

Mental Health 101: How to Navigate New Jersey's Systems of Care

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ABOUT THE AUTHOR

Jennifer has been working in the Mental Health Field for over 16 years. At Acenda, she is a Senior Program Director of Acute Care and Case Management Programs for Gloucester County. She is a NJ Certified Psychiatric Screener and has worked in Crisis, Case Management, and Inpatient Facilities with the Chronic Mentally Ill Population. She is an advocate for ensuring that individuals suffering from SPMI are linked with correct services and maintaining stability in the communities they live. In her many years of working with individuals, families, schools, and other providers she has made a mission to ensure that individuals understand and know NJ's Intricate Mental Health System and are linked to the appropriate treatment to live their best life.

Special Thanks to Lauren Snyder, Senior Program Director for Children's System of Care, Acenda Inc. and Leigh Seeley, LPC, CARES Clinical Supervisor, Trinitas Regional Medical Center. Thank you for having as much passion and knowledge into the specialty parts of this system: children and IDD.

To JoAnne for your wisdom, support and the correct way to manage this system, I will be forever grateful to you.

To Acenda Leadership, specifically Bridget DeFiccio thank you for allowing me to spread my wings in this adventure, "sprinkling me with grace", and supporting my passion of having people understand the system the correct way.

**PROUD TO BE
STIGMA-FREE**

“Yada”- the Hebrew word for Knowledge

This book is written with experiential knowledge. After years of working with families and providers, learning from misunderstandings, educating on the mental health system, and fighting for its purpose, I felt that we need something written with more experiential knowledge versus factual knowledge. We can all read online or be handed a pamphlet about what is offered to us for mental health and wellness, but to have a firm grasp and experiential knowledge into what is being offered is truly a gift that this book hopes to bring you!

NEW JERSEY MENTAL HEALTH SYSTEM

Navigating systems is often difficult to do especially in time of need. The Mental Health System is not as difficult to navigate as one may think if you are knowledgeable of the various services available to you. The goal of this book is to educate you on the varying levels of services available and provide you with a brief description of the programs/services. After reading this book you will have information at your fingertips should you, a loved one, or a person-served have a need for behavioral health services.

Remember that education and knowledge will make your access to this system of care easier. As a community member, provider or family member, your voice is important. Expanding your knowledge and understanding of the system as a whole will enable you to advocate for services you need because you understand the layers of this multi layered system.

The services below are available to all counties across NJ. Although each county's processes may be slightly different you will understand the specific focus of each program.

INTRODUCTION INTO THE MENTAL HEALTH SYSTEM

New Jersey's mental health system is built upon the philosophy of early detection and prevention. Statistical data supports the fact that accessing services early will prevent crisis and improve treatment compliance. As a result of this philosophy both hospital and community programs were developed to provide services to assist those in need. The resource guide will begin with describing the adult system in order of "highest to lowest level of care".

ADULT SYSTEM OF CARE

Psychiatric Emergency Screening: The focus of this program is to provide outreach to individuals who are presenting as a danger to self or others to assess the need for hospitalization or linkage to community-based services. Psychiatric Emergency Screening (PES) is available 24 hours 365 days. Individuals are encouraged to call the office to provide information on the situation prior to a crisis occurring. Remember: Early detection and Prevention can avoid hospitalizations at times. The PES staff is there to discuss situations with you and determine the level of intervention needed. If the outcome is hospitalization, it is very important to understand the different types of commitment.

Prior to describing the commitment types, we will first provide an overview on the NJ Screening Law and PES responsibilities:

New Jersey's Civil Commitment Law requires individuals who are being involuntary committed are given a due process and ability to access a lower level of care. The Psychiatric Screening Team is to be viewed as an

individual's advocate for foundational proof that they need to be hospitalized due to immediate dangerousness to themselves, others, or property. The Screener is called in to assess the individual and determine if their level of stability is immediate dangerousness. There are levels of treatment in place for individuals that are foreseeable dangerous and not immediate (Involuntary Outpatient Commitment will be referred to later). If the person is deemed to be immediately dangerous then the Psychiatric Screening Center will consult with the PES Psychiatrist and start the commitment process. When Involuntary Treatment is the point of discussion the foundation of that level of care should show a person's failure in the least restrictive levels.

