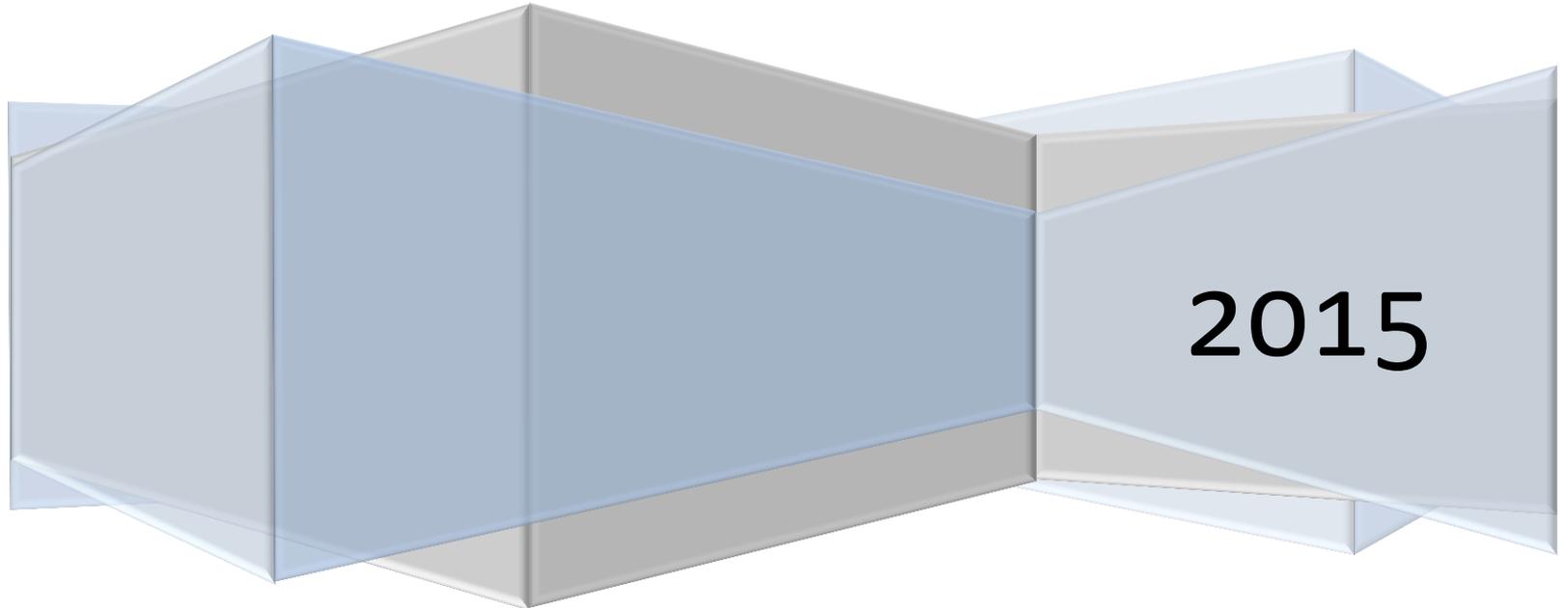


Inventory And Need Assessment

For New Jersey Children's Behavioral Health



2015

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.¹

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 Division 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

¹ The Department of Human Services has prepared a separate report concerning adult behavioral health services.

- 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,² and youth up to age 18 with substance use challenges.³ 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 abuse, 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/>.

