

2022 OUTCOMES STUDIES

Five *Outcome Studies* were considered at Perspectives of Troy, P.C. during fiscal 2022. These include: *Effectiveness of Services, Efficiency of Services, Service Access, Client Satisfaction and Staff Satisfaction*. Effectiveness Study was reviewing PHQ-9 data. The Efficiency study measured clinical office utilization including telehealth services verse in-person sessions. Service Access measured the average number of days between intake call and intake appointment. Client Satisfaction survey data was analyzed to ensure that at least 88% of people receiving services are satisfied with their treatment. Staff satisfaction was also reviewed.

I. EFFECTIVENESS STUDY:

The 2022 fiscal year effectiveness outcome study examined changes in Patient Health Questionnaire 9 (PHQ-9) scores at admission and 90 days after admission as a measure of effectiveness of treatment. Therefore a sample of 527 discharged client files were examined to determine baseline data for treatment effectiveness. The criteria studied was obtained from the EMR systems. The following tables depict the results of the analysis.

PHQ-9 12-17 years of age

Number Improved	36	68%
Number Regressed	5	9%
Number Unchanged	11	23%
Totals	52	100%

PHQ-9 Adults

Number Improved	370	78%
Number Regressed	14	3%
Number Unchanged	91	19%
Totals	475	100%

PHQ-9 IOP

Number Improved	0	0
Number Regressed	0	0
Number Unchanged	0	0
Totals	0	0

The IOP Program did not provide services in 2022.

An examination of the above data indicates that 78% of adult clients and 68% of adolescents saw improvement in symptoms within 90 days of treatment. Some of the adults and adolescents that regressed required a higher level of care after the start of treatment. As a measure of effectiveness our goal is that 70% of our cases will have a documented improvement in score. As the goal was met for adults entering treatment it was not for children and adolescents. There are many factors that could have caused this. Leadership will need to continue monitor scoring throughout treatment to see if the 70% goal is met at discharge.

Leadership will continue to monitor PHQ-9 and GAD-7 results in 2023 to assure clients are reporting reduction in symptoms during treatment. It is a requirement that all clients 12 and up complete these scales at intake and every 90 days throughout treatment. Enhancements to the EMR systems have been made to make tracking this data easier.

II. EFFICIENCY STUDY:

The study considered for 2022 was that of *clinical office utilization* and the efficiency thereof.

	PCC ADULT	PCC CHILD	OPC ADULT	OPC CHILD	HRA ADULT	HRA CHILD	
# of Telehealth sessions	37797	4672	60229	9805	32050	3961	148514
# of in-person sessions	16251	6320	35731	5817	15143	1872	81134
Weekly Office availability, by hours of Operation	7280		6612		4332		18224
Weekly mean of scheduled sessions <i>(formula used: annual sessions scheduled divided by weeks of year)</i>	1039	211	1845	300	908	112	4415
% of clinical office space being utilized	14.27%		27.90%		20.96%		54.63%
							% OF TELEHEALTH SESSIONS VERSE IN PERSON

Data was compiled by tax identification numbers. IOP and group services were not included in the data as no IOP services were performed in 2022.

This study of office utilization revealed significantly underutilized facilities. It was not surprising the level of underutilization that was initially noted as many clinical staff members have choose to remain remote since the PHE. It is understood that this simple methodology has limitations. It does not take into consideration: holidays, clinician vacations, sick days, weather related problems, which cause significant cancellations or no shows.

Another observation must be made and that would be that it would be impossible to use all hours of office availability with scheduled sessions. A reasonable percentage of office availability must be allowed for charting, phone calls, 3rd party reimbursement authorizations, etc. It also should be noted that in the office clinical staff do provide services in a hybrid manner, based on client wishes. Therefore, some of the telehealth sessions have been provided in the office.

However, this data does reflect the need to hire more staff that will work in the office. Leadership will also continue to request remote staff work in the office at least part of their schedule.

III. SERVICE ACCESS STUDY:

This study addressed the ease or difficulty in accessing the psychotherapy services of the clinic. The methodology used incorporated a detailed review of randomly sampled referral tracking data. Of 10,517 new patients entering treatment during fiscal year of 2022; 53.73% or 5651 new patient referral data was examined.

It is reasonable to believe that when an individual/couple/family reaches out for professional psychological assistance, they're in distress of some kind. It would also be reasonable to believe that the more quickly professional assistance is accessed, the greater the possibility of a positive outcome for their situation.

	PCC ADMITTED 90791	OPC ADMITTED 90791	HRA ADMITTED 90791	CFPS ADMITTED 90791	RCOM ADMITTED 90791	DELTA ADMITTED 90791	JPS ADMITTED 90791	Average Days for intake
AGE								
0-5	7	13	6	10	1	0	25	19
6-17	328	1056	226	335	42	10	201	15
18-40	426	2481	551	385	128	110	215	9
41-65	317	1803	371	194	109	68	203	2
66+	41	490	78	44	14	34	195	5
Totals	1119	5843	1232	968	294	222	839	

The study revealed from the time of initial contact with the clinic, to the date of entering treatment:

- The average timeframe for children and adolescents was 17 days.
- The average timeframe for an adult was 5.33 days.

Management has long held that a threshold of 80% of callers seeking treatment, be able to access treatment within seven calendar days, of their initial call. It should be noted that this reflects *clients scheduled per their preference* for appointment day and time. It does not reflect appointments available sooner, that the client chose not to take. Management believes that the accessibility to services as measured by this methodology has proved to be positive. However, there needs to be a focus to continue to hire more clinical staff especially with specialties in children and adolescent treatment.

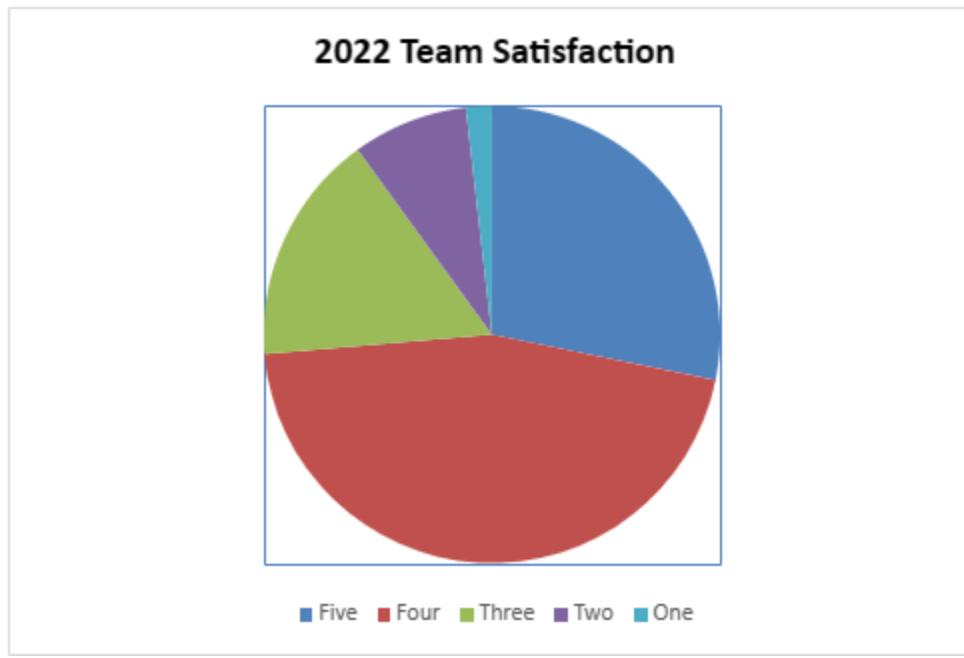
According to CNN and KFF poll nine out of 10 adults said they believed that there's a mental health crisis in the US today. About half of adults say they have had a severe mental health crisis in their family, including in-person treatment for family members who were a threat to themselves or others, or family members who engaged in self-harming behaviors.

