Minutes
Coventry Town Council meeting
October 3, 2016
Town Hall Annex

1. The meeting was called to order at 7:30 PM.
   Present: Hannah Pietrantonio, Richard Williams, Julie Blanchard, Matthew O'Brien, Thomas Pope, Andy Brodersen
   Also present: John Elsesser, Town Manager; Beth Bauer, Finance Director
   Absent: Lisa Thomas

2. The Pledge of Allegiance was recited.

3. **Audience of Citizens:**
   Police Chief Mark Palmer recognized Coventry citizen Mary Suter for life saving efforts she contributed to on September 8th. After finishing an early-morning swim in the lake, Ms. Suter thought she heard a cry for help. She called the Police Department and reported it. Officer Wayne Greener arrived on the scene, and after a survey of the neighborhood, was able to locate the victim inside his house and summon medical assistance. If not for Mary Suter's efforts the victim might have experienced more life-threatening and long term issues. Chief Palmer presented a certificate of appreciation to Ms. Suter as well as a CPD challenge coin. He also presented Officer Wayne Greener with a certificate of meritorious commendation for his involvement. Officer Greener arrived on the scene within one minute and walked from house to house announcing his presence as well as checking yards. He heard a faint response after 20 minutes. Believing the person to be in imminent distress he climbed in through a window after removing the screen. The victim was injured in a fall the day before and could not leave his bed. Officer Greener requested an ambulance and provided liquids and comfort until the ambulance arrived. Chief Palmer thanked him for his perseverance and quick thinking.

4. **Acceptance of Minutes**: **September 19, 2016:**
   Motion #16/17-48: Matthew O'Brien moved and Thomas Pope seconded to accept the minutes of the Town Council meeting on September 19, 2016. The following corrections were requested:
   A. Page 2, first paragraph, last line: change Marchland's to Marchand's.
   B. Page 8, last paragraph, 13th line: revise the end of the first sentence to read, "... more efficient than upgrading the current facility."
   C. Page 12, item 8D, third line from bottom: revise sentence to read, "... paying cash for those items to minimize reduction in CNREF vs. lease purchasing the whole amount."

   The motion to accept the minutes as corrected carried on unanimous vote.

5. **Consent Agenda:**
   Motion #16/17-49: Thomas Pope moved to accept the Consent Agenda, seconded by Matthew O'Brien and unanimously approved.

6. **Reports:**
   A. Council Chairwoman, Julie Blanchard: No report.

   B. Council members:

Hannah Pietrantonio attended the Economic Development Commission's training workshop last week. It included interesting topics such as branding, definitions of zoned areas, and roles of business visitations. Coventry is a mostly residential town with 84% of tax revenue coming from residential properties. She is not sure if that statistic is from the current year. John Elsesser replied it is probably one year old. Hannah said she thinks we have a lot of new prospects in tax-sharing areas with Bolton. If citizens would like to go to one of the EDC meetings they are at Town Hall on the last Thursday of the month at 7 PM.

C. Steering Committee, Thomas Pope:
Steering met last Monday and discussed the need for more volunteers to serve on Boards and Commissions. Details are available on the Town website. There is particular need for members on the Insurance Advisory Committee, CoventryVision, the Cable Television Advisory and the Personnel Appeals Board. All volunteers are appreciated and thanks to those who are serving for your commitment.

The Steering Committee also made continued progress on consideration of the acceptance of Avery Shores Road, tax abatement for senior citizens and development of a refined policy concerning the governing authority to make inter-fund reallocations after budget approval.

A. **Reappointments:**
   1) **Motion #16/17-50: Thomas Pope moved and Matthew O'Brien seconded to reappoint Anne Vieten to the Cemetery Commission, term to expire 10/17/19. The motion carried on unanimous vote.**
   2) **Motion #16/17-51: Thomas Pope moved and Matthew O'Brien seconded to reappoint Darby Pollansky to the Planning & Zoning Commission, term to expire 11/1/19. The motion carried with Hannah Pietrantonio abstaining and all other members present in favor.**
   3) **Motion #16/17-52: Thomas Pope moved and Matthew O'Brien seconded to reappoint Steven Hall as an alternate to the Planning & Zoning Commission, term to expire 11/1/19. The motion carried on unanimous vote.**
   4) **Motion #16/17-53: Thomas Pope moved and Matthew O'Brien seconded to reappoint Daniel Murphy to the Water Pollution Control Authority, term to expire 11/7/18. The motion carried on unanimous vote.**
   5) **Motion #16/17-54: Thomas Pope moved and Matthew O'Brien seconded to reappoint Lyndon Wilmot to the Water Pollution Control Authority, term to expire 11/7/18. The motion carried on unanimous vote.**

B. **Appointments:**
   1) **Motion #16/17-55: Thomas Pope moved and Matthew O'Brien seconded to appoint Joan Lewis to the Board of Assessment Appeals to fill the McMahon vacancy, term to expire 11/7/18. The motion carried on unanimous vote.**

8. **New Business:**

Motion #16/17-56: Matthew O'Brien made a motion to move up item 8B, Discussion of Concerns Regarding Group Home on Dunn Road, as the next item

of business. The motion was seconded by Hannah Pietrantonio and carried on unanimous vote.

B. 16/17-14: Discussion with Rep. Tim Ackert: concerns regarding Grant House Group Home on Dunn Road:
State Representative Tim Ackert and Police Chief Mark Palmer were present to discuss concerns regarding the group home. Rep. Ackert thanked the Council for having him here. He said the Town Council has been working diligently on issues regarding the home and he appreciates their efforts. The concerns that have been raised prompted him to move forward at his level, not just for Coventry but for other towns and the Department of Children and Families (DCF). We set up two meetings with DCF and CHR, the administrators of the home. He appreciates their prompt response in arranging the meetings.

Rep. Ackert distributed a packet of background literature outlining his findings (*attached to these minutes*). He said we started by questioning the change in age of residents. This was made as a directive of DCF. It was changed because DCF believes anyone under the age of 12 should be with a foster family rather than in a therapeutic setting. The Dunn Road home is now age 14 and older, usually up to age 18 but it can be older. We asked about the process for submitting that change and were told it was done by CHR and approved by DCF. It is followed up with a supervision component. In cases of younger residents the supervisors escorted them to other homes to play and the supervisors would stay with them. We asked for the scope of supervision now that residents are older. We were told they are young adults and are not captive. They are allowed to leave but are supposed to advise the supervisor they are leaving. If the supervisor believes they are at harm to themselves or others they are supposed to notify either the Care Line or police department. The standard timeframe for notification is about an hour. Policies are in place – they are contained in the literature he has provided. The key is CHR should be a good neighbor. They should let the neighbors know and follow up if there is a danger. That is the area where they lack the most. They are not letting the local community know what is going on and we are asking them to shore that up. Their feeling was they wished DCF had not changed the age bracket, but they work for DCF.

