

Annual Report



The Family Satisfaction Team (FST)
at HopeWorx Inc. for Montgomery County

2024/25
Contract Year

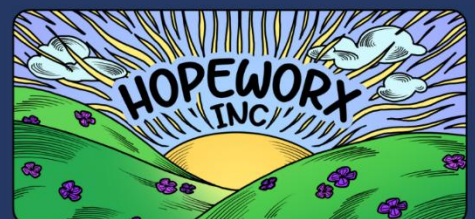
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Submitted July 2025 to
Montgomery County Office of Managed Care Solutions



FST IN REVIEW



DATA COLLECTION

2501* Families Contacted across **9 Projects**

- AIP-24, OP, TAY-CPS, RTF, BCM, MC, FW, AIP-25, PHP

649* Surveys Conducted

- 522 parents
- 127 youth

**Please note: Calculations for AIP, OP, RTF, and PHP span the duration of each project and may not align exclusively with the 2024-2025 fiscal year.*

REPORTS & PRESENTATIONS

3 Aggregate Reports Submitted

- AIP, OP, BCM

7 Infographics Submitted

- AIP, OP, TAY-CPS, BCM, MC, FW, RTF

22 Provider Reports Submitted

- 6 AIP
- 1 TAY-CPS
- 6 OP
- 8 BCM
- 1 MC

17 Provider Presentations Delivered

- 3 AIP
- 1 TAY CPS
- 6 OP
- 6 BCM
- 1 FW

2 Other Presentations Delivered

- Joint Quality Management (JQM) Presentation
- SW Stakeholders Meeting Presentation

3 Quarterly Reports Submitted to County

FAMILY ENGAGEMENT

3 Newsletters Shared with **275 Subscribers**

Team Update

FST added a new member to the team this year. FST is comprised of 2 Research Specialists, 1 Interviewer, 1 Program Supervisor, and 1 Program Director. All team members bring with them unique professional and lived experience.

Partnership/Collaboration

FST works with others in the community to connect families to resources/events and inform families of other opportunities to share their voice at both the state and local level. FST provides administrative support to teams within HopeWorx, local agencies, and statewide workgroups.

Advocacy

FST participates in several advocacy coalitions/groups/committees. FST also maintains several processes for collecting, tracking, and sharing advocacy concerns with the county. System-wide feedback collected by families is also shared at county meetings.

Newsletter

A fall, winter, and summer issue of the FST newsletter. In the Loop was released during the fiscal year. It communicated results to families and shared events, updates, resources to share families' voice within the community.

Satisfaction Survey Projects

Outpatient Therapy (OP)

- 235 parent + 50 youth surveys were completed
- 88% of parents and 90% of youth were satisfied overall
- Was a safe space for youth and had active parent involvement, though challenges like staff turnover and inconsistent experiences with non-therapist staff impacted continuity of care

2024 Acute Inpatient Hospitalization (AIP)

- 20 parent + 29 youth + 2 adapted youth surveys were completed
- 84% of parents and 83% of youth were satisfied overall
- An increase in satisfaction was observed from 2023, though parents also noted challenges related to consistency of inclusion and communication from staff

Montgomery County Mobile Crisis (MC)

- 72 parents + 11 youth surveys were completed
- 91% parents and 91% youth were satisfied overall
- Staff were trauma-informed and skilled, though feedback suggested improving connections to community supports, clarifying the service scope, ensuring consistent referral messaging

Transition Age Youth (TAY)-Certified Peer Specialist (CPS)

- 1 parent + 1 youth participated in semi-structured interviews
- Both families were satisfied, highlighting youth engagement through interest-based activities and lasting skill-building, though staff turnover disrupted relationships

Blended Case Management (BCM)

- 119 parents + 15 youth surveys were completed
- 90% of parents and 80% of youth were satisfied overall
- An increase in satisfaction was observed compared to 2021, families praised trauma-informed, family-focused case managers, though systemic issues like staff turnover and service waitlists impacted care coordination

FamilyWorx (FW) Family Peer Support

- 38 families participated in the survey
- 92% were satisfied with the services they received from their FPSP overall and 89% recommend a FPSP at FW to other families in similar circumstances

Projects in progress...

Residential Treatment Facility (RTF)

- At conclusion of 2024/25 FY, 20 parent and 3 youth surveys were completed

2025 Acute Inpatient Hospitalization (AIP)

- At conclusion of 2024/25 FY, 12 parent and 12 youth surveys were completed

Partial Hospitalization Program (PHP)

- Data collection occurs within the 2025/26 FY

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Program Update

Throughout the 2024–2025 contract year, the Family Satisfaction Team (FST) remained committed to amplifying family voice to foster collaboration among families, providers, and community stakeholders. Program priorities included completing survey projects and reports, strengthening connections with families and providers, engaging stakeholders, and exploring funding opportunities to expand FST’s reach.

Staffing changes included the departure of one Interviewer and the addition of a part-time Interviewer. In alignment with these changes, FST continued to refine staff roles to reflect team members’ personal interests and professional goals. This approach enabled the development of individualized projects within FST’s scope of work. Examples include the creation of a standardized advocacy database, adapting FST communications for accessibility and trauma-informed design (e.g., newsletter layout and color schemes), and enhancing strategies for family engagement and voice sharing. These efforts, supervised by the Program Supervisor, reflect FST’s commitment to advocacy and amplifying the voices of those in the community.

Summaries of projects and initiatives aligned with FST’s mission for the 2024–2025 contract year are provided below. Additional reports or infographics related to specific projects are available upon request.

Surveys and Reports

Adolescent Youth Inpatient (AIP) Satisfaction Survey

Background

FST annually measures families’ satisfaction with youth psychiatric inpatient services. Inpatient psychiatric services are 24/7 hospital-based treatment services for children and youth who are experiencing crisis and whose treatment needs cannot be managed safely within the community. The aim of inpatient hospitalization is acute stabilization and to facilitate a return to the least restrictive environment appropriate. The purpose of the AIP satisfaction survey was to evaluate the perceived effectiveness of AIP in stabilizing youth and transitioning back to the least restrictive treatment environment.

2024 Update

Aggregate and provider reports were delivered in December 2024. Provider presentations occurred in January 2025. A total of 102 hospitalizations were eligible for inclusion. In all, 51 surveys were completed; 20 parents, 29 youth (aged 14+) participated in the survey. Additionally, two adapted youth surveys were conducted with youth with ID/DD. Overall, 84% of parents and 83% of youth indicated they were either “*Very Satisfied*” or “*Satisfied*” with the services received. Families satisfaction increased in comparison to the prior year. While an increase in satisfaction was observed, parents also noted challenges related to the consistency of inclusion and communication from staff.

FST advanced the following recommendations to providers: 1) Continue to expand inclusion by building on progress to ensure consistent collaboration with families throughout treatment, 2) Continue to strengthen staff communication with families specifically with the objective of focusing on clear, consistent and trauma-informed communication, and 3) Maintain prioritization of linking families to community supports during discharge planning where possible and when identified as beneficial. These recommendations aim to support a more collaborative and consistent approach, ensuring families feel valued and supported throughout the inpatient experience.

2025 Update

Methods

Montgomery County children/youth up to age 18 (and their parents/caregivers) with PA HealthChoices as either their primary or secondary insurance who are discharged from AIP services at any of the eight county-designated facilities from April 1, 2025, until September 30, 2025, are invited to participate in this survey. Youth aged 14 and older within the facility are eligible to participate in the survey as close to their discharge date as possible. Children aged 13 and under are permitted to complete a simplified version of the youth survey with parental consent. Magellan Behavioral Health (MBH), through Montgomery County, supplies basic contact information, date of discharge, and demographic information of those eligible for inclusion weekly. Surveys are completed in person, via telephone, or online. The data collection period will close after the last weekly discharge is received for youth discharged by September 30, 2025.

Findings/Discussion

At the time of preparation of this report, 76 contacts are eligible for participation. Fourteen parents/caregivers and 16 youth (aged 14+) have completed the survey.

Outpatient Therapy (OP) Satisfaction Survey

Background

Outpatient Therapy (OP) is the standard entryway into behavioral health services. It may include individual, group, and/or family therapy delivered in an office setting or via telehealth. The frequency and duration of sessions may vary depending on the individual, though it typically occurs once per week for one hour. The duration of the service varies depending on the individual and may last for a few sessions to several years. Outpatient therapy services include assessment, psychiatric evaluation, psychotherapy, and medication management. The purpose of the OP survey was to report the extent to which parent/caregivers and youth perceive the service to be successful at addressing that which prompted treatment. Goal achievement as well as the development of supportive networks in the community were also explored.

Methods

Montgomery County youth aged 14-18 with PA HealthChoices as either primary or secondary insurance, who were currently receiving OP services for a minimum duration of six months from any county-designated provider, were eligible to participate. Parents and caregivers (of children aged up to 18) of those meeting the above criteria were also eligible to participate. Youth who only received medication management were not eligible to participate. If youth received both therapy and medication management, they were included in the survey. If youth had only received either a mental health assessment and/or psychiatric evaluation, they were not eligible to participate. MBH, through OMCS, provided basic contact information to FST to contact families. Families participated online or over the phone. The data collection period occurred from April - August 2024.

Findings/Discussion

Following the exclusion of ineligible contacts, 1,098 contacts were eligible for inclusion. In total, 235 parents and 50 youth participated in the survey. Overall, families reported high satisfaction with OP. Specifically, 88% of parents and 90% of youth indicated they were either *“Very Satisfied”* or *“Satisfied”* with the OP services received. Families described OP as supportive and inclusive, providing a safe space for youth to express themselves and involving parents as active partners in treatment planning. While therapists were praised for their trauma-informed approach, some families noted inconsistencies among other staff, such as front desk personnel or staff involved in medication management. Staff turnover was also cited as a challenge, affecting continuity of care and therapeutic relationships.

FST advanced the following recommendations to providers: (1) Continue to foster consistent, trusting relationships with families, (2) Continue and expand family engagement and empowerment, and (3) Maintain fostering and strengthening connections to community supports.

Residential Treatment Facility (RTF)

Background

Psychiatric Residential Treatment Facilities (RTF) offer intensive diagnostic and therapeutic residential behavioral health services for youth who have exhausted community-based services and, for their safety or the safety of others, require 24/7 therapeutic supervision. The FST RTF satisfaction survey's purpose is to report the extent to which parent/caregivers and youth perceived the service to be successful at teaching youth and their parents/caregivers the skills to live safely in their home and community. FST assesses overall satisfaction with the service in addition to families' perception of whether the service was delivered in a trauma-informed manner.

Methods

Montgomery County youth aged 14-18 with PA HealthChoices as either primary or secondary insurance who were discharged from county-designated RTF providers between January 1, 2022, and August 31, 2025, are eligible to participate. Parents and caregivers (of children aged 4 to 18) of those meeting the above criteria are also eligible to participate. Youth with experience with more than one RTF during the data collection period are eligible to complete a survey for each provider. FST receives updated contact information quarterly from MBH. The data collection period began in September 2023 and will end in September 2025.

Findings/Discussion

At the time of the creation of this report, 92 contacts were eligible for participation. Twenty parents and three youth have participated in the RTF survey. In September 2024, FST created an infographic detailing the status of the ongoing project. The infographic presented the results of 14 parents and three youth participants. Of those participants, 71% of parents and two out of three youth were "Very Satisfied" or "Satisfied" overall with the services they received.

Montgomery County Mobile Crisis Satisfaction Survey

Background

Montgomery County Mobile Crisis is a crisis support program which provides crisis services to children via 24-hour telephone counseling, services provided in the home, school, or community, creating and expanding upon strategies for recurring crisis, emergency respite, assistance with talking with doctors, connecting to local community resources, and peer support (via Teen Talk Line). The purpose of the FST Mobile Crisis satisfaction survey was to report the extent to which parent/caregivers and youth perceived the service to be successful in de-escalating crisis, providing resources, crisis prevention, and developing insight for reducing recurring crises, and families' overall satisfaction with the services. FST also assessed families' perception of whether the services were delivered in accordance with the PA CASSP principles, National Crisis Guidelines, and SAMHSA's principles of Trauma-Informed Care.

Methods

Montgomery County families of youth were eligible to participate in either a parent/caregiver or youth (aged 14+) version of the survey. Families remained eligible even if they did not directly contact Mobile Crisis (e.g., their school called), and regardless of whether the mobile team was dispatched. FST received basic contact

information from Access Services through OMCS to contact families. The survey was available to be completed online or via telephone. Data collection occurred March – April 2025.

Findings/Discussion

Following the exclusion of ineligible contacts, 345 contacts were eligible for inclusion. FST conducted a total of 83 surveys: 72 parents and 11 youth (aged 14+). Overall, 91% of both parents and youth were either “*Satisfied*” or “*Very Satisfied*” with Mobile Crisis.

Recommendations included: 1) Celebrating successes through elevating family voices and sharing positive feedback with staff during team supervision, 2) Enhancing collaboration and community messaging by revisiting messaging with existing and new system partners and continuing a policy of transparency, 3) Expansion of staff training and development to ensure that all staff are communicating the same level of information to families and are following a standardized protocol for follow up.

TAY-CPS Satisfaction Survey

Background

TAY CPS is a peer support service available for transition age youth (14 through 26 years of age) for youth with serious emotional disturbance, mental illness, and/or dual diagnosis MH & ID/DD whose mental/behavioral health concerns impact functioning at home, school, or the community. This is not a clinical program. A Certified Peer Specialist (CPS) works with the youth to develop their individualized service plan (ISP) and Crisis Plan. The CPS also helps youth identify resources in the community, develop social supports, and skills for daily living. Family members may be involved, where permitted by the youth. The service is delivered in the home and community.

Methods

Due to the low utilization of this service, FST elected to conduct interviews in lieu of surveys. Additional training modules were developed and provided to both Research Specialists specifically to meet the needs of this project. Youth (and their parents/caregivers) who participated in the service were invited to participate in a semi-structured interview. Basic contact information was provided by MBH through OMCS to contact families. Data collection occurred in August 2024.

Findings/Discussion

Thirteen families were eligible to participate. One parent and one youth (from separate families) participated in semi-structured interviews. Both families were satisfied, praising the CPS’ efforts to engage youth through interest-based activities and noting lasting benefits from skills learned. However, staff turnover disrupted relationships.

Recommendations were: 1) Incorporate positive remarks from families into staff training where possible, 2) Continue exploring avenues for staff retention where possible and explore opportunities to match youth with their CPS based on characteristics identified as being important (e.g., gender, age) to youth, and 3) Continue to tailor activities in the community to youths’ needs, interests, and goals while continuously seeking youth input.

Blended Case Management (BCM) Satisfaction Survey

Background

Blended Case Management (BCM) is a standalone service that works with youth and families to create a plan that coordinates all their services. The aim of BCM is to help families reach their goals, become more self-sufficient and build networks of people in the community who can support them.

Methods

Montgomery County parents/caregivers and youth aged 14-18 with PA HealthChoices as either their primary or secondary insurance who received BCM services for at least three months from any county designated provider from January 1, 2024, to July 31, 2024, were invited to participate. MBH, through OMCS, provided basic contact information to FST to contact families. Families could participate online or via telephone. The data collection period occurred between October 2024 - January 2025.

Findings/Discussion

In all, 491 contacts were eligible for inclusion. A total of 134 surveys (119 parent/caregiver, 15 youth) were conducted. Overall satisfaction was high with 90% of parents and 80% of youth indicating they were either “*Very Satisfied*” or “*Satisfied*” overall with the services they received. In comparison to 2021 data, family satisfaction increased overall. Most families praised how helpful the service was to their family. However, some comments highlight the impact that systemic issues (e.g., turnover, waitlists, etc.) had on coordination of care.

FST advanced the following recommendations: 1) Celebrate cross-system collaboration & supports, 2) Continue supporting case manager development, and 3) Routinely clarify expectations of the service so families’ expectations align with the scope of service. These recommendations are designed to promote consistent coordination and collaboration across systems, helping families feel supported as they navigate behavioral health services and other related systems.

FamilyWorx (FW) Family Peer Support Satisfaction Survey

Background

The aim of FamilyWorx (FW) is to provide nonjudgmental family peer support and resource referral to parents/caregivers of Montgomery County youth who are navigating the child-serving systems. Parents/caregivers who have received support from FW were invited to participate in an independent survey to provide feedback on the services they received. Feedback is used to inform future program service delivery based on the needs identified by families. FST reported family/youth satisfaction with FamilyWorx to the program supervisor and director. The purpose of the FST FamilyWorx survey was to report the extent to which parents/caregivers and youth were satisfied with the service. FST also assessed families’ perception of the extent to which support was delivered in a way that reflects PA CASSP and SAMHSA’s Trauma-Informed Care Principles.

Methods

The survey measured satisfaction from families that received support from FW over a span of 12 months. Any parent/caregiver was eligible to participate if they have filled out an intake form and received at least one follow-up meeting and/or contact from a Family Peer Support Partner (FPSP) from May 1, 2024 to April 31, 2025. FST received a list of basic contact information (e.g., phone numbers, emails) from FW. The survey was only available online. Data collection occurred in May 2025.

Findings/Discussion

A total of 240 contacts were eligible for inclusion. Of those, 38 families (8 closed and 30 active families) participated in the survey. Findings suggest that experiences with FW were positive. Overall, 92% were “*Very*

Satisfied” or “*Satisfied*” with the services they received from their FPSP and 89% would recommend a FPSP at FW to other families in similar circumstances. Comments shared by families highlight the level of expertise and commitment FPSP have when supporting families in the community.

FST advanced the following recommendations: 1) Share positive feedback with all FPSP as encouragement and validation. 2) Revisit communication with families and clarify expectations around the scope of service, particularly in situations where families may request support beyond what is offered, and 3) Increase efforts for boosting the response rate. Improved coordination between FPSP and FST may support this effort.

Partial Hospitalization Program Satisfaction Survey

Background

Partial Hospitalization services (PHP) are short-term intensive behavioral health services for youth experiencing severe distress. The aim of PHP is to serve as a non-residential treatment modality as either a step-down or alternative to out-of-home placement. Partial hospitalization patients require less than 24-hour care, but more intensive and comprehensive services than are offered in outpatient treatment programs. Partial hospitalization is provided on a planned and regularly scheduled basis for a minimum of three hours, but less than 24 hours in any one day.

Methods

Montgomery County youth aged 14-18 (and parents/caregivers of youth up to age 18) with PA HealthChoices as either their primary or secondary insurance who were discharged from PHP services at either county-designated provider from January 1, 2024, to June 30, 2025, are invited to participate in the survey. During participation in the survey, if families reveal the youth is currently receiving PHP services, their feedback will still be collected. If youth are discharged from multiple providers, they can complete separate surveys. MBH, through OMCS, provided basic contact information to FST to contact families. Families may participate online or via telephone. The data collection period began in July 2025 and will be completed by the end of September 2025.

Findings/Discussion

Thus far, 238 contacts are eligible for participation. At the time of the creation of this report, three parents/caregivers completed the survey.

Other Projects Related to Family Voice and Engagement

FST continues to work in conjunction with others in the community to connect families to resources/events in the community and inform families of other opportunities to share their voice at both the local and state level. FST does this by offering administrative support to teams within HopeWorx, local agencies, and statewide workgroups. These efforts are highlighted below:

Organizational and Community Stakeholder Partnerships

FST has expanded its partnership with community stakeholders and presence in stakeholder meetings and committees (e.g., presenting at SW Stakeholders group meeting, committee member on MHPC’s Call for Change Children’s Committee, and participating in PMHCA/YMPA’s Advocacy Committee, etc.). FST has also assisted other teams at HopeWorx prepare promotional material (e.g., flyers) and reports (e.g., IM4Q infographic). The FST program supervisor actively participated in the MHPC Children’s Workgroup, which met throughout Q2

and Q3 to rank priorities identified in the Call for Change document. Several action items emphasized the role of C/FSTs in achieving systemic goals, and updates were shared during MHPC's quarterly meetings.

Efforts to Diversify Funding Streams

FST continues to seek opportunities to diversify program funding through supplemental grants and opportunities. FST collaborated with FamilyWorx to apply for three grants: 1) VNA Foundation Grant, 2) Garret Lee Smith Grant for Suicide Prevention (GLS), and 3) Family Navigator Grant. Two of the three grants were awarded to the family teams in the amount of \$3,500 (VNA) and \$62,200 (GLS). The GLS contract spans two years with the open to renew annually for three additional years, making the total span of the grant a five-year term. FST also continued its administrative and operational support of the HopeWorx for the Holidays Drive, a seasonal initiative aimed at addressing the economic challenges facing families. The 2024 drive served families of more than 90 children. FST developed and distributed a needs assessment survey to help families identify specific items of need for the drive. FST also provided handwritten thank-you notes to 36 donors and sponsors. These efforts to secure external funding and supplement programmatic resources reflect FST's ongoing commitment to sustainability beyond the scope of the HealthChoices contract.

The Satisfaction Team Coalition of Pennsylvania

FST serves as the facilitator and organizer of the Satisfaction Team Coalition of Pennsylvania, which consists of C/FSTs across the state. The mission of The Satisfaction Team Coalition of Pennsylvania is to amplify the voices of people accessing behavioral health services by uniting Satisfaction Teams and collaborating with stakeholders to affect positive change within the system of services. FST is designated to provide updates on statewide C/FST at MHPC meetings, as well as other stakeholder meetings (e.g., CSP).

This year, the Coalition advocated for language changes to the performance-based contracting questions required of all C/FSTs. OMHSAS disseminated updated guidance on incorporating these changes for all C/FSTs in the 2025 calendar year. Additionally, feedback previously collected by the Coalition regarding families' experience of the juvenile justice system in the Commonwealth as it pertains to behavioral health was shared with the Juvenile Courts Judges Commission (JCJC) Director to explore additional opportunities to collect data related to families' experience of the court system. Ongoing coordination on this effort remains. FST and a few other C/FST representatives are responsible for generating the Coalition's annual report. An analysis reveals that over 30,000 HealthChoices surveys were completed by C/FSTs in 2024. Additionally, there is evidence to suggest that family and youth voices are underrepresented across C/FSTs. Related to these findings, the Coalition will meet quarterly and has begun organizing subcommittees (e.g., data subcommittee) to address the priorities of the group.

FST Community Newsletter: *In the Loop*

FST created *In the Loop: Newsletter of the Family Satisfaction Team* with the aim of facilitating communication with families, sharing families' voices and experiences within the community, and relaying findings from FST surveys back to the community. Parents/caregivers and youth are encouraged to contribute articles, artwork, and other pieces. Newsletters are tri-annually released via email to stakeholders in Montgomery County and families who have joined the distribution list. FST continues to release the newsletter electronically to 275 subscribers. The tenth issue, released in fall, featured upcoming community events, general election information, self-care resources, and a variety of additional events and supports. The eleventh issue, released in winter, highlighted family-oriented community events, Black History Month resources, Montgomery County Mental Health Awards nomination information, results from the FST Outpatient Therapy survey, and other helpful opportunities. The twelfth issue, released in summer, included Pride Month events, Juneteenth resources, results from the FST Blended Case Management survey, and a range of seasonal and local activities for families.

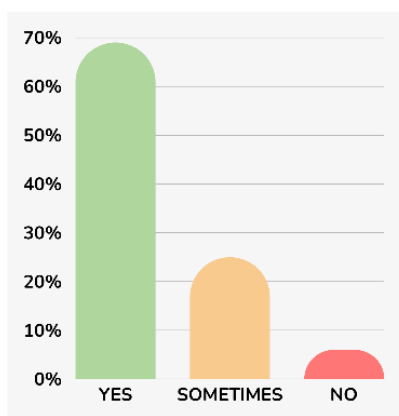
Pennsylvania Performance-Based Contracting Questions

Three state-mandated Performance-Based Contracting (PBC) questions are included in every satisfaction survey conducted by C/FSTs. These questions were designed to obtain information about individual and families' overall experience with behavioral health services available in the community. FST reports the cumulative results to the county on a quarterly basis.

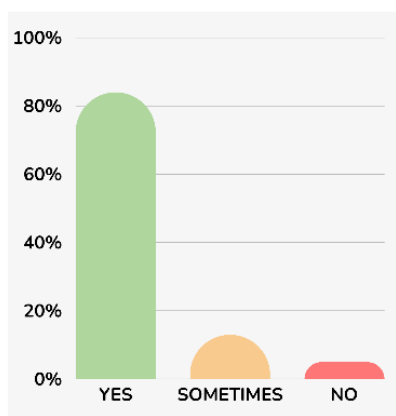
Beginning in Q3, the language of the first PBC question was updated (From *"Did you or your child have problems getting the help you needed?"* to *"Were you/your child able to get the help you/they needed?"*). Due to this change, only response data from Q3 and Q4 are included for this question below. The PBC results for 2024/2025 fiscal year are based on data provided by 439¹ survey respondents. Question one results are based on data provided by 108 respondents.

PENNSYLVANIA PERFORMANCE-BASED CONTRACTING QUESTIONS

1. Was your child able to get the help they needed?*

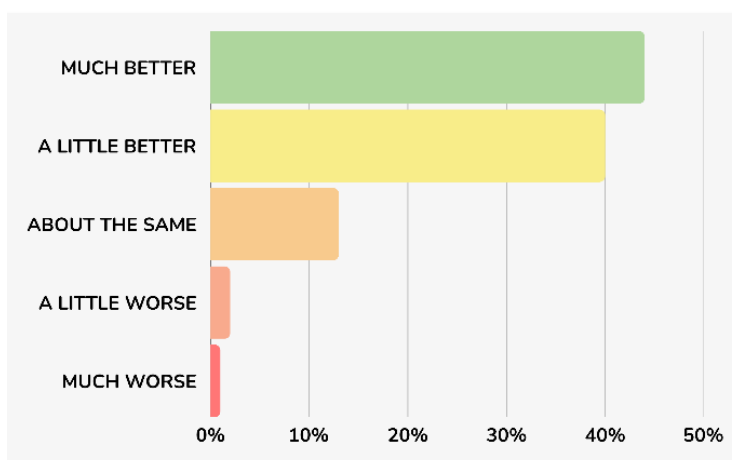


2. Were you and your child given the chance to make treatment decisions?



*Includes only Q3 and Q4 response data due to change to question language.

3. What effect has the treatment your family received had on your child's quality of life?
The quality of my child's life is:



¹ Individuals are permitted to skip any question in the survey. Therefore, not all individuals who participated in FST surveys respond to all three state-mandated questions.

FST 2024/25 Attendance



County Meetings

- County/FST Monthly Meetings
- Joint Quality Management (JQM)
- Advocacy Coalition Meetings



Workgroup Meetings

- Mental Health Planning Council
- Bucks Mont Collaborative
- CSP Meetings
- Satisfaction Team Coalition of PA
- GLS Suicide Prevention Task Force
- MHPC Call for Change Children's Priorities Workgroup



HopeWorx Meetings

- Weekly Staff Meetings
- Inter-team Collaboration Meetings
- Weekly FST Individual & Group Supervision
- Weekly Family Teams Group Supervision
- Quarterly Trauma Team Meetings
- Monthly HopeWorx Fundraising Committee
- HopeWorx Board Meetings



Trainings/ Webinars

Crisis Response & Suicide Prevention:

- 2024 National Strategy for Suicide Prevention: Overview and Applications at the Local Level
- December Membership Meeting - Behavioral Health Crisis Response System: Identifying the Montco Behavioral Health Crisis
- Strengths-Based Approaches to Suicide Prevention in the Black Community

Trauma, Healing & Resilience:

- Treating Family Conflict and Coercion: An Overview
- Partners in Care: Nurturing Identity and Healing in the Foster System
- Community Wellness & Peer Support Training Academy: Facilitating Culturally Responsive Discussions about Psychotropic Medications
- The Impact of Houselessness on the Mental Health and Wellbeing of Children, Youth & Families
- Supporting Intimate Partner Violence Survivors and Their Children in Healthcare Settings

LGBTQIA+:

- The State of Black Transgender Health

Family & Youth Support Services:

- Early Childhood Systems of Care: A Reflective Learning Space
- Peers and Clinicians Together (PACT): Natural Support Systems
- Special Education 101: Understanding Your Child's Educational Rights
- Reflecting on Our Practice: Developing as a Family Facing Professional
- My Community-Driven Approach: Programming for Youth by Youth Meeting
- Bridging Divides - Where Systems Meet For Youth & Families Wellness Success Series (Part 1, 2, & 3)

Diversity, Equity & Inclusion:

- Understanding Power and Privilege: New Angles for a New Era
- Should We Say DEI?
- Equitable and Impactful Storytelling for Organizations

Legal, Ethics & Policy:

- Sexual Harassment and Discrimination for Employees
- Montgomery County Systems / Mental Health Procedures Act 101
- Executive Actions and Their Impact on Charitable Nonprofits
- Demystifying Federal Funding: Nonprofit Questions Answered

Leadership & Workplace Development:

- Empowered Leadership: Growth in Action: Empowering Employee Potential
- Empowered Leadership: Trust at the Core: Building Strong Supervisor-Staff Relationships
- Strengths-based Leadership
- Work Stress & Burnout: Risk Factors & Treatment Options
- Stress and Burnout in the Crisis Workforce: Workforce Wellness Series

Technology & Media:

- Artificial Intelligence (AI) in Behavioral Health & Addictions: Innovations, Risks, and Ethical Considerations
- Finding Words: Language Development and Screen Use

Non-Profit Operation:

- Conducting an HR Audit for Nonprofits
- Creating a Plan for Grant Writing Success

Clinical Topics:

- Understanding Schizophrenia

Neurodiversity:

- Workplace Strategies for Professionals with ADHD
- How to Organize a Messy Home: Strategies for Clutter and Stress in ADHD

Research & Evaluation:

- Qualitative Analysis Course
- Montco Community Health Assessment Findings

Other:

- The World of "Not Good Enough"
- APA Membership/Webinars