



2022 Inventory and Need Assessment for New Jersey Children's Behavioral Health



NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES



Inventory and Need Assessment for New Jersey Children's Behavioral Health

Pursuant to New Jersey Statute 30:4-177.63, this is a report to the Governor; the State Senate Health, Human Services and Senior Citizens Committee; and the Assembly Human Services Committee concerning activities of the New Jersey Department of Children and Families (DCF) with respect to available children's behavioral health services in New Jersey.

The following are the statute's key provisions applicable to the New Jersey Department of Children and Families:

- A. Establish a mechanism through which an inventory of all county-based public and private inpatient, outpatient, and residential behavioral health services is made available to the public;
- B. Establish and implement a methodology, based on nationally recognized criteria, to quantify the usage of and need for inpatient, outpatient, and residential behavioral health services throughout the State, taking into account projected patient care level needs;
- C. Annually assess whether sufficient inpatient, outpatient, and residential behavioral health services are available in each service area of the State in order to ensure timely access to appropriate behavioral health services for persons who are voluntarily admitted or involuntarily committed to inpatient facilities for persons with mental illness in the State, and for persons who need behavioral health services provided by outpatient and community-based programs that support the wellness and recovery for these persons;
- D. Annually identify the funding for existing mental health programs;
- E. Consult with the Community Mental Health Citizens Advisory Board and the Mental Health Planning Council, the Division of Developmental Disabilities and the Division of Mental Health and Addiction Services in the Department of Human Services, the Department of Corrections, the Department of Health, and family consumer and other mental health constituent groups, to review the inventories and make recommendations to the Departments of Human Services and Children and Families regarding overall mental health services development and resource needs;
- F. Consult with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, and the New Jersey Council of Teaching Hospitals in carrying out the purposes of this

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- act. The commissioners shall also seek input from statewide organizations that advocate for persons with mental illness and their families; and
- G. Annually report on departmental activities in accordance with this act to the Governor and to the Senate Health, Human Services and Senior Citizens Committee and the Assembly Human Services Committee, or their successor committees.

Prelude - The Children's System of Care

The New Jersey Department of Children and Families’ Division of Children's System of Care (CSOC) is responsible for overseeing the public system of providers that serve youth with emotional and behavioral health challenges and their families, youth under the age of 21 with developmental disabilities,¹ and youth with substance use challenges.² CSOC is committed to providing these services based on the needs of the youth and family in a family-centered, community-based environment. Services available through CSOC are authorized without regard to income, private health insurance, or eligibility for Medicaid/NJ FamilyCare or other health benefits programs. Families with private insurance or other means may choose to access services outside of the public system.

The CSOC’s primary objectives are to help youth succeed:

- At home, successfully living with their families and reducing the need for out-of-home treatment;
- In school, successfully attending the least restrictive and most appropriate school close to home; and
- In the community, successfully participating in the community and becoming independent, productive, and law-abiding citizens.

CSOC offers a statewide continuum of care, which includes care management, mobile response and stabilization services, peer/family support, in-community services (e.g. outpatient and in home therapy), as well as a range of residential services of varying intensities.

CSOC also has a long-standing relationship with the Rutgers University Behavioral Health Care - Behavioral Research and Training Institute (Rutgers UBHC). Rutgers UBHC offers an extensive array of free training and technical assistance in the areas of behavioral health, substance use, and developmental disabilities to CSOC system partners, including DCF employees, contracted

