Edison Court, Inc.

SUPPORTIVE   EXPERIENCED   RESPONSIVE   COMMITTED

2018 ANNUAL PERFORMANCE & QUALITY IMPROVEMENT REPORT

Easton Manor   MathomHouse   PATHS   Ravenhill
Psychological Services

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EXECUTIVE SUMMARY

Edison Court, Inc. (ECI) has been providing specialized and general behavioral health services for 15 years. Our goal is to deliver services to children, adults, and families in the most effective and efficient manner. To fulfill this goal, ECI has embarked on sustaining a Performance and Quality Improvement process to evaluate various quality indicators. This report outlines the efforts made by ECI to improve the lives of our clients, maintain accountability, and improve in areas where needed. Founded on strong principles and consistent with the best practices outlined in the Council on Accreditation's standards, ECI presents you our sixth annual Performance and Quality Improvement Report (2018).

INTRODUCTION

Edison Court, Inc. (ECI) is committed to the advancement of quality improvement principles designed to promote the delivery of efficient and effective services to our clients. We use an inclusive and transparent approach when establishing performance goals, benchmarks, and determining how to measure our work. ECI's Performance & Quality Improvement (PQI) Plan consists of a process of assessing performance, making plans to improve, and reassessing results with a focus on aiming to achieve the best possible outcomes.

Our overarching PQI Committee is comprised of both internal and external stakeholders, representing both residential and outpatient programming. This committee meets quarterly and is responsible for directing ECI's performance improvement activities. Program-level subcommittees include staff from all departments who meet regularly to review service delivery and develop quality improvement plans. All findings and recommendations are shared with ECI personnel, the Board of Directors, as well as additional stakeholders.
ECI has selected a variety of performance areas to measure in order to ensure a broad-based organization-wide process. These areas include:

- ❖ Management & Operations
- ❖ Service Quality & Delivery
- ❖ Client & Program Outcomes
- ❖ Client & Staff Satisfaction
- ❖ Risk Prevention Effectiveness

The following PQI Annual Report provides significant positive developments, challenges, and/or obstacles faced by ECI over the last year regarding our performance and quality improvement process.

MISSION STATEMENT

Edison Court is dedicated to providing services in line with best practices to promote recovery and resiliency for those experiencing behavioral challenges.

VISION

To be a leading provider of behavioral health services by delivering research-informed and quality assessed programming within a framework of strictly regulated compliance

CORE VALUES

- ❖ Treating clients with DIGNITY
- ❖ Providing families with HOPE
- ❖ Protecting the community from HARM
- ❖ Delivering the most cutting-edge treatment as supported by BEST PRACTICES
- ❖ Reducing RECIDIVISM
- ❖ Improving client adjustment by enhancing EDUCATIONAL, VOCATIONAL, and OCCUPATIONAL SKILLS
- ❖ Repairing the harm done to the VICTIM AND THE COMMUNITY

ECI CLIENT DEMOGRAPHICS

ECI served children, adults, and families, primarily from Bucks County, but also served clients from 12 other Counties. Clients who received services over the past year through ECI ranged from 4 to 81 years of age. In 2018, ECI served a total of 497 clients throughout our continuum of care. The following client demographic information best describes the population served. Our geographical profile during the year reached as far west to Ohio and north to Wyoming County.

| 2018	MATHOM HOUSE	EASTON MANOR	PATHS	RAVENHILL JUVENILE FORENSICS	RAVENHILL ADULT FORENSICS	RAVENHILL GENERAL SERVICES	TWILIGHT PROGRAM	ECI TOTAL
GENDER								
Male	100%	100%	100%	80%	95%	60%	63%	82%
Female	-	-	-	20%	5%	40%	37%	18%
ETHNICITY								
Caucasian	62%	53%	50%	72%	85%	68%	71%	73%
African American	19%	20%	17%	12%	5%	11%	13%	11%
Latino	-	13%	33%	13%	3%	4%	3%	6%
Asian (Non-Pacific)	11%	7%	-	2%	1%	-	-	2%
Native American	-	-	-	-	-	-	2%	0%
Bi/Multi Racial	8%	7%	-	-	5%	-	3%	3%
Unknown	-	-	-	1%	1%	17%	8%	4%
AGE								
Under 5	-	-	-	-	-	4%	-	1%
5-9	-	-	-	-	-	-	-	0%
10-14	11%	-	92%	13%	-	7%	-	7%
15-19	85%	80%	8%	83%	-	47%	98%	51%
20-24	4%	20%	-	4%	7%	1%	2%	5%
25-34	-	-	-	-	26%	15%	-	11%
35-50	-	-	-	-	35%	12%	-	13%
51 and over	-	-	-	-	32%	14%	-	12%
COUNTY								
Berks	13%	13%	-	-	-	-	-	2%
Bucks	15%	13%	17%	79%	97%	86%	100%	78%
Chester	4%	-	-	-	-	-	-	0%
Delaware	-	-	-	-	-	1%	-	0%
Lancaster	2%	-	-	-	-	-	-	0%
Lehigh	10%	13%	42%	10%	1%	13%	-	7%
Monroe	13%	20%	-	-	-		-	2%
Montgomery	23%	34%	-	11%	2%	-	-	7%
Northampton	4%	-	25%	-	-	-	-	1%
Pike	2%	-	-	-	-	-	-	0%
Wyoming	4%	-	-	-	-	-	-	0%
York	10%	7%	8%	-	-	-	-	1%
Out of State	-	-	8%	-	-	-	-	

CLIENT OUTCOMES

ECI has adopted a variety of client-driven and informed measures to ensure clients are receiving high quality and effective services. This section of the report provides a brief overview of the measures used to evaluate how well our values are being honored and embraced in care, how satisfied clients are with the services they receive, and to ensure ECI's services are effective in promoting clients' wellbeing.
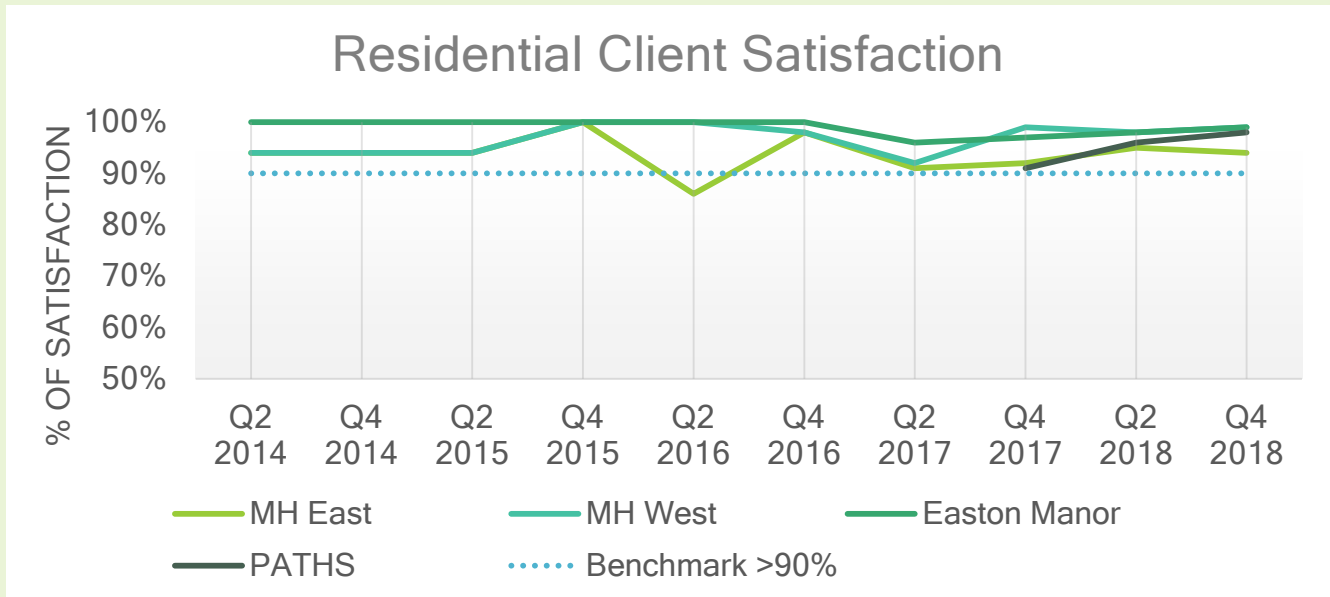
CLIENT SATISFACTION

Client Satisfaction is measured twice annually during the second and fourth quarters of the calendar year. All programs exceeded the benchmark for this measure 2018, except for the Twilight program which was discontinued at the close of the 2017-2018 academic year.

OUTPATIENT CLIENT SATISFACTION
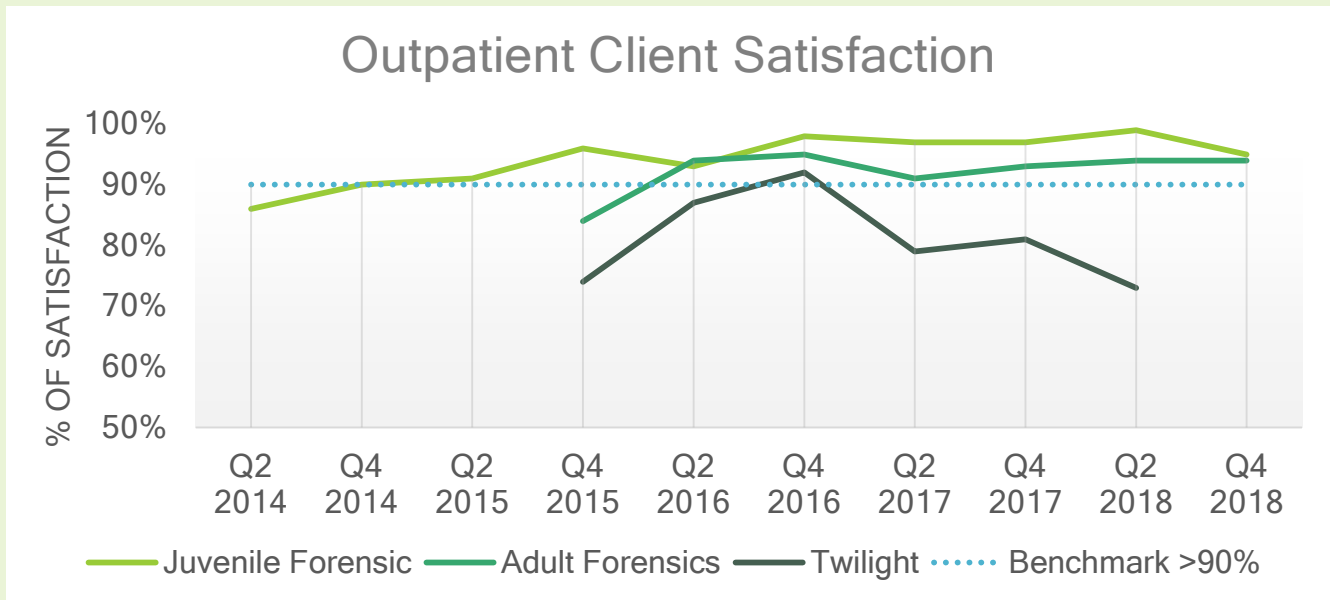
Adult and Juvenile Forensic Outpatient Services continued to exceed the established benchmark for Client Satisfaction in 2018. Administrators credit this success to staff member's dedication to cultivating positive rapports with clients and families, as well as their practiced flexibility during appointment scheduling. Because of the high rate of reported satisfaction, most improvement efforts during 2018 focused on improving the means and oversight of survey distribution and collection. Efforts were made to collect a more complete evaluation of client satisfaction by collecting data at a client's last session, rather than sporadically throughout treatment. These changes were made for the Bucks County Sex Offender Treatment Program and Batterer's Intervention Program and had been implemented for the Integrative-Anger Management Program in a previous year. Similar changes were not able to be made for the Sex Offender Treatment Program or any of the Juvenile Forensic programs due to complexities in implementation and oversight, though feasibility will be reassessed when time and resources allow. Clients of the Sex Offender Treatment Program did share comments that they would like more structured assignments, which group facilitators are currently working to provide.

RESIDENTIAL CLIENT SATISFACTION

ECI's Residential Programs also continued their trend of exceeding the established benchmark for Client Satisfaction in 2018, a feat which was accentuated by three of the four residential populations reporting 98% to 99% satisfaction at the end of the year. This success is believed to be the result of successfully implemented improvement plans from previous quarters and an improved screening process for referrals which reduces the likelihood of inappropriate admissions. Though overall satisfaction was high, residents did comment that communication between clinicians and floor staff could be improved in Mathom House and Easton Manor. These comments led to the increased involvement of Youth Counselors in Team Meetings. PATHS' team members addressed concerns with spiritual and cultural needs by accommodating language difficulties, facilitating church services for interested residents, and introducing "cultural days" where residents selected and prepare special meals with staff.

EDISON PREP STUDENT SATISFACTION
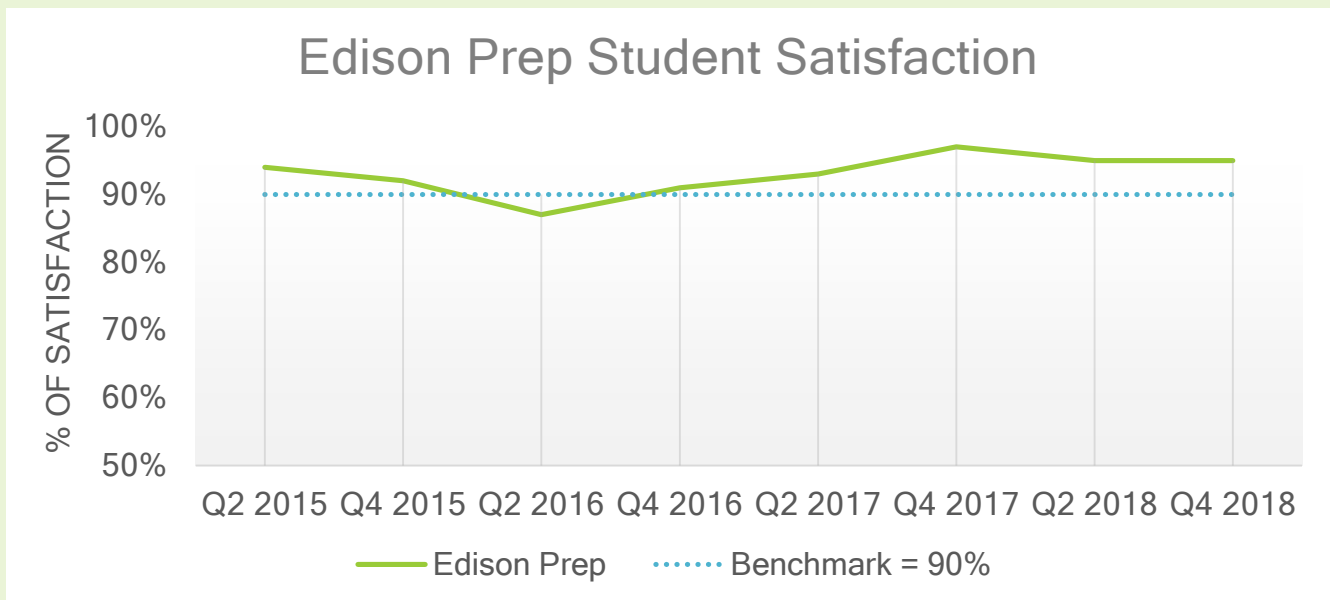
Student Satisfaction is also measured during the second and fourth quarters of the calendar year for students who attend Edison Prep, the onsite school for Mathom House and Easton Manor. In 2018, Edison Prep continued its trend of exceeding the established benchmark for this measure. This trend started in Q4 of 2016

when survey questions were amended for ease of comprehension and continued through 2017 when a wider array of learning experiences were offered to students. The high satisfaction reported in 2018 suggested the effects of these changes were sustained, and no additional corrective action was required during the year.
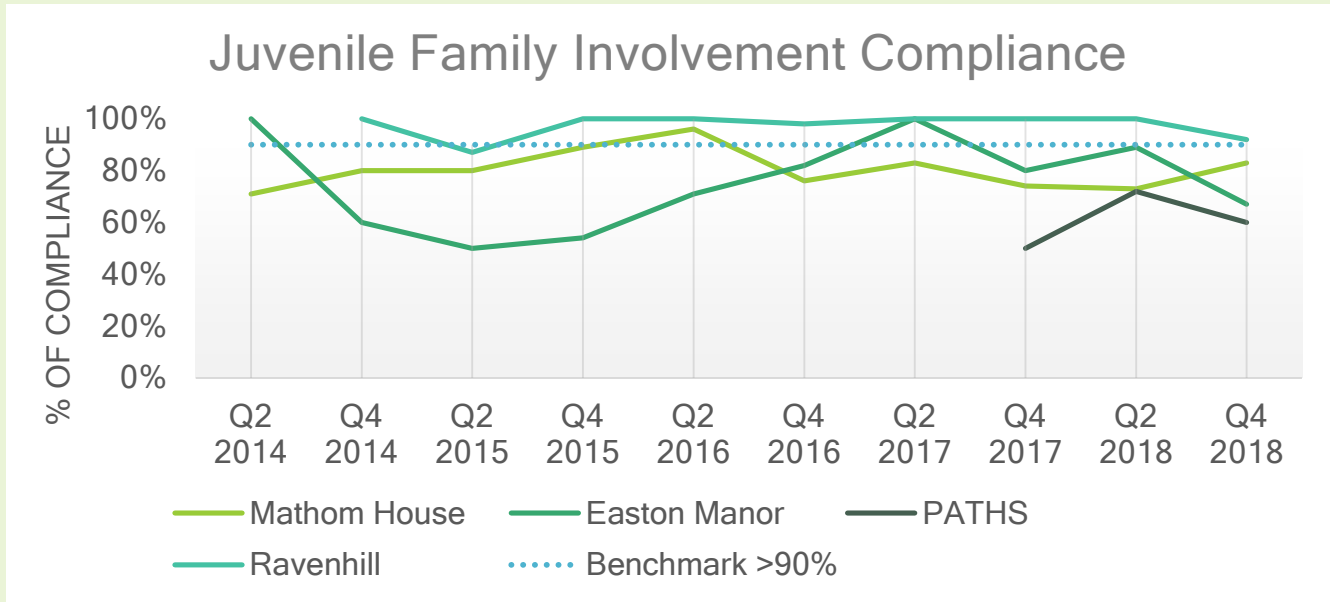
PARENT SATISFACTION
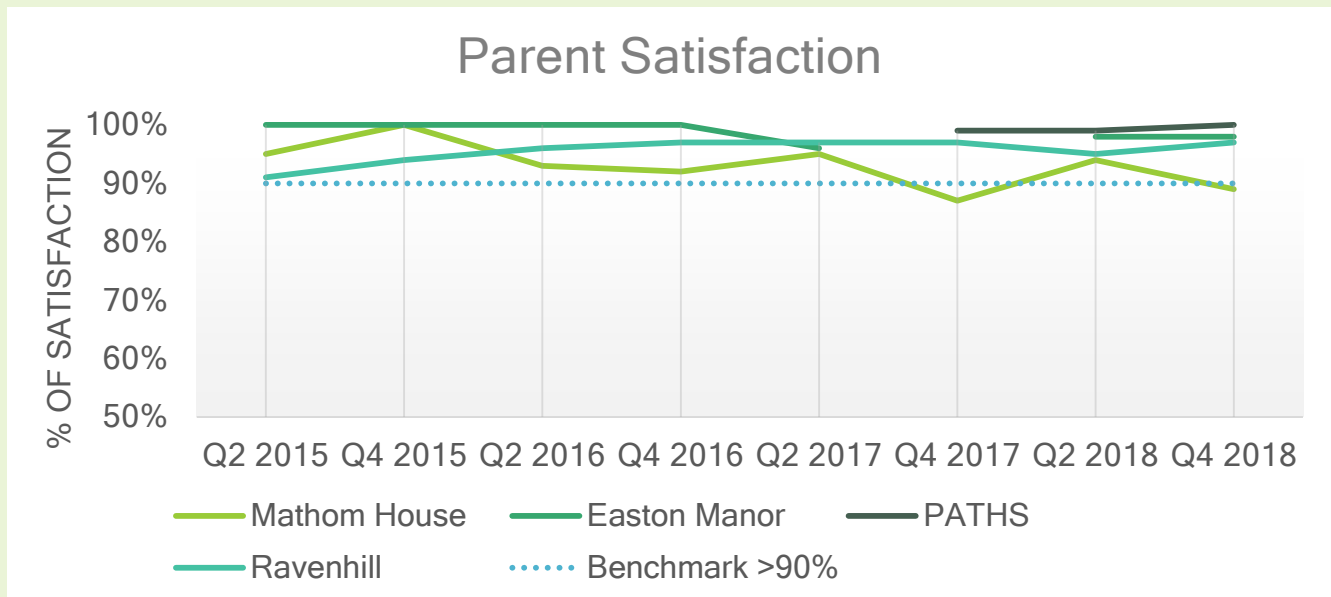
Parent Satisfaction is measured during the second and fourth quarters of the calendar year. All programs exceeded the established benchmark for this metric in the second quarter of 2018, but Mathom House fell slightly below (89%) during the fourth quarter. Identified areas of improvement included a lack of communication regarding treatment and the cleanliness of the facilities. Mathom House and Easton Manor's PQI Subcommittee has proposed providing additional phones to staff to improve access for communication and increased oversight of family contact documentation to make sure contacts are happening in a timely manner. The Subcommittee has also proposed increasing the amount of cleaning done by staff and residents, and the possible use of a cleaning service if dissatisfaction with cleanliness continues to be reported. Quality Improvement Plans were also created and implemented in both Mathom and Easton Manor to address survey distribution and collection, improving parent education at intake, and increasing parent participation in Parent Group.

