



Edison Court, Inc.

2019 ANNUAL PERFORMANCE & QUALITY IMPROVEMENT REPORT



TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
INTRODUCTION	2
MISSION STATEMENT	3
VISION	3
CORE VALUES	3
ECI CLIENT DEMOGRAPHICS	4
CLIENT OUTCOMES	5
CLIENT SATISFACTION	5
EDISON PREP STUDENT SATISFACTION	6
PARENT SATISFACTION	7
FAMILY INVOLVEMENT	8
EDISON PREP ACADEMIC SCORES	9
CHANGE IN RISK & FUNCTIONAL STATUS	9
RECIDIVISM	14
LENGTH OF STAY	20
STAKEHOLDER SATISFACTION	22
COMPLAINTS & GRIEVANCES	22
MATHOM HOUSE COMPLAINTS & GRIEVANCES	23
EASTON MANOR COMPLAINTS & GRIEVANCES	23
PATHS COMPLAINTS & GRIEVANCES	24
SAFETY & SECURITY	24
SENSE OF SAFETY	24
RESTRAINTS	26
RESIDENTIAL SAFETY RELATED INCIDENTS	27
PRISON RAPE ELIMINATION ACT (PREA) STATISTICS	30
BED UTILIZATION	30
MATHOM HOUSE BED UTILIZATION	31
EASTON MANOR BED UTILIZATION	31
PATHS BED UTILIZATION	32
STAFF SATISFACTION & RETENTION	32
EMPLOYEE SATISFACTION	32
EMPLOYEE RETENTION	33
EDISON PREP TEACHER SATISFACTION	35
COMPLIANCE	35
INTERNAL CASE RECORD REVIEWS	35
EMPLOYEE RECORD REVIEWS	37
INTERNAL CLAIMS	38
CONCLUSION	38

EXECUTIVE SUMMARY

Edison Court, Inc. (ECI) has been providing specialized and general behavioral health services for 16 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 our seventh annual Performance and Quality Improvement Report (2019).

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 15 other counties and a few clients from out-of-state as well. Lehigh County numbers increased largely due to the increase at the PATH program. The largest age group was youth between 15 and 19 years of age. In 2019, ECI served a total of 326 clients throughout our continuum of care. The following client demographic information best describes the population served.

2019				RAVENHILL	RAVENHILL	RAVENHILL	ECI TOTAL
	MATHOM HOUSE	EASTON MANOR	PATHS	JUVENILE FORENSICS	ADULT FORENSICS	GENERAL SERVICES	
GENDER							
Male	100%	100%	100%	93%	93%	68%	92%
Female	-	-	-	7%	7%	32%	8%
ETHNICITY							
Caucasian	62%	50%	43%	77%	84%	62%	63%
African American	14%	25%	21%	9%	7%	12%	15%
Latino	14%	8%	29%	12%	3%	4%	12%
Asian (Non-Pacific)	-	-	-	-	-	-	0%
Native American	-	-	-	-	-	-	0%
Bi/Multi Racial	10%	17%	7%	-	4%	-	6%
Unknown	-	-	-	2%	2%	22%	4%
AGE							
Under 5	-	-	-	-	-	-	0%
5-9	-	-	-	-	-	-	0%
10-14	7%	-	29%	14%	-	14%	11%
15-19	78%	50%	71%	63%	-	59%	53%
20-24	15%	50%	-	23%	4%	3%	16%
25-34	-	-	-	-	27%	13%	7%
35-50	-	-	-	-	48%	9%	10%
51 and over	-	-	-	-	19%	2%	3%
COUNTY							
Berks	20%	8%	-	4%	-	-	5%
Bucks	20%	8%	14%	73%	93%	83%	48%
Cambria	1%	-	-	-	-	-	1%
Chester	3%	-	7%	-	-	-	1%
Lackawanna	-	-	7%	-	-	-	1%
Lancaster	1%	-	-	-	-	-	1%
Lebanon	1%	-	-	-	-	-	1%
Lehigh	7%	17%	43%	9%	-	12%	13%
Monroe	7%	25%	-	-	-	-	5%
Montgomery	18%	17%	-	14%	5%	-	9%
Northampton	11%	8%	22%	-	-	-	7%
Philadelphia	-	-	-	-	2%	1%	1%
Pike	1%	-	-	-	-	-	1%
Schuylkill	2%	-	-	-	-	-	1%
Wyoming	3%	-	-	-	-	-	1%
York	5%	17%	0%	-	-	-	3%
Out of State	-	-	7%	-	-	-	1%

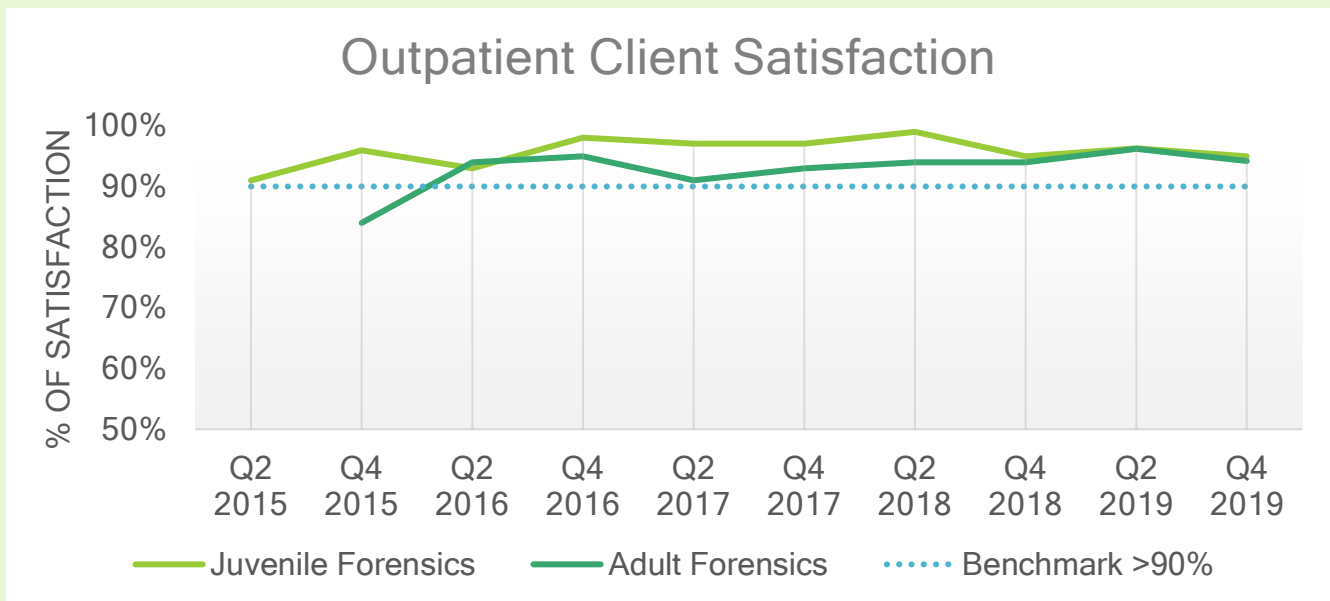
CLIENT OUTCOMES

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 in 2019.

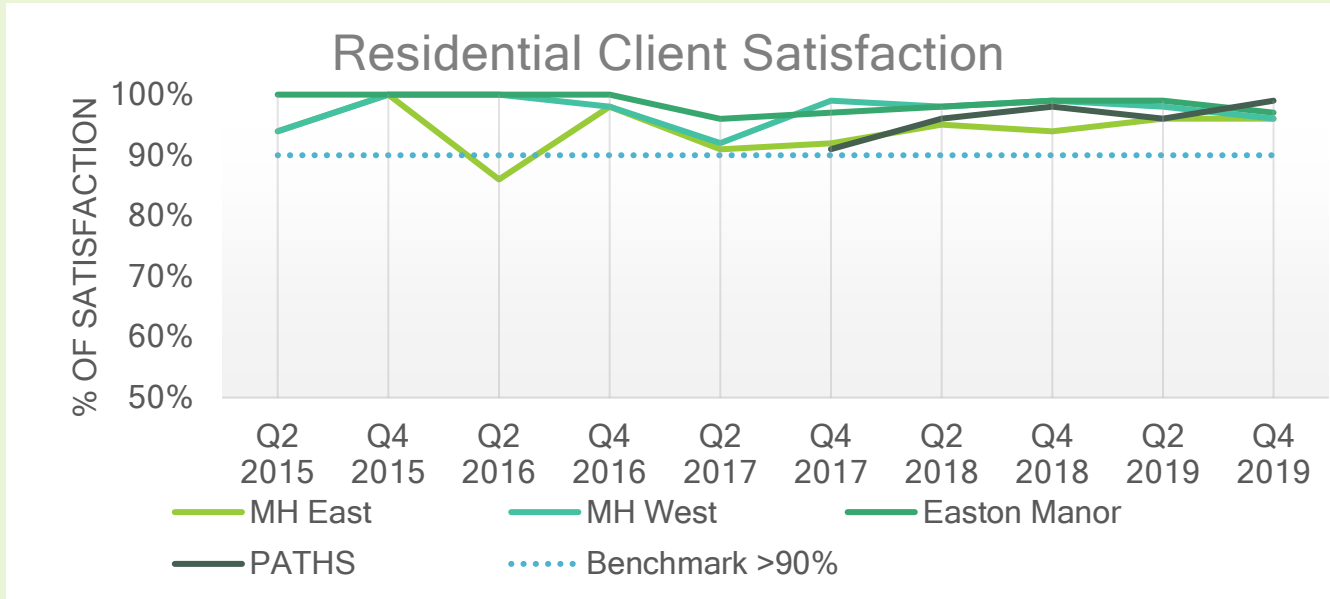
OUTPATIENT CLIENT SATISFACTION



Adult and Juvenile Forensic Outpatient Services continued to exceed the established benchmark for Client Satisfaction in 2019. Once more, questions in the ‘Personal Outcomes’ section of the surveys reported the lowest satisfaction rates. This trend has been present since the metric was first monitored and was previously believed to be the result of mass survey distribution, which captured survey responses from clients at varying stages of program completion. Ravenhill has addressed this by capturing satisfaction surveys at clients’ discharge whenever possible, and changing the wording of some questions to more accurately capture satisfaction in this area.

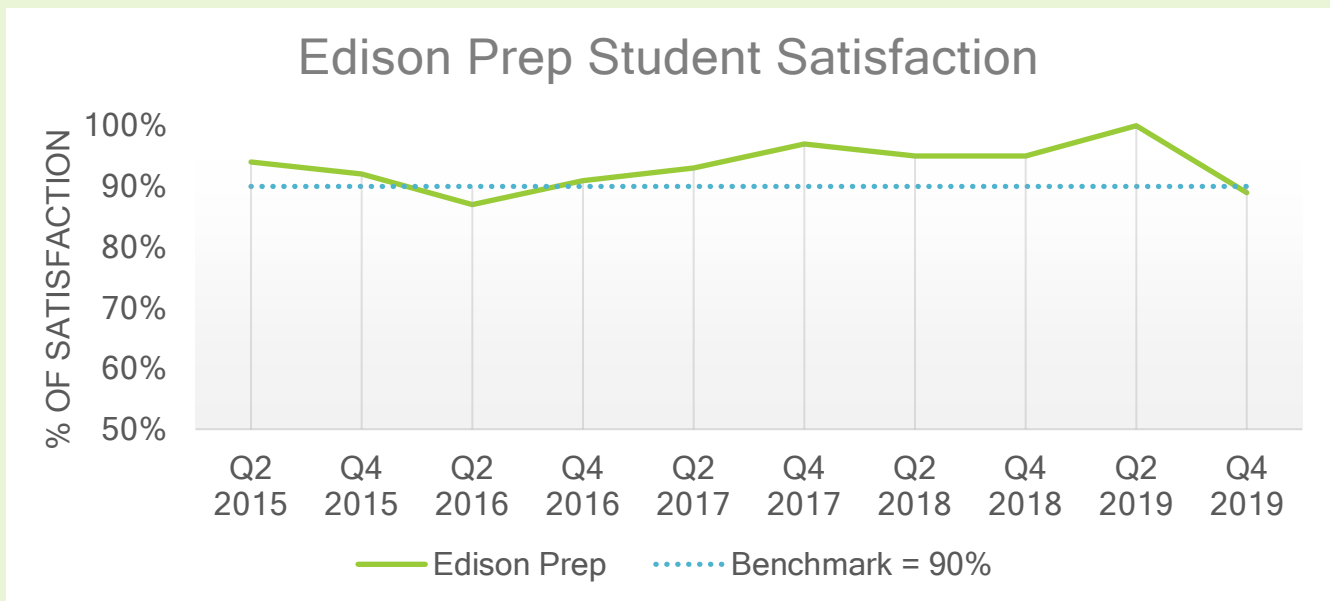
For 2020, it is proposed that wording be further amended to remove comparisons before and after treatment to remove bias from clients who were satisfied with certain items prior to starting treatment. (Ex. ‘I am doing well in work/school.’ vs. ‘I am doing better in work/school than I was prior to starting treatment at Ravenhill.’).

RESIDENTIAL CLIENT SATISFACTION



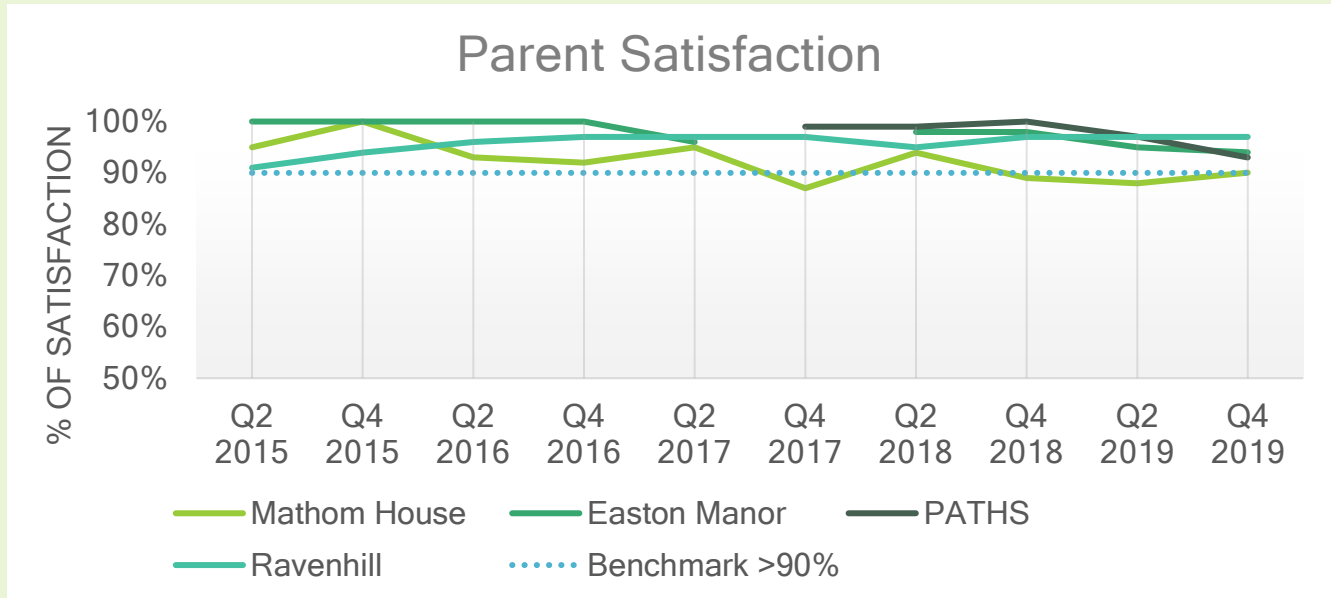
ECI’s Residential Programs also continued their trend of exceeding the established benchmark for Client Satisfaction in 2019, all programs exceeding the benchmark with 96% and higher. Each program did identify individual metrics which fell below 90% satisfaction, however each one was found to be influenced by extenuating circumstances around the time of survey distribution. Clinical turnover led to Mathom House residents reporting lower satisfaction with the clinical team. An Easton Manor resident reported dissatisfaction with his medical needs being addressed after the outcome of his medical complaints was not what he desired, despite the fact that staff followed the appropriate policies and procedures. One PATHS resident reported dissatisfaction with family therapy after being resistant to participation in the sessions. In each case, the subcommittee deemed the statistic as an ‘outlier’ and will continue to monitor each metric to see if more significant trends emerge.

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 2019, Edison Prep dipped slightly below the benchmark (89%) in the fourth quarter for the first time in three and half years. After speaking with students, it was determined that results may have been negatively skewed by a recently administered math test. Survey distribution will be amended in the future to minimize the impact of single events on overall satisfaction.

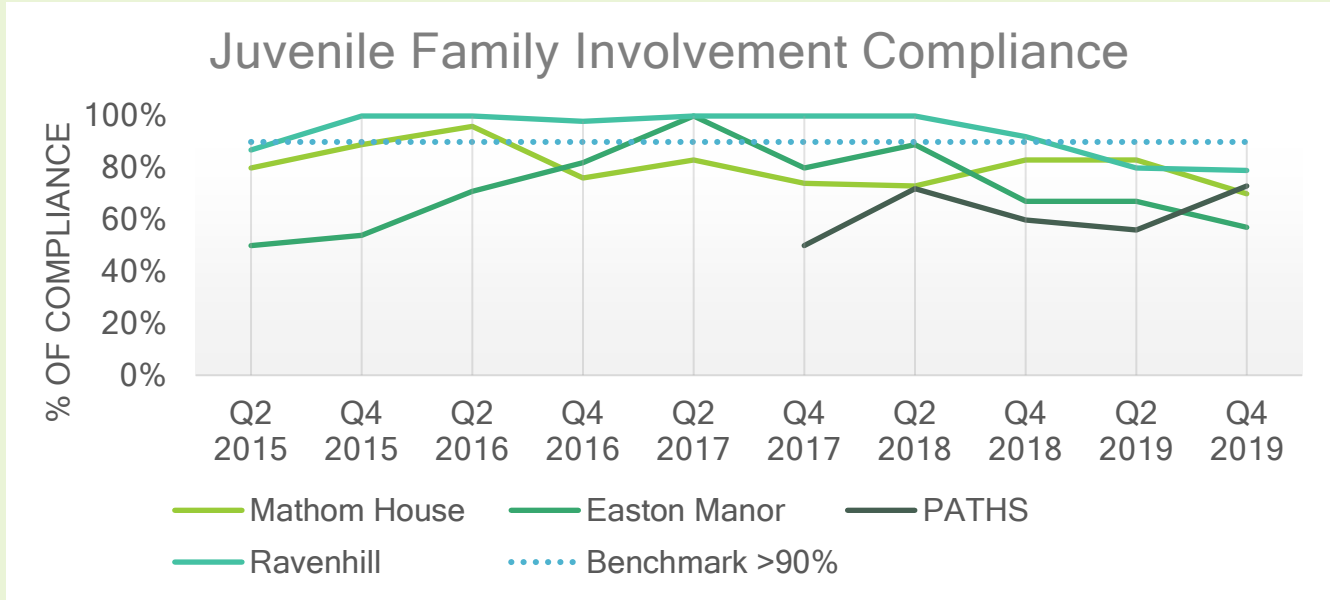
PARENT SATISFACTION



Parent Satisfaction is measured during the second and fourth quarters of the calendar year. All programs exceeded the established benchmark for this metric except for Mathom House during the second quarter. Mathom Houses’ clinical staff continues to advocate for parent participation in family therapy and parent group. While previous reasons for lack of participation were unclear, participation does appear to be improving ending with meeting the 90% benchmark in the fourth quarter. Respondents reported lower satisfaction with the amount of communication they can have with their family members at Mathom House. It has been proposed that phone call quantity limits be amended to allow for more frequent communication, while maintaining duration limits to maintain structure. This proposal is tentative and will continue to be discussed at the subcommittee level before being implemented.

