

IBHS

Quality Improvement

Report

October 1, 2023 –
September 30, 2024

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Subject

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Introduction

The purpose of the IBHS Quality Improvement Policy is to promote a culture of quality within the IBHS program that includes an organization-wide management and staff philosophy of continuous quality improvement in programs, service delivery and employees. The IBHS 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. The IBHS leadership team conducts chart reviews within the first 6 months of opening a case, then yearly after opening. Chart reviews are conducted monthly and uploaded into the Clinical Program Chart Reviews folder in the shared drive under the IBHS folder.

Demographics

Program	Total # of clients Served				Admissions				Discharges				Average length of Stay (Days)			
	23-24	22-23	21-22	20-21	23-24	22-23	21-22	20-21	23-24	22-23	21-22	20-21	23-24	22-23	21-22	20-21
IBHS	112	192	259	266	41	51	67	59	57	121	107	77	466	873	926	704

Discharges and Admissions

Year	Discharges	Male	Female	Admissions	Male	Female
21-22	107	80	27	67	45	22
22-23	121	82	39	51	34	17
23-24	57	36	21	41	28	13

Age	2-5	6-10	11-15	16-20	21-29	Total
Admissions 22-23	13	17	13	8	0	51
Discharges 22-23	8	58	38	13	4	121
Admissions 23-24	14	14	10	3	0	41
Discharges 23-24	9	27	15	6	0	57

IBHS Admission Primary Diagnosis most prevalent

22-23

Diagnosis	Totals
ODD	3
ADHD	17
Autism	19
Unspecified Disruptive IC and CD	3

23-24

Diagnosis	Totals
Adjustment DO all types	4
ADHD	11
Autism	14
Major Depressive DO	2

The chart above identifies the 4 prevalent diagnoses of the individuals upon admission that were served in IBHS. This data is used to guide the program in targeting additional assessments that could be used throughout the course of treatment to monitor progress. It is important to note that although the identified diagnoses above

were the most common, the program also served individuals with the following additional diagnoses: PTSD, ODD, Other Specified Disruptive, Impulse Control and Conduct Disorder, Unspecified Disruptive Impulse Control and Conduct Disorder, Unspecified Anxiety D/O, Disinhibited Social Engagement DO, Other Spec. Trauma and Stressor Related DO, Unspecified Neurodevelopmental DO, Generalized Anxiety DO, Parent Child Relational Problem, Disruptive Mood Dysregulation DO, Unspecified ADHD, Reactive Attachment Disorder, Adjustment DO with mixed disturbance of emotions. Trainings are assigned to staff based on diagnosis and skill acquisition if needed.

Discharge Primary Diagnosis most prevalent

22-23

Diagnosis	Totals
ODD	7
ADHD	35
Autism	47
Unspecified Disruptive, IC and CD	5
Major Depressive Disorder	4

23-24

Diagnosis	Totals
ODD	3
ADHD	18
Autism	17
Adjustment DO, All Types	3

During this reporting period, the IBHS program saw a decrease in the number of clients being discharged. Some clients were discharged due to staff resigning and not having staff available to take the case. The IBHS program collaborates with others through the discharge process to identify any additional supports and resources that could be utilized. IBHS management participates in Children’s Treatment Team to collaborate with other services for step down or a higher service level. In addition to the above diagnoses, the following diagnoses were also identified upon discharge: Unspecified Depressive DO, Unspecified Disruptive Impulse Control and Conduct Disorder, PTSD, Other Spec. Trauma and Stressor Related DO, Unspecified Neurodevelopmental DO, Generalized Anxiety DO, Unspecified Anxiety DO Unspecified, Schizophrenia Spectrum and other Psychotic DO, Adjustment DO Unspecified, Anorexia Nervosa, RAD, Conduct DO, Other spec. Depressive DO, Social Anxiety DO, Adjustment DO with mixed anxiety and depressed mood.

Satisfaction Surveys

Initial

3 surveys were completed for initial consumers. Participation included Allegheny, Beaver and Butler counties.

