Intensive Behavioral Health Services

Annual Quality Review

July 1, 2023 – June 30, 2024

Contents

Service Description

- On January 18, 2021, Intensive Behavioral Health Services (IBHS) regulations replaced the requirements for Behavioral Health Rehabilitation Services (BHRS) according to Pennsylvania Department of Human Services. IBHS currently provides individual services and evidence-based therapy.
- IBHS are provided for children and youth with serious emotional and behavioral support needs. Behavioral Consultants (BC) design and direct implementation of behavior medication plans. Mobile Therapists (MT) provide family and individual therapy. Behavioral Health Technicians (BHT) provide one-to-one interventions to assist children and youth in improving behavior, self-esteem, and social skills.
- Behavioral Consultant (BC) designs and directs the implementation of behavior modification plans. This is done in a collaborative effort with the treatment team and family.
- Mobile Therapy (MT) includes intensive treatment efforts that occur outside of an office setting. Methods of intervention include family therapy, collateral therapy, and individual therapy in the home, school, or other community setting. Additionally, behavior programming, parent training, and consultations with other community services are a part of the program design.
- Behavioral Health Technician (BHT) services include efforts to stabilize the child's functioning in the family, school, or community setting. Therapeutic efforts will focus on one-to-one intervention to improve behavior, improve control of anger, enhance self-esteem, and develop more productive social relationships. In addition, therapeutic interventions will include implementation and monitoring behavior modification programming.
- Intensive Behavioral Health Services are delivered in the individual's natural environment such as their home, school, or community.

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 Intensive Behavioral Health Services (IBHS) 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.

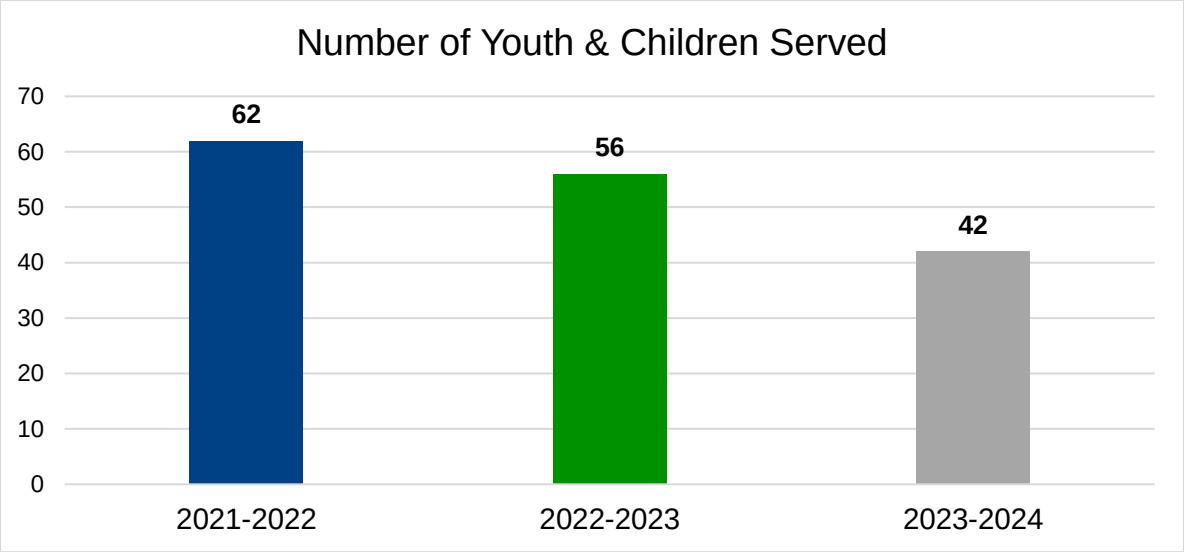
  To address any areas of concern identified through the survey process, The Guidance Center utilizes a structured quality improvement and monitoring process using the Plan-Do-Check-Act (PDCA) Model. This approach ensures continuous improvement in service delivery.

- Data for this quality report is from July 1, 2023, through June 30, 2024.

Demographics

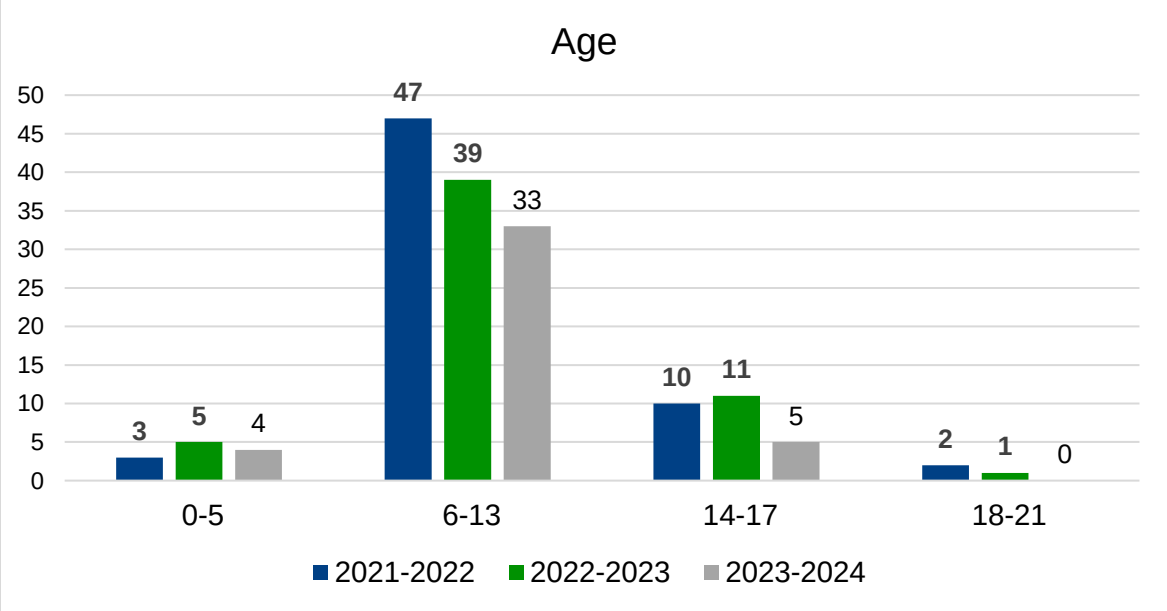
Number of Children and Youth Served

During this review, there were 42 children and youth served in IBHS.



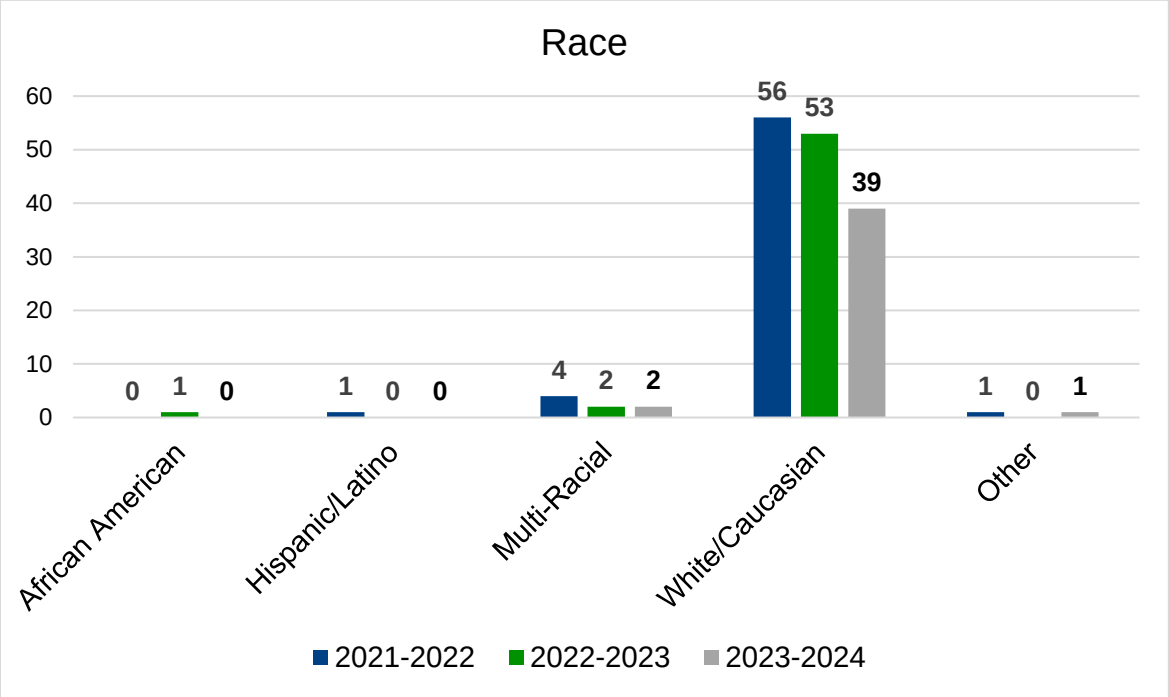
Age

Consistent with the previous reviews, most of the youth served in the program are between 6 and 13 years. The following table demonstrates the breakdown of age among participants served.



