



**Quality Assurance & Performance Measurement and Management CY 2024- 2025**

1. Desired Outcome: Improved outcomes, emotional/behavioral stability, and sustainable linkage to resources
2. Desired Outcome: Keep kids at home, in school and in their communities
3. Desired Outcome: Partners for Kids and Families will provide individualized and accessible services where youth and families maintain satisfaction with the CMO process.
4. Desired Outcome: Partners for Kids and Families will remain in compliance with DCF/CSOC's Services Standards, Conformance with CARF Care Management Program Standards, and Overall Industry best practices.

**Care Management & Operations Goals:**

Youth & Families will be better able to manage their needs in a sustainable manner as a result of their participation and feel satisfied with the care they have received from Partners for Kids and Families.

Standard, Domain & Objective	Indicators, Data Source, Frequency & Applied to	Implementation Strategies	Person (s) Responsible	Identified Barriers	Contract Year (CY) 2023/2024	Contract Year (CY) 2024/2025	Target & Priority level
<p>Families participating in the CMO will demonstrate their ability to manage their family plan.</p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	<p><b>Metrics:</b> Strengths and Needs Assessments</p> <p><b>Measured:</b> Caregiver Strengths from the CSA CMO Dashboard (quarterly)</p> <p><b>Applied To:</b> Children &amp; Families</p>	<p>Care Mangers to complete updated SNA 75 to 90 Days and reevaluate needs and plan strategies regularly.</p>	<p><b>Care Management Operations; Care Managers, Operation Managers, Care Manager Supervisor &amp; Director of Operations</b></p>	<p>Accurate completion of SNA's.</p>	<p><b>86%</b> of PFKF families maintained or improved their Caregiver Strengths Optimism, Family Stress and Involvement with Care.</p>	<p><b>89%</b> of PFKF families maintained or improved their Caregiver Strengths Optimism, Family Stress and Involvement with Care.</p>	<p><b>85%</b> of families will report that they maintained or improved their Caregiver Strengths: Optimism, Family Stress and Involvement with Care.</p> <p>≥ 85% =Green 79% - 84%=Yellow &lt;78% from State Avg=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>

<p>Partners for Kids and Families will review trends and patterns of Formal Grievances and Complaints.</p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p> <p><i>*2025 - 2026 start reviewing trends and patterns during the Q. A meeting.</i></p>	<p><b>Metrics:</b> Grievance and Complaint tracking spreadsheet</p> <p><b>Measured:</b> Quarterly</p> <p><b>Applied To:</b> Care Management</p>	<p>Documentation of all calls and written complaints to the Quality Assurance Director, Executive Director &amp; Director of Operation.</p>	<p><b>Executive Director, Quality Assurance Director &amp; Director of Operations</b></p>	<p>Ensuring that documentation is current.</p>	<p><b>1</b> Formal Grievance and Complaint received: Face to Face visits while youth was in OOH.</p>	<p><b>4</b> Request for assistance with out-of-home (OOH) support and additional resources to manage youth behavior, concerns include ongoing behavioral issues without services currently in place, the family also expressed frustration regarding excessive outreach during the youth's vacation, the family received a text message from the therapist that was meant for the Care Manager.</p>	<p>Partners for kids and families reviewed the plan.</p> <p><b>Yes =Green</b> <b>No=Red</b></p>
<p>Partners for Kids and Families is committed to Wraparound Value of Family/Youth Voice and Choice.</p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	<p><b>Metrics:</b> Monthly Family Quality Calls &amp; Family Satisfaction Surveys</p> <p><b>Measured:</b> Monthly Family Quality Calls (Monthly) &amp; Family Satisfaction (Yearly)</p> <p><b>Applied To:</b> Children &amp; Families</p>	<p>Calls made to families monthly.</p> <p>The Family Satisfaction survey will be sent out to families via Tiger Connect, ResourceNet and paper copy upon request. Results will be analyzed for strengths and areas that need improvements.</p>	<p><b>Quality Assurance; Quality Assurance Specialist &amp; Program Coordinators</b></p>	<p>Unanswered and unreciprocated phone calls, uncompleted survey responses.</p>	<p><b>93%</b> PFKF families feel comfortable discussing their concerns with their Care Manager.</p> <p><b>95%</b> PFKF families can manage their plan and are confident that their voice/choice is being heard.</p> <p><b>91%</b> PFKF families report that they are satisfied with CMO services.</p>	<p><b>96%</b> PFKF families feel comfortable discussing their concerns with their Care Manager.</p> <p><b>91%</b> PFKF families can manage their plan and are confident that their voice/choice is being heard.</p> <p><b>94%</b> PFKF families report that they are satisfied with CMO services.</p> <p><b>*In 2025/2026 the goal will be increased to 90%</b></p>	<p><b>85%</b> of families participating in CMO will demonstrate their ability to manage their plan and feel confident that their voice and choice is included.</p> <p><b>85%</b> of families will report that they are happy with CMO services.</p> <p><b>≥ 85% =Green</b> <b>79% - 84%=Yellow</b> <b>&lt;78% from Target=Red</b></p> <p><b>PRIORITY: HIGH</b></p>

