

Minutes
Family First - 24/7 Intensive Treatment (QRTP) Workgroup
Meeting Date: December 4, 2020 | 2:00 - 3:30 pm
Zoom Meeting

Welcome

- Co-chairs Linda Dixon and Alyssa Goduti welcomed participants to the meeting. Because much of the work has been done by smaller workgroups, the purpose of this meeting was to have report-outs regarding the work to date. A document with a summary of the small groups' recommendations will be sent out to everyone, and the contents of each document will be combined into one cohesive document containing the QRTP workgroup's recommendations.
- The workgroups are 1) Certification, 2) Aftercare, 3) Family Engagement, and 4) 60-Day Judicial Review

Certification

- Ted Sanford explained that the Certification group talked about accreditation being a possible barrier, as well as application processes in other states. They developed the parameters for what an application would look like, which would analyze the quality of work and tie this to court reviews.
- The group plans to re-look at the monitoring tool after the application is finalized to determine whether it is trauma informed. Alyssa Goduti asked whether he could speak in more detail about it being trauma informed. Ted explained that there are fourteen models across the state, and ongoing monitoring is required to determine whether the trauma-informed models will be successful. Alyssa followed up to ask whether there is variation on which trauma-informed model would work, and Ted said that there is. This flexibility is always appreciated. Seeing the ways to bring the trauma-informed models to life will help providers understand how to implement them.
- It was recommended that the workgroup consider attaching a timeline for providers to help them understand what things would look like 30 days in, 60 days in, and during the aftercare process.
- The deadline to have something in place is October 2021. The rolling date is June 2021, and it is also possible to file an extension until 12/31/2021.
- Some feedback for the workgroup is that even with no reimbursement, it might be possible to make an internal decision. Some site visits have been pushed back due to COVID; if a provider applied in good faith but has been slowed due to the pandemic, perhaps they should be given more time.
- The application has a few sections, including information on: 1) accreditation, with appendices showing verification; 2) trauma-informed; 3) family engagement; and 4) aftercare. These questions are weighted by importance. Applications are scored, then their strengths and weaknesses are reviewed. There is also a QI process.
- Linda Dixon suggested the licensing team collect the materials, and Alyssa agreed that this would avoid creating an additional process and instead streamline it to fit an existing process. Ted confirmed the licensing team is working closely to avoid duplicative materials.

Aftercare

- Six months of aftercare are required. Alyssa Goduti and Ted Sanford jumped in to explain what the workgroup has discussed so far. It has been an active group, and they previously presented their plan, which has not changed much. The key components are an individual approach, intense care coordination, mentoring/coaching, not always a clinical staff (someone they have a strong connection with) and a tiered approach.
- There will be a fiscal cost, and they will send information to fiscal to see if it is possible to reduce. They have also been reaching out to licensed clinicians for their service rates.
- One person asked whether, for families without social media or a phone if there could be funding for transportation for in-person services. This question would need to be followed up by fiscal.
- Linda liked this as well as what is being done elsewhere (ex. Monthly checklists) and asked if we have an idea of how many families would not have internet access. Alyssa said that school districts would have data on this issue, and another person said that about 70% of their clients had internet access (some access was provided by the child's school). It is unclear whether families can use their devices for other supports besides education. Folks had heard of families saying they used the devices for other things, but this may not reflect actual district policies, which likely vary by district.
- Access to technology is helpful, but we do not want to duplicate efforts. It might be useful to learn more about district policies and security practice.
- A workgroup member asked whether continuity of care is the primary focus for the aftercare. They have found that the acuity of kids leaving is higher than ever – they need a high level of care after they leave. This member had not heard anything addressing whether psychiatric care is part of aftercare. Ted replied that yes, continuity of care is the focus. The QRTP is not necessarily responsible for providing the medical or psychiatric care, but they would link to them.
- Another person pointed out that it is important to have psychiatric care available as a bridge during the transition out of the QRTP. There is sometimes a delay, restrictions (e.g., a QRTP being unable to prescribe a medication), or waitlists. This can cause the family stress and be a setback. Linda suggested that this be discussed with Bob Kavanaugh.
- If we are paying for the psychiatric care, then more of them would be needed in the QRTP. How this could be resolved is unclear, given that there is currently not enough of them. It is also unclear how to pay them, since coming up with a cost-neutral system is hard enough. This may be a broader workforce issue.
- One person gave an example of giving pediatricians the ability to contact psychiatrists to write prescriptions; they could step in provided no changes were made shortly prior to discharge. As long as the prescription is medically consistent, they would have the ability to handle this.

