

Forensic Services Support Program

Quality Improvement

Report

July 1, 2023 – June 30, 2024

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Introduction

The purpose of the FSSP 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 been operating and providing services for the Forensic Services Support Program at the Butler County Prison since July, 2021. 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.

FSSP Service Description

The Forensic Services Support Program provides early detection, screening, and mental health treatment services for individuals incarcerated in the county jail diagnosed with SMI (serious mental illness). The targeted population is residents of Butler County, however individuals from surrounding counties still qualify for services. The goal of the Forensic Services Support Program is to provide the necessary mental health treatment and case management services to incarcerated individuals to ensure a smooth and stable transition back into the community, prevent further involvement with the legal system, and maintain a recovery-based lifestyle. Forensic Services Support Program, works closely with the County Forensic Services Manager, the criminal justice system, and county jail staff in Butler County to ensure coordination of services and supports for this population during and immediately following incarceration.

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
FSSP	156	163	86	105	138	88	122	110	57	158	125	150

The total number of clients served from the previous year slightly decreased. In 23-24, 8 consumers discharged and readmitted within the year compared to 6 in 22-23 and 2 in 21-22. These readmissions are most likely due to reincarceration. In 23-24, 14 out of 122 discharged consumers left in 30 days or less. This accounts for 11% of those discharged. The average length of stay for those 14 consumers was 16 days.

