

Aftercare Assessment Report

Aftercare Workgroup

February 2024

Agenda

Agenda

- Background
- Methodology
- Findings
- Best Practices
- Recommendations
- Summarize and Next Steps
- Questions



Aftercare – What Prompted Us

Some QRTPs weren't billing for services

- Aftercare is a QRTP Contractual Requirement
- Currently 79 contracted QRTPs
- Only 15 billed aftercare services between June and August 2022

Aftercare Background

- **Policy and Contract Requirements**

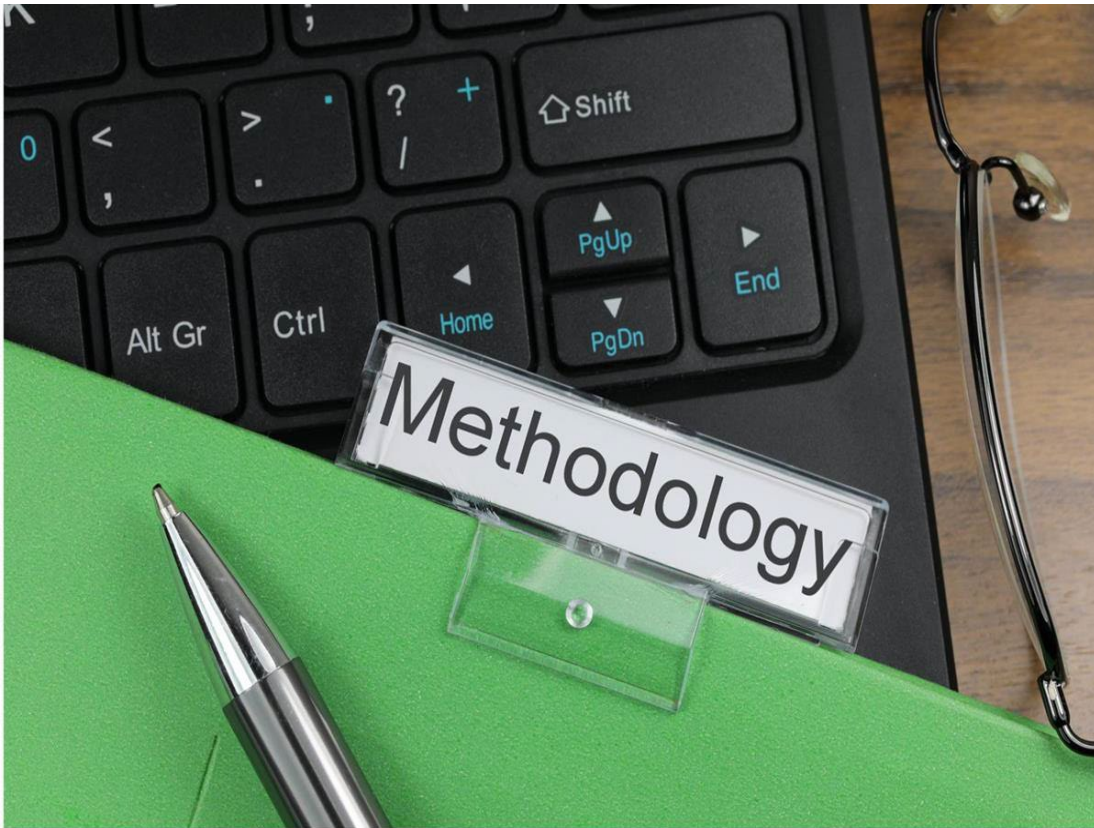
- In order to facilitate quality aftercare services, the Contractor must **maintain community involvement, facilitate ongoing family voice and choice, and transition/permanency planning.** This Contractor must demonstrate a **strong commitment to achieving permanent connections** for every youth to ensure permanency and a **broad family/community support network** is in place for each child served. **Permanency planning** ensures regular contact between youth, families, siblings, and significant adults.
- The Contractor must **collaborate with CMH, MDHHS permanency resource monitors and education planners, community providers, family members, RPU staff and the primary worker/agency** to partner in activities such as FTMs, conducting ongoing relative search efforts, and identifying mentors for the youth and the family.
- **Discharge planning must begin at the time of admission to residential services.** The residential service provider must develop an initial discharge plan within 30 days of the child's admission. A review of the discharge plan must be completed quarterly and no more than 30 days prior to discharge. The discharge plan must be **created in collaboration with the child, parent(s) or guardian(s), agency with case management responsibility, foster parent(s), relative caregiver(s), local CMH providers, Permanency Resource Monitor (PRM), and the residential staff.**

