



# Family Based Services



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

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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.

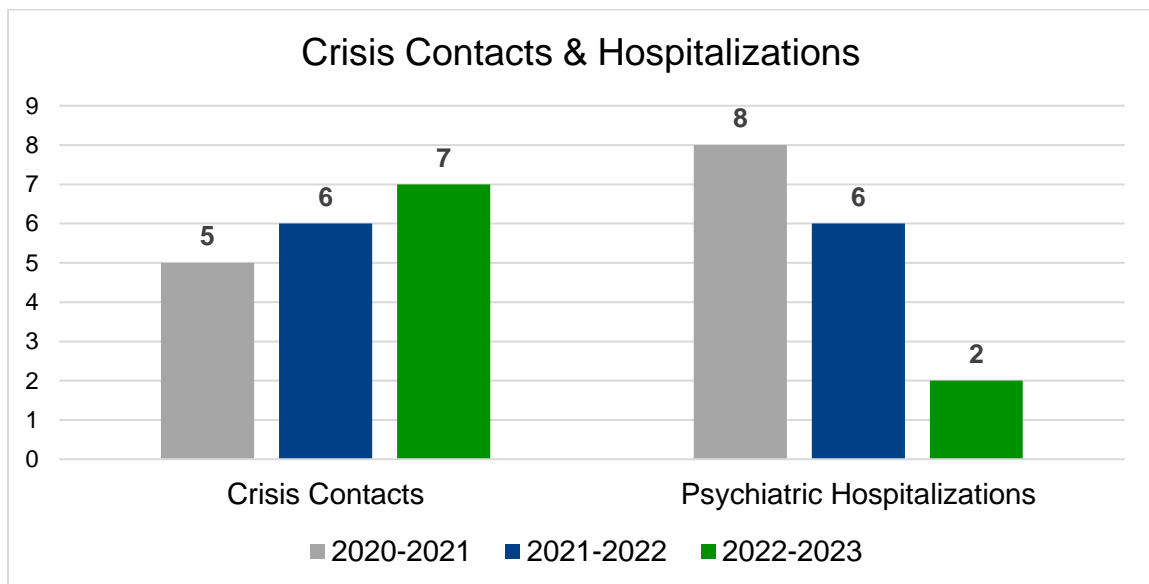
## Overview

- 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 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.
- 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 Family Based Services. During this period of review, almost all services were delivered face to face.
- 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 7 individuals who had contact with crisis services which is an increase of 1 individual since the last review. Additionally, 2 individuals required psychiatric hospitalizations which is a decrease of 4 individuals since the last review.

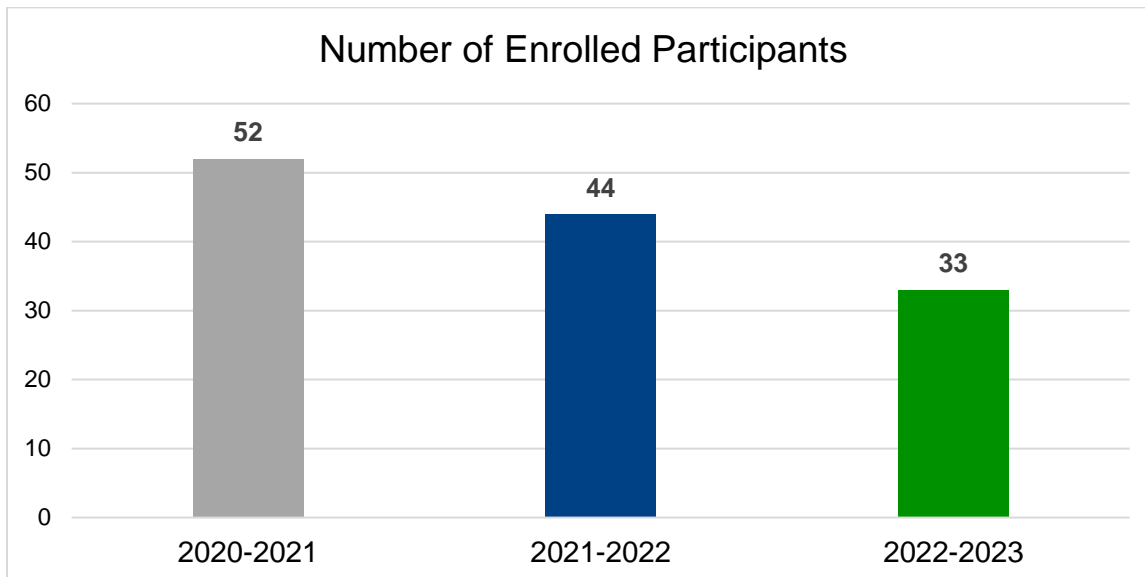


- Quality Improvement plans are made based upon internal compliance audit results, external reviews, internal quality reviews, and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure The Guidance Center is delivering optimal care in Family 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.
- A copy of this report is shared with agency Senior Management, the agency Board of Directors, and is shared on the agency website.
- Data for this quality report is from July 1, 2022, to June 30, 2023.

## Demographics

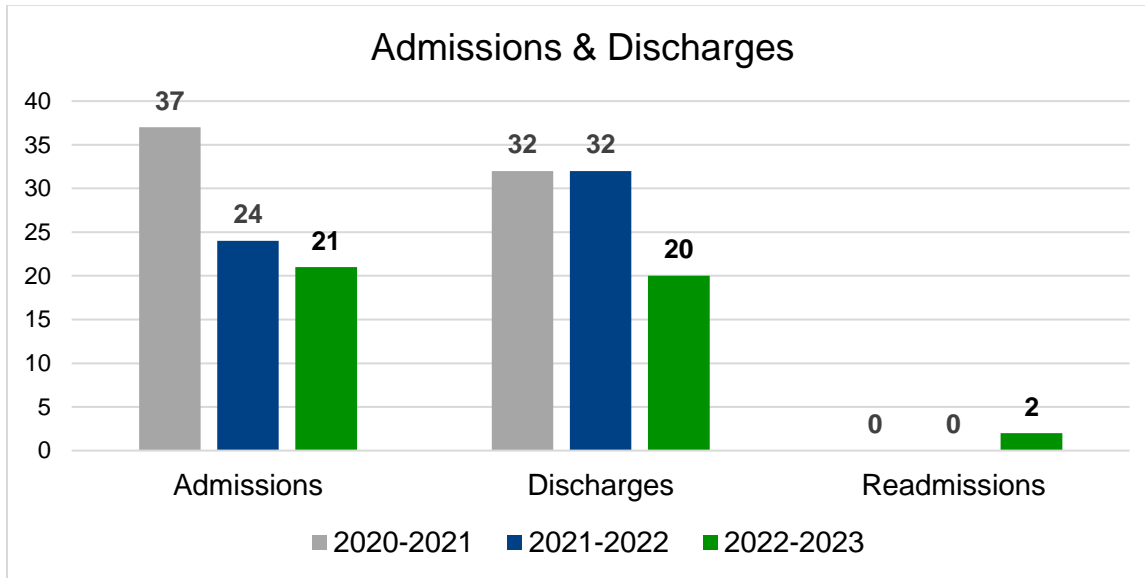
### Number of Enrolled Participants

There was a decrease in enrolled participants within the program from the last review. For this review, there were 33 participants in the program.



