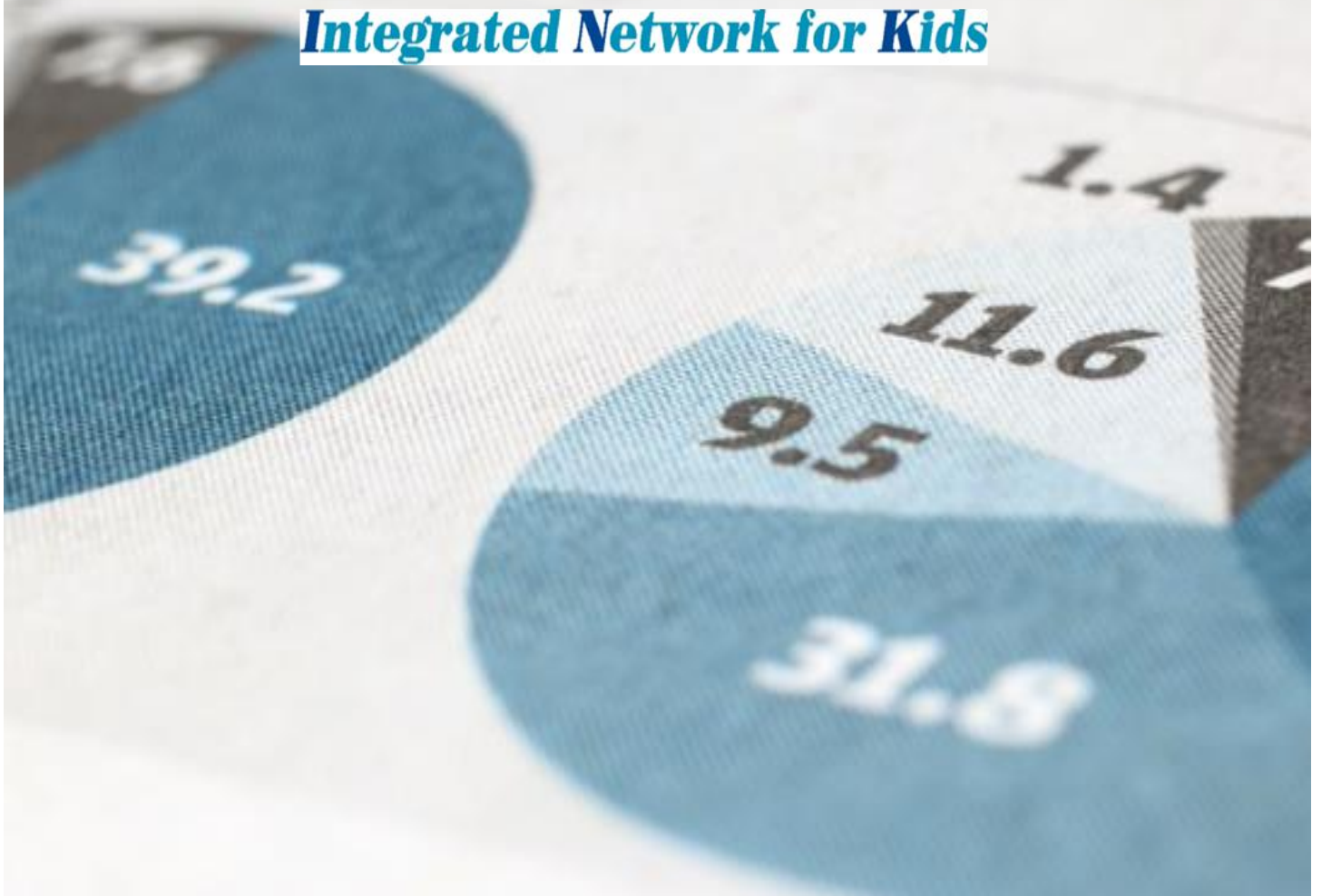




*Integrated Network for Kids*



# 2019-2020 Annual Report & YTD Summary

# Introduction

Cape Atlantic Integrated Network for Kids (I.N.K.) is a private non-profit organization who provides integrated care management services to youth/young adults ages 3-21 with serious emotional, behavioral developmental, and substance use challenges in Atlantic and Cape May counties. Using the Wraparound/Child Family Team model it is the goal of the organization to remove barriers to care and support the development of a sustainable long-term plan that allows youth and families to succeed in managing their needs. The organization believes that services need to be individualized, youth centered, family driven, strength based while improving self-management and wellness through the organization's Behavioral Health Home (BHH) program. This annual summary is reflective of best practices made through the Child Family Team process and the Wraparound model. Since March 16, 2020, due to the pandemic Covid-19, Cape Atlantic I.N.K. has provided Care Management via telehealth. While the transition to 100% telehealth has challenged the way we conduct business, it has not altered our mission and the individualized and family driven, family choice model that we are known for.

## Mission

The mission of Cape Atlantic Integrated Network for Kids is to create solutions together with youth, young adults and their families, in partnership with the community, that facilitate desired changes in their lives and enhance their ability to live and thrive in their community.

## Healthy Families: Thriving Communities

Cape Atlantic I.N.K. provides Care Management to families in Atlantic and Cape May Counties. During the fiscal year '19-20, we serviced 1,872 youth/young adults with an average of 74% residing in Atlantic County and 26% residing in Cape May County.

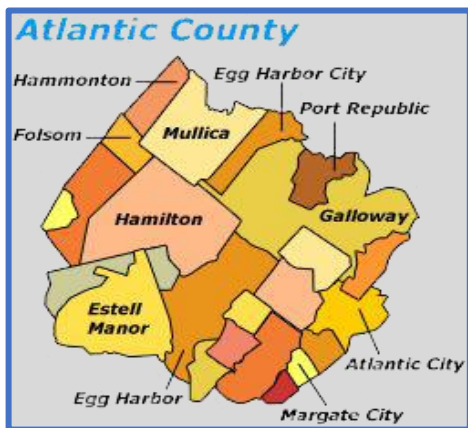
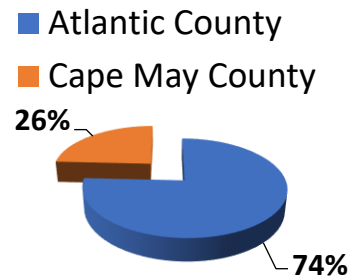
To efficiently service and respond to the growing population of youth/young adults receiving Care

Management

services, Cape Atlantic I.N.K. has a satellite office in Egg Harbor Township, and Cape May Courthouse which serviced 484 youth/young adults in 2019-2020.