- All 3 reported their services were scheduled in a timely manner when they initially called to establish services.
- 100% felt that their intake appointment took place in a timely manner, that the staff were respectful and they were able to openly communicate and be honest without judgment.
- 100% stated they understand their responsibilities in participating in IBHS as well as Glade Run's responsibilities to them and their family.
- 3 consumers said they were asked for their input about strengths and needs of them and their family. This data was the same when asked if the family was part of the treatment planning and goal setting and if they knew how to file a grievance or complaint.
- 100% stated they would feel comfortable filing a complaint if they had a problem and were made aware that there are other service providers available to use if they choose.

During Treatment

There were 4 ongoing treatment surveys completed by consumers during this time period.

- All 4 responders stated the agency is meeting the recommended frequency and staff are respectful and welcoming.
- All 4 stated they did not have any changes in staffing.
- 3 said they have been part of updating the treatment plan if goals had been achieved. 1 responder skipped this question.
- All 4 said they did not have to utilize the grievance process.
- All 4 felt new barriers did not arise that Glade Run could not assist them with.
- 2 stated they do not use telehealth services and 2 stated they did.
- Of those who use telehealth, when asked if they had technology barriers 3 stated no.
- When asked if overall, they are satisfied with Glade Run, 2 agreed and 2 strongly agreed.
- In response to, if they felt they are making progress on goals or learning new skills, 2 agreed and 2 strongly agreed.
- When asked if their therapist has been effective in achieving goals, 2 agreed and 2 strongly agreed.

Discharge

There were no discharge treatment surveys completed by consumers during this time period in both 22-23 and 23-24.

External Surveys

We received two surveys from an external source during the time period of July 2023-June 2024. The Butler County Consumer/Family Satisfaction Team provided us with the survey they received.

- The 2 responders stated that Glade Run staff were respectful and friendly and 1 stated services were initiated in a timely manner.

- Both stated they would feel comfortable filing a complaint.
- 1 stated they were asked to participate in treatment planning and 1 was not.
- Both wanted to participate in treatments planning and were involved in treatment planning.
- One responder stated the provider made them aware of services available in the community and one did not.
- Both stated overall, they were satisfied with the individual planning meeting process.
- Both stated overall, they are satisfied with services they were receiving.
- One stated they are often hopeful about their child’s future since receiving services and one stated never/rarely hopeful.
- One said they experienced problems in the last 12 months getting help for their child and one did not.
- Both stated they were given the chance to make treatment decisions.
- When asked what effect that treatment they received has made their child’s quality of life, one said a little better and one stated about the same.
- Both stated the staff was always respectful of the cultural background of the family and they were sometimes encouraged to do things that are meaningful to them.
- When asked if the services they are receiving are consistent with the recovery-based principles, 1 agreed and 1 responded it did not apply.
- When asked what they like about the services they are receiving, they stated “Convenient” and “They were helpful.”
- The one thing they did not like was “The last case worker hardly checked in with the 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. The staff injury did not result in lost days or transitional duty. In addition, there were a few clients who experienced several critical incidents during the reporting period.

