partners
FOR KIDS & FAMILIES, INC.
A MEMBER OF NJCMO

CONTRACT YEAR 2025-2026 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: 2025-2026 Performance Improvement
Effective Date: August 23, 2017
Partners for Kids and Families Review Date: October 2026
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 – Quality Assurance Specialist
- Veronica Kulynych – Program Coordinator
- Larissa Power – Program Coordinator
- Tara Ritchie – Quality Assurance Manager
- Sarah Grant –Director of Quality Assurance and Corporate Compliance Officer
- Cathy Medlar – Human Recourse Director

Partners for Kids and Families is committed to quality in all aspects of our business and engages 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 Team are the champions of our quality management system. Business processes that deliver care management services are continuously reviewed by Operation Managers, Finance Team and Quality Assurance Team 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 2025- 2026, which runs from July 1, 2025– June 30, 2026, PFKF set and achieved many strategic goals. PFKF continues to implement new technological systems and processes to improve our work.

Some highlights from CT 2025-2026 include:

- PFKF successfully met or exceeded its goals in many areas of Care Management Operations, including:
    - Improving/Stabilizing risk behaviors for youth/families.
    - Ensuring successful and planned transitions from CMO services.
    - Keeping kids in the community (avoiding Out of Home treatment).
    - Maintaining overall family satisfaction with the services provided by PFKF.
    - Ensuring compliance with service plan timeframes set forth by the Department of Children & Families.
    - Enhanced follow-up and accountability from the comprehensive record review process and team that involves interdepartmental involvement and analysis.
    - Children participating in the CMO improved or remained stable in the Behavioral/Emotional needs and Risk Behaviors domain.
    - The Quality Assurance Team has increased the number of Team Observation Measures and feedback through team growth and creating a robust follow-up process with Care Managers for (CT 2024–2025).
- Had a stable census of youth served since 2023 which played a key role in helping us reach our Care Manager hiring goal and maintain our Care Manager to youth ratio goal of 1:14-1:15.
- On track to earn a three-year CARF accreditation through January 31, 2026.
- Created and filled specialized positions to address agency needs.
- Contracted with New Jersey's Department of Children and Families (DCF) for a new position, the Specialized Care Coordinator (SCC). The SCC assists youth who have exhibited or have been impacted by problematic sexual behaviors, linking them to treatment services.
- Extended our contract with DCF for the DREAMS Initiative, which will provide Nurtured Heart Approach training to Burlington County school districts through June 2026.
- Maintained a three-month financial reserve.
- Maintained and created new employee incentives including:
    - 4% salary increase at time of employee's anniversary
    - Two length-of-stay incentive pays
    - Full reimbursement for health insurance co-pays, deductibles, and co-insurance

    - Merit-based pay for Care Managers
    - Incentive pay for employees who refer a job applicant that is subsequently hired by PFKF
    - Reimbursement for employees who complete a course in translation or interpreter services
    - Up to 12 eligible work from home days per month
    - Full-time work from home benefit option for eligible employees
- Continued emphasis on employee skill development
    - Built a leadership development curriculum for all staff
    - Updated Care Manager Supervisor training format
    - Incorporated Zero Suicide and Question, Persuade, Refer (QPR) into our practice to address high risk behaviors our youth may exhibit; Created and revised agency policies to incorporate these approaches into our practice
- Addressed the resource needs of our community
    - PFKF awarded Community Resource Development funds to support programs including job readiness and theater arts
    - Served hundreds of families in need during our Thanksgiving and holidays drives, providing food and gifts
    - Added two more translation resources for our Care Managers to communicate with families who speak languages other than English
- Changed one of our office bathrooms to gender neutral and another to a family bathroom

- In the area of Compliance, PFKF met or exceeded its goals in the following areas:
    - Full review of Policies & Procedures and establishment of annual and ongoing review process.
    - Accurate, timely and successful billing for Medicaid services.
    - Increasing compliance with completion of DCF Unusual Incident Reports (UIRs).
    - Completion of an annual HIPAA security risk assessment
    - Comprehensive Emergency Action Guide recovery plan (CT 2025-2026) and bi-annual tabletop testing procedures.
- Upgraded our use of Microsoft Office 365's Power BI to provide more detailed and sophisticated data reports to monitor our progress on agency benchmarks
- Contributed to the development of NJCMO, a statewide collaboration of all Care Management Organizations, aimed at informing the public about our work, how we support youth, families, and communities, and how we achieve positive outcomes for those we serve.
- Expanded PFKF's social media presence to include LinkedIn and Instagram accounts
- Since 2015, PFKF achieved a 90% or higher annual employee retention rate
- Improved agency cyber security
    - Completed PEN testing to identify potential vulnerabilities with hackers within our computer systems
    - Implemented mandatory strengthening of employee passwords and secure app to provide codes for two-factor authentication
    - Accessed cloud back up for Microsoft Office programs

PFKF also successfully met, improved upon, or exceeded goals in the following areas as it relates to its workforce:

- Standardization of a job description format and implementation of an updated performance evaluation system. Annual review of job performance by all employees.
- High Retention of Care Management staff (94.2%).
- Annual policy review attestation within the Paychex system and an annual training matrix.
- Maintaining an accident-free and safe workplace.

