

Partial Hospitalization

Program

Quality Improvement

Report

January 1, 2023 –
December 31, 2023

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Subject

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Introduction

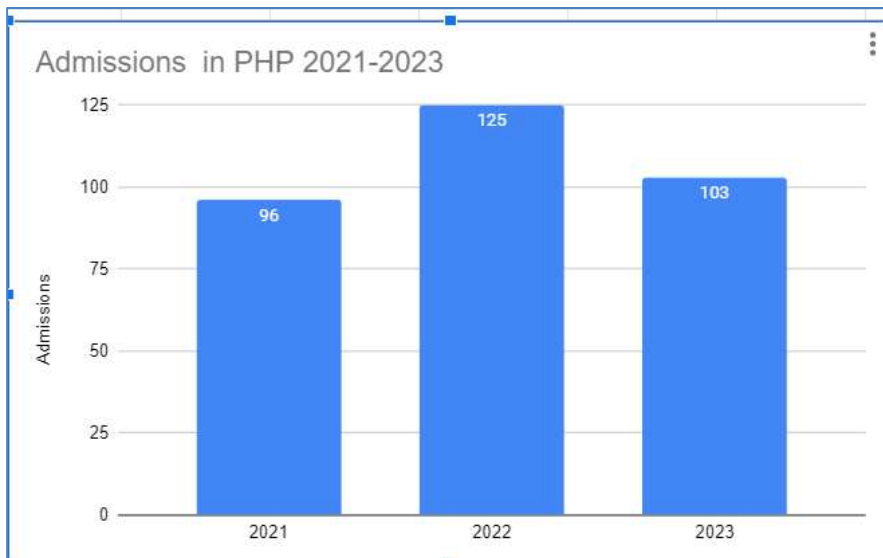
The purpose of the PHP annual quality report is to highlight the program's successes while assessing the improvements that are needed programmatically. PHP has been in operation since 2019 and is still in the process of developing quality standards beyond what is noted in the program's regulations. PHP is working with the agency's CQI committee to help maintain program standards to our clients and stakeholders as well as to improve quality of care throughout the course of the client's treatment. PHP ensures that all clients are discharged when they meet all of their treatment objectives and goals by reviewing progress with the psychiatrist during weekly treatment team reviews.

PHP Service Description

The Acute Partial Hospitalization Program provides short-term, clinic-based crisis stabilization services to children and adolescents between the ages of 10-21 with emotional or behavioral challenges impacting their day-to-day functioning in the home, school, and community setting. Mental Health treatment is a spectrum of care, which runs from least Restrictive to most Restrictive. Given the intensity of treatment found in Acute Partial Hospitalization, children and adolescents may only be referred to the Glade Run Acute Partial Hospitalization Program by existing treatment providers including Residential Treatment Facilities, Psychiatric Inpatient Units, Psychiatric Emergency Rooms, Outpatient Providers, Family Based and IBHS providers. Referrals are reviewed with the treatment team to assess medical necessity; if the referral meets criteria, a Mental Health Professional will schedule an intake and assessment. Glade Run staff have worked with children, youth and young adults in a variety of settings, meeting the needs of where the support is needed the most, and guided by a valid assessment and treatment planning. PHP has not identified any changes that need to be made to the current service descriptions and will continue to follow it as written.

