Outpatient Services

Quality Improvement

Report

July 1, 2022- June 30, 2023

GLADE RUN
LUTHERAN SERVICES
Serving Our Communities Since 1854

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Introduction

The purpose of the Outpatient Annual Quality Improvement Report is to review and highlight the program's growth and success over the past year, as well as potential programmatic areas of improvement. Glade Run has continued to grow the Outpatient Services provided, expanding into Venango, Clarion and Lawrence Counties, while continuing to evaluate areas of improvement. The program continues to audit internal processes and procedures and make proper adjustments for overall quality care of the clients served, while being an active participant in the overall agency's Quality Improvement Committee.

Service Descriptions

Outpatient/SBMH

The Outpatient Behavioral Health program is designed to assist children, youth, students, individuals, couples, and families in improving their mental health needs through individualized treatment and psychotherapy. These counseling services are designed to focus specifically on the client's mental health diagnosis, presenting symptoms and contributing factors. Therapists provide assessment and collaboration with other mental health providers to design a course of treatment to improve the client's overall symptoms and return them to their previous level of improved functioning. Individual, family, couples, and/or group therapy modalities can be used throughout treatment depending on the client's needs. Psychiatric evaluations, medication management and clinical collaboration can be provided through a licensed psychiatrist or a psychiatric nurse practitioner. School Based Mental Health Partnership Therapists provide psychotherapy services to children and youth in their school setting using individual, group, and family therapy modalities. Glade Run clinicians utilize evidence-based practices within the scope and boundary of their education and training. The target population served is children age 2 through adults who are experiencing mental, behavioral, and/or emotional symptoms that impact daily functioning, and meet criteria for a primary mental health diagnosis in the Diagnostic and Statistical Manual, Edition 5 (DSM-5) and who also meet outpatient level of care admission criteria.

Glade Run Outpatient Program provides in-office therapy, school-based therapy, and outpatient psychiatric care for individuals experiencing difficulty coping with adversity in life, traumatic experiences, or mental health issues. Services may include individual, family, group therapy, and couples counseling for those across the lifespan, as well as medication management and psychiatric evaluations.

Clinicians may use several approaches and interventions depending on the individualized need of the client. These interventions can include (but are not limited to) behavior modification techniques, cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), motivational interviewing (MI). Trauma-focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), Rogerian techniques, mindfulness, family systems, and person-centered treatments. Specific treatments and interventions are outlined in the individual treatment plan. Glade Run supervises clinicians to utilize evidence-based practices within the scope and boundary of their education and training.

PMM

The Psychiatric Mobile Medication (PMM) Program serves adults with a primary diagnosis of Seriously Mentally Ill (SMI). Adult SMI individuals (18-65 years of age), and Elderly SMI individuals (above 65 years of age) are targeted to receive this service. Individuals with a primary diagnosis of intellectual disability, substance use disorders, dementia, traumatic brain injury, or other primary medical conditions are not considered candidates for this service. Individuals targeted for this service generally have histories of repeated acute inpatient admissions or admissions to Torrance State Hospital (TSH) and patterns that include poor medication adherence or consistent substance utilization post discharge. PMM provides needed support and skill development to those individuals who have a high degree of functional impairment associated with medication adherence that impacts ability to consistently remain independent and in the community.

The primary goal of the service is to assist the individual in achieving and maintaining the ability to remain compliant with their medical and psychiatric medications, and learning to manage their medication regimen independently, as prescribed. This will primarily be achieved through education and transferring of skills by gradually enabling individuals to manage their medications more effectively and independently. As individuals gain knowledge and skills related to managing their medication program, it is expected that their risk of psychiatric hospitalization, because of incorrect or improper use of medications, will decrease. It is further expected that as individuals gain skills and knowledge related to their medication program that the majority of the individuals in the program will notice that their symptoms will stabilize, improving their ability to maintain independence in the community and responsiveness to outpatient services as well as their ability to engage in recovery planning. PMM services are designed to achieve the following objectives: To assist an individual in achieving and maintaining mental health stability by ensuring that psychiatric medication are taken as prescribed by the physician; To increase the individual's recognition and awareness of the importance and purpose of taking medications as prescribed; To improve their skills related to managing their medication and their ability to manage their medication program independently; To increase their knowledge of the purpose and function of their prescribed medication including desired benefit and potential side effects; To monitor and coordinate with the prescribing physician any side effects experienced by the individual which often contribute to deviations from the prescription; To increase communication between the individual and the prescribing physician related to their response to medications, symptom management, and side effects; To monitor potential usage of other medications that are potentially contra-indicated or dangerous in combination with prescribed psychiatric medications and to coordinate prescribed physical health and psychiatric medications across various physicians and specialists; To dispense and oversee individual self-administration of medications or individuals at very high risk of mental health crisis and hospitalization, and have demonstrated a historic inability to manage their prescriptions or medication regimens.