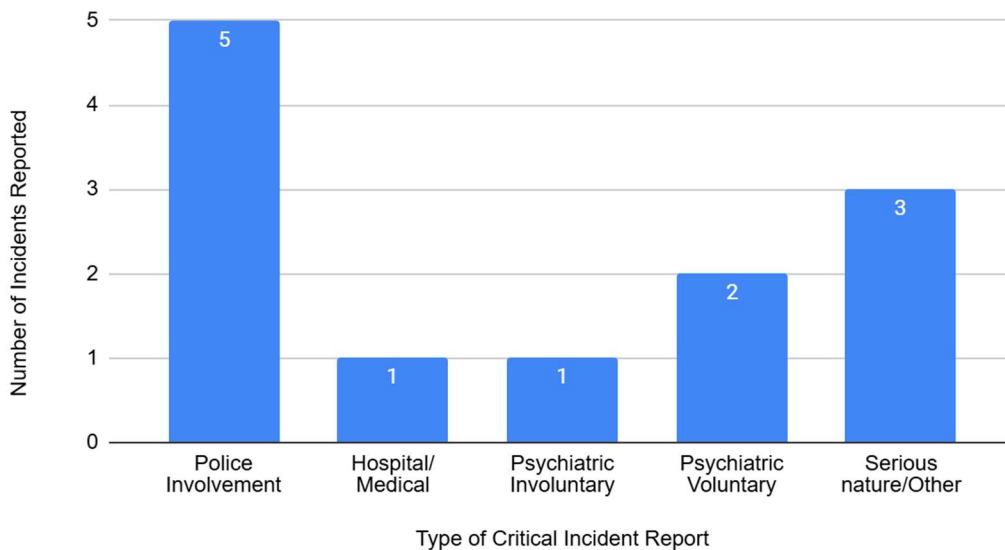
Employee Work Related Injuries

	# of Reported Injuries	# of Injuries Resulting in Lost Work Days	# of Total Lost Days	# of Injuries Resulting in Transitional Duty	# of Transitional Duty Days
2022-23 Totals	2	0	0	1	148
2023-24 Totals	1	0	0	0	0

Client Critical Incidents 23-24

Total # of Incidents	Total # of Clients	Allegations of Abuse/Childline	Police Involvement	Hospital/ Medical	Psychiatric Involuntary	Psychiatric Voluntary	Serious nature/Other
16	112 (12 with incidents)	4 physical	5	1	1	2	3

IBHS 2023-2024 Reasons for Critical Incident Reports



PROGRAM EXCELLENCE/POSITIVE IMPACTS

IBHS Service Description

The ultimate goal of Glade Run’s IBHS program, both Individual and ABA, is to aid in the independent functioning of the child and family by transferring the clinical skills of the treatment staff to all members of the treatment team. Over the past year, we have successfully provided services to children, youth and young adults that are outlined in our Service Description. The population data also shows correlation with the Target Population. Glade Run staff have worked with children, youth and young adults in a variety of settings, meeting the needs of where the support is needed the most, and guided by a valid written order and assessment. The IBHS team has not identified any changes that need to be made to the current service descriptions and will continue to follow it as written.

Individual Records review

Glade Run IBHS staff conducts a review of individual records of current clients that are being served each month. During supervision, the management team will review progress notes and provide feedback for improvement. During reviews, the following areas are being evaluated to ensure compliance with regulations, as well as quality documentation: Initiation of Services, Assessment, Individual Treatment Plans, Crisis Plans, Documentation and Collaboration. Feedback is given to the clinicians to improve in their documentation.

Below is the tool used when records are being reviewed and results of the reviews.

Checkpoint 1 - Initiation of Services	Compliance Rate
Written order for services	100%
For ABA- Face to Face Assessment Completed Within 30 days of initiation of ABA services and prior to completing the ITP	100%
For Individual-face to face assessment completed within 15 days of initiating services and prior to completing the ITP	100%
Checkpoint 2-Assessment	
Assessment is completed within appropriate time frame	100%
All sections filled out	100%
Checkpoint 3- Individual Treatment Plan	
ITP completed within 45 days (ABA Services)	100%
ITP completed within 30 days (Individual Services)	100%
Documentation of any efforts to coordinate care with other services and community supports	46%
Client Signature Page (If applicable)	90% (Verbal consent present as well)
Documentation of each service provided? PN or ITP	
Date and time of service were provided	100%
Duration of services	100%
Setting where services were provided	100%
Identification of the services provided to address a goal in the ITP	100%
Description of the outcome of the service provided	80%
Signature of the staff person providing the service	100%
Parent/child signature on the encounter form	N/A
If services were not provided in accordance with the ITP and written order an explanation of the is reason is provided	80%

Checkpoint 4 - Crisis Plans (last 30-60 days)	
Crisis plans are individualized, clearly documented, and include specific interventions for the client and family/support system?	100%
Checkpoint 5 - Progress Notes	
Are the goals and objectives checked	100%
Data section - Personal and client observations/content and process of session/activities and interventions used to reflect the Tx plan	85%
Assessment - Response to interventions or strategies/quantitative results from targeted objective/perceived insights/evidence of skill transfer.	85%
Plan- Plan for next session in detail	95%
Checkpoint 5- Releases	
PCP Release	100%
Policy and Consent Page	98%
Telehealth Consent (if client admitted prior to January 2021)	100%
Current Releases of Information	90%

During the individual record reviews, 100% of clients had a current written order for services.