Rep. Ackert said we asked about the high number of calls to the police department. CHR said this is fairly typical of group homes. They serve troubled youth. They said we are actually on the low side which is of concern to Rep. Ackert. He asked DCF to come in and talk about homes in general. They are making some changes – such as investing in security cameras, but we have concerns that the youth would just leave areas where cameras exist. We also asked about what rules exist. There are no drugs or smoking allowed. Neighbors can attest these rules are not being followed. The supervisors said they pick their battles, serving the more critical needs first. We said if they allow one rule to be broken that the youth will stretch the rule breaking environment – and if you break one rule, what is next to be broken? Then we met with DCF – they have not been open to legislative meetings this summer. We were lucky to get a meeting and it was a good group of individuals including Administrator Linda Dixon, Director of Licensing Jim McPherson and Legislative Program Manager Josh Howroyd. We wanted to ask them questions about the change in age. Linda supported the concept of foster home placement for younger kids and said the age of group homes will be 14-18+. CHR gets their residents by referral. Then they follow up to evaluate the fit – whether it is a good connection or not. Their focus is to help the young people, getting them into the

community and with a mix of other students, and then move them back into a family setting. They are at the home because they have a background of problems. It is a no restraint environment. Supervisors can't restrain youth from leaving – they can call the police department if they feel the situation could be harmful. We asked about the state statute requiring notification to the municipality in the event of a change in resident age. Jim McPherson said he failed in his role to do that. He agreed to accept that responsibility – we have no recourse but we asked him to follow the statute. Supervision and communication with the neighborhood have been stressed. The home is not going anywhere. CHR has a good working relationship with DCF and they serve a group of very troubled individuals. DCF is supposed to perform quarterly inspections and do another inspection if an incident occurs with a follow-up. They can do interim inspections as well.

Hannah Pietrantonio asked how we appease the neighborhood with the disruptions and the fear the neighbors have for their own families. She also expressed concern about the volume of calls to our Police Department. Rep. Ackert replied that is a good point. It is a community issue. There are approximately 40 group homes in the state. They look for an area where they can help the youth fit in. Hannah said they were brought into the neighborhood as youngsters but now they are not. The home is not in tune with the neighborhood. Rep. Ackert replied it is hard to essentially choose your neighbors. There were public hearings when the home first opened but CHR purchased the home and by law they are allowed to do that. They are typically small homes with a cap of 6 individuals. The license can be changed in 3 areas: age, quantity of individuals and gender. He knows it is a tough situation. The neighbors have withstood a lot of issues. DCF's role is to find locations and provide youth with the opportunity to be in a better setting than they were in. In most cases their backgrounds were horrific and the home is there to care for them. Supervision is the key. They need to be good neighbors. If you have rules and regulations you must enforce them. That is where they failed.

Andy Brodersen said if the rules are not enforced what can we do to protect the neighborhood? Rep. Ackert said it is up to CHR to choose individuals they know they can work with and help. In any case there could be issues. There are troubles even in a regular home setting. We need to make sure they are upholding the rules, and they have not been. Neighbors can attest to that. When small rules are broken things begin to crumble. It will be a work in progress and we need to hold their feet to the fire.

Matthew O'Brien said once they have gotten numerous complaints and the police are involved in many cases, what is the recourse - what is the new standard? Rep. Ackert said if Coventry has a high number of calls the individual might be replaced. Chief Palmer noted the majority of police calls are for kids who have taken off. Hannah said the number of calls is absurd. She doesn't blame the neighbors for being concerned. Chief Palmer thanked Rep. Ackert for his efforts and noted it is important to remember this is not a secure facility. The State's position is to get as many kids out of a secure facility as possibility. These kids have multiple issues while they are there - we are not privy to all the contacts they may have had with the juvenile justice system. When it comes to breaking the rules they will not be put in a juvenile system for smoking or using a cell phone. Sometimes a person is transferred in who is not a good fit. Calls to the police can ebb and flow. He encouraged the CHR supervisor to watch the Council meeting on video to understand the seriousness of the concern. He also noted when people leave the facility without permission the protocol is to wait an hour so as not to burden the Police Department. He told her we want to know immediately and they

agreed to do that. The supervisor said she would like to know the names of the burglary victims so she could personally apologize. He did not provide that information because people are upset and he doesn't know how she could make it better. Also, a couple things were reported that were not accurate. It was about 31 minutes after the individuals left that they were reported missing, not 25. The reports are not public at this point and can't be shared because it is an ongoing investigation.

Matthew O'Brien asked Rep. Ackert if these children are attending our schools. Rep. Ackert replied yes, like any child they can either attend ours or use school choice for a magnet or technical school. Matthew asked whether the State provides transportation. John Elsesser said it depends on if the student has a nexus town or not. If not, our taxpayers pay. There is no direct subsidy from the State.

Chief Palmer wanted to clarify one other thing, the question whether one of the staff members was told the boys who left were going to commit crimes. They were told that by a third party and the police were notified. Thomas Pope said we heard they were told and the police weren't called for 31 minutes. Chief Palmer replied no, this came up during the interim while the police were interviewing. Rep. Ackert said the policy is to call the Police Department immediately if the supervisor believes the individual is going to cause harm. They call Care Line first. If they leave unannounced they wait an hour. Chief Palmer said if they are 18 years old there is nothing we can do. They are adults in the eyes of the law. Matthew O'Brien asked what the State's responsibility is once the youth reach age 18. Rep. Ackert replied if they are in the system already they try to get them the care they need to get back into the community. Most are not referred after the age of 18. One concern is their whole background is not provided to CHR at the time of intake. One had an open warrant. Richard Williams asked who runs the Care Line. Rep. Ackert replied it is a DCF operation.

Thomas Pope said the State has a history of identifying problems. They also have a history of passing the buck to solve these problems. Unfunded mandates in education are one example. Regarding the mention of staff picking their battles – he recognizes the residents have problems, but these are their problems and the neighbors shouldn't have to shoulder those problems. It is not fair to the neighbors. They changed the age group, and violated State statute. They should go back to what they were approved for. The statute is very clear and the State is not living up to their responsibility. Rep. Ackert replied unfortunately that is not going to happen. Youth age 13 and under are no longer in any group homes. Thomas replied then they should close the home. Rep. Ackert said they completely failed in doing their job to notify the community. Thomas asked what would happen if he fails to pay his taxes – the State comes after him. What is the point of writing rules if they say we violated them, but so what? Rep. Ackert said because DCF failed in their role doesn't mean CHR didn't do what they were supposed to do. They did what they were required to do and it got approved. What didn't happen was notification to the lead town official. Richard Williams said so we wouldn't have had a choice regardless. John Elsesser said the Commissioner had said to him that they can send the notification letter and issue the license anyway. Julie asked if we ever got a letter. John replied no. Tim McPherson failed in his role and he has owned up to it.

