New Jersey Department of Children and Families

PROMISING PATH TO SUCCESS

Substance Abuse and Mental Health Services Administration
SAMHSA

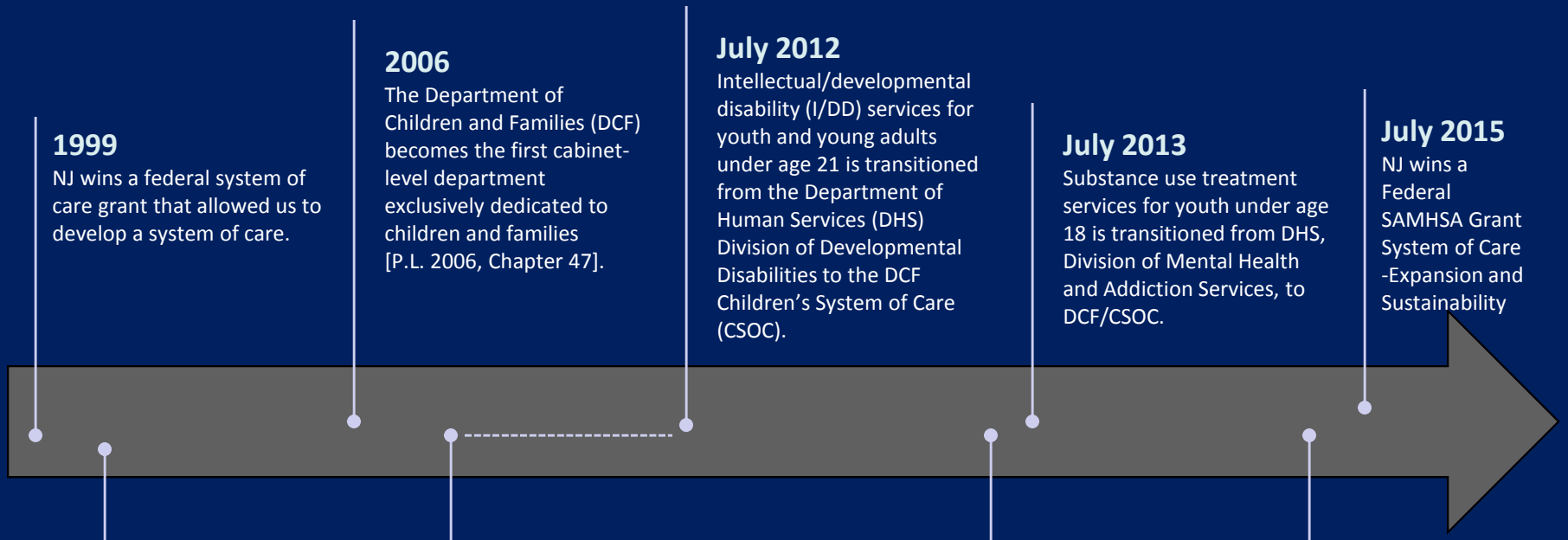
System of Care Expansion and Sustainability Grant

Project Period: 9/30/2015-9/30/2019

October 2015

New Jersey Department of Children and Families

Children's System of Care History



1999
NJ wins a federal system of care grant that allowed us to develop a system of care.

2000 - 2001
NJ restructures the funding system that serves children. Through Medicaid and the contracted system administrator, children no longer need to enter the child welfare system to receive behavioral health care services.

2006
The Department of Children and Families (DCF) becomes the first cabinet-level department exclusively dedicated to children and families [P.L. 2006, Chapter 47].

2007 – 2012
The number of youth in out-of-state behavioral health care goes from more than 300 to three.*

July 2012
Intellectual/developmental disability (I/DD) services for youth and young adults under age 21 is transitioned from the Department of Human Services (DHS) Division of Developmental Disabilities to the DCF Children's System of Care (CSOC).

May 2013
Unification of care management, under CMO,
is completed statewide.

