



2016 Inventory and Need Assessment for New Jersey Children's Behavioral Health



Pursuant to New Jersey Statute 30:4-177.63, this is a report to the Governor; the State Senate Health, Human Services and Senior Citizens Committee; and the General Assembly Human Services Committee concerning activities of the New Jersey Department of Children and Families (DCF) with respect to available children's behavioral health services in New Jersey.

The following are the statute's key provisions applicable to the New Jersey Department of Children and Families:

- A. Establish a mechanism through which an inventory of all county-based public and private inpatient, outpatient, and residential behavioral health services is made available to the public;
- B. Establish and implement a methodology, based on nationally recognized criteria, to quantify the usage of and need for inpatient, outpatient, and residential behavioral health services throughout the State, taking into account projected patient care level needs;
- C. Annually assess whether sufficient inpatient, outpatient, and residential behavioral health services are available in each service area of the State in order to ensure timely access to appropriate behavioral health services for persons who are voluntarily admitted or involuntarily committed to inpatient facilities for persons with mental illness in the State, and for persons who need behavioral health services provided by outpatient and community-based programs that support the wellness and recovery for these persons;
- D. Annually identify the funding for existing mental health programs;
- E. Consult with the Community Mental Health Citizens Advisory Board and the Mental Health Planning Council, the Divisions of Developmental Disabilities and the Division of Mental Health and Addiction Services in the Department of Human Services, the Department of Corrections, the Department of Health, and family consumer and other mental health constituent groups, to review the inventories and make recommendations to the Departments of Human Services and Children and Families regarding overall mental health services development and resource needs;
- F. Consult with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, and the New Jersey Council of Teaching Hospitals in carrying out the purposes of this act. The commissioners shall also seek input from Statewide organizations that advocate for persons with mental illness and their families; and
- G. Annually report on departmental activities in accordance with this act to the Governor and to the Senate Health, Human Services and Senior Citizens Committee and the Assembly Human Services Committee, or their successor committees.

Prelude - The Children's System of Care.

The New Jersey Department of Children and Families – Division of Children's System of Care (CSOC) is responsible for overseeing the public system of providers who serve children with emotional and behavioral health care challenges, children under the age of 21 with developmental disabilities,¹ and youth up to age 18 with substance use challenges.² CSOC is committed to providing these services based on the needs of the child and family in a family-centered, community-based environment. Services available through CSOC are authorized without regard to income, private health insurance, or eligibility for Medicaid/NJ FamilyCare or other health benefits programs. Families with private insurance or other means may choose to access services outside of the public system.

The Children's System of Care's primary objectives are 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; and
- In the community, successfully participating in the community and becoming independent, productive, and law-abiding citizens.

CSOC offers a statewide continuum of care, which includes care management, mobile response and stabilization services, peer/family support, in-community services (e.g. outpatient and in home therapy), as well as a range of residential services of varying intensities.

CSOC also has a long-standing relationship with the Rutgers University Behavioral Health Care - Behavioral Research and Training Institute (Rutgers UBHC). Rutgers UBHC offers an extensive array of free training and technical assistance in the areas of behavioral health, substance use, and developmental disabilities to CSOC system partners, including DCF employees, contracted service providers, families, and members of the public. Information concerning Rutgers UBHC training is available on the DCF website at <http://www.state.nj.us/dcf/providers/csc/training/>.