Though overall satisfaction exceeded the established benchmark, PATHS and Ravenhill still implemented improvement plans related to Parent Satisfaction. The Case Manager at PATHS made more of an effort to continually remind parents of their ability to participate in psychiatric care, in addition to notifying them at intake. This change contributed to the jump from 99% and 100% satisfaction between Q2 and Q4 in 2018.

Similarly, only 75% of Ravenhill parents reported feeling involved in their child's treatment during Q2, despite the reported number of family sessions meeting the established benchmark. Clinicians were reminded to contact parents weekly in addition to a monthly session and Case Managers were given worksheets which families could complete together. These changes are believed to have contributed to the higher reported satisfaction at the end of the year.

FAMILY INVOLVEMENT

Juvenile Family Involvement Compliance

% OF COMPLIANCE

100%
80%
60%
40%
20%
0%

Q2 2014 — Q4 2014 — Q2 2015 — Q4 2015 — Q2 2016 — Q4 2016 — Q2 2017 — Q4 2017 — Q2 2018 — Q4 2018

Mathom House ——— Easton Manor ——— PATHS
Ravenhill ······· Benchmark >90%

Family Involvement refers to active parental participation in a family therapy session or case management visit. This metric has historically been measured biannually; however, it will be monitored quarterly beginning in 2019. Ravenhill's family involvement for its Juvenile Forensic Programs continued to exceed the established benchmark in 2018, though there was a slight drop in compliance in the fourth quarter due to scheduling difficulties around the holidays. All three of ECI's residential programs failed to exceed the established benchmark in 2018, primarily due to clinical turnover in Easton Manor's and Mathom House's Family Therapist position in the second quarter of year and in PATHS' Clinical Therapist position in the fourth quarter. It should be noted that Mathom House reported an increase in family involvement once a new Family Therapist was hired and, even though Easton Manor reported a lower amount of family involvement in the second half of the year than in the first half, the Family Therapist still maintained contact with parents 100% of the time whenever a family session could not occur. Similarly, 100% parents of PATHS residents received a minimum of monthly contact throughout the entire year, regardless of whether a family session was able to occur. The importance of family involvement in treatment has been reviewed thoroughly with the new clinicians and improved compliance is expected in 2019.

EDISON PREP ACADEMIC SCORES


Changes in Math & Reading Scores
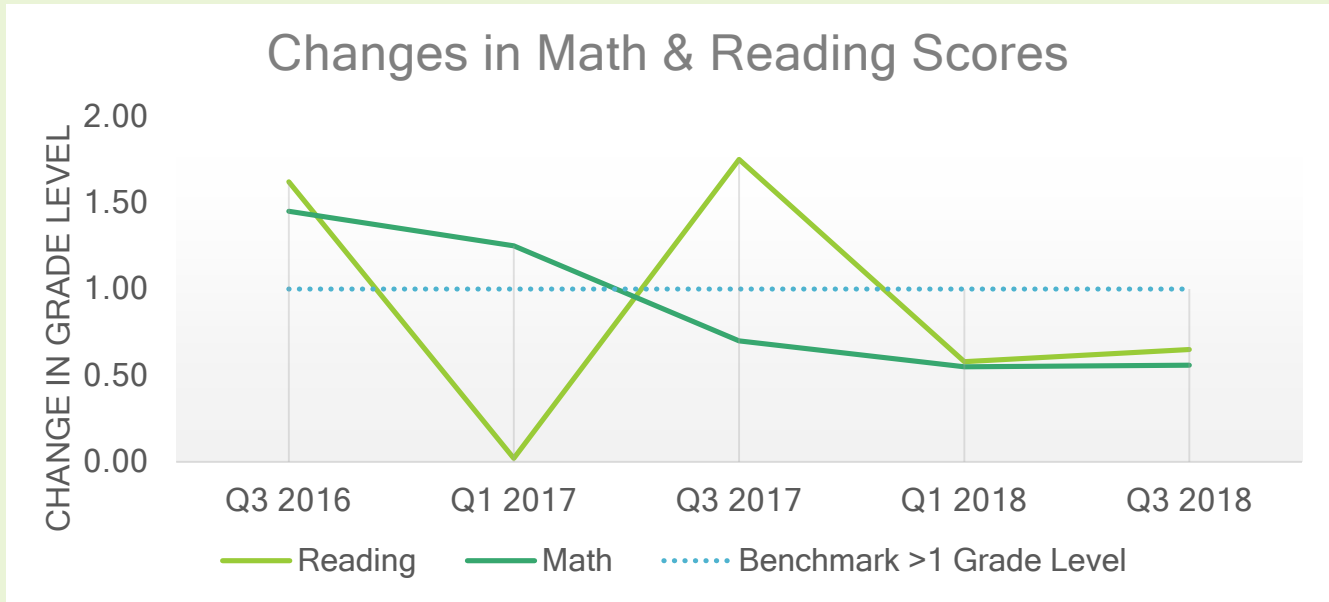
Edison Prep measures changes in Reading and Math Scores via IREADY assessments. Students are assessed in the first and third quarters of the calendar year. As a whole, students showed an improvement of just over half a grade level over a six-month period for both Reading and Math Assessments in Q1 and Q3 of 2018. While this improvement is notable, it falls short of the expectation that students will show one full grade level of improvement after six months of instruction. A goal was set to track changes in scores for individual students in the 2018-2019 academic year, rather than by grade-level or total population, however the transition to the PowerSchool system introduced barriers to reporting. It is hoped that these barriers can be overcome by the start of the 2019-2020 academic year so more meaningful inferences may be made from reported results.

CHANGE IN RISK & FUNCTIONAL STATUS

Change in Risk and Functional Status is reported annually during Q3 of the calendar year. ECI has been attempting to accurately capture this metric since 2013. Since then, efforts to comply with best practices have led to changes in reporting format and intervals, as well as changes in the types of clinical assessments being utilized. These changes continued in 2018 as the reporting format was changed once more and the BASC-3 and PROFESOR replaced the BASC-2 and DASH-13 & ERASOR respectively. While implemented for empirically sound reasons, changes to assessment tools reduced both the size of our comparative population and the length of time over which change may be observed. In addition to these complications, previously observed issues with interrater reliability and compliance with assessment administration timelines remained present in 2018 which compromise the validity of the available data.

CHANGE IN RISK - JUVENILES

% of Successfully Discharged Juveniles Showing Desired Change
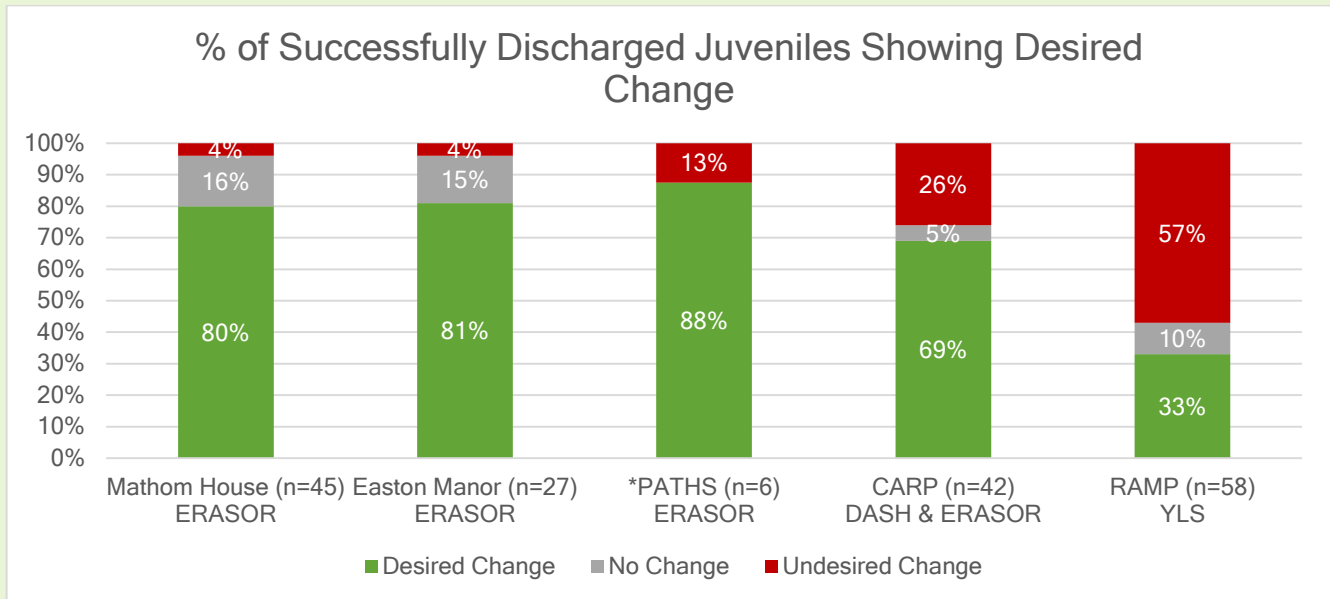
The transition to the PROFESOR from the DASH-13 and ERASOR took place in Q3 of 2018, therefore all available comparative data for residential programs and the outpatient CARP program in 2018 rely on the older assessments. All presented percentages are based on changes in scores between the first and last available assessments for successfully discharged clients, expect for the PATHS program which reported changes in scores for current residents due to its lack of available discharges. The majority of residents in all three residential programs exhibited the desired reduction in risk at the conclusion of their treatment. This holds true, to a lesser extent, for the CARP program as well. The lower percentage showing the desired change could be a result of the shorter duration of less intensive services when compared with residential programming. This means outpatient services may have a smaller impact on risk and are more heavily impacted by deviations from the established assessment administration timeline.

The YLS was selected as the risk assessment for the RAMP program because of the assessment's appropriateness for the population and the fact that the assessment is completed by probation officers. It was hoped that having an external stakeholder complete the assessments would remove rater bias that may be unintentionally present when ECI employees are assessing their clients. Unfortunately, issues with assessment collection and changes to probation's assessment timeline have made this tool both invalid and unreliable for our purposes. Ravenhill's PQI Subcommittee is considering whether to have its own staff complete the YLS or whether a new assessment would be more appropriate.

CHANGE IN RISK - ADULTS

% of Adults Showing Desired Change
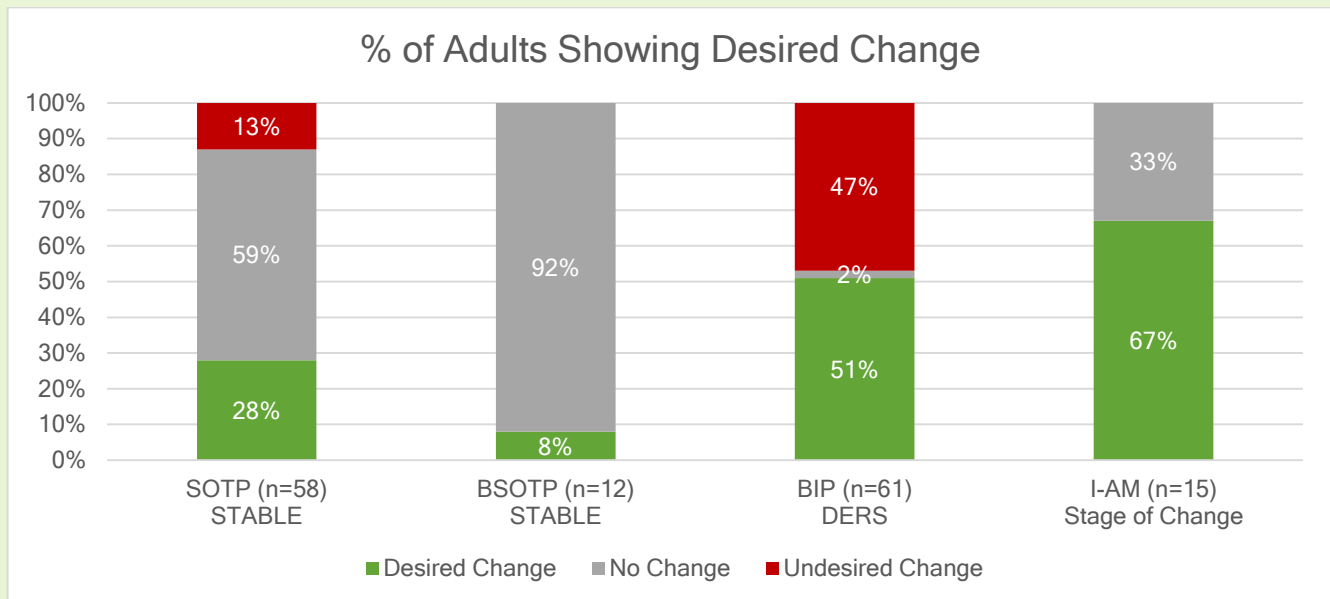
The STABLE assessment began being utilized in Q3 of 2017, therefore the most change can be observed for Sex Offender Treatment clients what took place over the past year. In some cases, the available change may only be over a six-month period. Both time intervals represent only a small fraction of the time that these clients are in treatment and the majority of current clients completed their baseline assessment after already receiving multiple years of treatment. This is undoubtedly a contributing factor to 59% of these clients showing no change between assessments. This lack of change is amplified for the Bucks Sex Offender Treatment Program which occurs over a short number of weeks within the jail setting.
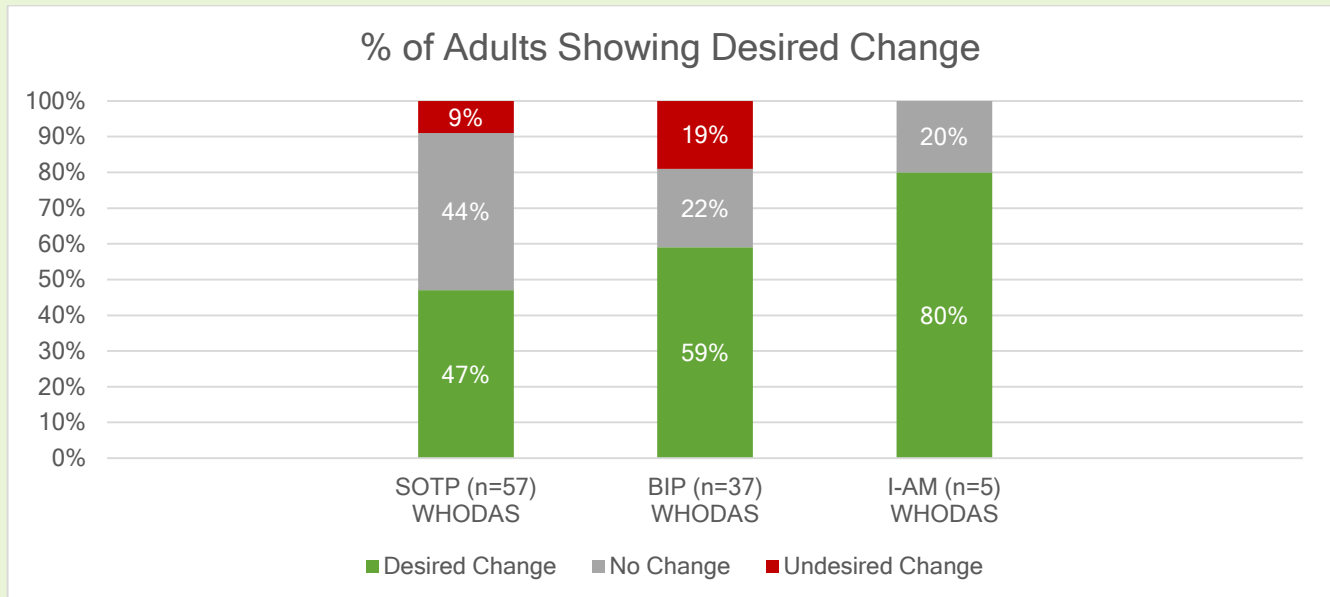
The DERS is administered at the start and end of the 26-week Batterer's Intervention Program. The short duration of this program leaves it particularly vulnerable to deviations from administration timelines which further shorten the time period over which change may be observed. These deviations could have contributed to the near even split between clients showing the desired and undesired change in risk. Future reporting will focus on successfully discharged clients, rather than total population, to see if a more desirable distribution is present.

Integrative-Anger Management clients complete treatment within 12 sessions which can occur at varying intervals. As a result, clinicians rely on changes in the clients' stage of change, rather than a clinical assessment, to assess the client's change in risk. Two thirds of clients showed the desired change while the remaining third showed no change at all. These results are notable given the incredibly short duration of the program.

CHANGE IN FUNCTIONAL STATUS - JUVENILES

All Juvenile Forensic Outpatient and Residential programs have historically utilized the BASC-2 to assess Change in Functional Status. Outpatient programs transitioned to the BASC-3 in 2017 and residential programs completed the transition in 2018. Parents of outpatient clients or residential Supervisors complete the parent version of the assessment which generates score for Internalizing Behaviors, Externalizing Behaviors, Behavioral Symptoms, and Adaptive Skills. Based on the data reviewed in 2018, this method has not proven to be reliable or valid when compared to clinical opinion of progress. With the transition to the BASC-3, the self-assessed version of the assessment began being used in addition to the parent version. It is hoped that enough comparative data will be available in 2019 to determine whether the self-assessment is a more accurate and useful tool in assessing changes in clients' functional status.

CHANGE IN FUNCTIONAL STATUS - ADULTS

% of Adults Showing Desired Change

The WHODAS 2.0 is administered at the start and end of the Batterer's Intervention and Integrative-Anger Management programs, and at six-month intervals in the Sex Offender Treatment Program. Again, the large portion of Anger Management clients showing the desired improvement in functional status is notable given the short duration of the program. Difficulties complying with assessment distribution timelines shortened the interval between assessments for some of the Batterer's Intervention clients and diminished the comparative group for both the BIP and I-AM programs. Increased oversight has been implemented and improvements in assessment distribution compliance are expected to be seen in 2019.

Once more, the extended duration of the Sex Offender Treatment Program and infrequent discharges of its clients force us to monitor change over a fraction of treatment. It is hoped that a larger portion of the observed population will show the desired change once comparisons can be made over a longer period of time.

RECIDIVISM

Recidivism is reported annually in Q2 of the calendar year and is, for ECI's purposes, defined as any convictions post-treatment resulting from acts occurring within the five-year interval following their discharge from services. In 2017, the PQI Committee determined that recidivism rates for successfully discharged clients best represents the impact of ECI's services, therefore recidivism rates for 2018 are the first to exclude recidivism for individuals who left treatment prior to completion.

In previous years, ECI relied on JCJC's database to collect recidivism data for its residential and juvenile forensic programs. In 2017, this portal was no longer accessible and the ePATCH (Pennsylvania Access to Criminal History) portal was used. ECI attempted to regain access to the JCJC database in 2018, however was unsuccessful and the ePATCH portal remained the sole source of information. Due to protections on juvenile criminal histories, recidivism rates reported after 2016 may be underrepresented if a juvenile recidivated before the age of 18. Specified state portals continued to be utilized to gather recidivism data for our adult forensic programs.

Despite limitations on data collection, ECI continues to use reported recidivism to hold itself accountable for delivering the best possible care for the sake of its clients and the safety of the community.

RESIDENTIAL RECIDIVISM

Recidivism rates for ECI's residential programs are collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for individuals successfully discharged within the previous five calendar years. A more detailed review and analysis of recidivism rates for all residents can be found in ECI's 2018 Residential Treatment Impact & Client Outcome (RTICO) report at https://edisoncourt.com/about/outcomes.

Previous versions of this report have referenced relevant sexual recidivism norms as ranging from 2% to 7.5%. It is a goal for the 2019 version of this report to provide references for cited norms to improve credibility and further hold ourselves accountable.

