

**Reforming VisionQuest:
A Case Study in Improving Residential Treatment
for Troubled Youth**

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Child Advocate Improves Safety, Care of Children at Treatment Facility

Statewide Systems Issue Identified

In early 2007, VisionQuest was a residential treatment center at a crucial crossroads. The program needed significant reforms to remain a viable placement option for New Jersey's troubled youth.

The Department of Children and Families had been using existing oversight mechanisms to remedy issues regarding children's physical safety, supervision and treatment.

While these efforts addressed individual concerns, widespread problems persisted and recurred over a period of years prior to 2007, creating an unsafe environment for the youth placed at this South Jersey facility. During this time, each oversight agency within the Department was pursuing its respective avenue of intervention, based on its mandates, to spur change and ensure the safety and well-being of children there. This approach fell short of resolving ongoing, systemic problems

Concerns about VisionQuest were first brought to the Office of the Child Advocate's attention in August 2006. The level of those concerns heightened in the fall of 2006, leading the Child Advocate to begin an investigation of conditions at the facility.

Preliminary findings were so alarming that in April 2007 Child Advocate Dr. E. Susan Hodgson, M.D., called for a halt to admissions until safeguards could be put in place to ensure the safety and well-being of children in the facility.¹ Department of Children and Families officials had also begun to internally discuss the depth of the problems at VisionQuest and explore possible solutions. When the Child Advocate called for a halt to admissions, the Department fully supported that recommendation and promptly responded.²

At this point, it became clear that only a coordinated response would help VisionQuest achieve significant, meaningful change. This led to an innovative collaboration among the Department, the Child Advocate, an independent monitor and the VisionQuest administration.

Through this partnership, the Child Advocate and the Department developed a set of benchmarks to guide reforms in key areas. The monitor was appointed in October 2007. VisionQuest executives designated new administrators for the New Jersey program. The facility also agreed to serve fewer children, downsizing from 110 to 40 youth.

Today, the VisionQuest campus is cleaner and safer. The children there report a greater sense of security and indicate that staff members are helpful and available. Restraint use, runaway behavior, staff turnover and inadequate staffing have all been significantly reduced, while staff training has improved.

Indicator³⁴	Pre-Reforms	Post-Reforms	Time Period
Number of incidents of physical restraints	276	15	Jan-March 07 v. Jan-March 08
Number of runaway incidents	189	2*	Jan-Feb. 07 v. Jan.-Feb. 08
Percent of total staff trained	5	85	Sept. 07 v. May 08
Percent of staff team treatment attendance	68	85	Oct. 07 v. May 08
Percent of staff turnover	9.8	3.9	May 07 v. May 08

(*Both of these runaway incidents occurred when children were on home visits).

Implementing and sustaining change is vital and conditions can change rapidly at any facility, so several oversight mechanisms have been put in place. The Department and the Child Advocate jointly selected an independent expert, Leta Smith, Ph.D. The monitor works closely with VisionQuest to develop clearly articulated programs and protocols to support positive change. The monitor has been instrumental in shepherding reform efforts throughout the VisionQuest organization. Through collaborative efforts with all parties, the monitor has acted as a catalyst for change at the program and continues to guide reform and monitor progress.

The facility also recently earned accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), ⁵ a significant step for VisionQuest, which faced significant challenges just a little more than one year ago. This was also one of the benchmarks the facility committed to meeting.

The methods used to effect these changes offer a model for positive intervention and avenues of improvement for other facilities. This report details this collaborative effort in reforming this particular program and discusses ways to improve the care and treatment of all children in need of residential treatment programs.

Collaboration Leads to Success

VisionQuest, the Department of Children and Families, the Child Advocate and the independent monitor worked hard to achieve these positive results for the children in this program.

This successful endeavor can be attributed primarily to these factors:

- The forging of a collaborative relationship among the Child Advocate, the Department of Children and Families, VisionQuest and the monitor to implement needed change;
- The establishment and implementation of a set of benchmark standards to guide and measure VisionQuest's performance;
- Downsizing the facility census; and
- A change in administration and certain staff at the New Jersey VisionQuest facility to help support a new culture that relies less on the use of physical restraints, elevates the voices of youth and promotes family engagement and a collective sense of responsibility for the well-being of youth.

Key Benchmarks Guide Reform

As part of the VisionQuest reforms, the South Jersey residential facility agreed to meet certain key benchmarks. An agreement was reached at the end of 2007 with regard to which measures would be established. During the first six months of 2008, the facility, with the monitor, has been developing and implementing programs and protocols that will enable it to achieve these goals. VisionQuest is working with the monitor to create a system to document those efforts and capture the data to measure progress toward the benchmarks.

