

# 2018 Performance Report

**MonmouthCares**

March 2019

# MonmouthCares Mission

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To facilitate Positive change so that children with emotional and behavioral challenges, along with their families, have the greatest opportunities to live, thrive and develop in their communities. Our children may also have intellectual, developmental, substance abuse and/ or physical health challenges.

Our Mantra -

*Keeping Kids At Home, In School, and Out of Trouble*

# Program Description

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- ▶ MonmouthCares is a private, not for profit organization in Monmouth county that provides Care Management services to children, youth and young adults, ages 5-21 with moderate to high behavioral health needs.
- ▶ Our youth may also have intellectual / developmental disabilities, substance use challenges, and physical health needs.
- ▶ Our youth and their families have involvement in other systems, such as juvenile justice, special education, and child welfare.
- ▶ MonmouthCares has a contract with NJ to provide care management and community resource development.
- ▶ Services are funded through Medicaid and NJ's Children's System of Care. There are no fees to youth and their families for Care Management or Health and Wellness Services.
- ▶ Referrals to MonmouthCares are made through the Contracted system Administrator (CSA) after biopsychosocial and needs assessments are completed.
- ▶ Our services are provided in the family's location of choice, most often in their home. We also meet with families in schools, probation offices and other community locations.

# Our Youth (March 5, 2019)

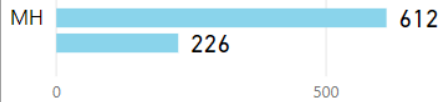
Census, 3/5/2019

838

57

CMtotal

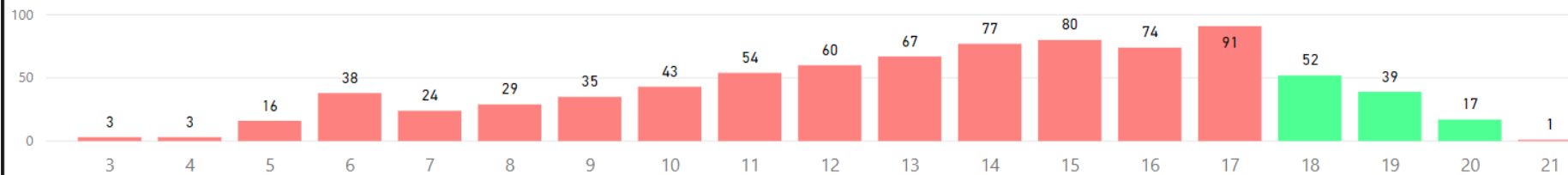
MH & DD Youth



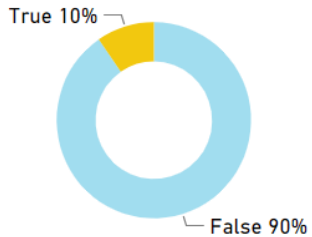
Length of Enrollment (Months)

