

CHOR YOUTH AND FAMILY SERVICES



2021 ANNUAL PERFORMANCE &
QUALITY IMPROVEMENT REPORT

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EXECUTIVE SUMMARY

In October 2021, the Children's Home of Reading Youth and Family Services (CHOR YFS) merged with two other affiliates, Edison Court and Affinity Services (comprised of Safeguards Foster Care and Pennsylvania Forensic Associates). The combined entity has programs and services in the areas of Residential, Community-Based, Education, and Outpatient Services. CHOR YFS is constantly focused on providing programs that meet the dynamic needs of our communities in a manner that meets or exceeds the needs and expectations of our key stakeholders.

Our goal is to deliver services to children, adults, and families in the most effective and efficient manner. This year, for its first accreditation under the Council on Accreditation (COA, CHOR achieved an expedited accreditation which means the organization achieved high marks and did not need any corrective actions. Edison Court also received an expedited re-accreditation. Safeguards will now fall under CHOR YFS for accreditation and Pennsylvania Forensic Associates will pursue accreditation at the next accreditation period. The Quality Department has worked at both Edison Court and CHOR to streamline reporting and improve outcomes. This report outlines the efforts made by the three organizations 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, CHOR YFS presents our first annual Performance and Quality Improvement Report (2021).

INTRODUCTION

CHOR YFS 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. CHOR YFS's Performance and 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 Quality Council is comprised of a combination of management, support and direct care staff representing residential, community-based programming and outpatient. PQI Quality Council meets quarterly and is responsible for CHOR YFS'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 CHOR YFS personnel, the Board of Directors, as well as other key stakeholders.

CHOR YFS has selected a variety of performance areas to measure 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 CHOR YFS over the last year regarding our performance and quality improvement process.

KEY STAKEHOLDER/EXPECTATIONS

The following Key Stakeholders, and their expectations of CHOR YFS are:

- ❖ **Clients, Families, Staff, Payors, Landlords, Foster Parents, Donors:** Quality, ethical, competent care delivered in a safe, clean, and friendly environment.
- ❖ **Neighbors:** That the facility is clean, safe, and is a good neighbor.
- ❖ **The Community-at-Large (to include the County and City):** That CHOR YFS will be a prominent program provider, both by reputation and economics, and continue to be a beacon within the community and serving the community.
- ❖ **Inperium, Inperium Affiliates, Board of Directors, and Governing Bodies:** Safety, quality, and fiscal responsibility while providing a positive impact in the communities we serve.
- ❖ **Foundations, United Way, School Districts, Referral Sources:** Quality, compliance, and fiscal responsibility, while fulfilling needs.
- ❖ **Vendors:** Quality performance while sustaining fiscal responsibility.

CHOR YFS CLIENT DEMOGRAPHICS

In FY2021, CHOR YFS served children, adults, and families, primarily from Bucks, Berks, and Philadelphia counties and served clients from 32 other counties plus a couple clients from out of state. The largest age group was youth between 15 and 19 years of age. CHOR, ECI, and Safeguards served a total of 1,216 clients (Pennsylvania Forensic Associates (PFA) adds approximately 434 Adults and 30 juvenile clients for a total of 1,680 clients). CHOR YFS is working towards collecting demographic information for Pennsylvania Forensic Associates. The following client demographic information best describes the population served for the other programs.

Demographics

FY2021

	Adoption	APHP	ERC	LVIH	ECI RTFs	SFC -SG	PRTF	RH Adults	RH Juv.	RH General Services	CHOR - ECI -SG TOTAL
GENDER											
Male	47%	47%	100%	66%	100%	80%	74%	93%	83%	78%	73%
Female	53%	53%	-	34%	-	20%	26%	7%	17%	22%	27%
RACE											
Caucasian	30%	48%	45%	67%	73%	61%	74%	47%	61%	45%	50%
African American	52%	9%	50%	19%	10%	21%	12%	3%	19%	8%	20%
Amer. Ind./ Alaska nat.	-	1%	-	-	-	-	-	-	-	-	1%
Two or more races	-	11%	5%	5%	3%	4%	5%	2%	8%	-	2%
Other/Unknown	18%	31%	-	9%	14%	14%	9%	48%	12%	47%	27%
ETHNICITY											
Hispanic	11%	30%	68%	40%	14%	26%	12%	1%	10%	2%	14%
Non-Hispanic	89%	53%	32%	40%	86%	71%	88%	52%	88%	53%	67%
Unknown		17%	-	20%	-	3%	-	47%	2%	45%	19%
AGE											
Under 5	13%	-	-	-	-	10%	-	-	-	-	4%
5-9	22%	12%	-	10%	-	12%	-	-	-	-	7%
10-14	15%	59%	18%	43%	12%	20%	34%	-	8%	21%	20%
15-19	23%	29%	82%	41%	62%	57%	66%	-	79%	66%	42%
20-24	2%	-	-	6%	26%	1%	-	5%	13%	10%	6%
Over 25	25%	-	-	-	-	-	-	95%	-	3%	21%
COUNTY											
Adams	1%	-	-	-	-	1%	-	-	-	-	.5%
Beaver	-	-	-	-	-	-	1%	-	-	-	.1%
Berks	11%	80%	100%	-	21%	26%	12%	-	6%	-	16%
Bucks	-	-	-	-	17%	1%	5%	93%	88%	99%	39%
Cambria					3%			-	-	-	.1%
Carbon	-	-	-	-	-	1%	-	-	-	-	.1%
Centre	-	-	-	-	-	1%	-	-	-	-	.1%
Chester	1%	-	-	-	7%	3%	8%	-	-	-	1%
Clinton	1%	-	-	-	-	-	-	-	-	-	.5%
Columbia	-	1%	-	-	-	1%	1%	-	-	-	.4%
Cumberland	1%	-	-	-	-	4%	-	-	-	-	.5%
Dauphin	1%	1%	-	-	-	4%	7%	-	-	-	.1%
Delaware Co.	2%	-	-	-	3%	3%	7%	-	-	-	1%
Elk	-	-	-	-	-	-	1%	-	-	-	.5%
Fayette	-	-	-	-	-	-	3%	-	-	-	.1%
Franklin	-	-	-	-	-	1%	-	-	-	-	.1%
Lackawanna	-	-	-	-	1%	-	4%	-	-	-	.4%
Lancaster	4%	-	-	-	-	9%	12%	-	-	-	3%
Lawrence	-	-	-	-	-	-	1%	-	-	-	.1%
Lebanon	1%	-	-	-	-	6%	5%	-	-	-	1%
Lehigh	4%		-	41%	9%	9%	3%	-	2%	1%	5%
Luzerne	-	-	-	-	1%	2%	5%	-	-	-	.5%
Lycoming	-	-	-	-	-	-	1%	-	-	-	.1%
Monroe	-	-	-	-	-	3%	3%	-	-	-	.5%
Montgomery	4%		-	-	9%	6%	5%	6%	4%	-	4%
Northampton	1%	-	-	59%	10%	11%	3%	-	-	-	5%
Northumberland	1%	-	-	-	-	-	3%	-	-	-	.5%
Philadelphia	65%	-	-	-	-	1%	-	1%	-	-	14%

FY2021

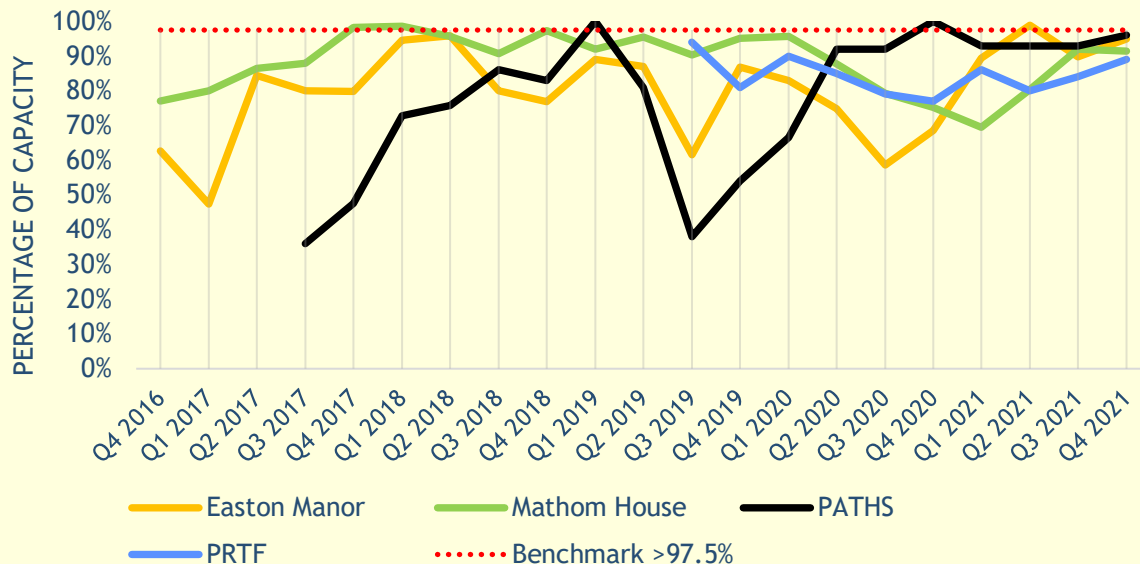
	Adoption	APHP	ERC	LVIH	ECI RTFs	SFC -SG	PRTF	RH Adults	RH Juv.	RH General Services	CHOR - ECI -SG TOTAL
Schuylkill	2%	18%	-	-	3%	4%	1%	-	-	-	3%
Snyder	-	-	-	-	-	1%	-	-	-	-	.1%
Somerset	1	-	-	-	-	-	1%	-	-	-	.1%
Susquehanna	-	-	-	-	-	-	1%	-	-	-	.5%
Wayne	1	-	-	1	-	-	-	-	-	-	.5%
Wyoming	-	-	-	-	-	-	1%	-	-	-	.1%
York	-	-	-	-	15%	-	5%	-	-	-	1%
Out of State					1%	2%	1%	-	-	-	.5%

PROGRAM CENSUS

The COVID-19 pandemic affected the census negatively in most of our programs. The Lehigh Valley In-Home program census was the only program that saw an increase. It is expected that referrals to these community-based programs will continue, if not increase, as funders search for alternatives to restrictive treatments. The graphs for program census are shown on the next pages.

RESIDENTIAL TREATMENT

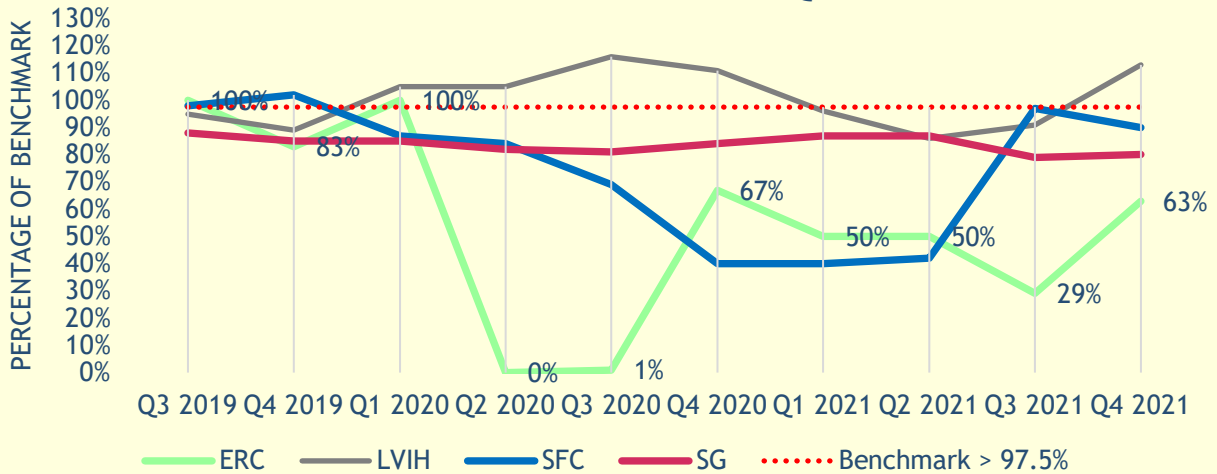
AVERAGE BED UTILIZATION PER QUARTER



During the last year, there were several changes that contributed to the increase in bed utilization. After the merger, all three agencies were reorganized by service line. A new Senior Director of Residential Services was assigned that could focus on the residential services. A referral/marketing department was created to provide more referral support, and the Human Resources was reorganized to aid with recruitment and onboarding of staff, especially with direct service personnel. All these changes contributed to the increased bed utilization for all facilities over the past year.

