

Northern Tier Counseling, Inc.
Intensive Behavioral Health Services
Quarter 1 Compliance Report
June 1, 2024-September 30, 2024

Service Description

- On January 18, 2021, Intensive Behavioral Health Services (IBHS) regulations replaced the requirements for Behavioral Health Rehabilitation Services (BHRS) according to Pennsylvania Department of Human Services. IBHS currently provides individual services and evidence-based therapy.
- IBHS are provided for children and youth with serious emotional and behavioral support needs. Mobile Therapists (MT) provide family and individual therapy. Behavioral Health Technicians (BHT) provide one-to-one interventions to assist children and youth in improving behavior, self-esteem, and social skills.
- Mobile Therapy (MT) includes intensive treatment efforts that occur outside of an office setting. Methods of intervention include family therapy, collateral therapy, and individual therapy in the home, school, or other community setting. Additionally, behavior programming, parent training, and consultations with other community services are a part of the program design.
- Behavioral Health Technician (BHT) services include efforts to stabilize the child's functioning in the family, school, or community setting. Therapeutic efforts will focus on one-to-one intervention to improve behavior, improve control of anger, enhance self-esteem and develop more productive social relationships. In addition, therapeutic interventions will include implementation and monitoring behavior modification programming.
- IBHS are delivered in the individual's natural environment such as their home, school, or community.

NTC Overview:

- Northern Tier Counseling, Inc. operates under the mission of Welcoming all those seeking wellness, renewal and hope.

Northern Tier Counseling, Inc., provides a myriad of services in addition to IBHS. They include

Medication Management

Outpatient Mental Health and Drug & Alcohol Services

Psychiatric Rehabilitation Services/ Wellness Center

Adult and Adolescent Peer Support Services

Adolescent Hospitalization Programming for grades 7-12

Family Based Services

IBHS to include

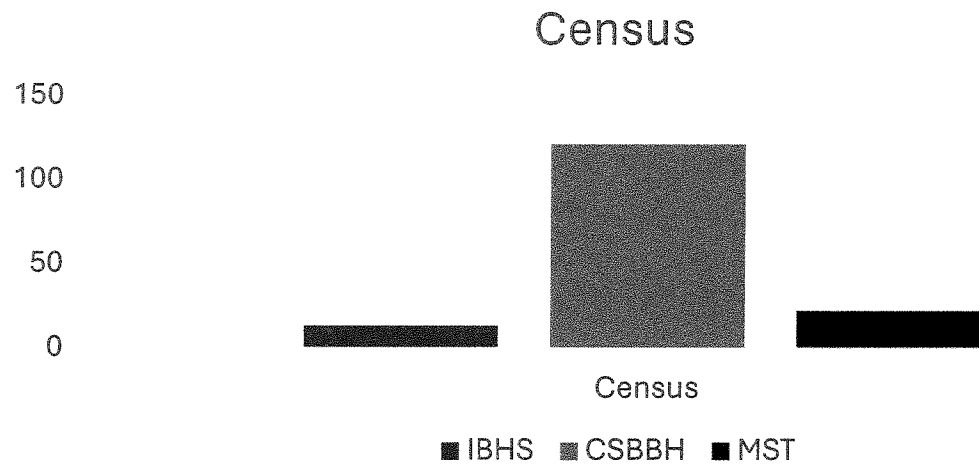
CSBBH, MST, and Individual Mobile Therapy Services.

Private Contract Services

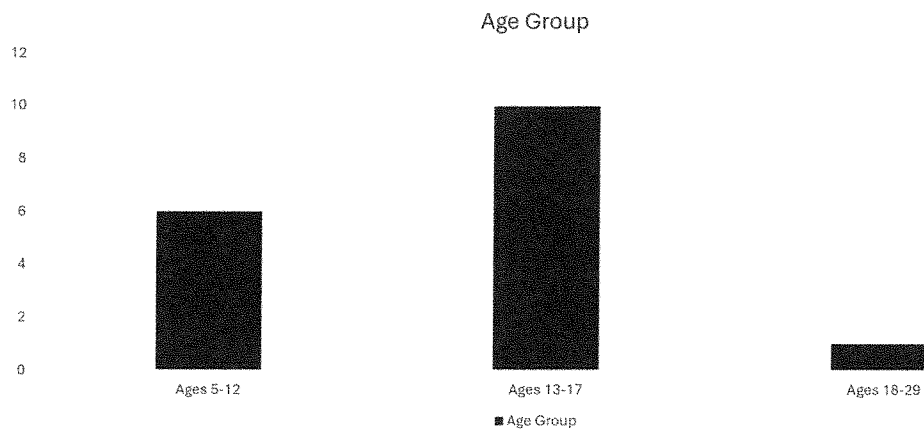
- Quality Improvement plans are made based upon internal Compliance audit results and client feedback surveys to improve quality outcomes. The Client feedback survey results provide necessary data to ensure Northern Tier Counseling; delivers optimal care in IBHS. IBHS clients were offered feedback surveys using a HIPAA compliant platform or a written form. Data was extracted and analyzed based on quality performance. Survey results are shared with the Program Director, Senior Management, Executive Director, and the Agency Board of Directors.
- Data for this Quality Report is from July 1, 2024, through September 30, 2024.

Demographics:

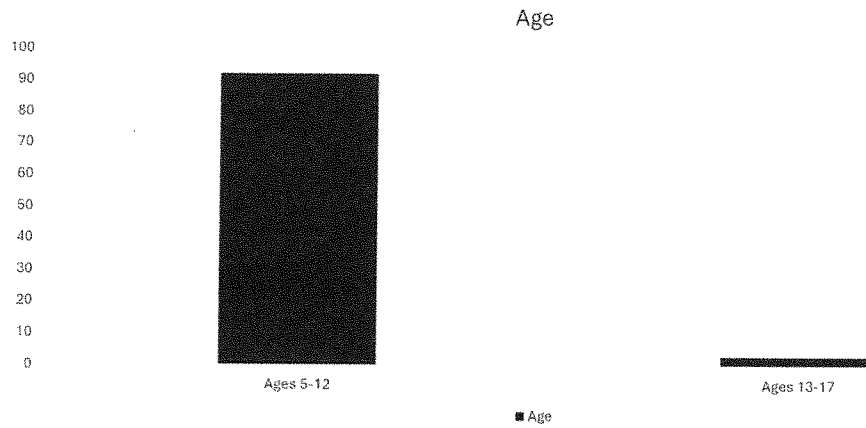
Children & Youth Served during Quarter 1



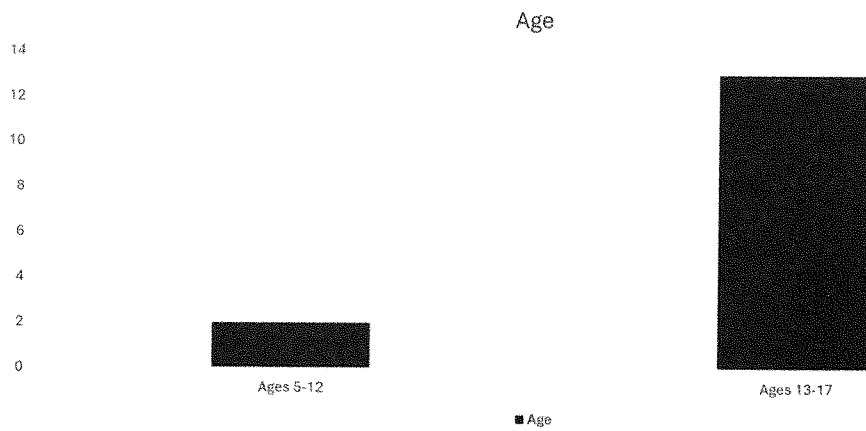
IBHS Demographics by Age



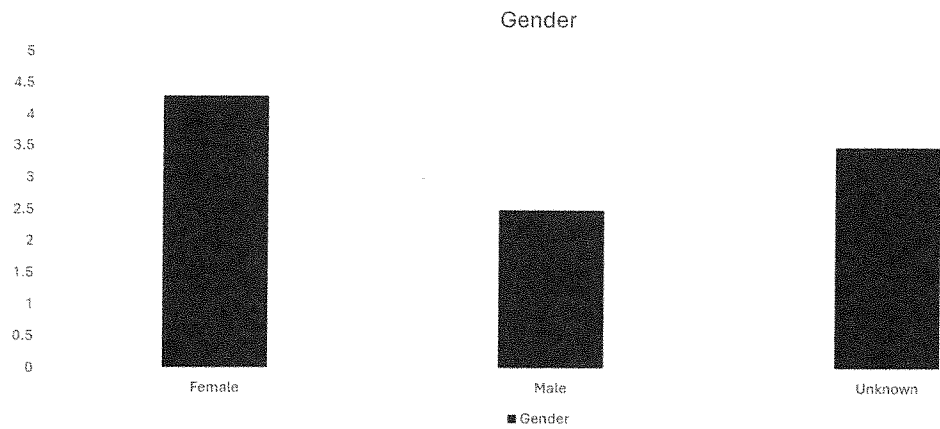
CSBBH Demographics by Age



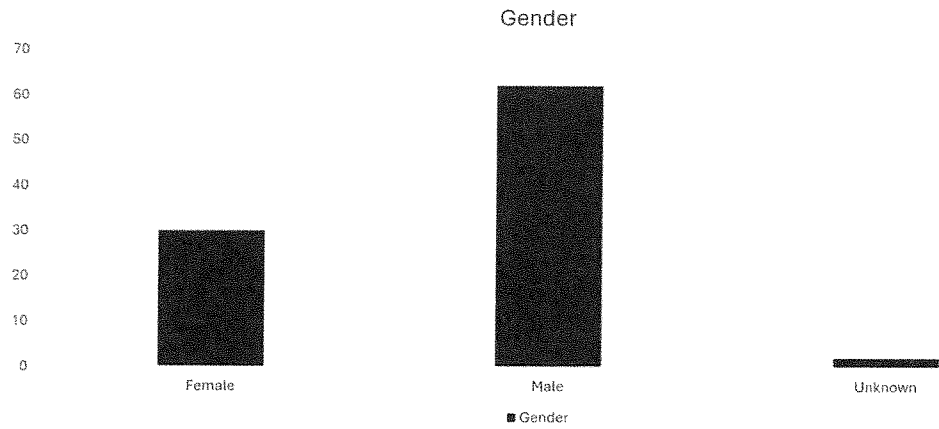
MST Demographics by Age



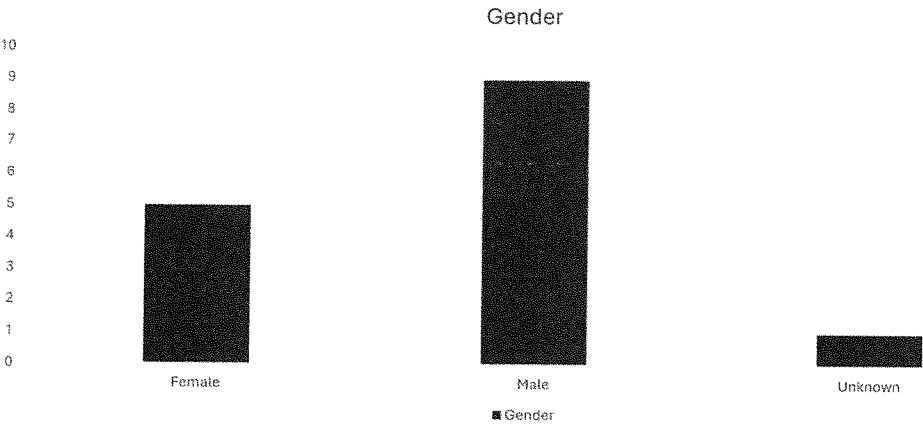
IBHS Demographics by Gender



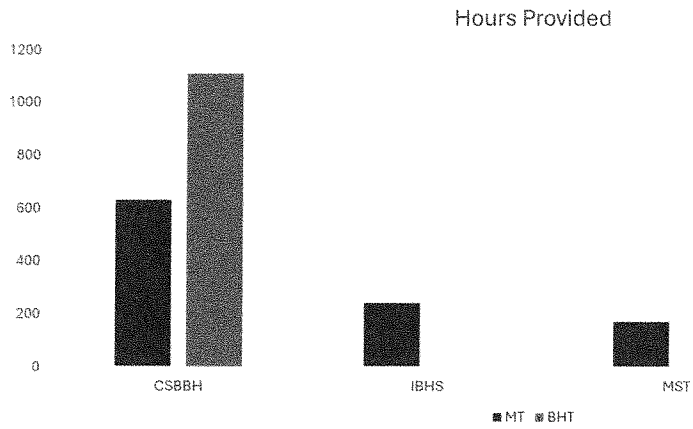
CSBBH Demographics by Gender



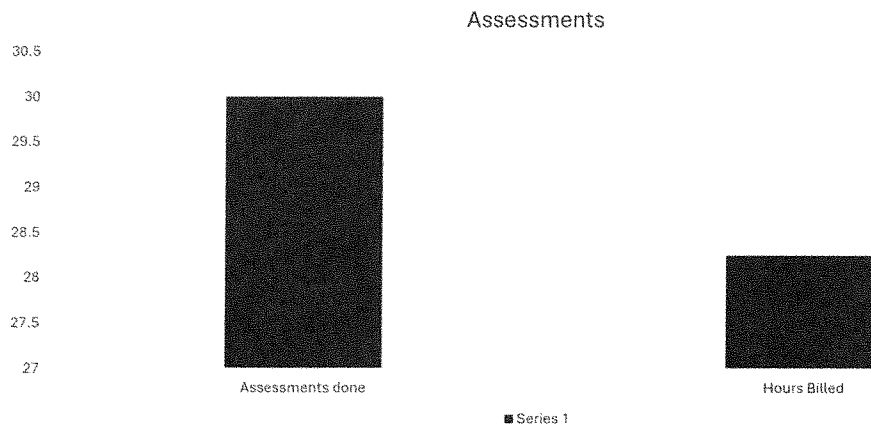
MST Demographics by Gender



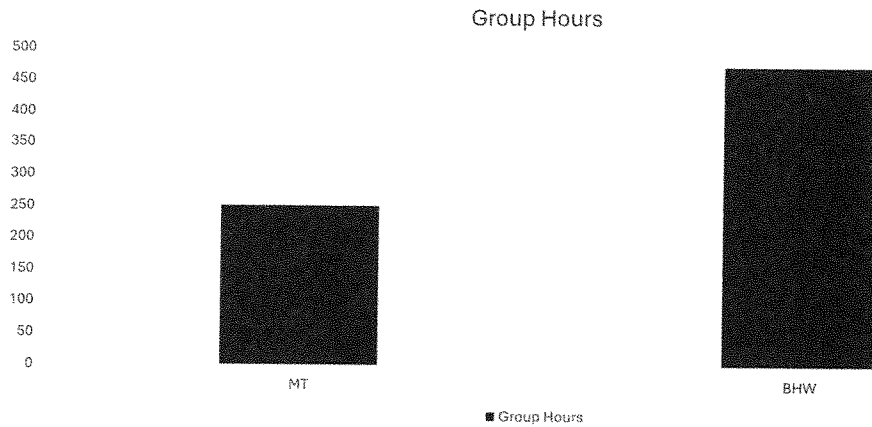
IBHS Quarter 1 Hours Provided 7/1-9/30 2024