<p>Partners for Kids and Families will provide quality care management services through the consistent application of the wraparound values.</p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	<p><b>Metrics:</b> Team Observation Measure (TOM). Random youth selection</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>The Program Coordinators and Quality Assurance Specialist conduct random selected TOMs with the child and family team.</p>	<p><b>Quality Assurance; Quality Assurance Specialist, Program Coordinator, Quality Assurance Manager &amp; Quality Assurance Director</b></p>	<p>Scheduling of CFT's, communication barriers.</p>	<p><b>91%</b> average in overall wraparound fidelity.</p>	<p><b>94%</b> average in overall wraparound fidelity.</p>	<p><b>95 %</b> average in overall wraparound fidelity.</p> <p>≥ 95 =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>
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<p>Partners for Kids and Families will ensure that families are being seen in person or virtually by family's choice.</p> <p><i>Standard 1.M.7 Results for the Persons Served (efficiency)</i></p>	<p><b>Metrics:</b> Monthly Progress Note Reporting/ Analysis System (monthly).</p> <p>The Director of Operations will follow up with staff on concerns that need to be addressed.</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>Every month, CMs will offer and Schedule Face to Face Meeting with Families.</p>	<p><b>Care Management Operations; Care Manager Supervisors, Operation Managers &amp; Director of Operations</b></p>	<p>Family may request not to be seen for the month.</p>	<p><b>86.33%</b> of families seen</p>	<p><b>94%</b> of families seen</p>	<p><b>95%</b> of youth and families will be seen by their assigned Care Manager at least once a month.</p> <p>≥ 95% =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>
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<p>Children participating in the CMO will have Improved or Remained Stable in the Behavioral/Emotional Needs and Risk Behaviors domains.</p> <p><i>Standard 1.M.4 Results for the Persons Served (effectiveness)</i></p>	<p><b>Metrics:</b> Cyber SNA Outcomes data and CMO dashboard.</p> <p><b>Measured:</b> Quarterly</p> <p><b>Applied To:</b> Children &amp; Youth</p>	<p>Care Mangers to update SNA every 75 to 90 Days and reevaluate needs and plan strategies regularly.</p> <p>Quality Assurance Specialist to review key areas where needs persist to identify barriers.</p>	<p><b>Care Management Operations:</b> <b>Care Manager, Care Manager Supervisors, Operation Managers &amp; Director of Operations, Quality Assurance</b></p>	<p>Possible lack of resources in identified areas.</p> <p>Family and environmental factors outside CM's control.</p> <p>Transition reasoning is unclear.</p>	<p><b>78%</b> of youth improved or remained stable in Behavioral/Emotional Need.</p> <p><b>94%</b> of youth improved or remained stable in Risk Behaviors.</p> <p><b>76%</b> of transitions are planned and successful (Goals Met- Level of care not needed, transitioned to another service coordination entity, Moved out of State).</p>	<p><b>81%</b> of youth improved or remained stable in Behavioral/Emotional Need.</p> <p><b>95%</b> of youth improved or remained stable in Risk Behaviors.</p> <p><b>71%</b> of transitions are planned and successful (Goals Met- Level of care not needed, transitioned to another service coordination entity, Moved out of State).</p>	<p><b>75%</b> of our active youth between the 9 and 12-month interval will have improved or remained stable in the Behavioral/Emotional Needs domain.</p> <p><b>90%</b> of our active youth between the 9- and 12-month interval will have improved or remained stable in the Risk Behaviors domain.</p> <p>At least <b>75%</b> of transitions will be considered planned and successful.</p> <p>≥ 75% =Green 69% - 74%=Yellow &lt; 68% from Target=Red <b>PRIORITY: HIGH</b></p>
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Standard, Domain & Objective	Indicators, Data Source, Frequency & Applied to	Implementation Strategies	Person (s) Responsible	Identified Barriers	Contact Year (CY) 2023/2024	Contact Year (CY) 2024/2025	Target & Priority
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<p>CMO will be at or above the state average for youth and families who maintain stability and avoid reenrollment for 6 months following transition.</p> <p><i>Standard I.M.7 (Efficiency)</i></p>	<p><b>Metrics:</b> Power BI &amp; Cyber CMO Dashboard, reenrollment report</p> <p><b>Measured:</b> Quarterly</p> <p><b>Applied To:</b> Children &amp; Youth</p>	<p>CMs will have regular conversations about transition with CFT to ensure families are prepared and linked to appropriate services prior to transition.</p> <p>Discussions surrounding “Readiness” will occur during supervision.</p> <p>Review of previous services will occur at the time of reenrollment.</p>	<p><b>Care Management Operations; Care Managers, Care Manager Supervisors, Operation Managers, Director of Operations Quality Assurance</b></p>	<p>Change in family Circumstances.</p> <p>Diagnoses that are cyclical in nature</p> <p>Lack of sustainable services to link families at transition.</p>	<p><b>15%</b> of PFKF transitioned youth had reenrollments occur within 6 months after transitioning.</p> <p><b>20%</b> of all CMOs transitioned youth had reenrollments occur within 6 months after transitioning.</p>	<p>In 2024, <b>12%</b> PFKF transitioned youth had reenrollments occur within 6 months after transitioning.</p> <p>In 2024, <b>15%</b> of all CMOs transitioned youth had reenrollments occur within 6 months after transitioning.</p>	<p><b>At or below state average</b></p> <p><b>&lt;20% =Green</b> <b>21-26%=Yellow</b> <b>&gt;27%=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
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<p>At Least 80% of youth with I/DD diagnoses will be successfully linked to DD eligibility through CSOC.</p> <p><i>Standard I.M.8 (Service Access)</i></p>	<p><b>Metrics:</b> Cyber DiagTreatPlans/ CMO Dashboard; DD Eligible Population</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>Supervisors will work with the I/DD team liaison to facilitate DD eligibility application submission.</p> <p>CMs and Supervisors will work as the I/DD partner to Facilitate DD eligibility application submission.</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisors, Operations Managers, Director of Operations &amp; I/DD Teams, Resource Department</b></p>	<p>Family choice to not apply.</p> <p>Lack of access to timely evaluations or assessments.</p>	<p><b>83%</b> of youth with I/DD diagnoses have obtained DD eligibility.</p>	<p><b>85%</b> of youth with I/DD diagnoses have obtained DD eligibility.</p>	<p><b>80%</b> of youth with I/DD diagnosis will be successfully linked to DD eligibility.</p> <p><b>≥ 80% =Green</b> <b>74% - 79%=Yellow</b> <b>&lt; 73% from Target=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
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<p>PFKF will work to keep at least 90% of youth in their home and community.</p> <p><i>Standard 1.M.7 Resources used to achieve results for persons served (Efficiency)</i></p>	<p><b>Metrics:</b> Cyber CMO Dashboard; OOH Population Power BI OOH Report</p> <p><b>Measured:</b> Quarterly</p> <p><b>Applied To:</b> Care Management</p>	<p>When youth are in an OOH treatment facility, CM's will ensure conversations about transition home occurs at every meeting.</p> <p>CM's will ensure the plan is revised on a regular basis if progress is not being made.</p> <p>CFT will exhaust all community-based resources before moving to OOH treatment referral.</p>	<p><b>Care Management Operations: Care Manages, Care Manager Supervisors, Operation Managers &amp; Director of Operations, Quality Assurance</b></p>	<p>Court Ordered OOH treatment.</p> <p>Permanency needs.</p> <p>Despite community-based support youth has intensive treatment needs that impact ability to succeed at home, in school and in the community.</p> <p>Increasing number of I/DD youth with persistent needs requiring OOH.</p> <p>Average length of stay in a Behavioral Health or Substance Abuse OOH treatment setting is 17 months.</p>	<p>As of July 2023- June 2024, <b>94%</b> of youth enrolled are in the community.</p>	<p>As of July 2024- June 2025, <b>94%</b> of youth enrolled are in the community.</p>	<p><b>90%</b> of youth in their home and community.</p> <p>≥ 90% =Green 84% - 89%=Yellow &lt; 83% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>
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<p>At least 95% of families (active and transitioned) will indicate that they are satisfied or very satisfied with the services provided to them by PFKF.</p> <p><i>Standard 1.M.5 Feedback from persons served.</i></p>	<p><b>Metrics:</b> Family Satisfaction Active Youth Surveys</p> <p>Transition Survey</p> <p>Post Transition Survey</p> <p><b>Measured:</b> Yearly</p> <p><b>Applied To:</b> Children &amp; Families</p>	<p>Once a year, Surveys will be automatically sent to active families that have been enrolled for 6 months or more.</p> <p>Families are surveyed, 6 months post transition.</p> <p>Families are surveyed at the time of transition.</p> <p>Feedback (positive and negative) will be shared to improve practice and recognize staff.</p> <p>Provider surveys are also conducted yearly.</p> <p>Families are surveyed using these scales. 1= Strongly Agree 2= Agree 3=Neither Agree nor Disagree 4= Disagree 5=Strongly disagree</p>	<p><b>Quality Assurance; Quality Assurance Director, Quality Assurance Manager, Quality Assurance Specialist &amp; Program Coordinators</b></p>	<p>CG and Youth completion of survey.</p>	<p><b>91%</b> of Caregivers and 89% of Youth surveys completed had given a score of 4 or 5 for overall satisfaction rating with PFKF services from Family Satisfaction surveys (CG response 242, Y response 57).</p> <p><b>95%</b> of the Responses that were "All of the time" and "Most of the time" were represented in the Transition Survey (2023-2024).</p> <p>Post transition survey <b>39</b> CG and <b>16</b> youth responses completed since July 2023.</p> <p><b>92% overall percentage.</b></p> <p><b>Increased by 57% from previous year.</b></p>	<p><b>91%</b> of Caregivers and <b>96% of Youth surveys</b> completed had given a score of 4 or 5 for overall satisfaction rating with PFKF services from Family Satisfaction surveys (CG response 321, Y response 91).</p> <p><b>99%</b> of the Responses that were "All of the time" and "Most of the time" were represented in the Transition Survey (2024-2025).</p> <p>Post transition survey <b>41</b> CG and <b>18</b> youth responses completed since July 2024.</p> <p><b>95% overall percentage.</b></p> <p><b>Increased by 3% from previous year.</b></p>	<p>At least <b>95%</b> of families will indicate that they are satisfied or very satisfied with the services provided to them by PFKF.</p> <p><b>≥ 95% =Green</b> <b>89% - 94%=Yellow</b> <b>&lt;88% from Target=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
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Standard, Domain & Objective	Indicators, & Data Source	Implementation Strategies	Person (s) Responsible	Identified Barriers	Contact Year (CY) 2023/2024	Contact Year (CY) 2024/2025	Target & Priority
<p>PFKF will score at or above the state average on benchmarked family satisfaction measures.</p> <p><i>Standard 1.M.5 Feedback from persons served.</i></p>	<p><b>Metrics:</b> Active and Transitioned Family Satisfaction Surveys</p> <p>State Report of Family Satisfaction Surveys</p> <p><b>Measured:</b> Yearly</p> <p><b>Applied To:</b> Children and Families</p>	<p>Participating Care Management Organizations throughout the state will share data at regular intervals.</p> <p>State data will be compared with PFKF agency data.</p>	<p><b>Quality Assurance Director, Quality Assurance Manager, Quality Assurance Specialist &amp; Program Coordinators</b></p>	<p>Consistent and timely collection of data among CMOs.</p>	<p><b>CG survey PFKF/State</b></p> <p>Question 1. <b>92%</b>/96%            Question 2. <b>95%</b>/97%            Question 3. <b>90%</b>/93%            Question 4. <b>93%</b>/95%            Question 5. <b>84%</b>/91%            Question 6. <b>88%</b>/92%</p> <p><b>Y survey PFKF/State</b></p> <p>Question 1. <b>90%</b>/95%            Question 2. <b>93%</b>/96%            Question 3. <b>90%</b>/94%            Question 4. <b>87%</b>/95%            Question 5. <b>73%</b>/92%            Question 6. <b>80%</b>/94%</p>	<p><b>CG survey PFKF/State</b></p> <p>Question 1. <b>98%</b> /            Question 2. <b>99%</b> /            Question 3. <b>97%</b> /            Question 4. <b>98%</b> /            Question 5. <b>97%</b> /            Question 6. <b>97%</b> /</p> <p><b>Y survey PFKF/State</b></p> <p>Question 1. <b>100%</b> /            Question 2. <b>100%</b> /            Question 3. <b>99%</b> /            Question 4. <b>100%</b> /            Question 5. <b>100%</b> /            Question 6. <b>99%</b> /</p>	<p>At or above the state average.</p> <p>≥ State average =Green            -5% State average=Yellow            &lt; -6% from State average=Red</p> <p><b>PRIORITY: MEDIUM</b></p>

