Family Based Services

Annual Quality Review

July 1, 2023 – June 30, 2024

Contents

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

- 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 Family Based Services consistently delivers high-quality care.

  Participants and families 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.

  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. Completed survey results are included within this report.

  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.

- A copy of this report is shared with McKean County Department of Human Services and is posted to the agency website.

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

Agency Quality & Compliance Plan

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

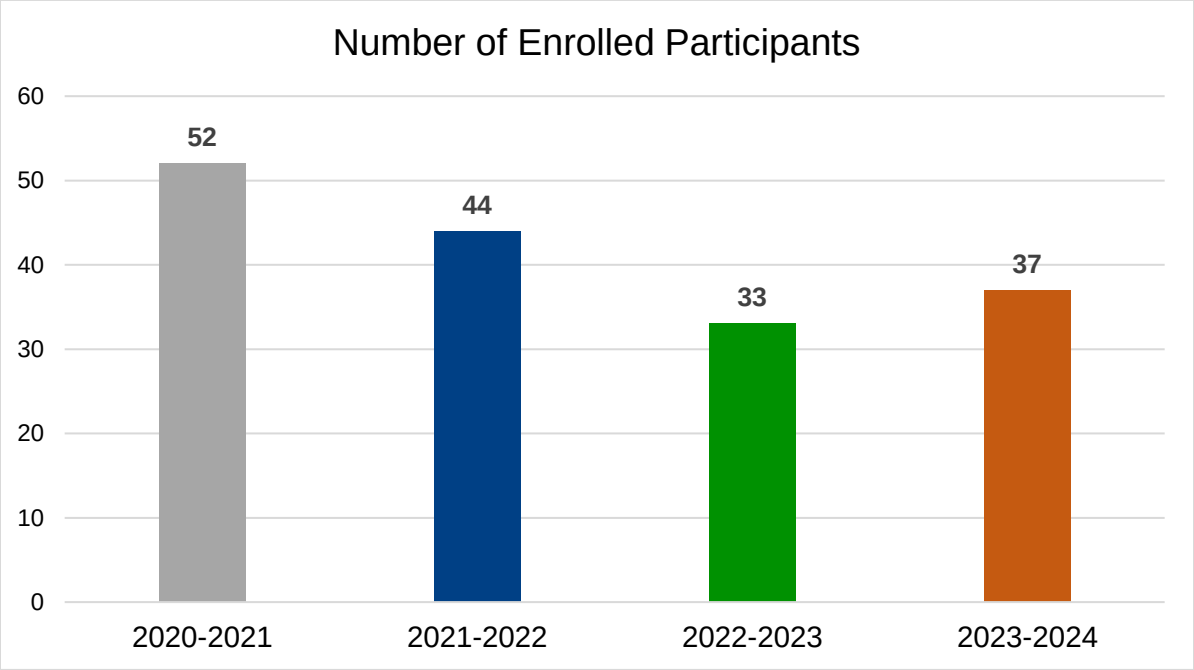
The Medical Director's expertise is vital in shaping these plans, which are then rigorously reviewed by Senior Management and key staff before being presented to the Board of Directors for final approval. The Medical Director's signature, alongside the Executive Director's and Boards, signifies her integral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

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

Demographics

Number of Enrolled Participants

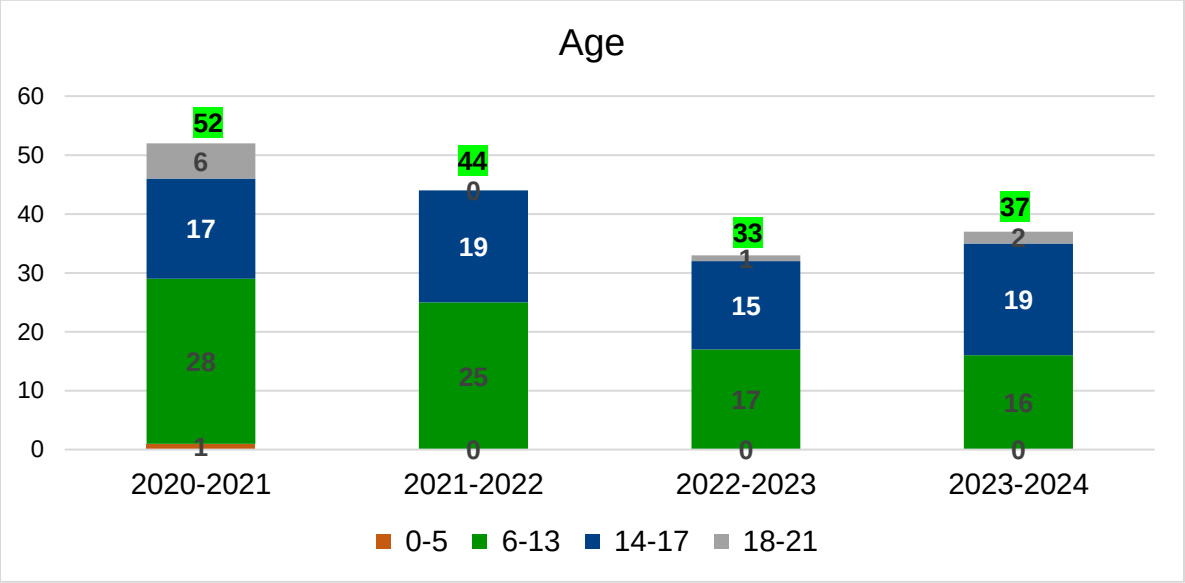
There was an increase in enrolled participants within the program from the last review. The graph below depicts the number of participants in the program from 2020 to current.



There was an increase of 4 participants from the last review, which is a 12.12% increase.

Age

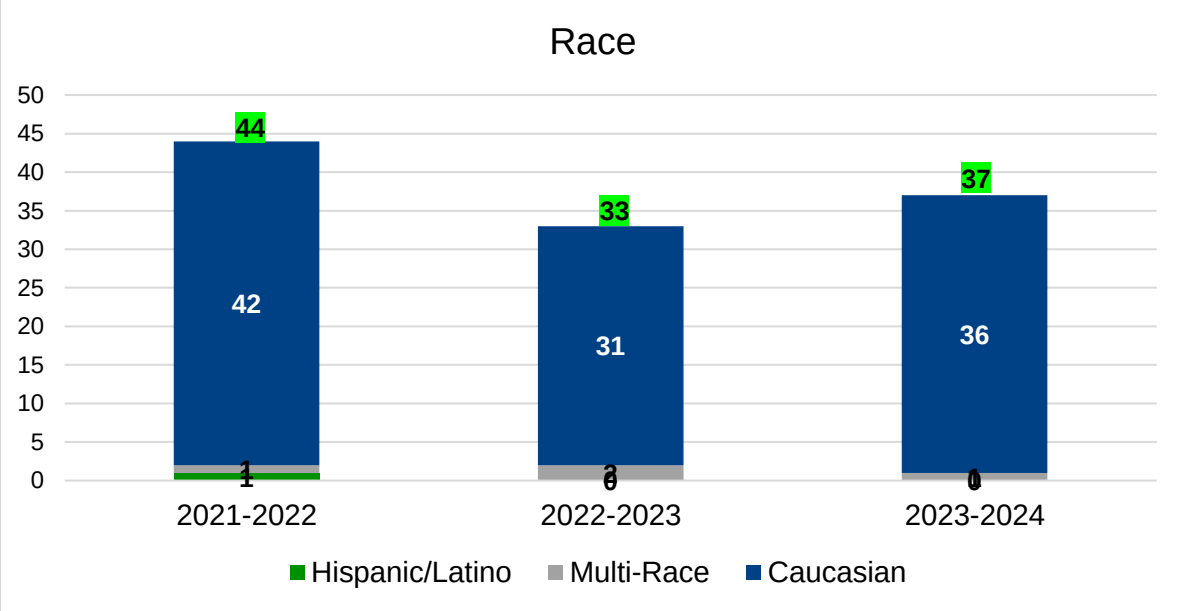
The ages of participants ranged from 8 to 18 years. The graph below indicates the number of participants and their age by each period of review.



During this review, most of the participants were between the ages of 14 and 17 years.

Race

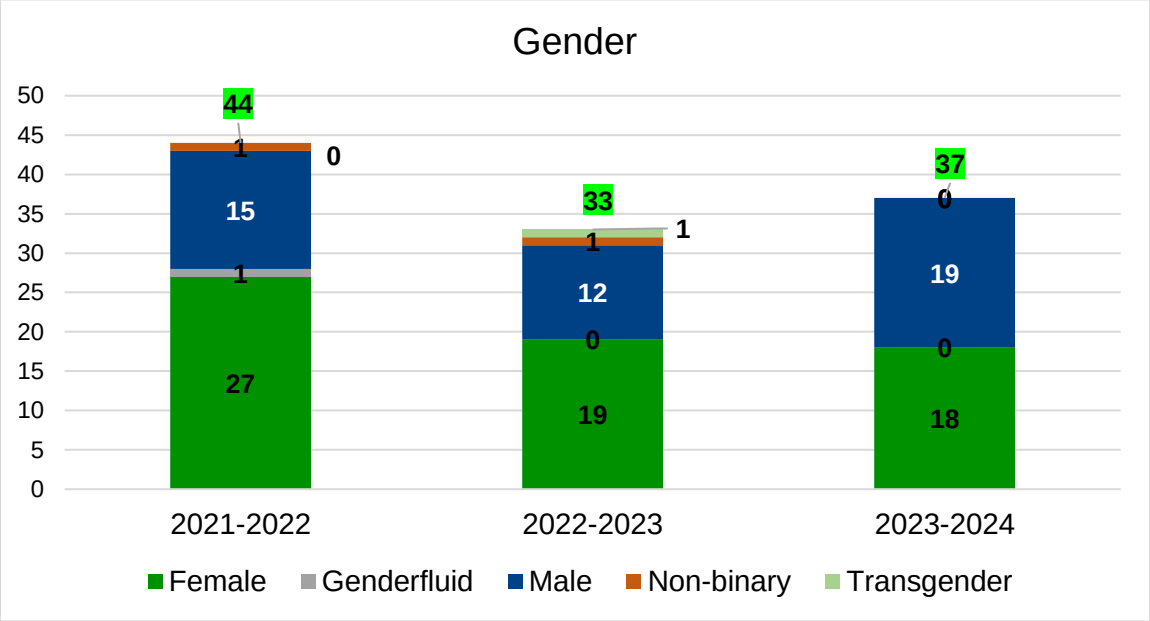
The graph below indicates the number of participants and their race from 2021 to current.



Most participants in the program race are Caucasian while one participant is multi-race during this review.

