FY 22’

Partnership for Children of Essex Annual Report

PCE

Building Resilience, Restoring Hope

Introduction

Partnership for Children of Essex (PCE) is a private non-profit care management organization (CMO) dedicated to assisting youth with complex needs that include emotional, behavioral, intellectual, developmental and substance use in Essex County. PCE is a part of New Jersey's Children's System of Care. PCE utilizes a Wraparound model of care while working in partnership with youth and families to design and implement a plan of care that is specific to the youth's individual strengths and needs. PCE is committed to keeping youth safe in their home, school, and community. PCE places a strong emphasis on our mission and values to guide the process when working with youth and families.

Mission

Working in partnership with youth, families, and the community, Partnership for Children of Essex (PCE) creates a pathway for hope and improves the quality of life for youth and their families in Essex County.

Vision

Partnership for Children of Essex is devoted to creating and sustaining a positive work environment that encourages personal growth and development. Using our Wraparound Model of Care with the youth and families we serve, we instill hope, resilience, and empowerment. Through our commitment to quality services, we excel as leaders in our field.

PCE Core Values

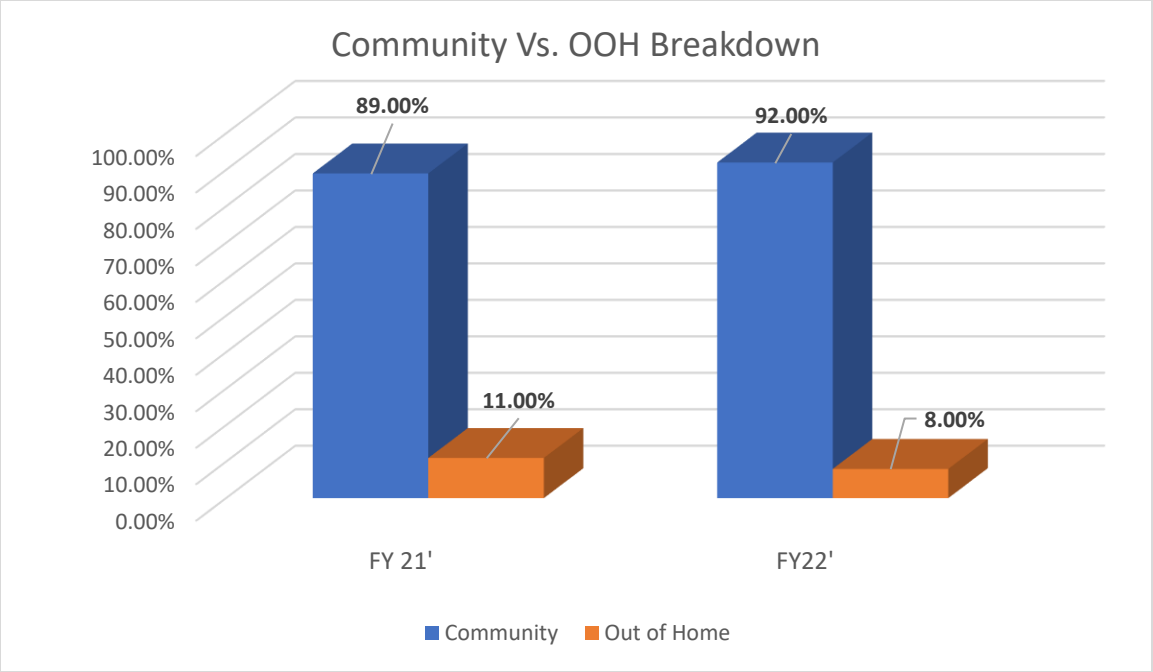
- Families are equal partners in the service planning and delivery process.
- The care management process is supportive and respectful of family culture, values, strengths, and preferences.
- We believe that all youth and families can grow, improve, become resilient and thrive.

Healthy Families: Thriving Communities

Partnership for Children of Essex provides Care Management to families in Essex County. During the FY 22', we served 2,687 youth with an average of 98% residing in Essex County and the remaining 2% residing in Middlesex, Monmouth, Bergen and Atlantic counties combined. During the FY 21', PCE served 2,432 youths across the county.

