



Government Affairs Dept.

Mental Health Association in New Jersey



President & CEO: Carolyn Beauchamp

Director of Advocacy: Barbara Johnston

PUBLIC POLICY STATEMENT

NEW JERSEY'S SYSTEM OF CARE FOR CHILDREN AND YOUTH WITH EMOTIONAL AND BEHAVIORAL DISTURBANCES

BACKGROUND

The Children's Initiative Concept paper released in 2000 created the framework for the transformation of behavioral health services for children/youth with emotional and behavioral disturbances and their families. The pre-eminent value embedded throughout this framework is a comprehensive seamless system of community based treatment provided as close to home as possible.

As a result of the Initiative, a host of new services were conceptualized and implemented including centralized intake, case management and services coordination, family support, intensive in-home, specialized residential services as well as 24/7 mobile outreach and emergency services. These services transformed a network of predominantly residential providers to a comprehensive system of care dedicated to provide treatment based upon individual needs in community settings close to home. While the system is still developing, a number of areas have been identified that need to be improved upon so that the goal of a comprehensive and "seamless" system of care where each child receives the appropriate treatment can be realized.

In this regard, The NJ Department of Children and Families contacted with the Louis de la Parte Florida mental Health Institute, University of South Florida for an independent review of the Children's Initiative. The MHANJ strongly supports this independent assessment which can guide future development of the new system as well as provide expert information as political issues arise and threaten the initiative, as has happened with every change of state leadership. In addition to this effort, the MHANJ formed a public policy committee to assist it in its effort to identify areas of improvement still needed to continue the reform of the system of care for children with emotional and behavioral disturbances. The committee is comprised of experts from the new and traditional services with who offer a statewide perspective on the relationship between the goals articulated for the system and current realities.

CONCERNS

From its several meetings, the committee has raised the following concerns:

- There appears to be a gap in philosophy, planning and utilization between the original system of care-including screening centers, inpatient units and outpatient and residential services-and the new system of care. While not the case in every county, there is enough feedback to identify this as problematic. This has hindered the development of an integrated system of care-most of the effort was spent on developing new services and not a sufficient amount of time devoted to integrating the new with the services that had previously existed. Few new resources were given to traditional/pre-existing services. For example, Outpatient services, an important component in the continuum of

community care, receives low reimbursement and has long waits for service. It is believed that the failure to provide more adequate reimbursement for outpatient services contributes to the over utilization of more intensive modalities (e.g. IIC) where reimbursement is more generous. It is essential that all components of the system share the client-centered philosophy and work collaboratively.

- Too many children/youth are not in the appropriate level of care from residential through ambulatory services. The disparities between what a child/youth needs versus what they are getting must be addressed. The old system had few alternatives other than residential. However, with an expansion in the levels of residential care plus the significant development of many new types of community programs, the system should now be able to provide children with the appropriate level of care and treatment.
- Encourage the Department of Children and Families to follow through on its plans to revamp case management services to insure that those youth/children requiring case management services receive the most appropriate level of care. However, this must be done in a manner that does not promote further fragmentation. The university of South Florida report states that New Jersey has a “solid base of services and structures to build upon and a system of care that would be the envy of many states when it comes to children’s care management services. Evolution, not revolution is recommended.” We strongly adopt this recommendation.
- A systems review process is needed to insure that the system of care in each geographic area is working effectively.
- The role of families must be expanded to include those with children who are not enrolled with the CMO’s. The current policy requires that all families enrolled in the CMO are also involved with the FSO, if a family agrees to do so. Since many more families are engaged through Youth Case Management, we would want to expand the FSO capacity to serve these families as well.
- Current data/information collection concentrates on the newly added services without regard to pre-existing services. Data/information must include services such as CCIS, outpatient, partial hospital and so that there can be a comprehensive assessment of how any/all services impact the provision of services.
- Existing insurance plans must be revised to reflect the new services and modalities available. Many plans do not recognize the new services and thus place additional burden upon state resources.
- There is a need to bridge the gap between the children’s and adult service systems. There is little ability to transition those persons between the ages of 18-25 years. Services for this group must include strong educational, employment and vocational components.
- Evidence-based practice must be developed, encouraged and maintained over time. In some areas, the state is further along than others. However, there must be continued vigilance to assure that once developed, evidence-based practice is continually monitored so the progress is sustained.
- Steps must be taken to improve the ability to identify high risk children/youth at the earliest possible point.
- There is a growing gap between the missions of DYFS to serve abused and neglected children/youth and those SED children/youth prioritized by DCBHS. Steps must be taken to insure that while there may be some organizational distinctions, children/youth and their families cannot fall victim to lapses/gaps between these child serving agencies. There are numerous children who do not fall within the new DYFS purview and also do not have serious emotional and behavioral disturbances. Consideration must be given to where they would receive treatment. Particularly, with the importance of prevention and early detection, this issue will only grow in importance.

SUMMARY

The MHANJ is committed to the on-going process of reforming the children's system of care and it is in the spirit of partnership and out of concern for its ultimate success that the MHANJ offers the above observations for consideration by the Department of Children and Families. The MHANJ also recognizes the complexity of the issues and remains inspired by the countless groups and individuals that were and continue to be involved in the effort to transform the system into one that stays focused on the clinical, emotional and physical well being of NJ's children and youth. The MHANJ welcomes the opportunity to continue to advise the Department on issues and to participate in finding solutions that will continue to progression toward a seamless and client centered service system.