Gender

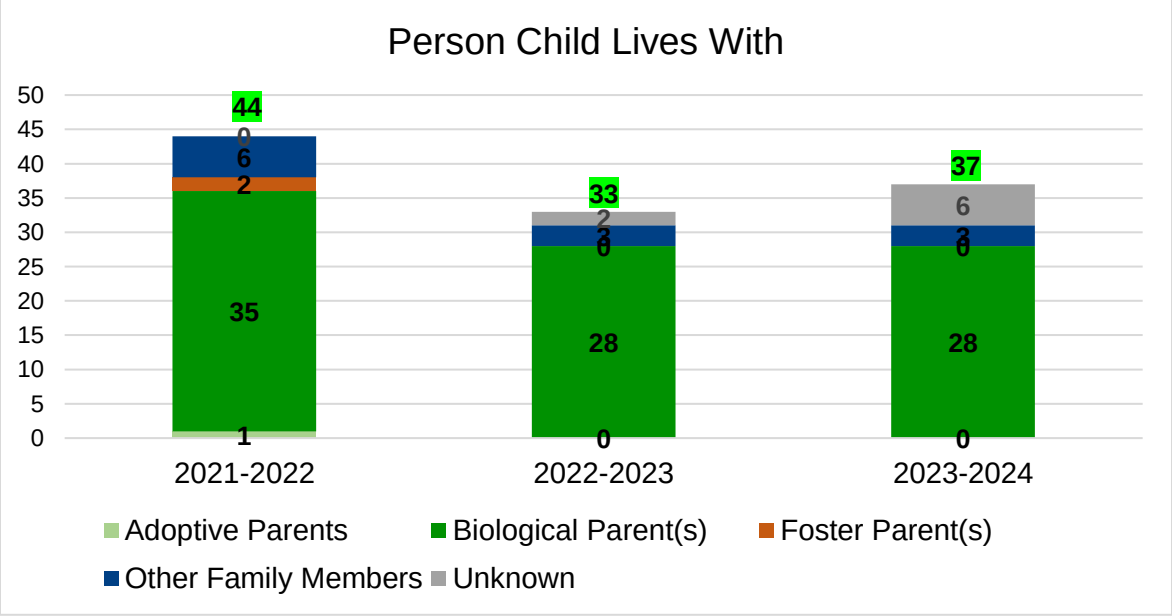
The graph below indicates each participant's gender from 2021 to current.



During this review, most participants enrolled in Family Based Services were male by a margin of one, with 19 males and 18 females.

Living Status

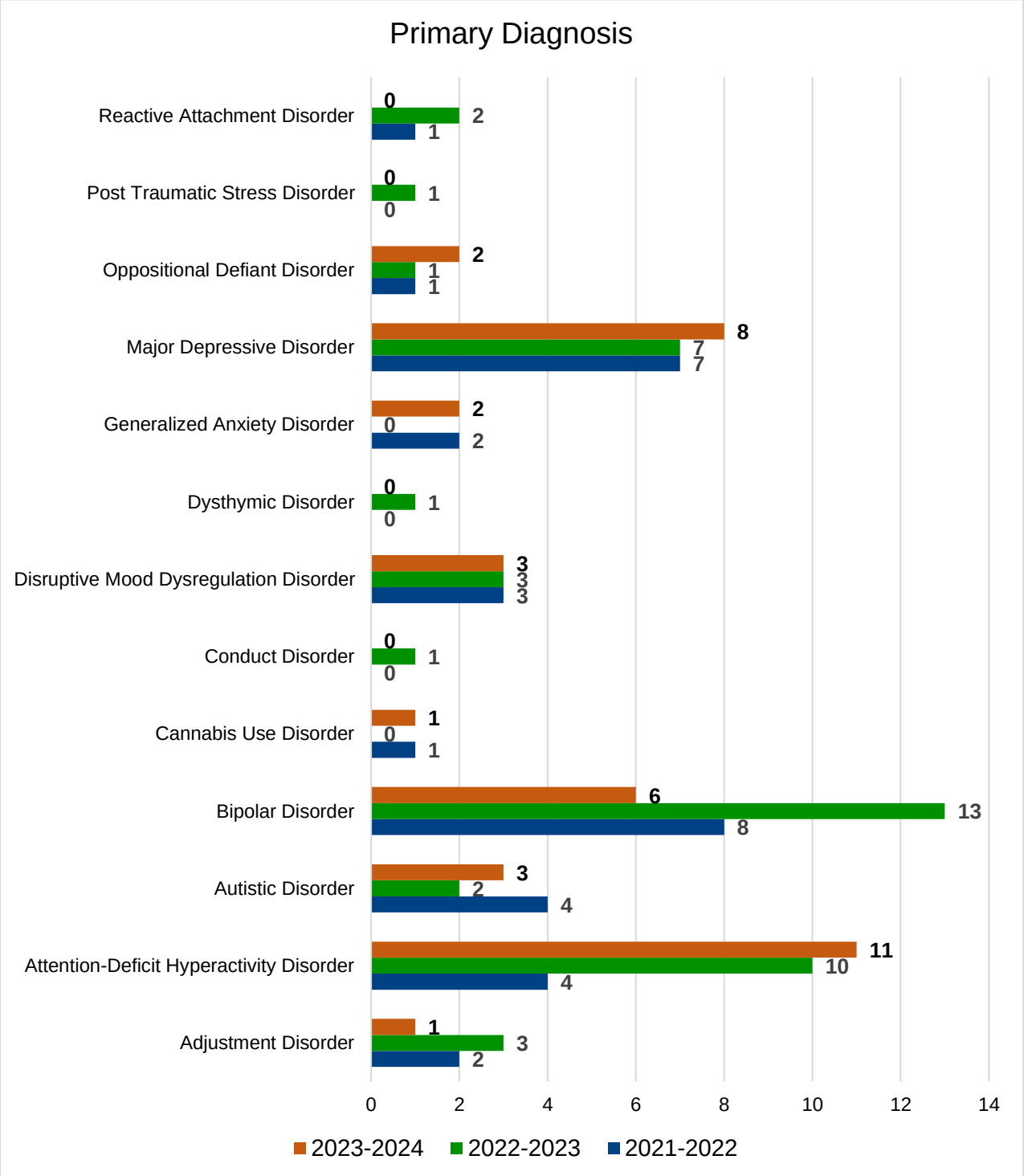
The chart below indicates the number of participants and who they live with.



Most of the children enrolled in Family Based Services live with their biological parents.

Primary Diagnosis

The chart below indicates each participant's primary diagnosis.

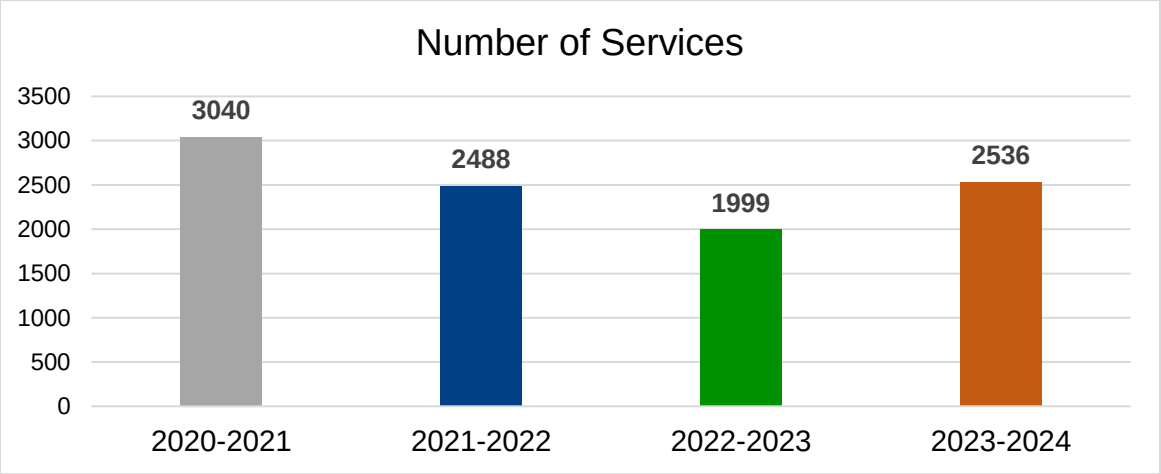


Most of the participants enrolled in Family Based Services' primary diagnosis is Attention-Deficit Hyperactivity Disorder (ADHD) during this review.

Service Data

Number of Services

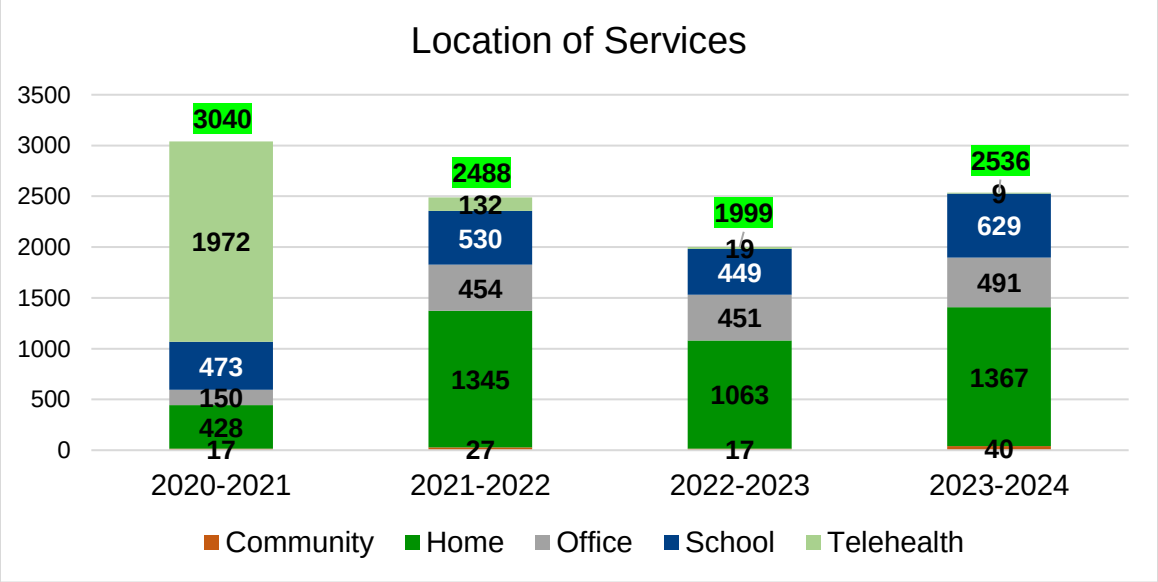
The number of services completed in Family Based Services is captured in the graph below.



