



Performance and Quality Improvement

Quarterly Report

Fiscal Year 2025, 1st Quarter

The Bridge Performance Quality and Improvement Quarterly Report
July 1st, 2024 to September 30th, 2024.
1st Quarter FY 2025

Contents

The Mission of the Bridge:	3
Family Resource Center (FRC)	5
Youth and Family Services (YFS):	7
Outpatient Counseling Center (OPCC)	11
Specialized Trauma-Informed Treatment Assessment and Reunification (STTAR).....	13
Quality Parenting Center (QPC).....	15
Moving on Project (MOP).....	17
Youth Independent Living (YIL)	19
Administrative	23
Case Record Findings Summary	27
Strengths:.....	27
Areas for Improvement:.....	27
Summary:	29
Appendix A: PQI Data Points FY 2025.....	30

Introduction:

This report highlights key strengths, areas for improvement, and actions taken to support the continuous improvement of the Bridge's services. The Bridge aims to make this report as easy to read and understandable as possible. We acknowledge that many readers may not be familiar with or interested in jargon. Therefore, we will keep it simple by reporting on our goals, achievements, and the results of our efforts. We also share opportunities for improvement, acknowledging that sometimes we fall short of our goals and strive to learn and improve.

We welcome your input and feedback. Thank you for your ongoing interest and support of the Bridge. Please contact Judy Halpern, Performance and Quality Improvement Director, jhalpern@bridgefamilycenter.org, to share comments or questions.

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:

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.

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.

Outpatient Counseling Center

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

Specialized Trauma-Informed Treatment Assessment and Reunification

We offer high-quality care for every resident by providing for every need that a child has when she/he enters our program. Basic needs include shelter, food, clothing, medical and dental care, counseling and family reconciliation support, primary education, life skills training, drug and sex education, and recreational and social activities.

Quality Parenting Center

With trained coaching staff, parents identify issues they wish to improve in their relationships with their children. Through guidance and instruction in child development, anger management, self-control, and other topics, coaching staff help parents change their behaviors with their children and their daily lives.

Families are referred by the Connecticut Department of Children and Families (DCF) and are typically enrolled for a six-month period. However, each family situation contains complicating factors that may extend the length of out-of-home care well into subsequent six-month visitation plans.

Moving on Project

Our Moving on Project (MOP) is a transitional living apartment program that assists males, ages 18 to 21, in developing the skills needed to live independently. For a 12- to 18-month period, the Moving on Project provides DCF-referred youth with a safe, caring, and nurturing environment, as well as practical instruction. MOP programming offers authentic engagement, education, and coaching to help young adults develop mastery of "concrete" and "soft" skills associated with adult success. MOP programming will achieve a balance of providing guidance and support while also reinforcing each young adult's independence and autonomy so they can explore, pursue, and benefit from varied opportunities and maintain healthy permanent family/relative, natural supports, and community connections.

Youth Independent Living

This department consists of the Community Housing Assistance Program (CHAP), Community Housing Employment Enrichment Resources (CHEER), and Youth in Transition (YIT).

Begun in 1996, CHAP and CHEER program consists of supervised scattered site apartments for DCF committed youth 18 years and older to provide support and guidance in their final steps toward independence. CHAP participants are enrolled in an educational or vocational program. CHEER participants are given resources to help their professional journey.

The Bridge Family Center's Youth in Transition (YIT) Transitional Living Program is an innovative and critical program for runaway and homeless youth (RHY) ages 16-23 (16-21 upon entry), including non-system youth and pregnant and parenting teens and their children in Central Connecticut, including Greater Hartford.

Administrative

Finance: The 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 organization works with an annual budget of \$8 million dollars.

Human Resources: We have worked hard to earn our reputation as a community leader. After more than 50 years of community work, we are known for service excellence, high standards of performance, and employing talented and dedicated employees who are committed to our mission and values.

Information Technology: these services enable streamlined client management through a custom database system, ensuring efficient case tracking and service delivery. Continuous upgrades and cybersecurity measures safeguard sensitive client data, maintaining confidentiality and trust.

Development and Communications: Our fundraising efforts leverage community partnerships and innovative campaigns to secure resources for expanding our impact locally and throughout the state. Transparent financial stewardship and donor engagement initiatives ensure that every contribution directly supports our mission to foster the courage and strength in children and families to meet life's challenges and build fulfilling lives.

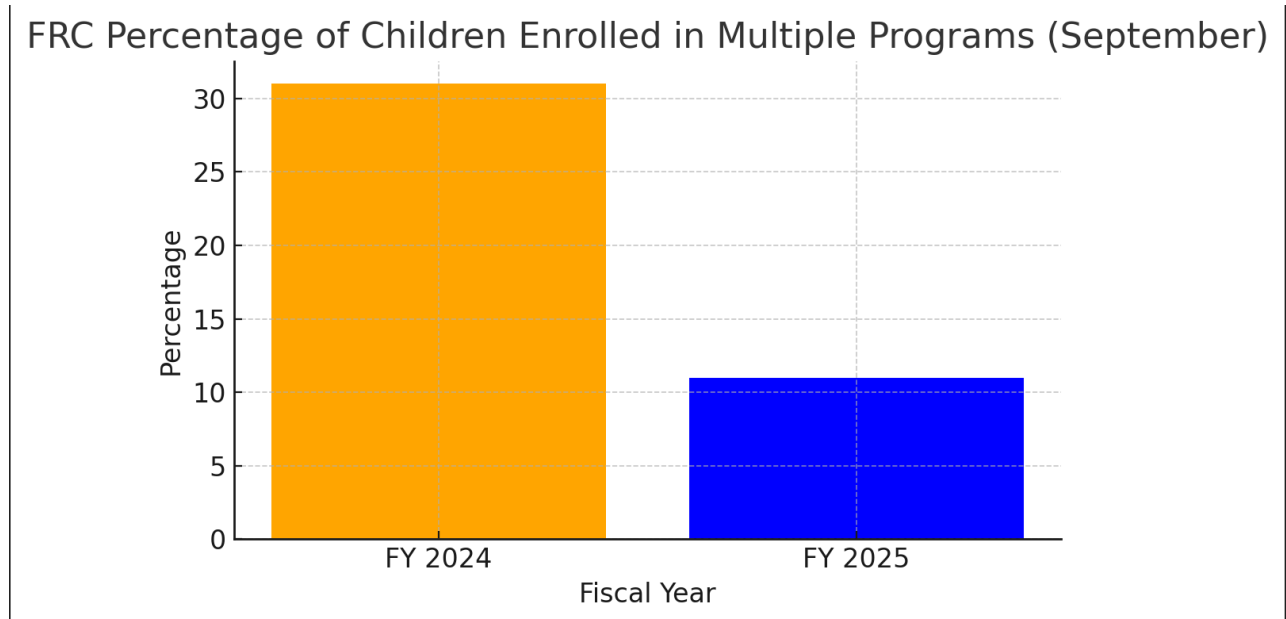
Family Resource Center (FRC)

Goal:

To increase the diversity and interest in the Family Resource Center's (FRC) offerings, we aim to boost the percentage of children enrolled in multiple programs, reflecting the variety and appeal of available services.

Outputs/Outcomes:

Increase from the previous fiscal year by 30% of families enrolled in FRC programs will participate in two or more distinct programs, indicating increased interest and utilization of diverse services.



Improvement Plan:

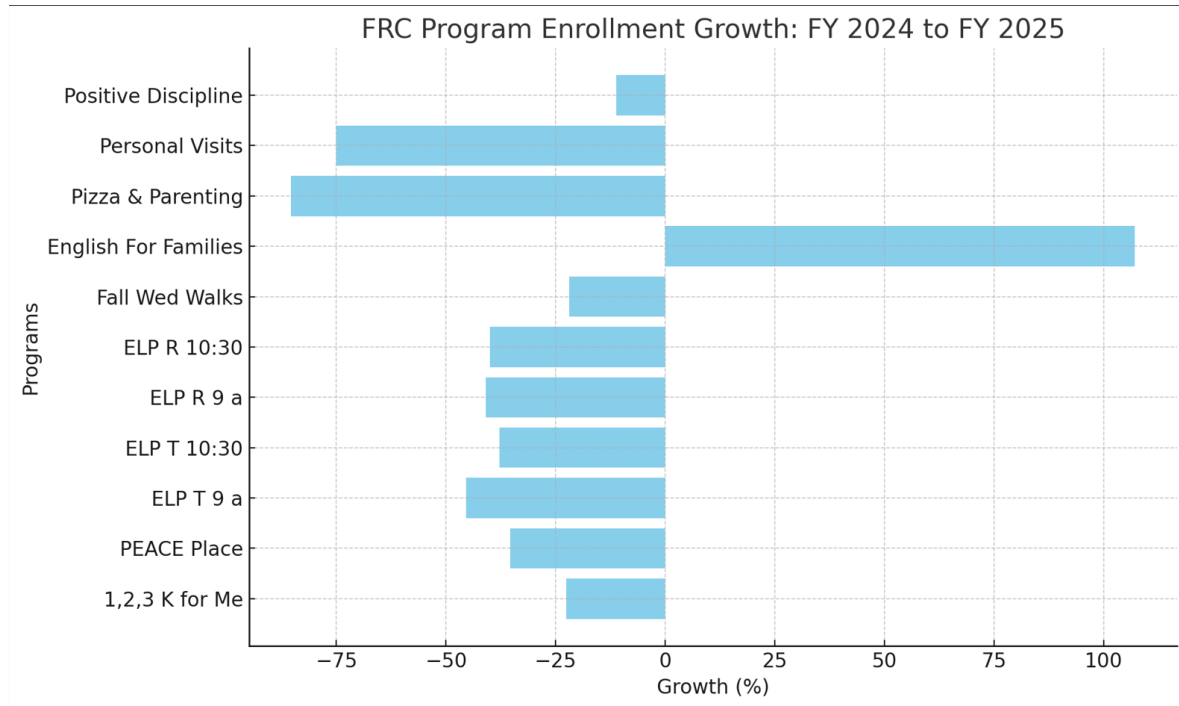
1. **Assess Current Enrollment Patterns:** Analyze trends to determine which programs have the highest and lowest cross-enrollment rates.
2. **Enhance Program Awareness and Communication:** Develop and distribute a comprehensive program guide that outlines all available services and programs at the FRC.
3. **Strengthen Cross-Referral Processes:** Train staff to actively promote other FRC programs during interactions with participants.
4. **Offer Incentives for Multi-Program Participation:** Consider creating program bundles to encourage enrollment in multiple programs.
5. **Monitor and Adjust:** Track enrollment data monthly to monitor increases in multi-program participation.

Goal:

To improve overall participation and engagement in FRC programs, we aim to increase the average attendance across all programs, ensuring that we are meeting community needs and maximizing resource utilization.

Outputs/Outcomes:

By the end of the fiscal year, increase the average attendance per program by 15% compared to the previous fiscal year.



Improvement Plan:

1. Analyze Current Participation Trends: Review the current attendance data to identify which programs have lower participation rates and understand the barriers to participation (e.g., time, awareness, accessibility).
2. Targeted Outreach: Use data from participation analysis to target marketing efforts toward communities or demographics with lower participation rates.
3. Flexible Scheduling: Offer programs at varying times, including evenings and weekends, to accommodate families with different work schedules.
4. Based on community feedback and attendance trends, diversify program offerings to better align with the interests and needs of the community.
5. Introduce incentives for consistent program attendance, such as rewards for families who attend a certain number of sessions, or discounts on future programs or services.
6. Feedback Mechanism: Implement post-program surveys or suggestion boxes to gather feedback on program quality, engagement, and suggestions for improvement.

