



# Mid-Ohio Psychological Services, Inc.

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## ANNUAL QUALITY ASSURANCE REPORT

TO: Bradley A. Hedges, Ph.D.  
Executive Director

FROM: Shawna Watts-Shumaker, MBA  
Quality Assurance Coordinator

SUBJECT: Quality Assurance Activities Fiscal Year 2009

SUBMITTED: November 9, 2009

### AGENCY OVERVIEW

#### 3 Locations:

Fairfield County	Franklin County	Licking County
624-636 East Main Street Lancaster, Ohio 43130	Eastland Executive Square 2238 S. Hamilton Rd., Suite 200 Columbus, Ohio 43232	31 West Church Street Newark, Ohio 43005
(740) 687-0042	(614) 751-0042	(740) 281-1777

#### Staff:

60 Employees—about 35 are clinicians  
 1 Psychiatrist/ 1 CNP (both part-time)  
 7 Psychologists (3 of which are also LPCC)  
 3 LISW  
 6 LPCC  
 2 Post-Doc/ 3 Pre-Doc Interns  
 2 Bachelor Level Case Managers (less than 10% of clinical staff)  
 Rest--Master Level or Master Interns

#### Client Characteristics:

2,581 per year  
 50% kids  
 50% from Fairfield County  
 80% "System involved"  
 90% Medicaid Recipients  
 15% receive Medication from us  
 Less than 15% are Sex Offenders  
 Approximately 2.5 Million in services



AN INDEPENDENT CONTRACT AGENCY OF THE FAIRFIELD COUNTY ADAMH BOARD

**Unique Qualities of Agency:**

- 2<sup>nd</sup> Largest agency in the county
- “Community group practice”
- “Psychology” Model of practice
- Sophisticated computer system
- Same clinician does intake, assessment, and ongoing services
- Established “Standard of Care” protocols
- Formalized training programs for counselors and psychologists

**Clinical Philosophy:**

1. Treatment cannot begin until a clear clinical picture is established. Utilizing a “psychology model”, clinicians utilize a range of clinical tools to clarify this clinical picture. A clear clinical picture can best be established through client self-disclosure, the acquisition of collateral information, and the utilization of formalized assessment techniques.
2. Clinical formulation is a dynamic process and must adjust to the acquisition of new information.
3. Recovery is a process--not an event. Clients determine the pace of recovery, recognizing that many forms of recovery require accountability both to oneself, as well as to an external entity.
4. Clients often lack the ability to recognize resources within themselves and within their community to address their needs on a day-to-day basis and thus, are seeking assistance in this process. An important component to most intervention strategies is the identification of both assets and liabilities within an individual and within an individual’s environment which contribute to both recovery and pathology.
5. Therapeutic intervention is a proactive response to the change process. Intervention may include utilizing community resources to leverage recovery. Intervention may include traditional counseling, but may also include modifying the client’s environment or other life circumstances.
6. Intervention should be based on a sound theoretical basis and/or on empirical evidence.
7. Treatment services do not fix people’s problems, but rather expedite the recovery process for individuals who are willing to engage in the recovery process.
8. All clinical practices must utilize sound ethical principles. All clinical decisions should be filtered through these three ethical constructs: 1) non-maleficence, 2) beneficence, and 3) autonomy/least restrictive environment.

**Services provided:**

- Individual counseling
- Group Counseling
- Case Management
- Medication/Somatic Services
- Psychological Evaluations
- Forensic Evaluations

**Specialized Services:**

- Parenting Intervention Program
- Anger Management
- Sex Offender Services (Juvenile and Adult)
- Sexual Survivor's Program
- Home Based Services
- Court Diversion Case Management/Liaison/Assessment
- On site consultation and counseling at Children Services (Fairfield and Delaware Counties)

**GENERAL COMMENTS**

The overall QA process continues to improve, the committee meets monthly to discuss issues related to QA including professional staff organization and agency wide improvement activities, and strives to improve the overall QA process through monitoring of concerns, processes, and forms. The completion of the QA reports has improved over the past few months, efforts are being made to maintain this progress.

The agency governing board continues review the QA activities of the agency. The agency QA reports are communicated to all interested parties via the agency's website [www.mopsohio.com](http://www.mopsohio.com).

Chart reviews have been chronically behind throughout the past year. Efforts are underway to improve this by training additional staff to do chart reviews and reducing the total number of charts reviewed each month until reviews can be caught up and maintained in a timelier manner.

The agency has worked to improve efficiency and quality in client care throughout the past year, the agency has implemented a standards of care model based on clinical care groupings. The agency's standards of care website continues to be updated and developed.