Aftercare Background Continued



- The residential service provider must provide aftercare services for each child discharged from residential services contracted by MDHHS. Aftercare services must continue for a duration of six months post discharge and must be provided to children who are discharged into a community setting.
 - Two Levels of Services that may be Provided
 - **Level one aftercare services are provided when the child has services being provided in the home by CMH, a Prepaid Inpatient Health Plan (PIHP), or another provider approved by program office.**
 - **Level two aftercare services are provided by the residential provider when the child is not receiving services from CMH, a PIHP, or a service approved by program office.**
- Data/Stats on the value of Aftercare is non-existent
- Determined that an analysis would be helpful
- Need to look for shorter and longer-term solutions
- Need to look at cost vs no-cost solutions

Methodology



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

- Contract with BBI
- Analyzed Clinical Review Issue
- Formed a Workgroup
 - Discussions with QRTP Directors
- Conducted Listening Sessions
 - CMH Representatives – Large representation (Justin and Laurie)
 - QRTPs – One Live and two email responses (Melissa)
 - Family – One family, email (Foster family, with youth from Eagle Village)
- Reviewed Best Practices
 - BBI Information
 - Workgroup Discussions

Major Findings

Lack of Understanding / Clarity of Aftercare Requirements

- **Finding 1 – Interpretation of contract & policy language varies widely among QRTPs around provision of aftercare.**
 - Purpose and focus of family-based aftercare
 - Types of services and supports the family really needs
 - Need for sufficient quality teaching/coaching support for the family
- **Finding 2 – Communication between QRTPs and CMHs is not consistent in regard to what CMH can provide/authorize for aftercare.**
 - Issues with the CMHs' ability to respond/deliver the needed family-based aftercare services and supports and the accountability for outcome
 - Challenge with initiating aftercare as early as possible due to lack of next permanent placement
- **Finding 3 – Collection and tracking of aftercare data is not occurring.**
 - Understanding differences in family-based aftercare delivered by type of QRTP and clinical profile of youth, etc.
 - Monitoring and improving performance of QRTPs and CMHs



Major Findings Continued

Appears that staffing shortages throughout the state are affecting all systems.

- **Many QRTPs say they lack the appropriate number of staff to provide quality family-based aftercare.**
- **CMHs also say they lack the appropriate number of staff to provide family-based aftercare services.**
- **Proactive efforts/interventions for families prior to a child entering the child welfare system and/or a QRTP are not reaching their full potential largely due to the staffing crisis with CMHs throughout the state.**



Recommended Family-Based Aftercare Best Practices

1

Collect and use data to improve quality of family-based aftercare services provided based on type of QRTP and clinical profile of youth and needs of the family as well as the CMHs that provide this service.

2

Involve family advocates/parent partners throughout the entire intervention.

3

Incentivize QRTPs and other providers delivering family-based after care services based on outcomes.

4

Expand our resources to support children and families in the least restrictive setting possible.

Recommended Family-Based Aftercare Best Practices



- Develop successful aftercare approaches that foster long-term success, residential leaders commit to residential intervention as a short-term, permanency-focused, family-focused, youth-guided, trauma-informed, and culturally and linguistically competent intervention.
- Consider promising and/or best clinical and support practices, and/or developed models of care, that emphasize working with families in their homes and communities during pre-admission, in-program residential services, and aftercare services.
- Begin to develop the discharge plan pre residential admission and ensure that this plan includes a strong aftercare component.
- Ensure that residential staff, including Family/Parent Partners and Youth Partners/Peer Mentors, work in the homes and communities of the youth and families throughout the entire residential intervention, from pre-admission through the in-program component of the residential intervention, to ease the transition to aftercare.

