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

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Introduction

The Family First Prevention Services Act (FFPSA) federal legislation changed the way child welfare services are provided to Minnesota children in foster care. FFPSA establishes placement prevention services to strengthen families, prevent maltreatment, and address other conditions that lead to out-of-home placement. When out-of-home placement is necessary, FFPSA encourages family foster homes as the primary placement setting. The intent is to limit use of congregate settings by establishing new requirements for county and tribal agencies and residential facilities to assess children's needs, and developing services that meet their specialized needs, as well as court reviews. Establishment of these new requirements transforms child welfare systems, keeping children and families together, preserving family connections when residential placements are necessary.

In complying with FFPSA to ensure high-quality treatment and care in congregate care settings, a series of certifications for eligible specialized settings were created. Foster residence settings and children's residential facilities are eligible for certification obtained through the Minnesota Department of Human Services' (department) Licensing Division. Certification options include:

- Qualified residential treatment programs (QRTP) for youth with serious emotional or behavioral disorders or disturbances
- Residential settings for youth who were or are at risk of becoming victims of sex trafficking or commercial sexual exploitation
- Residential settings specializing in providing prenatal, postpartum, or parenting supports for youth
- Supervised independent living settings for youth ages 18 or older.

Qualified residential treatment programs are defined under FFPSA to provide treatment for "Children with serious emotional or behavioral disorders or disturbances."[1] FFPSA placement requirements for county and tribal agencies are designed to ensure placement in a QRTP is necessary. FFPSA placement requirements apply only to children in foster care, defined as a county or tribal agency having placement authority. It does not apply to children placed outside of the child welfare system in facilities for treatment purposes.

Certification standards for QRTP providers include requirements for licensed clinical and nursing staff to be available to meet youth's needs, treatment is trauma informed, family is involved in case and discharge planning, and family-based aftercare supports are provided to children and parents or other caregivers for six months post- discharge. Discharge planning and family-based aftercare support were included as FFPSA requirements for QRTPs to support integration of family members in the treatment process and children's stabilization post-discharge. Certification requirements apply to all children in QRTP programs or tracks according to a program's service delivery plan, regardless of children's involvement in the child welfare system.

In 2021, Minnesota's legislature directed the commissioner of Human Services to:

[1] Title IV, Part E, Sec. 472 (k) (4) of the Social Security Act

> "Consult with stakeholders to develop policies regarding aftercare supports for transition of a child from a qualified residential treatment program, as defined in Minn. Stat., section 260C.007, subd. 26d, to reunification with child's parent/s or legal guardian, including potential placement in a less restrictive setting prior to reunification that aligns with child's permanency plan and person-centered support plan, when applicable."[2]

Because of this directive, department staff convened a work group to identify current and best practices in discharge planning and aftercare supports for children in foster care to develop this practice guide. The work group consisted of stakeholders representing youth and parent leaders, tribes, licensed residential facilities, advocacy organizations, and staff from urban and rural counties. Significant engagement by youth and parents of youth who experienced residential treatment were invaluable in developing this practice guide. Youths' voices are reflected in best practices identified throughout this guide. While this guide focuses on discharge planning and aftercare from QRTP facilities, it may be helpful for transition from any residential facility.

What is aftercare?

For this practice guide, aftercare is the care children in foster care receive after being discharged from a QRTP. County and tribal agencies with placement and care responsibilities manage permanency plans of children. This includes identifying and providing services with efforts to finalize children's permanency plans and support their well-being. Aftercare supports provided by QRTP facility staff help children and their parents or caregivers to transition skills learned during treatment to home life.

Case plans and discharge planning

When children in foster care are receiving residential services in a QRTP, discharge plans developed by facility staff must support permanency goals established by agency's case manager for children and their families. It is important for agency case managers and QRTP facility staff to work together to understand a child's and family's needs at discharge so agency staff incorporate identified supports in subsequent case plans post discharge.