COMMUNITY-BASED PROGRAMS

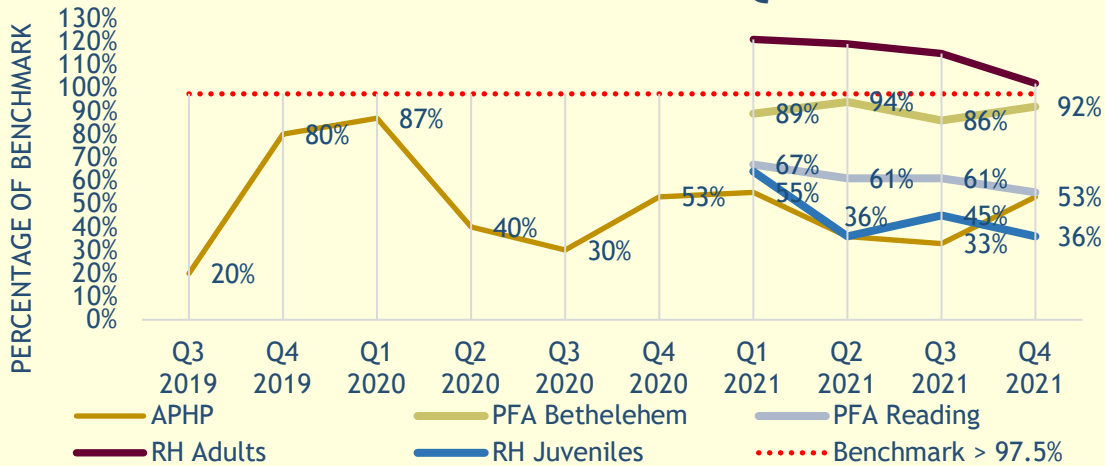
AVERAGE CENSUS PER QUARTER



Census for the last year fluctuated partially due to resetting of benchmarks in Q2. The pandemic had a large effect on the community-based programs. The Evening Reporting Center (ERC) initially did well at the beginning of the quarter, but then closed due to discharges. The ERC remains closed at the time of this report. The Lehigh Valley In-Home program continues to meet or exceed the benchmark, mostly due to the results of the Family First Act which is encouraging these types of programs in hopes of reducing referrals to foster care, residential placements, and other more restrictive settings. Conversely, the foster care programs have struggled due to the same Act which is discouraging these placements.

OUTPATIENT

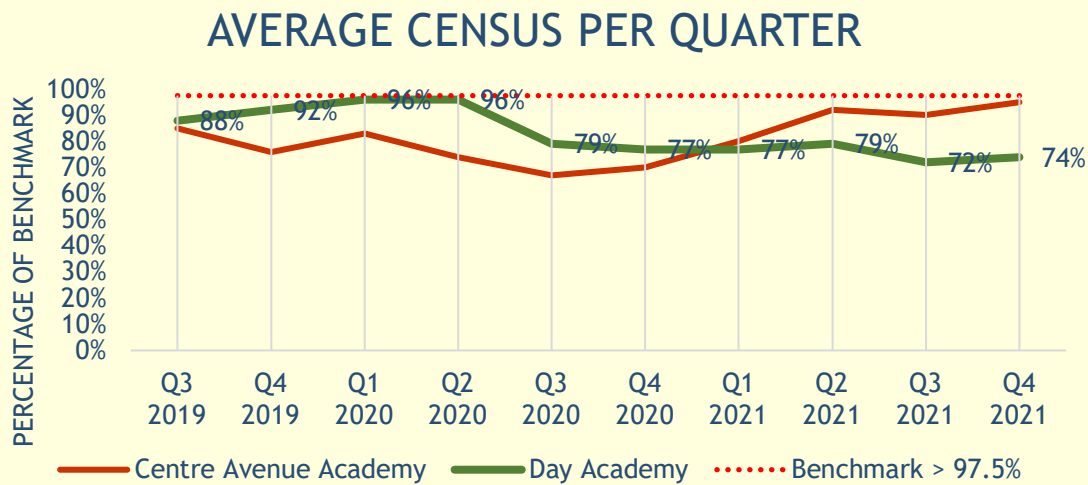
AVERAGE CENSUS PER QUARTER



The Ravenhill Adult programs continued to exceed the benchmark and PA Bethlehem is close to the benchmark. However, the census for the other programs remains well below the benchmark. For ECI, the turnover of the staff and board before the merger had an influence on referrals. Since the merger,

the staff and referrals department have been working hard to repair and restore the relationships with referral sources. It is the hope that the referrals will increase over the next year.

EDUCATION



The Centre Avenue Academy provides education services to CHOR clients residing at either SRTF or the RTF residential programs. The increase in census matched the increase in residential clients over the past year. ECI provides education services to clients in Mathom House and Easton Manor only and does not track census.

The Day Academy is alternative school for the local community. Referrals to the Day Academy remained consistent since the initial decline at the start of the pandemic. Some children in area school districts returned to school at the end of the 4th quarter and/or are attending hybrid models. The Day Academy will continue to work towards increasing census over the next year.

CLIENT OUTCOMES

CHOR YFS 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 CHOR’s services are effective in promoting clients’ wellbeing.

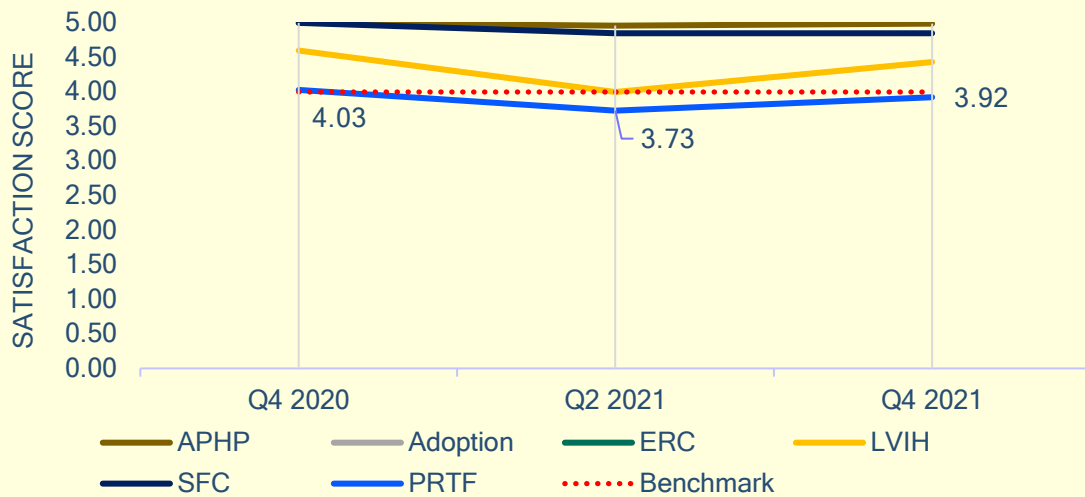
SATISFACTION WITH SERVICES

Satisfaction with services is measured 1-2 times per year depending on the population being surveyed. CHOR YFS surveys clients, parents, students, and external stakeholders using survey tools developed in conjunction with each program and according to best practices.

CLIENT SATISFACTION

Client Satisfaction is measured twice annually during the second and fourth quarters of the calendar year. CHOR and ECI used similar survey instruments during the 4th quarter of 2021. Affinity has distributed surveys, and it is planned to convert to the same instrument used by CHOR and ECI in 2022.

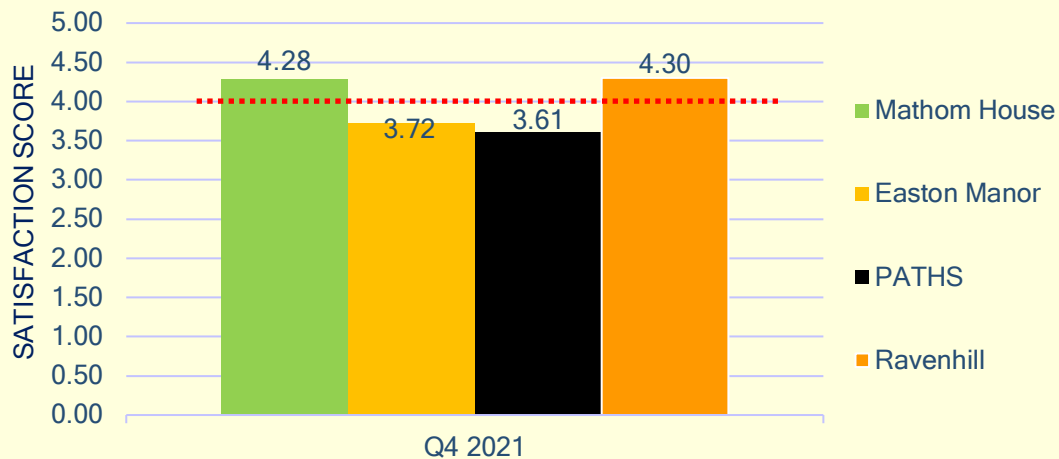
CHOR AVERAGE CLIENT SATISFACTION PER YEAR WEIGHTED SCALE 1-5 (MOST SATISFIED)



In the fourth quarter of 2020, the survey for CHOR was changed to a five-point weighted score to better account for those that were not satisfied with service and to better identify benchmarks for improvement.

The Residential programs continues to score lower than the other programs but met the benchmark in the 1st quarter and came very close to meeting the benchmark in the 4th quarter.

ECI AVERAGE CLIENT SATISFACTION 2021 WEIGHTED SCALE 1-5 (MOST SATISFIED)



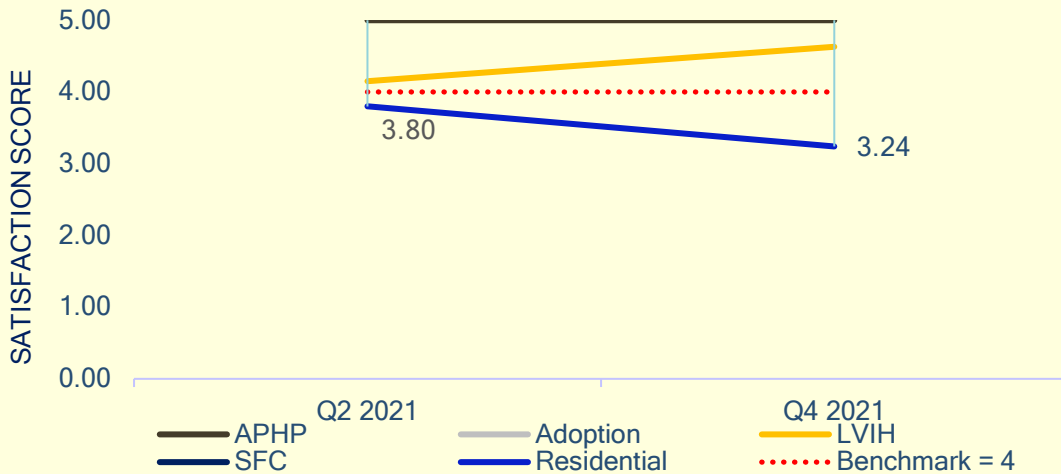
There were no noted areas of concern for the ECI surveys. Easton Manor and PATHS will continue to monitor the surveys and identify areas that can be improved to meet the benchmark.