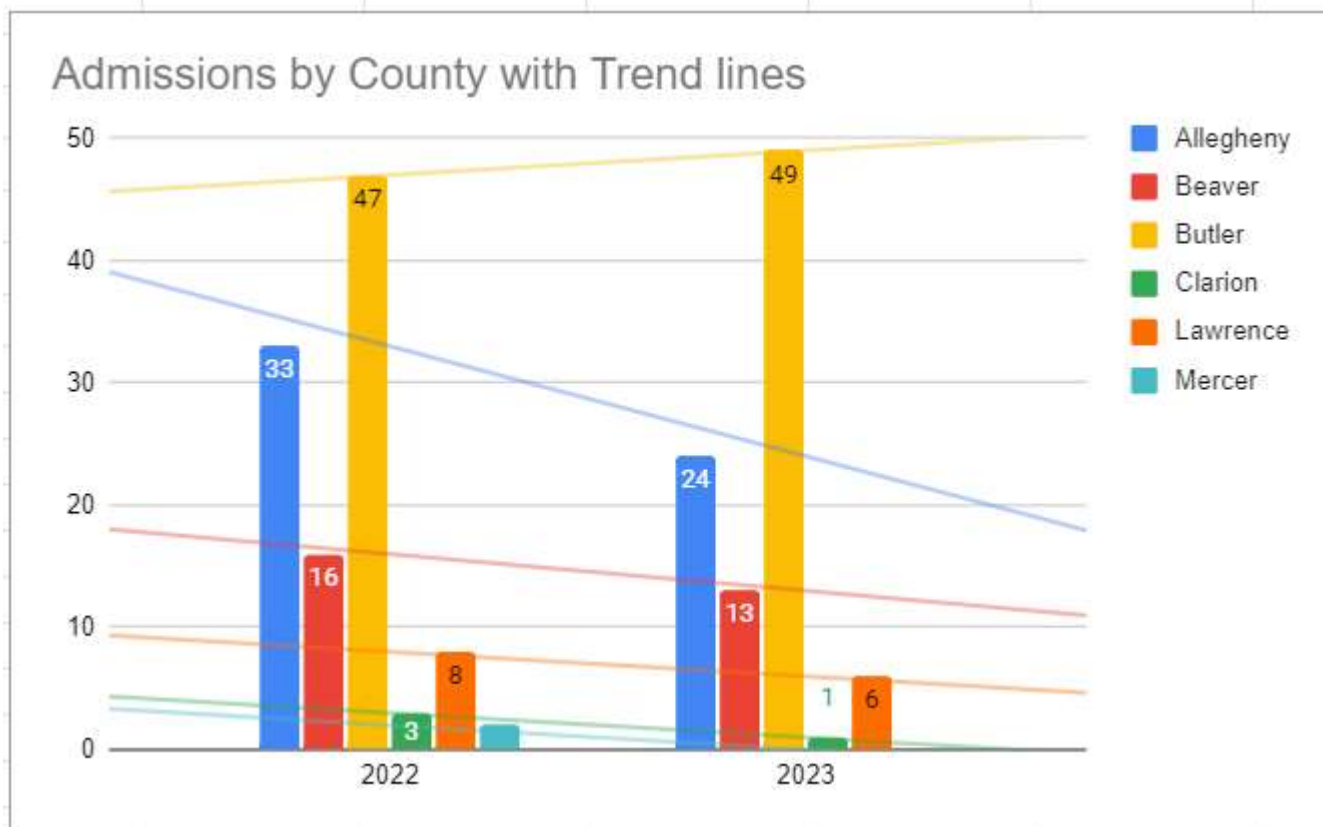
Demographics

Program	Total # of clients Served			Admissions			Discharges			Average length of Stay		
	2023	2022	2021	2023	2022	2021	2023	2022	2021	2023	2022	2021
PHP	103	125	96	94	110	85	95	108	82	42	46	41



Admissions by County

County	# of clients 2022	% of admissions 2022	# of clients 2023	% of admissions 2023
Allegheny	33	30%	24	25.5%
Beaver	16	14.5%	13	13.8%
Butler	47	42.7%	49	52.1%
Clarion	3	2.8%	1	1.1%
Lawrence	8	7.2%	6	6.4%
Mercer	2	1.8%	0	0
Out of state - Ohio	1	1%	1	1.1%



