



## CONTRACT YEAR 2022-2023 ANNUAL REPORT

Our Mission is to build a sustainable team of community supports with families affected by the challenges of mental health, developmental disabilities, or substance use.



Procedure Name: 2022-2023 Performance Improvement
Effective Date: August 23, 2017
Partners for Kids and Families Review Date: July 10, 2023
Most Recent Board of Trustees Approval Date: N/A

Mission: Build a sustainable team of community support with families affected by the challenges of mental health, developmental disabilities, or substance use.

Programs/services seeking accreditation:

- Care Management

**Care Management Services**

The objectives of Care Management Services are to facilitate a collaborative, team-based approach that leads to having a vibrant and supportive community with resilient kids in strong, loving families. When a youth transitions, we want them to leave with informal support, community connections, and the confidence that the world needs them.

Personnel Responsibility related to performance measurement and management:

- Alyson Weston and Sarah Grant – Transition Trends and Patterns; at Transition.
- Alyson Weston, Tara Ritchie, and April Soldridge -Team Observation, Quality Calls & Youth-Family Satisfaction Survey.
- Directors and HR – Health and Wellness
- Sarah Grant –Quality Assurance Director

Partners for Kids and Families is committed to quality in all aspects of our business and engage staff at all levels in continuous quality improvement. Our Performance Measurement and Improvement System (PMIS) is the framework by which we establish goals, identify major business processes, develop key performance indicators (KPIs), and measure results.

While quality improvement has always been a practice in our operations, we focused on a Quality Management System (QMS) as a structured way to systematically manage quality improvement efforts. We follow the Plan-Do-Check-Act cycle improvement methodology to identify opportunities and perform root cause analyses to drive sustainable gains in quality improvement. It is through the QMS that we utilize the knowledge from the Performance Management and Improvement System (PMIS). The PMIS serves as a dashboard to tell us how we are doing on key performance indicators (KPIs) and point out opportunities for improvement.

The Quality Assurance Committee and Quality Assurance Department are the champions of our quality management system. Business processes that deliver care management services are continuously reviewed by

Operation Managers, Finance Department and the Quality Assurance Department who monitor and process quality and family satisfaction. Opportunities for improvement are thereby identified and pursued by Directors and their teams.

Partners for Kids and Families (PFKF), Inc., Burlington County's Care Management Organization (CMO) has a robust Quality Assurance and Corporate Compliance Program, with a focus on:

- Improving outcomes for youth and their families and monitoring satisfaction with the services PFKF has to offer.
- Ensuring compliance with state, federal, and local laws/statutes as well as agency policies and procedures.
- Attracting, developing, and retaining a motivated, satisfied, and well-qualified workforce.
- Affirming and expanding strategic presence in the community.

For Contract Year 2022- 2023(CT2022-2023), which runs from July 1, 2022– June 30, 2023, PFKF set and achieved many strategic goals. Since the COVID-19 pandemic, PFKF has continued to implement new technological systems and processes, and they continue to be utilized as staff have returned to the office or elected to permanently work from home.

Some highlights from CT2022-2023 include:

- PFKF successfully met or exceeded its goals in many areas of Care Management Operations, including:
  - o Improving/Stabilizing risk behaviors for youth/families.
  - o Ensuring successful and planned transitions from CMO services.
  - o Keeping kids in the community (avoiding Out of Home treatment).
  - o Maintaining overall family satisfaction with the services provided by PFKF.
  - o Ensuring compliance with service plan timeframes set forth by the Department of Children & Families.
  - o Enhanced follow-up and accountability from the comprehensive record review process and team that involves interdepartmental involvement and analysis.
  - o Children participating in the CMO improved or remained stable in the Behavioral/Emotional needs and Risk Behaviors domain.
- In the area of Compliance, PFKF met or exceeded its goals in the following areas:
  - o Full review of Policies & Procedures and establishment of annual and ongoing review process.
  - o Accurate, timely and successful billing for Medicaid services.
  - o Increasing compliance with completion of DCF Unusual Incident Reports (UIRs).
  - o Completion of an annual HIPAA security risk assessment
  - o Comprehensive Emergency Action Guide recovery plan (CT2022- 2023) and bi-annual tabletop testing procedures.
- PFKF also successfully met, improved upon, or exceeded goals in the following areas as it relates to its Workforce:
  - o Standardization of a job description format and implementation of an updated performance evaluation system.
  - o High Retention of Care Management staff (94.9%).
  - o Annual policy review attestation within the Paychex system and an annual training matrix.
  - o Maintaining an accident-free and safe workplace.
  - o Utilization of Human Resources reports and Square 9 Filing system to track 90-day and annual performance appraisals (currently 89% timely completion).

While measuring success and achieved outcomes is a key component of the Quality Assurance Program, PFKF recognizes the importance of also identifying areas that need improvement to allow for continued growth and success of the agency. Some of these identified areas include:

- PFKF Care Management staff needs to continue to explore Strength and Needs outcomes and ratings in comparison to state averages to identify potential causes of “persistent” identified needs for youth/families.
- Outcomes of the new record review process identified challenges in certain practice areas of Care Management. Continued focus on follow-up on Chart Audits and overall improvement strategies are needed to ensure action is taken in response to issues discovered.
- PFKF aims for 100% compliance with wraparound values. For CT 2022 – 2023, average overall wraparound fidelity for the agency was 87%. The Quality Assurance Department is working on increasing the number of Team Observation Measures and feedback through utilization of an additional observer (intern) for CT2023.
- PFKF is offering a Care Management incentive to help reach 100% compliance rate of New Family Forms by the end of August 2023. Current compliance (July 2023) is 79% for Email and Text forms, 58% for Release of Information forms, 68% for HIPAA Consent forms, and 34% for Rights of Children Served forms. \*Note that “Rights of Children Served” form was launched in e-form format as of July 5, 2023, and a Telehealth form is expected to be implemented in September 2023.
- Policy and Procedure development and management has been identified as an area that requires continued attention. PFKF made considerable progress in this area during CT2022, following an annual review process and ensuring attestation.

The reports following this overall performance summary detail specific data points and the in-depth audit process that took place in the areas of reporting/auditing, compliance, surveying, and overall quality management.