Easton Manor parents reported lower satisfaction with notifications about medical appointments and medication changes, which led to workflow adjustments in how those notifications are sent. Though PATHS exceeded the established benchmark this quarter, the program has considered the possibility of collecting additional information in 2020 from parents to address lower reported satisfaction with the individual metrics of family visitation, hopefulness about things improving, and overall satisfaction with the program.

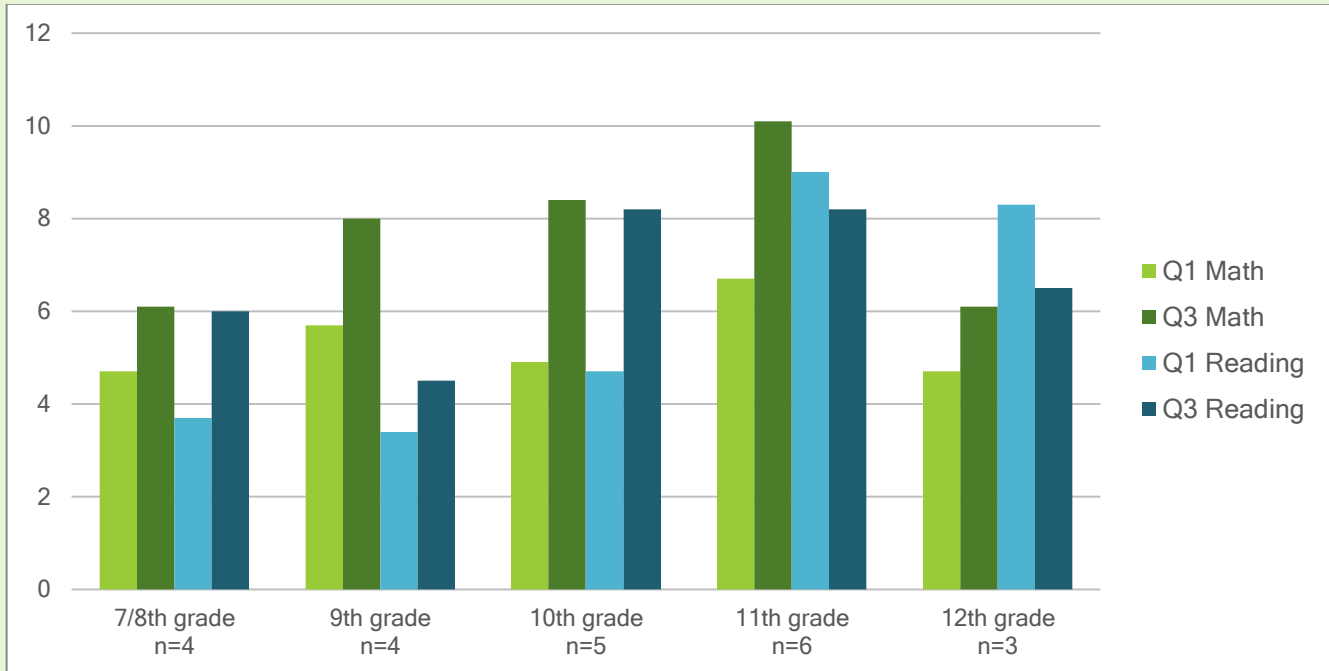
FAMILY INVOLVEMENT



Family Involvement, as a PQI metric, has always created unique challenges for ECI. In addition to facing barriers to families’ active participation in treatment, improvement efforts have been complicated by the timeliness of information and confusion with the metric ‘Family Therapy Compliance,’ an element of the Residential Case Record Reviews. Monitoring this metric semiannually often led to claims that improvement efforts were implemented at some point during the reporting period, minimizing the need for formal corrective action at the time of review. It was the goal of this committee to begin monitoring this metric quarterly in 2019; however, this did not occur after turnover in the Director of Quality Improvement role. In fact, the metric was not measured at all for Mathom House and Easton Manor during the first half of the year (the numbers were left unchanged from Q4 2018). Quarterly monitoring will begin in 2020.

As for its confusion with another PQI metric, this is likely due to poor labeling, as the two items look at different things: **Family Involvement** measures active family participation in family therapy, while **Family Therapy Compliance** measures ECI’s compliance with any documentation related to family therapy. The PQI Committee is tasked with removing this obstacle by distinctly labeling each metric and properly educating remaining subcommittee members on the difference between the two.

EDISON PREP ACADEMIC SCORES

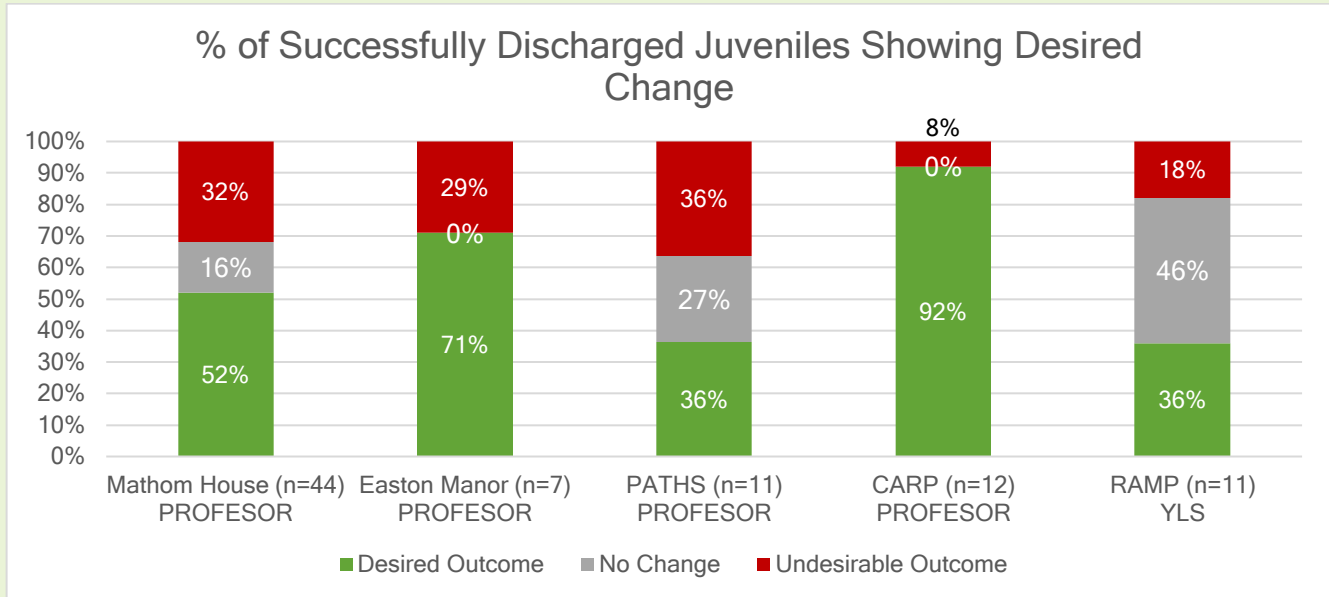


Edison Prep measures changes in Reading and Math Scores via IREADY assessments. Students are assessed in the first and third quarters of the calendar year. This information was previously reported as an aggregate of changes in Reading and Math scores for all the students combined as compared to previous years. Upon further discussion, it was decided that this was not a useful metric for Edison Prep. The graph above shows the aggregate scores per grade level for 2019. In general, scores are higher in Q3 than in Q1, but readers are cautioned against drawing conclusions as each quarter includes some of the same children, but also included children not in the other quarter measured. In general, it is noted that most children are performing at significantly lower reading/math levels than their assigned grade. Going forward, it is the goal to report on changes in reading/math scores on an individual level. For example, measuring the change in reading scores for a child in 10th grade that enters the school year at Edison Prep with a 7th grade reading level, and measuring that against his level at the end of the school year. However, for the 2019-2020 school year, data was not collected in June as it normally would have been, due to the public health emergency. Thus, the next data collection period would be the 2020-2021 school year, and would be reported in the 2021 report.

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 inter-rater reliability and compliance with assessment administration timelines remained present in 2019 which compromise the validity of the available data.

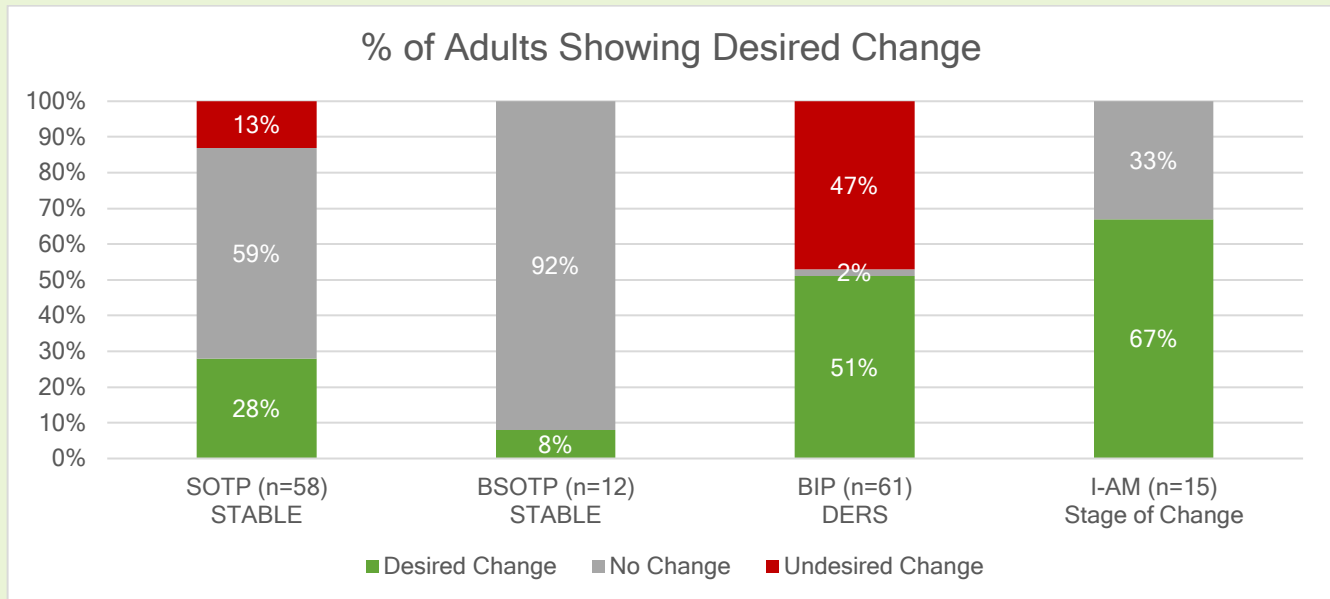
CHANGE IN RISK - JUVENILES



The transition to the PROFESOR from the DASH-13 and ERASOR took place in Q3 of 2018, therefore there is no comparative data. The above programs look for desired changes in the PROFESOR and YLS that are hypothesized to be correlated with individual therapy and mentoring/case management provided during the course of the program. All presented percentages are based on changes in scores between the first and last available assessments for successfully discharged clients, except for the PATHS program which reported changes in scores for current residents due to its small sample of successful discharges. This holds true, to a lesser extent, for the CARP program as well. Mathom House and Easton Manor residential programs showed a higher percentage of desired outcomes than PATHS. The lower percentage could be a result of the amount of time the program has been opened, yielding a smaller sample size. Residents at each program also present with different types of behavioral and emotional challenges. The lower percentage showing the desired change in the RAMP program could be a result of the type of youth referred. With regard to differences in scores in our outpatient programs, youth referred to services due to problematic and/or illegal sexual behavior tend to present with less externalizing behaviors and criminogenic attitudes than those referred to the RAMP program for general criminogenic behavior. Additionally, while RAMP offers mentoring only, the CARP program offers both therapeutic intervention and mentoring. It is hypothesized that the combination of a lower baseline of externalizing behaviors, coupled with additional intervention (therapy) may lead to more desired risk outcomes in the CARP program.

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 juvenile 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 unreliable for our purposes. It is the goal of our outpatient PQI subcommittee to ultimately replace the YLS with a more reliable measure.

CHANGE IN RISK - ADULTS



The STABLE assessment began being utilized in Q3 of 2017, therefore the most change can be observed for Sex Offender Treatment Program (SOTP) clients assessed in the past calendar 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 (BSOTP) which occurs over a short number of weeks within the jail setting.

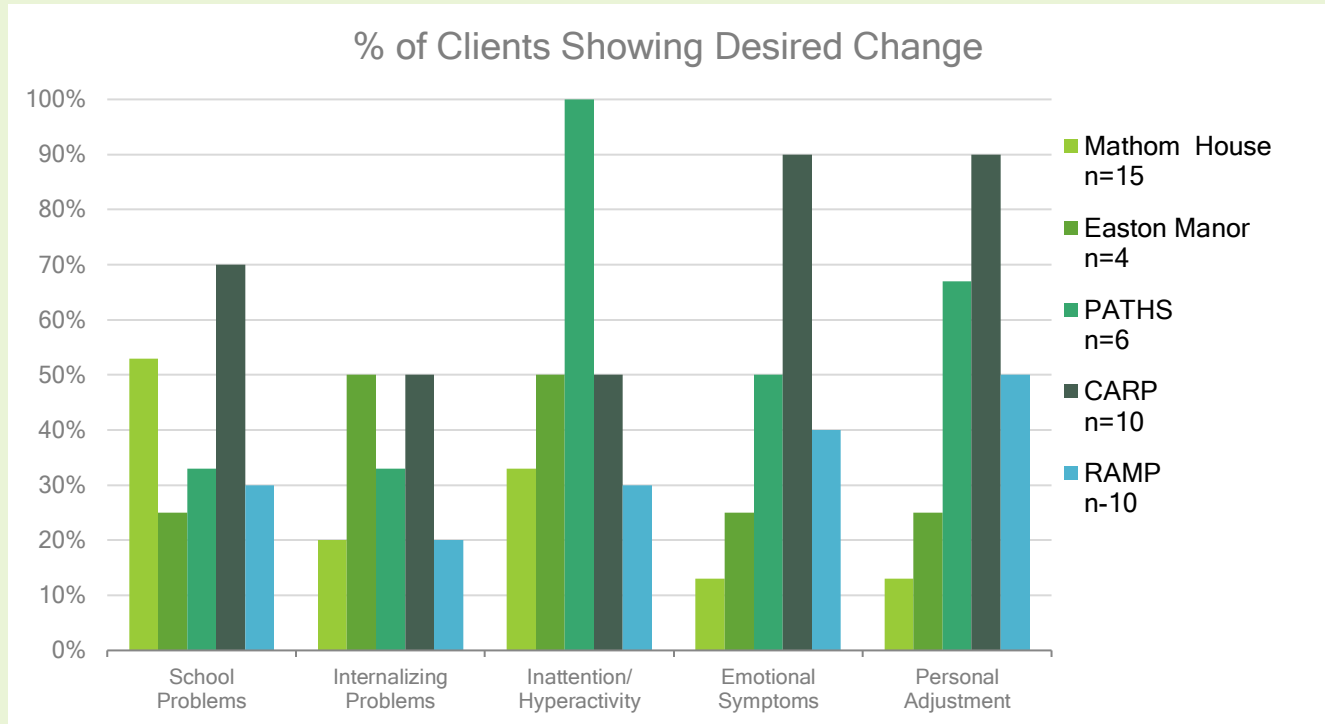
The DERS is administered at the start and end of the 26-week Batterer's Intervention Program (BIP). The short duration of this program leaves it particularly vulnerable to deviations from administration timelines which further shorten the time period over which change may be observed. These deviations 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 (I-AM) 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 scores 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. The results are below. Readers should be cautioned about drawing any conclusions based on the small numbers of results collected.

