



Keeping Families Strong

Keeping Children Safe and Well





Division of Child Behavioral Health

**10 Years of System of Care
Implementation:**

Letting the Data Tell the Story

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● System of Care Values and Principles



● DCBHS Objectives

We want to keep kids...



At Home

(with their families and not in out-of-home treatment settings)



In School

(in their regular school in their school district)



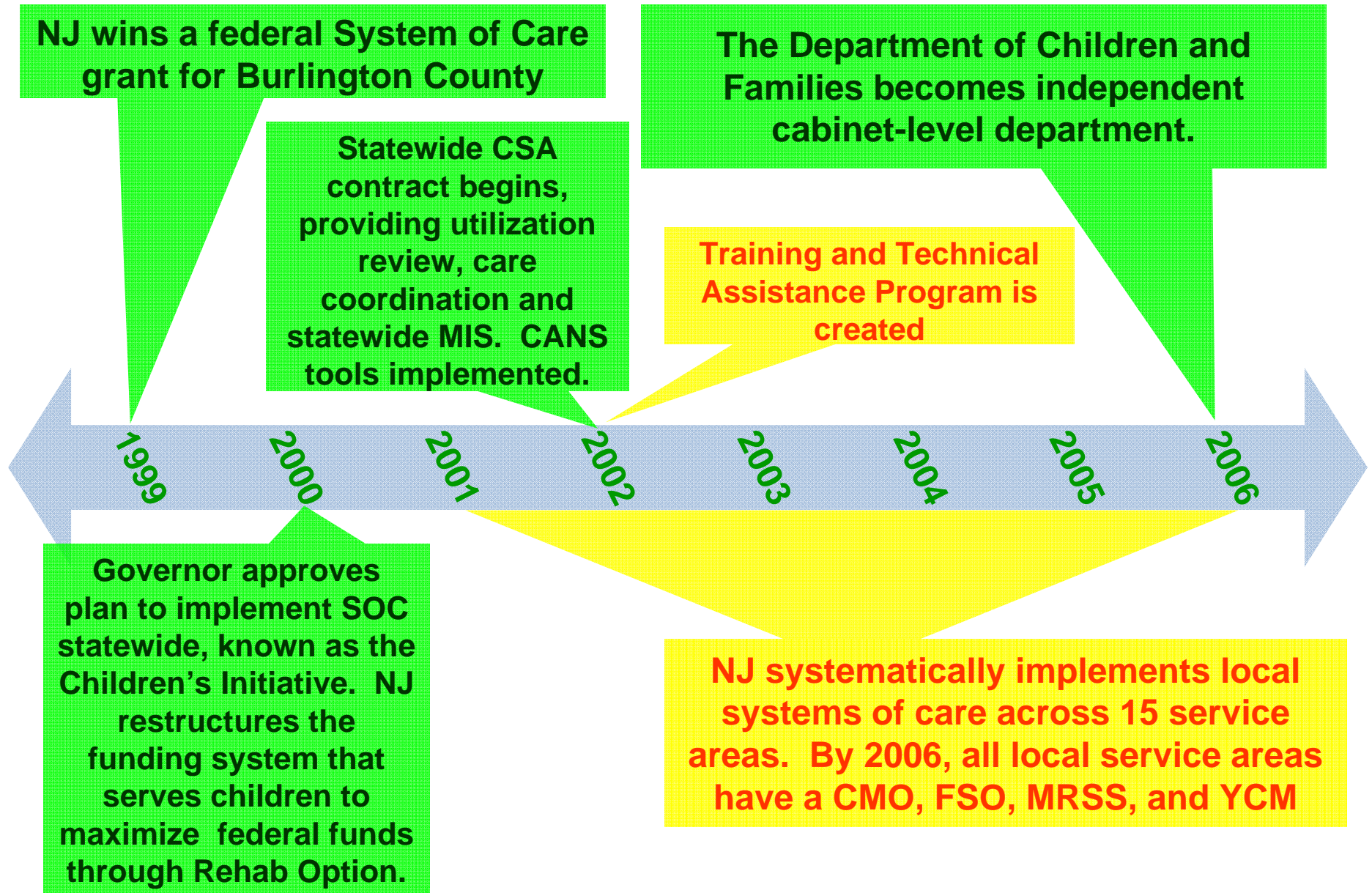
Out of Trouble

(not involved with the Juvenile Justice System or at risk of detention or incarceration)

DCBHS History

- Statewide implementation occurred over a six year period
- County level implementation occurred on a rolling basis
- Created the opportunity to test county level effects of implementation and cumulative effects statewide
- Statewide use of the Child Assessment of Needs and Strengths (CANS) Assessments
- 170,000 children enrolled (40,000 active) and database of more than 500,000 individual CANS assessments

DCBHS History



Children's Initiative Concept Paper: Reform Agenda

- Increase Revenue And Expand Underfunded Services
- Increase Family Participation
- Establish Common Entry Point And Assessment Tools
- Create Utilization Management And Care Coordination System-wide
- Establish Care Management Organizations (CMOs) As Intensive Care Managers
- Create Structure For Ongoing Collaboration And Planning With Stakeholders
- Provide Training/Technical Assistance
- Re-align Existing Services And Programs To Operate As Participants In The New System of Care (SOC)

Children's Initiative Concept Paper: Anticipated Outcomes

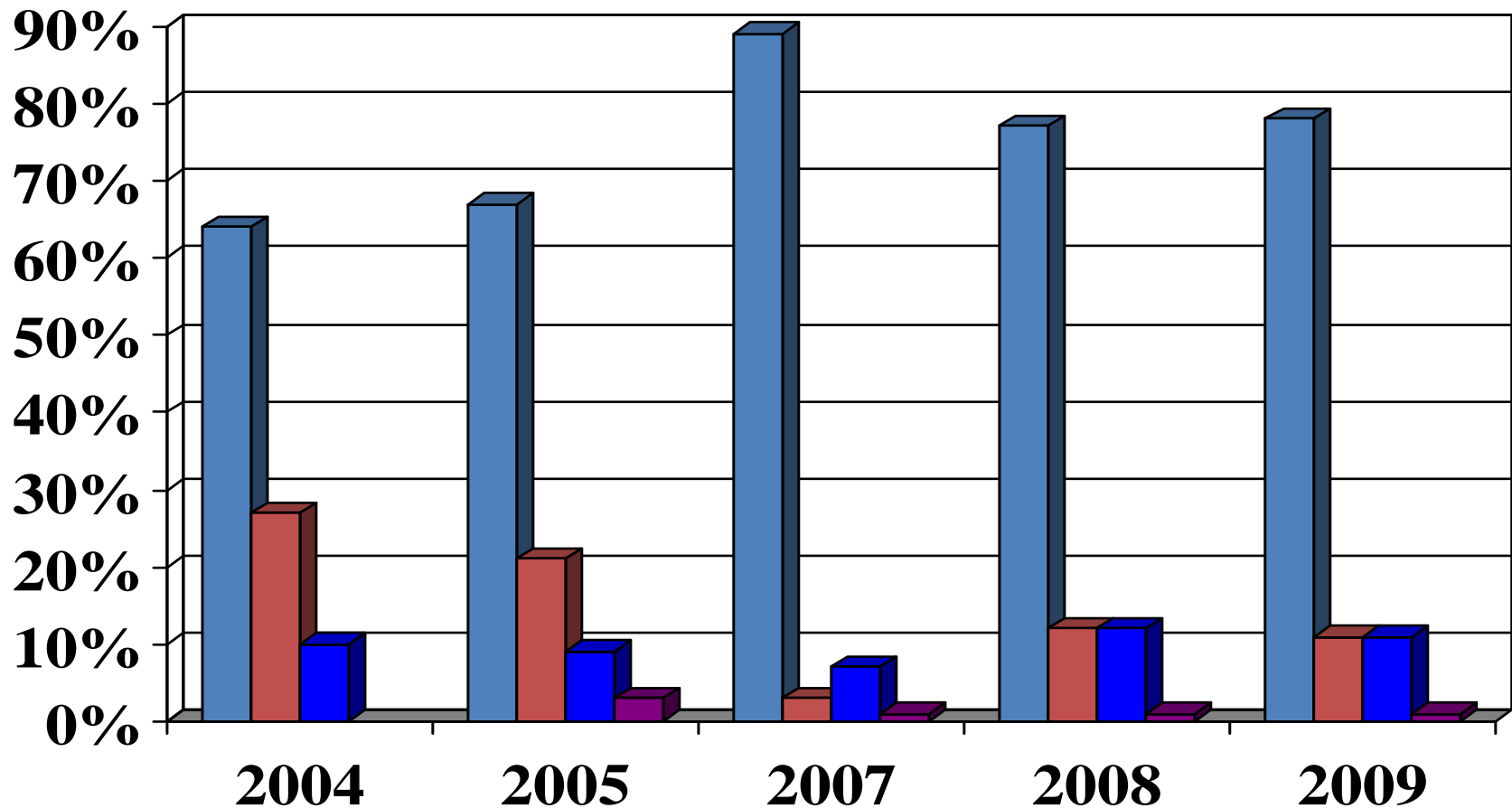
- Improved Emotional Stability
- Maintain Children In Communities
- Reduce Residential Lengths Of Stay
- Reduce Acute Hospital Admissions And Re-admissions
- More Stable Living Environments For Children
- Improve Educational And Social Functioning
- Reduced Criminal Activity For Children Involved In Care