When an agency has placement responsibility, child welfare policy requires case managers to complete a case plan[3] known as an out-of-home placement plan. This plan must identify what led to child's out-of-home placement, why a setting is in their best interests, and how it will support their permanency plan. These plans identify child's needs and expectations of foster placement setting. When children are age 14 or older, an independent living plan must also be completed to address how county or tribal agency will support them to

[2] Minnesota Session law: 2021 Legislative Session, chapter 30, article 10, section 79
[3] Minn. Stat., section 260C.212, subd. 1, 42 USC 675 (1)

develop skills needed to live independently. These plans must be shared with children's parents and residential facility staff.

Needs and services identified in QRTP discharge plans are integrated in children's and families' case plans post discharge, as appropriate and available. If children continue in out-of-home placement, identified services would be in their out-of-home placement plan. Children's mental health services require an Individual Family Community Support plan,[4] with disability services provided under a home- and community-based services waiver, which requires a community service and support plan.[5] If children are receiving a combination of services, case managers should work together to ensure plans align.

Roles and responsibilities of case plans and discharge planning

The roles and responsibilities of county and tribal case managers are determined by placement authority and complexity of case and discharge planning. Children may be in a QRTP due to a Child in Need of Protection Petition (CHIPS), delinquency petition, or voluntary placement agreement. QRTP staff, community service providers, children's parents and families, children, and county/tribal case managers all have unique roles and responsibilities in discharge and aftercare supports. When children are admitted to a QRTP, a team meets with family and clearly lays out roles and responsibilities for each team member.

QRTP staff is responsible for providing discharge planning[6] in conjunction with children, their parents and family, county/tribal case manager, and community service providers. The team works together to determine post-discharge supports that would be helpful to maintain children in their home and community. Discharge planning includes determining who is responsible for making referrals to appropriate community services and support so they are ready upon discharge. While QRTPs and other residential treatment providers are in various areas statewide, county and tribal case managers know resources in their communities. When children discharge to their home community, a case manager may be the best resource to coordinate transitional and aftercare support services for discharge.

QRTPs' statutory responsibility for aftercare is limited to monthly contacts; however, depending on program model and contracts, support may be more extensive. The department's Licensing Division has oversight of QRTPs' statutory responsibility for aftercare support monthly contacts. County or tribal agencies have responsibility to ensure services are being provided according to children's case plans, and community services are engaged to meet their needs for post-discharge treatment and support, according to available service array.

County and tribal staff typically remains involved with families to provide case management that ensures children and families have access to necessary community services and supports to promote wellness and stability. During discharge planning, QRTP staff and county/tribal case managers assess needs by talking directly

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[4] Minn. Stat., section 245.4871, subds. 19 and 21
[5] See Community-based Services Manual – Waiver, AC and ECS case management
[6] Minn. Stat., section 245A.25, subd. 4, (i)

with children's parents and families to ensure access to resources and supports family needs. Case managers also assess needs by talking directly with children, separate from their parents and family, to assess whether discharge plans and identified services are adequate. Each child and family is unique with individual strengths. It is important to meet families where they are at, look at what is going on in their lives, and consider the best ways to support them.

Case management

When children require residential treatment there may be multiple case managers involved from county and tribal agencies. Children's mental health case management services often play a leading role in coordinating children's mental health treatment needs, including setting up residential care. Disability services, juvenile corrections, and child welfare case managers, may also be involved and may have a role in determining when children may remain in their home. When cross-disciplinary staff is involved in children's care, it is important for all staff to have a shared understanding about children's mental health needs, and families' needs for supporting their children's mental health. It is also important for child welfare, disability services, and juvenile corrections staff to implement cross training and develop skills in providing trauma-informed case management, and to gain knowledge of how mental health may present in children. This knowledge enables case managers to assess children's need for supports, and communicate and coordinate with other cross-disciplinary team members.

Cultural responsiveness and connection

Native American and African American/Black children are disproportionately represented in Minnesota's foster care system. The historical trauma Native American and African American/Black populations have experienced, and the ongoing presence of systemic racism throughout the U.S. social safety net systems have a lasting impact on how families experience child welfare and health care systems. Part of the lasting impact includes difficulty accessing resources to support children with significant needs and their families.

Children and families benefit from having access to persons with shared history, spiritual/cultural needs and experiences with systems. When developing programs for discharge planning and aftercare supports, facilities and county and tribal agencies work to connect children and families to individuals with shared experiences who can help navigate the child welfare system, advocate for families, and provide emotional support throughout the process.

