



Performance & Quality Improvement

Q4 and Annual Report FY 2023-2024

(2023-2024)

Introduction

The Performance and Quality Improvement Committee (PQI) was formed in May 2020. The PQI Committee meets monthly and reviews and analyzes data in order to identify progress and areas for improvement. The data in this report is evidence of the hard work that CONCERN's employees do every day.

The PQI Committee has developed data collection tools, reporting mechanisms and is continuing to work to improve the flow of information to make the data collection and analysis easier. We have several PQI sub-committees: Satisfaction Surveys, Meeting Prep, Measures, and Quarterly Reporting.

We have expanded the Measures sub-committee to focus on review of the logic models and outputs and outcomes collection tools. We have been updating, streamlining and clarifying our goals and collection of data over the past year. We hope to finish this large, important project in FY 24-25.

The data contained in this report is for a period of 1 quarter-Q4, April 2024 to June 2024 and all 4 quarters for the past fiscal year, July 2023 to June 2024.

PQI Committee Members

Jennifer Peters, Electronic Health Records Administrator

Sue Holmgren, Administrative Assistant

Val Rheinheimer, Caseworker

Kathy Stoica, IT Administrative Support

Kassie Irwin, Human Resources Manager

Crystal Boggs-Jennings, Director of Residential Services

Bambi Harmon, Social Services Clinical Director

Rebecca Brown, Quality Assurance Assistant

Flo Westley, Director of Adoption and Permanency Services

Stacey Page-Miller, Region Director

Kelly Crum, Region Director

Maria Flores, Region Director

Jen Bowen, Region Director

Carrie Knebel, Region Director

Tanya Jones, Vice President

Scott Lubinski, Chief Administrative Officer

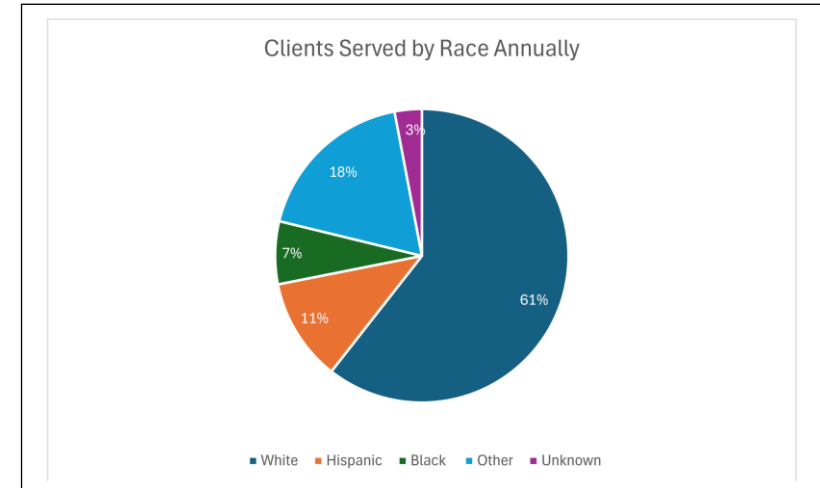
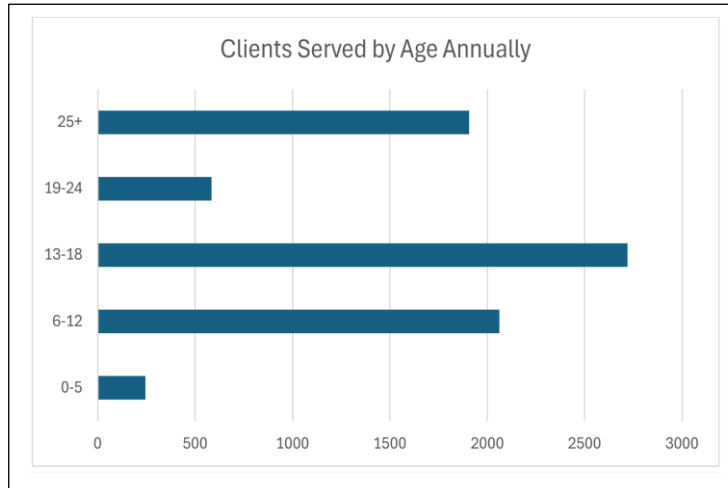
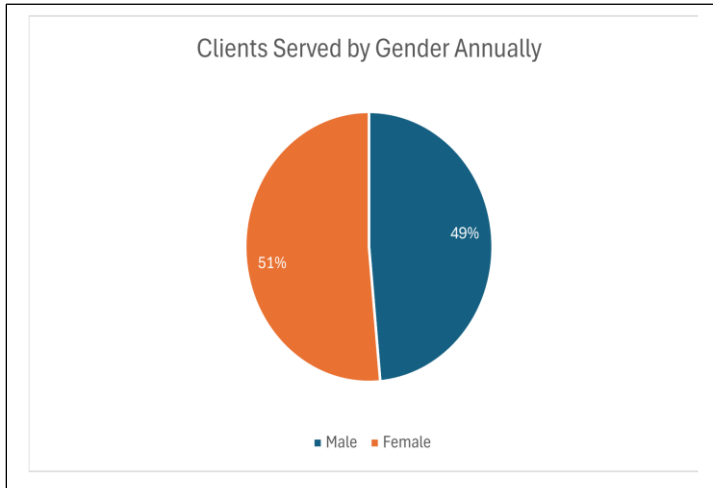
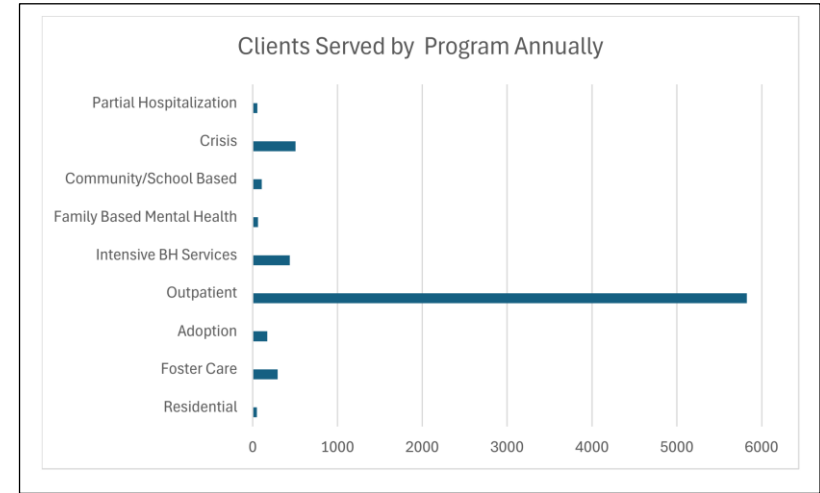
Carri Prior, Senior Executive Assistant

Gordon May, President/CEO

Chair-Cheryl Reeling, Director of Quality Assurance

Demographics

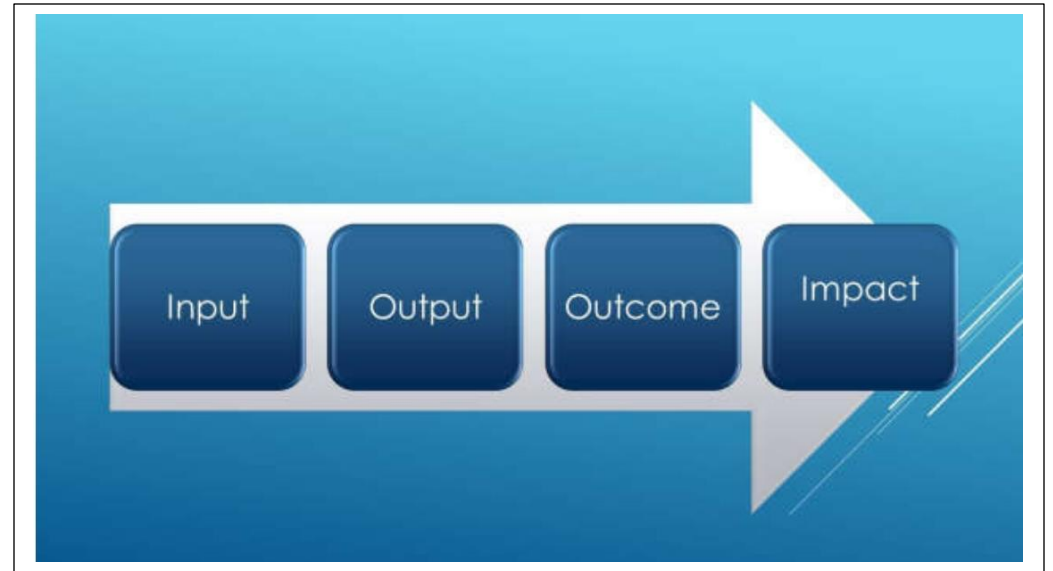
CONCERN collects demographic information on the individuals we serve. Below are several charts with data for the number of clients in our various programs, the number of male and female clients, the age ranges of our clients, and the race of our clients.






Outputs & Outcomes

Data collection with purpose and passion

Each program has developed a Logic Model that captures the program's inputs, activities, outputs, and outcomes. Data collection tools have been developed to consistently collect the data. The collection tools are being revised to collect more data and be as user friendly as possible. This will result in more data to analyze and report on in the future. The PQI Committee oversees the data collection and aggregation of the data in order to measure performance and to improve our services and programs, which ultimately leads to better client outcomes. The sub-committee that is working on review and revision of the Logic Models and Collection Tools is making steady progress and hopes to have the project completed in FY 24-25.



This key is to be used with the charts on the following pages.

Key	
Meeting goal	
Making progress toward or partially meeting goal	
Trending low or not meeting goal	

Residential Program

Residential Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Budgeted Average Number of Residents per Day is Maintained	20.5	19	17.2	18	
ISP's are Developed and Distributed in a Timely Manner and Monitored Monthly	*	7	11	11	
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Percent of Weekly Passed Behavior Management Program (80% is passing)	80%	75%	68%	66%	
Stipend Earned for Successful Program Completion	*	67%	50%	55%	
Average Math Grade (60% is passing)	76%	75%	81%	75%	
Average English Grade (60% is passing)	73%	74%	82%	77%	
Participation in Weekly Individual Therapy	*	89%	90%	91%	
Youth Return Home or Live Independently in the Community Post Discharge	*	67%	100%	100%	
Residents Attend School/Graduate/earn GED/are Employed at Discharge	75%	100%	67%	91%	
Attain or Partially Attain Goals	*	75%	75%	100%	

Q4 Results:

Increases in negative behaviors caused a decrease in passed weekly Behavior Management Program scores.