At Home, In the Community

Through the Child Family Team (CFT) process, PCE provides access to a broad, flexible array of community-based services and supports for children, and their families and caregivers, in order to address their emotional, social, educational and physical needs. Utilizing the Wraparound Model of care, the CFT focuses on maintaining youths in their communities by "wrapping" them with sustainable services. For the FY 22', we served an average of 1450 youth per month (5.6% increase from FY 21'), and of those youth an average of 91.85% per month were care managed at home/in their communities and in least restrictive settings i.e., home, relatives, resource home, independent living. PCE strives to support our youth to be successful in achieving their goals in the least restrictive environment possible. At times, the CFT will need to explore out of home treatment in order to best support the youth.



Out of Home* (OOH) represents youth in treatment who have been found clinically appropriate by PerformCare, the Contracted System Administrator, to need placement in an Out of Home treatment facility. Additionally, youth in court ordered detainments/incarcerations represent 3.6% of the population served for 2021-2022 FY.

Workforce Development

PCE is actively recruiting mission driven, talented and diverse staff in order to maintain direct service staff to meet the needs of youth/and families served. PCE strives to meet the NJ Department of Children and Families (DCF) recommended goal of a 1:14 Care Manager to youth ratio. While this ratio is a recommendation, the organization has been successful in maintaining a 17 average youth load for FY 22', despite the challenges faced during the pandemic and its impact on the workforce.

PCE's workforce consists of 132 full-time employees, comprised of 15 teams of Care Managers and Supervisors, as well as Operation Managers, Administrative Support, a Quality Assurance Department, Billing Department, Community Outreach Department, and Senior Management Team, with some of the team members having 19 Years of longevity at the organization.

The Human Resources Department provides continuous support to employees throughout the employment lifecycle. PCE offers employees a strong mix of direct compensation and benefits within a supportive environment. The agency's comprehensive benefits package includes health and wellness offerings, tuition reimbursement and a 403(b)-retirement plan. Employees receive a number of paid holidays scheduled throughout the year as well as annual paid time off allowances. In addition, other leave options are available to employees to assist during times of illness, injury, and various life events.

To ensure the continuity of quality care management while youth loads increase, PCE implemented an incentive plan for additional youth served. This plan offers skilled Care Management employees the opportunity to gain incentive income if specific criteria are met with an increased youth load.

Employee exit interviews during the FY 22' indicate the top reasons employees resigned were for career advancement followed by family circumstances. Although our number of departures is higher than in the past, PCE recognizes this is partly due to the Covid-19 pandemic and change of family circumstances that occurred during the pandemic.

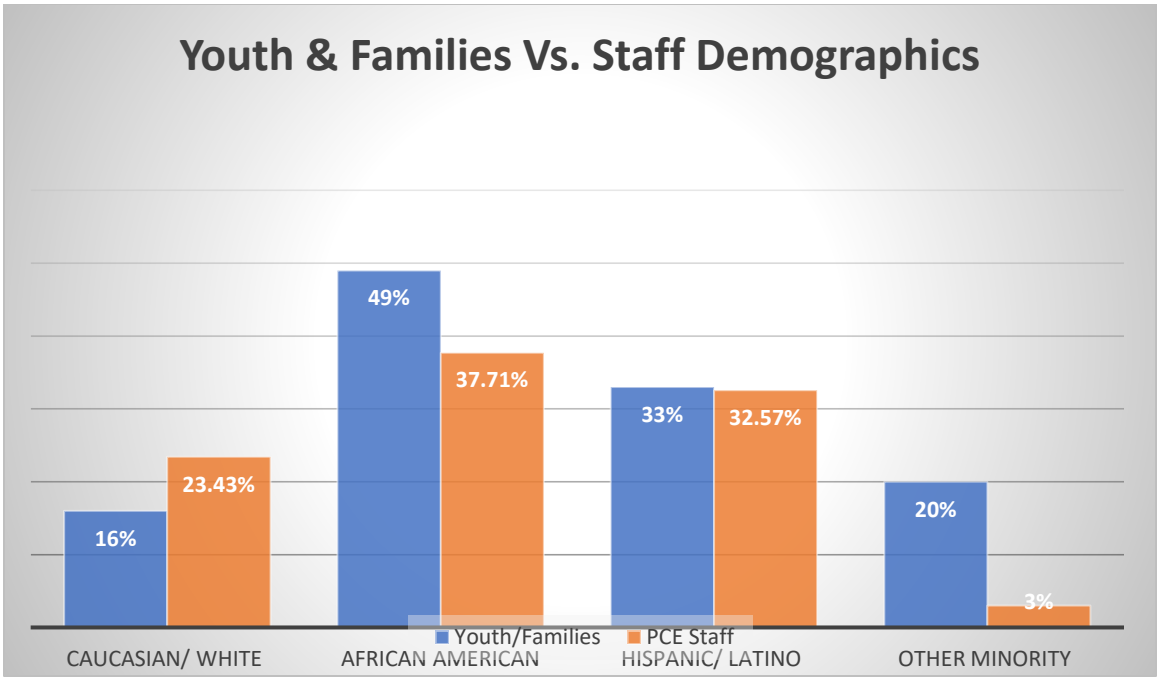
We look forward to continuing to support each employee of PCE from the time of on-boarding, during a new life event or when planning for their future. We aim for collaboration and encourage engagement from all staff to discuss human resource solutions and to plan for future workforce needs.

