

# 2017 Annual Outcome Report



## PROVO CANYON SCHOOL

Hope • Heal • Inspire

# Our Outcomes

Provo Canyon School continually seeks to improve upon the services we provide. In order to accomplish our goal for quality improvement it is imperative that we make informed and data-driven decisions for the specific purpose of improving care and outcome. Also, it is important that we share our findings with all who have an invested interest in the success of our services and our clients. The information in this report reflects our current, annual outcomes for the period of June 2016 through May 2017. During this period Provo Canyon School **successfully discharged 341 clients** from our care and provided over **77,000 patient days of service**. Our dedication and commitment for ensuring continual treatment enhancements, quality improvement and greater outcome is a core foundation to our continued success that has been a part of Provo Canyon School for the past 45-years.

## Former Client Statement:

“Your program is the greatest. I can’t imagine my life without the help you gave me.” —Jenny (Illinois)

Our outcome results are arranged in three general areas or categories of focus; **Client Satisfaction, Treatment Effectiveness, and Overall Program Safety**. Each outcome measurement is continually assessed throughout the year, monitored by our senior leadership team, contributes to program enhancement decisions, and is reported-out to our partner stakeholders, professional associations, oversight agencies, recipient clients and families, and other interested parties.

As a result of our national client-base and wide-array of contractual agreements, Provo Canyon School is continually monitored by multiple federal, state, county and independent agencies in accordance to our legal and contractual requirements. We appreciate and welcome the oversight, resources and support provided by these independent agencies.

Our continual improvement philosophy is to (1) always seek relevant advice and constructive feedback regarding our services and care and (2) continually evaluate ourselves internally with regards to the service delivery, safety and treatment outcome. Our commitment for ensuring that each client is provided with the best possible care available includes the expectation that we are continually evaluating ourselves, our effectiveness, and the quality of care we provide as well as implementing continual measures for improvement based on the results we obtain.

# Client Satisfaction



Upon Discharge, each patient is given the opportunity to provide feedback regarding their satisfaction with the care they received. The survey consists of 16 statements that the client ranks either in agreement or disagreement based on one of five possible responses; 1 = Strongly Disagree, 2 = Disagree, 3 = No Opinion, 4 = Agree, and 5 = Strongly Agree. The above graph represents 341 discharges with a 98.8% survey return rate or in other words a total of 337 self-report surveys administered and completed over the past 12-month period. The key takeaways or items of importance are as follows:

- The top three scores rated by clients were:
  - *"I understand the importance of following my discharge plan"* with an average score of 4.98 out of a possible 5.00 maximum score.
  - *"I feel better now than when I was admitted"* with an average score of 4.95 out of a possible 5.00 maximum score.
  - *"I had input into my treatment plan goals"* with an average score of 4.93 out of a possible 5.00 maximum score.
- The lowest three average scores rated by clients were:
  - *"I was satisfied with the food"* with a score of 4.28 out of a possible 5.00 maximum score.
  - *"The environment was clean and comfortable"* with a score of 4.70 out of a possible 5.00 maximum score.
  - *"I was satisfied with the unit/program staff"* with a score of 4.77 out of a possible 5.00 maximum score.
- Over the past 12-months there has been trend improvement on satisfaction scores given by discharged clients. Year over year scores indicate continual improvement in satisfaction

rating by clients.

- Patient Satisfaction scores reveal that 98% of our students gave PCS the highest rating of feeling better at discharge than upon admission. As a result, Provo Canyon School was recently recognized as being in the Top 5 RTC's for UHS facilities for patient satisfaction.

## Treatment Effectiveness

We continuously monitoring the effectiveness of our treatment and care based on individual success and as compared with a national average across mutiple, simular services. The use of these measures allow us to ensure that the services we provide provides the positive effects our clients are seeking in treatment. We utilize three nationally recognized tools that are commonly employed to determine pre-post change factor from the time of admission through discharge. The instuments used are:

- Brief Psychiatric Rating Scale for Children (BPRS-C)
- Child and Adolescent Behavior Assessment – Informant (CABA-I)
- Child and Adolescent Behavior Assessment – Youth (CABA-Y)

