



DCF 2014 Inventory and Needs Assessment for New Jersey Behavioral Health

A Report by Children's System of Care

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Commissioner



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 Commissioner of 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

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

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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 disabilities², and youth up to age 18 with substance use challenges³. 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, a mobile response service, peer/family support, in community services (e.g. outpatient and in home therapy), as well as a range of residential services of varying intensities. The single portal for access to all services available through CSOC is PerformCare, the Contracted System Administrator (CSA) 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/>.

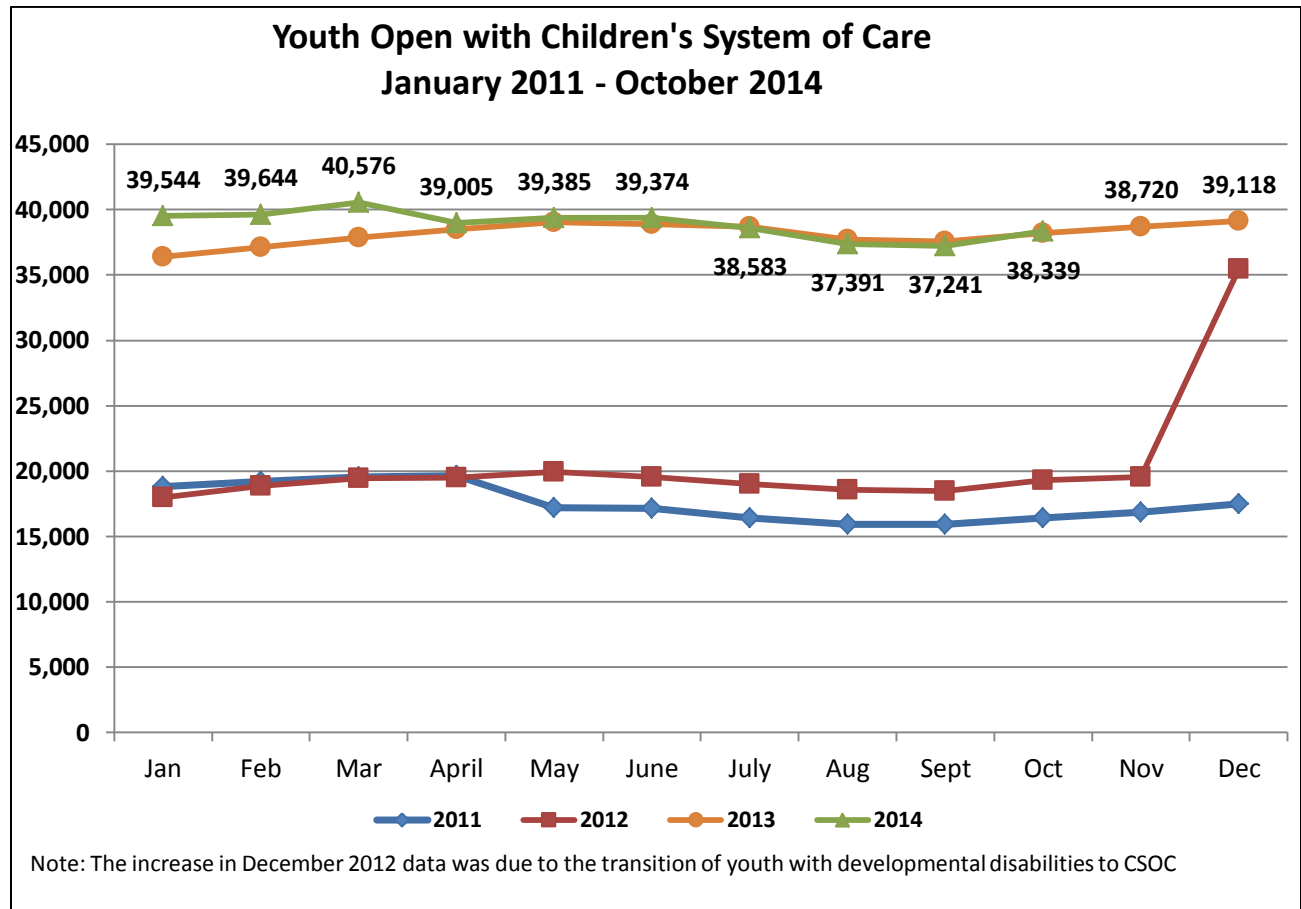
² As of January 1, 2013, CSOC became responsible for providing all of the services to youth under the age of 21 with developmental disabilities.

