

S.2 MENTAL HEALTH SERVICES – Executive Narrative/Service Summary

1. An overview of the Clinical Case Management Department

Clinical Case Management addresses the emotional needs of children and adolescents served through Children’s Aid and Family Services, Child Welfare Programs. All children and adolescents in these programs are eligible for a wide range of mental health services. Clinical Case Management, Mental Health Services, is new to Child Welfare. We just recently became a licensed mental health provider effective October 2004. Prior to becoming a licensed mental health provider, the children in out-of-home placement under the supervision of Children’s Aid and Family Services received counseling from our sister agency, Family Counseling Services in Ridgewood, NJ. Although the children were receiving counseling on a regular basis, it became apparent that the children in our child welfare program were in need of more intense interventions from a unified professional staff skilled in the provision of mental health interventions for children.

In July of 2001, the current Director of Clinical Case Management, a licensed clinical social worker with over 27 years of experience providing and or directing mental health services to consumers joined the Children’s Aid and Family Services family and assumed the responsibility of reorganizing clinical services by consolidating Clinical Case Management and Psychiatry into one department separate from family counseling services in Ridgewood. All part-time clinician positions were eliminated except for two doctoral level clinicians who each serve as consultant to the adolescent group home staff. Full-time clinicians were employed to enhance continuity of care for the client and the team to promote a unified approach to treatment. A full-time clinical staff is also available daily to respond to client’s needs and for regular weekly supervision by his/her supervisor, as well as trainings that are required and recommended. There is more team work and accountability with a full-time staff.

Challenges for this newly created department were and continue to be integration of sound clinical practices within the Department of Child Welfare. Change is always difficult no matter how obvious the need might be. The clinical staff works passionately to provide insights to Child Welfare staff and care givers regarding appropriate clinical intervention for children who are victims of severe abuse and neglect. Child Welfare Programs have always operated on a strength based model emphasizing the child’s strength, not necessarily understanding and/or acknowledging the child’s symptoms that he/she may not be able to control. All of our children have chronic symptoms that warrant a DSM IV diagnosis, although diagnosis such as schizophrenia and bipolar are seldom assigned to children. Clinical Case Management recognizes the child’s strengths; however, we operate on the Medical Model that pays attention to symptoms, diagnosis and treatment. A board-certified child adolescent psychiatrist assumes the responsibility for the medical

aspects of mental health treatment. A psychiatric evaluation is provided to each child complete with diagnosis. The Clinical Case Management team takes the lead in insuring that services provided to the consumer are appropriate to the diagnosis. The Medical Model approach to treatment has been difficult for care givers to understand and accept. Clinicians assigned to the team offer continuous clinical insights regarding the child's emotional status and needs. It appears, at this time, change is occurring.

Clinical Case Management is committed to providing the children and families we serve with the most effective efficient services possible to prevent disruption in the family unit. A Board certified child and adolescent Psychiatrist provides supervision and consultation to the clinical staff.

Therapeutic services are provided for children and adolescents through assessment, diagnosis, treatment planning and individual, group and family therapy. Treatment is designed to address maladaptive behaviors, impairment in functioning in areas such as trauma, depression, anxiety, phobia, oppositional defiance behavior, peer relationships, parent-child relationships, school adjustment and other symptomology associated with chronic behavioral health disturbances.

If the child has special needs, a referral is made on the recommendation of the clinical team and approval by DYFS. The clinician is involved in the case until the referral is finalized. The clinician has on-going communication with the outside referral source updating child's progress and sharing information at team meetings and documenting appropriate information in the child case record for as long as the child remains in one of our residential programs.

The philosophy of Clinical Case Management is centered on the convictions that all children by nature of being children have the right to live their lives to the fullest in a warm, loving, nurturing and supportive environment. We, therefore, are committed to working with the children and their family/caregivers to help this become a reality by providing the children and their family any and all services that will benefit the child emotionally, behaviorally, socially and spiritually and will strengthen the child and family. In doing so, we are preparing the children for permanency and to be self-sufficient young adults.

We encourage the parents' participation in the child's involvement on all levels at Children's Aid and Family Services. We expect foster parents and child care staff to be active participants in the child's treatment by learning and practicing good parenting skills and providing supportive interventions whenever necessary to address the needs of the child. We believe that the living environment must be therapeutic if the child is to achieve his/her highest level of potential. Keeping this in mind, clinicians interact regularly with parents, foster parents and child care staff engaging them in the therapeutic process whenever and wherever the need is evidenced. Clinical Case Management clinicians have ongoing dialogue with the case manager in Treatment Homes, Group Homes and DYFS District Offices. We are

committed to prompt and thorough assessments/interventions to help restore and support positive functioning and growth incorporating intrapsychic, interpersonal, health, school, family and social environment perspectives.

