

Family Based Annual Quality Improvement Report

January 1, 2023 –
December 31, 2023



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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 (Days)		
	2023	2022	2021	2023	2022	2021	2023	2022	2021	2023	2022	2021
Beaver	22	30	38	18	17	25	14	23	27	146	150	162
Butler	27	57	72	18	32	47	18	44	51	180	162	169
Pittsburgh	28	21	15	22	18	11	20	16	10	148	140	142
Zelienople		1	0		1	0		1	0		217	0
Lawrence	22			22			16			83		
Totals	99	109	125	80	68	83	68	84	87	141	155	164

Consumers are listed by county-specific office location. Family Based served consumers from Allegheny, Beaver, Butler, and Lawrence counties during 2023. Note in 2023, 2 consumers populated multiple times due to 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	Lawrence	Totals
Male	11	9	12	12	44
Female	7	9	10	10	36

Discharges

Gender	Butler	Beaver	Pittsburgh	Lawrence	Totals
Male	11	8	11	8	38
Female	7	6	9	8	30

Glade Run has a culture of commitment to serve diverse populations who experience mental health challenges at various intersections of lived experience. As such, Glade Run is reviewing initiatives on offering other choices to accommodate the LGBTQI community within our EMR system to move outside of a binary construction of gender. At the time of this data point, there were no instances of 'unknown' or blank gender identification entry. In practice, we work with clients and families to appropriately gender persons based upon their preferences and will continue to develop documentation practices which reflect our culture of inclusion.

Admission Primary Diagnosis

Diagnosis	2023 totals	2022 Totals
Adjustment disorder, all types	5	1
ADHD, All types	23	28
ASD	8	6
Bipolar DO, all types	2	2
Brief Psychotic DO	1	0
Child Sexual Abuse	1	0

Conduct DO	1	0
Disruptive Impulse Control DO	0	1
Disruptive Mood Dysregulation	5	4
Generalized Anxiety DO	1	2
Intermittent Explosive DO	2	1
Impulse DO, Unspecified	0	1
Major Depressive DO, All types	13	10
Obsessive Compulsive DO	0	1
Oppositional Defiant DO	3	1
Other Specified ADHD	1	0
Persistent Depressive DO	1	1
Posttraumatic Stress DO	5	7
Reactive Attachment DO	2	0
Selective Mutism	1	0
Unspecified Anxiety DO	1	0
Unspecified Depressive DO	1	2
Unspecified Disruptive Impulse Control DO	2	0

As an EBP, the Eco systemic Family Therapy model (ESFT) aims to gain a systemic understanding of the production of symptoms, through contextualization of the experience of distress. This model defines 'the problem' as exposure to adverse childhood experiences like those rooted in multigenerational and historical trauma which disrupts early childhood attachment and impairs relationships. This is viewed in ESFT as complex developmental trauma which often results in the provision of a diagnosis. All persons admitted to FBMH have a formal diagnosis from a psychiatric or psychological evaluation based upon the most recent version of the DSM (currently DSM-V-TR). As such, other EBP may be incorporated into treatment to address the unique challenges of each person's primary diagnosis, through a systemic lens which seeks to intervene within the family and larger system toward the alleviation of distress. With that said the primary diagnosis upon admission trend towards ADHD, ASD, and Major Depression. It should be noted that through assessment and additional psychiatric/psychological testing additional diagnosis such as Trauma and Stress, Anxiety, and Attachment come to light when working with children and families with SED who are at risk for out of home placement.