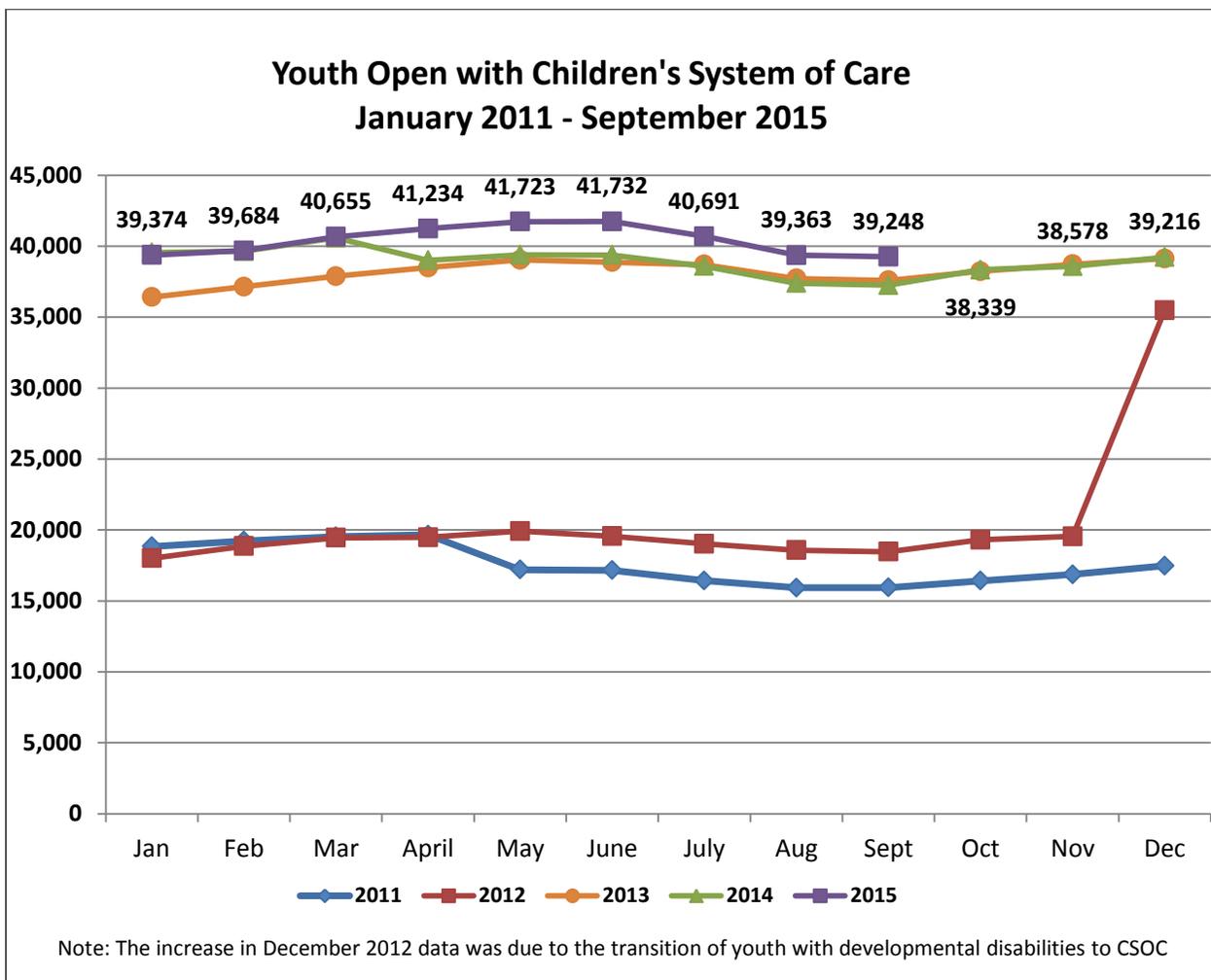
² As of January 1, 2013, CSOC became responsible for providing all of the services to youth under the age of 21 with developmental disabilities.

³ As of July 1, 2013, CSOC assumed oversight from the DHS DMHAS of substance abuse treatment programs for adolescents ages 13 to 18.

Inventory and Need Assessment for New Jersey Children’s Behavioral Health

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 <http://www.performcarenj.org/>. Information about CSOC is available at <http://www.state.nj.us/dcf/about/divisions/dcsc/>. As of September 2015, there were over 39,000 youth open with CSOC. Figure 1 below shows the number of youth open with CSOC each month between January 2011 and October 2015.

