# ACCESS TO THE OFFICE OF RESIDENTIAL SERVICES (ORS)
## CHILDREN'S SYSTEM OF CARE

The Office of Residential Services (formerly SRTU) **is a specialized unit within the Children's System** of Care (CSOC) whose function is distinctly related to CSOC contracted out-of-home (OOH) treatment services.  ORS supports the CMO, DCPP and other entities in accessing residential services. The Child Fami**ly Team (CFT) is the cornerstone of the Children's System of Care.  All decision making is** driven by the CFT.  ORS is not in a position to make CFT decisions or rectify youth-specific issues that were identified by the CFT.  Therefore, please refer back to the CFT <u>and</u> review this document in its entirety before contacting ORS for assistance.

The array of statewide functions provided by ORS include the following:

- Provides consultation\* to the Care Management Organization (CMO) for the following Intensities of Service (IOS) and special populations:
  - ✔ Group Home-1 I/DD (GH-1 I/DD) IOS
  - ✔ Group Home-2 I/DD (GH-2 I/DD) IOS
  - ✔ Intensive-IDD (INT-I/DD) IOS
  - ✔ Psychiatric Community Home (PCH) IOS
  - ✔ Psychiatric Community Home-IDD (PCH-IDD) IOS
  - ✔ RTC-Behavioral Health/Developmental Disability (RTC-BH/DD)
  - ✔ Specialty (SPEC) IOS
  - ✔ Specialty-IDD (SPEC-IDD) IOS
  - ✔ Special Skills Home (SSH-IDD) IOS
  - ✔ Expectant or Parenting Youth
  - ✔ Other special medical needs (sight/hearing impaired, diabetes, etc.)

    \*Consultation includes the following:

    a) Completes a thorough clinical review of the OOH referral within three (3) business days of assignment.
    b) Provides OOH treatment recommendations to care management based on youth's clinical needs, age/gender, PIF specifiers, and distance from home county.
    c) Provides additional support/recommendations to the CFT, as needed.
    d) Utilization monitoring (referrals, admissions, and transitions.

      **e)** Enters CYBER authorization for admission (as required).

- Provides technical assistance* in accessing the following out-of-home (OOH) program types:
  - ✓ Adolescent Stabilization and Assessment Services (STAS)
  - ✓ Detention Alternative Program (DAP)
  - ✓ Intensive Residential Treatment Services (IRTS)
  - ✓ Crisis Stabilization and Assessment Program for IDD (CSAP-IDD)

  *\*This does not include IOS determination which is conducted by PerformCare*

- Programmatic oversight of all CSOC contracted out-of-home treatment programmatic components.

- Other administrative oversight responsibilities related to CSOC contracted OOH programs, which include, but are not limited to: no eject/no reject requests; monitoring of regulatory reporting related to contracted OOH programs; ad hoc data reporting; project management; training to system partners and community providers; and annual review of clinical criteria for all CSOC out-of-home treatment programs.

## ORS Consultation Process

1) At the time of the IOS determination, PerformCare will verify if a youth qualifies for ORS consultation. Please note that only certain OOH intensities of service qualify for ORS consultation. Care Managers **should carefully review the IOS determination in the youth's progress notes where this information** will be located.

2) In order to request ORS consultation, CMO must first complete the ORS Consultation Form, which is located at https://www.nj.gov/dcf/providers/csc/.

3) **Within the Doc Tab of the youth's face sheet, CMO should then upload the** ORS Consultation Form to the following file:
   a. Doc Type: Clinical
   b. Doc Subtype: Cover Letter with ORS Checklist

4) Upon uploading the ORS Consultation Form, CMO shall send an email to SRTUConsultation@dcf.nj.gov as a trigger to assign the referral for ORS Consultation. CMO SHOULD NO LONGER ATTACH THE ORS CONSULTATION FORM TO THIS EMAIL (which prevents the need for encryption). Rather, this e-mail should only include the following information:
   a. Subject Line: ORS Consultation
   b. Body Of E-Mail: CYBER ID#, Name and contact information to assigned Care Manager, Date of IOS Determination.

5) Upon receipt of the ORS consultation email, the ORS support staff person will upload/print the ORS Consultation Form **from the youth's CYBER record.**

6) The ORS support staff member will proceed to assign to an ORS consultant.