While Clinical Case Management clinicians may utilize different techniques, all interventions are predicated on an understanding of the client as part of an interacting system within a family, school, workplace and society. Consequently, treatment planning incorporates this perspective in setting goals, including family members in the continuous planning process whenever possible. Treatment is specialized to accommodate the degree of the individual's disability, the nature and duration of the presenting problem, the client's sociocultural, ethnic, religious and lifestyle contexts, and the setting in which the person lives. Clinical Case Management provides treatment in such a way as to promote the personal growth of clients that include age appropriate decision-making, freedom of choice and preference to professional responsibilities over personal issues.

One new program was opened and closed since Children's Aid and Family Services' last accreditation. The "IMPACT" DYFS Foster Home Program: Immediate Placement Assessment and Community Treatment Foster Homes.

The IMPACT program was a pilot program funded by the Division of Youth and Family Services, designed to establish a network of specialized foster homes and support for children entering placement, ages 5 -12. The program provided a full continuum of support, including post reunification assistance to meet the needs of each child, birth family and foster family.

The goal of the IMPACT program was to minimize the length of time a child remains in foster care and promote a timely reunification with the natural family or relatives. The length of stay in the program was from 9-15 months, with 3-5 months actually in foster care.

One full-time and one half-time clinician worked in the IMPACT program serving eight children, their siblings, birth parents and foster parents. This program was unique in as much as the foster parent and the biological parents were encouraged to work together to facilitate the child's reunification with his/her biological family. The foster parent served as mentors and a support system for biological parents.

Like any new program, IMPACT had a challenging beginning but with commitment and persistence on behalf of the Children's Aid and Family Service's clinical case managers, the DYFS case managers and supervisors, this became a great team effort in helping to make this program a success.

The program was awesome!! Of the 8 children in the program, 7 were reunited with their biological parents. The clinical case manager did an extraordinary job in assisting these families toward independence. The children and their parents participated in individual and family therapy for biological parent and child as well as weekly family visits. The clinical case

manager provided parent education regarding parenting skills. Families were assisted with funding and setting up housing, referrals to needed services in medical, psychiatric, housing assistance, obtaining furniture and other concrete needs.

The IMPACT program was initiated in July 2001. Upon evaluation of the program in July, 2004 by the State Representative from DYFS, Gabe Spiler, we were commended for a superb job in accomplishing the goals of the program. Mr. Spiler told us that our program was the best in the state and would be commended in writing from his office.

We are all proud of the accomplishments of the program. The biological families stated that no one had ever shown care for them in such a manner. We were so excited that we were prepared to ask the Division of Youth and Family Services for extra funding to increase the staff and our level of service for the following year

Upon speaking with Gabe Spiler in September, he very apologetically informed the Director of Clinical Case Management that because of a high level budget deficit, DYFS had decided to cut the funding to the IMPACT program effective October 1, 2004.

It was with deep remorse that we informed our clientele that the program was being terminated. Our agency was given until March 30, 2005 to terminate with the clients, but were strongly encouraged to develop a timeline for terminating each case as early as possible. As of this date the caseload remains at 8 clients. Two families will be phased out by January 2005. A follow up meeting with Gabe Spiler is scheduled for mid January 2005 - the objective will be to confirm a timeline for terminating our remaining clients. Our plan is to insure that the families are appropriately linked to needed services and to transfer IMPACT clinicians to a program within Child Welfare.

Child Welfare Division of Children's Aid and Family Services is located at 240 Frisch Court, Paramus, NJ 07652. Clinical Case Management, the Mental Health component of this Division is also located at this address. Much of the therapeutic interventions are done at 240 Frisch Court where clinical offices are set up. Children from our adolescent group homes and therapeutic foster homes who are located near Bergen County come to the 240 Frisch Court office for weekly therapy.

Therapy for our PATH children is always provided in the home because of the therapeutic model practiced by the program.

Several of our therapeutic foster homes are located in Essex county. Some parents are resistant to drive the children to Paramus due to the distance. We strive to accommodate these families by setting up therapy offices at our South Orange site nearer to the homes of these children. This promotes

greater child participation in therapy and decreases travel time for the parents.