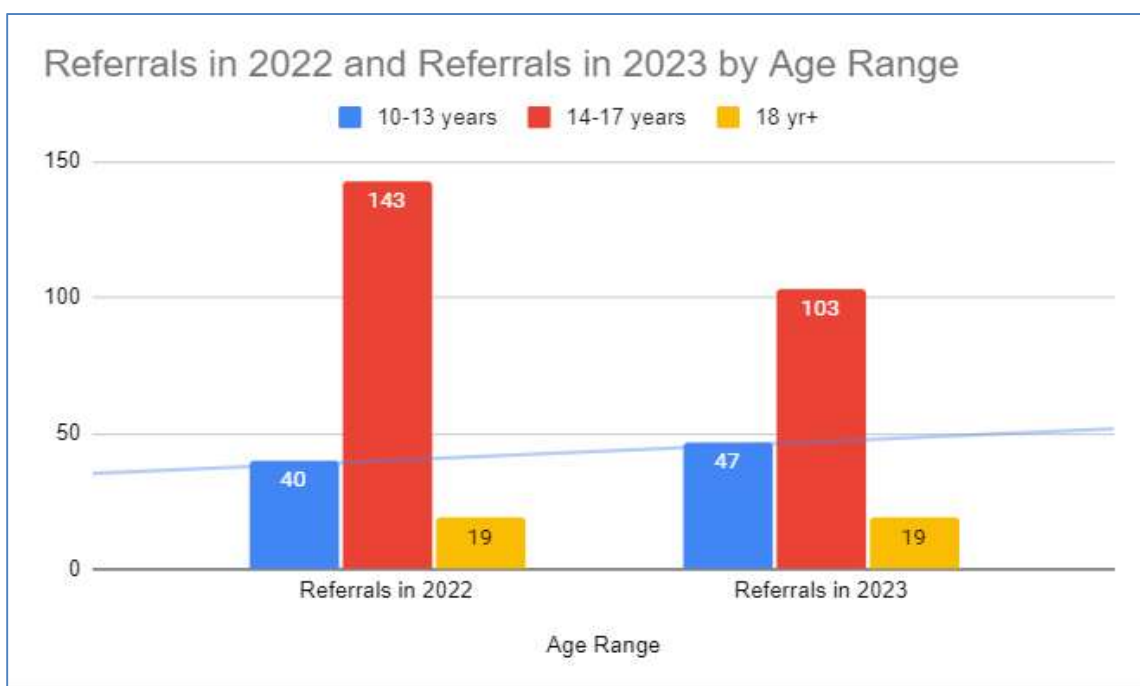
Referral sources

Referral Source	Total Referral	# admitted	% of referrals admitted
AHN Pediatrics	1	1	100%
Associates in Counseling and Wellness	1	1	100%
Beaver Valley Intermediate Unit	1	0	0%
Belmont Pines	10	2	20%
Butler Area SD	20	15	75%
Butler Health System	1	0	0%
The Care Center	2	1	50%
Carrie Kuhs, LPC	1	0	0%
Children’s Hospital	1	0	0%
Christian Counseling Services	1	1	100%
Clarion Hospital/Psychiatric	4	2	50%
Dear Mind	1	1	100%
Family Pathways	3	3	100%

Family Psychological	10	4	40%
FBR	1	1	100%
GRLS	29	21	72%
HSAO Life Project	1	0	0%
Human Service Center	2	1	50%
Karns City SD	4	4	100%
Knoch School district	4	2	50%
Moniteau SD	1	1	100%
PBS Mental Health associates	2	1	50%
PHN	2	0	0%
Pine Richland SD	5	2	40%
Pressley Ridge	2	1	50%
Primary Health	1	1	100%
Psychology and Learning Center	1	1	100%
Renee Cavaler & Associates	1	0	0%
Rochester School district	2	1	50%
Southwood	34	19	56%
SVSD	3	3	100%
Summit Psychological Services	1	1	100%
The Chill Project	1	0	0%
Union Area SD	1	0	0%
UPMC	7	5	71%
Western PA Psych Care	1	0	0%
Woodside Professionally Counseling	1	0	0%
WPH Presby	1	1	100%
WPIC	4	1	25%
Totals	169	95	56%

Referrals by Age

Age	# referrals 2022	Of those referred, # admitted 2022	# referrals 2023	Of those referred, # admitted 2023
9	3	1	0	0
10	2	0	0	0
11	2	0	4	2
12	14	7	7	7
13	22	12	36	19
14	39	24	21	11
15	48	26	31	13
16	26	15	37	21
17	30	17	14	10
18	17	9	17	11
19	2	1	2	1
Blank	1	0	0	0



Looking at referrals by age, we can start to determine trends in age of clients being referred. There is a slight increase from 2022 to 2023 for the age group of 10-13 years old. Although not on the graph, when looking at the data table it shows that most referrals in this age group were actually not admitted to the program. For the new 2024-2025 Fiscal Year, the PHP program would like to focus on developing a program specific to this age group. In 2023, PHP received 169 referrals and was able to admit 95 clients. The percentage of admissions for 2023 was 56%.