<p>Partners for Kids and Families will ensure that all ISP's (FCPs, Initial ISPs, 90 Day ISPs, and TISPs) are submitted at or above the state average timeframe.</p> <p><i>Standard 1.M.8 (Service access)</i></p>	<p><b>Metrics:</b> Cyber CMO Dashboard Service Plan Report. Power BI</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>Care Managers will schedule CFT meetings at the 75-day mark to ensure that meetings can occur within 90 days.</p> <p>Initial family crisis plans will be completed in person or remotely with the family within 72 hours.</p> <p>Supervisors will review plans within 48 hours of receiving them and submit them to PerformCare for approval.</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisors, Operation Managers &amp; Director of Operations, Quality Assurance</b></p>	<p>Family requesting delay in scheduling CFT meeting (family choice).</p>	<p>PFKF average service plan compliance rate: <b>57%</b></p> <p>Statewide CMO average service plan compliance rate: <b>62%</b></p>	<p>PFKF average service plan compliance rate: <b>78%</b></p> <p>Statewide CMO average service plan compliance rate: <b>73%</b></p>	<p>At or above the state average.</p> <p>≥ 73% =Green 67% - 72%=Yellow &lt;66% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>
<p>(a)PFKF will ensure that TISP's are submitted at or above the state average timeframe.</p> <p><i>Standard 1.M.8 (Service access)</i></p>	<p><b>Metrics:</b> Cyber CMO Dashboard Service Plan Report Power BI</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>TISPs will be submitted to the Operation Managers for Review and Immediately forwarded to the Quality Assurance Specialist.</p>	<p><b>Care Management Operation; Care Managers, Care Manager Supervisor, Operations Managers, Director of Operations &amp; Quality Assurance Team</b></p>	<p>Multiple layers of processing required for review, tracking and billing safeguard for monthly transitioned youth.</p> <p>Family requesting delay in scheduling CFT meeting (Family Choice).</p>	<p>PFKF average TISP submission rate: <b>71%</b></p> <p>Statewide average TISP submission rate: <b>75%</b></p>	<p>PFKF average TISP submission rate: <b>78%</b></p> <p>Statewide average TISP submission rate: <b>80%</b></p>	<p>At or above the state average.</p> <p>≥ 80% =Green 74% - 79%=Yellow &lt;73% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>