Commitment to Awareness, Inclusion, Diversity, & Equity

In 2021-2022 PCE continued to advertise positions on diverse websites to recruit eligible, diverse candidates to meet the needs of the diverse youth and families served as well as utilizing employee and system partner referrals.

As of 2021, 73% of our staff identified as a member of a minority group. Our youth demographics (as reported to PerformCare) showed that 47% identified as a member of a minority group.

PCE prides itself in maintaining a staff that closely resembles the cultural diversity of the community we serve. We have staff that are multi-linguistic, culturally competent, and skilled. We have QA measures that examine this as well as whether staff meet the continuing education requirements which includes cultural competence training.



Financial Performance

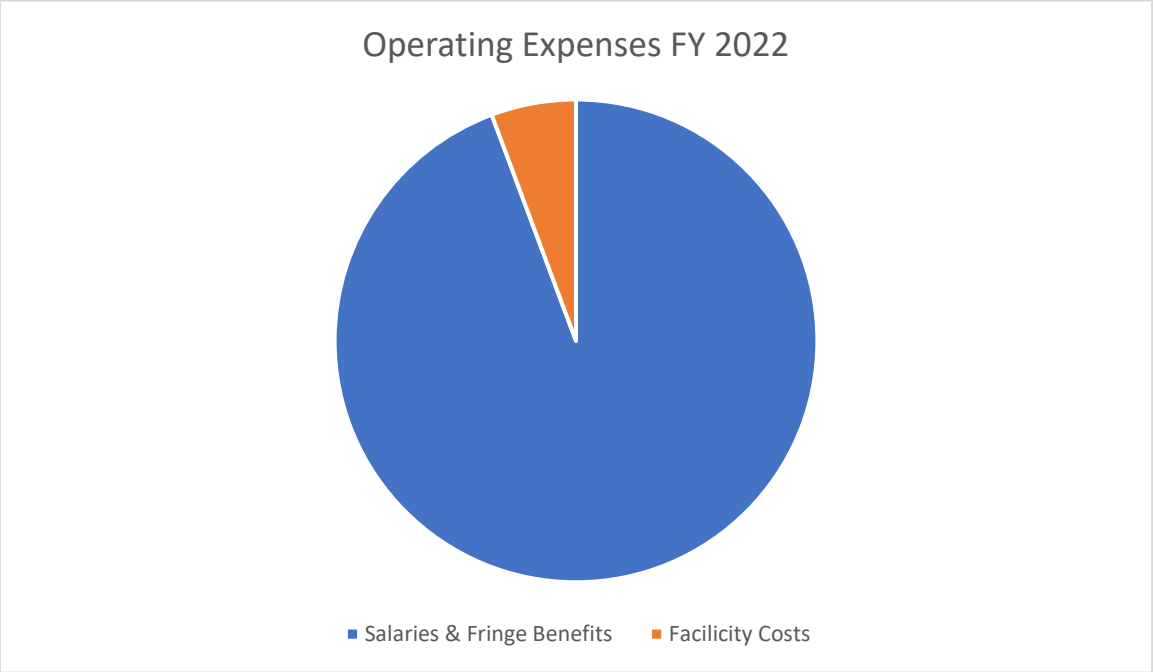
During the COVID-19 pandemic, PCE has been able to continue to provide quality care management services to youth and families while facing an ever-changing work environment for its staff. PCE has implemented positive changes to face these challenges, all while maintaining an efficient operation that will keep both services and revenues flowing optimally.

Partnership for Children of Essex continues to enjoy financial well-being due in large part to efficient fiscal and operational management. Our most recent audited financial statements representing the fiscal year-end June 30, 2022, reflect a strong financial performance. Medicaid revenues for FY 22' were $13,896,127 up from $12,236,634 the previous Fiscal Year. In addition, the Agency enjoyed a healthy current ratio, assets to liabilities, of 7.28 to1 (a ratio of 2.0 to 1 is considered solid).

