



# **Blended Case Management**



**Annual Quality Review  
July 1, 2022 – June 30, 2023**

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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. 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

The Guidance Center's Quality & Compliance Department evaluates compliance within the service description and determined we are compliant.

## Overview

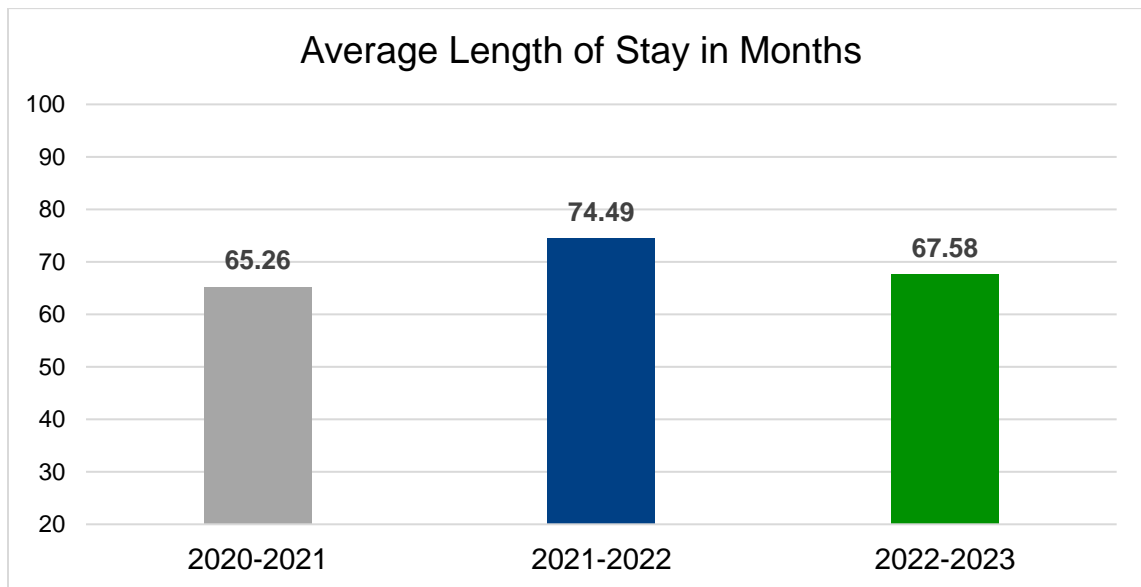
- The Guidance Center operates under the mission of developing and providing comprehensive, quality mental health and substance use treatment, intellectual disability services, education, prevention, and community outreach services, guided by principles of least restricted care, cost effectiveness, accessibility, 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 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.

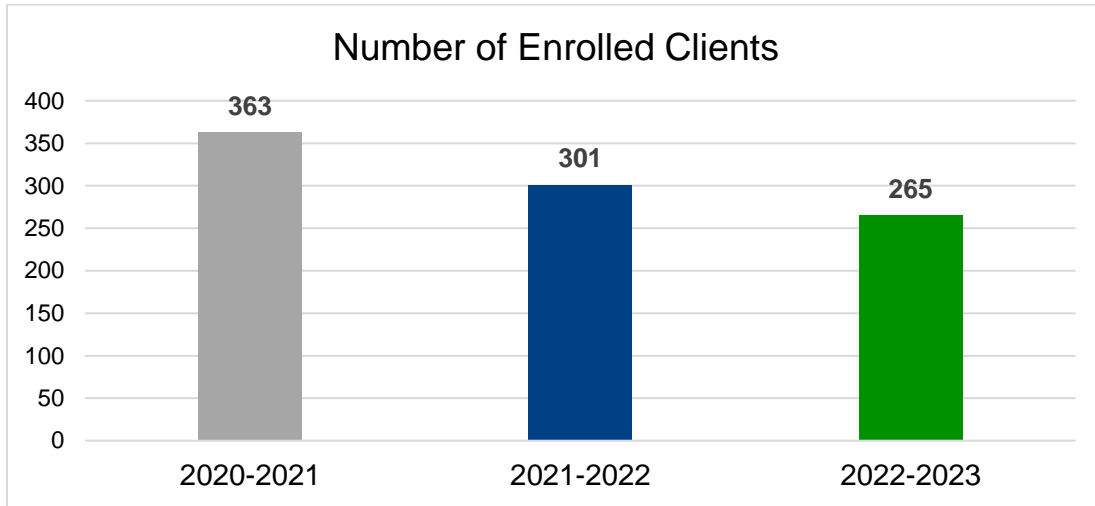
- On May 11, 2023, the federal Public Health Emergency (PHE) declaration expired, however, it did not mean the virus no longer existed. The agency continued precaution measures when necessary while still providing optimal service delivery within the Blended Case Management Program. During this period of review, all services were delivered face-to-face.
- Quality Improvement plans are made based upon internal compliance audit results and client feedback surveys to improve quality of services. 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.
- Data for this quality report is from July 1, 2022, through June 30, 2023.
- The average length of stay for Blended Case Management slightly decreased from the last review from 74.49 to 67.58. A complete breakdown of length of stay from 2020 to current is captured in the graph below.



## Demographics

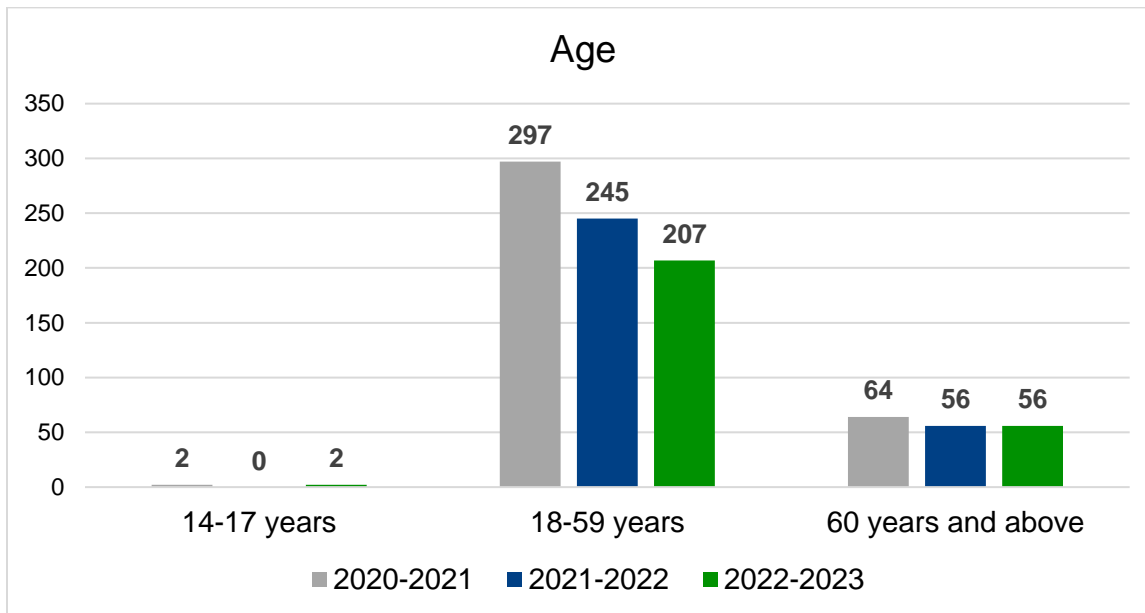
### Number of Enrolled Clients

We continue to see a decrease in the number of enrolled participants in the Blended Case Management Program.



