

NJ Children's *System of Care*

Administered by **PerformCare** Behavioral Health Solutions | An AmeriHealth Mercy Company

Youth & Family Guide

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The information in this handbook is available in other languages and formats by calling Member Services at **1-877-652-7624** or **TDD: 1-866-896-6975**

The information in this notice is available in other languages and formats by calling Member Services at **1-877-652-7624** or **1-866-896-6975** (TTY).

Muốn biết thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dòch Vui Hoãi Vieân số **1-877-652-7624** hay số dành cho người khiếm thính giảm **1-866-896-6975** (TTY).

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Welcome to PerformCare

As the parent/legal guardian of a child, youth or young adult (referred to as youth in this handbook) enrolled in PerformCare, we are very excited about helping your youth and family get necessary services. This guide is designed to help you get the care that your youth needs. The information in this guide is about the behavioral health services (when we say behavioral health we are talking about behavioral, mental health or emotional challenges) available to your youth.

Call PerformCare at 1-877-652-7624 if you have any questions about the information found in this guide.

Things to remember:

- You can call us anytime (24 hours/day, 7 days/week) and we can help explain information found in this guide.
- If needed, we can provide this guide (or any part of it) to you in Spanish, Braille or large print.

Who is PerformCare?

- PerformCare functions as the single point of access of your youth into the Children's System of Care.
- PerformCare works for the Division of Child Behavioral Health Services (DCBHS) to coordinate the care your youth needs.
- PerformCare is interested in making sure that the services you access for your youth actually work and help your youth to get better.
- You can call PerformCare at any time and count on us to serve as a source of information and referral: **1-877- 652-7624** (TDD: **1-866-896-6975**). Remember, this is a toll-free call!
- Our clinical staff assesses the needs of your youth.
- Parents, family members, school employees, mental health providers, and other professionals helping children and families may contact PerformCare on behalf of a youth in need of a referral. **Remember, however, the parent/legal guardian of the youth must give consent for services.**

Examples of our responsibilities include:

- Providing 24-hour/day, 7 days/week availability.
- Coordinating access to services for all eligible youth.
- Helping youth obtain any necessary specialized behavioral health services.
- Supporting the DCBHS goals of promoting best practices and assisting the state in assuring compliance with state and federal guidelines.
- Offering complaint, reconsideration, and appeal processes.

Most of all, we at PerformCare want you to know that we are here for you! Our role is to help your youth get quality services at a time when your youth needs them.

Who Can Get Services?

- Youth eligible for services through PerformCare are primarily between the ages of 5 and 21 (up to his/her 21st birthday), reside in the State of New Jersey, and have an emotional, mental health or behavioral need.
- Special consideration for services will be given to youth under age 5.

Benefits and Services

PerformCare is available to assist you 24 hours/day, 7 days/week. This means you can talk to a PerformCare representative when it is convenient for you. You can expect to be listened to, treated with courtesy and respect, and be connected to services in the community that can best help your youth.

We have staff members at PerformCare who speak languages other than English. We also have translators available to help us better serve your youth. PerformCare can also help if your loved one has trouble seeing or hearing.

Do I Pay for Services?

There is no charge for calling PerformCare. The services we recommend are *authorized* without regard to income, private health insurance or eligibility for Medicaid/NJ FamilyCare or other health benefits programs.

Many services are covered by Medicaid. However some programs may charge a fee. PerformCare representatives will ask you for information about your healthcare coverage.

Getting Help for Your Child, Youth or Young Adult

Call PerformCare about your youth if:

- You are worried about an emotional or behavioral problem, or
- A trusted person, like your friend, a family member, a teacher or counselor, your doctor, or your clergyman, thinks your child, youth or young adult needs help

From the information you provide, a PerformCare representative will help determine what services will best meet the needs of your youth. Here are some possible next steps.

Needs Assessment

If you are told that your youth requires an assessment, here is what to expect:

- Within 3 calendar days of your phone call to PerformCare, a licensed clinician will call to schedule an appointment to discuss your youth's and family's needs.
- Within 1 week after you set the appointment, the clinician will meet with you to complete an assessment and make recommendations regarding what services best fit your family's needs. This assessment will be sent to PerformCare.
- Within 10 business days from the date of the appointment, PerformCare will review the assessment and make a determination regarding the type of service(s) to be provided.
- Within 3 business days following the review and determination, the provider(s) authorized by PerformCare will contact you.
- If services are not authorized by PerformCare you will be notified in writing. PerformCare will provide you with information on how to contact us if you disagree with this decision and would like to file a reconsideration or appeal.