Discharge Diagnosis

Diagnosis	2023 Totals	2022 Totals
Acute Stress DO	0	1
Adjustment disorder, all types	2	2
ADHD, All types	13	33
Autism Spectrum DO	9	9
Bipolar all types	2	1
Brief Psychotic DO	1	0
Conduct DO all types	2	2
Disruptive Mood Dysregulation DO	3	4
Generalized Anxiety DO	2	5
Intermittent Explosive DO	3	0
Major Depressive DO, All types	18	10
Obsessive Compulsive DO	0	1

Oppositional Defiant Disorder	2	2
Persistent Depressive DO	1	1
Posttraumatic Stress DO	5	6
Reactive Attachment DO	1	1
Unspecified Anxiety DO	1	0
Unspecified Depressive DO	2	4
Unspec. Disruptive Impulse Control and Conduct DO	1	2

Due to the case management component and state regulation for a psychiatric or psychological evaluation to be completed for the provision of FBMH, at times the primary diagnosis may shift throughout the treatment episode. Given that FBMH's target population is those with an SED risk, who are at risk of out of home placement, often the identified patient is re-evaluated through more complex evaluations over the course of FBMH treatment. ADHD, ASD, and Major Depressive d/o remain predominant in admission as well as discharge diagnosis, however PTSD has been documented as a primary discharge diagnosis given the orientation to trauma informed care and scope of FBMH practice.

Referral Information

Referral Source	Total Referral	# admitted
AHN Pediatrics	1	1
AHN Psychiatry	1	0
ASC	1	0
Belmont Pines	1	0
CADD (Center for ASD and Developmental Disorders)	3	2

Center of OCD and Anxiety	1	0
Clarion psychiatric	2	1
Craig Hartman	1	0
Deveraux Children's Services	1	1
Family Counseling	1	1
Family Links	1	0
Family Pathways	2	1
Family Psychological	3	3
Friendship Academy	2	2
GRLS	39	24
HSAO	6	1
Human Service Center (HSC)	7	5
Jefferson	1	0
Lawrence County	4	4
Lawrence County CYF	1	0
Lawrence County HSC	1	1
Lehigh County	1	1
Madison Adoption	1	0
Mercy	8	2
Neighborhood	3	3

Penn Highlands	1	1
PHN	3	1
Pressley Ridge	1	1
Psychology and Learning Center	3	1
Sara Reed	1	0
Southside PHP	1	0
Southwood	17	8
Staunton Clinic	3	2
Summit Psychological	1	0
UPMC	22	9
Wesley Family Services	2	1
Whole Child	1	1
Western Psychiatric Hospital (formerly WPIC)	11	3
Totals	160	81

Referral Comparison from 2022 to 2023

2022	2023
	15 referral sources from 2022 did not have referrals in 2023
60/115 Referrals admitted (52% admittance referral rate)	81/160 Referrals admitted (51% admittance referral rate)
Glade Run and Southwood highest referral sources	Glade Run and Southwood highest referral sources

UPMC and WPH were also in the top 5 (UPMC had 8 and WPH had 7)

UPMC and WPH were also in the top 5 significantly increased in 2023 (UPMC had 22 referrals and WPH had 11 referrals)

Satisfaction Surveys

1. Discharge

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

- All stated they were part of the discharge planning process.
- 8 stated that they understood their medication management follow-up. 1 said no because they planned to continue medication management through a different provider and 1 did not answer the question.
- 8 out of the 10 stated that a staff member talked with their next provider to help with the transition process. One that stated no, commented “MT was coordinated and even initiated before Discharge from family based concluded.”
- 8 out of 10 said they felt staff helped them build a supportive network in their community.
- 50% of the consumers were transitioning to another Glade Run service. Of those transitioning to other services within Glade Run, School Based Therapy, and Mobile Therapy were listed.
- 2 agreed, 5 strongly agreed, 2 were neutral, and 1 strongly disagreed that Family Based services were helpful.
- When asked if they met their goals, 1 disagreed, 1 was neutral, 6 agreed and 2 strongly agreed.
- When asked if their needs were met by the program, 2 were neutral, 4 agreed and 4 strongly agreed.
- 1 was neutral, 3 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, 1 was neutral, 4 agreed and 5 strongly agreed.

2. External Surveys

We received two surveys from an external source. The Butler County Consumer/Family Satisfaction Team provided us with the surveys they received.

