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Performance & Quality Improvement

Q3 Report FY 2024-2025

(2024-2025)

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.

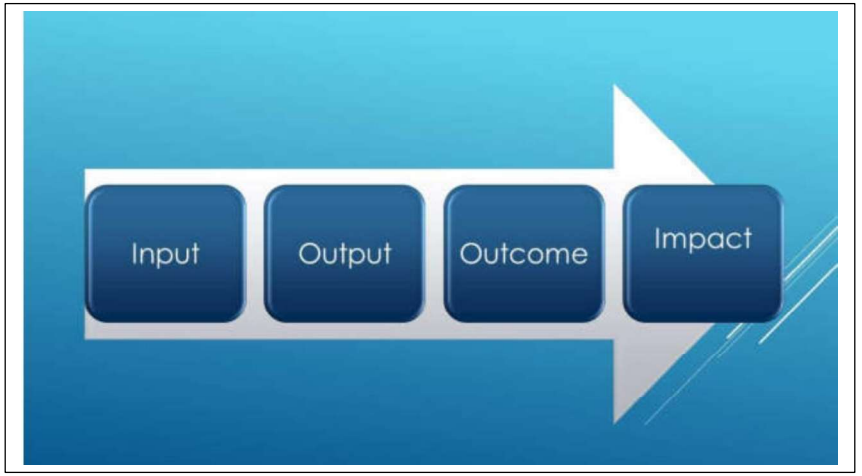
The PQI Committee has developed data collection tools, reporting mechanisms and is continuing to work to improve the flow of information to make the data collection and analysis easier. We have several PQI sub-committees: Satisfaction Surveys, Meeting Prep, Measures, and Quarterly Reporting.

We have expanded the Measures sub-committee to focus on review of the logic models and outputs and outcomes collection tools. We have been updating, streamlining and clarifying our goals and collection of data over the past year. We hope to finish this large, important project in FY 24-25.

The data contained in this report is for a period of 1 quarter-Q3, January 2025 to March 2025.

PQI Committee Members

Jennifer Peters, Electronic Health Records Administrator
Sue Holmgren, Administrative Assistant
Val Rheinheimer, Caseworker
Kathy Stoica, Technology and Facility Manager
Kassie Irwin, Human Resources Manager
Crystal Boggs-Jennings, Director of Residential Services
Bambi Harmon, Social Services Clinical Director
Rebecca Brown, Quality Assurance Assistant
Shane Chamberlin, Clinical Supervisor
Flo Westley, Director of Adoption and Permanency Services
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-Michele Gutshall, 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, activities, outputs, and outcomes. Data collection tools have been developed to consistently collect the data. The collection tools are being revised to collect more data and be as user friendly as possible. 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. The sub-committee that is working on review and revision of the Logic Models and Collection Tools is making steady progress and hopes to have the project completed in FY 24-25.

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

Key	
Meeting goal	
Making progress toward or partially meeting goal	
Trending low or not meeting goal	

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Residential Program

Residential Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Budgeted Average Number of Residents per Day is Maintained	18	19.9	17	16	
# of Aggression Replacement Therapy Group Sessions	*	0%	100%	100%	
An Initial CANS is Completed Within the First 30 days and is Reviewed Quarterly	*	*	*	*	*
ISP's are Developed and Distributed in a Timely Manner and Monitored Monthly	11	7	7	8	
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Percent of Weekly Passed Behavior Management Program (80% is passing)	66%	64%	64%	70%	
Stipend Earned for Successful Program Completion	55%	100%	100%	100%	
Average Math Grade (60% is passing)	75%	91%	89%	86%	
Average English Grade (60% is passing)	77%	87%	88%	87%	
Participation in Weekly Individual Therapy	91%	87%	97%	98%	
CANS Assessment Shows Change in Functioning Level Over Time	*	*	*	*	*
Residents Attend School/Graduate/earn GED/are Employed at Discharge	91%	100%	100%	100%	
Attain or Partially Attain Goals	100%	82%	91%	91%	

*indicates items with no goal

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Maryland Community Based Programs

Maryland Community Based Programs Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of Clients Served	19	17	12	13	*
Number of Casework Contacts (occurs at least monthly)	187	464	301	240	*
Number of After Hours Contacts	46	131	102	69	*
Number of After Hours Crisis Contacts	0	1	2	0	
Number of Exit/Transition Plans Developed within 30 Days of Admission and Updated Every 6 Months	*	*	1	5	*
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
100% of Youth Engage with Caseworker During Monthly Contacts	*	100%	83%	77%	
70% of Youth Maintain Residence without Incurring any Section 8 Code of Conduct Violations	1	0	0	0	
50% of Youth are Working or in School Consistently	12	88%	75%	85%	
70% of Youth are on Track to Transition into Unsubsidized Housing at Discharge	*	70%	100%	75%	

*indicates items with annual goal

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Maryland Foster Care

Maryland Foster Care Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Caseworker Visits Completed as Required	98%	100%	98%	87%	
Treatment and Safety Plans Completed on Time	71%	93%	97%	90%	
CANS Completed for Each Client	98%	100%	100%	100%	
Client has Scheduled Therapeutic/Psychiatric Appointments	97%	100%	100%	100%	
Family Worker Visits Monthly with Families	100%	100%	100%	100%	
Client Received Timely and Ongoing Medical/Dental Care	84%	89%	100%	98%	
Foster Parents Receive Required Annual Training	100%	100%	100%	100%	
Positive Net Gain in Recruiting and Retaining Foster Parents Annually	*	*	*	*	*
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
At Least 80% of Clients Achieved Their Permanency Plan Goal as Identified by the Court	100%	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	100%	100%	100%	50%	
85% of Clients Met or Partially Met Their Treatment Plan Goals by Discharge	100%	100%	100%	75%	
Clients Consistently Attended School or Graduated from HS/Obtained GED	100%	100%	100%	100%	
Discharged Clients Experienced Two or Fewer Placements	100%	100%	75%	75%	

*indicates items with annual goal

Q3 Results:

Red Arrow Outcomes-
The red arrows are due to low numbers skewed percentages, and one client with a placement disruption early on.