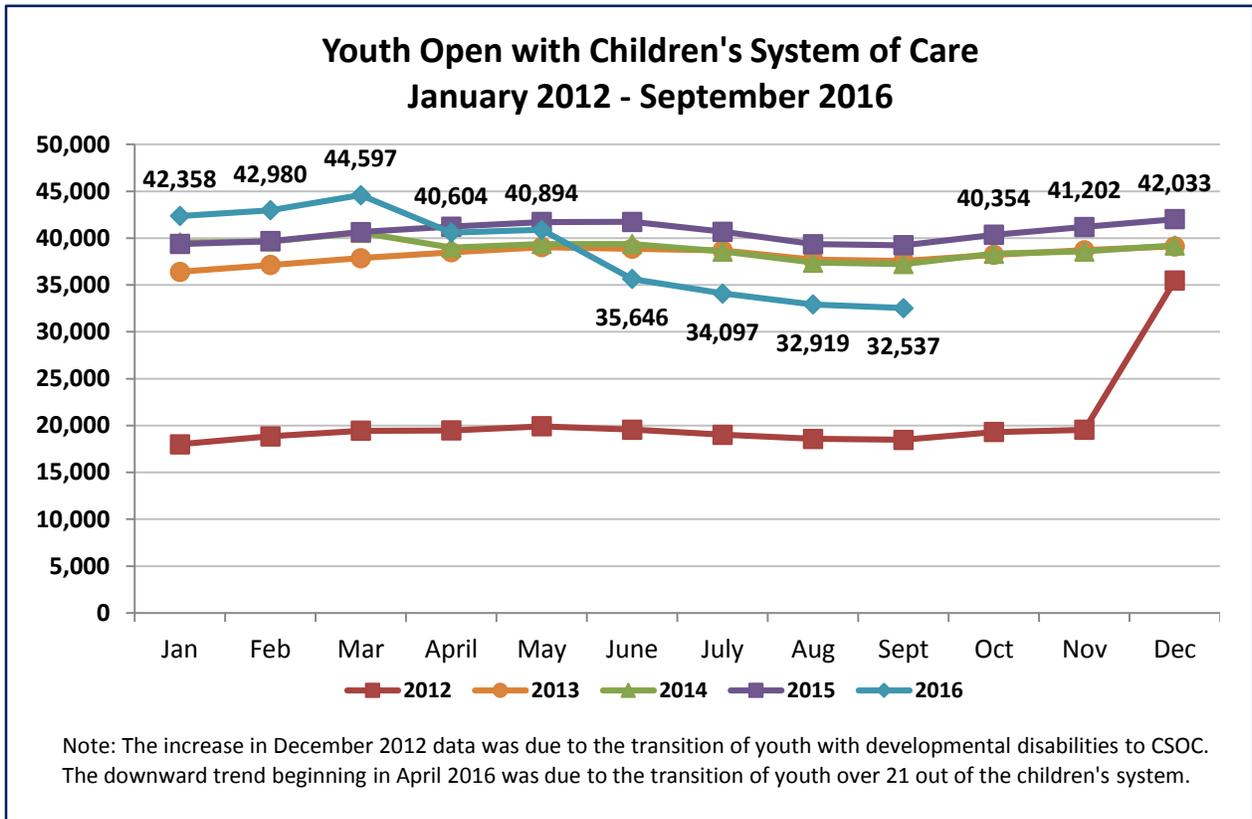
The single portal for access to all services available through CSOC is the Contracted System Administrator (CSA) for the children's system. PerformCare, a member of AmeriHealth Caritas, is the current Contracted System Administrator for the children's system. For information about services available through CSOC, the public may contact PerformCare at 877-652-7624 or visit

¹ As of January 1, 2013, CSOC became responsible for providing all of the services to youth under the age of 21 with developmental disabilities.

² As of July 1, 2013, CSOC assumed oversight from the New Jersey Department of Human Services - Division of Mental Health and Addiction Services of substance use treatment programs for adolescents ages 13 to 18.

<http://www.performcarenj.org/>. Information about CSOC is available at <http://www.state.nj.us/dcf/about/divisions/dcsc/>. As of September 2016, there were over 32,000 youth open with CSOC³. Figure 1 shows the number of youth open with CSOC each month between January 2012 and October 2016.