The Covid-19 pandemic exacerbated numerous social stressors that we know can increase the risk of both substance use and mental illness,” said Dr. Nora Volkow, director of the National Institute on Drug Abuse. Data from the US Centers for Disease Control and Prevention shows that drug overdose deaths reached record levels in 2021 and suicide rates were back near a record high after two years of decline. And in 2020, mental health-related visits to emergency rooms jumped 31% among adolescents ages 12 to 17. Data published by the CDC supports that finding and shows that mental health treatment became more common over the course of the pandemic: Nearly 22% of adults got mental health treatment in 2021, up from about 19% in 2019.

Congress provided significant behavioral health workforce investments in FY 2022 appropriations, including nearly \$225 million for behavioral health **professional and paraprofessional** education.

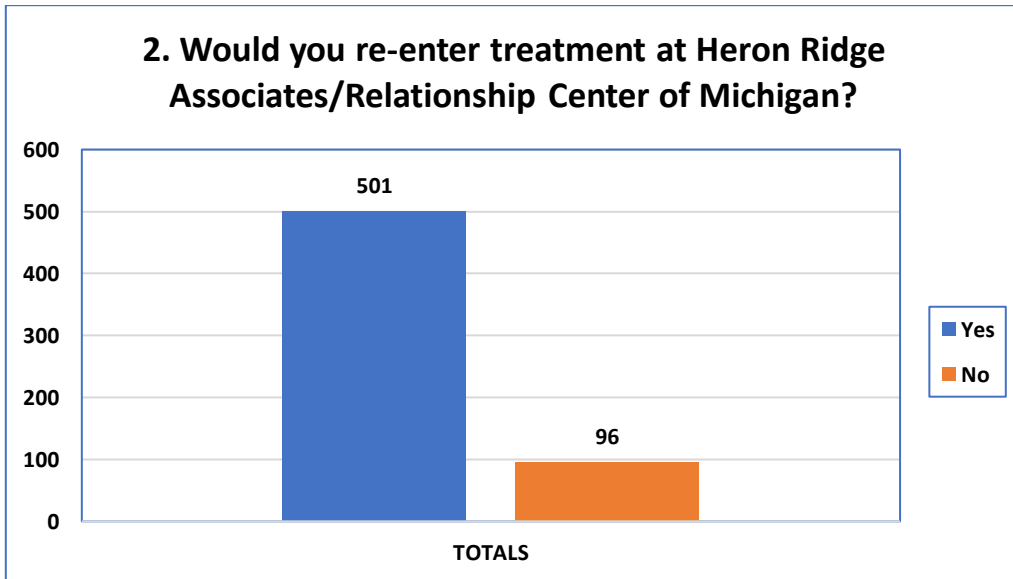
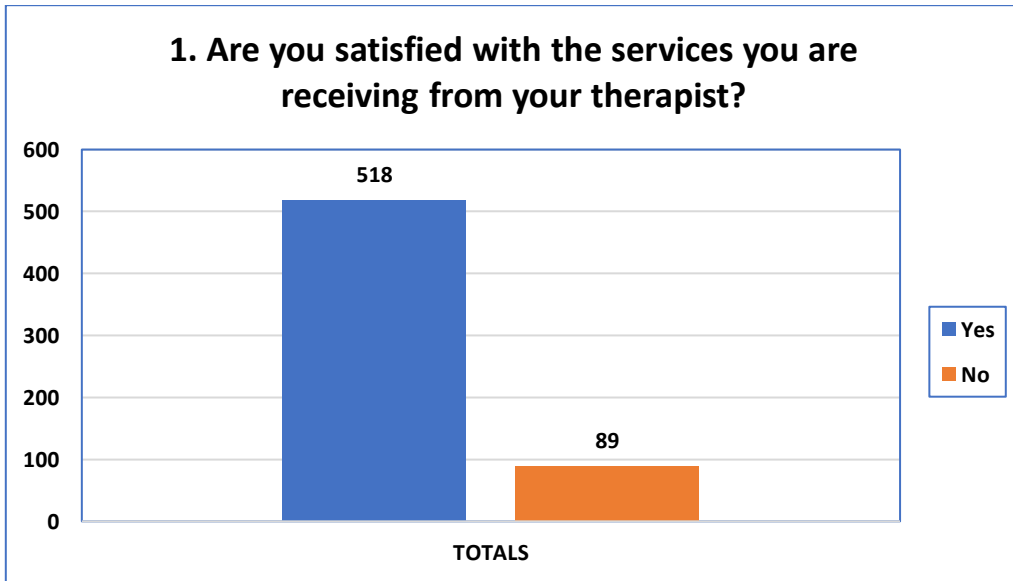
This research supports our organization’s data that more people are seeking mental health services and we must continue to look at staff levels and services provided in 2023.

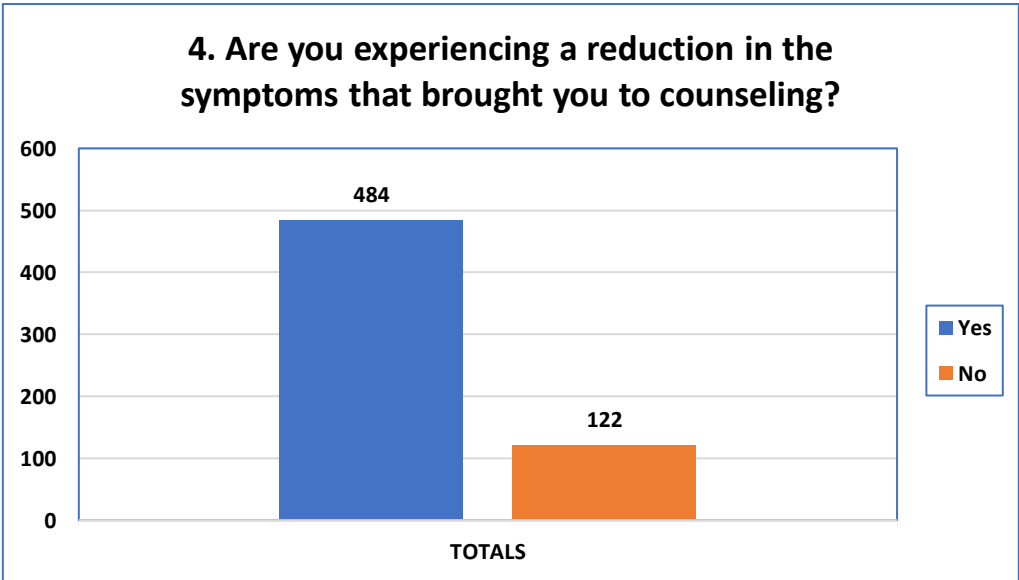
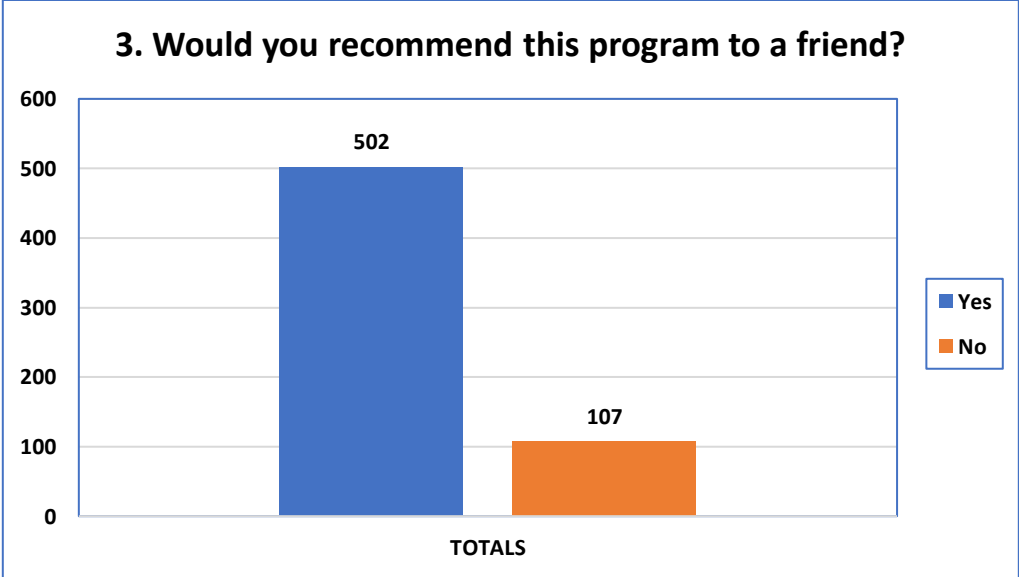
IV. STAFF SATISFACTION MEASURES