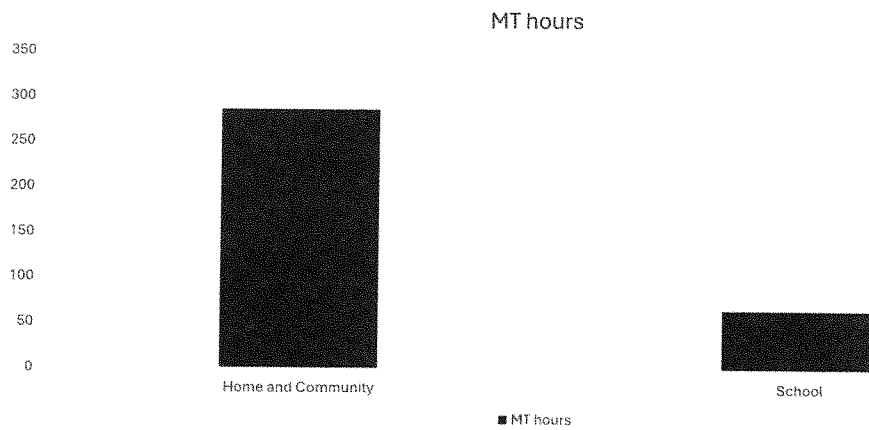
CSBBH Assessments Q 1



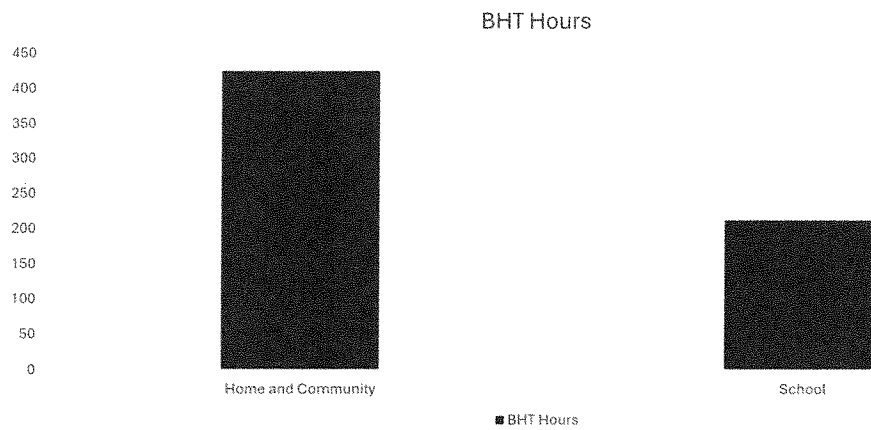
CSBBH Group Hours Q 1



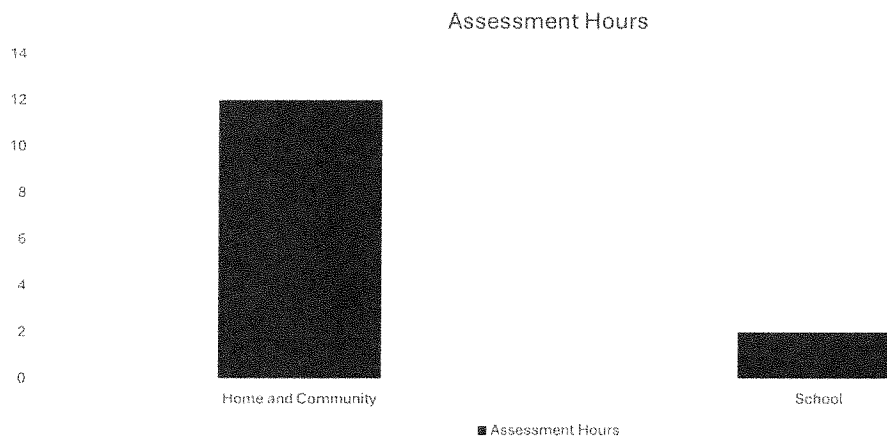
CSBBH MT Hours Q 1 by location



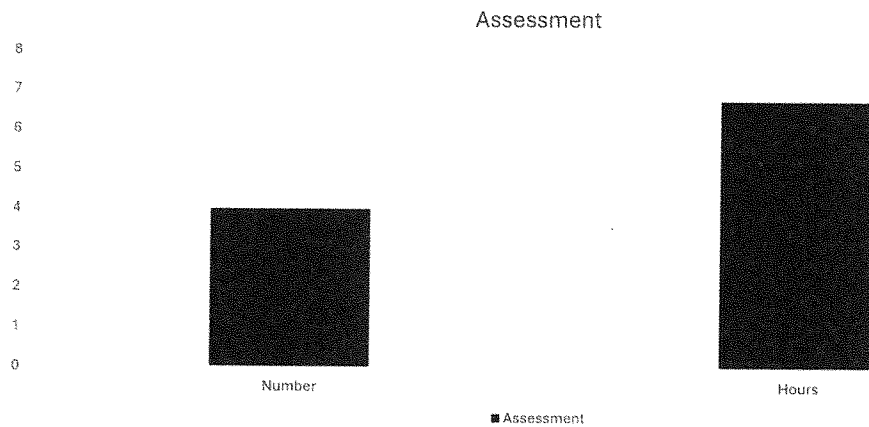
CSBBH BHT Hours Q 1 by location



IBHS Assessment Hours/Location Q1



of MST Assessment & Hours Q1



CSBBH:

630.95 Hours of CSBBH MT services were provided

1110 hours of CSBBH BHT services were provided

Totaling: 1740.95 Hours of service

Provided to 88 clients

IBHS: Individual Services

243:17 Hours of IBHS MT services will be provided

Provided to 17 individual clients

MST:

172:30 Hours of IBHS MST services were provided

Provided to 14 individual clients

Summary of data:

In reviewing the data, it immediately tells me that our CSBBH staff are not billing for the required reassessments at the end of the summer. This will need to be reviewed via training in scheduling and further review of the electronic health record.

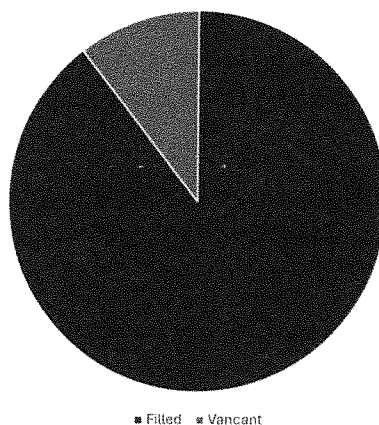
The Group hours for the Therapeutic Summer Program are largely being led by the BHT's. This could be due to the fact that we were short staffed MT's and dealing with staffing transitions in 3 of the 4 programs. Goal for next summer would be to shift these numbers to a more equitable division of group responsibilities.

The Home and Community hours are high because Community Care Behavioral Health requires our Therapeutic Summer Program to code the "School" location as "Community" when school is not in session.

IBHS hours for Assessment are low for the school due to summer break.

MST Services are not coded by location, only by service. Billing codes are either Assessment or Therapy.

Staffing Vacancies within IBHS



Staffing Patterns:

CSBBH:

Approved staffing for the Athens, Northeast Bradford, Towanda, and Troy School Districts

MT's: 7

BHT's: 11

Vacancies: 1 MT within the Athens School Districts 1 BHT also within the Athens School District.

IBHS:

1 Licensed Social Worker. The agency consistently advertises for additional licensed/non licensed positions. To date we have not found another candidate interested in providing Individual Mobile Therapy IBHS.

MST:

NTC has 1 approved Team consisting of 4 MST therapists. To date we have three of the four positions filled within the team. Effective July 1st, 2024, we hired a full time MST supervisor.

Training and Collaboration:

CSBBH

During the first quarter the following coordination meetings occurred.

CSBBH- Learning Collaborative 7/25/24

Weekly MT meetings started 7/19/24 and occur every Friday for 1 hour with the Program Supervisor and all MT's

CSBBH BHARP "Reset" meeting 8/26/24

NTC IBHS/CSBBH Compliance 8/7/24 & 9/27/24

CCBH Technical Assistance on 9/12/24 with CSBBH staff

CORE meetings resumed after Labor Day

New CSBBH staff were completed their "Start Up" training in August

MST:

MST Booster: 9/26/24 and 9/27/24

NTC/MST Compliance 8/19/24

MST Tioga County coordination meeting 8/30/24

New staff and supervisor completed initial start up training in June and August respectively.

MST Tioga County coordination meeting to be held final week of October to initiate services in that county

IBHS:

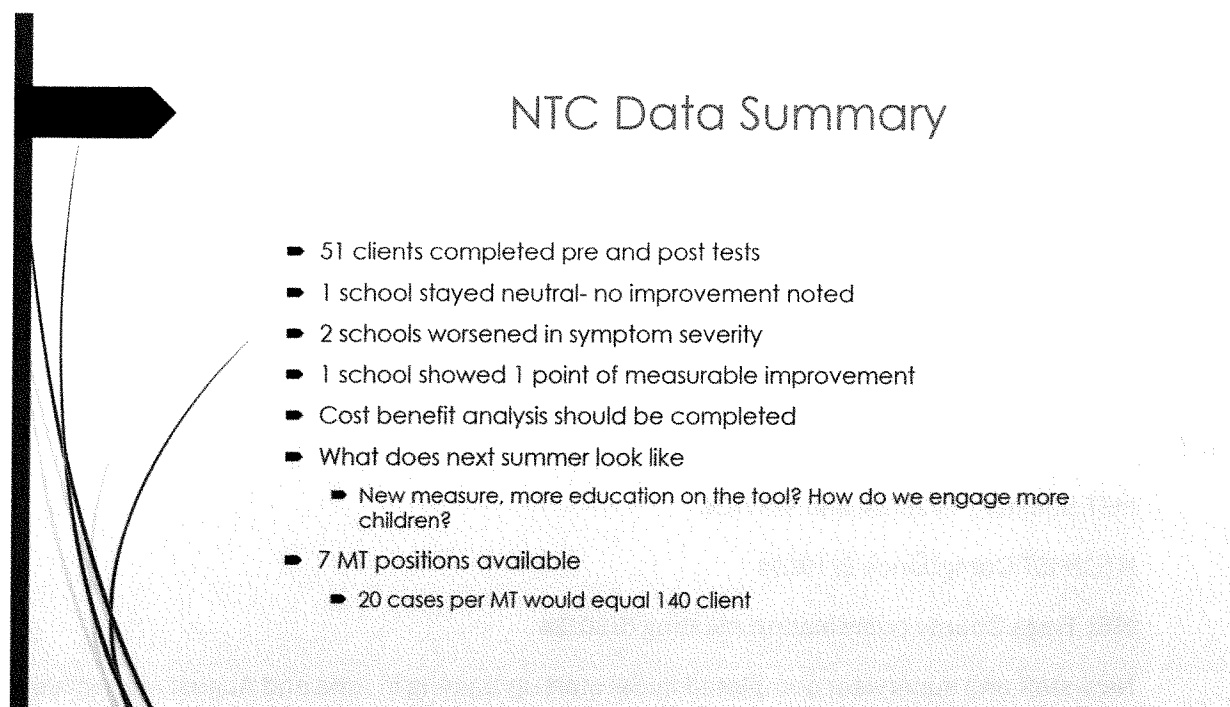
IBHS and CCBH clinical supervisions 8/16/24 & 9/20/24

IBHS staff completed required hours for TF-CBT training

Weekly supervisions occurred to accrue hours for LCSW licensure

Consumer Satisfaction:

Summer Therapeutic Programming for CSBBH occurred from June-August 2024. A summary of the data is below:



Consumer Family Satisfaction Survey Releases are obtained at point of intake. To date we have not received outcomes related to those surveys.

The last IBHS CCBH Quality Audit was prior to this quarter. We are currently in the process of auditing our Therapeutic Summer Programming charts and sending the data to CCBH. We may have those outcomes for the next quarterly compliance update.

The completion of internal consumer family satisfaction surveys will be discussed. Our next compliance meeting for CSBBH is on 10/31.