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

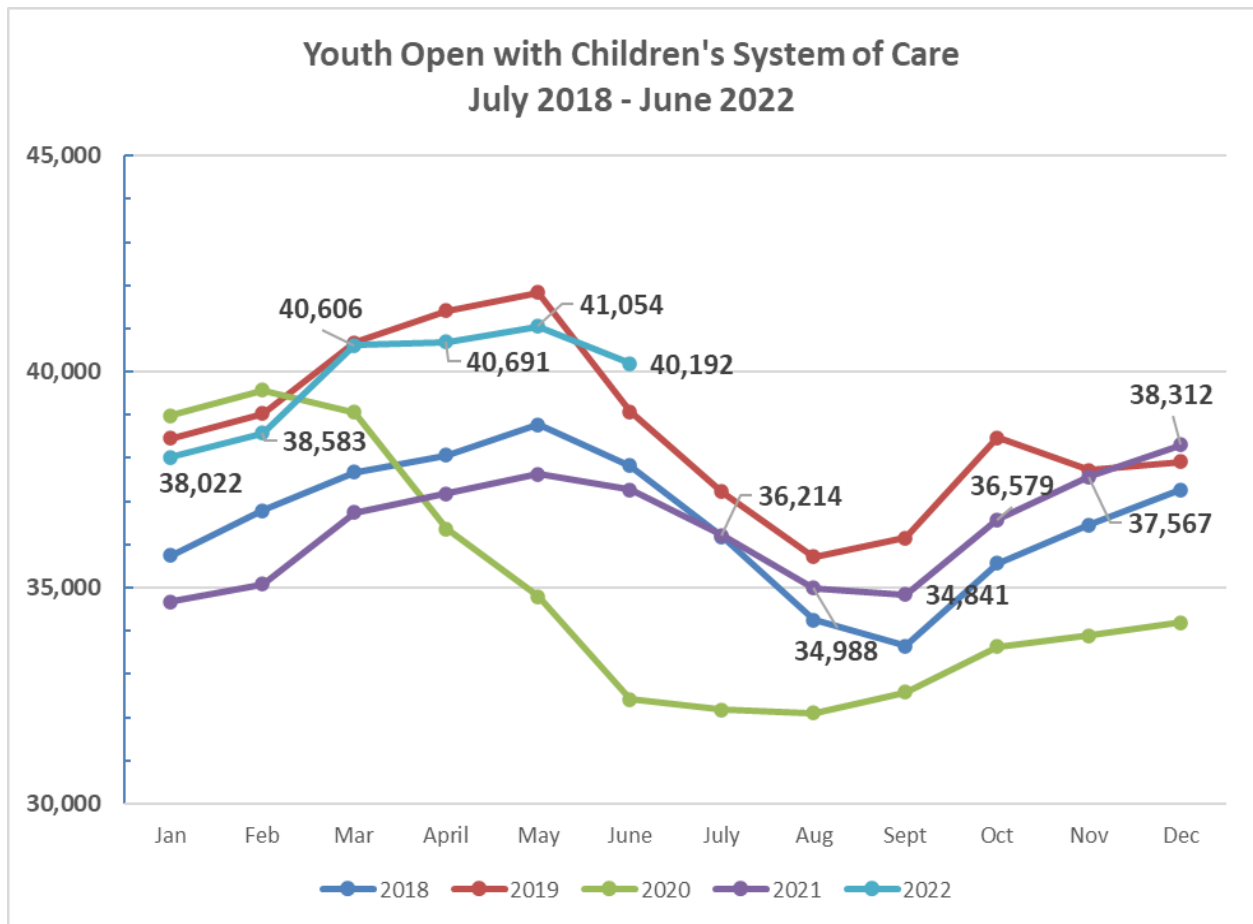
² As of July 1, 2013, CSOC assumed oversight from the New Jersey Department of Human Services - Division of Mental Health and Addiction Services of substance use treatment programs for adolescents ages 13 to 18.

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service providers, families, and members of the public. Information concerning Rutgers UBHC training is available on the DCF website at <http://www.state.nj.us/dcf/providers/csc/training/>.

The portal for access to all services available through CSOC is its Contracted System Administrator (CSA), PerformCare, a member of AmeriHealth Caritas. For information about services available through CSOC, the public may contact PerformCare at 877-652-7624 or visit <http://www.performcarenj.org/>. Information about CSOC is available at <http://www.state.nj.us/dcf/about/divisions/dcsc/>. As of July 1, 2022, there were over 40,000 youth open with CSOC.³ Figure 1 shows the number of youth open with CSOC each month between July 2018 and June 2022.