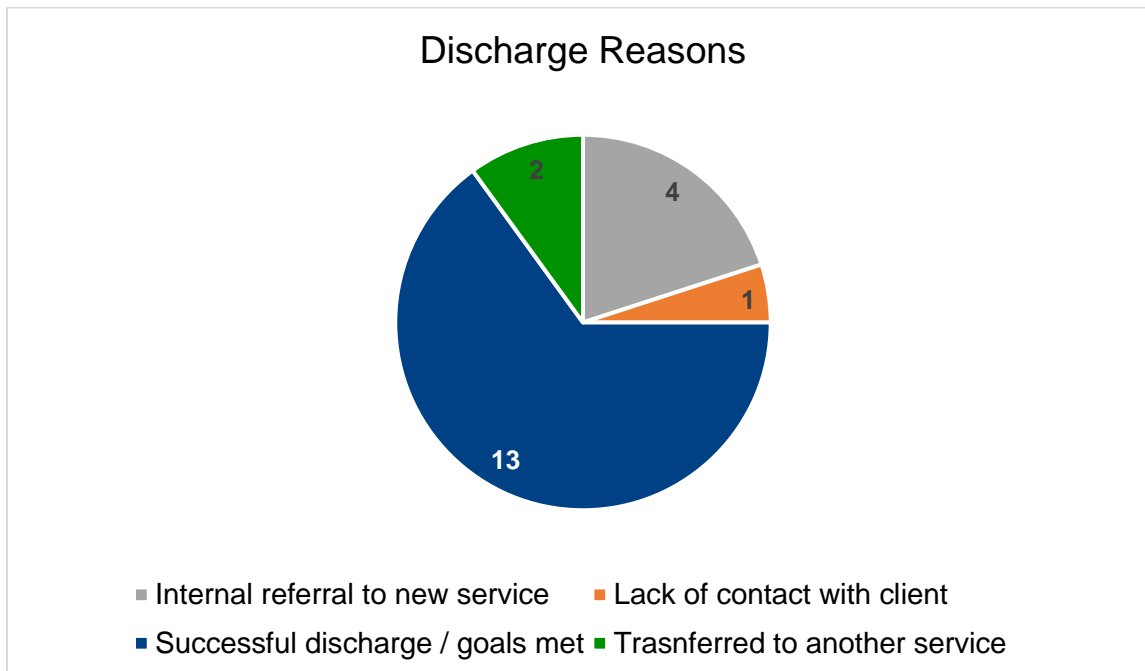
## Admissions and Discharges

Admissions and discharges in the program decreased since the last review. There were two participants who were readmitted in the same program year during this review.



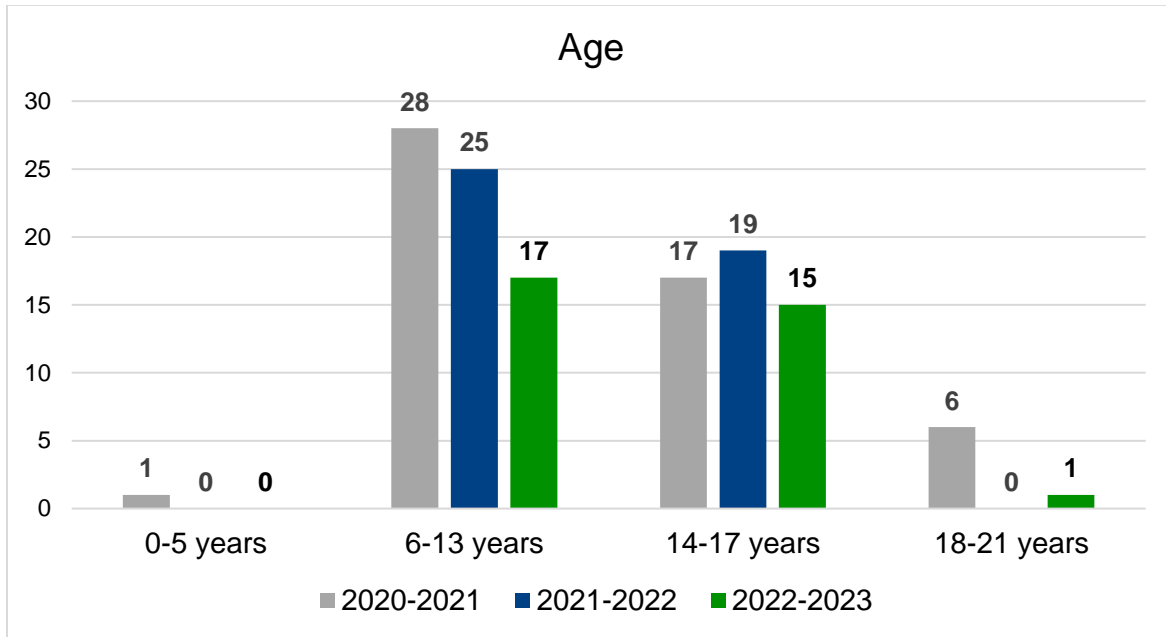
## Discharge Reasons

The majority of discharge reasons were because participants met their goals and a successful discharge occurred. A complete breakdown of discharge reasons is in the chart below.