July 2013
Substance use treatment services for youth under age 18 is transitioned from DHS, Division of Mental Health and Addiction Services, to DCF/CSOC.

December 2014
Integration of Physical and Behavioral Health is piloted in Bergen and Mercer County with expected Statewide rollout

July 2015
NJ wins a Federal SAMHSA Grant System of Care -Expansion and Sustainability

***How did we do this? Careful individualized planning and the development of in-state options (based on research about what kids need) using resources that were previously going out of state.**

New Jersey Department of Children and Families

Summary of Children's Initiative Concept Paper

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

New Jersey Department of Children and Families

What We Have Learned

- The system of care model works
  - Less children in institutional care
  - Less children accessing inpatient treatment
  - Closure of state child psychiatric hospital and RTCs
  - Very few children in out-of-state facilities
  - Children in out of home care have more intense needs than prior to the system of care development
  - Wraparound works
  - Less youth in detention centers – many reasons, not necessarily because of the system of care
- Federal funding support under Title XIX

New Jersey Department of Children and Families

System of Care Values and Principles

Youth Guided & Family Driven Community Based Culturally/Linguistically Competent		
Strength Based Unconditional Care Promoting Independence	Family Involvement Collaborative Cost Effective Comprehensive	Individualized Home, School & Community Based Team Based

New Jersey Department of Children and Families

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.

New Jersey Department of Children and Families

Language Is Important

New Jersey Department of Children and Families

Language Is Important

Language of CSOC

- Children, youth, young adult
- Parents, caregivers
- Treatment
- Engagement
- Transition
- Missing

Not the Language of CSOC

- Clients, Case, Consumer
- Mom and Dad
- Placement
- Motivated
- Close, Terminate
- Runaway

New Jersey Department of Children and Families

Project Highlights

- Six Core Strategies
- Nurtured Heart Approach
- Youth Partnership
- Return on Investment

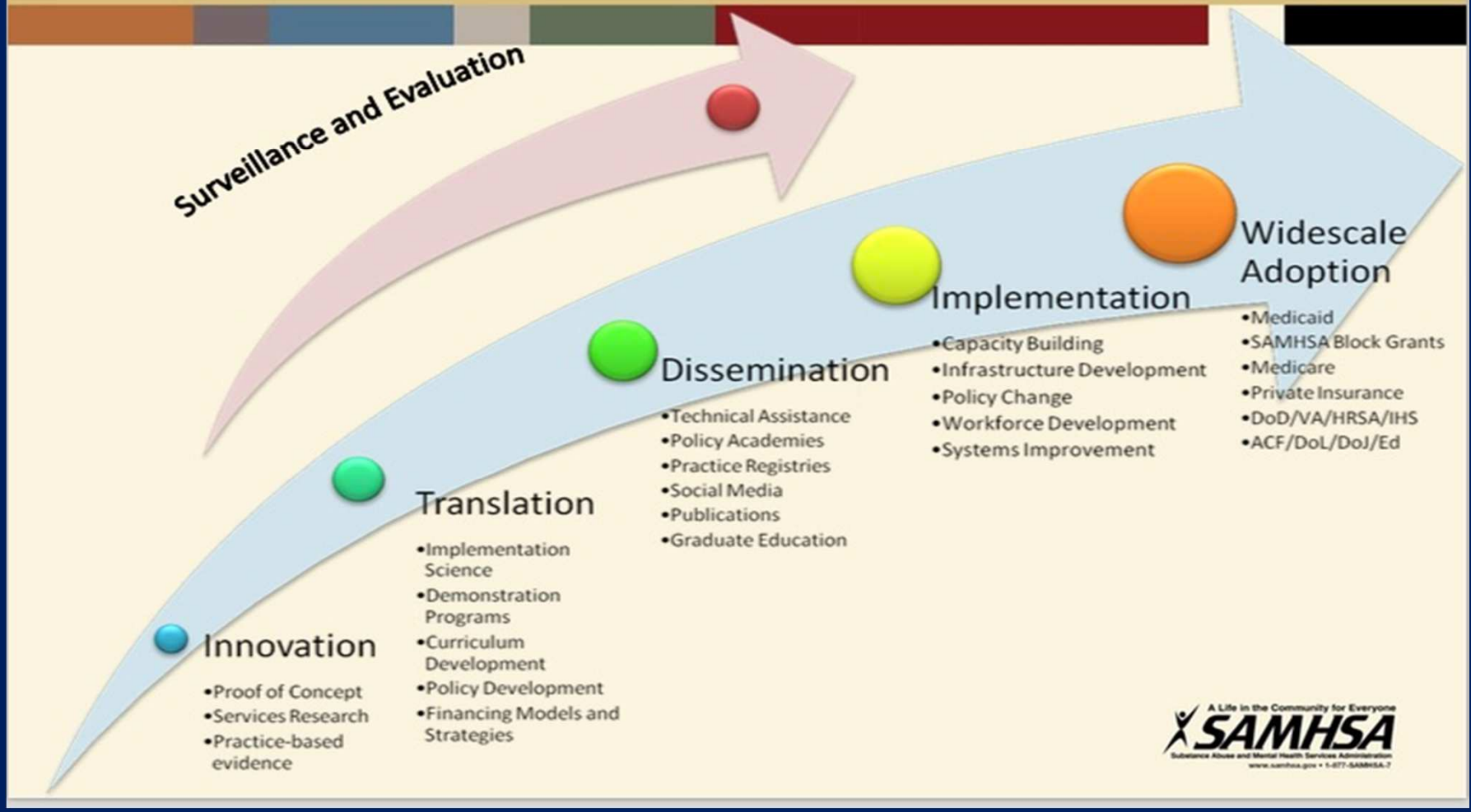
New Jersey Department of Children and Families

