

New Jersey Department of Children and Families Division of Children's Behavioral Health DCBHS



Data Update
June 2007



6/22/2007



NJ DCF DCBHS

A Continuum of Care

Providing mental and behavioral health services to children, youth and their families.

Committed to community based, family focused care in the home with placement & hospitalization only as a last resort.

Services include:

- **Mobile Response & Stabilization Services**
- **Community Based Care Management**
 - Care Management Organizations (CMOs)
 - Youth Case Management Programs (YCMs)
 - Family Support Organizations (FSOs)
- **Behavioral Assistance & Intensive In-Community Services**
- **Residential Services**
 - Treatment Homes
 - Group Homes
 - Psychiatric Community Residences & Specialty Beds
 - Residential Treatment Centers (RTC)
 - Intensive Residential Treatment Services (IRTS)
- **Partial care, outpatient, in-patient hospitalization & in-patient intermediate & acute in-patient treatment**

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A Continuum of Care: Mobile Response

Mobile Response & Stabilization Services (MRSS)

A phone call brings clinical staff rapidly to the home to respond to crisis.

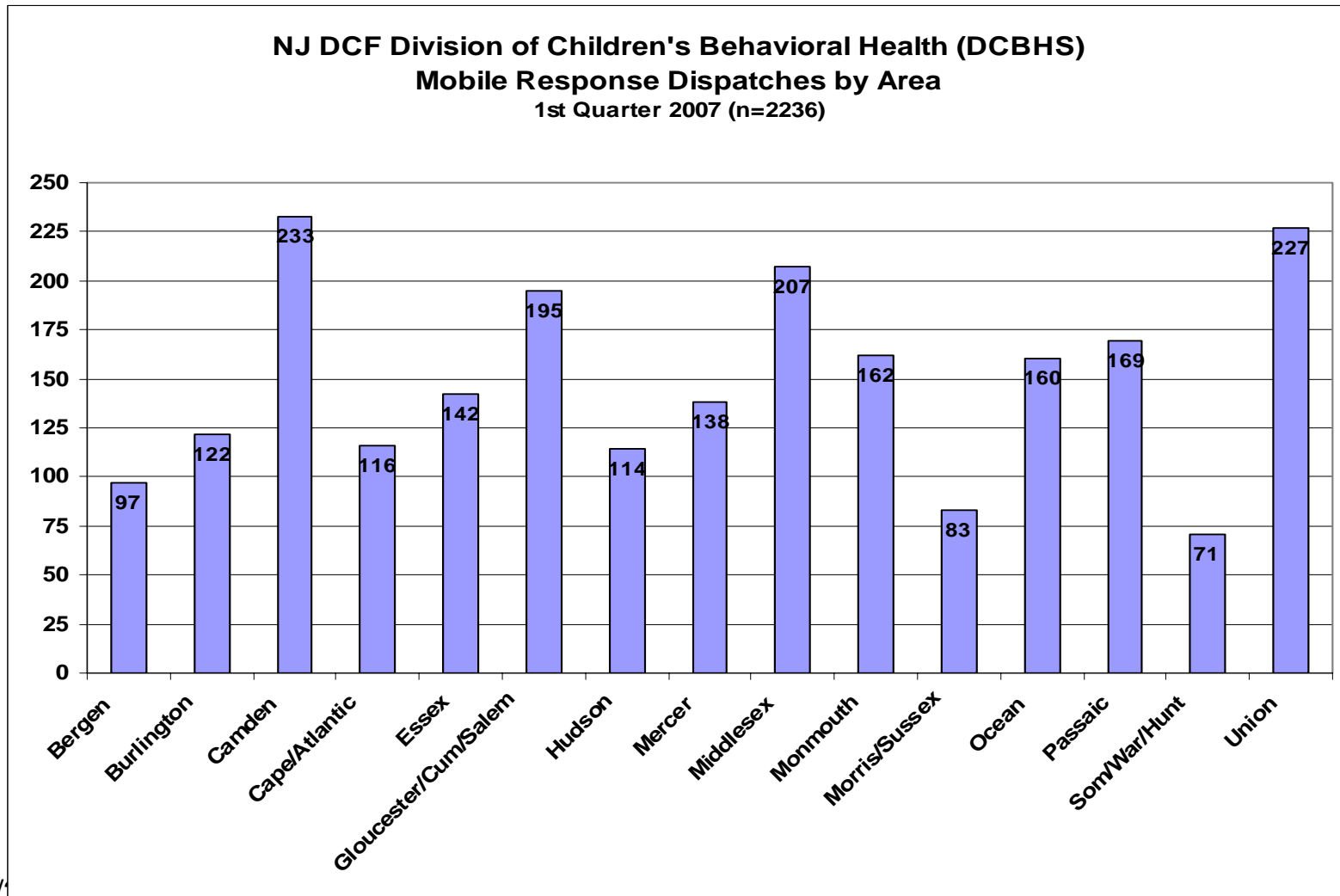
- *Clinical staff respond within one hour of dispatch*
- *Families receive up to 72 hour in-home crisis and stabilization services which can be followed by up to 8 weeks of intensive in-community, behavioral assistance or wrap-around services*

