



# Cape Atlantic I.N.K.

2017 Annual Report & 2018 Year to Date Summary

# Introduction

Cape Atlantic Integrated Network for Kids is a private non-profit organization who provides integrated care management services to youth/young adults ages 5-21 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.

# Mission

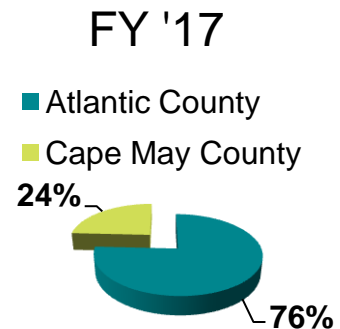
The mission of Cape Atlantic Integrated Network for Kids is to create solutions together with youth, young adults and their families, in partnership with the community, that facilitate desired changes in their lives and enhance their ability to live and thrive in their community.

# Healthy Families: Thriving Communities

Cape Atlantic I.N.K. provides Care Management to families in Atlantic and Cape May Counties. During the fiscal year ‘17, we serviced 1,767 youth/young adults with an average of 76% residing in Atlantic County and 24% residing in Cape May County.

For the fiscal year ‘18 year to February 2018, we have serviced 1,526 families with an average of 74% of youth residing in Atlantic County and 26% in Cape May.

To efficiently service and respond to the growing population of youth/young adults receiving Care Management services, Cape Atlantic I.N.K. has an office in Mays Landing, satellite office in Cape May Courthouse, and has leased a third satellite office in Egg Harbor Township opening in April 2018.



## Atlantic County



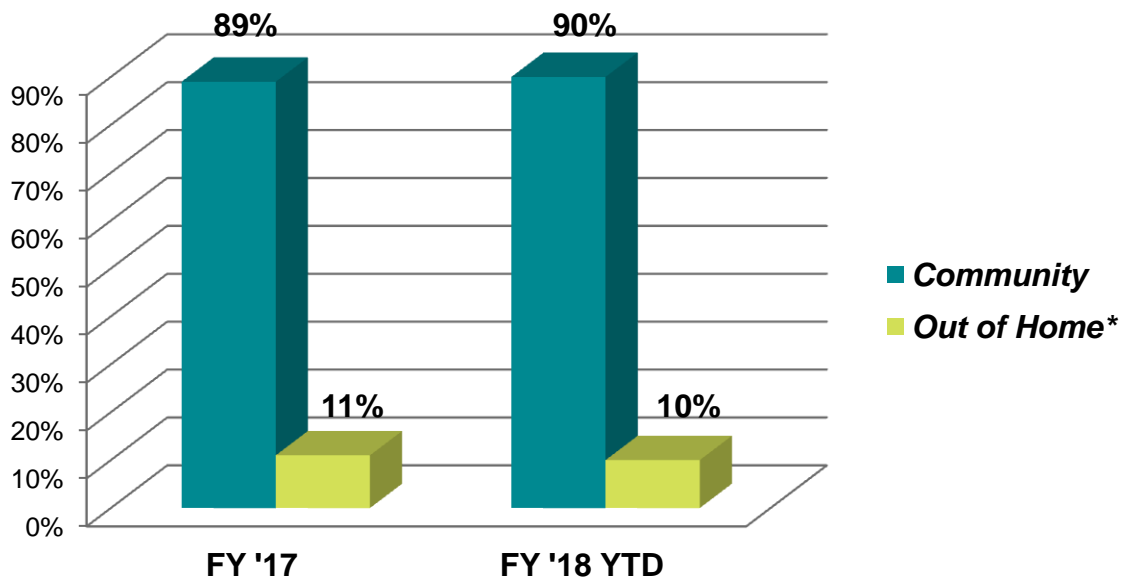
## Cape May County





## At Home, In the Community

Cape Atlantic I.N.K., through the Child Family Team (CFT) process provides access to a broad, flexible array of community-based services and support for children, and their families and caregivers, to address their emotional, social, educational and physical needs. Utilizing the wraparound model, the CFT focuses on maintaining youth/young adults in their communities. For the fiscal year 2017, we served an average of 881 youth per month, and of those youth 89% were maintained at home and in the community. For the fiscal year 2018 to February 2018, we served an average of 776 youth per month, and of those youth 90% were maintained at home and in the community.