- Utilization of Human Resources reports and Square 9 Filing system to track 90-day and annual performance appraisals (currently 94% 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 need 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.
- PFKF aims for 100% compliance with wraparound values. For CT 2025 – 2026, average overall wraparound fidelity for the agency was **93%.** PFKF forms current compliance is **92%** for Email and Text forms, **94%** for Release of Information forms, **74%** (last CT 92%) for HIPAA Consent forms, **94**% and for Rights of Children Served forms, **96%** for telehealth consent forms, **80%** for ISP Sign in form *Note that "Telehealth Consent" form was launched in e-form format as of 2024.
- ISP signature sheet completion has been identified as an area that requires continued attention. PFKF made considerable progress in this area during CT 2024-2025 and CT 2025-2026.
- 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.
- Unpredictable nature of our census; PFKF has no control over who is referred to us. Our census and Care Manager to youth ratio impacts our fidelity to the wraparound/Child-Family Team model.
- Challenges with timely access to community-based and out-of-home treatment services. There are state-wide workforce barriers which impact the number of available treatment providers who can address the complex needs of our youth.
- Ongoing barriers to addressing the needs of youth with intellectual and developmental disabilities.
- Addressing the cultural needs of our families; identifying the role PFKF can play in addressing systemic barriers which impact the historically marginalized populations we serve.
- Continued to implement the principles of trauma informed care, Nurtured Heart Approach, Zero Suicide, and QPR.

Chart Auditing

Chart audits are completed on a monthly basis for 30 youth (22 active and 8 transitioned). Records for active youth are reviewed in detail, looking at 23 items across three systems (CYBER, Global Search, and Billing Records in SharePoint). Records for transitioned youth consist of reviewing 18 items across these three systems. The sections include Demographics, Diagnosis, Medicaid status, Monthly Home Visits, Weekly Contacts, Referral Summary, 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 in February and August (Quality Assurance Performance Improvement plan presentation). The team of staff completing chart reviews consists of the Quality Assurance Specialist (assigned 10 active youth files) and two Program Coordinators (6 active youth

& 4 transitioned youth files each).

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 204 Active and 64 Transitioned Chart Reviews completed for CT 2025-2026.
- A total average score of 80% was recorded on the 23 items reviewed for each active youth.
- A total average score of 74% was recorded on the 18 items reviewed for each transitioned youth.

AREAS OF STRENGTH AMONG ACTIVE YOUTH:

- Referral packets are present and complete in Global Search for 96% of youth.
- 95% of enrolled youth have current/active Medicaid status.
- 96% of ISPs had needs/strategies that were based on the input of youth/family served.
- 75% of Chart audits reviewed met the goal of 75% record completion (this was an area of need last year at 62%).
- 82% of youth reviewed had their last three CFT signature sheets uploaded to Global Search (improvement from 36% in CT 2024-2025).
- Weekly contact occurs among 96% 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.
- 22% of youth are seen within 72 hours of enrollment.
- 55% of youth reviewed had their most recent CFT signature sheet uploaded to CYBER.
- 64% of youth reviewed had all New Family Orientation forms present (HIPAA Acknowledgment, TOM Description for Families, Working in Partnership, Telehealth, and Rights of Children Served); Significant improvement from 35% during CT 2024-2025.

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 75% 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 2026 Contract Year and determine if further action should be taken.
- 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.
- In response to the implementation of the Columbia- Suicide Severity Rating Scales (C-SSRS) in January 2026, an additional item will be added to the chart audits for the 2026 Contract Year. New visuals and tracking were created in Power BI to display C-SSRS completion rates, which will be used for audits as well as Operations support.
- To increase the number of chart audits per year, interns assisting the Quality Assurance Team may be assigned a list of youth records to review.

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.

