



Family Based Services



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

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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

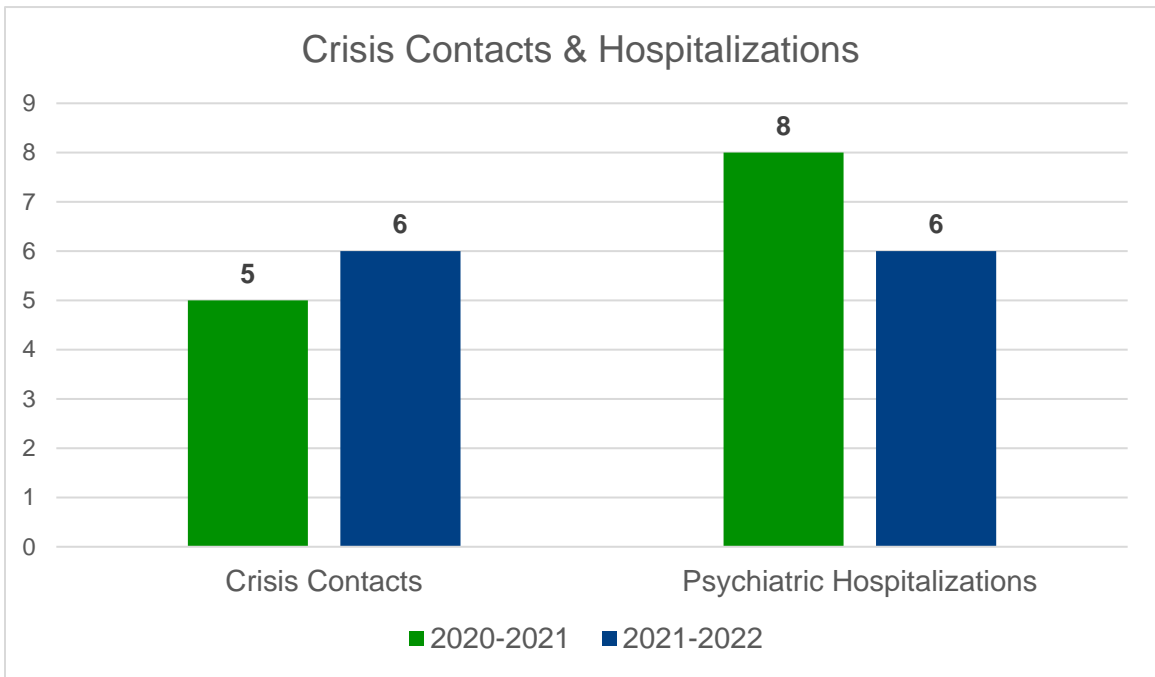
Sessions typically consist of one family session, one parent session, and one individual session with the child per week. If needed, additional sessions can occur with other family members as necessary.

Overview

- The Guidance Center 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 continued to provide optimal service delivery within the Family Based Services 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.

- Recognizing the importance of coordinating care, the program monitors involvement with crisis services and supporting those who have been hospitalized. During this review, there were 6 individuals who had contact with crisis services which is an increase of 1 individual since the last review. Additionally, 6 individuals required psychiatric hospitalizations which is a decrease of 2 individuals since the last review.

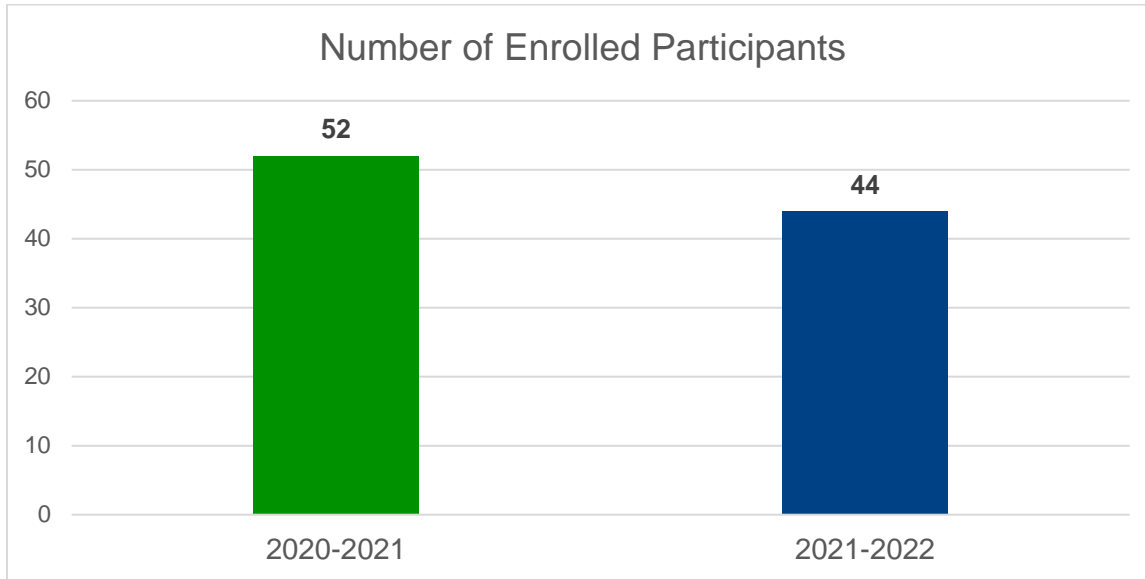


- Quality Improvement plans are made based upon internal Compliance audit results and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure The Guidance Center is delivering optimal care in Family Based Services. Participants in the program are offered a survey at discharge and at 4-month follow-up. Surveys are administered electronically through a HIPAA compliant link where data is extracted and used for quality improvement. Survey results are shared with the Program Director, Senior Management, and the Agency Board of Directors. Completed survey results are included within this report.
- Data for this quality report is from July 1, 2021 to June 30, 2022.

