

## Children's InterAgency Coordinating Council (CIACC) Summary of Activity SALEM County - February 2026

### - Children & Youth Who Accessed the System of Care -

**Call Activity:** Demographics on youth for whom there was a call to PerformCare during the report period. This includes newly registered youth (those for whom this month was the first contact they have ever had with the NJ CSOC). Race/Ethnicity follows the census categories and there may be missing data as these are voluntary fields.

| Population Summary                                    |    |       |
|-------------------------------------------------------|----|-------|
| Total Unique Youth with Call Activity in Report Month | 47 |       |
| Newly Registered Youth in Report Month                | 22 |       |
| Gender                                                |    |       |
| Male                                                  | 25 | 53.2% |
| Female                                                | 22 | 46.8% |
| Age at time of call                                   |    |       |
| 0-4                                                   | 4  | 8.5%  |
| 5-10                                                  | 12 | 25.5% |
| 11-13                                                 | 12 | 25.5% |
| 14-17                                                 | 13 | 27.7% |
| 18-20                                                 | 6  | 12.8% |

| Race                                       |    |       |
|--------------------------------------------|----|-------|
| AMERICAN INDIAN/ALASKA NATIVE              | 0  | 0.0%  |
| ASIAN                                      | 1  | 2.1%  |
| BLACK OR AFRICAN AMERICAN                  | 18 | 38.3% |
| NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER | 0  | 0.0%  |
| WHITE                                      | 24 | 51.1% |
| Two Or More Races                          | 2  | 4.3%  |
| SOME OTHER RACE                            | 1  | 2.1%  |
| DECLINED                                   | 0  | 0.0%  |
| UNKNOWN                                    | 1  | 2.1%  |
| Ethnicity                                  |    |       |
| Hispanic or Latino                         | 10 | 21.3% |
| Non-Hispanic or Latino                     | 34 | 72.3% |
| No Ethnicity Data                          | 3  | 6.4%  |

**Caller Type Distribution:** Based on the total number of calls in the report period. The types are based on selection options used by PerformCare's Member Service Specialists to document call sources.

| Total Calls regarding youth from this County                   | 54       |              |
|----------------------------------------------------------------|----------|--------------|
| Caller Type - External Partner Group                           |          |              |
| 988 Call Specialist                                            | 0        | 0.0%         |
| Adolescent Housing Hub Provider (AHH)                          | 0        | 0.0%         |
| Childrens Inpatient or Partial Hospital Provider               | 3        | 5.6%         |
| College or University                                          | 0        | 0.0%         |
| County Administrator                                           | 0        | 0.0%         |
| Court Personnel                                                | 0        | 0.0%         |
| Department of Corrections (DOC)                                | 0        | 0.0%         |
| Department of Human Services (DHS)                             | 0        | 0.0%         |
| Division of Child Protection & Permanency (DCP&P)              | 6        | 11.1%        |
| Elementary/Middle School                                       | 0        | 0.0%         |
| FCIU                                                           | 0        | 0.0%         |
| High School                                                    | 0        | 0.0%         |
| Juvenile Justice Commission/Juvenile Detention Center (JJ/JDC) | 0        | 0.0%         |
| NJ Child Abuse Hotline                                         | 0        | 0.0%         |
| Police                                                         | 0        | 0.0%         |
| Psychiatric Emergency Service Staff (PESS)                     | 0        | 0.0%         |
| Shelter                                                        | 0        | 0.0%         |
| Youth Advocate                                                 | 0        | 0.0%         |
| Other                                                          | 0        | 0.0%         |
| <b>External Partners Subtotal</b>                              | <b>9</b> | <b>16.7%</b> |

| Caller Type - Caregiver Group                 |           |              |
|-----------------------------------------------|-----------|--------------|
| Family/Custodial Family Member                | 1         | 1.9%         |
| Minor with Child                              | 0         | 0.0%         |
| Parent/Legal Guardian                         | 33        | 61.1%        |
| Resource Parent                               | 3         | 5.6%         |
| Self (18-21)                                  | 3         | 5.6%         |
| Self (Under 18)                               | 0         | 0.0%         |
| <b>Caregiver/Youth Subtotal</b>               | <b>40</b> | <b>74.1%</b> |
| Caller Type - CSOC Provider Group             |           |              |
| Behavioral Assistance/Intensive in Community  | 2         | 3.7%         |
| Children's System of Care (CSOC)              | 0         | 0.0%         |
| CMO (Care Management Organization)            | 1         | 1.9%         |
| CSOC Out of Home Provider                     | 0         | 0.0%         |
| Family Functional or Multi-Systemic Therapy   | 0         | 0.0%         |
| Mobile Response Stabilization Services (MRSS) | 0         | 0.0%         |
| Provider (Other)                              | 2         | 3.7%         |
| Substance Use Treatment Provider              | 0         | 0.0%         |
| <b>CSOC Provider Subtotal</b>                 | <b>5</b>  | <b>9.3%</b>  |