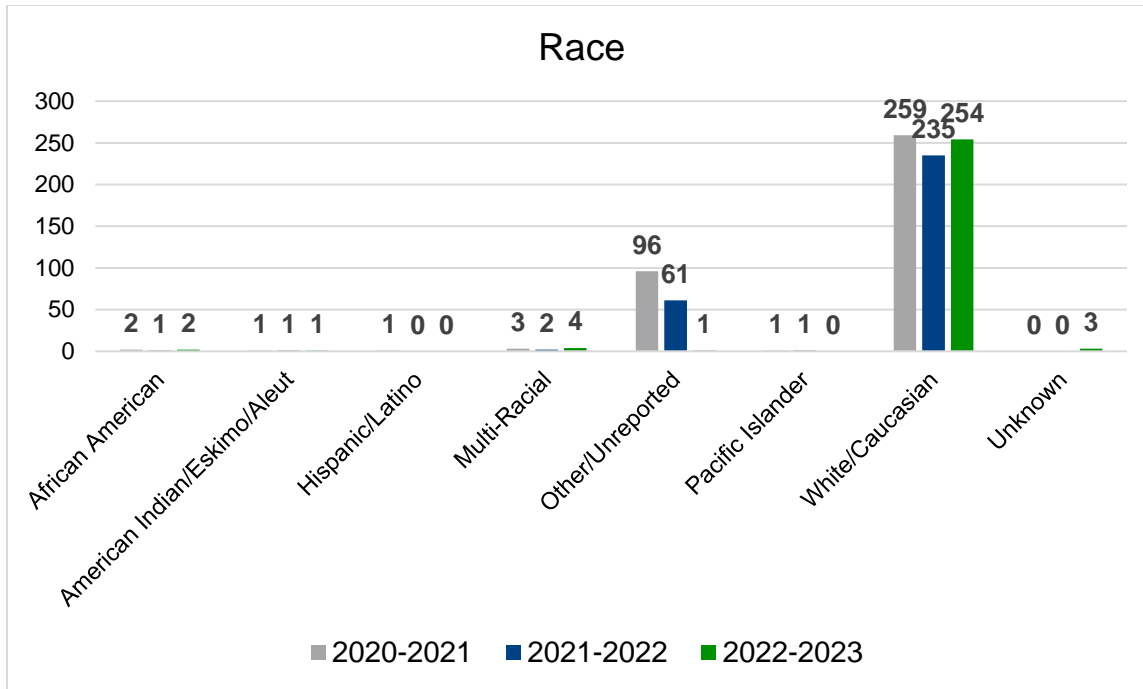
### Age

Consistent with previous reviews, the 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.



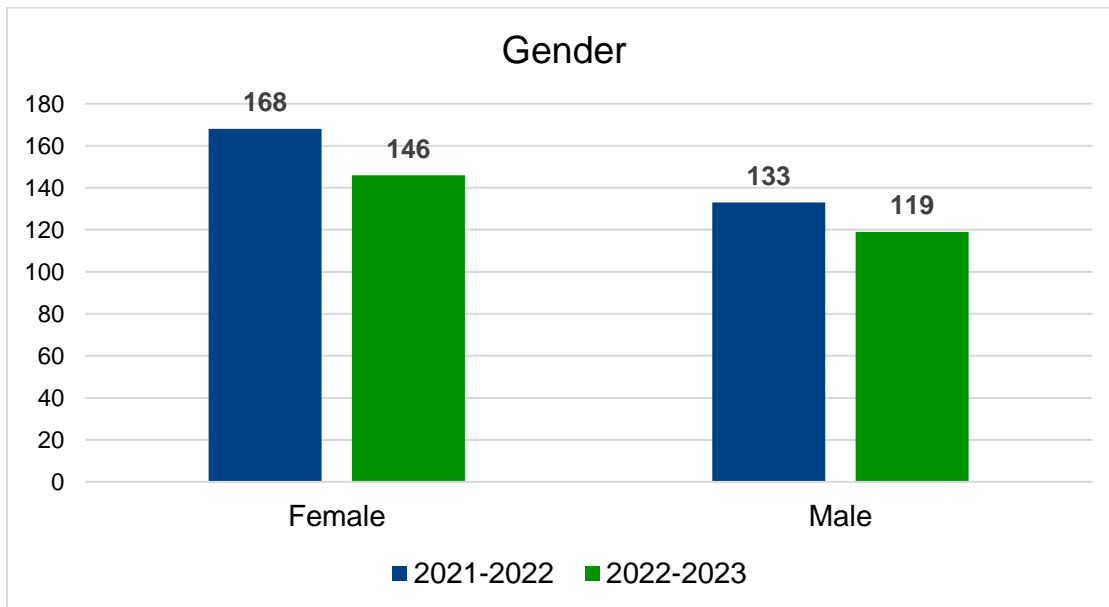
## Race

Consistent with previous reviews, most of the individuals served in the program are White/Caucasian.