13.81

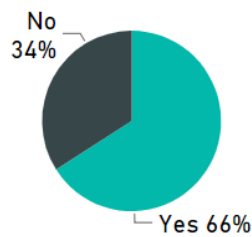
Count of ID by Age - Current



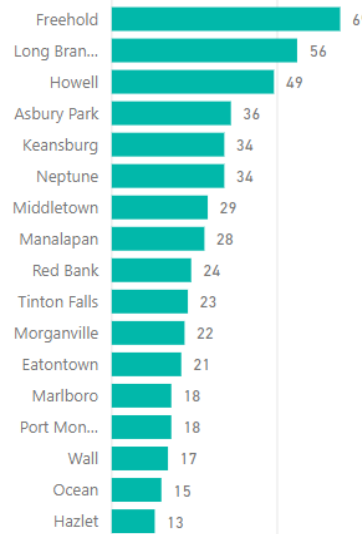
Youth Out of Home



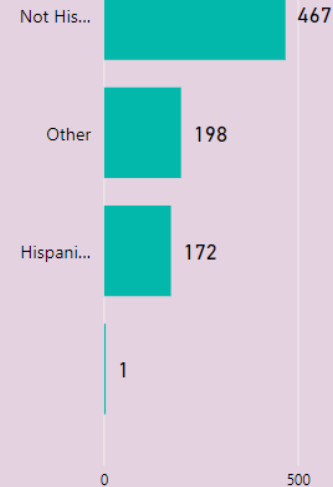
Low income



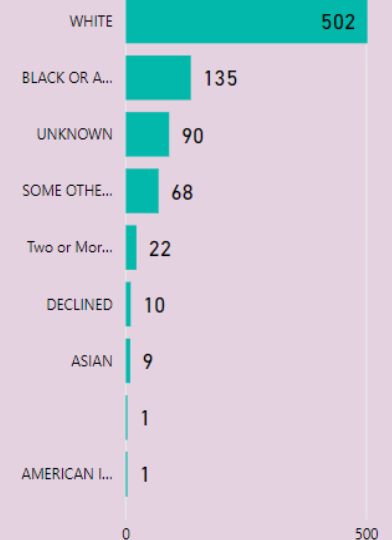
Count of cybID by City



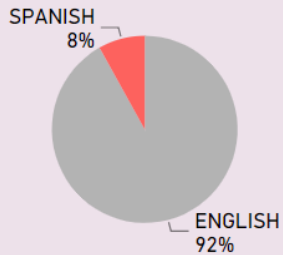
Ethnicity



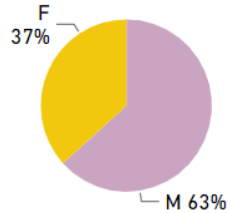
Race



Primary Language

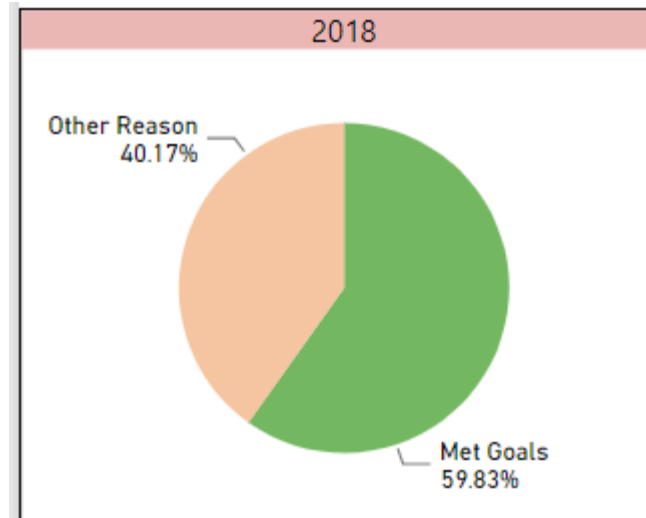
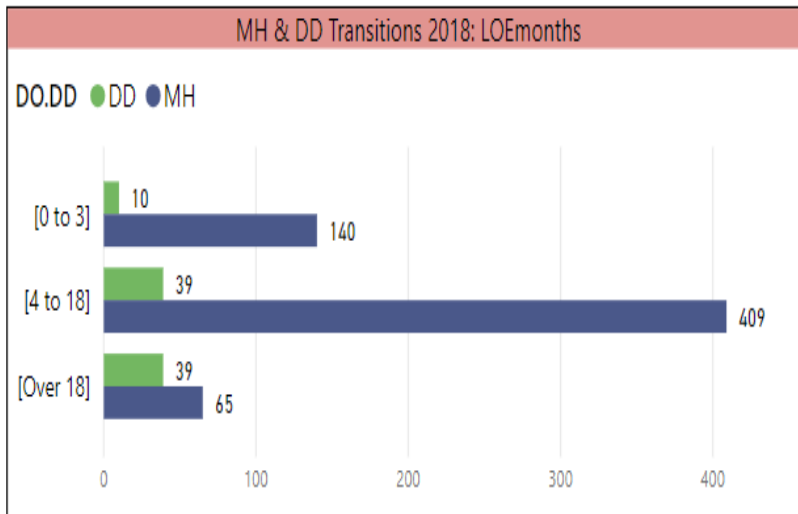