Pennsylvania Foster Care

PA Foster Care Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Casework/Client Visits Occur Monthly as Required	95%	98%	95%	96%	
Foster Parents Receive Required Annual Training	83%	100%	100%	96%	
Individual Service Plans and Quarterly Reviews Completed and Distributed in a Timely Manner	83%	100%	100%	100%	
Client Received Timely Ongoing Appropriate Medical/Dental Care	*	98%	96%	98%	
Referred for Appropriate Outside Services per Program/Recommendations	*	100%	100%	100%	
Positive Net Gain in Recruiting and Retaining Foster Parents Annually	**	100%	**	**	**
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Permanency Plan Achieved	66%	84%	77%	90%	
Placement Stability Maintained	100%	100%	100%	100%	
Client Consistently Attended an Educational Program or have Graduated/Obtained a GED at Discharge	100%	100%	95%	100%	
Clients Met or Partially Met ISP Goals at Discharge	90%	95%	100%	97%	

* Tracking for these outcomes was implemented in Q4

** Annual item

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Adoption

Adoption Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of New SWAN Referrals	116	68	77	84	
Number of New Adoption Finalization Referrals	8	6	3	5	
Number of Family Profile Referrals	18	11	15	9	
Number of Child Profiles Completed	29	39	20	34	
Number of Completed SWAN Services Invoiced	86	86	66	82	
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Number of Families Approved	13	14	10	4	
Number of Finalized Adoptions	6	7	8	6	

Q3 Results:

Red Arrow Outputs and Outcomes- Adoption had fewer referrals than anticipated.

Crisis

Crisis Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of Individuals Served	*	109	92	118	*
Number of CCBH Clients Served	*	*	*	*	*
Number of Total Delivered Hours	158	130	119	135	*
Number of Telephone Hours	101	94	80	75	*
Number of Walk-In Hours	10	8	13	15	*
Number Mobile Hours Provided	42	23	28	45	*
Number Mobile/Hospital Hours Provided	*	*	0	11	*
Number Mobile/Home+Community Hours Provided	*	*	0	35	*
Number of Outreach Contacts	*	*	0	72	*
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Diversion from Hospitalization or a Higher Level of Care	89%	85%	86%	85%	★

*Outcomes and Outputs were recently updated. Goals are still being determined.

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Partial Hospitalization Program

Partial Hospitalization Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of New Clients Admitted			4	13	*
Number of Biopsychosocial Assessments Completed	6	10	4	12	★
Number of Initial Plans Completed within 5 Treatment Days	6	10	4	11	★
Number of Current Clients	24	28	25	28	★
Number of Plans Reviewed and Completed			74	82	*
Number of Delivered Hours			12,423	7128	★
Number of Initial Psychiatric Evaluations Performed				10	*
Number of follow up Medication Management Meetings Completed				82	*
Average Length of Stay in Program				214	*
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
80% of children return to the best education setting that meets their needs at discharge	67%	100%	100%	100%	★
80% of children meet or partially meet their treatment goals at discharge	83%	100%	100%	100%	★
80% of children attend and engage in services	100%	100%	100%	93%	★

* indicates items with no goal

Family Based Mental Health Services

Family Based Mental Health Services Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of Active Clients	27	26	32	31	*
Assessments Completed for each Family within the Required Timeframe	**	13	16	17	
Number of Total Hours Delivered	1063	1047	1457	1458	
Number of Team Delivered Hours	472	432	548	725	
Number of Individual Hours Delivered	591	615	909	733	
Number of Collaborative Sessions	**	41	53	68	
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Attainment of Treatment Goals	83%	64%	86%	63%	
Engagement in Services	83%	85%	71%	50%	
Clients Discharged to a Lower Level of Service	**	**	**	100%	
Children Remain in Family Home at Discharge	**	**	**	75%	

* indicates items with no goal
** indicates new item

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Intensive Behavioral Health Services

Intensive Behavioral Health Services Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of Initial and Ongoing CANS Assessments Completed	84	91	80	54	*
Number of Treatment and Safety Plans Completed	150	116	142	123	*
Number of Active Clients	318	263	275	285	*
Authorized vs Delivered	65%	34%	37%	52%	
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Engagement in Services within 180 days	54%	58%	58%	54%	
Attainment or Partial Attainment of Goals	83%	67%	74%	87%	

*indicates items with no goal

Q3 Results:

Red Arrow Outcomes-
Drop in Engagement is related to continued challenges hiring/retaining licensed staff.