Dear Mind

Dear Mind is a program designed to improve the services and supports available to transition-age youth and young adults (ages 13-26), in Beaver County who are at clinical high risk for psychosis and other serious mental illness. The primary goals of Dear Mind are to screen and treat participants early in order to provide hope for recovery and resume age appropriate social and educational activities. Dear Mind also supports education and employment goals as well as intensive efforts to connect participants with community providers. Screening tools (PRIME and SIPS (structured interview of psychosis)) are utilized to determine criteria for Dear Mind service eligibility.

Demographics

Program	Total # of clients Served		Admissions		Discharges		Average length of Stay	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
PMM	84	52	42	52	33	8	217.79	82.63
OP	861	798	734	766	549	432	523.83	603.02
SBMH	2030	1886	370	359	305	347	574.37	563.36

The clients served in PMM increased by 62% in 22-23. This can be correlated to the growth of the new program, as 22-23 was the first full year this program served clients. This can also be attributed to retention of clients who started the program in its initial year, due to their SMI, have remained in the program.

The clients served in OP increased by 8% in 22-23 and in SBMH increased by 7.6% in 22-23 respectively. This can be attributed to ongoing expansion of the outpatient clinics and schools served by the SBMH program. The SBMH Outpatient model has expanded into Lawrence and Clarion Counties during 2022-23.

Gender 22-23

Program	Blank	Male	Female	Total
OP	21	377	463	861
SBMH	63	939	1028	2030
PMM	0	49	35	84

The gender distribution in each program is relatively evenly distributed, with slightly higher female population in Outpatient and SBMH, and slightly higher male population in PMM, with the following percentages:

OP: 45% male/55% female

SBMH: 48% male/53% female

PMM: 53% male/47% female

Age 22-23

Program	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	Totals
OP Female	15	132	68	64	70	64	45	5	463
SBMH Female	180	830	18	0	0	0	0	0	1028
OP Male	33	152	59	50	37	33	13	0	377
SBMH Male	249	684	6	0	0	0	0	0	939
OP blank	1	6	5	3	5	1	0	0	21
SBMH blank	8	54	1	0	0	0	0	0	63
PMM male	0	1	13	9	8	11	6	1	49
PMM female	0	0	7	2	7	7	9	3	35

The ages served by SBMH/OP/PMM ranges from (0-9) to (70+), with the majority of clients served being in the age range between (0-39). The SBMH clients fall in the school-age ranges, and due to the high number of SBMH clients served, this increases the number of clients served in these age ranges.

Referrals

Program	# of Referrals 22-23	# of referrals admitted	% admitted out of referred	Average days from referral to admission
OP (including SBMH)	1665	1048	63%	48.7
PMM	47*	45	95.7%	15.6

* PMM does not currently have a Referral Report set up within the EMR. This information was gathered using a referral tracker kept by Referral Specialist and cross referenced with the Population report.

As seen in the chart above, the rate of admission for OP is 63% and the rate for admission for PMM is 95.7%. Factors that influence the admission rate, as well as the average days from referral to admission include availability of therapist/staff to open the case based on current caseloads and follow-up/engagement from the client to schedule the admission. In addition, referrals are often made to both outpatient and PMM prior to discharge from LTSR/Inpatient Hospital/Group Home/Prison. In this case, this causes the time frame from referral to admission to be longer.

OP Days from Referral to admission 22-23	# Admitted	% of all referrals
0-7 days	179	17.1%
8-14	214	20.4%
15-21	130	12.4%
22-28	78	7.4%
29-35	61	5.8%
36-42	54	5.2%
43-49	36	3.4%
50-379	296	28.2%

As stated above, there are several external factors that can influence the time between referral and admission.

