Blended Case Management

Annual Quality Review

July 1, 2023 – June 30, 2024

Contents

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 conducts thorough evaluations to ensure strict adherence to the service description and has determined that the program is compliant. This assessment underscores the program's commitment to maintaining high standards of quality and excellence in service delivery.

Overview

- In 2024, The Guidance Center updated its mission statement to better reflect the comprehensive work and the ambitious goals set to assist people along their unique life journeys. Since the mission statement had not been revised in almost 40 years, it became evident that a new mission statement was crucial to truly capture the evolving mission of our agency and the ever-changing needs of the communities we serve. *"Our mission is to connect, support and provide guidance to people along life's path. We are committed to fostering growth and resilience by offering accessible programs and services."* In addition to the new mission statement, the agency also introduced a slogan, "**T**ogether **G**uiding **C**hange" that was approved in 2024.

- 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 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.

- The Guidance Center prioritizes quality improvement through a comprehensive approach. Quality Improvement Plans are developed based on internal compliance audits and valuable insights gathered from client feedback surveys. These surveys are crucial for ensuring Blended Case Management consistently delivers high-quality care.

  Clients participating in the program are asked to complete a feedback survey assessing their satisfaction with the services received. The survey results are transparently shared with key stakeholders, including the Program Director, Senior Management, the Executive Director, and the Agency Board of Directors. Furthermore, these results are publicly accessible on the agency's website to enhance transparency and accountability.

  To address any areas of concern identified through the survey process, The Guidance Center utilizes a structured quality improvement and monitoring process using the Plan Do Check Act (PDCA) Model. This approach ensures continuous improvement in service delivery.

- Data for this Quality Report is from July 1, 2023, through June 30, 2024.

Agency Quality & Compliance Plan

- The Medical Director is a cornerstone of The Guidance Center's annual quality and compliance plan development. Dr. Singh, The Guidance Center’s Medical Director, collaborates closely with the Quality Director, Compliance Coordinator, Senior Director of Quality, Compliance & Information, and Executive Director to ensure the plans are comprehensive, clinically sound, and compliant with all regulations.

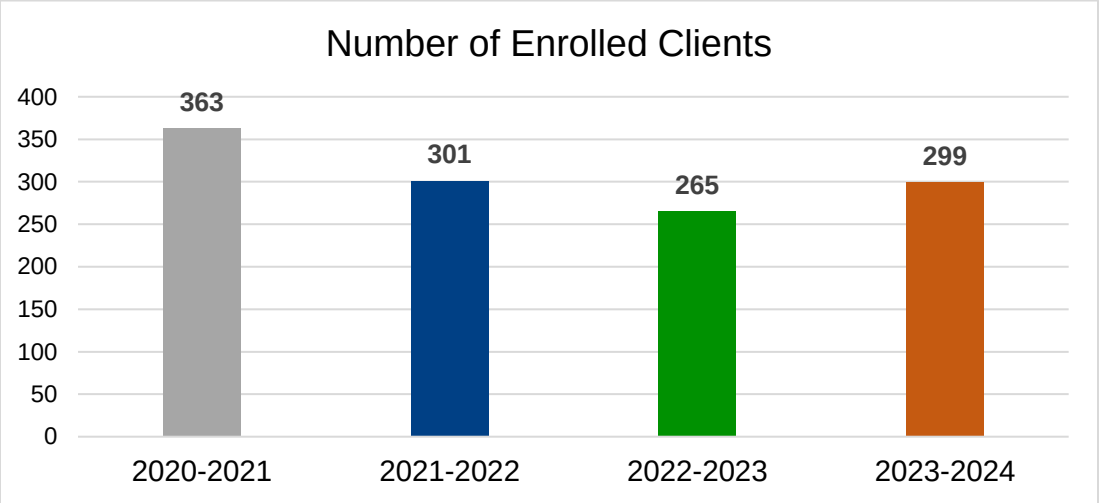
  The Medical Director's expertise is vital in shaping these plans, which are then rigorously reviewed by Senior Management and key staff before being presented to the Board of Directors for final approval. The Medical Director's signature, alongside the Executive Director's and Boards, signifies her integral role in the plan's implementation.

  A key goal outlined in the 2025 Quality Plan is the completion of a Community Needs Assessment (CNA) by July 2025. This assessment will play a crucial role in shaping the agency’s strategic plan, ensuring it is tailored to better meet the evolving needs of both staff and clients in the Blended Case Management program. By incorporating direct feedback from BCM staff and clients, the CNA will provide valuable insights that drive improvements in service delivery, enhance support systems, and strengthen overall program effectiveness.

Demographics

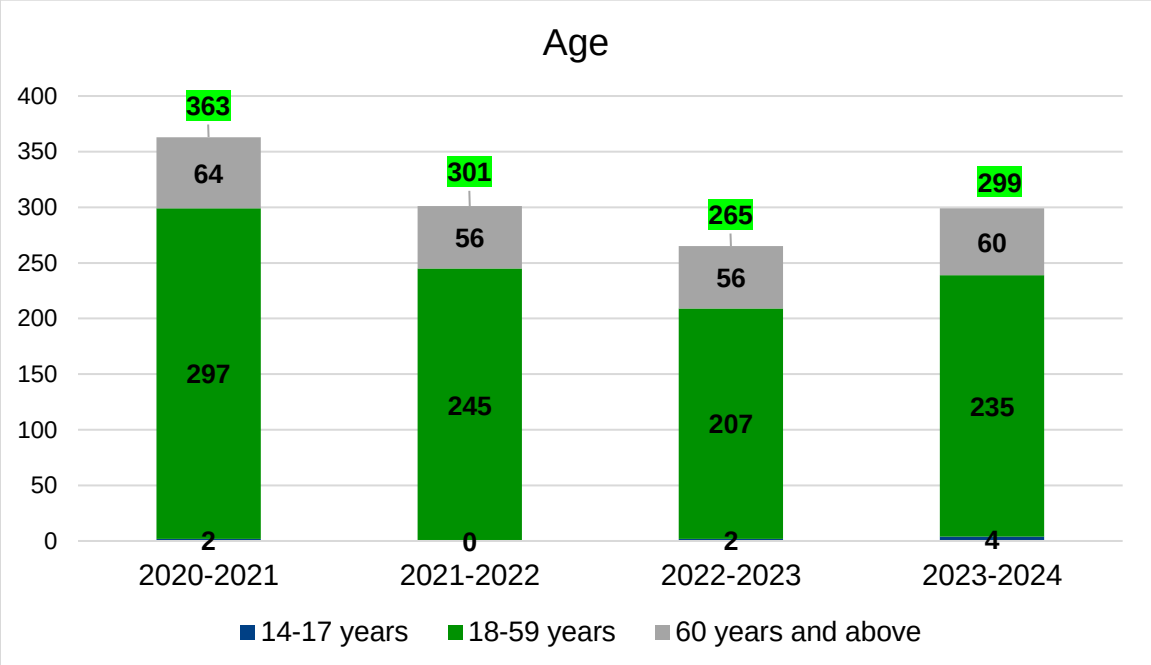
Number of Enrolled Clients

There was an increase of 12.8% in the number of enrolled individuals in Blended Case Management since the last review.



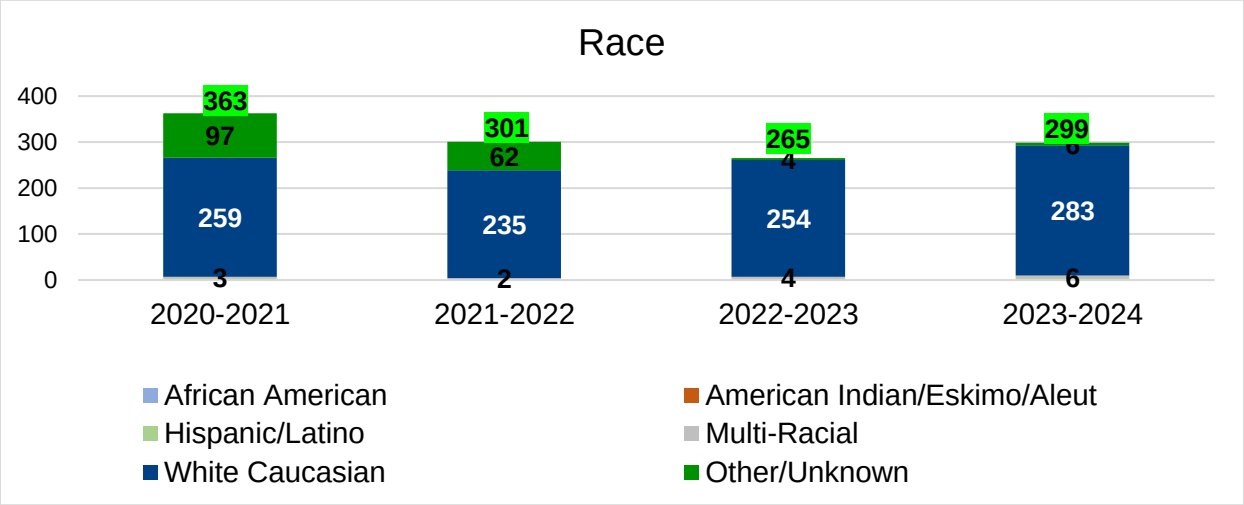
Age

Consistent with previous reviews, most of the individuals in the BCM program are between the ages of 18 and 59 years. During this review, ages ranged from 15 to 80 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.

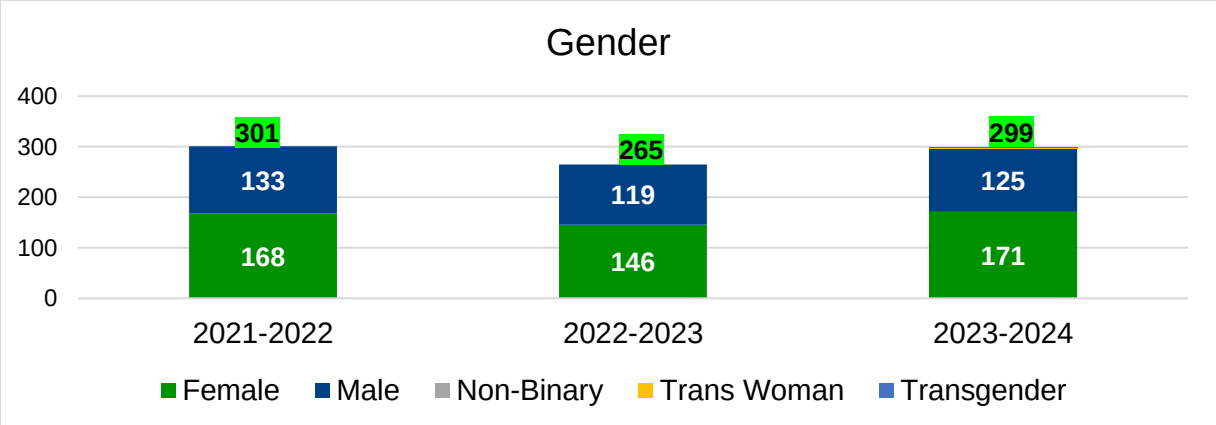


Due to the agency's increased focus on data reporting, the accuracy of race reporting in the Electronic Health Record has significantly improved. Since 2020, there has been a 93% decrease in individuals with unknown race data.

During this review period, a total of 293 individuals were documented. Of these, 2 individuals identified as African American, 1 as American Indian, 1 as Hispanic/Latino, 6 as multi-racial, and 283 as White/Caucasian. Only 6 individuals were classified as "other race" or had unreported race data in the system.