Referrals

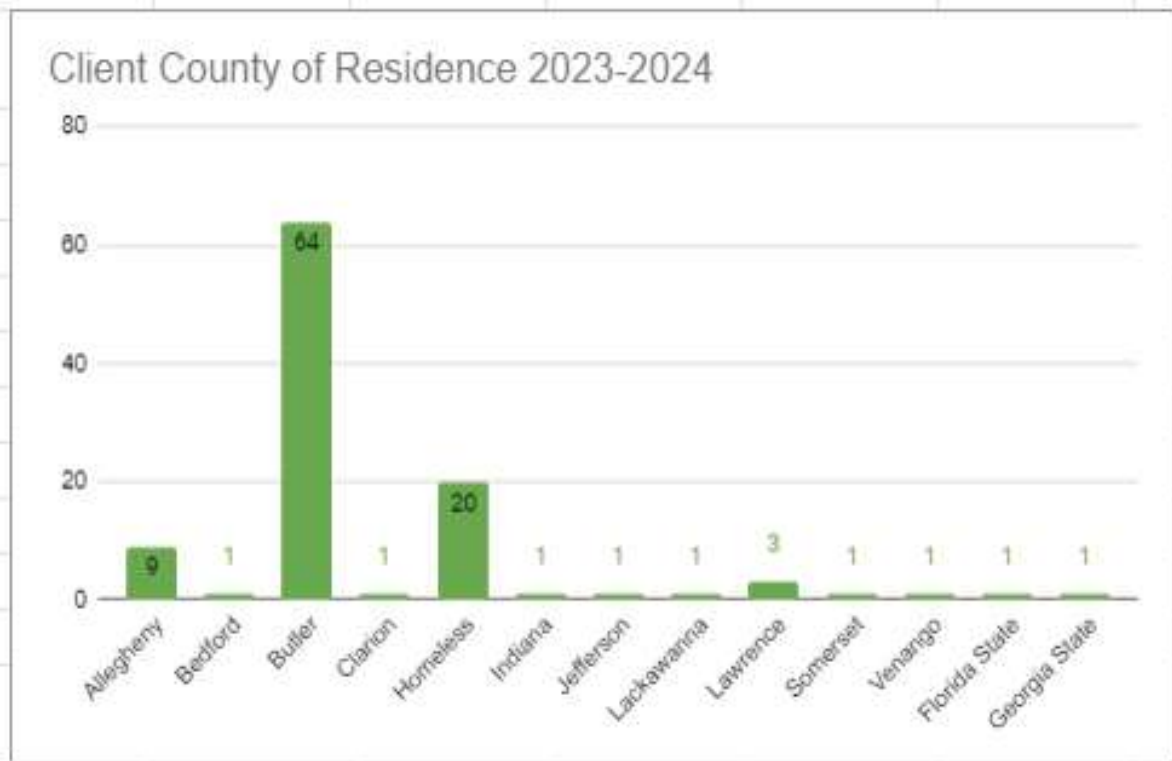
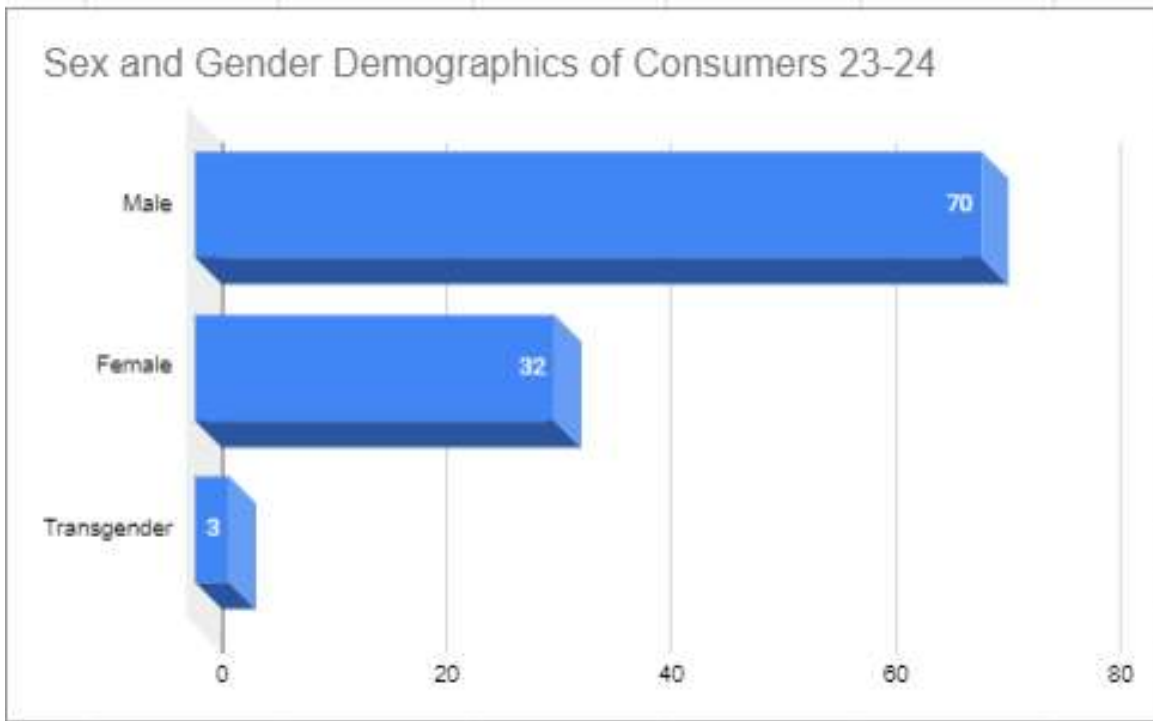
166 referrals were received for 23-24 compared to 249 in 22-23. 99 of those referred were admitted. Some of the referrals were not admitted due to client refusal or disinterest in services when the Glade Run staff attempted to meet with them. Other referrals were not admitted, due to the client either already being released prior to being met with, or was going to be transferred to an alternative setting within the week (other prison facility, D&A, etc.). It is to be noted that there have been a few clients that were referred to the program, but were not open due to their mental health creating barriers for them to complete the intake process and agreement to services. In these situations, the team has continued to check-in on these individuals without providing intensive services.