Richard Williams said we still have a real problem. How are we going to make that go away? Rep. Ackert replied that CHR has to be a better neighbor. They need to be more involved in the neighborhood and let people know what is going on. People have gone to the home and gotten poor responses at the door. The home is there until CHR decides

to close it or it becomes unlicensed. We understand that DCF values the work CHR is doing.

Chief Palmer said over the years our officers have visited both homes. John Elsesser said we actually have 7 homes in town and an 8th one is coming next week. Chief Palmer said in order to try and make connections with individuals there our officers have visited, and had residents to the station for tours and lunch. One of our officers became certified so he could interact with youth and take them to movies, etc. When we look at use of force, 50% of such instances are at group homes. We don't like to physically interact with children so we try to make connections. It doesn't work with all of them, and they come and go. The kids who were at the home as 12 year olds are not there now. The next option for some of them is to become homeless and then there is a larger societal problem. We have to weigh what is best for the kids as well as the community.

Matthew O'Brien asked how big the drug problem is. Chief Palmer replied we have had some calls from neighbors about marijuana smoking but we're not there every week. Matthew asked if the State gives them money. Chief Palmer replied they get it from their girlfriends, kids they meet etc. Rep. Ackert said they go to school. Richard said until the other day he was only aware of two group homes in Coventry - we have eight? John replied that some are for mentally challenged individuals who are in supported living environments. Manchester has over 50 homes. DCF is cautious about opening homes here because we are isolated. There is no transportation. Some of the kids at Dunn Road are walking to Rt. 44 to get a soda. It is a long way. Rep. Ackert said the number of group homes is diminishing because the focus is on foster homes. More homes have been closing than opening. Thomas said when it was originally established, the home was in an area where 13 year olds wouldn't be walking to Rt. 44. They are applying 13 year old standards to 18 year olds. Rep. Ackert said he thinks the oldest youth is 16 right now. Chief Palmer replied they have a capacity of 6 - four are 18 years or older, two are 16.

John Elsesser said there are other recourses for the neighbors. They could do a private class action lawsuit for public nuisance. They would have to demonstrate evidence. A number of years ago bars could lose their liquor license if calls were repeatedly made to the police department. He wonders if a law could be passed that would close the home if it failed to meet standards. At least that would give them some motivation to follow the rules. Maybe there needs to be another law that holds both DCF and their licensees accountable. Loss of license could mean loss of investment in property. Even if it's a high standard, whatever the legislature considered to be high, at least it would give the neighbors some sense that something could be done. Right now the situation is one-sided. A lot of bars have been cleaned up as result of passing those laws. Richard asked how something like that would get started. John replied a legislator would have to introduce a bill. DCF is under federal oversight because they did such a bad job. We can't sue the State. We could sue a private provider however. Rep. Ackert said maybe the focus should be to reduce the age to younger levels. John said we are not dismissing the needs of the children. Incarceration is not a solution either. But the path for being a good neighbor takes leadership on their part.

Andy Brodersen noted that the services we provide through our Police Department are paid for by Coventry taxpayers. Is the home on the tax rolls? John replied in general the answer is no but he was able to negotiate that this one would pay (property taxes) because of discussion when they came in that it was too much of a burden on us. It is

not just police calls but ambulance calls as well.

Richard asked how we are going to follow up. Rep. Ackert said he thinks it is a group follow-up if calls continue to come in, and CHR doesn't reach out to the neighborhood. They are fortunate to have some of the most understanding neighbors he has talked to. Chief Palmer said he tried to make it clear they must still call when they need help. He doesn't want them to be afraid to call. When we put it in perspective, it is annoying to the neighbors but no one has gotten hurt. Julie Blanchard said but there are other effects - would you want to buy or sell a house there? Hannah said there are families with impressionable children living nearby. It is something you don't want your children to be witness to. Julie said she thinks the State needs to bear more responsibility. Hannah said yes, or the ability to move them to another area. Chief Palmer said the State thinks they are doing the best thing to help these kids. We may not agree. The number of juvenile detention spots is severely limited. Rep. Ackert said that CHR also has an outreach person who is supposed to be coordinating with the neighborhood. Her name is Lisa Hardcastle. The neighbors should be assured that if they go to the home they will be met at the door by a supervisor in a respectful manner. Richard said he understands the problem with the youth and that CHR is providing a service and may be doing the best they can. But it seems like a real problem and what is the solution going forward? How will they become accountable? Will Rep. Ackert continue to follow up? Rep. Ackert replied yes. Richard asked what we can do as a Council. Rep. Ackert replied the Council can do what they have been doing - respond to the concerns of the neighbors. There are not a lot of ways to say we don't want a home in the community. Richard said it seems like we are powerless. Rep. Ackert said maybe we can push for younger age groups. CHR is pressured by DCF but that is an approach we could hopefully push them toward. Julie expressed concern about the State coming up with solutions but not funding them. Are they equipped to handle this? Did they lose funding? Rep. Ackert said services are not dictated by age. If a 10 year old needed psychiatric services they would get them. CHR is not being paid more money because they went with older youth. We could push for CHR to be more age appropriate for the neighborhood. Matthew asked if there is any way to use technology to monitor the area. Chief Palmer replied only by State order. Thomas said when they were 13 or 14 years old, it wasn't as much of a concern, but now that they are older, he can understand a neighbor being more upset with 17 or 18 year olds. It's more of a danger and it is unfair to the neighbors. He is not sure what can be done but something can be done if we get the right people together to do it. The home can be closed. Perhaps we should send the building inspector there on a weekly basis. He can find violations. The State has said the neighbors' rights to quiet enjoyment of their homes don't matter.

Rep. Ackert said he appreciates John Elsesser reaching out to provide information - his role was to investigate the license issues. It is up to CHR and DCF to follow the rules and do the job they were asked to do. If not then maybe John's suggestion might be something to consider. But when the enforcing agency doesn't follow the rules it is difficult. The Council thanked Rep. Ackert for attending the meeting.

6E. COVRRA, John Elsesser:
No report. Matthew O'Brien asked why this item is on the agenda. John replied it is a standard meeting topic. It could be put on consent if he doesn't have anything to report.