Evaluation Project: Areas for Review

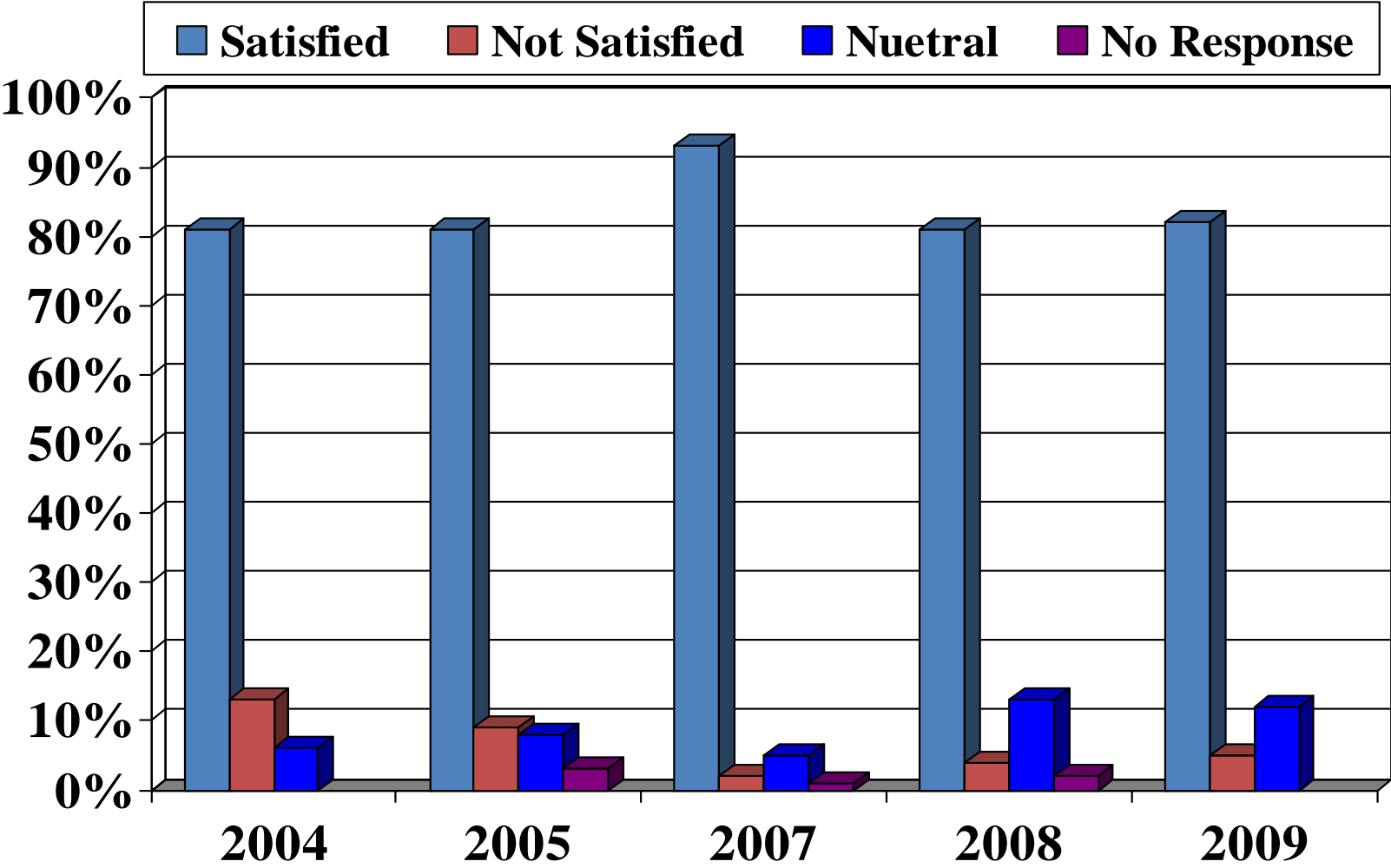
- Family Participation
- Overall Population Changes
- Acute Hospital System
- Juvenile Justice System
- Residential Care
- Community Services
- Fiscal Efficiency and Equity
- Overall Behavioral and Emotional Functioning

Family Satisfaction with Participation in Treatment has Substantially Improved

■ Satisfied ■ Not Satisfied ■ Neutral ■ No Response



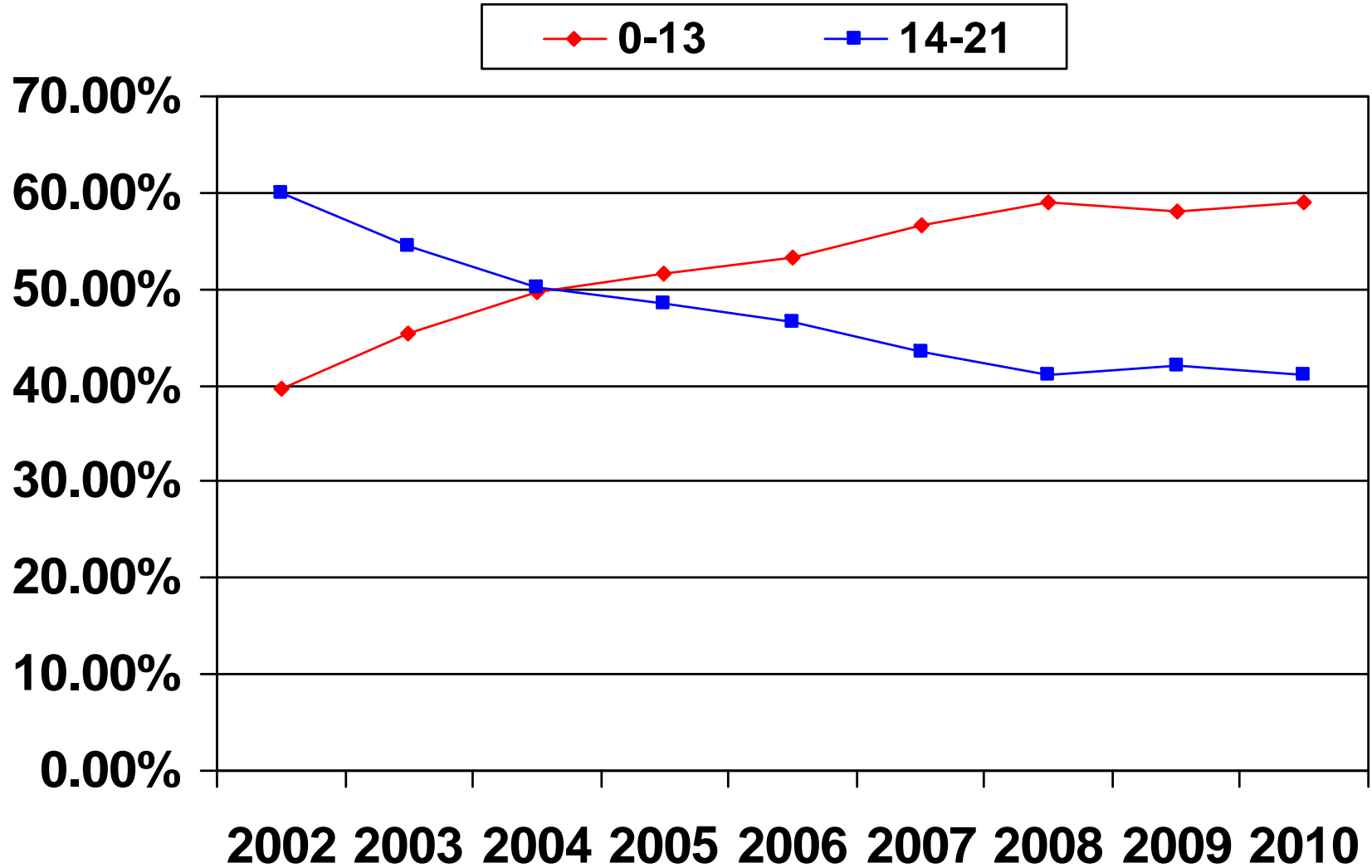
Family Survey Shows Strong Cultural Competency of Staff