*(The\*2% increase for Cape May County youth/young adults served in fiscal year 17-18 remains)*

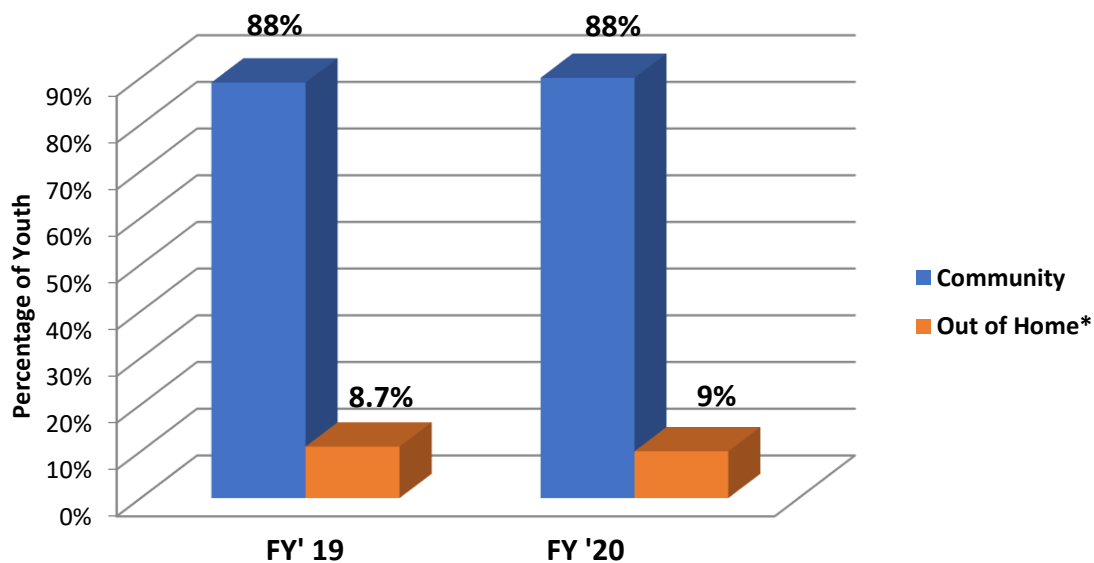
FY '19-20





## At Home, In the Community

Through the Child Family Team (CFT) process, Cape Atlantic I.N.K. provides access to a broad, flexible array of community-based services and support for children, and their families and caregivers, in order to address their emotional, social, educational and physical needs. Utilizing the Wraparound Model, the CFT focuses on maintaining youth/young adults in their communities by “wrapping” them with sustainable services. For the fiscal year 2019-20, we served an average of 934 youth per month (5.9% increase from 18-19 FY), and of those youth an average of 88% per month were care managed at home/in their communities and in least restrictive settings i.e. home, relatives, resource home, independent living.



Out of Home\* (OOH) represent youth in treatment that have been found clinically appropriate by PerformCare, the Contracted System Administrator, to need placement in an Out of Home treatment facility. Youth in court ordered detainments/incarcerations, psychiatric hospitalizations and other most restrictive type settings represent the remaining 3% for 2019-2020 FY compared to 3.3% in 2018-2019 FY.

## Workforce Development

Cape Atlantic I.N.K. recruits for mission driven, talented and diverse staff in an ongoing manner to maintain direct service staff to meet the needs of youth/young adults served. Cape Atlantic I.N.K. strives to meet the NJ Department of Children and Families (DCF) recommended goal of a 1:14 Care Manager to youth/young adult ratio. While this is a recommendation, the organization has been successful in maintaining a 14.75 average caseload for FY 19-20.

Cape Atlantic I.N.K.'s workforce consists of 100 full-time employees, comprised of 10 teams of Care Manager and Supervisors, Program Managers, Behavioral Health Home (BHH) Nurses and Wellness Coaches, Administrative Support, a Quality Assurance Department, and a Leadership Team, with most of the team having 19 Years of longevity at the organization.

Cape Atlantic I.N.K. expanded its workforce in 2019 by adding a Bilingual in Spanish PE/Billing Assistant to our billing department to ensure Spanish speaking family's accessibility and assistance with the Medicaid application process. The organization continues to strive towards integration of Health and Wellness with the growing Spanish speaking youth and families in BHH with a full time Bilingual/Spanish Wellness Coach for the BHH Program. As a result of the Performance Improvement Management (PIM) Committee's review of the family satisfaction data and recommendations, the organization recognized the need to hire a Spanish speaking Quality Assurance Assistant in order to remove the barrier of obtaining input from Spanish speaking only families. This goal was achieved in November 2020, increasing the response rate to 87% for Spanish speaking only families.

Employee exit interviews during the 2020 fiscal year indicate the top reason employees resigned was for career advancement. From 2002 through 2020, the organization has seen a fluctuation in turnover rate, finishing 2020 at 9% for direct service staff. This is an 11.7% decrease in turnover from 2019. Cape Atlantic I.N.K. recognizes this decline is partly due to the Covid-19 pandemic and the uncertain times and has conducted Telehealth Check-In surveys to maintain a continuity of communication and planning with leadership during the pandemic.

The organization continued several incentive programs in FY 2020: direct service staff opt-in Cape May County versus closer to home, employee referral, and the youth incentive. Staffing for and maintaining direct service staff to work in the Cape May County area helps to diversify the Cape May teams and maintain the ability to service Spanish speaking families. The employee referral assistance has supported recruitment and retention efforts and supports the employees' feedback with 90% agreeing that Cape Atlantic I.N.K. is a good place to work (2019 Employee Survey). In 2019, the state of NJ adopted legislation that doubled the amount of time an employee could be out on a paid leave. Cape Atlantic I.N.K. understands the need to care for family members and the benefit for its employees. To ensure the continuity of care of youth/young adults and maintain caseload sizes, Cape Atlantic I.N.K. implemented a youth incentive program that offers skilled employees in Operations the opportunity to increase their caseload and gain incentive monies.