For 2022, it is the intention to report survey results for all programs by their separate categories. For example, one of the categories is ‘sense of safety’ in the program. This will allow the PQI system to examine client satisfaction results in more detail to determine if there are any opportunities for improvement in this area.

PARENT SATISFACTION

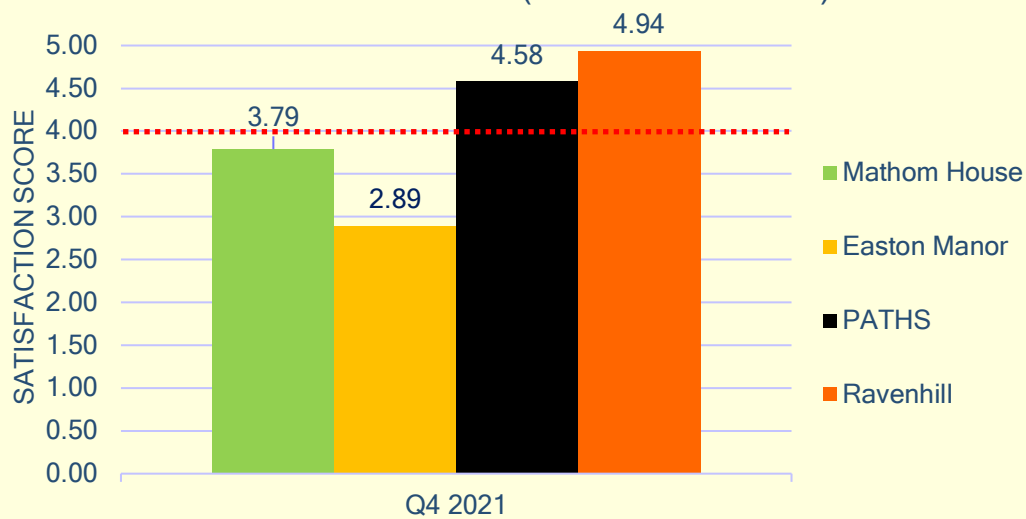
Parent Satisfaction is measured during the second quarter of the calendar year. CHOR and ECI again used similar survey instruments during the 4th quarter of 2021. The results are shown on the next page.

CHOR AVERAGE PARENT SATISFACTION PER YEAR
WEIGHTED SCALE 1-5 (MOST SATISFIED)



In 2021, the parent survey was changed to a five-point weighted scale to better identify areas for improvement. The survey results decreased slightly for the PRTF. The committee will continue to monitor the results and identify areas of improvement to meet the benchmark. The SFC and Adoption surveys will be revised and distributed in Q2 of 2022. The ERC program has not been successful in collecting parent surveys despite attempts to collect them throughout the year instead of at predefined intervals. The program will continue to explore ways to increase parental participation.

ECI AVERAGE PARENT SATISFACTION 2021
WEIGHTED SCALE 1-5 (MOST SATISFIED)

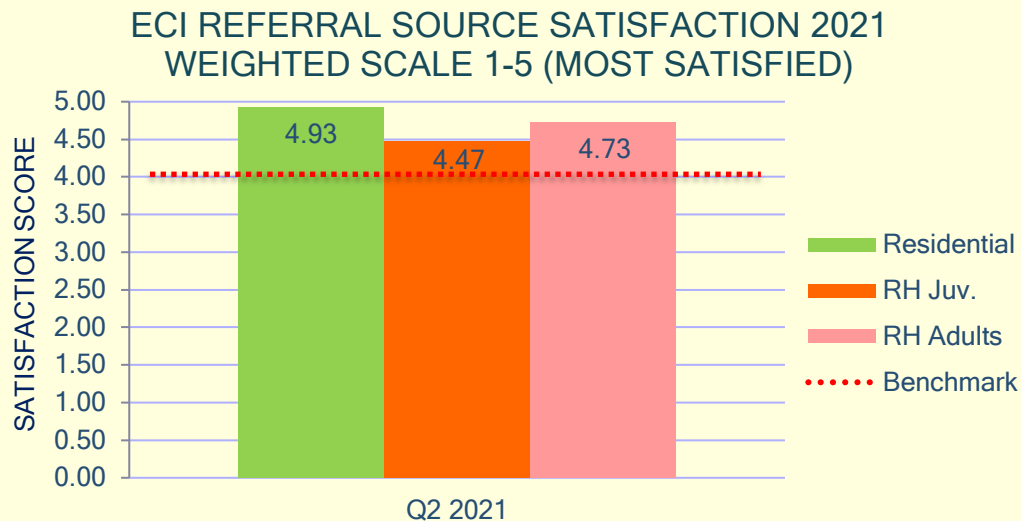


In the 4th quarter of 2021, the parent survey was changed for ECI to a five-point weighted scale to better identify areas for improvement. Easton Manor was well below the benchmark for the quarter; however,

only one parent survey was completed. The Mathom House/Easton Manor subcommittee will be discussing ways to increase parental survey participation.

REFERRAL SOURCE SATISFACTION

Due to the Council on Accreditation accreditation/re-accreditation process at both organizations, ECI's outpatient program was the only program to distribute surveys this year. ECI received 25 surveys from its referral sources.



This was the first year that ECI distributed a five-point rating scale survey to referral sources. All programs were above the benchmark. Some respondents skipped questions. The subcommittee will be exploring whether to make any questions mandatory. In 2022, it is anticipated that all programs will distribute referral source surveys in the 1st quarter.

CHANGE IN RISK AND FUNCTIONAL STATUS

Both CHOR and ECI use an electronic health record system, which allows for streamlined data collection, extraction of aggregate data, and improved tracking of changes in clients over time. Affinity is in the process of implementing the electronic health record system and has not yet begun collecting measures in these domains. Change in Risk and Functional Status was reported annually during the 3rd quarter of the calendar year for ECI, and the 4th quarter for CHOR. Affinity will be examining measures to collect after the implementation of the electronic health record. Next year, all will be reported during the 3rd quarters.

CHANGE IN RISK - JUVENILES

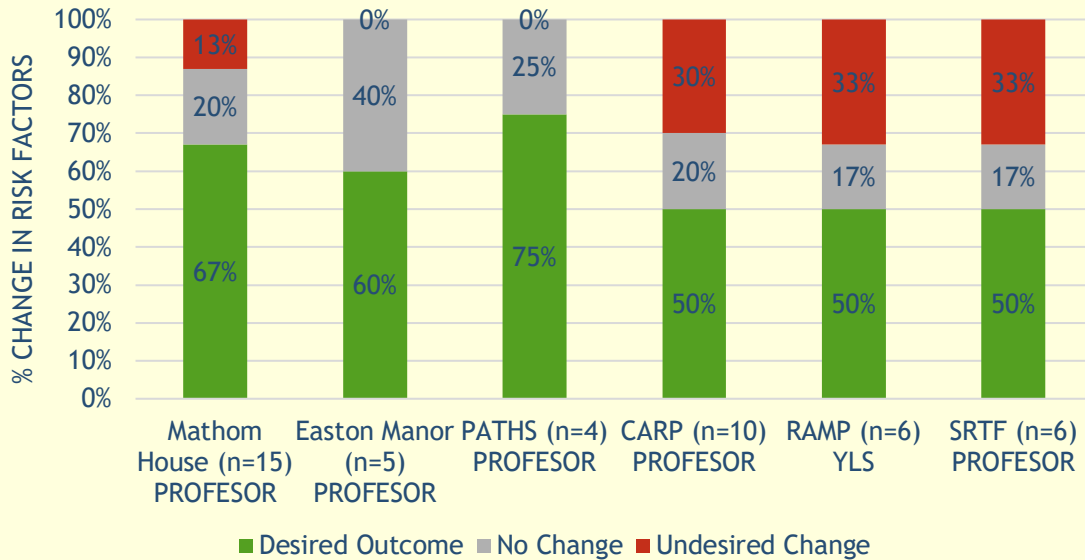
Most programs are collecting the Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR) to measure risk in clients with problematic sexual behaviors. The difference between the initial administration and the discharge administration of the PROFESOR is reported for all except the SRTF program, which began collecting data only in the last two years.

The Youth Level of Service (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.

In 2020 and 2021, there were difficulties in collecting data largely due to staffing issues because of the pandemic. Thus, there was a smaller number of client records that contained comparison data, especially at Mathom House and the outpatient programs (charts were missing either the previous or subsequent assessments).

CHANGE IN RISK - JUVENILES 2021

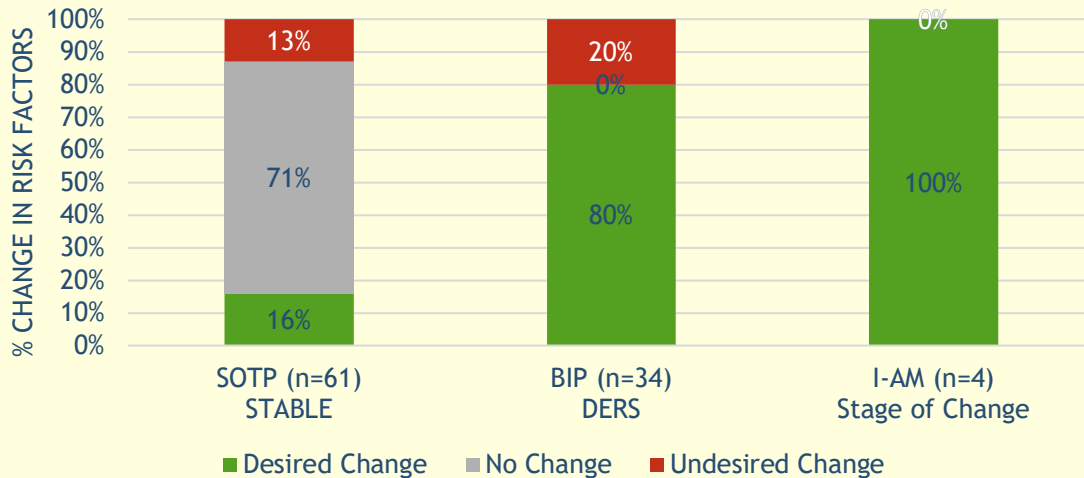


The above programs seek desired changes in the PROFESOR and YLS that are hypothesized to be correlated with individual therapy and mentoring/case management provided during the program. The scores for all programs above are generally what would be expected for the population.

CHANGE IN RISK – ADULTS

Each adult program is collecting a different instrument to measure risk in clients with problematic sexual behaviors, the STABLE for SOTP clients, DERS (Difficulties in Emotion Regulation Scale) for BIP clients, and The Stage of Change for Anger Management clients. The results are presented on the next page.

ECI CHANGE IN RISK - ADULTS 2021

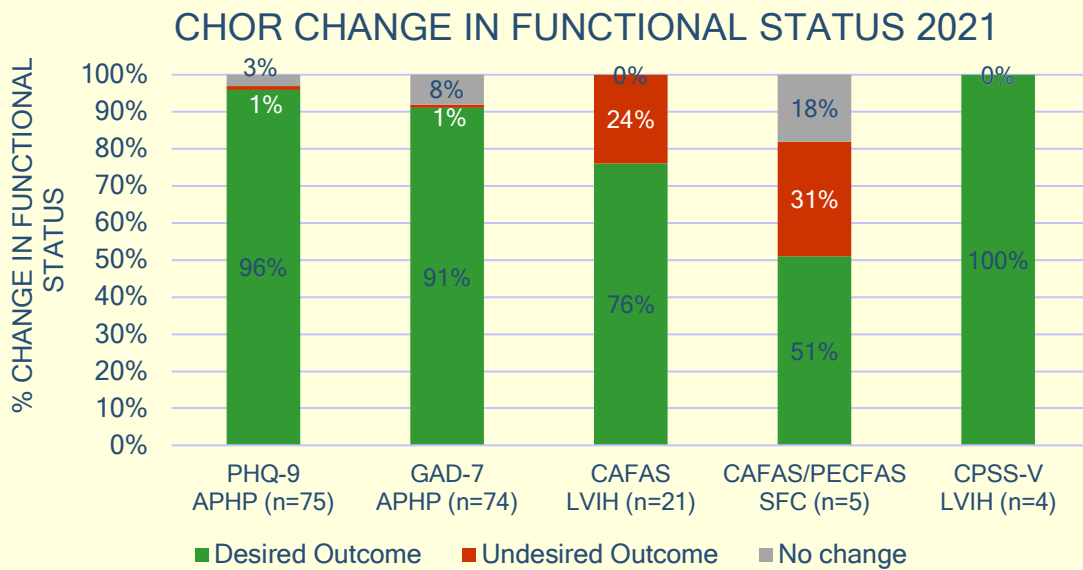


The BIP and I-AM clients showed the desired change, though the number of assessments collected for the I-AM program was small. The measurement period for the SOTP (STABLE) clients represent only a small fraction of the time that these clients are in treatment and the majority of current clients completed their baseline assessment after already receiving multiple years of treatment. Like years prior, this is a contributing factor to 71% 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.

