

COMPREHENSIVE ASSESSMENT
PLANNING SYSTEM (CAPS)
FOR
QUALIFIED RESIDENTIAL TREATMENT
PROGRAMS (QRTP)

West Virginia Department of Health and Human Resources
Bureau for Children and Families
Office of Children and Adult Services
January 1, 2020

Contents

COMPREHENSIVE ASSESSMENT PLANNING SYSTEM for Qualified Residential Treatment Programs 3

 Section 1- Introduction..... 3

 Section 2 Children and Youth Served through CAPS for QRTP 3

 Section 3 Comprehensive Assessment Planning System Process for Qualified Residential Treatment Programs Overview 4

 Section 4 CAPS for QRTP Referral Process..... 4

 Section 5 The Comprehensive Assessment Planning System (CAPS) Program for Qualified Residential Treatment Programs (QRTP) Components 5

 Section 6 Refusal to Participate in the CAPS Process..... 7

COMPREHENSIVE ASSESSMENT PLANNING SYSTEM FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

Section 1- Introduction

The importance of a comprehensive assessment for children and their families cannot be overstated. The assessment process outlined within this policy provides for an unbiased, third-party qualified individual to identify strengths, needs, barriers and is used to help identify long-and-short term treatment goals.

The Comprehensive Assessment Planning System (CAPS) for Qualified Residential Treatment Programs (QRTP) is not a single assessment, but a process for ensuring the correct assessments are used with the child and family. The CAPS for QRTP is only to be completed for youth who have been identified as potentially needing placement in a QRTP. All other uses for CAPS assessments must have the approval of your Program Manager or Child Welfare Consultant. The assessment process includes information gathering and analysis to determine treatment needs.

The purposes of a CAPS for QRTP assessment are:

- To determine whether the needs of the child can be met with family members or through placement in a foster family home;
- To determine which child residential setting would provide the most effective and appropriate level of care in the least restrictive environment, if a family setting cannot meet the needs of the child;
- To ensure that whichever placement that is recommended be consistent with the short-and-long term goals outlined in the child's permanency plan; and
- To work in conjunction with the Family and Permanency/Multidisciplinary Team(s) in developing long-and-short-term goals regarding mental and behavioral health needs.

Section 2 Children and Youth Served through CAPS for QRTP

Children and Youth who may be referred for a CAPS for QRTP Assessment Include:

- Foster children who enter care through delinquency or status offense who have significant behavioral and/or mental health needs that may be met through a QRTP placement. *
- Children who enter foster care through an abuse/neglect petition who have significant behavioral and/or mental health needs that may be met through a QRTP placement. *
- Children who enter foster care through a Voluntary Placement Agreement between the Bureau for Children and Families and the legal guardian who have significant behavioral and/or mental health needs that may be met through a QRTP placement. *

***Foster Care Policy Section 2.4.9 provides further information related to the target population suitable for QRTP**

Section 3 Comprehensive Assessment Planning System Process for Qualified Residential Treatment Programs Overview

The CAPS Phases include:

- Referral
- Family and Permanency Team (Team) Meeting for CAPS for QRTP Development
 - Information Review
 - Interviews
- Completion of Child & Adolescent Needs and Strengths (CANS) and other assessments
- Final 30-day Comprehensive Assessment Report (CAR)
- MDT Meeting

The process begins with determining the QRTP agency that will be able to provide services to the child. When the child welfare worker decides which QRTP agency can meet the child's needs, a referral by the child welfare worker will be made to Kepro. Kepro will assign one of their qualified individuals to conduct the CAPS for QRTP. The referral to Kepro begins the information-sharing process. The child welfare worker shall provide all relevant information that is available about the child and family members. After receipt of the referral, the qualified individual assigned by Kepro will schedule the Family and Permanency Team (Team) meeting. This meeting must include the family, the child, relatives and friends chosen by the family, the child welfare worker, staff of the QRTP agency and other service professionals that may be needed. If the child is 14 or older, the child shall be allowed to invite individuals of his or her choosing. The qualified individual will complete a review of all available information prior to the Team meeting, where all information currently available on the family and child is studied. During the Team meeting, the qualified individual will conduct thorough interviews with all relevant parties.

The qualified individual shall utilize the facts gathered from the review and interviews to complete the WV Child and Adolescent Needs and Strengths (CANS) instrument and any indicated assessments triggered by the CANS. The child welfare worker and parent(s) may be asked to sign releases of information during the meeting to give permission for Kepro's qualified individual to access further information that may be required for completion of the assessment tools. A comprehensive assessment report (CAR) is then developed.

After the CAR is completed, the qualified individual will distribute the written report to the child welfare worker, presiding judge, guardian ad litem, counsel for parent(s), and members of the MDT. The child welfare worker will share the report with the family. The child welfare worker must initiate and facilitate the MDT meeting. The qualified individual should be invited to present results to the MDT. The qualified individual will attend the MDT, in person or via conference call, when scheduling permits, or when requested by a member of the MDT.

