

New Jersey Children's System of Care: Peer Support in an Integrated System of Care

Wyndee Davis, Community Services Coordinator

NJ Division of Youth and Family Services/Dept. of Children and Families

Marvin J. Sawyer, Executive Director

New Jersey Alliance of Family Support Organizations, Family Support Organization of Passaic County

Lynda Gargan, Executive Director

National Federation of Families for Children's Mental Health

Substance Abuse and Mental Health Services Administration

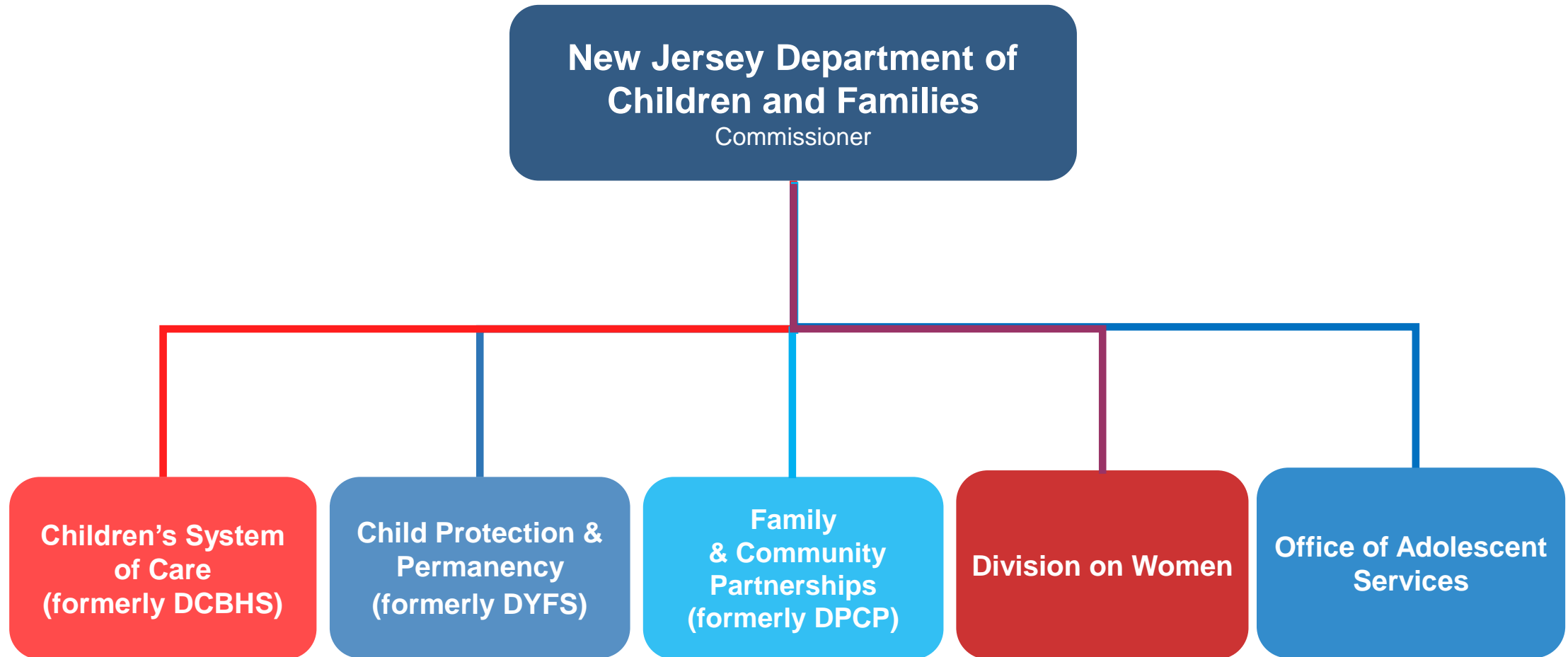
U.S. Department of Health and Human Services



Disclaimer Slide

This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Department of Children and Families



Children's System of Care

- Serves children, adolescents, young adults under 21 with emotional and behavioral health care challenges, intellectual/ developmental disabilities, an/or substance use challenges
- CSOC is committed to providing these services based on the needs of the child and family in a family-centered, community-based environment.
- Statewide services with access through a **single point of entry**
- Voluntary
- Local System partners are located in the community and aligned with Court Vicinages

