

The Bridge Performance Quality and Improvement Plan

April 1, 2021 to June 30, 2021

4th Quarter

Introduction: The Bridge takes great pride in our many accomplishments. We track our data and report our outcomes to our funders, stakeholders and Board of Directors on a regular basis. As part of our journey toward attaining and maintaining accreditation from the Council on Accreditation we have adopted a new format for reporting our achievements.

The Bridge wants to make this report as easy to read and understandable as possible. We know that many folks who will be reading this report will not be familiar with or frankly not be very interested in a lot of jargon. On that note we are going to keep it simple by reporting on what we planned to do (goal), what we have done so far (output) and what was the result of our efforts (outcome).

The Bridge wants to also share our opportunities for improvement. Sometimes we fall short of our goals and when we do, we want to learn from our experiences and improve. Having a plan in place, executing the plan and assuring its application are very important steps. Sometimes the best laid plans do not work out for a variety of factors; environmental or societal influences as well as State, Federal or local funding trends can impact our work. The main point is that we acknowledge what we can control and adjust our plan to accommodate the things we cannot control.

We welcome your input and feedback. Thank you for your ongoing interest and support of the Bridge. Please contact Margaret Hann, Executive Director, margaret@bridgefamilycenter.org. to share comments or questions.

Bridge overview:

The Mission of the Bridge: To foster the courage and strength in children and families to meet life's challenges and build fulfilling lives.

Based in West Hartford, Connecticut, the Bridge Family Center is a comprehensive, regional nonprofit agency that provides a broad range of services for children and families throughout the Greater Hartford area. Founded in 1969, the Bridge offers a safe haven for children and families in crisis as well as positive, healthy intervention and prevention programs. The Bridge has an expansive array of services that is comprised of the following:

Mental Health Counseling

We have counseling centers in West Hartford, Avon, and Rockville to support children, families, and adults. Our therapy team includes a Psychiatrist. We accept private insurance, as well as Medicare and Medicaid.

Residential Services

We offer a safe haven for teens and young adults throughout our region, many of whom have experienced significant trauma. A high percentage of the girls we care for are victims of Domestic Minor Sex Trafficking. We provide:

- Short-Term Assessment and Respite youth shelters throughout Greater Hartford and beyond for children ages 11-18 (DCF referred);
- Therapeutic Group Home for boys ages 13-18 (DCF referred);
- Emergency Shelter for homeless children and teens ages 13-17;
- Transitional and Independent Living programs for young adults ages 16-21.

Youth and Family Services

For more than four decades, we have served West Hartford as its Youth Service Bureau. We offer school-based programs, emergency in-school counseling response, positive youth development programs, mentoring, parenting services, and the West Hartford Teen Center.

Family Resource Center

Our Family Resource Center is a vital source of support for young children and parents. We offer significant parent education, in-school support groups for children going through divorce or separation, reading readiness programs, developmental screenings, after-school learning and enrichment activities, before- and after-school daycare for preschoolers, social skills groups, and early childhood intervention programs.

With an annual budget of \$8 million, the Bridge Family Center serves nearly 8,500 young people each year. Bridge Family Center services are funded by private donations from individuals, foundations, corporations, and organizations; the Town of West Hartford; the State of Connecticut Departments of Children and Families (DCF) and Education; and the U.S. Department of Health and Human Services. The Bridge is governed by a Board of Directors composed of 16 individuals from West Hartford and the Greater Hartford community. About 160 staff members carry out the programs and services of the Bridge.

Section 1.

Finance and administration:

The Finance and Administration Department of the Bridge also includes our human resources department. This department supports the entire organization. The need is evidenced by the ability for the entire Bridge to function smoothly.

The Finance and Administration Department played a pivotal role in our ability to move to a telehealth platform within one week of the pandemic. Finance also manages our IT systems. They prepare monthly financial reports that are shared with the Bridge Board of Directors and our funders. The Director of Finance and Administration works with an independent auditor that reports on our fiscal practices and position to our board and funders annually. This department manages our fiscal internal control practices and assures that all fiscal reports are submitted accurately and in a timely fashion.

Human resources works with all Bridge programs to attract and maintain qualified staff to all of our programs. They keep abreast of all developments regarding employment laws and trends.

Goal: The Finance and Administration Department strives to more efficiently manage the Bridge's finances and employee needs.

Outputs/Outcomes:

Maintain appropriate administrative staff (finance, HR, IT, insurance billing). Staff turnover will not exceed 25%. **Outcome:** Administrative staff retention is 86%. Turnover is 14.3% - below the goal of 25%.

Operating reserves will be maintained at a level to cover one month of our annual expenses per our policy. **Outcome:** 100% achieved – remains unchanged.

