



Annual Report FY 2017

Engage.....Educate.....Empower

Capitol County Children's Collaborative

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A photograph of a young child in a yellow shirt, being held up by two large hands. The background is a bright, sunlit beach with sand and water. The text is overlaid on the image.

CCCC Mission and Values

“The mission of CCCC is to empower children and families through the provision of comprehensive and individualized care that promotes the maintenance of healthy and independent family functioning. This mission is supported by the belief that children and their families are remarkably resilient and are more than capable of positive growth and development when provided with effective community centered service and support.”

WE ARE
ACCREDITED

2017 Annual Report: A Year in Review

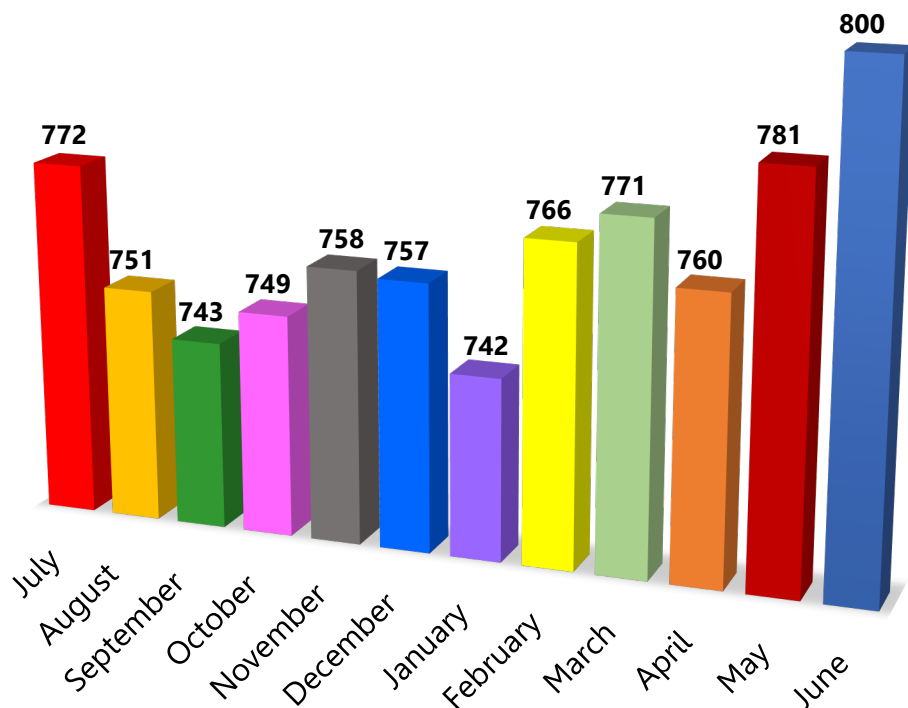


As per the United States Census Review for Mercer County, New Jersey, population estimates for 2016 are 371,023 with 130,546 households residing in our county. The population density in 2016 was 1,632.2 per square mile. Age demographics for 2016 are: persons under 5 years 5.7% and persons under 18 years 21.5%. Ethnicity break down consists of Caucasian 64.3%, African American 21.5%, American Indian and Alaska Native 0.6%, Asian 11.1%, Native Hawaiian and Other/ Pacific Islander 0.2%, and Hispanic or Latino 17.1. Income census results for 2010-2014 are median household income \$72,804 and the percent for people in poverty 11.2%.

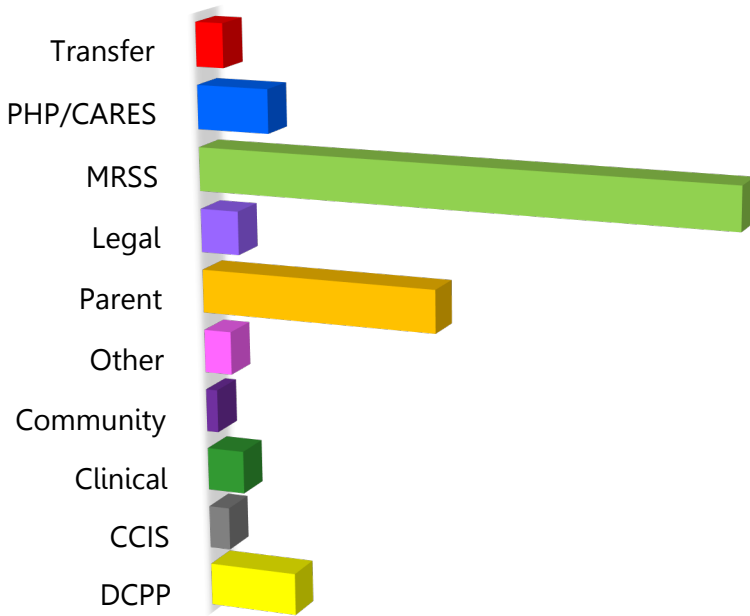
Capitol County Children's Collaborative (CCCC) has seen a steady upward momentum of the youths assigned over the past year; we closed FY'17 out having provided services to 1288 unduplicated youths. 23% are siblings; 15% has some type of legal involvement; 8% are involved with BHH; 13% are Spanish speaking; 19% are in an Out of Home treatment setting; 10% has DCPD involvement; and 10% are DD. Below are additional demographics on our population.