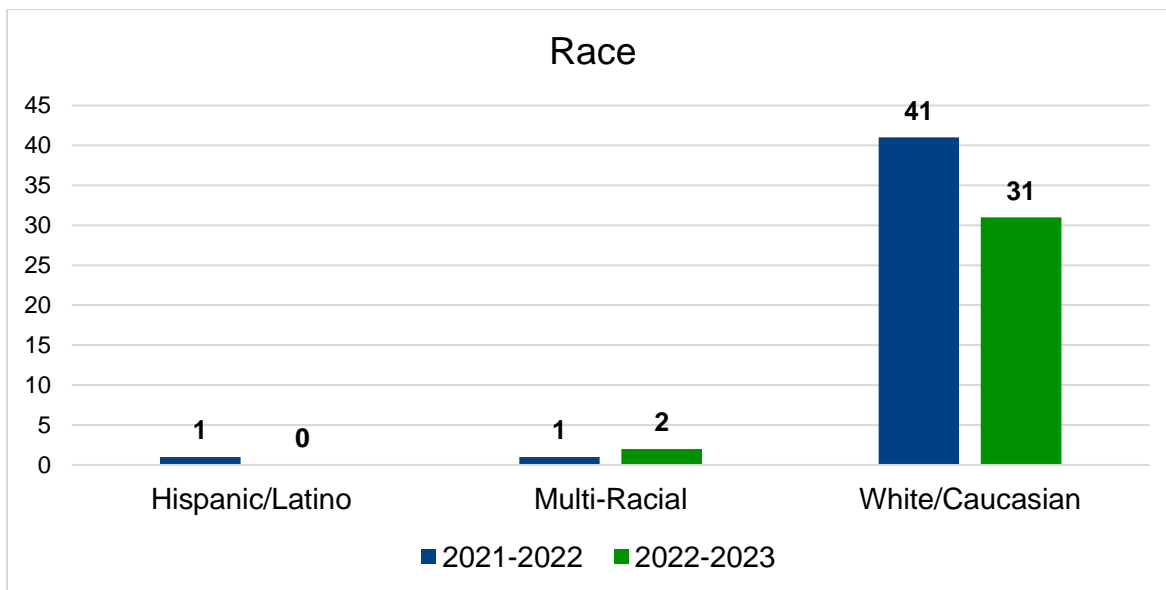
## Age

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



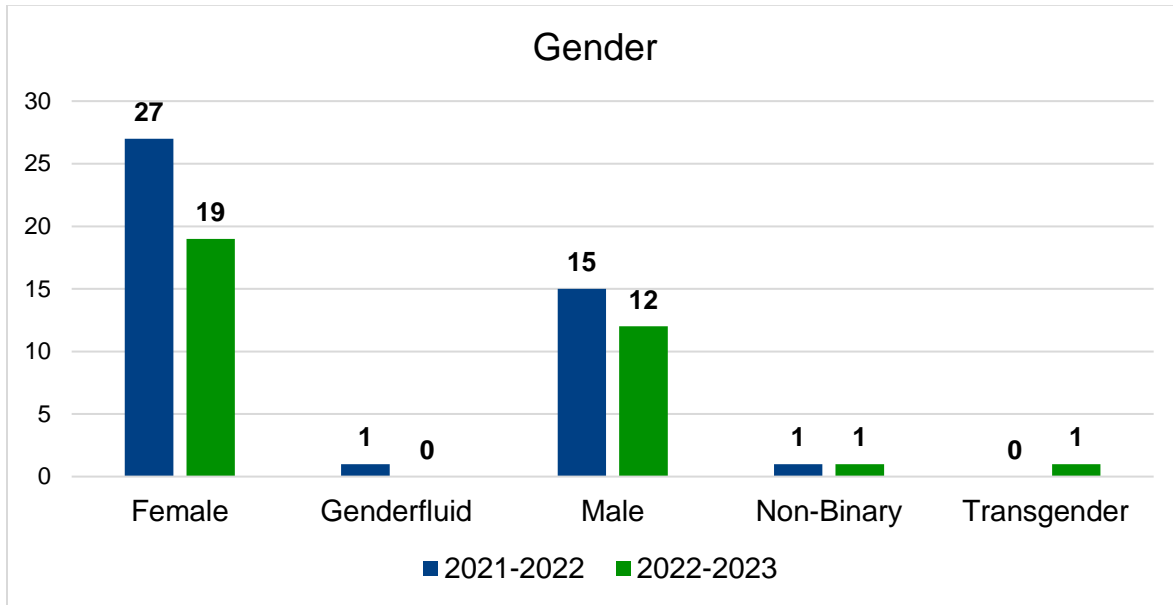
## Race

The majority of participants in the program race is Caucasian while two participants race is multi-race during this review. A complete breakdown of participants' races is in the graph below.



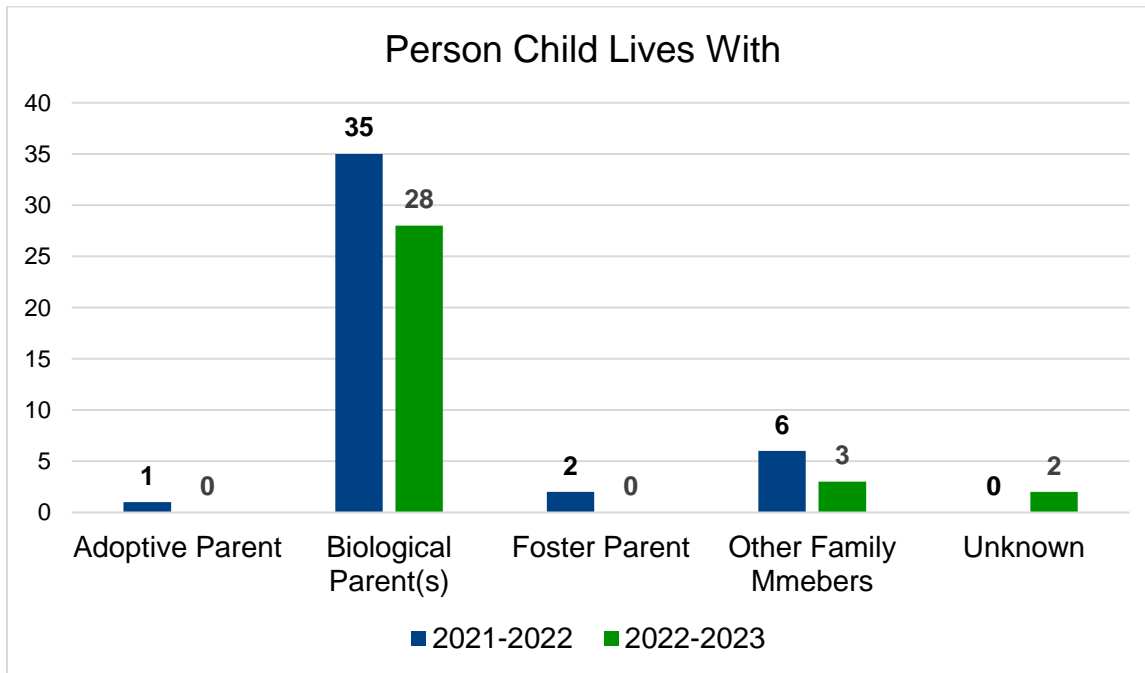
## Gender

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

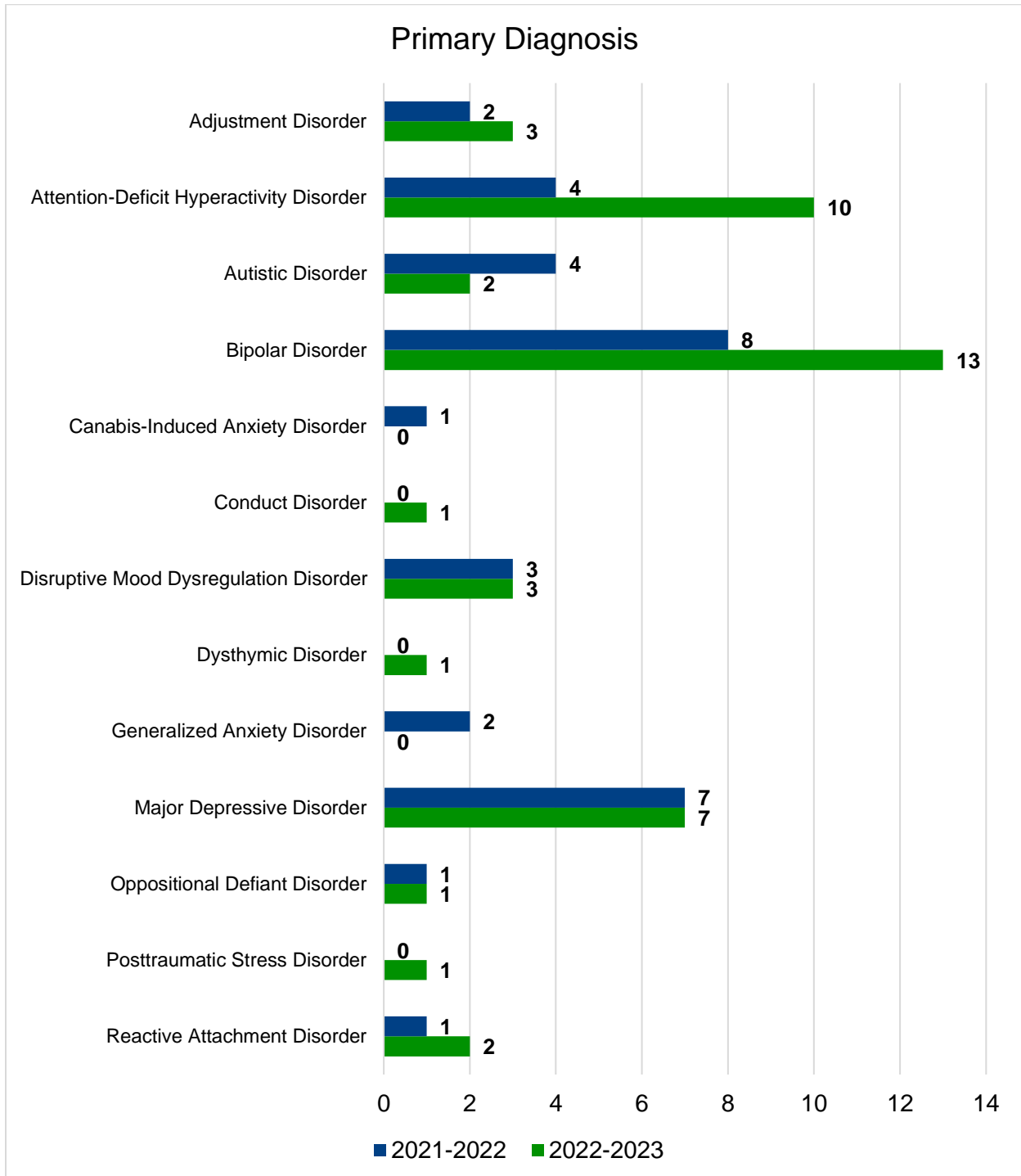
Most of the participants served in the program live with their biological parents. The chart below indicates the number of individuals and who they live with.