Individual record reviews will continue to be conducted on a monthly basis by the IBHS team.

Utilization of Script

The IBHS team, as well as the Quality Improvement committee, reviews data related to the utilization of prescribed hours via the Written Order and Assessment for IBHS services. By looking at utilization of hours, the data helps guide staff through the assessment and treatment process when discussing treatment with clients and families. This information helps identify how the hours are being utilized and helps plan for transitioning of services and discharge. Difficulty recruiting and retaining staff is one barrier to consistent utilization. Staff are also not able to utilize hours when the family is unavailable or does not wish to use all of the prescribed hours. Utilization of hours for clients are highly specific to the client's goals and objectives. Hours may fluctuate based on client stability especially when nearing the end of treatment and transitioning to a lower level of care. These fluctuations of hours are not reflected in real-time on the Written Order, thus resulting in data that does not reflect true outcomes in the program.

2021-2022

County	MT	BC	BHT	BC-ABA	BHT-ABA
Beaver	73.36 %	92.97	9.30	76.72	30.19
Butler	41.05%	77.62	48.57	54.10	19.62
Allegheny	55.89%	50.54	18.34	44.17	49.94
Overall	56.77%	73.71	25.40	58.33	33.25

2022-2023

County	MT	BC	BHT	BC-ABA	BHT-ABA
Beaver	32.11 %	51.67	4.00	108.59	8.00
Butler	40.44%	54.94	40.5	54.10	30.77
Allegheny	42.25%	52.34	25.60	43.00	31.89
Overall	41.5%	52.77	22.75	51.34	30.06

2023-2024

County	MT	BC	BHT	BC-ABA	BHT-ABA
Beaver	24.17%	44.52	5.91	80.36	0
Butler	42.59%	45.11	36.65	79.21	8.67
Allegheny	41.42%	21.19	21.68	57.47	16.21
Overall	38.64%	33.2	22.41	71.4	13.35

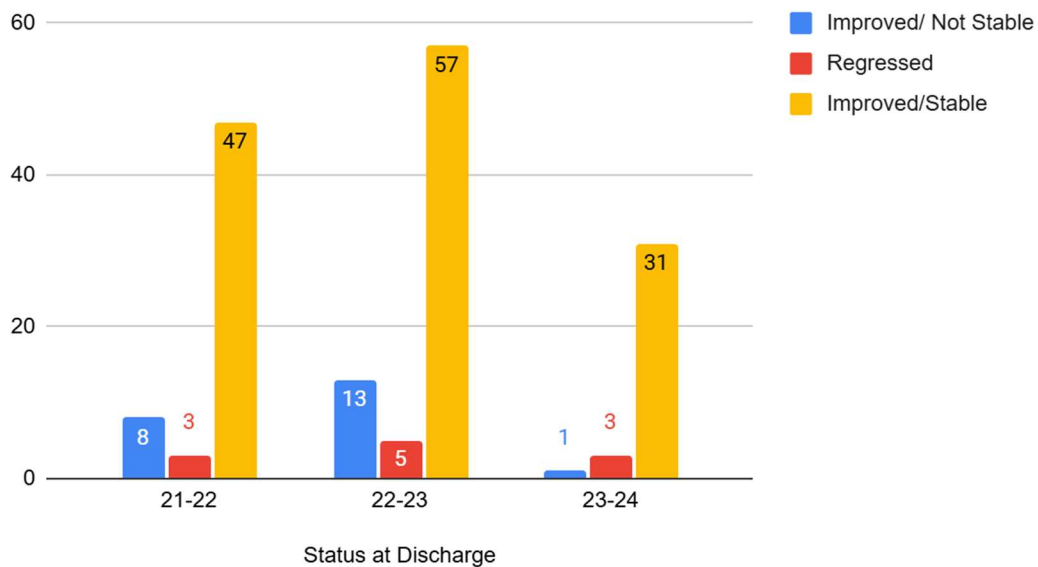
Families have been flexible in accepting partial services at times if that is all that is able to be provided. The utilization hours reflect all the services that are prescribed for a client, what Glade Run is able to provide and the hours that the family (or school) is willing to accept per week.

