CHOR YOUTH & FAMILY SERVICES

EdisonCourt

CHOR

PFA FORENSIC ASSOCIATES

PFA SAFEGUARDS FOSTER CARE

COMMUNITY PREVENTION PARTNERSHIP

2025 ANNUAL PERFORMANCE & QUALITY IMPROVEMENT REPORT

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EXECUTIVE SUMMARY

The Children's Home of Reading Youth & Family Services (CHOR YFS) d.b.a Edison Court, d.b.a Affinity Services and d.b.a Community Prevention Partnerships (CPP) collectively offers programs and services in the areas of Residential, Community-Based, Education, and Outpatient Services. CHOR YFS is constantly focused on providing programs that meet the dynamic needs of our communities in a manner that meets or exceeds the needs and expectations of our key stakeholders.

Our goal is to deliver services to children, adults, and families in the most effective and efficient manner. CHOR, ECI programs, and Safeguards are accredited under the Council on Accreditation (COA). Pennsylvania Forensic Associates (PFA) and CPP underwent the accreditation process in March 2025. Germantown Residential Treatment Facility was licensed and started operations in March 2025. After 6 months, Germantown will be eligible for the Council on Accreditation process as a single program to align with the rest of CHOR YFS.

MISSION: Caring for the needs of Children and Families in crisis and preparing them for success in life, thereby strengthening the Quality of Life in the Communities we serve

Over the last year, the Quality and Compliance Department has continued to work with the CHOR YFS entities to streamline reporting and improve outcomes. This report outlines the efforts made to improve the lives of our clients, maintain accountability, and improve areas where needed. Founded on strong principles and consistent with the best practices outlined in the Council on Accreditation's standards, CHOR YFS presents our sixth annual Performance and Quality Improvement Report.

INTRODUCTION

CHOR YFS is committed to the advancement of quality improvement principles designed to promote the delivery of efficient and effective services to those that we serve. We use an inclusive and transparent approach when establishing performance goals, benchmarks, and determining how to measure our work. CHOR YFS's Performance and Quality Improvement (PQI) Plan consists of a process of assessing performance, devising improvement plans, and reassessing results with a focus on aiming to achieve the best possible outcomes.

Our overarching PQI Quality Council is comprised of a combination of management, support and direct care staff representing residential, community-based programming, education, and outpatient services. PQI Quality Council meets quarterly and is responsible for CHOR YFS's performance improvement activities. Program-level subcommittees include staff from all departments who meet regularly to review service delivery and develop quality improvement plans. All findings and recommendations are shared with CHOR YFS personnel, the Board of Directors, as well as other key stakeholders.

CHOR YFS has selected a variety of performance areas to measure to ensure a broad-based organization-wide process. These areas include:

- Management & Operations
- Service Quality & Delivery
- Client & Program Outcomes

- Client & Staff Satisfaction
- Risk Prevention Effectiveness

The following PQI Annual Report provides significant positive developments, challenges, and/or obstacles faced by CHOR YFS over the last year regarding our performance and quality improvement process.

KEY STAKEHOLDER/EXPECTATIONS

The following Key Stakeholders, and their expectations of CHOR YFS are:

- **Clients, Families, Staff, Payors, Landlords, Resource Parents, Donors**: Quality, ethical, competent care delivered in a safe, clean, and friendly environment.
- **Neighbors:** That the facility is clean, safe, and is a good neighbor.
- **The Community-at-Large (to include the County and City):** That CHOR YFS will be a prominent program provider, both by reputation and economics, and continue to be a beacon within the community and serving the community.
- **Inperium, Inperium Affiliates, Board of Directors, and Governing Bodies:** Safety, quality, and fiscal responsibility while providing a positive impact in the communities we serve.
- **Foundations, School Districts, Referral Sources:** Quality, compliance, and fiscal responsibility, while fulfilling needs.
- **Vendors:** Quality performance while sustaining fiscal responsibility.

CHOR YFS CLIENT DEMOGRAPHICS

In FY 2025, CHOR YFS served children, adults, and families, primarily from Berks County, Bucks County, and Lehigh counties, and served clients from 54 other counties. CHOR YFS served 9 out of state clients, as well. The largest age group was youth between 15 and 19 years of age at 39%. Over three quarters of our clients are male and 46% of all clients are Caucasian. In FY 2025, CHOR YFS served a total of 1,074 clients (Community Prevention Partnership (CPP) adds about 1,670 additional clients). The following client demographic information best describes the population served.

Demographics

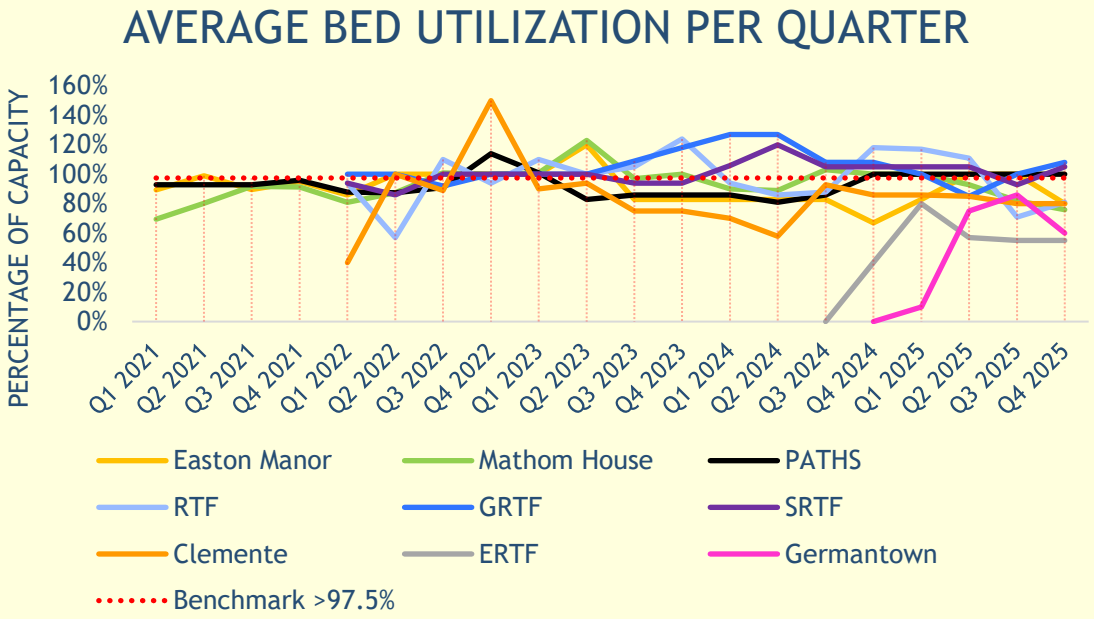
FY2025	Adoption	APHP	PFA JUV	PFA Adult	PFA GEN	LVIH	ECI RTFs	SFC/SG	PRTF	Clemente	RH Adults	RH Juveniles	RH General Services	CHOR YFS TOTAL
GENDER														
Male	51%	45%	92%	92%	39%	56%	100%	74%	72%	100%	95%	67%	84%	77%
Female	49%	55%	8%	6%	61%	44%	0%	26%	28%	0%	5%	33%	16%	23%
Unknown	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
RACE														
Caucasian	50%	41%	34%	58%	51%	37%	44%	51%	60%	64%	34%	53%	25%	46%
African American	48%	1%	13%	12%	7%	13%	8%	17%	7%	8%	4%	21%	0%	12%
Amer. Ind./ Alaska nat.	0%	0%	0%	0%	0%	0%	2%	0%	0%	2%	0%	0%	0%	0%
Two or more races	0%	3%	10%	6%	10%	6%	12%	5%	0%	13%	2%	0%	0%	5%
Other	2%	29%	14%	20%	5%	2%	12%	1%	4%	7%	2%	5%	6%	8%
Unknown	0%	27%	29%	5%	27%	42%	22%	26%	29%	6%	58%	21%	69%	28%
ETHNICITY														
Hispanic	27%	45%	33%	23%	29%	21%	20%	18%	18%	11%	2%	5%	0%	18%
Non-Hispanic	73%	37%	28%	66%	33%	46%	46%	43%	47%	64%	31%	69%	47%	48%
Unknown	0%	18%	39%	11%	38%	33%	34%	39%	35%	25%	67%	26%	53%	33%
Two or More	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
AGE														
Under 5	10%	0%	0%	1%	0%	0%	0%	10%	0%	0%	0%	0%	0%	2%
5-9	25%	11%	0%	0%	0%	15%	0%	24%	0%	0%	0%	0%	0%	7%
10-14	19%	41%	20%	0%	13%	38%	15%	14%	17%	23%	0%	5%	5%	15%
15-19	45%	48%	69%	0%	53%	47%	74%	47%	83%	77%	0%	90%	27%	39%
20-24	2%	1%	11%	2%	11%	0%	11%	5%	0%	0%	8%	5%	10%	4%
Over 25	0%	0%	0%	97%	23%	0%	0%	0%	0%	0%	86%	0%	58%	31%
Unknown	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	6%	0%	0%	1%
COUNTY														
Adams	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Allegheny	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Armstrong	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%	0%	0%	0%	0%
Beaver	1%	0%	0%	0%	0%	0%	0%	0%	2%	4%	0%	0%	0%	1%
Berks	2%	100%	48%	36%	16%	0%	29%	38%	10%	4%	0%	0%	5.4%	22%
Blair	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Bradford	3%	0%	0%	0%	0%	0%	0%	0%	4%	1%	0%	0%	0%	1%
Bucks	0%	0%	0%	0%	12%	0%	10%	3%	0%	6%	91%	95%	78.3%	24%
Cambria	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Carbon	0%	0%	0%	1%	0%	1%	0%	5%	0%	0%	0%	0%	0%	1%
Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%
Chester	0%	0%	0%	0%	0%	0%	10%	0%	2%	7%	0%	0%	0%	1%
Clinton	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Columbia	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Crawford	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	0%	0%	0%	0%	0%	0%	1%	3%	0%	2%	0%	0%	0%	0%
Dauphin	2%	0%	0%	0%	0%	0%	0%	6%	2%	3%	0%	0%	0%	1%
Delaware Co.	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.5%	0%	0%	0%
Elk	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Erie	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Fayette	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Franklin	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%

Green	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Indiana	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Jefferson	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Juniata	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Lackawanna	0%	0%	0%	0%	0%	0%	0%	1%	2%	2%	0%	0%	0%	0%
Lancaster	3%	0%	0%	0%	0%	0%	6%	0%	2%	7%	0%	0%	0%	1%
Lawrence	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Lebanon	5%	0%	0%	0%	0%	0%	0%	3%	6%	4%	0%	0%	0%	1%
Lehigh	3%	0%	33%	23%	25%	55%	6%	6%	23%	2%	0%	0%	5.4%	13%
Luzerne	0%	0%	0%	1%	0%	0%	2%	0%	8%	7%	0%	0%	0%	1%
Lycoming	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%
Mercer	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Mifflin	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Monroe	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%
Montgomery	0%	0%	0%	3%	0%	0%	11%	2%	8%	4%	8%	0%	5.4%	4%
Montour	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Northampton	4%	0%	10%	34%	40%	44%	6%	7%	9%	2%	0%	0%	5.5%	12%
Northumberland	0%	0%	3%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%
Perry	1%	0%	0%	0%	0%	0%	0%	0%	2%	3%	0%	0%	0%	0%
Potter	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	6%

PROGRAM CENSUS

Most of the programs met or exceeded the benchmarks for Calendar Year 2025. ERTF census data was collected starting in Quarter 4 2024. The Germantown program began in March 2025. Germantown was added to the Census.

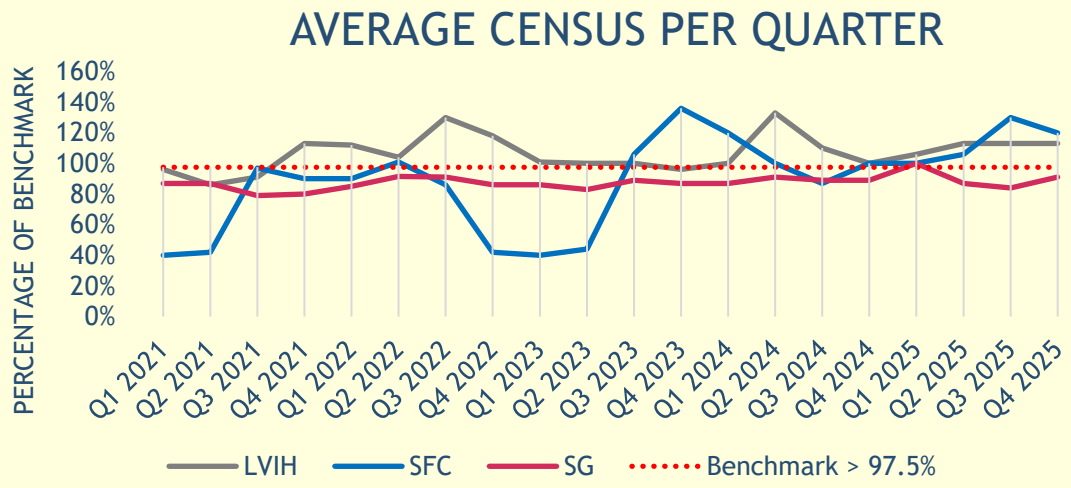
RESIDENTIAL TREATMENT



PATHS reached 100% for each quarter in 2025. GRTF had a dip in census for quarter 2 but is back up well above the benchmark with 108%. SRTF dipped in Q3 but ended the year strong with 105% in Q4. The other programs ended the year below the benchmark, but it is anticipated there will be increases for the next quarter. The Referral Team is working to identify appropriate placements in the programs.