Figure 1

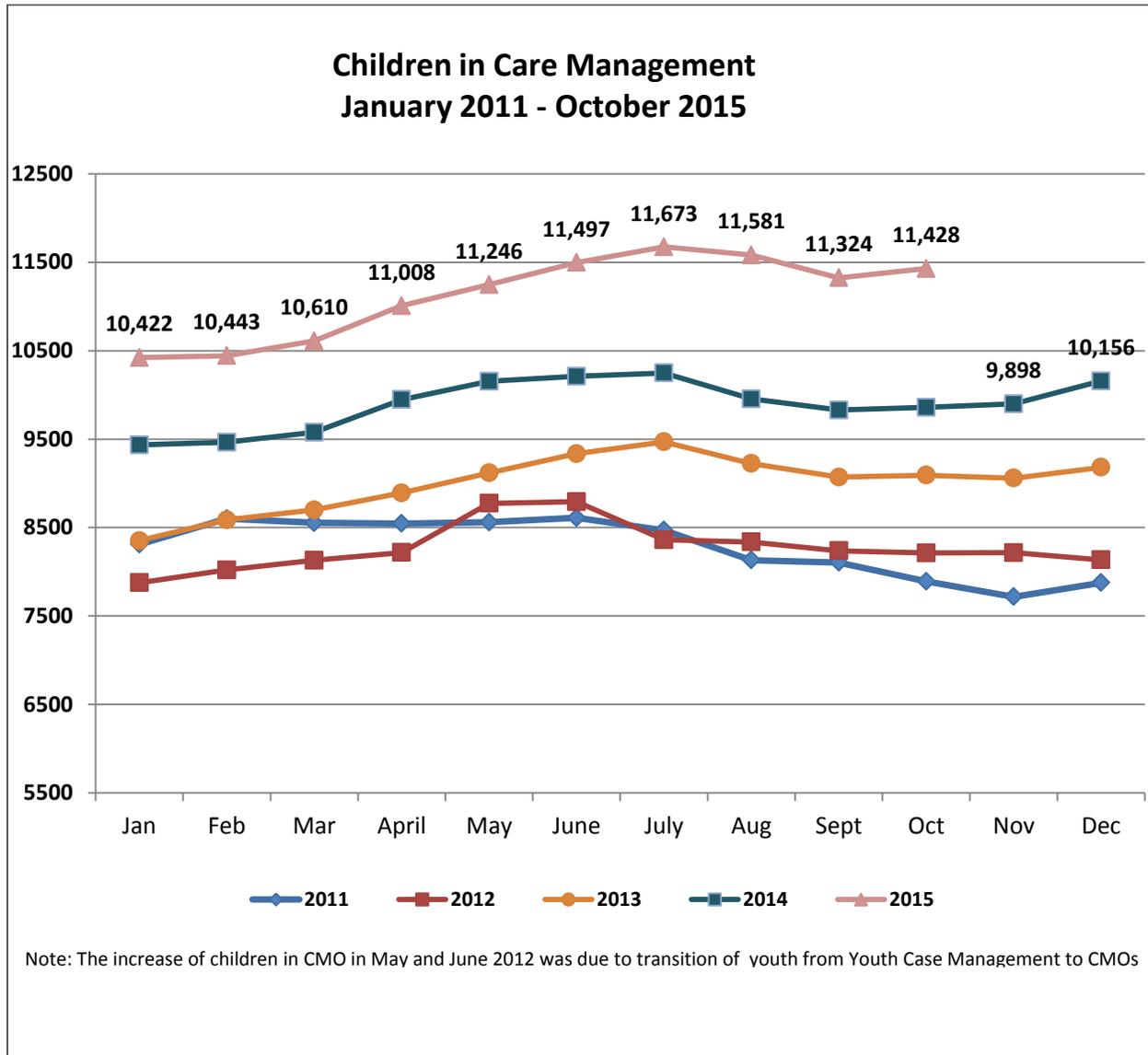


Youth whose needs require moderate or intensive care management services that cross multiple service systems may be eligible for enrollment with a CSOC Care Management Organization (CMO). A CMO is an independent, community-based organization that provides advocacy, service planning, and care coordination. There are 15 CMOs statewide whose

Inventory and Need Assessment for New Jersey Children’s Behavioral Health

catchment areas correspond to the 15 court vicinages. Figure 2 below shows the number of children receiving Care Management each month between January 2011 and October 2015.

