# Connecticut Qualified Residential Treatment Program Monitoring Tool

(Each QRTP will receive bi-annual reviews)

# QRTP Report:

Reviewer/Submitted By:

Date of Review:

Date of Last Review:

# Provider Information:

Name of Program: LINK PID:

Parent Agency:

Name, Title of On-Site Program Manager:

Licensed Bed Capacity:

Census on Date of Review:

Type of Program:

# DATA REVIEW

1. Risk Management (RM) Reports - Trends and Patterns since last Review: Trends and Patterns Noted for the Last report:
2. SIU Investigations with Substantiations since last Review:
3. Licensing Actions since last Review:
4. Program Oversight - Corrective Action Plan (CAP) or Program Improvement Plan (PIP): Does the program have an active Service Development Plan or Program Improvement Plan?

# PROGRAM MODEL & TRAINING

Trauma-Informed Care

1. What Trauma Informed Model is the program utilizing?
2. Is there evidence of initial and ongoing training on Trauma-Informed care?
3. Is there evidence of trauma informed assessment being completed? Where documented?
4. What evidence demonstrated use of trauma informed model on the milieu?
5. What crisis intervention/de-escalation model is the program utilizing?
6. Are there Trauma Informed Model Training Needs identified:

# Clinical Services:

1. Based upon the review of the DCF Individual and Family Treatment Plans and ACRIs does the Provider's Treatment Plan align with the DCF ITP?
2. Are the Provider's Treatment Plans for the youth completed on time?
3. Is the youth receiving the minimum weekly clinical treatment: 1-hour individual and 2 hours of group therapy? If not, what are the barriers?
4. Has the youth made clinical /behavioral improvements since entering the program? If yes, please describe briefly, if not what are the barriers?
5. Is the Provider delivering any other evidence based rehabilitative groups to the youth, and if so, what groups are provided and at what frequency and duration?
6. Is Family Therapy being offered to the youth and his/her family? If yes, how often is therapy occurring? If not, what are the barriers?

# Milieu Programming:

1. Does the Provider utilize the LIST and provide life skills education services?
2. Has the youth made progress on the life skill goals indicated in the LIST?
3. Does the Provider offer or support Vocational Skill Building Opportunities?
4. Based on the QR, is the program appropriately using the crisis intervention and de-escalation model?

# STAFF DEVELOPMENT& STAFFING

# Staff Development Training:

1. What staff development opportunities did the program provide, outside of the trauma informed model and crisis intervention and de-escalation models during since the last QR?
2. Does the program utilize supervision and/or staff meetings to support staff development, and if so, briefly describe how?
3. At the time of the QR did the program have any vacant, unfilled positions?

# QRTP:

1. QRTP has access to a board-certified psychiatrist?
2. QRTP has registered nursing staff available 24 hours per day and seven days per week?
3. QRTP has facilitated outreach to appropriate family members, natural supports for youth, and siblings as appropriate. Documentation exists of efforts to establish and maintain contact with family and other supports/connections. Where is this reflected?

# DISCHARGE PLANNING & AFTERCARE

1. Evidence of meaningful discharge planning is documented.
2. What parties were included in discharge planning process?
3. Did discharge planning reflect the treatment needs of youth?
4. Provider is facilitating or providing six months of after care services. What service(s) is being provided and where is this documented?
5. Are after care services adequate to support youths discharge?

# QUALITY ASSURANCE (QA)

1. Does the QRTP have an active QA process that conducts ongoing assessment, tracking, and monitoring of trauma specific treatment? Where is this documented?
2. Does the QRTP have an active QA process that measures ongoing compliance with discharge planning and after care? Where is this documented?
3. Provide a general assessment of QRTP program compliance?

**SUMMARY OF YOUTH INTERVIEW:**

Signature of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of QRTP representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_