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Call Reason & Resolutions: are based on selection options used by PerformCare's Member Service Specialists to document types of calls. A call can have multiple reasons and resolutions.

| Reason for Call                                     |           |       |
|-----------------------------------------------------|-----------|-------|
| 988 LifeLine Warm Transfer                          | 0         | 0.0%  |
| Adolescent Housing Hub                              | 3         | 5.1%  |
| Authorizations, Claims & Eligibility                | 1         | 1.7%  |
| Caller Providing Information About a Member         | 0         | 0.0%  |
| Caller Providing Information About a Youth          | 0         | 0.0%  |
| Caller Requesting Information                       | 6         | 10.2% |
| In Home Service Request                             | 36        | 61.0% |
| Infected / Exposed COVID-19 Virus                   | 0         | 0.0%  |
| Intellectual/Developmental Disability Inquiry       | 12        | 20.3% |
| Intermediate Unit Admission                         | 1         | 1.7%  |
| No Service Access COVID-19 Virus                    | 0         | 0.0%  |
| Out of Home Service Request                         | 0         | 0.0%  |
| Reconsiderations & Concerns                         | 0         | 0.0%  |
| Referred by 988 LifeLine                            | 0         | 0.0%  |
| Requested Services Not Accessed Through PerformCare | 0         | 0.0%  |
| Substance Use Related                               | 0         | 0.0%  |
| Technical Issues                                    | 0         | 0.0%  |
| Other                                               | 0         | 0.0%  |
| <b>Total</b>                                        | <b>59</b> |       |

| Call Resolution                                                             |            |       |
|-----------------------------------------------------------------------------|------------|-------|
| Access and Record Maintenance                                               | 7          | 6.5%  |
| Adolescent Housing Hub Related                                              | 0          | 0.0%  |
| Contacted Child Abuse Hotline                                               | 0          | 0.0%  |
| Contacted Police                                                            | 0          | 0.0%  |
| COVID-19 Related                                                            | 0          | 0.0%  |
| DCP&P Related                                                               | 0          | 0.0%  |
| DD/ID Family Support Application Completed                                  | 2          | 1.9%  |
| DD/ID Wrap Services                                                         | 0          | 0.0%  |
| I/DD Eligibility Related                                                    | 5          | 4.6%  |
| Information Documented                                                      | 26         | 24.1% |
| IU Admission Processed                                                      | 1          | 0.9%  |
| Referred for Bio-Psycho-Social Assessment                                   | 4          | 3.7%  |
| Referred for Medical Clearance                                              | 0          | 0.0%  |
| Referred to Current Insurance                                               | 0          | 0.0%  |
| Referred to External System Partner                                         | 24         | 22.2% |
| Referred to FCIU                                                            | 0          | 0.0%  |
| Referred to Outpatient Services                                             | 1          | 0.9%  |
| Service Authorization Related                                               | 0          | 0.0%  |
| Substance Use Related                                                       | 0          | 0.0%  |
| Transferred internally to Clinical, Care Connector, Quality or Service Desk | 31         | 28.7% |
| Warm Transfer to 988                                                        | 0          | 0.0%  |
| Other                                                                       | 7          | 6.5%  |
| <b>Total</b>                                                                | <b>108</b> |       |

### - Active Children & Youth (Those youth who have an authorization for service in the Reported Month) -

Active Children & Youth: The remaining data in this report represents all youth with active authorizations during any point in the reporting month: those receiving any sort of service that we track or authorize. These may vary from point in time or admission reports elsewhere available.

| Gender |     |       |
|--------|-----|-------|
| Male   | 126 | 63.3% |
| Female | 73  | 36.7% |

| Age   |    |       |
|-------|----|-------|
| 0-4   | 7  | 3.5%  |
| 5-10  | 69 | 34.3% |
| 11-13 | 53 | 26.4% |
| 14-17 | 56 | 27.9% |
| 18-20 | 14 | 7.0%  |
| 21    | 1  | 0.5%  |
| >21   | 1  | 0.5%  |

|                                                  |            |
|--------------------------------------------------|------------|
| <b>Total Unique Active Youth in Report Month</b> | <b>199</b> |
|--------------------------------------------------|------------|

| Race                                 |     |       |
|--------------------------------------|-----|-------|
| White                                | 119 | 59.8% |
| Black Or African American            | 44  | 22.1% |
| Asian                                | 1   | 0.5%  |
| Native Hawaiian/Other Pacific Island | 1   | 0.5%  |
| Some Other Race                      | 9   | 4.5%  |
| Two Or More Races                    | 16  | 8.0%  |
| Unknown                              | 9   | 4.5%  |

| Ethnicity              |     |       |
|------------------------|-----|-------|
| Hispanic or Latino     | 42  | 21.1% |
| Non-Hispanic or Latino | 150 | 75.4% |
| No Ethnicity Data      | 7   | 3.5%  |