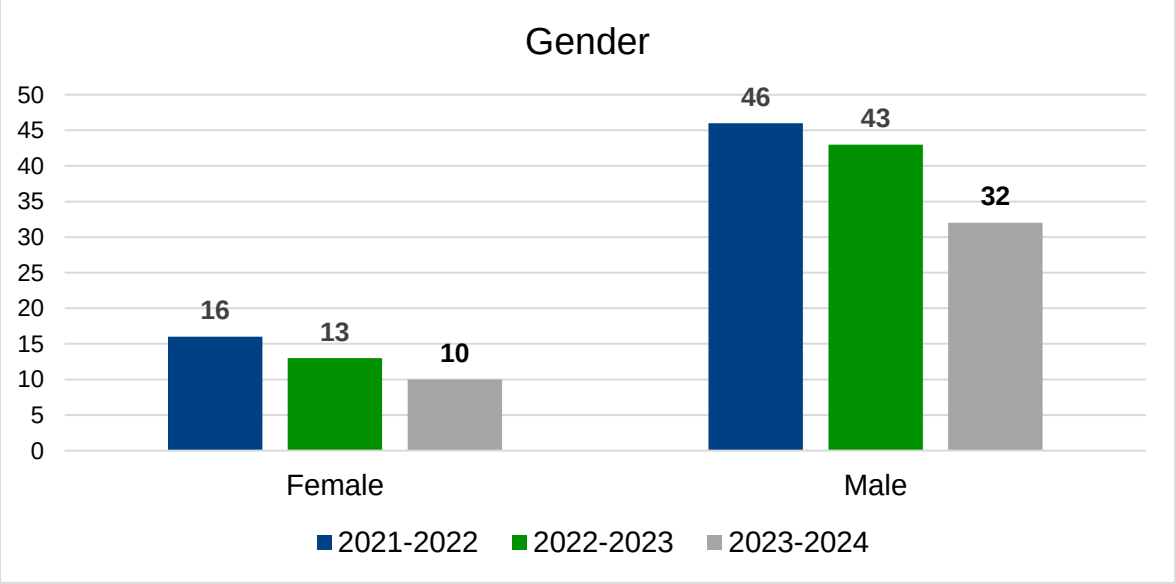
Race

Most children and youth served in the program continue to be White/Caucasian. The graph below indicates the number of children and youth and their race.



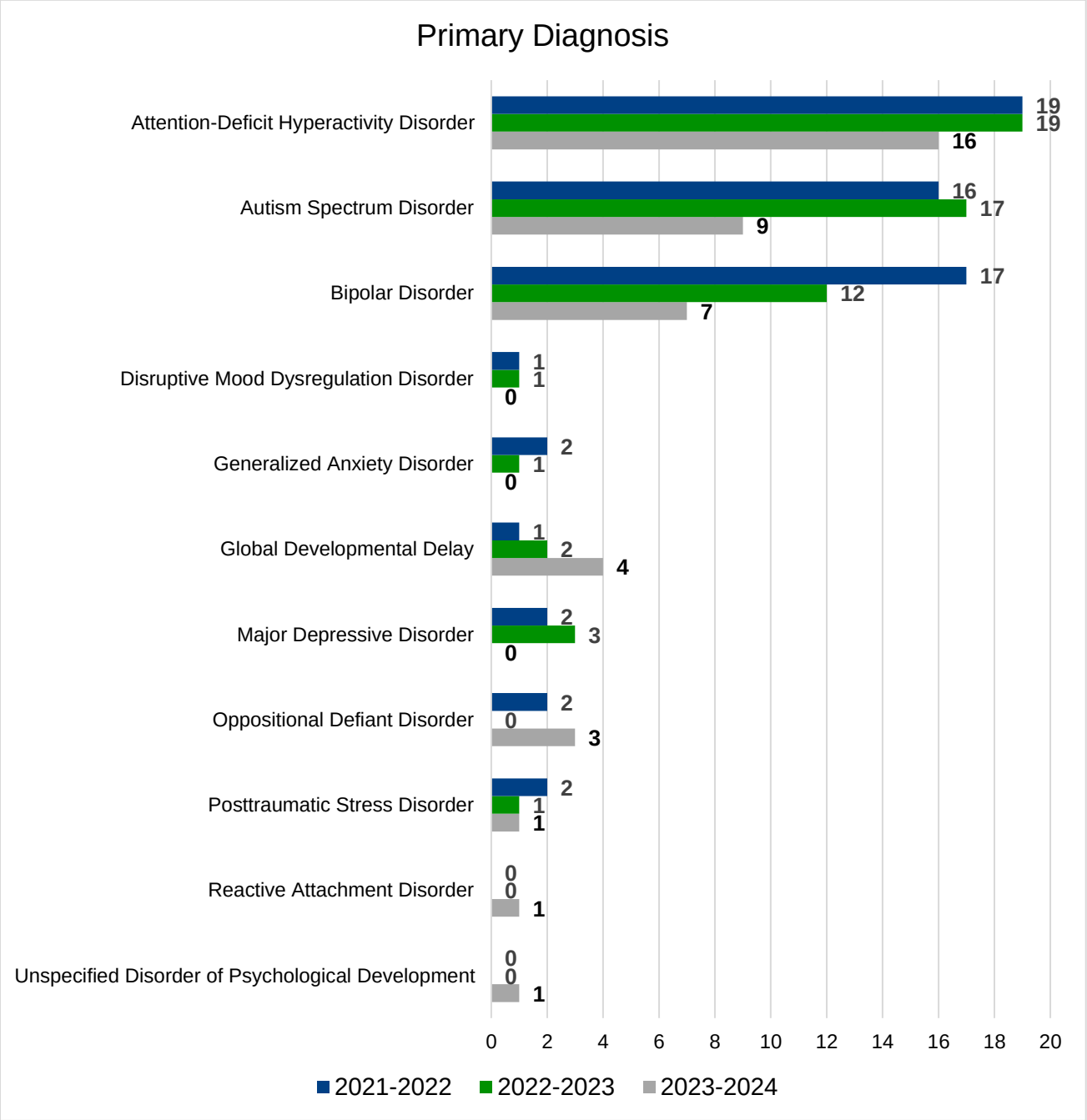
Gender

Consistent with previous reviews, a greater number of males continue to be served in IBHS. A complete breakdown of gender by fiscal year is represented in the following graph.



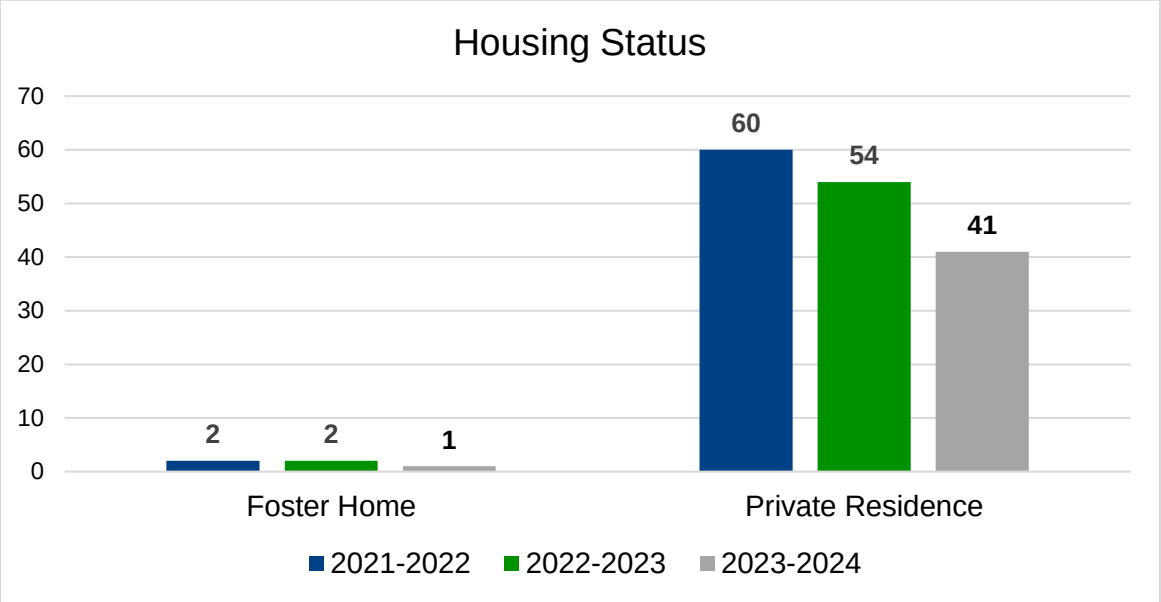
Primary Diagnosis

The primary diagnosis of youth enrolled in IBHS continues to be Attention-Deficit/Hyperactivity Disorder. A complete breakdown of the primary diagnoses is found below.