PHP receives referrals from various mental health sources. PHP is a positive step-down for clients that are transitioning from the hospital back home. PHP is used as a stabilization program and a step down from inpatient services. PHP receives referrals from other mental health agencies in the hope that clients are able to remain stable by remaining in a lower level of care. PHP provides stabilization services and coping skills for these individuals. Every client that is referred to PHP is required to have intake/psychosocial to see if they are a good fit for the program. PHP works really well for clients that have been diagnosed with depression, anxiety and mood disorders. PHP does not work for clients that have been diagnosed with ODD, Conduct disorders or exhibit aggressive behaviors. The latter diagnoses would be a reason for not admitting clients into the program.

Discharges and Admissions

Month	Discharges	Male	Female	Identify as other	Admissions	Male	Female
2023	95	29	66	0	94	29	65
2022	108	28	79	1	110	31	79

Age	Admission		Discharge	
	Male	Female	Male	Female
12	2	6	2	4
13	7	5	7	5
14	3	9	3	10
15	1	13	2	15
16	6	18	5	17
17	6	6	6	7
18	4	7	4	7
19	0	1	0	1

In 2022, PHP saw an increase in female admissions. As noted above, PHP still sees gender disparity between male and females. PHP feels that it is still more common for females to accept mental health treatment at the PHP level than males. The majority of males that are referred to PHP, refuse to go through the intake process to be admitted to PHP.

Admission Primary Diagnosis most prevalent

Diagnosis	2023	2022
Unspec. Depressive DO	6	3
ADHD	10	23
Autism	4	3
PTSD	9	4
Major Depressive DO, recurrent episode	25	40
Major Depressive DO, single episode	5	16
Intermittent Explosive DO	0	1
Impulse Control DO	0	1
Bipolar all types	2	2
Generalized Anxiety DO	12	14
Disruptive Mood Dysregulation DO	8	1
Adjustment DO including with anxiety and depressed mood	4	2
Persistent Depressive DO	1	0
Separation Anxiety	1	0
Social anxiety	2	0
Unspecified anxiety DO	1	0
Unspecified ADHD	1	0
Unspecified Bipolar DO	2	0
None	1	0
Totals	94	110

The chart above identifies all diagnoses, including most prevalent, of the individuals upon admission that were served in PHP. This data is used to guide the program in targeting additional assessments that could be used throughout the course of treatment. It is important to note that although the identified diagnoses above were the most common, the program also served individuals with the following additional diagnoses: DMDD and ADHD.

Discharge Primary Diagnosis most prevalent

Diagnosis	2023	2022
ADHD	13	22
Autism	3	3
PTSD	10	5
Major Depressive DO, recurrent episode	23	45
Major Depressive DO, single episode	7	13
Intermittent Explosive DO	0	1
Adjustment DO all types	4	2
Impulse DO	0	1
Bipolar all types	2	2
Generalized Anxiety DO	14	12
Disruptive Mood Dysregulation DO	8	3
Separation anxiety	1	0
Social Anxiety DO	2	0
Unspecified Anxiety DO	1	0
Unspecified ADHD	1	0
Unspecified Bipolar	2	0
Unspecified Depressive DO	4	0
Totals	95	108

In 2022, Major Depressive Disorder was the leading diagnosis upon admission. During this reporting period, Major Depressive Disorder was still found to be the most prevalent diagnosis. A client will be discharged from PHP when they show less symptomology from when they are admitted to the program. PHP tracks the clients progress by assessing for safety, assessing the level of coping skills learned, and a decrease in low mood by checking in daily with the client. Upon admission and discharge, PHP administers the GAD-7 and PHQ-A. These assessments can give staff indicators of the client's progress while participating in PHP. PHP hopes that the assessment number will decrease from admission to discharge.

