Children’s System of Care
15 Year Anniversary

Presented by
Elizabeth Manley
Assistant Commissioner
October 2016
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

THE CHILDREN’S INITIATIVE
Concept Paper

A System of Care for Children with Emotional and Behavioral Disturbances and Their Families

Christine Todd Whitman
Governor

Michele K. Guhl
Commissioner

January, 2000
“In January 2000, Governor Whitman unveiled a reform agenda to create a comprehensive system of care for children and families in New Jersey by committing to maintaining the integrity of family and community life for children while delivering effective clinical care and social supports services”
In summary, the Children’s Initiative concept operates on the following abiding principles:

• The system for delivering care to children must be restructured and expanded
• There should be a single point of entry and a common screening tool for all troubled children
• Greater emphasis must be placed on providing services to children in the most natural setting, at home or in their communities, if possible
• Families must play a more active role in planning for their children
• Non-risk-based care and utilization management methodologies must be used to coordinate financing and delivery of services
A Brief History of New Jersey’s System of Care

1999
- New Jersey wins System of Care grant award from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal Department of Health and Human Services (USDHHS)
- Governor Whitman endorses the project with two caveats:
  1. It must be statewide,
  2. It must be funded through Medicaid “Rehabilitative Services.”

2001
Local Systems of Care are initiated in three areas (patterned on vicinages): Burlington, Monmouth and Union counties.

2002
- Local Systems of Care are initiated in three additional areas: Atlantic/Cape May, Bergen, and Mercer counties
- Acting Governor DiFrancesco endorses the project with two caveats:
  1. The name must be changed to “the Partnership for Children”, and
  2. The project must be expedited to initiate local Systems of Care in urban areas.

2003
Local Systems of Care are initiated in Hudson and Middlesex counties.

2004
- Local Systems of Care are initiated in Camden and Essex counties
- The Office of Children’s Service (OCS) is created in response to the lawsuit against the Division of Youth and Family Services
- The Partnership for Children becomes the Division of Child Behavioral Health Services under OCS.

2005
Local Systems of Care are initiated in three areas: Gloucester/ Cumberland/Salem, Ocean, and Passaic counties.

2006
Local Systems of Care have been initiated in the remaining two areas of the state: Sussex/Morris, and Hunterdon/ Somerset/Warren.
Children’s System of Care Objectives

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.

**In the Community**
Successfully participating in the community and becoming independent, productive and law-abiding citizens.
Service Array Expansion to Reduce Use of Deep End Services

Prior to Children’s System of Care Initiative

Low Intensity Services

Out of Home

Out of Home

Intensive In-Community
• Wraparound – CMO
• Behavioral Assistance
• Intensive In-Community

Lower Intensity Services
• Outpatient
• Partial Care
• After School Programs
• Therapeutic Nursery

Today
Children in Care Management
January 2008 - October 2016

Note: The increase in May and June 2012 data was due to the transition of UCM (overlapping of CMEs).
Care Management Organization
In Home/Out of Home

- In Home: 85%
- BH OOH: 11%
- DD OOH: 1%
- SU OOH: 3%
Building In State Capacity and Increasing Community Based Services

**NJ DCF CHILDREN’S SYSTEM OF CARE (CSOC)**
Authorized Out-of-State Behavioral Health Out-of-Home

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
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<tbody>
<tr>
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<tr>
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<td>Jan. 2014</td>
<td>3</td>
</tr>
<tr>
<td>Jan. 2015</td>
<td>1</td>
</tr>
<tr>
<td>July 2015</td>
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</tr>
<tr>
<td>Jan. 2016</td>
<td>0</td>
</tr>
<tr>
<td>July 2016</td>
<td>1</td>
</tr>
</tbody>
</table>
Stayed in Current Living Situation 94%

Did not stay in Current Living Situation 6%

9/1/2016 through 9/30/2016
(n = 1,064)
CSOC is proportionally serving more youth 13 and under.
Integrating Services

![Chart showing the number of DD eligible youth receiving FSS and BH services from 2012 to 2015.](chart.png)
PerformCare manages an increasing level of DD Eligibility Applications

Source Tables: CYBER, tblDocDataHdr, tdMember, tblDocDataDate, tblLookUp

Report Date – 10/14/2016
Unique Youth with Intensive In Home (IIH) Authorizations by Year

- 2013: 54
- 2014: 366
- 2015: 1,069

Data Source: tdAuthorization
Authorizations were active at any time in reported year

Report Date - 10/17/2015
Unique Youth with Substance Use Authorizations by Year

Data Source: tdAuthorization, tdAdmission
Totals include SU OOH youth with co-occurring CSC05 authorization
Authorizations were active at any time in reported year

Report Date - 10/17/2016
Key NJ CSOC Data

- Over 35,000 youth authorized for services in the past year
- In 2002, 60% authorized services for youth were over 14 yr old; In 2016, 47% were over 14
- High Family Satisfaction
- RTC length of stay decreased by 25%
- Over 94% of youth accessing Mobile Response stay in current living situation
- 250% Increase in families accessing Mobile Response since 2004
- Over 7,000 attendees annually at CSOC trainings

Youth involved with juvenile justice have access to System of Care services
- NJ was maintaining 17 county juvenile detention centers. Today there are 11
- Decline in juvenile detention average daily population by 60% since 2004
- 6,000 less youth admitted to detention in NJ since 2004
Promising Path to Success Rollout - 5 Phases in 4 Years

Phase 1
November 2015
• Morris and Sussex
• Middlesex

Phase 2
October 2016
• Cumberland, Gloucester, Salem
• Passaic

Phase 3
June 2017
• Burlington
• Essex
• Ocean
• Union

Phase 4
March 2018
• Hunterdon, Somerset, Warren
• Hudson
• Camden

Phase 5
December 2018
• Atlantic and Cape May
• Bergen
• Monmouth
• Mercer
Key Components of Each Phase

- **Kick Off**
  - Local Kick Offs

- **Training**
  - Six Core Strategies (6CS) for OOH, CMO, FSO, MRSS & CIACC Leadership
  - Nurtured Heart Approach (NHA) for OOH, CMO & FSO staff

- **Sustainability**
  - Coaching for OOH on 6CS implementation
  - Nurtured Heart Approach (NHA) Super User Group
HOW DOES NJ’S CHILDREN’S SYSTEM OF CARE MODEL IMPACT THE YOUTH WE SERVE?

✓ Less children in institutional care
✓ Less children accessing inpatient treatment
✓ Closure of state child psychiatric hospital and state operated RTC’s
✓ Less children in out-of-state facilities
✓ Children in out of home care have more intense needs than prior to the system of care development
✓ Less youth in detention centers
✓ Wraparound model works!!

Nationally recognized model for Statewide Children’s System of Care
For more information...

Children’s System of Care
http://www.state.nj.us/dcf/families/csc/

PerformCare Member Services
877-652-7624
www.performcarenj.org
Thank You