



Edison Court, Inc.

2020 ANNUAL PERFORMANCE & QUALITY IMPROVEMENT REPORT



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EXECUTIVE SUMMARY

Edison Court, Inc. (ECI) has been providing specialized and general behavioral health services for 17 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 (2020).

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, community-based, 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. In 2020, ECI felt the effects of the coronavirus pandemic in regard to staffing issues, census changes, and data collection. This is outlined as applicable in specific areas in the report.

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 13 other counties. The largest age group was once again youth between 15 and 19 years of age. In the ethnicity category, a larger number were marked 'unknown' this year. This information was not collected when receiving the referral. There may be also confusion between the ethnicity and race category in the electronic record. This will be further explored and addressed in 2021. In 2020, ECI served a total of 421 clients throughout our continuum of care. The following client demographic information best describes the population served in 2020.

2020	MATHOM	EASTON		RAVENHILL	RAVENHILL	RAVENHILL	ECI
	HOUSE	MANOR	PATHS	JUVENILE	ADULT	GENERAL	
				FORENSICS	FORENSICS	SERVICES	TOTAL
GENDER							
Male	100%	100%	100%	72%	93%	79%	91%
Female	-	-	-	28%	7%	21%	9%
ETHNICITY							
Caucasian	75%	77%	60%	64%	44%	46%	61%
Black	9%	6%	10%	22%	2%	9%	10%
Hispanic	16%	11%	10%	8%	1%	1%	8%
Asian (Non-Pacific)	-	-	-	-	-	-	0%
Native American	-	-	-	-	-	-	0%
Bi/Multi Racial	-	6%	10%	6%	1%	-	4%
Unknown	-	-	10%	-	52%	44%	17%
AGE							
Under 5	-	-	-	-	-	-	0%
5-9	-	-	-	-	-	-	0%
10-14	2%	-	60%	4%	-	5%	12%
15-19	82%	67%	40%	90%	1%	85%	60%
20-24	16%	33%	-	6%	6%	6%	12%
25-34	-	-	-	-	25%	2%	5%
35-50	-	-	-	-	42%	2%	7%
51 and over	-	-	-	-	26%	-	4%
COUNTY							
Berks	24%	17%	10%	2%	-	-	9%
Bucks	13%	17%	30%	94%	93%	98%	58%
Cambria	2%	5%	-	-	-	-	1%
Chester	4%	-	20%	-	-	-	4%
Delaware	2%	-	-	-	-	-	1%
Lackawanna	-	-	10%	-	-	-	1%
Lehigh	12%	17%	20%	-	1%	1%	9%
Monroe	-	5%	-	-	-	-	1%
Montgomery	12%	11%	-	4%	5%	-	5%
Northampton	13%	17%	-	-	-	-	5%
Philadelphia	-	-	-	-	1%	1%	1%
Schuylkill	4%	-	-	-	-	-	1%
Wyoming	2%	-	-	-	-	-	1%
York	12%	11%	10%	-	-	-	6%

CLIENT OUTCOMES

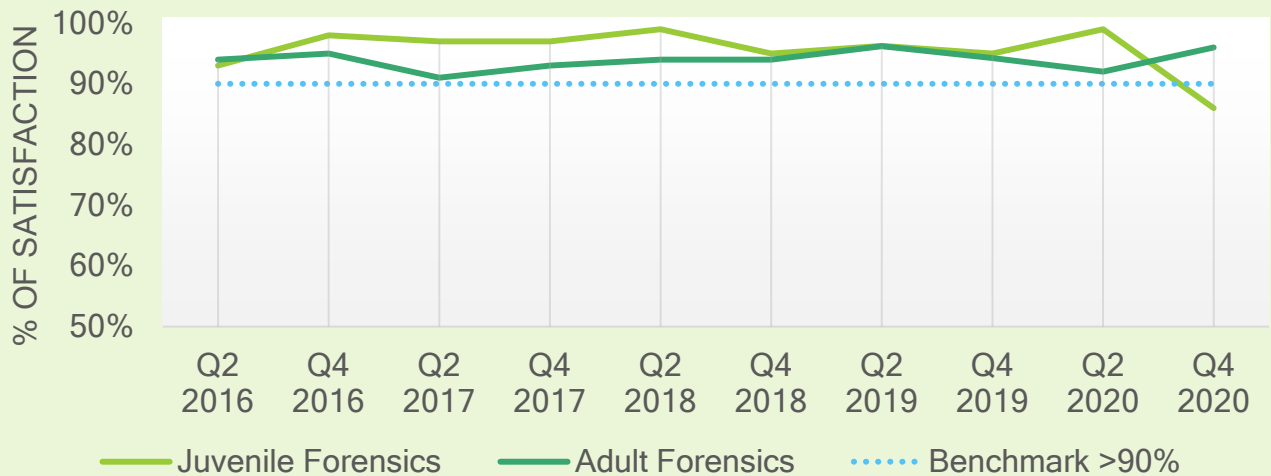
ECI has adopted a variety of client-driven and informed measures to ensure clients are receiving high quality and effective services. This section of the report provides a brief overview of the measures used to evaluate how well our values are being honored and embraced in care, how satisfied clients 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 2nd and 4th quarters of the calendar year. Below are the results for the Outpatient and Residential programs.

OUTPATIENT CLIENT SATISFACTION

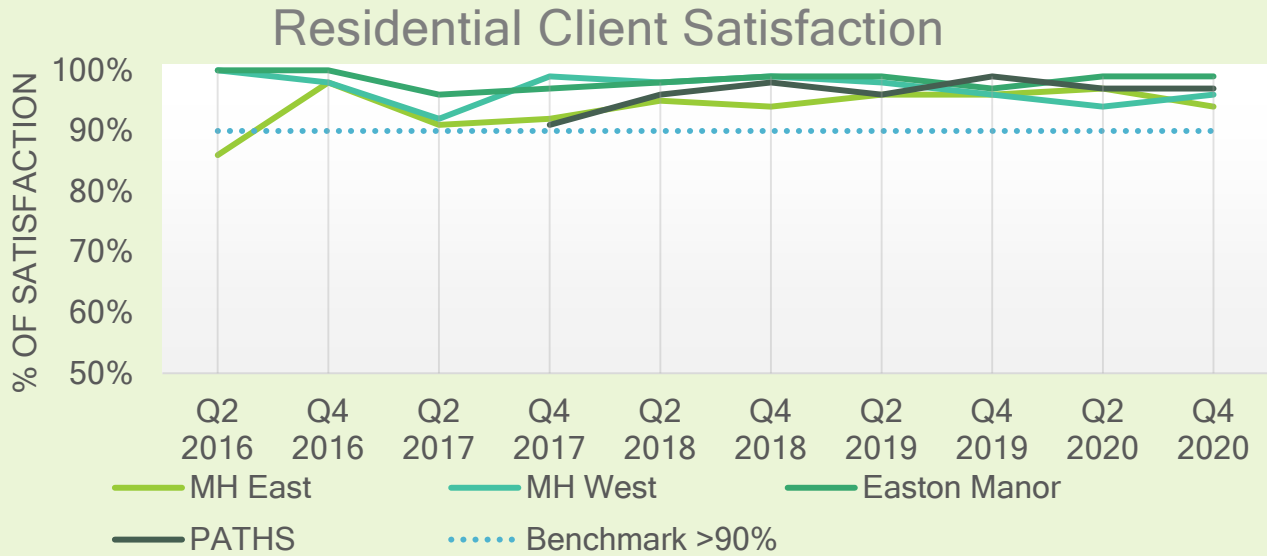
Outpatient Client Satisfaction



The Juvenile Forensic Outpatient survey results fell below the established benchmark for Client Satisfaction in 2020. The questions in the ‘Personal Outcomes’ section of the survey continues to yield the lowest satisfaction rates. Due to the COVID-19 pandemic, a lower number of surveys were collected (18/50). There were no comments in the survey to indicate why the lower ratings were given. The committee will continue to monitor this in 2021.

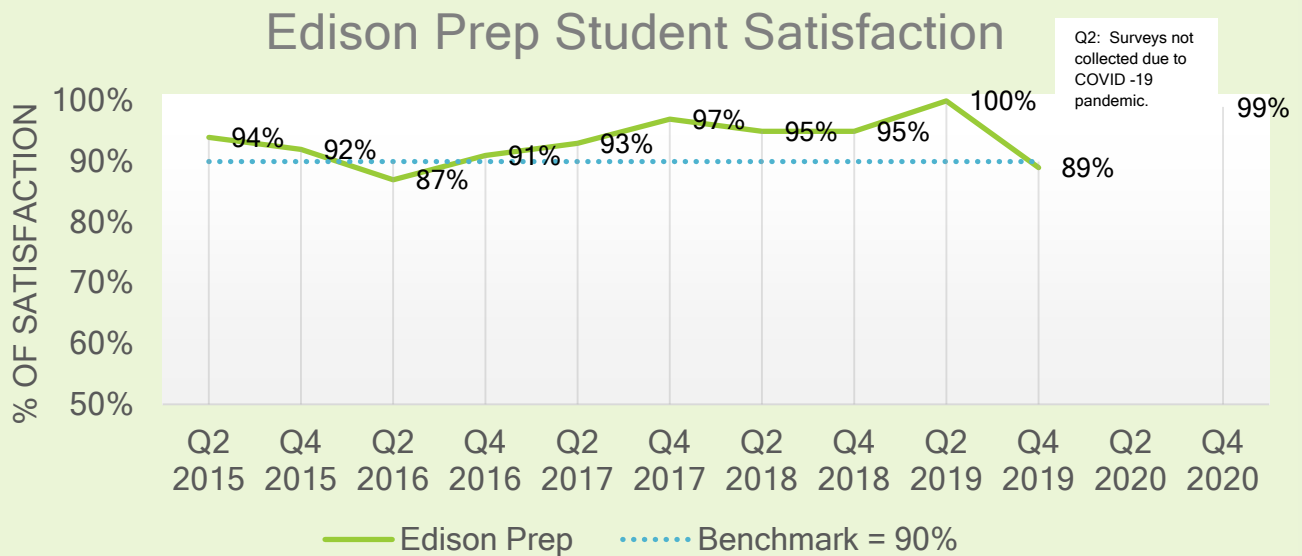
In Quarter two, improvement efforts also addressed comments from the Adult Sex Offender Treatment Program, which suggested that the frequency of polygraphs be reduced for clients who have a history of consistently passing at the current six-month intervals. Ravenhill is currently looking into the possibility of implementing this suggestion, and defining the parameters that would need to be met in order to reduce burden of polygraph cost for its clients. Polygraphs were postponed for a short period, while outside visitors were restricted due to COVID.

RESIDENTIAL CLIENT SATISFACTION



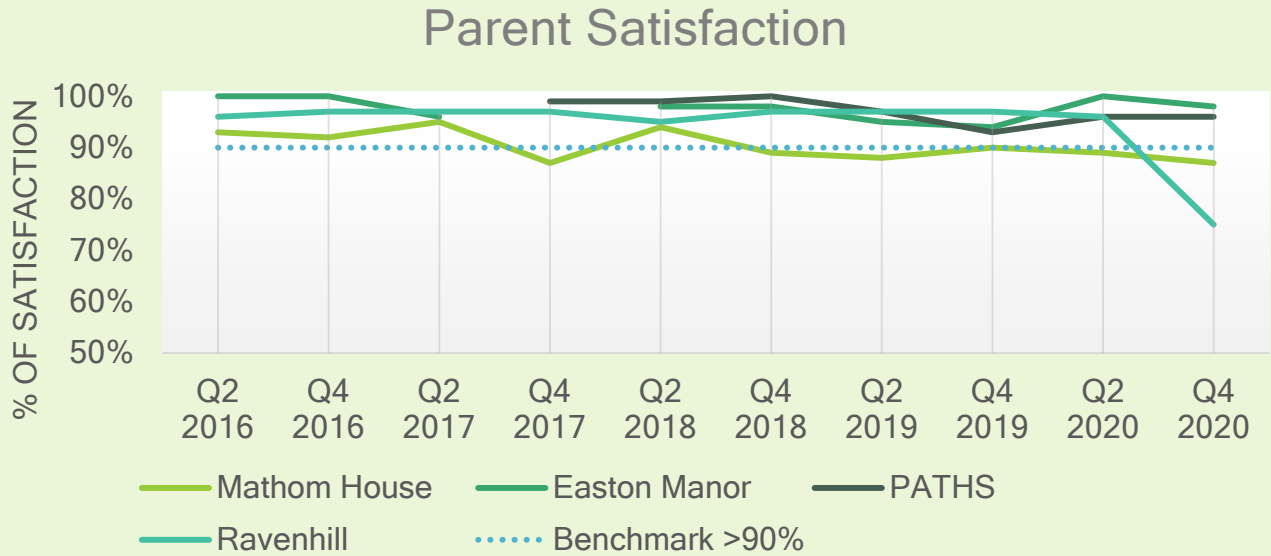
ECI's Residential Programs continued their trend of exceeding the established benchmark for Client Satisfaction in 2020.

EDISON PREP STUDENT SATISFACTION



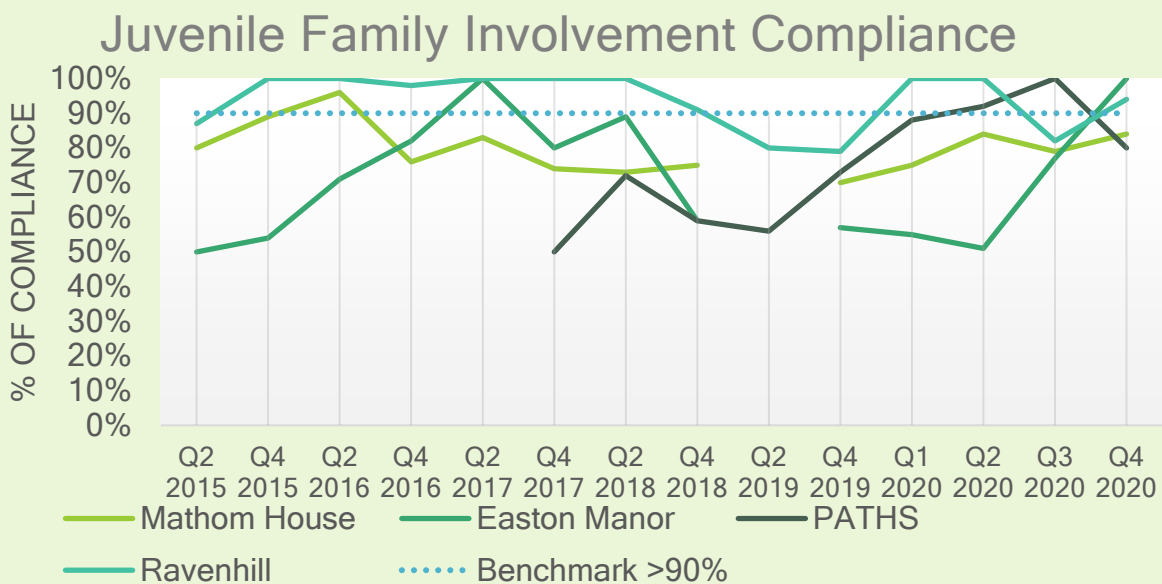
Student Satisfaction is also measured during the 2nd and 4th quarters of the calendar year for students who attend Edison Prep, the on-site school for Mathom House and Easton Manor. In the 2nd quarter of 2020, Edison Prep could not collect surveys as Pennsylvania schools all closed in March for the remainder of the year due to the COVID-19 pandemic. Responses to the surveys collected in the 4th quarter, showed overall satisfaction near 100%.