Demographics

- Review found a substantial shift in age at enrollment
- Some shift in Race/Ethnicity, but attributable to County Demographics
- In 2003 40% of newly enrolled children were under 14 years old, by 2010 that percentage had grown to 60%
- Tends to indicate system of care has become more preventative

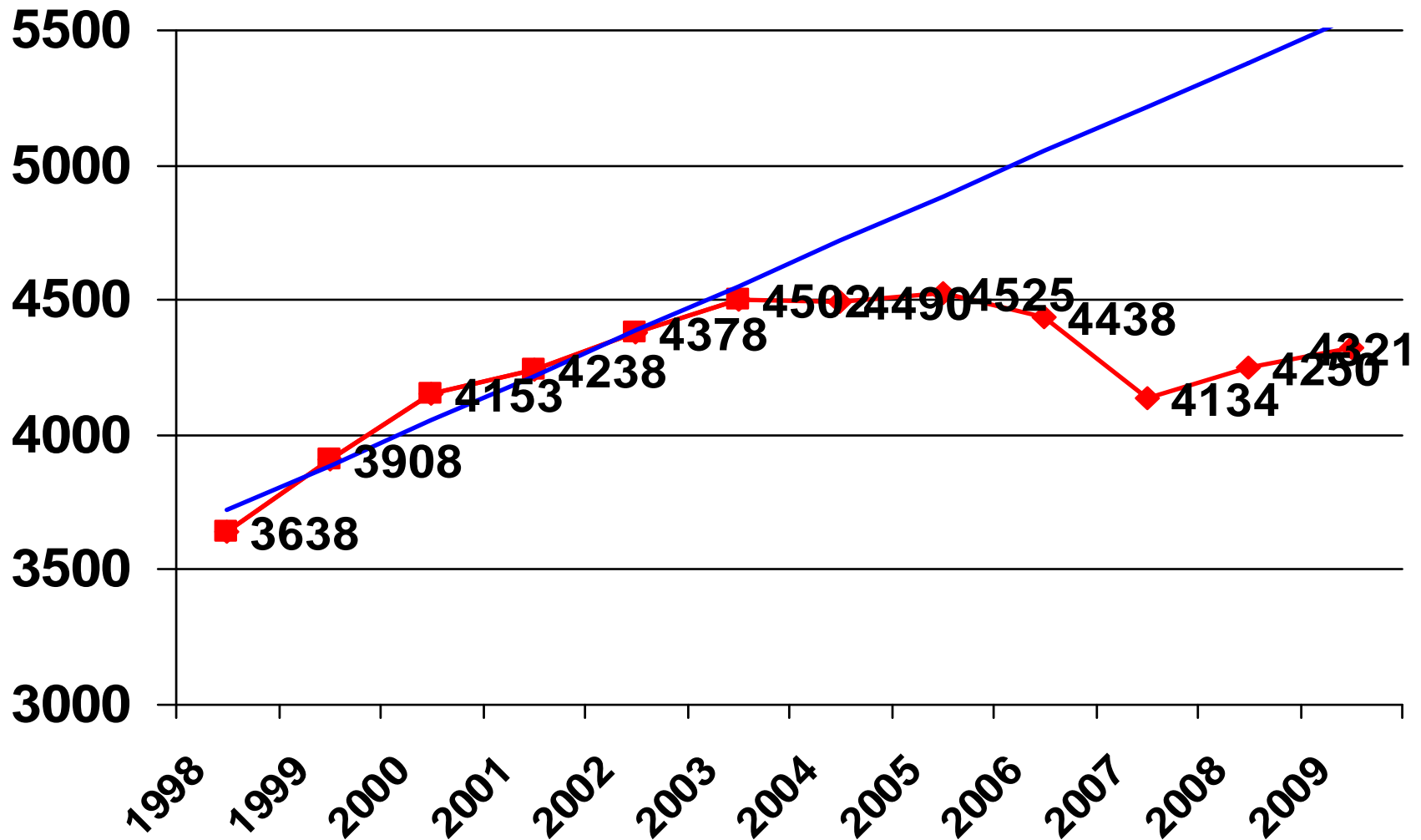
Percentage of Children Under Age 14 at First Enrollment has Grown Significantly