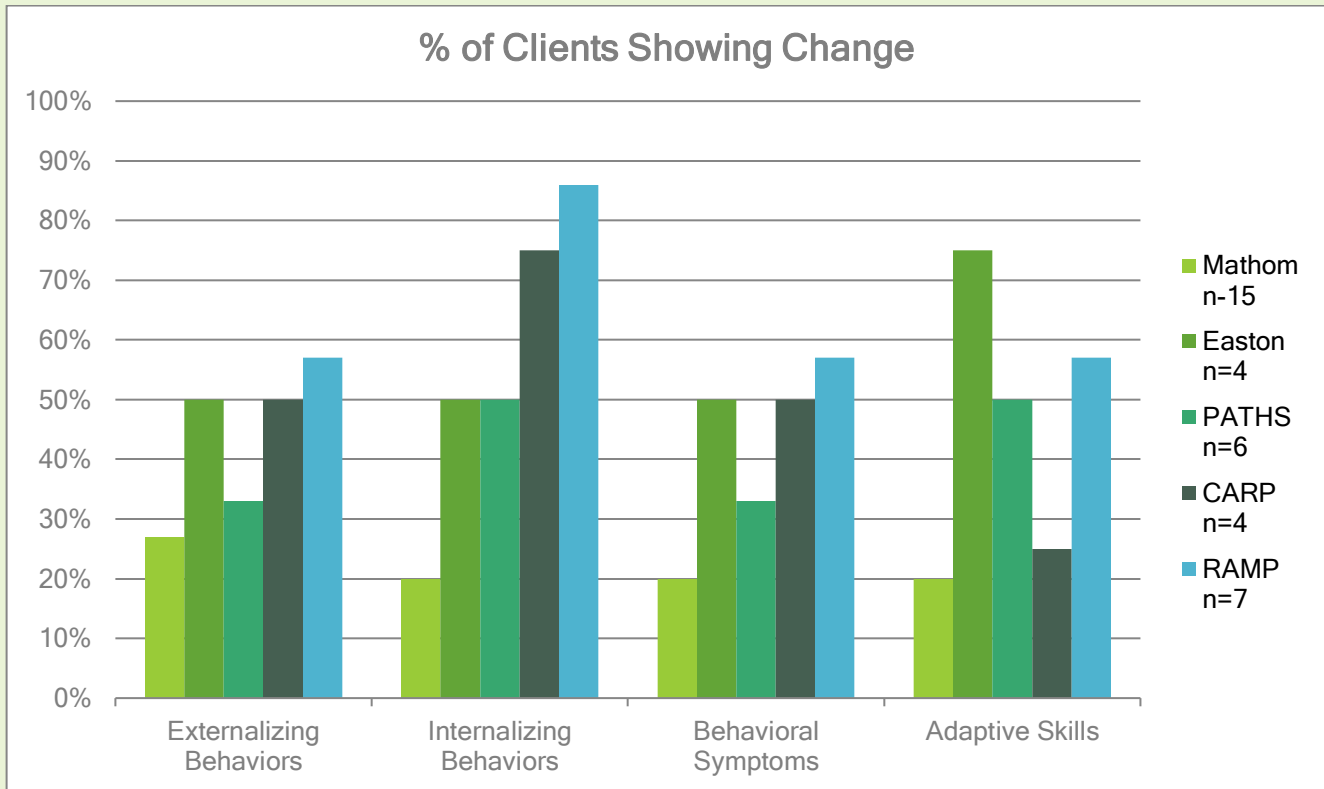
BASC -3 Self-Assessment



With regard to outcomes related to outpatient programs the disparity between CARP and RAMP outcomes may be due to the level of intervention. CARP's improved outcomes may come as a result of their intervention of both therapy and case management, as opposed to the sole mentoring/case management intervention of RAMP. These are two different populations, and RAMP clients are also frequently experiencing more difficult psychosocial stressors and exhibiting more pervasive behavioral issues. Internalizing symptoms may be characterological in nature and take significant insight as well as intervention to observe improved outcomes. What we do see is outcomes improving personal adjustment and emotional symptoms scores which can be reflective of the effectiveness of the therapeutic relationship, Motivational Interviewing, and increased involvement in pro-social community-based activities, and competency development in life skills. With regard to our residential programs (PATHS, Easton Manor, Mathom House) the overall positive trends in the graph can be attributed to the enhancements made within the program including the therapeutic curriculum, implementation of positive incentive plans, community engagement and medication management. Personal adjustment scores can be correlated to the prosocial activities that are conducted with the residents to help build positive peer relationships and self-esteem. With regard to limited improvement on emotional symptoms and internalizing problems, it can be hypothesized that processing personal trauma, acknowledging their problematic and/or illegal sexual behavior, along with any pre-existing mental health conditions is one of the more difficult components of treatment and often takes a combination of therapy, psychoeducation, and medication management before significant improvements are seen.

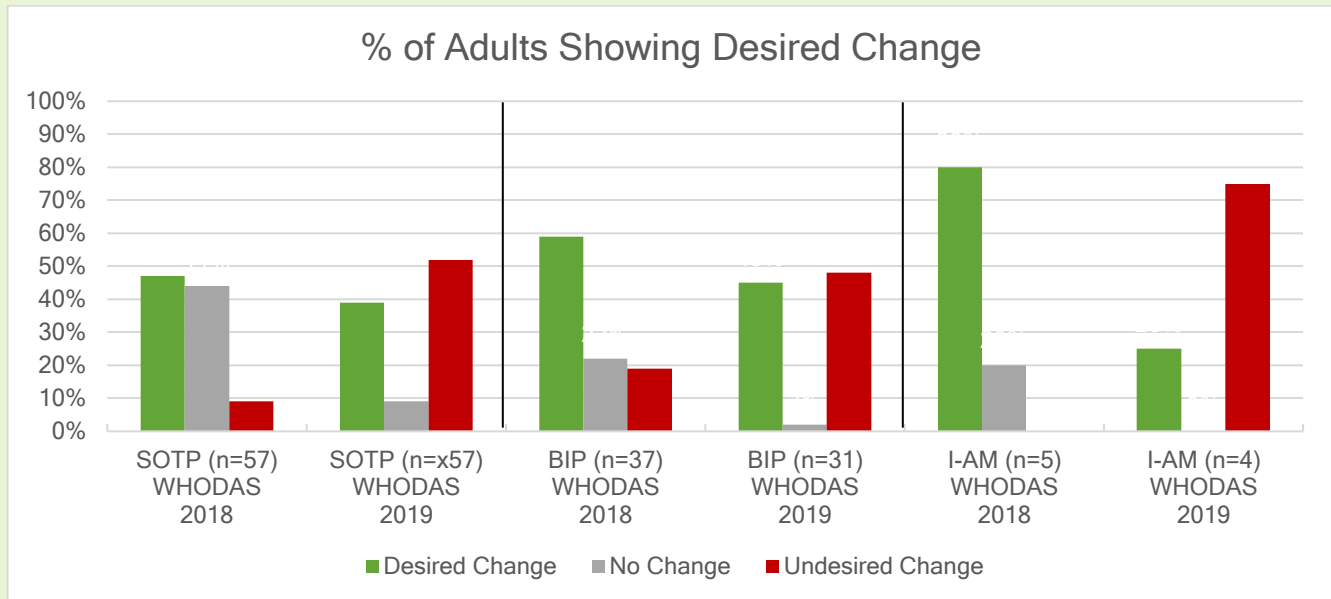
BASC-3 Parent Assessment

The chart below includes parent assessments that were completed only for the children who had corresponding pre- and post- tests on the self-assessment.



Mathom House generally had less clients showing the desirable change on each scale for both client and parent ratings. This may be due to the fact that Mathom House holds the only secure residential license in Edison Court, offering services to clients with the most challenging emotional and behavioral issues. The hope is that continuing to encourage family participation in treatment, psychoeducation, and consistent communication will help parents/caregivers to see areas of growth in their children.

CHANGE IN FUNCTIONAL STATUS - ADULTS



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.

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 were 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.

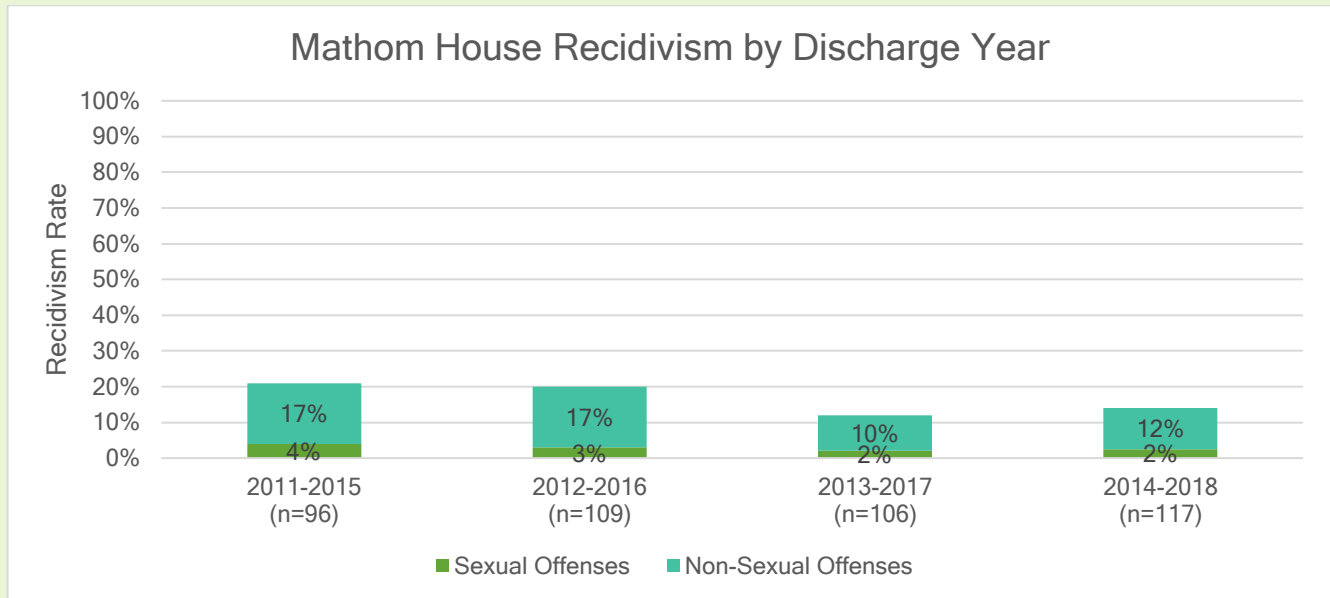
Despite limitations on data collection, ECI continues to use reported recidivism to hold itself accountable for delivering the best possible care for the sake of its clients and the safety of the community.

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 2020 Residential Treatment Impact & Client Outcome (RTICO) report at <https://edisoncourt.com/about/outcomes>.

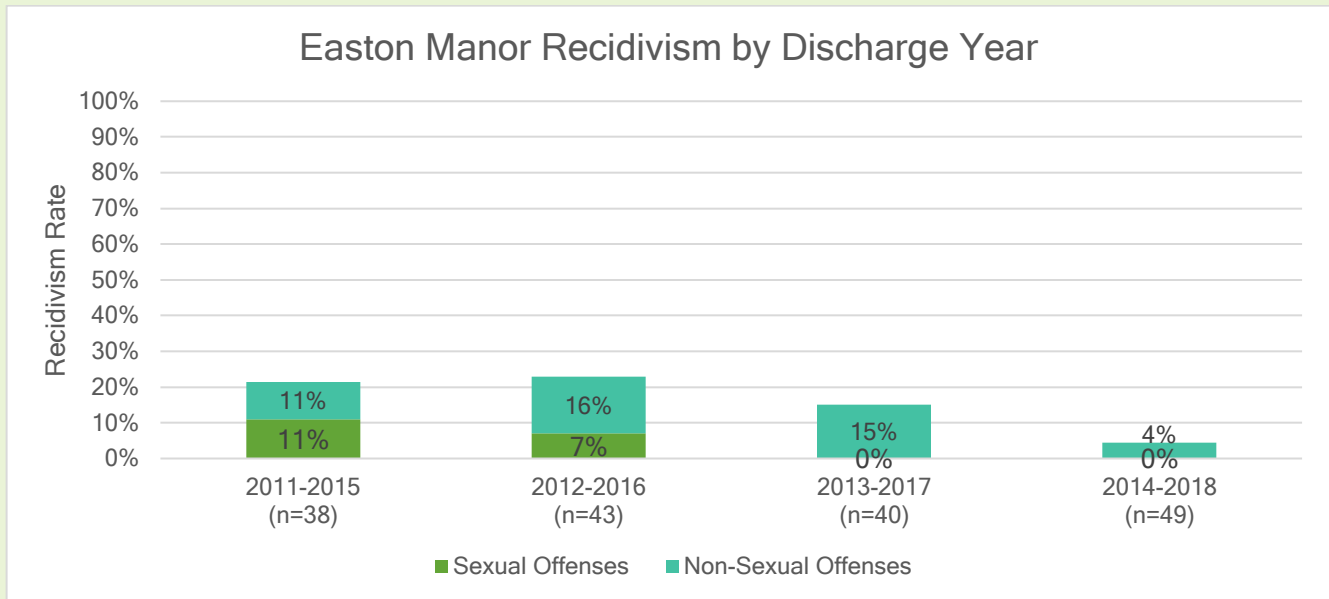
Previous versions of this report have referenced relevant sexual recidivism norms as ranging from 2% to 7.5%. For the purpose of this 2019 annual report, meta-analyses were used to provide a more empirically sound range of sexual recidivism norms. Meta-analyses yielded a national average of a **7-13%** sexual recidivism (5-year tail), and **23-77%** general/non-sexual recidivism rate for adolescent offenders (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking; SMART.gov, 2020).

MATHOM HOUSE RECIDIVISM



This year's finding reflects a generally stable recidivism profile when compared to last year's sample, notwithstanding a decrease in sexual felony and an increase in non-sexual misdemeanor charges. All recidivism data was gleaned through standard state (PA) criminal record reviews that block release of sub-felonious charges for juveniles. Nonetheless, our findings fall at the low extreme of post-treatment recidivism rates for this population gleaned via meta-analysis (7-13%). Readers are referred to ECI's full 2020 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



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. 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 2020 Residential Treatment Impact & Client Outcome (RTICO) at <https://edisoncourt.com/about/outcomes> for a more detailed analysis of Easton Manor recidivism rates.

PATHS RECIDIVISM

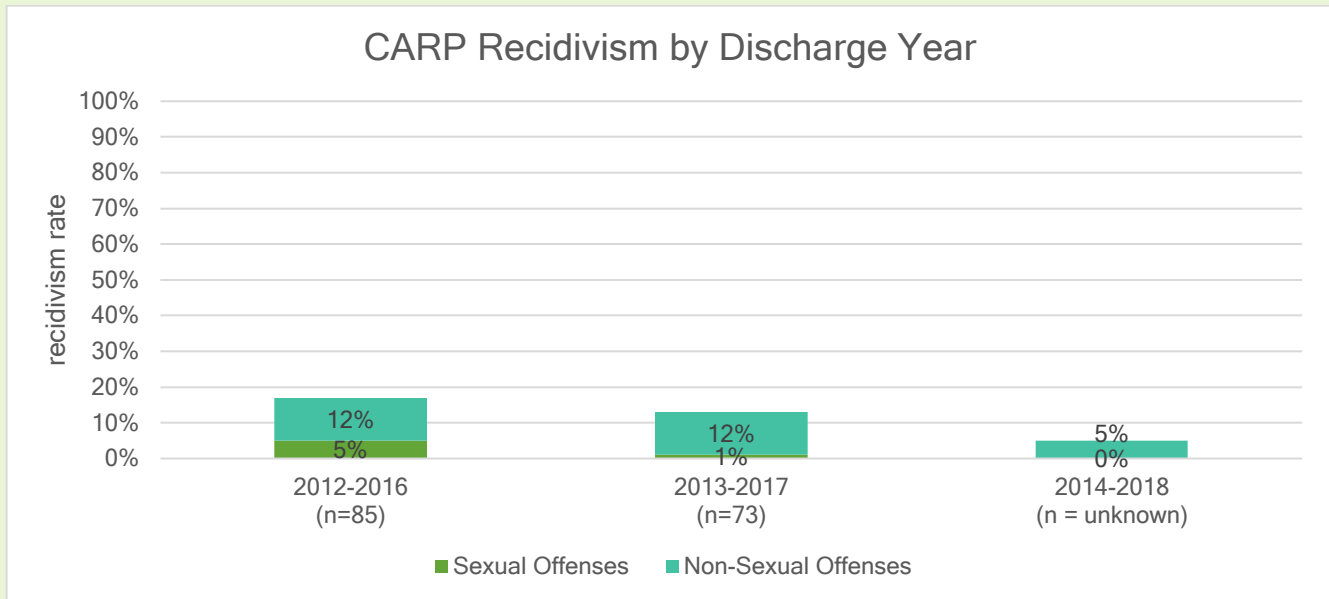
ECI's PATHS program began providing services in 2017. Recidivism data will be collected for this program when a sufficient sample size exists.

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%. For the purpose of this report, updated meta-analyses yielded a national average of **7-13%** sexual recidivism (5-year tail), and **23-77%** general/non-sexual recidivism rate for adolescent offenders (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking; SMART.gov, 2020). It is the goal of our 2020 annual PQI report to provide a RAMP recidivism benchmark for general juvenile delinquency (non-sex offense specific) supported by research.

CARP RECIDIVISM



Ravenhill's Community Adjustment & Reintegration Program (CARP) was initiated in 2012. In 2019, 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 2019 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.

In 2018, Ravenhill's Community Accountability and Recidivism Prevention- Intensive Diversion Program (CARP-ID), were separated from the CARP program. Recidivism rates for the 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.

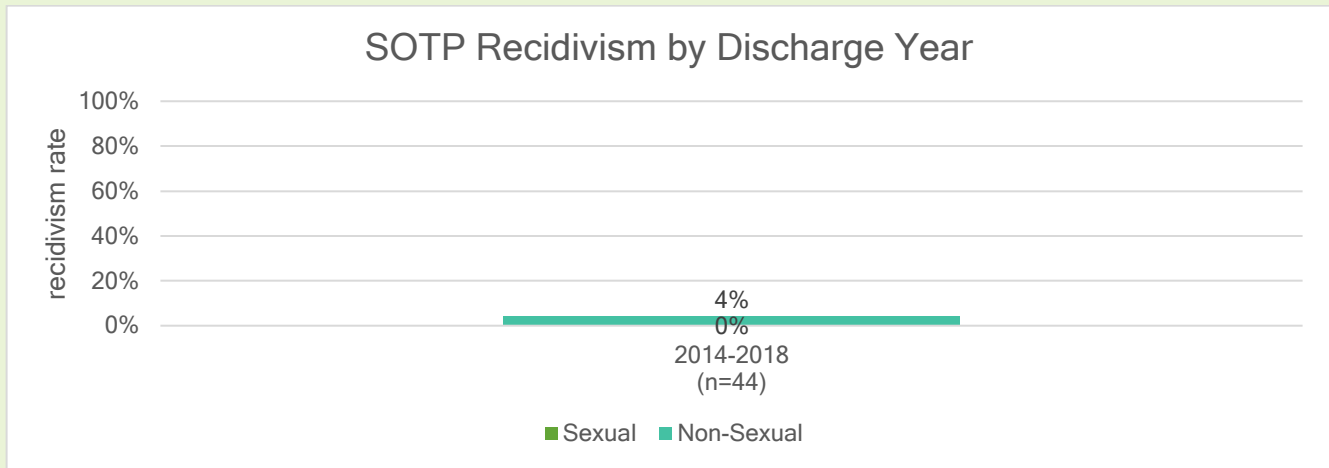
RAMP RECIDIVISM

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. A full five-year period has not passed yet for the RAMP program for reporting purposes.