PARENT SATISFACTION



Parent Satisfaction is measured during the 2nd and 4th quarters of the calendar year. All programs exceeded the established benchmark for this metric except for Mathom House during the 2nd quarter and both Mathom House and Ravenhill in the 4th quarter. In the second quarter, for Mathom House, there were two surveys that had negative feedback: one from an angry parent around medication issues and the second from a parent frustrated with lack of visitation due to COVID. In the 4th quarter, parent satisfaction significantly dropped for Ravenhill; however, the response rate was half the amount as received in the second quarter. Three surveys were received for the RAMP program, 1 for CARP and none for CARP-ID. The negative score seems to be due to one survey with no comments. The Ravenhill committee is exploring ways to increase parent feedback for the next survey period.

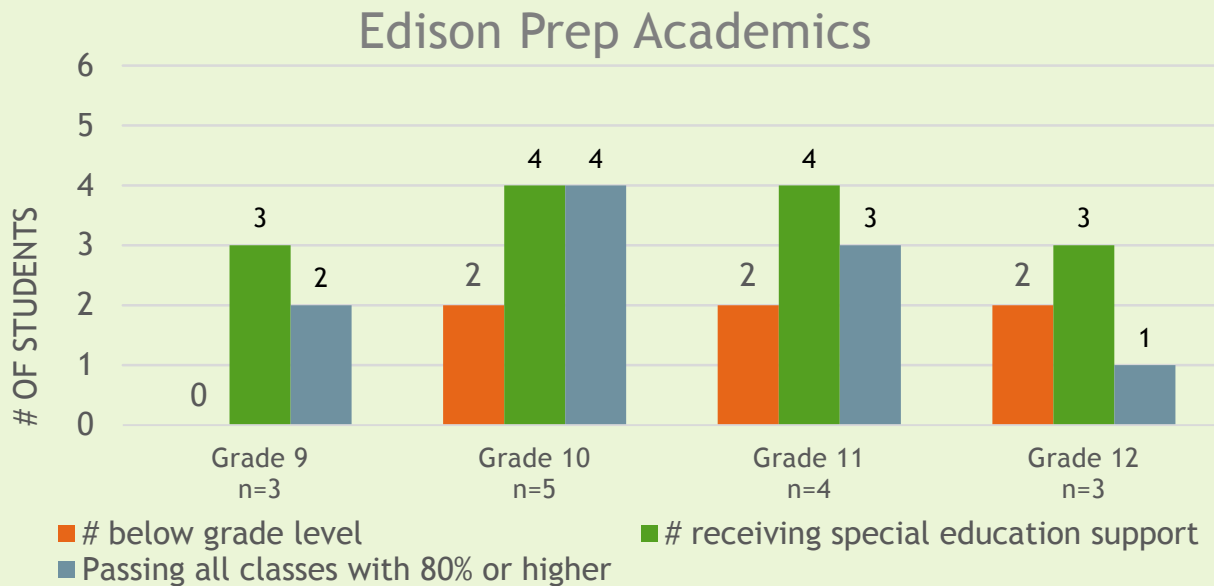
FAMILY INVOLVEMENT



ECI has historically struggled with increasing family Involvement. 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. All programs implemented improvement projects in 2020 and were successful in improving this measure. Part of the success is attributed to the ability to use telehealth during the COVID emergency for family sessions, thus increasing the ability of family members to participate. During the 4th quarter, PATH’s compliance with family involvement dropped due to the entire facility being quarantined. It is expected that this measure will return to compliance during the next quarter. All of the programs will be challenged with keeping the gains made in family involvement as COVID restrictions are lifted at some point in the future.

EDISON PREP ACADEMIC SCORES

Edison Prep measures changes in academic scores via IREADY assessments. Students are assessed according to the academic quarters of the school calendar. This previous PQI Reports presented changes in Reading and Math scores for all the students combined semi-annually. Upon further discussion, it was decided that this was not a useful metric for Edison Prep. The graph below shows the number of students, for the 1st quarter of the academic year (September - November 2020), that were below grade level, passing all classes with 80% of higher, and receiving special education support. The number of students below grade level and who receive special education support is required reporting to the state. It is Edison’s Prep’s goal to have student attain grades of 80% or higher in each class.



In addition to the information above, it should be noted that 91% of students in this quarter required an IEP or 504 plan. Edison Prep notes that this number is higher number than usual. Edison Prep will be tracking this measure going forward and looking for any correlation with other measures.

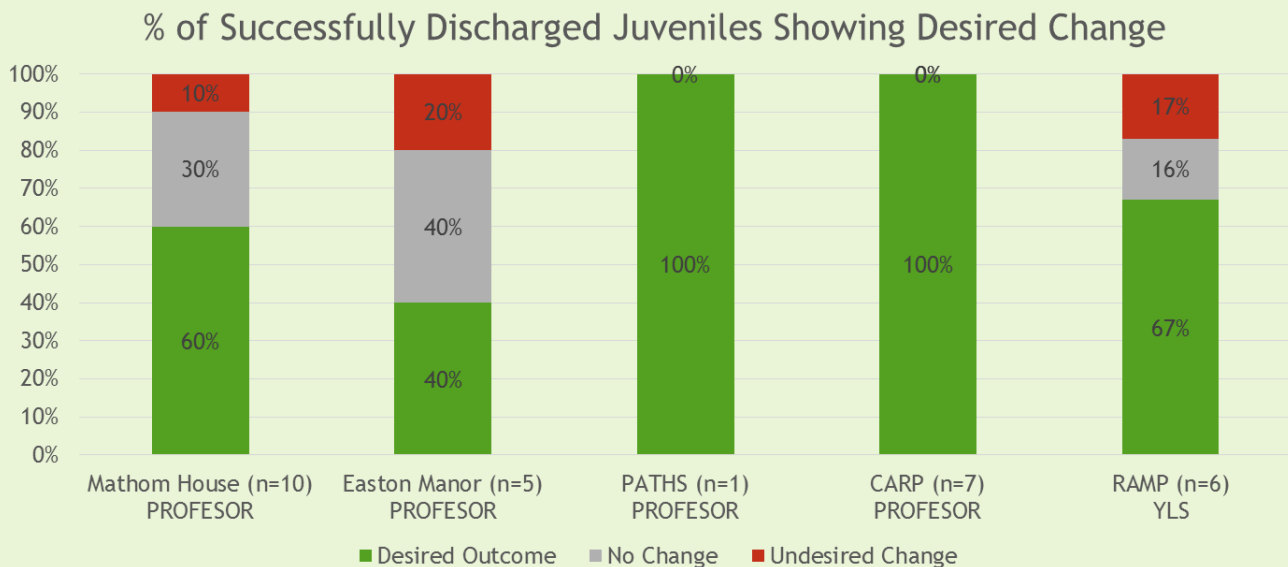
A measure not included in the graph above, is the number of credits towards graduation requirements that are recovered, which is also a required report to the state. For the 10th grade students, a total of one credit was recovered. In other words, some of the students below grade level made improvement towards catching up to the grade level corresponding to their age. For the 11th grade students, a total of 1.25 credits were recovered, and for the 12th grade, one credit was recovered. The PQI Committee will continue to explore whether this is a useful reporting measure.

Again, these scores are being reported in the aggregate, and there may be different children in each quarter. Edison Prep will continue to explore whether tracking of individual progress is possible.

CHANGE IN RISK & FUNCTIONAL STATUS

Change in Risk and Functional Status is reported annually during the 3rd quarter of the calendar year (in 2020, this was reported in the 4th quarter). 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. In 2018, the reporting format was changed and the BASC-3 and PROFESOR replaced the BASC-2 and DASH-13 & ERASOR respectively. In 2019, the BASC-Self was administered in addition to the BASC-Parent. In addition to these changes, there was a dip in outcomes collection starting in the 2nd quarter of 2020, which is correlated with the start of the pandemic. Thus, there was a smaller number of client records that contained comparison data (charts were missing either the previous or subsequent assessments).

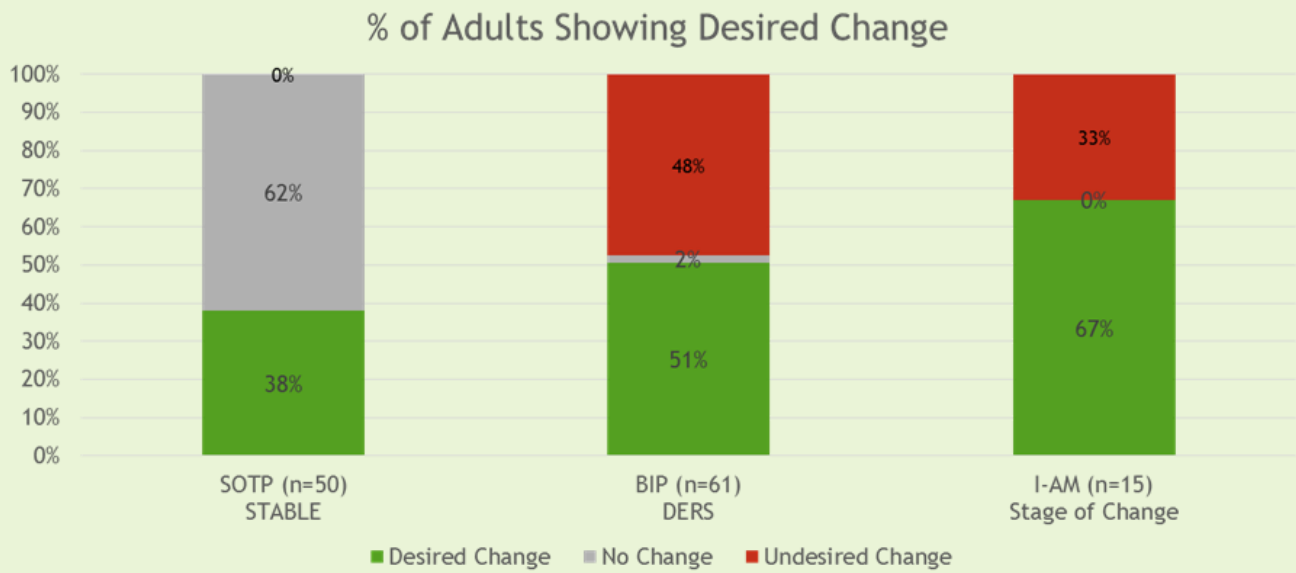
CHANGE IN RISK - JUVENILES



The transition to the PROFESOR from the DASH-13 and ERASOR took place in the 3rd quarter of 2018, therefore this was the first full year that the PROFESOR was used. It is expected that the number of useable surveys with comparative data collected will continue to increase. The above programs seek 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. It should be noted that PATHS only had one successful discharge during the measurement period.

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. The scores for all programs above are generally what would be expected for the population.

CHANGE IN RISK - ADULTS



The measurement period for the SOTP (STABLE) clients 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 62% of these clients showing no change between assessments. The Bucks Sex Offender Treatment Program (BSOTP) program was not conducted during the measurement period due to the COVID restrictions at the jail.

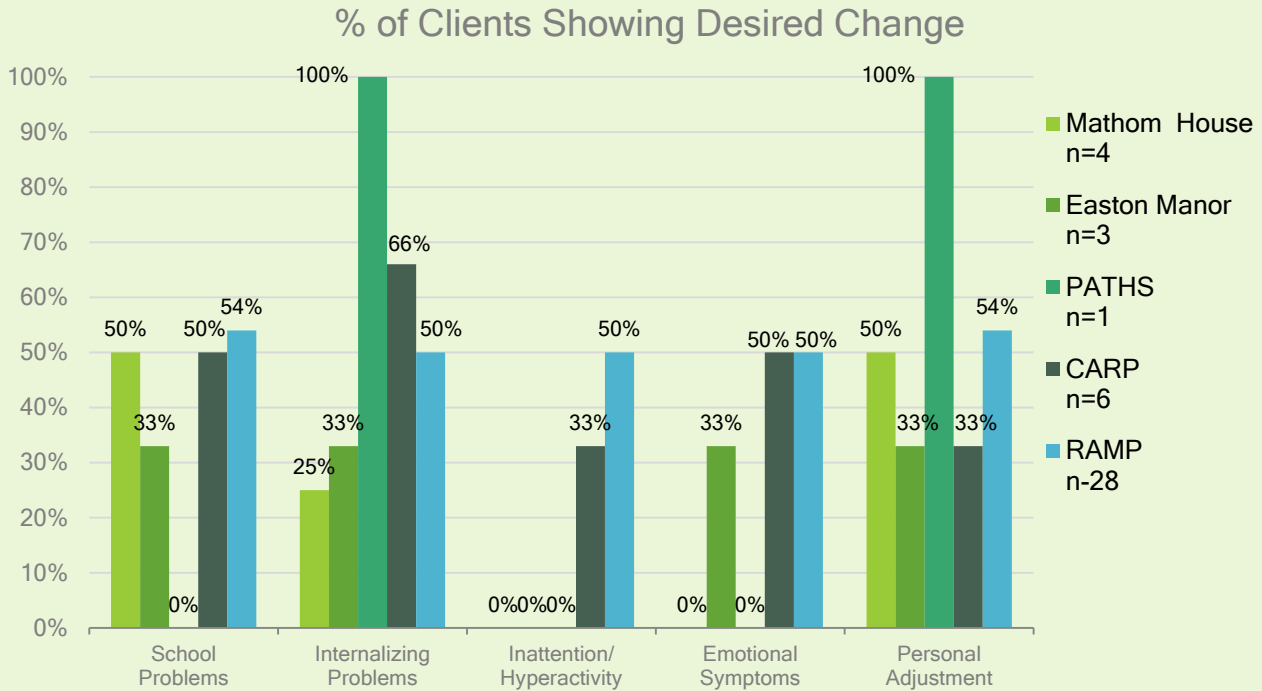
The DERS is administered at the start and end of the 26-week Batterer's Intervention Program (BIP). The short duration of this program leaves it particularly vulnerable to deviations from survey administration timelines which further shorten the time period over which change may be observed. These deviations could be contributing 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 undesired change. 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 to assess Change in Functional Status. This year, the BASC 3 - Self was used in conjunction with the BASC 3 Parent assessment. For the outpatient program, the parents of the outpatient clients complete the parent version of the assessment. Based on the data reviewed, this method has not proven to be reliable or valid when compared to clinical opinion of progress. For the residential clients, the client's individual therapist completes the parent version which yields more accurate data. The parent version generates scores for Internalizing Behaviors, Externalizing Behaviors, Behavioral Symptoms, and Adaptive Skills. The self assessment scores are presented below followed by the parent scores. Readers should be cautioned about drawing any conclusions based on the small numbers of results collected.