## Primary Diagnosis

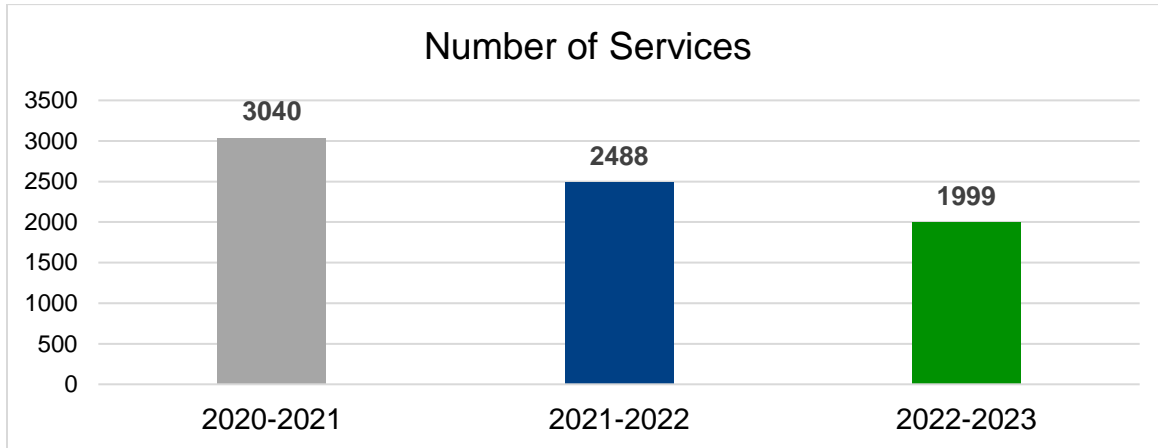
Consistent with the last review, the majority of participants in the program's primary diagnosis of was Bipolar Disorder with 8 individuals. Major Depressive Disorder was next with 7 individuals. A complete breakdown of the primary diagnoses is found below.



## Service Data

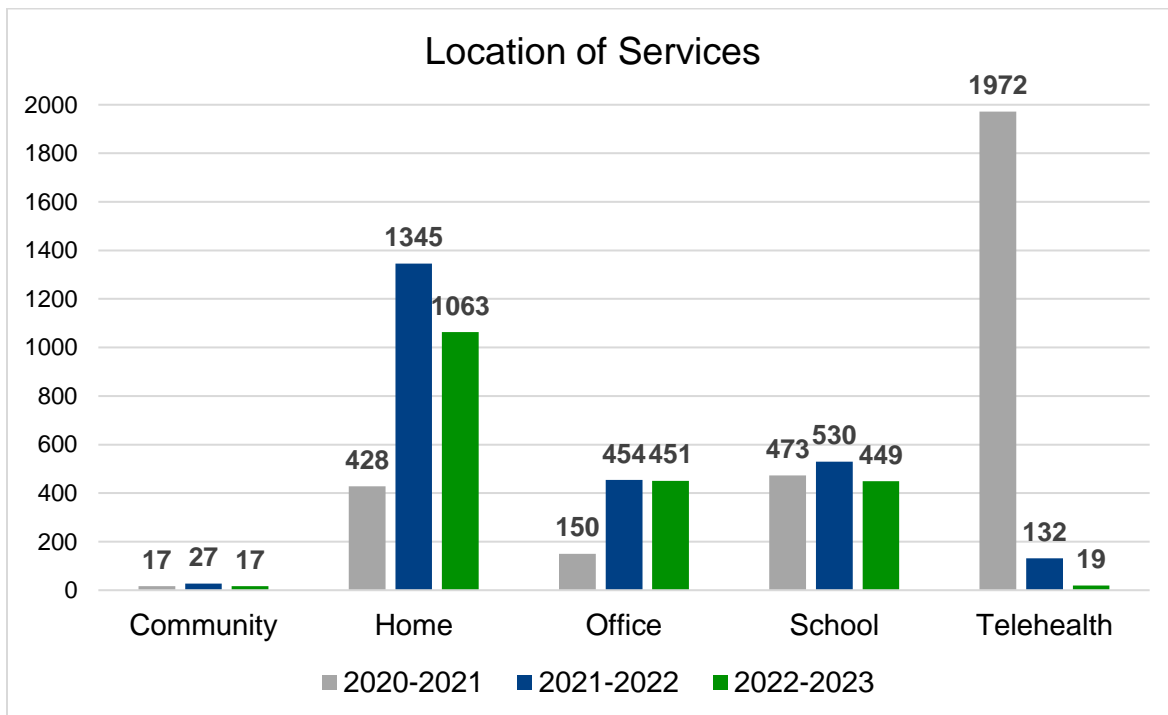
### Number of Services

The number of services decreased since the last review.



