Montana Family First Readiness Assessment: CONGREGATE CARE

The federal Family First Prevention Services Act (FFPSA) will provide permanent federal funding for services that keep families together and prevent foster care placements. The Montana Department of Health and Human Services (DPHHS) is currently working with partners to develop a statewide implementation plan, which will go into effect by October 2021.

Implementing FFPSA and new requirements for Qualified Residential Treatment Centers (QRTCs) will involve significant changes in the operation of congregate care facilities. To gauge understanding of the new requirements, the UM Center for Children, Families & Workforce Development interviewed leadership staff from 17 congregate care organizations, representing all of the state’s approximately 600 congregate care beds. While most staff interviewed had some knowledge of the legislation, staff from some of the shelter programs did not.

The Center conducted phone interviews in April and May of 2019 with leadership staff from these congregate care providers:

- AWARE
- Discovery CCCS
- Florence Crittenden
- Great Falls Receiving
- Intermountain
- Kairos
- Montana Community Services (MCS)
- New Day Ranch
- Open Gate
- Partnership for Families
- Sequel – Wyoming
- Shodair
- Ted Lechner
- Watson
- Youth Dynamics (YDI)
- Yellowstone Girls and Boys Ranch (YGBR) Youth Homes
- Youth Homes
Summary of Responses with Challenges & Recommendations

1) What is your general awareness of FFPSA and Qualified Residential Treatment Center requirements?
   - 3 None
   - 4 Attended conference or stakeholder roundtable
   - 10 At least somewhat familiar

**Challenges**
Several of the providers indicated that they wanted more information from DPHHS as to how the plan would be formulated and direction for how the department expects the requirements to be met.

**Recommendation**
Reach out to providers who are unfamiliar with FFPSA and offer an introductory training. Shodair, Youth Homes, YDI, Kairos, and Partnership for Children have already benefited from face to face interactions. All organizations have benefited from the opportunity to participate in the November 2018 roundtable discussion and from this survey.

2) Are you accredited by the Joint Commission (JCAHO and TJC), CARF, or Council on Accreditation (COA)?
   - 5 COA
   - 2 CARF
   - 1 JCAHO
   - 1 In process (COA)
   - 8 Licensed but not in accreditation process

**Challenges**
Accreditation will be particularly difficult to afford and execute for shelter care and small providers (one to three homes). A couple of providers are considering accreditation but reported that they did not want to go through accreditation and then find out that the accreditation wouldn’t be accepted.

**Recommendation**
Clarify what type of accreditation will be required under the new law, with specific attention to shelter care and small providers. Determine if in Montana all congregate care beds will be required to meet QRTP standards and, if not, which beds will be exempt. Disseminate the information to the providers.
3) How do you assure appropriate diagnosis?  
Do you use standardized assessment tools?

- Psychiatric assessment
- Don’t do diagnosis, or child already has diagnosis
- Clinical assessment (“several tools” and “Clinical Assessment 10”)

**Challenges**
Finding provider agreement on a single tool will require significant work. Shelter care homes do not appear to provide in-house assessments. The therapeutic group homes also do not use one specific tool for diagnosis.

**Recommendation**
Identify specific assessment tools to assure appropriateness of placement and/or develop assessment standards defining criteria for providers. Shelter care facilities have additional challenges because they do not employ clinical staff. For further recommendations, see Question 7 below.

4) Are you a “trauma informed” agency or program?
What capacity, ability, or desire do you have to meet trauma informed standards? 
If you are working toward being described as trauma informed, what standards are you using?

- Providing trauma informed care
- Have some understanding of trauma informed care
- No report

**Challenges**
Providers report various levels and strategies of engagement and adoption of trauma informed care standards.

**Recommendation**
Work with the Linking Systems of Care (Vision 21) group at the University of Montana to help establish state-adopted standards that meet trauma informed criteria while allowing providers to build on direction, approach, and investment already they have already committed.
5) Does your organization currently employ or contract with nurses for care of children?

- 3 Nurses on staff
- 14 None currently

**Challenges**
Providers report the ability to contract for nursing if funding were available, but they almost unanimously believe that hiring a nurse would be both too difficult and cost prohibitive.

**Recommendation**
MT DPHHS could internally consider the total number of medically needy clients who are placed (how many beds do we think we need?) and develop those beds with the appropriate providers based on findings.

6) Does (or has) your agency have the capacity to serve children with medical needs?

- 5 No
- 2 Yes, currently
- 5 Depends on level of need
- 1 Not now but have in the past
- 4 No report

**Challenges & Recommendations**
Same as for Question 5 above.

7) Does your organization have clinical staff available to meet treatment plan goals?

- 11 Yes
- 1 Makes contract referrals
- 5 No or no report

**Challenges**
Shelter care facilities have not been required to have on-site therapists as part of the program. Clinical staff is already a licensure requirement of therapeutic homes. Hiring and retaining clinicians is challenging for many providers, so positions are sometimes vacant even if they exist.

