



Intensive Behavioral Health Services



**Annual Quality Review
July 1, 2024 – June 30, 2025**

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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.
- Intensive Behavioral Health Services (IBHS) at The Guidance Center, located at 110 Campus Drive, Bradford, PA 16701, provides individualized, evidence-based behavioral health services to children and adolescents under the age of 21 who have a diagnosed mental health disorder. Services are tailored to meet each youth’s unique clinical needs and are delivered in accordance with Pennsylvania IBHS regulations.
License Number: 451950
- 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, **“Together Guiding Change”** that was approved in 2024.

- The agency operates under an annual Quality and Compliance Plan that outlines its quality improvement and compliance initiatives, governance framework, key procedures, and established annual goals. These plans provide the foundation for consistent oversight and accountability across all programs, including Intensive Behavioral Health Services.

All agency employees are required to review and acknowledge their understanding of both the Quality and Compliance Plans. The plans are formally approved by the Agency’s Board of Directors and the Medical Director and guide agency operations throughout the year to ensure regulatory compliance, service integrity, and the delivery of high-quality, person-centered care.

- 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 continuous quality improvement through a comprehensive, data-informed approach. Quality Improvement Plans are developed using findings from internal compliance audits and insights obtained through client feedback surveys. These surveys serve as a critical tool for evaluating service effectiveness and ensuring that Intensive Behavioral Health Services consistently delivers high-quality, person-centered care.

Individuals participating in Intensive Behavioral Health Services are invited to complete a satisfaction survey to share feedback regarding their service experience. Survey results are reviewed and shared with key stakeholders, including the Program Director, Senior Management, the Executive Director, and the Agency’s Board of Directors. To further promote transparency and accountability, aggregated survey results are also made publicly available on the agency’s website.

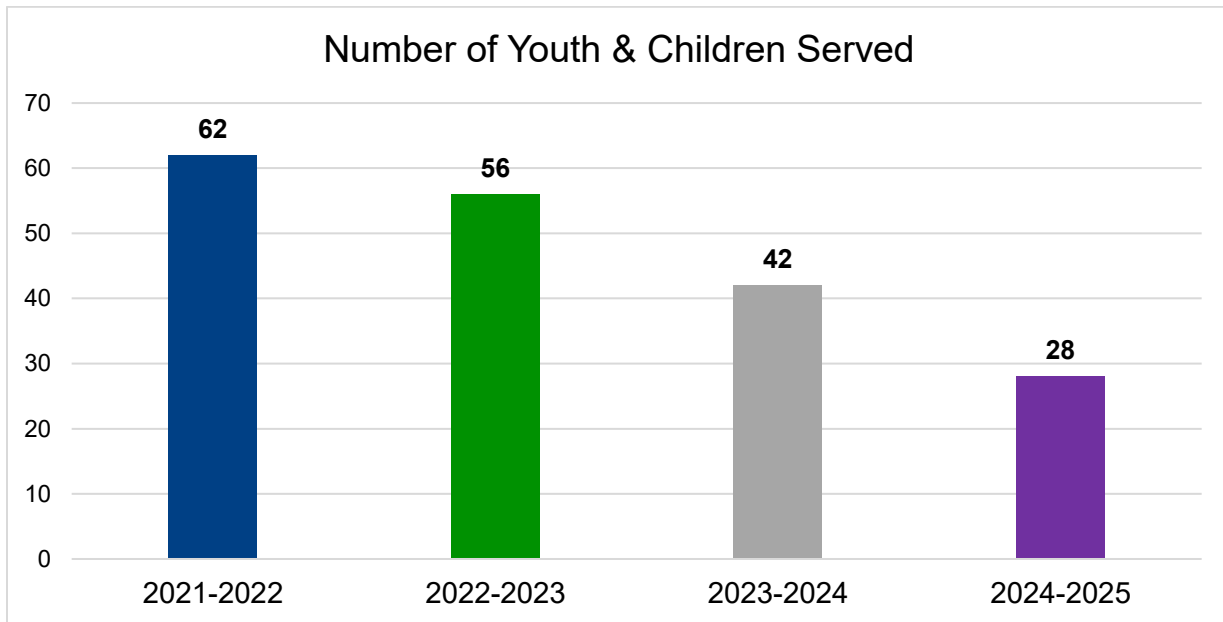
When areas for improvement are identified through client feedback or audit findings, The Guidance Center implements a structured quality improvement and monitoring process using the Plan Do Check Act (PDCA) model. This systematic approach supports ongoing evaluation, responsive action, and continuous enhancement of service delivery to better meet the needs of individuals served through Intensive Behavioral Health Services.

- Data for this quality report is from July 1, 2024, through June 30, 2025.

Demographics

Number of Children and Youth Served

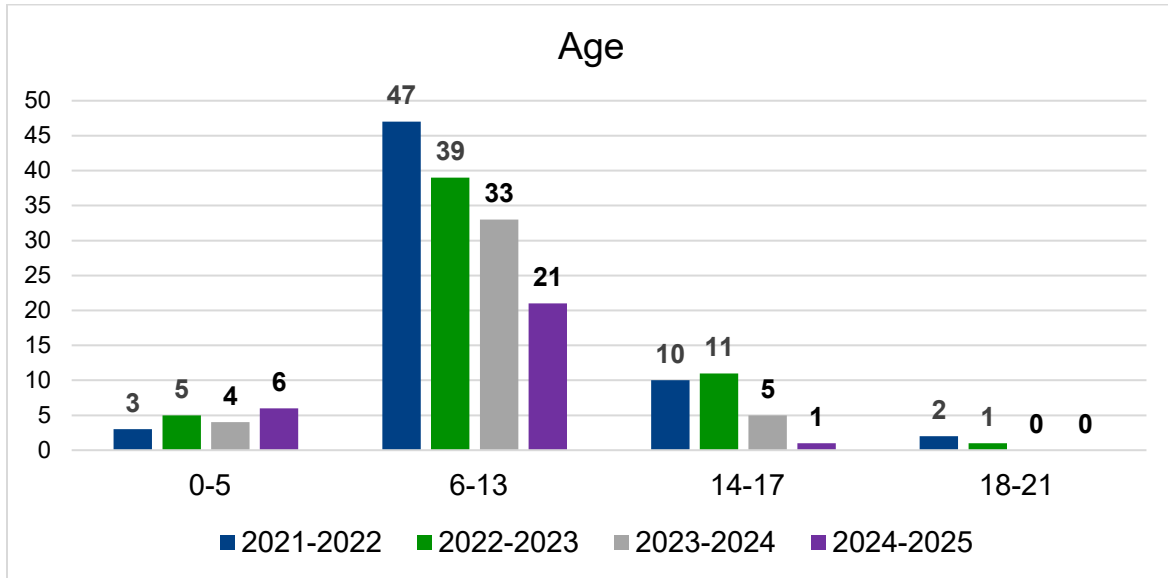
The graph below indicates the number of youth and children served during this reporting period.



The IBHS program served 28 children and youth during this review period, consistent with utilization patterns observed in previous reporting periods.

Age

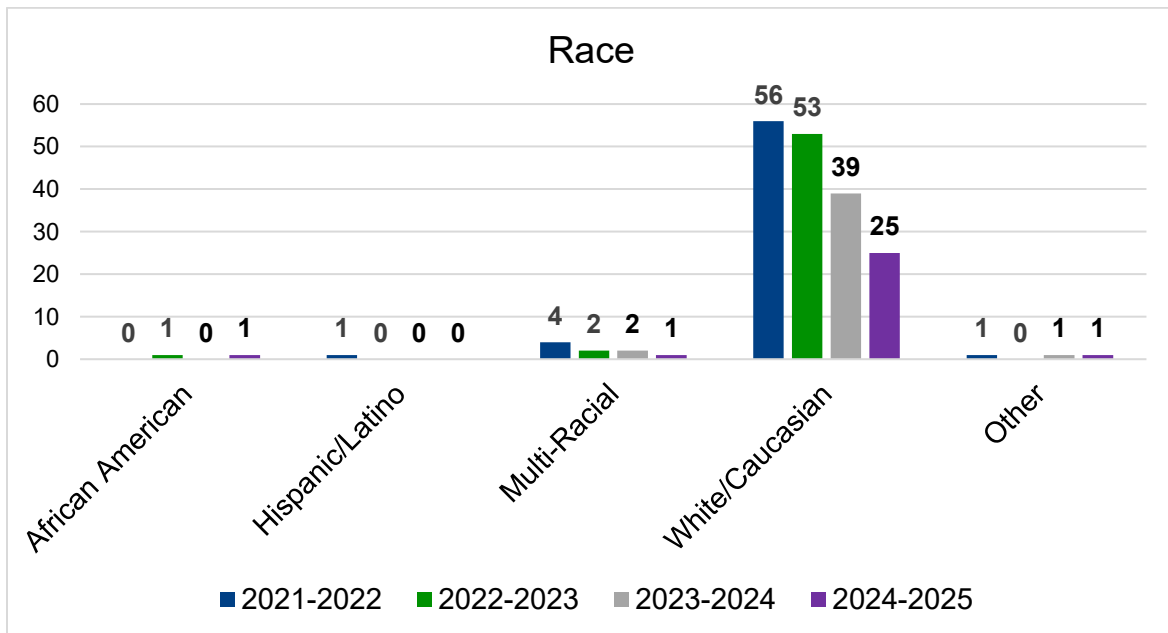
The following table demonstrates the breakdown of age among participants served.



Youth served in the program ranged in age from 3 to 14 years, with the majority falling between 6 and 13 years, consistent with patterns observed in prior review periods.