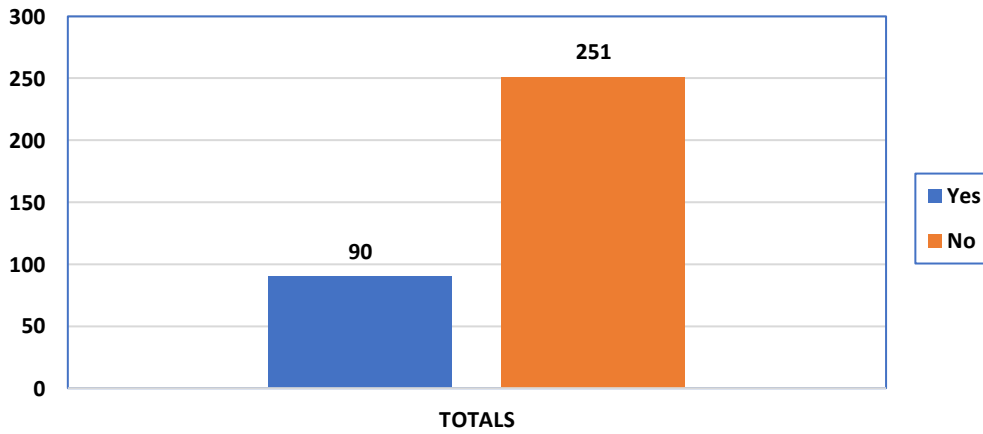
V. CLIENT SATISFACTION MEASURES

HRA/RCOM 2022

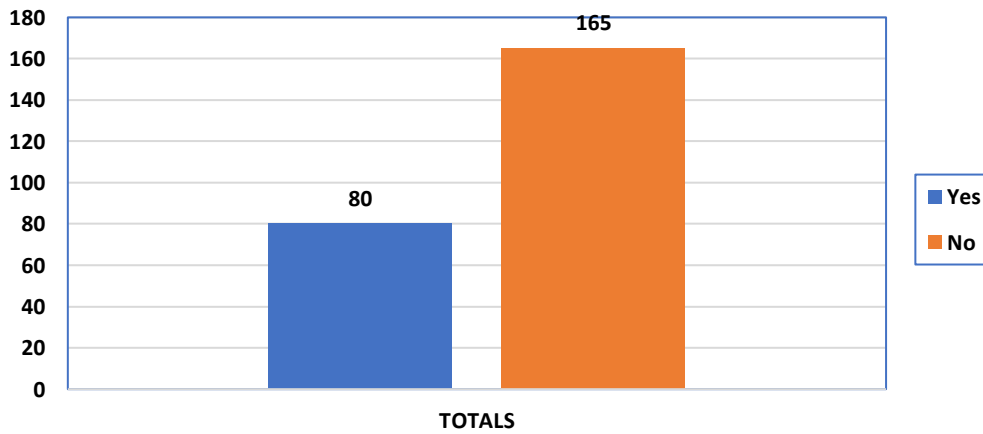




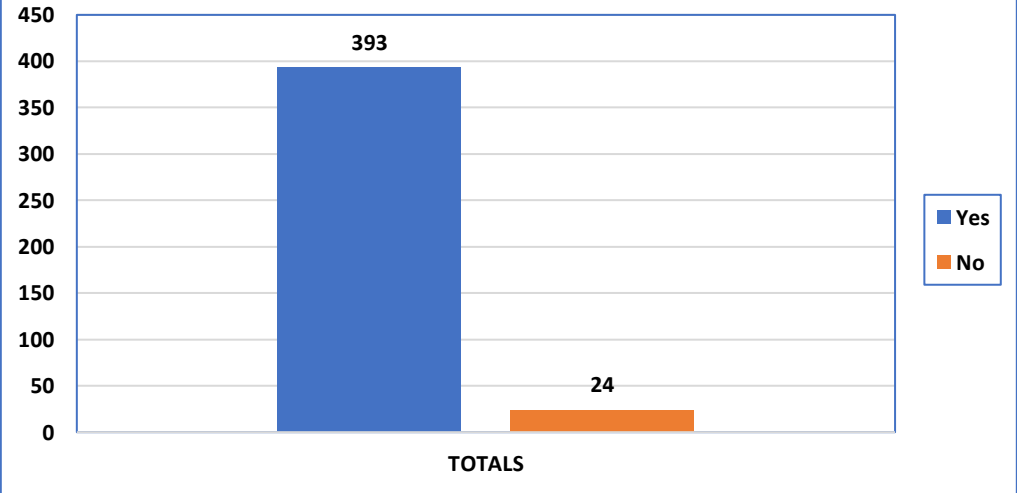
5. Are you experiencing any barriers in or to the clinic?



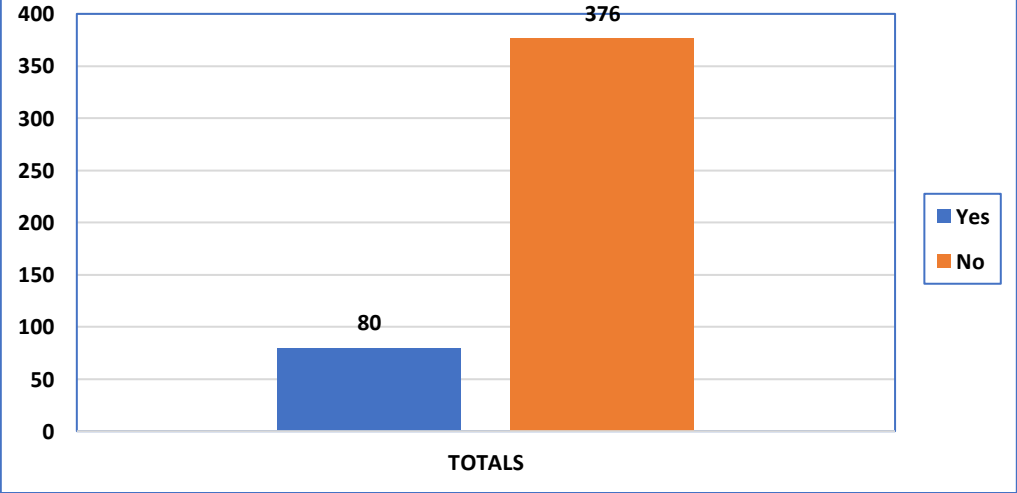
6. Have you addressed the barriers with any staff member?