<https://buildingbridges4youth.org/family-engagement-toolkit/module-5-special-topic-area-effective-aftercare-strategies>

Recommended Family-Based Aftercare Best Practices

- Identify and/or develop community connections for youth throughout the residential intervention and continue and strengthen these connections during the aftercare component.
- Identify and/or develop social support networks for youth and parents throughout the residential intervention, including aftercare.
- Consider the developmentally appropriate aftercare needs of older adolescents.
- Ensure continuity of care – keep the same team engaged with the family from pre-admission through aftercare.
- Continue to emphasize Family/Parent Partners and Youth Partners/Peer Mentors during the aftercare portion of the residential intervention.
- Develop a relapse prevention plan prior to residential discharge.
- Work to strengthen and/or build effective partnerships with community organizations that can support the unique needs of each youth and family throughout all components of the residential intervention.

Recommendations

Finding 1: Contracts & Policy

Short term Recommendations

- **No Cost/Low Cost**
 - Communicate the contract requirements, modify language to include “process” specifics.
 - Clarify Policy/Contracts regarding whether services can be provided virtual or not: i.e., what ‘In-person’ and ‘face-to-face’ mean.
 - Develop a guide to send to QRTPs and CMHs with information on family-based aftercare expectations and highlighting the aftercare best practices: i.e. supporting the family in navigating the various systems the youth are involved to support the family and the child, learning new skills and how the family can learn to be together again, and individualized family support including family therapy as needed.
- **With Cost**
 - Educational events, meet and greets between agencies, providing TA and coaching for providers (QRTP and CMH) who need it.



Recommendations

Finding 2: QRTPs & CMHs

Short term Recommendations

- **No Cost/Low Cost**
 - Reduce the amount of required documentation which is extremely burdensome for staff.
 - Examine changes to licensing/credentialing requirements for staff to address barriers to having a diverse workforce.
 - Be creative in the delivery of aftercare services, i.e. – skill building to “learn the new steps” for families versus traditional family therapy.
- **With Cost**
 - Create and support meaningful workforce recruitment and retention.
 - Enhance and encourage the use of family/parent partners.

Long term Recommendations

- Ongoing focus on long term staff retention, examine ways of increasing staff to perform aftercare services.



Recommendations

Finding 3: Aftercare Data – Collection & Tracking

Short term Recommendations

- **No Cost/Low Cost**
 - Expand review processes to include tracking differences in family-based aftercare delivered by type of QRTP and clinical profile of youth, etc.
 - Strengthen review process to look at aftercare processes during compliance monitoring and provide technical assistance.

Long term Recommendations

- **No Cost/Low Cost**
 - Additional Data requirements/analysis of QRTP/CMH provider and network specific issues
- **With Cost**
 - Outcome tracking post aftercare involvement
 - Performance based contracting and incentivization
 - Expand our resources to support children and families in the least restrictive setting as possible

Additional Recommendations for Family-Based Aftercare to Consider

Provide

- Provide more details around what should be done/services to be provided/give examples such as building safety plan, respite, etc.

Develop

- Develop a guide and educate providers around this
 - Have the focus on youth and family readiness and permanency – everyone owns this including CMH/Q RTP subcontracted providers

Involve

- Involve Family Advocates/Parent Partners
 - They serve a critical role providing the psychological safety for the family to engage
 - Important for them to be involved throughout the aftercare services

Use

- Use a phased approach to implementing the changes
- Provide TA to providers on the how to's of providing aftercare
 - Expect all existing & new Q RTPs, their subcontractors, & CMH staff to listen to BBI Module 5/other relevant online materials for basic understanding, provide tailored TA as needed

Use

- Use data to monitor and shift practice & improve quality of the providers & state
 - By type of Q RTP
 - By clinical profile of youth and needs of family

Contract/rate

- Contract/rate setting for post involvement outcomes (12 to 24 months post Q RTP)
- Institute performance based contracting and incentivizing the Q RTPs, their subcontractors, and CMHs to provide quality family-based aftercare using the recommended best practices

Next Steps

The Road to Success

- **Step One** - Explore contracting with BBI for additional support to the QRTP providers and MDHHS staff to implement the recommended best practices on slides 7-10.
- **Step Two** - Update the QRTP and CMH contract language to include more detailed information related to expectations of family-based aftercare services.
- **Step Three** - Give the workgroup a new charge to focus on the short-term recommendations to develop quality training and a Practice Guide and develop a plan to implement the other short term and long-term recommendations.



Questions?

Topics Covered:

- Background
- Methodology
- Findings
- Best Practices
- Recommendations
- Next Steps

Additional Questions?

