CHOR YOUTH & FAMILY SERVICES

EdisonCourt

The Children's HOME of Reading
Youth & Family Services, Inc.

PFA
PENNSYLVANIA FORENSIC ASSOCIATES

PFA
SAFEGUARDS FOSTER CARE

2022 ANNUAL PERFORMANCE & QUALITY IMPROVEMENT REPORT

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EXECUTIVE SUMMARY

The Children's Home of Reading Youth & Family Services (CHOR YFS) d.b.a Edison Court and d.b.a Affinity Services 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. CHOR, ECI programs, and Safeguards are accredited under the Council on Accreditation (COA). Pennsylvania Forensic Associates will pursue accreditation at the next accreditation period. Over the last year, the Quality and Compliance Department has worked with the CHOR YFS entities to streamline reporting and improve outcomes. This report outlines the efforts made 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 second annual Performance and Quality Improvement Report.

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 FY2022, CHOR YFS served children, adults, and families, primarily from Bucks and Berks counties and served clients from 33 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 1,185 clients (Pennsylvania Forensic Associates (PFA) adds approximately 213 Adults and 36 Juveniles for a total of 1,434 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

FY2022

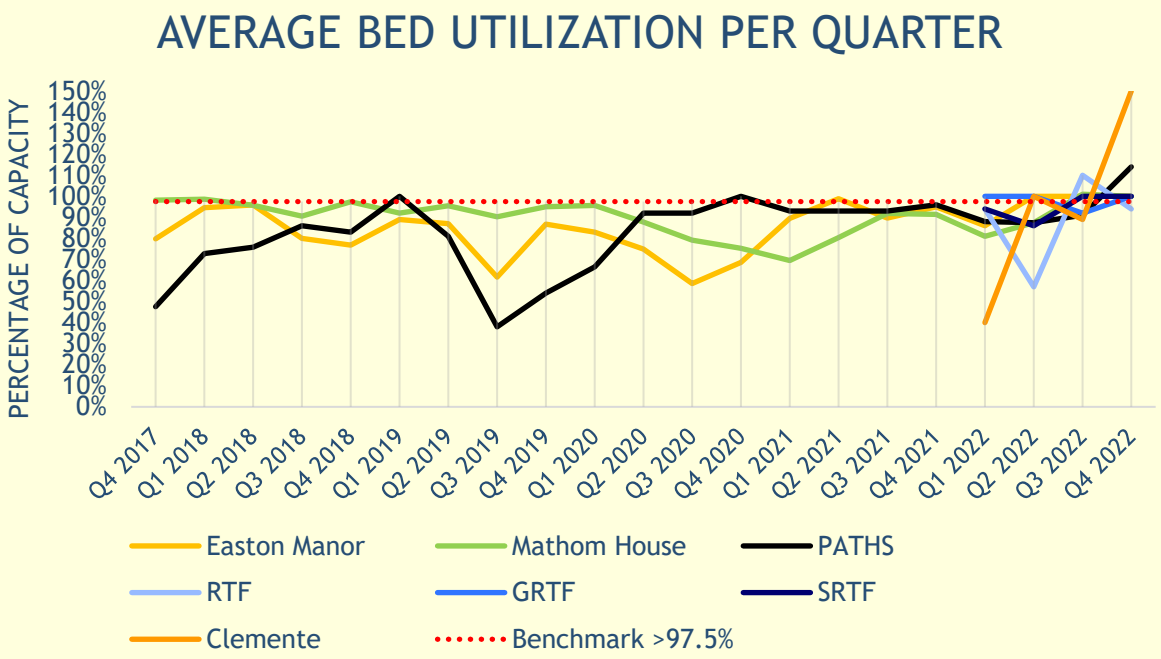
	Adoption	APHP	ERC (D/C)	LVIH	ECI RTFs	SFC -SG	PRTF	Clemente	RH Adults	RH Juv.	RH General Services	CHOR YFS TOTAL
GENDER												
Male	55%	37%	100%	55%	100%	91%	64%	100%	94%	80%	85%	77%
Female	45%	63%	0%	45%	0%	9%	36%	0%	6%	20%	15%	23%
RACE												
Caucasian	-	35%	45%	66%	48%	61%	61%	64%	67%	55%	56%	51%
African American	-	9%	50%	17%	16%	15%	8%	14%	8%	18%	17%	12%
Amer. Ind./ Alaska nat.	-	1%	-	-	-	-	1%	-	-	-	-	1%
Two or more races	-	10%	5%	8%	8%	4%	7%	-	-	-	1%	3%
Other/Unknown	100%	45%	-	9%	28%	20%	23%	21%	25%	27%	26%	33%
ETHNICITY												
Hispanic	1%	27%	68%	24%	16%	4%	6%	7%	8%	13%	8%	11%
Non-Hispanic	4%	27%	32%	61%	84%	94%	29%	14%	90%	73%	74%	62%
Unknown	95%	46%	-	15%	-	2%	65%	79%	2%	14%	18%	27%
AGE												
Under 5	-	-	-	1%	-	4%	-	-	-	13%	8%	11%
5-9	-	9%	-	13%	-	11%	-	-	-	-	-	13%
10-14	-	51%	18%	45%	10%	27%	20%	14%	-	8%	7%	15%
15-19	-	40%	82%	39%	63%	56%	79%	86%	-	79%	51%	39%
20-24	-	-	-	-	27%	2%	1%	-	5%	-	15%	7%
Over 25	-	-	-	-	-	-	-	-	95%	-	25%	23%
Unknown	100%	-	-	2%	-	-	-	-	-	-	-	12%
COUNTY												
Adams	1%	-	-	-	-	1%	-	-	-	-	-	.2%
Berks	9%	100%	100%	-	16%	18%	16%	7%	-	3%	3%	16%
Bradford	-	-	-	-	-	1%	-	-	-	-	-	.1%
Bucks	-	-	-	-	20%	2%	6%	-	93%	70%	86%	38%
Cambria	-	-	-	-	1%	-	-	-	-	-	-	.1%
Carbon	-	-	-	-	-	1%	-	-	-	-	-	.1%
Centre	-	-	-	-	-	2%	1%	-	-	-	-	.2%
Chester	-	-	-	-	7%	8%	8%	-	-	-	-	2%
Clinton	-	-	-	-	-	-	1%	-	-	-	-	.1%
Columbia	-	-	-	-	-	2%	1%	-	-	-	-	.2%
Cumberland	-	-	-	-	-	5%	3%	-	-	-	-	.8%
Dauphin	1%	-	-	-	-	3%	4%	-	-	3%	-	.8%
Delaware Co.	-	-	-	-	2%	2%	2%	-	-	-	-	.6%
Elk	-	-	-	-	-	-	1%	-	-	-	-	.1%
Fayette	-	-	-	-	-	-	1%	-	-	-	-	.1%
Franklin	-	-	-	-		1%	1%	7%	-	-	-	.3%
Lackawanna	-	-	-	1%	-	-	4%	-	-	-	-	.6%
Lancaster	6%	-	-	-	1%	12%	9%	-	-	-	-	3%
Lawrence	-	-	-	-	-	-	1%	-	-	-	-	.1%
Lebanon	1%	-	-	-	-	7%	2%	21%	-	-	-	1%
Lehigh	2%	-	-	2%	8%	6%	2%	-	-	10%	3%	3%
Luzerne	1%	-	-	-	5%	2%	8%	30%	-	-	-	2%
Lycoming	1%	-	-	-	-	-	1%	-	-	-	-	.2%
Mercer	-	-	-	-	-	-	1%	-	-	-	-	.1%
Monroe	-	-	-		1%	5%	-	-	-	5%	1%	1%
Montgomery	1%	-	-	-	4%	3%	6%	-	7%	2%	6%	4%
Northampton	1%	-	-	43%	-	10%	4%	7%	-	2%	-	5%

FY2022	Adoption	APHP	ERC (D/C)	LVIH	ECI RTFs	SFC -SG	PRTF	Clemente	RH Adults	RH Juv.	RH General Services	CHOR YFS TOTAL
Perry	-	-	-	-	-	1%	1%	-	-	-	-	.2%
Philadelphia	57%	-	-	1%	-	-	-	7%	-	2%	6%	4%
Schuylkill	5%	-	-	1%	-	6%	4%	7%	-	-	-	.2%
Snyder	-	-	-	-	-	1%	-	-	-	-	-	.1%
Susquehanna	-	-	-	-	-	-	1%	7%	-	-	-	.2%
Washington	-	-	-	-	-	-	-	7%	-	-	-	.2%
Wayne	-	-	-	1%	1%	-	-	-	-	-	-	.2%
Wyoming	-	-	-	-	1%	-	-	7%	-	-	-	
York	-	-	-	-	1%	1%	10%	-	-	5%	-	1%
Out of State	-	-	-	-	1%	1%	1%	-	-	-	-	.3%
Unknown	14%	-	-	51%	31%	-	-	-	-	-	-	9%

PROGRAM CENSUS

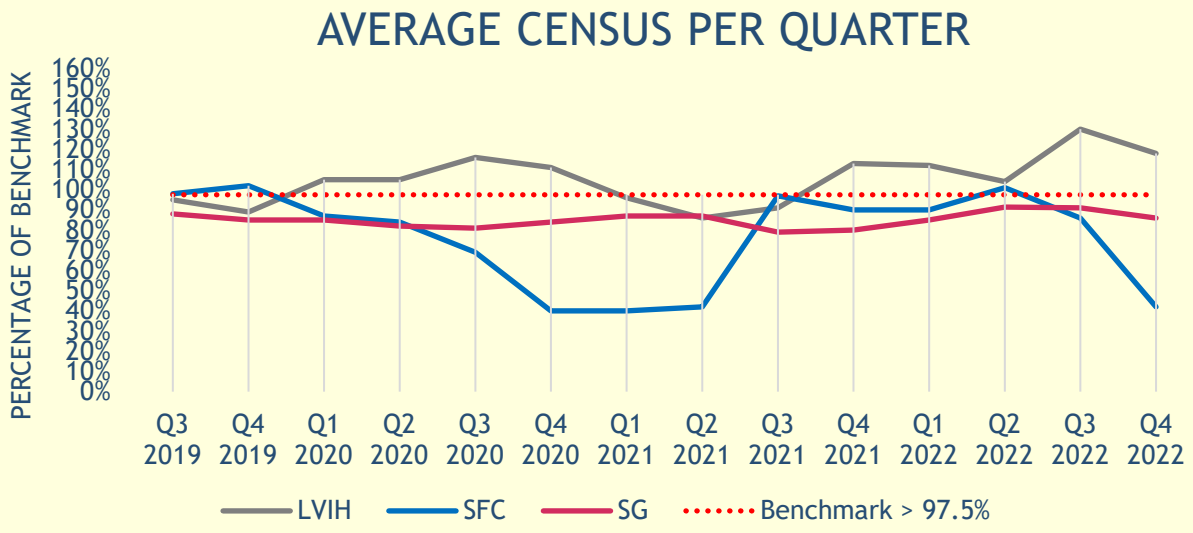
Most of the program seemed to recover this year in terms of census for the Calendar Year 2022. Residential has mostly met or exceeded the benchmark. LVIH remained above the benchmark for the year, but the other community programs did not meet their goals. There was generally an increase in census among the outpatient programs with only the PFA Reading outpatient about the same this year. The graphs for program census are shown on the next pages.

RESIDENTIAL TREATMENT



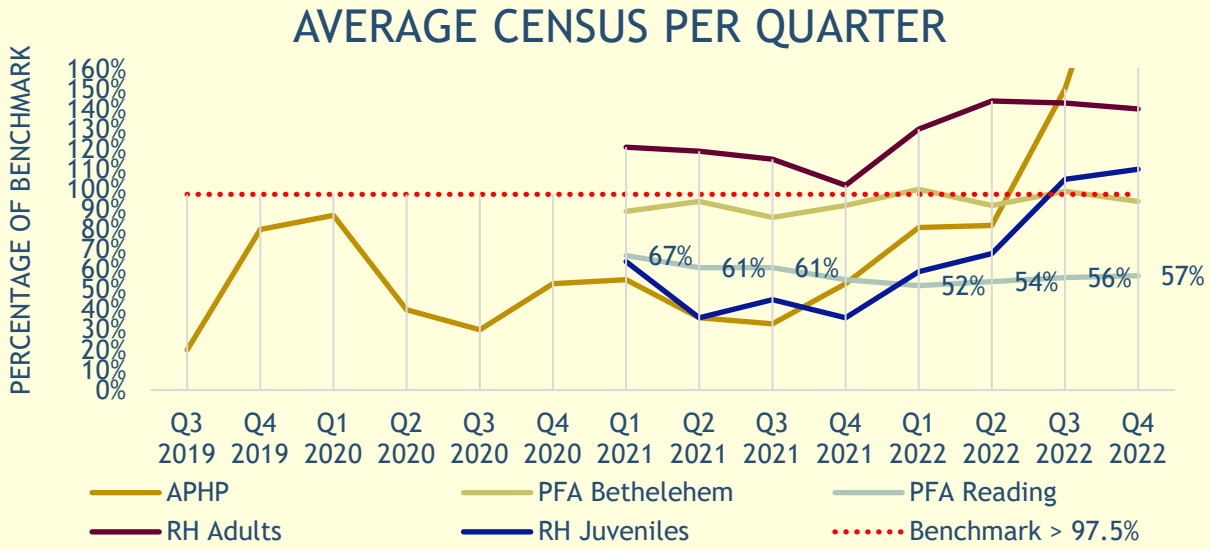
This year, the PRTF units and Clemente were reported separately on the census tracker, and this are reported as separate units in this report. The Clemente unit opened in Q4 2021, and the licensed numbers of beds increased which is why the utilization is 150%. The benchmark in Q1 2023 will be adjusted to reflect this increased capacity.