TYPES OF COMMITMENTS/ ADMISSIONS

Involuntary Commitment: This is the highest level of treatment. When a person is presenting dangerous to themselves or others and the threat cannot be immediately resolved, PES staff begin the process of commitment which results in the person's civil rights being taken away. This level of treatment requires a Psychiatric Emergency Screener and a Screening Psychiatrist. The team is attempting to seek the lowest appropriate level of care before the highest level is utilized. The commitment process is multi-layered. Ideally the person would be placed on an inpatient Short-Term Unit (STCF) where the STCF Psychiatrist or commonly referred to as the treating psychiatrist will assess the individual. If there is no change in the dangerousness within 72 hours, the STCF Psychiatrist will proceed to fill out a 2nd Physicians Clinical Certificate for the full commitment process. A packet containing

the Screening Certificate, 1st Physicians Clinical Certificate, 2nd Physicians Clinical Certificate and a Temporary Order of Commitment is sent to the County's Adjusters Office to file for the court proceedings. By Law a person is afforded the right to a judicial hearing within 20 days of civil commitment.

The Psychiatric Screening team will educate families and loved ones on the system of care and other programs that are available to them or their loved one to try and prevent hospitalization, if appropriate.

Note: Inpatient treatment is always the last treatment option since it is considered the highest level of care. It is important for individuals and families to understand that inpatient treatment is short term. This level of treatment is to specifically address the dangerous thoughts/ behaviors being experienced by the individual, help gain some insight into the coping skills and provide therapy so discharge can occur. In the state of NJ, the goal is to avoid institutionalization.

Voluntary Consensual: When a person has a history of inpatient treatment, history of not stabilizing in a short-term unit and is willing to accept treatment. This requires NJ Psychiatric Screeners to get involved and access a higher level of treatment, the Short-Term Care Facility. To justify this layer of care the Psychiatric Screener is evaluating the persons insight and ability to understand the curriculum on a voluntary unit. For example, a person who recognizes their need for treatment but is hearing voices that are loud and occupying their thought process the Psychiatric Screening Team will recommend the Voluntary Consensual level of care.

Voluntary Admission: When a person is reaching a point of not feeling safe due to suicidality, psychosis and/or dangerousness and willing to accept/understand treatment options. In order to access this level of service the Social Worker/ Psychiatric Screener will need to present the justification for this treatment layer and offer in-sight to the inpatient unit/ insurance entities as to why other layers of treatment are not appropriate at this time. When on a voluntary admission there is no judicial hearing involved. An individual on this type of admission can sign out after 72 hours, if desired. Also be informed that if the individual demonstrates signs of dangerousness while on a voluntary admission, the treating psychiatrist can petition the court for an involuntary commitment.

Involuntary Outpatient Commitment (IOC): A person can be placed on an IOC Commitment when they are showing evidence of a possibly foreseeable danger and are needing extra support in the community to avoid a hospitalization. Contrary to what the program sounds like it does require insight and input into a treatment that the person being treated needs to agree to. This program requires the same initial treatment of being committed. In this program you are before a Judicial review and supported by an Advocate.

DESCRIPTION OF DIFFERENT PSYCHIATRIC HOSPITAL UNITS

Short Term Care Facility (STCF): The Acute level of inpatient treatment in the Civil Commitment Process. In this level of treatment, we are attempting to change medications, initiate behavioral/mental health interventions. A team of social workers, nurses, and

Psychiatrists will stabilize you and get you to a lower level of treatment. On this level under a civil commitment, you are afforded a public advocate and will be seen before a Judge to determine the reason of loss to your Civil Rights. The STCF Units are usually located in the county of commitment and average a length of stay of 10 days.

Diversion Bed: When a person is not stabilizing in the STCF, the team will then look to move the person into a longer level of inpatient treatment which are referred to as diversionary beds. These beds are funded by the State of NJ to help prevent the State Hospital Admission. The Diversion Beds have up to 30 additional days to provide more interventions and stabilization time for the person. The treatment being given is similar to the STCF. It is a team of Social Workers, RNs, and Psychiatrists wrapping themselves around the person to get them stable for the community programs.

State Facility Admission: The state of NJ's longest level of inpatient treatment. The lower levels of treatment are built around preventing this admission. State facilities are utilized when a person is unable to stabilize through many weeks of an inpatient layer of treatment in the previous levels of inpatient care and the individual still requires hospitalization. It should be rare that a person gets to this level of treatment. The state of NJ has built a foundation on community treatment to prevent a State Hospital Admission. Ancora Psychiatric Hospital is the state facility in the southern region.