Figure 1



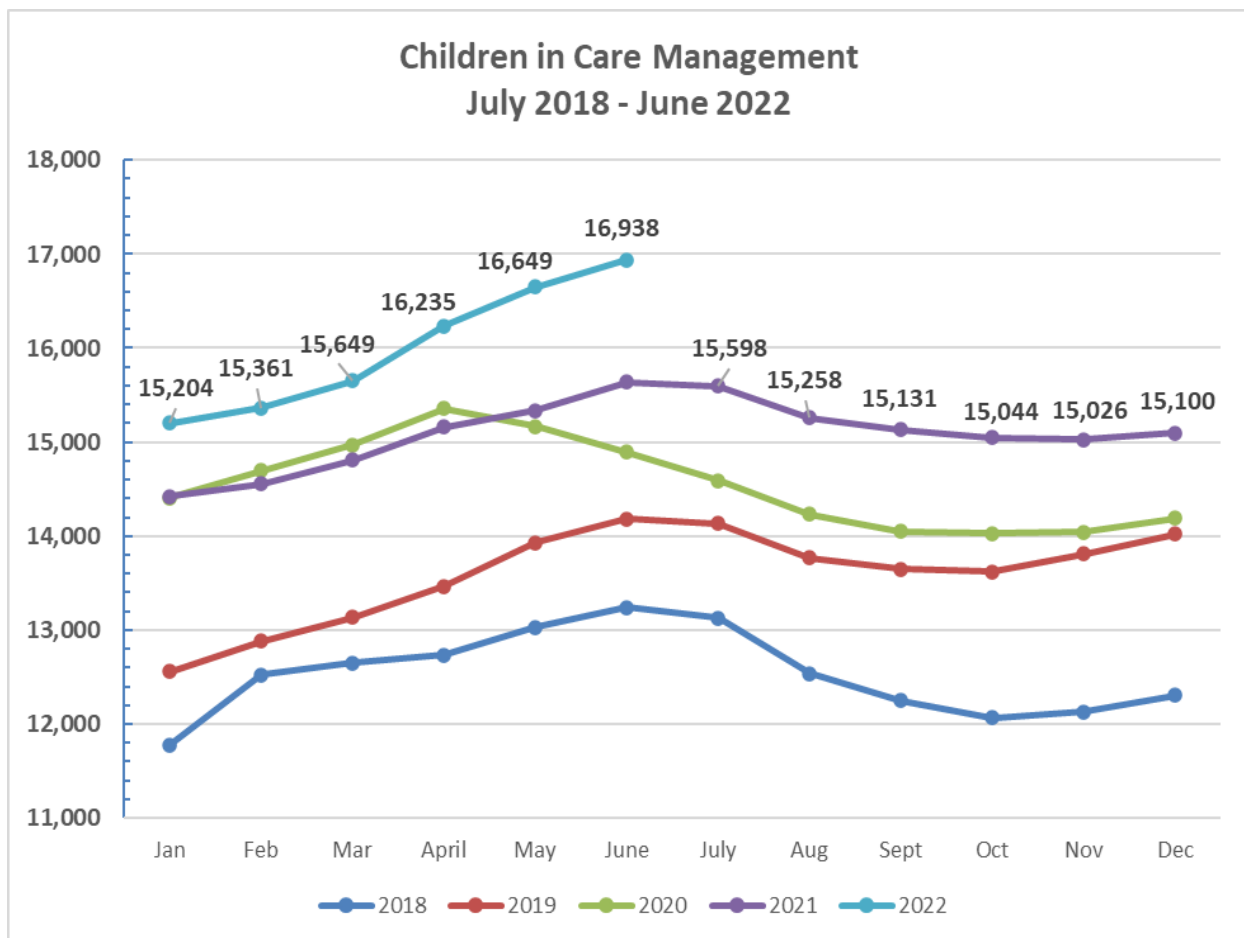
³ Open with CSOC reflects youth who are involved with, and eligible to receive services through, CSOC.