The FSSP team meets with the referred client based on the date of referral. At times the team may need to open a client outside of the referred date order. These reasons would include, but are not limited to; county of residence, the treatment team decides there is a need for urgency in opening, the client is in a pod location that fits within the accessibility of the staff's schedule, or the client is open within the other FSSP service. It is also important to note that some referrals are delayed in opening due to restrictions within the prison (facility or inmate restrictions), however staff complete check-ins as they are able to do so until the full intake can be completed.

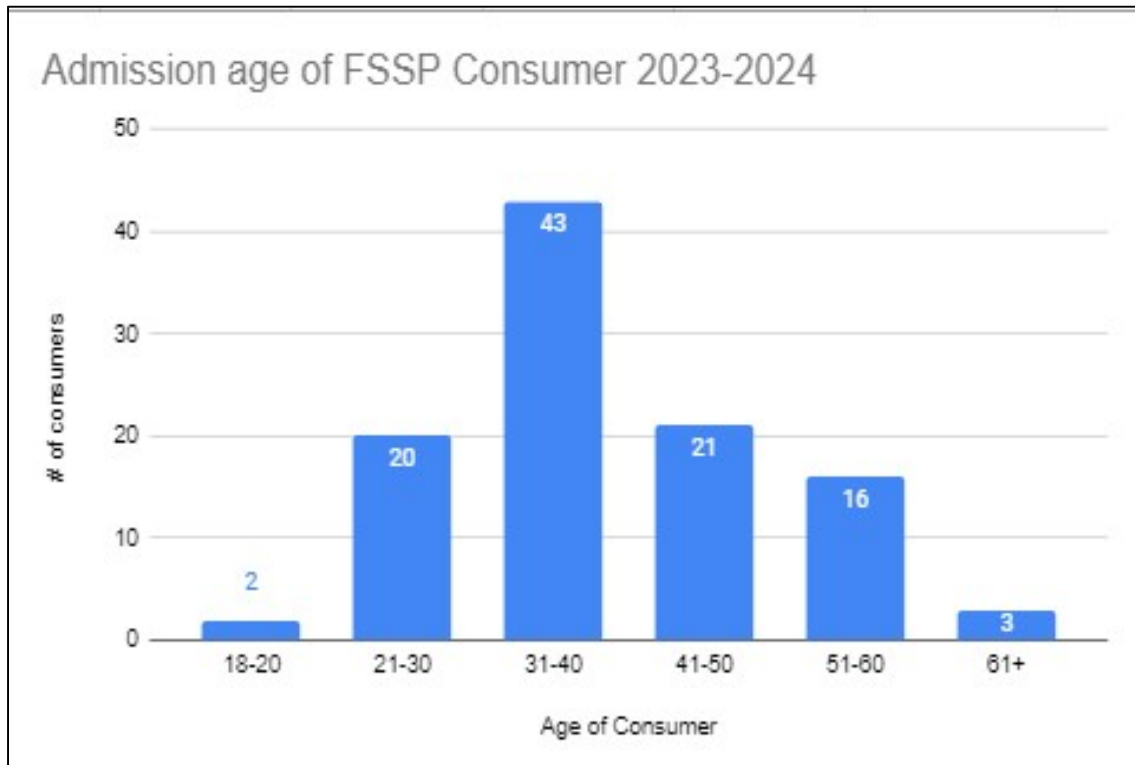
Admissions

County of Residence	Male	Female	Transgender
Allegheny	4	3	2
Bedford	1	0	0
Butler	45	18	1
Clarion	1	0	0
Homeless	16	4	0
Indiana	0	1	0
Jefferson	0	1	0
Lackawanna	0	1	0
Lawrence	0	3	0
Somerset	1	0	0
Venango	1	0	0
Florida State	0	1	0

Georgia State	1	0	0
Totals	70	32	3



Age of Consumer	# of consumers	% of Admissions
18-20	2	1.9%
21-30	20	19%
31-40	43	40.95%
41-50	21	20%
51-60	16	15.2%
61+	3	2.9%



Of the 105 admissions, 8 had a Federal inmate classification, 96 had a County inmate classification and 1 had a homeless classification. The majority of our consumers reside in Butler County, with the second largest population being identified by the prison as homeless, and the third largest population residing in Allegheny County, which was the same in 22-23. The highest age range of consumers is 31-40 years old, and predominantly male, which mirrors the 22-23 data.

