FY 2016-2017

326,282 services
186,030 hours
15,228 unique clients

“I love working with my therapist. She is super. I like my doctor too. He is super nice.”

“I am learning to cope.”

“It helps me express myself better.”

“Talking about stuff that I kept private for years that I am getting insight on.”

“Feel like I am worth something”

“They never let me down.”
We’ve got New Looks and New Spaces!

Safe Harbor Behavioral Health of UPMC Hamot has updated many of its facilities and ‘looks’ as part of our affiliation with UPMC. We have improved interior signage, painting, and will be replacing flooring. We continue to work on the upgrade of our exterior signage, and we have updated our marketing materials.

New Spaces include:

- Pinecrest Family Practice at 3125 French St., Erie, PA 16504
- UPMC Hamot Bariatric Surgery & Weight Management Center at 300 State St., Erie, PA 16507
- Magee-Womens Hospital at UPMC Hamot at 118 E 2nd St., Erie, PA 16507
- Vineyard Primary Care at 2060 N Pearl St., North East, PA 16428
- Sterling Square 3330 Peach St., Suite 202, Entrance C, Erie, PA 16508

BOARD OF DIRECTORS

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In 2017, Safe Harbor Behavioral Health of UPMC Hamot, Magee-Womens at UPMC Hamot, UPMC Hamot Ob-Gyn Specialty Center, and the Hamot Health Foundation began a partnership to improve addictions treatment for women who are pregnant, their loved ones, and women with new families.

The Pregnancy Recovery Center will provide medication assisted treatment, outpatient addiction recovery therapy, and community based outreach and case management. The project will serve women with all types of addiction during and after pregnancy, to improve the new family’s stability. This model is based on the Magee Womens Pregnancy Recovery Center in Pittsburgh and the two teams will be sharing best practices and collaborating regionally.

The Hamot Health Foundation has established the Pregnancy Recovery Center fund to support these efforts.
In 2016, Safe Harbor Behavioral Health of UPMC Hamot, Erie Public Schools, the United Way, the Eagles Nest, and the Hamot Health Foundation became partners in the Community School at Wayne. This is an evidence based model that joins education, health, community, volunteer, recreation, and social service organizations in an effort to improve education outcomes for youth. Following the completion of a needs assessment, led by the United Way, students benefit from opportunities customized to the school, students, families, and the neighborhood. Community Schools offer flexibility in hours of programming, improved engagement and access for parents, and a variety of services and resources in the school to address barriers to education faced by both young people and their caregivers.

The Community Schools Director has surveyed more than 100 parents, and has surveyed faculty and students to give voice to stakeholders in the community. Common themes arose in the surveys: interest in after school programs, computer/job training, and resume/interview skills. Caregivers repeatedly expressed interest in programming to benefit both students and themselves. Several events were held at Wayne Community School, including: Black History, American History, Erie UP Rally, a Playground Party, a Family Fun Food Night, and the Wayne Farewell gathering. With the closing of Wayne School, the Community School and Community School Director will be moving to East Middle School.
From 7/1/16 – 6/30/17 Safe Harbor Behavioral Health of UPMC Hamot’s Adult Outpatient Program served a total of 5,703 individuals. The Child Outpatient Program served a total of 1,700 individuals.

2,655 unduplicated adults (age 18+) and 929 unduplicated children (age <18) were served in the therapy clinic. Therapy services encompass traditional ongoing outpatient therapy, psychosocial assessment services, psychological assessment, and peer services.

5,507 unduplicated adults were served in the medication clinic, which includes psychiatric evaluations and medication visits.

Safe Harbor Behavioral Health of UPMC Hamot employed over 25 full-time therapists, who provided 25,045 individual sessions, 297 family sessions and 237 group sessions at all sites combined. In Certified Peer Specialist Services, 21 unduplicated clients received 197 individual sessions, 748 unduplicated clients received psychological services.

Within our satellite programs, there were 7,769 individual therapy sessions, 102 family sessions, 6 group sessions, and 437 psychosocial evaluations that were provided to 1,186 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 on West 12th Street.

Monthly therapy volumes increased from an average of 2,113 per month in the last fiscal year.
When **new clients** enrolled in services, clinicians completed 1,841 walk-in psychosocial assessments and 648 scheduled psychosocial assessments for 2,458 unique clients.

There were 1,586 initial psychiatric evaluations for 1,579 unique clients.

*This is an average of 132 per month for 16-17 compared to average of 116 per month in fiscal year 15-16*
At the conclusion of Fiscal Year 16-17, the medication clinic had grown to include more than five full-time psychiatrists, four full-time nurse practitioners, two physician assistants, and additional per diem staff, with supplemental hours being provided by telepsychiatry. These prescribers provided a combined 37,746 medication checks for 5,507 unique clients, of which 1,387 medication checks were delivered through telepsychiatry. The clinic continues to have a thriving telehealth service, and to provide specialty services for injection medications and Clozaril.

