

**Summitview Child & Family Services, Inc.
Quarterly PQI Report**



Q3 Report Period: January 1, 2022 – March 31, 2022

Per: COA PQI

Residential Services
Director of Youth Residential Programs – Haley Randle

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th 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%	83%	
		Met	Met	Not Met	
	Average to Date	100	100	94.3	
<u>Youth Agape Residential:</u> Less than 3 AWOLS (runaways) on average per month	< 3	4	3.7	2.3	
		Not Met	Not Met	Met	
	Average to Date	4	3.9	3.3	

Residential Services
CEO - Anna Gleason

Performance Measure Indicator	Target Goal	1st Quarter July-Sept	2nd Quarter Oct-Dec	3rd Quarter Jan-March	4th 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%	100%	
		Not Met	Not Met	Met	
	Average to Date	80	78	85	
<u>Adult Residential:</u> 90% of clients with a planned discharge successfully complete individual treatment goals.	90%	83%	75%	100%	
		Not Met	Not Met	Met	
	Average to Date	83	79	86	
<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		NA Facility Closed	
		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		1.3	
		Not Met	Not Met	Not Met	
	Average to Date	1.0	1.0	1.1	

**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%	70%	
		Met	Not Met	Not Met	
	Average to Date	100	75	73.3	
90% of client has completed 100% of target credits (5 credits per month) during their course of treatment.	90%	100%	100%	93%	
		Met	Met	Met	
	Average to Date	100	100	97.6	

**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	3.8% Not Met	
	Average to Date	1.0	2.1	2.7	
**Less than 10% turnover rate of FT Mental Health Specialist positions.	<10%	5.2 Met	13.8 Not Met	2.9 Met	
	Average to Date	5.2	9.5	7.3	
**Less than 15% turnover rate of FT ACTIVE Mental Health Specialists.	<15%	7.8 Met	20.6 Not Met	4.2 Met	
	Average to Date	7.8	14.2	10.9	

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%	100%	
		Met	Met	Met	
	Average to Date	70	85	90	
90% of clients demonstrate a reduction in overall score for the Pediatric Symptom Checklist from client Intake to Discharge.	90%	40%	NA	100%	
		Not Met		Met	
	Average to Date	40	NA	70	
90% of clients demonstrate completion of individual therapy goals from intake to discharge as measured by Discharge Report.	90%	72%	100%	100%	
		Not Met	Met	Met	
	Average to Date	72	86	90.6	
90% of clients demonstrate positive progress towards completion of individual therapy goals as measured in quarterly treatment reviews.	90%	100%	100%	100%	
		Met	Met	Met	
	Average to Date	100	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%	69%	
		Not Met	Met	Not Met	
	Average to Date	68	79	75.6	
<u>Standard:</u> 80% of clients complete a planned discharge.	80%	69%	77%	89%	
		Not Met	Not Met	Met	
	Average to Date	69	73	78	
<u>Crisis Residential:</u> 90% of clients complete a planned discharge.	90%	Operations temporarily suspended	Operations temporarily suspended	NA	
	Average to Date				
90% of clients demonstrate completion of individual therapy goals from intake to discharge as measured by Discharge Report.	90%	100%	90%	89%	
		Met	Met	Not Met	
	Average to Date	100	95	93	
90% of clients demonstrate positive progress towards completion of individual therapy goals as measured in NSP reports.	90%	100%	100%	100%	
		Met	Met	Met	
	Average to Date	100	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%	14.9%	20.2%	
		Not Met	Not Met	Not Met	
	Average to Date	18.1	16.5	17.7	
Demonstrate less than 5% vacancy rates for Standard Youth Residential facilities (non-Kaiser).	< 5%	5.4%	9.3%	<i>Goal Updated</i> 21.2%	
		Not Met	Not Met	Not Met	
	Average to Date	5.4	7.4	12.0	
Demonstrate less than 5% vacancy rates for Standard Youth Residential facilities (Kaiser).	< 10%			<i>Goal Updated</i> 23.2%	
				Not Met	
	Average to Date			23.2	
Demonstrate less than 10% vacancy rates for Crisis Youth Residential facilities.	< 25%	Operations temporarily suspended	Operations temporarily suspended	99.8% Re-opened 3/29/22	
	Average to Date			99.8	