Admission Primary Diagnosis most prevalent

Primary Diagnosis	Female	Male	Total	Secondary Diagnosis	Female	Male	Total
Acute Stress DO	0	0	0	Acute Stress DO	0	1	1
Adjustment DO all types	1	1	2	Adjustment DO all types	0	1	1
Alcohol Use	0	1	1	Alcohol Use	0	1	1
ADHD all types	1	3	4	ADHD all types	1	1	2
Autism Spectrum DO	0	0	0	Autism Spectrum DO	0	1	1
Bipolar all types	11	13	24	Bipolar all types	2	1	3
Cannabis Use	0	0	0	Cannabis Use	1	0	1
Delusional DO	0	1	1	Delusional DO	0	0	0
Generalized Anxiety DO	0	2	2	Generalized Anxiety	1	6	7
Intermittent Explosive DO	0	0	0	Intermittent Explosive DO	1	0	1
Major Depressive DO. all types	6	14	20	Major Depressive DO. all types	1	1	2
OCD	1	0	1	OCD	0	0	0
Opioid DO, moderate and severe	0	9	9	Opioid DO, moderate and severe	0	1	1
Persistent Depressive DO	0	1	1	Persistent Depressive DO	0	0	0
Post Traumatic Stress Disorder	2	3	5	Post Traumatic Stress Disorder	4	6	10
Reactive Attachment DO	0	1	1	Reactive attachment DO	0	0	0
Schizoaffective DO all types	4	11	15	Schizoaffective DO all types	0	1	1
Schizophrenia	0	1	1	Schizophrenia	0	1	1
Stimulant Use DO	0	0	0	Stimulant Use DO	1	2	3

Substance/ Medication Induced Anxiety DO, Opioid with use DO	0	0	0	Substance/ Medication Induced Anxiety DO, Opioid with use DO	1	0	1
Unspecified Alcohol related DO	0	1	1	Unspecified Alcohol related DO	0	0	0
Unspecified Anxiety DO	1	3	4	Unspecified Anxiety DO	1	8	9
Unspecified Bipolar and related DO	2	2	4	Unspecified Bipolar and related DO	0	0	0
Unspecified Depressive DO	0	2	2	Unspecified Depressive DO	1	2	3
Unspecified Mood DO	0	1	1	Unspecified Mood DO	0	0	0
Unspecified Opioid Related Disorder	2	0	2	Unspecified Opioid Related Disorder	1	1	2
Unspecified Psychosis	0	1	1	Unspecified Psychosis	0	0	0
Unspecified Schizophrenia spectrum and other Psychotic DO	1	0	1	Unspecified Schizophrenia spectrum and other Psychotic DO	0	1	1
Unspecified Trauma and stressor related DO	0	0	0	Unspecified Trauma and stressor related DO	0	1	1
Alcohol Induced Psychotic DO with Hallucinations	0	1	1	Alcohol Induced Psychotic DO with Hallucinations	0	0	0
None listed	0	1	1	None listed	16	36	52
Totals	32	73	105	Totals	32	73	105

