# Qualified Residential Treatment Program (QRTP)

## Applicant Packet

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Division of Family Services

**Family First Team**
801 E. Main Street, Richmond, VA 23219 familyfirst@dss.virginia.gov

## LEGAL BASE

United States Code Title IV, Chapter 4, Part E, Section 50741 and Virginia Code §63.2-100

The Family First Prevention Services Act (Family First) was passed by Congress on February 9, 2018. Family First includes historic reforms to child welfare financing streams by providing prevention services to families of children who are at imminent risk of entering foster care. It underscores the importance of children growing up in families and seeks to avoid the traumatic experience of children being separated from their families and entering foster care. Specifically, federal reimbursement will be available for trauma-informed mental health services, substance use disorder treatment and in-home parenting skills training to safely maintain in-home family placement. It also aims to improve the well-being of children already in foster care by safely reducing placement of children in non-family based settings (e.g. residential treatment programs), and instead place children in the least restrictive, most family-based setting appropriate to their individual needs. This legislation sparks a sweeping overhaul of the child welfare system, the largest seen in nearly 40 years. Opportunities for real and lasting change are available, and the physical and mental health benefits to children and families will be extraordinary.

Upon implementation of Family First in Virginia, Title IV-E funds can only be used for nonfamily-based placements that are designated as a,

1. Placements for pregnant or parenting youth;
2. Supervised independent living for youth 18+;
3. Qualified Residential Treatment Programs (QRTP) for youth with treatment needs;
4. Specialized placements for children who are at risk of being or are victims of sex trafficking; or
5. Family-based residential treatment facilities for substance use disorder.

Family First created a specific nonfamily-based placement type called a Qualified Residential Treatment Program (QRTP) along with a structure around placing children in these types of placements. QRTPs serve children with specific treatment needs who need short term placement out of their home.

This application is for the designation of a Qualified Residential Treatment Program (QRTP) in Virginia.

## STATEMENT OF PURPOSE

Thank you for your interest in becoming designated as a Qualified Residential Treatment Program (QRTP) in Virginia. Below are the requirements for QRTPs and for the placement of children in them.

Family First requirements for QRTPs are as follows:

- Utilizes 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;
- Staffed by registered or licensed nursing staff and other licensed clinical staff who:
    - Provide care within the scope of their practice as defined by state law;
    - Are on-site according to the treatment model; and,
    - Are available 24 hours a day and seven days a week;
- Facilitates participation of family members in the child's treatment program;
- Provides discharge planning and family-based aftercare support for at least six (6) months post-discharge; and
- Accredited by at least one of the following:
    - The Commission on Accreditation of Rehabilitation Facilities,
    - Joint Commission on Accreditation of Healthcare Organizations,
    - Council on Accreditation,
    - The Teaching Family Association, or
    - Educational Assessment Guidelines Leading toward Excellence (EAGLE).

The placement requirements for children in a QRTP are as follows and are the responsibility of the placing agency:

- Within 30 days of a youth being placed in a qualified residential treatment program, an assessment must be performed by a "qualified individual" to determine if a QRTP is the best fit for the child. In Virginia, a "qualified individual" means a licensed mental health professional as defined in 12VAC35-105-20.
- Within 60 days of a foster youth's placement in a QRTP, a court review must take place to approve or disapprove the placement. The Court will consider the 30 day assessment and determine whether the needs of the youth can be met through placement in a foster family home or if a QRTP will provide the most effective and appropriate level of care for the youth.
- A QRTP placement must be reviewed by the VDSS Commissioner if a youth in foster care 13 years of age or older has been placed in a QRTP for 12 consecutive months or 18 non-consecutive months.
- A QRTP placement must be reviewed by the VDSS Commissioner if a child in foster care 13 years of age or younger has been placed in a QRTP for 6 consecutive months.