Demographics

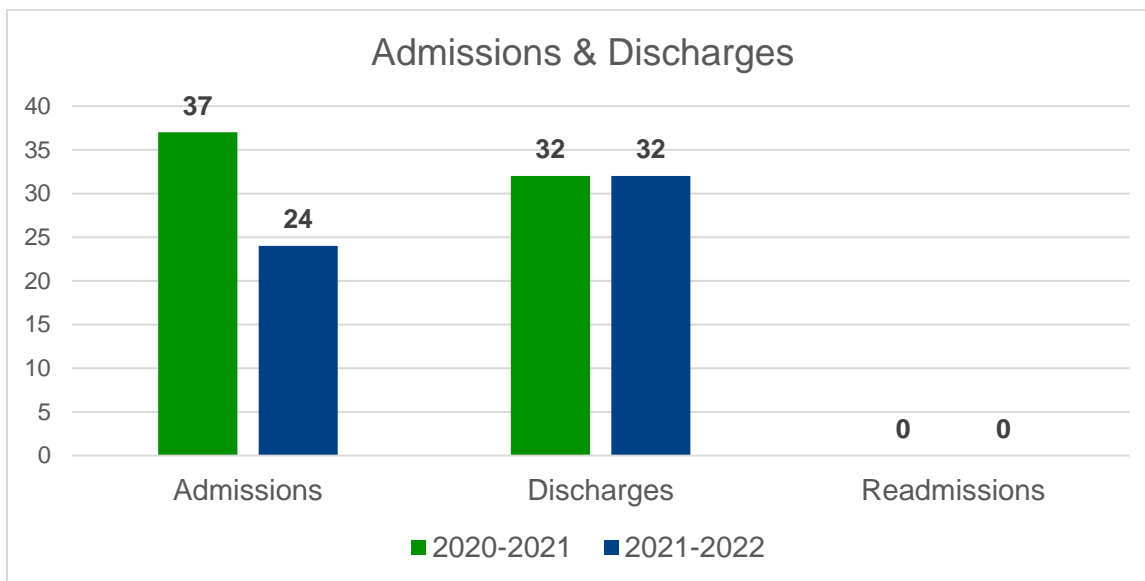
Number of Enrolled Participants

There was a decrease in enrolled participants within the program from the last review. For this review, there were 44 participants in the program.



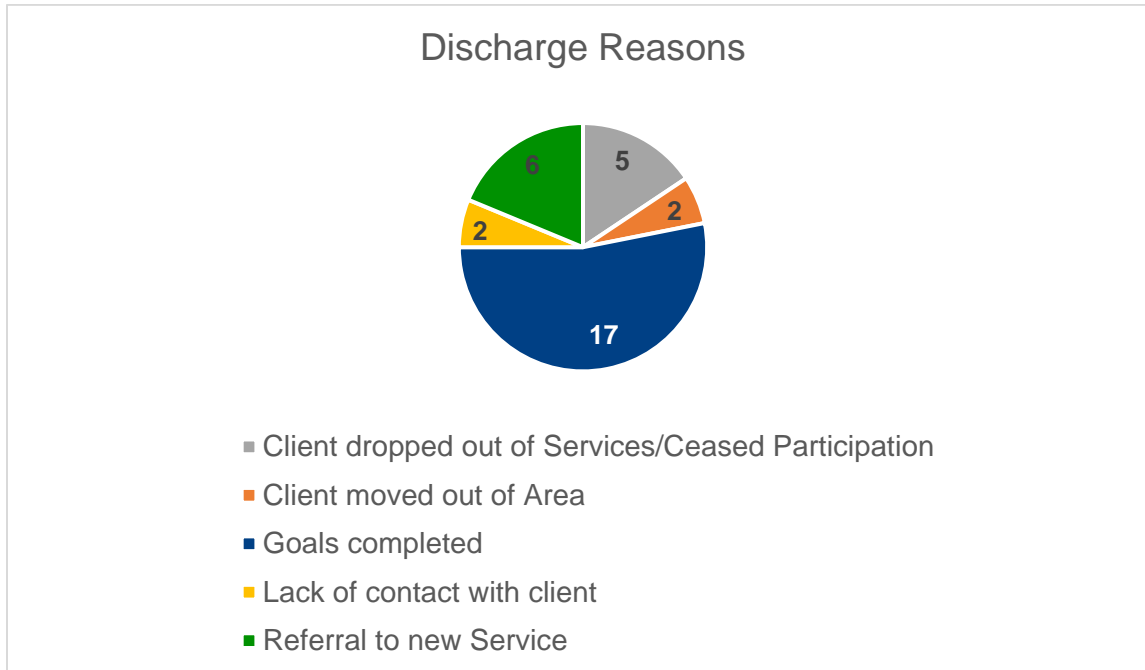
Admissions and Discharges

Admissions in the program decreased and discharges remained the same during this review. There were also no readmissions in the program within the same fiscal year during this review.



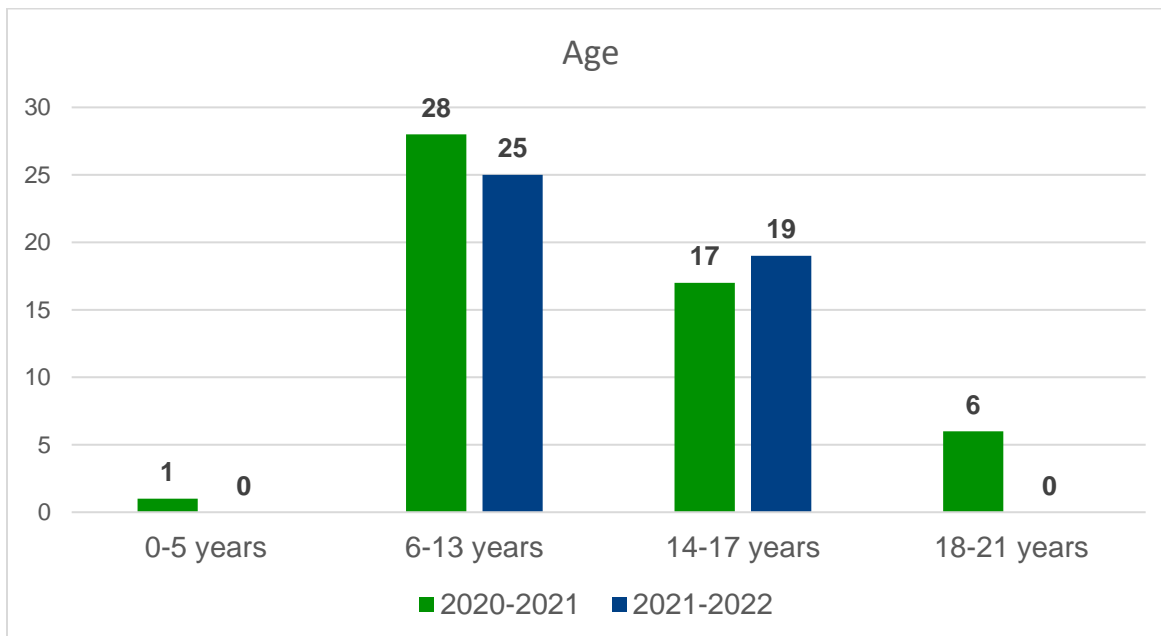
Discharge Reasons

Majority of discharge reasons were because goals were met, and a successful discharge occurred. A complete breakdown of discharge reasons is in the chart below.