OUTPATIENT RECIDIVISM - ADULTS

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

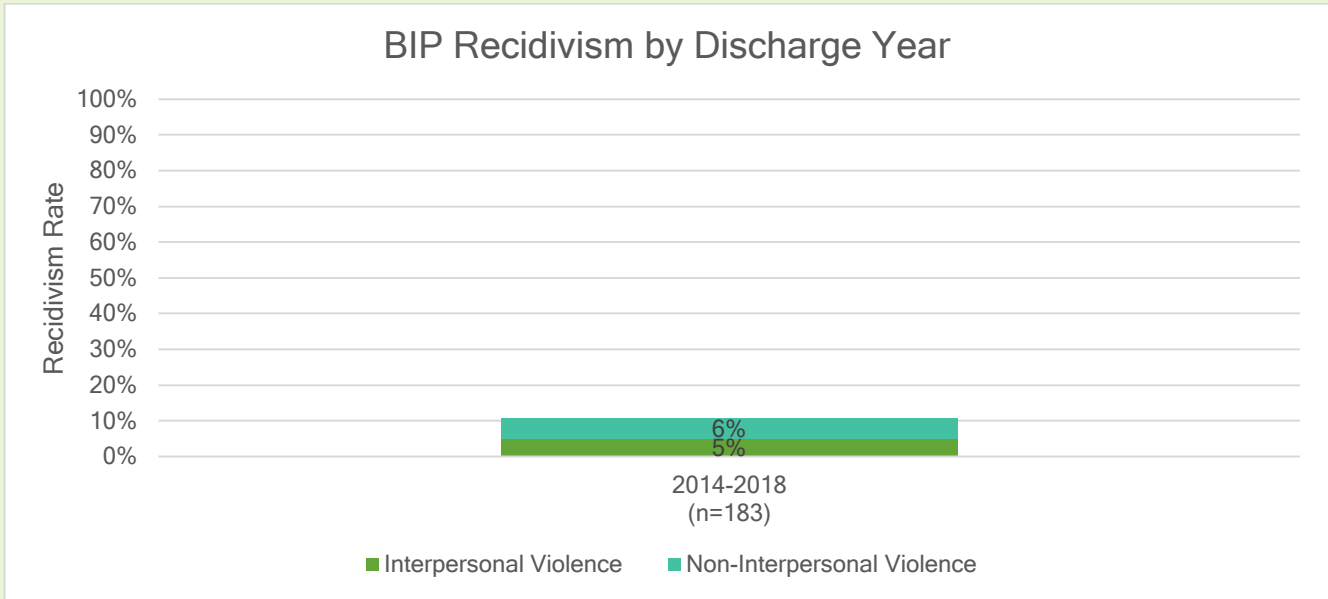
SOTP RECIDIVISM



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 programming. The decreased recidivism rates reported are likely the result of the same number of recidivists representing a smaller portion of the whole as the sample size grew.

Previous versions of this report have referenced sexual recidivism norms for this population as being 19% for 'rapists' and 13% for 'child molesters.' Updated literature was reviewed for the purpose of this report. It should be noted that measuring adult sexual offense recidivism is difficult due to underreporting and different methods used in research studies. Studies with longer follow-up periods show that recidivism increases over time. Furthermore, different "types" of sex offenders have different recidivism rates. Nevertheless, the following data was used for the purpose of creating statistically sound norms for comparison for the purpose of this report. Sex offenders – regardless of type – have higher rates of general recidivism than sexual recidivism. Recidivism studies have consistently found that adult sex offenders have much higher rates of general reoffending than sexual reoffending. A 2004 study (Hanson, R.K., & Morton-Bourgon, K., "Predictors of Sexual Recidivism: An Updated Meta-Analysis," Public Safety and Emergency Preparedness Canada) analyzed findings from 95 studies and found that sex offenders had an average overall recidivism rate of 37 percent compared to an average sexual recidivism rate of 14 percent, based on follow-up periods of 5 to 6 years. This suggests that policies aimed at protecting the public from sex offender re-offense should be concerned with the likelihood of any form of serious recidivism, not just sexual recidivism. For the purpose of this report, we will utilize an average adult sexual recidivism rate of 14% (5-6-year tail), and a general recidivism rate of 37% (SOMAPI Report Highlights; Adult Sex Offender Recidivism, Smart.ojp.gov, 2020). Though Hanson's 2004 meta-analysis was the most recent study referenced by the SMART office, it is a goal of our 2020 annual report to reference the most recent meta-analysis regarding adult sexual recidivism.

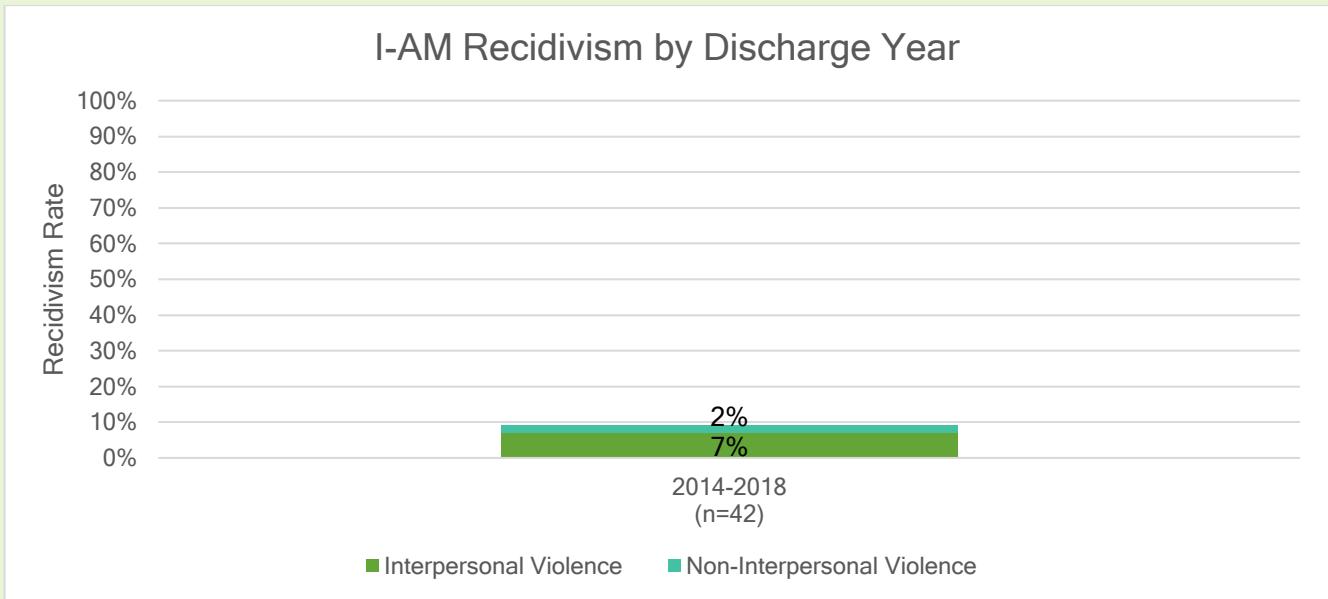
BIP RECIDIVISM



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 2020 version of this report to provide references for cited norms to improve credibility and accountability.

I-AM RECIDIVISM

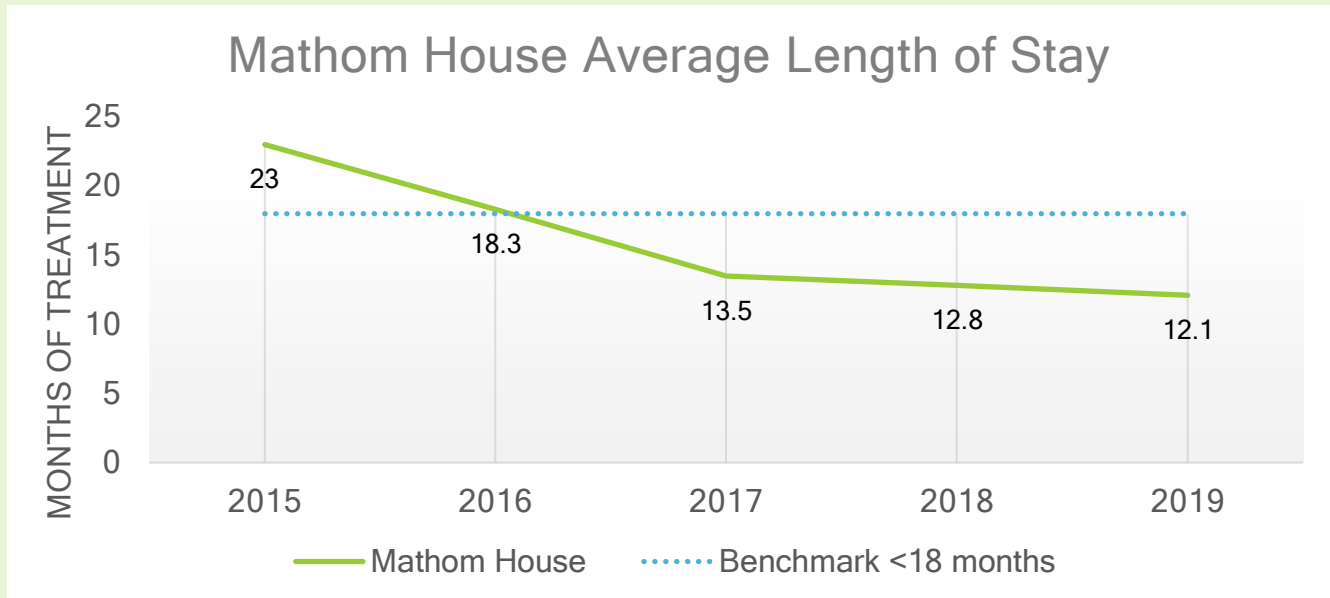


This was also the fifth year that recidivism rates for Ravenhill’s Integrated-Anger Management program were collected. Recidivism rate remained around the same. This could be attributed to lack of comparison with the five-year tail just beginning to be reported this year.

LENGTH OF STAY

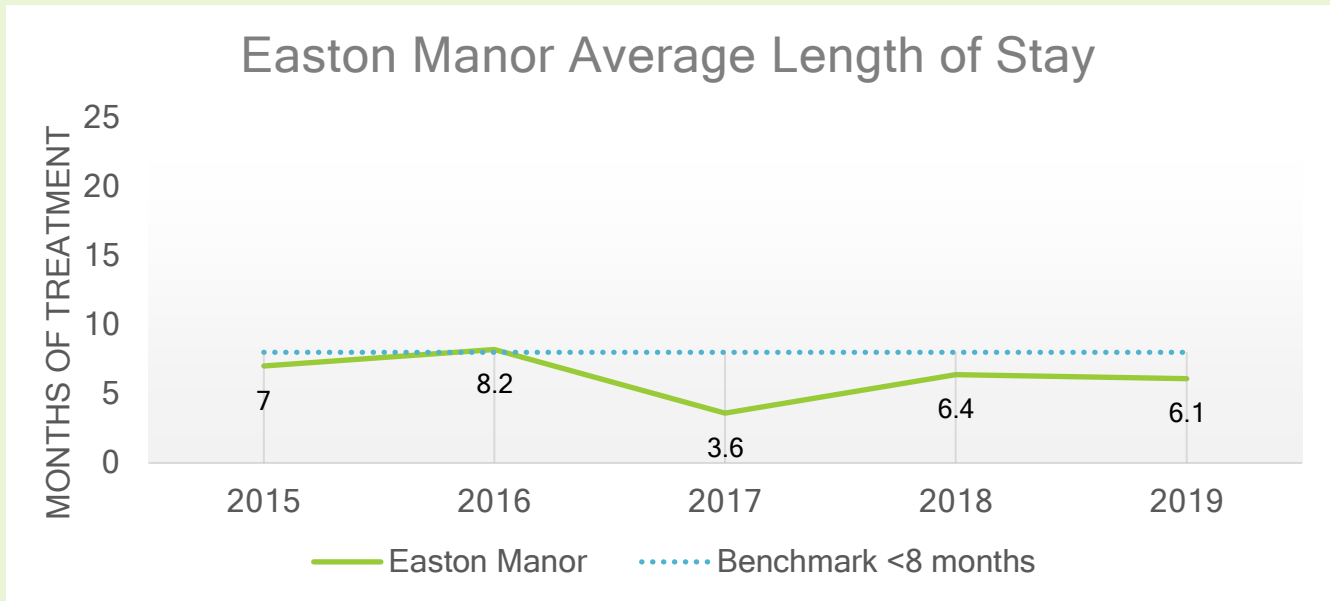
ECI remains attentive to the average length of stay in our residential programs with the goal of providing the most effective and efficient treatment possible. We understand the importance of clients receiving care in the least restrictive environment while balancing the importance of community safety. 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



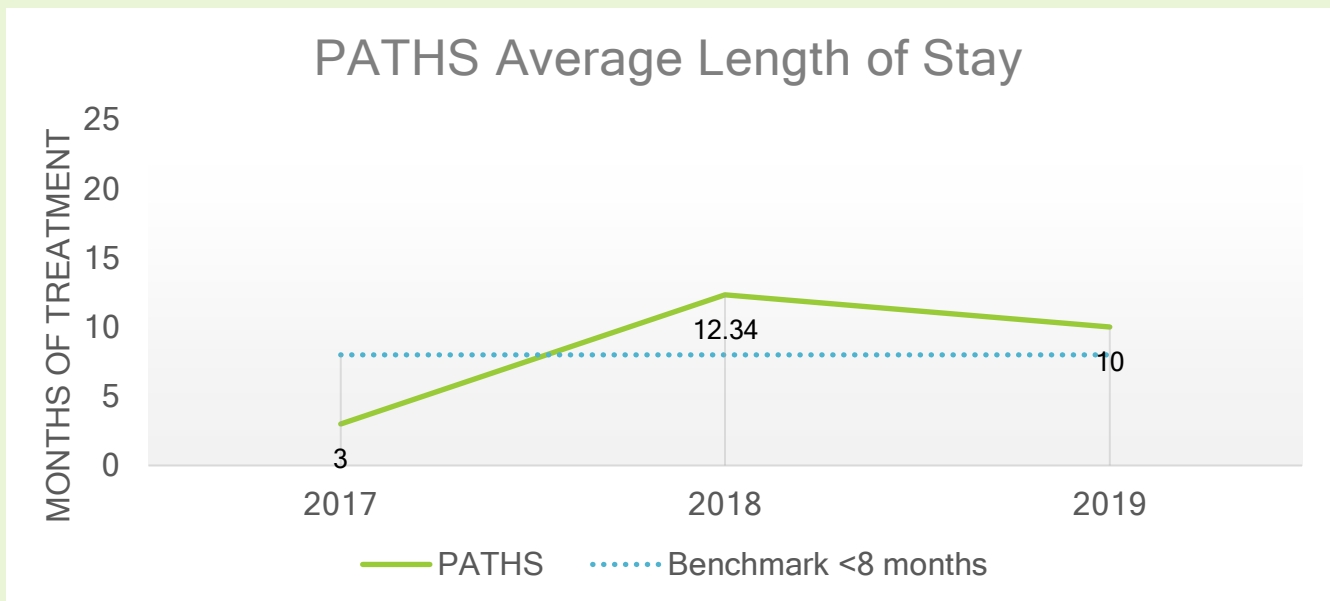
The average length of stay for residents successfully discharged from Mathom House has continued to decrease since 2015 and remains under the benchmark of 18 months. Changes in curriculum are credited with contributing to the drop. A “typical” length of stay at Mathom House is usually described as 12 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



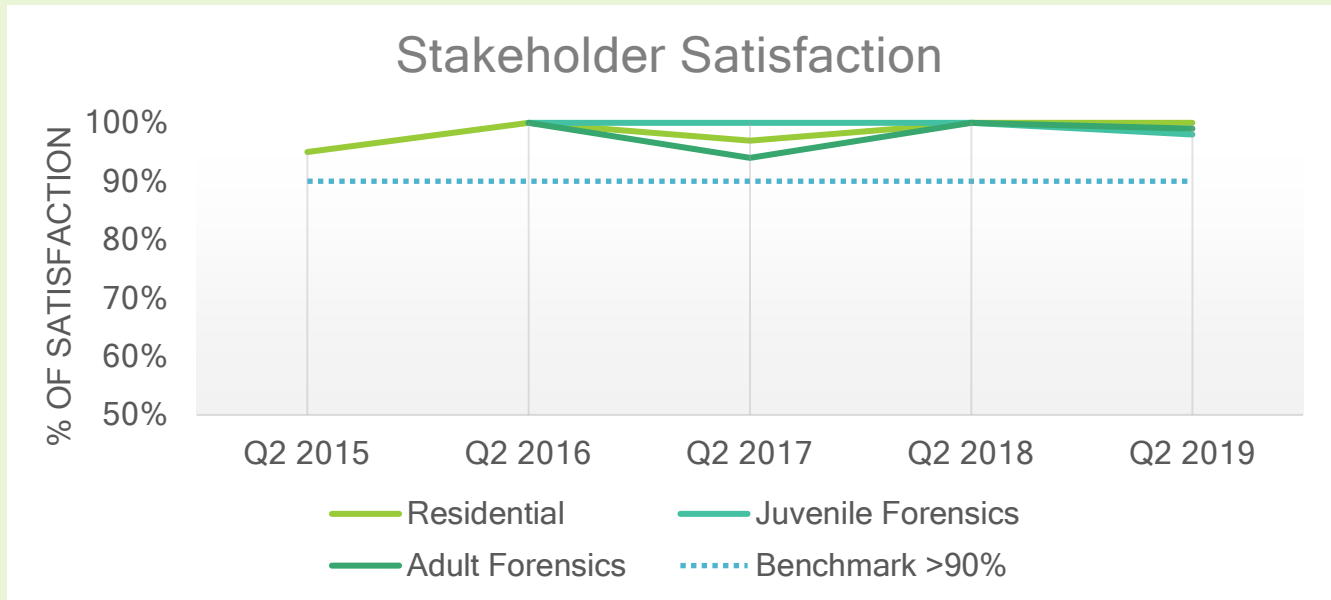
Easton Manor displayed a decrease to 3.6 months in length of stay in 2017, and then increased back to a 6-month length of stay in 2018 and 2019. It is believed that this drop was more likely due to a change in how referral sources viewed Easton Manor, rather than a change in curriculum. Recently, Easton 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 of 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. 2018 yielded 4 successful discharges with an average length of stay of 12 months. In 2019, PATHS had 3 successful discharges with an average length of stay of 10 months. This measure will continue to be monitored with the hope for more stable metrics as more successful discharges are achieved.