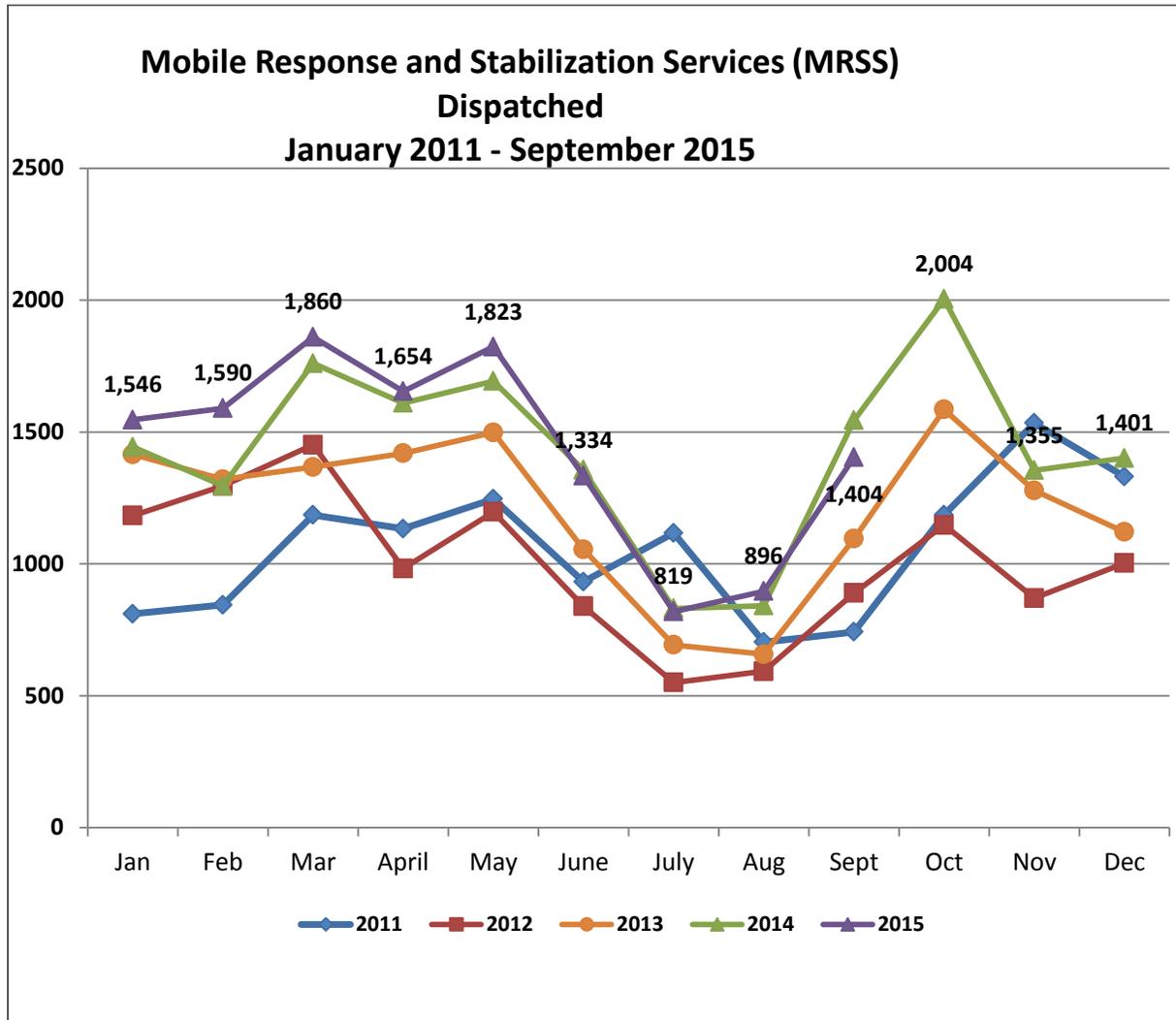
Figure 2



Among the vital 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, 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 1 hour of a request. Follow-up MRSS, which includes appropriate service implementation, may last up to 8 weeks. As with CMOs, there are 15 MRSS providers