Figure 1

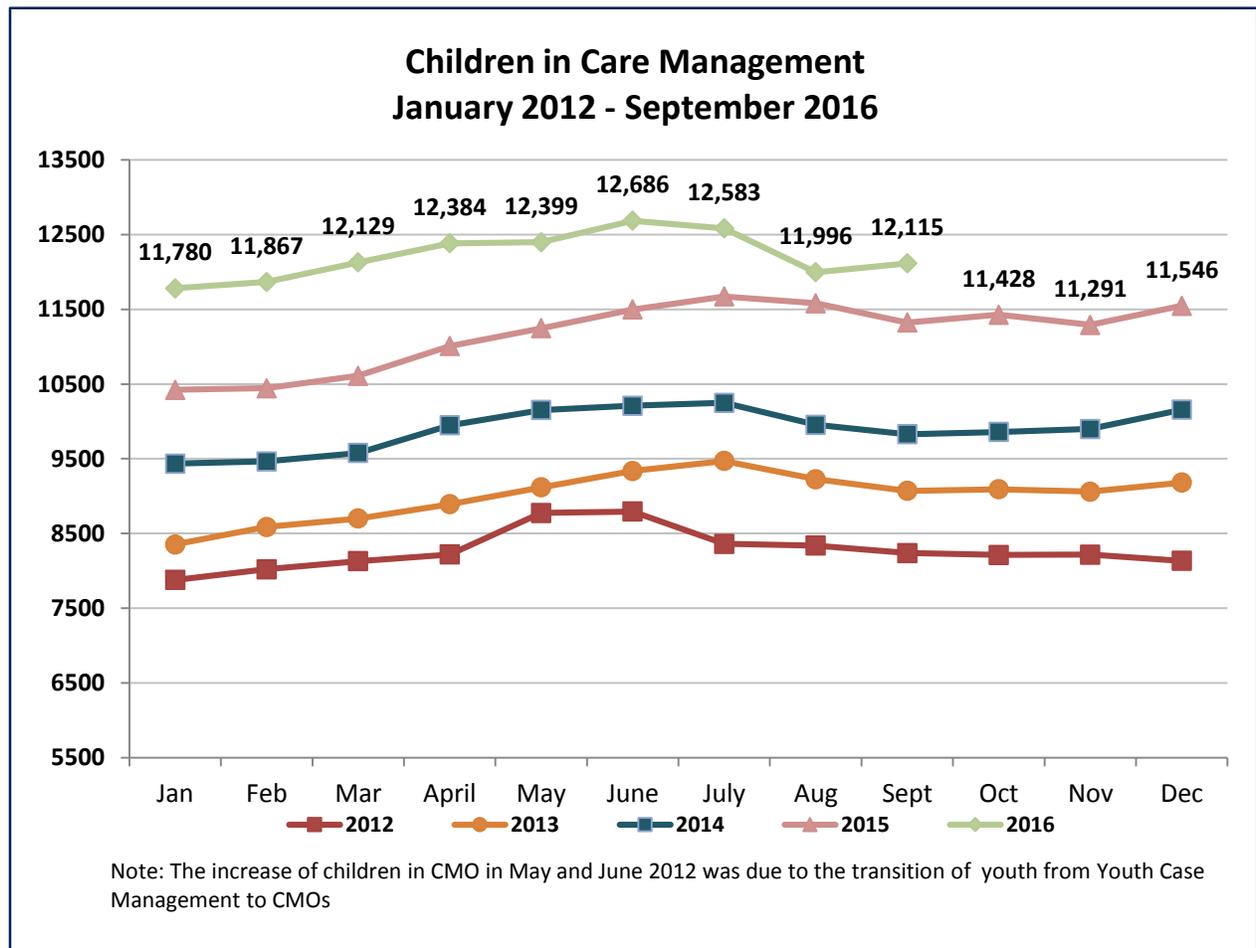


³ Open with CSOC reflects youth who are involved with, and eligible to receive services through, CSOC, i.e. youth who may be authorized to receive a service through CSOC at any given time.

Care Management

Youth whose needs require moderate or intensive care management services that cross multiple service systems may be eligible for enrollment with a CSOC Care Management Organization (CMO). A CMO is an independent, community-based organization that provides advocacy, service planning, and care coordination. There are 15 CMOs statewide whose catchment areas correspond to the 15 court vicinages. Figure 2 shows the number of children receiving Care Management each month between January 2012 and September 2016.