MATHOM HOUSE RECIDIVISM

Mathom House Recidivism by Discharge Year
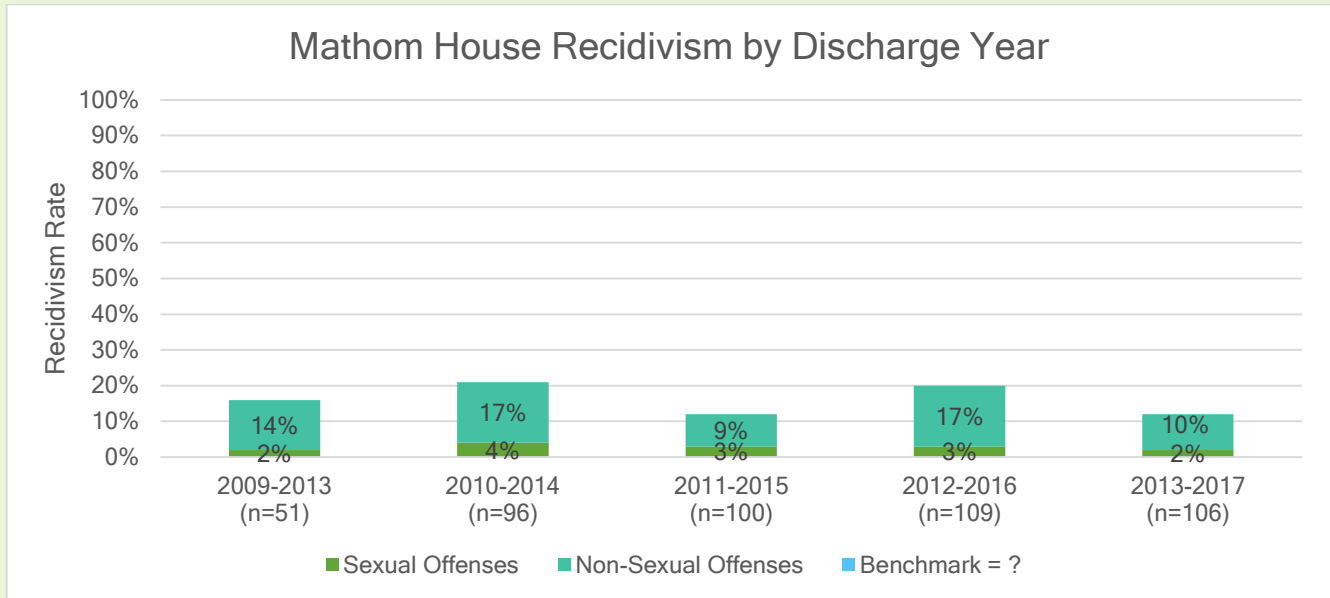
Decreases in recidivism rates reported in 2018 could be the result of previous recidivists falling outside of the monitored five-year tail, ECI's decreased access to protected juvenile records compared to previous years, and/or the exclusion of program non-completers from our sample. According to ECI's 2018 Residential Treatment Impact & Client Outcome (RTICO) report, recidivism rates were lower for individuals who completed treatment within Mathom House when compared to their peers who were discharged prior to achieving their treatment goals. Readers are referred to ECI's full 2018 Residential Treatment Impact & Client Outcome (RTICO) report at https://edisoncourt.com/about/outcomes for a more detailed analysis of Mathom House recidivism rates.

EASTON MANOR RECIDIVISM

Easton Manor Recidivism by Discharge Year
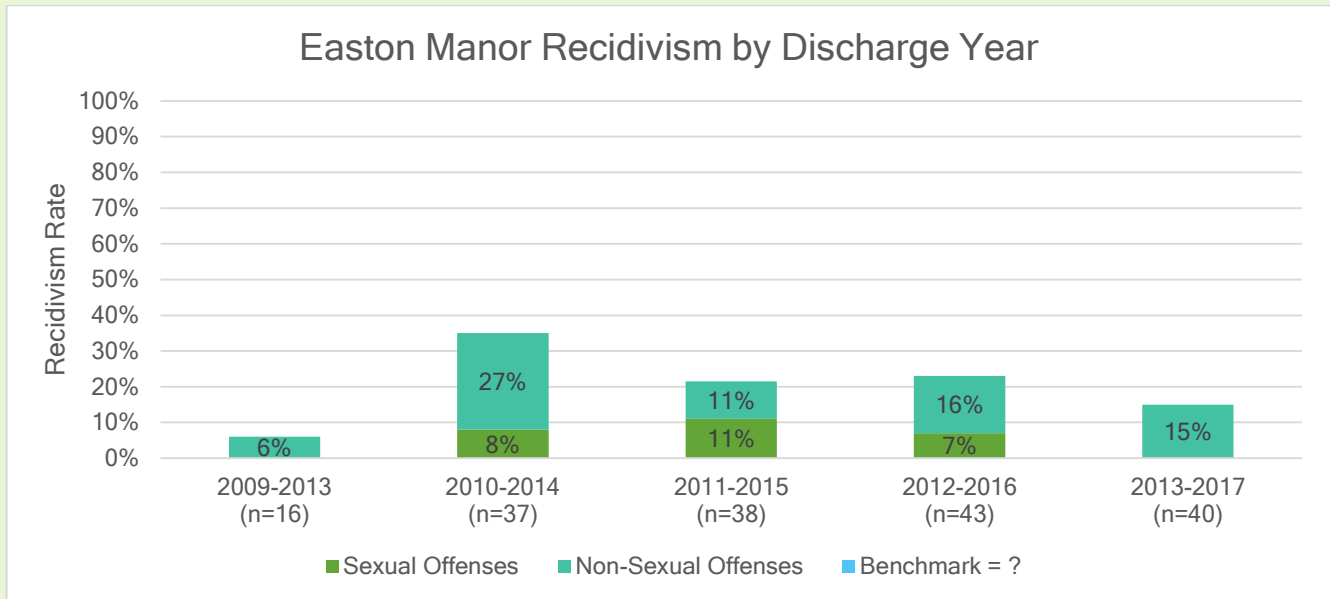
Again, decreases in recidivism rates could be the result of a genuine drop in recidivism, the exclusion of program non-completers from the sample and/or limitations in data collection. Once more, reported recidivism rates for program-completers are lower when compared to their peers who failed to complete treatment. Readers are once again referred to ECI's 2018 Residential Treatment Impact & Client Outcome (RTICO) at https://edisoncourt.com/about/outcomes for a more detailed analysis of Easton Manor recidivism rates.
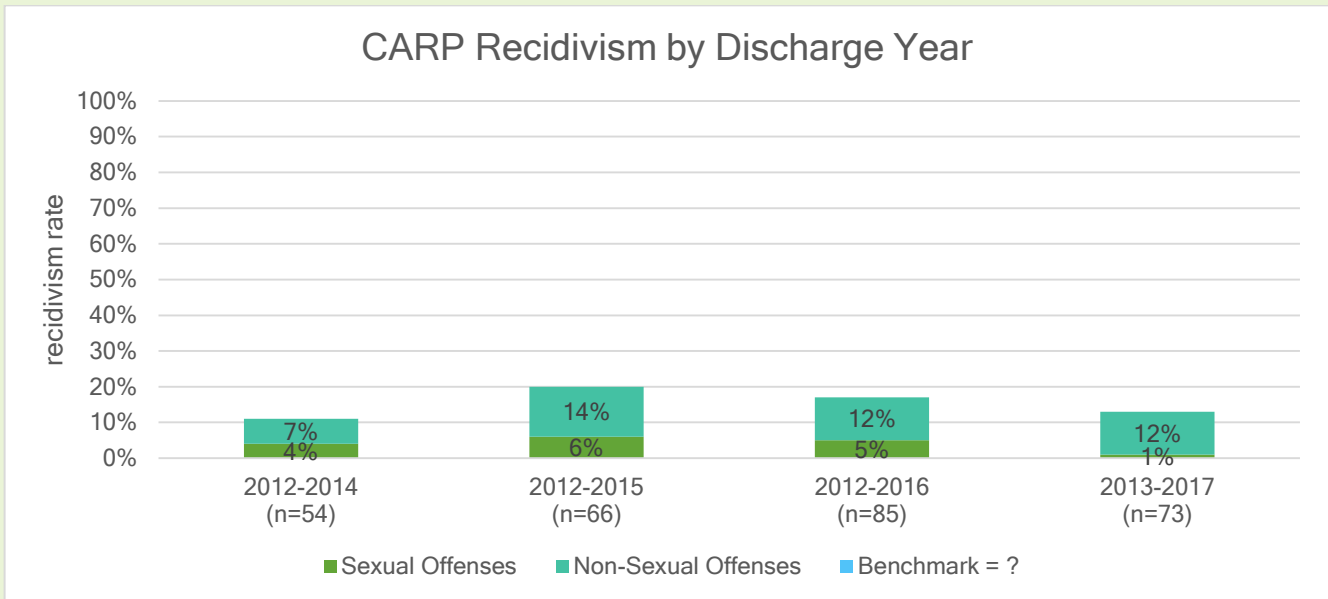
PATHS RECIDIVISM

ECI's PATHS program began providing services in 2017. Recidivism data will be collected for this program when a sufficient sample size exists.

OUTPATIENT RECIDIVISM – JUVENILES

Recidivism rates for ECI's outpatient juvenile forensic programs are collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for any individuals successfully discharged within the previous five calendar years.

Previous versions of this report have referenced relevant sexual recidivism norms for CARP and Case Management clients as ranging from 2% to 7.5%. Recidivism norms for the RAMP program have been reported as being 22% for any offense in the state of Pennsylvania. Once again, it is a goal for the 2019 version of this report to provide references for cited norms to improve credibility and further hold ourselves accountable.

CARP RECIDIVISM

CARP Recidivism by Discharge Year

recidivism rate

Year	Sexual Offenses	Non-Sexual Offenses
2012-2014 (n=54)	4%	7%
2012-2015 (n=66)	6%	14%
2012-2016 (n=85)	5%	12%
2013-2017 (n=73)	1%	12%

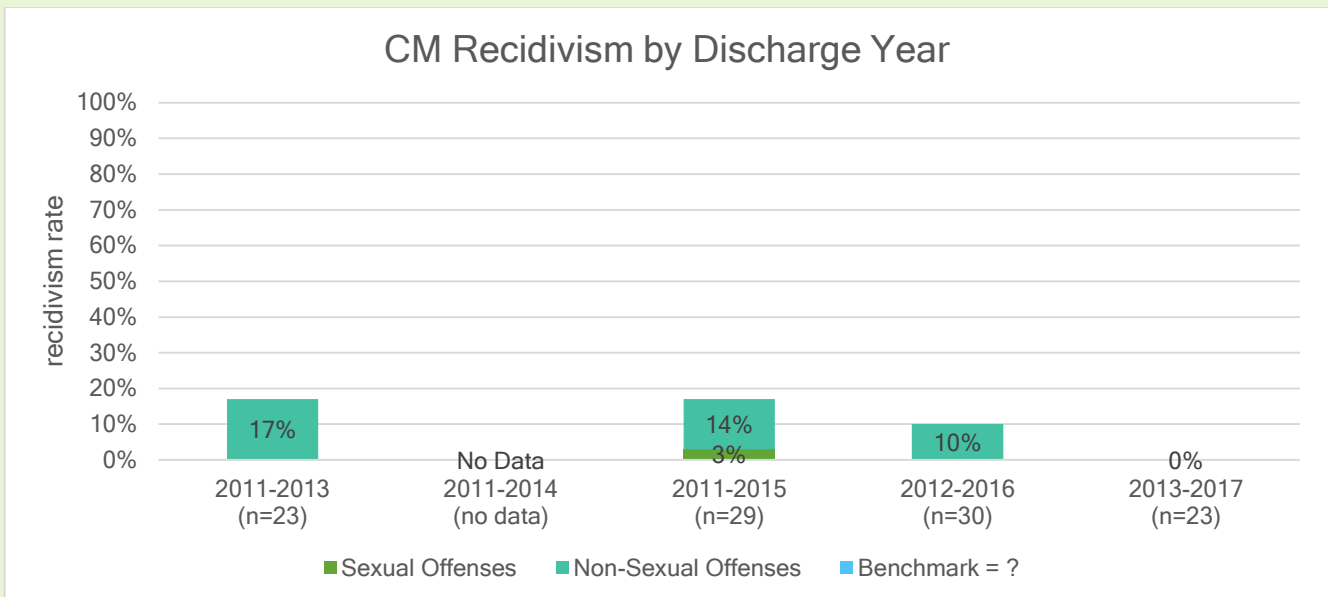■ Sexual Offenses   ■ Non-Sexual Offenses   ■ Benchmark = ?

Ravenhill's Community Adjustment & Reintegration Program (CARP) was initiated in 2012. In 2018, the CARP program saw a decrease in sexual recidivism and maintenance of nonsexual recidivism compared to the previous year. The reported sexual recidivism rate for 2018 is the lowest that has been reported since this metric was first monitored in 2014. While this is certainly a desired trend, the decreased rate could be influenced by the previously mentioned barriers to data collection and changes to the sample population compared to previous years.

2018 was also the first year that recidivism rates for Ravenhill's Community Accountability and Recidivism Prevention- Intensive Diversion Program (CARP-ID), were separated from the CARP program. Recidivism rates for the seven reviewed cases were 0% for both sexual and non-sexual offenses.

Additionally, recidivism rates were collected for juveniles referred only for forensic outpatient therapy. A 0% recidivism rate was reported for the five reviewed cases. A more detailed analysis of CARP-ID and Juvenile Forensic Therapy recidivism rates will be provided when a larger sample exists.

CASE MANAGEMENT RECIDIVISM

CM Recidivism by Discharge Year

recidivism rate

Year	Sexual Offenses	Non-Sexual Offenses
2011-2013 (n=23)		17%
2011-2014 (no data)	No Data	
2011-2015 (n=29)	3%	14%
2012-2016 (n=30)		10%
2013-2017 (n=23)		0%

■ Sexual Offenses   ■ Non-Sexual Offenses   ■ Benchmark = ?

Ravenhill's Case Management services began in 2011 and have primarily been provided to juveniles who exhibit sexual offending behavior, though the services are available to a wide array of clients. This is the first year that a rate of 0% recidivism for both sexual and non-sexual offenses was reported for this program. Though clinical interventions are believed to have contributed to this desired trend, readers are asked to, once more, consider the impact of ECI's removed access to protected juvenile records and changes to sample selection on reported recidivism rates.
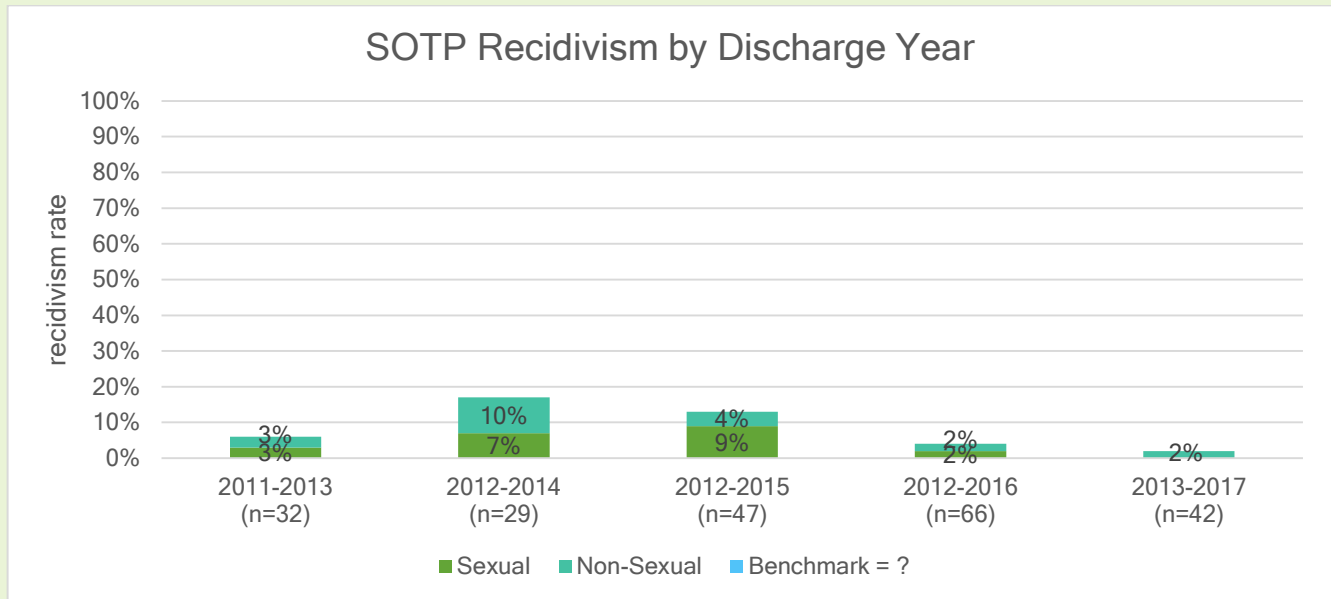
RAMP RECIDIVISM
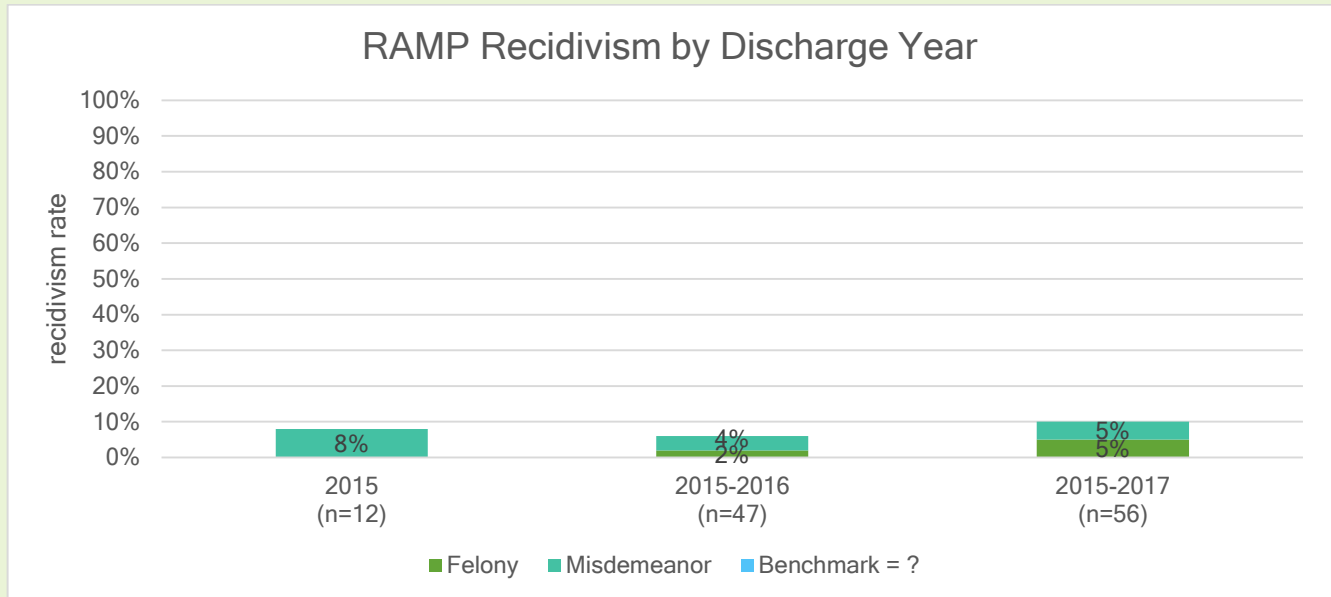
Ravenhill's Accountability & Mentoring Program (RAMP) began in 2015 and offers intensive and individualized mentoring services to juveniles who have been adjudicated delinquent but remain in the community. The program is 26 weeks in length and serves a wide variety of offenders. Because of this variability, recidivism rates are broken down by felony vs. misdemeanor rather than treatment-related and non-treatment-related offenses. As with previous categories, readers are asked to consider the impact of changes to data collection and sample criteria when reviewing 2018's reported recidivism. The increase in reported recidivism for both felonies and misdemeanors suggests that relevant data is still being collected, despite the previously identified barriers.

OUTPATIENT RECIDIVISM - ADULTS

Recidivism rates for ECI's outpatient adult forensic programs are collected annually via the Pennsylvania Judiciary Web Portal (https://ujsportal.pacourts.us) for any individuals successfully discharged within the previous five calendar years.