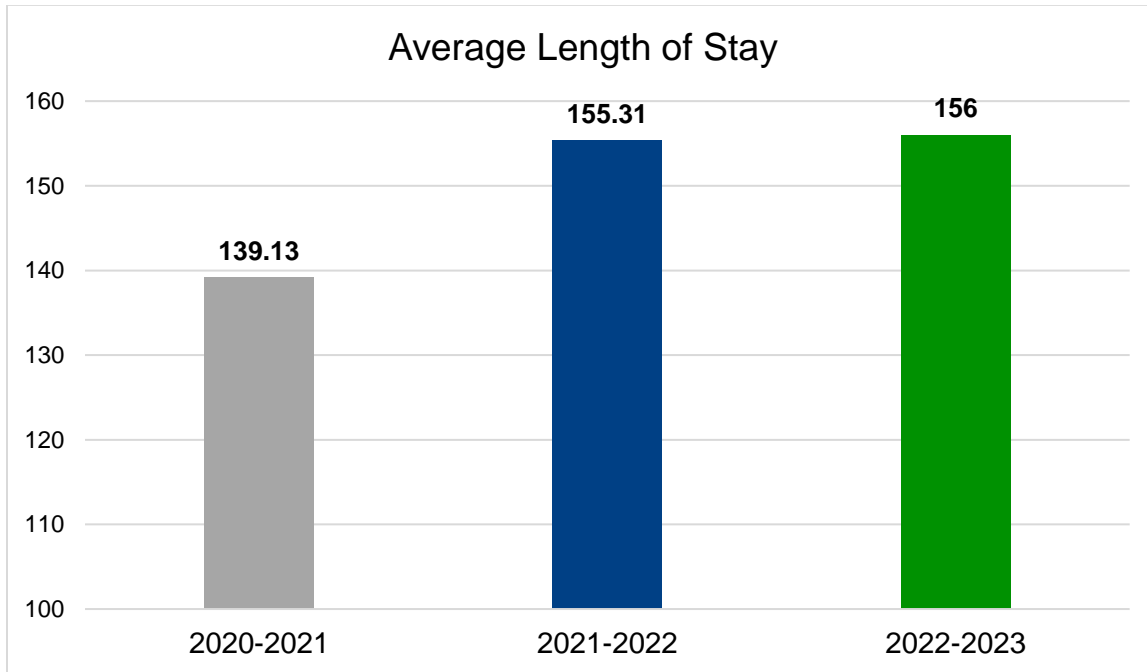
### Location of Services

During this review, most services were delivered in the home. The table below represents the location of services during this review.

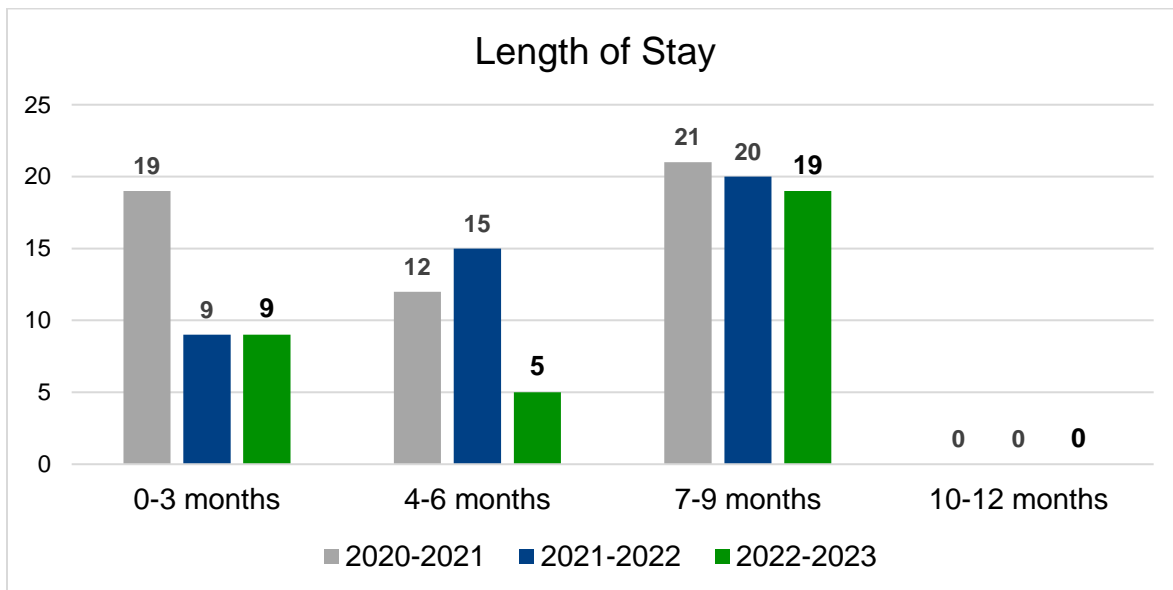


### Length of Stay

The average length of stay in the program during this review was 156 days which is extremely close to the average length of stay at the last review.

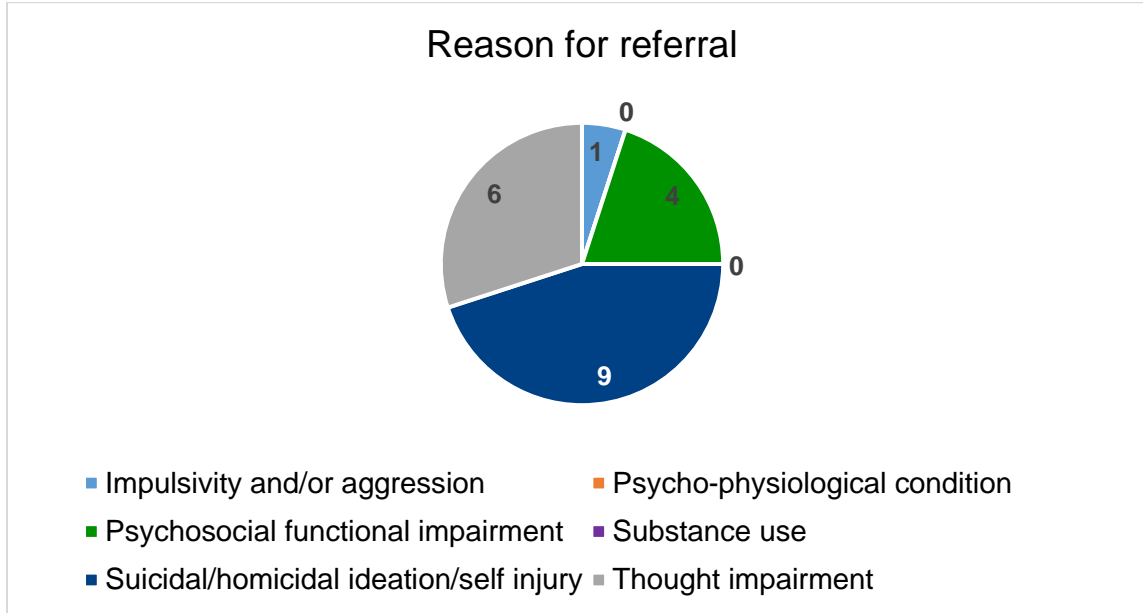


Consistent with the last review, most of the individual's length of stay in the program was between 7-9 months.



## Family Assessment Plans

Family Assessment Plans are completed for newly enrolled families. During this review, there were 20 Family Assessments completed. In the assessment, referral information is captured. The following table depicts the reasons for referral.



Most referral reasons were for 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*