6F. Town Manager, John Elsesser:

1. **Projects Update:** A written memo is contained in the agenda packet. Updates include:
    - We are ready to order the fire tanker. We will be buying it through the Houston Area Consortium. The net price is about $324,000. We will be signing the bid and will have a lease purchase packet. Matthew asked what the original price estimate was. John replied $300,000 but we came in much less on the Quint so we allowed extra on this for gear.
    - We have been getting a series of letters requesting improvements on side roads in Waterfront Manor Association that were taken as Town roads two years ago. There is a whole series of dirt roads. In some cases we can't respond to the letters because the people didn't provide an address. Some of these roads are due to be graded this week. Although we stipulated bettering will not be done, some do need to be graded before we plow.
    - We are signing contracts for the lake gate project and will have a draft contract for the boilers to give to the attorney to review. It will be to the Council on October 17th for approval.
    - On Saturday October 8th there is a solar live installation at 2993 South Street, and a solar house tour on 10/15 at various sites. Details on the Town website and Manager's Facebook page.
    - Regarding the potential hurricane: We are monitoring the weather and doing advance preparation. We are having a recognition event for volunteer fire fighters on Thursday and will have a quick hurricane prep meeting if necessary. Right now it is a very significant category 4 storm. As the path becomes clearer we will get the word out. We are starting our own internal checklist of emergency prep. We want to remind the public not to wait until the last minute to buy batteries and water. Start thinking about clearing plastic furniture off your decks and make sure your emergency supplies are sufficient. We need rain but if we get 12 inches in a day we will have road closures because there will be flooding. The lake hit winter level today but our road network and drainage cannot handle that level of volume. Don't drive through standing water. We will send announcements if needed but doesn't hurt to be thinking about getting prepared now.

8. New Business:

A. 16/17-13: Consideration/approval: request to purchase Town-owned land on Ireland Drive, Map Q, Block C, Lot 119 by abutter per recommendation of Planning & Zoning Commission:
John Elsesser showed a map of the general area with the location of the lots in question. He noted that the Planning & Zoning Commissions says these lots shouldn't be broken apart. He always thinks it is helpful to look at the purchase of lots in a larger context. He showed areas marked in green on the map that are lots owned by the Town or State. One option is to consider the creation of open space that has more value by infilling. If you look at connectivity there could be a band that connects lots in this area to the Nathan Hale forest. One idea when selling a lot is to put the proceeds into the open space fund to allow the purchase of connecting lots. You can see how connectivity to other parcels can be created. Matthew O'Brien asked how this concept affects tonight's decision. John replied in this case we think it would be ok because there would still be access. The broader question is whether we want to send letters to the owners of the other properties to see if they want to donate their lots. **Motion #16/17-57: Matthew O'Brien moved to proceed with the request to purchase Town-owned land on**

Ireland Drive, Map !, Block C, Lot 119 per our policy. Richard Williams seconded the motion. Andy Brodersen asked how much the lot is worth. John replied the minimum bid would $2300. The question is whether the land is better to be in the neighbor's hands or ours. In some cases it is and in some cases it is not. **Motion #16/17-57 carried on unanimous vote.**

10. Adjournment:
Motion #16/17-58: Thomas Pope moved to adjourn the meeting at 9:10 PM. The motion was seconded by Matthew O'Brien and carried on unanimous vote.

Respectfully submitted,

Laura Stone
Town Council Clerk

Note: These minutes are not official until acted on by the Town Council at its next regular meeting. Those meeting minutes will reflect approval or changes to these minutes.

State of Connecticut

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Town of Coventry

Coventry Town Council Members

After recent concerns with some of the residents of the Grant Home located on Dunn Road I called for meetings with the owner and service provider Community Health Resources (CHR) and also the overseeing governing agent the Department of Children's and Families (DCF).

On September 15th I met CHR President Heather Gates and CHR Lobbyist Kevin Graff. My questions included the age change of the residents, the guidelines for supervision, the rules regarding residents leaving and other rule violations at the home. I also asked what provoked the change of age of the residents and how residents are referred to CHR.

My second meeting was on September 29th with DCF. In attendance were Administrator Linda Dixon, Director of Licensing Jim McPherson and Legislative Program Manager Josh Howroyd. My first concern for them was the lack of notification to the town as required by state statute. Secondly the change of referral age for the residents at Grant home. I also inquired about the role of DCF and the oversight of the Grant Home and other similar homes.

After the two meetings I had follow up questions and both CHR and DCF provided me answers that I included in the documents I am providing you tonight.

Respectfully submitted,

Rep. Tim Ackert

CHR

Grant House Fact Sheet

Background

- Grant House has a long history of helping teen boys who have undergone tremendous trauma, and struggle with behavioral health issues. It provides intensive, therapeutic services for residents and many former residents have moved on to lead successful adult lives. It has the capacity for 6 boys.
- Funding to support Grant House comes from the state Department of Children and Families (DCF). The program is operated by CHR, the state's most comprehensive behavioral healthcare provider. All staff receives specialized training to treat youth who have a behavioral health issues. The program is unlocked.
- Many of the youth in the program have few community resources.
- CHR's goal is always to help youth recover and learn appropriate, lifelong skills.
- CHR has a long history of providing high quality services with excellent outcomes.

How the Program Works

- Youth in the program are referred to Grant House by DCF after they have reportedly made progress towards treatment goals and have achieved a level of success and stability which allows them to be referred to a community-based level of care.
- Youth come from group homes or hospitals. Following referral, CHR conducts a series of pre-placement visits which provide an opportunity for the youth to get to know the other youngsters in the home as well as the CHR caregivers.
- **The model and approach CHR uses is based on relationship and engagement, given all effective change and growth are developed and occur in the context of relationship**.
- The goal of the program, is to give youth the tools, support and skills they need to recover and be successful adults and contribute to society.

Supervision Levels

- The series of pre-placement visits include a tour, at least 1 or 2 dinner visits, a full day weekend visit and an overnight weekend visit. This allows for observation, assessment, and engagement in initial relationship and connection for everyone. During this period of time, youth are directly supervised both in the program and in the community by direct care staff.
- Once in Grant House, staffing ratios are 2-3-2. Two direct care staff on 1st shift, 3 on 2nd shift and 2 on 3rd shift. Often during 1st shift and evening hours there are additional team members present including supervisors, a therapist, a nurse, and the Program Director.
- **New residents are expected to stay in staff supervision**. The population served by Grant House includes adolescents or emerging young adults up to age 18 (developmentally speaking adolescence goes up to age 24). We more closely supervise youth for the first 24-72 hours upon admission to support their transition in to the house.
- Within the program, staff is on the same floor as the youth. If more than one youth is on the second floor of the house then one staff member is present and providing supervision on that floor. During activities in the community, staff provides supervision. **Levels and intensity of supervision vary depending upon age, ability, demonstrated trustworthiness and decision making of the youth**.