Capitol County
Children's
Collaborative
received
accreditation in
the Fall of
2016.....the first
CMO to do so in
New Jersey.

Total Youth Per Month



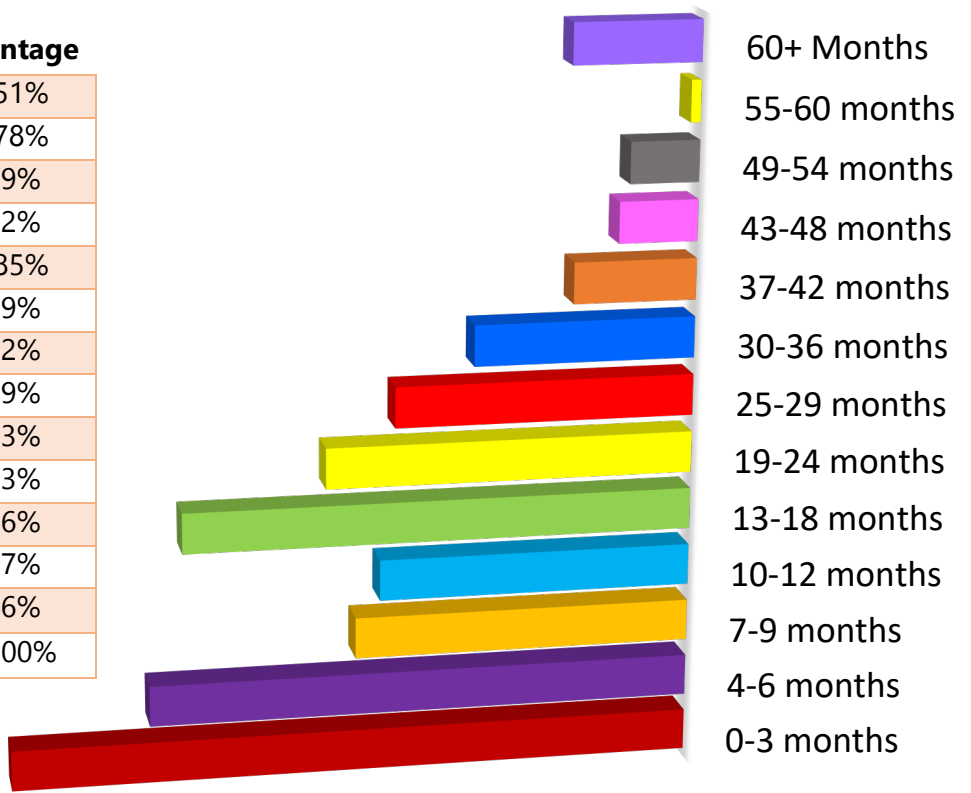
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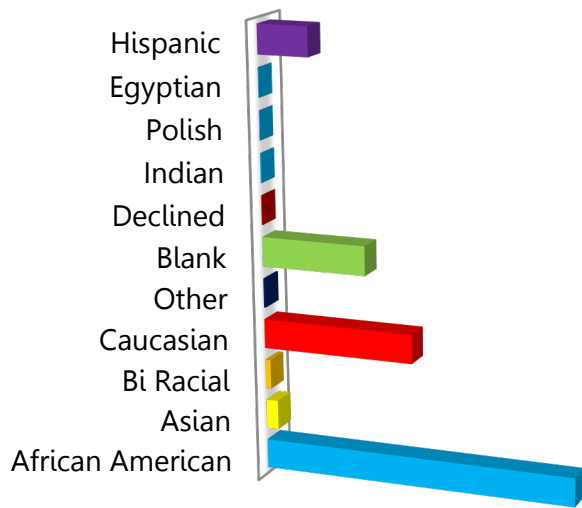
<i>Referrals</i>	Totals	Percentage
<i>DCPD</i>	107	8.21%
<i>CCIS</i>	25	1.92%
<i>Clinical</i>	45	3.45%
<i>Community</i>	14	1.07%
<i>Other</i>	33	2.53%
<i>Parent</i>	284	21.80%
<i>Legal</i>	46	3.53%
<i>MRSS</i>	630	48.35%
<i>PHP/CARES</i>	86	6.60%
<i>Transfer</i>	33	2.53%
Grand Total	1303	100.00%

Mobile Response continues to be our largest referral source. Needs assessments by parents have grown over the years as our families have become more aware of the CMO.

