State of New Jersey

Department of Children and Families

Division of Child Behavioral Health Services

STRATEGIC PLAN

September 2006

Kevin M. Ryan
Commissioner, Department of Children and Families

Bruce Stout, Ph.D.
Director, Division of Child Behavioral Health Services

Division of Child Behavioral Health Services
Strategic Plan
September 2006

Mission

The Division of Child Behavioral Health Services (DCBHS) provides a system of care for children and adolescents with behavioral and emotional disturbances based on individualized services provided in the most normative environment possible. These services are community-based, child and family centered, strength-based and culturally competent. Our goal is to enable the children and adolescents we serve to remain at home, in school, and out of trouble.

Key Initiatives in FY07 for improving New Jersey's System of Care include the following:

- *An Independent System Assessment*

  DCBHS has contracted with the Louis de la Parte Mental Health Institute at the University of South Florida to conduct an independent assessment of New Jersey's system of care. This assessment is designed to identify system strengths and weaknesses by addressing eight research questions. These questions include:

  1. Is the governance structure at the state and local levels of the system clear, consistent with the system's goals and objectives, and inclusive of other child serving agencies?
  2. Is the assessment process for identifying the needs of children and families consistent with national best practices, and is the process effectively implemented?
  3. Does the system respond effectively to the behavioral health needs of multi-system involved children and their caregivers, including children in the child welfare, juvenile justice, and developmental disabilities systems?
  4. Does the case management system promote good care management practices, such as continuity of care, and is the system reflective of national best practice case management models?
  5. Is the service array responsive to the needs of children and families?
  6. Does the system include and/or promote the use of evidence-based and promising practices?
  7. Are families involved as partners, at both the system level and in the delivery of services?
  8. Is the system appropriately sized in relation to prevalence data, geographic equity in distribution of services and resources, and sizing estimate methodologies used by other states?

  The project will also attempt to project service needs for children and families accessing the system and for those with behavioral and emotional disturbances who, for whatever reason, are not currently accessing the system. In addition, it is anticipated this assessment will identify strategies for improving New Jersey's system of care. Led by principal investigator Dr. Mary Armstrong, the project is expected to be completed by November 2006. It is anticipated that a number of new system improvement opportunities will be identified by this assessment.

- *Rightsizing*

  For the system of care to be effective at improving lives, it must provide an array of individualized services that meet the needs of the children and families that it serves. DCBHS has initiated its own "rightsizing" project to complement the work of Dr. Mary Armstrong's team in identifying service needs. This project will identify the types and levels of services at all points on a continuum of care that would meet the needs of New Jersey's children and families. This project is a collaboration with Dr. John Lyons of Northwestern University, the developer of New Jersey's child and adolescent needs and strengths (CANS) assessment tools.

  Using CANS data from a national sample, more than 30,000 children who have shown clinical improvement (as measured by the CANS) during a course of treatment at levels two (outpatient services) through six (secure 24-hour services with psychiatric management) of the Child and Adolescent Level of Care Utlization Services (CALOCUS) level of care continuum will be identified. Algorithms of scores on the life domains in the CANS tool that depict the typical scores of sample children within each of the six CALOCUS service levels will be identified. Since the sample is selected based on demonstrated improvement when receiving services at one of the CALOCUS levels of care, these algorithms will be used to identify an assessment profile of the children for whom optimal and ideal intervention is anticipated at a particular level of care. These algorithms will then be applied to a recent sample of children receiving services in New Jersey's system of care.

  This methodology allows for comparisons between services identified as effective for similarly assessed youth from the national sample and the actual services provided by New Jersey's system of care. Specific service needs will be identified based on mismatches between the services identified from the national sample services and actual services. For example, if a large number of New Jersey's children placed in out of home treatment settings have assessment profiles that match those of adolescents from other jurisdictions who did well when receiving intensive outpatient services, we have identified a need for additional outpatient services. Conversely, this methodology will identify children who were not placed in an out of home treatment setting who "optimally" should have been. Using existing data, DCBHS will work further to understand what complement of services are effective in maintaining our most challenging youth in their communities. DCBHS will use this "rightsizing" project to map out service needs and will invest its resources in supporting a service continuum that best matches the needs of the children being served. It is anticipated that this project will be completed by December 2006.