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

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As of October 2014, there were over 38,000 youth open with CSOC. Figure 1 below shows the number of youth open with CSOC from January 2011 to October 2014.

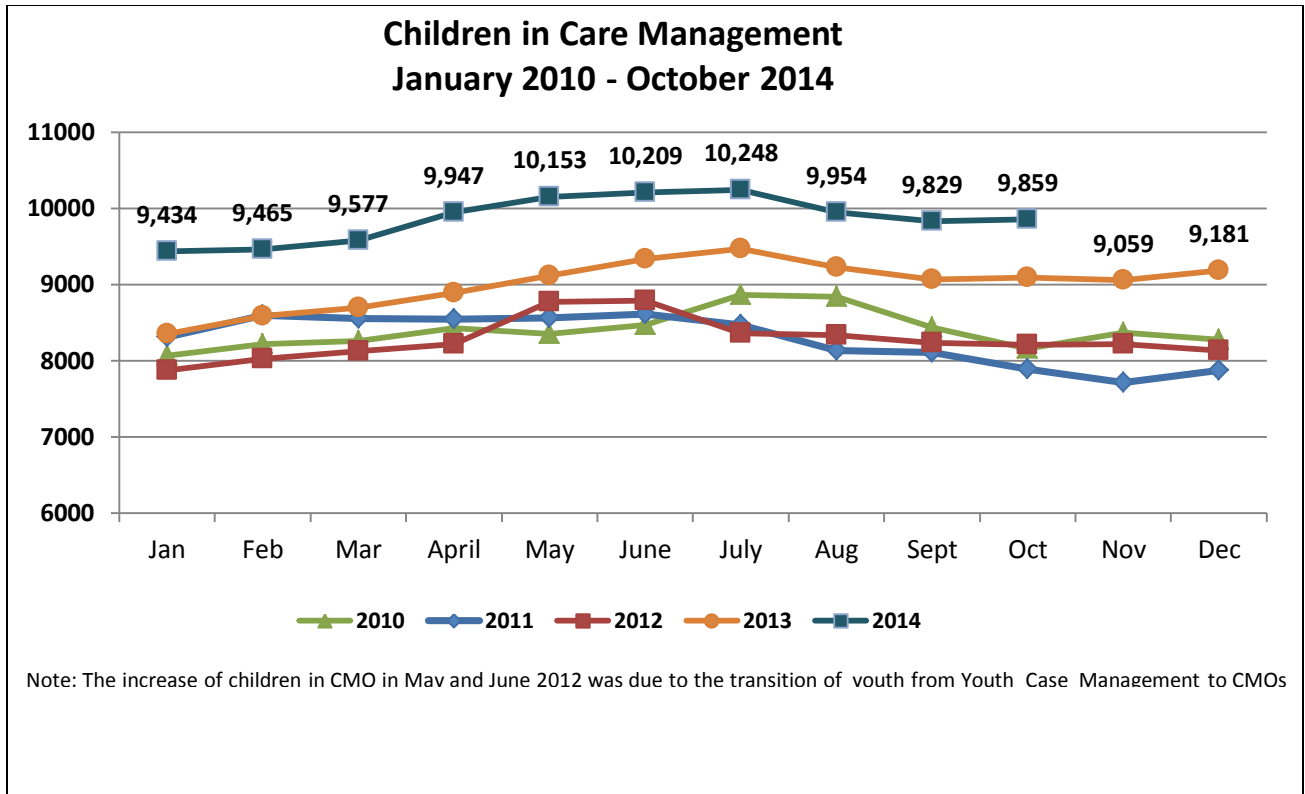
Figure 1



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 catchment areas correspond to the 15 court vicinages. Figure 2 below shows the number of children receiving Care Management from January 2010 to October 2014.