The agency has made additions to the Clinical Information System (CIS) to assist with quality indicators. Many items such as ISP's and Outcomes show up in red in CIS when they are expired or need to be completed, so that clinical staff know as soon as they open the client's information what items need to be address to bring the client's case in compliance with standards.

Reports have been developed that are run episodically to "grade" clinicians on compliance with case closures, outcomes completion, and production ratios. The reports assign a grade based on the clinician's performance compared to agency required standards. These reports allow for clinical staff to know where they stand and to take corrective action as needed to maintain compliance. These reports also allow for clinical

supervisors to review individual and team performance in order to address areas of improvement through the supervisory process.

### **MAJOR UNUSUAL INCIDENTS**

There were twenty-nine major unusual incidents during fiscal year 2009, the same number as fiscal year 2008. The MUI's continue to be reported to the Fairfield, Franklin, and Licking County ADAMH Board in a timely manner.

Most of the MUI's continue to be related to facilitating hospitalization of clients. During fiscal year 2009, the agency had two MUI's related to small amounts of cash being missing from petty cash, two MUI's related to staff injuries due to accidents, and one MUI related to a cleaning contractor harrassing a person using agency telephones. All of these incidents were investigated and corrective action was taken.

### **ABUSE AND NEGLECT**

There were fifty-three reports to children service agencies, with forty-four percent of them being to Fairfield County.

<b>County of Report</b>	<b>Number of Reports</b>
Butler County	1
Delaware County	1
Fairfield County	23
Franklin County	22
Knox County	1
Licking County	2
Perry County	1
Pickaway County	1
Ross County	1

There was one report to adult protective services and two "duty to protect" reports.

### **TRANFERS FROM STATE HOSPITALS**

There were two transfers to a state psychiatric hospital this year, which is the same number as fiscal year 2008. There were nineteen incidents of clients being hospitalized for psychiatric care in community hospitals, a increase from fourteen incidents in fiscal year 2008.

Clients are still receiving scheduled appointments within the appropriate time frame following discharge from hospital care when the agency is notified of the clients discharge and they can be reached for follow-up care.

## **PLANT/PHYSICAL HEALTH AND SAFETY**

The agency passed all fire inspections. The 624 and 630 buildings required re-inspection due to minor issues.

A new cleaning contractor was hired for the Columbus office due to unsatisfactory performance of the previous contractor.

Multiple issues have been addressed in the Newark office including the installation of a handicapped ramp, extermination services and heating and cooling issues.

## **RECORDS COMPLETENESS REVIEW AND PEER REVIEW**

The records and peer review process have run chronically behind during the current fiscal year. The committee has found it difficult to find time to conduct the reviews. Additional staff have been trained to perform QA chart reviews and each monthly lists has been reduced in order to improve the timeliness of the chart reviews.

## **UTILIZATION REVIEW**

There were a total of 1,284 new clients to the agency during the year. Fifty-three percent of the new clients were from Fairfield County. There were a total of 2,581 clients seen.

There were a total of 24,081 units of service rendered in the agency for this fiscal year. The chart below shows a 5 year comparison of core services. This chart shows the trend of agency growth.

Service Area	FY2005	FY2006	FY2007	FY2008	FY2009
Diagnostic Assessment	2057	2122	2235	2594	3230
Individual Counseling	10718	11587	11601	12453	13887
Group Counseling	2483	2634	3320	2462	2359
CSP	3673	2702	2466	3571	3721
Medication/Somatic	560	613	681	465	698
AOD Group	8	0	0	0	0
Total Units	19,519	19,686	20,303	21,545	24,081

## **INVOLUNTARY TERMINATIONS**

There were no involuntary terminations during the year.

## **REVIEW OF WAITING LIST**

MOPS does not maintain a waiting list, clients continue to be scheduled in the next available time slot as they request service. The chart below shows the annual breakdown for the average number of days that lapsed between a person's telephone intake and initial session and the average wait from intake to the first scheduled appointment.

	2005	2006	2007	2008	2009
Average Mean Wait 1 <sup>st</sup> Session	31.16	34.90	37.44	27.14	19.65
Average Mean Wait 1 <sup>st</sup> Scheduled Appt.	25.00	28.36	28.98	21.22	23.85

## **CLIENT RIGHTS AND GRIEVANCES**

There were fifteen informal client grievances filed during the fiscal year and no formal grievances. There were four grievances filed regarding treatment issues, four grievances filed regarding therapist/client conflict, four grievances regarding medication services, and three grievances regarding confidentiality.