Discharge Primary Diagnosis most prevalent

Primary Diagnosis	Female	Male	Total	Secondary Diagnosis	Female	Male	Total
Acute Stress DO	0	0	0	Acute Stress DO	0	1	1
Adjustment DO all types	1	1	2	Adjustment DO all types	0	1	1
Alcohol Use	0	1	1	Alcohol Use	0	1	1
Anxiety DO due to another medical condition	0	1	1	Anxiety DO due to another medical condition	0	0	0
ADHD all types	1	3	4	ADHD all types	0	2	2
Bipolar all types	7	13	20	Bipolar all types	2	2	4
Cannabis Use				Cannabis Use	0	1	1
Delusional Disorder	0	1	1	Delusional Disorder	0	0	0
Generalized Anxiety DO	1	3	4	Generalized Anxiety	2	4	6
Major Depressive DO. all types	11	13	24	Major Depressive DO. all types	1	2	3
Obsessive Compulsive DO	1	1	2	Obsessive Compulsive DO	0	0	0
Opioid DO, moderate and severe	5	13	18	Opioid DO, moderate and severe	0	2	2
Other Specified Anxiety DO	0	0	0	Other Specified Anxiety DO	1	1	2
Post Traumatic Stress Disorder	3	2	5	Post Traumatic Stress Disorder	9	5	14
Schizoaffective DO all types	2	13	15	Schizoaffective DO all types	0	3	3
Schizophrenia	0	2	2	Schizophrenia	0	1	1
Stimulant Use DO	1	0	1	Stimulant Use DO	1	2	3
Substance/ Medication Induced Anxiety DO	0	0	0	Substance/Medication Induced Anxiety DO	1	0	1

Substance/Medication Induced Psychotic DO	0	0	0	Substance/Medication Induced Psychotic DO	1	0	1
Unspecified Alcohol DO	0	1	1	Unspecified Alcohol DO	0	0	0
Unspecified Anxiety DO	3	2	5	Unspecified Anxiety DO	2	8	10
Unspecified Bipolar and related DO	2	3	5	Unspecified Bipolar and related DO	0	0	0
Unspecified Depressive DO	1	3	4	Unspecified Depressive DO	3	2	5
Unspecified Mood DO	0	1	1	Unspecified Mood DO	0	0	0
Unspecified Opioid Related DO	2	0	2	Unspecified Opioid Related DO	1	1	2
Unspecified Psychosis not due to a substance or known physiological condition	0	2	2	Unspecified Psychosis not due to a substance or known physiological condition	0	0	0
Unspecified Schizophrenia Spectrum and other Psychotic Disorder	1	0	1	Unspecified Schizophrenia Spectrum and other Psychotic Disorder	0	0	0
Unspecified Trauma and Stress-Related DO	0	0	0	Unspecified Trauma and Stressor-Related DO	0	1	1
Mood DO, NOS	0	0	0	Mood DO, NOS	1	0	1
Alcohol Induced Psychotic DO with Hallucinations	0	1	1	Alcohol Induced Psychotic DO with Hallucinations	0	0	0
None listed	0	0	0	None listed	17	40	57
Totals	42	80	122	Totals	42	80	122

In 22-23 Opioid DO was the most prevalent Primary diagnosis, with Major depressive DO (all types) in second, and Bipolar (all types) in third place. In 23-24 Bipolar (all types) was most prevalent, Major Depressive DO (all types) in second, and Schizoaffective DO (all types), in third.

Upon discharge, these remained the most prevalent diagnoses, however the numbers fluctuated. Upon booking, consumers are given a diagnosis through Prime Care, which is carried over to the referral to Glade Run. This initial diagnosis is used during the admission and intake process. When consumers are involved in therapy services within the program, a change in diagnosis may be provided, upon further assessments and observations of symptoms.

Note: Some individuals with a primary diagnosis of Opioid Use DO is reflected from MAT services that were transitioning

Satisfaction Surveys

Glade Run does not have an internal survey that is being provided to FSSP consumers at any point, initial, ongoing or discharge.

Consumer/Family Satisfaction Team (CFST) has included Adult Forensic Services Support for the second year. The report from July 2023 through March 2024, placed a target of 5 surveys to be completed, but none have been received.

CM’s provide all released individuals with a CFST consent form upon release from prison with most selecting they do not wish to participate.