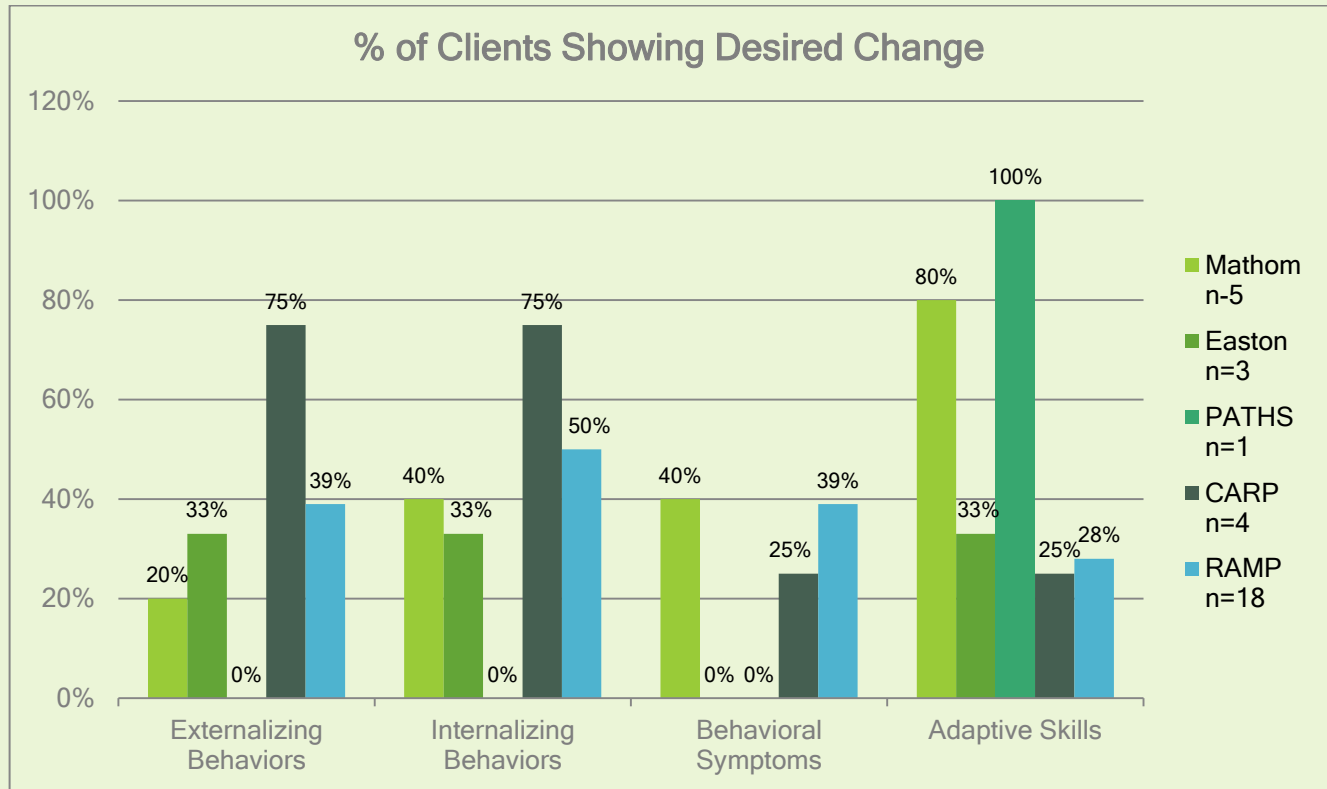
BASC -3 Self-Assessment



The number of surveys collected for Mathom House was significantly lower than last year. PATHS only had one successful discharge. The surveys collected for CARP were slightly higher, and the number of surveys for RAMP collected was significantly higher. Part of the difficulty in collecting surveys this year was due to the pandemic. The initial survey may have been administered, but the discharge administration was missed. School Problems, Internalizing Problems, and Personal Adjustment were felt to be fairly representative of the client populations. Inattention/hyperactivity was hypothesized to be low, because it is not an area that is focused on during treatment. This may be an area of improvement for 2021. Emotional Symptoms is most likely low due to clients being educated about their emotions and more correctly identifying them at the end of treatment. Social stress and feelings of inadequacy also surface over time and may be a contributing factor to the low numbers showing desired score.

BASC-3 Parent Assessment

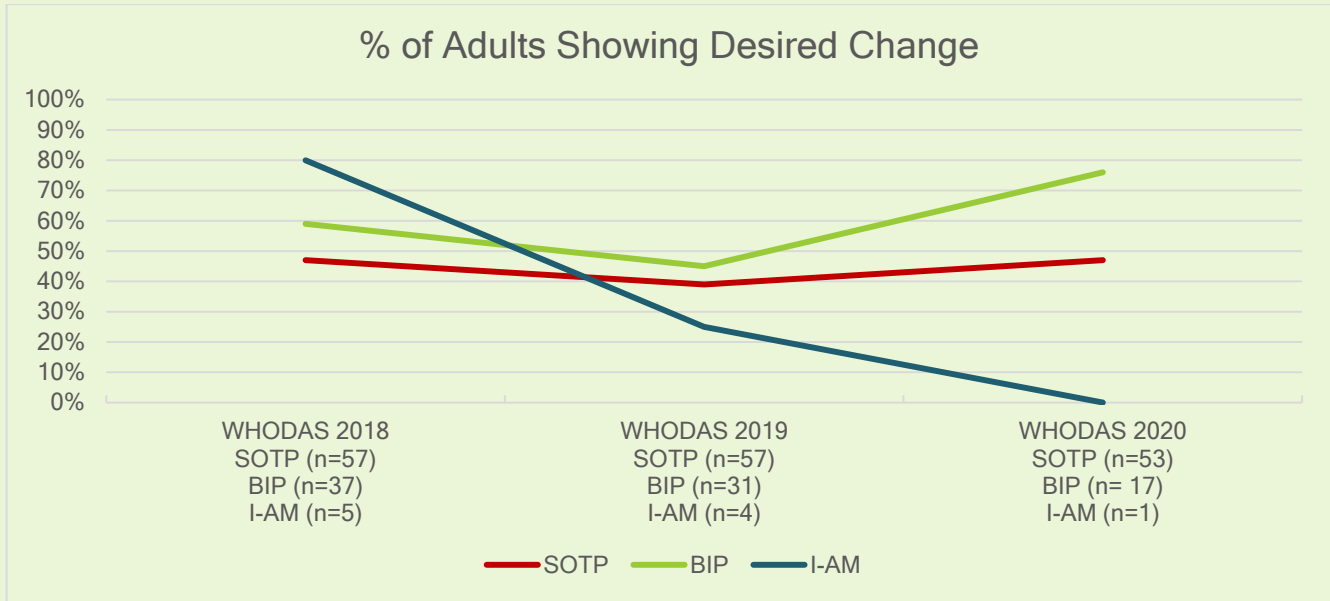
The chart below includes parent assessments that were completed only for the children who had corresponding pre- and post- tests on the self-assessment.



Survey collection was hampered by the pandemic, as most surveys could not be collected in-person and were distributed by mail. In addition, PATHS only had one successful discharge during the marking period. Again, it is generally felt that parent ratings are not a reliable measure as parents tend to rate their children lower than clinical opinion. 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.

Overall, while the BASC-Self and BASC-Parent produced some useful information, reliability and validity are questionable for the programs that have less comparative data available. The programs will continue to work on increasing survey participation and data collection. The PQI team will also be evaluating the possibility of using a new tool to measure functional status that would be yield more meaningful data with the understanding that changing tools once again will contribute towards data collection challenges.

CHANGE IN FUNCTIONAL STATUS – ADULTS



The World Health Organization Disability Assessment Schedule (WHODAS v.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. Both the SOTP and BIP clients showed an increase in 2020 on the WHODAS assessment. Some confusion existed around the assessment and in 2020, both programs implemented a systematic instructional portion prior to administering the assessment to improve accuracy. Clients are also able to ask questions prior to submitting the assessment. There was only one I-AM client with comparative data available and that client showed an undesired outcome. The program will work on increasing data collection, to yield more comparative data.

RECIDIVISM

Recidivism is reported annually in the 2nd quarter 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.

ECI relies on the ePATCH (Pennsylvania Access to Criminal History) portal to collect recidivism data. Due to protections on juvenile criminal histories, recidivism rates reported after 2016 may be underrepresented if a juvenile recidivated before the age of 18. Due to the high cost of obtaining these reports for juveniles and the decreasing census due to pandemic, ECI has decided to wait to retrieve this data until at least after the next fiscal year (July 2021). 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

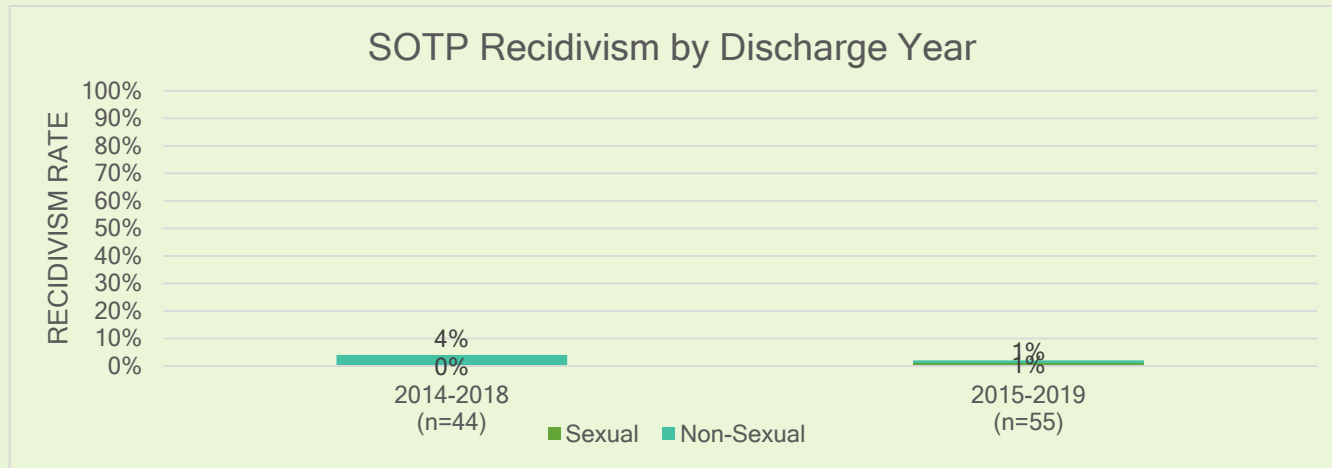
Recidivism rates for ECI’s residential programs are collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for individuals successfully discharged within the previous five calendar years. Since the

2020 juvenile recidivism data collection is postponed to next fiscal year, other data not reliant on this portal can be found in ECI's 2021 Residential Treatment Impact & Client Outcome (RTICO) report at <https://edisoncourt.com/about/outcomes>.

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.

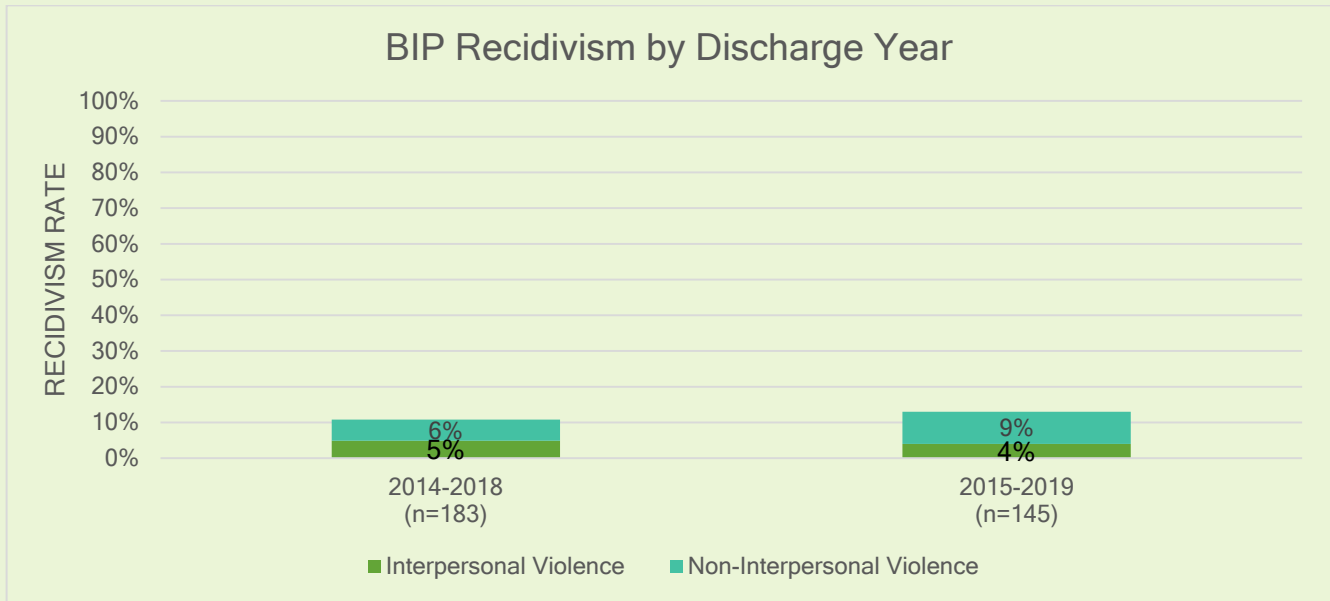
SOTP RECIDIVISM



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 2021 annual report to reference the most recent meta-analysis regarding adult sexual recidivism.

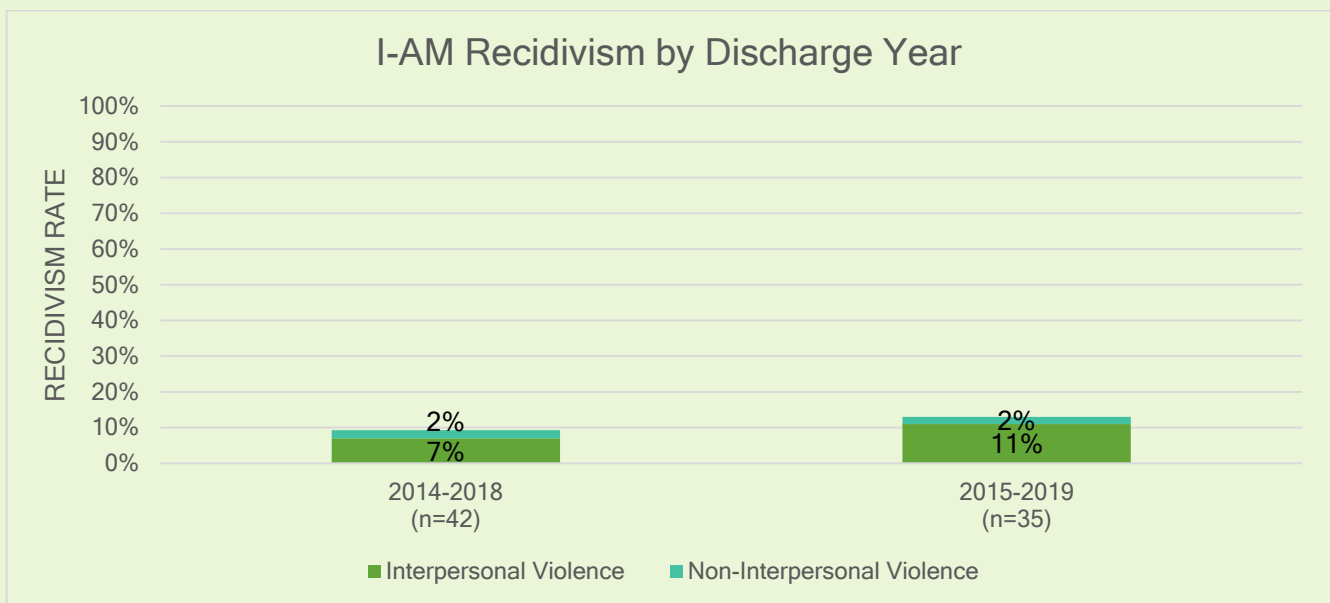
BIP RECIDIVISM



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 2021 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 increased for interpersonal violence. The sample size was slightly less than last year, which could influence the change in percentage. In general, I-AM clients usually present with a lower level

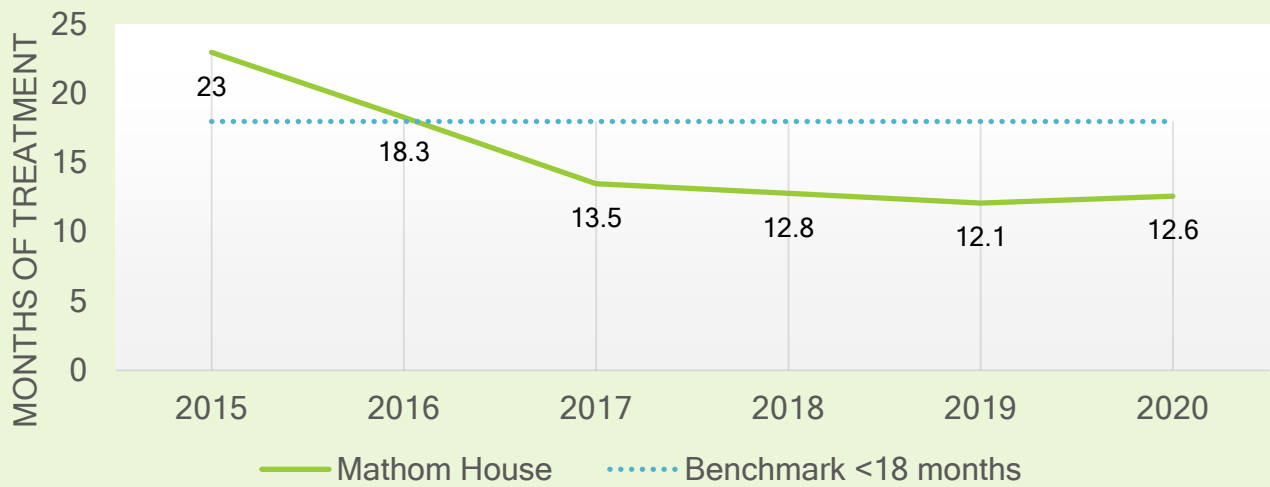
of motivation to change. This lack of motivation commonly impacts their ability to carry skills from treatment into their lives after discharge, which puts them at higher risk for additional offenses. Treatment recommendations are made at discharge to try to address this (i.e. drug and alcohol treatment, general mental health treatment), but continued treatment is usually at their discretion after completion of the I-AM program.