Primary measures include:

- Increase the percent of youth who are discharge-ready within nine months
- Reduce the use of restraints
- Increase the percent of times staff are debriefed following the use of restraints
- Increase the availability of guided, structured, supervised and therapeutic activity for youth
- Increase the percent of families engaged in VisionQuest activity twice a month
- Increase the percent of treatment team meetings that include full participation of relevant parties
- Increase the percent of all shifts that are staffed in compliance with licensing regulations
- Increase the percent of staff trained in accordance with Office of Licensing regulations before assuming employee responsibilities
- Increase the percent of youth who receive appropriate health and wellness care, including prescribed vaccinations and emergent care as needed and/or requested by youth
- VisionQuest will receive at least provisional JCAHO accreditation within 18 months

Systemic Issues Identified

In the course of its work on VisionQuest, it was necessary to examine state systems designed to ensure safety and quality treatment for children in congregate care. Through this examination, the Child Advocate identified systemic areas for improvement. The Child Advocate and the Department of Children and Families discussed areas of mutual concern and agreed that certain issues must be addressed to ensure the best possible

care for New Jersey's most vulnerable youth who struggle with behavioral and/or emotional health issues.

Areas for improvement included gaps in the functioning of state systems that provide oversight to residential treatment programs, a need for improved communications across regulatory bodies and recognition of the importance of outcomes-based contracting, as well as a fuller continuum of care. Moving forward, the Department has committed to work both independently and with the Child Advocate to advance improvements.

Children in Need of Care

The VisionQuest Pathfinders program, located in Burlington County, is a state-contracted, for-profit residential treatment center, designated as a wilderness program, that serves youth ages 12 to 18 with emotional and/or behavioral health issues.⁶ The Divisions of Youth and Family Services (DYFS) and Child Behavioral Health Services (DCBHS) facilitate placement of youth into the program.

Most youth placed at VisionQuest have been involved with multiple state systems, including child protective services, mental/behavioral health services and the juvenile justice system. Many have been in the foster care system for years and have suffered from abuse and neglect. Others have substance use issues. Some are classified as eligible for special education services. Given these significant challenges, these youngsters are at high risk for continued problems into adulthood.

Healing this vulnerable population is a serious and difficult undertaking -- one that demands concerted and collaborative partnership among all systems charged with helping them.

Helpline Calls Raise Concerns

From July 2006 to June 2007, the Child Advocate's Helpline received a number of calls from relatives and community professionals regarding 11 different youth with histories of current or past placement at VisionQuest. Expressed concerns spanned a broad range of issues.

As a result of these calls, the Child Advocate's staff began to track and review all allegations and completed investigations of abuse or neglect at the facility. This led to heightened concerns about a range of issues, including:

- Inadequate staffing and supervision;
- Safety violations;
- Inappropriate use of restraints;
- High levels of runaway behavior;
- Inconsistent clinical services;

- Aggressive behavior among youth and inappropriate behavior on the part of the staff, leading to injuries of youth;
- Lack of supervision;
- Poor delivery of nursing and medical care;
- Lack of compliance with reporting and licensing requirements and
- State systems issues that failed to address recurring problems.

These findings prompted a full investigation that included 15 site visits to date, numerous meetings with VisionQuest staff and residents and the review of documents, including case files, contracts between VisionQuest and the Department of Children and Families, institutional abuse investigations, licensing reports and unusual incident reports.

Through this intense and lengthy process, the Child Advocate staff, Department officials and facility management worked closely together. The Child Advocate discussed identified issues with VisionQuest administration. Concerns were also shared with the Department of Children and Families on an ongoing basis.

To address the identified shortcomings, the Child Advocate and Department staff developed a set of benchmarks for monitoring improvement in the areas of clinical treatment, staffing, training, credentialing and medical care.

As these benchmarks were being developed, VisionQuest also began taking active steps to address concerns in concert with the independent expert, Leta Smith, Ph.D. Dr. Smith continues to work with VisionQuest to refine, guide and monitor the implementation of the benchmarks. With these safeguards in place, the Child Advocate supported the Department of Children and Families' decision to lift the moratorium on new admissions on Oct. 30, 2007.

Improvements Made at VisionQuest

As a result of all these steps, the facility management made significant improvements in various critical areas.

Safe Housing

After conducting initial site visits, the Child Advocate identified several concerns with the condition of the youth's housing and other physical plant issues. At that time, the Department's licensing office also recommended the facility address violations related to the physical plant.

To correct the identified concerns, living units were remodeled to better meet the needs of the youth. Today, fewer youth reside in each living unit. All living units now include bathrooms, windows and adequate areas for youth to socialize and participate in recreational activities. Several units previously used to house youth have been converted

into recreational facilities. Potentially dangerous structural features were changed and no longer present a threat of harm. Mold abatement occurred in living units and all other buildings on the campus. Children's basic sanitary and hygiene needs are met and the central bathroom and shower facilities have been enhanced.

Use of Restraints Drops

According to state regulations, physical restraints should only be used to control behavior when a child is dangerous to himself, others or could seriously damage property⁷ and even then only after less restrictive methods have been exhausted.⁸

To ensure VisionQuest meets this state standard, staff members were re-trained in the use of safe and the least restrictive methods of physical intervention, including children with histories of trauma and/or medical conditions. Restraints are not used as punishment.⁹ Following the use of restraint, youth are more routinely clinically and medically assessed. Youth and staff participate in a debriefing process to help identify ways to avoid future use of restraints whenever possible. Clinical and direct care staff communicate more frequently about youth's behavior and appropriate interventions to use when a youth is out of control.

