Family First Prevention Services Act Qualified Residential Treatment Program (QRTP) Tennessee Bench Card

Beginning July 1, 2021 in Tennessee, a new protocol applies to Department of Children's Services' (DCS) placement of certain IV-E eligible children and youth in non-foster family, residential settings. Note this protocol does not apply to placements in which DCS is not drawing down IV-E funds, nor does it apply to specific types of IV-E placements that the federal law excepts from these QRTP requirements (i.e.: programs specifically serving parenting youth, trafficked youth, young adults in supervised settings, and drug treatment family program).

QRTP Judicial Timelines



Questions for Judicial or Administrative at 60 Day Review

- 1. Does the Qualified Individual (QI) recommend QRTP in the assessment?
- 2. Did other Child and Family Team (CFT) members, i.e., the parents or the child have a different placement preference?
 - If the members of the CFT had a different placement preference than the QI, does the QI provide a rationale for their differing recommendation?
- 3. Is the QRTP placement the most appropriate level of care in the least restrictive environment?
 - Could the needs of the child be met in a less restrictive placement, i.e.: foster family home? (Lack of available placements is not a valid reason.)
- 4. If an out-of-state QRTP, what are the compelling reasons why the child's needs can't be met in an in- state QRTP?
- 5. Is the placement consistent with the child's short- and long-term permanency goals?

Questions for Judicial or Administrative Body at Each Status Review or Permanency Hearing

As long as the child remains in a QRTP, DCS must submit evidence of the continued appropriateness of the placement at each status review. The Court should consider the following:

- 1. Does the ongoing assessment of the child's strengths and needs continue to support the position that the child could not be appropriately served in a foster family home?
- 2. Is the QRTP placement the most effective placement and the appropriate level of care in the least restrictive environment? (Lack of available placements is not a valid reason.)
- 3. Is the placement consistent with the child's short- and long-term permanency goals?
- 4. What treatment and services are the child receiving in the QRTP?
- 5. How long is the child expected to require the treatment or services of the QRTP?
- 6. What efforts are being made to transition the child back to the family or to a lower level of care?



For additional information see: U.S. Department of Health and Human Services Administration on Children, Youth and Families Information Memorandum, Families First Prevention and Services Act at: https://www.acf.hhs.gov/sites/default/files/documents/cb/im1802.pdf