QRTP facility staff, county and tribal case managers work with children and families through a trauma-informed lens. Programs certified as QRTPs are required to provide services according to a trauma-informed model of care.[7] It is critical that when working with Native American and African American/Black children and families that a trauma-informed lens includes a thorough understanding of historical trauma. Cultural responsiveness training can be useful for QRTP program staff and county case managers to learn more about cultural and

[7] Minn. Stat., section 245A.25, subd. 3

spiritual traditions and needs, but ultimately talking with families and children directly about these topics is important to understand how to support an individual family.

Discharge planning requirement for QRTPs

FFPSA and certification requirements direct QRTPs to provide discharge planning to children in their care.[8] This requirement is consistent with existing residential program requirements in Minnesota Rules, chapter 2960.[9] The purpose of discharge planning is to ensure when children in foster care are ready to discharge from treatment they have supports and services in place to ease the transition out of residential care. A well-known and accepted best practice is that discharge planning begins on the day of admission to a program, involves child and their family or caregivers, and develops a process for an intentional and planned transition between residential services and post-residential supports, and/or services that enhance children returning to their family and community, or other permanency outcomes.

Discharge planning is a framework for children, their families, and support team to understand:

- When children have received treatment necessary for healing and stabilization
- When children are ready to return home
- What services and supports need to be in place to ensure child and family are supported when transitioning out of residential care.

One of the goals for discharge planning is for an intentional and planned transition to occur between residential service provider and new supportive people, community service providers and organizations. As with all case planning, when children are placed in a QRTP their family must be engaged in the process of discharge planning. Coordination and engagement with child's home service providers such as therapists, school professionals, or other supportive caregivers is also important, as they will provide support to child and family post-discharge.

Engagement: Person-centered discharge planning

It is essential children be actively involved and engaged in their discharge planning, and at the center of all planning activities. Children should be aware of their treatment plan, how discharge will be determined, and when developmentally appropriate, be engaged in decisions about post discharge services and supports. It is critical that children's voices are listened to, and their input considered. Their case plan should include children's dreams, wishes, preferences, and goals in their own words.

Engagement with children's parents and family is crucial to achieving their permanency plan goals, preserving connections to family and their culture, and building the framework to support children in their post-residential life. Engagement with families can be more challenging when there are complicating factors such as physical

[8] Minn. Stat., section 245A.25, subd. 4 (i)
[9] Minn. Rules, part 2960.0190; Minn. Rules, part 2960.0610

distance between family and residential facility, involvement with child protection or juvenile corrections, or instability within a family network. The family and permanency team is assembled before QRTP placement by county or tribal case manager, and can be an important resource to support discharge planning. The family and permanency team includes all appropriate biological family members, child's parents, legal guardians or custodians, family foster parents, relatives, and professionals, as appropriate, who are resources to child's family, such as teachers, medical or mental health providers, or clergy. Every situation is different; it is necessary to take an individualized approach to engage family and other members of child's family and permanency team.

> *"The message should have been more clear that my treatment is also to a certain extent [my family's] treatment, and that my transition out of residential is their transition... "* - Youth participant in work group with lived experience

While in-person engagement with all team members is ideal, in many situations it is not possible. When regular in-person team meetings are not feasible, it is best practice to work with team members to establish access to video technology. If family members do not have regular access to this technology, look for conventional resources (such as grants or county funding), as well as unconventional resources (utilizing a library or social services office) to ensure family members meaningfully take part in planning sessions.

Create a communications plan with teams to ensure all members understand the intention and purpose of discharge planning, and are regularly engaged with each other. Team members should also agree on their roles and responsibilities so everyone is clear on what each person on a team is expected to do. Along with child, their parents, county or tribal agency case manager, QRTP facility staff, ensure members of family and permanency teams are engaged in this process. Family and permanency team membership may need to be reviewed to include community service providers who may be planning to work with children upon discharge, such as therapists, school social workers, or other service providers and are included in regular communications. Getting releases signed for child's family and permanency team, other family members, therapists, service providers, physicians, and caseworkers is completed upon entry in a residential facility to ensure all have the ability to be engaged, as needed. Various models are available to facilitate person-centered discharge planning. A list and description of several models and resources is included at the end of this guide.

