

Family Based Annual Quality Improvement Report

January 1, 2022 –
December 31, 2022



Table of Contents

Subject

FBMH Annual Report Table of Contents

1. Introduction	
a. Service Description	Page 2-3
2. Demographic	
a. Population served numbers and gender (LGBTQ data)	Page 3-10
b. Admission and discharge diagnosis	
c. Length of Stay	
d. Referral source	
3. Satisfaction surveys	Page 10-11
e. Internal versus external	
4. Staff and consumer safety	Page 11
f. Client Incident Reports	
g. Employee injuries and lost or transitional duty	
5. Staff recruitment and retention	Page 12
h. Resignation, terminations and new hires	
6. Program Excellence/Positive impacts	Page 12-16
i. Review of Records	
j. MFAF	
k. Utilization/Average visits	
l. Disposition at Discharge	
m. Reasons for Discharge (Lower level of care)	
n. Cancellation and no-show data	
o. Breakdown of services via telehealth	
7. Beacon Value Based Purchasing Data	Page 17-18
8. Summary	Page 18
9. Next Steps	Page 19

Introduction

Introduction

The purpose of the FBMHS Quality Improvement Policy is to promote a culture of quality within the FBMHS program that includes an organization-wide management and staff philosophy of continuous quality improvement in programs, service delivery and employees. The FBMHS program is an active participant in the overall agency's Quality Improvement committee. The agency CQI committee is charged with the responsibility for planning, designing, measuring, assessing, implementing, and maintaining a program in which optimal standards to our customers as well as staff performance are continuously promoted and applied to everyday work to meet the needs of those we serve and improve the services we offer. The focus of the quality management plan is on both quality improvement as well as compliance with the standards and regulations of the accrediting and regulatory entities.

Family Based Service Description

Family Based Mental Health Services (Family Based or FBMHS) for children and adolescents are team delivered services rendered in the home and community which are designed to integrate mental health treatment, family support services, and case management, so that families may continue to care for their children and adolescents with serious mental illnesses or emotional disturbances at home. FBMHS are intended to reduce the need for psychiatric hospitalizations and out-of-home placements by providing services that enable families to maintain their role as the primary caregiver for their children and adolescents. These services have been developed on principles and objectives developed by the Child and Adolescent Service System Program (CASSP) to recognize that children and adolescents are a part of the family unit and that parents are the primary caregivers for their children and adolescents. FBMHS are provided to the child or adolescent and family in their natural setting. Services at this level of care are intended to comprehensively address the intensive treatment needs of children and adolescents. A primary goal of FBMHS is to facilitate the development of a positive milieu across community-based settings, which will be supportive and caring for the child or adolescent after the services are completed.

Glade Run provides FBMHS in accordance with the regulations established by the Department of Human Services. In so doing, services are offered in a rapid response manner with Glade Run initiating services within 24 hours of the consumer family being accepted into the program. Services, which also include a crisis component, are time-limited, authorized in 32-week increments and available 24 hours per day/seven days per week. The provision of services is delivered at times most convenient to the consumer family and the location of services is typically within the family's home, but can be provided in the consumer family's community if it is deemed necessary or appropriate to meet the family's needs.

Family Based Mental Health Services is unique in that the entire family, including other supports and caregivers along with the community, including agencies involved, is part of treatment. Family Based Mental Health Services is a more holistic program that serves to empower families in their role as primary caregiver for children who are struggling with serious mental illness and emotional disturbance. Family Based encourages and assists

families in harnessing their own skills and knowledge to effectively tap into community resources and create ties with agencies/entities that come into contact with their family. Family Based views the caregivers in the home as captains of their ship and teaches and models for them how to utilize and connect to resources that can assist them in more effectively caring for their family.

Demographics

Program/ Location	Total # of clients Served		Admissions		Discharges		Average length of Stay	
	2022	2021	2022	2021	2022	2021	2022	2021
Beaver	30	38	17	25	23	27	150	162
Butler	57	72	32	47	44	51	162	169
Pittsburgh	21	15	18	11	16	10	140	142
Zelienople	1	0	1	0	1	0	217	0
Totals	109	125	68	83	84	87	155	164

Consumers are listed as what office location they are staffed out of. Family Based served consumers from Allegheny, Beaver, Butler, Lawrence and Mercer counties during 2022. Note in 2022, 2 consumers populated multiple times with discharging and re-entering in the same year (1 twice and the other 3 times). They were only counted once in total clients served. The same was true for 2021. 2 consumers populated 2 times during the year. We are looking into allocation of county and location to be documented differently than they previously have been, to appropriately reflect counties served.

