



Family Based Services



Annual Quality Review
July 1, 2020 – June 30, 2021

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Service Description

Family Based Services is an intensive, nontraditional therapeutic program for children with emotional and behavioral concerns.

Therapists work with families to improve the functioning of the child and to help families better cope with their children's emotional and behavioral needs.

Utilizing the child and family strengths, a team assists in the development and enhancement of skills necessary for the child's successful functioning at home, school, and in the community.

Goals of the program include:

- Assist with crisis stabilization
- Support the co-caregiver relationship
- Empower parents to care for their children at home
- Strengthen and maintain the family
- Improve coping skills
- Provide the family with case management

Eligibility:

- Psychiatric or psychological evaluation specifically recommending a referral to Family Based Services within 60 days of starting the program
- Children and adolescents under the age of 21 with a mental health diagnosis
- Without intervention, the child is at-risk for out-of-home placement
- The child's symptoms result in a significant level of family conflict and family relational problems

Sessions typically consist of one family session, one parent session, and one individual session with the child per week. If needed, additional sessions can occur with other family members as necessary.

Overview

- The Guidance Center continues to monitor the COVID-19 pandemic and adhere to CDC guidelines and the Pennsylvania Department of Health guidelines along with the program guidelines and the agency's policies and procedures. As we have endured many changes throughout the pandemic, client safety and their well-being has remained a top priority while serving our clients. Although majority of sessions were delivered via telehealth, some sessions were held face to face in the home or a school setting following CDC guidelines and recommendations.
- In 2017, The Guidance Center was one of eight clinics in Pennsylvania to be designated as a Certified Community Behavioral Health Clinic (CCBHC) due to the agency's commitment to staff credentialing and clinical excellence, use of evidence-based practices, availability and timely access to services, care coordination, behavioral and health service integration, and continuous quality improvement. As Pennsylvania withdrew from this federal pilot program in December 2019, The Guidance Center began

providing services as an Integrated Community Wellness Center in January 2020. Also in 2020, The Guidance Center was awarded the Certified Behavioral Health Clinic (CCBHC) Expansion Grant for two years to support the work already started.

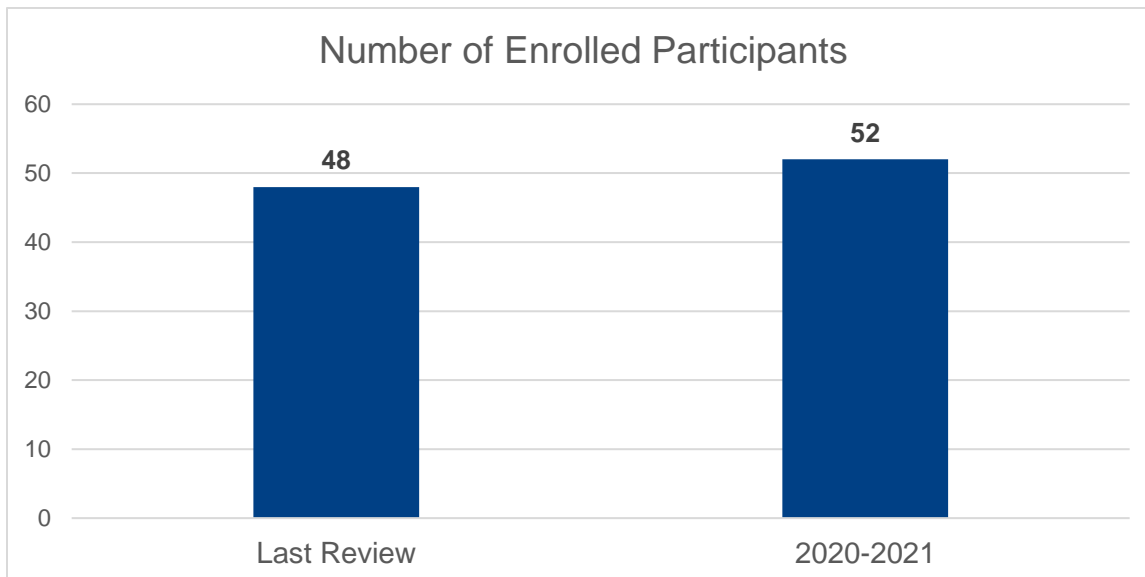
- Client surveys are offered at discharge and at a 4-month follow-up. Surveys are completed electronically. This methodology allowed individuals to easily answer questions on a confidential basis. Data is extracted based upon program specific questions. Completed survey results are included within this report.
- Data for this Quality Report is from July 1, 2020 through June, 30 2021.

Demographics

Family Based Services (FBS) information contained in this report is for fiscal year 2020-2021.

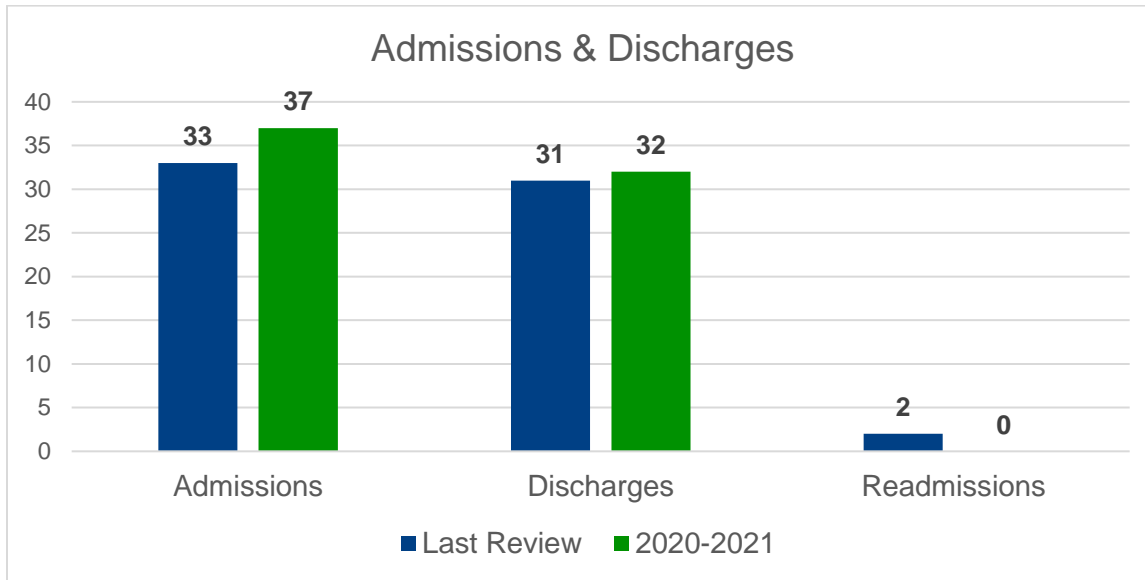
Number of Enrolled Participants

There was an increase of 4 enrolled participants within the program from the last review. There were 52 participants during this period of review.



