ROADMAP EXCERPT

Qualified Residential Treatment Programs (QRTP) Planning and Implementation Considerations

The QRTP Subcommittee began meeting in March 2019 and solidified all recommendations in September 2019. The Subcommittee's goal is to examine the Family First QRTP requirements and discuss how Ohio's residential facilities can comply with those requirements. In addition to engaging multiple facilities in the conversation around requirements of Family First, the subcommittee and workgroup looking at how ready agencies are to begin implementing QRTP requirements. Although the subcommittee's goal was the "what" of QRTP planning, the subcommittee and workgroups kept in mind the implementation planning that needs to happen as a result of these changes.

The QRTP subcommittee engaged several workgroups to really focus in on particular areas of QRTP planning. The workgroups were:

- Accreditation Workgroup
- Agency Readiness Workgroup
- Court Oversight Workgroup
- Level of Care Workgroup
- Licensing and Contracting Workgroup
- Treatment Model Workgroup

The subcommittee proposed several recommendations to the leadership committee along with several implementation considerations for the state and counties.

Qualified Residential Treatment Program (QRTP) Recommendations

A. Ohio will phase-in QRTP requirements for all child-serving facilities in the state of Ohio.

October 1, 2020	**New residential facilities must meet QRTP Requirements**
October 1, 2021	**Only QRTP Compliant facilities are IV-E Reimbursable**
October 1, 2024	**All facilities must be QRTP compliant to maintain licensure**

Rationale	The QRTP Subcommittee saw a need to provide ample time and support for all residential facilities that are licensed with the state of Ohio to come into compliance with the QRTP Standards. This approach gives programs an additional year of Title IV-E eligibility without meeting QRTP requirements This approach also limits new programs from becoming licensed without meeting the QRTP requirements.

There was also a conceptual agreement on a "cutoff" date for new programs whereby they will need to meet QRTP standards for licensure however there was discussion of whether to base the "cutoff" on application date or licensure date.

The QRTP Licensing and Contracting workgroup also recommended allowing ample time to comply with QRTP requirements due to the accreditation cost and timeframes. A phase in approach allows for this additional time.

B. Ohio will align the QRTP requirements with the licensing requirements. The following requirements will be added to Ohio Administrative Code.

Ohio QRTP Requirements
QRTPs should have a Trauma Informed Treatment model which is a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization. **QRTPs shall have a trauma informed approach** in which all employees, volunteers, interns, and independent contractors within a QRTP must be trained in that trauma informed approach. In addition, organizations shall have a trauma informed treatment model that includes service of clinical needs and that: 1. Is a department approved Trauma Informed Treatment Model applicable to the population of youth served (approved list will be published on a public state webpage); or 2. Meets the 10 SAMHSA Implementation domains and follows the 6 key principles of the SAMHSA Trauma Informed approach (SAMHSA Implementation Domains pages 16 - 17); or 3. Receives approval by the department of designee. *(Newly developed models will be reviewed by the department or designee and added to the public state webpage.)*
QRTPs shall have registered or licensed nursing and clinical staff in accordance with the following: a. provide care within the scope of their practice as defined by state law; b. Are available 24 hours a day and 7 days a week c. Are accessible on-site or face-to-face to meet the youth's clinical and/or medical needs *Note: QRTPs will be required to have nursing and clinical staff accessible in-person or via telephone 24/7. These staff can be contract staff available to be on-site at any time if the child's needs warrant face-to-face interaction.*
With consideration to the child/youth's safety and developmental needs, **the treatment should be family-driven with both the child/youth and the family included** in all aspects of care (if in the best interest of the child). The key components of family-centered residential treatment are documented and include the following: a. Facilitate regular contact between the child and family including siblings; b. Actively involve and support families with a child in residential treatment; and c. Provide outreach and ongoing support and aftercare for the child and family.
QRTPs shall lead coordination efforts for the provision of family-based aftercare services for all children discharged from their facility to family-based settings, including kinship, foster home, and independent living settings. Aftercare services shall be provided for at minimum six months post discharge and provided within the