GOAL: Maintain children & youth in their home environment and avoid unnecessary hospitalization or out of home placement.

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A Continuum of Care: Mobile Response

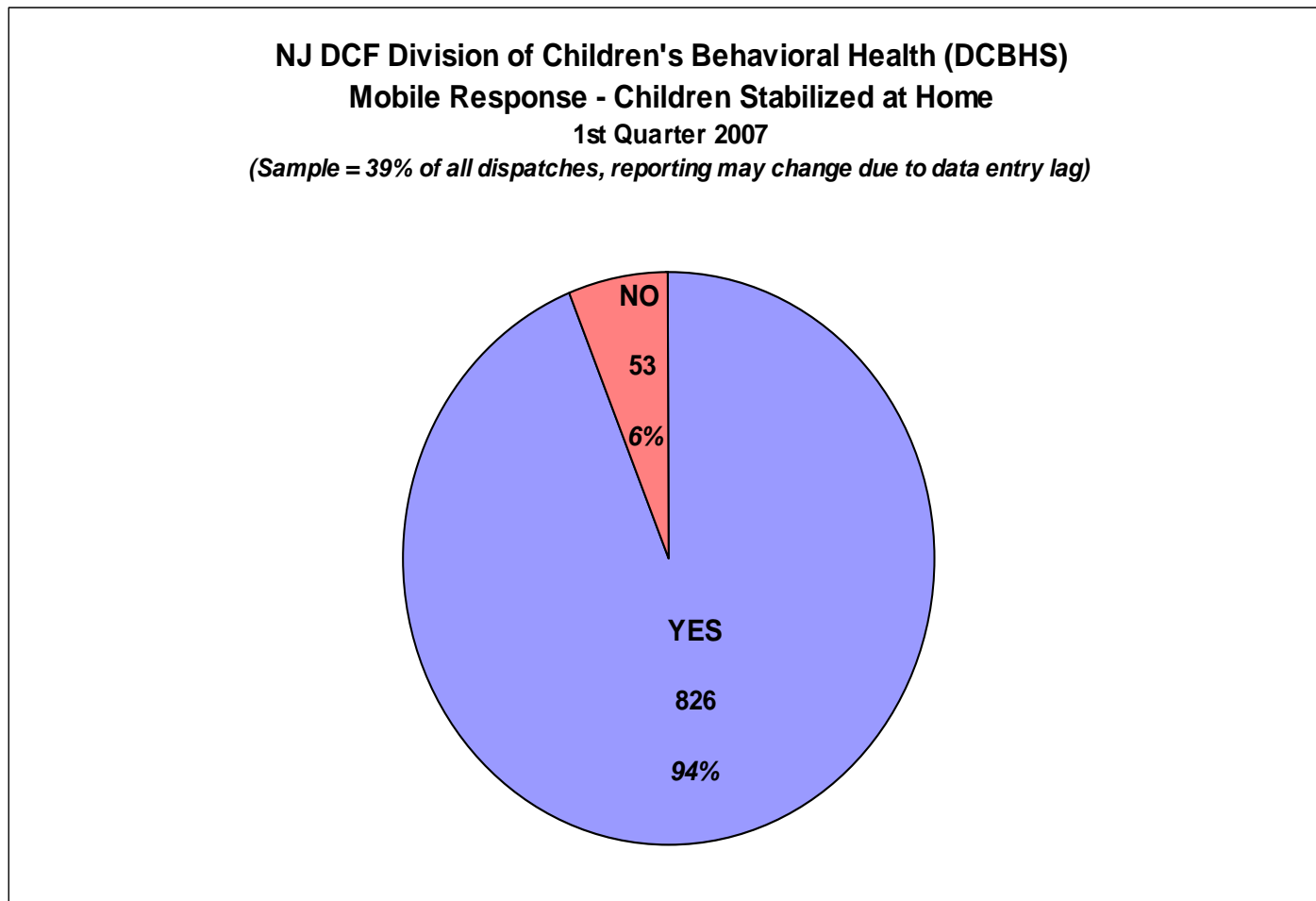
Over 2000 children served in the first quarter of 2007