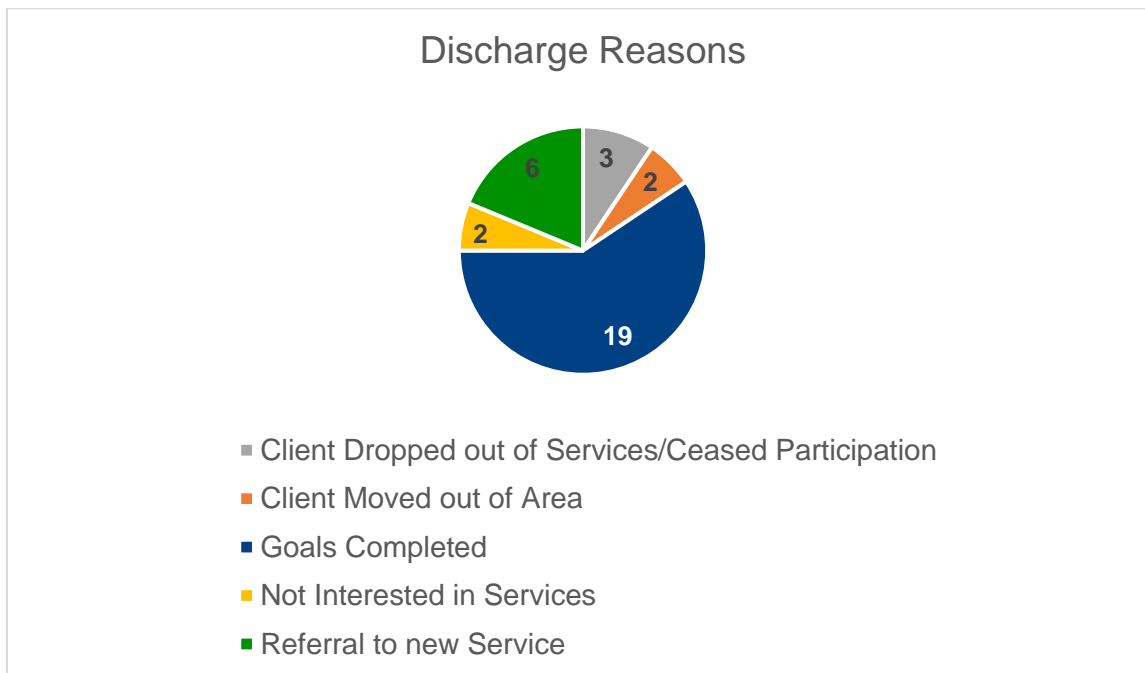
Admissions and Discharges

During this review, there was an increase in admissions and discharges from the last review. There was also no readmissions in the program within the same fiscal year during this review.



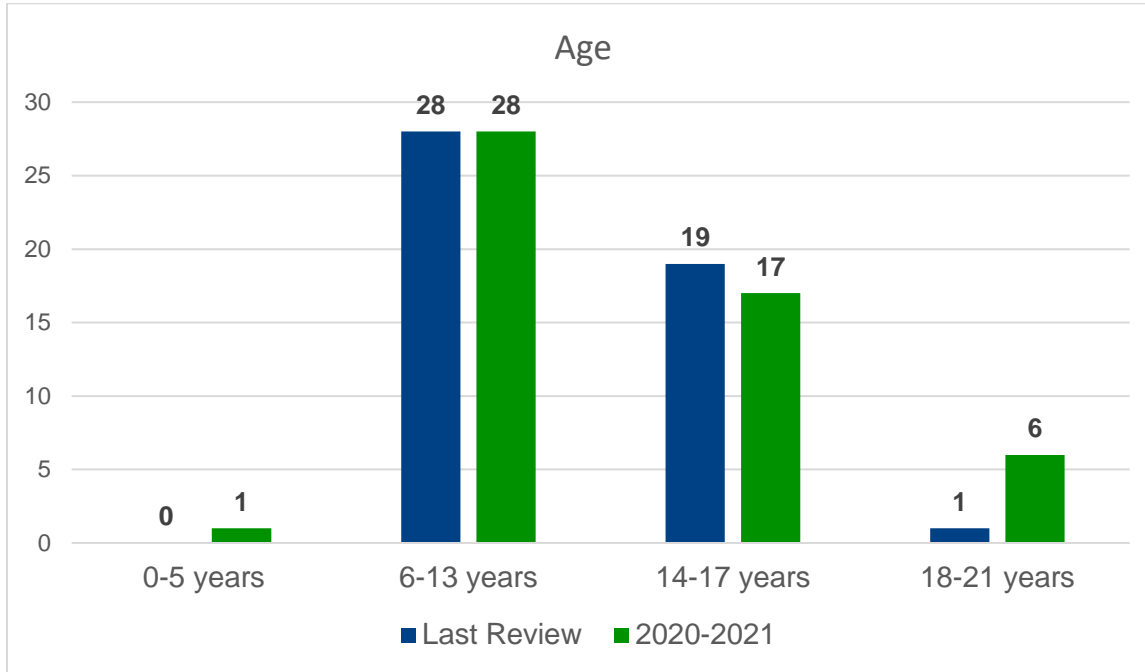
Discharge Reasons

Majority of discharge reasons were because goals were completed. A complete breakdown of discharge reasons is in the chart below.