Race

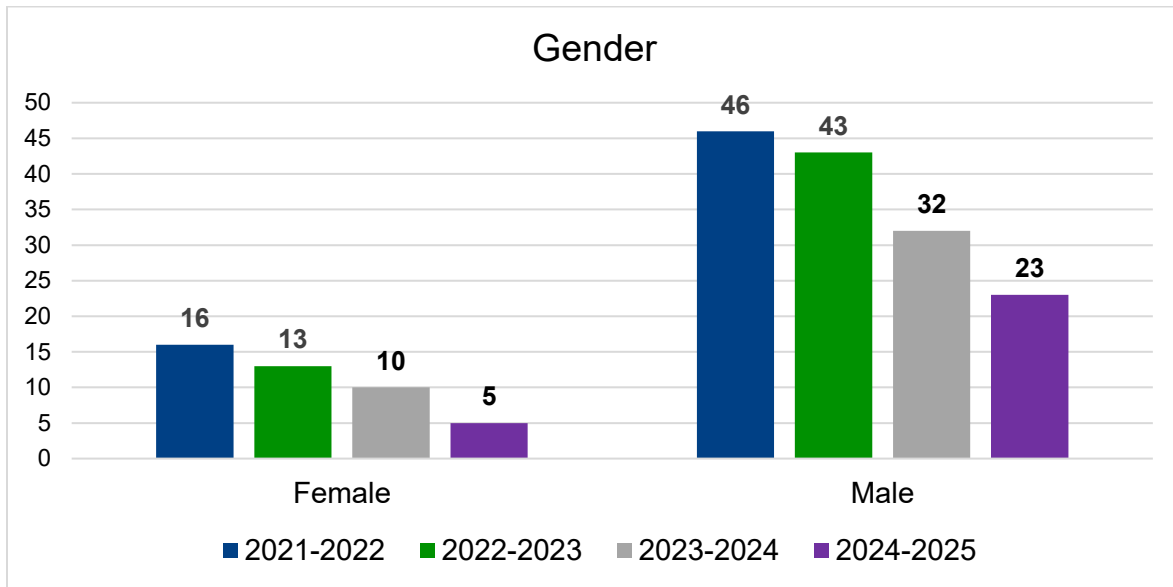
The graph below indicates the number of children and youth and their race.



Consistent with previous reviews, most children and youth served in the program continue to be White/Caucasian.

Gender

The graph below represents the number of children and youth served by gender.

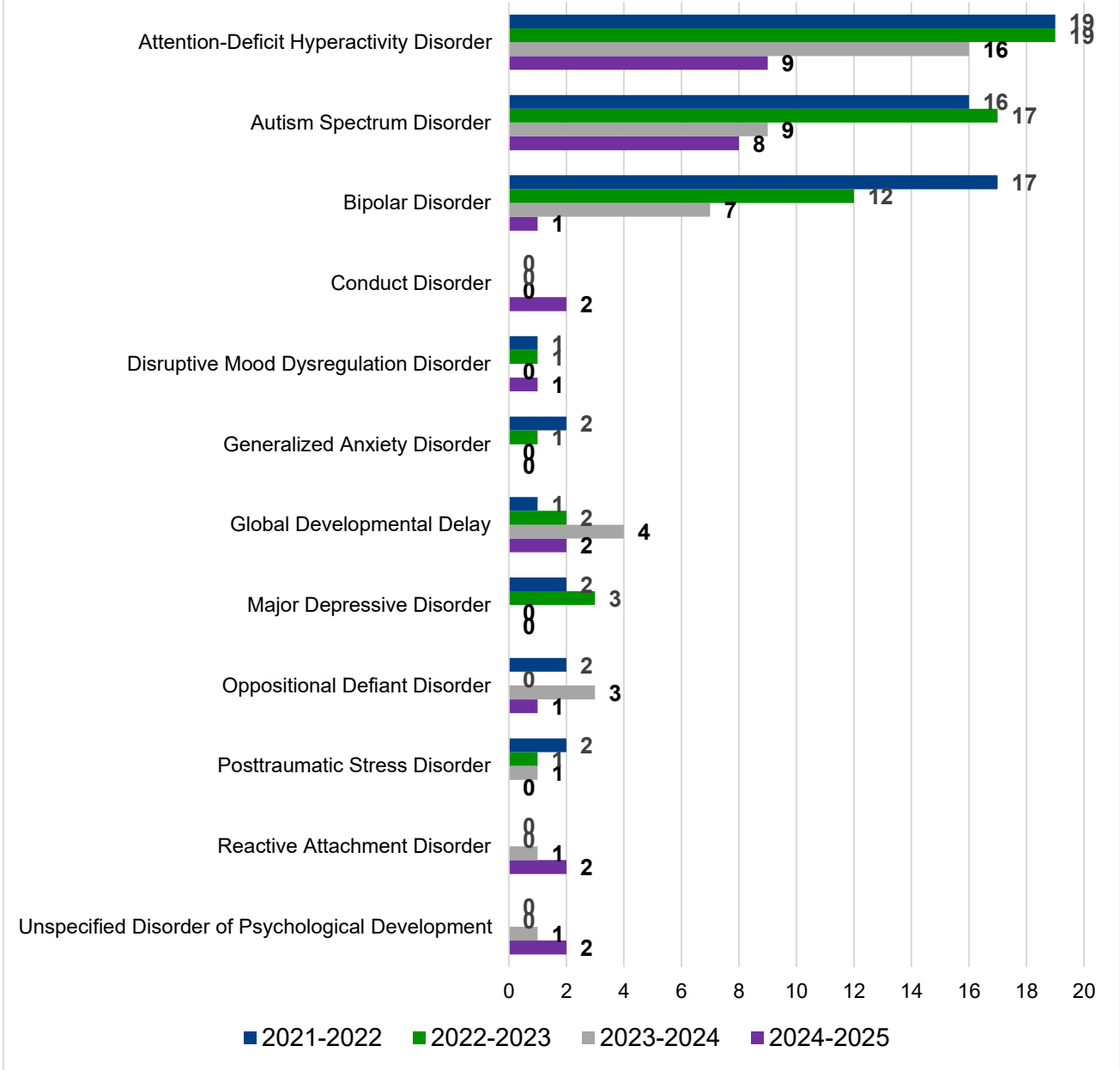


Consistent with previous reviews, a greater number of males continue to be served in IBHS.

Primary Diagnosis

The following graph indicates the primary diagnosis among the children and youth served in the program.

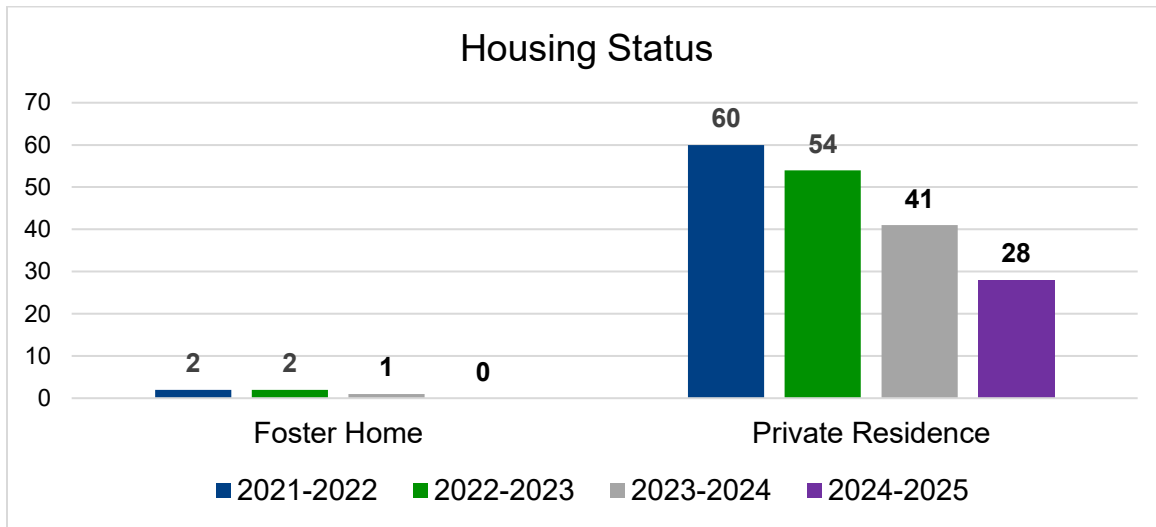
Primary Diagnosis



Data trends remain consistent with prior reviews, with Attention-Deficit/Hyperactivity Disorder accounting for 32% of primary diagnoses and Autism Spectrum Disorder representing 29% among youth enrolled in IBHS.

Current Housing Status

The graph below represents the housing status for each child enrolled in the program.

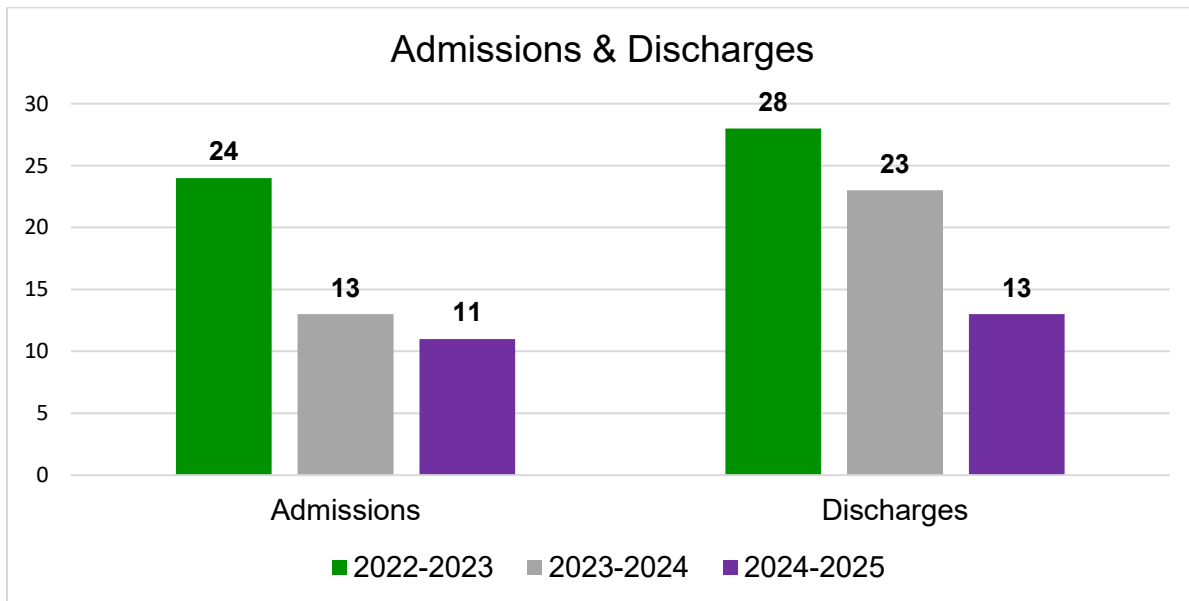


During this reporting period, all children and youth enrolled in the program resided in a private residence and none were living in a foster home.