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**Service Distribution of Active Youth in Report Period:** **Authorized CSOC Services** are services assigned or managed by the CSA, PerformCare. **Referrals & Other Authorizations** come from the CMO Individualized Service Plans submitted to the CSA for review.

| Authorized CSOC Services                    |            | Percentage of total Auths |
|---------------------------------------------|------------|---------------------------|
| Behavioral Assistance                       | 43         | 9.3%                      |
| Biopsychosocial Assessment                  | 5          | 1.1%                      |
| Care Management                             | 140        | 30.2%                     |
| Family Functional or Multi Systemic Therapy | 2          | 0.4%                      |
| Family Support Services (I/DD)              | 14         | 3.0%                      |
| Intensive in Community                      | 183        | 39.5%                     |
| Intensive In Home                           | 0          | 0.0%                      |
| Intermediate Inpatient Unit                 | 1          | 0.2%                      |
| Mobile Response Initial                     | 18         | 3.9%                      |
| Mobile Response Stabilization               | 38         | 8.2%                      |
| Out of Home Treatment                       | 8          | 1.7%                      |
| Substance Use Treatment                     | 0          | 0.0%                      |
| Wrap Flex Services                          | 11         | 2.4%                      |
| <b>Total</b>                                | <b>463</b> |                           |

| Referrals & Other Authorizations from CMO ISP's                      |          | Percentage of total Auths |
|----------------------------------------------------------------------|----------|---------------------------|
| Bundled Services requested by the Care Management Organization (CMO) | 1        | 33.3%                     |
| Community Based Services                                             | 0        | 0.0%                      |
| DCP&P Contracted                                                     | 0        | 0.0%                      |
| Inpatient                                                            | 0        | 0.0%                      |
| Juvenile Justice Service                                             | 0        | 0.0%                      |
| Outpatient Referral (OP Prog Note & UM Referral)                     | 2        | 66.7%                     |
| Peer Support                                                         | 0        | 0.0%                      |
| Private Insurance                                                    | 0        | 0.0%                      |
| School Reimbursed Service                                            | 0        | 0.0%                      |
| Transportation                                                       | 0        | 0.0%                      |
| <b>Total</b>                                                         | <b>3</b> |                           |

**Out of Home Treatment (OOH) Population:** Based on youth home address, not address of the OOH providers. Reflects admission data and includes any youth open at any time during report period.

| SALEM Youth Currently in OOH Treatment    |          | Percentage |
|-------------------------------------------|----------|------------|
| Crisis Stabilization & Assessment Program | 0        | 0.0%       |
| Detention Alternative                     | 0        | 0.0%       |
| Emergency Diagnostic Residential Unit     | 0        | 0.0%       |
| Group Home                                | 1        | 14.3%      |
| I/DD Treatment                            | 1        | 14.3%      |
| Intensive Residential Treatment           | 0        | 0.0%       |
| Psychiatric Community Home                | 1        | 14.3%      |
| Residential Treatment Center              | 3        | 42.9%      |
| Specialty Bed                             | 1        | 14.3%      |
| Substance Use Treatment                   | 0        | 0.0%       |
| Treatment Home                            | 0        | 0.0%       |
| <b>Total</b>                              | <b>7</b> |            |

| Statewide Youth Currently in OOH Treatment |            | Percentage |
|--------------------------------------------|------------|------------|
| Crisis Stabilization & Assessment Program  | 40         | 4.3%       |
| Group Home                                 | 39         | 4.2%       |
| I/DD Treatment                             | 200        | 21.7%      |
| Intensive Residential Treatment            | 42         | 4.6%       |
| Psychiatric Community Home                 | 126        | 13.7%      |
| Residential Treatment Center               | 169        | 18.4%      |
| Specialty Bed                              | 174        | 18.9%      |
| Substance Use Treatment                    | 27         | 2.9%       |
| Treatment Home                             | 103        | 11.2%      |
| <b>Total</b>                               | <b>920</b> |            |

### - Indicators of Cross-System Impact -

These numbers are duplicated and incomplete as a single youth may have more than one type of insurance/eligibility and reporting is voluntary. (3560 is a CSOC only Medicaid look alike eligibility identification number; NJ Family Care is a federal and state funded health insurance program for income eligible New Jersey families; SSI is a Medicaid only coverage for youth determined disabled and receiving Supplemental Security Income (SSI))

| Funding Type                                       |    |
|----------------------------------------------------|----|
| Medicaid Type - 3560                               | 42 |
| Medicaid Type - Family Care                        | 44 |
| Medicaid Type - Supplemental Security Income (SSI) | 26 |
| Private Insurance                                  | 12 |