<i>Length of Enrollment</i>	Totals	Percentage
<i>0-3 months</i>	139	18.51%
<i>4-6 months</i>	111	14.78%
<i>7-9 months</i>	69	9.19%
<i>10-12 months</i>	64	8.52%
<i>13-18 months</i>	104	13.85%
<i>19-24 months</i>	75	9.99%
<i>25-29 months</i>	61	8.12%
<i>30-36 months</i>	45	5.99%
<i>37-42 months</i>	25	3.33%
<i>43-48 months</i>	16	2.13%
<i>49-54 months</i>	14	1.86%
<i>55-60 months</i>	2	0.27%
<i>60+ Months</i>	26	3.46%
Grand Total	751	100.00%

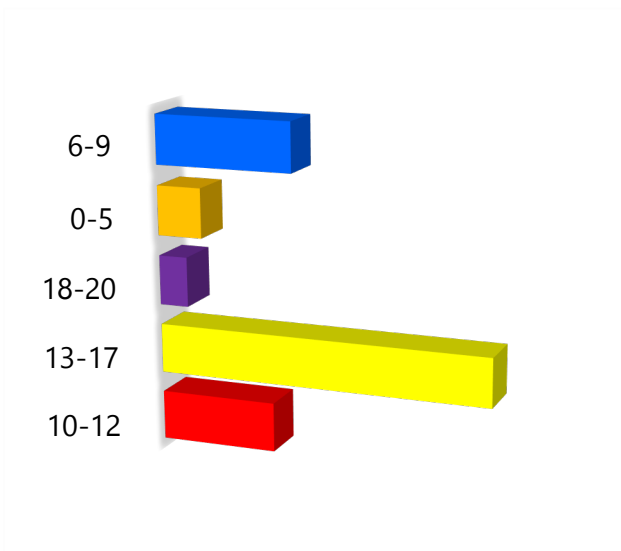
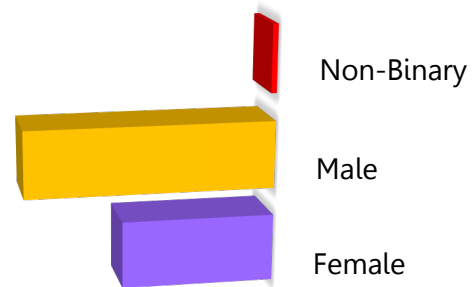


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<i>Race</i>	Totals	Percentage
African American	644	48.68%
Asian	25	1.89%
Bi Racial	11	0.83%
Caucasian	312	23.58%
Other	4	0.30%
Blank	216	16.33%
Declined	2	0.15%
Indian	2	0.15%
Polish	1	0.08%
Egyptian	1	0.08%
Hispanic	105	7.94%
Grand Total	1323	100.00%

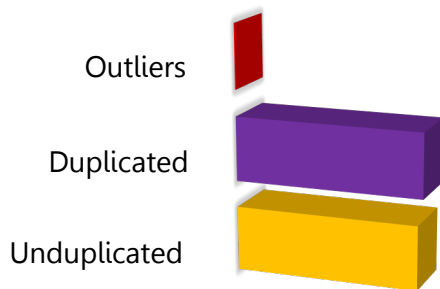
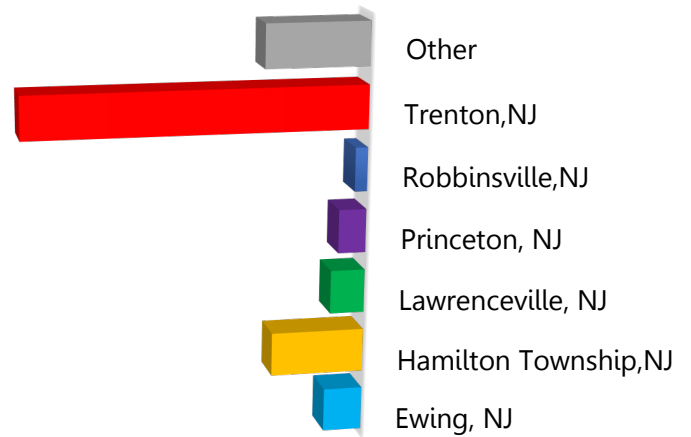
Gender	Totals	Percentage
Female	496	37.49%
Male	809	61.15%
Non-Binary	18	1.36%
Total	1323	100%