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

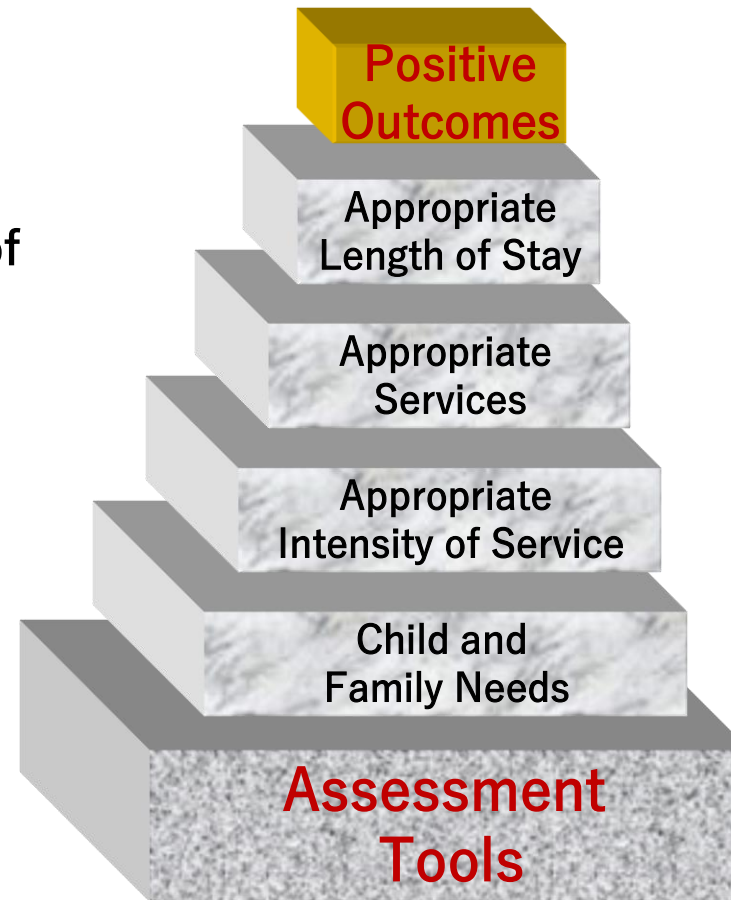
Home, School &
Community Based

Team Based

The Role of Assessment within CSOC

The vision of CSOC is to create positive outcomes by:

- Identifying the child and family's needs
- Determining the most appropriate Intensity of Service
- Delivering the most appropriate services for the most appropriate length of time
- Using **standard assessment tools** – the foundation of the Children's System of Care.



Children's SOC 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.

Out-of-home treatment is an intervention,

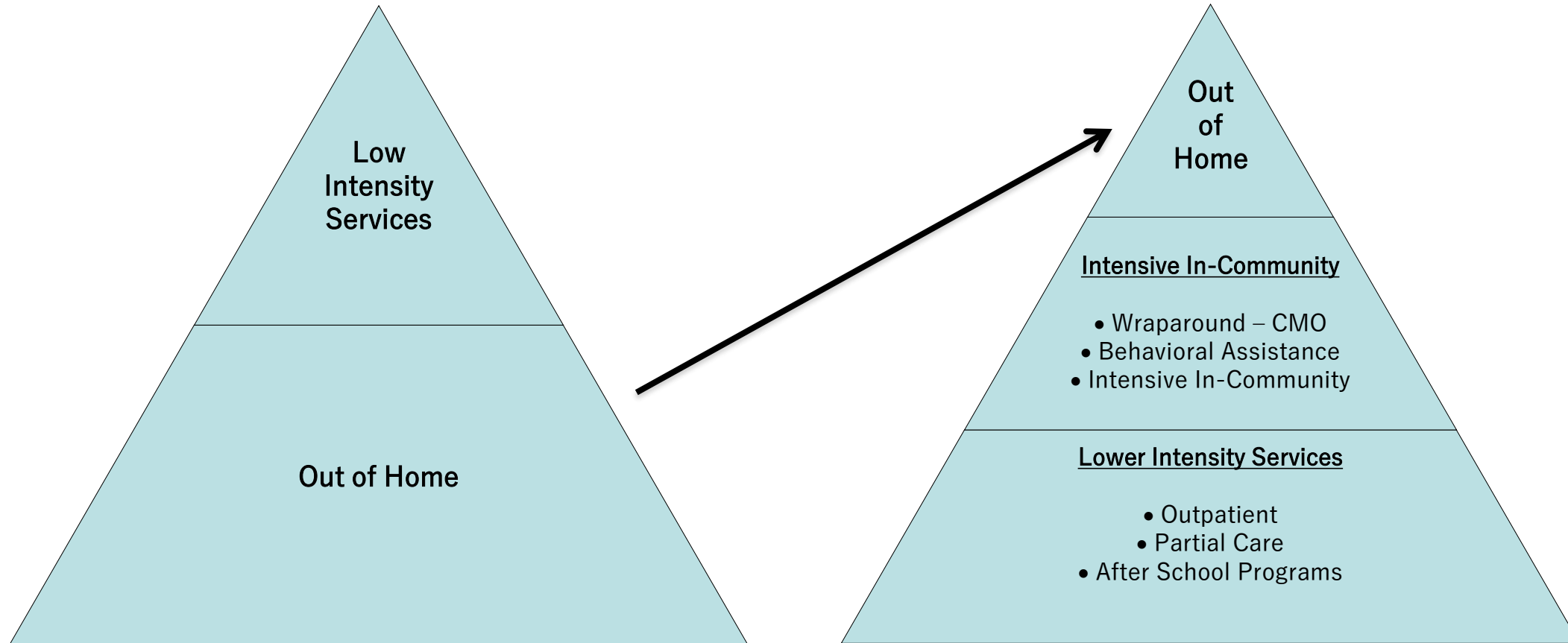
not the final destination!