This application contains additional detailed information on QRTP requirements for facilities 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 the Department of Behavioral Health and Developmental Services, and the Virginia Department of Social Services (VDSS) Division of Licensing Programs. 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 unless the licensing requirements require a program be certified as QRTP. However, if issues related to licensure are noted during the QRTP certification or monitoring process, they may be reported to the appropriate licensing agency. If notified of a licensing related issue, it will be the licensing agency's responsibility to determine how to will proceed.

The Family First Team is committed to helping programs become designated as a QRTP and will partner with programs prior to the application (e.g., consultation meetings) and during the process to provide support.

Complete applications must be sent electronically to the Division of Family Services, Family First Team via email or through a hyperlink to: familyfirst@dss.virginia.gov.

## APPLICATION PROCESS

### Submission and Initial Review

Within 10 business days of receiving a QRTP Application, staff from the Division of Family Services (DFS), will initiate an initial review of the application. At the end of the initial review, the applicant will receive an email acknowledging VDSS' receipt of the application, which will include notification of any missing or unclear documents. Applications will not be reviewed further until the additional information is submitted. Applications will be deemed abandoned if the requested documents are not submitted within 3 months of any request.

### Full Review

Once an applicant has submitted the required documentation, and the application has been determined to be complete, VDSS-DFS will initial a thorough review of the application. VDSS-DFS will correspond with programs regarding any areas needing additional clarification for a final designation decision. The application will remain open until the applicant provides any requested clarifying documents or information. This requirement does not limit VDSS-DFS from requesting updated application information or documentation if an application remains open for more than 30 days after the initial review has been completed.

### Designation Period

Designations of QRTPs will be issued for a 3-year period from July 1, 2021, or the approval date of the application if it occurs after that date. After approval, programs must submit a yearly affidavit on a VDSS approved form affirming that it still meets the QRTP requirements. The affidavit cannot be submitted more than 60 days prior to the yearly anniversary date of the issuance of the approval. Affidavits that are not received timely, received late, or not submitted may affect the QRTP's future designation status.

Designation Renewal

Designated QRTPs must submit a renewal application between 90 and 30 business days prior to the expiration date of their 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.

Notice of Right to Appeal a Denial or Termination of a QRTP Status

Pursuant to the Administrative Process Act, Va. Code § 2.2-4000 et seq., the applicant or program has the right to appeal a decision to deny an application for or the termination of a QRTP status. Written notice of appeal must be received within 30 days of receipt of VDSS' denial or termination of designation. If a program would like to appeal a decision, written notification must be sent to:

Division of Family Services, Family First Team
Virginia Department of Social Services
801 E Main Street, 11th Floor
Richmond, Virginia 23219

Upon VDSS' timely receipt of the written notice of appeal, an informal conference will be scheduled. You will be notified by VDSS of the date, time and place of the informal conference. The informal conference is your opportunity to present any additional facts, argument or proof for VDSS to reconsider designation as a QRTP. After the informal conference, VDSS will issue a written decision, which will include instructions for any further appeal.

Pursuant to Va. Code § 2.2-4019, you may request in writing that VDSS agree to waive the informal conference and go directly to a formal hearing.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS)**
**DIVISION OF FAMILY SERVICES (DFS)**

# INITIAL PROVIDER APPLICATION FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAM IN VIRGINIA

Instructions:

- After an initial consultation meeting, complete this application in its entirety, as appropriate.
- Type or print legibly using permanent, blue or black ink and retain a copy for your records.
- Review the application carefully to ensure it is complete before submitting.
- Return the completed application and all required attachments electronically to: familyfirst@dss.virginia.gov. Email the Family First Team if there are any questions regarding the completion of this application at: familyfirst@dss.virginia.gov.