There are times when it is necessary to conduct therapy sessions at the Riggs House, Family Counseling Services in Ridgewood. This may take place for a number of reasons, i.e., renovation of office space, waiting licensing by the Division of Mental Health or crisis screenings, etc.

2. List of Program Sites:

Clinical Services are provided to children and families in Children's Aid and Family Services, Child Welfare programs at the following sites, all operated by Children's Aid and Family Services and licensed by the State of New Jersey:

- **Children's Aid and Family Services
240 Frisch Court
Paramus, NJ 07652
201-226-0300**

**Rose Zeltser, LCSW, Senior Vice President – Site Director
Betty Hoskins, LCSW, Director Clinical Case Management Department**

**Hours of Operation – Monday & Friday - 9 AM to 6 PM
Tuesday, Wednesday, Thursday - 9 AM to 8 PM**

- **Family Counseling Services
148 Prospect Street
Paramus, NJ 07650
201-445-7015**

Gloria Leder, LCSW, Director

**Hours of Operation -
Monday, Tuesday, Wednesday, Thursday – 9 AM to 9 PM
Friday – 9 AM to 5 PM**

- **Children's Aid and Family Services
76 South Orange Avenue, Suite 209
South Orange, NJ 07079**

Kathy Russo, LCSW, Director

- 3) Children's Aid and Family Services is contracted by the State of New Jersey, The Division of Youth and Family Services to provide an array of integrated services/treatments to insure that the needs of the children are identified, addressed and met. The Clinical Case Management Department is driven by the Agency's mission to help children, families and communities to heal, learn**

and grow. We firmly believe that children need nurturing and that healthy families need the resources of vital communities to thrive and succeed. We believe that this interdependency among children, families and community is a valued and necessary part of healthy, human development. We also believe that these linkages from trusting relationships that enrich and strengthen people whose capacity to heal, learn and grow is enormous and ongoing. Finally, we believe that healthy people are empowered by self determination and self sufficiency, the basis for human dignity and prosperity.

The Mission of Children’s Aid and Family Services is reflected in Clinical Case Management’s philosophy. We passionately care for the children we serve and continuously seek to provide the best treatment interventions geared specifically to each child’s individual need. Every effort is made to recruit clinical staff with expertise that will effectively address multiple needs of the child as well as bring new ideas and excitement to the team. A love for children and genuine commitment to work with this population is a prerequisite for any clinician joining the Clinical Case Management team. Clinical Case Management, therefore, employs highly motivated professionals, credentialed, by professional training and/or license. This multi-disciplinary, multi-cultured, multi-lingual staff is made up of professionals in the following disciplines:

**Social work
Psychology
Psychiatric Nursing
Marriage and Family Counseling
Psychiatry**

The staff provides therapeutic interventions including psychosocial assessment, individual, group and family psychotherapy, counseling, socio-education, psychiatric evaluation and treatment, medication management and other sound interventions techniques. Each clinician carries a case load not to exceed 13 clients. A clinician may carry up to 15 cases when the children are seen for treatment on a twice a month basis instead of the mandated 4 times per month. In a situation like this, the children have been with the agency for several years and much of the clinician’s intervention involves family work and supporting the child transitionally into independent living.

Confidential assistance is provided for all the children served through Clinical Case Management. The average number of cases served per month is 87 for each of the past 12 months:

- Treatment homes – 46 at capacity**
- Adolescent Group Homes – 30 at capacity**
- PATH Program – 16 at capacity**

Many if not most of our children are victims of abuse and neglect. Through the offices of DYFS and Children’s Aid and Family Services programs,

children are separated and protected from ongoing abuse through continuous evaluation of care-giver and biological-family functioning. Therapeutic interventions include treatment of symptoms that are appropriate to the child's DSM IV diagnosis as well as adjustment problems, relationship problems, parent/child problems and other problems which respond to mental health interventions including stress management, anger management, counter transference, sexual issues, and gender identify.

All clinical services provided to children in our adolescent group homes and the therapeutic treatment homes are financed primarily through the Division of Youth and Family Services contract, however, because the grant does not cover completely the cost of providing comprehensive services to these children, the agency has been given permission to bill Medicaid on a small scale, approximately \$30,000. per year to address the programs' budget deficit. Clinicians, therefore, submit a daily billing log for each individual therapy session provided on that day. The log is submitted to the Billing Department who bills Medicaid. The reimbursement fee is determined by Medicaid. A Medicaid fee schedule is attached.

