2018 OUTCOME STUDIES

SERVICE ACCESS STUDY:

This study addressed the ease or difficulty in accessing the psychotherapy services of the corporation. The methodology used incorporated a review of randomly sampled referral tracking data sheets and/or intake data from our scheduling systems. Of 10,671 new clients entering treatment across all treatment modalities during fiscal year 2018; 10% or 1,067 were reviewed for this study.

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

- 12.25% of new clients were seen within 4 days of their call.
- 81.23% of new clients were seen within 7 days.
- 6.52% were seen by a professional within 8 days or more.
- 87.5% entered treatment within 9 business days of their initial contact with the clinic.

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 very positive and will continue to work to reduce barriers to treatment.
1. Are you satisfied with the services you are receiving from your therapist?

- Yes: 1458
- No: 14

Total respondents: 1472
2. Would you re-enter treatment at this facility?

- Yes: 1444
- No: 2

TOTALS: 1446

3. Would you recommend this program to a friend?

- Yes: 1375
- No: 32

TOTALS: 1407
4. Are you experiencing a reduction in the symptoms that brought you to counseling?

- Yes: 1167
- No: 173
5. Are you experiencing any barriers in or to the clinic?

- Yes: 114
- No: 486

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

- Yes: 151
- No: 173
7. Did you feel you needed treatment?

- Yes: 290
- No: 215

TOTALS
8. Have you had scheduling issues?

- Yes: 136
- No: 383

9. Do you agree with the treatment recommendations given?

- Yes: 471
- No: 18
10. Do you connect with your therapist?

Client Satisfaction Survey for Children

Score (10 is the best)
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<tr>
<th>Clinic</th>
<th># Surveys</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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<th>Q5</th>
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Answered: 12A 12B 12C Q13
OPC 3rd and 4th Q2018
CLIENT SATISFACTION SURVEY

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

- Yes: 671
- No: 130

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

- Yes: 625
- No: 135

3. Would you recommend this program to a friend?

- Yes: 593
- No: 133
4. Are you experiencing a reduction in the symptoms that brought you to counseling?

- Yes: 497
- No: 168

TOTALS
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?

TOTALS

- Yes: 312
- No: 71
8. Have you had scheduling issues?

- Yes: 90
- No: 302

9. Do you agree with the treatment recommendations given?

- Yes: 288
- No: 85
10. Do you connect with your therapist?

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

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<tbody>
<tr>
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2. Would you re-enter treatment at Oakland Psychological Clinic?

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3. Would you recommend this program to a friend?

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

- Yes: 35
- No: 9

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

- Yes: 2
- No: 7

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

- Yes: 1
- No: 5
7. Did you feel you needed treatment?

TODAY'S TOTALS:
- Yes: 9
- No: 0
10. Do you connect with your therapist?

- Yes: 5
- No: 3

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

- Yes: 17
- No: 5

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

- Yes: 19
- No: 2
3. Would you recommend this program to a friend?

- Yes: 19
- No: 3

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

- Yes: 15
- No: 6
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?

- Yes: 3
- No: 0

 Totals
10. Do you connect with your therapist?

<table>
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