Gender



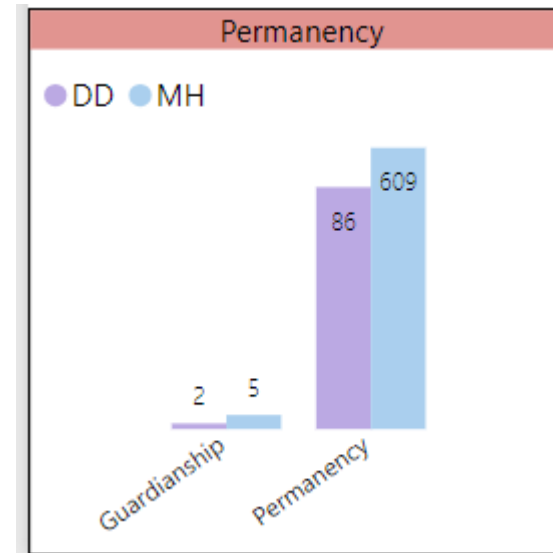
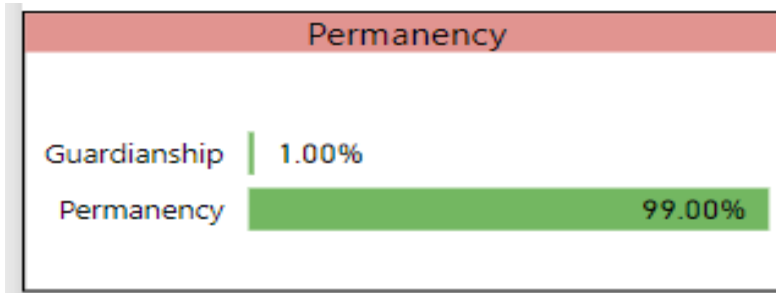
# Transitioned families functional at time of transition

- "Functional" is defined as: a) in school or work, and b) able to manage needs (behavioral & physical health, learning & development, substance use) as part of PerformCare discharge criterion of "**Met Goals**"
- In 2018, 60% of the total 702 enrolled youth transitioned with "Met Goals" (i.e. functional)
- Two-thirds (409 out of 614) of our Mental Health youth transitioned after 4-18 months.
- "Other Reasons" of transition without meeting goals included: transfer to other CMO, declining services, lost contact, child missing...etc.