Current Housing Status

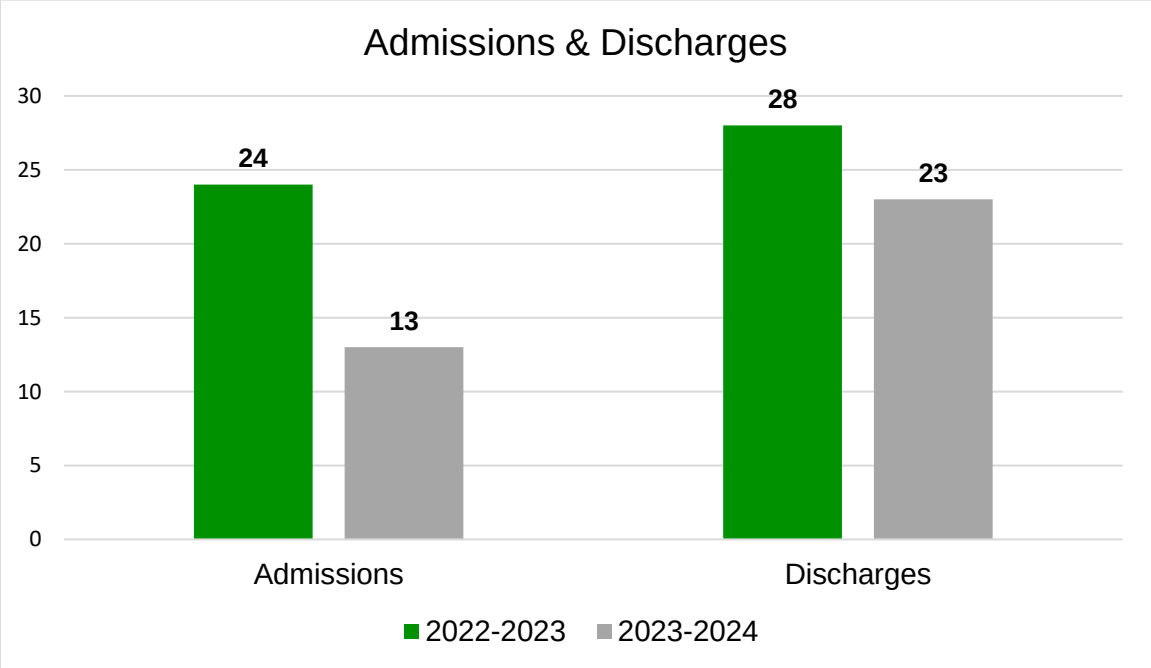
Majority of the children and youth served in the program live in a private residence. There was one child served in the program who live in Foster Care.



Service Data

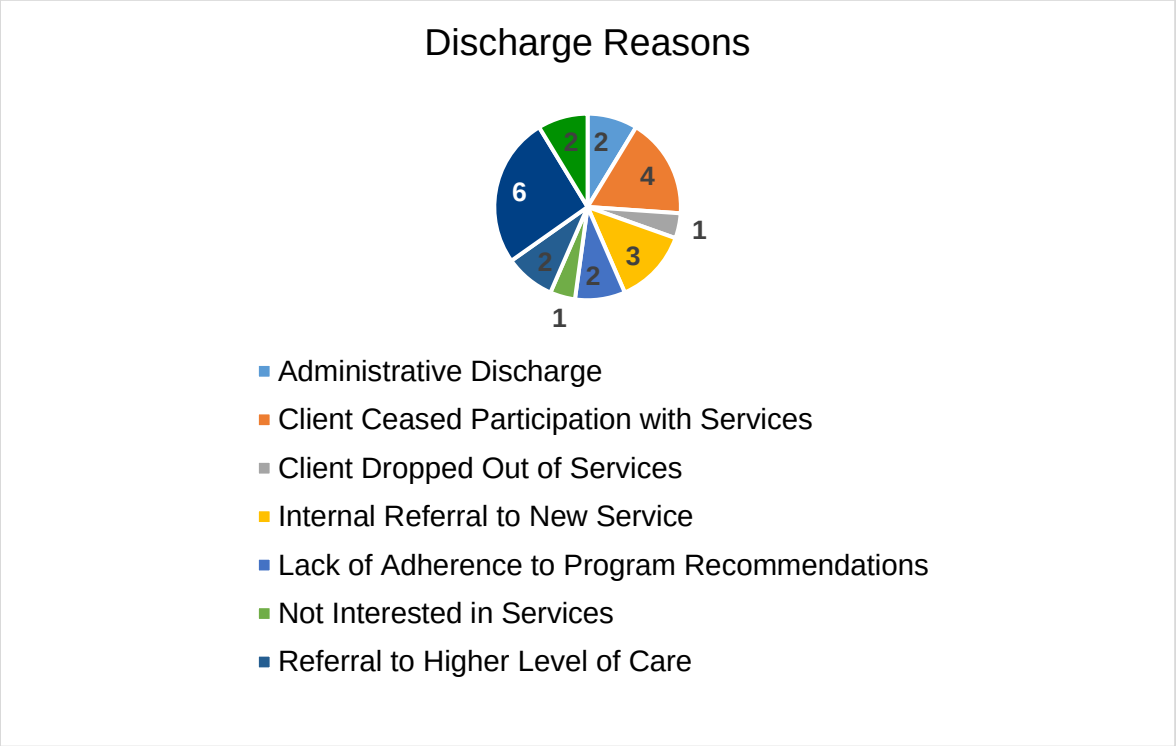
Admissions & Discharges

There were 13 admissions and 23 discharges during this period of review.



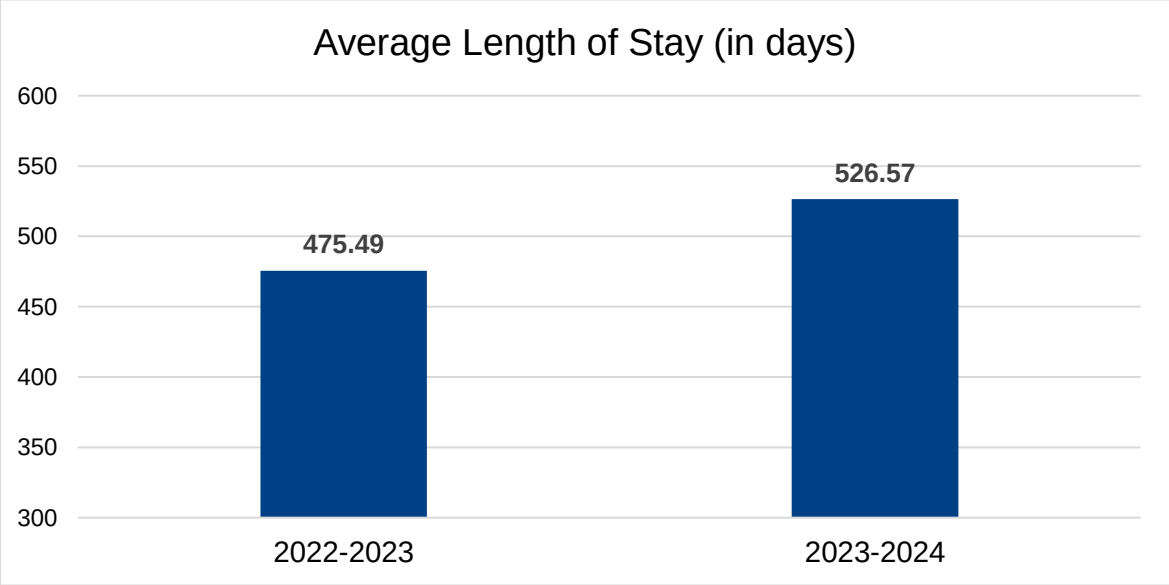
Discharge Reasons

Most of the youth served in the program were successfully discharged from the program because they met their goals. All discharge reasons are captured in the graph below.



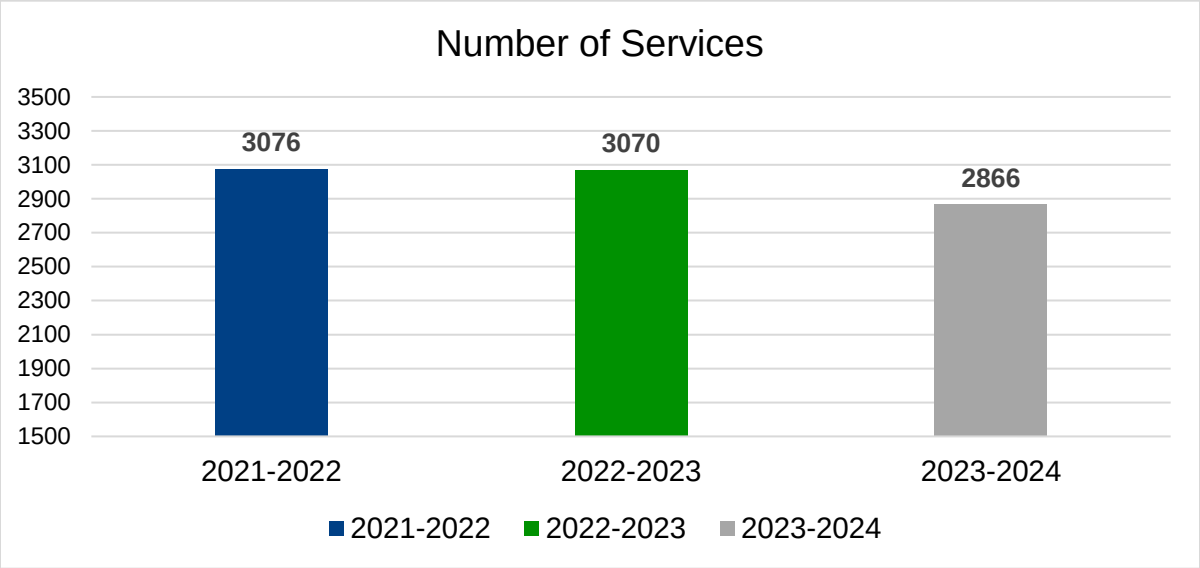
Length of Stay

The average length of stay is 526.57 days which is equivalent to 17.3 months. This is an increase of 10.74% in time spent in the program.