- Both responders stated that they knew they could choose where to get treatment, Glade Run staff were respectful and friendly and services were initiated in a timely manner.
- They both stated the provider was conveniently located.
- They both stated they would feel comfortable filing a complaint.

- They both were asked and wanted to participate in treatment planning. Both involved their family in treatment planning/goals.
- The responders stated the provider made them aware of services available in the community and overall were satisfied with services they were receiving.
- Both stated they are always hopeful about their future since receiving services.
- Only one responded stating sometimes they were able to get the help they needed and sometimes their child had problems getting the help they needed.
- Both respondents stated they were given the chance to make treatment decisions.
- When asked what effect treatment they received had on their quality of life 1 stated much better and 1 stated a little better. One responder commented that “The relationship between me and my son is better.”
- Both stated the staff were always respectful of the cultural background of the family, they were always encouraged to do things that are meaningful to them and their family gets the education or supports they need to be helpful.
- They both stated that the services they are receiving are consistent with recovery-based principles.
- When asked what they like about the services they received at Glade Run, they said “They care, listen, they are compassionate and patient” and “They work with the whole family.”

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 one staff injury reported. In 2023 18% of clients served, experienced a critical incident which is an increase from 9% in 2022. This may be indicative of a shift in the types of referrals or reason for referral to FBMH.

Employee Work Related Injuries January 1, 2023-December 31, 2023

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	1	0	0	0	0

Client Critical Incidents January 1, 2023-December 31, 2023

Total # of Incidents	Total # of Clients	Allegations of Abuse/Childline	Police/Crisis or Ambulance Involvement	Client injury accident/intentional	Psychiatric Hospital	Serious Nature/other	Missing client (24 hours or more)
26	18 out of 99	5 (3 sexual/ 1 physical/1 child endangerment)	3	1	9 (3 voluntary/6 involuntary)	5	3

The number of incident reports increased from 19 in 2022 to 26 in 2023. Data indicates that several of the consumers had multiple incident reports, though most consumers only had one report. One consumer had 2 reports, one had 3, and one had 6. 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. This may also be reflective of different critical incident report criteria set forth by different counties that Glade Run serves.

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 2023	12	5	3 resignations 2 transfers	12	42%
FB 2022	12	3	4	12	33%
FB 2021	14	3	6	12	43%

In 2023, the program had 5 new hires, 3 resignations and 2 transfers out of the program into another Glade Run program. In 2022, two current Glade Run staff transitioned into Family based and one transferred out. The program experienced a 9% increase in turnover.

Our recruiting and retention efforts are continuously being evaluated in order to provide services. The turnover rate significantly increased in 22-23 compared to 21-22. There were more resignations in 2023 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 once this past year and a hiring bonus is part of recruitment efforts.