Gender

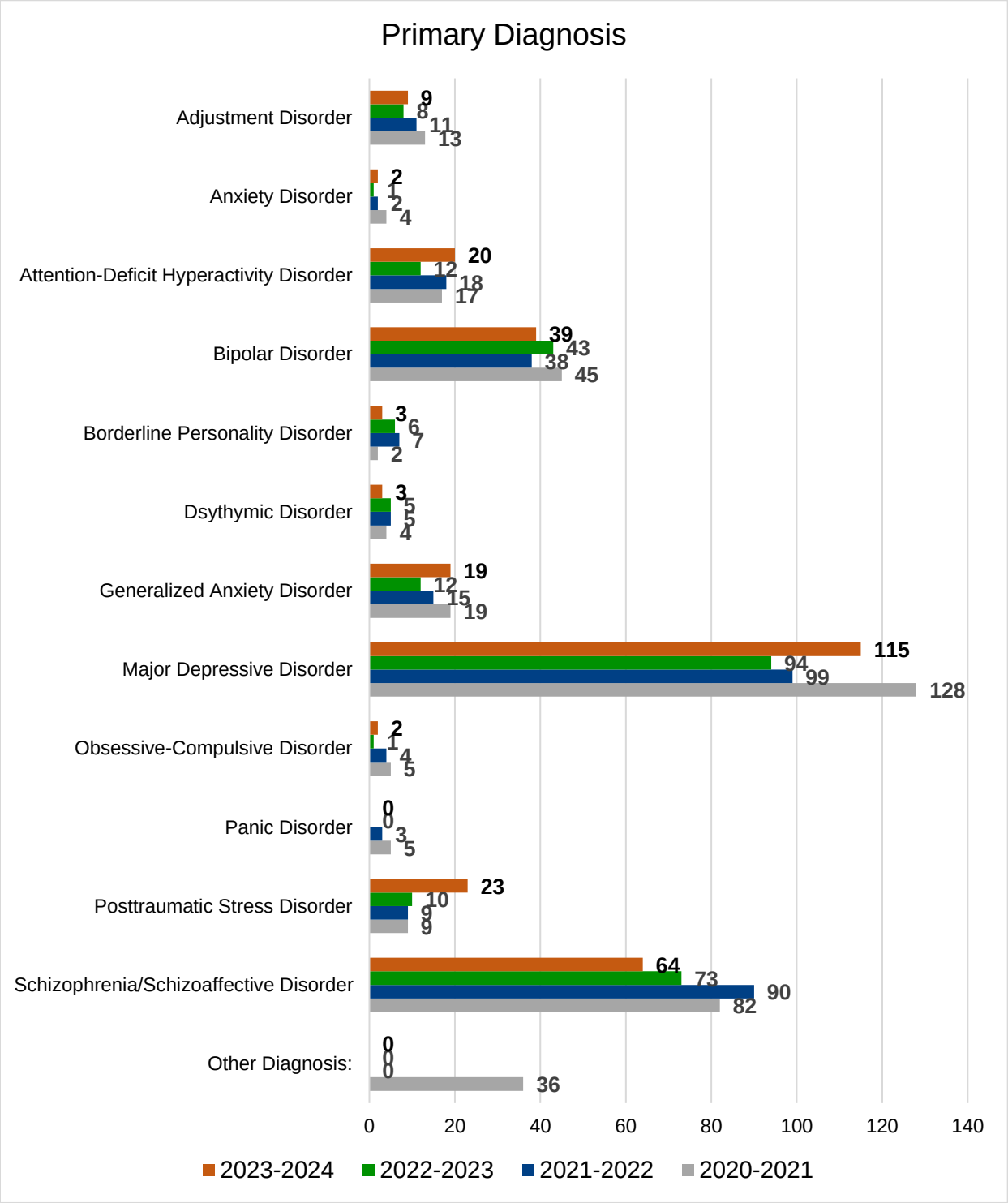
Consistent with last review, majority of the individuals served in the program are female. The following graph depicts the gender of individuals served in the program.



During this review, 171 individuals are female, 125 individuals are male, 1 individual is non-binary, 1 individual is trans woman, and 1 individual is transgender.

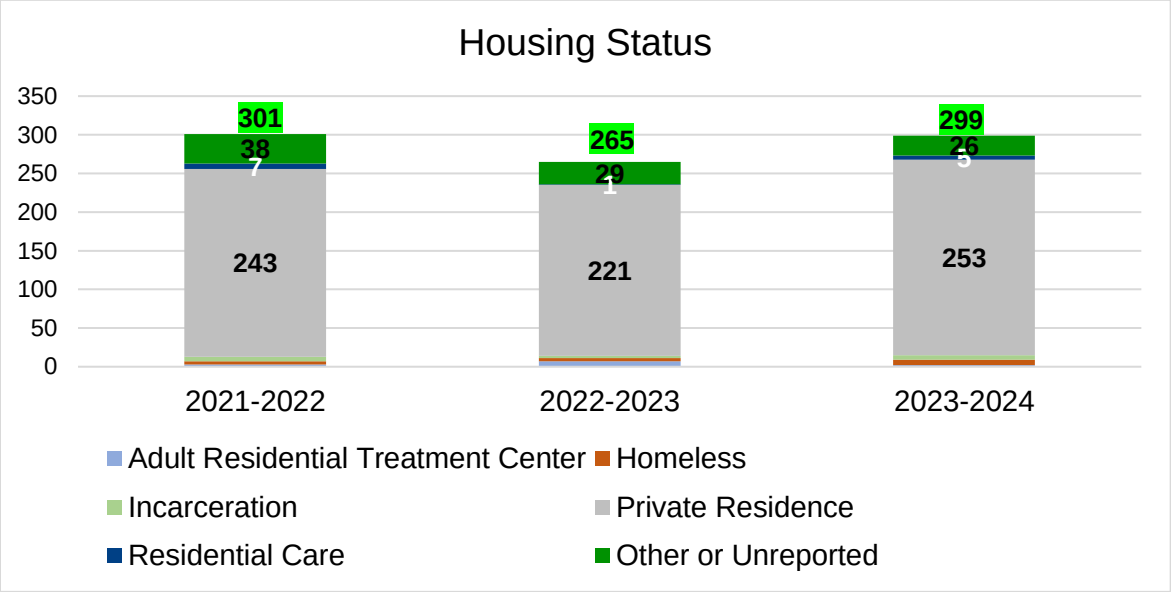
Primary Diagnosis

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.

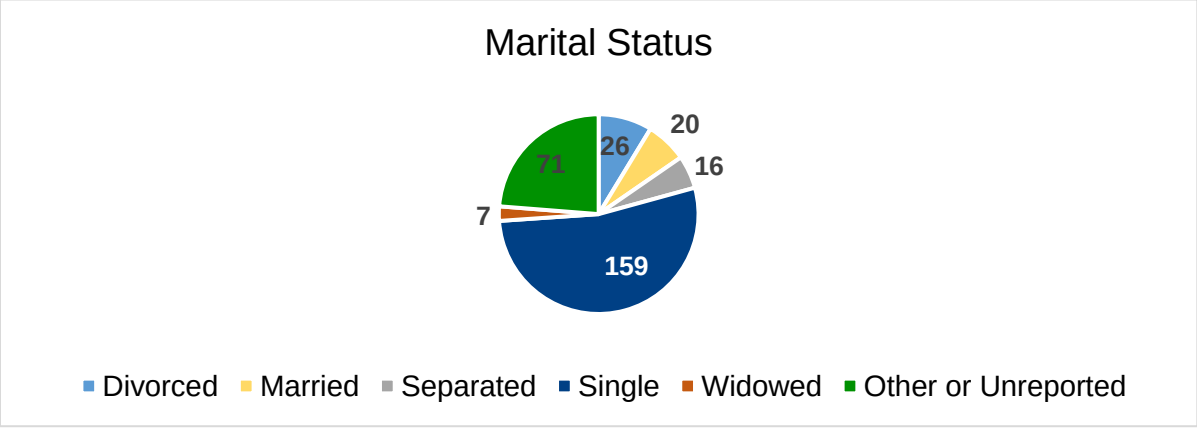


Data shows that housing status is being collected more consistently compared to 2021, with a 31.5% decrease in unreported housing status during this review period.

The data indicates that 253 individuals, over 84% of clients enrolled in services, live in private housing. Additionally, 2 individuals reside in an adult residential treatment center, 7 are homeless or living in a homeless shelter, 6 are incarcerated, and 5 live in residential care. Another 26 individuals reported their housing status as another category or left it unreported.

Marital Status

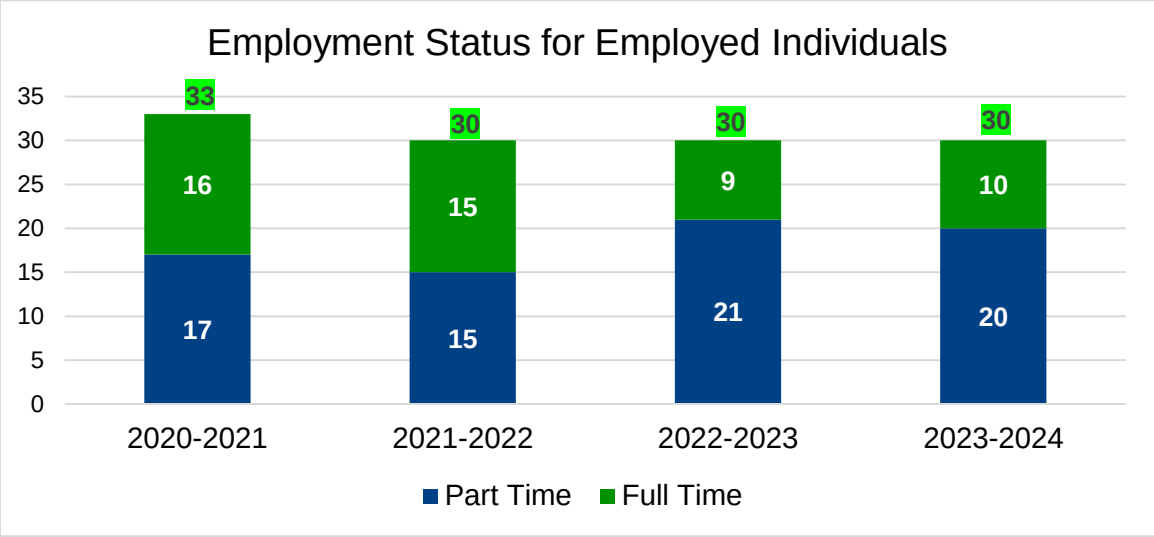
Consistent with the last review, majority of individuals served in the program during this review are single.



The majority of individuals enrolled in services marital status is single.

Employment

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

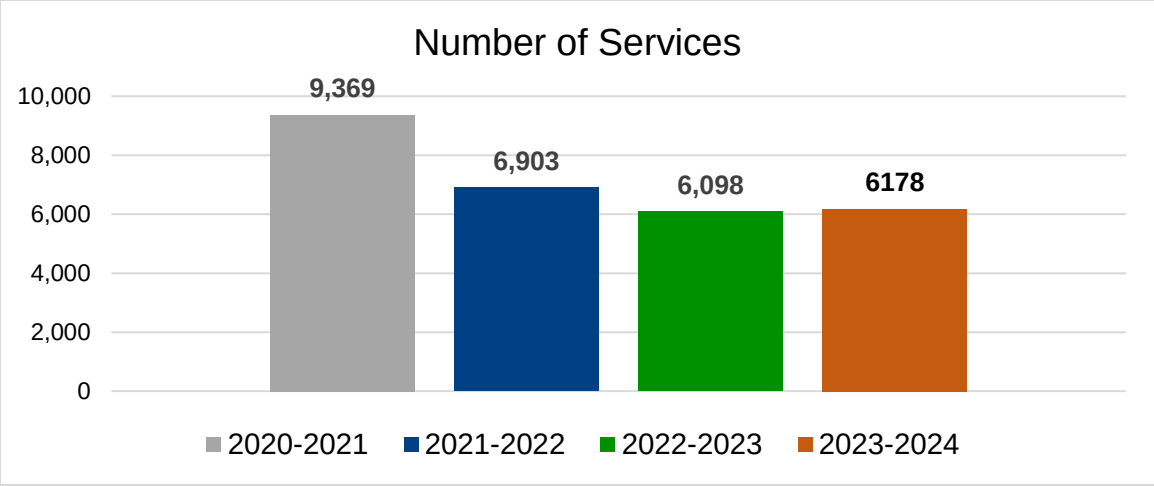


Consistent with the last three years, thirty individuals in the Blended Case Management Program are employed. During this review, 20 of those individuals are employed part time and 10 of those individuals are employed full time.

Service Data

Number of Services

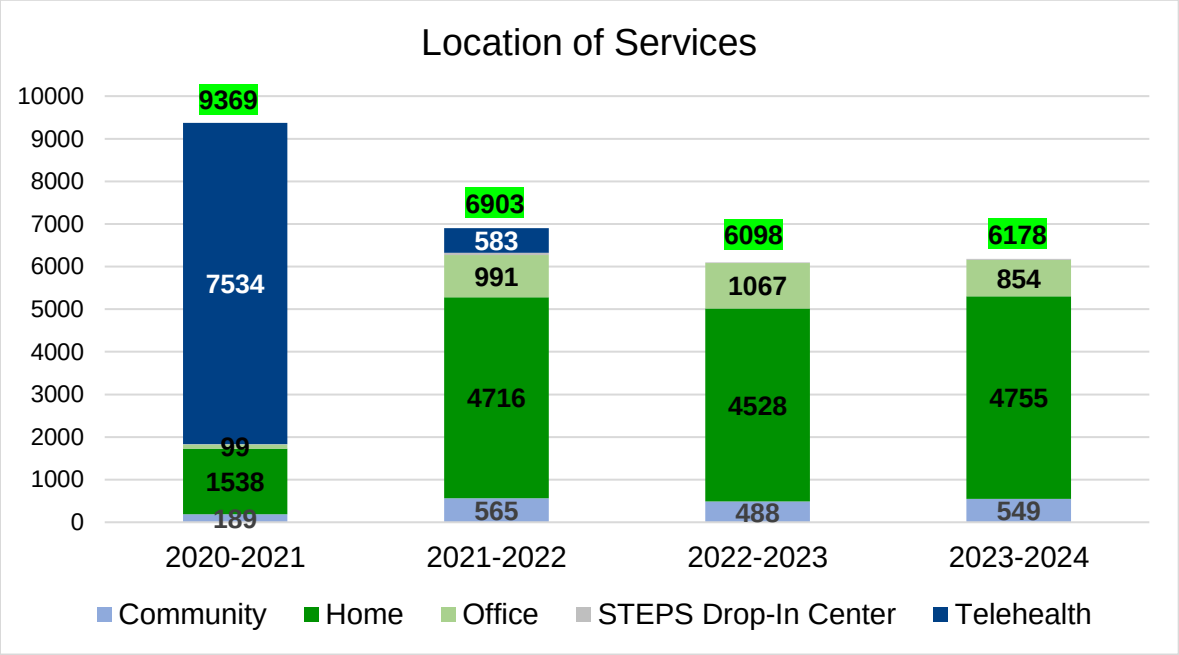
There was a slight increase in the number of services completed since the last review. The graph below indicates the number of services over the past four fiscal years.