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A Continuum of Care: Mobile Response

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



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A Continuum of Care: Care Management Organizations (CMO)

Intensive level of community-based case management designed to coordinate services for multi-system involved youth with high levels of need.

Caseload standard of one care manager for every ten youth.

Regionally organized into 15 areas with one provider per area:

- **12 Areas have 180 slots each**
- **2 Areas have 140 slots each (Morris/Sussex & Hunterdon/Somerset/Warren)**
 - *scheduled to expand to 180 each in FY 2008*
- **1 Area – Essex – has 300 slots**

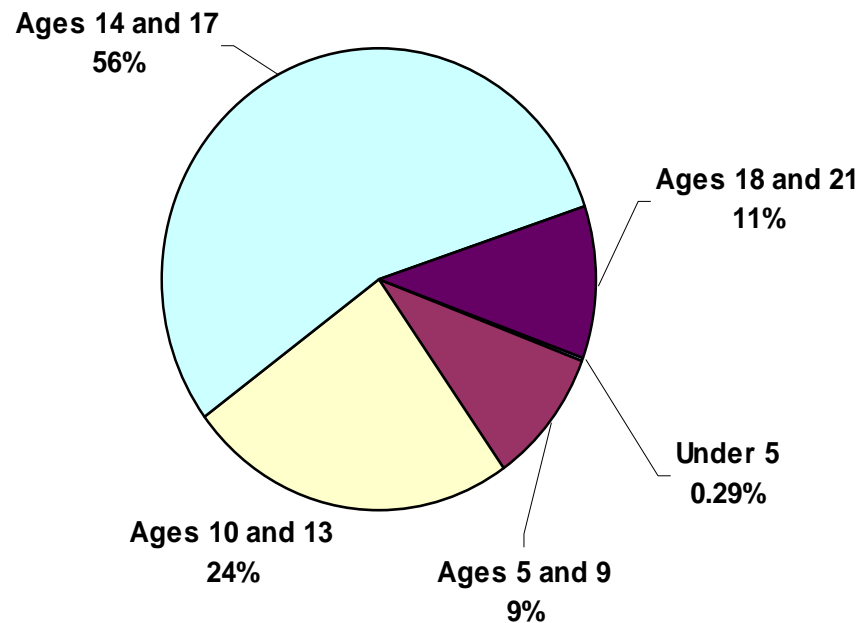
Goals: Maintain children at home with access to wraparound, community-based services. In the exceptional cases when residential care is necessary, facilitate entry, maintain family contact throughout placement & plan & execute step-down.

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A Continuum of Care: Care Management (CMO)

Serving over 2,700 children, with a focus on the high need adolescent population and their families.

NJ DCF DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)
Children in Care Management Organization (CMO) by Age Group
as of 3/31/2007
(n = 2,737)

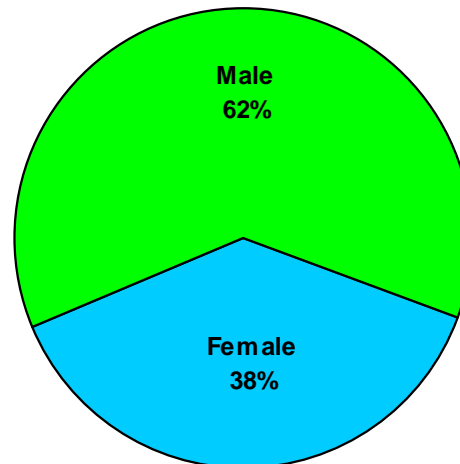


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A Continuum of Care: Care Management (CMO)

While the majority of youth are male, the need for services designed for young women is significant.

