

## **The Bridge Performance Quality and Improvement Plan**

**April 1, 2023 to June 30, 2023**

**4<sup>th</sup> Quarter FY 2023**

**July 1, 2023- September 30, 2023**

**1<sup>st</sup> Quarter FY 2024**

**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 Judy Halpern, Performance and Quality Improvement Director, [jhalpern@bridgefamilycenter.org](mailto:jhalpern@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);
- Quality parenting centers to assist with the reunification of families under the care of the State of Connecticut Department of Children and Families.
- Transitional and Independent Living programs for young adults ages 18-21.

### *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 \$ 10.5 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 13 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 Chief Financial Officer 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:** 74% of the 392 residential program hours were filled by Bridge direct care staff. This is below the goal of 80% of program hours.

90% of new hire background checks will be completed within 3 weeks of offer being made. **Outcome:** 87% of new hires were on boarded within 3 weeks. This is below the goal of 90%.

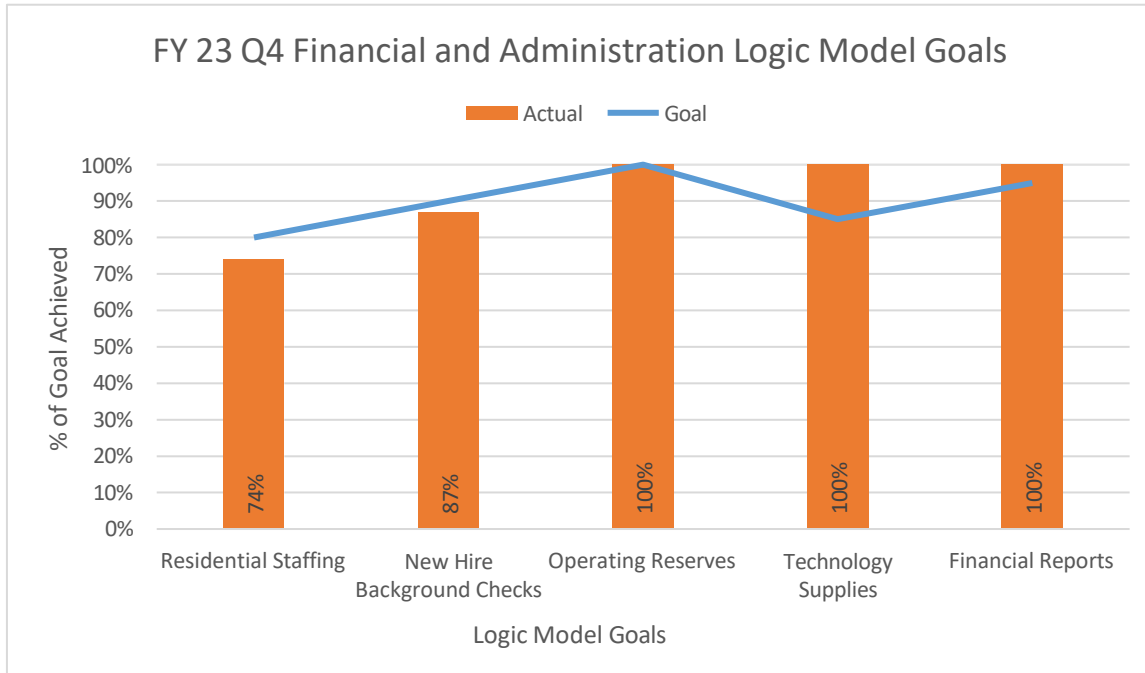
Operating reserves will be maintained at a level to cover one month of our annual expenses per our policy. **Outcome:** 100% achieved – remains unchanged.

85% of Bridge technology needs will be supplied within 3 days of request. **Outcome:** 100% 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 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:**

Some goals have been achieved and the department would like to reevaluate goals. Financial goals have exceeded the goal and it may be considered a time to raise the goal. Additionally, the way new hire background checks are assessed may not be the most accurate way to view the task. On average, new employees move through the background check process within 2.5 weeks. There were 10 employees that took longer than the 3-week goal. It is a consideration to look at the average amount of time instead of the percentage of employees.