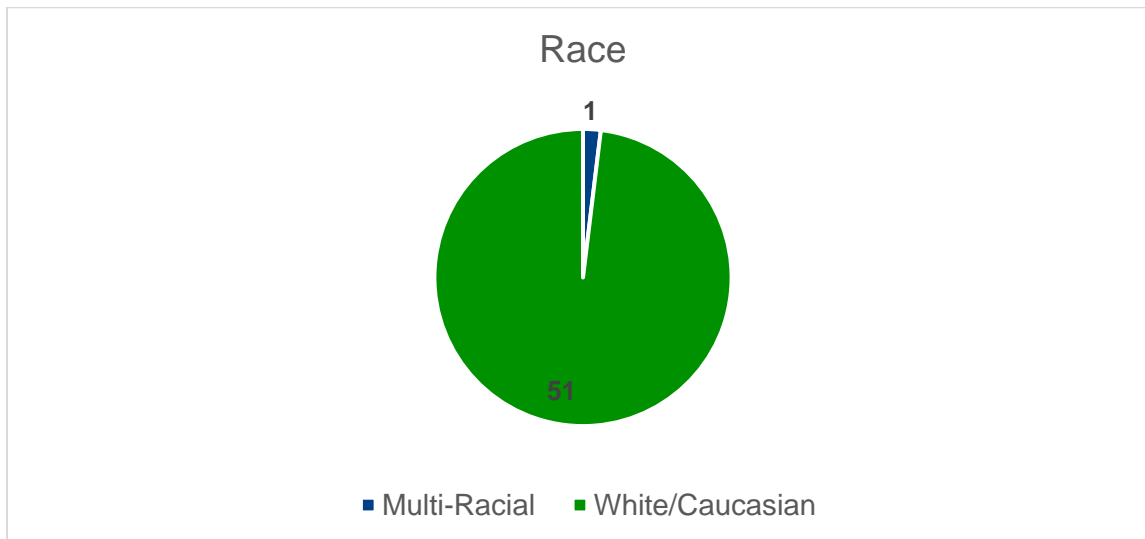
Age

Individuals within the program range from 0 year of age to 21 years of age. Consistent with the last review, majority of the individuals in the program are between 6-17 years. The following chart demonstrates the age breakdown.



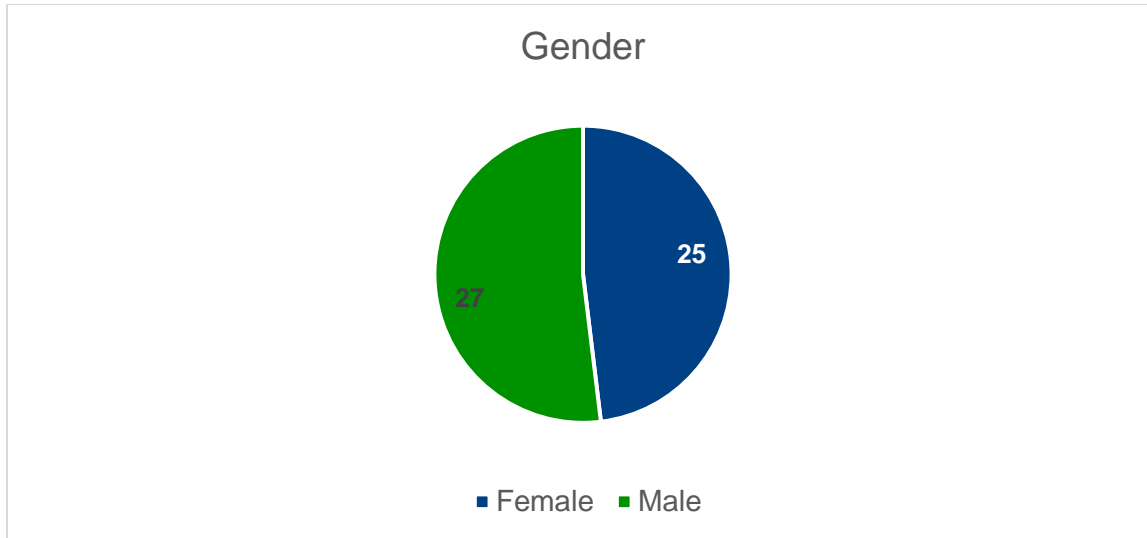
Ethnicity & Race

All participants in the program identify their ethnicity as non-Hispanic/Latino. Additionally, all participants race is Caucasian/white except for one individual whose race is multi-racial. At the last review, Caucasian/white was the only race for individuals served in the program.



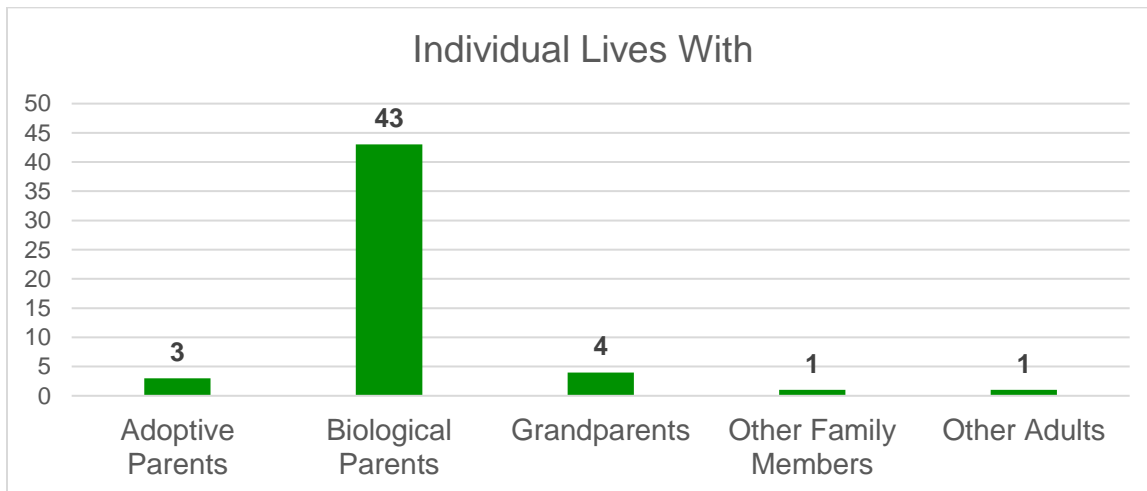
Gender

Consistent with the last review, a greater number of males have been served in the program during this review. The following table indicates the number of females and males served in the program.