During this review, we saw an increase of 537 services or an increase of 26.8% from the last review.

Location of Services

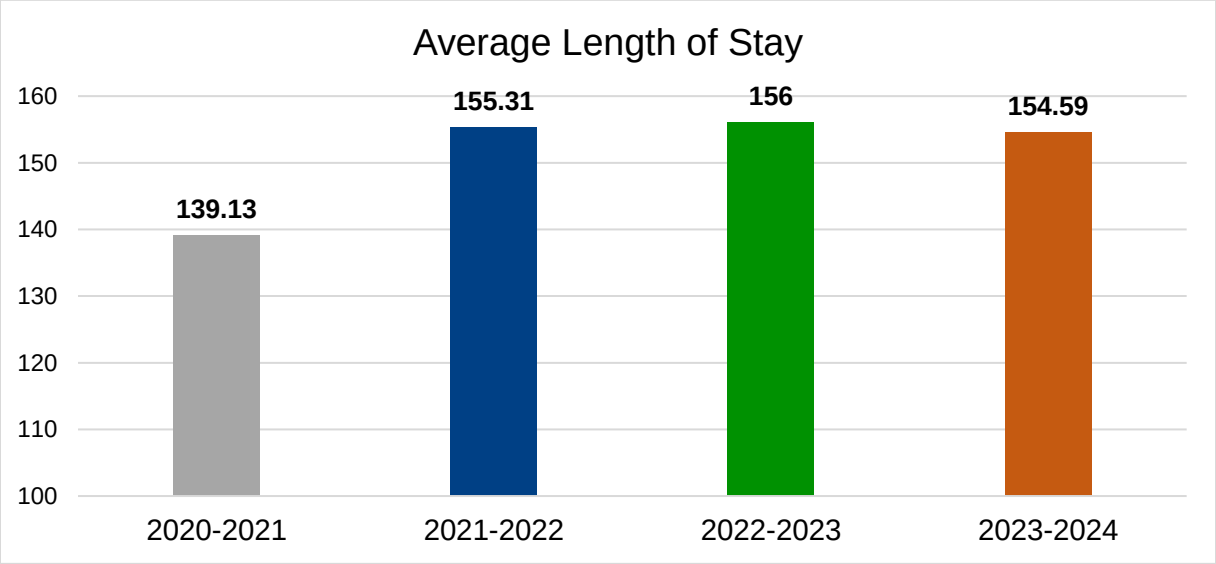
The table below represents the location of services from 2020 to present.



During this review, most of the services were held in the participant's home, followed by the school. There were 40 services held in the community, 1,367 services held in the home, 491 services held in the office, 629 services held in the school, and only 9 services held via telehealth.

Length of Stay

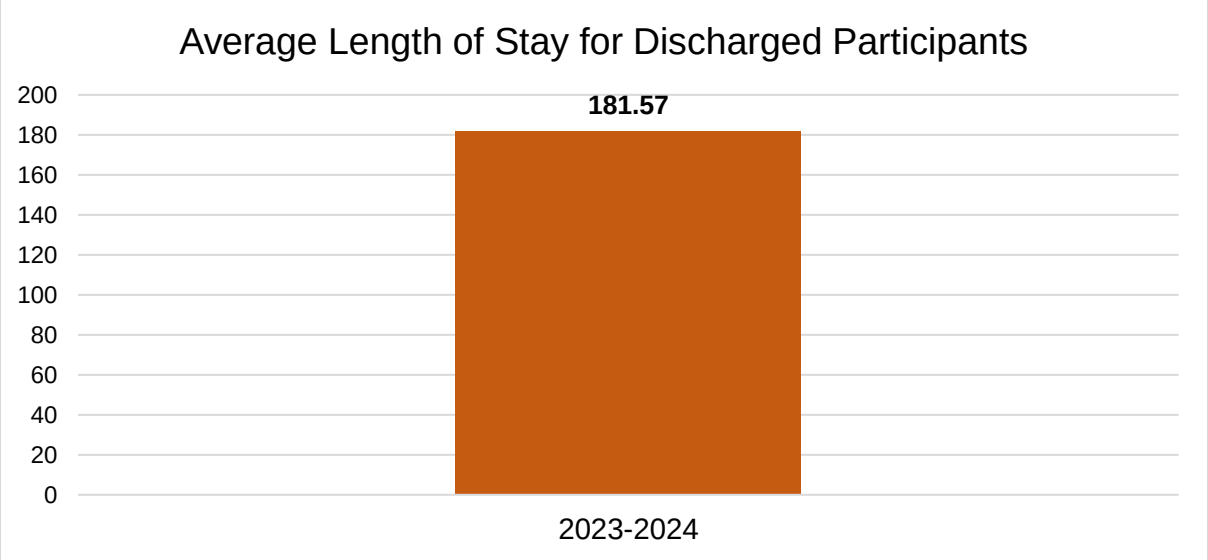
The average length of stay in the program during this review was 154.59 days. The graph below indicates the average length of stay on all participants from 2020 to current.



The average length of stay continues to remain similar from the past three review periods.

Length of Stay for Discharged Participants

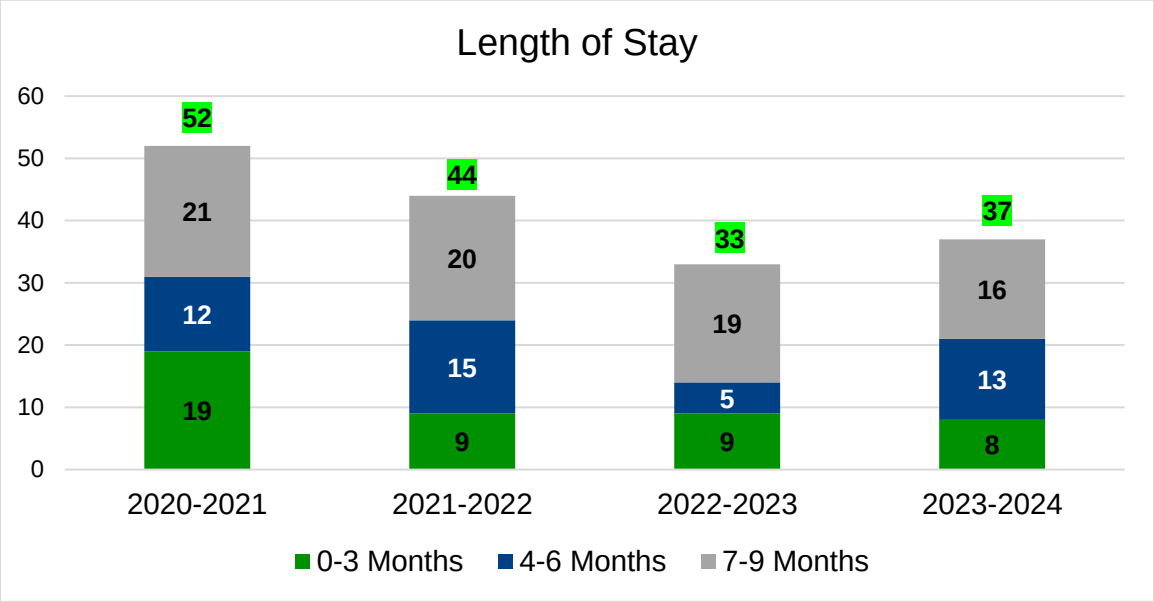
Some participants were still enrolled in the program at the end of this period of review. The graph below indicates the average length of stay for participants who discharged from Family Based Services during the review period of July 1, 2023, to June 30, 2024.



The average length of stay for participants who were discharged from FBS during this period of review was 181.57 days.

Number of Months Enrolled in Services

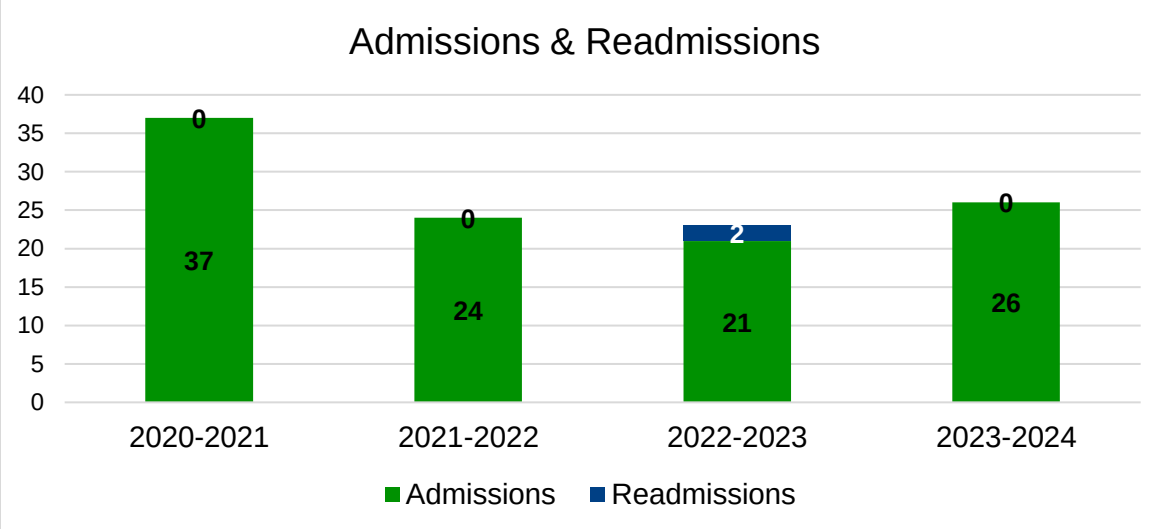
The graph below indicates the number of participants and the number of months they were enrolled in Family Based Services.



Consistent with the previous reviews, most of the children/adolescents and families participating in Family Based Services were enrolled in services for 7-9 months during this review.

