

Minutes
Family First- 24/7 Intensive Treatment (QRTP) Workgroup
Meeting Date: March 3, 2020: 9:00 am- 12:00 PM
The Alliance, Rocky Hill, CT.

Agenda:

- **Introduction, Welcome, and Framing (Ken/JoShonda)**
- **Slide Overview and Handouts**
- **Possible Deliverables/ Key Task**
- **Action Items/Next Steps (Group Discussion)**
 - **Who/What/When**

Introduction, Welcome, and Framing

- The group co-leads Alyssa Goduti (President and Chief Executive Office-Adelbrook Behavioral and Developmental Services) and Dr. Linda Dixon (Child and Family Administrator at the Department of Children and Families) began the meeting at 9:10 am by introducing themselves and welcoming members. Group members introduced themselves.
- Ken Mysogland and JoShonda Guerrier, Department of Children and Families, Family First State-Wide Co-Chairs provided an overview of Connecticut's Family First Prevention Plan.
 - Ken shared how this initiative began in November 2019 and has included work with over 200 partners across the state to develop the Family First Prevention Plan. Those partners consist of: sister agencies, contracted providers, grass root organizations, and families and youth.
 - These partners have come together to assist the Department of Children and Families in identifying the most high risk populations in our communities; and redesigning services to prevent children from coming into our services and from coming to the attention of the Department.
 - Connecticut's Prevention Plan identifies candidates for foster care (i.e. groups) in our communities and what evidence-based services can be matched to provide services to these groups, so these individuals do not come into care.
 - The Family First work in Connecticut has begun because the Department fundamentally believes that children are best served in their own homes, safely and with proper supports. If children cannot remain in their homes, they should be placed with kin. Congregate Care settings should only be utilized as a treatment setting and not as a placement setting.
 - Currently in Connecticut, 6-7 % of youth are in congregate care.
 - If a youth has to be placed in a higher level of care, the facility will need to be a qualified residential treatment facility.
 - Connecticut's goal is to submit its prevention plan to the Feds, no later than July 2020, for approval to commence implementation by October 2020.
 - Ken identified the six (6) workgroups and their tasks:
 - **The Candidacy Workgroup** chaired by JoShonda Guerrier and Dr. Jeff Vanderploeg defined Candidacy for foster care.

- **The Programs and Service Array Workgroup** chaired by Elizabeth Duryea and Dr. Elisabeth Cannata focus on aligning services to match the needs of our children and families.
- **The Community Partnership and Youth and Family Engagement Workgroup** chaired by Beresford Wilson and Tim Marshall goal is to take current information from all subgroups, talk about it, and bring it back to the community (i.e. families and youth) to discuss. The feedback (i.e. key points, areas of clarification, questions, etc.) from community members is shared with the workgroup. A survey will be sent to families and youth involved with the Department, as well as those who are not, to obtain feedback regarding service delivery within their communities.
- **The Fiscal and Revenue Enhancement Workgroup** chaired by Cindy Butterfield and Dr. Allison Blake, will determine funding streams.
- **The Kinship and Foster Care Workgroup** chaired by Tina Jefferson and Randi Rubin-Rodriquez focus on support services and the development of a Kinship Navigator Program for kin before, during, and after involvement with the Department.
- **Governance.** This group will ultimately decide and provide recommendations (i.e. Candidate definition, recommended services, funding streams, design of kinship and foster care work, structure of congregate care) to the Commissioner. The composition of the Governance group was described.
- Members were encouraged to visit the Family First website: CTFamilyFirst.ct.gov. On this website, members will find agendas, meeting minutes, handouts, videos, and links the approved Prevention Plans from the four (4) other states.
- JoShonda outlined the six (6) broad Candidacy definitions:
 - Families with accepted Careline calls.
 - Families who have been accepted for Voluntary Services.
 - Pregnant and parenting youth in foster care.
 - Siblings of children in foster care.
 - Youth exiting to permanency or youth aging out of DCF foster care.
 - Families with certain characteristics who are identified through a community or neighborhood pathway:
 - Children who are chronically absent from preschool/school or are truant from school.
 - Children of incarcerated parents.
 - Families with youth with specific needs.
 - Youth at high risk for Law Enforcement Contact/system involvement.
 - Families and youth experiencing substance use disorder or co-occurring mental health conditions/disabilities impacting parenting.
 - Infant born substance-exposed (as defined by the state CAPTA notification protocol).
 - Families with targeted behavioral health or other health-related need.
- Once a child had been identified, options for services is extended to caregivers.