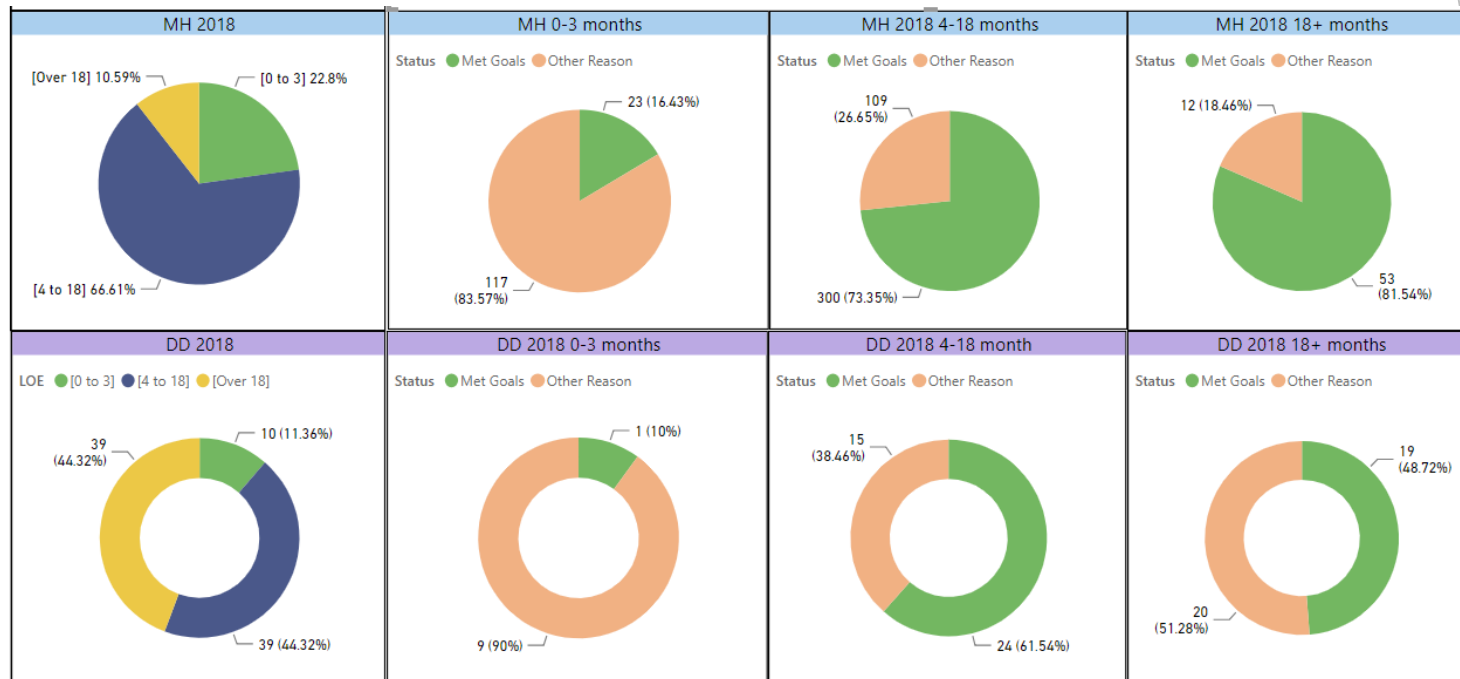
# Transitioned children with Permanency

- Of the total 702 youth enrolled in 2018, overall permanency at time of transition was 99%.
- “Permanency” is defined as no guardianship by Division of Child Protection & Permanency (DCP&P)



# Families with Unusual Length of Enrollment

- Empirical data indicate that enrollment beyond 18 months begins to generate diminishing returns.
- The goal is to maximize care management outcomes within the optimal length of stay between 4 and 18 months.
- In 2018, 2/3 of the Mental Health youth transitioned within this optimal timeframe.
- Of those transitioned within 4-18 months, over 70% met goals.
- The DD youth, given the nature of their challenges, require longer stay with the System of Care.

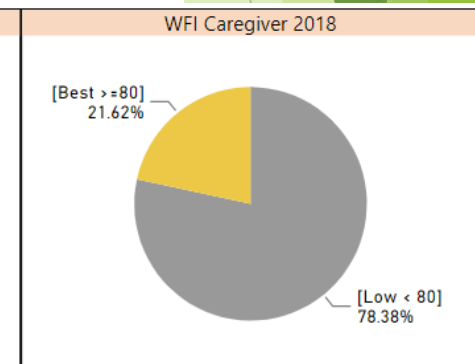
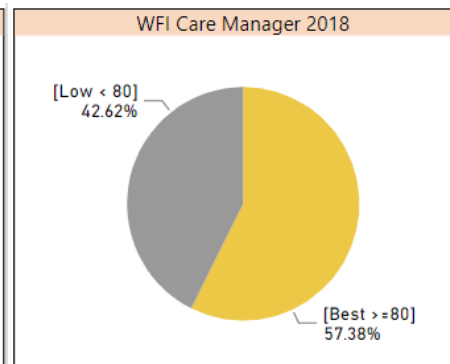
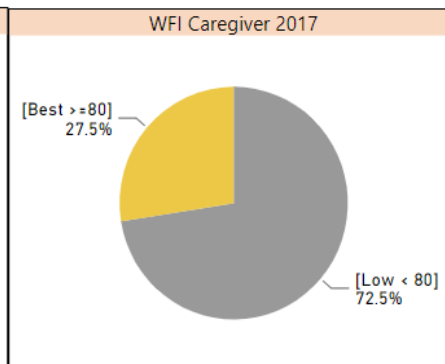
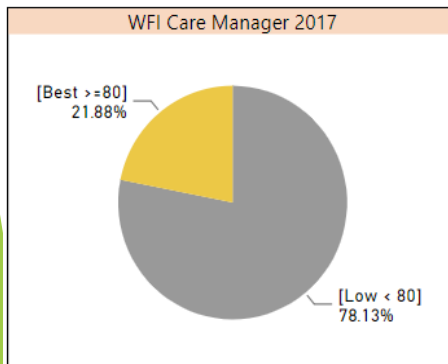


# Wraparound Fidelity Index

- Wraparound Fidelity Index (WFI) - a standardized measure on the degrees of truthfulness to the practice model.
- Scores are obtained via interviews.
- Data below indicate that the score disparity grew from 2017 to 2018. However, a deeper analysis suggests that this could be attributable to: 1) larger sample size and variations in 2018, and 2) Supervisor presence at the time of interview.
- Improvement goal is to close the score disparity between the Care Manager and Caregiver.
- Further analysis is still underway and the data collection method may be revised in 2019 to avoid possible confounding effects.