## APPLICATIONAGREEMENT*

***This section and the following section must be completed for <u>each</u> licensed program you like to get designated as a QRTP.***

In making this application, I agree that:

1. I am in receipt of and have read the laws applicable to the type of program for which I am making application.
2. I understand that representatives of VDSS are authorized to investigate all aspects of program operations, to inspect the facility and records, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the program is designated as a QRTP, the Department's representatives can make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
3. I will notify VDSS-DFS within 1 business day of any violations issued by a governmental regulatory agency to the program and any issues that could adversely affect the program meeting QRTP requirements.
4. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

**I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of a QRTP designation. An application may be withdrawn at any time the applicant so desires.**

*This application must be signed by an individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility (i.e., director, facility head) may sign the application.*

| | |
|---|---|
| Signature of Applicant(s) | Date |
| | |

## PROGRAM INFORMATION

**(Information provided here will NOT update your license record. Contact your licensing agency regarding updating any licensing information.)**

| Name of Program as it appears on the license | Program Phone Number |
|---|---|
| | Fax Number |

| Street Address of Program (physical address) | City/County | Locality | State | Zip Code |
|---|---|---|---|---|
| Mailing Address (if different from above) | City/County | Locality | State | Zip Code |

| Contact Person's Name | Contact Person's Email and Phone Number |
|---|---|
| Chief Administrative Officer's Name | Chief Administrative Officer's Email and Phone Number |
| Program Director's Name | Program Director's Email and Phone Number |

## LICENSE INFORMATION

| Licensed issued by: | License number and Expiration Date: | | |
|---|---|---|---|
| Program Mailing Address: | City/County | State | Zip Code |
| Phone Number | Email Address | | |

## REQUIRED ATTACHMENTS

**(Refer to the information on the referenced pages in the "Documentation Instructions" section for more information about the required documentation.)**

| | |
|---|---|
| Trauma Informed Model Documentation (Referenced on pages 1-5 of Part 2) | A brief description of your attached documentation: |
| Registered or Licensed Nursing Staff and other Licensed Clinical Staff Documentation (Referenced on page 5 of Part 2) | A brief description of your attached documentation: |
| Facilitate Participation of Family Members Documentation (Referenced on page 5 of Part 2) | A brief description of your attached documentation: |
| Discharge Planning and Family-Based Aftercare Support Documentation (Referenced on page 5-6 of Part 2) | A brief description of your attached documentation: |
| Accreditation and Licensing Documentation (Referenced on pages 6-7 of Part 2) | A brief description of your attached documentation: |

**PART 2: DOCUMENTATION INSTRUCTIONS**

# GENERAL INSTRUCTION FOR SUBMITTING DOCUMENTATION

Whenever possible, submit procedures marked with the section abbreviation and bullet number versus a description of how the program meets a requirement (e.g., Page 4 of a Trauma Training manual would be flagged with a GL1 if that page explained how agency leadership communicates its support of a trauma-informed approach to services).

Some forms of documentation may need to be a narrative or pictures (e.g., pictures flagged with a PE1 might sufficiently show how a program's environment promotes a sense of safety and calming).

Documentation must be submitted for each section, but not necessarily for each bullet within the section. However, the likelihood of substantially meeting the QRTP requirements for that section increases if documentation is submitted for each bullet.

*"PART 3: EXAMPLE OF HOW TO STRUCTURE AN APPLICATION" provides additional information and an example on how to physically structure and label your application so that it more clearly illustrates your documentation.*

# TRAUMA INFORMED MODEL (SECTION 1)

*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.*

Virginia's Children's Cabinet adopted the Substance Abuse and Mental Health Services Administration (SAMHSA) trauma framework in 2018. SAMSHA's framework states that, in a trauma informed approach, all people at all levels of the program have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations and communities as well as individuals. People in the program are also able to **recognize** the signs of trauma. The program **responds** by applying principles of a trauma-informed approach to all areas of functioning. The trauma informed approach seeks to **resist re-traumatization** of clients as well as staff. SAMHSA describes 10 domains, which provide a framework for implementation of a trauma informed approach.[1]

**Provide documentation for each of the 10 domains listed below to demonstrate how the program provides a trauma informed model to the children and families they serve. Again, documentation must be submitted for each section, but not necessarily for each bullet within the section. However, the likelihood of substantially meeting the QRTP requirements for that section increases if documentation is submitted for each bullet.**

**Governance and Leadership:** The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work; and there is inclusion of the peer voice. A champion of this approach is often needed to initiate a change process.