Out of Home\* youth represent youth that have been found clinically appropriate by PerformCare, the Contracted System Administrator, to need placement in a treatment facility, court ordered detainments/incarcerations and psychiatric hospitalizations are also represented in this percentage.

## Human Resource Activities

Cape Atlantic I.N.K. recruits for talented, diverse staff in an ongoing manner to maintain enough direct service staff, Care Managers, to meet the needs of youth/young adults served. NJ Department of Children and Families (DCF) would like the Care Management Organizations (CMOs) to ideally maintain, a 1:14 Care Manager to youth ratio and a 1:6 Supervisor to Care Manager ratio.

From July 1, 2016 to June 30, 2017 we hired 21 employees, BHH staff and administrative support to maintain adequate case load sizes and meet the mission of the organization. During this time frame, we continued to strive towards integration by hiring an additional nurse and wellness coach who could admit and case manage youth enrolled in the BHH program.

Between 2002 and 2017, the organization had a turnover rate of 15.62 % for Care Managers, lower than the national average of 30% for case management. Employee exit interviews between 2016 and 2017 indicate that employees left for higher compensation and career advancement, equivalent to research results from the National Wraparound Institute in 2017.

In response to the exit interviews and the Employee Satisfaction surveys for 2016-17, Cape Atlantic I.N.K. increased the salary range of Care Managers in September of 2017 to remain competitive to potential candidates, and to respond to the needs of existing employees, as substantiated in employee satisfaction surveys. The organization continues to offer health insurance with low premiums to attract and retain staff. Cape Atlantic I.N.K. will begin merit based increases using competency based performance evaluations, beginning in June of 2018 to increase retention and maintain effective and quality service.

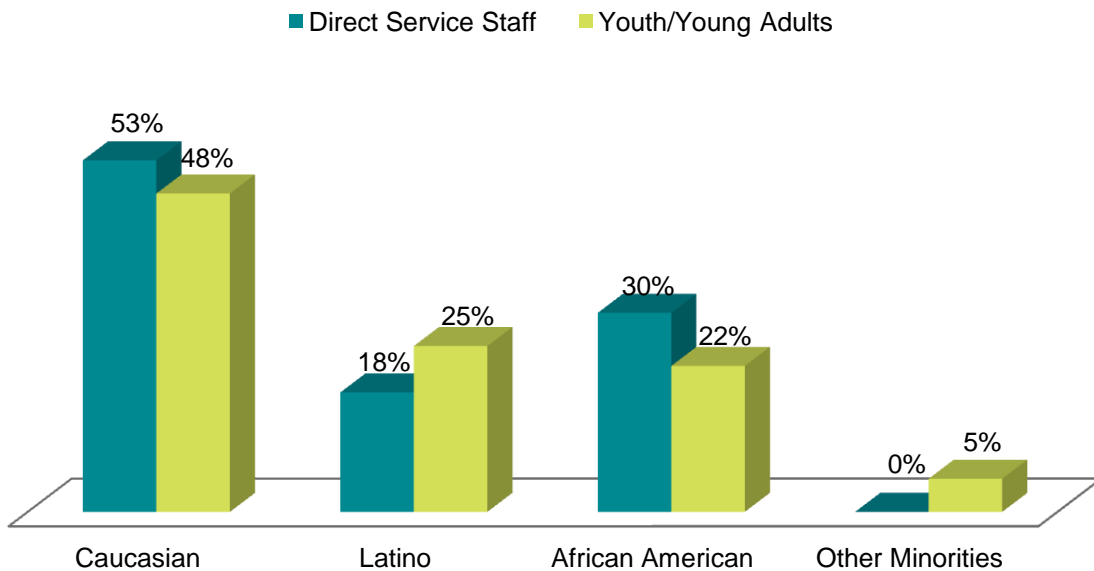
From July 1, 2017 to February 28, 2018, we hired 20 employees to accomplish the expansion goal in the strategic plan and to meet DCF expectations of 1:14 case load sizes while maintaining a diverse workforce that closely mirrors the population of the youth/young adults we serve.