COMMUNITY-BASED PROGRAMS



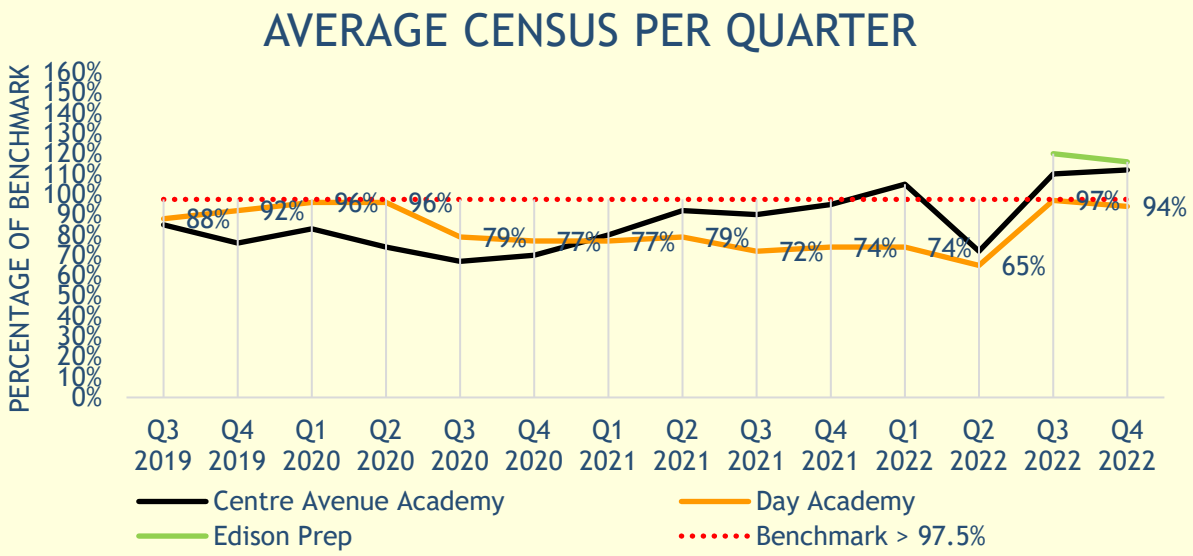
Since last year's report, the Evening Reporting Center (ERC) was officially closed. The Lehigh Valley In-Home program continues to exceed the benchmark, mostly due to the results of the Family First Act which is encouraging these types of programs in hopes of reducing referrals to foster care, residential placements, and other more restrictive settings. Conversely, the foster care programs have struggled due to the same Act which is discouraging these placements.

OUTPATIENT



The APHP program exceeded the benchmark, seeing an increase in referrals which was not predicted when the benchmark was set. The Ravenhill juveniles census increased due to the work of the program and referrals team. PFA Reading has continued to struggle in terms of census over the 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 (Edison Prep) provides education services to clients in Mathom House and Easton Manor only and the census is now being reported as of July 1, 2022.

The Day Academy is alternative school for the local community. Referrals to the Day Academy increased at the start of the school year, and the school is now close to meeting the benchmark.

CLIENT OUTCOMES

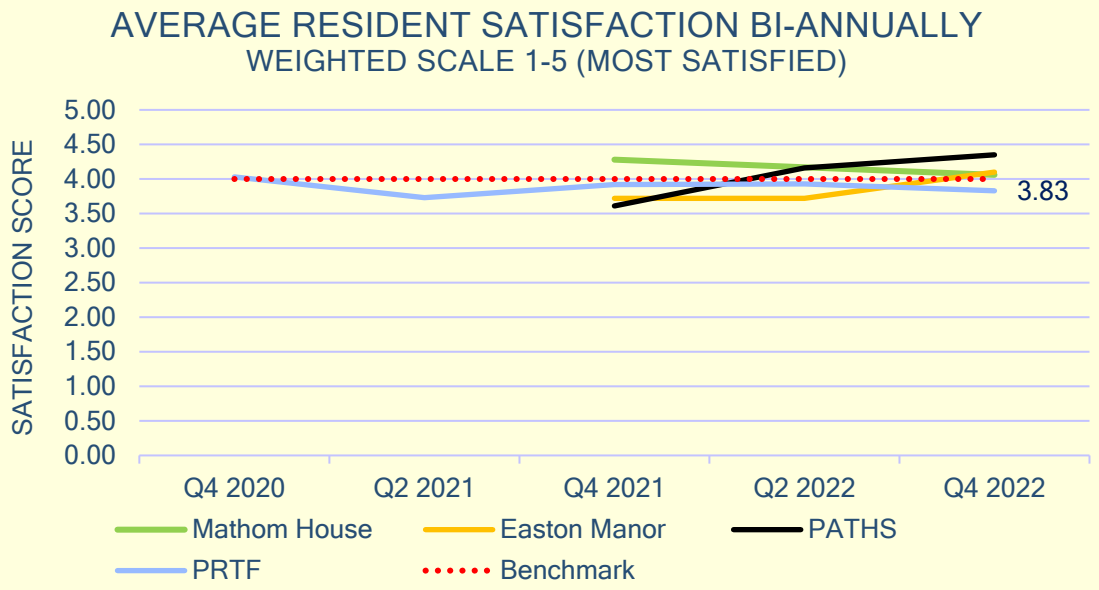
CHOR YFS has adopted a variety of client-driven and informed measures to ensure clients are receiving high quality and effective services. This section of the report provides a brief overview of the measures used to evaluate how well our values are being honored and embraced in care, how satisfied clients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

SATISFACTION WITH SERVICES

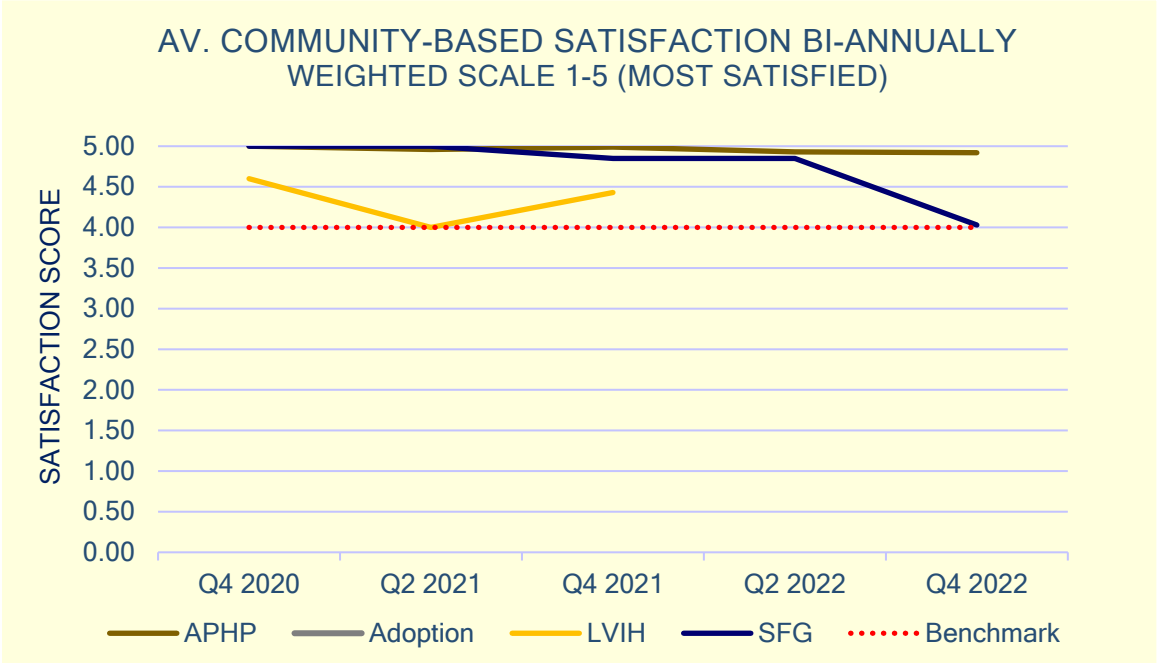
Satisfaction with services is measured 1-2 times per year depending on the population being surveyed. CHOR YFS surveys clients, parents, students, and external stakeholders using survey tools developed in conjunction with each program and according to best practices.

CLIENT SATISFACTION

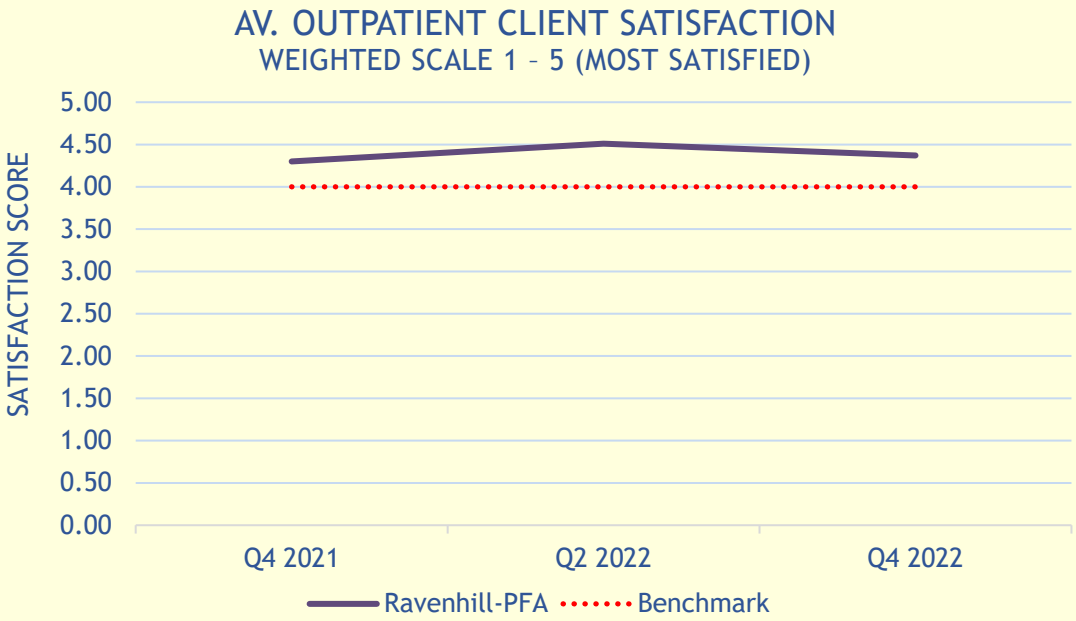
Client Satisfaction is measured twice annually during the second and fourth quarters of the calendar year.



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. In the fourth quarter of 2022, ECI started using the same client satisfaction tool. All programs exceed or almost meet the benchmark for client satisfaction.



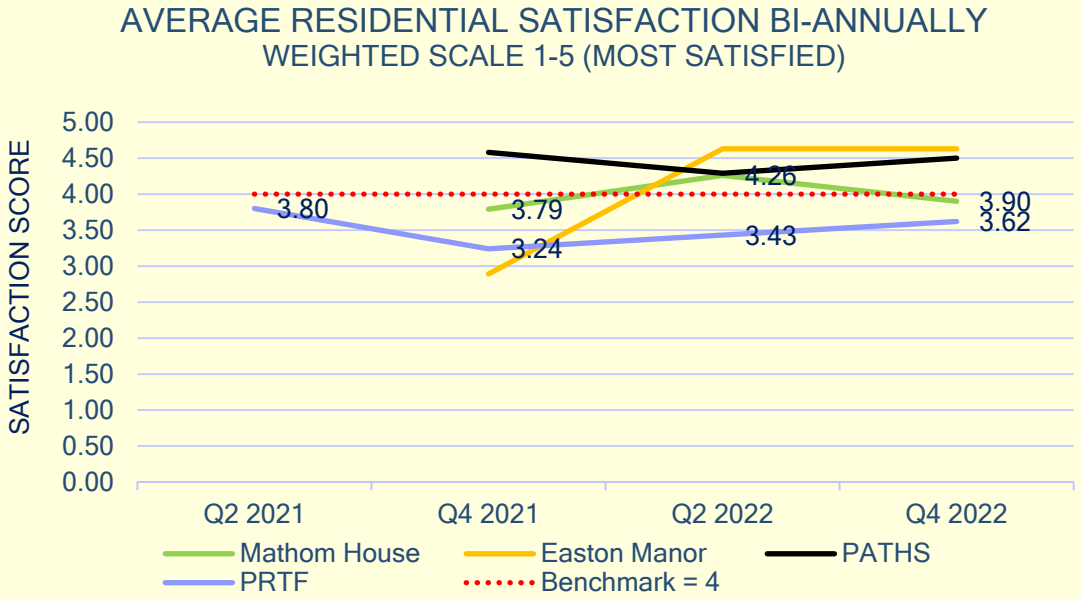
The Adoption survey was revised and should be captured in Q2 2023. There were no surveys collected for LVIH despite distribution. The program is exploring ways to increase survey data collection.



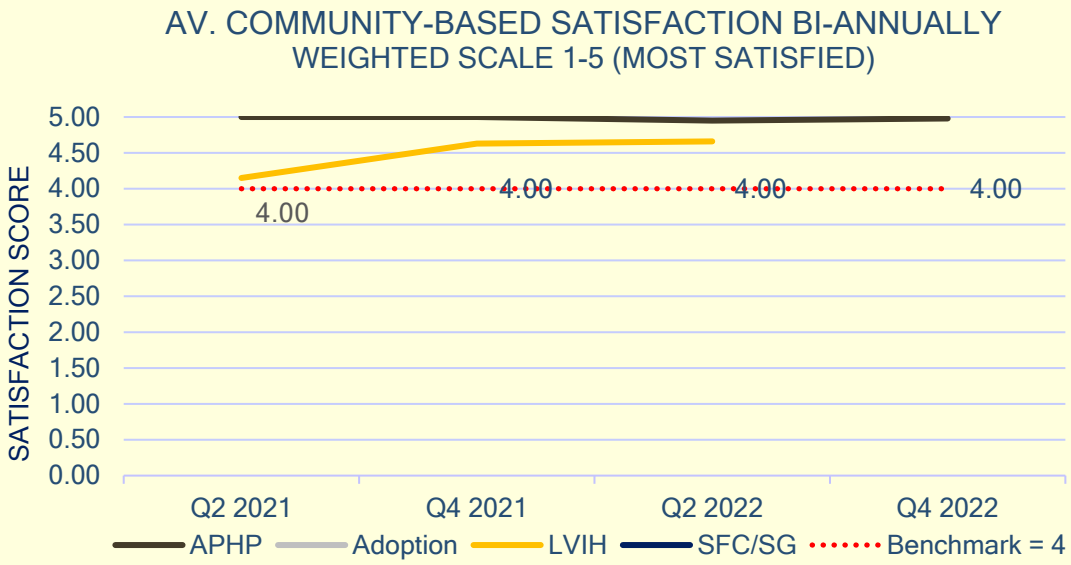
For 2023, it is the intention to report survey results for all programs by their separate categories. For example, one of the categories is 'sense of safety' in the program. This will allow the PQI system to examine client satisfaction results in more detail to determine if there are any opportunities for improvement in this area.