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. It is important for clients to receive 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

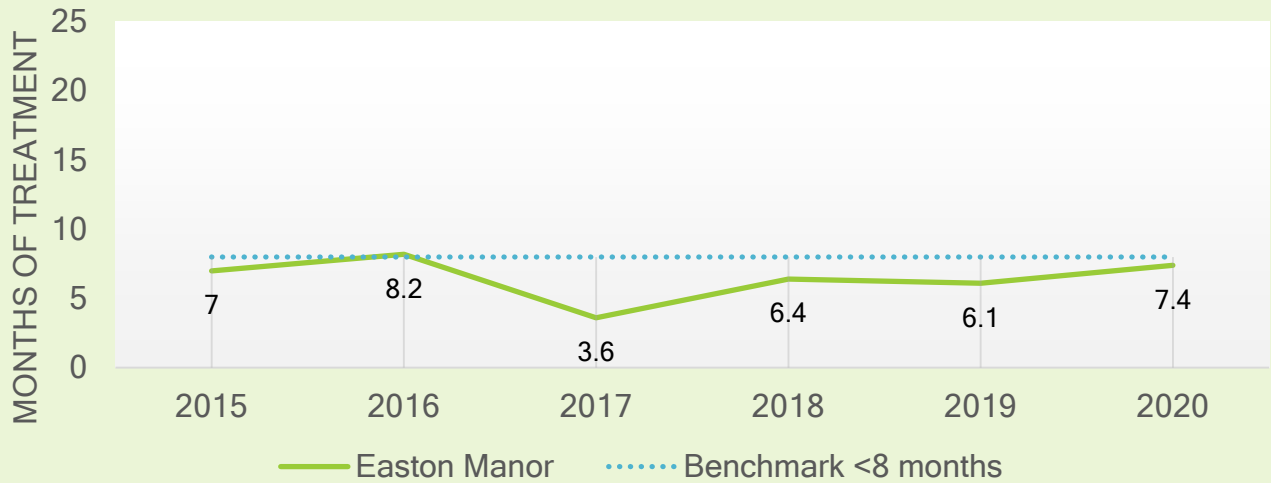
Mathom House Average Length of Stay



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

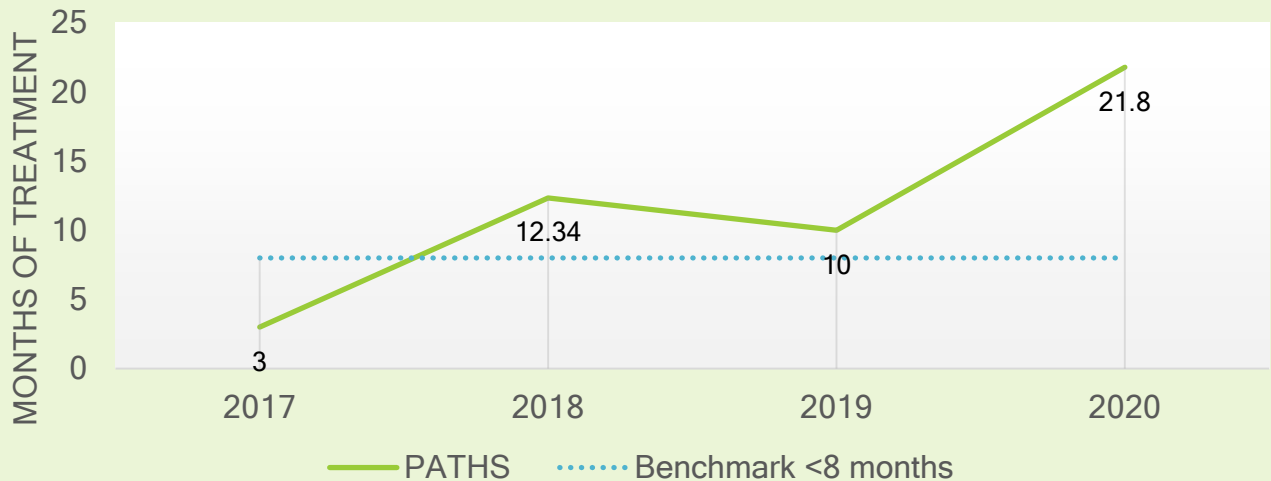
Easton Manor Average Length of Stay



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. In 2020, the increased length of stay was correlated with the population that was residing at Easton Manor. There were a few clients that stayed longer working on community integration and independent living skills.

PATHS LENGTH OF STAY

PATHS Average Length of Stay

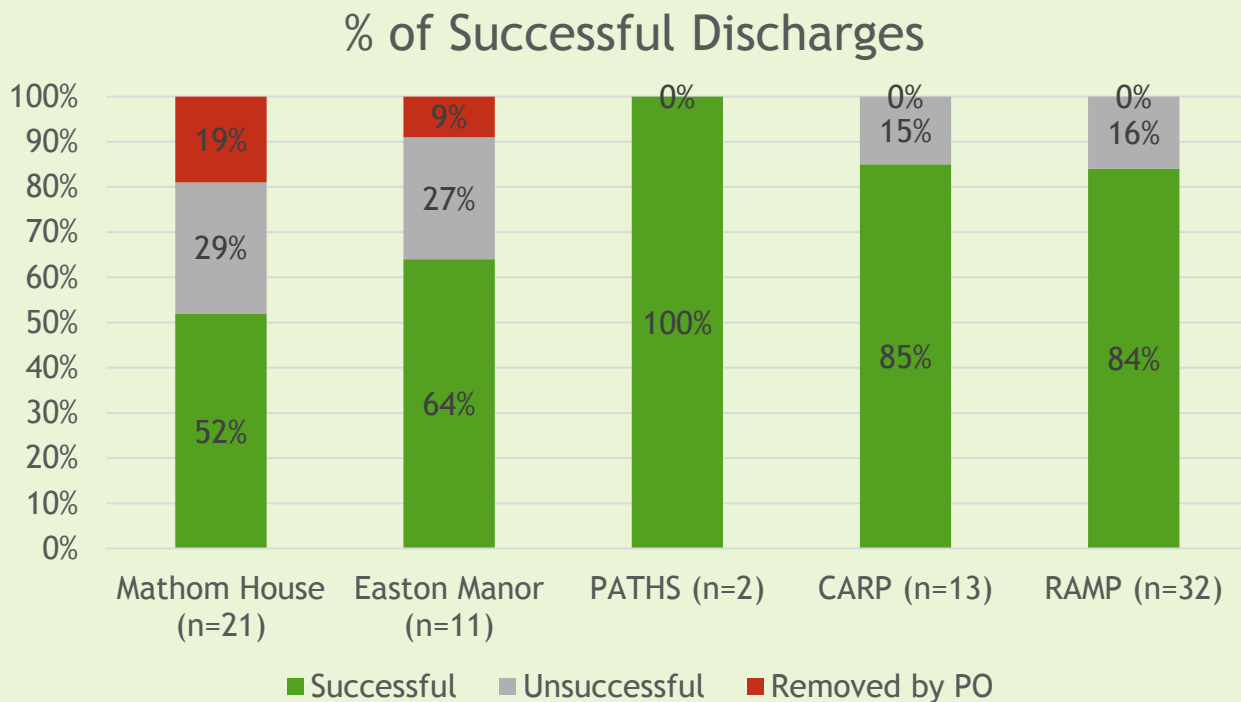


Only one client was successfully discharged from the PATHS program in 2017, four successful discharges in 2018 with an average length of stay of 12 months, and three successful discharges with an average length of stay of 10 months in 2019. In 2020, only one client was successfully discharged with a length of stay of almost 22 months. This measure will continue to be monitored with the hope for more stable metrics as more successful discharges are achieved.

DISCHARGE REASONS

This is the first year that ECI is reporting on the number of clients discharged and the reasons for those discharges. ECI strives for 100% successful completions; however, that is not always possible as per the graph below. Again, ECI routinely evaluates its process of implementing best practices and adjustments are made whenever necessary to ensure clients attain their identified treatment goals. Discharge outcomes will be reported annually during the first quarter of the calendar year going forward.

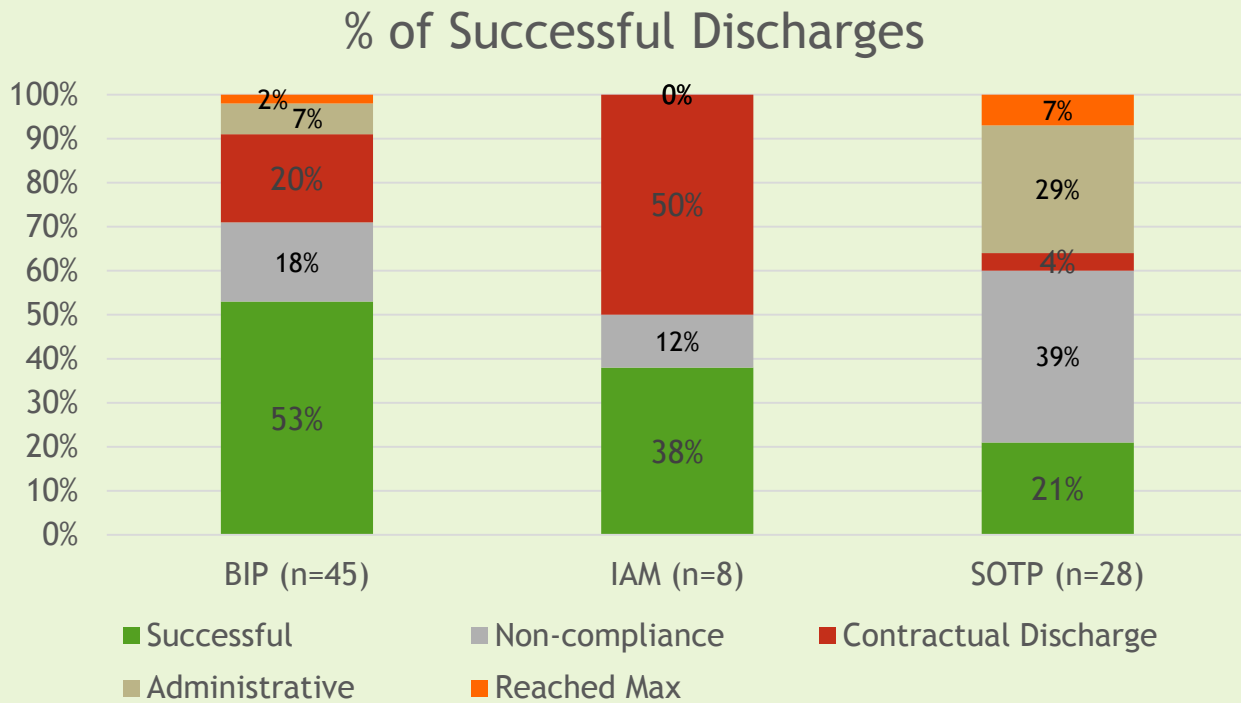
JUVENILE DISCHARGES



At Mathom House, six of the children were described as not making significant clinical progress and/or engaging in continued destructive and disruptive behaviors. These children were referred to more intensive facilities such as Abraxas Academy and Cove Prep. Four children were removed by their probation officer. At Easton Manor, three of the children were described as struggling with the program, not making significant clinical progress and were transferred to Mathom House. One child was removed by their probation officer/court.

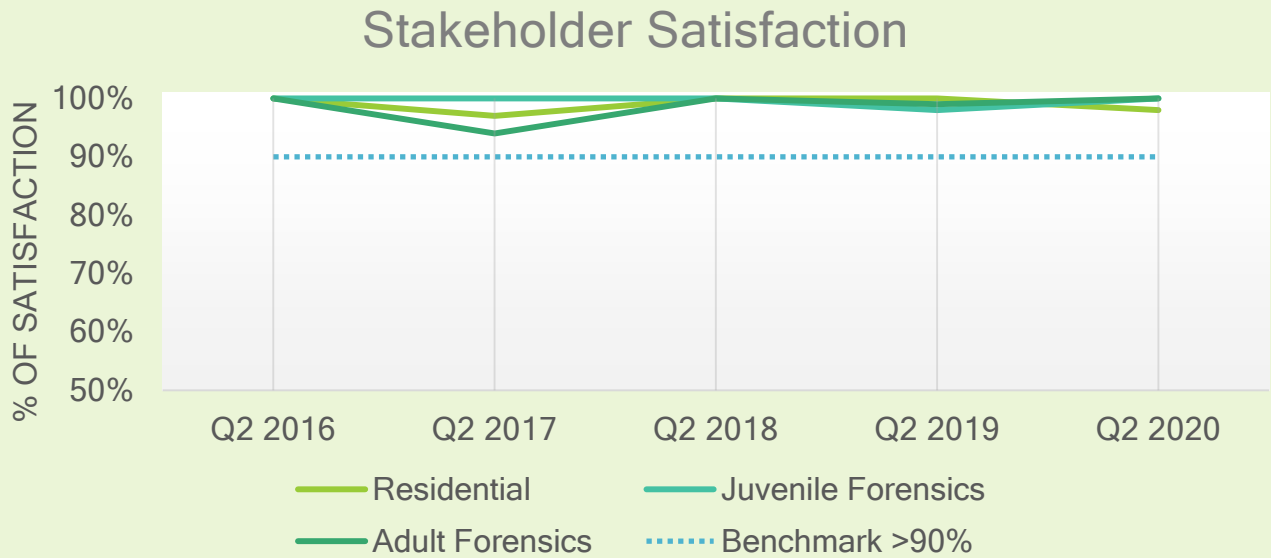
In the outpatient programs, for the CARP program, one child was referred to a higher level of care, and the other child was detained. For RAMP, three of the children were referred to a higher level of care, one was referred to another mental health provider, and one declined further mental health treatment.

ADULT DISCHARGES



A variety of discharge type categories are used in the adult outpatient programs. Over the past year, outpatient has seen a decrease in successful types of discharges and an increase in the other types of discharge. Representing a relatively small group are administrative discharges; these include cases where a circumstance impacts their ability to attend the program but the client wouldn't have been discharged otherwise. Examples include an inpatient hospitalization, or a client moving and subsequently enrolling in another program. The next category is a contractual discharge. This occurs when a client completes the number of sessions required in BIP or I-AM, but has not demonstrated the appropriate criteria for a successful discharge, such as improvement in stage of change/reduction in risk. Outpatient is making programmatic changes to increase treatment options for clients with unmet treatment goals and who are at risk of not discharging successfully. When applicable, changes include offering individual sessions in addition to, or in lieu of, group meetings to provide a more individualized and intensive intervention. Staff members also initiate meetings with the treatment team to address problematic behavior before a staffing or discharge is required.