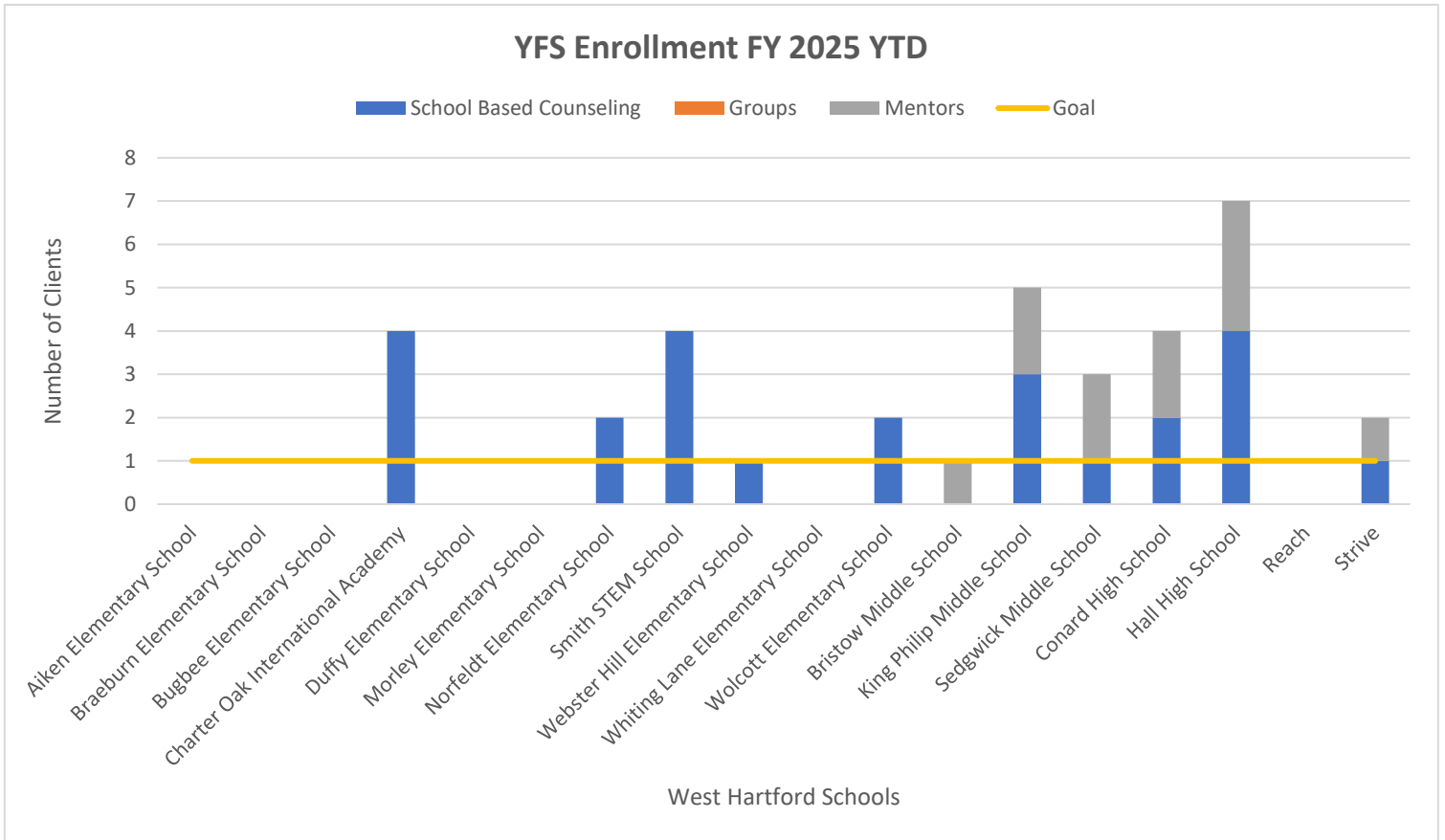
Youth and Family Services (YFS):

Goal:

To enhance the accessibility and impact of Youth and Family Services, we aim to increase enrollment in school-based services, ensuring more students and families benefit from the support and resources available.

Outputs/Outcomes:

YFS has a goal to have at least one client enrolled in a YFS program during the academic year.



Improvement Plan:

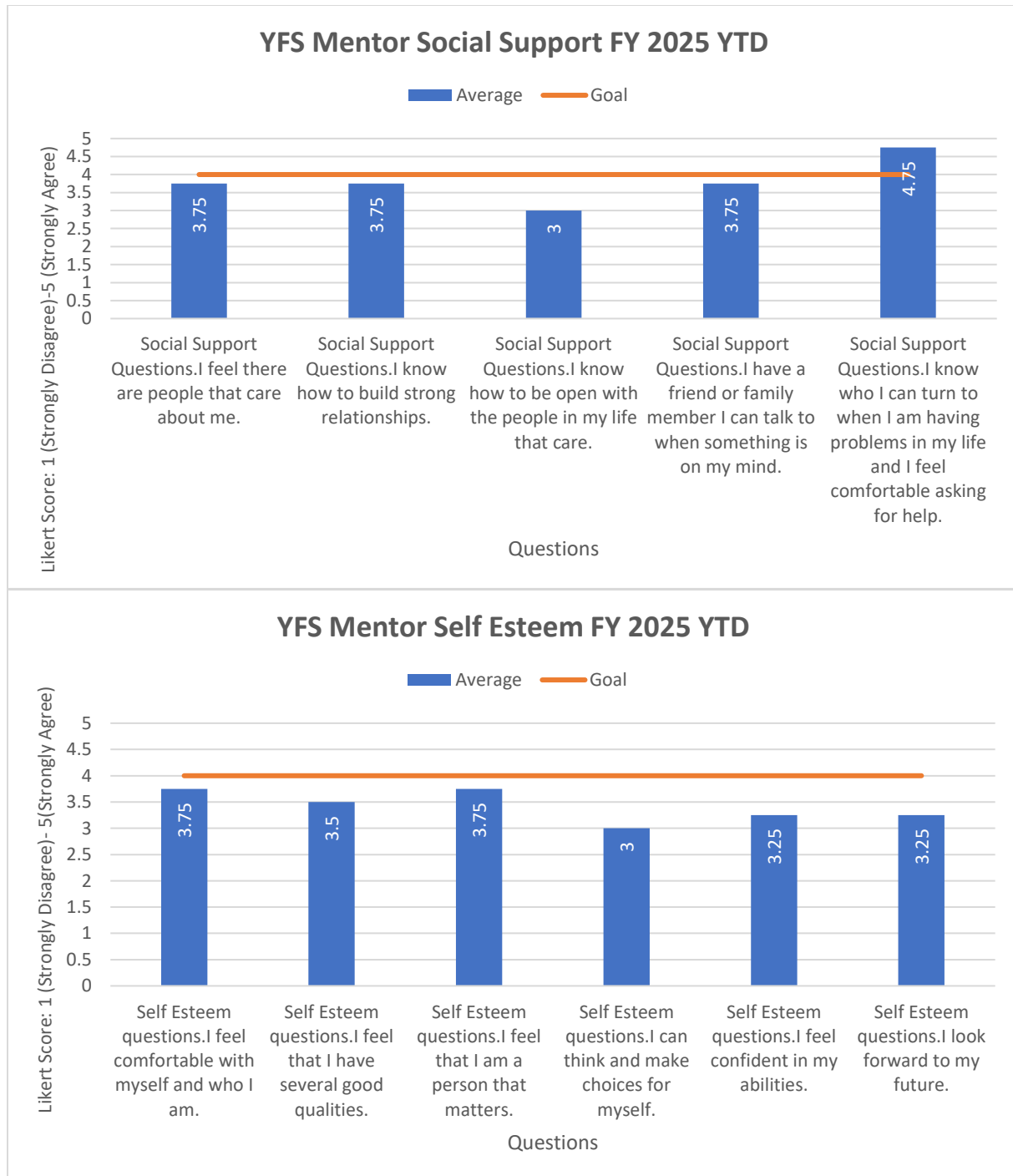
Aiken, Braeburn, Bugbee, Duffy, Morley, Whiting, and Reach currently have no enrollments in our program. Youth and Family Services (YFS) will reach out to these schools to ensure they are aware of our services.

Goal:

To enhance the personal development and social well-being of youth participating in mentoring programs, we aim to increase self-esteem and perceived social support scores by the end of the program year.

Outputs/Outcomes:

Youth in mentoring programs will report an increase in self-esteem and social support scores as measured by the mentor assessments.



Improvement Plan:

1. **Analyze Current Survey Data:** Review the current mentor survey results to identify key areas of concern (e.g., communication, support, training).
2. **Enhance Mentor Training and Development:** Implement targeted training workshops based on the areas identified in the survey (e.g., communication skills, conflict resolution, youth engagement strategies).
3. **Increase Mentor Support and Resources:** Establish regular check-ins with mentors to provide guidance, address concerns, and ensure they feel supported throughout their mentorship.
4. **Strengthen Communication Channels:** Improve communication between mentors and program staff by setting up regular feedback loops, such as quarterly meetings or mentor feedback sessions.
5. **Recognition and Incentives:** Recognize outstanding mentors through mentor appreciation events, certificates, or shout-outs in newsletters to boost morale and motivation.
6. **Monitor Progress and Adjust:** Continue to monitor mentor survey results regularly to track improvement and adjust the plan as necessary.

Goal:

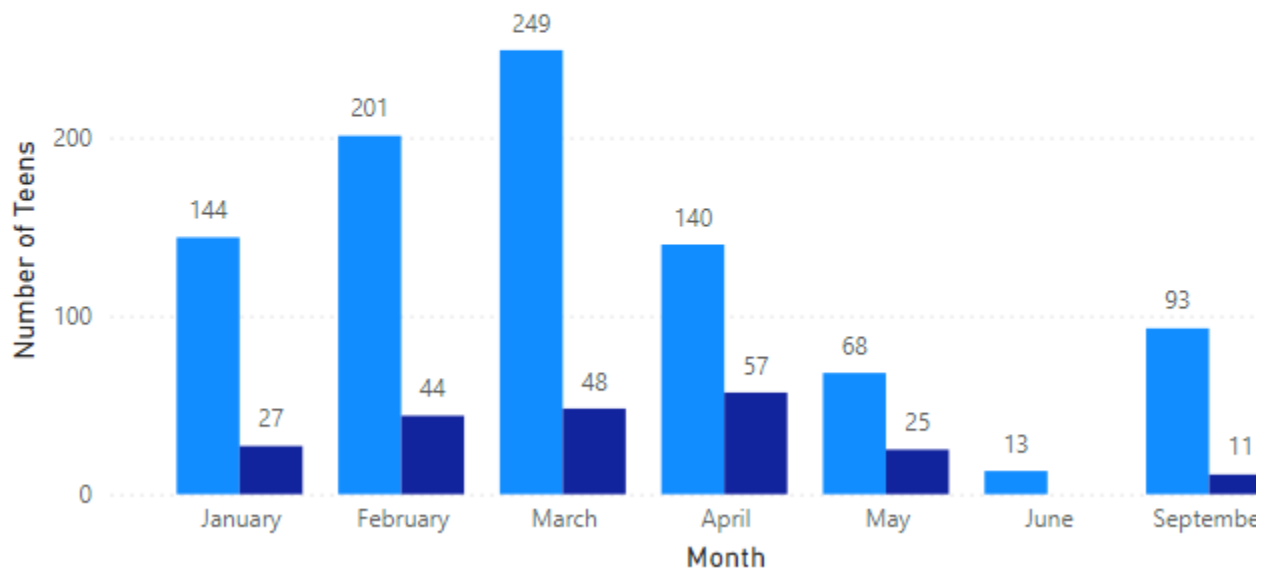
To create a more engaging and supportive environment for teens, we aim to increase overall attendance at the Teen Center by enhancing program offerings, outreach, and accessibility.

Outputs/Outcomes:

Increase Teen Center attendance by 25% from the previous fiscal year, ensuring more teens are actively engaged in the programs and services offered.

Visits in a Month

Drop In/ Attendance ● Drop In ● Teen Night



Improvement Plan:

Data is not accessible from fall 2023, therefore, there is no improvement plan for this fiscal quarter.