Key points to remember...

- Removing a child from their natural environment is a life altering decision
- The pursuit of out-of-home treatment is a Child Family Team (CFT) decision that should be made with clear purpose AND expectations

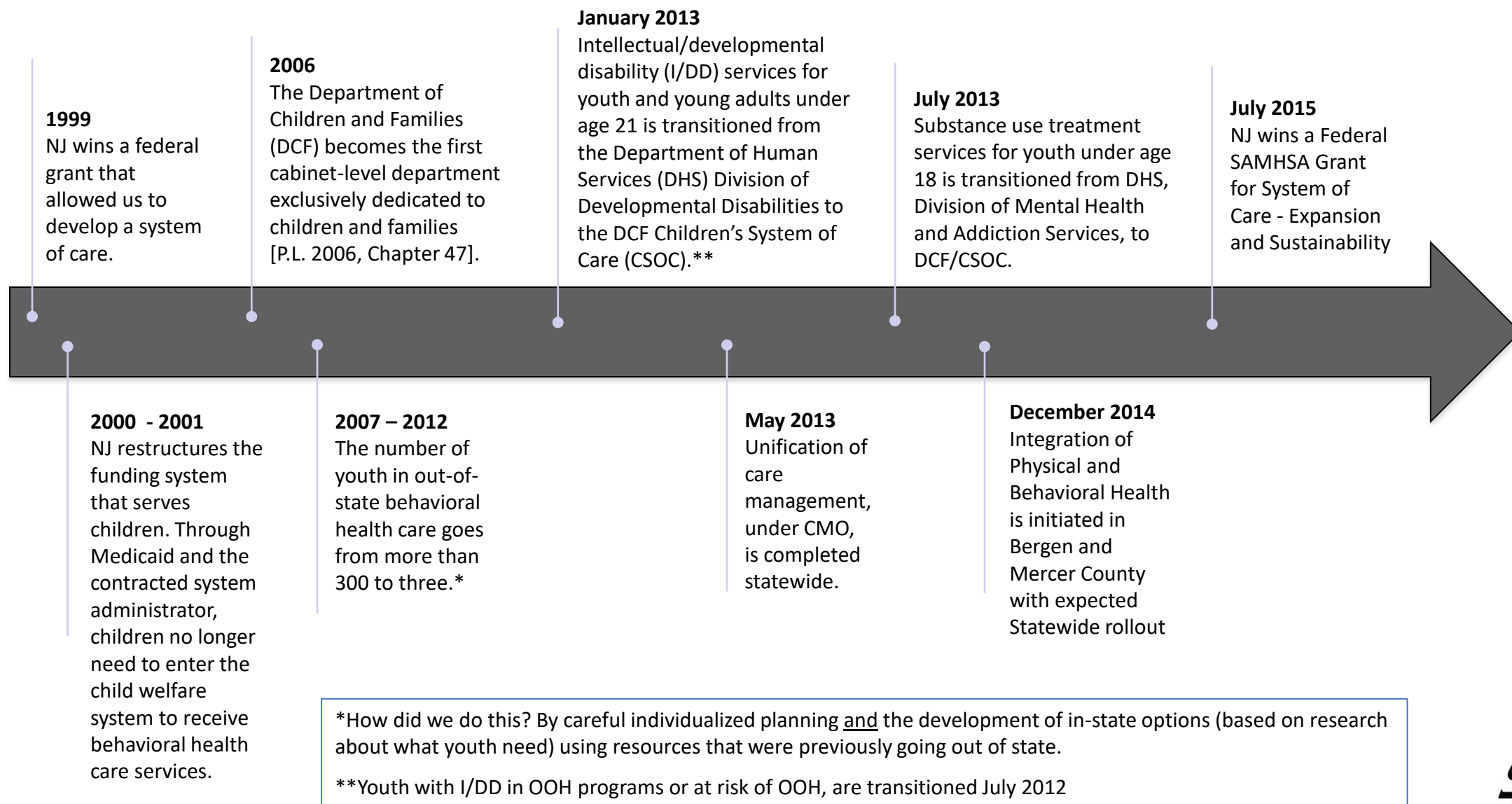
Service Array Expansion to Reduce Use of Deep End Services