MST TAMS: Therapist Adherence Measure

Multisystemic Therapy Institute

MST Therapist Adherence Report

Report Period: 07/01/2024 - 09/30/2024

Filters: Organization - Team: Northern Tier Counseling - NTC Team 1

Therapists: Amy Masters, Julie VanFleet, Victoria Russell

Item Description	Amy Masters	Julie VanFleet	Victoria Russell
Number of TAM-R Interviews	4	5	3
Number of Youth with at least one TAM-R interview	3	3	3
Average Adherence Score (Threshold Score $\geq$.61)	0.53	0.90	0.69
Lowest Adherence Score	0.21	0.63	0.54
Highest Adherence Score	0.93	1.00	0.96
Percent of Youth with average therapist adherence score above threshold	33%	100%	33%

Item Response Profile

Item Description	Amy Masters	Julie VanFleet	Victoria Russell
* 9. The therapist tried to change some ways that family members interact with people outside the family.	Most of the Time	Almost Always	Sometimes
* 8. The therapist tried to change some ways that family members interact with each other.	Most of the Time	Almost Always	Sometimes

7. My family and the therapist had similar ideas about ways to solve problems.	Rarely	Almost Always	Most of the Time
26. The therapist helped us keep our child from hanging around with troublesome friends.	Never	Most of the Time	Never
27. The therapist helped us improve our child's behavior at school.	Sometimes	Sometimes	Sometimes
28. The therapist helped us get our child to stay in school every day.	Sometimes	Most of the Time	Sometimes
* 14. My family talked with the therapist about the success (or lack of success) of his/her recommendations from the previous session.	Sometimes	Almost Always	Most of the Time
13. My family talked with the therapist about how well we followed her/his recommendations from the previous session.	Sometimes	Almost Always	Always
* 22. The therapist checked to see whether homework was completed from the last session.	Sometimes	Always	Always
15. We got much accomplished during the therapy sessions.	Rarely	Almost Always	Sometimes
16. My family was sure about the direction of treatment.	Most of the Time	Always	Always
* 25. The therapist helped family members talk with each other to solve problems.	Most of the Time	Almost Always	Always
24. The therapist helped us to enforce rules for the child.	Sometimes	Almost Always	Always
18. My family accepted that part of the therapist's job is to help us	Sometimes	Always	Most of the Time

change certain things about our family.			
5. The therapist's recommendations required family members to work on our problems almost every day.	Sometimes	Always	Sometimes
* 3. My family knew exactly which problems we were working on.	Most of the Time	Always	Sometimes
2. My family and the therapist worked together effectively.	Most of the Time	Always	Sometimes
* 21. Our family agreed with the therapist about the goals of treatment.	Most of the Time	Almost Always	Always
* 19. The therapist's recommendations should help family members to become more responsible.	Sometimes	Always	Most of the Time
* 17. The therapist's recommendations made good use of our family's strengths.	Sometimes	Always	Always
11. The therapist's recommendations should help the children to mature.	Sometimes	Always	Always
* 4. The therapist recommended that family members do specific things to solve our problems.	Sometimes	Always	Sometimes
* 12. Family members and the therapist agreed upon the goals of the sessions.	Most of the Time	Almost Always	Always
* 6. The therapist understood what is good about our family.	Always	Always	Most of the Time
* 1. The therapist tried to understand how my family's problems all fit together.	Most of the Time	Always	Most of the Time

* 23. The therapist did whatever it took to help our family with tough situations.	Most of the Time	Always	Most of the Time
10. My family and the therapist were honest and straightforward with each other.	Always	Always	Always
* 20. The therapist talked to family members in a way we could understand.	Always	Always	Always

Recruitment:

NTC continues to advertise and interview for open positions. We have not been successful in filling BHT positions largely due to salary. We compete with other agencies in the area for bachelor level staff and currently, they can pay a higher hourly wage. Masters staff continue to lean more towards a desired position within a clinic rather than within the school system that requires crisis coverage and in home service delivery. Recruitment “bonuses” are no longer an option due to lack of funding available.

Our internal staff continue to maintain that the current required paperwork for the MT position is overwhelming, and they are unable to balance regulatory responsibilities with clinical care.

CSBBH supervisor have initiated the weekly MT meeting in hopes to provide weekly/timely training and to build a camaraderie among the staff.

Summary:**Tasks for next quarter:**

Meet to review a redesign for the Therapeutic Summer Program

Recruit and fill vacant positions

Reach out to Main Link regarding outcomes of the CFST and determine if that will be adequate for family satisfaction forms.

Continue to work with CCBH to determine an efficient way to gain outcomes from the Children’s Outcome Studies and Strength and Difficulties questionnaire.

Fill the vacant MST Therapist position and begin accepting referrals from Tioga County for MST.

Northern Tier Counseling, Inc.
Intensive Behavioral Health Services
Quarter 2 Compliance Report
October 1st, 2024-December 31st, 2024

Service Description

- On January 18, 2021, Intensive Behavioral Health Services (IBHS) regulations replaced the requirements for Behavioral Health Rehabilitation Services (BHRS) according to Pennsylvania Department of Human Services. IBHS currently provides individual services and evidence-based therapy.
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Outpatient Mental Health

Drug & Alcohol Outpatient, Intensive Outpatient, and Drug Treatment Court services

Psychiatric Rehabilitation Services/ Wellness Center

Adult and Adolescent Peer Support Services

Adolescent Hospitalization Programming for grades 7-12

Family Based Services

IBHS to include

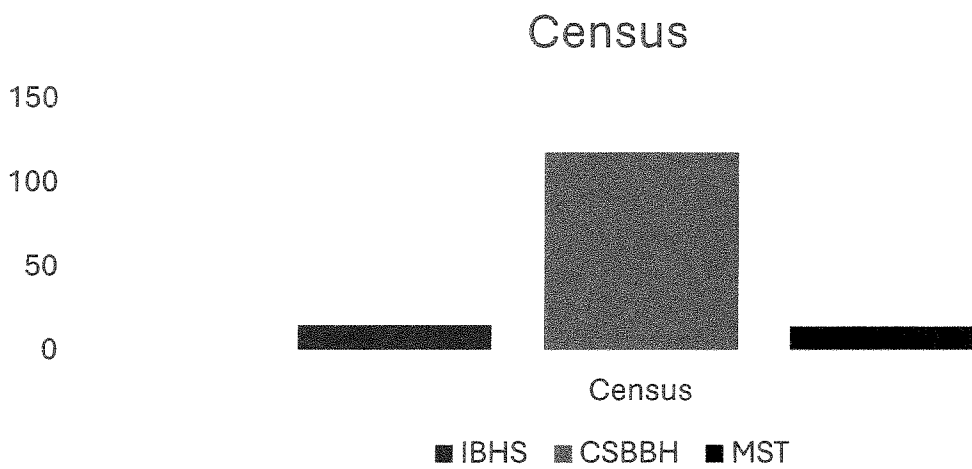
CSBBH, MST, and Individual Mobile Therapy Services.

Private Contract Services

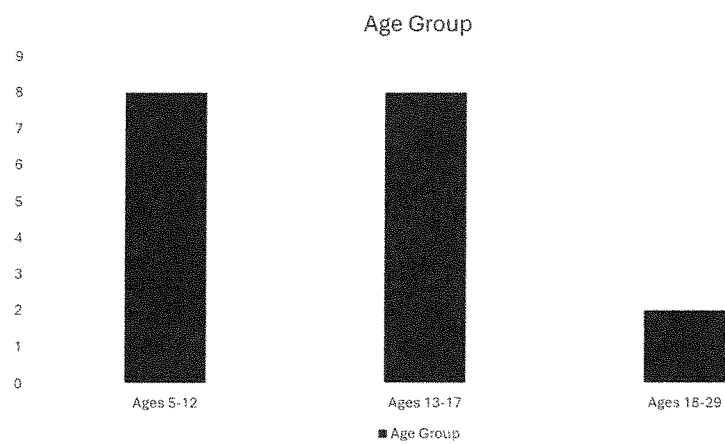
- Quality Improvement plans are made based upon internal compliance audit results, State and MCO regulations and requirements, and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure Northern Tier Counseling is delivering optimal care in IBHS. IBHS clients were offered feedback surveys using a written form. Data was extracted and analyzed based on quality performance. Survey results are shared with the Program Director, Senior Management, Executive Director, and the Agency Board of Directors.
- Data for this Quality Report is from *October 1st, 2024-December 31st, 2024.*

Demographics:

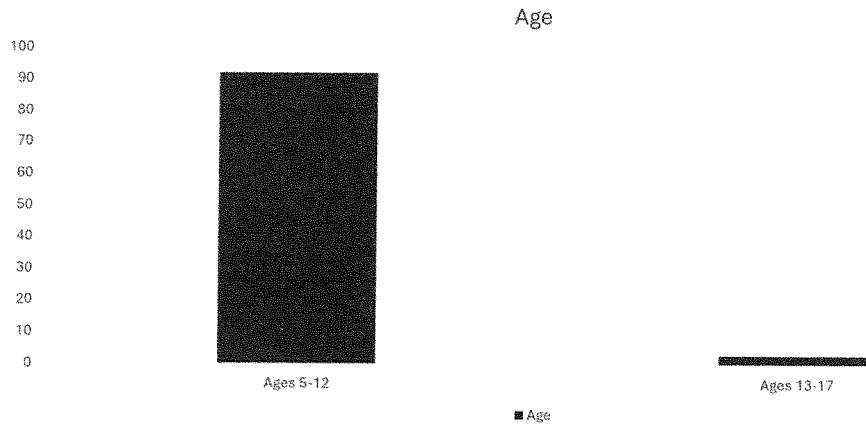
Children & Youth Served during Quarter 2



IBHS Demographics by Age



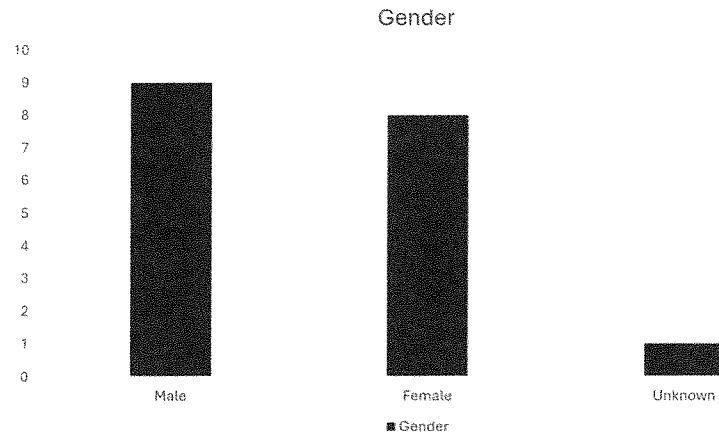
CSBBH Demographics by Age



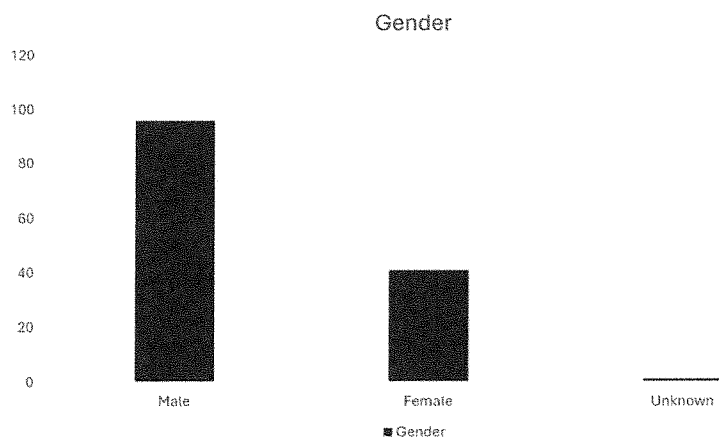
MST Demographics by Age



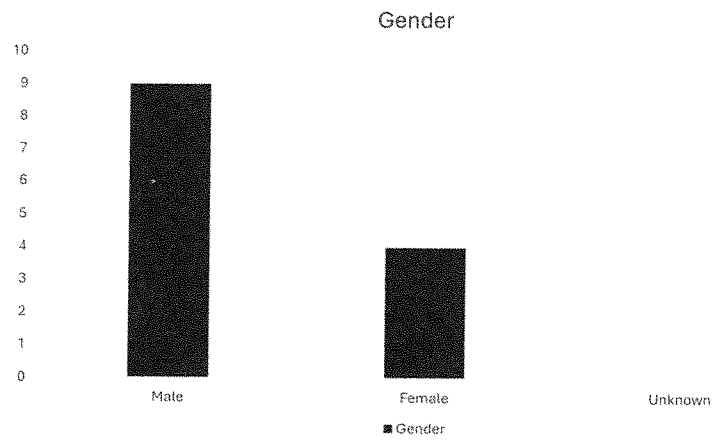
IBHS Demographics by Gender



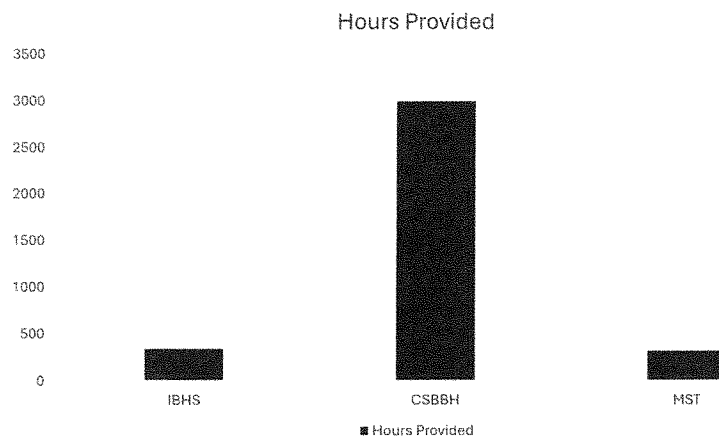
CSBBH Demographics by Gender



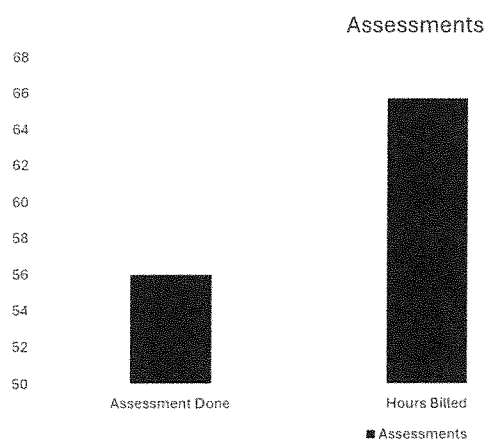
MST Demographics by Gender



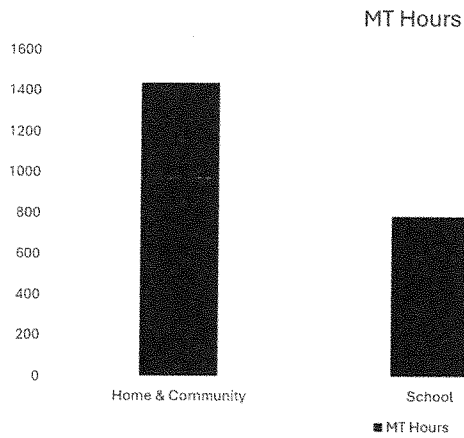
IBHS Quarter 2 Hours Provided 10/01-12/31 2024