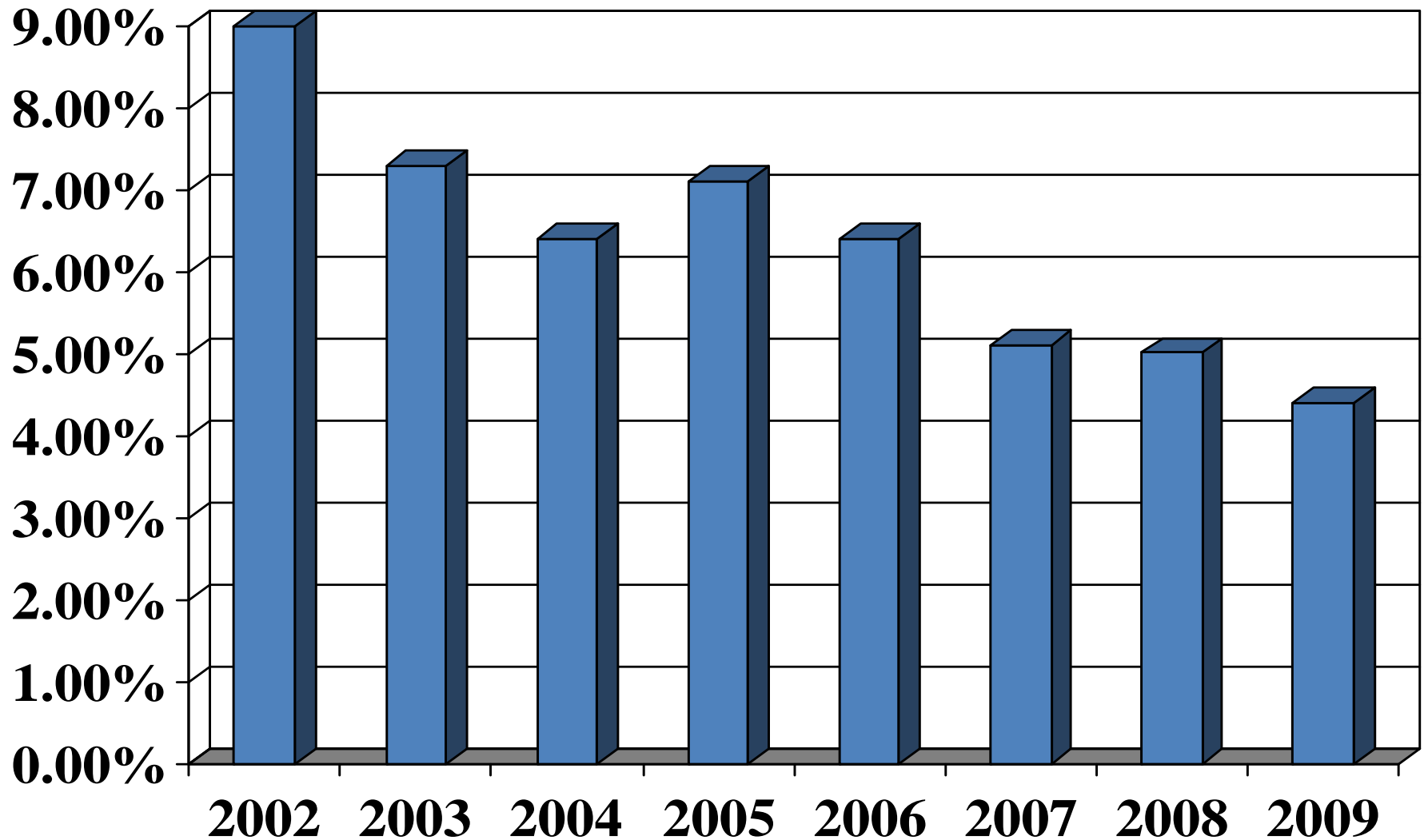
Acute Inpatient System: Background

- Heavily used as a safety net for kids
- Particular focus of the SOC
- Established Mobile Crisis Response teams and greater access to services before hospitalization
- Closed last state psychiatric hospital for children in 2005

Annual Admissions Saw A Dramatic Shift from 1998-2003 Trend



Discharges Readmitted within 30 Days Reduced by More Than 50%



Acute Inpatient Impacts Overview

- 1998 to 2003: 24% increase in admissions
- 2003 to 2009: 4% decrease in admissions
- 2002 to 2009: 50% reduction in 30-day readmissions
- Given average costs per admission, NJ has averted approximately \$40 million since 2004 in reduced inpatient stays.

Juvenile Justice Overview

- Key Target Population
- Overall Decreasing Juvenile Crime Rates And Implementation Of Juvenile Detention Alternatives Has Contributed To Lower Secure Care Populations
- Review County-by-County, via Regression Analysis of Pre- And Post-Implementation of Local System Of Care

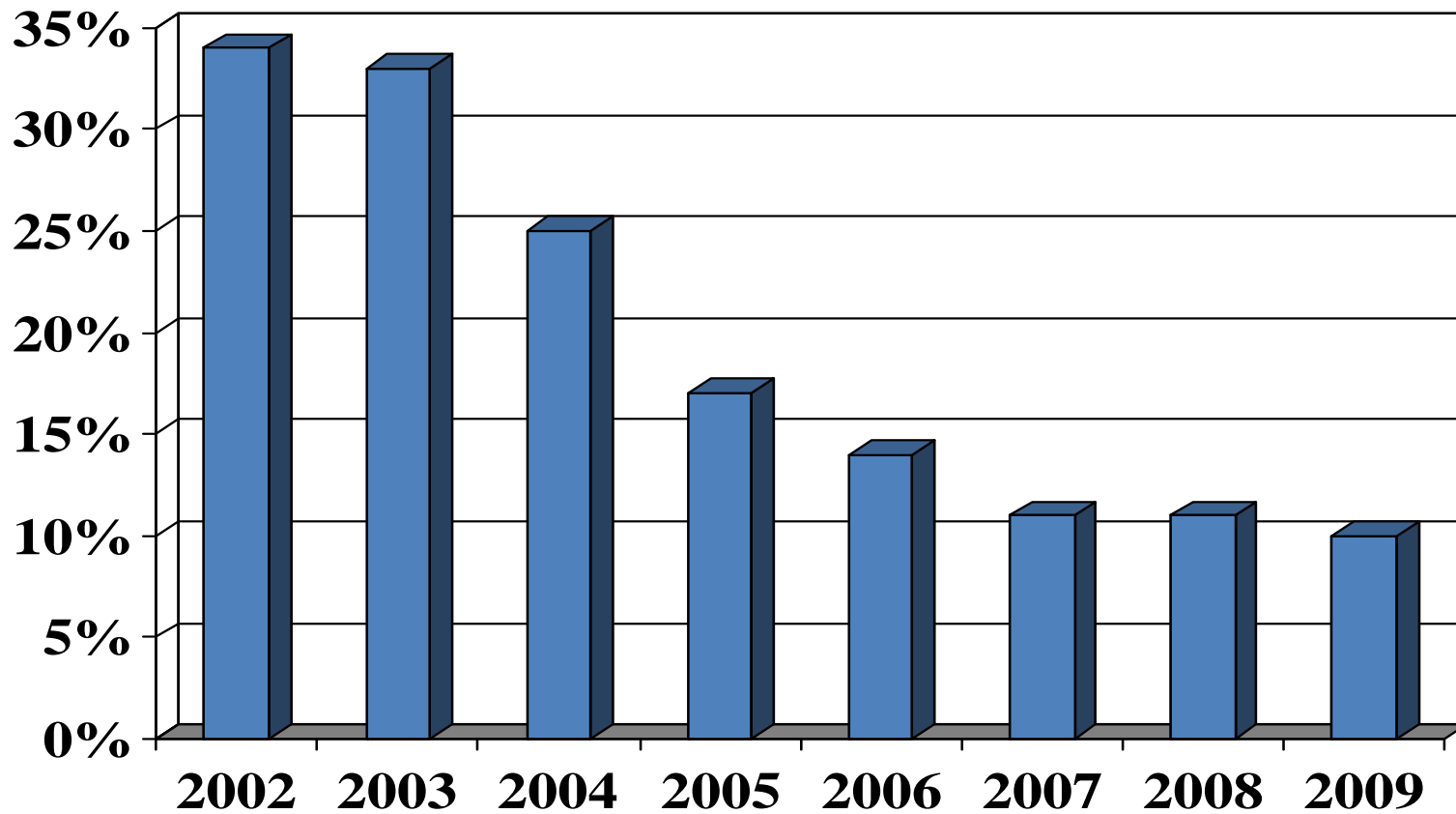
Juvenile Justice Admissions

- Encouraging Results
- 9 counties had sufficient data for analysis (these 9 counties represented 85% of all admissions)
- 6 of 9 had a statistically significant decrease in admissions to juvenile justice programs, post-implementation and no counties saw any increase
- On average, 18 fewer children per month, more than 200 per year, were placed in juvenile justice programs, post-implementation in the 6 counties