These quality assurance improvements have resulted in a significant drop in the use of restraints at the facility. From January through March 2007, VisionQuest records showed 276 physical interventions. For the same period in 2008, 15 such incidents were recorded.¹⁰

Fewer Runaways

When youth run away from a treatment facility, they put themselves in harm's way.¹¹ To combat a high level of runaway behavior at VisionQuest, the Department of Children and Families and the Human Services Police increased their presence on the campus. Following the moratorium on admissions, Department staff members were present on campus five days per week.

These steps, along with a decrease in the number of children at the program, enhanced staff training and improved programming, significantly reduced the number of youth who ran away from the facility. Over the 2-month period January through February 2007, there were 189 runaway incidents. During that same period in 2008, no youth ran away from the campus and two ran away while at home on passes.¹²

Improved Staffing, Training and Credentialing

Through interviews with youth and staff members at VisionQuest, both the Child Advocate and the Department identified concerns with staffing, training and credentialing, including high staff-to-child ratios and inadequate training.

Staff-to-child ratios now exceed those required by licensing regulations,¹³ translating to closer supervision of youth at the facility. Staff members have been trained to avoid inappropriate physical contact, such as horseplay, with youth. Staff intervene when youth are aggressive toward one another and are better equipped to recognize gang-like behavior. VisionQuest no longer uses temporary direct care workers¹⁴ and has agreed to comply with necessary background checks before allowing staff to be alone with youth.

In addition, VisionQuest assessed the need for increased staff training. Training is now offered at least three times per week in such areas as team treatment, setting boundaries, behavior management and adolescent youth development, among other topics.

Improved Medical Care

During the Child Advocate's investigation, issues also emerged related to medical care. Efforts are ongoing to address such issues as updating vaccinations and keeping the mental health treatment team apprised of youth's medical needs.¹⁵

Some advances have been achieved. Children are now receiving more timely medical and dental care and have greater access to nursing care. Contracts with healthcare providers have been updated. Efforts are ongoing to improve direct care staff knowledge and support of medical directives. Medication is now dispensed more carefully and privately. The medical and mental health sections of a youth's chart have been better integrated.

Expanding Treatment Services

Prior to the Child Advocate's involvement, VisionQuest lacked needed treatment services, such as substance use treatment and an anger management program.

To improve services to youth with substance use issues, VisionQuest contracted with an agency to provide substance abuse screening and substance abuse education. Efforts continue to provide individual and group substance abuse counseling.

To assist youth to learn to manage anger, VisionQuest implemented Aggression Replacement Training (ART) groups,¹⁶ which promote positive social behaviors, anger control and other skills to help youth develop and mature. VisionQuest staff were trained to conduct these groups, which were implemented in fall 2007. In addition, an enhanced behavioral modification system is in place and treatment records have been improved.

Team treatment meetings bring together the clinical and direct care staff to help the direct care staff understand the treatment and medical needs of each child for whom they are caring. Staff attendance at these meetings has climbed from 68 percent in October 2007 to 85 percent in May 2008, according to data supplied by VisionQuest.¹⁷

Active Recreational and After-School Programming

It is important for youth to be engaged in constructive activities during their “downtime,” as unstructured time can lead to disruptive behaviors, such as running away and fights.¹⁸

The Child Advocate reviewed the activities schedules and found an increased number and variety of activities both on and off-campus. After-school and recreational programming are now available at VisionQuest and are continually enhanced, leaving youth with less unstructured time and reducing the risk of altercations. VisionQuest now employs an activities coordinator to develop a broader range of both on-campus and community-based recreational and after-school activities. The scope of programming has been enhanced through the input of the newly-formed youth government. The establishment of the youth government also shows a clear commitment to child-centered care.

Recreation rooms equipped with games and televisions were set up on both the boys’ and girls’ campuses. Youngsters now earn the privilege of spending time there. Youth report a greater sense of ownership of these programs and work to earn the many desirable activities that include trips to shows, New York City and sports games.

Motivating Youth

VisionQuest previously maintained a policy of housing newly-admitted youth together, thus limiting positive interaction with peers who are farther advanced in the treatment phases. In addition, the program also compelled youth to repeat treatment phases if they showed declines in behavior. Most youth saw this repetition as a setback, which caused them to feel discouraged, adding to the risk of acting out.

As part of the reform process, VisionQuest began to integrate new residents by housing them with children in other phases of treatment. Interviews with youth and clinical and administrative staff indicate this has been a positive change. Youngsters report they benefit from the example of youth who are successfully progressing through the treatment phases and achieving higher levels in the behavior modification program. VisionQuest also discontinued the practice of having youth repeat phases of the program due to behavioral setbacks.

Enhancing Family Participation and Systems Involvement

Family involvement and participation is crucial to a child’s progress in any treatment program, as is active participation by agencies that support children, such as DYFS, Youth Case Management and Care Management Organizations. To improve communication among VisionQuest, family members and agencies and ensure greater participation in the treatment and discharge planning process, VisionQuest developed a new staff position. The Clinical Case Manager’s role is to support the clinical staff at VisionQuest. Case managers also work with families and outside provider agencies to

inform them of upcoming meetings, discuss home visits and provide feedback about progress.