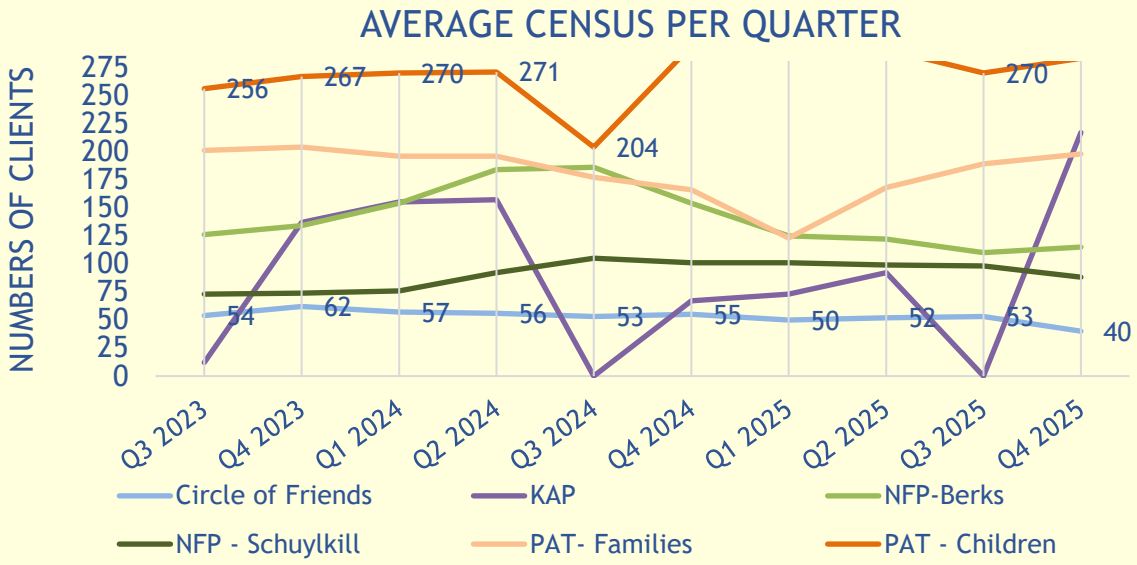
COMMUNITY-BASED PROGRAMS

Fee-for Service



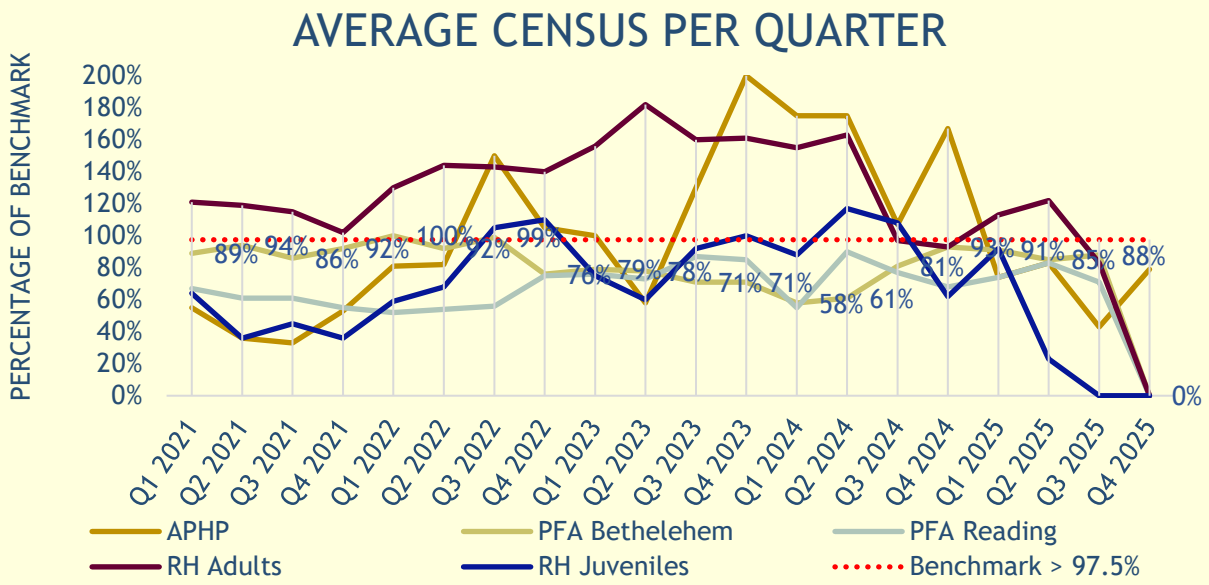
LVIH and CHOR Foster Care achieved well above 100% for all four quarters. LVIH continues to have strong relationships and communication with referral sources, so whenever there is an opening in the program, a referral is readily available. Safeguards foster care has been just under the benchmark, and they continue to work with the county JPO and CYS offices as well as the CHOR programs for referrals. Foster care openings are dependent on resource parent recruitment. CHOR foster care did train and approve 6 new homes in 2025.

Grant Funded



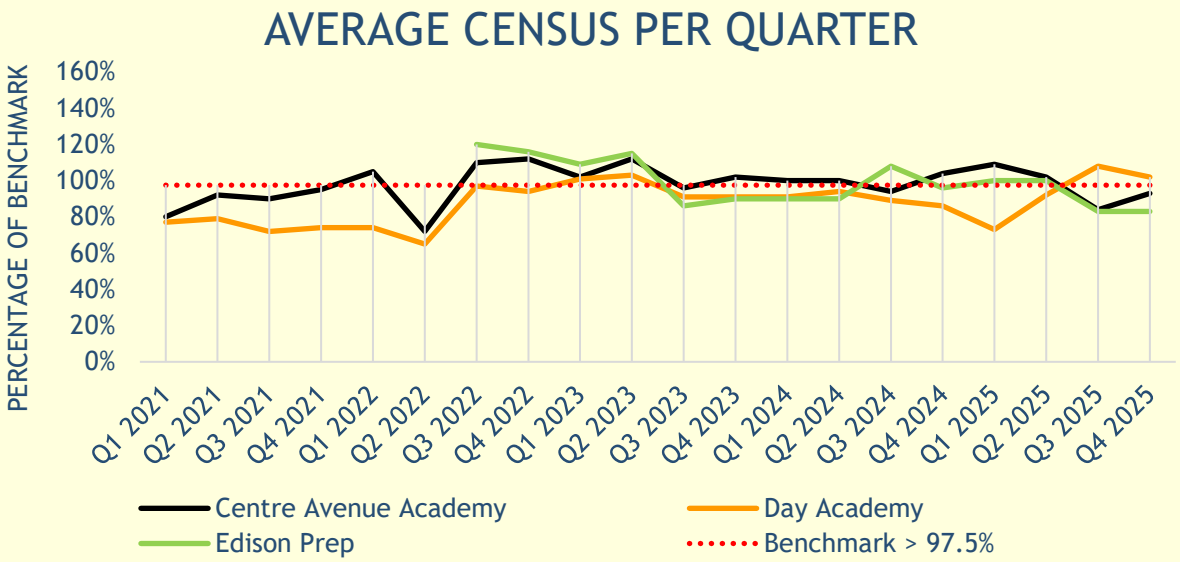
The grant funded community-based programs continue to thrive. Kids Against Pressure (KAP) program is an after-school program, so the census drops in Q3 every calendar year and spikes in Q4. With a total of 293 enrolled children, Parents as Teachers (PAT)- Children maintain a high census increasing by 13 children in Q4. PAT- Families experienced an increase in quarter 4 with 198 families served this quarter. Nurse Family Partnership (NFP) Berks County also had an increase this quarter with 115 participants. Circle of Friends had a decrease in Quarter 4, which the snow and colder weather may have impacted the participants walking to program.

OUTPATIENT



Due to the outpatient programs closure on September 30th, the last quarter of 2025 reflects this closure on the census chart. APHP had a significant increase this quarter. It is anticipated that the APHP census will continue to climb into the next quarter. APHP is not impacted by the program closures and will continue with the future census reports.

EDUCATION



The Centre Avenue Academy provides education services to CHOR clients residing at ERTF, SRTF or the RTF psychiatric residential programs as well as the Clemente residential treatment program. ECI (Edison Prep) provides education services to clients in Mathom House and Easton Manor only, which increased in Quarter 2, but ended the year below benchmark.

The Day Academy is alternative school for the local community. The Day Academy's census surpassed the benchmark in the last two quarters of 2025. Psychiatric residential youths from GRTF also attended the Day Academy.

CLIENT OUTCOMES

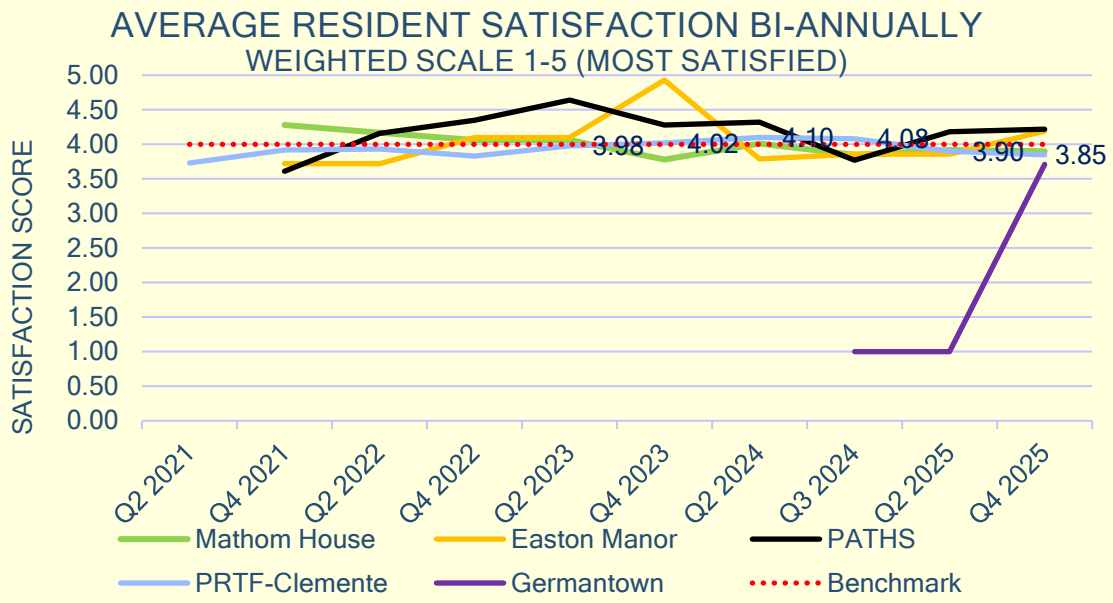
CHOR YFS has adopted a variety of client-driven and informed measures to ensure clients are receiving high quality and effective services. This section of the report provides a brief overview of the measures used to evaluate how well our values are being honored and embraced in care, how satisfied clients are with the services they receive, and to ensure CHOR YFS's services are effective in promoting clients' wellbeing.

SATISFACTION WITH SERVICES

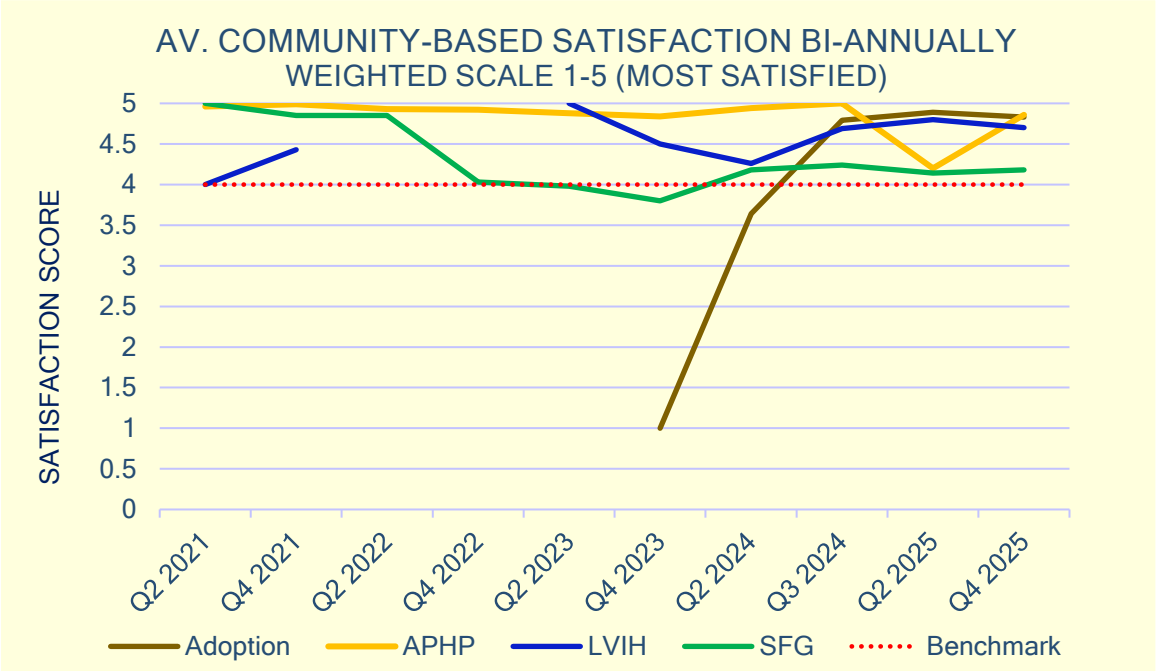
Satisfaction with services is measured 1-2 times per year depending on the population being surveyed. CHOR YFS surveys clients, parents, students, and external stakeholders using survey tools developed in conjunction with each program and according to best practices.

CLIENT SATISFACTION

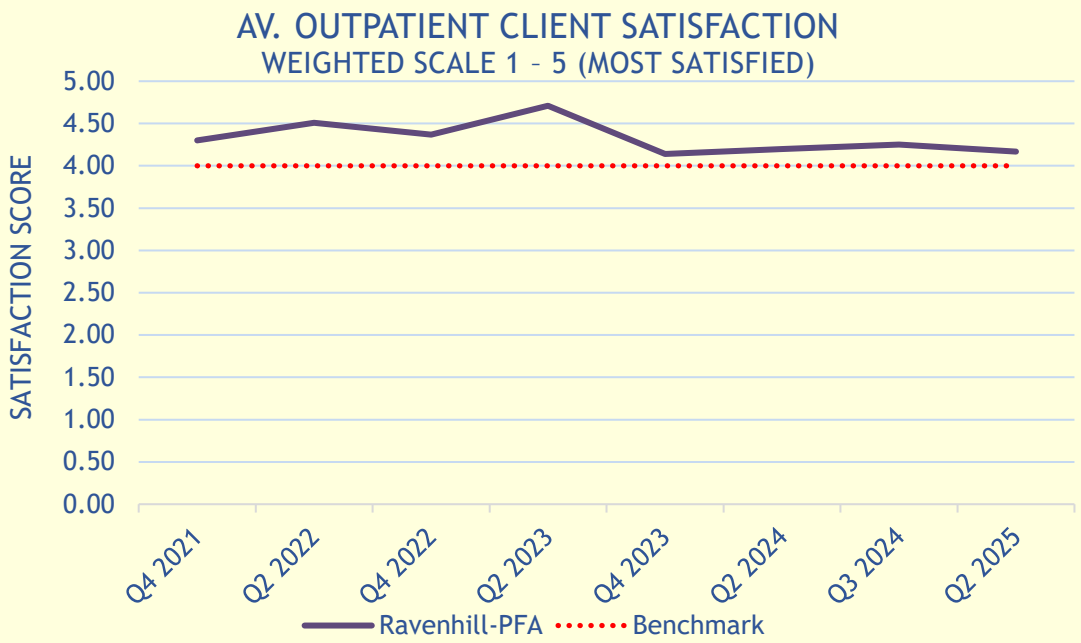
Client Satisfaction was measured twice annually during the second and fourth quarters of the calendar year.



Germantown was added for Q4 2025. PRTF-Clemente are combined. Easton Manor and PATHS ended the year above the benchmark. Germantown, Mathom House, and PRTF-Clemente are hovering below the benchmark for this quarter. The satisfaction surveys are reviewed in depth during the smaller PQI meetings. The programs discuss strategies to continue to strengthen resident satisfaction.



Adoption was added in for the 2024 calendar year. All programs were well above the benchmark for both Quarter 2 and Quarter 4.



Due to the program's closure on September 30, 2025, the Outpatient client satisfaction survey was only distributed in Q2 2025. The client satisfaction was strong with a 4.17 for Q2 2025.

