Assessing The Children's System of Care . . . What you Need to Know

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Funder & Partners

Hackensack Meridian
Children's Health at
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New Jersey Department of Children and Families

Cooper
University Health Care

NJ Health
New Jersey Department of Health
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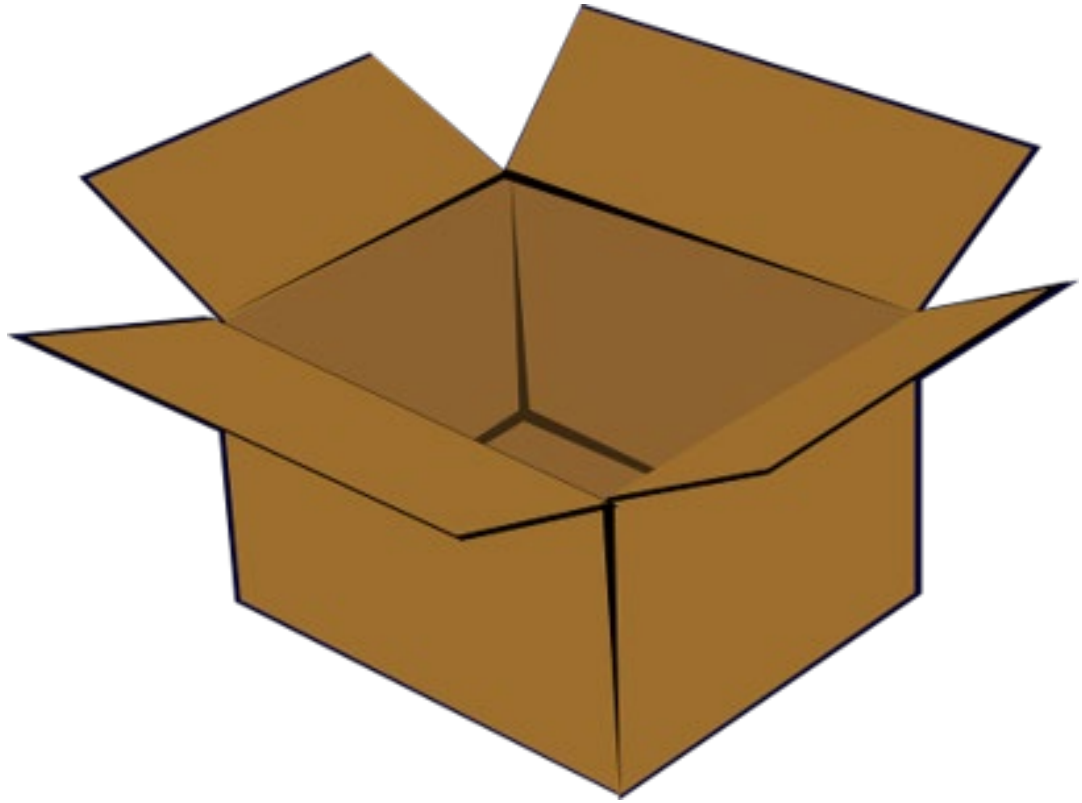
Atlantic
Health System

New Jersey Chapter
INCORPORATED IN NEW JERSEY
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

There Are No Disclosures



Learning Objectives

- Describe various levels of The Children's System of Care (CSOC) and its services
- Understand the components of a wraparound model
- Identify CSOC service providers within their respective catchment areas
- Understand the criteria for referrals and eligibility
- Explain the benefits of utilizing Resource Nets for support

Children's Mobile Response and Stabilization Services

Danielle Perri-Gasperini, LCSW
Division Director of Children's Services
CPC Behavioral Healthcare

Children's Mobile Response & Stabilization Program

Department of Children & Families (DCF)
Commissioner: Christine Norbut Beyer

Division of Child Protection and Permanency (DCP&P)
Assistant Commissioner: Carmen Diaz-Petti

Local Offices
Northern Monmouth Office Manager: Eileen Wolf
Southern Monmouth Office Manager: Courtney Clark

Area Offices
Monmouth Area Director: Judith Green

Division of Children's System of Care (CSOC):
Services to keep kids with complex needs at home, in school, and out of trouble; serves youth with emotional-behavioral & substance use needs, and developmental/ intellectual disabilities
Asst. Commissioner: Mollie Greene

Division of Family and Community Partnerships (DFCP)
Assistant Commissioner: Niurca Louis

School-Based Youth Services (SBYS)

Family Success Centers – Bayshore, Coastal Communities, Oceans

Other Divisions/ Offices

- Division of Women
- Office of Adolescent Services
- Office of Advocacy
- Office of Performance Management and Accountability
- Office of Education
- Office of Licensing
- Child Welfare Training Academy
- Institutional Abuse Investigation Unit

Contracted System Administrator (CSA)
Clinical assessment to determine the appropriate level of care within the system and/or access to services
1-877-652-7624
PerformCare

Care Management Organization (CMO)
Works with families to create Child/Youth Family Teams that develop strategies to overcome challenges;
1-2 year model for intensive needs, shorter term for moderate needs
MonmouthCares, Inc.
Executive Director: Kathy Collins