STAKEHOLDER SATISFACTION

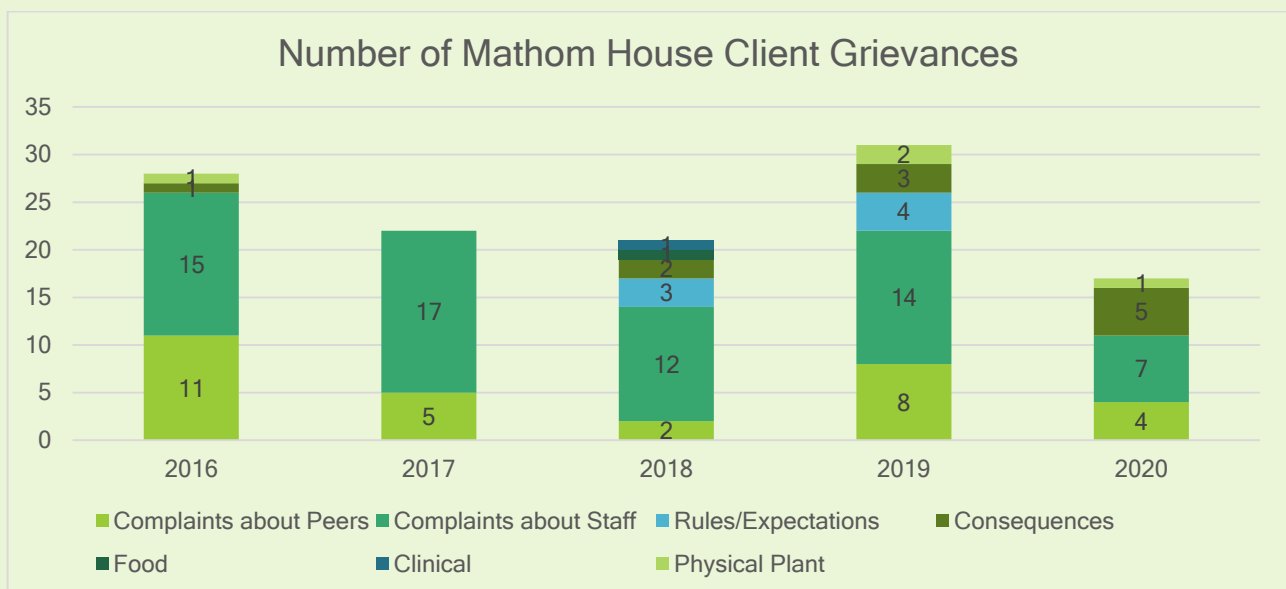


ECI formally assesses stakeholder satisfaction through surveys distributed to referral sources including Probation Officers and county Child Welfare Caseworkers. Stakeholder Satisfaction continued to exceed the established benchmark, with all programs reporting near 100% satisfaction. Efforts to provide exceptional service and care will continue in 2021 with the expectation that these satisfaction rates will be maintained.

COMPLAINTS & GRIEVANCES

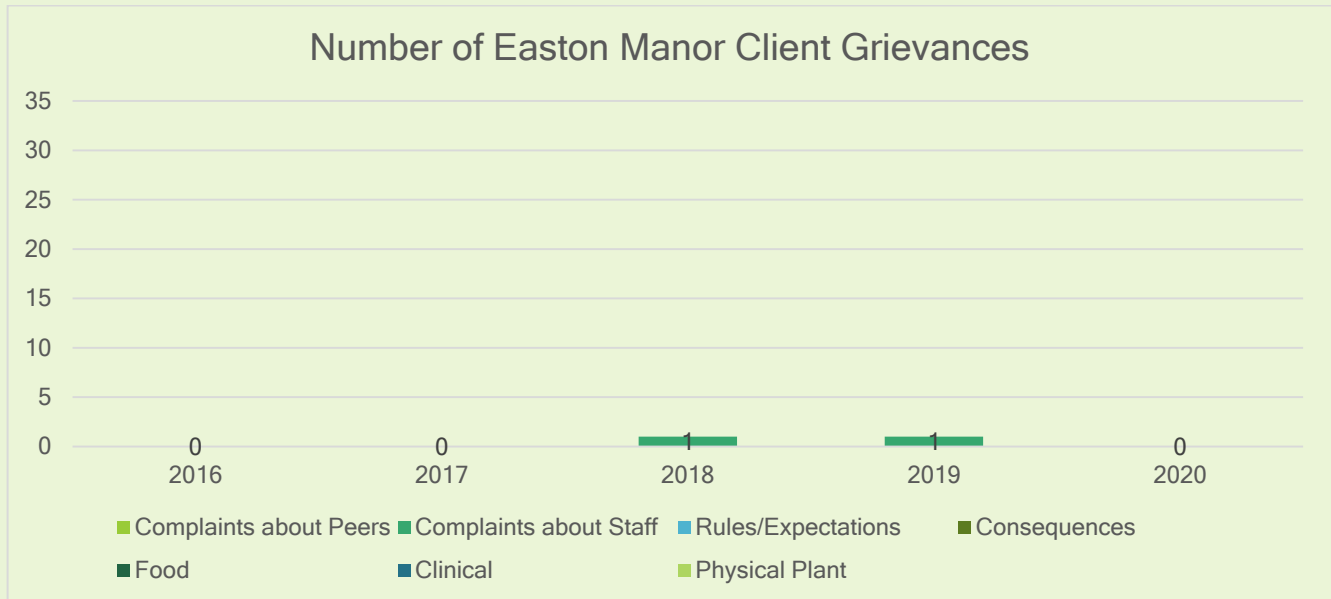
Consistent with our values, we honor the voice of the client and their family, therefore providing us another opportunity to improve services. In 2020, ECI received 17 client grievances from Mathom House residents, none from Easton Manor resident, and 30 from PATHS residents. No formal grievances were filed by clients' families, employees, or clients in any of ECI's outpatient programs in 2020.

MATHOM HOUSE COMPLAINTS & GRIEVANCES



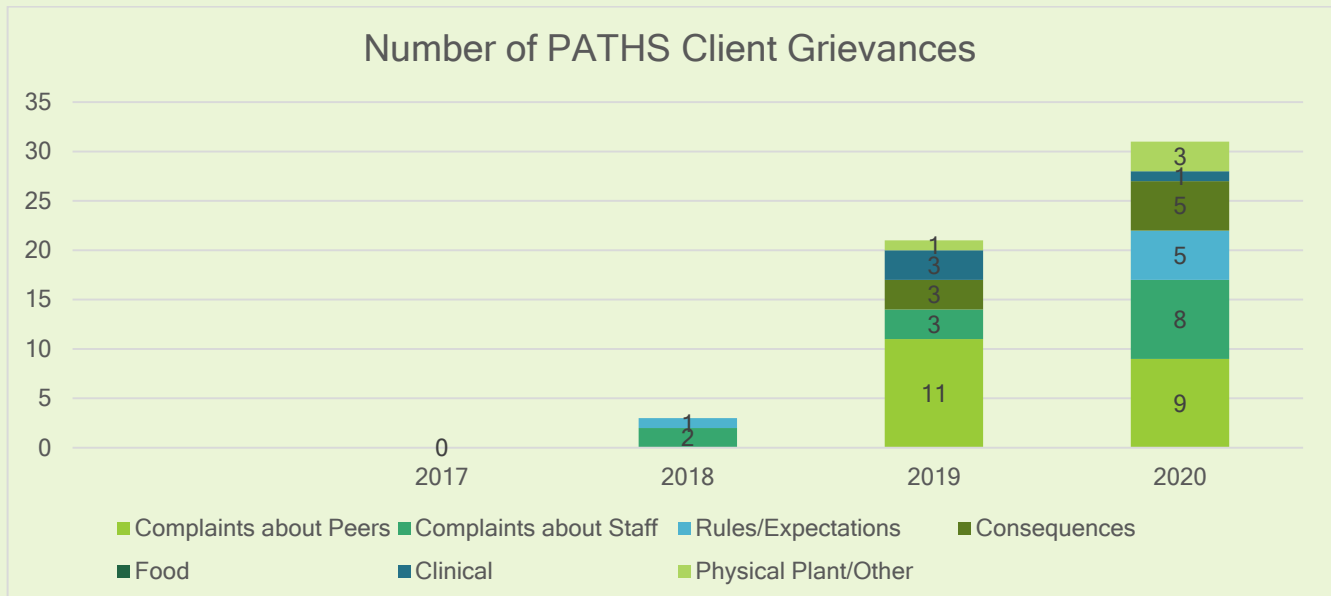
The total number of formal grievances filed at Mathom House decreased in 2020, with the largest number of complaints being made by residents expressing their concerns about staff and/or consequences.

EASTON MANOR COMPLAINTS & GRIEVANCES



No formal client grievances were filed at Easton Manor in 2020. These clients seem more able to work out their complaints with the staff on-hand.

PATHS COMPLAINTS & GRIEVANCES



There was a significant increase in PATHS complaints in 2020. 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. Most of the grievances were unsubstantiated, and several residents said they wrote the grievance out of anger and were able to see the situation differently after they calmed down. About five of the grievances were substantiated and addressed. Complaints and grievances increased due to increased census in program and education to residents on how to file complaints and grievances.

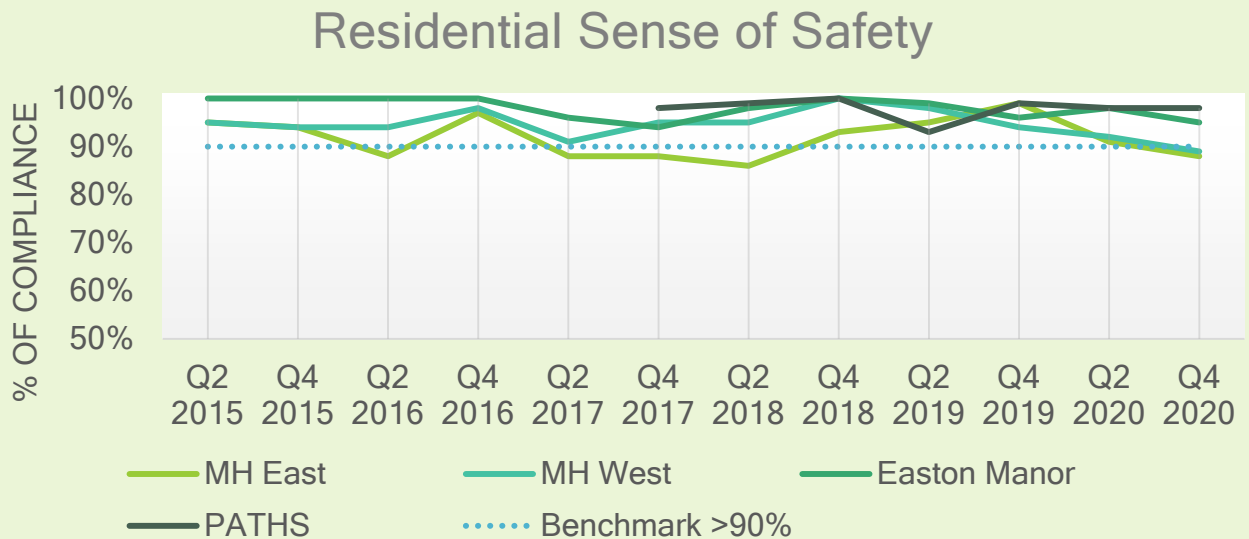
SAFETY & SECURITY

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

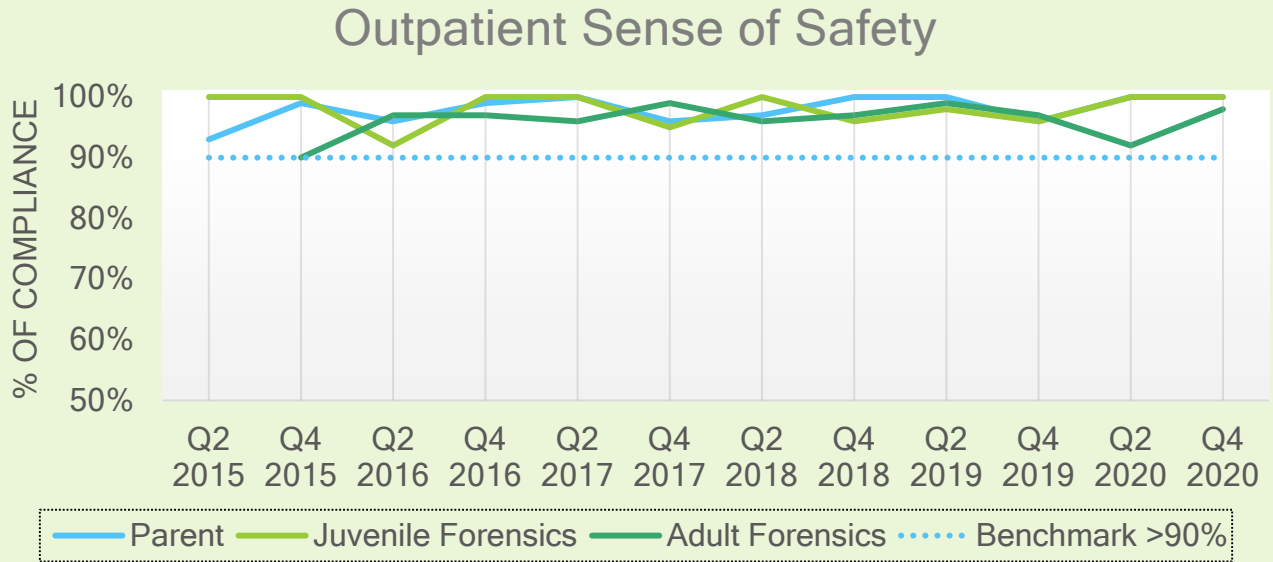
Surveys related to clients' perceived Sense of Safety have been administered twice annually since 2013 for residential clients and since 2014 for clients in the outpatient programs. This measure is continuously a top priority for ECI as it strives to provide the safest possible environment in which clients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

RESIDENTIAL SENSE OF SAFETY



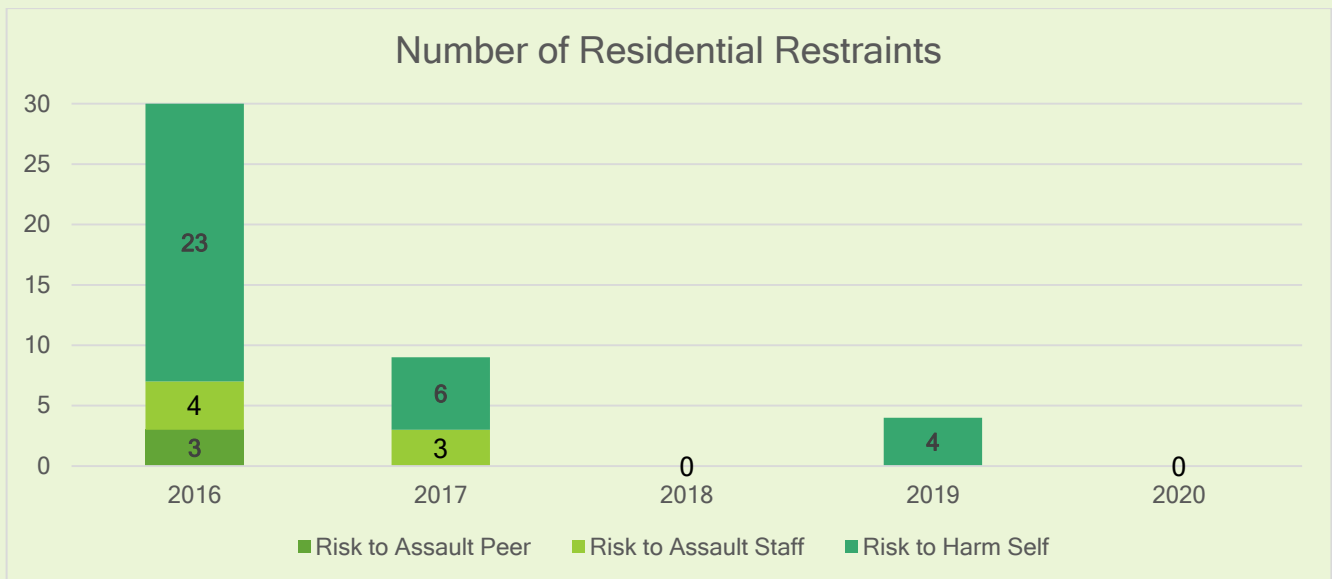
Residential Sense of Safety assessments evaluate residents' sense of physical, psychological, social, and moral safety in ECI's residential programs. Mathom House, both East and West, slightly dropped below benchmark in the fourth quarter. The survey response rate was slightly lower in the 4th quarter than in the 2nd quarter. The clinical team continues to address harassment and bullying behaviors by implementing anti-bullying techniques into sessions.

