



**Annual Continuous Quality Improvement Review and Plan  
Maintaining Strength Program  
January 2025- December 2025**

**CenClear Mission Statement**

CenClear is committed to improving lives through high-quality early childhood and behavioral health services for all ages.

**Type of Service**

The CenClear, Inc. Maintaining Strengths Program will provide services necessary to enable consumer families to provide a safe and secure environment that promotes keeping families together and reducing a step up in services to Family Based. The Maintaining Strengths Program was designed by the agency and is unique as no other agency has the program. It follows the same family based model, Ecosystemic Structural Family Therapy (ESFT), while following the IBHS state regulations. The MSP program is voluntary. This treatment model involves intensive family therapy services. The clinician's main focus is with the entire family system with the treatment focusing on the child/adolescent and family strengths. Your therapist has a flexible schedule in order to schedule times that are convenient for you to meet. We complete services within 9 months, although the time may be briefer if goals are met. Sessions may occur within the home, school or community settings. We typically have two to three sessions per week, ideally with an individual with the client, parent system, and family system.

**Current number of staff:** 1 Program Director, 1 Program Navigator, 1 Program Staffing Manager, and 4 MSP Therapist. **Vacancies:** 4 MSP Therapist

**Review of Individual Records:**

This is a monthly quality evaluation conducted by the program director, Rachel Belin. Rachel Belin has a master's degree and Marriage and Family Therapist and has a BSL with 15 years of experience in the field of mental health as a clinician and program director reviews member charts with a sample size as outlined below:

- One to two charts are reviewed per month = 12/24 charts reviewed over the course of the year



- Rachel reviews all documentation regularly at submission including, but not limited to, assessments/reassessments, treatment plans, safety plan, service notes

**Actions to address annual review findings:**

Amber Boal, Department Assistant, uses an audit tool developed by the agency to determine what is missing or deficient from charts each month. Program Director, Rachel Belin (MS, MFT, BSL), reviews all missing items and deficiencies to work with their teams during the following week's supervision to ensure that all documentation is accurate and up to date per regulations. Completion of missing items and deficiencies are documented in supervision notes.

Program director provides oversight to quality assurance plans to ensure the fidelity of the MSP model is met and adds monthly input to the QA report. Trends in annual review findings/monthly QA reports are reviewed with all team members during monthly meetings and documented in staffing meeting minutes distributed through email to all MSP staff members.

**Analysis of the findings/trends of the individual records review:**

1. Completion of ISP updates, but this is impacted by holidays, vacations, weather, and family canceling due to illness
2. Assessment observations are not always able to be completed in the community, typically due to weather, and at times in the school based on lack of response from the school to schedule a time during the first two weeks of the assessment authorization.
3. Discharge paperwork not being completed in entirety-blank sections.
4. Completion of all MSP assessments in a timely manner
5. Incorporating strengths into safety plan is an ongoing discussion

**Trending issues that we continue to work on as a program are:**

1. Service documentation- Staff will proofread all documentation prior to submission including modifiers and review of safety plan based with who is present for the session
2. Contact note submission done in a timely manner in order to document attempts to contact to schedule/reschedule.
3. Staff completing discharge paperwork correctly/entirety and families completing discharge survey – most often missed is the actions steps planned to address, correct medication class.

**Assessment of the outcomes of services delivered and if ITP goals have been completed:**

Client and family outcomes are assessed ongoing throughout treatment as treatment plans are updated monthly over the course of the about nine months of treatment. Client and family



participate in sessions to provide feedback on each goal update and the progress they have made over the past month. If progress is not made, a discussion about whether another level of care would be more appropriate to meet the family's needs. If goals are met early, there is a discussion to determine if another level of care is more appropriate. Client and family are part of the conversation, and a team/CASSP meeting can be scheduled to assist in the next level of care. There is an ongoing discussion in supervisions to determine the next course of treatment for the client and family based on progress or lack of progress in treatment. Staff update treatment plans using a means of measurement to determine progress which is provided by the client and family during monthly updates.

Based on ongoing review of goals each month, we had the following discharges and reasoning:

Successful discharge/Treatment goals met: 29

Change in level of care/school placement: 4

Consumer declined further services: 2



**Review of Individual and Family Satisfaction information:**

10 Responses    01:22 Average time to complete    Active Status

1. Therapist (s) ability in scheduling appointment times that fit your schedule.

● Excellent	7
● Good	2
● Fair	1
● Poor	0



2. Therapist (s) worked cooperatively with you and your family.

● Excellent	8
● Good	1
● Fair	1
● Poor	0



3. The number of sessions per week met your needs.

● Excellent	7
● Good	3
● Fair	0
● Poor	0





4. Therapist (s) ability to understand/appreciate your situation.

● Excellent	8
● Good	1
● Fair	1
● Poor	0



5. Therapist (s) worked cooperatively with workers that your family was involved with

● Excellent	8
● Good	1
● Fair	0
● Poor	0
● NA	1



6. Therapist (s) handled your case in an empathetic and professional manner.

● Excellent	8
● Good	1
● Fair	0
● Poor	1



7. Issues at the time of admission were decreased as a result of treatment.

● Excellent	5
● Good	2
● Fair	2
● Poor	1







8. Therapist (s) handled your case in a confidential manner.

● Excellent	9
● Good	1
● Fair	0
● Poor	0



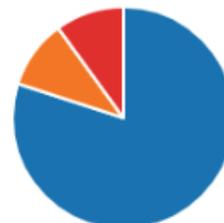
9. Therapist (s) sensitivity/respect for your cultural heritage.

● Excellent	7
● Good	2
● Fair	0
● Poor	0



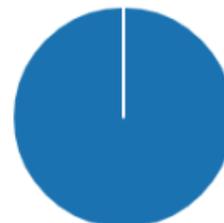
10. Overall, I rate this service.

● Excellent	8
● Good	1
● Fair	0
● Poor	1



11. Do you feel your privacy has been maintained while receiving telehealth?

● Yes	8
● No	0





### **Discharge Criteria :**

A discharge plan and criteria are discussed starting on the very first day of treatment with the child, youth, young adult, family, and MSP Therapist. An individual will be discharged when completion of the MSP service authorization, about nine months, MSP is no longer medically necessary, the individual no longer meets eligibility requirements, or the individual has achieved the goals from the treatment plan. The service is voluntary, so the individual may request a discharge from the MSP services at any time. A decision to discharge should be a joint discussion between the child, youth, young adult, and family and the MSP Therapist. When the decision to discharge is not agreed upon, the MSP Therapist will document the reason. When a decision to discharge is reached, the MSP Therapist will discuss with the child, youth, young adult and family the opportunity to return to services and assist with any referrals. Upon discharge, the CenClear provider will complete a dated discharge summary that includes the description of the following:

- Services provided
- Outcomes and progress on goals
- Reason for discharge
- Referral for services other than service if needed
- Crisis number

The MSP Therapist will ensure that the discharge summary is:

- Completed within 14 days after the discharge date
- CCBH care manager is notified on the day of the discharge
- Discharge paperwork includes if the crisis number was given and what crisis number was provided to the family

There were 35 discharges between January 1, 2025 and December 31, 2025.

### **Reasons for discharge:**

Successful discharge/Treatment goals met: 29

Change in level of care/school placement: 4

Unable to contact or locate consumer/Never opened:

No funding/approval of services:

Consumer declined further services: 2

Non-engagement of Services:

Consumer moved/relocated:

### **Service Description Compliance:**

As of 11/30/2025, the CenClear MSP service description is aligned with the most recent updates



with the closure of the IBHS ABA program. Current service descriptions were updated to reflect the most recent regulations and program performance standards. As changes to the regulations and standards occur, the CenClear MSP Program Director will update to the description which will be reviewed.

**Program Accomplishments:**

In the past year, we have added to our team of a fulltime therapist in Clearfield County area who is also participating in the Youth and Family Training Institute program. She continues to grow in her working knowledge of the ESFT model which is incorporated into the MSP treatment delivery. We have also added to our team a new department assistant who is assisting with charting documents to ensure completeness, creating charts for new clients, scheduling WOs, etc. She takes steps to better tracking and workflows within the program. In Clearfield County, we were awarded the Youth Diamond Back grant to provide opportunities for family engagement and community linkages for our current MSP and CSBBH members in that county. Several fun activities are being planned for the current and upcoming year.

**Upcoming Year's Quality Improvement Plan:**

In 2026, MSP will continue our systemic work with families in order to shift the current concerns and assist in the family functioning in a better manner and reduce the risk of higher level of care to avoid out of home placement. Staff will continue to utilize the Modified Family Assessment of Functioning (MFAF) to complete with parents in order to gain further understanding of family life and relationships. Staff will also complete genogram, timeline, structural map, ecomap, and contextual assessment to bring an understanding of the family system. We continue to provide education on the program since it is unique to CenClear and helping families, community agencies, and schools understand how MSP is different from IBHS traditional services. We hope to add another staff member to our team as referrals continue to increase in the Clearfield County area.

*This report is accessible on the CenClear website and available to all consumers by request. Children, youth, young adults, and family members are made aware of the availability of this request upon admission to services with the distribution of the consumer information packet.*

Completed by: Rachel Belin, MS, MFT, BSL, MSP Program Director