**Prior to Children's
System of Care Initiative**

Today

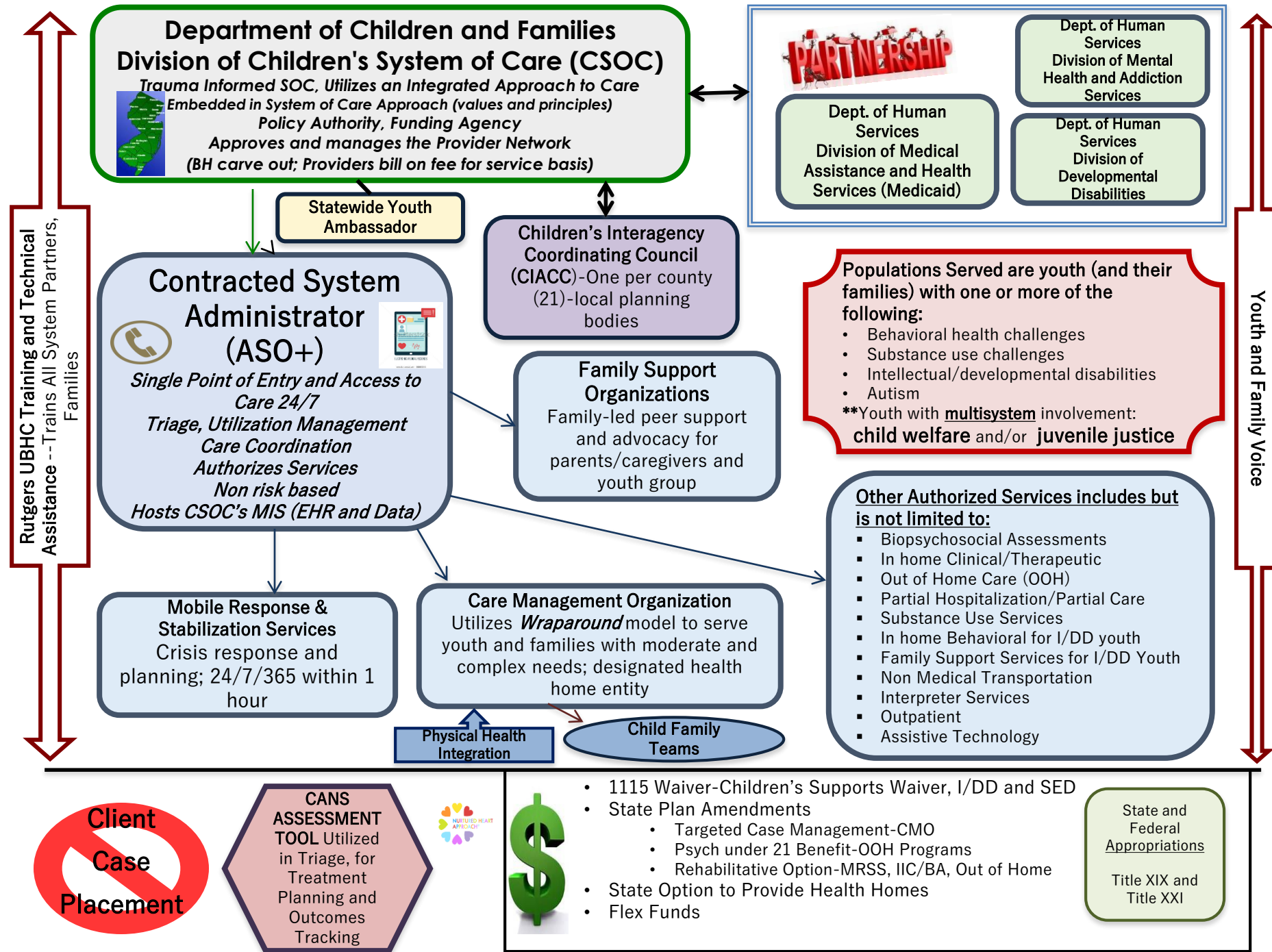
Children's System of Care History



NJ Children's System of Care Integration

Reasons for Integration of services for youth with Intellectual/Developmental disabilities and youth with Substance Use challenges