SOTP RECIDIVISM

SOTP Recidivism by Discharge Year

recidivism rate

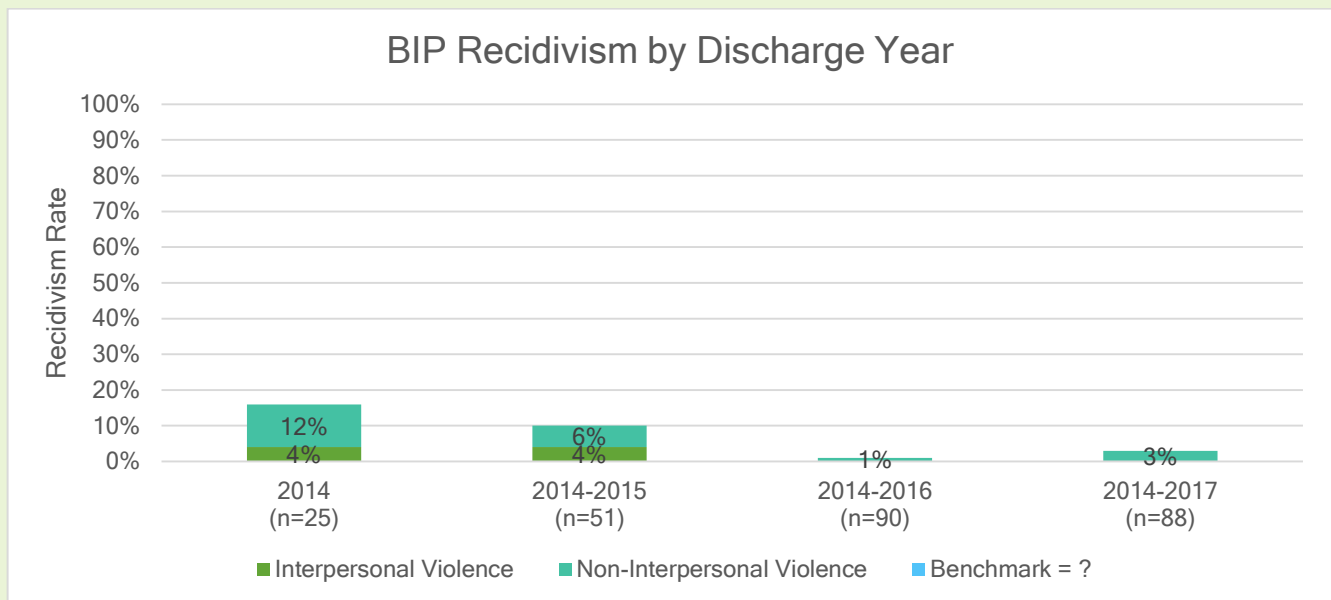| 2011-2013 (n=32)	2012-2014 (n=29)	2012-2015 (n=47)	2012-2016 (n=66)	2013-2017 (n=42)
3% / 3%	10% / 7%	4% / 9%	2% / 2%	2%

■ Sexual ■ Non-Sexual ■ Benchmark = ?

Recidivism data for Ravenhill's Sex Offender Treatment Program (SOTP) has been collected since 2014. Decreases in recidivism rates have been reported since 2016 and are at least partially due to changes in programing. The decreased recidivism rates reported in 2016 and 2017 are likely the result of the same number of recidivists representing a smaller portion of the whole as the sample size grew. Conversely, the decreased recidivism reported in 2018 is due to a smaller number of recidivists being included in the sample as a result of their discharge date falling outside of the five-year reporting period, or exclusion from the sample for being discharged prior to treatment completion.

Previous versions of this report have referenced sexual recidivism norms for this population as being 19% for rapists and 13% for child molesters. Additionally, total recidivism norms have been reference as 46% for rapists and 37% for child molesters. Once more, it is a goal for the 2019 version of this report to provide references for cited norms to improve credibility and accountability.

BIP RECIDIVISM

BIP Recidivism by Discharge Year

Recidivism Rate

2014 (n=25)	2014-2015 (n=51)	2014-2016 (n=90)	2014-2017 (n=88)
12% / 4%	6% / 4%	1%	3%

■ Interpersonal Violence ■ Non-Interpersonal Violence ■ Benchmark = ?

Ravenhill's Batterer's Intervention Program (BIP) was one of two programs which showed an increase in recidivism compared to the previous year. This rise could be the result of new recidivists being included in the

sample, and/or known recidivists representing a larger portion of the sample after the removal of unsuccessful discharges.

Previous versions of this report have referenced relevant recidivism norms for this population as being 17% to 37% for interpersonal violence and 26% for any type of recidivism. As stated before, it is a goal for the 2019 version of this report to provide references for cited norms to improve credibility and accountability.

I-AM RECIDIVISM
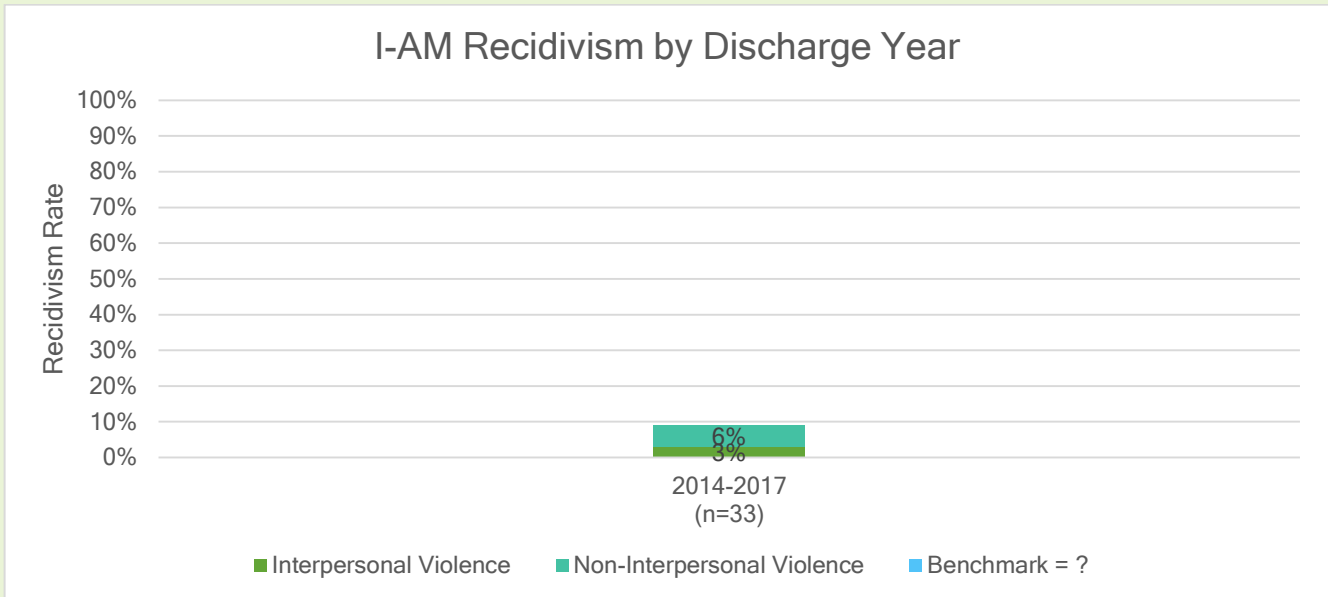
This was also the first year that recidivism rates for Ravenhill's Integrated-Anger Management program were collected. For the 33 cases reviewed, there was a 3% rate of recidivism for treatment-related offenses and a 6% recidivism rate for non-treatment related offenses. A more detailed analysis of these recidivism rates will take place when comparative data exists between reporting years.
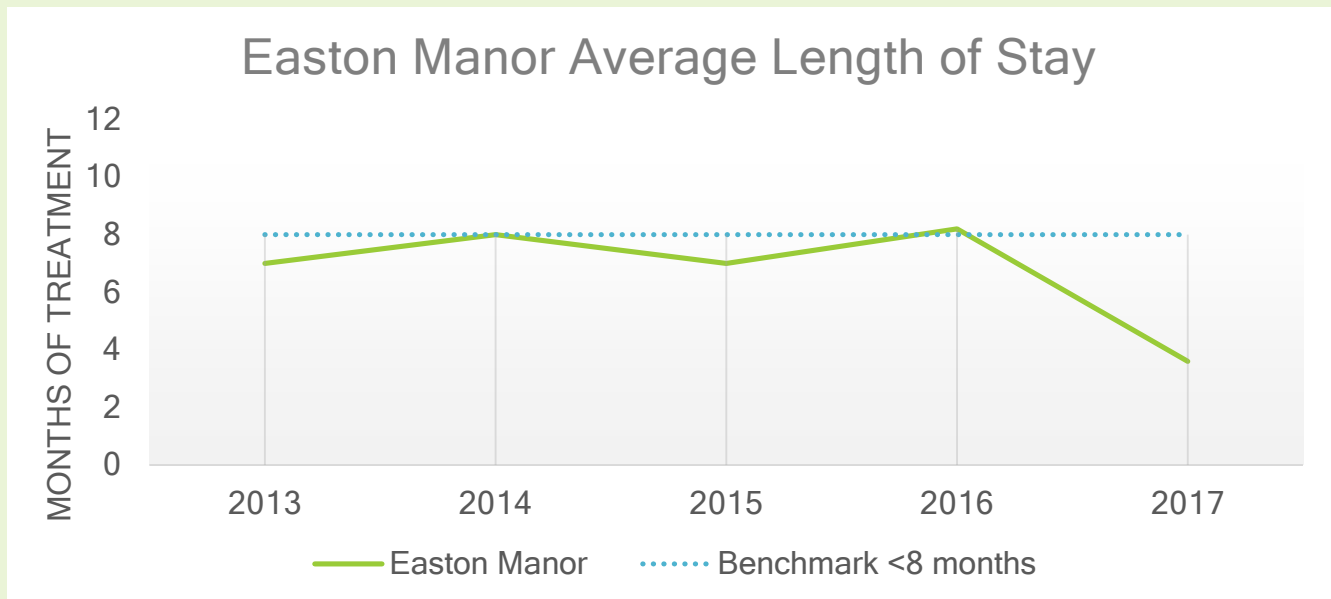
LENGTH OF STAY

ECI remains attentive to the average length of stay in our residential programs with the goal of providing the most effective and efficient treatment possible. We understand the importance of clients receiving care in the least restrictive environment while balancing the importance of community safety. ECI routinely evaluates its process of implementing best practices and adjustments are made whenever necessary to ensure clients only remain in our residential programs until their identified treatment goals are attained.   Length of Stay is reported annually during the first quarter of the calendar year and is based on the average length of stay for all residents who were successfully discharged during the previous year.

MATHOM HOUSE LENGTH OF STAY

Mathom House Average Length of Stay
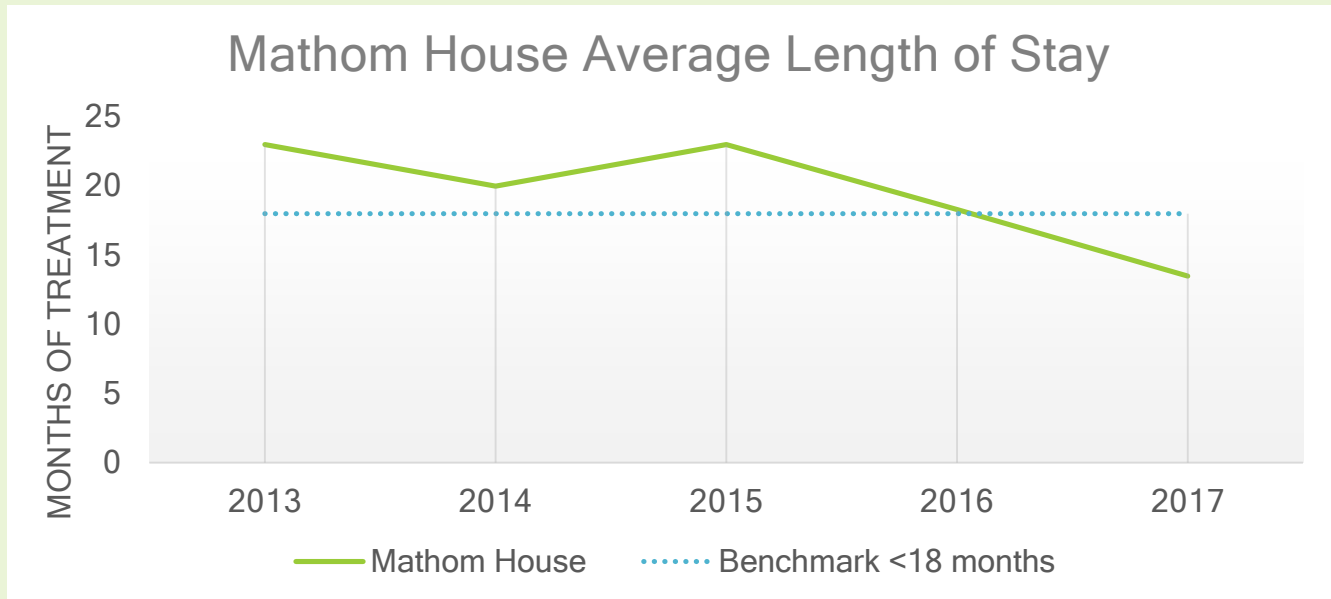
2017 was the first year that the average length of stay for residents successfully discharged from Mathom House fell below established benchmark of 18 months. Changes in curriculum are credited with contributing to the drop from a 23-month average length of stay in 2015 to the 13.5-month average reported in 2017. A "typical" length of stay at Mathom House is usually described as 12 to 18 months; therefore it is not believed that the observed shorter stays are correlated with any decrease in the quality of services delivered at Mathom House.

EASTON MANOR LENGTH OF STAY

Easton Manor Average Length of Stay

Easton Manor also displayed a dramatic decrease in length of stay compared to previous years, with the average length of stay dropping from 8.2 months in 2016 to 3.6 months in 2017. It is believed that this drop was more likely due to a change in how referral sources view Easton Manor, rather than a change in curriculum. Recently, Easton Manor has been utilized as a "steppingstone" from Mathom House as residents are transitioned back into the community, rather than its own entity. While this decrease is not necessarily associated with a decrease in the quality of service delivery, it was determined by the PQI Committee that 3.6 months is not long enough for residents to achieve the treatment goals associated with a traditional Easton Manor stay. It was suggested that referral sources be re-educated on the purpose Easton Manor which was originally intended as an independent-stay, rather than interim-stay, facility. The Committee also recommended

that future length of stay data for Easton Manor be broken down by track (independent-stay vs. interim-stay) to see if the monitored decreased length of stay is truly isolated to residents who transition from Mathom House.

PATHS LENGTH OF STAY

Only one client was successfully discharged from the PATHS program in 2017. This client's stay was less than three months and atypical since ECI was continuing services which were started at PATHS before that program was an entity of ECI. This measure will continue to be monitored and appropriate metrics will be reported when available.

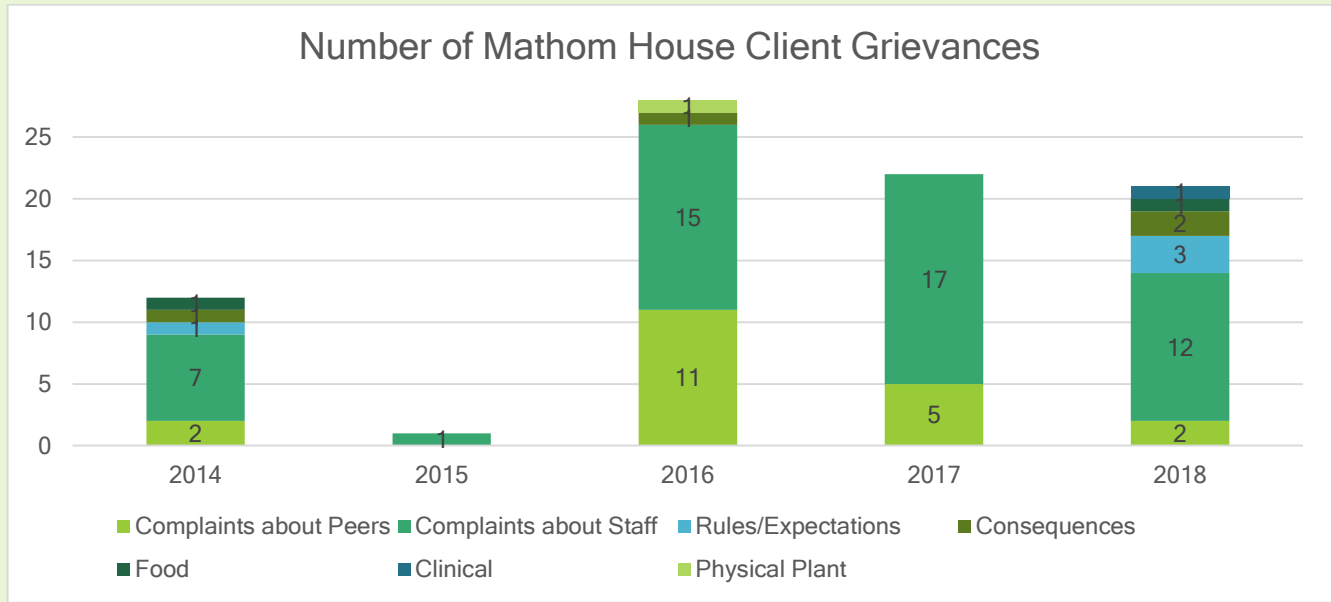# STAKEHOLDER SATISFACTION
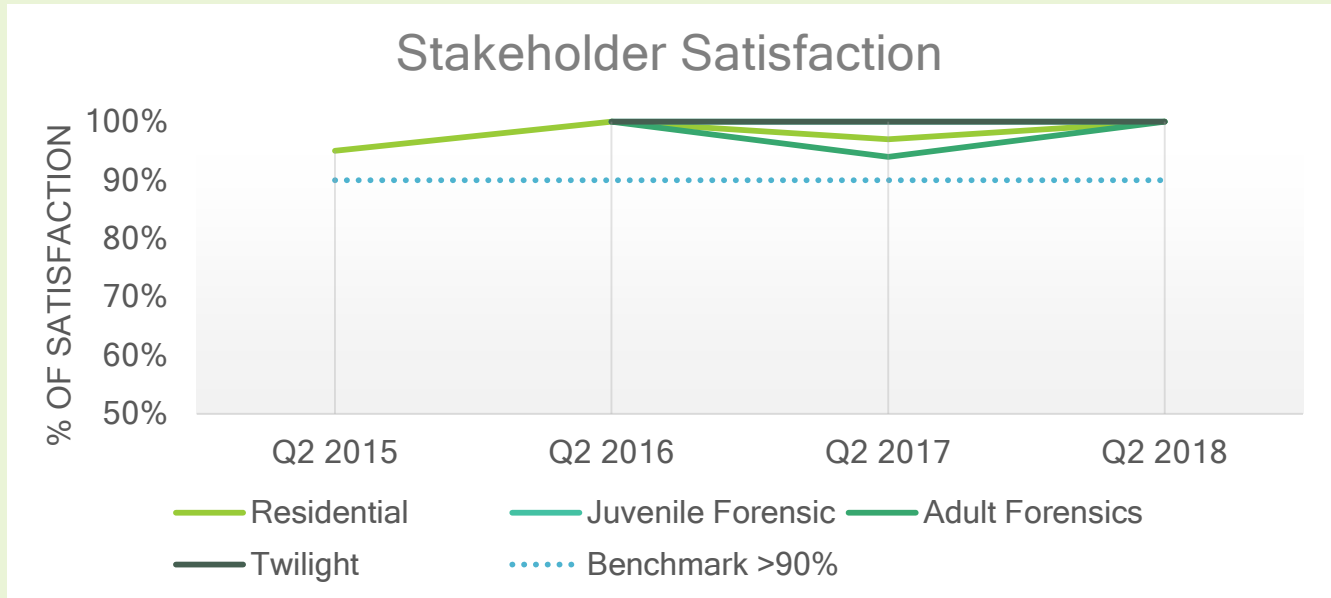
In 2015, we began more formally assessing stakeholder satisfaction through surveys distributed to referral sources including Probation Officers and county Child Welfare Caseworkers.   Stakeholder Satisfaction continued to exceed the established benchmark in 2018, with all programs reporting 100% satisfaction. Efforts to provide exceptional service and care will continue in 2019 with the expectation that these satisfaction rates will be maintained.
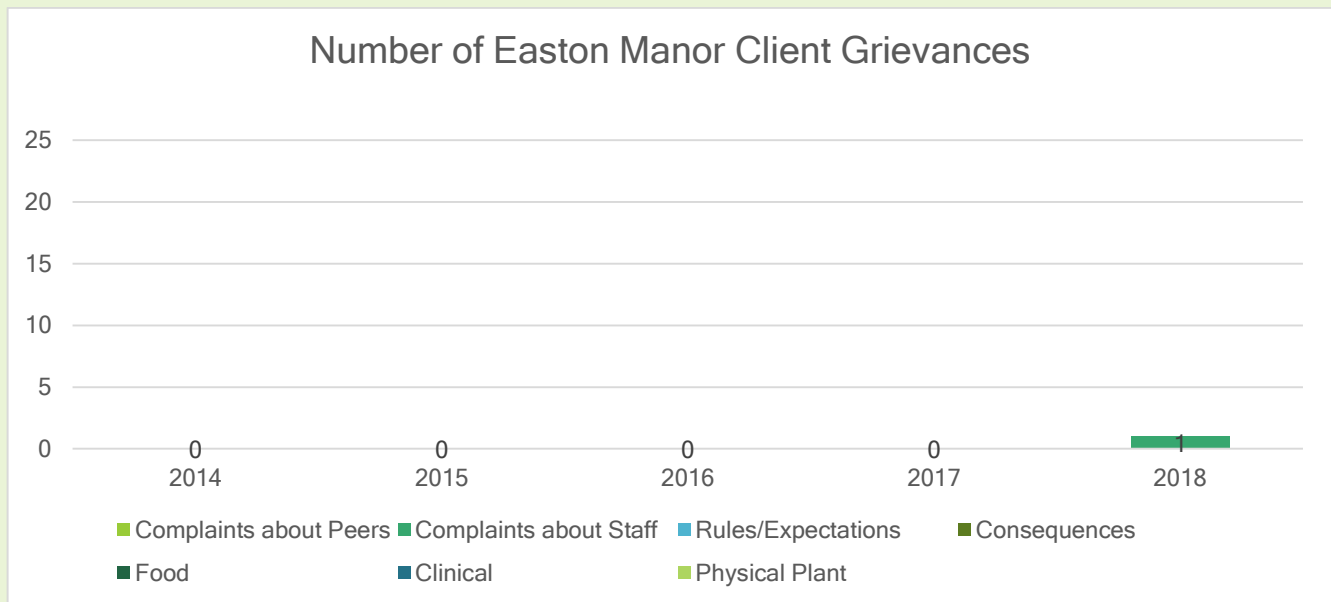
COMPLAINTS & GRIEVANCES

Consistent with our values, we honor the voice of the client and their family, therefore providing us another opportunity to improve services. In 2018, ECI received 21 client grievances from Mathom House residents, one grievance from an Easton Manor resident, and three grievances from PATHS residents. No formal grievances were filed by clients' families, employees, or clients in any of the ECI's outpatient programs in 2018.