Cape Atlantic I.N.K. continues to offer health insurance with low premiums and 100% organization contribution on dental and vision benefits to attract and retain staff as well as a 401K contribution when the budget allows. The organization is going into its 3<sup>rd</sup> year with the use of merit-based salary increases using competency-based performance evaluations utilizing technology and adopting the use of an electronic system, Perform Yard to accurately and efficiently complete evaluations.

## Commitment to Awareness, Inclusion, Diversity, & Equity

While diversity is not a new concept at Cape Atlantic I.N.K., the social justice movement has caused the organization to pause and commit to improve by listening, learning and coming together to create an inclusive environment. The organization has held a “townhall-like” focus group for its employees. From this focus group, Cape Atlantic I.N.K. has begun working with a consultant agency to guide the organization through 5 phases to aid in driving the revised mission:

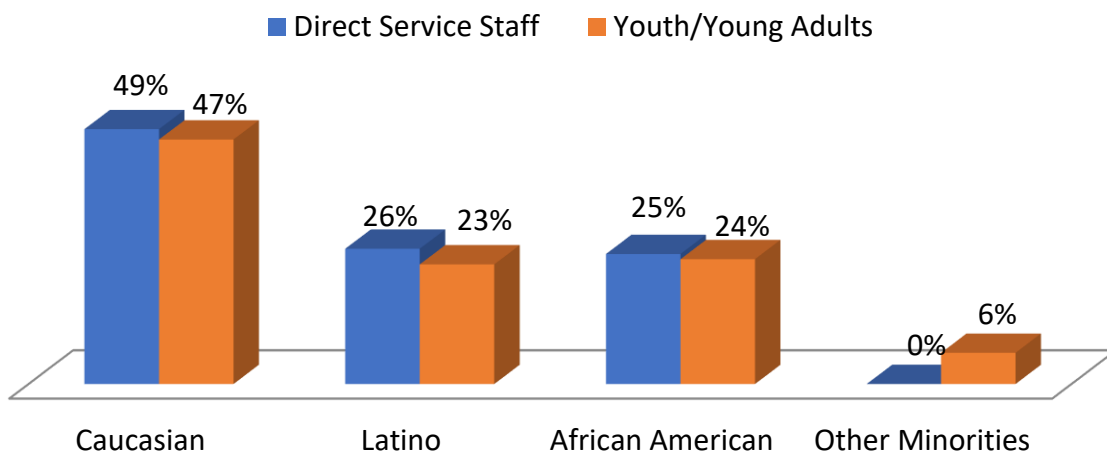
*Cape Atlantic I.N.K.’s Cultural Competency Committee will undertake to strengthen our cultural competence through cultural awareness, cultural knowledge, and cultural sensitivity by building a community of staff, families, and system partners to practice cultural diversity through training, policy development, and service delivery.*

The Awareness, Inclusion, Diversity, and Equity (**AIDE**) committee, formerly the Cultural Competency Committee, in addition to meeting quarterly, has created a book club designed to foster ongoing learning and communication on race and equity, outside of formal trainings. To show that the organization is planted in its commitment to inclusion and equity, the Juvenile Justice Subcommittee has begun to analyze data on our legally involved youth, the social determinants of health that exist and formulate recommendations for non-traditional services and reentry programs. In October 2020, the Board of Directors has also approved June 19<sup>th</sup>, Juneteenth as the 10<sup>th</sup> observed organization holiday.

In 2019-2020 Cape Atlantic INK continued to advertise positions on diverse websites to recruit eligible, diverse candidates to meet the needs of the diverse youth/young adults served as well as utilizing employee and system partner referrals.

As of December 2020, 51% of our direct service staff identified as a member of a minority group. Our youth/young adult demographics (as reported to PerformCare) showed that 47% identified as a member of a minority group.

### Race/Ethnicity as of December 2020



## Financial Performance

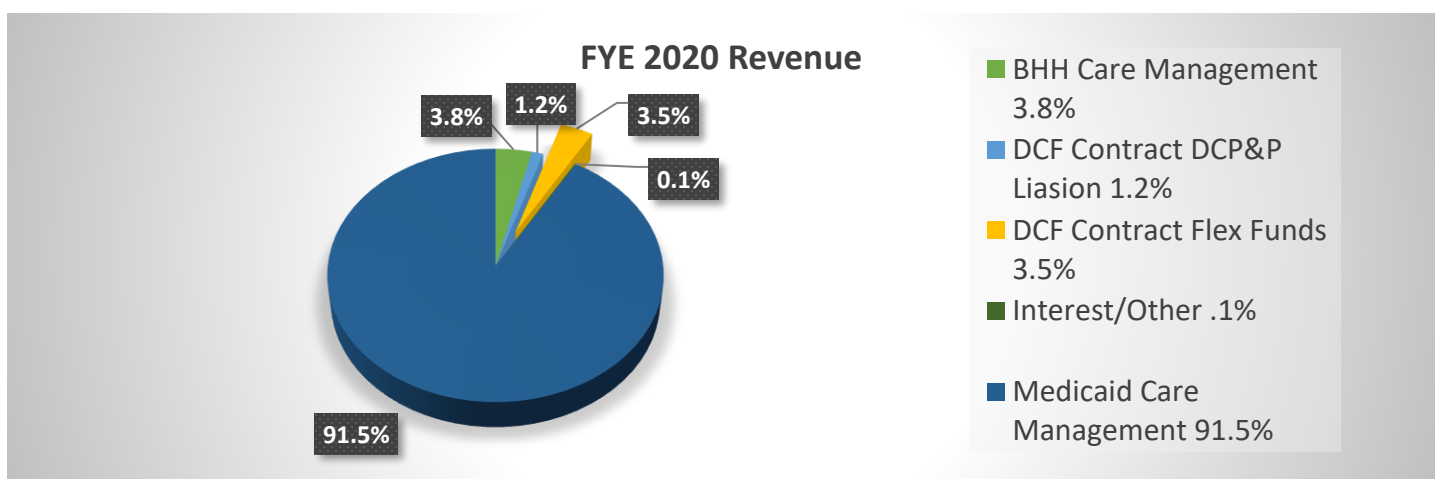
As we are all aware, the world has been turned upside down due to the Corona virus pandemic. During these trying times, Cape Atlantic INK has been fortunate to be able to maintain its services to children and families and keep its staff working. That said, the past few months have brought about quite a few changes. We feel we have adapted quite well to those changes and have added positive enhancements that we feel will result in an even more efficient operation that will keep both services and revenues flowing optimally and at a regular pace.