- **Enhancing care through promoting an Integrated Approach to Care**
- Synchronized service coordination and elimination of potentially duplicated services
- Support sustainable communities and balanced resource coordination
- Bring all children's services into a single child serving department
- Further current progress and achievement of strategic objectives of the Department of Children and Families



Key System Components Available Across Populations

Contracted System Administrator

- CSA is the single portal for access to care available 24/7/365

Care Management Organization

- Utilizes a wraparound model to serve youth and families with moderate and complex needs

Mobile Response & Stabilization Services

- Crisis response and planning available 24/7/365

Family Support Organization

- Family-led support and advocacy for parents/caregivers and youth

Key System Components

Intensive In-Community

- Flexible, multi-purpose, in-home/community clinical support for parents/caregivers and youth with behavioral and emotional disturbances who are receiving care management, MRSS, or out-of-home services

Out of Home

- Full continuum of treatment services based on clinical need

DD-IIH and Family Support Services

- Supports, services, resources, and other assistance designed to maintain and enhance the quality of life of a young person with intellectual/developmental disability and his or her family, including respite services and assistive technology

Substance Use Treatment Services

- Outpatient, out of home, detox treatment services (limited), co-occurring services

Traditional Services

- Partial Care, Partial Hospitalization, Inpatient, and Outpatient services

Intellectual / Developmental Disabilities

Eligibility & Services

Eligibility

For individuals *under age 18*, eligibility is determined by *CSOC*

-Application materials for individuals under 18 available on PerformCare website (www.performcarenj.org)

For individuals *age 18 and older*, eligibility is determined by *DDD*

-Application materials for individuals 18 and older available on DDD website www.state.nj.us/humanservices/ddd/services/apply/application.html

Services

CSOC provides a wide range of services for children up to age 21 for behavioral health or developmental disability needs. These services include community-based services, in-home services, out-of-home residential services, and family support services; camp, respite.

CSOC Substance Use Treatment Services

Who may request services?

CSOC System Partners (DCP&P, CMO, MRSS, Juvenile Court, County Representatives, Schools, etc.)
Youth and families

How may I request services?

Call PerformCare Member Services (877) 652-7624

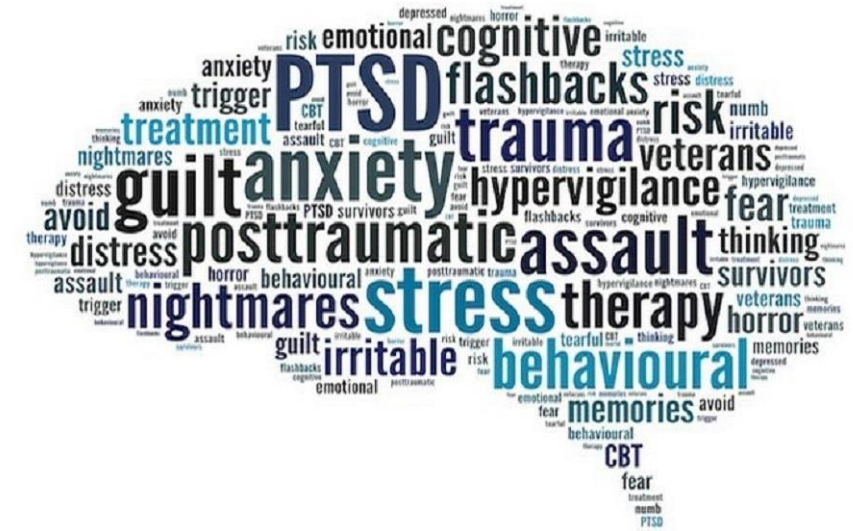
OR

Contact a contracted provider directly (provider contact information is available on PerformCare website)

<http://www.performcarenj.org/pdf/provider/substance/substance-use-provider-list.pdf>