Age	Totals	Percentage
10-12	226	17.63%
13-17	646	50.39%
18-20	56	4.37%
0-5	87	6.79%
6-9	267	20.83%
Total	1282	100%

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Distribution of Youth	Total	Percentage
Ewing, NJ	79	5.97%
Hamilton Township, NJ	190	14.36%
Lawrenceville, NJ	70	5.29%
Princeton, NJ	56	4.16%
Robbinsville, NJ	25	1.89%
Trenton, NJ	692	52.31%
Other	211	16.09%
Total	1323	100%

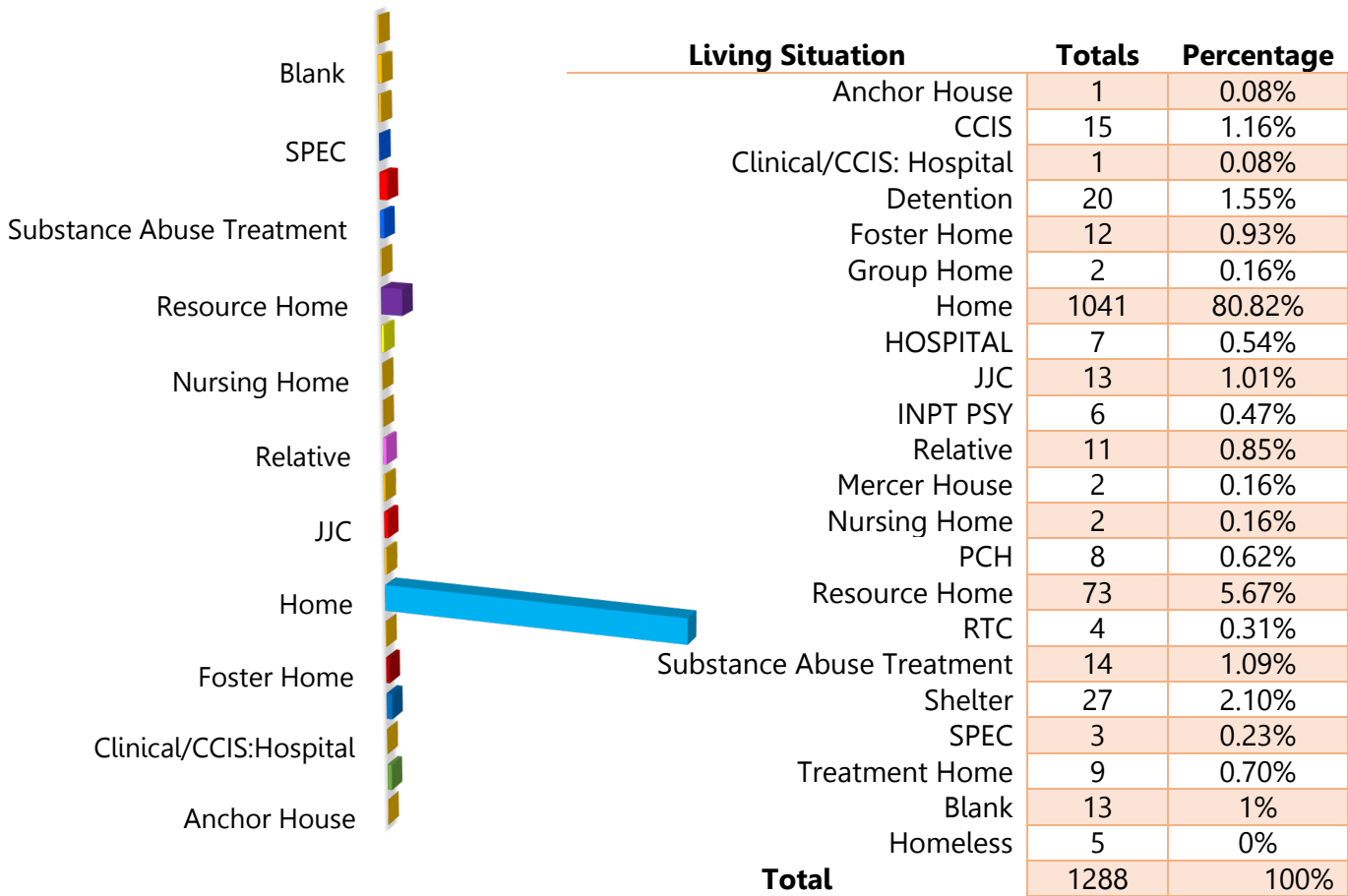


Total Youth	Totals
Unduplicated	1288
Duplicated	1323*
Outliers	6**

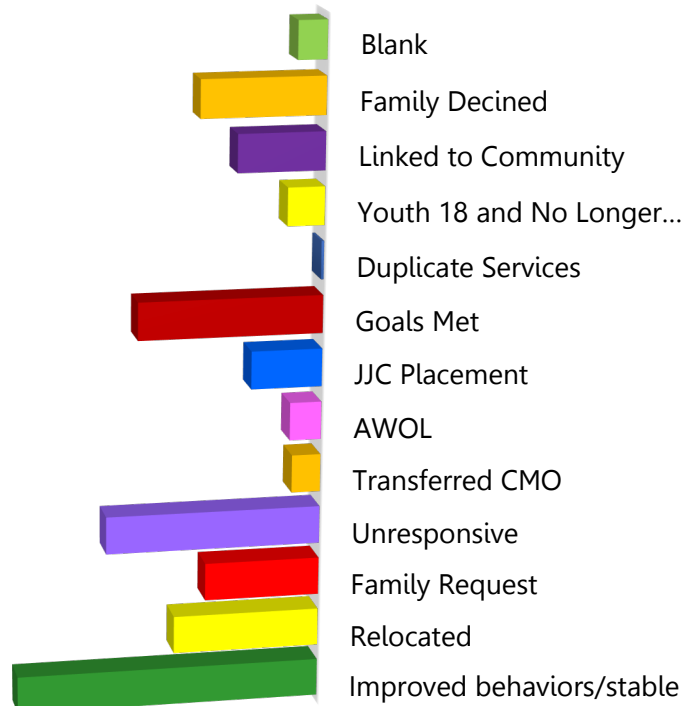
*Total # of youths served including re-enrollments