## **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:** The Parent Leadership Training Institute grant was accepted and we are looking forward to leading this group for another year. FRC staff did participate in the National Family Support Network recertification training . the week of October 20th 2023. It was a great success!

**Outputs/Outcomes:** Circle of Security is serving 6 families. Play groups are at capacity at 70 kids. English for Families is serving 12 adults and 15 kids. Through a grant there will be artists coming to this group to make it even more dynamic. There are 7 different languages spoken within the 12 adults and 15 kids. Baby Bookworms is serving 15 families.

Pizza and Parents is serving 10 families.

**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:** Kindergarten 123 with Me served 31 kids and received . positive feedback stating how beneficial this program was.

### **Improvement Plan:**

With all the wonderful programming, Kristen would like to revisit metrics and goals to make sure it is capturing an accurate picture of the work within the FRC Department.

### **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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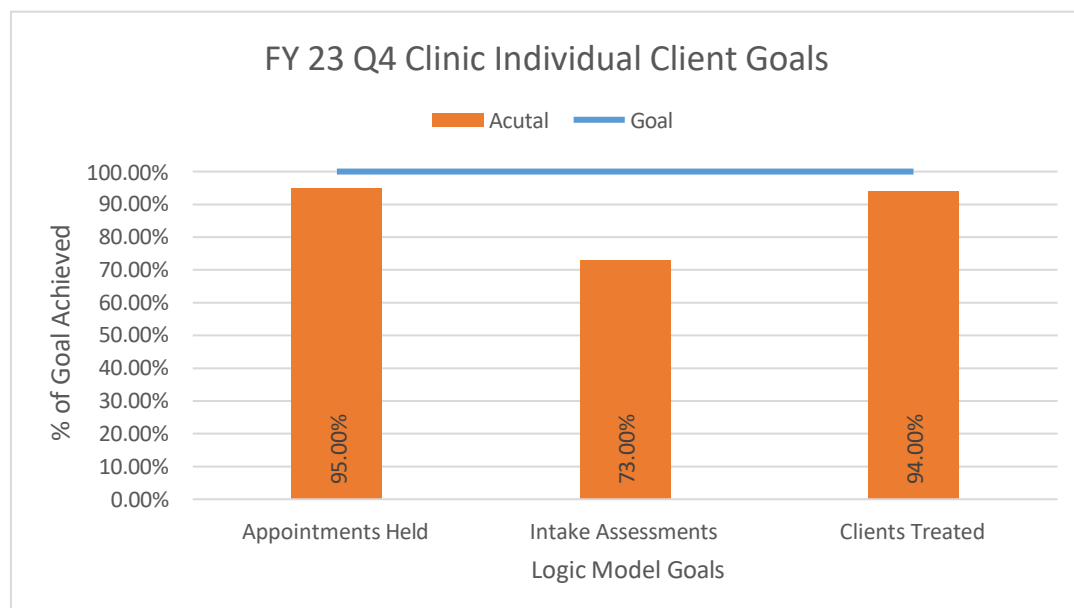
#### **Outputs/Outcomes:**

A total of at least 10,000 appointments will be held each year. As of 6.30.23 we have held a total of 9535 appointments which is 95% of our goal.

A total of at least 350 intake assessments will be administered each year. As of 6.30.23 we have completed 253 intakes (73% of our goal).

A total of at least 900 clients will be treated each year. As of 6.30.23 we have treated 841 clients. Which is 94% of our goal.

All data from FY 24 Quarter 1 was on track for where it needs to meet the goal.



The mental health .clinicians also serve outcomes through offered groups.

A total of 24 Sister Hood Sessions with 24 youth served. As of 6.30.23, 0 sessions with 0 youth have occurred.

A total of 12 sessions of Lunch Clubs with 16 youth served. As of 6.30.23 0 groups with 0 youth have occurred.

