Beacon Light Behavioral Health Systems
Intensive Behavioral Health Services (IBHS)
Individual and Group Services

Annual Quality Improvement Report
2024

Beacon Light Behavioral Health System's Mission

It is the mission of this agency to advocate passionately for the individuals and families we serve.

Our goal is to be the provider of choice for services that support the recovery and resiliency of individuals in the communities we serve throughout our rural communities.

Beacon Light has committed itself to those we service by promoting the ten commitments listed below:

- We will strive to recognize and support the ability of every individual and family to change.
- We will strive to recognize the strengths of every individual and family and help them build on those strengths.
- We will strive to respect each individual we come in contact with, including clients, consumers, families and staff.
- We will strive to take personal responsibility for all of our actions and interactions each and every day.
- We will strive to be responsible stewards of our financial resources recognizing them as community given.
- We will strive to provide safe, respectful, and healing environments.
- We will strive to create flawless and consistent processes.
- We will strive to build and maintain educational environments that provide every individual an opportunity to learn.
- We will strive for permanency in the lives of those we serve.
- We will strive to support full participation in community life for every individual we serve.

It is the goal of the Intensive Behavioral Health Services (IBHS) programs to effectively execute the mission, vision, and commitments of this agency.

Description of Services

Beacon Light Behavioral Health System offers School Based Intensive Behavioral Health Services to children, youth and young adults (hereafter referred to as client unless specifically identified) in the home, school or other community setting through individual and group modalities. These are intensive therapeutic interventions and supports that are used to reduce and manage identified therapeutic needs, increase coping strategies and support skill development to promote positive behaviors with the goal of stabilizing, maintaining or maximizing functioning of the client. Individual and Group IBHS services are voluntary services. Client choice and preference is always considered and referrals to other treatment providers are made as requested.

Individual IBHS services involve qualified staff working directly with a client (with or without participation from their identified supports) to provide mental health services. Group services are

provided to more than one client at the same time in a group format through psychotherapy, psycho-educational groups, structured activities and/or community integration activities when appropriate. Both services can be provided in any community like setting. Group services provided in a school setting are coordinated with school administration and personnel.

Individual and Group IBHS can be offered through three (3) different types of provider services:

A. **Behavioral Consultation Services (BC):** Behavioral Consultation services are delivered by a qualified Behavioral Consultant. The BC provides a face to face assessment to gather a thorough client history which helps guide treatment goals and objectives. The BC collaborates with the client and natural supports to design and direct the implementation of an Individualized Treatment Plan (ITP) utilizing behavior modification interventions individualized to each client. The ITP is a detailed written plan of treatment services that contains the type, amount, frequency, setting and duration of services to be provided and the specific goals, objective and interventions for the service.

   Through ongoing supervision, collaboration and assessments, the BC advises the treatment team regarding the appropriate clinical approach and development of the behavioral management component. The BC identifies behavioral goals and intervention techniques, and recommends non-aversive behavioral change methods. The BC provides consultation with the client's treatment team regarding the ITP.

   The goal of BC Services is to provide expertise in identifying, improving and stabilizing the child's complex behavioral needs that occur outside of those expected with normal growth and development. Following the assessing of the individual, the BC assists in developing strategies directed towards the transfer of skills to the client's natural support system. The BC analyzes these behaviors within multiple domains and provides the necessary consultation, planning, design and monitoring needed to assist in changing the identified behavior.

B. **Mobile Therapy Services (MT):** Mobile Therapy Services (MT) are delivered by a qualified Mobile Therapist. They include individual, family and group psychotherapy delivered directly to the identified client. Additionally, the MT collaborates with the treatment team in development and revision of the Individual Treatment Plan, provides assistance with crisis stabilization and provides assistance with addressing problems the client has encountered. MT services are delivered face to face, child centered, family focused, individualized and include family therapy, and behavioral management as indicated. The MT will aid the family in establishing healthy community connections and social interactions by linking them to natural and community supports.

