Dual Diagnosis Task Force Implementation Plan

Priority Recommendation:

Develop a **continuum of crisis response services** through a Medicaid State Plan amendment including:

- An array of supportive resources for children, youth, adults and their families to allow plans to be implemented based on identified needs at assessment and prior to the need for crisis intervention.
- Mobile response with a clinical outreach capacity
- Short-term emergency treatment
- Crisis respite beds
- Specialist screeners to work in conjunction with the DD/MI Crisis Response System
- Acute partial hospital programs

Proposed Objectives	Strategic Opportunities	Tasks	Status	Planning Comments
To create an effective crisis response continuum including inpatient alternatives, community-based services and informal supports	Multiple existing crisis intervention services (SCCAT, MRSS, UMDNJ-Stratford, CIFA, DDHA, ARC) DMHS Acute Care Task Force Screener Certification Systems Review Committees Medicaid HMO Contract capitation and Medicaid Special Needs Plans for individuals dually eligible for Medicaid and Medicare	Develop the capacity to leverage state dollars to draw down federal funds through Medicaid. The first step is to identify the available state funds. DMHA, DDD and DCBHS will identify available state match in crisis response services; the percent of individuals receiving these services who are Medicaid eligible and the percent that have co-occurring developmental disabilities Formally present the objective to the Acute Care Task Force to ensure the ACTF understands the mission.	$4-5M potentially matchable DDD Crisis Response Service Costs including funds associated with improving the community infrastructure through the Olmstead Initiative, the Waiting List Plan and existing crisis service dollars.	Service definition development should include consideration of the integration of physical and behavioral healthcare as a critical service element.

Convene clinical workgroup to define the crisis service continuum for adults and/or children, including: the purpose; what activities can take place (unit, scope and duration); who can do what activities (including supervision requirements) ; pathways to; utilization and coordination mechanisms (including prior authorization, decision making criteria and service planning requirements); payment mechanism and rate setting methodology; documentation requirements including dates, reasons, plan, assessment results/info and signature.	Existing State Plan Amendment for Children's Mobile Response and in-community stabilization services.	Identify lead Identify membership including consumers, parents, membership from Acute Care Task Force and Dual Diagnosis Task Force, DHS -Medicaid, DDD, DMHS, DCBHS; MHESPA, MH and DD Advocacy Organizations. Create Crisis Response Service Continuum Planning framework	Medicaid – Valerie Harr DDTF Team- Julie Caliwan, Paula Hayes **See Attached Draft Framework** **See Attached Subcommittee List**	
Convene clinical service workgroup to define the same elements as delineated above with adaptations for the same continuum of crises services that integrates mental health and developmental disabilities service methods to simultaneously address the complex needs of adults and children with co-occurring mental health and developmental disabilities.		Create subcommittee to connect brief functional analysis and positive behavioral support with intensive-in home and mobile crisis stabilization framework.	**See Attached Subcommittee List**	The federal Medicaid program allows for the use of modifier codes that indicate specialized services. These codes are needed to differentiate costs between services provided to a general population from the same service provided to a specialized population or age group. , the modifier also allows for differential utilization management and quality management. (HI is the HIPAA modifier code for integrated mental health and MR/DD program.)

Priority Recommendation: **Establish a county-based collaborative team process** to facilitate individualized service planning (crisis management and access to crisis prevention outpatient care), community needs, resource mapping and local system building				
Proposed Objectives	Strategic Opportunities	Tasks	Status/Lead	Comments
To create a county understanding and sense of ownership to identify local needs of children and adults with dual diagnosis To connect the DD population to the local planning process To forge new relationships with county offices	Incorporating collaboration into individualized service planning standards Use existing forums for systems building. (Forums to be determined by County leadership and County Human Service Directors)	Schedule a meeting with County Human Service Directors, requesting their assistance in two areas. • Identify a current county based forum where localized service planning for the DD population could occur • Gather information about services currently available at the local level. (Services should include things such as supported employment, transportation, training, and housing, in addition to other population specific services) Send correspondence, under the Commissioner's signature, to County Freeholder Board leadership, formally requesting assistance with the two areas identified above. County Human Service Directors should be		The Human service directors are in discussion with the DHS and DCF Commissioners re: the fate of the HSACs. The HSAC funding is now extended through the 2010 FY. The CIACC's funding was not identified for budget cuts.

		copied. Once the appropriate forum for localized service planning is identified by county; use a "person-centered" perspective for service planning. E.g. identify the services needs and gaps of the C-PEP as a tool for county-based service planning. DMHS Systems Review Committee can also be used for person-centered planning. Work with the DHS External Relations staff to help facilitate the on going planning activity.	*DHS should spend the summer making the county partnership vision more explicit with specific tasks for local planning bodies (e.g. HSAC recommendations re: SSBG funding.)* *Include DD central office leads as well as local partners (e.g. Sue Bremner and a local C-PEP agency) in the planning process. The use of the GoTo Meeting technology would facilitate participation.*	
		Coordinate with DDD's County Based Systems Internal Planning Group	Julie Caliwan The Task Force recommendations have been presented to the Planning Group. *The County-based Planning Group should present its Plan to the Task Force.* *Julie Caliwan will present the TF Report to the CIACC Coordinators.(along with available members of the DDTF Team).*	
		Coordinate with Acute Care Task Force	Julie Caliwan Task force recommendations are being discussed with the Acute Care Task force and its Subcommittees	
		Identify State Resources	Availability of a small planning grant from DDD has been discussed with the DDTF. Determine if DDD funds are still available and at what level.	
		Identify Planning Tasks Consider two priority service		

		recommendations: • Develop Outpatient Service Centers and • Develop or Expand Other Key Services Create an internal and external workgroup to develop county planning guidelines (Would include representatives from county level, state level and stakeholders to establish framework for collaboration and/or development of services.)		