<p>(b) PFKF will show improvement in its Monthly Record Analysis audit 'Score'.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the people served (Efficiency)</i></p>	<p><b>Metrics:</b> Record Reviews; Monthly Record Analysis</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>Quality Assurance Team to complete the Monthly Record Review.</p> <p>The Quality Assurance Director and the Director of Operation will implement agreed upon improvement strategies for areas identified.</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisor, Operation Managers &amp; Director of Operations, Quality Assurance</b></p>	<p>Timely submission of plans to CSA.</p> <p>Initial meeting timeframes due to scheduling meeting conflicts.</p> <p>Incomplete consent forms.</p>	<p><b>69% of Chart audits reviewed met the goal of 75% or above record completion.</b></p> <p>Top areas that need improvement found in the Record Reviews for Cyber and Global Search include: <b>21%</b> of CFT's are held within 75 days of each other with ISP's submitted to the CSA within 7 days.</p> <p><b>19%</b> of youth are seen within 72 hours of enrollment.</p>	<p><b>84% of Chart audits reviewed met the goal of 75% or above record completion.</b></p> <p>Top areas that need improvement found in the Record Reviews for Cyber and Global Search include: <b>35%</b> of CFT's are held within 75 days (The state requirement is every 90 days. We set a standard of every 75 days) of each other with ISP's submitted to the CSA within 7 days.</p> <p><b>23%</b> of youth are seen within 72 hours of enrollment.</p>	<p>Goal of <b>75%</b> of chart audits reviewed meet the goal of <b>75%</b> record completion.</p> <p><b>≥ 75% =Green</b> <b>69% - 74%=Yellow</b> <b>&lt;68% from Target=Red</b></p> <p><b>(PRIORITY: HIGH)</b></p>
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<p>(c) Initial consent forms will be signed and uploaded into global no later than 7 days of receiving the referral.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the people served (Efficiency)</i></p>	<p><b>Metrics:</b> Record Reviews; Monthly Record Analysis and Power Bi</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>Initial Face-to-Face is scheduled within 72 hours of referral, and forms are completed at that time.</p> <p>E-forms are automatically uploaded into Global, and paper forms are filed by the Administrative Team within three days.</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisor, Operation Managers &amp; Director of Operations, Quality Assurance</b></p>	<p>Consistency in communication from orientation to individual supervision.</p> <p>Will be creating a process to track the 7-day time frame for uploaded forms.</p>	<p> Email and Text- <b>92%</b> ROI- <b>94%</b> Rights of Children Served- <b>89%</b> HIPAA- <b>91%</b></p>	<p>Email and Text- <b>91%</b> ROI- <b>91%</b> Rights of Children Served <b>92%</b> HIPAA- <b>91%</b> Telehealth- <b>82%</b></p>	<p>The goal  95% initial consent forms will be signed and uploaded into global.</p> <p>≥ 95% =Green 80% - 94%=Yellow &lt;80% from Target=Red</p> <p><b>(PRIORITY: HIGH)</b></p>
<p>(d) At least 95% of interpretive summaries will be completed within 30 days of enrollment.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the people served (Efficiency)</i></p> <p>*** New 2025</p>	<p><b>Metrics:</b> Interpretive Summary Power BI Report</p> <p><b>Measured:</b> Annually ( * in 2026 this will be measured monthly)</p> <p><b>Applied To:</b> Care Management</p>	<p>Upon receiving a new referral through CSA, the CSA progress note will be utilized by the Operations Administrator to complete the interpretive summary and upload into Global Search.</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisor, Operation Managers, Operation Administrator &amp; Director of Operations</b></p>	<p>When transitioned youth returns within 30 days of transition and no new interpretive summary is created.</p>		<p><b>85.08%</b> of interpretive summaries were completed within 30 days of enrollment, or youth re-enrolled within 30 days of transitioning.</p>	<p><b>95%</b> of interpretive summaries will be completed with 30 days of enrollment.</p> <p>≥ 95% =Green 89% - 94%=Yellow &lt;88% =Red</p> <p><b>(PRIORITY: HIGH)</b></p>
<p>(e) 95% of Signature Sheets for ISP and</p>	<p><b>Metrics:</b> Report from</p>	<p>Signature sheets are signed after</p>	<p><b>Quality Assurance</b></p>	<p>Technical Issues &amp; Inaccurate data</p>		<p>Overall matches <b>79%</b> ISP matches <b>81%</b></p>	<p><b>95%</b> of Signature Sheets for ISP and face to face meetings will be</p>

<p>face to face meetings will be submitted and uploaded into CYBER and global.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the people served (Efficiency)</i></p> <p>*** New 2025</p>	<p>Global and Cyber</p> <p><b>Measured:</b> Twice a week</p> <p><b>Applied To:</b> Care Management</p>	<p>CFT and Face to face meetings.</p> <p>The administrative team uploads the form from Global into CYBER</p>	<p><b>Director, Quality Assurance Manager, Quality Assurance Specialist &amp; Program Coordinators</b></p>			<p>Face to Face is <b>71%</b></p>	<p>submitted and uploaded into CYBER and global.</p> <p>≥ 95% =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p><b>(PRIORITY: HIGH)</b></p>
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1. Desired Outcome: Implement all regulatory mandates and fulfill contractual obligations
2. Desired Outcome: Continue to implement Partners for Kids and Families Corporate Compliance Plan and Code of Conduct.