   The goal of MT Services is to provide strength based intensive therapeutic services to a child and family in settings other than a provider agency or office. The desired outcome would be to improve or stabilize the client and any concerning behaviors outlined in the individual treatment plan. These settings may include the child's home, school, church, community center or other community settings.

C. **Behavioral Health Technician Services (BHT):** These services are delivered by a qualified Behavioral Health Technician (BHT) functioning within the scope of their training and supervision. BHT services provide one-on-one interventions to a client in the home, school, or community setting. The BHT would be utilized to implement the therapeutic interventions and

strategies as identified in the ITP and with the oversight of the BC or MT. BHT services would be sought as a least restrictive measure in attempts to maintain the child within the natural setting of their home school.

Intended Benefits of Intensive Behavioral Health Services:

IBHS services are intended to assist children and youth ages 5 years (3 years for Individual IBHS) through 21 years who demonstrate serious emotional or behavioral disturbance and such illness/condition is having a negative impact on his/her ability to be educated and function in home and community settings. IBHS services also include the families of the children and youth to maintain them in their natural setting through identifying strengths and supporting success while identifying needed areas of growth and intervention across school, home, and community. Service volume and intensity must be recommended as the most clinically appropriate and least intrusive necessary for the child/youth.

Program Auditing:

As defined in the U.S. Federal Register, the auditing and monitoring process is one of the eight elements of an effective compliance program. This ongoing evaluation and response process is critical to a successful Enterprise Risk Management/Compliance program. As a result of this process, organizations promote early identification of program or operational weaknesses, which will substantially reduce risk.

Each program completes internal auditing of client records to determine compliance with regulatory and program requirements. This auditing process was implemented later in the year of 2017 and continues on a monthly basis throughout each calendar year. Audit rates are determined by the number of clients served or by program capacity.

A. Review of Individual Records (Auditing Objectives):

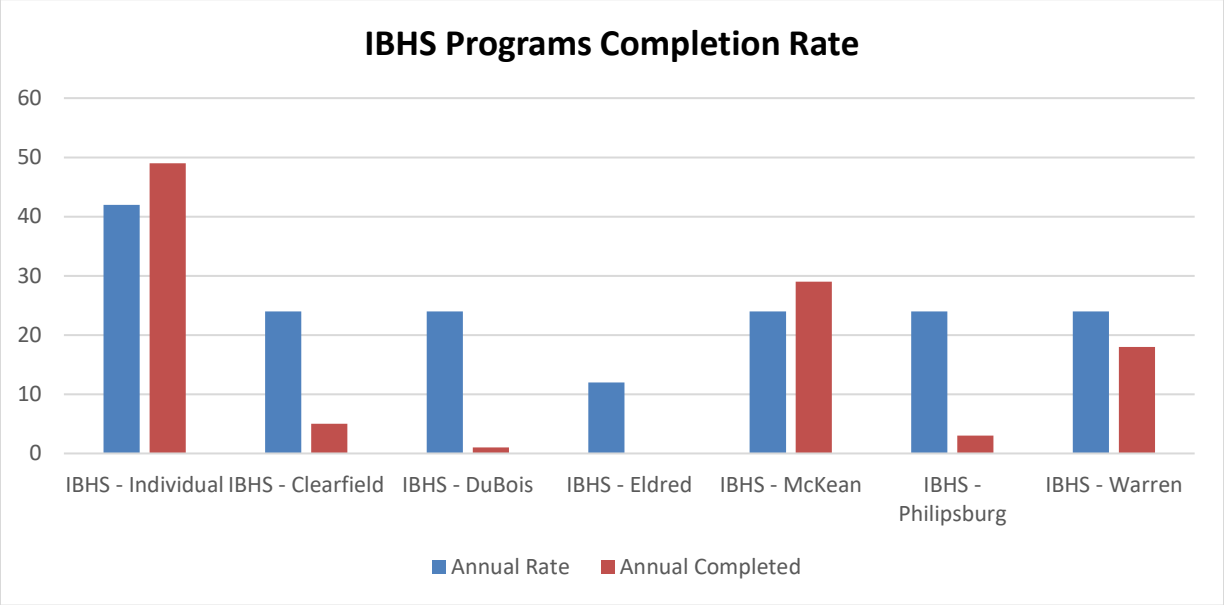
1. Ensure documentation is accurate, complete, timely, objective, and legible. Clinical content and billing requirements will be satisfied for sources such as Medicare, Medicaid, licensing, managed care, and the Joint Commission. The possibility of paybacks, citations, and external plans of correction will be reduced and eliminated.
2. Provide early identification of program and operational issues prior to becoming a large-scale concern.
3. Initiate and successfully complete internal plans of correction or quality improvement plans whenever the auditing process identifies an area for improvement.
4. Ensure administration is briefed on the volume of charts reviewed, findings that prompted an internal plan of correction, and outcomes of those corrections.
5. The reviews will be completed by a bachelor level staff and a master level clinician. The master level clinician will complete a comprehensive clinical record review for quality of IBHS being provided. A bachelor level staff may assist with the administrative review of a record.