A positive reputation with vendors and funders. **Outcome:** Approximately 85% positive feedback from those surveyed – remains unchanged.

Bridge programs will have sufficient staffing levels. Open positions will be filled within 2 months. **Outcome:** Staff turnover is 27% and the majority of Youth Worker positions are on board within 1 months. Critical positions are filled within 2 months.

Bridge staff will have access to Bridge systems as evidenced by “up time” reports showing any system outages. **Outcome:** Bridge system up time is 100%

Clean annual audits that provide a positive financial picture to funders. **Outcome:** All Bridge audits have been clean and reflect a strong financial outlook.

Improvement Plan:

Currently the Bridge is experiencing difficulty hiring and onboarding staff, turnover is higher than the desired goal, youth worker compensation is lower than peer organizations.

The Bridge is increasing youth worker pay, streamlining the workflow process for resume review and scheduling interviews. Further changes will address problem areas in the recruitment process. These may be most significantly impacted by a change to the Bridge payroll company.

We are reviewing areas related to staff compensation, recruitment and retention in an effort to attract and retain more qualified staff. This effort will result in a longer staff retention period and lower turnover rate.

Action steps included contacting recently hired employees to discuss their hiring experience and utilizing their feedback to improve the hiring process. We also created an exit survey for terminating youth worker staff. Completed surveys will provide information about reasons for leaving and where they are going. The Bridge will continue to review compensation data. As of 6/30/21 insufficient data had been collected. This hindered the ability to draw conclusions, implement change, and work toward attracting and maintaining staff. However, we did hire 16 new staff in Q4 of FY21. Of those, 11 were for residential programs. DCF implemented a new portal for background checks. This is cutting turnaround time and increasing hiring efficiency.

Section 2:

Family Resource Center (FRC)

Goal: Through a variety of educational groups, the FRC will inform families about child development, best practices in parenting, personal growth and community resources.

Outputs/Outcomes:

FRC staff is successfully trained in National Family Support Network (NFSN) standards of quality care for family strengthening and support. **Outcome:** FRC staff are fully trained in NFSN

FRC Parent Educator trained and certified in Positive Discipline. **Outcome:** Staff trained in Positive Discipline and two trained in Circle of Security.

20 parents enrolled in Parent Leadership Training Institute initiative. **Outcome:** 21 parents enrolled.

At least 80% of parents attending FRC programs will complete the program. **Outcome:** 90% of parents complete FRC programs.

At least 90% of parents completing an FRC program will submit a program evaluation form. **Outcome:** 55% of parents complete evaluation form.

Improvement Plan:

The Family Resource Center offers 2 parent education programs: Circle of Security and Positive Discipline. Our goal is six to eight parents enrolling in Circle of Security, at least

80% of those parents will complete the program and 90% of those parents will complete a program evaluation. Our goal is 8 to 12 parents will enroll in Positive Discipline, at least 80% of those parents will complete the program and 90% of those parents will complete a program evaluation. In both programs enrollment numbers meet the goals but 80% of parents do not always complete either program and therefore 90% of parents do not fill out the program evaluations.

Action steps include a review of dates and times of day of parent education groups to determine attendance numbers. Parents are currently offered a choice of day or evening sessions. FRC staff will determine which time was more popular. For example our Circle of Security (COS) program was offered both in the afternoon and evening. Most parents selected the afternoon session this quarter. In order to vary the time of the COS session we will be offering Fall evening sessions. Incentives for attendance will be discussed as an option.

Section 3

Mental Health Services and School Based Counseling

Goal: The Bridge Outpatient Psychiatric Services provide quality mental health care to children, adolescents, adults, families and couples with a wide range of clinical needs. Our ongoing goal is to meet the steadily growing and wide ranging mental health needs of the communities we serve. We do this by providing high quality outpatient therapy and medication management to our clients.

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Outputs/Outcomes:

A total of at least 9,000 appointments will be held each year. As of 6.30.21 we have held a total of 11,509 appointments which is 128% of our goal. **Outcome:** The mental health clinics began utilizing the Ohio Scales evaluation tool as a means to measure a decrease in symptoms associated with treatment needs in April 2021. Our goal is show a 75% decrease in symptoms. Progress towards this outcome will be reported in the next fiscal year.

A total of at least 100 intake assessments will be administered each year. As of 6.30.21 we have completed 384 intakes (384% of our goal). **Outcome:** Will increase number of

new initial assessments by 25%. Currently we have increased new initial assessments by 384%.

A total of at least 645 clients will be treated each year. As of 6.30.21 we have treated 606 clients. Which is 94% of our goal. **Outcome:** The clinics will maintain 325 open cases. As of 6.30.21 we have 318 cases open. Which is 98% of our goal. We will achieve an increase in number of kept appointments by 25%. Currently increased number of kept appointments by 28% (currently have 11,509 kept appointment this year vs 8,979 last year).