Admissions and Readmissions

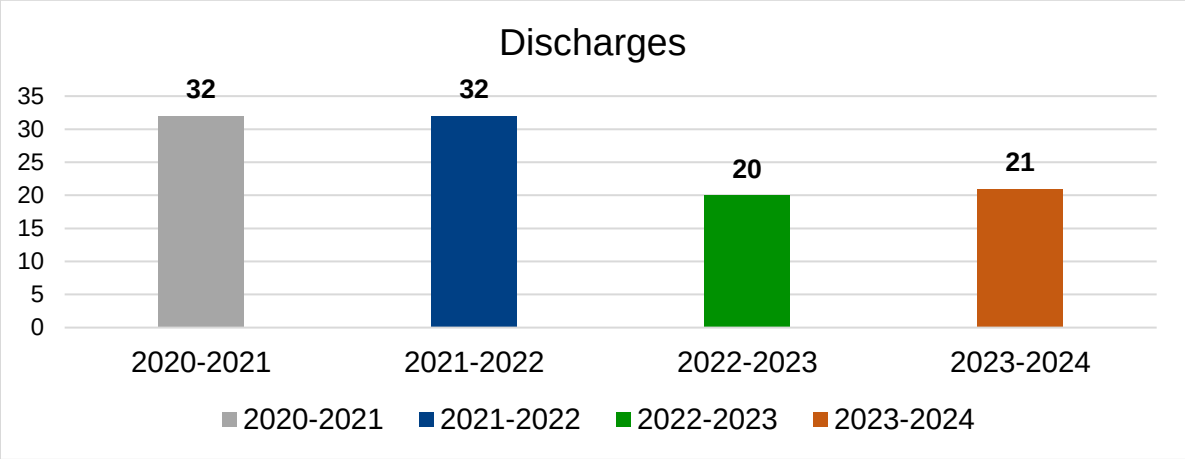
The graph below indicates the number of participants who were admitted into Family Based Services during this review.



During this review, there were 26 participants enrolled in Family Based Services and no readmissions during the same program year.

Discharges

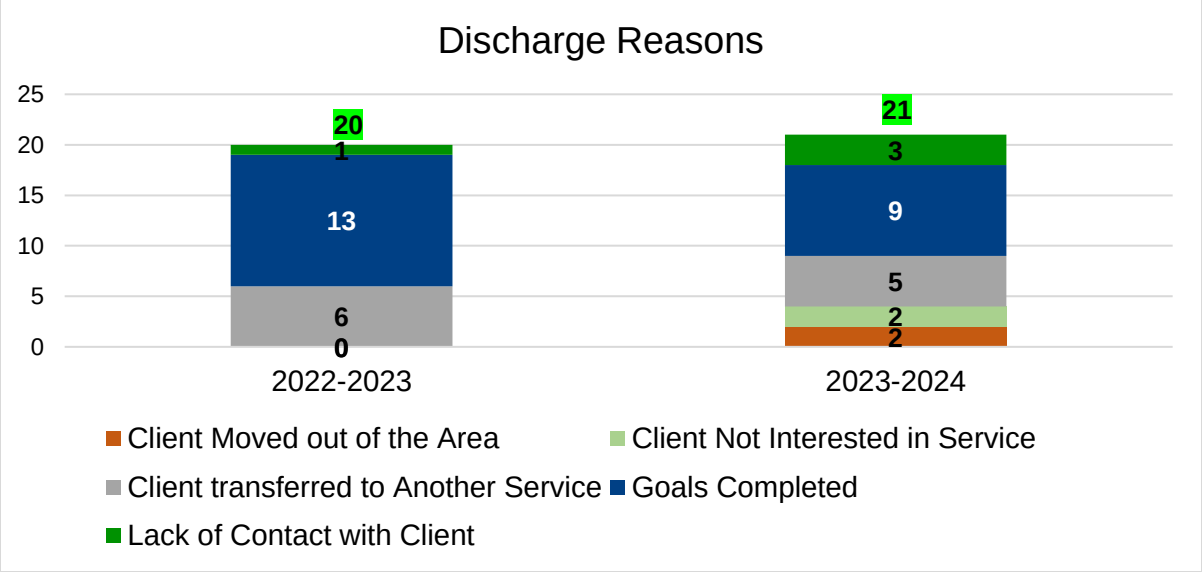
The graph below indicates the number of participants who have been discharged from Family Based Services since 2020.



There were 21 participants who were discharged from Family Based Services during this review.

Discharge Reasons

Discharge reasons are documented and monitored when a participant discharges from the program. A complete breakdown of discharge reasons from the last review and this review is captured in the chart below.



Consistent with the previous review, most of the children/adolescents participating in Family Based Services discharged from the program because they met their goals and had a successful discharge. During this review, 43% of participants were discharged from services because they met their goals.

Outcomes

Coordination of Care

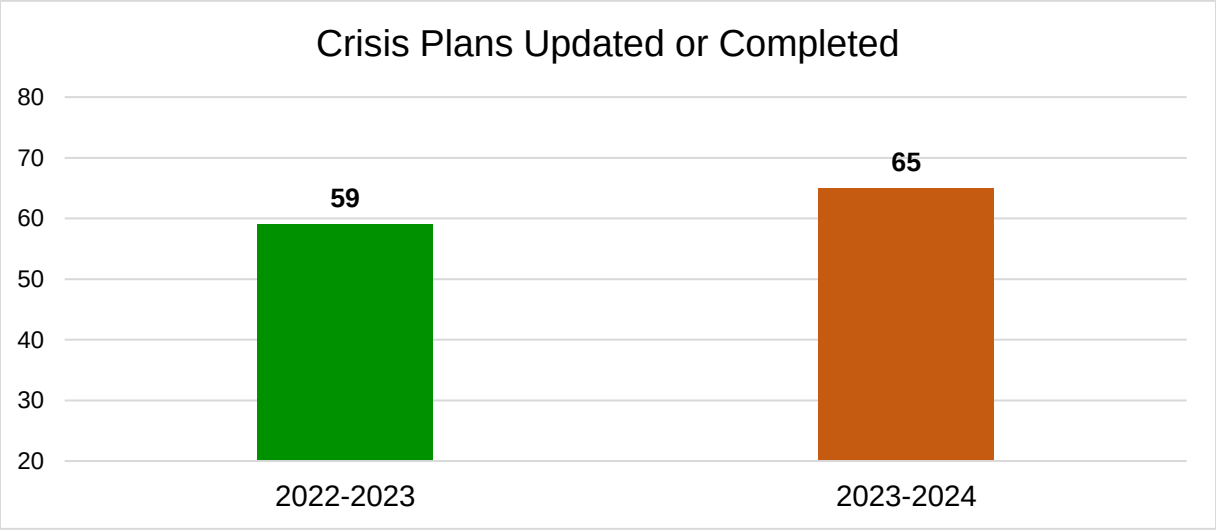
Recognizing the importance of coordinating care, the program obtains and monitors other services and providers the child/adolescent is involved with. Additionally, involvement with crisis services and supporting those who have been hospitalized. During this review, there were 4 participants who had contact with crisis services which is an increase of 3 participants since the last review. Additionally, 1 participant had a psychiatric hospitalization stay which is a decrease from the last review.

Crisis Planning

Family Based Services staff are available 24 hours a day, 7 days a week to provide crisis intervention services. All families enrolled in Family Based Services receive crisis intervention information. Additionally, individualized crisis/safety plans are developed with families upon enrollment in the program. Crisis plans are reviewed and updated at least every 30 days at minimum. Crisis plans include the following components:

- Triggers
- Inside & outside warning signs
- Risk Assessment
- Crisis contacts: names and numbers of individuals/agencies to be contacted if the child/adolescent is in crisis
- Suicide prevention plan
- Plan to follow the crisis
- Post crisis signs

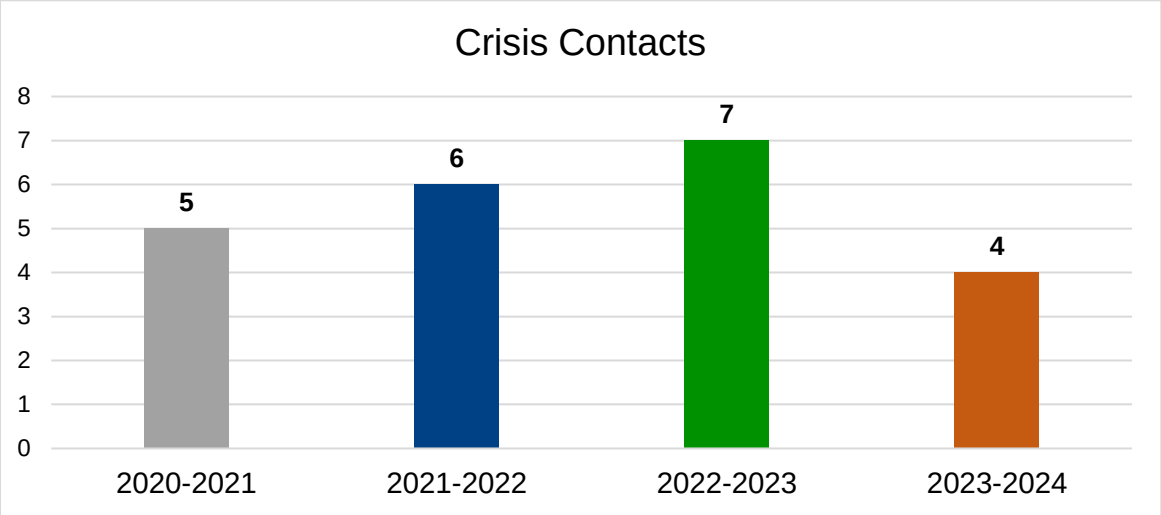
Crisis plans are an important piece of coordinating care with the child/adolescent and their family. The graph below indicates the number of crisis plans that were completed or updated during this review.



During this review, there were 65 crisis plans that were completed or updated.

Crisis Contacts

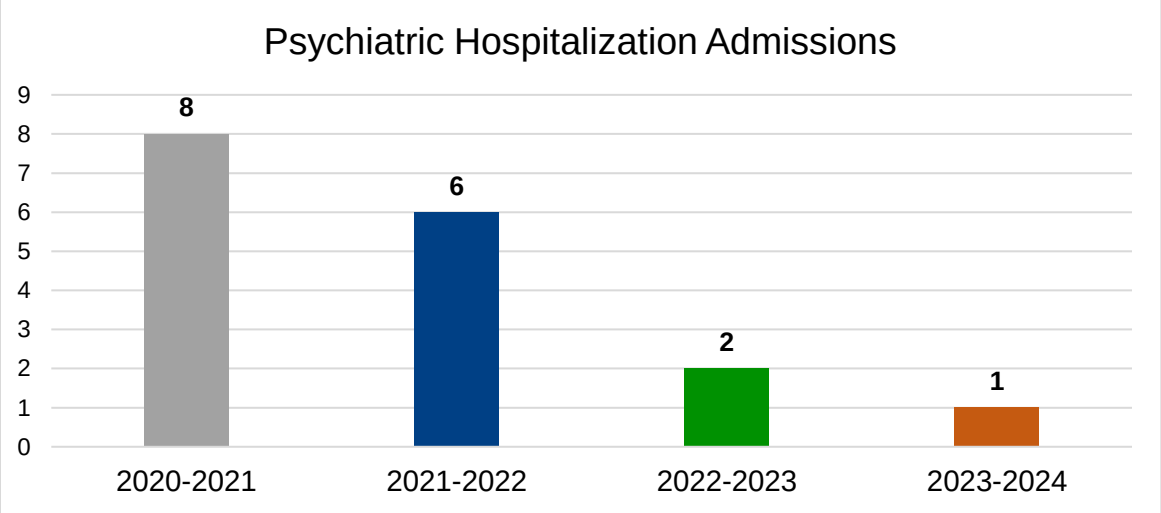
The number of crisis contacts participants encounter while enrolled in Family Based Services is documented and monitored. The graph below represents the number of participants who had a crisis contact while enrolled in services.