Several unexpected discharges prior to completing the program made them ineligible to receive the stipend.

Residential Outputs	FY 23/24	Annual Results On Target
Budgeted Average Number of Residents per Day is Maintained	18	
ISP's are Developed and Distributed in a Timely Manner and Monitored Monthly	29	
Outcome Goals	FY 23/24	Annual Results On Target
Percent of Weekly Passed Behavior Management Program (80% is passing)	69%	
Stipend Earned for Successful Program Completion	64%	
Average Math Grade (60% is passing)	77%	
Average English Grade (60% is passing)	78%	
Participation in Weekly Individual Therapy	90%	
Youth Return Home or Live Independently in the Community Post Discharge	89%	
Residents Attend School/Graduate/earn GED/are Employed at Discharge	86%	
Attain or Partially Attain Goals	83%	

Maryland Community Based Programs

Maryland Community Based Programs Outputs					
	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Clients Served	19	15	15	19	*
Number of Casework Contacts (occurs at least monthly)	482	452	497	187	*
Number of After Hours Contacts	188	127	180	46	*
Number of After Hours Crisis Contacts	0	2	0	0	★
Maryland Community Based Programs Outcome Goals					
	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
70% of Youth Maintain Residence without Incurring any Section 8 Code of Conduct Violations	0	0	0	1	★
50% of Youth are Working or in School Consistently	14	9	7	12	★

*indicates items with no goal

Maryland Community Based Programs Outputs		
	FY 23/24	Annual Results On Target
Number of Clients Served	26	*
Number of Casework Contacts (occurs at least monthly)	1618	*
Number of After Hours Contacts	541	*
Number of After Hours Crisis Contacts	2	*
Maryland Community Based Programs Outcome Goals		
	FY 23/24	Annual Results On Target
70% of Youth Maintain Residence without Incurring any Section 8 Code of Conduct Violations	1	★
50% of Youth are Working or in School Consistently	42	★

*indicates items with no goal

Maryland Foster Care

Maryland Foster Care Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Caseworker Visits Completed as Required	91%	100%	100%	98%	
Treatment and Safety Plans Completed on Time	72%	90%	98%	71%	
CANS Completed for Each Client	91%	94%	93%	98%	
Client has Scheduled Therapeutic/Psychiatric Appointments	85%	79%	89%	97%	
Family Worker Visits Monthly with Families	*	*	96%	100%	
Client Received Timely and Ongoing Medical/Dental Care	*	*	81%	84%	
Foster Parents Receive Required Annual Training	*	*	100%	100%	
Positive Net Gain in Recruiting and Retaining Foster Parents Annually	1	1	-		
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
At Least 80% of Clients Achieved Their Permanency Plan Goal as Identified by the Court	100%	*	100%	100%	
At least 80% of Clients Have Identified at Least One Supportive Adult to Whom They Can Turn for Assistance in an Emergency	80%	100%	100%	100%	
CANS Reflects Client Improvement Upon Discharge	88%	0%	33%	100%	
85% of Clients Met or Partially Met Their Treatment Plan Goals by Discharge	80%	0%	33%	100%	
Clients Consistently Attended School or Graduated from HS/Obtained GED	100%	100%	67%	100%	
Discharged Clients Experienced Two or Fewer Placements	90%	100%	100%	100%	

Q4 Results:
We are working on improving our performance in the areas of timely completion of treatment plans and scheduling of medical appointments.

Maryland Foster Care Outputs	FY 23/24	Annual Results On Target
Caseworker Visits Completed as Required	97%	
Treatment and Safety Plans Completed on Time	82%	
CANS Completed for Each Client	94%	
Client has Scheduled Therapeutic/Psychiatric Appointments	87%	
Outcome Goals	FY 23/24	Annual Results On Target
At Least 80% of Clients Achieved Their Permanency Plan Goal as Identified by the Court	100%	
At least 80% of Clients Have Identified at Least One Supportive Adult to Whom They Can Turn for Assistance in an Emergency	78%	
CANS Reflects Client Improvement Upon Discharge	55%	
85% of Clients Met or Partially Met Their Treatment Plan Goals by Discharge	62%	
Clients Consistently Attended School or Graduated from HS/Obtained GED	100%	
Discharged Clients Experienced Two or Fewer Placements	98%	

Pennsylvania Foster Care

PA Foster Care Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Casework/Client Visits Occur Monthly as Required	99%	99%	100%	95%	
Foster Parents Receive Required Annual Training	100%	100%	100%	83%	
Individual Service Plans and Quarterly Reviews Completed and Distributed in a Timely Manner	100%	100%	100%	83%	
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Permanency Plan Achieved	73%	77%	48%	66%	
Placement Stability Maintained	81%	100%	96%	100%	
Client Consistently Attended an Educational Program or have Graduated/Obtained a GED at Discharge	*	*	*	100%	
Clients Met or Partially Met ISP Goals at Discharge	*	*	*	90%	

* Tracking for these outcomes was implemented in Q4

PA Foster Care Outputs	FY 23/24	Annual Results On Target
Casework/Client Visits Occur Monthly as Required	98%	
Foster Parents Receive Required Annual Training	96%	
Individual Service Plans and Quarterly Reviews Completed and Distributed in a Timely Manner	96%	
Outcome Goals	FY 23/24	Annual Results On Target
Permanency Plan Achieved	65%	
Placement Stability Maintained	94%	
Client Consistently Attended an Educational Program or have Graduated/Obtained a GED at Discharge	100%	
Clients Met or Partially Met ISP Goals at Discharge	90%	

Adoption

Adoption Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of New SWAN Referrals	51	88	87	116	★
Number of New Adoption Finalization Referrals	8	9	8	8	★
Number of Family Profile Referrals	12	18	16	18	★
Number of Child Profiles Completed	34	21	27	29	➡
Number of Completed SWAN Services Invoiced	89	74	55	86	★
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Families Approved	12	10	8	13	★
Number of Finalized Adoptions	9	11	7	6	➡

Adoption Outputs	FY 23/24	Annual Results On Target
Number of New SWAN Referrals	342	★
Number of New Adoption Finalization Referrals	33	★
Number of Family Profile Referrals	64	★
Number of Child Profiles Completed	111	➡
Number of Completed SWAN Services Invoiced	304	➡
Outcome Goals	FY 23/24	Annual Results On Target
Number of Families Approved	43	★
Number of Finalized Adoptions	33	★

Crisis

Crisis Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Total Delivered Hours	204	210	198	158	
Number of Telephone Hours	92	110	101	101	
Number of Walk-In Hours	43	32	16	10	
Number of Hours of Mobile Service Provided	63	66	82	42	
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Diversion from Hospitalization or a Higher Level of Care	97%	95%	95%	89%	
Provided Recommendations for Interventions, Skills and/or Services/Resources	83%	83%	83%	80%	

Q4 Results:
Demand of Crisis Services was lower than projected, leading to low service delivery.

Crisis Outputs	FY 23/24	Annual Results On Target
Number of Total Delivered Hours	770	
Number of Telephone Hours	404	
Number of Walk-In Hours	101	
Number of Hours of Mobile Service Provided	253	
Outcome Goals	FY 23/24	Annual Results On Target
Diversion from Hospitalization or a Higher Level of Care	94%	
Provided Recommendations for Interventions, Skills and/or Services/Resources	83%	

Partial Hospitalization Program

Partial Hospitalization Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Biopsychosocial Assessments Completed	7	11	7	6	★
Number of Initial Plans Completed within 5 Treatment Days	6	8	8	6	➔
Number of Clients	25	28	24	24	★
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
% of Children Returned to Home School District	33%	75%	92%	67%	➔
Attainment or Partial Attainment of Goals	33%	75%	83%	83%	★
Engagement in Services	67%	100%	100%	100%	★

Partial Hospitalization Outputs	FY 23/24	Annual Results On Target
Number of Biopsychosocial Assessments Completed	31	★
Number of Initial Plans Completed within 5 Treatment Days	28	➔
Number of Clients	101	★
Outcome Goals	FY 23/24	Annual Results On Target
% of Children Returned to Home School District	76%	➔
Attainment or Partial Attainment of Goals	76%	➔
Engagement in Services	96%	★

Family Based Mental Health Services

Family Based Mental Health Services Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Active Clients	32	35	30	27	*
Number of Total Hours Delivered	1337	1104	1047	1063	←
Number of Team Delivered Hours	531	528	382	472	←
Number of Individual Hours Delivered	806	576	665	591	←
Number of Authorized Hours	1,395	1,389	1,116	1,142	*
Authorized vs Delivered	64%	79%	94%	93%	★
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Attainment of Treatment Goals	85%	50%	78%	83%	★
Engagement in Services	58%	55%	86%	83%	★

* indicates items with no goal

Q4 Results Detail:
Staff turnover and vacancies negatively impacted output and outcomes goals.