The number of services increased by 1.3% since the last review.

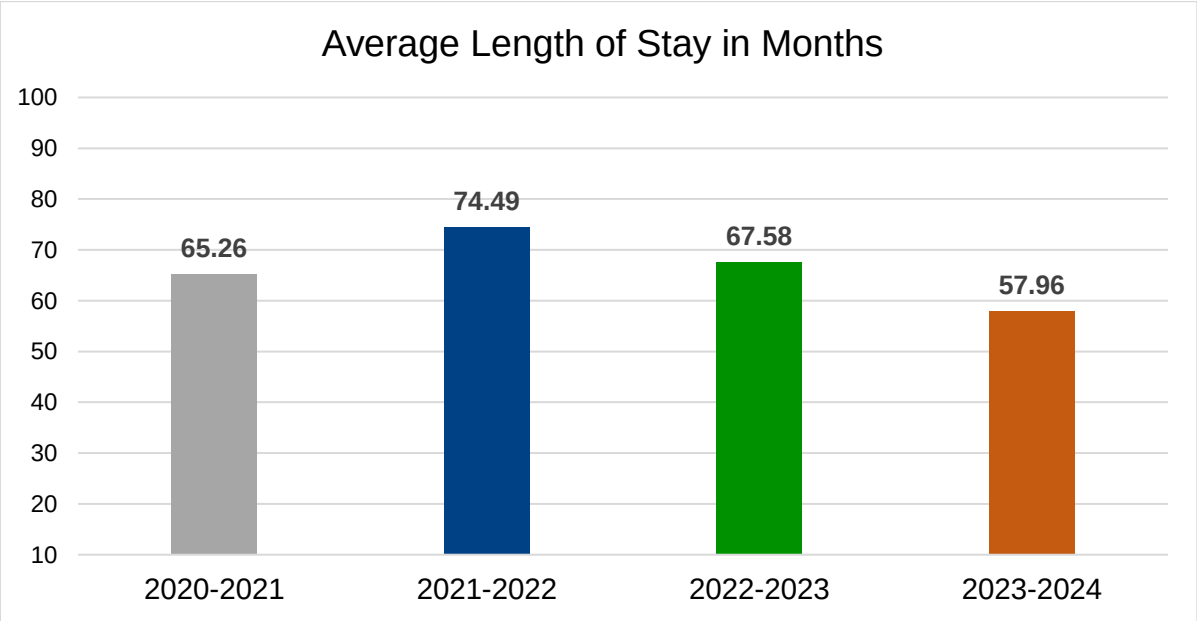
Location of Services

During this review and the last review, no individuals received services via telehealth and all services were delivered face to face primarily in the client's home.



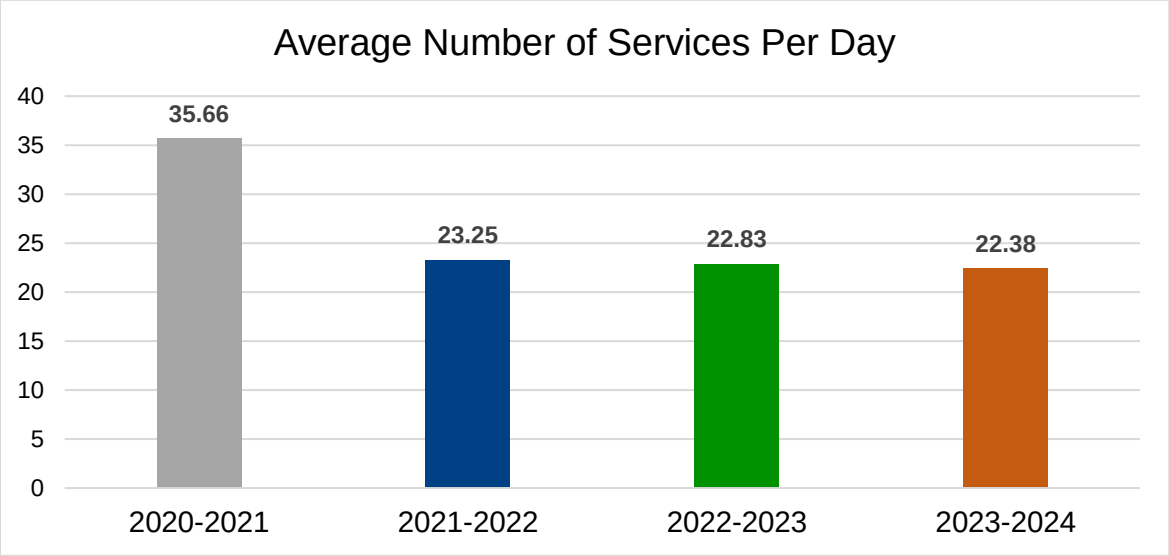
Length of Stay

The average length of stay for Blended Case Management during this review is 1764.29 days which is equivalent to 57.96 months.



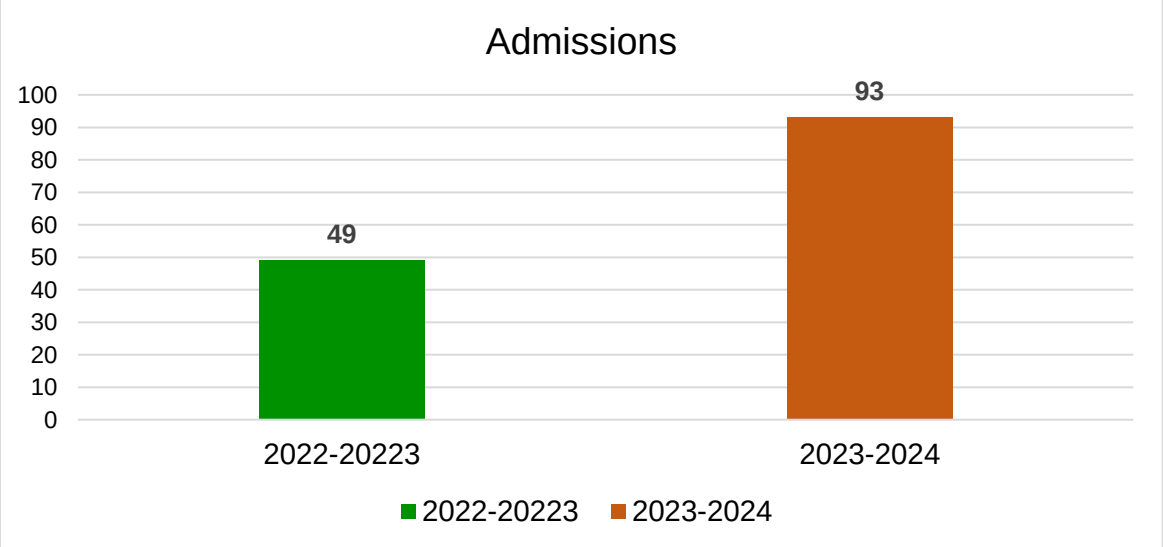
Sessions Per Day

The average number of sessions held per day is 22.38 which is relatively the same from the previous review.



Admissions

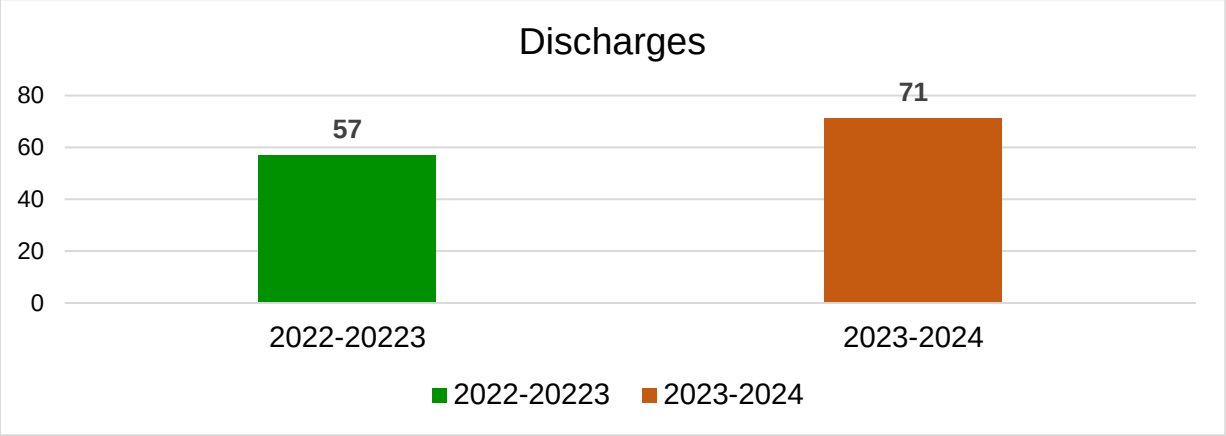
Admissions are counted by the episode in the Electronic Health Record using the admission date into Blended Case Management. The graph below represents the number of individuals who were admitted into BCM between the dates of July 1, 2023, to June 30, 2024.



During this review, there were 44 individuals who were admitted into BCM, marking an 89.7% increase in admissions from the previous review. Additionally, four individuals engaged with services, discharged, and later re-enrolled in the same fiscal year.

Discharges

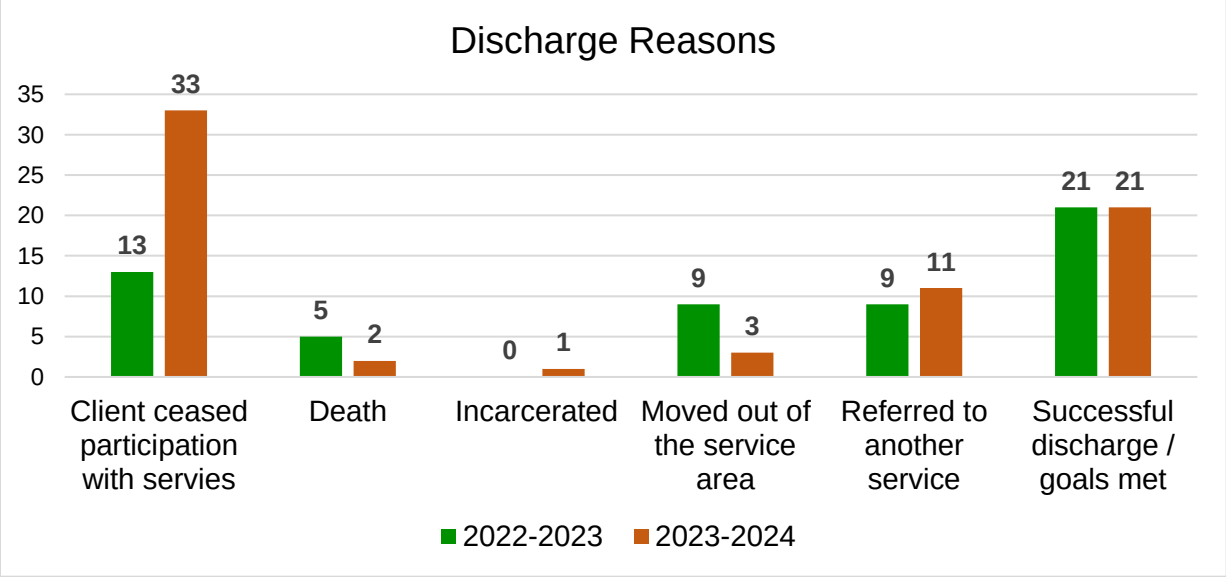
Discharges in BCM are documented in the Electronic Health Record, ensuring a comprehensive record of each individual's journey through services. Each discharge summary provides a detailed overview of the care received, the reasons for discharge, and the next steps in the individual's support plan. These high-quality summaries highlight the services provided, referrals made, follow-up care arranged, and valuable resources connected to the participants. Furthermore, individuals receive clear guidance on how to re-enroll in services should they choose to return, reinforcing the agency's commitment to ongoing support and continuity of care.



There was an increase of 14 discharges from the last review which is a 24.5% increase.

Discharge Reasons

Documenting discharge reasons is a crucial part of ensuring high-quality, effective, and person-centered case management services. The chart below identifies discharge reasons from the past two fiscal years.