MATHOM HOUSE COMPAINTS & GRIEVANCES

Number of Mathom House Client Grievances

Legend: Complaints about Peers, Complaints about Staff, Rules/Expectations, Consequences, Food, Clinical, Physical Plant

The total number of formal grievances filed at Mathom House decreased by one compared to 2017, though a wider array of complaints were filed in 2018. Most grievances were resolved by addressing miscommunications or reeducating staff and residents about proper policies and procedures, however corrective action was taken to address peer bullying, facility cleanliness, staff's proper handling of resident medications, and residents' medical appointment scheduling.

EASTON MANOR COMPAINTS & GRIEVANCES

Number of Easton Manor Client Grievances

Legend: Complaints about Peers, Complaints about Staff, Rules/Expectations, Consequences, Food, Clinical, Physical Plant

One formal client grievance was filed in at Easton Manor in 2018 and was the first complaint filed in the monitored five-year period. The grievance was filed in relation to a staff member's use of foul language and was resolved after a supervisory discussion with that employee.

PATHS COMPAINTS & GRIEVANCES

Number of PATHS Client Grievances
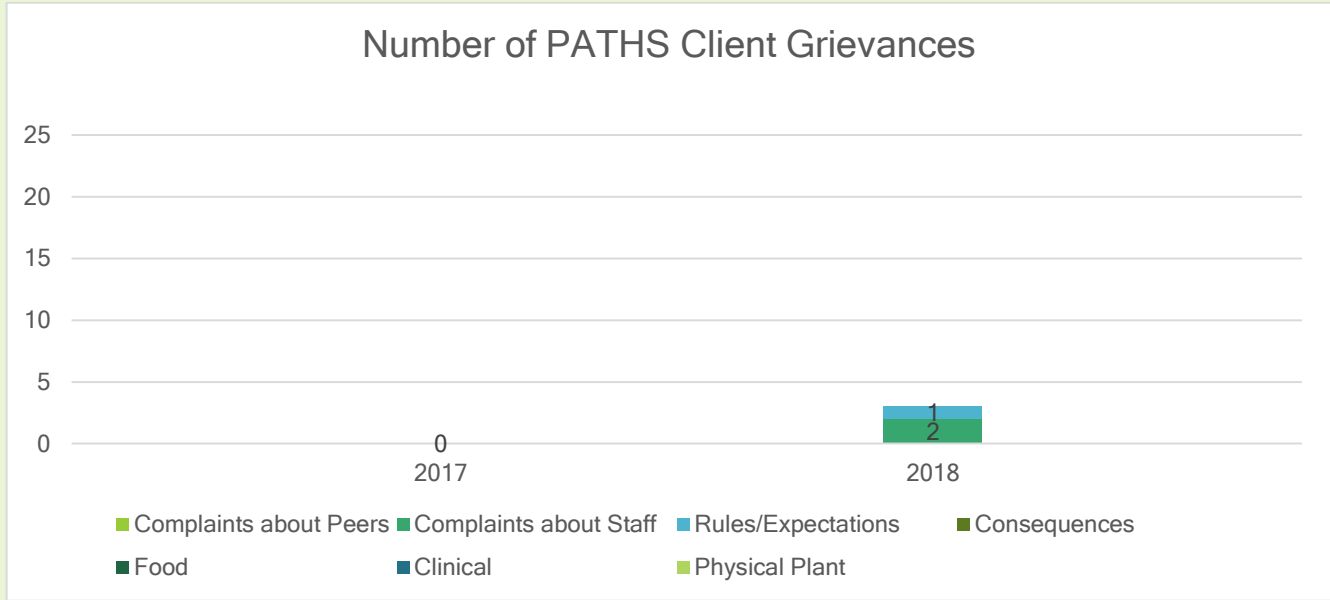
Three formal grievances were filed by PATHS residents in 2018. One was filed impulsively after a resident received a negative consequence and the resident was apologetic after its submission. Another grievance was filed due to a staff member's use of foul language and was resolved after a supervisory discussion with that employee. The remaining grievance related to enforcement of PATHS' bathroom policy which led to a discussion with all staff members about proper procedures.

SAFETY & SECURITY

To ensure clients at ECI are receiving services within a safe environment rooted in Trauma Informed Care, we have adopted a variety of client-driven and informed measures. This section of the report provides a brief overview of the measures we use to ensure we are establishing, maintaining, and encouraging a safe environment in which our clients receive services. An agency-wide Safety Committee meets monthly to review potential safety risks, discuss relevant incidents, and implement plans of action to mitigate or remediate such risks.

SENSE OF SAFETY

Surveys related to clients' perceived Sense of Safety have been administered twice annually since 2013 for residential clients and since 2014 for clients in our outpatient programs. This measure is continuously a top priority for ECI as it strives to provide the safest possible environment in which our clients may focus on their emotionally intense treatment goals.

RESIDENTIAL SENSE OF SAFETY
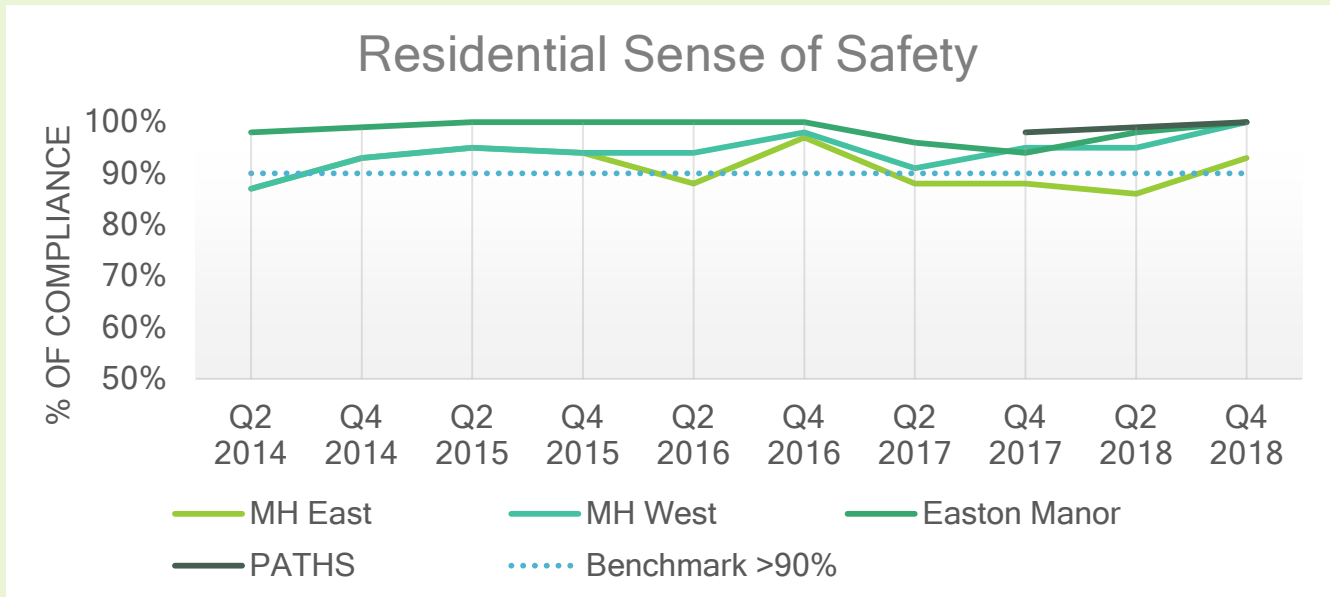
Residential Sense of Safety assessments evaluate residents' sense of physical, psychological, social, and moral safety in ECI's residential programs. The East Side of Mathom House was the only population to report a sense of safety below the established benchmark in the second quarter of 2018; however improvement efforts led to the program exceeding the established benchmark by the end of the year. Improvement efforts in 2018 addressed behavioral issues with select residents who were making their peers feel unsafe; reeducated staff on proper monitoring protocols, particularly when visual barriers exist (ex. stairwells require a staff member posted at the bottom and top of stairs while residents pass through); reeducated residents on the difference between grooming and pro-social relationships with their peers, and reminded them that positive pro-social relationships are always encouraged; reviewed anti-bullying programming with staff and reeducated them on proper procedures for dealing with difficult residents without becoming overly reactive or emotional themselves; emphasized the importance of consistent rule enforcement with staff members in order to comply with best practice and reduce perceived favoritism; improved the level and timeliness of follow-up to residents' grievances, regardless of the outcome of an investigation; and addressed issues with facility cleanliness.

OUTPATIENT SENSE OF SAFETY
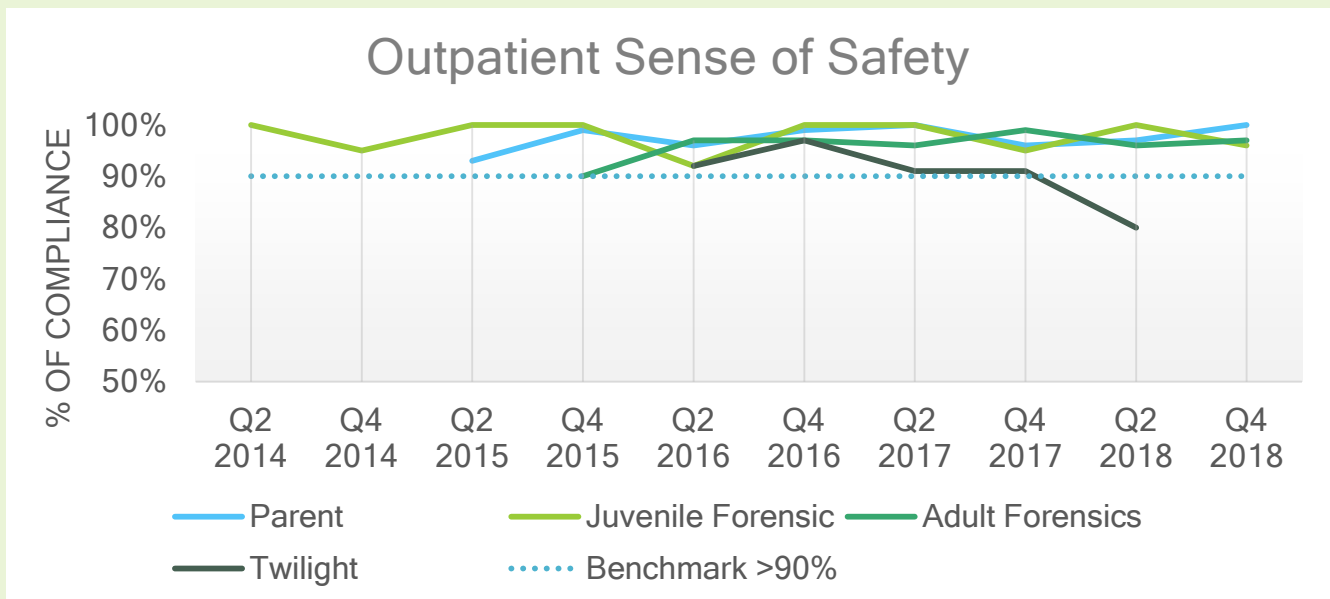
Surveys related to clients' comfort within Ravenhill's therapeutic and professional relationships and settings were administered in the second and third quarters of 2018. Three out of the four measured outpatient populations continued to perform above benchmark for this measure in 2018. This was the first quarter that any outpatient program scored below benchmark for this measure since it was first monitored in 2014. Despite this low reported sense of safety for the Twilight program, that program was not be continued in the 2018-2019 academic year and therefore no corrective action was taken. Though overall sense of safety in Ravenhill's other programs exceeded the established benchmark, concerns with clients' comfort expressing questions or dissatisfaction were addressed. Staff members were reminded to encourage clients to express feelings freely and to provide them with contact information for the Director of Ravenhill so it may be used if and when a client may need to voice a concern about their therapist or case manager.
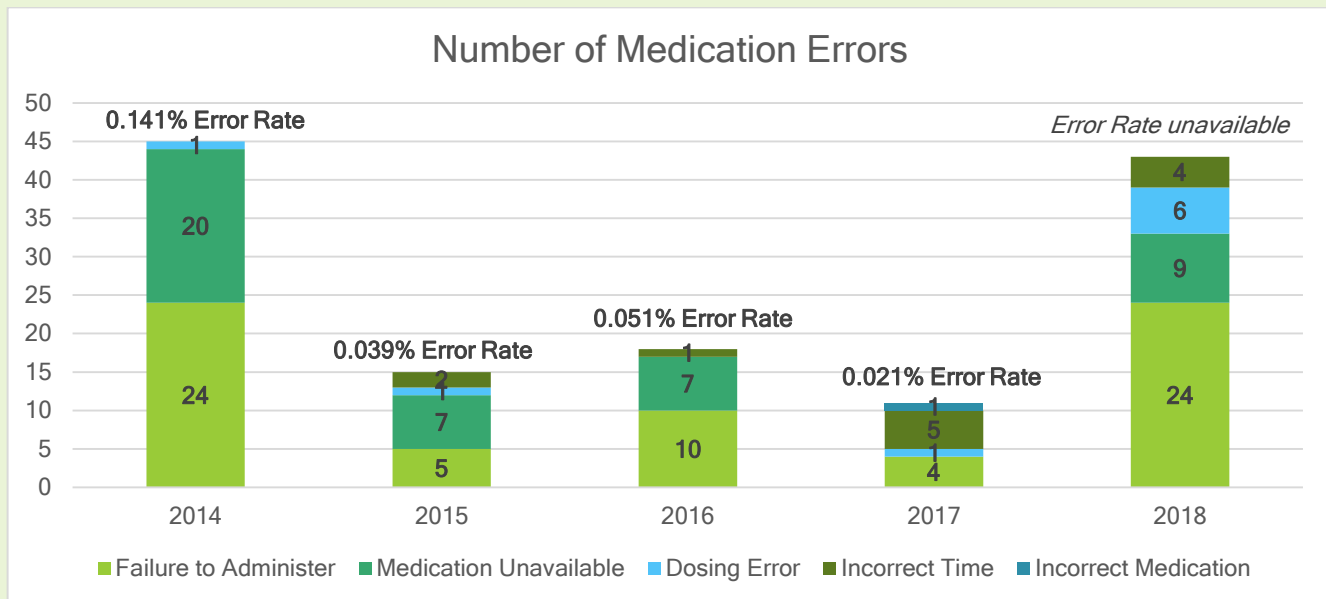
RESTRAINTS
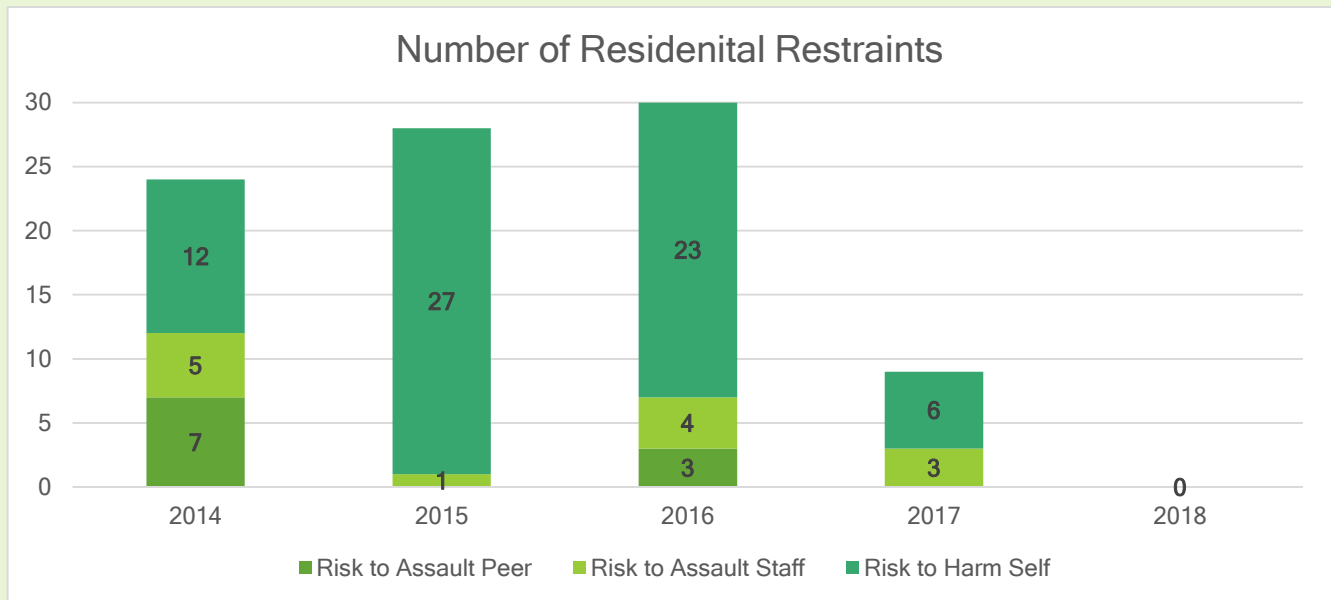
Quarterly, ECI's Performance and Quality Improvement Committee analyzes restraint data to determine any trends or patterns. In 2017, there was a dramatic drop in the number of restraints compared to previous years, an accomplishment which was credited to an improved screening process for referrals and the implementation of Managing Aggressive Behavior (MAB) methods for crisis intervention. These practices continued through 2018 and resulted in **no physical restraints** taking place in any of ECI's residential programs during the entire year. This is longest absence of physical restraints that has been reported since the metric began being monitored in 2013 and is a testament to employees' skilled application of best practice.

RESIDENTIAL SAFETY RELATED INCIDENTS

Providing a safe and secure environment in which our clients receive treatment is a fundamental priority. We have selected medication errors, emergency room care, self-injurious behavior, and sexual misconduct as the most significant safety-related incidents to monitor and address, as necessary.

MEDICATION ERRORS

Number of Medication Errors

0.141% Error Rate — 2014

Error Rate unavailable — 2018

0.039% Error Rate — 2015

0.051% Error Rate — 2016

0.021% Error Rate — 2017

Legend: ■ Failure to Administer ■ Medication Unavailable ■ Dosing Error ■ Incorrect Time ■ Incorrect Medication

There was a dramatic increase in medication administration errors during 2018 compared to previous years. The 43 errors that occurred in 2018 nearly quadrupled the 11 errors which occurred in 2017 and was just shy of ECI's peak of 45 errors seen in 2014. While increased censuses compared to 2017 *(readers are referred to the "Bed Utilization" section of this report for further details)* and/or an increase in residents' prescribed medications may have increased the number of total medication administrations that took place in 2018, few inferences can be made to its impact since discontinued medications were not properly removed from clients' electronic Medication Administration Record (eMAR) and inflated the total number of medication administrations which were reported by ECI's electronic health records (EHR). Without an accurate total number of administrations, no error rate can be calculated for 2018. Proper eMAR workflows have been reviewed with applicable staff members and more stringent monitoring methods are actively being implemented to catch and prevent these documentation errors in the future.

Over half of the 24 instances of "Failure to Administer" a prescribed medication were due to staff forgetfulness (11 errors) or the resident not being available at the time of administration (5 errors). There were three incidents where a prescribed medication was not included in the residents' eMAR, and two more where students failed to go to the school nurse to receive their mediations when outside of ECI's grounds. The remaining three errors were the results of a medication getting stuck to the cup in which it was delivered to the resident, a resident dropping a medication, and another medication being stored in the wrong bin.

Seven of the nine classified as "Medication Unavailable" were due to the prescribed medication not being delivered by the pharmacy in time for administration. The remaining two errors were the result of a resident leaving his medication at home while on a home pass.

Five of the six "Dosing Errors" in 2018 were the results of staff error. The remaining error was due to the pharmacy provided an improperly portioned blister pack.

All four medications administered at the "Incorrect Time" were the result of prescribed morning medications being administered with afternoon medications or visa versa.