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Care Management

Youth whose needs require moderate or intensive care management services that cross multiple service systems may be eligible for enrollment with a CSOC Care Management Organization (CMO). A CMO is an independent, community-based organization that provides advocacy, service planning, and care coordination. There are 15 CMOs statewide with catchment areas that correspond to the 15 court vicinages. Figure 2 shows the number of children receiving care management each month between July 2018 and June 2022.

Figure 2

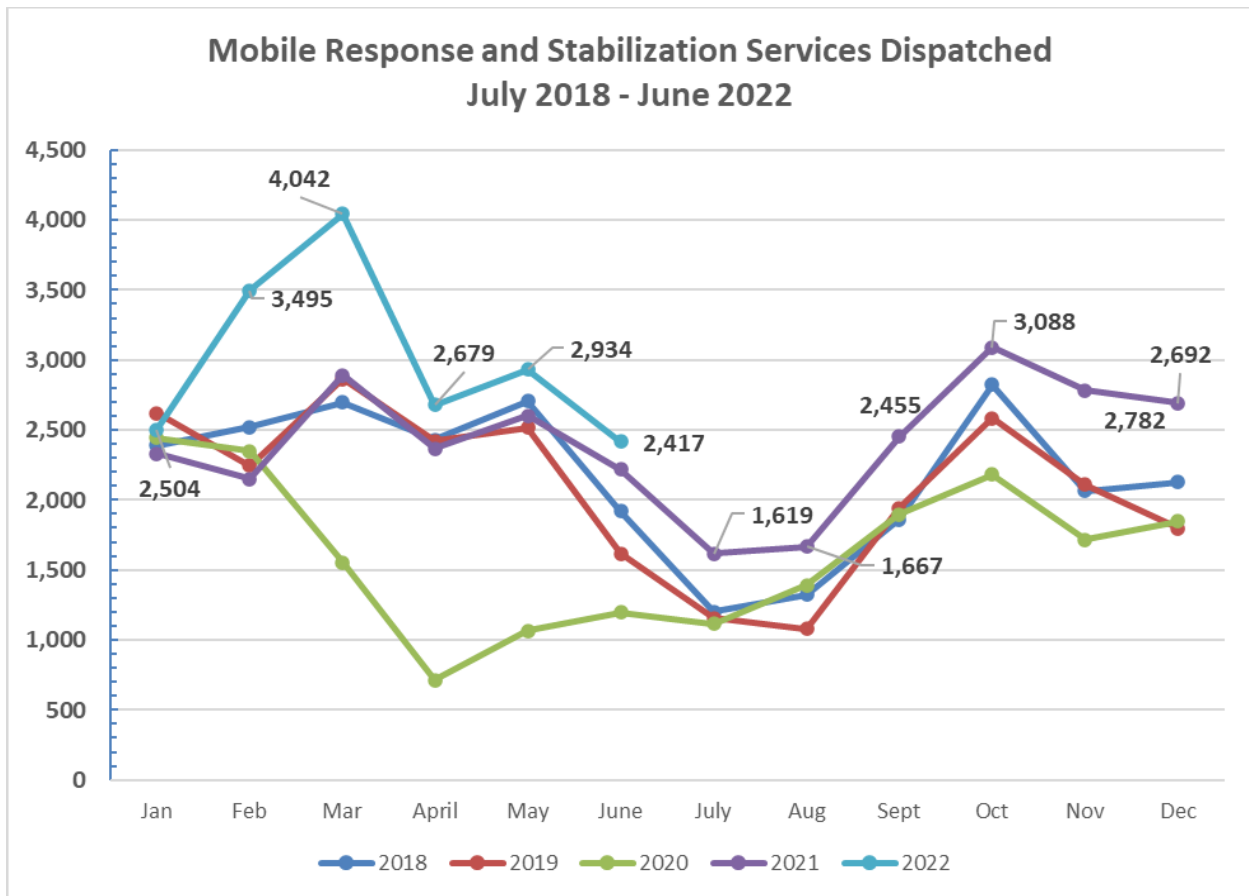


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Mobile Response and Stabilization Services