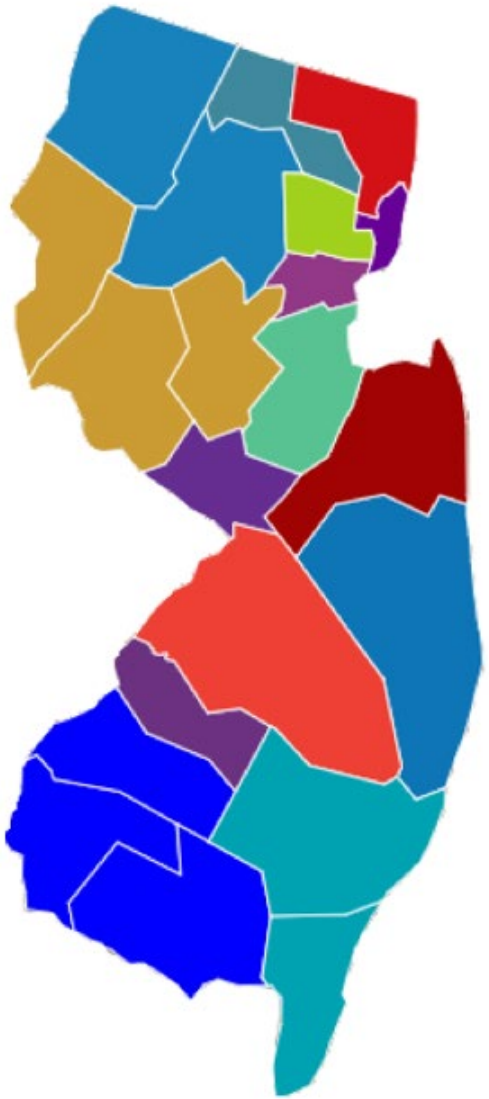
Mobile Responses & Stabilization Services (MRSS)
Keeping kids at home and stable with access to short-term services (Up to 8 weeks)
CPC Behavioral Healthcare
Director: Danielle Gasperini

Children's Interagency Coordinating Council (CIACC)
Local advisory body to local, County and State government on the behavioral health needs of children in our community

Community Providers
Community Services
*Services through the NJ System of Care and direct to families * Medicaid and Fee-for-Service*

Family Support Organization (FSO)
Available to all families inside and outside CSOC
Parent-run and staffed
For warmline support & information on parent support group, 732-542-4502
Family Based Services Association of New Jersey
Executive Director: Ann Goldman

Youth Partnership
Opportunities involving anti-stigma activities for 13-20 year olds
732-542-4502



PerformCare

1-877-652-7624

www.performcarenj.org

NJ Children's System of Care Serves youth up to 21 years of age and their families with emotional, behavioral, developmental/intellectual disabilities and substance use challenges. Families' first step is to call.

When is it appropriate to call?

- Families **struggling to meet the needs** of your developmentally disabled or intellectually disabled (I/DD) child or adolescent.
- Your child **refuses to attend school** or has **repeated lateness or skipping**, or if you have other concerns about his or her school performance.
- Your child shows **physical and/or verbal aggression**, **bullies others**, **or is being bullied.**
- You observe **family conflict**, including **youth substance use** or refusal to comply with rules.
- When a youth is **experiencing significant changes in behavior** and/or mood that impacts their ability to function at home, at school, and in the community.
- When patient expresses at risk behaviors (thoughts of harming self) but does not need the ER

In order to assure PerformCare can appropriately address the family's needs, families should expect the initial phone call to take 30-40 minutes.

How to access New Jersey's Children's System of Care (CSOC)

- Parent/legal guardian calls PerformCare directly when seeking services for a youth up to the age of 21.
  - Police can call on behalf of a family
  - Schools can assist w/ a conference call
  - Youth over 18 can self-refer
- PCPs/support staff can assist families/patients in calling PerformCare in the pediatric office to ensure they get connected before leaving the office
- PerformCare is available 24 Hours a day, 7 days a week, 365 days a year.
- PerformCare triages the initial call and determines next steps.
- PerformCare dispatches Children's Mobile Response & Stabilization Services (CMRSS) and/or connects the youth and family to their local care management organization (CMO) office if clinically appropriate.
- Enrolling in Children's System of Care Services are voluntary and at will*

1-877-652-7624

24 hrs a day, 7 days a week

CPC Behavioral HEALTHCARE

Healthy Minds. Healthy Communities.

Children's Mobile Response & Stabilization Services (CMRSS)

- CMRSS can meet with a family at a place of their convenience.
- At the initial meeting, a crisis assessment is completed to highlight needs
- Depending on level of need: 72 Hour Stabilization services or 8-week stabilization
  - Short, intensive focus
- In Monmouth, CMRSS resolves and is able to link 75% of their enrolled families to services and a plan without having to refer to a higher level of care.

In Home Services

Intensive In Community (IIC)

Licensed therapist who meets in the community to help the youth and family reach treatment goals.

Behavioral Assistant (BA)

Certified individual works individually with the IIC and youth to practice what is discussed in sessions.

IIC and BA services are available to families enrolled with CMRSS or CMO and do not come at a cost to the family

Care Management Organization (CMO)

Ashlee Bright, MSW
Community Resource Manager
Capitol County Children's Collaborative
Mercer County

24/7/365 Access to Care

Sometimes it can be hard to know when a parent should reach out for extra help.