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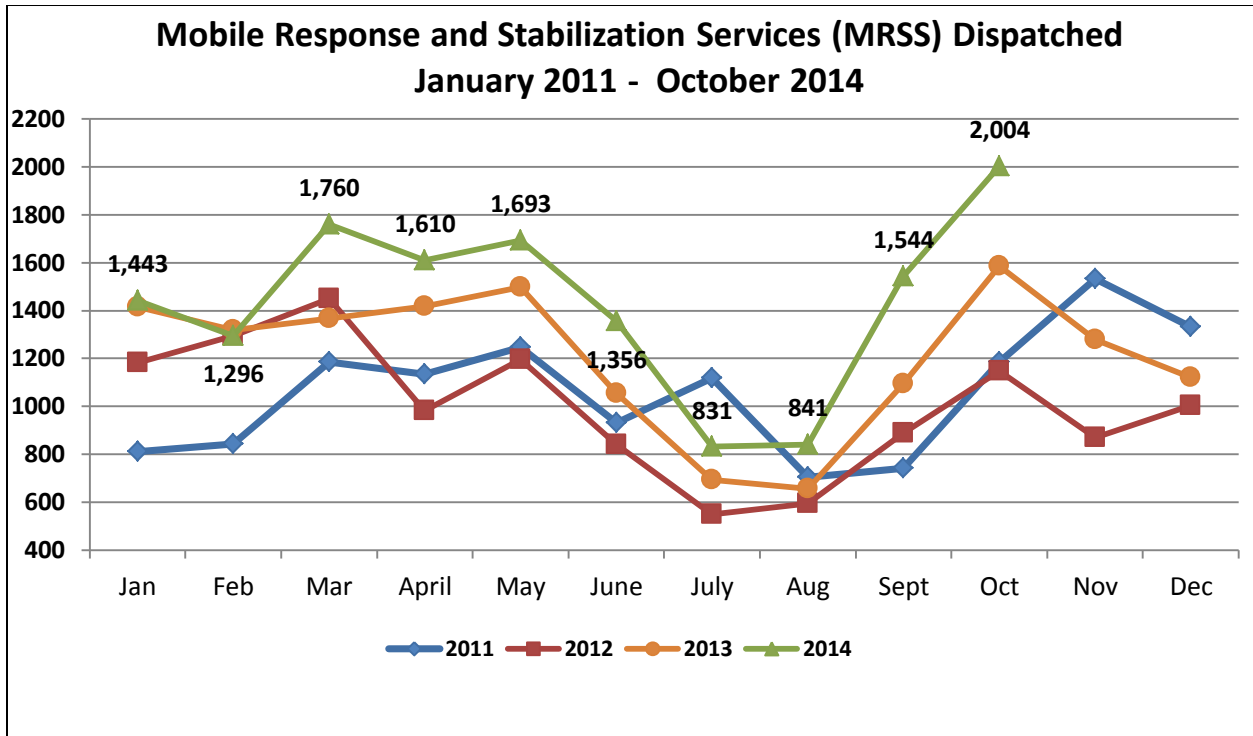
Figure 2



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, 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 include appropriate service implementation, may last up to 8 weeks. Figure 3 below shows the number of times Mobile Response and Stabilization Services were dispatched from January 2011 to October 2014.