What We Hope to Accomplish

- Reduce the percentage of youth in the system of care who require multiple episodes of Out of Home (OOH) treatment
- Reduce the percentage of youth who re-enter treatment after discharge from an initial treatment episode
- Reduce the average length of stay for youth in OOH treatment from 11.5 to 9 months
- Analyze and understand the impact of each type of system involvement to aid in making resource allocation decisions

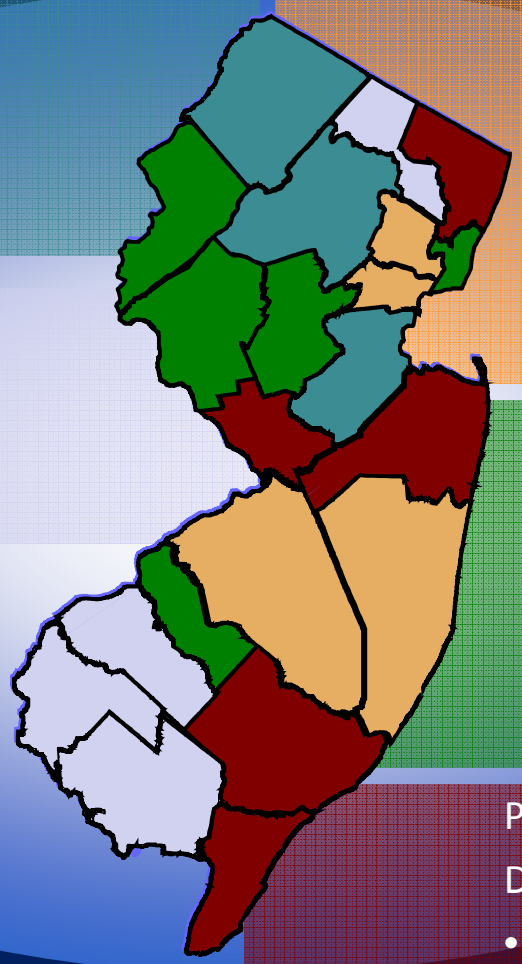
New Jersey Department of Children and Families