STAKEHOLDER SATISFACTION

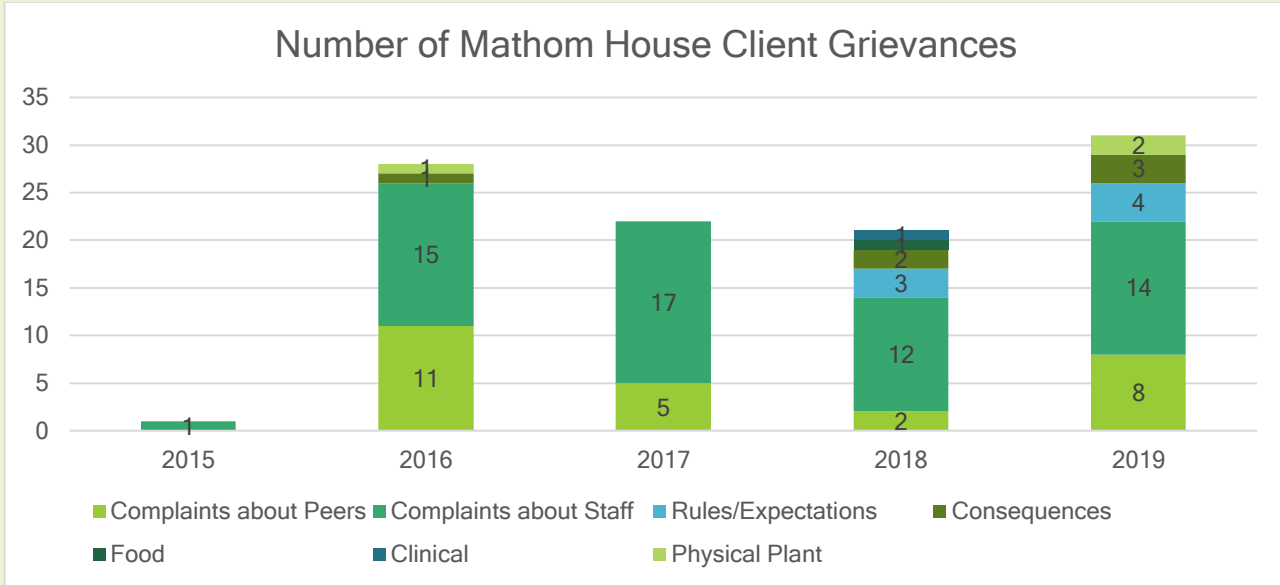


In 2015, ECI began more formally assessing stakeholder satisfaction through surveys distributed to referral sources including Probation Officers and county Child Welfare Caseworkers. Stakeholder Satisfaction continued to exceed the established benchmark in 2019, with all programs reporting near 100% satisfaction. Efforts to provide exceptional service and care will continue in 2020 with the expectation that these satisfaction rates will be maintained.

COMPLAINTS & GRIEVANCES

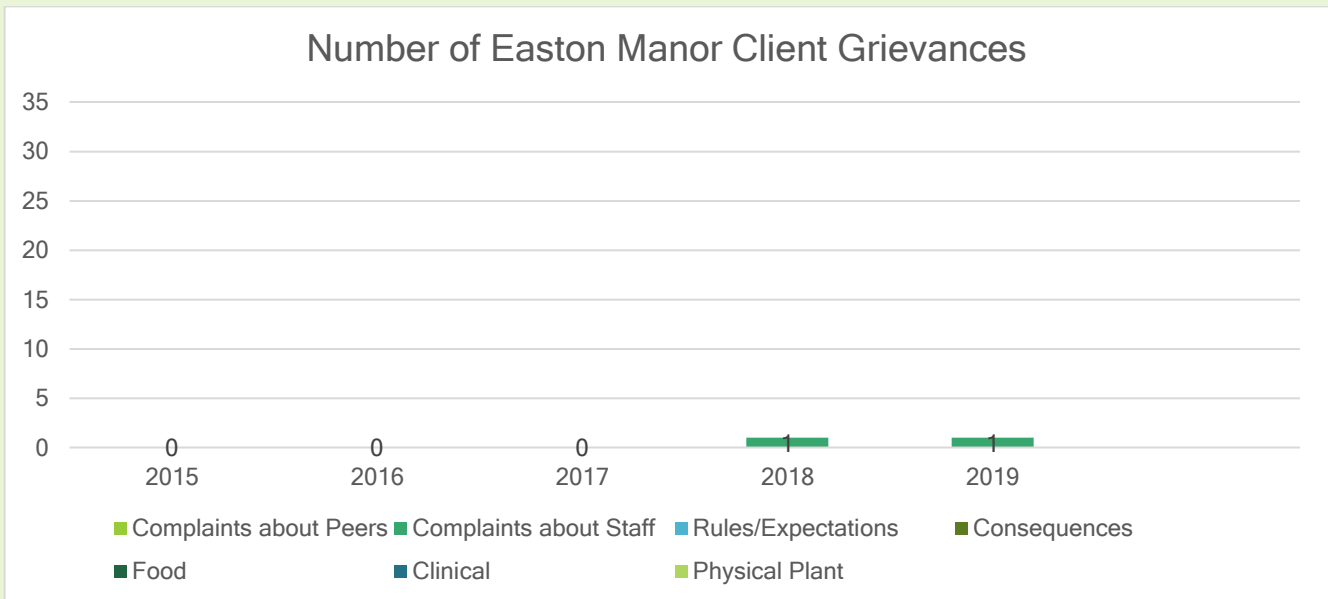
Consistent with our values, we honor the voice of the client and their family, therefore providing us another opportunity to improve services. In 2019, ECI received 31 client grievances from Mathom House residents, one from an Easton Manor resident, and 21 from PATHS residents. No formal grievances were filed by clients’ families, employees, or clients in any of ECI’s outpatient programs in 2019.

MATHOM HOUSE COMPLAINTS & GRIEVANCES



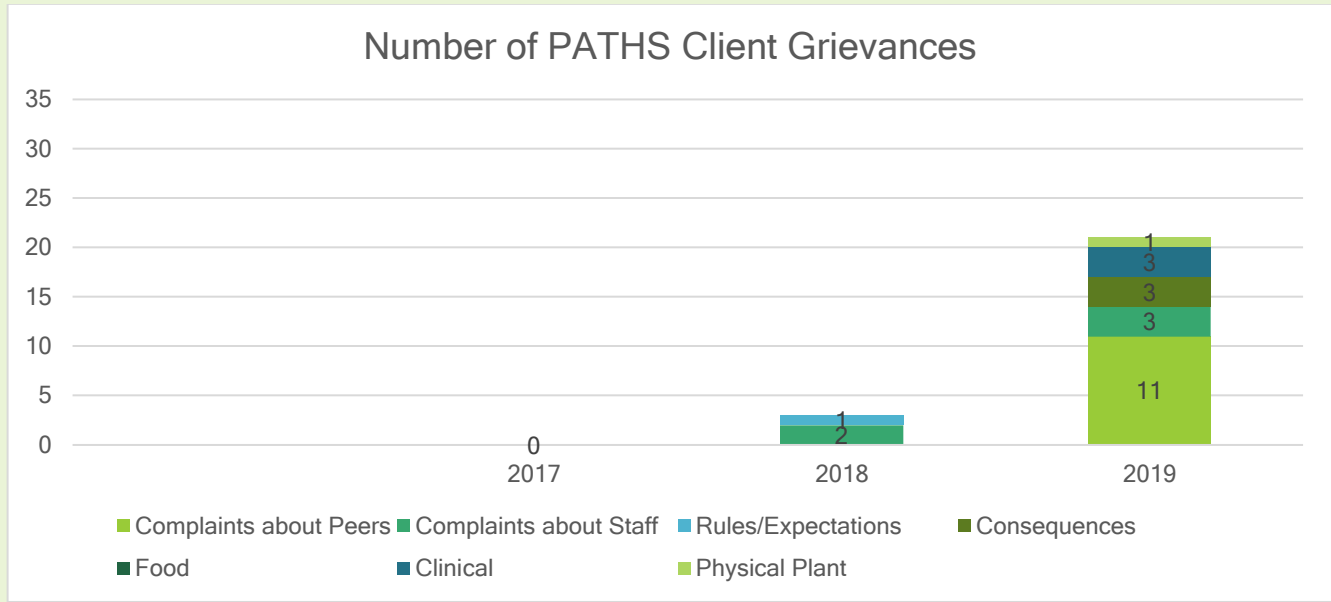
The total number of formal grievances filed at Mathom House increased significantly in 2019, with the largest number of complaints being made by residents regarding concerns with direct care staff compensation. Five of the complaints were filed by a group of residents who overheard staff discussing dissatisfaction about their rate of pay, and filing the grievance about this to administration. Administration discussed making every effort to recruit and retain staff. Most other grievances were resolved by addressing miscommunications or reeducating staff and residents about proper policies and procedures, including bullying behavior.

EASTON MANOR COMPLAINTS & GRIEVANCES



One formal client grievance was filed at Easton Manor in 2019. The grievance was filed in relation to kitchen staff providing different food to residents and staff than at Mathom House. The grievance was substantiated and addressed.

PATHS COMPLAINTS & GRIEVANCES



There was a significant increase in PATHS complaints in 2019. Most were related to problems with peers and were resolved by addressing miscommunications or re-educating staff and residents about proper policies and procedures, including bullying behavior. Complaints and grievances increased due to increased census in program and education to residents on how to file complaints and grievances.

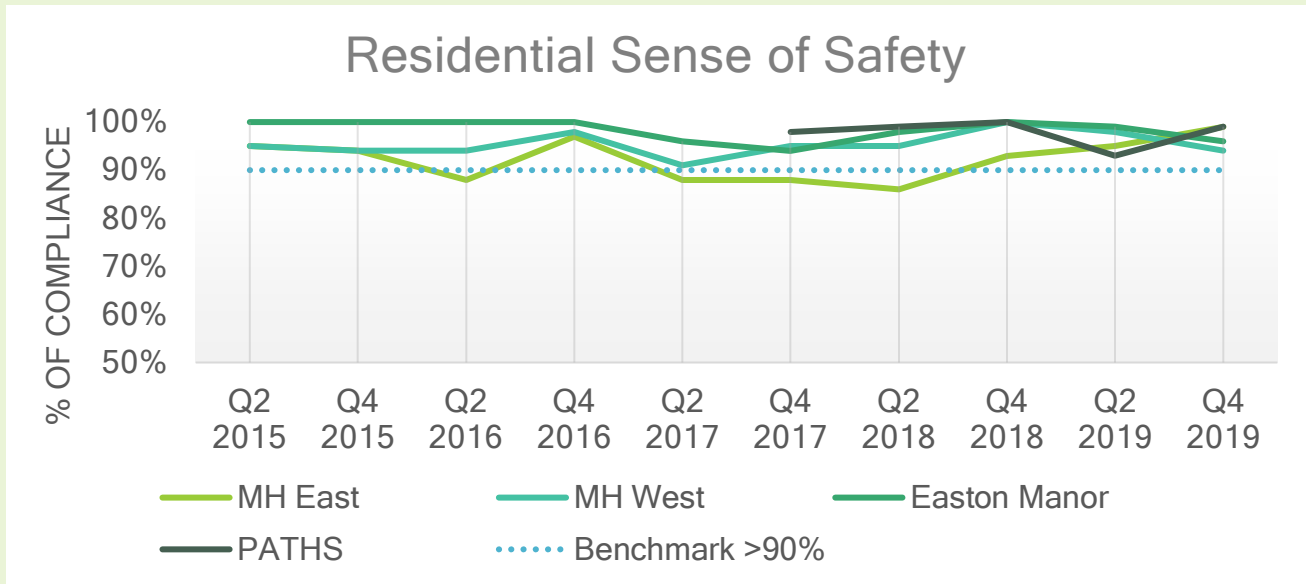
SAFETY & SECURITY

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.

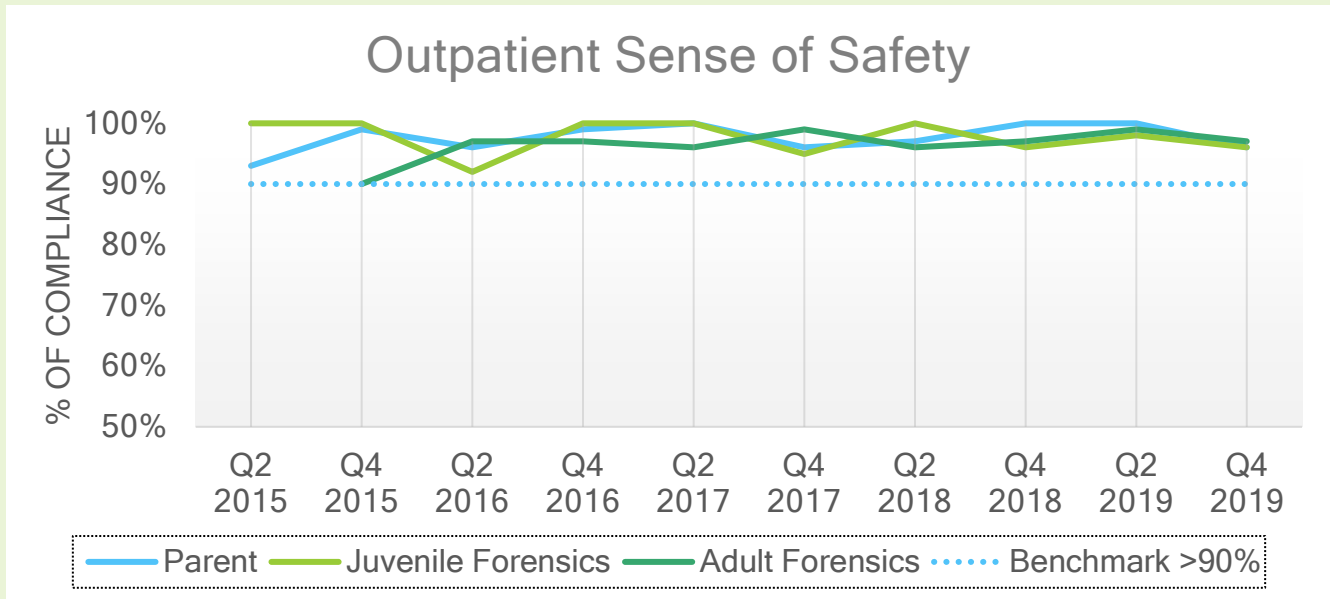
RESIDENTIAL SENSE OF SAFETY



Residential Sense of Safety assessments evaluate residents’ sense of physical, psychological, social, and moral safety in ECI’s residential programs. All residential programs have exceeded the established benchmark for this metric for the past year. Each program did identify individual metrics which they chose to address. Mathom House reported lower physical safety due to the behaviors of two residents around the time of survey distribution. Those residents have been discharged and Mathom House will dedicate resources to training new staff to ensure they are able to handle similar situations in the future. The clinical team is attempting to address reported concerns with public humiliation and putdowns by implementing anti-bullying techniques into sessions. Building cleanliness continues to be addressed by the Residential Coordinator and Shift Supervisor Team.

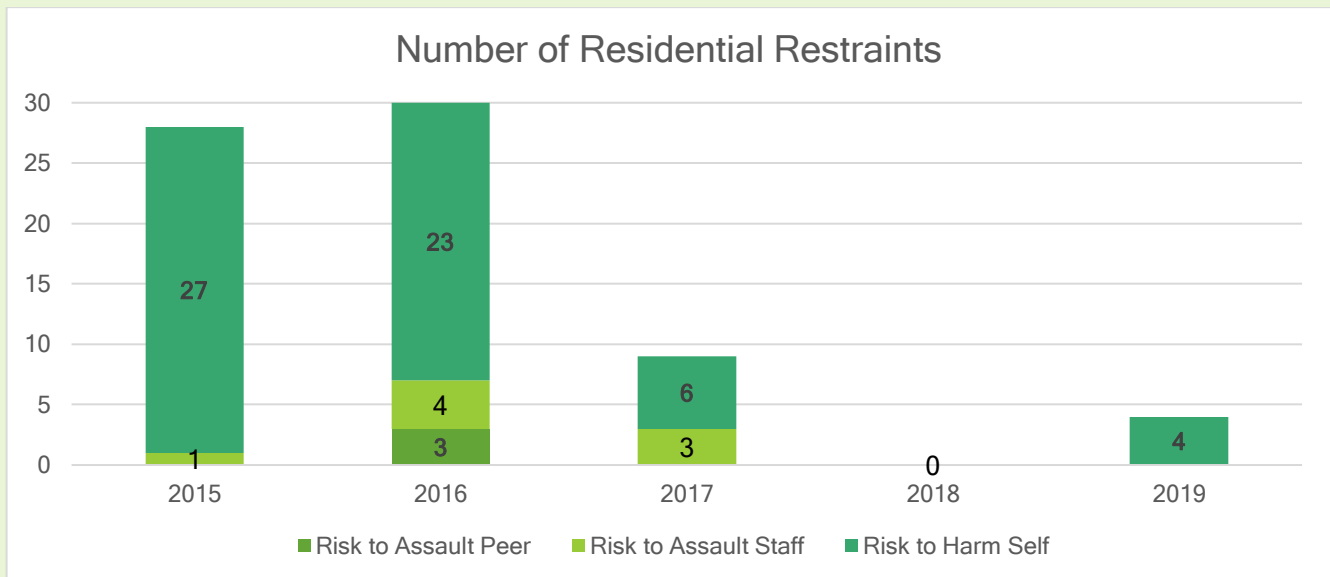
Perceived favoritism exercised by staff continues to be an ongoing issue for all programs, although Mathom House did note an improvement from Q2 of 2019 which is credited to the further individualization of treatment and behavioral efforts. Easton Manor identified a specific issue with a former employee and expects this metric to improve now that the employee is no longer with ECI. Finally, PATHS is considering changing the wording of the question in attempts to reduce confusion about favoritism and staff’s adherence to policies and procedures.

OUTPATIENT SENSE OF SAFETY



Surveys related to clients’ comfort within Ravenhill’s therapeutic and professional relationships and settings were administered in the second and fourth quarters of 2019. All outpatient programs continued to report elevated senses of safety, as they have since 2015. Due to this, Ravenhill’s quality improvement efforts were focused on other metrics and are summarized in the other sections of this report.