PARENT SATISFACTION

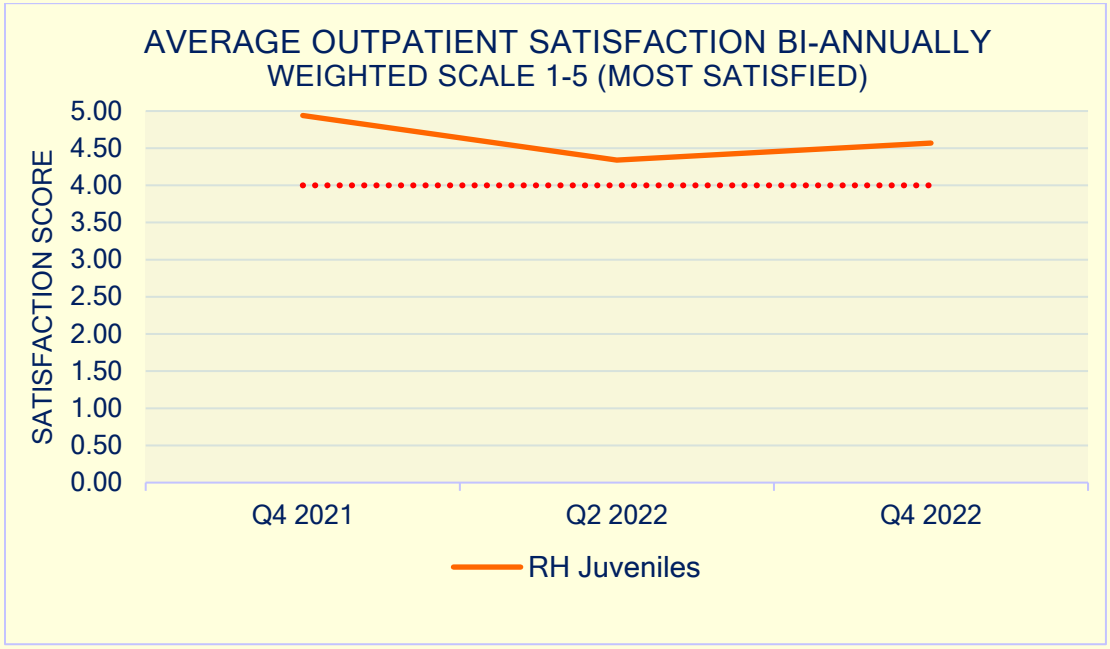
Parent Satisfaction is measured during the second quarter and fourth quarters of the calendar year. The results are shown on the next page.



The PRTF program remains under the benchmark for the year but has made several improvements that have contributed to the increase in score.



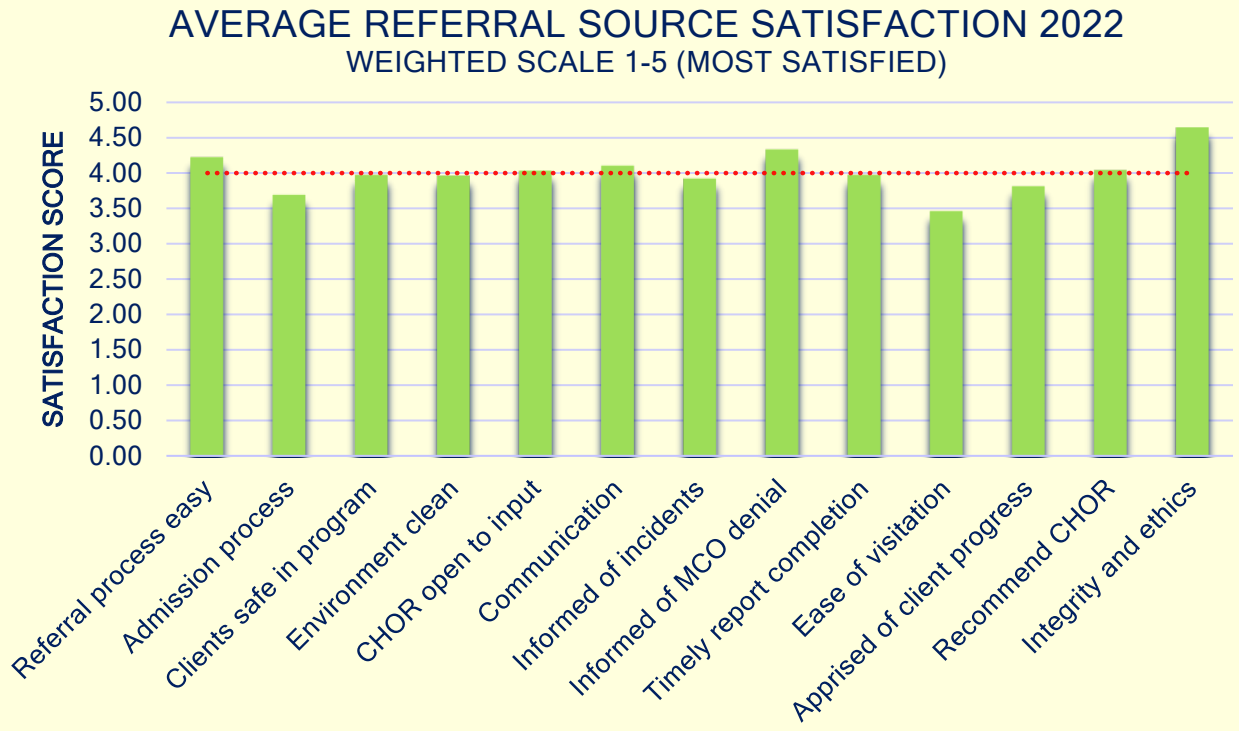
SFC/SG distributed Q4 surveys and achieved a score of 3.51. The Adoption and LVIH program did not have any surveys collected despite survey distribution. Those committees continue to discuss ways to improve survey collection.



The satisfaction score remained above the benchmark this year.

REFERRAL SOURCE SATISFACTION

In 2022, the referral survey was changed to a 5-point scale. CHOR YFS sent satisfaction surveys to its referral sources for two-week time spans for each program between February and April 2022. The highest number of responses were received for the Community-based programs (n=14) consisting of Safeguards, Specialized Foster Care, and Lehigh Valley In-home. The other responses rates were lower than in the previous year. Due to staffing issues, Mathom House, Easton Manor, and PATHS did not send referral surveys in 2022.



Most questions came close to, met, or exceeded the benchmark except for the admission process and ease of visitation. Each subcommittee reviewed the results and no patterns were found in the comments from parents provided on these items.

CHANGE IN RISK AND FUNCTIONAL STATUS

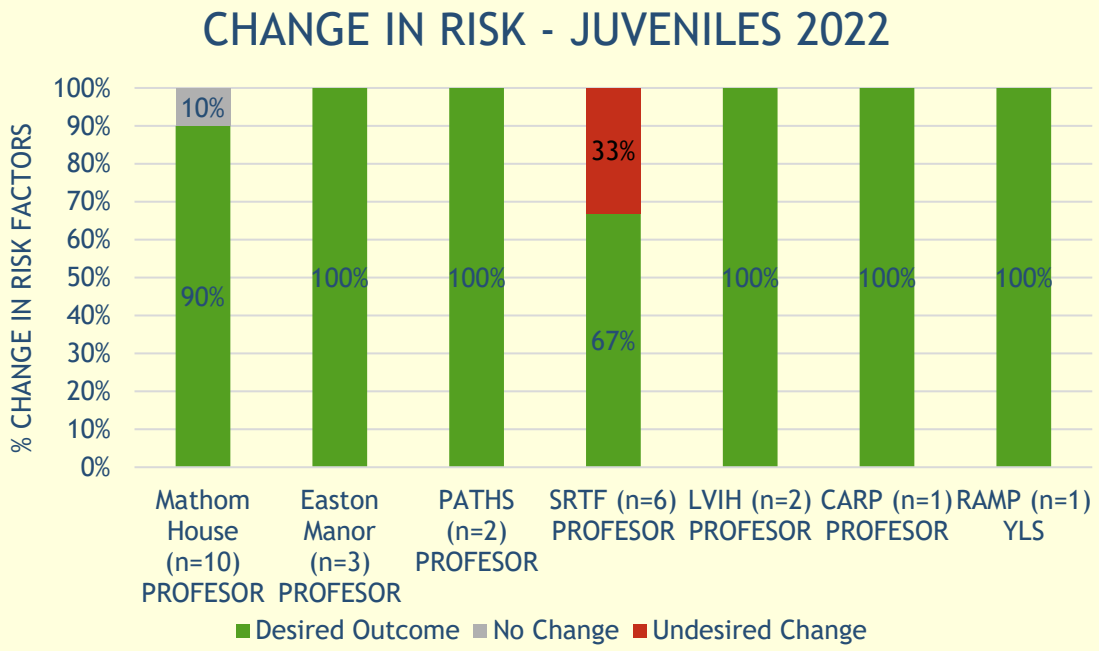
Both CHOR and ECI use an electronic health record system, which allows for streamlined data collection, extraction of aggregate data, and improved tracking of changes in clients over time. Affinity is in the process of implementing the electronic health record system and has not yet begun collecting 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.

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.

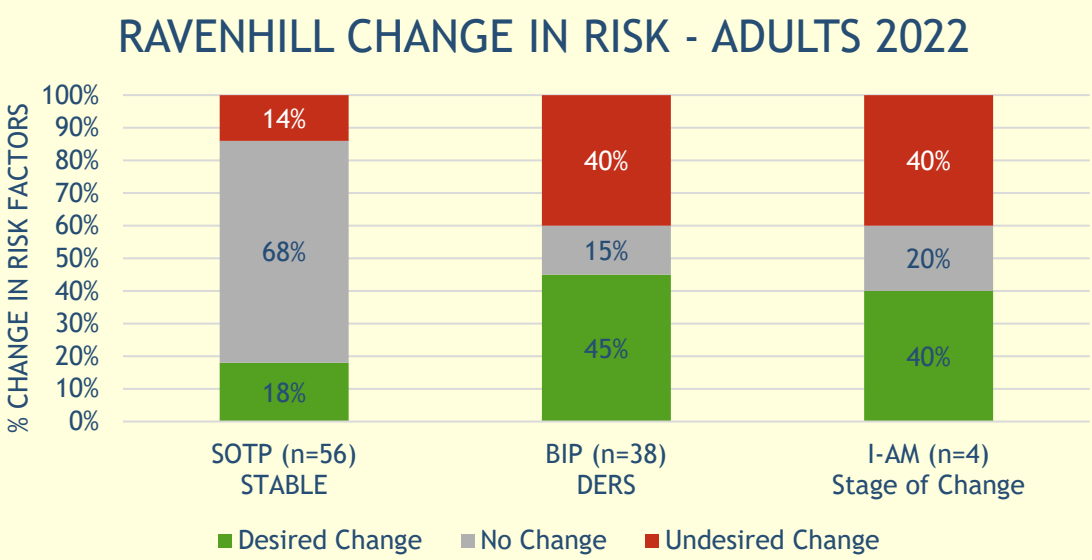
In 2022, difficulties in collecting data persisted, most likely because of continued turnover. Thus, there was a smaller number of client records that contained comparison data, especially at Mathom House and Ravenhill programs (charts were missing either the previous or subsequent assessments).



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. The RAMP program will be seeking an internal measure to replace the YLS, as it has been too difficult to obtain the assessment results from outside sources.

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.

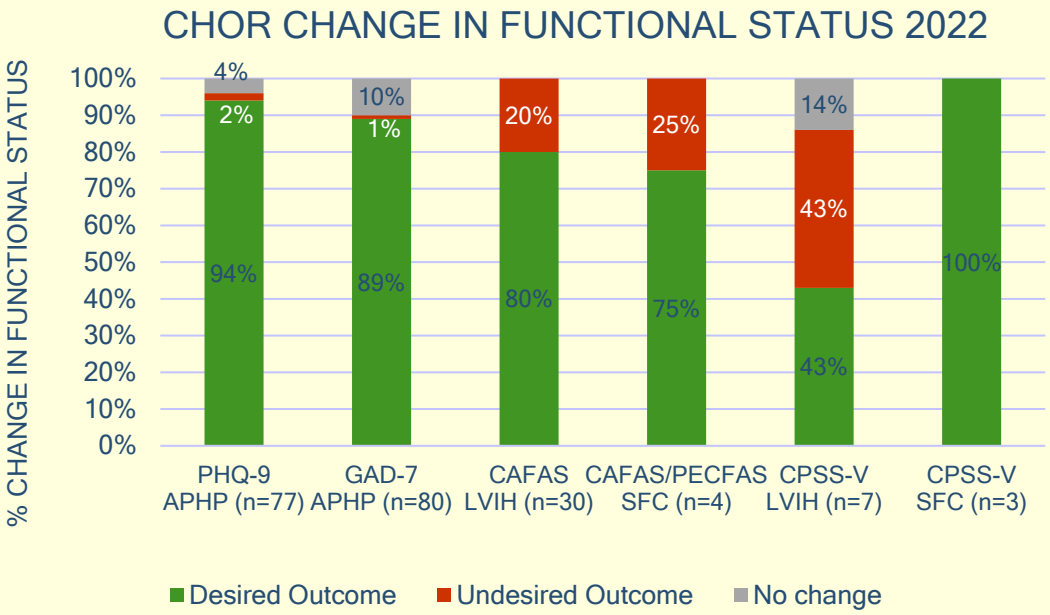


The BIP and I-AM clients showed some desired change, though the number of assessments collected for the I-AM program was small. The measurement period for the SOTP (STABLE) clients represent only a small fraction of the time that these clients are in treatment and most current clients completed their baseline assessment after already receiving multiple years of treatment. Like years prior, this is a contributing factor to 68% of these clients showing no change between assessments.

CHANGE IN FUNCTIONAL STATUS - JUVENILES

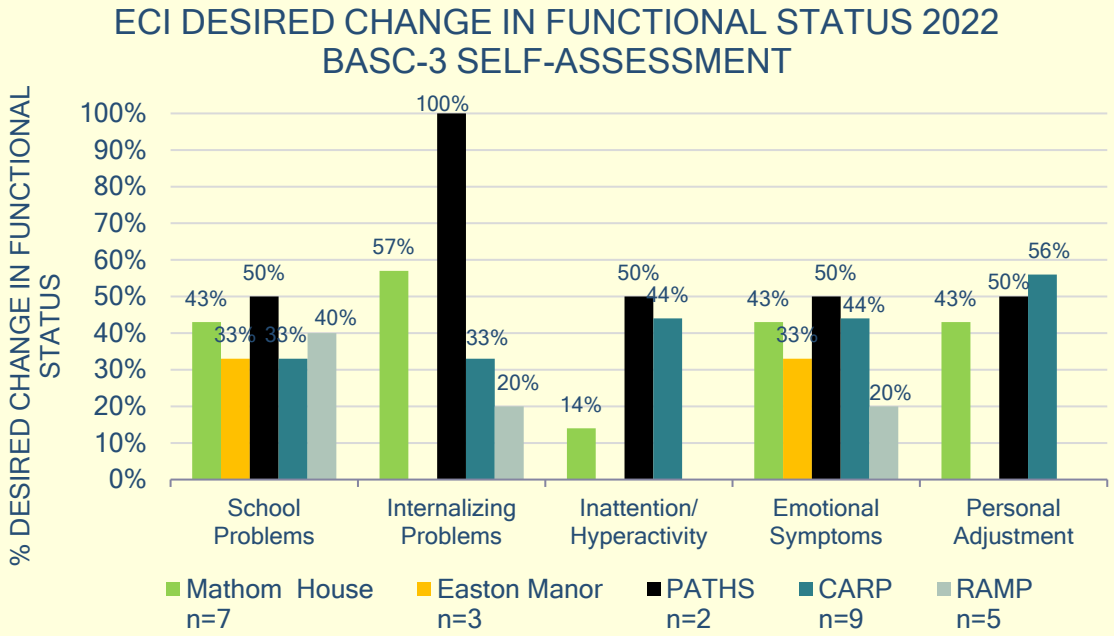
CHOR YFS have also been using evidence-based tools to collect data on changes in functional status. First presented is the change in functional status for CHOR. The Acute Partial Hospital Program (APHP) uses two functional status evidence-based measures: the nine question Patient Health Questionnaire (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. Comparisons of assessments for the total scores for programs are displayed on the next page.