Among the critical resources available through CSOC is Mobile Response and Stabilization Services (MRSS). MRSS can provide timely, in-home or in-community response to youth who are experiencing or at-risk of experiencing a crisis, as defined by the family. MRSS is available 24 hours a day, seven days a week, 365 days a year by calling PerformCare. An initial MRSS intervention can be delivered at the site of the crisis within one hour of a request. Follow-up MRSS may include up to eight weeks of stabilization services. As with CMOs, there are 15 MRSS providers statewide. Figure 3 shows the number of times Mobile Response and Stabilization Services were dispatched each month between July 2018 and June 2022.

Figure 3

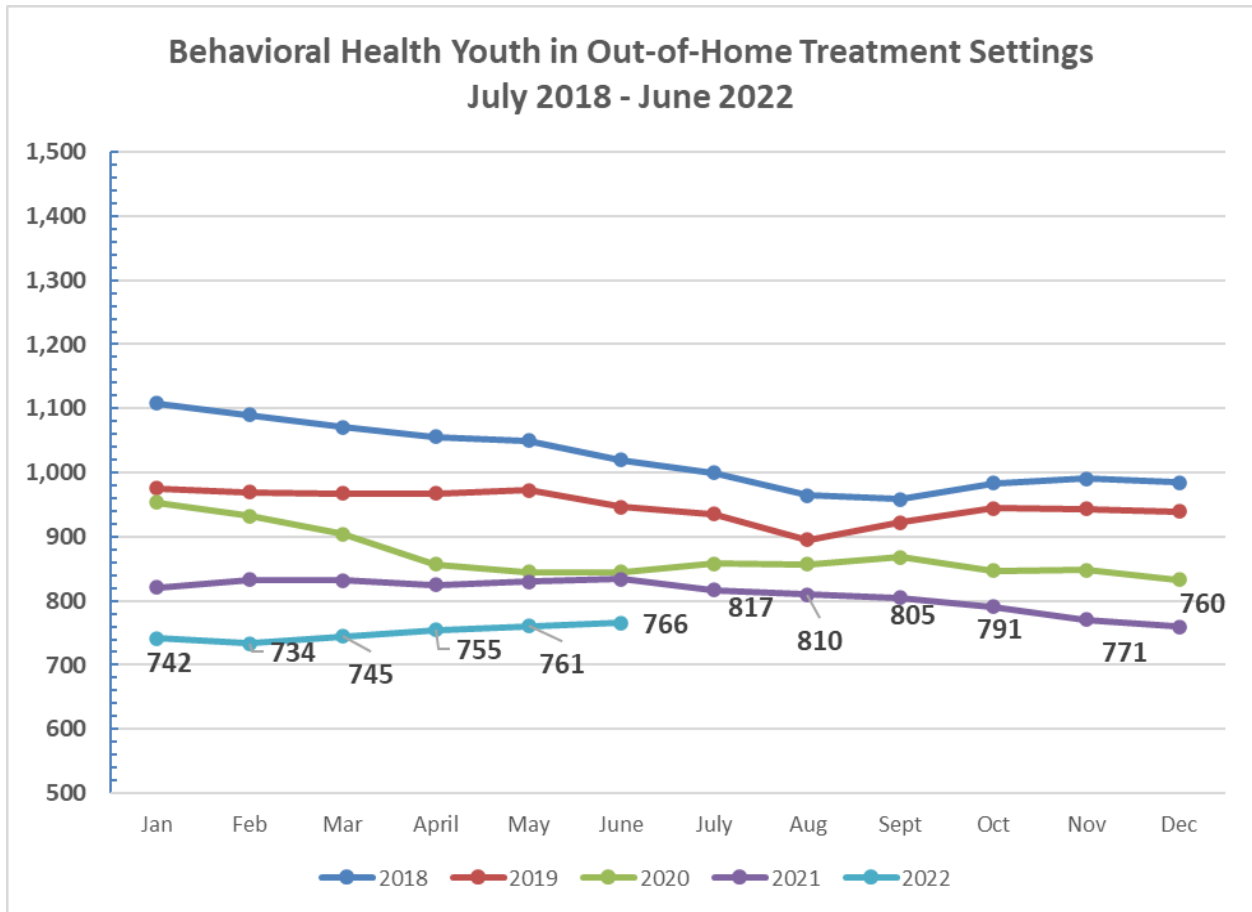


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Out-of-Home Treatment

CSOC out-of-home treatment services are available to youth enrolled with a CMO and who meet the clinical criteria for a particular treatment program. Figure 4 shows the number of children in out-of-home behavioral health treatment settings each month between July 2018 and June 2022.

Figure 4



For additional CSOC data, please view the Children's InterAgency Coordinating Council (CIACC) Summary of Activity reports at <https://www.nj.gov/dcf/childdata/interagency/> and the Commissioner's Dashboard at <http://www.state.nj.us/dcf/childdata/continuous/index.html>.

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- **Inventory of Children’s Behavioral Health Services**

An inventory of inpatient, outpatient, and in-state residential behavioral health services for children can be found at <http://www.performcarenj.org/families/find-a-provider.aspx>.⁴

Children’s Behavioral Health Inpatient Services

Children’s behavioral health inpatient services, or Children’s Crisis Intervention Services (CCIS), are short-term, acute care psychiatric units in community hospitals. CCIS provides crisis stabilization, evaluation, and treatment to youth ages 5 to 17 in need of involuntary commitment or eligible for parental admission or voluntary admission. The typical length of stay for a child in a CCIS unit is less than two weeks. A referral from a psychiatric screening center is the primary way to access CCIS. The list of designated screening centers in New Jersey is available at http://www.nj.gov/humanservices/dmhas/home/hotlines/MH_Screening_Centers.pdf.

Children’s Behavioral Health Outpatient Services