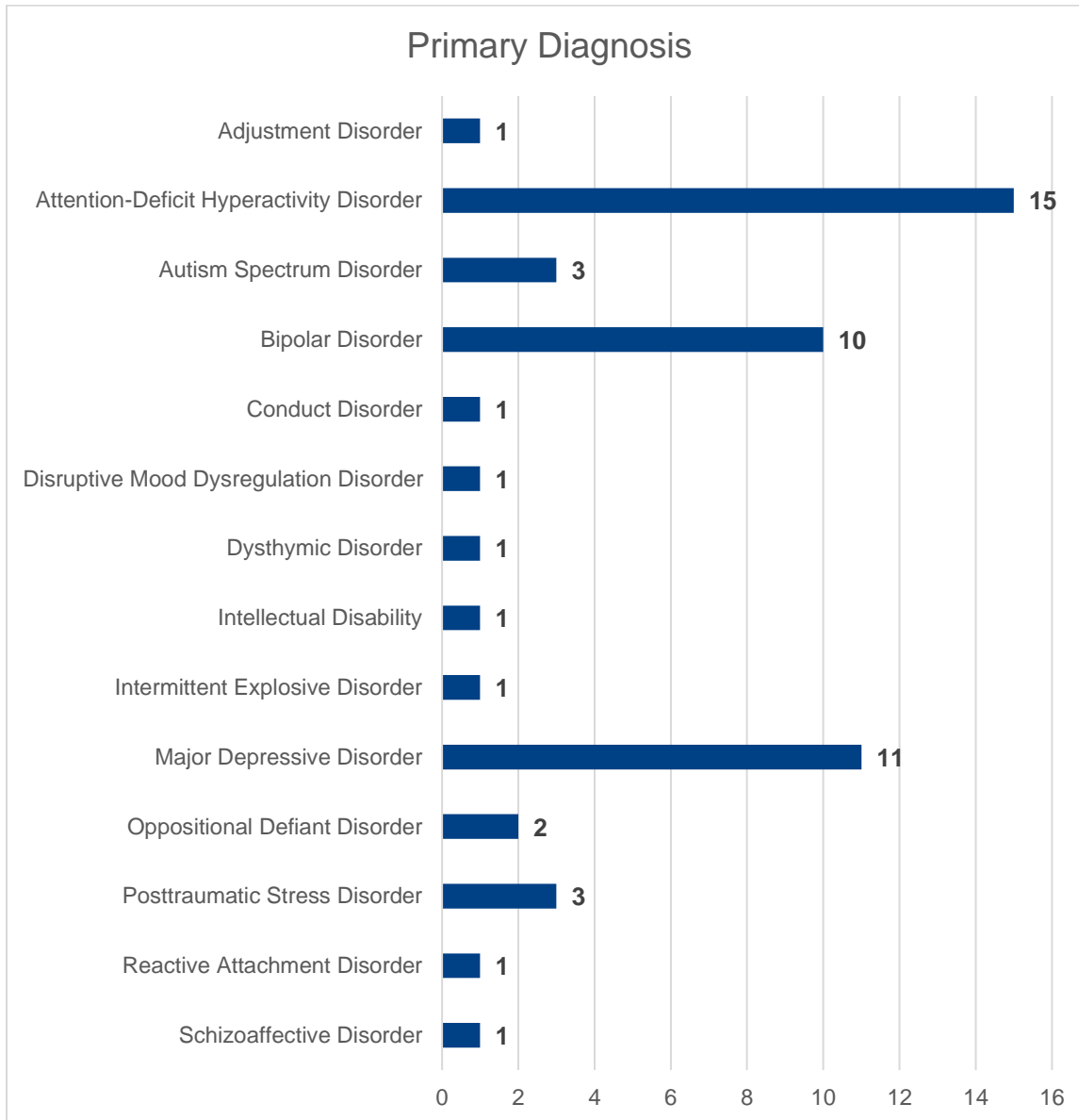
Living Status

Majority of the individuals served in the program live with their biological parents. The chart below indicates the number of individuals and who they live with.



Primary Diagnosis

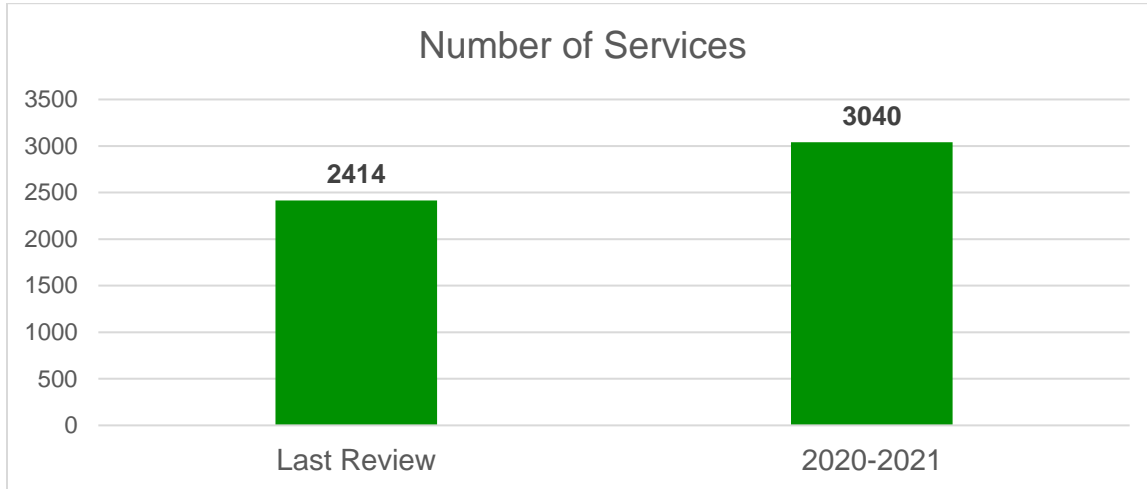
The primary diagnosis of individuals enrolled in the program was Attention-Deficit Hyperactivity Disorder with 15 individuals. Major Depressive Disorder was next with 11 individuals, followed by Bipolar Disorder with 10 individuals. A complete breakdown of the primary diagnoses is found below.