Family Based Mental Health Services Outputs	FY 23/24	Annual Results On Target
Number of Active Clients	124	*
Number of Total Hours Delivered	4849	←
Number of Team Delivered Hours	2057	←
Number of Individual Hours Delivered	2,792	→
Number of Authorized Hours	5,730	*
Authorized vs Delivered	85%	★
Outcome Goals	FY 23/24	Annual Results On Target
Attainment of Treatment Goals	78%	→
Engagement in Services	56%	←

* indicates items with no goal

Intensive Behavioral Health Services

Intensive Behavioral Health Services Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Initial and Ongoing CANS Assessments Completed	50	48	56	84	*
Number of Treatment Plans Completed	111	87	110	150	*
Number of Active Clients	223	216	270	318	*
Number of Delivered Hours	7,226	7,451	7,398	7,889	★
Authorized vs Delivered	52%	43%	43%	65%	★
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Engagement in Services within 180 days	77%	74%	48%	54%	➡
Attainment or Partial Attainment of Goals	58%	87%	72%	83%	★

*indicates items with no goal

Intensive Behavioral Health Services Outputs	FY 23/24	Annual Results On Target
Number of Initial and Ongoing CANS Assessments Completed	238	*
Number of Treatment Plans Completed	459	*
Number of Active Clients	1028	*
Number of Delivered Hours	29,965	★
Authorized vs Delivered	51%	➡
Outcome Goals	FY 23/24	Annual Results On Target
Engagement in Services within 180 days	62%	➡
Attainment or Partial Attainment of Goals	76%	➡

*indicates items with no goal

Outpatient Services

Outpatient Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Number of Referrals Made	788	822	760	638	*
Number of First Assessments Completed	536	563	529	463	*
Number of Hours of Service Delivered	12,707	13,967	13,918	13,614	★
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Initial Engagement is Evidenced by the Client Attending the First Assessment Appointment After the Referral was Made	67%	68%	70%	73%	➡
Attainment or Partial Attainment of Goals at Discharge	66%	65%	80%	73%	➡

*indicates items with no goal

Outpatient Outputs	FY 23/24	Annual Results On Target
Number of Referrals Made	3008	*
Number of First Assessments Completed	2124	*
Number of Hours of Service Delivered	99,715	★
Outcome Goals	FY 23/24	Annual Results On Target
Initial Engagement is Evidenced by the Client Attending the First Assessment Appointment After the Referral was Made	71%	➡
Attainment or Partial Attainment of Goals at Discharge	72%	➡

*indicates items with no goal

Finance

CORP-Finance	Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
	Agency Operating Reserves (cash) do not Drop Below 3 Months of Operating Expenses	4.8	4.3	4.7	4.9	★
	AR- More than 40% of Revenue Billed will be Collected in 3 of 4 Quarters	45%	25%	41%	45%	★
	Financial Reporting Completed in 30 Days or Less for 3 of 4 Quarters	32	29.7	29	31.3	←
Outcome Goals		Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
	Annually the Agency will Receive a Financial Audit with Financial Statements that Fairly Represents the Position of the Agency (unmodified opinion)	No Material Findings	*	*	*	*
	The Annual 401k Audit is Completed and Form 5500 is Submitted Timely	*	Yes	*	*	*
	The Annual 990 is Completed and Filed Timely	*	Yes	*	*	*
	Bi-Weekly Payrolls are Completed Timely	Yes	Yes	Yes	Yes	★
	Sustainability of the Agency as Evidenced by having Positive Retained Earnings Annually of 1% or Greater	-7.9%	2.9%	2.7%	4.7%	★

*indicates items with no quarterly goal

Q4 Results:
June closing slowed down due to rollout of new chart of accounts.

CORP-Finance	Outputs	FY 23/24	Annual Results On Target
	Agency Operating Reserves (cash) do not Drop Below 3 Months of Operating Expenses	4.7	★
	AR- More than 40% of Revenue Billed will be Collected in 3 of 4 Quarters	39%	★
	Financial Reporting Completed in 30 Days or Less for 3 of 4 Quarters	30.5	→
Outcome Goals		FY 23/24	Annual Results On Target
	Annually the Agency will Receive a Financial Audit with Financial Statements that Fairly Represents the Position of the Agency (unmodified opinion)	No Material Findings	★
	The Annual 401k Audit is Completed and Form 5500 is Submitted Timely	Yes	★
	The Annual 990 is Completed and Filed Timely	Yes	★
	Bi-Weekly Payrolls are Completed Timely	Yes	★
	Sustainability of the Agency as Evidenced by having Positive Retained Earnings Annually of 1% or Greater	0.9%	→

Human Resources

CORP- Human Resources Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Strategic Recruitment Activities	3	4	4	5	★
Number of Open Positions Posted on Internal Job Board	46	100	70	142	*
Number of Vacancies Filled by Current Staff	7	18	55	6	*
Introductory Period Performance Review and Plan Completed with All New Hires	68%	67%	100%	81%	➡
Number of Interns	8	0	5	4	*
Outcomes Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Positive Net Gain in Regards to Staffing	8	-3	6	6	★
100% of New Hires are Retained for Six Months	72%	66%	87%	81%	➡
Utilization of EAP Resources Equal to or Above Industry Standards	11%	15%	17%	10%	★
At least 90% of Trainings are Completed by the Due Date	86%	86%	85%	84%	➡

* indicates items with no goal

CORP- Human Resources Outputs	FY 23/24	Annual Results On Target
Strategic Recruitment Activities	16	★
Number of Open Positions Posted on Internal Job Board	358	*
Number of Vacancies Filled by Current Staff	86	*
Introductory Period Performance Review and Plan Completed with All New Hires	79%	➡
Number of Interns	17	*
Outcomes Goals	FY 23/24	Annual Results On Target
Positive Net Gain in Regards to Staffing	17	★
100% of New Hires are Retained for Six Months	76%	➡
Utilization of EAP Resources Equal to or Above Industry Standards	13%	★
At least 90% of Trainings are Completed by the Due Date	85%	➡

* indicates items with no goal

CORP- Human Resources Only Outputs	Annual FY 23/24	Annual Results On Target
Number of Promotions	N/A	*
Employee Evaluations Completed Annually	93%	➡
Election of Voluntary Ancillary Benefits	49%	*
Annual Only Outcomes Goals	FY 23/24	Annual Results On Target
Reduce External Advertising Expenses by 10% per year	46%	★
Be Within Industry Standard of 10% Staff Turnover Ratio	31%	⬅
Retain 10% of Interns as Employees	12%	★
80% of Employee Satisfaction with Benefits	80%	★
Annually Meet the Requirements to Maintain Credentialing of the Safety Committee	100%	★

* indicates items with no goal

Q4 Results:

Human Resources is conducting further analysis regarding terminations for causes and resolutions.

Information Technology

Information Technology Outputs	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Bi-Annual Staff Survey	100%	*	100%	*	*
Monthly Technology Trainings Offered to All Staff	67%	33%	122%	111%	★
Use Technology Committee to Implement Technological Improvements	100%	0%	100%	100%	★
Approved Tech Requests are Completed in a Timely Manner (21 days)	350%	300%	350%	210%	★
Outcome Goals	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q4 Results On Target
Increased Staff Skills, Abilities, and Proficiency of Technology (% of staff participating in training)	53%	91%	11%	5%	★
Paper Usage is Significantly Reduced	25%	45%	71%	88%	★
Staff Have the Technology Needed to Complete Their Job Tasks (number of tech requests completed per quarter)	100%	100%	100%	100%	★

*bi-annual item, no data for Q4

Information Technology Outputs	FY 23/24	Annual Results On Target
Bi-Annual Staff Survey	100%	★
Monthly Technology Trainings Offered to All Staff	100%	★
Use Technology Committee to Implement Technological Improvements	63%	➡
Approved Tech Requests are Completed in a Timely Manner (21 days)	303%	★
Outcome Goals	FY 23/24	Annual Results On Target
Increased Staff Skills, Abilities, and Proficiency of Technology (% of staff participating in training)	40%	★
Paper Usage is Significantly Reduced	57%	★
Staff Have the Technology Needed to Complete Their Job Tasks (number of tech requests completed per quarter)	100%	★



INTERNAL & EXTERNAL

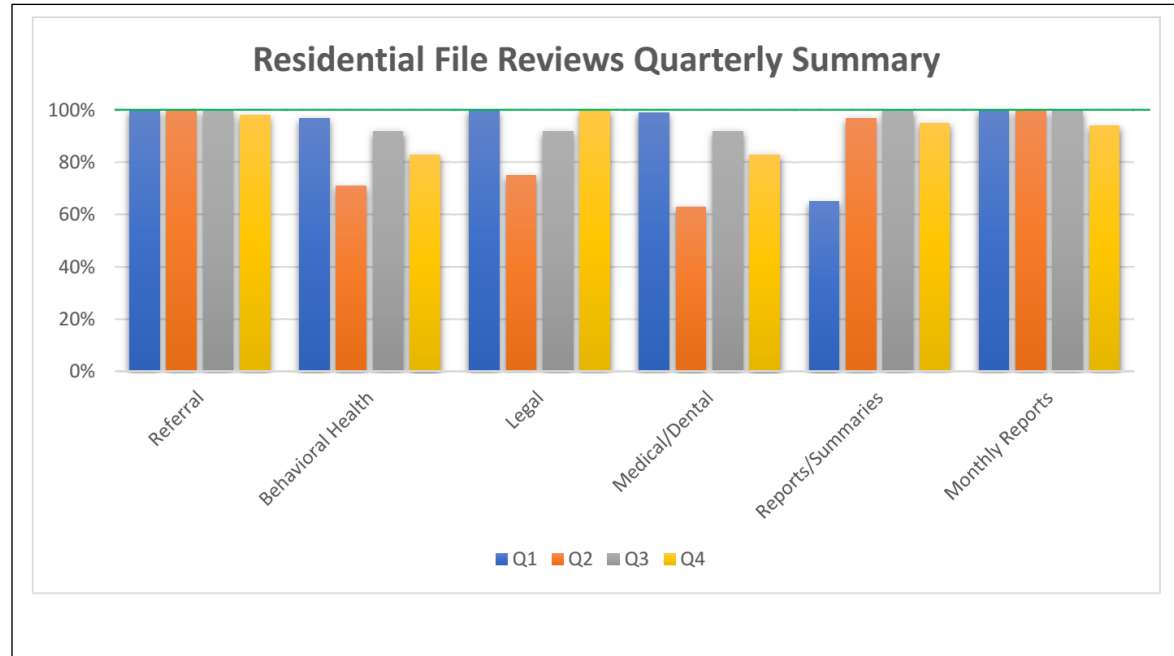
File Audits & Inspections

CONCERN conducts internal reviews to minimize the risks associated with poorly maintained client files, to document the quality of the service being delivered and to identify barriers and opportunities for improving services. Uniform collection tools are used to ensure consistency and allow comparison of data across programs. Quarterly reviews of client files evaluate the presence, clarity, continuity, and completeness of required documents.

External entities (state and county government, other regulators, and funding sources) conduct external file audits and regular licensing inspections.

Inspection/Audit Type	Running Totals	April-June 2024	Jan-Mar 2024	Oct-Dec 2023	July-Sept 2023
Internal File Audits	863	220	219	215	209
External File Audits	17	8	1	2	6
Licensing Inspections/Full Licensure	25	10	8	2	5

Residential Program Quarterly File Review Totals



Q1 (July-Sept 2023)

The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 94%.

Q2 (Oct-Dec 2022)

The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 81%.

Q3 (Jan-Mar 2024)

The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 97%.

Q4 (Apr-June 2024)

The CONCERN Treatment Unit for Boys (CTUB) conducted file reviews on a total of 6 files.
Overall compliance was 92%.