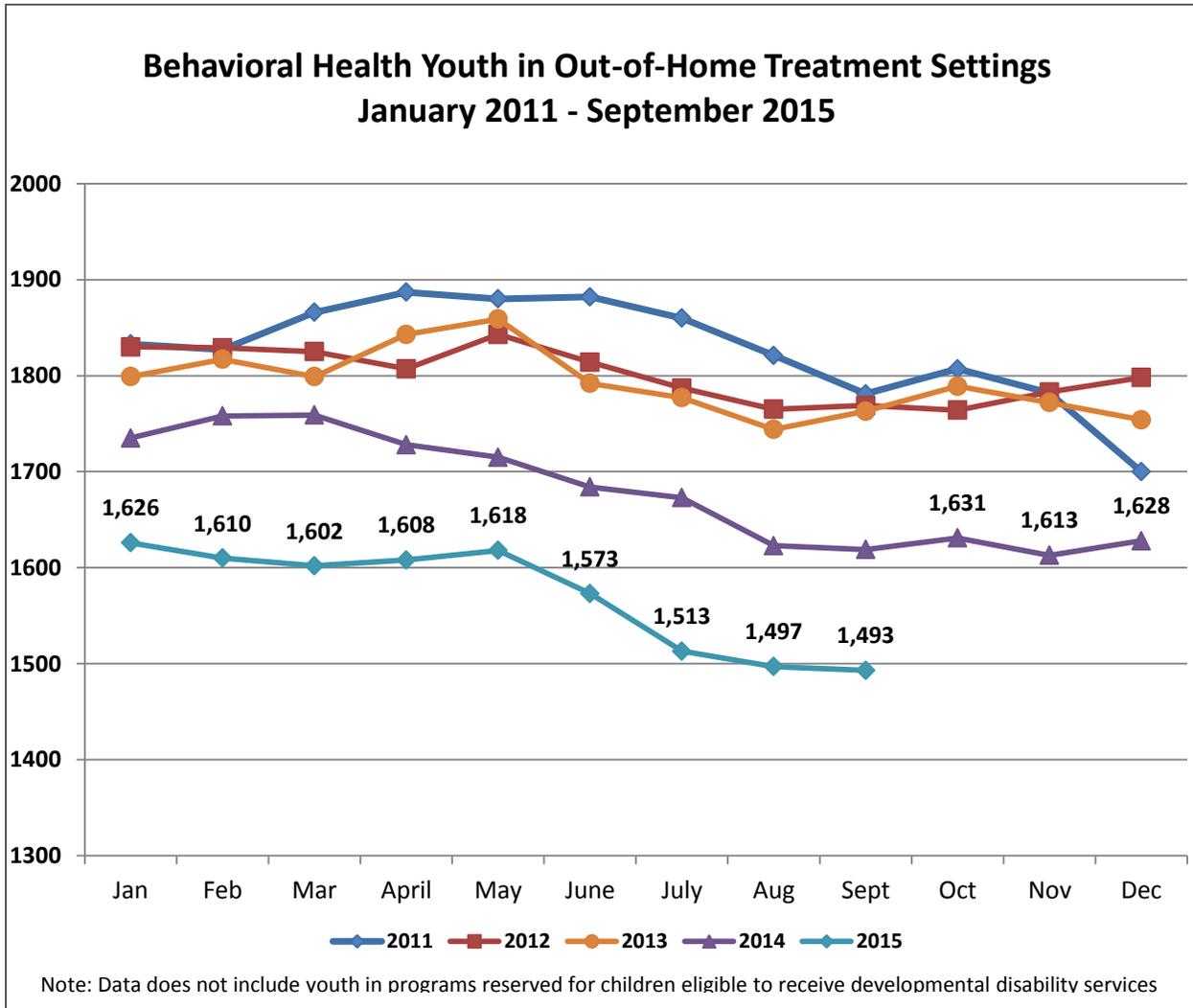
statewide. Figure 3 below shows the number of times Mobile Response and Stabilization Services were dispatched each month between January 2011 and September 2015.

