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Performance & Quality Improvement

Q2 Report FY 2022-2023

(Oct-Dec 2022)

Introduction

The Performance and Quality Improvement Committee (PQI) was formed in May 2020. The PQI Committee meets monthly and reviews and analyzes data in order to identify progress and areas for improvement. The data in this report is evidence of the hard work that CONCERN's employees do every day.

The PQI Committee has developed data collection tools, reporting mechanisms and is continuing to work to improve the flow of information to make the data collection and analysis easier. We have several PQI sub-committees: Satisfaction Surveys, Meeting Prep, and Quarterly Reporting.

We have expanded the Measures sub-committee to focus on review of the logic models and outputs and outcomes collection tools. We will be updating, streamlining and clarifying our goals and collection of data and we will be working on this important project through this fiscal year.

The data contained in this report is for a period of 1 quarter-Q2, October 2022 to December 2022.

PQI Committee Members

Jennifer Peters, Electronic Health Records Administrator
Sue Holmgren, Administrative Assistant
Val Rheinheimer, Caseworker
Calista Alicea, IT Projects Coordinator
Kathy Stoica, IT Administrative Support
Kassie Irwin, Human Resources Manager
Crystal Boggs-Jennings, Director of Residential Services
Bambi Harmon, Social Services Clinical Director
Rebecca Brown, Quality Assurance Assistant
Flo Westley, Manager of Adoption and Permanency Services
Stacey Page-Miller, Region Director
Kelly Crum, Region Director
Maria Flores, Region Director
Jen Bowen, Region Director
Carrie Knebel, Region Director
Tanya Jones, Vice President
Scott Lubinski, Chief Administrative Officer
Carri Prior, Senior Executive Assistant
Gordon May, President/CEO
Chair-Cheryl Reeling, Director of Quality Assurance

Outputs & Outcomes

Data collection with purpose and passion

Each program has developed a Logic Model that captures the program's inputs, outputs, and outcomes. Data collection tools have been developed to consistently collect the data. The collection tools will continue to be refined and expanded as we progress. We are currently transferring more output and outcome data points from the logic models to the collection tools. This will result in more data to analyze and report on in the future. The PQI Committee oversees the data collection and aggregation of the data in order to measure performance and to improve our services and programs, which ultimately leads to better client outcomes.

This key is to be used with the charts on the following pages.

Key	
Goal met	
Trending close to goal or progressing toward goal	
Goal partially met	
Trending level or making progress towards goal	
Goal not met	
Trending low or regressing from goal	

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Residential Program

Residential Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Average Clients Per Day	23.9	23.5	23.7	22.6	
Percent of Budget Days of Care	102%	100%	99%	94%	
Percent of Therapy Hours Delivered vs Prescribed	70%	89%	78%	77%	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Percent of Weekly Passed Behavior Management Program (80% is passing)	89%	81%	78%	66%	
Percent of Discharged Youths Attending School/Graduated	100%	100%	100%	No data at this time	
Average Math Grade (60% is passing)	83%	77%	N/A	No data at this time	
Average English Grade (60% is passing)	76%	74%	N/A	No data at this time	

Q2 Results Detail
Some items were not able to be collected due to changes in management.

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Maryland Community Based Programs

Maryland Community Based Programs Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of Clients	49	16	13	13	
Number of Casework Contacts	364	358	422	305	
Number of After Hours Contacts	184	106	111	121	
Number of After Hours Crisis Contacts	0	0	0	0	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Number of Section 8 Code of Conduct Violations	0	0	0	0	
Number of Youth in School and/or Working	41	12	8.66	6	

Maryland Foster Care

Maryland Foster Care Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Caseworker Visits Completed as Required (2x/month)	98%	93%	95%	86%	
Treatment Plans Completed on Time	50%	59%	54%	54%	
CANS Completed for Each Client			51%	52%	
Each Client has an Assigned Mental Health Therapist			73%	83%	
Foster Family Recertifications Completed			85%	100%	
Annual Goal of 4 New Foster Parents Per Year					
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
At Least 80% of Clients Achieved Their Permanency Plan Goal as Identified by the Court	100%	100%	100%		
At least 80% of Clients Have Identified at Least One Supportive Adult to Whom They Can Turn for Assistance in an Emergency	100%	100%	100%	100%	
CANS Reflects Client Improvement Upon Discharge			67%	50%	
Clients Achieve at least 75% of Treatment Plan Goals by Discharge			67%	75%	
Clients Graduate from HS or Obtain GED by Discharge (if age 18-21)			100%	75%	
Discharged Clients Experienced Two or Fewer Placements			100%	25%	

Q2 Results Detail

-Due to lack of adequate staffing, not all treatment plans were able to be completed in a timely manner.
-The Maryland CANS electronic system was not accessible to all caseworkers as some were locked out of the system. This was reported to the state and should be corrected soon. Due to lack of training for new caseworkers to be certified to complete CANS assessments, not all clients were assessed during this quarter.
-Due to none of the discharged clients exiting from foster care, there were no permanency goals.

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Pennsylvania Community Based Programs

PA Community Based Programs Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of Total Sessions	562	394	380	826	
Number of Assessments Completed	3	21	15	5	
Triple P			4	8	
Number of Clients	88	18	59	63	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Number of Clients that Successfully Completed the Program	9	7	12	2	

Pennsylvania Foster Care

PA Foster Care Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Casework Contacts	97%	99%	100%	100%	
Training Hours Met	98%	91%	100%	98%	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Permanent Placement Achieved	71%	83%	83%	77%	
Placement Stability	100%	97%	100%	88%	

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Adoption

Adoption Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of New Adoption Finalization Referrals	10	8	20	4	
Number of Family Profile Referrals	6	12	12	9	
Number of Child Profiles Completed	51	31	27	39	
Number of Completed SWAN Services Invoiced	106	99	75	74	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Number of Families Approved	5	11	13	8	
Number of Finalized Adpotions	9	11	7	6	

Q2 Results Detail
While the Number of New Adoption Finalization Referrals is meeting the goal for both Q1 and Q2 combined, we are seeing a decrease in referrals overall which is affecting results.

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Crisis

Crisis Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of Total Hours Provided	256	129	123	138	
Number of Hours of Mobile Service Provided	88	42	43	40	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Diversion from Hospitalization or a Higher Level of Care	80%	79%	82%	81%	
Provided Recommendations for Interventions, Skills and/or Services/Resources	94%	85%	92%	85%	

Partial Hospitalization Program

Partial Hospitalization Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of Biopsychosocial Assessments Completed	8	11	5	7	
Number of Initial Plans Completed within 5 Treatment Days	7	8	4	7	
Number of Clients	24	24	24	27	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
% of Children Returned to Home School District	92%	75%	75%	50%	
Attainment or Partial Attainment of Goals	75%	50%	100%	50%	

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Family Based Mental Health Services

Family Based Mental Health Services Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of Active Clients	39	40	45	38	
Number of Total Hours Delivered	1017	1105	1252	937	
Number of Team Delivered Hours	463	471	479	397	
Number of Individual Hours Delivered	554	634	773	540	
Number of Authorized Hours	2,110	2,298	1,211	1,092	
Authorized vs Delivered	48%	48%	52%	86%	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Attainment of Treatment Goals	100%	50%	77%	90%	

Q2 Results Detail
Staffing continues to be challenging and the lack of full staffing is negatively impacting the outputs.