A total of 40 sessions of K.I.D.S. with 20 youth served. As of 6.30.23, 8 sessions with 10 youth have occurred.

A total of 16 sessions of Positive Youth Development Groups with 16 youth served. As of 6.30.23 6 sessions with 6 youth have occurred.

A total of 16 sessions of Clinical Groups with 16 youth served. As of 6.30.23, 9 sessions, 27 youth have occurred.

A total of 32 sessions of HANOC groups with 32 youth served. As of 6.30.23, 2 sessions with 32 youth have occurred.

### **Improvement Plan:**

The Organization is going to improve how the counseling center completes their treatment plans. Currently, the procedure states that treatment plans 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. After further review, it appears that getting clients to sign the treatment plan is the biggest challenge. 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.

Quarterly random file audits will continue to take place. The organization will know that the actions were effective once the treatment plan scores reach and maintain a minimum of 80%. Ideally, the organization would like to see the scores even higher than that; as 80% is the minimum level benchmark.

The most recent review of treatment plan compliance has demonstrated that treatment planning scores are below the organization's expectations. The specific component of treatment plans clinicians seem to be struggling with is obtaining the client signature, on time.

## **Section 4:**

### **Youth and Family Services Mentoring Program**

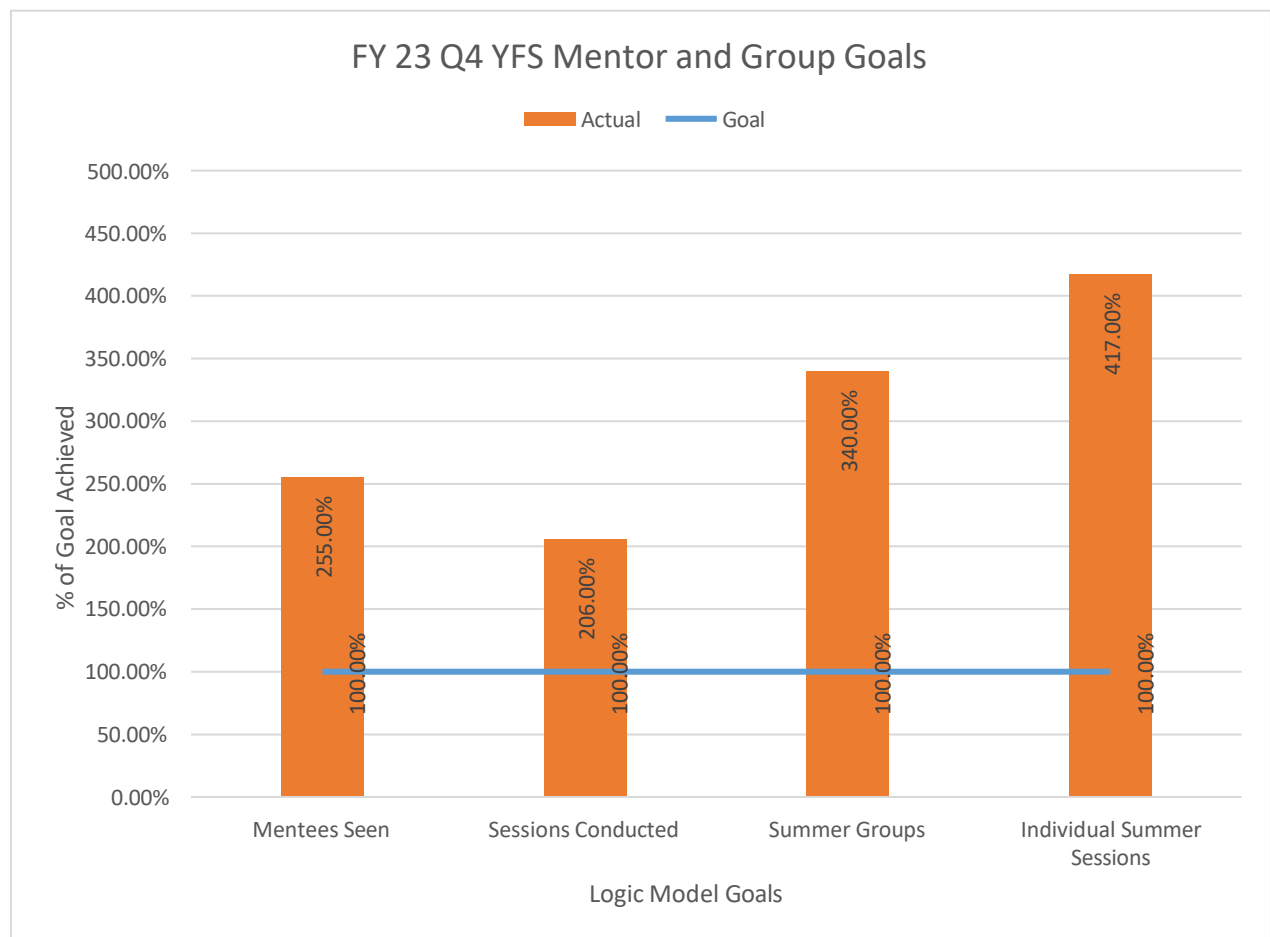
**Goal:** *The Bridge Youth and Family Services Mentoring program provides quality mentoring relationships to youth, with an emphasis on adolescents. Young people need caring and supportive adult relationships; youth at risk in this community often rely on external support provided by Bridge Mentors. 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 51 (20 goal –255%) mentees have been seen as of 6/30/2023.