Service Data

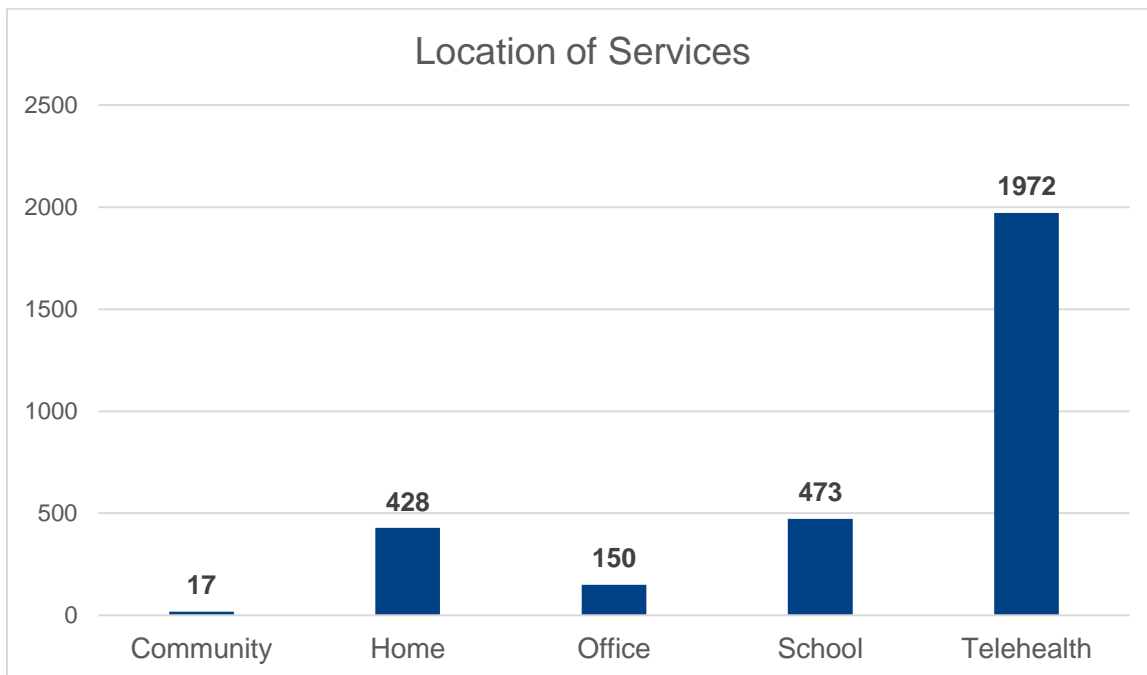
Number of Services

The number of services increased from last review to this review. The table below depicts the number of billable services.



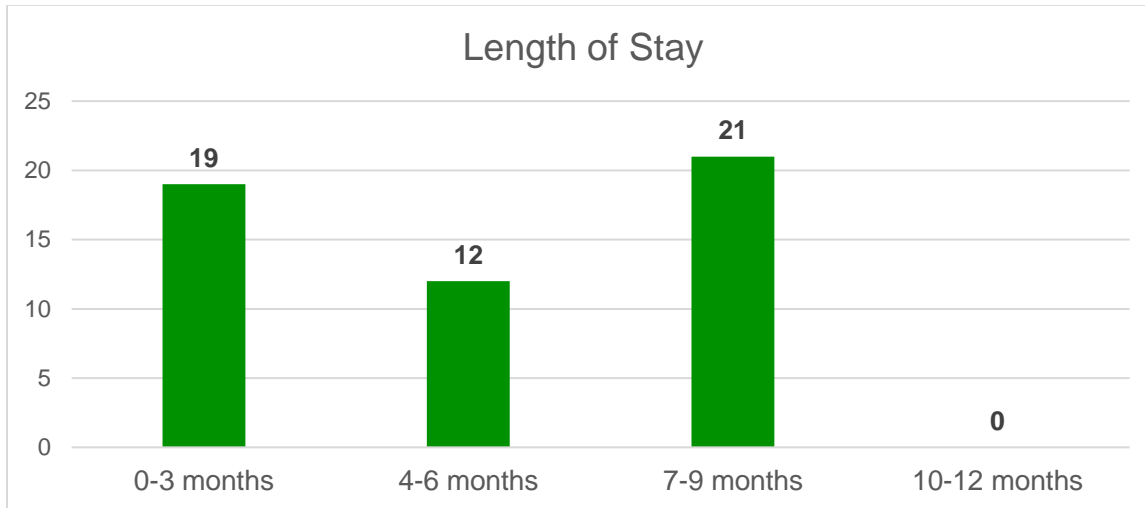
Location of Services

The table below represents the location of services during this review. Majority of services were delivered via telehealth.