NJ DCF DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)
Children in Care Management Organization (CMO) by Gender
as of 3/31/2007
(n = 2,737)



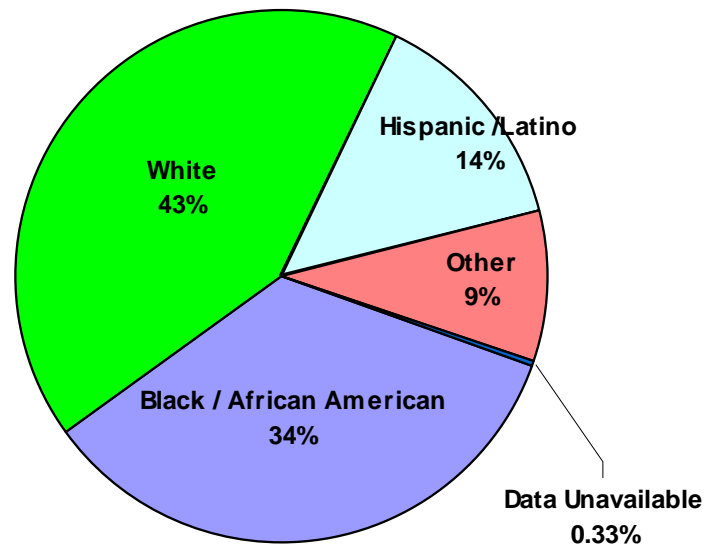
NJ DCF DCBHS

A Continuum of Care: Care Management (CMO)

Race and Ethnicity

Note: the Hispanic/Latino population is likely under-represented in the data below due to data collection challenges.

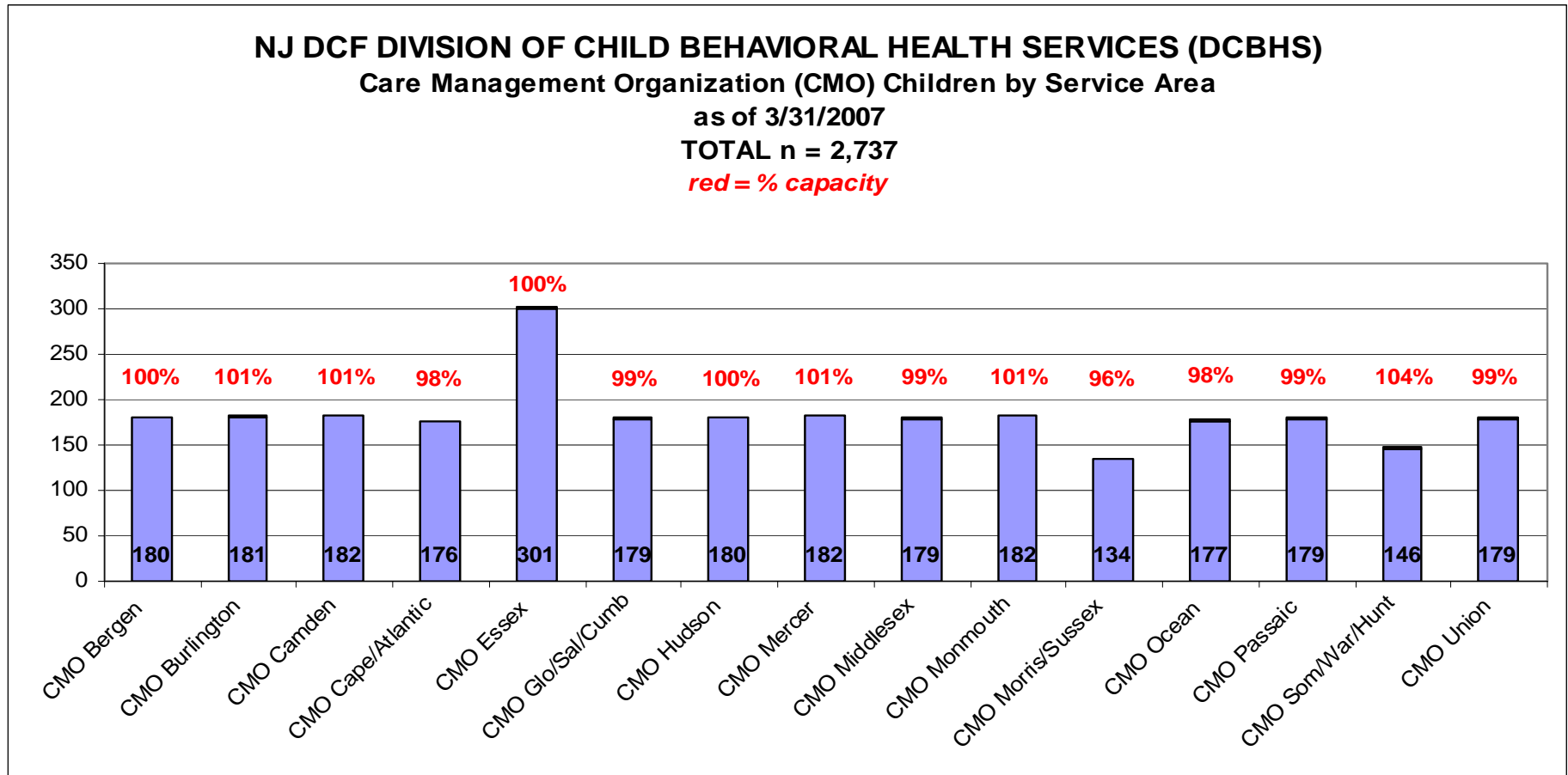
NJ DCF DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)
Children in Care Management Organization (CMO) by Race / Ethnicity
as of 3/31/2007
(n = 2,737)