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Outpatient Services

Outpatient Outputs	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Number of Referrals Made	832	657	670	920	
Number of First Assessments Completed	570	497	433	513	
Number of Hours of Service Delivered	14,971	11,853	11,885	13,001	
Outcome Goals	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q2 Results On Target**
Initial Engagement is Evidenced by the Client Attending the First Assessment Appointment After the Referral was Made			67%	80%	
Attainment or Partial Attainment of Goals at Discharge	17%	66%	67%	80%	

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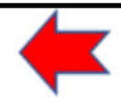
Finance

CORP-Finance	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q2 Results On Target
Timely Reporting of Final Financial Results within 30 days	29.3	20	29.7	27	
Timely Accounts Receivable (AR) Collections	72%	58%	59%	68%	
Payroll Completed in a Timely Manner	100%	100%	100%	100%	

Q2 Results Detail
Q2 is historically poor due to several Counties/MCO's not paying in the new fiscal year until we have fully executed contracts.

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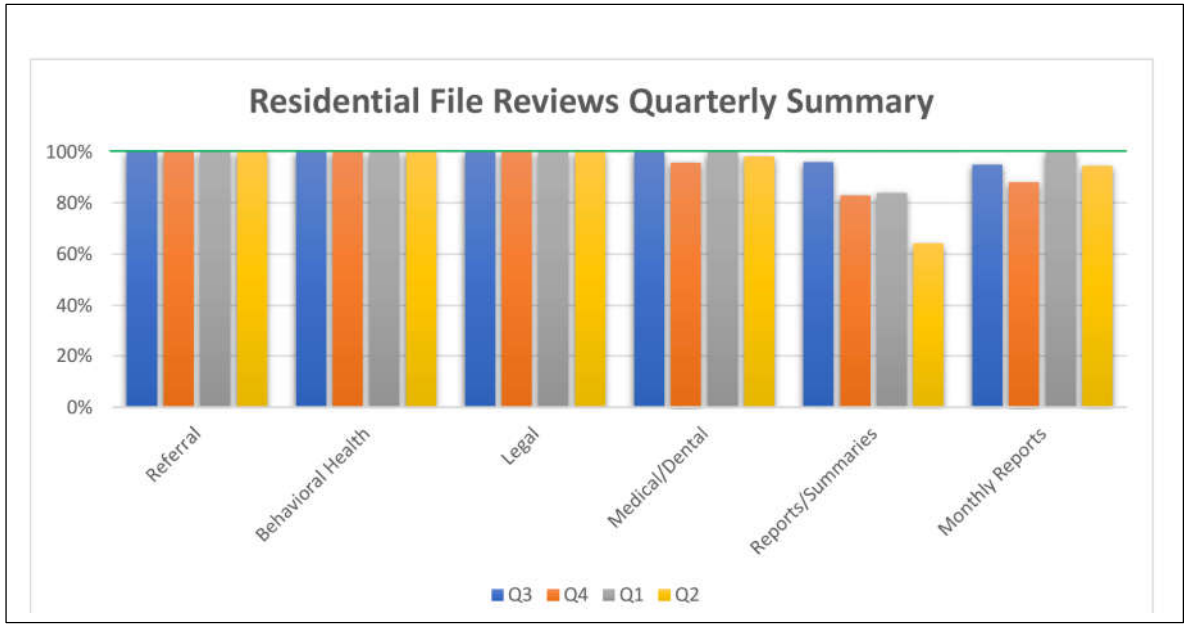
File Audits & Inspections

CONCERN conducts internal reviews to minimize the risks associated with poorly maintained client files, to document the quality of the service being delivered and to identify barriers and opportunities for improving services. Uniform collection tools are used to ensure consistency and allow comparison of data across programs. Quarterly reviews of client files evaluate the presence, clarity, continuity, and completeness of required documents.

External entities (state and county government, other regulators, and funding sources) conduct external file audits and regular licensing inspections.

Inspection/Audit Type	Running Totals	Oct-Dec 2022	July-Sept 2022	Apr-June 2022	Jan-Mar 2022
Internal File Audits	793	224	261	244	64
External File Audits	8	2	1	2	3
Licensing Inspections/Full Licensure	18	3	5	4	6

Residential Program Quarterly Totals



Q3 (Jan-Mar 2022)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 99%.

Q4 (Apr-June 2022)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 94%.

Q1 (July-Sept 2022)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 97%.

Q2 (Oct-Dec 2022)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 87%.

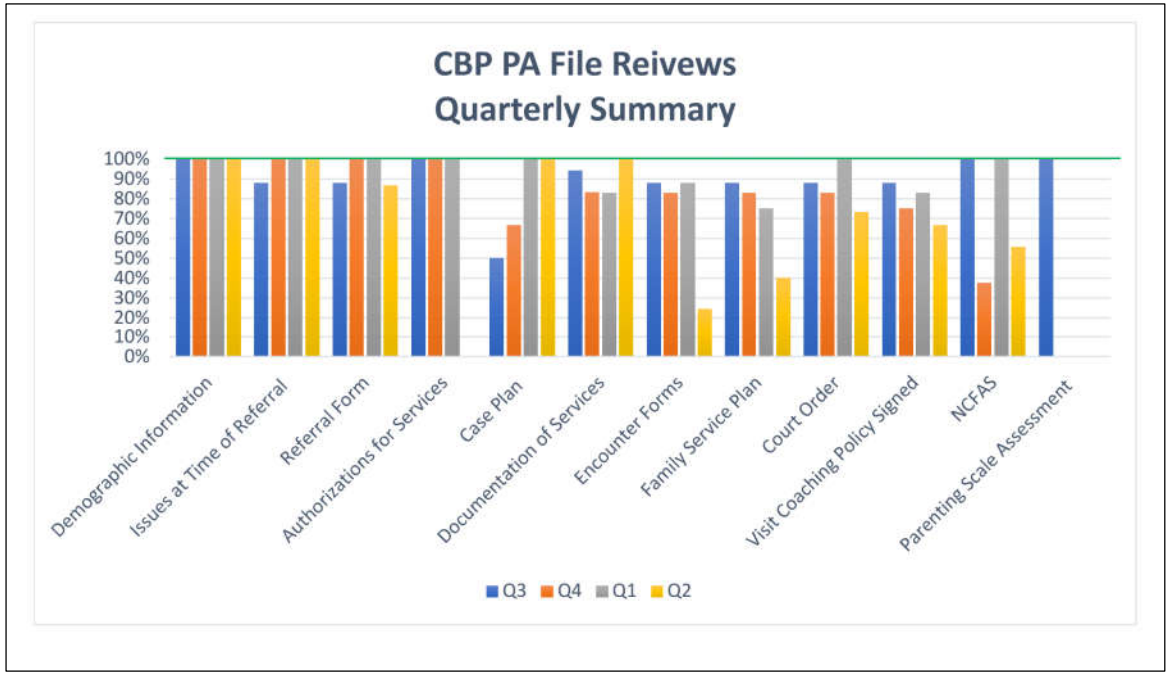
The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators (QI)	Q3	Q4	Q1	Q2
Behavioral Health				
Treatment Plan (Initial) (QI)	100%	100%	100%	100%
Treatment Plan (Review) (QI)	100%	n/a	100%	n/a
Reports/Summaries				
ISP- Initial (QI)	100%	100%	100%	100%
ISP 6 month (QI)	100%	n/a	100%	100%
ISP 12 month (QI)	100%	n/a	100%	n/a
ISP other (QI)	n/a	n/a	100%	n/a
Monthly Reports				
Monthly Reports (QI)	100%	100%	100%	100%

Quality Indicator Results Detail

For Q3, overall compliance for these items was 100%.
For Q4, overall compliance for these items was 100%.
For Q1, overall compliance for these items was 100%.
For Q2, overall compliance for these items was 100%.

Pennsylvania Community Based Programs Quarterly Totals



Q3 (Jan-Mar 2022)
6 Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 12 files.
Overall compliance was 89%.

Q4 (Apr-June 2022)
3 Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 9 files.
Overall compliance was 83%.

Q1 (July-Sept 2022)
3 Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 8 files.
Overall compliance was 91%.