While it is acknowledged that participation of family and outside agencies is not completely under the control of VisionQuest, this new position is a positive effort toward improving outcomes for children by facilitating family involvement and enhancing interaction across the systems that work with them.

Appropriate Reporting of Critical Incidents

Reporting suspected abuse and neglect is mandated by statute,¹⁹ while reporting critical or unusual incidents is required by an Administrative Order.²⁰

Reporting the occurrence of critical incidents is of central importance in ensuring the safety and well-being of youth in congregate care. Reports to the state's child abuse hotline, known as the State Central Registry, and the Unusual Incident Report Management System enable agencies to access assistance, trigger necessary investigations and provide feedback to regulatory systems about areas in need of improvement.

Concerns about compliance with reporting requirements were identified at VisionQuest. Staff members were failing to report incidents appropriately and were not using the unusual incident reporting system effectively. The problems generally stemmed from both a lack of staff training on the type of incidents to report and a confusing, outdated reporting system. VisionQuest has committed to reporting all incidents as mandated and has shown improvement in compliance with reporting.

Additionally, in order to discuss ways to clarify compliance with abuse and neglect and unusual incident reporting mandates, a meeting was held at the Department of Children and Families with Child Advocate staff, VisionQuest and the monitor. VisionQuest has committed to reporting all incidents as mandated.

Tracking Progress

These substantial improvements in physical safety, supervision, staff training, behavioral interventions, clinical treatment and medical care have resulted in a safer, more effective treatment experience for youth, improving the chances they will return to their communities equipped to meet the challenges of adulthood. Reforms are ongoing and there is still work to do. As with any facility, problems can still arise, but increased oversight and methods for improving and measuring progress are expected to help more readily identify and address issues.

To help sustain improvements, VisionQuest entered into a detailed contractual agreement that required the facility to meet established performance measures designed to promote better care and treatment of youth at this facility.

These benchmarks collaboratively forged among all parties and implemented with the help of the monitor seek to empower the facility to take greater ownership of the steps required to improve their facility. They strive to measure a child's progress through the program decrease the use of restraints, enhance family and agency involvement, increase staff training and improve clinical, medical and recreational programming.

Improving Residential Care for All New Jersey Children

The findings of the Child Advocate's investigation have implications that extend beyond VisionQuest. In the course of this investigation, it was necessary to examine the systems currently in place to monitor the care and treatment of children at state-contracted facilities. Through this process, the Child Advocate identified key systemic issues that may have implications for other residential facilities that serve youth. The Child Advocate has been working collaboratively with the Department of Children and Families to develop broader responses to these issues.

The problems identified at VisionQuest that require such broader responses included:

- Repeated licensing violations were cited but this process alone did not address long-standing health, safety and programmatic problems. The Office of Licensing did not initiate the provisions available under N.J.A.C. 10:127-2.3 for "Denying, suspending, revoking or refusing to renew a certificate of approval."
- A lack of communication among state agencies and other entities charged with the care of children impeded effective identification and remediation of recurring high-risk situations, such as high levels of runaways and the overuse of physical restraints;
- A need to ensure that the outcomes for children served in New Jersey's residential treatment centers are carefully measured and assessed, and are linked to contracting;
- A need for a more comprehensive spectrum of community programs to serve youth in the least restrictive, most appropriate setting possible to meet their needs; and
- A need to review and reform the process of reporting critical incidents.

As stated previously, most children who require the services of a residential program like VisionQuest may have experienced family instability, abuse or neglect, educational failure, spent time in correctional facilities, and/or struggled with behavioral and mental issues.

New Jersey's residential treatment centers are charged with providing a safe setting that meets these children's need for structure, education, mental health treatment and medical care. Most importantly, these children require a program that enhances self-

esteem and fosters the belief that they can succeed. When these needs go unmet, a youth's problems are likely to worsen.

To ensure that all residential treatment facilities meet these essential responsibilities, the state is undertaking significant steps to strengthen oversight of these facilities. In addition, the Child Advocate has identified areas that are in need of further improvement.

New Risk Management System

To improve communications across state agencies, the Department of Children and Families is implementing a new approach to risk management at residential facilities across the state.

This new system promises to identify and address problems before they reach a crisis level. It will use a risk management team comprised of various internal units charged with different roles in the oversight of congregate care facilities. This team will meet regularly to review data and share information about the different areas of oversight of each facility. This information will be used to track concerns at facilities and identify appropriate intervention to strengthen programs and reinforce the safety net for youth in congregate care. The system will also assign levels of monitoring: routine monitoring, early alert or red alert status.

This is expected to lead to early identification and remediation of identified problems, which will promote the safety, well-being and effective treatment of youth in these centers.

The Department, with input from the Child Advocate, is developing a set of criteria that will be used to identify at-risk facilities, such as the number of allegations of abuse or neglect within a certain time period, the number of repeat licensing violations that are not effectively abated or certain types of unusual incidents, such as restraint use that leads to injury.

The relevant departmental units to be included on the team are the Institutional Abuse Investigations Unit, the Office of Licensing, Contracting, the Unusual Incident Report Management System and the Divisions of Youth and Family Services and Child Behavioral Health Services.