## Children's InterAgency Coordinating Council (CIACC) Summary of Activity SALEM County - February 2026

### - Special Population Involvement: I/DD & Camp Activity

**Descriptions:** Below you will find information about services and supports requested and authorized in the report month for youth who are eligible for Developmental Disability Services or seeking eligibility. **Applications** approved are reflected in the total eligible number. **Family Support Services** are requested by a telephone application and may include more than one request per youth. **Assistive technology** typically requires an assessment be completed by a third party before a device or modification is approved. Some services are not available in all areas. **Summer Camp** applications are displayed cumulatively for the year, so will remain static after the camp season begins and reset to zero in January.

| Services requested through the I/DD Family Support Application in Report Month |          |
|--------------------------------------------------------------------------------|----------|
| After School Respite                                                           | 0        |
| Agency Respite                                                                 | 0        |
| Assistive Technology: Assessment                                               | 0        |
| Educational Advocacy                                                           | 0        |
| Overnight Respite                                                              | 0        |
| Self Hired Respite                                                             | 4        |
| Weekend Recreation                                                             | 0        |
| <b>Total</b>                                                                   | <b>4</b> |

| Authorized FSS Services in Report Month |           |
|-----------------------------------------|-----------|
| After School Respite                    | 1         |
| Agency Respite                          | 0         |
| Assistive Technology: Assessment        | 0         |
| Assistive Technology: Device/Mod        | 0         |
| Educational Advocacy                    | 0         |
| Overnight Respite                       | 0         |
| Self Hired Respite                      | 11        |
| Weekend Recreation                      | 0         |
| <b>Total</b>                            | <b>12</b> |

| Intellectual/Developmental Disabled (I/DD) Population |    |
|-------------------------------------------------------|----|
| DD Eligibility Apps Received in Report Month          | 1  |
| DD Eligibility Apps Approved in Report Month          | 0  |
| Currently Eligible Youth                              | 60 |

| I/DD youth with Care Management Entity Attachment in Report Month |    |
|-------------------------------------------------------------------|----|
| Care Management                                                   | 10 |

| 2026 Cumulative Summer Camp Applications Received |   |
|---------------------------------------------------|---|
| Camp Applications Received                        | 0 |
| One to One Applications Received                  | 0 |

| 2025 Camp Related Authorizations       |   |
|----------------------------------------|---|
| Approved Camp Authorizations           | 1 |
| Approved One to One Aid Authorizations | 0 |

## Children's InterAgency Coordinating Council (CIACC) Summary of Activity SALEM County - February 2026

### - Substance Use Involvement -

Youth can present to the New Jersey System of Care as having a Substance Use (SU) Indicator in various ways. For the purposes of this report we are considering as indicators:

1. A call with an SU Reason or Resolution Code entered in the report period.
2. An open SU Tracking Element active at any time in the report period.
3. An Active SU Authorization or SU related Wrap Flex Authorization active at any time in the report period.
4. An indication via a Strength & Needs Assessment created in the report period. (score of 1, 2 or 3 in Risk Behaviors)
5. An indication as the result of a Clinical Triage completed in the report period.
6. A substance use specifier on YouthLink.

The 'All Unique Youth' count below represents the unique youth with at least one of the 6 types of indicators. All Demographic distributions are based on this unique population. Counties represented here are based on the parents home county or designated 'Mailing Address'; if there is no parent address or mailing address the CYBER Facesheet address is used. 'Unknown' county will include both youth with missing county data or Out of State youth.

|                                                        |          |
|--------------------------------------------------------|----------|
| <b>All Unique Youth with a Substance Use Indicator</b> | <b>5</b> |
|--------------------------------------------------------|----------|

#### Demographics (All percentages calculated from 'All Unique Youth')

| Gender - SU Population |   |       |
|------------------------|---|-------|
| Female                 | 3 | 60.0% |
| Male                   | 2 | 40.0% |

| Age Group - SU Population |   |       |
|---------------------------|---|-------|
| 5-10                      | 0 | 0.0%  |
| 11-13                     | 0 | 0.0%  |
| 14-17                     | 2 | 40.0% |
| 18-20                     | 3 | 60.0% |
| 21                        | 0 | 0.0%  |
| >21                       | 0 | 0.0%  |

| County - Statewide SU Population |     |       |
|----------------------------------|-----|-------|
| ATLANTIC                         | 34  | 2.9%  |
| Bergen                           | 74  | 6.2%  |
| BURLINGTON                       | 58  | 4.9%  |
| Camden                           | 120 | 10.1% |
| CAPE MAY                         | 13  | 1.1%  |
| CUMBERLAND                       | 25  | 2.1%  |
| ESSEX                            | 133 | 11.2% |
| GLOUCESTER                       | 39  | 3.3%  |
| Hudson                           | 81  | 6.8%  |
| HUNTERDON                        | 11  | 0.9%  |
| MERCER                           | 66  | 5.6%  |

