

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
QUALIFIED INDIVIDUAL REPORT

Complete this form at the conclusion of your assessment of the child's appropriateness for placement in a Qualified Residential Treatment Program (QRTP). Please ensure that this form is uploaded to the child's case file in CONNECTIONS.

Client identification number (CIN): Sample Report	Docket number: Sample Report
Name of the child: Sample Report	
Child's date of birth: / /	Gender identification of child: Female
PLACEMENT STATUS	
<input type="checkbox"/> Initial Placement – Article 10 (Abuse/Neglect) <input type="checkbox"/> Initial Placement – Article 10-C (Destitute Child) <input type="checkbox"/> Initial Placement – Article 7 (PINS) <input type="checkbox"/> Article 10-B (Replacement) <input type="checkbox"/> Initial Placement – SSL 384-a (Voluntary Placement)/ 384 SSL (Surrender) <input type="checkbox"/> SSL 404 (Close to Home placement or replacement) <input checked="" type="checkbox"/> Initial Placement – Article 3 (JD)	
LOCATION OF CHILD AT ASSESSMENT	
<input type="checkbox"/> Kinship foster boarding home <input type="checkbox"/> Non-kinship foster boarding home <input type="checkbox"/> Non-specified setting <input checked="" type="checkbox"/> QRTP <input type="checkbox"/> Other <input type="checkbox"/> Other specified setting	
IF LOCATION AT ASSESSMENT IS QRTP	
Name of QRTP: Sample Report	
Vendor ID (VID): Date of QRTP placement: / /	
NAME OF QUALIFIED INDIVIDUAL (QI) COMPLETING ASSESSMENT	
QI contact information: Sample Report	
QI employer:	
QI licensure:	
Date assessment began: 9 / 20 / 2021	
Date of 30-day assessment decision: 10 / 08 / 2021	
FINAL 30-DAY ASSESSMENT DECISION	
<input checked="" type="checkbox"/> QRTP placement recommended <input type="checkbox"/> QRTP placement NOT recommended	
QI signature:	Date signed: / /
QI NARRATIVE SUMMARY	
<p>If recommending QRTP placement, explain why the needs of the child cannot be met by family members or in a foster family home. (<i>Note: Reason for QRTP placement cannot be lack of foster homes.</i>)</p> <p>QRTP Placement is being recommended for a 14-year-old who was previously convicted of committing a violent assault and is need of placement at the end of her sentence for this crime. Description of the assault from the court paperwork is as follows:</p> <p>Youth and two other females approached the victim on the street and struck her in the face with closed fists and repeatedly stomped on her head on the concrete. The victim was rendered unconscious and suffered severe and permanent injuries (facial fractures and brain damage). The victim is unable to walk properly due to the brain injury.</p> <p>QRTP placement is being recommended due to safety concerns related to the youth being back in the community and other needs identified on the CANS. If the identified needs are not addressed, she is likely to re-offend. The youth continues to struggle to manage the behavioral health challenges that resulted in her placement in care.</p> <p>In her current placement, the youth's action has resulted in a 30-day termination of the placement. The youth engages in behaviors that place her and others at risk of harm. She has participated in a group assault on a</p>	

younger youth in care, has gone AWOL, has had physical altercations with staff, and engaged in criminal activity with peers at the QRTP and in the surrounding community.

The youth was very respectful of the QI during the assessment and appeared to be sincere. However, other documentation suggests that she was not truthful about her behaviors. During the QI assessment, she diverted responsibility for her behaviors to other youth in the program. When asked about incidents that she was involved in, she would say things like, "that had nothing to do with me, that was my friend." When presented with information by the assessor she continued to deflect responsibility for her actions. This could be related to a desire to not further incriminate herself, a truthful lack of understanding, or a sincere disregard for the well-being of others.

It is the QI's impression that the youth has failed to internalize responsibility for her impulsive, oppositional and aggressive actions. When asked about the assault that led to her conviction, her concern was more about the consequences she had dealt with rather than about the harm caused to the other person. She made no reference to the permanent damage she caused the victim. She stated that in the future if she was to engage in criminal activity, she would be most concerned about being caught.