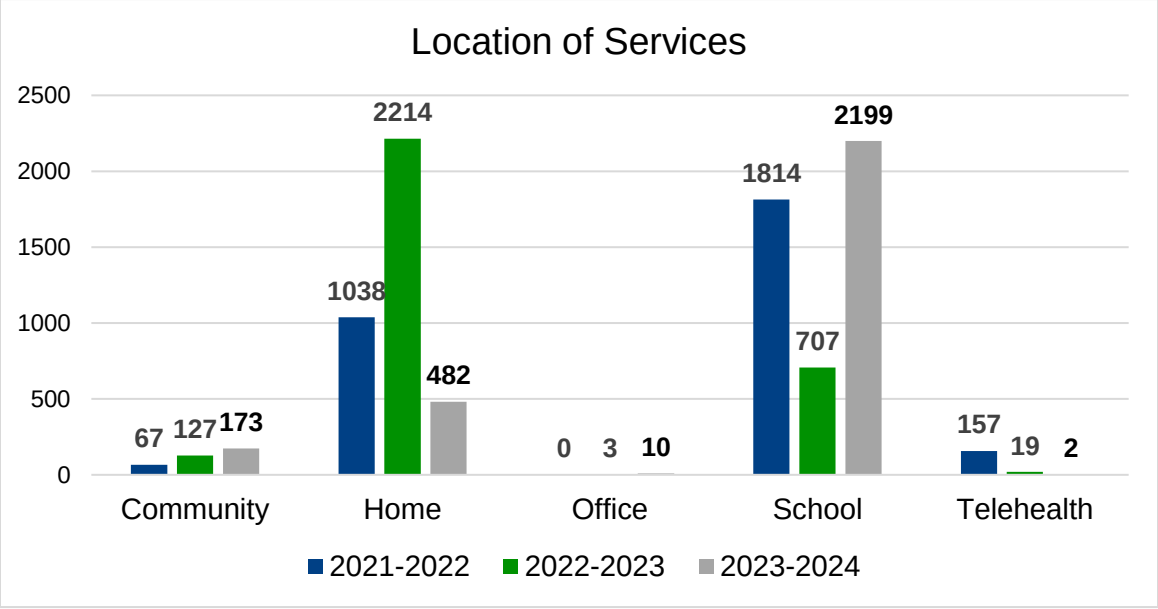
Number of Services

There were 2,866 services delivered during this period of review, which is a slight decline of 6.64% in services from the last review. Services are delivered by a Behavior Consultant (BC), a Mobile Therapist (MT), or a Behavioral Health Technician (BHT). The graph below represents the number of services broken down by fiscal year.



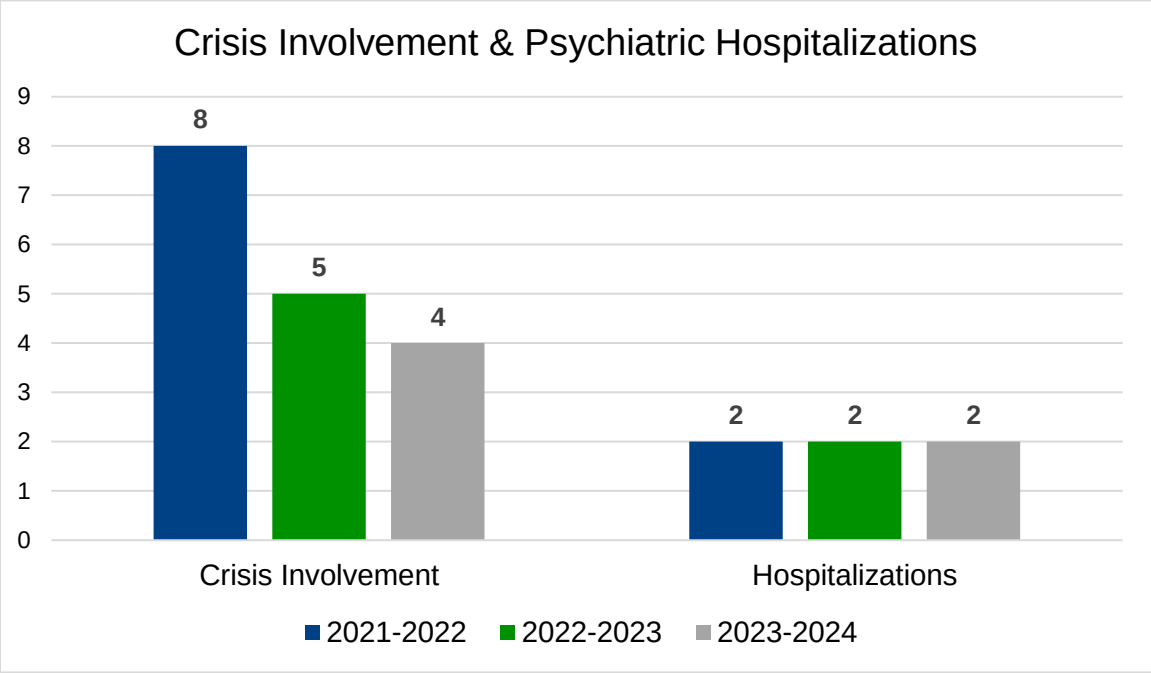
Location of Services

Most of the services were delivered in the school during this review. As we have progressed from the COVID-19 pandemic and social distancing restrictions relaxed, there continues to be a significant decline in telehealth services. The graph below provides a complete breakdown of service locations.



Number of Crisis Contacts and Hospitalizations

Monitoring youth's contact with crisis services and psychiatric hospitalization is an important agency-wide initiative aimed at improving the mental health outcomes for young individuals. During this reporting period, there were a total of 4 youth who had involvement with crisis services, which reflects a notable decrease of 20% from the last review conducted. Additionally, psychiatric hospitalizations for youth remained consistent with the previous year, with 2 individuals being admitted to a psychiatric hospital for treatment and support.



Assessments

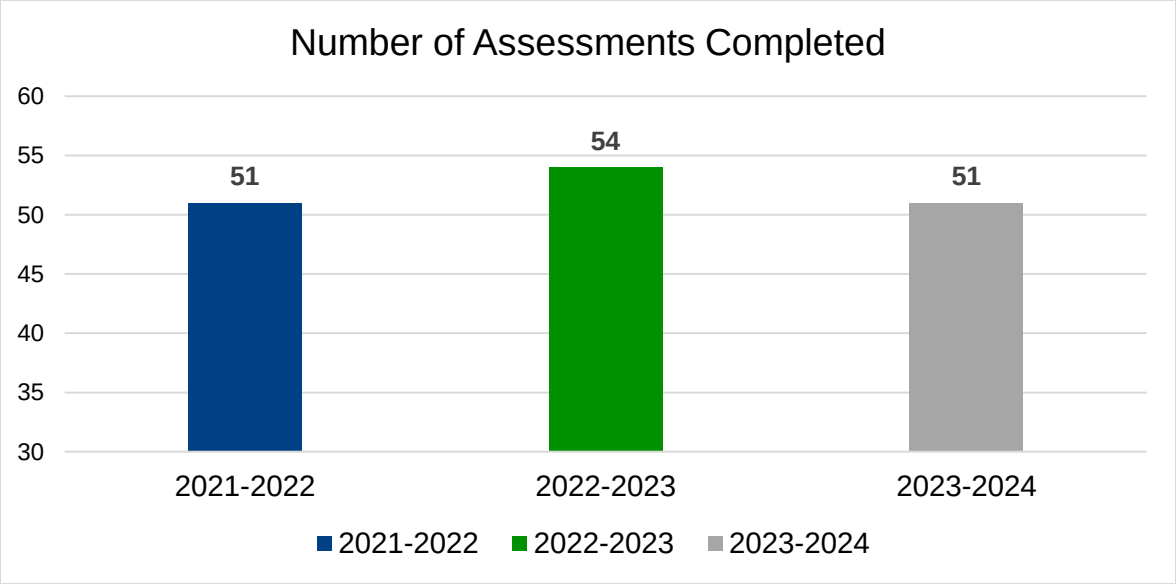
IBHS Assessments are completed with 15 days of opening and annually thereafter unless a need arises. The main purpose of the assessments is to assess the recommendations made in the Written Order across all the youth's natural environments including the home, school, and community. The Program Director reviewed all assessments completed during this timeframe and determined all children had a proper assessment and received the appropriate level of service. Assessments are a key component to developing the individualized plan for service delivery.