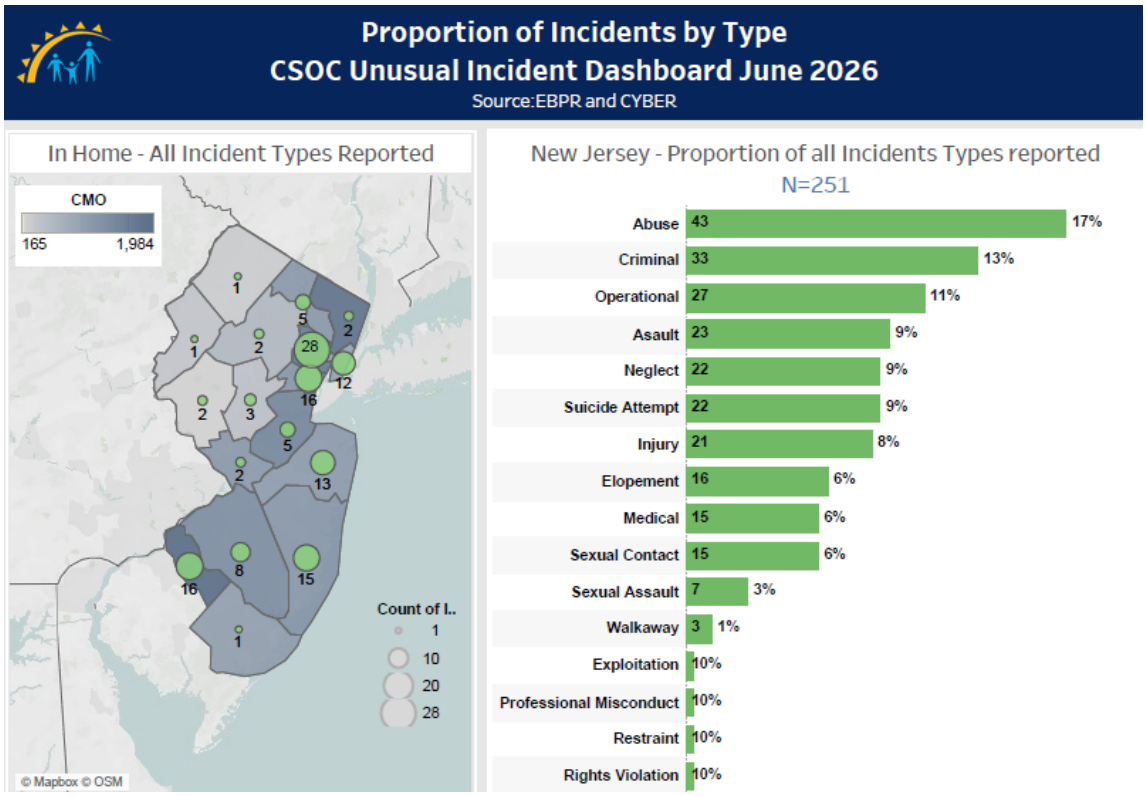
This audit process provides a review of Unusual Incident Reporting (UIR) to ensure compliance with DCF statutes as well as Partners for Kids and Families policies and procedures. The Quality Assurance Specialist reviewed all UIRs submitted by PFKF staff between the months of July 2025 – June 2026 to 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. This number decreased by 47 from the previous year.
- 43 PFKF employees submitted UIRs during the review period. This has decreased by 10.
- The most common Incident Types reported were; Elopement (19 Incidents), Abuse (12 incidents), Suicide Attempts (21 incidents).
- Of the Levels reported, 17 were A+ Levels (the highest level), 10 were A Levels and 44 were B Levels. (*Note – for some UIRs there were more than one Incident Types reported.).
- There were 4 youth that required 2+ UIR's during the review period.

Areas of Growth:

- There were 4 youth that required more than 2 UIRs during the period reviewed.
- 1 out of 78 UIRs or 1% were reported 5 or more days after the Care Manager was informed of the incident. This is a 4% decrease from CT-2025-2026. Based upon all 78 UIRs submitted, the average submission time for the year was 1.41 days. Those submitted longer than a day after being informed of the incident are technically out of compliance as per DCF guidelines.
- 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 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 2025-2026	***CT 2024-2025***
UIRs submitted	78	125
Number of staff who submitted UIRs	43	53
A+ Level UIRs submitted	17	40
Most Common Incident Types Reported	Elopement (19 Incidents), Abuse (12 incidents), Suicide Attempts (21 incidents)	Elopement (39 Incidents), Abuse (28 incidents), Suicide Attempts (28 incidents)

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 CT2025-2026, eight HIPAA privacy and security incidents were documented. All eight of the documented incidents were deemed "low risk".

- **Disclosure of Personally Identifiable Information (PII)** – Youth's full name, date of birth, and medical/treatment information were shared improperly.