Age and payer of active clients in outpatient (billable service within the past six months) January 1, 2017 to June 30, 2017 are summarized below:

This is a growth from a total of 6,223 in FY 15-16 to 6,563 this fiscal year.
The specialized Crisis Services Acute Needs and Diversion Services (CSANDS) program delivered services to 159 unique clients, with services including 81 psychosocial intakes, 704 therapy sessions, 135 psychiatric evaluations, and 96 medication checks.
A **diverse population** is seen in our outpatient, addictions, and CSANDS program. 58% identify as female and 41% are male. 3% of those served in FY 16-17 identified as a veteran; active military or reserve/national guard.
Safe Harbor has continued to provide services to clients of all socioeconomic class and who have an array of insurances.

KEY ACCOMPLISHMENTS

Services, Service and Outcomes

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

- **PHQ-9 Scores**: The Patient Health Questionnaire (PHQ-9) is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression. Since implementation of the PHQ-9 screening tool, there has been the initial data indicating overall scores for our outpatient clients improved by at least 9 points from their first measure to their most recent measure.

- Since 2013, the outpatient program has used 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, 2,064 received this service in 2015-2016, and 2,458 in 2016-2017. Consistently, Safe Harbor has shown excellence in rapid access, with the average time for a walk-in intake at 1 hour and 45 minutes from the time the person registers to the close of the intake.
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. In January 2017, **Just in Time** scheduling was implemented as a way to enhance flexibility to accommodate clients’ clinical needs, as well as to increase the efficiency of prescriber time.

- Just in Time scheduling has demonstrated a 4.4% reduction in the Med Clinic’s no show rate in January 2017 to June 2017. This has kept the Med Clinic below the PA Benchmark on a consistent basis and has improved the ability to schedule clients more responsively.

Consistent with the philosophy that access to care makes a difference, Safe Harbor has initiated **enhanced telephone services**, where phones are staffed to increase opportunities to answer refill and nursing question calls live. The team began their efforts in June, and are working to create benchmarks and find efficiencies.

The clinic has prepared for CMS’s **Merit-based Incentive Payment System** and as such has identified key indicators, and begun pulling data for MIPS submission. This project has also led to clinical enhancements, such as more robust suicide risk assessment, and the use of the PHQ-9 to screen for depression symptoms at every medication related visit.

Prescribers have participated in a variety of trainings, including in the use of standardized assessment tools, trauma informed care, early onset psychosis, and supporting recovery. One psychiatrist and one nurse practitioner, along with two Safe Harbor peer specialists, became facilitators of **Recovery to Practice**.
• The **Nurse Liaison** position continues to interface daily at the local inpatient units to ensure smooth care transitions for clients between inpatient and outpatient. This program served 227 unduplicated clients.

• **Blended Case Management** served 488 unduplicated clients receiving 12,702 visits in the Adult BCM Program and 62 unduplicated clients in the Child BCM Program receiving 1,269 visits in FY 2016-2017. As of June 30, 2016, the program employed 18 Blended Case Managers and 2 Supervisors. The blended case management program embarked on **Value Based** contracting with Erie County and Community Care Behavioral Health (CCBH) for FY 17/18, and completed this initial training for this step in the final quarter of FY 16/17. Value Based contracting provides an opportunity for the BCM teams to earn an incentive payment based on program outcomes established by Erie County and CCBH.

• **Early Onset Recovery Program** is our small and specialized program that assists people having their first episode of a psychotic illness. The program takes a team approach and offers individual therapy, blended case management, supportive employment and education opportunities, prescribing, family education and therapy, and multi-family support group. The program has increased competency with people with psychosis in the agency as a whole, as the program funding has continued to provide large scale training in coordinated specialty care, assessment, as well as cognitive behavioral therapy for psychosis. There were 24 unique clients served with 291 total visits.
- **Behavioral Health Rehabilitation Services** provides intensive in-home and community based services to children in Erie County, with the goal of helping them thrive in their home and school with the least restrictive level of care. The program was stable in 2016-2017 and will be starting a **Community School Based Behavioral Health Team** project at Lincoln Elementary in the 2017-2018 school year. This innovative approach is evidence based and provides a behavioral health team to work with children and families in the Lincoln community.

- **Early Intervention** continued to provide services to infants in need of developmental screenings.
Addiction Medicine Services completed its first year of services at Safe Harbor in FY 17/18. The Warm Hand-Off program provides assessment, referral and support to individuals whose substance use leads to medical treatment in the Emergency Department at UPMC Hamot. The program’s innovation is that the coordination of care is community based and assists individuals navigate treatment systems, as well as address barriers to entering treatment after leaving the hospital.

The Addiction Medicine Services program provided 574 visits to 131 unique clients. 86% of those referred were connected to treatment. Of those receiving care, alcohol abuse continued to be a primary concern, with heroin abuse being a close second. The emergent nature (lethality) of opiates leads this to be a primary focus of the program.