Analysis:

Audit tools were created specific to requirements of each program. Program supervisors are expected to complete ongoing routine audits of their own programs on a monthly basis. The goal is that the number of clinical charts reviewed will match the audit rate specified by Risk Management. This is a mix of open and closed charts.

Audit Rates Comparison to Completed Audits

The following charts represent the total number of audits completed for the calendar year by each IBHS program, compared to the annual expected rate.



Required Regulatory Documentation - BLBHS

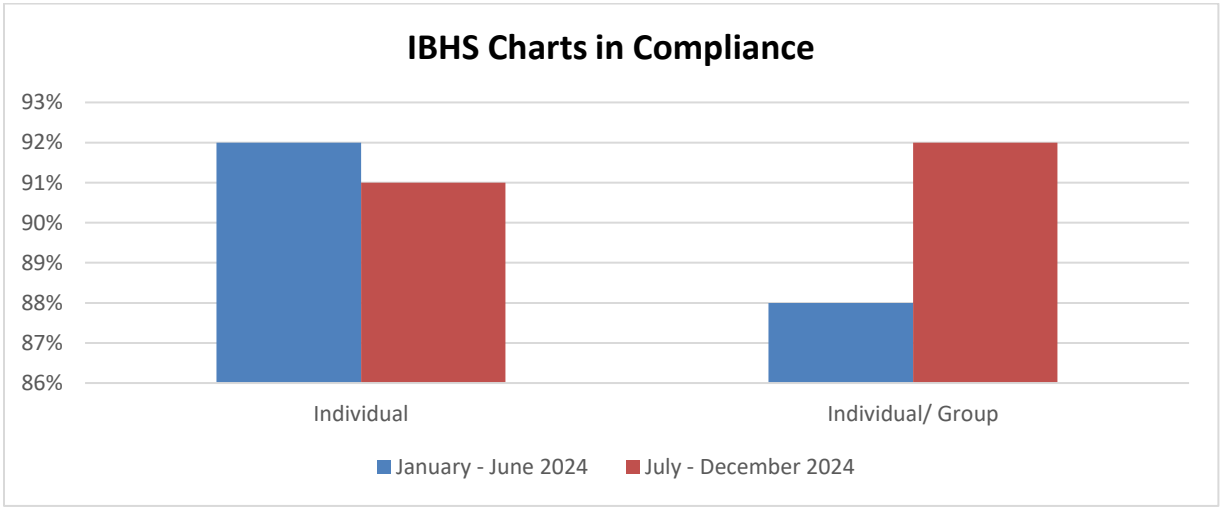
Additional analysis was reviewed related to critical documentation that is necessary for all programs: assessments, plans, and reviews. The charts below reveal the percentage of records that are in compliance for this documentation, separated by the first and second halves of the calendar year.

