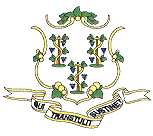


Vannessa L. Dorantes, LMSW

Commissioner

# **DEPARTMENT of CHILDREN and FAMILIES**

## Making a Difference for Children, Families and Communities



Ned Lamont

Governor

**Qualified**

**Residential**

**Treatment**

**Program**

**(QRTP)**

**Application Packet**

**Family First Prevention Services Act (FFPSA)**

Federal legislation defines a Qualified Residential Treatment Program (QRTP) as a short term, non-family based, high quality service for youth with a serious emotional or behavioral disorder or disturbance.

A QRTP must meet the following requirements:

* + Accredited by one of the following:
    - The Commission on Accreditation of Rehabilitation Facilities (CARF),
    - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
    - The Council on Accreditation (COA),
    - The Teaching Family Association
    - Educational Assessment Guidelines Leaning towards Excellence (EAGLE);
  + Utilizes a trauma-informed treatment model;
  + Facilitates participation from family members in the child's treatment;
  + Staffed by registered or licensed nursing and licensed clinical staff who can be available 24/7 in accordance with the trauma-informed treatment model; and
  + Provides six months of family-based after care support.

The administrative placement requirements for children in a QRTP are as follows:

* Title IV-E eligible children must receive an assessment within 30-days of placement. The assessment must be conducted by a qualified individual using an appropriate functional assessment tool to determine whether the child needs care in a QRTP and whether the identified QRTP can meet their specific treatment needs.
* A review of the youth's placement by a court or administrative body must occur by day 60. If the court or administrative body finds that continued placement in the QRTP beyond 60 days is not in the child's best interest DCF has up to 30 additional days to facilitate another placement.

This application contains additional detailed information on QRTP requirements as well as the steps needed to obtain and keep the QRTP designation. This designation is in addition to the already established state licensing requirements through DCF Licensing Division. The QRTP designation is dependent upon a program being properly licensed. Although the designation may be denied or revoked for issues related to a license, the inverse does not apply. The issuance, denial, or revocation of a QRTP designation does not affect a program’s license.

Send complete applications to: Department of Children and Families via e-mail: DCF.LICENSING@ct.gov

If you have any questions regarding the designation or the application process please e-mail: [theodore.sanford@ct.gov](mailto:theodore.sanford@ct.gov).

**APPLICATION PROCESS**

**Eligibility Requirements**

Applicants are limited to agencies with an active children’s group residential license

with no less than three years of experience delivering residential children’s group residential services.

**Submission and Initial Review**

Applications will be accepted on a rolling basis with a deadline for submission of September 15, 2021. Within 5 business days of receiving a QRTP Application staff from the Division of Transitional Support and Success will conduct an initial review of the application. At the end of the initial review, the applicant will receive an email, which will include notification if the application is complete or if there are any missing or unclear documents. If the application is determined to be incomplete, the applicant will be notified regarding additional information needed to complete the application.

Note: An Agency that is currently a Residential Treatment or Therapeutic Group Home provider that is currently in the process of acquiring Accreditation will be given an extension to file an application until December 31, 2021.

**Full Review**

If the application is determined to be complete, the Division of Transitional Support and Success will conduct a full review and provide a response within 15 business days regarding a decision. It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of applications received in response to the QRTP Certification Process.

**Designation Period**

Designation of QRTP's will be issued for a 4-year period from the approval date.

**Designation Renewal**

Designated QRTPs must submit a renewal application between 90 and 30 business days prior to the expiration date of the current designation. If a renewal application is not submitted timely, there may be a gap in the designation period, which could affect funding for services provided during the gap period. If a renewal application is not submitted within 30 days of the certification’s expiration date, and the program gets recertified, the approval will only be backdated to the date the renewal application was received.