Outpatient Services

Outpatient Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Number of Referrals Made	638	698	813	559	*
Number of First Assessments Completed	463	401	455	484	*
Number of Office Based and School Based Therapy Hours Delivered	13,614	12,908	13,192	9,765	
Number of Psychiatric Service Hours Delivered	**	207	205	659	
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q2 24/25**	**Q2 Results On Target**
Initial Engagement is Evidenced by the Client Attending the First Assessment Appointment After the Referral was Made	73%	57%	65%	92%	
Attainment or Partial Attainment of Goals at Discharge	73%	76%	73%	93%	

*indicates items with no goal
** indicates new item

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Finance

CORP-Finance Outputs	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q3 Results On Target
Agency Operating Reserves (cash) do not Drop Below 3 Months of Operating Expenses	4.9	4.8	4.8	5.1	★
AR- More than 40% of Revenue Billed will be Collected in 3 of 4 Quarters	45%	48%	46%	51%	★
Financial Reporting Completed in 30 Days or Less for 3 of 4 Quarters	31.3	138	126	88	←
Outcome Goals	**Q4 23/24**	**Q1 24/25**	**Q2 24/25**	**Q3 24/25**	**Q3 Results On Target**
Annually the Agency will Receive a Financial Audit with Financial Statements that Fairly Represents the Position of the Agency (unmodified opinion)	*	*	No Material Findings	*	*
The Annual 401k Audit is Completed and Form 5500 is Submitted Timely	*	*	Completed Timely	*	*
The Annual 990 is Completed and Filed Timely	*	*	*	Completed Timely	★
Bi-Weekly Payrolls are Completed Timely	Yes	Yes	Yes	Yes	★
Sustainability of the Agency as Evidenced by having Positive Retained Earnings Annually of 1% or Greater	4.7%	6.3%	-5.2%	2.2%	★

Q3 Results:

Red Arrow Outputs-
The red arrow output goal is deferred until the CoA project is stabilized.

INTERNAL&EXTERNAL

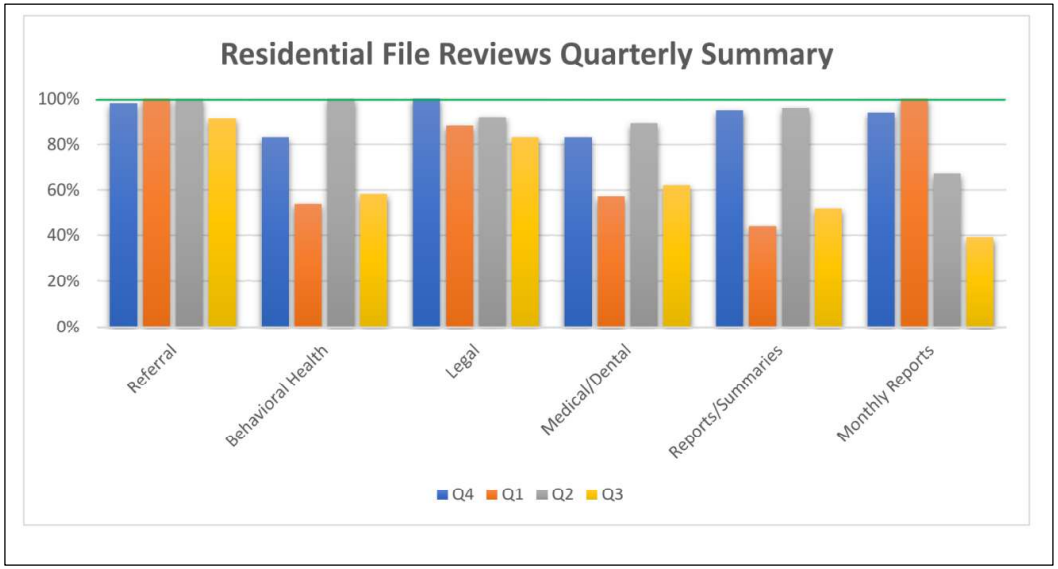
File Audits & Inspections

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	Jan-March 2025	Oct-Dec 2024	July-Sept 2024	Apr-June 2024
Internal File Audits	836	208	203	205	220
External File Audits	21	2	3	8	8
Licensing Inspections/Full Licensure	24	8	2	4	10

Residential Program Quarterly File Review Totals

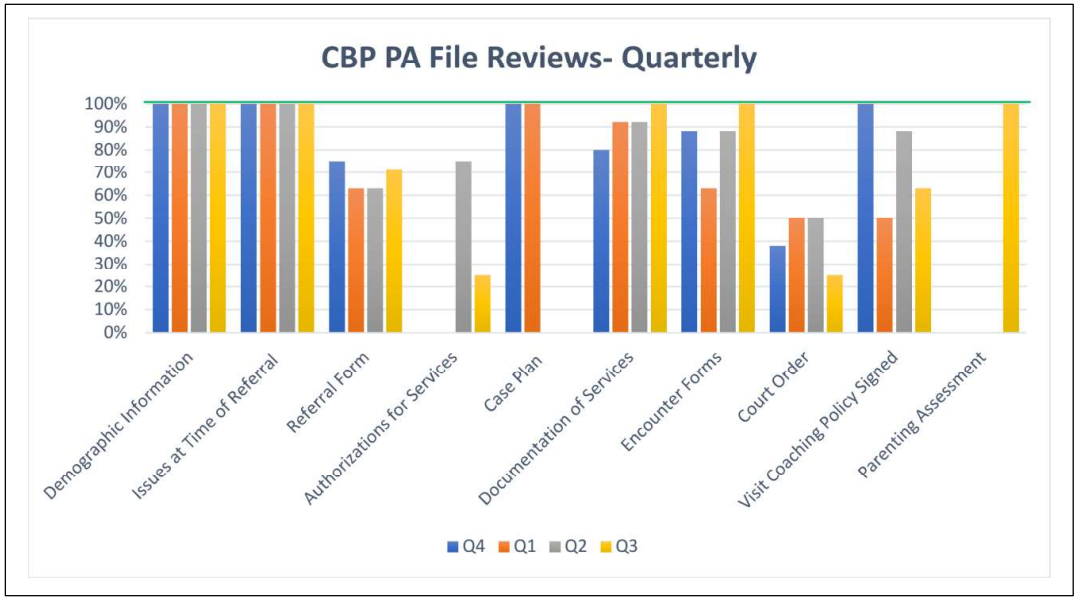


Q3 (Jan-March 2025)
The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 65%.