From a budget perspective, we have had to consider what changes will be on the horizon as we move forward into the new fiscal year. This budget assumes we will be able to maintain services throughout the fiscal year without serious interruption. While we anticipate some slowing of referrals in the months of July and August, we are also optimistic that schools and other businesses will be in full session come September or October. The timing of these events will affect our youth referrals as well as certain related expenses.

As always, Cape Atlantic I.N.K. continues to strive to maintain efficiencies and successes both operationally and fiscally. We feel we have achieved many successes in the eighteen plus years of our existence. One of those major efficiencies is built right into the system. Cape Atlantic I.N.K., as with all CMO's state-wide, bill Medicaid for their care management services. To date, Cape Atlantic I.N.K. has billed and collected over \$ 64 million dollars from Medicaid. Since Medicaid monies are basically shared from federal and state funds, the burden to the taxpayers of New Jersey has been mitigated, which is a clear benefit of the system.

We have prepared the FY 2021 budget in accordance with conversations we have had with our DCF Contract Administrator who has advised us that our contract will maintain the Medicaid billable rate at \$ 775 per month for care management services and \$ 410 per month for Behavioral Health Home (BHH) services.

Cape Atlantic I.N.K. continues to thrive financially as a result of continued exceptional fiscal and operational management. Our most recent audited financial statements, encompassing the fiscal year-end June 30, 2020, indicate a very solid current assets to current liabilities ratio of 4.1 to 1 (a ratio of 2.0 to 1 is universally considered to be exceptional). Our audited fund balance at June 30, 2020 has increased to \$ 3.2 million, a significant increase from our \$ 2.0 million fund balance at June 30, 2017.



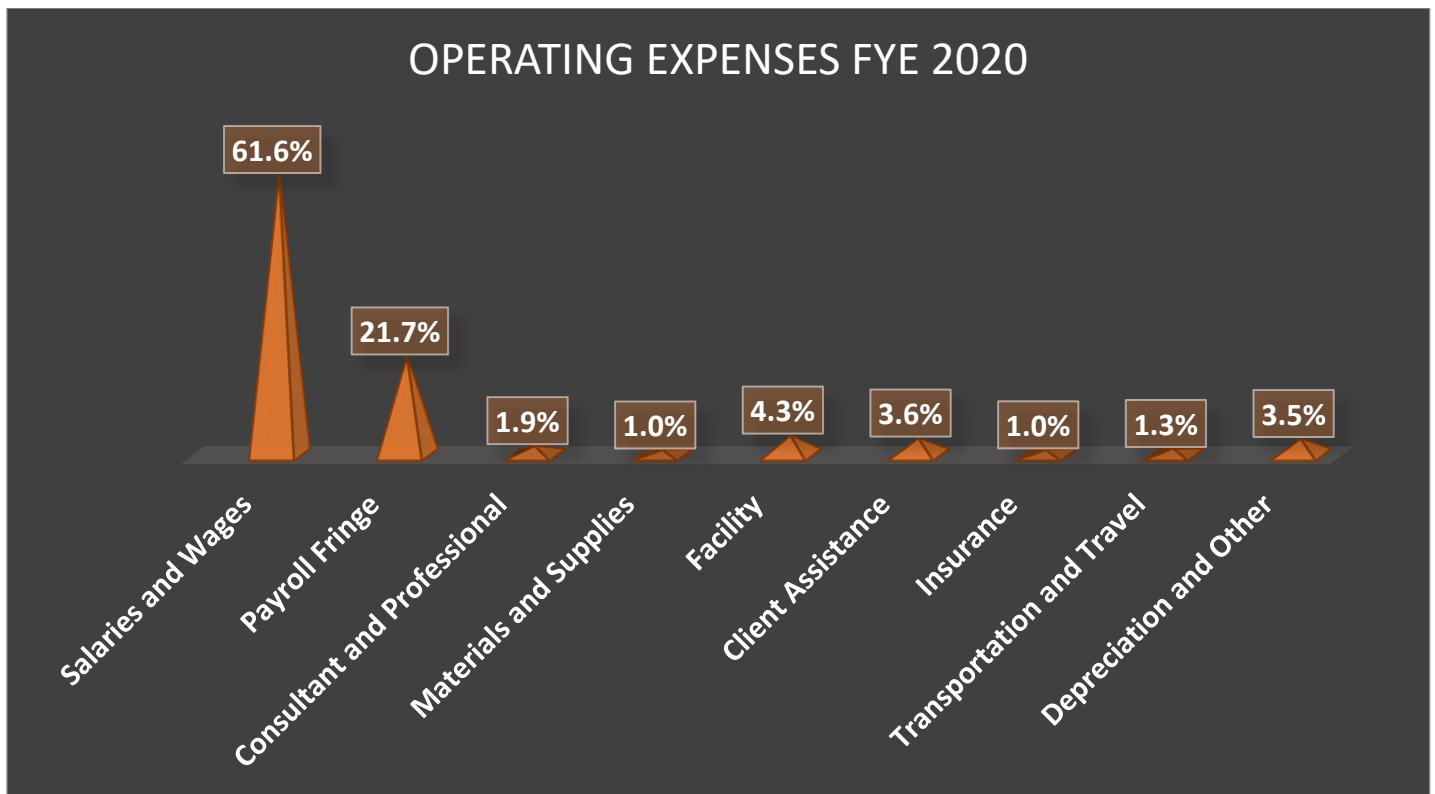
Operating net income for the fiscal year ended June 30, 2020 was \$ 459,743, after depreciation expenses the total net income was \$ 345,043. Cape Atlantic INK's revenues totaled in excess of \$ 9 million, which was our highest year ever. Obviously, this was extraordinary considering the covid-19 pandemic, but

through our strong operational leadership and dedicated staff, we were able to not miss a beat as we transformed our care management services from in-home to virtual- based.