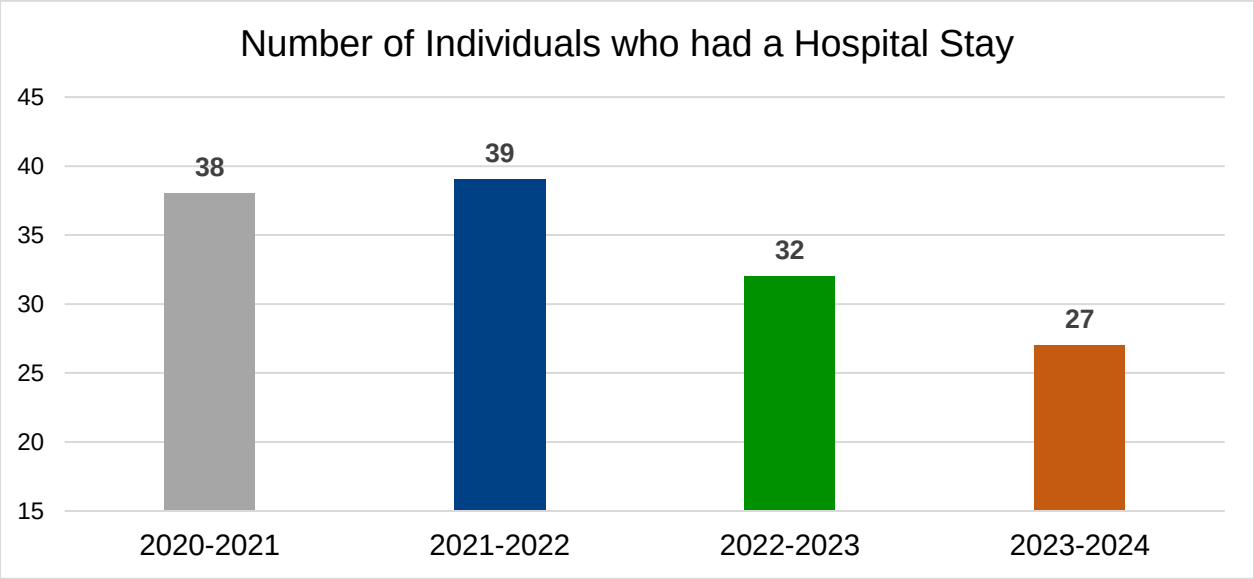


During this review, 21 individuals successfully discharged from the program after achieving their goals, highlighting positive outcomes and effective service delivery. While there was an overall increase in individuals ceasing participation in services, other discharge reasons varied. Two client deaths were recorded, marking a decrease of three from the previous review. One individual transitioned to Forensic Case Management (FCM) after being incarcerated. Additionally, three individuals moved out of the service area, and eleven were referred to another service or a higher level of care to better meet their needs.

Care Coordination

Psychiatric Hospitalization Stay

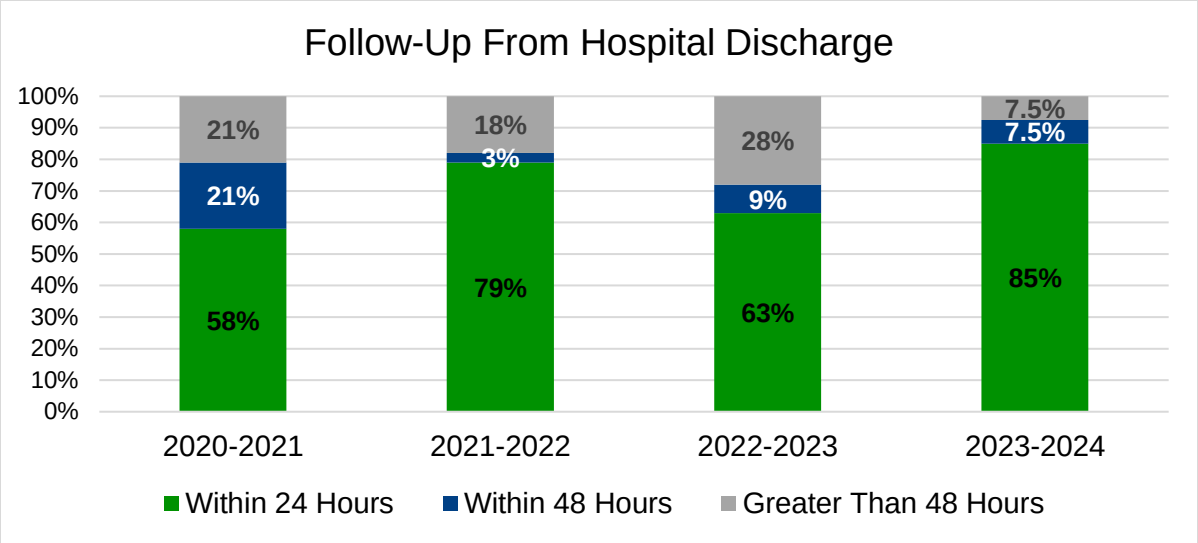
During this review, there were 27 individuals who had a psychiatric hospital stay, which is a decrease of 5 individuals or 15.6% from the last review. The graph below indicates the number of individuals who had a hospital stay while being enrolled in BCM since 2020.



The data shows a significant decrease in psychiatric hospitalizations since 2020, with the number of individuals experiencing a hospital stay declining by 11, or 29%, to date. This trend suggests that Blended Case Management services are successfully helping participants maintain their mental health, prevent crises, and enhance overall well-being.

Psychiatric Hospitalization Discharge Follow-Up

An initiative monitored within the Blended Case Management Program is to 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.

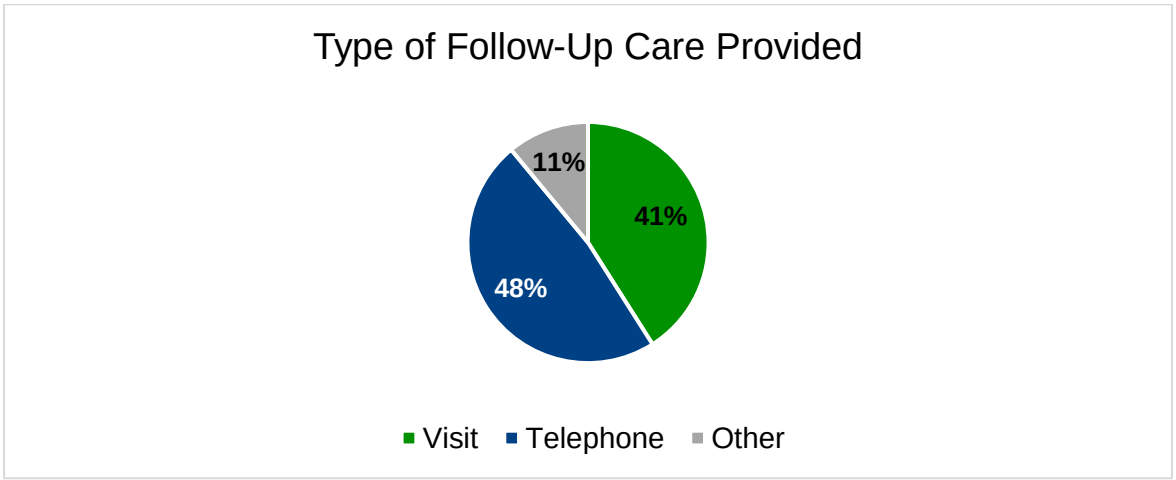


There was an increase of 22% of follow-up provided to individuals within 24 hours of hospitalization discharge during this review. Additionally, 92.5% of the individuals received follow-up within 48 hours of a hospitalization discharge.

Since 2020, hospital discharge follow-up has been a key focus for Blended Case Management to actively monitor quality improvement. Since monitoring this area, there was a remarkable progress, achieving significant improvements that streamlined client transitions and continuity of care. As a result of this success, the corrective action plan, using the Plan Do Check Act (PDCA) Model, is now considered “retired”. A comprehensive review of this initiative, including its impact and outcomes, can be found in the “Retired Program Goals” section of this report.

Discharge Type of Contact

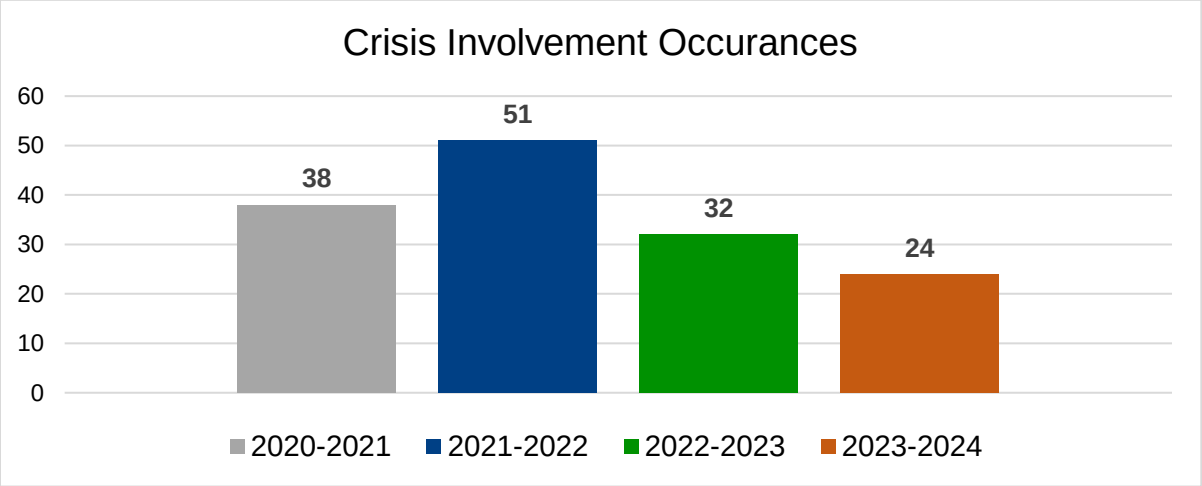
The type of contact for follow-up from a hospital discharge is also monitored. BCM staff followed up with clients by contacting them by telephone or by completing an in-person visit. There were two follow-up contact types that were considered “other”.



Most of the follow-up was provided by telephone followed by holding a visit with the client.

Crisis Involvement Contacts

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



While there was a decrease in the number of individuals enrolled in the program who experienced crisis involvement, there were some individuals who were referred to Blended Case Management because they had crisis involvement and BCM was an appropriate program for the individual to be referred to.

Evidence-Based Practices

Evidence-Based Practices (EBPs) are supported by research and have been proven to be very effective in improving individuals' mental health outcomes. Evidence-based practices are utilized and monitored in Blended Case Management.

Motivational Interviewing

Motivational Interviewing is a client-centered approach designed to help individuals strengthen their motivation and commitment to recovery by identifying their own reasons for change and empowering them to reach goals that align with their values. The core techniques of Motivational Interviewing include:

- Affirming strengths and efforts
- Responding to meaning
- Summarizing key points
- Using reflective statements
- Paraphrasing the client's words
- Asking open-ended questions
- Providing clear explanations
- Actively listening
- Establishing rapport

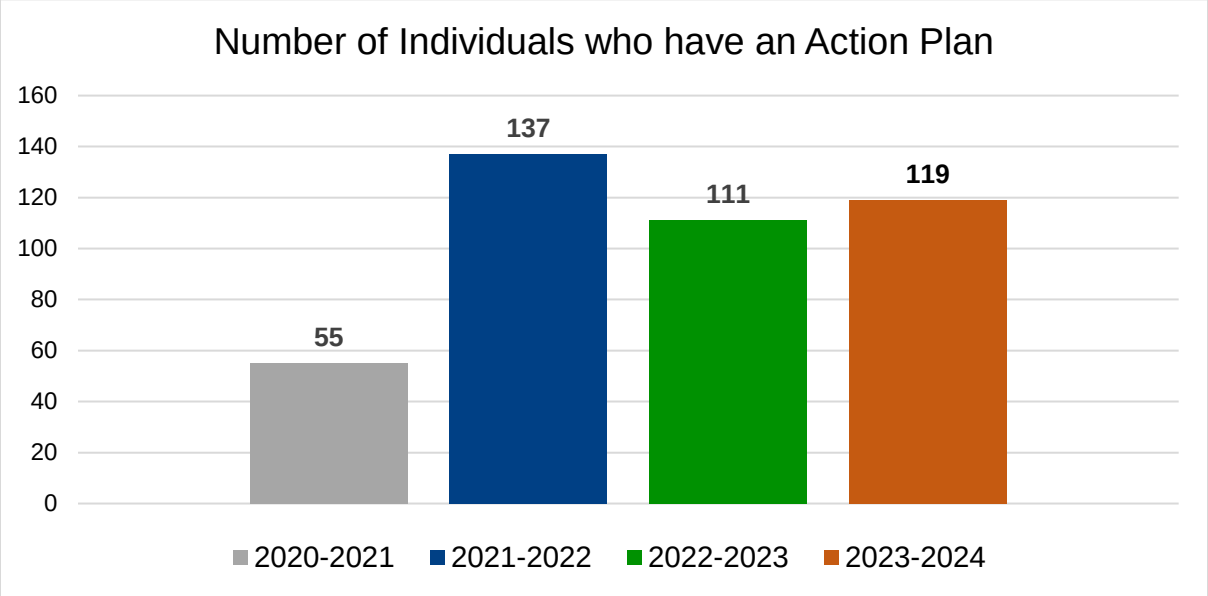
Motivational Interviewing is used on all clients receiving Blended Case Management. The graph below depicts the percentage of individuals who received Motivational Interviewing during this time period of review.

All individuals in BCM received Motivational Interviewing as an Evidence-Based Practice while enrolled in services.

Wellness Recovery Action Plan (WRAP)

A Wellness Recovery Action Plan (WRAP) is an individualized plan designed to help individuals manage their mental health symptoms, improve well-being, and support recovery. Its main purpose is to empower individuals to take control of their recovery by identifying triggers, recognizing early warning signs, and developing effective coping strategies to maintain wellness and manage mental health challenges.

All BCM staff are trained in Wellness Recovery Action Plans and offer WRAPs to the participants they serve. The graph below indicates the number individuals who have a Wellness Recovery Action Plan.



There were 119 individuals who received a Wellness Recovery Action Plan during this period of review.