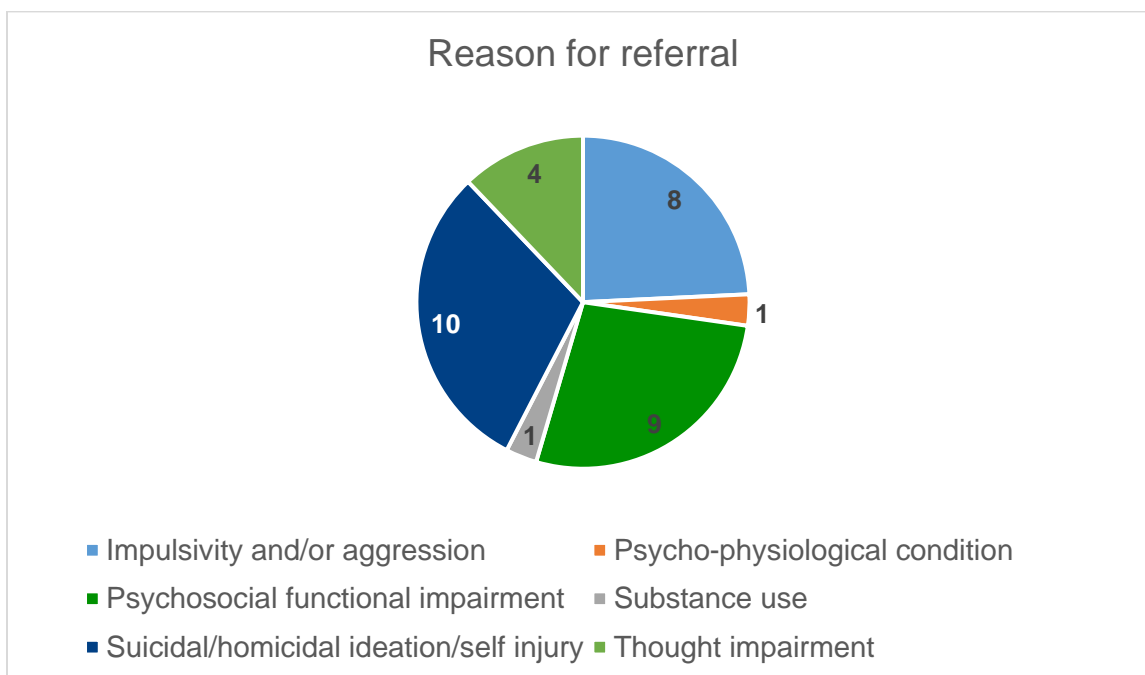
Length of Stay

The average length of stay in the program was 139.13 days. Majority of the individual's length of stay in the program was between 7-9 months.



Family Assessment Plans

Family Assessment Plans are completed on newly enrolled families. During this review, there were 33 Family Assessments completed. In the assessment, referral information is captured. The following table depicts the reasons of referral.



Treatment Plans

Family Based Services completes a Treatment Plan for each client throughout their involvement in the program. The data in the graph below represents the results from the initial Treatment Plan and the most current Treatment Plan. The Initial Treatment Plan is completed within 3 days of opening. The Comprehensive Treatment Plan Review is completed within 30 days of opening. Treatment Plan Reviews occur every 30 days throughout treatment.

From the Treatment Plan, the following statement was selected for quality improvement. The chart below reflects the data comparing the Initial Treatment Plan to the Treatment Plan Review.

“Child is able to use positive coping skills to decrease high risk symptoms that place the child at risk out of home placement.”

The participants answered questions using the Likert Scale:

1 = Skill not present, little observable effort

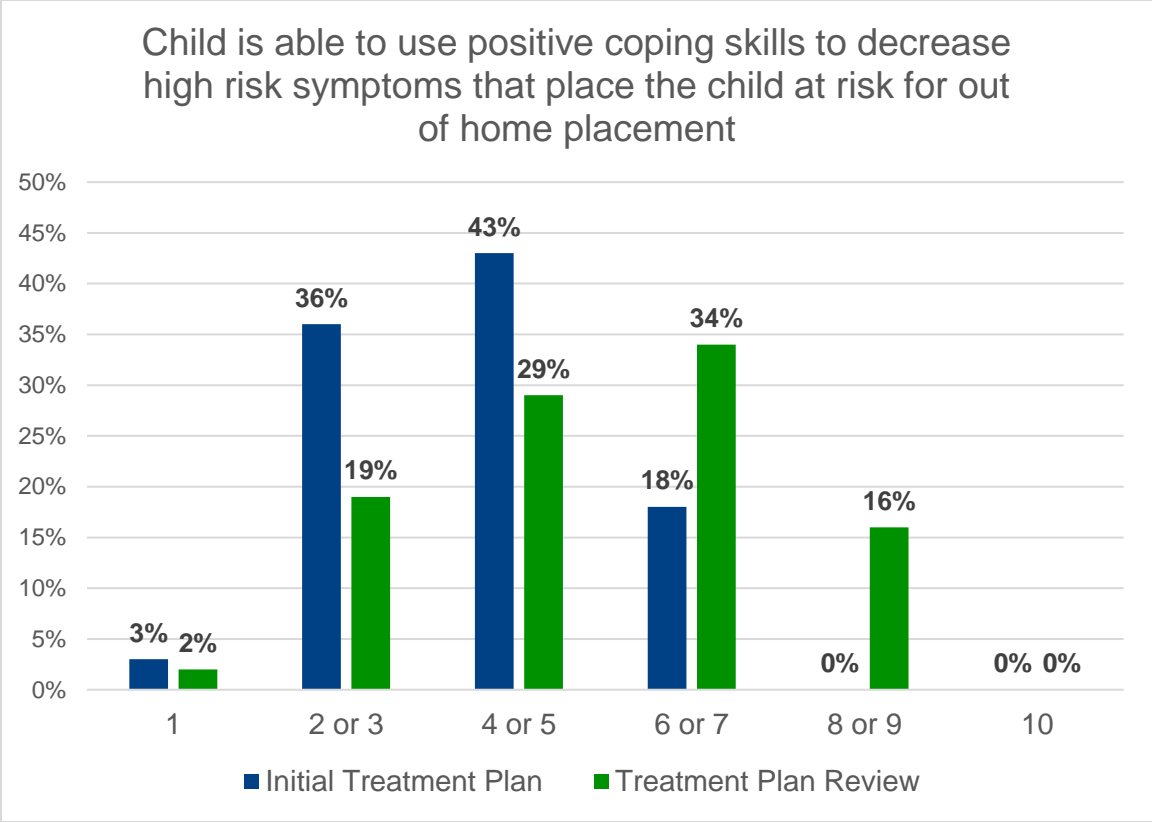
2 or 3 = Skill rarely present, some clear effort

4 or 5 = Skill present about 40-50% of time

5 or 6 = Skill present about 60-70% of time

7 or 8 = Skill present most of time

10 = Mastery, skill present 100% of time



As indicated in the chart above, scores were higher in the Treatment Plan Review. The results from the Initial Treatment Plan compared to the Treatment Plan Review rose as depicted in the table below.

Period of Review	Scores	Initial Treatment Plan	Treatment Plan Review
2020-2021	1-5	82%	18%
Last Review	6-10	50%	50%

Program Adherence

To ensure that the Family Based Services are adhering to the program model, several forms of audits as well as intensive supervision and training are utilized.

Audits

1. CCBH Fraud Waste and Abuse Audits
2. CCBH monthly chart review/collaboration

3. Annual OMHSAS licensing review
4. Monthly Chart reviews completed by Program Director
5. Biannual internal audits by Compliance Coordinator
6. Annual quality reviews by Quality Director

Methodology

Charts are internally audited by the Agency Compliance Coordinator on a biannual basis. In addition to internal audits by the Compliance Coordinator, the Program Director reviews all charts on a regular basis.