Referral to Outpatient Services

If you are told that your youth can benefit from counseling at a local outpatient center, here is what to expect:

- You will be asked if you have private health insurance or are covered by Medicaid.
- If you are covered by private health insurance you will be asked to provide a few details about your insurance (for example, Insurance Company, Group Number, Member Number)
- You will be asked to contact your Insurance Company to see what behavioral health benefits your plan covers.
- PerformCare will provide you with the name and phone number of licensed outpatient centers in your area.

Emergency Services

Basically, an emergency is any serious behavioral health problem that, if not dealt with right away, could lead to your youth being harmed or possibly harming someone else. If you have an emergency situation involving your youth, you should get help right away! Trained staff is available to assist you immediately.

For a life threatening emergency, always remember to call 911.

If it is not a life threatening emergency, PerformCare will ask a series of questions that will help determine how to help you. PerformCare may authorize Mobile Response Stabilization Services to come to your home and provide face-to face crisis services, or refer you to the local screening center. If you are involved with a Care Management Organization (CMO) or a Unified Care Management Organization (UCM), PerformCare will call them to let them know about your crisis. The CMO/UCM will call you back to support you through your emergency.

Support for Families

Family Support Organizations (FSOs) are family-run agencies designed to help families who have a youth with an emotional, behavioral, or mental health challenge learn more about the services that are available. Many FSOs also offer support groups and educational programs, which are available for all families. These groups and programs can help your family handle day-to-day situations and better understand the system.

A listing of FSOs across New Jersey is included in this guide. We have included it so that you can easily find the FSO near you. Please contact the FSO serving your county for more information (see page 18).

Children's System of Care Partners

Parents/legal guardians of youth who use behavioral health services are often interested in knowing how the “system” works. “System” refers to the array of services and care that is in place to help parents/legal guardians care for their youth. It is important for you to know:

- who makes up the children's “system” of care.
- what the system offers.
- how the services, supports, and advocacy offered helps your youth and family.

The Children's System of Care Initiative adopted by DCBHS was developed through the joint efforts of families, providers, advocates, and other stakeholders across the state. It is based on basic principles designed to create a children's service delivery system that:

- increases access to services and supports.
- empowers parents and guardians in seeking care and positively impacting the system to improve it.
- assures the ability of families to share their ideas, concerns, needs, and suggestions.
- enhances the integrity and quality of family and community life.

Through an organized system of care, DCBHS is committed to providing emotional and behavioral health care services that are:

1. clinically appropriate and accessible, without regard to income, private health insurance or eligibility for Medicaid/NJ FamilyCare or other health benefits programs;
2. individualized, reflecting a continuum of services and/or supports, both formal and informal, based on the unique strengths of each youth and their family;
3. provided in the least restrictive, most natural setting appropriate to meet the needs of the youth and their family;
4. family-driven, with families engaged as active participants at all levels of planning, organization, and service delivery;
5. community-based, coordinated, and integrated at the community level with the focus of services as well as management and decision-making responsibility resting at the community level;
6. culturally competent, with agencies, programs, services, and supports that are responsive to the cultural, racial, and ethnic differences of the populations they serve; and
7. protective of the rights of youth and their families.

The following is a list of the Children's System of Care Partners who (along with parents, guardians, and advocates) work to make things better in the system:

Care Management Organizations (CMO) are county-based, non-profit organizations that are responsible for face-to-face care management and comprehensive service planning for youth and their families with intense complex needs. They coordinate the Child/Family Team meetings and implement plans for each youth and their family (called an Individual Service Plan or ISP). The CMO provides a single point of accountability for the organization and delivery of services and supports needed to maintain stability for each youth.

Family Support Organizations (FSO) are non-profit organizations run by families of children in that county with emotional and behavioral challenges. FSOs work collaboratively with the CMO, Mobile Response and Unified Care Management, Youth Case Management, CSA, state agencies, and provider organizations to ensure that the system is open and responsive to the needs of families and youth. The FSO provides peer support, education, advocacy, and system feedback to families. They ensure that the key values of the DCBHS are upheld.