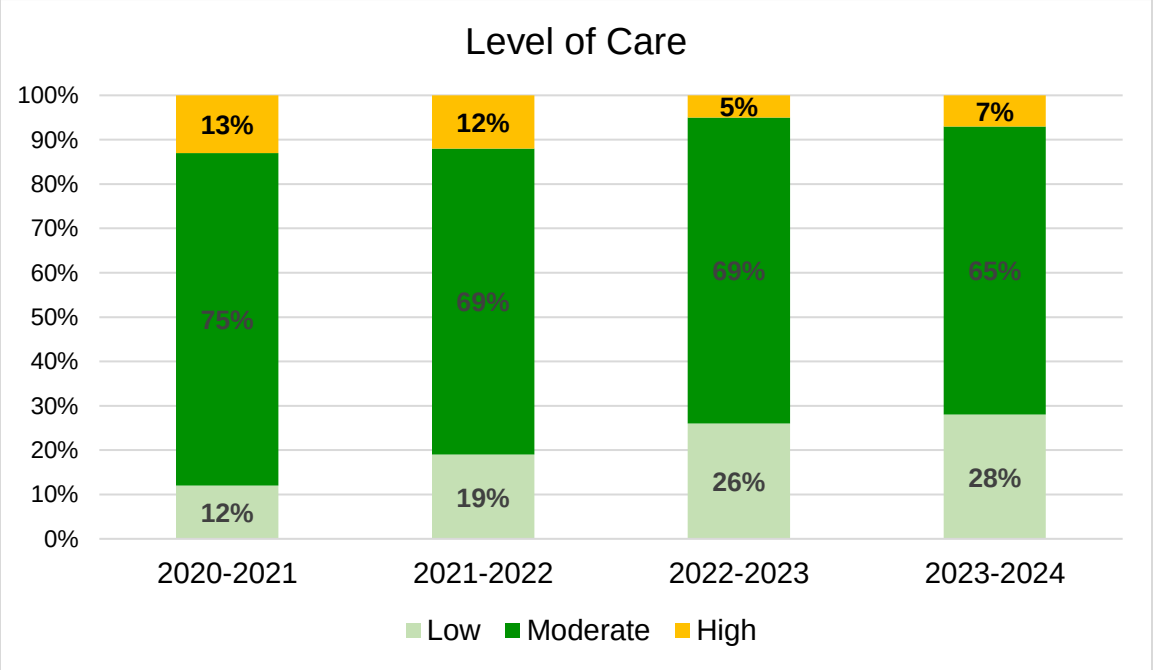
Environmental Matrix (EM)

The Enviornmental Matrix (EM) is completed to ensure the appropriate level of service is provided to each individual. The Guidance Center's Blended Case Management Program complies with the Office of Mental Health and Substance Abuse Services (OMHSAS) requirement that the Matrix is to be completed every 6 months at a minimim or when there is a significant change in the level of care.

The Environemntal Matrix is an assessment of need or assistance in the following areas:

- Housing/living situation
- Financial income/benefits
- Education/Vocational
- Mental Health treatment
- Alcohol and substance use
- Basic activities of living
- Medical treatment
- Socialization and supports
- Criminal justice
- Transportation
- Crisis planning

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



Consistent with the last review, the majority of individuals' level of care is moderate with 65%, followed by low with 28%, and high with 7%.

The scoring from the Environmental Matrix provides guidance on the recommended level of care the indidivual receives. The table below repsents the level of care, Matrix level, the plan, and service delivery.

Enviornmental Matrix (EM) Scoring & Recommended Level of Care			
Level of Care	**Matrix Level**	**Plan**	**Service Delivery**
Low	0.0 – 1.4	Alternate services may be needed and if necessary, referrals should be made.	3-4 weeks or no BCM needed
Moderate	1.5 – 3.9	Intensity of care with at least one face-to-face contact every 30 days.	2-3 weeks
High	4.0 – 5.0	At least one face-to-face contacts every 14 days.	1-2 weeks

Program Adherence

Multiple approaches within the Blended Case Management Department are completed to ensure compliance with regulations. The agency's Quality & Compliance Department evaluates Blended Case Management to ensure the service description is followed and the needs of the individuals served are met. Program adherence efforts are monitored by the following:

1. CCBH Quality Reviews
2. Annual OMHSAS licensing review
3. Quarterly chart reviews completed by the BCM Program Director
4. Biannual internal audits completed by Compliance Coordinator
5. Annual quality reviews completed by Quality Director

To ensure Blended Case Management meets program requirements and complies with the service description, routine internal compliance audits and comprehensive quality reviews are conducted. Through continuous evaluation, we have determined that the program remains in full compliance. This quality review reaffirmed that Blended Case Management adheres to all program standards and operates effectively within the service description.

Quality

Participant feedback is crucial for gathering valuable insights and improving the overall quality of services offered by The Guidance Center. The agency values the input and perspectives clients regarding all the services that are offered by the agency. To enhance the process of gathering this important feedback, we established a Client Advisory Committee in 2020. Clients and/or family members of clients are encouraged and invited to join the committee, providing them with a platform to share their unique perspectives specifically focused on quality improvement. Any client or family member of a client can join this committee at any time, making participation accessible to everyone. Routinely, our programs, including Blended Case Management, are actively recruiting members to add to this important feedback group. This effort aims to capture as much feedback as possible and to broaden the committee's representation across all programs offered at the agency. The Quality Director presents ideas shared and quality

initiatives collected during the Client Advisory Committee meetings at agency quality meetings that involve the Executive Director and Senior Management. Quality initiatives are often directly developed from the valuable ideas shared during these Client Advisory Committee meetings.

Blended Case Management includes clients in the essential quality improvement processes in several meaningful ways. All participants in the program are routinely offered comprehensive feedback surveys to evaluate the overall effectiveness of the services provided, their satisfaction with service delivery, and their level of engagement within the program. The results of these surveys are compiled and analyzed to ensure that the agency is delivering the highest quality of care while effectively meeting the diverse needs of the individuals served. These results are then shared with the quality team, members of the agency Board of Directors, as well as the participants in the program to foster transparency and collaboration. An analysis of the feedback from BCM clients is captured in this report.

In addition to the client feedback surveys, individuals are provided with the Client Handbook upon enrolling in services. This client handbook encompasses essential topics such as client rights, the individualized plan of care, confidentiality practices, and instructions on how to file a grievance or express any concerns. Additionally, at any time, anyone can easily provide feedback through the agency's website by using the designated feedback section. A client feedback form automatically populates and is sent directly back to the quality department for processing. This valuable input not only highlights areas for improvement but also addresses any concerns while assessing the overall effectiveness of the services offered. This data plays a crucial role in enhancing the quality of care at the agency.

Participants have the option to provide feedback either anonymously or by including their name if they wish to be contacted for follow-up discussions. The ongoing input and feedback exchange offers continuous opportunities for individuals to contribute their input, which are outlined in the agency Quality Plan. A summary of findings from client satisfaction surveys and other input methods are captured within comprehensive quality reports. These reports, which serve as a vital resource for understanding service effectiveness, can be found on the agency website for public review and transparency.

Compliance

Compliance is critical and important to The Guidance Center to ensure ethical, legal, and professional standards are met, protecting both clients and the agency. Adhering to regulations, while compliance with licensing and accreditation requirements ensures quality care. It also minimizes legal risks, prevents financial penalties, and fosters trust among clients, staff, and regulatory bodies. By maintaining strict adherence to policies and best practices, The Guidance Center operates with integrity and provides effective treatment.

Audits

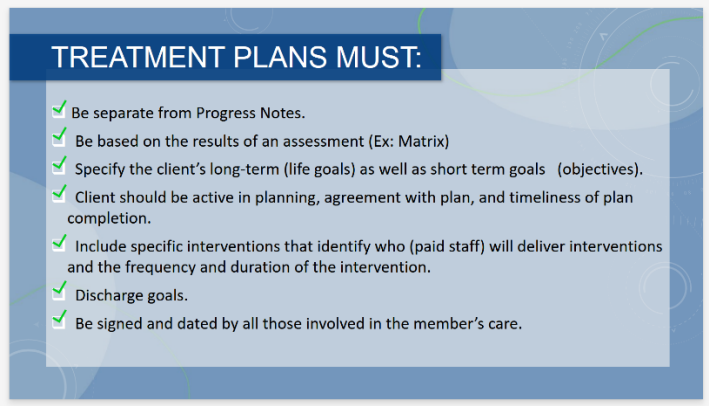
Blended Case Management received and complied with the re-licensure site visit on March 8, 2024, with Anthony Malloy and Michael Kinslow. During the re-licensure site visit, there were no citations warranted to The Guidance Center’s Blended Case Management Program.

Recommendations that were made by Anthony and Michael were considered and implemented as current procedures.

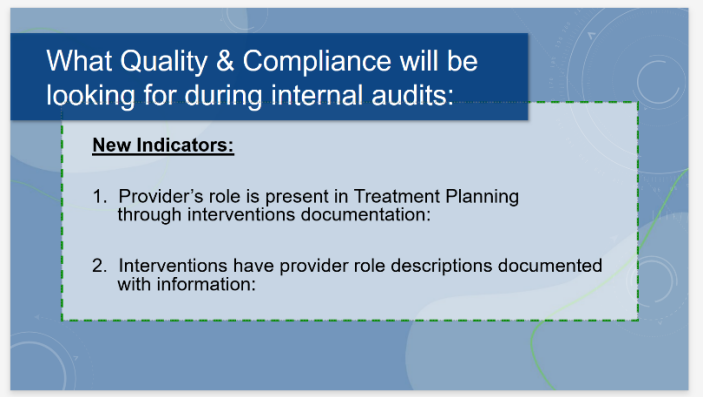
Mr. Malloy recommended that staff clearly document the role of Case Manager within each section of the Treatment Plan, providing more detailed descriptions. In response, the Senior Director of Recovery and Support Services, BCM Program Director, Compliance Coordinator, and Quality Director collaborated to develop an in-person training session. This training aimed to ensure staff had a comprehensive understanding of the BCM role while emphasizing the importance of specificity identifying interventions, goals, and outcomes.

On May 1, 2024, all Recovery & Support Services staff participated in a thorough half-day training session focused on BCM re-licensure recommendations and best practices for treatment planning documentation. The training covered key topics, including Fraud, Waste, and Abuse, as well as proper treatment planning and documentation standards. A full copy of this training was sent to Mr. Malloy in June 2024 to show follow through with the recommendations made at the 2024 licensure site visit.

The image below highlights one of the training slides used to enhance staff education and improve the effectiveness of treatment planning within the program.



To further strengthen compliance with treatment planning requirements, two new indicators were incorporated into the internal auditing process for BCM internal audits. The image below highlights these additional indicators.



The first internal audit incorporating these two new indicators was conducted in July 2024. Both indicators achieved a 100% compliance rate, demonstrating significant improvement and adherence following the re-licensure site visit and staff training.

In addition to the re-licensure site visit, the Quality Director conducts an in-depth comprehensive quality review, evaluating service effectiveness, quality outcome data, client satisfaction, and overall program performance.

Furthermore, we comply with the CCBH performance measures and CCBHC quality measures to ensure adherence to the program model is being followed and promote continuous quality improvement which ultimately improves outcomes for the individuals served.

Internal Compliance Audits

Ensuring compliance and high-quality care is delivered, internal audits occur biannually for Blended Case Management by the Compliance Coordinator. To ensure regulation adherence, the Compliance Coordinator performs internal biannual compliance audits covering various quality indicators. Audit results are shared with the Senior Director of Recovery and Support Services, BCM Program Director, BCM staff, the agency Executive Director, and the agency's Board of Directors. Areas identified for quality monitoring are developed into a corrective action plan utilizing the Plan Do Check Act (PDCA) Model. To foster continuous improvement, staff collaboratively review internal compliance audit findings and corrective action plans, working together to develop and implement effective strategies. Program goals are determined when quality improvement areas are identified during quality reviews and internal compliance audits. Results of the internal compliance audits are outlined in each annual comprehensive quality report.

Methodology

Methodology for internal compliance audits is a random selection of BCM charts by the Compliance Coordinator on a biannual basis. Charts to be audited include current charts, new charts, and discharged charts to ensure proper procedures are being followed. At least one chart is selected for each staff member. In addition to internal audits by the Compliance Coordinator, the Program Director reviews BCM charts quarterly.

Results from all internal compliance audits conducted by the Compliance Coordinator during this time of review are as follows.

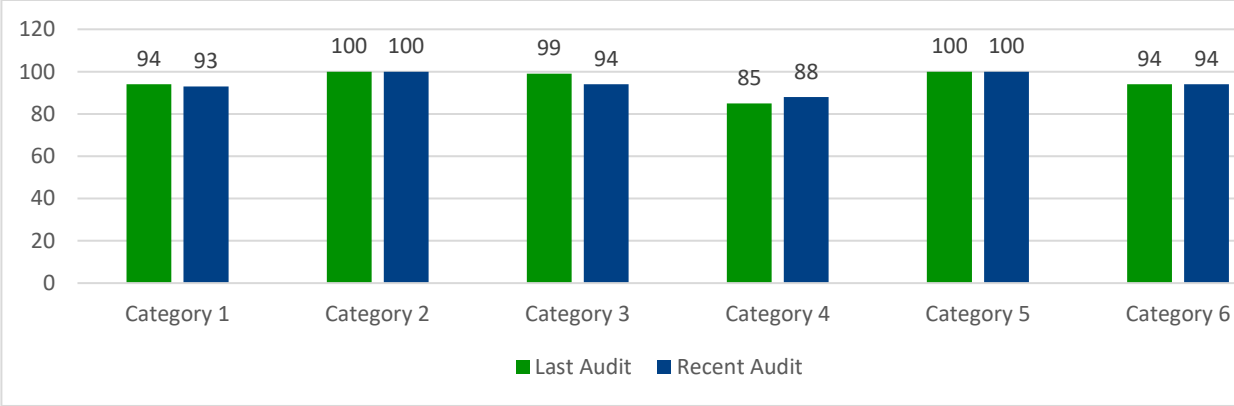
Blended Case Management Internal Audit Results

The results of the two internal compliance audits conducted by the Compliance Coordinator are captured in the following tables.