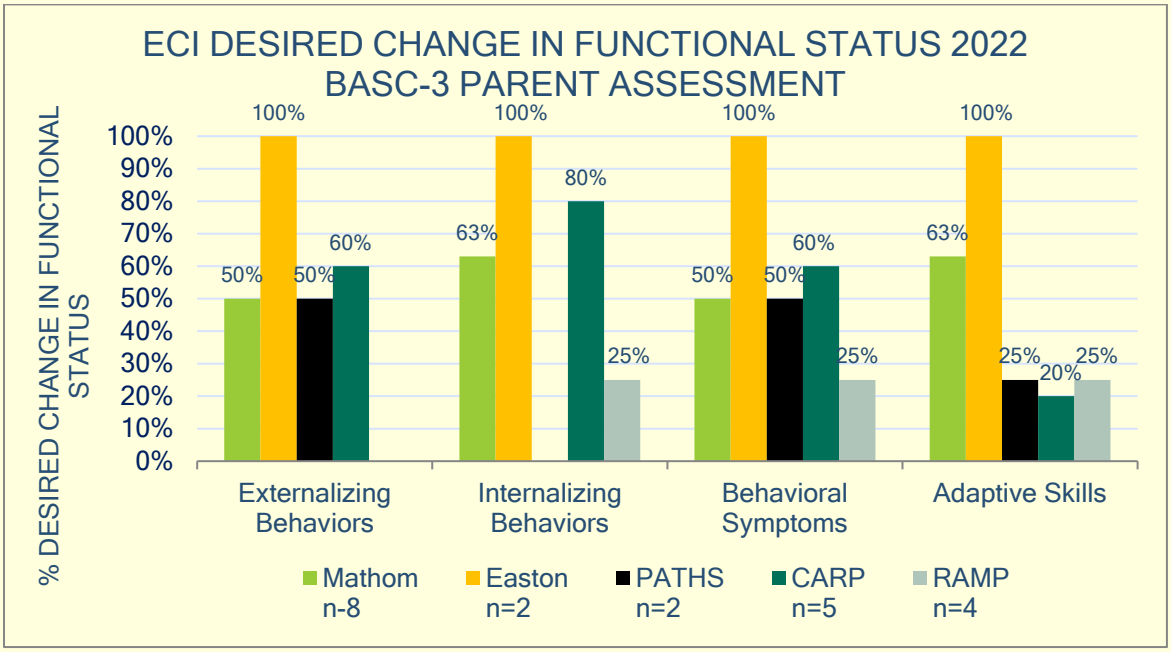


It appears from the graph above that most of the programs are seeing the desired change in functional status measures. The LVIH program results shows less desired change, and this may be due to more challenging children being referred to the program as a result of the Family First Act. This Act's goal is to reduce out-of-home placements by referring families to in-home services first.

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.



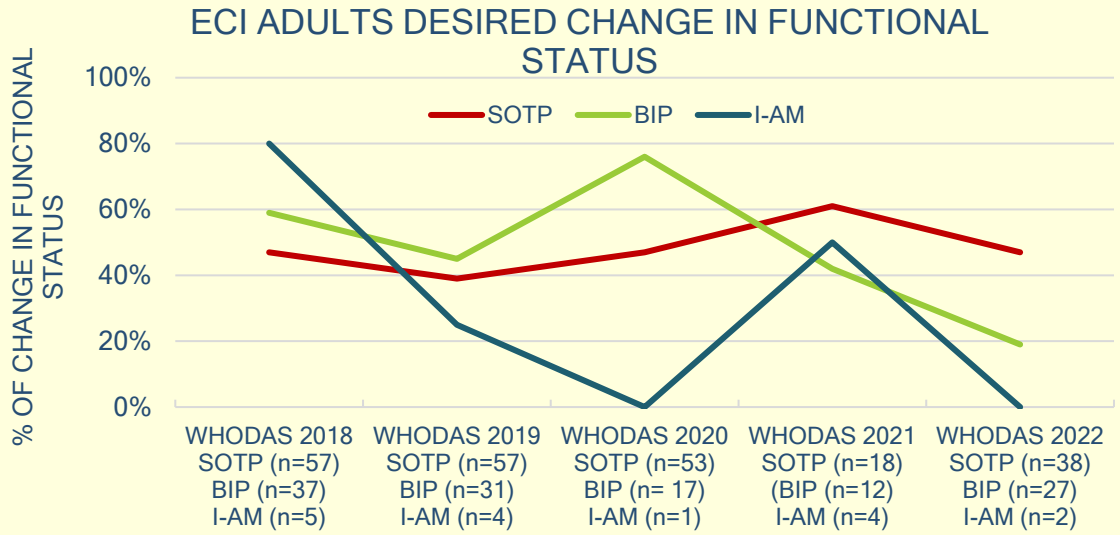
The number of surveys was again low this year partially turnover staffing issues. In general, the percentage of desired change was lower than last year (some programs had 60% or higher desired change). It is unclear why the number of clients showing undesired, or no change is higher except possibly the lower number of assessments collected.



Survey collection for the parents was also lower this year, although parent scores generally increased. Adaptive skills rated generally lower. 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 fewer comparative data sets available. The programs will continue to work on increasing survey participation and data collection. The BASC was re-evaluated this year, and it was generally found to be the best tool for the agency at this time. It is the hope that the outcomes will be evaluated again in 2023 with the PFA and Safeguards team joining in data collection or assisting with choosing different tools.

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. All programs showed a decline in positive results this year. This usefulness of this measure will be continued to be examined in 2023, especially considering the merger with Pennsylvania Forensic Associates that has similar programming.

RECIDIVISM

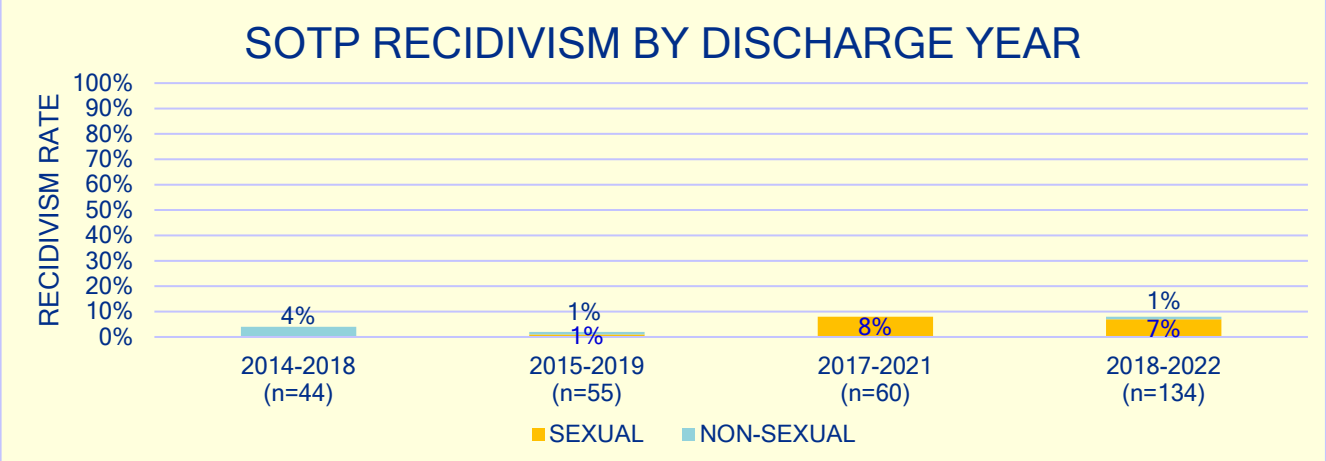
Recidivism is usually reported annually in the 2nd quarter of the calendar year and for CHOR YFS purposes, defined as any convictions post-treatment resulting from acts occurring within the five-year interval following their discharge from services.

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.

OUTPATIENT RECIDIVISM - ADULTS

Recidivism rates for ECI's outpatient adult forensic programs are collected annually via the Pennsylvania Judiciary Web Portal (https://ujsportal.pacourts.us) for any individuals successfully discharged within the previous five calendar years. Recidivism rates have been collected since 2014.

SOTP RECIDIVISM

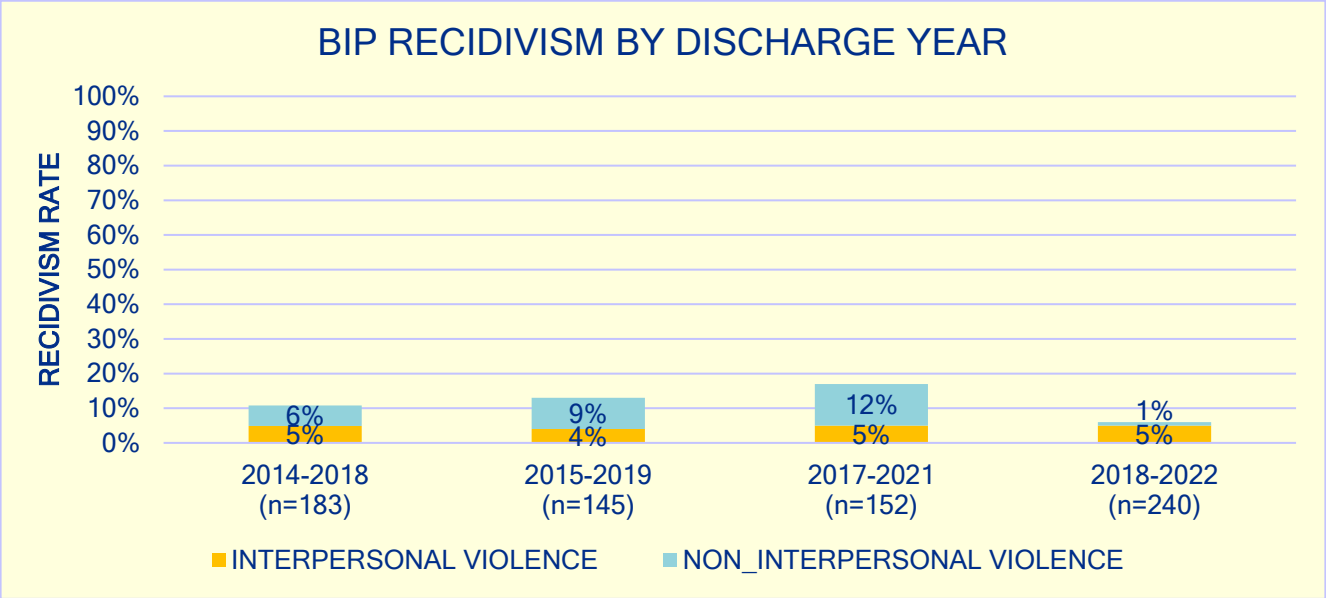


Sexual offenses for the Sexual Offense Treatment Program (SOTP) rose in the past two years but is still lower than the norms indicated below.

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 2023 annual report to reference the most recent meta-analysis regarding adult sexual recidivism.

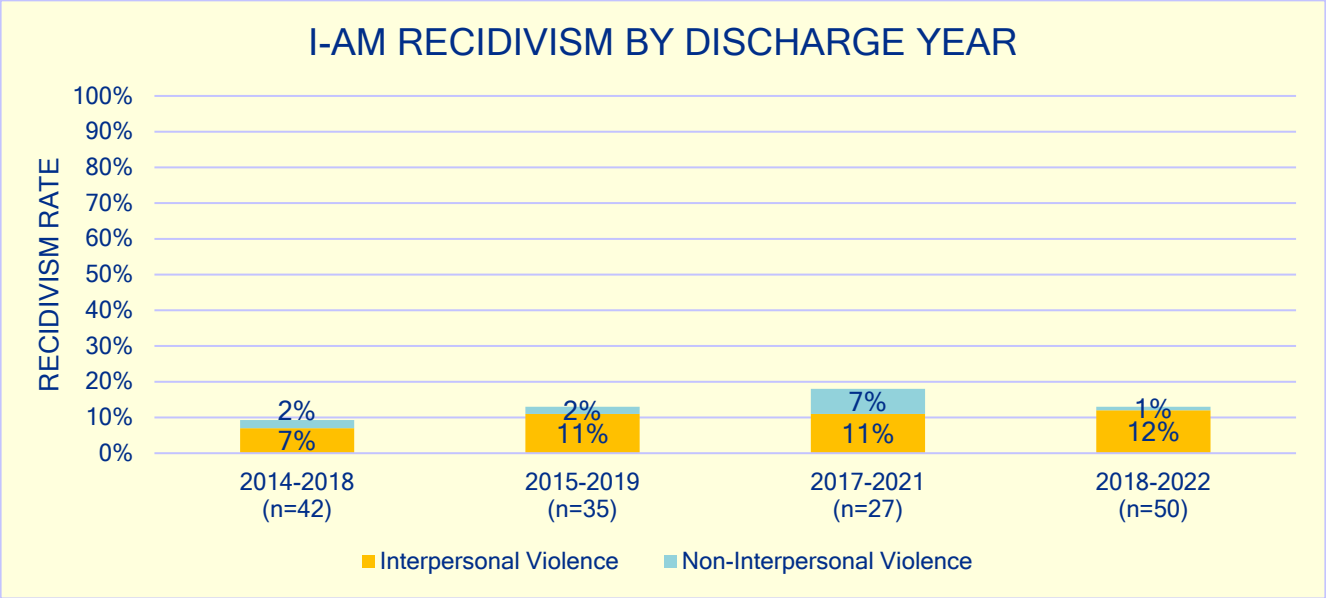
BIP RECIDIVISM



Ravenhill's Batterer's Intervention Program (BIP) showed a decrease in recidivism compared to the previous year. Interpersonal violence was about the same with non-interpersonal violence being low this year.

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 2023 version of this report to provide references for cited norms to improve credibility and accountability.