<b>Compliance Goal:</b> Partners for Kids and Families will ensure that all operational areas are 100% compliance with federal, state, and local statutory and regulatory requirements (including Medicaid, HIPAA, & Labor Laws) as well as conformance with CARF Accreditation Standards.							
Standard, Domain & Objective	Indicators, & Data Source	Implementation Strategies	Person (s) Responsible	Identified Barriers	Contract Year (CY) 2024/2025	Contract Year (CY) 2024/2025	Target & Priority Level
(a) PFKF will revise and update its employee handbook and ensure that policies and procedures are up to date and in compliance with appropriate standards.  <i>Standard 1.M.9 (Business Functions)</i>	<b>Metrics:</b> Employee Handbook  <b>Measured:</b> Annually  <b>Applied To:</b> Care Management	A yearly review of policies and procedures will occur to ensure all are up to date.	<b>Executive Director,            Corporate Compliance Officer &amp;            Human Resource Director</b>	System changes that impact internal procedures and policies.	Policies and procedures are up to date and in compliance with appropriate standards.	Procedure for Annual Review of Policies and Procedures Document: Employee Handbook Last Review Date: 01/03/2025 Next Scheduled Review: 01/02/2026	All policies and procedures reviewed and signed yearly.  <b>Completed=Green</b>  <b>In Progress=Yellow</b>  <b>Not Completed=Red</b>  <b>PRIORITY: HIGH</b>

<p>(b) On average, PFKF will bill for at least 95% of enrolled youth.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Progress Note Data; SharePoint, Monthly Record Analysis, Billing Analysis, Progress Note Data. Billing Analysis, Progress Note Data.</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Care Management</p>	<p>Program Coordinators and Compliance Team reviews monthly Care Management Activities as a safeguard for billing errors and to determine billing for the previous month.</p> <p>Sometimes the Program Coordinators meet with the Quality Assurance Manager, Quality Assurance Director and or the Executive Director and Director of Operations.</p>	<p><b>Care Manager, Quality Assurance; Quality Assurance Analyst, Quality Assurance Manager, Quality Assurance Director, Program Coordinators, Accounting Administrator &amp; Finance Director</b></p>	<p>Reasons unable to bill: Timeframe, note type, note content, missing contact, missing duration and no documentation.</p> <p>Delays due to extenuating circumstances with families.</p> <p>Family declines completing the Medicaid application.</p> <p>No Authorization Number.</p>	<p>Billed for <b>92%</b> of youth.</p>	<p>Billed for <b>96%</b> of youth.</p>	<p>Billing goal: <b>95%</b> of youth</p> <p>≥ 95% =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>
<p>PFKF will ensure compliance in Medicaid billing procedures.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Cyber Report, Global, Power BI</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Quality Assurance</p>	<p>Program Coordinators and Quality Assurance Specialist complete monthly record and billing audits.</p> <p>Audit results are reviewed by Operations Managers.</p>	<p><b>Quality Assurance; Quality Assurance Manager, Quality Assurance Director Program Coordinators Finance Director &amp; Accounting Administrator</b></p>	<p>Some billings were recalled this contract year.</p>	<p>Monthly chart/billing audits completed with no issues.</p>	<p>Monthly chart/billing audits completed with no issues.</p>	<p>No identified issues and/or identified issues rectified.</p> <p>Completed=Green In Progress=Yellow Not Completed=Red</p> <p><b>PRIORITY: HIGH</b></p>

<p>(d) PFKF will complete quarterly PERM audits &amp; Quality proactive record audits to monitor compliance in Medicaid billing procedures &amp; fraud prevention. Standard</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> EZ Claim Billing Report, Monthly Billing Process &amp;</p> <p><b>Quarterly:</b> Medicaid Audit, Proactive Medicaid Audit Measured: Monthly &amp; Quarterly</p> <p><b>Applied To:</b> Quality Assurance</p>	<p>Quality Assurance Specialist randomly select 30 youth (24 active and 6 transition) Quarterly and submits it to the finance Director for audit.</p>	<p><b>Finance Director</b></p>		<p>Quarterly audits completed with no Issues identified.</p>	<p>Quarterly audits completed with no Issues identified.</p>	<p>Quarterly PERM audits will be completed.</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
<p>(d) PFKF will review the CARF CYC (Child and Youth Services) Standards Manual annually to assess for conformance to existing and updated standards.</p> <p>Standard 1.M.9 (Business Functions)</p> <p>*** New 2025</p>	<p><b>Metrics:</b> Annual Review of updated Manual</p> <p><b>Measured:</b> Annually</p> <p><b>Applied To:</b> Directors</p>	<p>Establishment of a comprehensive process that remains individualized and functional.</p>	<p><b>Executive Director, Director of Administration and IT and Director of Quality Assurance and Corporate Compliance Officer, Finance Director, Human Resource Director, Community Resource Director</b></p>		<p>PFKF continues to review CARF CYC Standards annually to maintain conformance to existing and updated standards.</p>	<p>PFKF continues to review CARF CYC Standards annually to maintain conformance to existing and updated standards.</p>	<p>CARF standards will be reviewed annually.</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>