Improvement Plan:

Currently, the Bridge Outpatient Clinic does not have a pre/posttest assessment in place to measure the success rate of our services. A recent review of our program through the COA process revealed that the clinic has difficulty assessing meaningfulness of our services due to the lack of standardized metrics.

The Bridge counseling center will begin to use data obtained from pre-test assessments to inform treatment planning goals. Post-test results will indicate a decrease in symptoms associated with those treatment needs. During the intake assessment process, each client will complete a pre-test assessment to obtain a baseline rating of clinical needs. This pre-test data will be recorded in each client's chart. The client's therapist will complete an updated assessment until the time of discharge. This data will be documented in the clients chart. At discharge, a post-test assessment will be completed, and data will be documented. The Clinical Director will review these outcomes in individual supervision with the assigned Therapist. At minimum, post test results will reveal a 75% decrease in symptoms associated with treatment needs.

Per the last update action steps included training all staff on new pre/posttest implementation. Therapists will discuss outcomes with Clinical Director during individual supervision. Findings will be reviewed quarterly. Data will be incorporated from pre-test assessment into treatment plan goal.

As of 6.30.21 all therapists have been trained on the Ohio scales and have started to implement this assessment at all intakes, discharges, and yearly for ongoing clients to measure success.

Section 4:

Youth and Family Services Mentoring Program

Goal: The Bridge Youth and Family Services Mentoring program provides quality mentoring relationships to youth, with an emphasis on adolescents. Young people need caring and supportive adult relationships; youth at risk in this community often rely on external support provided by Bridge Mentors. Our ongoing goal is to meet individual needs of the youth in the West Hartford Community. We do this by forming and

modeling healthy relationships with supportive and caring adults in a therapeutic mentoring capacity.

Outputs/Outcomes:

A total of 22 mentees have been seen as of 6/30/21. Our goal was 20; 111% of goal reached. 308 sessions have been conducted as of 6/30/21. Our goal was 330; 93% of goal reached. 7 youth and 11 summer mentoring group sessions were conducted with a goal of 5 youth and 12 sessions (for summer mentoring group as of 8/31/2021).

Outcome: Ongoing survey results reveal 81% of participants reported increased self-esteem; goal was 85%. Additionally, 92% reported increased perception of a strong social support system; goal was 85%. Also ongoing survey results reveal 0% of participants reported achieving their personal goal. The goal for this metric is 85%. This area is not currently measured on the existing survey. The new survey that includes personal goal was not adopted as planned during this quarter. Staff are currently implementing effective measurable goal setting with existing summer mentees; this will be fully implemented for all new mentees by the start of the school year.

Improvement Plan:

The Bridge Youth and Family Services Mentoring program has taken this opportunity to increase the use of measurable goals, as well as to formalize and streamline the documentation process. These two improvement plans work in concert with each other to create a comprehensive documentation chart that follows the mentee from referral, engagement (with both the family and the mentee) and assessment, to goal setting, weekly sessions, documentation, and finally to termination and a thorough closing summary. At this point, the new policy manual that describes this process, as well as all of the documentation has been completed and implemented. Initial goal setting training has been completed. Next steps include using the new documentation procedures throughout the summer, preparing to train new mentors on using the SMART goal formula, and ensuring that the new referral and engagement procedure is communicated and used as we approach the new school year. Moving in to the new school year, mentoring program leaders will provide ongoing supervision, monitoring, and review of progress to ensure that the new procedures are implemented into daily practice. This supervision and monitoring will provide data for the next improvement plan.

Section 5:

Therapeutic Group Home (TGH) and Short Term and Assessment and Respite (STAR) Programs-Group Living Situations (GLS)

Goal: The STAR programs and Eleanor House provide individual, family and group therapy as well as crisis stabilization (STARS), proactive daily interventions, and on-site services aimed at effectuating positive change.

Outputs:

90% of Monthly Treatment Planning Progress Reports (MTPPR) will be completed. 7/1/20-6/30/21 100% of required MTPPR's were completed.

90% of required comprehensive assessments will be completed. 7/1/20-6/30/21 achieved for all GLS programs.

85% of scheduled individual clinical sessions will be completed. 7/1/20-6/30/21 achieved for all GLS programs.

85% of scheduled family clinical sessions will be completed. 7/1/20-6/30/21 achieved for all GLS programs.

85% of scheduled group clinical sessions will be completed. 7/1/20-6/30/21 achieved for all GLS programs.