Disposition at Discharge

As a program, IBHS strives towards discharging consumers as improved and stable. 54%, the majority of dispositions at discharge, were improved and stable. IBHS experienced staffing shortages and families would wait periods without service which contributed to the unknown and no change dispositions.

Status	Unknown	Improved/ Not Stable	No change	Improved/ Stable	Regressed	Not Complete	Totals
23-24	4	1	18	31	3	0	57
22-23	22	13	24	57	5	0	121
21-22	24	8	22	47	3	3	107

Clinical Disposition at Time of Discharge 2021-2024



Reasons for Discharge

Staffing issues were no longer the most frequent reason for discharge, but instead Met Goals became the most frequent reason. The second most frequent reason for discharge was family/consumer chose to discharge.

Reasons	Totals 21-22	Totals 22-23	Totals 23-24
Staffing Issues	33	54	8
COVID	1		

Missed Sessions, team agrees client stable	1	1	
School now providing support	3		
Met Goals	20	21	19
Scheduling	1	3	
No contact	10	6	4
Stopped engaging in Tx	4	2	
Not complete	3		
Aged out	3	1	
Moving/long stay away	5	3	2
Mother/family/school not compliant with services	2		2
Admitted to higher level of service	6	5	4
Authorization lapsed/Written order expired/need new eval	5	2	2
Left for outpatient counseling	2	5	1
Parent unhappy with services	1		1
Transitioned to school based	2		
Unplanned Discharge	1		
Transitioned to partial	1	2	
MA lapsed	1	1	1
Mom wants to try something different/other provider	1		2
Services denied	1		1
Not making progress		1	
Family/client chose to discharge		12	10
Client removed from home by CYS		2	
Totals	107	121	57

No show/cancellation

10/1/2021-9/30/2022			
Type	# of services	Total billed services	Percentage
No show/Late cancel	274	10375	2.6%
Cancellation	844	10375	8.1%
Total	1118	10375	10.7%

10/1/2022-9/30/2023			
Type	# of services	Total billed services	Percentage
No show/Late cancel	142	5558	2.6%
Cancellation	504	5558	9.1%
Total	646	5558	11.7%

10/1/20230-9/30/2024			
Type	# of services	Total billed services	Percentage
No show/Late cancel	118	4242	2.8%
Cancellation	267	4242	6.3%
Total	385	4242	9.1%

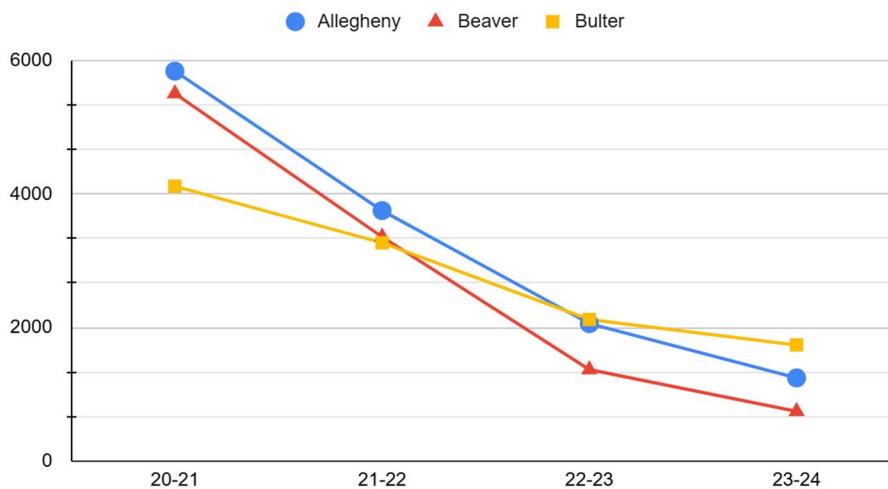
From the reported data a total of just above 9% is no shows and cancellations. Data does not indicate if the services were made up at a later date. Also, data does not reflect the absence of staff reporting no shows and cancellations. This is a decrease in no shows and cancellations of 2.6% from the previous reporting period.