A total of 679 (330 goal - 206%) sessions have been conducted as of 6/30/22.

A total of 17 youth and 50 summer group and individual sessions (5 youth - 340% and 12 sessions -417% goal) for summer mentoring group and individual sessions as of 6/30/2023. (Completed.)



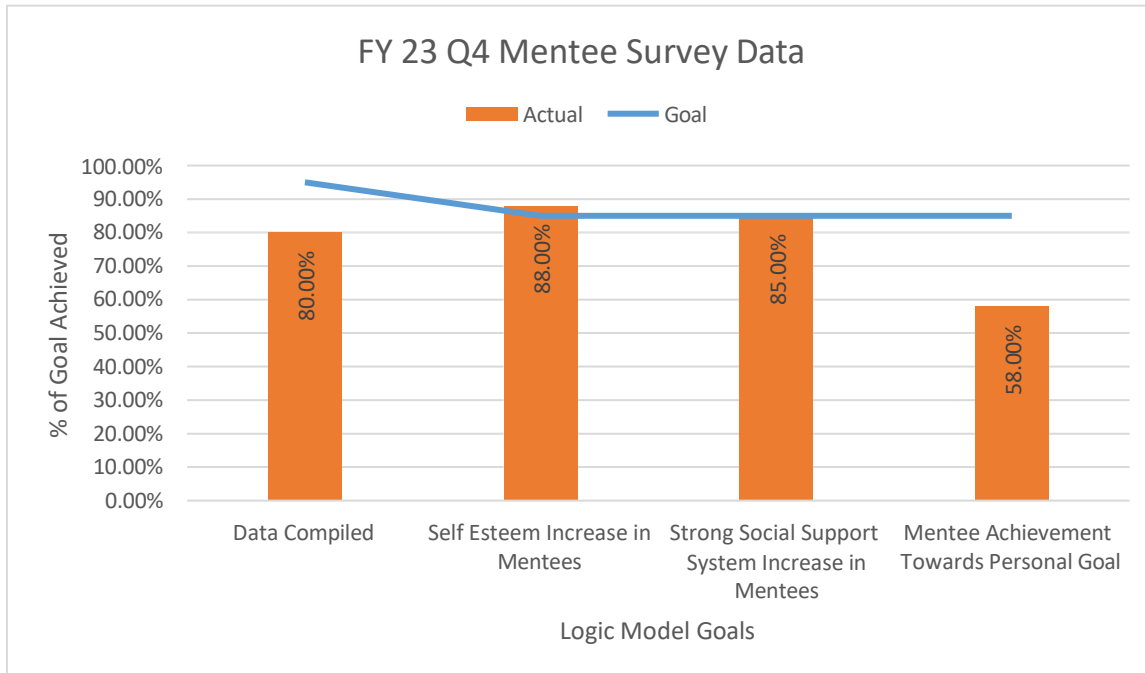


Monthly progress survey data compiled; 80% (95% goal) have been as of 6/30/2023.