<p>(c) 90% youth enrolled without Medicaid will complete the NJ Family Care application within 30 days.</p> <p><i>Standard 1.M.8 (Service access)</i></p> <p>*** New 2025</p>	<p><b>Metrics:</b> Annual Review of updated Manual</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> Finance and Care Management</p>	<p>Upon enrollment Medicaid Specialist will review eligibility and communicate with CM staff.</p> <p>CMs will collaborate with Medicaid Specialist staff to ensure application is received at the initial FTF or initial CFT</p>	<p><b>Medicaid Specialist, Care Manager Supervision, Care Manager.</b></p>	<p>Delays in initial contact.</p> <p>Family does not complete the application.</p>	<p>% of youth enrolled with PFKF during CY 2023- 2024 completed the NJ Family Care application within 30 days.</p>	<p>% of youth enrolled with PFKF during CY 2024- 2025 completed the NJ Family Care application within 30 days.</p>	<p><b>90%</b> of youth enrolled without Medicaid will complete the NJ Family Care application within 30 days.</p> <p>≥ 90% =Green 89% - 85%=Yellow &lt;85% =Red</p> <p><b>PRIORITY: HIGH</b></p>
<p>PFKF will ensure compliance in completion of DCF Unusual Incident Reports within the identified time frame.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the persons served (Efficiency)</i></p>	<p><b>Metrics:</b> SharePoint UIR data tracking</p> <p><b>Measured:</b> Ongoing &amp; Quarterly</p> <p><b>Applied To:</b> Care Management Operations Quality Assurance (Q.A Director QA Specialist)</p>	<p>Care Managers and Supervisors will receive ongoing training on the UIR process. Care Managers or designee submits the UIR in a form on SharePoint.</p>	<p><b>Quality Assurance; QA Director QA Specialist Care Management Operations Manager; Care Managers &amp; CM Supervisors</b></p>	<p>Continuous training on UIR codes</p>	<p>There were <b>123</b> UIRs submitted during CY23.</p> <p><b>56</b> PFKF employees submitted UIRs.</p> <p>Avg. # of days UIRs were submitted after being notified of incident was <b>1.2</b> days.</p>	<p>There were <b>125</b> UIRs submitted during CY 24-25.</p> <p><b>53</b> PFKF employees submitted UIRs.</p> <p>Avg. # of days UIRs were submitted after being notified of incident was <b>0.5</b> days.</p>	<p>Level A+ Incident UIR form completed <u>immediately</u>.</p> <p>Level A Incident from completed by <u>end of workday</u></p> <p>Level B Incident by the end of the <u>next workday</u>.</p> <p><b>UIRs submitted within 5 days or less</b></p> <p>&gt;5 days = Green 6-11 days = Yellow &lt;12 days = Red</p> <p><b>PRIORITY: HIGH</b></p>

<p>PFKF will review UIR submission trends and patterns quarterly to inform training curriculum.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the persons served (Efficiency)</i></p>	<p><b>Metrics:</b> SharePoint UIR data tracking State UIR report</p> <p><b>Measured:</b> Ongoing &amp; Quarterly</p> <p><b>Applied To:</b> Care Management</p>	<p><b>Quality Assurance Director, Quality Assurance Specialist and Quality Manager will review internal UIR submission</b></p>	<p>Quality Assurance; Quality Assurance Director, Quality Assurance Specialist &amp; Care Management Operations; Care Managers &amp; CM Supervisors</p>	<p>None at this time</p>	<p>The most common Incident Types reported were Elopement (<b>37</b> Incidents), Injury (<b>19</b> incidents), Suicide Attempts (<b>27</b> incidents). Of the Levels reported, 38 were A+ Levels (the highest level), 19 were A Levels and 63 were B Levels. (*Note – for some UIRs there were more than one Incident Types reported.).</p> <p>There were ‘21’ youth that required more than 2 or more UIRs during the period reviewed.</p>	<p>The most common Incident Types reported were Elopement (<b>39</b> Incidents), Abuse (<b>28</b> incidents), Suicide Attempts (<b>28</b> incidents).</p> <p>Of the Levels reported, 40 were A+ Levels (the highest level), 28 were A Levels 84 were B Levels</p> <p>Level U (unknown) was entered <b>12</b> times by staff (*Note – for some UIRs there were more than one Incident Types reported.).</p> <p>There were ‘14’ youth that required more than 2 or more UIRs during the period reviewed.</p>	<p>UIR reviewed and utilized training curriculum</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
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<p>(a) PFKF will conduct a HIPAA annual security risk assessment to identify opportunities for security enhancement.</p> <p><i>Standard I.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Risk Assessment Plan</p> <p><b>Measured:</b> Year</p> <p><b>Applied To:</b> Administrative</p> <p><b>Areas of risk for breach:</b> Agency cell phones, Use of emails, Paper documents containing PHI taken out of the office, Agency laptops/Tablets , Agency server, Working from home, Videoconference with families via TEAMS or Zoom, Public access to the building; unauthorized access to building or PHI, Administrative functions, Access to and release of information, Use of social media, Property damage and natural disasters,</p>	<p>Review of recommendations will occur at the leadership level for changes to be implemented.</p> <p>An Annual HIPAA security Risk Assessment will be conducted.</p> <p>Additional assessments may occur based upon need.</p>	<p><b>Executive Director, Director of Care Management, Director of Administration/IT &amp; HIPAA Privacy Officer</b></p>	<p>None identified</p>	<p>HIPAA annual security risk assessment to identify opportunities for security enhancement completed on January 18, 2024</p>	<p>HIPAA annual security risk assessment to identify opportunities for security enhancement completed on February 12, 2025</p>	<p>An annual risk assessment is conducted with members of management. PFKF is determined to be at “Moderate” for HIPAA breach.</p> <p>The Director of Quality Assurance and Corporate Compliance Officer conduct an annual HIPAA training for all Staff which includes privacy practices in the workplace.</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
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	Disposal of office equipment, Use of thumb drives or other portable storage devices, Electronic versions of PFKF forms						
<p>(b) PFKF will provide training on Corporate Compliance during orientation and annually for all staff.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p> <p>*** New 2025</p>	<p><b>Metrics:</b> Signed acknowledgment forms at time of orientation. Yearly Staff sign off.</p> <p><b>Measured:</b> Annually &amp; Ongoing</p> <p><b>Applied To:</b> Human Resource and Quality Assurance</p>	<p>Director of Corporate Compliance will conduct orientation regarding Corporate Compliance.</p> <p>Yearly training will occur with all staff regarding Medicaid waste, abuse, and fraud and other aspects of compliance.</p>	<p><b>Quality Assurance Specialist conducts the orientation training.</b></p> <p><b>The Director of Corporate Compliance Officer conducts the training Annually and ongoing</b></p>	<p>None identified</p>	<p>PFKF continued to incorporate Corporate Compliance as a key component of orientation process.</p> <p>Corporate Compliance Week will start next year.</p> <p>Yearly required compliance trainings were assigned in Relias.</p> <p>An annual training on compliance was pushed out as part of the agency’s annual training plan.</p>	<p>PFKF continued to incorporate corporate compliance as a key component of orientation process.</p> <p>Corporate Compliance Week will start this year.</p> <p>Yearly required compliance trainings were assigned in Relias.</p> <p>An annual training on compliance was pushed out as part of the agency’s annual training plan.</p>	<p>PFKF will provide training on Corporate Compliance during orientation and annually for all staff.</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>

