 unduplicated clients.



Mobile crisis served 1,880 unduplicated individuals, with a total of 3,705 mobile visits.

1,101 unduplicated individuals received **walk in** services, with a total of 2092 walk in visits.

4,776 unduplicated individuals received **phone** services, with a total of 60,679 phone contacts to address these needs.



Services:

Safe Harbor continues to innovate to deliver a full range of crisis intervention services:

- Crisis staff presented at the Crisis Intervention Association of Pennsylvania. Crisis
 continues to train area professionals and law enforcement officers in Applied Suicide
 Intervention Skills Training (ASIST), and serves as a resource to many local agencies and
 schools.
- Crisis Services partnered with Erie County Adult Probation and won a Pennsylvania
 Commission on Crime and Delinquency grant to provide Mental Health First Aid for
 Veterans to residents of Erie, Crawford and Warren counties. Three Crisis Services staff
 were trained as trainers as part of the grant.
- The **Warm Line** served 151 unduplicated clients, who had 2450 contacts.
- Staff has been trained in the Hearing Voices modality, which helps to create an 'in vivo' experience of psychotic symptoms. This training will be very helpful to new crisis staff, as well as other clinical staff and law enforcement. We also have a trainer for the Crisis Prevention Institute non-violent de-escalation training and continue to provide this training internally.

Community Connections:

Crisis services remained quite active in the community. These connections include:

- The SAFELine Youth Advisory Board in Corry scripted and completed a commercial for SAFELine, which aired on network television.
- Membership in the regional Task Force and Planning Committees increase collaborative relationships. Safe Harbor assists with: Suicide Prevention, Peer Specialist, Truancy, Advisory Councils, and the like.
- Advisory board meetings help Safe Harbor to better understand how to serve our community. The advisory board has members from medicine, law enforcement, public safety, managed care, and others.
- Outreach is an important part of the program, with our staff participating in many local
 health fairs and events, including public screenings for mental health, presence at local
 sports events, SAFELine Youth Advisory Council activities, and presentations in many
 schools. Outreach efforts served over 1,000 students last year. Our Certified Peer
 Specialist provides weekly informational meetings to residents at CRU.

Quality:

Quality indicators in Crisis are monitored regularly.

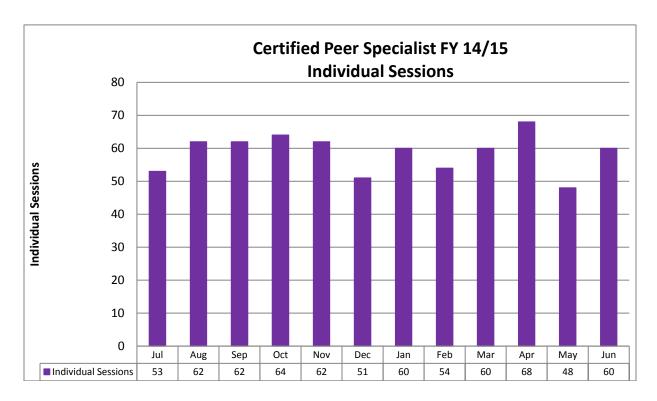
Crisis indicators focus on coordination, safety, access, and satisfaction:

- Coordination with Blended Case Management teams across providers
- Assessing Lifeline callers for suicidal thinking
- Identifying veterans who use the Lifeline network
- CRU Client satisfaction with services

Certified Peer Specialist End of Year Report

For the 2014-2015 Fiscal Year

From 7/1/14 – 6/30/15 Safe Harbor Behavioral Health's Certified Peer Specialist serviced a total of 60 unduplicated individuals, who received 704 individual visits and 24 group visits. Referrals for Certified Peer Specialist were obtained via therapists, prescribers, intake clinicians, and individual self referrals. Peer support services are provided on 1:1 basis as well as within WRAP Process Group. Safe Harbor Behavioral Health employed one full-time CPS.



Key Accomplishments

Services:

- **Wellness Recovery Action Planning** is an integral part of these services, as the peer has been WRAP facilitator trained.
- Therapy Staff received Wellness Recovery Action Planning training as a department, receiving Peer related reinvestment funding to enhance recovery culture at Safe Harbor. Two therapists became trained as WRAP facilitators, and the therapy team implemented departmental changes to support recovery and resiliency for staff and clients. The Certified Peer Specialist and one of the therapists have created a cofacilitated WRAP group.

• **Blended case management** received training in person centered language and recovery language, which was provided by Safe Harbor's outpatient certified peer specialist.

Community Connections:

The CPS and CPS supervisor remained quite active in the community. These connections include:

Membership in the county-wide Peer Specialist Initiative. Our peer specialist has a long
history of taking part in county planning related to peer specialist services, training and
employment. She continues to serve on this committee to represent the needs of peer
specialists and agencies as the county introduces service planning and design.

Quality:

The CPS program has been integrated into the overall agency Quality Assurance and Improvement process. The program indicator is an evaluation of how helped the clients who have completed a WRAP feel. They are asked to rate satisfaction in:

- 1. Knowledge about managing symptoms
- 2. Better manage symptoms
- 3. Stronger sense of wellbeing
- 4. Plan to use WRAP
- 5. Confident in decision making
- 6. Recommend to others