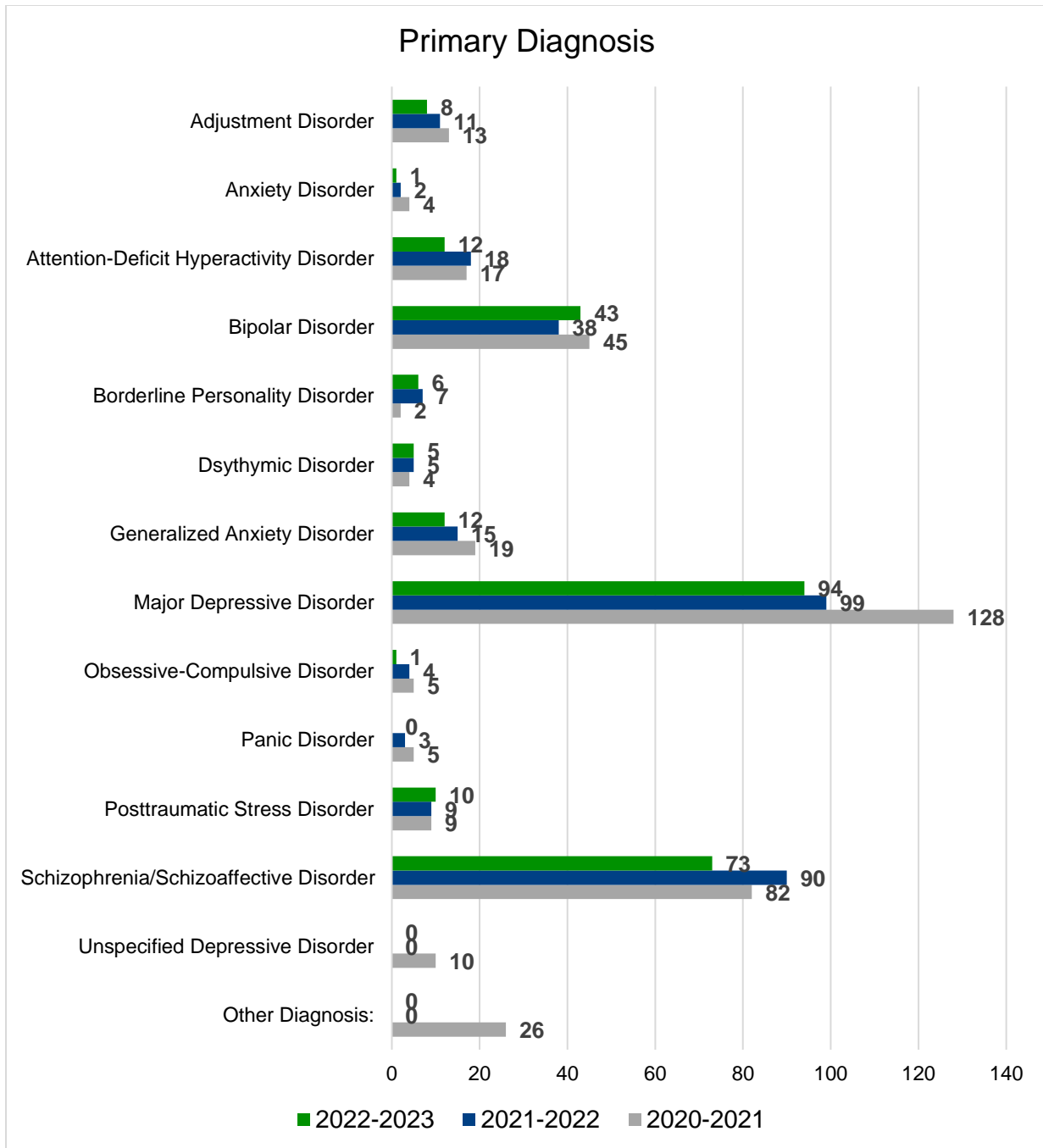
## Gender

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



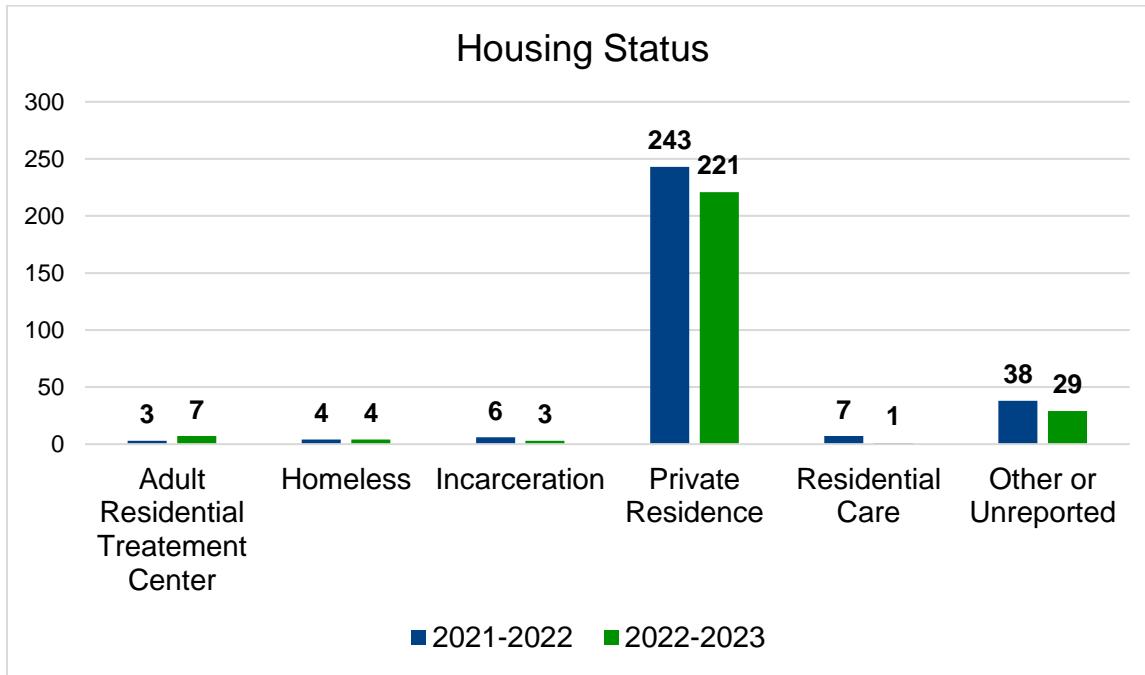
## Primary Diagnosis

The following table represents the primary diagnoses of clients enrolled in the BCM program. Consistent with previous reviews, Major Depressive Disorder continues to be the most common primary diagnosis followed closely by Schizophrenia/Schizoaffective Disorder.



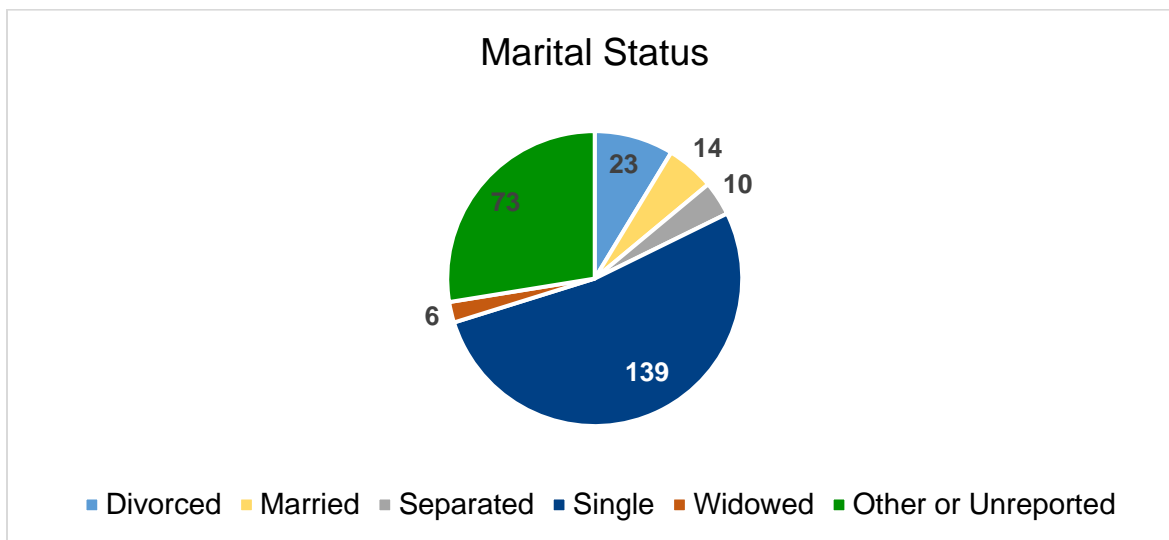
### Current Housing Status

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

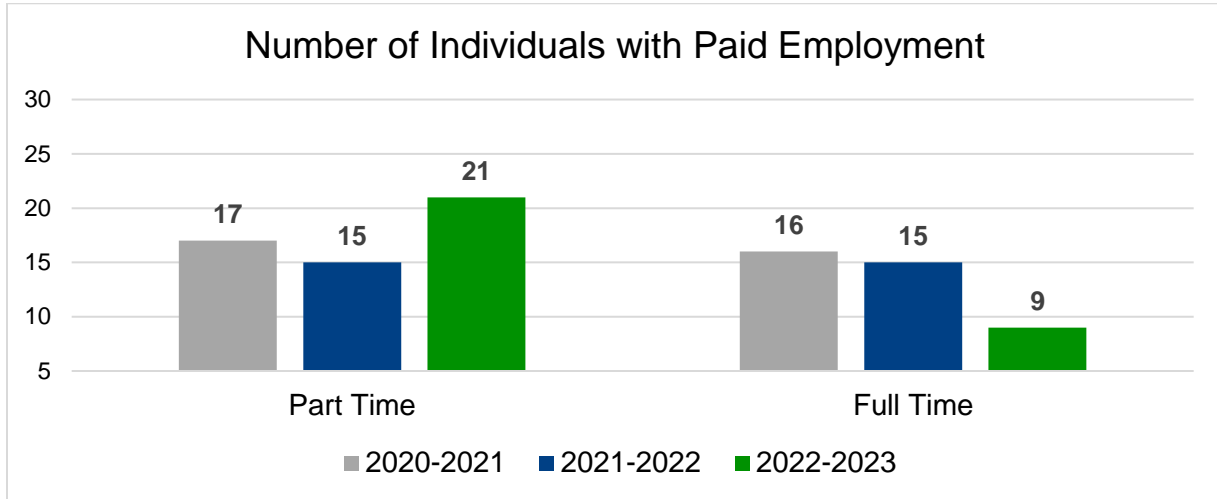
Consistent with the last review, majority of individuals served in the program during this review are single.