OUTPATIENT SENSE OF SAFETY



Surveys related to clients’ comfort within Ravenhill’s therapeutic and professional relationships and settings were administered in the 2nd and 4th quarters of 2020. 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

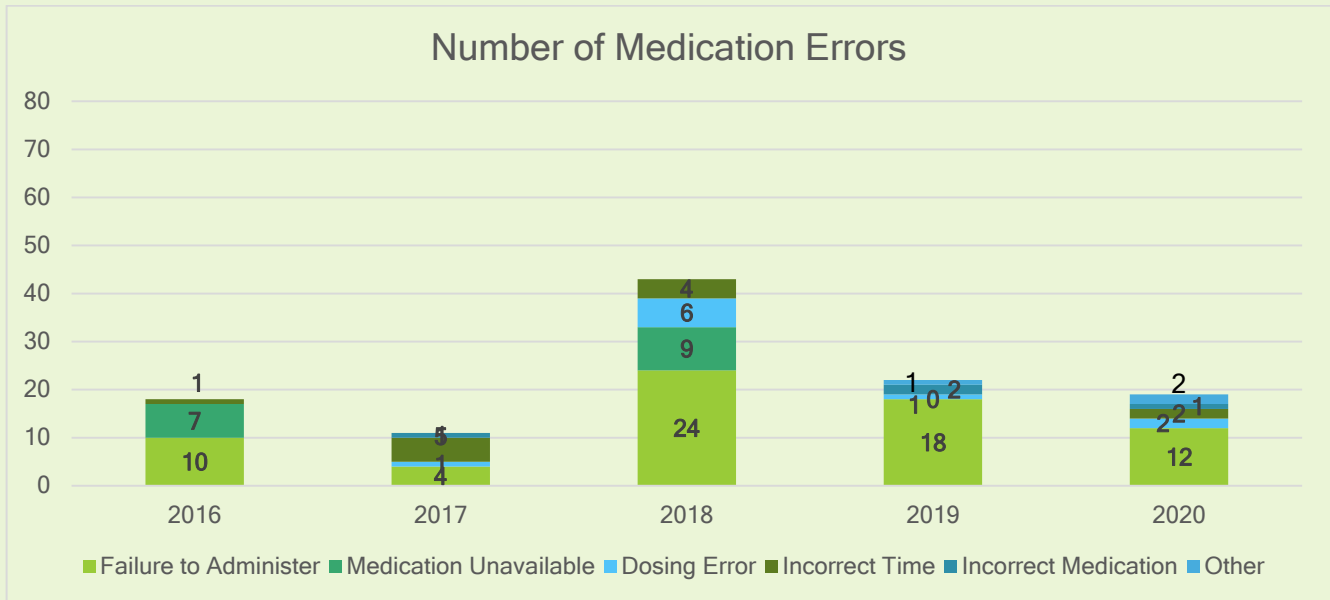


Quarterly, ECI’s Performance and Quality Improvement Committee analyzes restraint data to determine any trends or patterns. In 2017, there was a dramatic drop in the number of restraints compared to previous years, an accomplishment which was credited to an improved screening process for referrals and the implementation of Managing Aggressive Behavior (MAB) methods for crisis intervention. These practices continued through 2020 and resulted in **no physical restraints** taking place at ECI this year.

RESIDENTIAL SAFETY-RELATED INCIDENTS

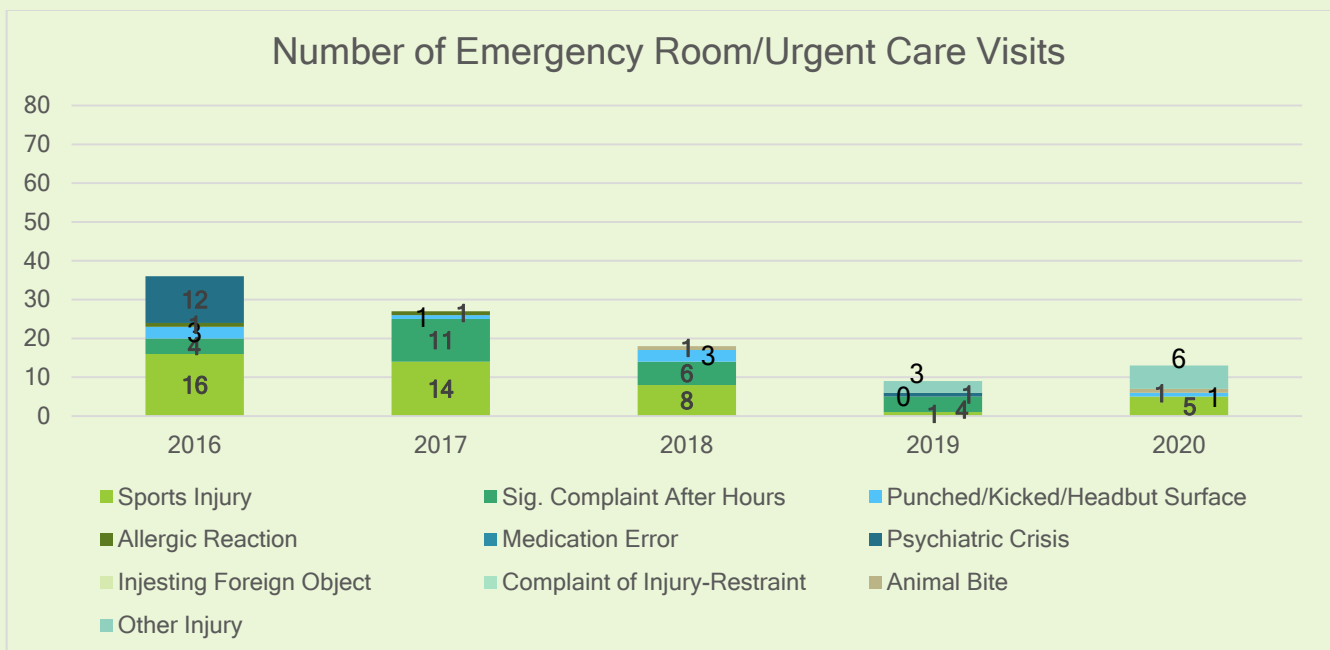
Providing a safe and secure environment in which our clients receive treatment is a fundamental priority. We have selected medication errors, emergency room care, self-injurious behavior, and sexual misconduct as the most significant safety-related incidents to monitor and address, as necessary.

MEDICATION ERRORS



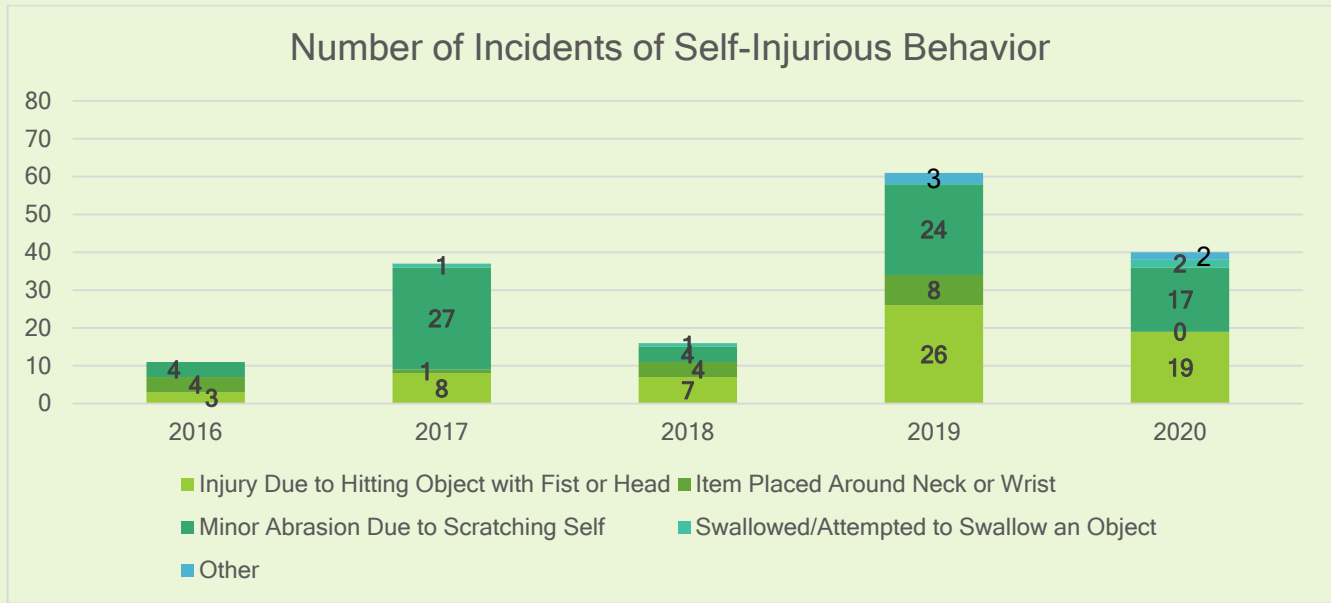
In 2020, the medication administration errors continued to decrease. The programs continue to implement measures to reduce medication errors in the programs including having staff complete quizzes to keep information fresh in their mind and to have individuals responsible for Medication Administration 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



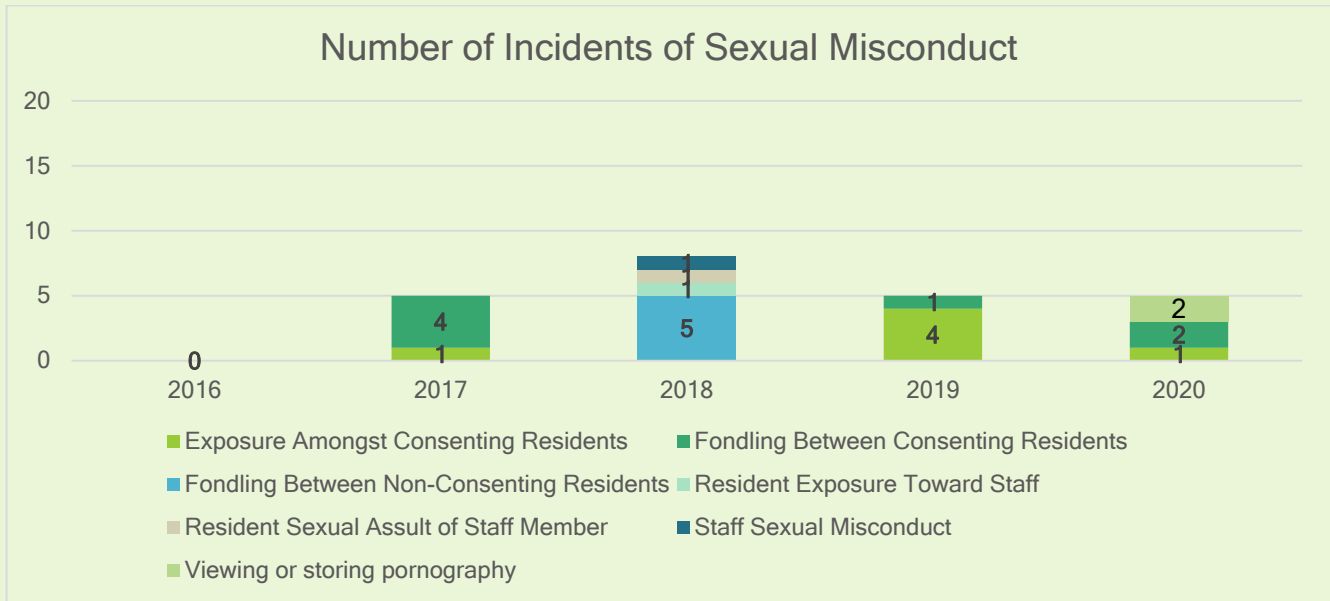
Without medical personnel on site, our residential programs rely on the local hospital or urgent care center for emergency and/or after-hours medical concerns. All incidents requiring services through the emergency room or urgent care were determined to be consistent with the residential level of care and clientele. Most of the ‘other’ incidents involved medical problems, such as rashes, eye irritation, and one case of COVID (the other residents needed to be quarantined afterwards). Incidents were addressed in a timely manner and according to program policy in order to ensure the safety of all involved.

SELF-INJURIOUS BEHAVIOR



In 2020, the number of self-injurious behaviors decreased from the year prior. The higher categories were again injuries due to hitting objects with fist or hand, and cutting behaviors. Two clients attempted or had plans to swallow a battery. The other two stated that they engaged in physical self-injurious behavior, but did not specify details. Some of the residents had multiple episodes of cutting behaviors which lead to the higher numbers in that category. In general, the newer clients have entered treatment with significant self-injurious behaviors than in previous years. An ad hoc committee was formed in 2019 to examine how to address these issues. It appears that targeted work on coping skills and self-harm may have contributed to the decrease in 2020 of these incidents.

SEXUAL MISCONDUCT

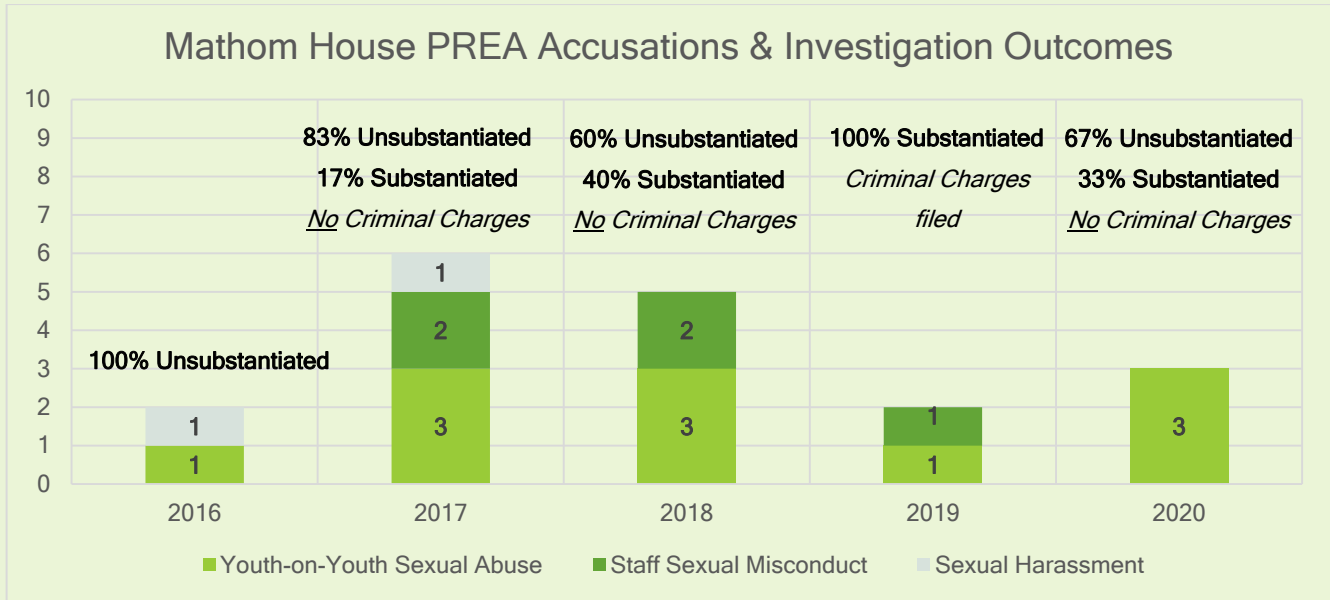


In 2020, there were two incidents involving fondling between consenting resident, two incidents of viewing or storing pornography, and one incident of exposure. Each incident was investigated, and individualized corrective action plans were implemented in a timely manner. However, high staff turnover 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

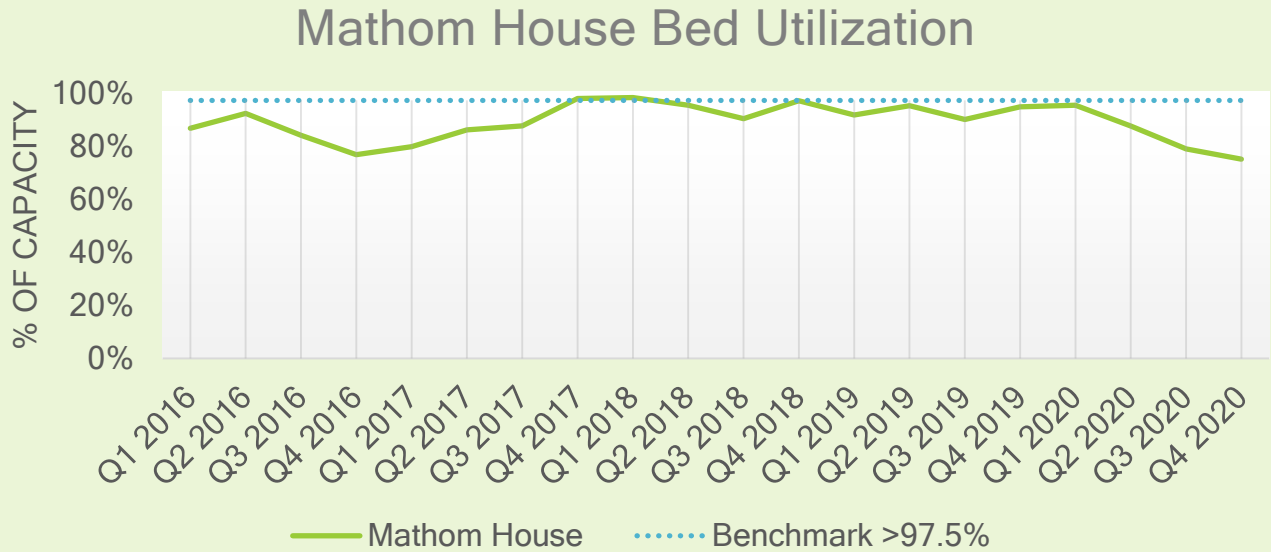


Three PREA Investigations, all categorized as ‘youth-on-youth’ sexual contact were conducted at Mathom House in 2020. All allegations were investigated both internally by the administrative team and criminally by the Doylestown Township Police. Two allegations were unsubstantiated and one allegation was substantiated. No criminal charges were filed in any of the investigations conducted by the Doylestown Township Police. 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.

BED UTILIZATION

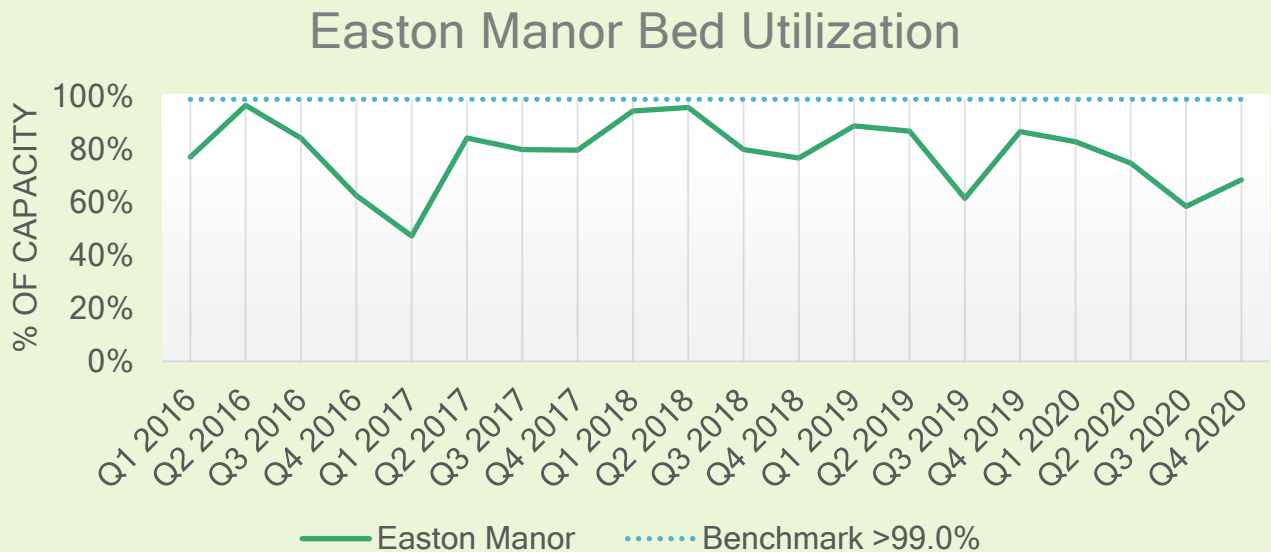
There are several factors that contributed to the census decline in 2020. First, the Coronavirus pandemic has had an effect due to the shutdowns that occurred during the year, the decrease of identified behavior problems as many students are completing their studies virtually, and reluctance of parents to send their children to residential care during the pandemic. As mentioned in previous reports, 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 Family First Prevention Services Act, due to be implemented in Pennsylvania in July 2021.

MATHOM HOUSE BED UTILIZATION



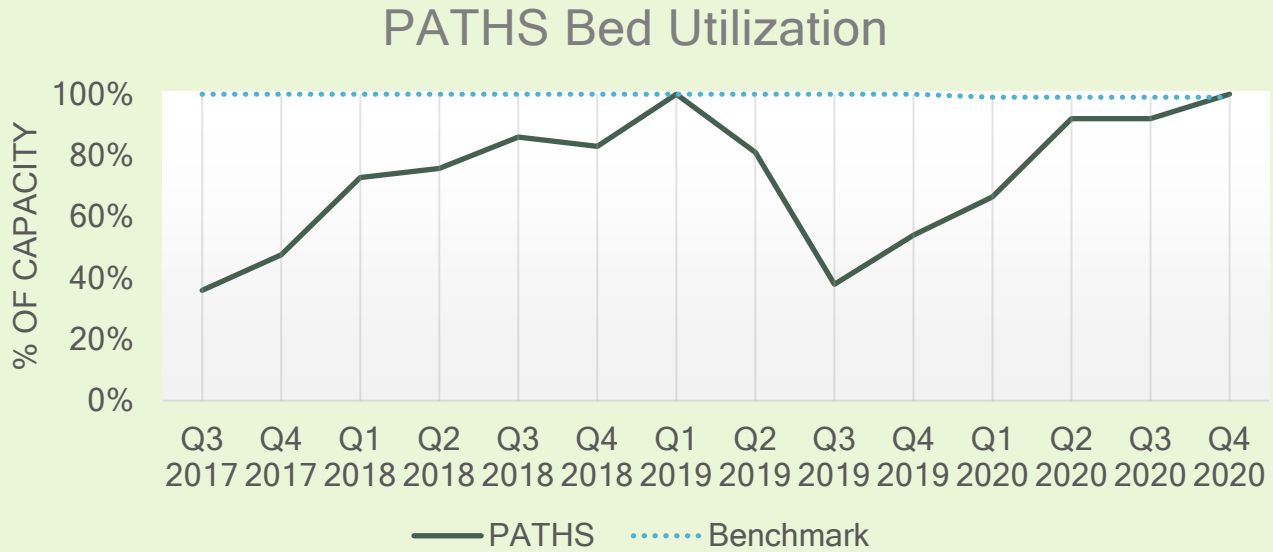
As discussed above, the census for Mathom House has decreased since the pandemic began in the 1st quarter of 2020. Mathom House requested to transition their secure care license to a residential license in the 4th quarter and other strategies to help improve this area (ex. direct outreach). Some physical changes have begun to take place to get ready for assumed approval. This change will allow ECI to take in more adjudicated dependent youth vs. delinquent youth, essentially doubling the amount of youth they can accept to the program.

EASTON MANOR BED UTILIZATION



Easton Manor also saw a steady decline in bed utilization since the 1st quarter of 2020 for the same reasons as Mathom House above. In the last quarter, Easton Manor’s census did increase slightly, which was attributed to increase in outreach attempts.

PATHS BED UTILIZATION

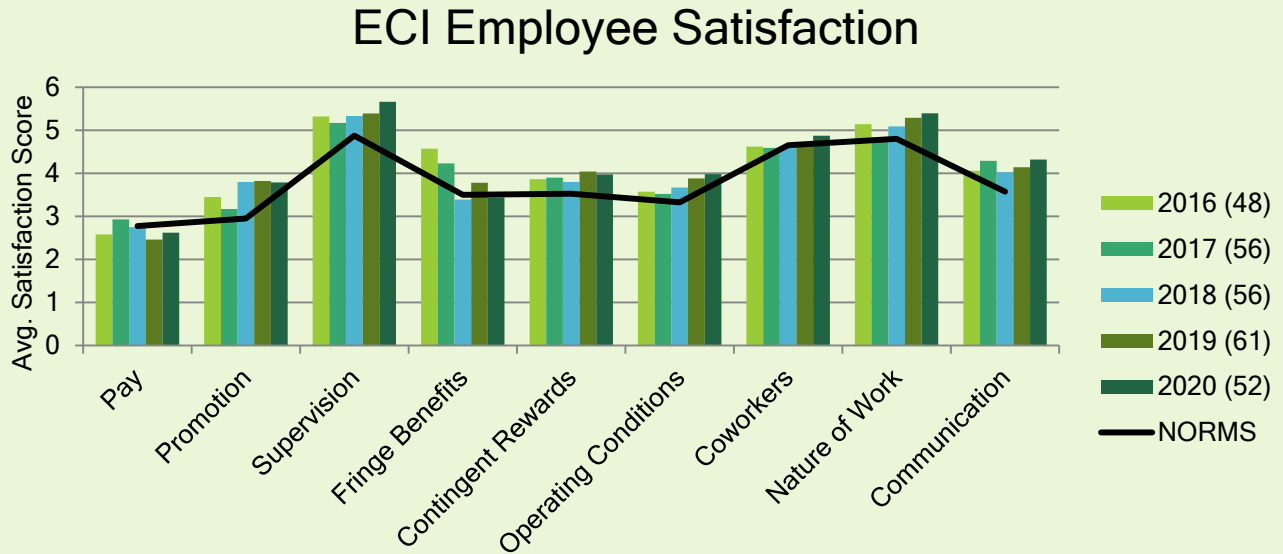


Through outreach attempts, and improvement made in screening and handling of referrals, PATHs bed utilization increased throughout 2020, reaching 100% utilization in the last quarter. This is an outstanding achievement in spite of the challenges mentioned above that all the programs were facing in the last year. PATHS was able to achieve 100% in the last quarter due to excellent planning of having an admission and discharge coordinated on the same date.

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



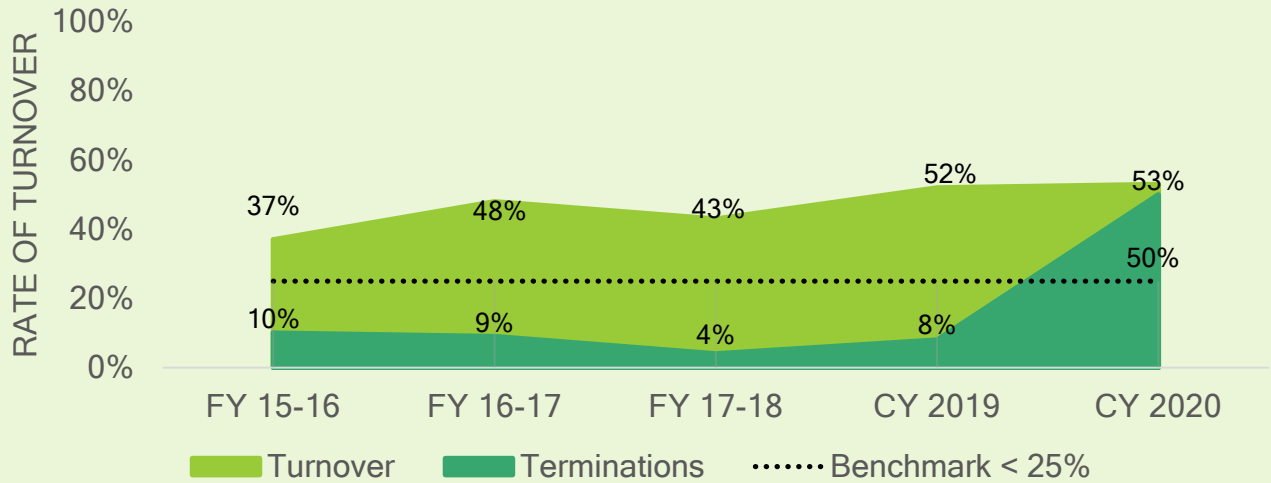
Employees were surveyed during the first quarter of 2020 (previously staff satisfaction was traditionally measured annually during the second quarter of the calendar year). Overall, ECI employee satisfaction in 2020 remained consistent with the scores achieved through the previous years. Satisfaction remained 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 2020. 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. It should be noted that Edison Court faced a uniquely challenging year in light of the COVID-19 pandemic. The challenge to offer competitive wages in an already difficult sector of behavioral health, coupled with the stress of navigating safety during the pandemic was likely a factor in turnover. 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.

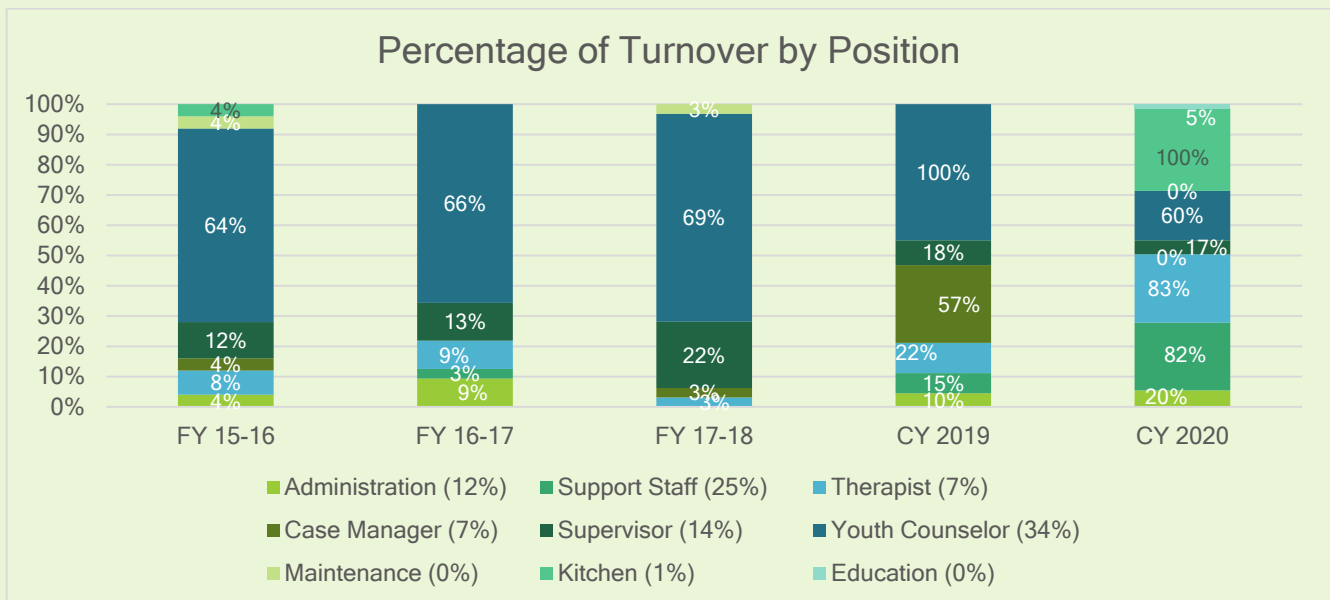
EMPLOYEE TURNOVER & TERMINATION RATES

ECI Employee Turnover by Year



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. There were a high number of terminations due to the closing of the Barn Nature Center in March 2020 resulting in the layoff of 18 staff members. Additional details regarding turnover by position is reported in the section below. Pre-pandemic turnover estimates in publicly funded mental health settings were at 30% to 60% annually, see [A Prospective Examination Of Clinician & Supervisor Turnover Within The Context Of Implementation Of Evidence-Based Practices In A Publicly-Funded Mental Health System](#)). For 2020, a nationwide survey showed that 11% of health care workers left their jobs, 26% considered leaving their jobs, and 14% contemplated leaving the profession entirely (see [About a Quarter Of Health Care Workers Have Considered Leaving Their Job Since The Onset Of The Pandemic](#)).