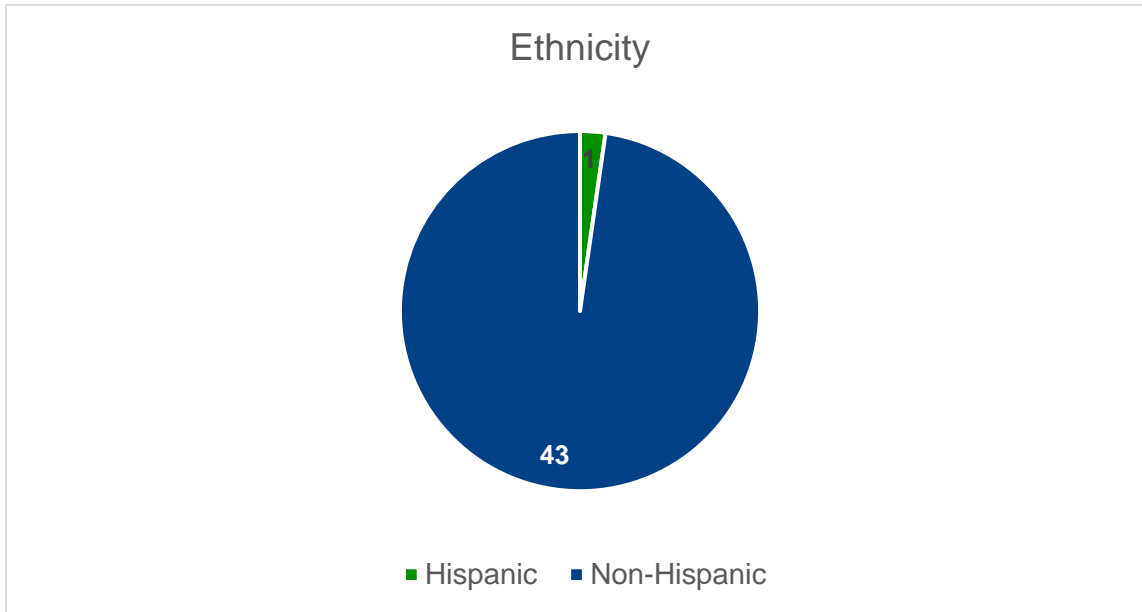
Age

Consistent with the last review, majority of the individuals in the program are between 6-17 years. The following chart demonstrates the age breakdown.



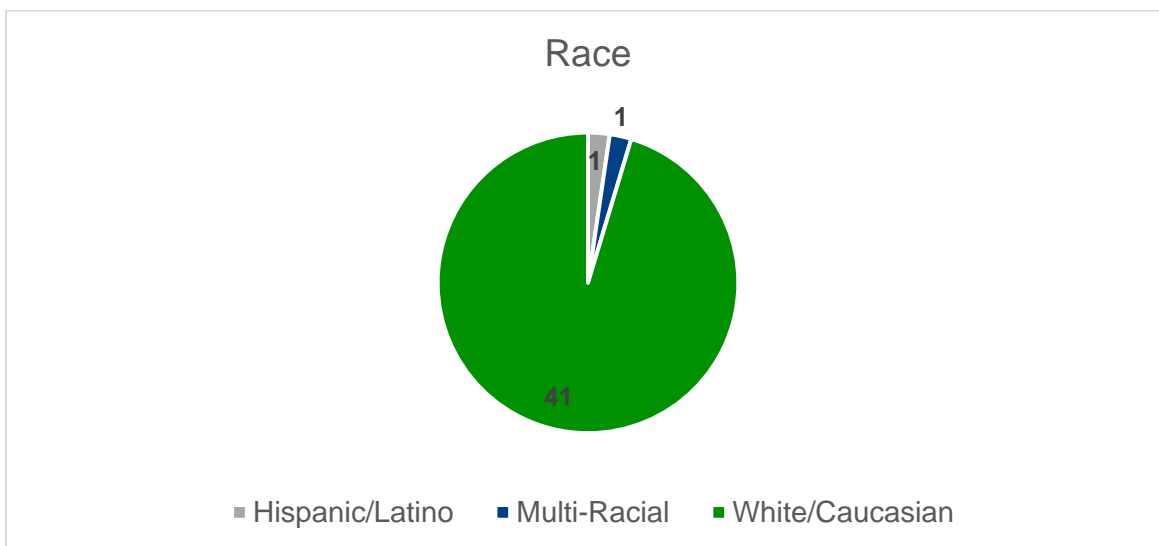
Ethnicity

One participant in the program identified their ethnicity as Hispanic/Latino. Majority of the participants in the program identified their ethnicity as Non-Hispanic/Latino.



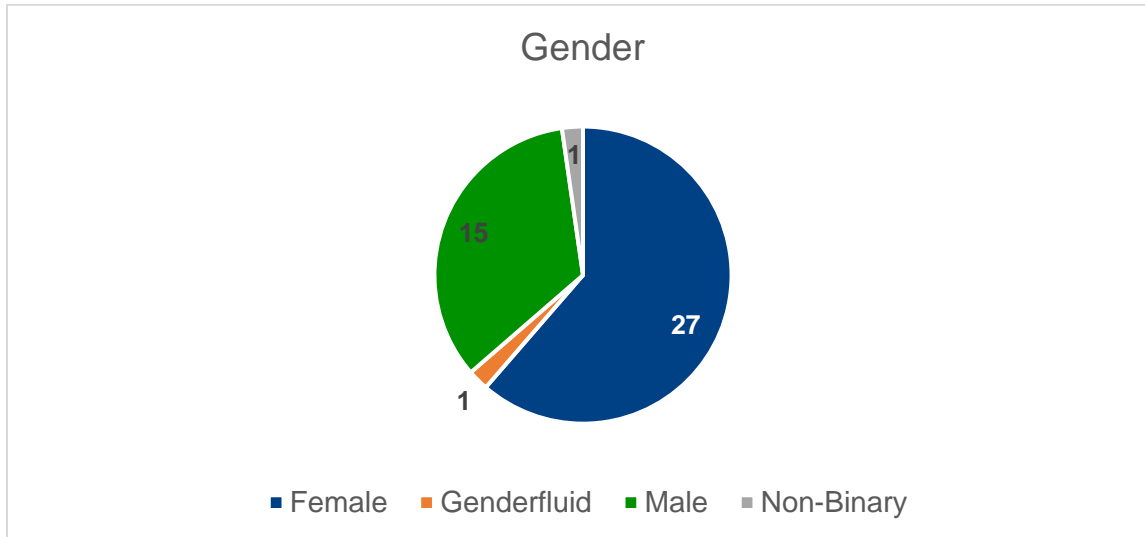
Race

Majority of participants in the program race is Caucasian while two participants race is Hispanic/Latino and Multi-Race. A complete breakdown of participants' race is in the graph below.