Service Data

Admissions & Discharges

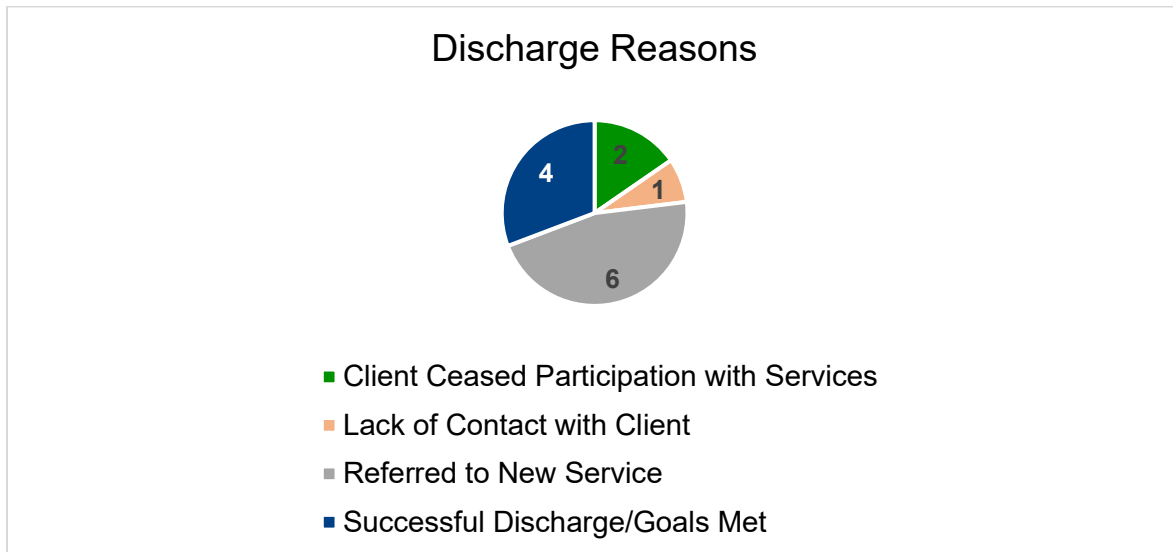
The graph below summarizes program admissions and discharges for the reporting period.



The program experienced a modest decline in admissions (2 fewer participants; 15.3%) and a substantial reduction in discharges (10 fewer participants; 43.4%) compared to the previous reporting period.

Discharge Reasons

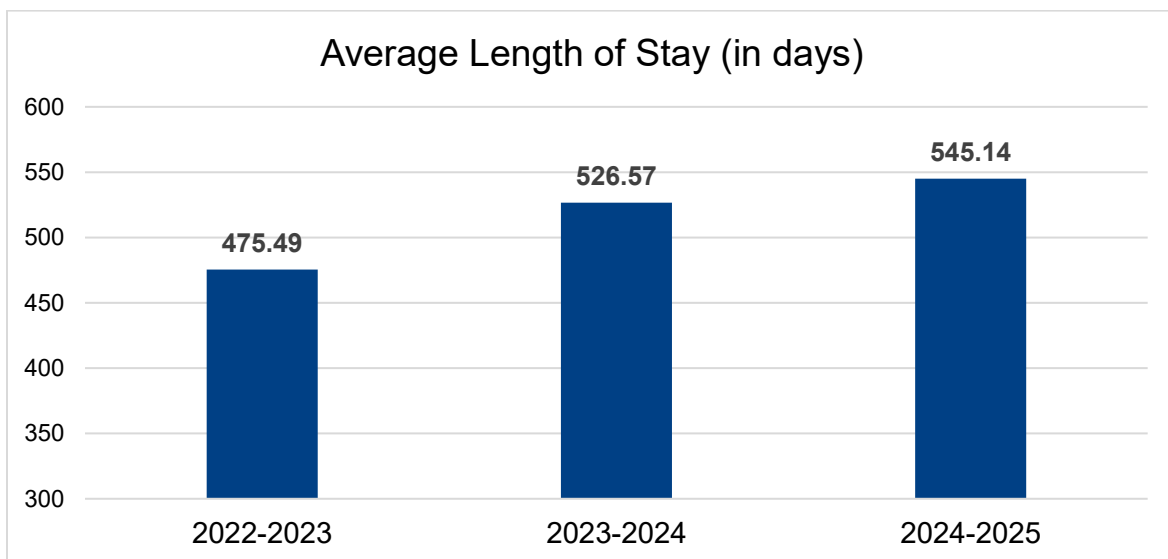
The graph below displays the number of discharges by reason.



Discharge reasons varied among enrolled children and youth. One participant was discharged due to lack of contact, two due to discontinuation of services, six following referrals to a new service or higher level of care, and four successfully discharged from the program after reaching their treatment goals.

Length of Stay

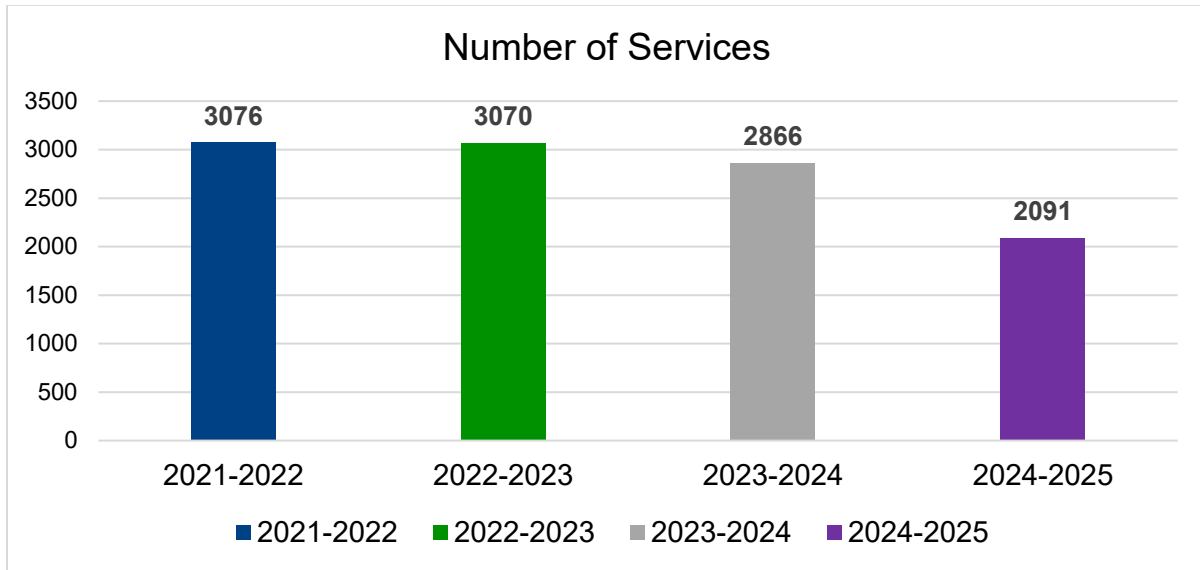
The graph below displays the average length of stay for youth enrolled in the program.



The average length of stay during this reporting period was 545.14 days, or 17.91 months, reflecting a 3.5% increase compared to the previous reporting period. This indicates greater service continuity and sustained engagement within the program.

Number of Services

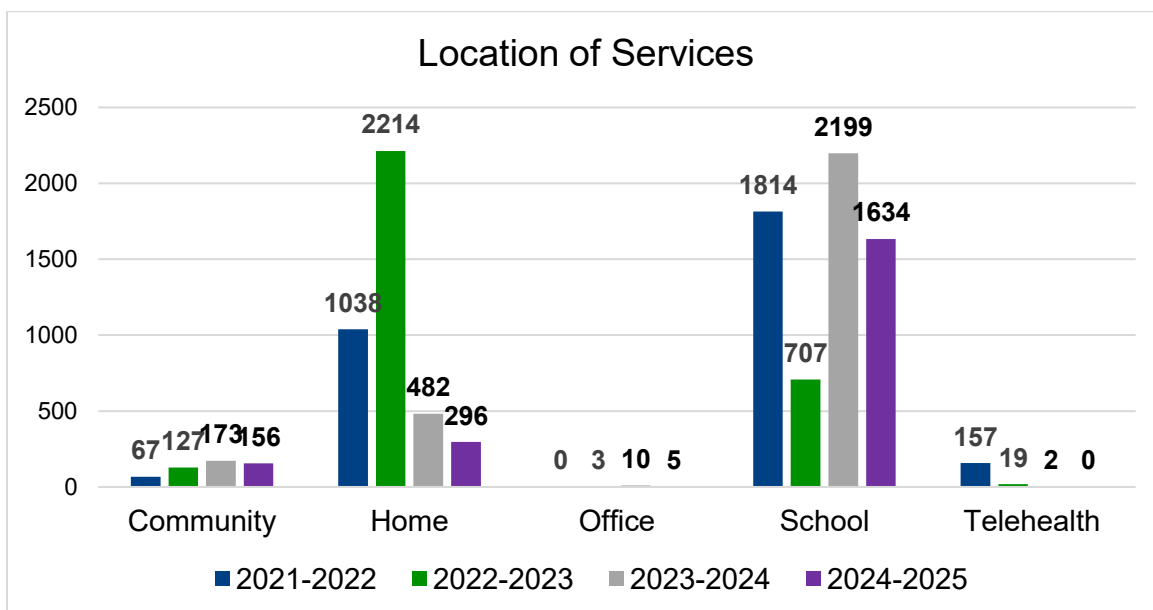
Services are delivered by a Behavior Consultant (BC), a Mobile Therapist (MT), or a Behavioral Health Technician (BHT). The graph below displays the number of services by fiscal year.