Cape Atlantic I.N.K. continues to invest in its mission by adding one additional support staff to enhance quality efforts. We are also planning to add a support staff in the Compliance area to further develop and enhance efforts in this critically important area.

## Commitment to Diversity

Cape Atlantic I.N.K. continues to strive towards achieving the goals set forth in the latest strategic plan. We advertised positions on diverse websites to recruit eligible, diverse candidates to meet the needs of the diverse youth/young adults served. Some of the websites used to post advertisements include National Association of Black Social Workers, LGBT Career Link, Monster, and Indeed. Human Resources attended Stockton University's career fair in October 2016, October 2017, February 2018, and Rowan University's career fair in February of 2017 to recruit local candidates who are familiar with the resources and supports in Atlantic and Cape May Counties.

### Diversity as of February 2018



In February of 2018, our youth/young adult demographics showed that 52% identified as a member of a minority group. As of February 28, 2018, 48% of our direct service staff identified as a member of a minority group, an increase of 6% from December 2016.

## Financial Performance

Cape Atlantic I.N.K. is a sole sourced funded entity providing only Care Management services. Our most recent financial statements indicate a very solid current assets to liabilities ratio of 2.97 to 1 (a ratio of 2 to 1 is considered exceptional). Net income for the fiscal year as of January 31, 2018 is \$ 328,491 and Cape Atlantic I.N.K.'s fund balance is in excess of \$ 2.3 million.

We have been very fortunate to have been the beneficiary of a recent increase in our Medicaid care management rate from \$ 550 per child per month to \$ 775 per child per month. This increase in the Medicaid rate was a result of the solid partnership and cooperation that the fifteen care management organizations (CMO's) have with our contract holder, New Jersey's Department of Children and Families (DCF). Cape Atlantic I.N.K. believes the relationship between CMO's and DCF will continue to be as successful going forward as it has been in the sixteen plus years since care management organizations have been in existence.

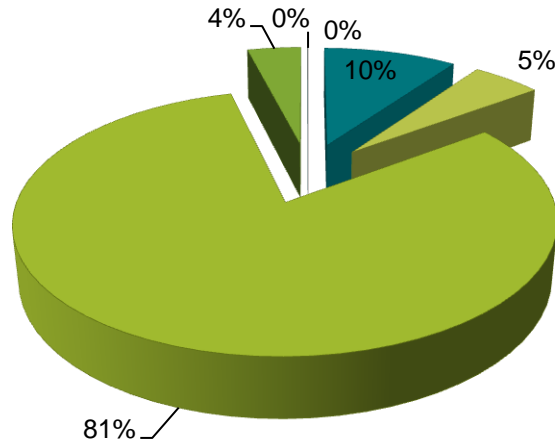
Cape Atlantic I.N.K. believes it has followed the state's directive that the monies generated by the Medicaid rate increase be used to "reinvest in your agency". The rate increase has also meant available funds for staff salary increases, which were awarded on September 1, 2017 in the amounts of 10 % for Care Managers and administrative staff and 5% for management staff. This was in addition to an across-the-board 3% salary increase for all staff effective July 1, 2017. Prior to this Medicaid rate increase, we had been unable to offer salary increases for seven years due to the lack of a state cost of living increase (COLA) or by state directive.

We have been able to maintain excellent health care benefits for our employees even with continuing increases in health care premium costs. Cape Atlantic I.N.K. pays for 88.6% of total premium cost for medical and 100 % of premium cost for dental and vision coverage.