Permanency and well-being

Children's treatment and discharge plan supports their permanency plan; it must be individualized for each child. County or tribal social service agencies establish permanency goals for children, shared with child, their parents, and QRTP facility staff, as part of the out-of-home placement plan.[10] For children with significant needs, residential treatment can be a key step in their path toward permanency. When children require residential treatment, they should be involved in both their treatment and permanency planning. Building skills for children

[10] Minn. Stat., section 260C.212, subd. 1

and their families or caregivers to address mental and behavioral health needs will improve outcomes for them, supporting stabilization in their home or other community-based setting.

When first engaging with children and their family or caregivers, it is important for teams to communicate goals of treatment and intended outcomes. Team members connect with children to develop outcomes that place children's lives, interests, future, and well-being at the center. Reunification must be the first consideration of permanency planning.[11] A family's strengths, skills, and current circumstances must also be considered when determining best next steps for children after residential treatment and included in out-of-home placement plans. County or tribal case managers may consider the following questions for children and their parents and family as they engage in development and review progress on out-of-home placement plans:

- What do you envision as a positive and possible outcome for you/child at the conclusion of this program?
- What do you envision as a good life for you/child?
- How will child's relationship and parent's responsibilities be preserved during the time child is in QRTP residential placement?
- What do you not want to have happen?
- What do you/child and family want to get out of this experience?

During discharge planning, revisiting these areas with children and their family assists in developing a plan and services that meet their needs and established outcomes. Whether plans for children's discharge from residential treatment to be reunified with their family, or to a family foster or adoptive home, or child's treatment team and county or tribal agency case manager work with QRTP facility staff to ensure future caregivers have skills and services needed to ensure transition and stability for children. Community supports and frequent home visits can be useful tools when preparing children, their parents and family for discharge. It is critical to plan community support and home visits early in the discharge planning process to ensure services are identified and in place.

Family-based aftercare support requirement

Aftercare's primary purpose is to support children's successful transition from a QRTP or other residential facilities to their community to continue progress and promote wellness for them and their families. Successful aftercare support begins while residential treatment is occurring by developing and strengthening relationships among child, their parents and family members, community service providers, county and tribal case managers.

Aftercare requirements of QRTPs are identified as "the program must have monthly contact with child and their caregivers to promote a child's engagement in aftercare services and to regularly evaluate a family's needs. The

[11] Minn. Stat., sections 260.012, 260C.515 and 260D.07

program's monthly contact with a child may be face-to-face, by telephone or virtual."[12] When planning for aftercare support and contact, QRTP staff is encouraged to talk with case managers, family, and child to learn what services will be provided, including vocational, extra-curricular and therapy.

While statute identifies the minimum required standard for QRTPs, the concept of aftercare is not limited to statutory definition. Aftercare supports should be centered on child's voice, balancing identified needs and those of their family. Because a child's treatment and support needs are unique, a single definition is unlikely for *aftercare*, but defined based on the scope of practice and include a variety of community providers.

If possible and appropriate, QRTP staff monthly contact is with both child/ren and their parents or other caregivers separately so each has a voice. In-person contact is ideal, however, distance and scheduling may make this option unfeasible. If that is the case, a combination of virtual and telephone check-ins is advised. QRTP staff is encouraged to document communication with child and parents or caregiver. If concerns are identified program staff informs county or tribal case manager to make them aware. When developing children's case and crisis plans, case managers should include communication expectations between themselves and QRTP facility staff to ensure they are kept up to date about what facility staff is learning from a family and child. It is important for signed releases to include the post-discharge time period to account for this communication.

How discharge planning leads to aftercare

Relationship building with children and their families is a critical part of setting up a pathway for aftercare supports post-discharge. Programming within QRTPs that promote peer-to-peer connection for families is useful to create stability and expand family's circle of support. Programming within QRTPs that promotes a child to use their voice and to develop non-clinical and non-systems connections with parents and other supportive adults is ideal for creating a well-rounded system of care for them to promote wellness and strengthen safety nets. Resources at the end of this guide may be used to promote relationship building and stability for children and their families.