Telehealth

County	# of Telehealth Services 21-22	Total Services Billed 21-22	%age 21-22	# of Telehealth Services 20-21	Total Services Billed 20-21	%age 20-21
Beaver	669	3357	20%	1323	5501	24%
Butler	140	3268	4.3%	700	4114	17%
Allegheny	663	3750	18%	1875	5837	32%
Totals	1472	10375	14%	3898	15452	25%

County	# of Telehealth Services 23-24	Total Services Billed 23-24	%age 23-24	# of Telehealth Services 22-23	Total Services Billed 22-23	%age 22-23
Beaver	35	745	5%	145	1370	11%
Butler	72	1739	4%	71	2120	3%
Allegheny	66	1246	5%	240	2058	12%
Totals	173	3730	5%	456	5548	8%

IBHS Total Services Billed Telehealth Comparison



Telehealth utilization continues to decrease steadily in IBHS. Families continue to value telehealth to increase accessibility to provider and reduce barriers such as transportation, scheduling conflicts, and illness. The IBHS program recognizes that the main avenue of service delivery is face to face and this is the preferred method. Telehealth provides the child, youth or young adult, as well as the family, an option to still receive services in times of illness or extenuating circumstances. The use of an agency adopted Telehealth Assessment is used to determine the clinical appropriateness of using Telehealth.

STAFF ARE OUR GREATEST RESOURCE

IBHS Staff Turnover Rate

CLINICAL/ PROGRAM STAFF	Employees at Start date	New Hires	Resignations/ Terminations	Employees at end date	Turnover Rate
10/1/23-9/30/24	19	13	14 (3 transfers out of IBHS)	15	74%
10/1/22-9/30/23	29	12	22	19	76%
10/1/21-9/30/22	38	6	9	29	24%
10/1/20-9/30/21	54	10	27	38	50%

Our recruiting and retention efforts are continuously being evaluated in order to provide services. The turnover rate continues to be an issue with some staff leaving within six months of hire. The program is looking at initiatives to retain staff via new hire incentives, paid internships, and tuition reimbursement for the next reporting period.

Summary of Quality Improvement

The Glade Run IBHS program has made some great strides over the past year. Overall, IBHS has been able to provide services to close to 120 children, youth and young adults. The program was able to increase the number of clients receiving ABA services due to a current staff completing ABA coursework. The program continues to collaborate with external agencies as well as internal programs to ensure the needs of the child, youth and young adults are being met. One of the internal quality improvement steps is the addition of the Clinical Review Team to discuss difficult cases. IBHS staff work to engage all who are receiving services and ensure their voice is heard and they feel part of the team. The program has also been able to identify some areas of quality needs moving forward in the next year. The review process has helped the program gain perspective on the successes that have been achieved and growth opportunities for the future. Chart audits are done monthly by the IBHS leadership. During supervision progress notes are reviewed and feedback is provided.

Next Steps and Strategic Plan

The IBHS 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	Progress Updates
Improve DAP Documentation in progress notes	<ul style="list-style-type: none"> IBHS supervisions will include specific feedback to improve clinical documentation in progress notes following DAP format 	IBHS leadership	Ongoing- Notes are reviewed during supervisions and clinicians are given feedback.
Explore Center Based program options	<ul style="list-style-type: none"> IBHS leadership will research Center Based 1:1 program as an option for Butler County for 25-26 	IBHS leadership	Just starting this process.
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"> IBHS 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 	IBHS leadership Clinicians Families	Ongoing- will continue to make an effort to send out surveys.

	current release and information to provide families.		
Child and Adolescent Needs and Strengths Assessment (CANS)	<ul style="list-style-type: none"> ● IBHS clinicians will complete the CANS every quarter for clients in Beaver and Butler Counties. 	Lead clinicians	Ongoing- two staff are consistently entering and another staff was recently certified.
Beaver County Workforce and Stabilization Plan	<ul style="list-style-type: none"> ● IBHS leadership proposed paid internship, tuition reimbursement 	IBHS Leadership	Just starting the process.