While Cape Atlantic I.N.K. believes it would benefit financially from being able to diversify into other funded programs, DCF has thus far not allowed CMO's this alternative. In many ways this has been a benefit in that Cape Atlantic I.N.K. remains singularly focused and driven to continue its efforts to serve its children and families in the best way possible.

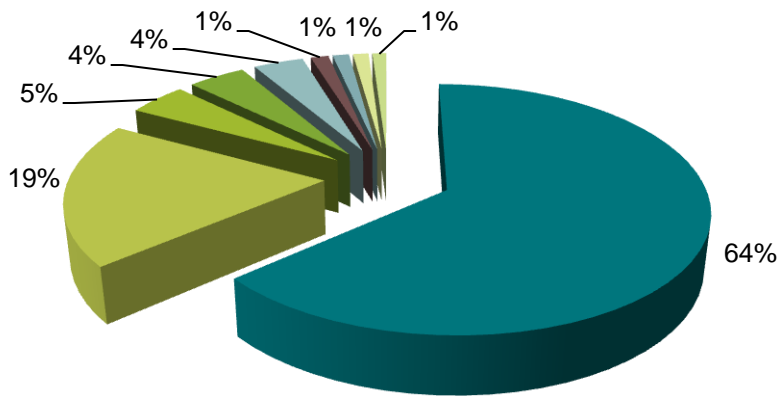
## 2016-17 Revenues

- DCF Contract
- DCF Contract- Flex
- Medicaid Care Management
- BHH Care Management
- Interest Revenue
- Miscellaneous Income



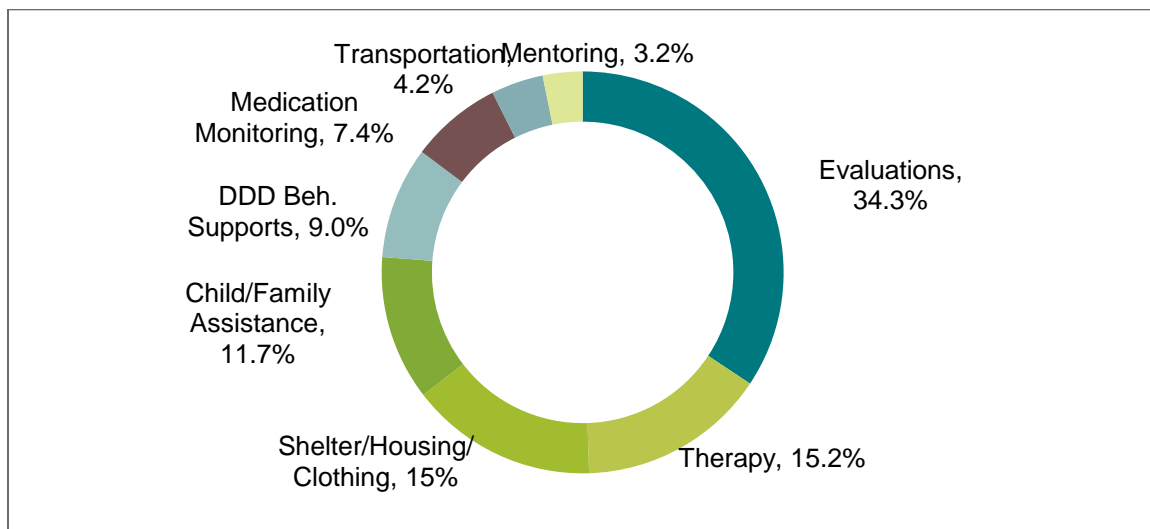
## 2016-17 Expenses

- Salaries and Wages
- Payroll Fringe
- Depreciation and Other
- Client Assistance
- Facility
- Transportation and Travel
- Consultant and Professional
- Materials and Supplies
- Insurance