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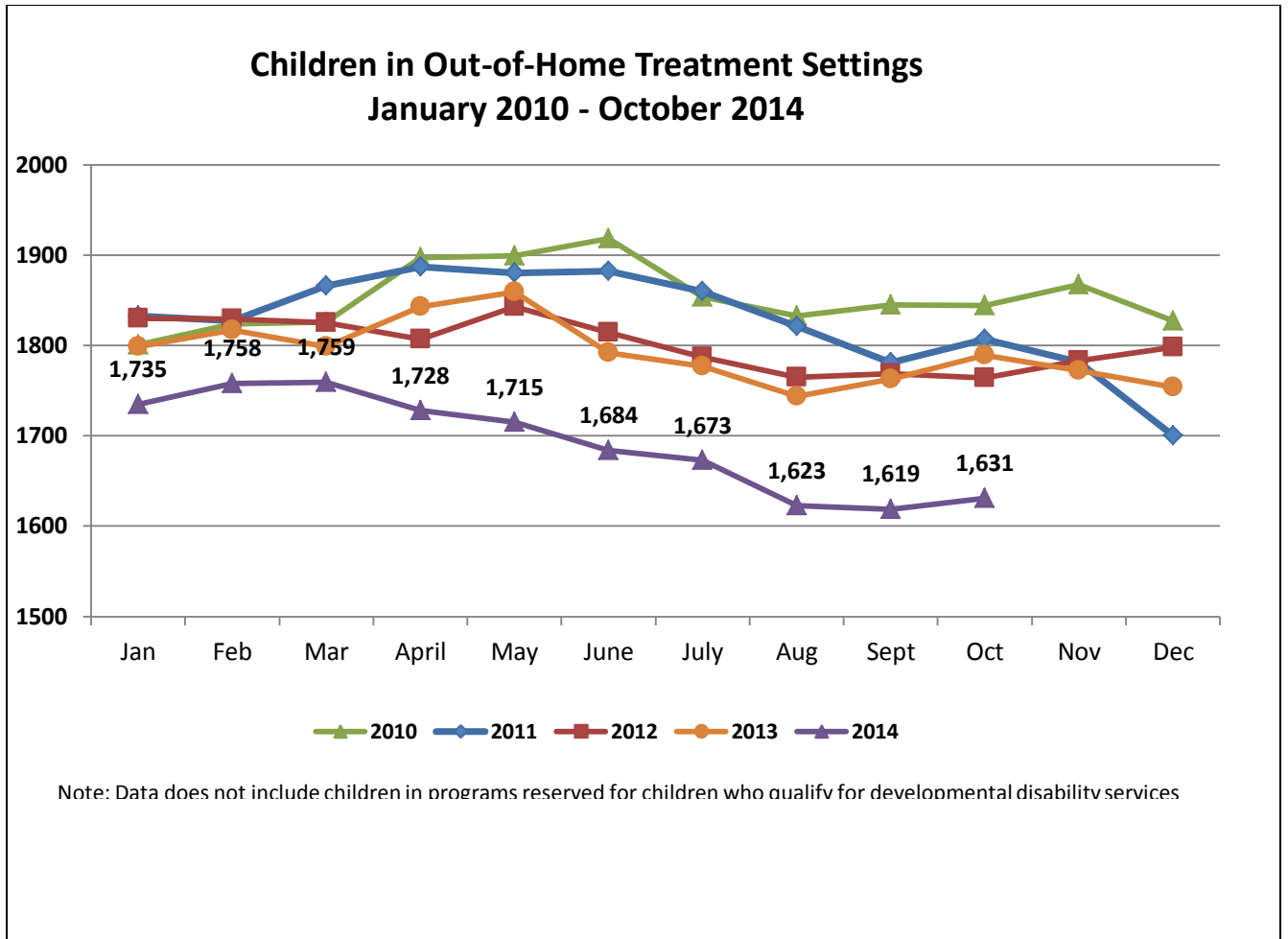
Figure 3



CSOC out-of-home treatment services are available to youth enrolled with a CMO who meet specific clinical criteria. Figure 4 below shows the number of children in out of home treatment settings between January 2010 and October 2014.

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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>.

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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>.

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 age 5-17 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 Children’s Crisis Intervention Services. A list of screening centers in New Jersey is available at <http://www.state.nj.us/humanservices/dmhs/services/centers/>.

The inventory of children’s behavioral health outpatient providers lists Medicaid enrolled providers by county. Outpatient services may be accessed by directly contacting providers.

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 Care Management Organization (CMO) and meet specific clinical criteria. The types of out-of-home or residential 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)⁴. The inventory includes the address, gender, age range, and capacity for each program.

In addition to the inventories identified above, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) hosts a Behavioral Health Treatment Services Locator on its website at <http://findtreatment.samhsa.gov/>. The locator, which has a wide array of search criteria, will identify public and private mental health and substance abuse 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 in their vicinity.