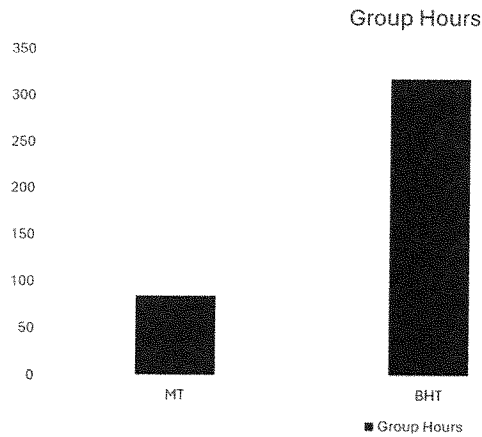
CSBBH Assessments Q2



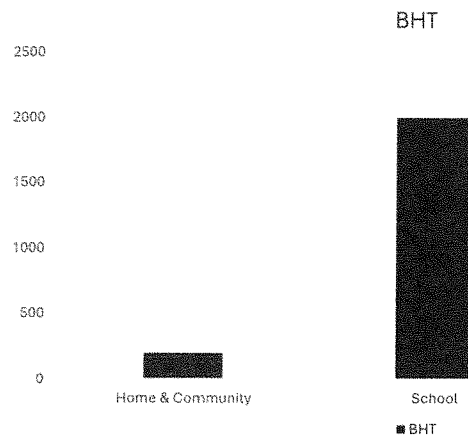
CSBBH MT Hours by Location Q 2



CSBBH Group Hours Q 2



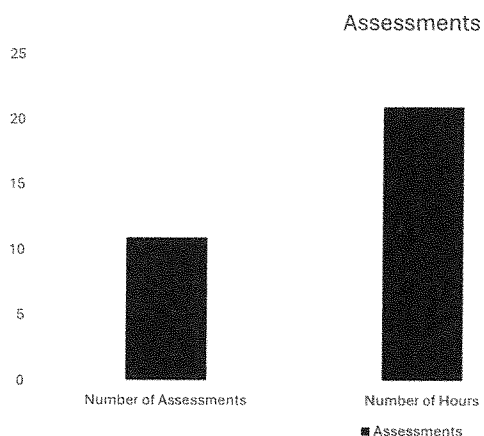
CSBBH BHT Hours by Location Q2



IBHS Assessment Hours by Location Q2



MST Assessments & Hours Q2



CSBBH:

630.95 Hours of CSBBH MT services were provided Q 1

986.78 Hours of CSBBH MT services were provided Q2

1110 hours of CSBBH BHT services were provided Q 1

2191.61 hours of CSBBH BHT services were provided Q 2

Totaling: 1740.95 Hours of service Q1

Totaling: 3178.39 Hours of service Q 2

Provided to 88 clients Q1

Provided to 118 clients Q 2

IBHS: Individual Services

243.17 Hours of IBHS MT services were provided Q1

339.58 Hours of IBHS MT services were provided Q2

Provided to 17 individual clients Q1

Provided to 15 individual clients Q2

MST:

172:30 Hours of IBHS MST services were provided Q1

314.78 hours of IBHS MST services were provided Q2

Provided to 14 individual clients Q1 and Q2

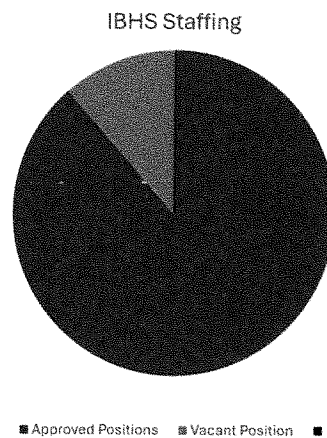
Summary of data:

I continue to question if MTs are capturing all their assessment time. They continue to schedule services for 1-hour timeframes, when in truth it takes 2-4 hours to complete. The Scheduling of the Re-Assessment is cumbersome, and staff are still not “attaching” documents to their schedule effectively at times. This has improved marginally.

Group hours continue to be largely completed by BHT's

Assessments are being completed in Home and Community to a greater extent than they have been in the past.

Staffing Vacancies with IBHS Q 2



Staffing Patterns:

CSBBH:

Approved staffing for the Athens, Northeast Bradford, Towanda, and Troy School Districts

MT's: 7

BHT's: 11

Vacancies: 2 MT's are vacant from the Athens Team. 1 started to transition from Private Contract to CSBBH during this time. Leaving us 1 vacancy. No BHT hired during this time.

IBHS:

1 Licensed Social Worker. The agency consistently advertises for additional licensed/non licensed positions. To date we have not found another candidate interested in providing Individual Mobile Therapy IBHS.

MST:

NTC has 1 approved Team consisting of 4 MST therapists. To date we have three of the four positions filled within the team. Effective July 1st, 2024, we hired a full time MST supervisor. During this time frame we had 1 staff on medical leave.

Training and Collaboration:**CSBBH**

During the first quarter the following coordination meetings occurred.

CSBBH- Learning Collaborative 7/25/24 **continuing** occurring on 10/29 and 12/3

Weekly MT meetings started 7/19/24 and occur every Friday for 1 hour with the Program Supervisor and all MT's

CSBBH BHARP "Reset" meeting 8/26/24 **continuing**

NTC IBHS/CSBBH Compliance: 9/26/24, 10/31/24, 11/26/24

No TA's during Q2 with CCBH

MST:

MST Booster: 12/12/2024

NTC/MST Compliance 8/19/24, 10/30/24, 11/20/2024, 12/18/2024

IBHS:

IBHS and CCBH Provider Mtg. Supervision: 10/11 and 12/13

IBHS staff continued with required consultation hours to obtain her National TF-CBT Certification.

Weekly supervisions occurred to accrue hours for LCSW licensure

Consumer Satisfaction:

Summer Therapeutic Programming for CSBBH occurred from June-August 2024. A summary of the data is below:



NTC Data Summary

- 51 clients completed pre and post tests
- 1 school stayed neutral- no improvement noted
- 2 schools worsened in symptom severity
- 1 school showed 1 point of measurable improvement
- Cost benefit analysis should be completed
- What does next summer look like
 - New measure, more education on the tool? How do we engage more children?
- 7 MT positions available
 - 20 cases per MT would equal 140 client

Consumer Family Satisfaction Survey Releases are obtained at point of intake. To date we have not received outcomes related to those surveys.

The last IBHS CCBH Quality Audit was prior to this quarter. We are currently in the process of auditing our Therapeutic Summer Programming charts and sending the data to CCBH. We may have those outcomes for the next quarterly compliance update.

The completion of internal consumer family satisfaction surveys will be discussed. Our next compliance meeting for CSBBH is on 10/31.

MST TAMS: Therapist Adherence Measure

Multisystemic Therapy Institute

TAM-R Adherence Scores Summarized By Therapist

Report Period: 10/01/2024 - 12/31/2024

Filters: 'Organization' = 'Northern Tier Counseling'; 'Team' = 'NTC Team 1'; 'Supervisor' = 'Matthew Yapple S'; 'Consultant/Expert' = 'Stephanie Cowburn C'

Team	Therapist	Number Of TAMRs	Number Of Cases	Overall Average Adherence Score (Threshold >= .61)	Lowest Adherence Score	Highest Adherence Score	Percent of Caregivers Reporting Adherence
Organization: Northern Tier Counseling							
NTC Team 1	Amy Masters	6	4	0.97323	0.9286	1.0000	100%
NTC Team 1	Julie VanFleet	9	3	0.95622	0.8929	1.0000	100%
NTC Team 1	V49897 R49897	3	2	0.9286	0.8929	0.9643	100%

Recruitment:

NTC continues to advertise and interview for open positions. We have not been successful in filling BHT positions largely due to salary. We compete with other agencies in the area for bachelor level staff and currently, they can pay a higher hourly wage. Masters staff continue to lean more towards a desired position within a clinic rather than within the school system that requires crisis coverage and in home service delivery. Recruitment “bonuses” are no longer an option due to lack of funding available.

Our internal staff continue to maintain that the current required paperwork for the MT position is overwhelming, and they are unable to balance regulatory responsibilities with clinical care.

The CSBBH supervisor has initiated the weekly MT meeting in hopes of providing weekly/timely training and to build a camaraderie among the staff.

NTC was denied a waiver for 1 potential BHT. Staff have enrolled in college coursework to obtain the required 9 credit hours in human services.

Summary:

Tasks for next quarter:

Meet to review a redesign for the Therapeutic Summer Program- ***determined we would use the same tool but provide additional training and education on the tool to ensure new staff are clear in their understanding of the administration of the tool.***

Recruit and fill vacant positions- ***continuing***

Reach out to Main Link regarding outcomes of the CFST and determine if that will be adequate for family satisfaction forms-- ***continuing***

Continue to work with CCBH to determine an efficient way to gain outcomes from the Children's Outcome Studies and Strength and Difficulties questionnaire -- ***ongoing***

Fill the vacant MST Therapist position and begin accepting referrals from Tioga County for MST- ***new staff will start January 6th, 2025.***

Northern Tier Counseling, Inc.
Intensive Behavioral Health Services
Quarter 3 Compliance Report
January 1, 2025-March 31, 2025

Service Description

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- IBHS are delivered in the individual's natural environment such as their home, school, or community.

NTC Overview:

- Northern Tier Counseling, Inc. operates under the mission of Welcoming all those seeking wellness, renewal and hope.

Northern Tier Counseling, Inc., provides a myriad of services in addition to IBHS. They include

Medication Management

Outpatient Mental Health

Drug & Alcohol Outpatient, Intensive Outpatient, and Drug Treatment Court services

Psychiatric Rehabilitation Services/ Wellness Center

Adult and Adolescent Peer Support Services

Adolescent Hospitalization Programming for grades 7-12

Family Based Services

IBHS to include

CSBBH, MST, and Individual Mobile Therapy Services.

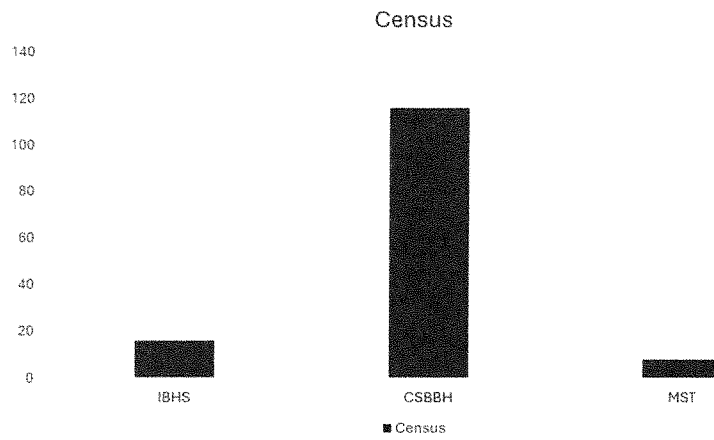
Private Contract Services

- Quality Improvement plans are made based upon internal compliance audit results, State and MCO regulations and requirements, and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure Northern Tier Counseling is delivering optimal care in IBHS. IBHS clients were offered feedback surveys using a written form. Data was extracted and analyzed based on quality performance. Survey results are shared with the Program Director, Senior Management, Executive Director, and the Agency Board of Directors.
- Data for this Quality Report is from January 1, 2025-March 31, 2025.

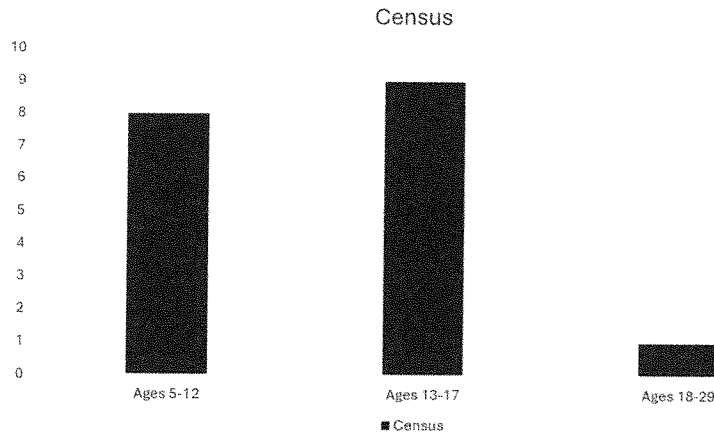
Demographics:

Children & Youth Served during Quarter 3

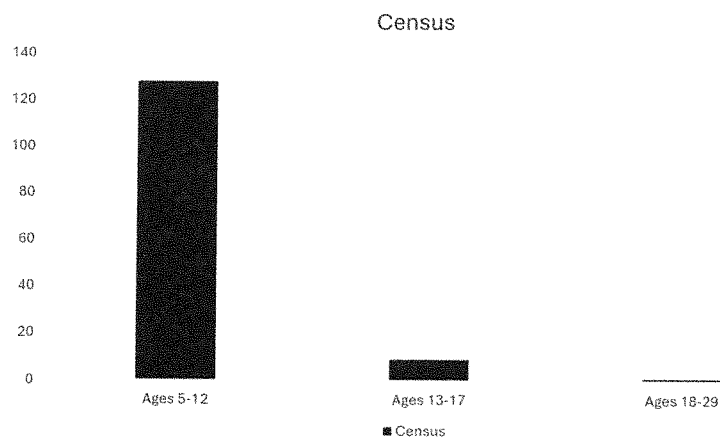
IBHS Census



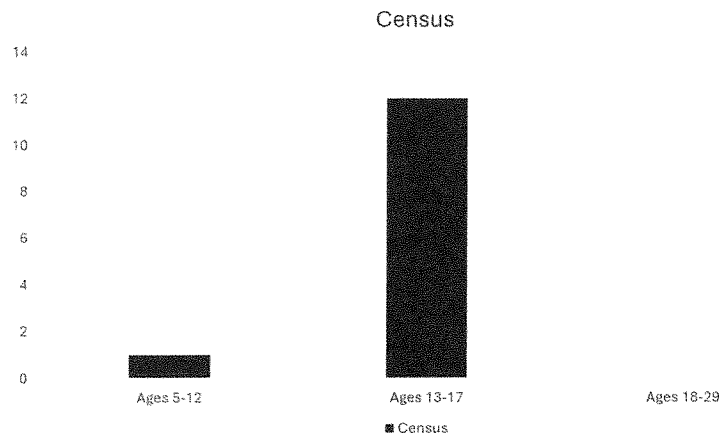
IBHS Demographics by Age



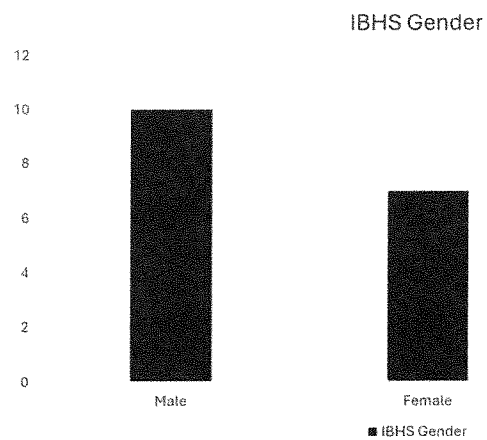
CSBBH Demographics by Age



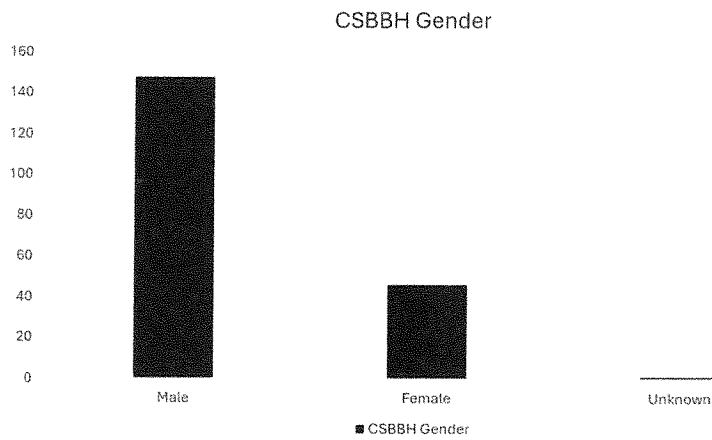
MST Demographics by Age



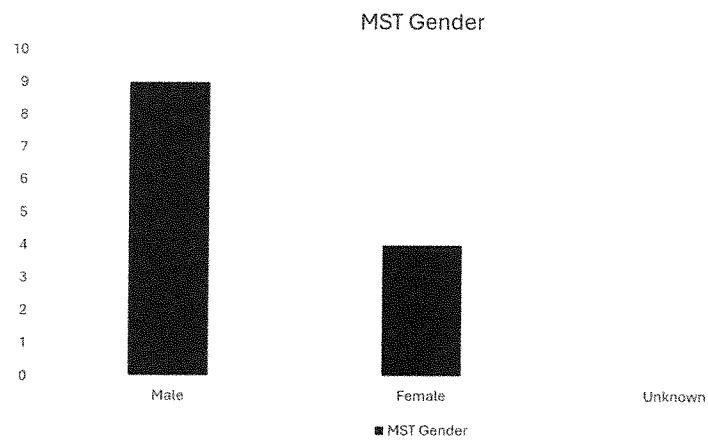
IBHS Demographics by Gender



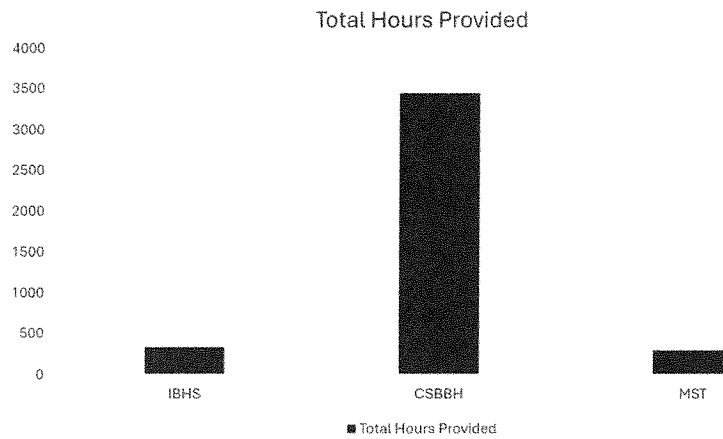
CSBBH Demographics by Gender



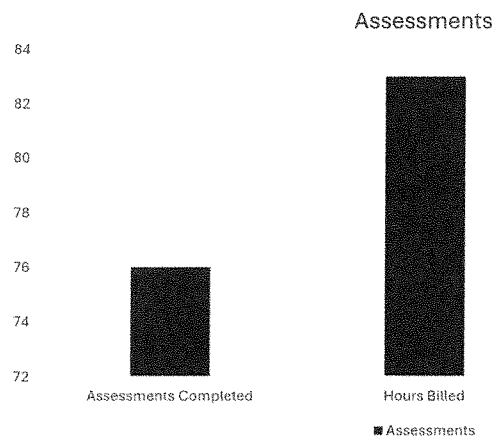
MST Demographics by Gender



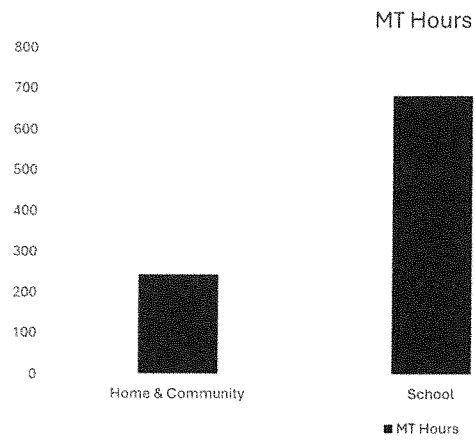
IBHS Hours Provided Q3 01/01-03/31 2025



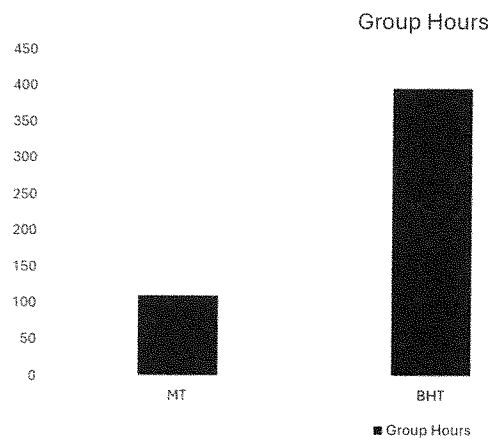
CSBBH Assessment Q3 01/01-03/31 2025



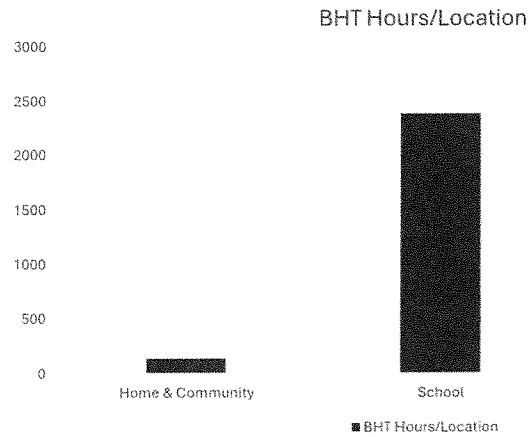
CSBBH MT Hours by Location Q3



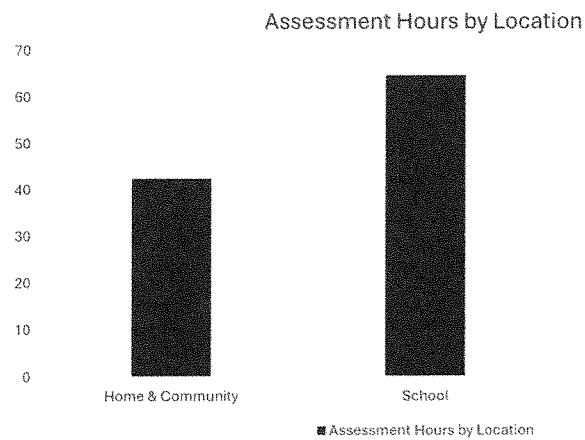
CSBBH Group Hours Q3



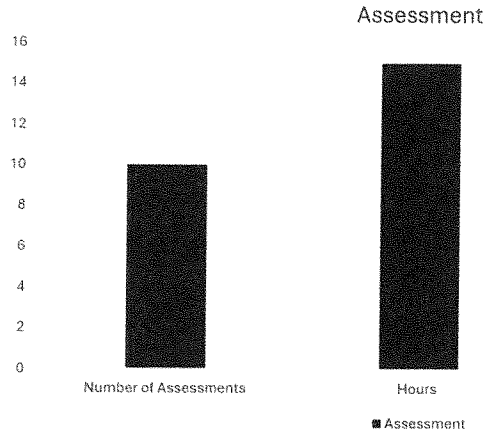
CSBBH BHT Hours by Location Q3



IBHS Assessment Hours by Location Q3



MST Assessments & Hours Q3



CSBBH:

MT Hours	Q1	Q2	Q3	Q4
	630.95	986.78	928.43	

BHT Hours	Q1	Q2	Q3	Q4
	1110	2191.61	2524	

CSBBH Census	Q1	Q2	Q3	Q4
	88	118	137	

IBHS Hours	Q1	Q2	Q3	Q4
	243.17	339.58	333.00	

IBHS Census	Q1	Q2	Q3	Q4
	17	15	16	

MST Hours	Q1	Q2	Q3	Q4
	172.30	314.78	290.93	

MST Census	Q1	Q2	Q3	Q4
	14	14	13	

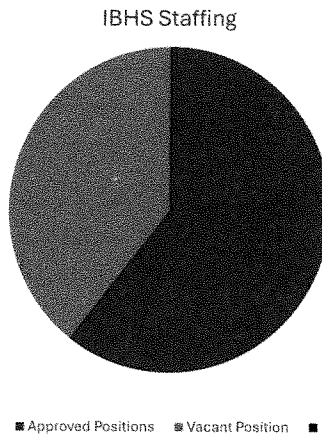
Summary of data:

Staff continue to under identify the number of hours it takes to complete an Assessment. They continue to schedule services for 1-hour timeframes, when in truth it takes 2-4 hours to complete. The Scheduling of the Re-Assessment is cumbersome, and staff are still not “attaching” documents to their schedule effectively at times. This has improved marginally.

Group hours continue to be largely completed by BHT's

Assessments are being completed in Home and Community to a greater extent than they have been in the past.

Staffing Vacancies with IBHS Q 3



Staffing Patterns:

CSBBH:

Approved staffing for the Athens, Northeast Bradford, Towanda, and Troy School Districts

MT's: 7

BHT's: 11

Vacancies: We again have 2 vacancies at Athens for MT services. We hired one BHT during this time.

IBHS:

1 Licensed Social Worker. The agency consistently advertises for additional licensed/non licensed positions. To date we have not found another candidate interested in providing Individual Mobile Therapy IBHS.

MST:

NTC has 1 approved Team consisting of 4 MST therapists. To date we have three of the four positions filled within the team. Effective July 1st, 2024, we hired a full time MST supervisor. One therapist resigned on 1/31/2025. One was hired on 1/6/2025.

Training and Collaboration:

CSBBH

During the first quarter the following coordination meetings occurred.

CSBBH- Learning Collaborative: 1/28/2025

Weekly MT meetings started 7/19/24 and occur every Friday for 1 hour with the Program Supervisor and all MT's

CSBBH BHARP "Reset" meeting 8/26/24 *continuing*

NTC IBHS/CSBBH Compliance Meetings: 1/9/2025, 2/27/2025, 3/27/2025, and 3/31/2025

CSBBH TA's: 2/13/2025, 2/21/2025, 2/26/2025, 3/3/2025

CSBBH Audit: 2/20/2025—onsite at Towanda School District

CSBBH Therapeutic Summer Programming Meeting: 3/10/2025

CSBBH Year End Meeting with Troy & Athens School District and CCBH: 3/18/2025

CSBBH Year End Meeting with NEB and Towanda and CCBH: 3/20/2025

MST:

MST Booster: 9/26/24 and 9/27/24? CHECK WITH YAPLE

NTC/MST Compliance Meeting: 1/15/2025, 2/11/2025,

Community Mtgs: 2/26/2025 with Adlephoi, 3/4/2025 with Probation

Community Luncheon and Anniversary: 3/26/2025

IBHS:

North Central IBHS Provider meeting 3/17/2025

IBHS and CCBH Provider Mtg. Supervision: 1/17/2025, 2/21/2025, 3/21/2025

IBHS staff continued with required consultation hours to obtain her National TF-CBT Certification.

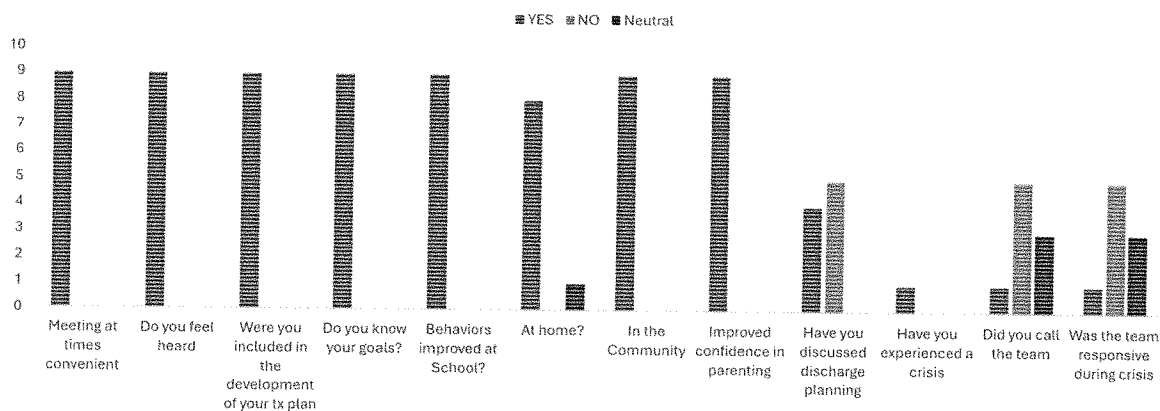
Weekly supervisions occurred to accrue hours for LCSW licensure

Consumer Satisfaction:

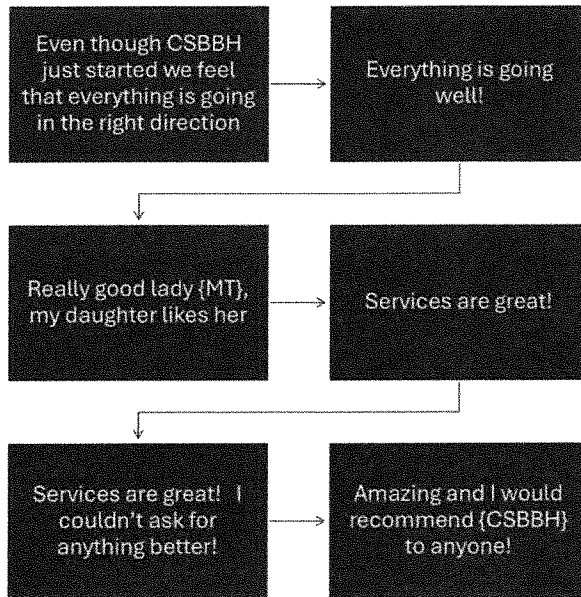
IBHS/CSBBH Quality Care Summary

March 2025

IBHS/CSBBH QUALITY CALLS
MARCH 2025



Comments



MST TAMS: Therapist Adherence Measure

Multisystemic Therapy Institute

TAM-R Adherence Scores Summarized By Therapist

Report Period: 01/01/2024 - 03/31/2025

Filters: 'Organization' = 'Northern Tier Counseling'; 'Team' = 'NTC Team 1'; 'Supervisor' = 'Matthew Yaple S'; 'Consultant/Expert' = 'Stephanie Cowburn C'

Team	Therapist	Number Of TAMRs	Number Of Cases	Overall Average Adherence Score (Threshold >= .61)	Lowest Adherence Score	Highest Adherence Score	Percent of Caregivers Reporting Adherence
Organization: Northern Tier Counseling							
NTC Team 1	Amy Masters	17	7	0.8221	0.2143	1.0000	71%
NTC Team 1	Julie VanFleet	18	5	0.90872	0.6296	1.0000	100%
NTC Team 1	Tina Abbott	6	3	0.69048	0.0000	1.0000	66%
NTC Team 1	V49897 R49897	3	2	0.9286	0.8929	0.9643	100%

Recruitment:

NTC continues to advertise and interview for open positions. We have not been successful in filling BHT positions largely due to salary. We compete with other agencies in the area for bachelor level staff and currently, they can pay a higher hourly wage. Masters staff continue to lean more towards a desired position within a clinic rather than within the school system that requires crisis coverage and in home service delivery. Recruitment “bonuses” are no longer an option due to lack of funding available.