| Race - SU Population                       |   |       |
|--------------------------------------------|---|-------|
| AMERICAN INDIAN/ALASKA NATIVE              | 0 | 0.0%  |
| ASIAN                                      | 0 | 0.0%  |
| BLACK OR AFRICAN AMERICAN                  | 1 | 20.0% |
| NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER | 0 | 0.0%  |
| WHITE                                      | 4 | 80.0% |
| Two Or More Races                          | 0 | 0.0%  |
| SOME OTHER RACE                            | 0 | 0.0%  |
| DECLINED                                   | 0 | 0.0%  |
| UNKNOWN                                    | 0 | 0.0%  |

| Ethnicity - SU Population |   |        |
|---------------------------|---|--------|
| Non-Hispanic or Latino    | 5 | 100.0% |

| County - Statewide SU Population |     |      |
|----------------------------------|-----|------|
| Middlesex                        | 109 | 9.2% |
| Monmouth                         | 69  | 5.8% |
| MORRIS                           | 28  | 2.4% |
| Ocean                            | 80  | 6.8% |
| PASSAIC                          | 81  | 6.8% |
| SALEM                            | 5   | 0.4% |
| SOMERSET                         | 29  | 2.4% |
| SUSSEX                           | 13  | 1.1% |
| UNION                            | 81  | 6.8% |
| WARREN                           | 27  | 2.3% |
| UNKNOWN                          | 9   | 0.8% |

## Children's InterAgency Coordinating Council (CIACC) Summary of Activity SALEM County - February 2026

### Populations & Services

*Living Situation includes entire unique population. If youth was in OOH anytime in report period they are counted as OOH.*

*DD Eligible, CMO and Outpatient counts include only those youth with one or both of those elements.*

*The SU Outpatient count includes both Outpatient and Intensive Outpatient services.*

*(Unique Populations are defined above the Demographic section of this report.)*

| Unique Substance Use Populations                      |   |
|-------------------------------------------------------|---|
| Unique Youth with Call Reason or Resolution Indicator | 0 |
| Unique Youth with SU Tracking Element Indicator       | 0 |
| Unique Youth with SU Authorization Indicator          | 0 |
| Unique Youth with SU Wrap Flex (CSA20) Indicator      | 0 |
| Unique Youth Open SU Module Indicator                 | 5 |
| Unique Youth Triage Form Indicator                    | 0 |
| Unique Youth with SU Indicator - OOH Referral         | 0 |

| Outpatient Services (SUT01, 02, 03) |   |
|-------------------------------------|---|
| Active with CMO                     |   |
| Active with CMO                     | 5 |
| Active with DD                      |   |
| Living Situation                    |   |
| In Community                        | 3 |
| Out of Home                         | 2 |

### Specific Substance Usage Distribution

*Population details - Youth in this table are included based on the most recent Substance Use (SU) Module completed within 120 days prior to the report start date. The SU Module is an additional series of assessment items activated when a score of 1,2 or 3 is entered in the SU item of the Strength & Needs Assessment. A youth can have multiple substances identified per SU Module completed. Because of this the totals in this table will not match the unique number of SU Modules completed for the report month.*

| Substance              | Currently Indicated |       | Historically Indicated |       | Both (History & Current) |       |
|------------------------|---------------------|-------|------------------------|-------|--------------------------|-------|
| Alcohol                | 2                   | 33.3% | 1                      | 16.7% | 1                        | 50.0% |
| Amphetamine            | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Barbiturates           | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Benzodiazepines        | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Cannabis               | 1                   | 16.7% | 3                      | 50.0% | 0                        | 0.0%  |
| Cocaine                | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Ecstasy                | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Hallucinogens          | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Inhalants              | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Opiates - Heroin       | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Over the Counter Drugs | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Rx Prescription        | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Synthetic Cannabis     | 0                   | 0.0%  | 1                      | 16.7% | 0                        | 0.0%  |
| Tobacco                | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Other - Opiates        | 0                   | 0.0%  | 0                      | 0.0%  | 0                        | 0.0%  |
| Other Drugs            | 3                   | 50.0% | 1                      | 16.7% | 1                        | 50.0% |
| <b>Total</b>           | <b>6</b>            |       | <b>6</b>               |       | <b>2</b>                 |       |

## Children's InterAgency Coordinating Council (CIACC) Summary of Activity SALEM County - February 2026

### **Other Metrics - School Attendance, Legal Involvement and Insurance Coverage**

*School Attendance scores are counted only for assessments completed 120 days prior to the start date of the report period.*

*Legal Involvement is reported from the Legal Module/Seriousness item. This module is opened when a 1, 2 or 3 is entered in the Legal Involvement question on the Strength & Needs Assessment.*