## **TREATMENT OUTCOMES REPORTING**

Our agency has continuously worked to improve our compliance with collecting and submitting consumer outcome data. Outcomes have been integrated into the CIS, so that clinicians can look at the client's outcomes on a regular basis. An alert system is planned to remind clinicians to do Outcomes measures at the regularly scheduled intervals, however it has not been implemented. ODMH is no longer making Outcomes mandatory, however our agency will continue to require them due to CARF standards and the ADAMH Board that require these measures. We may change the schedule on which they are required or make other adjustments in the future, however at this point they are required on the same schedule that ODMH previously required.

The Agency Director continues to look for ways to use the state reported data and agency data to improve services. The Agency Director and programmer continue to work on ideas for reports to pull data at the agency level.

## **CLIENT SATISFACTION**

The agency participates semi-annually in client satisfaction surveys conducted by the Fairfield County ADAMH Board for the entire system. Attached to this report are the results of the survey period during FY2009. The agency is at or above standard results for all areas measured except for adult Outcomes.

## **FINANCIAL STABILITY**

The agency had significant financial struggles during the first half of the fiscal year due to decreased production and increased cost. In January, corrective action was taken by reducing support staff by two positions and transferring two staff to cover existing staffing needs without hiring additional staff. The agency programmer made a major

push to finish the development the “transcription” portion of the agency’s clinical information system, which allowed for the reduction of staff needed to transcribe case notes. In addition, clinical staff was advised by supervisors on ways to improve production and a major push was made to increase client volume by following up with clients who missed sessions or had dropped out of treatment. All of these corrections allowed for significant improvement in the agency’s financial stability over the last half of the fiscal year, there was close to a \$100,000 correction through increase production and cost savings. The agency had eight pay periods that resulted in historically high billings for the agency.

# Fairfield County ADAMH Board - Mid-Ohio Psychological Services Client Satisfaction Results

Most Recent Four Survey Administrations Prior to 6/30/09 Compared to State/Federal Data from FY 2005

	Adults (Appendix A)				Children and Family (Appendix B)				Youth <sup>2</sup> (Appendix C)		
	Agency	Board	PPS	U.S. <sup>1</sup>	Agency	Board	PPS	U.S. <sup>1</sup>	Agency	Board	PPS
<b>Access</b>	93%	91%	86%	84%	85%	79%	81%	82%	78%	78%	70%
<b>Quality/Appropriateness</b>	95%	94%	90%	85%							
<b>Outcomes</b>	68%	74%	70%	71%	67%	63%	61%	73%	70%	70%	66%
<b>Treatment Planning</b>	85%	85%	78%	83%	88%	91%	88%	86%	81%	74%	70%
<b>General Satisfaction</b>	95%	95%	89%	88%	86%	84%	83%	81%	88%	82%	77%
<b>Cultural Sensitivity</b>					95%	95%	92%	91%	92%	90%	88%

## Key Indicator:

"I would recommend this agency to a friend or family member"

	Adults (Appendix A)			Children and Family (Appendix B)			Youth <sup>2</sup> (Appendix C)		
	Agency	Board	PPS	Agency	Board	PPS	Agency	Board	PPS
	67%	66%	53%	62%	57%	55%	33%	29%	28%

### DATA CALCULATION NOTES:

- Individual questions from the client satisfaction surveys are collapsed into five domains, each domain consists of between 2 and 9 questions. A valid domain must contain at least 66% of the questions in that domain with an answer ranging from 1 to 5. All other responses are considered "missing". Once the domain score is calculated the 'positive' scores in this report are determined. For the Appendix A, a positive score must be an average that is below 2.5 (Appendix A scores range from 1 being most positive to 5 being most negative). For the Appendix B and C, a positive score must be an average that is above 3.5 (Appendix B and C scores range from 5 being the most positive to 1 being the most negative. The percentages in this report = (Total 'Positive' Domains) / (Total Domains).
- The BOARD scores are calculated based on all Agencies in the same board area EXCEPT the agency listed in the title bar of the report.
- The PPS scores are calculated based on all boards in the PPS region EXCEPT the board listed in the title bar of the report.
- The KEY INDICATOR section of the report counts the number of MOST POSITIVE (1 for Appendix A, 5 for Appendix B and C) responses for the question "I would recommend this agency to a friend or family member" and divides that by the total valid responses (Responses between 1 and 5) received for the same question.

### Footnotes:

- Source: United States Department of Health and Human Resources, SAMHSA (Substance Abuse and Mental Health Services Organization), National Center for Mental Health Statistics, Center for Mental Health Services (CMHS) [http://download.ncadi.samhsa.gov/ken/pdf/URS\\_Data05/OH.pdf](http://download.ncadi.samhsa.gov/ken/pdf/URS_Data05/OH.pdf) (2005 CMHS Uniform Reporting System Output Table, Pages 29-31)
- The Youth Self-Report Survey is considered optional at the federal level.