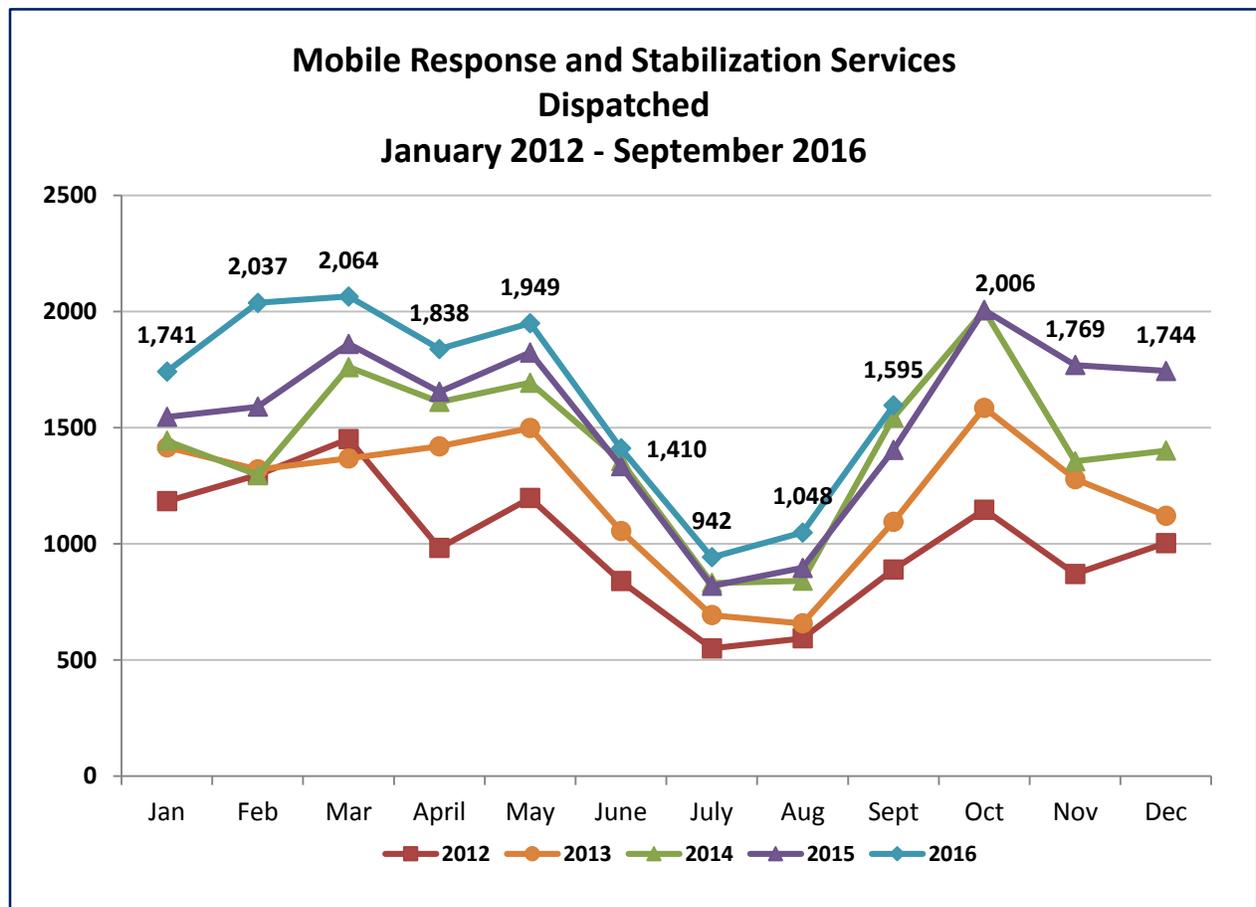
Figure 2



Mobile Response and Stabilization Services

Among the critical resources available through CSOC are Mobile Response and Stabilization Services (MRSS). MRSS are a system of time limited, clinically based interventions available 24 hours a day, 7 days a week, and 365 days a year to youth in danger of being removed from their current living arrangements. An initial MRSS intervention can be delivered at the site of the crisis within one hour of a request. Follow-up MRSS, which include appropriate service implementation, may last up to eight weeks. As with CMOs, there are 15 MRSS providers statewide. Figure 3 shows the number of times Mobile Response and Stabilization Services were dispatched each month between January 2012 and September 2016.