*Insurance Coverage is determined by Medicaid numbers associated with Authorizations active during the report period with the exception of 'Private Insurance' which is identified via the TPL tab in CYBER. These counts are not unique as a youth can have different Medicaid numbers for different authorizations.*

| Assessment Score | Assessment Score Distribution - School Attendance - SU Population |   |
|------------------|-------------------------------------------------------------------|---|
| 0                | Attends school regularly                                          | 3 |
| 1                | Having problems with attendance                                   | 1 |
| 2                | Having challenges with attendance                                 | 0 |
| 3                | Youth is generally truant or refusing to go to school             | 0 |
| N/A              | Not Applicable                                                    | 1 |

| Legal Involvement - SU Population    |   |
|--------------------------------------|---|
| Legal Involvement - Case Pending     | 0 |
| Legal Involvement - Probation/Parole | 0 |
| No Legal Involvement                 | 0 |

| Insurance Coverage - SU Population |   |
|------------------------------------|---|
| NJ Family Care                     | 1 |
| Supplemental Security Income (SSI) | 1 |
| 3560/State Only                    | 0 |
| Third Party Liability (TPL)        | 0 |
| No Insurance                       | 0 |

## Children's InterAgency Coordinating Council (CIACC) Summary of Activity SALEM County - February 2026

### *CYBER Call Reason / Resolution Definitions & Report Mapping*

| Call Reason                                 | Call Reason Description                                                                                                                                                                                                                           | CIACC Group                                   |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 988 Warm Transfer                           | When Caller Type is a 988 Call Specialist and needs to be Warm transferred to Clinical                                                                                                                                                            | 988 LifeLine Warm Transfer                    |
| AHH-Referral Cancellation                   | Caller is calling to cancel the referral request for housing                                                                                                                                                                                      | Adolescent Housing Hub                        |
| AHH-Seeking Housing Information             | Caller is seeking information about the AHH or any of the programs involved in it                                                                                                                                                                 | Adolescent Housing Hub                        |
| AHH Youth Supportive Housing                | Caller is requesting housing                                                                                                                                                                                                                      | Adolescent Housing Hub                        |
| Access Issue                                | Caller is inquiring about eligibility of youth for CSA services                                                                                                                                                                                   | Authorizations Claims & Eligibility           |
| Authorization-Billing/Claims Inquiry        | Provider requesting authorization modification authorization suspension authorization information Medicaid eligibility claims processing                                                                                                          | Authorizations Claims & Eligibility           |
| Record Updates                              | Caller requesting to update address provide TPL information or provide social security number; provider requesting to be reopened to the youth's record for documentation purposes MRSS requesting changes to Crisis Tracking Form                | Caller Providing Information About a Member   |
| Caller Providing Information                | Approved third party or provider providing/relaying information to register new youth or supplement the record content                                                                                                                            | Caller Providing Information About a Youth    |
| Follow Up to Treatment Request              | Family provider or approved third party inquiring about an existing authorized service.                                                                                                                                                           | Caller Requesting Information                 |
| Information Requested                       | Requesting information about PerformCare NJ Children's System of Care or community resources                                                                                                                                                      | Caller Requesting Information                 |
| Policy and Procedure Inquiry                | Caller requesting information regarding a policy or procedure                                                                                                                                                                                     | Caller Requesting Information                 |
| Requesting Information about a Youth        | Caller requesting information pertaining to the youth                                                                                                                                                                                             | Caller Requesting Information                 |
| Treatment plan Inquiry                      | Caller inquiring about receipt review or outcome of a treatment/service plan                                                                                                                                                                      | Caller Requesting Information                 |
| Service Request for Behavioral Health (BH)  | Family or CSOC provider seeking services for new youth or seeking new services for existing youth                                                                                                                                                 | In Home Service Request                       |
| Infected/Exposed COVID-19 Virus             | If the caller advises that someone in the household is infected exposed or is at risk of exposure to COVID-19. Process the call as per our normal procedures making sure that this information is adequately and clearly documented in the record | Infected / Exposed COVID-19 Virus             |
| DD/ID-Inquiry Eligibility                   | Caller requesting information regarding the eligibility process for youth to obtain DD/ID services                                                                                                                                                | Intellectual/Developmental Disability Inquiry |
| DD/ID - Inquiry for Family Support Services | Caller requesting Family Support Services for youth with DD/ID service needs                                                                                                                                                                      | Intellectual/Developmental Disability Inquiry |
| DD/ID-Other-                                | Specify reason in Call Reason Comments box                                                                                                                                                                                                        | Intellectual/Developmental Disability Inquiry |
| Intermediate Unit (IU) Admission            | IU will report admission to PC telephonically within one business day of admission; Member Services will use Call Reason: 'IU Admission'                                                                                                          | Intermediate Unit Admission                   |
| No Service Access COVID-19 Virus            | If caller advises that there has been a service interruption due to COVID-19 for CSOC Services only                                                                                                                                               | No Service Access COVID-19 Virus              |