CHANGE IN FUNCTIONAL STATUS - JUVENILES

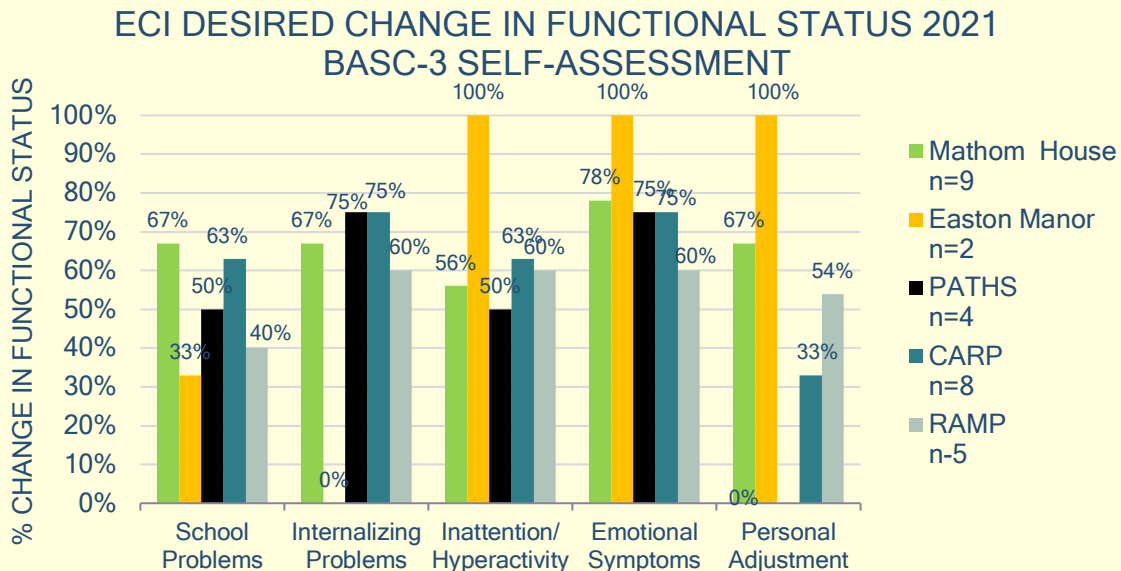
CHOR and ECI have also been using evidence-based tools to collect data on changes in functional status. First presented is the change in functional status for CHOR. The Acute Partial Hospital Program (APHP) uses two functional status evidence-based measures: the nine question Patient Health Questionnaire (PHQ-9) and the seven question Generalized Anxiety Disorder (GAD-7) tool. A decrease in score for the PHQ-9 and the GAD-7 is the desired outcome for these scales.

The Lehigh Valley In-Home (LVIH) program and the Specialized Foster Care (SFC) program use the Child and Adolescent Functioning Assessment Scale (CAFAS), the Preschool and Early Childhood Functioning Assessment Scale (PECFAS) and the Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale for the Diagnostic and Statistical Manual for Mental Disorders, Fifth Version (CPSS-V). The CAFAS/PECFAS measures impairment across eight domains, while the CPSS-V measures symptom severity and impairment. There was not enough data to report on the CPSS-V measure for the SFC program. Comparisons of assessments for the total scores for programs are displayed on the next page.

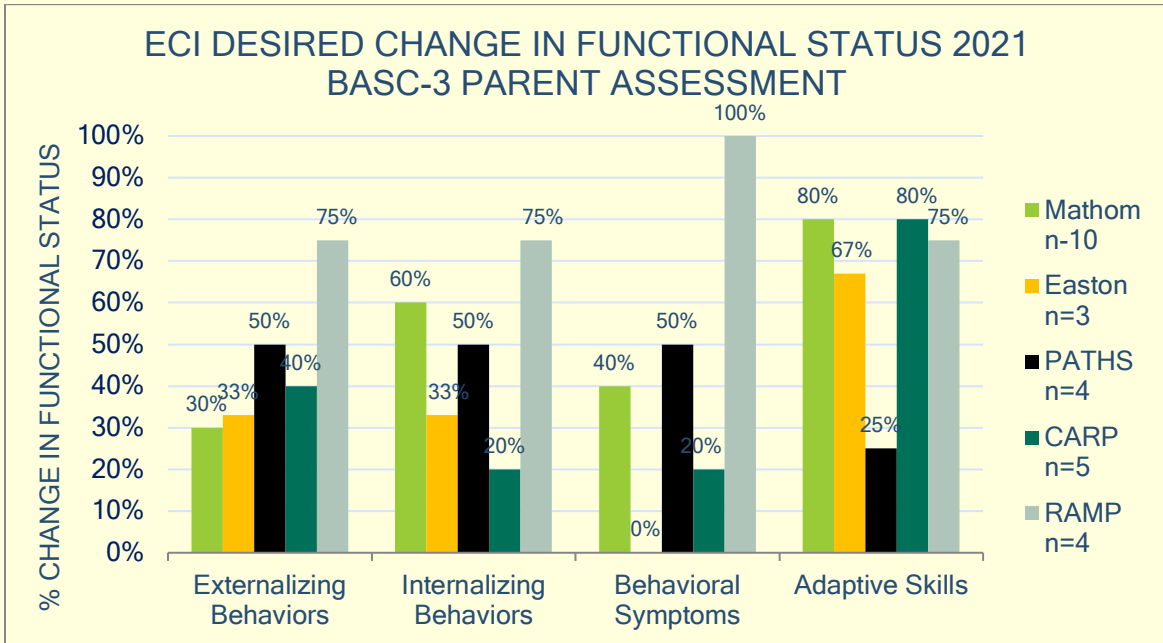


It appears from the graph above that most of the programs are seeing the desired change in functional status measures. The SFC program reports that due to the Family First Act, more challenging children are being referred to foster care as a least restrictive environment before other options can be considered. The program expects that there will be a larger portion of children with undesired or no change going forward.

ECI uses the Behavior Assessment System for Children (BASC) tools, the BASC-SELF and the BASC-PARENT Assessments to collect data on changes in functional status. This is the 2nd year that the organization has used both instruments.



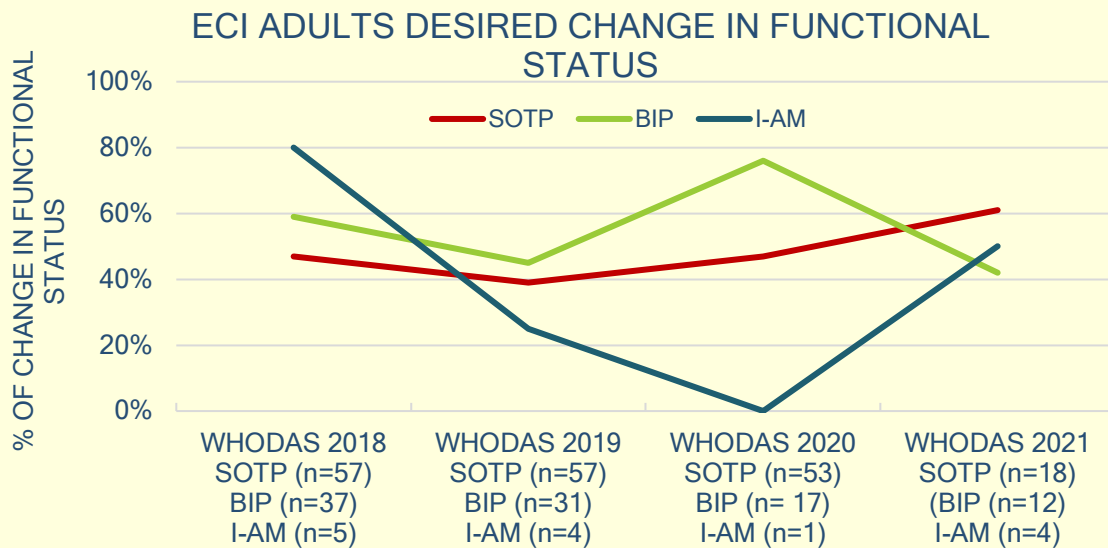
The number of surveys was again low this year partially due to the pandemic and staffing issues. The surveys for the RAMP were significantly lower this year. The scores were felt to be representative of the client populations despite the low numbers of surveys collected.



Survey collection for the parents was also again hampered by the pandemic this year, as most surveys could not be collected in-person and were distributed by mail. 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 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 for ECI. Both the SOTP and I-AM clients showed an increase in 2021 on the WHODAS assessment, while the BIP clients continued to show a decrease. It should be noted that the B-SOTP program was not conducted in 2020 and 2021 due to the pandemic. This usefulness of this measure will be continued to be examined in 2022, especially in light of the merger with Pennsylvania Forensic Associates that has similar programming.

RECIDIVISM

Recidivism is usually reported annually in the 2nd quarter of the calendar year and for CHOR YFS purposes, defined as any convictions post-treatment resulting from acts occurring within the five-year interval following their discharge from services.

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 in part to staffing issues due to the ongoing effects of the pandemic, the data for both juveniles and adults was unavailable for this report. When the data collection is completed, a separate recidivism report will be issued. Otherwise, recidivism will be reported in the 2022 PQI Annual Report.

RESIDENTIAL RECIDIVISM

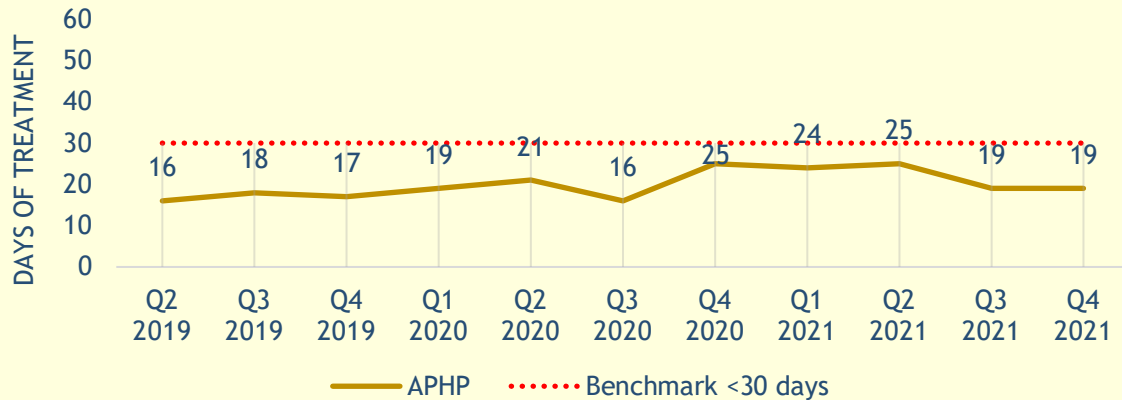
Recidivism rates for ECI's residential programs are collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for individuals successfully discharged within the previous five calendar years. Since the 2021 juvenile recidivism data collection was not collected in time for this report, this and other information can be found in ECI's 2022 Residential Treatment Impact & Client Outcome (RTICO) report at <https://edisoncourt.com/about/outcomes>.