PROGRAM EXCELLENCE/POSITIVE IMPACTS

Individual Records review

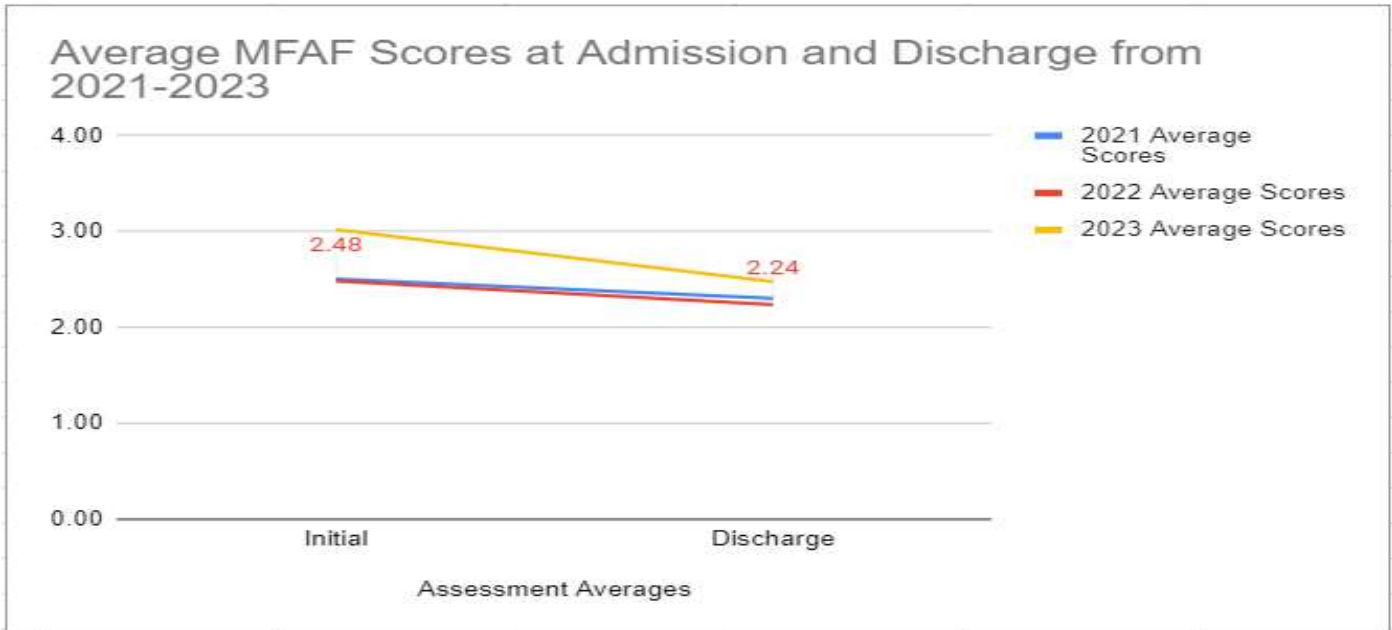
Glade Run FBMHS staff conducts ongoing chart reviews of all open cases. During reviews, the following areas are being evaluated to ensure compliance with regulations, as well as quality of documentation: proper initiation of services, completion of policies and consents to treatment, assessments, individual treatment plans, crisis plans, and documentation of collaboration. Record reviews help us identify deficiencies and inform our staff interventions to improve the documentation quality. This process ensures compliance with OMHSAS licensing regulations and adheres to Glade Run's Clinical Chart Review. In 2024, Glade Run FBMHS developed a quarterly in-house chart review plan to provide more structure to the audit preparation process.

MFAF Data

Assessment Averages	2023 Average Scores	2023 # of consumers completed	2022 Average Scores	2022 # of consumers completed	2021 Average Scores	2021 # of consumers completed
Initial	3.0205	58	2.484865	74	2.505366	82
Discharge	2.47719	57	2.2375	68	2.303671	79
Difference	-.536545	55	-.2238	68	-.21325	77

The Modified Assessment of Family Functioning is an assessment tool which clinicians complete, with or without the family present, based upon their observations of interactions among family members. Scores of 2.0 and below indicate strengths, ratings of 3-4 are considered problems of a moderate severity, and scores of 4 and higher are problems in which there may be risk to the child's well-being and safety. This assessment identifies areas of intervention for treatment planning purposes and is written into the treatment plan alongside collaboration with the family's desired treatment goals.

The MFAF is expected to have a 100% completion rate given the design of the assessment. An exception to this is families who are admitted and discharged within the first 30 days of treatment, prior to thorough clinical observation and formulation. Human error is another possibility for variance in completion of initial and discharge assessment. When using the MFAF to inform treatment and collect outcomes data, the 2023 data suggests that on average scores were reduced from a rating of problems of moderate severity close to an indication of increased family strengths.



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
2023	99	141	20.14	26.31	60.34	5.68	3.86	2.01	4.04
2022	105	103.35	14.75	24.05	57.77	4.53	3.66	1.93	4.16

Through Carelon’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 Carelon, data was available for January through November. With Carelon 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 2023 data we are achieving our 2 visits per week target, and the average hours per week provided is 4.16.