Clinical Services to children in the PATH Group Homes are provided on site. Each child receives one individual therapy session per week and one group therapy session per week. Fee for services are billed monthly to the Division of Youth and Family Services via K100 DYFS billing forms.

It is the Agency's policy to provide equal access to all services to the best of the Agency's ability.

Every child accepted into one of our residence programs is assigned a clinician on or before the day of placement. The child and the care giver have access to the clinician 5 days a week during program hours and the clinician is on call in case of emergency. The Psychiatrist and/or the Psychiatric Nurse Practitioner is available on site 5 days a week during program hours and on call 7 days a week, 24 hours a day.

The Agency is equipped with elevators and wheel chair access to the first floor treatment rooms. The Agency has handicapped parking.

Clinical Case Management makes every effort to recruit and hire employees with skills to meet special needs of the children we serve. Several clinicians have second language skills to provide treatment to a broader population. Currently we have on staff clinicians who speak Spanish, Polish and Armenian.

Clinical Case Management has no exclusionary criteria. Clinical services are mandatory for all children in out-of-home placements (group and treatment homes).

- 4) In all cases, initial screenings are conducted by the Out-of-Home Placement Program's Intake Coordinator (not a clinician). When the coordinator**

determines that a referral is a good match for one of our programs, a date is set for a final interview. At the time of this decision, a copy of the referral packet is sent to the Director of Clinical Services, the Psychiatric Nurse Practitioner and the Clinical Consultants. During the interim period, the packet is reviewed by the above named and any concerns are discussed among clinical staff and the Intake Coordinator. If there are no concerns, the admission process continues. A complete description of the screening and intake process can be accessed by referring to policy manual of each individual out-of-home-placement program as they differ in some way. However, when a decision has been made by the housing programs to place the child, Clinical Case Management is notified at the team meeting and by written communication (a placement slip). The child's case is then assigned to a clinician to begin the process of engaging the child in treatment. The Director of Clinical Services makes every effort to match a child to a therapist that can best address his/her needs. This may be upon request from the child at the initial intake, upon recommendation of the Intake Coordinator or based on the clinical opinion of the clinical professionals after reviewing the referral packet.

The clinician is required to arrange to see the child and, where appropriate, the parents within the first 5 working days. The preliminary psychosocial assessment should be completed within two weeks with a request for a psychiatric consultation. If a child is currently taking medication, priority is given to completing the clinical assessment and the psychiatric evaluation.

The clinician works cooperatively with the case manager from the programs and the DYFS case worker coordinating services to the child. A clinic is held after 30 days to devise a treatment plan. The teams for the group homes consist of child care workers, the case manager, house manager, DYFS worker, Program Director, Assistant Director, Clinician, Clinical Consultant and the child. On occasion, the Director of Clinical Services is present at this meeting. The Psychiatric Nurse attends one time per month.

In the case of treatment homes, the team members include all of the aforementioned staff excluding the house manager and child care staff and including the care giver, foster parent/s. At the 30 day clinics, the Strengths and Needs Assessment is completed with the treatment plan. The treatment plan is reviewed every 90 days thereafter following the same service planning procedure.

This procedure is the same for treatment planning in the PATH Group Homes. The only difference is these young children in the PATH Program are not present at the clinic.

As part of team functioning and service planning, level of care is continually assessed. When a higher/lower level of care is suggested, it is with thoughtful consideration of the criteria for such a change. Unequivocal majority agreement among the team members and with legal guardian's consultation, a decision is made. If a referral is sought among Children's Aid and Family

Services, program director of the potential service is also part of the decision making process.

A case is terminated only when a child leaves the home that is supervised by Children's Aid and Family Services and an after care plan is in place.

A client is discharged from Clinical Case Management when the child is discharged from the housing component. Specific discharge criteria can be accessed by reviewing the policy and Procedures Manual for Adolescent Group Homes, PATH Group Homes and Treatment Homes.

REFERRAL/FOLLOW UP

All children who leave Children's Aid and Family Services programs must have an aftercare plan and follow-up activities.

Each program has procedures specific to the nature and responsibilities of its goals. The program staff (case manager) and the clinical staff (therapist/clinician) coordinate an aftercare and follow-up plan with the specific individuals responsible for each element designated and identified. If continued, psychotherapy and psychiatric care is indicated, such needs are communicated to the client, family, adoptive parents, independent living program or other receiving agent. Specific providers are identified when possible and assistance in locating providers is available when necessary.