RESTRAINTS

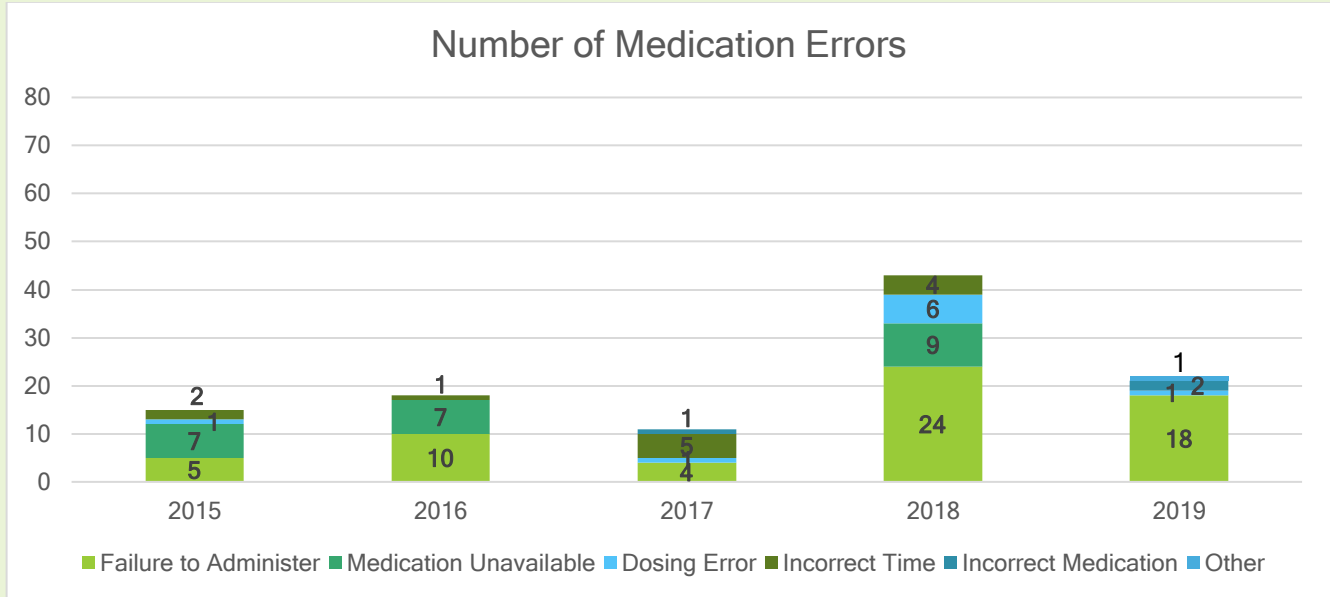


Quarterly, ECI’s Performance and Quality Improvement Committee analyzes restraint data to determine any trends or patterns. In 2017, there was a dramatic drop in the number of restraints compared to previous years, an accomplishment which was credited to an improved screening process for referrals and the implementation of Managing Aggressive Behavior (MAB) methods for crisis intervention. These practices continued through 2019 and resulted in a low number of physical restraints taking place at ECI (three at Mathom House and one at PATHS).

RESIDENTIAL SAFETY-RELATED INCIDENTS

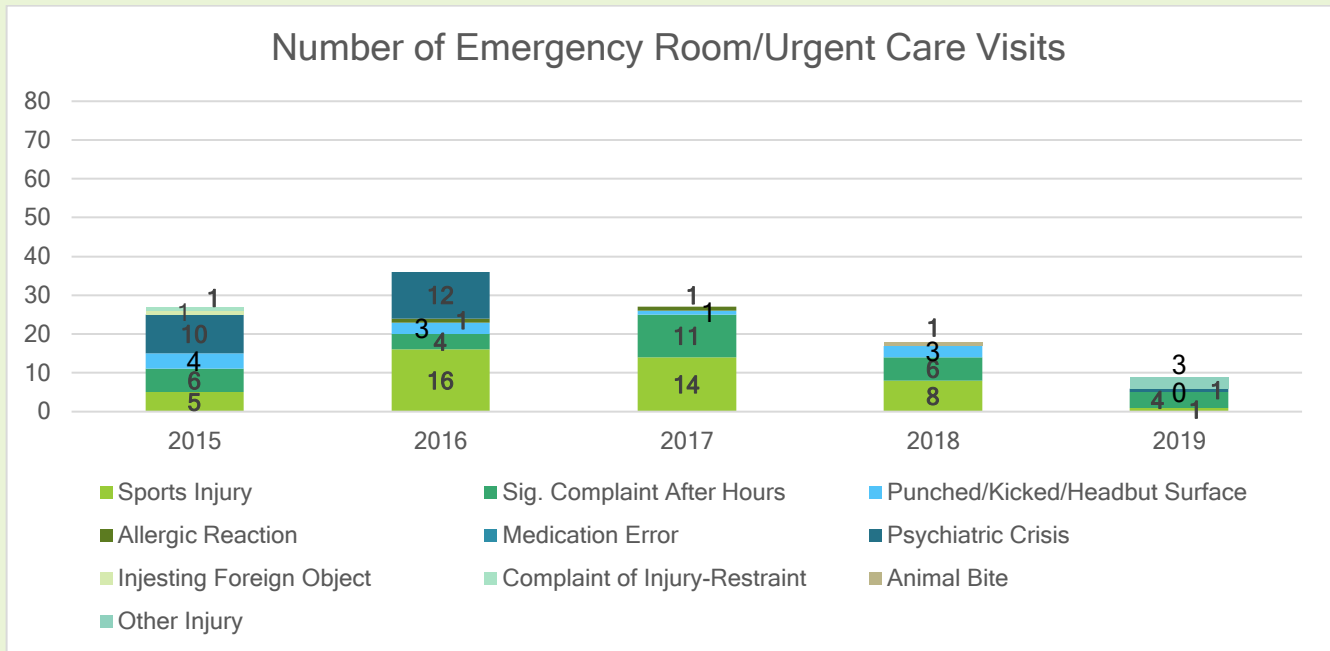
Providing a safe and secure environment in which our clients receive treatment is a fundamental priority. We have selected medication errors, emergency room care, self-injurious behavior, and sexual misconduct as the most significant safety-related incidents to monitor and address, as necessary.

MEDICATION ERRORS



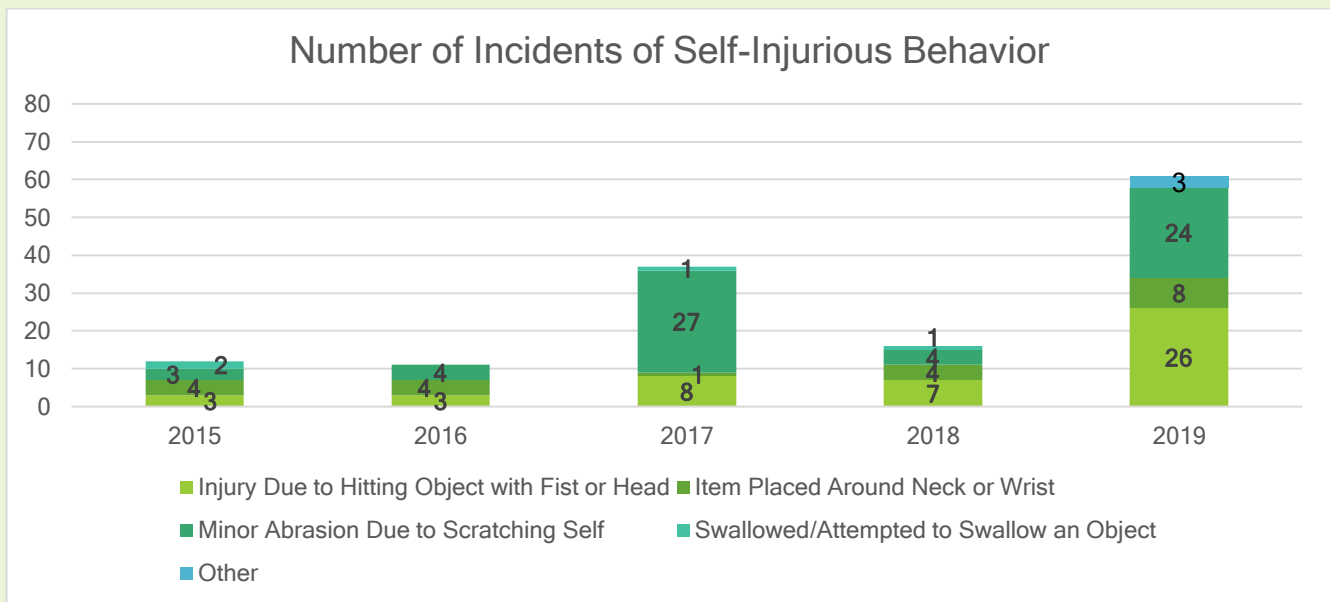
In 2019, the medication administration errors dropped to almost the rates seen in 2017 and in prior years. The programs continue to implement measures to reduce medication errors in the programs including having staff complete quizzes to keep information fresh in their mind and to have individuals responsible for Medication Administration set alarms on their phones. Additionally, the level of accountability has increased and formal consequences are being given to the staff responsible for medication errors due to the serious safety concern they cause.

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. ECI saw a decrease in total number of visits compared to the last four 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 2020.

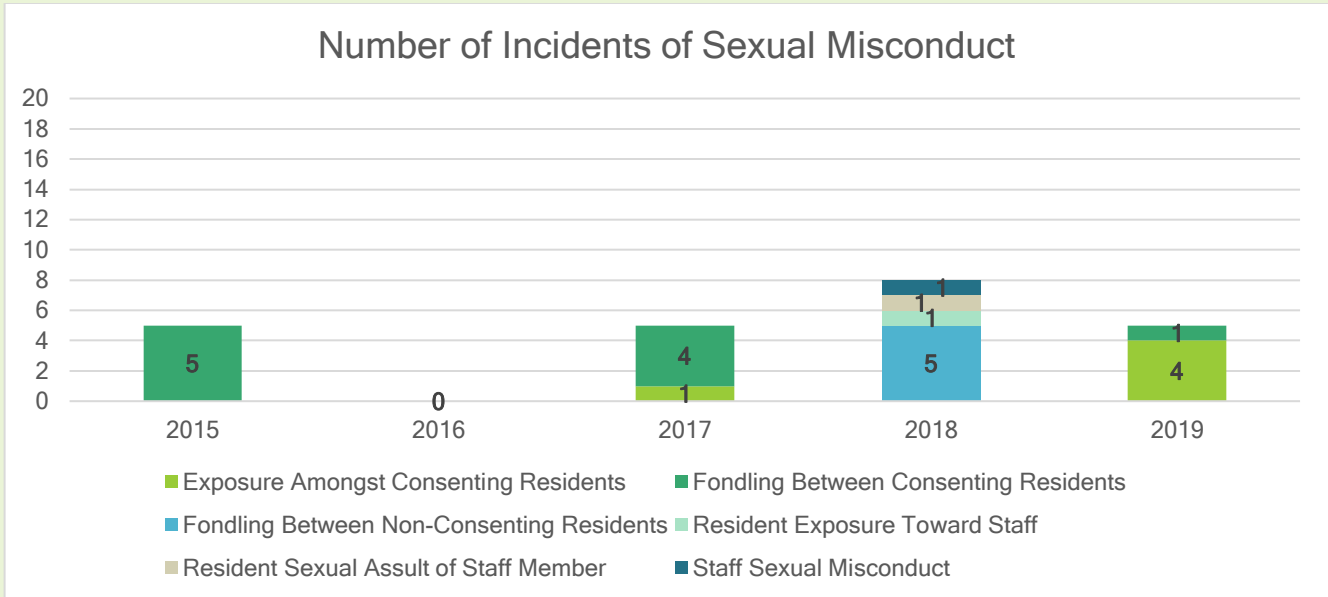
SELF-INJURIOUS BEHAVIOR



In 2019, there was a sharp rise in the number of self-injurious behaviors. This appeared to be largely due to multiple incidents involving the same residents. A majority of the residents were either moved to a higher level of care or improved. In an effort to be proactive about this significant increase in incidents, an ad hoc meeting committee was developed to discuss the incidents. This included restructuring the On-Call Decision Making

Tree to eliminate the resident from immediately going to Crisis. Staff stated they were beginning to notice a trend in these behaviors, and the client’s desire to go to Crisis for a number of reasons resulting in the belief that being at Crisis yielded privileges that are not available at Mathom House. Additionally, surveys were distributed to the residents pertaining to what they would like to see improve within the program to make their stay more desirable. Proper training of staff in appropriate clinical and behavioral interventions will continue in 2020 to ensure the safety of ECI’s residents and further reduce incidents of self-harm in the coming year.

Sexual Misconduct

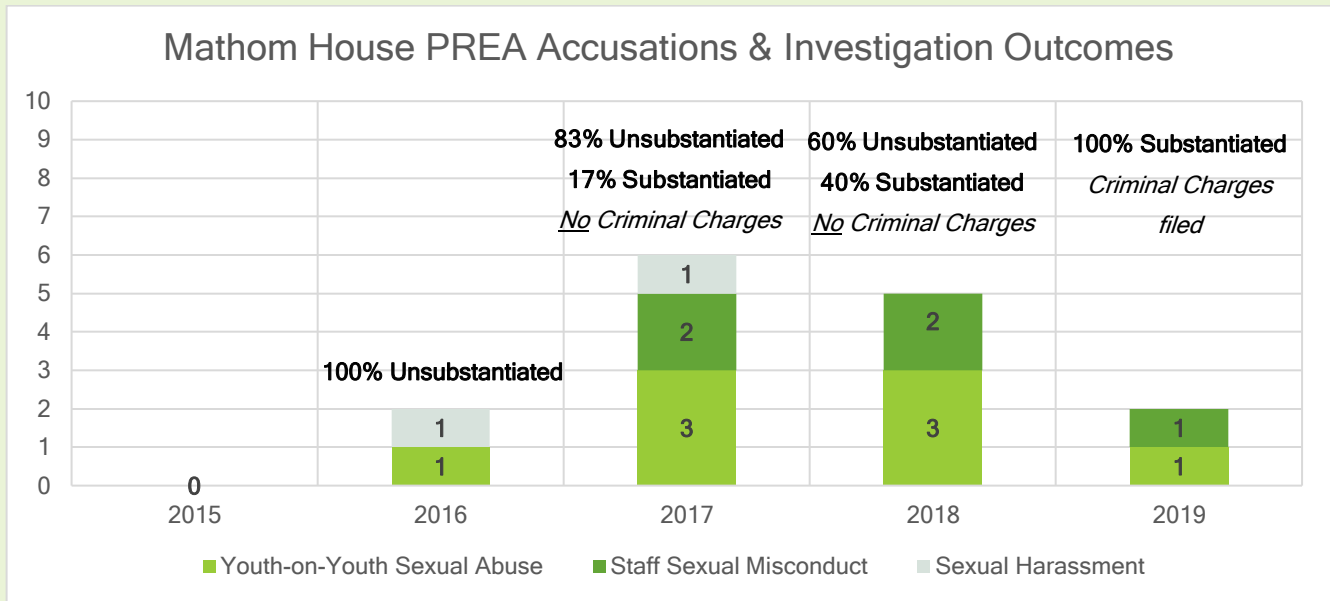


Four exposure incidents at Mathom House, and one fondling incident in Q1 all involved the same resident. Each incident was investigated, and individualized corrective action plans were implemented in a timely manner. However, high staff turnover continues to impede ECI’s attempts to proactively prevent 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.

PRISON 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

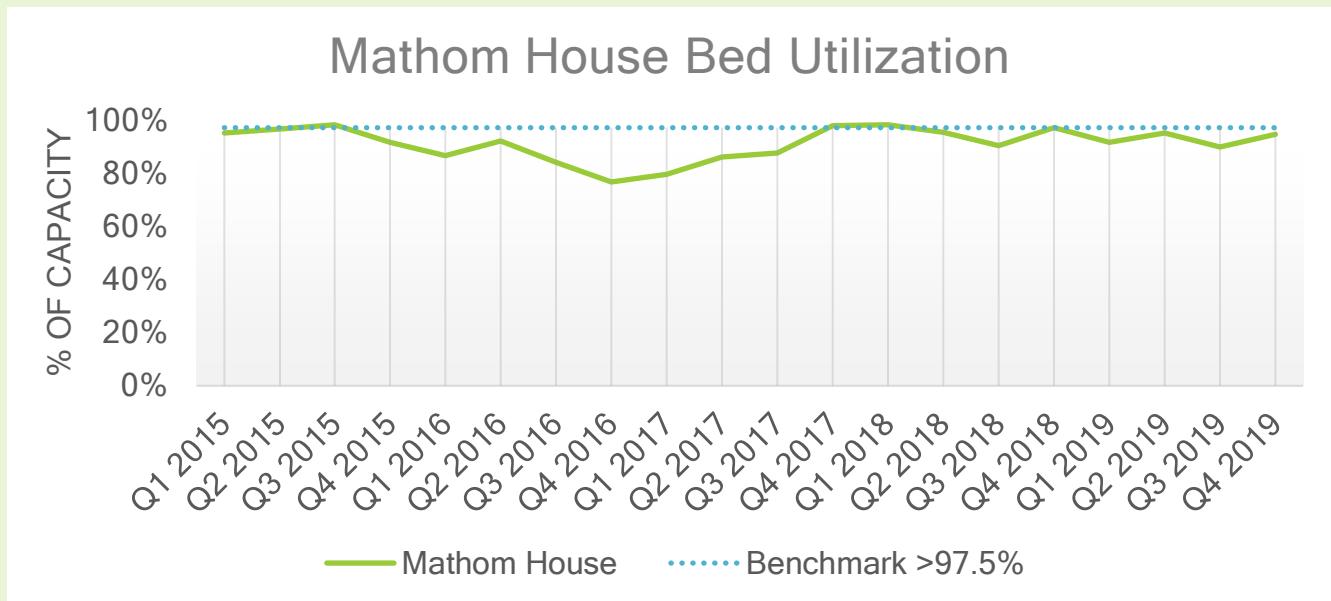


Two PREA accusations, one youth-on-youth sexual abuse (physical contact) and one resident/youth were received at Mathom House in 2019. Both allegations were investigated both internally and criminally by the Doylestown Township Police. The allegations were substantiated, and criminal charges were filed against the former staff member following the criminal investigations. Charges were not filed against the resident due to him being identified as the victim of abuse by the former staff. It should be noted that no PREA incidents have been reported at Easton Manor since the implementation of PREA, which is why only Mathom House PREA incidents are represented above.