% of Charts in Compliance – Required Regulatory Documentation

In both graphs, required documentation is fairly consistent for when comparing both timelines. In general, each of the categories show compliance rates at or above 70% for both halves of the year.

Outcome

% of Charts in Compliance – Calendar Year 2024



Each audit tool reflects the requirements and expectations specific to the program. This overall compliance rate accounts for all areas of the record which are audited for compliance. These areas include regulatory and non-regulatory paperwork, as well as timely documentation entry. In looking at the compliance rate from the first half of the year to the second half of the year, there is a slight decrease (4%) in the number of charts in compliance with all requirements for IBHS Individual, and negligible increase (1%) in compliance for IBHS Individual/Group.

Each program uses the completed audit tools as an educational tool during discussion with staff in team meetings, as well as individual supervision meetings. At times, the results indicate a need for additional staff training and re-education. These needs are managed individually at the program level, utilizing consultation with the Risk Management team.

B. Review of Individual and Family Satisfaction (Auditing Objectives):

1. Use of the Child Outcome Survey (COS) for monitoring child/family functioning and therapeutic alliance. Provide early identification of program and operational issues prior to becoming a large-scale concern.
2. Initiate and successfully complete the COS on a quarterly basis each year with the family. Utilize the COS as a tool to collect caregiver feedback to promote caregiver-clinician discussions in treatment and direct treatment planning.
3. Ensure documentation within the clinical note regarding the caregiver-clinician discussion and outcome, identifying needs or changes in treatment.
4. Use of the COS quarterly results from the CCBH E-portal in order to review aggregate data with the family and promote discussions regarding previous quarter results with current scores. Reviews encourage discussions, allowing for a better means of addressing barriers/concerns efficiently and directing treatment for better outcomes; adjusting the ITP as necessary.
5. COS review information is also provided within the ITP. A goal for the COS is established in all ITPs.

Annual report for COS outcomes in IBHS Individual Services:

January 1, 2022 – December 31, 2024

- 465 surveys received from 88 unduplicated children
- 67 youth with more than one survey completion
- Number of surveys completed ranges from 1 to 15 per child

Table 1: ***COS average ratings on first and most recent surveys***

	First Survey Completion	Most Recent Survey Completion
Family Functioning	**7.85**	**8.04**
Child Functioning	**6.91**	**7.19**
Therapeutic Alliance	**9.76**	**9.69**

Note: n=61 children with surveys at least 3 months apart. Average time between first and most recent surveys = 12.05 months (526.04 days); functioning scale 0-10; therapeutic alliance scale 1-10

- Family and Child functioning improved slightly from first to most recent survey completion (family: 7.85 to 8.04; child: 6.91 to 7.19)
- Greatest improvements were observed within child functioning subscale for social life and getting along with friends (7.23 to 7.70), and within family functioning subscale for working together to solve problems (7.49 to 7.84), see Table 2
- Caregiver report of family functioning and therapeutic alliance was high at both time points.

Table 2. ***COS average ratings by item for first and most recent survey completions***

	First	Most Recent
Working together in making decisions about how to solve problems?	**7.49**	**7.84**
Providing support to each other?	**8.18**	**8.24**
Getting along with family?	**6.88**	**7.03**
Social life and getting along with friends?	**7.23**	**7.70**
Doing well at school (and/or work if appropriate)?	**7.24**	**7.45**
Completing household tasks?	**6.33**	**6.53**
I felt understood and respected during the session.	**9.77**	**9.76**
We worked on goals that I thought were important.	**9.81**	**9.67**

The way that treatment was delivered was a good match for my child.	**9.78**	**9.76**
I am confident that the work we are doing together will help my child.	**9.68**	**9.58**