Mobile Response & Stabilization Services (MRSS) are provided to youth who exhibit emotional or behavioral challenges that may jeopardize their current living arrangements. They provide face-to-face crisis response within 1 hour of notification. The goal is to stabilize behavior and prevent loss of ability to remain in the home. Families of youth discharged from a psychiatric screening center are automatically eligible for MRSS, if desired. MRSS is available 24 hours/day, 7 days/week and can offer up to 8 weeks of stabilization services.

PerformCare is the CSA for DCBHS. PerformCare assists DCBHS by authorizing, tracking, and coordinating care and service outcomes for youth, providing reporting and information technology, and coordinating quality management. The CSA maintains a single electronic record for each youth. Utilizing a statewide directory of resources, the CSA serves as a source of information and referral to children and families over the phone.

Unified Care Management (UCM) means a community-based entity under contract with DCBHS that combines advocacy, service planning and delivery, and care coordination into a single, integrated, cross-system process in order to assess, design, implement, and manage individualized service plans for youth whose needs require either intensive or moderate care management that cross multiple service systems. UCMs provide the level of care coordination that is provided separately by CMOs and YCMs in other areas of the state.

Youth Case Management (YCM) offers face-to-face services for moderate-to serious-risk youth who do not meet the intensive care requirements of the CMO. Services include assessing, monitoring, and coordinating services to enable youth to participate fully in their own communities.

For more information about the DCBHS system of care you may visit the DCBHS website at <http://www.state.nj.us/dcf/behavioral/>.

Rights & Responsibilities of Youth and their Families

Your youth is entitled to certain rights when you sign him/her up for care. As a parent/legal guardian, you also have certain rights.

It is the policy of PerformCare and DCBHS that youth and their families have the right to:

- 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.
- 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 youth and/ or parent/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. Timely manner applies to best practices and timelines established within DCBHS. These timelines are part of the information available to all youth and their families.
- 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.
- 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. Contact the Medicaid Office of Legal and Regulatory liaison for more information on Fair Hearings: 1-609-588-2656.

What Are Notification Rights?

You have the right to know when your youth's service will change or end. If this happens, 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 the decision if you disagree with it. A notice is sent 20 days before a service changes. Sometimes notice is sent the same day as the change. This happens when:

- you, as the parent/legal guardian of the youth (and/or your youth, if applicable) give written notice that you do not want the service for your youth.
- your youth is admitted somewhere that makes him/her ineligible for other services.
- your youth receives Medicaid from another state.

Health Insurance Portability and Accountability Act (HIPAA)

What is HIPAA and why all the fuss?

HIPAA is a federal law. The law's full title is Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to help employees take their health benefits with them upon a move from one employer to another. The law also includes 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?"

HIPAA's privacy regulations require protection of individually identifiable health information. The regulations define "protected health information" as information that relates to the:

- 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.

Protection applies to information collected from the individual or received or created by a health care provider, health plan, health care clearinghouse, or employer, and is maintained or transmitted in any form or medium.

What information must be protected?

A wide range of information is considered personal, and therefore protected, health information. This includes but is not limited to:

- the fact that someone received treatment.
- claims information.
- clinical information.
- demographic information in the context of health care.

There is no distinction between clinical and other types of information. All are protected under the law.

Why all this concern about privacy?

In the age of electronic databases, privacy is an increasing concern for many people. The protections provided in the privacy rule have 3 goals:

- to give individuals greater control of their personal health information.
- to limit what others can do with protected health information.
- to safeguard individually identifiable health information.

Knowing that personal health information is protected should increase trust between individuals and those who provide and pay for their care.

Individual Control of Health Information

HIPAA gives individuals rights that increase their ability to control access to their protected health information. All individuals have a right to:

- obtain a Notice of Privacy Practices.
- inspect or receive a copy of information that health plans and providers use for making decisions about them.
- know who has seen their health information for non-routine purposes.
- request confidential communication of their protected health information.
- give explicit permission for use of their information for purposes other than treatment, payment, and health care operations.

Information Regarding the Notice of Privacy Practices

A Notice of Privacy Practices must be provided to tell individuals what information is collected about them and how that information is used. This Notice must be:

- provided to new families upon enrollment.
- made available to families for review every 3 years following initial enrollment, and annually in some states.

Information Regarding the Designated Record Set

Individuals have the right to inspect or copy the information used to make decisions about them. This information, called the Designated Record Set, includes:

- enrollment.
- payment.
- claims adjudication.
- case or medical management records.
- any other records used for making decisions about the individual.