** Enrolled & transitioned with in the same month

2017 Annual Report: A Year in Review



Transition Reasons	Totals	Percentage
Improved behaviors/stable	116	22.14%
Relocated	56	10.69%
Family Request	44	8.40%
Unresponsive	82	15.65%
Transferred CMO	11	2.10%
AWOL	12	2.29%
JJC Placement	27	5.15%
Goals Met	70	13.36%
Duplicate Services	1	0.19%
Youth 18 and No Longer Interested	14	2.67%
Linked to Community	33	6.30%
Family Declined	47	9%
Blank (No info provided)	11	0.02099237%
Total	524	100%



** 41.8% positive transitions

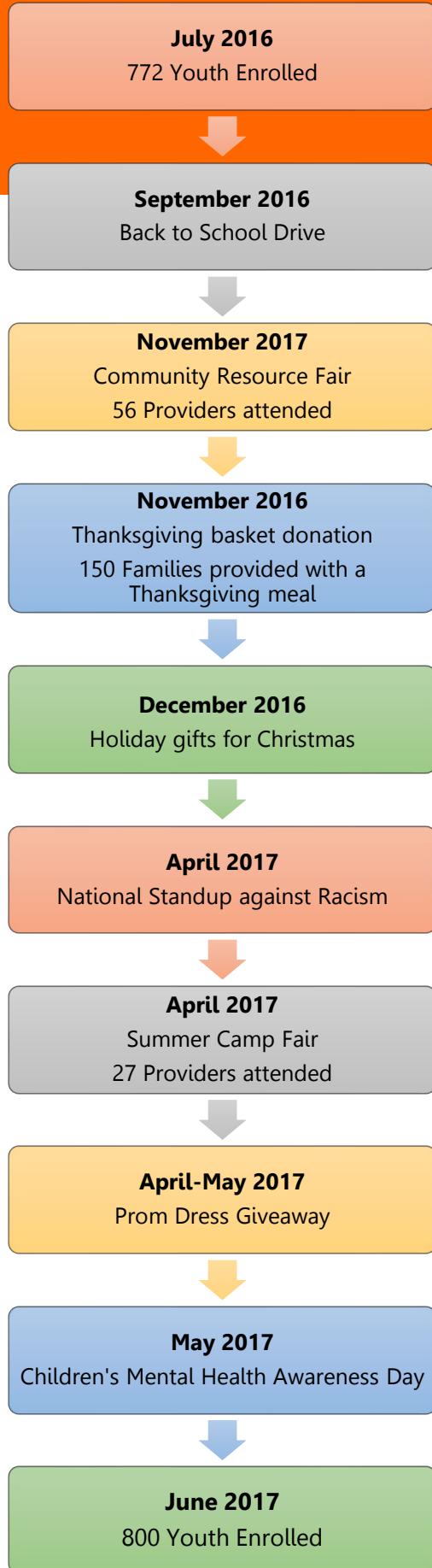
A Year in Review: A Timeline of Highlights