BED UTILIZATION

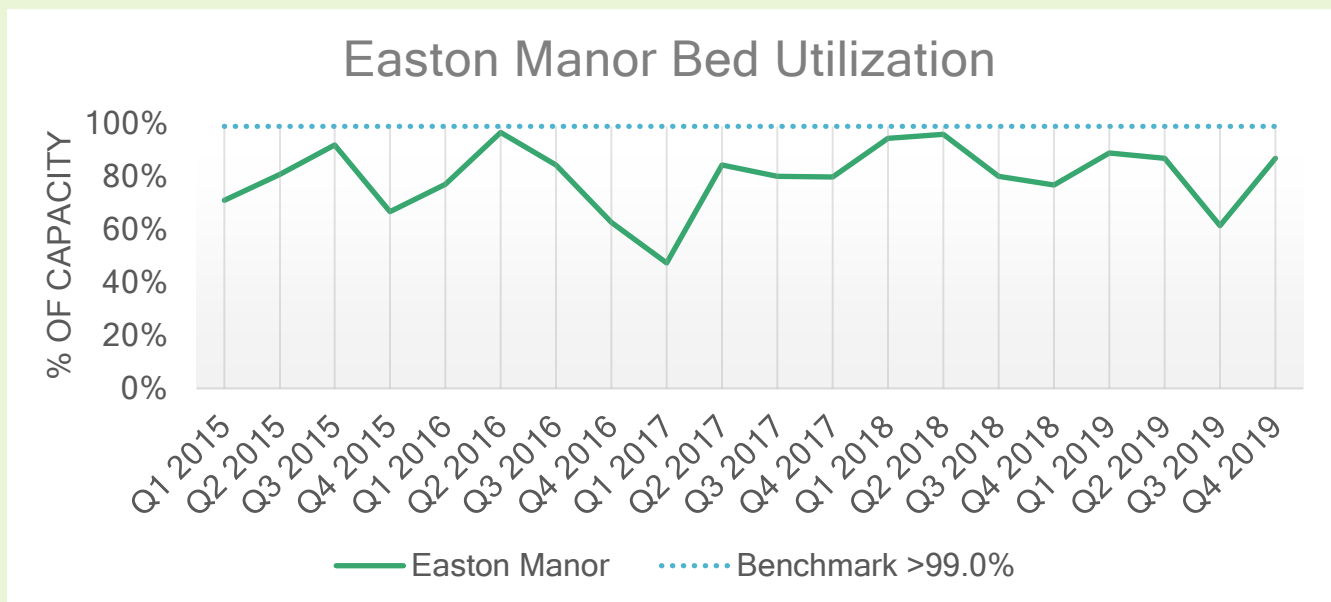
The rate of juvenile crime has fallen in recent years and there has been a national shift away from the use of congregate care for the individuals who do find themselves in the juvenile justice system. In addition to a shrinking pool of candidates, the recently passed Family First Prevention Services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

MATHOM HOUSE BED UTILIZATION



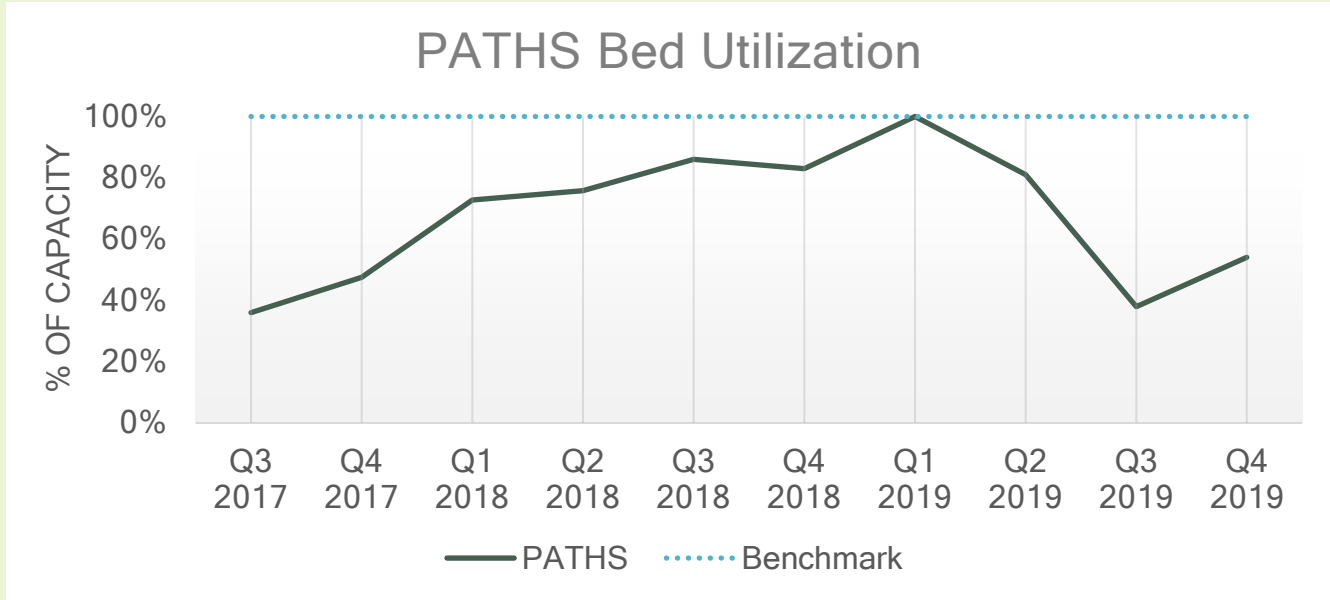
Mathom House continued an 18-month trend of oscillating just below benchmark for this metric. While the current pattern does show improvement compared to last quarter, the PQI Committee is tasked with identifying causes and ways to prevent dips in the first quarter of 2020 as is indicated by the pattern.

EASTON MANOR BED UTILIZATION



Easton Manor saw a notable increase in bed utilization between the third and fourth quarters of 2019. Despite this increase, bed utilization at Easton Manor has fallen below benchmark for the past five years. This has previously been attributed to stakeholders' impression of Easton Manor as a 'stepdown program' from Mathom House rather than an independent program which can receive direct referrals. Previous improvement plans have suggested re-educating stakeholders on the purpose of Easton Manor, though it is unclear if these methods have been implemented. The PQI Committee is tasked with identifying whether Q4 growth is sustainable and if additional corrective action is needed.

PATHS BED UTILIZATION

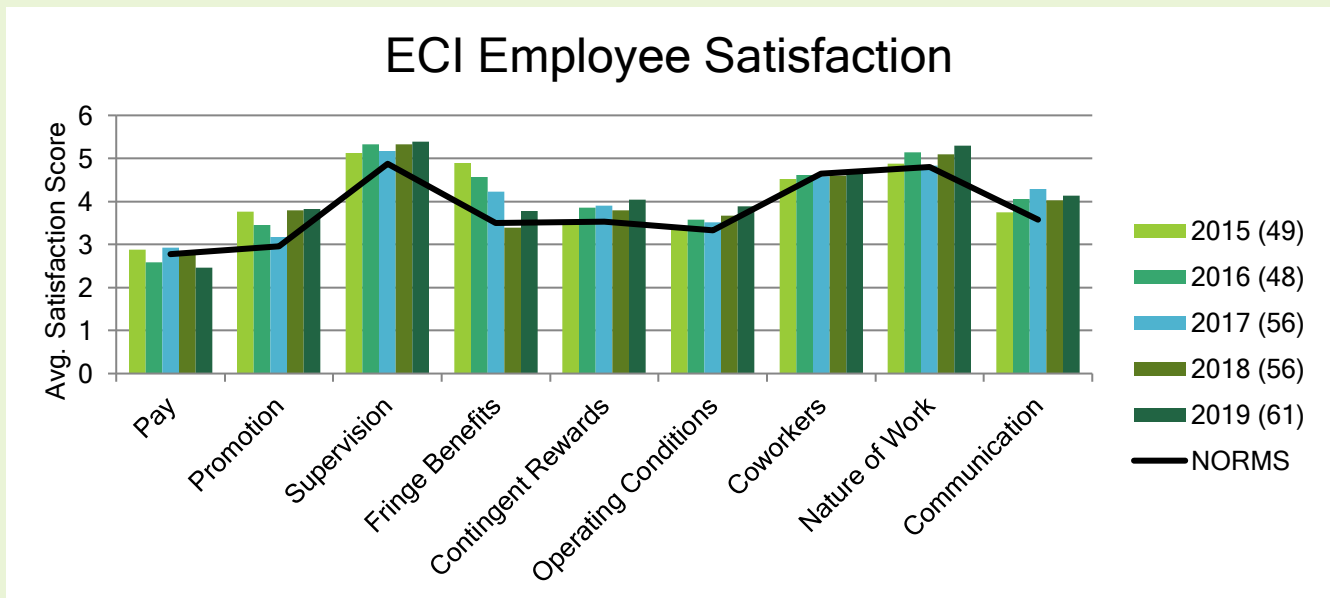


PATHS reported a much-needed rise in bed utilization after reporting significant drops in Q2 and Q3 of this year. As with Easton Manor, the PQI Committee is tasked with identifying whether Q4 growth is sustainable and if additional corrective action is needed.

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

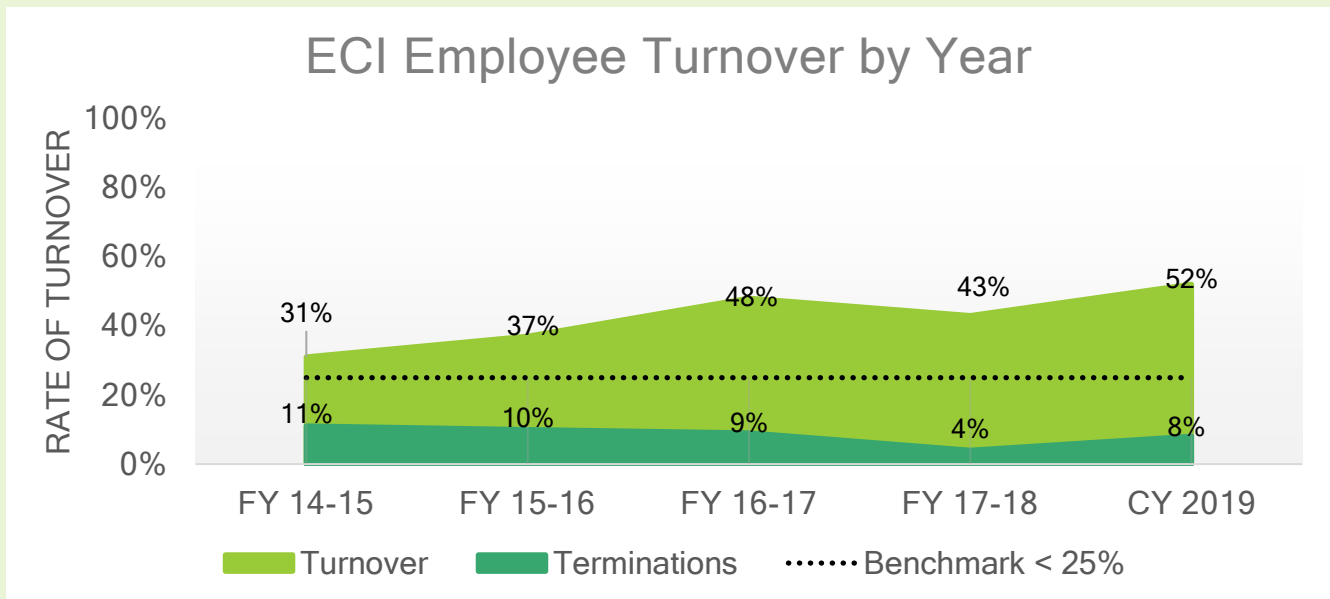


Beginning in 2019, employees were surveyed during the first quarter of 2019 (previously staff satisfaction was traditionally measured annually during the second quarter of the calendar year). Overall, ECI employees reported being satisfied with elements associated with working at Edison Court in 2019, however reported satisfaction fell below industry norms for Pay. Employee Satisfaction by program has scored at or above industry norms for most categories listed. One area of concern continues to be Mathom House, which has scored below benchmark in comparison to the rest of the programs.

EMPLOYEE RETENTION

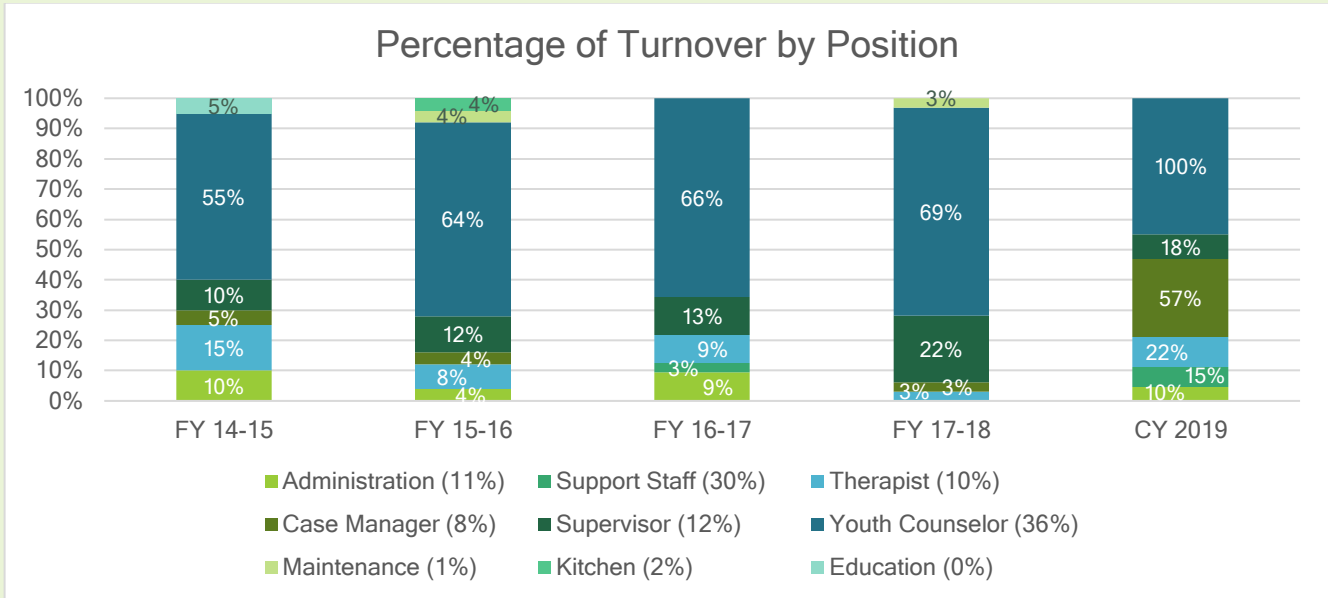
Employee retention continued to be a challenge for ECI in 2019. Resultant staff shortages and expedited hiring practices compromise new hire vetting and increase workloads for ECI’s veteran staff, which further feeds the company’s excessive turnover. Unexpected staff departures and job competitiveness from other organizations have contributed to an already challenging issue. As well, regulatory revisions (e.g. termination of provisional hiring during staffing crises) have further compromised the program’s ability to onboard in an efficient manner and address staffing issues. This past year, ECI attempted to improve its employee recruitment, onboarding, and satisfaction through a myriad of methods including revamping onboarding trainings, recognizing employees of the month, regular efforts to praise employee work efforts, and adjusting workflows related to employee exit interviews. The program continues to adjust to the needs of our employees and aims to improve culture and morale as an additional method to retain staff and to recognize those that go above and beyond.

EMPLOYEE TURNOVER & TERMINATION RATES



Employee turnover has exceeded the established benchmark of <25% since the metric was first monitored for PQI purposes. It should be noted that beginning in 2019, turnover is being measured by the calendar year (previously measured by fiscal year and thus missing some data between 7/2018 and 1/2019). Our 2020 annual report should eliminate gaps from this transition, giving a clearer picture of turnover trends. The turnover rate of 52% was the highest in the five-year period which is likely due to various transitions in administrative and supervisory positions across programs during 2019, coupled with the constant challenge of recruiting and retaining quality direct care staff. According to a panel at a recent health summit sponsored by Crain’s Detroit Business, the statewide annual turnover rate for direct care workers in the mental health field is 37 percent. This turnover rate isn’t uncommon; many states are experiencing the same struggles as Michigan (Lewis-Stone, 2019; *Turning Around Turnover in Behavioral Health*, Relias.com/blog.) It is the goal of 2020 annual report to cite national annual turnover rates for direct care workers in mental and behavioral health.

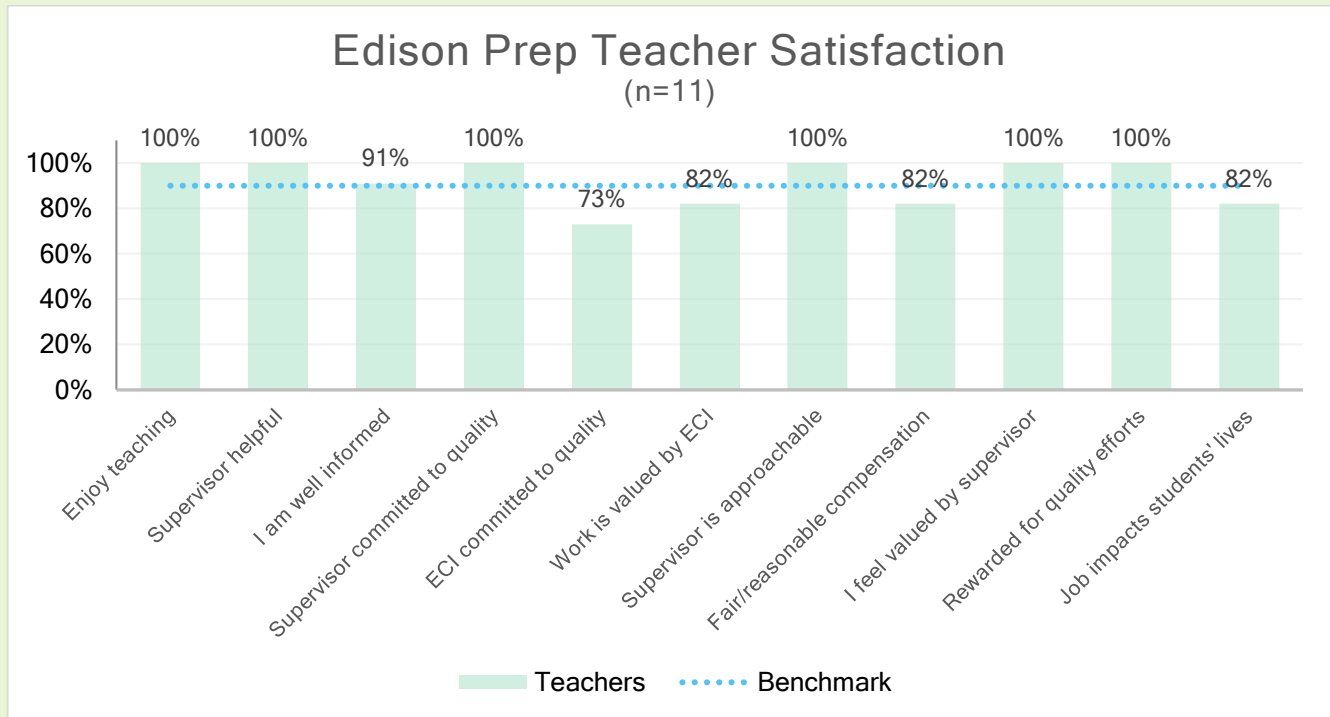
POSITION CONTRIBUTION TO TURNOVER



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

Turnover in the Youth Counselor and Case Manager positions were the highest this year. Youth Counselors accounted for 36% of ECI's workforce during the last calendar year, but that position turned over 100%. The Youth Counselor position is an entry level direct care position requiring a tremendous skillset and typically undesirable hours including evenings, weekends, and holidays. Youth Counselors are constantly managing the behavioral and emotional challenges experienced by residents. Though Edison Court offers a competitive wage, Youth Counselors often resign to pursue higher education or more lucrative positions. Similarly, the turnover for the case management positions was 57%, largely due to terminations and decreased program census leading to those positions remaining unfilled. Supervisor turnover remained at 22%.