- **Sharing of ISP (Individualized Service Plan) to an unauthorized person –** Occurred three times.

- **Exposure of personal identifiers** – Youth's full name and Cyber ID were sent to the incorrect email recipient through an electronic signature sheet to verify visit. This occurred on three occasions.

- **Disclosure of sensitive information** – Youth's full name, Cyber ID, and dates of contact with Care Manager were included in a "follow up" email. This email was sent to a provider within the Children's System of Care (another HIPAA covered entity).

- The incidents were analyzed to identify trends in terms of staff members, type of incident, cause of incident, & processes which may have led to incident.

- ISP mailed to the wrong addresses was a trend. Agency-wide training was conducted. The three 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.
- 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.
Below is a summary of the monthly 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 30 youth (22 active and 8 transitioned). **Additional details in the "Chart Auditing" section of this document, above.*

Additionally, 8 active and 2 transitioned youth are randomly selected each month and reviewed by the Finance Director to ensure proper billing and collection (Sample of Bills report).

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 2025-2026 Contract Year, 64 of 716 transitioned youth (9%) were randomly selected between July 1st, 2025 and June 30th, 2026. An additional 24 transitioned youth were reviewed by the Finance Director for CT 2025-2026.

Audit Outcomes:
Active Youth: Out of 204 reviewed youth, 202 were billable between July 2025 and June 2026. Out of the 96 youth reviewed by the Finance Director, 95 had the appropriate amount collected between July 2025 and June 2026. There was a missed billing for one youth for the month of February 2026, and it was submitted for collection in October 2026.

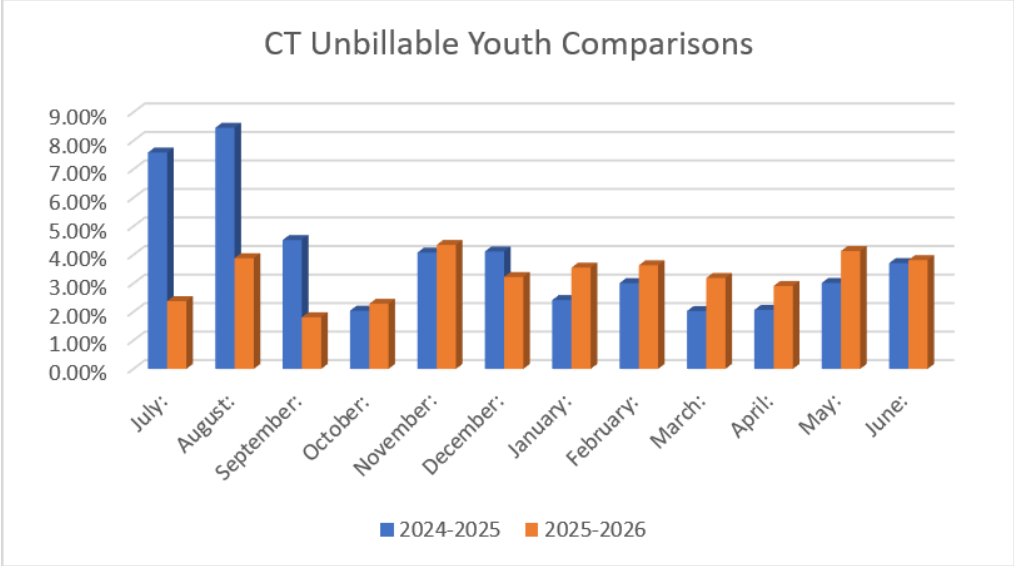
Transitioned Youth: Audits were done to make sure that there was no billing for youth for the month of transition. This process was implemented in 2022 as an additional billing safeguard. The audit was done for CT 2025-2026, and no randomly selected youth was billed for in error during the month of transition. Additionally, 2 transitioned youth are randomly selected each month and reviewed by the Finance Director to ensure proper billing, and no randomly selected youth was billed for in error during the month of transition.