Referral to PerformCare is not required to access outpatient services, which include counseling, psychiatric evaluations, medication monitoring, and anger management. Therefore, families are advised to contact outpatient providers directly to access services. Additional information on outpatient mental health providers that accept Medicaid is available at PerformCare.

Children’s Residential Treatment Services

The programs listed in the inventory of children’s residential treatment services may only be accessed through CSOC; <https://www.performcarenj.org/pdf/families/find-provider/ooh-listing.pdf>. That is, a youth must be enrolled with a CSOC CMO and meet specific clinical criteria. The types of out-of-home or residential treatment programs include Treatment Homes, Group Homes, Residential Treatment Centers, Specialty Programs, Psychiatric Community Homes, Stabilization and Assessment Treatment Homes, and Intensive Residential Treatment Services.

In addition to the inventories identified above, SAMHSA hosts a Behavioral Health Treatment Services Locator on its website at <http://findtreatment.samhsa.gov/>. The locator enables users to identify public and private mental health and substance abuse treatment programs for children and adults in New Jersey and throughout the country. By entering an address, a city, or zip code, members of the public can locate specific types of programs within a geographic area.

⁴ The inventory includes CSOC-contracted substance use treatment service providers and CSOC-contracted Family Support Organizations.

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Child Substance Use Services

The inventory of substance use treatment services available through CSOC, which includes outpatient, intensive outpatient, partial care, short-term residential, long-term residential, methadone maintenance, and detoxification, may also be accessed from the PerformCare website at <http://www.performcarenj.org/families/find-a-provider.aspx>.

Because youth who use substances typically have a broad range of mental health and psychosocial challenges, CSOC has transitioned its residential substance use treatment programs into programs that serve youth with co-occurring mental health and substance use needs. Therefore, youth are able to receive treatment for their full spectrum of complex needs, concurrently, within the same program.

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A. Methodology to Estimate Need for Children’s Behavioral Health Services

DCF and its system partners employ several methodologies to quantify the use of and need for inpatient, outpatient, and residential behavioral health services throughout the State. These methodologies include 1) needs assessments and 2) analysis of utilization management data.