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A Continuum of Care: Care Management (CMO)

Demand for CMO services generally exceeds capacity with the overflow of high need youth currently serviced by the YCMs.



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A Continuum of Care: Care Management (CMO)

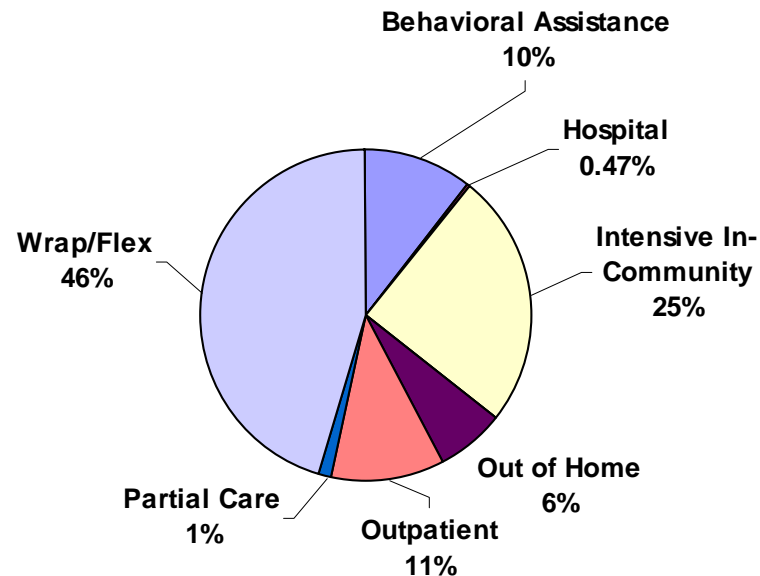
Successfully maintains the majority of youth in home utilizing a broad continuum of services. Note that only 6.5% of the services authorized were for residential care or hospitalization in the first quarter of 2007.

NJ DCF DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)

Authorized Services for Care Management Organization (CMO) Children

between January 1, 2007 and March 31, 2007

(n = 15,450 services authorized for 2,860 children)



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A Continuum of Care: Residential Placement

Reserved for youth with the highest levels of need who cannot be maintained at home.

Demand for residential care remains high across the wide continuum of services.

Continuing reform of the residential care system presents opportunities to maximize utilization of existing services and develop proven community-based alternatives to high end residential care which will eventually allow New Jersey to reduce reliance on out of state placements.