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

Quality Indicators (QI)	Q4	Q1	Q2	Q3
Behavioral Health				
Treatment Plan (Initial) (QI)	50%	50%	100%	17%
Treatment Plan (Review) (QI)	n/a	0%	n/a	50%
Reports/Summaries				
ISP- Initial (QI)	100%	100%	100%	100%
ISP 6 month (QI)	n/a	0%	n/a	100%
ISP 12 month (QI)	n/a	n/a	n/a	n/a
ISP other (QI)	n/a	n/a	n/a	n/a
Monthly Reports				
Monthly Reports (QI)	100%	100%	80%	50%
Overall Compliance	**83%**	**50%**	**93%**	**63%**

Pennsylvania Community Based Programs File Reviews Quarterly Total



Q3 (Jan-March 2025)
Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 7 files.
Overall compliance was 76%.

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

There were no Case Plans in Q3. Additionally, Authorization for Services and Parenting Assessment are new file review categories moving forward.

Quality Indicators	Q4	Q1	Q2	Q3
Case Plan (QI)	100%	100%	n/a	n/a
Documentation of Services				
Progress Notes (QI)	100%	100%	100%	100%
Quaterly Reports (QI)	100%	75%	75%	100%
Discharge Summaries (QI)	50%	100%	100%	100%
Overall Compliance	**88%**	**94%**	**92%**	**100%**

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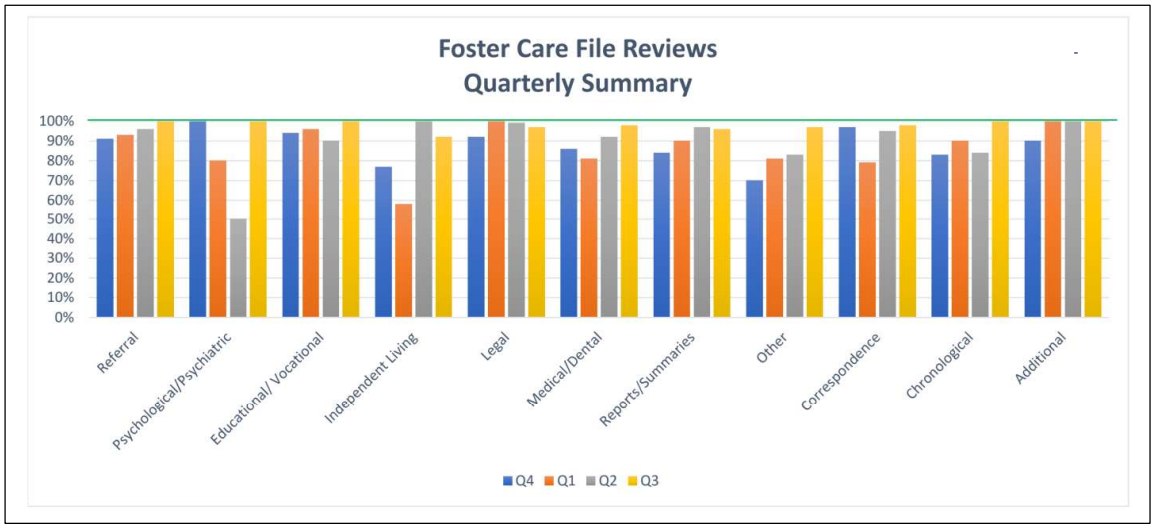
Foster Care Programs File Reviews Quarterly Totals



Q3 (Jan-March 2025)
Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 22 files. Overall compliance was 98%.

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

Quality Indicators (QI)	Q4	Q1	Q2	Q3
Reports/Summaries				
Discharge Summaries (QI)	67%	72%	100%	80%
Initial Individual Service Plan (QI)	93%	96%	100%	100%
Quarterly Review/ Updated Service Plan (QI)	74%	96%	100%	100%
Six Month Review/Updated Service Plan (QI)	83%	85%	100%	100%
Chronological				
Client Chronological Report of Case Activity (QI)	83%	83%	80%	100%
Assessment of Safety (QI)	83%	97%	89%	100%
Overall Compliance	**81%**	**88%**	**95%**	**97%**