**GL1.** How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?

[1] SAMSHA's Concept of Trauma and Guidance for a Trauma Informed Approach https://store.samhsa.gov/system/files/sma14-4884.pdf

**GL2.** How do the program's mission statement, and/or written policies and procedures include a commitment to providing trauma-informed services and supports?
**GL3.** How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?

**Policy:** There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross program protocols, including working with community-based agencies, reflect trauma-informed principles. This approach must be "hard-wired" into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader.

**PO1.** How do the program's written policies and procedures include a focus on trauma and issues of safety and confidentiality?
**PO2.** How do the program's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery?
**PO3.** How do the program's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training?
**PO4.** How do human resources policies attend to the impact of working with people who have experienced trauma?
**PO5.** What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in program planning, governance, policy-making, services, and evaluation?

**Physical Environment of the Organization:** The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the program and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of a trauma informed approach through openness, transparency, and shared spaces.

**PE1.** How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?
**PE2.** In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this?
**PE3.** How has the program provided space that both staff and people receiving services can use to practice self-care?
**PE4.** How has the program developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities).

**Engagement and involvement of people in recovery, trauma survivors, people receiving services, and family members receiving services:** These groups have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g. program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation).

**EI1.** How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?
**EI2.** How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information?
**EI3.** How is transparency and trust among staff and clients promoted?
**EI4.** What strategies are used to reduce the sense of power differentials among staff and clients?
**EI5.** How do staff members help people to identify strategies that contribute to feeling comforted and empowered?

**Cross sector collaboration:** Collaboration across sectors is built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus may not be the stated mission of various service sectors, understanding how awareness of trauma can help or hinder achievement of an organization's mission is a critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing

various service sectors. Even if a mental health clinician is trauma-informed, a referral to a trauma intensive program could then undermined the progress of the individual.

**CS1.** Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?
**CS2.** Are collaborative partners trauma-informed?
**CS3.** How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services?
**CS4.** What mechanisms are in place to promote cross-sector training on trauma and trauma informed approaches?

**Screening, Assessment and Treatment Services:** Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed approach. Trauma screening and assessment are an essential part of the work. Trauma-specific interventions are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.

**SA1**. Is an individual's own definition of emotional safety included in treatment plans?
**SA2.** Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?
**SA3.** Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
**SA4.** How are peer supports integrated into the service delivery approach?
**SA5.** How does the program address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women?
**SA6.** Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?
**SA7.** How are these trauma-specific practices incorporated into the organization's ongoing operations?

**Training and Workforce Development:** Ongoing training on trauma and peer support are essential. The organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals with complex trauma.

**TW1.** How does the program address the emotional stress that can arise when working with individuals who have had traumatic experiences?
**TW2.** How does the program support training and workforce development for staff to understand and increase their trauma knowledge and interventions?
**TW3.** How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the program and across personnel functions?
**TW4.** How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?
**TW5.** How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors.
**TW6.** What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?
**TW7.** What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

**Progress Monitoring and Quality Assurance:** There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments and treatment.

**PM1.** Is there a system in place that monitors the program's progress in being trauma-informed?
**PM2.** Does the program solicit feedback from both staff and individuals receiving services?
**PM3.** What strategies and processes does the program use to evaluate whether staff members feel safe and valued at the program?
**PM4.** How does the program incorporate attention to culture and trauma in program operations and quality improvement processes?
**PM5.** What mechanisms are in place for information collected to be incorporated into the program's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?