RESIDENTIAL SERVICES

Behavioral Health Group Homes: This level of treatment is used for individuals that need specific skill development to live independently. The access into these homes is through the state facility and it is recommended for a person that has difficulty understanding the everyday tasks that are needed for independent living. Things such as cooking, cleaning, public transportation, socialization, and overall personal needs are taught to the person entering the group homes. Group homes are meant to be transitional. They are not to be understood as a permanent place that individuals will always live. There are several levels of groups homes to address where in the independent process individuals are. They are A+, A, B, C, and D. Not all counties have identified levels of housing options.

CASE MANAGEMENT SERVICES

Integrated Case Management Services (ICMS): The program is designed to offer support to individuals that have a mental health disorder and need assistance with connections/linkages to services that will enhance their quality of life and maintain community living and integration. Case Managers will work to educate and assist individuals in securing services through Board of Social Services, Social Security, Medical, Mental Health, Job readiness and housing needs. Case management services are time limited once the person is linked to services. Services are offered on a voluntary basis.

Projects for Assistance in Transition from Homelessness (PATH): This service is similar to the ICMS service with primary focus on housing. The program doesn't provide housing or rental assistance but rather has a rich knowledge into the State of NJ systems of getting stable housing. Individuals in this program are homeless or at risk of homelessness as a result of an identified mental health disability. Case managers will provide support and education on obtaining benefits/services to secure and maintain housing. Case management services are time limited once the person is linked to services and housed. Services are offered on a voluntary basis.

Justice Involved Case Management: This service is similar to the ICMS service with an additional focus on individuals that access the criminal justice system. The goal of the Case Managers in this program is to ensure individuals that have an identified mental health disability and history in the criminal justice system develop the skills they need to stay emotionally healthy and out of the criminal justice system. Case managers will provide support and linkages to needed services. This program is voluntary and time limited.

Supportive Housing (CSS): This program is a support in the community for individuals that need a layer of treatment to stay independent in their own residence. Many individuals in this program have state residential subsidies. This program holds strong to the house first philosophy and that when individuals have a safe place to live, they will then be eager to seek other services that assist them maintaining their independent living.

Programs of Assertive Community Treatment (PACT): The program is an evidence-based treatment modality that shows high success for our most acute chronically mentally ill individuals. The program structure is a hospital without walls and is designed to really wrap a team around keeping an individual out of the inpatient facilities. A PACT Team composition is Psychiatrist, RNs, Clinical Specialist, Mental Health Specialists, Pre-Voc Specialists, Co-Occurring Specialist and Peer Supports. The regulatory guidelines to be referred into this program are specific and priority is given to individuals released from the state hospital. Services are primarily an outreach program but groups and individual therapy is provided to enrolled participants. This program will provide all needed mental health services.

Coordinated Specialty Care Program: This case management program's focus is on individuals that are experiencing an on-set of psychosis. The program uses a team approach to wrap a person with services to keep them engaged in their community, school, employment. The treatment plan is designed to help a person work through the symptoms of psychosis and still accomplish goals they wanted before the onset of symptoms. The program includes therapy, medication education/management, family support, and support in the person's desire for work/education. This program can be offered to individuals 15-35 years of age.

OTHER MENTAL HEALTH SERVICES

Acute Care Hospitalization Program: Think of this level of treatment as hospitalization without walls. Acute Partial Care treatment is used for individuals that have thoughts of harm/dangerousness but are able to offer insight into

them or have moderate/mild symptoms of mental health diagnosis and is willing to get help to address them. This program operates for approximately 4-6 weeks and is a 4/5 day a week program that is supported by Social Workers, RNs, and Psychiatrists. The idea of this program is to prevent the hospitalization level and get the person stable into a lower level of care and maintain community-based living. Acute Partial Hospitalization is a voluntary treatment option.

Partial Care Program: Partial Care programs are commonly known as day programs are designed to help an individual fine tune their skills and social interactions. The partial cares are made up of Psychiatry, Therapists, Pre-Vocational specialists, and Co-Occurring Specialists. The focus of the partial care is to educate individuals on life skills and tools in a more structured environment. Partial Care's length of service is individualized with a lot of focus on goals the person is achieving to becoming independent. This treatment offers mostly group therapy treatment with minimal individual treatment.

Intensive Outpatient Treatment (IOP): This treatment is a step higher than outpatient. It offers the ability for a person to attend two-three days per week and is often 4 hours a day. The treatment team consists of a Psychiatrist and Therapist and offers group and individuals treatment.

