Understanding

The Family Support Organization of Essex County

presents:

the Child Behavioral Health System of Care
THE ESSEX COUNTY CHILD BEHAVIORAL HEALTH SYSTEM OF CARE:
An Introduction
A child with emotional and/or behavioral needs and his or her family

Needs Assessment

- Juvenile Justice System
- Child Welfare System (DYFS)
- Treatment Providers
- Family Court System

Contracted Systems Administrator (CSA)

- Community Based Organizations
- Intensive In-Community Service Providers (IIC)
- Unified Care Management Organization (UCM)
- Family Support Organization (FSO)
- Residential Treatment

Strengths & Needs Assessment

Natural Supports

Education System

Healthcare System

Informal Supports
What is the Child Behavioral Health System of Care and who is DCBHS?

**We:** serve children and adolescents with emotional and behavioral health care challenges and their families.

**We believe:** the family or caregiver plays a central role in the health and well-being of children.
NJ Division of Child Behavioral Health Services

Mission:
Serve youth with emotional and/or behavioral needs and their families through strength-based, individualized, and efficacious services.

Key Components

Perform Care
- **CSA**: Single portal for access to care
- **UCM**: Intensive care management to youth with various levels of needs & their families; assist youth discharged from CCISs, complete 14-day plans

Partnership for Children of Essex (PCE)
- **FSO**: Family-led support for CMO-involved families, community education, warm lines, advocacy

Family Support Organization of Essex County (FSOEC)
- **MRSS**: Crisis planning for youth with behavioral/emotional needs, available 24/7/365
DCBHS Objectives

*We want to keep kids...*

**At Home**
(with their families and not in out-of-home treatment settings)

**In School**
(in their regular school in their school district)

**Out of Trouble**
(not involved with the Juvenile Justice System or at risk of detention or incarceration)
The Role of Assessment within DCBHS

- Assessment Tools
  - Child and Family Needs
    - Appropriate Level of Care
      - Appropriate Services
        - Appropriate Length of Stay
          - Positive Outcomes

Assessment Tools
Who can receive services from the DCBHS System of Care?

• Children and youth between the ages of 5 and 21 who:
  • Live in the State of New Jersey
  • Have emotional or behavioral disturbances
  • Special consideration is given to children under 5
  • Young adults ages 18 to 21 if actively involved with Child Welfare, Child Behavioral Health or Juvenile Justice at the time of their 18th birthday.
Current DCBHS Assessments

**PROVIDERS**

- Crisis Assessment Tool (CAT)
- Needs Assessment (Needs)
- Strengths & Needs Assessment (SNA)

**PURPOSE**

- MRSS
  - DCBHS, DYFS, JJC, & Providers
- Referral, Level of Care Determination
  - UCM, Residential Providers
- Child and Family Team Planning
System of Care Principles

Child & Family Centered

- Team Based
- Accessible
- Strengths Based
- Collaborative
- Outcome Based
- Culturally Competent
- Needs Driven
- Family Involvement
- Individualized
- Flexible
- Home, School & Community Based
How Does This System of Care Affect Families?

Our System of Care is:

• Family-friendly
• Child-centered
• Family-driven
• Strength-based
• Culturally-competent
• Provides Assessment, Case Management and Services
• Successful keeping children at home, in school and out of trouble!
• Utilizes inter-agency cooperation
• Not a program or service
• Not something that you “get,” it's something you “do”
• A process, not a program
• Moves beyond conventional thinking
• Embraces “never give up” philosophy
• Founded on 10 Principles
1. THE FAMILY VOICE AND CHOICE
Your voice needs to be heard; you have choices

2. TEAM BASED
Your team consists of individuals who have an interest in your child the family’s choice.

3. NATURAL SUPPORTS
Any member of your family or community you choose, i.e. relative, friend, neighbor, people from PTA, gym, or social groups
4. COLLABORATION
Team members work together to assure family will receive services and supports.

5. COMMUNITY-BASED
Family team meetings, services and support functions can be held at a location of the family’s choosing i.e. home, church, school.