WFI 2017				
WA Form	Count/CID	Min of Fidelity	Max of Fidelity	Median of Fidelity
.Facilitator	64	42	93	72
Caregiver	39	49	93	73
<b>Total</b>	<b>103</b>	<b>42</b>	<b>93</b>	<b>73</b>

WFI 2018				
WA Form	Count/CID	Min of Fidelity	Max of Fidelity	Median of Fidelity
.Facilitator	122	57	100	82
Caregiver	74	38	89	71
<b>Total</b>	<b>196</b>	<b>38</b>	<b>100</b>	<b>78</b>



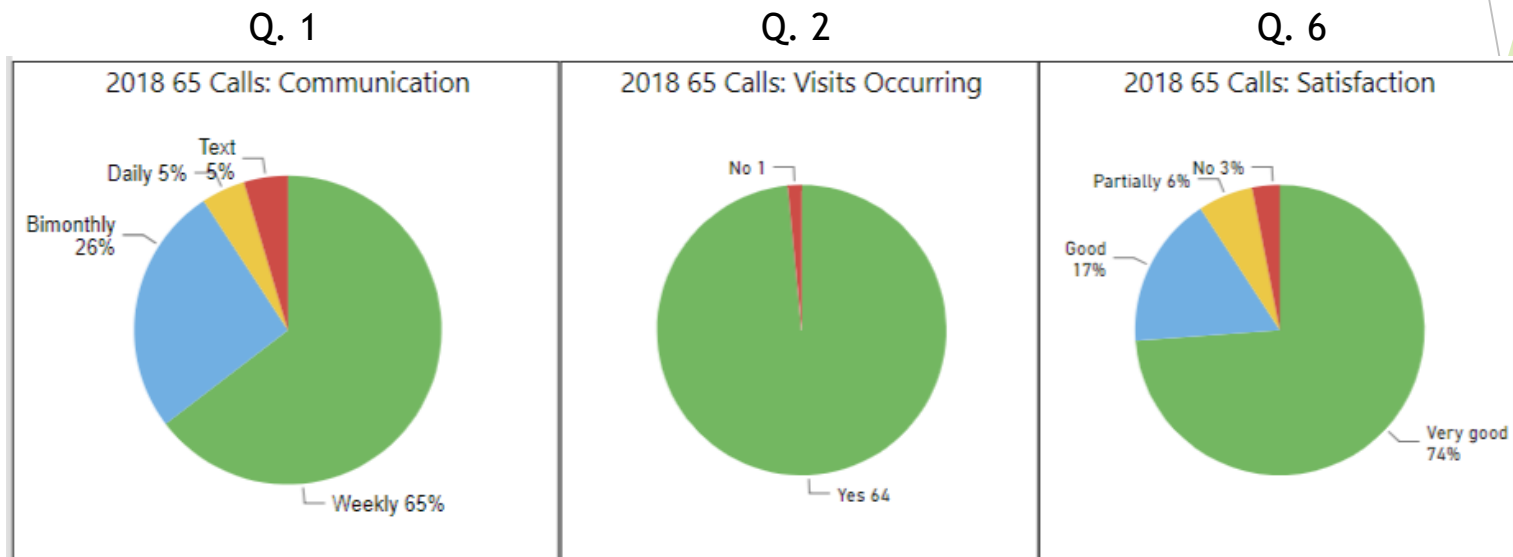


# Quality Calls

65 Quality Calls were made in 2018 to families to obtain feedback about their experience with MonmouthCares:

1. How often do you communicate with your Care Manager? How do you generally talk to
2. Are visits with your Care Manager happening at least once a month?
3. Do you receive a copy of your ISP?
4. Is your family on the MonmouthCares Health and Wellness Team? How is that working for you?
5. Do you feel that the decisions of your Child and Family team are based on your input?
6. Are you satisfied with the assistance that you are receiving from your Care Manager and MonmouthCares? Why or Why not?