Families should call if their child is overwhelmed by challenges at home or in the community, and if his/her mood and behavior has changed over time.

Some common reasons to call PerformCare include:

- Depression and/or anxiety
- Bullying or being bullied
- Physical or verbal aggression
- Intellectual/developmental disabilities
- Substance use
- Inattention or hyperactivity
- Oppositional or defiant behavior
- Grief from major trauma
- Concerns from teachers

Care Management Organization (CMO)

- CMOs are CSOC's local lead system partner that provide comprehensive care coordination and planning for youth & their families with moderate & complex needs through the Wraparound model
- Engage and build relationship with youth and families to assess strengths and identify priority needs
- Collaborate with families to develop and facilitate **Child Family Teams (CFT)** that drive individualized, sustainable care planning, including strategies for safety and self-care.
- Planning is youth focused, family driven and focused on identification and implementation of supports and services that promote progress and success for families and youth to support meeting their needs
- **Community Collaboration and Relationship Development**
- **Local system partner connection and collaboration**
- **Community Resource Development**

System of Care Values and Principles
(Wraparound Model)

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

Other CSOC Services

- Intensive In-Community / Behavioral Assistant (IIC/BA)
- Intensive In-Home (IIH) & Family Support Services
- Respite
- Out of Home (OOH) Treatment Services
- Substance Use Treatment Services
- Behavioral Health Home

Developmental Disability Eligibility

What is the process?

- If the child **has not** yet turned 18, you can access the application materials, on the PerformCare website at http://www.performcarenj.org/families/disability/determination-eligibility.aspx
- If the family does not have access to a computer, please contact PerformCare and request that an application is mailed.
- For youth **over 18**, the Department of Human Services' Division of Developmental Disabilities (DDD) is responsible for making a determination for eligibility. More information on this can be found by calling **1-800-832-9173** or at the New Jersey Division of Developmental Disabilities website, http://www.state.nj.us/humanservices/ddd/home/index.html

How long does it take for an application to be reviewed?

- The length of time it takes to determine eligibility is based on several factors. The most important factor is submitting all of the required forms and documents as well as current supporting evaluations at the same time.

NJCMO

A collective opportunity for New Jersey residents to identify where to access services (within their respective county)

https://njcmo.org/

PCE
Building Resilience, Restoring Hope

partners
FOR KIDS & FAMILIES, INC.

OCEAN PARTNERSHIP for CHILDREN INC.
Changing Tides in the Lives of Families

MonmouthCares

Hudson PartnershipCMO

FACT
FAMILIES & COMMUNITY TOGETHER

Capitol County
Children's Collaborative

camden county
partnership
for children

Caring Partners
OF MORRIS & SUSSEX
Devoted to Your Family's Well-Being

Bergen's
Promise

CIRCLE OF CARE
for Families and Children of Passaic County, Inc.

CAPE ATLANTIC I.N.K.

ResourceNet

Every County provides an active and regularly updated ResoureNet which allows families to gain knowledge of current resources. Information within the Resource Net can include:

Health Providers

Events

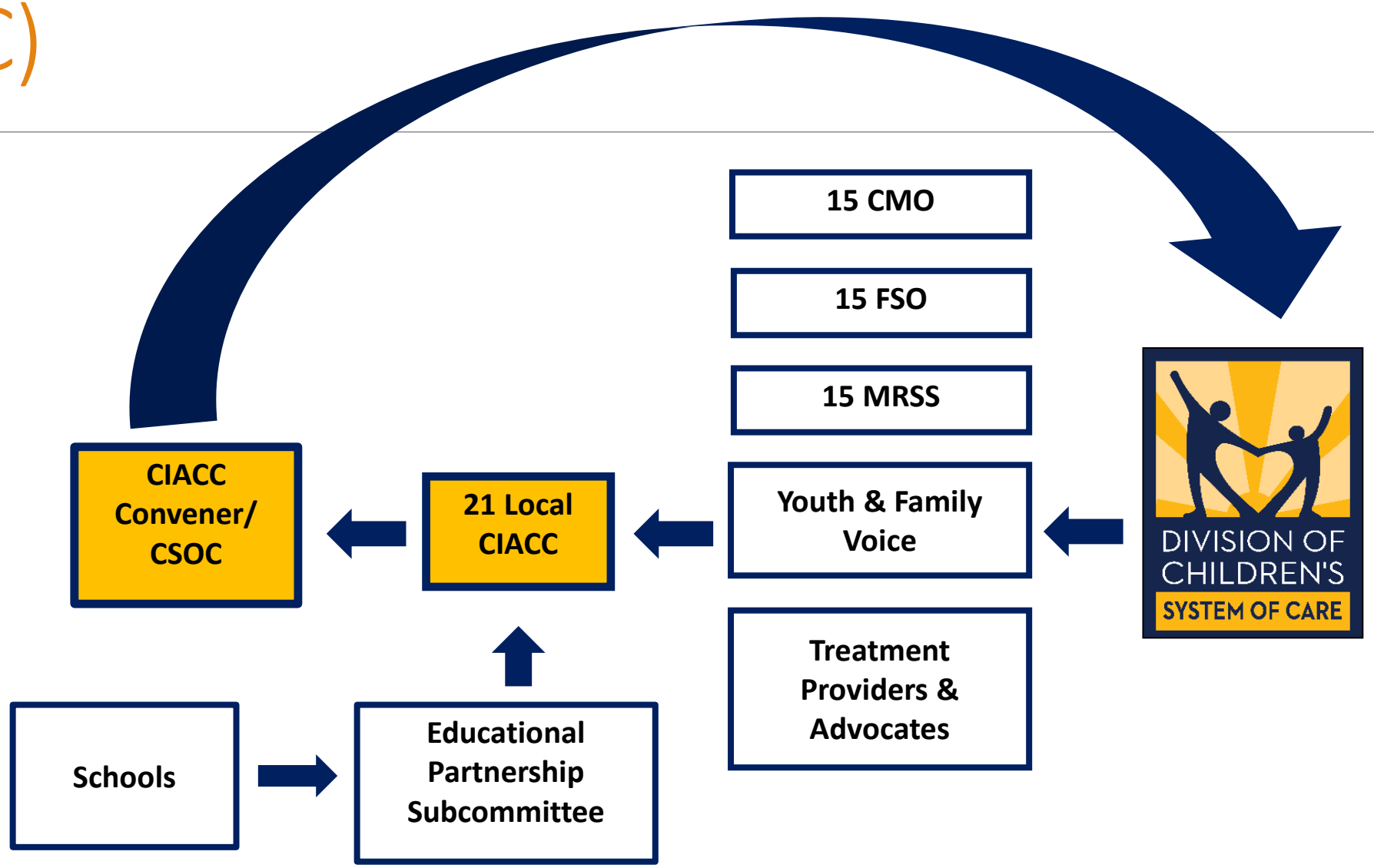
Recreational Activities

Support Groups

Subscriptions to Newsletters

***Health Providers & Community Organizations list resources, hotlines, groups and events ***

Children's Interagency Coordinating Council (CIACC)



Behavioral Health Home Via CMO

Kathryn Juzwiak Thompson, RN
Behavioral Health Home Nurse Manager
Cape Atlantic INK

WHAT IS BHH?

- The Affordable Care Act of 2010, Section 2703 (1945 of the Social Security Act), created an optional Medicaid State Plan benefit for states to **establish Health Homes to coordinate care for people with Medicaid who have chronic conditions.**
- The Centers for Medicare & Medicaid Services (CMS) expects states health home providers to operate under a "whole-person" philosophy. **Health Homes providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person.**
- Health Homes vary from state to state. In NJ, the Care Management Organizations have the BHH contract.
- **A Behavioral Health Home is a planning process, not an actual dwelling.** Eligible youth have access to additional medical expertise and support needed for a holistic approach
- Currently Bergen, Mercer, Atlantic, Cape May, and Monmouth counties have been approved for the Behavioral Health Home Service - expansion to all counties planned for the future.

WHAT IS BHH? (cont'd)

"An Integrated Approach to Helping Children"

The goal of **Behavioral Health Home Services** is to be the bridge that connects prevention, primary care, specialty care, and behavioral health, to prevent fragmented care that leads to unnecessary use of medical services.

SERVICES INCLUDE:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care (including appropriate follow-up from inpatient to other settings)
- Individual and family support
- Referral to community and social support services
- Use of health information to link services as feasible and appropriate

Why BHH?

- Improve health outcomes
- Reduce costs
- Advance the overall wellness of the consumers being served.
- Increase health literacy
- Teach KIDS about health and wellness to prevent unhealthy ADULTS
- Decrease overuse/underuse of medical services
- Decrease school absences for unplanned medical reasons

BHH TEAM STRUCTURE

- One RN nurse manager
- Additional support staff RNs
- Wellness coaches/Health and Wellness Educators
  - Unlicensed professionals with backgrounds in health sciences, i.e. nutrition, health and exercise sciences, public health. Report to nurse manager.

***BHH becomes an add on to the Child Family Team. Services are optional and families can opt in or out at any time.

ELIGIBILITY CRITERIA

- Meets clinical criteria for CMO
- Under 21 y/o
- Has active Medicaid, No or private insurance
- Must have DSM-V behavioral health diagnosis
- Diagnosed with covered chronic heath condition

ALSO AT LEAST ONE OF THE FOLLOWING:

- Youth lacks adherence to prescribed treatment plan for chronic health condition
- Demonstrates poor coping in managing chronic health condition
- Demonstrates pattern of over or under utilization of services for chronic health condition
- Family and youth are experiencing barriers to accessing care for chronic health conditions

BHH ELIGIBLE CONDITIONS

- Asthma
- Hypertension
- Diabetes Mellitus/Pre-diabetes
- Cystic Fibrosis
- Kidney/Renal Disease
- Obesity (BMI >85th percentile)
- Seizure Disorder
- Eating Disorder
- Cardiac Disorder (requiring the care of a cardiologist at least yearly)
- Hypothyroidism
- Hyperthyroidism
- Polycystic Ovarian System (PCOS)
- Autism with GI Concerns (GERD, Constipation, Diarrhea, IBS)
- Chronic Migraines
- Substance Use Disorder
- Sickle Cell Disease
- Developmental Disability (With co-occurring medical condition i.e.: Cerebral palsy, spina bifida, fetal alcohol syndrome, Downs syndrome)