- All youth at Grant House are working toward the same developmental milestones as their typically-developing peers: the ability to be independent; maintain friendship/peer relationships; maintain part time jobs; after school sports and activities; and develop appropriate time management and accountability skills.
- Youth who are able to secure and keep a part time job or participate in after-school sports team are supervised as a typical teen would be: they communicate work or practice schedules, when they need to be dropped off or picked up and need to demonstrate the ability to organize and orchestrate all of those components related to the responsibility of a part time job or commitment to a team or activity.
- **However, when youth exhibit a behavior that is problematic, more intensive, individualized behavioral plans are developed.** Positive reinforcement and alternative interventions are employed based on the least restrictive alternatives first and moving to more restrictive alternatives when absolutely necessary.
- Behavior that demonstrates a safety risk requires the youth to be restricted from outside activities or other situations which may increase the risk. Time away from other youth or stimulating situations can be helpful at times in reducing negative behaviors.
- While staff are trained in Therapeutic Crisis Intervention, which includes the ability to physically intervene if there is imminent risk of harm to self, staff are never allowed to physically detain youth unless there is imminent safety risk.
- There are times when youth demonstrate a level of risk that requires police intervention, an ambulance for a transport to a higher level of care for assessment and stabilization and if all efforts at de-escalation fail and a safety risk are present, CHR will call for additional support.

Leaving the Premises

- Of note, all youth, including those who are 18 and legally an adult, are expected to follow program rules, and be positively engaged in treatment.
- **The program is not a locked facility and youth have the ability to leave the program without permission.** Youth have permission to be unsupervised in the community from either CHR and/or their DCF team members based on their behavior and level of trust. Youth can have individual and unique plans and differing levels of supervision based on their progress, age, and skills.
- When youth leave the program or supervision without permission the response depends on the situation at the time. In situations where there are concerns about safety or risk, staff will attempt to intervene, follow, or call the administrator on call and/or the police for assistance.
- For youth who leave the program without permission and do not present with an imminent safety risk, CHR staff can wait up to one hour per DCF Policy before calling the DCF worker during normal business hours or the DCF Careline after hours to report the missing youth and create a plan relative to responding.

Incident on Sept. 8, 2016

- CHR staff at Grant House contacted their supervisor at approximately 10:35 p.m. to report that four youth were dressing in dark clothing and ignoring prompts and interventions from the staff. The youth did not tell CHR staff what their intentions were.
- At approximately 11 p.m., the four youth left Grant House. Shortly after they left, another client/youth reported that he overheard the four talking about stealing a car. CHR staff immediately called their supervisor who instructed them to call the Coventry Police Department immediately. **(This was not accurately reported in the media.)**
- By 11:45 p.m., youth were taken into custody and the theft did not occur, thanks to timely action by CHR and the Coventry Police Department.

Follow-up to Sept. 8 incident

- As always, CHR cooperated fully with local officials. CHR values its relationship with all town officials and neighbors in the community.
- CHR conducted its own thorough review.
- Several recommendations have been put into place as a result of CHR's review:
  - CHR is requesting more thorough background information about each youth referred to Grant House by DCF, and reserves the right to question or reject youth who have troublesome backgrounds.
  - CHR has adjusted its supervision of youth so that staff are more active in intervening in the event that youth attempt to leave the program without permission.
  - CHR has done a treatment-team review of all youth in the program to reinforce the need that they use the therapeutic components of the program appropriately.
  - CHR is installing additional surveillance cameras and lighting to more closely monitor youth who are outside the house.

DCF CONNECTICUT

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

Joette Katz
Commissioner

Dannel P. Malloy
Governor

To: Congregate Care Providers
Careline Staff
DCF Regional Administrators and Office Directors

From: Fernando J. Muñiz, Chief of Quality and Planning

Date: March 20, 2012

Subject: Runaway / AWOL Notification Process

Current DCF practice requires providers to notify both DCF and the local police if a child has run away or is absent without leave (AWOL) from a congregate care setting. Our review of data over time shows that many young people who are absent from their placement return on their own within several hours and that, often, their physical whereabouts are known to the provider or to DCF staff even while on a runaway episode. In these instances, calling the police may not always be an appropriate course of action.

Therefore, we are hereby revising the protocol to be used when a child runs away or is AWOL from a placement. This new protocol includes a joint assessment by DCF and the facility to determine whether the police should be called in certain cases.

If the facility feels that a child or youth is a danger to self or others, police will be contacted immediately then followed by a phone call to the area office or Careline (after hours). Additionally, if the child or youth is age 13 or younger, the police will be contacted immediately followed by contact with the Area Office or Careline (after hours). In all other instances, the facility should call DCF and together assess the nature of the absence to determine if police intervention is needed. Some factors to be considered include whether the child or youth may be a danger to self or others, his/her medical/physical health, developmental stage, behavioral health and social and emotional functioning.

Upon contact with DCF, the facility staff member will be asked the following:

- Why did the child or youth runaway/AWOL? What triggered this behavior?
- Name, phone # and address of all persons on the child's contact list.
- Name and phone number of mother, father and any other family members involved with child.
- Names of any friends that the child or youth may have. Have they been contacted?
- Does the child or youth have a cell phone?
- Have other children at the same placement setting been spoken to regarding child's or youth's whereabouts?
- Has child or youth ran away/went AWOL with other children or youth from the facility?
- How did the child or youth run away/AWOL? What was the mode of transportation?

- What has been done to locate the child or youth?
- How many times has the child or youth runaway/AWOL within the last six months and how long have they typically been away?
- Is there a place the child or youth typically runs to?
- Was the placement setting searched in an effort to locate the child or youth?
- Have you checked the local settings that the child or youth frequents?

If a complete assessment of the child's or youth's runaway/AWOL status does not meet the criteria for police intervention, DCF and the facility staff will develop a plan to search for the child or youth to ascertain his or her whereabouts. This plan will include actions steps mutually agreed upon by area office staff, Careline staff (after hours) and the placement setting staff. The area office or Careline staff will document the plan, including the justification for not calling the police.

If the child or youth's whereabouts are unknown, DCF and foster parent of facility setting staff will continue searching and a formal reassessment will be done within three hours, and/or prior to area office closing and the next Careline shift change during the child or youth's absence. If during the reassessment process, it is determined that police intervention is needed, DCF shall direct the program staff member to contact the local police department and report the child or youth as missing.

When there is knowledge of the child or youth's whereabouts, DCF Area Office or Careline on-call staff will work with the facility staff members to ensure the child or youth's immediate return. A child's or youth's refusal to immediately return should not by itself be a reason for police intervention. DCF Area Office or Careline on-call staff will work with the child or youth to determine how to maintain the current placement or if another placement is needed. Regional Resource Group staff or on-call Doctors will be utilized when necessary.