**7)** Upon assignment, the assigned ORS consultant has up to three (3) business days to review the material and outreach the Care Manager.

ORS Consultation Tips:

o   If the Care Manager wishes to inquire about the status of an ORS consultation assignment, the care manager may view the name, assigned date, and the contact information of the assigned ORS **consultant via the Provider tab of the youth's face sheet (double click on name for contact** information):
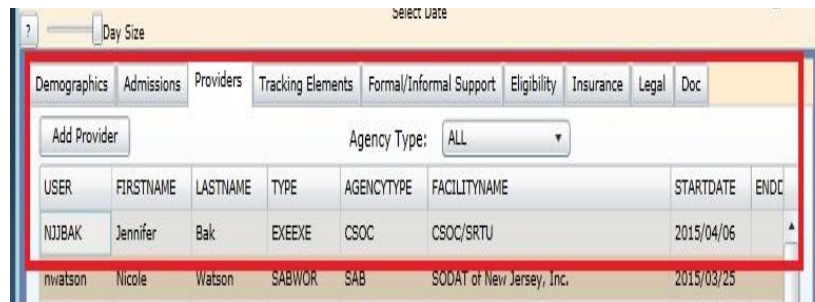


o   ORS consultants will not consult with care management without required information.  Please review the OOH document requirements via the following link: http://www.performcarenj.org/provider/behavioral/forms.aspx

o   **Recommendations are made based on the youth's specific needs, program contracted deliverables** (including populations served, age range, and gender), as well as proximity to the family home (when appropriate).  Although bed availability is a consideration, it is <u>not</u> the sole determining factor when making recommendations.  Clinical appropriateness is priority.  Similarly, the CFT should not focus **on bed availability, rather which program is clinically in the youth's best interest.**

o   **OOH recommendations will also be posted in the youth's CYBER progress notes.  Please review** this progress note carefully as additional tips are provided.

o   OOH providers have **immediate access to the youth's uploaded clinical documents via CYBER upon** Youth Link referral assignment.  Therefore, mailing referral packets to programs is not necessary.

o   Due to the possibility of waiting lists, ORS <u>strongly</u> recommends that care management pursue <u>all</u> recommended programs (including meet & greets) in order to provide the youth and family with as many program options as possible.  Please do not outreach programs that are not approved by ORS.

o   If the CFT decides <u>not</u> to pursue a program for whatever reason, the CM should advise the OOH provider(s) as a courtesy.  This way, the OOH provider may move on to the next youth in line who requires treatment.

o   If the CFT decides to no longer pursue OOH intervention, the CM should immediately notify the assigned ORS consultant and assigned OOH providers.  Further, the CM should cancel the OOH referral from Youth Link;

o   OOH programs should not request additional assessments/evaluations without ORS approval.

Troubleshooting Tips:

o   The Child Family Team (CFT) should first exhaust its efforts to resolve the issue directly with the OOH provider prior to contacting ORS for troubleshooting assistance.  The CMO/DCP&P should proceed through the chain of command within the OOH agency (e.g. CMO Executive Director or **DCPP Area Office Director should communicate directly with the OOH agency's CEO/ED)** prior to contacting ORS.  CMO has direct access to the OOH provider directory via the Provider Details tab of CYBER.

o   Similarly, the OOH provider should directly communicate with the CFT to resolve issues (court orders, etc.) prior to contacting ORS.  OOH providers can easily access the name, contact **information, and title of involved CMO staff via the Provider tab of the youth's face sheet.**

o   If upon speaking to the CMO ED, ongoing issues exist with a particular Care Management Entity, please contact the CSOC CMO Service Line Manager.

o   If the CFT has exhausted their efforts based on the above and ORS outreach is required, please contact the below-**mentioned identified staff person based on the program's intensity of service.  The** outreach e-mail includes specific information pertaining to the identified issue, which should detail the efforts made to resolve the identified issue.

o   Upon ORS outreach, please give staff at least twenty-four (24) hours to respond before proceeding up the chain of command unless it is an unsafe situation.  If all possible, please avoid contacting several ORS staff for one particular issue as this approach tends to cause confusion and work redundancy.

o   Once a youth is officially admitted to an OOH program, or, if OOH treatment is no longer being actively pursued by the CFT, the ORS consultant will cease involvement and close the ORS referral.

o   ORS has no administrative oversight/control of the local screening centers.  If there is an issue with a local screening center regarding a possible admission to a CCIS, the CFT should advocate directly **with the screening center and ensure the most updated clinical information is provided. The youth's** current treating clinician and psychiatrist/APN (whether youth is home or in an OOH setting) should speak with the psychiatrist at the screening center to provide additional information.