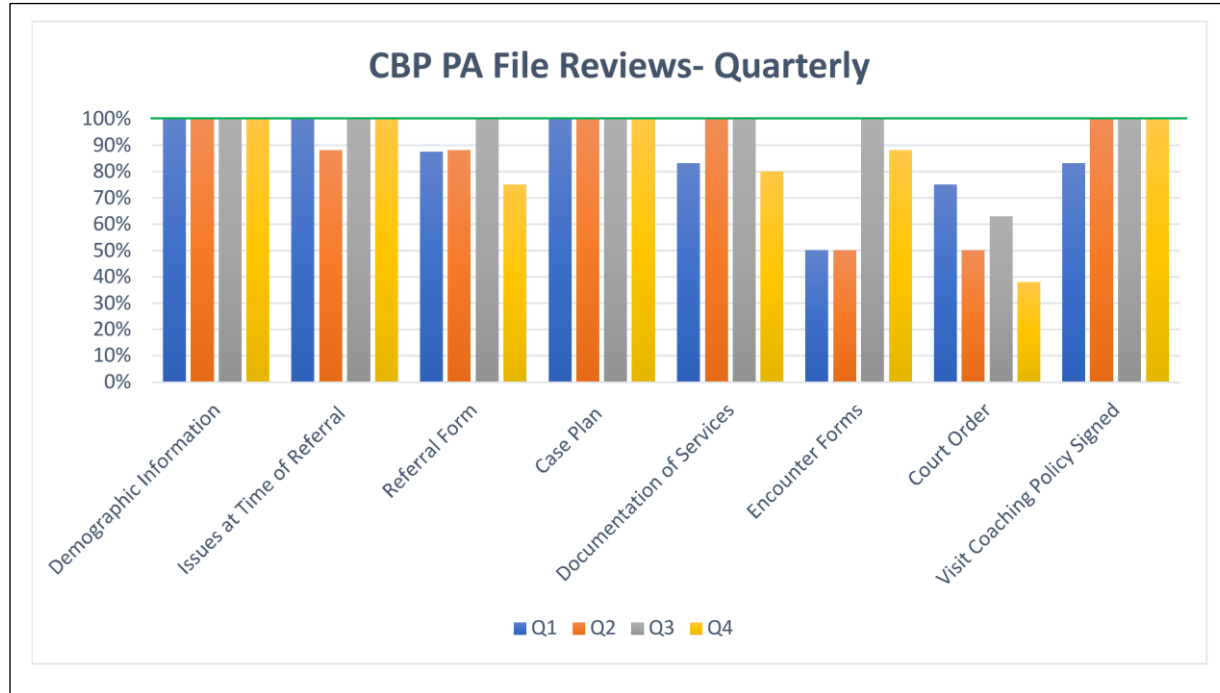
The **green line** indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Behavioral Health				
Treatment Plan (Initial) (QI)	83%	67%	75%	50%
Treatment Plan (Review) (QI)	100%	n/a	n/a	n/a
Reports/Summaries				
ISP- Initial (QI)	100%	100%	100%	100%
ISP 6 month (QI)	100%	n/a	100%	n/a
ISP 12 month (QI)	100%	n/a	100%	n/a
ISP other (QI)	n/a	n/a	n/a	n/a
Monthly Reports				
Monthly Reports (QI)	100%	100%	100%	100%

Quality Indicator Results Detail

For Q1, overall compliance for these items was 97%.
For Q2, overall compliance for these items was 89%.
For Q3, overall compliance for these items was 95%.
For Q4, overall compliance for these items was 83%.

Pennsylvania Community Based Programs File Reviews Quarterly Total



Q1 (July-Sept 2023)

Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 8 files.
Overall compliance was 81%.

Q2 (Oct-Dec 2023)

Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 8 files.
Overall compliance was 81%.

Q3 (Jan-Mar 2024)

Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 7 files.
Overall compliance was 95%.

Q4 (Apr-June 2024)

Community Based Programs in Pennsylvania (CBP PA) conducted file reviews on a total of 8 files.
Overall compliance was 85%.

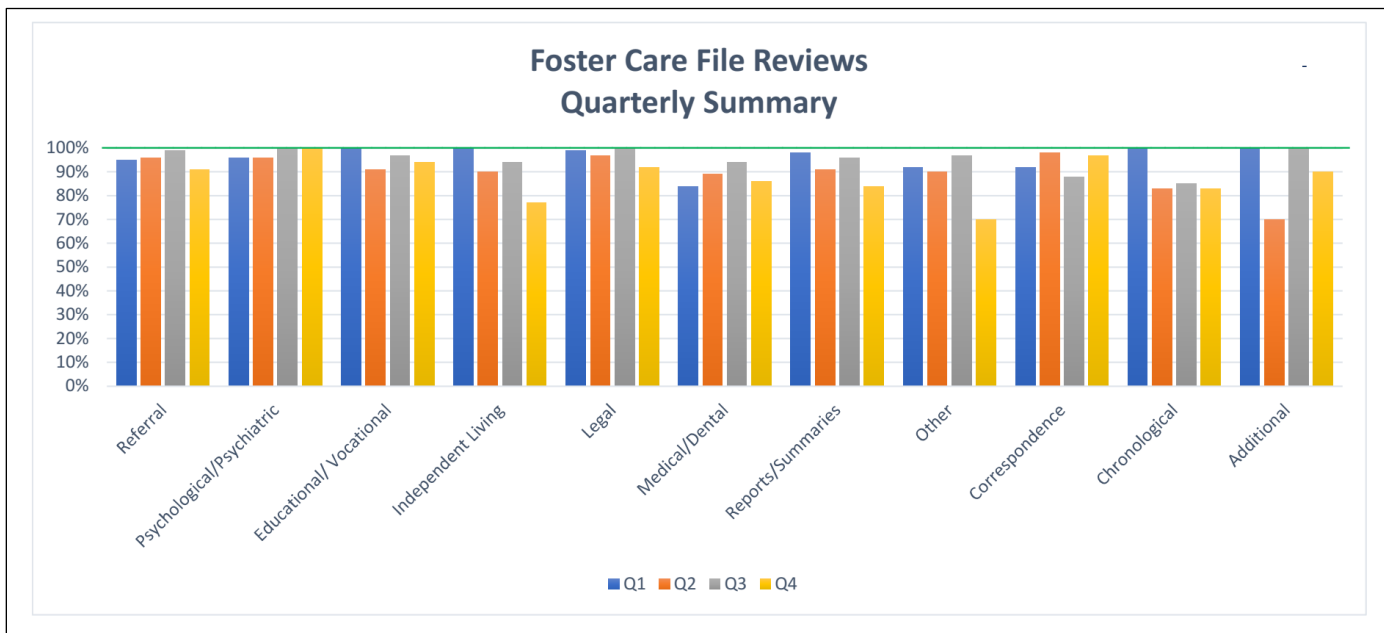
The **green line** indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators	Q1	Q2	Q3	Q4
Case Plan (QI)	100%	100%	100%	100%
Documentation of Services				
Progress Notes (QI)	100%	100%	100%	100%
Quarterly Reports (QI)	100%	100%	100%	100%
Discharge Summaries (QI)	50%	100%	100%	50%

Quality Indicator Results Detail

For Q1, overall compliance for these items was 88%.
For Q2, overall compliance for these items was 100%.
For Q3, overall compliance for these items was 100%.
For Q4, overall compliance for these items was 88%.

Foster Care Programs File Reviews Quarterly Totals



Q1 (July-Sept 2023)

Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 24 files. Overall compliance was 94%.

Q2 (Oct-Dec 2023)

Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 24 files. Overall compliance was 93%.

Q3 (Jan-Mar 2024)

Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 24 files. Overall compliance was 96%.

Q4 (Apr-June 2024)

Foster Care Sites throughout Pennsylvania and Maryland conducted file reviews on a total of 26 files. Overall compliance was 87%.

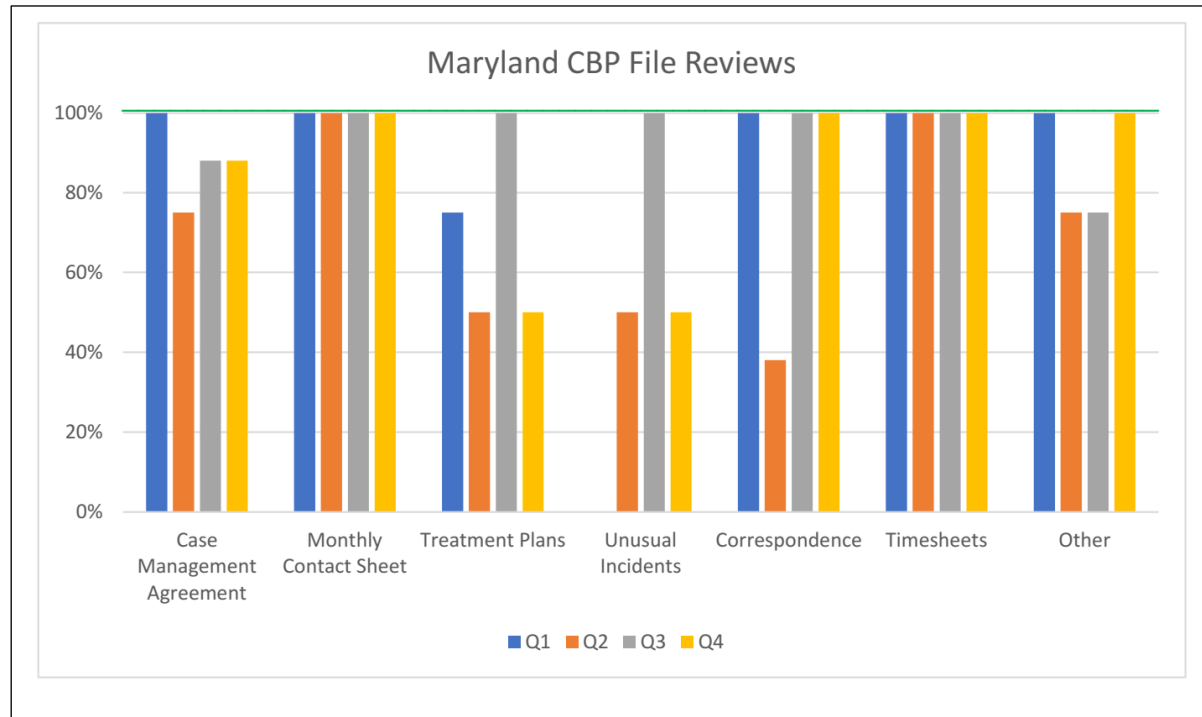
The **green line** indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Reports/Summaries				
Discharge Summaries (QI)	100%	90%	100%	67%
Initial Individual Service Plan (QI)	100%	94%	92%	93%
Quarterly Review/ Updated Service Plan (QI)	92%	89%	88%	74%
Six Month Review/Updated Service Plan (QI)	100%	80%	100%	83%
Chronological				
Client Chronological Report of Case Activity (QI)	100%	83%	88%	83%
Assessment of Safety (QI)	100%	83%	83%	83%

Quality Indicator Results Detail

For Q1, overall compliance for these items was 99%.
 For Q2, overall compliance for these items was 87%.
 For Q3, overall compliance for these items was 92%.
 For Q4, overall compliance for these items was 81%.

