



# **Blended Case Management**



**Annual Quality Review  
July 1, 2021 – June 30, 2022**

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## Service Description

Blended Case Management is a service that assists individuals with mental illnesses or emotional disorders in gaining access to psychiatric, medical, social, educational, and other services. A Blended Case Manager works with individuals with a serious mental illness to help identify and access available services, community resources, benefits and to resolve daily living problems. Services are delivered in the home, community, and throughout the COVID-19 Pandemic via telehealth. The frequency of contact is based on need and includes interventions such as:

- Comprehensive assessment of needs and assistance establishing a Service Plan.
- Assistance accessing services including completing applications, attending appointments, and removing transportation barriers
- Provides assistance to resolve barriers that prevent individuals from accessing identified benefits and services
- Outreach to the client and family to increase communication with the treatment team
- On call 24/7 for crisis intervention, diversion from inpatient care, and support during inpatient admission

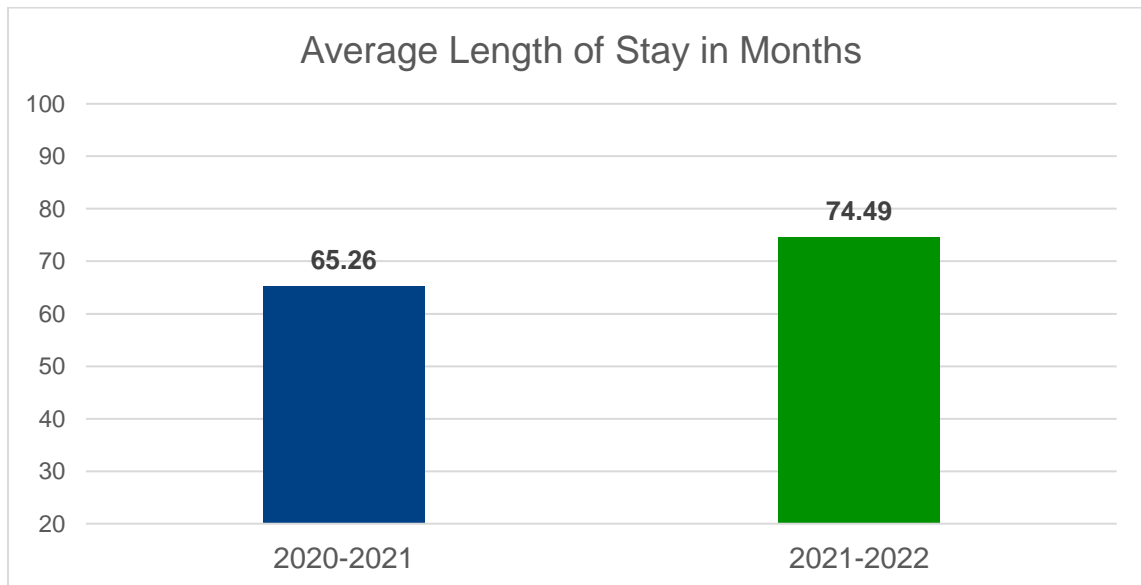
## Overview

- The Guidance Center operates under the mission of developing and providing comprehensive, quality mental health and substance use treatment, intellectual disability services, education, prevention, and community outreach services, guided by principles of least restricted care, cost effectiveness, accessibility, and responsiveness to individuals, families and communities served.
- The Guidance Center has the distinction of being a Certified Community Behavioral Health Clinic (CCBHC). The goal of CCBHC is to improve access to care, enhance service coordination, and improve service quality in order to reduce hospitalizations and inpatient facility use and to reduce suicide and suicide attempts.

CCBHC's are required to provide the following nine core services:

1. Crisis Services –available 24 hours a day, 7 days a week
2. Treatment Planning
3. Screening, Assessment, Diagnosis, & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services

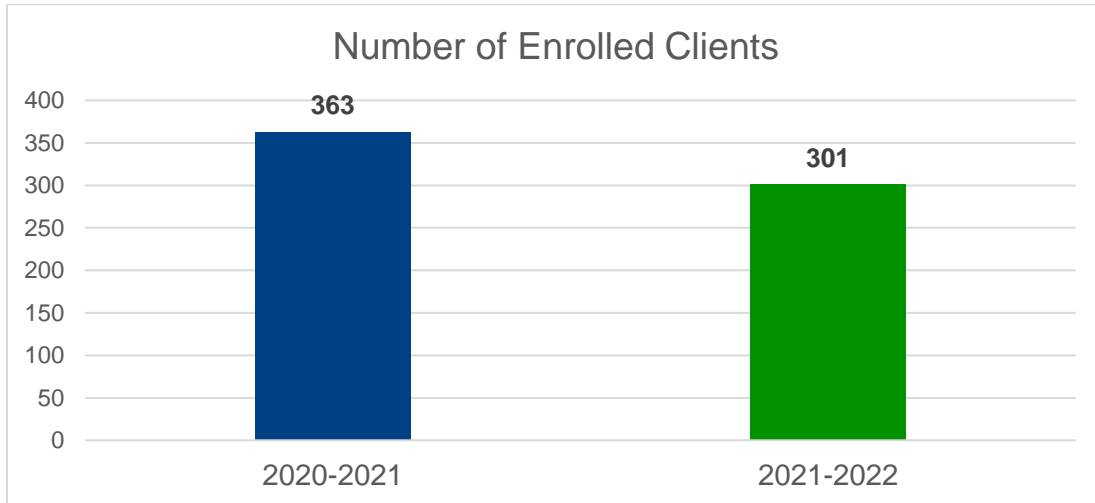
- The Guidance Center has continued to provide optimal service delivery within the Blended Case Management Program throughout the ongoing challenging times of the COVID-19 pandemic. As we maneuvered through the pandemic, our nation came to be in a stronger place with the utilization of tools such as vaccinations, boosters, and treatment. With these protective measures, there was reduction in illness severity, hospitalizations, and deaths related to COVID-19. Therefore, our agency provided more in-person sessions to the individuals served during this period of review. Additionally, we saw an increase in the individuals served participating in social activities. The Guidance Center continues to adhere to the CDC and State guidelines and will make accommodations to policies and procedures when necessary.
- Quality Improvement plans are made based upon internal Compliance audit results and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure The Guidance Center is delivering optimal care in Blended Case Management. Blended Case Management clients were offered feedback surveys using a HIPAA compliant platform. Data was extracted and analyzed based on quality performance. Survey results are shared with the Program Director, Senior Management, Executive Director, and the Agency Board of Directors.
- The Guidance Center is a designated North Central Trauma Informed Care Center through the Behavioral Health Alliance of Rural Pennsylvania (BHARP) for expertise in trauma informed care practices, specific treatment modalities, supervision, and program management.
- Data for this Quality Report is from July 1, 2021, through June 30, 2022. The average length of stay for Blended Case Management increased to 74.49 months during this review.



## Demographics

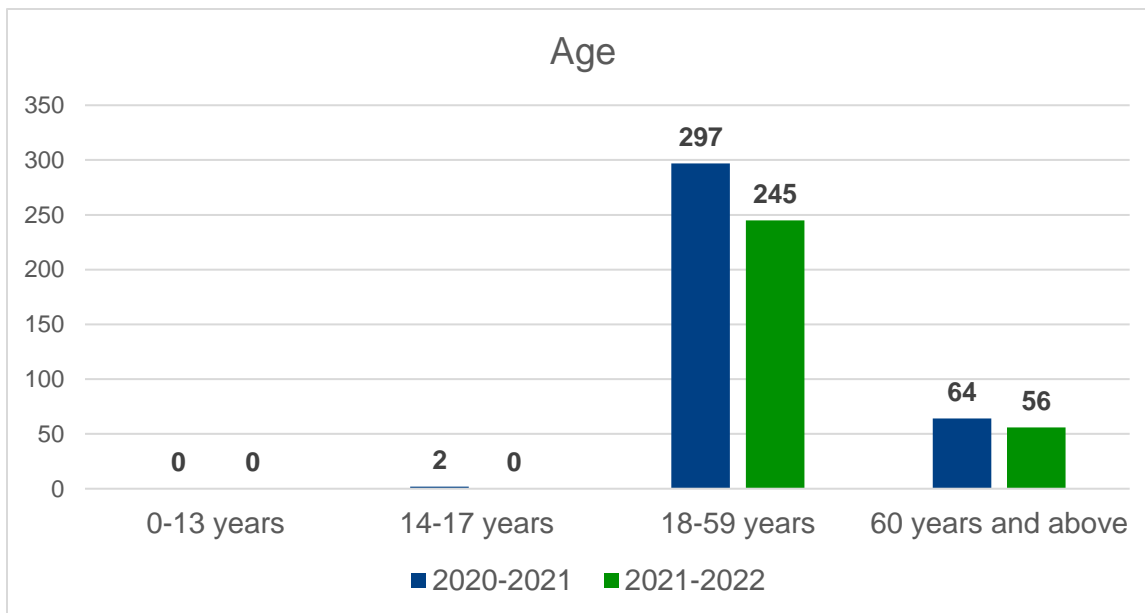
### Number of Enrolled Clients

There was a decrease in number of individuals served in the program from 363 clients to 301.