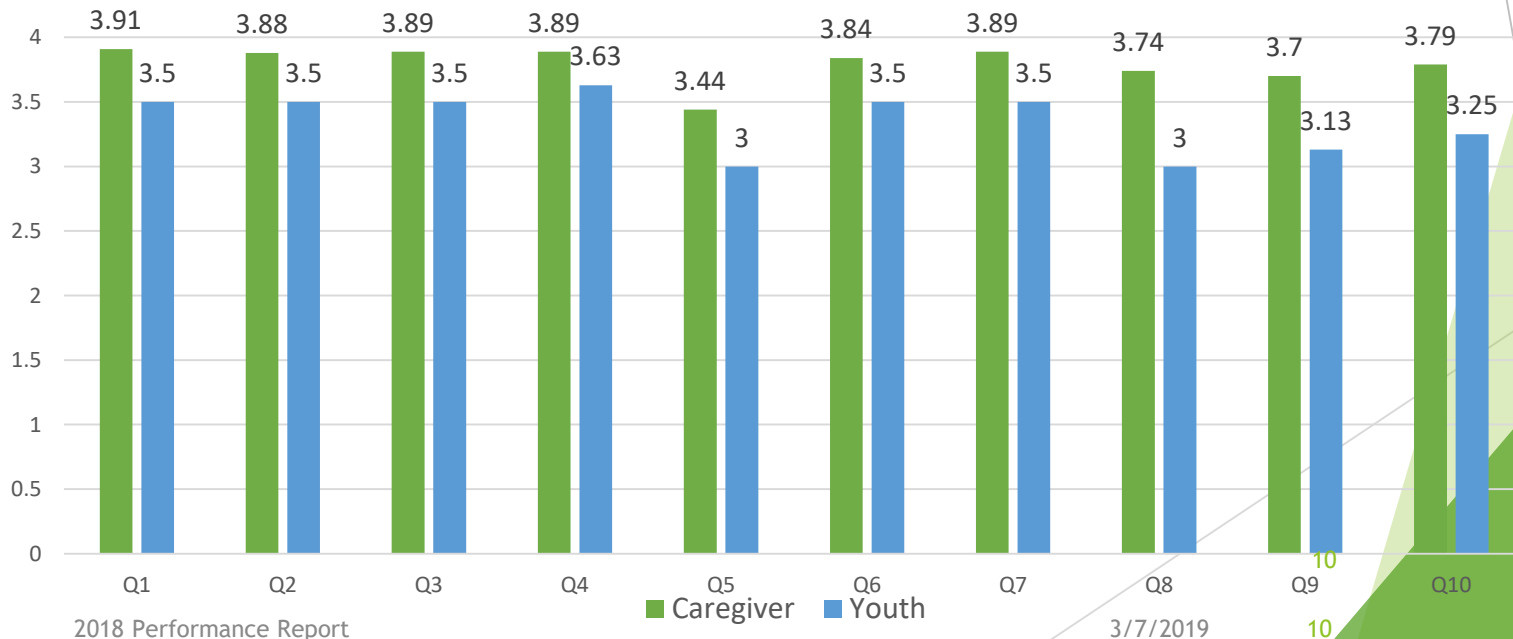
Summary results for Q,1, Q. 2 and Q 6 are displayed below:



# Family Satisfaction

- 276 post-card surveys were mailed to a random sampling of 30% of our enrolled youth and families.
- 62 completed surveys received = 22.46% response rate
- Scale: 4 - Agree, 3 - Somewhat Agree, 2 - Somewhat Disagree, 1 - Disagree
- Caregivers consistently showed higher satisfaction than youth.