Throughout the year, Capitol County Children's Collaborative strives to support the youth and families it serves in a multitude of ways. The following timeline highlights the events and efforts supported and created by CCCC to provide superior service to our community.

These milestones have created a truly remarkable footprint for CCCC in the community. The variety of activities, events, and initiatives ranging from food and toy drives to campaigns have launched an exponential impact in the community

CCCC believes in being truly well rounded when showing how much they care about the community and this timeline reflects that ultimately, it's the ability to inspire a connection between family and community.

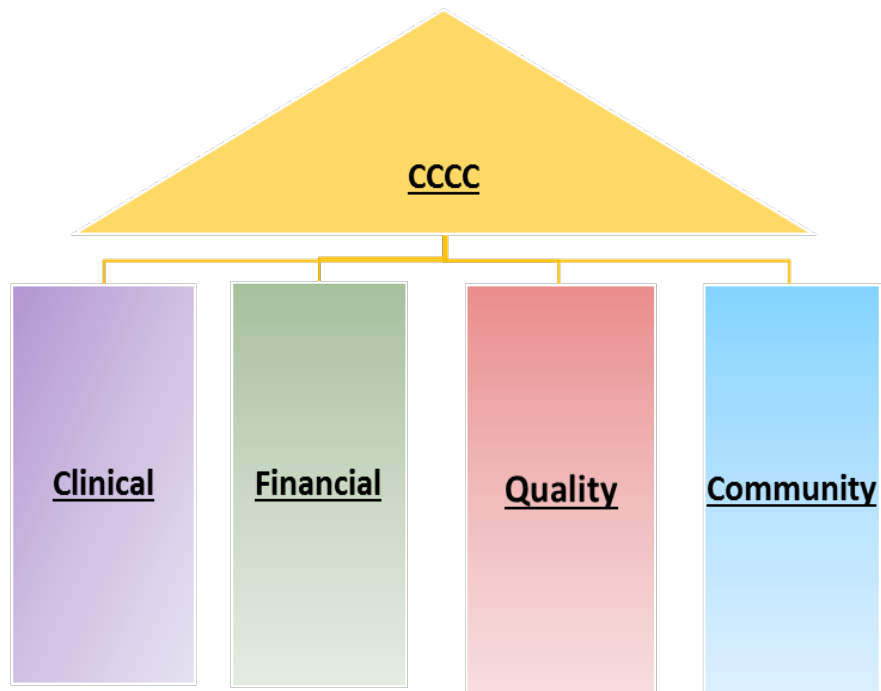
Events like these are the eventual proponents of the paths that change the lives of our youth and community to grow into a healthier, kinder, progressive, prosperous society with a pay-it-forward mindset. To have achieved such an impact in just a year is remarkable, and it only shows a bar that will be raised for next year as we feel it is our duty to the community and each other.



A MESSAGE FROM THE CEO

In a conscious yet aggressive effort, we have taken strategic initiatives to improve the overall business here at CCCC. The key component in this was to target the foundation of our staff's knowledge. We reviewed the current staff training plans and were able to restructure and enhance the overall staff training and development experience, concentrating on emphasizing two areas: efficiency and quality. These two areas play a role of balance to ensure the agency moves forward with equal amounts of quality and quantity from the employees and produces positive results.

- Deb Megaro



In FY'17 we focused on the 4 pillars/departments that make up Capitol County Children's Collaborative: Quality, Fiscal, Clinical, & Community Resource. We looked at how each pillar made a difference in the lives of the youths & families we worked with.

We understand the importance of each pillar and the superb effort and delivery it takes to create a solid foundation. Each pillar is integral to the other and it is imperative that there be keen focus on the accessibility factors for each.

Come, take a look back with us at some of the impact & progress we have made, some of the challenges we've faced, and also see where we would like to be in FY'18.