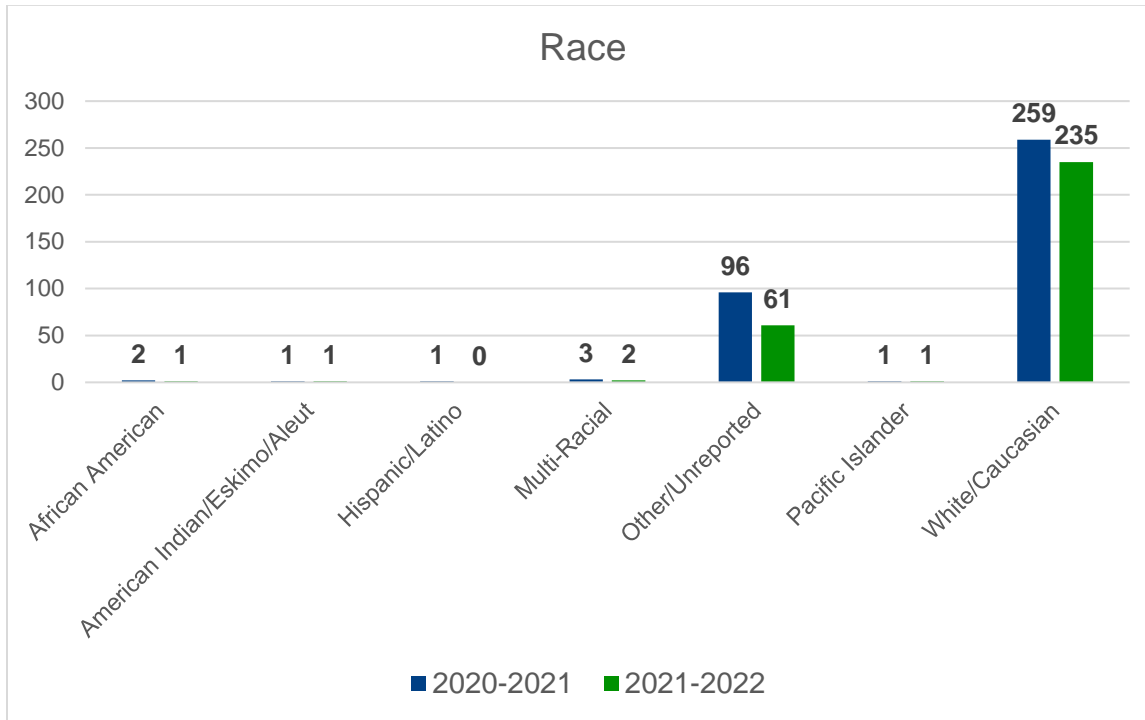
### Age

Consistent with the last review, majority of the individuals in the BCM program are between the ages of 18-59 years. The graph below represents the ages of individuals served.



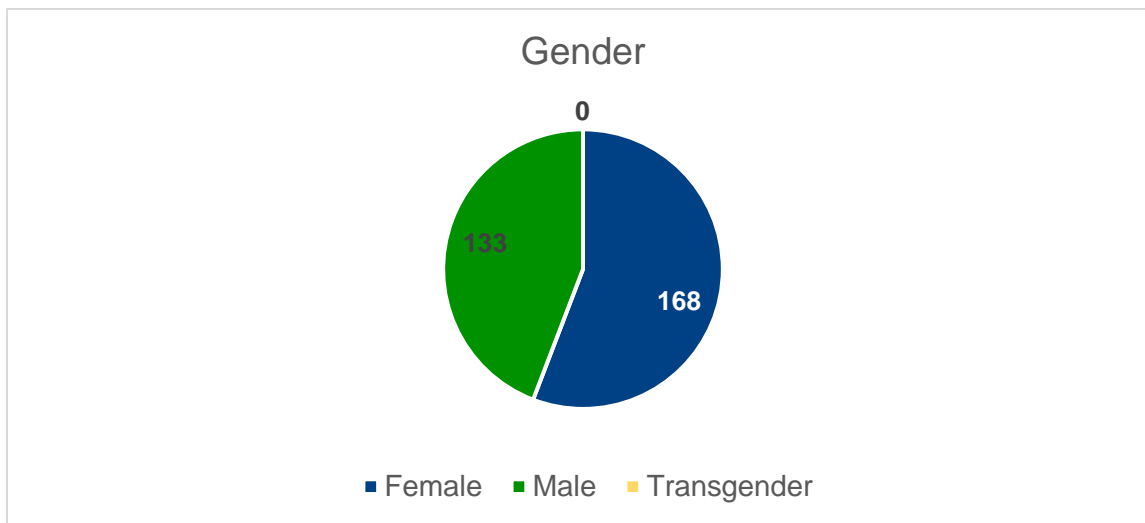
## Race

Consistent with the last review, majority of individuals served in the program are White/Caucasian.