All efforts, discussions and planning will be documented in the LINK narrative. Additionally, if Careline responds after-hours, the narrative will be cut and pasted into an email and sent to the area office responsible for the child or youth. Information will be entered into the Runaway Log and updated by the Area Office.

If child or youth returns to the placement setting on his/her own accord, the facility staff will notify the DCF area office staff during business hours or the Careline after hours immediately in order to assess child and youth's needs and discuss planning.

Scope of Services

The Contractor will provide the following specific services for the **Therapeutic Group Home** program and will comply with the terms and conditions set forth as required by the Department, including but not limited to the requirements and measurements for scope of services, contract performance, quality assurance, reports, terms of payment and budget. No provisions shall be contained in this Part I which negate, supersede or contradict any provision of Part II. In the event of any such inconsistency between Part I and Part II, the provisions of Part II shall control.

Program Specific Information	
Contractor Legal Name: Community Health Resources, Inc. **Service Type:** Therapeutic Group Home	**Program Name: (if applicable)** Grant House
Towns Served: Statewide	**DCF Area Offices Served by program:** ☐ Bridgeport ☐ Middletown ☐ Norwich ☐ Danbury ☐ Milford ☐ Torrington ☐ Hartford ☐ New Britain ☐ Waterbury ☐ Manchester ☐ New Haven ☐ Willimantic ☐ Meriden ☐ Norwalk-Stamford ☒ Statewide

Program Contact Information		
Program Contact: Kathy Schiessl		**Title:** Division Director
Phone: 860-646-3888 x425	**Fax:** 860-645-4132	**Email Address:** kschiessl@chrhealth.org
Fiscal Contact: Michele M. Gaudet		**Title:** Chief Financial Officer
Phone: 860-697-3321	**Fax:** 860-731-5536	**Email Address:** mgaudet@chrhealth.org

Program Site(s) Information	
Address # 1: 995 Day Hill Rd. Windsor, CT 06095	**Contact Person (Name, Title, Phone, Email)** Lisa Hardcastle, Service Director (860) 595-6702 ; lhardcastle@chrhealth.org
Address # 2: 821 Dunn Rd. Coventry, CT 06238	**Contact Person (Name, Title, Phone, Email)**

A. DESCRIPTION AND CONTRACT CAPACITY

1. Service Description
This service is a congregate-care behavioral health treatment setting for children and youth.

2. Contract Capacity
The licensed bed capacity for this program is 6 .

3. Payment for Absences
Should a child or youth require an extended period of hospitalization, the DCF Area Office or Parole Office in conjunction with the Central Office Program Lead and Contractor will determine collectively how long the bed will be held.

4. One-To-One Staffing Coverage
One-to-one staffing coverage is utilized for a child or youth in an emergency situation in order to maintain a placement and/or when there are behaviors and/or circumstances that require exclusive and continuous individual supervision. This can include suicidal and/or aggressive behaviors that put other youth and/or staff at risk or when medical care and attention is required as a result of a serious injury. One-to-one staffing is generally not covered in the Contractor's grant funding and requires prior authorization from the Connecticut Behavioral Health Partnership (BHP).

B. SERVICE DELIVERY REQUIREMENTS

1. Target Population
The clinical indicators of the youth who will be referred and will be served are as follows:

a. Medical: Client is medically stable, or may require limited assistance to comply with medical regimen (e.g., diabetes treatment regimen, assistance taking medications). There is a need for medication management in combination with other interventions to alleviate symptoms.

b. Risk of Harm (self and/or others): There is a past history of suicidal or homicidal thoughts and/or impulses, with significant current ideation without intent or conscious plan. There is an indication or report of episodic impulsivity and/or sexually aggressive impulses that are moderately endangering to self and/or others (e.g., status offenses, impulsivity while under the influence, self mutilation, running away from placement without voluntary return, fire setting, violence toward animals, affiliation with dangerous peer group).

c. Functional: Moderate to severe functional problems in school/vocational setting or other community setting AEB failure in school, frequent and disruptive behavioral problems, frequent and disruptive difficulty maintaining appropriate conduct in community settings and/or pervasive inability accepting age appropriate direction and supervision in significant areas from caretakers and/or family members. Deficits in ability to manage personal health, safety, welfare.

d. Family/Environmental: Child or youth has demonstrated increased difficulty maintaining in the naturally available family setting (including regular/specialized foster care/other community congregate care setting) AEB (but not limited to): having severe limitations in maintaining naturally occurring supportive relationships or an impaired ability to form trusting relationships with caretakers. The child may be at some risk for victimization, abuse or neglect in his/her home OR the child has been removed from the home and does not meet the criteria for a higher level of care.

e. Level of Aggression: Frequent and severely disruptive verbal aggression and/or frequent and moderate property damage and/or occasional moderately intensive physical aggression toward self and/or others.

f. Prior treatment: The child or youth has had moderate to severe difficulty in the community (or other community congregate care setting) as evidenced by, but not limited to, severe conflict in the setting, severely limited acceptance of behavioral expectations and other structure. The child has had intensive community based treatment and/or other placements in the past that produced mixed to poor outcomes.

2. Admission and Referral Process

In addition to the target population domains provided within this contract, the Contractor will admit children and/or youth with the indicators identified on the DCF Admission Criteria form.

a. Process of Referrals

Children or youth are identified as potentially requiring out-of-home care by their DCF Area Office Social Workers. The Social Worker's referral is reviewed for clinical appropriateness by the local Area Office clinical team (Area Resource Group) and the Behavioral Health Program Director. If these individuals concur (1) that the necessary clinical documentation is in place to support an out-of-home placement; (2) that all less restrictive options have been eliminated; then (3) a "Child and Adolescent Needs and Strengths" (CANS) assessment is completed and submitted to CT BHP. CT BHP will determine what, if any, level of care is appropriate.

The DCF Central Office Program Leads will identify the most appropriate match for the child . The Contractor will be notified of any matches and will access the CANS electronically. Supplemental information (e.g. clinical, family, educational, vocational, medical) will be faxed to the Contractor. If the match is accepted a pre-placement visit will be scheduled (see Timelines below) and a transition schedule will be developed. Participants in the pre-placement visit will include: all appropriate individuals from the Contractor's staff, family and other community linkages, youth, area office social worker, area resource group clinician (as appropriate), behavioral health program director (as appropriate), and anyone else who may be helpful to planning the treatment for this child or youth.