Fiscal

Accomplishments

With the intent to communicate the importance of a youth having Medicaid coverage as it eliminates them from a majority of services and ultimately limits our involvement with them:

- Educated CCCC regarding Medicaid process which helped to decrease the number of missing authorizations and non-Medicaid youths.
- Decreased receivables from last year: collected more money
- Consistently billing at 95%
- Created more efficient reports to assist with making smarter and quicker decisions.

Challenges

- Nonpayment of claims: improve the process of figuring out why a claim has been denied & expedite the process of collecting what is owed CCCC.
- Along with the Clinical department, develop a proactive approach to address families without Medicaid within the 1st 30 days of enrollment.
- Getting the Fiscal department to understand the value of his/her role individually as well as collectively.

Looking Ahead

- Have all departments on the same page regarding billing requirements and processes, and have information flowing smoothly from one department to the next without issues.
- Improve accounts receivable to an average collection rate of 98%.
- Improve the type of reports distributed; ensure they are meaningful to everyone.

To provide effective, efficient, satisfactory and accessible quality care to Capitol County Children's Collaborative youth and their families/ caregivers. Accessibility factors are employment and technology.

Quality

Accomplishments

For the purpose of (1) easily & efficiently identifying if various deliverables are being, (2) identifying which service providers are being "over used" or hardly being used, (3) determining the length of time a service provider has been in place working with a family, and (4) paying attention to our demographics: areas of growth so that we can proactively plan to meet the growing need(s) identified:

- Introduced a more efficient database which is visually appealing & easier to understand.
- Moved to a paperless DDRS: streamline Care Manager's(CM) workload.
- Utilization of staff input/involvement via surveys, committees, suggestion box, to assist with various decisions that affects them.
- More education of staff re: QI processes.
- Utilizing cloud-based technology to save & share info ensuring efficiency, accessibility, & improved security.

Challenges

- To improve staff "buy-in": resistant to changes/new ideas. To have them realize that all "processes" created through Quality Improvement (QI) department, is done with the intention to make their work easier/more efficient hence us soliciting their input.
- Staff knowing/being aware of how their work affects others: being mindful of the "big picture".
- Striving to have consistency/uniformity across teams.

Looking Ahead

- Going Mobile: converting the Initial packet to an electronic version with signature capability. Migrating the Designated Record Set (DRS) from internal network to a cloud-based network allowing off-site accessibility. Developing eligibility criteria, policies, & processes to address off-site work.
- Addressing the disconnect between management and staff: work on improving the "culture" & improving communication on all levels.
- Implementation of a fidelity measurement system to support program improvement and assess the quality of the service we provide ensuring adherence to the Wraparound model.

To deliver optimum clinical services to Capitol County Children's Collaborative youth and families/ caregivers. Accessibility factors include: environment and attitudes.

Clinical

Accomplishments

- Reviewed all Clinical policies & procedures for best practice & consistency.
- Expanded support for Care Managers through addition of another CM assistant.
- Extended management support and coverage through addition of a Senior program management position which allows for more direct supervisory support for Care Managers supervisors.
- Implementation of a process to regularly check-in with new staff throughout their 1st year of employment. This enables more support, identify potential struggles, and reinforce their identity as an important part of our agency.

Challenges

- Maintaining appropriate ratio of staff to youth to effectively manage the growing caseload.
- Obtaining & retaining Spanish speaking care managers to meet the growing need of our Spanish speaking population. We currently have 169 Spanish speaking youth with only 6 Spanish speaking CMs: a ratio of 1:28

Looking Ahead

- Expansion of a ninth(9th) team to expand capacity to serve youth/families at a lower CM: youth ratio.
- Implementation of the TOMs to evaluate commitment and dedication to wraparound model at CFTs.
- Create a recurring curriculum of in-house training to support CMs areas such as ISP development, trauma informed care, and interacting with clinical professionals.
- Improve responsiveness to youth identified with high risk needs, such as substance use and suicidal ideation. Bringing these youths to the attention of Supervisors & Sr. Management in a more intentional way to ensure services are being implemented to address those high risk behaviors.

To support each child's ability to live in the community of his or her choice. Architecture, communication, transportation and community integration are accessibility factors.

Community Resource

Accomplishments

- Streamline the invoice process which makes it more efficient in ensuring accounts are payable in a timely manner & anything outstanding is easily identified.
- Developed professional relationships with providers that offer specialized treatment.

Challenges

- Obtaining Memorandum of Understanding (MOU)s with "specialized" providers who can address the increased challenging population CCCC is tasked to work with.
- Create an effective way to track services, in terms of end dates.
- Implementing the new translation services funded through Medicaid

Looking Ahead

- Create a network of potential providers and community groups.
- Strengthen community relationships by enhancing our presence throughout the community.