The total number of services delivered during this reporting year decreased by 27%, with 2,091 services completed in the current reporting period.

Location of Services

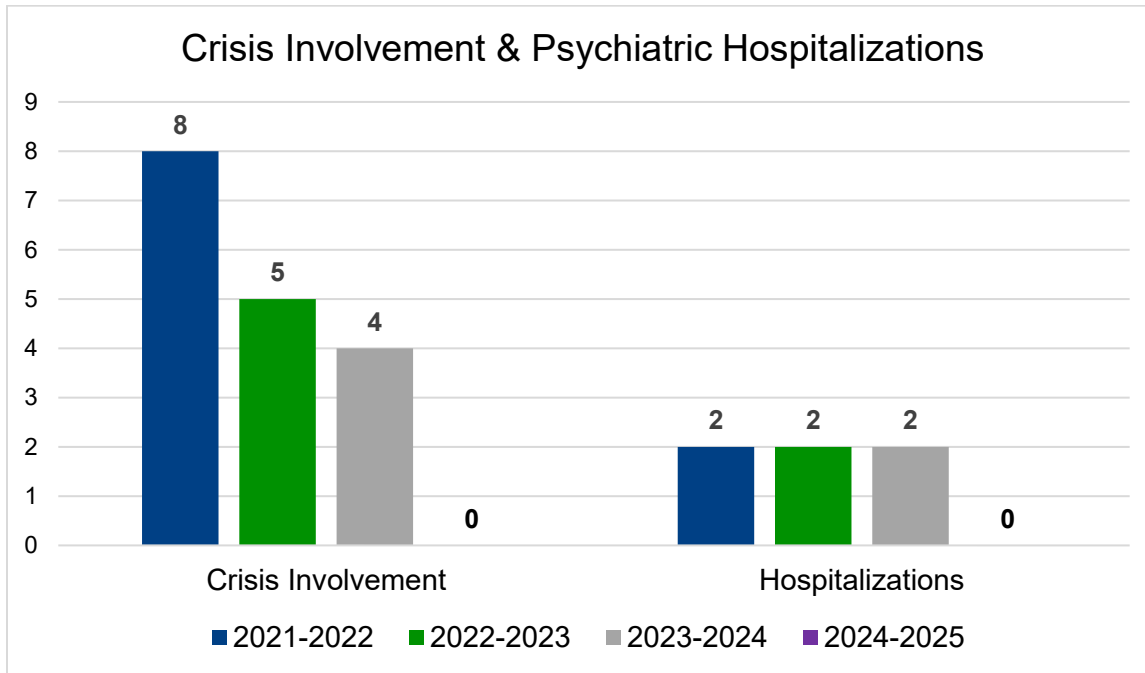
The graph below provides a complete breakdown of service locations.



Services were primarily delivered in school settings, with no services delivered through telehealth platforms during the reporting period.

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. The graph below represents the number of crisis contacts and psychiatric hospitalizations children and youth experienced during this reporting period.



During this reporting period, no children enrolled in IBHS experienced crisis intervention involvement or psychiatric hospitalization. This represents a significant positive outcome and marks the first reporting period in which zero crisis or inpatient psychiatric events have occurred.

Assessments

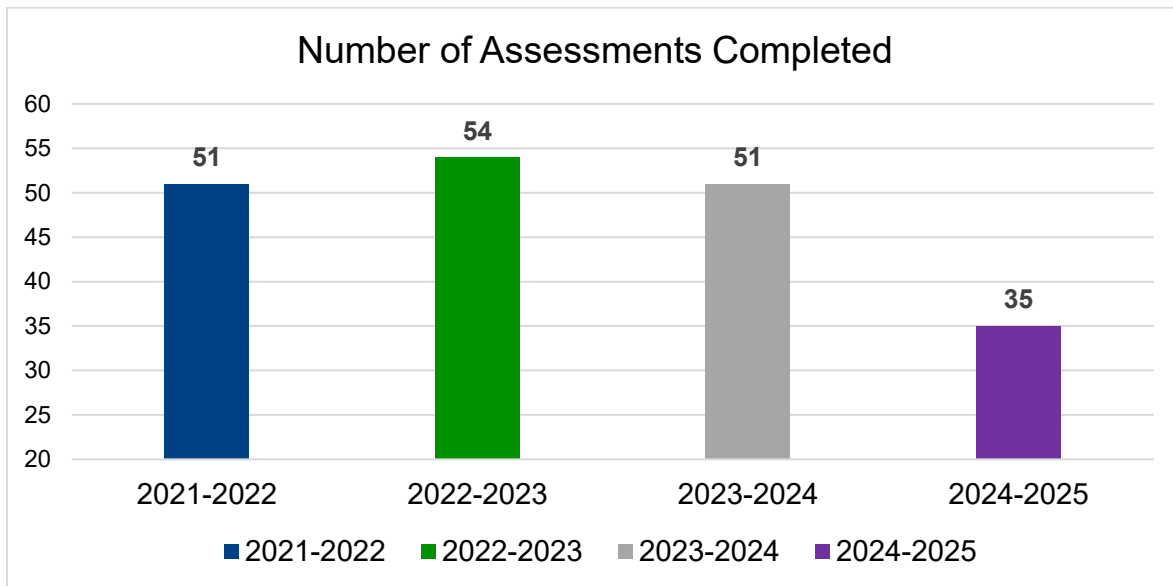
IBHS Assessments are completed with 15 days of opening and annually thereafter unless a need arises. The main purpose of the assessments is to assess the recommendations made in the Written Order across all the youth's natural environments including the home, school, and community. The Program Director 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

The graph below represents the number of assessments completed.



There were 35 assessments completed during this reporting period.

Assessment of the Outcomes of Services Delivered

A discharge summary is completed on every child who exits the program. IBHS staff complete a discharge 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.	4

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.	1
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.	3
4. The parent or legal guardian who provided consent to receive services agrees services should be discontinued.	3
5. The youth or young adult agrees services should be discontinued.	0
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.	4

The majority of children and youth were discharged from IBHS due to successful completion of Individual Treatment Plan (ITP) goals and objectives with no additional needs identified, or as a result of non-attendance for 45 consecutive days without notification.

Individual Treatment Plan (ITP)

An Individual Treatment Plan (ITP) is developed for every child and youth enrolled in the IBHS Program. The ITP serves as a comprehensive, individualized roadmap to address identified therapeutic needs and guide service delivery.

Each ITP includes the following components:

- Specific, measurable goals and objectives that directly address identified therapeutic needs, with clearly defined and observable outcomes.
- Parent, legal guardian, or caregiver involvement, specifying whether participation is required and how it supports achievement of treatment goals.
- Structured therapeutic interventions, including individual interventions, community integration activities, and skill-building supports designed to improve functioning at home, school, and within the community.
- Defined time frames for completion of each identified goal.
- Identification of service settings, including locations where group services may be delivered.
- Authorized frequency and duration of services, including the number of hours allocated for group services.

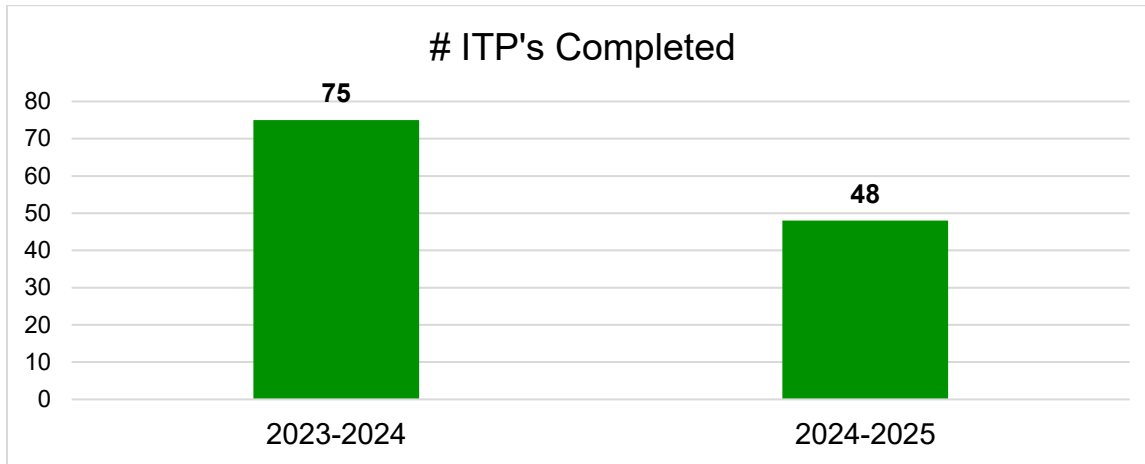
The ITP is reviewed and updated at least every 12 months, or sooner when clinically indicated. An update will occur if any of the following circumstances arise:

1. A parent, legal guardian, or caregiver requests a revision.
2. The youth or young adult requests an update.
3. There is a change in living situation that results in a change of primary caregiver.
4. The child, youth, or young adult has made sufficient progress requiring modification of goals.
5. Limited or no significant progress has been made toward ITP goals within 90 days of service initiation.