Needs Assessments

DCF has partnered with human services organizations in each county to undertake an assessment of local strengths and needs. The goal of this assessment is to collect the information needed to make sure the right mix of services and activities are available in every county in New Jersey to support families. In a coordinated effort to understand the needs of families in each county, DCF has funded county Human Services Advisory Councils (HSACs) to undertake an assessment of local needs every two years. Counties are charged with gathering information related to local basic and service needs, social connections and community networks, the impact of those needs on subpopulations, trends in needs over time, key barriers to service delivery and considerations for action.

For DCF, the primary purposes of the needs assessment are to:

- Partner with communities throughout New Jersey to strengthen families,
- Collaborate with HSACs to gain county-specific qualitative information related to assets, needs and barriers and the context and considerations for action, and
- Utilize information gained from the needs assessment process to support DCF’s vision and continuous quality improvement efforts and to inform policy, strategic planning (e.g., service array development) and New Jersey’s Federal Child and Family Service Plan.

The Children’s InterAgency Coordinating Councils (CIACCs) are key components to this process. The mission of the CIACCs includes working in collaboration with DCF to create a seamless array of services. CIACCs also serve as the counties’ mechanism to advise DCF on the development and maintenance of a responsive, accessible, and integrated system of care for youth and their families through the involvement of parents, children, youth and young adults, child-serving agencies, and community representatives. Through enhanced coordination of system partners, CIACCs also identify service and resource gaps and priorities for resource development.

Analysis of Utilization Management Data

Data generated by CSOC’s management information system enables CSOC to monitor utilization, analyze trends and, as resources allow, determine when to develop additional services. That data, in addition to information exchanged at regular meetings between CSOC and its contracted system partners, enables CSOC and DCF to plan for future resource needs of Care Management Organizations, Mobile Response Stabilization Services providers, Residential Treatment and Family Support Organizations. Each of these entities plays a critical role in helping children and

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families access appropriate services and achieve positive outcomes with respect to behavioral health, substance use, and developmental disability challenges.

B. Annual Assessment

Utilizing the methodologies identified herein, each year, DCF assesses whether there are sufficient services throughout the state in the behavioral health continuum, as well as in the substance use and developmental disability continuums. The advent of both the electronic survey, and part of the needs assessment process (see section B above), will further enhance DCF’s assessment capabilities.

C. Annual Funding for Existing Child Behavioral Health Programs

For State Fiscal Year 2023, funding directly appropriated to CSOC from state and federal sources, across all service lines totaled \$795,868,533. See Table 1.

Table 1

Sources of Funding for Children’s Behavioral Health Services⁵

Grants in Aid	\$472,596,000
Title XIX (Federal)	\$258,776,000
Title XXI (State and Federal)	\$56,022,000
Juvenile Justice Commission	\$572,533
Substance Abuse Transfer	\$7,902,000
TOTAL	\$795,868,533

Table 2 lists the allocation of funds for children’s behavioral health services by service type for State Fiscal Year 2023. Residential programs range from high-intensity hospital-based psychiatric services to low-intensity services like Treatment Homes.⁶ Behavioral Assistance and Intensive In-Community therapy are short-term, home-based intensive treatments. Youth Incentive Programs represent CIACC community development funds.

⁵ Administrative funding for Family Support Organizations and the Contracted Systems Administrator are included as they support the system of care.

⁶ Please see the attached document entitled, *Descriptions of CSOC Residential Programs by Intensity of Service (IOS)* for more information on residential services available through CSOC.