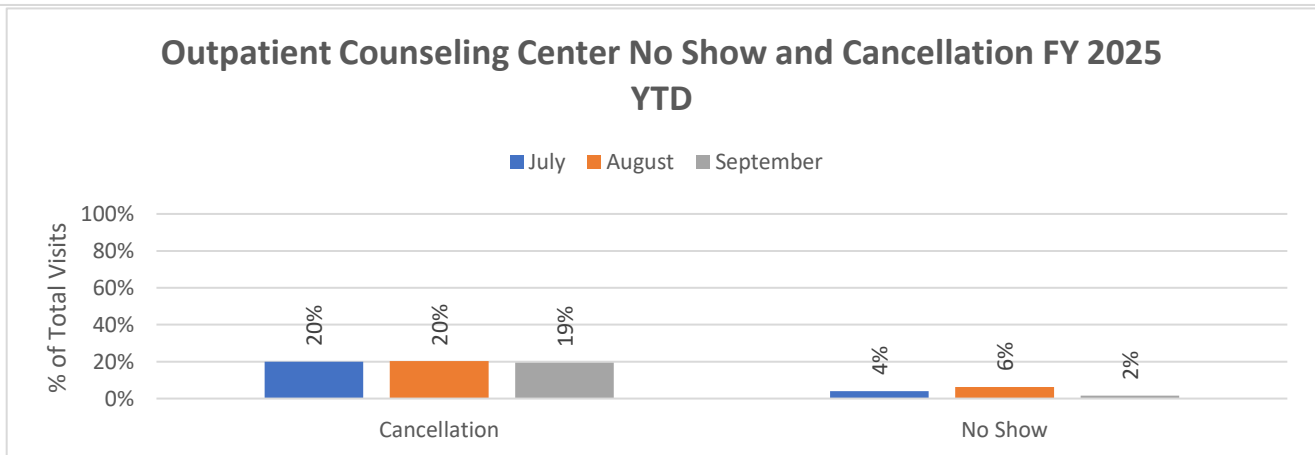
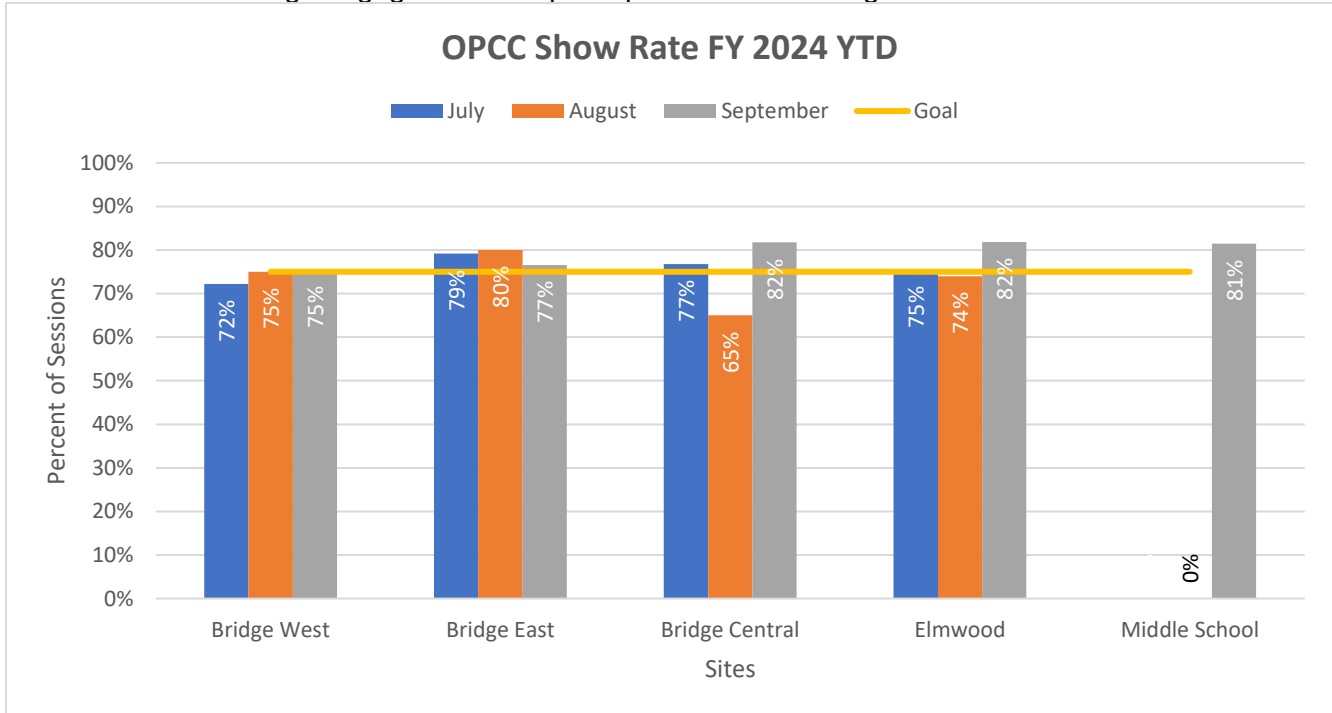
Outpatient Counseling Center (OPCC)

Goal:

The Counseling Center aims to foster strong, meaningful relationships between clinicians and clients, which will be reflected in high show rates.

Outputs/Outcomes:

The Outpatient Counseling Center will maintain high show rates for scheduled appointments, aiming for at least a 90% attendance rate across all services. This will be measured monthly by tracking the number of attended versus scheduled appointments, and any cancellations or no-shows will be addressed promptly through follow-up outreach and reminder systems. Regular monitoring will ensure continued high engagement and participation in counseling services.



Improvement Plan:

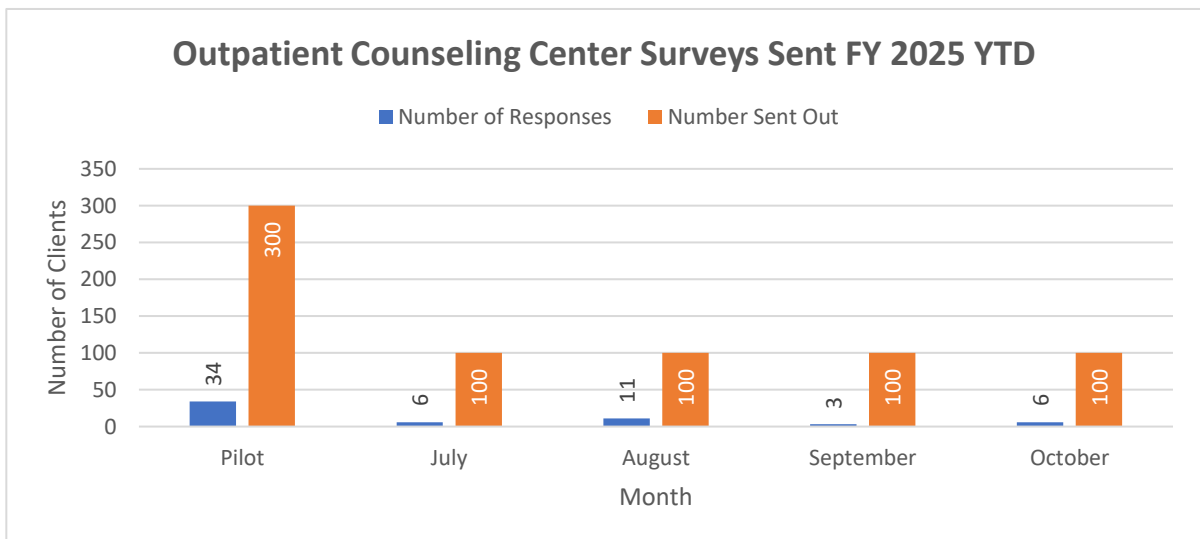
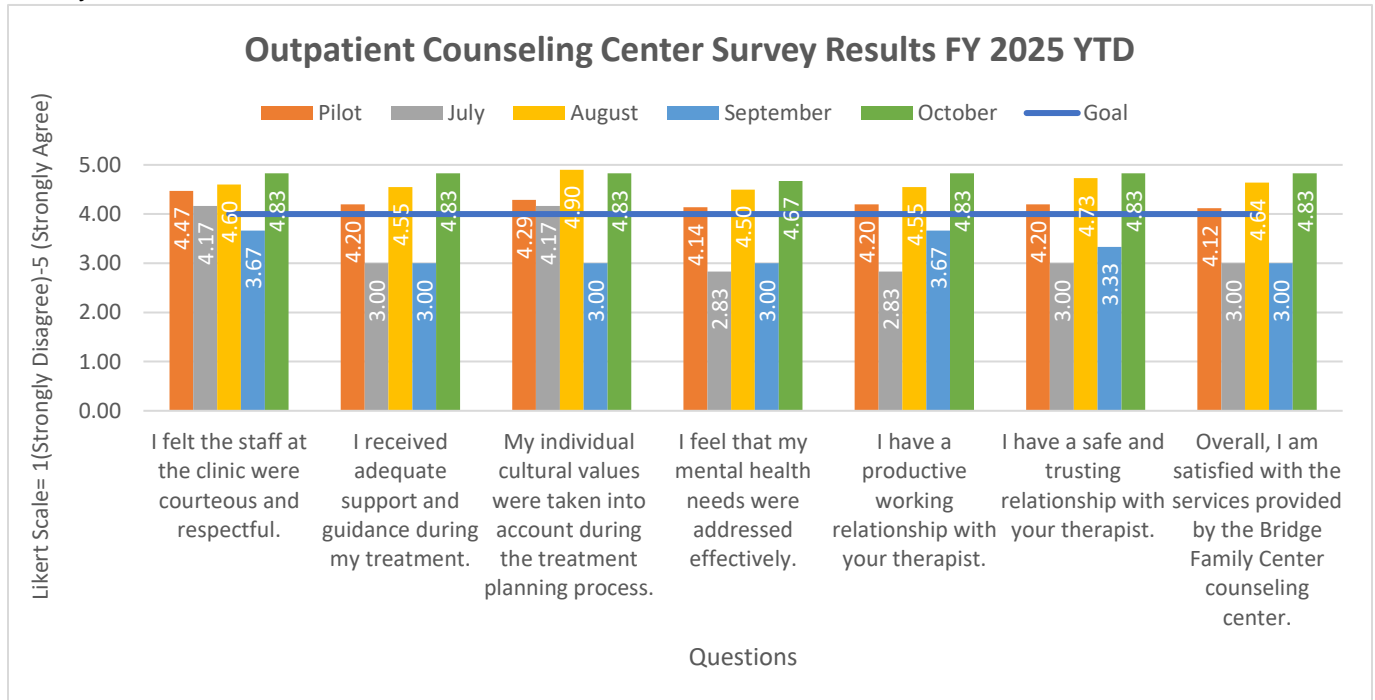
The goal of maintaining high attendance rates was achieved through the use of reminder systems and follow-up calls. These efforts will continue to be monitored for ongoing success.

Goal:

The Counseling Center will effectively meet the needs of its clients, as demonstrated by high levels of satisfaction in client feedback.

Outputs/Outcomes:

Clients will report an average satisfaction rating of 4 or higher (representing "Agree" on the survey) with the services provided by the Counseling Center, as measured by client satisfaction surveys.