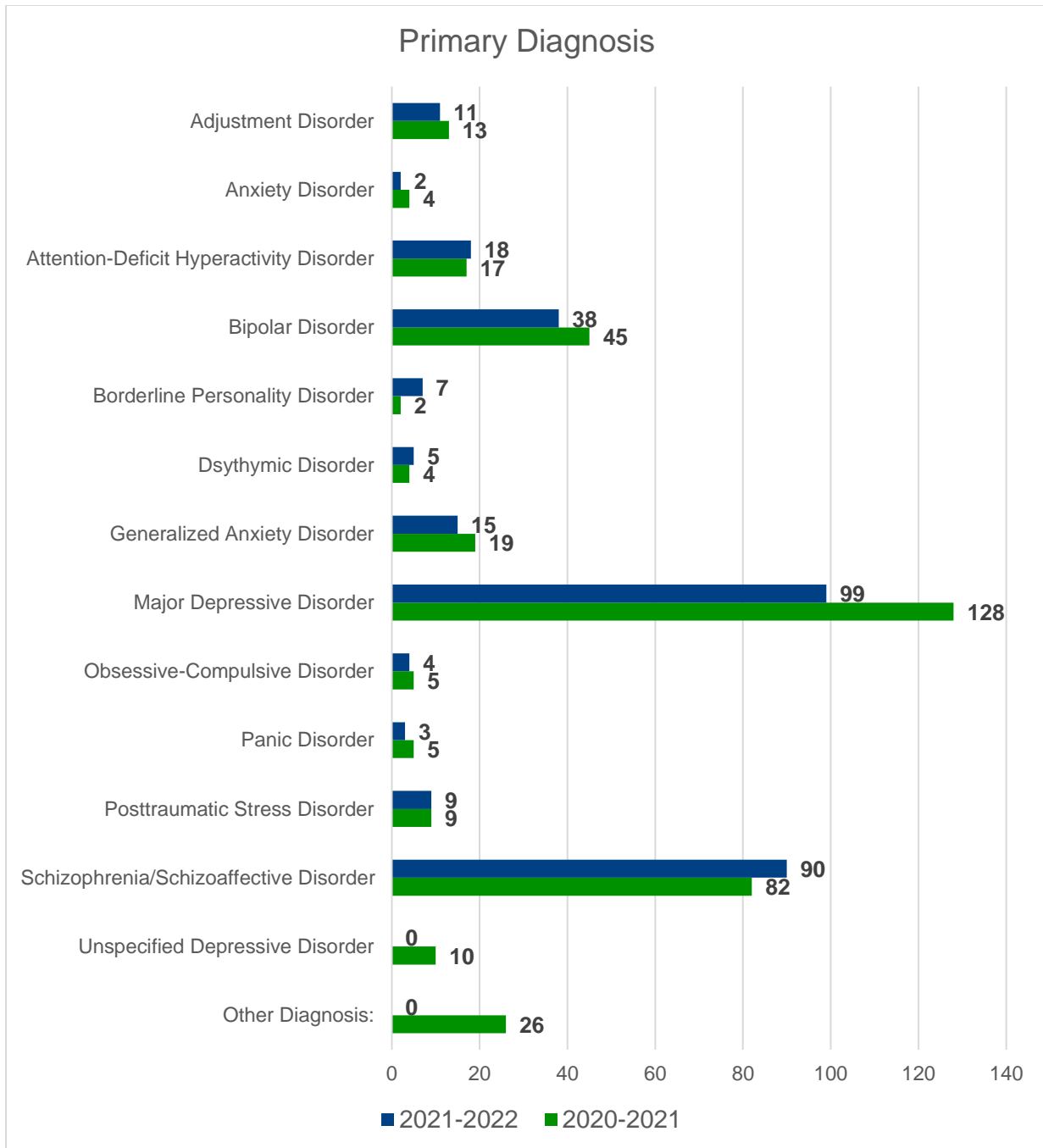
## Gender

Consistent with last review, majority of the individuals served in the program identify as female. Last review, one individual identified as Transgender. The following graph depicts the gender of individuals served in the program.



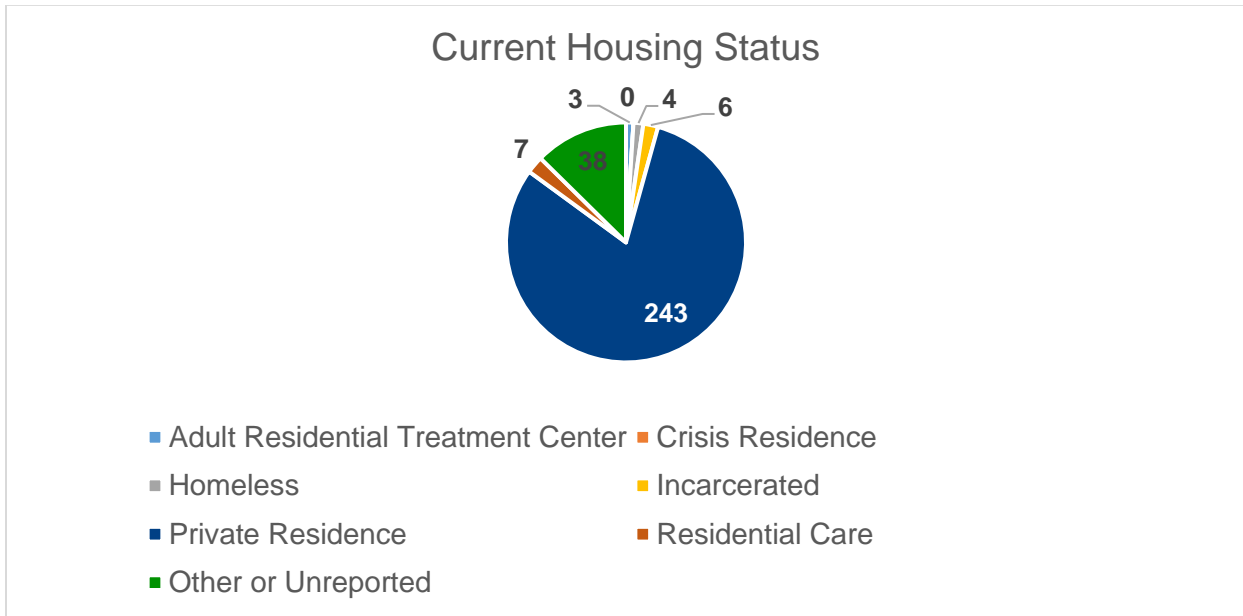
## Primary Diagnosis

The following table represents the primary diagnoses of clients enrolled in the BCM program. Consistent with the last review, Major Depressive Disorder continues to be the most common primary diagnosis.



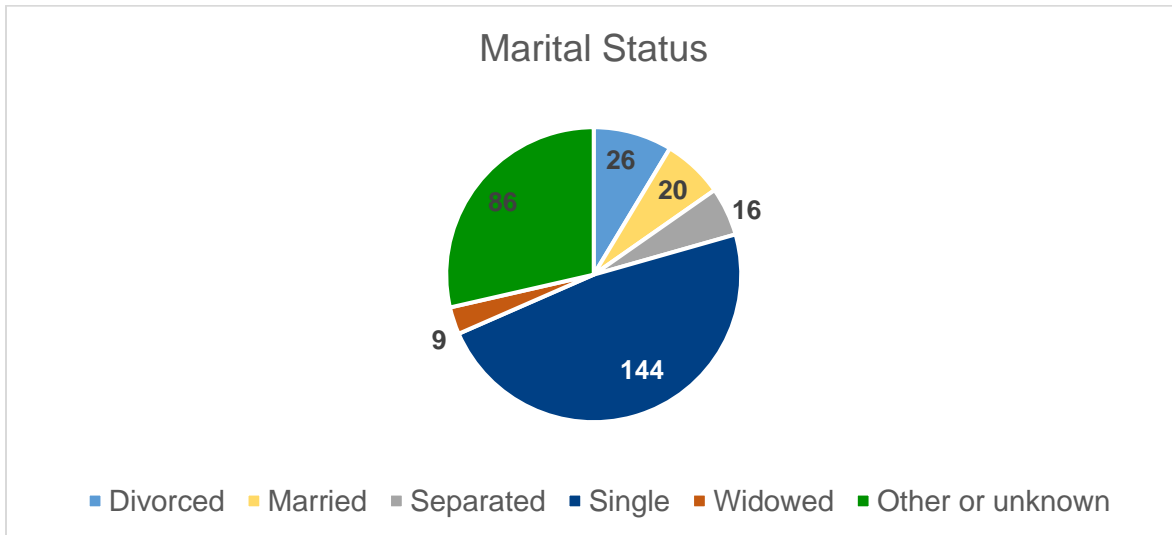
### Current Housing Status

Majority of the individuals served live independently or in a private residence. The graph below depicts the percentage of individuals and their living situation.



### Marital Status

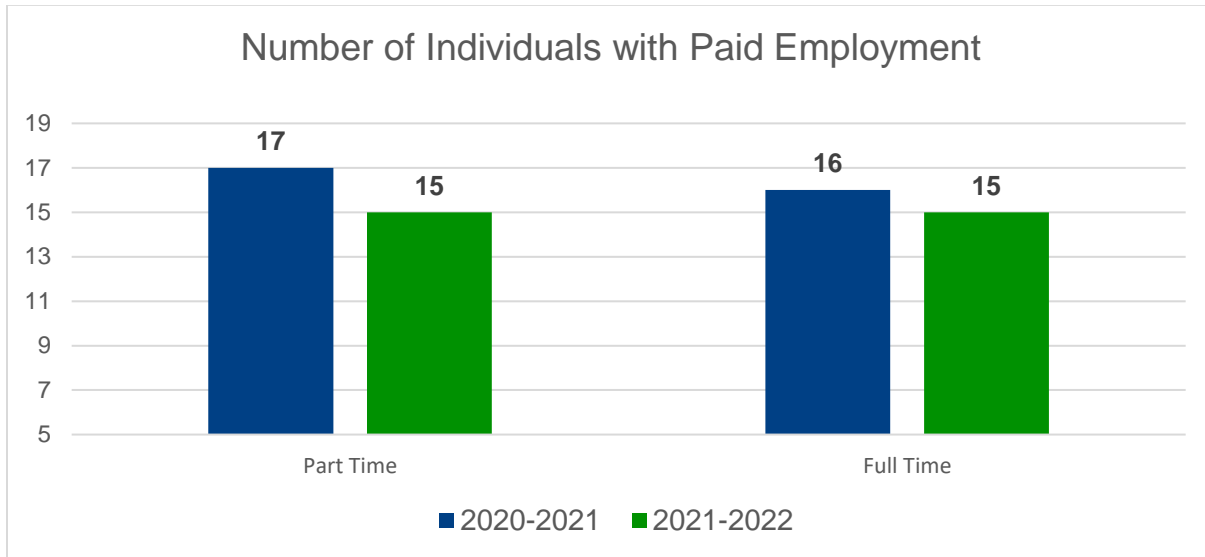
Consistent with the last review, majority of individuals served in the program during this review are single.