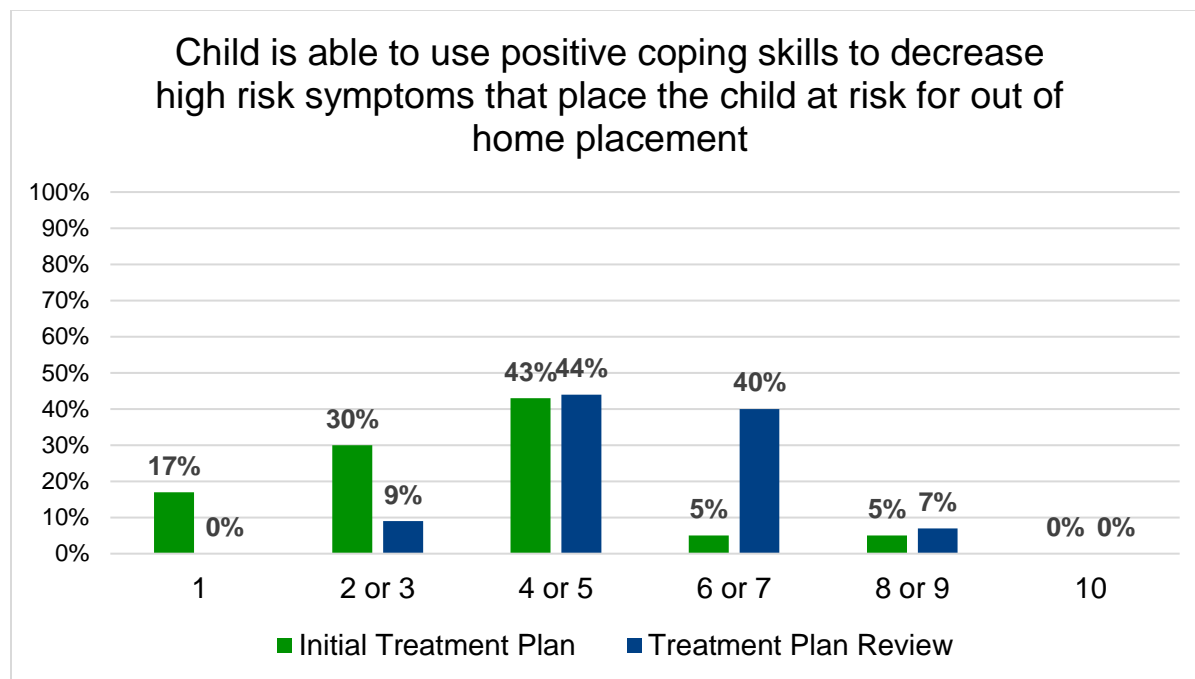
*2 or 3 = Skill rarely present, some clear effort*

*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 shown in the chart above, scores were higher in the Treatment Plan Review, indicating scores increase as participants continue with the program.

## 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.

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. After this review, it is determined we are compliant operating within the service description within Family Based Services.

Internal compliance audits are conducted by the Compliance Coordinator on a biannual basis. The most recent auditing tool with 24 indicators for FBS is listed below. The goal is to reach or exceed 80% in each area. The indicators are as follows:

## **Intake and Assessment**

- Service Agreement is signed during the initial visit
- Evidence of comprehensive initial evaluation / intake assessment
- Trauma screening completed

## **Treatment Planning**

- Treatment plan includes interventions or modalities for the member's needs
- Evidence member is involved in the treatment planning process
- Crisis plans are individualized and include specific interventions for the consumer and family/support system
- Crisis plan is updated every 30 days with the Treatment Plan
- If appropriate, evidence FBS team responded to crisis situations
- Appropriate referral made, or addressed in the treatment plan, if co-occurring SUD disorder is identified
- Appropriate referral is made, or addressed in the treatment plan if trauma or IDD supports/other special needs are identified
- Team-delivered services comprise of 60% of direct service for the family

## **Care Coordination**

- Evidence of care coordination with PCP
- Evidence of coordination of care with other behavioral health specialists

## **Physical Health / Behavioral Health**

- Height documented
- Weight documented
- BMI documented
- Appropriate strategies are recommended if BMI is over or underweight
- Waist circumference documented
- Tobacco screening completed
- If tobacco user, cessation discussed

## **Discharge Planning**

- Discharge summary/progress notes clearly indicate transition of care/step down services were discussed with the member/family/guardian, the importance of follow up care, and member's response
- Documentation clearly indicates support/referrals provided to member for transition of care, appointment dates/times/locations for those arranged and/or how to obtain services in the future
- Evidence that discharge discussions were completed with other involved child servicing agencies
- Discharge planning is revisited during each Treatment Plan Review

## Audits

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

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

## Methodology

Charts are randomly selected for internal audits completed by the Agency Compliance Coordinator on a biannual basis. Charts are selected for each staff member and include current and discharged charts to ensure all components of the chart are completed. There were two internal audits conducted during this review.

## Family Based Services Internal Compliance Audit Results

Internal Quality Review			
Program	Family Based Services	Date of Audit	October 2022
Number of Charts Reviewed	10 Charts	Audit Schedule	Biannually Q2
Total Number of Indicators	27 Quality Indicators		

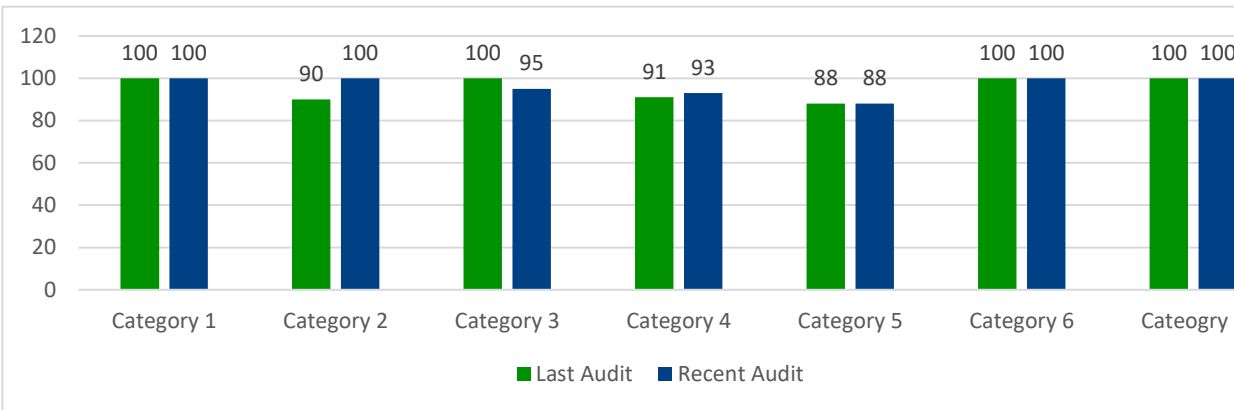
Category	Score	Goal
1. Intake & Assessment	100%	80%
2. Treatment Planning	90%	80%
3. Care Coordination	100%	80%
4. Physical Health/Behavioral Health Indicators	91%	80%
5. Discharge Planning	88%	80%
6. Smoking Cessation	100%	80%
7. Clinical Indicators for Level of Care	100%	80%
<b>Indicators that fell below 80%:</b>		

Internal Quality Review			
Program	Family Based Services	Date of Audit	3/9/23-3/10/23
Number of Charts Reviewed	10 Charts	Audit Schedule	Biannually Q3
Total Number of Indicators	35 Quality Indicators		

Category	Score	Goal
1. Intake & Assessment	100%	80%
2. Treatment Planning	100%	80%
3. Care Coordination	95%	80%
4. Physical Health/Behavioral Health Indicators	93%	80%
5. Discharge Planning	88%	80%
6. Smoking Cessation	100%	80%
7. Clinical Indicators for Level of Care	100%	80%