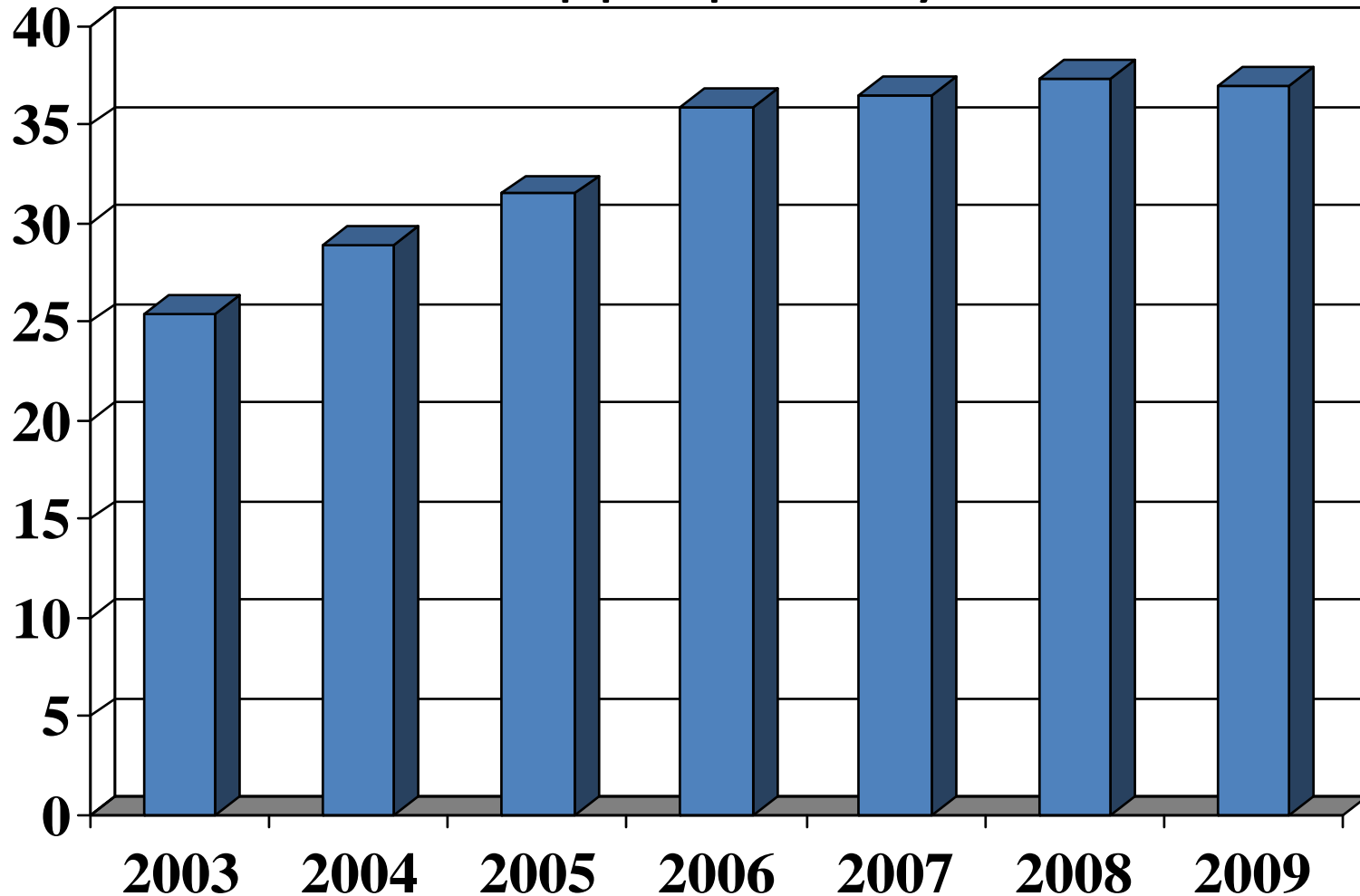
Residential Care Overview

- Encompasses many types of services, from Therapeutic Foster Care to Hospital Alternatives
- Key focus of System of Care initiative in least restrictive setting
- Reducing inappropriate admissions and shortening lengths of stay were stated goals, particularly in institutional Residential Treatment Center (RTC) programs

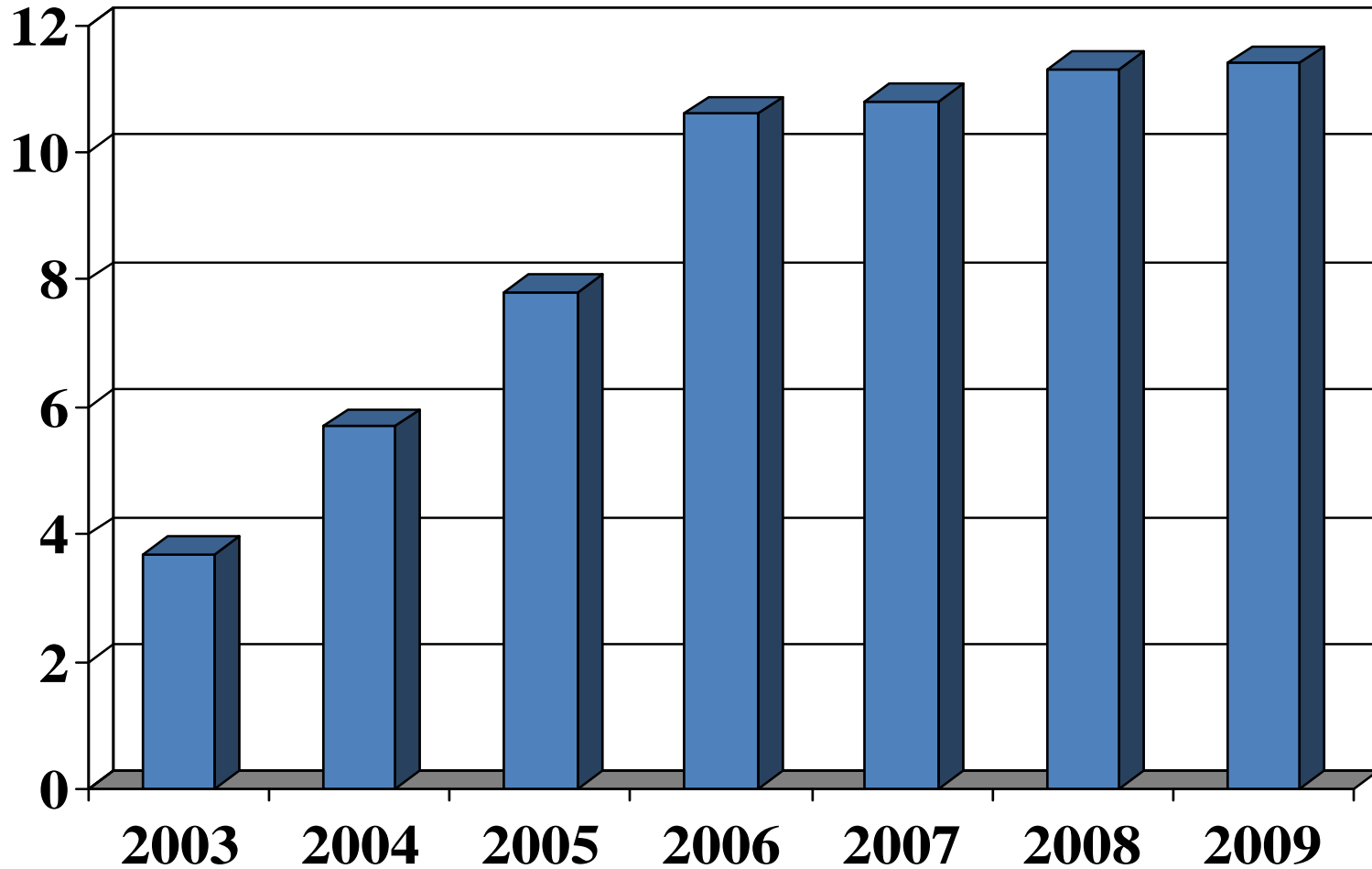
Percentage of Children Receiving Residential Care Has Decreased As Community Alternatives are Made Available