IBHS Assessments capture information in the following categories:

- Demographic information
- Reason for IBHS referral
- Strengths
- Existing and needed natural and formal supports
- Clinical update

- Treatment history
- Developmental history
- Family structure & history
- Social history
- Education
- Medical history
- Legal history
- Substance use history
- Screening tools
- Clinical information including diagnosis
- Progress in treatment
- Recommendation and referral information

There were 51 assessments completing during this review. The following table depicts the number of assessments completed since 2021.



Assessment of the Outcomes of Services Delivered

A discharge summary is completed on individuals who exit the program. IBHS staff complete a summary that includes the last date of service, summary of service outcomes, and the reason for discharge. The table below indicates the number of individuals and their discharge reasons.

Discharge Reason	Number of Individuals
1. The child, youth, or young adult completed the goals and objectives in the ITP and no new goals or objectives have been identified.	8
2. The child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days from the initiation of service and other clinical services are in place.	3

3. The child, youth or young adult requires a more restrictive service to meet the child's, youth's or young adult's needs and other clinical services are in place.	1
4. The parent or legal guardian who provided consent to receive services agrees services should be discontinued.	5
5. The youth or young adult agrees services should be discontinued.	1
6. The child, youth or young adult failed to attend scheduled IBHS for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth.	5

Most individuals discharged from IBHS is because the child, youth, or young adult completed the goals and objectives in the ITP and no new goals or objectives have been identified.

Program Adherence

Multiple record audits and intensive supervision are regularly conducted to ensure IBHS complies with program requirements.

To ensure that IBHS is adhering to the program regulations, multiple strategies are utilized. The agency's Quality & Compliance Department evaluates IBHS to ensure the service description is followed and the needs of the youth and families are met.

Program adherence efforts are monitored by quality reviews, internal compliance audits, intensive supervision, and staff training.

The following auditing methods are completed in the program:

1. Internal biannual audits by Compliance Coordinator
2. Internal chart reviews by Program Director
3. Internal quality reviews by Quality Director

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 of both clients and their families regarding all of the services that are offered by the agency. To enhance the process of gathering this important feedback, we established a Client Advisory Committee back 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 Intensive Behavioral Health Services (IBHS), 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.

IBHS includes youth and families 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.

In addition to the client feedback surveys, youth and their families 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 and their families 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.

Audits

Evaluation of compliance is completed by the following methods:

1. Routine chart reviews completed by Program Director
2. Biannual internal compliance audits completed by Compliance Coordinator
3. Annual quality review by the Quality Director
4. Adherence to CCBH Intensive Behavioral Health Services Performance Standards
5. Adherence to CCBHC Provider Alerts applicable to IBHS
6. Involvement in CCBH monthly provider meetings to review service requests including treatment plans, FBA’s, written orders, and assessments

Routine chart reviews are conducted by the Program Director. Feedback from these reviews is shared with each staff member.

The agency's Quality & Compliance Department evaluates compliance with the approved service description and licensing requirements. During this review, the Quality & Compliance Department found that the Intensive Behavioral Health Services (IBHS) adheres to the service description and licensing requirements.

A Written Order is completed on all youth served in IBHS. The Written Order is conducted by a comprehensive, face to face assessment by an IBHS clinician to further define how the recommendations in the Written Order will be used and to inform and complete an Individualized Treatment Plan (ITP). The order is valid for 12 months and if it needs to be amended or updated during those 12 months, a prescriber collaboration form is completed.

Within the Written Order, critical information is collected to determine the need and appropriateness of service. The IBHS Written Order consists of categories that cover the members' information, their diagnosis, recommendations, and collaboration and confirmation documentation. Under the recommendation, it is documented the specific service type and maximum hours that are medically necessary for the child based on symptoms and/or behaviors of concern. The number of maximum hours is based on severity of symptoms/behaviors and the settings in which treatment should occur. A review of all youth receiving IBHS services confirmed that each participant had a Written Order. Once the maximum number of hours is determined, the appropriate level of care is based upon the assessment and that is the recommendation used for service delivery.

Intensive Behavioral Health Services received and complied with the re-licensure site visit on February 28, 2024, with Andrew Druzisky of OMHSAS, for the renewal of the Certificate of Compliance to operate. During the re-licensure site visit, there were no citations warranted to The Guidance Center's Intensive Behavioral Health Services Program. Minor recommendations that were provided were implemented into current processes and procedures.

Twice annually, the Compliance Coordinator performs internal compliance audits covering 20 quality indicators. Audit results are shared with the Program Director and the Senior Director of Clinical Services. Areas identified as needing improvement are discussed in a quality meeting with the Quality Director, Compliance Coordinator, Program Director, and the Senior Director of Recovery and Support Services. A corrective action plan is then developed.

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 to ensure adherence to the program model is being followed and promote continuous quality improvement which ultimately improves outcomes for the members served.

Methodology

Methodology for internal compliance audits is a random selection of IBHS charts by the Compliance Coordinator on a biannual basis. Charts to be audited include currently open charts and client charts who have discharged to ensure proper discharge processes are followed. At least one chart is selected for each staff member.

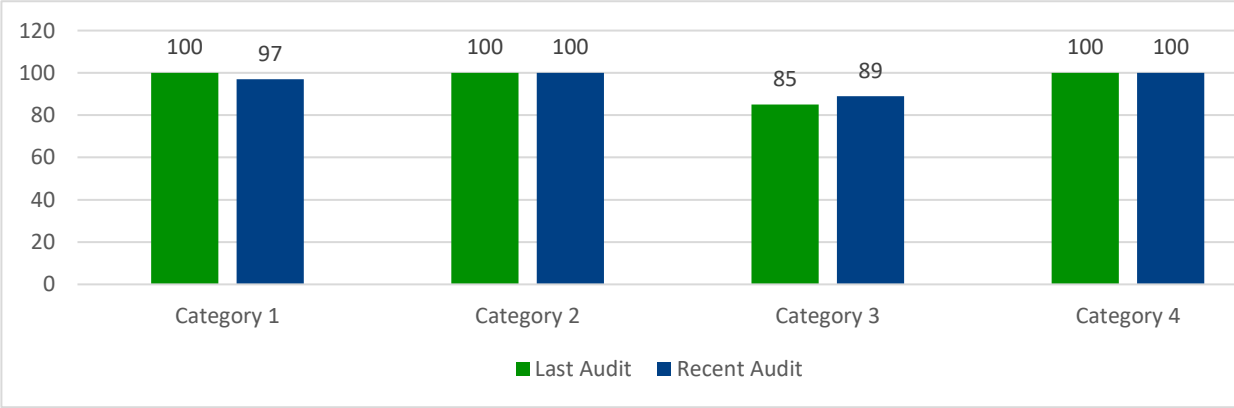
Internal Compliance Audit Results

Results from the two internal audits completed by the Compliance Coordinator during this time of review are as follows:

Internal Quality Review			
Program	IBHS	Date of Audit	1/2/2024 – 1/3/2024
Number of Charts Reviewed	10 open charts 5 closed charts	Audit Schedule	Biannually Q3
Total Number of Indicators	20 Quality Indicators		

Category	Score	Goal
1. Intake & Assessment	97%	80%
2. Treatment Planning	100%	80%
3. Physical/Behavioral Health	89%	80%
4. Discharge Planning	100%	80%

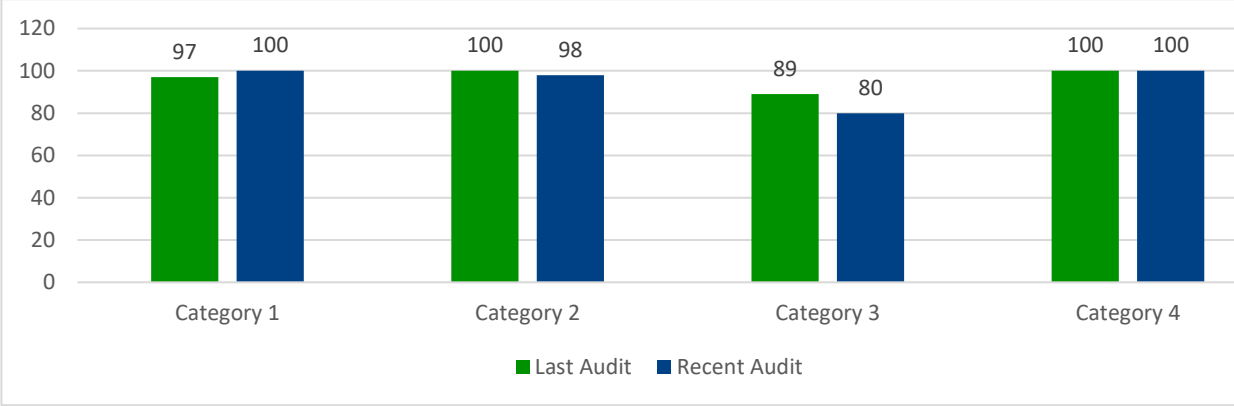
Comparison Since Last Internal Audit:



Internal Quality Review			
Program	IBHS	Date of Audit	6/26/24-7/1/24
Number of Charts Reviewed	11 open charts 4 closed charts	Audit Schedule	Biannually Q1
Total Number of Indicators	20 Quality Indicators		

Category	Score	Goal
5. Intake & Assessment	100%	80%
6. Treatment Planning	98%	80%
7. Physical/Behavioral Health	80%	80%
8. Discharge Planning	100%	80%

Comparison Since Last Internal Audit:

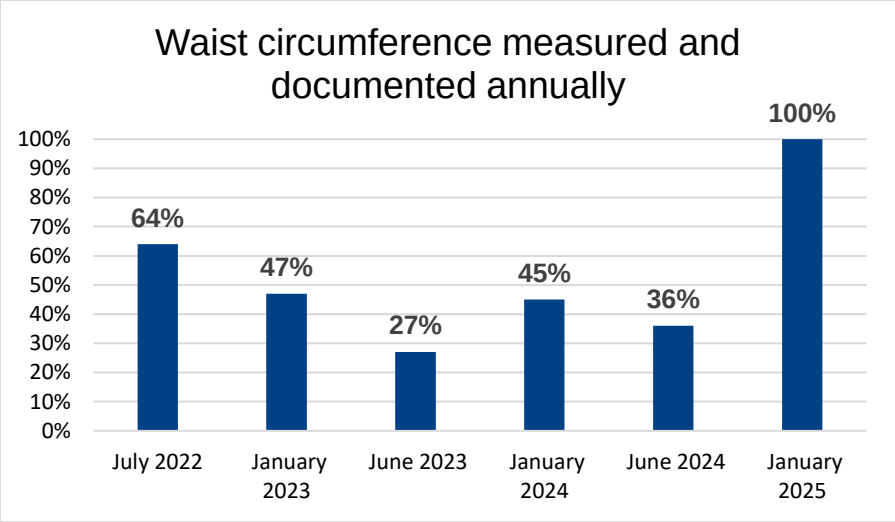


Program Goals

Program goals are identified from internal compliance audits. When an area is identified as low or not meeting the desired threshold, a corrective action plan is developed using the Plan Do Check Act (PDCA) Model.

There are no current corrective action plans in place as of February 1, 2025, since all quality indicators met or exceeded the goal of 80% during the last internal audit. Moreover, during this review, we were able to retire the only existing corrective action plan due to the quality indicator increasing by 64% to reach a perfect score of 100%.

The following graph is a representation of the monitoring for this quality indicator from July 2022 to January 2025, when it exceeded the goal. This area will remain as a quality indicator for future internal IBHS compliance audits to ensure adherence consistency.



Supervision

IBHS consistently meets and exceeds the established supervision requirements, ensuring a high standard of quality care and professional development. The supervision requirements are as follows:

- **BHT (Behavioral Health Technician)** working 37.5 hours a week or less
    - 1 hour of individual supervision per month
    - 1 hour of group supervision per month
- **BC & MT (Behavioral Consultant & Mobile Therapist)**
    - 1 hour of individual supervision per month for every service provided

In addition to the individual supervision outlined above, BC & MT staff also receive 2 hours of group supervision conducted bimonthly, further enhancing their skills and collaborative efforts in the field.

Staff Training

Staff complete regulatory required training hours in addition to completing agency required trainings.

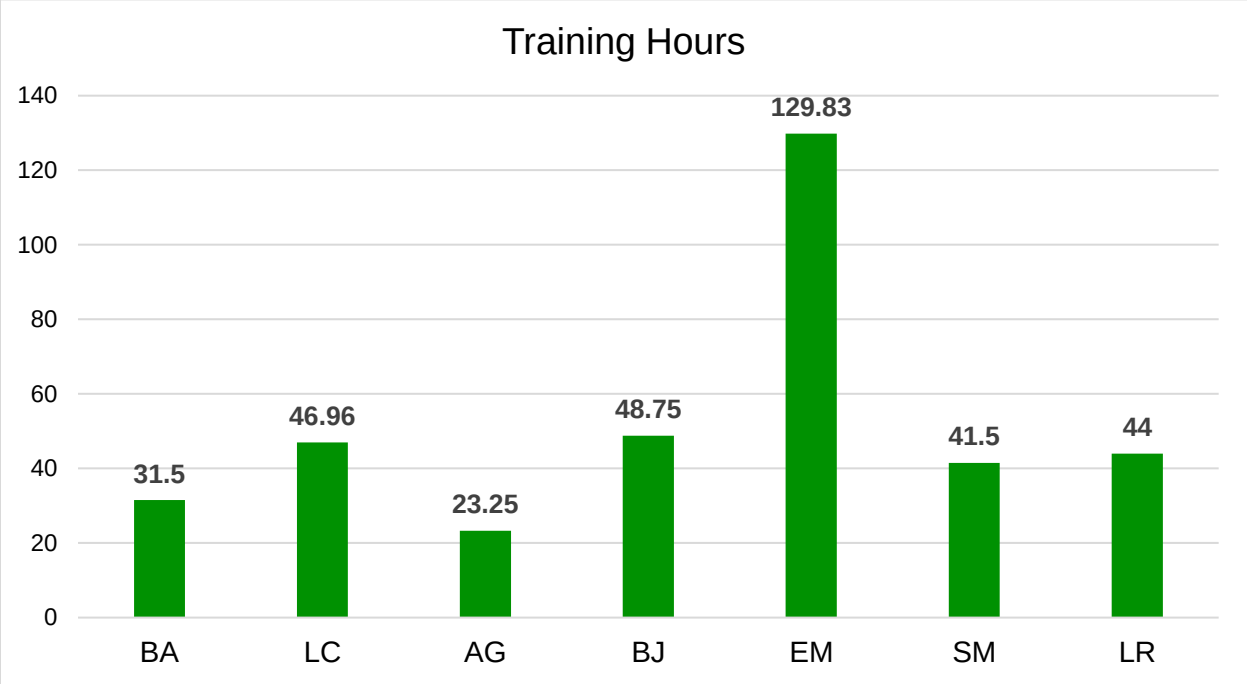
BHT

Behavioral Health Technicians (BHC) complete a total of 30 hours of department-approved training prior to providing services independently. Additionally, they are required to complete a minimum of 20 hours of department-approved training each year to ensure they stay updated with the best practices in their field.

BC & MT

Both Behavioral Consultants (BC) and Mobile Therapists (MT) must complete at least 16 hours of department-approved training annually to maintain their skill sets and professional standards. Additionally, staff members are also responsible for completing regulatory required training hours, which are in addition to the agency-required trainings stipulated above.

IBHS staff training hours are captured in the table below.

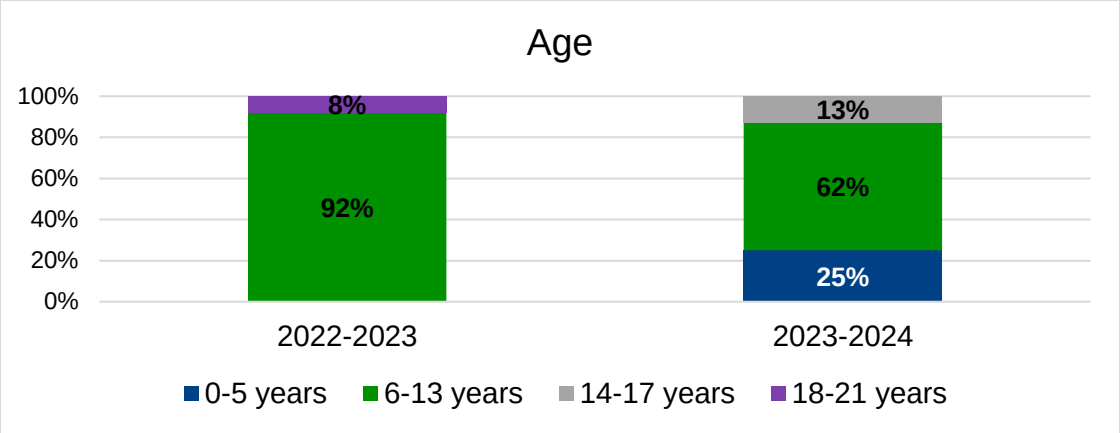


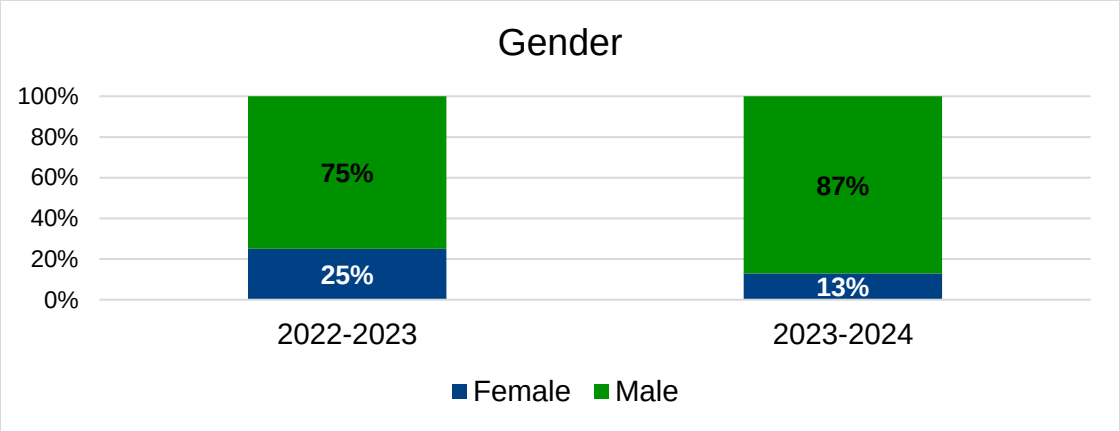
A complete list of training hours for each staff member is maintained by the Program Director and is tracked by the Agency Training & Development Coordinator.