SAMHSA's Theory of Change



New Jersey Department of Children and Families

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

New Jersey Department of Children and Families

Key Components of Each Phase

Kick Off

- Local Kick Offs

Training

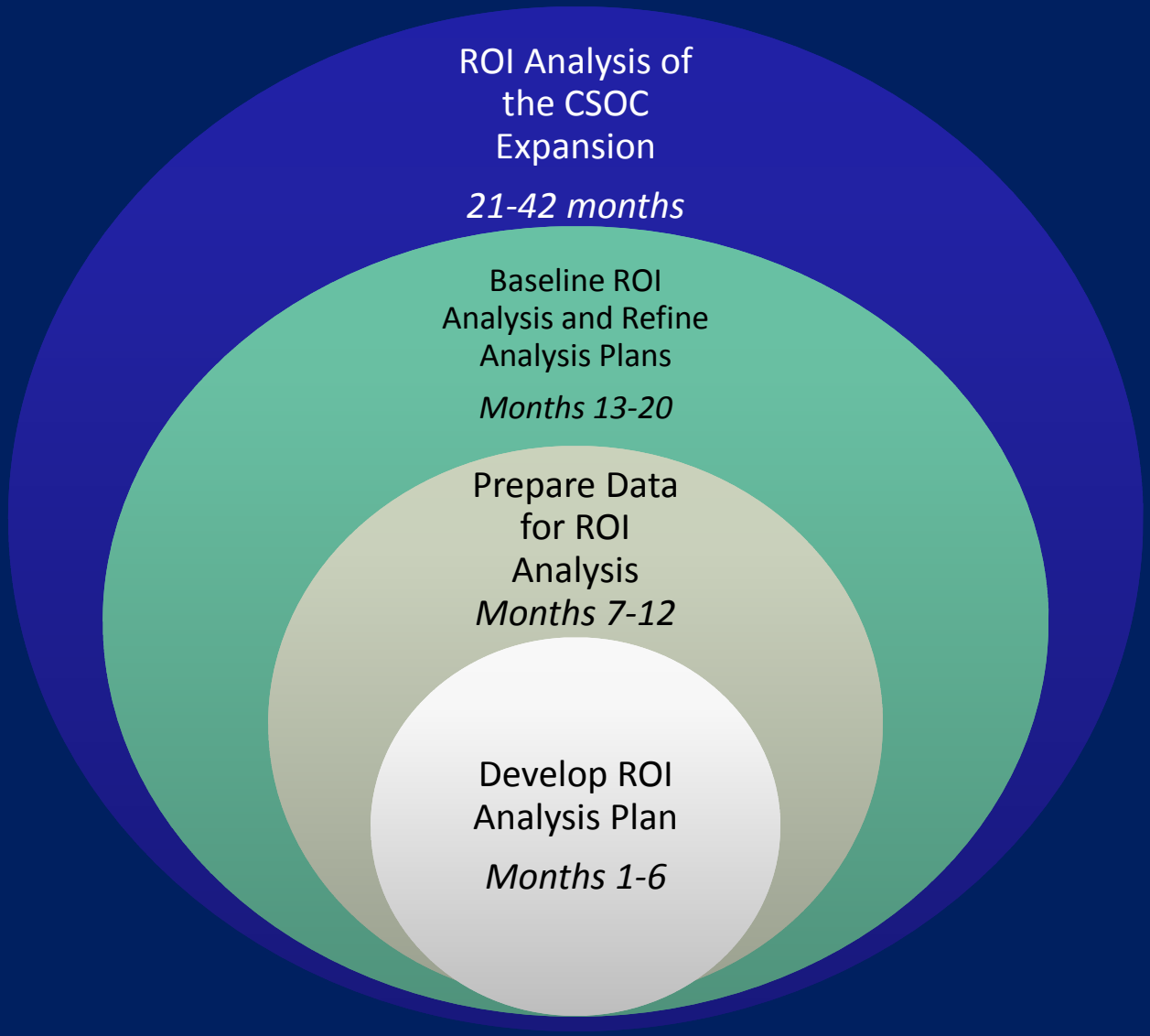
- Six Core Strategies (6CS) for OOH, CMO, FSO, MRSS & CIACC Leadership
- Nurtured Heart Approach (NHA) for OOH, CMO & FSO staff