Figure 3



CSOC out-of-home treatment services are available to youth enrolled with a CMO who meet the specific clinical criteria for the particular treatment program. Figure 4 below shows the number of children in out-of-home behavioral health treatment settings each month between January 2011 and September 2015.

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>.

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/behavioral/find-prov.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

⁴ An inventory of CSOC-contracted substance use treatment service providers and the list of CSOC-contracted Family Support Organizations is also available.

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.

The inventory of children's behavioral health outpatient providers lists Medicaid-enrolled providers by county. At the present time, referral to PerformCare 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, which has extensive search and sorting capabilities, 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 a 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 be accessed from the PerformCare website, <http://www.performcarenj.org/pdf/provider/substance/substance-use-provider-list.pdf>.

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.

Recognizing youth with substance use disorder typically have a broad range of mental health and psychosocial challenges, CSOC has undertaken the initiative to expand its residential substance use treatment services for youth with co-occurring mental health and substance use needs. This will enable more youth to receive treatment for their full spectrum of complex needs, in the same program.

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, including 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.

As introduced in last year’s report, DCF is pleased to be working with the National Technical Assistance Center for Children’s Mental Health within the Georgetown University Center for Child and Human Development to implement an electronic survey. The electronic survey, which will be administered by the National Technical Assistance Center, will facilitate a new 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. DCF expects to roll out the electronic survey in the next few months. Although DCF has not required CIACCs to submit needs assessments recently, as explained in previous years’ reports, 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

⁶ N.J.S.A. 30:4C-66 et seq.

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

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. Consequently, data generated by CSOC's management information system enables CSOC to analyze trends and, ultimately, determine when to develop additional residential treatment services via the public bidding process, as resources allow.

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, Family Support Organizations, and Intensive In-Community therapy providers. Each of these agencies plays a critical role in helping children and families access appropriate services and achieve positive outcomes with respect to behavioral health, substance use, and developmental disability challenges.

As has been noted in previous years' reports, CSOC's ability to quantify the usage of and need for inpatient and outpatient services will be significantly enhanced in the coming years once CSOC (through its Contracted System Administrator) begins to provide utilization management for inpatient and outpatient programs. This considerable undertaking, which is part of the New Jersey Comprehensive Waiver through Medicaid, is still in the planning stages. When implemented, CSOC will be able to access 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 sufficient behavioral health services are available across the State. 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 enable DCF to gather data even more efficiently concerning the availability of sufficient services across the behavioral health continuum (as well as the substance use and developmental disability continuums). In turn, these two developments will assist DCF in deciding how to allocate resources in order to ensure timely access to appropriate services.

D. Annual Funding for Existing Child Behavioral Health Programs

Inventory and Need Assessment for New Jersey Children’s Behavioral Health

For State Fiscal Year 2016, 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 \$493,586,000. See Table 1 below.

Table 1

Sources of Funding for Children’s Behavioral Health Services⁸

Grants in Aid	\$307,967,000
Title XIX (Federal)	\$145,131,000
Title XXI (State and Federal)	\$ 31,204,000
Juvenile Justice Commission	\$ 573,000
Substance Abuse Block Grant (Federal)	\$ 8,712,000
TOTAL	\$493,586,000

Table 2 below lists the allocation of funds for children’s behavioral health services by service type for State Fiscal Year 2015. 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.

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

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.

Table 2

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

Residential ¹⁰	\$275,323,000
Care Management Organizations	\$ 78,833,000
Family Support Organizations	\$ 10,863,000
Mobile Response and Stabilization Services	\$ 27,135,000
Behavioral Assistance/Intensive In-Community therapy	\$ 63,868,000
Youth Incentive Programs	\$ 3,762,000
Outpatient	\$ 11,538,000
Contracted System Administrator (CSA) ¹¹	\$ 13,552,000
Substance Abuse	\$ 8,712,000
TOTAL	\$493,586,000

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

DCF remains committed to collaborating with the Department of Human Services and other stakeholders in the behavioral health community to address systems issues, including resource availability, to help ensure that 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.