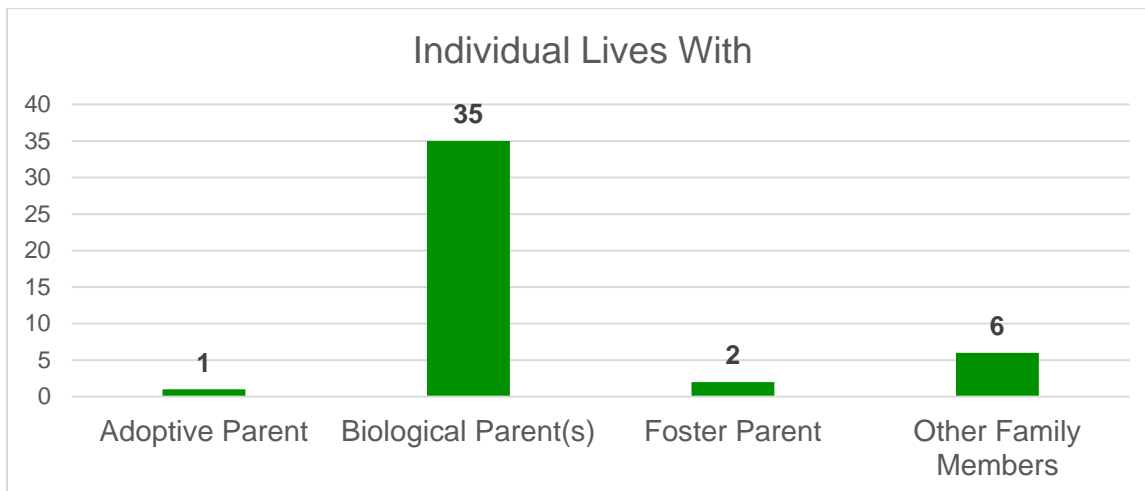
Gender

A greater number of females have been served in the program during this review. The following table indicates the number of participants in each gender category served in the program.



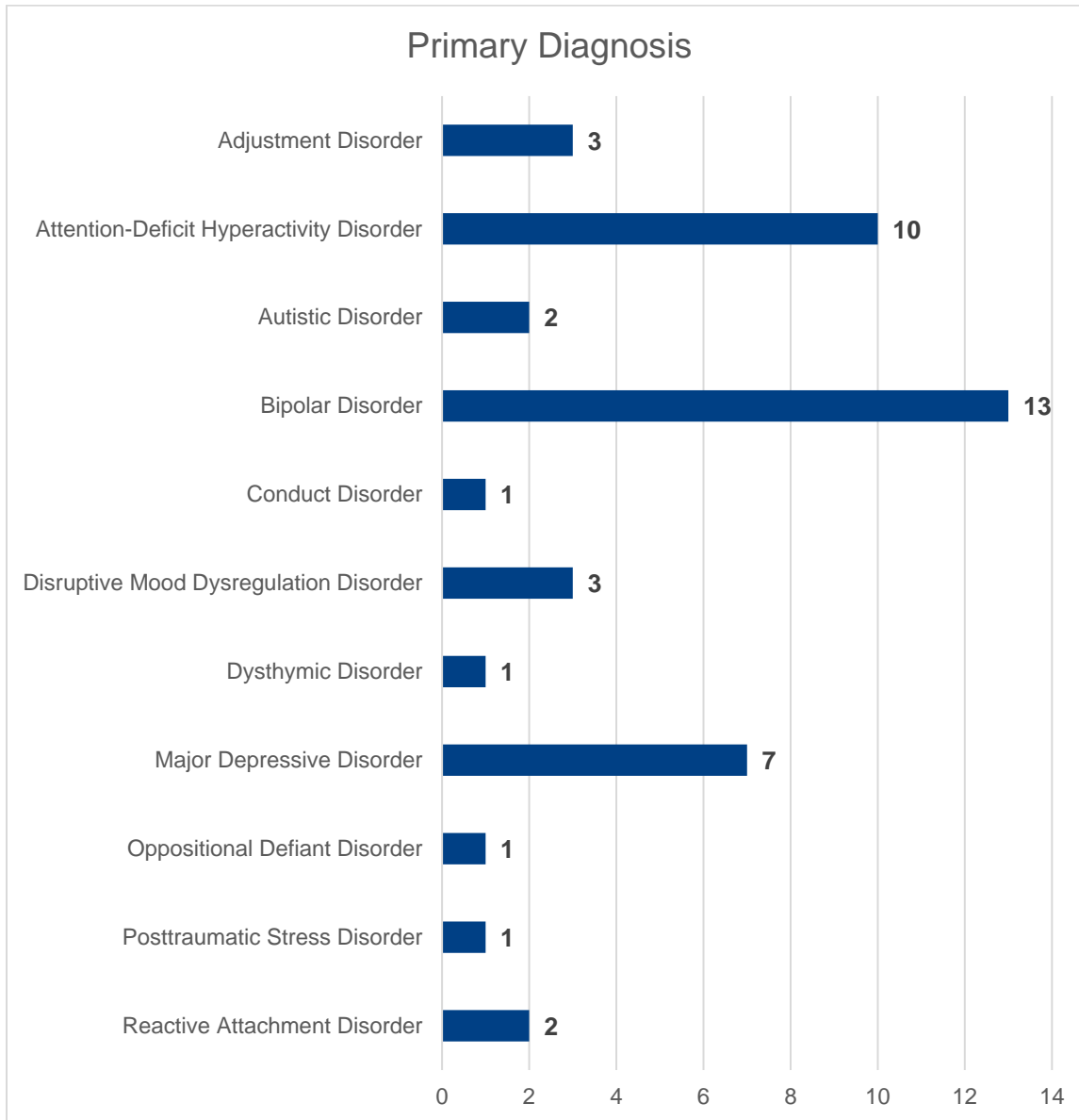
Living Status

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 Bipolar Disorder with 13 individuals. Attention-Deficit/Hyperactivity Disorder was next with 10 individuals, followed by Major Depressive Disorder with 7 individuals. A complete breakdown of the primary diagnoses is found below.