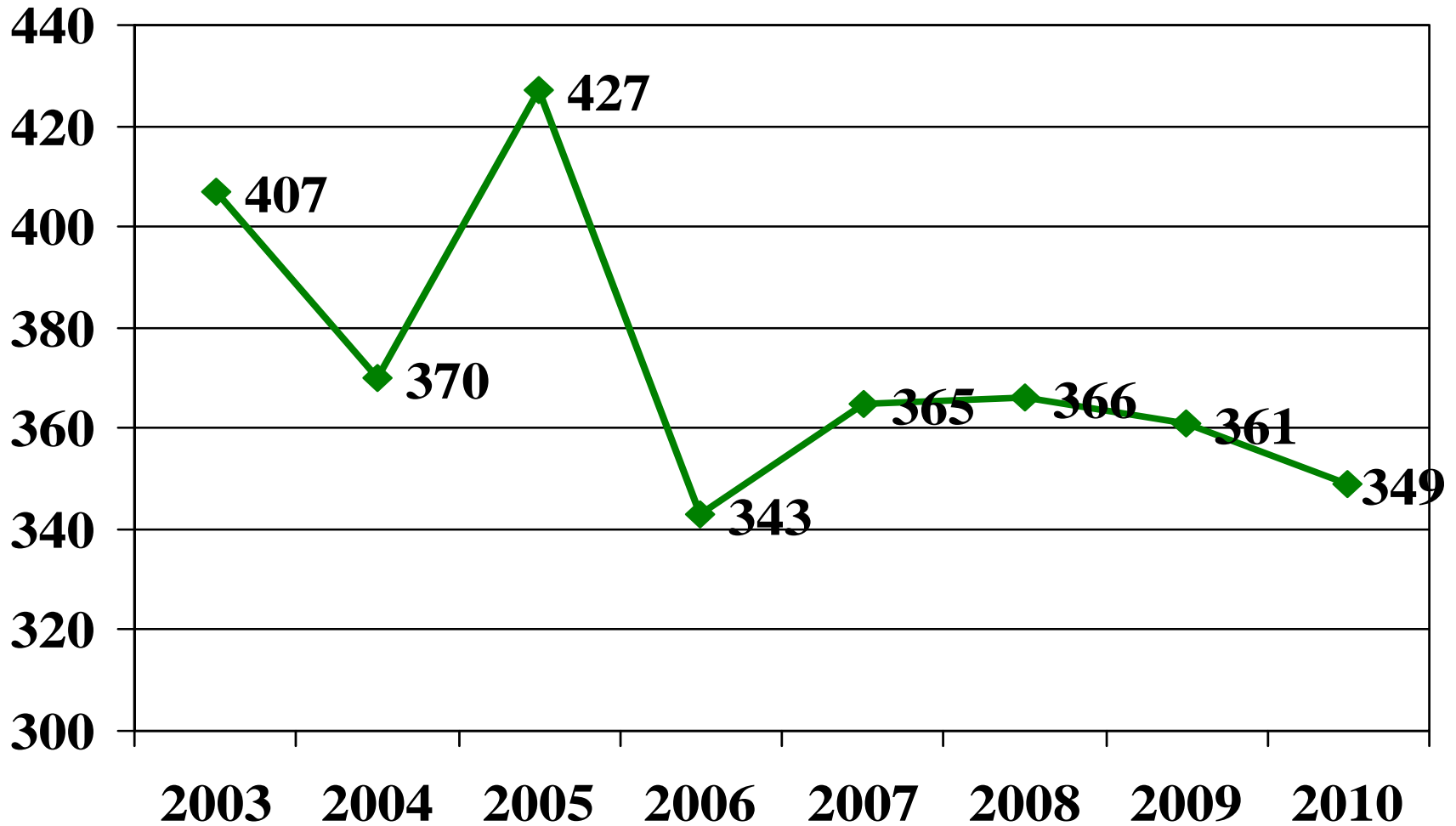
Average CANS score at Admission to RTC Has Increased as Residential is Used More Appropriately



Average Improvement for Children Exiting RTC has Also Improved



Length of Stay in Residential Care has Moved Lower, but Without a Clear Trend



RTC Summary

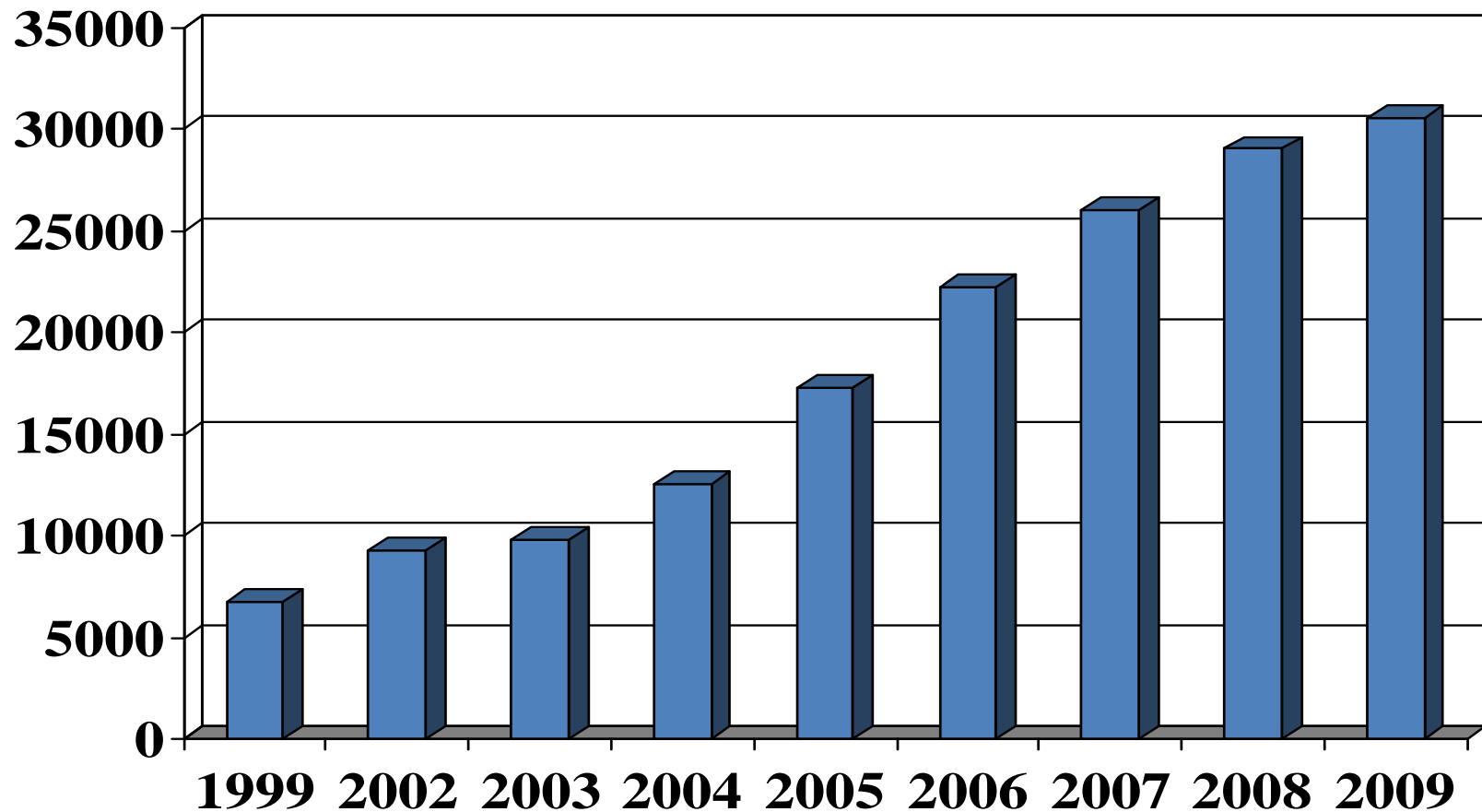
- Average need level of youth entering RTC programs is higher (lower need youth are being successfully served in the community as an alternative to RTC).
- Length of stay has decreased
- Level of improvement of youth at discharge has increase.

**Serving Youth with the Highest Level of Needs,
Shorter Lengths of Stay, and Better Improvement:
A Great Combination.**

Access to In-Community Services

- Goal Of Initiative Is To Improve Access To Services, Particularly Community-based Services
- In 2000, NJ Served Approximately 7000 Children In Community-based Case Management, In-home And Day Treatment Programs
- In 2009 NJ Served 30,000 In Case Management, In-community And Day Treatment Programs, More Than A 500% Increase