When concerns are identified, the team will recommend an appropriate response to the Department's executive management and follow-up plans will be put in place. The Child Advocate believes this should also include the development of a mechanism to address repeated patterns of violations with definitive measures that can include corrective action up to and including closure of a program.

The Child Advocate commends the Department for initiating this important change to safeguard youth in residential facilities. The Child Advocate is also committed to ensuring these new policies strengthen communication to more actively include families, case and care management entities, DYFS case workers, schools, courts, and legal representatives, all of whom play a critical role in furthering the well-being of children. These entities should be increasingly included in communications about the status of individual children, as well as conditions at a facility where these children are placed, thus improving their ability to advocate for a child's best interests.

Clarifying Unusual Incident Reporting

The Department is reviewing the administrative order that governs the reporting requirements for unusual incidents in an attempt to clarify which incidents must be reported. The Department continues to welcome the input of the Child Advocate in this effort. The Unusual Incident Report System is a critical process that can be used to identify problems both within and across residential facilities and serve as a catalyst for change and prevention.

The current system originated in the Department of Human Services and is geared toward use with adults. The reporting categories are inconsistent and somewhat subjective, causing confusion among reporters. This can result in providers either over-reporting or underreporting incidents. In addition, the reporting categories are different than those used for licensing regulations, creating a disconnect between two systems that should be working together to identify and ameliorate problems at state-funded institutions. The Child Advocate recommends that the Department convene a team that includes the Office of the Child Advocate and mental health providers to assist Department officials in examining the current reporting system and identifying ways to improve that system.

Tracking Outcomes

Currently, the Division of Child Behavioral Health Services is creating a new contract for residential treatment providers that includes reporting certain outcomes, such as the percent of youth who are discharged to less restrictive settings and the percent who are still in less restrictive settings six months post discharge.

In addition, the Department of Children and Families is currently establishing a consistent set of reportable information to assess each residential treatment center's performance. Known as "data dashboards," this accountability system has already been implemented for the Care Management Organizations, Youth Case Management and other system partners, which oversee treatment of thousands of New Jersey children. These systems are now tracking the following measures at various intervals, beginning three months after a child has started treatment.

Information tracked includes:

- The status of a youth's mental and behavioral health needs,
- Family strengths,
- Level of risk behaviors,
- School behavior, attendance and achievement
- Legal system issues and delinquency.

This is another step forward in measuring outcomes for children with mental health needs. It should be noted, however, that this process depends on providers conducting thorough assessments of their clients, which in many instances must include discussions with staff at a child's school, any treatment or service providers involved with a family, law enforcement when appropriate and others who can offer insight into a child's strengths, needs and the progress being made. In some cases, it may also require review of certain records, including educational or law enforcement records.

Creating More Community-Based Programs

In reviewing VisionQuest documents and the Department's clinical case reviews, the Child Advocate found instances where it appears some youth remained at VisionQuest beyond the point at which they were deemed ready for discharge to a less restrictive level of care, again due to limited aftercare options.

Moving youth out of residential placement and into community settings is critical for several reasons. First, it is best for youth with behavioral and mental health issues to be treated in the least restrictive and most appropriate placement that can meet their needs while also preserving ties to family, school and community.²¹ While some youth may require a high level of structure and supervision to address their issues, such interventions should be time limited with a focus on stabilizing youth so they can be re-integrated into their communities.

Second, when youth enter residential programs, a treatment plan is developed that describes goals and timeframes for completion. Upon achieving those goals, youth expect to be discharged to a less restrictive level of care. When this fails to happen, they are likely to feel anxious and frustrated, which can lead to regression in behavior and result in the need for continued placement. Not only is this detrimental to the child, it is also expensive, with residential care generally costing \$100,000 a year per child. Unnecessarily keeping youth in this level of care also means that treatment may be delayed for other children, due to a lack of available beds.

The Department of Children and Families is currently developing less restrictive, community-based treatment programs for all youth, including those living at home and those in out-of-home placement. In a few instances, negative community response to a residential program has hampered the development of these programs.²²

The Child Advocate stands ready to work cooperatively with the Department to identify ways to aid in the development of these resources by educating communities about the importance of supporting the successful re-integration of youth who are ready to move back into their neighborhoods.

Conclusion

The Child Advocate found that reforming a facility like VisionQuest can be likened to the process of healing the children these facilities serve. Both interventions work best with a multidisciplinary approach that emphasizes communication among stakeholders, implementation of best practices to bring about and measure change and the importance of timely, consistent responses when problems arise.

For the balance of 2008 and into 2009, the independent monitor will continue to oversee and support VisionQuest's reform efforts and report to both the Child Advocate and the Department of Children and Families on VisionQuest's progress, with the goal that the changes detailed in this report continue to be implemented, sustained and translate to improved care of New Jersey's vulnerable children.

The Child Advocate's primary mission is to ensure the safety and well-being of children who are involved with state systems, especially the child protection, mental health and juvenile justice systems. To accomplish this goal, the Child Advocate monitors certain state agencies, using the office's statutory authority to hold these agencies accountable for the care and treatment of children under state supervision or guardianship. The Child Advocate recognizes that all children have the right to be safe, healthy and well educated. Through effective collaboration with policymakers and stakeholders, the Child Advocate works to craft innovative approaches to achieve positive change for New Jersey children.