Intensive Outpatient Treatment Support Services (IOTSS): This treatment is utilized to prevent hospitalization and has a requirement that the person be seen by a Psychiatrist within 48 hours. The design of this program is to meet the person where they are at and stabilize them quickly so they can attend groups 2-3 days

a week. It includes a team of Therapists and a Psychiatrist.

Certified Community Behavioral Health Clinic (CCBHC):

This treatment is a new funded design by SAMSHA. Its main focus is to avoid unnecessary hospitalizations and rapidly get a person into treatment. The team is made up of Psychiatry, Nurses, Therapists, Care Managers and Peer Supports. It is a short-term outpatient treatment model that is utilized to get the person over a “crisis” and connect them with all the things they may need to stay stable.

Outpatient Counseling: Individual treatment with a therapist and if medications are recommended a psychiatrist. This treatment focuses on Evidence Based Treatments that should outcomes to enhance a person’s life.

Early Intervention Support Services (EISS): This service has “drop-in” options for someone who may be experiencing a crisis and wanting to avoid the Emergency Room. This service is tailored to the persons need and consists of a Prescriber, therapists, and peer supports. The goal is to get the person stable so they can attend a lower level of treatment such as outpatient. This service offers extended hours to fit the needs of the community that it is in.

Supportive Employment Program (SEP): Studies show that when individuals are involved with educational or work, they have more success at staying mentally healthy. Program participants must have a mental health impairment that interferes with maintaining/securing competitive employment without assistance. This

program is designed to have a professional job coach specialist work with you to get you to where you want to be. They will help you build resumes, assist with job placement, provide on-site job coaching, and other interventions that show success when looking and maintaining employment or educational options. This service is funded by State of New Jersey and is free to participants.

Intensive Family Support Service (IFSS): The State of New Jersey funds a program that is for the families and caregivers of individuals that are involved in the mental health system. This program offers support, education, provides respite activities, and other services. The program has support specialists that have key knowledge of the mental health system. They offer individual and group networking support so families can get the help they need when working to keep their loved on stable. The program is free to participants. The IFSS will assist caregivers in accessing local support services like local NAMI and Family Support Centers.

CHILDREN'S SYSTEM OF CARE

Much like the Adult System of Care the Children's System of Care operates by promoting prevention and early intervention to build healthy children. The Children's system of care encompasses many programs that strive to wrap our youth in services they need to become successful adults. The format of this section is similar to the adult section. We will explore the higher levels of service first. To better explain to access to these services we need to first look at PerformCare.

PerformCare is not a level of service but rather a gate keeper into the services that we can access for our children.

PerformCare: This the contracted systems administrator for all behavioral health services available through New Jersey's Children's System of Care. PerformCare can be reached at 1-877-652-7624, 24 hours a day, 7 days a week, to access services for youth up to age 21. Parents, family members, school employees, mental health providers and other professionals helping children and families can contact PerformCare on behalf of a youth in need of a referral. The parent or legal guardian of the child must still give consent for the child to receive services. Upon reaching PerformCare, the caller will speak to a service representative who will take demographic information for the youth. The caller will then be transferred to a Licensed clinician, who will gather information regarding the youth's current needs and will determine appropriate level of care. Family voice is a very important component to the Children's System of Care, and families can and should advocate for services they feel would be beneficial for their child. Services that families

can be authorized/referred to are: Crisis Screening, Children's Mobile Response, a Needs Assessment, or Outpatient service provider.

Children's Mobile Response & Stabilization System

(CMRSS): CMRSS provides timely intervention services to children and youth experiencing escalating emotional and behavioral issues. CMRSS provides face-to-face crisis outreach in the community 24 hours a day, 7 days a week within an hour if needed. Mobile Response workers respond to homes, schools, police stations, and other settings, and work with the youth and their family in developing a plan to keep the child safe and stable within their home. Intervention services include support, de-escalation, coordination with system partners, and linkage to services. Youth can receive Mobile Response services for 72 hours. If the crisis is not resolved and/or stability is not achieved within that time, CMRSS is able to provide stabilization management services for up to eight weeks. Staff help families work towards the ultimate goal of keeping the child stable within his/ her current living environment. Services that CMRSS can link families with include outpatient counseling, Intensive In Community (IIC) Services, Partial Care, Functional Family Therapy, Care Management Organization (CMO), and other county funded programs (availability of services can vary by county).