## Employment

During this review, there was one less individual working part-time and full-time employment. The graph below depicts the number of individuals with paid employment.

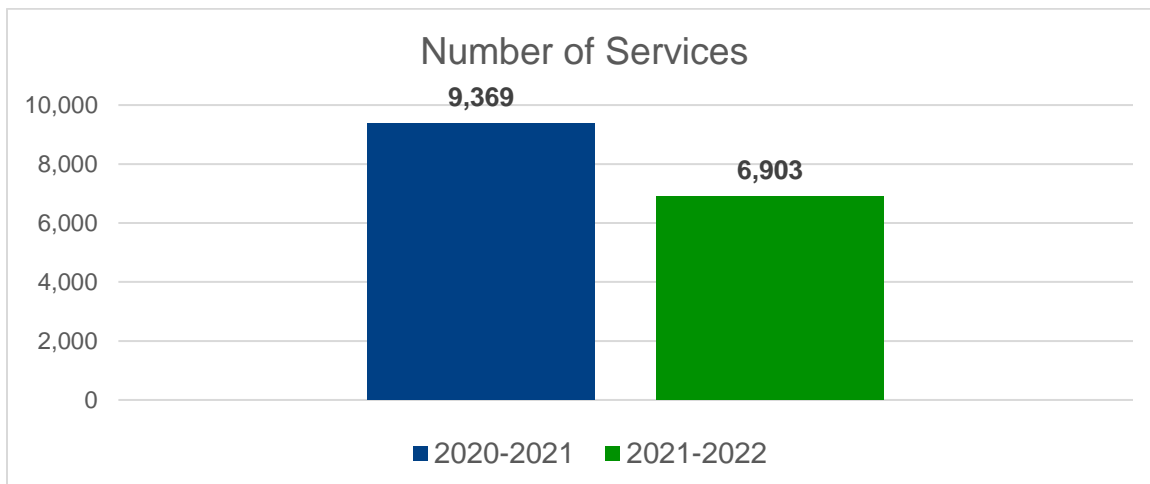


## Service Data

### Number of Services

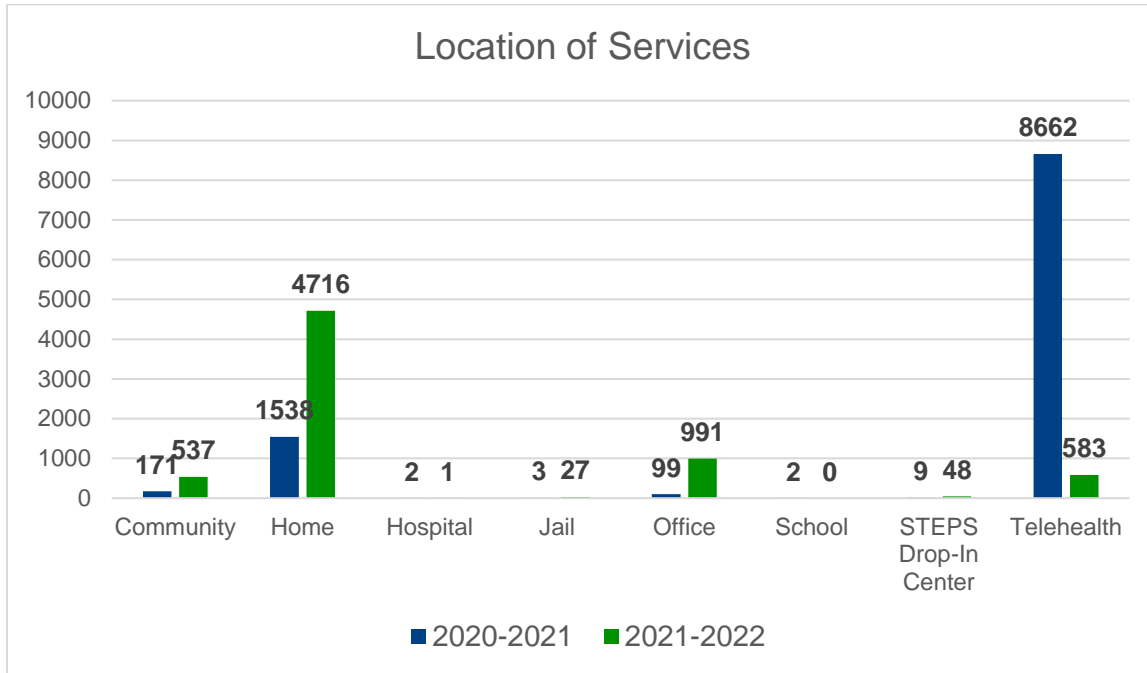
Consistent with other agency programs, there was a decrease in number of services from our last review.

Consistent with other agency programs, number of services completed decreased in Blended Case Management Services. Predicted reasons for decrease in services could be related to individuals facing transportation barriers, individuals accessing community events more and possibly missing appointments, and other contributing factors.



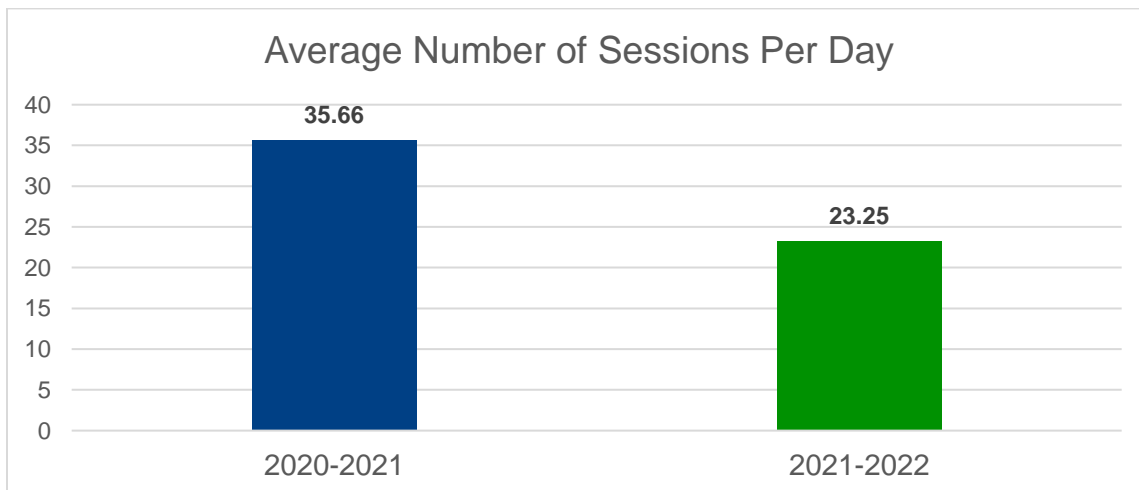
### Location of Services

During the last review, service location was primarily via telehealth. During this review, majority of services were held in the individual’s home. As the COVID-19 pandemic progressed, number of cases were reduced which resulted in social distancing guidelines decreasing. Services transitioned from a virtual model to an in-person model again.