> *"The out-of-home placement plan that was written for me when I was 13 years old is not who I was at 16. What was written about me when I was 16 is not who I am at 20 years old. I am so much more than a case file."* Youth participant in the work group with lived experience

Out-of-home placement plans inform discharge plans, and discharge plans informs case plans after discharge. Identifying what services and supports to be in place to make transition out of residential treatment successful is an important part of the discharge planning process. Supporting child and family as well as interpersonal relationships is a key aspect of transitioning back home and into the community. Consider various spheres of a

[12] Minn. Stat., section 245A.25, subd. 4 (i)

child's life that could benefit from support and how they are involved in discharge and case planning. Continuing mental health treatment and therapy, reintegrating into their home and school, connecting with friends through recreational and social activities, and connection to their culture and community are all aspects that should be considered in identifying transitional supports. The following are factors to address in children's out-of-home placement and treatment plans that support discharge planning.

Continued mental health treatment and therapy:

- Planned coordination between QRTP facility staff and child's community mental health provider is necessary to ensure continuity of care and understanding of their treatment plan and progress for mental health
- Best practice includes therapists within the facility to talk to the outpatient therapist, rather than just sending paperwork about treatment plans
- Required releases of information are signed at the beginning of children's placement in a QRTP facility to help facilitate timely transition of care when children are discharged.

Reintegration to home life:

- Preparing children's parents, families, or other caregivers for their homecoming starts on the first day of their stay in residential treatment
- Regularly engaging with children's parents and families while in a QRTP facility and participation in their treatment and services is necessary to ensure they understand how to support children at home
- Consider initiating family therapy and education is part of children's treatment plan to make the transition to home smoother.

Reintegration to school life and accessing career resources:

- Depending on QRTP facility, children may attend school through a program's onsite school, or attend school at the local district or online. Starting and ending residential treatment does not necessarily coincide with start and end of school terms, so transitioning in and out of treatment may present challenges.
- School districts have employees dedicated to providing transition services for students transitioning out of residential facilities and considered neglected, delinquent, or at risk, including children in foster care. These employees are a resource for county and tribal case mangers to assist with transition planning upon entering a QRTP. Information on this program is on the Minnesota Department of Education's website.
- If children have a disability and between the ages of 14 and 21, consider exploring Pre-employment Transition Services (Pre-ETS) or vocational rehabilitation services as part of discharge planning. Services include job exploration counseling, work-based learning experiences, post-secondary education counseling, workplace readiness training, and instruction in self-advocacy. Information is on the Minnesota Department of Employment and Economic Development's website.

Funding considerations for QRTP aftercare services

Service coordination during and following residential treatment placement can be challenging for service providers and case managers. Case managers need to carefully consider service and treatment options to ensure non-duplication of services, while also ensuring there is robust support of children and their families in the transition period following discharge from residential treatment.

Minimally, QRTPs are required to provide aftercare support by contacting families once per month, either face-to-face, virtual, or by phone. Programs may choose to provide additional contact and support to children and families beyond the minimum required. County agencies and facilities are responsible for negotiating service rates, and may take aftercare responsibilities into account when completing negotiations. Case managers, children, and families need to be aware of the extent of aftercare services or supports included as part of their residential treatment.

QRTP provider organizations may choose to provide additional community-based aftercare services or supports to promote service continuity. Minnesota has a robust line of community-based services designed to serve children and their families to support mental and behavioral health, and disability-related habilitative services. A listing and description of community-based supportive services for children is at the end of this guide. If a program does choose to provide community-based services, additional licensure, certifications, or other requirements may apply.

Special considerations – frequently asked questions

In collaborating with stakeholders to create this guide, several questions were raised regarding practice concerns for aftercare, and overall practice for children in residential treatment.

Question: If a child has multiple QRTP placements within the six-month discharge timeframe, which program should provide aftercare support, or should all of them provide support?

Answer: Logistically, if a child has multiple placements within the six-month discharge timeframe, a single QRTP should provide aftercare support contact with family and child, and should occur when child is no longer in a QRTP.

Case managers are encouraged to work with children and their families to determine their preference for which QRTP provides aftercare support, and where child had the most success. Case managers should balance preference with a QRTP's capacity and capability of providing needed support services. Case managers should clearly communicate with all QRTPs who worked with child.