Outcome Ongoing survey results reveal 88% (85% goal) toward increased self-esteem.

Ongoing survey results reveal 85% (85% goal) toward increased perception of a strong social support system.

Ongoing survey results reveal 58% (85% goal) toward achievement of personal goal.



Personal goal decrease appears to be related to difficult academic and SEL goals being set, close to end of the year drop off in focus, and many newer mentees not established in the routine of working toward their goals.

The teen center is another aspect that helps youth and families.

Number of participants FY 23 Q4: 440

Percentage of goal FY 23: 93

Number of participants FY 24 Q1: 440

Percentage of goal FY 24: 93

Number of drop in days FY 23 Q4: 28

Percentage of goal FY 23: 94

Number of drop in days FY 24 Q1: 28

Percentage of goal FY 24: 94

Number of teen nights FY 23 Q4: 3

Percentage of goal FY 23: 90

Number of teen nights FY 24 Q1: 3

Percentage of goal FY 24: 90

Number of teen night participants FY 23  
Q4: 138

Percentage of goal FY 23: 283

Number of teen night participants FY 24  
Q1: 138

Percentage of goal FY 24: 283

Number of Leadership sessions FY 23  
Q4: 12

Percentage of goal FY 23: 127

Number of Leadership sessions FY 24  
Q1: 12

Percentage of goal FY 24: 127

Number of Leadership participants FY  
23 Q4: 14

Percentage of goal FY 23: 117

Number of Leadership participants FY  
24 Q1: 14

Percentage of goal FY 24: 117

Number of Leadership fundraising  
activities FY 23 Q4: 1

Percentage of goal FY 23: 300

Number of Leadership fundraising  
activities FY 24 Q1: 1

Percentage of goal FY 24: 300

Number of Leadership community  
service activities FY 23 Q4: 9

Percentage of goal FY 23: 900

Number of Leadership community  
service activities FY 24 Q1: 9

Percentage of goal FY 24: 900

### **Improvement Plan:**

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. Additionally, since the goals have been written, more staff have been added to the team making the goals easily attainable. The new YFS director will begin next week and this will become one of her first tasks.

## **Section 5:**

### **Short Term and Assessment and Respite (STAR) Programs-Group Living Situations (GLS)**

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

#### **STAR Outputs and Outcomes:**

90% of Monthly Treatment Planning Progress Reports (MTPPR) will be completed.

In FY 23 Q4 100% of required MTPPR's were completed. Goal exceeded.

In FY 24 Q1 100% of required MTPPR's were completed. Goal exceeded.

90% of required STAR comprehensive assessments will be completed.

In FY 23 Q4 100% were completed, goal exceeded.

In FY 24 Q1 100% were completed, goal exceeded.

85% of scheduled individual clinical sessions will be completed.

In FY 23 Q4 100% of STAR individual sessions occurred, goal exceeded.

In FY 24 Q1 100% of STAR individual sessions occurred, goal exceeded.

85% of scheduled group clinical sessions will be completed.

In FY 23 Q4 100% achieved. Goal exceeded.

In FY 24 Q1 100% achieved. Goal exceeded.