Admissions

Gender	Butler	Beaver	Pittsburgh	Zelie	Totals
Male	19	8	9	0	36
Female	11	7	9	1	28
Unknown	2	2	0	0	4

Discharges

Gender	Butler	Beaver	Pittsburgh	Zelie	Totals
Male	26	8	8	0	42
Female	16	12	8	1	37
Unknown	2	3	0	0	5

We are noticing a trend in the increased number of “unknowns” in gender. Our EMR only gives the opportunity to input male or female or leave it blank. The reasons for the “unknown” can be due to a data entry error or consumers who do not identify as male or female. Glade Run is reviewing initiatives on offering other choices to accommodate the LGBTQI community within our EMR system.

Admission Primary Diagnosis

Beaver/Butler/Pittsburgh/Zelienople

Diagnosis	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct.	Nov	Dec	Totals
Generalized Anxiety DO					1							1	2
Adjustment DO with mixed Disturbance of emotions and conduct	1												1
Major Depressive DO, SE			1				1			1		1	4
Major Depressive DO, RC	1						1		1	1	1	1	6
ADHD, combined	1	1	1	2	1	1	2	1	2	1	2		28
						2	1						
					5				3				
						1	1						
Obsessive Compulsive DO	1												1
Bipolar 1 DO, most recent episode		1						1					2
Persistent Depressive DO	1												1
Oppositional Defiant DO		1											1
Posttraumatic Stress DO			1	1			1			1	1		7
			1				1						

Disruptive Mood Dysregulation			1		1	1	1						4
Unspecified Depressive DO			1			1							2
Impulse DO, Unspecified											1		1
Disruptive Impulse Control DO										1			1
ASD						1	1		1	1	1		6
Intermittent Explosive DO										1			1

The chart above identifies that the most prevalent primary diagnoses of individuals upon admission are ADHD, Post Traumatic Stress Disorder, Major Depressive Disorder, Reoccurring, and Autism Spectrum Disorder with ADHD having an overwhelming lead with 28. This information was noted as surprising as often during treatment, the diagnoses that often play a strong role in treatment tend to not be the primary diagnoses. Through assessments particularly the first 30 days of treatment, it is often identified that diagnoses of trauma, depression, anxiety, and oppositional defiant disorder lead the course of treatment rather than the primary diagnosis. It should be noted that Family Based does not look at clients through a pathological lens and takes the whole system into account while navigating and adjusting treatment around the needs that their diagnoses may cause. Due to the majority of consumers having multiple diagnoses, we will continue to tailor treatment individually based on all of their diagnoses.

Discharge Diagnosis

Beaver/Butler/Pittsburgh/Zelienople

Diagnosis	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct.	Nov	Dec	Totals
Generalized Anxiety DO			1	1		1					1		5
						1							
Autism Spectrum DO	1		1		1	1	1			1	1	1	9
							1						
Major Depressive DO, SE moderate					1					1			2
Major Depressive DO, RC (Unspec./ Mod/Severe)	1		1		1	1				1			5
Major Depressive DO, RC severe with psychotic Behavior						1	1	1					3
ADHD, combined	1	1	1		1		2	2	2	1	2	2	24
	1				2				1	2	1		
									2				
ADHD, Inattentive type		1	1	1						1			5
		1											
ADHD, Predominantly Hyperactive Impulsive type							1	1	1	1			4

Bipolar 1 DO, most recent episode, unspec./Moderate		1											1
Persistent Depressive DO							1						1
Obsessive Compulsive DO									1				1
Adjustment DO with disturbance of conduct		1											1
Adjustment DO with disturbance of emotions and conduct		1											1
Conduct DO, Unspec.			1									1	2
Disruptive Mood Dysregulation DO	1	1				1				1			4
Unspec. Disruptive Impulse Control and Conduct DO							1					1	2
Posttraumatic Stress DO			1			1		1		1	1	1	6
Reactive Attachment DO				1									1
Unspecified Depressive DO			1	1	1					1			4
Acute Stress DO					1								1
Oppositional Defiant Disorder							1	1					2

During this reporting period, it appears that the admission and discharging diagnosis numbers stay mostly in line with each other. However, some increases in other primary diagnoses could be attributed to evaluations that may occur during the treatment period, due to the scope of Family Based including case management proponents. More complex evaluations such as neuropsychological evaluations may occur during treatment as the clinicians work with the whole system when assessing the client's needs.