Maryland Community Based Programs File Reviews Quarterly Totals



Q1 (July-Sept 2023)
 Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files. Overall compliance was 96%. There were no Unusual Incidents in Q3 or Q1.

Q2 (Oct-Dec 2023)
 Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files. Overall compliance was 67%.

Q3 (Jan-Mar 2024)
 Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files. Overall compliance was 93%.

Q4 (Apr-June 2024)
 Community Based Programs in Maryland (Maryland CBP) conducted file reviews on a total of 4 files. Overall compliance was 88%.

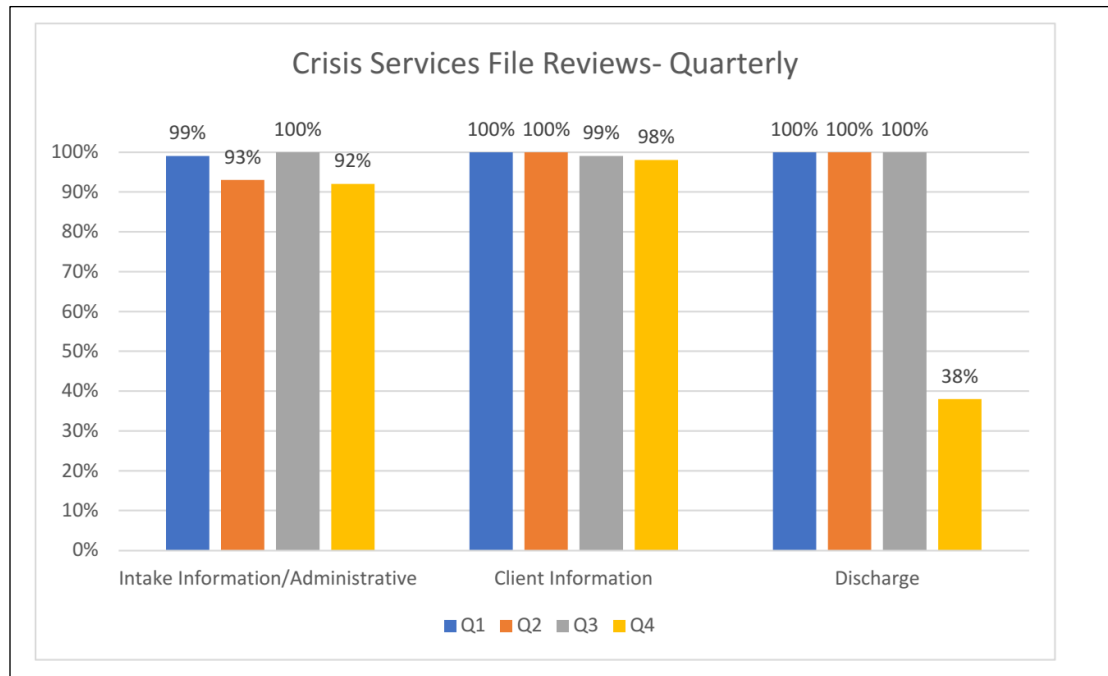
The **green line** indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicator Results Detail

For Q1, overall compliance for this item was 75%.
 For Q2, overall compliance for this item was 50%.
 For Q3, overall compliance for this item was 100%.
 For Q4, overall compliance for this item was 50%.

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Treatment Plans (QI)	75%	100%	100%	50%

Crisis Services File Reviews Quarterly Totals



Q1 (July-Sept 2023)

Crisis Programs conducted file reviews on a total of 35 files. Overall compliance was 100%.

Q2 (Oct-Dec 2023)

Crisis Programs conducted file reviews on a total of 36 files. Overall compliance was 97%.

Q3 (Jan-Mar 2024)

Crisis Programs conducted file reviews on a total of 37 files. Overall compliance was 99%.

Q4 (Apr-June 2024)

Crisis Programs conducted file reviews on a total of 37 files. Overall compliance was 88%.

Quality Indicator Results Detail

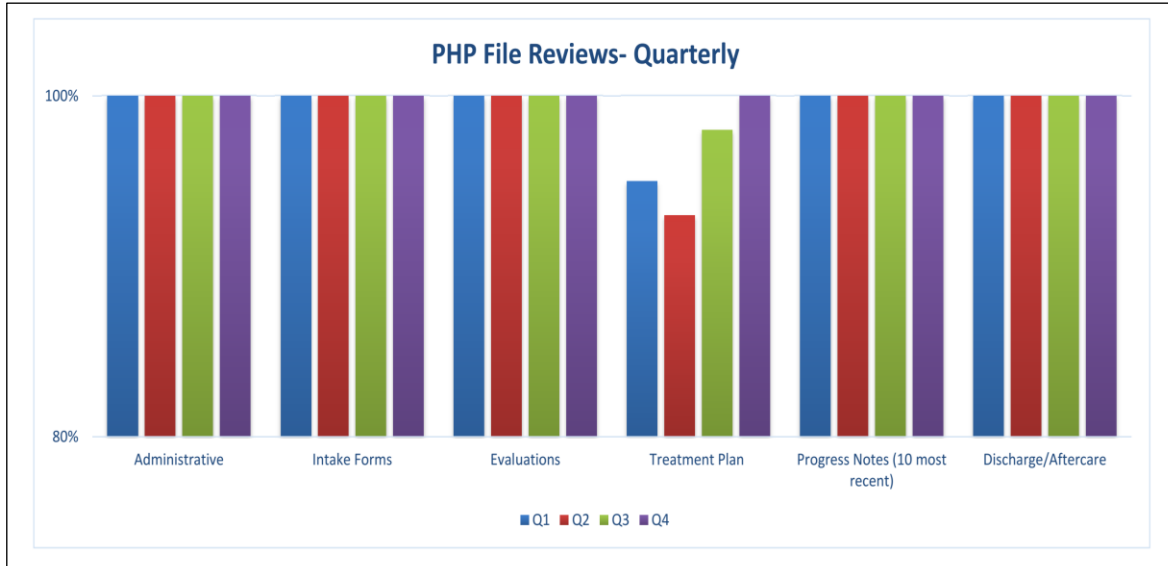
For Q1, overall compliance for these items was 100%.
 For Q2, overall compliance for these items was 100%.
 For Q3, overall compliance for these items was 99%.
 For Q4, overall compliance for these items was 98%.

Quality Indicators

Client Information

	Q1	Q2	Q3	Q4
"D" section of progress note active intervention occurring during the session (QI)	100%	100%	100%	98%
"D" section addressed natural and community supports (QI)	100%	100%	100%	98%
"A" section of the note includes assessment of SI/HI risk (QI)	100%	100%	100%	98%
"A" section of the note includes assessment of D&A needs (QI)	100%	100%	97%	98%

Partial Hospitalization Services File Reviews Quarterly Totals



Q1 (July-Sept 2023)

Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 99%.

Q2 (Oct-Dec 2023)

Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 97%.

Q3 (Jan-Mar 2024)

Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 99%.

Q4 (Apr-June 2024)

Partial Hospitalization Programs (PHP) conducted file reviews on a total of 6 files. Overall compliance was 100%.

The Key Performance Indicator (KPI) thresholds for this line of service are either 80% or 100%.

The items requiring a KPI of 80% had an average score of 100%.

The items requiring a KPI of 100% had an average score of 100%.

Quality Indicator Results Detail

For Q1, overall compliance for these items was 98%.

For Q2, overall compliance for these items was 100%.

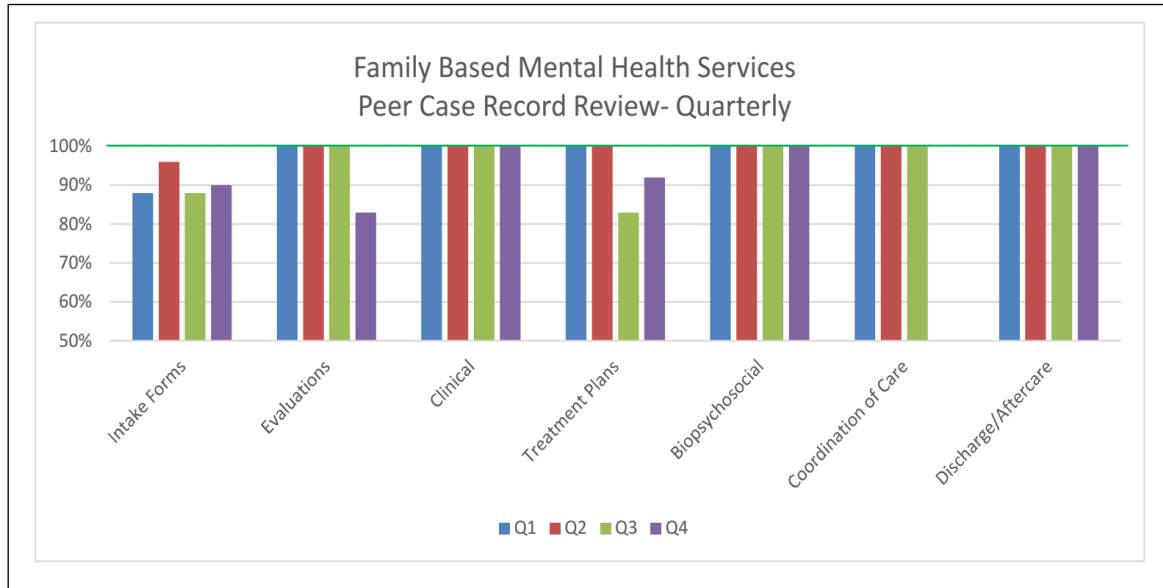
For Q3, overall compliance for these items was 100%.