Staff and Client Safety

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
FSSP	0	0	0	0	0

Client Critical Incidents July 1, 2023-June 30, 2024

Program	Client Death or Impending Death	Client Injury Accidental/Intentional	Hospital/Medical	Physical Assault/Abuse	Serious Nature/ Other	Total # of Consumers
FSSP	3	1	1	1	1	6

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 above review staff work related injuries and client critical incidents. It is worth noting that no staff injuries resulted in the loss of work days or transitional duty. In June of 2023 Glade Run began to track all sentinel and near sentinel events occurring for all FSSP consumers, therefore any incidents that occurred prior to that date, were not collected in the data above.

STAFF ARE OUR GREATEST RESOURCE

Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at start of fiscal year date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
21-22	2	4	1	3	50%
22-23	3	4	3	4	0%
23-24	4	2	0	6	0%

At full staffing, the FSSP team is designed with 2 Full Time Case Managers and 2 Full Time Therapists for service provision. Glade Run was able to fill any open positions to maintain consumer support throughout 2023-2024. During that time period, Glade Run onboarded 1 Full Time Therapist and 1 Full Time Case Manager.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Assessment Data

23-24

Assessment	# of clients with assessments at admission	Average Score	# of clients with assessments at discharge	Average Score	# of consumers that completed both	Average Difference
GAD	116	10.9	92	10.32	89	.37
PHQ-9	114	11.26	89	9.7	86	1.92

22-23

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	63	11.11	21	9.7	20	2.4
PHQ-9	64	11.63	21	8.9	20	3.2

The GAD (Generalized Anxiety Disorder) and the PHQ (Patient Health Questionnaire) assessments are utilized to measure the severity of Anxiety and Depressive symptoms in the client. When we began to implement tracking the reporting of the assessments, it was further into the 2022-2023 year, so we were unable to capture initial assessments on clients, or discharges on clients who had already been discharged, however it is included in this report for comparison purposes. It can be seen that there was an increase in consumer participation in 2023-2024. Data shows that consumer symptoms of anxiety are remaining about the same from time of admission to discharge and a slight decrease in depressive symptoms from admission to discharge. Most consumers are falling within the moderate range of symptoms for both Anxiety and Depressive disorders, which is consistent with the diagnosis data reported above. Below are the scales for reference.

Normal	Mild	Moderate	Severe
0-4	5-9	10-14	15-21

The maximum score of the GAD-7 is 21, lower scores are better. Scores are assigned in the following manner:

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

Guide for Interpreting PHQ-9 Scores		
Score	Depression Severity	Action
0 - 4	None-minimal	Patient may not need depression treatment.
5 - 9	Mild	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
10 - 14	Moderate	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
15 - 19	Moderately severe	Treat using antidepressants, psychotherapy or a combination of treatment.
20 - 27	Severe	Treat using antidepressants with or without psychotherapy.

Note: The discharge data for the clients at times can be difficult to obtain, due to the inability to know when they will be released or transferred, however staff will attempt to capture this information based on information provided.

For additional assessment purposes; FSSP staff also utilize the C-SSRS (Columbia suicide severity rating scale), which helps to assess and monitor the severity and lethality of suicidal behaviors and ideations. The Columbia is conducted at the start of services for all consumers, and then at various checkpoints (i.e. treatment or service plan updates, expressive thoughts of SI, increased risk behavior, etc.).

Discharge

Reason for Discharge	Number of Case Management Discharges 22-23	Number of Therapy Discharges 22-23	Number of Case Management Discharges 23-24	Number of Therapy Discharges 23-24
Admitted to D&A Inpatient	14	1	10	4
Met Goals/Successful discharge	13	0	20	1
Other	12	7	14	19
Refused Continuation of Services	5	1	7	3
Released/Moved out of Butler County	7	8	11	13
Transferred to SCI	7	3	5	11
Unable to contact	19	0	16	0
Reason accounted for under other service			5	14
Total	77	20	88	65

During the 23-24 year, there were a total of 153 discharges between CM and therapy services. The majority of discharges in CM was due to consumers who met their goals/had a successful discharge which was a significant increase in that category compared to the 22-23 year. The majority of discharges for therapy were due to “other” reasons. The “other” category encompasses individuals often transferred to another county jail. For future improvements within data collection, we are working towards piecing this category out further for accurate reflection of data. Please note “Unable to contact” are specific to CM individuals who are post-release within the community. This includes both individuals who stop meeting with CM after release as well as individuals who are released without notice and CM is never able to reach. CM’s make multiple contact attempts including working with emergency contacts and PO’s to locate individuals. If this is not successful, individuals are sent a five-day letter advising of the need to contact their CM to maintain services. Overall, therapy discharges are significantly lower than case management, due to the individuals being serviced.