PMM Days from Referral to admission 22-23	# Admitted	% of all referrals
0-7 days	21	46.7%
8-14	14	31.1%
15-21	4	8.9%
22-28	0	0
29-164	5	11.1%

The wait time for PMM referral to admission is much lower than OP/SBMH, and this is mainly due to the rapid growth of the program, availability of staff to coordinate intakes quickly, and at times in the community, and assistance from BCMs and other community resources to coordinate admissions. The timeframe is influenced by referrals made when clients are still in a treatment or placement setting, which prevents the admission from occurring until the client has re-entered the community.

Discharges and Admissions

49 Primary diagnosis were represented for the program year and 14 consumers diagnosis were blank. The chart below includes the top 4 for each age range.

Admission Primary Diagnosis most prevalent

Outpatient including SBMH

Age Range	Top Primary Diagnoses	# of Consumers
3-10	Adjustment DO All types	137
	ADHD All types	95
	Generalized Anxiety DO	27
11-18	Adjustment DO All Types	210
	ADHD All Types	131
	Generalized Anxiety DO	72
	Major Depressive DO	63
19-26	Adjustment DO All types	9
	Generalized Anxiety DO	8
	Major Depressive DO	8
27-34	Bipolar DO All Types	5
	Generalized Anxiety DO	3
	Major Depressive DO	3
35-42	Generalized Anxiety DO	3
	Major Depressive DO	3
	Schizoaffective DO	3
43-50	Adjustment DO All types	2
	Bipolar DO All Types	2
	Major Depressive DO	4
	Schizoaffective DO	2
51-58	Major Depressive DO	3
59-66	Major Depressive DO	6
	Bipolar All types	2

As reflected in the chart above, the three to four primary diagnoses by age range are represented. The age group of 3-18 has a high number of clients, due to the growing School-Based Mental Health program serving children and adolescents.

PMM

Diagnosis	Primary Diagnosis	Secondary Diagnosis
ADHD	1	2
Alcohol Use DO		1
ASD	1	
Bipolar All types	9	1
Generalized Anxiety DO	2	6
Gender Dysphoria		2
High Expressed Emotion		1
Intermittent Explosive DO		2
Major Depressive DO	9	1
Opioid Use DO	1	1
PTSD		5
RAD		1
Schizoaffective DO	15	2
Schizophrenia	1	
Stimulant Use DO		1
Unspecified Anxiety DO		2
Unspecified Bipolar	1	

Unspecified Psychosis	1	
Unspecified Schizophrenia	1	

PMM services primarily the SMI population. This is evident by the chart above, which shows the top three diagnoses being served are Schizoaffective Disorder, Bipolar Disorder, and Major Depressive Disorder. These three diagnoses represent 79% of clients served by PMM.

Satisfaction Surveys

1. Initial

7 surveys were completed for initial consumers. Participation included 5 from School Based Mental Health and 2 from Outpatient.

- 6 out of 7 responders reported their services were scheduled and their intakes took place in a timely manner.
- 100% felt that the staff were respectful.
- All 7 stated they understood their and the agency's responsibilities in participating in the program.
- 100% felt during the intake process they were able to openly communicate and be honest about their feelings without judgment.
- All 7 consumers said they were asked for their input about strengths and needs of them and their family. This data was the same when asked if the family was part of the treatment planning and goal setting.
- 6 out of 7 stated they knew how to file a grievance or complaint.
- 100% stated they would feel comfortable filing a complaint if they had a problem.
- 6 out of 7 said they were made aware that there are other service providers available to use if they choose.

2. During Treatment

76 ongoing treatment surveys were completed by consumers. 73 were from SBMH and 4 were from Outpatient.

- 76 out of 77 responders stated the agency is meeting the recommended frequency and staff are respectful and welcoming.
- 70 out of 77 consumers stated they did not have any changes in staffing and only 1 indicated that it impacted their treatment program.
- 49 said they have been part of updating the treatment plan if goals had been achieved and 3 said they had not.
- 2 out of 77 said they have had to utilize the grievance process. and felt new barriers arose that Glade Run could not assist them with.

- When asked if overall, they are satisfied with Glade Run, 3 strongly disagreed, 2 were neutral, 33 agreed and 39 strongly agreed.
- In response to, if they felt they are making progress on goals or learning new skills 1 disagreed, 5 were neutral, 39 agreed and 31 strongly agreed.
- When asked if their therapist has been effective in achieving goals, 1 strongly disagreed, 5 were neutral, 37 agreed and 33 strongly agreed.

3. Discharge

31 discharge surveys were completed by consumers and 24 were SBMH and 7 were Outpatient.