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|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Family Affected by Super Storm Sandy:            | No longer in use                                                                                                                                       | Other                                               |
| Other                                            | specify reason in Call Reason Comments box)                                                                                                            | Other                                               |
| DCP&P Out of Home Referral Request               | DCP&P personnel requesting to complete a telephonic review or inquiring about the DCP&P OOH fax pilot                                                  | Out of Home Service Request                         |
| Out of Home Treatment Request                    | Provider or family requesting OOH placement or status about OOH referral previously made.                                                              | Out of Home Service Request                         |
| Reconsideration/ Complaint –                     | Caller requesting reconsideration of an IOS determination caller requesting to file a formal complaint or caller complaining about services received   | Reconsiderations & Concerns                         |
| Provider IOS Dispute                             | Provider calling to dispute IOS previously determined by PerformCare                                                                                   | Reconsiderations & Concerns                         |
| Quality of Care Concern                          | Caller reporting a quality-of-care concern                                                                                                             | Reconsiderations & Concerns                         |
| Referred by 988 Lifeline:                        | When the caller says they were referred to PerformCare by a 988 Call Specialist. You will be able to edit the Call Reasons after registration          | Referred by 988 LifeLine                            |
| Service Request                                  | Caller requesting service that is not accessed through PerformCare such as speech pathologist boot camp music therapy etc.                             | Requested Services Not Accessed Through PerformCare |
| SUT Provider Clinical Review/LOCI                | Contracted substance use treatment provider is requesting level of care indicator for substance abuse services                                         | Substance Use Related                               |
| SUT-Other                                        | Specify reason in Call Reason Comments box                                                                                                             | Substance Use Related                               |
| SUT Provider Calls                               | Substance use treatment provider is calling for information or providing information on youth or has a policy/contracting inquiry billing inquiry etc. | Substance Use Related                               |
| SUT-Service Request for Substance Abuse Services | Family or CSOC provider seeking services for new youth or seeking new services for existing youth.                                                     | Substance Use Related                               |
| Technology question                              | Calls pertaining to use of CYBER technical issues password/log in issues                                                                               | Technical Issues                                    |
| CSAP IDD                                         | Call is related to Crisis Stabilization and Assessment                                                                                                 |                                                     |

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| Call Resolution                                | Call Resolution Description                                                                                                                                                                                                         | CIACC Group                                |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Access to Youth's Record Granted to Provider   | Call center staff enters a Tracking Element for provider to access a youth's record                                                                                                                                                 | Access and Record Maintenance              |
| Record Updated                                 | Updated information in the record upon caller's request such as the address TPL information social security number or changes made to MRSS Crisis Tracking Form etc.                                                                | Access and Record Maintenance              |
| Registration Completed                         | Youth has been registered in Cyber                                                                                                                                                                                                  | Access and Record Maintenance              |
| AHH Registration Completed                     | Staff completed registration for new youth requesting AHH but the checklist was not completed                                                                                                                                       | Adolescent Housing Hub Related             |
| DD/ID Eligible Youth for AHH –                 | Youth is DD/ID Eligible and does not meet the criteria for the AHH                                                                                                                                                                  | Adolescent Housing Hub Related             |
| AHH Referral Cancelled                         | Youth no longer in need of AHH                                                                                                                                                                                                      | Adolescent Housing Hub Related             |
| AHH- Incomplete AHH Request                    | Youth Checklist is not complete                                                                                                                                                                                                     | Adolescent Housing Hub Related             |
| AHH 22 or over                                 | Youth is aged 22 or over not eligible for AHH                                                                                                                                                                                       | Adolescent Housing Hub Related             |
| AHH- Referred Youth to Shelter                 | Youth referred to Shelter (contact information given)                                                                                                                                                                               | Adolescent Housing Hub Related             |
| AHH-Referred to AHH                            | Youth Checklist (AHH Referral) placed on AHH Link                                                                                                                                                                                   | Adolescent Housing Hub Related             |
| Contacted SCR                                  | Caller required warm transfer to State Central Registry for abuse/neglect concern                                                                                                                                                   | Contacted Child Abuse Hotline              |
| Referred to SCR/APS                            | Caller required warm transfer to State Central Registry or Adult Protective Services for abuse/neglect concern                                                                                                                      | Contacted Child Abuse Hotline              |
| Contacted Police                               | Caller required urgent police response due to emergency situation                                                                                                                                                                   | Contacted Police                           |
| Family Declined Services COVID-19              | Caller declined offered services due to infection exposure or fear of exposure to COVID-19                                                                                                                                          | COVID-19 Related                           |
| Recommended Service Not Available COVID-19     | If service that was recommended by PerformCare was not available due to COVID-19 (either due to suspension of service or provider was unable to staff). In this instance an alternate service may have been offered and/or accepted | COVID-19 Related                           |
| DCP&P Telephonic Review Completed              | Care Coordinator completed a telephonic review with DCP&P personnel and posted the referral on Youth Link                                                                                                                           | DCP&P Related                              |
| DCP&P Telephonic Review Incomplete             | Care Coordinator did not complete telephonic review                                                                                                                                                                                 | DCP&P Related                              |
| DD/IDD- Family Support Application Referral –  | Staff Completed a Family Support Services Application for the Dd/ID Eligible family                                                                                                                                                 | DD/ID Family Support Application Completed |
| DD/IDD- Wrap Services                          | Youth referred for wrap services                                                                                                                                                                                                    | DD/ID Wrap Services                        |
| DD/ID Referred for DD Eligibility Application- | Youth referred to Apply for DD Eligibility Application                                                                                                                                                                              | I/DD Eligibility Related                   |
| DD/ID Youth Registration Completed –           | Registration completed for youth with DD/ID service needs                                                                                                                                                                           | I/DD Eligibility Related                   |
| Information Documented                         | Documented received information                                                                                                                                                                                                     | Information Documented                     |