Improvement Plan:

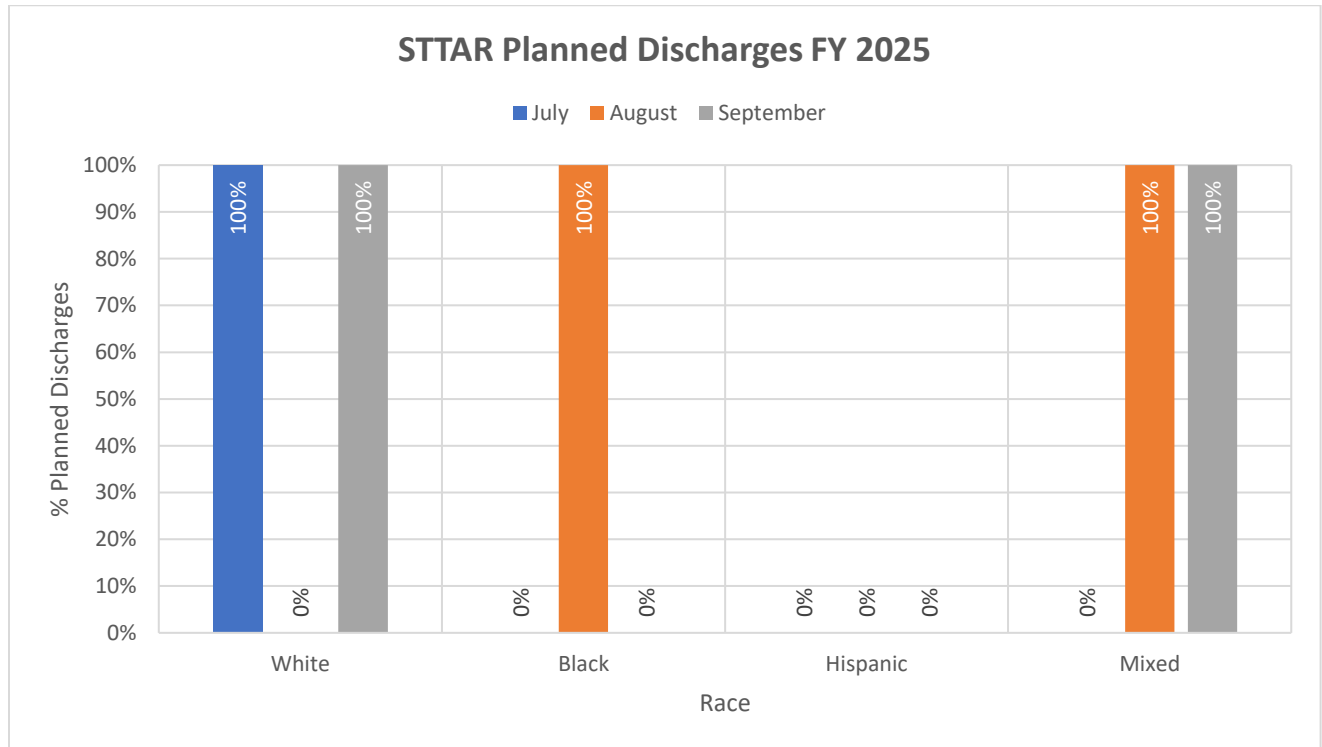
No improvement plan is necessary at this time as no significant trends or issues have been identified. Moving forward we will send the survey to 300 to match the sample size in the pilot to get results of the similar size.

Specialized Trauma-Informed Treatment Assessment and Reunification (STTAR)

Goal:

Ensure STTAR residents are fully prepared for a successful transition to their next housing placement.

Outputs/Outcomes: 100% of STTAR residents will have a planned discharge, where all residents complete their individualized housing transition plans, including securing appropriate housing, accessing necessary resources, and developing life skills needed for independent living.



Improvement Plan:

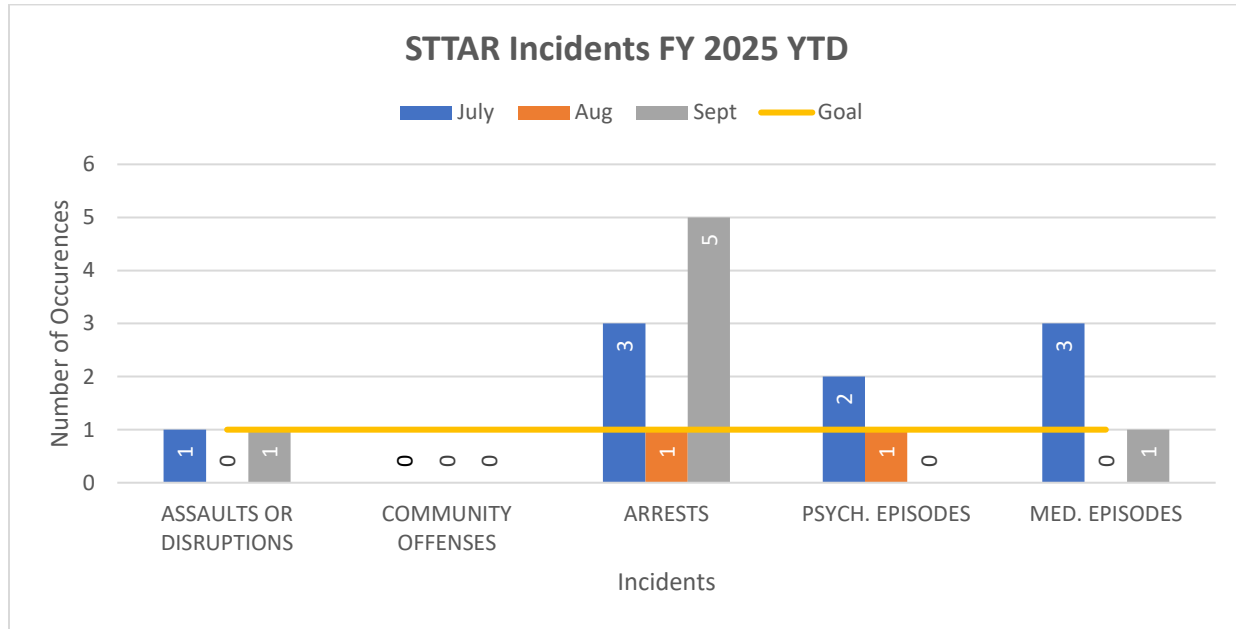
The goal of ensuring planned discharges for 100% of STTAR residents was achieved by conducting regular discharge planning meetings with the residents and their families. The team will continue to monitor this through quarterly reviews.

Goal:

Ensure that STTAR consistently provides a stable and safe living environment for all residents.

Outputs/Outcomes:

The program aims to achieve a benchmark of no more than one incident per category each month, such as safety violations, behavioral issues, or conflicts.



Improvement Plan:

1. Data Analysis: Review incident reports, resident profiles, and arrest/summons records from the past 12 months.
2. De-escalation and Conflict Resolution Training: Provide all staff with training on de-escalation techniques and conflict resolution.
3. Behavioral Support Programs: Implement behavior modification programs focusing on social-emotional skills, conflict resolution, and anger management for residents.
4. Restorative Justice Circles: Implement restorative justice practices, where residents can discuss and resolve conflicts among themselves with staff facilitation, before police involvement becomes necessary.

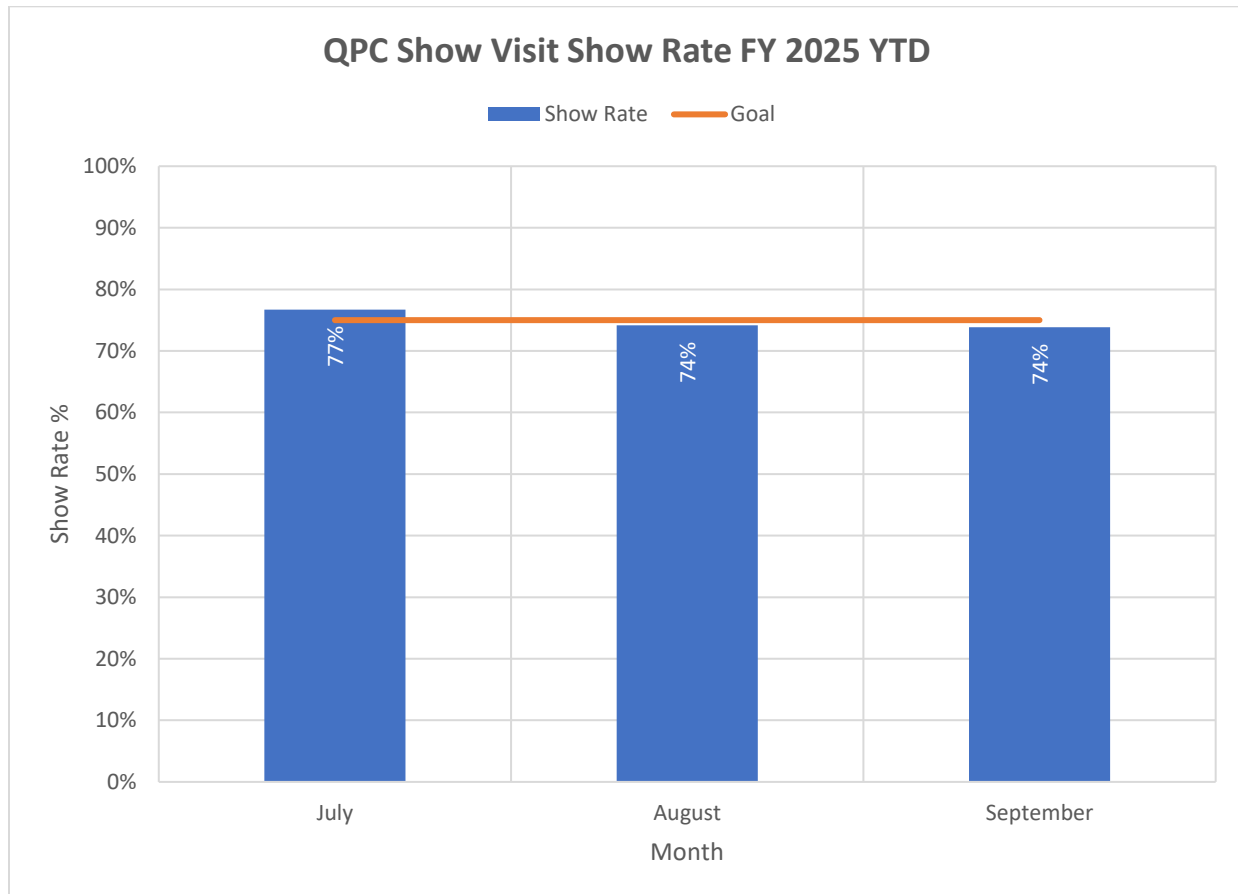
Quality Parenting Center (QPC)

Goal:

To improve the attendance rate (show rate) for scheduled meetings with the Family Life Coach, fostering better family engagement and support outcomes.

Outputs/Outcomes:

To maintain a consistent show rate of 75% for scheduled meetings with the Family Life Coach.