Referral Information

Referral Source	Total Referral	# admitted
AHN Pediatrics	1	0
Beaver County	1	1
CCP - Children's Community Pediatrics	1	0
Child and Adolescent Psychiatric Solutions	1	1
Children's Institute	1	0
Clarion Hospital	1	1
Clarion psychiatric	2	1
Cumberland	1	1
CYS	1	1
Family Pathways	1	0
GRLS	27	17
Harbor Creek	3	0
HSAO Life Project	7	5
Human Service Center (HSC)	9	5
Jefferson Behavioral Health	1	0
Jefferson hospital	1	1
Lawrence County CYF	1	1
Mercy	6	0
MHY	1	1
PCP	1	1
Pine IOP	1	0
Pressley Ridge	1	0
Psychology and Learning Center	4	2
Sara Reed	2	2
Sharon Regional	5	3

Southwood	16	9
Staunton Clinic	1	1
UPMC	8	1
WPH	1	1
WPIC	7	4
Totals	115	60

The current referral to admission rate calculated from the table above is 52%. This means that only 52% of the referrals that come into Glade Run Family Based program actually get admitted and start treatment. This validates the trend that there have been multiple referrals submitted that did not meet criteria or were not appropriate for Family Based for one reason or another. Reasons why they do not get admitted are typically documented in the Electronic Medical Records but not consistently. Some reasons often noted are the child is not at risk of out of home placement, the family did not understand the service (intensity of the program and time commitment), the family did not want the level of care, or the family did not want to lose another level of care by starting Family Based. The numbers indicate a need for efforts to be implemented that would educate referral sources on Family Based services and what communication needs to be done with the families prior to a referral being made. It is a goal to consistently log the information in the precertification's that include the reason a client was not admitted after being referred to better analyze the need for outreach to referral sources.

Satisfaction Surveys

1. Discharge

10 discharge surveys were completed by consumers from Beaver, Butler and Zelienople locations.

- All stated they were part of the discharge planning process and that they understood their medication management follow-up.
- 9 out of the 10 stated that a staff member talked with their next provider to help with the transition process. The one that stated no, commented "They spoke with the expected new provider but the plan changed today. The new provider is also Glade Run, so she will have access to the Family Based Notes."
- 100% said they felt staff helped them build a supportive network in their community.
- 7 consumers were transitioning to another Glade Run service and 3 were not. Of those transitioning to other services within Glade Run, St. Stephen's, School Based Therapy, and Outpatient Therapy were listed.
- 3 agreed and 5 strongly agreed that Family Based services were helpful.
- When asked if they met their goals, 1 strongly disagreed, 2 were neutral, 4 agreed and 2 strongly agreed.
- When asked if their needs were met by the program, 2 were neutral, 4 agreed and 4 strongly agreed.
- 4 agreed and 6 strongly agreed that they would recommend Glade Run to someone else.
- When asked if they feel confident the skills they have learned can be used in the home, community or school, 6 agreed and 4 strongly agreed.

2. External Surveys

We do not have any survey data from external sources. It should be noted that surveys were not being done consistently with our clients at the initial visits or ongoing. A protocol was put into place in which discharge surveys are being sent out regularly and data is being collected during this process. A different method of distributing the surveys to the families for the initial and ongoing surveys needs to be considered. It also appears that the clients had a favorable view of Family Based Services according to their discharge surveys. Family Based is also considering doing a more tailored survey to the components of the service.

Staff and Client Safety

Staff and client safety are a focus of the Quality Improvement team and initiatives. Our agency wide plan targets increased training, safety initiatives and efforts are reviewed by the internal safety committee. The charts below review staff work related injuries and client critical incidents. It is worth noting that Family Based had no staff injuries. 9% of clients served, experienced a critical incident and of the 10 clients, 6 of them had more than one critical incident.