Children's Crisis Intervention Services (CCIS): The CCIS' are acute inpatient units. These units are to treat youth that are considered a danger to themselves or others. Average length of stay is 7 days. In order to access this level of service the child must be signed into the facility by his/her legal guardian or state representative. If the

child is not stabilizing in this level of care, then the child either has to sign themselves into longer inpatient treatment or the attending psychiatrist will start a child commitment. In the state of NJ, a Child Commitment requires two (2) Psychiatrists and a Judicial Order.

Intermediate Units: This unit is utilized when a child does not stabilize in the CCIS or needs more inpatient care. Each region in the state has a designated intermediate facility. They can stay for up to three-month period with family intervention and school structure provided. These focus on all the acute care symptoms that have not resolved.

Intensive Residential Treatment Services (IRTS): This is a long process that goes before the head of the children's system of care to approve. The review for this treatment needs to show a failure in the other systems of care and the youth shows an inability to stabilize in all the layers of care listed in this guide. This treatment is high structure of living with 24/7 supervision. Length of stay depends on the youth's individualized treatment.

Intensive In Community (IIC) Services: In order to be authorized for Intensive In Community Services, a youth must be open with Children's Mobile Response or Care Management Organization. Intensive In-Community Services provide short-term, intensive behavioral health counseling to youth and their families in their homes or communities, delivered by licensed clinicians.

Partial Hospitalization Program (PHP): When a child requires a high level of service due to having suicidal/homicidal thoughts/actions, behavioral difficulties in the home and school or requires a full team approach with

intensive interventions we will utilize this program. A partial hospital is a 5 day a week program that a child attends other than school. This program works closely with the School District to ensure that the child is still receiving educational instruction while also getting therapeutic/behavioral interventions. A child that has been recently discharged from an inpatient unit will get referred to this program as a step down to community care. This program encompasses not only wrapping the child with services but incorporates the family into the treatment. It is a common requirement of the program to have family sessions/engagement on a regular basis.

Intensive Outpatient Program (IOP): This service is used as a step down from the Acute Partial Hospitalization or Inpatient Units. It is also a level of care for youth that require some more intensive services but not a full partial program. In this program the youth would attend school and then after school attend this program 2-3 times per week. The IOP programs include Therapists and Psychiatrist and focus on a youth's mental health needs.

Functional Family Therapy (FFT): This level of service is approved through PerformCare. The program is family-based community treatment. The goal of FFT is to move both the youth and family towards positive change. This includes family therapy once a week for approximately an hour. It lasts from 9-12 sessions. Most of the referrals for this program come through other Systems of Care like MRSS.

Care Management Organizations (CMO): CMOs are county-based, nonprofit organizations in charge of face-to-face care management. They have full-service

planning for youth and their families who have complex behavioral health needs. The CMO staff sets up the Child/Family Team meetings and creates service plans for each youth and their family. The CMO is the organization that coordinates the organization and delivery of services. It also supports services that help the youth maintain stability.

Family Support Organization (FSO): FSOs are nonprofit, county-based organizations run by families of children with emotional and behavioral challenges. FSOs work together with the CMO, Mobile Response and Stabilization Services, PerformCare, state agencies, and provider organizations to make sure the system is open and responsive to the needs of families and youth. FSOs provides peer support, education, and advocacy to families.

Residential Facilities: There are multiple levels of residential care for kids: Group home/Residential Treatment Care (RTC) or Psychiatric Community Residence. Both residential levels of care are linked through the Care Management Organization.

Group home/RTC: This level of group homes encompasses skill building, therapy and psychiatry. The goal is to get the youth to a lower level of care. This level of service could be transitional housing or reunification with community/family. This level of care is for youth who are more in need of a behavioral level of care

Psychiatric Community Residence: Is a higher level of group home care. It includes kids that have IIC services, partial programs, and inpatient treatment and still show signs of instability in the community. The treatment

includes twice weekly individual treatment, weekly family sessions, weekly psychiatry appointments, and therapeutic groups. The therapeutic groups include allied therapy, emotional regulation and are done at the home throughout the week. This requires a mental health diagnosis. Referrals to this level care often come from IRTS.

Outpatient Counseling: Outpatient counseling is utilized when a youth is struggling with emotional/behavioral challenges. Therapists will use Evidence Based Interventions to engage the youth in emotionally healthy thinking. This is usually the first line of intervention for youth. This service can be short or long term. At times if there is evidence that a youth needs medication intervention most therapists have a relationship with psychiatrists to help facilitate that need. This service is the lowest level of Behavioral Health Care.

INTELLECTUAL DEVELOPMENT DISORDER POPULATION (IDD)

There are different treatment options for this specialized population. Many times, we find that individuals with intellectual disabilities also have mental illness symptoms that take specialized experts to explore. Some individuals are nonverbal, not cognitively able to talk about their struggles and will attempt to “act out” to attempt to get their loved ones to understand something is wrong. The below resources are listed above for adult and children’s populations but added details are included to better understand the system of care for those with Intellectual Developmental Disorders. Understand that any individual under 21 will be considered in the children’s world and over 21 they start to cross into different treatment entities.

UNDER 21 YEARS OF AGE (IDD)

PerformCare: These services can include mobile response, in-home therapy, ABA therapy, and Caregiver support although certain criteria must be met.

Care Management Organization (CMO): Case management for children who qualify. CMO is typically available to cases where there are ongoing behavioral issues that require more support than outpatient alone.

OVER 21 YEARS OF AGE (IDD)

Division of Developmental Disabilities (DDD): This allows for an individual with a developmental disability to access support services. It is helpful to begin the linkage process prior to the age of 21 for a smoother transition although is not immediate. THE INDIVIDUAL

MUST HAVE MEDICAID PRIOR TO APPLYING FOR DDD. An individual would not have a DDD case manager, rather a support coordinator. There are many support coordination agencies available and can be changed at the request of the guardian/caregiver. A tier is given which depicts budget amount for a year. A budget can be reviewed if needed.

CARES: A community-based support for individuals 21 and over who have having psychiatric/behavioral concerns that are outside of their baseline. This service is grant funded and therefore does not come out of an individual's budget. It is a short-term service (up to 120 days depending on clinical need) which provides consultation and recommendations for caregivers on psychiatric, behavioral, and environmental needs. Skills building is also provided to appropriate individuals followed by resources given for longer-term needs. An individual can access this service as many times as needed. CARES also acts as a support for local emergency rooms and psychiatric inpatient units, providing clinical impressions and guidance.

Day Programs: Day programming services for an individual, which can vary of days/times. Due to the change in a fee-for-service model, an individual can attend more than one day program a week although day programs will require a certain number of days a week. There are different day programs throughout the state with different structuring. There are day programs where the individuals stay onsite most of the time, work programs, and community-based programs where individuals are out in the community.

TREATMENT WITHOUT AGE SPECIFICS (IDD)

Group Homes: Placement for adults with ID which can be sought out. Placement is typically not immediate unless under certain circumstances (when the individual is linked to DDD). If not linked, groups home access under DDD is not able to be obtained. Caregivers can request housing via submitting a letter to their support coordinator. Typically, all available support services need to be exhausted prior to housing acceptance.

Respite: There is in-home respite, which is part of an individual's budget. An individual may be allotted a certain number of hours a week depending on their budget. This is an option to choose rather than accessing day programming (individualized support plan) where the individual would have 1:1 staffing throughout the week (hours vary according to budget). Out of home respite is also available although needs to be scheduled in advance.

COMMITTEES IN THE COUNTY FOR YOUR VOICE

County Interagency Coordinating Counsel for Children (CIACC): This purpose of this committee is to identify services and gaps in service through the children's system of care. This committee has representation from CMO, MRSS, State (DCP&P), School, County, Community and Family Representatives. The children's system of care has many partners and this meeting brings us together to ensure that all services are being coordinated through the system of care appropriately.

System's Review Committee (SRC): The purpose of SRC is to ensure that there are no barriers or gaps in treatment through the acute care system. The Acute Care System is defining as: Hospitals, PES, Case Management, and State/County Representatives. This is not an open meeting; however, most county SRC's have a family support person that can be the voice of the community with identified problems or gaps into treatment. Members of this committee include hospitals, case management, PES, Mental Health Administration, and Family Support. This committee reports to the County's Mental Health Board. It also has a strong voice in making change into the Acute Care System.

County Mental Health Board: This meeting is made up of community, state, county and providers. The Systems Review Committee discussed above collaborates with this committee on a regular basis. The purpose of a mental health board is to recognize the mental health needs of its county. This meeting is open to the public however contacting your Mental Health Administrator before attendance is encouraged.

National Alliance of Mental Illness (NAMI): NAMI is a long-standing organization that focuses on support and education of the mental health system and taking a community approach of support. NAMI has a larger state chapter and often times each county will have their own NAMI Division. In these meetings you find support and understanding. NAMI will have events, family support meetings, and other gathering to break down mental health stigma and instill hope in community members that struggle with mental illnesses.

**For additional copies of this book please email:
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NOTES:

