



2024 Quality Assurance Report Summary

Attendance Statistics (January-September):

Average Daily Attendance- 10
Average Number of Visits- 194
Active Members: 23
New Members: 7

Outcomes:

- Measured through successful employment and housing accomplishments:
 - Total members in employment programs: 11
 - Total members that obtained independent housing: 1

Individual Record Reviews:

- Monthly reviews conducted by Program Director and/or Psych Rehab Specialist
- Quarterly internal audit by Goodwill SWPA QA team
 - Errors found:
 - Permission for Use/Disclosure of Health Information was missing member signature.
- Carelon/FCBHA
 - No audit was conducted this year.
- Annual OMHSAS audit
 - No citations or recommendations

Indicators of Participant Satisfaction:

- 2 internal surveys administered from the Union Station Clubhouse and Goodwill of Southwestern PA
 - 85% approval in the Clubhouse survey
 - Average score of 4.63 in all areas for the Goodwill SWPA survey
 - Lowest scoring areas in the Clubhouse survey: Long distance activities
 - Lowest scoring areas in the Goodwill SWPA survey: Facilities
- External survey administered by Fayette County CFST. Most areas scored above 90%. Areas below 90% included:
 - Mental health services assistance with getting/keeping employment.
- Recommended corrective plan of action:
 - Facility repairs and upgrades are planned for 2024.

- Tracking of members' timeframe for employment entry/exit/transition.

Use of Exceptions to Admissions and Continued Stay Requirements:

- As an ongoing practice, copies of the completed and signed LPHA letter by the prescriber are included with pre-certification authorization documents.
- The letter can be provided at any time during the members' involvement in the Clubhouse program to provide proof of need.
 - LPHA letters will be updated to reflect any changes in prescriber if needed.

Evaluation of Compliance with Agency Service Description:

- Clubhouse Accreditation
 - 3-year. Expires August 2026.
 - Union Station Clubhouse staff, member, and director must attend a 2-week Clubhouse training.
- OMHSAS- 1-year full license

Quality Improvement:

Organization Name:		Goodwill of SWPA		Program: Union Station Clubhouse				
Mission:		A safe and caring environment that offers guidance, support, and encouragement.						
Program Activities:		Psychiatric rehabilitation services utilizing the Clubhouse model						
INDICATORS		MEASURES	WHO APPLIED TO	DATA SOURCE	RESPONSIBILITY FOR DATA COLLECTION	TIME OF MEASURE	TARGET* GOAL EXPECTANCY	Comments
Optimal satisfaction with PR services		Internal Satisfaction Surveys, Agency Satisfaction Surveys, CFST Surveys	Clubhouse members	Surveys administered	Clubhouse Operations Unit, Goodwill SWPA Quality Assurance Dept., Fayette County CFST	Annually	100% Compliance	CFST Survey- Over 90% approval Internal- Over 86% approval Goodwill- Average approval of 4.63 on a scale of 1 to 5
PR Outcomes		Internal employment statistics, Clubhouse International CPQ	Clubhouse members	Employment Statistics Spreadsheets, Clubhouse CPQ	Clubhouse Operations Unit, UMass	Annually	Employment- Transitional 25% Supported/ Independent- 10%	Transitional Employment percentage: 2 current TEPs Supported/Independent Employment percentages met.
Individual Record Reviews		Staff File Review, Agency Record Audit	Clubhouse Staff	Supervision Forms, Goodwill SWPA Contract Audit Form	Clubhouse Director, goodwill SWPA Quality Assurance Dept., Beacon Health Options, FCBHA	Monthly, Quarterly, Annually	100% Compliance	Internal Audit- 100% Compliance File Reviews- 100% Compliance
Evaluation of compliance with agency service description		Outcomes of Clubhouse Accreditation and OMHSAS Licensing	Clubhouse Program	Clubhouse Accreditation Report, OMHSAS Survey Results	Clubhouse International, OMHSAS	3 Years, Annually	100% Compliance	OMHSAS- Full License Clubhouse International- Full three-year accreditation
								2023-2024

INTERNAL QUALITY ASSURANCE (IQAS) 2024 RESULTS

GENDER	MALE	9
	FEMALE	2
	No Answer Provided	
RACE	WHITE	10
	AFRICAN AMERICAN	3
	HISPANIC	1
	No Answer Provided	

	No Response	
AGE GROUP	18-30	5
	31-59	6
	60+	9

	No Response	
STAFF INTERACTION	1 (Poor)	0
	2	0
	3 (Average)	0
	4	3
	5 (Excellent)	8

	No Response	
BUILDING	1	0
	2	0
	3	0
	4	4
	5	7

	No Response		
ACTIVITIES	ON-SITE	1	0
		2	0
		3	1
		4	2
		5	8
		No Response	
	MONTHLY	1	0
		2	0
		3	3
		4	2
		5	4
		No Response	
	LOCAL EXTERNAL	1	0
		2	0
		3	0
		4	5
		5	4
		No Response	
	LONG DISTANCE/ ANNUAL	1	1
		2	0
3		1	
4		2	
5		5	