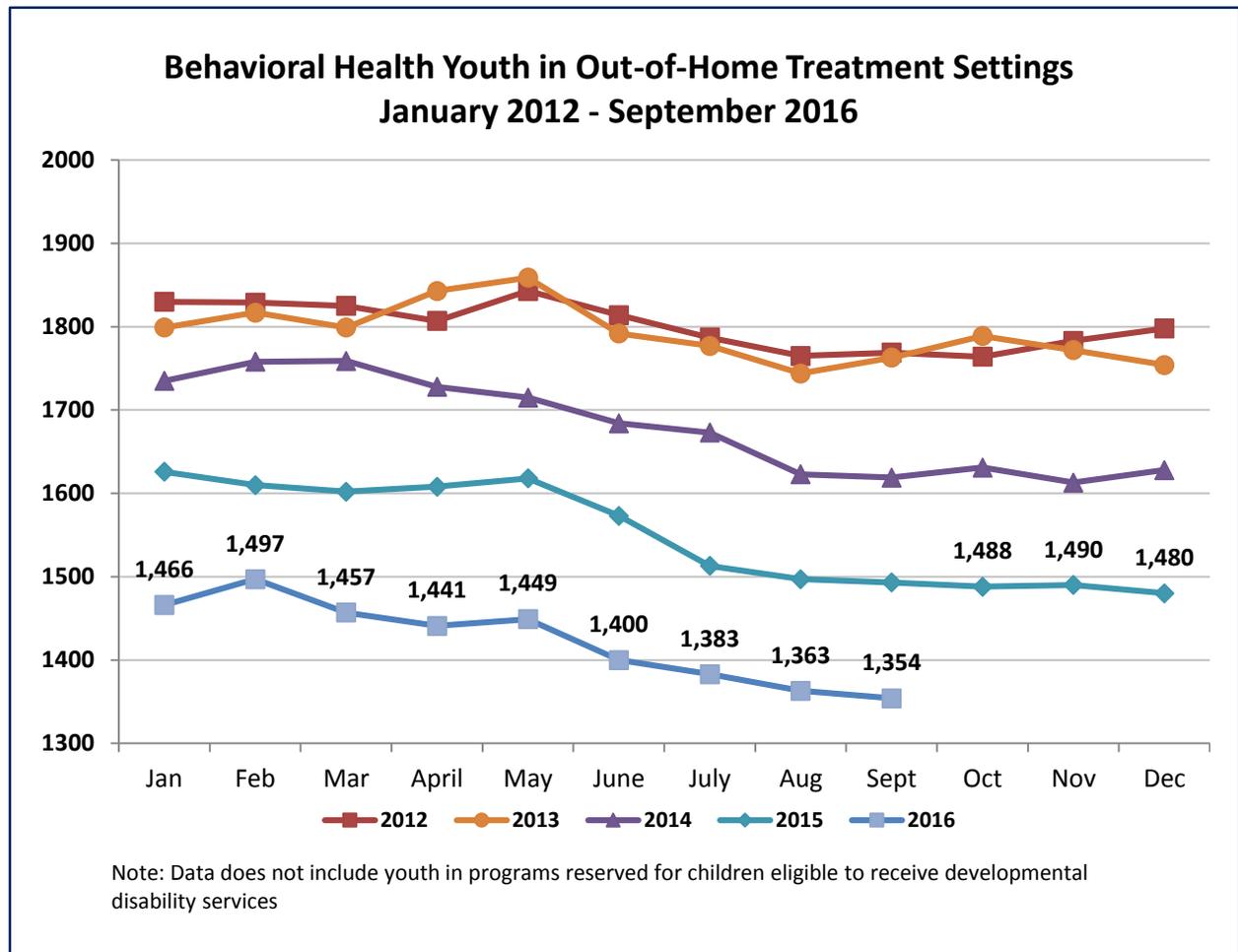
Figure 3



Out-of-Home Treatment

CSOC out-of-home treatment services are available to youth enrolled with a CMO who meet the specific clinical criteria for the particular type of treatment program. Figure 4 shows the number of children in out-of-home behavioral health treatment settings each month between January 2012 and September 2016.

Figure 4



For additional CSOC data, please view the Commissioner's Dashboard and the Children's InterAgency Coordinating Council (CIACC) Summary of Activity reports on the DCF Continuous Quality Improvement webpage, <http://www.state.nj.us/dcf/childdata/continuous/index.html>.

CSOC Expansion and Sustainability SAMHSA Grant

As highlighted in last year's report, DCF was awarded a \$12 million grant from SAMHSA to expand mental health services for children with complex behavioral health challenges. Entitled, *Promising Path to Success*, the project will run four years, from September 2015 to September 2019, and is expected to help CSOC achieve the following goals:

- Reduce the percentage of youth in the system of care who require multiple episodes of out-of-home treatment;
- Reduce the percentage of youth who re-enter treatment after discharge from an initial treatment episode;
- Reduce the average length of stay for youth in out-of-home treatment from 11.5 to 9 months; and
- Analyze and understand the impact of each type of system investment in order to make future resource allocation decisions.