6. A crisis event occurs.
7. A staff member, primary care physician, treating clinician, case manager, or other involved professional identifies a clinical need for revision.

This structured and responsive process ensures that treatment planning remains individualized, measurable, and clinically appropriate, while promoting accountability and continuous progress monitoring.

The graph below indicates the number of ITP's completed during this reporting period.



There were 48 Treatment Plans completed in the IBHS Program during this time of review.

Program Adherence

To ensure the IBHS consistently adheres to the approved Program Model, the agency employs multiple strategies within a comprehensive quality and compliance oversight framework. The Quality & Compliance Department is responsible for evaluating IBHS to confirm that services are delivered in accordance with the approved service description and that the recovery-oriented needs of individuals served are effectively met. Ongoing monitoring activities are conducted to assess service fidelity, regulatory compliance, and overall program effectiveness.

Program compliance and service fidelity are evaluated through the following established processes:

1. Annual licensing site visits conducted by the Office of Mental Health and Substance Abuse Services (OMHSAS)
2. Internal chart reviews completed by the Program Director
3. Quarterly internal compliance audits conducted by the Compliance Coordinator
4. Comprehensive internal quality reviews conducted by the Quality Director
5. Review and analysis of client feedback survey results
6. Regular and consistent review of CCBH Performance Measures and OMHSAS Bulletins
7. Involvement in CCBH monthly provider meetings to review service requests including treatment plans, FBA's, written orders, and assessments

Findings from internal audits, chart reviews, quality evaluations, and client feedback are systematically reviewed and analyzed to guide continuous quality improvement efforts. These efforts include targeted staff training, policy and procedure refinement, and enhancements to service delivery practices. This structured and ongoing evaluation process supports sustained compliance with OMHSAS standards while promoting high-quality, person-centered, recovery-focused care.

Based on the results of these monitoring and evaluation activities, Intensive Behavioral Health Services were determined to be in full compliance with all applicable regulatory and program requirements during the review period. The comprehensive quality review confirms that the program consistently meets established standards, maintains fidelity to the approved service description, and operates effectively in support of individual recovery goals.

Written Order

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.

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.

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.

Staff Qualifications

The agency maintains a designated Quality & Compliance Department responsible for conducting internal reviews, monitoring regulatory adherence, and ensuring ongoing compliance with federal, state, and IBHS program requirements. This department oversees quality assurance activities, documentation reviews, policy implementation, and continuous performance improvement initiatives.

Staff members who perform quality and compliance reviews possess the following qualifications:

- Comprehensive knowledge of federal and state regulations, including but not limited to HIPAA privacy and security standards, Pennsylvania IBHS regulations, and other applicable behavioral health requirements.
- Understanding of accreditation standards, including familiarity with requirements of recognized accrediting bodies, when applicable.
- Strong knowledge of professional and ethical guidelines, including adherence to applicable codes of ethics governing behavioral health practice and confidentiality standards.
- Clinical knowledge and experience, ensuring the ability to assess documentation for medical necessity, treatment integrity, and alignment with clinical best practices.
- Demonstrated experience in Quality & Compliance functions, including chart audits, policy review, corrective action planning, risk management, and performance improvement processes.

This structure ensures that reviews are conducted by qualified personnel with both regulatory expertise and clinical competence, supporting compliance, service integrity, and continuous quality improvement within the IBHS Program.

OHMSAS Licensure Site Visits

The agency adheres to the Office of Mental Health and Substance Abuse Services (OMHSAS) IBHS Regulatory Compliance Guide and all applicable Pennsylvania IBHS regulations. Policies, procedures, documentation standards, and service delivery practices are aligned with current regulatory requirements to ensure full compliance and program integrity.

The Quality & Compliance Department actively monitors adherence through internal audits, policy review, staff training, and ongoing performance improvement initiatives. Regulatory updates issued by OMHSAS are reviewed and incorporated into agency practices as needed to maintain compliance.

The agency participates in OMHSAS licensure site visits in accordance with state requirements. During these reviews, documentation, service delivery practices, staff qualifications, and program operations are evaluated to ensure compliance with IBHS standards. Outcomes of licensure site visits are reviewed by leadership and the Quality & Compliance Department. Any findings, recommendations, or required corrective actions are addressed promptly through formal plans of correction, staff education, and process improvement measures.

This structured oversight process supports continuous quality improvement, regulatory adherence, and the delivery of safe, effective, and compliant IBHS services.

Intensive Behavioral Health Services (IBHS) successfully participated in a re-licensure site visit conducted on March 4-5, 2025, by Andrew Druzisky of OMHSAS for the renewal of the agency's Certificate of Compliance. During the review, numerous program strengths were

identified, reflecting the agency's commitment to regulatory adherence and quality service delivery. One citation was issued to The Guidance Center's IBHS Program.

The citation pertained to treatment plans not consistently being completed within the required 180-day timeframe. Upon receipt of the citation, the agency promptly implemented a corrective action plan utilizing the Plan Do Check Act (PDCA) quality improvement model.

Immediate action steps included a meeting between the Senior Director of Clinical Services, the IBHS Director, and the Quality Director to analyze the root cause and establish a structured improvement plan. A Business Intelligence (BI) report was developed within the Electronic Health Record (EHR) system to provide a real-time dashboard tracking multiple IBHS compliance indicators, including the 180-day treatment plan requirement. This tool allows for proactive monitoring and early identification of potential compliance concerns.

The IBHS Director subsequently conducted group supervision with IBHS staff to review the citation, reinforce regulatory expectations, and outline procedural improvements. Ongoing oversight was strengthened through quarterly internal audits conducted by the Compliance Coordinator, with continued monitoring by the Quality Director as part of the agency's broader quality improvement framework.

Since implementation of the corrective action plan, treatment plans have been completed within the 180-day regulatory requirement and continue to remain in compliance. This measure has been incorporated as a standing indicator in internal compliance audits, and the BI dashboard continues to support sustained oversight and accountability.

This process demonstrates the agency's commitment to rapid response, data-driven monitoring, and continuous quality improvement in alignment with OMHSAS IBHS regulations.

Audits

Quarterly chart reviews are conducted by the Program Director to assess documentation accuracy, service fidelity, and alignment with Individual Treatment Plans (ITPs). Feedback from these reviews is provided directly to each staff member and is used to support ongoing coaching, professional development, and consistent service delivery.

Internal compliance audits are conducted quarterly by the Compliance Coordinator and encompass 20 established quality indicators. Audit findings are shared with the Program Director and the Senior Director of Clinical Services. Any areas identified for improvement are reviewed during a multidisciplinary quality meeting involving the Quality Director, Compliance Coordinator, Program Director, and Senior Director of Clinical Services. When indicated, a corrective action plan is collaboratively developed, implemented, and monitored to ensure timely resolution and sustained compliance.

The Quality Director conducts an in-depth, comprehensive quality review that evaluates service effectiveness, quality outcome data, client satisfaction, and overall program performance. This review provides an additional layer of oversight and supports data-driven decision-making to strengthen program outcomes.

In addition, the agency actively monitors Community Care Behavioral Health (CCBH) performance measures and Office of Mental Health and Substance Abuse Services (OMHSAS) bulletins to ensure continued adherence to the Intensive Behavioral Health Services program model and to proactively incorporate new regulations, guidance, or system changes. These resources inform quality improvement initiatives, support best practices, and enhance service delivery to improve outcomes for individuals served by the program.

Methodology

The Agency Compliance Coordinator conducts quarterly internal chart audits, while the Program Director completes ongoing chart reviews as part of regular supervisory and oversight responsibilities.

For each quarterly internal audit, a random sample of charts is selected that includes both actively enrolled individuals and individuals who have been discharged from the program. Review of discharged charts verifies that required discharge planning and documentation processes were completed in accordance with program and regulatory standards.

During the review period, three internal compliance audits were conducted. Audit findings are summarized below and reflect the program’s level of compliance with documentation, service delivery, and discharge requirements.

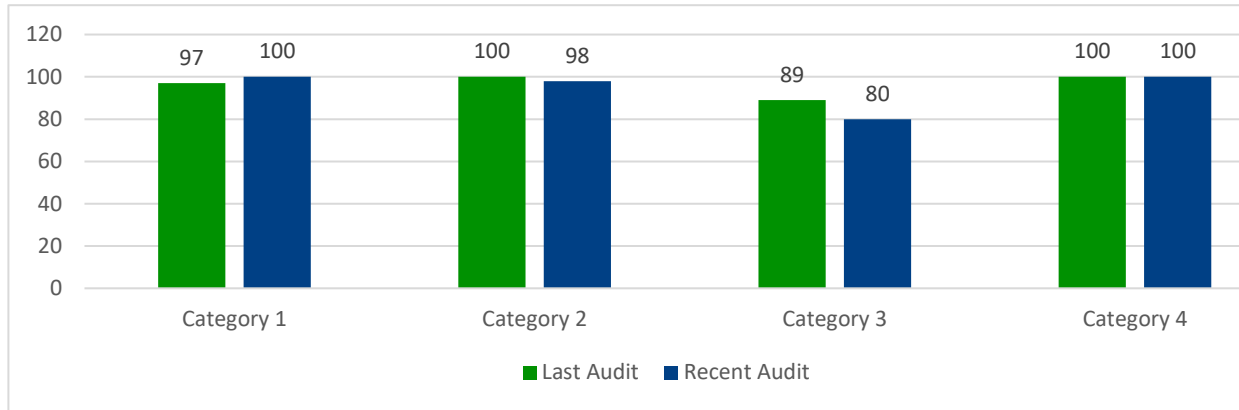
Internal Compliance Audit Results

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

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
1. Intake & Assessment	100%	80%
2. Treatment Planning	98%	80%
3. Physical/Behavioral Health	80%	80%
4. Discharge Planning	100%	80%