**Financing**: Financing structures are designed to support a trauma-informed approach which includes resources for: staff training on trauma, key principles of a trauma-informed approach; development of appropriate and safe facilities; establishment of peer-support; provision of evidence-supported trauma screening, assessment, treatment and recovery supports; and development of trauma-informed cross-program collaborations. NOTE: If a detailed budget is available that shows funds allocated to the support of the program being trauma informed, it is preferred that it be submitted in addition to any written answers to the questions bulleted below. If a detailed budget or expense report is not available, financial data related to the areas list above must be provided in some other format or included in any narrative provided.

**FI1.** How does the program's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?
**FI2.** What funding exists for cross-sector training on trauma and trauma-informed approaches?
**FI3.** What funding exists for peer specialists?
**FI4.** How does the budget support provision of a safe physical environment?

**Evaluation:** Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments

**EV1.** How does the program conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach?
**EV2.** How does the perspective of people who have experienced trauma inform the program performance beyond consumer satisfaction survey?
**EV3.** What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
**EV4.** What measures or indicators are used to assess the organizational progress in becoming trauma-informed?

# REGISTERED OR LICENSED NURSING STAFF AND OTHER LICENSED CLINICAL STAFF (SECTION 2)

*Family First Requirement: The program has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by State law*; are onsite according to the treatment model; and are available 24 hours a day and 7 days a week. (Note: This requirement shall not be construed as requiring a program to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship).*

** State law and regulations allow for individuals who work "under the supervision" of a licensed or registered health professional to provide certain forms of care. The QRTP requirements do not supersede Virginia requirements; therefore, if clinical staff are not licensed or registered but are "within the scope of their practice" as defined by State law or regulation a licensed or registered staff person may not be required.*

**Provide documentation of the following (documentation for <u>each</u> bullet is required for this section):**

**ST1.** The treatment model/plan

**ST2.** Hiring and/or contracting policies regarding registered or licensed nursing staff and other licensed clinical staff

**ST3.** Registered or licensed nursing staff and other licensed clinical staff job position descriptions, duties and responsibilities, **minimum** knowledge skills and abilities required for entry level;

## FACILITATE PARTICIPATION OF FAMILY MEMBERS (SECTION 3)

*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 documentation of the following (documentation for <u>each</u> bullet is required for this section):**

**FM1.** Policies and procedures to invite and engage family in treatment team meetings at a time that is convenient for the family, with consideration given to any applicable court orders

**FM2.** Policies and procedures to allow reasonable visiting privileges and flexible visiting hours except as prohibited or restricted by other applicable regulations, laws, or court orders.

**FM3.** Policies and procedures to help the youth, parents, or legal guardians to understand the effects of separation from the family

**FM4.** Policies and procedures to assist the youth and family to maintain their relationship for future care

**FM5.** Policies and procedures for case management documentation of family involvement and contact information for any known biological family and fictive kin

## DISCHARGE PLANNING AND FAMILY-BASED AFTERCARE SUPPORT (SECTION 4)

*Family First Requirement: Programs provide discharge planning and family-based aftercare support for at least 6 months post-discharge.*

**Provide documentation of the following:**

**AC1.** The provider shall have written criteria for discharge that shall include:

a. Criteria for youth's completion of the program which are consistent with the facility's programs and services;
b. Conditions under which a youth may be discharged before completing the program; and
c. Procedures for assisting placing agencies in placing the youth should the facility cease operation

**AC2.** No later than 30 days after discharge a comprehensive discharge summary shall be placed in the youth's record and sent to the person or agency making the referral. The discharge summary shall review:

a. Services provided to the youth
b. Youth's progress working toward meeting objectives
c. Youth's continuing needs, and recommendations for further services

d. Reasons for discharge, and the name of the person to whom the youth was discharged
e. Dates of admission and discharge
f. Date discharge summary prepared and signature of preparing it
g. Documentation that youth, placing agency, and Legally Authorized Representative (LAR) are participants in developing the plan

**AC3.** The provider's criteria for discharge shall be accessible to prospective youth, family members, legal guardians, and placing agencies.