ECI's Director of Compliance conducted trainings with all applicable residential staff in 2018 to address the elevated number of errors. Additionally, each residential PQI Subcommittee implemented their own quality improvement plans which included re-educating staff and reducing distractions during administration times.

EMERGENCY ROOM/URGENT CARE VISITS

Number of Emergency Room/Urgent Care Visits
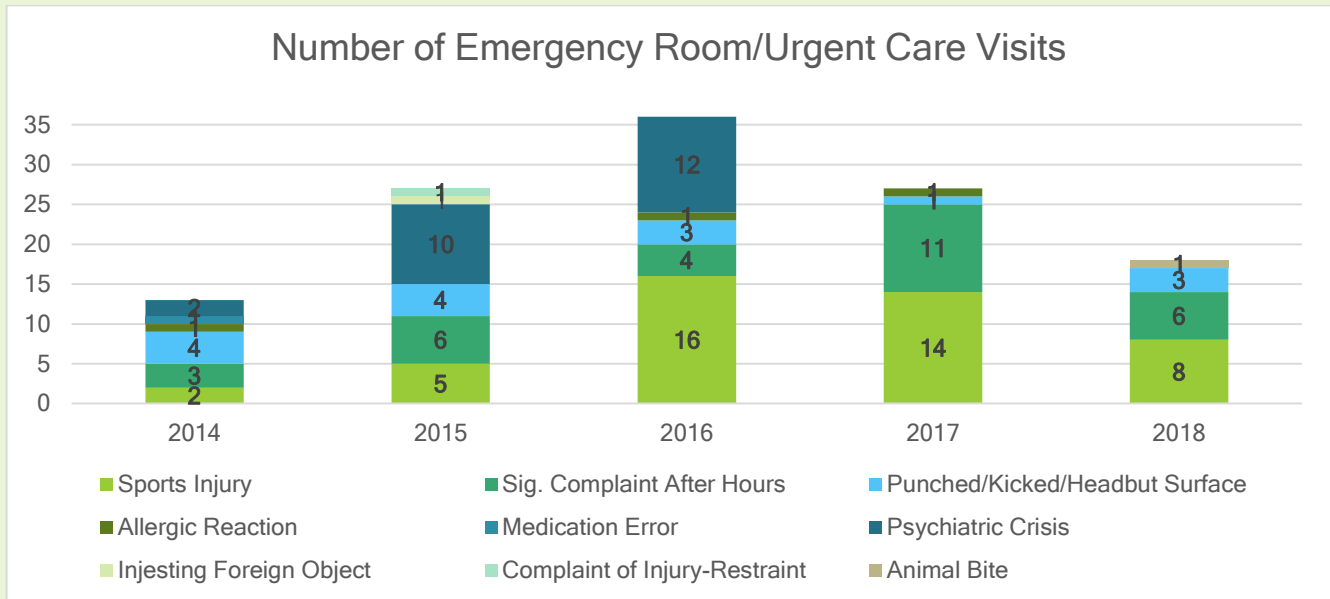
Without medical personnel on site, our residential programs rely on the local hospital or urgent care center for emergency and/or after-hours medical concerns. All incidents requiring services through the emergency room or urgent care were determined to be consistent with the residential level of care and clientele. Sports injuries and complaints after hours continued to account for the majority of emergent and urgent care visits in 2018, however ECI saw a decrease in these and its total number of visits compared to the last three previous years. Incidents were addressed in a timely manner and according to program policy in order to ensure the safety of all involved. The PQI Committee and Subcommittees will continue to assess the number and reasons for emergency room and urgent care visits in efforts to further this negative trend in 2019.

SELF-INJURIOUS BEHAVIOR

Number of Incidents of Self-Injurious Behavior
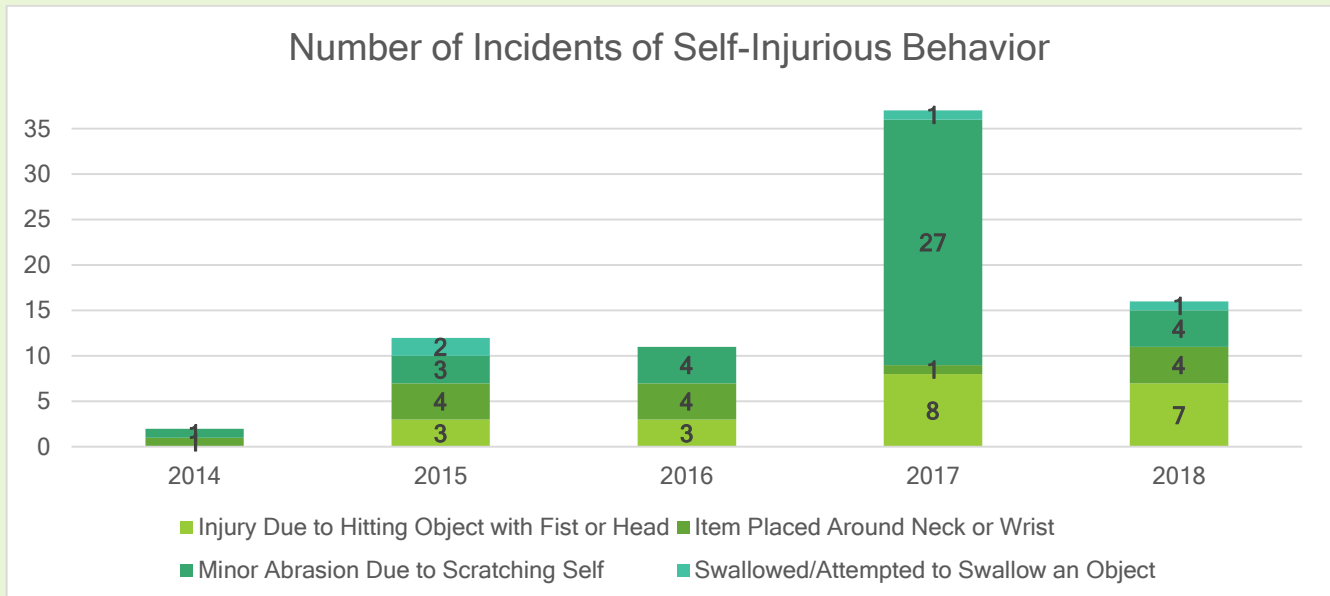
The number of incidents of self-injurious behavior in 2018 was less than half of the number reported in 2017. Though the 16 incidents of self-harm expressed by nine Mathom House residents is still the second highest reported since ECI began monitoring the metric, the significant decrease compared to the previous year is made more impressive when considering that zero restraints took place in 2018. This means that 100% of the decrease was due to a decrease in residents' desire to self-harm, their implementation of appropriate coping skills, and/or staff's proper implementation of verbal, rather than physical, de-escalation techniques. Proper

training of staff in appropriate clinical and behavioral interventions will continue in 2019 to ensure the safety of ECI's residents and further reduce incidents of self-harm in the coming year.

Sexual Misconduct
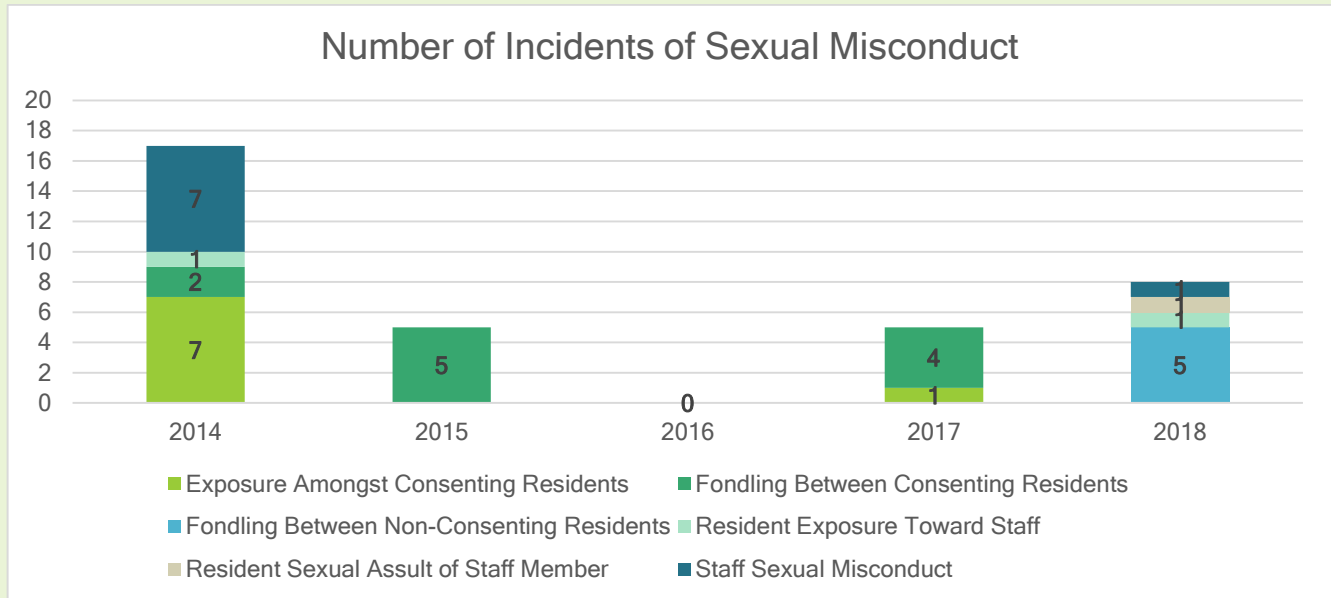
The number of incidents of sexual misconduct continued to rise in 2018. The eight incidents which occurred are the highest reported since 2014. The focus of our residential clients' treatment combined with our use of therapeutic polygraph examinations leads to a higher likelihood of discovering such behaviors. Each incident was investigated, and individualized corrective action plans were implemented in a timely manner, however high staff turnover continues to impede ECIs attempts to proactively prevent such incidents from occurring. ECI will continue to prioritize employee retention and training to ensure all staff members are able to identify risks, practice appropriate boundaries, and prevent similar occurrences in the future.

PRISION RAPE ELIMINATION ACT (PREA) STATISTICS

In December 2013, ECI began implementation of comprehensive ZERO Tolerance policies to ensure compliance within our residential programs with the Federal Prison Rape Elimination Act (PREA) and its Juvenile Standards. We successfully underwent our first PREA audit in March 2014, resulting in Mathom House and Easton Manor becoming the first juvenile programs in the state of Pennsylvania to obtain the designation of being PREA Compliant. In February of 2017 ECI underwent its second PREA audit where we, again, met or exceeded all established standards for PREA Compliance.

MATHOM HOUSE PREA STATISTICS
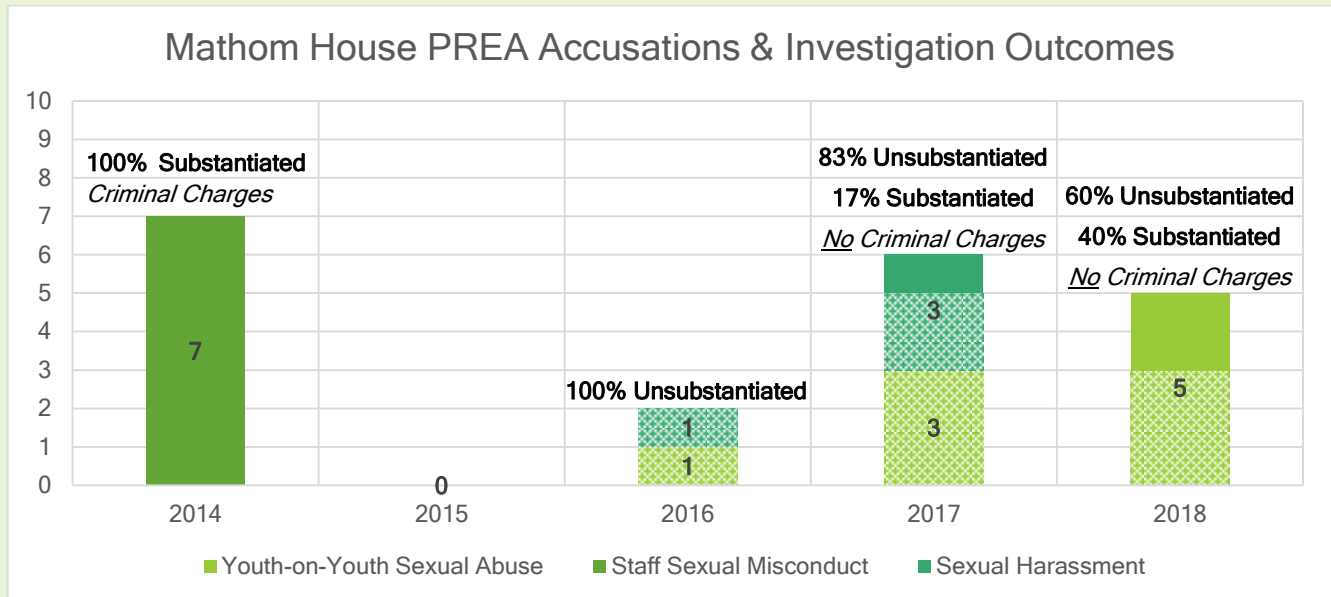
Five PREA accusations of youth-on-youth sexual abuse (physical contact) were received at Mathom House in 2018. All allegations were investigated both internally and criminally by the Doylestown Township Police. Three of the five allegations were unsubstantiated after investigations concluded. The remining two allegations were substantiated, but no charges were filed following the criminal investigations.

BED UTILIZATION

The rate of juvenile crime has fallen in recent years and there has been a national shift away from the use of congregate care for the individuals who do find themselves in the juvenile justice system. In addition to a shrinking pool of candidates, the recently passed Family First Prevention Services Act and possible changes to Pennsylvania's ACT 148 reimbursement scheme could further impact referrals made to these programs.

MATHOM HOUSE BED UTILIZATION
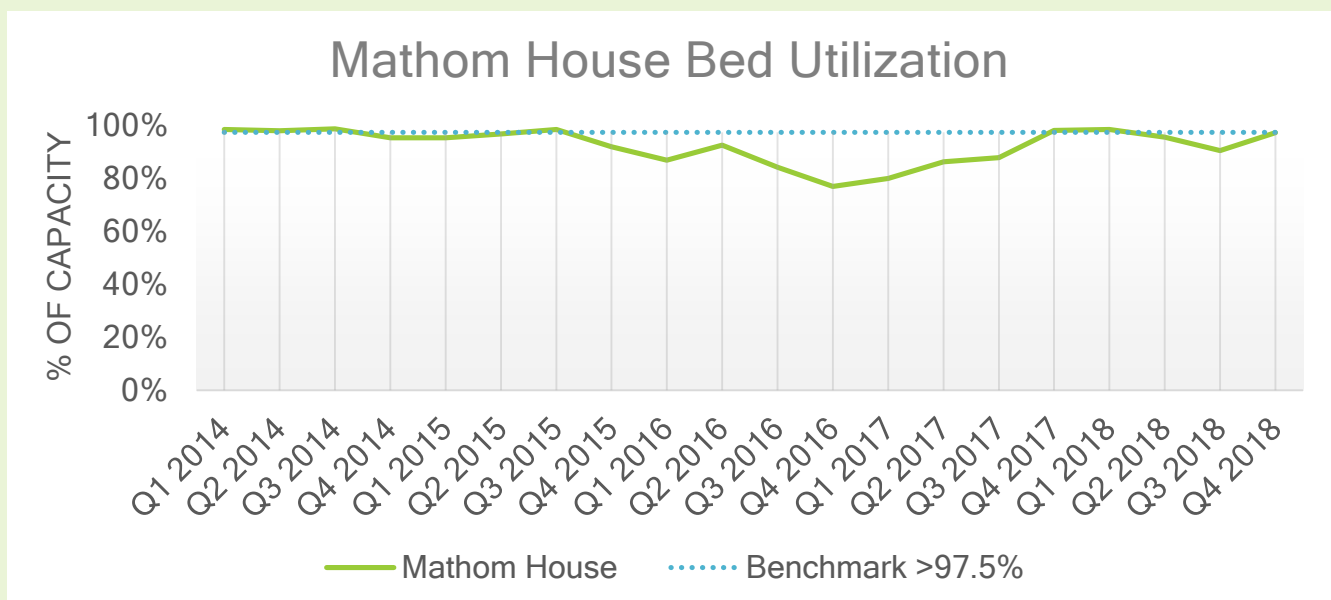
Bed Utilization rates for Mathom House fell slightly in the middle of the year which was determined to be the result of referral sources wanting to discharge a disproportional number of residents during the summer months.

The Director of Mathom House and Easton Manor and the Director of Outreach will attempt to minimize the chance of this trend reoccurring by educating referral sources on the importance of terminating services based on a resident's individual progress rather than what may be a convenient time of the year. Bed Utilization rates did recover by the end of 2018 which was credited to the program's dedication to nurturing positive relationships with existing referral sources and the Director of Outreach's endless pursuit of new referral sources.

EASTON MANOR BED UTILIZATION
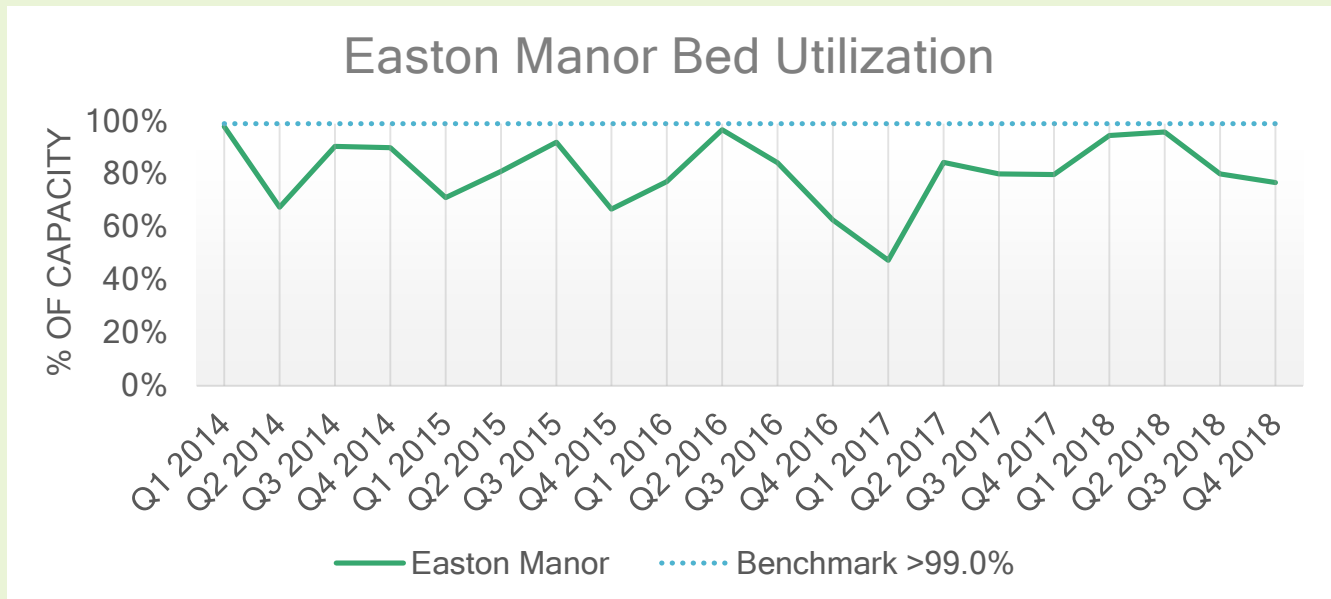
Bed Utilization at Easton Manor plateaued just below benchmark in the first half of 2018 but fell significantly over the second half of the year. Once more, issues were identified with referral sources viewing Easton Manor as a transitional facility between Mathom House and the community rather than an independent treatment facility. This misconception reduces direct referrals to Easton Manor. The importance of educating referral sources about Easton Manor's purpose was discussed in every quarter in 2018. If education efforts are unsuccessful in improving the number and types of referrals made to Easton Manor in 2019, then ECI administration will need to review and possibly amend program policies and curriculum to meet the new demand.