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Chief Investigators on this project were: Gianine Christiano, Maria McGowan, Rachel Modiano, Denise Palermo and Kate Riordan.

Youth Report Positive Experiences at VisionQuest

As VisionQuest implemented reforms, the Office of the Child Advocate visited and spoke with four youth at the facility on a monthly basis to learn about their experiences at VisionQuest.

These teens entered VisionQuest between late 2007 to early 2008, when significant aspects of the reforms had already taken hold. Ranging in age from 15 to almost 18 years old, these teens provided their views on various issues. Most had been involved with various state systems during their young lives. These youth expressed understanding of the program, including the need to complete all the phases before being able to return to their communities.

“You have to finish all of the activities in the ‘direction’ (phase) to graduate,” one youth said. “It is not hard to follow the rules... (staff) put you in the right way if you are about to do something bad.”

All four were moving at a good pace through the treatment phases. None had spent more than five weeks in the orientation phase. They were on the cusp of reaching the third phase within five months of admission. They were aware of their discharge plans, which were all to less restrictive settings, such as home, a relative or group home.

By and large, youth spoke positively about their treatment. “My therapist is very laid back, but also enthusiastic... not boring like other therapists,” one teen said. The teens were articulate about the problems that sent them there. “I need to work on my anger, learn to make better decisions, respect people and learn to think before I act,” one teen said.

The youngsters expressed mixed views about the “wilderness” aspects of the program and its Native American roots. They said the abstract nature of “circles” and other ceremonies are difficult to relate to their daily lives back in New Jersey’s cities. Most, however, said they enjoyed working with horses in the equine therapy program, which seemed to give them a sense of responsibility and caring for another living creature.

“Once you’ve picked a horse, you can’t give up on them because...you owe it to them to give them a chance. You can’t just pick a horse and abandon them,” one teen said.

These four youth also reported feeling safe at VisionQuest. Understandably, youngsters expressed personal preferences when it came to staff members, but none described staff members who behaved inappropriately. Moreover, the teens knew they could reach out to youth advocates on campus or could call the state’s child abuse hotline in the event of a concern about abuse or neglect.

They reported no runaway incidents, nor were there any descriptions of gang-like activity on campus. One youth said the boys in his residence are “like brothers,” adding that if someone talks about running away, the others would try to talk him out of the idea.

Some of the youngsters had been involved in incidents that required restraint, though these generally included physical redirection, such as a suggestion to move to another area of the room accompanied by a hand on the youth’s arm, rather than restriction of movement. In each case, youth said staff tried to de-escalate the situation first. All the youth said a debriefing followed the incident, as did a medical check-up. Many said the debriefing helped them understand what triggered the incident and how it might be avoided in the future. All recognized that restraints were supposed to be used only when there is a concern for danger to self, others or risk of significant property damage.

The teens we interviewed said they received medical care, such as vaccinations and flu-shots, as well as care for headaches and stomach aches. All knew how to access medical care and felt it was available if needed.

The teens said they had ready phone access to family members and knew how to earn the privilege of home visits. However, actual frequency of family visits varied based on the youth’s individual circumstances. Some children were eligible for home passes, but due to lack of family involvement, were unable to go home. Those who did visit home noted that VisionQuest staff helped with transportation to and from home visits.

We were especially encouraged by the youngsters’ comments about feeling heard and that VisionQuest staff and administrators were listening to them. While all were not immediately aware of the Youth Government on campus, they did eventually learn of this group and some eventually were voted onto the council by their peers. The youth spoke positively about the changes that resulted. These included more trips, such as outings to basketball games and travel to New York City and Washington, D.C. The council has also been helpful in improving the quality of life on campus, the youth reported.

“We asked for longer shower times and got them,” one youth said. “We are working on getting better food,” another added.

Finally, the desire to return to their communities was a universal theme. Each teen spoke of going home, finishing school and achieving success. One youngster beamed while speaking about academic accomplishments on campus.

“This is the most ‘As’ I’ve seen on a report card since I was little,” she said, adding that she hopes to go to college and then on to law school. “VisionQuest is my second chance.”

Appendix A How New Jersey Monitors Youth in Out of Home Placements

The Department of Children and Families (DCF) is the agency primarily responsible for providing oversight of residential treatment facilities for youth. Various divisions or offices within the Department serve different oversight functions.

Additional agencies involved with these children, but not under the Department's direct management include ValueOptions, Youth Case Management (YCM), and Care Management Organizations (CMO). These agencies contract with the Division of Child Behavioral Health Services (DCBHS). The Human Services Police (HSP), another agency that provides oversight, is under the direction of the Department of Human Services (DHS).²³

Contracting: Administers and exercises review and/or approval authority over various state contracts and/or grants, including those for residential treatment centers. State contracts include both the programmatic and financial requirements that an agency must deliver in a given year.²⁴

State Central Registry, also known as the Child Abuse Hotline: All allegations of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported. The Child Abuse Hotline is a toll-free, 24-hour, 7-day-a-week hotline.