For the internal audits completed by the Compliance Coordinator, charts are selected by a random sample. There were 2 internal audits conducted during this review. The results of the internal audits are as follows:

Internal Quality Review

Family Based Services

On October 8, 2020, 25 Family Based Services charts were reviewed for 27 CCBH Quality Indicators.

Results:

Category	Score	Goal
Intake and Assessment	95%	80%
Treatment Planning	99%	80%
Care Coordination	98%	80%
Discharge Planning	100%	80%

Internal Quality Review

Family Based Services

On April 5, 2021, 25 Family Based Services charts were reviewed for 27 of The Guidance Center Quality and Compliance Indicators and 6 Program Specific Indicators.

Results:

Category	Score	Goal
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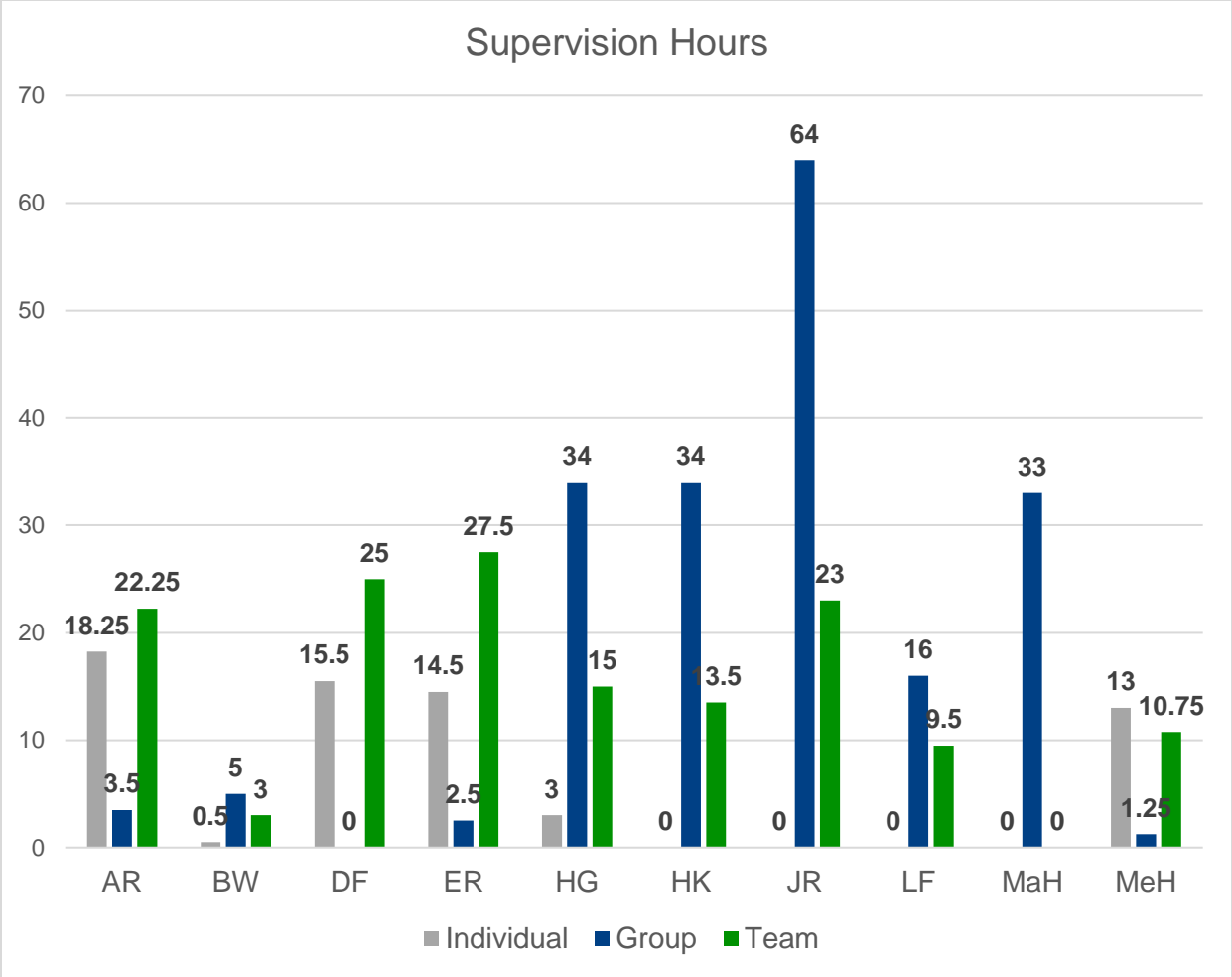
Intake and Assessment	97%	80%
Treatment Planning	97%	80%
Care Coordination	100%	80%
Discharge Planning	80%	80%
Smoking Cessation	85%	80%
Key Clinical Indicators	99%	80%

All indicators met or exceeded the goal of 80%. Additional key indicators are being added to the internal audits since all key indicators reached or exceeded the goal. At the next internal audit, waist circumference and appropriate strategies are recommended if BMI is unhealthy will be added as indicators.

Staff Supervision

Due to the complexity of family systems and requirement of the model, staff supervision and training continue to be significant areas of focus for the FBS program. Staff receive weekly team and group supervision. Staff receive individual supervision for treatment planning and video tape review. The quality goal is for 100% of FBS staff to have 6 hours of team and 6 hours of group supervision each month. It is an expectation of the supervisory session for staff to work on the areas identified in their individual training plans and to continue clinical development.

The following table depicts the number of supervision hours provided to each team member during individual/team supervision.