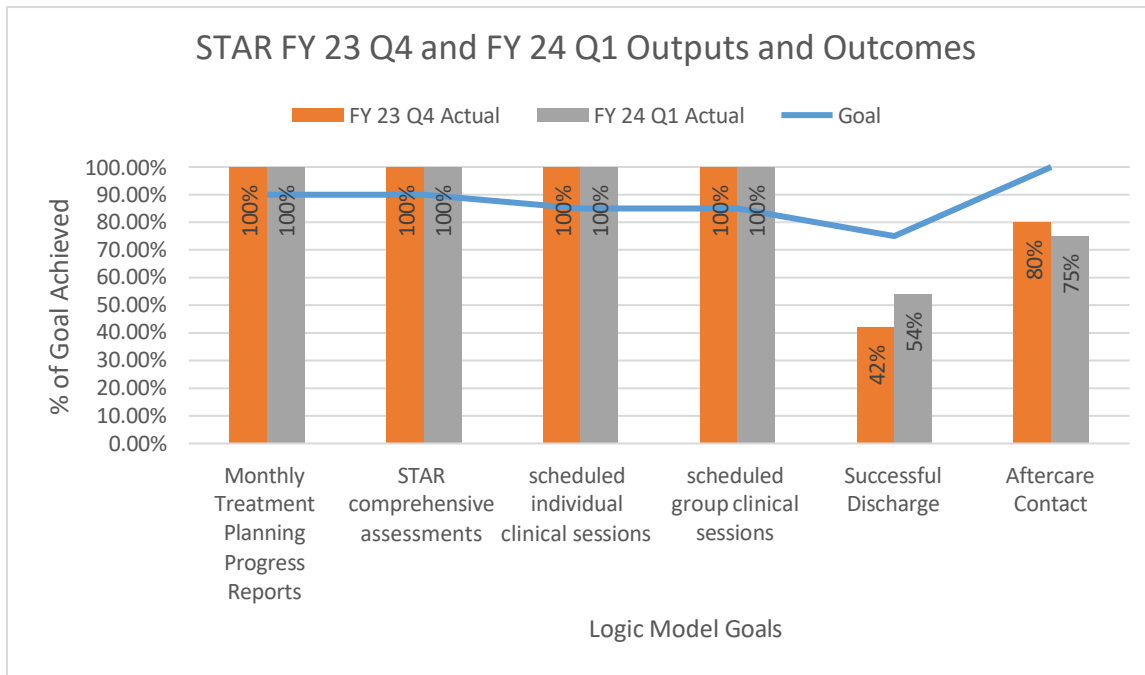
Program efficacy will be evidenced by 75% successful discharges

In FY 23 Q4 42% of STAR discharges were successful, goal not met.

In FY 24 Q1 54% of STAR discharges were successful, goal not met.

In FY 23 Q4 80% of STAR aftercare contacts occurred, goal not met.

In FY 24 Q1 75% of STAR aftercare contacts occurred, goal not met.



### **STAR Improvement Plan**

The Organization is going to improve GLS outcomes that fell short of goal for data period of 4/1/2023-9/30/2023. The STAR programs fell short in three areas: Successful Discharges, Aftercare Contacts and decreasing police calls to Emergency Medical Services.

The Director of Residential Services and the Director of Operations 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 STARs continued to improve this quarter in meeting the goal of treatment plan compliance, LIST assessments, individual sessions and groups.

The FY23 Q4 has demonstrated that we fell below expectations for successful discharges and after care contacts as many of the youth do not want to engage in follow up sessions, especially if they have an unplanned discharge.

Action items include: routinely review with team, director of residential services ensures that clinicians are producing the expected work and/ or properly documenting residents' refusal to participate.

Success indicators are: successful discharge progress, aftercare contacts, STAR assessment completion, individual and group clinical sessions, and resident

participation in recreational activities. Other indicators are a survey filled out by the client, a decrease of unplanned discharges. The department would like to have behavior and incentive plans for the clients invested in treatment.

**Moving on Project Outputs and Outcomes**

In FY 23 Q 4, 10 out of 10 required LIST completed, 100% - goal met.

In FY 24 Q 1, 10 out of 10 required LIST completed, 100% - goal met.

In FY 23 Q4 68 school days attended out of 206, 33% Goal not met of 75%.