PCE receives a fee from Medicaid of $958.97 per month, per family/child, once the criteria for billable services, set forth by Agency policy, has been satisfactorily met, PCE submits billing documents to Medicaid. Medicaid billing is processed and submitted on a monthly basis.

PCE has budgeted $16.4 million in total revenue for FY 23'. Since PCE is contracted solely through the state of New Jersey's Department of Children and Families (DCF), PCE receives most of its revenues from Medicaid (between 95-98 %) for its care management services. Medicaid is billed on a fee-for-service basis according to the number of youths served each month. The state currently funds youth and families' flex funding, which together accounted for $ 485.004 in FY 22' (3.7 % of total revenues).

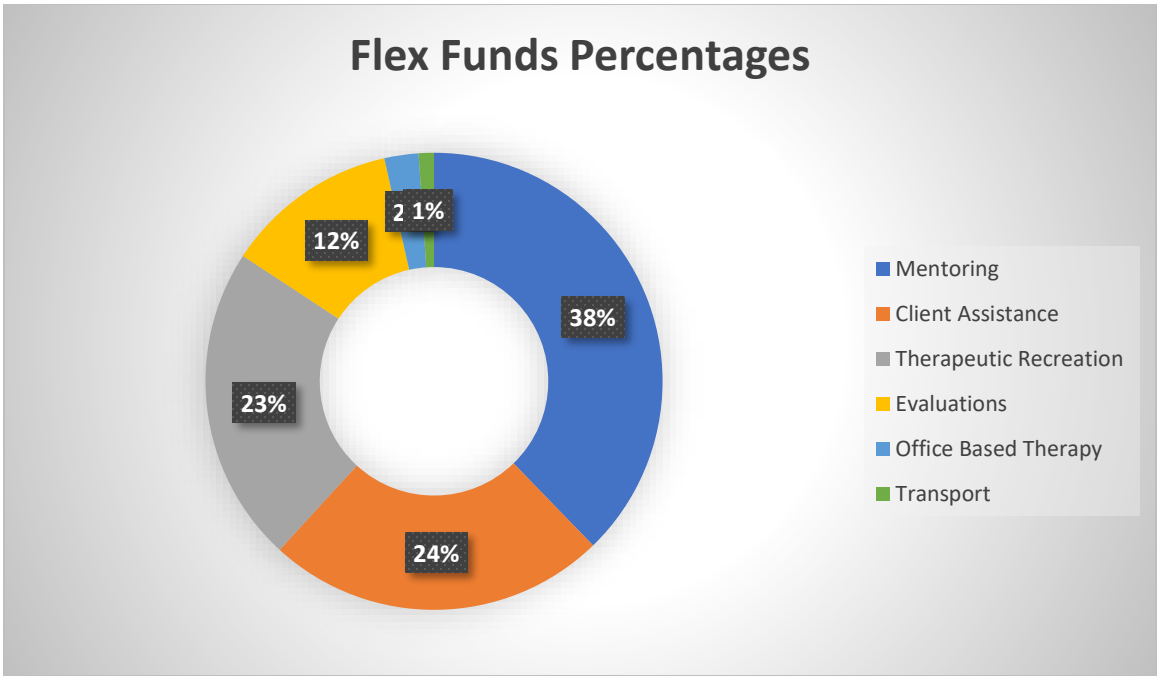
Operating expenses before depreciation for FY 22' totaled $12,082,474, significantly contributing to this total were Salaries and Fringe Benefits of $10,589,251 and Facility Costs of $637,657.



Resource Allocation

PCE continues to build its provider base of therapists, behaviorists, 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 and their family, professionals and informal support develops and implements an Individualized Service Plan (ISP) to meet the needs of youths served. These added providers have assisted youths and families in gaining access to important services and supports. The CFT utilizes and refers the youth and family to existing formal and informal support 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 are 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 in compliance with the Children's System of Care guidelines and policies and when no other resource is available. Once authorized by the CFT, flex funds can be accessed to address these gaps and barriers to meeting the youth's needs. In FY 22' funds were spent in order of highest spending to lowest in the following categories: 1) Mentoring 2) Family/Client Assistance 3) Therapeutic Recreation 4) Evaluations 5) Office Based Therapy and Transport.



During the current FY 22', our flex funds continued to be used to assist youth and families with the identified gaps and barriers as cited above. Immediate service/support gaps were addressed with flex funds to meet the youth and families' needs.