- 24 out of 30 stated they were part of the discharge planning process
- 19 out of 29 stated they felt staff helped them build a supportive network in their community.
- 14 out of 17 stated they understand the medication management follow-up process
- 10 out of 17 said that a staff member has talked to their next provider to help with the transition process.
- 30 out of 31 consumers were not transitioning to another Glade Run service.
- 45.16% strongly agreed that services were helpful, 19.35% agreed, 22.58% were neutral, 6.45% disagreed and 6.45% strongly disagreed.
- 36.67% strongly agreed when asked if they met their goals, 13.33% agreed, 26.67% were neutral, 13.33% disagreed and 10% strongly disagreed.
- 35.48% strongly agreed their needs were met by the program, 29.03% agreed, 12.9% were neutral, 12.9% disagreed and 9.68% strongly disagreed.
- 41.94% strongly agreed that they would recommend Glade Run to someone else, 25.81% agreed, 22.58% were neutral and 9.68% strongly disagreed.

- 38.71% strongly agreed they are confident the skills they have learned can be used in the home, community or school, 22.58% agreed, 25.81% were neutral, 3.23% disagreed and 9.68% strongly disagreed.

4. External Surveys

We received 17 surveys from an external source. The Butler County Consumer/Family Satisfaction Team provided us with the survey they received. 12 were for MH Outpatient/IOP and 5 were for SBMH and they were for the time period July 2022-June 2023.

MH Outpatient/IOP:

- When asked if they knew they could choose where to get treatment, 11 stated yes and 1 did not respond.
- All 12 stated the provider staff were respectful and friendly and once they first called they were scheduled in a timely manner. They also all stated the provider is conveniently located.
- When asked if they had a problem with the provider/site would they feel comfortable filing a complaint, 12 stated yes.
- 11 stated they were asked to participate in treatment planning goals and 1 said they were not.

- 5 wanted to participate in treatment planning and 6 did not. Of the 5 who participated all 5 stated the provider involved them in planning/goals.
- All 12 were made aware of support services in the community.
- 11 out of 12 stated they are overall satisfied with services they are receiving. The one who stated no was dissatisfied with their psychiatrist stating they were "rude" and "unfriendly".
- When asked how hopeful they were about their future since receiving services: 8 were Almost Always/Always Hopeful, 3 were Often Hopeful and 1 said it did not apply.
- In the last 12 months, 11 respondents stated they were able to get the help they needed and 1 said sometimes.
- All 12 stated they were given the chance to make treatment decisions.
- When asked what effect the treatment they received had on the quality of their life: 10 stated much better and 2 stated a little better. For those who stated it got better they provided examples: "Keeps him grounded in life and be able to socialize in the community", "The medication he is on is working well for him", "I've continued moving forward and making progress with my social anxiety and my medicines, I'm happy and satisfied", "State of mind", "Energy, mood, coping skills", "Feel helped and cared for", "I'm getting better at using my skills, reduces my stress and has improved my quality of life", "I've continued making great progress" and "I'm able to sit down and process things better".

- 11 stated staff treat them with respect regarding their cultural background and 12 stated staff encourage them to do things that are meaningful to them Almost Always/Always.

- When asked if the services they are receiving are consistent with recovery-based principles 11 strongly agree and 1 stated it did not apply.

- When asked what they like about services: 4 stated "Everything, I'm happy with Glade Run", 3 said "Very thorough, respectful and friendly", Others stated "Helps him work on goals and mental health", "Medication is necessary for my son", "Affordable, convenient, doctors, staff and nurses are professional", "Treated like a person not a number" and "How involved they are and how much they listen".

- When asked what they dislike about services, responders said: "Stick to one topic too long", "The psychiatrist" and "Counselor is retiring".

- When asked if they could improve anything they said: "Different psychiatrist" and "Bring back the weekly DBT group. I still use my DBT skills daily but it would be nice to have a little community of people to work on them with"

- Consumers were asked if there was anything else they wanted to say: "Welcoming and hospitable", "start with new counselor iffy", "I would recommend Glade run to anyone seeking mental health services. Before Glade Run, I had bounced around all over 3 counties to receive services and no one in the area comes close to the quality of care I get here", and "They're great to work with".