REFERRAL METHOD	DOCTOR/THERAPIST	5
	CASE MANAGER/SC	4
	ANOTHER MEMBER	0
	OTHER	2
NOTES:	N/A	

STAFF	1
EFFECTIVENESS	2
IN GOAL/MENTAL	3
HEALTH	4
MANAGEMENT	5

0
0
2
3
5

MEMBERSHIP LENGTH	<6 MONTHS	3
	6 MONTHS-1 YR	0
	1YR-2YR	2
	2YR-5YR	2
	>5YR	1

3
0
2
2
1

TOTAL COMMENTS	4
TOTAL SURVEYS ADMINISTERED	10

4
10

**PARTICIPANT SATISFACTION SURVEYS
4TH QUARTER - APRIL - JUNE 2024**

**PROGRAM: Union Station Clubhouse
NUMBER OF SURVEYS RETURNED: 8**

RETURNED RESULTS:

Date Survey Completed	How satisfied are you that the available services are meeting your needs	Overall, how satisfied are you with performance of staff	How satisfied are you that our facility meets your needs	Overall, how satisfied are you that the service you received matches what you expected	Would you recommend our services to others	I am a new client with this program	I would like to further discuss programs available at Goodwill SWPA
06/25/24	5	5	5	5	5	no	
07/03/24	4	4	4	5	5		
07/03/24	5	5	5	4	5		
07/03/24	5	4	5	3	3		
07/03/24	4	3	2	5	4		
07/03/24	5	4	4	5	5		
07/03/24	5	5	4	4	5		
07/03/24	4	4	4	4	4	no	
Average Score:	4.63	4.25	4.13	4.38	4.5		

Comments:

How satisfied are you that the available services are meeting your needs?
It helps with what I need.

Overall, how satisfied are you with the performance of the staff?
They are very helpful with me.

How satisfied are you with the style and type of learning program being used?
It reminds me of what I did in Ohio.

Overall, how satisfied are you that the service you received matches what you expected?
It's helped me very much.

Would you recommend our services to others?
Very much indeed to those that need it.



FAYETTE COUNTY
BEHAVIORAL HEALTH ADMINISTRATION

215 JACOB MURPHY LANE, UNIONTOWN, PA 15401
DAVID W. RIDER, ADMINISTRATOR / CHIEF EXECUTIVE OFFICER

PHONE: (724)430-1370

www.FCBHA.ORG

October 11, 2024

Scott Bombach, Clubhouse Director
Goodwill Industries
100 Corporate Crossing Road
Uniontown, PA 15401

Dear Scott:

On behalf of the Fayette County HealthChoices Program, I would like to take this opportunity to thank you for your continued support and cooperation regarding the consumer/family satisfaction surveys. The Office of Mental Health and Substance Abuse Services (OMHSAS) require that the Consumer Family Satisfaction Team (C/FST) complete satisfaction surveys with HealthChoices consumers at all service locations.

The quality target that we utilize to measure compliance with items on the survey is 85%. There were 11 consumers surveyed in the 3rd quarter of 2024. Of the 11 consumers who were surveyed, 100% answered they were satisfied with the behavioral health services they received from Goodwill Industries of Fayette County. Overall, the results are very favorable and all benchmarks have been met.

Each item concerns the member's relationship with Carelon, as their behavioral health managed care organization. Members must be informed of their right to file a complaint, grievance, or DHS Fair Hearing, as well as any changes to those rights. According to the Carelon Provider Manual, contracted Providers are responsible for assisting members in filing a complaint, grievance, or DHS Fair Hearing and ensuring they have a basic understanding of the process.

While no action plan is necessary at this time, we would like to thank your staff for ensuring consumers understand their Carelon plan. I am enclosing a copy of the survey for your records, so that you are aware of the questions being asked and so you will have the results available. OMHSAS might require seeing C/FST results during their licensing visits.

Thank you again for your continued support for the C/FST surveyors. Please let your staff know how much we appreciate their support in this endeavor. Should you have any questions, please feel free to contact me.

