

The Bridge Performance Quality and Improvement Plan

April 1, 2022 to June 30, 2022

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 9,000 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 residential staffing levels equivalent to 80% of 392 program hours.

Outcome: 78% of the 392 residential program hours were filled by Bridge direct care staff. This is below the goal of 80% of program hours.

4% of new hire background checks will be completed within 3 weeks of offer being made. **Outcome:** 48% of new hires were on boarded within 3 weeks. This is below the goal of 90%.

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

85% of Bridge technology needs will be supplied within 3 days of request. **Outcome:** 95% of technology needs were met with 3 days of request. Goal was exceeded thereby increasing productivity.

Bridge financial reports will be 95% accurate prior to be sent out to the Finance Committee and Board. **Outcome:** 100% of Bridge financial reports were completed and reviewed on time. There were no known errors that needed correction. During the quarter there were 3 errors that impacted previous financial statements but they were outside the 3 month target goal.

Keep abreast and put in place backup systems and new technologies that allow Bridge staff to have access to Bridge systems as evidenced by "up time" reports showing any system outages. **Outcome:** Bridge system up time is 95%. There was one system

outage due to a hack of the phone system modem. The problem has been addressed and corrected. It will not happen again.

Improvement Plan:

Currently the Bridge is experiencing difficulty hiring and onboarding staff, turnover is higher than the desired goal, youth worker compensation has been lower than some 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 continuing to review 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 longevity. This will be measured by at least 80% of direct care hours for residential programs being filled by Bridge employees and new employees onboarding within three weeks from the offer of employment.

Action steps included increasing follow up with applicants to improve the background check process and continuing to review youth worker compensation and feedback to increase longevity/reduce turnover. While only 48% of new staff were on boarded within the three week goal, the average time of the 47 completed hires was 3.74 weeks. The biggest causes for delays longer than four weeks were due to applicants' not completing paperwork in a timely fashion or failing to return for the TB test to be read, therefore requiring that the process start over. In addition, there were multiple recent applicants who required a more detailed criminal background check which increased the completion time by about two weeks. Of the 47 completed hires, seven of them were completed in two weeks or less, which goes to show that with proper follow through by the applicant and administrative support, the three week goal is feasible. Additional support in HR will improve the consistency of follow-up with candidates. We have also begun using a new testing facility, PhysicianOne, which has weekend hours and later weekday hours, which may help accommodate applicants' schedules to get the testing done with a quicker turnaround. In addition, we have implemented a new process with AP to be able to potentially save time waiting for a check to be cut in order to send out the criminal background check. Already low staffing levels complicated by the national hiring crisis, as well as some employee relation/performance issues contributed to the just missed goal of 80% of direct care hours being completed by Bridge staff. We are continuing to hire and the recent increase to the starting rate seems to be attracting more candidates.

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: 22 parents enrolled. PLTI meets on Wednesday evenings via Zoom from January 26, 2022- June 15, 2022. Three parents decided not to continue in PLTI and another was asked to leave the program.

Outputs/Outcomes: FRC Early Learning Playgroups moved back into the FRC classroom in January 2022. Additional playgroup sites are added beginning in February 2022. Baby Bookworms, our Family Literacy program begins in March 2022. English for Families and Futures returned to in-person classes at the FRC with 6 families enrolled. In total 70 families/105 young children are participating in FRC educational programs this quarter.

Goal: Through developmentally appropriate, play-based programming the FRC will provide a transition to kindergarten summer program for up to 30 children and will also provide licensed before/after school care for up to 16 preschoolers at Charter Oak.

Outputs/Outcomes: Recruitment and outreach for the summer program began in March 2022. As of March 31, 2022, program is 50% full. Peace Place, the FRC's childcare program, has 10 children enrolled this quarter. That is more than double the number that enrolled last year. Enrollment for next year began in March April 2022. The program's license was renewed for another 4 years by the CT Office of Early Childhood (OEC) and all Peace Place staff were trained in Medication Administration in Early Childhood Programs.

Improvement Plan: We need to do a better job explaining the PLTI program and requirements to interested parents. Though every applicant participates in a personal interview with the program coordinator and an FRC staff member, 3 parents chose to leave the program saying the time commitment was too much or just didn't fit with their families' schedules. One parent said the demands of her job made her participation impossible. Next year before beginning interviews, staff will review and update the interview questions and practice interviewing techniques.

We decided to change the name of our summer program from *123 Read with Me* to *123 Kindergarten for Me* to reinforce the program's goals. When registering children, we are giving priority to children who speak English as a second language or those who will enter kindergarten without a high-quality preschool experience. We have increased recruitment efforts by sending program information directly to principals, town social services, the WHPS transition team and school social workers. We are also utilizing school newsletters and social media.