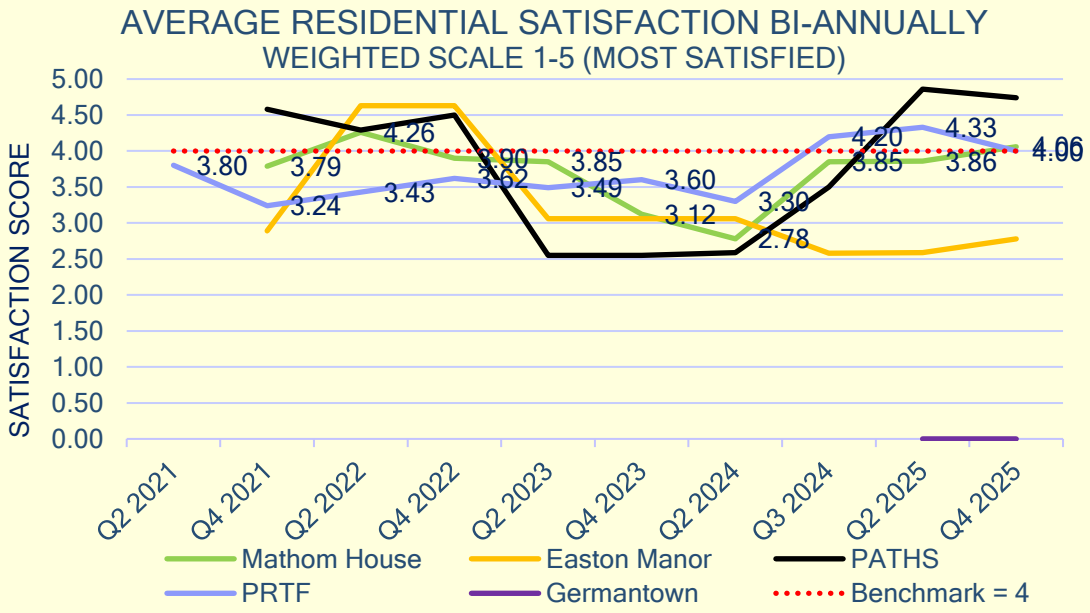
GRANT FUNDED COMMUNITY BASED SATISFACTION

The Circle of Friends program conducted surveys, and 50 members participated. The survey was offered in either English or Spanish. The members completed the survey if they had the literacy skills to do so. Members also had the opportunity to answer the survey questions verbally if they preferred not to read and write the answer. There was positive feedback about the overall programming and experiences, including highlighting the good food, positive staff, and feeling safe. There were also good suggestions about different types of trips and activities members would like in the future.

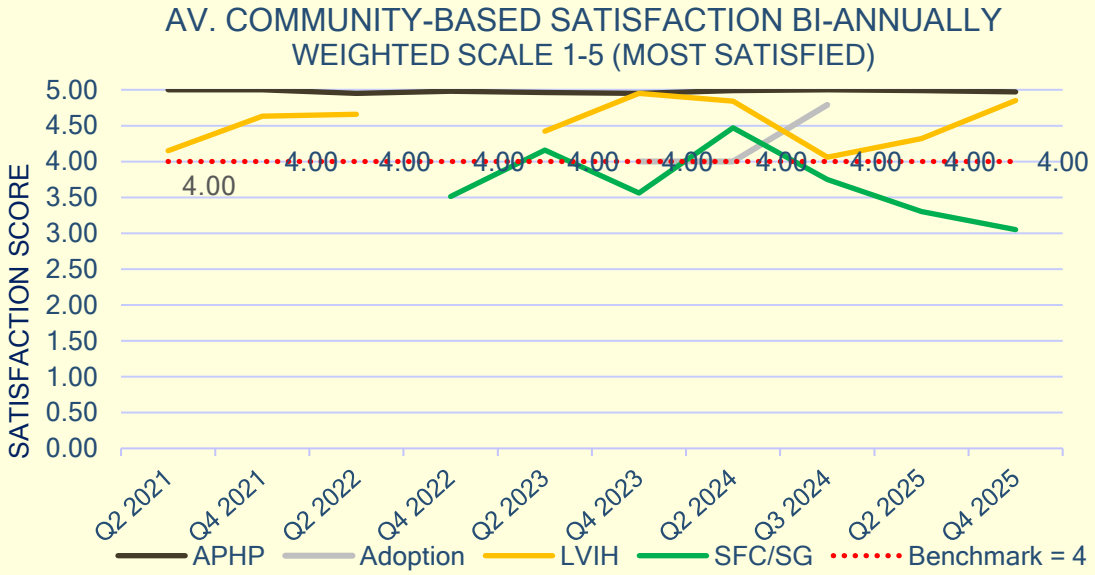
The Kids Against Pressure students' post-program survey results showed that students were able to retain a lot of information from the lessons. In addition to the standard lesson post survey, students were given a form to ask what they liked about KAP, how they think it can be improved, what they learned, and to share a favorite memory. Most of the students indicated that they learned new ways to cope with their emotions, how to be a better/helpful friend, where to store medications, to be respectful, and how to improve their self-esteem. Many also indicated that they were able to make friends within the program and enjoyed the relationship that they built with KAP staff. Students reported feeling comfortable talking to staff and hope KAP is at the middle school they are transitioning to.

PARENT SATISFACTION

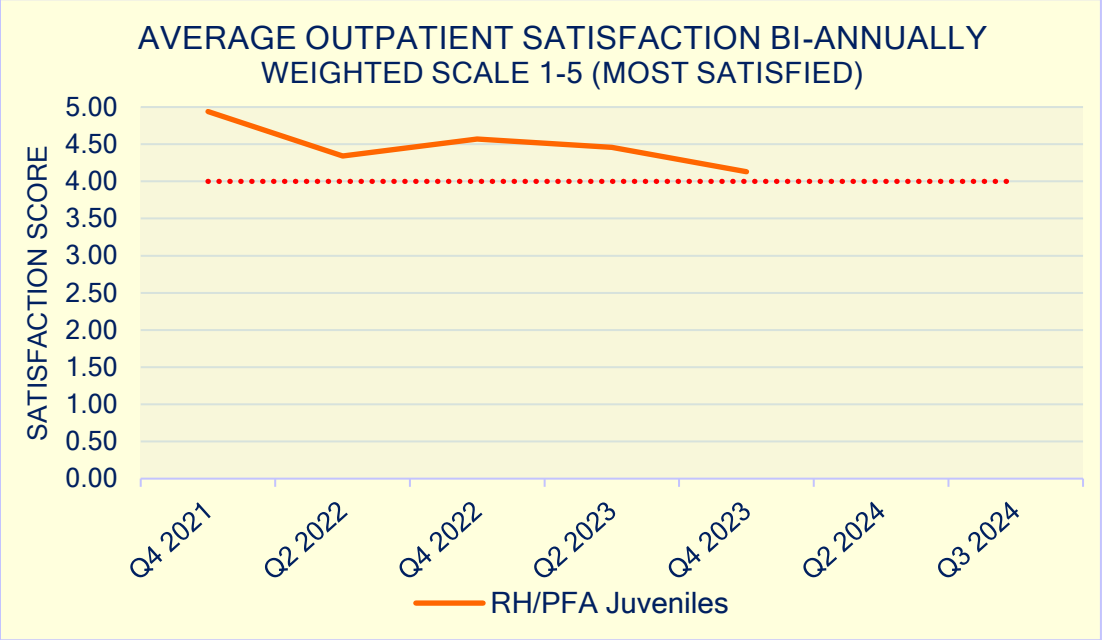
Parent Satisfaction is measured during the second quarter and fourth quarters of the calendar year.



PRTF, Mathom House, and PATHS reached or surpassed the benchmark. Easton Manor had a decline this quarter, but there was one participant. Germantown did not have a parent response to the survey, due to the nature of the transitional age program.



APHP completes ongoing surveys throughout the year. In this most recent satisfaction survey, they received 5 responses and continued to rise well above the benchmark. LVIH received 7 parent responses, SFC did not receive any parent responses, SafeGuards received 5 parent responses, and adoption received no parent responses. LVIH continues to have a positive trend in satisfaction scores above the benchmark. SG experienced a decrease this quarter, in which the data of the individual questions is analyzed and possible solutions discussed.



There were not any surveys returned for the RH/PFA Juvenile programs. Census dropped for these programs for 2024 and the program officially closed on September 30, 2025.

CHANGE IN RISK AND FUNCTIONAL STATUS

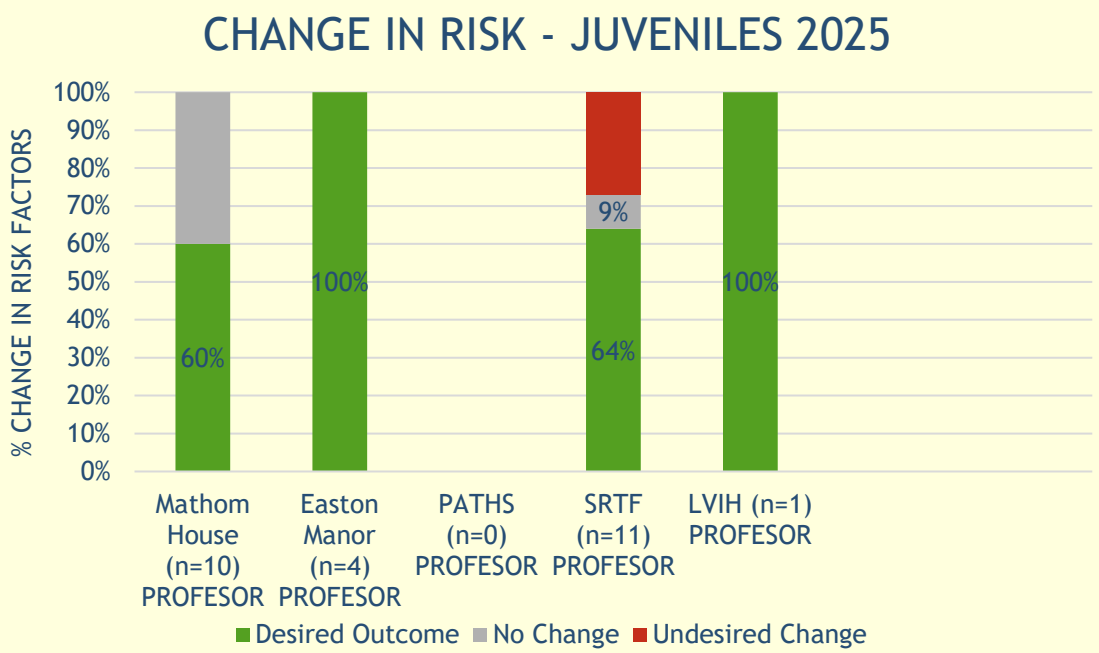
Both CHOR and ECI use an electronic health record system, which allows for streamlined data collection, extraction of aggregate data, and improved tracking of changes in clients over time.
Community Prevention Partnership collects data in the evidenced based program portal that is required by the Nurse Family Partnership and Parent as Teachers models. Parents as Teachers (PAT) had exceptional success with 79% of families served meeting at least one goal for the fiscal year 2024/2025. Out of 219 served in PAT, 191 families were linked to at least one community resource.

It is important to note that CPP's Parents as Teachers Program achieved the Blue Ribbon Status Quality Endorsement in October 2023 and continues to maintain the quality standards. Blue Ribbon Affiliates are recognized as exemplary affiliates, delivering high-quality services to children and families.

Change in Risk and Functional Status is reported annually during the 3rd quarter of the calendar year.

CHANGE IN RISK - JUVENILES

Most juvenile programs collect the Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR) to measure risk in clients with problematic sexual behaviors. The difference between the initial administration and the discharge administration of the PROFESOR is reported for all.



The above programs seek desired changes in the PROFESOR and are hypothesized to be correlated with individual therapy and mentoring/case management provided during the program. There were more positive outcomes in the four programs reported from last year.

CHANGE IN RISK – ADULTS

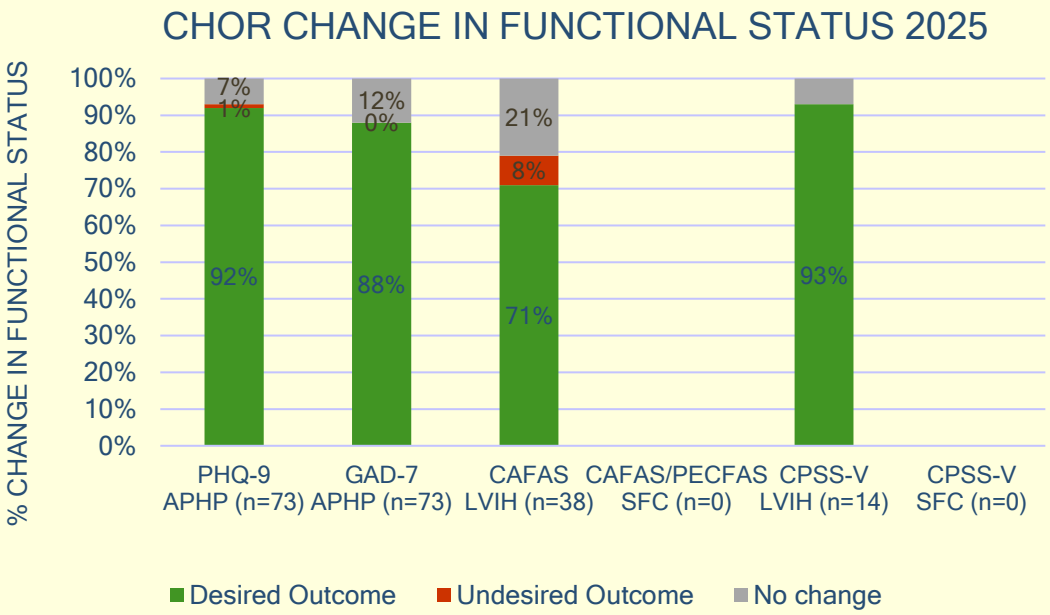
The outpatient programs serving adults officially closed on September 30, 2025. Due to the closure, the Change in Risk data was not collected. This section will be removed from the next annual report.