Internal Quality Review			
Program	BCM	Date of Audit	8/2/2023-8/4/2023
Number of Charts Reviewed	40 randomized charts	Audit Schedule	Bi-annually – Q1
Total Number of Indicators	16 Quality Indicators		

Category	Score	Goal
1. Intake & Assessment	93%	80%
2. Treatment Planning	100%	80%
3. Care Coordination	94%	80%
4. Physical Health / Behavioral Health	88%	80%
5. Discharge Planning	100%	80%
6. Key Clinical Indicators	94%	80%

Comparison from the last Internal Audit:

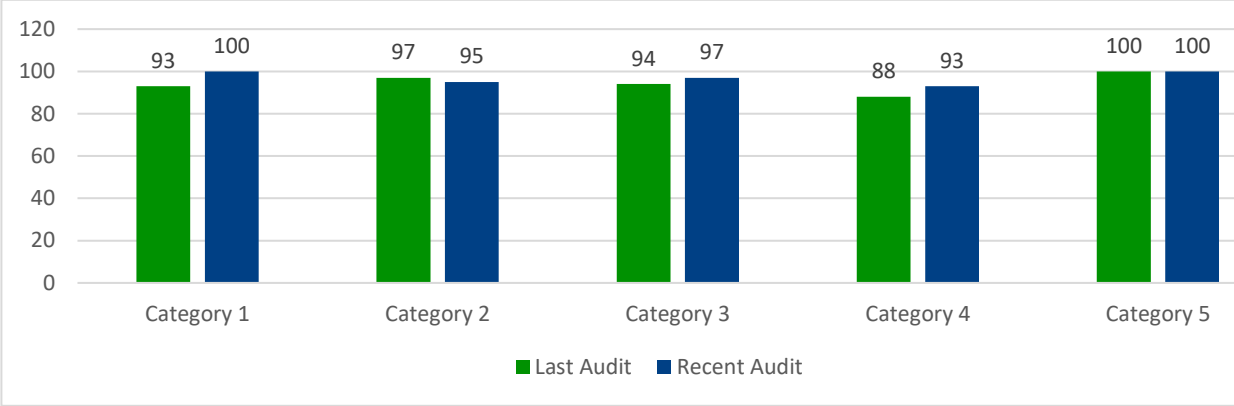


Internal Quality Review			
Program	BCM	Date of Audit	2/23/24 – 2/27/24
Number of Charts Reviewed	40 randomized charts	Audit Schedule	Bi-annually – Q3
Total Number of Indicators	17 Quality Indicators		

Category	Score	Goal
7. Intake & Assessment	100%	80%

8. Treatment Planning	95%	80%
9. Care Coordination	97%	80%
10. Physical Health / Behavioral Health	93%	80%
11. Discharge Planning	100%	80%

Comparison from the last Internal Audit:



Both internal audit results indicate compliance with all quality indicators.

Program & Agency Goals

Program goals are identified from chart reviews, internal compliance audits, quality reviews, and anything else that deems appropriate that a goal needs to be made. During this review, both internal compliance audits results indicate all quality indicators meet or exceed the desired goal.

As we continue to expand and enhance the agency and the Blended Case Management (BCM) program, we have established the following goals within the agency's 2025 quality plan that can impact all programs across the agency. These initiatives aim to improve service delivery, support staff, and enhance client outcomes:

1. **Enhance Access to Psychiatric Services** – Implement the Just In Time Prescribing Model to facilitate faster psychiatric care for individuals in need, reducing wait times and improving access to essential services.
2. **Conduct a Community Needs Assessment (CNA)** – Utilize a systematic approach to evaluate the needs of clients and the broader community. The findings will inform strategic planning efforts, ensuring our services are responsive to emerging clients and community challenges.
3. **Improve Documentation and Engagement Strategies** – Participate in a comprehensive review of documentation practices to enhance engagement tools, optimize service delivery, and ensure compliance with quality and reporting requirements.

4. **Standardize Social Needs Screening** – Integrate a standardized health-related social needs screening tool within all programs across the agency to assess Social Drivers of Health (SDOH), including food security, housing stability, transportation access, utilities, and interpersonal safety, ensuring a holistic approach to client care.
5. **Leverage Data for Performance Improvement** – Expand the use of agency data dashboards to monitor key performance indicators and drive data-informed decision-making through Business Intelligence (BI) tools in our Electronic Health Record (EHR).
6. **Enhance Client Access Through Technology** – Implement the EHR's integrated client portal to empower clients with better access to their health information, appointment scheduling, and communication with care teams, promoting client engagement and self-management.

These goals are designed to strengthen the entire agency's including BCM's impact, ensuring high-quality, client-centered care while aligning with the agency's broader strategic vision.

Retired Corrective Action Plans

Corrective Action Plans (CAPs) may be retired once they have successfully met or exceeded their established goals. However, key areas addressed within these plans often continue to serve as internal audit indicators to ensure ongoing compliance and sustained quality improvement.

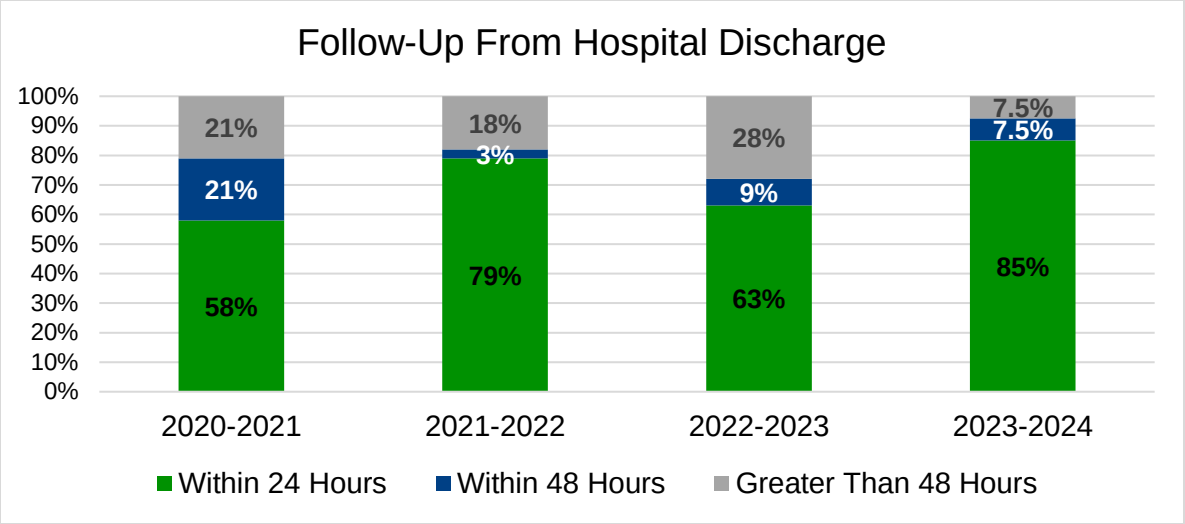
The corrective action planning process is a collaborative effort that involves identifying areas of concern, developing a structured improvement plan, implementing the plan, and continuously monitoring its effectiveness. Progress is documented throughout the process, and routine evaluations are conducted to ensure the plan is achieving its intended outcomes.

The agency utilizes the Plan Do Check Act (PDCA) Model as a structured framework for corrective action planning, ensuring systematic and measurable improvements.

During this review period, two corrective action plans were successfully retired. The following graphs show the progress and improvements achieved through ongoing quality monitoring.

- **Hospital Discharge Follow-Up**

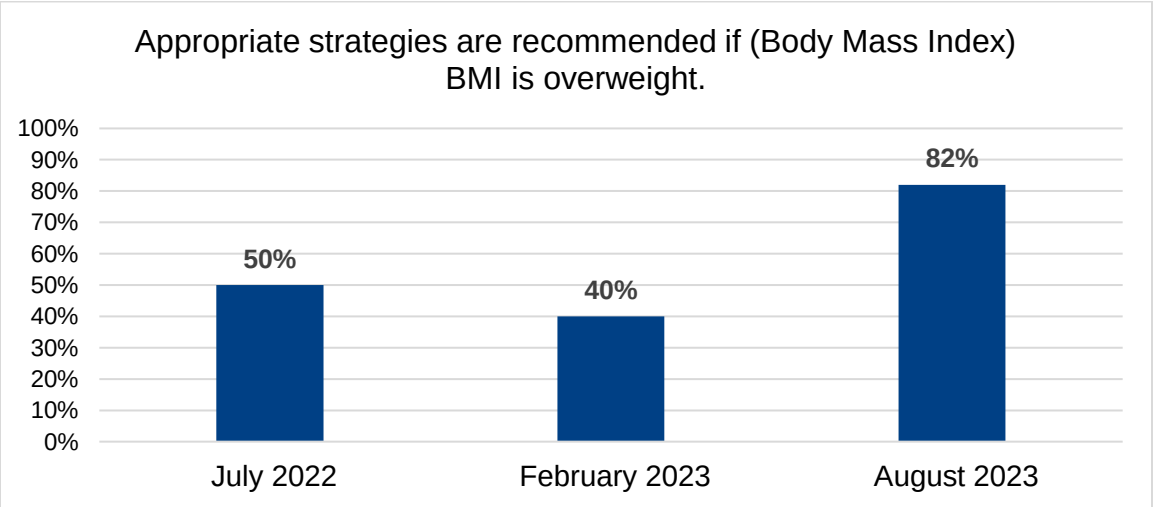
Hospital discharge follow-up for individuals in the BCM Program is a key focus to ensure seamless, comprehensive care during the transition from hospitalization. A corrective action plan was implemented in 2020 using the PDCA Model to enhance this process, with the goal of case managers contacting individuals within 24 hours of discharge. This corrective action plan was considered "retired" in April 2025 when a thorough quality review was conducted and indicated follow-up care has increased drastically from the previous review, exceeding the desired goal. The graph below represents the monitoring from 2020 to present.



The BCM Program Director continues to collaborate with psychiatric hospitals to strengthen communication and coordination, ensuring a smoother, higher-quality transition for individuals returning to community-based care. The ongoing commitment to this initiative is clear when examining the progress made since 2020. Over this period, the percentage of individuals receiving follow-up care within 24 hours has increased by 27%. As this achievement surpasses the established goal, the corrective action plan is now considered retired. However, it will continue to serve as a key quality indicator, regularly reviewed during quality assessments to ensure sustained success.

- **Appropriate Strategies Recommended if BMI is Unhealthy**

Recording and documenting the Body Mass Index (BMI) and recommending appropriate strategies if it is considered unhealthy is a quality indicator that is internally audited. This indicator is considered a Certified Community Behavioral Health Clinic (CCBHC) quality indicator and is required for reporting. This area fell below the desired goal in July 2022 and was implemented into a corrective action plan for quality improvement monitoring. The graph below indicates the progress made.