- *Reducing Children in Out-of-Home, Out-of-State Placements*

  Reducing our reliance on out-of-state providers to treat New Jersey's children will help us keep children in treatment close to their families, a clinically desirable goal. Relying on New Jersey providers to treat New Jersey's children is also a key policy goal incorporated into the Child Welfare Settlement Agreement. DCBHS will engage in a two-part strategy to reduce the number of children in out-of-home, out-of-state placements. The first part of the strategy involves developing clinical profiles of those children presently in out-of-home, out-of-state placements. The information derived from these profiles will be used to clearly define the type of treatment needs that New Jersey providers are not currently able to provide. These data will also provide meaningful information about youth when out-of-state care becomes necessary due to inadequate and poorly executed collaboration across system partners. This knowledge, in turn, will be used to inform DCBHS' future funding of the continuum of care. The clinical profiling project will be completed by September 2006.

A second component of DCBHS' strategy entails pursuing step-down plans for children in out-of-home, out-of-state placements who are potentially clinically appropriate for discharge. Two methods are used to identify children who are potentially step down ready. The first involves using a new capacity built into the contracted system administrator's management information system for this purpose. New fields have been entered into the system that enable care providers, case managers, and the contracted system administrator to indicate when they believe that a child is discharge ready. Monthly reports identifying children from each vicinage who two or three of the involved parties have indicated are discharge ready will be generated. The second method draws monthly focused and coordinated attention to these youth in out-of-home, out-of-state placement whose lengths of stay are more than one standard deviation above the average length of stay for all children in out-of-home, out-of-state placement.

DCBHS team leaders are given both monthly reports and are charged with aggressively pursuing step-down plans, when appropriate, for children from their vicinage. They will be responsible for ensuring that the case management entity is working on an appropriate ISP and marshalling necessary resources to effectuate the transition.

Monthly reports indicating whether system partners have assessed children as step down ready began production in June 2006. Length of stay reports will be in production by September 2006. Team leaders have been trained in the use of these reports and the expectations for how they will follow through with them.

- *Access to and Quality of Treatment Services*

  DCBHS is committed to supporting clinically appropriate and high quality services that children and families can access with ease and timeliness. Fundamental to service provision is the articulation of the clinical standards. Ultimately, clinically appropriate and high quality services will be ensured by the coordinated and consistent application of well-crafted regulations, contracts, utilization and authorization guidelines.

  The development of clinical standards will be achieved through collaboration with clinical professionals in New Jersey, inter-divisional consultation, and the integration of current research and literature guiding best practice standards for children and youth. Each standard will guide regulatory, contracting, and utilization management activities. Embedding clinical standards within all levels of governmental oversight demonstrates the centrality of maintaining transparent principles and operations of the Division.

  DCBHS will be reviewing clinical standards for all levels of service, including provider credentialing, out-of-home placement staffing requirements, and basic elements required in each service type. DCBHS will also be reviewing utilization management of services to ensure that services are only authorized when appropriate and that when they are authorized, they are readily accessible to the children and families that need them.

  Receiving particular and immediate attention is use of assessment to drive treatment planning considerations. Consistent with the system of care principles and development in New Jersey, appropriate and high quality clinical care is directed by a meaningful, appropriate, and quality assessment process. The IMDS process and functioning, while an area of relative strength, will be continuously reviewed and improved, as indicated, in order to support thoughtful and accurate clinical decision-making.

  Finally, efforts to improve and enhance access to quality treatment services will capitalize on the maturity of the system of care in New Jersey. At present, it is possible to introduce and integrate concepts and recent developments in the areas of:
  - trauma-informed care (assessment and treatment),

- youth with co-occurring disorders,
- developmentally disabled and psychiatrically impaired youth,
- special emotional needs of youth also served by the Child Welfare system
- care and treatment for the zero to three and 18 to 22 year-old populations

This project of defining clinical standards began in May 2006. DCBHS will release clinical standards across the spectrum of services in November 2007.

- *Improving the Placement Process for Out-of-Home Treatment Resources*

  Once a determination has been made that an out-of-home treatment placement is clinically appropriate for a child, case managers and DYFS workers have often been frustrated by the laborious and time-consuming process required to actually find a program with a vacancy that can appropriately serve that child. Since the current management information system used by the contracted system administrator does not have the capability to accurately identify contracted beds that are vacant, case managers often have to call several programs before a real vacancy is found. This process has resulted in delays in placement, which can leave a child waiting for care. To improve and expedite the placement process, a real time bed-tracking system will be added to the contracted system administrator's management information system. This system will incorporate accurate, up to the minute information on vacancies. Providers will be given one referral for each vacancy that they have. Further, providers will have the capability to immediately review pertinent clinical information about the youth, thereby significantly reducing the time a youth's "file is being reviewed." Policies to compensate providers for unanticipated vacancies that occurred through no action or inaction on their part will be implemented along with the bed-tracking system on a pilot basis. After the initial year, DCBHS will evaluate whether to extend, modify, or eliminate the policies. Programming for this system began in February 2006 and will be completed by August 2006. Trainings will be conducted during July and August 2006 and the system will "go live" on September 1, 2006. Further refinements will be incorporated on a rolling basis after September 2006.