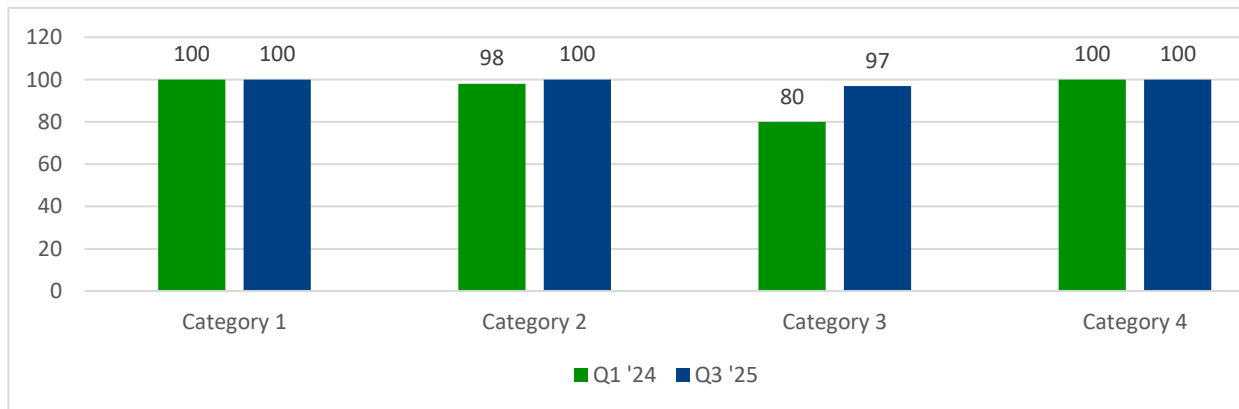
Comparison Since Last Internal Audit:



Internal Quality Review			
Program	IBHS	Date of Audit	1/7/25-1/9/25
Number of Charts Reviewed	10 open charts 2 closed charts	Audit Schedule	Biannually – Q3
Total Number of Indicators	21 Quality Indicators		

Category	Score	Goal
5. Intake & Assessment	100%	80%
6. Treatment Planning	100%	80%
7. Physical/Behavioral Health	97%	80%
8. Discharge Planning	100%	80%

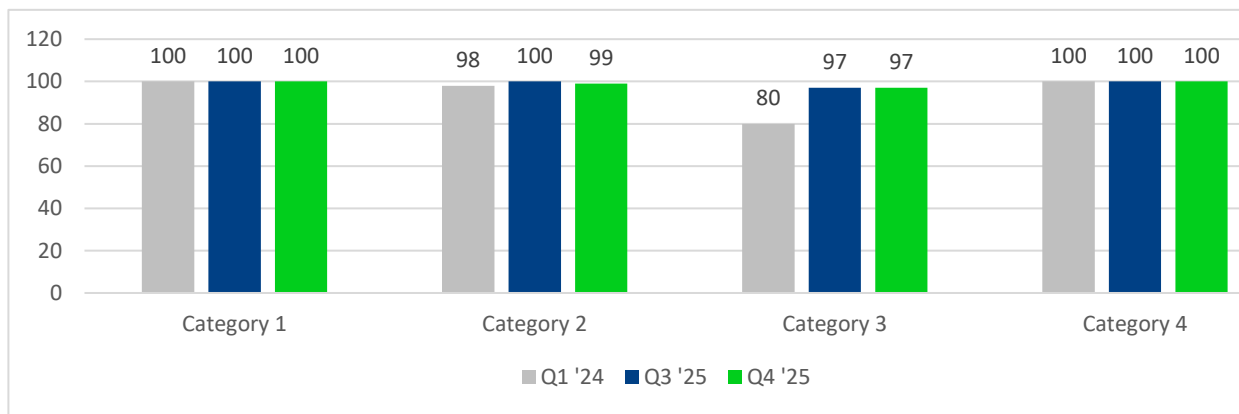
Comparison Since Last Internal Audit:



Internal Quality Review			
Program	IBHS	Date of Audit	6/23/25 – 6/26/25
Number of Charts Reviewed	12 Randomized Charts	Audit Schedule	Quarterly – Q4
Total Number of Indicators	22 Quality Indicators		

Category	Score	Goal
9. Intake & Assessment	100%	80%
10. Treatment Planning	99%	80%
11. Physical/Behavioral Health	97%	80%
12. Discharge Planning	100%	80%

Comparison Since Last Internal Audit:



Since transitioning to quarterly internal audits of IBHS services and closely monitoring Individual Treatment Plans (ITPs), the program has demonstrated notable improvements across all performance indicators. This increased oversight has strengthened compliance, enhanced documentation accuracy, and supported consistent progress toward therapeutic goals for all children and youth served.

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.

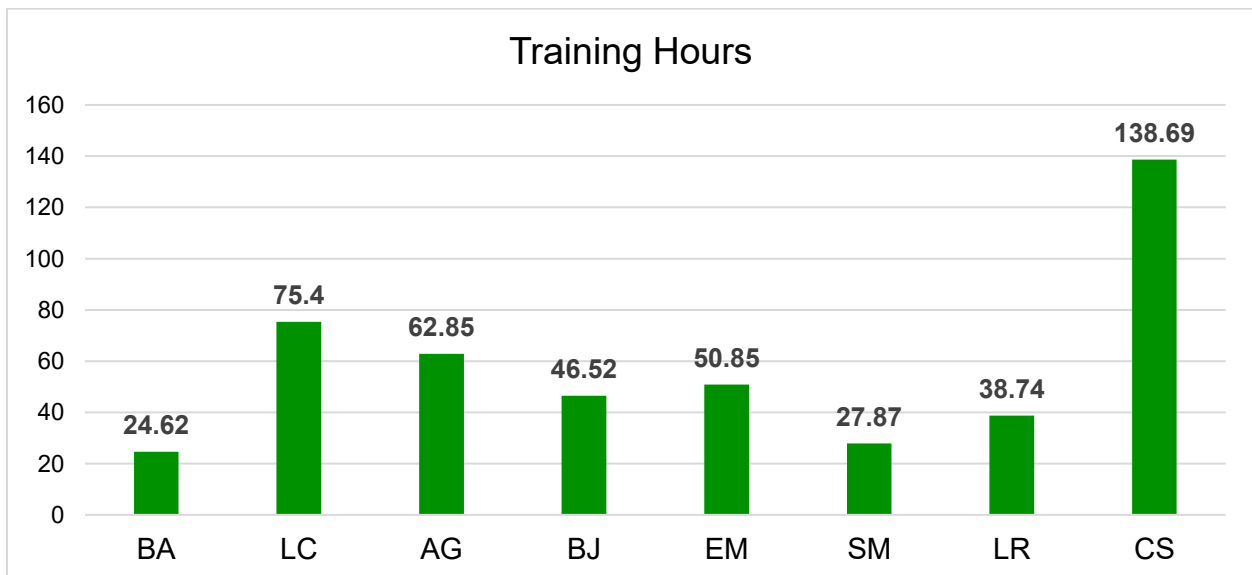
BHT

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.



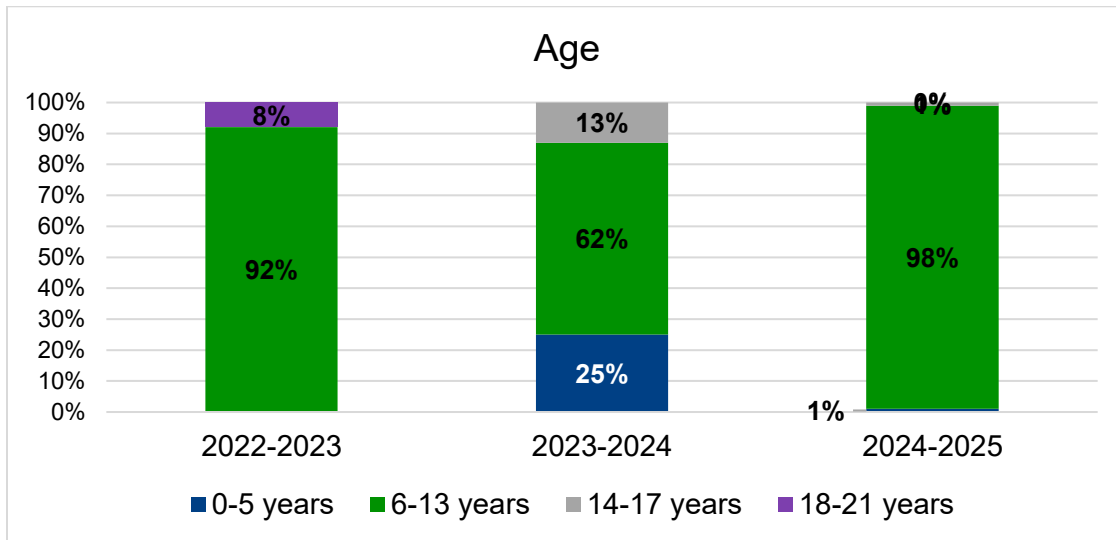
Collectively, IBHS staff completed a total of 465.54 training hours during this reporting period. This substantial investment in professional development reflects the agency's strong commitment to delivering high-quality, recovery-oriented support.