- Family First is interested in In-Home evidenced-based supports that are focused on:
 - Mental Health Prevention and Treatment
 - Substance Abuse Prevention and Treatment
 - In-Home Parent Skills-Based Programs and Services

Slide Overview and Handouts

- **Qualified Residential Treatment Programs (QRTPs) Standards.**
 - Members were referred to the QRTP Fact Sheet. This information will be posted on this workgroup's site.
 - Linda mentioned that this workgroup will not replace the forums (i.e. providers meetings, etc.) that already exist.
 - Linda stated that this is a short-term group. The group needs to outline the short-term deliverables and then later work on long-term deliverables.
- In the QRTP area, the Department of Children and Families has an extension. Programs will have until September 2021, to comply with the different provisions.
- Members were asked to review the QRTP Fact sheet, which list the broad QRTP requirements.
- DCF Staff has been in close contact with Bob Cavanaugh, ACF-Federal liaison, a QRTP point person.
- Connecticut is ahead of other states in the manner in which youth are placed in residential treatment (i.e. CANS, Scopes of services, etc.).
- Since 2011, there has been a down-size in congregate care.
- Broad Overview of QRTP were provided.
- Linda noted that the Department has reached out to providers to obtain information regarding:
 - Treatment models.
 - Accreditation sources.
- Residential Program Information slide reviewed.
- Question: Linda asked members to think about how they would approach and engage youth and their families differently, if you are a QRTP? What types of trainings, supervision, and staffing may need to be adjusted?
- Members were asked to think creatively about this process.
- Question: Linda stated that due to shorter length of stays in the STAR Homes, as a team maybe we should look at cutting the requirement in the contracts to 50 days?
- Expenditures associated with DCF Congregate Care reviewed.
- Snap Shot of required QRTPs (i.e. service types, difference requirements, trauma-informed interventions, etc.) were reviewed.
- 6 month family based aftercare support discussed.
- Members were asked to keep in mind that aftercare will be individualized, as it will depend on the needs of the child.
- Question: Can aftercare include referrals to existing services?
 - Response: As a group we will need to look at what are the best practices for aftercare. In addition, we will need to determine what the aftercare will look like, especially after looking at other approved plans.

