

IOWA TREATMENT OUTCOME PACKAGE (TOP) PROTOCOL

WHO RECEIVES TOP

Children ages twelve (12) and older placed in out of home placement where DHS or JCS has responsibility for placement and care. TOP may also be conducted under other case circumstances if the assigned worker and/or supervisor feel it would be appropriate. ▶ People 65 years and older

WHEN AND BY WHOM ARE TOP COMPONENTS TO BE COMPLETED

The DHS or JCS worker assigned primary case management responsibility for the case will ensure the completion of TOP components through the WellnessCheck system.

There are three TOP forms:

▶ **Consumer Registration Form (CR)**

The CR form captures basic demographic information for the child and is completed only once. The assigned worker¹ responsible for coordinating the child's first placement is to complete the CR prior to placement whenever possible. In the event the placement is made on an emergency basis, the assigned worker responsible for coordinating the placement is to complete the CR within 20 business days of placement. The CR must be completed before other raters can be invited to complete the Clinical Scales Form (see below).

▶ **Case Mix Form (CM)**

The CM form captures information regarding the child's trauma history, medical needs, and prescribed psychotropic medications. The assigned worker responsible for coordinating the child's first placement is to complete the CM prior to placement whenever possible. In the event the placement is made on an emergency basis, the assigned worker responsible for coordinating the placement is to complete the CM within 20 business days of placement. The CM must be completed before other raters can be invited to complete the initial Clinical Scales Form. The CM must be updated every 90 days, or more frequently as needed, before other raters can be invited to complete additional Clinical Scales Forms.

▶ **Clinical Scales Form (CS)**

The CS form captures recent information and observations regarding the child's behavior. The assigned worker must complete Consents to Obtain and Release Information (as applicable, per policy) and the CS before inviting pertinent others (see "Who is the coordinating Worker Required to Send Clinical Scales Forms to" below) to complete a CS.

1. The assigned worker responsible for coordinating the child's first placement is to coordinate² the completion of the CS by pertinent others prior to placement whenever possible. In the event the placement is made on an emergency basis, the assigned worker responsible for coordinating the placement is to coordinate the completion of the CS by pertinent others within 20 business days of placement.
2. If the child might need to be placed in a Qualified Residential Treatment Program (QRTP), the assigned worker is required to have a Licensed Practitioner of the Healing Arts (LPHA) complete the CS no more than 30 days prior to admission as part of a QRTP Admission

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Clinical Review. It is preferred the LPHA have a working relationship with the child/family, for example a current therapist or mental health provider. If the child/family are currently not accessing this type of service, an LPHA employed by a CWES/Shelter provider can be utilized. All CWES/Shelter providers have identified LPHAs that can be accessed by children needing an assessment, regardless of whether or not the child is physically placed in the Shelter.

3. If the child is placed in a QRTP or Supervised Apartment Living (SAL) setting:

- The assigned worker should enable CM and CS coordination access for the QRTP or SAL Placement Case Worker via the “Share with a Therapist” function. Once enabled, the QRTP or SAL Placement Case Worker will be responsible to update CMs and coordinate the sharing and completion of CSs by pertinent others for the duration of the child’s placement.
- The QRTP or SAL Placement Case Worker is to coordinate the completion of the CS by pertinent others every 90 days, or more frequently as needed (e.g., FTDMs/YTDMs, placement changes, etc.).³
- The QRTP or SAL Placement Case Worker is to coordinate the completion of the CS by pertinent others prior to scheduled FTDMs/YTDMs and emergency meetings (e.g., related to a potential placement change), sending CS invites to pertinent others at the time of referral/meeting notice and requesting the CS to be completed prior to the day of the meeting. Raters should be asked to complete a CS for the child who is the subject of the meeting and with whom the rater is familiar.
- If there is a change in placement, the QRTP or SAL Placement Case Worker is to coordinate prior to discharge the completion of a CS by pertinent others.
- Although the QRTP or SAL Placement Case Worker will be responsible for TOP coordination activities during the QRTP/SAL placement, the assigned DHS or JCS worker is to continue completing their own CSs for the child per the schedule outlined in this protocol.

4. If the child is not placed in a QRTP or Supervised Apartment Living (SAL) setting:

- The assigned worker is to coordinate the completion of the CS by pertinent others every 90 days, or more frequently as needed (e.g., FTDMs/YTDMs, placement changes, etc.).³
- The assigned worker is to coordinate the completion of the CS by pertinent others prior to scheduled FTDMs/YTDMs and emergency meetings (e.g., related to a potential placement change), sending CS invites to pertinent others at the time of referral/meeting notice and requesting the CS to be completed prior to the day of the meeting. Raters should be asked to complete a CS for each placed child who is the subject of the meeting and with whom the rater is familiar.
- If there is a change in placement, the assigned worker is to coordinate prior to discharge the completion of a CS by pertinent others, including the Foster Caregiver/Placement Case Worker of the setting the child is leaving (if QRTP or SAL placement, see #3 above).
- If there is a change in placement, the assigned worker is to coordinate the completion of the CS by the Foster Caregiver/Placement Case Worker of the new placement setting (excluding Shelter Care).
- The assigned worker is to coordinate the completion of the CS by pertinent others at the time of discharge from the child’s last out of home placement setting (excluding Trial Home Visit).