CHANGE IN FUNCTIONAL STATUS - JUVENILES

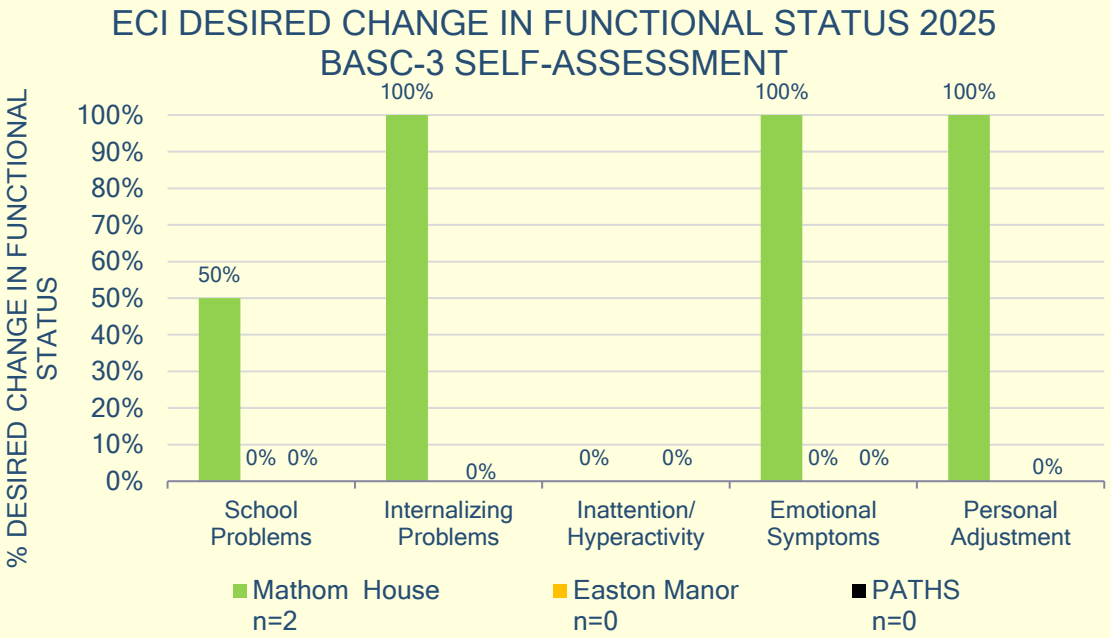
CHOR YFS have also been using evidence-based tools to collect data on changes in functional status. First presented is the change in functional status for CHOR programs. The Acute Partial Hospital Program (APHP) uses two functional status evidence-based measures: the nine question Patient Health Questionnaire (PHQ-9) and the seven question Generalized Anxiety Disorder (GAD-7) tool. A decrease in score for the PHQ-9 and the GAD-7 is the desired outcome for these scales.

The Lehigh Valley In-Home (LVIH) program and the Specialized Foster Care (SFC) program use the Child and Adolescent Functioning Assessment Scale (CAFAS), the Preschool and Early Childhood Functioning Assessment Scale (PECFAS) and the Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale for the Diagnostic and Statistical Manual for Mental Disorders, Fifth Version (CPSS-V). The CAFAS/PECFAS measures impairment across eight domains, while the CPSS-V measures symptom severity and impairment.

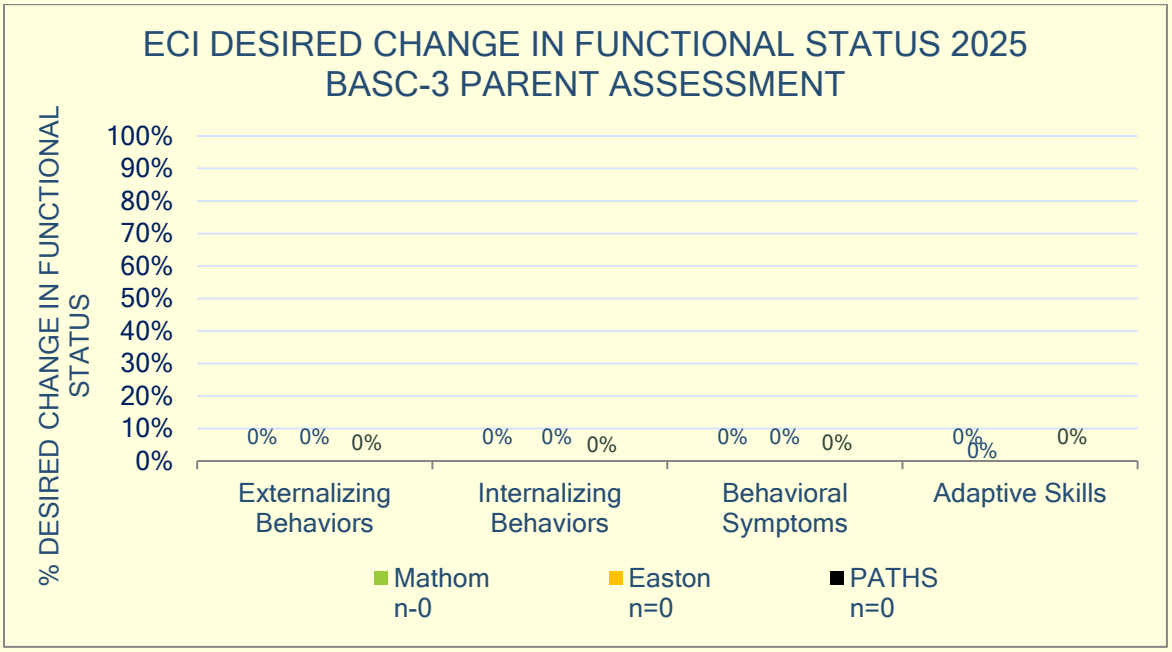
ECI uses the Behavior Assessment System for Children (BASC) tools, BASC-SELF and BASC-PARENT Assessments to collect data on changes in functional status.



APHP and LVIH showed successful outcomes again this year. Both programs had an increase in initial and discharge outcomes to compare. The foster care program did not have enough initial and discharge outcomes to compare. Compliance with outcome collection is reported on the chart audit summaries each quarter.



The number of surveys decreased this year. PATHS did not have any successful discharges during this reporting period. They have a few youth that are successfully completing the program and discharging in the next reporting period. The outpatient programs were removed from this data, since the programs officially closed on September 20, 2025.



The goal that continuing to encourage family participation in treatment, psychoeducation, and consistent communication will help parents/caregivers to see areas of growth in their children.
The programs will continue to work on increasing survey participation and data collection.

RECIDIVISM

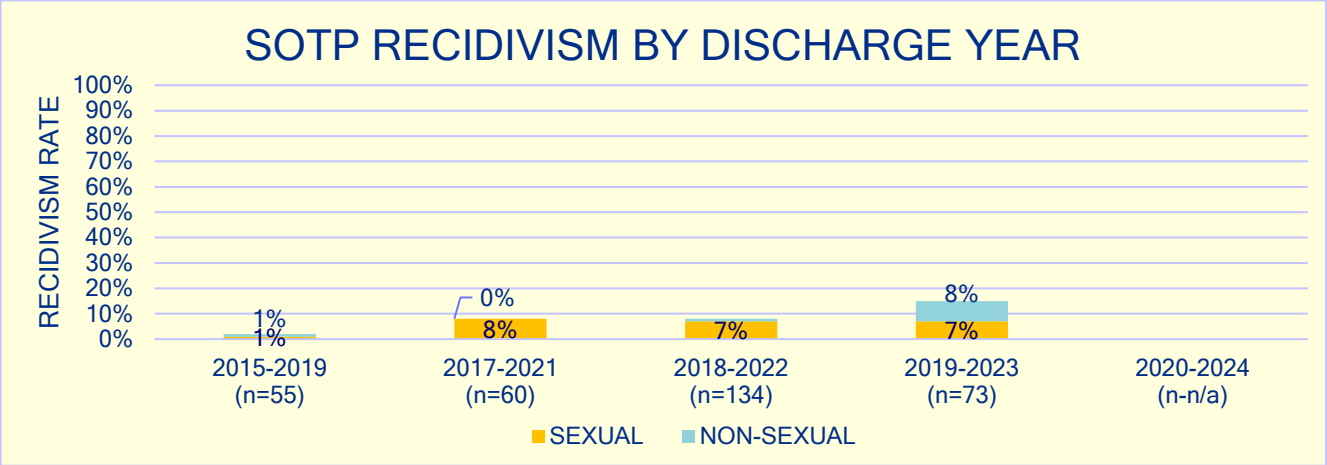
Recidivism is usually reported annually in the 1st quarter of the calendar year and for CHOR YFS purposes, defined as any convictions post-treatment resulting from acts occurring within the five-year interval following their discharge from services.

ECI relies on the ePATCH (Pennsylvania Access to Criminal History) portal to collect recidivism data. Due to protections on juvenile criminal histories, recidivism rates reported after 2016 may be underrepresented if a juvenile recidivated before the age of 18. Due to cost, data is now typically collected on clients aged 18+.

OUTPATIENT RECIDIVISM - ADULTS

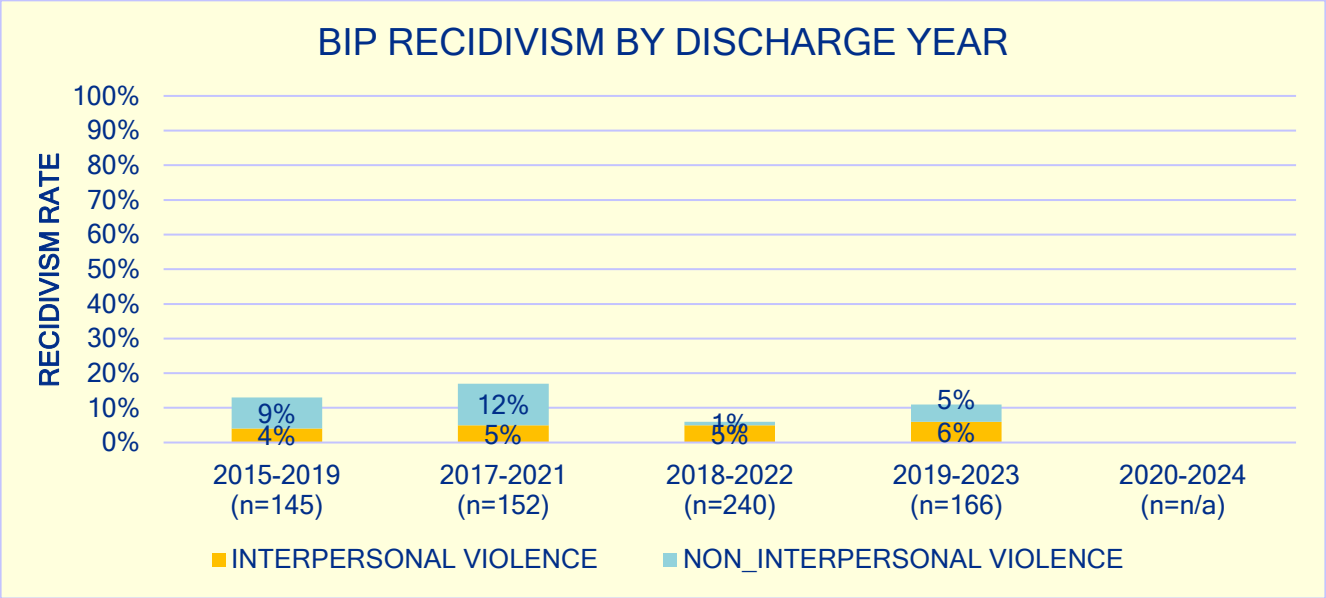
Recidivism rates for ECI's outpatient adult forensic programs are typically collected annually via the Pennsylvania Judiciary Web Portal (https://ujsportal.pacourts.us) for any individuals successfully discharged within the previous five calendar years. Recidivism rates have been collected since 2014. Due to the program closure in September 2025, this data was not collected.

SOTP RECIDIVISM



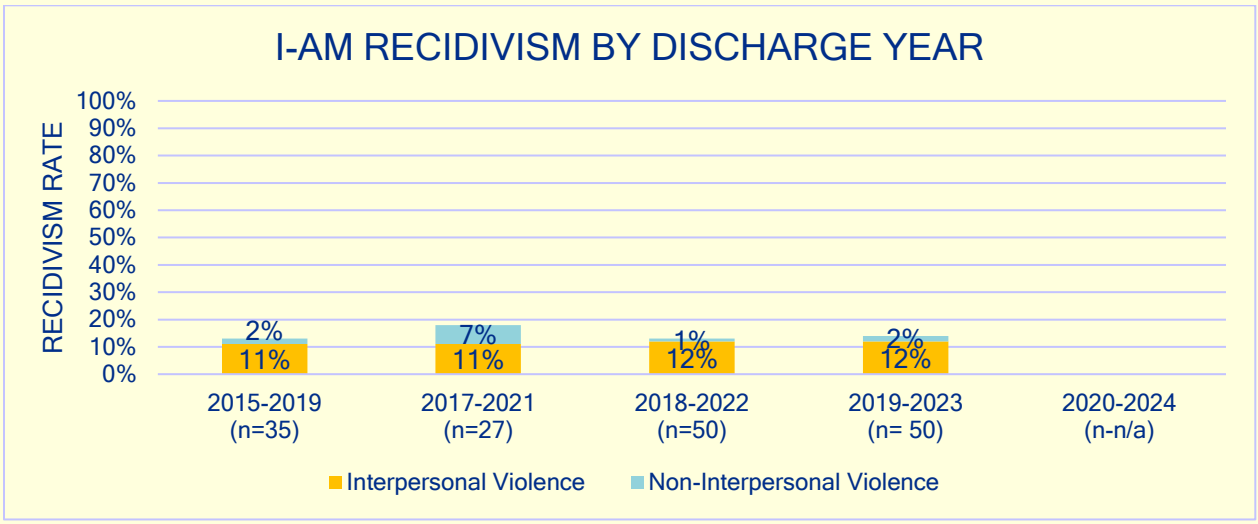
Previous versions of this report have referenced sexual recidivism norms for this population as being 19% for 'rapists' and 13% for 'child molesters.' Updated literature was reviewed for the purpose of this report. It should be noted that measuring adult sexual offense recidivism is difficult due to underreporting and different methods used in research studies. Studies with longer follow-up periods show that recidivism increases over time. Furthermore, different "types" of sex offenders have different recidivism rates. Nevertheless, the following data was used for the purpose of creating statistically sound norms for comparison for the purpose of this report. Sex offenders – regardless of type – have higher rates of general recidivism than sexual recidivism. Recidivism studies have consistently found that adult sex offenders have much higher rates of general reoffending than sexual reoffending. A 2004 study (Hanson, R.K., & Morton-Bourgon, K., "Predictors of Sexual Recidivism: An Updated Meta-Analysis," Public Safety and Emergency Preparedness Canada) analyzed findings from 95 studies and found that sex offenders had an average overall recidivism rate of 37 percent compared to an average sexual recidivism rate of 14 percent, based on follow-up periods of 5 to 6 years. This suggests that policies aimed at protecting the public from sex offender re-offense should be concerned with the likelihood of any form of serious recidivism, not just sexual recidivism. For this report, we typically utilize an average adult sexual recidivism rate (5-6-year tail), and a general recidivism rate (SOMAPI Report Highlights; Adult Sex Offender Recidivism, Smart.ojp.gov, 2020). Though Hanson's 2004 meta-analysis was the most recent study referenced by the SMART office, it is a goal of our 2025 annual report to reference the most recent meta-analysis regarding adult sexual recidivism.

BIP RECIDIVISM



Ravenhill's Batterer's Intervention Program (BIP) recidivism data was not collected due to the program closure on September 30, 2025.