Billing Analysis

- During the previous Contract Year (CT 2024-2025), PFKF was unable to bill for **553** youth. The respective numbers of unbillable youth by month are as follows: Jul 2024- **92** *(7.58%)*; Aug 2024- **96** *(8.45%)*; Sept 2024- **53** *(4.52%)*; Oct 2024- **24** *(2.04%)*; Nov 2024- **48** *(4.08%)*; Dec 2024- **49** *(4.11%)*; Jan 2025- **28** *(2.41%)*; Feb 2025- **35** *(3.01%)*; Mar 2025- **24** *(2.03%)*; Apr 2025- **25** *(2.07%);* May 2025- **36** *(3.01%);* Jun 2025- **43** *(3.71%).*
- During the current Contract Year (CT 2025-2026), PFKF was unable to bill for **478** youth. The respective numbers of unbillable youth by month are as follows: Jul 2025- **27** *(2.37%)*; Aug 2025- **45** *(3.88%)*; Sept 2025- **21** *(1.81%)*; Oct 2025- **27** *(2.28%)*; Nov 2025- **52** *(4.35%)*; Dec 2025- **39** *(3.22%)*; Jan 2026- **43** *(3.55%)*; Feb 2026- **45** *(3.63%)*; Mar 2026- **40** *(3.19%)*; Apr 2026- **37** *(2.91%);* May 2026- **53** *(4.13%);* Jun 2026- **49** *(3.81%).*

Methodology:

- From the beginning of the previous Contract Year (July 2024) to the end of this Contract Year (June 2026), PFKF active youth census has increased from **1213** youth to **1285** 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 2024-2025 and CT 2025-2026.



Outcomes:

PFKF has made continued efforts to implement strategies to improve billing around the spring and winter holiday months. A significant improvement was noted from CT 2023-2024 to CT 2024-2025. Efforts continued through CT 2025-2026 to secure safeguards for coverage in the summer months when many Care Managers use personal time. For CT 2025-2026, July's percentage of unbillable youth decreased from 7.58% to 2.37% (5.21% decrease), and August's percentage of unbillable youth decreased from 8.45% to 3.88% (4.57% decrease), thus reaching the PFKF goal of 95% billable youth for both months. The Quality Assurance Team continues to coordinate 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 2025-2026), 11 out of 12 months reached the

goal of 95% billable youth, apart from February 2026, which achieved 93%. Backup plans to meet family needs are being further enforced through Operations Management, communication among teams, and data sharing through SharePoint.

- For CT 2024-2025, the top reason for unbillable youth was a need for Face-to-Face visit with youth/family (176 unbillable youth). The second reason was a focus on Outreaches to the family with limited to no contact (131 unbillable youth), and the third was an "other" category that includes unique situations and challenges with capturing billable documentation (61 unbillable youth).
- For CT 2025-2026, the top reason for unbillable youth continues to be a need for Face-to-Face visit with youth/family (188 unbillable youth). The second reason was a focus on Outreaches to the family with limited to no contact (88 unbillable youth), and the third was for CMO staff missing one or more weekly contacts with the youth/family (46 unbillable youth).
- Compared to last year (CT 2024-2025), this year (CT 2025-2026) there has been a 7% increase in nonbillable youth due to need for Face-to-Face visit with youth/family (from 32% in CT 2024-2025 to 39% in CT 2025-2026). There was also a 3% increase in the percentage of nonbillable youth due to missing weeks of documented contact (from 7% in CT 2024-2025 to 10% in CT 2025-2026). However, there was a 7% decrease in nonbillable youth due to Outreach focus (from 25% in CT 2024-2025 to 18% in CT 2025-2026), and a 2% decrease in nonbillable youth due to need for Collateral Contact (from 9% in CT 2024-2025 to 7% in CT 2025-2026). These numbers refer to the amount of youth per category compared to the total amount of unbillable youth, as opposed to youth active census.
- There were 122 nonbillable youth that were flagged for quality concerns in CT 2025-2026 (this strategy was implemented halfway through the previous CT (2024-2025), and this is the first full year of tracking.

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. This same data was added to Power Bi at the end of CT 2023-2024 for easy filtering and visuals in one location. An additional feature was added in CT2024-2025 to indicate a non-billable decision due to a Care Management Quality concern (as opposed to a circumstance beyond the CMOs control). This "Quality Flag" feature in Power BI alerts management of an opportunity to coach staff on areas needing improvement.
- 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. This same data was added to Power Bi at the end of CT 2023-2024 for easy filtering and visuals in one location.
- Billing data is presented to all staff twice per year during a staff meeting to discuss the agency's strengths and needs (QAPI presentation in February and August).
- 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 are 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.
- In CT2024-2025, A system was developed in Power BI with visuals to track and reduce missed weeks of documented contact with families.
- A *Procedure for Non-Billable Youth* was developed in late 2024, and its implementation began in

January of 2025. The procedure includes the description of a monthly two-tier review process with corrective measures (disciplinary action steps based on performance standards). This procedure supports Care Managers in their role and fosters accountability.

Family Satisfaction & Formal Grievances

As part of its Quality Improvement efforts, PFKF completes a variety of surveys with active and transitioned families to assess 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 2025 – June 2026 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 6 months from transition, were 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.

