



REFERRAL, ASSESSMENT, & RECOMMENDATIONS FOR PLACEMENT INTO A QUALIFIED RESIDENTIAL TREATMENT PROGRAM

Purpose: This form is used to refer, plan and assess a child for placement into a Qualified Residential Treatment Program (QRTP)

Directions: The child's caseworker completes Section I & Section II of this form only if the child is eligible for the QRTP placement.

To be eligible for this program, a youth must meet the following initial child characteristics:

- Are under the age of 18; (*Youth who are 12 or younger must have approval by CPS Regional Program Administrator prior to referral for placement into a QRTP); and
- Have documented severe mental, emotional and behavioral needs; and
- Have one or a combination of characteristics listed below:
 1. Have documented severe mental, emotional and behavioral needs; and
 2. Have one or a combination of characteristics listed below:
 3. Have had unsuccessful placements in lesser restrictive environments such as foster homes and relative/fictive kinship placements;
 4. Have had multiple instances of being a child without placement;
 5. Have been placed in and are being discharged from acute psychiatric hospital settings;
 6. Have history of juvenile justice involvement;
 7. Have been diagnosed with an emotional disorder, including, but not limited to, reactive attachment disorder, disruptive mood dysregulation disorder, or have a serious intellectual or emotional disability;
 8. Youth who exhibit child sexual aggression, sexual behavior problems or been diagnosed with a sexual behavior disorder;
 9. Youth who are aggressive/violent with serious behavioral disorders;
 10. Youth with self-injurious behaviors, thoughts or suicidal ideations

For Additional assistance completing the form see supplemental instructional document, K-902-2355i



SECTION I: REFERRAL INFORMATION

Child's Name: John Smith (EXAMPLE FORM ONLY)	Date of Birth: 01/01/2007	Age: 15	Gender Male
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Person ID (PID) Number:	Date DFPS Was Granted Conservatorship of the Child: 2/5/2021	Legal Region: 13
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Current Placement:
DFPS Supervision in Office

Caseworker's Name: Amy XXX	Supervisor's Name: Diana YYYY
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Caseworker's Phone:	Supervisor's Phone:
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Permanency Plan:
Alternate Family:Relative/Fictive Kinship Adoption
Concurrent Plan: Alternate Family:Relative/Fictive Kinship Conservatorship

Brief Social History (for example, reason for being in foster care, involvement of parents, siblings or other supportive individuals):

John Smith, age 15, entered foster care in 2/2021 due to RAPR (Refusal To Accept Parental Responsibility). The adoptive father dropped John off at a DFPS office stating his family could no longer meet the needs of John due to John's violent and disruptive behaviors in the family home. The adoptive parents stated that John's emotional and behavioral needs were too difficult to manage. The adoptive parents had sought counseling for John but reported John continued to make and engage in verbal and physical threats of violence towards household members. The adopted parents stated John had felony probation offenses, history of fighting, history of running away, and a history of engaging in marijuana so they felt they had done everything they could to manage the behaviors which included counseling and medications.

There were previous CPS referrals involving the adoptive family and John. While still in the adoptive home, John was involved with law enforcement which eventually led to charges of assault of a family member(sister) one year and in another year, theft of vehicle. The vehicle belonged to the adoptive father. Adoptive father sometimes appeared to have unrealistic expectations of John which often resulted in over disciplined (borderline physical abuse) of John and as John has gotten older, the dynamics have continued to escalate. At one point in time when John was out of control in the home, the adoptive father, the adoptive mother as well as the younger sister in the home all engaged in restraining John until law enforcement arrived. Other professionals involved with the family reported an on-going parental-child conflict between John and his adoptive father. Therapists recommended all family members, particularly the adoptive parents, engaged in family therapy but the family did not follow the recommendation as they reported that only John needed therapy. John has expressed feelings of anger, despair and abandonment.

Child/Family History

John was adopted by his family when he was approximately 2 years old. The family adopted John's younger sister, Jane, 2 years later. The biological parents became involved with the department due to frequent allegations of severe substance abuse and domestic violence which contributed to neglectful supervision, emotional and physical abuse. It was also reported that prior to CPS intervention with the biological parents, John, briefly residing with caregiver other than the parents that exposed John to abuse. The biological parents had previous involvement with the agency which also resulted in the removal of an older child, termination of parental rights and that older child was adopted by a fictive kinship caregiver.