Oftentimes, the FSSP therapists are servicing individuals who are not only reintegrating back into the community quickly, but also those who will be incarcerated and serving longer sentences.

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. FSSP charts are also reviewed during treatment and 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.

SUMMARY

This past year has been a year of steadiness for FSSP. We have seen a slight decrease in referrals submitted to the program and a decrease in consumer utilization of services. MAT program services provided by Glade Run were discontinued at the agreement of all entities (Glade Run, BCP, and Butler County). Glade Run continues to implement evidence-based practices while providing services. Monthly forensic services meetings continue to be an asset in consumer services and communication between all programs involved. We have seen a lot of strong collaboration among forensic and community resources to benefit our consumers both during services as well as in aftercare planning. CM's have utilized both county funding as well as Good Neighbor funding through Glade Run to assist consumers with financial needs related to housing, obtaining phones immediately upon release to maintain compliance with legal requirements, and obtaining photo ID for employment and other needs. Staff also continue to utilize the resource closet at Grace Wellness Center to provide consumers with basic hygiene and household needs upon re-entry into the community. As we enter into the next fiscal year, we will continue to work with referral partners to increase referrals for services and in turn utilization of services by consumers. Our team has demonstrated a strong commitment to engaging with consumers to provide services. We are grateful to be able to continue providing services to consumers in need in BCP in an effort to make a positive impact on mental health and re-entry into the community.

Next Steps and Strategic Plan:

Quality Initiative	Task	Responsible Party	Status
Non-opened consumer Tracking	Develop out systems within the EMR to document and track consumers who are obtaining check-ins/support prior to being officially opened	Glade Run	Ongoing
Increasing CFST survey participation	Work closely with the Grapevine Center on strategies to improve completed surveys.	Glade Run/Grapevine	Ongoing-difficult to engage consumers in this process
Columbia data collection	Work towards developing reports and tracking of Columbia scores and analyze periods of time symptoms may be increasing or decreasing	Glade Run	Ongoing-Glade Run continues to build out Electronic Medical Record System
Case Management Evidence Based Processes	Continue to develop out evidenced based processes to enhance services provided	Glade Run	Ongoing-continuing to review and implement practices
Reincarceration Tracking	Flag and Track previous consumers who are reincarcerated at BCP	BCP Butler County	Ongoing-updates from County/BCP
Discharge Data	Have report out of aftercare services post discharge/release	Glade Run	Ongoing-Glade Run continues to build out Electronic Medical Record System
COMPLETED/NO LONGER TARGET INITIATIVES			
Begin Groups at BCP	Begin therapeutic groups for intake BCP clients	BCP/Glade Run (current hold by BCP due to change of Warden)	Discontinued Initiative-Glade Run was asked by BCP to not pursue further
Discharge Location Updates	Piece out locations further	Glade Run	Completed-have added additional

			locations for discharge tracking options
MAT Program	Continue to smooth out MAT referral process and internal data collection	Glade Run Prime Care BCP Butler County Gaiser Center	Discontinued Initiative-Glade Run was asked to no longer provide CM services further
Collecting Utilization and no-show data	Work with Glade Run IS department to include information needed on current forms and then create reports that will generate accurate Utilization and no-show reason (i.e. lockdown) data	Glade Run	Completed-additional options were added to help support and track data
Referral Breakdown	Breakdown referral further between services	Glade Run	Completed-items added to identify between Reintegration vs general Case Management