## Resource Allocation

Through the use of our flex funds, our Child Family Teams have helped youth/young adults and families get access to important services and supports. The Child Family Team (CFT) consisting of the youth/young adult and their family, professionals and informal supports develop and implement an Individual Service Plan (ISP) to meet the needs of youth/young adults served. This ISP is built on the strengths of the CFT members and the community. 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 and the use of flex funds. Cape Atlantic INK has a flex fund that the CFT can access to address these gaps and barriers in order to meet the youth/young adult's needs. In FY 16/17 funds were spent in order of highest spending to lowest in the following categories: 1) Psychiatric/Psychological/Substance Abuse for non Medicaid funded evaluations and reports, 2) Office Based Therapy for non-Medicaid reimbursed services, 3) Shelter, 4) Child/Family Assistance, 5) DD Behavioral Supports, 6) Medication monitoring and pharmacy, 7) Transportation, and 8) Mentoring.



During the current FY 17/18 to date our flex funds continue to be used to assist youth/young adults with the same identified gaps and barriers as 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 barrier's were brought to the Leadership Committee to incorporate into the organization's community resource development activities, strategic plan and advocacy through DCF.

In 2017 Cape Atlantic I.N.K responded to the need identified by our stakeholders in Cape May County to help support youth with trauma based therapy. Utilizing the Request for Funds Process, CSOC for Community Development Funds in the amount of \$15,000 was awarded to assist a Certified Play Therapist develop a play therapy room and outpatient office in Cape May County to work with children ages 2-5. In addition to working with children in their outpatient office, the Program would provide the "Nurtured Heart" training to local day care centers who serve children in the child welfare system. This effort was started to help stop the frequency of children having to be removed from resource homes and daycare centers. We also use this service for CMO kids as well.



## Accessibility

In 2016-17 Cape Atlantic I.N.K. in partnership with the landlord of our Mays Landing office, upgraded the lighting in our parking lots and installed a video surveillance system around the building.

In 2017-18 Cape Atlantic I.N.K. has installed a pull alarm safety system, remote front door access to enhance security and assistance to visitors, installed additional FOB only access to control internal access to confidential areas of the building and replaced door knobs with latches to assist individuals who may have limited use of their hands.

In 2017-18 Cape Atlantic I.N.K. has begun conducting Stakeholder surveys through which stakeholders have the opportunity to provide input about where gaps in services exists and also to give feedback about CMO services.

## Risk Management 2016-Jan 2018

In 2016-17 Cape Atlantic I.N.K. made the decision to prohibit the use of cell phones while driving a company car or conduct the organization's business while driving their own vehicle. This decision was based on an car accident in which an employee was on their cell phone and got into an accident.

In 2016-17 Cape Atlantic I.N.K. instituted a formal driver's license check at least every two years or one year should there based on the driver's history. This change in policy was in part driven by an accident in which a staff was ticketed for not having a license. Cape Atlantic I.N.K. was not aware that the staff did not have a valid driver's license. This review brought to light that we must be doing license checks at least every 2 years or if there was a problem at least yearly.

In 2017-18 a more robust Corporate Compliance Program approved by the Board and initiated in August 2017. Prior to this Cape Atlantic I.N.K. utilized a compliance plan mainly focused on Medicaid Compliance.

## Performance Analysis 2016-17

Cape Atlantic Integrated Network for Kids (I.N.K.) Care Management Organization (CMO) is committed to continuous quality improvement. 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 objectives of this performance analysis and the outcomes are driven by the mission, vision, and principles of Cape Atlantic I.N.K. and performance indicators specific to the agency's standard of quality, and are in compliance with the Children's System of Care (CSOC) objectives as identified in the Annex A.

**1. For Contract year 7/1/16-6/30/2017, 85% of families participating in the CMO will report an ability to manage their Service Plan.**

<i>Indicator</i>	<i>Outcomes</i>	<i>Action</i>
Families participating in the CMO will report their ability to manage their Family Plan	85% of families are able to manage their Service Plan  N=602	This objective has been met.