I-AM RECIDIVISM



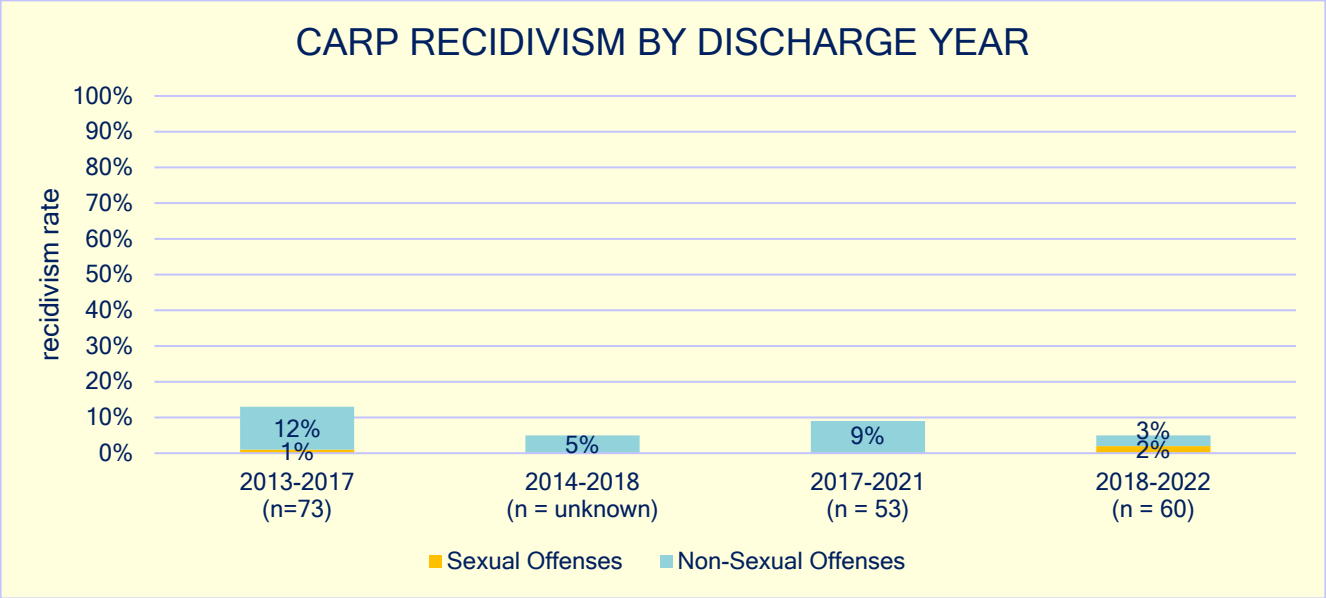
Recidivism rate decreased for interpersonal violence for Ravenhill's Integrated-Anger Management program. In general, I-AM clients usually present with a lower level of motivation to change. This lack of motivation commonly impacts their ability to carry skills from treatment into their lives after discharge, 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.

OUTPATIENT RECIDIVISM – JUVENILES

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

Previous versions of this report have referenced relevant sexual recidivism norms for CARP and Case Management clients as ranging from 2% to 7.5%. For the purpose of this report, updated meta-analyses yielded a national average of 7-13% sexual recidivism (5-year tail), and 23-77% general/non-sexual recidivism rate for adolescent offenders (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking; SMART.gov, 2020). It is the goal of our 2023 annual PQI report to provide a RAMP recidivism benchmark for general juvenile delinquency (non-sex offense specific) supported by research.

CARP RECIDIVISM

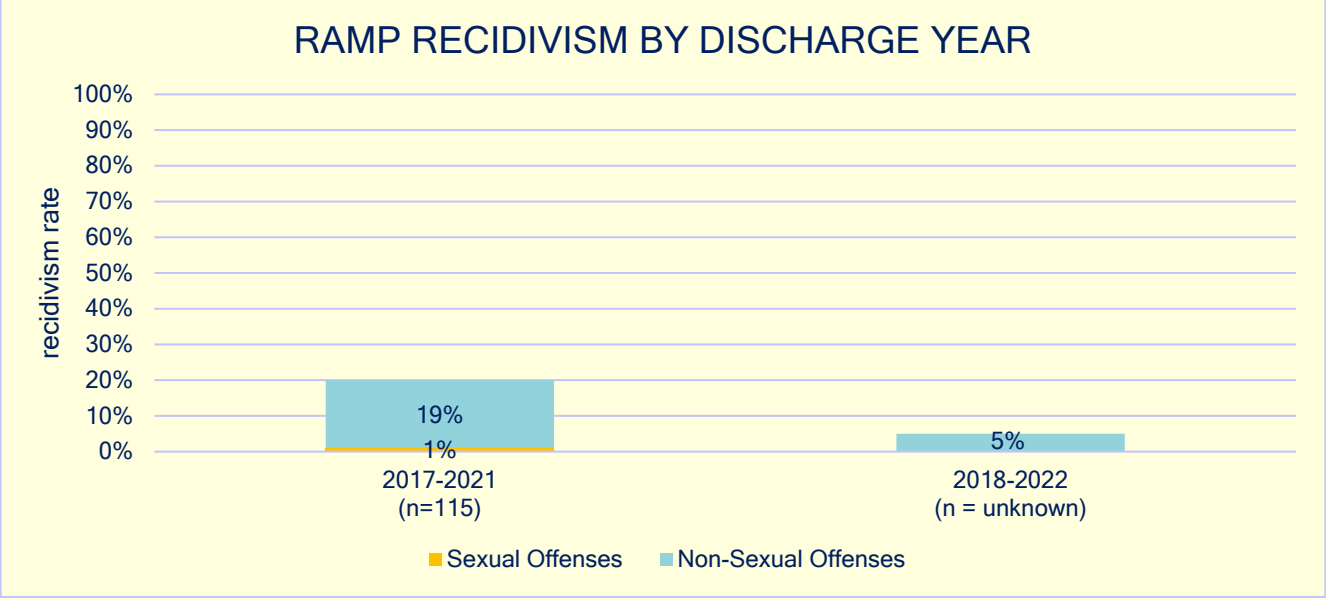


Ravenhill's Community Adjustment & Reintegration Program (CARP) was initiated in 2012. Due to cost, criminal reports were not collected for the juveniles in 2019 and 2020. Also, in 2018, Ravenhill's Community Accountability and Recidivism Prevention- Intensive Diversion Program (CARP-ID), were separated from the CARP program.

The recidivism rate for 2022 was lower than last year's recidivism rate.

RAMP RECIDIVISM

Ravenhill's Accountability & Mentoring Program (RAMP) began in 2015 and offers intensive and individualized mentoring services to juveniles who have been adjudicated delinquent but remain in the community. The program is 26 weeks in length and serves a wide variety of offenders. Because of this variability, recidivism rates are broken down by felony vs. misdemeanor rather than treatment-related and non-treatment-related offenses.

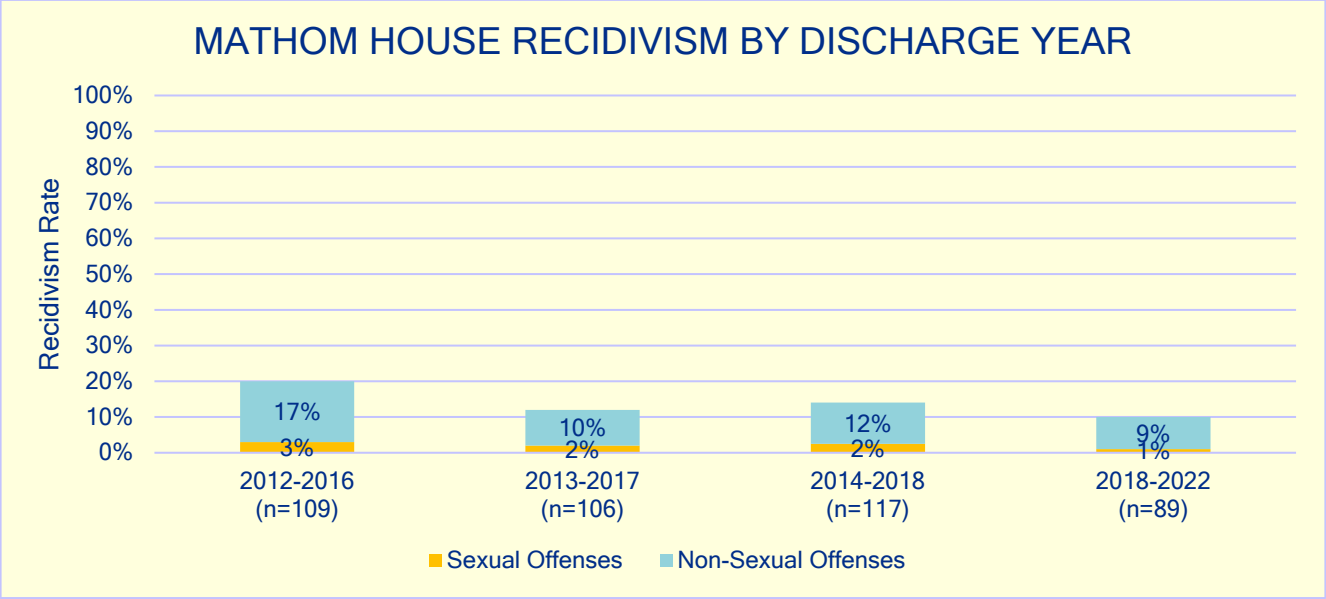


RESIDENTIAL RECIDIVISM

Recidivism rates for ECI's residential programs are collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for individuals successfully discharged within the previous five calendar years. A more detailed review and analysis of recidivism rates for all residents can be found in ECI's 2022 Residential Treatment Impact & Client Outcome (RTICO) report at https://edisoncourt.com/about/outcomes.

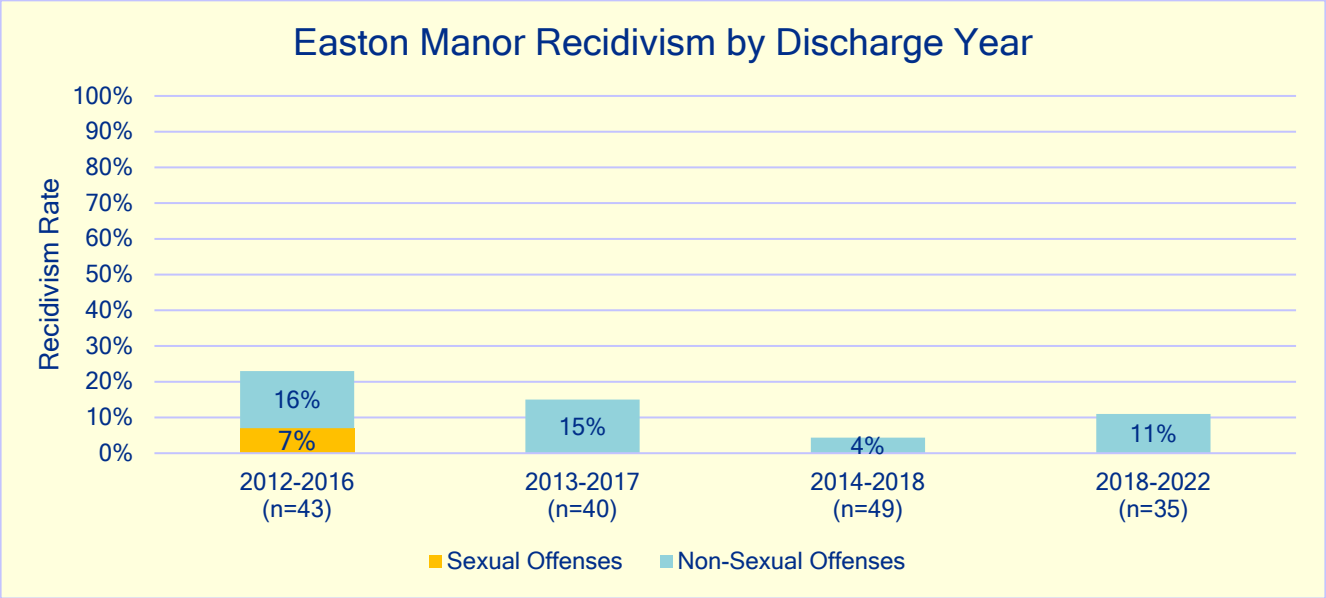
Previous versions of this report have referenced relevant sexual recidivism norms as ranging from 2% to 7.5%. For the purpose of this 2022 annual report, meta-analyses were used to provide a more empirically sound range of sexual recidivism norms. Meta-analyses yielded a national average of a 7-13% sexual recidivism (5-year tail), and 23-77% general/non-sexual recidivism rate for adolescent offenders (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking; SMART.gov, 2020).

MATHOM HOUSE RECIDIVISM



Due to cost, the recidivism for juveniles was not collected in 2019 and 2020. In 2021, the data was not collected due to staffing issues. This year's finding reflects a generally stable recidivism profile when compared to previous samples, both reflecting a decrease in sexual felony and a decrease in non-sexual misdemeanor charges. All recidivism data was gleaned through standard state (PA) criminal record reviews that block release of sub-felonious charges for juveniles. Nonetheless, our findings fall at the low extreme of post-treatment recidivism rates for this population gleaned via meta-analysis (7-13%). Readers are referred to ECI's full 2022 Residential Treatment Impact & Client Outcome (RTICO) report at https://edisoncourt.com/about/outcomes for a more detailed analysis of Mathom House recidivism rates.

EASTON MANOR RECIDIVISM



Again, the data was not collected in 2019, 2020 or 2021. There were no sexual offenses and a low recidivism rate for non-sexual offenses. Reported recidivism rates for program-completers are lower when compared to their peers who failed to complete treatment. Readers are once again referred to ECI's 2020 Residential Treatment Impact & Client Outcome (RTICO) at https://edisoncourt.com/about/outcomes for a more detailed analysis of Easton Manor recidivism rates.

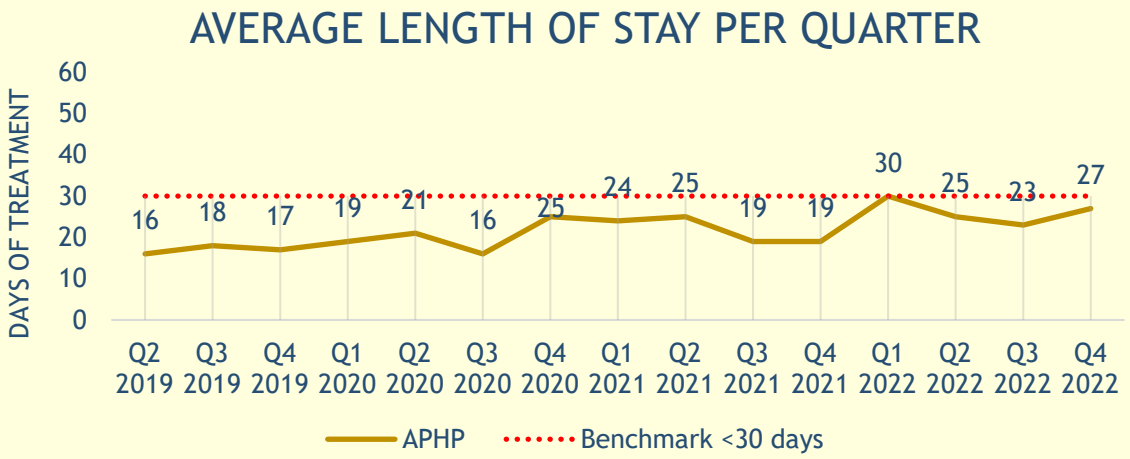
PATHS RECIDIVISM

ECI's PATHS program began providing services in 2017. Unfortunately, due to staffing issues, the recidivism data is not being collected.