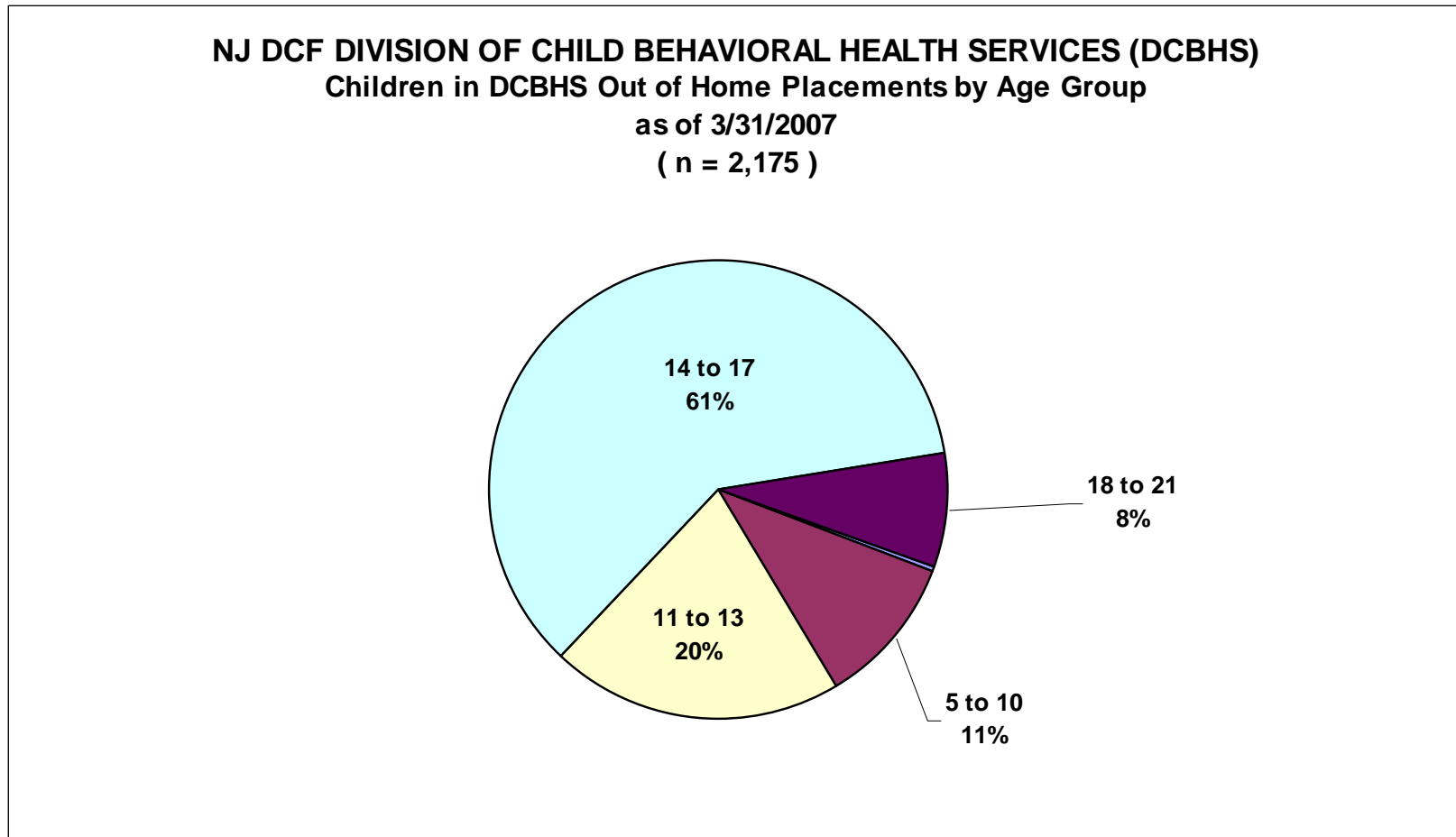
Residential care includes (from least to most restrictive):

- Treatment Homes**
- Group Homes**
- Psychiatric Community Residences & Specialty Beds**
- Residential Treatment Centers**
- Intensive Residential Treatment (IRT)**

NJ DCF DCBHS

A Continuum of Care: Residential Placement

In March 2007, more than 2000 youth were in residential placement, most of them adolescents.

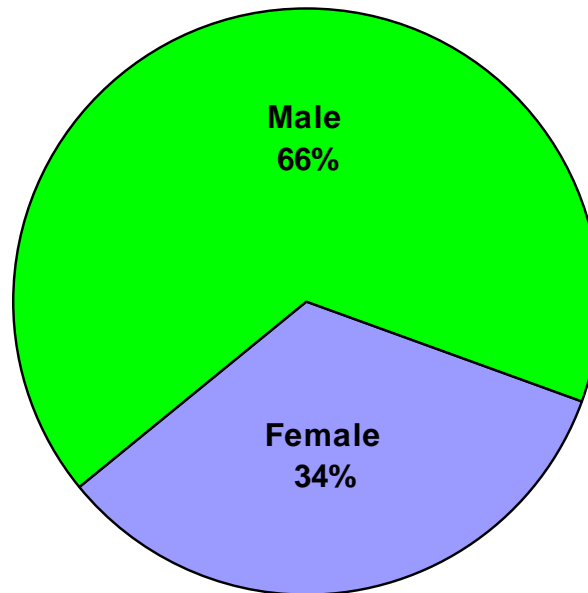


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A Continuum of Care: Residential Placement

As with the CMO population, most are male.