The project's main components include two trauma-informed interventions, *Six Core Strategies for Reducing Seclusion and Restraint Use* (an evidenced-based practice) and *the Nurtured Heart Approach*. These interventions are being introduced system-wide through CSOC's training partner, Rutgers UBHC, to approximately 146 out-of-home treatment programs as well all of CSOC's other System Partners, (CMO, Family Support Organizations (FSO), MRSS, and CIACC). Another key component of the project is a Return on Investment (ROI) study being conducted by Rutgers University's Center for State Health Policy. The ROI study will enable CSOC to determine the relative success of the project in achieving its identified goals and help DCF make future decisions concerning resource allocation.

The milestones CSOC was able to reach in the project's first full year include hiring a project director, assistant project director, and support staff member. In January 2016, the Executive Staff of CSOC and CSOC System Partners in the three counties (Morris, Sussex, and Middlesex) selected for the first phase the project rollout were trained in *Six Core Strategies*. Sixteen Out of Home treatment providers have also participated in subsequent monthly coaching/implementation plan development sessions for *Six Core Strategies*. Rutgers UBHC hired six full time coaches who have been certified as trainers in the *Nurtured Heart Approach*. An additional forty-nine people, including executive staff of CSOC and CSOC System Partners were also certified as trainers in the *Nurtured Heart Approach*. More than 2,400 community providers have also been trained in the *Nurtured Heart Approach* through the *Promising Path to Success* project. The ROI Advisory Committee was convened, which includes representatives of CSOC, the New Jersey Department of Education, Medicaid, CMO, FSO, CIACC, the Contracted Services Administrator (PerformCare), Juvenile Justice, and the New Jersey Alliance for Children, Youth and Families. Parent partners have also been invited to participate in the ROI Advisory Committee.

In addition to these milestones, CSOC has received anecdotal reports from Out of Home treatment providers in the three counties selected for the first phase the project rollout of decreases in restraints and other incidents within their facilities coincidental to the implementation of *Six Core Strategies* and the *Nurtured Heart Approach*. These providers are also collecting hard data concerning the impact of the *Promising Path to Success* project on their programs.

In May 2016, a kickoff event for was held for the four counties (Cumberland, Gloucester, Salem, and Passaic) selected for the second phase of the project rollout. *Six Core Strategies* training for those counties was held in October 2016. The schedule for rolling out the *Promising Path to Success* project to the remaining counties is as follows:

- Phase 3 - June 2017: Burlington, Essex, Ocean, and Union
- Phase 4 - March 2018: Camden, Hunterdon, Somerset, Warren, and Hudson
- Phase 5 - December 2018: Atlantic, Cape May, Bergen, Monmouth, and Mercer

DCF remains extremely enthusiastic about the *Promising Path to Success* project and its potential to positively transform the New Jersey Children’s System of Care. DCF looks forward to continuing its work with its system partners and other New Jersey stakeholders in this important endeavor.

A. Inventory of Children’s Behavioral Health Services

An inventory of inpatient, outpatient, and in-state residential behavioral health services for children can be found at <http://www.performcarenj.org/families/find-a-provider.aspx>.⁴

Children’s behavioral health inpatient services, or Children’s Crisis Intervention Services (CCIS), are short-term, acute care psychiatric units in community hospitals. CCIS provides crisis stabilization, evaluation, and treatment to youth ages 5 to 17 in need of involuntary commitment or eligible for parental admission or voluntary admission. The typical length of stay for a child in a CCIS unit is less than two weeks. A referral from a psychiatric screening center is the primary way to access CCIS. The list of designated screening centers in New Jersey is available at

http://www.nj.gov/humanservices/dmhas/home/hotlines/MH_Screening_Centers.pdf.

⁴ The inventory includes CSOC-contracted substance use treatment service providers and CSOC-contracted Family Support Organizations.

The inventory of children’s behavioral health outpatient providers lists Medicaid-enrolled providers by county. Referral to Perform Care is not required to access outpatient services, which include counseling, psychiatric evaluations, medication monitoring, and anger management. Therefore, families are advised to contact outpatient providers directly to access services.