**Recommendation**
DPHHS will need to design and manage a contract or referral network to assure appropriate clinical placement and that treatment is in place when necessary. The final section of this document proposes a work group focused on shelter care.
8) How does the agency involve parents during the course of placement? Are families typically involved in discharge planning? What are the challenges?

- Yes, there is a plan in place
- No (reasons cited: confidentiality, family not available)
- Depends on family availability and if allowed by Youth Court and Child & Family Services Division (CFSD)
- Have existing plan to actively offer when possible

**Challenges**
Shelter care facilities often see their role as providing safety from the family on behalf of the child, and family engagement is seen as beyond the scope of care. Most providers identify challenges of getting families to engage even with innovative solutions in place, such as housing and teleconferencing.

**Recommendation**
Engaging families consistent with FFPSA will require new norms and cultural change, along with development of specific strategies. Additionally, we must examine how we approach locating family placements through “child-find” and how we define family for CFSD children who are placed in congregate care.

9) Does your organization provide follow-up or aftercare with the children and families post-discharge?

- No
- We try, with minimal success
- Yes

**Challenges**
Organizations that provide an array of community services are most likely to identify the ability to provide aftercare. This question posed some confusion, as congregate care providers neither are funded nor have they designed programming to offer formal aftercare as required by FFPSA. Providers are encouraging the state to rework the Home Support Services and Targeted Case Management rules and reimbursement rates to make this a viable service option.

**Recommendation**
Complete work in collaboration with Children’s Mental Health Bureau to amend rules and increase incentives for providers to provide Home Support Services and Targeted Case Management consistent with the needs of CFSD. Explore options for use of IVE or IVB funds to reimburse for post discharge services. See Question 8 above for recommendations on post-discharge solutions.
10) What are your questions and concerns about FFPSA and QRTPs?

- Need for guidance from the state regarding timelines and the regulations process. Providers are concerned that time is going by and they have not heard anything. They understand the legislative session is all encompassing but would like information as soon as possible.

- The law requires evidence-based approaches, but there are not that many evidence-based approaches for congregate care. Providers would like DPHHS to provide a list of accepted evidence-based practices.

- There is an understanding of the need for preventive services, and providers realize that it is important to move children out of congregate care, but often there are no available foster families or safe places to move them.

- Providers stated that they try to work with families as well as they can. However, it can be difficult to find family members, and sometimes families are resistant to being involved.

- The timelines to place children in a family setting are not realistic.

- General concerns about state involvement: “The state should take a step back.” “What is the state doing?”

- Shelter providers feel the new law will put them out of business. There is not much shelter care in the state, and some providers feel people who do not know what it is like to provide shelter designed the rules. One program has already had to close a shelter.

- Shelter care providers believe they cannot meet QRTP standards and that the rules were not written for them.

- Providers want the state to be clear about the rules. For example, the accreditation process is very expensive, and people don’t want to go through it and then find out it needs to be done differently.

- Several people expressed concern about the requirement to employ or contract with a nurse. Nursing services are expensive, and the reimbursement rates would need to be increased. In addition, a provider expressed that having a nurse on staff or contract may increase the number of children who are on unneeded prescription medications, as they already spend a great deal of their time taking children off prescribed meds.

- Providers want to know the requirements for aftercare. It is very difficult to get families to commit to aftercare.

- Several providers reported that increasing the reimbursement rates was important.
Proposed Work Groups

The challenges identified through this survey need to be addressed in teams of providers and state workers. We propose the following work groups. Each group will meet up to three times and then submit recommendations (using a decision brief) to the FFPSA Steering Committee. Work groups will be strictly limited to making recommendations for their designated focus area. Using Zoom or Webex for initial meetings will reduce travel costs and time commitments. Work groups can then make the decision about whether to proceed with face-to-face follow-up meetings.

Assessment Work Group
- Recommend standardized assessment tool, or criteria that an assessment tool chosen by individual providers must meet.
- Clarify pathway and timelines for assessment, payment source, and who is responsible for completion (for example, congregate care providers or placing agent/CPS worker).

Trauma Informed Work Group
- Define standards or criteria of how a congregate care facility would demonstrate meeting trauma informed requirements.

Family Engagement Work Group
- Recommend timeline and process for family find or other mechanism to identify and manage discharge planning. The process must be inclusive of family members.
- Identify specific strategies and expectations for providers to engage family members.
- Recommend a mechanism to measure provider compliance with family engagement requirements.
- Recommend structure and cost of delivering six months of aftercare to identified family members.
- Recommend a process to measure outcomes (for example, the child remains in stable, permanent placement one year after discharge from congregate care)

Shelter Care Work Group
- Evaluate cost-benefit of shelter care meeting QRTP criteria.
- Recommend strategies specific to shelter care to meet all criteria.