I-AM RECIDIVISM



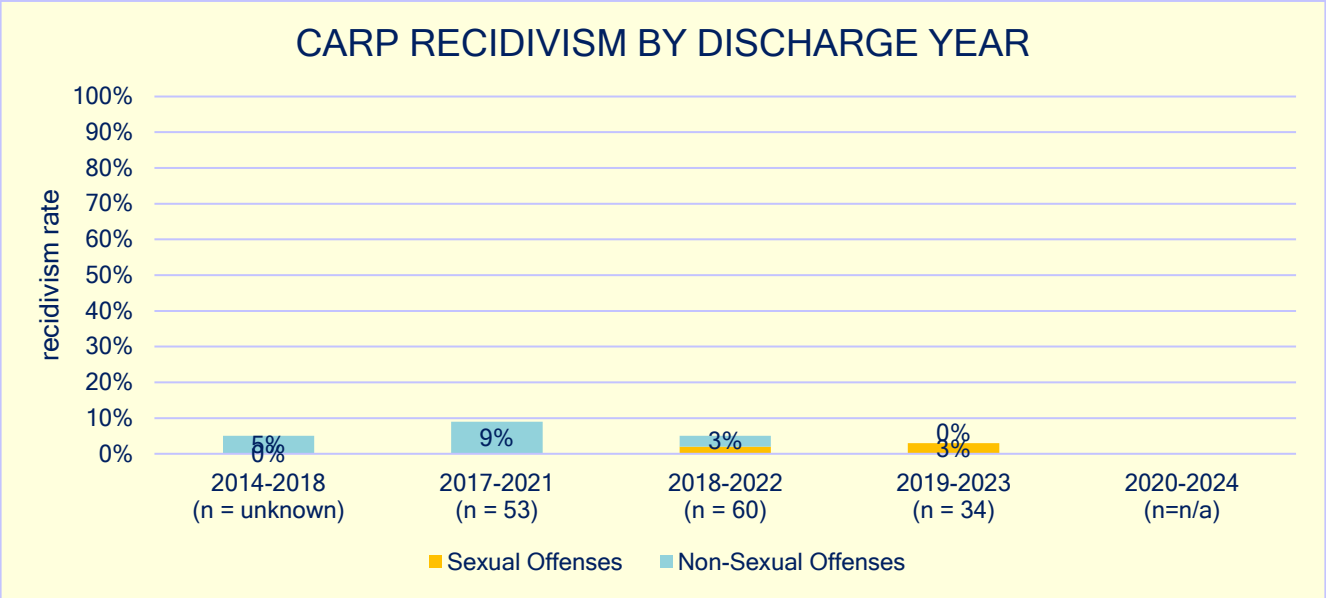
Recidivism data was not collected for the I-AM program due to program closure on September 30, 2025.

OUTPATIENT RECIDIVISM – JUVENILES

Recidivism rates for ECI's outpatient juvenile forensic programs were collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for any individuals successfully discharged within the previous five calendar years. This year, juvenile recidivism rates were not collected due to cost. However, for those clients now 18+, recidivism rates are typically collected solely through the Pennsylvania Judiciary Web Portal (https://ujsportal.pacourts.us) for any individuals successfully discharged within the previous five calendar years.

Due to the program closure on September 30, 2025, this data was not collected for 2025.

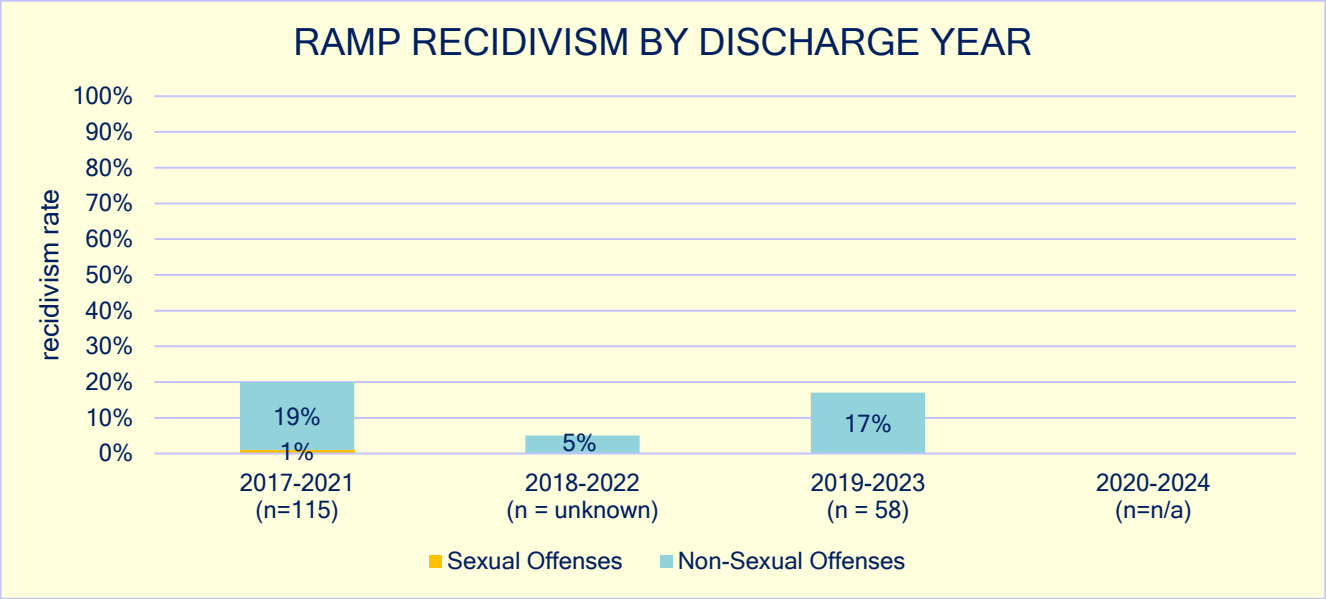
CARP RECIDIVISM



Recidivism data was not collected for the CARP program due to program closure on September 30, 2025.

RAMP RECIDIVISM

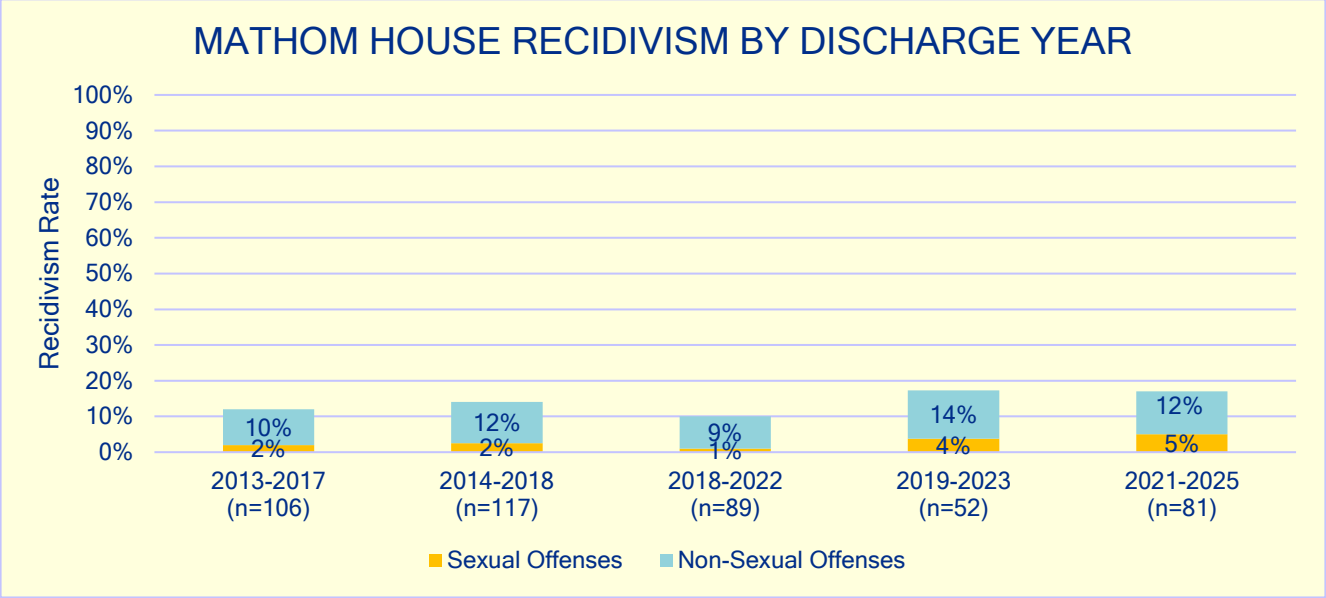
Ravenhill's Accountability & Mentoring Program (RAMP) began in 2015 and offers intensive and individualized mentoring services to juveniles who have been adjudicated delinquent but remain in the community. The program is 26 weeks in length and serves a wide variety of offenders. Recidivism data was not collected due to program closure on September 30, 2025.



RESIDENTIAL RECIDIVISM

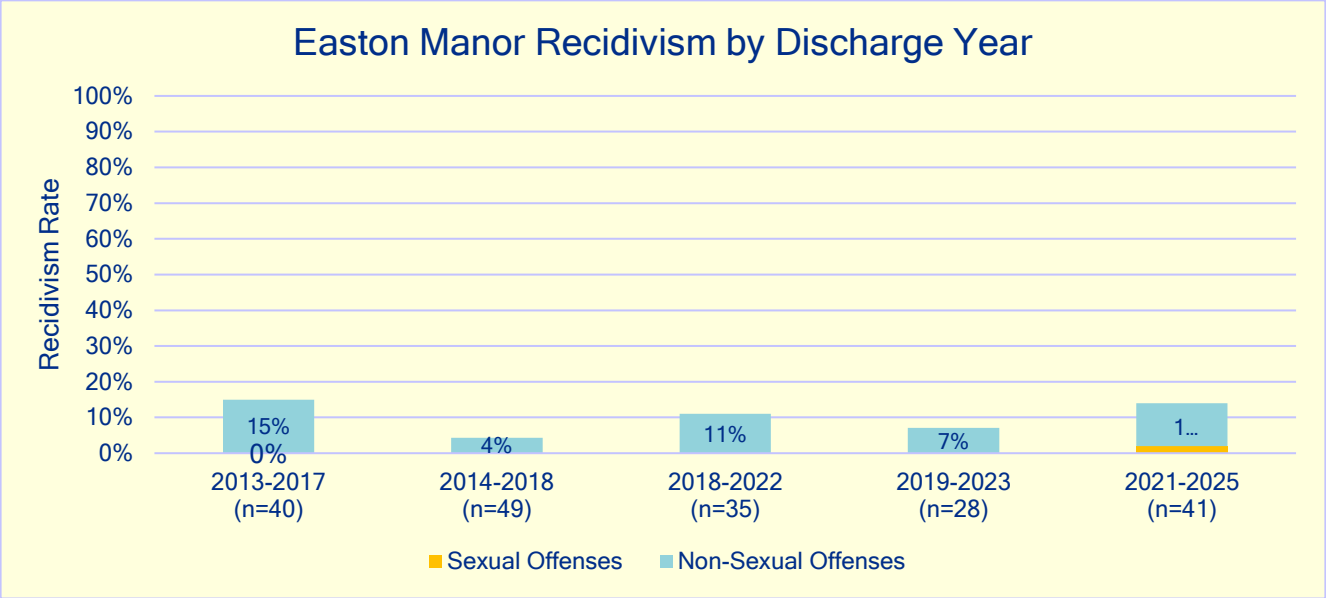
Recidivism rates for ECI's residential programs are usually collected annually via the ePATCH (Pennsylvania Access to Criminal History) portal for individuals successfully discharged within the previous five calendar years. Last year, juvenile recidivism rates were not collected due to cost. However, for those clients now 18+, recidivism rates will be collected solely through the Pennsylvania Judiciary Web Portal (https://ujsportal.pacourts.us) for any individuals discharged within the previous five calendar years and included in the next report.

MATHOM HOUSE RECIDIVISM



Due to cost, recidivism data for juveniles was not collected in 2019 and 2020. In 2021, the data was not collected due to staffing issues. This year's findings include all discharges, compared to previous years that include only successful discharges. Total offenses dropped this reporting year by 1% and the sample size increased by 29 discharged youth.

EASTON MANOR RECIDIVISM



Again, the data was not collected in 2019, 2020 or 2021. In 2023 there were no sexual offenses and a low recidivism rate for non-sexual offenses. The data for 2023 are only for clients who are now 18+ yrs. old and include both program completers and those who did not complete treatment. 2025 data have 14% recidivism, with only 2% of those being sexual offenses.

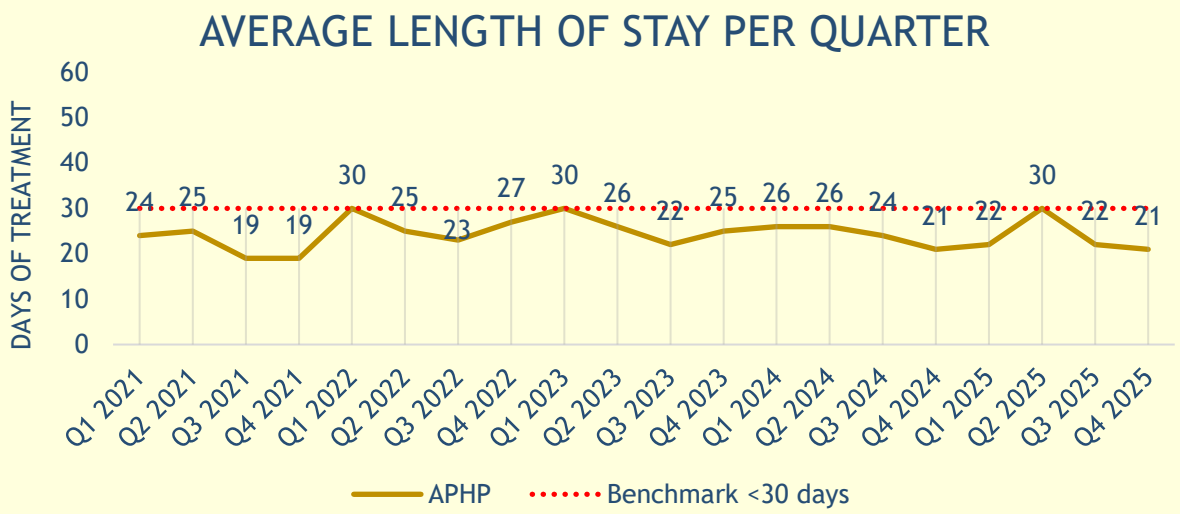
PATHS RECIDIVISM

ECI's PATHS program began providing services in 2017; however, there has not been sufficient bandwidth to collect this data.