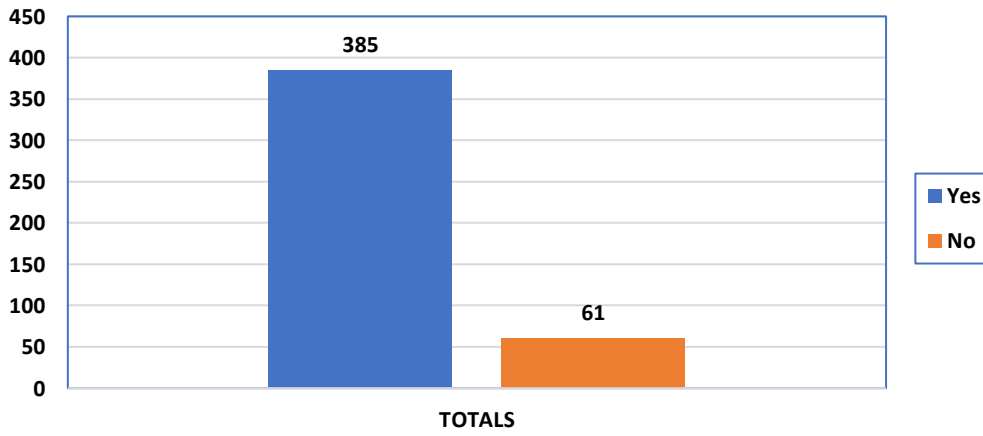
7. Did you feel you needed treatment?



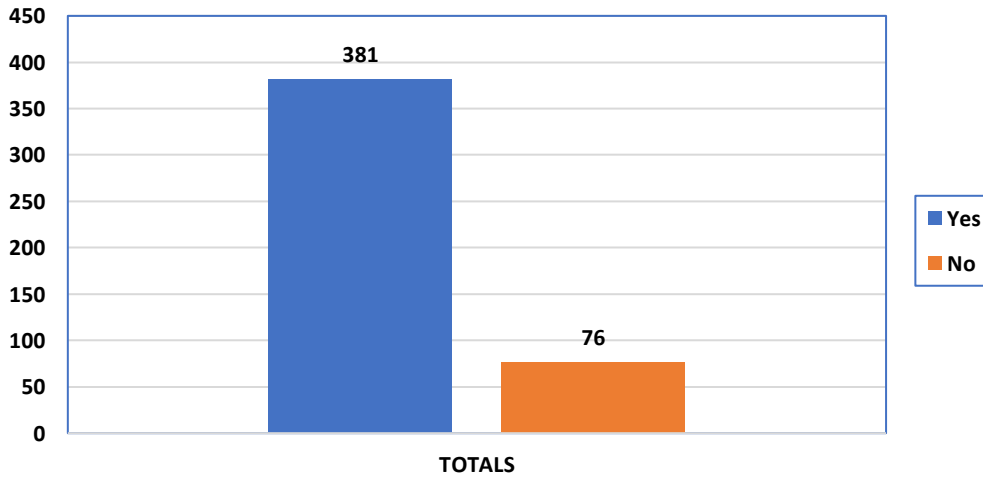
8. Have you had scheduling issues?



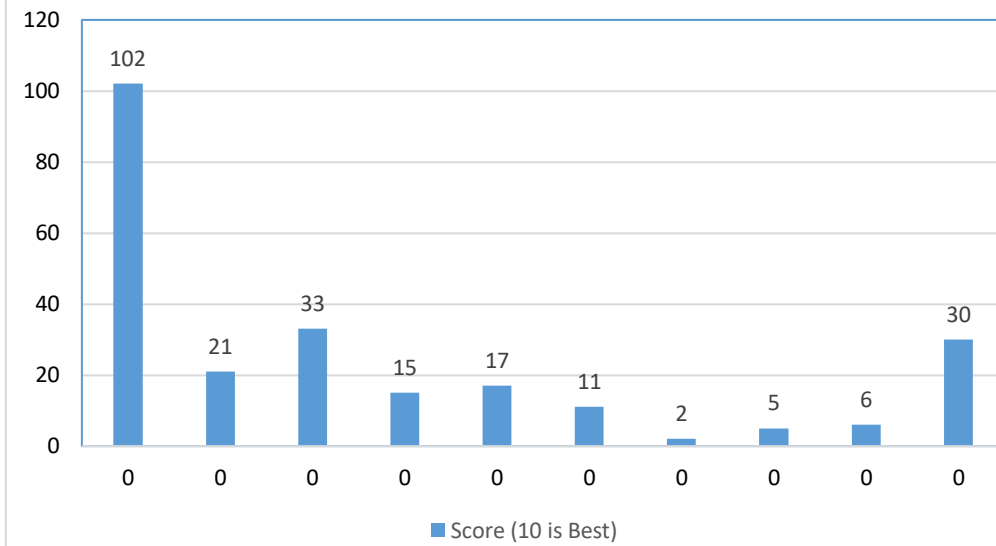
9. Do you agree with the treatment recommendations given?