EXCLUSIONARY CRITERIA

- No Medicaid # (uninsured, private insurance)
- Under DCP&P custody- has Child Health Unit Services, duplication of services
- No eligible chronic medical condition
- Family has no need or does not want to participate

Examples of What BHH DOES

- **Educate and empower** youth and family to engage in positive health and wellness behaviors.
- **Assist family** in making and managing medical appts. while encouraging independence; scheduling, accessing transportation, finding necessary providers, communicating with HMOs and case managers.
- **Attend medical appointments** with families to alleviate anxiety and improve understanding of medical treatment plan.
- **Reinforce MD orders,** medication adherence, and medical treatment plans.
- **Act as a liaison** between youth and family, school nurse, and providers.

- **Assist family with the following:**
  - Obtaining medical resources
  - Setting small attainable goals to improve diet and exercise habits, nutrition activities, reviewing food labels, playing games, food shopping.
  - Identifying community resources for youth and family.
  - Helping with job searching, professionalism, resume writing.
  - Sleep hygiene habits
  - Teach stress reduction and relaxation techniques.
  - Touches base via face to face or phone contact- flexible to meet needs of family.

*****BHH is constantly evolving and creating creative ways to help our families**.

FOR MORE INFORMATION:

Medicaid.gov

https://www.medicaid.gov/medicaid/long-term-services-supports/health-homes/index.html

Department of Human Services | Health Homes (state.nj.us)

https://www.state.nj.us/humanservices/dmhas/initiatives/integration/hh.html

About Behavioral Health Home : Cape Atlantic INK

http://www.capeatlanticink.org/behavioral-health-home/about-behavioral-health-home/

Family Support Organizations (FSO)

De Lacy Davis, EdD
Executive Director
Family Support Organization of Union County

About the Family Support Organizations

New Jersey's **Family Support Organizations (FSOs):**

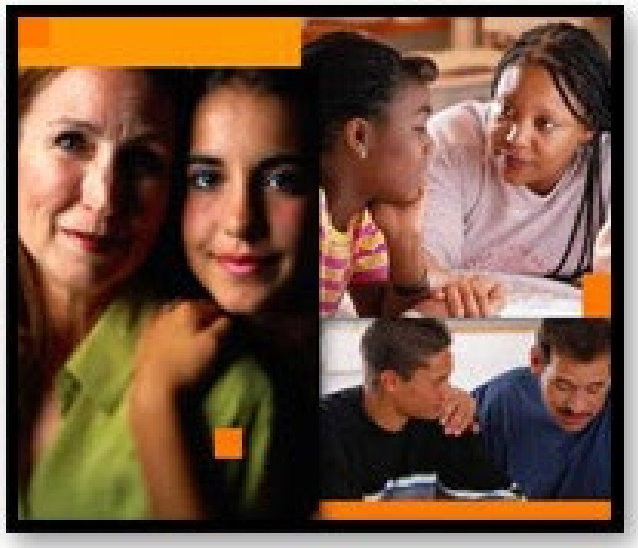
- Are family-led, community-based, non-profit organizations
- Provide support, education, and advocacy to families and caregivers
- Work collaboratively within New Jersey's System of Care, DCP&P, and Juvenile Justice as well as local system partners such as CIACC
- Collect and share data from their experience that lead to improved practices
- Supports the Youth Partnership, an anti-stigma youth organization led by youth and young adults to foster support and leadership of young people with behavioral health, mental illness, developmental disabilities, juvenile justice system involvement, and substance use challenges

Strategic Partnerships

Family Support Organization's families present the family perspective to:

- Division of Prevention and Community Partnership
- County and Local Meetings
- Care Management Organizations
- Mobile Response
- Contracted System Administrator (PerformCare)
- Schools
- Courts
- Local Mental Health Advisory Boards
- Provider Community
- IDD

The Role of Family Support Organizations



Family Support Organizations (FSOs) assist families to access services for their children through New Jersey's Children System of Care (CSOC). Utilizing the Wraparound philosophy, they are also an integral member of the Child and Family Team providing support to families through individual peer support and peer support groups, educational workshops to enhance parenting skills, and connection to sustainable community resources.

The majority of FSO staff and boards are caregivers who have navigated a variety of child-serving systems so they are able to bring lived experiences and expertise when working with families.

Family Support Organizations Help Families…

- Better understand their children's strengths and needs
- Communicate more effectively with education, health, child behavioral health, and other professionals to foster agreements
- Understand their rights and responsibilities within the Children's System of Care (CSOC)
- Access appropriate services for their children and youth with behavioral health, intellectual/developmental disabilities, and substance use challenges
- Connect with other community resources that assist children and youth with behavioral or mental health challenges, intellectual/developmental disabilities, juvenile justice-system involvement and substance use challenges

Family Support Partner (FSP) Certification

Required for initial FSP Certification:

Trainings provided by UBHC Rutgers:

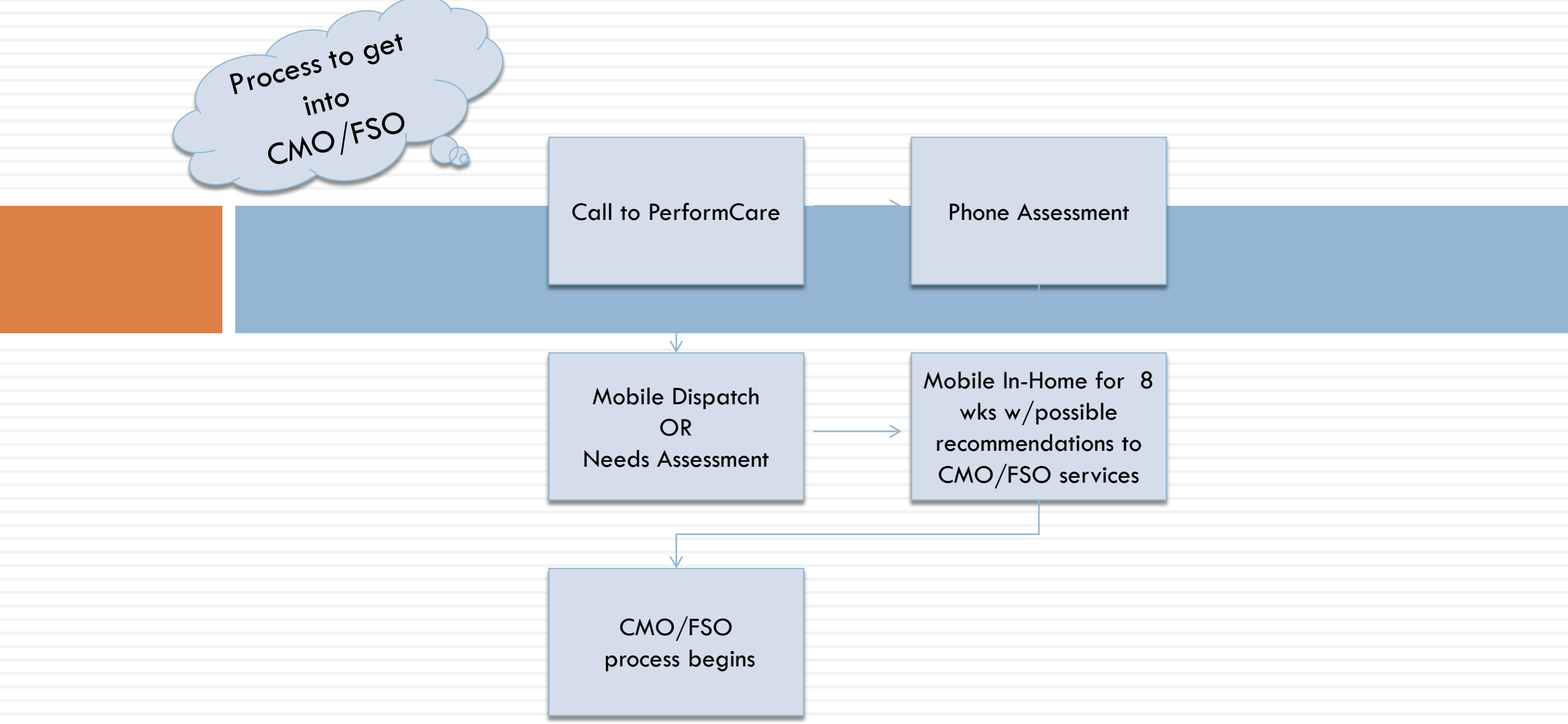
- Child Family Team Process (2 Day Training)
- Family Support Partner Certification Orientation & FANS + Action Planning Training (1 Day Training)
- NJ Wraparound Values & Principles (1 Day Training)
- Setting Yourself Up for Safety: Practical Tools for Outreach Workers (1 Day Training)

Trainings provided by the NJ Alliance of Family Support Organizations:

- FSO Skill Building (2 Day Training)
- Culturally Competent Peer Services (1 Day Training)
- FANS Implementation Using Motivational Interviewing (1 Day Training)
- Action Planning (1 Day Training)

Evidence Based Practices

- All FSO staff are trauma informed
- Each FSO has certified Nurtured Heart Approach® Trainers
- All FSO Family Support Partners are certified by the State of New Jersey, Department of Children and Families.



PerformCare Number: 1-877-652-7624

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Family Support Organizations Serve Families

Between July 2018 and March 2019, New Jersey's FSOs provided 25, 829 hours of intensive, in-home peer support to 5,005 new families whose children and youth receive support through Care Management Organizations (CMOs)

FSOs also provide peer support to any family in the community through support groups, workshops and warm lines. There are115 support groups per month throughout New Jersey.