LENGTH OF STAY

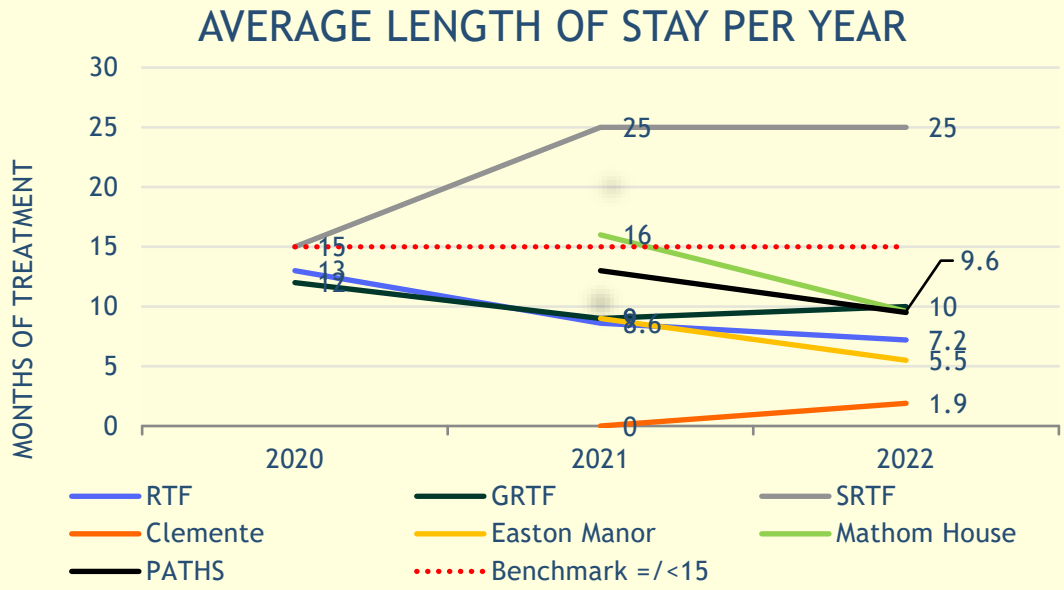
CHOR YFS remains attentive to the average length of stay in our programs with the goal of providing the most effective and efficient treatment possible. We understand the importance of clients receiving care in the least restrictive environment while balancing the importance of community safety. CHOR 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 2023 to also have length of stay for the other programs in this report.

ACUTE PARTIAL HOSPITAL PROGRAM LENGTH OF STAY



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. The program exceeded the benchmark in 2021 and received a small incentive award in 2022. The APHP program is participated in the initiative in 2022, but the results are not yet available.

RESIDENTIAL LENGTH OF STAY

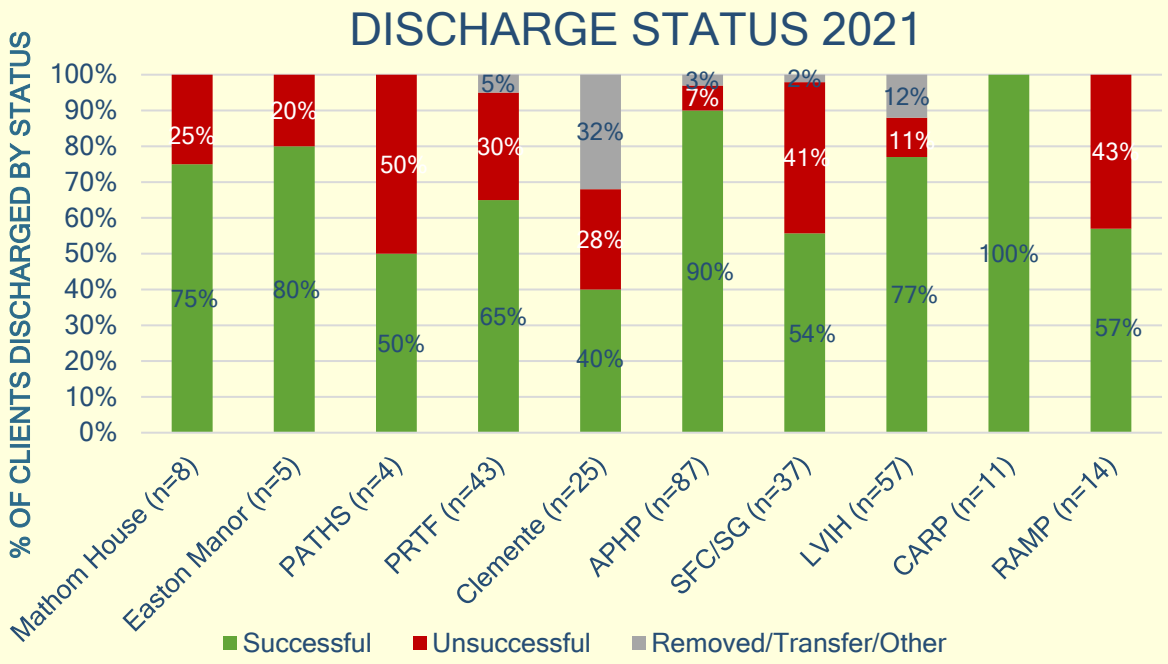


The SRTF program's increased length of stay remained at the same level as last year and may be due to the lingering effects of the pandemic in placing children. The other programs were below the benchmark this year.

DISCHARGE

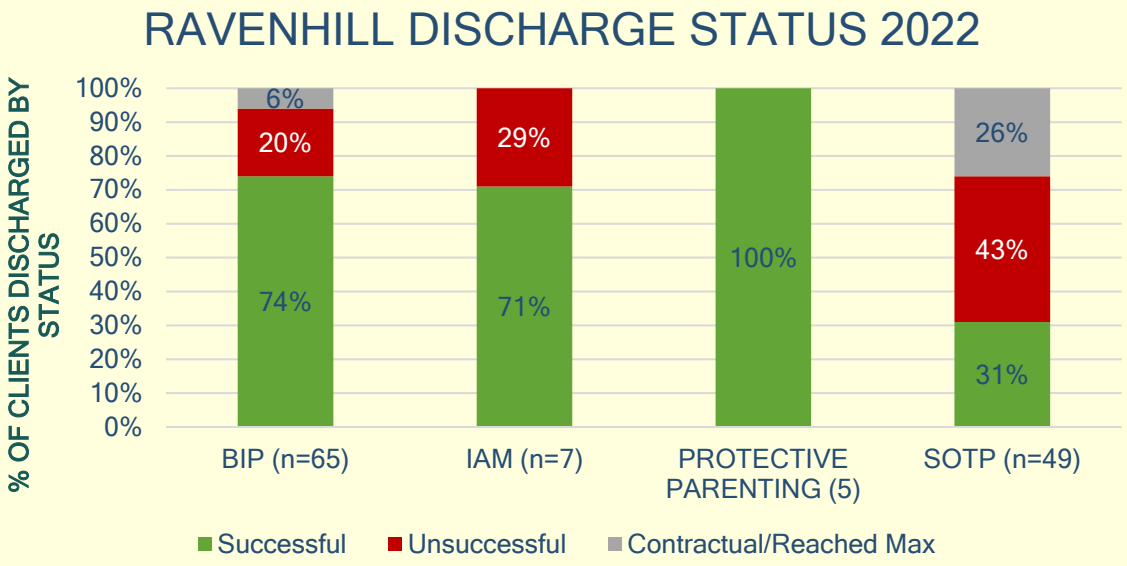
CHOR continuously assesses the reasons our clients leave our programs and routinely evaluate our programs and treatment protocols to ensure clients meet their identified treatment goals. The data on the next page was collected for 2021.

JUVENILE DISCHARGES



In the graph above, the numbers next to the program name indicate the number of discharges the programs had during 2022. 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 except for Clemente which are emergency placements.

ADULT DISCHARGES



Over the past year, the success rate for the BIP and IAM programs was about the same as last year. Protective Parenting is a new program this year. 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

Results are a little lower this year than in previous years in general, especially in the advancement/training category. Comments were generally mixed in this area, including some staff who felt there was sufficient training, and other staff asking for more training. Recognition/awards was also lower. Pay/Benefits was about the same. There were no responses for the APHP program which was theorized due to the small number of staff and concerns about responses being identified. Responses will be included with the Outpatient program moving forward.

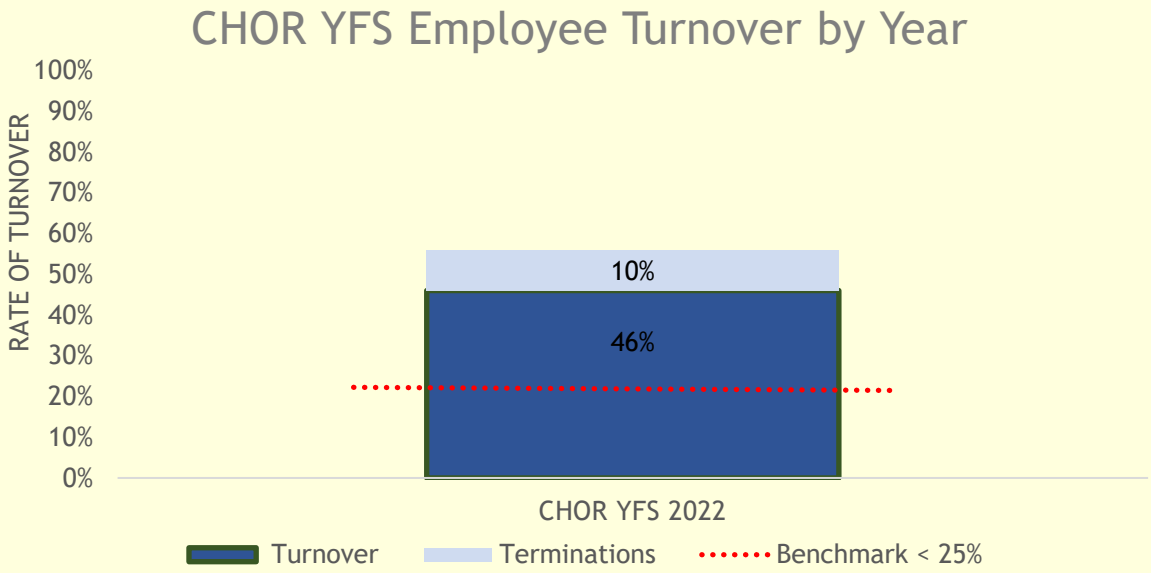
EMPLOYEE RETENTION

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.

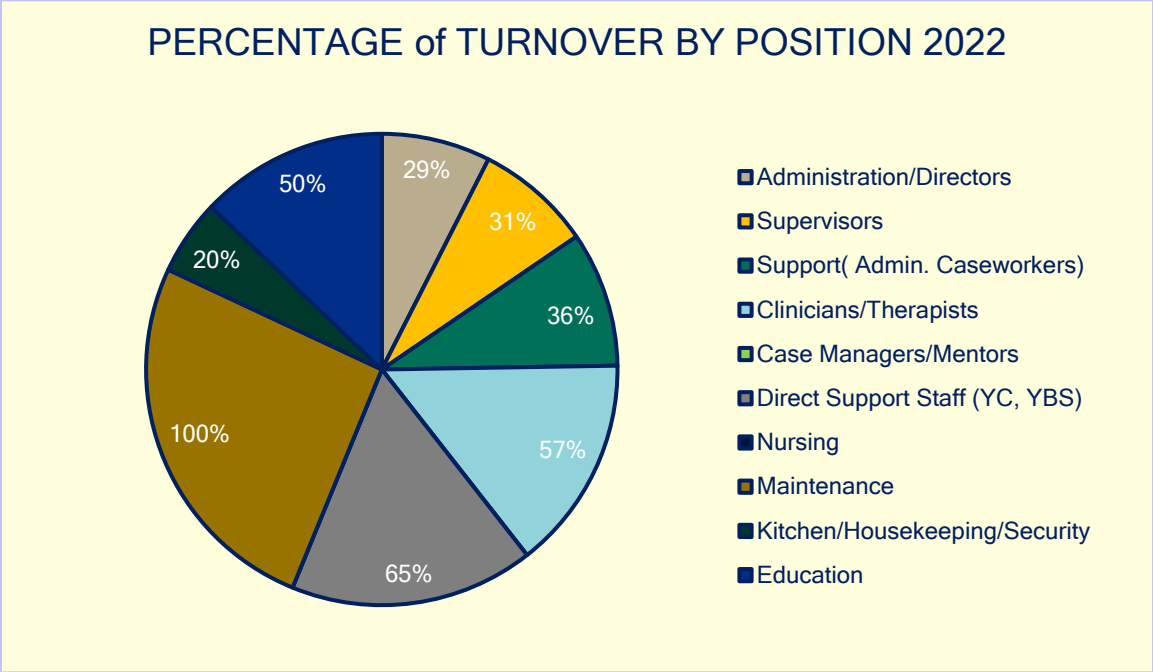
EMPLOYEE TURNOVER & TERMINATION RATES

In 2022, CHOR, ECI and Affinity were reported together as CHOR YFS at a rate of 46%. 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-pandemic[1]. 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). The termination rate (involuntary) was 10% for the merged entity.



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

TURNOVER BY POSITION



Aside from the one person in maintenance that left, the position with the most turnover was the Direct Support Staff positions followed by clinicians/therapists. The turnover rates have been consistent over the last few years with these positions, as the COVID pandemic contributed to many direct support staff seeking work outside the field and clinicians favoring the increase in remote positions available in other agencies. Higher pay rates from for-profit, commercial businesses and stagnate reimbursement rates from the state continue to be a challenge the non-profit sector in terms of recruitment. CHOR YFS currently has a recruitment and retention plan in place to address some of the issues identified by management and from the employee satisfaction survey in hopes of decreasing turnover rates.

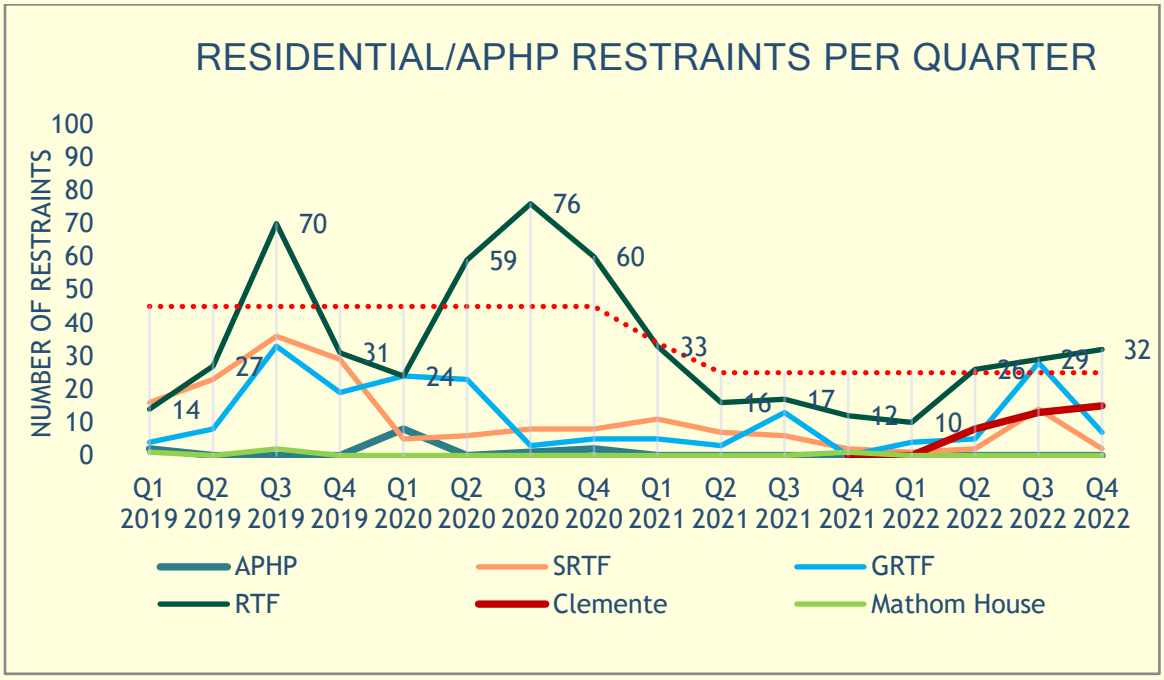
COMPLIANCE

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 YFS 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.

