Blended Case Management Quality Improvement Report

July 1, 2023 – June 30, 2024

GLADE RUN
LUTHERAN SERVICES
Serving Our Communities Since 1854

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Introduction

The purpose of the BCM 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 provides Blended Case Management services for Beaver and Butler County. The program continues to audit internal processes and procedures and make proper adjustments for overall quality care of the consumers serviced, while being an active participant in the overall agency's Quality Improvement committee.

BCM Service Description

The Blended Case Management Program (BCM) is designed in accordance with the Department of Public Welfare regulations, Chapter 5221. The program is designed to provide community-based case management to adults with serious and persistent mental illness and children with serious mental illness or emotional disorder. The program is designed to assist the consumer in accessing community resources and services to promote the daily functioning of the individual. This is done through support, training, and other assistance. For children's services, the program shall provide services, which are congruent with the CASSP principles.

Services can include, but are not limited to,

- Assisting in accessing appropriate mental health services
- Assisting in obtaining and maintaining basic living needs and skills, such as housing, food, medical care, recreation, education and employment
- Assuring continuous, 24-hour access to the blended case management service
- Independent living skills
- Family integration skills
- Vocational/educational participation
- Use of social supports
- Assisting in reducing the need for psychiatric or long-term hospitalization
- Assisting in maintaining residence in home and/or in a least restrictive placement (children)

The population to be served will include both adults and children. Adults will include those 18 years of age or older who suffer from a mental illness, are at high risk for inpatient treatment, and have a treatment history that would benefit from BCM services. Children are defined as those individuals under 18 years of age who suffer from a mental illness or emotional disturbance, are at-risk for out-of-home placement, and have a treatment history that would benefit from BCM services.

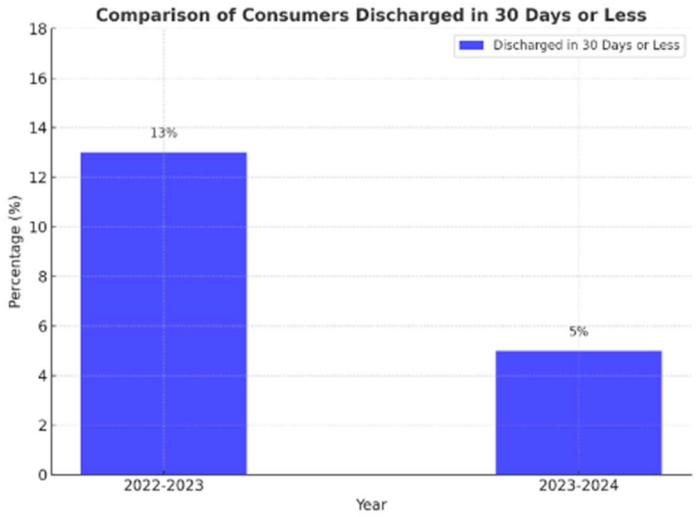
Demographics

Program	Total # of clients Served			Admissions			Discharges			Average length of Stay (Days)		
	23-24	22-23	21-22	23-24	22-23	21-22	23-24	22-23	21-22	23-24	22-23	21-22
BCM	227	214	223	75	122	24	62	62	128	461	474	965

Note: In 23-24, 1 consumer discharged and readmitted within the year. In 21-22 and 22-23, 2 consumers were discharged and readmitted within the year.

In 23-24, 3 out of 62 discharged consumers left in 30 days or less, in comparison to 22-23, when 8 out of 62 discharged consumers left in 30 days or less. This accounts for 5% compared to 13% in 22-23 of those discharged.

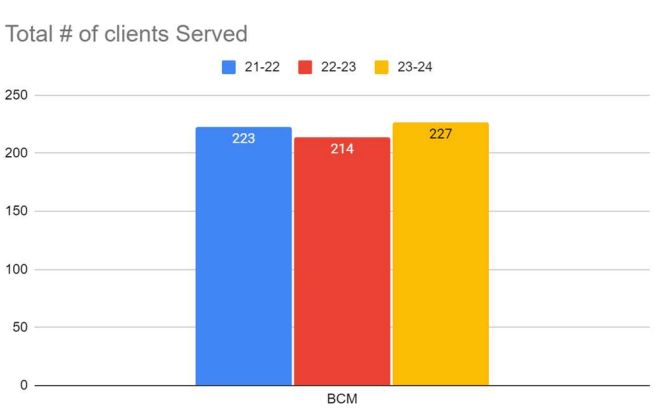
Comparison Of Consumers Discharged In 30 Days Or Less