Contracted solely through the state of New Jersey’s Department of Children and Families (DCF), Cape Atlantic I.N.K. receives the majority of its revenues from Medicaid (95.2 %) for its care management and behavioral health home services. Medicaid is billed on a fee-for-service basis according to the number of youths served each month. The state currently funds the DCP & P Liaison position as well as youth and families’ flex funding, which together accounted for \$ 422,670 in FY 20 (4.7 % of total revenues). Interest and miscellaneous revenues accounted for \$ 11,350, representing the remaining .1 % of revenues.

Cape Atlantic I.N.K. has been able to maintain adequate staffing to fulfill its mission. Personnel expenses remain the most important and highest percentage of total expenditures. During FY 20, total personnel expenses (including salaries and benefits) accounted for 83.3 % of total expenditures. We have been able to maintain steady salary increases of approximately 3 % over the past three fiscal years while continuing to maintain excellent health insurance benefits for all full-time staff. Currently, Cape Atlantic I.N.K. pays for 88 % of employee’s medical insurance premiums and continues to pay 100 % of the employees’ dental, vision and life insurance coverage.

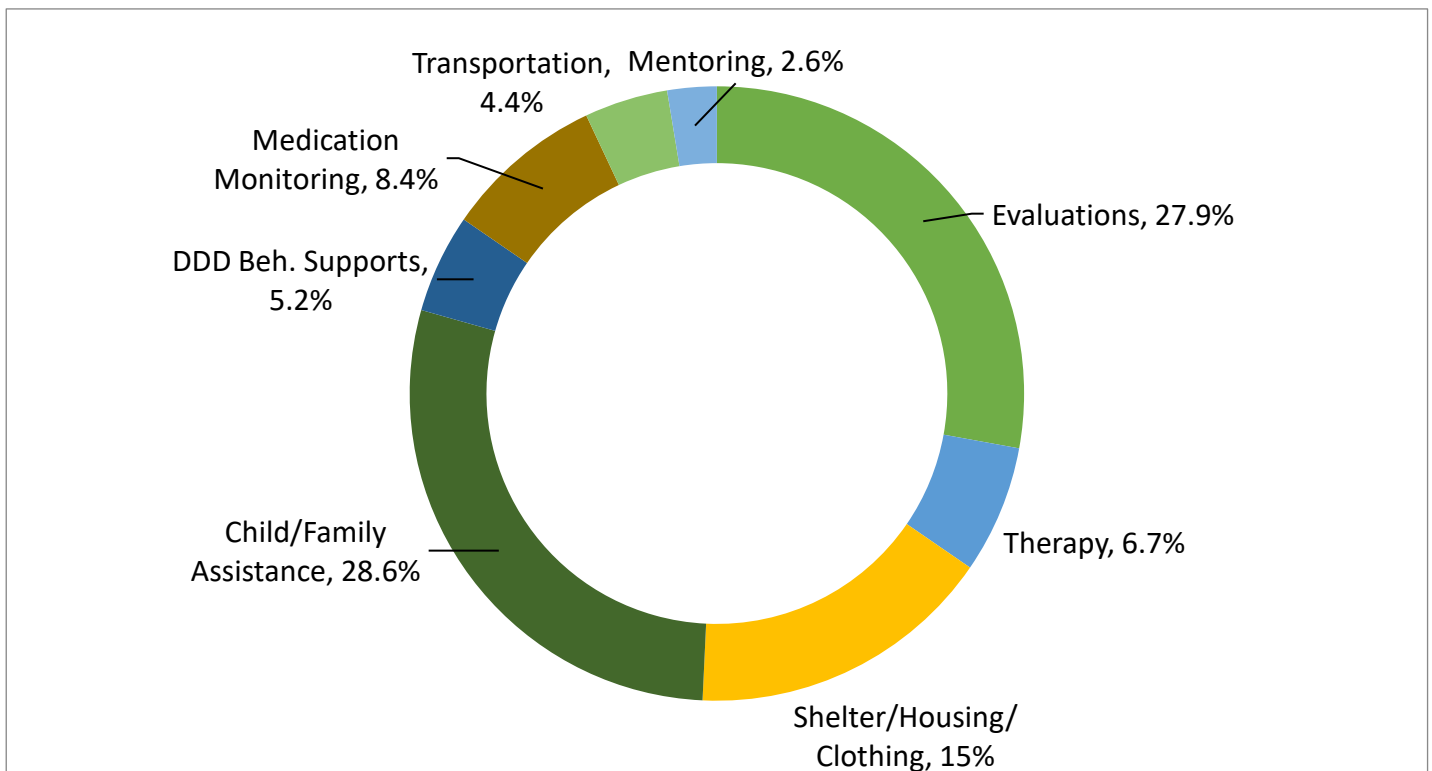
While Cape Atlantic I.N.K. has welcomed the behavioral health home component to its service offerings, we nonetheless remain restricted from diversifying into any non-DCF related programs. While Cape Atlantic I.N.K. is hopeful this restriction may someday be lifted, in many ways this has been a benefit to the agency in that it allows us to remain singularly focused on our efforts to service our youth and families in the most strength-based, cost-efficient way possible.



## Resource Allocation

Cape Atlantic I.N.K. continues to build its Provider base of therapists, behavioralists, technicians, and evaluators to assure an array of services are available to meet the needs of our persons served as identified by our Child Family Teams. The Child Family Team (CFT) consisting of the youth/young adult and their family, professionals and informal supports develop and implement an Individualized Service Plan (ISP) to meet the needs of youth/young adults served. These added providers have assisted youth/young adults and families in gaining access to important services and supports. The CFT utilizes and refers the youth/young adult and family to existing formal and informal supports and services in their community. At times, gaps and barriers are identified by the CFT which require community resource development.