LENGTH OF STAY

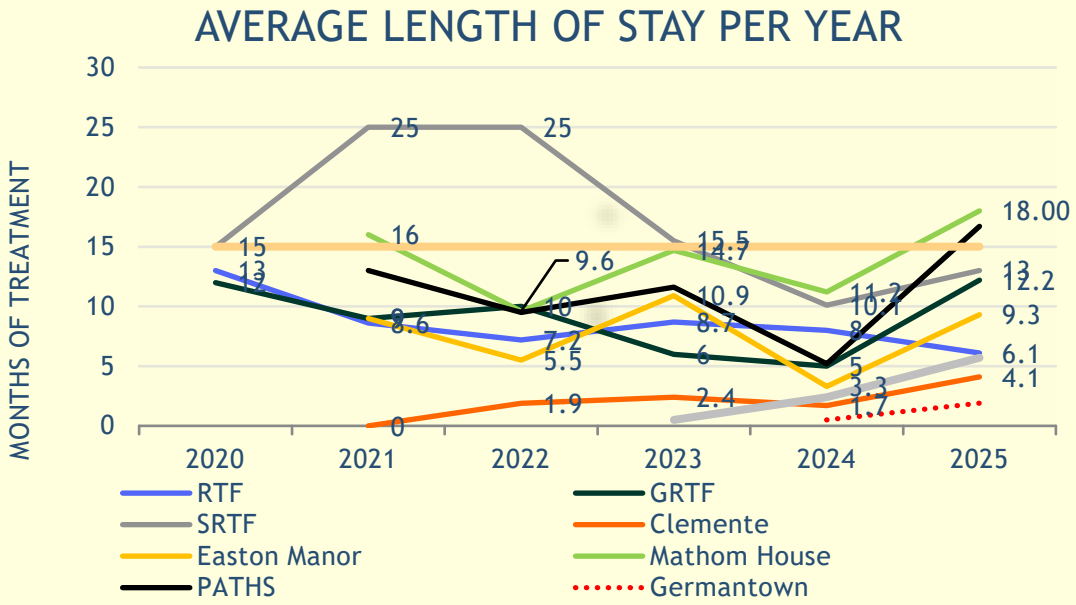
CHOR YFS remains attentive to the average length of stay in our programs with the goal of providing the most effective and efficient treatment possible. We understand the importance of clients receiving care in the least restrictive environment while balancing the importance of community safety. CHOR YFS routinely evaluates its process of implementing best practices, and adjustments are made whenever necessary to ensure clients only remain in our programs until their identified treatment goals are attained. Length of Stay is reported annually during the first quarter of the calendar year and is based on the average length of stay for all clients who were successfully discharged during the previous year. The length of stay for the residential program is shown on the next page.

ACUTE PARTIAL HOSPITAL PROGRAM LENGTH OF STAY



The average length of stay for clients in the APHP has reached the benchmark or remained lower than then benchmark of 30 days for the past five years. This program participates in a value-based initiative through one of the Behavioral Health Managed Care Organizations (BMCOs), which measures the rate of re-hospitalization of clients.

RESIDENTIAL LENGTH OF STAY

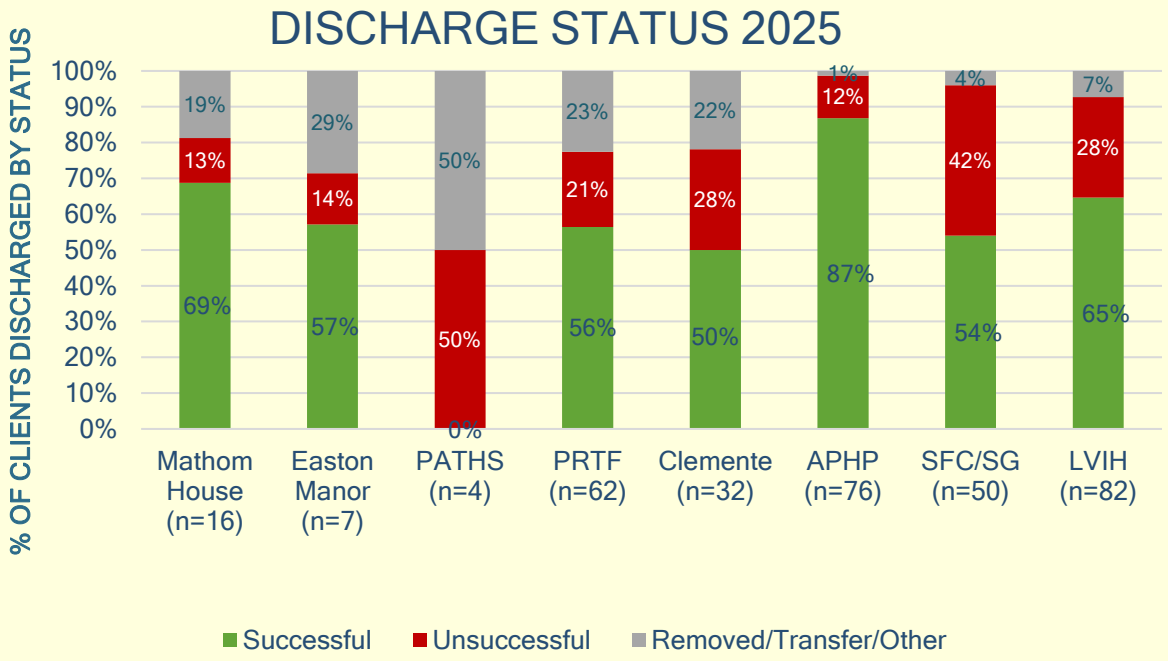


Mathom House and PATHS were above the 15 month benchmark for 2025. The rest of the programs remained below the benchmark for this calendar year.

DISCHARGE

CHOR continuously assesses the reasons our clients leave our programs and routinely evaluates our programs and treatment protocols to ensure clients meet their identified treatment goals. The data on the next pages were collected for 2025.

JUVENILE DISCHARGES



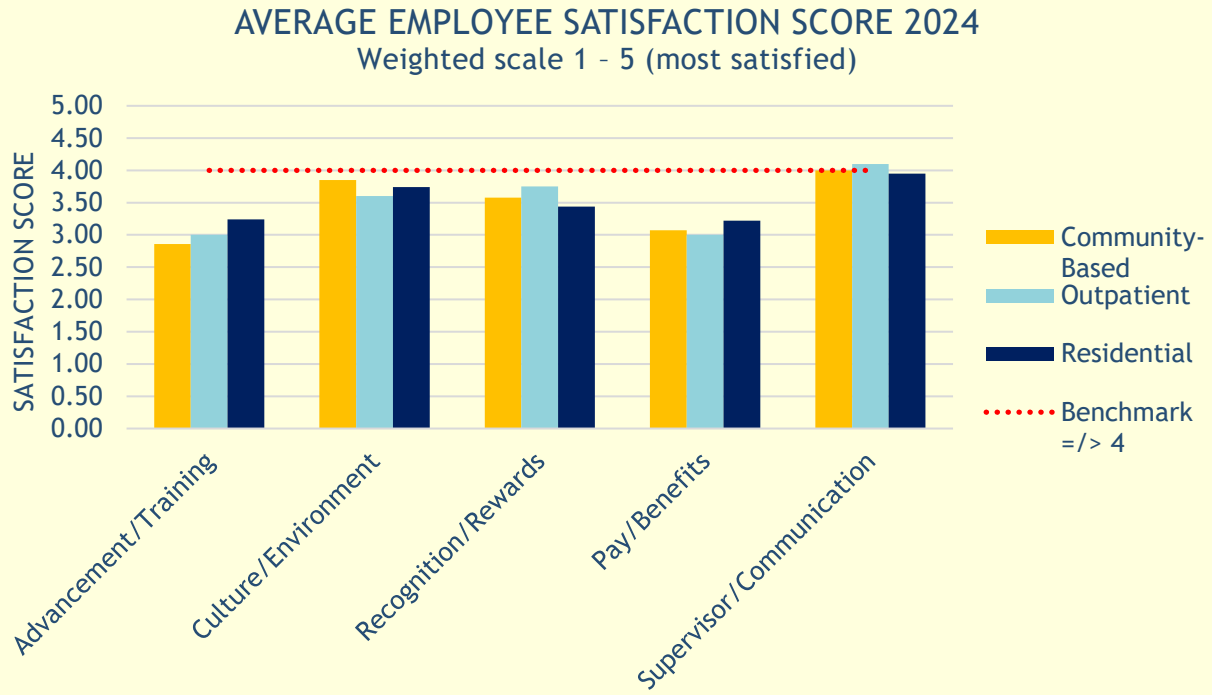
In the graph above, the numbers next to the program name indicate the number of discharges the programs had during 2025. Clients who were not successfully discharged left the programs for reasons such as being transferred to a higher level of care, Against Medical Advice (AMA), withdrawal, voluntary discharge, and administrative discharge. Mathom House, Easton Manor, PRTF, APHP, SFC/SG, and LVIH had an increase in discharges while PATHS saw a slight decrease in discharges from the previous reporting period. PATHS is anticipated to have successful discharges in 2026, with current youth successfully working through clinical programming. RAMP and CARP closed within the last year, so they were not included in the data. Several programs continued showing higher success rates this year, including Mathom House, PRTF, SFC/SG, and LVIH. Programs have shown an increase in discharge reasons being submitted in the EHR. EHR workflow processes continue to be addressed in PQI Subcommittee meetings.

STAFF SATISFACTION & RETENTION

CHOR Youth and Family Services believes its workforce is its greatest asset and strives to develop and implement strategies, plans, and programs which attract, motivate, develop, reward, and retain the best

people to help meet its goals and objectives. The section of the report on the next page provides an overview of measures used to evaluate personnel satisfaction and retention.

EMPLOYEE SATISFACTION



The graph above shows the data from the 2024 Employee Satisfaction Survey. The Council on Accreditation (COA) distributed the employee satisfaction survey in 2025, which shifted the timeline for the internal satisfaction survey. This will be dispersed in Q2 2026 and the results included in the next annual report.

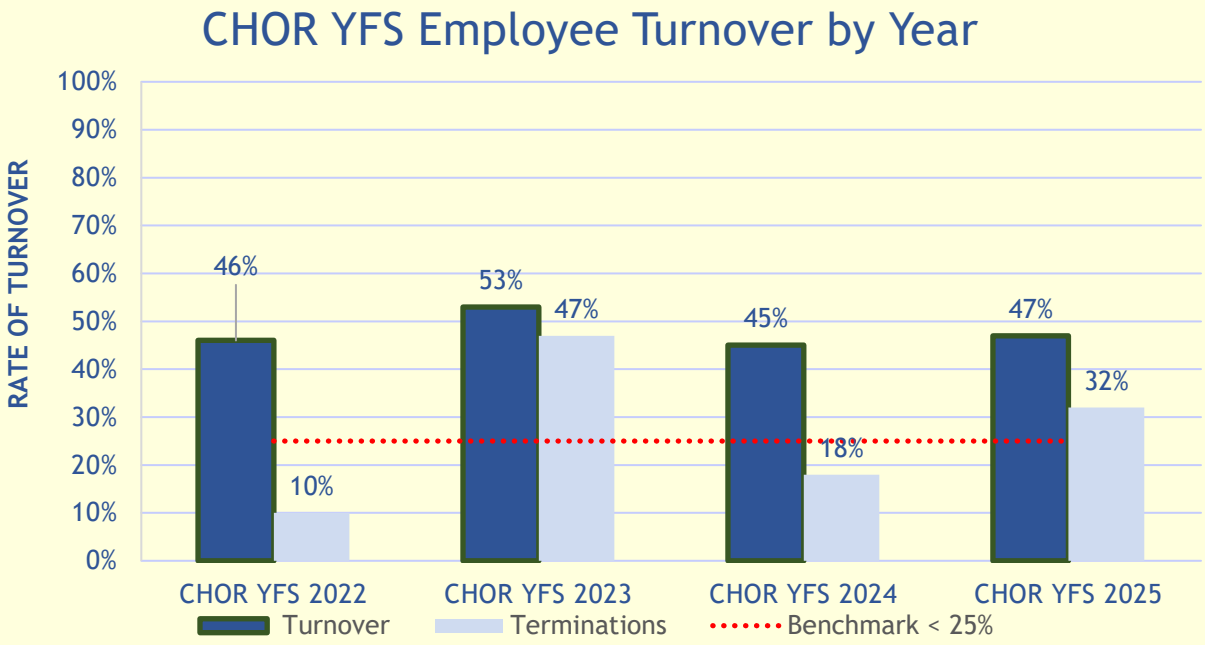
EMPLOYEE RETENTION

There has been focus on staff retention across CHOR YFS. There is robust training for RTF staff to have an additional week of in-person training to build confidence and competence in staff, which it is anticipated to positively impact retention.

EMPLOYEE TURNOVER & TERMINATION RATES

In 2025, the turnover rate for CHOR YFS increased by 2% compared to the previous year. Of the total turnover, 68% was classified as voluntary, with resignations occurring within the first year of employment accounting for more than half of that figure. Exit feedback indicated that many new employees felt they lacked adequate support during their transition into the organization.
In response, Recruiting, Onboarding, and Training have partnered with Residential Leadership to enhance the new-hire experience. Enhancements have been made to both the content and duration of onboarding and training programs to better equip and support employees from the start of their employment.

Termination increased by 14% compared to 2024, with misconduct and performance-related classifications contributing most significantly to this rise. The leadership team has demonstrated improvement in documenting behavioral concerns and consistently applying progressive discipline. Final warnings and terminations, issued in accordance with the severity of conduct and the organization's policies, are being upheld to safeguard the consumers we serve.



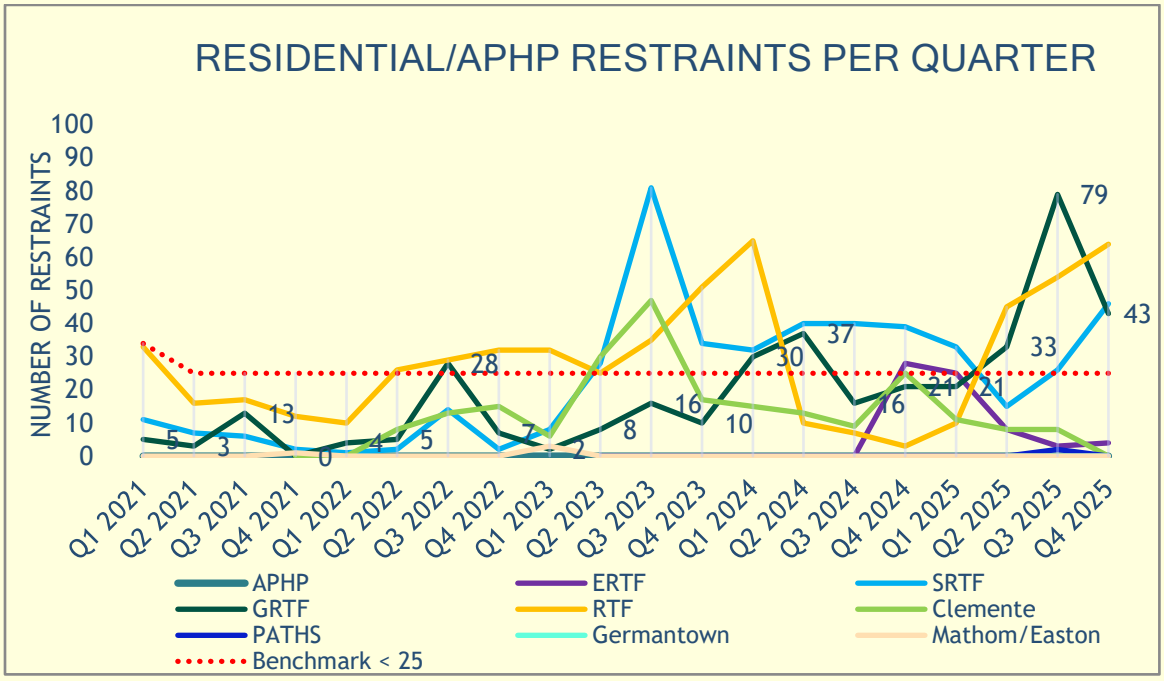
COMPLIANCE

CHOR YFS uses Federal, State, County, and MCO guidelines to assess that clinical documentation is completed accurately, timely, and consistent with best practices and regulations. Accurate recording of services increases credibility and integrity.