In a QRTP placement, the youth can continue to work on her emotional and mental health needs while remaining in an environment that can promote her safety as well as community safety.

Describe the strengths and needs of the child as assessed utilizing the validated assessment tool.

The CANS Assessment indicated several strengths for the youth.

Relationship Stability – The youth identify a stable relationship with her older sister. After the death of her mother when the youth was 7-years-old, her older sister became her legal guardian. The youth stated, "She treats me good, like a parent. She treats me and my little brother like we are her kids." The youth gave the QI the impression that her sister provides her with love and discipline.

Social Relationship with Peers - The youth also identified positive relationships with her older brother and two friends from the community. The brother and these friends provide her support when she is feeling down and when she becomes emotional about her mother. She describes one of the friends as her "best friend" and notes that this friend is a positive influence on her. This friend does not participate in any criminal/negative behaviors. The QRTP paperwork notes that she has "good friends" and "bad friends". These "good friends" can influence positive behaviors, emotional health as well as promote self-esteem and a sense of belonging. They may be useful in promoting positive problem solving and social skills.

Family of Origin - Besides the parental love from her older sister, the youth expressed feelings of closeness to all her siblings giving the QI the impression that she and her siblings usually get along. The youth also gave the QI the impression that the siblings are there for her when she needs them and have not given up on her. For example, when her sister was unable to make the permanency plan meeting, another of her siblings attended as the representative for the family and expressed a great deal of concern for the youth's well-being. Both siblings expressed to this QI that they want to receive the services needed to meet her emotional and mental health needs.

Talents and Interests - During the assessment, the youth expressed several talents and interests. The youth expressed a passion for sports, in particular a love of basketball. She strives to become a professional basketball player. "I see me probably playing basketball," she stated, "being on a professional basketball team." She also expressed becoming an engineer and starting her own clothing line.

Resourcefulness - During the assessment, the youth informed the QI that she had a positive way to make pocket change when she was living at home. She would help people with their bags or clean up streets in front of people's houses to make money. When asked whose idea this was, the youth took ownership, giving the impression that she has the ability to do good for other people and for the community if motivated.

Optimism - The youth displayed a sense of optimism. As mentioned in the prior section, not only did the youth express a desire to play professional basketball, but had the belief that she plays well enough to make it to the WNBA. In addition, the youth expressed optimism when speaking about going back home. During the assessment, the youth told the QI that she has a plan to succeed when she gets out of placement. Her tone of voice seemed confident as she stated, "when I go home I have a solid plan. I'm going to go home, do school, play sports, come home on time and see my boyfriend sometimes. If my sister tells me to stay in the house, I guess I'll stay in the house and help out." This optimism may be useful if the youth learns to manage their emotions and address their mental health issues.

The CANS Assessment indicated several needs for the youth.

Behavioral Health - The youth has a number of emotional and behavioral health difficulties that negatively impact their functioning in the community. These maladaptive behaviors include the following:

Impulsivity - Although there was no mention of this in the prior psychiatric assessment having been completed, the QI's assessment identified deficits in the area of impulsivity. While at first, the youth did not understand the definition of the word, she was quick to self-reflect when the QI explained what being impulsive meant. This was evident by her statement, "yeah, like when I say I'm with my friends and I'm going to do something bad. I'm not really thinking about the consequences. I just wanna do what I wanna do. And then after when I do it, I start to think I should not have done that." Throughout the assessment, it was evident that the youth often participates in negative behaviors without any pre-thought. One example was her participation in the act that led to her conviction. When she was asked why she participated in this crime she stated, "I don't know it was stupid. I did it because my friend was doing it."

Oppositional Behaviors – The youth wanted the clinician to believe that following the rules comes easy for her. The other documentation and other interviews proved the opposite to be true. In the interview with the youth's sister (legal guardian), she reported for the past year the youth has become increasingly disrespectful and disobedient. The youth regularly ignored curfew. In addition, there are multiple incident reports from the current placement that specify how the youth disregards rules and regulations. There are multiple incidents of going AWOL and not staying on the grounds. A few reports noted the youth does not follow staff directives, does not adhere to COVID restrictions and becomes aggressive with staff and peers. When leaving the campus grounds, the youth engages in criminal activity in the local area.