Family Engagement

- This workgroup has had lots of good discussions regarding best practices. There are several key ideas.
- **Communication plan/use of tech:** consider using texting as a method of communication and documenting that (e.g., regularly connecting), since kids use this so often.
- **Safety:** show youth how to use tech safely.
- One participant was unsure about this, since in their group home cell phones have often been used inappropriately. They have had to restrict their use. It is a good idea in theory, but it often does not work in practice. Alyssa agreed that it invites challenges, but maybe youth could have guided access. Another suggestion was to have a program which monitors or restricts what the phone can be used for. It was also mentioned that some kids with cell phones/social media use these to contact families. We should discuss how to incorporate this contact. This does not necessarily add a new dynamic but can be included in the plan. Linda liked how much the nuances of tech were being discussed.
- Moving back into the recommendations, it would be best to consider having a family advocate at each agency for added support.
- **Family cross-collaboration:** there should be ways for families to meet the families of other kids in the program. This would help the family to feel less isolated and provide them with a network and structure of support. There are a variety of families who may learn from similarly situated families. Linda shared that they have talked a lot internally about this. Another person added that FAVOR has something like this, but it would not necessarily involve a warm handoff or be specific to the family's situation.
- **Coaching/workforce development:** This could be an opportunity for providers to learn more about family engagement. They can define what meaningful family engagement means and learn to articulate that (beyond just visits). One suggestion was to expect the family to partake in a service (Circle of Security, etc.) so they can more authentically see the impact of the service. Another suggestion is to have a warm handoff to a family mentor, which would improve discharge outcomes.
 - One member wondered how this could be implemented in a cost neutral way. Utilizing many services would require much manpower – how can we accommodate this added cost? A possible solution is to have the QRTP serve as a coordinator and make connections but not actually provide the services and access. From a family perspective, there is a lot to figure out and it can be overwhelming.
 - The federal requirements are not very clear – the QRTP has to make aftercare available, but the Children's Bureau has not clarified whether the onus is on the QRTP to provide the aftercare. It is possible the QRTP could provide care coordination and make sure families have adequate access to services but not be the entity to provide those services.
 - One person said it might be necessary to have more SFITs for youths to go to after being in the QRTP, but another person felt that discharging to an SFIT would be a failure of planning and discharge.

60-Day Judicial Review

- This workgroup has been active and had a lot of discussions. Vincent Russo (DCF Legislative Program Director) has helped to clarify the language around the Department and the Judicial branch. They have received permission to utilize the system for ARG-CANs access, and Beacon will help with the matching. If the legislation passes, the Department will be able to file with Judicial to begin the process.
- Judicial has reassured them that in anticipation of this change, they have engaged with Casey Family Programs and their judges have developed expertise and initiated training. When the legislation passes, they will move forward, but they feel prepared.
- Mickey Kramer shared that she was surprised to learn that this process only applied to youth who are DCF-involved, not all who are served by the QRTP. This is a smaller portion of kids than she initially thought.
- One member was impressed that judicial has taken on that level of preparation. The hope is that they will look at the level of match and oversight, not get lost in the nitty gritty of care. In Connecticut, sometimes there is not good matching due to low variety/availability, and the goodness of fit is challenged. Hopefully this will help prepare families and close the geographic gap in services.
- It was asked whether the group could share more about the process only applying to DCF-involved youth. Kate Dwyer explained that is what the legislation (46B-129) references because it directly relates to Title IV-E funding regarding the appropriate/least restrictive environment to draw funding.
- Ken Mysogland explained that the review is meant to determine if the placement meets the child's needs, in which case the Department can receive reimbursement. If the court does not feel the placement is the best fit, this does **not** mean that the child must be moved out of the placement, only that the Department will not be reimbursed.
- One person shared that they are still concerned that the court judicial process is outside of the normal way of conducting things – they are worried this could become one-sided.
- It was reiterated that the federal legislation allows states latitude on whether the review is conducted by judicial or an administrative body, but the CT judicial branch has said both pre and post-COVID that they want to be the one to conduct it. That being said, some group members still have concerns about how tricky it is to determine fitness
- A member asked if the provider will be able to provide input during the hearing. It was confirmed that for children in DCF custody, information on how the child is doing is critical to the determination, and one would expect the provider to share that information. The group decided this should be discussed with judicial, but we absolutely hope the provider would be involved.
- Judicial will also have some latitude in how the hearings will be carried out, but there is room for some discussion around the process. We need collaboration and input from all sides, including the family and permanency teams.
- The group briefly discussed what parts of the judicial process may not be family friendly. For example, a subpoena can be very intimidating and is the opposite of what you would want

families to deal with. Ken agreed but said there could be other legal processes instead. There is also presumably a CQI process involved somewhere. The group agreed it is important to have the least bureaucratic/intimidating process for families.

- The whole initiative is the start of a new day and different way of treating kids with complex needs.

Closing Thoughts

- Linda and Alyssa thanked the workgroup for their efforts and all the taskforce for their contributions. The workgroup will be sent materials from each of the subgroups, which will be consolidated into one document.