10. Do you connect with your therapist?

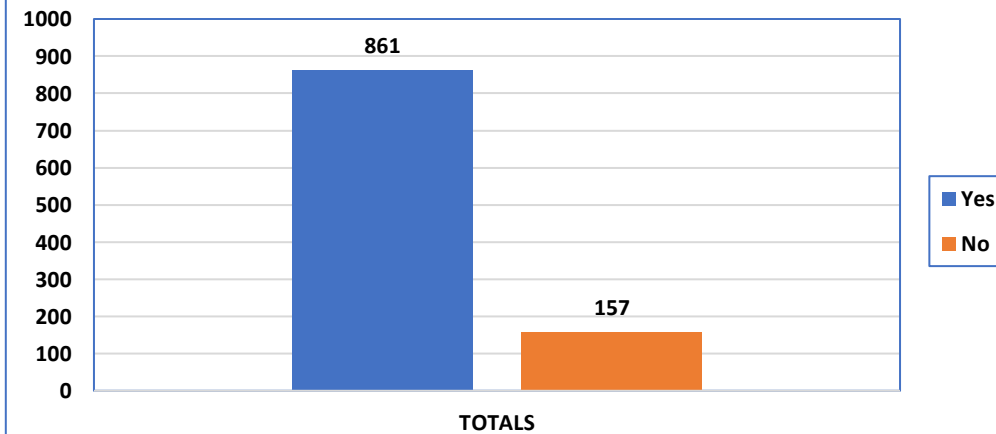


Client Satisfaction Survey for Children

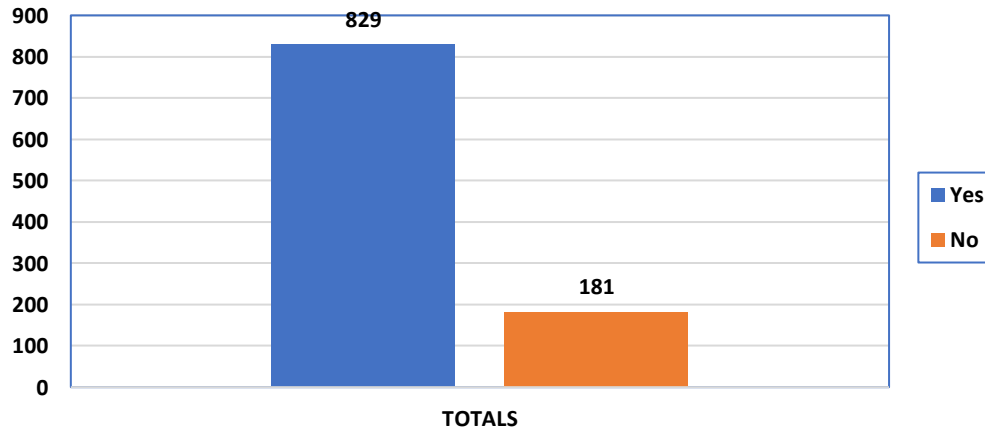


OPC/DWPCA 2022

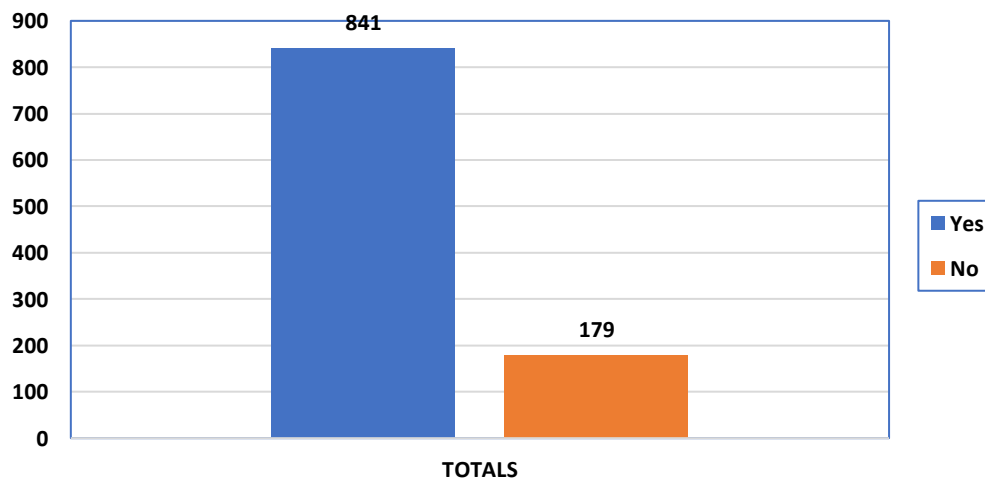
1. Are you satisfied with the services you are receiving from your therapist?



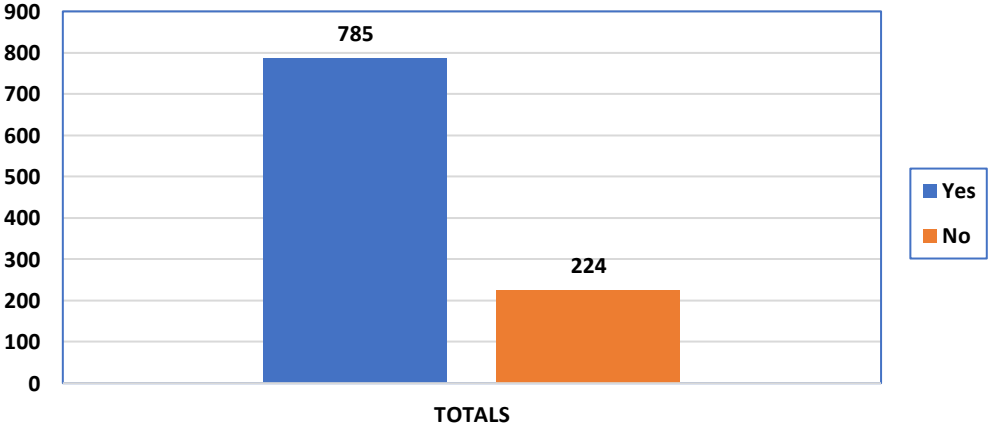
2. Would you re-enter treatment at Oakland Psychological Clinic?



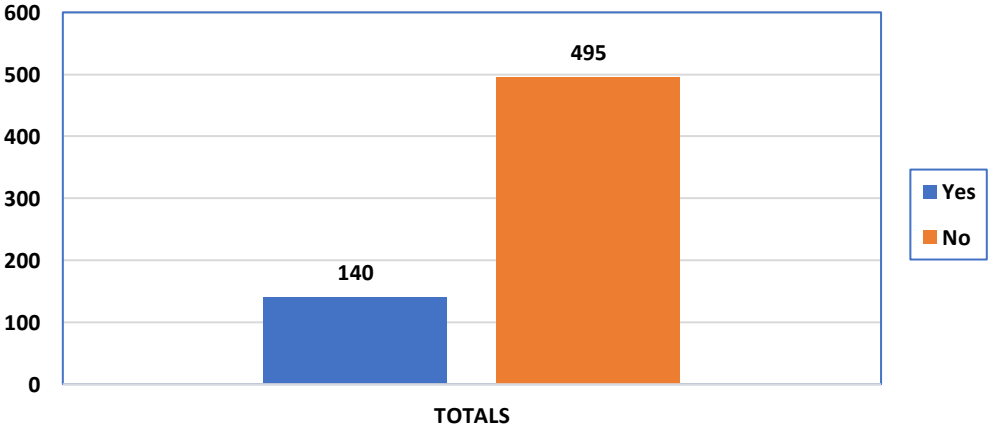
3. Would you recommend this program to a friend?



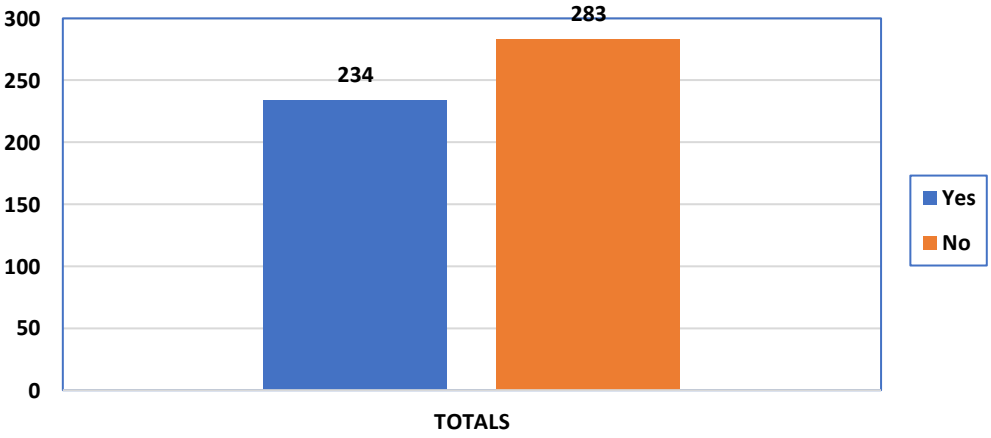
4. Are you experiencing a reduction in the symptoms that brought you to counseling?



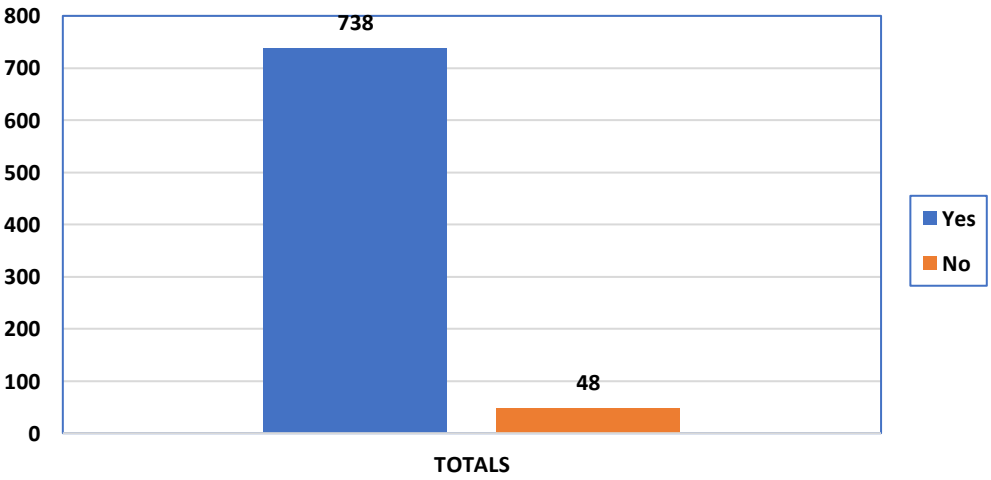
5. Are you experiencing any barriers in or to the clinic?