Conduct – It is the professional opinion of the QI that the youth exhibits behaviors that fall within the criteria for a diagnosis of conduct disorder. There was an incident described in the psychological evaluation of the youth becoming angry with her Uncle. The youth ripped a door off its hinges and threw it, breaking a television set. The youth admitted to taking the door off the hinges, but denied throwing the door. There are also several incidents of the youth being aggressive towards others. There is an incident report from a few months ago, when the youth and two other residents were bullying a younger resident. They told the child that if she wanted to hang with them, she would have to be jumped. They then proceeded to drag her by the collar of her shirt and slammed her several times on the floor. The youth denied being present when this incident happened. (CANS- Bullying). During the assessment., the sister reported that the youth had stolen money on several occasions, the largest sum being \$800. The youth admitted to stealing \$100 during a home visit for the purpose of paying a phone bill, but denied stealing money any other time. (CANS- Delinquent Behavior). The youth does not appear to be honest about their impulsive, oppositional and aggressive behaviors. The youth often deflects responsibility by blaming her friends. The youth shows a lack of empathy for others. It was difficult to determine if the youth internalizes a sense of remorse for her actions that have hurt others.

Anger Control - the youth minimizes their anger issues, stating, "I really don't feel angry all the time. Only a few times a month when I think about memories with my mom." However, throughout the assessment, anger was a common theme in the conversation. She expressed anger and frustration at being in the current placement and not being able to go home. She expressed anger at not being able to communicate with her friends due to the rules of the current placement. She expressed anger in relation to the loss of her mother. In addition to this, the energy of anger seems to be linked to the assault that led to her conviction and the attack on the younger peer at the previous placement. The youth downplayed their problems controlling their anger. She denied participation and deflected responsibility when asked about the physical assaults. When the QI probed further, the youth was able to identify her symptomology when angry. "I get pain or a feeling in my stomach," she said, "I don't feel too good. I start to walk back and forth thinking about it and I get mad. I just start arguing with people that didn't do nothing to me and that's only if they say something that I don't like."

Traumatic Grief - The youth has symptoms of traumatic grief and appears to be honest and candid when speaking about the impact of losing her mother at an early age. She explained that she lost her mother due to cancer when she was seven years old. Her sister believes her mother's death plays a role in her maladaptive behaviors. "After that, she grew quiet." The youth told the clinician she also believes that is when her behaviors began to change, "yes slowly I started to change" she told the clinician, "getting older, knowing she's not there it's like having no feelings anymore." Throughout the interview the youth was able to identify depression and anger (CANS-NY Depression & Anger Control) when thinking about her mother. Depression and anger are two of the five stages of grief. "I remember her a lot, I remember her because it puts me down a lot it and causes me to do bad things like punch a wall. It gets me angry to do a lot of stuff like that." The youth is grieving the loss of her mother. Her

unresolved grief is having a negative impact on her emotional/mental health which gives way to maladaptive behaviors.

Development – Cognitive - The youth has some cognitive deficits. A recent IQ test showed this IQ to be 76 which is considered below average. In addition, her most recent IEP showed her classification to be learning disabled. Educational and or mental health providers should take this into account when working with the youth and providing services.

What type of placement is the most effective and appropriate level of care for the child in the least restrictive setting for the child?

At this time the QRTP placement is the most effective as it allows the youth to be in a safe environment to work towards their therapeutic goals and attend school. The youth is currently in a program that works with adolescents who are referred to the family court system for delinquent offenses. In this track the youth will learn the skills they need to be reunified with their families and to return home to lead productive lives. We are recommending that she remain in QRTP setting until she completes her sentence.

Describe how this placement is consistent with the child’s treatment needs, treatment goals and short- and long-term permanency planning goals while ensuring the child is in the least restrictive setting. Federal law requires documenting: 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 placement is consistent with the short- and long-term goals for the child, as specified in the child’s permanency plan.