### Former Client Statement:

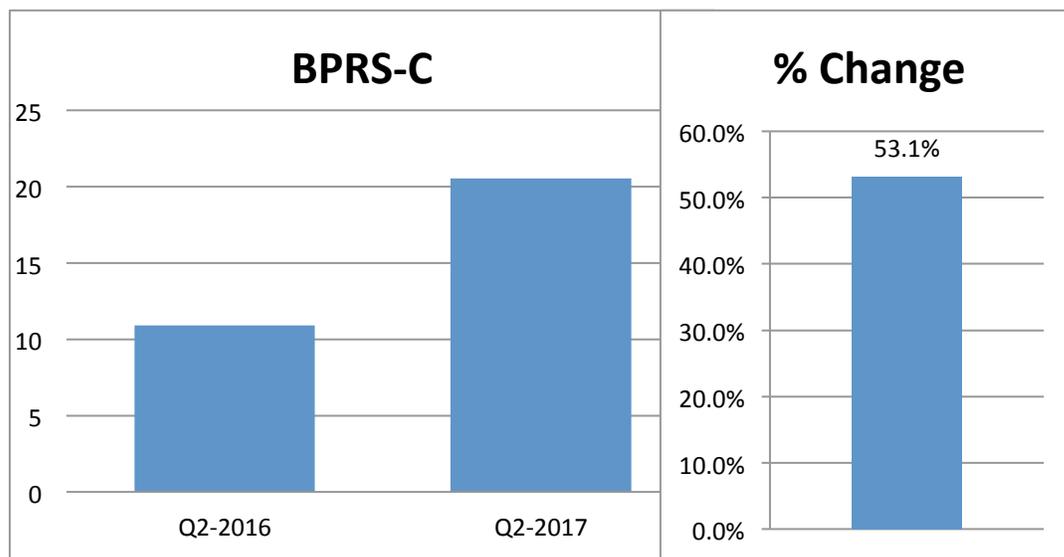
*"I'm now the man and father I am today because of them. They saved my life." —J.B. (California)*

**BPRS-C:** The Brief Psychiatric Rating Scale for Children is a clinician-based rating scale designed for use in evaluating psychiatric problems of children and adolescents. It was developed to provide a descriptive profile of symptoms applicable to a broad range of child and adolescent psychiatric disorders and is increasingly used as an outcome measure in research, managed care, and public sector child/adolescent clinical settings.

The BPRS-C includes 7 relatively independent factors represented by three items each. Factors: Behavior Problems, Depression, Thinking Disturbance, Psychomotor Excitation, Withdrawal Retardation, Anxiety, and Organicity. Ratings are based on a 7 point Likert scale, from "Not Present" to "Extremely Severe" which are assesed and assigned by a trained and licensed professional.

As an outcome tool, we administer the evaluation at the time of admission and upon discharge to determine the overall change factor as well as to determine specific subscale changes over the course of treatment. The following graph illistrates that Provo Canyon School

has been able to positively effect the amount of average symptom severity through the application of our treatment model from the time of admission to discharge. In conjunction, the results demonstrate that overall **positive change has improved by 53.1%** from the initial Q2-2016 results to our most recent Q2-2017 results.



**CABA-I and CABA-Y:** The Child and Adolescent Behavioral Assessment is an interanally developed assessment tool used across multiple behavioral health facilities nation-wide. It’s primary function is to capture a self-reported **change score** from both the client and an infomant (parent or other) which reflects both what changes have been made (change in emotional perception, functioning behavior and adaptive coping skills) as well as the degree of change success based on a period of time in treatment (from point of admission to discharge).

**Parent Statement:**

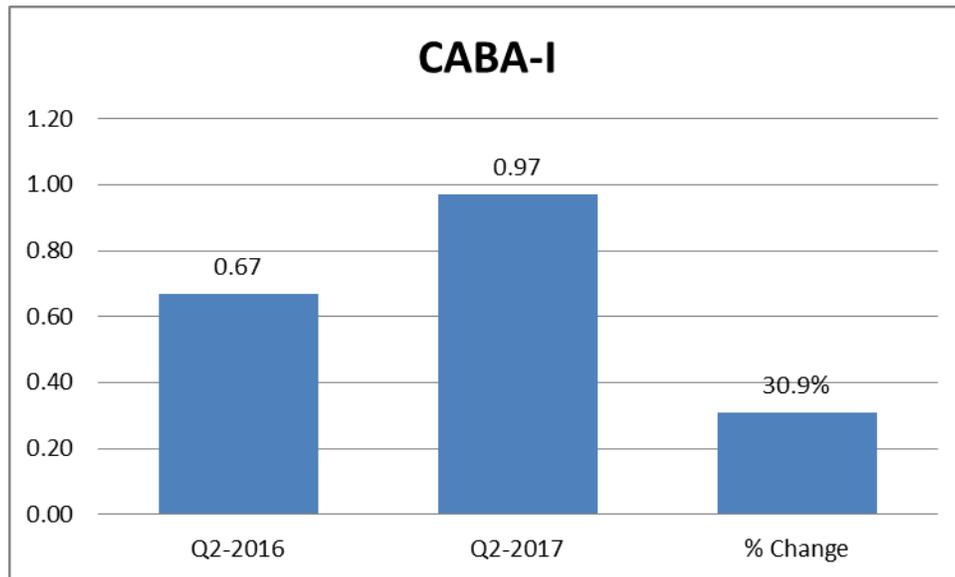
*“I had thought we had lost our son but through you we have found our boy again.” —Matt (Idaho)*

The Child and Adolescent Behavioral Assessment – Informant (CABA-I) is provided for the parent or other informant to report objective observations regarding possible behavioral gains according to specific areas of functioning while the Child and Adolescent Behavioral Assessment – Youth (CABA-Y) is provided for the youth (child or adolescent) client to self-report on similar, coorilating areas of functioning. The assessment is designed to accommodate accurate self report regarding specific change in identified trouble areas by the youth client and by the parent.