LENGTH OF STAY

CHOR YFS remains attentive to the average length of stay in our 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. CHOR YFS routinely evaluates its process of implementing best practices and adjustments are made whenever necessary to ensure clients only remain in our 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 clients who were successfully discharged during the previous year. The length of stay for the residential program is shown on the next page. It is a goal for 2022 to also have length of stay for the other programs in this report.

ACUTE PARTIAL HOSPITAL PROGRAM LENGTH OF STAY

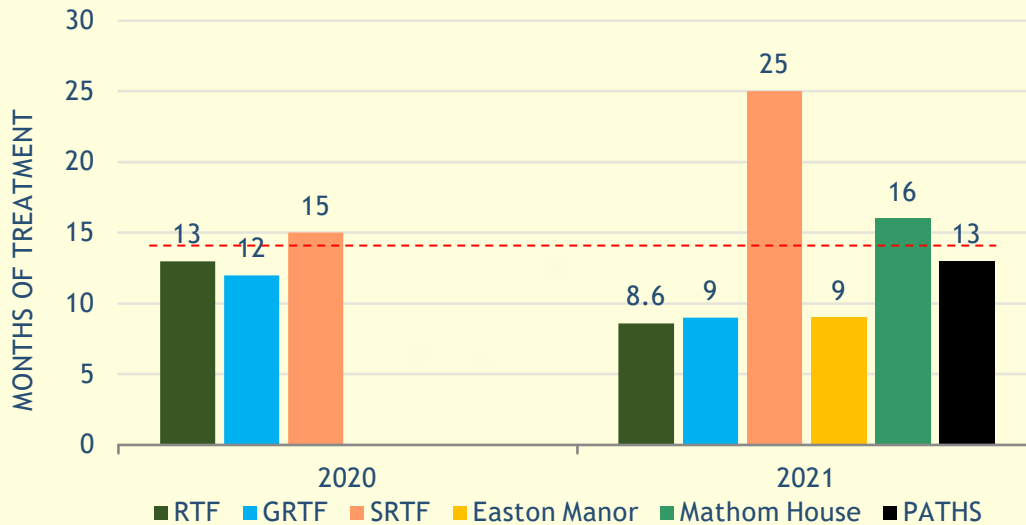
AVERAGE LENGTH OF STAY PER QUARTER



The average length of stay for clients in the APHP has remained under the benchmark of 30 days for the past three years. This program participates in a value-based initiative through one of the Behavioral Health Managed Care Organizations (BMCOs), which measures the rate of re-hospitalization of clients. For the first three quarters, the program had no re-hospitalizations.

RESIDENTIAL LENGTH OF STAY

AVERAGE LENGTH OF STAY PER YEAR

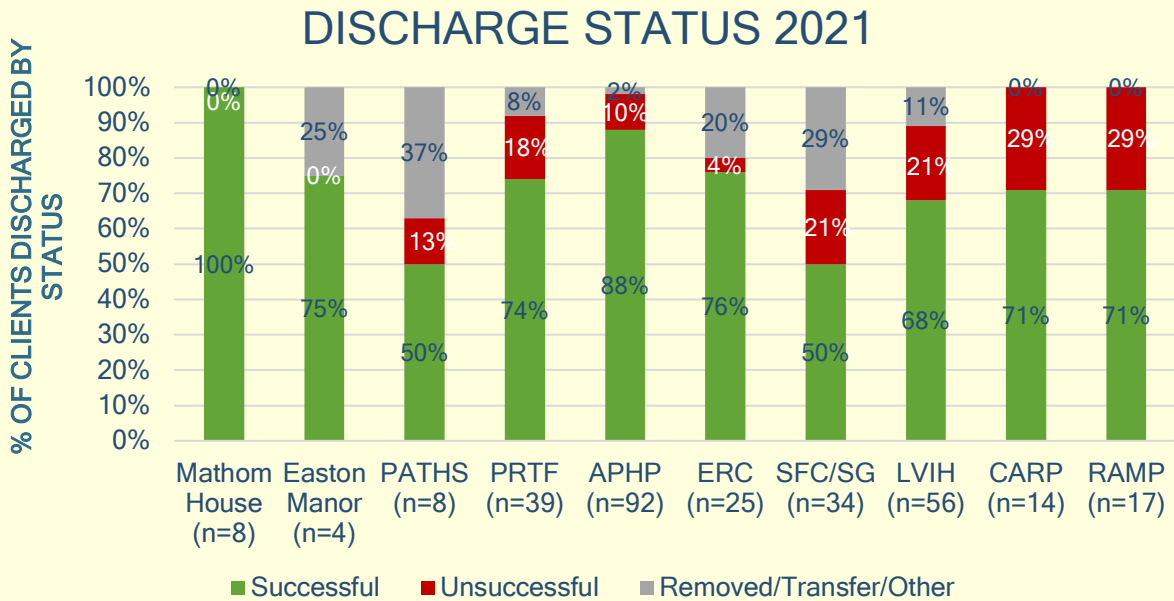


This is the second year that length of stay was tracked in the CHOR programs, and the first year for ECI. The SRTF program’s increased length of stay is attributed to COVID and difficulty placing children during this time. Mathom House was also slightly over the benchmark. The COVID pandemic was also an influence on this program’s ability to develop discharge plans for some of the residents.

DISCHARGE

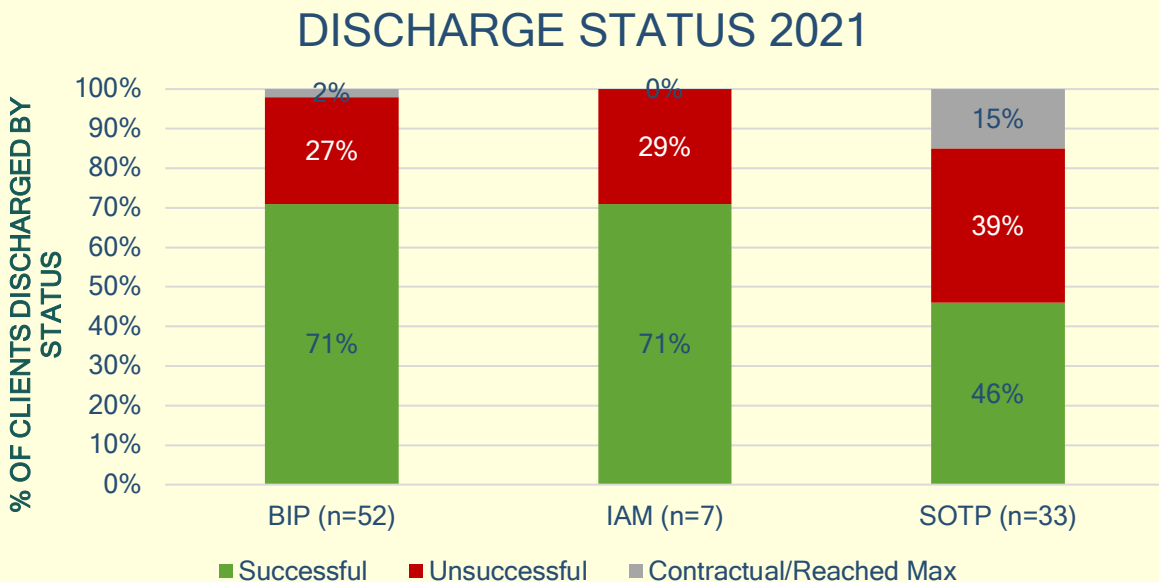
CHOR continuously assesses the reasons our clients leave our programs and routinely evaluate our programs and treatment protocols to ensure clients meet their identified treatment goals. The data on the next page was collected for 2021.

JUVENILE DISCHARGES



In the graph above, the numbers next to the program name indicate the number of discharges the CHOR and ECI programs had during 2021. The APHP program had the most discharges due to the program’s short length of stay. Clients who were not successfully discharged left the programs for reasons such as being transferred to a higher level of care, Against Medical Advice (AMA), withdrawal, voluntary discharge, and administrative discharge. Most of the programs had high success rates. The SFC program reported that the program is receiving more challenging clients due to the Family First Act and does not anticipate the success rate will increase for the time being.

ADULT DISCHARGES



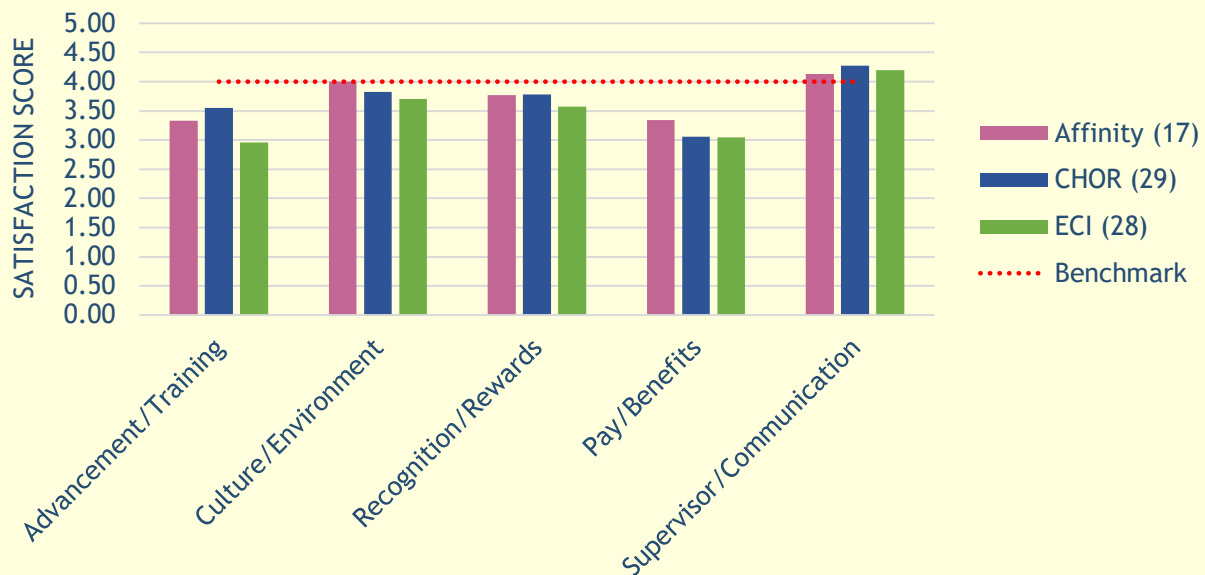
Over the past year, the success rate for the BIP and IAM programs was higher than the rate for 2020. The SOTP program’s success rate is lower. This program generally has a lower success rate due to the nature of the program.

STAFF SATISFACTION & RETENTION

CHOR Youth and Family Services 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

AVERAGE EMPLOYEE SATISFACTION SCORE 2021
Weighted scale 1 - 5 (most satisfied)



This is the first year that employees at all three entities were surveyed through Survey Monkey using a standardized tool. ECI and CHOR used a similar tool last year. Overall, scores tend to remain the same across time. Pay/Benefits and Advancement/Training were lower this year than the other categories. Comments were centered around lack of raises, and the increase in health insurance costs. Advancement/Training comments were mixed. As a result of the merger, a training person was identified at ECI who will be working with the Apis trainer to identify and provide relevant training to staff outside of the Relias offerings. It is the hope that this collaboration will improve employee satisfaction in this area, and ultimately also improve service delivery to clients.

EMPLOYEE RETENTION

Employee retention continued to be a challenge for CHOR YFS, especially for CHOR and ECI in 2021. Staff shortages, especially among direct care have led to feelings of burnout. Unexpected staff departures and job competitiveness from other organizations have continued to contribute to an already

challenging issue. Many professionals are also leaving the field altogether, accepting jobs at for-profit companies that are paying higher wages. This year, there were changes in Human Resources that challenged the organization, but also gave rise to a specialized team to manage recruitment and retention of direct service personnel across the continuum.