Sincerely,

Susan Wilson, MS
Behavioral Health Program Specialist

SW/jac

Enclosure

cc: Dawn Brooks, Carelon Health of PA
Melina Mitchell, Mental Health Association
Nicole Barak, FCBHA
Michelle DeForrest, FCBHA





CST Report Percentages by Question
LOC: All Combined

Dates: 7/1/2024 - 9/1/2024

Provider: GOODWILL OF SOUTHWESTERN PA

	#Yes	Total	%
1. Do you know you can choose where you get your treatment?	11	11	100.00%
2. Is the provider staff respectful and friendly?	11	11	100.00%
3. When you first called for an appointment, were services provided in a timely manner?	11	11	100.00%
4. Is this provider conveniently located?	11	11	100.00%
5. If you had a problem with your provider, would you feel comfortable filing a complaint?	11	11	100.00%
6. Are you asked to participate in treatment planning/goals?	11	11	100.00%
7. A Did you want your family to participate in treatment planning/goals?			
7. B If yes to 7 A, did your provider involve your family in treatment planning/goals	6	6	100.00%
8. Has your provider made you aware of support services in your community?	11	11	100.00%
9. If you had a question about your benefits or treatment options, do you know how to contact Carelon Behavioral Health (Carelon)?	10	11	90.91%
10. Are you aware that telephone services at Carelon are available 24 hours a day 7 days a week?	10	11	90.91%
11A. Have you called Carelon or has Carelon called you within the past year?			
11B. If yes to 11A:Were you satisfied with how you were treated when speaking with someone from Carelon?	0	0	0.00%
12. Are you aware of how to file a complaint with Carelon?	10	11	90.91%
13A. Have you filed a complaint with Carelon within the past year?			
13B. If yes to 13A: Were you satisfied with the outcome of your complaint?	0	0	0.00%
14. Are you aware of how to file a grievance with Carelon if your services were denied?	10	11	90.91%
15A. Have you filed a grievance with Carelon within the past year?			
15B. If yes to 15A: Were you satisfied with the outcome of your grievance?	1	1	100.00%
16A. Do you use medical assistance transportation?			
16B. If yes to 16A: Are you satisfied with their service?	10	11	90.91%
17. FOR CHILDREN: If you participated in an Individual Planning Meeting, were you satisfied with the Individual Planning Meeting process?	0	0	0.00%
18. Are you satisfied with your primary care physician?	10	10	100.00%
19. Overall, are you satisfied with the behavioral health services (your therapist, doctor and/or other staff you see) you are receiving?	11	11	100.00%
20. How hopeful are you about your (or your child's) future since receiving services?	10	11	90.91%

24 What effect has the treatment you received had on the quality of your (or your child's) life?	
Number answered as "Much better" and "Little better":	9
Total:	9
Percent:	100.00%

Number of Surveys: 11

Totals: 164 169 97.04%



Dates: 7/1/2024 - 9/1/2024

Provider: GOODWILL OF SOUTHWESTERN PA

	#Yes	Total	%
25. Staff treat me with respect regarding my cultural background (race, ethnicity, religion, language, age, sexual orientation).	11	11	100.00%
26. The doctor worked with me to get on medications that were most helpful to me.	4	4	100.00%
27. Staff encourage me to do things that are meaningful to me.	11	11	100.00%
28. Mental health services helped me get or keep employment	5	7	71.43%
29. My family gets the education or supports they need to be helpful to me.	6	6	100.00%
30. The services I am receiving are consistent with recovery based principles such as, focusing on things that I think are important and including people who are important to me.	11	11	100.00%
31. I have a place to live that feels like a comfortable home to me.	11	11	100.00%

Number of Surveys:

11

Totals:

164 189 97.04%



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

October 31, 2023

Mark J Schiemer, Program Compliance Specialist, Quality Assurance
Goodwill of Southwestern Pennsylvania
118 52nd Street
Pittsburgh, Pennsylvania 15201

RE: Union Station Clubhouse
100 Corporate Crossing Road
Uniontown, Pennsylvania 15401
Psychiatric Rehabilitation, Clubhouse
License #446350

Dear Mr. Schiemer:

As a result of the Department of Human Psychiatric Rehabilitation Services' annual licensing inspection on October 27, 2023, we have found the above program to be in compliance with Title 55 Pa Code Chapter 5230.

If you have any questions regarding the licensing process, please contact Mr. Leonard Davis of the Pittsburgh Field Office by phone at (412) 565-2555 or by email at leodavis@pa.gov.

Sincerely,

Richard J. Latsko
Community Program Manager

Enclosures

c: Licensing Administration
OMHSAS Business Partner Support Unit
Fayette County BH Administrator
OMHSAS Licensing Management Technician
Pittsburgh Field Office

Department of Human Services
Office of Mental Health and Substance Abuse Services
LICENSING INSPECTION SUMMARY

Name of Surveyor(s): Leonard Davis

Date(s) of Visit: 10-27-23

Announced Visit Unannounced Visit

Facility/Program Information

Name of Facility: Union Station Clubhouse

License/Approval Number: 446350

Address of Facility: 100 Corporate Crossing Road,
Uniontown, PA 15401

Type of Program: Psychiatric Rehabilitation, Clubhouse

Phone Number: 724-439-9311

Inspection Information

Type of Inspection: Initial Renewal Complaint Incident

Inspection Results: No Deficiencies Identified (No Plan of Correction Required)

Signature

OMHSAS Staff Approval (signature): *Leonard Davis*

Date: 10/27/23