Recruitment for Peace Place is now institutionalized. All families who have accepted a spot in the preschool program at Charter Oak automatically receive Peace Place

information upon registration. Also, in February 2022 the FRC director spoke directly to parents about Peace Place at the preschool orientation program.

Through parent surveys we have been able to get feedback on all FRC programming for adults and families. However, we do not have a metric in place to measure authentic improvement in basic social and literacy skills by the children attending 123 Kindergarten for Me. This summer we will pilot a task-based checklist in hopes of capturing growth in those areas.

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.

Outputs/Outcomes:

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Outputs/Outcomes:

A total of at least 10,000 appointments will be held each year. As of 6.30.22 we have held a total of 12,740 appointments which is 127% 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. As of 6.30.22 we have implemented the Ohio scales with all clients at the clinic for their initial scores. This test will be completed yearly and current scores will be compared to the previous year's score to mark improvement or lack of improvement in symptoms based on this assessment. Due to needing a year between data points, as well as a new electronic health record system that will track and trend our assessments we will not have data on this measure until 2023. Our new electronic health record is in the implementation stage and will go live in October 2022.

A total of at least 350 intake assessments will be administered each year. As of 6.30.22 we have completed 329 intakes (94% of our goal). Our total goal last year was 100

intakes. **Outcome:** Will increase number of new initial assessments by 25%. Currently we have increased new initial assessments by 94%.

A total of at least 900 clients will be treated each year. As of 6.30.22 we have treated clients 782. Which is 87% of our goal. **Outcome:** The clinics will maintain 325 open cases. As of 6.30.22 we have 354 cases open. Which is 109% of our goal. We will achieve an increase in number of kept appointments by 25%. Currently increased number of kept appointments by 1% (currently have 12,740 kept appointment this year vs 12,644 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 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.

Implementation of our new electronic health record has begun and we will be transition to a new system in September 2022. This system be able to extrapolate meaningful data as show success rates of clients over time.

As of 6.30.22 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.

As of 6.30.22 the Bridge counseling center is working on increasing our compliance with Crisis and Safety plans becoming completed with every client. Results based on chart audits revealed 77% compliance with this measure currently. Benchmark for this improvement plan is 90%. Therapists will continue to work with their clients and update crisis and safety plans with all clients.

As of 6.30.22 the Bridge has improved with all parties signing Treatment plans in a timely manner at a rate of 100% compliance.

The Bridge Counseling Center will continue to strive for excellence and continue to improve and monitor these improvement plans.

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 the individual needs of the 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 41 mentees have been seen as of 6/30/22. Our goal was 20; 205% of goal reached. 781 sessions have been conducted as of 6/30/22. Our goal was 330; 236% of goal reached. During summer mentoring, which ended before 8/31/2021, 7 youth and 11 summer mentoring group sessions were conducted with a goal of 5 youth (140% of goal) and 12 sessions (92% of goal).

Outcome: Ongoing survey results reveal 86% of participants reported increased self-esteem; goal was 85%. Additionally, 84% reported increased perception of a strong social support system; goal was 85%. Finally, ongoing survey results reveal that 81% of mentees report progress toward the achievement of a personal goal. The goal was 85%. Effective goal setting and measuring was implemented this quarter and is an ongoing area of focus. Related to the first two metrics, it appears that many initial surveys reflected unrealistically high scores regarding those measures. The theory is that as the mentoring relationship deepened, the scores were more reflective of the actual value. If this theory bears out, the percentage will increase during the next review period after the mentoring relationship has had further impact.

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, all new documentation has been integrated. A workshop on

SMART goal setting has increased the quality of goal setting across all mentoring relationships. All goals have been written with measurement in mind – they are not always easily measurable, and this will be an area for continued improvement through coaching, training and monitoring.

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:

NOTE: The TGH converted to a QPC. The TGH closed 10/28/21 so the data period for the TGH is 7/1/21-10/28/21.

90% of Monthly Treatment Planning Progress Reports (MTPPR) will be completed. 7/1/21-10/28/21 96% of required MTPPR's were completed. Goal exceeded.

90% of required STAR comprehensive assessments will be completed. 7/1/21-6/30/22 92% were completed, 2% above goal.

85% of scheduled individual clinical sessions will be completed. 7/1/21-6/30/22 67% of STAR individual sessions occurred, 18% short of goal. 91% of TGH sessions occurred, exceeding goal. Overall GLS 70%, 15% short of goal.

85% of scheduled family clinical sessions will be completed. 7/1/21-6/30/22 97% achieved for all GLS programs. Goal exceeded.

85% of scheduled group clinical sessions will be completed. 7/1/21-6/30/22 47% of STAR group sessions occurred, 38% short of goal. 89% of TGH group sessions occurred. Overall GLS 48%, 37% short of goal.

GLS youth will participate in 85% of offered recreational activities. 7/1/21-6/30/22 GLS recreation participation was 62%, 23% short of goal.

90% of scheduled Proactive Daily Interventions (PDI) will occur and comply with Private Non-Medical Institution (PNMI) standards. 7/1/21-10/28/21 100% of required PDI's were completed. Goal exceeded.

Outcomes:

Program efficacy will be evidenced by 75% successful discharges 7/1/21-6/30/22 69% of STAR discharges were successful, 9% short of goal. 60% of TGH discharges were successful, 15% short of goal. Overall GLS 69% successful, 6% short of goal.

95% of Quality Assurance Surveys completed by stakeholders will be positive. 7/1/21-6/30/22 goal not achieved for all GLS programs.

100% compliance with DCF licensing and successful license renewals 7/1/21-6/30/22 achieved for all GLS programs.

100% of required aftercare contacts will be achieved. 7/1/21-6/30/22 73% of contacts occurred, 27% short of goal.

Improvement Plan

Evaluating data for the period 7/1/21-6/30/22 (STAR programs) and 7/1/21-10/28/21 (TGH) several outcomes fell short of goal. The TGH closed on 10/28/21 and only fell short on one goal, successful discharges. The STAR programs fell short in 5 areas: 1. Successful discharges 9% short of goal 2. Aftercare contacts 27% short of goal 3. Individual clinical sessions 18% short of goal. 4. Group clinical sessions 38% short of goal. 5. Resident participation in recreational activities 23% short of goal.

The Director of Residential Services and Clinical Director of Residential Services will check-in with Program Directors, Program Managers and Clinical Coordinators during individual and group supervision meetings in regard to these areas, and all success indicators, to ensure that we are on track. The new role of Clinical Director of Residential Services provides direct clinical oversight for the clinicians and will improve accountability.

GLS aftercare contact attempts met goal but DCF and residents' new placements were 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 Clinical Director of Residential Services will continue to 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 Clinical Director of Residential Services that will summarize information including completed aftercare contacts.

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). ILP 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:

All MOP youth will complete the initial LIST Assessment within 21 days of their intake at MOP. Updated LIST Assessments will occur for MOP youth at the six month mark and every six months thereafter until discharge from MOP. 7/1/21-6/30/22 72% of LIST initial assessments and updates were completed, 18% short of the goal of 90%.

A total of 102 ILP youth will complete Learning Inventory of Skills Training (LIST) assessments annually. All clients completed their LIST assessments.

MOP youth will have an initial treatment plan completed within 96 hours of intake at MOP. The treatment plan will be updated every 90 days. 7/1/21-6/30/22 100% of MOP youth had a completed treatment plan.

ILP youth will have a Treatment Plan initiated upon intake and will be updated quarterly. 100% of the treatment plans were completed and updated at the required 90 day intervals.

Outcomes:

Program efficacy evidenced by 82% planned discharges in FY22. 2% above our goal. (CHAP).

MOP 33% of discharges were successful, 42% short of goal.

90% of clients will show an improved LIST score after 6 months. This outcome was achieved 100% for ILP clients who completed the LIST.

MOP youth attended 74% of Life Skills sessions for the period 7/1/21-6/30/22, 11% short of goal.

68% of MOP youth were employed for the period 7/1/21-6/30/22, 7% short of goal.

100% of MOP youth during the period 7/1/21-6/30/22, who were required to be in an educational program, were enrolled in a school program, meeting goal. Of those youth school attendance was 57%, 18% short of goal.

70% of clients participated in their school program. Target 60% CHAP

49% maintained part time employment. Target 45% CHAP

52% maintained a savings account. Exceeded goal of 50%

100% of Action Discharge Plans were completed for CHAP clients

Improvement Plan:

The Bridge is going to improve MOP outcomes that fell short of goal for data period 7/1/21-6/30/22. Areas where we fell short: 1) 72% of LIST assessments were completed, 18% short of goal. 2) Only 57% of school days were attended, 18% short of goal. 3) 68% of youth were employed, 7% short of goal. 4) MOP clients attended 74% of individual life skills sessions, 11% short of goal.

MOP program efficacy will be evidenced by 75% planned discharges (MOP). 7/1/21-6/30/22 33% of discharges were successful, 42% 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. We were able to successfully transition two youth from MOP to CHAP this quarter.

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. CHAP achieved this goal with 100% efficiency.

The CHAP program random file audit requires a minimum level of 80% completeness. Our scores continue to be above the minimum threshold with the 1st Quarter at 96%, 2nd Quarter at 94%, 3rd Quarter at 92% completeness, and the current 4th Quarter at 94%.

Summary: The journey towards quality improvement is ongoing. This report is the first of many that the Bridge will be sharing. 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.