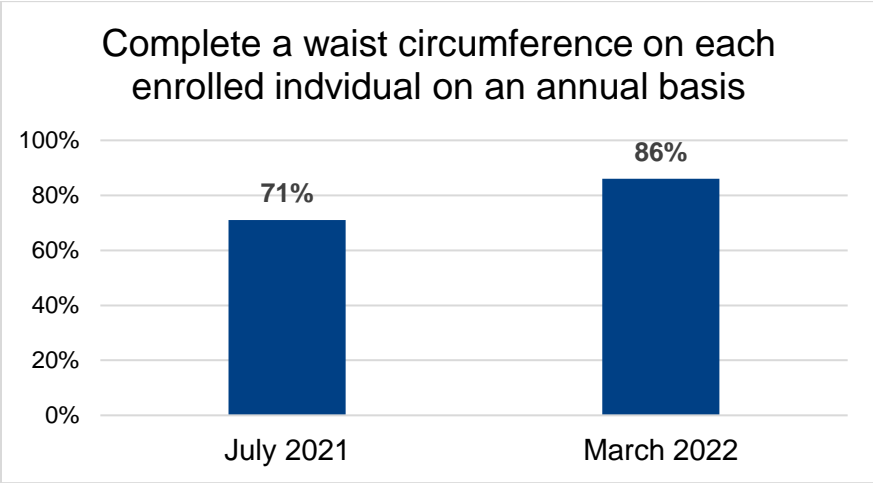
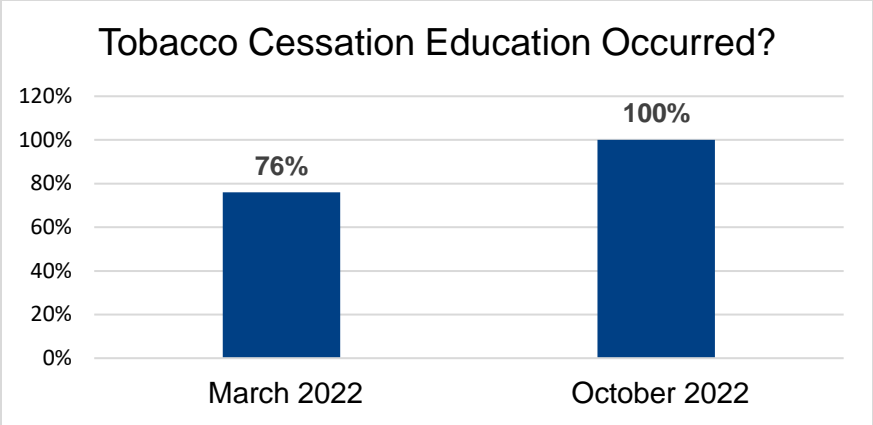
**Indicators that fell below 80%:**

**Comparison of Indicators:**



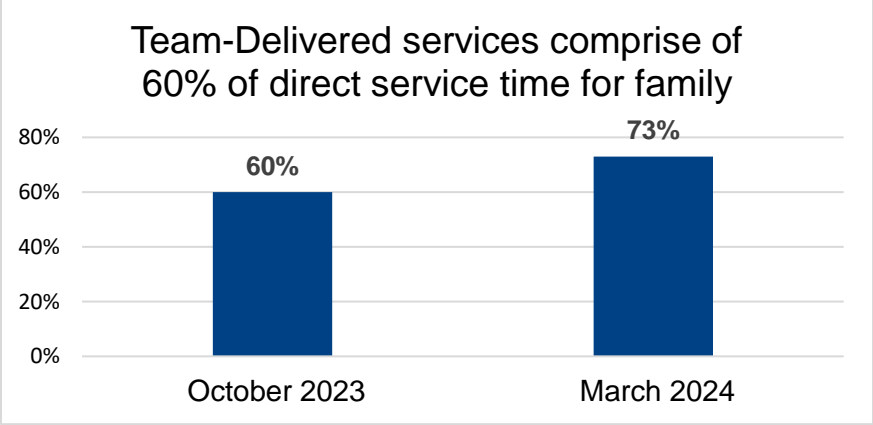
During this review, we retired two corrective action plans using the Plan Do Check Act (PDCA) Model because they reached or exceeded the agency goal after tracking and analyzing for quality improvement. Both graphs below depict the progress made in both indicators during this program year.





**Program Goals**

Currently, there is one Plan Do Check Act (PDCA) in place for quality improvement for team-delivered services comprising 60% of direct service for each family. This area will be monitored until it reaches or exceeds the agency goal of 80%. The chart below breaks down the progress of this area.



## Staff Supervision

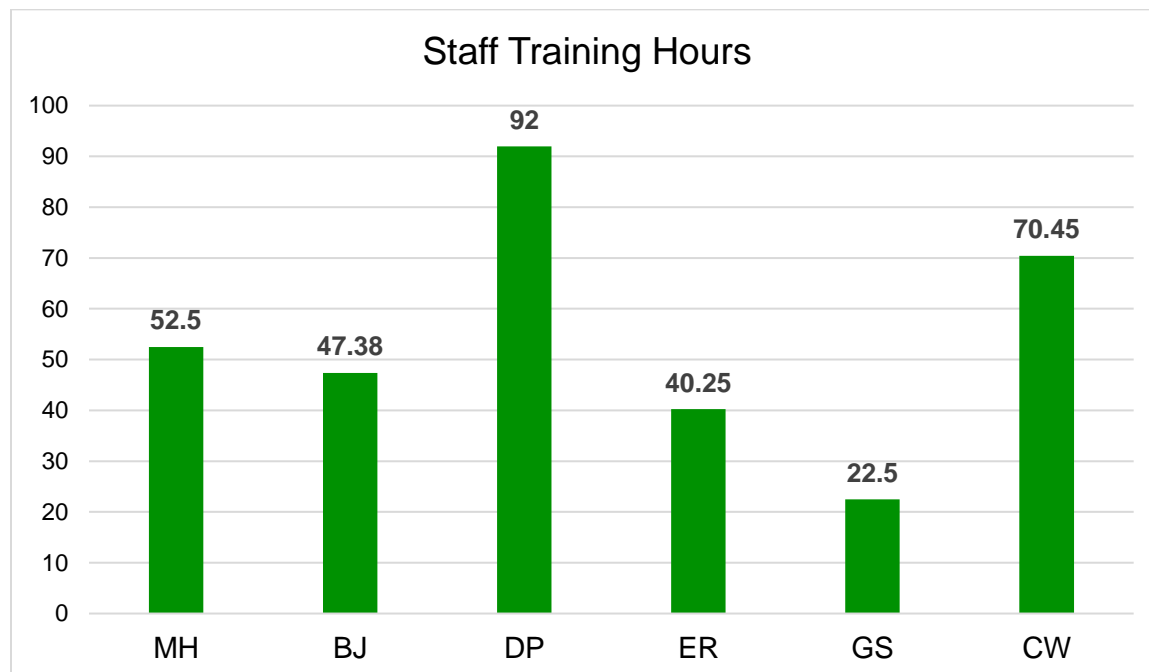
Due to the complexity of family systems and the requirement of the model, staff supervision and training continue to be significant areas of focus for the FBS program. Staff receive weekly team and group supervision for treatment planning, case conceptualization, and video tape review. Additionally, 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 during the 2022-2023 fiscal year are represented in the chart below.



## Client Feedback

Client feedback is an essential core component of services at the agency. Client feedback gives individuals the opportunity to report back what went well with services and identify areas for quality improvement. At the end of services, families are offered an end of service questionnaire summary.

In addition to the end of service questionnaire, the agency implemented a client feedback QR code in the waiting rooms of the Bradford, Kane, and Smethport offices in 2024. This QR code will give all individuals coming into the office an opportunity to provide feedback at any time.