SBMH:

- All 5 respondents stated the staff were respectful and friendly and when they first called for an appointment, services were scheduled in a timely manner.
- When asked if they had a problem would they feel comfortable filing a complaint, all 5 stated yes.
- All 5 stated yes, they are asked to participate in treatment and goal planning and 4 stated they wanted their family to participate in treatment and goal planning and 1 did not. All 4 that wanted their family to participate noted the provider did involve their family in treatment.
- 100% stated their provider made them aware of support services in the community.
- All 5 respondents stated overall, they are satisfied with the services they are receiving.
- When asked how hopeful they are about their or their child's services, 2 responded Almost Always/Always Hopeful,2 said Sometimes Hopeful and one chose Often Hopeful.
- When asked in the last 12 months did they have problems getting the help they needed, 1 said yes, 1 said sometimes and 3 said never.
- 100% stated they were given the chance to make treatment decisions.
- When asked what effect the treatment they received had on the quality of their life, 2 stated much better and 3 said a little better. When asked to provide examples they said "Behavior issues in school have stopped completely", "School has improved", and "Nice to talk problems out".
- All 5 stated the staff treat them with respect regarding cultural background and staff encourage them to do things meaningful to them.
- When asked if the services they are receiving are consistent with recovery-based principles 4 strongly agreed and one agreed.
- When asked what they like about the services they are receiving they stated, "Having someone to talk to", "Can see therapist in school", "Makes me feel comfortable and is helping with issues", and "I like seeing my therapist in person."
- When asked what they dislike about services, responses included "Would not ask questions about how they feel" and "Sometimes I feel like I'm just a number."
- When asked what they would improve about the services they responded, "Like them to ask more questions", "Have therapist more available" and "I would like to get more advice."

Overall, the survey data is positive, in regards to client involvement and satisfaction. Glade Run utilizes the Sanctuary core principals in every interaction with clients and employees, and this is representative in these results. It is vital that clients are involved in every aspect of their treatment, from admission to discharge. In regards to any unsatisfactory interactions or feedback, Glade Run takes this seriously and is always looking to grow and improve.

Staff and Client Safety

Staff and client safety are a focus of the Quality Improvement team and initiatives. Our agency wide plan targets increased training, safety initiatives and efforts are reviewed by the internal safety committee. The charts below review staff work related injuries and client critical incidents. There were 6 staff injuries that resulted in the loss of work days and transitional duty.

Employee Work Related Injuries July 1, 2022-June 30, 2023

Location	# of Reported Injuries	# of Injuries Resulting in Lost Work Days	# of Total Lost Days	# of Injuries Resulting in Transitional Duty	# of Transitional Duty Days
OP	3	1	13	1	41
SBMH	2	0	0	1	30
PMM	1	0	0	1	133

Client Critical Incidents July 1, 2021-June 30, 2022

Total # of Incidents	Total # of Consumers	Allegations of physical/sexual abuse	Client Injury accident/intentional	Childline/ Neglect	ER visit	Psychiatric voluntary	Suicide attempt	Serious nature/ other	Physical Assault/ abuse
35	33	13 (12 physical/ 1 sexual)	1	4	1	3	6	6	1

24 were listed as OP, 6 SBMH, 5 Multiple Program

Client Critical Incidents July 1, 2022-June 30, 2023

Total # of Incidents	Total # of Consumers	Allegations of physical abuse	allegations of Sexual Abuse	Childline/Neglect	ER visit	Psychiatric voluntary	Suicide attempt	Serious nature/other
85	78	17	9	5	1	7	4	20
	Client death or impending death	Police involvement	Hospital/ Medical	Missing client 24 hours or more	Physical Assault/abuse	Psychiatric Involuntary	Rape/ Sexual Assault	Arrest for any reason
	2	2	6	2	1	7	1	1

28 were listed as OP, 39 SBMH, 10 PMM and 1 Multiple Program

School based critical incidents have increased significantly between the two time periods captured above. Many of the schools and families were still being directly impacted by COVID-19 from 2021-2022 including extended periods of isolation, which resulted in staff not having consistent contact with clients to observe or assess safety appropriately. During the 2022-2023 school year, schools remained open more frequently, and clients began to discuss the impacts from COVID-19 on their mental health as well as disclosure of high-risk situations. Internally, Glade Run has improved the reporting procedures to help capture data efficiently. The improvement around these procedures may also have been a result of the increase of incidents identified in the data above.