Our internal staff continue to maintain that the current required paperwork for the MT position is overwhelming, and they are unable to balance regulatory responsibilities with clinical care.

The supervisor CSBBH supervisor has initiated the weekly MT meeting in hopes of providing weekly/timely training and to build a camaraderie among the staff.

NTC was denied a waiver for 1 potential BHT. Staff have enrolled in college coursework to obtain the required 9 credit hours in human services.

Summary:

Tasks for next quarter:

Meet to review a redesign for the Therapeutic Summer Program- ***determined we would use the same tool but provide additional training and education on the tool to ensure new staff are clear in their understanding of the administration of the tool.***

Recruit and fill vacant positions- ***continuing***

Reach out to Main Link regarding outcomes of the CFST and determine if that will be adequate for family satisfaction forms-- ***continuing***

Continue to work with CCBH to determine an efficient way to gain outcomes from the Children's Outcome Studies and Strength and Difficulties questionnaire -- ***ongoing***

Fill the vacant MST Therapist position and begin accepting referrals from Tioga County for MST- ***new staff will start January 6th, 2025.***

Service Description

- On January 18, 2021, Intensive Behavioral Health Services (IBHS) regulations replaced the requirements for Behavioral Health Rehabilitation Services (BHRS) according to Pennsylvania Department of Human Services. IBHS currently provides individual services and evidence-based therapy.
- IBHS are provided for children and youth with serious emotional and behavioral support needs. Mobile Therapists (MT) provide family and individual therapy. Behavioral Health Technicians (BHT) provide one-to-one interventions to assist children and youth in improving behavior, self-esteem, and social skills.
- Mobile Therapy (MT) includes intensive treatment efforts that occur outside of an office setting. Methods of intervention include family therapy, collateral therapy, and individual therapy in the home, school, or other community setting. Additionally, behavior programming, parent training, and consultations with other community services are a part of the program design.
- Behavioral Health Technician (BHT) services include efforts to stabilize the child's functioning in the family, school, or community setting. Therapeutic efforts will focus on one-to-one intervention to improve behavior, improve control of anger, enhance self-esteem and develop more productive social relationships. In addition, therapeutic interventions will include implementation and monitoring behavior modification programming.
- IBHS are delivered in the individual's natural environment such as their home, school, or community.

NTC Overview:

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Northern Tier Counseling, Inc., provides a myriad of services in addition to IBHS. They include

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Adolescent Hospitalization Programming for grades 7-12

Family Based Services

IBHS to include

CSBBH, MST, and Individual Mobile Therapy Services.

Private Contract Services

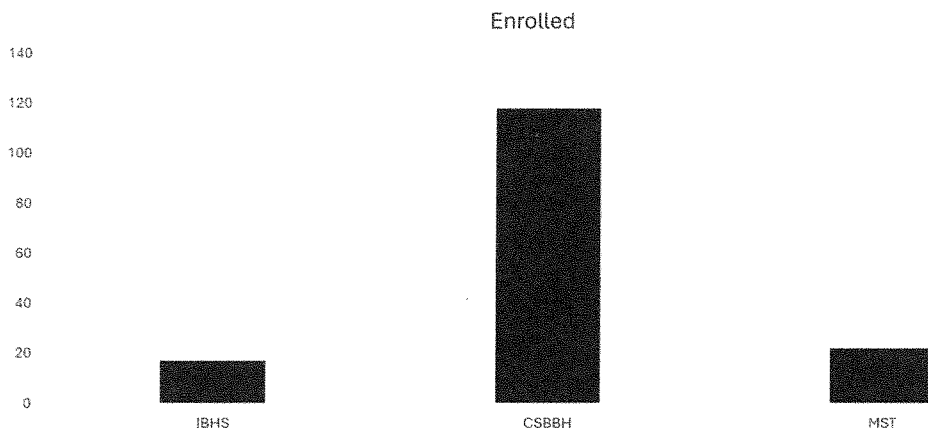
- Quality Improvement plans are made based upon internal compliance audit results, State and MCO regulations and requirements, and client feedback surveys to improve quality outcomes. Client feedback survey results provide necessary data to ensure Northern Tier Counseling is delivering optimal care in IBHS. IBHS clients were offered feedback surveys using a written form. Data was extracted and analyzed based on quality performance. Survey results are shared with the Program Director, Senior Management, Executive Director, and the Agency Board of Directors.

- Data for this Quality Report is from ***April 1, 2025-June 30, 2025***

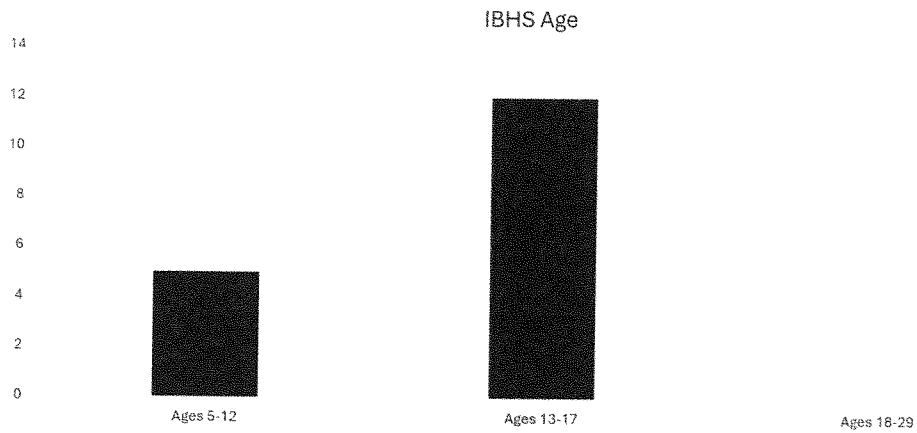
Demographics:

Children & Youth Served during Quarter 4

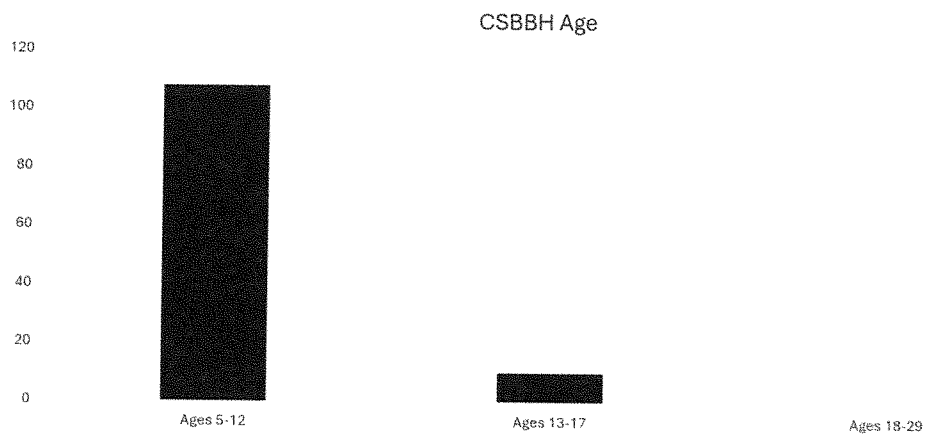
IBHS Census Q 4



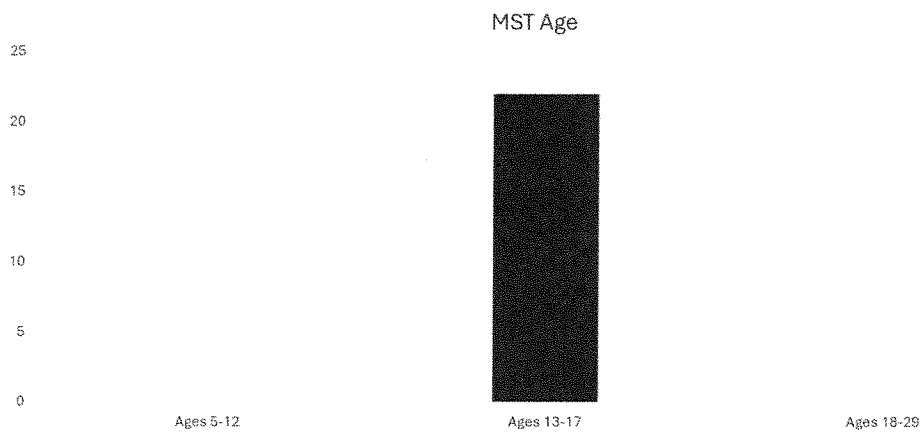
IBHS Demographics by Age



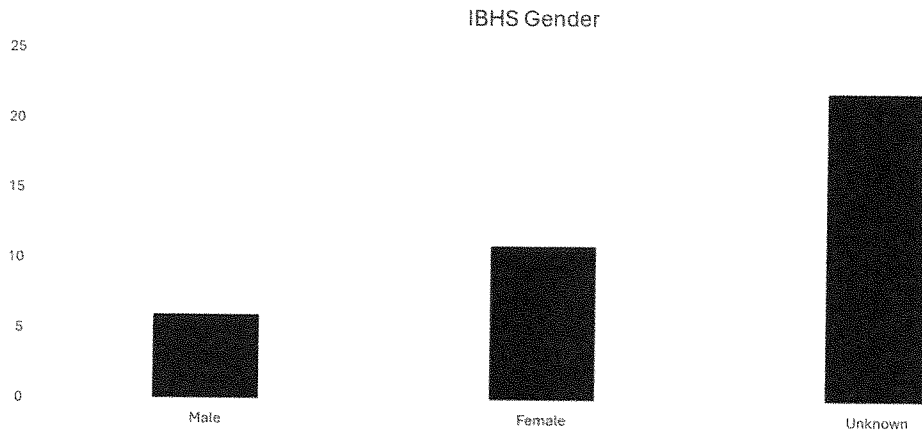
CSBBH Demographics by Age



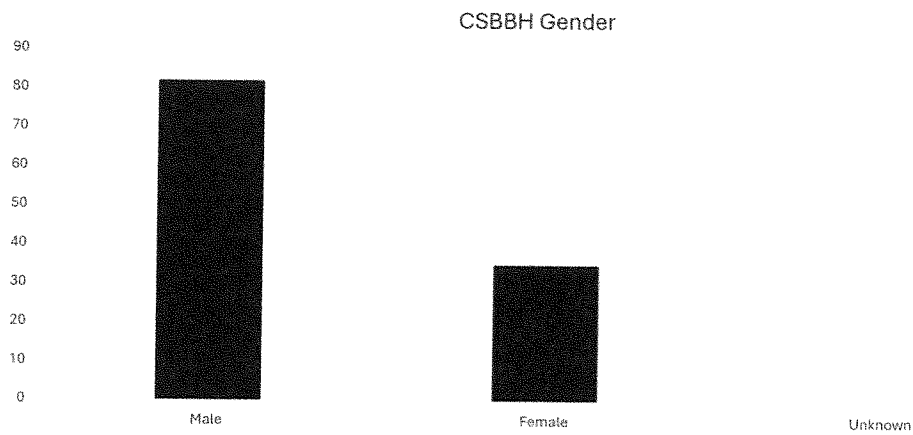
MST Demographics by Age



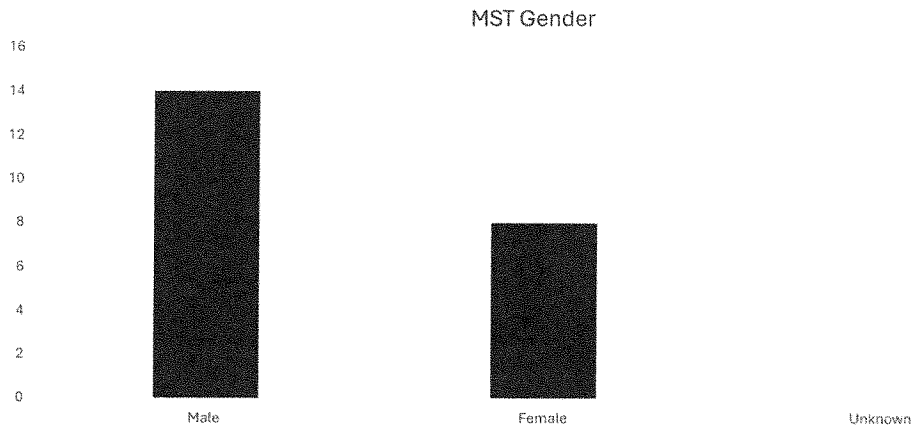
IBHS Demographics by Gender



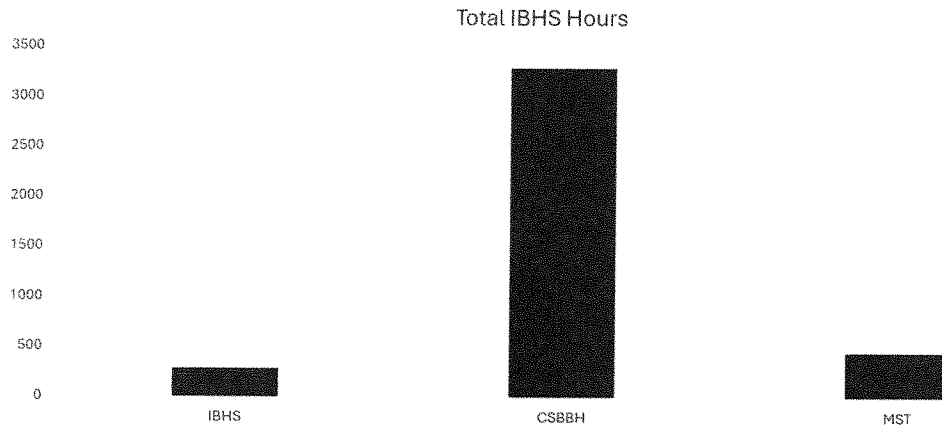
CSBBH Demographics by Gender



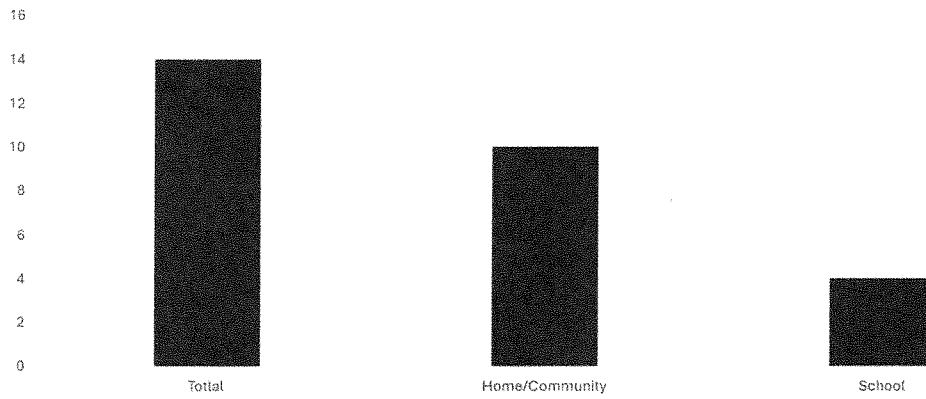
MST Demographics by Gender



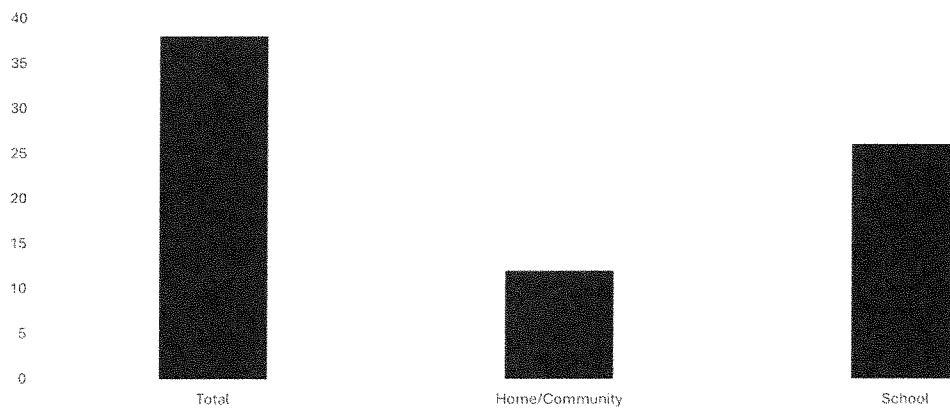
IBHS Hours Provided Q4 - 2025



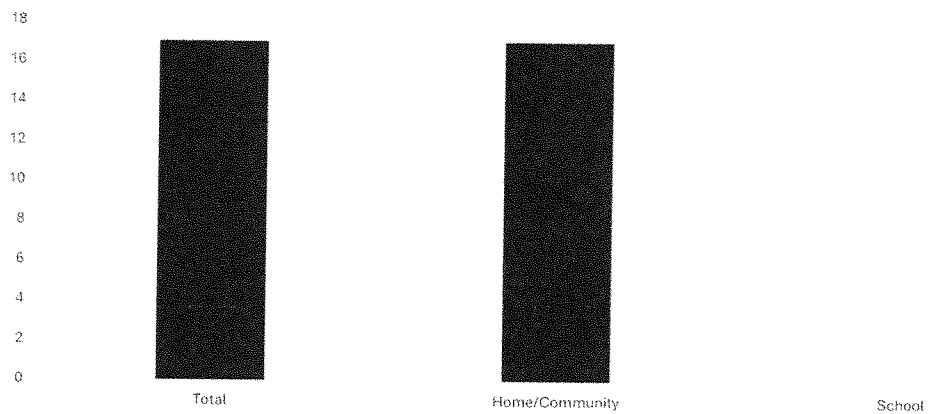
MT Assessment Total & by Location Q4 – 2025



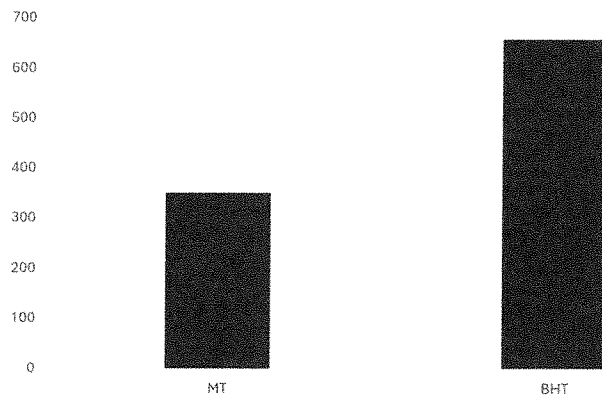
CSBBH Assessment Total & by Location Q4 – 2025



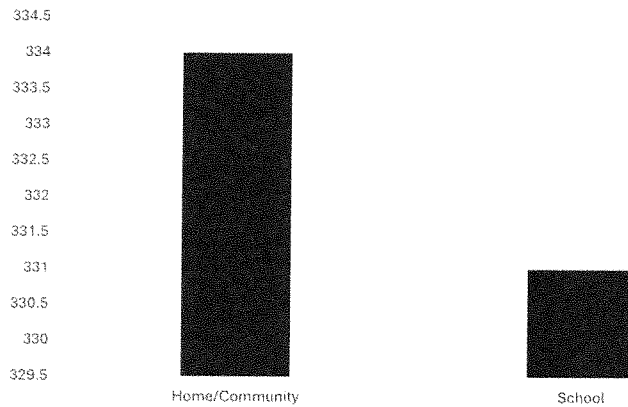
MST Assessment Total & by Location Q4 – 2025



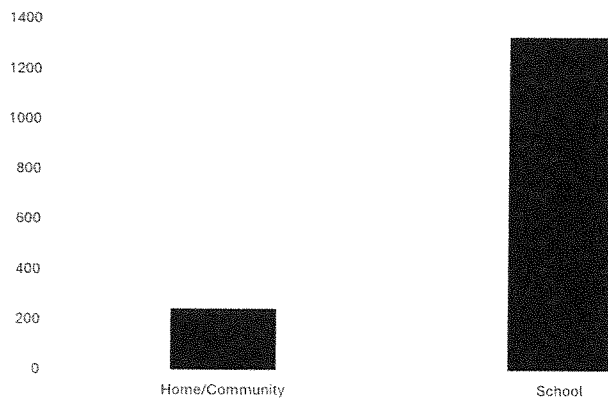
CSBBH Group Hours Q4 – 2025



CSBBH MT Hours by Location Q4 – 2025



CSBBH BHT Hours by Location Q4 – 2025



CSBBH:

MT Hours	Q1	Q2	Q3	Q4
*Includes Assessment Hours	630.95	986.78	943	1058

BHT Hours	Q1	Q2	Q3	Q4
	1110	2191.61	2524	2216

CSBBH Census	Q1	Q2	Q3	Q4
	88	118	137	90

IBHS Hours	Q1	Q2	Q3	Q4
	243.17	339.58	338.40	287.45

IBHS Census	Q1	Q2	Q3	Q4
	17	15	19	18

MST Hours	Q1	Q2	Q3	Q4
	172.30	314.78	295.18	446.44

MST Census	Q1	Q2	Q3	Q4
	14	14	16	22

Summary of data:

Staff continue to under identify the number of hours its takes to complete an Assessment. During the 4th quarter, CSBBH staff began to count their Assessment as “Family Time” rather than Assessment due to the way “bundles” are counted. This has been discussed with CCBH.

When staff do schedule their assessments within the schedule, they short their time due to the challenges of scheduling an Assessment “follow up”.

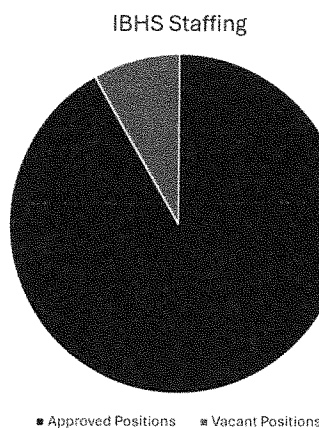
Although not reflected clearly in the graph, MT hours have evenly split over the 4th quarter between the home/community and school. This is a huge “win” given the push to incorporate MT services into the home environment.

Group hours continue to be largely completed by BHT's

Assessments are being completed in Home and Community to a greater extent than they have been in the past.

MST made a significant jump in hours from Q3 to Q4.

Staffing Vacancies within IBHS Q4 2025



Staffing Patterns:

CSBBH:

Approved staffing for the Athens, Northeast Bradford, Towanda, and Troy School Districts

MT's: 7

BHT's: 11

Vacancies: We continue to show 1 vacancy at Athens for MT services; we are working with one staff as they obtain certification to become an MT tentatively by 11/1/2025. An MT for Athens was hired on 5/29/2025. We hired a BHT for Troy- ultimately for Canton on 6/16/2025.

IBHS:

1 Licensed Social Worker. This staff member obtained her National Certification for TF-CBT during this quarter. The agency consistently advertises for additional licensed/non licensed positions. To date we have not found another candidate interested in providing Individual Mobile Therapy IBHS.

MST:

NTC has 1 approved Team consisting of 4 MST therapists. Within that team there are to be 2 master's and 2 bachelors staff employed. To date we have three of the four positions filled within the team. Effective July 1st, 2024, we hired a full time MST supervisor.

Training and Collaboration:

CSBBH

During the fourth quarter the following coordination meetings occurred.

CSBBH Packet Process and Authorization training from CCBH 4/23/25

CSBBH Compliance Meeting: 3/31/25, 4/24/25, 5/29/25, 6/26/25

NTC Q4 TA with Alice Bobbert: 5/13/2025

CSBBH Packet Process Authorizations: Follow Up: 5/14/25

Canton CSBBH Transition Meeting 5/29/2025, 6/3/25

North Central Quality Call 6/2/25

MST:

MST Compliance Meeting: 4/15/25, 5/6/2025, 6/3/25

IBHS: *Incorporated into the CSBBH/MST meetings.*

MST TAMS Outcome Data:

Amy Masters:

Multisystemic Therapy Institute

TAM-R Adherence Scores Summarized By Organization

Report Period: 04/01/2025 - 06/30/2025

Filters: 'Organization' = 'Northern Tier Counseling'; 'Team' = 'NTC Team 1'; 'Supervisor' = 'Matthew Yaple S';
'Consultant/Expert' = 'Stephanie Cowburn C'; 'Therapist' = 'Amy Masters'; Date Form Completed (mm/dd/yyyy) is
between 04/01/2025 and 06/30/2025

Organization	Number Of TAMRs	Number Of Cases	Average By Site	Min By Site	Max By Site	Percent Adherence
Northern Tier Counseling	13	6	0.94594	0.8571	1.0000	100%

Note: The overall average adherence score is calculated by first averaging all ratings for a particular youth
and then averaging the youth scores to obtain an overall mean score. Percent of caregivers reporting adherence
is the percent of youth where average therapist adherence score above threshold.

Julie VanFleet

TAM-R Adherence Scores Summarized By Organization

Report Period: 04/01/2025 - 06/30/2025

Filters: 'Organization' = 'Northern Tier Counseling'; 'Team' = 'NTC Team 1'; 'Supervisor' = 'Matthew Yaple S';
'Consultant/Expert' = 'Stephanie Cowburn C'; 'Therapist' = 'Julie VanFleet'; Date Form Completed (mm/dd/yyyy) is
between 04/01/2025 and 06/30/2025

Organization	Number Of TAMRs	Number Of Cases	Average By Site	Min By Site	Max By Site	Percent Adherence
Northern Tier Counseling	7	6	0.70536	0.1786	1.0000	66%

Note: The overall average adherence score is calculated by first averaging all ratings for a particular youth
and then averaging the youth scores to obtain an overall mean score. Percent of caregivers reporting adherence
is the percent of youth where average therapist adherence score above threshold.

Tina Abbott

Multisystemic Therapy Institute

TAM-R Adherence Scores Summarized By Organization

Report Period: 04/01/2025 - 06/30/2025

Filters: 'Organization' = 'Northern Tier Counseling'; 'Team' = 'NTC Team 1'; 'Supervisor' = 'Matthew Yaple S';
'Consultant/Expert' = 'Stephanie Cowburn C'; 'Therapist' = 'Tina Abbott'; Date Form Completed (mm/dd/yyyy) is between
04/01/2025 and 06/30/2025

Organization	Number Of TAMRs	Number Of Cases	Average By Site	Min By Site	Max By Site	Percent Adherence
Northern Tier Counseling	6	4	0.76339	0.2500	1.0000	75%

Note: The overall average adherence score is calculated by first averaging all ratings for a particular youth
and then averaging the youth scores to obtain an overall mean score. Percent of caregivers reporting adherence
is the percent of youth where average therapist adherence score above threshold.

Consumer Family Satisfaction Survey's

These were received by NTC on April 22nd, 2025. They are attached to this document for review.

Recruitment:

NTC continues to advertise and interview for open positions. Masters staff continue to lean more towards a desired position within a clinic rather than within the school system that requires crisis coverage and in home service delivery.

Our internal staff continue to maintain that the current required paperwork for the CSBBH MT position is overwhelming, and they are unable to balance regulatory responsibilities with clinical care.

The CSBBH supervisor has initiated the weekly MT meeting in hopes of providing weekly/timely training and building a camaraderie among the staff.

Summary:

Tasks for next quarter:

Continue meetings and preparation to take over the Canton CSBBH program within the Canton Elementary School.

Recruit and fill vacant positions- ***continuing***

Continue to work with CCBH to determine an efficient way to gain outcomes from the Children's Outcome Studies and Strength and Difficulties questionnaire – ***ongoing***

Complete Quality Calls

Hire an Administrative Assistant to assist the Children and Recovery Services.

Bradford & Sullivan
Consumer/Family Satisfaction Team

Northern Tier Counseling

Child

MH / CSBBH

2024

Annual Report

Prepared On behalf of:
Community Care Behavioral Health Organization

Section I. Introduction

The HealthChoices Program, overseen by the Department of Public Welfare's Office of Mental Health and Substance Abuse Services, has been implemented to ensure that Medical Assistance recipients receive quality care and timely access to mental health and/or drug and alcohol services. The goal of the Bradford & Sullivan Consumer and Family Satisfaction Team (CFST), in keeping with the intent of the HealthChoices Program, is to ensure early identification, and resolution of problems related to service access, timeliness of service delivery, and appropriateness of services, and treatment outcomes. The CFST accomplishes this through satisfaction information gathered through face-to-face, telephonic, or mail surveys or focus group discussions with adult and older adolescent Members and/or family members of children, and adolescent Members receiving mental health and/or substance abuse services through Community Care Behavioral Health Organization (CCBHO). The CFST follows the Department of Public Welfare's Appendix L, GUIDELINES FOR CONSUMER/FAMILY SATISFACTION TEAMS AND MEMBER SATISFACTION SURVEYS and is comprised of consumers of mental health and/or substance abuse services, persons in Recovery or family members, and family members of children and adolescents with serious emotional disturbances and/or substance abuse disorders. The CFST is dedicated to the belief that individuals' and families' Recovery and Resiliency processes are directly related to their satisfaction with the services they receive.

The CFST summarizes Members' satisfaction in quarterly written reports (if there were five or more surveys) by level of care and presents them to the Providers of service(s). The quarterly reports by Provider are subsequently presented to CCBHO /OMHSAS/, and Behavioral Health Administrative Unit. The C/FST also provides feedback to CCBHO through monthly meetings that allow for dialogue regarding problem identification/resolution and an overall review of findings. The CFST meets face-to-face with Providers on a bi-annual basis to review survey results from Members specific to the Provider. If needed there is also a process for responding to urgent matters identified by Members for the CFST.

Observations and/or recommendations can be shared for system improvement that contains both constructive and positive feedback from Members to CFST and then to CCBHO and then from CFST and CCBHO to the Provider. At times a feedback loop from the Provider back to the CFST and CCBHO is established if a request is made by the CFST for feedback from the Provider. The Provider is expected to share the information with the consumers in their facility or clinical practice by posting the results, meeting with consumers, or another acceptable method of communication. The C/FST process for a feedback loop to the Provider informs the Provider how their services effectively support Recovery for adults and Resiliency in children and adolescents.

Color Indicator	Definition
	Individuals expressing 79% or less level of satisfaction.
	Individuals expressing 80%-85% level of satisfaction.
	Individuals expressing 86%-100% level of satisfaction.

Demographic Information

Age

Under 14	14-17	18-21			Total
15	1				16

Methodology of Survey Conduction

Face to Face	Mail	Telephone	Total
		16	

County

Bradford	Sullivan
16	

Length of Service from Provider

0-3 Months	4-7 Months	8-12 Months	1-2 Years	3-5 Years	6+ years	Didn't Answer
4	3	1	8			

Question	Yes	Unsure	No	Didn't Answer
Did you choose to receive these services?	15		1	

Summary

Overall Satisfaction Trends	Total Percentage
Overall Satisfaction	92%
Treatment Staff/Treatment Facility/Service delivery	98%
Recovery Planning	98%
Natural Supports	-

Overall Satisfaction

Question	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
How satisfied are you to obtain clear information about your services?	10	4	2			16
Receive services with dignity and respect?	9	6	1			16
Choose where and what services you receive?	9	6	1			16
Be present and part of any decision made about services?	9	7	0			16
Overall, how satisfied are you with the services you receive?	9	5	1			16

Question	Yes	No	Unsure	Didn't Answer	Total
Do you know who to contact or where to look to get information about your consumer rights?	8	8			16

Treatment Staff/Treatment Facility

Question	Yes	Unsure	Sometimes	No	Didn't Answer	N/A	Total
Is the building where you receive services clean?						x	0
Is the building where you receive services comfortable?						x	0
Is the building where you receive services safe?						x	0
Are you satisfied with the number of visits?	15			1			16
Are you satisfied with the hours of operation and appointment times made available to you?	15			1			16

Are you comfortable with telling staff what you didn't like about services?	15					1	16
Do feel comfortable with the staff who works with you?	15			1			16
Are your services fully respectful of your race?	16						16
Are your services fully respectful of your gender?	16						16
Are your services fully respectful of your spirituality?	16						16
Are your services fully respectful of your ethnic background?	16						16
Are your services fully respectful of your sexual orientation?	16						16

Recovery Planning

Question	Yes	Sometimes/ Unsure	No	Didn't Answer	N/A	Total
Were you involved in planning your treatment or setting your goals for your services?	16					16
When you ask questions about your treatment or services does staff answer these questions to your satisfaction?	15		1			16
Are your services supporting your personal recovery?	15	1				16
Has your provider discussed a Mental Health Advance Directive? (MHAD)					x	0
Has your provider discussed a Wellness Recovery Action Plan (WRAP)					x	0
Has your provider discussed a crisis plan or a safety plan?					x	0
Discussed Peer or other Recovery Support services (i.e., CPS, CRS etc.)?					x	0

Natural Supports

If needed, as your provider helped you identify natural supports such as?	Yes	Unsure	No	N/A	Total
Employment Supports?				x	0
Housing supports?				x	0
Drop-In Center?				x	0
Support Groups?				x	0
Recovery Groups?				x	0
Transportation?				x	0
Family/Friends?				x	0

Medication/Physical Health

Question	Yes	Unsure	No	Didn't Answer	N/A
Have you had any problems getting your medications?	1		8		
Have you had any problems paying for your medications?			9		

Has the doctor or nurse who prescribed the medication described how it is supposed to help?	9				
Has the doctor or nurse who prescribed the medication described the side effects?	9				

Question	Much Better	A little better	About the same	A little worse	Much worse	Didn't Answer
What effect has the treatment you received had on your quality of life?	10	4	1	0	1	

Additional Consumer Comments:

My child was non-verbal and since he has been receiving this service he is talking more and is excited about the service every day.

They are very attentive, great people and they advocate for the children.

The consolors were great!

They have done an awesome job.

I have been very happy with his service and have seen improvement in the past two years.

CFS/T FEEDBACK

High levels of satisfaction were found in the areas of, Overall Satisfaction Treatment Staff, Treatment Facility, Service Delivery, and Recovery Planning.

Natural Supports are not included in Child Surveys.

Community Care Supports WRAP®

Community Care supports the Wellness Recovery Action Plan® (WRAP®), developed by Mary Ellen Copeland, PhD, as an evidence-based recovery tool. A self-designed plan for staying well, WRAP is used worldwide by individuals of all ages as well as in schools, hospitals, prisons, and veterans' facilities. Initially developed by a group of people with lived experience of mental health challenges looking to resolve issues, WRAP is now used by people with trauma, addiction, and medical issues such as diabetes, hypertension, weight gain, pain management, and tobacco cessation.

Creating a WRAP involves individuals listing personal resources and wellness tools, and then using those resources to develop action plans. The wellness plan is adaptable to any situation and includes a crisis plan or an advance directive. With WRAP, individuals are empowered to take control of their health and wellness.

More information and materials about WRAP are available at <http://www.mentalhealthrecovery.org>.

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Bradford & Sullivan
Consumer/Family Satisfaction Team

Norther Tier Counseling

Child
MH / IBHS

2024
Annual Report

Prepared On behalf of:
Community Care Behavioral Health Organization

Section I. Introduction

The HealthChoices Program, overseen by the Department of Public Welfare's Office of Mental Health and Substance Abuse Services, has been implemented to ensure that Medical Assistance recipients receive quality care and timely access to mental health and/or drug and alcohol services. The goal of the Bradford & Sullivan Consumer and Family Satisfaction Team (CFST), in keeping with the intent of the HealthChoices Program, is to ensure early identification, and resolution of problems related to service access, timeliness of service delivery, and appropriateness of services, and treatment outcomes. The CFST accomplishes this through satisfaction information gathered through face-to-face, telephonic, or mail surveys or focus group discussions with adult and older adolescent Members and/or family members of children, and adolescent Members receiving mental health and/or substance abuse services through Community Care Behavioral Health Organization (CCBHO). The CFST follows the Department of Public Welfare's Appendix L, GUIDELINES FOR CONSUMER/FAMILY SATISFACTION TEAMS AND MEMBER SATISFACTION SURVEYS and is comprised of consumers of mental health and/or substance abuse services, persons in Recovery or family members, and family members of children and adolescents with serious emotional disturbances and/or substance abuse disorders. The CFST is dedicated to the belief that individuals' and families' Recovery and Resiliency processes are directly related to their satisfaction with the services they receive.

The CFST summarizes Members' satisfaction in quarterly written reports (if there were five or more surveys) by level of care and presents them to the Providers of service(s). The quarterly reports by Provider are subsequently presented to CCBHO /OMHSAS/, and Behavioral Health Administrative Unit. The C/FST also provides feedback to CCBHO through monthly meetings that allow for dialogue regarding problem identification/resolution and an overall review of findings. The CFST meets face-to-face with Providers on a bi-annual basis to review survey results from Members specific to the Provider. If needed there is also a process for responding to urgent matters identified by Members for the CFST.

Observations and/or recommendations can be shared for system improvement that contains both constructive and positive feedback from Members to CFST and then to CCBHO and then from CFST and CCBHO to the Provider. At times a feedback loop from the Provider back to the CFST and CCBHO is established if a request is made by the CFST for feedback from the Provider. The Provider is expected to share the information with the consumers in their facility or clinical practice by posting the results, meeting with consumers, or another acceptable method of communication. The C/FST process for a feedback loop to the Provider informs the Provider how their services effectively support Recovery for adults and Resiliency in children and adolescents.

Color Indicator	Definition
	Individuals expressing 79% or less level of satisfaction.
	Individuals expressing 80%-85% level of satisfaction.
	Individuals expressing 86%-100% level of satisfaction.

Demographic Information

Age

Under 14	14-17	18-21			Total
5	1				6

Methodology of Survey Conduction

Face to Face	Mail	Telephone	Total
		6	6

County

Bradford	Sullivan	
6		

Length of Service from Provider

0-3 Months	4-7 Months	8-12 Months	1-2 Years	3-5 Years	6+ years	Didn't Answer
2			4			

Question	Yes	Unsure	No	Didn't Answer
Did you choose to receive these services?	6			

Summary

Overall Satisfaction Trends	Total Percentage
Overall Satisfaction	94%
Treatment Staff/Treatment Facility/Service delivery	100%
Recovery Planning	100%
Natural Supports	-

Overall Satisfaction

Question	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
How satisfied are you to obtain clear information about your services?	4	1	1			6
Receive services with dignity and respect?	6					6
Choose where and what services you receive?	3	2	1			6
Be present and part of any decision made about services?	4	2				6
Overall, how satisfied are you with the services you receive?	4	2				6

Question	Yes	No	Unsure	Didn't Answer	Total
Do you know who to contact or where to look to get information about your consumer rights?	4	2			6

Treatment Staff/Treatment Facility

Question	Yes	Unsure	Sometimes	No	Didn't Answer	N/A	Total
Is the building where you receive services clean?						x	0
Is the building where you receive services comfortable?						x	0
Is the building where you receive services safe?						x	0
Are you satisfied with the number of visits?	4	2					6
Are you satisfied with the hours of operation and appointment times made available to you?	4	2					6

Are you comfortable with telling staff what you didn't like about services?	6						6
Do feel comfortable with the staff who works with you?	6						6
Are your services fully respectful of your race?	6						6
Are your services fully respectful of your gender?	6						6
Are your services fully respectful of your spirituality?	6						6
Are your services fully respectful of your ethnic background?	6						6
Are your services fully respectful of your sexual orientation?	6						6

Recovery Planning

Question	Yes	Sometimes	No	Didn't Answer	N/A	Total
Were you involved in planning your treatment or setting your goals for your services?	5	1				6
When you ask questions about your treatment or services does staff answer these questions to your satisfaction?	6					6
Are your services supporting your personal recovery?	6					6
Has your provider discussed a Mental Health Advance Directive? (MHAD)					x	0
Has your provider discussed a Wellness Recovery Action Plan (WRAP)					x	0
Has your provider discussed a crisis plan or a safety plan?					x	0
Discussed Peer or other Recovery Support services (i.e., CPS, CRS etc.)?					x	0

Natural Supports

If needed, as your provider helped you identify natural supports such as?	Yes	Unsure	No	N/A	Total
Employment Supports?				x	0
Housing supports?				x	0
Drop-In Center?				x	0
Support Groups?				x	0
Recovery Groups?				x	0
Transportation?				x	0
Family/Friends?				x	0

Medication/Physical Health

Question	Yes	Unsure	No	Didn't Answer	N/A
Have you had any problems getting your medications?	1		1		
Have you had any problems paying for your medications?			1		

Has the doctor or nurse who prescribed the medication described how it is supposed to help?	2				
Has the doctor or nurse who prescribed the medication described the side effects?	1				

Question	Much Better	A little better	About the same	A little worse	Much worse	Didn't Answer
What effect has the treatment you received had on your quality of life?	3	2				1

Additional Consumer Comments:

It would be helpful if they provided things for us at home such as charts and tools to use with our child.

CFS/T FEEDBACK

High levels of satisfaction were found in the areas of, Overall Satisfaction Treatment Staff, Treatment Facility, Service Delivery, and Recovery Planning.

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