Satisfaction Surveys

Discharge

Question	# of responses	Yes	No	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Were you part of your discharge Plan?	10	100%	0					
Do you understand your medication management follow up?	10	100%	0					
Did your staff member talk with your next provider and help you with the transition process?	10	100%	0					
Did Glade Run staff help you build a supportive network in your community?	10	90%	10%					
Are you transitioning into another glade Run Service	10	50%	50%					
Were services helpful?	10			0	0	20%	60%	20%
Did you meet your goals?	10			0	0	60%	30%	10%
Were your needs met by the program?	10			0	0	30%	50%	20%
Would you recommend Glade Run to someone else?	10			0	0	20%	60%	20%
Do you feel confident the skills you have learned can be used in your home, community, and/or school?	10			0	0	40%	50%	10%

External Surveys

We received 23 surveys from an external source compared to 18 last year. The Butler County Consumer/Family Satisfaction Team provided us with the survey results they received. The time frame of surveys completed were from July 2022 to June of 2023.

Question	Yes	No	NA	Almost Always/ Always	Somet imes	Does not apply	Often	Never/ Rarely	Comments
Is the provider/site staff respectful and friendly?	23 (100%)	0							
When you first called Provider/site for an appointment, were services provided in a timely manner? Why not?	19 (83%)	4 (17%)							Had to wait 3 weeks to get in and had to keep going to regular school where problem was, waited a month, took 2 months to get in
Is provider/site conveniently located? Why not?	15 (65%)	8 (35%)							60 (x5), 45 (x2) and 35 minutes away
If you had a problem with Provider/site would you feel comfortable filing a complaint? Why not?	20 (87%)	3 (13%)							Don't want to rock the boat.
Are you asked to participate in treatment goals?	22 (96%)	1 (4%)							
Did you want your family to participate in treatment goals?	20 (87%)	3 (13%)							
Did provider/site involve your family in treatment goals?	19 (100%)	1 (5%)							
Has Provider/site made you aware of the support services available in your community?	23 (100%)	0							
Were you satisfied with the Individual Planning Meeting process? Why not?	11 (48%)	1 (4%)	6 (26%)						Did not want to come here.
Overall are you satisfied with the services you are receiving?	23 (100%)	0							

How hopeful are you about you (or your child's) future since receiving services?				8 (35%)	3 (13%)	0	11 (48%)	1 (94%)	
In the last 12 months, did your child have problems getting the help he or she needed?	7 (30%)				3 (13%)			13 (57%)	
What was the problem that prevented your child from getting the help they needed?									Get child into partial, Getting into child partial and therapy, needed therapy, needed a residential program, moved to Butler County-hard to find services, What behavioral school to go to of COVID, Getting help in the home to do home skills like learning to cook and help with cleaning
Were you (or you and your child) given the chance to make treatment decisions?	22 (96%)				1 (4%)			0	
What effect has the treatment you (or your child) received had on the quality of your (or your child's) life?									Much better 10 (43%) Little better 11 (48%) About the same 1 (4%). Little worse 1 (4%)
Can you give an example of what is better or worse?									*See below
Staff treat you with respect regarding your cultural background.				23 (100%)	0	0	0	0	
The doctor worked with you to get on medications that were most helpful to you.				19 (83%)	1 (4%)	0	3 (13%)	0	
Staff encourage you to do things that are meaningful to you.				23 (100%)	0	0	0	0	
Your family gets the education or supports they				16 (80%)	3 (15%)	0	1 (5%)	0	

need to be helpful to you.									
The services you are receiving are consistent with recovery-based principles such as focusing on things you think are important and including people who are important to you.									Strongly agree 17 (74%) Agree 6 (26%)
What do you like about the services you are receiving at provider/site?									* See below
What do you dislike about these services?									Sometimes feels like school for troubled kids, Brings up the past and want to forget the past
If you could improve anything about your services, what would it be?									If it were closer, start at a later time, more talking about groups they have, check up on me every day, Leave the past be, Encourage to open up more, More school time and higher reading levels in the library, Get help inside the home
Is there anything else you would like to say about your services?									Best services he had yet, Perfect place to come if you need help, Really good at their job, the staff is very kind.