PATHS BED UTILIZATION
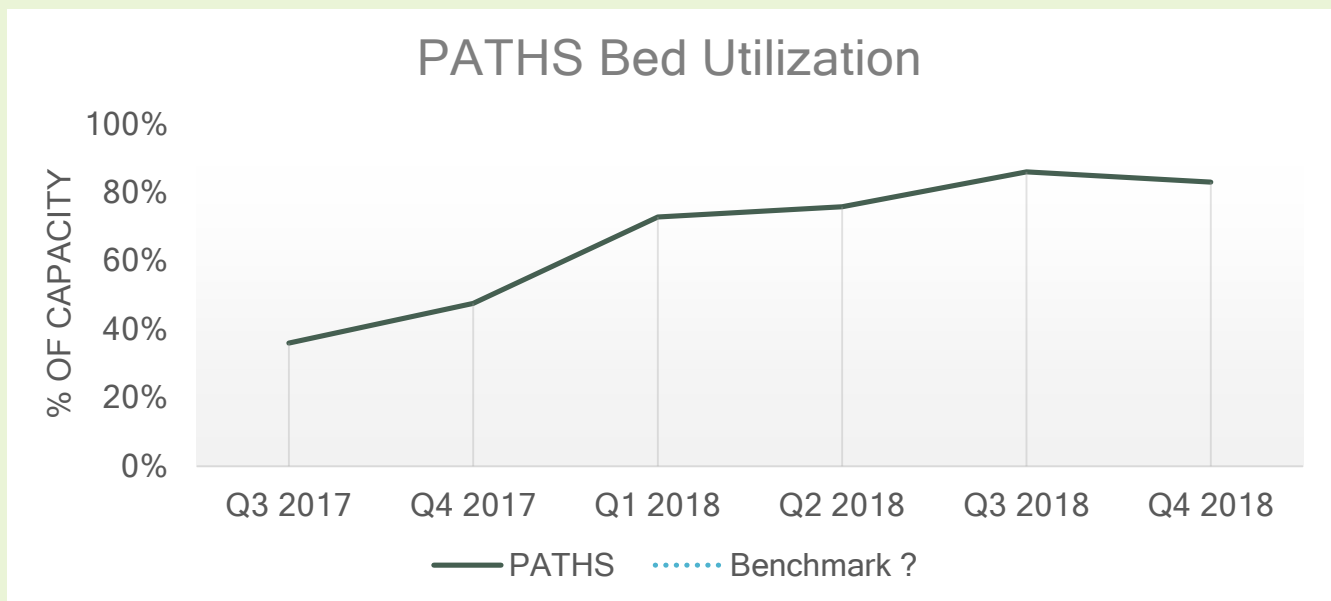
PATHS' Bed Utilization continued to grow in 2018 as it has since the third quarter of 2017. Promotional efforts from ECI's Director of Outreach and the Director of PATHS are credited to this positive trend. Trends will continue to be monitored in 2019 to ensure growth continues, and to ultimately establish a benchmark for this metric.

STAFF SATISFACTION & RETENTION

ECI believes its workforce is its greatest asset and strives to develop and implement strategies, plans, and programs which attract, motivate, develop, reward, and retain the best people to help meet its goals and objectives. This section of the report provides an overview of measures used to evaluate personnel satisfaction and retention.

EMPLOYEE SATISFACTION

ECI Employee Satisfaction
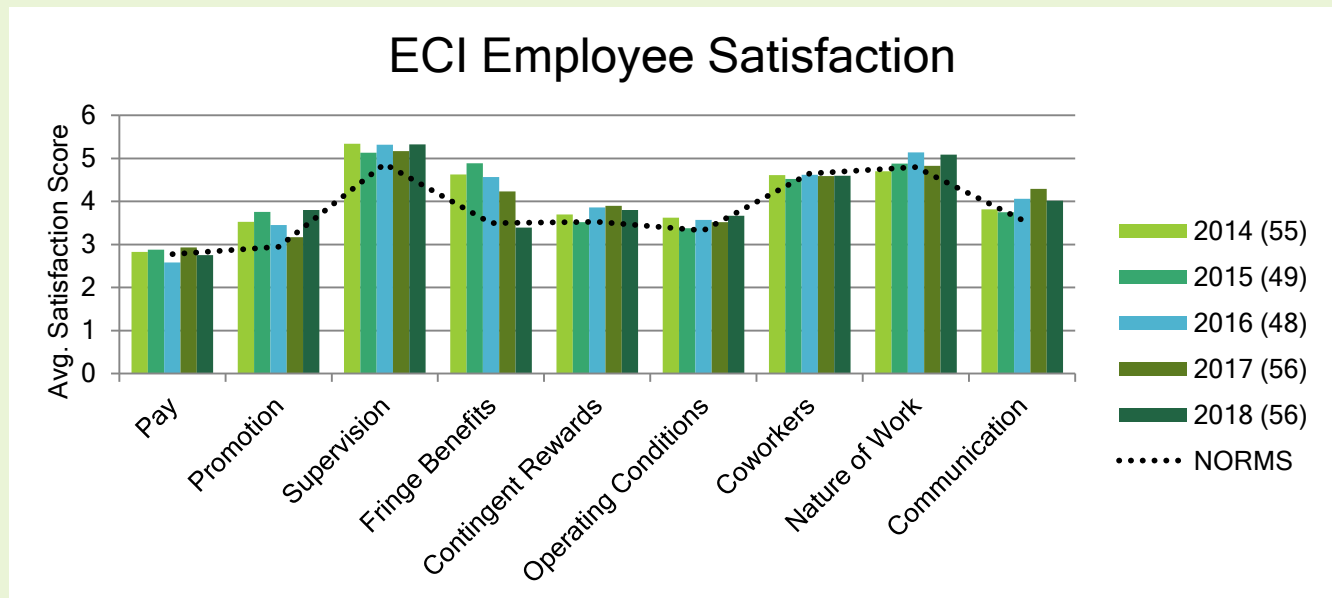
Staff satisfaction has traditionally been measured annually during the second quarter of the calendar year; however, employees will be surveyed during Q1 beginning in 2019. Overall, ECI employees reported being satisfied with elements associated with working at Edison Court Inc. in 2018, however reported satisfaction fell below industry norms for Pay, Fringe Benefits, and Coworkers. Satisfaction in these areas was heavily impacted by responses from clinical and floor staff at Mathom House and Easton Manor. Surveys were administered in June of 2018 and many of the concerns with benefits related to uncertainty around planned changes to employee benefits that took place July 1, 2018. In general, employee concerns around benefits appeared to subside after changes took place, though dissatisfaction with employee contributions to healthcare benefits were still shared.

Dissatisfaction with coworkers seems to be the combined result of continued high turnover in Mathom House and Easton Manor and frustrations with a specific employee at PATHS. Veteran staff members of Mathom House and Easton Manor feel they must work harder to compensate for new staff members who are unfamiliar with proper policies, and all employees feel strained when having to take on additional responsibilities during understaffed shifts. It was also noted that staff members feel undermined when other staff members do not enforce rules or policies in a uniform way. Administrators in these programs continue to work with Human Resources to improve employee recruitment and ensure exit interviews are being conducted to appropriately guide improvement efforts. Implementing a more complete and structured onboarding process remains a goal for 2019, in order to further address turnover issues and the other frustrations identified by staff members.

Though the employee who seemed to have triggered frustrations with coworkers at PATHS has since left, the program still plans to implement more team building activities and improve trainings in order to promote positive working relationships between its team members.

Ravenhill employees' satisfaction met or exceeded all industry norms in 2018.
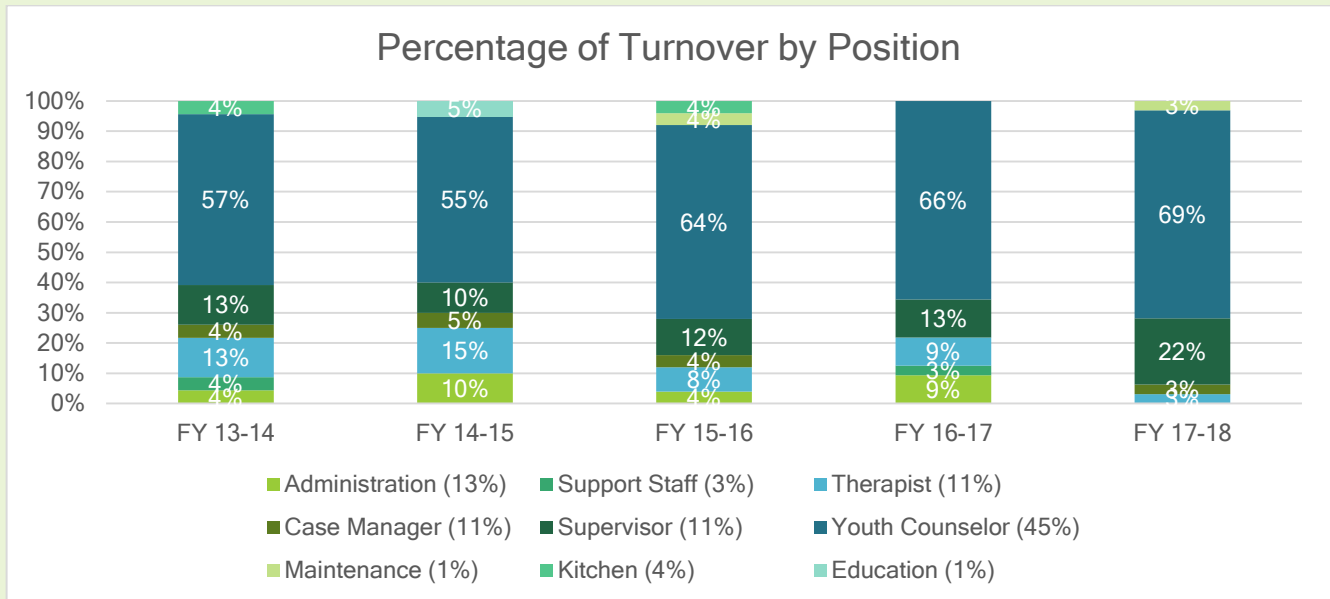
EMPLOYEE RETENTION

Employee retention continued to be a challenge for ECI in 2018. Resultant staff shortages and expedited hiring practices compromise new hire vetting and increase workloads for ECI's veteran staff, which further feeds the company's excessive turnover. This past year, ECI attempted to improve its employee recruitment, onboarding, and satisfaction through a myriad of methods including amending position titles, revamping onboarding trainings, recognizing employees of the month, and adjusting workflows related to employee exit interviews.

EMPLOYEE TURNOVER & TERMINATION RATES

ECI Employee Turnover by Year
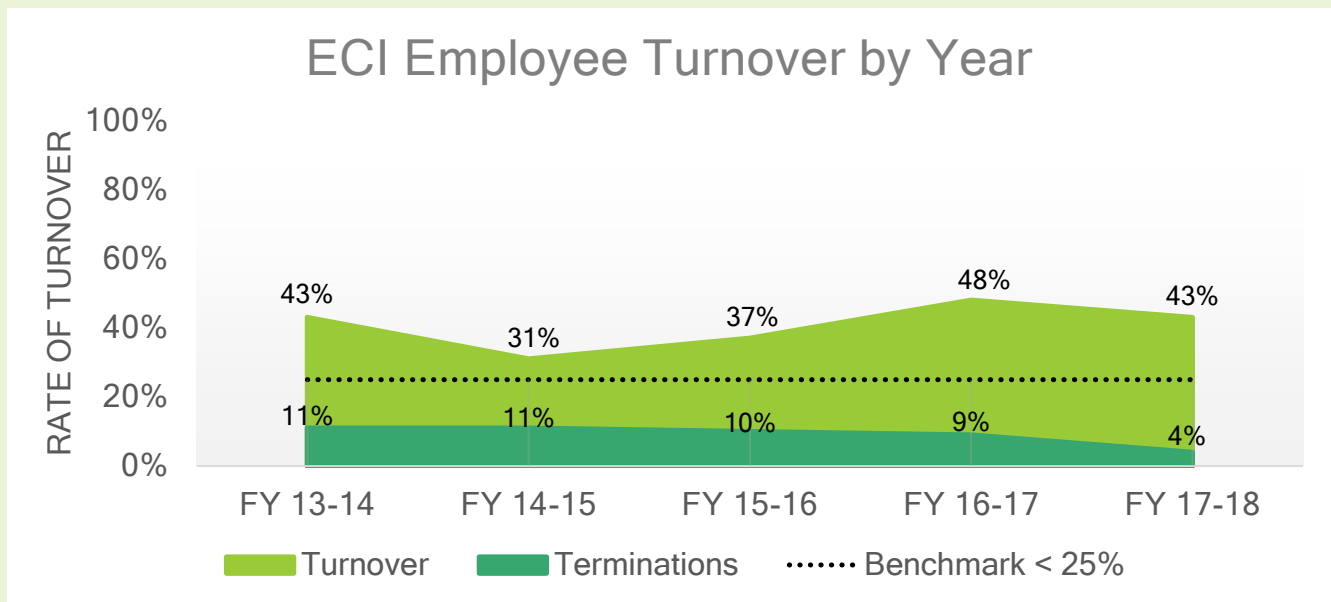
Employee turnover has exceeded the established benchmark of <25% since the metric was first monitored for PQI purposes. Overall turnover fell slightly in the 2017-2018 fiscal year compared to the previous year, with involuntary terminations falling at a higher rate than the whole. Terminations represented 19% of total turnover during the 2016-2017 fiscal year and even larger portions of turnover in previous years. The fact that only 9% of turnover in 2017-2018 was due to involuntary terminations suggests that efforts to improve recruitment have been successful in procuring a hire higher caliber of employees. The fact that the percentage of voluntary resignations remained at 39% over the last two years suggests that future improvement efforts should prioritize employee retention while current recruitment practices should be maintained.

POSITION CONTRIBUTION TO TURNOVER

Percentage of Turnover by Position

Legend:
- Administration (13%)
- Support Staff (3%)
- Therapist (11%)
- Case Manager (11%)
- Supervisor (11%)
- Youth Counselor (45%)
- Maintenance (1%)
- Kitchen (4%)
- Education (1%)

Percentages in ( ) represent average portion of ECI's total workforce over the previous 12 months

Turnover in the Youth Counselor and Supervisor positions remain the primary contributors to total turnover, as has been the case since this metric began being monitored. Turnover rates in these positions are disproportional to their contributions to ECI's total workforce. Youth Counselors accounted for 45% of ECI's workforce during the last fiscal year, but that position provided 69% of the company's turnover. Similarly, Supervisors represented 11% of all ECI employees, but 22% of employee turnover, making **floor staff positions** (Youth Counselors and Supervisors) account for **56% of the workforce** and **91% of the turnover** seen in the 2017-2018 fiscal year. According to exit interviews, the top three reasons for employee departure during this time were Opportunity for Advancement (69%), Wages & Benefits (69%), and Hours (46%).

EDISON PREP TEACHER SATISFACTION

Edison Prep Teacher Satisfaction
(n=12)
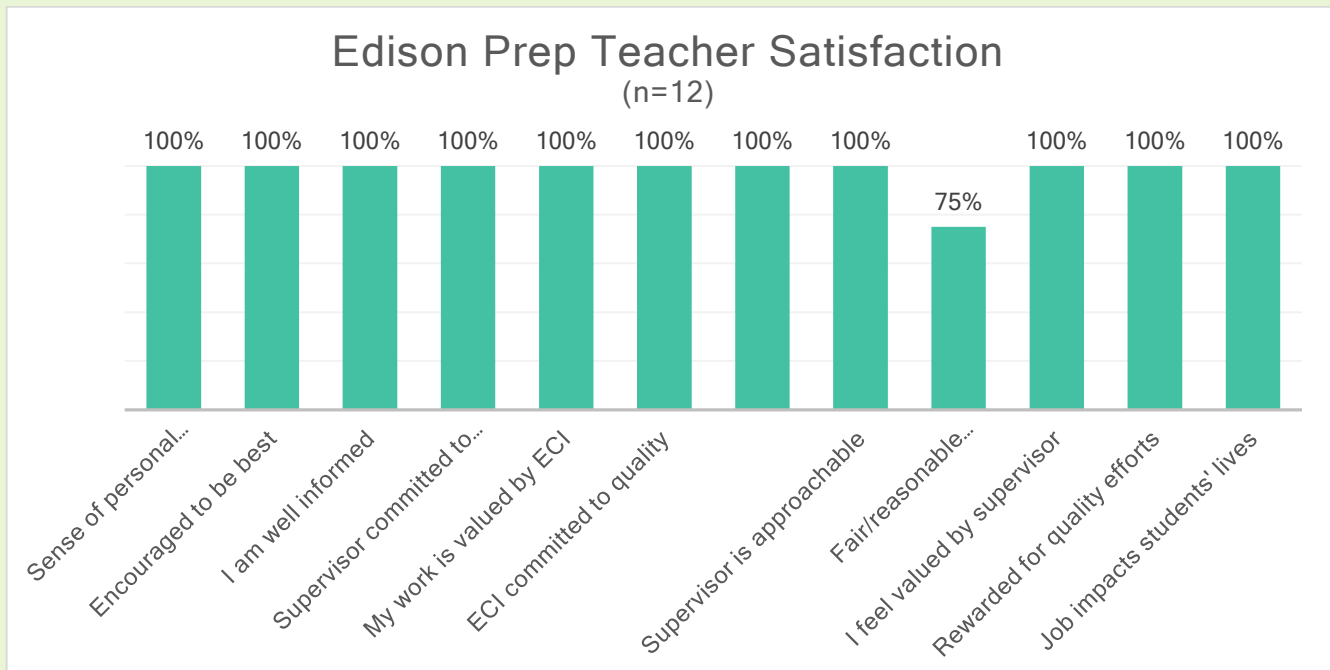
2018 was the third year that Edison Prep's teacher satisfaction was officially measured. All teachers are Pennsylvania certified in their subject areas and perform duties under contract with Edison Court. In previous years, teachers had rated their satisfaction with various elements of their employment on a scale of 1 to 10. In 2016 and 2017, average satisfaction ratings were reported as 8.5 and 9.25 respectively, with a benchmark established as a score of 9 or higher. In 2018, survey questions were altered, and teachers were asked to concretely answer whether they were satisfied ("yes"), unsatisfied ("no"), or "unsure" of their satisfaction with each aspect of their employment. Satisfaction rates are now reported as the percentage of "yes" responses, with a goal of achieving 90% satisfaction or higher. In 2018, the only category to fall below the established benchmark was Compensation. A more detailed analysis of this metric will take place when comparative data is present between years.
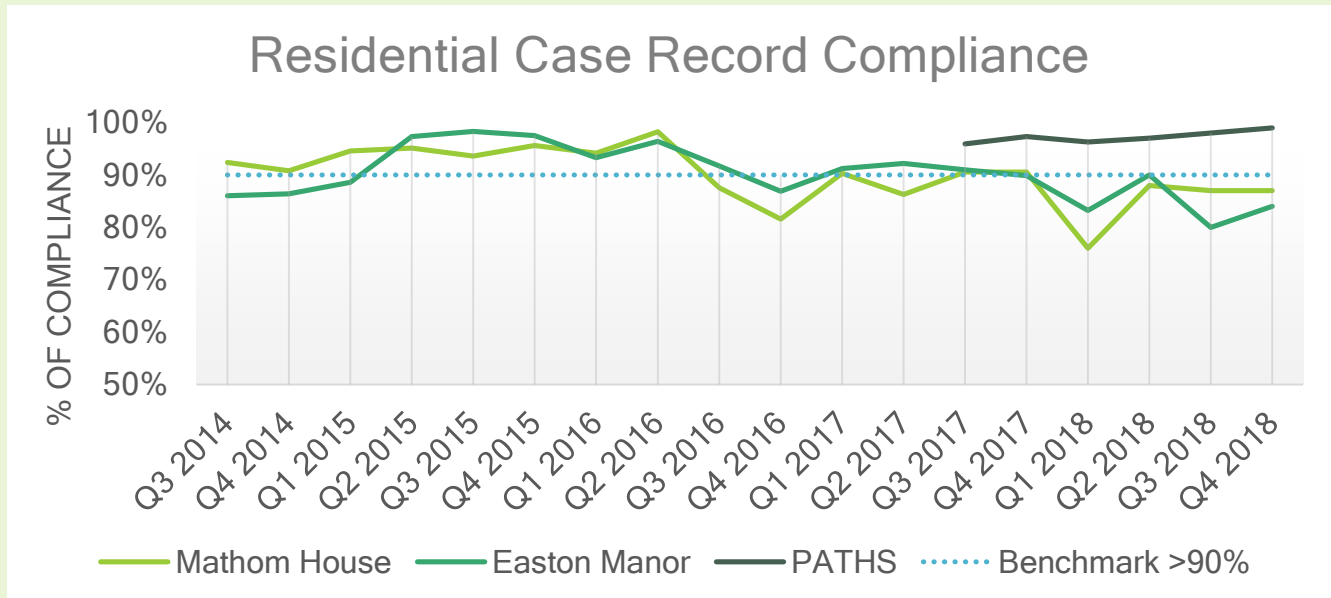
COMPLIANCE

ECI uses Federal, State, County, and MCO guidelines to assess that clinical documents are completed accurately, timely, and consistent to best practices and regulations. This process is another area of opportunity to both improve quality related to how we record services and defeat system or programmatic challenges. Consistent to our values, we feel accurate recording of services increases credibility and integrity. Employee Records were evaluated to ensure supervision and performance evaluations were occurring as expected and that all employees had clearances within the required timeframes. Internal audits of Medicaid claims were also conducted twice in 2018 to help prevent fraud, waste, and abuse of that funding.

INTERNAL CASE RECORD REVIEWS

Over the course of 2018, ECI evaluated the 497 case records of its census quarterly throughout each client's length of stay. In total, 959 individual client case record reviews were completed during the year.