**2. For Contract year 7/1/16-6/30/2017, 80% of youth/young adults participating in the CMO will live in the Least-Restrictive setting that is most appropriate to their Clinical need.**

<i>Indicator</i>	<i>Outcomes</i>	<i>Action</i>
Youth/young adults will live in the least-restrictive setting that is clinically appropriate	88% of youth/young adults enrolled in the CMO live in the Least-Restrictive settings	This objective has been met.

**3. For Contract year 7/1/16-6/30/2017, 80% of youth/young adults participating in the CMO will show an improvement in or remain stable in their school attendance.**

<i>Indicator</i>	<i>Outcomes</i>	<i>Action</i>
Youth/young adults will show improvement or stability in their school attendance.	96% of youth/young adults have shown improvement or stability in their school attendance.	This objective has been met.

**4. For Contract year 7/1/16-6/30/2017, 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.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Youth/young adults will show improvement or stability in their school behavior.	88% of youth/young adults have shown improvement or stability in their school behavior.	This objective has been met.

**5. For Contract year 7/1/16-6/30/2017, 80% of youth/young adults participating in the CMO will show an improvement in or remain stable in their academic achievements.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Youth/young adults will show improvement or stability in their academic achievements.	94% of youth/young adults have shown improvement or stability in their academic achievements.	This objective has been met.

**6. For Contract year 7/1/16-6/30/2017, 80% of youth/young adults will have a reduced length of stay in Detention post disposition as evidenced by LOS of 30 days or less.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Youth/young adults' average length of stay in detention post disposition will be 30 days or less.	The average length of stay post disposition is 9.2 days. (a total of 12 youth remained detained post disposition)	This objective has been met.

**7. For Contract year, 7/1/16-6/30/2017, 80% youth/young adults participating in the CMO will show an improvement in or remain stable in emotional/behavioral needs and risk taking behaviors.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Youth/young adults will show improvement or stability in their emotional/behavioral needs and risk taking behaviors.	87% of youth/young adults have shown improvement or stability in their emotional/behavioral needs.	This objective has been met.

**8. For Contract year, 7/1/16-6/30/2017, 80% youth/young adults participating in the CMO will show an improvement in or remain stable in risk behaviors.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Youth/young adults will show improvement or stability in their emotional/behavioral needs and risk taking behaviors.	95% of youth/young adults have shown improvement or stability in their risk behaviors.	This objective has been met.

**9. For Contract year, 7/1/16-6/30/2017, 85% of families will indicate that they are overall satisfied with their involvement with the Care Management services provided to them.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Families will indicate overall satisfaction with their involvement in Care Management services.	602 families report 95% overall satisfaction with their involvement in Care Management services	This objective has been met.

**10. For Contract year 7/1/16-6/30/2017, 80% of families will demonstrate improvement in or remain stable in their ability to utilize natural supports in their lives.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Families will demonstrate or remain stable in their ability to utilize natural supports in their lives.	94% of families have demonstrated or remained stable in their ability to utilize natural supports in their lives.	This objective has been met.

**11. For Contract year, 7/1/16-6/30/2017, 80% of families enrolled in the CMO believe as a result of being enrolled in the CMO their youth/young adult has improved and is becoming healthier.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Families enrolled in the CMO will report that as a result of being enrolled in the CMO, their youth/young adult has improved and is becoming healthier	Of the 602 families surveyed, 84% report that as a result of being enrolled in the CMO, their youth/young adult has shown improvement and is becoming healthier.	This objective has been met.

**12. For Contract year 7/1/16-6/30/2017, The CMO will demonstrate a 90% compliancy rate for on-time submission of all Individualized Service Plans (ISPs) submission to PerformCare, the Contracted Systems Administrator (CSA).**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
ISPs submitted to the CSA will demonstrate compliance for timeliness	92% of ISPs submitted to the CSA have been submitted on time.	This objective has been met.