6. CULTURALLY COMPETENT
We recognize and value differences among families in cultural and ethnic groups.

7. INDIVIDUALIZED
Personalized goals, strategies, supports and services to meet your individual needs.
8. STRENGTHS BASED
Team’s focus is on the strengths of the family

9. PERSISTENCE
Team is committed to reaching our goals - we never give up

10. OUTCOME BASED
Team ties the goals and strategies together and monitors progress
OK…

SO NOW WHAT?
How Can a Family Get Help Through this System of Care?

Families can begin to get help by calling: (877) 652-7624

Perform Care is the company which provides information and referrals to community-based programs that can begin the assessment process.

It is here that a child is registered for help and care coordinators provide authorizations for services.
What to expect when you call DCBHS/Perform Care

Information and Referral
A Care Coordinator is available to assist callers from between the hours of
8 a.m. to 10 p.m.
Monday through Friday
You can also link to Mobile Response and Stabilization Services (MRSS) for emergencies and potential crisis. This service is available 24 hours a day, 7 days a week.
What Happens
When I Call?

The Care Coordinator will ask you questions about your child and his/her challenges.

You will be asked about your insurance and coverage for mental health benefits.
The Care Coordinator then may:

– Call Mobile Response and Stabilization if it is an emergency
– Give you information and referrals to community based mental health programs that can help your child
– Arrange for a licensed professional to come to your home for a more intensive assessment of your child’s needs
– Give you information about the Family Support Organization nearest you
Perform Care will:

• Talk with you regarding your existing insurance plan and any benefits you may be entitled to
• Review your eligibility for benefits through Medicaid or NJ Family Care
• Inform you whether or not you will have to contribute to the cost of your child’s care
• Work with you to find out what coverage you have and what you are eligible to receive
Ok, I've called and talked to a counselor, now what?

Insert SOC timeline
PRESENTING THE

ESSEX COUNTY
CHILD BEHAVIORAL HEALTH
SYSTEM OF CARE

PARTNERS:
• Department of Human Services (DHS)
• Division of Child and Families (DCF)
• Division of Medical Assistance and Health Services (DMAHS)
• Juvenile Justice (JJ)
• Contracted Systems Administrator (CSA)
• Family Support Organization
• Unified Case Management (UCM)
• Mobile Response and Stabilization Services (MRSS)
Supports, Services & Providers in YOUR System of Care

- Perform Care
- Mobile Response and Stabilization Services (MRSS)
- Unified Care Management (UCM)
- Family Support Organizations
- Medication Management
- Home-based Services
- Behavioral Aide Services
- Therapeutic Foster Care
- Therapeutic Group Homes

- Outpatient Psychotherapy
- Residential Treatment Centers
- Crisis Residential Services
- Inpatient Hospital Services
- Day Treatment/partial Hospitalization
- School-based Services
- Respite Services
- Transportation
- Mental Health Consultation
- Information & Resources for Referral
Mobile Response and Stabilization (MRSS)

• Mobile Response is a service which comes out to your home within an hour when there is an emergency.

• They can authorize services which can help your child and family until a case management person is assigned, if necessary.
Care Management

Care management services provide:

• Face-to-face care management
• Comprehensive service planning
• Coordination of child/family team meetings
• Assessing, monitoring and coordinating services
Unified Care Management (UCM)

In Essex County, the Unified Care Manager is Partnership for Children of Essex (PCE).

The unified care management organization provides youth and families with the ability to have their needs met within a single entity for both moderate and intense needs without changing care managers or agencies creating a fluid and uninterrupted receipt of services.

The average time families utilize the services of the UCM are 9-12 months.
Family Support Organizations (FSO)

Family Support Organizations are family-run and community-based agencies that:

Support
Educate
Advocate

Building on the Strengths of Families
Family Support Organizations
Working with Families

- Educate families on their rights and responsibilities
- Provide support groups where families meet
- Advocate to assure families get what they need
- Equip families ensuring their voice is heard
- Encourage families to recognize and appreciate their strengths
- Help families articulate their needs
- Support families in providing feedback to service providers
- Empower families to become their child’s best advocate

Educate ~ Equip ~ Empower
The Family Support Organization (FSO) Mission Statement

- The FSO provides direct, community-based, family-to-family support to caregivers and families with emotional, behavioral, and mental health challenges, that are enrolled in the child behavioral health system of care.