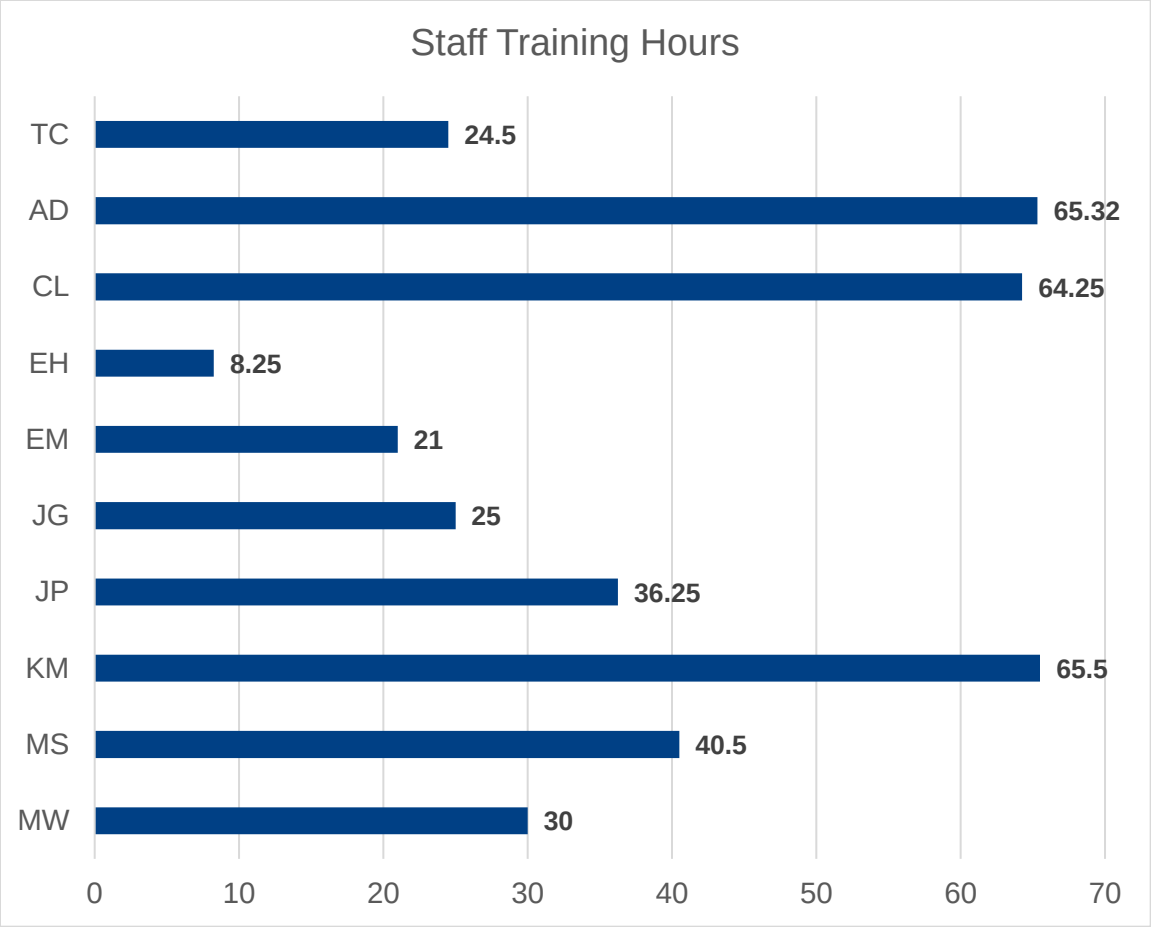
During this review period, the quality improvement focus was ensuring that appropriate strategies were recommended and documented in the Electronic Health Record (EHR) for individuals with a Body Mass Index (BMI) classified as overweight or underweight. This corrective action plan was implemented in July 2022 and monitored until August 2023, when it exceeded the desired goal. Staff are trained to document BMI for all enrolled clients and provide necessary follow-up information for those with BMI levels outside the healthy range.

Staff Supervision

Effective supervision is essential to the success of a Blended Case Management program, ensuring that staff receive the guidance, support, and accountability needed to provide high-quality services. To uphold this standard, staff participate in one hour of individual supervision each week, along with two hours of group supervision. The program's goal is for 100% of staff to receive weekly supervision, reinforcing consistency in case management practices. If supervision does not occur, the reasons are documented to maintain transparency and accountability. All supervision records are maintained by the BCM Program Director to support ongoing professional development and program excellence.

Staff Trainings

Ongoing staff training is a vital component of the Blended Case Management Program, ensuring that case managers are well-equipped to deliver high-quality, client-centered service. Comprehensive training provides staff with the essential knowledge, skills, and resources needed to navigate complex cases, adhere to ethical and legal standards, and implement a recovery-oriented approach. Regular training sessions not only enhance service effectiveness but also keep staff informed on the latest research, best practices, and emerging trends in the field. By prioritizing continuous training, the program strengthens client outcomes, promotes professional growth, and fosters a supportive, knowledgeable workforce. A complete list of staff training records is included in the Quality Binder. The table below represents the number of training hours for each staff member listed by staff initials.



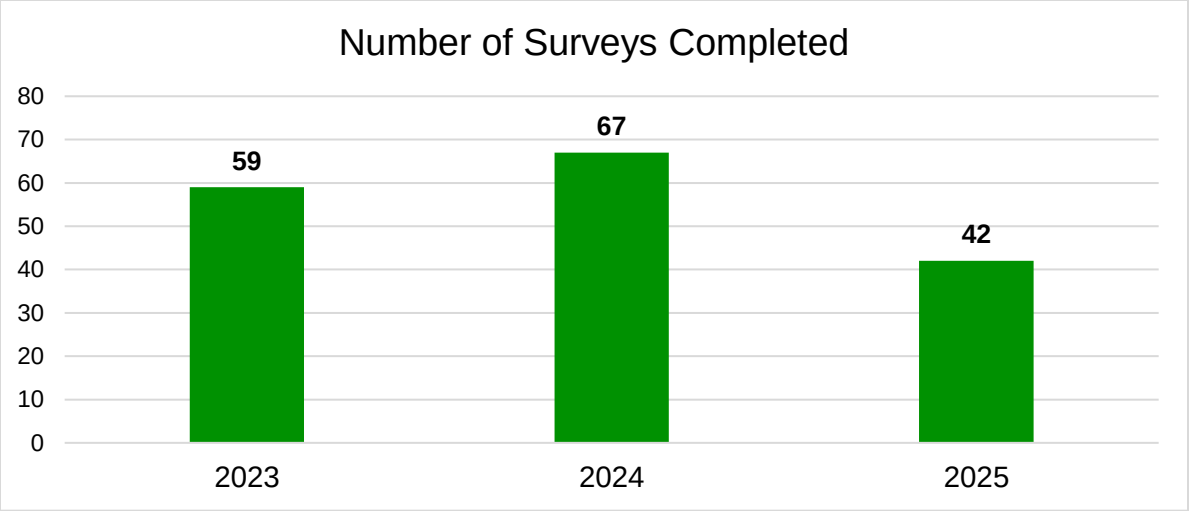
Blended Case Management staff had a combination of 380.57 hours of training accumulated collectively. This significant investment in training highlights the department's commitment to providing high-quality care and support for clients served.

Satisfaction Surveys

Surveys were administered to BCM clients using a HIPAA compliant survey link. A complete analysis of the satisfaction surveys collected is in the BCM Quality Binder.

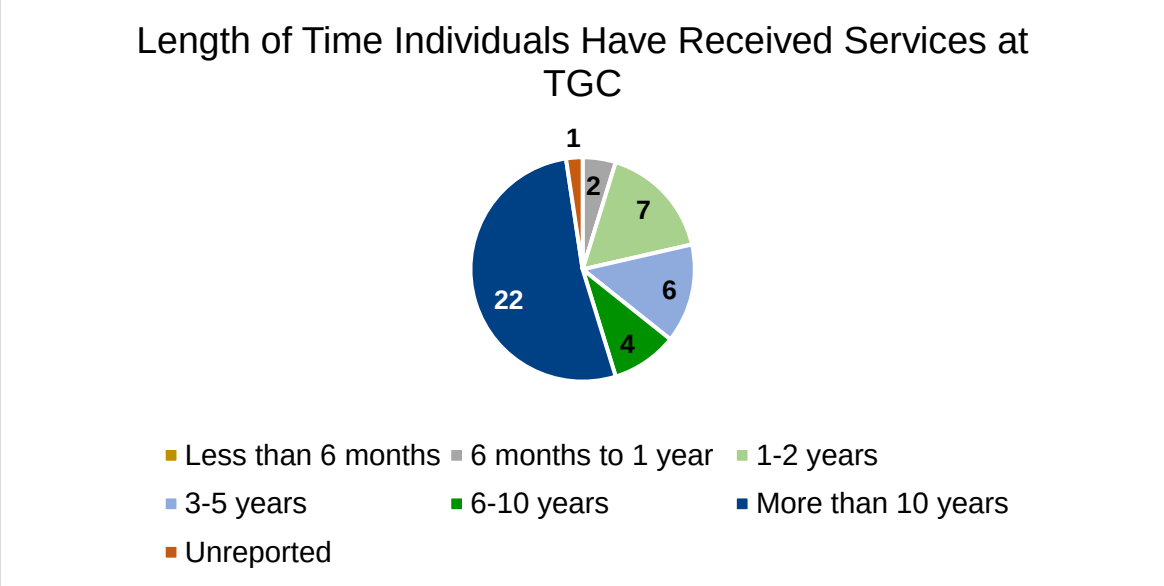
Satisfaction Survey Results

There were 42 client satisfaction surveys completed in Blended Case Management during this period of review.



Surveys are made available to all program participants as a means of gathering valuable feedback. However, participation is entirely voluntary, and some individuals may choose not to complete them.

The number of years individuals are enrolled in any service at The Guidance Center is captured in the surveys. The graph below indicates the number of years individuals have received services at the agency.



Most individuals who responded to the survey indicated they have received services at the agency for more than 10 years.

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

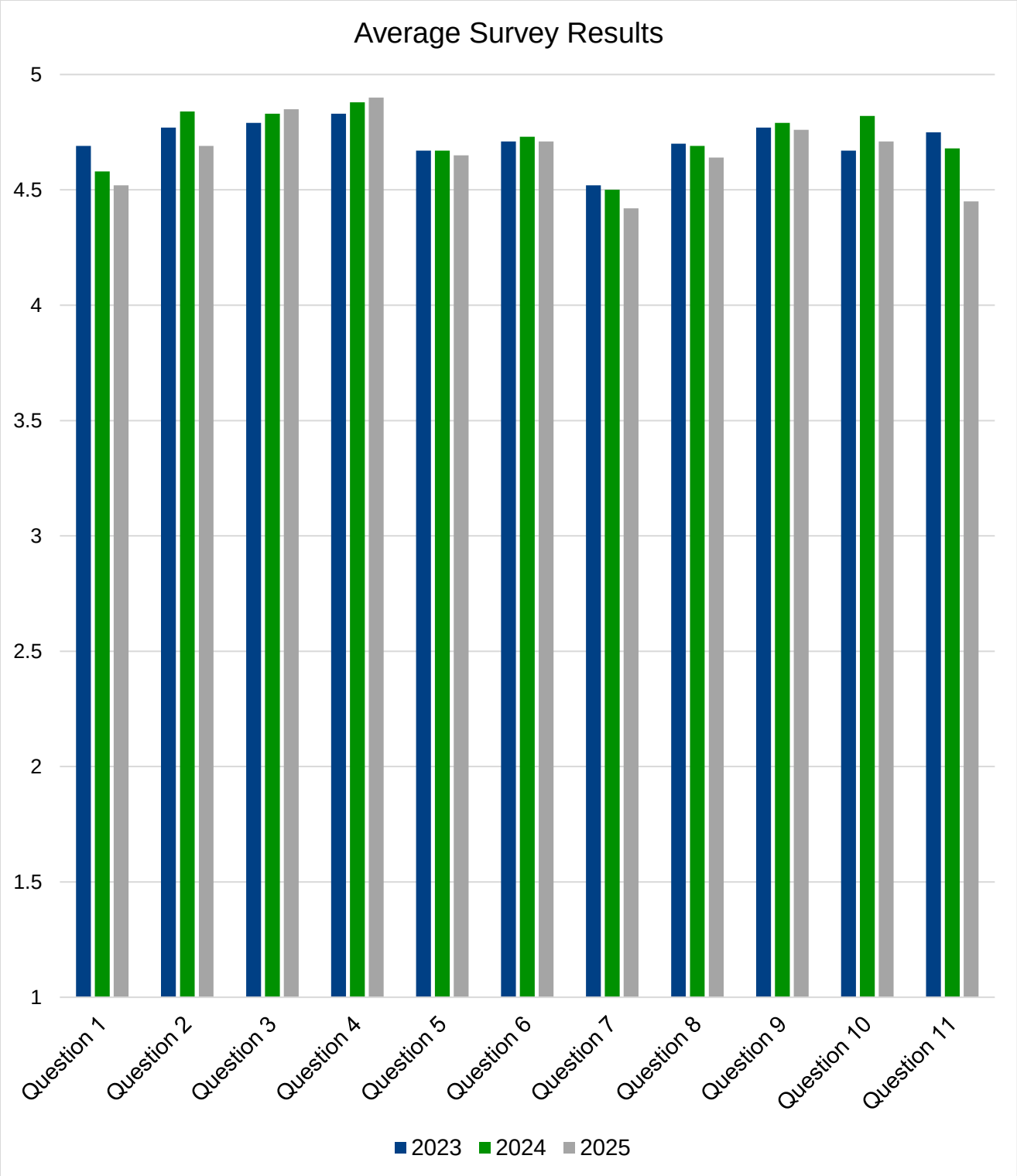
- 5 – Very Satisfied
- 4 – Satisfied
- 3 – Neither Satisfied nor Unsatisfied
- 2 – Unsatisfied
- 1 – Very Unsatisfied

The following table presents the survey questions related to each individual's satisfaction in various areas. Satisfaction levels are determined by calculating the average score from all respondents.