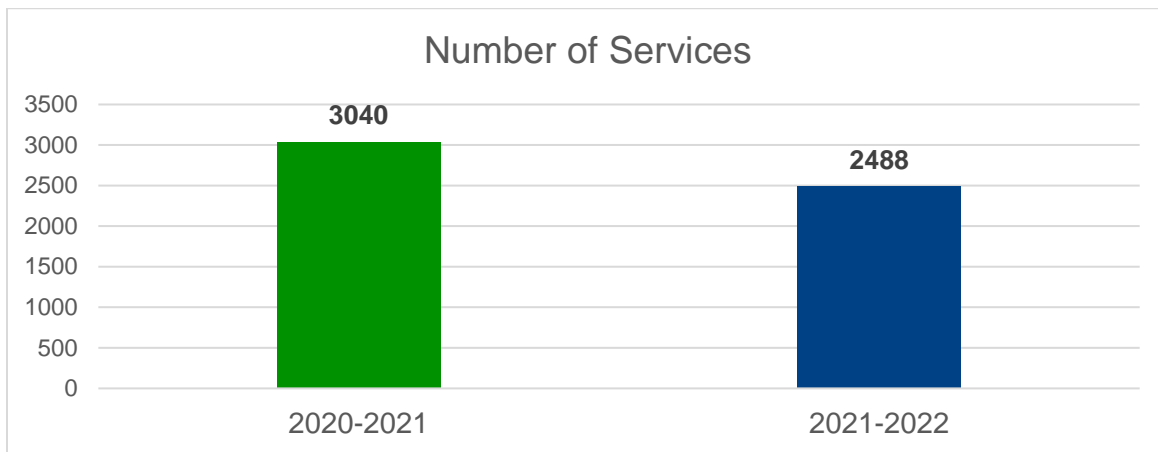


Service Data

Number of Services

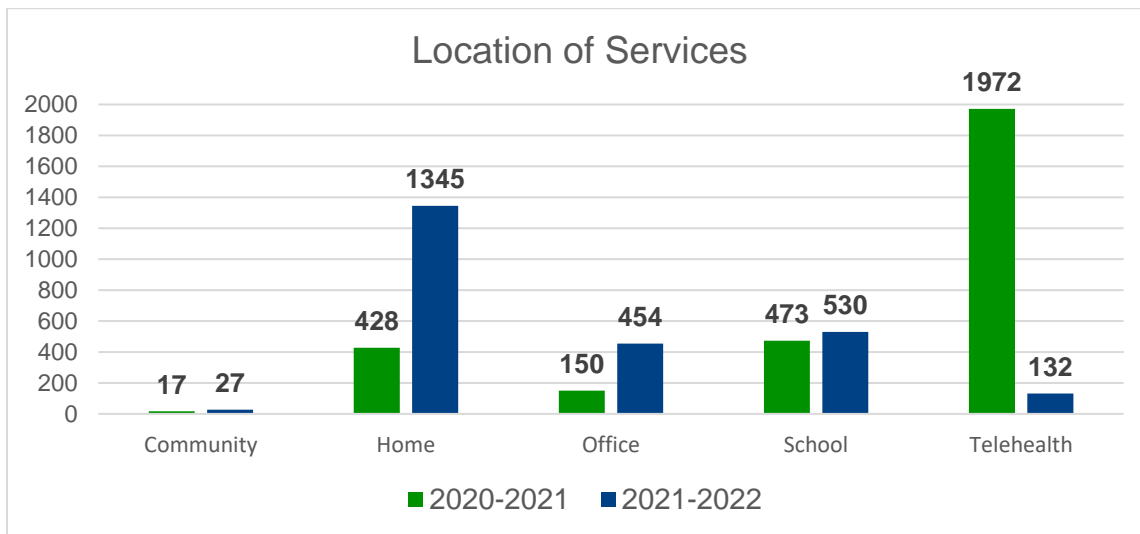
Consistent with other agency programs, there was a decrease in number of services from the last review.

Consistent with other agency programs, the number of services completed decreased. 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.



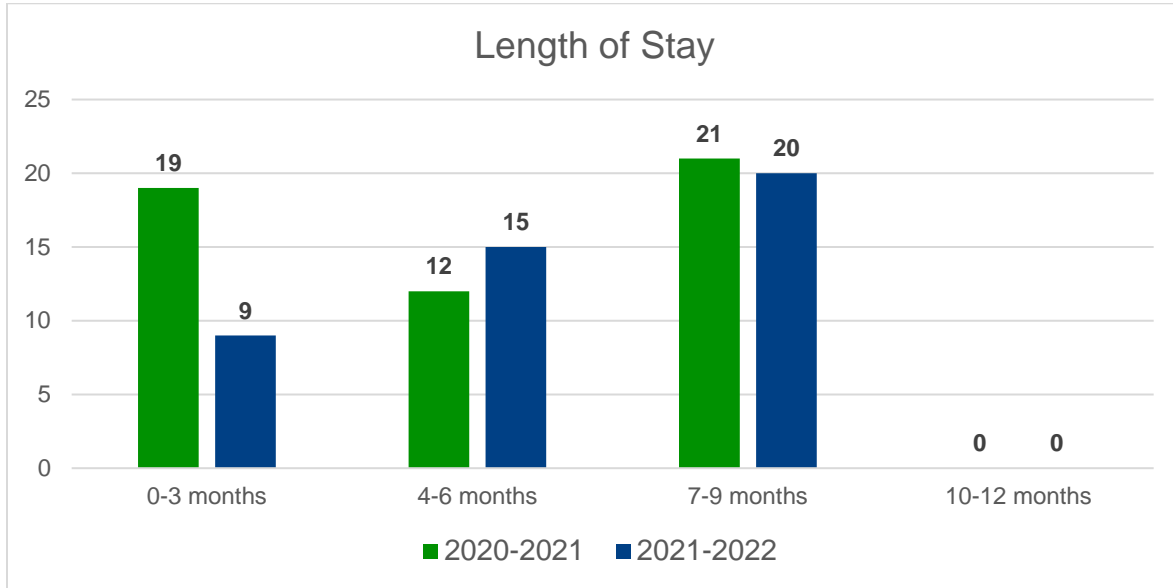
Location of Services

During the last review, majority of services were delivered via telehealth. During this review, majority of services were delivered in the home. The table below represents the location of services during this review.