SAFETY & SECURITY

To ensure clients at CHOR YFS are receiving services within a safe environment rooted in Trauma-Informed Care, a variety of client-driven and informed measures were adopted. This section of the report provides a brief overview of the measures used to ensure a safe environment is established, maintained, and encouraged. An agency-wide Safety Committee meets monthly to review potential safety risks, discuss relevant incidents, and implement plans of action to mitigate or remediate such risks.

RESTRAINTS



During this reporting period, fluctuations in restraint data were observed, with both increases and decreases noted across months. Analysis indicates that a small number of youths accounted for a disproportionate number of restraint incidents. These individuals presented with higher acuity needs, increased behavioral dysregulation, and more frequent crisis episodes, which significantly impacted overall data trends.

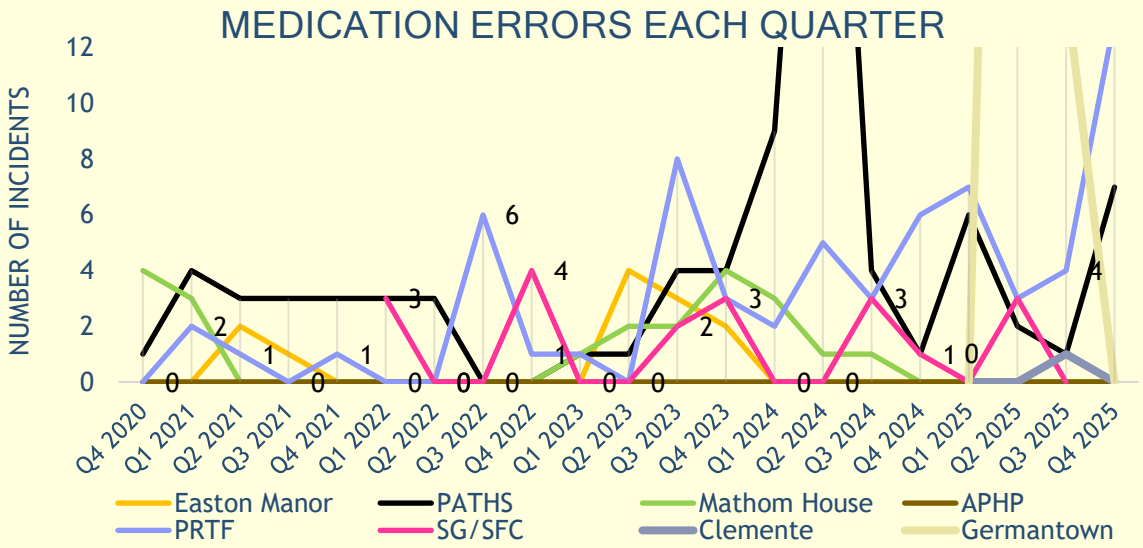
In response to these trends, several program initiatives were implemented to reduce restraint utilization. These included enhanced staff training in de-escalation techniques, increased use of individualized behavior support plans, proactive engagement strategies, and strengthened clinical oversight. Additionally, efforts were made to identify triggers earlier, incorporate trauma-informed care approaches, and increase the use of alternative interventions prior to escalation.

Preliminary outcomes suggest that these initiatives have contributed to improved behavior management and a reduction in restraint frequency over time. The program will continue to monitor data closely, with a focus on individualized support and ongoing staff development to sustain progress and further reduce the need for restrictive interventions.

SAFETY-RELATED INCIDENTS

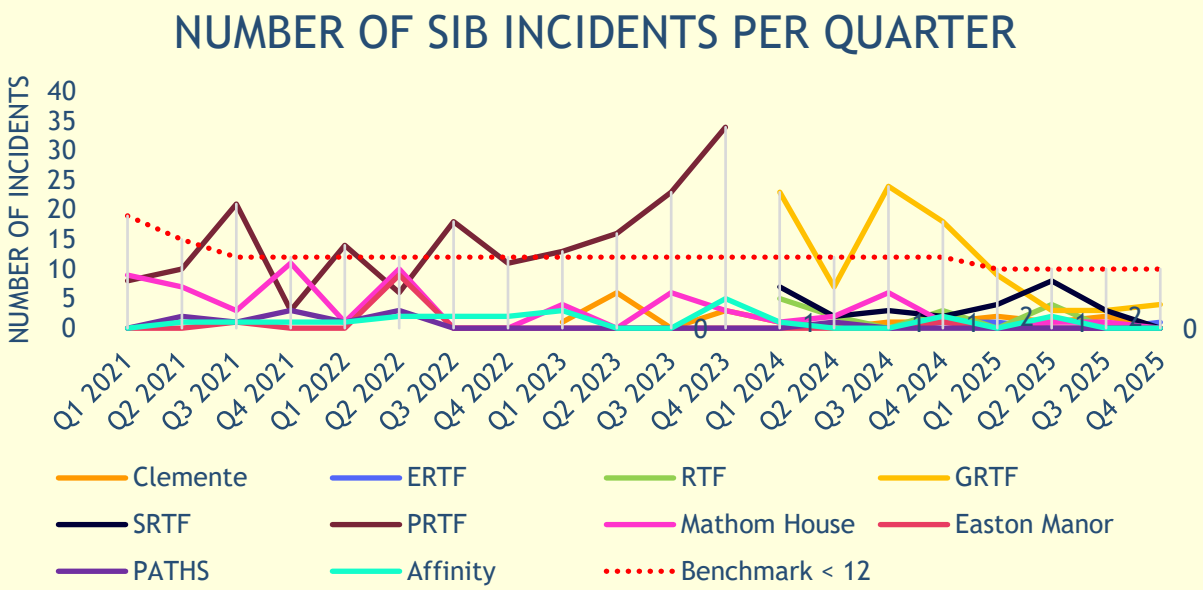
The agency identifies that safety in the environment is paramount to caring for the needs of children and families in crisis and preparing them for success in life. The psychiatric residential treatment facility (PRTF) and the residential treatment program. Assault and fights continue to be the leading causes of incidents and restraints. The agency has active safety committees to review injuries and near misses. Workman compensation team and the training department staff are members and support active interventions for any injury or near miss reported. CHOR YFS has witnessed a decline in injuries due to the initiative. The training department works with the team to identify potential development for staff and support areas of growth and ensure safety. Monitored incidents for CHOR YFS are shown below (medication errors, self-injurious behavior, Absence Without Leave (AWOL), and sexual misconduct).

MEDICATION ERRORS



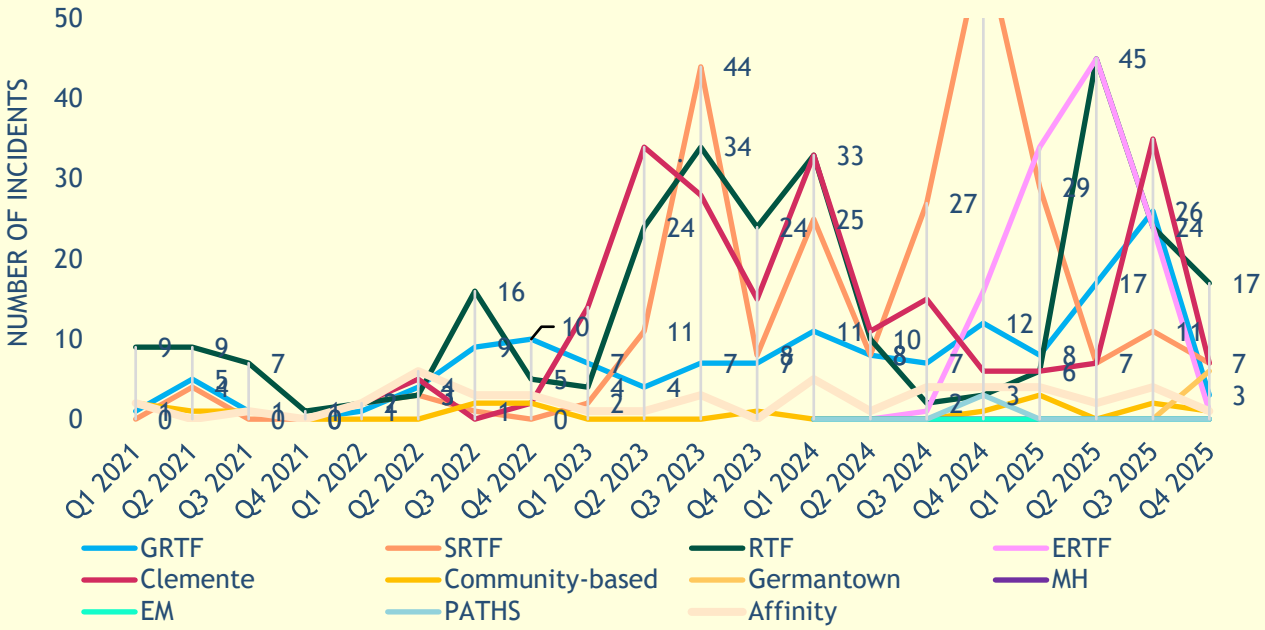
Mathom House, EM, APHP, SG/SFC ended the year trending down with medication errors, while PRTF had an increase for Q4. PATHS had increase in medication errors for Quarter 4, which was related to home visits and the parent returning the medication that was not administered, which was subsequently documented and the psychiatrist notified. Germantown was off the chart for Q2 with medication errors related to documentation, but through retraining and oversight, the year ended strong with zero medication errors.

SELF-INJURIOUS BEHAVIOR (SIB)



The number of SIB incidents are now reported by program instead of the programs being combined as PRTF. PRTF still shows on the chart for 2023 and prior years, so the history of SIB is shown. All programs are well below the benchmark for this year. Out of all the programs, GRTF which houses a female population, has the highest numbers of SIB for 2025.
Germantown was added in Q3 for the SIB data.

ABSENCES WITHOUT LEAVE (AWOL)



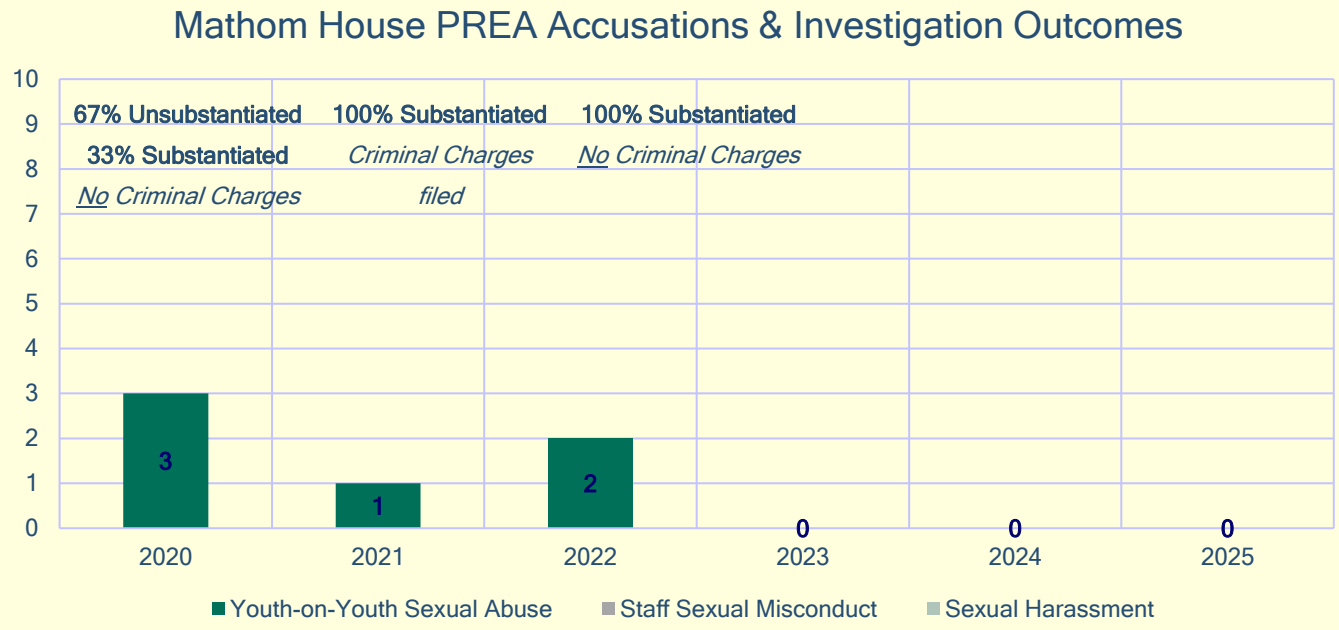
CHOR residential's identified steps to address elopements include: staff engagement and planning ahead for unit activities, requesting enhanced rate for 1:1 supervision for certain youth, transitioning between outside and indoor activities/schools in smaller groups, increased supervision and positioning of staff, meetings help to determine appropriateness of youth in program – 30-day notices issued for those youth that are unresponsive to all interventions, and restructuring of staff in milieu for additional support.

At the start of 2025, CHOR Residential leadership has been working consistently for the past few months with an initiative to focus on incentives for youth, staff and youth engagement, and increased training. There was a significant drop in AWOLS across programs in Quarter 4 2025.

PRISON RAPE ELIMINATION ACT (PREA) STATISTICS

In December 2013, ECI began implementation of comprehensive ZERO Tolerance policies to ensure compliance within the residential programs with the Federal Prison Rape Elimination Act (PREA) and its Juvenile Standards. ECI successfully underwent its first PREA audit in March 2014, resulting in Mathom House and Easton Manor becoming the first juvenile programs in the state of Pennsylvania to obtain the designation of being PREA Compliant. In February of 2023, ECI underwent its fourth PREA audit where we, again, met or exceeded all established standards for PREA Compliance. More information is provided below.