- The FSO works collaboratively as a system partner in planning, organizing, delivering and coordinating needed and appropriate care and resources for children and families.
Core Services of the Family Support Organization of Essex County

- Support
- Education
- Advocacy
- Warm line

By becoming part of a caring community of parents and caregivers, families gain hope, skills, and confidence needed to define and work toward a self-sustainable and empowered future.
Support

- Our culturally competent staff work with families to identify their strengths and build on them while addressing their needs and goals.
- We assist families at critical times such as when a child:
  - is entering a hospital
  - appearing in court
- Meeting with school personnel or other service providers
Educate

- We inform parents/caregivers of their rights, responsibilities and resources that may be available to assist them to reach their family goals.
- Monthly educational sessions are also offered on a variety of relevant topics.
Advocate

- On behalf of the families’ needs, the staff advocate and work to ensure that the rights and preferences of families are heard and honored.
- We promote family voice and choice in the local system of care.
- Promote families to self-advocacy.
Warmline

Provides information, support, and referrals to family members and care-givers

Monday – Friday
9:00 a.m. – 5:00 p.m.
Peer-to-Peer Family Support

- Provided to families who have children enrolled in Care Management Organizations
- Give intense support services to these families when most needed
- Educate families to understand the NJ System of Care
Parents and caregivers who have been where you are now, can share experiences, and assist you in finding your family’s voice.

"We’ve Walked A Mile In Your Shoes."

PEER SUPPORT FOR FAMILIES OF CHILDREN WITH EMOTIONAL CHALLENGES.

973.395.1441  www.fsoec.org

funded by the NJ Division of Child Behavioral Health
Services provided by the Family Partner are:

• Helping you to find solutions that work to reflect your values and are created by you the family

• Assisting you to create a safe environment to express your needs and views

• Encouraging you to persist through difficulties

• Providing knowledge of community services and assisting you to identify friends, neighbors, relatives, providers, and professionals who could serve on your child and family team

• To help meet your family’s needs
Youth Partnership through the Family Support Organizations

New Jersey is the first state in the country to provide funding for Youth Partnership through our Family Support Organizations.

We now have a small army of empowered Youth. They are ready to take on the challenges of adulthood.
Youth Partnership

• The Youth experiencing the System know it from the inside out.
• They bring a unique perspective to the System of Care.
• Family Support Organizations empower young people become advocates for themselves and their own services.
• Youth Partnership activities are provided through the Family Support Organizations.
Your Rights in the System of Care
Your child is enrolled when you sign him/her up for care. As a parent, you also have certain rights. It is the policy of DCBHS that children and their families/caregivers have the right to:
DCBHS
Family Rights and Responsibilities

• Be treated with respect, dignity, and recognition with regard to privacy and cultural sensitivity.

• Receive information about all system partners, and the processes for conducting business.

• Request and receive information regarding their families, care, and clinical records.

• Receive general information about all system partners, if available.

• Expect that all information regarding current or previous services be kept confidential, to the extent allowed by law.

• Participate in a candid discussion with their system partner(s) regarding appropriate options necessary to achieve their family vision, regardless of cost or benefit coverage.
• Refuse to disclose information to the agency or provider to the extent allowed by law.

• Expect that no identifying information will be released without the valid written consent of that child and/or legal guardian on file. This is a right protected by law.

• Be informed of services, benefits, and how to access care.

• Choose and/or change provider(s).

• Receive care in a timely manner.

• Be full partners in every decision regarding the child.
• Openly communicate complaints, grievances or appeals about any system partner/provider regarding any issue without fear of retaliation or of losing their benefits.

• Timely resolution of complaints, grievances, and appeals.

• Have grievances and appeals reviewed by a party not involved in a previous decision regarding the same issue.

• Continue to receive support and assistance until your complaint is resolved.