For Q4, overall compliance for these items was 100%.

Quality Indicators (QI)

	Q1	Q2	Q3	Q4
Treatment Plan				
Treatment Plan contains the strengths of the client (QI)	100%	100%	100%	100%
Treatment Plan has goals clinically consistent with problems/needs/diagnoses identified in the psychiatric evaluation (QI)	100%	100%	100%	100%
Treatment Plan has specific, behaviorally defined objectives or steps to meet goals (QI)	100%	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family? (QI)	80%	100%	100%	100%
Transition/discharge plan contains strengths, supports, and is clearly defined (QI)	100%	100%	100%	100%
Progress towards goals documented appropriately on treatment plan (QI)	100%	100%	100%	100%
Progress Notes (10 most recent)				
"D" section clearly states an active intervention occurring during sessions (QI)	100%	100%	100%	100%
"P" section states the focus for the next session, any homework given to the client, and any follow-up the therapist will be doing. (QI)	100%	100%	100%	100%
Written in DAP format (including goal to be addressed). Content of the note is consistent with goal/objective/intervention in Tx. (QI)	100%	100%	100%	100%
Discharge/Aftercare				
Discharge summary addresses all Tx Plan goals and is clearly defined (QI)	100%	100%	100%	100%

Family Based Mental Health Services File Reviews Quarterly Totals



Q1 (July-Sept 2023)

Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files. Overall compliance was 98%.

Q2 (Oct-Dec 2023)

Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files. Overall compliance was 99%.

Q3 (Jan-Mar 2024)

Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files. Overall compliance was 93%.

Q4 (Apr-June 2024)

Family Based Mental Health Programs (FBMH) conducted file reviews on a total of 6 files. Overall compliance was 90%.

The **green line** indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

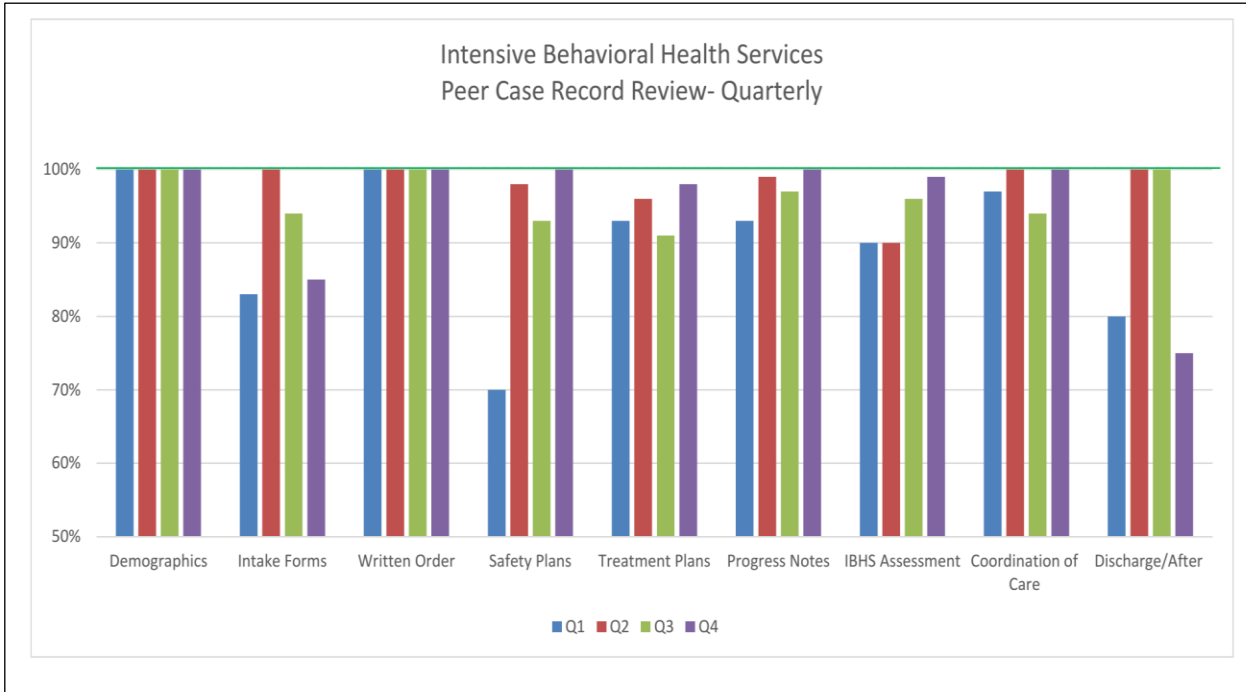
Quality Indicators (QI)

Clinical	Q1	Q2	Q3	Q4
Documentation supporting that Client seen by Team within 24 hours of client returning home from hospitalization? (QI)	100%	100%	100%	100%
Progress Notes include client response to intervention (QI)	100%	100%	100%	100%
Does Treatment plan indicate goals/objectives for trauma for the client and/or family?(QI)	100%	100%	100%	100%
Coordination of Care - Initial and most recent 2-months				
Evidence of coordination of care with other formal/informal supports <u>a</u> minimum of monthly? (QI)	100%	100%	100%	50%
Evidence that the prescribing physician was informed within 48 hours of medication issue or in instances in which refusal of taking medication? (QI)	100%	100%	100%	n/a

Quality Indicator Results Detail

For Q1, overall compliance for these items was 100%.
 For Q2, overall compliance for these items was 100%.
 For Q3, overall compliance for these items was 100%.
 For Q4, overall compliance for these items was 88%.

Intensive Behavioral Health Services File Reviews Quarterly Total



Quality Indicator Results Detail

For Q1, overall compliance for these items was 91%.
 For Q2, overall compliance for these items was 97%.
 For Q3, overall compliance for these items was 96%.
 For Q4, overall compliance for these items was 100%.

Q1 (July-Sept 2023)

Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 25 files. Overall compliance was 90%.

Q2 (Oct-Dec 2023)

Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 24 files. Overall compliance was 97%.

Q3 (Jan-Mar 2024)

Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 24 files. Overall compliance was 95%.

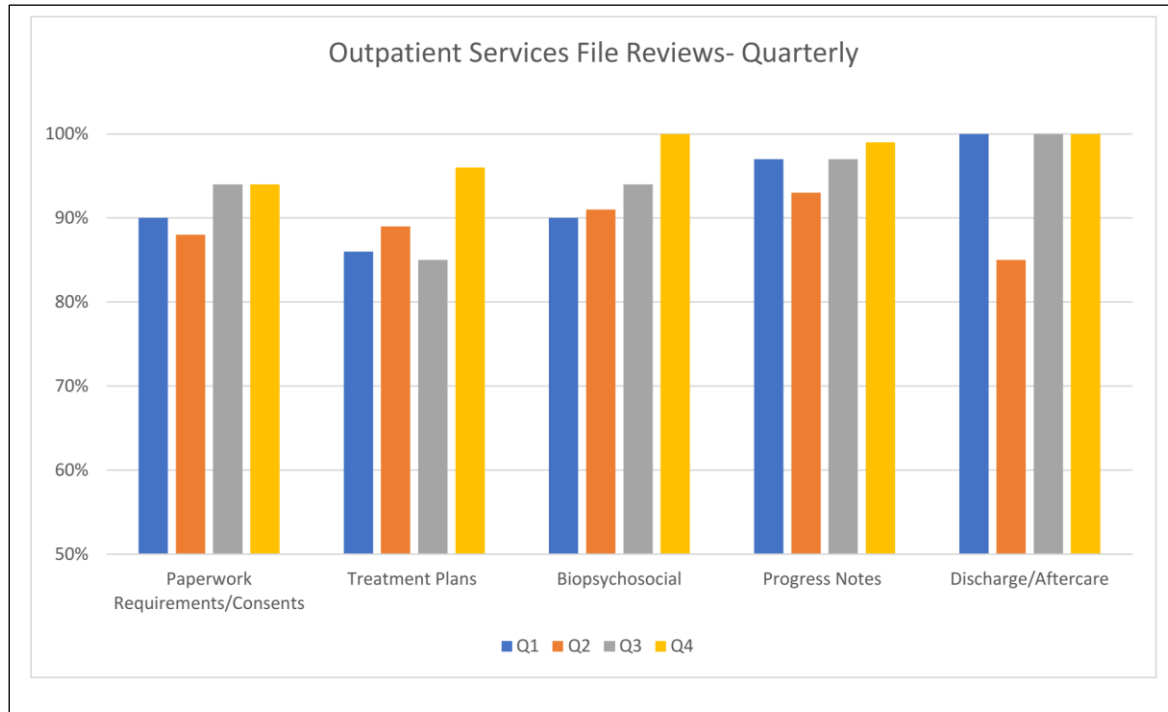
Q4 (Apr-June 2024)

Intensive Behavioral Health Programs (IBHS) conducted file reviews on a total of 26 files. Overall compliance was 95%.

The **green line** indicates the Key Performance Indicator (KPI) threshold for this line of service (100%).

Quality Indicators (QI)	Q1	Q2	Q3	Q4
Safety Plans				
Safety/Crisis plans identify specific steps for all settings? (QI)	68%	97%	93%	100%
Safety/Crisis plans identify natural and community supports and their role in the plan? (QI)	73%	100%	93%	100%
Treatment Plans				
Treatment plan documents the client, family, and cultural strengths? (QI)	93%	97%	88%	100%
Treatment plan has goals clinically consistent with problems/needs/diagnoses identified in IBHS assessment (QI)	96%	100%	100%	100%
Treatment plan has operationally defined, measurable, objectives to meet goals (QI)	96%	100%	100%	100%
Progress summary includes measurable data for each goal objective (if continued stay/amendment) (QI)	82%	86%	98%	100%
Progress Notes				
"D" section clearly states an active intervention occurring during session (must come directly from Tx plan) (QI)	96%	96%	100%	100%
"D" client's response to the intervention (QI)	92%	100%	100%	100%
"A" section Clinician's interpretation of clients symptoms, level of participation, prognosis, concerns, & interpretation of data comparison (QI)	92%	100%	100%	100%
"P" section states Tx goal/objective focus/setting for next session, any HW given, and any follow-up the therapist will be doing (QI)	92%	100%	87%	100%
IBHS Assessment				
Was a referral made OR does treatment plan identify how trauma/MISA is being addressed? (QI)	87%	80%	100%	100%
Recommendations reflect the needs of the client and family (QI)	100%	96%	100%	100%
Coordination of Care				
Evidence of coordination of care with educational and/or vocational systems a minimum of monthly? (QI)	96%	100%	100%	100%
Evidence of coordination of care with other child-serving systems a minimum of monthly? (QI)	95%	100%	83%	100%
Evidence of coordination of care with other behavioral health specialists minimum of monthly? (QI)	100%	100%	100%	100%
Discharge/Aftercare				
Discharge summary addresses all Tx plan goals and is clearly defined (QI)	100%	100%	100%	100%

Outpatient Services File Reviews Quarterly Total



Quality Indicator Results Detail

For Q1, overall compliance for these items was 90%.
 For Q2, overall compliance for these items was 90%.
 For Q3, overall compliance for these items was 90%.
 For Q4, overall compliance for these items was 97%.