Records held by PerformCare and other business associates of DCBHS entities are considered part of the Designated Record Set. The individual has the right to inspect the entire Designated Record Set or any protected health information within the Designated Record Set.

Making Amendments

Families may believe that there are errors in the information in their Designated Record Set. If so, the family has the right to request an amendment so that additional information is included in the record. If treatment is made based upon such a request, everyone who might need to know about it will be notified. This may include insurance companies or providers that treat the youth.

Routine Use of Information

Although system partners have individual information about the youth in the DCBHS, they are not free to use it for any purposes they choose. That information may only be used to conduct the routine activities of, payment and health care operations, such as:

- coordinating care between providers or between a provider and a health plan.

- submitting or paying claims.
- reviewing utilization patterns.
- improving clinical services.

Non-routine Disclosure of Information

If the protected health information of a youth is shared for any other reason than conducting routine activities, the agency sharing the information must:

- obtain an individual Release of Information Authorization (unless required by law or regulation).
- record the disclosure.
- be prepared to provide an accounting of such disclosures, if asked.

Examples of non-routine disclosure include:

- collecting data for marketing, fundraising, or research purposes.
- releasing information to employers for employment-related decisions.
- reporting suspected child or elder abuse or neglect.
- responding to a subpoena or other legal request.

If a disclosure is required by law or regulation, a release is not needed but the disclosure must still be recorded.

Department of Children and Families

The Division of Child Behavioral Health Services (DCBHS) is a Division of the Department of Children and Families (DCF). DCF personnel have access to the records of individuals being served by DCF on a need to know basis. This includes, but is not limited to, access by the Division of Youth and Family Services in accordance with N.J.S.A. 9:6-8.40 which authorizes the release of records where DCF receives a report or complaint that a child may be abused or neglected; when the department provides services to a child; or when the department receives a request from the Superior Court, Chancery Division, Family Part to investigate an allegation of abuse or neglect.

Confidentiality Laws and Regulations

It is a requirement to adhere to all confidentiality and release of information laws and regulations. The following are some of the key laws and regulations that protect your information. Records are protected under Federal (42 CFR P 2), HIPAA (42 U.S.C. 1301 et seq., 45 CFR 160 & 164), State statutes (N.J.S.A. 30:4-24.3, 9:6-8.10a, and 9:6-8.40), and regulations (N.J.A.C. 10:37-6.13 et seq.).

Substance Abuse and HIV/AIDS Information

To release substance abuse and/or HIV/AIDS related information, there are specific requirements including that the individual requesting the release of information must state the purpose of the disclosure.

The Release of Information Authorization

Except when information is used for routine purposes, a Release of Information Authorization must be obtained from the parent/legal guardian and/or youth where applicable. This release must include:

- a description of the information that will be used or shared.
- with whom the information will be shared and for what purpose.
- when or why the release will expire.
- a statement that the release may be revoked at any time and that care will not be denied upon refusal to provide a Release of Information Authorization.

Consent Rights of Youth Ages 14 and Older

Where a minor at least 14 years of age or older is receiving services provided through DCBHS, written authorization by the minor is required to release information to a parent/legal guardian or third party. Where more than one person in a family is receiving services provided through DCBHS, any release of information is prohibited without written authorization by each family member who is at least 14 years of age or older. Absent a written authorization of each family member 14 years of age or older, a provider shall not disclose any information received from any family member.

What If I Have a Complaint?

PerformCare is responsible for resolving complaints for DCBHS. When you have a concern about the quality of services in the system, you have the right to file a complaint. Your youth's care will not be affected by your complaint. Your first step is to address the complaint with the person or agency with which you have the concern. If you are not satisfied with the result after going through their review process, you may file a complaint with the DCBHS. In order to accomplish this, submit a complaint in writing to:

PerformCare
300 Horizon Center Drive
Suite 306
Robbinsville, NJ 08691
Fax: 1-609-689-6261
TTY: 1-800-701-0720

You may also call PerformCare toll-free at **1-877-652-7624**.

If you continue to have a concern about the care of your youth, such as a disagreement in what services are offered, a change in the type or amount of services, or a denial or termination of services you may be eligible to request further review of the situation. PerformCare staff is available to assist you in this process. The type of dispute resolution to which a youth or family is entitled varies depending upon the services for which the youth or family is eligible.

The different types of dispute resolution are described below.