Accessibility

In FY22', PCE's Covid Taskforce continued to meet to ensure the safety of our employees and youth/families while returning to in person care management. The committee met as needed to address any recent updates from CDC, ensure the practice of safety precautions, and providing access to care whether it be through information sessions/ vaccines on site, etc.

Rutgers Coaching for the PPS Grant 2.0- Ops Leadership and CRD Director met quarterly with our assigned Rutgers Coach as a part of the grant to discuss resources available, planned trainings, and highlighted successes within the system as well as how to address gaps. As a part of this initiative there were several on-site trainings offered to staff including Debriefing, working with I/DD youth, Nurtured Heart, and Understanding Complex Trauma.

In this FY 22', there has been ongoing conferencing of youth in high-risk situations remained a focus of the agency especially given gaps being experienced in social services post pandemic. These conferences occur in various forums whether it is in our committees (OOH, Aging out, Exceptional Youth, UIR) or cross system (dual managed consult, Planning for Success, DD/MI Roundtable, Adolescent System Review Meeting)

In the FY 22' PCE continues to advocate for the increase of several important services, including the implementation of the Zero Suicide framework. The foundational belief of Zero Suicide is that death by suicide under the care of behavioral health systems are preventable. PCE is dedicated to improving the safety of our youth and families and the implementation of this framework aligns with the system-wide transformation toward safer suicide care. PCE implemented a workgroup committed to operationalizing the components of Zero suicide in the agency. Since its inception, this workgroup has successfully surveyed staff and determined next steps to better train everyone at PCE in suicide prevention, including QPR and MHFA trainings.

As Covid-19 has created many challenges to service delivery for many organizations, PCE made investments in our technology to effectively deliver services to the youth families we serve through virtual means. It has allowed us to meet with families, other organizations, and internally on a consistent basis to ensure connectivity and engagement.

PCE 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.

To increase access to suicide prevention care in Essex, PCE has begun working with other stakeholders and Rutgers University to gather information regarding the existing capacity of providers with suicide prevention expertise and develop the necessary means to address this service gap following the Zero Suicide Initiative introduced by the state**.**

Risk Management

In FY 22', PCE made significant investments in our technology infrastructure, including new hardware, and upgraded software for all staff. This investment ensures greater functionality and cyber security as staff perform their job duties. In FY 22', PCE added cyber security measures. These measures include an annual Cyber Risk Assessment (Penn test) to help assess vulnerabilities needing to be addressed in our system to ensure enhanced security. An independent contractor completed this.

Performance Analysis 2021-22

Partnership for Children of Essex is committed to continuous quality improvement. The Quality Assurance and Performance Improvement Plan (QAPI) serves as the foundation for that commitment and the ongoing implementation and improvement of service delivery. The QAPI plan is designed to demonstrate how PCE 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 QAPI Plan, 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 and families.

Performance Analysis is a tool by which the organization outlines its 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 PCE 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 FY 2022:

For FY 22', 65% youths participating in the CMO will show an improvement in or remain stable in emotional/behavioral needs (1.N.1.c.1. – Effectiveness of Care Management)

Indicator	*Outcomes*	*Action*
% Youths showing improvement or stability in their emotional/behavioral needs and risk-taking behaviors	84% of youths have shown improvement or stability in their emotional/behavioral needs.	**Achieved**

For FY 22', 65% youths participating in the CMO will show an improvement in or remain stable in risk-taking behaviors. (1.N.1.c.1. – Effectiveness of Care Management)

Indicator	*Outcomes*	*Action*
% Youths showing improvement or stability in their emotional/behavioral needs and risk-taking behaviors	95% of youths have shown improvement or stability in their risk-taking behaviors	**Achieved**

For FY 22', 75% of youths participating in the CMO will show an improvement in or remain stable in their school attendance grades and behavior. (1.N.1.c.1. – Effectiveness of Care Management)

Indicator	*Outcomes*	*Action*
% Youths showing improvement or stability in their school attendance	90% of youths have shown improvement/stability in their school attendance, grades and behavior.	**Achieved**

For FY 22', 75% of youths participating in the CMO will live in the Least-Restrictive setting that is most appropriate to their Clinical need.

Indicator	*Outcomes*	*Action*
% Youths living in the least-restrictive setting	92% of youths enrolled in the CMO live in the Least-Restrictive settings	**Achieved**

For FY 22', 75% of families participating in the CMO will show an improvement in or remain stable in their ability to manage their family plan and maintain and/or increase caregiver strengths.