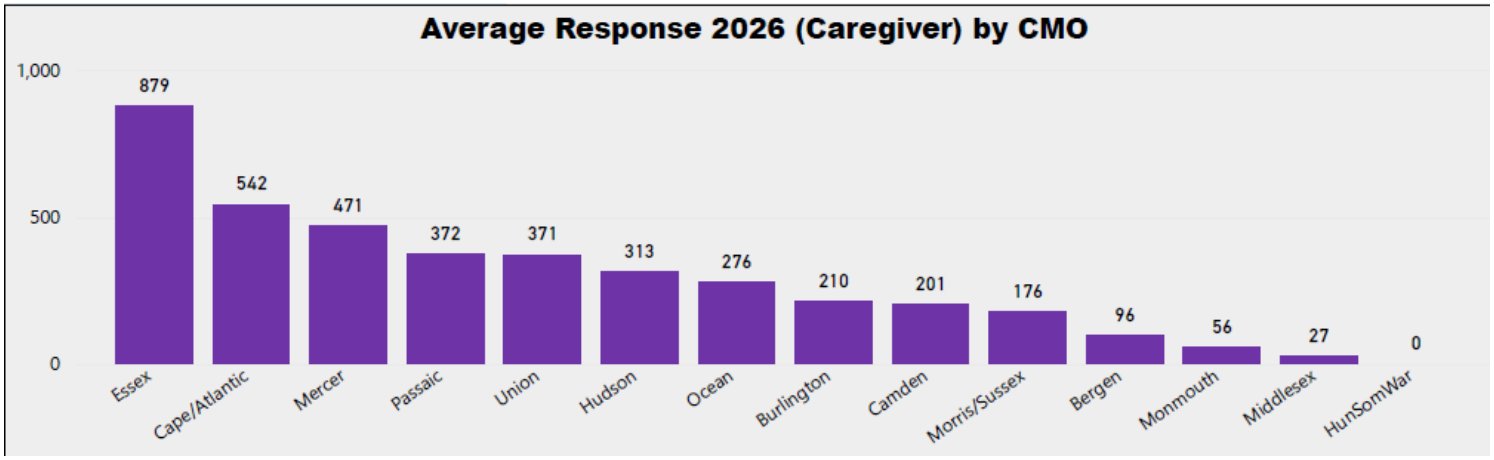
***Note** – Surveys are now being sent out to community providers who work with youth and families. This survey will allow feedback from providers who are on the Child and Family team and provide services to families. This data is not part of the state-wide project but is for PFKF to assess the effectiveness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

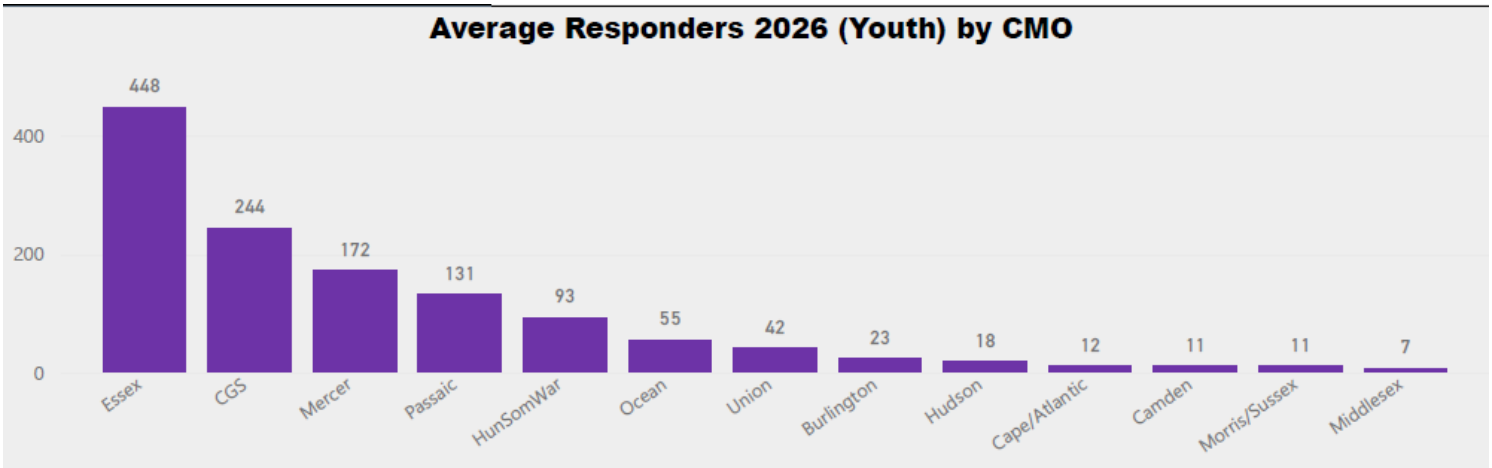
Audit Outcomes:

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

- There were 233 surveys completed (412 completed last year).
- 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 (98% or higher compared to last year's, 95% or higher) either agreed or strongly agreed with those questions.
- All questions within the survey, positive responses fell below the 95% rate.
    - Question: "My voice is heard and guides the team process."
        - 87% "agreed or strongly agreed"
        - 13% "disagreed or strongly disagreed".
    - Question: "My values and preferences are treated with dignity and respect"
        - 92% "agreed or strongly agreed"
        - 8% "disagreed or strongly disagreed"
    - Question: "On a Scale from 1 to 5, rate your experience with Partners for Kids and Families"
        - 88% rated 4+
        - 12% rated 3 and below

    - PFKF outperformed the state average results for every question on the survey. PFKF had a higher percentage of positive responses to every question.
- There were 5161 completed Family Satisfaction Caregiver Survey's across the 14 participating CMO's
- The number of completed surveys ranged from 1327 in Essex to 34 in Middlesex and - on average across the CMO's there were 376 completed surveys.





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

- There were 89 surveys completed during the year out of 714 Transitions.
- Responses to 4 out of the 7 questions were very positive across the board, with each question scoring at 99% Strongly Agree/Agree or All the time/Most of the time. No responses were below 94%
- 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.
    - There were 92 surveys completed since July 2025. 70 caregiver responses and 22 youth survey responses were received.
    - Question: "The strategies in my family's Transition Plan have helped my family effectively manage our needs."
        - 73% "agreed or strongly agreed"
        - 27% "disagreed or strongly disagreed".
    - 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)."
        - 71% "agreed or strongly agreed"
        - 22% "disagreed or strongly disagreed".
    - 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)"
        - 97% "home/living with family member."
        - 3% "other".
    - 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)."
        - 92% "school"
        - 6% "work".
    - Question: "I am satisfied with my ability to manage my child's risk behaviors."
        - 80% "agreed or strongly agreed"
        - 20% "disagreed or strongly disagreed".

- 22 youth completed Post Transition Surveys.

- 14 are at home and 11 are in school as indicated in their responses.
- 17 out of the 22 Strongly agreed/Agreed to all survey questions.

- **The average overall percentage of satisfaction with the services provided to Youth and Families is 93%.**

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.

3. There were 3 complaints addressed by the Quality Assurance Director, Operation Director and the Executive Director in CT 2025 –2026. The 3 areas did not really have any trends and patterns. They focused on **Family 1:** Family reported escalating behavioral concerns, medication noncompliance, threats toward caregivers, and recent suicidal ideation, and requested out-of-home or inpatient treatment. **Family 2:** Family reported ongoing behavioral concerns, including physical altercations and stealing, and expressed concern that their children have not received needed services or follow-up on referrals. **Family 3:** Family requested to file a complaint regarding their son's therapist and indicated that they would like to discontinue all services.

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.
- PFKF's Transition survey was updated to mirror questions on the new Active youth/family survey. The survey links are now available to families in English, Spanish and Portugues.

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, cultural 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 2026 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 34 surveys completed compared to 7 in 2025.
- There was a total of eleven questions with the first 9 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 PFKF staff responding to crises in a timely manner, and PFKF provides sustainable and accessible community resources to families.
- The questions and average (majority) ratings are as follows:

  1. Are you meeting with families in their home? **94.12% yes**

  2. As a child and family team member, my voice is heard. **55.88% Strongly Agree**

  3. Monthly provider presentations assist in bringing awareness of resources to the PFKF staff. **45.45% Strongly Agree**

  4. PFKF maintained and acknowledged cultural competency. **67.65% Strongly Agree**

  5. PFKF provides sustainable and accessible community resources to families. **60.61% Strongly Agree**

  6. Youth enrollment in PFKF has been beneficial to achieving the family vision. **64.71% Strongly Agree**

  7. PFKF staff respond to crisis in a timely manner. **52.94% Strongly Agree**

  8. There is consistency in communication between PFKF, providers, and families. **55.88% Strongly Agree**

  9. As a provider, the Burlington Resource Net has been helpful in assisting child/family teams with resources. **26.47% Strongly Agree**

- The last 3 questions were open-ended, requiring comments as follows:

  10. What are the greatest needs families are experiencing? (23 responses)

  11. 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. (17 responses)

  12. Other comments. (5 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 team members and additional linkage with recreational opportunities for youth and families (informal/natural supports).