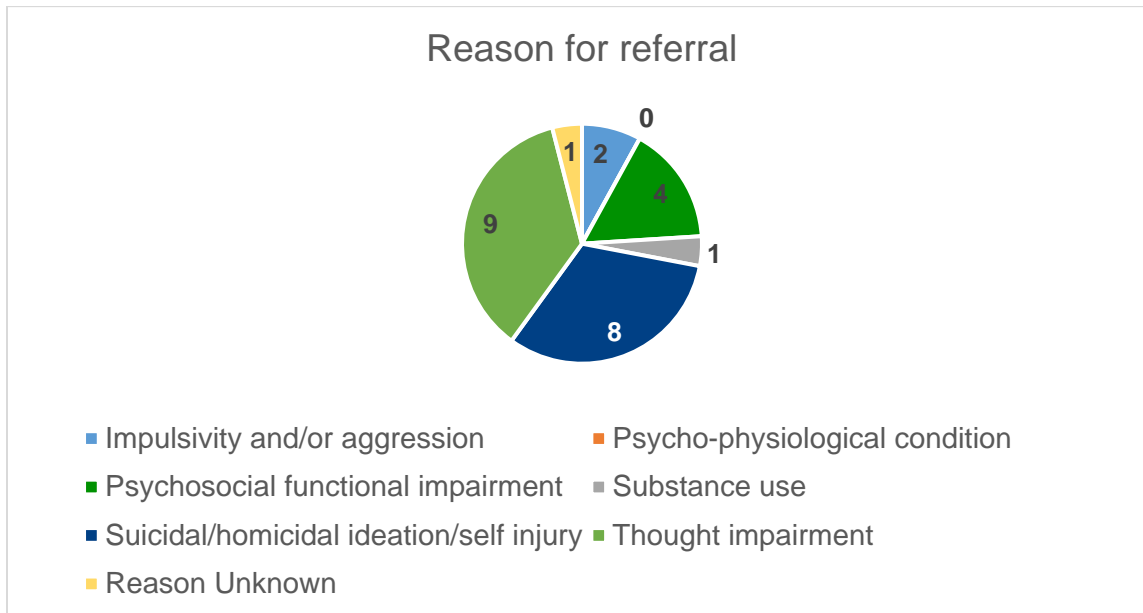
Length of Stay

The average length of stay in the program during this review was 155.31 days which was an increase from the last review which was 139.13 days. Consistent with the last review, the 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 25 Family Assessments completed. In the assessment, referral information is captured. The following table depicts the reasons of referral.



The majority of referral reasons were for thought impairment followed by suicidal/homicidal ideation/self-injury.

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

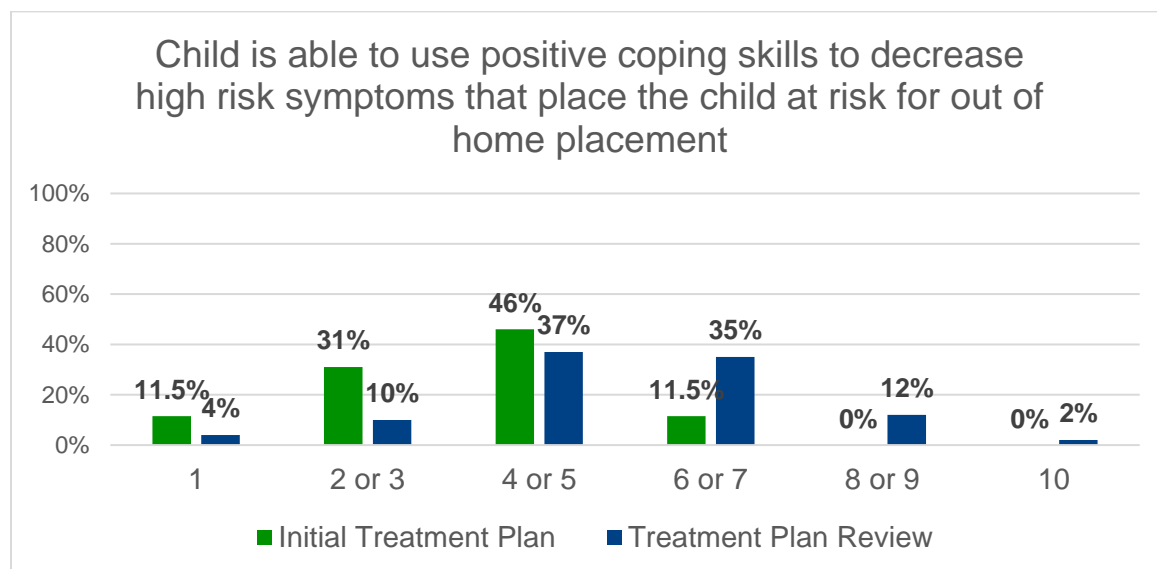
2 or 3 = Skill rarely present, some clear effort

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.

Program Adherence

Audits

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.

To ensure that Family Based Services adhere to the program requirements, multiple routine record audits as well as intensive supervision is utilized. Regular internal chart reviews by the Program Director occur monthly.

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 where clients or family members of clients are offered to join the committee to provide feedback for quality initiatives. Any client of the agency is eligible to serve on this committee. The Quality Director chairs the committee and reviews the quality initiatives at the monthly agency Quality Meetings with Senior Management.

In addition to the internal quality and compliance processes that are followed, the following external audits are completed as well:

1. CCBH Fraud Waste and Abuse Audits
2. CCBH monthly chart review/collaboration
3. Annual OMHSAS licensing review
4. Biannual internal audits by Compliance Coordinator

Methodology

Charts are randomly selected for internal audits completed by the Agency Compliance Coordinator on a biannual basis. There were 3 internal audits conducted during this review. The results of the internal audits are as follows:

Internal Compliance Audit Results

Family Based Services

On July 8, 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

Intake and Assessment	100%	80%
Treatment Planning	100%	80%
Care Coordination	99%	80%
Physical/Behavioral Health	85%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Clinical Indicators	100%	80%

Key Indicators

Crisis Plan is updated/reviewed every 30 days with the Treatment Plan? 100%

If appropriate, evidence that FB Team responded to crisis situations? 100%

Discharge Criteria included in the initial 30-day Treatment Plan? 100%

Evidence that discharge discussions were completed with family and other involved child serving agencies? 100%

Discharge planning is revisited during each Treatment Plan Review? 100%

Indicators that fell below 80%

Waist Circumference **71%**

Internal Compliance Audit Results

Family Based Services

On October 4, 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
Intake and Assessment	100%	80%
Treatment Planning	99%	80%

Care Coordination	100%	80%
Physical/Behavioral Health	87%	80%
Discharge Planning	100%	80%
Smoking Cessation	100%	80%
Key Clinical Indicators	99%	80%