NJ DCF DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)
Children in DCBHS Out of Home Placements by Gender
as of 3/31/2007
(n = 2,175)

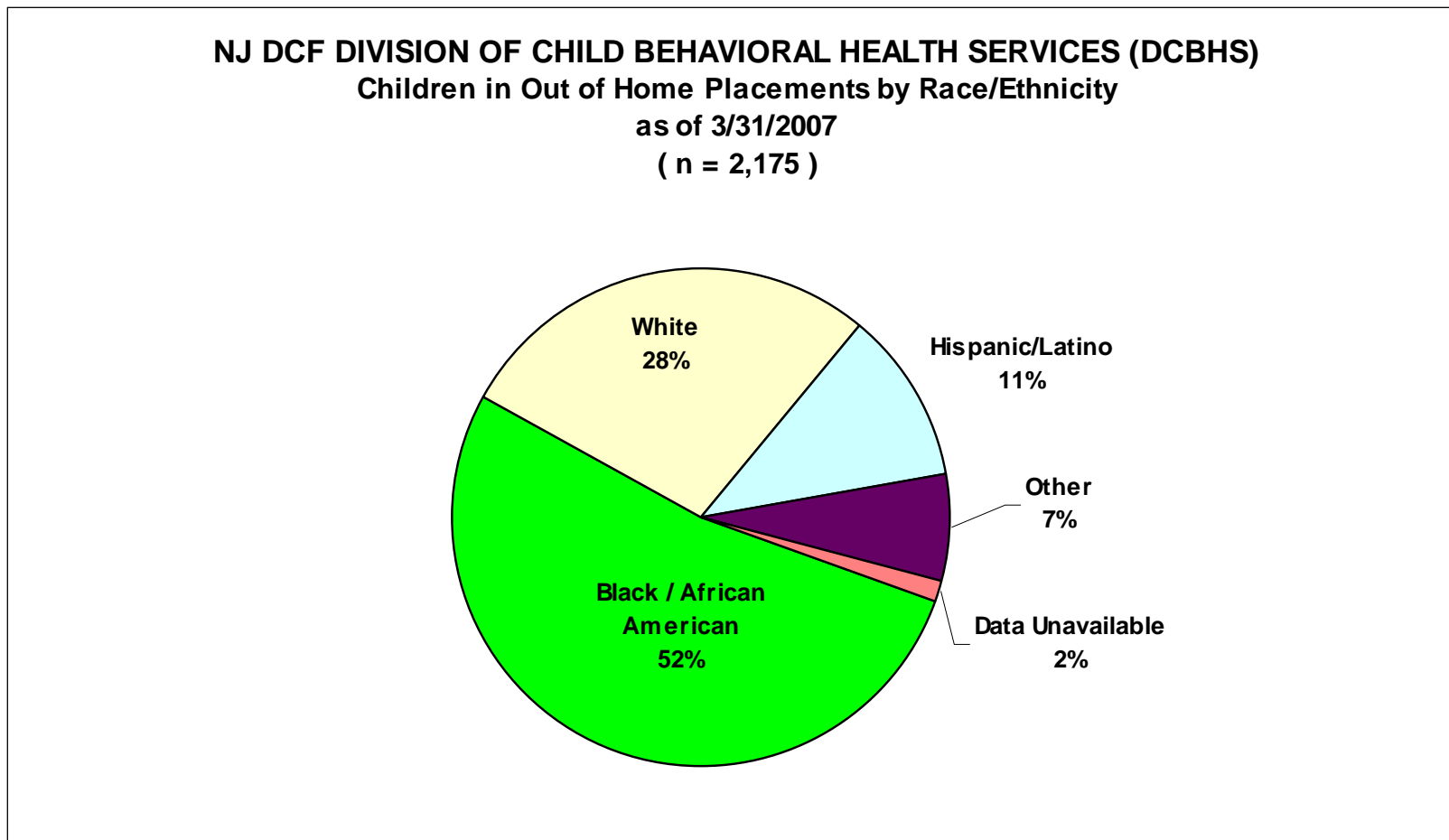


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A Continuum of Care: Residential Placement

Participation by youth of color increases significantly at the placement end of the continuum.