### **Chart Auditing**

Chart audits are completed on a monthly basis for 32 youth (20 active and 12 transitioned). Records for active youth are reviewed in detail, looking at 22 items across three systems (CYBER, Global Search, and Billing Records in SharePoint). Records for transitioned youth consist of reviewing 17 items across these three systems. The sections include Demographics, Diagnosis, Medicaid status, Monthly Home Visits, Weekly Contacts, Initial Visit & Phone Call Timeframe, Crisis Plan Assessments, Submission of Service Plans, Family Involvement, Needs Based on Assessments, Collateral Contacts, Uploaded Signature Sheets, Consents & Releases, Referral Packets, and Billing Status.

Completed chart audits are accessible to all Care Manager Supervisors, Management/Operations, and the Quality Assurance Team through SharePoint. Trends identified by the review team during the audit are collected quarterly and shared with the agency by the Quality Assurance Team (quarterly Quality Assurance Performance Improvement plan presentation). The team of staff completing chart reviews consists of the Quality Assurance Specialist (assigned 10 active youth files), two Program Coordinators (4 active youth & 6 transitioned youth files each), and Operations Administrator (2 active youth files).

It is Partners for Kids and Families goal that 75% of chart audits reviewed will meet the goal of a 75% record completion.

#### **Audit Outcomes:**

- There were 192 Active and 114 Transitioned Chart Reviews completed for CT2022-2023.

- A total average score of 75% was recorded on the 22 items reviewed for each active youth.

- A total average score of 70% was recorded on the 17 items reviewed for each transitioned youth.

#### AREAS OF STRENGTH AMONG ACTIVE YOUTH:

- Referral packets are present and complete in Global Search for 94% of youth.
- 97% of enrolled youth have current/active Medicaid status.
- Initial phone calls to youth/families occur within 24 hours of enrollment among 91% of families.
- Weekly contact occurs among 93% of youth/families.

#### AREAS OF NEED AMONG ACTIVE YOUTH:

- 28% of CFT's are held within 75 days of each other with ISP's submitted to the CSA within 7 days (improvement from 15% in CT2021).
- 27% of youth are seen within 72 hours of enrollment.
- 60% of Chart audits reviewed met the goal of 75% record completion

(improvement from 46% in CT2021)

- 71% of Release Forms were signed and active
- 20% of youth reviewed had all New Family Orientation forms present (HIPAA Acknowledgment, TOM Description for Families, Working in Partnership, and Rights of Children Served)

#### Action Plan:

- To monitor both individual and agency wide performance, a total percentage score has been included in chart reviews. Supervisors and management staff can view how well a Care Manager scored on a specific chart review and can view how well the agency has scored overall in the reviews during a specific timeframe. Individual reviews that score below 80% are highlighted in red to emphasize areas of need. Agency data can be viewed through graph visuals on a dashboard with adjustable filters.
- The Quality Assurance team will revisit and monitor progress on areas of need at the end of the 2023 Contract Year and determine if further action should be taken.
- Given the need for more concentrated focus on Active Youth files, Record Review distribution has been reassessed for CT2023—Reviewing a total of 30 youth each month (22 Active Youth and 8 Transitioned Youth), the Quality Assurance Specialist will review 10 Active Youth, and each Program Coordinator will review 6 Active Youth and 4 Transitioned Youth).
- Care Managers identified as needing support with contacts/documentation will be given opportunities to complete training and one on one coaching with the Program Coordinators. Items on the Chart Review were identified that, when deemed missing from the records, should be remedied promptly (updated consents, contact information, and Medicaid eligibility). Operations Managers will review results of chart audits conducted to identify items found to be missing during a review. Concerns can then be addressed with Care Manager Supervisors for correction and future planning.
- PFKF is launching an incentive for all Care Management Teams to comply with completion/submission of New Family forms for CT2023 (to be completed by August 31, 2023).

#### **Unusual Incident Reports**

Unusual Incident Reports (UIRs) are required by the NJ State Department of Children and Families (DCF) as part of Partners for Kids and Families Contract to provide Care Management Services. PFKF is required to

submit reports to DCF based upon specific categories of incidents set forth by the state. Reports are to be submitted within 24 hours of notice of the incident by the designated individual for each CMO. At PFKF, the Quality Assurance Specialist is the designated UIR liaison for the state. When an incident occurs, reports are submitted through an internal form by the Care Manager, reviewed by the supervisor and other members of the management/leadership team and submitted by the Quality Assurance Specialist to the state's electronic reporting system. Based upon the UIR "Level", the Quality Assurance Specialist is sometimes required to contact the state UIR coordinator via phone in addition to submitting the electronic report to inform him/her of the incident.

This audit process provides a review of Unusual Incident Reporting (UIR) to ensure compliance with DCF statutes as well as Partners for Kids and Families policies and procedures. The Quality Assurance Specialist reviewed all UIRs submitted by PFKF staff between the months of July 2022 – June 2023 to analyze any trends and/or concerns related to PFKF UIR process.