Key Indicators

Crisis Plan is updated/reviewed every 30 days with the Treatment Plan? 96%

If appropriate, evidence that FB Team responded to crisis situations? 100%

Discharge Criteria included in the initial 30-day Treatment Plan? 100%

Evidence that discharge discussions were completed with family and other involved child serving agencies? 100%

Discharge planning is revisited during each Treatment Plan Review? 100%

Indicators that fell below 80%

Waist Circumference 76%

Appropriate strategies are recommended if BMI is overweight 73%

Internal Compliance Audit Results

Family Based Services

On March 14, 2022, 22 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
Intake and Assessment	98%	80%
Treatment Planning	96%	80%
Care Coordination	100%	80%

Physical/Behavioral Health	90%	80%
Discharge Planning	92%	80%
Smoking Cessation	76%	80%
Key Clinical Indicators	100%	80%

Key Indicators

Crisis Plan is updated/reviewed every 30 days with the Treatment Plan? 100%

If appropriate, evidence that FB Team responded to crisis situations? 100%

Discharge Criteria included in the initial 30-day Treatment Plan? 100%

Evidence that discharge discussions were completed with family? 100%

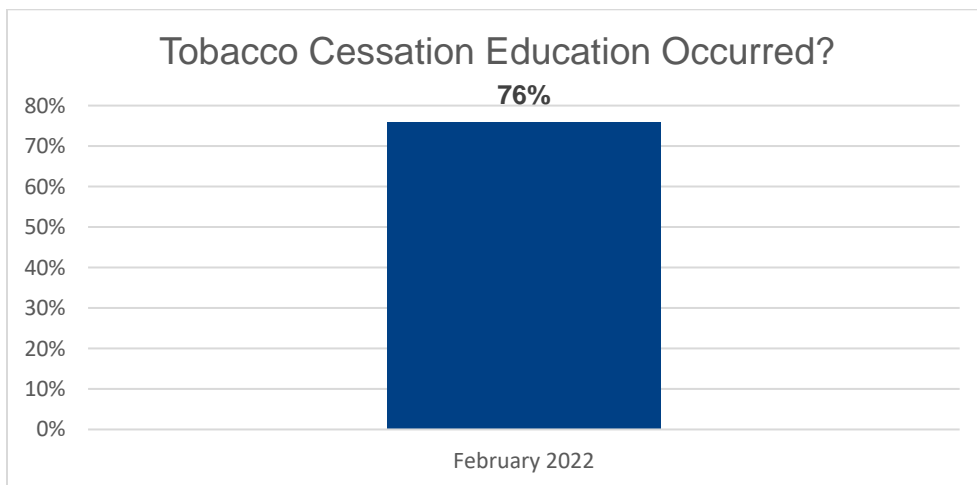
Evidence that discharge discussions were completed with involved child serving agencies? 88%

Discharge planning is revisited during each Treatment Plan Review? 100%

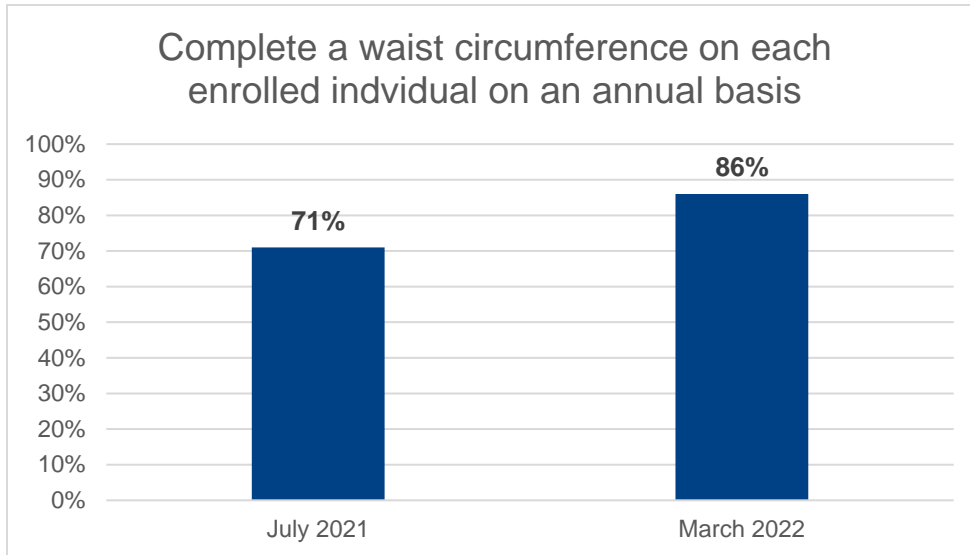
Internal compliance audits are reviewed with the Quality Director. Areas that fall below 80% are a core focus for quality improvement which plays an integral part in developing program goals.

Program Goals

Currently, there is one Plan Do Check Act (PDCA) designed for quality improvement for smoking education. The Plan’s aim statement is “Discussion of tobacco cessation educations occurs and is documented in the Electronic Health Record when a tobacco concern is identified.” This area will be monitored until it reaches or exceeds 80%.



During this period of review, a PDCA was developed and followed for waist circumference being completed and documented for all enrolled individuals in the program. The progress of this area is shown below. Once this area exceeded the goal of 80%, the PDCA was retired. However, this area remains as a quality indicator for internal compliance audits.