EDISON PREP TEACHER SATISFACTION



Edison Prep has been measuring teacher satisfaction for four years. All teachers are Pennsylvania certified in their subject areas and perform duties under contract with Edison Court. 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 reported as the percentage of “yes” responses, with a goal of achieving 90% satisfaction or higher. In 2019, the two categories to fall below the established benchmark was Compensation and Quality. A more detailed analysis of this metric will take place when comparative data is present between years.

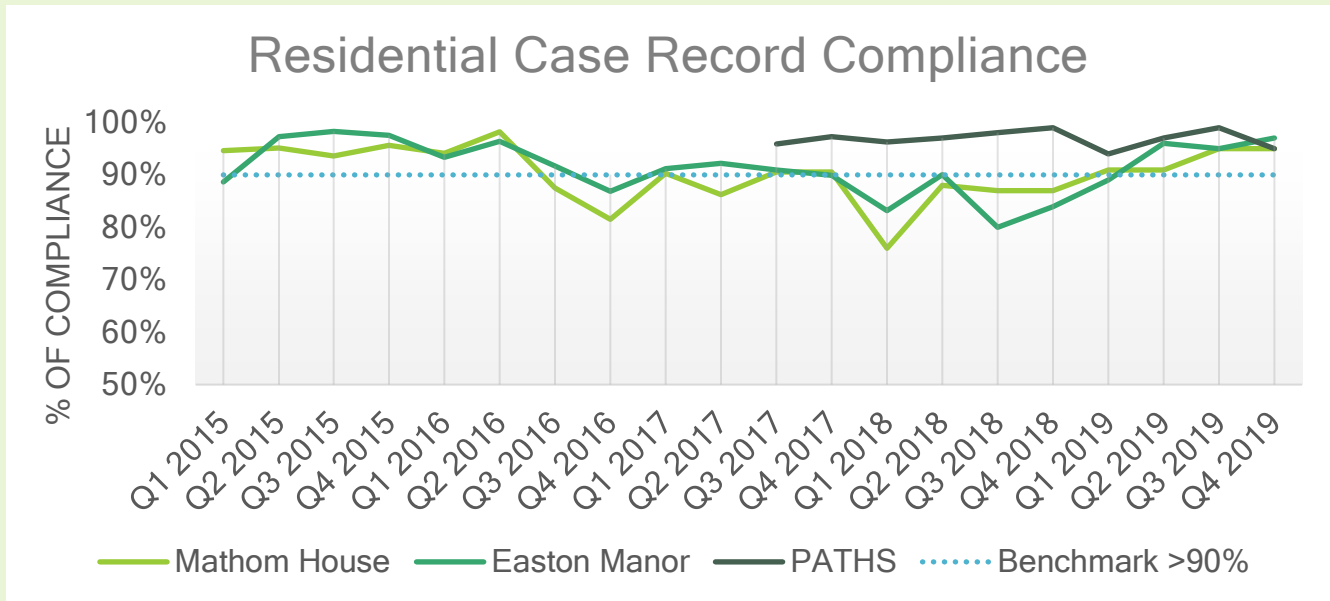
COMPLIANCE

ECI uses Federal, State, County, and MCO guidelines to assess that clinical documents are completed accurately, timely, and consistent with best practices and regulations. This process is another area of opportunity to improve quality related to how we record services and defeat system or programmatic challenges. Consistent with 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 2019 to help prevent fraud, waste, and abuse..

INTERNAL CASE RECORD REVIEWS

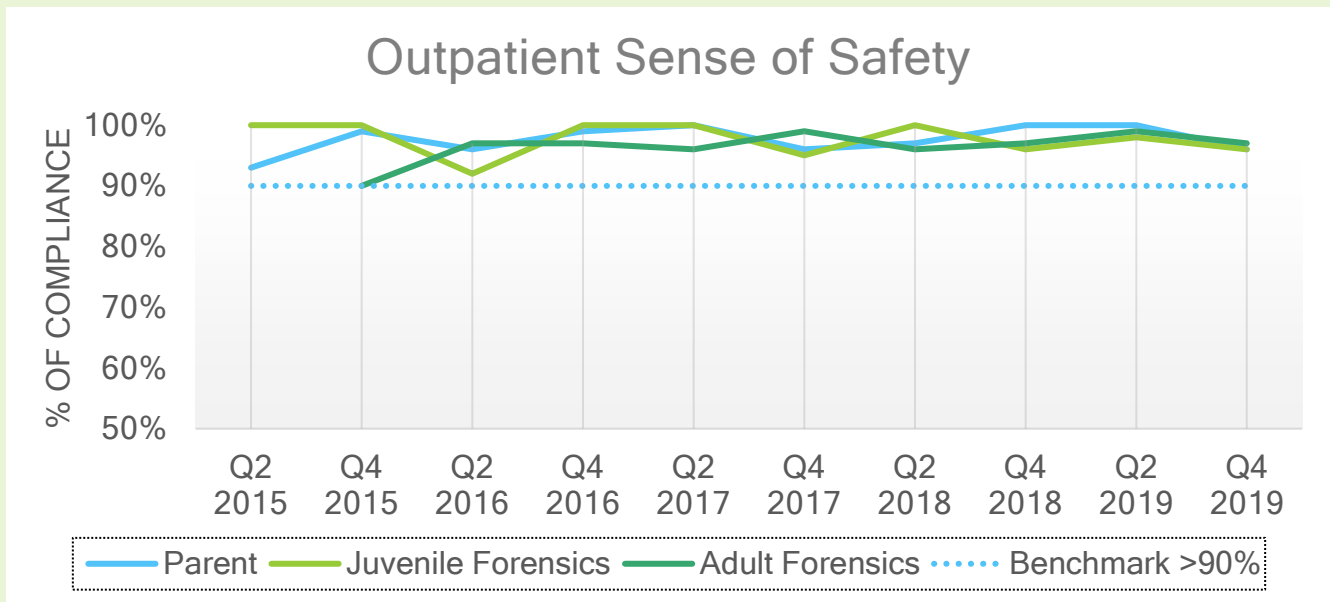
Over the course of 2019, ECI evaluated case records by percentage of census quarterly throughout each client’s length of stay. In total, 878 individual client case record reviews were completed during the year.

RESIDENTIAL CASE RECORD REVIEWS



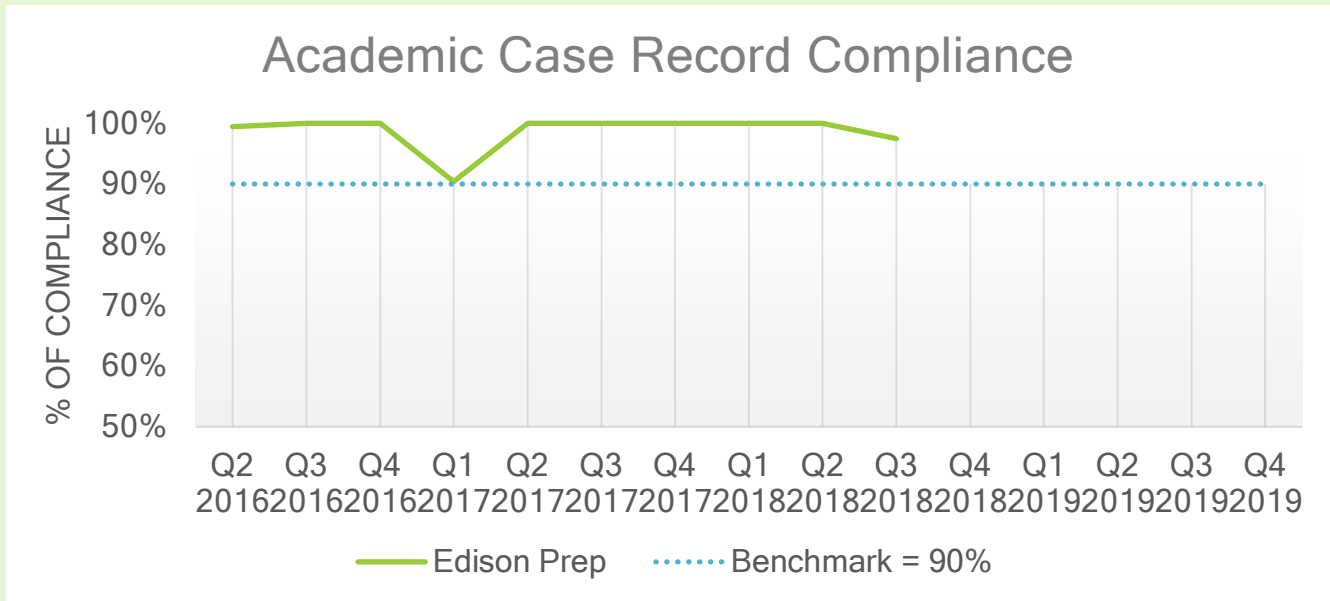
All programs exceeded the established benchmark for this metric in 2019, which was a result of improvement efforts made by the teams in all programs. Subcommittees identified areas for continued compliance and are making changes in the electronic health records for 2020 to maintain the compliance achieved.

OUTPATIENT CASE RECORD REVIEWS



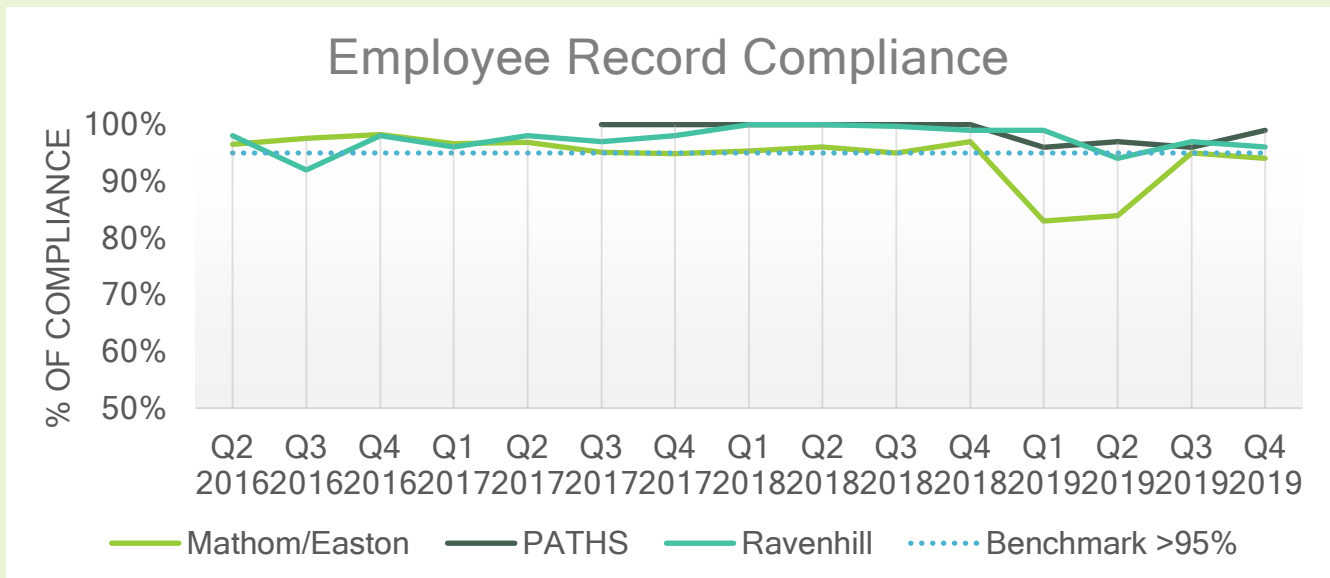
Outpatient Case Record Compliance has been monitored since 2015. Since then, case record compliance for Adult and Juvenile Forensic clients have exceeded the established benchmark. During 2019, Ravenhill continued to refine case record auditing to ensure compliance with best practices and its governing 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).

EDISON PREP ACADEMIC CASE RECORD REVIEWS



Due to ongoing changes in the physical location of Edison Prep’s academic records, this metric has not been monitored for PQI purposes in over a year. The PQI Committee has removed these barriers so that compliance will be monitored in time for 2020’s Q1 reporting.

EMPLOYEE RECORD REVIEWS



Edison Court began auditing personnel records more consistently and thoroughly in 2016 in order to ensure compliance with state regulations and best practices. Mathom House had a drop in compliance due to turnover in the administrative support position. This has since been resolved and Mathom House has returned to benchmark levels.

PATHS and Ravenhill exceeded overall compliance with this metric in Q4, while Mathom House and Easton Manor just missed the benchmark with 94% compliance. The latter plans to address supervision deficits by making sure the previously implemented ‘mid-month reminders’ are occurring as they should be. The Director of Mathom House and Easton Manor will be leveraging reports in the electronic health record to assist with monitoring.

PATHS addressed some confusion about the expectations for background checks for contracted employees vs. external providers. The subcommittee will discuss further to ensure auditing standards are accurate.

Ravenhill introduced a welcome packet for new Case Managers which outlines the juvenile programs and rules and provides instructions for the new hire. Similar packets will be created for other outpatient positions as well.

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 2019, 166 claims were submitted with an error rate of 0%. This error rate has been observed since this metric began being monitored in 2013.

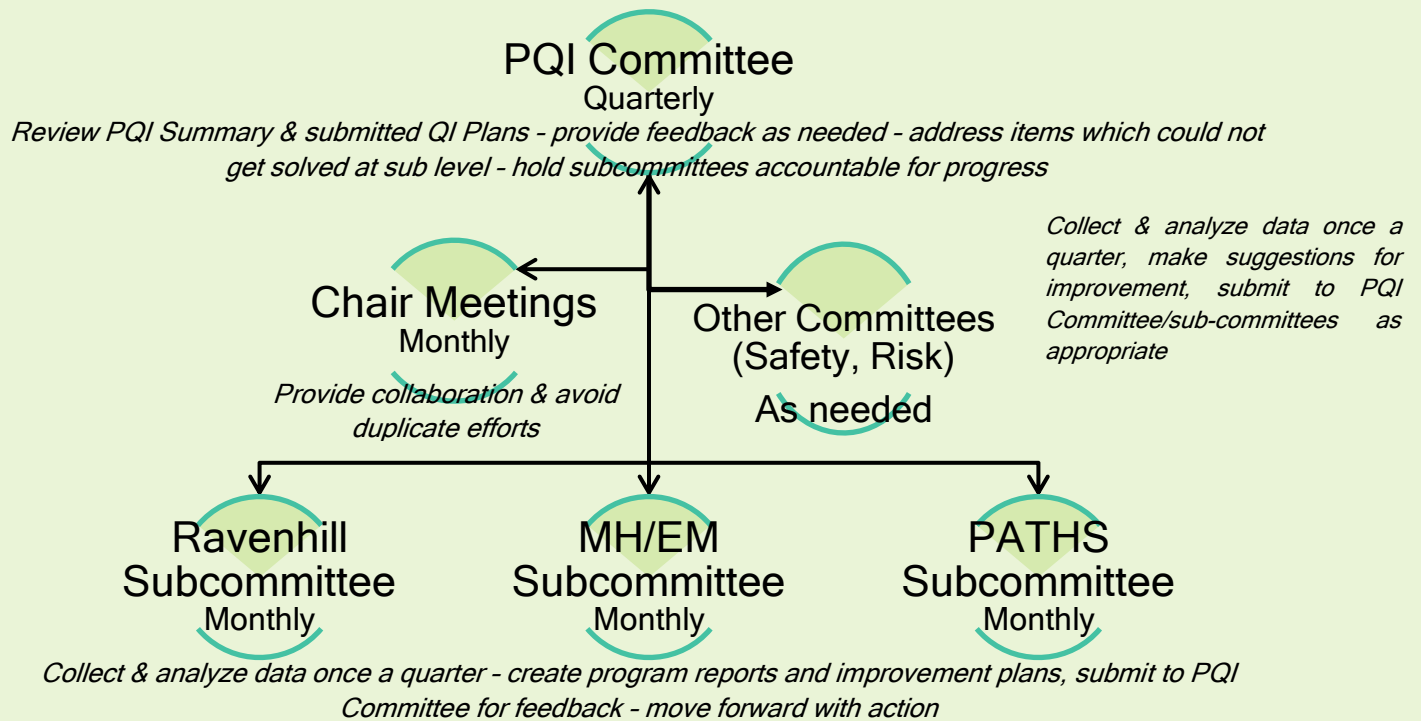
2019	Mathom House		Easton Manor		PATHS	
	1/1-6/30	7/1-12/31	1/1-6/30	7/1-12/31	1/1-6/30	7/1-12/31
Total Claims	56	75	7	4	12	12
Total Retractions	0	0	0	0	0	0
Total Resubmissions	0	0	0	0	0	0
Total Error Rate	0%	0%	0%	0%	0%	0%
Adjusted Error Rate	0%	0%	0%	0%	0%	0%
Amount Retracted	\$0	\$0	\$0	\$0	\$0	\$0
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.

In 2019, there was some turnover in the Quality Improvement position, which contributed to this report being completed later than expected. Some of the reports previously collated by the PQI sub-committee chairs were collated by the Director of Quality Improvement including an export report built to collect the data.

A summary of the current PQI structure can be found in the graphic below.



The goal and objective of our PQL process during 2019 was to continue 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 2020:

- Create Quality Department procedure manual to ensure easier collection of data and transition of knowledge of PQL systems within the organization.
- Continue to refine auditing process in order to ensure compliance with best practices and governing/regulatory bodies.
 - Combine PQL 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 PQL process within and outside of the PQL Committee and its subcommittees to:
 - Improve the quality and appropriateness of improvement plans.
 - Emphasize that PQL 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 PQL 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.).
 - 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).
 - Invest in training on how to properly administer assessments.
 - 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.
 - This change is also expected to add a level of accountability and assist in improvement efforts by providing multiple perspectives to the task(s).
- Continue to strategize how to better track family involvement across programs and address identified barriers to family involvement, 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.
 - Attempt to track changes in academic scores by student rather than averages by grade level.
 - Reassess the appropriateness of current benchmark which suggests students should improve a full grade level every six months as evidenced by academic assessment scores.
- Continue to effectively mitigate safety and security risks through the continued leveraging of electronic health records and maintenance of a Safety Committee.
 - Maintain and expand upon 2018 efforts which led to drop in incidents of self-injurious behavior.

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