POSITION CONTRIBUTION TO TURNOVER



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

The one kitchen staff member left and was replaced this year (100%), and the Barn Nature Center closed (support staff category = 82%). Turnover in the Youth Counselor and therapists positions were the next highest categories this year. Youth Counselors accounted for 34% of ECI's workforce during the last calendar year, and that position turned over 60%. 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 therapist positions was 83%, with one layoff and four staff of the remaining five leaving the organization. Three counselors moved to more lucrative positions and one relocated to a different state. There were also concerns about burnout, in some part due to increased stress from the pandemic.

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. Unfortunately, this survey was not distributed in the Spring of 2020 due to the start of the pandemic when surveys are usually distributed. This measure will be captured and reported on in 2021.

COMPLIANCE

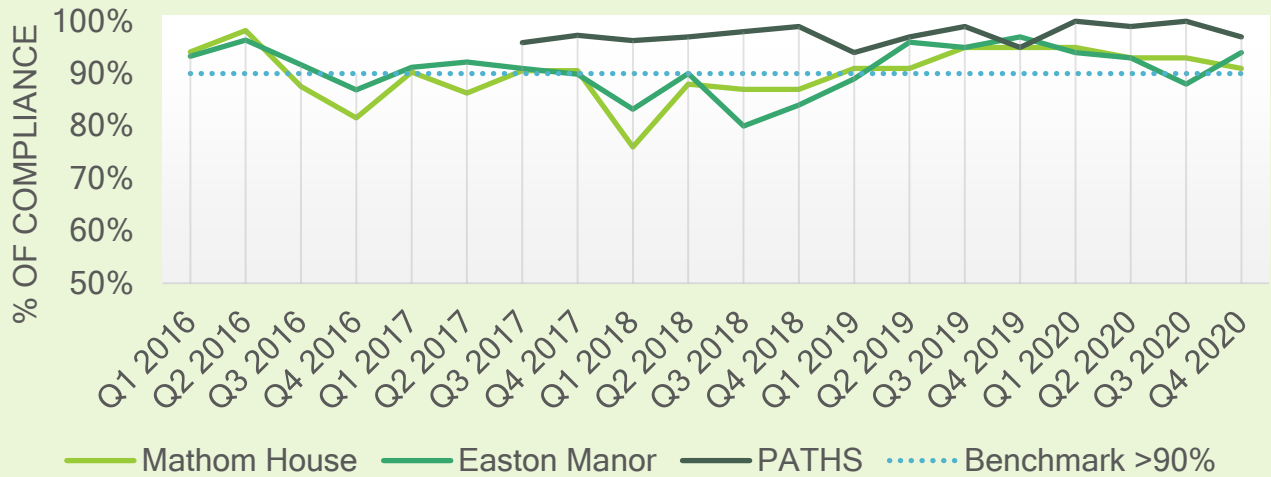
ECI uses Federal, State, County, and MCO guidelines to assess that clinical documents are completed accurately, timely, and consistent with best practices and regulations. This process is another area of opportunity to improve quality related to how we record services and defeat system or programmatic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

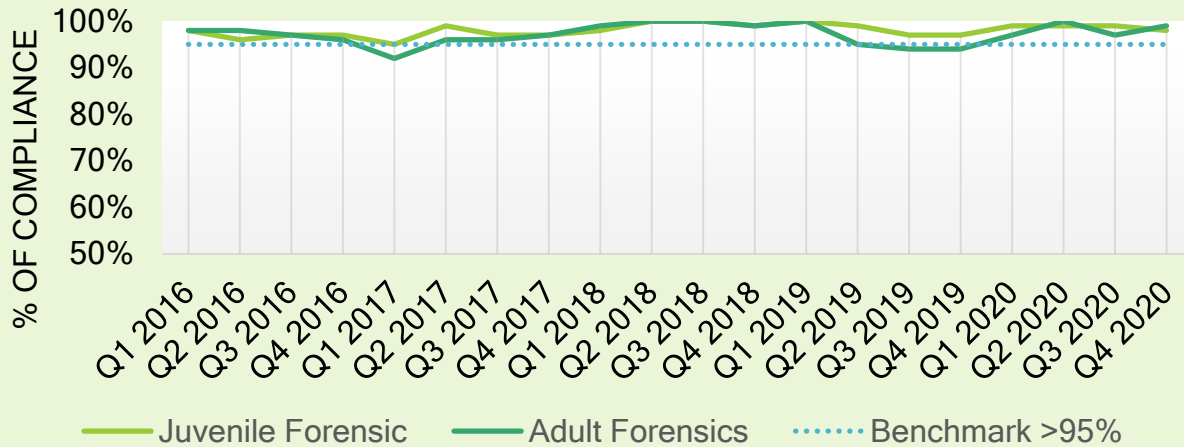
Residential Case Record Compliance



Easton Manor fell slightly below compliance in the 3rd quarter of 2020 and Mathom House just met the benchmark in the fourth quarter. Both decreases were due to challenges in collecting some data due to the pandemic such as outcome measures. This continues to be challenging, especially when collecting data from parents is concerned as they are no longer in the office to receive personal reminders from staff.

OUTPATIENT CASE RECORD REVIEWS

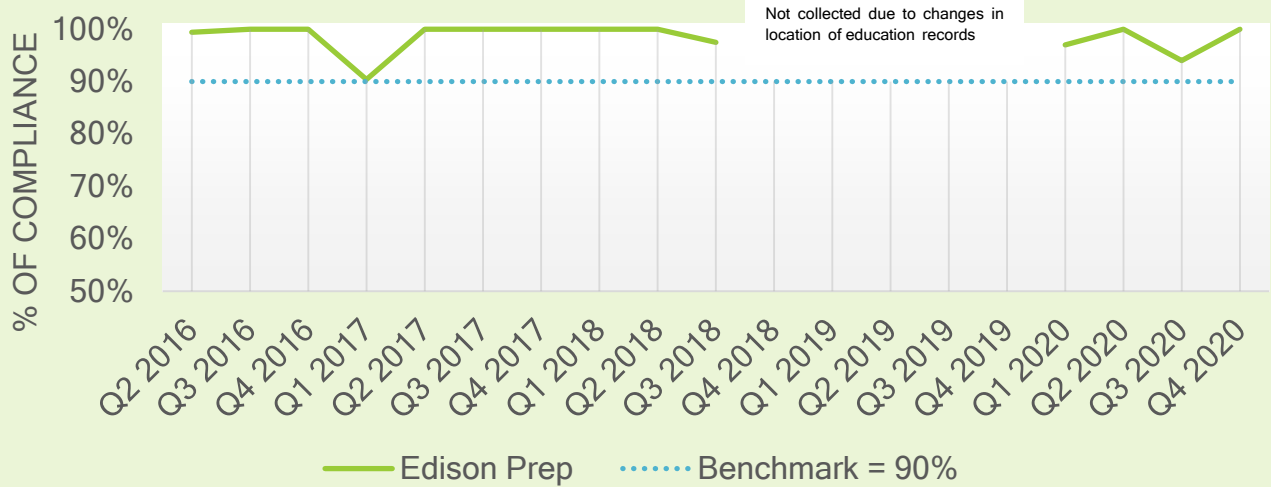
Outpatient Case Record Compliance



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.

EDISON PREP ACADEMIC CASE RECORD REVIEWS

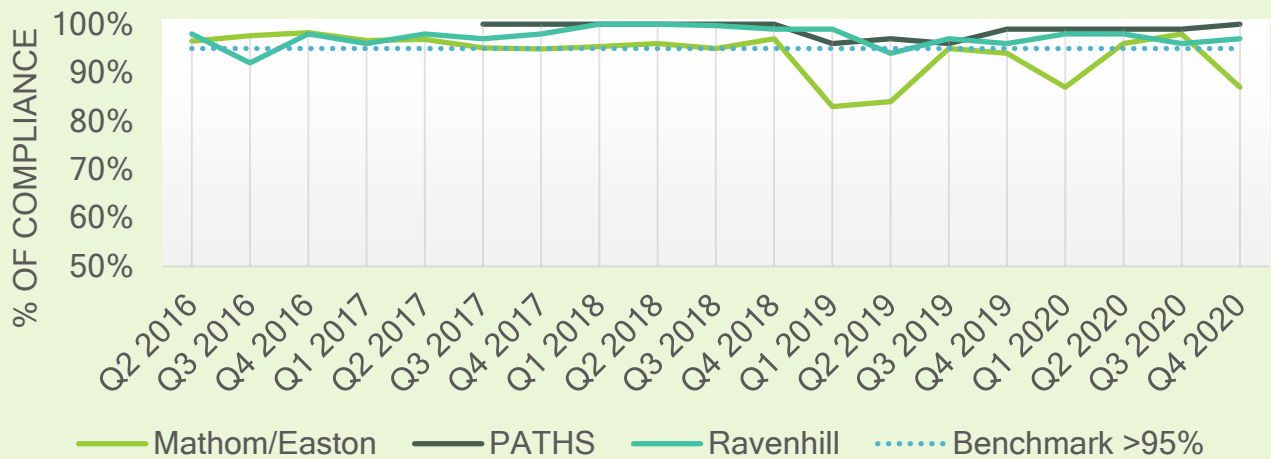
Academic Case Record Compliance



This measure was re-started in the beginning of 2020. The information was not collected during the missing timeframe in the chart due to changes in the location of the educational records. Edison Prep has continued to exceed the benchmark for education records.

EMPLOYEE RECORD REVIEWS

Employee Record Compliance

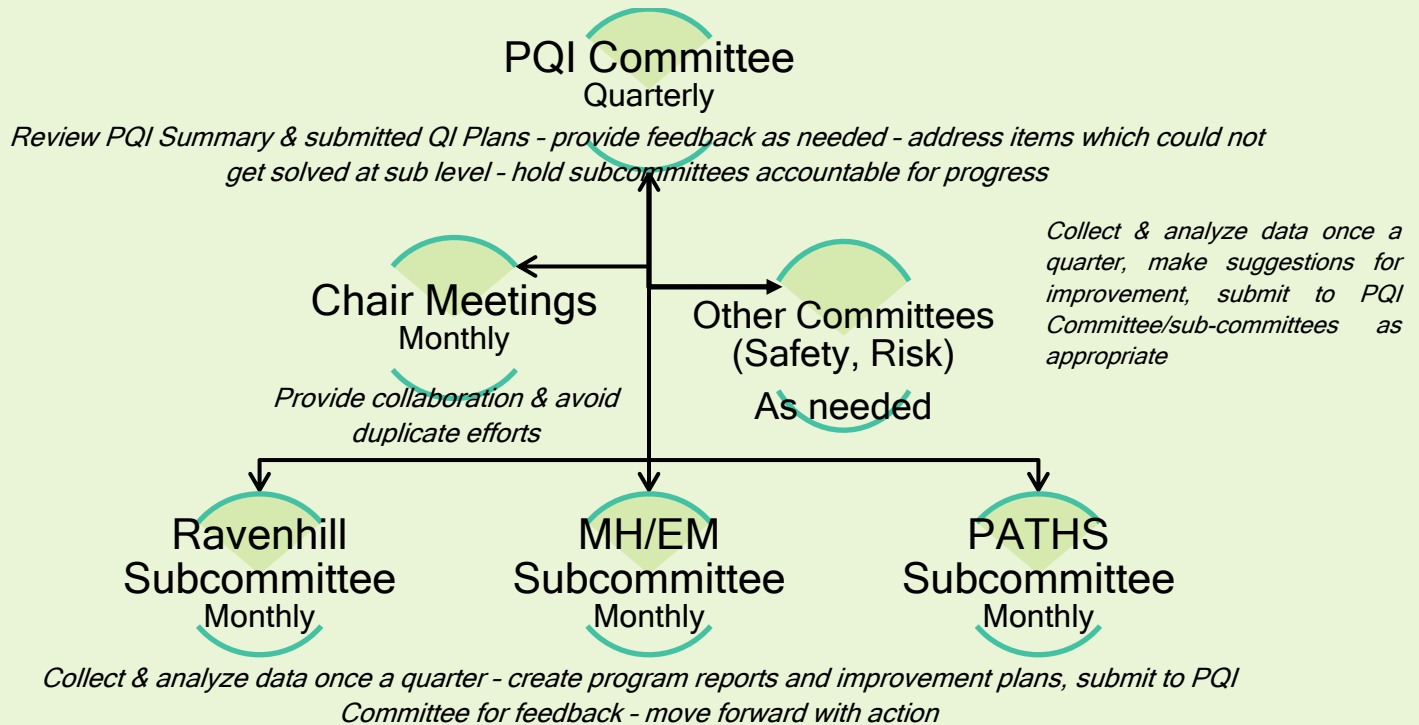


Edison Court began auditing personnel records more consistently and thoroughly in 2016 in order to ensure compliance with state regulations and best practices. Mathom House had a drop in compliance both in the 1st and 4th quarters of 2020. In the first quarter, Mathom House instituted an improvement initiative with supervision which seems to help initially, and then declined. —This measure was influenced by shift changes and corresponding supervision not being moved when a shift change occurred. Mathom House is implementing additional strategies in 2021 to address the decline such as improving the onboarding process and providing more support to employees, such as increasing the frequency of individual meetings.

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 continued to expand the scope and thoroughness of its data collection and reporting for PQI purposes.

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



In 2020, the previous Director of Quality Improvement left the organization and was replaced by the current Director. Most of the data collected and format for data collection has remained the same as previously. The Edison Prep academic scores have been changed to better align with the program's external outcome reporting requirements and with the academic school year.

In general, there were several areas both program operations and PQI data collection that were impacted by the coronavirus pandemic. These areas were highlighted in the report where applicable. In addition to items in this report, it is noteworthy to mention that all programs implemented telehealth fairly quickly. All programs had an unexpected need to tech-related equipment and Personal Protective Equipment (PPE). Also, both Mathom House and PATHS had staff and clients that were in quarantine for a period of time, which led to some staffing shortages, and other challenges.

The goal and objective of our PQI process during 2020 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 2021:

- Continue to expand upon the Quality Department procedure manual to ensure easier collection of data and transition of knowledge of PQI systems within the organization.
- 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. Change reporting method to a 5-point scale to more accurately reflect areas for improvement.
- 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.
- Monitor and re-evaluate BASC assessments and alternatives for measuring functional status.
- 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).
- Monitor family involvement across programs to ensure that gains made in this measure continue after services return to in-person.
- 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 in aggregate format.
 - Establish benchmarks and aggregate tracking of credits recovered, percentage of students achieving grades of 80% or higher, students needing additional support etc.
- Continue to effectively mitigate safety and security risks through the continued leveraging of electronic health records and maintenance of a Safety Committee.
 - Continue to monitor and reduce incidents of self-injurious behavior wherever possible.

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