Staff Supervision

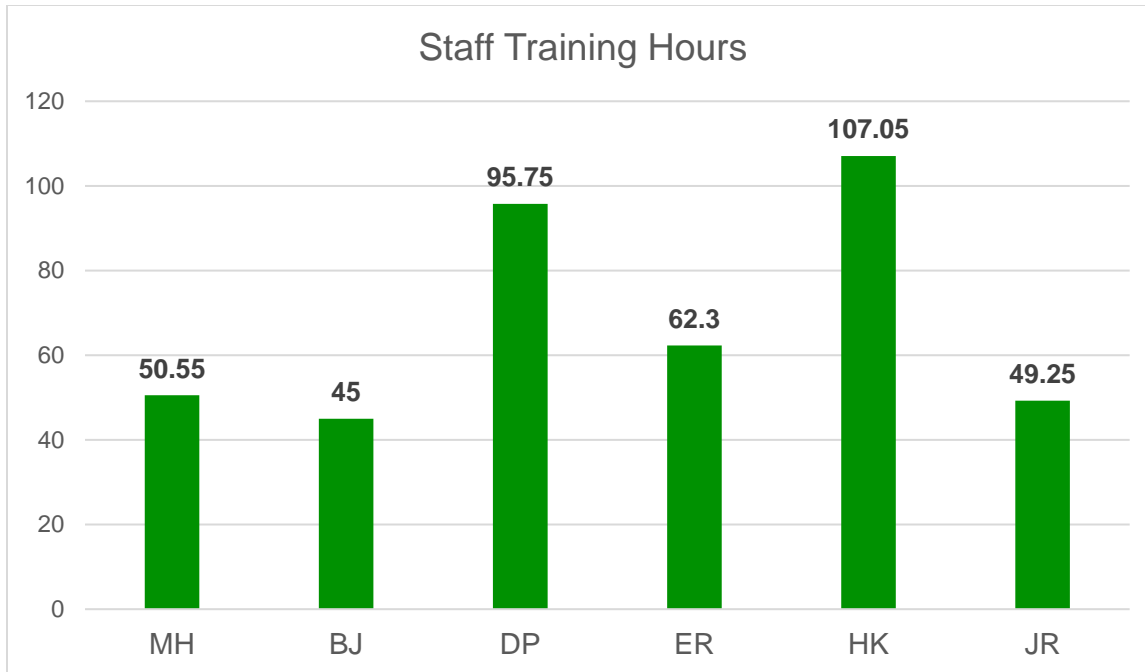
Due to the complexity of family systems and requirement of the model, staff supervision and training continue to be significant areas of focus for the FBS program. Staff receive weekly team and group supervision for treatment planning, case conceptualization, and video tape review. Additionally, staff, especially newly hired staff, receive individual supervision for comprehension of the ESFT model, professional growth and development, 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 FBS Director maintains supervision logs and are stored in the Electronic Health Record.

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.

The number of training hours for all FBS staff are noted below.



End of Service Questionnaire Summary

Survey Results

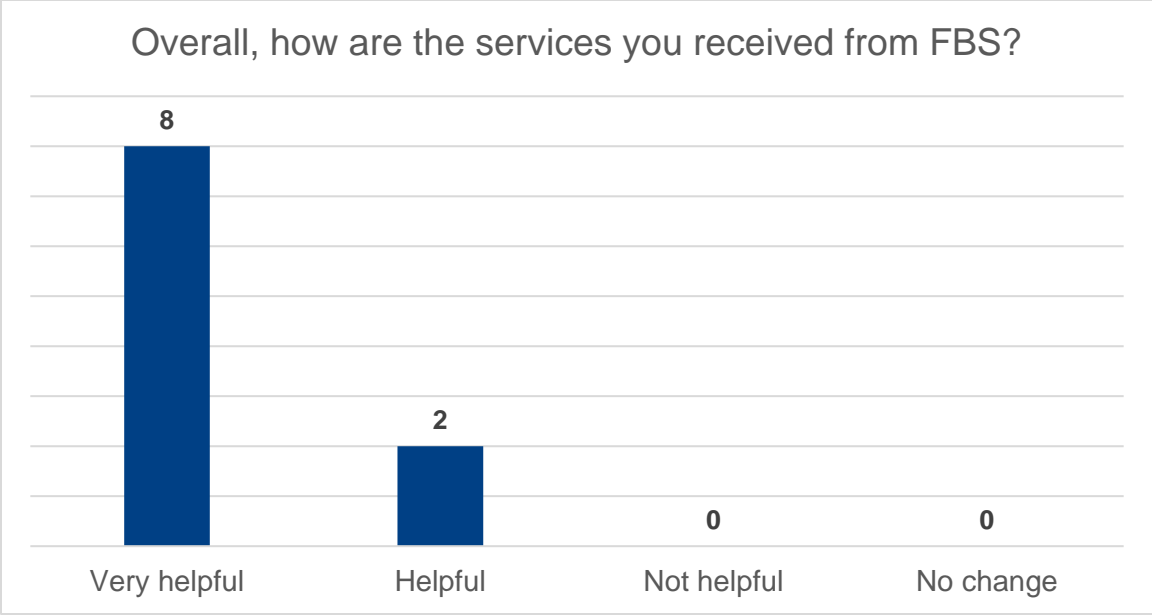
Individuals who have received FBS services and their parents/guardians are asked to complete a survey on the last day of services. There were 11 surveys completed during this review.

The first question in the survey is:

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

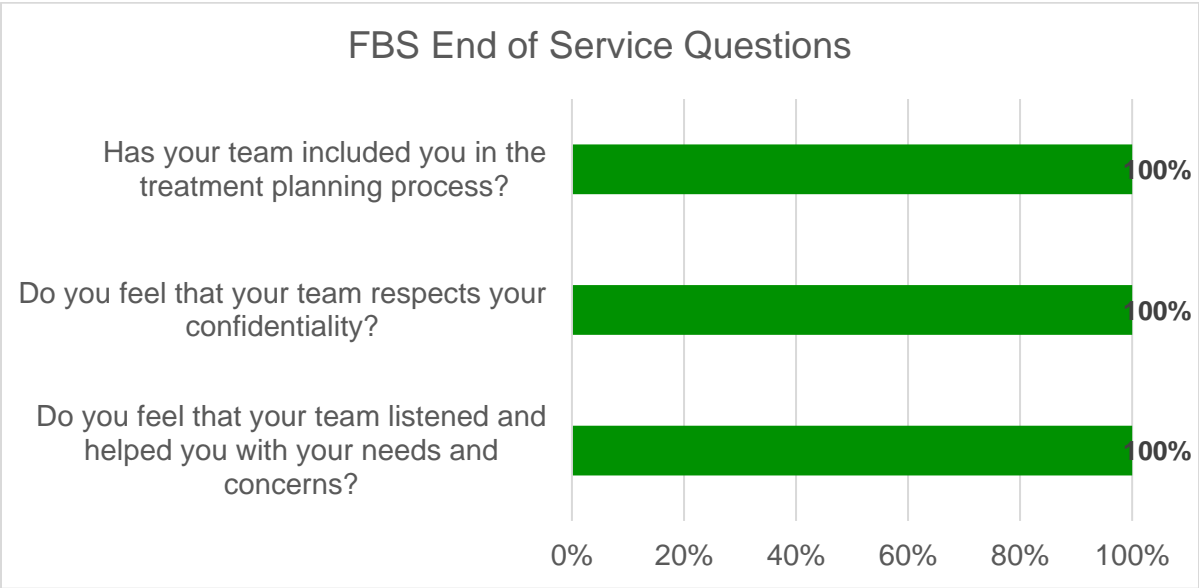
- Very helpful (10)
- Helpful (1)
- Not Helpful (0)
- No Change (0)

For the summary period, 80% of the respondents have indicated that the service is very helpful; whereas 10% 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.