The data indicates crisis contacts have decreased by 3 or 42.8% since the last review.

Psychiatric Hospitalizations

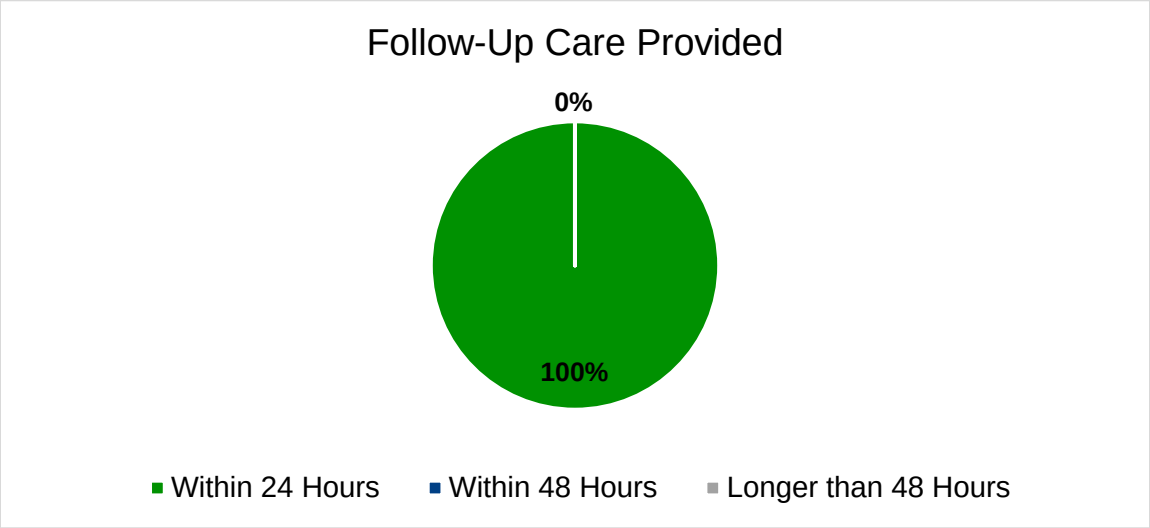
The graph below indicates the number of children/adolescents who were participating in Family Based Services and were admitted into a psychiatric hospitalization while enrolled in services.



There was a decline in the number of children/adolescents who were participating in Family Based Services and were admitted into a psychiatric hospital. There were 4 children/adolescents who were admitted into a psychiatric hospital prior to enrolling in Family Based Services.

Psychiatric Hospitalization Discharge Follow-Up

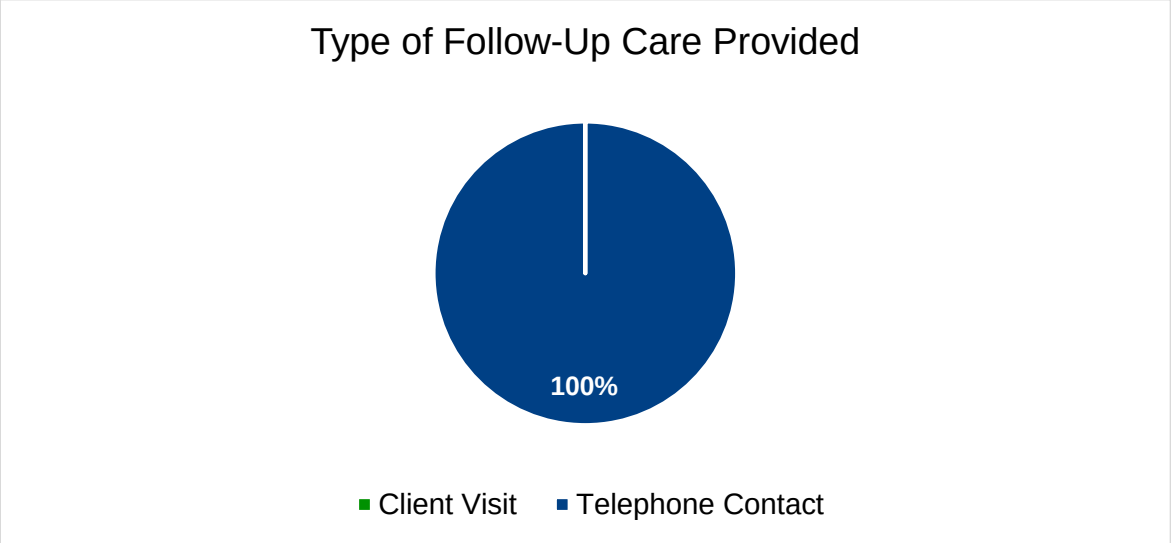
Follow-up care to participants receiving services is monitored. The graph below indicates the number of participants who received follow-up after being discharged from a psychiatric hospitalization stay.



Follow-up care was provided within 24 hours of the participant being discharged from a psychiatric hospitalization stay.

Follow-Up Contact Type

Types of follow-up contact are documented and monitored in Family Based Services. The graph below indicates the number of participants, and the type of follow-up care they had after being discharged from a psychiatric hospital stay.



The follow-up care provided to the participant who had a psychiatric hospitalization stay was provided by telephone contact.

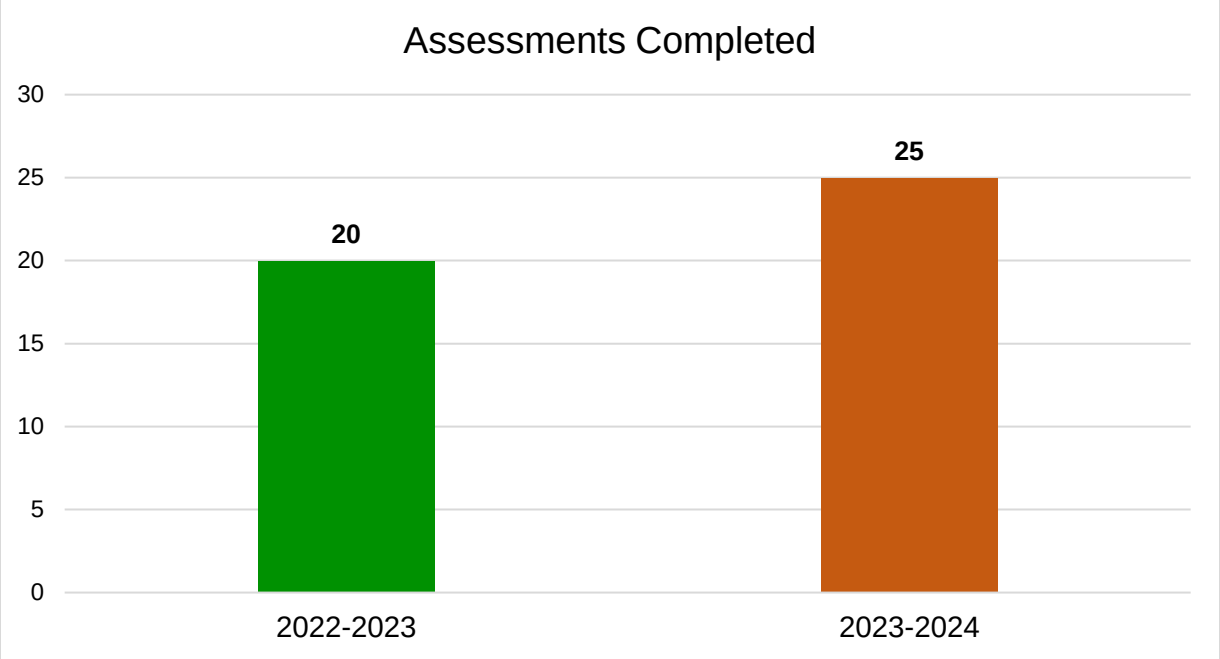
Family Assessment Plans

Family Assessment Plans are completed for newly enrolled families. These assessments guide the determination of the intensity of service delivery. Various components make up the composition of the Family Assessment Plan including the following:

- Child/adolescent information
- Presenting problem(s) including referral information
- Family relationships
- External stressors
- Screening
- Observations of the family
- Recommendations

Assessments Completed

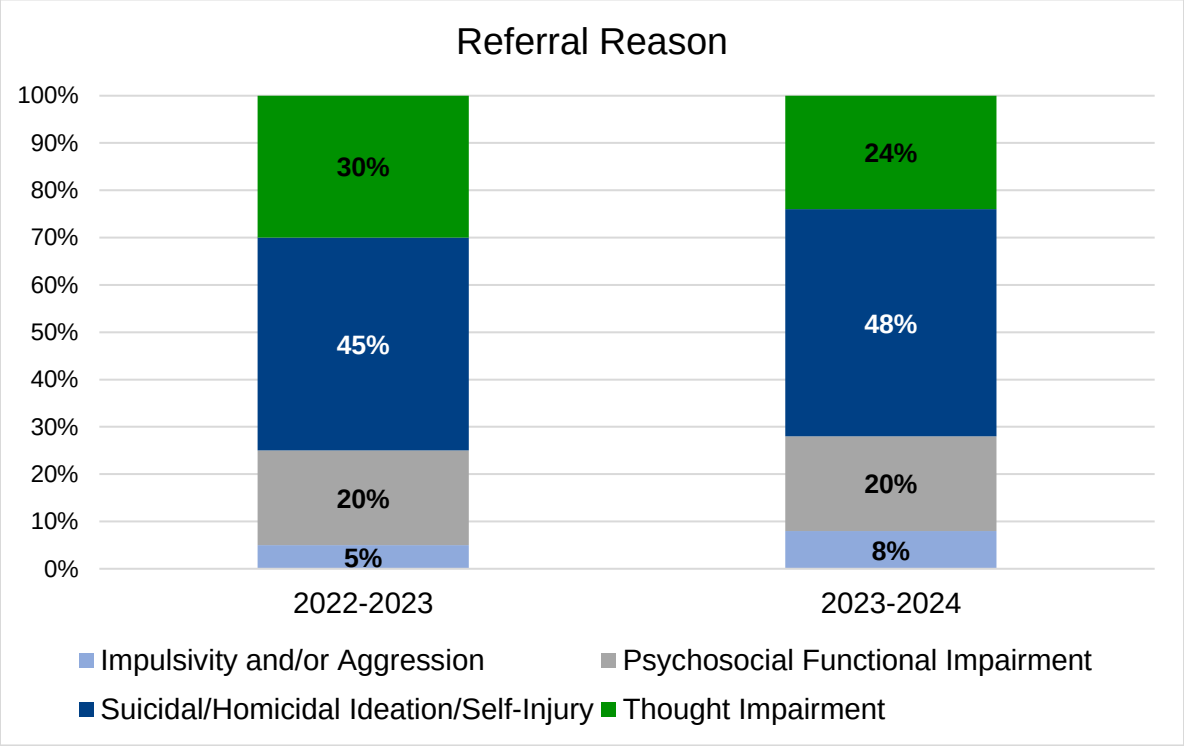
The graph below indicates the number of assessments completed during this review.