Trauma-Informed Care

- Departmental Initiative.
- Do not focus on “surface behavior.”
- Interventions should address underlying trauma reaction.
- Implicit trauma indicators.
- Safe, consistent, nurturing environment.
- *The Six Core Strategies for Reducing Seclusion and Restraint Use.*
- *Nurtured Heart Approach*



Factors that Impact Design of an Integrated System

Financing

- Title XIX funding:
 - Rehabilitation option.
 - Targeted case management.
- Child welfare
- Juvenile justice
- 1915 like (i) or (c)
- 1115 waiver
- CHIP/SCHIP
- State funds

Priorities

- Serve more
- EBPs.
- Care management
- System coordination
- Reduce institutional care.
- Particular populations.

**CSOC
values and principles**

**Final system
of care design**

Environment

- Political.
- Perspectives of leaders.
- Lawsuits and settlements.
- Crisis and tragedy.
- Mandates.
- Community will.
- Economy.

Structure

- Government.
- State vs. county.
- Existing reality.
- Envisioned ideal.
- Medicaid agency.
- Locus of control.
- Leadership structure.

Peer Support Financing

Currently, New Jersey supports the work and advocacy of the peer partners through:

- Cost Reimbursement Contracts
 - Medicaid Administrative claiming is utilized to get federal support for these services
- NJ will be submitting a state plan amendment to support the work of peer to peer

Integration Planning

- Workforce Development – competencies, tools, training
- Support during change – grounded in clear vision, transparent, routine and open communication and relationship building, flexible in development and acknowledge things not known
- Stakeholder engagement – understand expectations around accessing services, respect culture and attitude about seeking healthcare, seek dialogue and feedback
- Family Culture and Engagement – Address system change and concerns early with families for existing and new populations, establish stakeholder groups and connect with families frequently

Integration Planning

Provider Group – manage expectations, connect new with existing, slow and steady change, subject matter experts can guide, respecting input for best chance at providing quality services, address privacy, release of information and consent concerns

Data Integration – common language, goals and priorities, privacy concerns, expanded tools for data collection and process (CANS, LOCI, FSS application), design reporting functions to capture discrete data for service penetration and utilization, and track braided funding of unique youth populations as well as integrate new populations and services within existing reporting formats to monitor key functions (for example, tier reporting by call center service request and then by population).

Quality Improvement - Delineate performance measures for new tools that assess level-of-care service needs and measure outcomes over time, select measures that address strength-based outcomes that are realistic and attainable and aggregate findings about new youth characteristics and needs for policy planning and new or expanded service delivery.

Family Support Organizations

Support, Education and Advocacy for Families and Youth

- Individual peer support for families of youth with moderate and high needs
 - CFT co-facilitator
 - FANS
 - Family Action Plan

Youth Partnerships

- Youth voice, building leadership, advocacy and life skills

Community Supports

- Warmline Support
- Support Groups
- Advocacy and Outreach

System Collaboration

- Local System Family and Youth Voice
- CFT Co Leaders with Care Management Organizations
- Outreach to MRSS Families
- Support for Juvenile Justice System
- Peer Support within Psychiatric Screening
- System Navigation support for Families
- Children's Inter Agency Coordinating Council (CIACC)

Youth Served Over Time

The total number of children in care management from January 2010 through September of 2017 **has increased by 31%.**

January 2010 - 8,066 youth being served

September 2017 - 11,617 youth being served

The total number of youth in behavioral health out of home treatment settings from January 2010 through September 201 **has decreased 33%.**