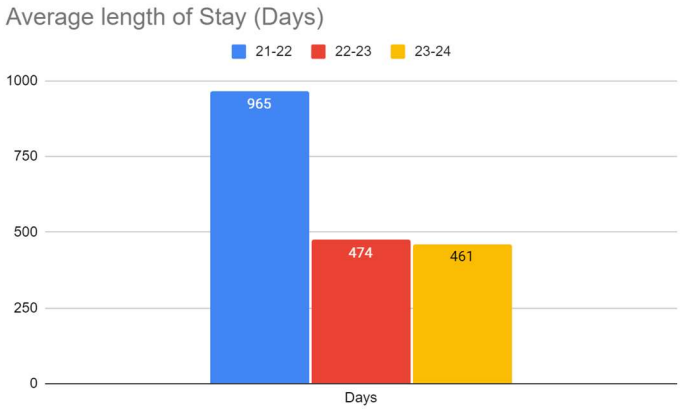


In 23-24 the BCM population included 3 blank, 124 females, and 100 males. The overall population in 22-23 included 89 males, 123 females, and 2 left this field blank. Compare that to the overall population of 21-22 which included 82 males and 141 females.

In 23-24 races included 24 African American, 1 Asian Indian, 5 Biracial Caucasian African American, 181 Caucasian, 1 Caucasian Native American, 3 Hispanic, and 7 not identified.

In 22-23 races included 18 African American, 2 Biracial, 164 Caucasian, 2 Native American, 4 Hispanic and 24 not identified. In 21-22 races included 17 African American, 7 Biracial, 172 Caucasian, 2 Native American, 4 Hispanic, 1 Asian Indian, 1 Filipino and 19 not identified.





Admissions

County of Residence	Male 23-24	Female 23-24	Transgender /Blank 23-24	Male 22-23	Female 22-23	Transgender 22-23
Beaver	13	24	1 Blank	30	28	0
Butler	15	22	0	31	33	0
Totals	**28**	**46**	**1**	**61**	**61**	**0**

Age	# of consumers 23-24	% of Admissions 23-24	# of consumers 22-23	% of Admissions 22-23
1-10	3	4%	1	1%
11-20	12	16%	21	17%
21-30	16	21%	21	17%
31-40	8	11%	24	20%
41-50	17	23%	24	20%
51-60	15	20%	21	17%
61+	4	5%	10	8%

In 23-24 of the 75 admissions, consumers again equally resided in Beaver and Butler Counties. There was a noted increase in female referrals as opposed to males. The majority of our population falls into the 21-30 and 41-50 age range, with a noted decrease in the 31-40 age range. The lowest of our population continues to fall into the 1-10 and 61+ age ranges. Consumers falling into the 1-10 age range typically continue to be referred for more intensive behavioral health services including IBHS and FBMHS, while consumers 61+ continue to benefit more from services including Agency on Aging, LIFE Services, Personal Care Homes, and Nursing Homes.

In 22-23 of the 122 admissions, the consumers equally resided in Beaver and Butler Counties, and were equally male and female. The majority of our population falls in the 31-50 age range, with the least falling into the 1-10 and 61 and over range. Typically, minor consumers 10 and under are being linked with other more intensive behavioral health services, and those 61 and older often are observed to benefit more from services such as The Agency on Aging, Personal Care Homes, and Nursing Homes.

Admission Primary Diagnosis most prevalent

Primary Diagnosis	Female	Male	Total	Secondary Diagnosis	Female	Male	Total
Acute Stress Disorder				Acute Stress Disorder	0	1	1
Adjustment DO all types				Adjustment DO all types	1	0	1
Alcohol Use				Alcohol Use	1	0	1
ADHD combined	1	1	2	ADHD combined	1	4	5
Autism Spectrum DO	2	6	8	Autism Spectrum DO	0	1	1
Bipolar all types	5	8	13	Bipolar all types	1	0	1
Disruptive Mood Disorder	1	1	2	Disruptive Mood Disorder			
Gender Dysphoria				Gender Dysphoria	2	0	2
Generalized Anxiety DO	1	1	2	Generalized Anxiety DO	4	2	6
Language DO				Language DO	0	1	1
Major Depressive DO. all types	19	8 1 Blank	28	Major Depressive DO. all types	5	2	7
Opioid DO, moderate and severe				Opioid DO, moderate and severe	0	1	1
Other Specified Depressive DO	1	0	1				