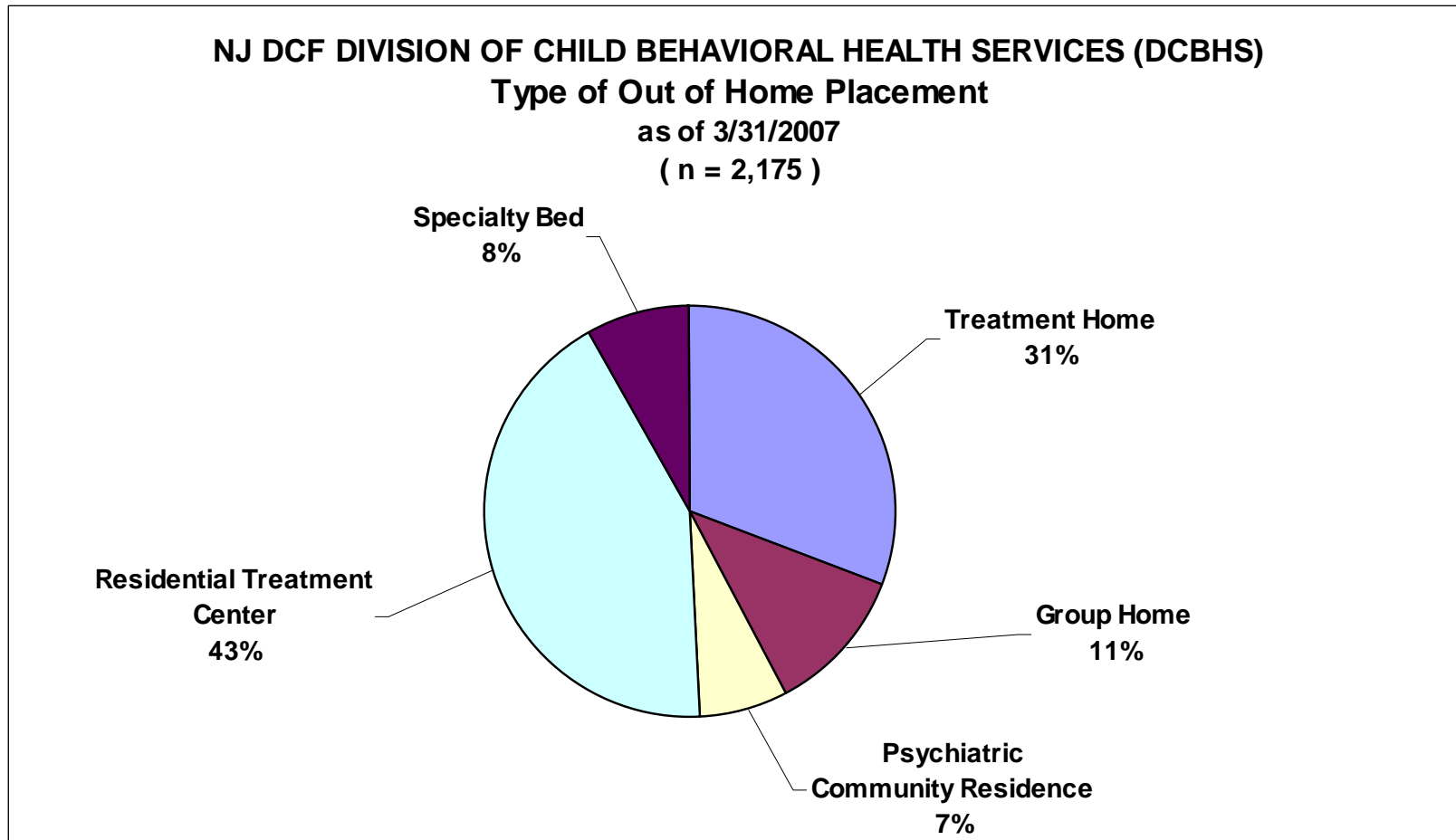
Note: as with the CMO data, data limitations suggest participation of Hispanic/Latino youth are under-represented below.



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A Continuum of Care: Residential Placement

Residential treatment centers are the most commonly utilized placement followed by treatment homes.



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A Continuum of Care: Residential Placement

While out of state placements remain a concern, the overwhelming majority of youth are served in New Jersey.

NJ DCF DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)
Location of Children in DCBHS Out of Home Placement
as of 3/31/2007
(n = 2,175)