# DEPARTMENT OF CHILDREN AND FAMILIES
# CHILDREN'S SYSTEM OF CARE

## Office of Residential Services
## Staff Directory

### Administration

| Name | E-mail Address | Areas of Oversight | Supervisor |
|---|---|---|---|
| Michael Higginbotham | Michael.Higginbotham@dcf.nj.gov | Administration | Dr. Diana Salvador |
| Jennae Suiter | Jennae.Suiter@dcf.nj.gov | IDD out-of-home programs | Mike Higginbotham |
| Selina Allen | Selina.Allen@dcf.nj.gov | Behavioral Health Special Populations & Programs | Mike Higginbotham |
| Judith Torres | Judith.Torres@dcf.nj.gov | Administrative Support | Mike Higginbotham |

### Out of Home Consultants

| Programmatic Oversight | Staff Name | E-mail Address | Back-Up |
|---|---|---|---|
| IRTS, CCIS & Intermediate Units Liaison to Private Hospitals | Cynthia Kaserkie | Cynthia.Kaserkie@dcf.nj.gov | Michael.Higginbotham@dcf.nj.gov |
| RTC | Danita Pierce | Danita.Pierce@dcf.nj.gov | Michael.Higginbotham@dcf.nj.gov |

| Out of Home Consultants | | | |
|---|---|---|---|
| **Programmatic Oversight** | **Staff Name** | **E-mail Address** | **Back-Up** |
| PCH IOS | Andrea Lewis | Andrea.Lewis@dcf.nj.gov | Michael.Higginbotham@dcf.nj.gov |
| SPEC IOS | Frank Mulrine | Frank.Mulrine@dcf.nj.gov | Tracie.Harris@dcf.nj.gov |
| STAS Programs and CPP ETHP (Lead) Special Needs Populations LGBTQ, Pregnant & Parenting OOH programs | Tracie Harris | Tracie.Harris@dcf.nj.gov | Frank.Mulrine@dcf.nj.gov |
| Human Trafficking | Selina Allen | Selina.Allen@dcf.nj.gov | Michael.Higginbotham@dcf.nj.gov |
| Behavioral Health Group Homes & Treatment Homes (TH) Liaison-OOL/IAIU/Contracting | Vacant | Group Homes Tennille.Garner@dcf.nj.gov<br><br>Treatment Homes Wendi.Smith@dcf.nj.gov | Danita.Pierce@dcf.nj.gov |
| INT-IDD, IPCH-IDD RTC BH/DD & TH BHDD | Tennille Garner | Tennille.Garner@dcf.nj.gov | Wendi.Smith@dcf.nj.gov |
| CSAP-IDD (Stabilization and Assessment Services) | Sheena Anene | Sheena.Anene@dcf.nj.gov | Tennille.Garner@dcf.nj.gov |
| PCH-IDD, SPEC-IDD, SSH-IDD | Wendi Smith | Wendi.Smith@dcf.nj.gov | Tennille.Garner@dcf.nj.gov |
| GH1-IDD, GH2-IDD & Out of State IDD Programs | Denise Douglas | Denise.Douglas@dcf.nj.gov | Melissa.Ashmen@dcf.nj.gov |
| GH1-IDD Transitional Programs, RESP-IDD & Liaison to DD Roundtable | Melissa Ashmen | Melissa.Ashmen@dcf.nj.gov | Wendi.Smith@dcf.nj.gov |

| RTC-BHSU<br>New Hope<br>RTC-SA-ST, RTC-SA-SJI &<br>Medically Managed Withdrawal | Kelly Pfeiffer | Kelly.Pfeiffer@dcf.nj.gov | Sue.Ricigliano@dcf.nj.gov<br>Supervisor |
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