- Care Coordination was discussed.
- Question for Bob Cavanaugh: What about care coordination as an aftercare service? If a child and family are referred to a robust network of community providers, what is the acceptable role for the QRTP re: the six (6) months of aftercare provisions? Is coordination of the community services sufficient?
- Members should be prepared for six (6) months of family-based aftercare.
- Question for Bob: Can QRTP aftercare make use of video and telephone conferencing, apps, and other technology to deliver services?
- Question: Is the State providing any guidance for preparing judges and lawyers?
 - Response: It has been left up to the jurisdiction. Ken stated that the Department has had discussions with judicial regarding legislation pertaining to QRTPs. The Department has put forth legislation that will outline in the statute what the QRTP and court process for placements to be approved will look like. Secondly, Ken spoke of how it will be important to assist the court in understanding the clinical information provided to them.
- Question: What about independent representation of the child and youth 18+ years?
 - Response: These questions have been posed to the legal department.
- Question: A member asked if there are ways in which Beacon Health could be helpful (i.e. Filling out a summarized information form) in addressing information that goes to court at the 60-day mark?
- Member suggested engaging someone from the Public Defender's office in this process and to discuss the future role of the courts.
- Question: Currently, Medicaid does not pay for Skype, will there be a change because it is a different funding source?
 - Response: We will have to see how other states are addressing this issue.
- Question: Are cultural competencies being addressed? Are there demographic breakdowns of the kids in the care systems, according to ethnicity?
 - Response: This information can be obtained through Beacon Health and from DCF.
- AWOL Prevention Protocol discussed.
- Ken stated that the QRTP criteria from the feds does not address racial and ethnic disproportionality.
- Question: Is disability being tracked?
- Comment: Jim mentioned that licensing is going to write regulations for QRTPs and this group will be part of the team. There will be an opportunity to embed some of these issues into the regulations. A member stated that some of this can be done through CLAS Standards.
- Questions: In regards to regulations, are there a dozen of bills before Congress to amend this? Is there a sense that any of this is going to happen?
 - Response: Nothing has been heard, but this will be explored.
- Question: Will the length of stay be processed before a judge in the legal system?
 - Response: Ken stated that at the next meeting, let's come prepared to discuss legislatively what has been proposed, the mechanics in the juvenile court system, and who is responsible for providing the documentation.
- Linda noted that there is "relaxing" on some of the standards around timeframes.

- Member noted the use of binary terms within the slide presentation and the need to be more inclusive (i.e. LGBTQIA+).
- Linda asked group members to complete the online Survey Monkey.

Possible Deliverables/ Key Tasks

- Linda noted that Aftercare is an important component, especially since providers do not normally afford six (6) months of aftercare.
- Question: In regards to the target population for Care Coordination, can the State make a decision to say that the Candidates for Family First are eligible for Care Coordination Aftercare? Has this been contemplated?
 - Response: JoShonda stated that none of the meetings have been specific to aftercare. She stated that there are opportunities to explore this issue. The Program and Service Array group, has not had any conversations about QRTP Aftercare and what it could perceivably look like.
- Comment: A member mentioned that there are aftercare programs that last for at least six (6) months (i.e. Extended Day (EDT) and IICAPS). While we may not call them aftercare, they do extend to the amount of time that is required.
- Respite was discussed.
- Question: If fiscally there is payment for the QRTP, which includes six months of aftercare, what happens if the agency refers the client somewhere else (i.e. EDT)? Is the EDT piece being paid separately or is EDT included in the amount being paid for the QRTP? It's important to know the difference.
 - Response: Ken stated that the amount paid is embedded in what the provider is already doing, while the youth is being served.
- Question: Is there a cut-off point where funding can be shifted and continued by another program who will provide the six (6) month aftercare service? How do you cover the cost of an external provider?
 - Response: This issue will be presented to the fiscal group.
- Question: Have there been any discussions about a fiscal consequence, if a kid six months out requires a higher level of care or requires the same level of care? The question of program efficacy and if there are anticipated potential consequences if the child and/or family does not do well were raised.
 - Response: Ken stated there could be two different sets of outcomes and criteria we are discussing here. This group's charge is to specifically look at how we achieve the QRTP status, are we ready, and what are the components that we need to develop. Post treatment interventions are not what this group will be focusing on.
- Linda discussed long term group goals: Researching trauma-informed models, how to build a trauma-informed system, and looking at outcomes.
- Documentation (i.e. during and post-care) of siblings/family involvement were discussed.
- There are not a lot of internal DCF policies and procedures related to the placement of youth in residential treatment. This will be reviewed.
- Linda stated it would be nice to have a Flow Sheet (visual) to mark timeframes.