Q2 (Oct-Dec 2022)
3 Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 13 files.
Overall compliance was 79%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators	Q3	Q4	Q1	Q2
Case Plan (QI)	50%	67%	100%	100%
Documentation of Services				
Progress Notes (QI)	100%	100%	100%	100%
Quaterly Reports (QI)	83%	50%	50%	100%
Discharge Summaries (QI)	100%	100%	100%	100%

Quality Indicator Results Detail

For Q3, overall compliance for these items was 83%.
For Q4, overall compliance for these items was 79%.
For Q1, overall compliance for these items was 88%.
For Q2, overall compliance for these items was 100%.

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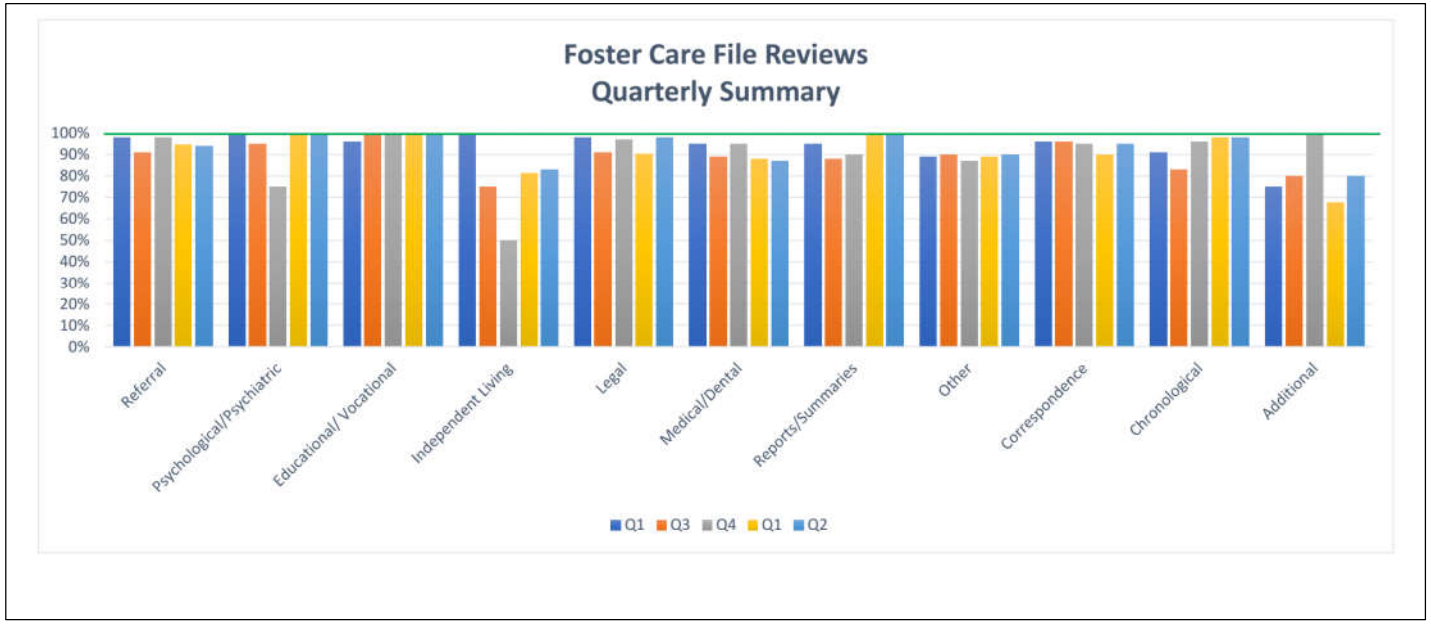
Foster Care Quarterly Totals



Q3 (Jan-Mar 2022)
7 Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 31 files.
Overall compliance was 90%.

Q4 (Apr-June 2022)
6 Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 27 files.
Overall compliance was 90%.

Q1 (July-Sept 2022)
6 Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 30 files.
Overall compliance was 91%.

Q2 (Oct-Dec 2022)
6 Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 29 files.
Overall compliance was 93%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

The CRR Program audited 5 files for Q2 with an overall compliance of 97%.

Quality Indicators (QI)	**Q3**	**Q4**	**Q1**	**Q2**
Reports/Summaries				
Discharge Summaries (QI)	90%	100%	100%	100%
Initial Individual Service Plan (QI)	92%	100%	100%	97%
Quarterly Review/ Updated Service Plan (QI)	100%	100%	100%	100%
Six Month Review/Updated Service Plan (QI)	92%	92%	100%	100%
Chronological				
Client Chronological Report of Case Activity (QI)	81%	96%	100%	100%
Assessment of Safety (QI)	84%	96%	96%	96%

Quality Indicator Results Detail

For Q3, overall compliance for these items was 90%.
For Q4, overall compliance for these items was 97%.
For Q1, overall compliance for these items was 99%.
For Q2, overall compliance for these items was 99%.

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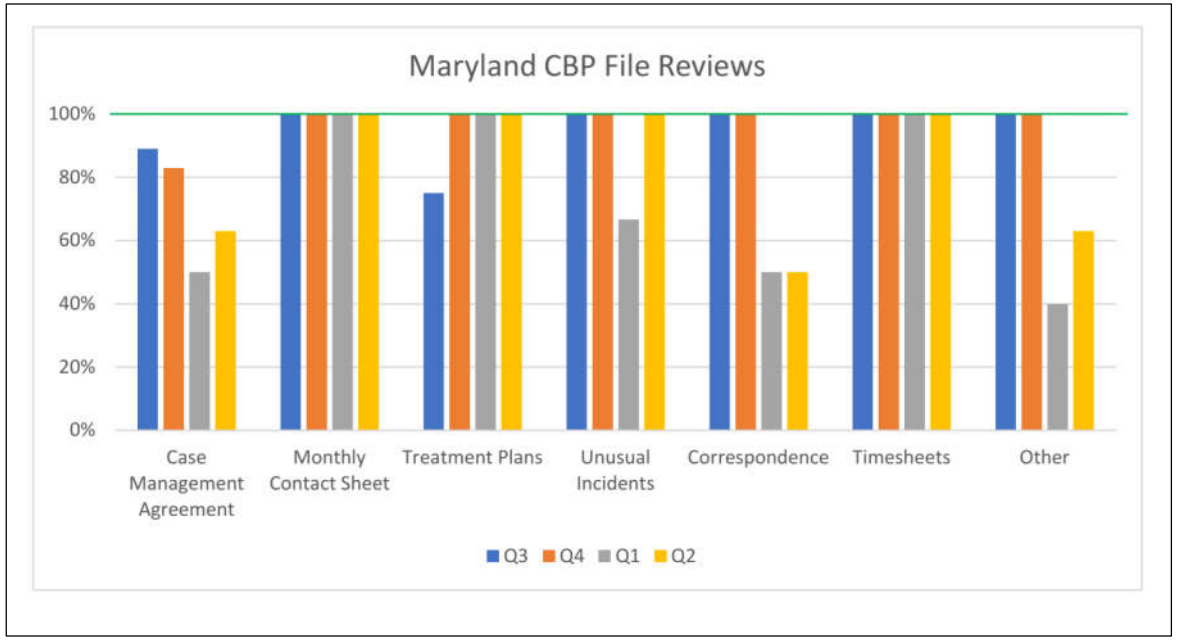
Maryland Community Based Programs Quarterly Totals



Q3 (Jan-Mar 2022)
1 Community Based Program in Maryland (Maryland CBP) conducted file reviews on a total of 1 file.
Overall compliance was 95%.

Q4 (Apr-June 2022)
1 Community Based Program in Maryland (Maryland CBP) conducted file reviews on a total of 4 files.
Overall compliance was 98%.

Q1 (July-Sept 2022)
1 Community Based Program in Maryland (Maryland CBP) conducted file reviews on a total of 5 files.
Overall compliance was 72%.