Institutional Abuse Investigation Unit: The Institutional Abuse Investigation Unit is a child protective service unit within the Department of Children and Families that investigates allegations of child abuse and neglect in out-of-home settings with 24 hours of the report.²⁵ Based on the evidence of the investigation the Institutional Abuse Investigation Unit makes a determination as to whether the allegation of abuse and/or neglect is substantiated or unfounded.^{26 27}

Division of Youth and Family Services: DYFS is New Jersey's child protection and child welfare agency within the Department of Children and Families.²⁸ DYFS' mission is to ensure the safety, permanency and well-being of children and to support families.²⁹ DYFS investigates abuse allegations when a child is living at home, while the Institutional Abuse Investigation Unit investigates when the allegations indicate abuse occurred in an institutional or out-of-home setting.

Office of Licensing: The Office of Licensing is the licensing and regulatory authority of the Department of Children and Families for child care centers, resource family homes, adoption agencies and residential programs. The Office of Licensing inspect, evaluates and approves publicly or privately operated facilities that provide board, lodging, care

and treatment services for children who are placed and/or financed by a New Jersey State agency.³⁰

Division of Child Behavioral Health Services: The Division of Child Behavioral Health Services is housed within the Department of Children and Families and serves children and adolescents with emotional and behavioral health challenges and their families.³¹

Unusual Incident Report Management System: All Division of Child Behavioral Health Services entities and contracted entities are required to report unusual incidents and submit subsequent follow-up reports to the Continuous Quality Improvement Department³² in accordance with Department of Human Services Administrative Order 2:05, "Unusual Incident Reporting and Management System (UIRMS)."³³ The Continuous Quality Improvement Department reviews all reports of unusual incidents and the corrective action plans to prevent their reoccurrence and may require subsequent actions to address the issues reviewed.³⁴

ValueOptions: ValueOptions serves as the statewide Contracted System Administrator (CSA) for the Division of Child Behavioral Health Services.³⁵ In addition to serving as the access point to the system of care, ValueOptions provides telephonic care coordination, bed tracking for out-of-home placement, data management and customer service.³⁶

Care Management Organizations: Care Management Organizations are non-profit organizations that provide care management services to children with complex needs and their families with the goal of maintaining the child in their home, school and community.³⁷

Youth Case Management: Youth Case Management programs are housed within non-profit and for-profit organizations ranging from hospitals to agencies providing a broad range of behavioral health services. Youth Case Managers assist children discharged from inpatient care to reunite with their families and reintegrate into the community. Additionally, Youth Case Managers assist youth and families with a moderate level of need to link with community based services.³⁸

Human Services Police: Human Services Police Officers are charged with protecting some of New Jersey's most vulnerable residents, including those in institutionalized care.

End Notes

¹ Letter from Dr. E. Susan Hodgson, Child Advocate, N.J. Office of the Child Advocate to The Honorable Kevin M. Ryan, Commissioner, N.J. Department of Children and Families (April 4, 2007).

² Letter from The Honorable Kevin M. Ryan, Commissioner, N.J. Department of Children and Families to Dr. E. Susan Hodgson, Child Advocate, N.J. Office of the Child Advocate, (April 4, 2007).

³ E-mail from Lou Kassa, State Director, VisionQuest – New Jersey to Gianine Christiano, Senior Child Advocate, N.J. Office of the Child Advocate (May 19, 2008) (on file with the Office of the Child Advocate).

⁴ E-mail from Lou Kassa, State Director, VisionQuest – New Jersey to Denise Palermo, Assistant Child Advocate, N.J. Office of the Child Advocate (June 18, 2008) (on file with the Office of the Child Advocate).

⁵ Letter from Linda S. Murphy-Knoll, Interim Executive Vice President, Division of Accreditation and Certification Operations, The Joint Commission to Beth A. Rosica, Ph.D., Education, Vice President Service Centering, VisionQuest – New Jersey (May 28, 2008) (on file with the Office of the Child Advocate).

⁶ More information on VisionQuest history, locations, services, and program structure can be found on the company website available at <http://www.vq.com>.

⁷ N.J.A.C. §10-127-6.13a.

⁸ N.J.A.C. §10-127i(1).

⁹ N.J.A.C. §10-127-6.13b(2).

¹⁰ E-mail from Lou Kassa, State Director, VisionQuest – New Jersey to Gianine Christiano, Senior Child Advocate, N.J. Office of the Child Advocate (May 19, 2008) (on file with the Office of the Child Advocate).

¹¹ Mark Courtney, Ada Skyles, Gina Miranda, Andrew Zinn, Eboni Howard, and Robert Goerge, Youth Who Run Away from Substitute Care, Chapin Hall Working Paper, Chapin Hall Center for Children at the University of Chicago (2005), *available at* http://www.chapinhall.org/article_abstract.aspx?ar=1382.

¹² E-mail from Lou Kassa, State Director, VisionQuest – New Jersey to Gianine Christiano, Senior Child Advocate, N.J. Office of the Child Advocate (May 19, 2008) (on file with the Office of the Child Advocate).