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Table 2

Allocation of funds for Children’s Behavioral Health Services by Service Type	
Residential	311,704,000
Care Management Organizations	163,738,000
Family Support Organizations	44,695,000
Mobile Response and Stabilization Services	59,254,533
Behavioral Assistance/Intensive In-Community therapy	175,512,000
Youth Incentive Programs	5763,000
Outpatient	11,435,000
Contracted System Administrator (CSA)	15,865,000
Substance Abuse	7,902,000
TOTAL	795,868,533

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

DCF remains committed to collaborating with the New Jersey Department of Human Services and other stakeholders in the behavioral health community to address systems issues, including resource availability, to help ensure families can access appropriate services in a timely manner. Senior and other CSOC staff members are standing members of the combined Community Mental Health Citizens Advisory Board and the Mental Health Planning Council. The combined board/council has been renamed the New Jersey Behavioral Health Planning Council, to reflect the incorporation of planning for addiction prevention and treatment services.

E. Consult with the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, and statewide organizations that advocate for persons with mental illness and their families

Senior DCF staff, including DCF CSOC’s Assistant Commissioner, participate along with DHS senior staff, in regular meetings with the County Mental Health Administrators and County Alcoholism and Substance Abuse Directors. In addition, DCF and CSOC staff meet regularly with the New Jersey Association of Mental Health and Addiction Agencies, Children’s InterAgency Coordinating Councils, the New Jersey Alliance for Children, the New Jersey Youth Suicide Prevention Advisory Council, as well as other organizations that advocate for persons with mental illness and their families.

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F. Summary

The public can access information about children’s behavioral health and other services available through the public system of care by contacting PerformCare at 877-652-7624 or by visiting <http://www.performcarenj.org/>. An inventory of public inpatient, outpatient, and in-state residential behavioral health services for children can be found at <http://www.performcarenj.org/families/find-a-provider.aspx>. A comprehensive inventory of behavioral health and substance use treatment programs for children and adults in New Jersey and nationwide is available on the SAMHSA website at <http://findtreatment.samhsa.gov/>.

Publicly available performance and utilization data on the Children’s System of Care can be accessed on the Rutgers, School of Social Work, CSOC Data Portal, located here: <https://nichilddata.rutgers.edu/csoc>.

Each year, DCF assesses the sufficiency of behavioral health services, as well as substance use and developmental disability services, throughout the state. These assessments inform how DCF allocates its resources. Concurrently, DCF continues to collaborate with other New Jersey stakeholders on ways to enhance the children’s system and to be even more efficient in providing appropriate services to children and families.

Children’s System of Care - Residential Treatment Programs by Intensity of Service (IOS)

Children’s Crisis Intervention Services (CCIS): Psychiatric inpatient hospital services located in community hospitals that provide acute inpatient treatment, stabilization, assessment, and short-term intensive treatment.

Intermediate Inpatient Psychiatric Units (IU): Inpatient secure sub-acute psychiatric units located in community hospitals that provide Children’s Crisis Intervention Services (CCIS). These units serve youth who require additional inpatient treatment following stabilization in a CCIS.

Intensive Residential Treatment Services (IRTS): Inpatient secure treatment services provided to youth with a wide range of serious emotional and behavioral needs who require 24 hour per day care in a safe, secure environment with constant line-of-sight supervision.

Psychiatric Community Homes (PCH): A community residential facility that provides intensive therapeutic services for youth who have had inpatient psychiatric care and/or children who may be at risk of hospitalization or re-hospitalization.

Specialty Bed Programs (SPEC): Programs that provide intensive residential services for children who are presenting with very specific high risk behaviors including fire setting, assaultive behavior, sex offending behavior predatory or non-predatory, and children who have experienced significant trauma from physical, sexual, or emotional abuse.

Residential Treatment Center (RTC): Programs that provide 24 hour per day care and treatment for youth unable to function appropriately in their own homes, schools and communities, and who are also unable to be served appropriately in smaller, less restrictive community-based settings.

Group Home (GH): Group home services provide up to 24 hour per day care and treatment to youth whose needs cannot be met appropriately in their own homes or in foster care, but who do not need the structure and intensiveness of a more restrictive setting.

Treatment Homes (TH): Programs that provide care and supervision by specially trained parent/caregivers in a family-like setting for typically one or two children with behavioral health needs who require a moderately high level of therapeutic intervention.