The programs listed in the inventory of residential treatment services may only be accessed through CSOC. That is, a youth must be enrolled with a CSOC CMO and meet specific clinical criteria. The types of out-of-home or residential treatment programs includes Treatment Homes (TH), Group Homes (GH), Residential Treatment Centers (RTC), Specialty Programs (SPEC), Psychiatric Community Homes (PCH), Detention Alternative Programs (DAP), and Medical Needs Programs (Pregnancy/Diabetes).⁵ The inventory includes the address, gender or genders served, age range, and capacity of each program.

In addition to the inventories identified above, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services hosts a Behavioral Health Treatment Services Locator on its website at <http://findtreatment.samhsa.gov/>. The locator enables users to identify public and private mental health and substance abuse treatment programs for children and adults in New Jersey and throughout the country. By entering an address, a city, or zip code, members of the public can locate specific types of programs within a geographic area.

Child Substance Use

The inventory of substance use treatment services available through CSOC, which includes outpatient, intensive outpatient, partial care, short-term residential, long-term residential, methadone maintenance, and detoxification, may also be accessed from the PerformCare website at <http://www.performcarenj.org/families/find-a-provider.aspx>.

As noted in last year’s report, and recognizing that youth who use drugs typically have a broad range of mental health and psychosocial challenges, CSOC has undertaken an initiative to expand its residential substance use treatment services for youth with co-occurring mental health and substance use needs. This enables youth to more easily receive treatment for their full spectrum of complex needs.

⁵ Please see the appendix entitled, *Descriptions of CSOC Residential Programs by Intensity of Service (IOS)* for more information on residential services available through CSOC.

B. Methodology to Estimate Need for Children’s Behavioral Health Services

DCF and its system partners employ several methodologies to quantify the use of and need for inpatient, outpatient, and residential behavioral health services throughout the State. These methodologies include 1) needs assessments and 2) analysis of utilization management data.

As to needs assessments, the Children’s InterAgency Coordinating Councils (CIACCs) are key components in this process. Established by statute,⁶ CIACCs are DCF-funded, county-based planning and advisory groups.⁷ The mission of the CIACCs includes working in collaboration with DCF to create a seamless array of services. CIACCs also serve as the counties’ mechanism to advise DCF on the development and maintenance of a responsive, accessible, and integrated system of care for youth and their families through the involvement of parents, children, youth and young adults, child-serving agencies, and community representatives. Through enhanced coordination of system partners, CIACCs also identify service and resource gaps and priorities for resource development.

In December of this year, DCF expects to implement its new electronic survey that will facilitate the CIACC Needs Assessment process and enable DCF to more efficiently determine where needs exist for behavioral health services, as well as substance use and developmental disability services. In addition to the County Needs Assessment submitted by the CIACCs, DCF continues to receive County Human Services Advisory Council (County HSAC) Needs Assessments. These comprehensive County HSAC Needs Assessments address behavioral health services and are often conducted in lieu of a separate CIACC Needs Assessment.

As to residential behavioral health services within the children’s system, CSOC utilizes an electronic bed-tracking system to assist this agency in quantifying usage and determining service needs. CSOC’s electronic bed-tracking system, which is a component of CSOC’s management information system, allows this agency to monitor utilization rates and admission wait times in real-time. Data generated by CSOC’s management information system enables CSOC to analyze trends and, as resources allow, determine when to develop additional residential treatment services.

CSOC’s management information system also provides this agency with utilization data concerning CSOC-contracted system partners. That data, in addition to information exchanged at regular meetings between CSOC and its contracted system partners, enables CSOC and DCF to plan for future resource needs of Care Management Organizations, Mobile Response Stabilization Services providers, and Family Support Organizations. Each of these entities plays a critical role in helping children and families access appropriate services and achieve positive

⁶ N.J.S.A. 30:4C-66 et seq.

⁷ There are 21 CIACCs in New Jersey, one in each county.

outcomes with respect to behavioral health, substance use, and developmental disability challenges.

CSOC’s ability to quantify the usage of and need for inpatient and outpatient services will be significantly enhanced once CSOC (through its Contracted System Administrator) begins to provide utilization management for inpatient and outpatient programs. CSOC will then be able to access aggregate outpatient utilization data and analyze trends using CSOC’s management information system; and, in consultation with other stakeholders, make more informed decisions concerning where and how to allocate resources for inpatient and outpatient behavioral health services.