RESIDENTIAL CASE RECORD REVIEWS

While PATHS has exceeded the benchmark for Residential Case Record compliance since it began monitoring in 2017, compliance at Mathom House and Easton Manor continued to fall in 2018 as it has since the second half of 2016. Both programs began 2018 with their lowest reported compliance with this metric since monitoring began in 2013, a feat which Easton Manor repeated in the third quarter of the year. A major contributor to this lack of compliance included a two-year trend of the programs failing to meet the benchmark for Monthly Correspondence documentation. Since this trend started at the beginning of 2017, clinicians have claimed that the necessary correspondences are taking place but demands on their time impede documentation compliance.

As a result, forms have been amended to streamline documentation, the importance of timely documentation has been reviewed with staff on a quarterly basis, and late documentation is now visually labeled "Late Entry" within ECI's electronic health record system. When these changes failed to have the desire impact on compliance, further investigation revealed that documentation was being entered under the date of entry rather than the date that the correspondence occurred, which compromised compliance reporting and rendered the "Late Entry" feature inactive. Additional corrective actions have included having clinical staff block off specified time for documentation in their schedules, the implementation of more frequent and thorough compliance monitoring, and the use of a monthly email to remind staff to complete documentation. The impact of these most recent changes will be assessed in 2019.

Another contributing factor to the decreased compliance with Residential Case Record documentation was issues with Service Planning documentation. The timeliness of Individual Service Plan (ISP) Notifications was a concern, as they were occurring less than 30-days prior to the next ISP taking place. Difficulties documenting multiple correspondences in one service were identified as a barrier to documentation compliance. It was clarified that ISP Notification documentation should document that an ECI staff member made the initial notification, any additional correspondence can be entered as an addendum or additional service, as needed.

One more major influence in the overall lack of compliance reported for Residential Case Records was compliance with Outcomes documentation. It was identified that ECI's Pre-Doctoral Interns were less likely to comply with assessment distribution timelines than other clinical staff. As a result, initial training and supervision practices have been amended for these positions to ensure improved compliance in the future. Additionally, technical barriers to Mathom House and Easton Manor's transition to the BASC-3 reduced compliance with administration timelines for this assessment. These barriers have since been removed and improved compliance is expected in 2019.

OUTPATIENT CASE RECORD REVIEIWS
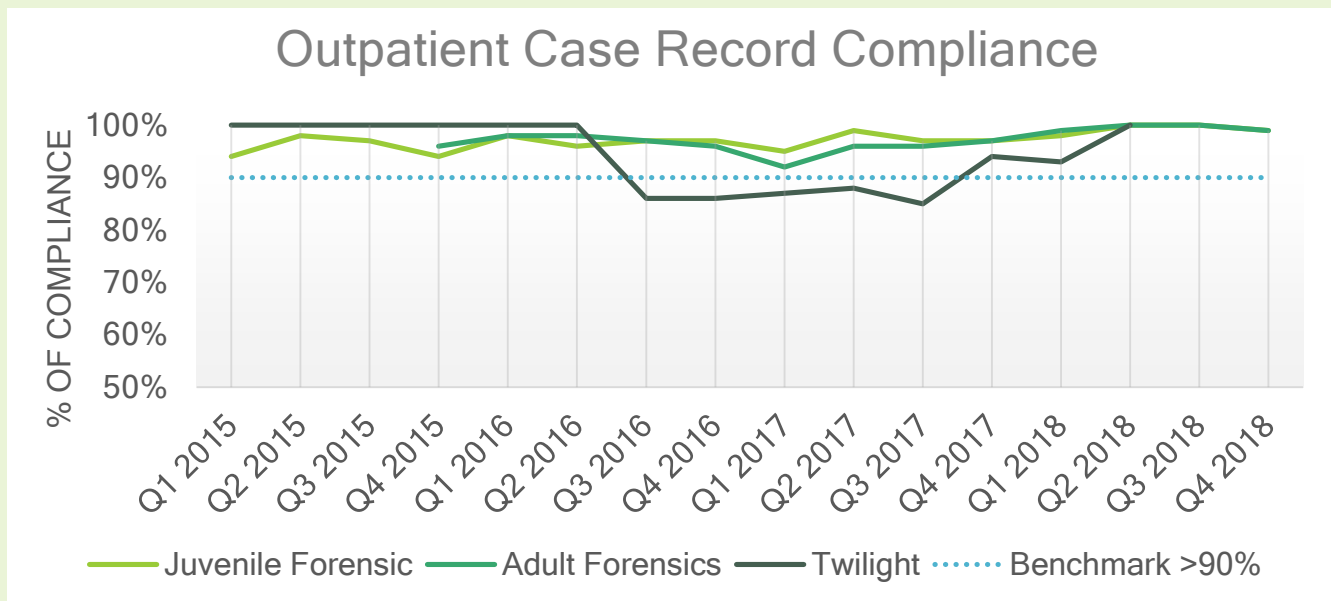
Outpatient Case Record Compliance has been monitored since 2015. Since then, case record compliance for Adult and Juvenile Forensic clients have exceeded the established benchmark. Twilight case record compliance showed less consistency, however it performed above benchmark during the two quarters it was still active in 2018. During the year, Ravenhill continued to refine case record auditing to ensure compliance with best practices and its governing bodies which include Standardized Program Evaluation Protocol (SPEP) for its Juvenile Forensic Programs, the Pennsylvania Sex Offender Assessment Board (PA SOAB) for its adult Sex Offender Treatment Program (SOTP), and the local Batterers' Intervention Program Oversight Committee for its adult Batterers' Intervention Program (BIP). Ravenhill's improvement and compliance efforts resulted in all of its

programs reporting 100% case record compliance in the second and third quarters of 2018, an accomplishment which had not previously been achieved since monitoring began.

EDISON PREP ACADEMIC CASE RECORD REVEIWS

Academic Case Record Compliance
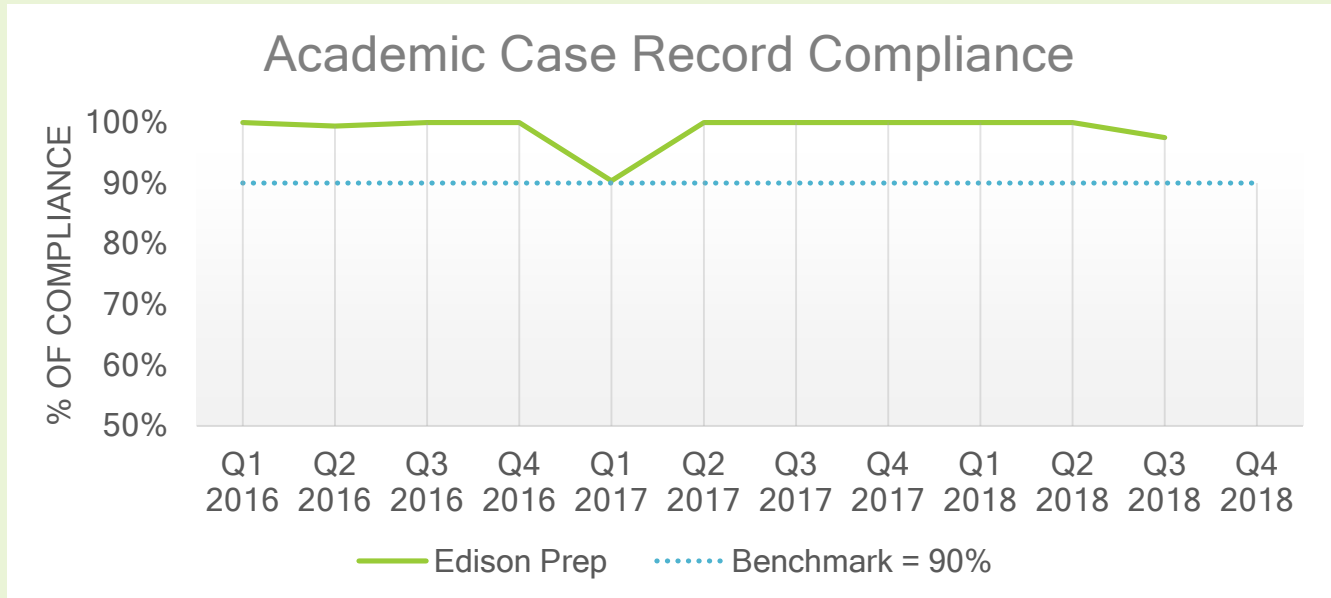
Edison Court began auditing academic records in 2016 and has exceeded the established benchmark in every quarter it had been monitored. The transition of academic records to PowerSchool prevented this metric from being monitored in the final quarter of 2018 due to unforeseen barriers to reporting. The Director of Education continues to investigate the documentation and reporting functionality of the new system, and it is hoped that current barriers can be overcome in 2019 so ECI may continue to monitor compliance with the Pennsylvania Department of Education regulations and ECI's own policies and procedures.

EMPLOYEE RECORD REVIEWS

Employee Record Compliance
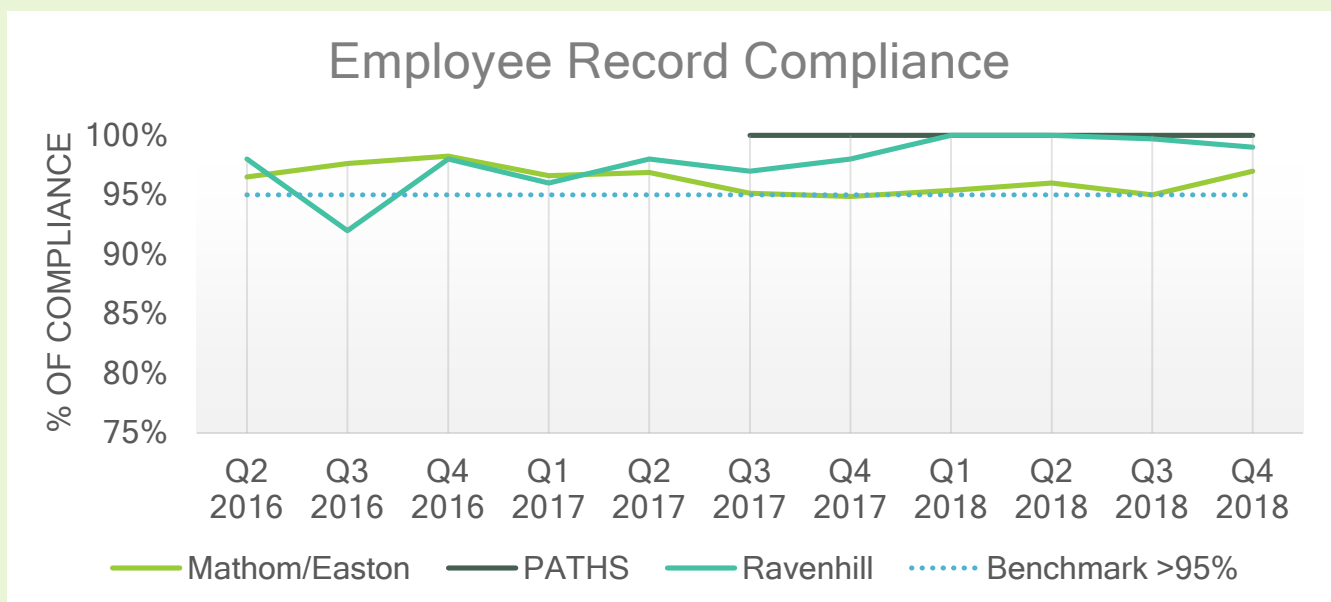
Edison Court began auditing personnel records more consistently and thoroughly in 2016 in order to ensure compliance with state regulations and best practices. All programs met or exceeded the established benchmark for overall compliance with this metric in 2018; however Performance Evaluations and Supervision compliance at Mathom House and Easton Manor required corrective action in 2018. Compliance with employee supervision

improved steadily throughout the year after the implementation of regular monitoring and sending monthly reminder emails to supervisors. Further change took place in Q3 of 2018 when reminder emails were transitioned from a reactive list of employees who were past due for supervision to a proactive list of employees who had supervision due within the next two weeks.   A similar reminder system was put into place for Performance Evaluations in Q3 of 2018 and is credited with the observed increase in compliance reported in the final quarter of the year.

INTERNAL CLAIMS

In order to prevent fraud, waste, and abuse, ECI continues to complete internal claims audits for all services billed through Medical Assistance. In 2018, 187 claims were submitted with an error rate of 0%. This error rate has been observed since this metric began being monitored in 2013.

2018	Mathom House		Easton Manor		PATHS	
	1/1-6/30	7/1-12/31	1/1-6/30	7/1-12/31	1/1-6/30	7/1-12/31
Total Claims	89	53	6	8	11	20
Total Retractions	0	0	0	0	0	0
Total Resubmissions	0	0	0	0	0	0
Total Error Rate	0%	0%	0%	0%	0%	0%
Adjusted Error Rate	0%	0%	0%	0%	0%	0%
Amount Retracted	0	0	0	0	0	0
Amount Recuperated	0	0	0	0	0	0
Actual Loss	0	0	0	0	0	0

CONCLUSION

Edison Court Inc. (ECI) has been dedicated to providing exceptional care and service since its inception. This dedication led to the creation of the company's formal Performance and Quality Improvement (PQI) process in 2013. Since then, the company has expanded the scope and thoroughness of its data collection and reporting for PQI purposes. In 2017, ECI began actively improving employee engagement in its PQI process through the expansion of its subcommittees and the introduction of a live annual PQI training which replaced the previous electronic training.   Additionally, a survey (https://www.surveymonkey.com/r/5J35G8L) and email account (improvement@edisoncourt.com) were created to encourage employee feedback outside of the formal PQI data collection processes.
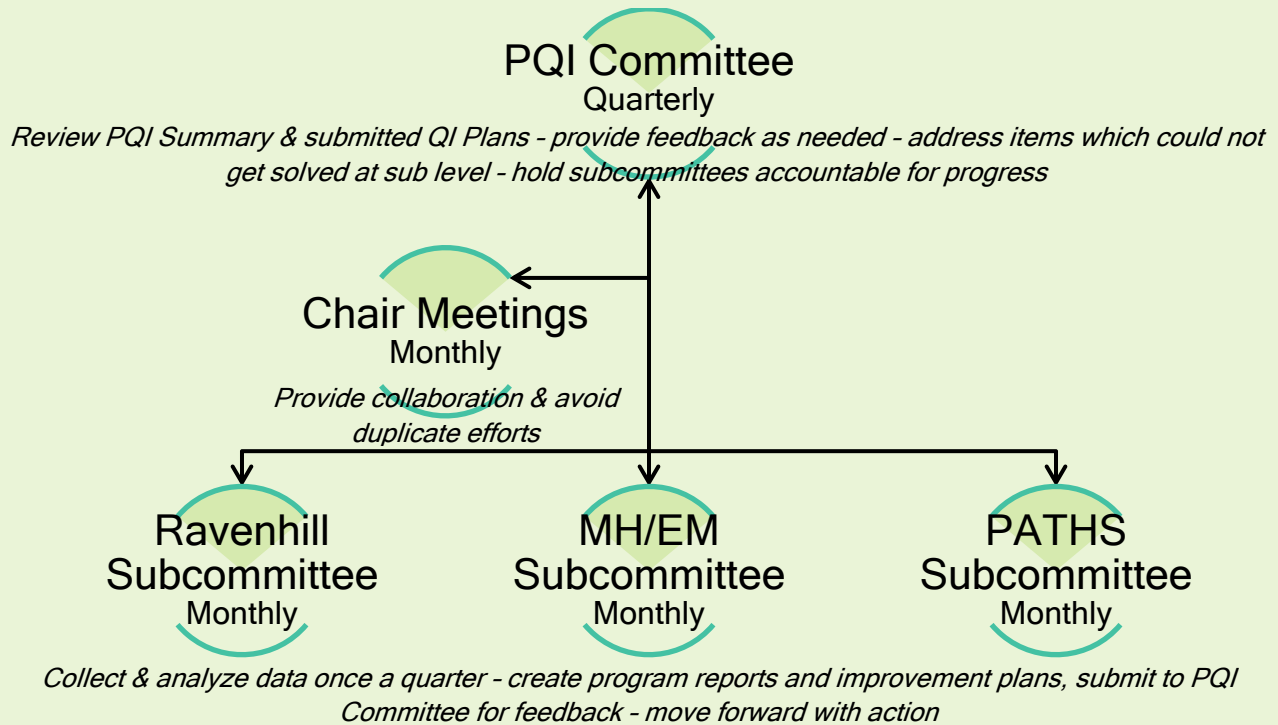
All of the 2017 changes were expanded upon in 2018. More employees became directly involved in PQI data collection and reporting. PQI Subcommittees continued to increase the number of participants and took on the tasks of data analysis and quality improvement (QI) plan creation, both of which had previously fallen on the larger PQI Committee.   This transition allowed for the employees who are directly affected by the implementation of QI plans to be more involved in their creation. As a result, QI planning has been more focused and productive, QI plans are more appropriate and effective, and employee buy-in has improved when changes are implemented.

The transition of QI planning from the ECI PQI Committee to the program-specific subcommittees came with concerns of reduced interdepartmental collaboration and the possibility of duplicate subcommittee efforts. Consequently, a monthly PQI Chair Meeting was implemented to collaborate, align efforts, and distribute responsibilities across programs whenever warranted.

With data analysis and QI planning falling on the PQI Subcommittees, the PQI Committee was left to review the quality improvement plans implemented by the subcommittees, provide feedback as necessary, and address any concerns which could not be solved at the subcommittee level. Additionally, reporting was altered to allow

the committee to monitor longitudinal trends and ensure quality improvement efforts are maintained across quarters and years.

A summary of the previously described changes can be found in the graphic below.

PQI Committee
Quarterly

Review PQI Summary & submitted QI Plans - provide feedback as needed - address items which could not get solved at sub level - hold subcommittees accountable for progress

Chair Meetings
Monthly

Provide collaboration & avoid duplicate efforts

Ravenhill Subcommittee	MH/EM Subcommittee	PATHS Subcommittee
Monthly	Monthly	Monthly

Collect & analyze data once a quarter - create program reports and improvement plans, submit to PQI Committee for feedback - move forward with action

The goal and objective of our PQI process during 2018 was to build upon our initial plan consisting of a cyclical process of assessing performance, making plans to improve, implementing those plans and reassessing results with a focus on aiming to achieve the best possible outcomes. In addition to compliance with all previously established benchmarks, the following performance goals and benchmarks have been determined for 2019:

- Continue to refine auditing process in order to ensure compliance with best practices and governing/regulatory bodies
    - Combine PQI reporting efforts with compliance reporting to reduce duplicate efforts and ensure accuracy of reported outcomes
    - Expand the number of employees leveraging the reporting capabilities in ECI's electronic health records to streamline workflows, increase the frequency of compliance monitoring, and improve noted deficits in documentation compliance
- Continue to increase employee involvement with the PQI process within and outside of the PQI Committee and its subcommittees to:
    - Improve the quality and appropriateness of improvement plans
    - Emphasize that PQI is equally invested in identifying what we are doing right as an agency as well as where there may be room for improvement
    - Encourage employee investment in PQI efforts and reduce resistance when implementing improvement plans
- Maintain staff, client, and stakeholder satisfaction scores which achieve or exceed national norms for our field
- Maintain recidivism rates that remain below the national average
    - Find a credible source for national norms and cite reference in future reporting
    - Combine data collection and reporting efforts with RTICO to reduce duplicate efforts and ensure accuracy of reported recidivism rates
- Identify root cause of inconsistent Change in Functional Status and Change in Risk outcomes (ex. interrater reliability, inconsistent distribution, inaccurate administration, inappropriate assessment tools, insufficient sample size, etc.).

- o Begin tracking assessment compliance in outpatient case record reviews to increase the frequency at which this metric is monitored (i.e. quarterly instead of annually)
  - o Invest in training on how to properly administer assessments
  - o Attempt to have the same employee complete admission and discharge assessments for a client whenever possible.
- Continue to prioritize improvement efforts addressing employee turnover and retention
- Distribute responsibilities which currently fall on one or a few employees to prevent dips in compliance during employee turnover, unexpected personal or professional demands, etc.
  - o This change is also expected to add a level of accountability and assist in improvement efforts by providing multiple perspectives to the task(s)
- Strategize how to address identified barriers to family involvement across programs, particularly language barriers, parental investment, and parents' schedule demands
- Improve data collection and reporting of Edison Prep outcomes to improve longitudinal tracking and potentially increase the number of inferences which can be gleaned from data
  - o Become more familiar with reporting capabilities in PowerSchool
  - o Attempt to track changes in academic scores by student rather than averages by grade level
  - o Reassess the appropriateness of current benchmark which suggests students should improve a full grade level every six months as evidenced by academic assessment scores
- Effectively mitigate safety and security risks through the continued leveraging of electronic health records and maintenance of a Safety Committee
  - o Maintain and expand upon 2018 efforts which led to drop in incidents of self-injurious behavior
- Improve bed utilization
- Maintain a 0% error rate for all Medical Assistance claims

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