<p>(c) PFKF will maintain compliance with HIPAA privacy and security and investigate any/all reports of potential breaches.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> HIPAA Log; Audits</p> <p>A log is kept of any potential HIPAA violations, report sent to Privacy Officer/ Legal Specialist Office of legal Affairs DCF</p> <p><b>Measured:</b> Annually &amp; Ongoing</p> <p><b>Applied To:</b> Quality Assurance</p>	<p>The HIPAA Privacy Officer keeps a log of HIPAA violations and conducts random audits.</p> <p>Breaches will be addressed and reported as per guidelines.</p>	<p>None identified</p>	<p>There were ‘5’ HIPAA and security incidents during the Contract Year. All incidents were deemed a “low risk” HIPAA breach. Incidents included email errors and plans sent to the wrong family, voicemail transcript was forwarded to the wrong person with youth’s name, and E-form signatures to wrong emails.</p> <p>All violations were rectified.</p>	<p>There were ‘8’ HIPAA and security incidents during the Contract Year. All incidents were deemed a “low risk” HIPAA breach. Incidents included email errors and plans sent to the wrong family.</p> <p>All violations were rectified.</p>	<p>No identified issues and /or identified issues are rectified.</p> <p><b>No Identified Issues and/or Identified Issues Rectified= Green</b></p> <p><b>Issues identified and pending= Yellow</b></p> <p><b>Issues identified and not rectified= Red</b></p> <p><b>PRIORITY: HIGH</b></p>
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<p>(c) All staff will attest to the Code of Conduct annually.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Code of Conduct Attestation in Paychex</p> <p><b>Measured:</b> Annually</p> <p><b>Applied To:</b> All Staff</p>	<p>The Executive Director will review and update the Code of Conduct to ensure all elements of the standards are included.</p> <p>The code will be reviewed by the board of trustees, and once approved, all staff will receive and attest to the code.</p>	<p>None Identified</p>		<p>Executive Director facilitated Code of Conduct presentation 5/16/25. Policy emailed and staff acknowledged in Paychex 5/28/25025.</p>	<p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
<p>(e) PFKF will complete an annual review of the Risk Management plan.</p>	<p><b>Metrics:</b> Risk Management Plan</p> <p><b>Measured:</b> Annually</p> <p><b>Applied To:</b> All Staff</p>	<p>The Executive Director will review this plan with the Health and Safety committee annually.</p>	<p>None Identified</p>	<p>Risk Management plan reviewed April 16, 2024.</p>	<p>Risk Management plan reviewed on April 15, 2025.</p>	<p>Risk Management plan reviewed annually.</p> <p><b>Completed=Green</b></p> <p><b>InProgress=Yellow</b></p> <p><b>Not Completed=Red</b></p>

- 1. Desired Outcome: Partners for Kids and Families will maintain high performance standards, offer comprehensive orientation and training, and provide clear expectations for job responsibilities with staff to achieve operational excellence.
- 2. Desired Outcome: Partners for Kids and families will maintain a safe and productive workplace with a strong focus on workforce retention and employee Satisfaction.

<b>Workforce Goals:</b> Partners for Kids and Families will attract, develop, and retain a motivated, satisfied, and well-qualified workforce.							
Standard, Domain & Objective	Indicators, & Data Source	Implementation Strategies	Person (s) Responsible	Identified Barriers	Contract Year (CY) 2023/2024	Contract Year (CY) 2024/2025	Target & Priority
PFKF aims to have the Care Manager to youth at a ratio of 1:14 /15  <i>Standard 1.M.9 (Business Functions)</i>	<b>Metrics:</b> Power Bi Finance Director Report Cyber  <b>Measured:</b> Ongoing & Monthly  <b>Applied To:</b> All Program	Daily Youth assignment meeting.  We monitor our agency census and staffing needs during our weekly PFKF Directors meeting and hire as needed.	<b>Director of Operations, Finance Director, Quality Assurance Director, Human Resources Director</b>	Staff on leave – Scheduled or unscheduled. (PTO, medical, NJFLA)  Staff turnover – resignations, terminations, retirements	1:14/15  *Recruitment is ongoing, we have hired 17 Care Mangers to during the 2023 – 2024 contract year.	1:14/15  *Recruitment is ongoing, we have hired 8 Care Mangers during the 2024 – 2025 contract year	<b>1:14/15</b> ratio for youth <b>14/15=Green</b> <b>16/17=Yellow</b> <b>&lt;18=Red</b>  PRIORITY: HIGH

<p>98% of staff will complete the required annual training.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Relias Training Report Paychex Acknowledgement</p> <p><b>Measured:</b> Annually</p> <p><b>Applied To:</b> All Program</p>	<p>The annual Training curriculum will be housed on SharePoint and in Relias.</p> <p>Relias and Paychex reminders.</p> <p>2025 All training (Paychex, Live, Relias, Staff Meetings) to be updated in Relias, Reports in Relias can capture all training in one location. The HR Administrator will help with this strategy. Reminders to all staff to not wait until the end of the year to complete training.</p>	<p><b>Supervisors, Human Resources Director / HR Admin.</b></p>	<p>Competing priorities when youth assignments are high.</p> <p>Collecting attendance sheet after training.</p> <p>Staff are required to have all their training done by the end of the year.</p> <p>Staff on leave</p>	<p>As of September 29th, we have a <b>79.08%</b> Completion Rate <b>47.32%</b> Compliance Rate. Significant progress has been made in training. The Human Resources Director is following up with reminders to staff and supervisors if training is not completed by the due date.</p>	<p><b>65.3%</b> Completed Trainings in Relias.</p> <p>Supervisor training and reminders to check Relias for uncompleted training.</p>	<p><b>Completed=Green</b></p> <p><b>In</b></p> <p><b>Progress=Yellow</b></p> <p><b>Not</b></p> <p><b>Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
<p>100% of new staff will complete orientation within 90 days of hire and a copy will be provided of the orientation and training plans to HR.</p>	<p><b>Metrics:</b> Square 9 Filing system</p> <p><b>Measured:</b> Ongoing &amp; Monthly</p> <p><b>Applied To:</b> All Program</p>	<p>Orientation and Job Specific training plans were created in March of 2022 for all incoming staff.</p> <p>Copies of orientation &amp; training plans will be submitted by supervisor with an employee's 90-day performance appraisal.</p>	<p><b>Supervisors, Human Resources Director</b></p>	<p>Collecting all Signature sheets during orientation.</p> <p>Prioritizing training curriculum for 90-day yearly appraisal.</p>	<p>100% completion of new staff orientation within 90 days of hire.</p>	<p>100% completion of new staff orientation within 90 days of hire for 2024-2025 review period.</p>	<p><b>≥ 100% =Green</b></p> <p><b>94% - 99%=Yellow</b></p> <p><b>&lt;93% from Target=Red</b></p>