¹³ N.J.A.C. §10-127-5.3a.

¹⁴ E-mail from Lou Kassa, State Director, VisionQuest – New Jersey to Denise Palermo, Assistant Child Advocate, N.J. Office of the Child Advocate (June 18, 2008) (on file with the Office of the Child Advocate).

¹⁵ VisionQuest, Medical Corrective Action Plan (August 13, 2007) (on file with the Office of the Child Advocate).

¹⁶ Arnold P. Goldstein and Barry Glick, Aggression Replacement Training: A Comprehensive Intervention for Aggressive Youth, Research Press (1987).

¹⁷ E-mail from Lou Kassa, State Director, VisionQuest – New Jersey to Denise Palermo, Assistant Child Advocate, N.J. Office of the Child Advocate (June 18, 2008) (on file with the Office of the Child Advocate).

¹⁸ Mark Courtney, Ada Skyles, Gina Miranda, Andrew Zinn, Eboni Howard, and Robert Goerge, Youth Who Run Away from Substitute Care, Chapin Hall Working Paper, Chapin Hall Center for Children at the University of Chicago (2005), *available at* http://www.chapinhall.org/article_abstract.aspx?ar=1382.

¹⁹ N.J.S.A. §9:6-8.10.

²⁰ Department of Human Services Administrative Order 2:05.

²¹ Bazelon Center for Mental Health Law Merging System of Care Principles with Civil Rights Law: Olmstead Planning for Children with Serious Emotional Disturbance (November, 2001).

²² Child Welfare League of America Standards of Excellence for Residential Services, Revised Edition, CWLA, Inc. (2004), <http://www.cwla.org/programs/standards/cwsstandardsgroupcare.htm>.

²³ For a complete organizational chart for the Department of Children and Families see http://www.state.nj.us/dcf/about/DCF_TO.pdf.

²⁴ *See generally* <http://webapps.dop.state.nj.us/jobspec/51252.htm>.

²⁵ Department of Children and Families, Institutional Abuse Investigation Unit, <http://www.state.nj.us/dcf/divisions/operations/iaiu.html>.

²⁶ N.J.S.A. §9.6-8.21c.

²⁷ According to the New Jersey Division of Youth and Family Services On-Line-Manual Volume III E, "Institutional Abuse/Neglect Findings and Recommendations," the IAIU uses the definitions of abuse and neglect as set forth in Title 9 of New Jersey Statutes as the framework for substantiating abuse/neglect. In order to categorize a case as substantiated there must be a preponderance of evidence supporting a finding of abuse or neglect. The category of "unfounded" is used when there is not a preponderance of evidence that the child was harmed or placed at substantial risk of harm; or there is not a preponderance of evidence indicating that a parent, caregiver, temporary caregiver, institutional caregiver or child was involved. Note: "Not substantiated" was eliminated as a child protective service finding determination for CPS [Child Protective Services] reports received on or after April 1, 2005. From April 1, 2005, forward, IAIU must make a definitive finding of whether a child is abused or neglected (i.e., substantiated) or not (i.e., unfounded). Upon the elimination of "not substantiated" from case practice, the IAIU uses a finding of unfounded when a preponderance of evidence indicates the actions of the caregiver were either unjustified and/or inappropriate but did not cause serious harm or risk of serious harm to the child.

²⁸ The Department of Children and Families is comprised of four divisions: the Division of Youth and Family Services, the Division of Child Behavioral Health Services, the Division of Central Operations, and the Division of Prevention and Community Partnerships.

²⁹ Department of Children and Families, About the Division of Youth and Family Services, <http://www.state.nj.us/dcf/divisions/dyfs/>.

³⁰ Department of Children and Families, Office of Licensing, <http://www.state.nj.us/dcf/divisions/licensing/>.

³¹ Department of Children and Families, Division of Child Behavioral Health Services, <http://www.state.nj.us/dcf/behavioral/>.

³² In a recent administrative restructuring at DCF, the Continuous Quality Improvement Department, previously under the direction of DCBHS, was moved to the DCF-Division of Central Operations.

³³ The first duty of the individuals involved is to ensure the health and safety of the child/youth/young adult. Unusual incidents shall be reported as quickly as safety allows; however, it is the responsibility of all of the above entities to report unusual incidents within the time frames established within the policy. The child's parent/caregiver/legal-guardian shall also be informed of any child-specific incident, unless contra-indicated.

³⁴ See Division of Child Behavioral Health Services Policy, #DCBHS-013, "Reporting Unusual Incidents to division of child Behavioral Health Services" and Department of Human Services Administrative Order 2:05, "Unusual Incident Reporting and Management System."

³⁵ Welcome to ValueOptions New Jersey, <http://www.vonewjersey.com/>.

³⁶ Department of Children and Families, Need Help? - How to Access Services, <http://www.state.nj.us/dcf/behavioral/help/>.

³⁷ Department of Children and Families, Need Help? - How to Access Services, <http://www.state.nj.us/dcf/behavioral/help/>.

³⁸ Department of Children and Families, Youth Case Management Services, <http://www.state.nj.us/dcf/behavioral/help/youth.html>.