**13. For Contract year 7/1/16-6/30/2017, 70% of Behavioral Health Home (BHH) eligible youth will have no visits to the ER in the past year.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
BHH eligible youth will show no visits to ER in the past year.	287, or 63% of BHH eligible youth had no visits to the ER in the past year.	BHH Wellness will provide youth/young adults and families with Flu season prevention information from the CDC prior to flu season.  BHH Nurses will provide families with a fact sheet from KidsHealth.org titled "Is it a Medical Emergency", designed to promote a healthy use of the Emergency Room.
Analysis	An analysis of the data showed ER room visits were static for two quarters of the year and spiked during flu season and the following quarter. There is no conclusive data to explain the increase in ER visits in the following quarter, but as a preventive measure BHH will educate families on flu prevention and the appropriate use of the ER.	

**14. For Contract year, 7/1/16-6/30/2017, The CMO will maintain an average length of stay for families of 12 months or less as determined by need.**

<b>Indicator</b>	<b>Outcomes</b>	<b>Action</b>
Families will have an average length of stay of 12 months or less.	Families average length of stay in the CMO is 9.38 months.	This objective has been met.

## Youth & Family Satisfaction

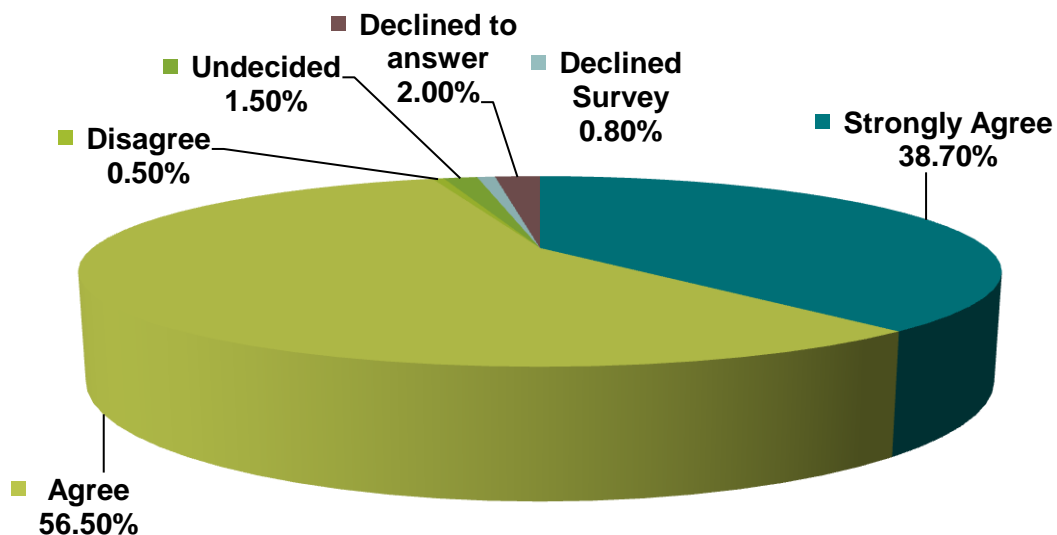
On a monthly basis, the Quality Assurance department obtains feedback from a random sampling of families to evaluate how well we are doing and to assess where we need to improve.

In the 2016-17 satisfaction survey 597, out of 602 families participated and the survey revealed 95% agree/strongly agree “I am an equal partner in the planning and monitoring of services for my child”.

This survey also showed that 84% 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”.

Overall, 95.2% of families were “satisfied with my involvement in the CMO”.

### Overall Satisfaction



The Quality Assurance department also conducts satisfaction surveys with families at transition and 6 months post transition. Out of 315 families surveyed at transition from July 2017 to February 2018, 96% agree/strongly agree that “as a result of being enrolled in the CMO, their youth/young adult has improved and is becoming healthier.”

Post transition surveys conducted from October 2017 to February 2018 results show 96% of youth/young adults are at home/community, 94% are attending school/graduated, and 95% have had no new police involvement.