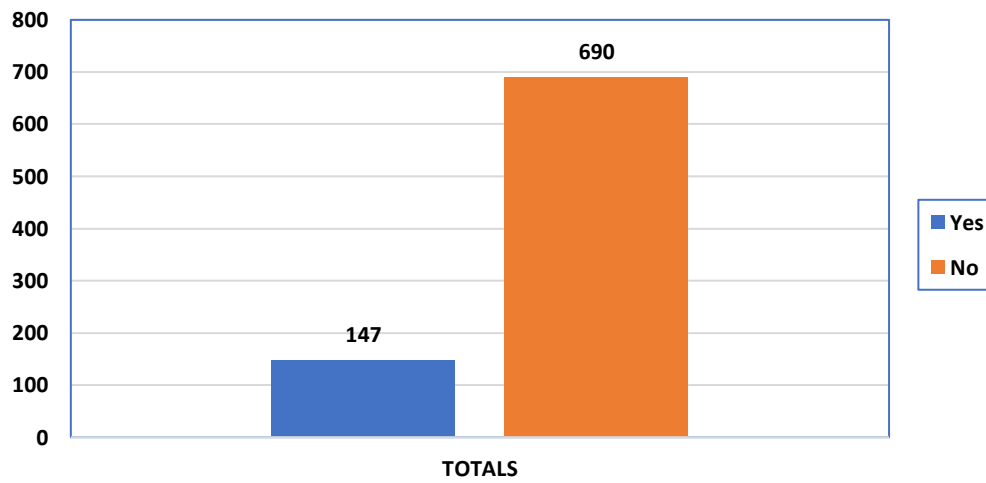
6. Have you addressed the barriers with any staff member?



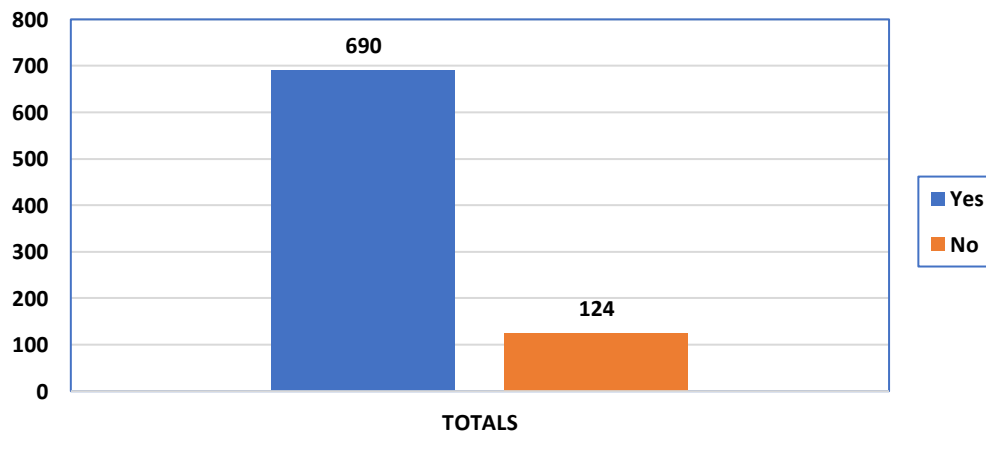
7. Did you feel you needed treatment?

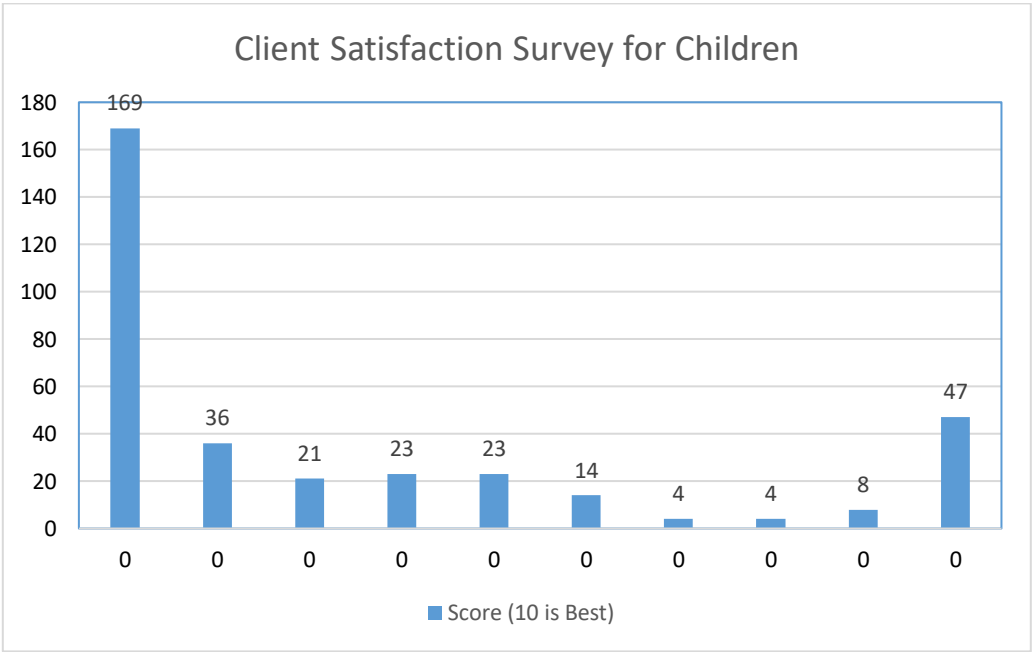
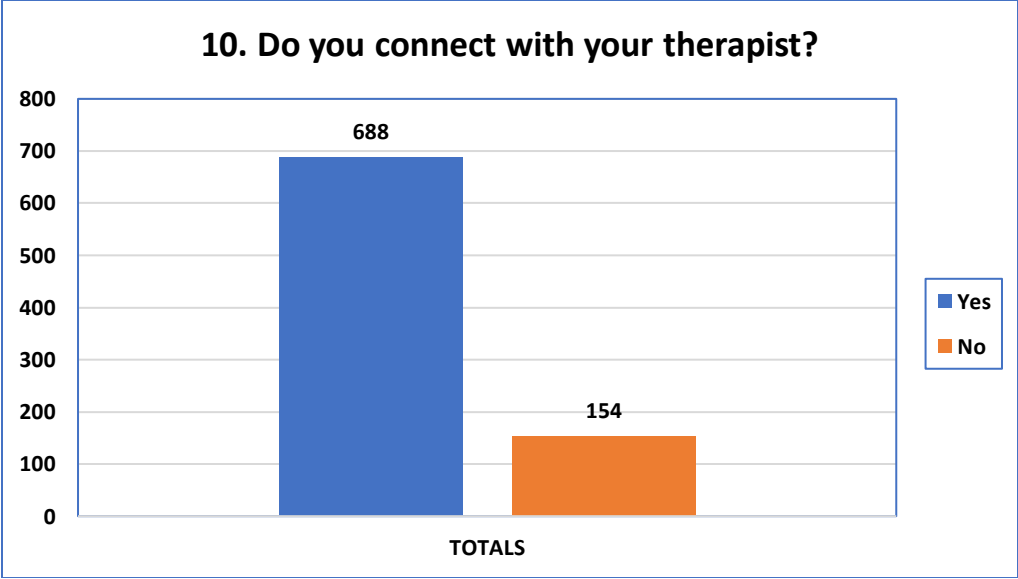


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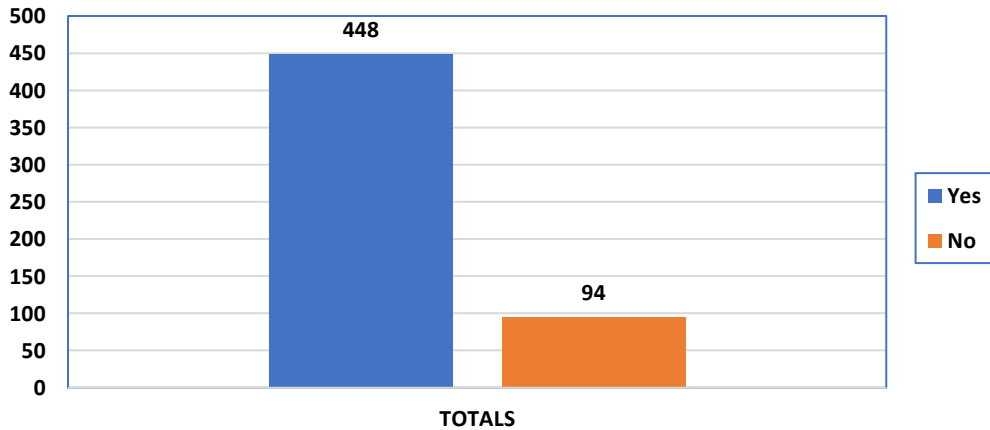
9. Do you agree with the treatment recommendations given?