Children Served in Community-Based Programs* has Grown by More than 500%



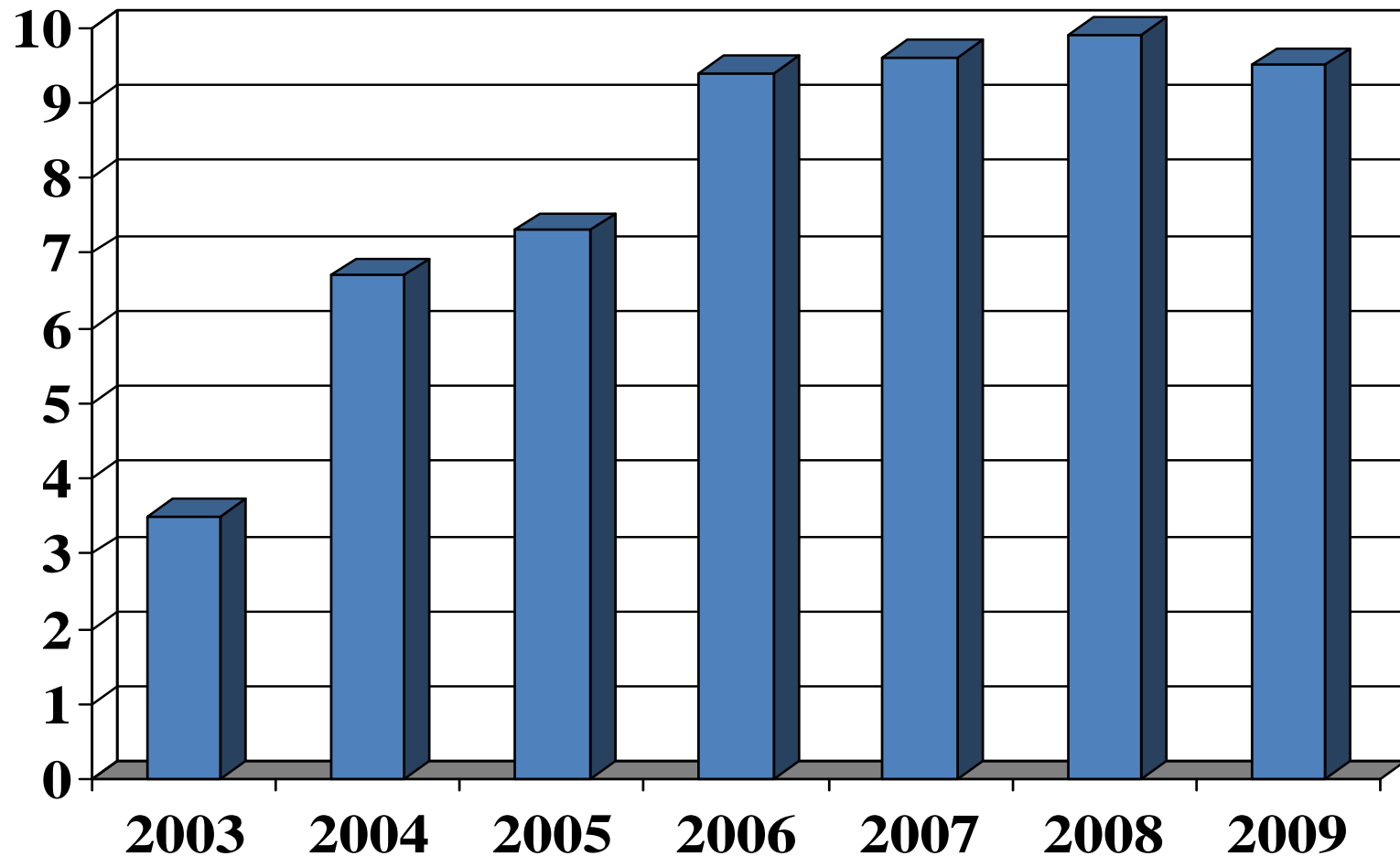
*2000/2001 data unavailable

Does not include outpatient services reimbursed through Medicaid

CMO Outcomes

- Youth receiving Care Management Organization (CMO) services have shown increased improvement.
- Improvement is measured by the youth's improvement in the CANS assessment.

CMO Average Improvement Exiting Children has Grown as Programs Have Matured

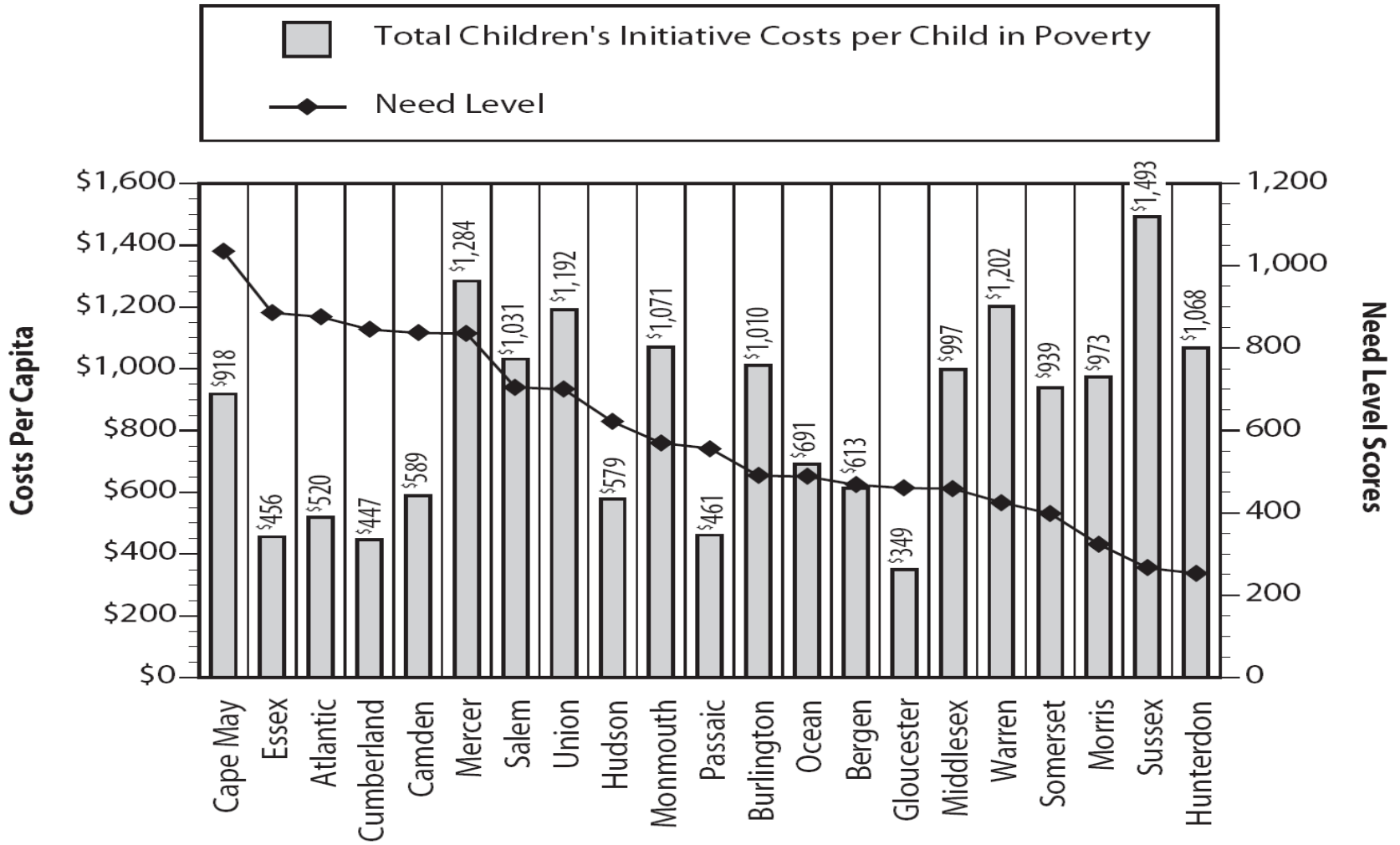


Funding Better Matching Needs

- At the inception of the System of Care, an analysis was completed looking at the needs of each county as compared to the funding provided to each county.
- This same analysis was completed when NJ obtained an independent assessment of the Child Behavioral Health System of Care in 2005 (Conducted by the University of South Florida)
- DCBHS completed the same analysis in 2008.
- The results show that as our system of care has developed, we have been better able to match the funding to the needs of specific counties.

Figure 7.