Ohio QRTP Requirements
child or family's community, as appropriate, in order to promote continuity of care for children. Discharge planning, including planning for aftercare services, shall begin in partnership with the legal custodian/custodial agency no later than the next business day after a child is admitted to a QRTP and shall be reviewed by the QRTP no less than monthly and during every service plan review. **The QRTP shall provide aftercare services that are individualized, driven by the child, caregivers and family** as appropriate, and include the following: a. Monthly contact with the child, caregivers, and young adult over 18, to promote engagement, reengagement, and as a means to regularly reevaluate the family's needs. Monthly contact may be face-to-face, telephonic, or virtual; b. Coordinate engagement with any applicable community providers serving the child/young adult or family. The QRTP will ensure that they make themselves available to the community providers for ongoing consultation; and c. Written documentation 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. Family-based aftercare support is defined as individualized community-based trauma informed supports that build on treatment gains to promote the safety and well-being of children and families, with the goal of preserving the child in a supportive family environment.
The program shall be licensed and nationally accredited by CARF, JCAHO, or COA.

Rationale	In creating the QRTP Requirements, the workgroup focused in on how to ensure quality supports for all youth regardless of IV-E eligibility or location across the state. Below are key considerations for the above QRTP requirements. a. The QRTP Treatment Model workgroup agreed that the SAMHSA definition reflected language that Ohio should adopt. b. The Treatment model workgroup opted to use the federal language regarding clinical and nursing staff coverage, but chose to eliminate the language that implied that the treatment model should have a nursing component. c. The Treatment Model workgroup used components of the federal definition of family engagement. The group felt strongly about kin/relatives being included, if appropriate, in engagement. d. The federal languages uses the word "provide" but the group felt that it implies that the QRTP shall provide these services instead of coordinating with a community organization. Included the word "lead" to mitigate this.

C. All licensed residential, group home, child care institutions and other group care settings licensed by the State of Ohio will abide by the following:

1. A BCI/FBI fingerprint record check will be completed and documented for every new and existing employee. Contract employees who work within the facility on a part-time or full-time basis will also be required to complete these record checks.
2. A child abuse and neglect central registry check will be completed and documented for every new and existing employee. Contract employees who work within the facility on a part-time or full-time basis will also be required to complete these record checks.
3. A state *and* nationwide sex offender registry check will be completed and documented for every new and existing employee. Contract employees who work within the facility on a part-time or full-time basis will also be required to complete these record checks.
4. Any other adult who gains access to the facility for any other purpose, and has not had the aforementioned checks completed, must always be monitored by a staff member while having access to the youth on the premises. This requirement for monitoring includes unpaid and volunteer personnel.
5. All new hire employees must have these checks completed, documented, reviewed and approved prior to hire.

Rationale	Items 1, 2 and 5 are all listed as requirements within the Family First. While items 3 and 4 are not listed as requirements in the act, the Licensing and Contracting workgroup voted that it was important to enforce these requirements even though it would entail more time and resources from the QRTP organizations.

D. Create a plan to provide toolkits and resources for court oversight.

Rationale	In order to ensure success of the Family First, there is a need to develop resources for the courts to guide practice. Toolkit(s) should be developed by a workgroup of the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect, and Dependency. Curriculum and training should be developed and delivered by workgroups and staff through the Supreme Court of Ohio.

E. The QRTP Subcommittee and implementation team should create resources and processes to ensure that child-serving agencies have the support necessary to become QRTP compliant.

Rationale	The Workgroups and subcommittees acknowledged early on a need to ensure facilities have ample time and support to comply with QRTP Requirements.

F. Present a menu of Level of Care Assessment options and qualified individual assessor options for counties to choose from.

Level of Care Tool Options:

1. Child Adolescent Needs & Strengths (CANS)
2. Child & Adolescent Service Intensity Instrument (CASII)

Level of Care Qualified Independent Assessor Options:

Model 1	Model 2	Model 3	Model 4
State contractor / Staff	Non – PCSA Employee	Community Resource	Administrative Agency
Qualified individual is an ODJFS contracted vendor or State staff who will conduct the assessment and present the findings to the Family Permanency Team and the Court.	Qualified individual is a county staff person who is not in the chain of command of the PCSA director. Example, multi-combined agencies (e.g., those hosting child welfare, child support, family assistance programs) will have the Qualified Individual report to someone outside of the PCSA director's chain of command.	The PCSA will identify and enter into an agreement with a local "community resource" to conduct the assessments. The community resource may be from Family and Children First, or other service provider.	Qualified individual from one PCSA, serving as the administrative agent, will establish and maintain an agreement (e.g., MOU or Regional Council of Government) with at least one other PCSA. The administrative agent will be the fiscal agency and direct the Qualified Individual to agreement PCSA.