At this QRTP the youth will receive the therapeutic interventions necessary to accomplish her short term and long term goals. In this current placement the youth will receive a psychiatric evaluation needed to identify any DSM-V mental health diagnosis. They will provide the youth with effective therapeutic interventions in the form of individual and group therapy utilizing the behavioral modification modality needed to help the youth identify and change potentially self-destructive aggressive and unhealthy behaviors. The youth can explore the loss of her mother and the impact of this loss on her emotional and mental health in individual therapy.

The youth will work closely with service providers to meet her therapeutic goals to help her internalize responsibility and change maladaptive behaviors. The agency can also work with the youth’s guardian to provide psychoeducation on the youth’s needs and what is needed to support her upon her return to the community (CANS-NY Caregiver Knowledge of Condition). In order to provide the youth with the best chance of not returning to a foster care setting the guardian needs to understand her diagnosis and how it impacts her behavior. The guardian also needs to understand how to parent a youth with such diagnosis, what interventions to put in place and how to manage her when she is symptomatic. Such work can start while she is at the QRTP setting and can carry into the community through aftercare services provided by the agency (CANS-NY items: Supervision, Knowledge of Condition, Care/Treatment Involvement).

Describe any other factors that were considered in your decision-making process. This can include (but is not limited to): reason for placement and placement history, child strengths, child trauma experiences, available community and caregiver supports, and the desires of the child and family.

The factors considered in this recommendation included the results of the CANS, the terms of the Criminal Court sentence, and the youth’s behaviors prior to placement and during placement.

If your decision contradicts the level of care suggestion from the validated tool, please explain the reasoning behind your decision.

The youth's service Intensity level is "High" and is consistent with the recommendation for QRTP placement.

DOCUMENTATION-INFORMATION GATHERING

Name of the validated assessment tool that you administered: CANS - Child and Adolescent Needs and Strengths
 Date administered: 9 / 27 / 2021

List any other records, reports or collateral information that you used to make your decision.

IEP
 Pre-Dispositional Investigation Report
 Psychological Evaluation
 Bio-Psychosocial evaluation
 Interviews with the youth, the youth's family members, the case manager and the family service counselor

Indicate the date of the child and family permanency team meeting and who contributed to the assessment and report. List individuals who were present, including their names and relationship (mental health professionals, clergy, etc.). Include persons the child suggested if the child is 14 years or older.

Date: 10 / 02 / 2021

Attending:

1. QI
2. Youth
3. Sister
4. Case Manager
5. Family Service Counselor
6. QI Supervisor

INTERVIEWS COMPLETED (CHILD, FAMILY MEMBERS, NATURAL SUPPORTS)

Name	Date of Interview	Relationship to Child	Interview Status
Sample Report	9/27/2021	Youth Other (Please specify)	<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed
Sample Report	9/28/2021	Youth Other (Please specify)	<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed
Sample Report	9/29/2021	Immediate family member Other (Please specify)	<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed
Sample Report	10/1/2021	Youth Other (Please specify)	<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed
Sample Report	10/2/2021	Immediate family member Other (Please specify)	<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed
	Click or tap to enter a date.	(Choose one from drop down) Other (Please specify)	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed

**CANS ASSESSMENT (ONLY COMPLETE IF YOU ADMINISTERED CANS ASSESSMENT)
 PLEASE ATTACH THE COMPLETED CANS ASSESSMENT TO THIS REPORT.**

Child service intensity level according to algorithm

- Low
 - CANS indicates that the best placement for the child is in a family-based setting.
- Medium
 - CANS indicates that the child should be placed in a family-based setting with appropriate supports (i.e., a therapeutic foster home), unless other factors (documented below) indicate QRTP or other specified setting placement is the most appropriate choice for the child.
- High
 - CANS indicates that the child may be appropriate for a QRTP level of care. QI must consider any mitigating factors (documented below) and determine that QRTP or other specified setting placement is the best placement for the child.

Describe significant findings from the CANS assessment, including an evaluation of the strengths and needs of the child in the designated placement.