**AC4.** The record of each youth discharged upon receipt of the order of a court of competent jurisdiction shall contain a copy of the court order

**AC5.** A youth shall be discharged only to the legal guardian or legally authorized representative.

**AC6.** Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the youth's continuing care shall be provided to the legal guardian or legally authorized representative, as appropriate

**AC7.** Policies and procedures of family-based aftercare support to include:

a. Documented monthly phone calls with youth to assess if needs are being met. If action is warranted due to safety risk or potential placement disruption, QRTP is responsible for contacting the legal guardian, immediately.
b. Documented monthly phone call with family members to assess if needs are being met. If action is warranted due to a safety risk or potential placement disruption, QRTP is responsible for contacting the legal guardian immediately.
c. Provide documentation of monthly phone calls and any follow up required to legal guardian, monthly, by the 10th of the month for activities provided in the previous month.
d. Engagement of the Family and Permanency team, monthly for six months, be available for face-to-face meetings, if recommended by the legal guardian.
e. Any other steps as described in the discharge plan and Family Partnership Meeting (FPM) for successful transition.

## ACCREDITATION AND LICENSING (SECTION 5)

*Family First Requirement: Programs are licensed to practice within their state and are accredited by any of the following independent, not-for-profit organizations:*

- *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 Leading toward Excellence (EAGLE)*

**Programs should provide the following (documentation for <u>each</u> bullet is required for this section):**

**AL1.** A copy of the state license

**AL2.** Initial licensure date

**AL3.** A copy of the nonprofit organization accreditation

**AL4.** Initial accreditation date

## PART 3: EXAMPLE OF HOW TO STRUCTURE AN APPLICATION

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES (VDSS)**
**DIVISION OF FAMILY SERVICES (DFS)**

**INITIAL PROVIDER APPLICATION FOR**
**QUALIFIED RESIDENTIAL TREATMENT PROGRAM IN VIRGINIA**

Instructions:

- After an initial consultation meeting, complete this application in its entirety, as appropriate.
- Type or print legibly using permanent, blue or black ink and retain a copy for your records.
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2. I understand that representatives of VDSS are authorized to investigate all aspects of program operations, to inspect the facility and records, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the program is designated as a QRTP, the Department's representatives can make announced and unannounced visits to investigate complaints received and to determine continuing compliance.
3. I will notify VDSS-DFS within 1 business day of any violations issued by a governmental regulatory agency to the program and any issues that could adversely affect the program meeting QRTP requirements.
4. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum capacity stipulated on the license.

**I hereby attest that the information contained in this application, including the attachments, are truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of a QRTP designation. An application may be withdrawn at any time the applicant so desires.**

*This application must be signed by an individual legally responsible for the operation of the residential facility for children, or, if the facility is to be operated by a board/governing body, by an officer of the board/governing body, preferably the chair. If the facility is to be operated by a governmental entity, the person employed by that government to operate the facility (i.e., director, facility head) may sign the application.*

Signature of Applicant(s)

1-1-21

Date

QRTP-initial-app.v2(Mar21)

## PROGRAM INFORMATION

(Information provided here will NOT update your license record. Contact your licensing agency regarding updating any licensing information.)

| Name of Program as it appears on the license | Program Phone Number |
|---|---|
| **The Place to Be** | **804-987-6543** |
| | Fax Number ( ) |

| Street Address of Program (physical address) | City/County | Locality | State | Zip Code\ |
|---|---|---|---|---|
| **123 Main Street** | **Richmond** | | **VA** | **23229** |
| Mailing Address (if different from above) | City/County | Locality | State | Zip Code |
| | | | | |

| Contact Person's Name | Contact Person's Email and Phone Number |
|---|---|
| **Jane Doe** | **jane.doe@theplacetobeva.org 804-876-5432** |
| Chief Administrative Officer's Name | Chief Administrative Officer's Email and Phone Number |
| Program Director's Name | Program Director's Email and Phone Number |