The pre-placement visit will accomplish several things: identify treatment goals; identify initial and estimated length of stay; review facility protocols (e.g. visiting rules, level systems), identify any possible impediments to the placement (family disapproval, youth unwillingness, inappropriate constellation of youth at the particular time of placement). The placement may not go forward if family and/or youth do not support it or if the DCF team and the facility are in agreement that the placement is contraindicated.

b. Timelines

Match to match acceptance or denial = 5 business days.
Match acceptance to pre-placement meeting = 10 business days.
Pre-placement meeting to final decision = 2 business days.
Final acceptance to admission = 10 business days for a vacancy, or when the bed becomes available.

The Contractor will notify CT BHP regarding all of these decisions.

c. Appeals

The Contractor will have the right to appeal any placement decision made by the Department through this process either prior to or after the admission. An appeal must be made in writing and directed to the DCF Regional Office Behavioral Health Program Director with nexus for the child and to the DCF Statewide Coordinator for Therapeutic Group Homes. Appeals will be resolved by the DCF Statewide Coordinator for Therapeutic Group Homes in conjunction with the Regional Behavioral Health Program Director.

d. Length of Stay

As part of the treatment planning process, the Contractor will address and document, in concert with DCF and CT BHP, each child or youth's length of stay on a monthly basis or as otherwise determined by the Department

or its designated agent. Parents, the DCF Social Worker, CT BHP Care Manager/reviewer, the Enhanced Care Coordinator, and other providers as deemed appropriate as well as Child Specific Team members will be invited to participate in these decisions. Length of stay will be predicated on the time period necessary to reach treatment goals.

3. Treatment Services

The Contractor will provide a combination of trauma informed, gender responsive and culturally sensitive treatment and intervention approaches designed to meet the individual needs of children and their families, in their dominant language, including, but not limited to:

a. *Clinical Service,* including but not limited to: screening and referral, individual (minimum of 1 hour per child per week), group (minimum of 2 evidenced based groups per week) and family treatment (as indicated), consultation, linkage to family substance abuse screening or other services, multi-family sessions and age appropriate therapy. Group Home staff will coordinate their clinical interventions with community providers delivering services to the child and/or family.

b. *Milieu Therapy,* including but not limited to: therapeutic recreation and enrichment (e.g., ROPES or Challenge Course) activities, social skills development, tutoring/academic mentoring. In addition, staff will engage the child in weekly individual permanency planning for the next lower level of care (Bridge Work) for a minimum of 60 minutes per week. This involves working one on one with the child in the group home or community on activities (i.e. age appropriate life skills, budgeting and shopping, taking public transportation, vocational experiences) that prepare the child for the next lower level of care.

c. *Empowerment and Family Support Services*, including but not limited to: parental guidance, empowerment and support, inclusion in transition/discharge planning and linkage to other community services, home-based outreach and visitation, parent education, instructional modeling, support groups and family activities.

d. *Case Management and Aftercare* including, but not limited to: initial multi-disciplinary assessments and monthly review of the Master Treatment Plan, therapy and milieu progress notes, on-line bed tracking, initial and continued stay reviews with CT BHP, phone contact with DCF, families, and community providers and participation in Child Specific Team Meetings and PPT's and Discharge Planning Meetings.

4. Therapeutic Model

Program characteristics will be as follows:

a. Addresses medically necessary goals for achieving relational support with caretakers and other relational supports in the community from which the child or youth came. Therapeutic techniques/strategies are utilized in the relationship with the child/family, primarily through group, milieu experiences. Provides the significant structure and supervision outlined in the model and consonant with the staffing requirements.

b. Provides an intensive corrective relationship in which therapeutic interactions are dominant. Broad focus includes assisting child or youth in improving relationships at school, work and/or community settings.

c. Emphasizes individualized interventions for specific skill acquisition that will enable the child or youth to achieve or maintain the most realistic and highest level of independent functioning. The child or youth is at serious risk of regression without this level of treatment intervention.

d. Provides Individualized and intensive supervision in the structured setting is designed to minimize behaviors related to functional deficits, ensure safety during OOC behaviors and/or maintain an optimal level of functioning.

e. Provides high level, targeted individualized psycho-educational/therapeutic interventions including (but not limited to) the development and maintenance of daily living skills, anger management, social skills, family

living skills, communication skills, stress management, relational support, intensive or near crisis management and de-escalation and occasional restraints.

f. Involves each child or youth in naturally-occurring community support systems and supports the development of personal resources (e.g. assets, protective factors, existing coping skills). For those children who have more difficulty engaging in community activities, there are direct and active interventions in assisting them become involved in activities and maintain them in naturally occurring community support programming.

5. Recreational and Enrichment Activities

The Contractor will provide daily opportunities for children and youth to engage in recreational activities. In addition, creative and non-traditional mental health opportunities, which reflect the culture, customs and needs of the targeted population, will be offered. These opportunities should be offered in consideration of peer socialization, skill building/enhancement and personal enrichment of the youth served.

The contractor must adhere to the Reasonable and Prudent Parent Standard as referenced in: PL 113-183. The term 'reasonable and prudent parent standard' means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in congregate care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.

6. Educational / Vocational Programming

The Contractor will provide opportunities for youth to receive training, information and to gain skills as they pertain to employment/educational options. Activities will include, but not be limited to, workshops, training, presentations, field trips, linkages to local businesses (coaching), post-secondary institutions, and mentoring. The Contractor will ensure that each child or youth is enrolled in and attends an approved full-time educational program. The Contractor will provide support and assistance to each youth including participation in educational planning and other related meetings.

7. Life Skills Development

The Contractor will assess each youth's competency in the area of life skills, provide ongoing education and training to improve life skills, and monitor and assess the development of competencies for each youth every ninety (90) days, or soon, if required by the youth's individualized needs.

8. Transportation

The transportation of children and youth to and from program-related activities (e.g., recreational) must be provided by the Contractor, by the LEA or through other agreements made by the program. DCF will not supplement transportation costs except in extraordinary circumstances pre-approved by the DCF Area Office behavioral health program director or designee.

9. Discharge Planning

The Contractor will establish discharge planning goals during the pre-admission planning conference for each child or youth and to assist the Department in identifying appropriate discharge settings.

In the event that a child or youth begins to experience difficulty in the Group Home suggesting any risk of placement disruption, the Contractor will contact immediately the DCF worker and CT BHP Care Manager/reviewer to request that an urgent clinical case review be held. The clinical case review will include, minimally: Contractor, DCF worker, clinical representation from the Department (e.g., ARG member, behavioral health program director), CT BHP Care Manager/reviewer, family or other community linkages for youth. In addition, the youth and, where appropriate, his or her family, will attend some portion of the meeting to present

his/her perspective on the difficulties. In addition, the DCF Program Lead for group homes should be notified. The meeting will result in a plan of what adjunctive measures are necessary to maintain the youth's placement with the Contractor. These measures (such as one-to-one staffing, specialty programming, additional visits to family and/or other community resources) will be subject to the approval of the DCF Area Office administration and / or CT BHP. However, all efforts will be made by the Department to maintain the placement if it appears that this is clinically appropriate.