Persistent Depressive Disorder				Persistent Depressive Disorder	1	0	1
Post Traumatic Stress Disorder				Post Traumatic Stress Disorder	9	6	15
Reactive Attachment DO	0	1	1	Reactive attachment DO			
Schizoaffective DO all types	4	5	9	Schizoaffective DO all types	0	2	2
Schizophrenia	0	2	2	Schizophrenia			
Social Pragmatic Communication DO				Social Pragmatic Communication DO	0	1	1
Unspecified Anxiety DO				Unspecified Anxiety DO	3	3	6
Unspecified Bipolar and related DO	1	1	2	Unspecified Bipolar and related DO	0	1	1
Unspecified Depressive DO	1	0	1	Unspecified Depressive DO	1	1	2
Unspecified Psychosis	0	1	1	Unspecified Psychosis			
Unspecified Disruptive, Impulse Control DO	0	1	1				
Unspecified Trauma and stressor related DO	1	0	1				
None listed	0	1	1	None listed	8	11 1 Blank	20
Totals	**37**	**38**	**75**	**Totals**	**37**	**38**	**75**

The most prevalent primary diagnoses upon admission were Bipolar, Major Depressive Disorder, and Schizoaffective Disorder. The most prevalent secondary diagnoses upon admission were Generalized Anxiety Disorder, Major Depressive Disorder, and Post Traumatic Stress Disorder. The most prevalent diagnosis upon admission for females was Major Depressive Disorder, while the most prevalent for males was equally Major Depressive Disorder and Bipolar all types.

Referrals

The referral report indicates that 110 referrals were received in 23-24 compared to 162 in 22-23. 73 (66%) of those referred were admitted compared to 67% in 22-23. The primary reason for referrals decreasing was most likely correlated with the need to put referrals on hold while filling staff vacancies as well as the time it then takes to titrate a new Blended Case Manager's caseload up to the full capacity of 30 cases.

Referral Information

Referral Source	Total Referrals	# admitted	# denied	Not Admitted (i.e. refused services, unable to locate, etc.)
Adult Protective Services	2	1	1	0
Anchorpoint	1	0	0	1
BCBH	2	1		1
Butler Memorial Hospital	5	4		1
Care Center LTSR	1	0	1	
CCR	2	1	1	
CYS	1	1		
Dear Mind	2	1	1	
Dr. Currie	1	1		
EPIC Psych	1		1	
Family Pathways	3	2	1	
Family Psychological	1		1	
Forbes Hospital	1		1	

Gateway Rehab	2	1	1	
Glade Run Lutheran Services	35	25	5	5
Heritage Valley	11	10	1	
Kids Plus Peds	2	1	1	
Kim Rose LPC	3	1	1	1
LECOM Millcreek Community PHP	1	0	1	
Merakay	3	2		1
MHY	1	1		
Outpatient	1	1		
Pressley Ridge	1	1		
Primary Health Network	1	1		
Psychology and Learning Center	1	1		
REST for Women	1	1		
SCC	1	1		
Self	12	8	2	2
Squirrel Hill Health Center	1		1	
SPHS Care Center	2	1		1
Torrance	1	1		
Wellness Works	1		1	

Western PA Psych Care	2	1	1	
WPIC	3	2	1	
Blank	1	1		
Totals	**110**	**73**	**24**	**13**

Satisfaction Surveys

Initial

23 surveys were completed for initial consumers. Participation included Beaver and Butler counties.

- 100% reported their services were scheduled in a timely manner.
- 23 felt that their intake appointment took place in a timely manner.
- All respondents stated that the staff were respectful and 22 said they were able to openly communicate and be honest without judgment, 1 skipped the question.
- 23 stated they understand their responsibilities in participating in BCM services and understood Glade Run's responsibilities to them and their family.
- 23 consumers said they were asked for their input about strengths and needs of them and their family.
- 21 stated their family were part of treatment planning and goal setting and 2 did not answer. 22 knew how to file a grievance or complaint and 1 did not.
- 23 stated they would feel comfortable filing a complaint if they had a problem.
- 23 were made aware that there are other service providers available to use if they choose.