Improvement Plan:

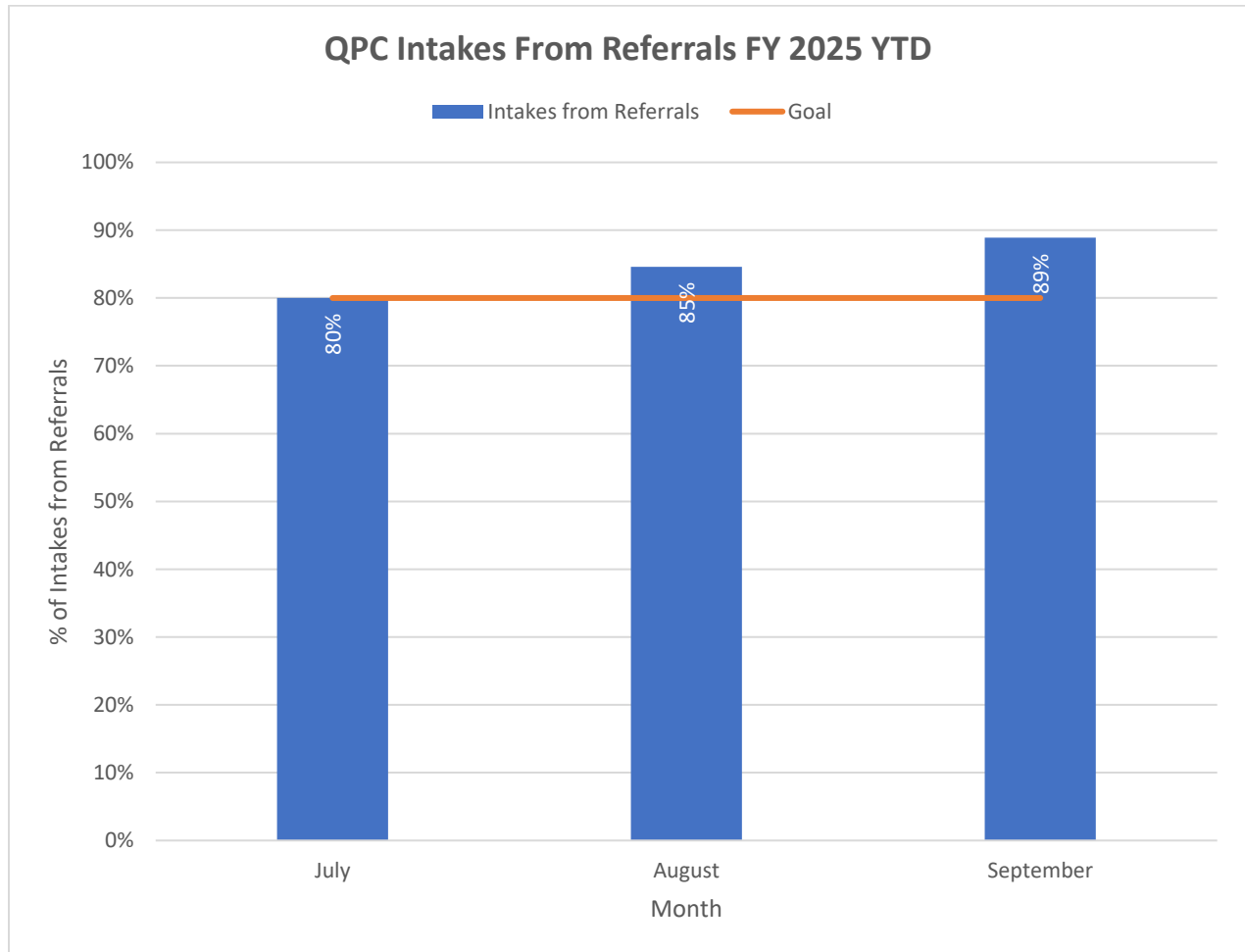
1. Personal Follow-ups: Family Life Coaches can follow up personally with families who missed meetings within 24 hours.
2. Incentive Program Success: Families with consistent attendance could be eligible for rewards (e.g., gift cards).
3. Surveys and Follow-ups: Surveys conducted with families who previously had a low show rate identified key barriers (transportation, work schedules, etc.), and targeted interventions were implemented.

Goal:

To increase the conversion rate of referrals into program intakes, ensuring that referred individuals are successfully engaged in the intake process within 30 days of the referral.

Outputs/Outcomes:

Achieve an 80% or higher conversion rate of all referrals to completed program intakes each month. This will enhance program access and ensure individuals referred are receiving needed services.



Improvement Plan:

Met goal. No improvement plan needed.

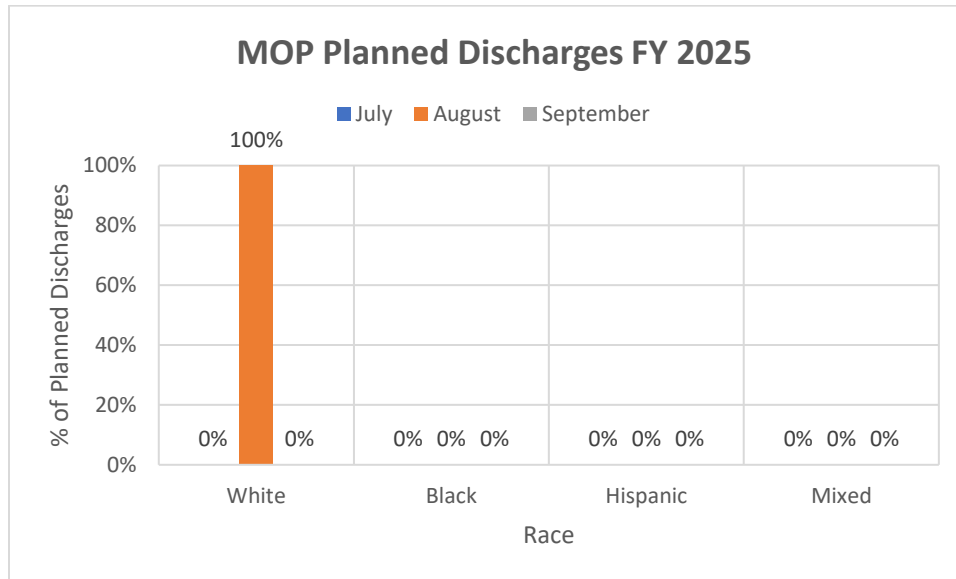
Moving on Project (MOP)

Goal:

The MOP ensures that residents transition into independent housing through well-structured and planned discharge procedures.

Outputs/ Outcomes:

MOP is dedicated to equipping young adults with the essential skills needed for success in adulthood, particularly those who may lack prior experience due to their backgrounds. The benchmark for successful discharges is set at 90% of all discharged clients.



Moving on Project (MOP)



Improvement Plan:

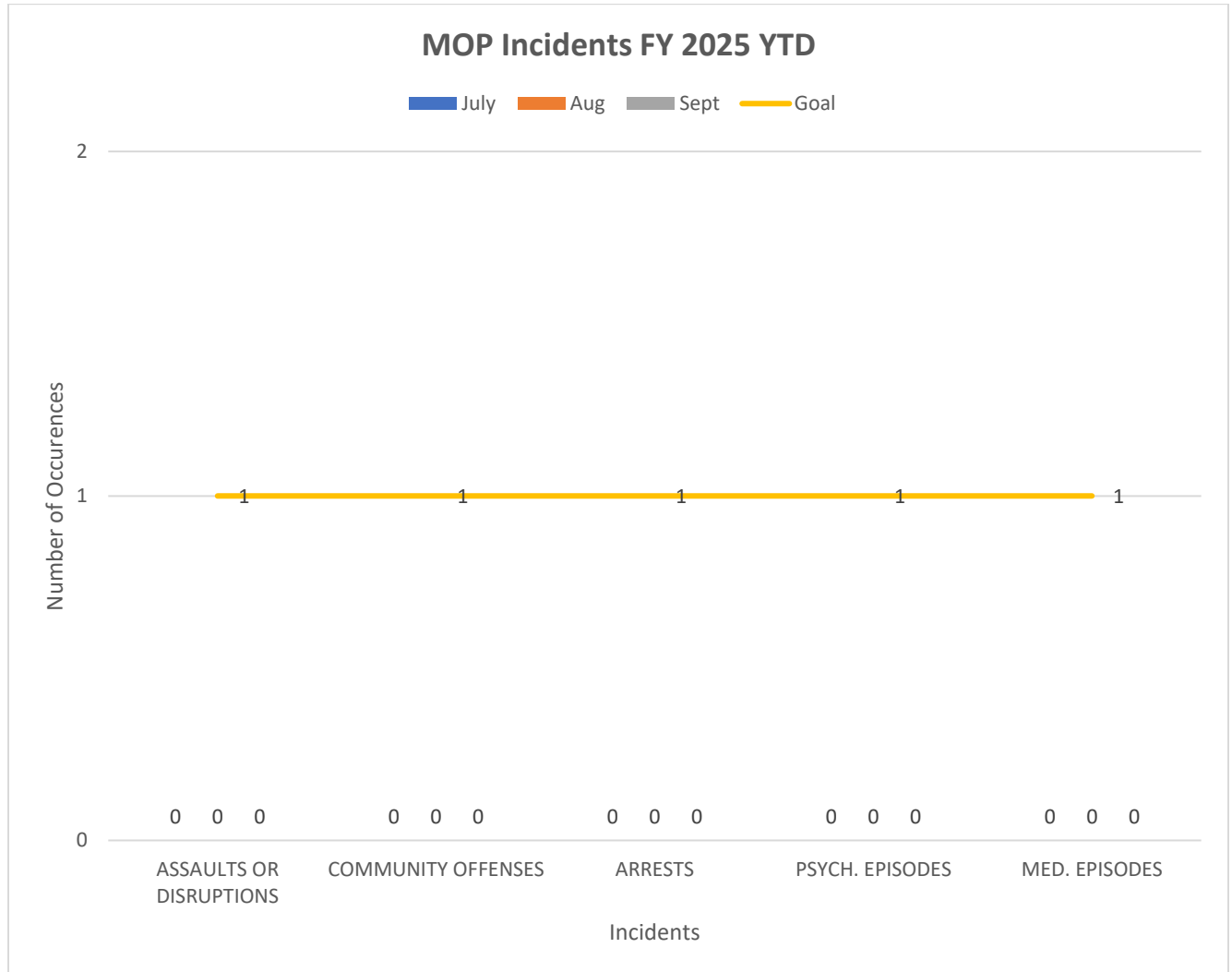
Met goal. No improvement plan needed.

Goal:

Ensure that the MOP provides and maintains a stable and safe environment for all residents, fostering security and well-being throughout their stay.

Outputs/Outcomes:

The program aims to achieve a benchmark of no more than one incident per category each month, such as safety violations, behavioral issues, or conflicts.



Improvement Plan:

Met goal. No improvement plan needed.

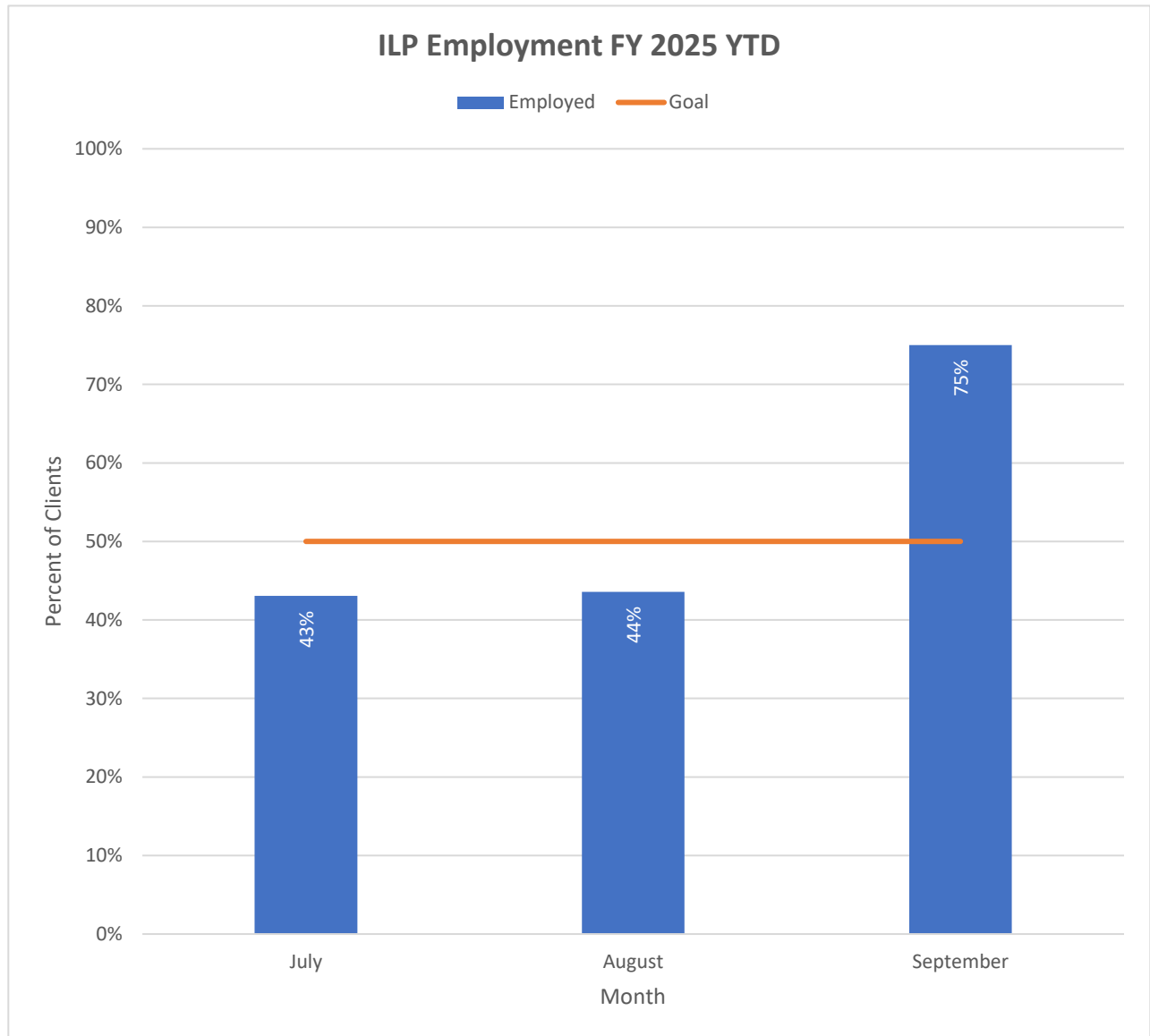
Youth Independent Living (YIL)

Goal:

Independent living prepares participants to develop job readiness skills.