C. Annual Assessment

Utilizing the methodologies identified herein, each year DCF assesses whether there are sufficient services throughout the State in the behavioral health continuum, as well as the substance use and developmental disability continuums. The advent of both the electronic survey, part of the Children's InterAgency Coordinating Council needs assessment process (see section B above) and CSOC’s utilization management of inpatient and outpatient programs, will further enhance DCF’s assessment capabilities.

D. Annual Funding for Existing Child Behavioral Health Programs

For State Fiscal Year 2017, funding directly appropriated to CSOC from State and Federal sources, and the funds contributed by Juvenile Justice Commission for the provision of behavioral services, across all service lines totaled \$498,151,650. See Table 1.

Table 1

Sources of Funding for Children’s Behavioral Health Services⁸

Grants in Aid	\$290,432,511
Title XIX (Federal)	\$162,667,000
Title XXI (State and Federal)	\$ 35,628,000
Juvenile Justice Commission	\$ 573,000
Substance Abuse Block Grant (Federal)	\$ 8,851,139
TOTAL	\$498,151,650

⁸ Administrative funding for Family Support Organizations and the Contracted Systems Administrator are included as they support the system of care.

Table 2 lists the allocation of funds for children’s behavioral health services by service type for State Fiscal Year 2017. Residential programs range from high-intensity hospital-based psychiatric services to low-intensity services like Treatment Homes.⁹ Behavioral Assistance and Intensive In-Community therapy are short-term, home-based intensive treatments. Youth Incentive Programs represent CIACC community development funds.

Table 2

Allocation of funds for Children’s Behavioral Health Services by Service Type

Residential	\$237,848,000 ¹⁰
Care Management Organizations	\$ 90,867,000
Family Support Organizations	\$ 10,863,650
Mobile Response and Stabilization Services	\$ 33,910,000
Behavioral Assistance/Intensive In-Community therapy	\$ 86,412,000
Youth Incentive Programs	\$ 3,687,000
Outpatient	\$ 12,160,861
Contracted System Administrator (CSA)	\$ 13,552,000
Substance Abuse	\$ 8,851,139
TOTAL	\$498,151,650

E. Consultation with Community Mental Health Citizens Advisory Board and the Mental Health Planning Council

DCF remains committed to collaborating with the New Jersey Department of Human Services and other stakeholders in the behavioral health community to address systems issues, including resource availability, to help ensure families are able to access appropriate services in a timely manner. Senior and other CSOC staff members are standing members of the combined Community Mental Health Citizens Advisory Board and the Mental Health Planning Council.

⁹ Please see the attached document entitled, *Descriptions of CSOC Residential Programs by Intensity of Service (IOS)* for more information on residential services available through CSOC.

¹⁰ The Residential figure in last year’s report was overstated by \$39,000,000. The corrected figure is \$236,323,000.

F. Consult with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, and statewide organizations that advocate for persons with mental illness and their families

As noted in previous years' reports, senior DCF staff, including DCF's Assistant Commissioner who oversees CSOC, participates along with DHS senior staff, in regular meetings with the New Jersey Hospital Association and the Hospital Alliance of New Jersey. In addition, DCF and CSOC staff meet regularly with the New Jersey Association of Mental Health Agencies, Children's InterAgency Coordinating Councils, the New Jersey Alliance for Children, the New Jersey Association of Mental Health Agencies, the New Jersey Youth Suicide Prevention Advisory Council, the Adult Suicide Prevention Advisory Council, as well as other organizations that advocate for persons with mental illness and their families.

G. Summary

Members of the public are able to access information about children's behavioral health and other services available through the public system of care by contacting PerformCare at 877-652-7624 or by visiting <http://www.performcarenj.org/>. An inventory of public inpatient, outpatient, and in-state residential behavioral health services for children can be found at <http://www.performcarenj.org/families/find-a-provider.aspx>. A comprehensive inventory of behavioral health and substance use treatment programs for children and adults in New Jersey and nationwide is available on the SAMHSA website at <http://findtreatment.samhsa.gov/>.

Each year, DCF assesses the sufficiency of behavioral health services, as well as substance use and developmental disability services, throughout the State. The assessments inform how DCF allocates its resources. Likewise, DCF continues to collaborate with other New Jersey stakeholders on ways to improve the children's system and provide families timely access to appropriate services. Through the *Promising Path to Success* project, DCF is working to create a children's system that is even more nurturing to the children and families this agency serves.