- *Reducing Time Spent in Juvenile Detention Centers for Children Placed in Congregate Care Facilities*

  When a court-involved child who is being held in a county juvenile detention facility is ordered by a family court judge into a congregate care facility, that child should be removed from the juvenile detention center as quickly as possible. To effectively accomplish this, it is critical that children for whom a congregate care placement is contemplated be identified as early in the court involvement as possible. Waiting until a judge issues a dispositional order is too late – we must proactively plan for placements, wherever possible, before they are ordered. To accomplish this, DCBHS will develop a tracking system for children in county detention centers for whom a congregate care placement is being considered. The contracted system administrator's management information system will be modified to incorporate information about detention status for system involved children. Multiple sources of information will be used to populate this field – DYFS court liaisons will be trained in the use of this system, DCBHS will capture detention status information from the Administrative Office of the Court's Family Automated Case Tracking System (FACTS), and DCBHS will regularly interact with detention center directors. The information in the contracted system administrator's management information system will be used to identify children for whom proactive placement will be initiated and for better allocation of DCBHS' detention alternative resources. Programming for this tracking system was completed in June 2006. A Memorandum of Understanding with the Administrative Office of the Courts that allows DCBHS to access FACTS data was signed in May 2006 and DCBHS staff have been

trained in the use FACTS. Training for DYFS staff will be completed during the summer of 2006. This new tracking system should be fully operational by November 2006.

- *Data Driven Performance/Outcomes Management Processes*

  As a part of its continuous quality improvement plan, DCBHS will be adopting a data driven performance and outcomes management system. Working in collaboration with system partners, DCBHS will develop ”data dashboards” that incorporate key measures of access, utilization, compliance, and outcomes. Based on individual level existing data from the ABSolute system, these analytic reports will be used to gauge both the level of service for system partners and how well the system is doing in assisting children to progress toward wellness. These reports will first be generated for the four main system of care partners: care management organizations, youth case management organizations, family support organizations, and mobile response and stabilization services. The next step will be to develop ”data dashboards” for a vicinage level system of care. These ”dashboards” will incorporate additional measures that will be used to assess the degree to which a local system of care is functioning well – for example, the degree to which children are appropriately step downed to a level of care when clinically appropriate. A third set of ”data dashboards” will assess access, utilization, compliance, and outcomes measures for specific types of services, such as residential treatment centers, group homes, intensive in-home services, etc. Last, as a component of its continuous quality improvement process, DCBHS will conduct methodologically rigorous outcome evaluations of specific programs that will incorporate outcome measures from other data systems, such as court delinquency records and school enrollment and attendance records. These evaluations will enable DCBHS to assess the degree to which New Jersey’s system of care is achieving the key goal of enabling children to be “at home, in school, and out of trouble.” DCBHS has already begun work on the “data dashboards” for the four main system partners. These are expected to be completed by September 2006. A comprehensive continuous quality improvement plan that incorporates and stages each of these components will also be completed by September 2006.

- *Improving Case Management Services*

  Case management is an essential service for ensuring that children and families fully participate in their care planning, have individualized service plans, and that all necessary services are marshaled for the child and his/her family. Concerns have been raised, however, about DCBHS’ current bifurcated system of case management. Families have raised concerns about children feeling ”penalized” as they progress toward wellness and are transferred from a care management organization (CMO) to youth case management (YCM) case manager. Families also note that it is not family friendly to have multiple siblings in the system of care each working with a separate case manager. A workgroup created by Commissioner Kevin M. Ryan to develop a plan for reducing the number of children in county juvenile detention centers awaiting a congregate care placement and the number of children in out-of-home, out-of-state placement recommended that DCBHS explore options for unifying case management functions. DCBHS will be exploring options for improving case management that build on the strengths of the current systems and address the concerns that have been expressed about the current case management systems. DCBHS will initiate a process to give children and families served by the system of care and system partners an opportunity to provide input into the development of a new management model. DCBHS will then competitively contract for providers to have that model operating in each vicinage. This process will commence in August 2006 and it is expected that contracts for the new management model will be in place by FY08 (July 2007).