Outputs/Outcomes:

At least 50% of participants will have successfully completed employment.



Improvement Plan:

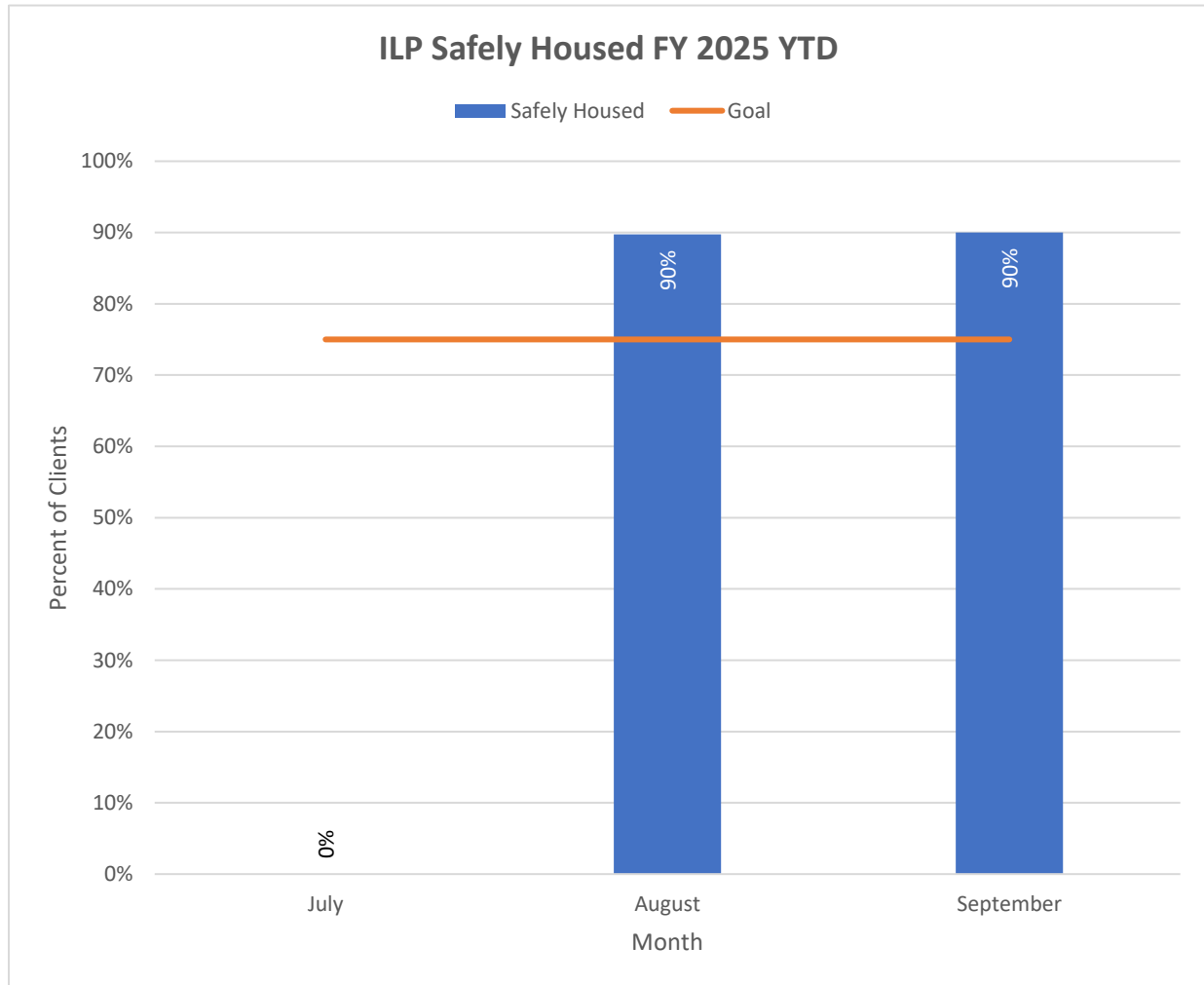
Met goal. No improvement plan needed.

Goal:

Ensure that participants in Youth Independent Living have access to safe housing.

Outputs/Outcomes:

The Youth Independent Living team is dedicated to supporting clients by ensuring they secure stable housing. The benchmark for this goal is that at least 75% of all clients receive housing assistance from the department, helping them transition to independent living.



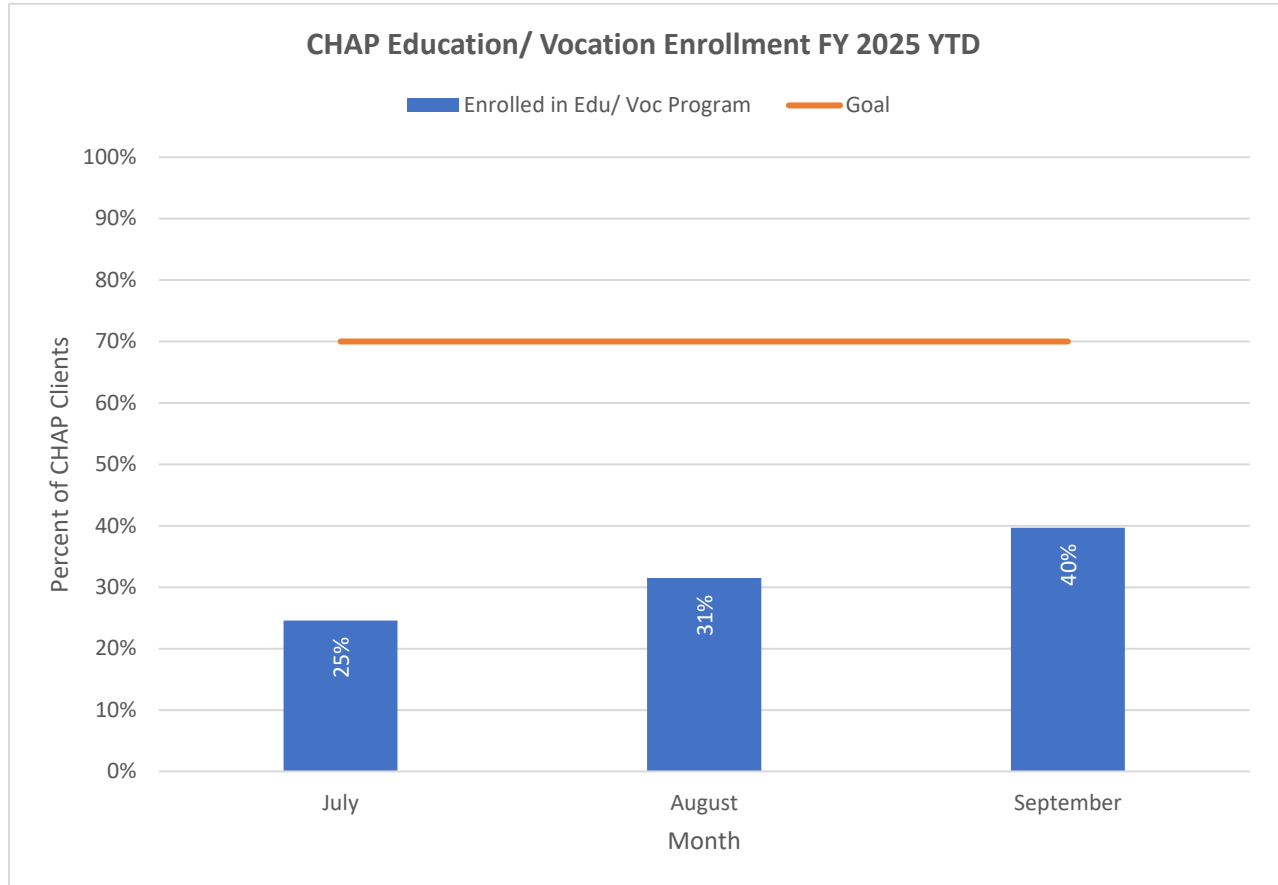
Improvement Plan:

Met goal. No improvement plan needed.

Goal:

Ensure that Youth Independent Living supports participants in pursuing educational goals.

Outputs/Outcomes: The Youth Independent Living team assists CHAP clients in enrolling in either educational or vocational programs, aiming to foster their overall development. The benchmark for this goal is to have 70% of CHAP clients enrolled in such programs.



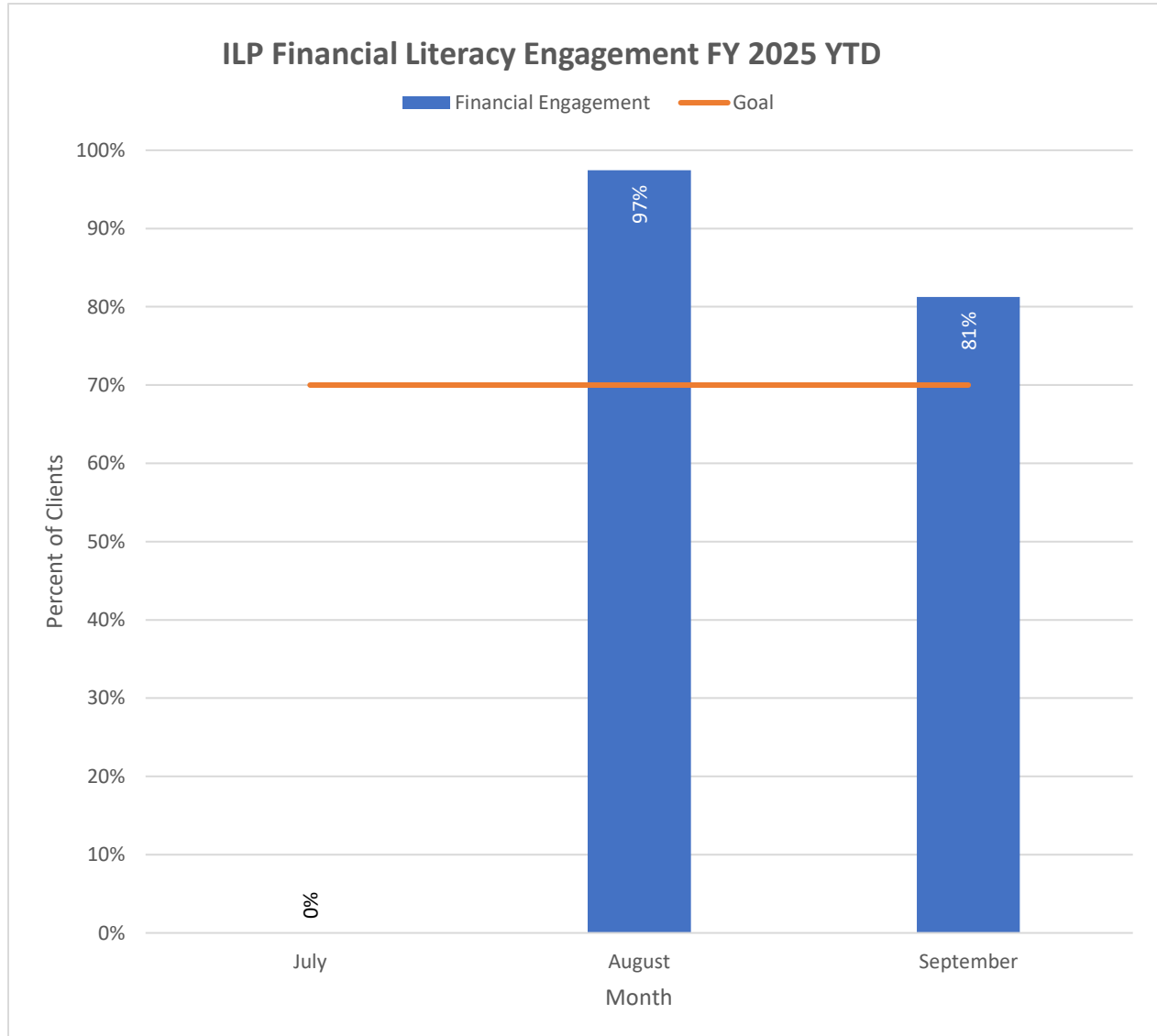
Improvement Plan:

1. Data Collection: Review enrollment data for educational and vocational programs from the past 12 months to establish a baseline. Enrollment numbers are expected to be lower during the summer months compared to the September-May period, which typically sees higher participation.
2. One-on-One Counseling: Provide individualized counseling sessions to help participants identify educational goals and the steps needed to achieve them. Counselors can explore interests, discuss potential career paths, and outline financial aid options.
3. Transportation: Provide transportation assistance (e.g., bus passes, ride-share credits) for participants needing help commuting to schools or training programs.
4. Life Skills and Time Management Training: Incorporate life skills workshops focused on time management, balancing school with work and family, and other soft skills that are essential for success in educational settings.

Goal:

Ensure that Youth Independent Living teaches participants financial literacy skills.

Outputs/Outcomes: The Youth Independent Living team empowers clients to begin understanding finances for their future. The benchmark for this outcome is to have at least 70% of clients to engage in financial literacy.



Improvement Plan:

Met goal. No improvement plan needed.

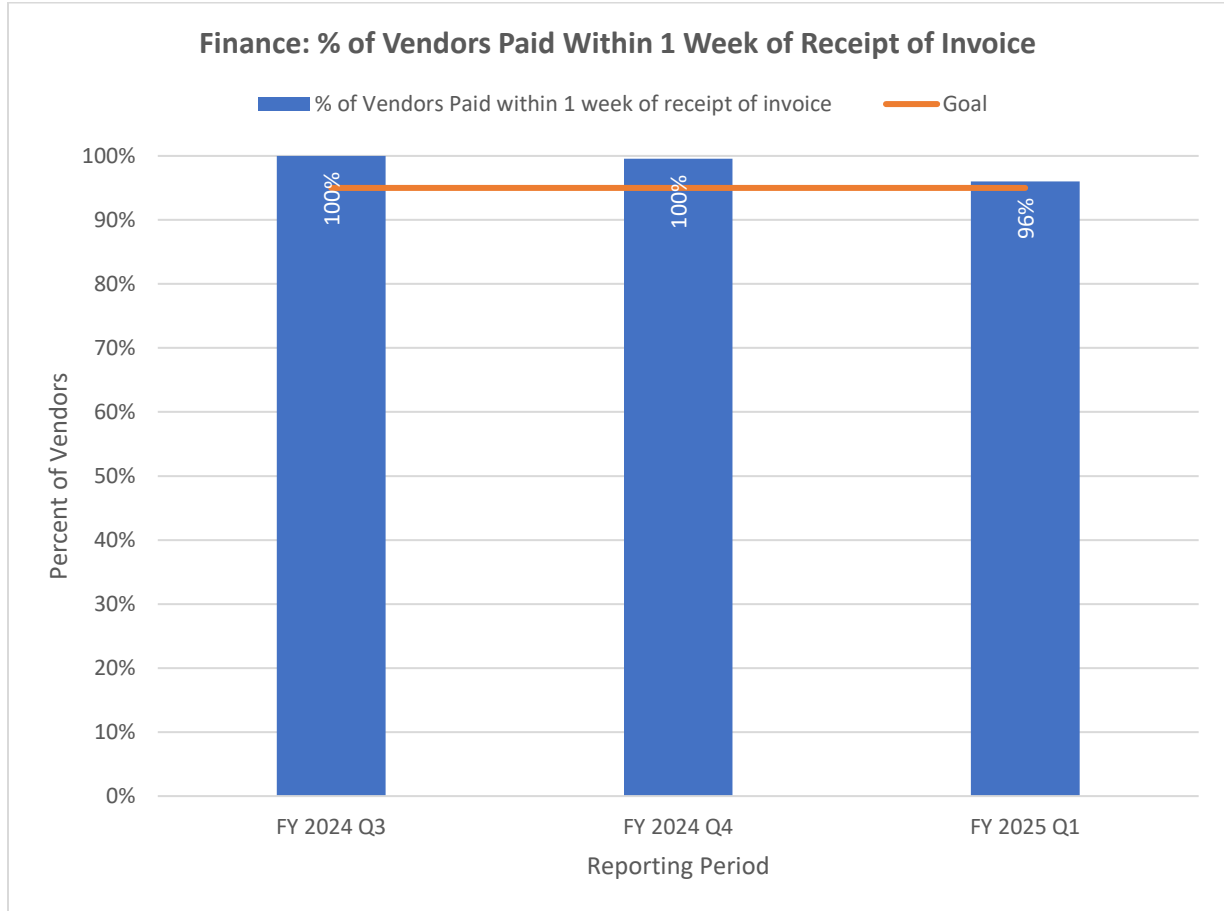
Administrative

Goal:

The Finance and Administration Department aims to settle vendor payments within one week of receiving the invoice at the finance department.

Outputs/Outcomes:

The finance department has set a target for 95% of vendors to receive payment within one week.



Improvement Plan:

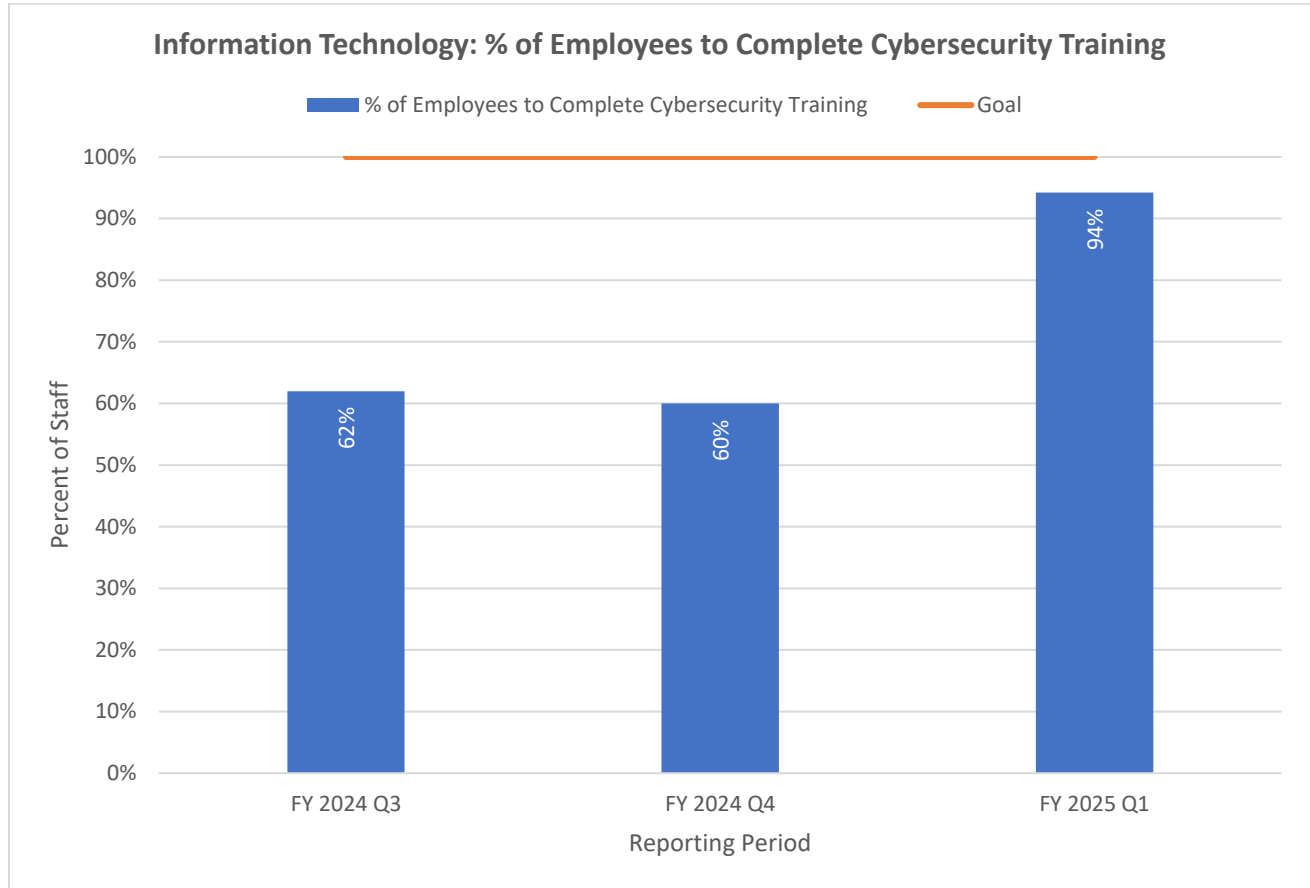
Met goal. No improvement plan needed.

Goal:

Information Technology provides employees (with email addresses) with access to cybersecurity training.

Outputs/ Outcomes:

Trainings are sent out at least once a quarter. 100% of Employees with email addresses are expected to complete cybersecurity trainings.