TOP Level of Need Tool

The assigned worker can utilize the TOP Level of Need Tool to help determine if a youth might need QRTP level of care and referral to an LPHA for QRTP Admission Clinical Review (see above). If the LPHA recommends the youth be placed in a Qualified Residential Treatment

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Program, the assigned worker should do the following:

1. If it is the youth's first QRTP placement or 6 or more months have elapsed since discharge from a previous QRTP placement, the assigned worker can utilize the Level of Need Tool – Scientific Matching function to help determine which in Service Area QRTP facility(ies) might be better able to meet the needs of the youth as identified by the TOP assessment. Match results should be weighed in relation to additional needs of the youth, including the need to maintain connections with family and other supports, in order to make the best QRTP placement decision within the Service Area.
2. If the youth's current QRTP placement is unsuccessful and there is a need to place the youth in a different QRTP facility, the assigned worker should utilize the Level of Need Tool – Scientific Matching function to help determine which QRTP facility(ies) might be better able to meet the needs of the youth as identified by the TOP assessment, regardless of facility location. Match results should be weighed in relation to additional needs of the youth, including the need to maintain connections with family and other supports, in order to make the best QRTP placement decision. If it is determined an out of area QRTP facility might be best suited to meet the needs of the youth, follow the "Protocol for Out of Area Placement – Child Welfare Emergency Services, Foster Group Care Services, and Supervised Apartment Living Services."

WHO IS THE COORDINATING WORKER REQUIRED TO SEND CLINICAL SCALES FORMS TO

- + Assigned Worker
- + Parent(s)/Legal Guardian(s)
- + Child if age 12 or older, or a child younger than 12 if deemed appropriate by the assigned worker. The TOP is written on a 3rd grade level and can be completed by children as young as 8.
- + Foster Caregiver/Placement Case Worker (excluding Shelter Care)
- + LPHA if youth is referred for QRTP Admission Clinical Review
- + Therapist (clinical/behavioral health, FFT, etc.)

At the discretion of the assigned worker, other individuals who know the child well may be requested to complete TOP (e.g., childcare provider, teacher, mentor, FSRP provider, BHIS provider, JCS school liaison, tracker, in-home detention provider, relative, etc.).

RATER PROTOCOL

All raters should rate the child based on the last two weeks if possible, but no longer than the last 30 days. Raters typically have knowledge of multiple valid sources of information about a child's current behavior and functioning outside of their own observation. For example, if a rater believes the foster parent is credible in reporting the child is wetting the bed, or believes the teacher is credible in reporting frequent and severe outbursts in the classroom setting, the rater can score corresponding Clinical Scales Form questions accordingly. To ensure required parties and pertinent others complete the CS form, it is important the assigned worker explain why their ratings are important – gathering the perspectives of multiple raters will help ensure the child receives the best possible care. If a rater does not know the answer to a question, he/she should leave it blank. Under normal circumstances individuals requested to complete the CS should do so within 7 calendar days of the request. In the case of FTDMs/YTDMs and emergency meetings (e.g., related to a potential placement change), individuals requested to complete the CS should do so prior to the day of the meeting.

CRITICAL ALERT PROTOCOL:

WellnessCheck will send a critical alert email to the assigned worker and supervisor if a severe rating for violence or suicidality is received from any rater. These steps address how to handle a critical alert.

- ▶ Once a critical alert is received, the assigned worker will contact the supervisor immediately and review the Individual Rater Report.
- ▶ At a minimum, the individual responsible for the severe rating should be contacted by phone and a safety plan developed if needed.
- ▶ In the event the severe rating was a result of the youth rating themselves, the assigned worker or supervisor will initiate same-day contact with the caregiver and child to develop a safety plan.

WHO RECEIVES TOP INFORMATION (SPECIFIC REPORTS OR GENERAL INFORMATION)

The Multi Rater Report generated from a TOP assessment should be shared with the following individuals:

- + Assigned worker's supervisor
- + Contracted provider/assigned agency case worker
- + Child's legal guardian(s) and parent(s) (unless determined it would adversely affect the child)
- + The youth if age 12 and older, or when developmentally appropriate
- + Judge when part of a QRTP placement review
- + Child's therapist (requires a Consent to Obtain and Release Information)
- + Others as deemed appropriate by the assigned worker and supervisor (requires a Consent to Obtain and Release Information)

When speaking with other raters and stakeholders at team meetings, staffings, and FTDMs/YTDMs, the assigned worker should summarize pertinent information found in the Multi Rater Report.

WELLNESSCHECK SECURITY ACCESS

For DHS, the supervisor should send a request to DHS Security (security@dhs.state.ia.us) to establish an account for a new worker or supervisor. For JCS, the supervisor should send a request to Iowa Courts Help Desk (help.desk@iowacourts.gov) to establish an account for a new JCO or supervisor.

WHO ADDRESSES SYSTEM ISSUES AND QUESTIONS

For any questions or technical issues regarding the WellnessCheck system, please contact Outcome Referrals Customer Service at (800) 329-0949, extension 0, from 8:00 am – 6:00 pm CST. Questions related to the application of TOP should be referred first to the supervisor. If the supervisor is unable to answer the question, contact the Service Help Desk.

¹ Depending on the specifics of the case, the "assigned worker" can be a Child Protection Worker, Social Work Case Manager, or Juvenile Court Officer.

² Coordination includes requesting the CS be completed by pertinent others as well as following up with others if they do not complete the CS within the required timeframe.

³ The completion of a CS for any reason resets the 90 Day timeframe in which the next CS is to be completed. It is possible that during the new 90 Day timeframe another CS will be required (e.g., FTDM/YTDM, placement discharge, etc.). Subsequently, this CS would again reset the 90 Day timeframe in which the next CS is to be completed. NOTE: All resets in timeframe are not an automated function of the WellnessCheck system and will need to be done manually by the assigned worker.