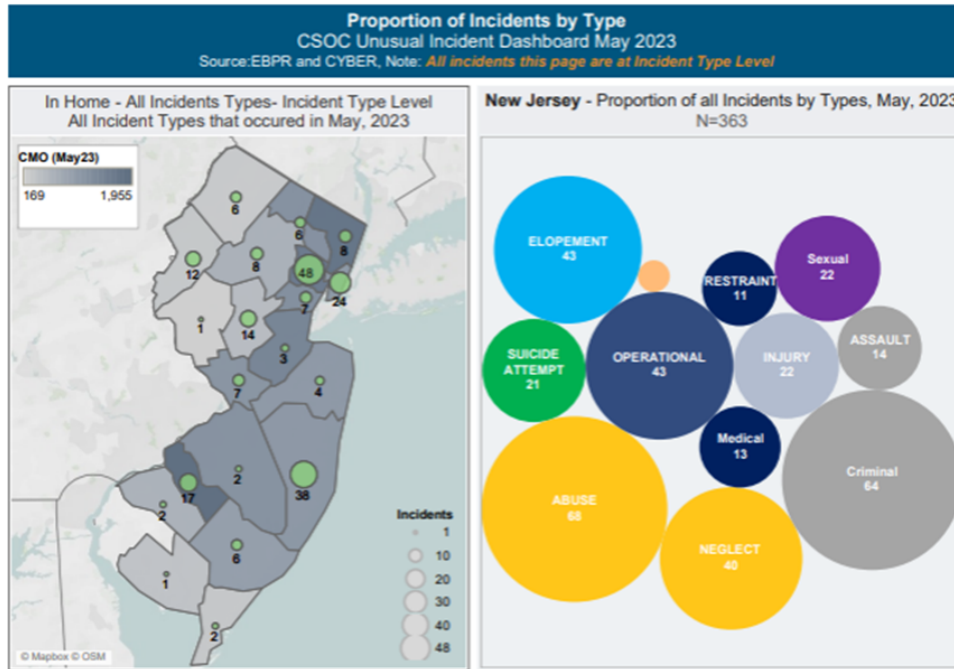
## Audit Outcomes

- There was a total of 78 UIRs submitted during the time period reviewed. There was a significant increase in submission of UIR due to trainings clarifying categories and an improvement in the internal submission process.
- 39 PFKF employees submitted UIRs during the review period. This is an improvement from CT-2021 (where 32 staff completed UIRs) and CT-2020 (where 20 staff completed UIRs).
- The most common Incident Types reported were Elopement (30 Incidents), Injury (22 incidents), Suicide Attempts (19 incidents).
- Of the Levels reported, 42 were A+ Levels (the highest level), 30 were A Levels and 43 were B Levels. (\*Note – for some UIRs there were more than one Incident Types reported.).
- We did not have youth with more than 8 UIRs for a review period.

## Areas of Growth:

- There were 8 youth that required more than 2 UIRs during the period reviewed.
- 8 out of 78 UIRs or 10% were reported 5 or more days after the Care Manager was informed of the incident. This is a 5% decrease from CT-2021. Based upon all 78 UIRs submitted, the average submission time for the year was 1.74 days. Those submitted longer than a day after being informed of the incident are technically out of compliance as per DCF guidelines.
- There are statewide initiatives that come out of UIR submissions. Recently all the Care Management Organization are a part of Zero Suicide initiatives. Zero Suicide is a Transformational Framework for Health and Behavioral Health Care Systems. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.
- PFKF have 4 staff (Care Manager Supervisor, Operation Manager, Clinical Consultant and the Quality Assurance Director) that are trained and will help with the implementation agencywide.





**Action Plan:**

- PFKF will improve upon the number of days to submit UIRs once informed of the incident. When a UIR is submitted ‘out of compliance’, the Quality Assurance Specialist will send a follow up email reminding the Care Manager, Supervisor, and Operations Manager of the required timeframes for submission. Trends will be analyzed through the CT to determine any patterns in late submission.
- Quality Assurance Specialist will continue to seek clarification from DCF regarding when to complete UIRs, specifically in events when NJ Abuse is contacted.
- The Quality Assurance Director and Quality Assurance Specialist will review the trends and patterns of UIRs submitted Quarterly.
- The Quality Assurance Director and The Quality Assurance Specialist will continue to present the UIR process, timeline and reporting requirements, and examples of incidents that require UIRs during the quarterly data review.
- Updated procedures for completing UIRs will continue to be posted in SharePoint in the training folder.

UIR Yearly Comparison		
	CT 2021 -2022	CT 2022-2023
<b>UIRs submitted</b>	55	78
<b>Number of staff who submitted UIRs</b>	32	39
<b>A+ Level UIRs submitted</b>	16	42

<b>Most Common Incident Types Reported</b>	Abuse (15 incidents), Elopement (14 incidents), Criminal Activity (10 incidents)	Elopement (30 Incidents), Injury (22 incidents), Suicide Attempts (19 incidents)
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### HIPAA Compliance

Partners for Kids and Families (PFKF) is required to maintain certain procedures, policies and standards under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended (collectively, “HIPAA”). PFKF requires its employees to protect the confidentiality of all protected health information (“PHI”) related to the children/youth and their families who are enrolled with PFKF. Additionally, PFKF maintains a Business Associate Agreement (BAA) with all vendors that have access to PHI to ensure they maintain the strictest confidentiality and security standards.

This summary provides a review of Partners for Kids and Families (PFKF)’s HIPAA security to ensure compliance with pertinent PFKF policies and procedures and to monitor trends and opportunities for improvement. A review occurred of PFKF’s HIPAA log and Administrative Alerts, which track any potential privacy or security risks encountered

### Audit Outcomes:

- For CT2022-2023, Three HIPAA privacy and security incidents were documented. All three of the documented incidents were deemed “low risk”.
- The five HIPAA violations were due to email and mailing documents to the wrong user or address.
- The incidents were analyzed to identify trends in terms of staff member, type of incident, cause of incident, & processes which may have led to incident.
- Prepopulated email addresses were a trend. Agency-wide training was conducted. The five individuals were also trained separately.

### Action Plan:

PFKF took actions proactively throughout the Contract Year that are worth noting:

- PFKF conducts a full Privacy and Security Risk Assessment yearly. Updates are made to improve procedures, many of which have already been implemented by the agency.
- Staff are regularly reminded about securing messages before they go outside of the agency.
- PFKF continued to incorporate Corporate Compliance as a key component of the new employee orientation process, which included training on HIPAA matters on their first day in the building/orientation.
- The yearly required HIPAA compliance training is conducted in person, via Teams, or assigned in the PFKF’s Relias system. Staff are required to complete the training yearly.
- Training regarding overall Corporate Compliance is also conducted annually at an All-Staff Meeting.

The following actions will continue to take place:

- PFKF will continue to log any potential HIPAA violations and resolutions to address the issues.

- “Walk-Through” HIPAA Audits will continue, on a quarterly basis now that staff have returned to the office (following a hiatus when the office was shut down as a result of COVID-19).
- Corporate Compliance will remain a key component of the new employee orientation process and yearly training will continue to occur.

## Medicaid Compliance

PFKF receives the majority of its revenue through Medicaid billing. PFKF has a goal to bill Medicaid for at least 95% of enrolled youth monthly. As a result, compliance with State and Federal Medicaid regulations is an integral part of PFKF’s Corporate Compliance Program. Medicaid audits are completed on a monthly basis to ensure proper billing practices and compliance. Based on the average census for CT 2022-2023, PFKF adjusted the sample of youth included in the audit.

Below is a summary of the quarterly audits.

As identified in the PFKF Corporate Compliance Plan, this audit process provides a review of PFKF Medicaid billing transactions to ensure compliance with pertinent statutes and regulations.