Satisfaction Surveys

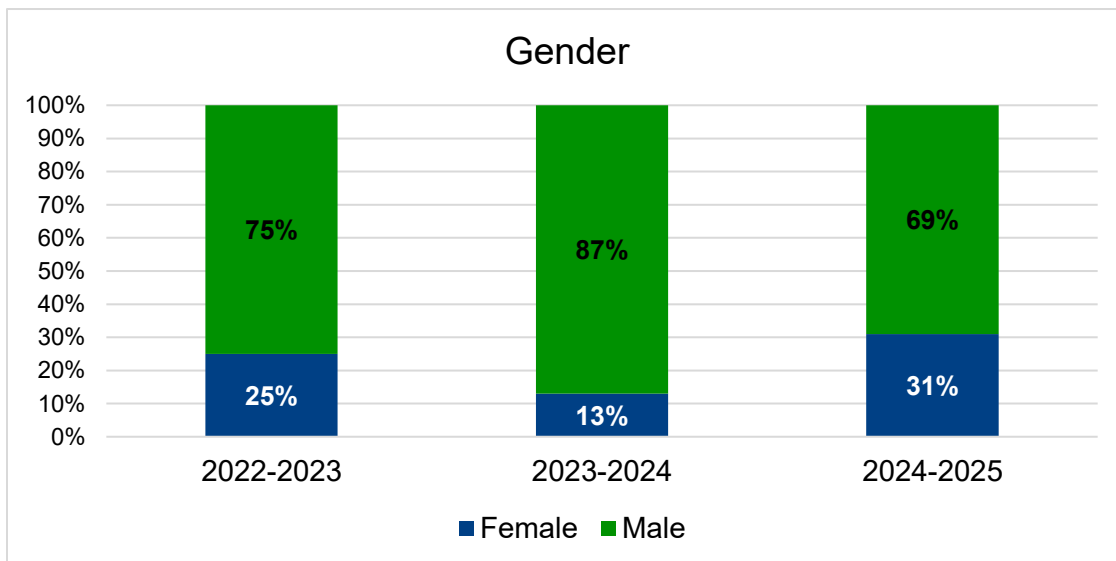
Surveys are administered to IBHS clients using a fillable form that are returned to the Quality Director for data compilation and analysis. The Quality Committee thoroughly reviews the collected feedback. Based on findings, necessary modifications to the program are implemented to address any areas identified for quality improvement. During this review, there were thirteen surveys completed. IBHS Client Feedback Surveys consist of 19 questions. Questions 1-3 ask participants to identify some demographic information.

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

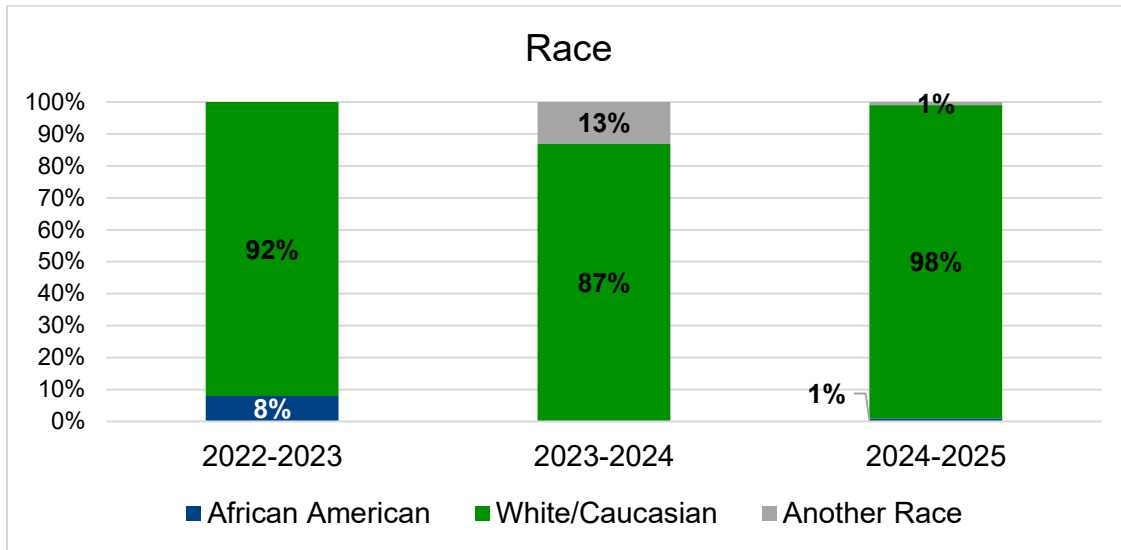
Age



Gender



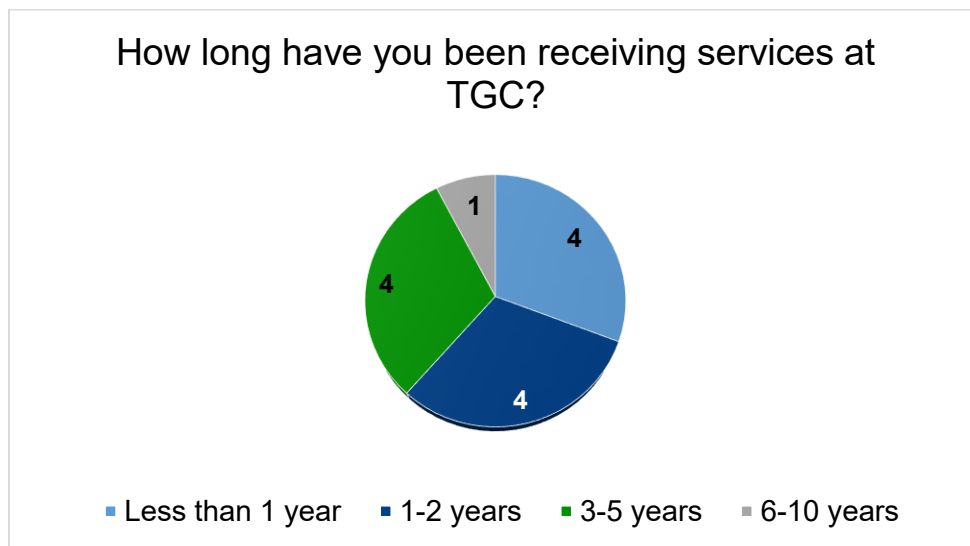
Race



Most of the survey respondents are within the ages of 6-13 years, males, and white/Caucasian.

Survey Results

Question 4 in 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.



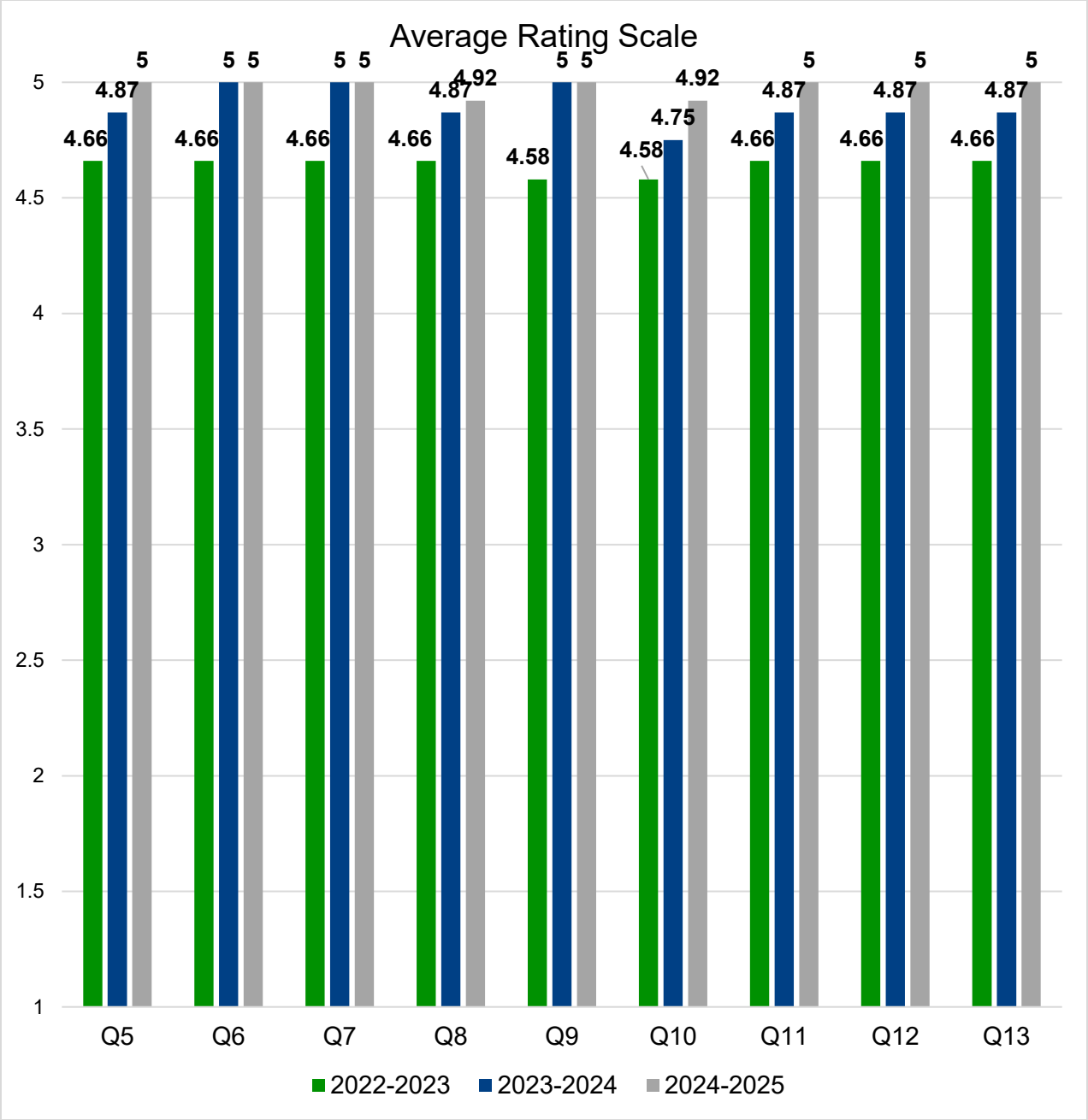
Survey findings demonstrate a broad distribution of service tenure among respondents, with individuals reporting engagement periods ranging from less than one year to six to ten years.

