

Summitview Child & Family Services, Inc.
Quarterly PQI Report



Q1 Report Period: October 1, 2021 – December 31, 2021

Per: COA PQI

Residential Services
Director of Youth Residential Programs – Haley Randle

Performance Measure Indicator	Target Goal	1 st Quarter July-Sept	2 nd Quarter Oct-Dec	3 rd Quarter Jan-March	4 th Quarter April-June
<u>Youth Standard Residential:</u> 95% of clients that achieved successful completion of the program who presented with Emergency Intervention needs, demonstrated a decrease in the number of Emergency Interventions throughout their course of treatment.	95%	100%	100%		
		Met	Met		
	Average to Date	100	100		
<u>Youth Agape Residential:</u> Less than 3 AWOLS (runaways) on average per month	< 3	4	3.7		
		Not Met	Not Met		
	Average to Date	4	3.9		

Residential Services
CEO - Anna Gleason

Performance Measure Indicator	Target Goal	1 st Quarter July-Sept	2 nd Quarter Oct-Dec	3 rd Quarter Jan-March	4 th Quarter April-June
<u>Adult Residential:</u> 90% of clients demonstrate an increase in Independent Living Skills based upon ANSA scores at Intake and Discharge.	90%	80%	75%		
		Not Met	Not Met		
	Average to Date	80	78		
<u>Adult Residential:</u> 90% of clients with a planned discharge successfully complete individual treatment goals.	90%	83%	75%		
		Not Met	Not Met		
	Average to Date	83	79		
<u>Adult Residential- Silver Ridge:</u> At least three (3) mental health groups are provided to clients each week by licensed Clinical Administrator.	3	1.6			
		Not Met	Not Met		
	Average to Date	1.6			
<u>Adult Residential- Sequoia:</u> At least two (2) mental health groups are provided to clients each week by licensed Clinical Administrator.	2	1.0			
		Not Met	Not Met		
	Average to Date	1.0			

**Summitview Academy Non-Public School
Director of Education – Heather Chapman**

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th Quarter April-June
90% of clients who completed a planned discharge demonstrated an increase in WRAT scores from Intake to Discharge.	90%	100%	50%		
		Met	Not Met		
	Average to Date	100	75		
90% of client has completed 100% of target credits (5 credits per month) during their course of treatment.	90%	100%	100%		
		Met	Met		
	Average to Date	100	100		

**General and Administrative Services
Chief Financial Officer – Corinne Morrison**

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th Quarter April-June
On average, less than 2% of new workers compensation claims (excluding first aid) as a percentage of frontline shifts.	<2%	1.0 Met	3.2% Not Met		
	Average to Date	1.0	2.1		
**Less than 10% turnover rate of FT Mental Health Specialist positions.	<10%	5.2 Met	13.8 Not Met		
	Average to Date	5.2	9.5		
**Less than 15% turnover rate of FT ACTIVE Mental Health Specialists.	<15%	7.8 Met	20.6 Not Met		
	Average to Date	7.8	14.2		

Outpatient Mental Health Services
Senior Director of Mental Health Programs – Chris Stedeford

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th Quarter April-June
60% of EDC clients graduate to community services each fiscal year.	60%	70%	100%		
		Met	Met		
	Average to Date	70	85		
90% of clients demonstrate a reduction in overall score for the Pediatric Symptom Checklist from client Intake to Discharge.	90%	40%	NA		
		Not Met			
	Average to Date	40	NA		
90% of clients demonstrate completion of individual therapy goals from intake to discharge as measured by Discharge Report.	90%	72%	100%		
		Not Met	Met		
	Average to Date	72	86		
90% of clients demonstrate positive progress towards completion of individual therapy goals as measured in quarterly treatment reviews.	90%	100%	100%		
		Met	Met		
	Average to Date	100	100		

Residential Mental Health Services
Senior Director of Mental Health Programs – Chris Stedeford

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th Quarter April-June
<u>Standard:</u> 90% of clients completing planned discharge, do so within 6 months of admission	90%	68%	90%		
		Not Met	Met		
	Average to Date	68	79		
<u>Standard:</u> 80% of clients complete a planned discharge.	80%	69%	77%		
		Not Met	Not Met		
	Average to Date	69	73		
<u>Crisis Residential:</u> 90% of clients complete a planned discharge.	90%	Operations temporarily suspended	Operations temporarily suspended		
	Average to Date				
90% of clients demonstrate completion of individual therapy goals from intake to discharge as measured by Discharge Report.	90%	100%	90%		
		Met	Met		
	Average to Date	100	95		
90% of clients demonstrate positive progress towards completion of individual therapy goals as measured in NSP reports.	90%	100%	100%		
		Met	Met		
	Average to Date	100	100		

Admissions
Director of Admissions – Carol McCrory

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th Quarter April-June
Demonstrate less than 5% vacancy rates for the Adult Residential Sequoia facility.	<5%	18.1 Not Met	14.9% Not Met		
	Average to Date	18.1	16.5		
	Year-to-Date	18.1	16.5		
Demonstrate less than 5% vacancy rates for Standard Youth Residential facilities.	< 5%	5.4% Not Met	9.3% Not Met		
	Average to Date	5.4	7.4		
	Year-to-Date	5.4	6.5		
Demonstrate less than 10% vacancy rates for Crisis Youth Residential facilities.	< 10%	Operations temporarily suspended	Operations temporarily suspended		
	Average to Date				
	Year-to-Date				