Q1 (July-Sept 2023)

Outpatient Programs (OPT) conducted file reviews on a total of 96 files.
 Overall compliance was 90%.

Q2 (Oct-Dec 2023)

Outpatient Programs (OPT) conducted file reviews on a total of 101 files.
 Overall compliance was 90%.

Q3 (Jan-Mar 2024)

Outpatient Programs (OPT) conducted file reviews on a total of 100 files.
 Overall compliance was 90%.

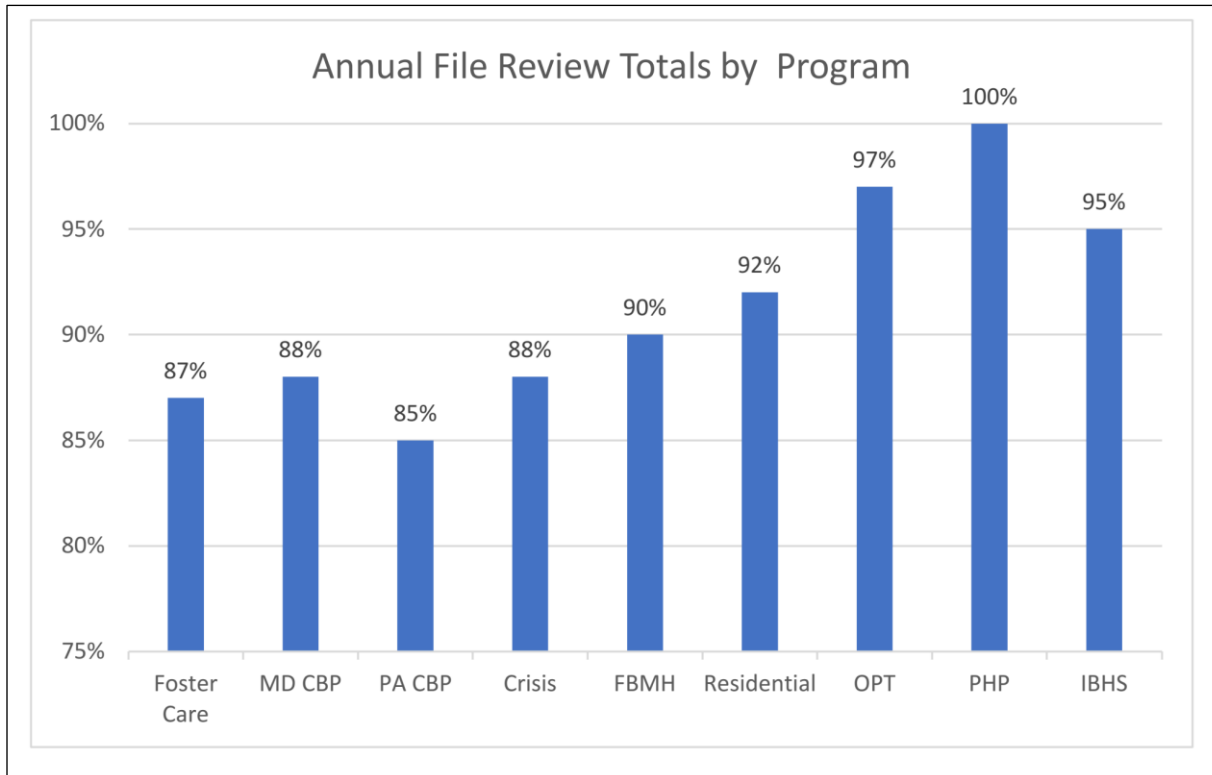
Q4 (Apr-June 2024)

Outpatient Programs (OPT) conducted file reviews on a total of 89 files.
 Overall compliance was 97%.

The Key Performance Indicator (KPI) thresholds for this line of service are either 80% or 100%.
 The items requiring a KPI of 80% had an average score of 94%.
 The items requiring a KPI of 100% had an average score of 99%.

Quality Indicators	Q1	Q2	Q3	Q4	KPI's
Treatment Plans					
Transition plan described (supports/resources for client) (QI)	79%	81%	83%	91%	80%
Discharge criteria clearly defined/measurable (QI)	75%	84%	81%	93%	80%
Interventions incorporate client strengths (QI)	75%	73%	51%	75%	80%
Client friendly language used (QI)	92%	99%	99%	100%	80%
Client's strengths listed (QI)	99%	98%	99%	100%	80%
Goals consistent with diagnosis/needs of client (QI)	94%	94%	95%	100%	80%
In updated treatment plans, progress is documented (QI)	91%	92%	83%	100%	100%
Safety Plan: individualized (QI)	92%	84%	93%	100%	80%
Biopsychosocial					
Assessment of client's strengths/needs is made (QI)	95%	97%	100%	100%	100%
Diagnoses are consistent with present features (QI)	85%	85%	88%	100%	80%
Progress Notes					
D section lists intervention listed in Tx plan (QI)	93%	85%	94%	99%	100%
A section lists clinical features, mood, affect, level of cooperation (QI)	96%	99%	100%	100%	100%
Treatment modalities used in session are listed (QI)	99%	97%	98%	100%	100%
P section lists date of next session and goals to work on (QI)	98%	92%	96%	100%	100%

Annual File Review Totals by Program



This is a summary for all the internal file reviews that have been completed in Fiscal Year 23-24. All results are evaluated by program leadership and any corrective action that is needed is carried out at the local level.

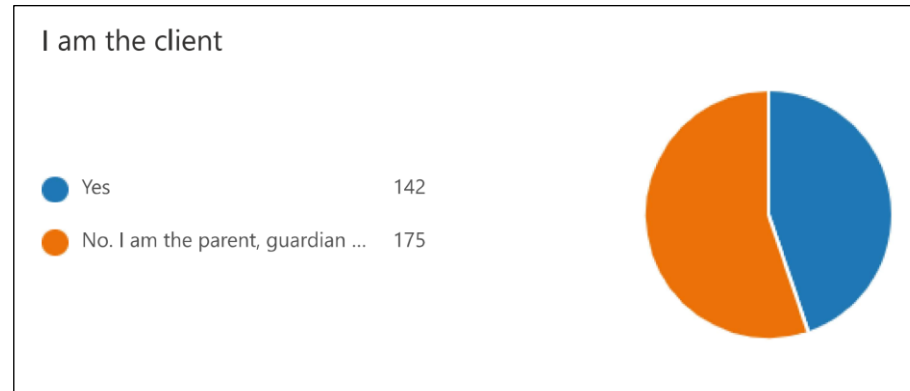
Key:

- Foster Care-** All PA and MD Foster Care Programs
- MD CBP-** Maryland Community Based Services
- PA CBP-** Pennsylvania Community Based Services
- Crisis-** Crisis Services
- FBMH-** Family Based Mental Health Services
- Residential-** CONCERN's Treatment Unit for Boys
- OPT-** Outpatient Services
- PHP-** Partial Hospitalization Program
- IBHS-** Intensive Behavioral Health Services



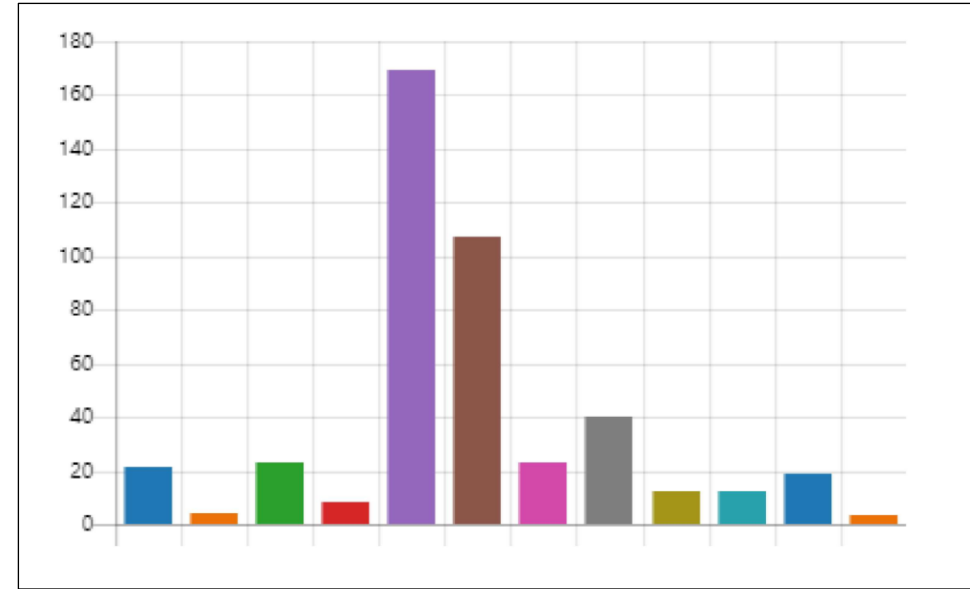
Client Satisfaction Survey

CONCERN conducted a Client Satisfaction Survey in April 2024.
317 responses were collected



What service do you receive or have you received from CONCERN (you may choose more than 1).

● Foster care	21
● Treatment Foster Care (Maryla...	4
● Residential (CTUB)	23
● Adoption	8
● Outpatient	169
● Medication Management	107
● IBHS	23
● Family Based	40
● Partial Hospitalization	12
● Crisis	12
● Community Based Program	19
● Community Residential Rehab...	3



I am satisfied with the services I received or I am currently receiving at CONCERN.