Questions 5 through 13 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 setting where services are provided?	5
6. The courtesy and respect shown by our staff?	5
7. The level of confidentiality?	5
8. Your participation in the development of a treatment plan that met your needs?	4.92
9. Your provider's ability to help you and your family?	5
10. Your ability to handle your situation as a result of receiving services?	4.92
11. The frequency and convenience of contacts?	5
12. Services addressing your specific cultural background in a respectful manner?	5
13. The effectiveness of services?	5

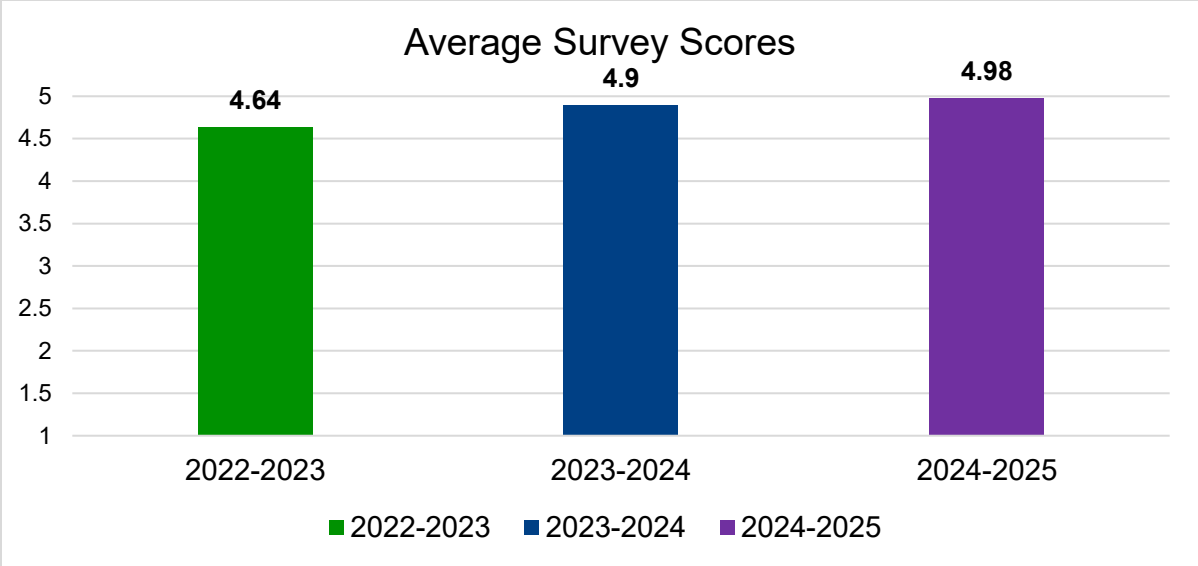
Average Survey Scores

The following graph indicates the average score based on the rating scale outlined above for each question over the past three years.



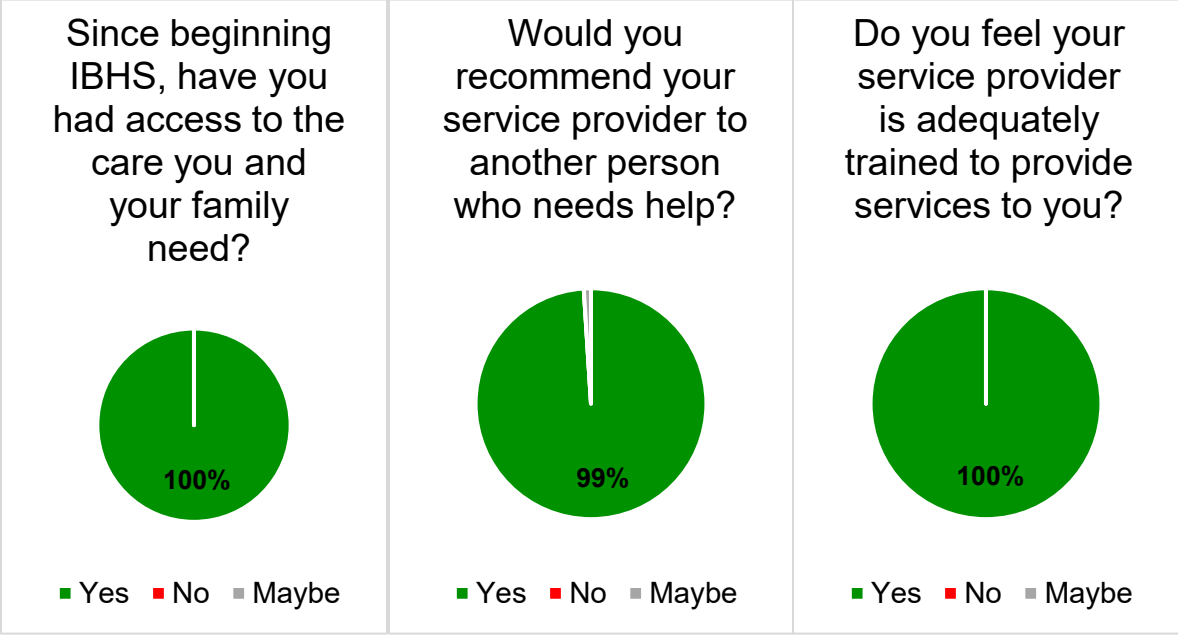
Consistent with the findings from the last review, it is notable that all scores are equivalent to a remarkable 91% score or higher, reflecting a strong overall performance.

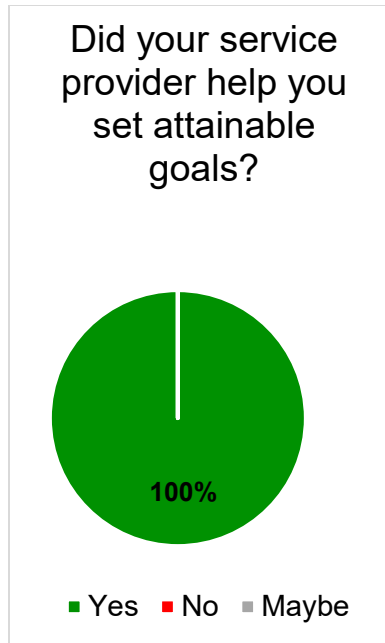
The following graph represents the average of the survey scores.



The average score continues to increase.

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





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 following word cloud depicts some of the comments shared.

My child's social skills at school have improved.
This service helped my son get the emotional support he needed.
This service helps me recognize my child's frustrations and how to assist her.
My child is able to attend school all day.
This program helped me support my child in school.
I have worked on my reaction when my child shows they are frustrated.
I've seen a huge difference in my child's behavior since starting this service.
My child is more receptive to taking breaks and can regulate his emotions.
He is learning to become more independent.
My child's behavior and speech have improved since services began.

Respondent comments emphasized the value and importance of the services provided, highlighting meaningful progress made by children and youth since initiating services. Feedback consistently reflected measurable improvements in behavior, emotional regulation, and school performance.

Trend Analysis & Outcomes

During this review period, the Intensive Behavioral Health Services (IBHS) Program served 28 children, delivering a total of 2,091 units of service to address a broad spectrum of behavioral health needs. Service delivery remained primarily school-based, followed by home and community settings, reflecting a continued commitment to providing interventions within the child's natural environment to promote generalization and sustainability of skills.

All enrolled children were formally evaluated for medical necessity and level-of-care appropriateness. Review findings confirm that 100% of clients received services consistent with assessed clinical need, demonstrating adherence to regulatory standards and proper service intensity alignment.

From a diagnostic perspective, Attention-Deficit/Hyperactivity Disorder (ADHD) was the most prevalent primary diagnosis, followed by Autism Spectrum Disorder (ASD). A significant portion of children presented with co-occurring conditions, reinforcing the program's need for flexible, individualized, and multi-modal treatment planning. Services were tailored to each child's clinical presentation, functional impairments, and environmental stressors.

The program recorded 13 discharges during the reporting period. Of these discharges, 31% successfully met their individualized treatment goals and completed services, demonstrating measurable clinical progress.

A significant positive trend observed during this review period was the complete absence of crisis interventions and psychiatric hospitalizations among enrolled children, representing a marked improvement from the prior review cycle. This reduction suggests increased treatment effectiveness, earlier intervention, strengthened collaboration with families and schools, and improved stabilization strategies.

A total of 35 comprehensive assessments were completed utilizing evidence-based evaluation tools. Assessments examined functioning across home, school, and community domains to ensure ecological validity and accurate identification of behavioral drivers. Findings from these assessments directly informed the development of individualized, measurable treatment goals.

Each child had a current and clinically appropriate Individualized Treatment Plan (ITP) in place. ITPs served as structured, goal-driven roadmaps outlining therapeutic objectives, measurable benchmarks, service frequency, and coordination strategies. Ongoing monitoring ensured that plans remained responsive to progress and emerging needs.

From a workforce perspective, staff exceeded required annual training thresholds and remained fully compliant with supervision standards. Enhanced clinical oversight and ongoing professional development contributed to improved service fidelity and program stability. Family and stakeholder satisfaction surveys reflected high levels of engagement, collaboration, and perceived effectiveness, reinforcing the program's commitment to client-centered and family-driven care.

Conclusion

This year's data reflects a strong and measurable trajectory of program effectiveness. Key indicators, including goal attainment at discharge, elimination of crisis involvement and psychiatric hospitalizations, and consistent level-of-care appropriateness, demonstrate that the IBHS program is successfully stabilizing children with complex behavioral health needs within their natural environments.

The integration of comprehensive assessments, individualized treatment planning, and high service intensity has contributed to improved clinical outcomes and reduced system utilization. Additionally, sustained investment in staff training and supervision has strengthened service quality, compliance, and treatment consistency.

Overall, the program continues to demonstrate its capacity to deliver structured, evidence-informed, and outcome-driven care. These results support ongoing program sustainability and reflect a strong foundation for continued quality improvement, risk reduction, and positive long-term outcomes for the children and families served.