RESTRAINTS

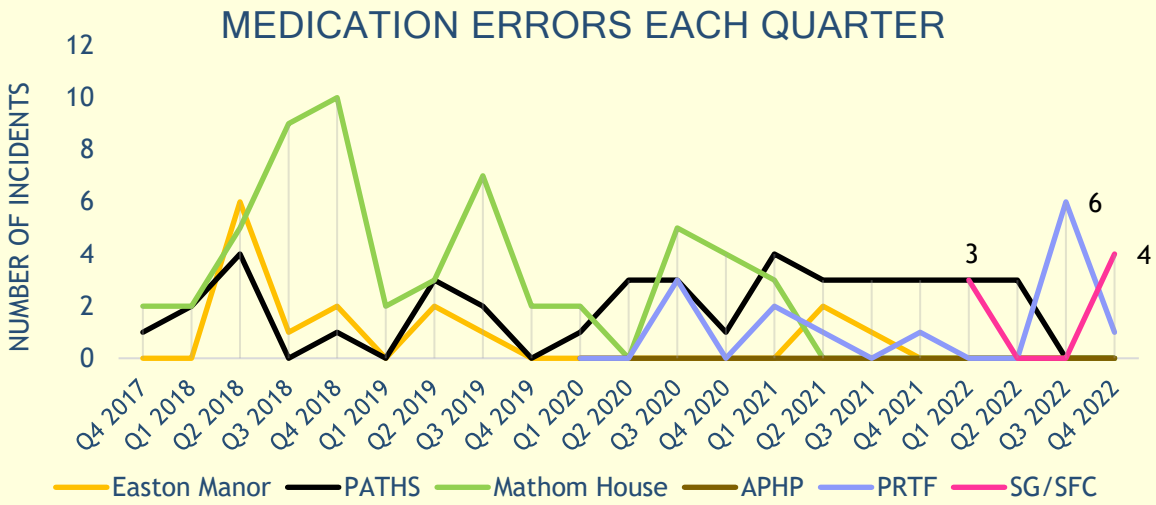


The PQI Quality Council analyzes restraint data to determine any trends or patterns on a quarterly basis. The CHOR residentials all had an increase during the third quarter with the RTF and Clemente units continuing to rise into the fourth quarter. The Clemente unit's census has risen over the last year since the program opened and has experienced some turnover in staff, which may be contributing the increase in restraints. The RTF program was asked to complete a Performance Improvement Plan since the program has been over the benchmark for the past three quarters.

SAFETY-RELATED INCIDENTS

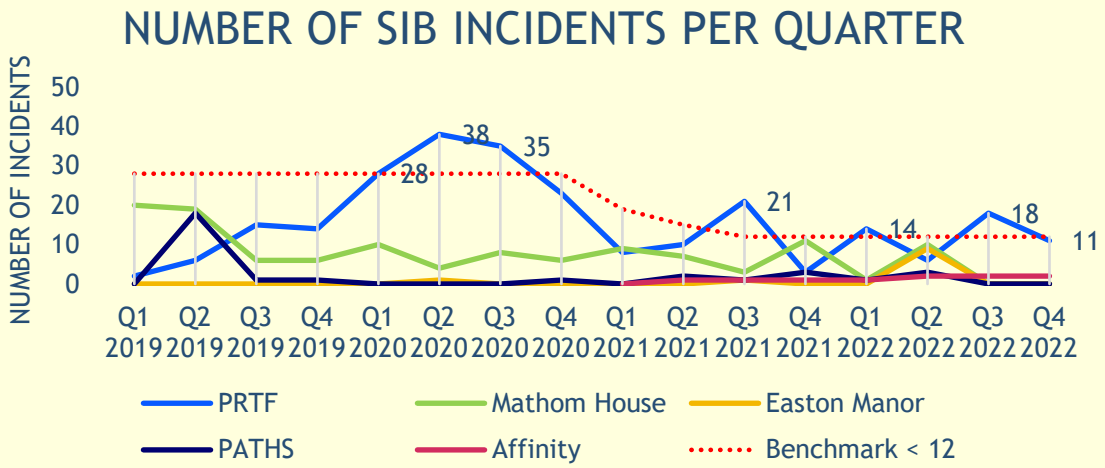
Providing a safe and secure environment in which our clients receive treatment is a fundamental priority. As expected, most of the incidents occur at our larger residential facilities, in CHOR's RTF and Clemente units, and at Mathom House. This past year, the community-based programs experienced an increase in incidents, which may be partly related to the aftereffects of the pandemic. The most significant safety-related incidents at CHOR continue to be assaults/fights (some of which are related to restraints). The highest risk incidents for CHOR YFS are shown below (medication errors, self-injurious behavior, Absence Without Leave (AWOL), and sexual misconduct).

MEDICATION ERRORS



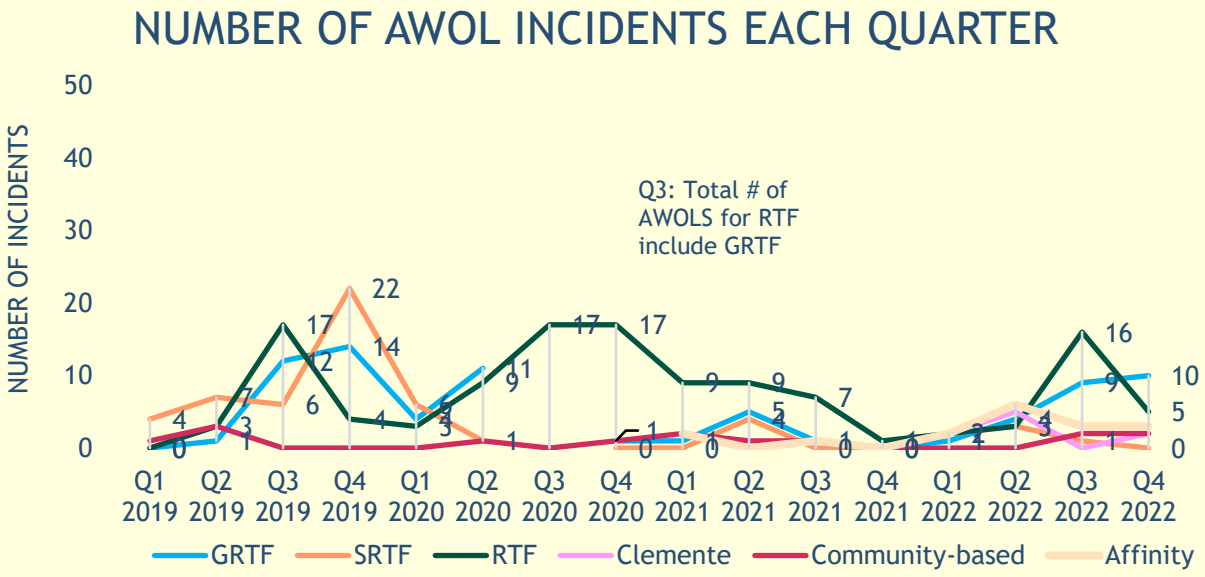
Affinity data is new for the report. The medication errors were associated with client transitions to different home and medication not being filled by the pharmacy due to insurance coverage. The PRTF med errors in the third quarter were due primarily to missing med dosages due to client outings. The program identified med admin trained staff to accompany clients on outings.

SELF-INJURIOUS BEHAVIOR (SIB)



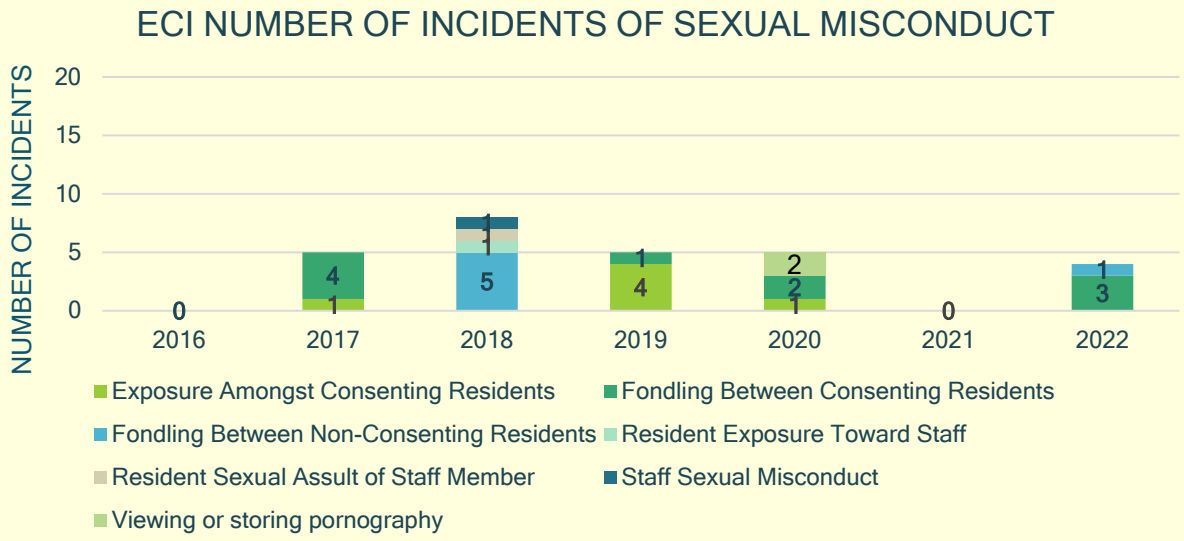
Easton Manor and Mathom House had an increase in SIB in the second quarter but was low the rest of the year. The PRTF exceeded the benchmark twice in Q1 and Q3. The committee discussed that it is usually one or two clients that contribute to the number of incidents. New residents especially have difficulty transitioning to the milieu.

ABSENCES WITHOUT LEAVE (AWOL)



AWOLs increased in the third and fourth quarters at RTF and GRTF. This was mainly due to a few new admissions that had difficulty adjusting to the milieu. One of the GRTF clients eloped several times despite interventions to try to prevent this from reoccurring.

SEXUAL MISCONDUCT

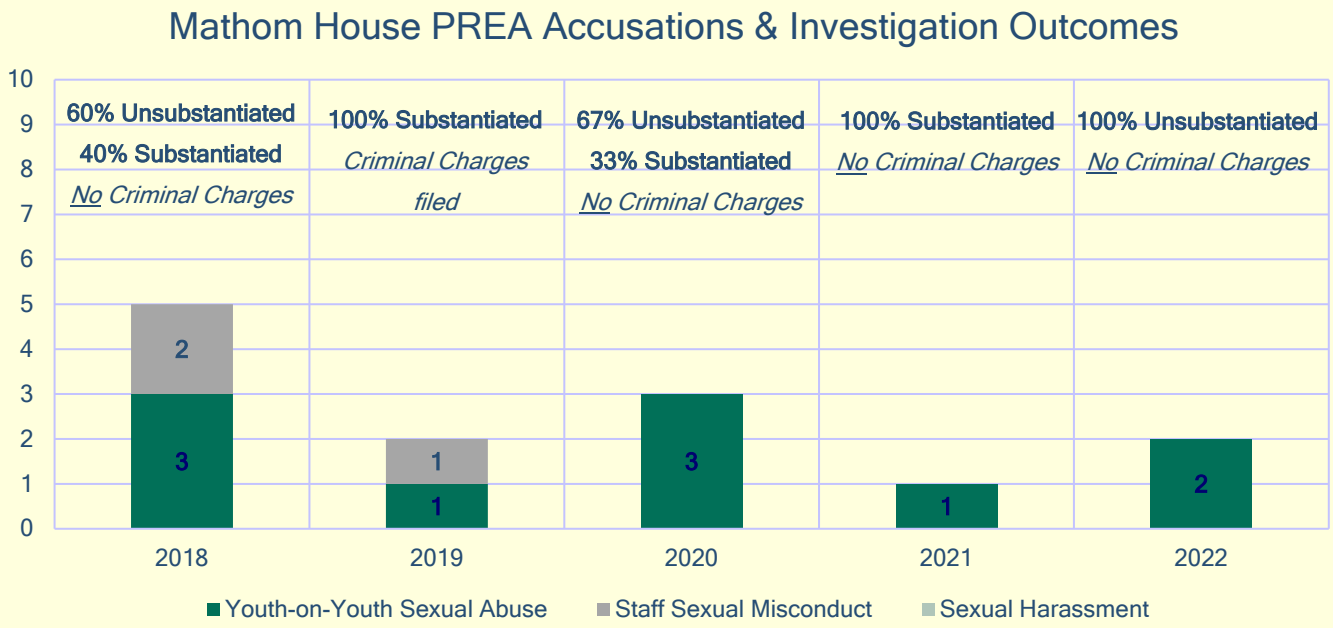


In 2022, there were three incidents involving fondling between consenting resident and one case of fondling that was non-consensual. Each incident was investigated, and individualized corrective action plans were implemented in a timely manner. However, high staff turnover continues to impede ECI's attempts 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