During Treatment

In 23-24 no ongoing treatment surveys were completed by BCM consumers.

Discharge

5 discharge surveys were completed by consumers 2 from the Beaver and 3 from Butler.

- All 5 consumers stated they were part of the discharge planning process and they understood their medication management follow up.
- 3 consumers said their staff talked with their next provider and helped them with the transition process. 2 did not answer the question.
- 4 respondents felt staff helped them build a supportive network in their community and 1 did not.
- 3 consumers were not transitioning to another Glade Run service, 1 was transitioning to another service and 1 was not sure.

- 2 strongly disagreed, 1 was neutral and 1 agreed that BCM services were helpful. 1 did not answer the question.
- 1 consumer strongly disagreed, 2 agreed and 1 strongly agreed when asked if they met their goals.
- 3 strongly agreed, 1 agreed and 1 strongly disagreed when asked if their needs were met by the program.
- 3 strongly agreed and 2 strongly disagreed that they would recommend Glade Run to someone else.
- 1 strongly agreed, 1 agreed,1 was neutral and 2 strongly disagreed they are confident the skills they have learned can be used in the home, community or school.

External Surveys

We received five surveys from an external source. The Butler County Consumer/Family Satisfaction Team provided us with the surveys they received.

- All 5 stated they know they can choose where to get treatment.
- All responders stated that Glade Run staff were respectful and friendly and services were initiated in a timely manner.
- 4 stated they would feel comfortable filing a complaint and 1 stated they would not.
- 100% were asked and wanted to participate in treatment planning. 4 did not want their family to participate in treatment planning/goals and 1 did want their family to participate. Only one answered that their family did participate.
- All responders stated the provider made them aware of services available in the community and overall were satisfied with services they were receiving.
- 1 stated they are almost always/always hopeful, 1 was sometimes hopeful and 1 was often hopeful about their future since receiving services and all 5 said they did not experience any problems in the last 12 months getting services for their child.
- All respondents stated they were given the chance to make treatment decisions.
- 4 felt that treatment they received has made their quality of life much better and 1 stated a little better.
- When asked what is better, they stated: “I don’t fall apart like I used to”, “I have a more positive perspective”, and “I’m happier. I’m working on my spirituality.”
- All 5 stated the staff were always respectful of the cultural background of the family and they were always encouraged to do things that are meaningful to them.
- 4 stated that the doctor they worked with helped get them on medications that are most helpful to them. 1 stated this does not apply to them.
- All responders stated their services they are receiving are consistent with recovery-based principles.
- When asked what they like about their services 3 consumers stated “Everyone is very friendly and helpful”, 1 stated “the individual program”, and 1 said “Everyone did everything they could for me.”
- When asked what they dislike about services responses included “Not having a therapist yet”, “Sometimes they’re disorganized”, and “The quick turnover of my BCM, I only saw one 3 times and now I’m waiting for a new one.”
- When asked if they could improve anything about their services they stated “hire more therapists”, “get their internal communications in sync”, and “for their staff to stay longer.”

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Assessment Data

Upon admission to BCM services, a CSAS (Consumer Strengths Assessment) is completed to determine the consumer's strengths and needs across eight life domains (housing, education, income, mental health, drug and alcohol, socialization, ADL's, and medical) to determine long term goals. Each domain is scored from 1-5 regarding impairment within the domain with 5 being the highest. While consumers are in services, the CSAS is reassessed every five months with the goal of the total score decreasing as consumers make progress across the domains and in their mental health recovery.

In 23-24, the average difference from the CSAS score completed at admission to the CSAS score completed upon discharge was 1.6. In 22-23 there was a more significant decrease noted indicating more progress with the score of 3.57. The reason for the significant change in the average difference could be based on the reason for discharge and if it was determined to be successful or unsuccessful most likely attributed to consumer not engaging in services.