Current statute does not exempt QRTPs from providing aftercare support if multiple QRTP placements. However, if youth's case manager or child and their family determined a different program will be responsible to provide aftercare, the QRTP not providing aftercare should document this decision and plan.

Question: Does a QRTP provide aftercare contact if child is discharged to a psychiatric residential treatment facility, correctional facility, hospital, or other non-family setting?

Answer: The QRTP should consult with youth's case manager and/or child and their family, to determine if aftercare is appropriate while youth is residing in another setting. If it is determined aftercare is not required while in the other setting, the QRTP should document this decision and plan, including if youth is discharged from the other setting within six months.

Question: If family or child declines aftercare, are QRTPs still required to provide aftercare contact?

Answer: If child or family declines aftercare supports from a QRTP, or if it is unable to make contact with child or family, QRTPs are encouraged to inform their case manager. If child, their family, or case manager declines aftercare services, the QRTP should document this decision and plan for reassessing at a later point.

Appendix

QRTP discharge planning process

1. County/tribal agency has placement responsibility; QRTP assessment recommends QRTP placement and places child.
2. Discharge planning begins.
3. County/tribal agency case manager completes an out-of-home placement plan for QRTP placement within 30 days, and provides a copy to child (as appropriate), parents, and QRTP facility staff.
4. QRTP staff provides treatment services and discharge planning that aligns with child's permanency plan.
5. County/tribal agency case manager provides efforts to finalize the permanency plan, which includes supporting visitation, parent participation in treatment services, and consideration of community services for post discharge.
6. Court hearing at 60 days approves QRTP placement.
7. QRTP staff continues discharge planning. The team coordinates with county and tribal agency and child's parents to make referrals for services and supports upon discharge.
8. Child discharged from QRTP facility.
9. County and tribal agency staff provides case planning services and coordinates services to support reunification or other permanency plan.
10. QRTP staff provides post-discharge aftercare support for six months.

Resources for planning and treatment models

The following models of treatment and resources for planning may be helpful for residential service providers and county and tribal agencies when creating their own procedures regarding discharge planning.

- Comprehensive Intensive Bridging Services:[13] A model of treatment that combines intensive in-home therapy with a brief intensive residential treatment facility placement. This model utilizes an in-home therapist who provides ongoing therapy to child and family throughout residential placement, and for five to seven months post discharge. While a child is in residential treatment, they have frequent home visits so child and family can practice skills learned in treatment.
- Certified Family Peer Specialist (CFPS): Are individuals who raised or are currently raising a child with a mental illness and have experience navigating the children's mental health system. CFPSs work with families of children who have an emotional disturbance, or a severe emotional disturbance and receiving mental health treatment. CFPSs provide nonclinical family peer support to build on strengths of a family to help them achieve desired outcomes. Services may be provided in individual or group settings. Programs use CFPSs as part of discharge planning and aftercare support models of care. Depending on where child discharges and what other services they receive upon discharge (such as CTSS), families may continue to be eligible to receive support beyond residential treatment.

Services available in Minnesota to support children post placement

Services that require provider enrollment, and provider, must meet specific qualifications, as follows:

- Family training and counseling
- Early Intensive Developmental and Behavioral Intervention (EIDBI) services

Services that require provider to obtain special certification include:

- Intensive Rehabilitative Mental Health Services (IRMHS)
- Children's Therapeutic Services and Supports (CTSS)
- Intensive Treatment in Foster Care[14]

Services that require provider to have a 245D license, and for child to have a waiver for home and community-based services[15] include:

- Positive support services
- Specialist services
- In home crisis respite
- In-home family supports

Special funding options for eligible children to access broad service array include:

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[13]These services were provided as part of a multi-year grant project through the U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration. Grant funding ended Sept. 30, 2022

[14]This service was changed in 2021 to Children Intensive Behavioral Health Services per Minn. Stat., section 256B.0946

[15]See the Community-based Services Manual page on Waiver and Alternative Care programs

- Consumer directed community supports (CDCS) (waiver eligibility)
- Moving Home Minnesota services (Medical Assistance eligibility and residing in a "qualified institution" for 60 or more consecutive days)