F. Consultation 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

¹⁰ The marked increase reflected in the funding for residential services this year compared to last (\$275,323,000 to \$230,659,000; a difference of \$44,664,000) is primarily due to the inclusion of residential services for substance use and developmental disability services.

¹¹ In last year’s report, the funding amounts for the Contracted System Administrator and Substance Abuse were transposed.

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 may 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/behavioral/find-prov.aspx>. A comprehensive inventory of behavioral health and substance abuse treatment programs for children and adults in New Jersey and nationwide is available on the SAMHSA website at <http://findtreatment.samhsa.gov/>.

In addition, to ensure the children's system remains responsive to the behavioral health and other services needs of New Jersey families, every year DCF and its system partners analyze data and assess needs throughout the state in order to determine how best to allocate resources. Likewise, DCF continues to collaborate with system partners and other stakeholders in order to improve the behavioral health system.

CSOC Expansion and Sustainability SAMHSA Grant

Finally, DCF is extremely proud to have been awarded a \$12 million grant in 2015 from the Substance Abuse and Mental Health Services Administration to expand mental health services for children with complex behavioral health challenges. The impact of the expansion project, entitled, *Promising Path to Success*, will be transformational to the Children's System of Care as CSOC will introduce two trauma-informed interventions, *Six Core Strategies for Reducing Seclusion and Restraint Use* (an evidenced based practice) and the *Nurtured Heart Approach*, system-wide.

Rutgers UBHC will provide training and coaching to staff of CSOC-contracted service providers in all 21 counties in the implementation and use of these interventions, which help to create safe environments for children. Over the entire four year grant period, which will have five phases, DCF expects to introduce these interventions to approximately 146 out-of-home treatment programs, as well as to other system partners. The impact of the training will transform the practice of approximately 4,500 staff members of out-of-home treatment programs, 700 staff members of Care Management Organizations, over 6,000 youth, and at least 9,000 parents and caregivers, statewide. DCF also plans to engage Rutgers University's

Center for State Health Policy to conduct a *Return on Investment* study to help DCF make future resource allocation decisions.

The project's measurable goals are to:

- 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.

For more information about the grant, please see the *Notices* link on the DCF website at <http://www.state.nj.us/dcf/>.

As evidenced by this expansion grant, DCF is ever-vigilant in exploring ways to enhance its ability to meet the behavioral health and other needs of New Jersey children and families.

Children's System of Care - Residential Treatment Programs by Intensity of Service (IOS)

Children's Crisis Intervention Services (CCIS): Psychiatric inpatient hospital services located in community hospitals that provide acute inpatient treatment, stabilization, assessment and short-term intensive treatment.

Intermediate Inpatient Psychiatric Units: Inpatient secure sub-acute psychiatric units located in community hospitals that provide Children's Crisis Intervention Services (CCIS). These units serve youth who require additional inpatient treatment following stabilization in a CCIS.

Intensive Residential Treatment Services (IRTS): Inpatient secure treatment services provided to youth with a wide range of serious emotional and behavioral needs who require 24 hour per day care in a safe, secure environment with constant line-of-sight supervision.

Psychiatric Community Homes (PCH): A community residential facility that provides intensive therapeutic services for youth who have had inpatient psychiatric care and/or children who may be at risk of hospitalization or re-hospitalization.

Specialty Bed Programs (SPEC): Programs that provide intensive residential services for children who are presenting with very specific high risk behaviors including fire setting, assaultive behavior, sex offending behavior predatory or non-predatory, and children who have experienced significant trauma from physical, sexual, or emotional abuse.

Residential Treatment Center (RTC): Programs that provide 24 hour per day care and treatment for youth unable to function appropriately in their own homes, schools and communities, and who are also unable to be served appropriately in smaller, less restrictive community-based settings.

Group Home (GH): Group home services provide up to 24 hour per day care and treatment to youth whose needs cannot be met appropriately in their own homes or in foster care, but who do not need the structure and intensiveness of a more restrictive setting.

Treatment Homes (TH): Programs that provide care and supervision by specially trained parent/caregivers in a family-like setting for typically one or two children with behavioral health needs who require a moderately high level of the