PerformCARE®

Best Practice Protocols: Special Populations

PerformCare has specialized processes for care coordination and utilization management (UM) for youth with serious behavioral health issues involved with the Courts, Probation, and the Juvenile Justice Commission (JJC). These processes shall foster intersystem communication and timely exchange of relevant information, including comprehensive assessments, to ensure access to specialized services and effective service planning. Specialized UM and Care Coordination processes for court involved youth shall consider timeframes established by legal statutes and by the court, as well as best practices, with respect to service access, utilization, and coordination of care.

Sources of Referral:

- Caregiver/Parent/Legal Guardian.
- Youth.
- Probation.
- Detention.
- JJC.
- Division of Child Protection and Permanency. (If court ordered with DCP&P Custody/Guardianship or parental consent, usually for clinical gathering purposes for potential Out of Home (OOH) treatment.)

BioPsychoSocial (BPS) Needs Assessments

Referrals from Juvenile Detention Centers (JDC)

Detention Centers fax a request for a Biopsychosocial (BPS) evaluation for youth who are presenting with Behavioral Health needs. PerformCare authorizes the BPS using the Children's System of Care (CSOC) list of approved Detention Center Assessors who have additional instruction through CSOC on the practice around the completion of the BPS and are held to shorter timeframes for the completion of assessments (submission within 5 days of authorization). Only 2 BPS evaluations can be completed in a rolling calendar year.

JDC may request a BPS for any of the following:

- The youth had a high score on the MAYSI conducted within 48 hours of admission to detention.
- The youth is on psychotropic medications.
- At the request of the attorney or caregiver to determine appropriateness of behavioral health treatment.
- The youth has a history of multiple arrests (usually for the same behaviors).

The BPS is not designed to assess safety in the community or risk of re-offense and therefore should not be used to make legal decisions. Referrals should not be submitted to PerformCare for youth being held on murder charges unless requested by the defense attorney.

See attached CSOC user guide for details regarding the BPS Assessment. PerformCare will review submitted BPS and authorize Care Management when clinically appropriate. The Care Management Entity (CME) will follow-up with detention to determine the release date. The Intensive In-Community

(IIC) provider is responsible to monitor CYBER for any returned assessments requiring additional information and has access to the youth's CYBER record for 25 days from the date of the referral for this purpose. In addition, the IIC provider is responsible to communicate the outcome of their assessment and recommendations to the referent, including any information on the assessment that was revised upon PerformCare's request. A copy of the BPS assessment should be given to the referent and defense attorney.

Referrals from Juvenile Justice Commission (JJC)

For youth with complex behavioral health needs, currently serving a term of incarceration, a regional Special Care Review Committee (SCRC) completes a review to identify a discharge plan. If the youth is in need of CSOC services upon discharge, a representative from JJC will complete the BPS "bubble sheet," along with updated clinical evaluations, to PerformCare for review. Recommendations for services can include Care Management with OOH treatment or Care Management alone to transition the youth back into the community. If the youth meets criteria for Multi Systems Therapy (MST) or Family Functional Therapy (FFT), JJC may refer directly to these programs. If the youth meets any of the exclusionary criteria listed below, the referral should not be submitted to PerformCare and JJC should link to the services directly.

Referrals for CSOC services must be within the following timeframes:

- CSOC Out of Home treatment within 90 days from expected discharge.
- CSOC community based Care Management within 45 days from expected discharge.
- Concurrent planning for both community and out of home services is desirable.

General Exclusionary Criteria for CSOC Care Management:

- The youth meets criteria for MST or FFT; JJC should refer directly to MST or FFT.
- Youth requiring anger management treatment only.
- Youth requiring mentoring services only.
- Sole need is vocational or finding a job.
- Youth is refusing consent for behavioral health services.
- Youth is about to age out of CSOC services and has a Serious and Persistent Mental Illness (SPMI) that may warrant a referral for Adult Intensive Care Management Services (ICMS). Please note that youth referred to ICMS must have a stable living environment (i.e. not in need of OOH treatment).
- Treatment mandated by the court with no identified behavioral health needs (youth's needs do not warrant care management).

Special consideration can be made for any of the above. Each county has an aftercare MDT (Multi-Disciplinary Team) that arranges the referrals the above, including job skills training and substance use treatment. If more than one treatment need is identified through the assessment, the PERFORMCARE may refer for Care Management if it is determined that the youth require service coordination of a complex behavioral health plan.

Inclusionary Criteria:

- Youth is identified with moderate to severe behavioral, mental health, and/or substance use needs requiring service coordination to access behavioral health care treatment, such as psychotherapy

and/or psychiatric medication management.

Aggressive behavior primarily towards family is seen as reflective of a family treatment need and so Care Management may be appropriate. Aggression towards others may not necessarily indicate referral for mental health treatment, and this would be reviewed within the context of all identified behavioral health needs.

Care Management Expectations

Initial Service Planning:

- Care Management shall begin interaction with the youth and family before release from the JDC or JJC facility.
- Care Management shall participate in care planning meetings with correctional staff, at which time services would be identified and coordination processes be established.
- JJC shall share evaluations and information regarding all treatment provided to youth with Care Management.
- Care Management should identify any necessary additional evaluations needed for treatment planning including OOH treatment (for example an updated Psycho-Sexual Evaluation).

If upon initial contact with the court, or other involved party, Care Management learns that the clinical needs of the youth have changed (for example the youth is moving out of the state or requires Inpatient treatment) since the time of the PERFORMCARE review, Care Management should submit a transitional ISP for closure with the information gathered.

Concurrent planning is preferred, however when OOH treatment is a part of the disposition from the court, Care Management is responsible to obtain and communicate alternate community plans to the courts for potential revision of the court order.

Comprehensive Service Planning:

- Referral for psychotherapy and or psychiatric medication management.
- Ongoing collaboration and communication with probation/parole/JISP.
- Assess for service needs of the following:
    - ✓ Resources for families such as Parent Management Training.
    - ✓ Support for families such as FSO and other Parent Support Organizations.
    - ✓ Problem Solving Skills Training.
    - ✓ Independent Living skills.
    - ✓ Behavior management within partial care settings.
    - ✓ Community Service work activity.
    - ✓ Vocational planning.
    - ✓ Educational basic skills remediation and planning.
    - ✓ Assess for substance abuse evaluation.
    - ✓ Assess for anger management needs.

References:

Memorandum of Understanding between the NJ State Office of Children's Services and the Juvenile Justice Commission, December 15, 2011.