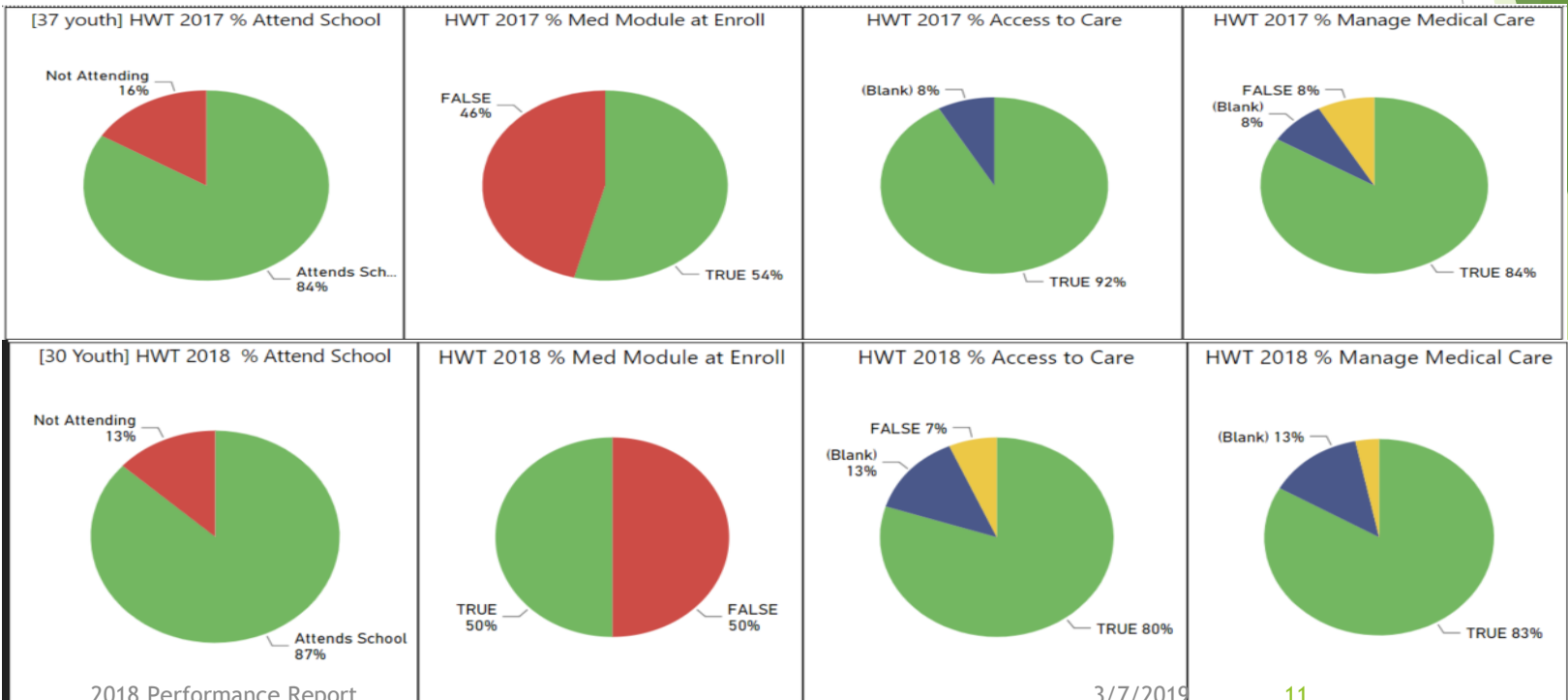
1. Meetings scheduled are convenient for me.	2. Phone calls are responded to in a timely manner.
3. My voice and voice is respected and listened to.	4. My family's cultural/ethnic background is respected.
5. I can better manage the plan of care for my child/myself.	6. My questions and concerns are responded to appropriately
7. My family's value and preferences are included in all planning.	8. My family's well-being has improved since I joined MonmouthCares.
9. I have been linked to resources and support that will help me continue my plan of care and achieve of our vision.	10. Overall, I am satisfied with MonmouthCares.



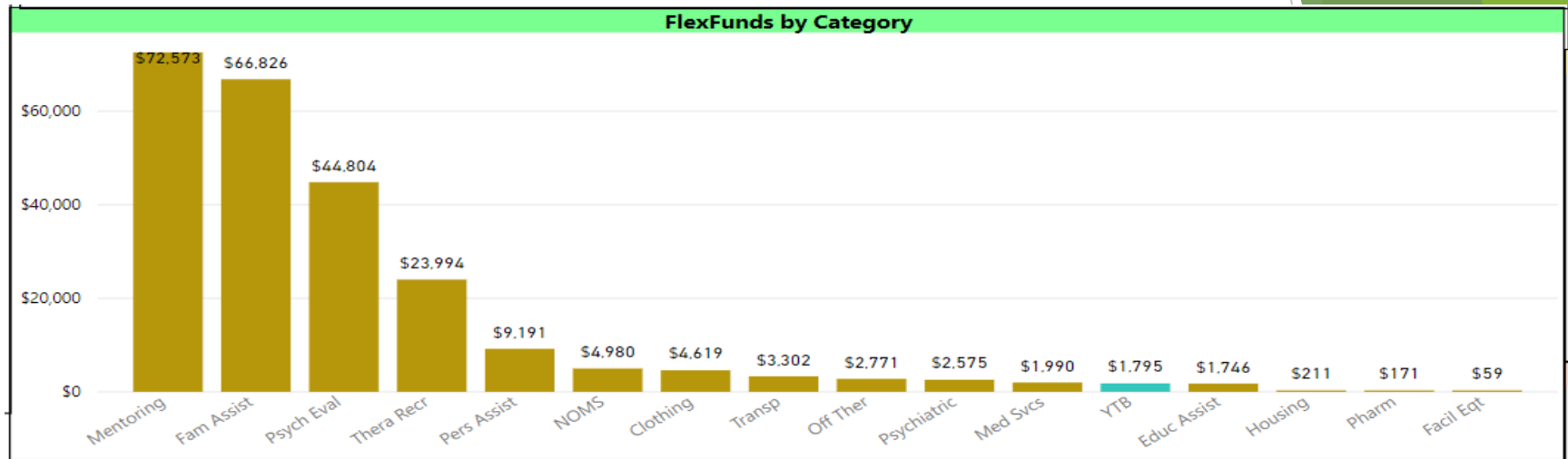
# Youth Enrolled with Health & Wellness

The goal of the Health and Wellness Team is to ensure that enrolled children can 1) manage their health/medical needs, and 2) access to health care