Employee Work Related Injuries January 1, 2022-December 31, 2022

Location	# of Reported Injuries	# of Injuries Resulting in Lost Work Days	# of Total Lost Days	# of Injuries Resulting in Transitional Duty	# of Transitional Duty Days
FB	0	0	0	0	0

Client Critical Incidents January 1, 2022-December 31, 2022

Total # of Incidents	Total # of Clients	Allegations of Abuse/Childline	Police/Crisis or Ambulance Involvement	Hospital/Medical	Psychiatric Hospital	Self-Injurious behavior	Serious Nature/other	Elopement/ChildLine
19	10 out of 109	4 (1 sexual/2 physical/1 child endangerment)	5	4	2 (1 voluntary/1 involuntary)	1	1	2

Data indicates that several of the consumers had multiple incident reports. This is typical for consumers at this level of care. With the crisis component in Family Based, many staff were present and supported during these incidents.

STAFF ARE OUR GREATEST RESOURCE

Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
FB 2022	12	3	4	12	33%
FB 2021	14	3	6	12	43%

In 2022, two current Glade Run staff transitioned into Family based and one transferred out. In 2021, one Glade Run staff transferred into Family Based.

Our recruiting and retention efforts are continuously being evaluated in order to provide services. The turnover rate significantly improved in 21-22 compared to 20-21. There were fewer resignations in 2022 than in 2021. Glade Run Leadership has focused heavily on recruiting and retention, making significant changes in incentives for staff to come into Glade Run and remain with Family Based. Raises were implemented twice this past year and a hiring bonus as part of recruitment efforts.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Individual Records review

Glade Run FBMHS staff conducts reviews on an ongoing basis of current clients that are being served. During reviews, the following areas are being evaluated to ensure compliance with regulations, as well as quality documentation: Proper initiation of Services, Assessments, Individual Treatment Plans, Crisis Plans, Documentation and Collaboration. Record reviews helped us to identify deficiencies and guided our feedback and interventions to improve the quality of the charts. Use of these tools and ongoing record reviews resulted in no findings in our OMHSAS Annual Licensing Review. Auditors noted strengths around documentation in the medical record.

Below explains how each record is reviewed. Glade Run staff reviewed 100% of active clients receiving service. These reviews are compliant with the FBMHS regulations.

Upon referral our Referral Coordinator will confirm prescription letter with doctor's signature and psychological or psychiatric evaluation performed within the last 6 months and confirm Medical Assistance.

Upon admission, the Director/Program Manager check Admission, Policies and Consents, and the Preliminary Treatment Plan.

Within the first 30 days of treatment, a chart is utilized for all of the documentation that is required for FBMHS. Therapists have a flowchart that guides their treatment from a clinical perspective and compliance perspective. They use this during the first 30 days and check off items.

At 30 days, everything is checked for completion by supervisors utilizing the same flowchart. Incomplete paperwork is documented on the flowchart tracker. Teams refer to the Family Based Intake and TCP tracker for quick reference of needed paperwork and refer to the Flowchart for specific needs and notes. This is reviewed in weekly supervision with the teams and documented. Family Based Intake and TCP tracker utilized to track 30-day treatment/crisis plan reviews. During weekly team supervision, TCP's and Upcoming Reviews are discussed weekly and due dates documented.

Progress note checks are performed biweekly to weekly - at least one team per review - feedback given via email and documented in Progress Note Review Chart. The goal is to review one note per staff once per month.

Weekly Timesheets are completed every Monday morning through the EMR. Encounter Form Reports are run every Monday to ensure that each encounter form has a progress note. If an encounter does not have a progress note attached to it, supervisors contact the team to complete by the end of the business day.

Encounter forms needing any correction or update are put onto the Encounter Form Follow Up Document. This is checked weekly for completion.

MFAF Data

Assessment Averages	2022 Scores	2022 # of consumers completed	2021 Scores	2021 # of consumers completed
Initial	2.484865	74	2.505366	82
Discharge	2.2375	68	2.303671	79
Difference	-.2238	68	-.21325	77

In 2022, 11 out of 85 consumers did not complete both initial and discharge assessments. These were likely due to being admitted and discharged within the first 30 days. 6 out of 85 completed the initial but not the discharge assessment. In 2021, 5 out of 89 consumers did not complete both initial and discharge assessments. 5 out of 89 completed the initial but not the discharge assessment. 2 out of 89 completed discharge but not an initial assessment.