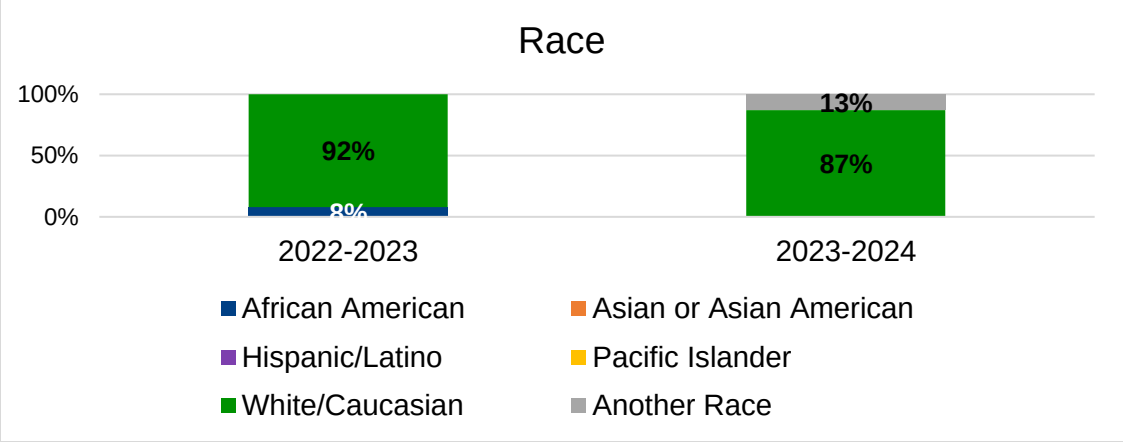
Satisfaction Surveys

Surveys are administered to IBHS clients using a fillable form that are returned to the Quality Director for data compilation and analysis. The Quality Committee thoroughly reviews the collected feedback. Based on findings, necessary modifications to the program are implemented to address any areas identified for quality improvement. During this review, there were eight surveys completed. IBHS Client Feedback Surveys consist of 20 questions. Questions 1-3 ask participants to identify some demographic information.

The following graphs represent demographic information that was collected from survey respondents.

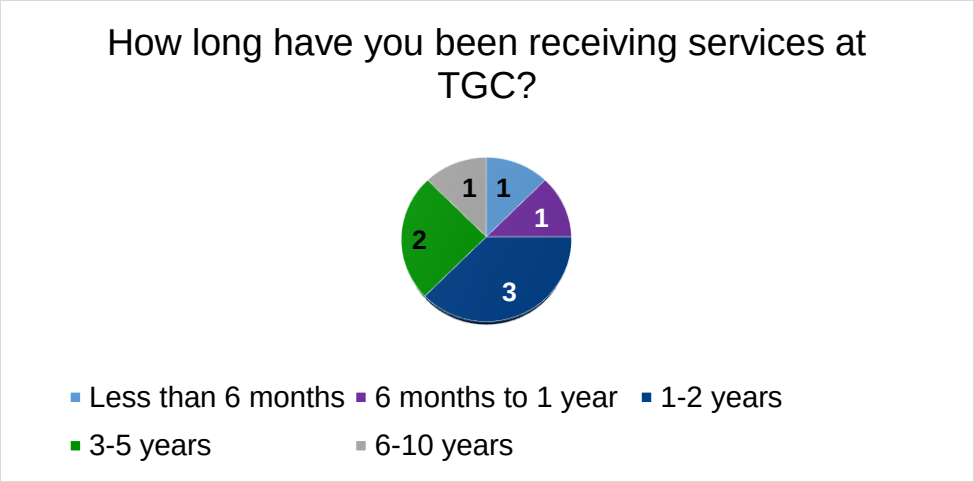






Survey Results

Question 4 on the survey asks participants to report the number of years they have been receiving services at the agency. The following graph indicates the number of years participants have received their services.



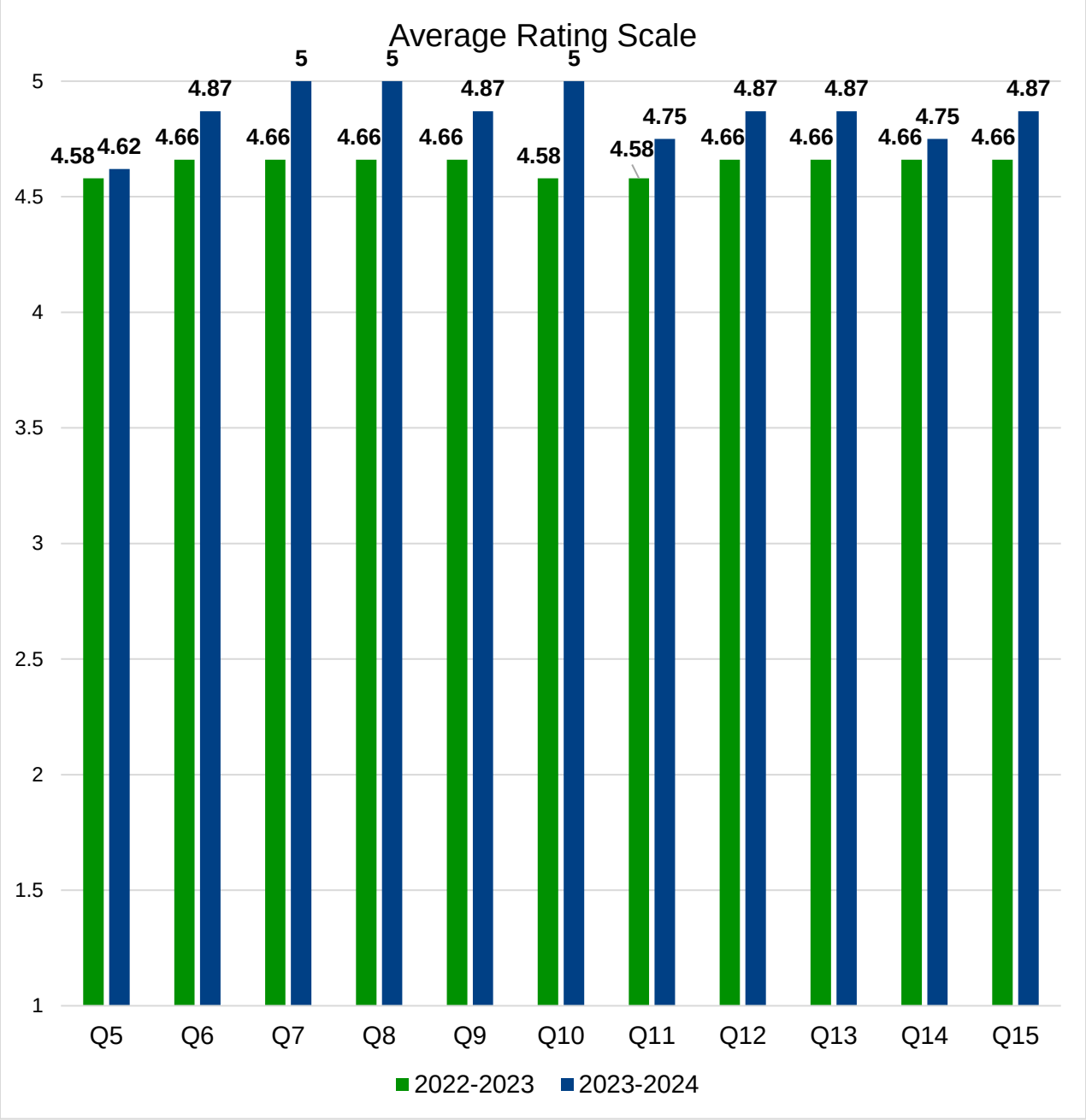
Majority of the youth who completed a survey have been enrolled in services for 1-2 years.