Child Substance Use

The array of substance use services available through CSOC includes outpatient, intensive outpatient, partial care, short-term residential, and long-term residential. The list of programs CSOC contracts for may be found on the PerformCare website at <http://www.performcarenj.org/pdf/provider/substance/substance-use-provider-list.pdf>.

⁴ 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.

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As forecasted in last year’s report, the number of substance use treatment programs available through CSOC increased in 2014 with the transition of the South Jersey Initiative (SJI) from the DHS Division of Mental Health and Addiction Services (DMHAS) to CSOC. SJI offers treatment for adolescents from Atlantic, Burlington, Camden, Cumberland, Gloucester, Cape May, Ocean, and Salem counties with substance abuse addictions. SJI provides a continuum of care that includes methadone maintenance, detoxification, residential, halfway house, and outpatient treatment services.

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 County InterAgency Coordinating Councils (CIACCs) are key components in this process. Established by statute⁵, CIACCs are county-based planning and advisory groups composed of individuals from government and private agencies that advise counties and DCF regarding children, youth and young adults with serious emotional and behavioral health challenges. 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 order to help fulfill their duty to identify service and resource gaps and priorities for resource development, CIACCs are charged with conducting a County Needs Assessment (CNA). The CNA process involves a variety of activities including interviews with community leaders and others affiliated with organizations or agencies, public forums, focus groups, surveys, data analysis, and asset mapping. The results of the needs assessments are provided to CSOC to help inform resource decision-making and allocation at the state and county levels. Using the needs assessments as a guide, CSOC may allocate funds to establish a statewide service or services targeted to specific counties. Each year, DCF also makes community development funds available to CIACCs to help counties procure outpatient or other services to meet mental health needs within a particular county⁶.

⁵ N.J.S.A. 30:4C-66 et seq.

⁶ CIACCs are required to follow the public bidding process used by county government in order to expend Community Development funds.

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As noted in last year’s report, DCF, the CIACCs, and other partners within the children’s system are continuing to adjust to the transition of services for youth with developmental disabilities and services for youth with substance use challenges to DCF. Therefore, CIACCs were not required to submit needs assessments in 2014. DCF is currently exploring an electronic survey, developed by the National Technical Assistance Center for Children's Mental Health within the Georgetown University Center for Child and Human Development that will facilitate the CIACC Needs Assessment process beginning in 2015. This electronic survey will enable DCF to more efficiently gather and effectively utilize stakeholder input. DCF also receives input concerning county needs via Needs Assessments that are conducted by County Human Services Advisory Councils (County HSAC) as well. These comprehensive County HSAC needs assessments are often conducted in lieu of a separate CIACC Needs Assessment.

As to inpatient and outpatient programs, specifically, as noted in the 2012 and 2013 inventory reports, the Comprehensive Medicaid Waiver calls for the CSA for the children’s system to assume responsibility for utilization management of these programs. Once the CSA takes on these responsibilities, CSOC will have the ability to quantify the usage of and the need for inpatient and outpatient services, using CSOC’s comprehensive management information system. Likewise, the data generated from the agency’s management information system will allow CSOC to allocate resources accordingly. Although CSOC does not yet provide utilization management of all outpatient providers, CSOC does ask providers wishing to establish outpatient programs within a particular geographic area to submit documentation that demonstrates the need for that particular service within the designated area.

To quantify the usage of and the need for residential treatment services within the children’s system, CSOC utilizes an electronic bed-tracking system jointly developed with the CSA for the children’s system. The electronic bed-tracking system, which is part of CSOC’s comprehensive management information system, allows CSOC to monitor utilization rates and admission wait times of CSOC-contracted residential treatment programs in real-time. The data generated by the bed-tracking system enables CSOC to determine when there is a need to develop additional residential treatment programs via the public bidding (Request for Proposals or RFP) process. Because of CSOC’s ability to closely monitor utilization of its residential services, CSOC is able to develop residential programs as needed, as resources allow.

Finally, using other data generated by its management information system (please see the Prelude for some examples), CSOC is able to determine the current and future needs of CMOs, MRSS providers, and Family Support Organizations (FSOs). Each of these entities plays a critical role in helping children and families achieve better outcomes.