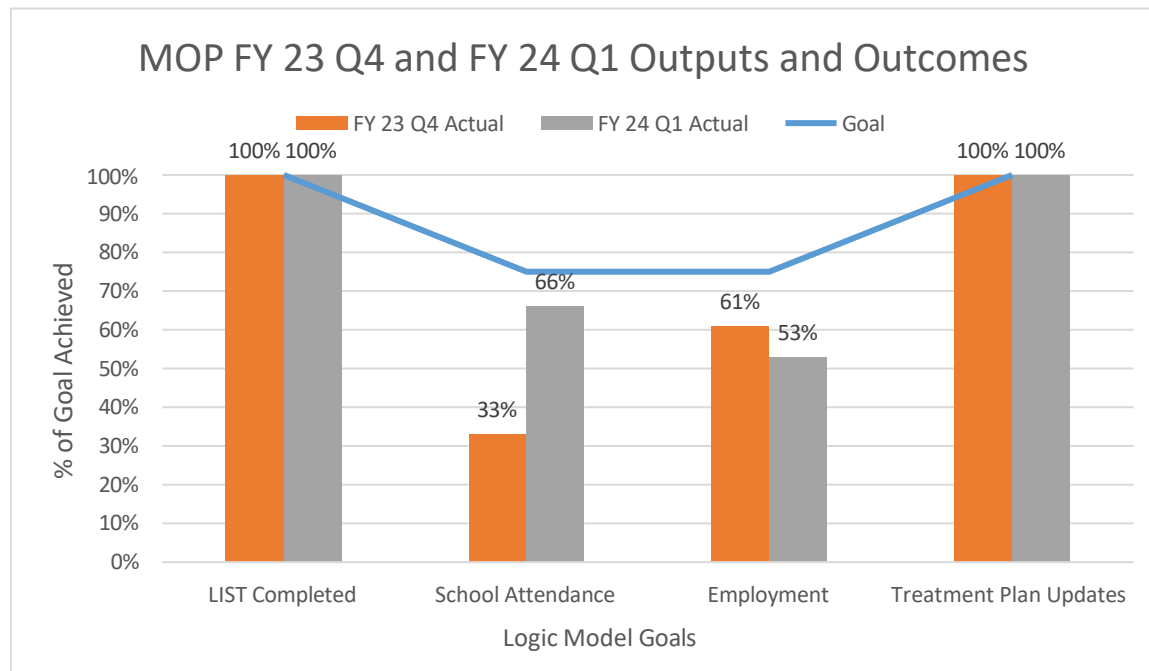
In FY 24 Q1 65 school days attended out of 43, 66%. Goal not met of 75%.

In FY 23 Q4 8 out of 13 youth, 61% are employed, Goal not achieved of 75%.

In FY 24 Q1 8 out of 15 youth, 53% are employed, Goal not achieved of 75%.

In FY 23 Q4 100% of required treatment plan updates were completed.

In FY 24 Q1 100% of required treatment plan updates were completed.



### **Moving on Project Improvement Plan**

The Organization is going to improve MOP outcomes that fell short of goal for data period Q4 FY23. Areas where we fell short: 1) 68 school days attended out of 206 ,2) 8 out of 13 youth, 61% are employed, 3) 145 out of 262 life skills group was attended, 66%

The Director of Residential Services will continue to check-in with Program Directors and Educational Vocational Specialists weekly and will focus on these areas, and all success indicators, to ensure that we are on track. We have started to have incentives for life skills group. We are heading in the right direction as the number is improving. TLC's and Ed Voc Specialist continue to meet with the youth weekly to focus on finding employment and working on life skills on an individual basis.

The most recent review has demonstrated that school attendance, obtaining employment and participation in weekly Life Skills Groups were below the organization's expectations.

Action items include: routinely review with team, director of residential services ensures that clinicians are producing the expected work and/ or properly documenting residents' refusal to participate.

Success indicators are: routinely reviewed during monthly team meeting and individual supervision sessions. Other indicators are a survey filled out by the client and weekly DCF updates.

### **Quality Parenting Center Outputs and Outcomes**

The QPC is a newer program at the Bridge Family Center. Residential services is in the process of creating a logic model.