If at some point it is the joint belief of DCF and the Contractor that all reasonable efforts have been made to maintain the placement and that the placement cannot and should not be maintained, DCF will move with all deliberate speed to locate an appropriate alternate placement in a planful way, barring any need for emergency level care. The Contractor will continue the placement while the search for the new placement occurs and to assist in providing pertinent information as appropriate. If the relocation process appears not to be occurring within a reasonable time-frame for the clinical needs of the child or youth and/or well-being of the facility, the Contractor may appeal to the DCF Statewide Coordinator for Therapeutic Group Homes.

The Contractor will ensure that appropriate linkage with alternative or transition services are in place prior to any discharge.

10. Staffing

The Contractor will provide and maintain the following direct care, supervisory and clinical staffing levels:

a. **Weekday Staffing**

Name of Group Home	Capacity	Ratio of Direct Child Care Staff (including Supervisors) to Youth
Grant House	6	1st shift 2 : 6 (assumes administrative staff present)
		2nd shift 3 : 6
		3rd shift 2 : 6

b. **Weekend / Holiday / School Vacation Staffing**

Name of Group Home	Capacity	Ratio of Direct Child Care Staff (including Supervisors) to Youth
Grant House	6	1st shift 2 : 6
		2nd shift 3 : 6
		3rd shift 2 : 6

c. **Treatment and Support Staff**

Position	FTE or Hours per Week
Caseworker/Therapist	1 FTE
RN	15 hours/week
Psychiatrist	3 hours/week
Program Director	1 FTE

C. DATA AND OUTCOME REPORTING REQUIREMENTS

1. Data

The Contractor will provide quality improvement data to DCF. This data will include but not necessarily be limited to the following:

a. demographic Information (e.g., name, date of birth, gender, ethnicity/national origin, town of origin, DCF/ DDS status, prior placement setting, admission date);

b. clinical and Diagnostic Information (e.g., DSM-IV, anticipated length of stay, targeted behaviors);
c. Treatment Progress Data (e.g., participation in Administrative Case Reviews, critical incidents, participation in positive youth development activities), and will require monthly treatment update reports;
d. discharge Information (e.g. reason for discharge, discharge placement setting, reason for any discharge delays, level of improvement for targeted behaviors); and,
e. incident reports (e.g. injuries, emergency services use, restraints, police calls/arrests), AWOLs and other Significant Events.
f. programmatic information (e.g., frequency and type of therapeutic services).

2. Quality Assurance Plan

The Contractor will develop a written quality assurance plan, not less than once a year, which will describe how the facility intends to monitor the quality of its services, the extent to which it complies with its stated purpose and program objectives. The quality assurance plan must be submitted to the department not less than once every two years. Any revision of the quality assurance plan will be made available to facility staff and the department upon its request. To this extent, the following requirements will be met by the Contractor:

a. protocol is developed that includes frequency of program evaluation;
b. protocol for formal review of staff and program evaluation data is developed and modifications to core intervention and implementation components are made as indicated by the data;
c. protocols are developed that outline opportunities for youths to meet all levels of service design and delivery;
d. administrators proactively work with funding and education/training sources to secure adequate resources, and to best meet the needs of the youths and families.

3. Reports

The Contractor will submit data to the DCF through the Department's Provider Information Exchange (PIE) or other system as required by the Department.

The contractor will submit to the Department of Children and Families the required statistical, financial and programmatic reports necessary for establishing payment schedules and grant formulae, monitoring and evaluation and the establishment of management information systems. Such reports will include, at minimum, service volume and performance based outcome measures.

2. Outcome Measures:

Percentage of children/youth who were admitted within 27 days from time of match to admission;

Percentage of children/youth admitted that did not experienced placement disruption;

Percentage of children/youth served who demonstrated improvement on the Ohio Scales measure of problem severity between admission and discharge;

Percentage of children/youth served who demonstrated improvement on the Ohio Scales measure of functioning between admission and discharge;

Percentage of children/youth served who demonstrated improvement on the Learning Inventory of Skills Training (L.I.S.T.) measure of functioning between admission and discharge;

Percentage of families who complete the YSS-F will indicate positive response on "Overall, I am satisfied with the services my child received";

Percentage of children/youth and families served will be successfully linked to community based services and/or pro-social supports upon discharge;

Percentage of children/youth who were discharged to a lower level of care.

5. State Revenue Maximization

The Contractor will work with the Department to implement a process for the maximization of federal reimbursements under the Title XIX program. This process will include pursuing the Medicaid Private Non-Medical Institution (PNMI) option. To accomplish this, the Contractor will:

a. have on file a valid PNMI provider agreement;
b. maintain their licensing status as a licensed DCF group home facility;
c. comply with all Medicaid record keeping and documentation requirements;
d. follow all laws, rules, regulations, policies, agreements and amendments that govern the Medicaid program as they relate to reimbursement for PNMI rehabilitative services;
e. develop individual treatment plans for each PNMI client in accordance with section 17a-145-94 of the Regulations of Connecticut State Agencies—signed and dated by a licensed clinical staff person employed by or sub-contracted by the Contractor;
f. keep current service and progress notes in a permanent case record for each PNMI client;
g. furnish information and documentation as required to the Department to allow the Department to prepare PNMI claims;
h. and, cooperate with any quality assurance reviews or periodic audits to ensure compliance with PNMI rehabilitative service requirements.

AAG Approval Date: 11-12-15

DCF CONNECTICUT

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

Joette Katz
Commissioner

Dannel P. Malloy
Governor

April 24, 2015

Neil O'Leary, Mayor
City of Waterbury
235 Grand Street
Waterbury, CT 06702

Re: Notification of Change in Population Served

Dear Mayor O'Leary,

Pursuant to Connecticut General Statute Section 17a-145, the Department of Children and Families is providing notification that a licensed child caring facility located in your town has submitted an application for a change in the population served. The name of the child caring facility and location is:

Waterbury Youth Service System Inc.-Rainbow House
160 Grandview Avenue
Waterbury, CT 06702

The change in population requested is: Change in age range to 12-17 years of age

For additional details regarding the change in population you may contact the executive director of the parent agency:

Kathi Crowe, Executive Director
Waterbury Youth Service System Inc.
83 Prospect Street
Waterbury, CT 06702
(203) 755-0747

Should you have any questions you may contact the undersigned at 860-550-6532 or via email at jim.mcpherson@ct.gov.

Sincerely,

Jim McPherson

Jim McPherson, Program Manager
DCF Licensing Unit