Assessment (62 total discharged consumers both 22-23 and 23-24)	# of clients with assessments at admission	Average Score	# of clients with assessments at discharge	Average Score	# of consumers that competed both	Average Difference
CSAS 23-24	60	25.43	60	23.06	60	1.6
CSAS 22-23	47	25.2	47	21.8	47	3.57

Discharge

Reason for Discharge	Number of Discharges 22-23	% of discharges 22-23	Number of Discharges 23-24	% of discharges 23-24
Consumer discharged to more restrictive	2	3.2%	4	6.5%
Consumer moved out of area	6	9.7%	2	3.2%
Consumer transferred to LTSR	1	1.6%	2	3.2%

Consumer transferred to State Hospital	0	0	1	1.6%
Death of consumer - natural causes	2	3.2%	1	1.6%
Death of consumer - suicide	1	1.6%	0	0
Planned - partial completion of goals	7	11.2%	14	22.6%
Planned - successful completion of goals	9	14.5%	7	11.3%
*Unplanned - consumer not attending or engaged in services	34	55%	31	50%
Total	**62**	**100%**	**62**	**100%**

** In 23-24 For the Unplanned reason group, their length of stay ranged from 9 to 3488 days. The average was 425 days. 9 out of 31 (29%) had a length of stay of 100 days or less.*

In 22-23 For the Unplanned reason group, their length of stay ranged from 9 to 4089 days. The average was 435 days. 19 out of 34 (55%) had a length of stay of 100 days or less.

In 23-24 out of 62 discharges, the largest reason for discharges (50%) was unplanned, the second largest reason (22.6%) was Planned (partial completion of goals), and the third largest reason (11.3%) was Planned (successful completion of goals). We can hypothesize that the percentage for unplanned being so high could be related to staff resignations and the inability to staff consumers resulting in the need to refer services to another provider or that the consumer chose to be discharged instead as many consumers have verbalized difficulty in starting services over with a new provider. The lowest reasons for discharge was Consumer transferred to State Hospital (1.6%) and Death of consumer - natural causes (1.6%).

In 22-23 out of 62 discharges, the largest reason for discharges (55%) was unplanned, the second largest reason (14.5%) was Planned (successful completion of goals), and the third largest reason (11.2%) was Planned (partial completion of goals). The lowest reasons for discharge was Consumer transferred to LTSR (1.6%) and Death of consumer - suicide (1.6%).

In comparison, in 23-24, we saw an increase in the percentage of Planned discharges combining both partial and successful completion of goals. We also saw a reduction in discharges to increased secure facilities with 1.6% being discharged to LTSR vs requiring admission to a State Hospital. We saw the same amount of discharges due to consumer death, however none were due to suicide.

In analyzing the reasons in which a consumer is discharged as per the data above, the highest percentage of discharges in both the 23-24 and 22-23 year were unplanned due to losing contact with the consumer. Once a consumer stops responding, BCM attempts to contact and schedule an appointment with them, a no contact

letter is sent advising the consumer that we have been unsuccessful in our efforts to contact them, and advising them of the need to contact their BCM within 10 days of receiving the letter, or we will assume they are no longer interested in services and they will be discharged. The next highest percentage of reasons for discharge are discharges in which we consider to be successful in that consumers have either completed all of their goals, or have completed a partial amount of goals, have maintained their mental health stability for some time, and have requested or agree with the recommendation to be discharged from services, often continuing to maintain their mental health via outpatient therapy, medication management, and natural supports. In all cases, consumers are always advised that if they feel the need for services again in the future, they can contact the office, complete a self-referral, and services will be reopened.

Housing

Senior Living/ Personal Care Home	Lives with family/ friends	Rents	Owns Home	Hotel	Shelter	Deceased	State hospital	LTSR	Home less	Unknown
2	26	27	1	1	1	1	1	3	1	1

Employment

Disability	Unemployed	Works Part-time	NA child/ student	Works Full-time	Retired	Unknown
6	35	8	3	5	1	4

Education

High School Diploma	Student K-12	Attending training/ school	Has some training post high school	Did not complete HS	Associate's or Bachelor's Degree	GED	Enrolled in GED	Unknown
12	12	5	6	1	6	1	1	18

This information was pulled from most recent CSAS assessment and discharge summaries. If consumers did not provide responses or were not interested in goal development in those areas, they were marked as unknown. The agency is working on capturing this information more accurately for all consumers in the EMR.

Individual Records review

All charts are reviewed by the supervisor upon the conclusion of the initial intake. The chart is reviewed in its entirety for both completeness within our established checklists and quality of content provided. BCM charts are also reviewed during service plan reviews, as well as random spot checks throughout services. Any deficiencies identified by the supervisor are reported back to the staff to make appropriate corrections and the chart is then reviewed again for accuracy. Glade Run has also implemented a new chart audit process in which one chart per staff is audited monthly and reviewed for completion by our Quality Improvement Department. Staff are given feedback regarding the charts as well as findings from the audits are summarized monthly to analyze any possible trends for improvement.