<p><i>Standard 1.M.9 (Business Functions)</i></p>		<p>This information is also updated in Relias for 2024-2025.</p>					<p><b>PRIORITY: HIGH</b></p>
<p>PFKF will monitor the effectiveness and efficiency of the newly revised and updated Performance Evaluations.</p>	<p><b>Metrics:</b> Performance Appraisal</p> <p><b>Measured:</b> Ongoing</p> <p><b>Applied To:</b> All Program</p>	<p>All supervisors have been trained on the Performance Appraisal form.</p> <p>Performance appraisal must be reviewed and approved before being reviewed by the employee.</p>	<p><b>All Supervisors</b></p>	<p>Continued training and support are provided to emphasize the importance of the performance reviews and to ensure staff are confident and effective in using the performance review to its fullest potential.</p>	<p>Partners' new Performance Appraisal / Evaluation system has been developed and is being used.</p> <p>Review 2024 Employee Survey to feedback on Performance Appraisals.</p> <p>Electronic signature needs to be added 2025.</p>	<p>Partners continues to use the current Performance Appraisal system. Job description is also reviewed during the annual review. The adding of electronic signature has helped for full WFH staff.</p>	<p>All Supervisors will utilize the newly developed form for their employees' Performance Appraisal.</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p><b>PRIORITY: HIGH</b></p>
<p>100% of active employees will have current performance reviews completed according to agency timelines (90-day and Annual).</p>	<p><b>Metrics:</b> Square 9 Filing system HR reports</p> <p><b>Measured:</b> Ongoing</p> <p><b>Applied To:</b> All Program</p>	<p>90- day and yearly performance appraisal will be completed by Supervisors.</p> <p>To support timely completion of performance reviews, the HR Director will send out reminders to staff prior to upcoming due dates.</p> <p>In addition, Directors and</p>	<p><b>All Supervisors Human Resources Director</b></p>	<p>Staff on Leave.</p> <p>Scheduling conflict.</p>	<p>Partners achieved a <b>96.3%</b> on-time completion rate for annual and 90-day performance appraisals during the 2023 –2024 review period.</p>	<p>Partners achieved a <b>89.6%</b> on-time completion rate for annual and 90-day performance appraisals during the 2024-2025 review period.</p>	<p>All staff will have a yearly Performance Appraisal completed.</p> <p><b>≥ 100% =Green</b></p> <p><b>94% - 99%=Yellow</b></p> <p><b>&lt;93% from Target=Red</b></p> <p><b>PRIORITY: HIGH</b></p>

Managers are expected to follow up with their teams to ensure reviews are completed on time. If a review remains incomplete after 90 days, an email will be sent to the responsible supervisor, as well as their direct supervisor, to reinforce accountability and prompt immediate action.

**Reminder at first staff meeting in January 2025.**

<p>PFKF will maintain a 90% or above employee retention rate.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> HR Reports Paychex</p> <p><b>Measured:</b> Ongoing &amp; Annually</p> <p><b>Applied To:</b> All Program</p>	<p>Continuing review of Employee Satisfaction Survey.</p> <p>Exit interviews will be shared with the corresponding team(s). A debrief will be done if necessary.</p> <p>The Finance Director, Executive Director and Board will continue to review the Benefits package.</p> <p>Feedback from Quality Assurance Committee.</p> <p>Open door policy.</p>	<p><b>Management Team</b> <b>Human Resources Director</b></p>	<p>None Identified</p>	<p>Retention rate for 2023-2024 is <b>94.9%</b>.</p>	<p>Retention Rate for 2024-2025 is <b>92.5%</b></p>	<p><b>90% or Above</b></p> <p>≥ 90% =Green 84% - 89%=Yellow &lt;83% from Target=Red</p> <p><b>PRIORITY: HIGH</b></p>
<p>PFKF will maintain a Health and Safety committee to spearhead wellness and safety initiatives for the agency.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Health and Safety Committee Meeting Minutes</p> <p><b>Measured:</b> Monthly</p> <p><b>Applied To:</b> All Program</p>	<p>PFKF will provide training on safety in the workplace.</p> <p>External Health/Safety Inspections will occur based upon regulatory requirements.</p>	<p><b>Health and Safety committee</b></p> <p><b>Office Managers and Director of Administration/I T</b></p>	<p>None Identified</p>	<p>All health and safety plan were reviewed and updated.</p>	<p>All health and safety plan were reviewed and updated.</p>	<p>Monthly meeting from January till October. Yearly Trainings. Completed=Green In Progress=Yellow Not Completed=Red</p> <p><b>PRIORITY: HIGH</b></p>

<p>Partners for Kids and Families will continue to implement established strategic plan.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> Strategic Plan</p> <p><b>Measured:</b> Ongoing &amp; Annually</p> <p><b>Applied To:</b> All Program</p>	<p>Annual Review of the plan by the board and staff.</p> <p>Continue to have strategic plan items included on leadership &amp; Board agendas.</p>		<p>None Identified</p>	<p>PFKF completed a full review of its strategic plan progress with the leadership team.</p>	<p>PFKF completed a full review of its strategic plan progress with the leadership team in February of 2025.</p> <p>The plan was approved by the Board of Trustees and Operationalized with timeframes and assignments.</p>	
<p>PFKF fosters a workplace that prioritizes health and safety both in the office and in the community, with a commitment to full compliance and a goal of maintaining zero OSHA violations.</p> <p><i>Standard 1.M.9 (Business Functions)</i></p>	<p><b>Metrics:</b> HR Tracking Data</p> <p><b>Measured:</b> Annually</p> <p><b>Applied To:</b> All Program</p>	<p>PFKF will provide training on safety in the workplace.</p> <p>Additional trainings are conducted based on safety trends and patterns.</p> <p>External health/safety inspections are conducted based upon regulatory requirements.</p>		<p>None</p>	<p>OSHA 0 reportable accidents occurred during CY 2023- 2024.</p> <p>Severity: 0 (nothing was reportable to OSHA) Medical Treatment: Yes (1) Lost Time: Yes (1)</p>	<p>OSHA 0 reportable accidents occurred during CY 2024 – 2025</p> <p>Severity: 0 (nothing was reportable to OSHA) Medical Treatment: Yes (1) Lost Time: Yes (1)</p>	<p>0 = Green ≤ 2 = Yellow &gt; 3 = Red</p> <p><b>PRIORITY: HIGH</b></p>