## Employment

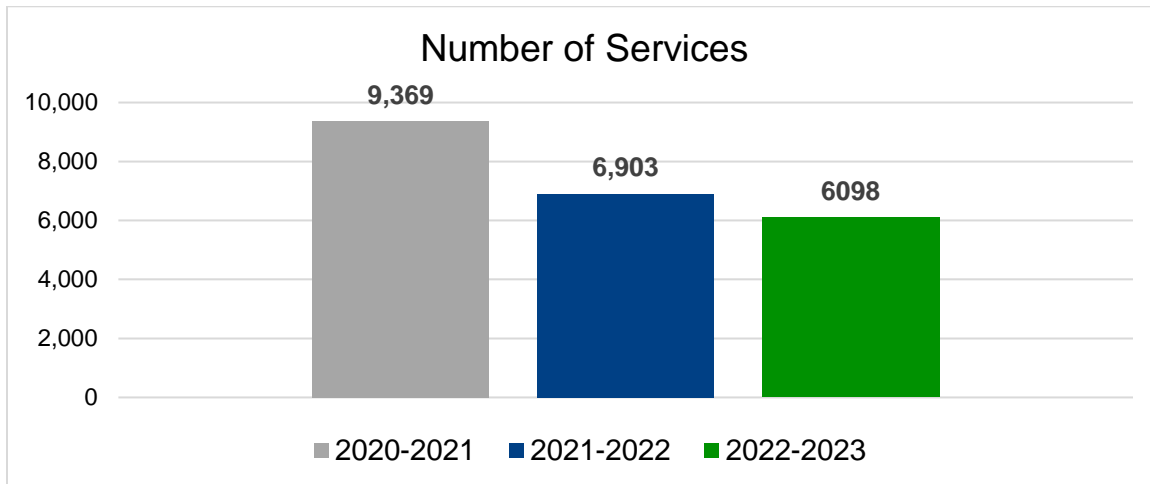
During this review, we saw an increase of individuals working part time and a decrease in individuals working full time. The graph below depicts the number of individuals with paid employment.



## Service Data

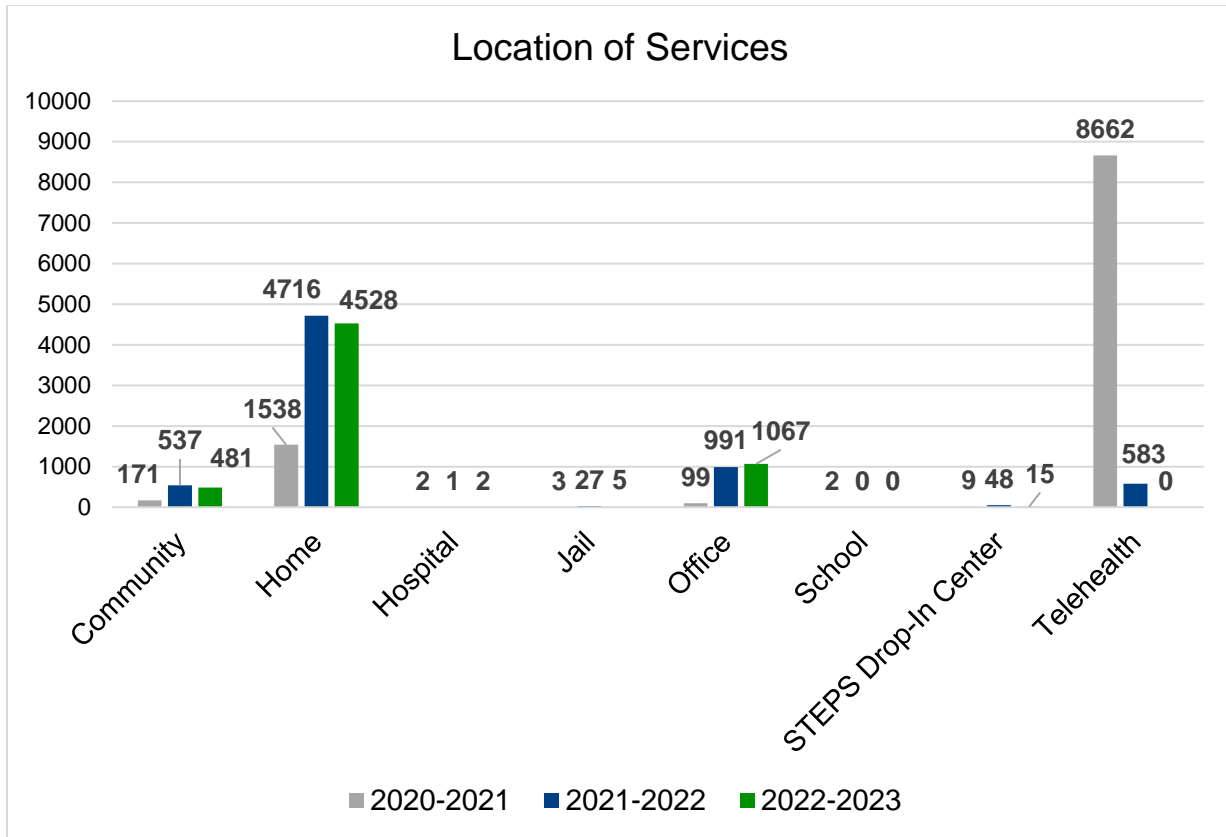
### Number of Services

There was a slight decrease in services since the last review. The graph below indicates the number of services over the past three fiscal years.



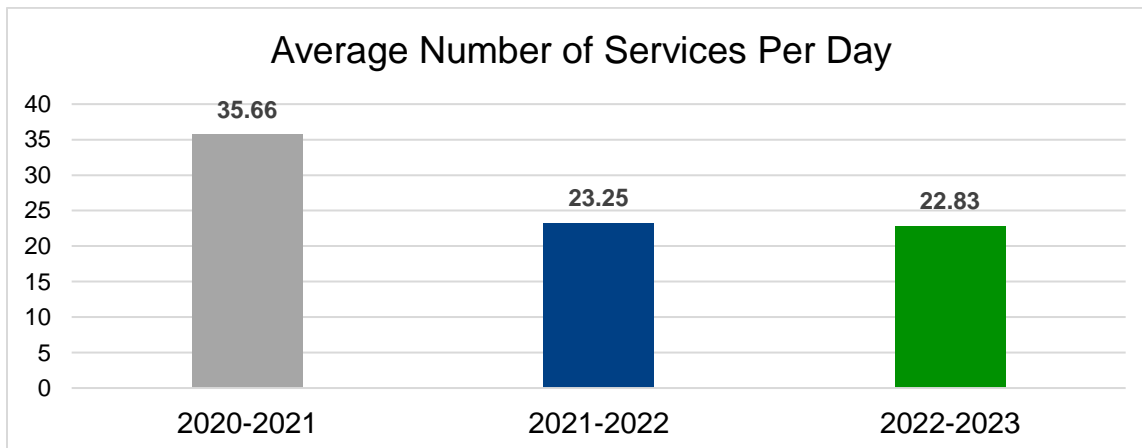
### Location of Services

During the last review, some individuals still received services via telehealth. During this review, all services were delivered face to face primarily in the home.



### Services Per Day

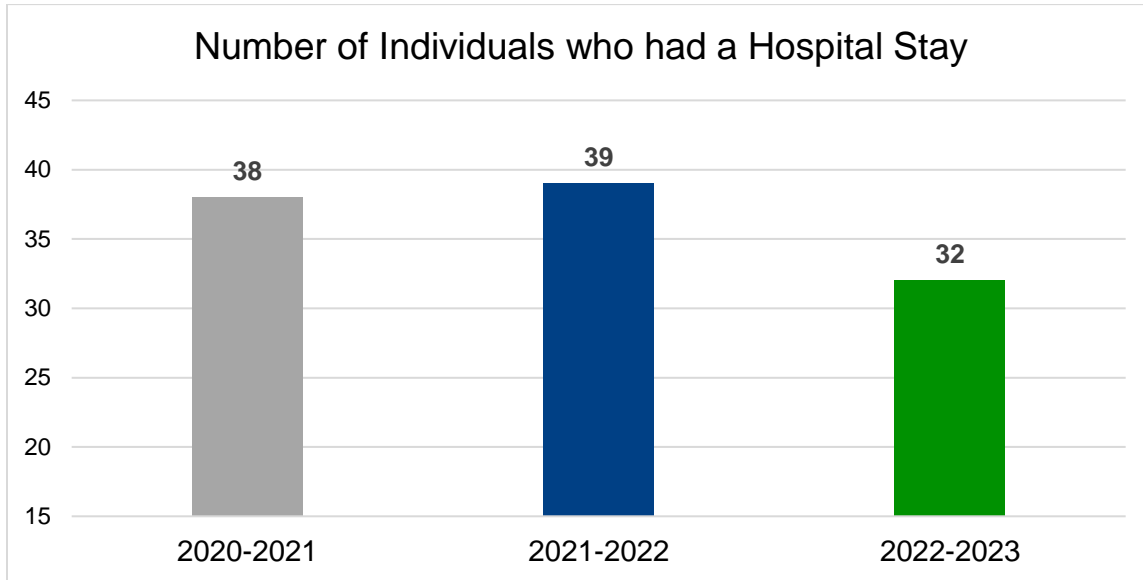
The average number of sessions held per day are 22.83 which is a very slight decrease from last review. We anticipated the decrease in average number of sessions per day since the number of services decreased as well.