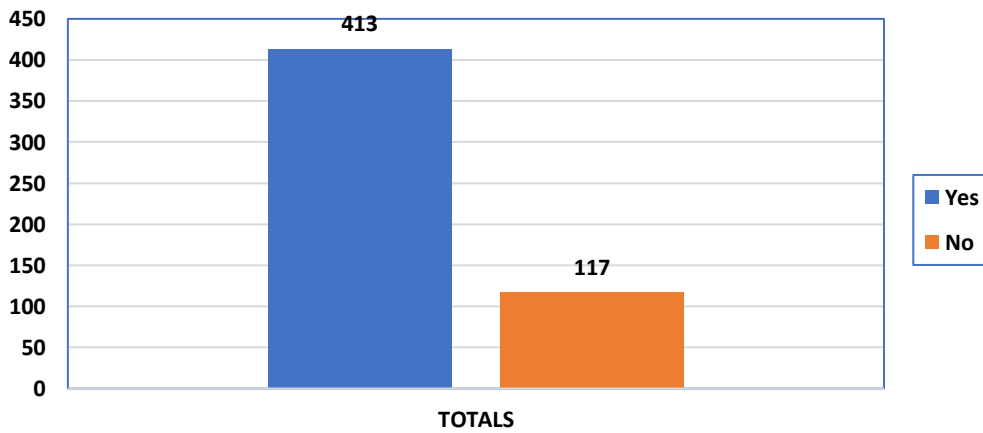


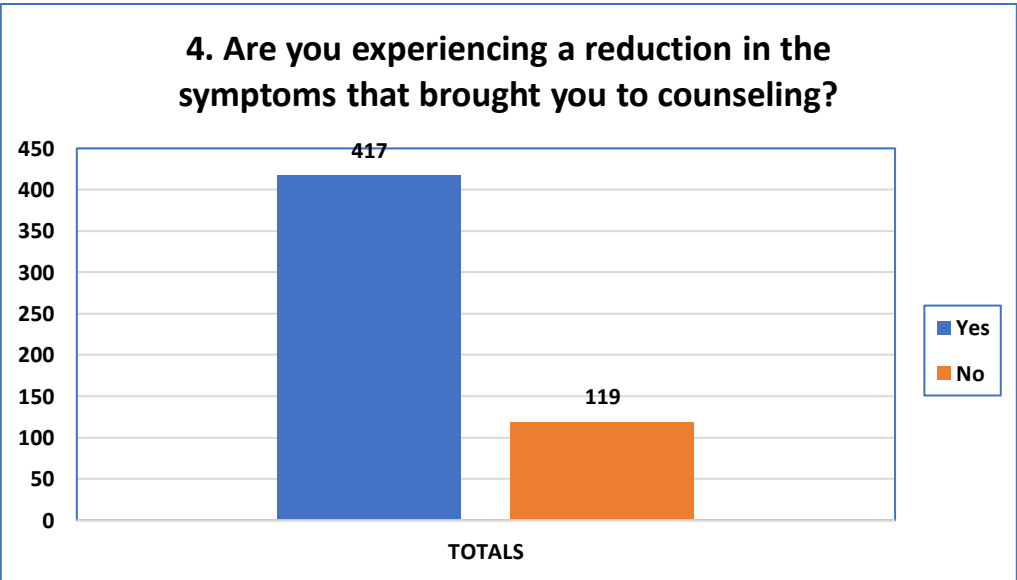
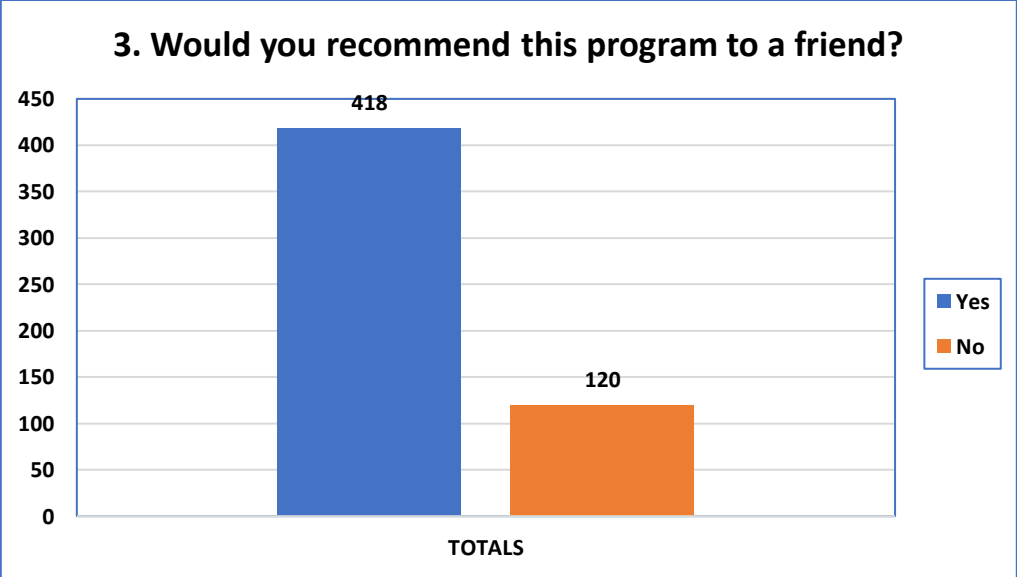
PCC/CFPS/JPS 2022