Rationale

The Level of care workgroup has proposed a menu of options for counties to select the qualified individual who will conduct the independent assessment as well as a menu of options for assessments tools. Providing menus will allow counties to utilize the options that meet the needs of their community.

When considering tools, the Level of care workgroup looked at over thirteen assessment tools across eight domains (Validity, Reliability, Training, Ages Assessed, Duration of Administration, Subscales, and Usage). The workgroup narrowed down this list to four different options: CANS, TOPS, CASII, and North Carolina. From the four tools (CANS, CASII, TOPS and NCFAS), the subcommittee voted to remove the TOPS and the NCFAS as candidates. The TOPS was removed because it **only** had validity/reliability studies done by the author. There were also concerns about the objectivity/independence of individuals required to complete it (caseworker, family, teachers, providers). Some individuals, who are not on the subcommittee, have said the CANS suffers from this same validity/reliability problem as the TOPS. The subcommittee has investigated this, and the statements are incorrect. The NCFAS was removed from consideration because it is a family assessment scale and not a level of care tool.

Qualified Residential Treatment Programs (QRTP) Implementation Considerations

Throughout the process of planning for Family First, the subcommittees and workgroup continued to think about the implementation work that is needed in order to realize each recommendation. Below are the implementation considerations that were captured in the QRTP Subcommittee and workgroups for the implementation teams to consider moving forward.

	**Communication:** A. Create an initial list of approved Treatment models B. Update existing FFPSA website to include licensure and accreditation status. C. OhioMHAS will examine their ability to provide licensure information on website. D. Add new field(s) to ODJFS licensing system (OCALM) to input accreditation status. E. Draft a court oversight plan to clearly articulate QRTP requirements . F. Communicate the initial list of tools to the PCSAs .
	**Systems and Processes:** A. Ensure the changes Do Not Impact the Juvenile Justice System. B. Navigating HIPPA (youth identifies family member to engage not identified by PCSA) C. Role of PCSA, Residential Facility, Community team, etc. for aftercare services. D. Convene a cross departmental group process map the level of care process. E. Integrate LOC tool with SACWIS and all other necessary modifications .
	**Fiscal:** A. Review how to leverage Transition Act funding for accreditation support. B. Assess the costs associated with accreditation. C. Plan for how the state will work with all facilities to meet this requirement. D. Evaluate additional fiscal concerns.
	**Rules and Policy:** A. QRTP OAC Rules, Consistency of rules with sister agencies (OhioMHAS, DODD) B. Expectations for nursing/clinical staff C. Expand service plan review language to include aftercare D. Create a set of standards for completing: ○ BCI/FBI Record Checks ○ Child Abuse/Neglect Registry Checks ○ Sex Offender Registry Checks, ○ All other related monitoring for all QRTP personnel E. Revise master contract F. ODJFS / OhioMHAS add requirements in OAC for verification of accreditation status at the time of licensure/recertification. G. Institute Court related statutory changes to address: ○ 60-day review and approval ○ Amended case plans related to approval of a QRTP placement. H. ORC specifies whether the review and approval will occur in a court hearing or through an administrative review.

	**Training and Technical Assistance:** A. Provide guidance on agency considerations for adopting a treatment model B. Create a comprehensive toolkit inclusive of sample forms and a detailed curriculum for courts. C. Create comprehensive trainings for judicial officers, attorneys, GALs/CASAs, other court personnel (clerk of court staff, court administrators and others), to be developed in collaboration with the Ohio Judicial College. D. Develop of a variety of training options in coordination with the Ohio Judicial College to include a combination of both in-person and online training. E. Create and deliver accreditation Training. F. Draft a guide/training for counties looking to utilize certain tools and assessments.
	**Workforce Development:** A. Define Requirements for aftercare coordination. B. ODJFS should decide if they will issue an RFP for a contractor to administer the assessment in accordance with a Level of Care independent assessor Option 1.
	**Fidelity Monitoring and Quality Assurance:** A. Establish necessary monitoring and evaluation plan.