How satisfied with…?		
#	**Question**	**Result**
Q1	Timeliness of our response to your initial request for BCM?	**4.52**
Q2	The setting where services are provided?	**4.69**
Q3	The courtesy and respect shown by our staff?	**4.85**
Q4	The level of confidentiality?	**4.90**
Q5	Your participation in the development of a treatment plan that met your needs?	**4.65**
Q6	Your provider's ability to help you and your family?	**4.71**
Q7	Your ability to handle your situation as a result of receiving services?	**4.42**
Q8	The frequency and convenience of contacts?	**4.64**
Q9	Services addressing and respecting your cultural background?	**4.76**
Q10	Your access to care?	**4.71**
Q11	The effectiveness of services?	**4.45**
	Average:	**4.66**

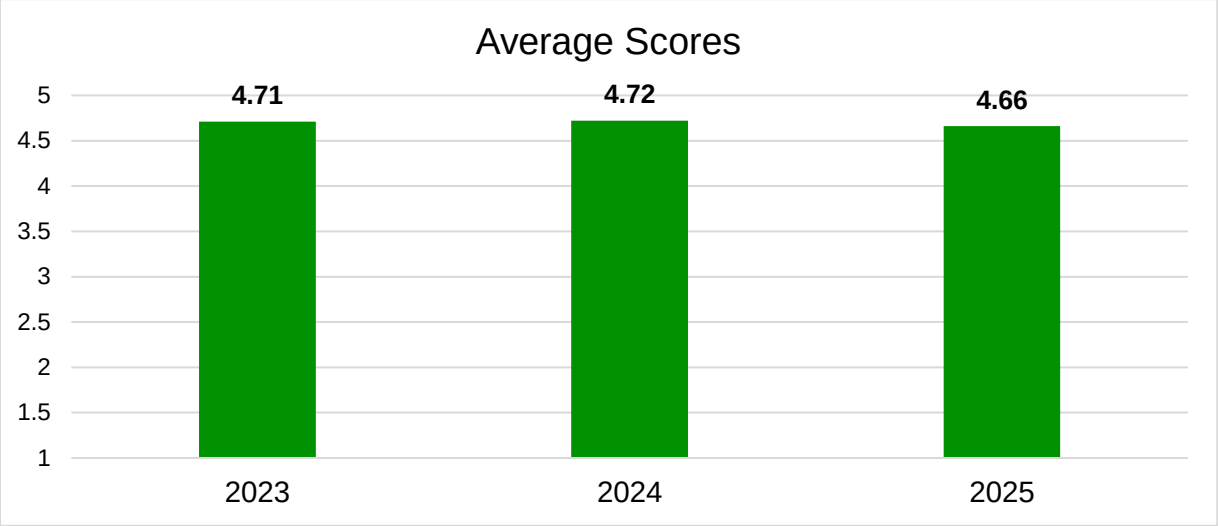
Average Score

The average score for satisfaction levels was 4.66 out of 5, which is equivalent to 93.2%. The following graph shows the results for each question from the last three years.



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

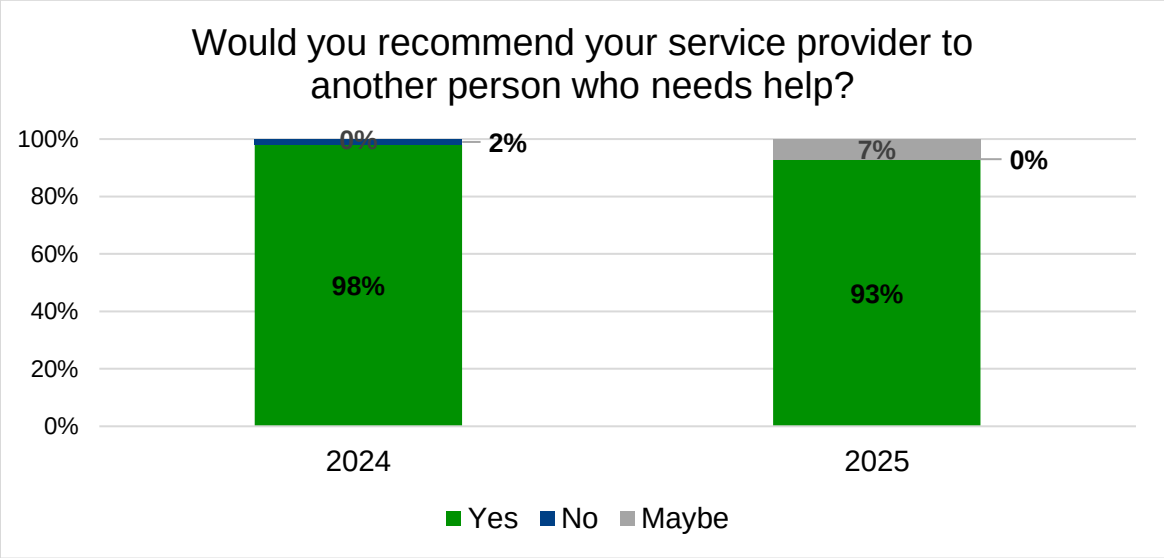
The graph below represents the average scores of the above eleven questions over the past three years.

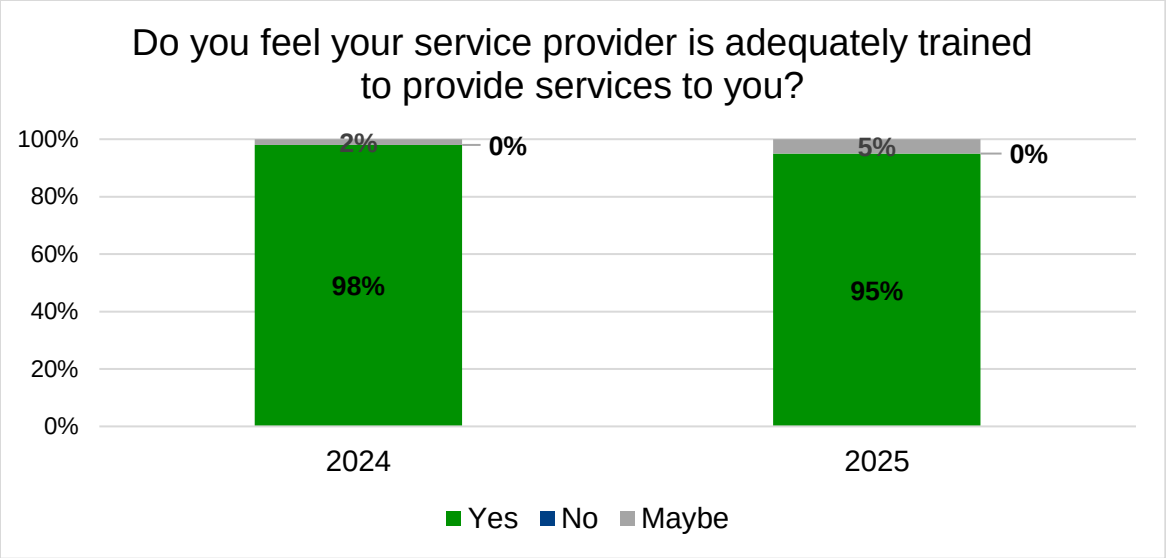


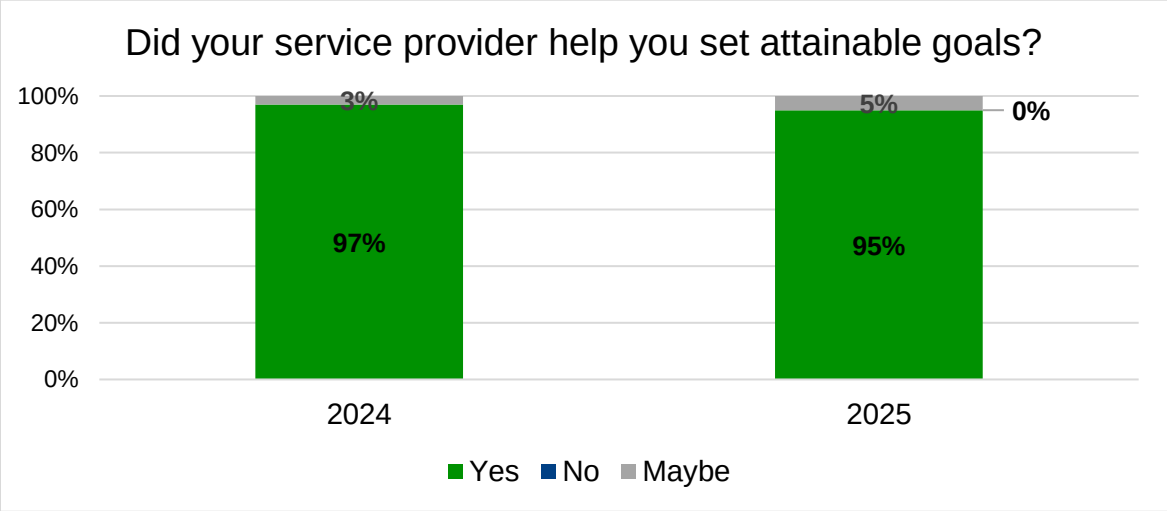
Consistent with previous reviews, the average score remains above the desired goal of 80%. An 80% satisfaction level is equivalent to a score of 4.

Additional Questions

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





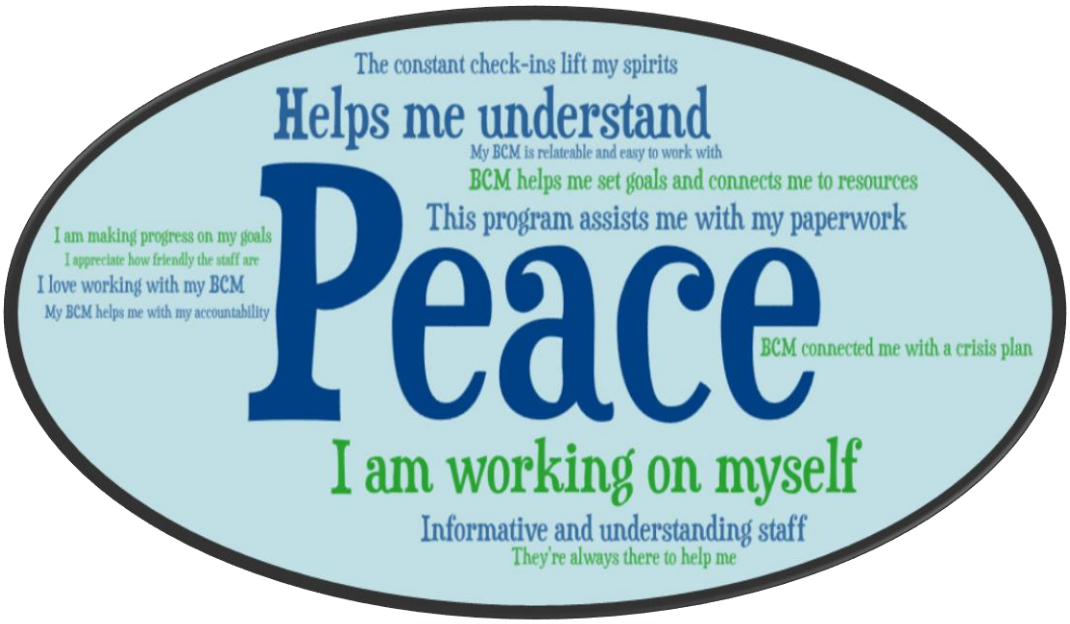


These results indicate that almost all of the individuals served in the program would recommend this service provider to another person who needs help, individuals feel their service provider is adequately trained to provide the service, and individuals feel their service provider helped them set attainable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

Comments

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.

The following word cloud highlights the aspects of services that clients find most helpful, along with additional comments they shared.



Survey responses reflect a strong sense of satisfaction, with clients expressing appreciation for the services provided, the success they are achieving, and the meaningful progress they are making toward their individualized goals.

Trend Analysis & Outcomes

The Blended Case Management (BCM) Program continues to demonstrate growth, improvement, and client-centered service delivery. During this review period, the program served 299 individuals, reflecting a 12.8% increase from the last review. Clients ranged in age from 15 to 80 years, with a diverse range of primary diagnoses. The most common primary diagnoses remained consistent, with Major Depressive Disorder as the leading diagnosis, followed by Schizophrenia/Schizoaffective Disorder.

BCM provided a total of 6,178 services during this review period, reinforcing its commitment to helping individuals achieve their health, social, and personal goals. The program also saw significant growth in admissions, with 44 individuals enrolling, marking an 89.7% increase in admissions compared to the previous review. Additionally, four individuals re-engaged with services after discharge, demonstrating BCM's ability to provide ongoing support when needed.

The number of successful discharges increased by 24.5%, with 21 individuals successfully completing their treatment goals and transitioning out of the program. BCM maintains detailed Electronic Health Record (EHR) documentation for all discharges, ensuring continuity of care and a streamlined re-enrollment process if needed.

Care coordination remains a core focus of BCM, particularly in hospital discharge follow-up and crisis intervention. During this review period, 27 individuals experienced a psychiatric hospitalization stay, and more than 92% received follow-up care within 48 hours, showing an increase in timely case management engagement. Additionally, 24 individuals were involved with crisis services, a decrease of 8 individuals, indicating improvements in stabilization and preventative support efforts.

Blended Case Management remains committed to evidence-based approaches to enhance client outcomes. During this review, 100% of individuals received services incorporating Motivational Interviewing, reinforcing client-centered engagement strategies. A Wellness Recovery Action Plan (WRAP) was offered to all individuals, with 119 individuals actively participating, highlighting the program's emphasis on personalized recovery planning.

The program upholds strict adherence to program regulations, operating with no citations and no active corrective action plans. To maintain high-quality services, staff receive weekly supervision and ongoing training to ensure the best practices in case management. Additionally, client feedback surveys indicate high satisfaction, with most individuals expressing their confidence in their provider's ability to deliver quality care, indicating their satisfaction with their provider helping them set attainable goals, and recommending Blended Case Management to others.

Conclusion

The Blended Case Management Program continues to expand its reach, enhance service quality, and improve client outcomes. Growth in admissions, increased service delivery, and high client satisfaction demonstrate the program's effectiveness in supporting individuals on their recovery journey. With a strong commitment to evidence-based practices, staff development, and compliance, BCM remains a valuable resource for individuals seeking comprehensive, high-quality case management services. The Guidance Center's dedication to quality ensures that BCM will continue evolving to meet the needs of both clients and staff, further strengthening its impact within the community.