## License Information

| Licensed issued by: | License number and Expiration Date: |
|---|---|
| **DBHDS** | **999-888-0001 January 31, 2023** |

| Program Mailing Address: | City/County | State | Zip Code |
|---|---|---|---|
| **Same as above** | | | |
| Phone Number **Same as above** | Email Address | | |

## Required Attachments

(Refer to the information on the referenced pages in the "Documentation Instructions" section for more information about the required documentation.)

| | |
|---|---|
| Trauma Informed Model Documentation (Referenced on pages 1-5 of Part 2) | A brief description of your attached documentation: **Several policies. our Strategic Plan. and a board roster** |
| Registered or Licensed Nursing Staff and other Licensed Clinical Staff Documentation (Referenced on page 5 of Part 2) | A brief description of your attached documentation: **Staffing plan, job descriptions** |
| Facilitate Participation of Family Members Documentation (Referenced on page 5 of Part 2) | A brief description of your attached documentation: **Several policies and procedures, package of information given to families** |
| Discharge Planning and Family-Based Aftercare Support Documentation (Referenced on page 5-6 of Part 2) | A brief description of your attached documentation: **Several policies and procedures, package of information given to families** |
| Accreditation and Licensing Documentation (Referenced on pages 6-7 of Part 2) | A brief description of your attached documentation: **Copy of our license and accreditation letter** |

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## PART 2: DOCUMENTATION INSTRUCTIONS

## GENERAL INSTRUCTION FOR SUBMITTING DOCUMENTATION

Whenever possible, submit procedures marked with the section abbreviation and bullet number versus a description of how the program meets a requirement (e.g., Page 4 of a Trauma Training manual would be flagged with a GL1 if that page explained how agency leadership communicates its support of a trauma-informed approach to services).

Some forms of documentation may need to be a narrative or pictures (e.g., pictures flagged with a PE1 might sufficiently show how a program's environment promotes a sense of safety and calming).

Documentation must be submitted for each section, but not necessarily for each bullet within the section. However, the likelihood of substantially meeting the QRTP requirements for that section increases if documentation is submitted for each bullet.

## TRAUMA INFORMED 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.*

Virginia's Children's Cabinet adopted the Substance Abuse and Mental Health Services Administration (SAMHSA) trauma framework in 2018. SAMSHA's framework states that, in a trauma informed approach, all people at all levels of the program have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations and communities as well as individuals. People in the program are also able to **recognize** the signs of trauma. The program **responds** by applying principles of a trauma-informed approach to all areas of functioning. The trauma informed approach seeks to **resist re-traumatization** of clients as well as staff. SAMHSA describes 10 domains, which provide a framework for implementation of a trauma informed approach.[1]

**Provide documentation for each of the 10 domains listed below to demonstrate how the program provides a trauma informed model to the children and families they serve. Again, documentation must be submitted for each section, but not necessarily for each bullet within the section. However, the likelihood of substantially meeting the QRTP requirements for that section increases if documentation is submitted for each bullet.**

**If the program is currently certified in or has an accreditation that includes a nationally recognized trauma informed model, please contact the Family First Team. After reviewing the certification/accreditation, the Family First Team may be able to accept a copy of the certification document in lieu of the documentation requested below.**

[1] SAMSHA's Concept of Trauma and Guidance for a Trauma Informed Approach
https://store.samhsa.gov/system/files/sma14-4884.pdf

Narrative is only needed if you would like to make a statement about the documentation you are providing. All documentation must be labeled with a bullet (i.e., GL1) even if narrative is provided.

**Governance and Leadership:** The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within the organization to lead and oversee this work; and there is inclusion of the peer voice. A champion of this approach is often needed to initiate a change process.

**GL1.** How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?

Agency leadership intentionally included throughout our Strategic Plan that being trauma-informed is main focus of our agency. The Strategic Plan is attached.

Be sure this is clearly labeled in your documentation.

**GL2.** How do the program's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?

As you will be able to see in the attached polices and procedures we are very committed to to using trauma-informed services and supports. Attached applicable polices: Parent Handbook, Staff Hanbook.