In general, the Family Based level of care provides a greater amount of support 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 Carelon target, Glade Run is meeting the families’ needs based on what they are requesting.

Disposition at Discharge

Year	Improved		Same		Worse		Total	
2022	53	63%	27	32%	4	5%	84	100%
2023	39	57.4%	26	38.2%	3	4.4%	68	100%

From the ESFT model the desired outcome of treatment is that the identified patient is a reduction in the presentation of symptoms, no longer at risk for out of home placement, they can more fully and adaptively participate across environments, and that the caregiver-child relationship is more secure. Caregiver outcomes include establish and maintain relationship rules, de-escalate conflict while increasing problem solving and bonding-nurturing aspects of the relationship and establishment of a family structure which reduces the risk for out of home placement. With that said, this type of work requires a therapeutic relationship which elicits buy into relational rather than behavioral intervention. As a result, we see that 4.4% of discharges are rated as worse, resulting in a higher level of care. While 57.4% are rated as improved and 38.2% are rated as same, these ratings are indicative of discharge to a lower level of care and the fluctuation in symptom production to be expected at this level of care. See below for further analysis.

Reasons for Discharge 2022

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%

Reasons for Discharge 2023

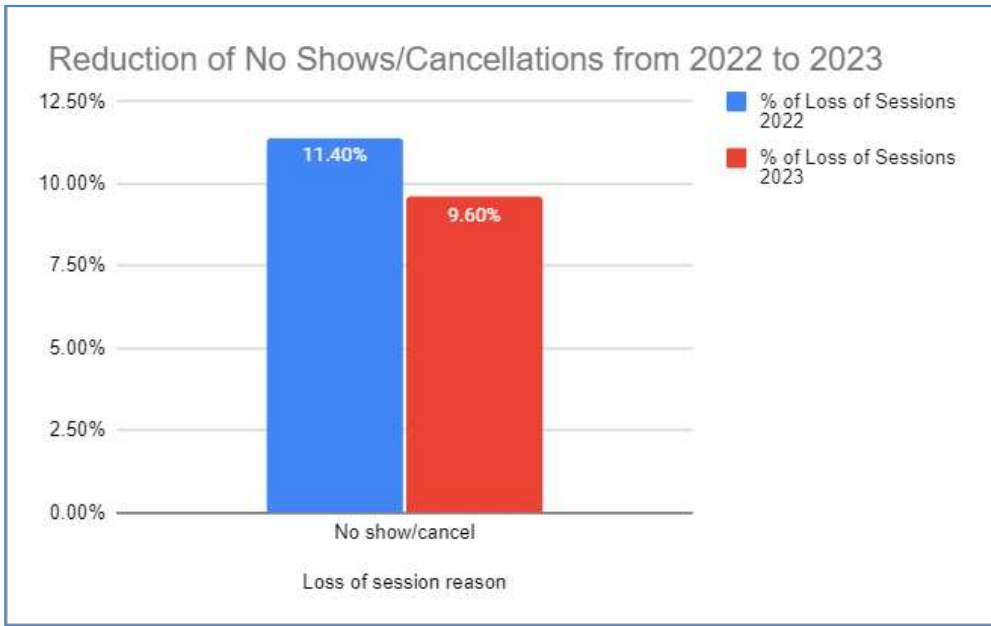
Reason	Total	% of consumers
Blank	1	1.5%
Discharge to higher level of care	5	7.4%
Family Requested to end	19	27.9%
Goals Attained	19	27.9%
Other	21	30.9%
unable to reach Family	3	4.4%

An implication of a time limited therapeutic service is that there will be both ‘unfinished business’ and the identified patient and family have stabilized resulting in transition to a lower level of care. This demonstrates the effectiveness of the ESFT model in stabilization of the family system, with 60% of discharges occurring on these grounds. The other 40% of discharges are the result of family choice or clinical indication to obtain a different level of care, the family experiencing that the service is too intense or various other systemic factors. We are working to develop novel methods of addressing non-participation (7% of discharges) through coaching and supervision in the ESFT model, where therapeutic buy-in and the therapeutic relationship are common factors for more positive therapeutic outcomes.