Moreover, clients are given the client handbook upon opening. The client handbook encompasses an array of topics including, but limited to the following:

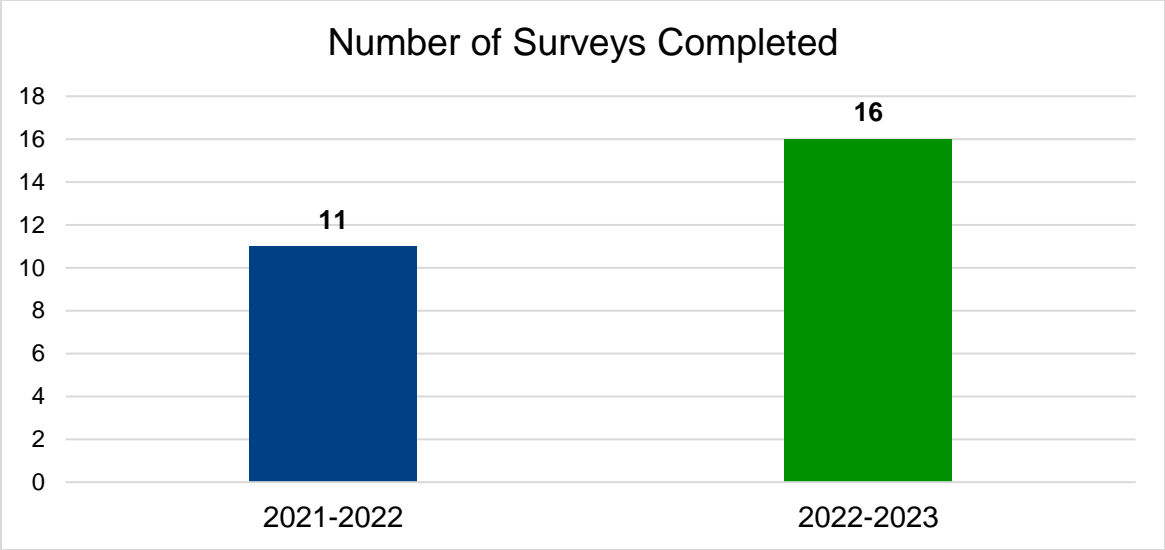
- Office location and contact information
- Client rights
- Crisis support information
- Confidentiality policy
- Grievance and concern procedures
- Payment for services

A copy of the client handbook can be given to any individual enrolled in services at any time. The grievance/concern section provides information on how to report a violation of client's rights.

Lastly, clients of the agency are invited to join the Client Advisory Committee. The agency formed the Client Advisory Committee in 2020 which consists of clients and/or family members of clients. Meetings are held quarterly, and members are offered to join in-person or virtually via Zoom. A brief agenda is created, but meetings center around open discussion for quality improvement ideas provided by the members. This feedback is shared with Senior Management at monthly quality meetings to form a plan to implement the ideas shared.

### **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 16 surveys completed during this review.

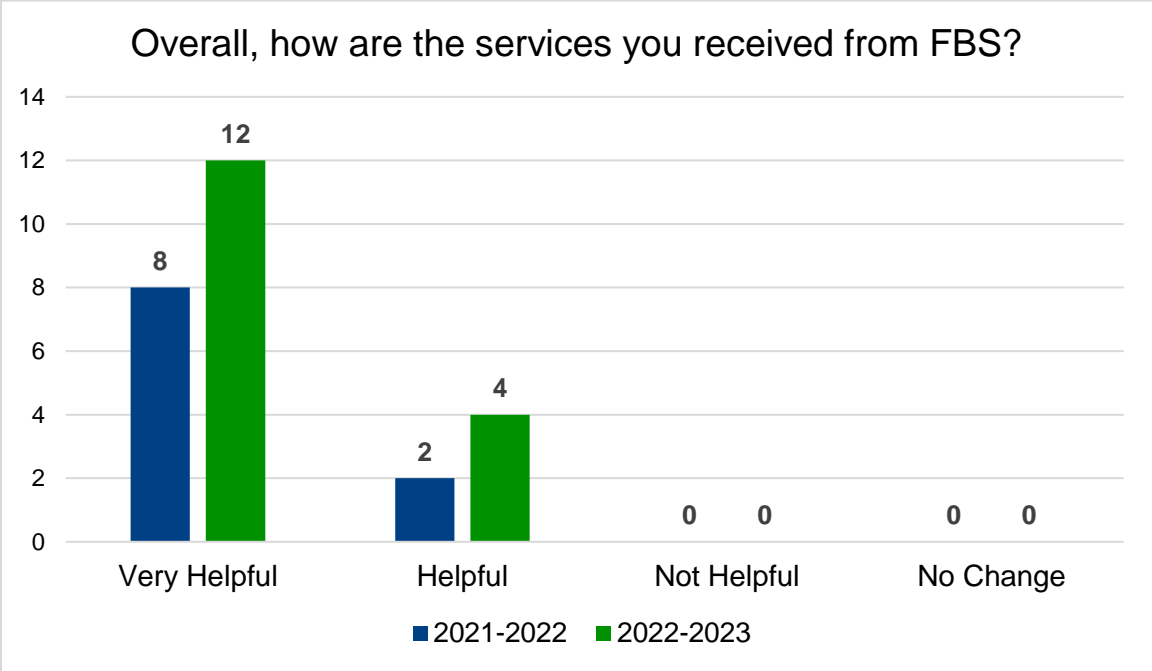


The first question in the survey is:

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

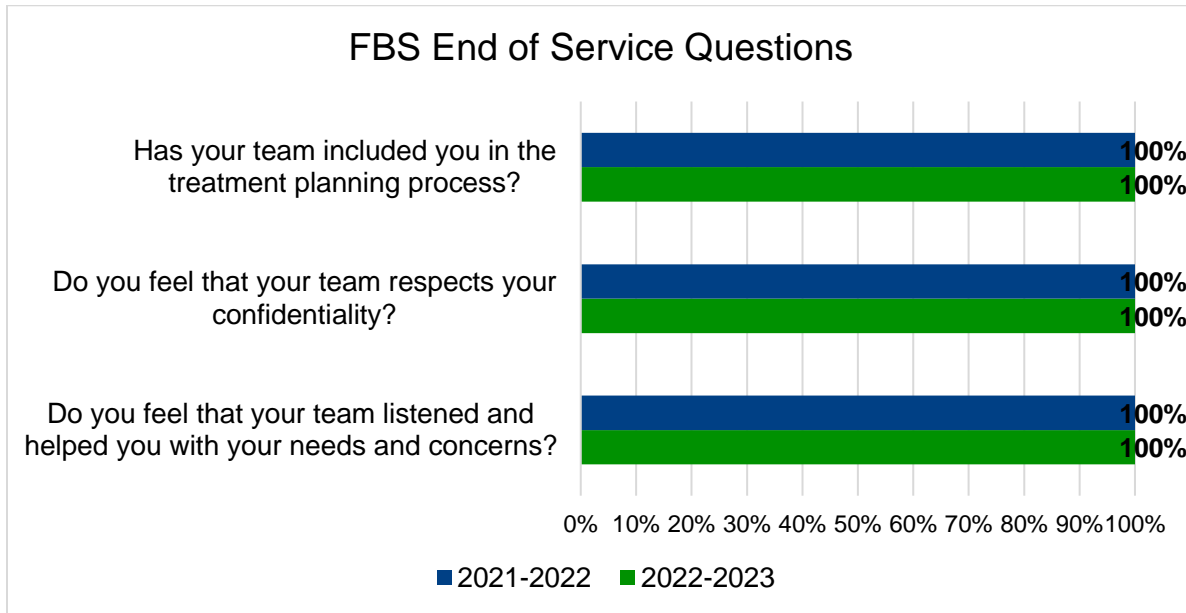
- Very helpful
- Helpful
- Not Helpful
- No Change

For the summary period, 75% of the respondents have indicated that the service is very helpful; whereas 15% 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. Consistent with the last review, 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.