Source: CSOC's monthly FSO report

Satisfaction

97.2% of caregivers responded that their Family Support Partner (FSP) is sensitive to their family's cultural/ethnic background

97.5% of caregivers responded that their FSP is respectful of their family's values and preferences

97.2% of caregivers responded that their FSP listens to them when they express themselves

CQI Fall Report 2018

CQI Outcomes

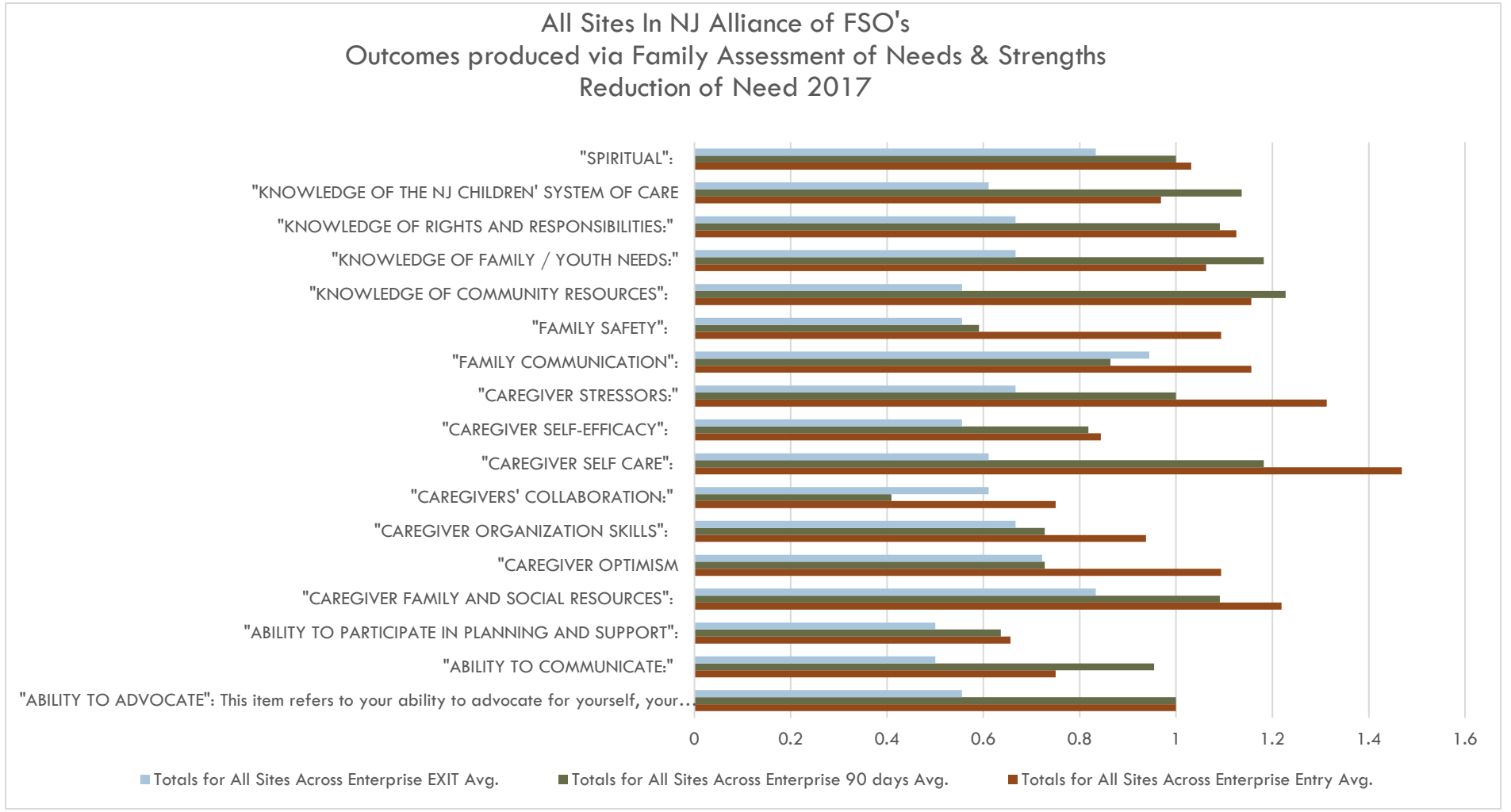
93.5% of families are better able to have an understanding of their youth's challenges

94.3% of families are better able to manage their youth's services and support

95.2% of families are satisfied with FSO services

CQI Fall Report 2018

All Sites In NJ Alliance of FSO's
Outcomes produced via Family Assessment of Needs & Strengths
Reduction of Need 2017



Community Outreach

Connects to service providers & system partners in the community

Supervises the Youth Partnership Coach & Programs*

Tables & provides community presentations at resource fairs, events, and schools

Provides resources to FSPs

Forms partnerships within the community

Attends committee and community meetings

Coordinates & Facilitates Support Groups

Coordinates, plans & executes events for the community

* Not applicable to all FSOs

Support Groups

All Family Support Organizations offer support groups and workshops to parents and caregivers. Since the beginning of the pandemic, select support groups and workshops are available nationwide and virtually.

- Parent Café
- Reach One Teach One
- Hand in Hand
- Grandparents Raising Grandchildren
- Parent 2 Parent
- Nurtured Heart Approach Workshops
- Father's Support Group
- Padres Unidos
- Mujeres Maravillosas

Unique Community Outreach Initiatives

- Food Banks/Food Pantry
- Female & Male Mentoring Programs
- Internship Programs
- Juvenile Justice Involved Youth Program
- Junior Youth Partnership
- Diaper Banks

Youth Partnership

- FSOs help develop youth capacity and leadership through their Youth Partnership activities, which also help reduce stigma and improve community understanding.
- FSOs welcome youth with a variety of different backgrounds and needs to attend their weekly groups.
- Youth Partnership fosters positive youth development and personal growth crossing all life domains.