Q2 (Oct-Dec 2022)
1 Community Based Program in Maryland (Maryland CBP) conducted file reviews on a total of 4 files.
Overall compliance was 75%.

The green line indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicator Results Detail

For Q3, overall compliance for this item was 75%.
For Q4, overall compliance for this item was 100%.
For Q1, overall compliance for this item was 100%.
For Q2, overall compliance for this item was 100%.

Quality Indicators (QI)	Q3	Q4	Q1	Q2
Treatment Plans (QI)	75%	100%	100%	100%

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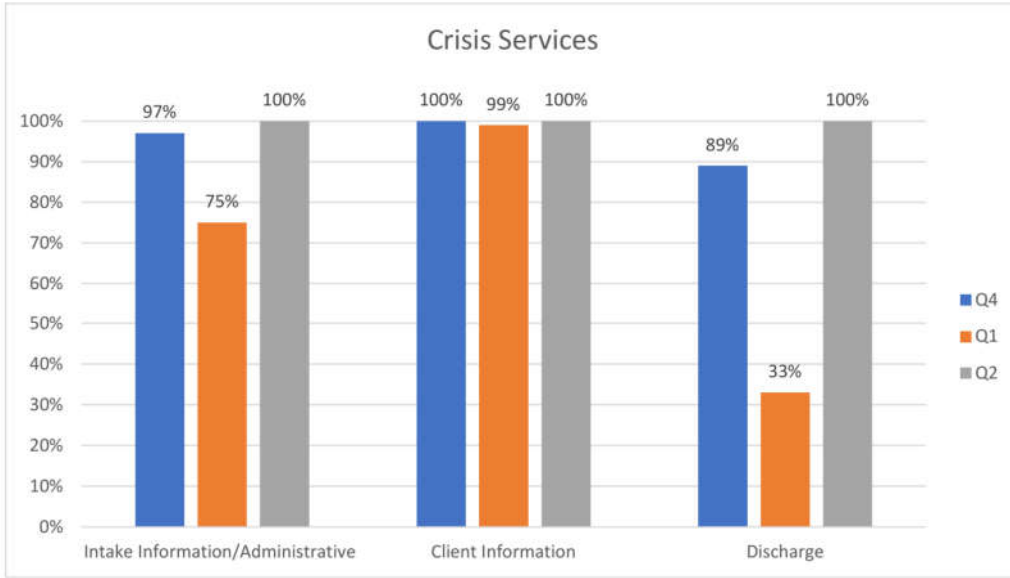
Crisis Services Quarterly Totals



Q4 (Apr-June 2022)
1 Crisis Program conducted file reviews on a total of 42 files.
Overall compliance was 95%.

Q1 (July-Sept 2022)
1 Crisis Program conducted file reviews on a total of 37 files.
Overall compliance was 69%.

Q2 (Oct-Dec 2022)
1 Crisis Program conducted file reviews on a total of 45 files.
Overall compliance was 100%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 100%.
For Q1, overall compliance for these items was 99%.
For Q2, overall compliance for these items was 100%.

Quality Indicators	**Q4**	**Q1**	**Q2**
Client Information			
"D" section of progress note active intervention occurring during the session (QI)	100%	98%	100%
"D" section addressed natural and community supports (QI)	100%	98%	98%
"A" section of the note includes assessment of SI/HI risk (QI)	100%	100%	100%
"A" section of the note includes assessment of D&A needs (QI)	100%	100%	100%

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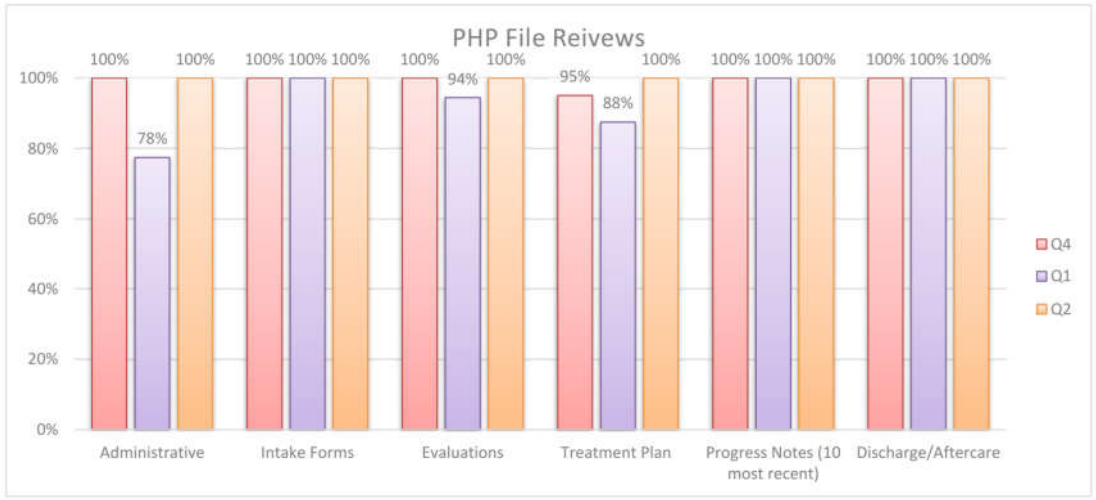
Partial Hospitalization Services Quarterly Totals



Q4 (Apr-June 2022)
1 Partial Hospitalization Program (PHP) conducted file reviews on a total of 6 files.
Overall compliance was 99%.

Q1 (July-Sept 2022)
1 Partial Hospitalization Program (PHP) conducted file reviews on a total of 6 files.
Overall compliance was 93%.

Q2 (Oct-Dec 2022)
1 Partial Hospitalization Program (PHP) conducted file reviews on a total of 6 files.
Overall compliance was 100%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 96%.
For Q1, overall compliance for these items was 95%.
For Q2, overall compliance for these items was 100%.

Quality Indicators (QI)	Q4	Q1	Q2
Treatment Plan			
Treatment Plan contains the strengths of the client (QI)	100%	100%	100%
Treatment Plan has goals clinically consistent with problems/needs/diagnoses identified in the psychiatric evaluation (QI)	100%	100%	100%
Treatment Plan has specific, behaviorally defined objectives or steps to meet goals (QI)	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family? (QI)	80%	50%	100%
Transition/discharge plan contains strengths, supports, and is clearly defined (QI)	100%	100%	100%
Progress towards goals documented appropriately on treatment plan (QI)	83%	100%	100%
Progress Notes (10 most recent)			
"D" section clearly states an active intervention occuring during sessions (QI)	100%	100%	100%
"P" section states the focus for the next session, any homework given to the client, and any follow-up the therapist will be doing. (QI)	100%	100%	100%
Written in DAP format (including goal to be addressed). Content of the note is consistent with goal/objective/intervention in Tx. (QI)	100%	100%	100%
Discharge/Aftercare			
Discharge summary addresses all Tx Plan goals and is clearly defined (QI)	100%	100%	100%