### Sessions Per Day

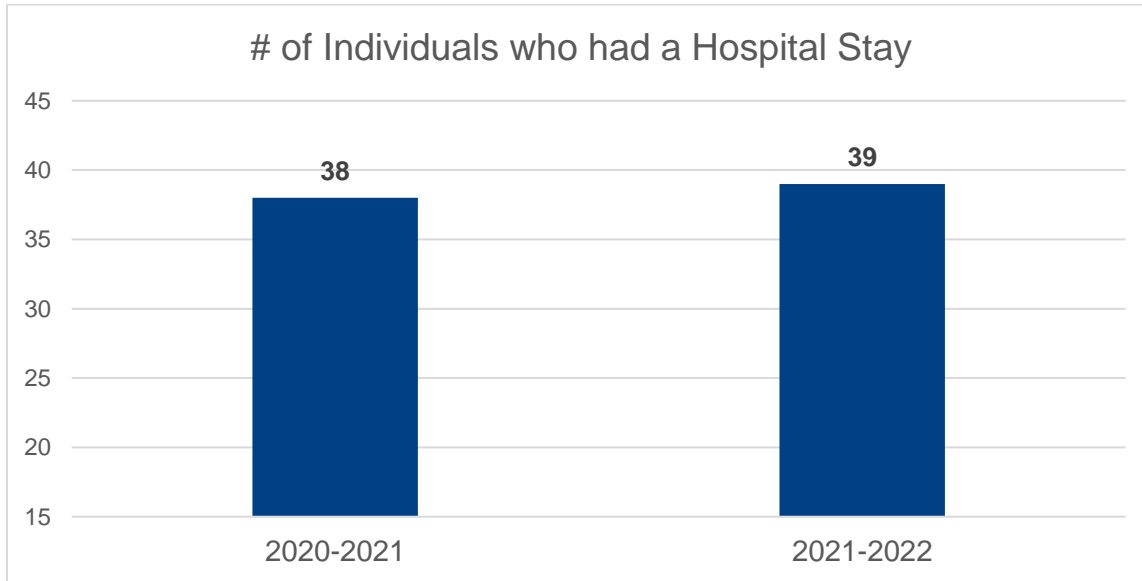
The average number of sessions held per day are 23.25 which is a decrease from last review. We anticipated the decrease in average number of sessions per day since the number of services decreased as well.



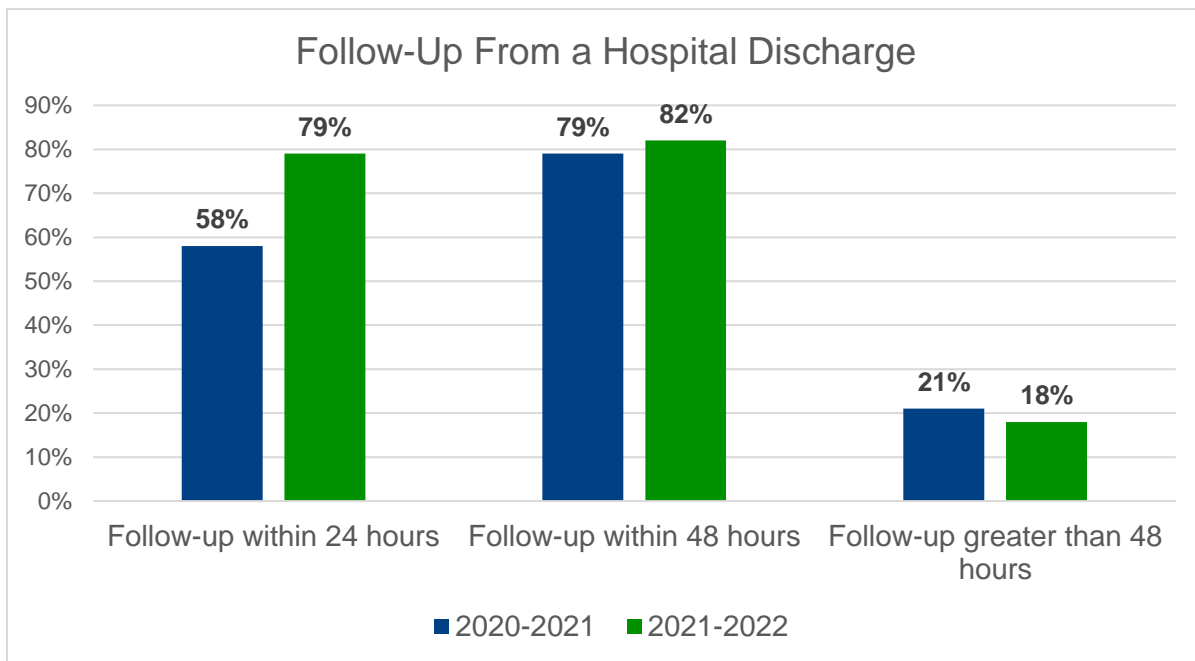
## Care Coordination

### Hospital Discharge Follow-Up

During this review, there were 39 individuals who had a hospital stay which is a slight increase of 1 since the last review.



An initiative monitored within the Blended Case Management Program is follow up with clients within 24 hours of discharge from a hospital stay. The graph below indicates BCM's follow-up from a hospital discharge.



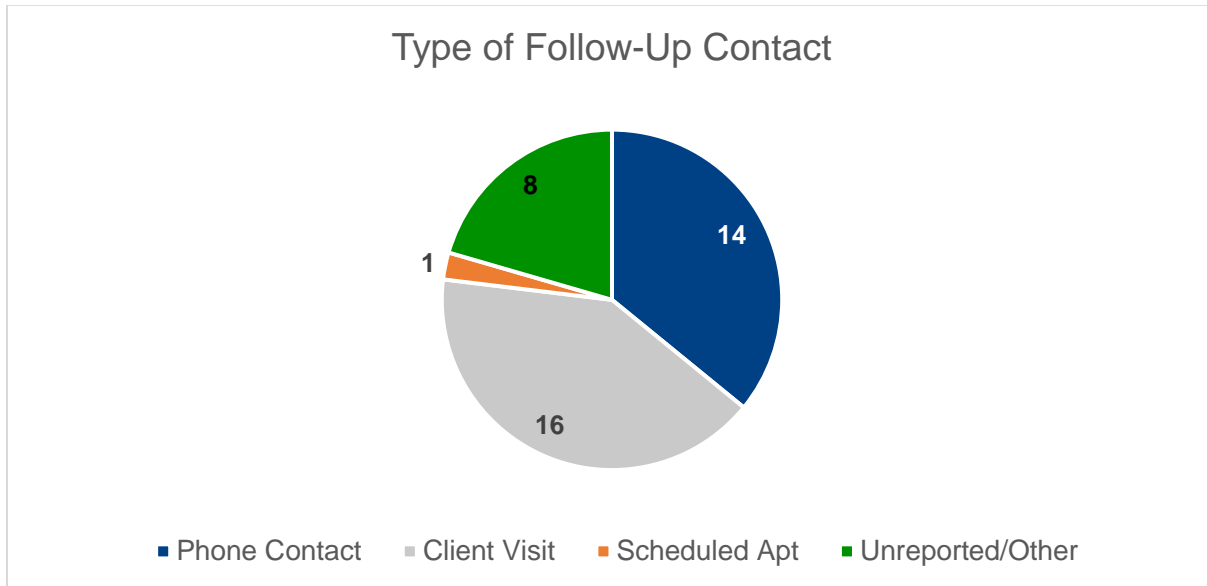
There was an increase of follow-up within 24 and 48 hours since the last review. Follow-up with individuals in the BCM Program from a hospital discharge is an area closely monitored. At the

last review, a Plan Do Check Act (PDCA) was developed to increase follow up with clients who are discharged from a hospital stay within 24 hours. Since the goal is to follow-up with individuals within 24 hours of a hospital stay, we are monitoring this area for quality improvement. Below is a snapshot of the PDCA that was developed in March 2021 and currently being followed.