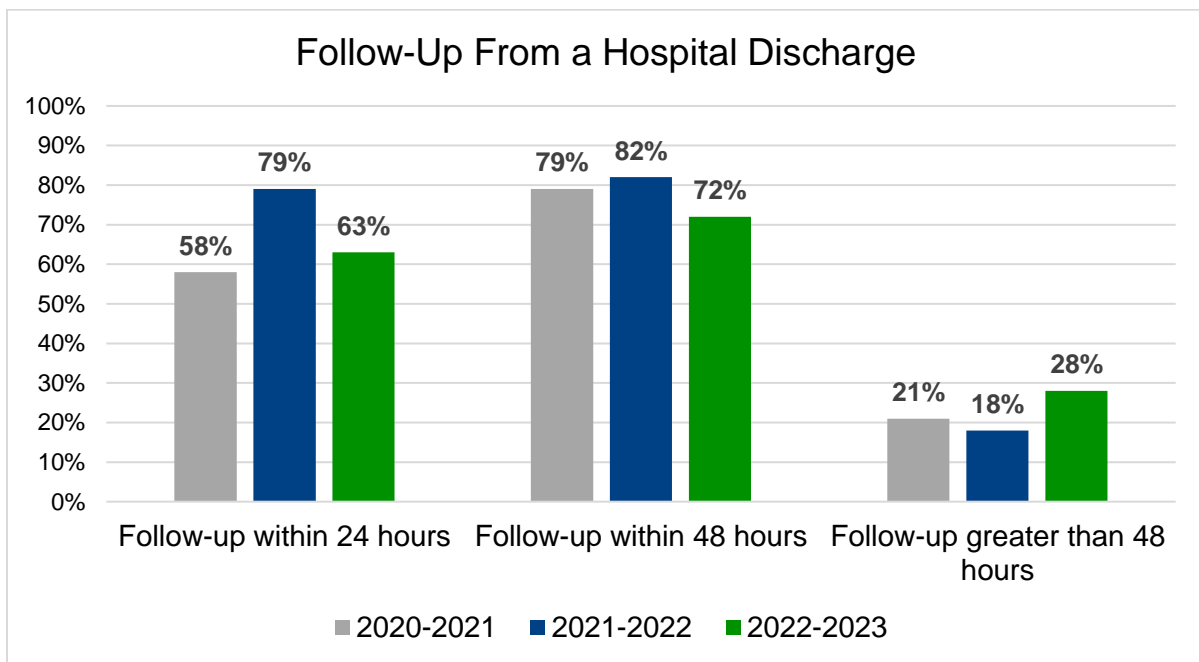
## Care Coordination

### Hospital Discharge Follow-Up

During this review, we saw a decrease in individuals who had a hospital stay.

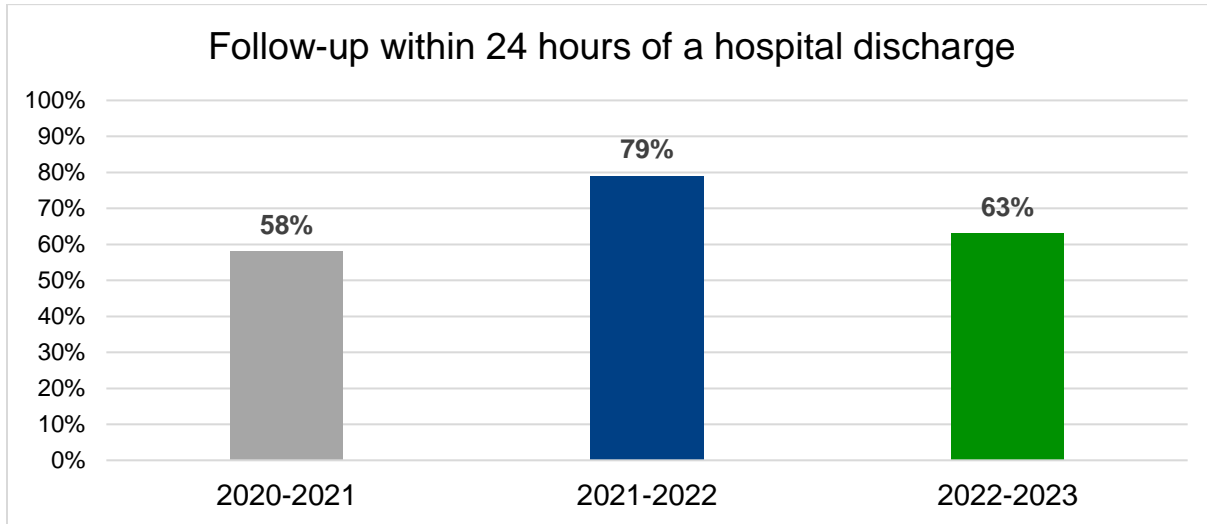


An initiative monitored within the Blended Case Management Program is follow up with clients within 24 hours of discharge from a hospital stay. The graph below indicates BCM's follow-up from a hospital discharge.



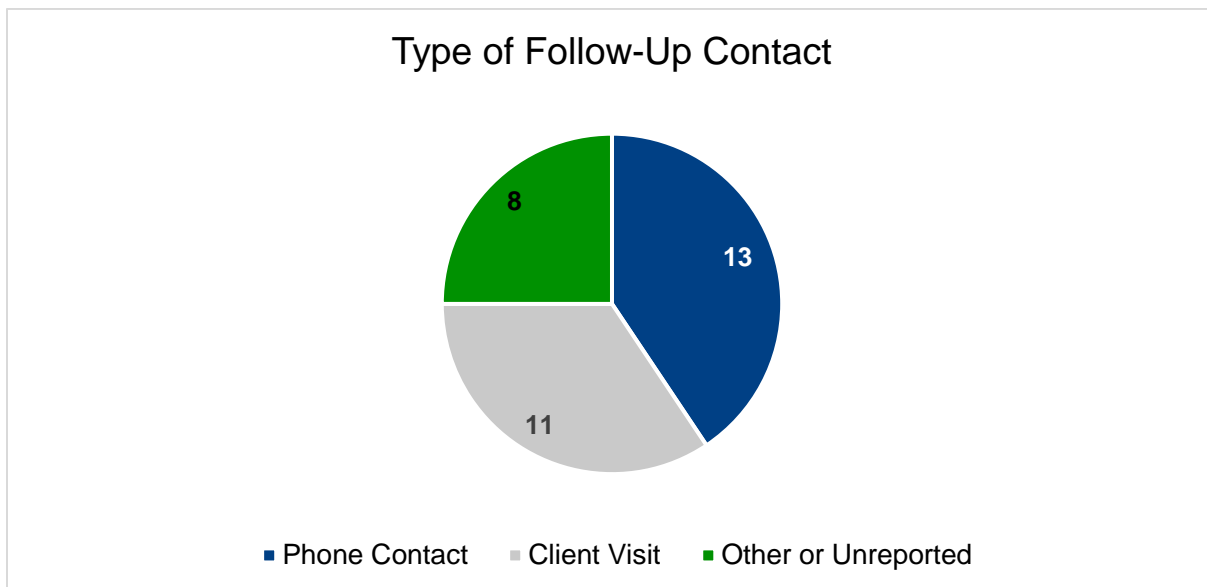
There was a decrease in follow-up with individuals from a hospital stay. This area remains in a corrective action plan using the Plan Do Check Act (PDCA) Model. We will continue to monitor this area for quality improvement.