- 1 Star = Strongly Disagree
- 2 Stars = Disagree
- 3 Stars = Neutral
- 4 Stars = Agree
- 5 Stars = Strongly Agree

317
Responses



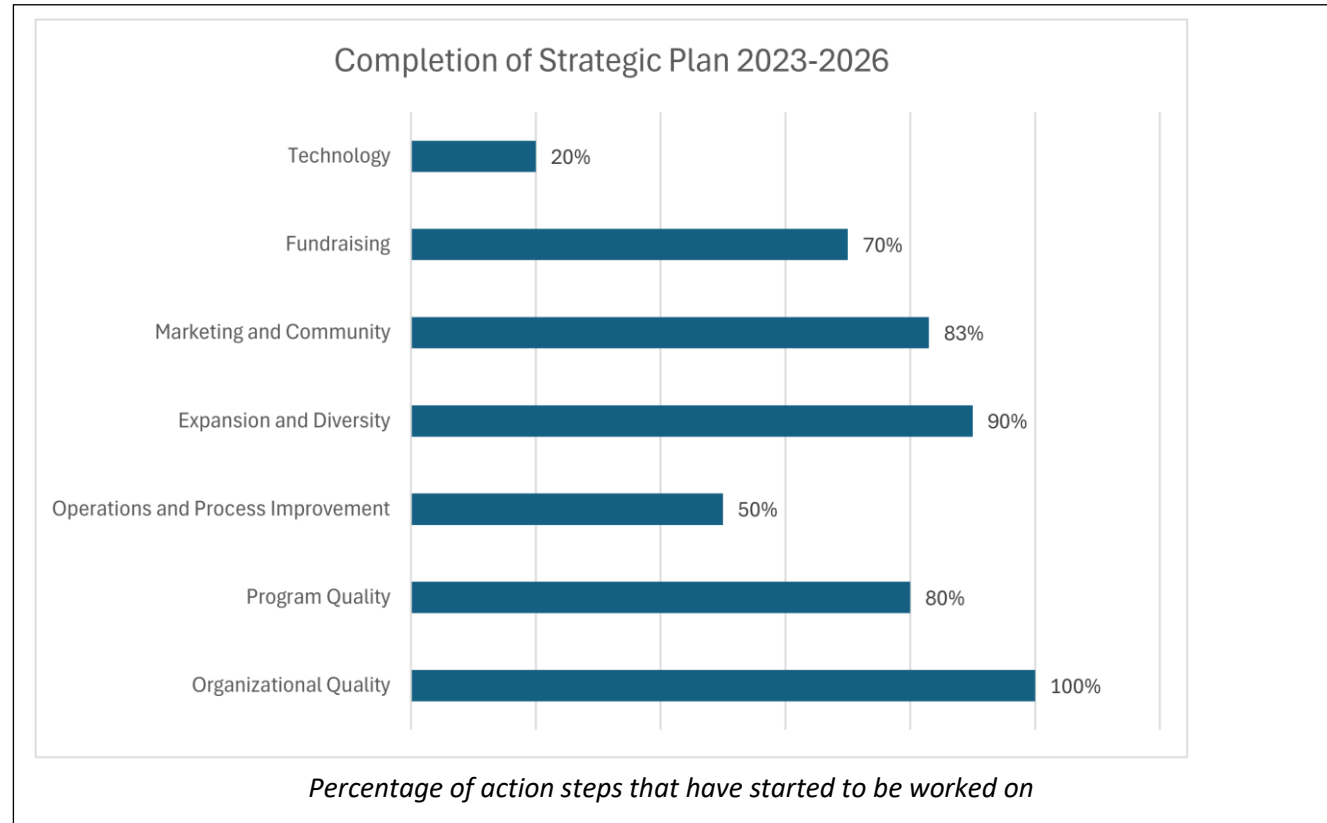
The services I receive at CONCERN have improved or are improving my quality of life/ helped me gain skills.

- 1 Star = Strongly Disagree
- 2 Stars = Disagree
- 3 Stars = Neutral
- 4 Stars = Agree
- 5 Stars = Strongly Agree

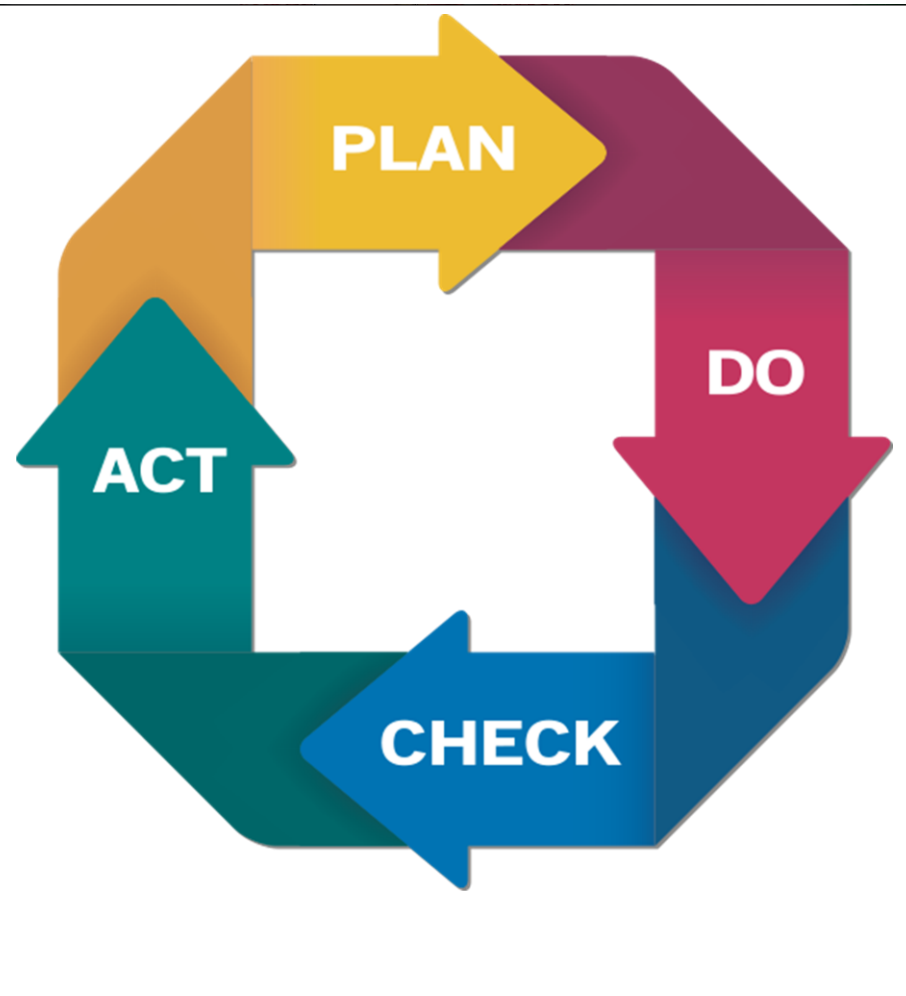
313
Responses



Strategic Planning



The 2023-2026 Strategic plan was finalized and voted on by the Board in July of 2023. The graph above shows what action steps are being worked on in order to move the agency forward. All categories have between 4 and 10 action steps. The percentage represents the amount of action steps that have been worked on in the first year of the plan. There is a lot to achieve in the next few years, and we are well on our way!

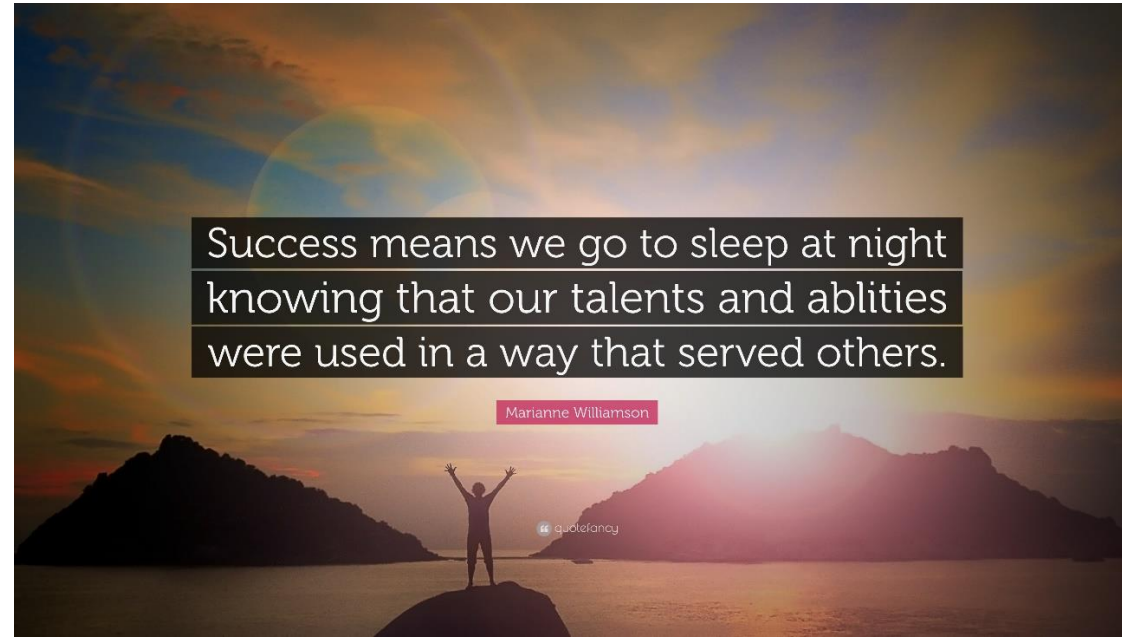


Plan Updates

The PQI Committee reviews Improvement Plans for a variety of areas within CONCERN. Data is reviewed and then evaluated for the need of an Improvement Plan. Members of the PQI Committee are involved with the implementation and monitoring of the Improvement Plans and progress and data is reported to the committee regularly.

Currently we have 4 Improvement Plans that are in various stages of planning and/or actions and/or checking. The following is a list of the Improvement Plans:

- CTUB Training
- Behavioral Health Training
- Outpatient Treatment Plans
- Collaborative Documentation



Thank you to all the PQI Committee members who meet monthly as a full committee as well as meeting in the numerous sub-committees that we have. Thank you to the committee members and all the staff who are involved in collecting the data, completing the file reviews, reviewing all the information and then making improvements. Together our efforts will continue to evaluate and improve our operations and services.

This report includes data from Q4 (April 2024 to June 2024) and for the fiscal year (July 2023 to June 2024) and is a testament to the focus and commitment of staff, especially as it relates to their daily work with clients and their attention to detail when working with the data.

If you have any feedback about this report, please contact us at creeling@concern4kids.org or 484-578-9600.