EMPLOYEE TURNOVER & TERMINATION RATES

In 2021, ECI's turnover rate was 58%, CHOR's was 45% and Affinity was 18%. This exceeds the industry benchmark of between 25% and 30%; however, the industry turnover rate is indicated to be as high as 60% in the behavioral health field pre-pandemic¹. In January 2021, a recent nationwide survey showed that 11% of health care workers voluntarily left their jobs in 2020, and 26% considered leaving their jobs. This included 14% who contemplated leaving the profession altogether ([About a Quarter Of Health Care Workers Have Considered Leaving Their Job Since The Onset Of The Pandemic](#)). ECI's termination rate was 10%, CHOR's was 4% and Affinity had no terminations. For ECI and CHOR, terminations were much lower this year than the previous year. Due to the merger, more detailed information was not available for this report. It is expected that program turnover and position turnover will be included in the 2022 report.

COMPLIANCE

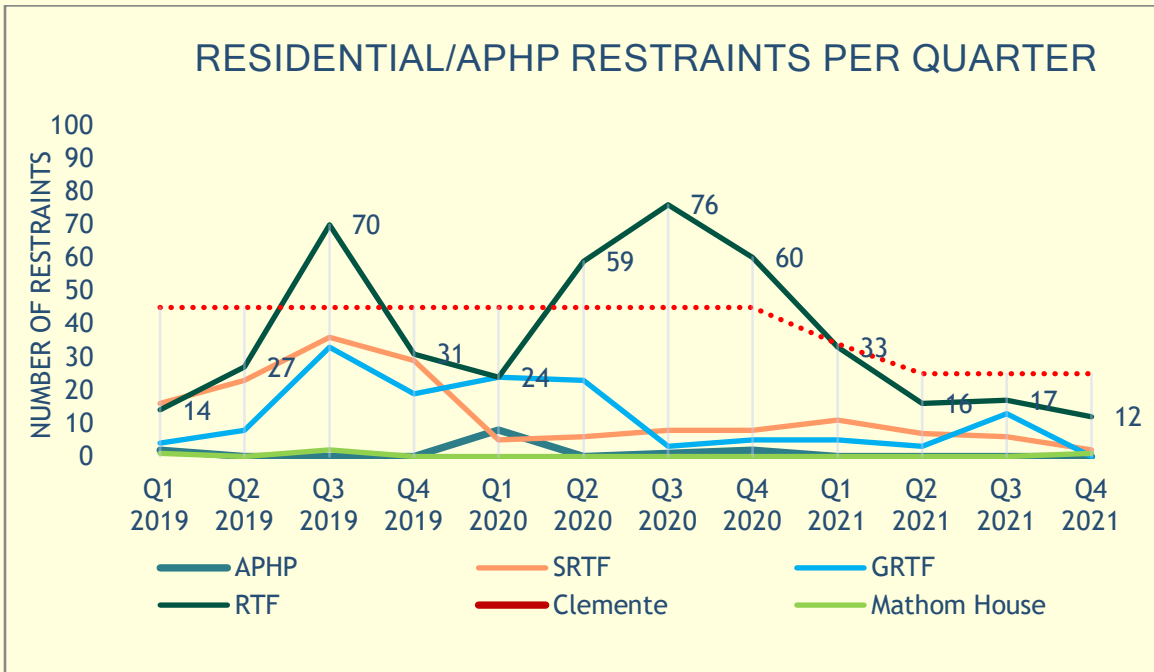
CHOR YFS uses Federal, State, County, and MCO guidelines to assess that clinical documentation is completed accurately, timely, and consistent with best practices and regulations. Accurate recording of services increases credibility and integrity.

SAFETY & SECURITY

To ensure clients at CHOR are receiving services within a safe environment rooted in Trauma-Informed Care, a variety of client-driven and informed measures were adopted. This section of the report provides a brief overview of the measures used to ensure a safe environment is established, maintained, and encouraged. 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.

¹ [A Prospective Examination Of Clinician & Supervisor Turnover Within The Context Of Implementation Of Evidence-Based Practices In A Publicly-Funded Mental Health System](#)

RESTRAINTS

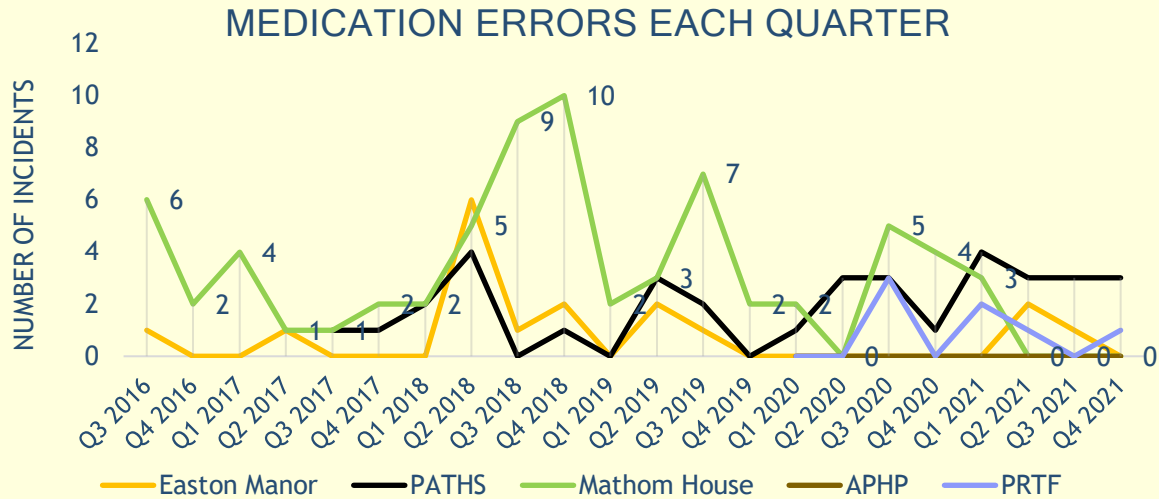


The PQI Quality Council analyzes restraint data to determine any trends or patterns on a quarterly basis. Some of the peaks noted above at CHOR have been connected to staff turnover and challenges with training. The highest number of restraints appear to be in CHOR’s RTF (boys’ unit). Reducing restraints has been a focus in the last two years. All programs have remained under the benchmark for the last three quarters.

SAFETY-RELATED INCIDENTS

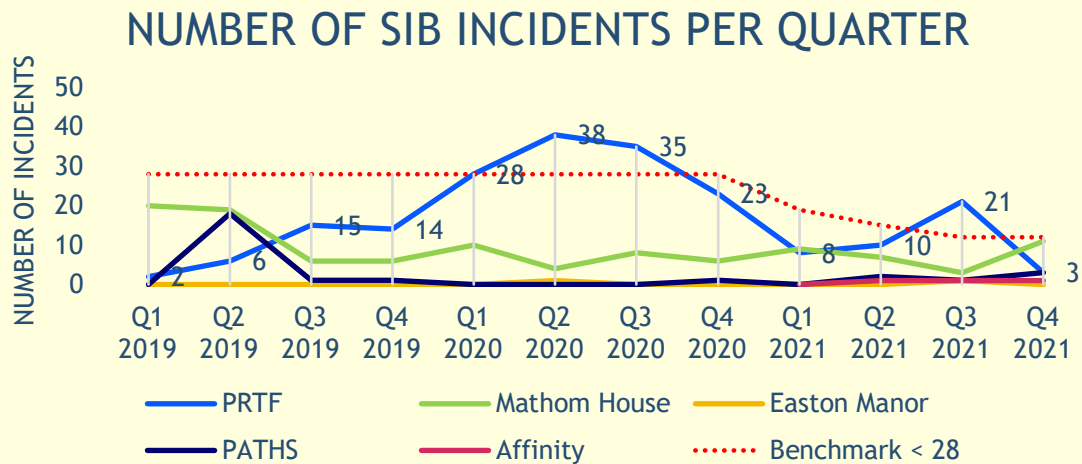
Providing a safe and secure environment in which our clients receive treatment is a fundamental priority. As expected, most of the incidents occur at our larger residential facilities, in CHOR’s RTF unit, and at Mathom House. The most significant safety-related incidents at CHOR are assaults/fights (some of which are related to restraints). There was a high number of infection control incidents at both facilities because of the pandemic. The highest risk incidents for CHOR YFS are shown below (medication errors, self-injurious behavior, Absence Without Leave (AWOL), and sexual misconduct).

MEDICATION ERRORS



In 2021, medication errors generally decreased from the preceding year. For the ECI facilities, the common error is missing medication administration in the afternoon. At PATHS, there was some confusion about packaging medication that was resolved, and additional training for all staff that was implemented. Staff have been encouraged to set alarms at all ECI facilities, as this is a busy time at the facilities. For CHOR, the wrong medication administered was the more common error. In the last quarter, a client was not brought for medication because of staffing issues related to the pandemic (staff covering was from a different department).

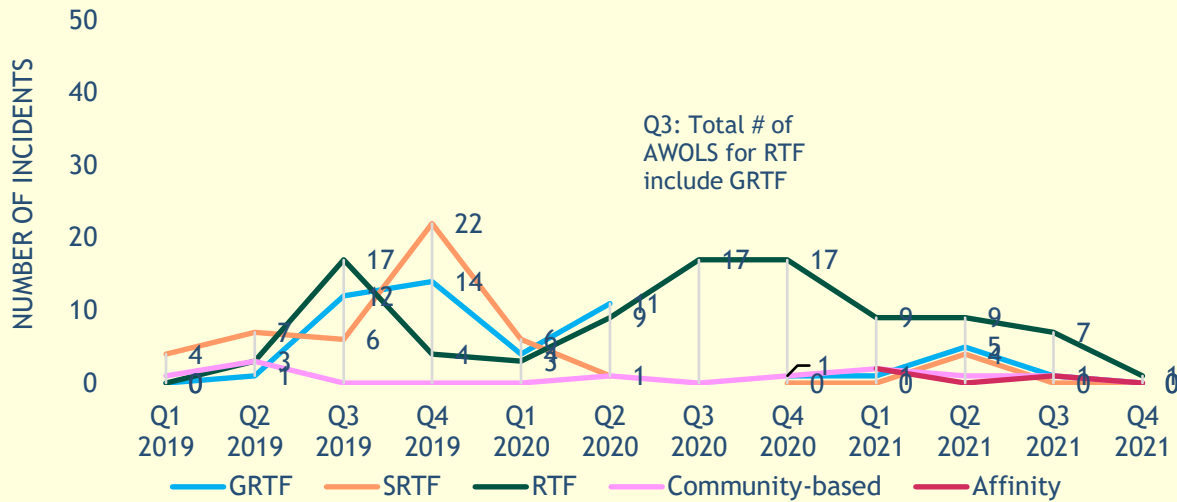
SELF-INJURIOUS BEHAVIOR (SIB)



Mathom House and the PRTF had the most incidents of Self-Injurious Behavior over the past year. At CHOR, the program was successfully in exceeding the benchmark except for the 3rd quarter. The committee discussed that it is usually one or two clients that contribute to the number of incidents. New residents especially have difficulty transitioning to the milieu.