- *Improving and Expanding Services for Developmentally Disabled Dually Diagnosed Children*

  The current array of services available to developmentally disabled dually diagnosed children and their families are inadequate to meet the demand for such services. Data from the Department of Human Services' Division of Developmental Disabilities indicates that the number of developmentally disabled adolescents in New Jersey will grow in the first decade of the 21st century. Therefore, the need for services for developmentally disabled dually diagnosed adolescents can be expected to grow concomitantly. In FY07, DCBHS received $2.45 million to expand services for this population. The division will use this funding as an opportunity to identify the needs of this population and to support best practices or evidence-based practices to meet those needs. DCBHS will collaborate with experts in this field and competitively contract for the services that are added during FY07. The process of identifying need and appropriate services will commence in August 2006 with the objective of issuing RFPs for additional services during the course of FY07.

- *Competitively Contracting for a Contracted Systems Administrator*

  The contracted system administrator plays a pivotal role in New Jersey's system of care. Principally, the contracted system administrator operates a call center to handle all requests for services, performs clinical screening of calls to determine an appropriate level of care given the presenting problems, and operates a management information system that system partners and the contracted systems administrator use to record activity for those children and families served. These services are essential infrastructure elements that enable the system of care to manage calls for service, determine clinical care levels, authorize services and track treatment progress. The experience of partners in New Jersey's system of care with the current contracted system administrator has led to the identification of new opportunities to restructure the services required of the contracted system administrator in ways that will improve system performance and enhance the delivery of care to children and families. So that the development of a new contracted system administrator contract will be informed by the experience and knowledge of interested system partners, DCBHS will engage in a four-part contracting strategy. First, we will meet with system partners, including Family Court judges, MRSS, FSO, CMO and YCM organizations to listen to their ideas for contracted system administrator restructuring. Next, DCBHS will hold three regional public stakeholder sessions to give others the opportunity to share their views on how a new contracted system administrator contract should be structured. DCBHS will then issue a Request for Information (RFI) that will give potential bidders an opportunity to showcase the services and technologies that are available. Lastly, DCBHS, in conjunction with the Department of Treasury's Division of Purchase and Property, will issue an RFP for contracted system administrator services to begin in September 2007. The meetings with system partners will begin in August 2006. The regional public stakeholder forums will be held in September and October of 2006 and the RFI will be issued in Fall 2006. The RFP is expected to be released in March 2007.

- *Competitively Contracting for a DCBHS Training Institute*

  Training system users and partners in the system of care is a vital aspect of DCBHS' efforts to ensure that children and families receive services that are community-based, child and family centered, strength-based and culturally competent. DCBHS has maintained an ambitious training agenda that has helped to improve the quality of care. DCBHS' current contract with the University of Medicine and Dentistry of New Jersey to operate the Training Academy expires on December 31, 2006. In order to maintain the high quality training services that have characterized New Jersey's system of care, DCBHS will be issuing an RFP for training services in the Fall of 2006. Development of

the RFP began in July 2006. DCBHS will seek input from system partners on the draft RFP in August and September 2006 and expects to release the RFP in October 2006.

- *Developing DCBHS Polices and Regulations*

  Formally adopted policies and regulations are important elements of a system where expectations are clearly articulated and procedures are clearly understood. DCBHS has historically relied on policies and regulations promulgated by other agencies – principally the Department of Human Services and the Division of Mental Heath Services. Beginning in 2006 and continuing into 2007, DCBHS will begin the process of drafting and adopting its own policies and regulations.

- *Supporting Evidence-Based Practices*

  The field of behavioral health has matured to the point where there is now a substantial body of literature that describes methodologically rigorous evaluations of treatment protocols. A number of organizations have established criteria for determining, based on this evaluative literature, which treatment protocols can be considered to be "evidence-based." These criteria typically focus on the independence of the evaluator from the program, methodological factors, such as experimental versus matched group design, treatment effect magnitude and replication. Examples include the "Blueprints" programs identified by the Center for the Study and Prevention of Violence at the University of Colorado at Boulder, the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices, and the federal Department of Education's Sourcebook of Exemplary and Promising Programs.

  In order to improve the quality of care provided to the children and families that we serve, DCBHS will be supporting the incorporation of evidence-based practices into the work of system partners and providers. A principle strategy for this will be working to develop a Medicaid reimbursement rate that adequately supports evidence-based practice. Since evidence-based practices typically have significant up front training costs and involve significant non-billable activities (e.g., use of web-based clinical case note systems and weekly case supervision with clinicians who work to ensure that the evidence-based model is implemented with fidelity), a rate must be built that takes these factors into consideration. DCBHS began the work on rate development in June 2006 and will be submitting a request for a state plan amendment to Medicaid by December 2006. Timelines for adoption of such amendment requests are out of the requestor's control, but our hope is to have the rate adopted by July 2007. DCBHS will simultaneously develop a strategy for implementation of these practices that will include educating the provider community about these practices and how they might develop them.

Division of Child Behavioral Health Services (DCBHS) Strategic Plan