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Consent for Participation in QRTP Assessment

A Qualified Residential Treatment Program (QRTP) is a newly defined placement type for children and adolescents created under The Family First Prevention Services Act (FFPSA). This service involves an assessment which determines whether a QRTP is the most appropriate placement for the child/adolescent in your custody. QRTPs must have a trauma-informed treatment model that is designed to address the clinical needs of children with serious emotional or behavioral disorders or disturbances and be able to implement the necessary treatment identified in the child's assessment.

The assessment must be completed within 30 days of admission to a QRTP, and requires that the Qualified Individual conducting the assessment:

- Assess the strengths and needs of the child using an evidence-based, age-appropriate, validated functional assessment tool.
- Determine whether the needs of the child can be met with family members or in a foster family home and if not, which placement setting would provide the most effective and appropriate level of care for the child in the least restrictive environment.
- Provide recommendations that are consistent with the goals of the child's permanency plan.
- Develop a list of child-specific mental and behavioral health goals.
- Work in conjunction with the family of and permanency team for the child while conducting the assessment.

I understand that there are no certain outcomes from these services and that individual experiences with assessment may vary. In giving consent to New Vista to provide these services, I am aware that New Vista has a duty to protect the confidentiality of the client except where the law requires disclosure of certain information. There are several situations in which New Vista cannot assure confidentiality including:

- New Vista has a duty to report the abuse, neglect or exploitation of a vulnerable adult to the Department for Community Based Services;
- New Vista has a duty to report any instance of child neglect, exploitation or abuse to Community Based Services and/or the police;
- New Vista has a duty to report any threats against persons to the intended victim and to the police;
- **New Vista** has a duty to report domestic violence/abuse and/or dating violence/abuse to law enforcement if requested by a client;
- New Vista has a duty to report domestic violence/abuse and/or dating violence/abuse to law enforcement if a staff member believes the death of a client may be related to domestic violence/abuse and/or dating violence/abuse;
- New Vista has a duty to release information to agencies or persons with a need to know when a client is in need of hospitalization; and
- When a client introduces personal mental health or substance abuse issues in court proceedings then confidentiality is waived by the client.

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Consent to Participate in the Assessment for Placement in a QRTP:

I understand that New Vista gathers data from participants as a requirement of the assessment. I understand that this consent is revokable by me at any point of the process by signing the revocation line below and that the results of the assessment will be provided to the Department for Community Based Services.

<u>I hereby consent to the Assessment for Placement as described above for the following</u> individual:

Participant Name (print):	Date:
Guardian Signature:	Date:
Witness Signature:	Date:
***** I wish to revoke the above authorization *****	
Guardian Signature:	Date:

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OUR MISSION

IS TO ASSIST INDIVIDUALS AND FAMILIES IN THE ENHANCEMENT OF THEIR EMOTIONAL, MENTAL AND PHYSICAL WELL-BEING BY PROVIDING MENTAL HEALTH, SUBSTANCE USE AND INTELLECTUAL AND DEVELOPMENTAL DISABILITY SERVICES. WE SERVE THOSE WHO HAVE LIMITED OPTIONS FOR MEETING THEIR BEHAVIORAL HEALTH NEEDS.

We Follow Seven Principles

- 1. Treat people with DIGNITY and RESPECT.
- 2. Believe that people are capable of making PROGRESS and CHANGE.
- 3. Strive to make our services ACCESSIBLE to all members of the community.
- 4. Provide services consistent with the HIGHEST STANDARDS of care.
- Believe successful therapy requires staff with HIGH LEVELS of knowledge, skill and integrity.
- 6. Believe being a NON-PROFIT provides a unique opportunity to respond to the needs of people
- Ensure continuation of services by being RESPONSIBLE FISCAL MANAGERS.

CLIENT BILL OF RIGHTS

You Have The Right To:

- Be treated with dignity and respect.
- Access to treatment regardless of race, religion, sex, ethnicity, familial status, political opinions and affiliations, age, gender identity, sexual orientation or disability.
- Individualized treatment in an environment that is safe.
- Individual treatment in the least restrictive environment possible.
- Actively participant in the development of your treatment plan and review this plan with your counselor.
- Refuse medications or treatments unless prescribed by law and to be informed of available alternatives.

- Be fully informed about the use of any special observation or audio-visual techniques.
- Receive services in a language that you understand.
- Know the fees for the services you receive. If your fee is paid by someone other than yourself.
- To know the qualifications of the staff who work with you, the type of treatment that you receive and the risk, side effects and benefits of all medications and treatment procedures used.
- Refuse participation in any research project.
- Have the information you share during treatment to be kept confidential except when mandated by law.

- Make a complaint or file

 a grievance about the
 services you receive. Family
 members and legal guardians
 can file grievances.
- Know any limitations placed on how long you may receive services.
- Ask questions about services you receive and to have these questions answered in an honest manner.
- Equal quality of services regardless of the source of your financial support.
- Request a personal advocate to speak and act on your behalf.
- Be screened and referred for assessment for pain.

