



QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) CONTINUED STAY REVIEW (CSR)

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 826 (10-2020)

Clear Fields

Directions: This form is completed by the custodian for all children placed in a QRTP for treatment. The continued stay review form must be completed no greater than 30 days prior to placement expiration and no less than 20 days before the placement approval expires. The Qualified Individual will have 10 days to review the request for the child to continue in a QRTP. The custodian is responsible to track the placement length of stay and work with the QRTP to ensure treatment progress is being made.

CHILD INFORMATION		
Last Name Doe	Name (First, Middle Initial) Jane	Age Today 13
FC Case Number (FRAME) 123456	Court Case File Number 01-2019-JV-0000	

QRTP INFORMATION	
Name of QRTP Facility DBGGR	
Contact Name Jane Lee	Telephone Number (701) 555-1212
QRTP Continued Stay Review Type <input checked="" type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 9 Month <input type="checkbox"/> 12 Month	Total Number of Days in a QRTP (during child's foster care episode) 59
Admit Date to Current QRTP 10.02.2020	

INFORMATION SOURCES	
<input type="checkbox"/> No information source changes since last review	
<input checked="" type="checkbox"/> Changes have occurred and are listed below (only list changes)	
Case Manager (CM) Name Sally Guardian	CM Telephone Number (701) 555-1212
CM Email Address guardian@email.com	CM Fax Number (701) 555-1213
Legal Custody Type <input checked="" type="checkbox"/> County <input type="checkbox"/> DJS <input type="checkbox"/> Tribe <input type="checkbox"/> Parent	Legal Custodian Name Sally Guardian
Parent's Name April Doe	Parent's Telephone Number (701) 555-4444
Parent's Name Mark Doe	Parent's Telephone Number (701) 555-4445

Include on this chart primary supports or Child and Family Team (CFT) members who are involved in the child's case plan.

Name of Primary Support or Child & Family Team Member	Relationship to Child (mother, father, sibling, grandparent, guardian ad litem, foster parent, teacher, etc.)	Telephone Number	Involvement 1 = Minimal 2 = Inconsistent 3 = Involvement Pending 4 = Consistent with Limited Engagement 5 = Consistent and Engaged	Types of Supports C = Calls L = Letters V = Visits O = Other (describe)
John Smith	Guardian	(111) 111-1111	5	C,V; previously resided with
Mary Jones	Therapist	(111) 111-1111	4	C;V

Involvement - If rated 1,2,3, or 4 above, describe each primary support's involvement in further detail, giving specific examples.
 Example 1: Child previously resided with guardian (last 10 years) who is the primary support. Example #1 will act as primary support if/when approved for QRTP. Child was placed at a shelter due to ongoing violent gang behavior in guardian's home (e.g., Child has struck the other children in the home, attempted to strike guardian as well); She is worried about the safety of herself and the other children.
 Example 2: Child meets with therapist on a weekly basis (assigned therapist for last 2 years) to discuss previous trauma.

CHILD'S CURRENT AND CONSISTENT BEHAVIOR/SYMPTOMS (provide progress notes and incident reports)
 List mental health, intellectual, developmental and substance related diagnosis. D=Daily; W=Weekly; M=Monthly

	D	W	M		D	W	M		D	W	M
Anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger/violence to others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening behaviors or actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Refusal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harm to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____			
School Misbehavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harm to self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____			
Intentional Misbehavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal threats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: _____			
Impulsivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis: <u>depression</u>			
Self care/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delinquent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis: <u>oppositional defiant</u>			
Depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer relationship issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis: <u>anxiety</u>			

REASON FOR CONTINUED STAY

What current (within the last 90 days) /consistent behaviors and symptoms require continued treatment in a QRTP?
 Continued struggle with anger, multiple occasions with involvement in physical altercations with peers and staff; child recognizes need for anger management. Child also experiences frequent thoughts of self-harm and substance use.

What are the least restrictive options being ruled out or determined insufficient (such as a family setting) ?
 The family home is being ruled out due to child requiring continued treatment in QRTP to address: drug and alcohol treatment, anger management and self-harm prevention.

What service and supports would be necessary for the child to return to a family setting? (**Note:** Completion of QRTP treatment is not an acceptable response without specific goals identified)
 Regular individual, group, and family therapy; substance abuse therapeutic interventions; emotional regulation treatment; self-harm prevention treatment.

What is the anticipated discharge date and detailed discharge plan? If the discharge date has changed since admissions, explain why:
 December 2020. Current plan entails transitioning into grandparent's home. Child will also continue therapeutic interventions such as weekly individual therapy and family therapy to support long term goal to return to parents.

Describe all discharge planning action steps that have occurred since QRTP admission.
 Participation in family therapy to re-establish family relationships. Regular contact via phone and visits with grandparents and parents. Attending group therapy has assisted with identifying seriousness of actions.

Requesting approval for stay beyond the placement maximum:
 Yes - see 624-05-20-17 and answer the next question No

Answer if only requesting continued stay beyond the placement maximum. If yes, provide the narrative below following policy 624-05-20-17:

In order to accept the application, the referral must attach details from the **past 90 days** specific to:

- QRTP treatment plan, progress notes, therapy notes, incident reports and psychiatric notes;
- Child and Family Team meeting notes or most recent permanency plan (if in public custody); and
- Any assessments, testing, IEP, medication, diagnosis, or specialist evaluations not previously submitted to Ascend.

REFERRAL INFORMATION		
Who completed the form? <input checked="" type="checkbox"/> Case Manager <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		
Name of Referrer Sally Guardian		Referral Date 11.05.2020
Email Address guardian@email.com	Telephone Number (701) 555-1212	Fax Number (701) 555-1213