No show/cancellation

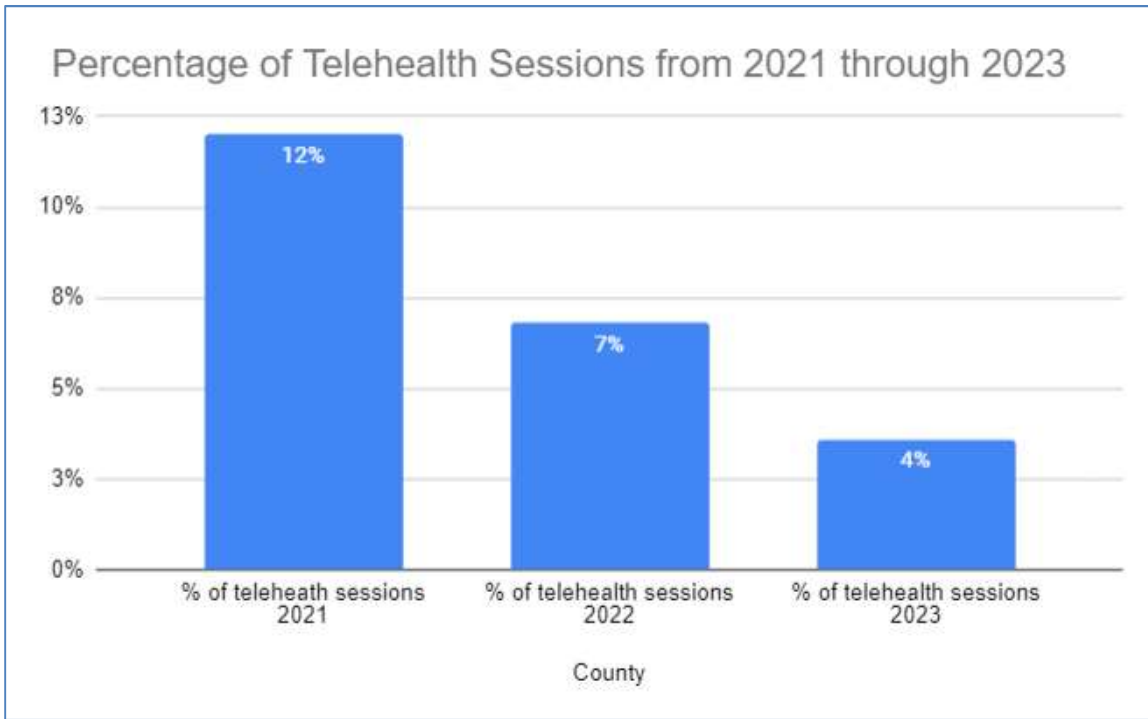
Type	# of services 2023	Total billed services 2023	Percentage 2023	# of services 2022	Total billed services 2022	Percentage 2022
No show/Late cancel	89	3207	2.8%	97	2954	3.3%
Cancellation	217	3207	6.8%	238	2954	8.1%
Total	306	3207	9.5%	335	2954	11.3%

In the 2023 data year, the amount of No show/Late Cancellations and overall Cancellations has been reduced by 1.8%. This may be attributed to an increase in total billed services, appropriateness of referral to this service, the therapeutic relationship and family buy-in to the model, or improvements in service delivery initiatives. It remains unclear whether or not the missed services were made up at a later date. This is a point of developing a novel initiative to collect data.