Follow-up with individuals in the BCM Program from a hospital discharge is an area closely monitored. At the last review, a corrective action plan was developed using the Plan Do Check Act (PDCA) Model. This 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 will continue to monitor this area for quality improvement. The graph below represents the follow-up within 24 hours of a hospital stay data over the past three fiscal years.



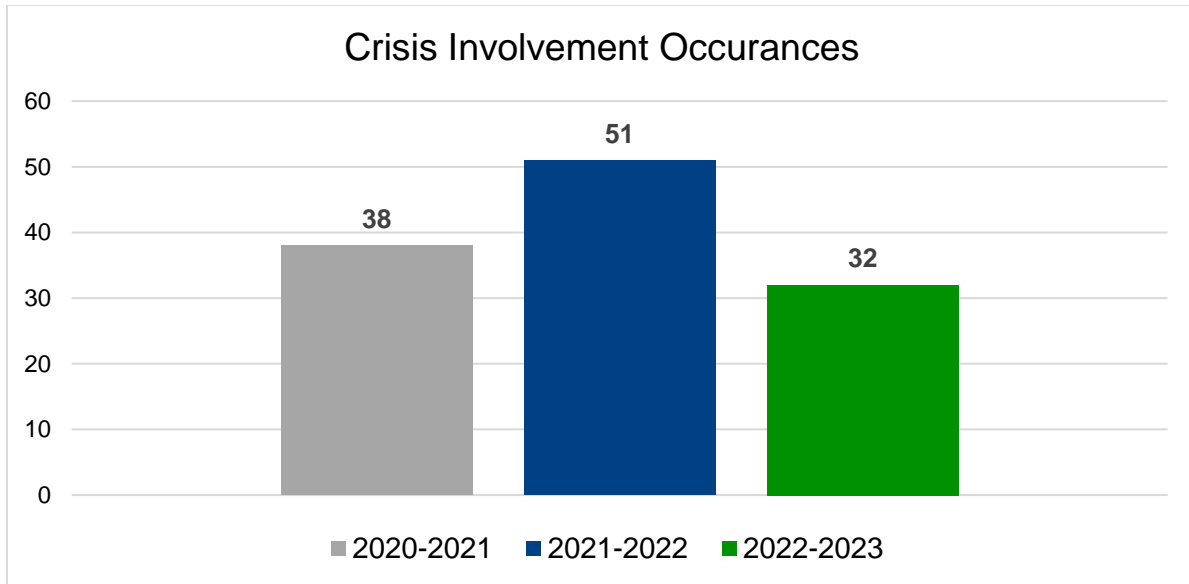
### Type of Contact

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

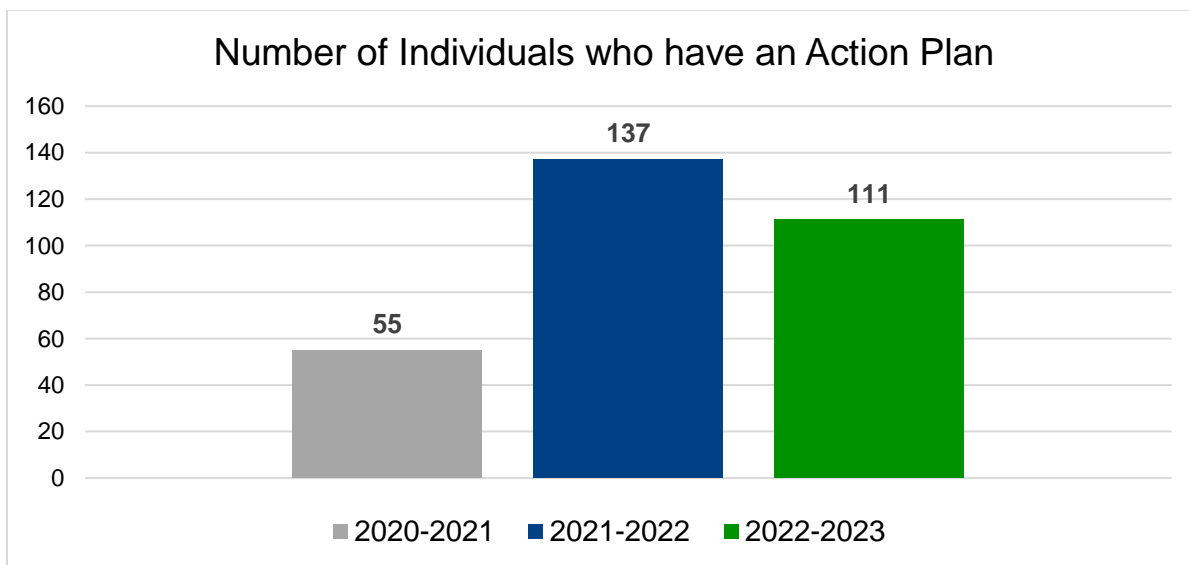
Crisis involvement contacts are also monitored within the BCM Program. We saw a significant decrease in crisis involvement occurrences since the last review.



## Evidence-Based Practices

### Wellness Recovery Action Plan (WRAP)

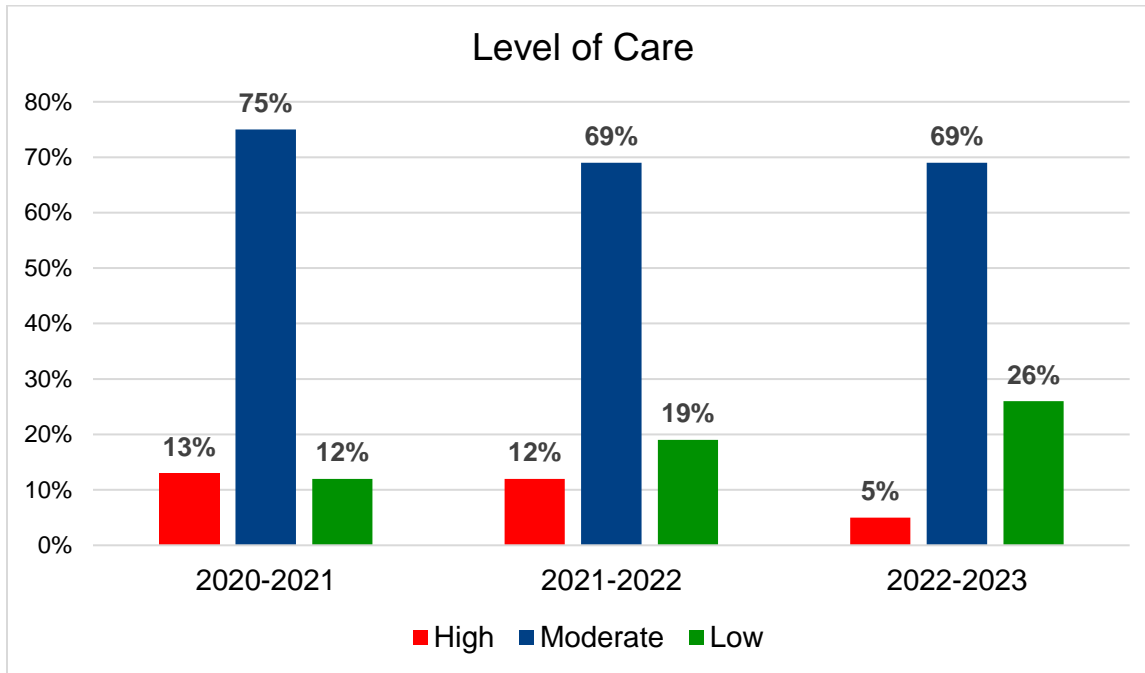
BCM monitors the use of Evidence-based Practices in terms of Action Plans. All BCM staff are trained in Action Plans and offer to participants. There was a decrease of participants who have a Wellness Recovery Action Plan from the last review. The table below depicts the number of individuals in the 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 or whenever there is a significant 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.