### Methodology:

For the Contract Year, randomly selected Chart audits are completed on a monthly basis for 32 youth (20 active and 12 transitioned). *\*Additional details in “Chart Auditing” section of this document, above.*

#### Active Youth

1. Verify youth has a diagnosis
2. Verify services have been rendered and documented (progress notes & ISP)
3. Verify a CFT sign-in sheet is in docs on youth’s Cyber Face sheet, signed by CFT members and date matches that of CFT progress note and ISP.
4. Verify PFKF billed for each month youth was enrolled with PFKF.

#### Transitioned Youth:

For the 2022-2023 Contract Year, 114 of 911 transitioned youth (12.5%) were randomly selected between July 1st, 2022 and June 30th, 2023.

#### Audit Outcomes:

**Active Youth:** Out of 192 reviewed youth, all 192 were billable between July 2022 and June 2023.

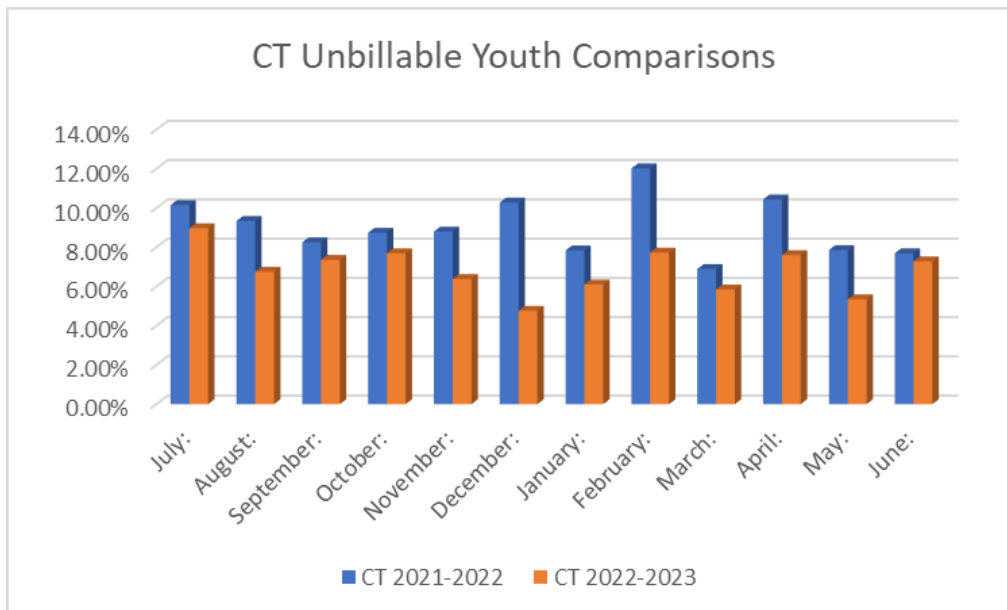
**Transitioned Youth:** Audits were done to make sure that there was no billing for youth for the month of transition. This process was implemented in 2022 as an additional billing safeguard. The audit was done for CT 2022-2023, and no randomly selected youth was billed for in error during the month of transition.

## Billing Analysis

- During the previous Contract Year (CT 2021-2022), PFKF was unable to bill for **810** youth. The respective numbers of unbillable youth by month are as follows: Jul 2021- **87** (10.15%); Aug 2021- **81** (9.34%); Sept 2021- **67** (8.25%); Oct 2021- **72** (8.74%); Nov 2021- **75** (8.80%); Dec 2021- **86** (10.28%); Jan 2022- **69** (7.84%); Feb 2022- **99** (12.02%); Mar 2022- **60** (6.89%); Apr 2022- **115** (10.44%); May 2022- **87** (7.86%); Jun 2022- **78** (7.69%).
- During the current Contract Year (CT 2022-2023), PFKF was unable to bill for **898** youth. The respective numbers of unbillable youth by month are as follows: Jul 2022- **94** (8.97%); Aug 2022- **72** (6.75%); Sept 2022- **76** (7.36%); Oct 2022- **79** (7.69%); Nov 2022- **61** (6.38%); Dec 2022- **52** (4.76%); Jan 2023- **65** (6.10%); Feb 2023- **91** (7.73%); Mar 2023- **67** (5.85%); Apr 2023- **92** (7.60%); May 2023- **59** (5.35%); Jun 2023- **90** (7.28%).

## Methodology:

- From the beginning of the previous Contract Year (July 2021) to the end of this Contract Year (June 2023), PFKF active youth census has increased from 916 youth to 1209 youth, thus percentages of unbillable youth are provided in relation to exact number of unbillable youth/censuses per month to capture accurate trends.
- The graph below represents the monthly comparison of unbillable youth (by percent) between CT 2021-2022 and CT 2022-2023.



## Outcomes:

- PFKF has made continued efforts to implement strategies to improve billing around the spring and winter holiday months. For CT 2022-2023, December's percentage of unbillable youth decreased from 10.28% to 4.76% (5.52% decrease), thus reaching the PFKF goal of 95% billable youth for the month of December. The Quality Assurance Department continues to team with Operations to relay this information to Care Managers and offer strategies to encourage Face to Face

visits with families (leading cause of unbillable status) during these months.

- Through this audit, it is noted that during this contract year (CT 2022-2023), all 12 months achieved a decrease in unbillable youth. This year, an additional Operations Manager position was created (total of three Operations Managers to date) to enhance oversight of Care Management supervision and backup strategies in the absence of an employee. Backup plans to meet family needs are being further enforced through Operations Management, communication among departments, and data sharing through SharePoint.
- For CT 2021-2022, the top reason for unbillable youth was a need for Face-to-Face visit with youth/family (385 unbillable youth). The second reason was a focus on Outreaches to the family with limited to no contact (182 unbillable youth), and the third was a need for Collateral Contact (135 unbillable youth).
- For CT 2022-2023, the top reason for unbillable youth was a need for engagement from families, which we refer to as “Outreach Focused” (302 unbillable youth). The second reason was a need for Face-to-Face visit with youth/family (167 unbillable youth), and third was a need for Collateral Contact on the team (121 unbillable youth).
- Compared to last year (CT 2021-2022) this year (CT 2022-2023), there has been a 22% decrease of unbillable youth due to need for a face-to-face visit with the family (from 39% in CT 2021-2022 to 17% in CT 2022-2023). However, there was a 15% increase in need for family engagement/outreach focused progress note entries (from 19% to 34%). The need for Collateral Contacts on the team has remained consistent for both years, at 14%. These numbers refer to the amount of youth compared to the total amount of unbillable youth, as opposed to youth active census.