The department has recently involved a fictive kinship (Ms. Young) as a potential future placement for John but the relationship with John and that caregiver will need to be established and pursued.



Purpose of Referral for QRTP (child’s presenting issues, concerns, behaviors, mental health and overall needs that family/caregivers have identified that require this level of restrictive environment):

John has struggled with regulating his emotions and his behaviors. John's current psychological diagnoses are as follows: Disruptive Mood Dysregulation Disorder; Conduct Disorder; Impulse Control Disorder; ADHD and Unspecified Emotional Disturbance. John was previously diagnosed as Bipolar Disorder. John' IQ is listed as 78. John has been in and out of psychiatric hospitals due to threats of self harm and threats to harm others. John has also engaged in running away behaviors wherein he will leave the residence/facility for several hours and then return and upon his return, John has been found to be under the influence of illegal substances. John later admitted that he has engaged in illegal substance abuse. John is involved with juvenile probation for assault of a family member, theft of a vehicle. and he was recently detained for assault of a staff member at a residential facility. John's has had numerous placement options including with a fictive kin (unsuccessful), initially with a foster family (ran away and refused to return) and in a couple of residential treatment facilities (unsuccessful due to child refusing to participate in all recommended services). John has done well for short periods of time, then expects immediate resolution without continuing to follow the recommendations that helped him maintain stability such as refusing all medication and therapeutic interventions. John has recently begin to engage in sexualized behaviors and as acted out with youger peers and has threatened and exposed himself to others including children and adults. John is need of an intense and structured environment while efforts continue to help him develop the skills and tools required for his long term stability.

SECTION II: CANS INFORMATION

Date of CANS referral:
4/1/2022

Date of CANS completion:
4/11/2022

CANS Tool findings:

Child/Youth Identified Strengths and Protective Factors:

John is resilient and future oriented. He does not view himself as a victim of his circumstances and views the future as a positive thing for him. Despite the trauma in his past John has demonstrated the ability to form and maintain new relationships. John is also able to develop relationship with others fairly quickly.

Family/Caregiver Identified Strengths and Protective Factors:

The adoptive parents demonstrated the ability to engage community resources to assist in helping them address their family needs with John. Although the department has PMC of John, the adoptive families remains willing to support John in his future success.

Child/Youth Identified Needs:

John will need therapeutic assistance with addressing past trauma regarding adoption, separation from biological family and adoptive family, as well as adjustment to foster care. John needs to be in environment that can maintain close supervision of John at all times to ensure that he does not endanger himself or others.

Family/Caregiver Identified Needs:

The adoptive family should engage in family therapy with John to gain family resolution of previous negative family dynamics. The goal would be to allow for communication and maintain a connection so that the relationship with his sibling and adoption parents may be preserved for continued connection. Caregivers should be fully knowledgeable of youth's psychological strengths and weaknesses, talents and limitations. Caregivers will need to follow therapeutic recommendations to engage John and to encourage John to participate in recommended services towards his long term stability and to achieve the permanency plan.



SECTION III: QRTP PERMANENCY TEAM MEETING INFORMATION

Date of Permanency Team Meeting:
4/15/2022

Name of Title of Meeting Facilitator:
FTM Program Specialist

Location of Meeting:
DFPS Office in Region 13

Notification was provided to all participants and agreement of location for convenience of meeting was received:
 Yes No
If no, specify details of why:

Permanency Goal for Youth:
Alternate Family:Relative/Fictive Kinship Adoption
Concurrent Goal is Alternate Family:Relative/Fictive Kinship Conservatorship

If reunification is the goal, was the parent from whom the youth was removed involved in the meeting and able to provide input?:
 Yes No
If no, specify details of why:
Adoptive parents and family indicated they are willing to provide support to John but do not wish to engage in services as they do not wish John to return to their home based on the previous family dynamics. However they are willing to be part of the permanency team moving forward.