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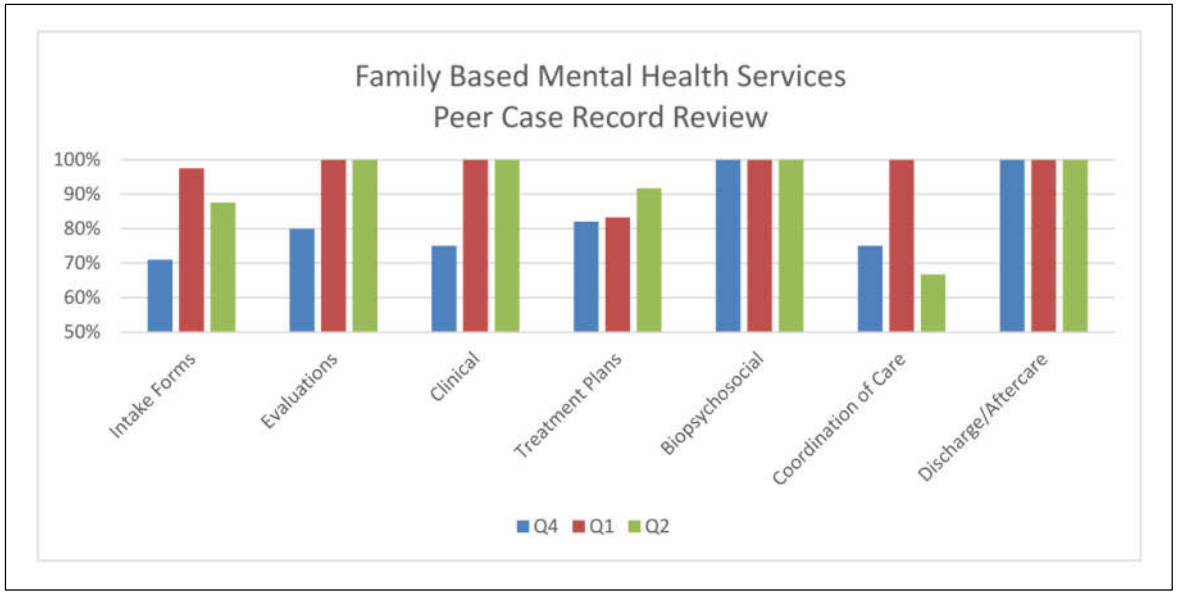
Family Based Mental Health Services Quarterly Totals



Q4 (Apr-June 2022)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files.
Overall compliance was 83%.

Q1 (July-Sept 2022)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 8 files.
Overall compliance was 97%.

Q2 (Oct-Dec 2022)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files.
Overall compliance was 92%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 76%.
For Q1, overall compliance for these items was 100%.
For Q2, overall compliance for these items was 88%.

Quality Indicators (QI)

Clinical	**Q4**	**Q1**	**Q2**
Documentation supporting that Client seen by Team within 24 hours of client returning home from hospitalization? (QI)	50%	100%	100%
Progress Notes include client response to intervention (QI)	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family?(QI)	80%	100%	83%
Coordination of Care - Initial and most recent 2-months			
Evidence of coordination of care with other formal/informal supports a minimum of monthly? (QI)	50%	100%	67%
Evidence that the prescribing physician was informed within 48 hours of medication issue or in instances in which refusal of taking medication? (QI)	100%	100%	n/a

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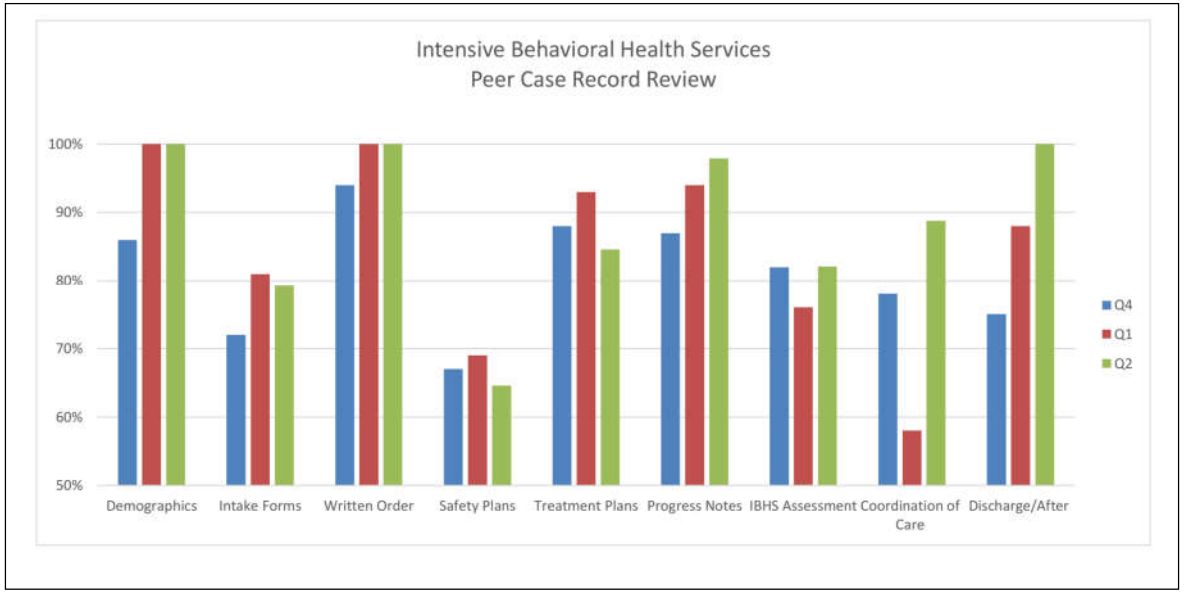
Intensive Behavioral Health Services Quarterly Totals



Q4 (Apr-June 2022)
4 Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 40 files.
Overall compliance was 81%.

Q1 (July-Sept 2022)
4 Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 32 files.
Overall compliance was 84%.

Q2 (Oct-Dec 2022)
4 Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 25 files.
Overall compliance was 89%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 82%.
For Q1, overall compliance for these items was 81%.
For Q2, overall compliance for these items was 87%.

Quality Indicators (QI)	Q4	Q1	Q2
Safety Plans			
Safety/Crisis plans identify specific steps for all settings? (QI)	65%	73%	63%
Safety/Crisis plans identify natural and communirty supports and their role in the plan? (QI)	68%	65%	67%
Treatment Plans			
Treatment plan documents the client, family, and cultural strengths? (QI)	94%	94%	72%
Treatment plan has goals clinically consistent with problems/needs/diagnoses identified in IBHS assessment (QI)	98%	98%	100%
Treatment plan has operationally defined, measurable, objectives to meet goals (QI)	78%	95%	92%
Progress summary includes measurable data for each goal objective (if continued stay/amendment) (QI)	80%	85%	75%
Progress Notes			
"D" section clearly states an active intervention occurring during session (must come directly from Tx plan) (QI)	96%	89%	100%
"D" client's response to the intervention (QI)	96%	98%	96%
"A" section Clinician's interpretation of clients symptoms, level of participation, prognosis, concerns, & interpretation of data comparison (QI)	86%	94%	100%
"P" section states Tx goal/objective focus/setting for next session, any HW given, and any follow-up the therapist will be doing (QI)	70%	94%	96%
IBHS Assessment			
Was a referral made **OR** does treatment plan identify how trauma/MISA is being addressed? (QI)	64%	54%	71%
Recommendations reflect the needs of the client and family (QI)	100%	97%	93%
Coordination of Care			
Evidence of coordination of care with educational and/or vocational systems a minimum of monthly? (QI)	68%	69%	86%
Evidence of coordination of care with other child-serving systems a minimum of monthly? (QI)	66%	71%	86%
Evidence of coordination of care with other behavioral health specialists minimum of monthly? (QI)	100%	33%	94%
Discharge/Aftercare			
Discharge summary addresses al Tx plan goals and is clearly defined (QI)	75%	88%	100%

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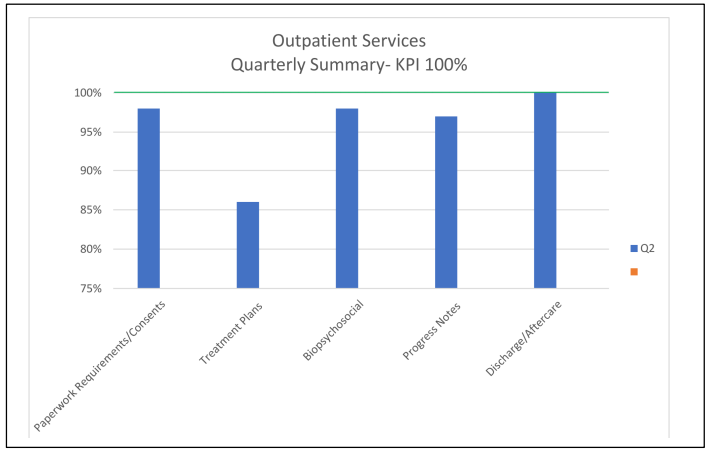
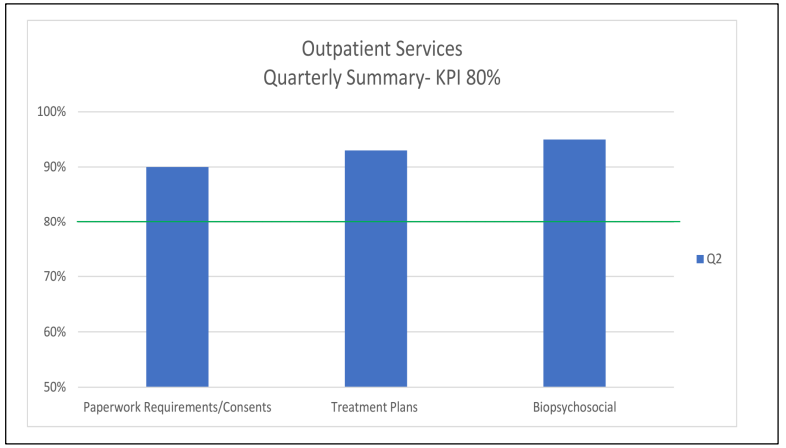
Outpatient Services Quarterly Totals





Q4 (Apr-June 2022)
4 Outpatient Programs (OPT) conducted file reviews on a total of 101 files.
Overall compliance was 91%.

Q1 (July-Sept 2022)
4 Outpatient Programs (OPT) conducted file reviews on a total of 101 files.
Overall compliance was 87%.

Q2 (Oct-Dec 2022)
4 Outpatient Programs (OPT) conducted file reviews on a total of 99 files.
Overall compliance was 93%.

The green line indicates the Key Performance Indicator (KPI) thresholds for this line of service. The charts reflect the items that have a KPI of 100% and 80%.

Quality Indicator Results Detail

For Q4, overall compliance for these items was 92%.
For Q1, overall compliance for these items was 89%.
For Q2, overall compliance for these items was 95%.

Quality Indicators	Q4	Q1	Q2	KPI's
Treatment Plans				
Transition plan described (supports/resources for client) (QI)	84%	82%	94%	80%
Discharge criteria clearly defined/measurable (QI)	86%	83%	86%	80%
Interventions incorporate client strengths (QI)	68%	69%	82%	80%
Client friendly language used (QI)	96%	100%	98%	80%
Client's strengths listed (QI)	100%	98%	100%	80%
Goals consistent with diagnosis/needs of client (QI)	99%	94%	98%	80%
In updated treatment plans, progress is documented (QI)	86%	86%	95%	100%
Safety Plan: individualized (QI)	94%	88%	91%	80%
Biopsychosocial				
Assessment of client's strengths/needs is made (QI)	97%	95%	98%	100%
Diagnoses are consistent with present features (QI)	92%	91%	95%	80%
Progress Notes				
D section lists intervention listed in Tx plan (QI)	94%	86%	94%	100%
A section lists clinical features, mood, affect, level of cooperation (QI)	98%	93%	99%	100%
Treatment modalities used in session are listed (QI)	99%	98%	95%	100%
P section lists date of next session and goals to work on (QI)	97%	90%	99%	100%

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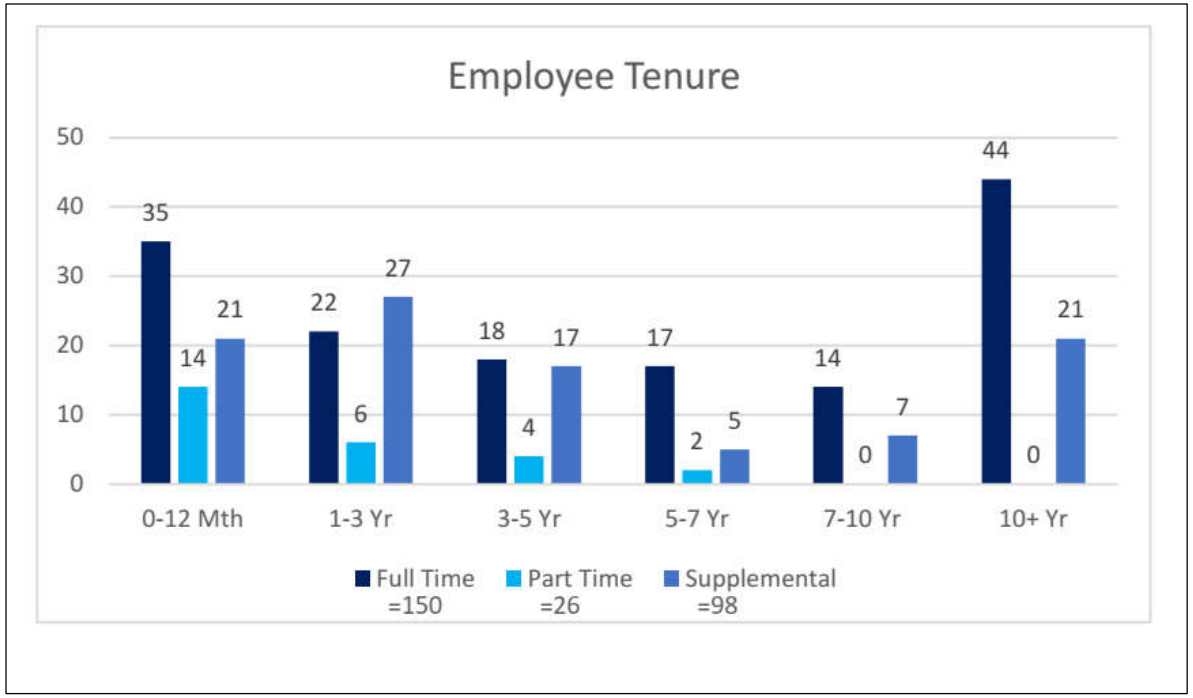
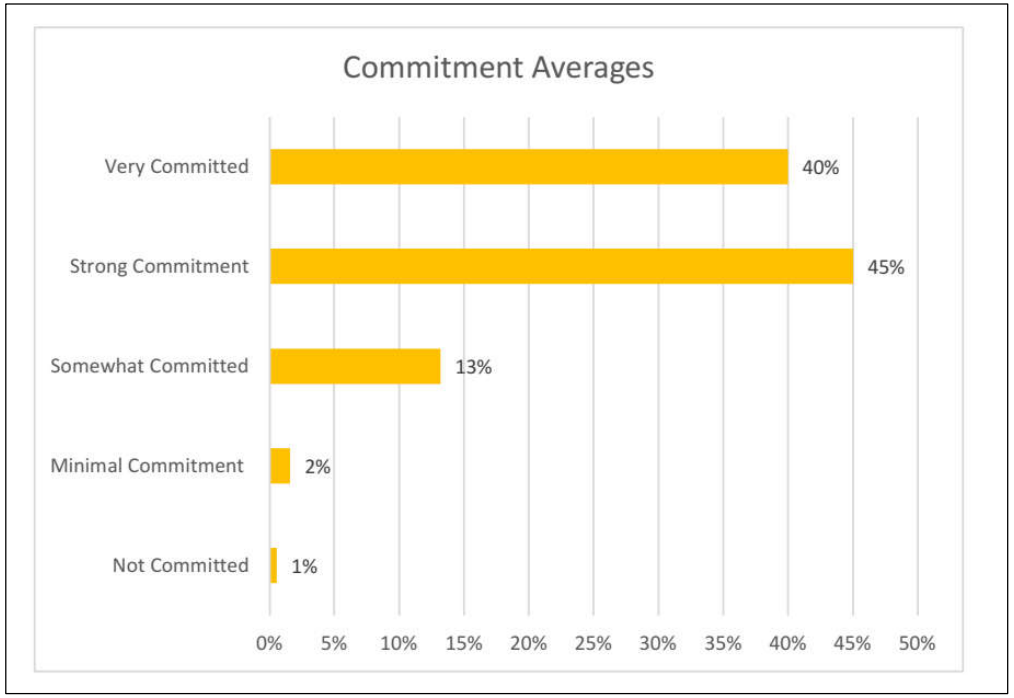
Satisfaction Surveys

The 2022 Employee Satisfaction Survey was completed in September 2022. Of the 365 employees, 274 responded to the survey. This 75% response rate is impressive. CONCERN's Senior Leadership Team has reviewed the survey responses, contacted those staff who requested it and taken actions to address issues with staff. Specific data from the survey is detailed on the next two pages.