Action Plan:

- PFKF will continue to offer monthly provider presentations during staff meetings to bring greater resource awareness to staff.
- PFKF Resource Team 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 Resource Team have created a Request for Resources form to help assist Care Managers & staff with locating resources in a timely manner.
- 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 I/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 Burlington ResourceNet.
- A quarterly newsletter developed by the Resource Team to keep families, staff and community updated on resources and services within the agency and community.
- Resource Team maintains all social media platforms for the agency. PFKF has Facebook, Instagram, and LinkedIn accounts.
- The Resource Team conducts yearly provider meetings to address the resource needs of the agency.
- Bimonthly provider presentations, and orientations training on resources for new hire.
- The Resource Team meets yearly with the Operation Teams to discuss resources and gaps in services.
- 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 Human Resources were the filling of additional positions to address agency needs.

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 to whom they supervise on an annual basis. When an employee changes job positions, the new Supervisor meets the employee to sign acknowledgment of the new job description document. 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 25, the demographics of PFKF's workforce consisted of the following:

- Regarding Gender Identity:
    - 16.4% of PFKF staff were male identified and 83.6% of staff were female identified.
    - The most recent available data from the Council on Social Work Education (CSWE) and the National Association of Social Workers (NASW) confirms that:
    - Gender Demographics in Social Work (2025):
        - Female-identified: Approximately 82% of new social workers
        - Male-identified: Approximately 18%
    - This aligns closely with our organization's gender breakdown of 83.6% female and 16.4% male, indicating that our staffing reflects broader trends in the profession.
- **Regarding Race/Ethnicity:**
    - Race / Ethnicity:
        - White/Caucasian: 45%
        - Black or African American: 39%
        - Asian: 3%
        - Two or More Races: 5%
        - Hispanic (of any race): 8%

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    - For a benchmark, the most recent Burlington County demographics (January 2025) show the following race/ethnicity distribution among members
        - Race / Ethnicity:
            - White: 58%
            - Black or African American: 19%
            - Asian: 7%
            - Two or More Races: 5%
            - Hispanic (of any race): 11%

- The agency continues to foster a workplace where every individual feels valued, respected, and empowered to thrive—regardless of their background, identity, or lived experience. Track and report DEI metrics (e.g.,

representation, retention, engagement). Create safe spaces for open dialogue and feedback. Encourage inclusive language and behavior in all communications. Ensure equitable access to promotions, raises, and leadership development.

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 2025 We experienced an increase in our medical insurance costs this year. In response, we continue to work closely with our benefits consultant to ensure we provide the best possible coverage at a reasonable cost to both the organization and our employees.

To support employees' health and well-being, we also launched webinars in partnership with Horizon. These webinars offer valuable resources and support, helping staff take proactive steps toward maintaining their physical and emotional well-being. focusing on topics such as:

- General health education
- Mental health awareness
- Stress management strategies

Employee Benefits:

PFKF is planning to continue to educate and increase staff awareness of the Employee Assistance Program (EAP) and the full range of benefits offered to PFKF staff.

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: We've established an Annual Training Workgroup dedicated to evaluating the effectiveness of current training and identifying opportunities for improvement. This group uses employee feedback to guide decisions on which trainings to continue, enhance, or retire—ensuring our offerings remain relevant and impactful.

- In CT 2025, we continued leadership development with trainings facilitated by our Leadership Development Workgroup. These trainings were designed to strengthen leadership skills across all levels of staff and have been well received. We will continue to work on these skills. Additionally, we introduced Public Speaking Workshops to support staff in improving their communication skills—both within the organization and in community-facing roles. These workshops aim to build confidence, clarity, and effectiveness in verbal communication.

- In CT 2025 -2026, we offered trainings facilitated by RCBC, Speaking Under Pressure, PowerPoint, Stress Management, Excel, Critical Thinking
- Training facilitated by Rutgers including Effective Facilitation of Team Meetings and Cultural Competence.
- Question Persuade and refer in-person suicide training
- We implemented a standardized PowerPoint presentation template for all trainers to use during orientation. This template includes:

    - A clear agenda
    - Core training content
    - Review questions
    - A dedicated section for Q&A
    - This consistent visual format ensures that new employees receive a unified and professional onboarding experience, reinforcing key information and expectations from day one.

Together, these efforts reflect our ongoing commitment to continuous learning, professional growth, and employee well-being. As the world and workplace continue to evolve, we remain dedicated to adapting our training and development programs to meet emerging needs. We will continue to invest in meaningful opportunities that empower our staff, foster leadership, and support overall wellness—ensuring our team is equipped to thrive both within the organization and in the communities we serve.