2016 Financial Statements

Statement of Activities & Changes in Net Assets For the year ended June 30, 2016

<i>Support & Revenue</i>	<i>Unrestricted</i>	<i>Restricted</i>	<i>Total</i>
<i>Grant, net of refundable amounts</i>	\$609,804	\$276,344	\$866,148
<i>Medicaid reimbursement</i>	\$4,976,020	-	\$4,976,020
<i>Investment income on grant proceeds</i>	\$149,250	-	\$149,250
<i>Investment income-refundable to grantor</i>	\$2,664	-	\$2,644
<i>Miscellaneous income</i>	\$2,450	-	\$2,450
<i>Net assets released from restrictions</i>	\$112,715	(\$112,715)	-
<i>Total Support & Revenue</i>	\$5,852,903	\$163,629	\$6,016,532

2016

Expenses	<i>Unrestricted</i>	<i>Temporarily Restricted</i>	<i>Total</i>
<i>Program Services</i>	\$5,096,885	-	\$5,096,885
<i>Management and General</i>	\$781,743	-	\$781,743
Total Expenses	\$5,878,628	-	\$5,878,628

2016

Net Assets	<i>Unrestricted</i>	<i>Temporarily Restricted</i>	<i>Total</i>
<i>Change in Net Assets</i>	(\$25,725)	\$163,629	\$137,904
<i>Net assets, beginning of year</i>	\$1,250	\$237,760	\$239,010
Net assets, end of year	(\$24,475)	\$401,389	\$376,914

2016 Financial Statements

Statement of Financial Position June 30, 2016

<i>Assets</i>	<i>2016</i>
<i>Cash and cash equivalents</i>	\$1,804,364
<i>Accounts receivable, net of allowance for uncollectable accounts</i>	\$750,870
<i>Prepaid Expenses</i>	\$132,003
<i>Other Assets</i>	\$16,996
<i>Equipment held under state agreement</i>	\$401,389
<i>Total Assets</i>	\$3,105,622

<i>Liabilities and Net Assets</i>	<i>2016</i>
<i>Liabilities</i>	
<i>Accounts payable</i>	\$90,590
<i>Accrued Expenses</i>	\$234,709
<i>Deferred Revenue</i>	\$2,403,409
<i>Refundable advances</i>	-
<i>Total Liabilities</i>	\$2,728,708
<i>Net Assets</i>	
<i>Unrestricted</i>	(\$24,475)
<i>Temporarily Restricted</i>	\$401,389
<i>Total Net Assets</i>	\$376,914
<i>Total Liabilities and Net Assets</i>	\$3,105,622

Success Story

CCCC maintains a high level (95%) of family satisfaction: 80% of our youth/families participated in March 2017 survey.

Taj enrolled in the CMO in October of 2014 as a mandate of judicial requirements. His referring behaviors included aggression, delinquency and truancy. At enrollment, the family was experiencing a great deal of stress due to Taj's behaviors as well as residential instability. Upon our involvement, we worked collaboratively with DCP, probation and the family in an effort to provide supportive services to both the youth and the family. Taj was not interested in working with us and so presented some challenges in maintaining consistency with CMO. He was ultimately violated by probation.

Taj became a teenage father in 2015 and recognized the need to commit to change. At that time, he had missed nearly two years of schooling and was also on the brink of incurring additional legal charges. It was at this time that Taj agreed to comply with the recommendation to participate in out of home treatment (OOH). He transitioned to a SPEC level of care and actively engaged in treatment almost immediately. Although Taj experienced some setbacks and disappointments as a result of lack of family involvement in his treatment, he persevered and successfully completed the program within a year.

The treatment staff spoke highly of Taj's achievements and noted him as one of the most influential and memorable youth to engage in the program. During the program's annual Halloween parade, Taj created his own costume by attaching various coins on his sweatshirt, signifying him being a "Changed Man".

Taj was only required to complete one OOH treatment program. However, inspired by the treatment he received as well as his success, he opted to transition to a lower level of care (Group Home) and is doing remarkably well.

Taj has also had the opportunity to reconnect with his biological father and plans to transition to his care upon completion of the current program.

Contact Information

To date, Capitol County Children's Collaborative has provided care management services to 5211 unduplicated youths. We take pride in continuing to build on 14 years of experience every day.

To our families, employees, Board members and system partners, thanks for helping to make this past year possible. Thanks for the work, the support, the collaboration, and the expertise you bring to Capitol County Children's Collaborative.

To access Care Management service(s), please visit www.performcarenj.org or call 1-877-736-9176