### **Quality Parenting Center Improvement Plan**

No improvement plan at the moment.

## **Section 6:**

### **Youth Independent Living**

**Goal:** *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. It does this through CHAP, CHEER, and YIT.*

### **Outputs and Outcomes:**

71 CHAP youth, 11 YIT complete LIST assessments annually. 7/1/23-9/30/23 ILP served 82 youth and LIST assessments were completed for all who were in placement for 90 days or longer.

100% LIST updates will be updated at the required 90-day intervals. 100% completed  
82 youth will have a Treatment Plan annually. 7/1/23-9/30/23 ILP all youth had treatment plans and required updates occurred 100% of the time.

Discharge Plans completed for all applicable CHAP/YIT clients. 100% completed

File Audit Accuracy: Goal of 80% completeness. Scored at 97% for the 1st Q compared 96% in the last Q4.

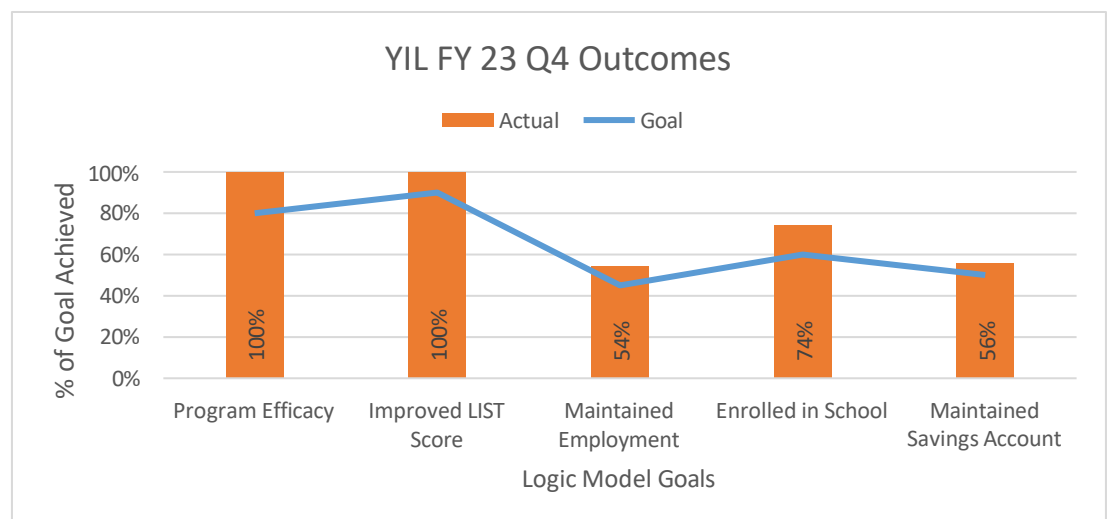
Program efficacy evidenced by 100% planned discharges in the 1st q. Exceeded goal of 80%

100% of clients showed an improved LIST score after 6 months. Exceeded goal of 90%

54% maintained part- or full-time employment. Exceeded goal of 45%

74% of school tracked youth are enrolled in school and in good standing. Exceeded goal of 60%

56% maintained a savings account. Exceeded goal of 50%.



### **Improvement Plan:**

No improvement plan implemented at the moment.

## **Section 7:**

### **Performance and Quality Director Report**

The primary objective at the Bridge Family Center is to serve our clients to the best of our ability and provide the best service possible. To do that, the PQI director will begin the process of centralizing data within Apricot. Currently all departments are using a different system and this will be streamlined under Apricot. The PQI director will work with each director to make sure Apricot has the functionality they need to serve clients at optimal capacity. The PQI director asked senior leadership to review forms within Apricot and assign a person to be held accountable for data in each department. This should be done by Friday November 12th. If there are any questions, comments, or concerns, staff should feel free to contact Judy directly:

Email: [jhalpern@bridgefamilycenter.org](mailto:jhalpern@bridgefamilycenter.org)

Office: 1022 Farmington Ave, 3rd Floor

Cell: 860-808-9129

**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.