Flex Funds or discretionary funds available for certain CFT identified service planning needs to purchase goods and services in support of a child's ISP. These flex funds can only be utilized when no other resource is available and in compliance with the Children's System of Care guidelines and policies. These flex funds once authorized by the CFT can be accessed to address these gaps and barriers in order to meet the youth/young adult's needs. In FY 19/20 funds were spent in order of highest spending to lowest in the following categories: 1) Personal/Family Client Assistance, 2) Office Based Therapy for non-Medicaid reimbursed services, 3) Youth Advocate and Mentoring 4) Family/Child Transportation Expenses 5) DD Behavioral Supports, 6) In-Community Therapy Expenses, and 7) Residential/Community Housing. There was no Flex Funds expended on Behavioral Assistance this fiscal year. Throughout the pandemic, families have transformed their homes into classrooms and therapy offices. To support them in doing so, Chromebooks were purchased for several families using flex funds.



During the current FY 19/20 to date our flex funds continue to be used to assist youth/young adults with the same identified gaps and barriers as cited above. The immediate service/support gaps were addressed with flex funds to meet the youth/young adult and family need and on an organizational level these gap and barriers were brought to the Leadership Committee to incorporate into the organization's community resource development activities, strategic plan and advocacy through DCF.



## Accessibility

2018-2019 Cape Atlantic INK continues to advocate for the increase of several important services including Outpatient Psychiatry and DD/ID Community based and Residential Treatment. Cape Atlantic INK has also advocated for Medicaid Rates for Behavioral Health Residential Treatment programs to be increased to ensure stability and accessibility to those services when clinically necessary.

2018-2019 Cape Atlantic INK addresses families' need for transportation to services through our Child Family Team/Wraparound practice. We have utilized community transportation services such as Access Link and LogistiCare. The Child Family Team addresses transportation challenges also by utilizing flex funds to purchase bus tickets, taxi services as well as gas money. When necessary we also use a subcontract transportation service utilizing flex funds to get youth, young adults and families to needed services in the community. Cape Atlantic INK has advocated for more transportation support for people we have served once they transition out of the CMO and that level support is no longer available. The CMO's advocacy on this issue has been through our local CIACCs, HSACs and DCP.

2019-2020 Cape Atlantic INK has established a "Juvenile Justice Subcommittee" to find ways to more effectively serve this population of children, youth/young adults and their families to lower the rate of recidivism into the court system.

2019-2020 Cape Atlantic INK has contracted with Diversity and Inclusion Consultant to help us identify ways to improve our hiring practices and to find areas of improvement for the organization as it relates to equity and inclusion.

2019-2020 As Covid-19 has created many challenges to service delivery to many organizations, Cape Atlantic INK has made the investments in our technology to effectively deliver services to children, youth/young adults and their families through virtual means. It has allowed us to meet with families, other organizations and internally on a consistent basis to ensure connectivity and engagement.

2019-2020 Cape Atlantic INK has surveyed families served and staff to better understand if families are getting what they need from the organization, and staff are getting the support necessary to do their jobs effectively.

2019-2020 In an effort to increase access to Trauma Informed Care in Cape May County, Cape Atlantic INK has begun working with other stakeholders and Rutgers University to gather information regarding the existing capacity of providers with Trauma Informed expertise and develop the necessary means to address this service gap.

## Risk Management

2018-2019 Cape Atlantic INK has made significant investment in our Technology Infrastructure including new hardware and upgraded software for all staff to ensure greater functionality and cyber security as staff carry out their job duties.

2018-2019 Cape Atlantic INK has added Cyber Security Insurance Coverage. This includes an annual Cyber Risk Assessment to help assess vulnerabilities needing to be addressed in our system to ensure enhanced security.

2019-2020 Cape Atlantic INK has developed a COVID-19 Protocol to address safety concerns regarding office operations, visits to families in the community and Personal Protective Equipment

2019-2020 Cape Atlantic INK has completed a Cyber Vulnerability Assessment to determine any areas of vulnerability needed to be addressed. This was completed by a private contractor.

## Performance Analysis 2019-20

Cape Atlantic Integrated Network for Kids (I.N.K.) Care Management Organization (CMO) is committed to continuous quality improvement. The Performance Measurement & Management Plan (PM&M) serves as the foundation to that commitment and the ongoing implementation and improvement of service delivery. The PM&M plan is designed to demonstrate how Cape Atlantic I.N.K. measures and manages the reliability, validity, completeness, and accuracy of its data collection and the performance indicators. The Performance Analysis is the result of the execution of the PM&M, a systematic observation of agency outcomes to enhance performance, and use data in the decision making of and towards performance improvement and in enhancing the lives of youth/young adults and families.

The Performance Analysis is a tool by which the organization outlines the performance objectives and reviews the outcomes thereof. This analysis serves as a written tool to identify, analyze and implement performance improvement initiatives throughout the organization.

The development of this plan was driven by the mission, vision, and principles of Cape Atlantic I.N.K. and performance indicators specific to the agency's standards of quality, and follows the Children's System of Care (CSOC) objectives as identified in the Annex A.

Performance Objectives for FYE 2020:

***For Fiscal year 7/1/19-6/30/2020, 85% of youth/young adults participating in the CMO will live in the Least-Restrictive setting that is most appropriate to their Clinical need. (1.N.1.c.1. - Effectiveness of Care Management)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% Youth/young adults living in the least-restrictive setting	88% of youth/young adults enrolled in the CMO live in the Least-Restrictive settings	<b>Achieved</b>

***For Fiscal year 7/1/19-6/30/2020, 80% of youth/young adults participating in the CMO will show an improvement in or remain stable in their school attendance. (1.N.1.c.1. - Effectiveness of Care Management)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% Youth/young adults showing improvement or stability in their school attendance	98% of youth/young adults have shown improvement/stability in their school attendance.	<b>Achieved</b>

***For Fiscal year 7/1/19-6/30/2020, 80% of youth/young adults participating in the CMO will show an improvement in or remain stable in school behavior as evidenced by a decrease in detentions, suspensions, expulsions. (1.N.1.c.1. – Effectiveness of Care Management)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% Youth/young adults showing improvement or stability in their school behavior	95% of youth/young adults have shown improvement/stability in their school behavior.	<b>Achieved</b>