Utilization

23-24

County	Total # of Consumers	Total # of Encounters	Average encounters per consumer	Total # of units	Average # of units per consumer
Beaver	125	2163	17.30	10199	81.59
Butler	91	2452	26.95	10357	113.81
Combined	216	4615	21.37	20556	95.17

22-23

County	Total # of Consumers	Total # of Encounters	Average encounters per consumer	Total # of units	Average # of units per consumer
Beaver	128	2802	21.89	12671	98.99
Butler	81	1713	21.15	6963	85.96
Combined	209	4515	21.60	19634	93.94

Note: The total # of consumers with billing does not match the total served in the demographics above, 5 consumers did not have billing because they either were discharged right after the beginning of the fiscal year or completed intake just before the end of the fiscal year. Also, one consumer had billing in both Beaver and Butler during the fiscal year.

In comparison to the 22-23 year, in the 23-24 year, the average number of units utilized in Beaver have decreased from 98.99 to 81.59. This may be due to the implementation of the supervisor position last year and not filling behind that position to date due to referral numbers not supporting the need to date.

In comparison to the 22-23 year, in the 23-24 year, the average number of units utilized in Butler have increased due to being able to fill all staff vacancies as well as multiple BCM's exceeding productivity on a regular basis.

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. Despite the high-risk population that BCMs serve, we have been able to maintain zero work related injuries or incidents. The majority of consumers involved in critical incidents continue to be triggered by psychiatric and medical hospitalizations and/or ER visits related to physical and mental health. There was one consumer death this year due to natural causes. We continue to utilize a sentinel event debriefing process in which all members of the clinical team involved with the consumer thoroughly review consumer's treatment history to assess areas that could be improved upon as well as processing with staff and supporting their emotional well-being related to the event.

Employee Work Related Injuries July 1, 2023 - June 30, 2024

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
BCM	0	0	0	0	0

Client Critical Incidents

Type of Incident	23-24	22-23
Allegations of Physical Abuse	2	0
Arrest	0	3
Client Death or Impending Death	1	2
Client Injury accident/intentional	2	0
ER Visit	17	5
Police Involvement	5	0
Hospital/Medical	22	19
Physical Assault/Abuse	0	2
Psychiatric Hospital Involuntary	9	0
Psychiatric Hospital Voluntary	34	6
Serious Nature/Other	12	2
Suicide Attempt	4	0
Total Incidents	**108**	**39**
Total Consumers	**51**	**31**

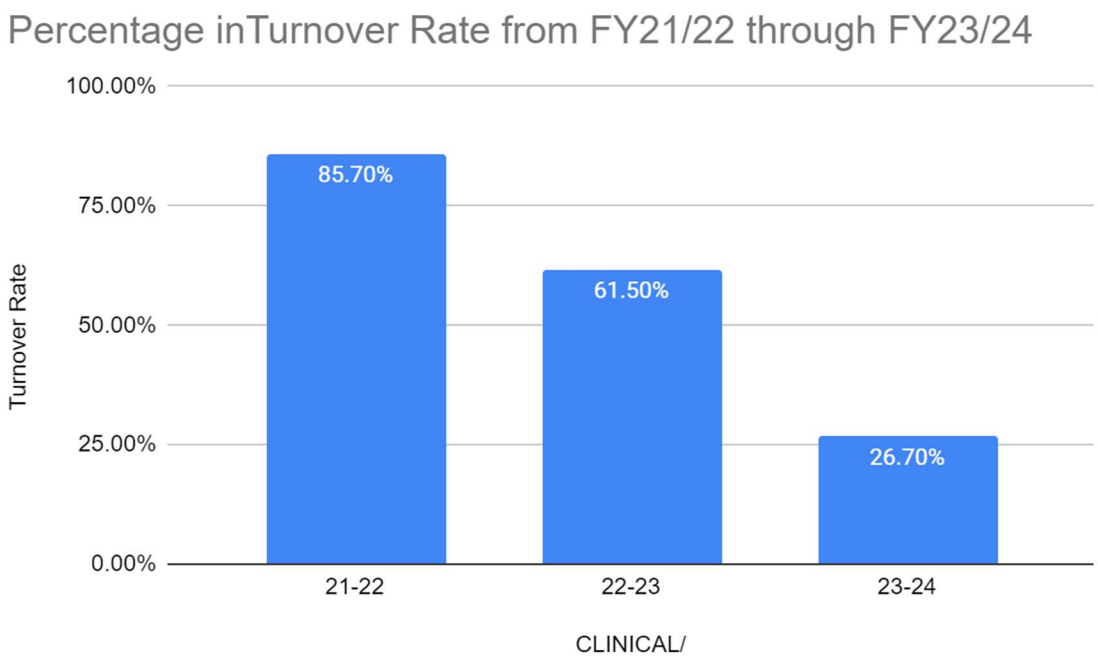
The critical incident numbers have significantly increased from 22-23 to 23-24. This can be attributed to more accurate tracking through Quality Improvement processes.