<b>Plan</b>	<b>Type of Plan:</b>	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Review	<input type="checkbox"/> Retired						
	<b>Aim Statement:</b>	BCM Staff will attempt to follow-up with clients within 24 hours of a hospital discharge.								
	<b>Reason for Measure:</b>	Following up after a hospital discharge can improve outcomes and reduce hospital readmissions.								
	<b>What, Who, Where, When:</b>	<ol style="list-style-type: none"> <li>1. Program Director will review with staff the importance of following up with clients after a hospital discharge. Program Director will train staff to document this in Credible.</li> <li>2. BCM Staff will document the hospital discharge follow-up in the client extended profile in Credible.</li> <li>3. Quality Director will continue to monitor this area during quality reviews.</li> </ol>								
<b>Do</b>	<b>Person involved / Actions Taken:</b>	<ol style="list-style-type: none"> <li>1. Program Director trained staff to follow-up with clients within 24 hours of a hospital discharge and document in the Electronic Health Record.</li> <li>2. July 2021: This area remains low and does not meet or exceed the goal of 80% so this indicator will continue to be monitored.</li> </ol>								
<b>Check</b>	<b>Summarize What Was Learned:</b>	<div style="text-align: center;"> <p>Follow-up within 24 hours of a hospital discharge</p> <table border="1"> <caption>Follow-up within 24 hours of a hospital discharge</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2020-2021</td> <td>58%</td> </tr> <tr> <td>2021-2022</td> <td>79%</td> </tr> </tbody> </table> </div> <p>February 2023: This area increased drastically from the last review. Since the indicator still slightly falls below 80%, we will continue to monitor this area for quality improvement.</p>			Period	Percentage	2020-2021	58%	2021-2022	79%
Period	Percentage									
2020-2021	58%									
2021-2022	79%									
<b>Act</b>	<b>Was Desired Improvement Achieved?</b>	<input type="checkbox"/> Yes: Adopt & Adapt <input type="checkbox"/> No: Abandon & Predict New Change								
	<b>Notes:</b>									

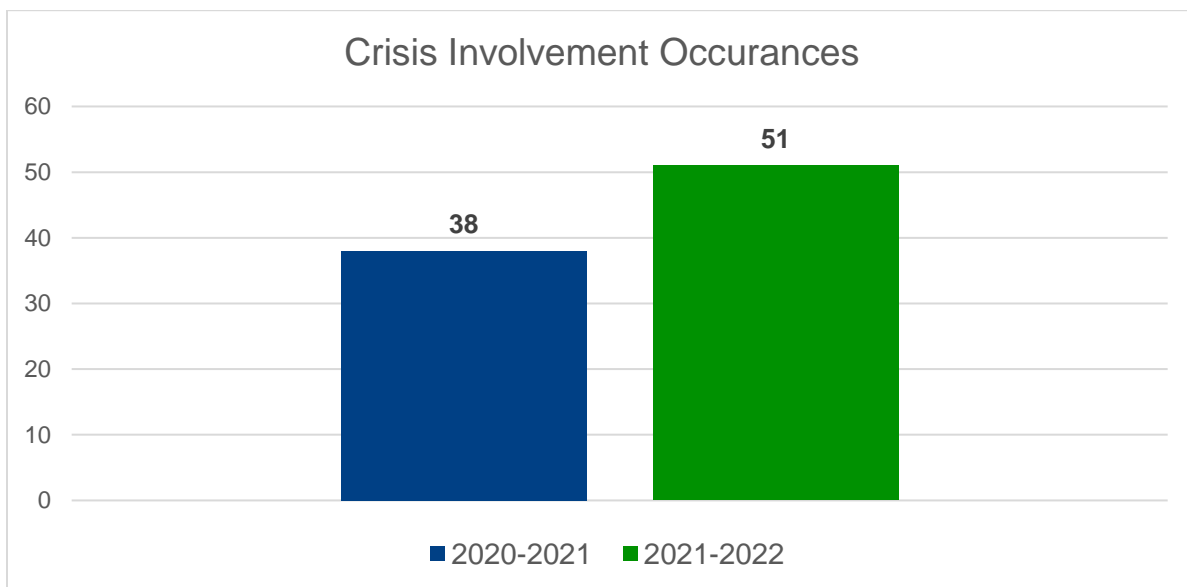
### Type of Contact

The type of contact for follow-up from a hospital discharge is also monitored. BCM staff followed up with clients by scheduling an appointment, completing an appointment, or by phone.



### Crisis Involvement Contacts

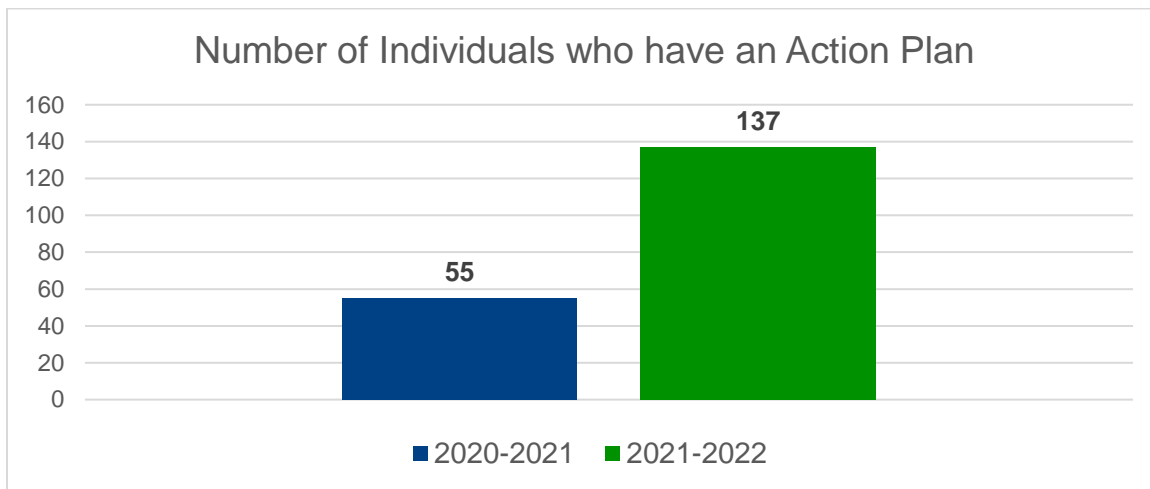
Crisis involvement contacts are also monitored within the BCM Program. We saw an increase in crisis involvement occurrences which was consistent across other agency programs.



## Evidence-Based Practices

### Wellness Recovery Action Plan (WRAP)

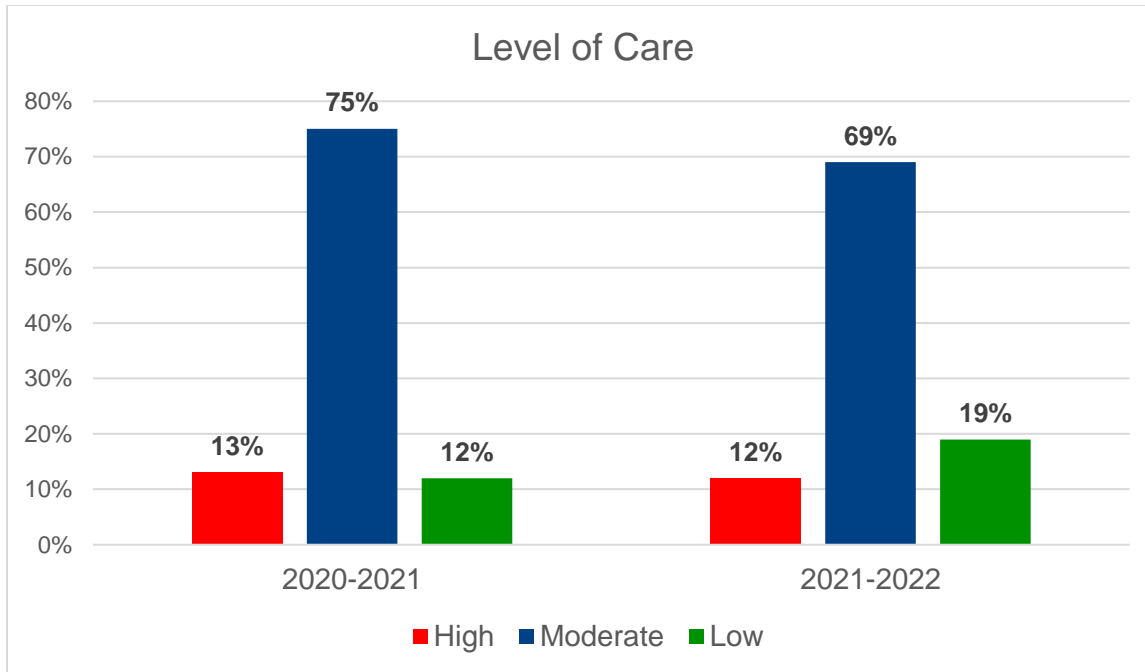
BCM monitors the use of Evidence-based Practices in terms of Action Plans. All BCM staff are trained in Action Plans and offer to participants. There was a drastic increase of participants who have a Wellness Recovery Action Plan from the last review. The table below depicts the number of individuals in the program who have a WRAP.