- When asked to give an example of what is better or worse, responses included:
 - I'm happier
 - Less negative self-talk
 - I've been less emotional
 - Learned coping skills
 - Not suicidal
 - Getting better with issues at home
 - Motivation increased
 - Working on healthy boundaries

- Not opening up
- Anger issues are better
- Not stressful
- Don't have to be told to do stuff, don't disrespect parents. Have coping skills now.
- Not having negative thinking and lower anxiety
- Family getting along better, more communication not fighting
- Better attitude with parents
- Therapist helps to get through her trauma and gave coping skills
- Helping him accept help from others
- Better mood and gets a lot off his shoulders
- Better to talk, not so shy, easier to make friends
- Have not been depressed and lower anxiety
- When asked what they like about the services they are receiving, 23 responded:
 - Very welcoming, supportive, and don't judge (x4)
 - They are nice (x4)
 - It helps a lot (x2)
 - The people are nice, groups are good
 - It's less strict
 - Better than psych ward
 - Variety of things to talk about, staff is here for her
 - Get to stay at home and socialize with kids
 - Helped manage mental health
 - Sometimes age gap is big
 - Like the staff, they care about the kids and will work with them. Knows how to cope when he leaves.
 - Focus on self and get help in good environment, not judgmental and they are supportive
 - Enjoy it
 - Is given a lot of opportunity to talk and have fun talking to the teachers even
 - Show effort that they care and they can help her
 - Like how he gets help to learn new coping skills
 -

Compared to the previous year's surveys, there were several areas of improvement to be noted. When asked if the provider made them aware of services in the community, this improved from 72% to 100%. When asked if the doctor worked with them to get on medications that are most helpful, the response "Almost Always" increased from 6% to 83%. When asked if staff encourage them to do things that are meaningful to them, the response "Almost Always" increased from 83% to 100%.

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. The critical incidents from last year increased to 6 %. The increase was related to more accurate reporting and tracking. It is worth noting that no staff injuries resulted in the loss of work days or transitional duty.

Employee Work Related Injuries January 1, 2023 - December 31, 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
PHP	0	0	0	0	0

Client Critical Incidents January 1, 2023 - December 31, 2023

Program	Total # of Incidents	Total # of Students	Allegations of Abuse	Client Injury accident/intentional	Childline Allegation of Neglect	ER Visit	Serious Nature/ Other	Psychiatric hospital
PHP	23	103 served (16 with incidents)	2 Physical 2 Sexual	6	4	1	6	1 Involuntary 1 Voluntary

In 2023, PHP increased the number of critical incidents from 4 to 16. This increase in reporting was due to more accurate documentation and improved tracking.

The allegations of physical/sexual abuse occurred in the client's home/community environment and the youth self-reported to PHP staff.

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
PHP 1/1/23- 12/31/23	5 PHP and 1 Education	1 new and 1 transfer	1 transferred out	6 PHP and 1 Education	17%
PHP 1/1/22- 12/31/22	5 PHP and 2 Education	3	3	5 PHP and 1 Education	43%
PHP 1/1/21-12/31/21	5 PHP and 2 Education	0	1	5 PHP and 2 Education	14%

Our recruiting and retention efforts are continuously being evaluated in order to provide services. In 2023, PHP had 1 new hire and 1 transfer. This decreased significantly in 2023. PHP is consistently looking to improve hiring efforts and staff retention.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Assessment Data