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. Currently, there is one participant in the Blended Case Management Program who serves on the Client Advisory Committee. The Quality Director reviews the quality initiatives at the monthly agency Quality Meetings with the Executive Director and Senior Management. Recruitment for clients participating in the Client

Advisory Committee are made regularly and clients of the Blended Case Management Program are encouraged to participate and join the committee.

### 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 indicators 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. The Compliance Coordinator ensures both closed and current charts from all staff are selected.

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

### Internal Compliance Audit Results

Internal Quality Review			
Program	BCM	Date of Audit	July 14, 2022
Number of Charts Reviewed	23 Randomized Charts	Audit Schedule	Bi-annually
Total Number of Indicators	28 Quality Indicators		

Category	Score	Goal
1. Intake & Assessment	94%	80%
2. Treatment Planning	100%	80%
3. Care Coordination	99%	80%
4. Physical Health / Behavioral Health	85%	80%
5. Discharge Planning	N/A	80%

6. Smoking Cessation	100%	80%
7. Key Clinical Indicators	94%	80%
<b>Indicators that fell below 80%:</b>		

<b>Internal Quality Review</b>			
Program	BCM	Date of Audit	2/20/2023 – 2/22/23
Number of Charts Reviewed	21 Randomized Charts	Audit Schedule	Bi-annually
Total Number of Indicators	33 Quality Indicators		

<b>Category</b>	<b>Score</b>	<b>Goal</b>
1. Intake & Assessment	97%	80%
2. Treatment Planning	99%	80%
3. Care Coordination	94%	80%
4. Physical Health / Behavioral Health	86%	80%
5. Discharge Planning	100%	80%
6. Smoking Cessation	100%	80%
7. Key Clinical Indicators	94%	80%

<b>Indicators that fell below 80%:</b>
<b>Indicator 23:</b> Appropriate strategies are recommended if BMI is overweight: 40% (decrease from 50%)

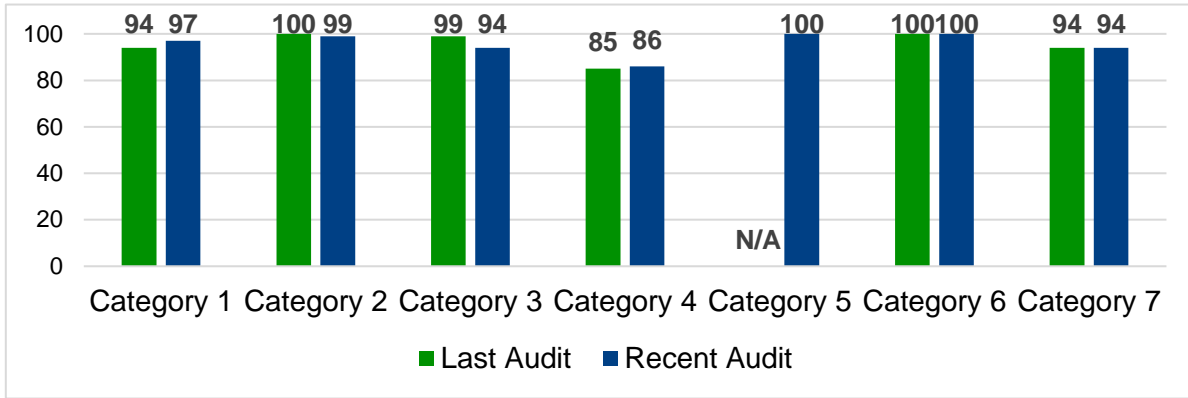
**Notes from Audit:**

**Indicator 24:** Waist Circumference Annually: increased from 74% to 89%

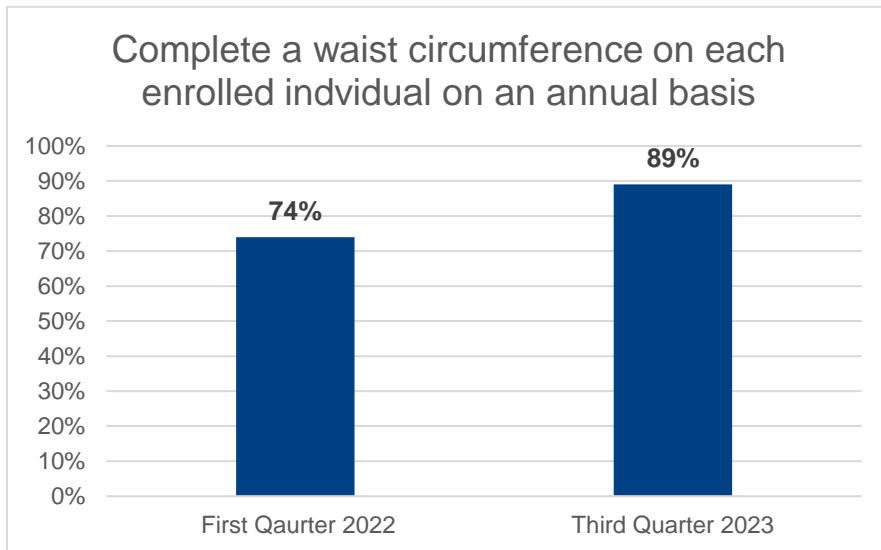
**Indicator 3:** Completion of Risk Assessment: increased from 70% to 90%

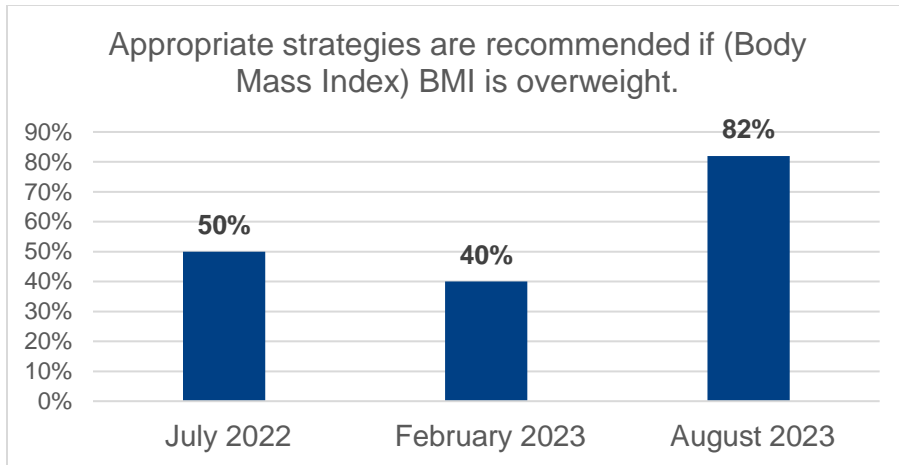


### Comparison from the last Internal Audit:



There were two key indicators that fell below the goal of 80% during this program year. The two indicators were placed in a corrective action plan using the Plan Do Check Act (PDCA) Model. Both plans are now considered retired since they exceeded the goal of 80%, however, both indicators remain quality indicators that are audited internally. Both indicators and their progress are captured below in the PDCA graphs the agency uses.





### Program Goals

During this quality review, one goal for the program has 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.