### Environmental Matrix

The Environmental Matrix is completed to ensure the appropriate level of service is provided to each individual. Office of Mental Health and Substance Abuse Services (OMHSAS) requires the Matrix to be completed every 6 months at a minimum whenever there is a change in level of care.

The following table depicts the recommended and approved level of care from the Matrix's completed.



Consistent with the last review, majority of individuals' level of care is moderate.

## Program Adherence

To ensure that the Blended Case Management Program is adhering to the program requirements, multiple routine record audits as well as intensive supervision is utilized.

Additionally, a comprehensive annual quality review is conducted by the Quality Director to evaluate compliance with the service description. Program goals are determined when quality improvement areas are identified during a quality review.

Moreover, the agency formed a Client Advisory Committee in 2020. Clients of the agency are offered to join the committee to provide feedback for quality initiatives. The Quality Director reviews the quality initiatives at the monthly agency Quality Meetings with the Executive Director and Senior Management.

## Audits

Regular chart audits are completed by the Program Director in addition to biannual internal compliance audits conducted by the Compliance Coordinator. Areas of focus for quality improvement include:

1. Referral and eligibility components
2. Initial documentation, assessments, and service plans
3. Ongoing documentation, assessments, and service plans
4. Discharge documentation
5. BSU updates and collaboration

6. Post Psychiatric Hospitalization admission follow-up

**Methodology**

Methodology for selected BCM charts to be internally audited by the Compliance Coordinator on a biannual basis is by random selection.

Results from the most recent internal audit completed by the Compliance Coordinator during this time of review are below.

**BCM Internal Compliance Audit Results**

On March 1, 2022, 26 Blended Case Management charts were reviewed for 28 of The Guidance Center Indicators and 6 Program Specific Key Indicators.

**Results for 26 Charts:**

<b>Category</b>	<b>Score</b>	<b>Goal</b>
Intake and Assessment	98%	80%
Treatment Planning	100%	80%
Care Coordination	99%	80%
Physical/Behavioral Health	95%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Indicators	96%	80%

**Key Indicators**

- Service Plan and Matrix are completed within 30 days of initial service **92%**
- Signatures for Service Plans are signed by all parties no later than 10 days after being completed **98%**
- Signatures for Matrix are signed by all parties no later than 10 days after being completed **100%**
- Medical Assessments at initial and annually thereafter **94%**
- Service Plans are completed every 6 months after the initial service **98%**
- Matrix are completed every 6 months after the initial service **93%**

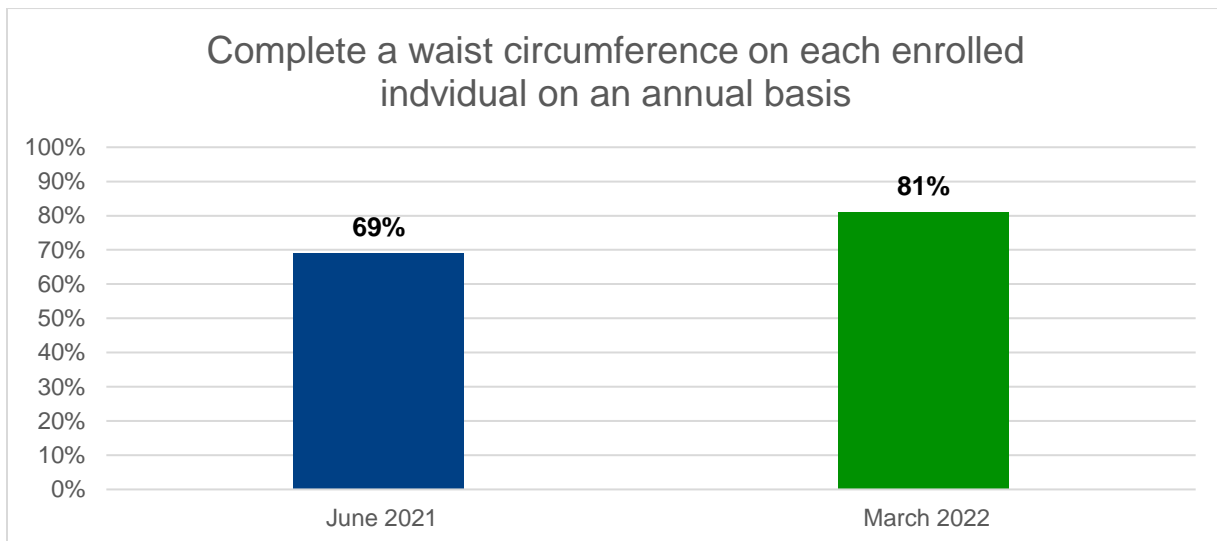


### Indicators that fell below 80%

N/A

During this internal compliance audit, no indicators fell below the goal of 80%. However, there was a current Plan Do Check Act (PDCA) in place from the previous internal compliance audit for the waist circumference area.

On June 28, 2021, 26 charts were audited for quality monitoring and only one indicator fell below the goal: waist circumference being documented annually. This indicator was at 69%. The chart below depicts the progress the program has made in this area.



In March 2022, this indicator increased from 69% to 81%.

### Program Goals

During this quality review, one goal for the program have been identified:

1. Continue monitoring the follow-up with clients within 24 hours of a hospital discharge.

### Supervision

Ensuring that staff receive appropriate and timely supervision is a critical focus of the program.