The Warm Hand-Off program provided triage services to 133 unique clients.
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, Involuntary Commitment training, Trauma Informed Care/Community, and the like.
- **Board memberships** help to build professional networking. Safe Harbor has representation on the boards and advisory boards of multiple organizations, including: Stairways Behavioral Health (ACT team), the Erie County Criminal Justice Steering Committee, Gateway Rehabilitation, the Rehabilitation and Community Providers Association of Pennsylvania, the Northwest Compliance Group, 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 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**

- *Overall time* of the process from start to finish has shown consistency of completing the entire intake process within 2 hours.

**Outpatient Therapy**

- No Show rates for Psychosocial assessment and individual therapy, which are consistently below the Pennsylvania benchmark.
- Access to a first available appointment measures have yielded numerous interventions to effectively decrease the number of days to meet the goal of 7 days.
- The measure of treatment being updated within 120 days continues with a 99.8% compliance rate for the year.
- The measure of assignment to a therapist until they first outreach to clients consistently meets the goal of 7 calendar days.
Outpatient Med Clinic
- No Show rates for Psychiatric/Diagnostic Evaluations, which average about 9%, and are decreasing.
- No Show rates for Medication Check visits, which average around 13%, and continue to be more efficiently managed via Just in Time scheduling.
- Wait Times for initial Adult and Child Psychiatric/Diagnostic Assessment visits, a measure for our access.
- Quality of technology during telepsychiatry, consistently a positive rating and one that is monitored by the state.
- Med clinic treatment plans show consistent and timely completion.

Blended Case Management
- Coordination of care with other Behavioral Health Programs is a measure that evaluates the fulfillment of the program’s primary goals.
- Value Based Payment measures continue to be a main area of focus:
  - Outpatient follow up visits within 7 days after a BCM client is discharged from inpatient
  - Average number of BCM contacts within the 30 days after a BCM client is discharged from inpatient
  - BCM contacts within the 3 days after a BCM client is discharged from inpatient
  - BCM contact/claims the day of or the day before an inpatient admission

Behavioral Health Rehabilitation services
- Services provided as prescribed, to ensure children receive maximum access to care opportunities.
- Timeliness of packet submission, to monitor timely access to initiate care.

CSANDS
- Monitoring signed Physicians orders for services, which is required by regulation and also serves to monitor appropriateness for services.

Addiction Medicine Services
- Chart audit scores are measured to enhance preparation for auditing and opportunities for staff education.
- The Warm Hand Off focuses QI on client linkage to addiction services after the Warm Hand Off assessment, referral and support process.
Safe Harbor Behavioral Health’s Crisis programming continued to serve many Erie County residents.

Crisis Residential admitted 544 unduplicated individuals and Crisis Services, as a whole, served 3,733 unduplicated clients.
Mobile Crisis served 1,717 unduplicated individuals, with a total of 2,682 mobile visits.

1,032 unduplicated individuals received walk-in services, with a total of 1,369 walk-in visits.

4,826 unduplicated individuals received phone services, with a total of 59,543 phone contacts to address these needs.

The WarmLine served 201 unduplicated clients, who had 3,621 contacts.

![Graph of Crisis Services Monthly Total for All Billables](image)

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 to provide mandated suicide prevention training.

- Crisis staff increased competency in by completing team training in trauma informed care, advanced directives, military culture, and formalized suicide risk assessment.
Community Connections

Crisis services 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, Truancy, Advisory Councils, and the like.

- **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 and organizations. Our **Certified Peer Specialist** provides weekly informational meetings to residents at CRU.

- The **Crisis Residential Unit** continued with a **vegetable garden** this year, which allowed the residents to join together as a community and to enjoy gardening, as well as cooking with fresh ingredients. Building on this theme of wellness, the nursing staff has developed nursing wellness groups for residents.

Quality

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

- Crisis BCM identification and contact to enhance care coordination for individuals with service involvement.
- Crisis triage priority response time and monitoring for fidelity to program standards.
- Crisis Residential Unit satisfaction survey, allowing for rapid response to any areas of concern.
- Lifeline suicide assessment and veteran status questions, which ensure the safety and resources are addressed.
Certified Peer Specialist

Safe Harbor Behavioral Health’s Certified Peer Specialist (CPS) serviced a total of 21 unduplicated individuals, who received 197 individual 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. We continued to employ one CPS, who provided services two days per week.

Recovery to Practice training can assist providers in becoming more recovery focused and client centered. Our outpatient Certified Peer Specialist became trained as a facilitator this year.
SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT
Partner with Western Psychiatric Institute and Clinic of UPMC

Safe Harbor Outpatient Clinic
1330 W. 26th St.
Erie, PA 16508

Safe Harbor Crisis Center/Outpatient West
2560 W. 12th St.
Erie, PA 16508

In the event of a crisis, call Crisis Services 24/7/365 at 814-456-2014 or 1-800-300-9558.