Utilization of Script/Average Visits

Year	# of consumers	Average LOS in days	Average LOS in weeks	Average # Face to Face visits	Average Face to Face Hours	Average # Other Visits	Average Other Visits hours	Overall average visits per week	Overall average hours per week
2022	105	103.35	14.75	24.05	57.77	4.53	3.66	1.93	4.16

Through Beacon's Value Based Purchasing program, Glade Run had an established baseline of 1.66 visits per week. To reach full credit, Family Based needs to have 3 visits per week. To receive half credit, they need 2 visits per week. As of the March meeting with Beacon, data was available for January through November. With Beacon consumers only being tracked, Glade Run was at an average of 2.14 visits per week.

Our agency quality indicators for Family Based are to target 2 visits per week and a total of 2.5 hours with families. Based on 2022 data we are just below the 2 visits per week target, but the average hours per week provided is 4.16. We are exceeding our target time with consumers, despite not meeting the visit target.

In general, the Family Based level of care is to provide a greater amount of support and visits during the first part of treatment, titrating down as treatment progresses. By the last month of treatment, clinicians are usually in the home one time a week to prepare the family for a lower level of care after discharge. Despite the VBP target, Glade Run is meeting the families' needs based on what they are requesting.

Status of Consumers Progress at time of Discharge

Improved	Same	Worse	Total
53	27	4	84
63%	32%	5%	100%

The FBMHS program strives to discharge consumers with an improved disposition and to stabilize the family. 63%, the majority of dispositions at discharge, were improved. 32% presented as the same when discharged which reflects a generally improved state since fluctuations are often part of an intensive level of care. 5% of consumers were worse which likely resulted in a higher level of care as FBMHS was not appropriate to handle the needs of the consumer. The status of the consumer at discharge is determined by goal achievement and a referral to lower levels of care.

Reasons for Discharge

Reason	Total	% of consumers
Progress went to lower level of care	33	39%
Time Limited went to lower level of care	18	21%
Hospitalized went to higher level of care	1	1%
Went to MST	1	1%
Unable to contact	2	2%
Non-participation	6	7%
New CYS/Foster placement	3	4%
Moving	3	4%
Health reasons	2	2%
Went to partial	1	1%
Went to specialized therapy	1	1%
Conflict/did not want to lose OP	2	2%
Family chose to end	6	7%
Felt services too intense	4	5%
Discharged and transferred services to sibling	1	1%

Progress and going to a lower level of care is the most frequent reason for discharge at 39% with completion of treatment and going to a lower level of care is the second most frequent reason. Non-participation of families or families choosing to end services early were both at 7% - the next highest percentage of reasons for discharge. Clinicians in FBMHS use the first 30 days to assess the client and families for appropriateness for care. It is sometimes determined that FBMHS is not the appropriate level of care and families are discharged at or around the first 30 days of treatment

No show/cancellation for 1/1/2022-12/31/2022

Type	# of services	Total billed services	Percentage
No show/Late cancel	97	2954	3.3%
Cancellation	238	2954	8.1%
Total	335	2954	11.3%

From the reported data, a total of 11.3% includes no shows and cancellations. More of the cancellations are planned or in a timely manner versus no shows and late cancellations. However, the data does not indicate if the services were made up at a later date.

Telehealth

County	# of Telehealth Services 2022	Total Services Billed 2022	Percentage 2022	# of Telehealth Services 2021	Total Services Billed 2021	Percentage 2021
Allegheny	27	611	4.4%	30	402	7.5%
Beaver	38	694	5.5%	137	886	15.5%
Butler	57	1054	5.4%	226	1981	11.4%
Lawrence	76	566	13.4%	1	8	12.5%
Totals	198	2925	6.8%	394	3277	12%

Telehealth is not the preferred or ideal way to provide services to clients in the Family Based Program. Family Based Services are best provided face to face due to the model used in this type of therapy. Telehealth utilization has decreased as evidenced by the table above and it continues to decrease. Telehealth is a helpful tool to continue to provide services to families when there is illness or circumstances in which face to face cannot occur. Recently the agency developed a Telehealth Assessment to be completed with every client/family and is used to determine the clinical appropriateness of using Telehealth.