***For Fiscal year 7/1/19-6/30/2020, 80% of youth/young adults participating in the CMO will show an improvement in or remain stable in their academic achievements. (1.N.1.c.1. – Effectiveness of Care Management)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% Youth/young adults showing improvement or stability in their academic achievements	95% of youth/young adults have shown improvement/stability in their academic achievements.	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, 80% youth/young adults participating in the CMO will show an improvement in or remain stable in emotional/behavioral needs and risk-taking behaviors. (1.N.1.c.1. – Effectiveness of Care Management)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% Youth/young adults showing improvement or stability in their emotional/behavioral needs and risk-taking behaviors	96% of youth/young adults have shown improvement or stability in their emotional/behavioral needs.	<b>Achieved</b>

***For Fiscal year 7/1/19-6/30/2020, 80% of Behavioral Health Home (BHH) eligible youth will have no visits to the emergency room. (1.N.1.c.1-Effectiveness)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% of BHH eligible youth will have no visits to emergency room	303, or 81% of BHH eligible youth with no visits to the ER in the past year.	<b>Achieved</b>

***For Fiscal year 7/1/19-6/30/2020, 80% of youth/young adults participating in Behavioral Health Home (BHH) will show an improvement in or remain stable in their school attendance. (1.N.1.c.1-Effectiveness)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% Youth/young adults showing improvement or stability in their school attendance	88% of youth/young adults have shown improvement/stability in their school attendance.	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, 85% of families will indicate that they are overall satisfied with their involvement with the Care Management services provided to them. (1.N.1.c.2. - Persons Served Feedback)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% of families indicate overall satisfaction with their involvement in Care Management services.	467 families, 99.8% report overall satisfaction with their involvement in Care Management services	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, 80% of providers/stakeholders will indicate that they would recommend Care Management services to others. (1.N.1.c.3. - Stakeholder Feedback)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% of providers/stakeholders indicate they would recommend Care Management services to others	89% of providers/stakeholders would recommend Care Management services to others	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, 80% of employees will report Cape Atlantic I.N.K. is a good place to work. (1.N.1.c.3. - Employee Feedback)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% of employees indicate overall, Cape Atlantic I.N.K. is a good place to work	91% of employees report overall, Cape Atlantic I.N.K. is a good place to work	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, advocate and lobby to increase sustainable services in Atlantic and Cape May counties. (1.N.1.c.4. – Resources Used to achieve results for the persons served (Efficiency)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
Advocate and lobby to increase sustainable services in Atlantic and Cape May counties	2 new providers are accepting Medicaid due to advocacy efforts for the need to increase outpatient mental health services in the community's persons served	<b>Ongoing</b>

***For Fiscal year, 7/1/19-6/30/2020, an average of 215,000 billable minutes per month of Care Management services will be provided to youth/young adults (1.N.1.c.5. – Service Access)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
Average of billable minutes per month of Care Management services provided to youth/young adults enrolled in the CMO	An average of 221, 481 billable minutes per month of Care Management services were provided to youth/young adults enrolled in the CMO	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, an average of 90 youth per month will be enrolled in Behavioral Health Home (1.N.1.c.5. – Service Access)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
Average number of youth per month will be enrolled in Behavioral Health Home	An average of 72 youth/young adults per month were enrolled in BHH	<b>Not Met</b>

***For Fiscal year, 7/1/19-6/30/2020, The CMO will maintain an average length of stay for youth/young adults of 12 months or less as determined by need. (1.N.1.c.5. – Service Access)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
Families will have an average length of stay of 12 months or less.	Families average length of stay in the CMO is 10.7 months.	<b>Achieved</b>

***For Fiscal year, 7/1/19-6/30/2020, an average of 850 bills per month will be fulfilled to make budget (1.N.2.c. – Business Function)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
Average number of bills per month will be fulfilled to make budget	An average of 900 bills per month were fulfilled to make budget	<b>Achieved</b>

***For Fiscal year 7/1/2019-6/30/2020, the CMO will demonstrate 20% or less staff turnover (1.N.2.c. – Business Function)***

<b><i>Indicator</i></b>	<b><i>Outcomes</i></b>	<b><i>Action</i></b>
% of Staff turnover annually	The CMO demonstrated 15.1% of all staff turnover	<b>Achieved</b>

## Youth & Family Satisfaction

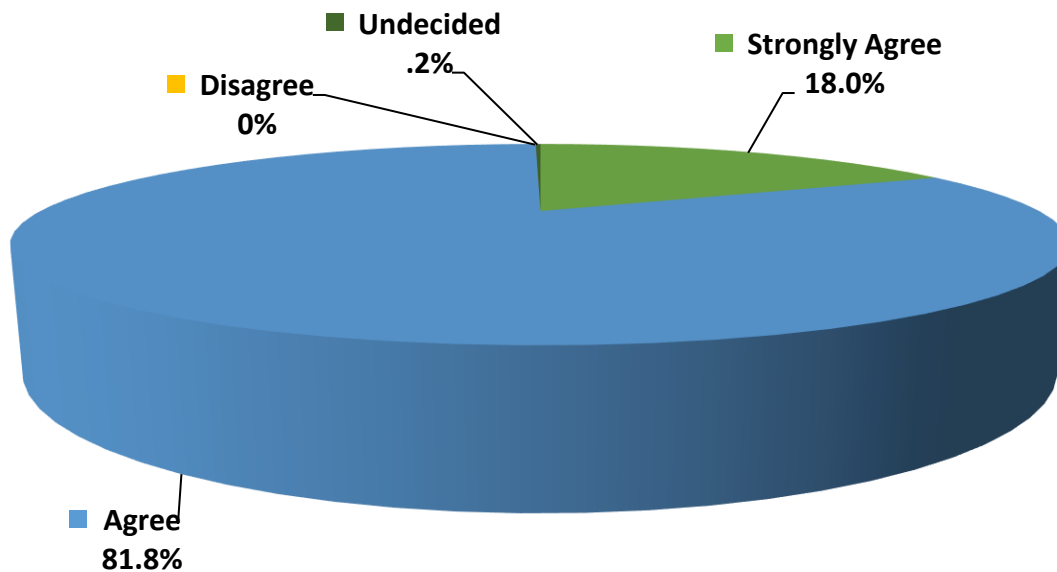
The Quality Assurance Department measures satisfaction at 3 points of services, active, transition, and 6-month post transition. On a monthly basis, the Quality Assurance department obtains input via telephone from a random sampling of active families to evaluate and analyze the input for resource, workforce, and financial planning. Since Covid-19 pandemic, the Quality Assurance department has utilized email (online survey), and text (online survey) to avoid survey fatigue and interruption during the school and workday. This data presented below is also utilized to support organizational advocacy and the continuous process of performance improvement.