Telehealth

County	# of Telehealth Services 2023	Total Services Billed 2023	% 2023	# of Telehealth Services 2022	Total Services Billed 2022	% 2022	# of Telehealth Services 2021	Total Services Billed 2021	% 2021
Allegheny	53	895	5.9%	27	611	4.4%	30	402	7.5%
Beaver	30	751	4%	38	694	5.5%	137	886	15.5%
Butler	28	859	3.3%	57	1054	5.4%	226	1981	11.4%
Lawrence	4	702	.6%	76	566	13.4%	1	8	12.5%
Totals	115	3207	3.6%	198	2925	6.8%	394	3277	12%



Telehealth is not the preferred or ideal method of service delivery utilizing the ESFT model. The use of telehealth services has been reduced in Beaver, Butler and Lawrence counties, while increasing 1.5% in Allegheny county. FBMH limits the use of telehealth to instances in which illness, severe weather or when other barriers arise which would disrupt the provision of regularly scheduled services. A trend has arisen, in which, external systems (school, medication management, etc.) prefer to conduct meetings via telehealth rather than in person or via tele-conference. This may be reflected in the current data. During the assessment process FBMH conducts an agency-wide Telehealth Assessment to determine the appropriateness of use of telehealth for each unique family. As a result, some of the data would reflect Telehealth sessions which are therapy, and some of the data may reflect telehealth sessions which are consultations at the request of outside systems.

Carelon Value Based Purchasing Data 2022-2023

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 Carelon members discharged to a Lower Level of Care within 30 days post discharge from FBMH. Lower level of care from FBMH includes	44.12%	≥54.61%	46.12% (2 percentage points higher than the provider's baseline rate)	BH Claims

	IBHS, outpatient therapy, medication management				
Service delivery, frequency and duration	Assesses the number of Carelon 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	2023	Q4-23	Q3-23	Q2-23	Q1-23
FBMH Discharges	33	8 (Oct. only)	10	10	5
LLOC visit	18	4	6	4	4
Discharge to LLOC Rate	54.55%	50%	60%	40%	80%

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%

Discharge to LLOC	12/1/2023	11/1/2023	10/1/2023
FBMH Discharges			8
LLOC visit			4
Discharge to LLOC Rate			50%

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

2022	Average visits
Qtr1	2.09
Qtr2	2.29
Qtr3	2.05
Qtr4	2.12
Grand Total	2.14

2023	Average visits
Qtr1	2.2
Qtr2	2.28
Qtr3	2.25
Qtr4	2.08 (October only)
Grand Total	2.23

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

Month	10/1/2023	11/1/2023	12/1/2023
Average Visits	2.08		

*As of 6/25/24 Carelon has not published the November and December 2023 data as part of the fourth quarter of 2023. Once information is made available, it will be added and this report will be revised.

The agency's historical state and national performance benchmarks were used to define the targets. All measures are reported monthly to the provider by the Provider Quality Manager. It is important to indicate that the performance measures were changed to allow calculation of same day visits into the total service delivery count. Claims to lower levels of care exclude any claims that are not billed through the MCO; 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 the 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
Increase recruitment of staff into the FBMH program and retain workers for at least over 2 years.	<ul style="list-style-type: none"> Recruiting internships and paid interns when appropriate. Develop an assessment tool/survey to help recruit staff with a good fit to the FBMH model. People in the LMFT programs. 	
Increase frequency and duration of FBMH sessions per week.	<ul style="list-style-type: none"> Increase utilization of telehealth to reduce the impact of what would be a cancellation to a telehealth session. 	
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
Implementation of more	FBMHS leadership review regulations and	FBMHS leadership

<p>formalized Desk Manual for training staff</p>	<p>create the manual that will be provided at onboarding and ongoing during supervisions</p>	
<p>Collect data on clients who have been re-admitted into the program/have multiple rounds of family-based through Glade Run</p>	<ul style="list-style-type: none"> ● FBMHS leadership and staff will develop ways to track data 	<p>FBMHS leadership Support Staff</p>