During this review, there were 20 Family Assessments completed, which was an increase of 5 assessments completed since the last review.

Reason for Referral

The graph below indicates the reasons for referral to Family Based Services.



Consistent with the previous review, most of the reasons for referral were due to suicidal/homicidal ideation/self-injury.

Treatment Planning

Children/adolescents and their families participate as full partners in the treatment team and play a key role in the development of treatment plans. The treatment plan identifies initial priorities for services and establishes a progressive course for treatment in Family Based Services. Treatment plans are a living document that is used as a map for what the team and family plan to achieve and how they will achieve it. The initial treatment plan is completed within 3 days of enrollment and includes the following components:

- Plan for discharge
- Presenting problem
- Goals
- Objectives
- Interventions
- Crisis planning

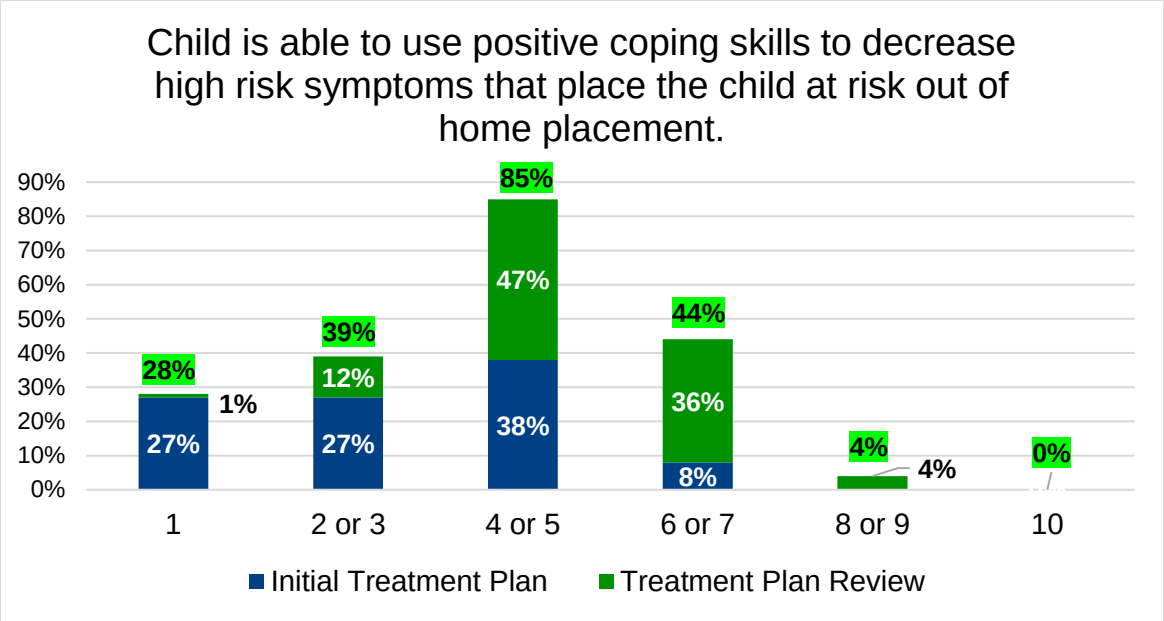
The Comprehensive Treatment Plan is completed within 30 days of enrollment in the program. Treatment Plan Reviews occur every 30 days throughout treatment. Treatment Plans include the following components:

- Client and family strengths
- Barriers for the child and the caregiver/family
- Discharge planning
- Eco-Map review and discussion of supports roles and responsibilities
- Understanding of the problem
- Coping skills
- Progress made
- Presenting problem
- Goals
- Objectives
- Interventions
- Crisis planning

Within the Treatment Plan, effective and positive coping skills are assessed. The table below represents the question that is asked and the rating scale used for the results.

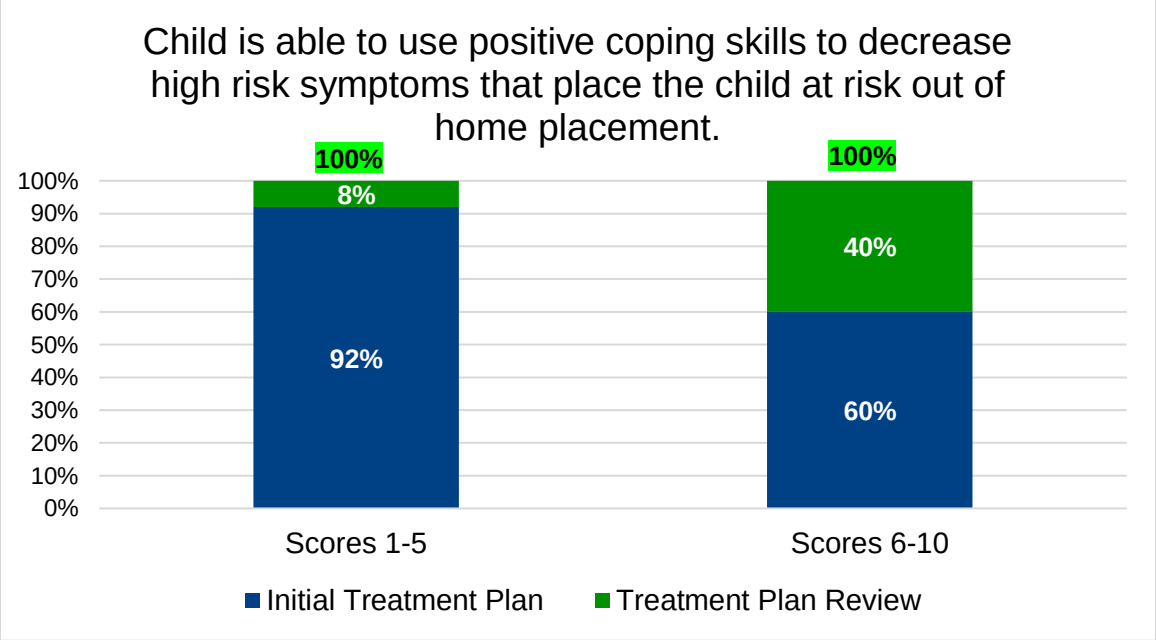
The child/adolescent is able to use positive coping skills to decrease high risk symptoms that place the child at risk for out of home placement.			
Rating	**Likert Scale Rating**	**Initial Treatment Plan Result**	**Treatment Plan Review Result**
1	Skill not present, little observable effort.	**27%**	**1%**
2 or 3	Skill rarely present, some clear effort.	**27%**	**12%**
4 or 5	Skill present about 40-50% of the time.	**38%**	**47%**
6 or 7	Skill present about 60-70% of the time.	**8%**	**36%**
8 or 9	Skill present most of the time.	**0%**	**4%**
10	Mastery: skill present 100% of the time.	**0%**	**0%**

The following graph indicates the results from the question regarding the child's/adolescent's ability to use positive coping skills to decrease risk symptoms that place the child at risk for out of home placement.



The graph above indicates scores increase comparing the Initial Treatment Plan to the Treatment Plan Review.

The following graph compares the scores from 1 to 5 and 6 to 10, showing the differences between the Initial Treatment Plan and the Treatment Plan Review scores.



This graph shows that 92% of the scores in the Initial Treatment Plan were 5 or lower, with 8% above a score of 5. In contrast, 60% of the scores in the Treatment Plan Review were 5 or lower, while 40% exceeded the score of 5. This demonstrates a notable improvement in scores from the Initial Treatment Plan to the Treatment Plan Review, suggesting that scores increase as participants progress through the program.

Program Adherence

Multiple approaches within Family Based Services are completed to ensure compliance with regulations. The agency's Quality & Compliance Department evaluates FBS to ensure the service description is followed and the needs of the children/adolescents and families served are met. Program adherence efforts are monitored by the following:

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

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

Quality

Participant feedback is crucial for gathering valuable insights and improving the overall quality of services offered by The Guidance Center. The agency values the input and perspectives clients regarding all the services that are offered by the agency. To enhance the process of gathering this important feedback, we established a Client Advisory Committee in 2020. Clients and/or family members of clients are encouraged and invited to join the committee, providing them with a platform to share their unique perspectives specifically focused on quality improvement. Any client or family member of a client can join this committee at any time, making participation accessible to everyone. Routinely, our programs, including Family Based Services, 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.

Families enrolled in Family Based Services are essential in the quality improvement processes in several meaningful ways. All program participants and their families are offered a comprehensive feedback survey when they discharge from services 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 children/adolescents and families served. These results are then shared with the quality team, members of the agency Board of Directors, as well as the participants in the program to foster transparency and collaboration. An analysis of the feedback from FBS participants and families is captured in this report.

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

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

Compliance

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

Audits

Family Based Services received and complied with the re-licensure site visit on April 22, 2024, with Amanda Pearson. During the re-licensure site visit, there were no citations warranted to The Guidance Center’s Family Based Services Program. Recommendations that were made by Anthony and Michael were considered and implemented as current procedures.

Following Amanda’s recommendation, the program implemented a standardized process requiring a sign-in sheet to be completed during supervision and attached to the corresponding supervision service in the Electronic Health Record (EHR). This practice was adopted immediately and is reflected in all supervision forms since the last licensing visit.

Additionally, the program promptly incorporated a second recommendation to include the Family-Based Services (FBS) admission date in discharge summaries. This adjustment was implemented immediately following the licensing site visit.

A third recommendation suggested replacing the term “Prognosis” with “Discharge Reason” to more clearly identify the reason for a family's discharge from services. This change was also implemented without delay and is now consistently reflected in all FBS discharge summaries.