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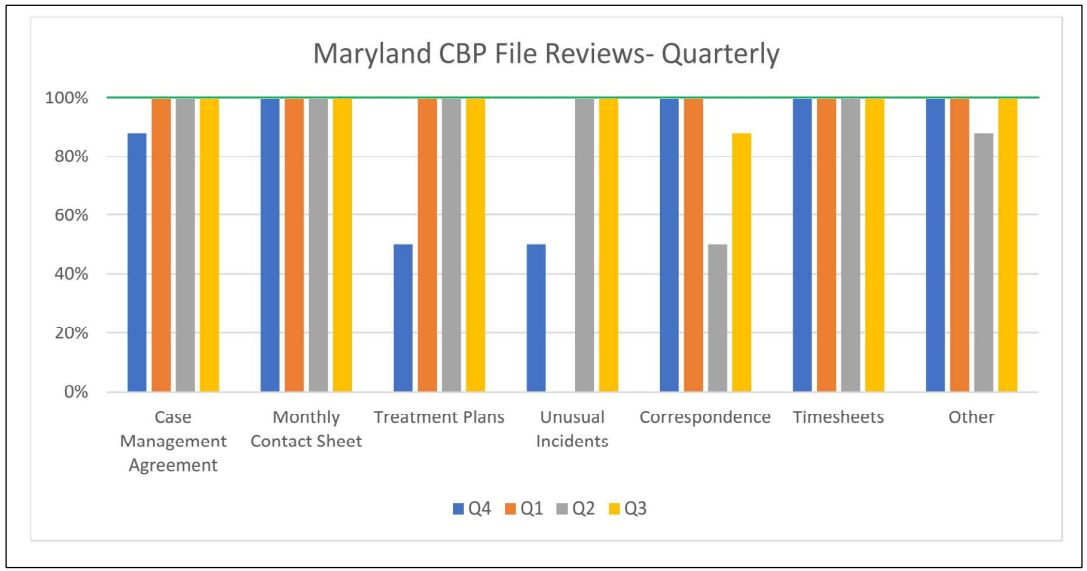
Maryland Community Based Programs File Reviews Quarterly Totals



Q3 (Jan-March 2025)
Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files.
Overall compliance was 98%.
There were no Unusual Incidents in Q1.

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

Quality Indicators (QI)	Q4	Q1	Q2	Q3
Treatment Plans (QI)	50%	100%	100%	100%
Overall Compliance	**50%**	**100%**	**100%**	**100%**

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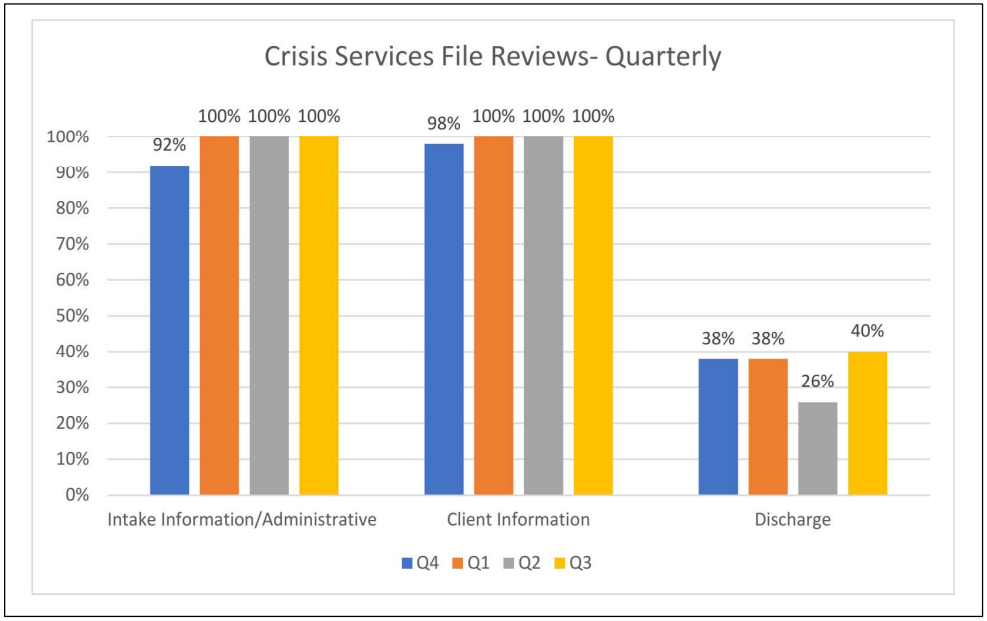
Crisis Services File Reviews Quarterly Totals



Q3 (Jan-March 2025)
Crisis Programs conducted file reviews on a total of 32 files.
Overall compliance was 93%.

Quality Indicators	Q4	Q1	Q2	Q3
Client Information				
"D" section of progress note active intervention occurring during the session (QI)	98%	100%	100%	100%
"D" section addressed natural and community supports (QI)	98%	100%	100%	100%
"A" section of the note includes assessment of SI/HI risk (QI)	98%	100%	100%	100%
"A" section of the note includes assessment of D&A needs (QI)	98%	100%	100%	100%
Overall Compliance	**98%**	**100%**	**100%**	**100%**

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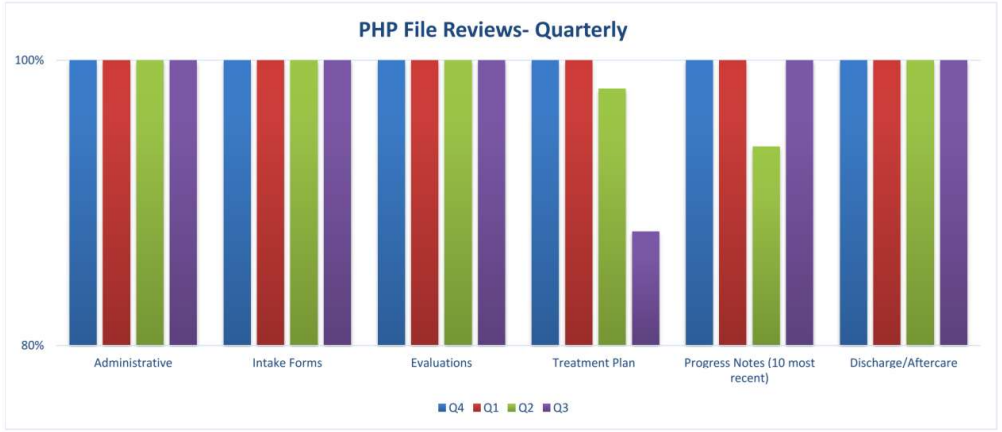
Partial Hospitalization Services File Reviews Quarterly Totals



Q3 (Jan-March 2025)
Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files.
Overall compliance was 94%.