Parent/Caregiver Name: Mr. & Mrs. Smith

Child's Short-Term Goal Discussion:
John is in need of placement/caregiver that provides him with structure and close supervision within a secure and therapeutic environment that also can help John address behaviors that do not result in harm to himself or others.

List all Short-Term mental and behavioral health goals established for youth:
John will not engage in threats of harm to himself and others.
John will not engage in running away behaviors
John will cooperate with the therapeutic interventions such as individual therapy.

Child's Long-Term Goal Discussion:
John wishes to be in a foster family home or with the fictive kinship caregiver if he is able to develop the relationship to exit foster care. John wishes to be somewhere in which he does not have so many rules to follow and to be more like other teenagers.

List all Long-Term mental and behavioral health goals established for youth:
John will utilize coping skills and other therapeutic tools acquired in the QRTP placement to help him maintain stable emotions and behaviors long term.
John will continue to adhere to psychopharmacological intervention, which target symptoms of mood stability, impulse control, and aggression.
John has agreed not to engage in any elopement behaviors and to utilize an alternative approach such as asking to take a walk with a staff member to diffuse negative emotions and allow him to time to focus on coping skills.
John will adhere to his juvenile probation terms.
John has agreed to engage in all services offered by the QRTP provider to order to gain emotional and behavioral stability to the best of his ability while learning additional coping skills to help regulate himself appropriately.



QRTP Permanency Team discussion regarding youth's siblings, location and ability to place siblings together:

John has one younger sister who continues to reside with their adoptive parents, the adoptive parents will not allow the sister to have contact with John due to previous assault charges. There is no information of John's eldest sibling who was adopted before John's was born but efforts will continue to be explored as part of the family engagement piece by the QRTP provider.

QRTP Permanency Team Recommendations for Youth, including placement preference:

A QRTP placement is recommended for John Smith. John is need of a QRTP that offers a Trauma Informed Evidence Based Practice (EBP) in an environment that is capable of providing John with very close supervision and possibly 1:1 supervision based on his on-going actions of threats to harm others and threats to harm himself. QRTP is recommended as a more secure placement as all QRTPs are capable to provide constant 1:1 supervision to limit the need for John to require psychiatric in-patient hospitalizations.



**SECTION IV: QRTP ASSESSMENT & FINAL RECOMMENDATION
(THE INFORMATION IN THIS SECTION IS TO BE ENTERED ONLY BY A QRTP PROGRAM SPECIALIST AFTER ASSESSMENT IS COMPLETED BY YFT.)**

Date of QRTP Assessment:
4/21/2022

Documents Provided to Qualified Individual Conducting Assessment:

- QRTP Referral Information
- Child Adolescent Needs and Strengths (CANS)
- QRTP Permanency Team Meeting Information
- Child Plan of Service
- Application for Placement
- Psychological Evaluation
- Psychiatric Evaluation
- Clinical notes
- Discharge Summary
- Incident Reports
- Educational Records

Assessment/Placement Recommendations made by Qualified Individual:

- QRTP Placement **IS** recommended
- QRTP Placement **IS NOT** recommended

Is the placement recommendation the same as the placement preferences of the family, QRTP permanency team, and child?

- Yes
- No

If no, summarize the reasons why the preferences of the team and/or of the child were not recommended:

If QRTP has been recommended, summarize why the needs of the child cannot be met by the family of the child or in a foster family home:

John's needs cannot be meet by his family as there are no family members available at this time. John's needs cannot be meet by foster family home due to John's emotional and behavioral outbursts and threats of harm to himself and others.

If QRTP has been recommended, specify why the recommended placement in a QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child:

John is in need of a strong structured support system and people around him willing to give of their time and patience to help John build trusting relationships with caregivers, staff, teachers, and other supportive persons in his life.

John is in need of an experienced Trauma Informed Evidence Based Practice (EBP) modality that can address his specific needs for treatment.

I have reviewed all information and find that all steps required for an appropriate recommendation have been completed.

- Placement into QRTP **IS** approved
- Placement into QRTP **IS NOT** approved

QRTP Program Specialist, State Office Placement
Division:

X Tiffani Tillman

Date Signed: