Keeping Families Strong  Keeping Children Safe and Well

New Jersey Department of Children and Families
Commissioner

Division of Children’s System of Care (formerly DCBS/SYS)
Division of Child Protection & Permanency (formerly DYFS)
Division of Family & Community Partnerships (formerly DPCP)
Division on Women
Office of Adolescent Services

Children’s System of Care History

1999: NJ wins a federal System of Care grant that allowed us to begin developing a System of Care.

2001: The Department of Children and Families became the first cabinet-level department exclusively dedicated to children and families [P.L. 2001, Chapter 28].

2006: The Department of Children and Families becomes the first cabinet level department exclusively dedicated to children and families [P.L. 2006, Chapter 47].

2007-2012: The number of youth in out of state behavioral health care goes from 300+ to three*.

Children’s System of Care Values and Principles

- Child Centered & Family Driven
- Community Based
- Culturally Competent

Children’s System of Care Objectives

To help youth succeed...

At Home Successfully living with their families and reducing the need for out-of-home treatment settings.

In School Successfully attending the least restrictive and most appropriate school setting close to home.

In the Community Successfully participating in the community and becoming independent, productive, and law-abiding citizens.

Key System Components

Contracted System Administrator
- PerformCare is the single portal for access to care available 24/7/365

Care Management Organization
- Utilizes a wraparound model to serve youth and families with complex needs

Mobile Response & Stabilization Services
- Crisis response and planning available 24/7/365

Family Support Organization
- Family-led support and advocacy for parents/caregivers and youth
Key System Components

- Intensive In-Community: Flexible, multi-purpose, in-home/community clinical support for parents/caregivers and youth with behavioral and emotional disturbances.
- Out of Home: Full continuum of treatment services based on clinical need.
- DD-IIH and Family Support Services: Supports, services, resources, and other assistance designed to stabilize and enhance the quality of life of a young person with a disability and his or her family, including respite services and assistive technology.
- Substance Abuse: Outpatient, out of home, detox treatment services (limited).
- Traditional Services: Partial Care, Partial Hospitalization, Inpatient, and Outpatient services.

Role of PerformCare

PerformCare provides access to the right care at the right time:
- Authorizes services based on the most recent clinical information.
- Does not provide direct services.
- Anyone helping children and families may contact PerformCare on behalf of a youth in need of a referral. However, the parent/legal guardian of the youth must give consent for services.
- Has a dedicated DCP&P Unit to assist case workers in accessing services.

The Role of Assessment within CSOC

The vision of CSOC is to create positive outcomes by:
- Identifying the child and family’s needs
- Determining the most appropriate intensity of service
- Delivering the most appropriate services for the most appropriate length of time
- Using standard assessment tools – the foundation of the Children’s System of Care.

Mobile Response - MRSS

- Mobile Response and Stabilization Services
  MRSS is intended to provide short-term stabilization of a crisis situation that requires intervention to address the presenting behavior, prevent the disruption of the individual's current living arrangement and ensure the immediate safety of the child, youth or young adult and his or her family/caregiver.
MRSS Continued

• Stabilization Services
Stabilization services focus on the monitoring and management of appropriate formal and informal mental/behavioral health services for a period of up to eight weeks after the initial 72 hours of Mobile Response services.

Child Family Team
Child Family Team (CFT)
A team of family members, professionals, and community residents identified by the family and organized by the care management organization to design and oversee implementation of the Individual Service Plan.

CFT members should include, but are not limited to, the following individuals:
- Child/Youth/Young Adult
- Parent(s)/Legal Guardian
- Care Management Organization
- Natural supports as identified and selected by youth and family
- Treating Providers (in-home, out-of-home, etc.)
- Educational Professionals
- Probation Officer (if applicable)
- Child Protection & Permanency (CP&P) (if applicable)

Child Welfare

Outpatient Services
• Referral to Perform Care is not required for outpatient services, such as outpatient counseling, psychiatric evaluations, medication monitoring, anger management, etc.
• NJ MentalHealthCares maintains a thorough directory of services and can be accessed by visiting www.njmentalhealthcares.org or calling 866-202-HELP

The Local Children’s System of Care

What are IIC and BA Services?
Focuses on (re)engaging the family into community based services (must have CMO or MRSS involvement)
- Securing appointments
- Preparing for appointments
- Processing through transition
- Address symptom reduction
- Time limited
- Focused on skill strengthening
- Provided based on an evaluation of need
- Part of a comprehensive plan of care
- Provided in the community
**Children’s System of Care**  
**CSOC SUBSTANCE USE TREATMENT SERVICES**

**Available Services:**
- Assessment
- Outpatient (OP)
- Intensive Outpatient (IOP)
- Partial Care (PC)
- Long-Term Residential (L-T RTC)*
- Short-Term Residential (S-T RTC)*
- Detoxification

*Qualifies for co-occurring enhancement services

_OOH Intensities of Service*

- Intensive Residential Treatment Services (IRTS)
- Psych Community Homes (PCH)
- Specialty Beds (SPEC)
- Residential Treatment Centers (RTC)
- Group Homes (GH)
- Treatment Homes (TH)

* Intensities of Service (IOS): Levels of OOH treatment based on intensity, frequency, and duration of treatment.

_HOW DOES NJ’S CHILDREN’S SYSTEM OF CARE MODEL IMPACT THE YOUTH WE SERVE?

- Nationally recognized model for Statewide Children’s System of Care
- Less children in institutional care
- Less children accessing inpatient treatment
- Closure of state child psychiatric hospital and RTC’s
- Less children in out-of-state facilities
- Children in out of home care have more intense needs than prior to the system of care development
- Wraparound model works!!
- Less youth in detention centers

**Overuse of Deep-End Services**

<table>
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<tr>
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<td>High Intensity Services</td>
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<tr>
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  - Psych Community Homes (PCH)
  - Specialty Beds (SPEC)
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  - Group Homes (GH)
  - Treatment Homes (TH)

**What Have We Learned?**

- The system of care model works
  - Less children in institutional care
  - Less children accessing inpatient treatment
  - Closure of state child psychiatric hospital and RTCs
  - Very few children in out-of-state facilities
  - Children in out of home care have more intense needs than prior to the system of care development
- Wraparound works
  - Less youth in detention centers – many reasons, not necessarily because of the system of care
- Federal funding support under Title XIX
A Continuum of Care: Mobile Response

Working hard to keep children & youth successfully at home & avoid hospitalization or placement.

- NJ DJJ CHILDREN’S SYSTEM OF CARE (CSOC)
- Mobile Response Children stabilized in Current Living Situation
- 8/1/2013 - 4/30/2014
- (n = 1,532)
- % of children in current living situation

Stayed in Current Living Situation: 96%
Did not stay in current living situation: 4%

NJ DCF CHILDREN’S SYSTEM OF CARE (CSOC)
Mobile Response Children Stabilized in Current Living Situation
4/1/2014 - 4/30/2014 (n = 1,532)

Out of Home Treatment

Authorizations (which provide access to out of home care) is reduced due to more access and availability of community resources.

- In April 2007
- 53% (157) of youth in Out of State programs were involved with child welfare system further complicating opportunities for family engagement.

Today
- There are 3 youth in Out of State behavioral health treatment programs, 1 youth is involved with child welfare.

A Continuum of Care: Care Management Organization (CMO)

Serving over 10,000 children, with a focus on the high need youth and their families.

A Continuum of Care: Out of Home Treatment

Currently, most youth receiving out of home treatment are adolescents.
For more information…

Children’s System of Care
http://www.state.nj.us/dcf/families/csc/

PerformCare Member Services:
877-652-7624
www.performcarenj.org

THANK YOU!