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

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

Internal Compliance Audits

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

Methodology

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

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

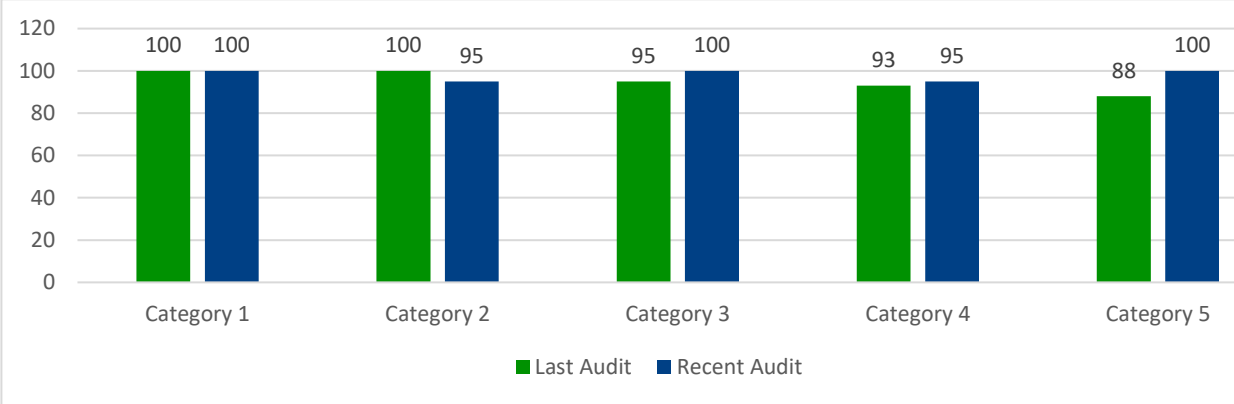
Family Based Services (FBS) Internal Audit Results

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

Internal Quality Review			
Program	Family Based Services	Date of Audit	10/17/23 – 10/19/23
Number of Charts Reviewed	10 Charts	Audit Schedule	Biannually Q2
Total Number of Indicators	24 Quality Indicators		

Category	Score	Goal
1. Intake & Assessment	100%	80%
2. Treatment Planning	95%	80%
3. Care Coordination	100%	80%
4. Physical Health/Behavioral Health Indicators	95%	80%
5. Discharge Planning	100%	80%

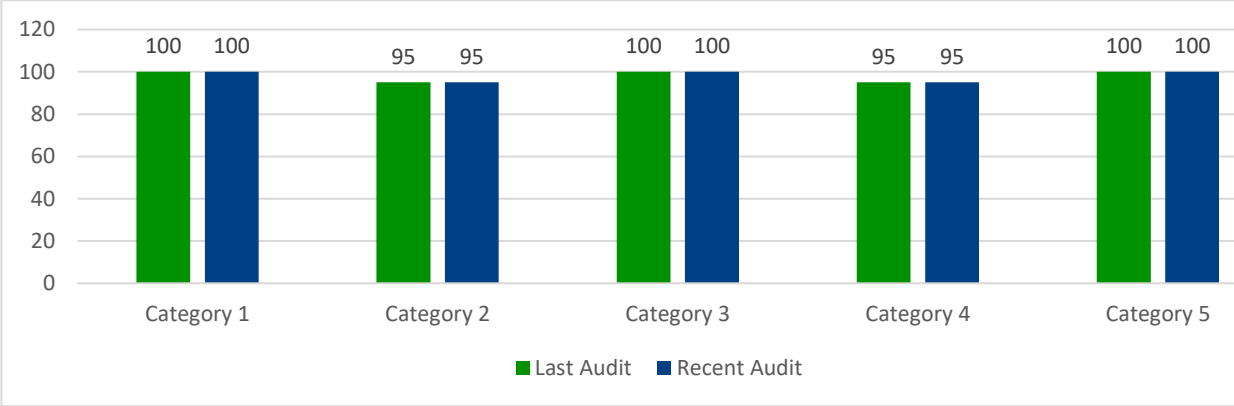
Comparison since last Internal Audit:



Internal Quality Review			
Program	Family Based Services	Date of Audit	3/11/24 – 3/13/24
Number of Charts Reviewed	14 Randomized Charts	Audit Schedule	Biannually - Q3
Total Number of Indicators	24 Quality Indicators		

Category	Score	Goal
6. Intake & Assessment	100%	80%
7. Treatment Planning	95%	80%
8. Care Coordination	100%	80%
9. Physical Health/Behavioral Health Indicators	95%	80%
10. Discharge Planning	100%	80%

Comparison since last Internal Audit:



Program & Agency Goals

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

As we continue to expand and enhance the agency and Family Based Services, we have established the following goals within the agency's 2025 quality plan that can impact all programs across the agency. These initiatives aim to improve service delivery, support staff, and enhance client outcomes:

1. **Enhance Access to Psychiatric Services** – Implement the Just In Time Prescribing Model to facilitate faster psychiatric care for individuals in need, reducing wait times and improving access to essential services.
2. **Conduct a Community Needs Assessment (CNA)** – Utilize a systematic approach to evaluate the needs of clients and the broader community. The findings will inform strategic planning efforts, ensuring our services are responsive to emerging clients and community challenges.
3. **Improve Documentation and Engagement Strategies** – Participate in a comprehensive review of documentation practices to enhance engagement tools, optimize service delivery, and ensure compliance with quality and reporting requirements.
4. **Standardize Social Needs Screening** – Integrate a standardized health-related social needs screening tool within all programs across the agency to assess Social Drivers of Health (SDOH), including food security, housing stability, transportation access, utilities, and interpersonal safety, ensuring a holistic approach to client care.
5. **Leverage Data for Performance Improvement** – Expand the use of agency data dashboards to monitor key performance indicators and drive data-informed decision-making through Business Intelligence (BI) tools in our Electronic Health Record (EHR).

6. **Enhance Client Access Through Technology** – Implement the EHR's integrated client portal to empower clients with better access to their health information, appointment scheduling, and communication with care teams, promoting client engagement and self-management.

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

Staff Supervision

Effective supervision is essential to the success of Family Based Services, ensuring that staff receive the guidance, support, and accountability needed to provide high-quality services to children/adolescents and families. To uphold this standard, 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.

All supervision records are maintained by the FBS Program Director in the Electronic Health Record (EHR) to support ongoing professional development and program excellence.

Staff Training

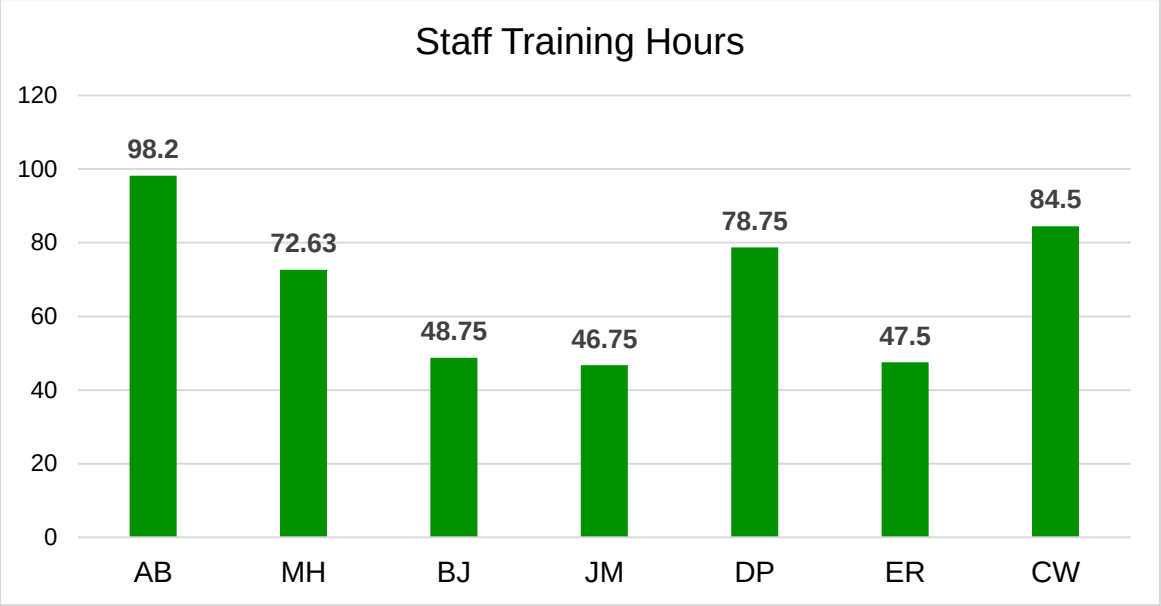
Ongoing staff training is a critical component of Family-Based Services, ensuring that team members are well-prepared to deliver high-quality, client-centered care. Comprehensive training equips staff with the necessary knowledge and skills to provide effective support, resources, and interventions that promote family stability, health, and resilience.

To maintain fidelity to the service model, staff are required to participate in regular training. In addition to agency-provided sessions, staff members engage in specialized training through the Philadelphia Child and Family Training Center. These training sessions are conducted regularly and cover a range of essential topics, including:

- Caregiver Alliance
- Nonviolent Crisis Intervention
- Promoting Interpersonal Experiences
- Conceptualization of Power and Privilege
- Ecosystem Structure
- In-Home Family Therapy

Regular participation in training not only enhances service effectiveness but also keeps staff informed of the latest research, best practices, and emerging trends in the field. By prioritizing continuous professional development, the program strengthens family outcomes, fosters staff growth, and cultivates a knowledgeable and supportive workforce.

A complete record of staff training is maintained in the Quality Binder. The table below outlines the number of training hours for each staff member, identified by their initials.



FBS staff had a combination of 477.08 hours of training accumulated collectively. This significant investment in training highlights the department's commitment to providing high-quality care and support for families served.