Medicaid and NJ FamilyCare-Plan A

If the youth is enrolled in Medicaid or NJ FamilyCare – Plan A, an opportunity for a fair hearing will be granted to all claimants requesting a hearing because their claims for medical assistance are denied or not acted upon with reasonable promptness, or because they believe the Medicaid Agent of NJ FamilyCare Plan-A program has erroneously terminated, reduced, or suspended their assistance. Claimants have 20 days from either the date they receive notice from the Medicaid Agent or of the NJ FamilyCare program action in which to request a hearing. You can contact the Medicaid Office of Legal and Regulatory Liaison for more information on Fair Hearings at 1-609-588-2656. When you request a Medicaid Fair Hearing, a DCBHS Reconsideration will automatically begin. This is a less formal process that is designed to help you resolve the issue more quickly than the Medicaid Fair Hearing process. You do not have to request this process—it is automatic. If the issue can be resolved through the DCBHS Reconsideration process, you may opt to withdraw the request for the Medicaid Fair Hearing.

NJ Family Care – Plans B, C, and D

If the youth is enrolled in NJ FamilyCare – Plans B, C, or D and you feel the youth has been denied services to which you feel he/she is entitled, you have the opportunity to request a grievance review of the situation. A request for a hearing and a brief explanation of the situation should be sent to:

NJ FamilyCare-Children's Program
PO Box 4818
Trenton, NJ 08650-4818

Youth Receiving Services through DCBHS

If the youth is not eligible for Medicaid, NJ FamilyCare, or any other Medicaid administered health benefits program and is receiving services through DCBHS and you have a concern about a Division action, you are entitled to appeal that Division action. You must appeal within 30 days of notice of that Division action, or within 30 days of learning of the Division action if notice was not received. You must submit a written request for an agency review to:

Director, Division of Child Behavioral Health Services
P.O. Box 717
Trenton, NJ 08625-0717

Your written request must include the following:

- Name and address of the person submitting the appeal
- Name and address of the youth receiving services through DCBHS, if the request for an agency review is made by the youth's legal guardian or authorized representative
- A brief statement of the matter under agency review
- Reference to the law, rule, regulation, or policy alleged to be violated, if known
- Any information the appellant believes would support the request for agency review

1-877-652-7624

(TTY: 1-866-896-6975 for people with partial or total hearing loss)

www.performcarenj.org

If you would like more information, or have questions, please call the Information and Referral Access line toll-free at 1-877-652-7624.

Reconsiderations

A Reconsideration is a process that is designed to help you resolve issues more quickly than the Medicaid Fair Hearing process, the NJ FamilyCare grievance review process, or the DCBHS agency review process. When you request a Medicaid Fair Hearing, the reconsideration takes place automatically.

If you disagree with a determination of the intensity of services for a youth, you must formally request a Reconsideration. If the issue cannot be resolved through the Reconsideration process, you may opt to request a more formal review.

It is DCBHS policy to:

- accept complaints and reconsiderations filed in any manner.
- respond promptly.
- treat you with respect and in the best interest of your youth and family.
- seek a solution with which all parties can agree.
- maintain confidentiality at all times.
- not discriminate against anyone for any reason.
- ensure service does not suffer.
- continue service through the process.
- make these steps simple and clear.
- initiate the Reconsideration process automatically when a Medicaid Fair Hearing is requested.
- resolve complaints and reconsiderations within the established timeline.
- advise all parties of the steps involved in each process, and the timelines for resolution.
- send written notice of the decision within 5 business days of the decision.
- include in all notices the following information:
 1. A description of the issue.
 2. A report of actions taken to resolve the issue.
 3. The resolution and date it was offered.
 4. Clear steps on how to request further action.
- keep records according to state guidelines.
- include in all records the following information:
 1. Summary.
 2. Copy of the complaint.
 3. All contact regarding the issue.
 4. The decision.
 5. Information showing timely attention to the issue including:
 - Date and time complaint was filed and reviewed.
 - Date resolution was offered, actions taken, and notice sent.

- keep all records confidential and secure at all times.
- include the provider in the process, if the provider is involved.

Family Support Organization Listing

As mentioned previously in this guide, FSOs are family-run, community-based, non-profit agencies whose mission is to provide support, advocacy, and education to families of youth with emotional, behavioral, and mental health needs.

Their purpose is to:

- ensure that the highest quality, youth-centered, and family-friendly approaches to service delivery are created and maintained throughout New Jersey.
- provide a forum in which families, caregivers, providers, and other concerned individuals work collaboratively
- to identify needs, service barriers, and resources as well as appropriate, effective, and timely ways to intervene and to provide the resources necessary to support strong, community-based support programs.