2022 Employee Survey Responses





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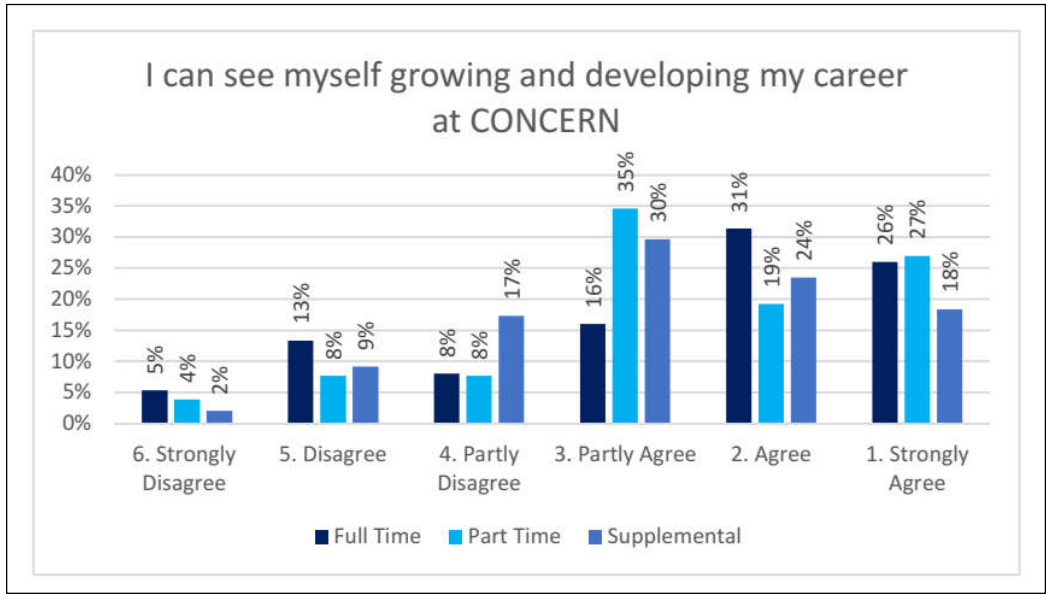
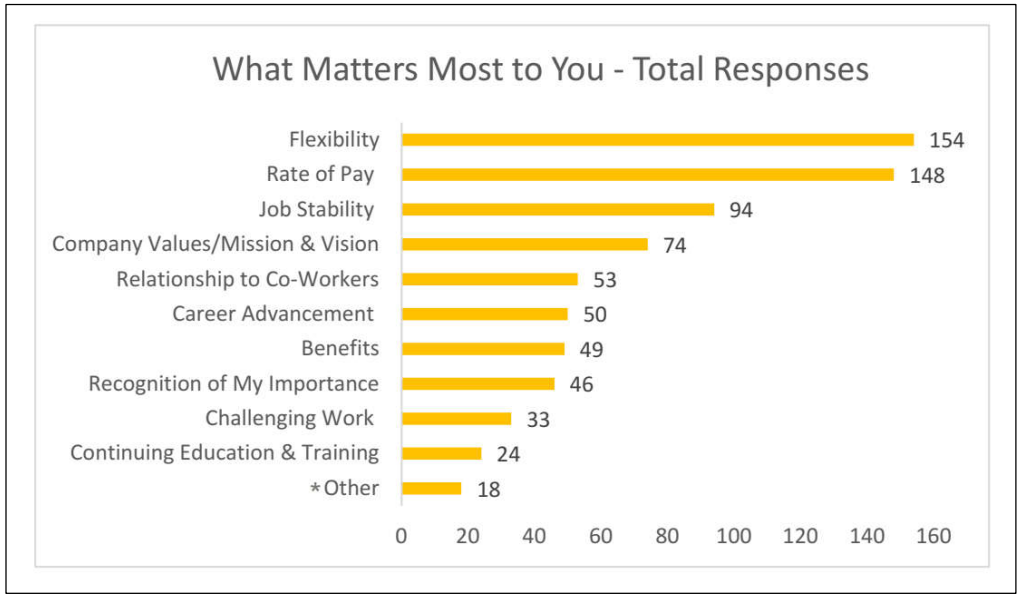
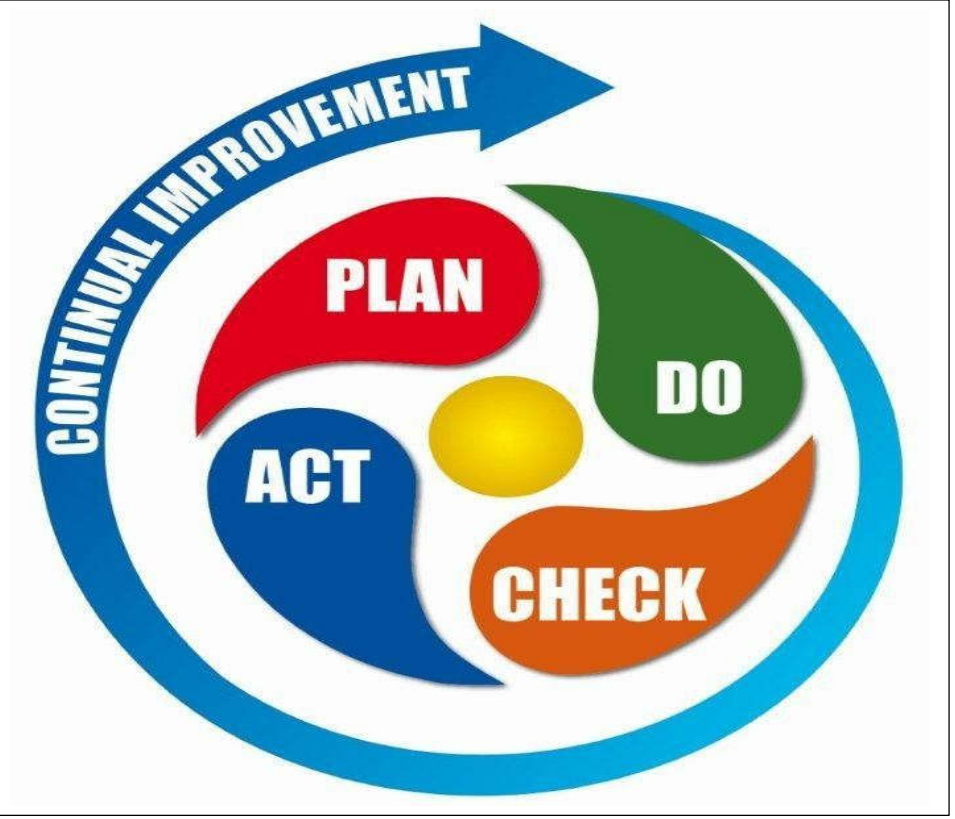

I can see myself growing and developing my career at CONCERN
40%
35%
30%
25%
20%
15%
10%
5%
0%
5%
4%
2%
13%
8%
9%
8%
8%
17%
16%
35%
30%
31%
19%
24%
26%
27%
18%
6. Strongly Disagree
5. Disagree
4. Partly Disagree
3. Partly Agree
2. Agree
1. Strongly Agree
Full Time
Part Time
Supplemental


What Matters Most to You - Total Responses
Flexibility 154
Rate of Pay 148
Job Stability 94
Company Values/Mission & Vision 74
Relationship to Co-Workers 53
Career Advancement 50
Benefits 49
Recognition of My Importance 46
Challenging Work 33
Continuing Education & Training 24
*Other 18
0
20
40
60
80
100
120
140
160



Improvement Plan Updates

The PQI Committee has been involved in creating several Improvement Plans for a variety of areas within CONCERN. Data is reviewed and then evaluated for the use of an Improvement Plan. Members of the PQI Committee are involved with the implementation and monitoring of the Improvement Plans and progress and data is reported to the committee regularly.