**Cultural and Linguistic Competency**

The Department of Children & Families is committed to ensuring that its service providers deliver effective, equitable, understandable, trauma informed and respectful quality care. The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism, preferred languages, health literacy, and other communication needs. Applicants must demonstrate throughout all their responses, that the children and families receiving services in their program are approached, engaged and cared for in a culturally and linguistically competent manner, including but not limited to: Cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capability, cognitive level, sexual orientation, and linguistic needs.  Within a broad construction of culture, service provision must also be tailored to age, diagnosis, developmental level, geographical and educational needs.

**QRTP APPLICATION**

**Each applicant must submit a cover page that shall include:**

Name of Agency:

Agency's Business address:

Name of Authorized Contact Person:

Authorized Contact Person Phone Number:

Agency E-Mail Address (used for DCF correspondence):

Name of Program's that will be identified as QRTP as part of application:

**APPLICATION QUESTIONS**

1. **Program is Licensed and Nationally Accredited**:

Family First Requirement: the program is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), Educational Assessment Guidelines Leaning towards Excellence (EAGLE) or others approved by the Children’s Bureau.

**Appendix 1. Submit Verification of Accreditation.**

1. **Trauma Informed Treatment Model:** Family First Requirement: the program has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances.

Each Applicant will be required to complete the University of South Florida'sCreating Trauma-Informed Care Environments: Organizational Self-Assessment for Trauma-Informed Care Practices in Youth Residential Settings.

**Appendix 2.** Submit CompletedCreating Trauma-Informed Care Environments: Organizational Self-Assessment for Trauma-Informed Care Practices in Youth Residential Settings.



**Provide written documentation on the following question:**

Identify the trauma informed model(s) utilized by the agency.

1. **Facilitates participation of family members in the child's treatment:** Family First Requirement: to the extent appropriate, and in accordance with the child’s best interests, programs facilitate participation of family members, including siblings, in the child’s treatment program. Programs document how the outreach and participation is made; how family members are integrated into the treatment process for the child, including post discharge; how sibling connections are maintained; and, maintains contact information for any known biological family and fictive kin of the child.

**Provide detailed written documentation on the following 5 questions:**

1. How does the organization ensure that youth and family are engaged in treatment team meetings at a time that is convenient for the family, including the utilization of technology, in developing treatment goals?
2. How does the organization approach working with culturally diverse families? Specifically, what is the program’s approach to developing a rapport, building trust, and establishing a culture of inclusion and cultural sensitivity?
3. How does the organization facilitate reasonable visiting privileges with flexible visiting hours except as prohibited or restricted by other applicable court orders. Include the procedures for utilizing technology and social media as a part of maintaining youth's connections?
4. How does the organization facilitate maintaining a youth's connection with their family even when reunification is not a formal goal, as approved by the Department?
5. How does the organization facilitate involvement of the youth and family in discharge planning?
6. **24 Hour Access to Nursing and licensed clinical staff:** Family First Requirement: the program will be required to have a written on-call procedure that provides availability of licensed nursing and other licensed clinical staff 24 hours per day 7 days per week and abides by the same.

**Provide detailed written documentation on the following 2 questions:**

1. What are the policies and procedures of hiring and/or contracting regarding registered or licensed nursing staff and other licensed clinical staff?
2. What is the organizations policy and procedure to provide on-call availability of licensed nursing and other licensed clinical staff 24 hours per day 7 days per week?
3. **Six Month Family-based Aftercare Supports:** Family First Requirement: Programs provide discharge planning and family-based aftercare supports for at least 6 months post-discharge.

**Provide detailed written documentation on the following 5 questions:**

1. How does the organization identify and document youth's individualized service needs post discharge?
2. How does the organization ensure that written documentation is provided to all participants of the discharge plan prior to discharge with information on how to access additional supports from the QRTP and community providers including contact information and steps to access them?
3. How will the organization establish the frequency and type of contact with the youth, caregivers, family and community providers based on individualized discharge plan of youth? Contact may be face-to-face, telephonic, or virtual;
4. How will the organization coordinate engagement with any applicable community providers serving the child/young adult or family?
5. What is the organization’s procedure for the documentation of all after care activities that support the youth, caregivers, family and community providers?