Below is a listing of FSOs across New Jersey. It is our hope that you can locate an FSO near you. Call PeformCare if you need help locating an FSO near you.

ATLANTIC / CAPE MAY COUNTIES

Atlantic/Cape May Family Support Organization, Inc.
1601 Tilton Road, Unit 1
Northfield, NJ 08225
PHONE: (609) 485-0575
FAX: (609) 485-0467

BERGEN COUNTY FSO

Family Support Organization of Bergen County
0-108 29th Street
Fairlawn, NJ 07410
PHONE: (201) 796-6209 ext.101
FAX: (201) 796-1151

BURLINGTON COUNTY FSO

Family Support Organization of Burlington-Mercer County
774 Eayrestown Road
Lumberton, NJ 08048
PHONE: (609) 265-8838
FAX: (609) 265-0116

CAMDEN COUNTY FSO

Camden County Family Support Organization
23 W Park Avenue
Merchantville, NJ 08109
PHONE: (856) 662-2600
FAX: (856) 662-2242

CUMBERLAND/GLOUCESTER/SALEM FSO

Family Support Organization of Cumberland/Gloucester/Salem
3739 N. Delsea Drive
Vineland, NJ 08360
PHONE: (856) 507-9400 ext. 101
FAX: (856) 507-9401

ESSEX COUNTY FSO

Family Support Organization of Essex County
60 Evergreen Place, Suite 412
East Orange, NJ 07018
PHONE: (973) 395-1441
FAX: (973) 395-1595

HUDSON COUNTY FSO

Family Support Organization of Hudson County
705 Bergen Avenue
Jersey City, NJ 07306
PHONE: (201) 915-5140
FAX: (201) 915-5142

HUNTERDON/SOMERSET/WARREN FSO

Family Support Organization of Hunterdon, Somerset & Warren Counties
114 So. Second Street
Phillipsburg, NJ 08865
PHONE: (908) 213-9932
FAX: (908) 908-8522

MERCER COUNTY FSO

Family Support Organization of Burlington-Mercer County
3535 Quakerbridge Road
IBIS Plaza, Office Ste. 400
Trenton, NJ 08619
PHONE: (609) 586-1200
FAX: (609) 586-0278

MIDDLESEX COUNTY FSO

Family Support Organization of Middlesex County
1 Ethel Road
Edison, NJ 08817
PHONE: (732) 287-8701
FAX: (732) 287-8708

MONMOUTH COUNTY FSO

Family Based Services Association of New Jersey
279 Broadway, West Wing
Long Branch, NJ 07740
PHONE: (732) 571-3272
FAX: (732) 571-0050

MORRIS/SUSSEX COUNTIES FSO

Family Support Organization of Sussex/Morris, Inc.
200 Valley Road
Newton, NJ 07860
PHONE: (973) 940-3194
FAX: (973) 940-3197

OCEAN COUNTY FSO

Family Support Organization of Ocean County
34 Manchester Ave. Ste. 202
Forked River, NJ 08731
PHONE: (609-693-4121
FAX: (609)-693-4121

PASSAIC COUNTY FSO

Family Support Organization of Passaic County
810 Belmont Avenue
North Haledon, NJ 07508
PHONE: (973) 427-0100
FAX: (973) 427-2776

UNION COUNTY FSO

Family Support Organization of Union County
143 Elmer Street
Westfield, NJ 07090
PHONE: (908) 789-7625
FAX: (908) 789-7628

For more information about the system of care within the DCBHS, you may go on the DCBHS website at <http://www.state.nj.us/dcf/behavioral/>

2nd Floor – New Jersey's Youth Helpline

The New Jersey Statewide youth helpline, 2NDFLOOR, is available 24-hours a day, seven days a week to youth and young adults ages 10-24 to help find solutions to the problems they face at home, school, or play.

1-877-652-7624
(TTY: 1-866-896-6975 for people with partial or total hearing loss)
www.performcarenj.org

Youth can either call the helpline, 1-888-222-2228, or access the interactive Web site www.2NDFLOOR.org. The helpline is supervised at all times by a mental health professional. Youth are provided with relevant and appropriate linkages to information and services to address their social, emotional, and physical needs. Calls to the 2NDFLOOR youth helpline are anonymous and confidential except in life-threatening situations.

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NJ Children's *System of Care*

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