#### Action Plan:

- Supervisors and Operations team have direct access to live data and dashboards to filter billing statuses and explanations by Month/CM/Team/Reason.
- Data is kept on the number of youth seen/unseen by Month/CM/Team, and this information is also accessible via SharePoint to Supervisors and Operations team.
- Billing data is presented to all staff quarterly during a staff meeting to discuss the agency's strengths and needs.
- One on one coaching opportunities are offered to Care Managers struggling to make contacts with child & family team members. Coaching is offered by one of PFKF's Program Coordinators after discussion with CM supervisor.
- PFKF billing criteria and strategies to achieve optimal contact standards were presented to all staff and posted in SharePoint for all staff to access and refer to (PowerPoint and recorded presentation formats).
- Operations Managers will continue to monitor trends and enforce backup plans to ensure appropriate services are delivered in the absence of a Care Manager/CM Supervisor.

#### Family Satisfaction & Formal Grievances

As part of its Quality Improvement efforts, PFKF completes a variety of surveys with active and transitioned families to assess for satisfaction and success. The surveys are administered via phone or online form (depending on the survey type). Survey data is collected and shared with Care Management staff to provide praise and/or opportunities for growth and development.

Additionally, PFKF has a process by which families, providers, community members, etc. can file a formal grievance with the agency ombudsman should they have concerns regarding service delivery.

This audit provides a review of PFKF’s Family Surveys and Formal Grievance Reporting to ensure compliance with pertinent PFKF policies and procedures and to monitor trends and opportunities for improvement.

**Methodology:**

A review of summary data for all Family Surveys and all Formal Grievances submitted by families served between the months of July 2020 – June 2021 was conducted to analyze any trends and/or concerns related to PFKF’s Survey and Formal Grievance process.

Among the Family Surveys conducted were Active youth/family surveys and Surveys completed at time of transition/discharge. Post-Transition surveys, in which PFKF reaches out to youth/families after time of transition, were not distributed to youth/families this Contract Year.

Surveys were completed in both English and Spanish. The process for completing the surveys was as follows:

1. This Contract Year a state-wide effort was coordinated among Care Management Organizations to create two uniform Family Surveys; one for Active youth/families and another for Post-Transition families. The goal is to share data across organizations for benchmarking purposes and to analyze possible areas for improvement. The surveys will be administered during a one-month period annually. The Active family surveys will be administered Summer and the Post-Transition surveys will be administered six months from transition month. All actively enrolled families are encouraged to participate in the survey in the Summer and all families who had been transitioned from PFKF services within the past year (November– October) will be encouraged to participate in the survey in the Fall.
2. Transition surveys were completed by families at time of transition. Care Managers are expected to provide a paper survey and ask families to complete these surveys at their final meeting or mail back with a self-stamped/addressed envelope. Transition surveys are also sent via a link to access and be completed.

**\*Note** – Surveys are now being sent out to community providers who work with youth and families. This survey will allow feedback from providers who are on the Child and Family team and provide services to families. This data is not part of the state-wide project but is for PFKF to assess the effectiveness of the provider’s services.

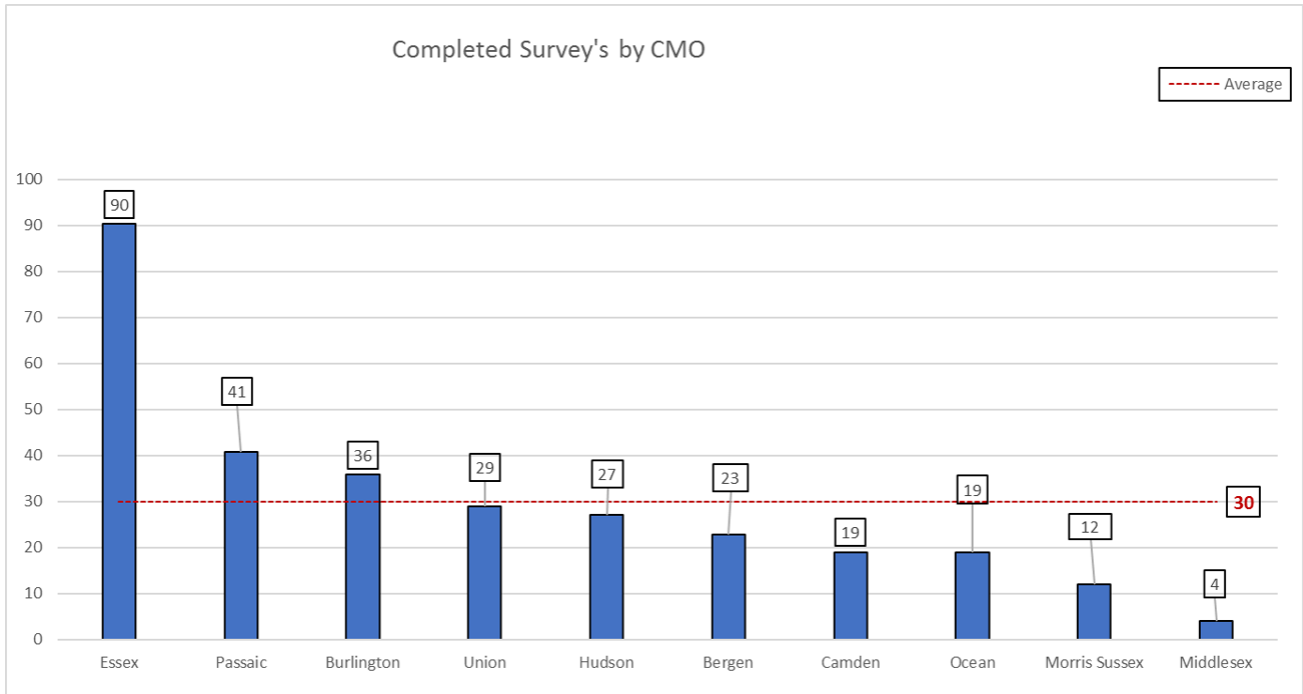
**Audit Outcomes:**

Overall outcomes for the *Active Youth/Family Surveys* are as follows:

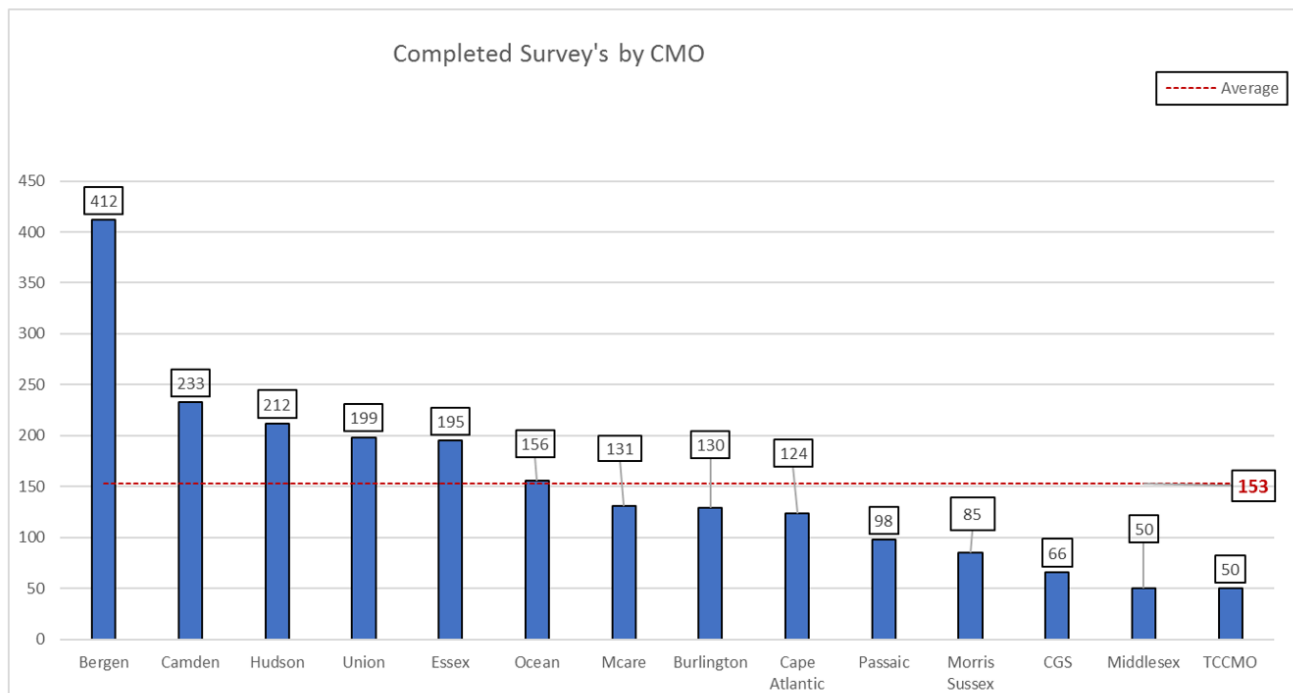
- There were 208 surveys completed.
- Responses to most questions on the survey were overwhelmingly positive including questions concerning Family Voice, Family Values & Preferences, Linkage to resources, Strengths Based, and Overall Satisfaction. Most respondents (88% or higher) either agreed or strongly agreed with those questions.
- All questions within the survey, positive responses fell below the 95% rate.
  - o Question: “My voice is heard and guides the team process.”
    - 94% “agreed or strongly agreed”

- 5% replied “disagree or strongly disagree”.
- o Question: “My family’s values and preferences are treated with dignity and respect.”
  - 94% “agreed or strongly agreed”
  - 4% “disagreed or strongly disagreed”.
- o Question: “I have been linked to resources and supports that will help my child achieve our vision.”
  - 88% “agreed or strongly agreed”
  - 5% “disagreed or strongly disagreed”.
- o Question: “My Child and Family Team helps me see my child’s strengths.”
  - 89% “agreed or strongly agreed”
  - 3% “disagreed or strongly disagreed”.
- o Question: “On a scale from 1 to 5, 1 poor and 5 excellent, how would you rate your experience with Telehealth (Audio-visual /Audio Only).”
  - 83% “agreed or strongly agreed”
  - 8% “disagreed or strongly disagreed”.
- o Question: “I feel that my family is able to effectively manage the crises listed in our family's Crisis Plan.”
  - 72% “agreed or strongly agreed”
  - 10% “disagreed or strongly disagreed”.
- o Question: “On a Scale from 1 to 5, 5 being the highest number, In the event of an emergency or crisis, I know how to reach Partners for Kids and Families after normal business hours.”
  - 81% “agreed or strongly agreed”
  - 8% “disagreed or strongly disagreed”.
- o Question: “On a scale from 1 to 5, 1 not comfortable and 5 high level of comfort, rate your comfort level with meeting with your Care Manager in person at your home?”
  - 87% “agreed or strongly agreed”
  - 5% “disagreed or strongly disagreed”.
- o Question: “On a scale from 1 to 5, 1 not comfortable and 5 high level of comfort, rate your comfort level with meeting with your Care Manager in person at the Partners for Kids and Families office or in the community.”
  - 76% “agreed or strongly agreed”
  - 11% “disagreed or strongly disagreed”.
- o Question: “On a scale from 1 to 5, 1 not satisfied and 5 high level of satisfaction, rate your experience with Partners for Kids and Families.”
  - 88% “agreed or strongly agreed”
  - 8% “disagreed or strongly disagreed”.
- PFKF outperformed the state average results for every question on the survey. PFKF had a higher percentage of positive responses to every question where PFKF fell below the 95% positive rate.
- There were 2140 completed Family Satisfaction Caregiver Survey’s across the 14 participating CMO’s
- The number of completed surveys ranged from 412 in Bergen to 50 in Middlesex and TCCMO - on average across the CMO’s there were 153 completed surveys.

## FAMILY SATISFACTION SURVEY - YOUTH



## FAMILY SATISFACTION SURVEY - CAREGIVERS



Overall outcomes for the *Transition Family Surveys* are as follows:

- There were 6 surveys completed during the year out of 270 Transitions.
- Responses to 5 out of the 7 questions were very positive across the board, with each question scoring at 100% or higher with positive responses.



- Responses to 2 questions out of the 7 questions were at 83%.
- There was only one comment, which respondent indicated dissatisfaction. These situations have been addressed by the immediate supervisor as part of the overall wraparound process with families.

