

Qualified Residential Treatment Program (QRTP) Webcast Q & A

Q: What are JCHOA, CARF, and COA?

A: These are the three DFPS approved accreditation entities for providers to qualify to be a QRTP:

- The Commission on Accreditation of Rehabilitation Facilities (CARF) <http://carf.org>.
- The Council on Accreditation (COA) <https://coanet.org>.
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) <http://www.jointcommission.org>.

Q: Is extra funding being provided to QRTP providers for the 1:4 and 1:5 ratios?

A: Yes, the supervision ratio is taken into account for the reimbursement rate for a QRTP placement.

Q: Will the child or youth be part of the meetings each month with the Multidisciplinary team? What meetings will the child attend?

A: Children and youth will be able and should be encouraged to attend all meetings regarding their treatment and progress during a QRTP placement.

Q: Is the plan to be ready for children to be placed in a QRTP in June 2022 a realistic timeline?

A: DFPS is on track for readiness to serve the first child or youth by July 1, 2022. As of May 20, 2022, DFPS did not yet have an approved QRTP provider in Texas.

Q: Can you explain in lay terms - how are QRTPs different than RTCs of the past?

A: QRTPs are required to be accredited, provide 24/7 nursing and clinical staff, and provide a minimum of 6 months aftercare support. These are the biggest differences. In addition, QRTPs will have increased supervision ratios and must have treatment models which are trauma informed, submitted to DFPS, and approved to provide treatment to the intended population of children and youth.

Q: Will any past/current RTCs become QRTPs or will these be new establishments?

A: The application to become a QRTP is open to any provider who meets the requirements under the Texas model.

Q: Is there a website or some other place that lists each QRTP?

A: The DFPS website will include information about QRTPs and the intention is to update the website regularly with a list of QRTP providers as they become contracted.

Q: Will children leaving QRTPs be placed with therapeutic foster parents, or other foster parents with specialized training?

A: The goal is to place a child or youth with family first. When looking at other foster care settings and family caregivers both, QRTP providers need to integrate that next caregiver into the treatment, discharge, and transition processes, and ensure they are provided the aftercare support for the minimum 6 months. The process of QRTPs should involve any next caregiver throughout the QRTP placement to help them know how to work with the child/youth upon discharge.

Q: Will team meetings have a zoom option that would allow greater access for everyone and address time constraints?

A: Yes, virtual hearings and meetings are approved to be used.

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Q: Shouldn't the child's AAL/GAL approve placement before the child is placed, instead of objecting after?

A: Ideally, the AAL/GAL will always be involved in the QRTP Permanency Team meetings and provide input based on that initial meeting, the information obtained, and treatment goals established for the child/youth prior to a placement into a QRTP.

Q: What if a child doesn't have an attorney? What is the remedy for a child who disagrees with placement and/or judge's determination for continued placement if contrary to GAL's?

A: Under Texas Family Code Chapter 107.106, the court is required to continue the appointment of the AAL, or the GAL, or an attorney serving in the dual role as long as child is in DFPS conservatorship. As a best practice, courts should continue the appointment of both the child's AAL and GAL as long as the child is in the managing conservatorship of DFPS.

Q: Will Motion for Hearing in hotdocs be available elsewhere for those not using hotdocs?

A: The Children's Commission will work with DFPS to make this information publicly available.

Q: Has OCA set up a tickler for the CPC Courts to provide on-going hearings for these kids?

A: The Children's Commission will work with the Office of Court Administration to develop this case management capability.

Q: Are there QRTPs outside the state of Texas? If so, is it possible that a Texas child would be placed in one of those?

A: There are QRTPs outside of Texas, however, as of May 2022 there have been no established contracts with the Texas model. They must still meet Texas DFPS QRTP requirements. If there are contracts established in QRTPs outside of Texas that meet the child or youth's needs, then it could be an option for placement.

Q: Are there things that would make a child ineligible for a QRTP, such IQ or intellectual capacity?

A: Each operation (or QRTP provider) can establish their own admission criteria such as age, IQ, gender, and child characteristics. While these things do not make a child or youth "ineligible" there may not be QRTPs available that admit specific populations.

Q: Is the referral similar to a Common Application? But more intensive?

A: The referral process includes the Application for Placement (formerly known as the Common application), but also utilizes a new referral form (DFPS Form K902-2355) that is a comprehensive form where a lot of the required assessment information is documented. There is still other historical documentation required such as the psychological/psychiatric evaluation, school records, clinical/therapy notes etc.

Q: When are the QRTP Permanency Teams going to do work for our CWOP children? I have heard no evidence about this from the Department – why is that?

A: As of May 20, 2022, there were no QRTP placement options for youth. As providers become available, Permanency Team Meetings will be held with the youth and their supports.

Q: What is the expectation for the child to be able to have visits with family? Either in person or via Zoom?

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A: During a QRTP placement the expectation is that all children or youth will be encouraged and permitted to have visitation with family as frequently as possible. Visitation is a large part of the collaboration and inclusion of family under the QRTP model. This can be done in person or via video conferencing as appropriate.

Q: Historically, a child is discharged before new placement is located. How is this being addressed in discharge/transition plan?

A: QRTP providers will be working with the child, family, supports, and Permanency Team throughout the placement to provide a realistic discharge and transition for the child or youth. Youth who have no identified next placement will be closely monitored and the regional placement teams will be alerted and provide assistance prior to the final discharge date for the child or youth.

Q: What triggers the assessment for a QRTP? And how can we get that expedited?

A: Caseworkers will make a referral for a QRTP placement and a State Office Program Specialist will screen the referral. If the screening process determines the child or youth is a good candidate for a QRTP, caseworkers will be advised to move forward with the assessment steps which must be completed within 20 days of the referral date. The referral can be expedited by ensuring all information is available and all potential QRTP Permanency Team members are ready to conduct a timely Permanency Team Meeting. Additionally, all interested persons can inquire about a referral to a QRTP for youth with whom they work.

Q: Can AAL/GAL make referrals to caseworkers now?

A: It would be beneficial to begin having discussions as early as possible with caseworkers about youth who may need a QRTP setting. However, DFPS cannot begin taking referrals because there are not yet any contracted QRTP placement providers as of May 20, 2022.

Q: Will children in CWOP have priority for a QRTP?

A: Children and youth should be referred to QRTP according to their individual treatment needs. Youth with the most complex needs, regardless of placement setting or lack thereof, will be screened and assessed accordingly.

Q: Do the caseworkers even know about the QRTP referral process?

A: DFPS conservatorship and Family Group Decision Making caseworkers and supervisors are being trained on QRTP requirements and the referral process throughout May and June 2022. DFPS is also working with the SSCCs to prepare their staff for the initial pilot phase implementation.

Q: Can QRTP placements be educated alongside or otherwise mingle with other populations served?

A: Children or youth who are in QRTPs must have programs set apart from other populations served.

Q: May a contract applicant propose to serve clients from a specific geographical area, or must they be open to serve clients from any area of the state?

A: A QRTP must be agreeable to serve children or youth from anywhere statewide.

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Q: QRTPs utilize 24-Hour nursing and clinical staff. Is this on call or on site?

A: Onsite is dependent upon the treatment model utilized by the provider. All nursing and clinical staff must be available 24/7.

Q: Must QRTPs provide family-based aftercare for six months after discharge to children placed in foster or adoptive placements?

A: Yes, this is a requirement under the Family First Prevention Services Act for all QRTPs regardless of next placement.