The Key Performance Indicator (KPI) thresholds for this line of service are either 80% or 100%.
The items requiring a KPI of 80% had an average score of 100%.
The items requiring a KPI of 100% had an average score of 94%.

Quality Indicators (QI)	Q4	Q1	Q2	Q3
Treatment Plan				
Treatment Plan contains the strengths of the client (QI)	100%	100%	100%	100%
Treatment Plan has goals clinically consistent with problems/needs/diagnoses identified in the psychiatric evaluation (QI)	100%	100%	100%	100%
Treatment Plan has specific, behaviorally defined objectives or steps to meet goals (QI)	100%	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family? (QI)	100%	100%	100%	0%
Transition/discharge plan contains strengths, supports, and is clearly defined (QI)	100%	100%	100%	100%
Progress towards goals documented appropriately on treatment plan (QI)	100%	100%	100%	100%
Progress Notes (10 most recent)				
"D" section clearly states an active intervention occuring during sessions (QI)	100%	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%	83%	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%	100%
Discharge/Aftercare				
Discharge summary addresses all Tx Plan goals and is clearly defined (QI)	100%	100%	100%	100%
Overall Compliance	**100%**	**100%**	**98%**	**90%**

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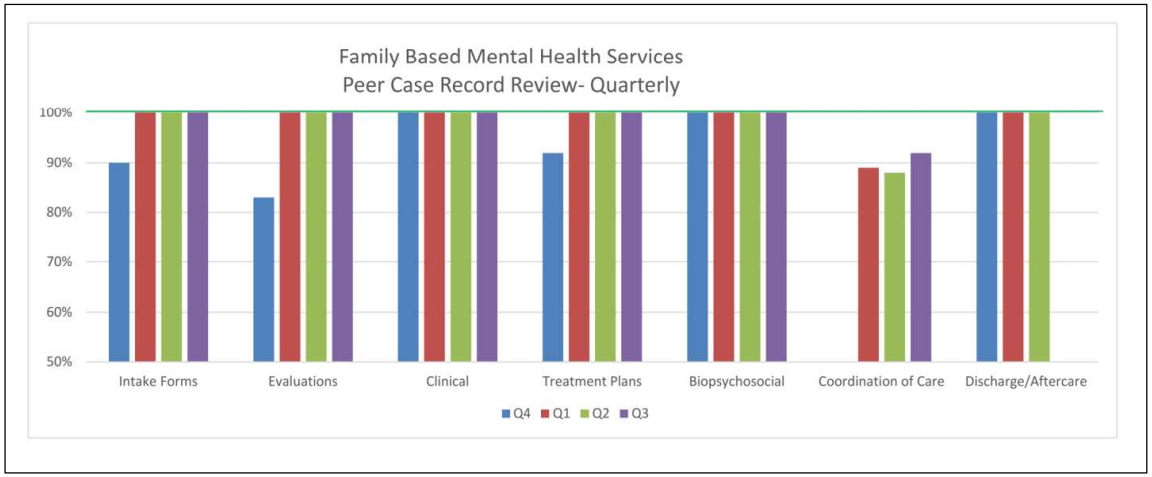
Family Based Mental Health Services File Reviews Quarterly Totals



Q3 (Jan-March 2025)
Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files.
Overall compliance was 92%.

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

Quality Indicators (QI)	**Q4**	**Q1**	**Q2**	**Q3**
Clinical				
Documentation supporting that Client seen by Team within 24 hours of client returning home from hospitalization? (QI)	100%	n/a	100%	100%
Progress Notes include client response to intervention (QI)	100%	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family?(QI)	100%	100%	100%	100%
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%	83%	88%	83%
Evidence that the prescribing physician was informed within 48 hours of medication issue or in instances in which refusal of taking medication? (QI)	n/a	100%	n/a	100%
Overall Compliance	**88%**	**96%**	**97%**	**97%**

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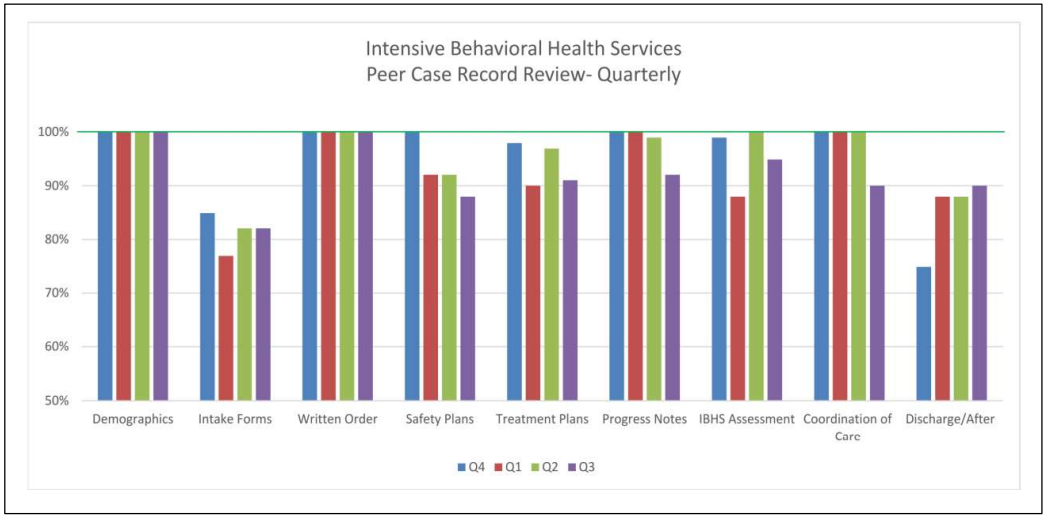
Intensive Behavioral Health Services File Reviews Quarterly Total



Q3 (Jan-March 2025)
Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 28 files.
Overall compliance was 92%.

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

Quality Indicators (QI)	Q4	Q1	Q2	Q3
Safety Plans				
Safety/Crisis plans identify specific steps for all settings? (QI)	100%	92%	92%	80%
Safety/Crisis plans identify natural and community supports and their role in the plan? (QI)	100%	92%	92%	95%
Treatment Plans				
Treatment plan documents the client, family, and cultural strengths? (QI)	100%	100%	100%	100%
Treatment plan has goals clinically consistent with problems/needs/diagnoses identified in IBHS assessment (QI)	100%	100%	100%	98%
Treatment plan has operationally defined, measurable, objectives to meet goals (QI)	100%	100%	96%	89%
Progress summary includes measurable data for each goal objective (if continued stay/amendment) (QI)	100%	75%	89%	85%
Progress Notes				
"D" section clearly states an active intervention occurring during session (must come directly from Tx plan) (QI)	100%	100%	100%	93%
"D" client's response to the intervention (QI)	100%	100%	100%	88%
"A" section Clinician's interpretation of clients symptoms, level of participation, prognosis, concerns, & interpretation of data comparison (QI)	100%	100%	100%	96%
"P" section states Tx goal/objective focus/setting for next session, any HW given, and any follow-up the therapist will be doing (QI)	100%	100%	96%	90%
IBHS Assessment				
Was a referral made **OR** does treatment plan identify how trauma/MISA is being addressed? (QI)	100%	83%	100%	100%
Recommendations reflect the needs of the client and family (QI)	100%	100%	100%	100%
Coordination of Care				
Evidence of coordination of care with educational and/or vocational systems a minimum of monthly? (QI)	100%	100%	100%	92%
Evidence of coordination of care with other child-serving systems a minimum of monthly? (QI)	100%	100%	100%	89%
Evidence of coordination of care with other behavioral health specialists minimum of monthly? (QI)	100%	100%	100%	90%
Discharge/Aftercare				
Discharge summary addresses all Tx plan goals and is clearly defined (QI)	100%	100%	100%	89%
Overall Compliance	**100%**	**96%**	**98%**	**92%**

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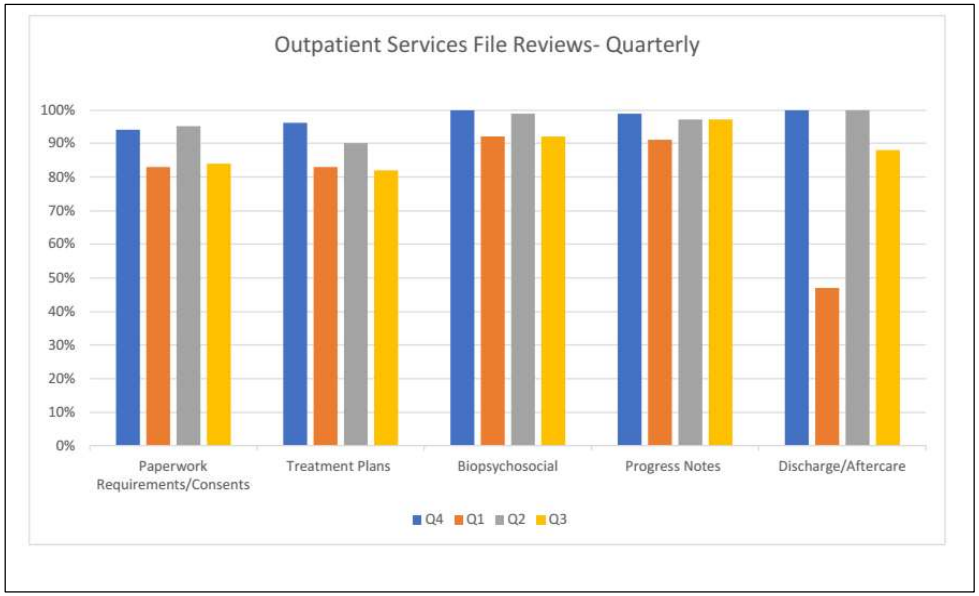
Outpatient Services File Reviews Quarterly Total



Q3 (Jan-March 2025)
Outpatient Programs (OPT) conducted file reviews on a total of 97 files.
Overall compliance was 87%.

The Key Performance Indicator (KPI) thresholds for this line of service are either 80% or 100%.
The items requiring a KPI of 80% had an average score of 83%.
The items requiring a KPI of 100% had an average score of 89%.