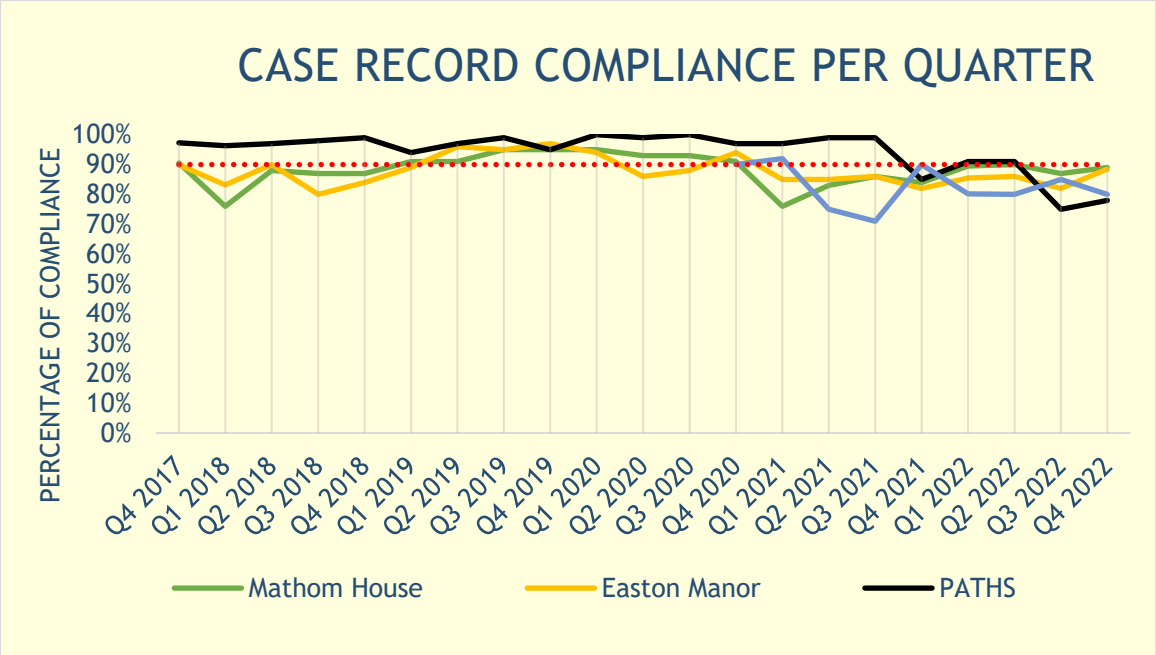


There were two PREA investigations, which were both categorized as 'youth-on-youth' sexual contact in 2022 at Mathom House. Both allegations were investigated both internally by the administrative team and criminally by the Doylestown Township Police. Both allegations were unsubstantiated. No criminal 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

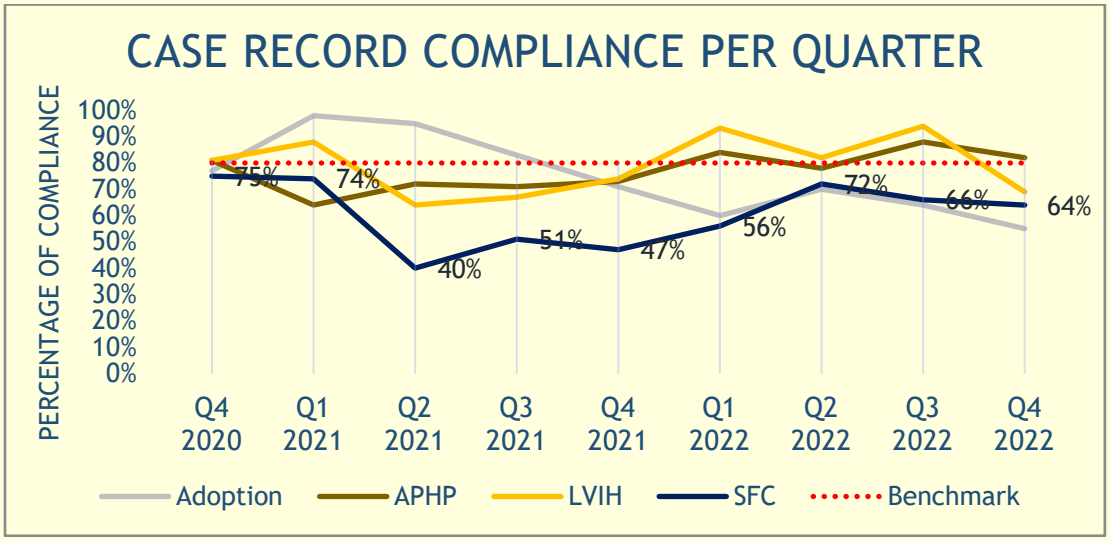
In 2022, most of the programs in the CHOR YFS continuum of care conducted internal case record reviews. CHOR YFS's Quality Department conducted internal case reviews using a chart audit tool developed by each program. Each completed tool is sent to each program, the applicable staff members make corrections in the chart, note the corrections that were made, and return the tool to the Quality Department. The Safeguards program and the quality department are working on incorporating the client case record reviews in 2023. 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 2023. The results of the remainder of ECI and CHOR's programs are presented on the next page.

RESIDENTIAL CASE RECORD COMPLIANCE



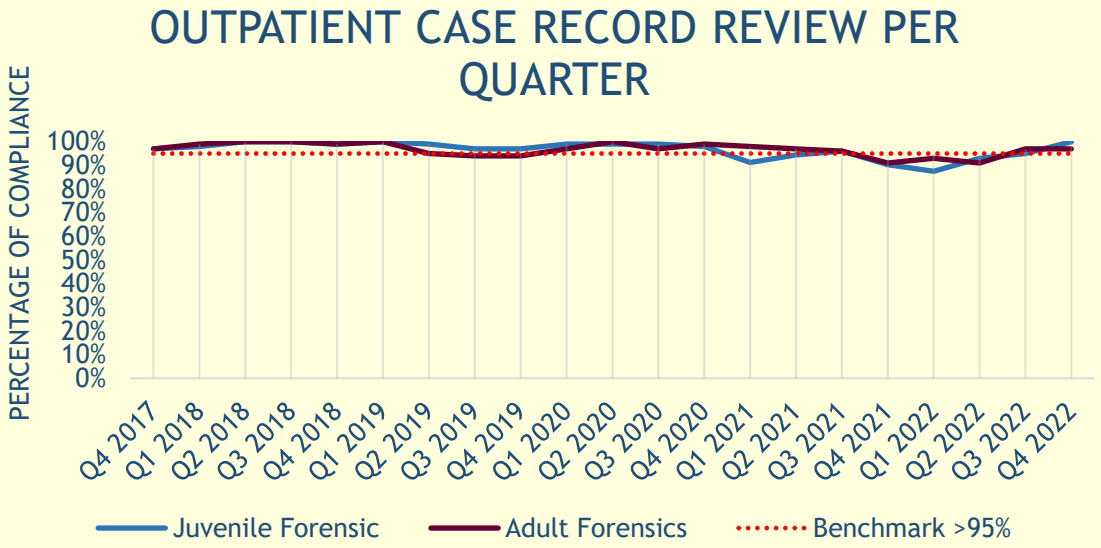
All programs were under the benchmark for the year for chart compliance. The main area of lower compliance continues to be in the areas of assessment and outcomes, but improvements were made in the treatment planning documentation which is now above benchmark. Continued problems are attributed to staffing challenges and turnover.

COMMUNITY-BASED CASE RECORD COMPLIANCE



APHP and LVIH improved this year and largely remained above the benchmark. Many of the missing items were located in the chart after the internal audits were completed for LVIH in the 4th quarter, so the scores are higher than reported here. The foster care and adoption programs continue to work on improving their auditing tool, scanning items into the electronic health record etc. The largest areas of deficiencies in this program were assessments, timely progress notes, and fully completed authorization

forms for records. It should be noted that the programs that are audited by licensing bodies perform well on these audits. The programs continue to develop and implement performance improvement plans to improve internal reviews throughout the year, in hopes of avoiding last minute preparations before a licensing inspection.

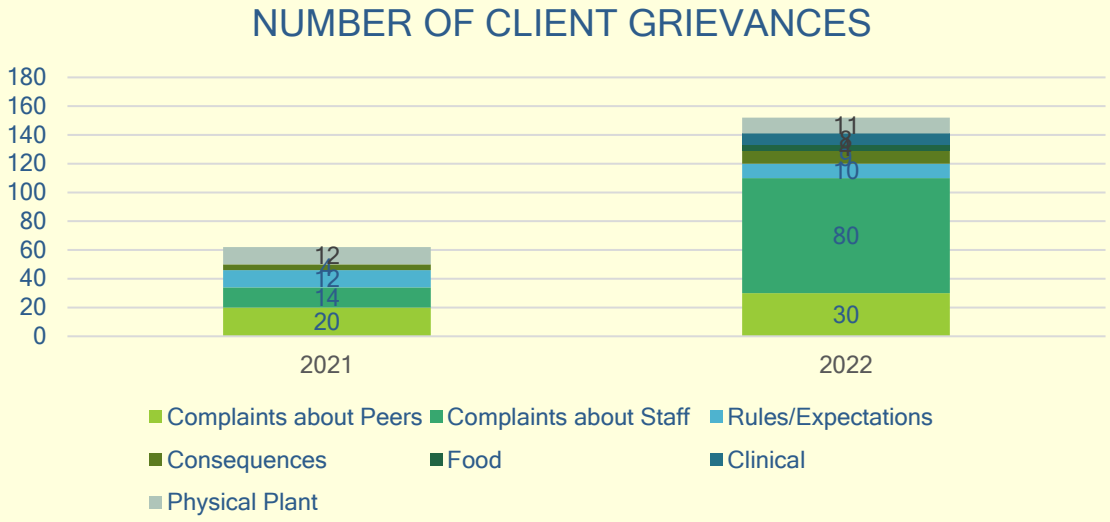


Ravenhill continues to score near or above the benchmark for most of the year. The drop in the 1st quarter for juveniles was largely due to a decrease in family involvement.

COMPLAINTS & GRIEVANCES

Consistent with our values, we honor the voice of the client and their family, therefore providing us another opportunity to improve services. Nearly all of the complaints continue to be submitted by residential clients/parents, and the majority of them at the CHOR programs.

CHOR YFS COMPLAINTS & GRIEVANCES



Most of the complaints were about staff, with the next highest category being peers. A performance improvement plan was enacted last year to address the CHOR PRTF complaints; however, it is difficult

to assess whether it was effective since the addition of another unit at the CHOR Residentials (Clemente) and subsequent increase in census also contributed to the increase in complaints. The subcommittee and/or residential administration will discuss the 2022 performance improvement plan and consider whether any changes are needed for 2023.

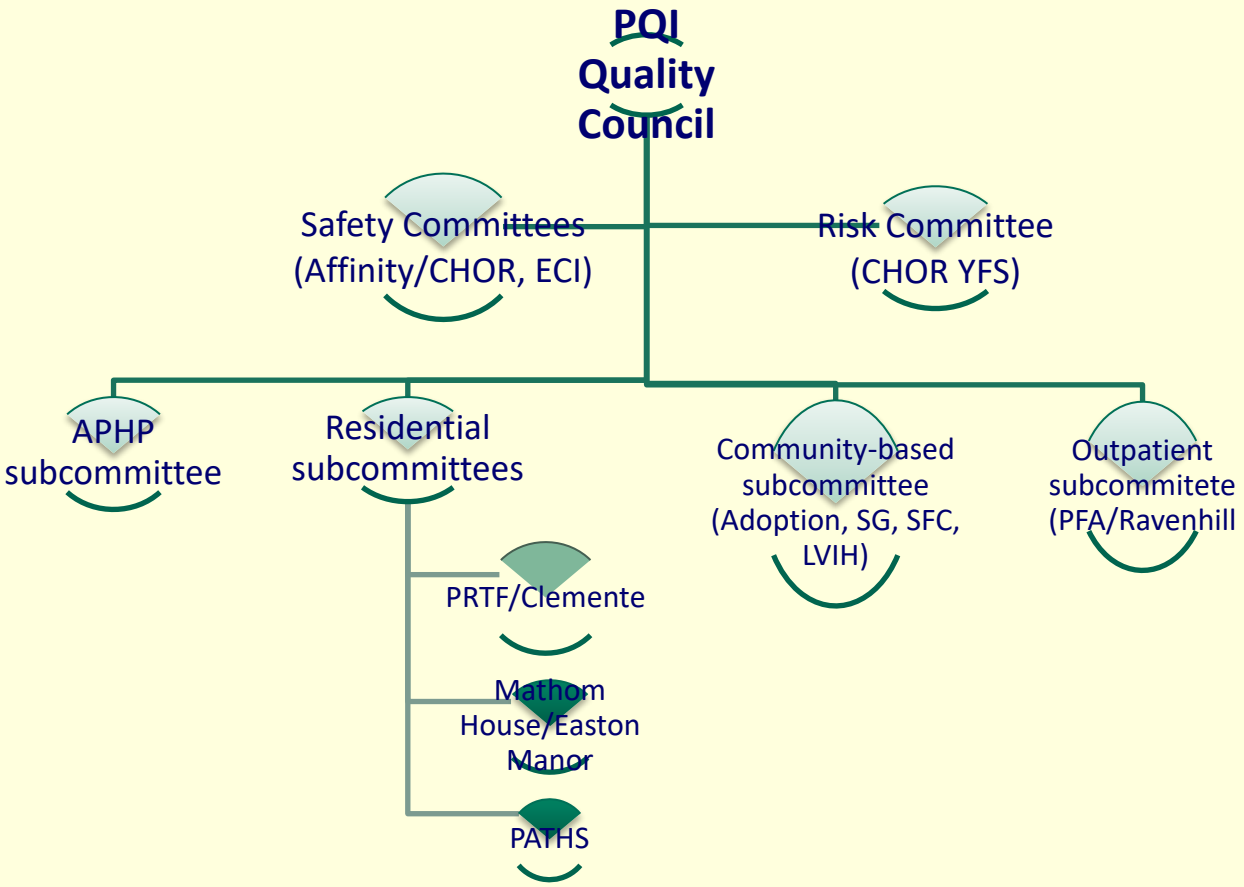
CONCLUSION

In 2022, the Quality Improvement and Compliance Department of CHOR Youth & Family Services worked towards joining together the quality and compliance efforts of the three organizations (Affinity, CHOR, and ECI. Although the team functioned cohesively across the organizations, a director was hired to be a point person at each. The EHR and Quality Specialist position was also refilled as the previous employee was promoted to a director position.

During the last year, the Quality/Compliance Department worked with the Apis Electronic Health Record team, to improve functionality and data collection across all domains/programs including transferring Safeguards and PFA out of their system to the Credible system and implementing eMAR at CHOR.

A Staff Development Department was created and housed in the Quality/Compliance Department. A Director of Staff Development was hired at CHOR YFS. The goal of the department is to streamline New Employee Development (NED) and ongoing trainings, to increase retention, reduce licensing citations and to improve overall service delivery to clients.

Minor changes were made to the PQI structure since the last report and a summary can be found in the graphic on the next page.



The goal and objective of our PQI process during 2022 was to continue 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 2023:

- 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.
    - 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.
- Distribute stakeholder satisfaction scores and 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 through the PQI Quality Council and sub-committees.
- Revise previous Performance and Improvement Plan 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 Risk Committee.
  - Continue to explore areas of possible improvement in areas important to the agency including restraints, elopements, and self-injurious behavior.
- Continue to streamline New Employee Development across CHOR YFS. Implement processes for Relias including setting up training plans, tracking systems etc. at each entity. Evaluate and implement a system to provide ongoing trainings outside of Relias.
- Evaluate needs of incoming organization Community Prevention Partnerships, including beginning preparations for COA accreditation. Prepare Pennsylvania Forensic Association for accreditation and Safeguards for the treatment foster care standard.

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