Overall outcomes for the *Post-Transition Surveys* are as follows:

- The Post-Transition survey will be administered 6 months from the month of transition.
  - o There were 17 surveys completed since January 2022. 14 caregiver responses and 3 youth survey responses were received.
  - o Question: “The strategies in my family’s Transition Plan have helped my family effectively manage our needs.”
    - 79% “agreed or strongly agreed”
    - 21% “disagreed or strongly disagreed”.
  - o Question: “I am able to manage my child’s physical/medical health using community-based services and the skills developed while enrolled with the CMO (5 pt scale; 5=NA).”
    - 57% “agreed or strongly agreed”
    - 29% “disagreed or strongly disagreed”.
  - o Question: “My child is currently living at home or in a sustainable living environment in the community (Choose from Home, Independent Living, Living with Family Member, Other)”
    - 71% “home/living with family member.”
    - 29% “other”.
  - o Question: “My child is currently actively engaged in the following (School, Work, Military Service, Volunteer Work, Other, My child is not actively engaged in school or other community-based activity).”
    - 91% “school”
    - 9% “volunteer work”.
  - o Question: “I am satisfied with my ability to manage my child’s risk behaviors.”
    - 64% “agreed or strongly agreed”
    - 36% “disagreed or strongly disagreed”.
- 3 youth completed Post Transition Surveys.
  - o All 3 are at home and in school as indicated in their responses.
  - o 2 out of the three Strongly agreed/Agreed to all survey questions.
- **The average overall percentage of satisfaction with the services provided to Youth and Families is 91%.**

A complaint (or grievance) is an oral or written communication protesting the conduct, service, act or failure to act by any CMO staff member, a CMO partner/provider, or any other matter in which the member feels aggrieved or dissatisfied. Concerns that are addressed by the Executive Director, Director of Operations and the Quality Assurance Director because they were not able to be addressed by the Child and Family Team members, Care Manager and/or Care Manager Supervisors are considered a formal complaints complaint.

Formal Grievance Reporting Summary:

- The Quality Assurance Director is assigned the position of Ombudsman to address any formal grievances reported by families.

- Information regarding PFKF’s grievance procedure is in all intake packets provided to families at the time of enrollment. Information is also available on PFKF’s website for families to access at any time throughout their enrollment with PFKF.
- There were 6 complaints addressed by the Quality Assurance Director, Operation Director and the Executive Director in CT2021 –2022. The 6 areas did not really have any trends and patterns. They focused on (2 Provider concerns, Medical Needs/Financial Assistance, Communication concern with Care Manager).

Methodology:

- If a family contacts the Quality Assurance Director, Operation Director and the Executive Director with concerns those interactions are documented in an Excel spreadsheet in the Grievances/Complaints/Appeals SharePoint.
- The data is reviewed quarterly and shared with the entire agency.

Action Plan:

- The results from the state-wide surveys were recently shared with all the CMOs. The analysis of results is shared during the quarter that the report is received.
- In the Fall of 2021, a uniform post-Transition survey has been developed in coordination with other CMOs in the state. Going forward, the post-Transition survey will be administered once every Fall and data will be available in next year’s executive summary.
- PFKF’s Transition survey was updated to mirror questions on the new Active youth/family survey. The link to the survey, in both English and Spanish, will be made available soon to families. The Quality Improvement Specialist will be assessing completion rates for this survey throughout Contract Year 2022 in an effort to improve upon the number of surveys that are received.

Community Partner & Stakeholders

As part of PFKF's/Burlington County Care Management Organization (CMO) quality improvement process, community partners are surveyed for feedback on perceived effectiveness of PFKF services in key areas (i.e., family voice and choice, culturally responsiveness, overall success) and collaboration and responsiveness with community partners.

This audit process provides a review of PFKF’s Community Partner Survey to ensure compliance with pertinent PFKF policies and procedures and to monitor trends and opportunities for improvement.

A review of summary data for all PFKF’s Community Partner Surveys completed in October 2021 was conducted to analyze any trends and/or concerns related to PFKF’s service delivery and collaboration with community partners.

The surveys were emailed to Community Partners.

Audit Outcomes:

Overall outcomes for the PFKF’s Community Partner Surveys are as follows:

- There were 15 surveys completed.
- There was a total of eleven questions with the first 8 questions having a rating scale of “Strongly disagree”, “Disagree”, “Neither agree not disagree”, “Agree”, or “Strongly agree”. Questions were worded positively, such that a rating of agreement reflected favorably toward services provided. The remaining 3 questions were open-ended regarding needs, suggestions, and additional comments.

- Overall, the average (majority) rating to each question was “Strongly Agree” with the highest ratings related to Cultural Competency of PFKF, and PFKF providing sustainable & accessible community resources. There were no ratings of disagreement.
- The questions and average (majority) ratings are as follows:
  1. As a child and family team member, my voice is heard. **66.67% Strongly Agree**
  2. Monthly provider presentations assist in bringing awareness of resources to the PFKF staff. **46.67% Strongly Agree**
  3. PFKF maintained and acknowledged cultural competency. **73.33% Strongly Agree**
  4. PFKF provides sustainable and accessible community resources to families. **73.33% Strongly Agree**
  5. Youth enrollment in PFKF has been beneficial to achieving the family vision. **66.67% Strongly Agree**
  6. PFKF staff respond to crisis in a timely manner. **60.00% Strongly Agree**
  7. There is consistency in communication between PFKF, providers, and families. **60.00% Strongly Agree**
  8. As a provider, the Burlington Resource Net has been helpful in assisting child/family teams with resources. **60.00% Strongly Agree**
- The last 3 questions were open-ended, requiring comments as follows:
  9. What are the greatest needs families are experiencing? (8 responses)
  10. As we strive to build a vibrant and supportive community with resilient kids in strong, loving families, share how we can collaborate on building a strong resource base for Burlington County. (6 responses)
  11. Other comments. (3 responses)
- Overall, consistent themes in the comments for each section were positive affirmation about PFKF’s services. Areas identified as potential areas of improvement were: Having PFKF assist in encouraging communication among providers (ie: between BA & IIC) on a regular basis rather than waiting for a CFT, and education for parents and staff on a variety of topics (substance use, educational support, and I/DD needs).