Section 4 CAPS for QRTP Referral Process

To initiate a referral, the child welfare worker will complete the necessary electronic FACTS service log documentation for Socially Necessary Services for requesting a CAPS

Comprehensive Assessment Planning System for QRTP

for QRTP. When that process is completed, then the ASO referral form will be generated from the FACTS system by the child welfare worker. The child welfare worker will provide the following basic information to the qualified individual, along with the ASO referral form:*

- Date of the referral
- Date of custody, if in custody
- Name of the QRTP agency agreeing to serve the child
- Name of the assigned Social Worker
- County of residence
- FACTS Client identification number
- Family name
- Parent/caregiver's names
- Family's address and telephone number
- Names of all household members, including siblings, spouses and significant others and their ages, if available
- Child's medical card number
- Child's social security number
- Race/sex
- Name of school child attends and contact information

***The child welfare worker will then need to provide, through Kepro's secure fax or email network, all information outlined in this section. If all information is not available at the time the referral application is sent, the child welfare worker will provide follow-up documents within five working days.**

Section 5 The Comprehensive Assessment Planning System (CAPS) Program for Qualified Residential Treatment Programs (QRTP) Components

Referral: The child welfare worker will access the FACTS service log and make a referral for a CAPS for QRTP assessment and follow up with an email to supply supplemental information necessary to initiate the CAPS for QRTP process. A formal Socially Necessary Services Referral for the CAPS Service and linkage to Kepro must be done according to the CAPS for QRTP Referral Process (see Section 4). The referral will not be considered active until all necessary information is provided to the qualified individual.

Family and Permanency Team (Team) Meeting: The qualified individual schedules the Team meeting at a time convenient for the family. The location of the Team meeting will occur at the QRTP agency where the child is being considered for placement, if this is convenient for the family. If not, an alternate location will be chosen with the family. The child welfare worker may arrange transportation for the family through socially necessary services, if needed to ensure the family's participation. This meeting allows the qualified individual to partner with the family and other Team members in determining the placement and treatment needs of the child. The face-to-face process allows the family to have a voice in what happens to their child. The qualified individual assists the team in aligning the permanency goals within the case plan with long-and-short-term treatment

Comprehensive Assessment Planning System for QRTP

goals. During this meeting, the qualified individual will gather information and conduct interviews as detailed below. The qualified individual will notify the referring child welfare worker within five (5) day(s) of authorization if unable to contact the family and/or if family is uncooperative.

**Information Review:* The qualified individual reviews the case record prior to the on-site Team meeting. The child welfare worker will provide the qualified individual with the following information, if available, five working days before the Family and Permanency Team meeting. Again, this information shall be provided through the secure email as described in Section 4 of this policy:

- A completed CANS and/or FAST assessment, if available;
- CPS assessments such as the Family Functioning Assessment, the Protective Capacities Family Assessment and Family Case Plan, the Family Case Plan Evaluation, and the Continuing Safety Plan Evaluation will be provided, if they are completed;
- Prior psychological assessments that may have been completed;
- Copy of current court order;
- Visitation plan;
- Birth certificate, school records (IEP or 504, if applicable);
- Social Security number;
- Immunization records and medical information;
- Consent or access to review all pertinent past and present records; and
- Names and addresses of presiding judge, guardian ad litem, parent(s) attorneys,

***The child welfare worker will need to provide, through Kepro's secure fax or email network, all information required for this review.**

Interviews: The qualified individual utilizes all available information including interviews with children, youth and family members to score the Child and Adolescent of Needs and Strengths (CANS).

Triggered Assessment/CANS Sub-Modules: Other clinical assessments triggered by the CANS assessment can include, but are not limited to Fire Setting module, Sexually Abusive Behavior module, Depression Inventory, and Older Youth Transitioning to Adulthood skills assessment. These specialized assessments can identify underlying issues like trauma, co-occurring disorders, suicidal ideation, or I/DD that will need to be considered in developing the child's long-and-short-term goals.

Comprehensive Assessment Report (CAR): The final 30-day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS for QRTP findings and recommendations in a written report made available to the child welfare worker, presiding judge, guardian ad litem, counsel for parent(s), and members of the MDT.

MDT: This meeting is held to discuss the Comprehensive Assessment Report (CAR) that was developed through the CAPS for QRTP process. The child welfare worker must schedule the MDT meeting and notify all participants. The child welfare worker will facilitate the MDT meeting and present results to the MDT.

Section 6 Refusal to Participate in the CAPS Process

If Kepro's qualified individual is unable to reach the parent(s) within one week of referral to schedule the Family and Permanency Team meeting, the qualified individual will notify the child welfare worker of the refusal to cooperate. The qualified individual will still move forward with the process in order to complete the CAPS for QRTP placement, to honor the court order or MDT request. The Bureau for Children and Families cannot compel a parent/caregiver or child to participate in the CAPS process. In cases where the parent/caregiver or child refuses to cooperate with the CAPS process, then the child welfare worker will notify the MDT and the court in writing. The MDT will convene and discuss the reason for refusal by parent/caregiver or child. The MDT will inform the parent/caregiver and child of what actions may be taken as a result of his or her decision such as seeking a court order for participation. The MDT will note the responses of parent/caregiver and child and will report this information to the court regarding the issue. The court will then decide how to proceed.

Section 7 Frequently Asked Questions

- a. Question: Does a referral for a CAPS for QRTP guarantee there is a vacant QRTP bed?

Answer: No. The referral for placement and the referral for CAPS for QRTP are separate and distinct casework functions. Referrals will need to be completed separately according to establish policies and procedures. The child welfare worker should coordinate with the QRTP facility before referring for CAPS for QRTP.

- b. Question: Can a child welfare worker refer a child to QRTP without it being court-ordered?

Answer: Yes. If a child welfare worker and MDT believe QRTP is the most appropriate placement, a referral can be made. However, the same requirements for judicial review and oversight are still in effect.

- c. Question: How long is a CAPS for QRTP relevant for placement?

Answer: A CAPS for QRTP is good for 90 days. After that amount of time, a new referral must be made if placement did not occur to ensure that the child still needs this intense level of residential care.

- d. Question: How long should a child welfare worker wait for a QRTP placement?

Answer: That is dependent upon whether or not a child is able to wait, and what the MDT decides is in the best interest of the child. If a child truly needs the level of services provided in QRTP, another option will need to be developed to meet the needs of the child.