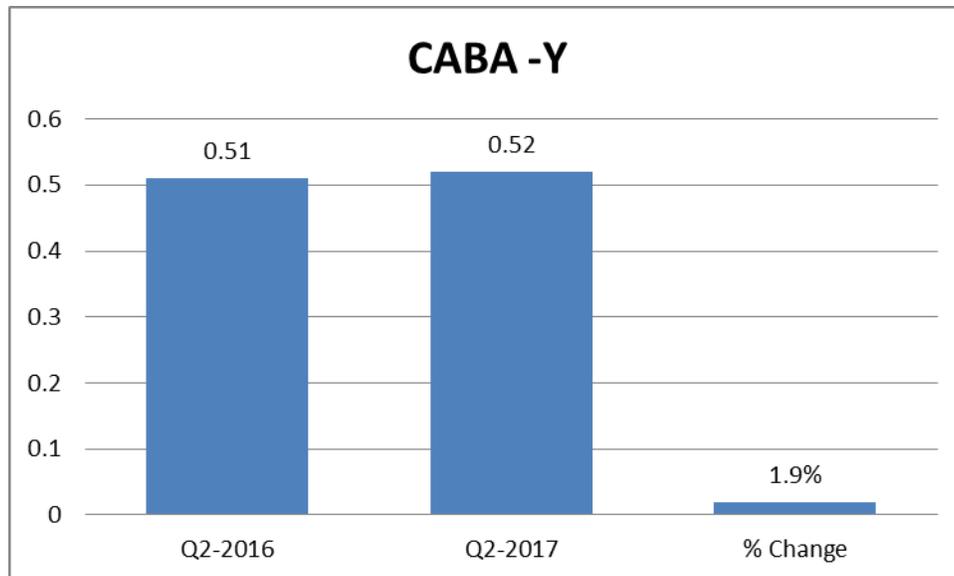
Both the CABA-I and the CABA-Y are evaluation tools that produce an overall reported “change score” based on the results of the assessment taken upon admission and just prior to discharge. Both instruments also provide effective information regarding specific areas of greatest impact as reflected in grouping of individual change scores relating to specific areas of improvement. The assessment itself is comprised of 32-questions for which the respondent evaluates and provides a measured response.

The use of this tool allows our administrative team to identify to what degree our clients are successfully achieving the emotional and behavioral change in order to effectively overcome their areas of challenge or problem. These tools also allow us to determine if we are becoming better at supporting our clients change by assessing the rate of identified change over time. Using a comparison approach to evaluate treatment effectiveness we can determine if the service we are providing today are accomplishing better, the same or worse results than were accomplished 12-months ago or any other identified time period.

As indicated in the following graph, the CABA-I scores resulted in an average change score of 82.4 percent over the past 12-month period. A comparison of change scores captured in Q2 of 2016 as compared to Q2 of 2017 reveal that we have effectively increased our change score by 30.9% in approximately 12-months time.



The CABA –Y overall results compared over the past 12 months show that our youth clients reported effective success in addressing their emotional and behavioral needs. On an average the success reportedly was less than that reported by the parent or informant (CABA-I results). Also, the change score did not significantly improve over the past 12-months as compared to the change score reported by the informant or parents. As shown in by the following graph, the CABA-Y has an average change score of 51 percent for the past 12-month period.



**Referral Source Statement:**

*“This is the third out-of-home placement for my client and this is the first time they have been able to be safe and successful.” —Linda (California)*

## Client Safety

Ensuring the safety of our clients during their care and treatment with us is the first and foremost focus of our leadership and staff. Client safety is comprised of two essential elements: 1) management of potential risk or harmful elements within the environment of care, and 2) training staff to be continually vigilant in regards to client safety as well as expressing respect and sincere concern for the client at all times. As part of our annual outcome assessment and continual improvement process, our leadership is focused on monitoring all safety conditions daily throughout our facilities and treatment services. Multiple systems are in place to manage any physical, medical, and situational elements that may impact the safety of our clients.

However, the ultimate test to determine if a treatment program is successful regarding client safety the reported experience of the client themselves. Over the past 12-months each of our clients upon discharge were asked to report their experience in regards to their having felt safe while in our care. The client was able to respond with one of five responses; 1-“strongly disagree”, 2-“disagree”, 3-“no opinion”, 4-“agree” or 5-“strongly agree”. Following is the results:

- Responses were collected from 337 out of 341 discharged clients or 98.8% of the discharged clients provided a response.
- Each client was asked specifically to responded to the question of "I felt safe while there".
- The average score based on a possible scale of 1 to 5 was 4.80 suggesting that in response to the question safety, the majority of the clients reported feeling safe while in care.

## Contact Us

If you would like to learn more about Provo Canyon School, our treatment programs and our outcome research project, please contact us at 1.800.848.9819.