Please email:

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Additional Family Based Aftercare Best Practices Resources



Examples of:

- Definitions
- Detailed Guidance of services with examples
- Practice Guide for providers
- Performance based contracting
- BBI educational and training resources

Sample Family-Based Aftercare Definition

Aftercare refers to

providing services and supports to a youth and family in their homes and communities after the in-residential program services and supports have been completed.

Aftercare services include in-home work and support for the youth and family, working directly with different community service and support organizations, implementing effective safety plans (including backup safety plans) for all family members, and ensuring that natural supports and networks are in place for all family members.

<https://buildingbridges4youth.org/family-engagement-toolkit/module-5-special-topic-area-effective-aftercare-overview/>

State Example - Aftercare Definition/Services Detailed Guidance

Indiana

- <https://www.in.gov/dcs/files/Standard-Aftercare-Definition-7.21.21edits.pdf>
 - Provides more details with focus on both the youth and family
 - Describes the services and gives examples
 - Provide detailed minimum service standards
- <https://www.in.gov/dcs/files/QRTP-Aftercare-Addendum-7.21-edits.pdf>
 - Provides further clarification for when Aftercare applies and does not and payment related issues

State Example - Aftercare Definition/Services

Detailed Guidance continued



Indiana continued

Aftercare Services support both the child and their family and can include a wide range of offerings.

Aftercare Services for youth may include, but are not limited to:

- Coordination of the youth's stakeholders and collateral contacts (i.e. probation officer, family, therapist, etc.)
- Connection with education and/or career resources
- Connection with social and community resources
- Management of behavioral, mental, and physical health services
- Support in development of familial and peer relationships
- Connection with skills-building resources (i.e. courses on financial literacy, career skills, life skills)
- Connection with relevant support groups and/or treatment services
- Connection to transportation resources

Indiana continued

- Aftercare Services should be provided in a culturally and linguistically sensitive manner. Aftercare Services are provided based on a youth's specific needs and level of care and may be required by youth and/or their families outside of normal business hours. Services should include both the child and their family with the child playing an active role in their Aftercare.
- Assessment, assistance, and support of the needs of parents and/or caregivers and family while incorporating family feedback. Examples of support include, but are not limited to:
 - o Parenting skills courses
 - o Family therapy
 - o Structured planning
- Consistent and ongoing engagement with youth and families with a minimum of four attempts per month through various forms of communication (mailing, home phone, cell phone, email, text, and face-to-face)

State Example – Aftercare Practice Guide for Providers

Minnesota

Qualified Residential Treatment Program Discharge Planning and Aftercare Practice Guide for Children in Foster Care

December 2022

Includes a section of Resources for planning and treatment models e.g.

- ❖ Certified Family Peer Specialists (CFPS)
- ❖ Collaborative Intensive Bridging Services

State Aftercare Services – Parent Partners Example

Iowa

Families receive Parent Partners (PP). Parent Partners provide support to parents that are working towards reunification. Parent Partners mentor one-on-one, celebrate families' successes and strengths, exemplify advocacy, facilitate training and presentations, and collaborate with the DHS and child welfare.

State Aftercare Services – Performance Based Contracting Examples



North Dakota

- To receive performance-based compensation, the youth must not re-enter into a QRTP within the 6-month period.

Tennessee

https://www.tn.gov/content/dam/tn/dcs/documents/for-providers/PBC_Basic_Principles.pdf

https://www.tn.gov/content/dam/tn/dcs/documents/for-providers/TN_DCS_Contracts_Rates.pdf

BBI Resources

Permanency

- <https://buildingbridges4youth.org/wp-content/uploads/2022/05/BBI-Informational-Permanency-Document-1.pdf>

Aftercare TA for Providers

- <https://buildingbridges4youth.org/family-engagement-toolkit/module-5-special-topic-area-effective-aftercare-overview/>
- <https://buildingbridges4youth.org/family-engagement-toolkit/module-5-special-topic-area-effective-aftercare-strategies/>
- https://buildingbridges4youth.org/wp-content/uploads/2022/05/Building-Bridges-Matrix-Final-for-web_0_0.pdf
- <https://buildingbridges4youth.org/wp-content/uploads/2022/05/Building-Bridges-Initiative-SAT-Updated-18th-September-2020-2-2.pdf>
- https://buildingbridges4youth.org/bbi-technical_assistance_and_training/train-the-trainer-curriculum/