- CTUB Training Improvement Plan was initiated in January 2021 related to our compliance with staff training requirements and is still being worked on with improvements noted. The improvement plan activities during the first year of implementation allowed for significant improvement in all areas of training completion. Training completion for **New Hire** is 0% for the past 6 months and the previous 6 months were listed at 17% completion, which is a decrease. **CPSL** in 2022 was 57.14% and the current year is 100%, a notable improvement. **SCM** in 2002 was 45% and for the current year is 100%, a notable improvement. **All training completion** for the Q2 (Oct-Dec) is 75%, which is still under the established goals set in place by the PQI committee. A new Director was hired in November of 2022 and staff training has been a priority. Procedures implemented include monthly supervisions to review trainings that are due, advance scheduling so staff have plenty of notice to attend, and bringing in outside training agencies to ensure the quality of the training. It is important to note that it appears that the data may not be entirely accurate. This will be investigated to assure an accurate reflection of the staff training at CTUB.

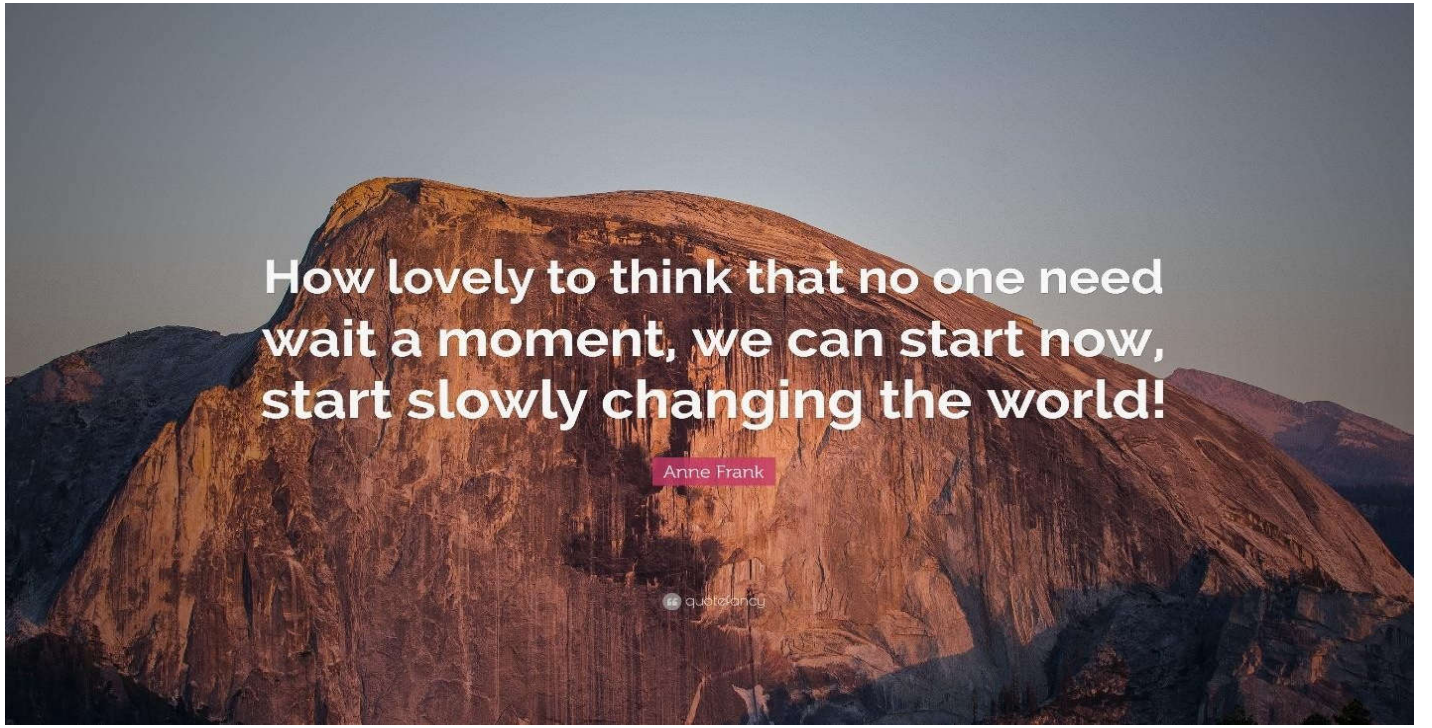
- The Behavioral Health and Social Services Training Improvement Plan was initiated in January 2021. We initially reported updates separately for Behavioral Health and Social Services and have recently determined that updating the plans would be better if reported on by region. The focus is on compliance for all trainings

for all staff being 90% or higher and 100% for both Safe Crisis Management (SCM) and for Child Protective Services Law (CPSL) training. For the **Northern Tier Region**, the overall compliance improved from 90% to 93%. For the **Eastern Region**, the overall compliance improved from 66% to 86% and CPSL training compliance is 100%. Consistently maintaining these completion rates and improving timeliness of training will continue to be worked on. The **Maryland** training completion and compliance for Quarter 2 (10/1/22-12/31/22) are the following: Total completion 100% and Total compliance 88.89% thus the total compliance score falls short of the goal of 90% to 100%. Staff are frequently reminded about training and some were still late due to the holidays.

- Outpatient Program Improvement Plan -The progress note revision to add treatment plan prompts started on October 31, 2022. A treatment plan report was generated for December 1-16, 2022. 250 treatment plans were completed and a sample of 50 was selected from both regions. 47/50 (94%) of treatment plans were completed on time. The 3 treatment plans that were not completed timely were due to staff turnover, or transition of therapists.

- Partial Hospitalization Program Improvement Plan- In our December 2022 supervision, 10 treatment plans were reviewed. 10/10 (100%) were completed and signed on time. In our January 2023 supervision, 15 treatment plans were reviewed. 14/15 (93%) were completed on time. 1 treatment plan was completed a day late.

- Training Evaluations Improvement Plan- Introduction to Trauma Informed Care training was removed from staff training plans due to poor evaluation scores and after further investigation, not being useful for non-clinical staff. This training was replaced with "What Does Becoming Trauma-Informed Mean for Non-Clinical staff" and is included as an annual training for all agency non-clinical staff. Further evaluation of this training should occur in the future to assess its effectiveness/usefulness.



Thank you to all the PQI Committee members who not only meet monthly to review and analyze data but also attend sub-committee meetings and spread the culture of quality improvement through the agency.

This report includes data from Q-2 (October 2022 to December 2022) for Fiscal Year 2022-23 and is a testament to the focus, and commitment of staff especially as it relates to their daily work with clients and their attention to detail when working with the data.

If you have any feedback about this report, please contact us at creeling@concern4kids.org or 484-578-9600.