

Ohio Qualified Residential Treatment Program (QRTP) Requirements

Based on Recommendations made by the Ohio Family First Prevention Services Act Leadership Advisory Committee, QRTP Subcommittee and subsequent workgroups.

Federal Requirement (Sec. 50741)	Ohio QRTP Requirements
<p>1. Has a trauma-informed treatment model designed to address the needs, and clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and can implement the necessary treatment identified in the child’s assessment.</p>	<p>A Trauma Informed Treatment model 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.¹</p> <p>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:</p> <ol style="list-style-type: none"> a. 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 b. 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 c. Receives approval by the department of designee. <i>(Newly developed models will be reviewed by the department or designee and added to the public state webpage.)</i>
<p>2. Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week. The QRTP does not need to have a direct employee/employer relationship with required nursing and behavioral staff.</p>	<p>Have registered or licensed nursing and clinical staff in accordance with the following:</p> <ol style="list-style-type: none"> 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 <p><i>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 who can come on-site at any time if the child’s needs warrant face-to-face interaction from these staff.</i></p>
<p>3. Facilitates family participation in child’s treatment program (if in child’s best interest), Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known biological family and fictive kin of the child. Documents how the child’s family is integrated into the child’s treatment, including post discharge, and how sibling connections are maintained.</p>	<p>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:</p> <ol style="list-style-type: none"> 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.
<p>4. Provides discharge planning and family-based aftercare supports for at least 6 months post-discharge.</p>	<p>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</p>

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	<p>settings. Aftercare services shall be provided for at minimum six months post discharge and provided within the 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.</p> <p>The QRTP shall provide aftercare services that are individualized, driven by the child, caregivers and family as appropriate, and include the following:</p> <ol style="list-style-type: none"> 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. <p>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.</p>
<p>5. The program is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary.</p>	<p>The program shall be licensed and nationally accredited by CARF, JCAHO, or COA.</p>

Important Note:

- Though permissible, Ohio has made the decision that the state will not allow exemptions of QRTP requirements for residential facilities for youth who have been trafficked or are at risk of being trafficked, or who service youth who are parenting and/or pregnant, as these youth are entitled to the same level of services and supports as youth in other residential facilities.

ⁱ SAMHSA-HRSA (Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration) *A Trauma-Informed Approach (the 4 R's)* <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>