ABSENCES WITHOUT LEAVE (AWOL)

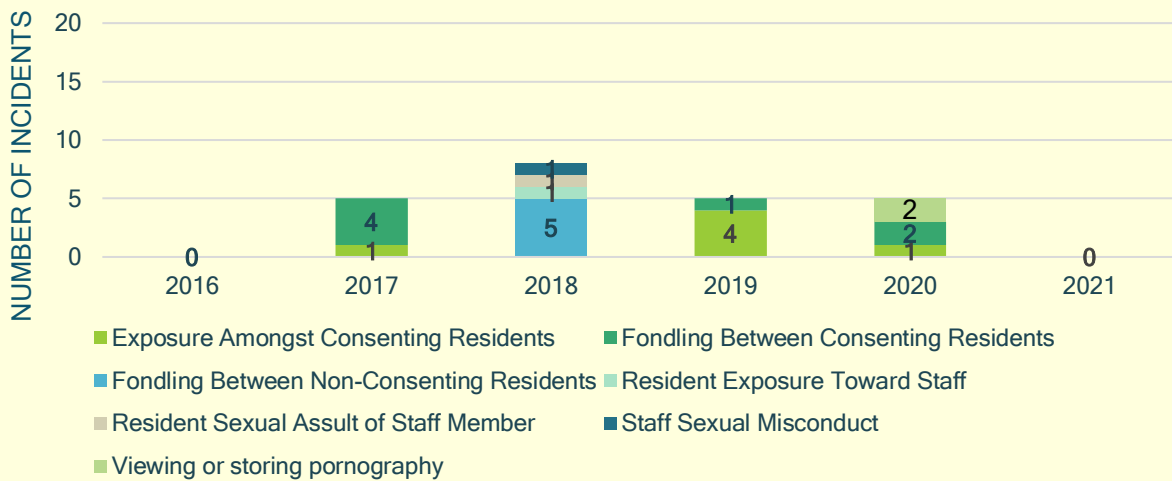
NUMBER OF AWOL INCIDENTS EACH QUARTER



Staff have attributed the decrease in AWOLs over the past year in the residential program to increased screening and interviews conducted prior to the client being accepted. Also, the program implemented increased and improved safety planning related to flight risk youth which may have contributed to the decrease as well. ECI has not had any AWOLs in many years.

SEXUAL MISCONDUCT

ECI NUMBER OF INCIDENTS OF SEXUAL MISCONDUCT



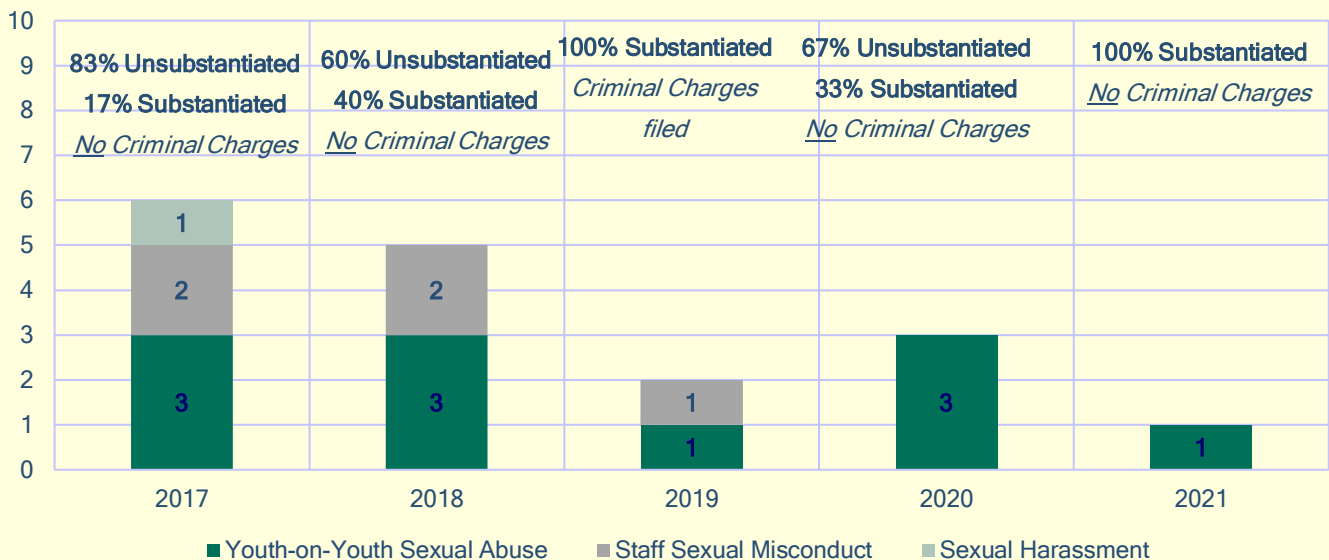
In 2020, there were two incidents involving fondling between consenting resident, two incidents of viewing or storing pornography, and one incident of exposure. Each incident was investigated, and individualized corrective action plans were implemented in a timely manner. However, high staff turnover 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 the residential programs with the Federal Prison Rape Elimination Act (PREA) and its Juvenile Standards. ECI successfully underwent its 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 2020, ECI underwent its third PREA audit where we, again, met or exceeded all established standards for PREA Compliance. More information is provided on the next page.

MATHOM HOUSE PREA STATISTICS

Mathom House PREA Accusations & Investigation Outcomes

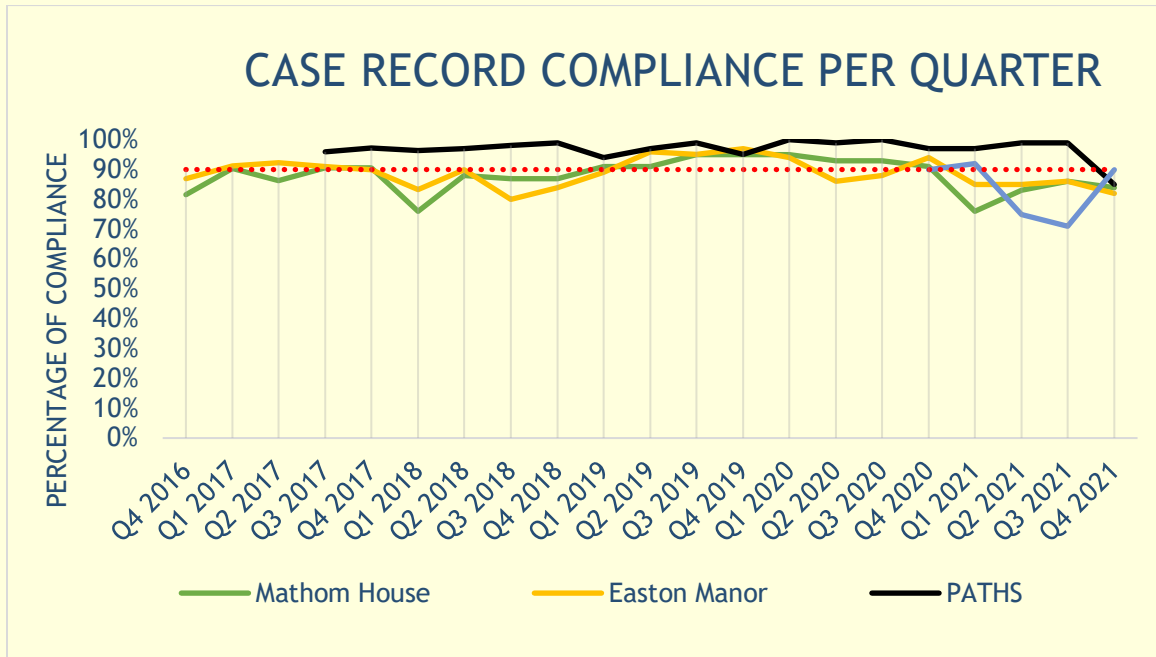


One PREA Investigation, which was categorized as ‘youth-on-youth’ sexual contact in 2021 at Mathom House. This allegation was investigated both internally by the administrative team and criminally by the Doylestown Township Police. This allegation was substantiated. No criminal charges were filed. No PREA incidents have been reported at Easton Manor since the implementation of PREA, which is why only Mathom House PREA incidents are represented.

INTERNAL CASE RECORD REVIEWS

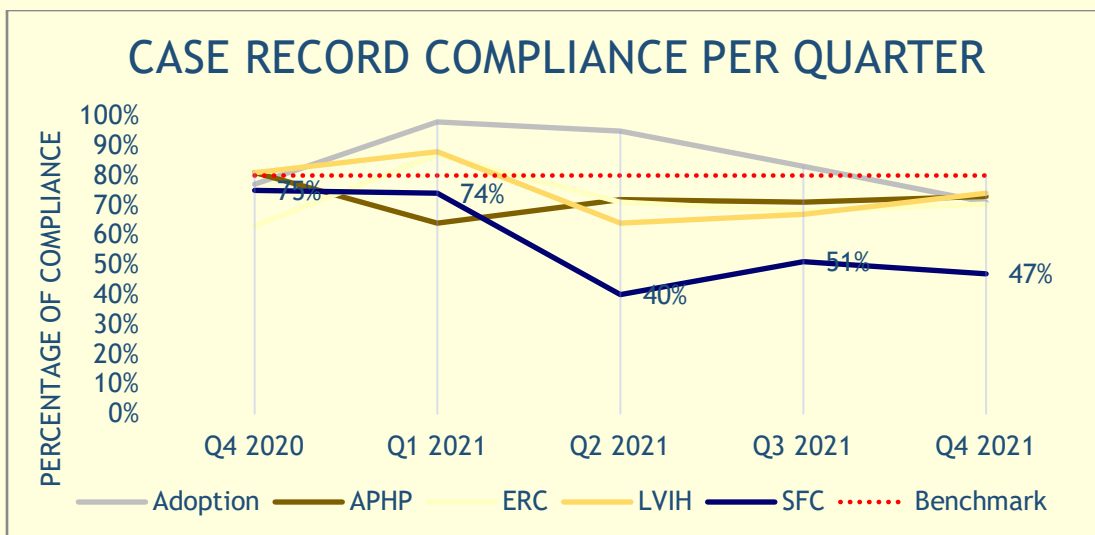
In 2021, most of the programs in the CHOR YFS continuum of care conducted internal case record reviews. CHOR YFS’s Quality Department conducted internal case reviews using a chart audit tool developed by each program. Each completed tool is sent to each program, the applicable staff members make corrections in the chart, note the corrections that were made, and return the tool to the Quality Department. The Safeguards program client case record reviews will be incorporated until the Specialized Foster Care program in 2022. Aggregate results were not available for this year but will be included next year. The goal for Pennsylvania Forensic Associates is to develop an audit tool for use after the implementation of the electronic health record and report aggregate results in 2022. The results of the remainder of ECI and CHOR’s programs are presented on the next page.

RESIDENTIAL CASE RECORD COMPLIANCE



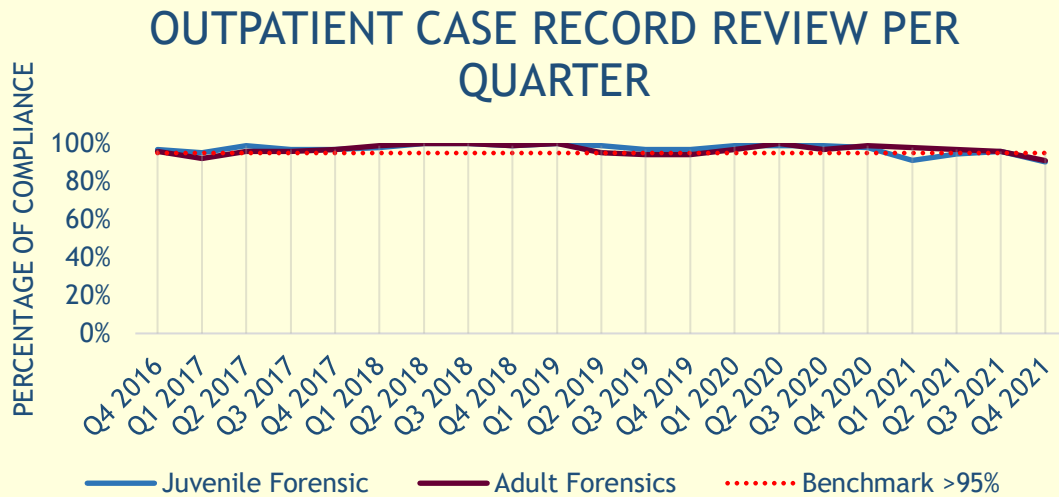
Mathom House and Easton Manor compliance remained below the benchmark for the year. The main area of lower compliance continues to be in the areas of assessment, outcomes, and treatment planning with the lowest being outcomes. Some of the problems are attributed to staffing challenges and turnover. In addition, there was a technical problem with the BASC assessments which contributed to the drop in compliance. At PATHS, turnover in the clinician position led to the drop below the benchmark for the 4th quarter. The audit tool for the PRTF program was revised which helped define the problem areas resulting in a return to the benchmark in the 4th quarter.