Beacon Value Based Purchasing Data 2022

Performance Measurement Targets

Performance Measures	Description	Baseline	Full Credit Target	Half Credit Target	Data Source
Discharge to lower level of care within 30 days	Assesses the number of Beacon members discharged to a Lower Level of Care within 30 days post discharge from FBMH. Lower level of care from FBMH includes IBHS, outpatient therapy, medication management	44.12%	≥54.61%	46.12% (2 percentage points higher than the provider's baseline rate)	BH Claims
Service delivery, frequency and duration	Assesses the number of Beacon members who received the recommended number of direct contact visits*, for the prescribed amount of hours per week on average over the course of a quarter	1.66	3 visits per week (Sun.-Sat.), per member on average per quarter	2 visits per week (Sun.-Sat.), per member on average per quarter	BH Claims

Discharge to Lower Level of Care (LLOC) Full-Credit Target ≥ 54.61% Half-Credit Target ≥ 46.12%

Discharge to LLOC	2022	Q4-22	Q3-22	Q2-22	Q1-22
FBMH Discharges	56	12	15	16	12
LLOC visit	31	7	8	9	7
Discharge to LLOC Rate	55.36%	53.85%	53.33%	56.25%	58.33%

Discharge to LLOC	12/1/2022	11/1/2022	10/1/2022
FBMH Discharges	2	6	5
LLOC visit	0	3	4
Discharge to LLOC Rate	0.00%	50.00%	80.00%

Service delivery, frequency Full-Credit Target: 3 visits per week Half-Credit Target: 2 visits per week

	Average visits
Qtr1	2.09
Qtr2	2.29
Qtr3	2.05
Qtr4	2.12
Grand Total	2.14

Month	10/1/2022	11/1/2022	12/1/2022
Average Visits	2.10	2.15	2.10

Glade Run Lutheran Services historical performance state and national benchmarks were used to define the targets. All measures will be reported monthly to the provider by the Provider Quality Manager. It is important to indicate that the performance measures had changed during the calendar year. Some claims were not being calculated into the service delivery or frequency if they were billed on the same date. This then excluded circumstances such as a team having a parent session then an individual session on the same day at different times, collateral contacts with other parts of the system on the same day that a therapeutic session occurred with the individual or family, or any crisis calls that may have occurred on the same day a session occurred. This has since been reported by the MCO to now include these sessions as two separate sessions as long as they are clearly billed distinctly. It is also important to note that claims to lower levels of care excludes any claims that are not billed through the MCO - exclusions of lower levels of care that are covered by commercial insurance, county funding, self-pay, grants, etc., are not included in this data.

Summary

The Glade Run FBMHS program has had structural changes over the past year but is working to continue to grow and expand. FBMHS provided services to 109 children, adolescents, and adults. The program continues to be strong and focused on quality of services being provided. This review process has provided the opportunity to punctuate program strengths and designate areas of growth moving forward.

Next Steps and Strategic Plan:

The Family Based team will continue the same quality review during the next time period. However, some action steps have been identified as a focus going forward. The quality initiatives can be found in the chart below.

Quality Initiative	Task	Responsible Party
To increase survey participation from consumers and families at Initiation, ongoing and Discharge as well as participation in external surveys	<ul style="list-style-type: none"> FBMHS leadership will develop a procedure and provide to staff on how to communicate to families on when and how to complete Initial, Ongoing and Discharge surveys QI Director will reach out to County CSFT to obtain most current release and information to provide families. 	FBMHS leaderships Support staff Clinicians Families
Increase frequency of weekly visits	<ul style="list-style-type: none"> FBMHS leadership and staff will analyze barriers to meeting the benchmark FBMHS leadership and staff will implement changes and strategies to increase frequency of visits per week 	FBMHS leaderships Clinicians Families
Implementation of more formalized Desk Manual for training staff	FBMHS leadership review regulations and create the manual that will be provided at onboarding and ongoing during supervisions	FBMHS leadership
To formalize Quality Improvement Plan with a Policy and Procedure	FBMHS team utilize current procedures, audit tools and format and take to EMT for approval	FBMHS leadership EMT
To collect consistent data on referrals to admissions and assess reasons when admission do not occur	<ul style="list-style-type: none"> FBMHS leadership and support staff will include reasons in precert when an admission does not occur Reports will be run monthly to track and analyze the data to better inform referral sources 	FBMHS leadership Support Staff