STAFF ARE OUR GREATEST RESOURCE

Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
21-22	8	4	6	6	85.7%
22-23	6	5	4	7	61.5%
23-24	7	3	2	8	26.7%

At full staffing, the BCM program is designed with eight full time BCM's and a supervisor. We have experienced progress in maintaining BCMs particularly in Butler County during the 23-24 year, and overall a steady decrease in the staff turnover rate in the past three years. This can be attributed to Glade Run utilizing social media/employment platforms as well as remaining in contact with the local universities to advertise employment opportunities and recruit qualified applicants to fill vacant positions, as well as offering new hire and staff retention bonuses.



Summary

This year the BCM program has continued to see growth in the total number of consumers served across both Beaver and Butler Counties. Admissions have decreased overall, however that may be attributed to a decrease in discharges resulting in BCM's caseloads continuing to be full and the inability to open new referrals for longer periods of time. A decline in CSAS scores related to progress in consumer's mental health recovery in 23-24 compared to 22-23 has been noted which we can hypothesize is attributed to an increase in unplanned discharges resulting in no change or an increase in the CSAS score at time of discharge. We have been able to greatly address consumer needs in Beaver County through the ability to directly access SDOH funds. In the 23-24 year, we were able to directly access $11, 724.74. We have utilized these funds to assist with rent, security deposits, moving companies, furniture, food, gas, utilities, bus passes, laundry, clothing, summer camps, and more which has helped our consumers to have their basic needs met and in turn directly benefit their mental health stability and recovery. We have also at times been able to access these funds in Butler County through a different system in which specific social service agencies were designated to assist with different domain needs. In the coming fiscal year, we hope to continue to maintain consistent staffing, implement tools to help provide more accurate data for ongoing program development, acquire a consumer-friendly system to gather consistent data/feedback regarding consumer satisfaction with our service, and continue to help our consumers maintain their mental health and path to recovery in the community by providing ongoing support and linkage to resources.

Next Steps and Strategic Plan:

Quality Initiative	Task	Responsible Party	Status
Consumer surveys	Need completed on a consistent basis Identify either BCM staff or administrative support staff to help support efforts	BCM leadership	Ongoing - going to attempt to utilize QR code to engage consumers
Accurate referral/withdrawal data	Revisiting current report, review need for more dropdown boxes to	BCM Leadership	Ongoing - adding more dropdowns to include more specific categories

	piece out if needed		
Non-billable time	Build out doc in EMR	BCM Leadership, Quality Improvement and IT	Ongoing - continuing to monitor
Analyzing cancellation/no-show rates/reasons	Building a report that can pull this information	Quality Improvement and IT	Ongoing - EMR buildout continues
Building new BCM caseload to enhance ability to staff referrals in a timely manner	Assess strategies to assist new BCMs in opening referrals	BCM Leadership	New

COMPLETED/NO LONGER TARGET INITIATIVES			
SDOH Data	Find assessment tool that works for the program	BCM Leadership and Quality Improvement	Discontinued - obtaining data through other monitoring tools
Accurate CIR data spec re: hospitalizations	Finding an accurate tool to track	BCM Leadership	Completed - implemented a new data collection method resulting in more accurate data
Chart Audits	A minimum of 4 BCM charts will be reviewed monthly for quality of documentation, completeness, and to assess for deficiencies and strengths to enhance and assure the accuracy of consumer records.	BCM Leadership	Completed - New process implemented across all programs