Note: n=61 children with surveys at least 3 months apart.. Average time between first and most recent surveys = 12.05 months (526.04 days); functioning scale 0-10; therapeutic alliance scale 1-10

Annual report for COS outcomes in IBHS Group Services:

January 1, 2022 – December 31, 2024

- 1,176 surveys received from 262 unduplicated children
- 222 youth with more than one survey completion
- Number of surveys completed ranges from 1 to 12 per child

Table 1: ***COS average ratings on first and most recent surveys.***

	First Survey Completion	Most Recent Survey
Family Functioning	**7.09**	**7.25**
Child Functioning	**6.31**	**6.70**
Therapeutic Alliance	**9.55**	**9.45**

Note: n=208 children with more than one survey at least 3 months apart. Average time between surveys=12.78 months (403.95 days); functioning scale 0-10; therapeutic alliance scale 1-10

- Child and family functioning improved from first to most recent survey completion (child: 6.31 to 6.70; family: 7.09 to 7.25)
- Caregiver report of therapeutic alliance was high at both time points

January 1, 2022 - December 31, 2024

SDQ Parent

- 1,158 surveys for 260 unduplicated children
- 215 youth with more than one survey completion
- Number of surveys completed ranges from 1 to 12 surveys per child

Table 2: ***SDQ Parent average scores for first and most recent surveys***

	First Survey Completion	Most Recent Survey Completion
Emotional Symptoms	**4.01**	**3.66**
Conduct Problems	**4.26**	**3.61**
Hyperactivity	**7.33**	**6.65**
Peer Problems	**3.22**	**3.11**
Pro-social Behaviors	**7.18**	**7.19**
Total Difficulties	**18.73**	**16.99**

Note: n=201 children with first and most recent surveys at least 3 months apart. Average time between first and most recent survey=12.93 months; 408.09 days

- Parent report of difficult behaviors improved (decreased) from 18.73 to 16.99
- Parents reported decreased emotional symptoms, conduct problems, hyperactivity, and peer problems.
- Pro-social behaviors remained steady from the first (7.18) to most recent (7.19)

January 1, 2022 – December 31, 2024

SDQ Teacher

- 1,166 surveys completed for 266 unique children
- 220 youth with more than one survey completion
- Number of surveys completed ranges from 1 to 13 per child

Table 3: ***SDQ Teacher average scores for first and most recent surveys***

	First Survey Completion	Most Recent Survey Completion
Emotional Symptoms	**2.81**	**2.69**
Conduct Problems	**3.22**	**2.79**
Hyperactivity	**6.43**	**5.79**
Peer Problems	**2.86**	**2.80**
Pro-social Behaviors	**6.09**	**6.06**
Total Difficulties	**15.39**	**14.48**

Note: n=186 children with first and most recent survey at least 3 months apart. Average time between first and most recent surveys=12.34 months; 390.74 days

- Teacher report of difficult behaviors decreased from first (15.39) to most recent (14.48) survey.
- Teachers reported decreased emotional symptoms, conduct problems, hyperactivity, and peer problems.
- Pro-social behaviors remained steady between the first (6.09) and most recent (6.06) survey.

C. Annual Service Description Review:

BLBHS has been issued certificates of compliance annually based on the approved service description by the Department of Human Services, providing Intensive Behavioral Health Services (Individual/Group Services) within identified locations. Licensure is based on compliance with chapter requirements and our service description. As licensure renewal occurs annually, our compliance with our Service Description and chapter requirements is critical. Our Service Description for Intensive Behavioral Health Services (IBHS) is reviewed annually by the agency's Operations Team and/or the Performance Improvement Committee. This annual service description review ensures compliance with Chapter 1155 and 5240 for IBHS requirements in order to maintain licensure to provide such services.

Beacon Light has received continued annual certificates of compliance and is currently licensed until August 28th, 2025 at which time another licensing review will occur.