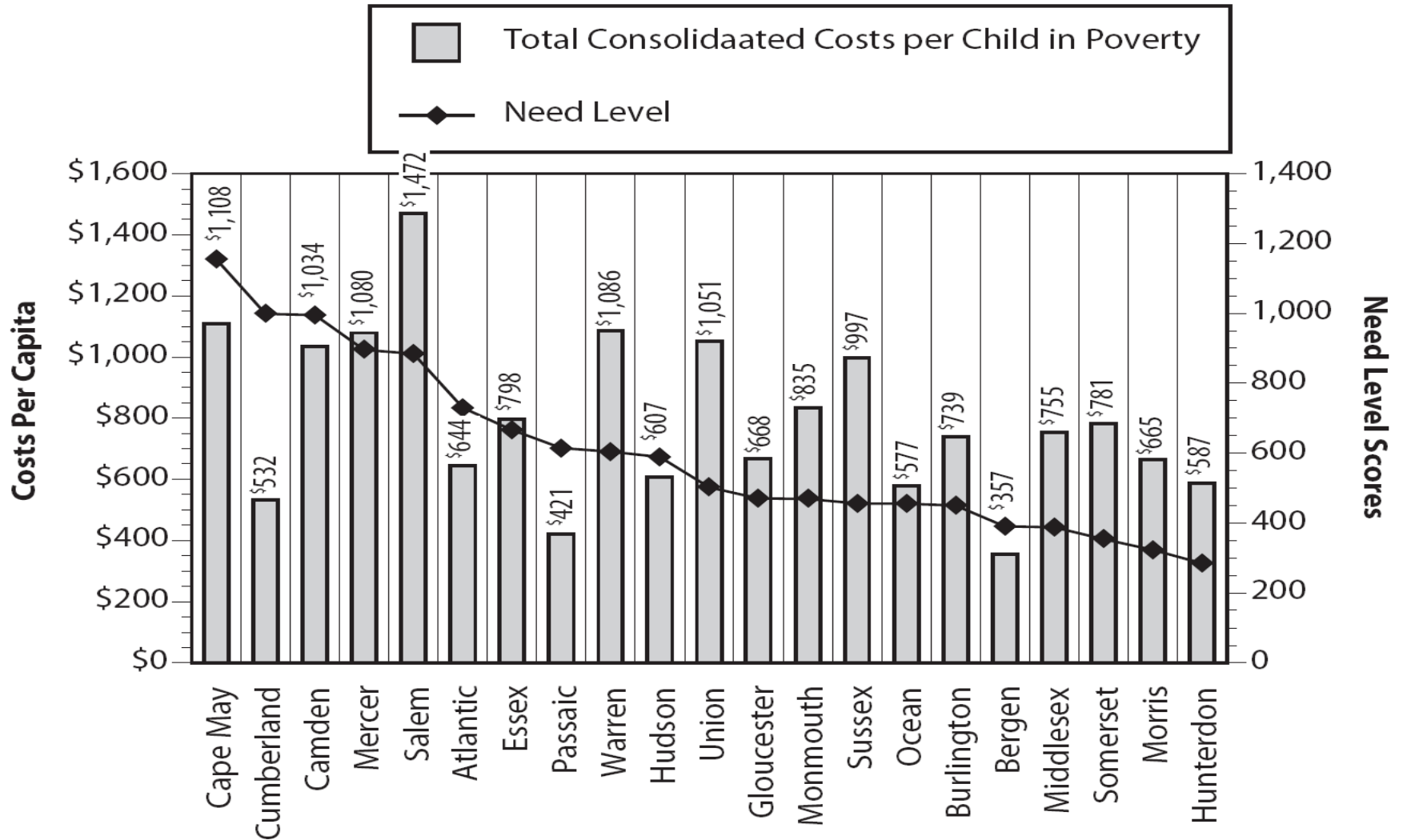
Comparison of Original Estimated Spending per Capita and Need Index



Children = Ages 0 through 17

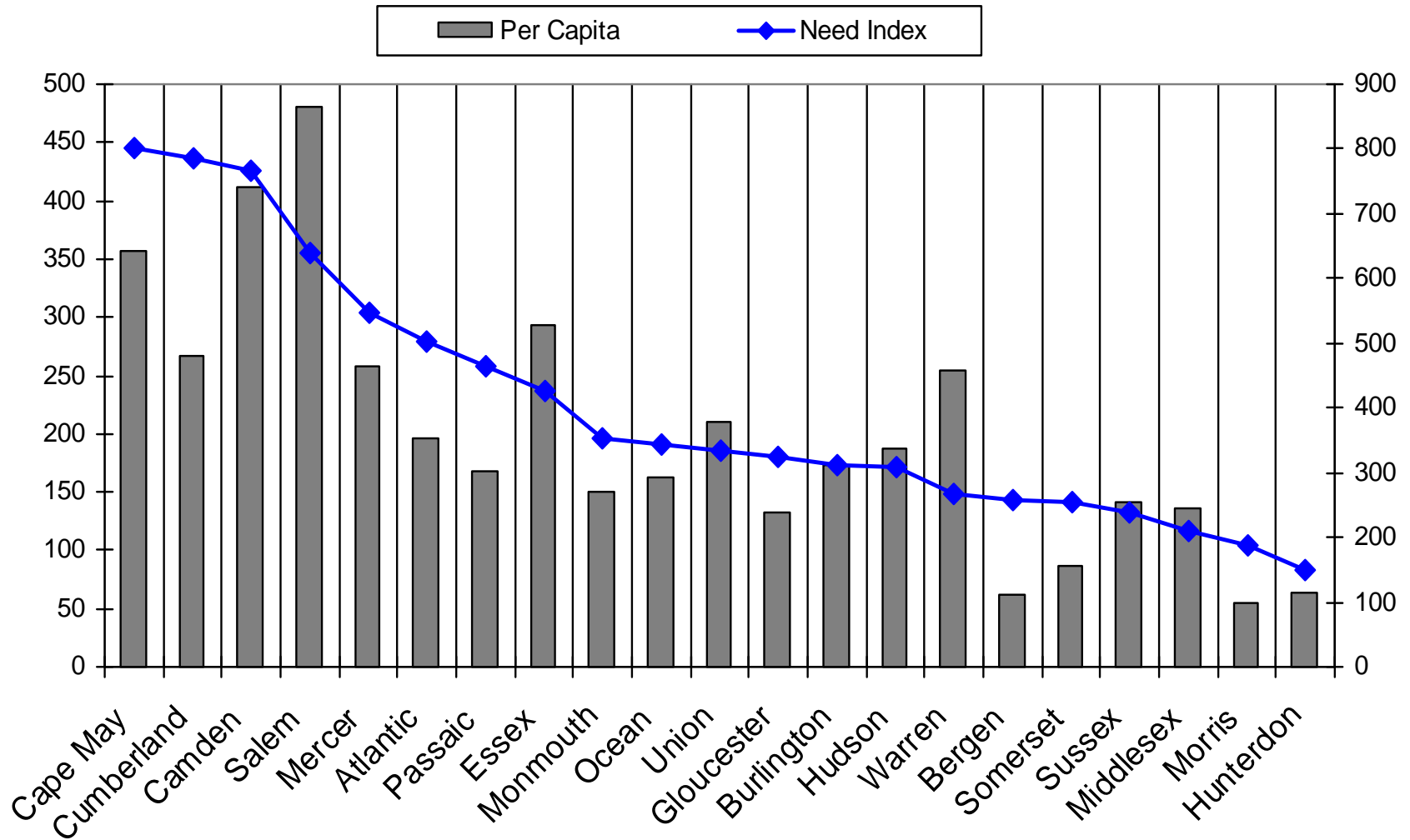
Figure 8.

Comparison of 2005 Consolidated Children's Mental Health Spending per Capita and Need Index



Children = Ages 0 through 17

Comparison of FY '08 Consolidated Per Capita (All Children under 18) Spending to Needs Index by County



Letting the Data Tell the Story

- System Of Care Has Effected Significant Changes As Anticipated
- Particular Effects On Secondary Systems (Acute Care/JJ) Were Seen
- Resource Efficiency And Equity Have Improved
- Family Participation Is Improved
- Residential Care Used More Appropriately And Effectively
- Funding (And Therefore Service Availability) Better Matches The Needs Of Each County.



Thank you