In the 2019-20 satisfaction survey 469, out of 575 families participated and the survey revealed 98.3% agree/strongly agree “I am an equal partner in the planning and monitoring of services for my child” compared to 2018-19 where 575, out of 607 where 94% agree/strongly agree.

This survey also showed that 86.5% agree/strongly agree that “as a result of being enrolled with the Care Management Organization (CMO), I believe that my child is improving and becoming healthier”, compared to 2018-19 where 79% agree/strongly agree.

In 2019-20 overall, 99.8% of families were “satisfied with my involvement in the CMO”, compared to 2018-19 where 94% were overall satisfied.

## Youth & Family Overall Satisfaction 2019-20



The Quality Assurance department also conducts satisfaction surveys with families at transition and 6 months post transition. Out of 338 families surveyed at transition from 2019-20, 98.2% agree/strongly agree that “as a result of being enrolled in the CMO, their youth/young adult has improved and is becoming healthier”, compared to 93% in 2018-19.

6 Month Post transition surveys conducted during 2019-20 time period, results show out of 208 families 98.6% of youth/young adults are at home/community, 92.8% are attending school/graduated, and 96.6% have had no new police involvement. Results for 6 Month Post transition surveys conducted during 2018-19 time period, results show out of 248 families 94% of youth/young adults are at home/community, 94% are attending school/graduated, and 96% have had no new police involvement.



## Performance Measurement Management and Improvement (PMMI) Plan

Standard	Domain	Objective	Indicator	Applied To	Responsible Parties	Data Source	Target	Timeframes for data collection Results
1.M.4.	Results for the Persons Served (Effectiveness)	Show improvement or stability in the emotional/behavioral needs and risk-taking behaviors of youth/young adults	Strength Needs Ratings	Care Management	Operations Administrator	S/N Dashboard	80% Improvement or Stability	Monthly
1.M.4.	Results for the Persons Served (Effectiveness)	Maintain youth/young adults receiving treatment at home and in the community	% of Youth Living in least restrictive setting	Care Management	Operations Administrator	Living Situation Report/OOH Tx Report	85% in Least Restrictive Setting	Monthly
1.M.4.	Results for the Persons Served (Effectiveness)	Reduce reenrollment of persons served	% of Reenrollment	All Programs	Operations Admin./BHH Nurse Manager	CSA Service Request PN/TISP	<15% Reenrollment	Daily
1.M.4.	Results Achieved for the persons served (Effectiveness)	Reduce visits to the Emergency Room	% of Youth without ER visits	BHH	BHH Nurse Manager	Self Report QPU	80% without ER visit	Quarterly
1.M.5.	Experience of services received, and other feedback- Persons served	Improve Family Satisfaction with Care Management/BHH Services	% of Overall Satisfaction	All Programs	Quality Assurance Dept.	Youth/Family Monthly Transition/Satisfaction Surveys	85% Overall Satisfaction	Monthly

Standard	Domain	Objective	Indicator	Applied To	Who Collects	Data Source	Target	Timeframes for data/Results
1.M.5.	Experience of services received, and other feedback- Persons served	Improve Youth/Young Adult Behavioral Health and Wellness	% of Improvement and Health	All Programs	Quality Assurance Dept.	Youth/Family Monthly Transition/Satisfaction Surveys	80% Improvement and Becoming Healthier	Monthly
1.M.6.	Experience of services and other feedback from other stakeholders	Increase Stakeholder Recommendation for Care Management Services (CMO)	% of Stakeholders would recommend CMO	All Programs	Quality Assurance Dept.	Stakeholder System Partner Feedback Surveys	80% Recommendation for CMO services	Annual
1.M.7.	Resources used to achieve results for the persons served (Efficiency)	Increase sustainable community resources	# of Outpatient Providers Accepting Medicaid	Community Resource	Community Resource Administrator	Vendor Agreements	2 Providers	Quarterly
1.M.8.	Service Access & Engagement	Demonstrate all ISPs submitted to the Contracted Systems Administrator on time	Within 7 Days of Meeting	Care Management /BHH	Operations Administrator	ISP Performance Report	90% On-time submission	Monthly
1.M.8.	Service Access & Engagement	Increase enrollment and referrals into Behavioral Health Home	# New Enrollees	BHH	BHH Nurse Manager	Nursing Assessments	90 Youth per Month	Monthly
1.M.9.	Business Function	Maintain budget by fulfilling or exceeding target for monthly billing	# Bills per month	All Programs	CFO	EZ Claim	850 Bills	Monthly

Standard	Domain	Objective	Indicator	Applied To	Who Collects	Data Source	Target	Timeframes for data/Results
1.M.9.	Business Function	Decrease staff turnover on an annual basis	% Staff Turnover	All Programs	Human Resource Manager	Turnover Report	20% or < Turnover	Monthly
1.M.10.	Personnel Training	Increase education and training through participation in performance measurement and management	% of Staff Attendance	PIM Committee	Quality Assurance Dept.	Attendance Sheet	5 Staff	Quarterly

## Summary

Through feedback collected from families and other stakeholders in the community, we have found the responses clearly demonstrates that we are considered a valuable organization in the System of Care and in Cape May and Atlantic Counties. Our employee surveys conducted in 2019 were very positive demonstrating that most staff believe in the Mission and feel Cape Atlantic I.N.K. is a very good place to work. The organization is very proud of what this data suggests but we know that performance improvement is an ongoing process. The organization is committed to striving for excellence in the services we provide while creating a work environment that gives our staff the greatest opportunities to enhance their skills and grow as professionals.

Cape Atlantic I.N.K. recognizes the toll Covid-19 has taken on youth/young adults, families and communities at large. While the pandemic has caused a high level of uncertainty the organization is committed to being a leader in behavioral health by providing quality services, advocating for and creating opportunities for additional resources, while supporting youth/young adults in reaching their desired goals in the safest and healthiest way possible.