Action Plan:

- PFKF will continue to offer monthly provider presentations during staff meetings to bring greater resource awareness to staff.
- PFKF Resource Department will send out weekly emails to staff with sustainable, as well as time-sensitive, resources for families (youth activities, housing resources, food pantries, etc.).
- PFKF will continue to host an Annual Cultural Event for staff and offer regular training on cultural awareness & sensitivity.
- PFKF maintains a SharePoint group accessible to all staff, dedicated to Care Management resources. This site includes but is not limited to contact information for DCP&P, FSO & Juvenile Probation, Provider agency staff lists, community resource directors, and ID/DD resources. Informative flyers, Power Points, and recorded provider presentations are also housed here for CM reference.

- PFKF will offer free Nurtured Heart Approach (NHA) virtual training, as well as NHA monthly support group for families.
- PFKF hosts an annual Partners Fun Day for Mental Health Awareness, providing an opportunity for families to meet local providers and access community resources.
- Updates on available resources are continuously available to staff on the ResourceNet.
- Yearly Community Provider meetings will continue to occur as well as emails to communicate ongoing services needs to community partners.
- Bimonthly resource presentations, ongoing resource provider presentations, and orientations for new staff to increase staff knowledge of available resources. Additionally, ongoing refresher training for Care Managers by the Community Resource Coordinator Specialist.
- Quarterly Leadership Team (Quality Assurance Director, Resources Director and Community Resource Coordinator) meeting will resume to address the concerns expressed in the community partner survey, Care Manager Concerns and potential solutions with a focus on timely responsiveness with community providers, timeliness of services implementation, and access to/need for more resources.

### Human Resources

In addition to a commitment to the youth and families served by PFKF, the agency boasts a strong focus on employee satisfaction and engagement. PFKF offers a unique collaborative, supportive, and flexible work environment, promoting a culture of wellness, self-care, and work-life balance. We strive to cultivate our organization to be one of accountability, trust, and empathy. When we empower ourselves and each other to show up authentically, we foster a team of support and respect that we carry into the community we serve.

Noteworthy accomplishments in the area of Human Resources were the filling of additional positions to address agency needs. They included a third Operations Manager and an increase to the total number of Care Managers and Care Manager Supervisors. 16 additional Care Managers were hired for this contract year, and recruitment is ongoing. At the close of CT 2022, PFKF employed 78 Care managers, distributed across 13 supervisor teams. Management and supervisory roles were filled with an internal staff.

In addition, PFKF is utilizing the new 'Training Matrix' that was rolled out last year to clarify staff training responsibilities (for ALL staff required training as well as trainings based upon position) and the new performance evaluation form and scoring system. PFKF has revisited job titles, updated job descriptions, and standardized the format of these documents to ensure continuity across the agency. The Directors and Supervisors are now reviewing job descriptions with employees whom they supervise on an annual basis. As employees change job positions, the Human Resources Specialist meets with the employee to sign acknowledgment of new documents. A special focus on diversity initiatives as well as employee benefits is included below.

### Focus Area: Diversity

PFKF is committed to the recruitment and retention of a well-qualified, diverse, and competent workforce. For CT 22, the demographics of PFKF's workforce consisted of the following:

- *In Regard to Gender Identity:*
  - o 18% of PFKF staff were male identified and 82% of staff were female identified.
  - o While these numbers appear to be unbalanced, according to a study published in August 2020 by the Counsel on Social Work Education and The National Association of Social Workers, 90% of new social workers are female identified.

*In Regard to Race/Ethnicity:*

- o 9% of PFKF staff identified as Hispanic, 41% of staff identified as Black/African American, 2% identified as Asian, 44% identified as White/Caucasian (non-minority), and 4% identified as two or more races.

- o According to 2022 Census Data, Burlington County's percentages by race are as follows: 71.3% White, 19% Black, 6% Asian, 0.5% 'Other' and 3.2% 'Two or More Races'. 9.6% of Burlington County Residents identify as Hispanic.

The agency undertook a major Diversity, Equity & Inclusion (DEI) initiative during CT 2021. Following an intensive survey of our staff based on the trainings. The focus of these sessions was to explore internal and external biases and to enhance the effectiveness of PFKF's service to diverse communities. This work will continue through CT 2023 as PFKF continues to take action on things learned in the training.

#### Focus Area: Employee Benefits

Staff are provided with a strong benefits package, including medical, dental and vision benefits, FSA (Health and Dependent Care), 401K, Group Life and Voluntary Life Insurance, HRA reimbursement, EAP services, a generous time off package and more. During CT 2022, major strides were made in the Human Resources area at Partners for Kids and families, including (but not limited to) the following:

- Despite a large increase in rates, PFKF was able to negotiate a better rate maintained by the same healthcare provider for CT2022 to avoid another change in insurance carriers. Employees only incurred a small premium increase to Medical and Vision benefits. There was no increase to the Dental benefit premium.
- Added in Voluntary Life Insurance Benefits for employee, spouse, and child.
- Expanded FSA (Health and Dependent Care) limits included carryover up to \$500 & implemented debit cards for FSA purchases to allow for easier use of the FSA program.

#### Areas for Growth & Action Plans

As part of the agency's Quality Assurance & Performance Improvement Plan, the following items were identified as areas that require continued growth and attention:

- **Training & Orientation:** PFKF did not meet its goals in the areas of training and new staff orientation. A new training matrix was implemented in March of 2022. Considerable progress has been made in training, but PFKF is still working toward meeting its goal of 100% completion rate. The Human Resources manager is following up with reminders to staff and supervisors if training is not completed by the due date. Training is being tracked through Relias, Paychex, TEAMS Attendance and through Performance Appraisal. PFKF plans to manage all training completion through Relias for CT 2023 to keep all training records in one system for streamlined tracking and transcript retrieval.
- **Performance Evaluations:** PFKF made great strides in the implementation of a new performance evaluation system in June of 2022. A performance evaluation template was developed for use with ALL agency staff. This year (CT 2022) PFKF is at 89% compliance for completed Annual and 90-day performance reviews. This is a 52% improvement from last year (CT 2021), which was at 37% compliance. PFKF is dedicated to getting closer to the 100% compliance goal for CT 2023.
- **Employee Benefits:** PFKF is planning to educate and increase staff awareness of the Employee Assistance Program (EAP) and the full range of benefits offered to PFKF staff.