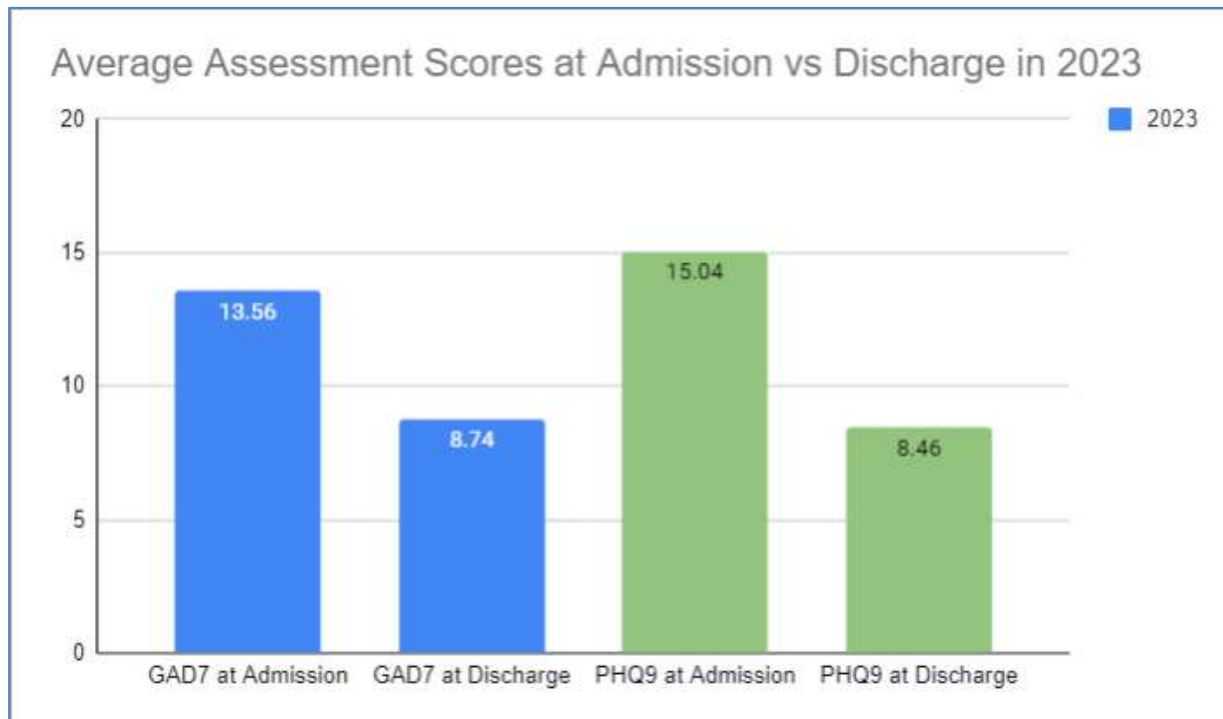
The Generalized Anxiety Disorder scale (GAD-7) is one of the most frequently used diagnostic self-report scales for screening, diagnosis and severity assessment of anxiety disorder. The GAD-7 can be used with children and adults 13 years and older. Using the threshold score of 10, the GAD-7 is moderately good at screening for three other common anxiety disorders – panic disorder (sensitivity of 74%, specificity of 81%), social anxiety disorder (sensitivity of 72%, specificity of 80%), and post-traumatic stress disorder (sensitivity of 66%, specificity of 81%).

The score between 10 to 14 indicates moderate severity. At admission the average score was 13.61. At discharge that average score was 4.29. A meaningful change is a reduction in symptom severity by 5 or more points.

The Patient Health Questionnaire (PHQ-9) is a brief, 9-item self-report screening tool that may help identify symptoms that could relate to depression. The PHQ-9 was developed for use in primary care settings. The PHQ-9 has an ADULT and TEEN (11-17 years old) version. A score of 10 or more on the PHQ9 has a sensitivity and specificity of 88% for a “major depressive disorder” diagnosis. Initially the average score at baseline was 16.69 and discharge the average score was 9.09. The score between the 15 and 19 range indicates moderate severe symptoms. The average score at discharge was 7.27 which is considered to be in the “mild” range for depressive symptoms.

PHP will continue to administer the GAD-7 and the PHQ-9 as ways of determining success with programming. Staff will continue to use these assessments as modifiers to help determine treatment goals, coping skills and after care services. PHP hopes that a reduction of symptoms will decrease significantly from admission to discharge. The most recent data shows a decrease in symptoms for the PHQ-9 but a slight increase in symptoms for the GAD-7. However, both the average difference is still in the mild range for both assessments.