STAFF ARE OUR GREATEST RESOURCE

Outpatient Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Transfers	Turnover Rate
7/1/22-6/30/23	68	30	25	76	3	37%
7/1/21-6/30/22	67	33	34	69	3	51%

As reflected in the table above, staff retention has improved and our turnover rate has decreased by 14%. Glade Run has put forth a concerted effort towards employee appreciation and retention. Some of the initiatives

include retention bonuses quarterly, referral bonuses for current employees who refer a new employee, new hire bonuses, quarterly incentive bonuses, Employee Appreciation Day annually that is paid, increased wellness programs, increased pay rates to be more competitive, free licensure supervision program enrollment, and expansion of programs and opportunities. In addition, with the ongoing growth of the outpatient and school-based programs, this has opened up more opportunities for lateral and professional advancement opportunities.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

PMM Disposition at Discharge July 1, 2022-June 30, 2023

Status	Client moved out of the area	Client transferred to LTSR	Client transferred to state hospital	Planned - partial completion of goals	Planned - Successful Completion of goals	Unplanned - client not attending or engaged in services	Totals
# of PMM Clients	3	7	2	5	3	13	33
% of discharged clients	9%	21.2%	6.1%	15.2%	9%	39.4%	100%

33 PMM clients were discharged in 22-23. It is important to note, that due to the nature of the clients being served by PMM, the discharge rate/percentage will be low. This is partly due to the ongoing level of need that these clients present with, as well as their SMI diagnosis. In addition, oftentimes clients involved in PMM require a higher level of care, such as an LTSR or hospitalization, due to chronicity of their symptomatology. This does not indicate an unsuccessful discharge, but rather Glade Run assisting the client in accessing the level of care they need to be safe and improve their overall functioning. PMM is a voluntary program in most cases, therefore the 13 clients who were discharged due to lack of engagement in the service is due to clients choosing to no longer be involved in the program, prior to achieving their goals. This is not indicative of a positive or negative outcome, but simply represents client choice.

Individual Records review

Upon PMM record review, it is apparent that clients involved in the PMM program are educated about their medication at each visit. They are also encouraged to increase their level of independence with their medication, as their ability provides. Each PMM staff member spends a minimum of 15 minutes per medication check with each client, and approximately 60 minutes for an intake. Each medication check/distribution visit focuses on the purpose of the PMM program, which is education, independence and ability to maintain safety and medication

compliance while living in the community. There is evidence of collaboration, both internally and externally, to provide high quality client care.

In addition, the PMM team meets with the psychiatrist weekly to discuss high-risk clients and collaborate clinically in regards to any impacts of medication, side effects, or behavioral/mental health concerns. This is documented in meeting minutes. Adult Treatment Team occurs twice a month, which is a cross-department internal collaboration meeting to discuss any current adult clients who may need additional assistance in a myriad of areas. These provide an additional opportunity to review clinical concerns, as well as any life domain concerns. These meetings are all documented and reflected in the client record.

Upon Outpatient/SBMH client record review, it is clear that client records are reviewed on a regular basis. Upon admission, records are reviewed to ensure all required regulatory documents have been captured appropriately and timely. This includes any necessary releases of information, policy and consents, psychosocial assessment, mental health clinical assessments, crisis plan, and treatment plan. Records are reviewed periodically, with a minimum of each treatment plan review. Other rationales for client record review would be for, but not limited to: record requests, transfer to another therapist, quality department spot checks and audits, high risk client review, treatment or medication review, near sentinel events.

In addition, there are two psychiatric treatment team meetings offered monthly, where case presentations occur for collaboration and feedback. Clinicians prepare a case formulation, which is presented to the psychiatrist and clinical team members for review. Children's Treatment Team occurs weekly, which is a forum where any child or adolescent in the program can be reviewed for high risk behavior, referrals for higher level of care, clinical consultation and feedback, and life domain concerns. Adult Treatment Team occurs twice a month, which is a cross-department internal collaboration meeting to discuss any current adult clients who may need additional assistance in a myriad of areas. These provide an additional opportunity to review clinical concerns, as well as any life domain concerns. Both the Children's and Adult Treatment Teams are made up of clinical supervisors across all Glade Run clinical programs.