Sustainability

- Coaching for OOH on 6CS implementation
- Nurtured Heart Approach (NHA) Super User Group

New Jersey Department of Children and Families

Return on Investment



New Jersey Department of Children and Families

Strategies for Sustainability and Wide Scale Adoption

1. Training, Coaching & Implementation Monitoring
   - ✧ Six Core Strategies
   - ✧ The Nurtured Heart Approach

2. Super User Groups to sustain fidelity to these trauma informed practices

3. Research
   - ✧ Return on Investment (ROI) Study

New Jersey Department of Children and Families

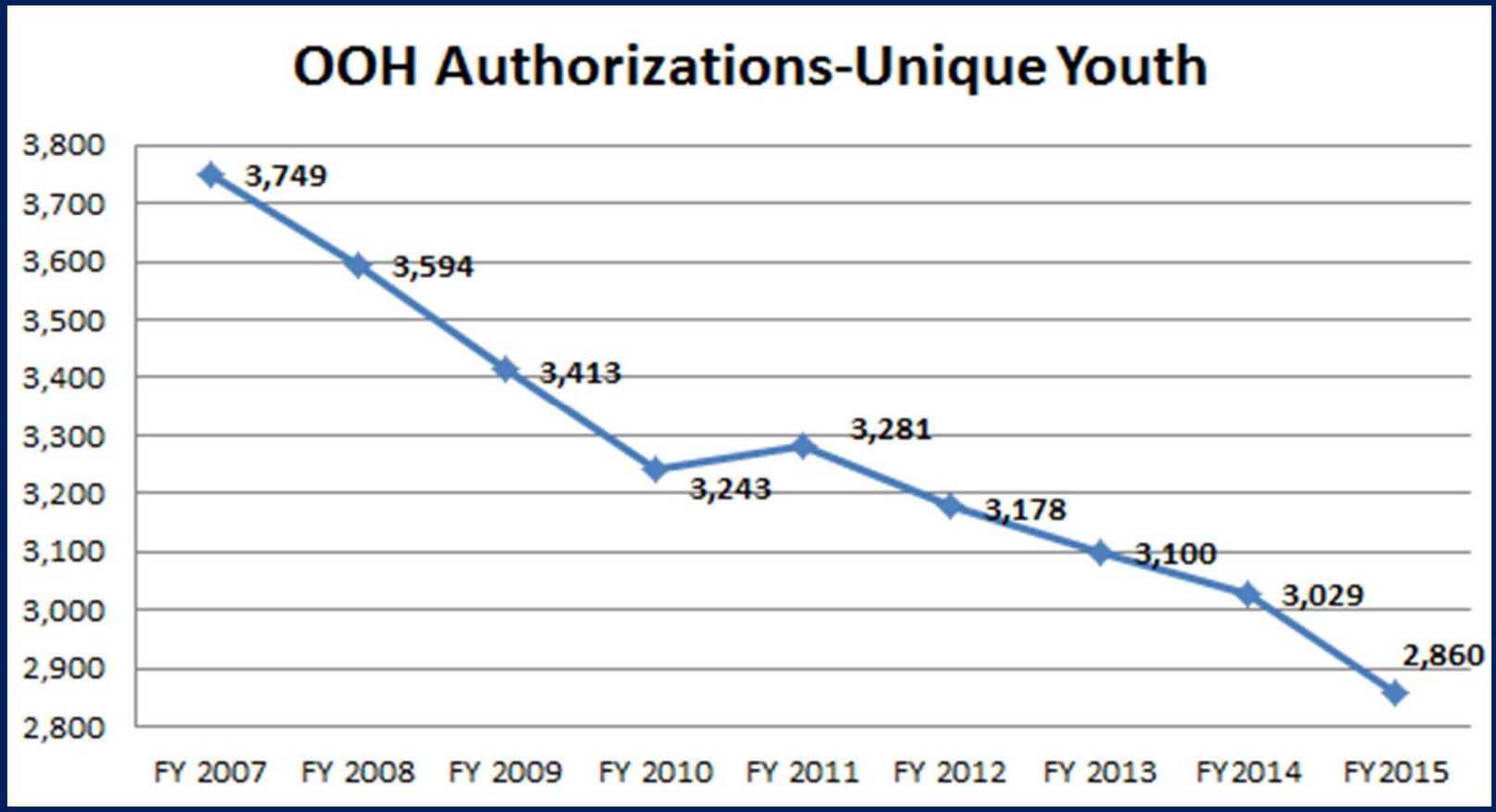
Six Core Strategies To Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint

1. Leadership toward organizational change
2. The use of data to inform practice
3. Workforce development
4. Full inclusion of individuals and families
5. The use of seclusion and restraint reduction tools, which include the environment of care and use of sensory modulation
6. Rigorous debriefing after events in which seclusion and restraint might have been used

New Jersey Department of Children and Families

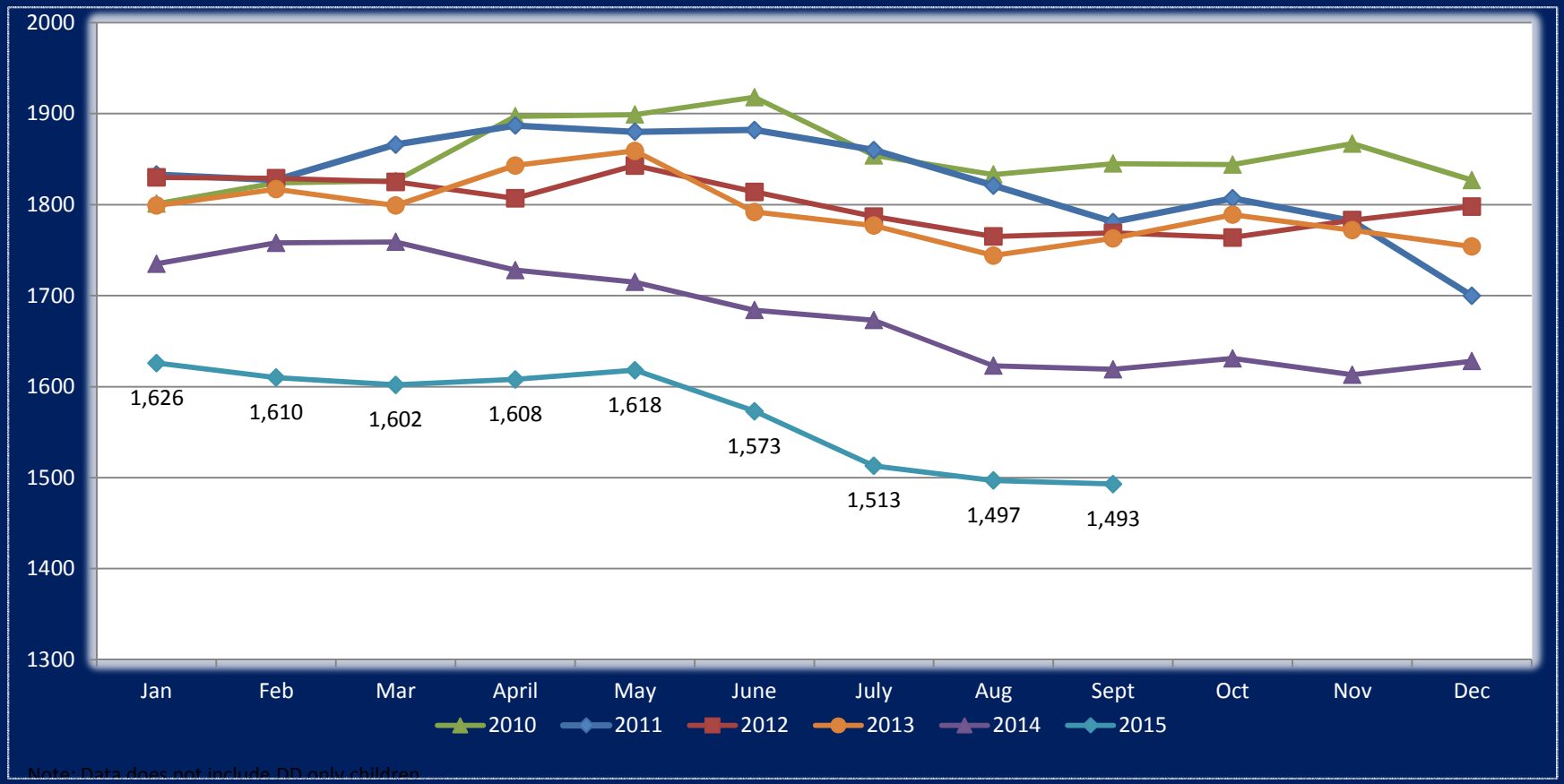
Out of Home Treatment

Authorizations (which provide access to out of home care) is reduced due to more access and availability of community resources



New Jersey Department of Children and Families

Behavioral Health Youth in Out of Home Treatment Settings 2010 - September 2015



Note: Data does not include DD only children

New Jersey Department of Children and Families

OOH Intensities of Service (IOS)*

Behavioral Health:

- Intensive Residential Treatment Services (IRTS)
- Psych Community Homes (PCH)
- Specialty Beds (SPEC)
- Residential Treatment Centers (RTC)
- Group Homes (GH)
- Treatment Homes (TH)

- ***Intensities of Service (IOS): Levels of OOH treatment based on *intensity*, *frequency*, and *duration* of treatment.**

New Jersey Department of Children and Families

The Nurtured Heart Approach

The 3 Stands

1. Absolutely No! – Refuse to energize negativity

   Our attention is the ultimate prize

2. Absolutely Yes! – Super-energize success

   Active, Experiential, Proactive & Creative Recognitions