85% of youth will participate in scheduled recreation activities 7/1/20-6/30/21 achieved for all residential programs

90% of scheduled Proactive Daily Interventions (PDI) will occur and comply with Private Non-Medical Institution (PNMI) standards. 7/1/20-6/30/21 100% of required PDI's were completed.

Outcomes:

Program efficacy will be evidenced by 75% successful discharges 7/1/21-6/30/21 53% of GLS discharges were successful.

95% of Quality Assurance Surveys completed by stakeholders will be positive. 7/1/20-6/30/21 achieved for all GLS programs.

100% compliance with DCF licensing and successful license renewals 7/1/20-6/30/21 achieved for all residential programs.

Aftercare reports will indicate that 80% of youth are achieving some degree of success at the 6 month post-placement mark. Residential programs inconsistent with Aftercare contact and response from DCF is sporadic.

Improvement Plan

Evaluating data for the period 7/1/20-6/30/21 the Bridge residential programs fell short in the following areas: Learning Inventory of Skills Training (LIST) assessments were completed for 65% of residents, 20% short of goal; 53% of clients were successfully discharged, 22% short of goal; aftercare contact was inconsistent for Bridge programs, perhaps falling off due to the COVID-19 pandemic pulling us off task. DCF was inconsistent in responding to emails and calls, likely due to the pandemic with DCF's workforce working remotely. To improve outcomes the Director of Residential Services or Director of Girls Programs will push DCF for placement plan updates and timelines. The Program Director or Program Manager will continue to send a monthly report to the

Director of Residential Services or Director of Girls Programs that will summarize information including completed LIST and Aftercare contacts. This was implemented in May 2021 so it is too early to evaluate the effectiveness.

Action steps include consistently reviewing with DCF and Bridge clinician residents' discharge plans and timelines. Reports will be completed each month by the Program Director summarizing information from the previous month and will include LIST and aftercare progress. Issues will be identified and addressed in real time.

Section 6:

Goal: The Moving On Project (MOP) seeks to prepare young men for a successful transition to the Bridge Community Housing Assistance Program/Independent Living Program (CHAP/ILP). CHAP prepares young adults for independence by giving them the necessary skills. Staff teaches life skills, assists with enrollment in post-secondary education, ensures access to medical needs, and assists in securing and maintaining employment.

Outputs:

A total of 87 MOP and CHAP youth will complete Learning Inventory of Skills Training (LIST) assessments annually. 7/1/20-6/30/21 MOP served 24 youth and LIST assessments were completed for all who were in residence 21 days or longer. All CHAP clients completed their LIST assessments.

87 MOP and CHAP youth will have a Treatment Plan annually. 7/1/20-6/30/21 all MOP/CHAP youth had treatment plans. 100% of the treatment plans will be updated at the required 90 day intervals. 100% completed.

Action Discharge Plans were completed for all CHAP clients, 100% completed.

Outcomes:

Program efficacy evidenced by 82% planned discharges in FY21. (CHAP).

MOP 63% of discharges were successful, 12% short of goal.

90% of clients will show an improved LIST score after 6 months. This outcome was achieved 100% for both CHAP and MOP clients.

71% of clients participated in their school program. Target 60% CHAP

53% maintained part time employment. Target 50% CHAP

100% of Action Discharge Plans were completed for CHAP clients

Improvement Plan:

MOP program efficacy will be evidenced by 75% planned discharges (MOP). 7/1/20-6/30/21 63% of discharges were successful, 12% short of goal.

Action steps include an enhanced review of discharge plan with DCF and MOP Program Director and timeline for discharge to include specific time bounded action steps. Other steps include assuring that MOP residents are connected with community resources to support their discharge plan including area employers, faith based communities and more. MOP has developed a community resource guide and assures that community linkages are fostered.

If CHAP is the discharge plan, staff will connect MOP residents with CHAP staff and as well as successful CHAP clients so that the MOP resident can gain hands on exposure to CHAP.

The CHAP Program goal was to improve the completeness of each client's Action Discharge Plans (ADP). Currently, the procedure states that the ADP are to be completed at intake, then reviewed and updated every 90 days of treatment. Over the past year, there has been an overall decrease in treatment plans being signed by all parties, on time. The goal of this improvement opportunity is to improve the random file review scores, specifically in treatment planning, to a minimum of 80% for 2 consecutive quarters.

The CHAP program April file audit indicated 79% completeness which was below the minimum level. The most recent file audit indicated significant improvement. The June random file audit resulted in a 96% completeness. The improvement plan will continue into the next quarter.

Summary: The journey towards quality improvement is ongoing. We have a long history of improving our services and engaging our service consumers in order to offer responsive programs. Reaching our goals will take asking the difficult questions and taking risks with a focus on performance improvement. The Bridge is fully committed to doing our very best. We acknowledge that we always have room for improvement.