Improvement Plan:

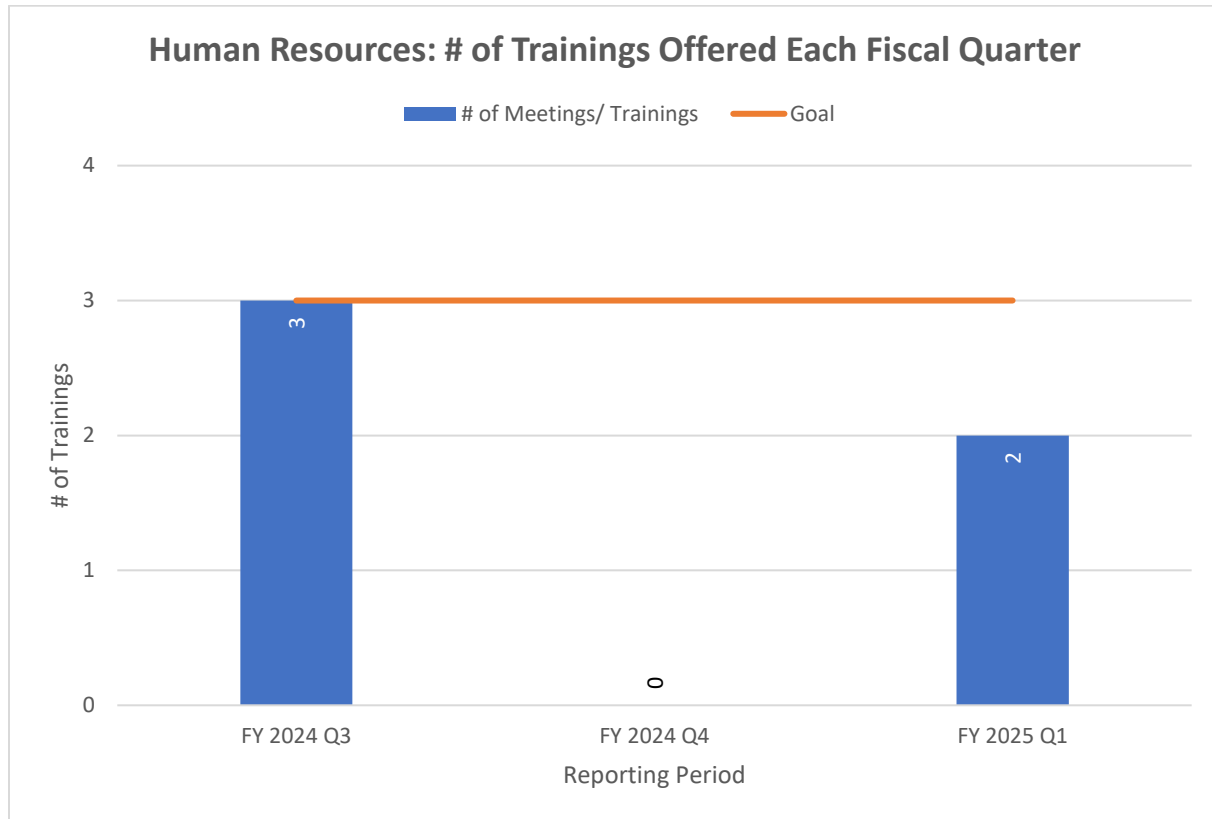
1. Performance Monitoring: Track the completion of training modules and performance in simulations. Hold staff accountable for participating in mandatory training and following best practices.
2. Training Completion Rates: Monitor staff completion rates for cybersecurity training and identify any patterns of non-compliance.
3. Leadership Team: Promote the importance of cybersecurity training and support compliance through communication and incentives.

Goal:

Human Resources will conduct trainings for managers, staff, or any required participants every quarter.

Outputs/ Outcomes:

Human Resources (HR) is dedicated to conducting three training sessions for staff each quarter.



Improvement Plan:

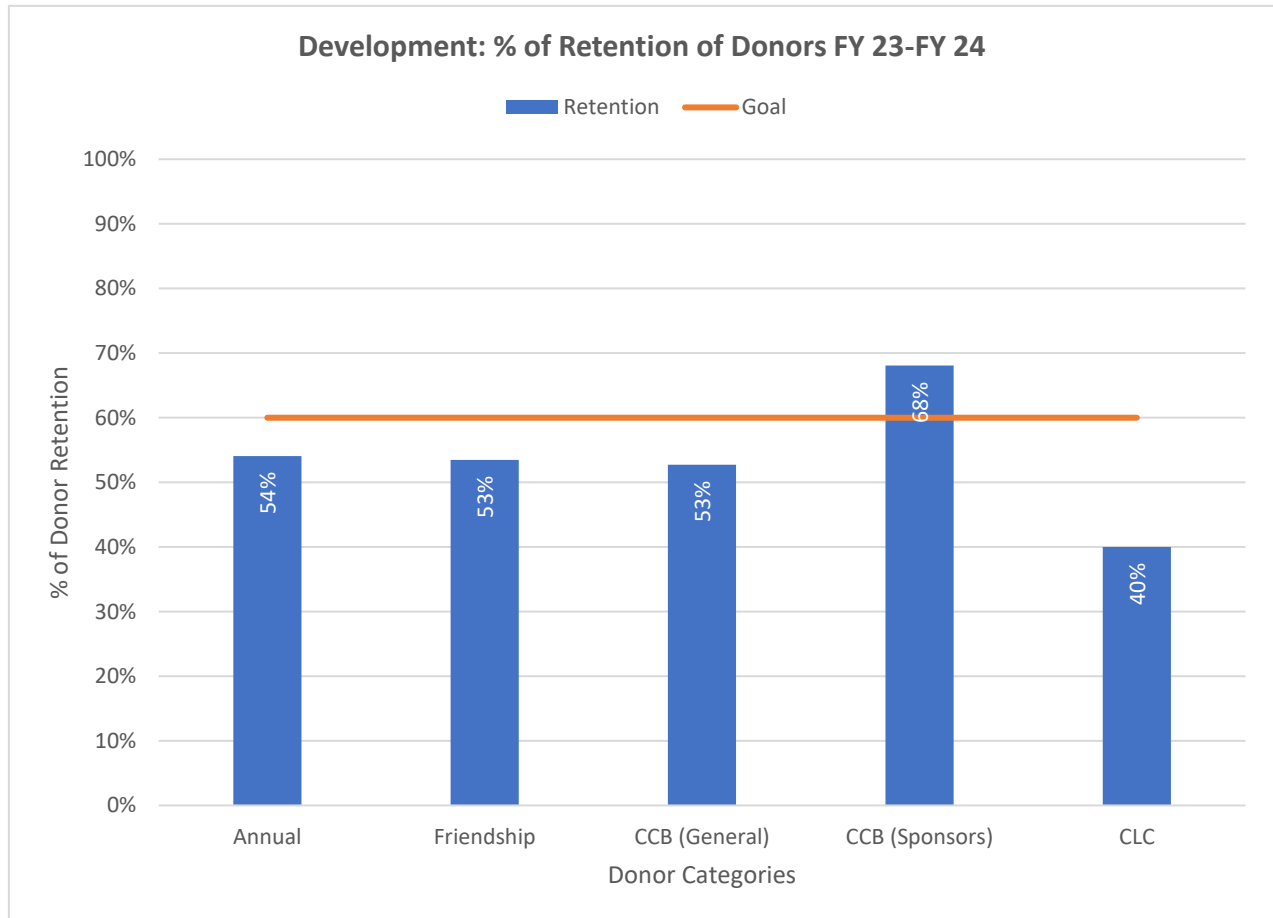
1. Data Collection: Review attendance records for past HR training sessions to establish a baseline participation rate.
2. Employee Feedback: Conduct surveys or focus groups to gather feedback on employees' experiences with past trainings. Identify barriers to participation (e.g., scheduling conflicts, perceived relevance) and preferences for future training formats.
3. Needs Assessment: Collaborate with department heads and supervisors to identify critical training areas, including compliance, diversity and inclusion, leadership development, conflict resolution, and workplace safety.

Goal:

Enhance donor retention rates for the Bridge Family Center each quarter through targeted engagement strategies, personalized donor communications, and strengthened stewardship efforts.

Outputs/ Outcomes:

Development is implementing a new initiative to track donor retention, with a goal of retaining 60% of donors from the previous year.



Improvement Plan:

This will be tracked each fiscal year.

1. Data Review: Analyze donor retention data over the past 12-24 months to establish a baseline retention rate.
2. Retention Metrics and Monitoring: Regularly monitor key retention metrics (e.g., donor retention rate, average gift size, donor lifetime value) and adjust strategies accordingly to address any areas of concern.

Case Record Findings Summary

Strengths:

1. **Consistent Documentation:**
 - **MOP:** Authorization and consent forms were consistently completed in all client charts.
 - **Outpatient Counseling:** Client progress notes and treatment plans were consistently completed and signed off by supervisors within required timeframes.
2. **Supervisory Oversight:**
 - Supervisory reviews and plan approvals were consistently marked as compliant, ensuring a high level of oversight in the process.
3. **Risk and Care Management:**
 - Risk assessments were consistently conducted, highlighting a strong focus on client safety.
 - Cultural and linguistic responsiveness, as well as individualized assessments, were consistently implemented, ensuring trauma-informed and personalized care.
4. **Data Management:**
 - Clients were consistently entered into data systems (e.g., PIE), and monthly updates were maintained, indicating strong data management practices.
5. **Discharge Processes:**
 - Discharge plans were consistently developed with client involvement, ensuring smooth transitions and continuity of care.
 - Post-discharge follow-up was generally completed (e.g., in MOP), with aftercare contacts well-documented in several cases.
6. **Timely Documentation:**
 - Timeliness of clinical notes (completed within 24 hours) and supervisory reviews (completed within 48 hours) was consistently maintained across audits.

Areas for Improvement:

1. **Missing Authorizations and Forms:** In some cases, **authorization for others involved in client care** was missing, leading to communication gaps.

Authorization to disclose health information and client rights acknowledgments were incomplete in some instances.

2. **Incomplete Referrals:**

Ensure 100% referral packet completion by instituting monthly audit checks and training staff on importance of external referrals.

3. **Signatures on Treatment Plans:**

Some audits noted missing clinician, supervisor, or medical provider signatures on treatment plans, which are crucial for compliance.

4. Inconsistent Documentation of Visits:

Weekly and monthly visit notes, particularly family visits and DCF-observed visits, were inconsistently documented, requiring improvement.

5. Delayed or Missing Assessments:

90-day assessments and meetings were not consistently documented, leading to gaps in client progress tracking.

Nursing assessments and AIMS assessments were not always completed within required timeframes in some cases.

6. Client Contact:

In some cases, client contact was not consistently made or documented, which affects ongoing care and engagement.

7. Missing Photos:

Some charts were missing client photos, which can affect proper identification and documentation accuracy.

8. Discharge Procedures:

Some clients were not properly discharged from data systems (e.g., PIE), indicating the need for better closure procedures.

9. QA surveys at discharge were not consistently completed, limiting feedback opportunities for improving services.

Action Step:

1. Ensure that 100% of client charts have all necessary authorizations. Conduct monthly spot checks and provide a refresher training for case managers on the importance of authorizations.

Summary:

In summary, the achievements and improvement plan for this quarter are as follows:

Achieved Goals:

- The Counseling Center aims to foster strong, meaningful relationships between clinicians and clients, which will be reflected in high show rates.
- Ensure STTAR residents are fully prepared for a successful transition to their next housing placement.
- To increase the conversion rate of referrals into program intakes at the QPC, ensuring that referred individuals are successfully engaged in the intake process within 30 days of the referral.
- The MOP ensures that residents transition into independent housing through well-structured and planned discharge procedures.
- Ensure that the MOP provides and maintains a stable and safe environment for all residents, fostering security and well-being throughout their stay.
- Independent living prepares participants to develop job readiness skills.
- Ensure that participants in Youth Independent Living have access to safe housing.
- Ensure that Youth Independent Living teaches participants financial literacy skills.
- The Finance and Administration Department aims to settle vendor payments within one week of receiving the invoice at the finance department.

Areas in Need of Improvement:

- To increase the diversity and interest in the Family Resource Center's (FRC) offerings, we aim to boost the percentage of children enrolled in multiple programs, reflecting the variety and appeal of available services.
- To improve overall participation and engagement in FRC programs, we aim to increase the average attendance across all programs, ensuring that we are meeting community needs and maximizing resource utilization.
- To enhance the personal development and social well-being of youth participating in mentoring programs at YFS, we aim to increase self-esteem and perceived social support scores by the end of the program year.
- Ensure that STTAR consistently provides a stable and safe living environment for all residents.
- To improve the attendance rate (show rate) for scheduled meetings with the Family Life Coach, fostering better family engagement and support outcomes.
- Ensure that Youth Independent Living supports participants in pursuing educational goals.
- Information Technology provides employees (with email addresses) with access to cybersecurity training.
- Human Resources will conduct trainings for managers, staff, or any required participants every quarter.
- Enhance donor retention rates for the Bridge Family Center each quarter through targeted engagement strategies, personalized donor communications, and strengthened stewardship efforts.
- To enhance the accessibility and impact of Youth and Family Services, we aim to increase enrollment in school-based services, ensuring more students and families benefit from the support and resources available.

Appendix A: PQI Data Points FY 2025