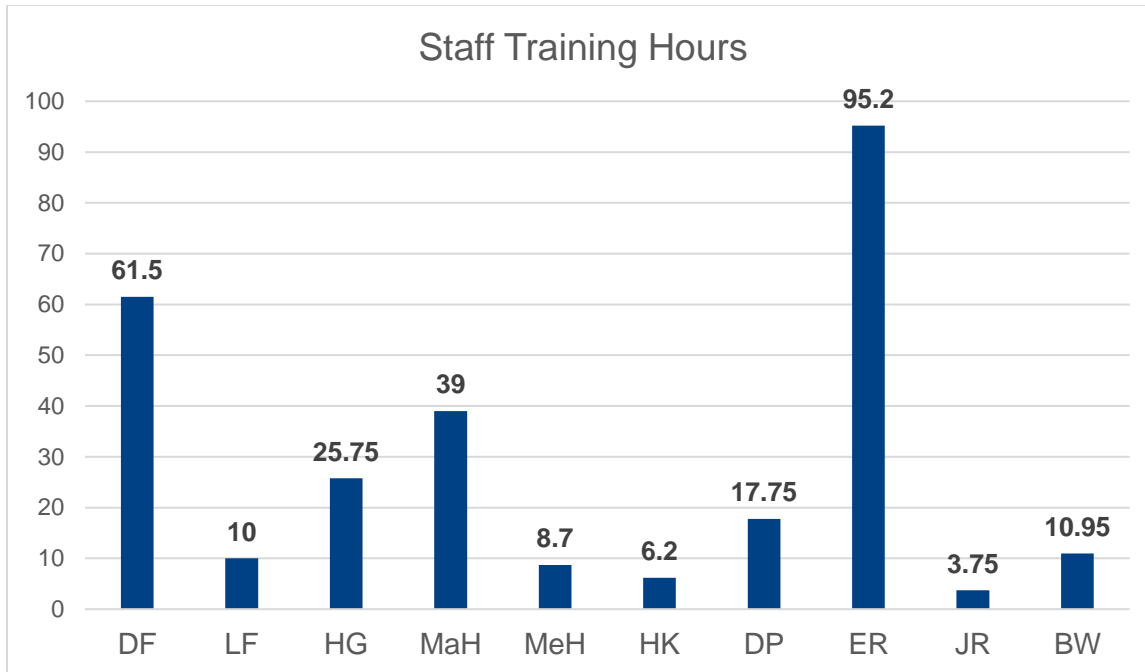


The FBS Director maintains supervision logs.

Staff Training

To ensure fidelity to the model, staff are required to have regular training. In addition to agency provided training, staff members participate in specific training through the Philadelphia Child and Family Training Center. These training sessions are held on a regular basis covering topics such as: Caregiver Alliance; Non-violent Crisis Intervention; Promoting Interpersonal Experiences; Conceptualization in Power and Privilege; Ecosystem Structure and In-Home Family Therapy to name a few.

In July 2020, Meghan Hollenbeck was promoted to Program Director of Family Based Services. Meghan, a previous FBS Therapist, has been with The Guidance Center since January 4, 2015. The number of training hours for all FBS staff are noted below.



End of Service Questionnaire Summary

Survey Results

Individuals who have received FBS services and their parents/guardians are asked to complete a survey on the last day of services. At the last review, 10 surveys were collected and 70% of respondents indicated the service was very helpful and 30% of respondents indicated the service was helpful.

There were 11 surveys completed during this review. Results of the surveys are found below.

The first question in the survey is:

Overall, were the services you received from Family Based Services helpful?

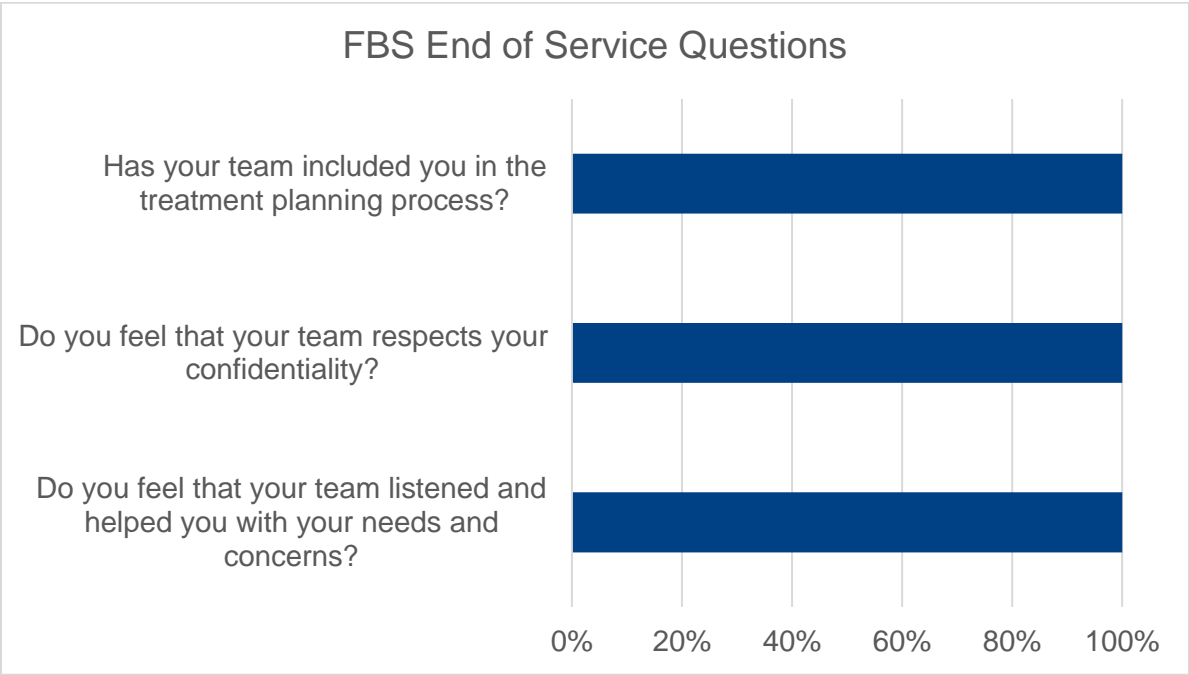
- Very helpful (10)
- Helpful (1)
- Not Helpful (0)
- No Change (0)

For the summary period, 91% of the respondents have indicated that the service is very helpful; whereas 9% of those who have completed the survey have indicated that the service is helpful. Zero participants found FBS not helpful or no change.



Additional Questions

The questions listed in the following graph are asked of individuals on their last day of service. Individuals respond with either yes or no. The results of the surveys show that 100% of the respondents feel very positive about the services.



Comments

The last section of the survey allows participants to share their comments and thoughts on what could be changed to improve Family Based Services. The following word cloud depicts the comments that were offered.