January 2010 - 1,801 youth in out of home treatment

September 2017 - 1,213 youth in out of home treatment

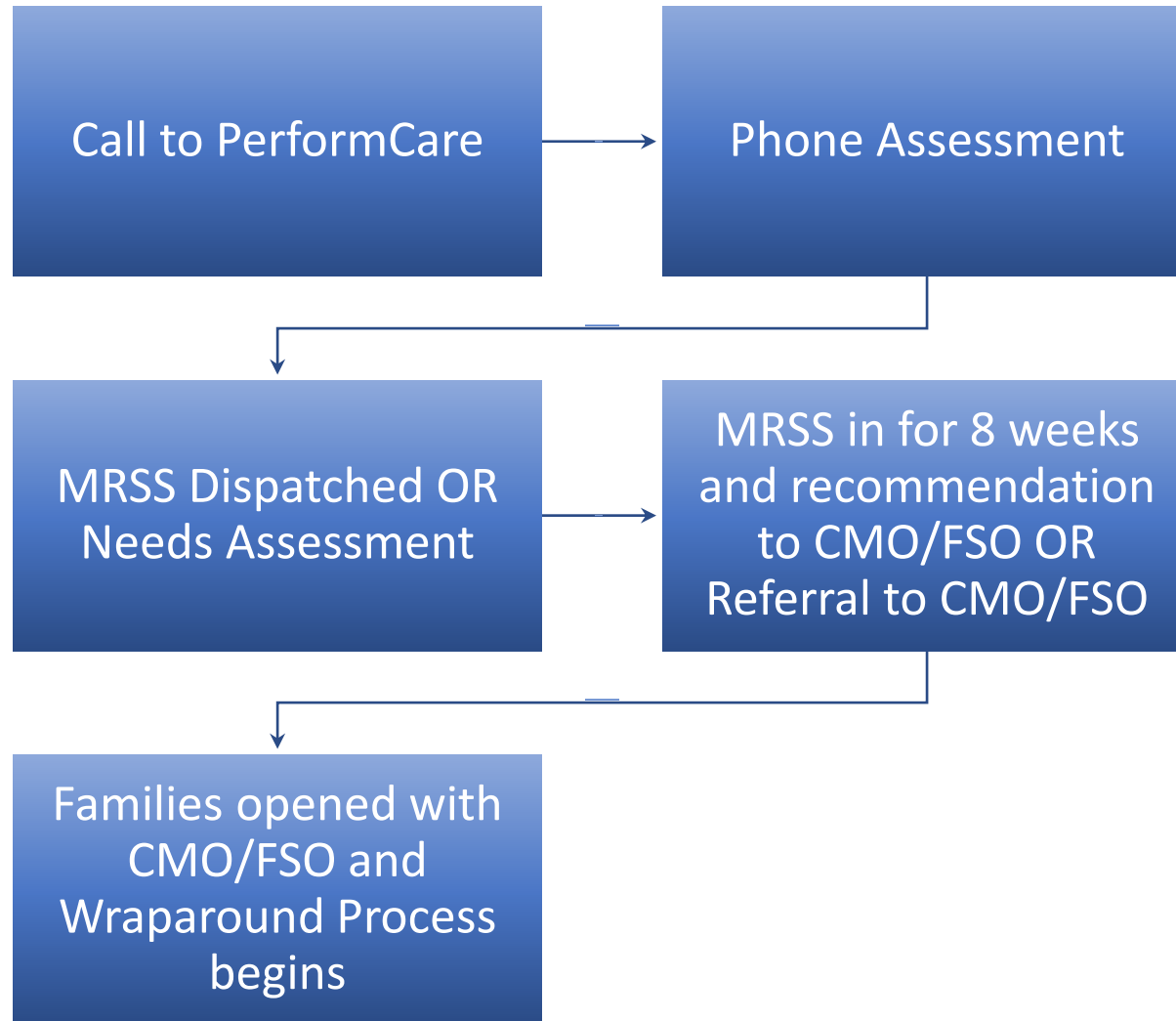
Reflections from the Youth Ambassador

“It is crucial to recognize that we cannot control young people, we can only guide them and serve as a support to them. Though they are here with us, these young people, in no way, belong to us. In order to best guide these young people, we cannot take a demeaning or belittling approach. It is simple, when young people feel better, they do better. Just give them hope and inspire their hearts with purpose as you allow them to cultivate their beautiful thoughts.”

“More often than not, young people are literally scorned and sometimes punished for simply being young people- for merely being human. Young people are not allowed to have bad days or moods, they cannot be grumpy or upset, they cannot have disrespectful tones or attitudes. But, how can we as adults experience these very normal responses and feelings each day? No one is perfect and it is important that we remain cognizant that we are not holding young people to a higher level of perfection than we can attain ourselves.”