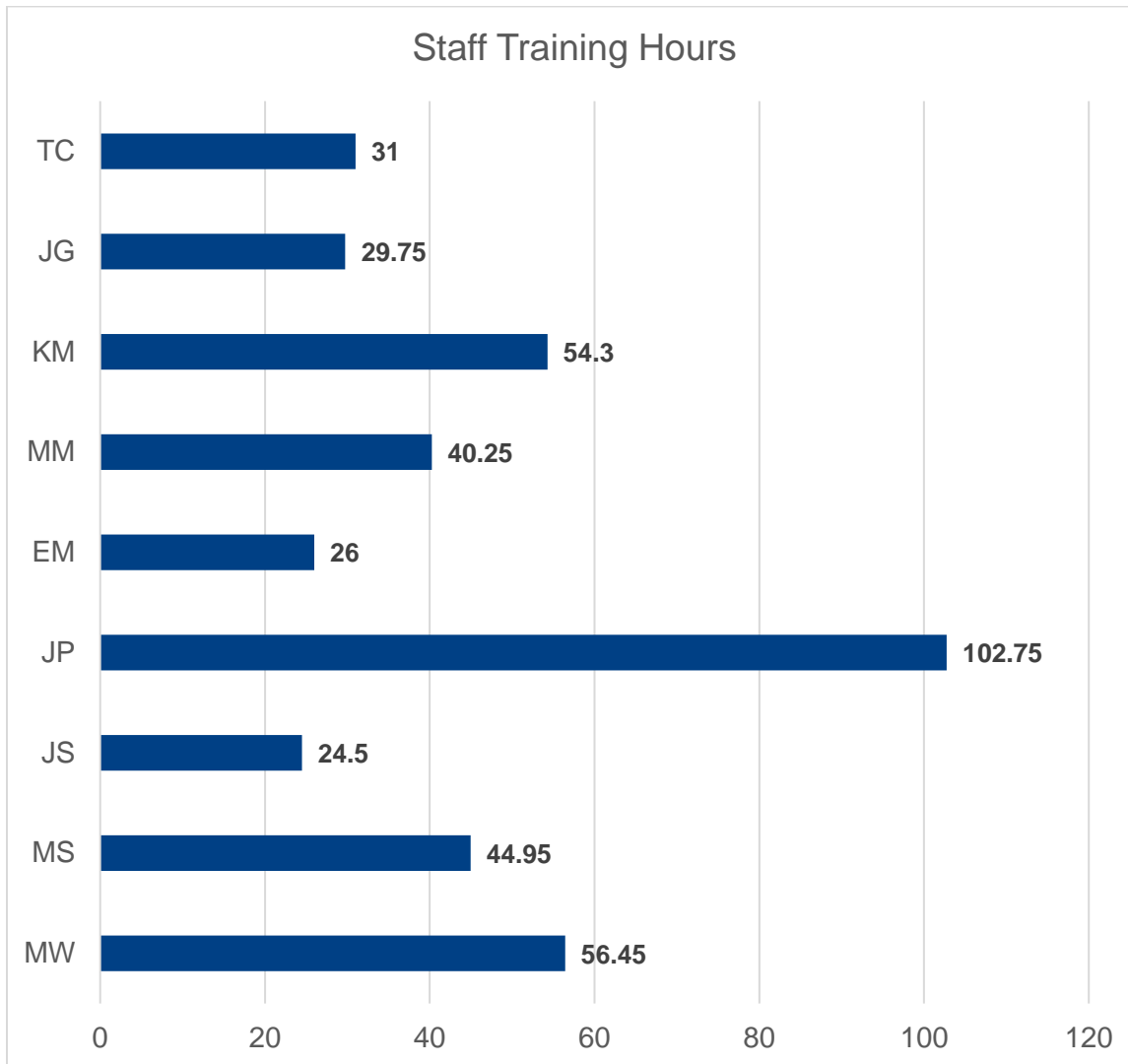
Staff receive one hour of weekly supervision and are also provided with two hours per week of group supervision.

The goal is for 100% of the staff to receive weekly supervision. If supervision does not occur reasons are documented.

The records of supervision are maintained by the Program Director.

## Staff Trainings

Staff trainings continue to be a key component in the Blended Case Management Program. Staff have completed various trainings during this review. A complete list of current staff training records are including in the Quality Binder. The table below represents the number of training hours for each staff member listed by staff initials.



## Satisfaction Surveys

Surveys were administered to BCM clients using a HIPAA compliant survey link. A complete report of comments can be found in the BCM Quality Binder. There were 59 surveys completed which is an increase of 20 surveys from our last review.

Demographic information is collected regarding gender, age and number of years enrolled in the program.

Additionally, individuals are to rate their satisfaction of services using the scale:

- 5 – Very Satisfied
- 4 – Satisfied
- 3 – Neither Satisfied or Unsatisfied
- 2 – Unsatisfied
- 1 – Very Unsatisfied

The following tables list the survey questions asked regarding the individual's satisfaction in various areas and the results of client's responses.

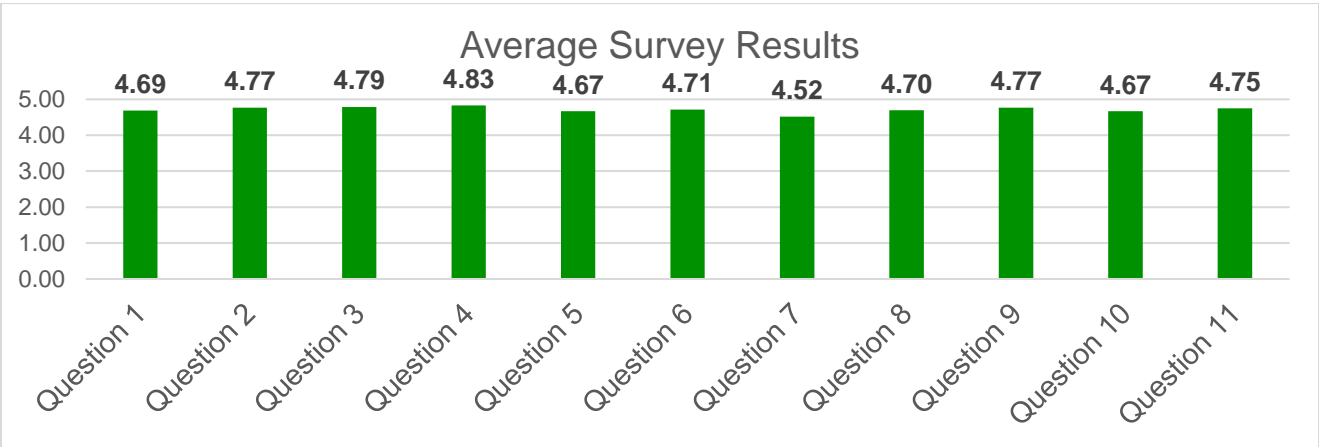
### Survey Results

*Questions:*

<b>Survey Questions</b>	
<b>How satisfied are you with...?</b>	<b>Result</b>
1. Timeliness of our response to your initial request for this service?	<b>4.69</b>
2. The setting where services are provided?	<b>4.77</b>
3. The courtesy and respect shown by our staff?	<b>4.79</b>
4. The level of confidentiality?	<b>4.83</b>
5. Your participation in the development of a treatment plan that met your needs?	<b>4.67</b>
6. Your provider's ability to help you and/or your family?	<b>4.71</b>
7. Your ability to handle your situation as a result of receiving services?	<b>4.52</b>

8. The frequency and convenience of contacts.	<b>4.70</b>
9. Services addressed and respected your cultural background.	<b>4.77</b>
10. Your access to care	<b>4.67</b>
11. The effectiveness of service	<b>4.75</b>

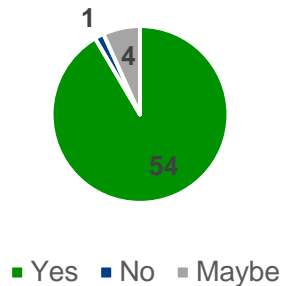
The following graph depicts the results for each question number.



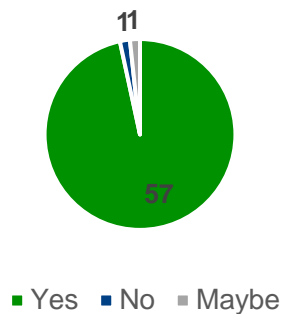
Overall, the results indicate that individuals are satisfied with the services and care received. Clients will be continuously surveyed on satisfaction with services.

Additionally, Individuals were asked the following 3 questions and were given the choices of “yes”, “no”, and “maybe”. Below are the responses:

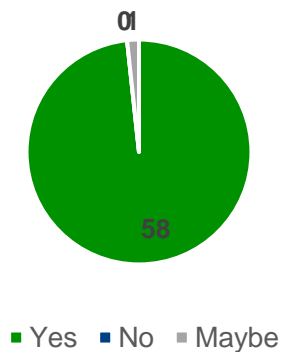
Would you recommend your service provider to another person who needs help?



Do you feel your service provider is adequately trained to provide services to you?



Did your service provider help you set attainable goals?



These results indicate majority of individuals served in the program would recommend this service provider to another person who needs help, individuals feel their service provider is adequately trained to provide the service, and individuals feel their service provider helped them set attainable goals.

Lastly, individuals were given a space to reflect on what has been the most helpful thing about services in the last 6 months and a space to provide any additional comments and/or suggestions.

The most helpful thing about receiving services in the last 6 months:



### Comments and/or Suggestions

Individuals in the program were asked to offer comments regarding service. Below are the results from the 59 surveys received.