MATHOM HOUSE PREA STATISTICS

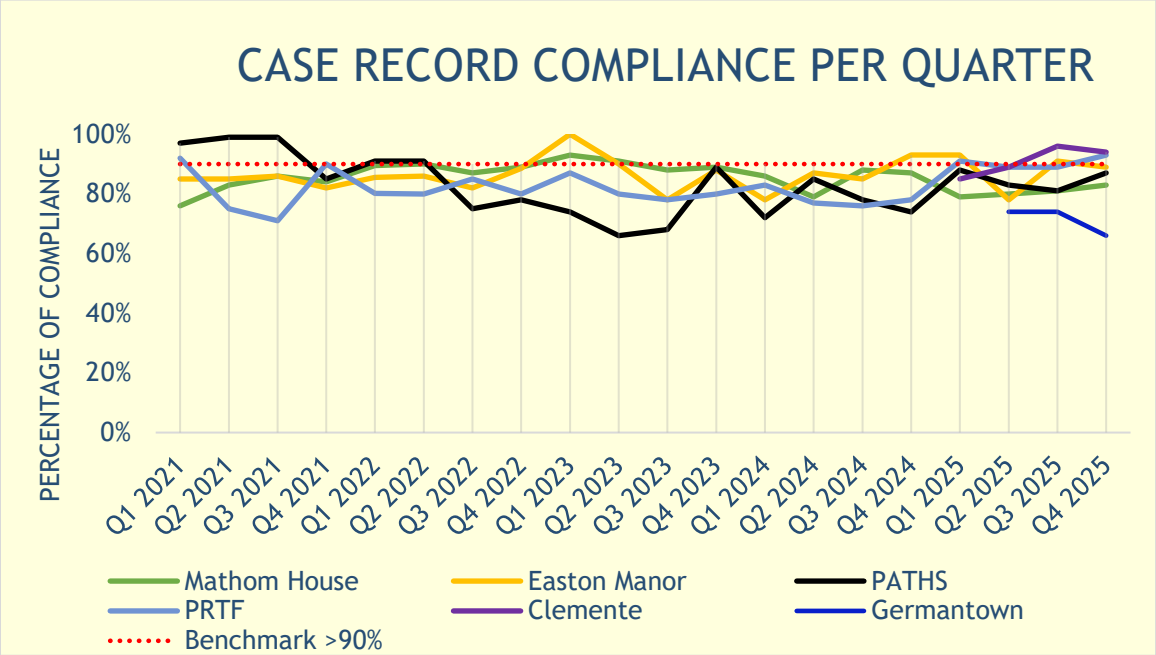


There were no PREA investigations at Mathom House or Easton Manor for the year.

INTERNAL CASE RECORD REVIEWS

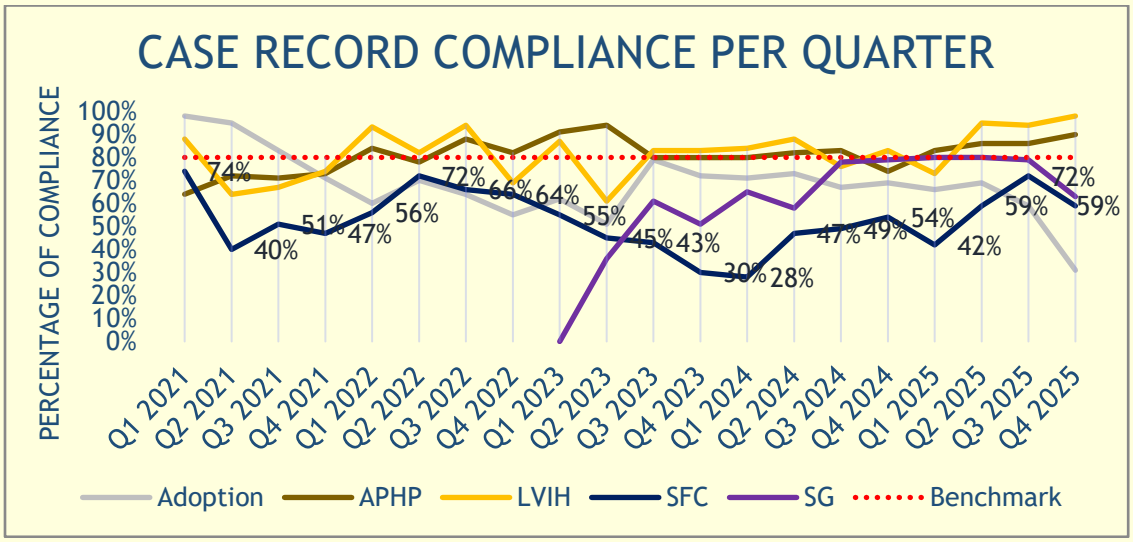
In 2025, most of the programs in the CHOR YFS continuum of care conducted internal case record reviews. CHOR YFS's Quality Department conducted internal case reviews using a chart audit tool developed by each program. Each complete tool is sent to each program, the applicable staff members make corrections in the chart, note the corrections that were made, and return the tool to the Quality Department. The results of the programs are presented on the next page.

RESIDENTIAL CASE RECORD COMPLIANCE

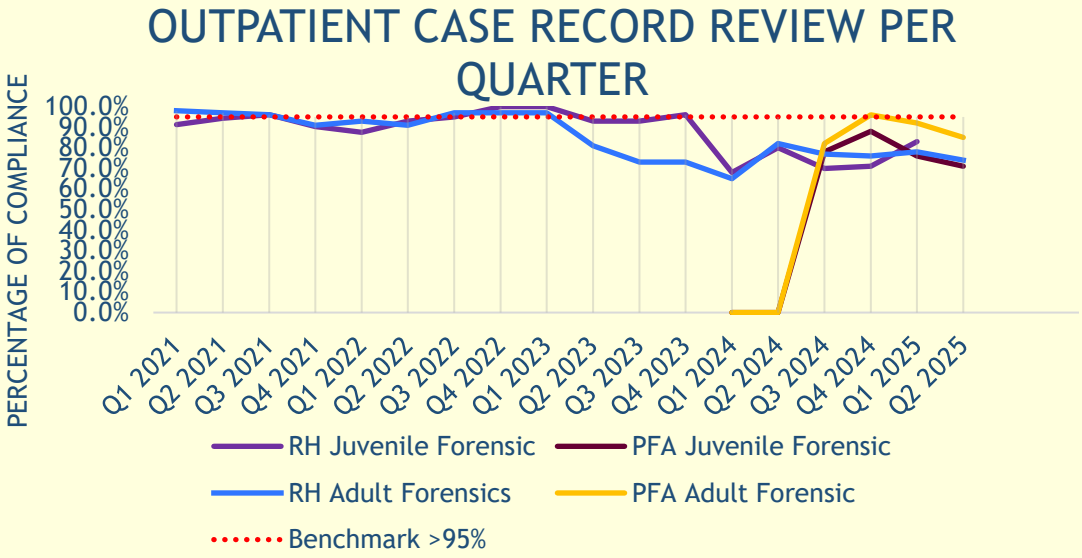


PRTF and Clemente programs were strong in 2025, ending the year achieving above the benchmark. Easton Manor also experienced increases towards the end of the year and is just shy of the benchmark. Germantown began chart audits in Quarter 2. There was a turnover in staffing, and the new team is learning the expectations of the youth charts. This is anticipated to continue as program staff are trained.

COMMUNITY-BASED CASE RECORD COMPLIANCE



There was some inconsistency with case record compliance for the community-based programs throughout the year 2025. LVIH ended 2025 strong and surpassing benchmark. APHP was very consistent throughout the year and remained above the benchmark each quarter of 2025. Adoption program had a significant decrease. Through conversation about barriers accessing records, the QI team will have access to the SWAN portal to have access to view the key components of the case record reviews. This is anticipated to increase in 2026.

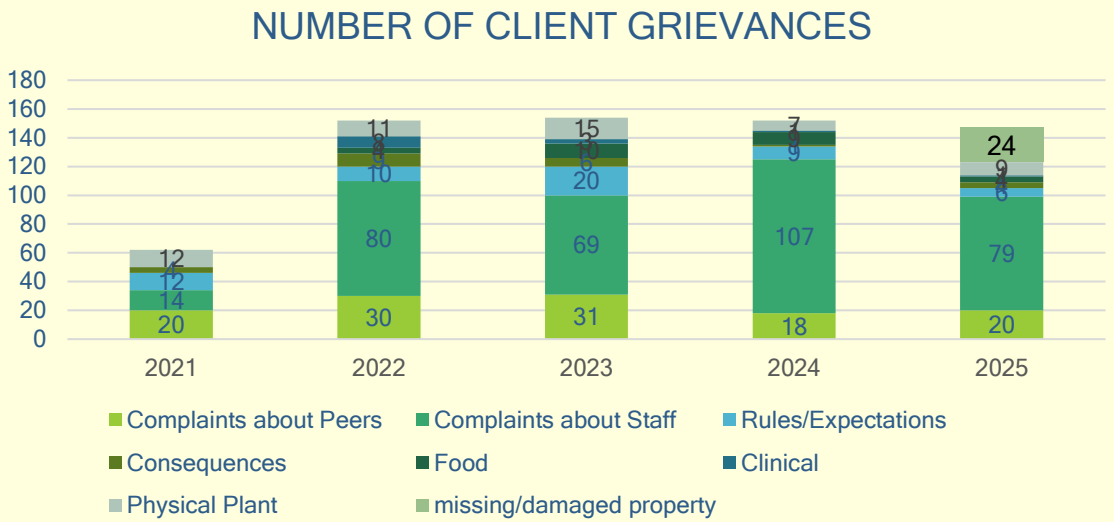


The Outpatient programs officially closed on September 30, 2025, so the data reflects Quarter 1 and 2 of 2025. Ravenhill did not have clients to review for Q2 2025.

COMPLAINTS & GRIEVANCES

Consistent with our values, we honor the voice of the client and their family, therefore providing us another opportunity to improve services. Nearly all the complaints continue to be submitted by residential clients/parents, and most of them originate from the CHOR YFS PRTF Programs.

CHOR YFS COMPLAINTS & GRIEVANCES



Lost or damaged belongings is an additional category that was added for this annual report. Most of the complaints filed were mainly about staff, with the next highest category being missing/damaged belongings. Total amount of grievances decreased from 2024.

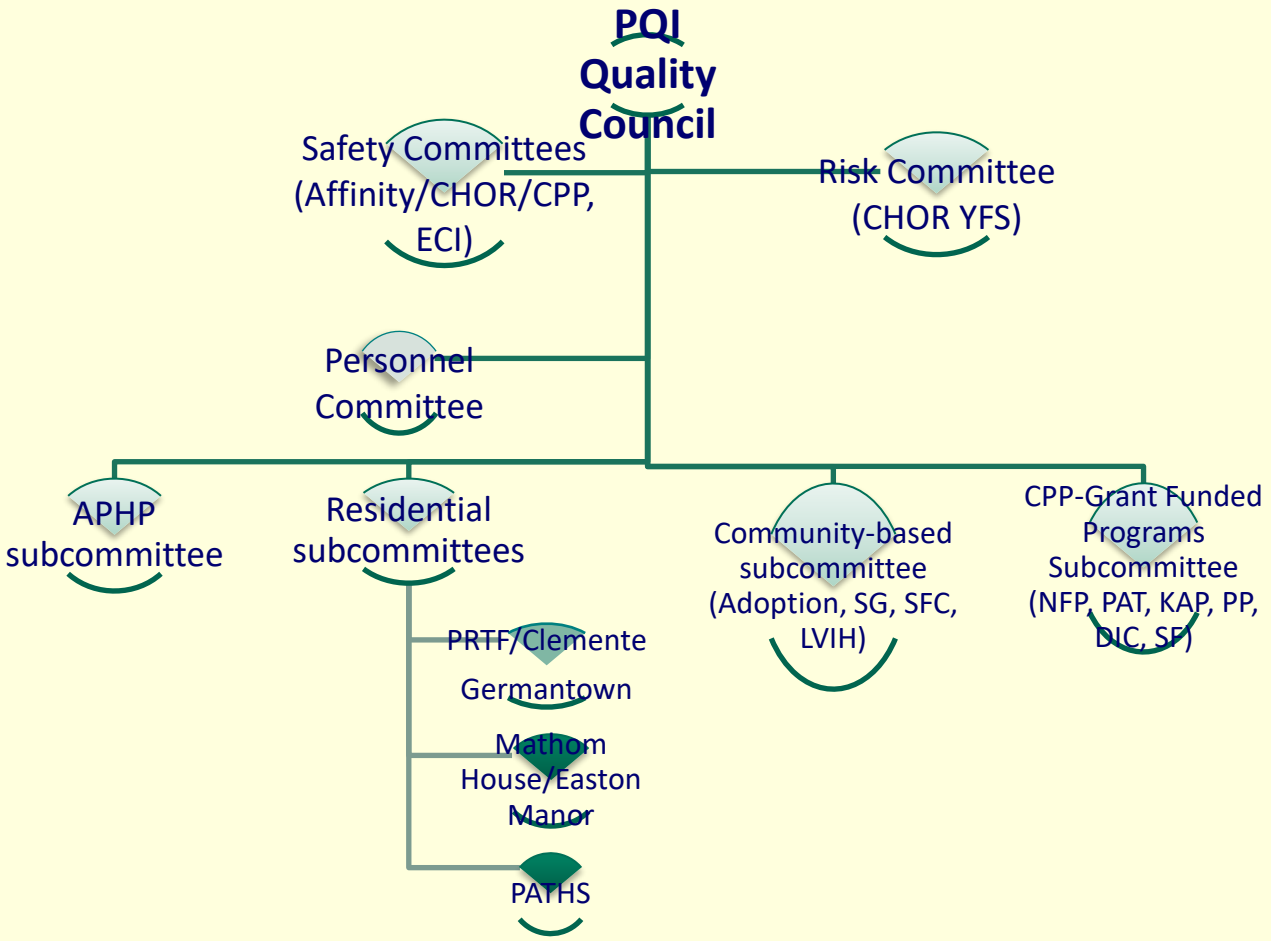
CONCLUSION

In 2025, the Quality Improvement and Compliance Department of CHOR Youth & Family Services continued to work on towards joining together the quality and compliance efforts of the three organizations (Affinity, CHOR, and ECI). In addition, QI/Compliance continue to have conversations about their needs and integrating some measurements into CHOR YFS.

CHOR YFS worked throughout 2024 to prepare for the COA review that took place in March of 2025. It went exceptionally well and CHOR YFS was given an expedited accreditation. Licensing audits and inspections continue to go well with minimal citations. Some programs continue to struggle with internal chart audits, and the QI/Compliance team continues to work with those teams. Satisfaction scores remained positive.

The Staff Development Department continues to streamline training across all CHOR YFS entities. Training compliance vastly improved this past year at CHOR. Relias plans were updated for ECI, Affinity and CPP, as well as support provided at ACE.

A Personnel/Staff Appreciation committee was added to the PQI structure in 2024.



The goal and objective of our PQI process during 2025 was to continue to build upon our processes of assessing performance, making plans to improve, implementing those plans, and reassessing results. For the Council on Accreditation process, there was a lot of preparation in 2024-2025, especially for the seven programs within the Community Prevention Partnerships (CPP) group. In addition to compliance with all previously established benchmarks, the following performance goals and benchmarks have been determined for 2026:

Reduce Incidents and Improve Safety

- Decrease the number and severity of reportable incidents through proactive risk assessment, staff training, and timely intervention strategies.
- Strengthen incident review processes to identify trends and implement preventive measures.

Enhance Staff Development

- Improve staff competency and performance through structured onboarding, ongoing supervision, and targeted skill-building initiatives.
- Increase staff engagement and retention by promoting a supportive and accountable work environment.

Strengthen Professional Development

- Provide continuous professional growth opportunities, including trainings, certifications, and continuing education aligned with best practices.
- Encourage leadership development and career advancement pathways within the organization.

Implement and Improve Clinical Programming

- Develop and expand evidence-based clinical programs that meet the needs of the population served.
- Monitor program effectiveness using measurable outcomes and adjust interventions to improve client care and treatment success.

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