What if a family is not involved with CMO?

FSO services go beyond providing services to CMO-involved families. Caregivers of youth and youth with emotional and behavioral needs are offered a variety of supports and services, including, but not limited to:

- Warmline (family contact from non-CMO engaged families seeking support and referrals)
- Support Groups
- Educational workshops
- Community presentations
- Youth Partnerships
- System collaboration

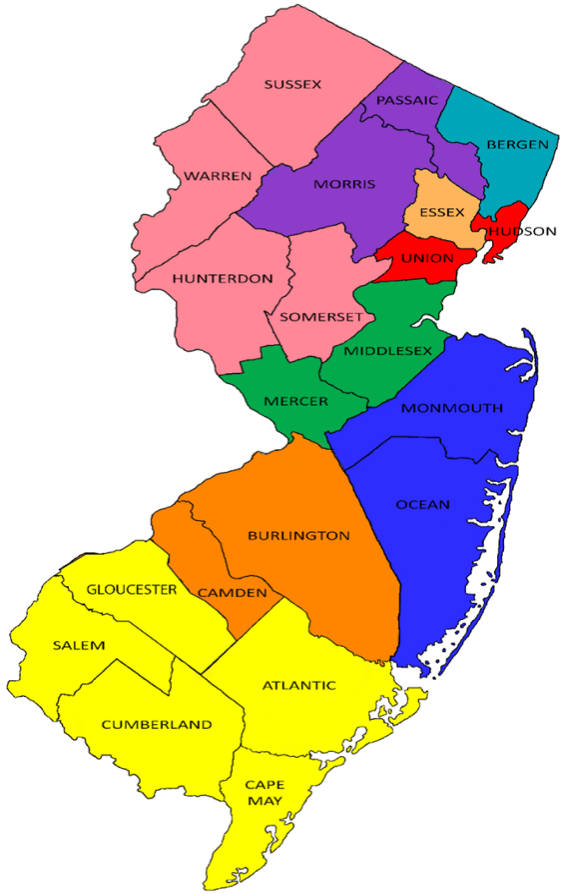
FSO Establishment Dates

Atlantic/Cape May FSO: Est. 2003
Bergen FSO: Est. 2002
Burlington FSO: Est.2001
Camden FSO: Est. 2004
Cumberland/Gloucester/Salem FSO: Est. 2005
Essex FSO: Est. 2004
Hudson FSO: Est. 2012
Hunterdon/Somerset/Warren FSO: Est. 2005
Mercer FSO: Est. 2009
Middlesex FSO: Est. 2003
Monmouth FSO: Est. 2001
Morris/Sussex FSO: Est. 2012
Ocean FSO: Est. 2005
Passaic FSO: Est. 2005
Union FSO: Est. 2002

Thank you…

ACFSO
ATLANTIC CAPE FAMILY SUPPORT ORGANIZATION, INC.
www.acfamsupport.org
Family Support Organization
of Middlesex County
family · educate · advocate · support
FAMILY SUPPORT ORGANIZATION OF ESSEX COUNTY
PEER
Peers Engaging & Encouraging Resilience
Family Support Organization
of Bergen County
Family Support Organization
HUNTERDON • SOMERSET • WARREN
Family Partners
of Hudson County
Family Support
Organization of Union County
fbsa
Family Based Services Association
of New Jersey, Inc.
Ocean County
Family Support
ORGANIZATION, INC.
CUMBERLAND | GLOUCESTER | SALEM
Family Support
Organization
FSO
Mercer County
Family Partners
OF MORRIS & SUSSEX COUNTIES
FAMILY SUPPORT ORGANIZATION
FSO
FAMILY SUPPORT
ORGANIZATION
of Burlington County

New Jersey Pediatric Psychiatry Collaborative
Regional Hubs



- Atlantic Health Hub @ Newton Medical Center
- Atlantic Health Hub @ Morristown Medical Center
- Hackensack Meridian Hub @ Hackensack University Medical Center
- Hackensack Meridian Hub @ Palisades Medical Center
- Hackensack Meridian Hub @ Middlesex and Mercer
- Hackensack Meridian Hub @ Jersey Shore University Medical Center
- Cooper Hub North @ Cooper University Medical Center
- Cooper Hub South @ Cooper University Medical Center
- Essex County Served by Rutgers University Behavioral Health Care

More information on the Essex Hub can be found here:
https://ubhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub.xml

NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child's family regarding the child's mental health concerns and to assist in providing diagnostic clarification.
- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

Telepsychiatry with CAPs

Expansion of the NJPPC via HRSA funding

Access for patients and providers:

- Telehealth from home
- Telehealth from pediatric offices
- "Curbside Consults" with a CAP for providers

Notify your Hub if interested in Telepsychiatry from your office or contact:
Lauren Daly, Telehealth Clinical Coordinator
lauren.daly@hmhn.org
908-675-4492.
www.nj-ppc.org

Thank you!

For more Information or to Register for the NJPPC

Visit:

https://njaap.org/mental-health/njppc/

Contact:

NJAAP

Mental Health Collaborative

609-842-0014

mhc@njaap.org