As stated in the previous section, the youth's service intensity was "High" based upon the Behavioral Health and safety concerns. Deficits were found in the areas of impulsivity, oppositional behaviors, conduct behaviors, and anger control. The youth exhibits behaviors that have been associated with the DSM-V criteria for Conduct Disorder. It has been documented that the youth has a diagnosis of Impulsive Disorder.

The QI requested a psychiatric evaluation but none was located by the LDSS staff nor by the QRTP. A full psychiatric assessment is being recommended as the first step of therapeutic intervention for the youth.

In addition, there were deficits in the areas of Trauma and Traumatic Grief. It is this clinician's professional opinion that the youth is grieving the loss of her mother. Her unresolved grief is having a negative effect on her emotional/mental health which gives way to her maladaptive behaviors.

Furthermore, as indicated in a previous section of this 5571 report, the youth's caretaker lacked knowledge of her diagnosis, her IQ and how to parent a child with such needs.

**CASII ASSESSMENT (ONLY COMPLETE IF YOU ADMINISTERED THE CALOCUS-CASII ASSESSMENT)
PLEASE ATTACH THE COMPLETED CALOCUS-CASII ASSESSMENT TO THIS REPORT.**

Score and Level of Care Recommendation

Composite Score: _____

Level of Care Recommendation:

- Level 1 Recovery Maintenance Health Management
- Level 2 Low Intensity Community-Based Services
- Level 3 High Intensity Community-Based Services
- Level 4 Medically Monitored Community-Based Services
- Level 5 Medically Monitored Intensive Integrated Services
- Level 6 Medically Managed Secure, Integrated Services

Describe significant findings from the CASII assessment, including an evaluation of the strengths and needs of the child in the designated placement.

CHECK ANY FACTORS PRESENT THAT YOU CONSIDER IMPORTANT AS TO WHY THE CHILD MIGHT NEED A HIGHER LEVEL OF CARE THAN RECOMMENDED BY THE TOOL.

- Substance abuse concerns
- Complex developmental needs
- Complex medical needs
- Complex mental health needs
- Available community resources have been unsuccessful
- Other (please specify):

CHECK ANY FACTORS PRESENT THAT YOU CONSIDER IMPORTANT AS TO WHY THE CHILD MIGHT BE SUCCESSFUL IN A LOWER LEVEL OF CARE THAN THAT RECOMMENDED BY THE TOOL.

- Child strengths
- Caregiver strengths
- Community resources available
- Supports for caregivers available
- Therapeutic foster home available
- QRTP Exception program available and is the appropriate level of care for child.
- Other (please specify):

DOCUMENTATION: ASSESSMENT

Indicate if the child has a history of running away. Yes No

If yes, please describe the suspected causes and how the recommended placement will address this issue.

When asked about why she would leave campus while in his previous placement the youth told this QI that she did so to "go off campus and take a walk around the block," or that she did it "out of boredom."

However, documentation from the placement indicates that she left the campus breaking into cars, stealing money, and running through neighbors' yards. The placement is now providing 24-hour supervision to prevent more runaway episodes.

Indicate if the child has had multiple disrupted placements in the past. Yes No

If yes, what factors have contributed to the disruptions?

What actions are being taken to prevent disruption of the recommended placement?

List of short- and long-term mental health and behavioral goals for the child and how the recommended placement meets those goals.

Short-term goals:

As identified during the CANS assessment the youth has a number of Behavioral Health challenges including impulsivity, oppositional behaviors, anger control, bullying, and conduct (anti-social) behaviors.

The CANS assessment also identified deficits trauma symptoms, including traumatic grief resulting from the unresolved/unaddressed grief due to the death of the youth's mother at the age of 7. Taking all the youth's strengths and needs into account, this clinician has developed the following long term and short-term goals with the youth and the youth's team.