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|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Information Provided                                               | Provided information about PerformCare NJ Children's System of Care community resources or existing authorized services; providing verbal information pertaining to youth                                                                                  | Information Documented                            |
| Provided Service Information & Referral                            | Provided information and referral for a service in the community not authorized by PerformCare                                                                                                                                                             | Information Documented                            |
| IU Admission Processed                                             | Intermediate Unit Admission processed authorization created and provider opened in tracking                                                                                                                                                                | IU Admission Processed                            |
| Other                                                              | Specify in Comment box                                                                                                                                                                                                                                     | Other                                             |
| Referred for Biopsychosocial Assessment                            | Facilitated referral for and authorized Needs Assessment / Biopsychosocial                                                                                                                                                                                 | Referred for Bio-Psycho-Social Assessment         |
| Referred for Medical Clearance                                     | Referred caller for Medical Clearance                                                                                                                                                                                                                      | Referred for Medical Clearance                    |
| Referred to Current Insurance Provider                             | Referred caller to current insurance provider for information access to services and service acquisition                                                                                                                                                   | Referred to Current Insurance                     |
| Referred to Current Provider                                       | Referred caller to current provider for information access to services and/or service acquisition                                                                                                                                                          | Referred to External System Partner               |
| Referred to CSOC                                                   | Referred caller to CSOC for policy related questions about services                                                                                                                                                                                        | Referred to External System Partner               |
| Referred for MRSS                                                  | Facilitated referral for and authorized MRSS dispatch                                                                                                                                                                                                      | Referred to External System Partner               |
| Referred for Psychiatric Screening                                 | Referred for mental health screening                                                                                                                                                                                                                       | Referred to External System Partner               |
| Referred to FCIU                                                   | Referred caller to FCIU for services                                                                                                                                                                                                                       | Referred to FCIU                                  |
| Referred to Outpatient Services                                    | Youth referred to the outpatient level of care                                                                                                                                                                                                             | Referred to Outpatient Services                   |
| Declined Services                                                  | Caller declined offer for service authorization. (Was previously Refused Services)                                                                                                                                                                         | Service Authorization Related                     |
| Authorization Request Processed                                    | Request for service pertaining to new modified or suspended authorizations                                                                                                                                                                                 | Service Authorization Related                     |
| Service Request not Available through NJ Children's System of Care | Caller requesting a service that is not available through CSOC                                                                                                                                                                                             | Service Authorization Related                     |
| SUT- Referred for Detox                                            | Caller referred for detox program                                                                                                                                                                                                                          | Substance Use Related                             |
| SUT- Consent Required                                              | PerformCare staff is unable to process request due to lack of consent on file                                                                                                                                                                              | Substance Use Related                             |
| SUT- Provided Service Information & Referral                       | Caller does not meet eligibility criteria for contracted substance use treatment services and was provided information and referral for community services/Medicaid providers referred back to their commercial insurance provider or county administrator | Substance Use Related                             |
| SUT- LOCI Completed                                                | Care Coordinator completed level of care indicator with contracted substance use treatment provider                                                                                                                                                        | Substance Use Related                             |
| Referred Internally to Quality Improvement Department              | Transferred caller to QI for resolution emailed QI quality of care concern complaint provider IOS Dispute or reconsideration                                                                                                                               | Transferred internally to Clinical Care Connector |
| Referred Internally (PC) for Resolution                            | Transferred caller to a supervisor for resolution                                                                                                                                                                                                          | Transferred internally to Clinical Care Connector |
| Referred Internally to Service Desk                                | Transferred caller to Service Desk for resolution or emailed service desk for resolution                                                                                                                                                                   | Transferred internally to Clinical Care Connector |

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|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Transferred to Care Connector | Caller transferred to Care Connector que for resolutions. The resolution will help determine who is responsible for resolving unresolved calls in the call queue                                                                    | Transferred internally to Clinical Care Connector |
| Transferred to Clinical Queue | Caller transferred to clinical queue for resolution. (MSS will enter this resolution and select Accept and Keep Call Open. The resolution will help determine who is responsible for resolving unresolved calls in the call queue.) | Transferred internally to Clinical Care Connector |
| Warm Transfer to 988          | When you need to transfer the caller back to 988 Lifeline                                                                                                                                                                           | Warm Transfer to 988                              |