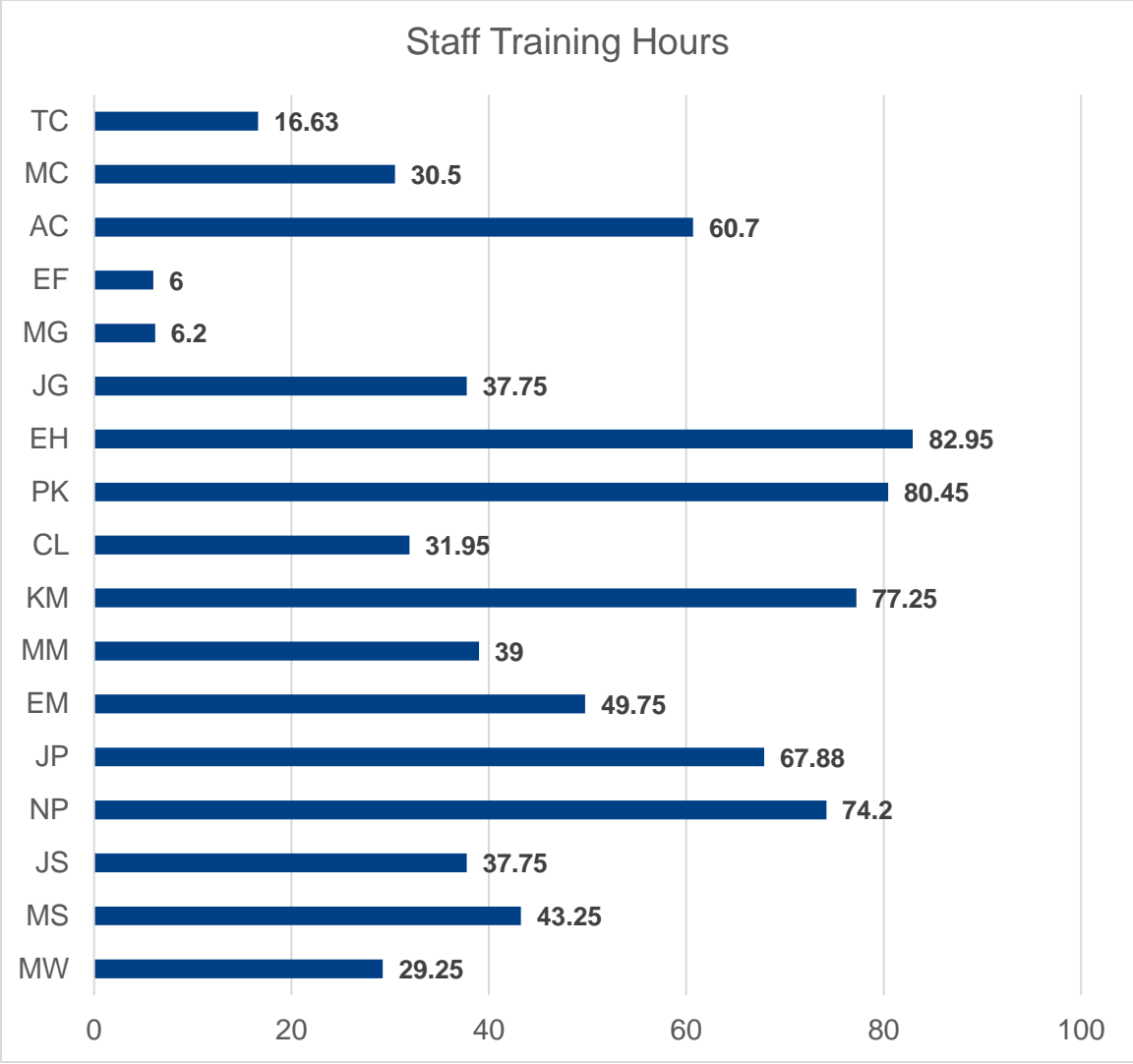
Staff receive one hour of weekly supervision and are also provided with two hours per week of group supervision.

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 67 surveys completed, which is an increase of 8 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.

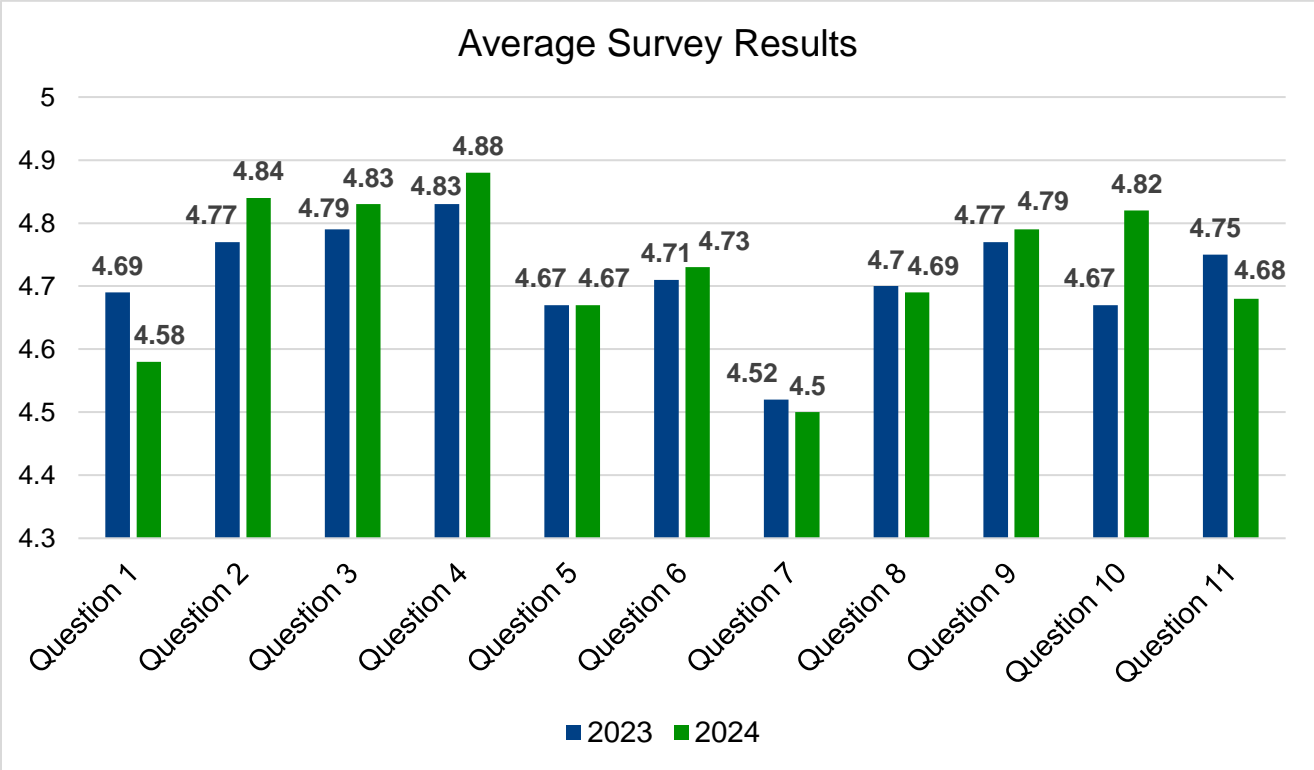
### Survey Results

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>4.58</b>
2. The setting where services are provided?	<b>4.84</b>
3. The courtesy and respect shown by our staff?	<b>4.83</b>
4. The level of confidentiality?	<b>4.88</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>4.73</b>
7. Your ability to handle your situation as a result of receiving services?	<b>4.50</b>
8. The frequency and convenience of contacts.	<b>4.69</b>
9. Services addressed and respected your cultural background.	<b>4.79</b>

10. Your access to care	<b>4.82</b>
11. The effectiveness of service	<b>4.68</b>

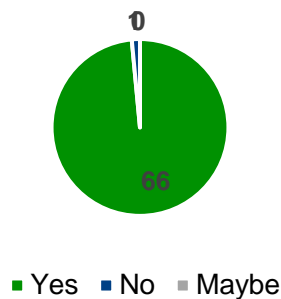
The following graph depicts the results for each question number for the last two fiscal years.



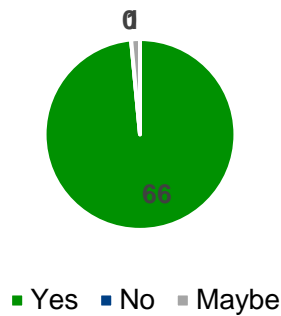
Overall, the results indicate that individuals are satisfied with the services and care received. Clients will be continuously surveyed on satisfaction with services.

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

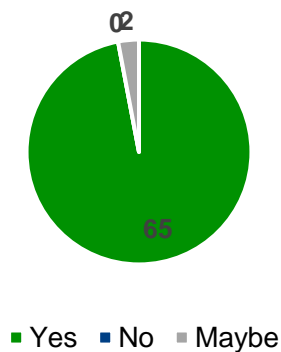
Would you recommend your service provider to another person who needs help?



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 almost all 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 67 surveys received.