Short Term Goal #1

Youth will receive an updated psychological evaluation for the purposes of establishing an accurate diagnosis. As documented earlier, the youth has an Axis I diagnosis of impulsive control disorder. When the QI requested a recent evaluation, none was provided. If the goal of placing the youth in care is to rehabilitate her criminal activity so that she does not reoffend, then it is important for her to be diagnosed properly and rule out other possible diagnosis. With the correct diagnosis, a proper and accurate treatment plan can be developed. At this time there is a lack of clarity on whether the youth meets the criteria for conduct disorder or impulsive control disorder. The treatment of conduct disorder versus the treatment of impulsive disorder varies. Furthermore, when involving the family in the treatment it is imperative to have an accurate diagnosis so that they can understand her needs and parent accordingly. Addressing impulse control versus conduct behavior would be done in a different manner in the home and in the community. It is imperative that a psychiatric evaluation be conducted in which the provider can rule in or rule out possible conduct disorder.

Short Term Goal #2

Youth will participate in individual therapy

Upon completing the psychiatric evaluation, the youth should continue with individual therapy to treat the identified diagnosis. In therapy the reasons behind the impulsive, oppositional, and aggressive behaviors should be explored. Behavioral modification therapy should be utilized. The youth's learning style (per her IEP and IQ) should be considered when deciding upon the approach of the behavior modification therapy. The identified permanency plan caregiver should be involved in the treatment when appropriate to facilitate the successful reunification of the youth with her family.

The youth should also participate in grief counseling to address the loss of her mother and the impact of that loss on their emotional and behavioral health. If possible, work around mental health and traumatic grief should be done with the same clinician.

Short Term Goal #3

The identified permanency plan caregiver will receive psychoeducation around parenting skills related to the youth diagnosis.

The treatment team should discuss the diagnosis, behaviors, and symptoms related to the diagnosis with the identified permanency plan caregiver. Expectations on how to care for and treat the youth, in relation to their diagnosis, should be made clear. Psychoeducation around parenting styles and strategies to use with the youth should be discussed to support reunification with the permanency plan caregiver.

Short Term Goal #4

Establish a positive mentorship for the youth.

The QRTP should identify a positive role model/mentor that can provide support to the youth as she works towards changing negative behaviors. This could be a peer of the same age or an adult who the youth can relate to. The goal is to increase positive influences in the youth's life.

Short Term Goal #5

Establish positive recreation for the youth connect to their interest in basketball.

The QRTP should facilitate the connection to a recreational program based upon their interest in basketball and coordinate participation in the program. The youth should receive adequate supports to ensure their success within the recreational program.

Long-term goals:

Long Term Goals #1

Work towards reunification with the youth's legal guardian (older sister).

The QRTP should provide the legal guardian (older sister) with supportive services (counseling and psychoeducation) to provide care around the youth's behavioral health challenges. These supports should be implemented in support of the plan for reunification of the youth with their older sister.

Long Term Goals #2

Continuity of care from the QRTP to the youth's community.

To ensure continuity of care, a plan should be made for the transition of the therapeutic services to the youth's community after the youth leaves care. A cross system Unity can be explored to a linkage alongside after care services.

Describe the treatment needs of the child.

The youth needs a psychiatric evaluation, individual therapy using behavior modification, grief counseling, recreational services, and supportive services.

Does the child agree with the assessment determination? Yes No
If no, what were the concerns discussed?

Although the youth and her older sister (legal guardian) agreed to all the goals, the older sister (legal guardian) expressed a concern that the youth may become overwhelmed with multiple providers and may not be open with all providers. The QI informed the older sister (legal guardian) that the same clinician can provide all mental health counseling.

Another concern was-raised by the case manager that Covid restrictions may limit access to recreational programs.

Describe how the best interests of the child were considered. The youth's mental health needs can be best addressed at a QTRP setting.

Does the child's family agree with the assessment determination? Yes No N/A – no family to consult
If no, what were the concerns discussed?

Although the youth and her older sister (legal guardian) agreed to all the goals, the older sister (legal guardian) expressed a concern that the youth may become overwhelmed with multiple providers and may not be open with all providers. The QI informed the older sister (legal guardian) that the same clinician can provide all mental health counseling.

Another concern was-raised by the case manager that Covid restrictions may limit access to recreational programs.

If applicable, does the child's foster family agree with the assessment determination?
 Yes No N/A – no foster family to consult

If no, what were the concerns discussed?