3. Absolutely Clear! – Set clear limits & consequences

   The power of proactive clarity and resets

NURTURED HEART APPROACH®

New Jersey Department of Children and Families

Child Family Team

Child Family Team (CFT)

A team of family members, professionals, and significant community residents identified by the family and organized by the care management organization to design and oversee implementation of the Individual Service Plan.

CFT members should include, but are not limited to, the following individuals:

- **Child/Youth/Young Adult**
- **Parent(s)/Legal Guardian**
- **Care Management Organization**
- **Family Support Organization (peer partner)**
- **Natural supports as identified and selected by youth and family**
- **Treating Providers (in-home, out-of-home, etc.)**
- **Educational Professionals**
- **Probation Officer (if applicable)**
- **Child Protection & Permanency (CP&P) (if applicable)**


Thank
You
Merci
Gracias
Spacibo
Danke
KamSahHamnida
Arigatô
Hvala
TerimaKasih
NajisTuke
Takk
aDank
BarakAllahuFiik
Mèsi
Xièxie
Chokrane
Kiitos
Dziakuju
Grazie
Grazzi
GratiasAgimus
GratiasAgo
Motashakkeram
TänanVäga
Tak
Dankie
Sagolun
KopKhunKha
Gracie
CámOn
Multumesc
Saha
Salamat
Obrigado
Bayarlalaa
Nirringrazzjak
Efharisto
Faleminderit
Gràcies
Grandmercé
Taiku
Dakujem
Mercé
Matondo
Blagodaram
ThintKo
Buznyg
WaadMahadsantahay
TapadhLeat
Köszönöm
Murakoze
Rahmat
Tanemirt
Tenki
Aabhar
Chnorakaloutioun
KhobChaiDeu
Gratzias
Barkal
Aĉiū
Mauruuru
Dhanyavaad
Mamnun
aNiKie