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C. Annual Assessment

Utilizing the methodologies identified above, DCF assesses areas of need, both in terms of the types of services and their geographic availability, each year. With the further refinement of these needs assessment methodologies DCF will become even more effective at assessing statewide behavioral health and other service needs.

D. Annual Funding for Existing Child Behavioral Health Programs

For State Fiscal Year 2015, 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 \$441,475,000. See Table 1 below.

Table 1

Sources of Funding for Children’s Behavioral Health Services⁷

Grants in Aid	\$254,455,000
Title XIX (Federal)	\$145,131,000
Title XXI (State and Federal)	\$ 33,504,000
Juvenile Justice Commission	\$ 573,000
Substance Abuse Block Grant (Federal)	\$ 7,812,000
TOTAL	\$441,475,000

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 Homes⁸. Behavioral Assistance and Intensive In-Community therapy are short-term, home-based intensive treatments. Youth Incentive Programs represent CIACC community development funds.

⁷ Funds appropriated for developmental disability services are not included. Funds for the administrative funding for Family Support Organizations and the Contracted Systems Administrator are included as they support the system of care.

⁸ 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.

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Table 2

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

Residential	\$230,659,000
Care Management Organizations	\$ 74,053,000
Family Support Organizations	\$ 10,864,000
Mobile Response and Stabilization Services	\$ 26,585,000
Behavioral Assistance/Intensive In-Community therapy	\$59,425,000
Youth Incentive Programs	\$ 3,767,000
Outpatient	\$12,340,000
Substance Abuse	\$13,552,000
Contracted System Administrator (CSA)	\$10,230,000
TOTAL	\$441,475,000

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

DCF is committed to maintaining close, interactive relationships with DHS and other key stakeholders. Therefore, senior and other CSOC staff regularly attend the combined meetings of the Community Mental Health Citizens Advisory Board and the Mental Health Planning Council to share information about the children’s system and discuss issues pertinent to stakeholders. In addition, CSOC staff meets regularly with CIACCs, the New Jersey Alliance for Children, New Jersey Association of Mental Health Agencies, and the New Jersey Youth Suicide Prevention Advisory Council to share information and receive feedback about the children’s system. CSOC continues to work closely with both the DHS - Division of Developmental Disabilities (DDD) and the DHS - Division of Mental Health and Addiction Services (DMHAS) since assuming responsibility for providing the services these agencies formerly provided.

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

Senior DCF management, including CSOC’s Director, participates with DHS in regular meetings with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, and other advocates for persons with mental illness and their families. Building upon previous years’ efforts, in 2014 CSOC continued to communicate with hospital screening centers and State psychiatric hospitals to address barriers to accessing services through the children’s system. CSOC staff also met with other stakeholders including Children’s Hospital of Philadelphia, the

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Administrative Office of the Courts, and the Division of Mental Health Advocacy within the New Jersey Office of the Public Defender to share information about the children’s system and receive feedback with the purpose of improving access to services through the children’s system.

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>. Families with private insurance or other means may choose to access services outside of the public system. A comprehensive inventory of mental 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/>.

To ensure the children’s system remains responsive to New Jersey families, DCF and its system partners employ several methodologies, including needs assessments and data analysis, to quantify the use of and need for behavioral health and other services so that DCF can appropriately allocate resources. Based upon needs previously identified, CSOC opened several additional residential treatment programs in 2014. Based upon current needs, DCF issued several Request for Proposals for additional services in 2014, including residential treatment services for females with co-occurring mental health and substance use challenges; residential treatment services for males with behavioral health challenges; and residential treatment services for males and females with serious emotional and behavioral challenges who require intensive clinical care and 24 hour supervision. In each Request for Proposals, CSOC provides clearly defined clinical criteria about the therapeutic services each program must provide as well as the geographical location each program is to be located to ensure that resources are available where needed.

DCF will continue to look for ways to improve its assessment processes in order to create an even more effective system of care for New Jersey children and families.



Appendix

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 therapeutic intervention.