Clinical assessment outcomes Outpatient Only July 1, 2022-June 30, 2023

Assessment	# of clients with assessments at admission	Average Score	# of clients with assessments at discharge	Average Score	# of consumers that competed both	Average Difference
GAD	133	9.77	41	5.85	9	4.33
PHQ-9	11	11.82	5	7.8	0	0
PHQ-A	128	9.73	34	4.12	6	7.17

The data collection on reports did not begin until September of 2022 which directly impacted the numbers of initial and discharge assessments. It is anticipated that this data will become more robust for the following year's report. In addition, the GAD is clinically appropriate for ages 13 and above, and the PHQ-A is clinically appropriate for ages 11-17, and the PHQ-9 is clinically appropriate for ages 18 and over. Therefore, there is a significant amount of outpatient school-based clients who do not complete these two assessments, due to their age. There are also instances where a discharge occurs that is unplanned, for various reasons, and these discharge assessments cannot be completed.

Telehealth/Utilization

Program	# of Telehealth services	# of Total Services	% Telehealth
OP Allegheny	914	1068	85.6%
OP Beaver	2667	4355	61%
OP Butler	3298	4242	77.7%
OP Zelienople	2690	3589	75%
SBMH Beaver	97	2419	4%
SBMH Butler	1276	15961	8%
SBMH Lawrence	0	84	0%
SBMH Pittsburgh	2914	18318	15.9%
Therapeutic Classrooms	158	1205	13.1%

Utilization of telehealth therapy services continues to be vital to the clients served by Glade Run. Telehealth is used for a myriad of reasons - client request, health issues, transportation issues, and convenience for the client. There is an increased percentage of attendance to telehealth sessions versus in-person sessions, and this could be due to the convenience. It has also assisted clients over 14 to attend therapy sessions when their parent/guardian could not provide transportation to the office. The highest percentage of telehealth utilization was in Allegheny County, which is due to the transition of office spaces and re-establishing a set office location within Allegheny County.

County Specific Outcomes Data

Butler

Urgent Psychiatric evaluation slots

56 Urgent PE Slots were provided by Dr. Rock. Of those, 27 slots were scheduled and 20 attended and 7 were no shows for the appointments.

Butler CAC client Collaboration

Glade Run collaborates with the Children's Advocacy Center to help support children who are going through the process of forensic investigation and allocations of child abuse. During the reporting period we received two documented referrals from the Child Advocacy Center as a result of our collaboration.

Beaver

Urgent Psychiatric evaluation slots

This service information was not tracked or provided during this reporting period but is being utilized during the 22-23 program year.

Dear Mind Client Data - Number of Prime Assessments completed

85 Primes were completed and 4 consumers had more than one. 31 (36%) were noted as eligible for Dear Mind services. Clients were from a variety of programs including BCM, FBMH, IBHS, Outpatient, PHP and PRS. Outpatient attributed for 62 of the Primes completed. Beaver Falls completed 69 of the 85 assessments.

Summary

Glade Run continues to be a client-focused agency, with a strong emphasis on client engagement, independence and resiliency. Utilizing the Sanctuary Model guides Glade Run's interactions both with clients and employees, and this has been extremely beneficial. While Glade Run continues to work towards excellence in client care, there is also a significant focus on employee wellness and retention, which is evident in the information reported above.

Over the past year, there has been an increase in clients served in all Outpatient programs. This is due to the ongoing expansion of the school-based mental health program, clinic-based services, and mobile medication program. While client numbers have increased, employee turnover has decreased, which contributes to increased consistency in client care.

In regards to client satisfaction, 93% of clients surveyed, both internally and externally, agreed or strongly agreed with being satisfied with Glade Run. In addition, all surveyed indicated they were involved in treatment decisions. This speaks to Glade Run's commitment to client-first treatment and engagement in services.

Discharge outcomes across Outpatient programs have improved, with improvements in the GAD-7 and PHQ-9 evident at discharge. This will continue to be a focus, moving forward.

Ongoing focus will continue to be in evidence-based practice and ongoing training in this area, as well as employee professional development and retention, which all contribute to Glade Run's focus on excellence.

Next Steps and Strategic Plan:

Quality Initiative	Task	Responsible Party
PMM - utilization, injection, meds only, both, hospital discharge disposition	Need to develop a system to track this information to be able to report on in next year's Quality Improvement Report.	Outpatient Leadership
Training - analyze how staff are being supported and encouraged to participate in EB treatment training.	Utilize supervision to discuss client diagnosis and staff training needs. Document recommendations for identified training and impact in supervision notes.	Outpatient Leadership
Document no show/cancellation data compared to total billable services	Work with the IT department to utilize existing reports or develop a report that could provide this information.	QI and IT Departments