- The Outline of various processes (i.e. assessing how information get to the court and targeted disposition planning around the 60-day benchmark). Linda mentioned having a system in place as a reminder for the 60-day benchmark.
- Question for Bob: Any additional guidance on the role and structure of the 60-day judicial review?
- Linda noted the following possible deliverables:
 - Documentation for involvement of permanency team in placement.
 - Survey of regional, youth, and family needs.
 - Creating trauma-informed systems.
- Question: In regards to regional needs, are rates variable depending on the region?
 - Response: This question will be forwarded to Bob Cavanaugh.
- Question: Does DMHAS have any programs where parents with substance use reside with their child programs?
 - Response: Yes. Please see the following link: <https://portal.ct.gov/DMHAS/Programs-and-Services/Women/Specialty-Programs>

Action Items/Next Steps

- Linda asked members to present any questions they may have regarding what has been discussed the first half of this meeting.
- Question: In regards to Aftercare, When does it start, who provides it, how is it funded, and is aftercare an additional or separate rate?
- Question for Bob: Do reimbursement rates factor in differences in regional cost of living?
- Question: In regards to the judicial branch, how do you determine length of stay, while making sure that benchmarks are completed?
- Question: Is there a time line for achieving accreditation, if you are just starting the process?
 - Response: An extension had been given until September 2021. JoShonda stated she was going to do additional research on this issue. She wants to clarify how the extension process will factor into the State's plan to go live with our prevention plan in October 2020.
- Comment: It may be incumbent upon this group to develop what the aftercare component looks like and the cost associated with it. This information should be shared with the fiscal group.
- Question: There is a strategic question for the Department. Are we in the right place, since we have been downsizing for years? If we continue to shrink, what are the implications for residential programs?
- Ken stated that there has been a trending down in regards to congregate care services. He emphasized the fact that there are no definitive decisions made on what the congregate care delivery system should look like. He anticipates that as Family First work continues and more evidence-based programs and supports are identified, this will lead to less youth needing more intensive treatment. This will mean less referrals. Children will remain with their families/kin, will need less intensive care and not need state custody.
- Ken shared information about a new model for therapeutic foster care- Functional Family Therapy (FFT).
- Question: Will cost reimbursement for residential treatment be reviewed?

- Question: This question relates to the utilization of existing services for aftercare programs. Considering the wait list that exist for programs like IICAPS, how do you create new programs to do aftercare that do not exist at this time?
- Comment: There is a delay in the accreditation process, due to the number of agencies attempting to get accredited because of Family First. Linda stated that the delay has been noted.
- A member mentioned "Wendy's Wonderful Kids" as great aftercare service provider.
- Comment: a member asked about the accessibility of services for Parents with Cognitive Disabilities.
- Comment: There is a need to have representation from The Department of Developmental Services (DDS) and the Department of Education to discuss how to serve kids with special needs (i.e. dually diagnosed, children with Autism and children with Intellectual Disabilities).
- Question: Is it possible to get a specific definition of what Aftercare means, especially in terms of responsibility and liability?
- Question: Youth that identify as transgender? We have talked about what fits in the QRTPs, but how do we serve kids in this special population (i.e. Transgender youth, age 18 and older)? Will this population be teased out?
- Question: Can we make a compelling argument with the legislature about accessing the "rainy day fund"? This would be for providing other preventive services.
- JoShonda asked if members have heard information that may need to be researched or investigated that might impact the work that we are doing.
- Question: Is there any intent of Prison Rape Elimination Act (PREA) being a part of licensing for QRTP?
- A member mentioned that in Massachusetts when they submit their plan, they are hoping to circumvent the judicial piece. Massachusetts has the idea that qualified individuals can be named as others, so they are using family networks/ service liaisons to do the approvals.
- Alyssa mentioned that in two weeks there may be some survey data to review.
- Linda stated that members will be receiving the link for the Survey Monkey. Members will have two weeks to complete the survey.
- The Child Welfare League of America has a conference in Washington, DC on the 25th of March. Family First has a number of prominent workshops at this conference.
- Questions for Bob Cavanaugh:
 - Can respite at the QRTP be part of the aftercare plan? Would the respite be Title IV-E reimbursable?
 - What liability does the QRTP take on for the quality and safety of community based aftercare services provided by other community based agencies?

Next Meeting: March 17, 2020, 9:00 am- 12:00 pm.

TBA. (Cancelled due to COVID-19)