Assessment	# of clients with assessments at admissions	Average Score	# of clients with assessments at discharge	Average Score	# of consumers that competed both	Average Difference
GAD 2022	98 (12 of which were completed at end of 2021)	13.61	67	9.04	63	4.29
GAD 2023	87	13.56	70	8.74	63	4.92
PHQ-A 2022	98 (12 of which were completed at end of 2021)	16.69	66	9.09	63	7.27
PHQ-A 2023	90	15.04	69	8.46	65	6.54



Disposition at Discharge

Of the 95 discharges, 66 (69%) were planned and 29 (31%) were unplanned. Of the 29 unplanned, reasons were provided as to why they were discharged.

Reason for Discharge	Number of Discharges
Refused to continue/no longer wanted to participate	19
Referred to higher level of care	1
Violated PHP attendance Policy	4
Violated PHP Rules	2
Trauma Therapy was recommended	1
Going back to regular education because of court order	1
Client's family looking to place them in group home	1

Although PHP attempts to engage the clients in treatment, 19 client's chose not to continue with the program. PHP works with the family to determine aftercare services. 1 client was referred to a higher level of care due to safety concerns in the home. 4 clients violated the attendance policy by being absent without an excuse for 3 days. 2 clients were discharged due to violating PHP policies such as contacting other clients outside of treatment. PHP is most successful with clients that are engaged in services and stay for the 6 to 8-week time frame. PHP has the most successful discharges when the client remains in our care for the entire authorized amount of time.

Education Overview

PHP offers clients and the school districts that they attend two options for education. PHP will give the districts options to either use our curriculum or clients will continue to utilize the educational format that the client was using before admission. If PHP does not provide the education curriculum, the client will only receive behavioral support and not educational support. If PHP provides the educational curriculum, educational updates, grades as well as a discharge meeting will be provided to the district.

Individual Records review

The director of PHP along with the Mental Health therapist ensures that all client charts meet the below standards. The following chart is the identified tool to audit compliance. A Tracker/spreadsheet is utilized to track intake information, treatment plan updates and signed releases/consents. New policies were developed to help provide an extra layer of support around the above areas. After these new policies and protocols were put in place, staff were retrained. Please see below:

Initiation of Services	Compliance Rate
Referrals completed in the EMR	
Intake Psychosocial (completed and signed before master treatment is created)	
Policies and Consents (day admission)	
Releases/PCP letter (Day of admission)	
Assessments (GAD-7, PHQ-A, Columbia Scale) (day of admission)	
Individual Treatment Plan	
Initial Treatment Plan 5 days of Admission	
Initial Treatment Plan 5 days of Admission-sign by Doctor	
Master Treatment Plan (completed every 20 days)	
Master Treatment Plan (completed every 20 days) signed by Doctor	
Crisis Plans	
Crisis plans are individualized, clearly documented, and include specific interventions for the client and family/support system.	
Progress Notes	
Data section - Personal and client observations/content and process of session/activities and interventions used to reflect the Tx plan(daily)	
Assessment - Skills that are taught in group/client response to skill(daily)	

Summary

In 2023, PHP census decreased from 125 in 2022 to 103. The reason for the decrease is due to the lack of referrals the program was receiving in August and September. The Partial Program continues to collaborate with external agencies to help with the referral and admission process. By reviewing the yearly data, the Partial Program has identified some areas for quality improvements that will enhance the quality of the program. The Program will continue to define these areas. Please see below for areas of improvement:

Next Steps and Strategic Plan:

Quality Initiative	Task	Responsible Party
Determine if PHP could develop and sustain a specialized PHP program for 10-13-year olds	Analyze data around this demographic. Determine assessment tools. Hone in on where these referrals are coming from and do additional marketing.	PHP Director
Adopt new assessment tools that will capture the success of other diagnosis that PHP serve	Develop a new tool that will capture the success of other diagnosis PHP services	PHP Staff
Identify reasons that referrals did not convert to utilization of services	Track reasons why referrals did not convert to admissions	PHP staff
The PHP program will maintain quality and compliance with all record standards as outlined in the 5200 regulations.	Within 30 days of admission all client records will be audited. Additionally, a minimum of 50% of the records will be reviewed quarterly for quality and compliance utilizing the above record review tool and additional tools identified by the Program Director	PHP staff
Develop outcome Matrix	Identify outcome measures and tools to collect, report and utilize the data for continued program quality improvement	PHP Director, QI staff, IT