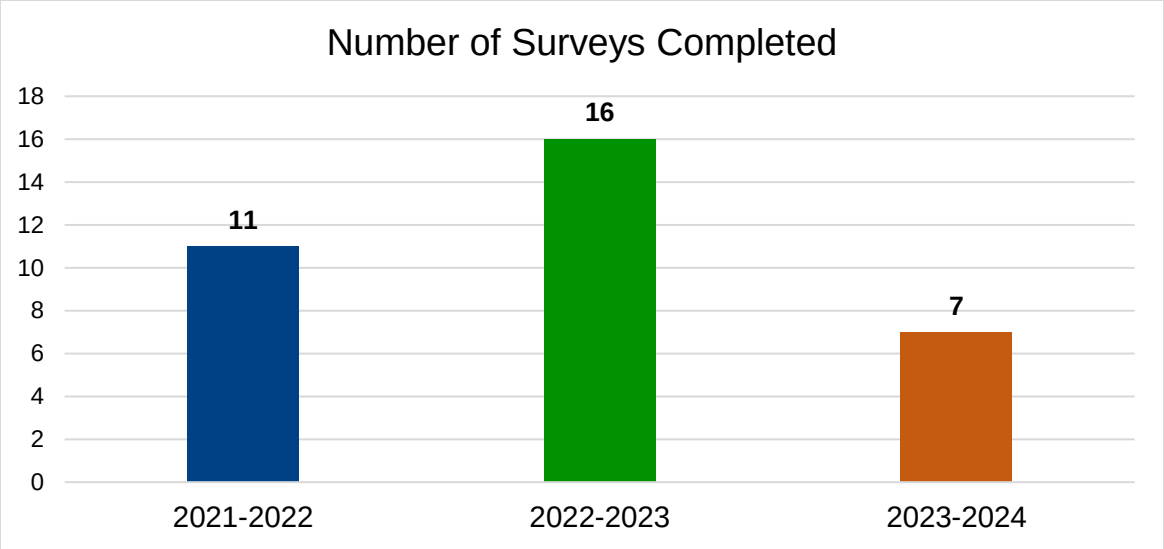
Satisfaction Surveys

Participant feedback is an essential core component of services at the agency. Participant feedback surveys give them the opportunity to report on 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.

Participant Survey Results

Participants and their families who have received Family Based Services are asked to complete the Client Experience of Care Survey on the last day of services. The survey asks participants to identify their child’s name and their FBS team members, however, these questions can be left blank if the participant wants to remain anonymous.

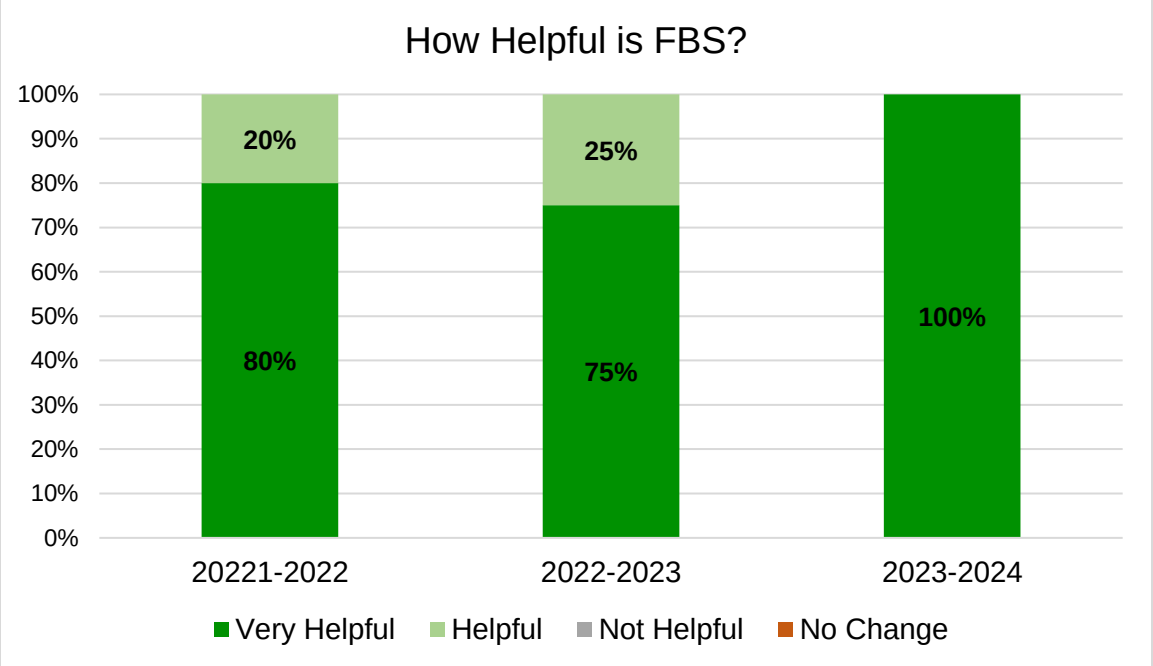
There were seven surveys completed during this review. The following graph indicates the number of surveys completed.



There was a decline in the number of surveys completed. Surveys are made available to all participants and their families as a means of gathering valuable feedback. However, participation is entirely voluntary, and some may choose not to complete them.

How Helpful is FBS?

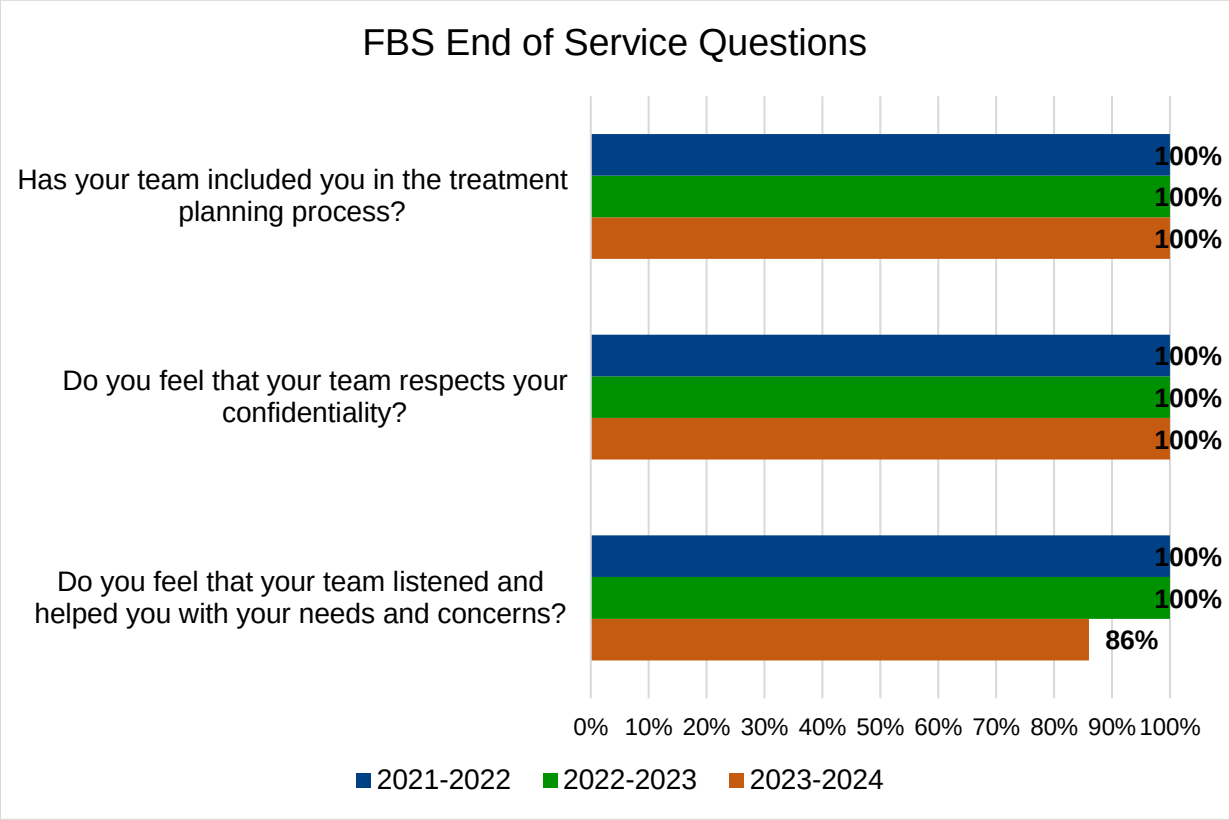
The survey asks participants to rate how helpful Family Based Services were. The graph below indicates their responses over the past three review periods.



The data indicates participants in Family Based Services rated their service delivery as very helpful during this review.

Additional Questions

The questions listed in the following graph are asked of participants on their last day of service. Answers can be given in a “yes” or “no” format. The graph below indicates their responses.



All participants answered "yes" to all three questions, with only one participant responding "no" to one question. However, this participant still answered "yes" to the other two questions and provided positive comments in the optional feedback section.

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.

Overall, it is evident that participants who received Family Based Services are thankful for the service and have been provided with new tools to assist their parenting.

Trend Analysis & Outcomes

Family Based Services continues to demonstrate growth, development, and client-centered service-delivery. During this review period, the program served 37 children/adolescents and their families, reflecting a 12.12% increase from the last review. Participants in the program ranged in age from 8 to 18 years, with a diverse range of primary diagnoses. The most common primary diagnosis was Attention-Deficit Hyperactivity Disorder as the leading diagnosis, followed by Major Depressive Disorder.

FBS provided a total of 2,536 services during this review period, which was a 26.8% increase in service completion from the previous review. The program also saw significant growth in admissions, with 26 families enrolling, marking an 23.8% increase in admissions compared to the previous review.

The number of successful discharges continues to be the primary reason participants are discharged from Family Based Services with 43% of participants being discharged because they met their goals.

Care coordination remains a core focus of Family Based Services to monitor outcomes of coordination of care, crisis planning & contacts, and psychiatric hospitalization stays. Psychiatric hospitalization stays are monitored along with follow-up procedures when a participant is discharged. There was one participant who had a psychiatric hospitalization stay during this review and follow-up care was provided within 24 hours of the discharge. There was a decrease of 42.8% of participants who had crisis contacts within Family Based Services since the last review, indicating improvements in stabilization and preventative support efforts.

Treatment planning occurs within 3 days of enrollment in Family Based Services and they are reviewed and updated every 30 days. Treatment plan results indicate an increase in children using positive coping skills from when they enroll in services to ongoing treatment.

Family Based Services is committed to improving outcomes and enhancing service delivery. FBS upholds adherence to program regulations and compliance with CCBH Performance Standards. Staff supervision remains a critical focus to ensure staff receive the guidance, support and accountability they need to provide high-quality services to participants and their families. Additionally, staff receive comprehensive training that equips them with the knowledge and skills to provide effective support and interventions that promote family stability, health, and resilience.

Additionally, the client feedback results indicate high satisfaction with services, with most participants expressing their valued role in treatment planning. All FBS participants rated the program as very helpful.

Conclusion

Family Based Services (FBS) continues to expand its reach, enhance service quality, and improve participant outcomes. Growth in admissions, increased service delivery, and high participant satisfaction highlight the program's effectiveness in supporting families. By integrating mental health treatment, family support services, and case management, FBS empowers families to care for children and adolescents with serious mental health or emotional challenges at home. Both FBS and the agency are deeply committed to delivering high-quality services, staff development, and compliance. The Guidance Center's dedication to excellence ensures that FBS will keep meeting the needs of participants and their families, further strengthening its positive impact in the community.