OFFICE OF CHILD AND FAMILY SERVICES
QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) READINESS ASSESSMENT TOOL FOR EXISTING RESIDENTIAL TREATMENT PROGRAMS

ACCREDITATION

Is your residential program(s) accredited? Yes or no

☐ Yes

1. What type of accreditation does your organization have?[1] *Select* If other, please specify: *Specify other*
2. When will your current accreditation expire? Month: *Enter month* Year: *Enter year*
3. Are all of your residential sites / programs accredited? Yes ☐ No ☐

☐ No

Are you currently considering accreditation?

☐ Yes	1. Which accrediting entity are you considering? *Select* If other, please specify: *Insert* 2. When will your accreditation be complete? Month: *Insert* Year: *Insert*
☐ No	1. Please describe your reason for opting out of accreditation. *Insert* 2. What supports might be helpful to your agency in the accreditation process? *Insert*

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[1] Note: Accrediting Bodies Approved by HHS (for QRTP): Council on Accreditation / COA; Commission on Accreditation of Rehabilitation Facilities / CARF; The Joint Commission / JCAHO; Teaching-Family Association / TFA; Educational Assessment Guidelines Leading Toward Excellence

TRAUMA-INFORMED (T-I) ORGANIZATIONAL CULTURE & TI SPECIFIC THERAPIES

Does your organization follow a blueprint for creating and maintaining a Trauma-Informed Culture by using a Trauma-Informed treatment model? [2]

☐ Yes

> 1. What is the model name? *Insert*
> 2. Please provide a reference source for this model (website, publication, organization, etc) *Insert*
> 3. How is fidelity to the trauma-informed model monitored and measured? *Insert*
> 4. If not a brand name model, how does your residential program provide a trauma-informed culture? (get policies, etc.) *Insert*
> 5. Please describe how line staff are trained on current policies (i.e.: orientation, competency reviews, supervision, job description, - get polices on these practices, possibly employee orientation handbook, etc.). *Insert*
> 6. Describe staff training focusing on personal and professional boundaries. *Insert*
> 7. Are self-assessment of the trauma-informed model conducted to promote sustainability?
>   a. If yes, how often and provide copy of self-assessment tool (get copy of assessment tool) *Insert*
>   b. If no, end.
> 8. What support would assist your agency in implementing a TI treatment model? *Insert*

☐ No

> 1. Please share the reasons that you are not considering adopting a trauma-informed model. *Insert*
> 2. Would you be interested in pursuing a trauma-informed model? *Insert*
> 3. What assistance to you think your organization would need to implement a trauma-informed treatment model? *Insert*

Does your residential program deliver any Trauma-Informed therapies? (Examples: TF-CBT, ARC.)

☐ Yes

> 1. What models are provided (full name, website/resource) *Insert*
> 2. How many clinicians are trained in the model(s)? *Insert*

☐ No

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[2] Examples of Trauma Informed Treatment Models (Culture) – C.A.R.E; Sanctuary Model; SAMSHA Model

BEHAVIOR SUPPORT AND MANAGEMENT

Which behavior support and management system is used in the residential program?

1. How are staff trained in this system? (number of hours) *Insert*
2. How are staff provided with ongoing training in the system? (number of hours) *Insert*
3. How is fidelity to the principles and techniques of the behavior support and management system assessed? *Insert*
   If they don't name it, ask specifically whether there are periodic observations of application of the system and individual feedback to staff on performance.

AVAILABILITY OF NURSING AND CLINICAL SERVICES
(This does NOT have to be on-site availability; it can be on-call or centrally located for dispatch to different program locations. The professionals do NOT have to be direct employees.)

Does your residential program have 24/7 availability of licensed or registered nursing staff?
☐ Yes

1. Are there employees of your program? *Insert*
2. How many hours is the RN on site? *Insert*
3. How doe you access the on-call RN? *Insert*

☐ No

Does your residential program have 24/7 availability of licensed clinical staff?
☐ Yes

1. What type of licensure do they have? *Insert*
2. Are they employees of your program? *Insert*
3. What hours are licensed clinical staff on site? (week hours & wknd hours) *Insert*
4. What hours are licensed clinical staff on-call? (week hours & wknd hours) *Insert*

☐ No

Does your residential program have availability of BCBA staff (Board Certified Behavior Analyst)?
☐ Yes

1. Are they employees of your program? *Insert*
2. What does availability of the BCBA look like (e.g., onsite x hours per week/month/available if requested)? *Insert*

☐ No

FAMILY ENGAGEMENT

Please provide copies of policies on the following topics.

> 1. Facilitating family participation in youth's treatment program. How is this documented? *Insert*
> 2. Facilitating sibling contact. How is this documented? *Insert*
> 3. Engaging in outreach activities to family members. How is this documented? *Insert*

On a scale of 1 – 5, have provider self-assess on the following questions
5: This is an area of excellence for us → 1: We need significant improvement in this area

> 1. Facilitating family participation in the child's treatment program *Insert*
> 2. Doing outreach to family members (adult caregivers) *Insert*
> 3. Doing outreach to siblings *Insert*
> 4. Documenting the outreach efforts to family members and siblings *Insert*

AFTERCARE

Does your residential program currently provide support to child and families post-discharge from the residential program?

☐ Yes

> 1. How long is aftercare provided? *Insert*
> 2. What aftercare services are provided post-discharge? *Insert*
> 3. What criteria are used to determine if aftercare services are needed? *Insert*

☐ No

> 1. What would aftercare services look like? *Insert*
> 2. What support would be helpful to the agency in implementing aftercare services? *Insert*

TECHNICAL ASSISTANCE

Is there any type of technical assistance that you would like to receive to help prepare for the implementation of FFPSA?

☐ Yes

> 1. Please describe. *Insert*

☐ No