1. Are you satisfied with the services you are receiving from your therapist?

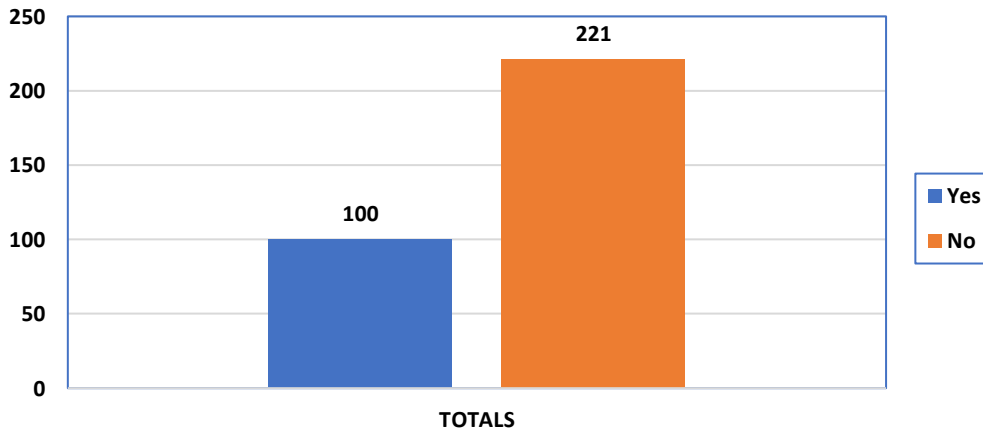


2. Would you re-enter treatment at Perspectives Counseling Centers?

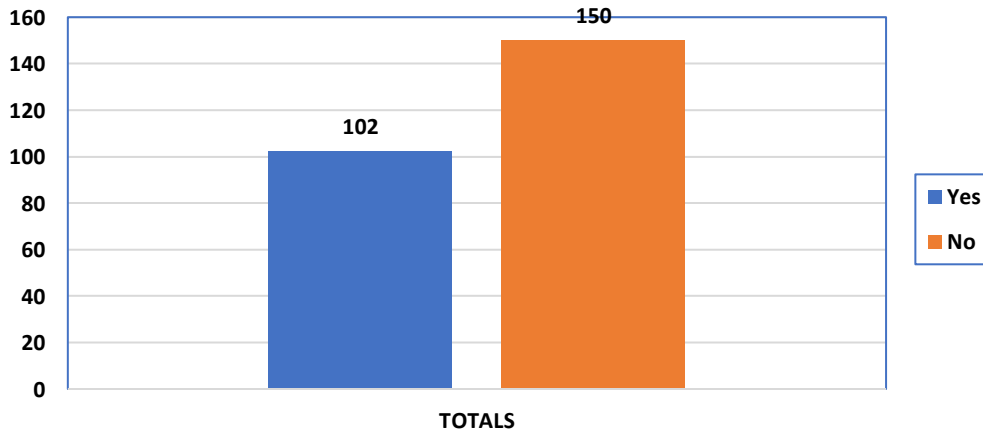




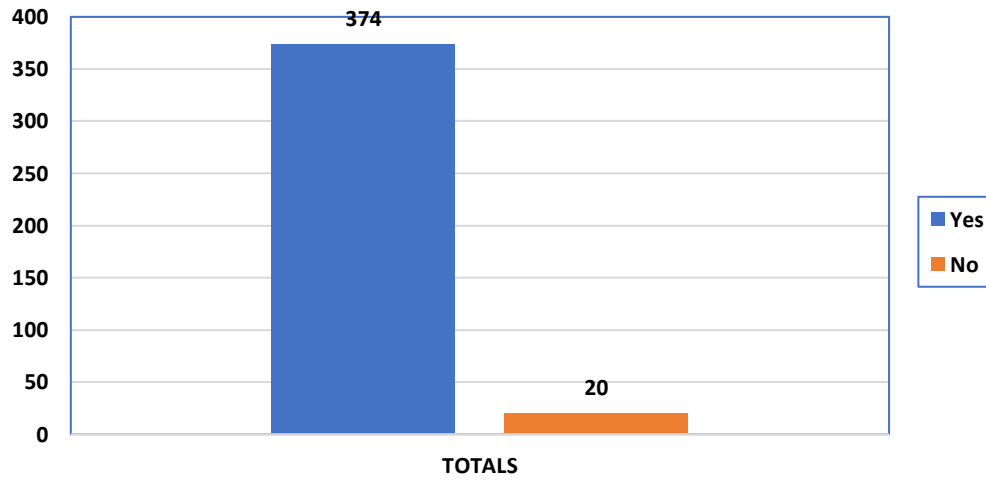
5. Are you experiencing any barriers in or to the clinic?



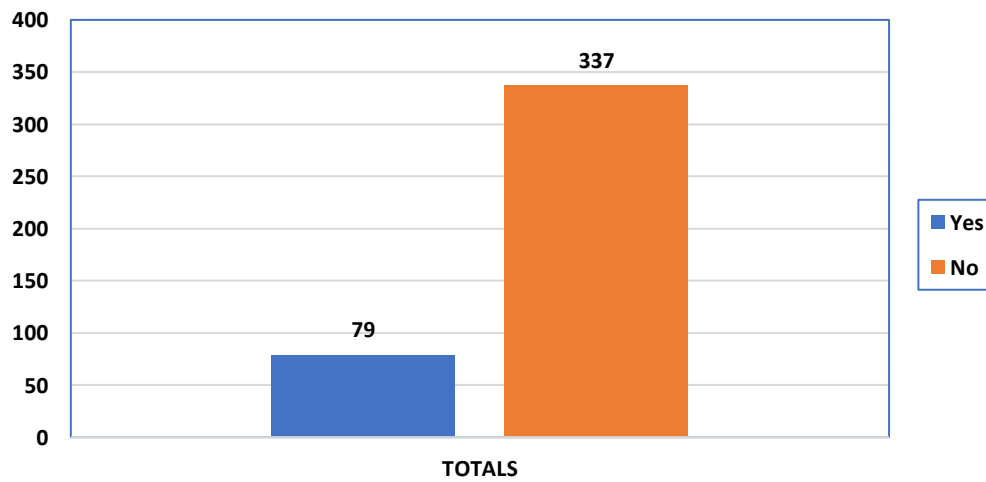
6. Have you addressed the barriers with any staff member?



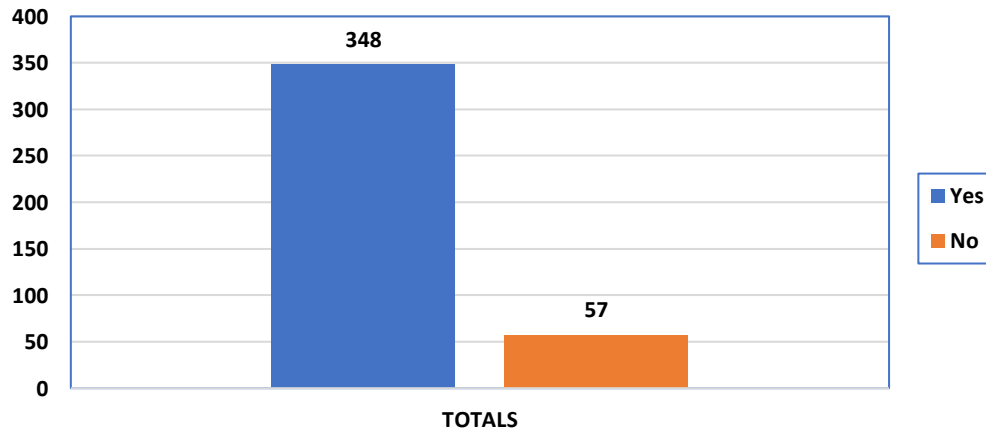
7. Did you feel you needed treatment?



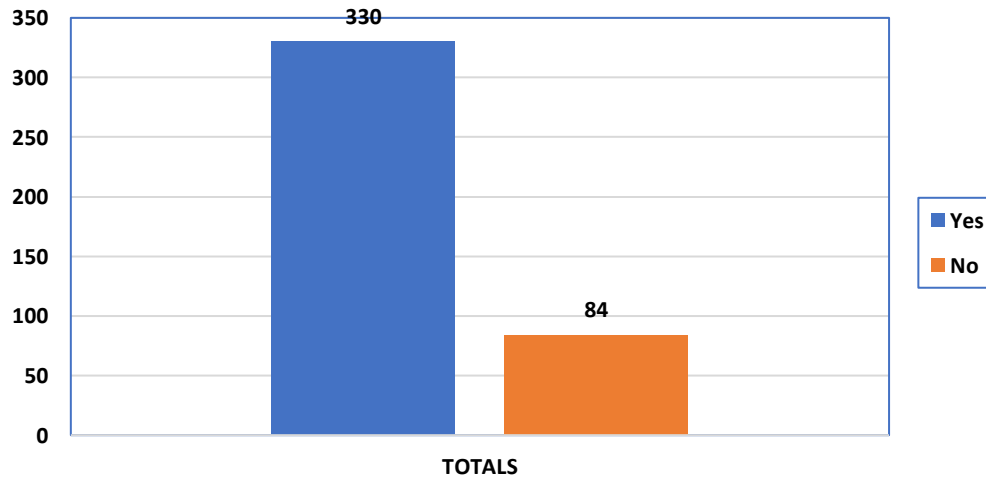
8. Have you had scheduling issues?



9. Do you agree with the treatment recommendations given?



10. Do you connect with your therapist?



Client Satisfaction Survey for Children