Bookmark the applicable sections in policies (e.g., GL2.a, GL2.b)

**GL3.** How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?

The attached Board Member roster shows that one slot is designated for a graduate our program or a person who has a trauma history.

**To create a bookmark in Adobe Acrobat, right-click on a word and left-click on "Add Bookmark".**

## REGISTERED OR LICENSED NURSING STAFF AND OTHER LICENSED CLINICAL STAFF

*Family First Requirement: The program has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by State law*; are onsite according to the treatment model; and are available 24 hours a day and 7 days a week. (Note: This requirement shall not be construed as requiring a program to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship).*

** State law and regulations allow for individuals who work "under the supervision" of a licensed or registered health professional to provide certain forms of care. The QRTP requirements do not supersede Virginia requirements; therefore, if clinical staff are not licensed or registered but are "within the scope of their practice" as defined by State law or regulation a licensed or registered staff person may not be required.*

**Provide documentation of the following (documentation for <u>each</u> bullet is required for this section):**

**ST1.** The treatment model

We use the following treatment models .... Attached is a list of therapist trained in those models.

. . .

GL1

# STRATEGIC PLAN FOR 2020-2021

The Place To Be is special place for youth to find the support and healing they need to overcome life's challenges and trauma. …

In order to do this, we believe that all of staff need to have a trauma-informed approach to everything they do. …

…

This section is clearly labeled with the bookmark and title of the policy. Note that the PDF is also bookmarked. To see the PDF bookmark, open the left work area by clicking on the triangle in the middle of the left side of the document window.

The Place to Be

# PARENT HANDBOOK

This is page 1 of the handbook

The Place to Be

GL2.a

This is page 2 of the Handbook.

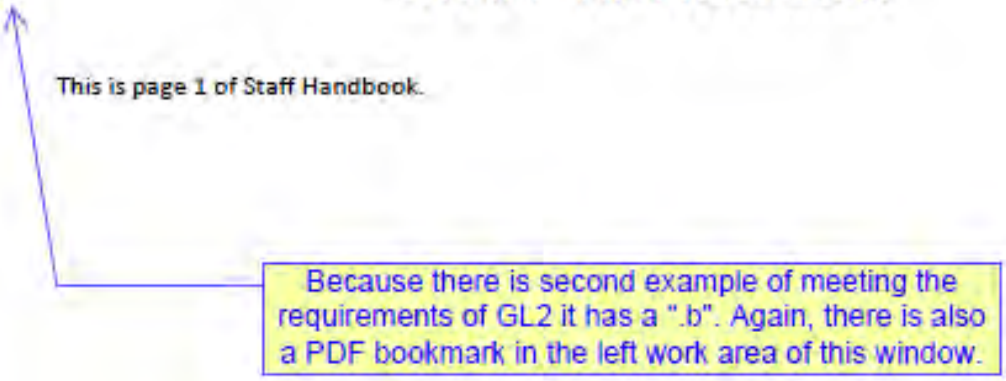
This section is clearly labeled with the bookmark and title of the policy. Note that the PDF file is also bookmarked. To see the PDF bookmark, open the left work area by clicking on the triangle in the middle of the left side of the document's window. It also has a ".a" after the GL2 because there is more than on place in this document related to section GL2.

The Place to Be

# STAFF HANDBOOK

GL2.b

This is page 1 of Staff Handbook.



The Place to Be

# BOARD MEMBER ROSTER

Page 1 of the Roster

Jane Doe - President

John Doe - Vice President

GL3

Oprah Winfrey - Trauma Voices Advocate

To help the reviewer locate the part of policy that is most applicable to the QRTP requirement, put the bookmark on the page as close to the applicable information as you can. This way the reviewer won't have hunt for the information, and possibly miss it.

The Place to Be

# LIST OF THERAPY MODELS AND STAFF CERTIFIED IN THOSE MODELS

ST1 Page 1 of the List