Questions 5 through 15 asked participants how satisfied they were in the categories listed below. The answers ranged on a scale from 1 to 5. One represents not satisfied and 5 represents very satisfied. The scores have been averaged, and the results of the survey responses are as follows:

Survey Question: How satisfied are you with…?	Result
5. The timeliness of our response to your initial request for this service?	**4.62**
6. The setting where services are provided?	**4.87**
7. The courtesy and respect shown by our staff?	**5**
8. The level of confidentiality?	**5**
9. Your participation in the development of a treatment plan that met your needs?	**4.87**
10. Your provider's ability to help you and your family?	**5**
11. Your ability to handle your situation as a result of receiving services?	**4.75**
12. The frequency and convenience of contacts?	**4.87**
13. Services addressing your specific cultural background in a respectful manner?	**4.87**
14. Your access to care?	**4.75**
15. The effectiveness of services?	**4.87**

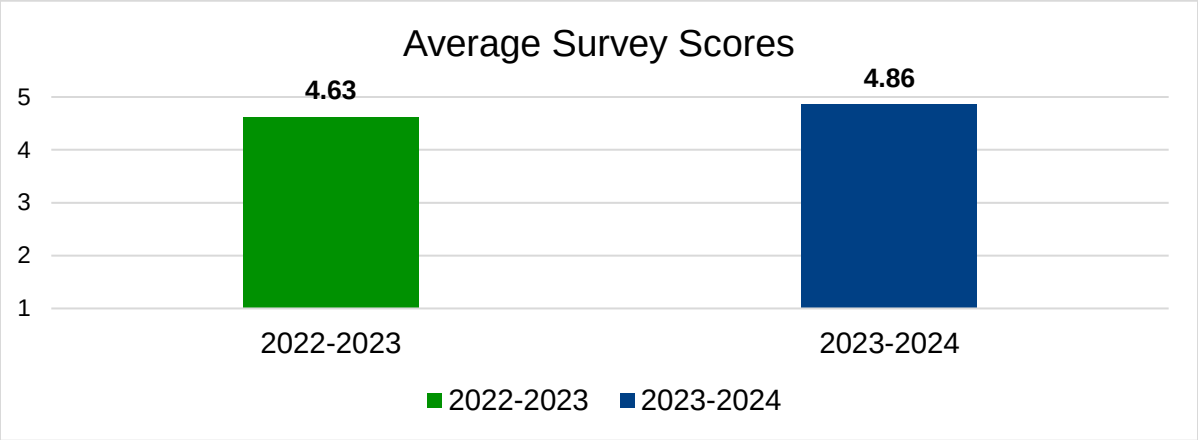
Average Survey Scores

The following graph indicates the average score based on the rating scale outlined above for each question over the past two years. Consistent with the findings from the last review, it is notable that all scores are equivalent to a remarkable 91% score or higher, reflecting a strong overall performance.



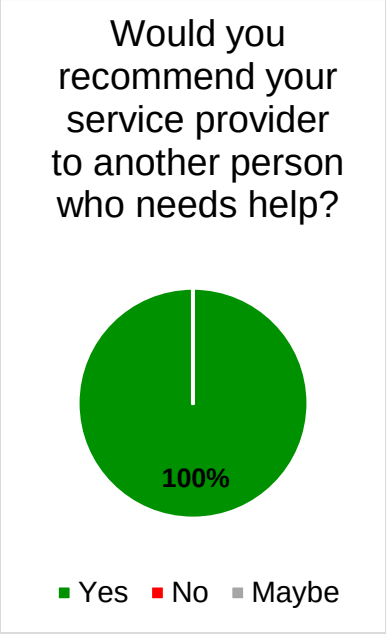
Overall, the results indicate that individuals are satisfied with the services and care they receive during. Each category's average score showed a noticeable increase from the previous review period, indicating a positive trend in feedback and overall satisfaction levels.

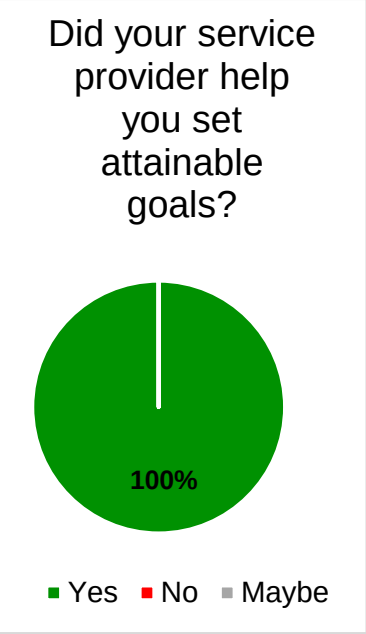
The graph below represents the average of the survey scores compared to the last review.



The average score increased by 4.96% during this review.

Finally, there are three questions that give participants the answer choices of “yes”, “no”, and “maybe”. Below are the results from these three questions.

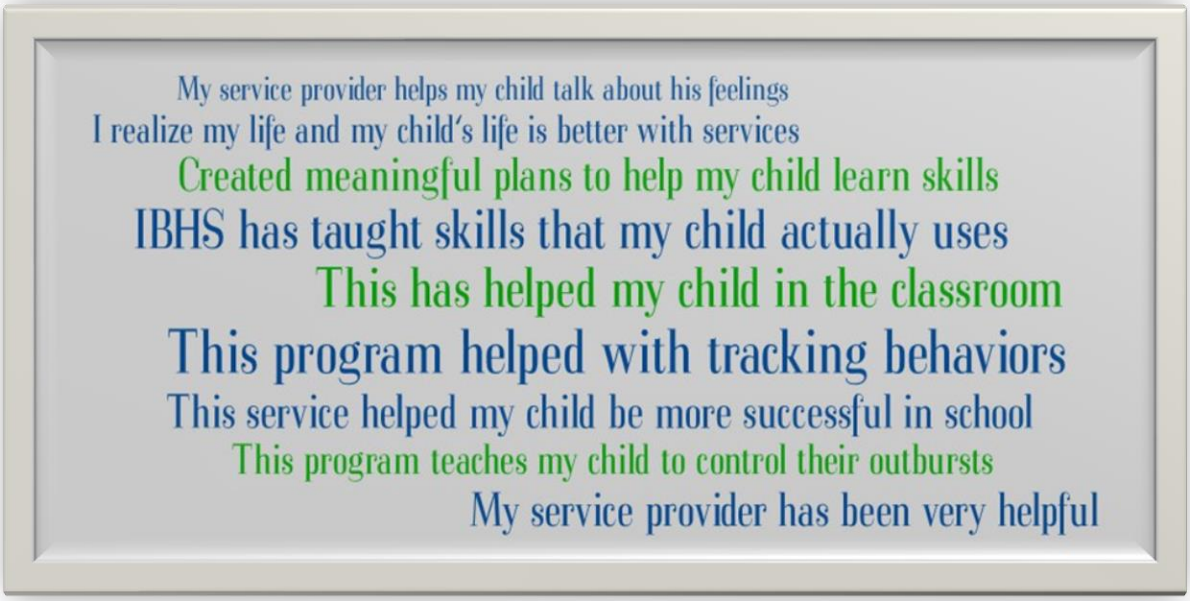




All survey respondents indicated they would recommend their service provider to another person who might need assistance, expressing confidence in the capabilities of the IBHS service provider. Additionally, they feel that their service provider is adequately trained and equipped with the necessary skills to offer high-quality support. Furthermore, they reported that their service provider effectively helped them set attainable goals, which contributed significantly to their overall satisfaction with the service provided.

Comments

To conclude the survey, participants in the program are offered space to provide feedback on what has been the most helpful component of services and additional comments. The word cloud below depicts some of the comments shared.



Trend Analysis & Outcomes

The Intensive Behavioral Health Program served 42 children during this review period, delivering a total of 2,866 services to address a wide range of behavioral health needs. All children receiving IBHS were evaluated for the appropriateness of service, and it was found all clients received the appropriate level of care. The majority of children had Attention Deficit Hyperactivity Disorder (ADHD) as their primary diagnosis, followed by Autism Spectrum Disorder (ASD) and Bipolar Disorder. Many children were served with a combination of these primary diagnoses, with services tailored to meet their individual needs.

Ninety-eight percent of the children reside in private residences, while 2% are placed in foster homes. Throughout the review period, there were 23 program discharges, with 26% of those discharges resulting from children meeting their individualized goals and successfully completing the program.

The program also saw a 20% reduction in crisis contacts, with the number of crisis interventions decreasing from 5 to 4 compared to the previous year. This suggests improved behavioral stability and more effective support for the children. Psychiatric hospitalizations remained stable at 2 hospitalizations this year, the same as last year.

A total of 51 assessments were completed during this period, utilizing evidence-based tools to evaluate each child's natural environment, including their home, school, and community settings. These assessments are crucial for developing personalized, effective service plans that address the unique needs of each child.

The program is currently operating without any corrective action plans, indicating a strong adherence to best practices. Staff have consistently exceeded training requirements, ensuring they are well-equipped to provide high-quality care. Additionally, staff meet all necessary supervision requirements, fostering a supportive and effective work environment. Survey results indicate high satisfaction with the program, demonstrating a strong commitment to providing client-centered care and involving families in the treatment process.

Overall, this year’s outcomes demonstrate the program’s success in offering comprehensive, individualized care for children with complex behavioral health needs. The reduction in crisis contacts, stable psychiatric hospitalization rates, and significant progress in achieving treatment goals all point to the program's effectiveness. The ongoing commitment to staff training and client-centered care continues to strengthen the program’s positive impact on the children and families it serves.