## Performance Indicators 2017-18

The Quality Assessment and Performance Improvement Plan (QAPI) serves as the foundation to the commitment and the ongoing implementation and improvement of service delivery. The QAPI 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 intent is to improve the level of performance with the input of our youth/young adults, parent/caregivers, stakeholders, employees, interns, volunteers and the community. The implementation of the QAPI plan is ongoing and evaluated and updated on an annual basis to ensure the performance objectives have been met and where continuous improvement is needed and achieved.

**The QAPI 2017-18 plan is comprised of the following organizational areas of focus: Finance, Human Resource, Service Delivery, and Quality.**

<i>Objective</i>	<i>Indicator/Measure</i>	<i>Action</i>
To recruit, hire, and maintain personnel that meet the state required ratio 1:14 Care Managers to youth/young adults.	Attend career fairs and post job openings in diverse markets  Hire additional Care Managers to service youth/young adults enrolled  Monitor the staff ratio to agency census	Ongoing
<i>Objective</i>	<i>Indicator/Measure</i>	<i>Action</i>
To analyze the demographics and trends of the youth/young adults enrolled and communities we serve for hiring, training and education in diversity and cultural competency.	Collect and analyze demographic data of youth/young adults enrolled and their communities for cultural competency in hiring and training  Provide training and education to staff in diversity and cultural awareness	Ongoing
<i>Objective</i>	<i>Indicator/Measure</i>	<i>Action</i>
To have established fiscal internal controls and practices for monitoring of trends, managing cost, financial risk, service delivery needs and established outcomes.	Develop and review an annual budget that projects income and expenses approved by the Board of Directors  Collect data relevant to trends in service utilization, service needs, and resources  Conduct a Quality Review of the billing system and coding practices  Perform an annual review of the agency's financial statements by an independent CPA	Ongoing

<b>Objective</b>	<b>Indicator/Measure</b>	<b>Action</b>
To review trends and determine progress in Emotional/Behavioral Needs, Risk Behaviors, Caregiver Strengths and Overall Stability & Improvement.	Review and submit Crisis Plans, 30 Day, 90 Day, and TISPs for service delivery  Monitor timeliness of submissions with Service Plan Tracking Report, Individual Service Plan Aging Report	Ongoing
<b>Objective</b>	<b>Indicator/Measure</b>	<b>Action</b>
To evaluate and improve service delivery to youth and families that meets their needs.	Monitor average LOS using NJ2000 CMO Dashboard and QAPI Database.  Monitor the Expected Length of Stay using Anomaly Management	Ongoing
<b>Objective</b>	<b>Indicator/Measure</b>	<b>Action</b>
To ensure youth reside in the least restrictive setting that is most appropriate to their clinical need.	Monitor living situation and restrictiveness levels for clinical need  Analysis of living situation and living situation history using NJ1149 Living Situation Report and Child Demographics Report	Ongoing
<b>Objective</b>	<b>Indicator/Measure</b>	<b>Action</b>
To track and trend the BHH services provided to eligible youth receiving Care Management services.	Monitor timeliness of Nursing Assessment submissions with the NJ2026 BHH Dashboard  Track stability and improvement in school attendance NJ2026 BHH Outcome Dashboard  Analyze and trend emergency room care utilization with NJ2026 BHH Outcome Dashboard	Ongoing
<b>Objective</b>	<b>Indicator/Measure</b>	<b>Action</b>
To assess and measure the level of satisfaction of Care Management services for youth and families.	Cross-sectional questionnaires will be administered to survey youth/young adults and caregivers	Ongoing
<b>Objective</b>	<b>Indicator/Measure</b>	<b>Action</b>
To ensure youth receiving Care Management services remain at home, in school and in the community.	Monitor detention center admissions  Assess school attendance and psychiatric screenings utilizing Care Manager reports  Track and trend unusual incident reports	Ongoing



## Summary

Through feedback collected from families and other stakeholders in the community, we have found the evidence clearly demonstrates that we are considered a very valuable organization in the System of Care in Cape May and Atlantic Counties. Our employee surveys conducted in 2017 were very positive demonstrating that the majority of 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. This organization is committed to continue to strive 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.