Children currently stabilized on medication are given prescriptions for one month with one renewal when appropriate (we are aware that psychiatric services are not always readily available in the communities) in order to allow the receiving agent to obtain appointments with psychiatric providers. Psychiatric staff will be available for consultation with receiving providers, with the appropriate consents. If the child requires evaluation of symptoms prior to the initial appointments with other providers, Children's Aid and Family Services psychiatric staff will see the child and adjust medication accordingly until the child keeps the first appointment. If additional advocacy will increase availability of services, Clinical Case Management staff will provide necessary supports.

Discharges from programs are ideally to be planned with reasonable lead time in order to support the child/family to make an effective transition and allow for troubleshooting. Optimally, with the agreement of the client/caregiver, the current therapist and the receiving therapist will have a transfer session to facilitate transmission of identified current and future goals, helping strategies and barriers to success. By the same token, such sessions would be offered to children for whom Children's Aid and Family Services is the identified after care provider.

Final treatment summaries and most recent diagnoses are written and with appropriate consents made available to receiving providers.

5. N/A

6. Staffing

It is the policy of Children’s Aid and Family Services to ensure that employees in Clinical Case Management jobs are appropriately licensed, registered or certified at all times. Verifications of licensing certifications or registrations made upon hire or acceptance of a position and upon expiration of the license, certification or registration.

The Department of Clinical Case Management employs the following staff that is responsible for the provision of clinical services to children in our Child Welfare Program:

	<u>Years of Experience</u>
1) Rose Zeltser, MSW, LCSW – Senior Vice President	25+
2) Betty Hoskins, MSW, LCSW – Director Clinical Case Management, Clinical Supervisor	27
3) Ivy Steinmetz, MSW, LCSW – Asst. Director Clinical Case Management, Clinical Supervisor	22
4) Ebrahim Kermani, MD – Consulting Psychiatrist Supervising Psychiatrist	42
5) Rosemarie Marcus, APNC, RN, Supervising Nurse Practitioner	26
6) Gina Buck, PhD – Clinical Consultant/Clinician	16
7) Yolanda Hawkins-Rodgers, Ed.D – Clinical Consultant/Clinician	26
8) Catherine Newman, RN, MS – Pediatric Nurse Practitioner	27
9) Miriam Ashworth, MA – Staff Clinician	24
10) Dianna Antabian, MA – Staff Clinician	4
11) Sile Dooley, LSW – Staff Clinician	1
12) Peter Lawson, MA – Staff Clinician	4
13) Anna Przywara, LSW – Staff Clinician	1
14) Rosana Gilles, MA – Staff Clinician	1
15) Nicole Frank, MA – Staff Clinician	2
16) Julia MontotoEguino, MA, Staff Clinician	3
17) Maria Varano-Morris, MA, Staff Clinician	8
18) Diane Belfi – Administrative Assistant	40
19) Karen Becker – Administrative Assistant	36

7. Demographic profile of the children:

- Caucasian 10%
- Hispanic 20%
- African American 65%
- Asian 5%

Major language group - English

8. Case records are monitored on a regular basis to insure that the agency is in compliance with required standards for record keeping.

Unofficial chart audits are performed in weekly supervision between the assigned clinician and his/her supervisor. The clinician brings one or two charts to supervision and the chart is reviewed to determine if the required content of the record is complete (see Record Management section). If the case record is incomplete, the clinician is given direction with a time frame to bring the chart within compliance. Upon the next scheduled supervision (weekly), the case will be reviewed to determine the status of the case record and appropriate action is taken.

Official monitoring is done by the Compliance Department. A percentage (12 per quarter) of the clinical case records are randomly selected (2 from each program). These cases are reviewed using the Utilization Review and Quality Assurance Record Review Form.

A clinician not assigned to the case is asked to perform the audit. These audits are collected by the Director or Assistant Directed and sent to the Compliance Department. Upon compilation of the data, a report will be sent to the Director of Clinical Case Management who will review the case and forward to the clinician/supervisor. The supervisor will meet with the clinician responsible for management of the case record to review the chart deficits. Any deficit is noted on the Chart Audit Corrective Action Form. A time frame will be given to make the corrections. Upon completion, the Corrective Action Form will be signed by the clinician and the supervisor and forwarded to the Compliance Department.

9. All approved N/A are included.