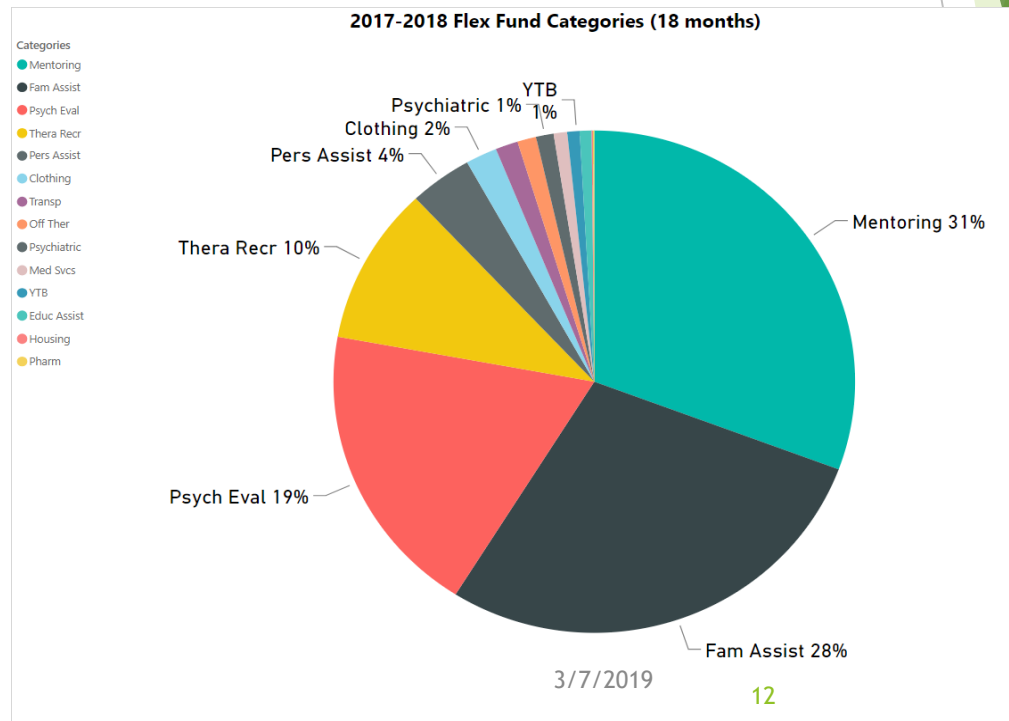
Key Performance Indicators (KPI)	Operational Definition	2017 Baseline	2018 Results
% of HWT children who attend school	Per school's attendance record	87%	87%
% of HWT youth with completed medical modules at enrollment	Medical module in Youth's SNA in Cyber	54%	50%
% of HWT families indicating at time of transition that they have access to health care	Assessment rating in SNA for transitioned youth	92%	80%
% of HWT families at time of transition indicating that they can manage medical care	Assessment rating in SNA for transitioned youth	84%	83%



# Flex Funds Utilization 7/1/17 - 12/31/18



**Flex funds: \$241,606 from 7/1/2017 to 12/31/2018**



# 2018 Accessibility Programs/Activities

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- ▶ Success of our mission depends on community members' abilities to access our services through Children's System of Care.
- ▶ Programs and outreach activities are on-going throughout the year to increase our accessibility to the community as well as our families' abilities to access community resources.
- ▶ Sample of 2018 activities:
  - ❖ The Special Registry of the Sheriff's department for people with special needs
  - ❖ Youth Time Banking
  - ❖ Talent show
  - ❖ Participated in the Community Rotation of pediatric residency at Jersey Shore University Medical Center
  - ❖ School resource fairs
  - ❖ Non-medical transportation available to our youth paid by Medicaid

# 2018 New Initiatives

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The following initiatives were launched in 2018:

▶ Corporate Compliance:

- We met the \$5M revenue threshold in 2017, which made corporate compliance policy and training mandatory for all staff.
- All staff were required to take Corporate Compliance training in 2018 (Relias)

▶ Cultural Competence:

- Cultural Competence and Diversity policy was enhanced in the Employee Handbook.
- Cross-level/cross functional Cultural Competence & Diversity Committee was formed.