• Request a Medicaid Fair Hearing.
1. Treatment must be family-driven and child-focused. Families and youth, (when appropriate), must have a primary decision-making role in their treatment.

2. Children should receive care in home and community-based settings as close to home as possible.

3. Mental health services are an integral part of a child’s overall healthcare. Insurance companies must not discriminate against children with mental illnesses by imposing financial burdens and barriers to treatment, such as differential deductibles, co-pays, annual or lifetime caps, or arbitrary limits on access to medically necessary inpatient and/or outpatient services.
4. Children should receive care from highly-qualified professionals who are acting in the best interest of the child and family, with appropriate informed consent.

5. Parents and children are entitled to as much information as possible about the risks and benefits of all treatment options, including anticipated outcomes.

6. Children receiving medications for mental disorders should be monitored appropriately to optimize the benefit and reduce any risks or potential side effects which may be associated with such treatments.
7. Children and their families should have access to a comprehensive continuum of care, based on their needs, including a full range of psychosocial, behavioral, pharmacological, and educational services, regardless of the cost.

8. Children should receive treatment within a coordinated system of care where all agencies (e.g., health, mental health, child welfare, juvenile justice, and schools, etc.) delivering services work together to support recovery and optimize treatment outcome.
9. Children and families are entitled to an increased investment in high-quality research on the origin, diagnosis, and treatment of childhood disorders.

10. Children and families need and deserve access to mental health professionals with appropriate training and experience. Primary care professionals providing mental health services must have access to consultation and referral resources from qualified mental health professionals.
What are notification rights?

• You have the right to know when your child’s service will change or end.

• You will get a notice stating what will change and when.

• It will state the reason that allows the change, your rights, and how to appeal.

  Notice is sent twenty days before service changes.

Sometimes notice is sent the same day as the change. *This happens when:*

• You give written notice that you do not want the service.

• Your child is admitted somewhere that makes him/her ineligible for other services.

• You receive Medicaid from another state.
What is HIPAA?

HIPAA is a federal law. The law's full title is Health Insurance Portability and Accountability Act of 1996.

Included in this law is a provision with the goal of improving:

• efficiency of the health care system, by encouraging the use of electronic information systems
• privacy and security protections for individually identifiable health information
What is "Protected Health Information?"

- past, present or future physical or mental health or condition of an individual
- provision of health care to an individual
- past, present or future payment for the provision of health care to an individual
If you have any questions about HIPAA regulations, call the Information and Referral Access line toll-free at 877-652-7624.
Understanding Your Role

IN THE SYSTEM OF CARE
It's important for families from the beginning to keep focused on the end goal and reasons for them taking part in the system of care. Goal setting, actively participating, staying organized, and informed will greatly assist your navigating this system of care.

Enter with an Exit Strategy

It’s important for families from the beginning to keep focused on the end goal and reasons for them taking part in the system of care. Goal setting, actively participating, staying organized, and informed will greatly assist your navigating this system of care.
• Be an active part of your child’s team
• Be involved in child’s plan
• Be an advocate for your child
• Make a list of the people who support you
• Attend support groups & educational sessions

• Have a crisis plan
• Understand the Impact of your Child’s behavior
• Know your Child’s symptoms and treatments
• Be informed and an active participant of your child’s education
• Provide positive discipline
- “I have agreed to participate in the Care management process.”
- “I want to learn about the Child & Family team that I am forming.”
- “I have friends & family who I feel comfortable inviting to serve on my team.”
- “I know what my family vision is and I have identified our strengths & needs.”

- “I am committed to the plan of action (ISP Tasks).”
- “I am actively working on the plan.”
- “We have achieved at least one goal on our plan.”
- “I speak up at child family team meeting to make sure my voice is heard.”
- “I am actively involved in resolving additional issues.”

- “I am a strong advocate for my child and family.”

- “I want to help empower other families.”

- “I want to have an impact on the system of care.”
The System of Care: LEVELS OF SUPPORT

INTENSIVE

(FSO relationship begins and there is a continual presence and source of support, education and advocacy.)

MODERATE

(FSO will continue ongoing support at meetings and phone calls. Transitions family toward the journey of self advocacy)

SUPPORTIVE

(Transitioning off the child-family team as formal support.)
Finally, you choose where to hold the Child & Family team meetings. It can be at your home, child’s school, a family member(s) home or at the office of the FSO or PCE. The meeting can be in the morning, evening, or weekend. Again, it’s your choice.

Q: What do the following all have in common?

- Close Relatives
- Friends
- Neighbors
- Psychiatrists
- Faith-Based Leaders
- Coaches
- Teachers/School Counselor
- Mentors
- Therapists
- Big Brother/Sister

A: They COULD make up your Child & Family Team (if you wanted them to)…

5 or more members make the best teams. Especially those with more “natural” and fewer “formal” supports.
This diagram depicts what a child and family team could look like; with your family’s journey being the focus.
Getting ready for your plan:

QUESTIONS YOU SHOULD BE ABLE TO ANSWER ABOUT YOUR CHILD

What do you hope that this plan will help accomplish for your family?

What do people like and admire about your child?

What is important to him or her?

What are the characteristics of people who support your child?

What other people need to know or do to help your child stay healthy and safe?
As a team you will create an Individual Service Plan (ISP) for your family. An Individual Service Plan puts into writing what every Team member will do to help your family.

Your first Plan will be made within the first 30 days that you are involved with Care Management.

The ISP includes:
- the services you’ve chosen
- a Crisis Plan
The Strength & Needs Assessment (SNA)

It creates benchmarks & allows for changes and modifications to the services you receive
The Strength & Needs Assessment (SNA) is a planning tool that is used with families and children with intensive needs. It can also be used to:

- Develop the Individual Service Plan (ISP)
- Determine the child’s level of care
- Measure progress

The child, family, and the team will work together to identify your strength and needs.

When are Strength and Needs Assessments done?

A SNA is completed with the family on a regular basis.

If changes are made to the ISP a SNA is also done. A copy of the SNA will be mailed to the family along with the ISP.
• The family along with assistance from PCE and FSO will form a safety plan.
• This plan will be used if something happens that makes you feel unsafe.
• This plan will help you recognize a situation that may become a crisis.
• This Crisis Plan will be made known to everyone on the team.
• This plan will be updated at the Child and Family team meetings.
• This plan must be completed within 7 days of being enrolled in the system of care.
If a crisis occurs after hours call:
Partnership for Children of Essex (PCE)

973-323-3000

PCE will review crisis and make any necessary calls for additional help
A child with emotional and/or behavioral needs and his or her family

Natural Supports
Education System
Healthcare System
Informal Supports

Needs Assessment
Juvenile Justice System
Child Welfare System (DYFS)
Treatment Providers

Family Court System

Contracted Systems Administrator (CSA)

Strengths & Needs Assessment
Unified Care Management Organization (UCM)
Family Support Organization (FSO)
Intensive In-Community Service Providers (IIC)

Residential Treatment

Community Based Organizations
Faith-Based Organizations
Barriers to the System of Care

• System of Care is relatively new
• Stigma
• Peer-to-Peer family support only fully funded for families in Care Management
• Families who have children with mental health needs have been mobilized for a short time
• Frequent administration changes has caused slow downs
What if I have a concern or complaint to the quality of services being received?
Troubleshooting & Self-Advocacy Strategies

Problem Solving:

• Families should expect to be informed of the steps in the process and timeline for resolution

• Go to the person or agency you have a disagreement with and try to work it out

• Putting your concerns in writing is not required but it may help- use the situation-assessment of the problem and proposed resolution approach – give an example.
Who to contact:

**Issues Regarding:**

**Specific Youth**

**Admission to Out Of Home Care**

**System Integration**

**Contact:**

Case Management Entity

- Care Manager
- Supervisor
- Executive Director/CEO

Alan Vietze @ (609) 292-4741

AOC so that DCBHS can work collaboratively on solutions
When you have a concern about the quality of services in the system, you have the right to complain about that concern. Your child’s care will not be affected. The first thing to do is address the complaint with the person or agency that the concern is with. If you are not satisfied with the result after going through their process, you may file a complaint with the DCBHS. This is done by submitting a complaint to:

NJPFC
Perform Care
300 Horizon Drive
Trenton, NJ 08691
Toll-free: (877) 652-7624
Fax: (877) 736-9166
TTY: (866) 896-6975
(M-F 8:30 am—5:00 pm)
customerservice@performcarenj.org
Medicaid Grievances

Fair Hearings are handled by the Office of Legal and Regulatory Liaison.

DCBHS *Reconsideration* automatically begins and can resolve the issue more quickly than it takes a Medicaid Fair Hearing.

You do not have to request this process—it is automatic.

If you can resolve the issue through the DCBHS Reconsideration process, you may decide that the Medicaid Fair Hearing is not necessary.

If so, you may opt to withdraw, in writing, the request for the Medicaid Fair Hearing at that time.
Concerns with the FSO

The Family Support Organization of Essex County wants your family to receive the best quality service. If ever you need to voice a comment, question, or concern you can follow these steps:

1. Contact your family partner

2. If you are not satisfied call the Family Partner Supervisor
   *The supervisor has 48 hours to address your concern.*

3. If you are not satisfied, the next step is to contact the Executive Director of Family Support Organization of Essex County.

   *(973) 395-1441*
Strategies for the BIG PICTURE

- Education – Families become trainers and co-trainers
- Meaningful family participation at all levels:
  - Policy
  - Management
  - Service delivery
- Family Movement bringing culturally diverse people to the table
Last Minute Tips:

• Family records should include:
• Summary of meetings regarding your child
• Copy of compliant
• All contact regarding the issue decision
• Information showing date and time of when the complaint was filed, reviewed and responses, actions taken, notices sent and resolution offered.
Additional Resources
Resource Phone Numbers
If you need information about applying for
Medicaid
call:
Toll-free: 1-800-356-1561
Monday—Friday 8:30 am—4:30 pm
For information about applying for
NJ Family Care
call:
Toll-free: 1-800-701-0710
TTY (for the visually impaired):
1-800-701-0720
(Mon. & Thurs. 8:00 am—8:00 pm;
Tues., Wed., & Fri. 8:00 am—5:00 pm)

Resource Publications
New Jersey Department of Human Services
Division of Child Behavioral Health Services (DCBHS)
Child and Family Guide
2004
Resources on the Web

- Administration on Aging (AoA) http://www.aoa.gov
- Administration for Developmental Disabilities (ADD) http://www.acf.hhs.gov/programs/add/
- Agency for Healthcare Research and Quality (AHRQ) www.ahrq.gov
- Assistant Secretary for Planning and Evaluation (ASPE) http://aspe.hhs.gov
- Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/
- Centers for Medicare and Medicaid Services (CMS) http://cms.hhs.gov
- Health Resources and Services Administration (HRSA) http://www.hrsa.gov/
- Substance Abuse and Mental Health Administration (SAMHSA) http://www.samhsa.gov/
# Community Services

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<tr>
<th>Organization</th>
<th>Website</th>
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<tbody>
<tr>
<td>Newark Emergency Services for Families, Inc</td>
<td><a href="http://www.nesfnj.org">www.nesfnj.org</a></td>
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<tr>
<td>New Jersey Department of Labor</td>
<td><a href="http://www.nj.gov/dol">www.nj.gov/dol</a></td>
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<tr>
<td>American Red Cross</td>
<td><a href="http://www.redcrossmetronj.org">www.redcrossmetronj.org</a></td>
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<tr>
<td>Maplewood District Office</td>
<td><a href="http://www.state.nj.us/humanservices/dyfs">www.state.nj.us/humanservices/dyfs</a></td>
</tr>
<tr>
<td>East Orange District Office</td>
<td><a href="http://www.state.nj.us/humanservices/dyfs">www.state.nj.us/humanservices/dyfs</a></td>
</tr>
<tr>
<td>Newark District Offices</td>
<td><a href="http://www.state.nj.us/humanservices/dyfs">www.state.nj.us/humanservices/dyfs</a></td>
</tr>
<tr>
<td>Bloomfield District Office</td>
<td><a href="http://www.state.nj.us/humanservices/dyfs">www.state.nj.us/humanservices/dyfs</a></td>
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<tr>
<td>Saint James Social Services</td>
<td><a href="http://www.stjamesame.org">www.stjamesame.org</a></td>
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<tr>
<td>The Urban League of Essex County</td>
<td><a href="http://www.ulec.org">www.ulec.org</a></td>
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ACTIVITIES

American Museum of Natural History  www.amnh.org
Art 4 Kidz Program  www.art4kidzprogram.com
Boys & Girls Club of Newark  www.bgcn.org
Girl Scout Council  www.gdcgehc.org
GlassRoots  www.glassroots.org
New Jersey Historical Society After School Program  www.jerseyhistory.org
East Orange YMCA  www.metroymcas.org
New Jersey Performing Arts Center  www.njpac.org
## Additional Community Links

<table>
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<tr>
<th>Organization</th>
<th>Website URL</th>
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<tr>
<td>Assn for the Advancement of Inner City Communities</td>
<td><a href="http://www.aaicc.org">www.aaicc.org</a></td>
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<tr>
<td>Above the Rim, Inc.</td>
<td><a href="http://www.aboveteheriminc.org">www.aboveteheriminc.org</a></td>
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<tr>
<td>MakeKidsCountNJ</td>
<td><a href="http://www.acnj.org">www.acnj.org</a> or <a href="http://www.kidlaw.org">www.kidlaw.org</a></td>
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<tr>
<td>Alliance for the Disabled in Action</td>
<td><a href="http://www.adacil.org">www.adacil.org</a></td>
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<td>African Globe Studios</td>
<td><a href="http://www.africanglobe.com">www.africanglobe.com</a></td>
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<tr>
<td>AIDS Resource Foundation for Children</td>
<td><a href="http://www.aidsresource.org">www.aidsresource.org</a></td>
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<td>Children's Aid and Family Services Inc.,</td>
<td><a href="http://www.cafsnj.org">www.cafsnj.org</a></td>
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<td>Community Access Unlimited</td>
<td><a href="http://www.caunj.org">www.caunj.org</a></td>
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<td>Ironbound After School</td>
<td><a href="http://www.ironboundccc.org">www.ironboundccc.org</a></td>
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<td>Ironbound Children’s Center</td>
<td><a href="http://www.ironboundccc.org">www.ironboundccc.org</a></td>
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<td>Mental Health Links</td>
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<td>Child and Adolescent Bipolar Foundation</td>
<td><a href="http://www.bpkids.org">www.bpkids.org</a></td>
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<td>Teens and Depression</td>
<td><a href="http://www.depressedteens.com">www.depressedteens.com</a></td>
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<td>Mental Health Association of NJ</td>
<td><a href="http://www.mhanj.org">mhanj.org</a></td>
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<td>Additional Information/Education</td>
<td><a href="http://www.nj211.org/">http://www.nj211.org/</a></td>
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<td><a href="http://www.state.nj.us/humanservices/children.html">http://www.state.nj.us/humanservices/children.html</a></td>
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<td><a href="http://www.ffcmh.org">www.ffcmh.org</a></td>
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<td><a href="http://www.nami.org">www.nami.org</a></td>
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<td>NJ Dept of Human Svcs.</td>
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<td><a href="http://www.preventchildabusenj.org">http://www.preventchildabusenj.org</a></td>
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<td>Essex County Family Magazine</td>
<td><a href="http://www.mhaessex.org">www.mhaessex.org</a></td>
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<td>Child &amp; Family Web Guide</td>
<td><a href="http://www.njfamily.org">www.njfamily.org</a></td>
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<td><a href="http://www.cfw.tufts.edu/">http://www.cfw.tufts.edu/</a></td>
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New Jersey Division of Child Behavioral Health Services is Working to Insure that Our Children with Challenges Today Will Be Productive Members of Our Society Tomorrow!
“Parent involvement is not some kind of fad that will pass: it is the core of systems change. It is the only thing that can make true reform in human services”

Naomi Karp
Welcome to Our System of Care!