Quality Indicators	Q4	Q1	Q2	Q3	KPI's
Treatment Plans					
Transition plan described (supports/resources for client) (QI)	91%	83%	88%	82%	80%
Discharge criteria clearly defined/measurable (QI)	93%	64%	72%	82%	80%
Interventions incorporate client strengths (QI)	75%	55%	69%	73%	80%
Client friendly language used (QI)	100%	98%	100%	88%	80%
Client's strengths listed (QI)	100%	96%	98%	98%	80%
Goals consistent with diagnosis/needs of client (QI)	100%	97%	97%	99%	80%
In updated treatment plans, progress is documented (QI)	100%	90%	90%	82%	100%
Safety Plan: individualized (QI)	100%	91%	97%	65%	80%
Biopsychosocial					
Assessment of client's strengths/needs is made (QI)	100%	94%	100%	97%	100%
Diagnoses are consistent with present features (QI)	100%	90%	99%	81%	80%
Progress Notes					
D section lists intervention listed in Tx plan (QI)	99%	83%	96%	97%	100%
A section lists clinical features, mood, affect, level of cooperation (QI)	100%	100%	96%	96%	100%
Treatment modalities used in session are listed (QI)	100%	91%	99%	99%	100%
P section lists date of next session and goals to work on (QI)	100%	90%	98%	97%	100%
Overall Compliance	**97%**	**87%**	**93%**	**88%**	

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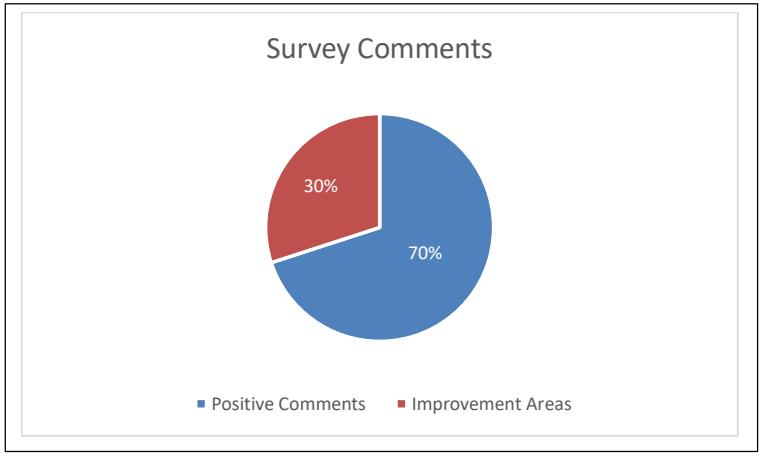
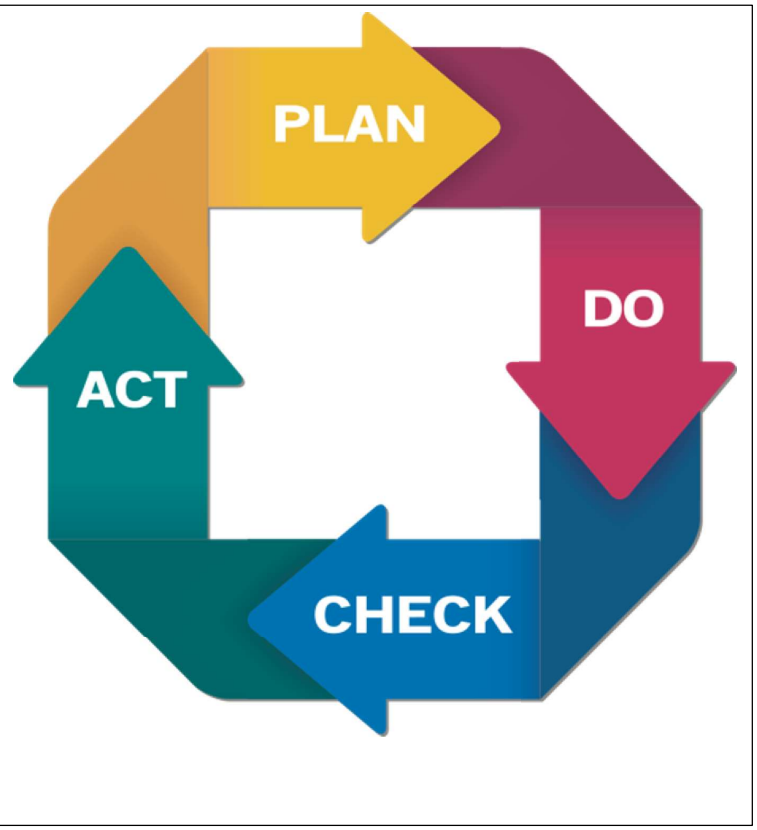
Client Satisfaction Survey Results

CONCERN conducted a Client Satisfaction Survey in April 2025.
308 responses were collected. 109 participants left comments.
The average satisfaction rating was 4.5-5 (out of 5)





Plan Updates

The PQI Committee reviews Improvement Plans for a variety of areas within CONCERN. Data is reviewed and then evaluated for the need 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.

Currently we have 2 Improvement Plans that are in various stages of planning and/or actions and/or checking. The following is a list of the Improvement Plans:

- CTUB Training
- Outpatient Treatment Plans

Thank you to all the PQI Committee members who meet monthly as a full committee as well as meeting in the numerous sub-committees that we have. Thank you to the committee members and all the staff who are involved in collecting the data, completing the file reviews, reviewing all the information and then making improvements. Together our efforts will continue to evaluate and improve our operations and services.

This report includes data from Q3 (January 2025 to March 2025) 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 mgutshall@concern4kids.org or by calling 484-578-9600.