Gina Pearson, Youth Ambassador for Children’s System of Care

Process from the families' perspective; how they get into CMO/FSO



Certification of Family Support Partners

| | |
|--------------|---|
| Competencies | (A) Demonstrates an understanding of the NJ Children’s System of Care |
| Competencies | (B) Demonstrates an understanding of NJ’s Wraparound Model |
| Competencies | (C) Demonstrates the ability to educate families on NJ’s Wraparound Model |
| Competencies | (D) Has a working knowledge of their role and the care manager’s role in the Child Family Team process |
| Competencies | (E) Understands the roles of other Child Family Team members |
| Competencies | (F) Demonstrates proficiency in assisting families to create a support system of informal and natural support |
| Competencies | (G) Can describe safety assessment and identify issues and strategies for working safely in the community |
| Competencies | (H) Consistently implements System of Care values and principles in providing family-driven care |
| Competencies | (I) Demonstrates a working knowledge of the FSO continuum of support |
| Competencies | (J) Appropriately and meaningfully shares his/her life experiences |
| Competencies | (K) Effectively advocates for families |
| Competencies | (L) Effectively provides families with the knowledge and skills needed to advocate for themselves |
| Competencies | (M) Effectively educates caregivers about their Individualized Service Plan |
| Competencies | (N) Understands the importance of the FANS tool in providing family support |
| Competencies | (O) Understands the role and importance of assessment within the NJ SOC |
| Competencies | (P) Is certified in the use of the FANS tool |
| Competencies | (Q) Demonstrates a working knowledge of Motivational Interviewing |
| Competencies | (R) Consistently encourages family to appropriately identify strengths and needs using Motivational Interviewing techniques |
| Competencies | (S) Successfully develops action plans based on FANS data and Motivational Interviewing techniques |
| Competencies | (T) Understands cultural and linguistic competence |
| Competencies | (U) Recognizes his/her biases and prejudices toward various cultures |
| Competencies | (V) Demonstrates basic competence in working with diverse populations |
| Competencies | (W) Consistently integrates cultural and linguistic competence into the Child and Family Team process and the Wraparound Model of providing service |

Certification of Family Support Partners

Family Support Organizations Required Trainings for initial FSP certification:

- Child Family Team Process
- Family Support Partner Certification Orientation & FANS Training
- NJ Wraparound Values & Principles
- Safety Issues Working in the Community
- FSO Skill Building Part 1
- FSO Skill Building Part 2
- Implementation of the FANS Using Motivational Interviewing
- Culturally Competent FSO Services
- CYBER: Basic New User Training (Formerly ETO: Basic New User Training)

Required Training for first year FSP recertification:

- Substance Disorders: Youth at Risk
- Impact of Intellectual and Developmental Disabilities on Children and Families

Other recommended trainings:

- Crisis Assessment: A Workshop for Parents and Caregivers
- Emerging Adulthood: Transition to Adult Services
- Essential Components of the IEP (Individualized Education Program)
- NJ Resources for Families: Making Connections to Information and Services

S-E-A... that's what we do!

This is our lens through which we operate on three levels (Community, Organization, Family).

Family Support Partners focus is mostly on the Family Level

- Support
- Educate
- Advocate

Continuum of Care

Family Assessment of Needs and Strengths (FANS)

- Intensive
 - 25 and above
- Moderate
 - 18 to 24
- Supportive
 - 17 or less

Triage Methods and Processes Vary Among Family Support Organizations

The Role of Family Support Partner

- Work with parents
- Work with professionals
- Work with wraparound
 - Four Phases of Wraparound
 - Phase 1: Engagement & Team Preparation
 - Phase 2: Initial Plan Development
 - Phase 3: Plan Implementation
 - Phase 4: Transition

The Role of Family Support Partner

Initial Plan Development and Plan Implementation

- FANS and support S/N (7/30 Day Meeting, varying process)
- Review Family Vision
- Preparing the family for the CFT
- Reviewing the strengths with team member and with family in preparation for and/or during the CFT
- Preparing and review agenda with the family for CFT, identify goals
- Debrief how each team meeting went, what went well, what needs to change

The Role of Family Support Partner

Plan Implementation

- Connect family and team to resources
- Be creative
- Provide organization
- Build relationship
- Support parent(s) to ensure their perspective, culture and beliefs are understood and incorporated in planning process
- Support CM and family to keep process moving by eliminating bias by using strengths to counteract bias

The Role of Family Support Partner

Plan Implementation and Transition

- Bringing issues that arise back to team
- Support parent(s) to develop self care plan
- Continue to meet one on one as needed
- Continue to add and identify strengths and natural supports
- Begin talking about life after wraparound
- Capitalize on opportunities for families to facilitate their own CFT

The Role of Family Support Partner

Transition

- Link to community supports and resources (in person)
- Link to natural supports
- Prepare for transition with a plan and/or packet that formalizes and acknowledges what was accomplished
- Celebrate achievements

For more information...

Children's System of Care:

<http://www.state.nj.us/dcf/families/csc/>

PerformCare Member Services:

877-652-7624

www.performcarenj.org

Crisis Text Line:

Text **'NJ'** to **741741**