Indicator	*Outcomes*	*Action*

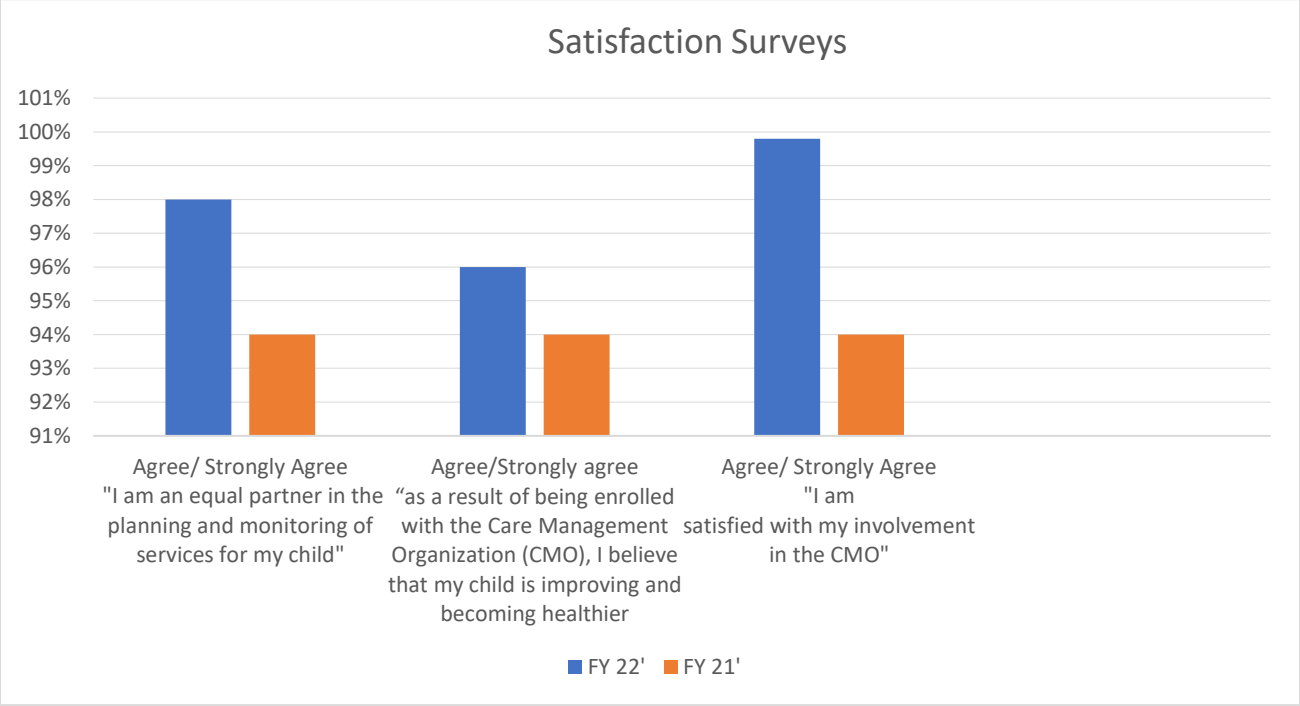
% Youths showing improvement or stability in their academic achievements	97% of families participating in the CMO showed an improvement in or remain stable in their ability to manage their family plan and maintain and/or increase caregiver strengths	**Achieved**

For FY 22', 75% youths participating in the CMO will have reduced length of stay in Detention post disposition.

Indicator	***Outcomes***	***Action***
% Youths showing improvement or stability in their emotional/behavioral needs and risk-taking behaviors	95% youths participating in the CMO have reduced length of stay in Detention post disposition	**Achieved**

Youth & Family Satisfaction

The Quality Assurance Department measures satisfaction once a year. Since Covid-19 pandemic, the Quality Assurance department has utilized email (online survey) to avoid survey fatigue and interruption during the school and workday. The data presented below is also utilized to support organizational advocacy and the continuous process of performance improvement.



Summary

Through feedback collected from families and other stakeholders in the community, the responses clearly demonstrate that PCE is considered a valuable organization in the Children System of Care and in Essex County. The organization is immensely 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 it provides while creating a work environment that gives its staff the greatest opportunities to enhance their skills and grow as professionals.

PCE is committed to being a leader in behavioral health by providing quality services and advocating for and creating opportunities for additional resources, while empowering youth and families in reaching their desired goals and restoring their hope and purpose.