COMMUNITY-BASED CASE RECORD COMPLIANCE



The community-based programs worked on streamlining the audit tools over the past year, which partly contributed to the differences in scores. The programs that are audited by licensing bodies perform well

on these audits; however, internal audit scores do not meet benchmarks. The programs have developed performance improvement plans to improve internal reviews throughout the year, in hopes of avoiding last minute preparations before a licensing inspection.

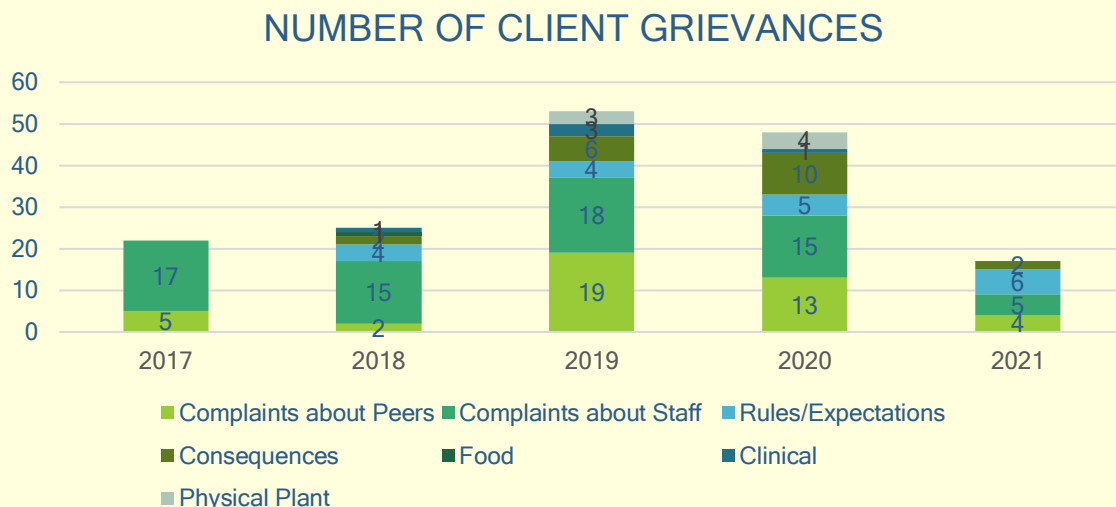


Ravenhill scores near or above the benchmark for most of the year. The drop in the 4th quarter for juveniles was largely due to a decrease in family involvement. For Ravenhill adult programs, the decrease in compliance was due to missing discharge summaries and documentation of cancelled appointments. These items are expected to return to compliance next quarter.

COMPLAINTS & GRIEVANCES

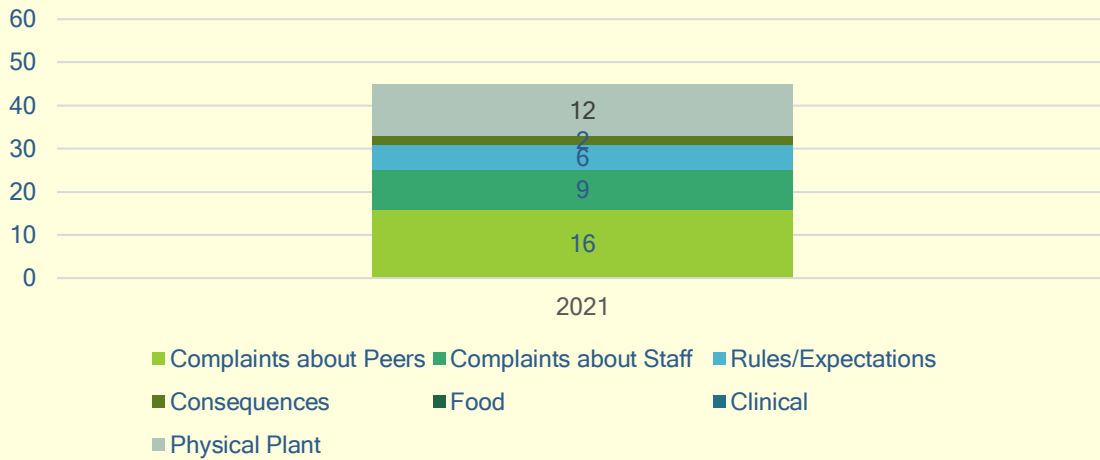
Consistent with our values, we honor the voice of the client and their family, therefore providing us another opportunity to improve services. In 2021, ECI received 17 client grievances and CHOR received 45. All the complaints were submitted by the residential programs which is expected given the nature of the service. There is a performance improvement plan in place for the CHOR PRTF to hopefully reduce the number of complaints in 2022.

ECI COMPLAINTS & GRIEVANCES



CHOR COMPLAINTS & GRIEVANCES

NUMBER OF CLIENT GRIEVANCES



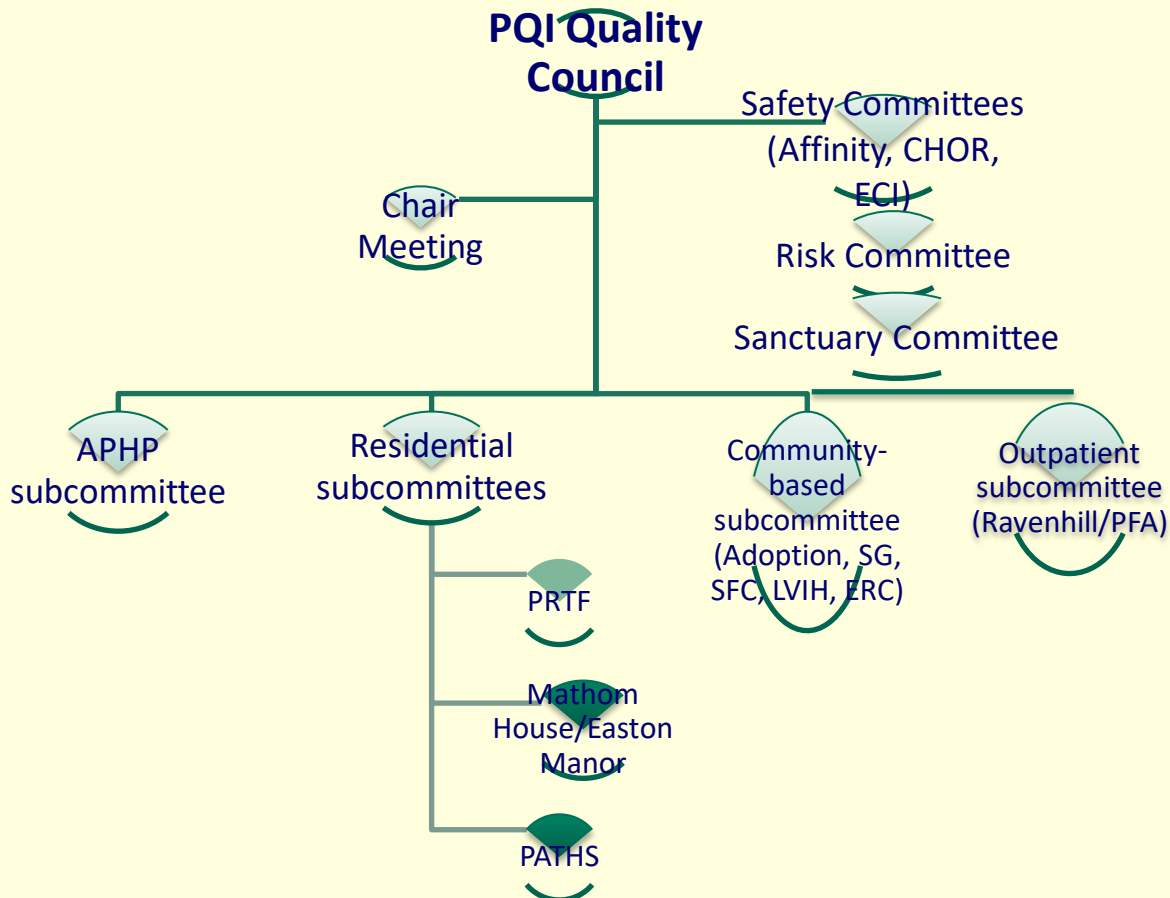
This is the first year that CHOR was able to track complaints through the electronic health record. The largest number of complaints were made from residents about their peers. The second largest was physical plant complaints including two complaints about beds, and many complaints about the temperature being too warm in certain rooms.

CONCLUSION

As of October 2021, CHOR Youth and Family Services consists of three organizations (Affinity Services, the Children's Home of Reading (CHOR), and Edison Court (ECI)) which have provided exceptional care and service since their inception. CHOR and ECI successfully obtained expedited accreditation/re-accreditation by the Council on Accreditation in 2021 further strengthening the continuum of care. Due to the merger, CHOR YFS created a Quality and Compliance Department, joining together the quality and compliance efforts of the three organizations. The Director of Quality and Improvement, previously split between CHOR and ECI was promoted to Senior Director, and Directors were identified from each organization to serve as a 'point person,' but also to work across the entities in streamlining quality and compliance efforts. The PQI/Compliance structure will be examined in 2022 to reduce duplication of efforts and enhance reporting capabilities.

Once again, this past year, there were several programs that were impacted by the COVID-19 pandemic. These areas were highlighted in the report where applicable. Once again, programs needed to pivot between in-person and telehealth approaches and dealt with an ever-changing pandemic. Staff and clients had periods of mandatory quarantine, which led to some staffing shortages at times throughout the year, and other challenges. Other programs closed completely for varying durations in response to the pandemic.

The PQI structure was once again revised due to the merger and a summary can be found in the graphic on the next page.



The goal and objective of our PQI process during 2021 was achieve COA accreditation/re-accreditation, continuing to build upon our processes of assessing performance, making plans to improve, implementing those plans and reassessing results. In addition to compliance with all previously established benchmarks, the following performance goals and benchmarks have been determined for 2022:

- Update and merge Quality and Compliance Department procedure manual to ensure easier collection of data and transition of knowledge of PQI systems within the organizations. Update credentialing and contracting manual to ensure information is not lost due to staff attrition.
- Continue to refine auditing process to ensure compliance with best practices and governing/regulatory bodies.
 - Combine PQI reporting efforts with compliance reporting to reduce duplicate efforts and ensure accuracy of reported outcomes.
 - Expand the number of employees leveraging the reporting capabilities in the electronic health record to streamline workflows, increase the frequency of compliance monitoring, and improve noted deficits in documentation compliance.
- Continue to increase employee involvement with the PQI process within and outside of the PQI Quality Council 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.

- Ensure each program is tracking outcomes including identifying outcomes for those programs that are lacking:
 - Continue to build needed reports to extract data on outcomes from the electronic health record.
 - 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 analyze data in the newly merged PQI Quality Council and sub-committees.
- 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).
- Improve data collection and reporting of the Centre Avenue Academy, Day Academy and Edison Prep outcomes.
 - Distribute and collect student and teacher satisfaction surveys.
 - Design academic record review process.
- Continue to effectively mitigate safety and security risks through the continued leveraging of electronic health records, maintenance of Safety Committees, and through the newly established Risk Committee.
 - Continue to explore areas of possible improvement in areas important to the agency including restraints, elopements, and self-injurious behavior.

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