Priority Recommendation:

Create workforce competency through cross-systems collaborative training and technical assistance, multiple training opportunities and incentives for professional development (e.g. Stipends, fellowships, student loan "forgiveness" programs).

Proposed Objectives	Strategic Opportunities	Tasks	Status	Planning Comments
To create an understanding of the type, scope and capacity of training currently available to the state's child and adult service systems.	DCBHS, DMHS regional trainings, SCCAT, Rutgers, Boggs Center, NAMI, Autism NJ, ARC, SPAN, Family Support Coalition, Developmental Disabilities Council, Direct Support Workforce Coalition and Leadership Group, etc. The DDD College of Direct Supports; NADD core competencies certification efforts, Screener Certification	Create an interdepartmental training team to conduct an inventory and examine what models we are currently using at the state and county levels. ▪ Conduct an internal state and county inventory (assessment) which answers: What do we have? How are we using it? What are the gaps? What do we add to make training more effective? ▪ Create ongoing mechanism to obtain information regarding specific training needs *and identify how training topics are generated.* ▪ Examine/refine the current evaluation tools to meet the objectives of training and to identify needed improvements.	DCBHS Cross-System Training Grant has been awarded and training has begun. SCCAT training/conferences; DMHS regional trainings on dual diagnosis; the DDD College of Direct Supports; NADD core competencies certification efforts, Screener Certification Rutgers Certificate Programs are currently offered Dr. A. Levitas provided DD/MI Screener Training through DMHS The Office of Research and Evaluation at DHS will assist with this Initiative	
To ensure that we get the most value from training expenditures in terms of quality of training and quantity of individuals trained.	Offer cross-systems training; DCHBS, SCCAT, Boggs Center, Rutgers etc. A host of providers/organizations provide training/case consultation/technical assistance/on-site coaching.	Identify appropriate delivery mechanisms: Explore alternative training options vs. typical conference settings, e.g. "expert staff" train the trainer, Internet based, CD, technical assistance packets.		

To collaborate with NADD on the development of competencies and ensure that there is a system capacity to provide training on this set of core competencies. To develop a career pathway for Direct Support Workers. *To ensure the expected training outcomes are achieved by setting clear goals.*	NADD has convened a "Clinical Competencies Committee" to develop certification standards for various mental health care disciplines. *Currently they meet monthly.* The national College of Direct Supports, an electronic, web-based basic training combined with supervision and mentoring.	Identify target audience for trainings and track attendees. Create a training and credentialing registry. Develop more person-centered vs. generic trainings. Establish NADD liaison to core competencies workgroups. Operationalize, set timelines Future plan for college credits which may be applied toward a community or four year college. *Determine mechanisms to measure training effectiveness teasing out systems and service delivery issues (e.g. taking into account contextual factors such as setting and CMS expectations.)*	Assisting with this initiative and members of NADD's "Clinical Competencies Committee": Dan Baker, Boggs Center Nancy Razza, Boggs Center ,Lucy Esralew, SCCAT, Deborah Spitalnik, Boggs Center Deborah Spitalnik, Boggs Center	*Efforts should be coordinated with other data gathering efforts.* *Training should take into account the different learning styles of the "adult learner", making explicit how the training can be applied to the work setting.*

Priority Recommendation: **Develop Case Management Capacity** to serve DD/MI children, adults and their families through a change in Individual Service Planning Practice			
Proposed Objectives	Strategic Opportunities	Tasks	Status
To establish practice standards for individual service planning that integrates clinical treatment and behavior management, addresses crises; uses clearly identified pathways and county- and community-based mental health and developmental disabilities resources. *(The differing needs of adults and children will be addressed separately.)*	The Essential Lifestyle Planning Process currently in use in self-directed services and the process to transition individuals from developmental centers. Olmstead System Redesign.- *including administrative commitment to change and the allocation of resources to effect change.*	Develop a practice model based on the principles of essential lifestyle planning with clear lines of responsibility for care coordination and accountability for outcomes. Present recommendations for the practice model to the DDD Redesign Committee and ensure that these recommendations create consistency. Create practice standards including standards • that serve individuals across all lifespan transitions. • that incorporate county-based natural supports	*Examples of cross-systems collaboration:* *Attending Systems Review Meetings (DMHS)* *Wellness and Recovery Plans (WRAP)* *Coordinating with DYFS nurse case managers* *Roll-out strategy is to start with establishing "expert" case managers and prior to moving to an "all" case managers approach.*
To improve DDD case management services for enrolled youth by increasing expertise in supporting children and their families and move away from the silos and toward integrating interdivisional and county-based supports and services.	Boggs Center Training including the lecture series DCBHS Training curriculum	Add DDD operational staff to the Training committee Track the number of cross-systems trainings attended by DHS Divisional staff Identify within the DD, *DCBH* and MH staff "experts" for specialized cross systems training and liaison tasks.	

Incorporates revisions of the DHS Dual Diagnosis Task Force discussion from 1/30/09.