STAFFING THE ROLE OF THE 'QUALIFIED INDIVIDUAL'

CHAPIN HALL

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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors.

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INTRODUCTION

Background

The Family First Prevention Services Act (Family First) introduces a shift in the way states serve children and families at risk of separation and out-of-home placement. Family First gives child welfare systems the opportunity to utilize Title IV-E funding to provide evidence-based interventions designed to keep children at home with family whenever it is safe to do so. Thus, Family First effectively incentivizes prevention services that reduce entry into foster care. In addition to the prevention services provision, Family First includes provisions that limit Title IV-E spending for children placed in group care settings. The provisions restrict the use of Title IV-E funds for these settings for longer than 2 weeks. Under the law, a child's Title IV-E eligibility ends after 2 weeks of placement in a childcare institution, unless the institution is one of four allowable group settings that are exempt from these restrictions (Family First Prevention Services Act, 2018). These four settings include:

The design of the Qualified Individual (QI) role is critical for making evidence-informed decisions about the appropriate level of care for children in congregate care under Family First. This guide explores how seven states have implemented and monitored the QI role, offering insights and best practices for effective implementation.

- a Qualified Residential Treatment Program (QRTP);
- a setting specializing in providing prenatal, postpartum, or parenting supports for pregnant or parenting young people;
- in cases when the child is 18 years old, a supervised independent living setting; or
- a setting with high-quality residential care and support services for youth who have been found to be, or are at risk of becoming, sex trafficking survivors, defined by each state's policies and procedures (Family First Prevention Services Act, 2018).

A QRTP is defined as a residential program that:

- uses a trauma-informed treatment model
- works with families in treatment, as appropriate
- provides onsite, registered or licensed nursing and clinical staff who are available 24 hours a day and 7 days a week
- engages in and documents outreach to family members and family integration in treatment
- provides discharge planning and a minimum of 6 months family-based aftercare services
- meets Title IV-E licensure requirements and is accredited by an approved independent, nonprofit organization (Family First Prevention Services Act, 2018)

To remain eligible for Title IV-E, children placed in a QRTP must receive an independent assessment within 30 days of placement to ensure their needs cannot be adequately met in the community and the treatment setting is appropriate (Family First Prevention Services Act, 2018). The assessment must be completed by a "qualified individual" (defined as "a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State"; Family First Prevention Services Act, 2018). Following the assessment, the court must then approve the QRTP placement within 60 days. Longer stays (over 6 months for children under 13 and over 12 consecutive months or 18 nonconsecutive months for youth 13 and older) require approval from the state child welfare agency's director to ensure the QRTP placement remains clinically necessary (Family First Prevention Services Act, 2018).

The mandates in Family First align with emerging best practices in residential care for young people. First, youth are treated in the least restrictive setting that can meet their needs; in order to do this, youth being considered for residential care (or already receiving it) must be routinely assessed for treatment needs and the provider's ability to provide necessary clinical and therapeutic services (Pecora & English, 2016). By the same logic, young people should be transitioned to less restrictive settings when treatment gains are achieved (Pecora & English, 2016). Second, residential facilities for youth should offer high-quality treatment focused on each family's unique needs, with family input incorporated into each step of treatment planning (Building Bridges Initiative, 2017a). Third, consistent efforts to ensure permanency and family engagement are essential to improving outcomes and youth well-being (Building Bridges Initiative, 2017a). Lastly, continuity of care is vital to maintaining treatment gains following discharge from a residential setting (Building Bridges Initiative, 2017b). To make progress in these areas, it is essential to routinely monitor outcomes and standardize data collection processes (Building Bridges Initiative, 2017b). Family First ushers in a new era of accountability in residential care, with opportunities to operationalize best practices and be more responsive to youth and families with acute or complex needs.

States were able to decide whether to opt-in to the prevention and congregate care provisions of Family First as early as October 1, 2019, or they could delay the effective date of the restrictions of Title IV-E payments for children who were placed in non-family-based settings up to October 1, 2021 (Family First Prevention Services Act, 2018). In this guide, we explore early lessons learned from jurisdictions who implemented the provisions of QRTPs before 2021 and identify emerging best practices specific to the design of the QI role.

Rationale

For jurisdictions implementing the QRTP requirements under Family First, the design of the Qualified Individual (QI) role and its corresponding business processes can facilitate their ability to make objective, evidence-informed decisions about the appropriate level of care for children and youth in foster care. This role is critical to successfully implementing the QRTP provisions of Family First as well as to ensuring the provision of high-quality clinical and therapeutic services that are aligned to a child's unique strengths and needs. Guidance on successful implementation of the QI component can help jurisdictions operationalize and adhere to the standard for QI as intended in Family First.

There is significant and meaningful evidence supporting the use of family-based settings as well as the need to reduce reliance on congregate care for youth in out-of-home placement. However, meeting the implementation requirements associated with QRTPs and the requirement for an independent assessment by a Qualified Individual has been challenging for states, jurisdictions, and providers. This guide focuses specifically on how 7 states and jurisdictions have approached the installation, implementation, and monitoring of the QI. We hope this guide serves both as a peer learning opportunity and a resource for states as they refine and improve their QI assessment process.

METHODS

Research

This guide was developed through a series of interviews with and research in jurisdictions that are implementing the QRTP requirements under Family First. The Chapin Hall team employed multiple strategies to ensure a rigorous analysis, including background research, a jurisdictional survey of Chapin Hall staff working with states implementing QRTPs, review of publicly available congregate care policy and practice guidelines, and qualitative interviews with seven jurisdictions to ensure diversity in perspective.

Qualitative Interviews

We chose eight jurisdictions for virtual, qualitative interviews based on the depth of publicly available information and our colleagues' pre-existing knowledge of the state's implementation status. The jurisdictions included: Colorado, Illinois, Kansas, Kentucky, Minnesota, New York City, Utah, and Virginia. Via email, we scheduled interviews with QRTP leadership within the jurisdictions. We received seven responses within the interview window (Colorado, Illinois, Kentucky, Minnesota, New York City, Utah, and Virginia) and received one response (Kansas) after the interviews were completed. Despite the small sample size, jurisdictions were sufficiently diverse to demonstrate regional differences in implementation and provide representation of both state- and county-administered child welfare systems.

Prior to scheduling and conducting interviews, Chapin Hall developed a thorough interview protocol to standardize each interview (see Appendix A). The interview protocol covered seven concepts:

1) Overview of the state's QRTP implementation
2) Role of the Qualified Individual (QI) in the implementation approach
3) QI hiring/contracting
4) QI assessment process: Referral & decision-making
5) Implementation challenges
6) Role of the QI
7) Lessons learned: Reflections & opportunities

We conducted the interviews with the QRTP leaders and any project staff they invited from the jurisdiction via the Zoom platform. Interviews were 90 minutes long.

Limitations

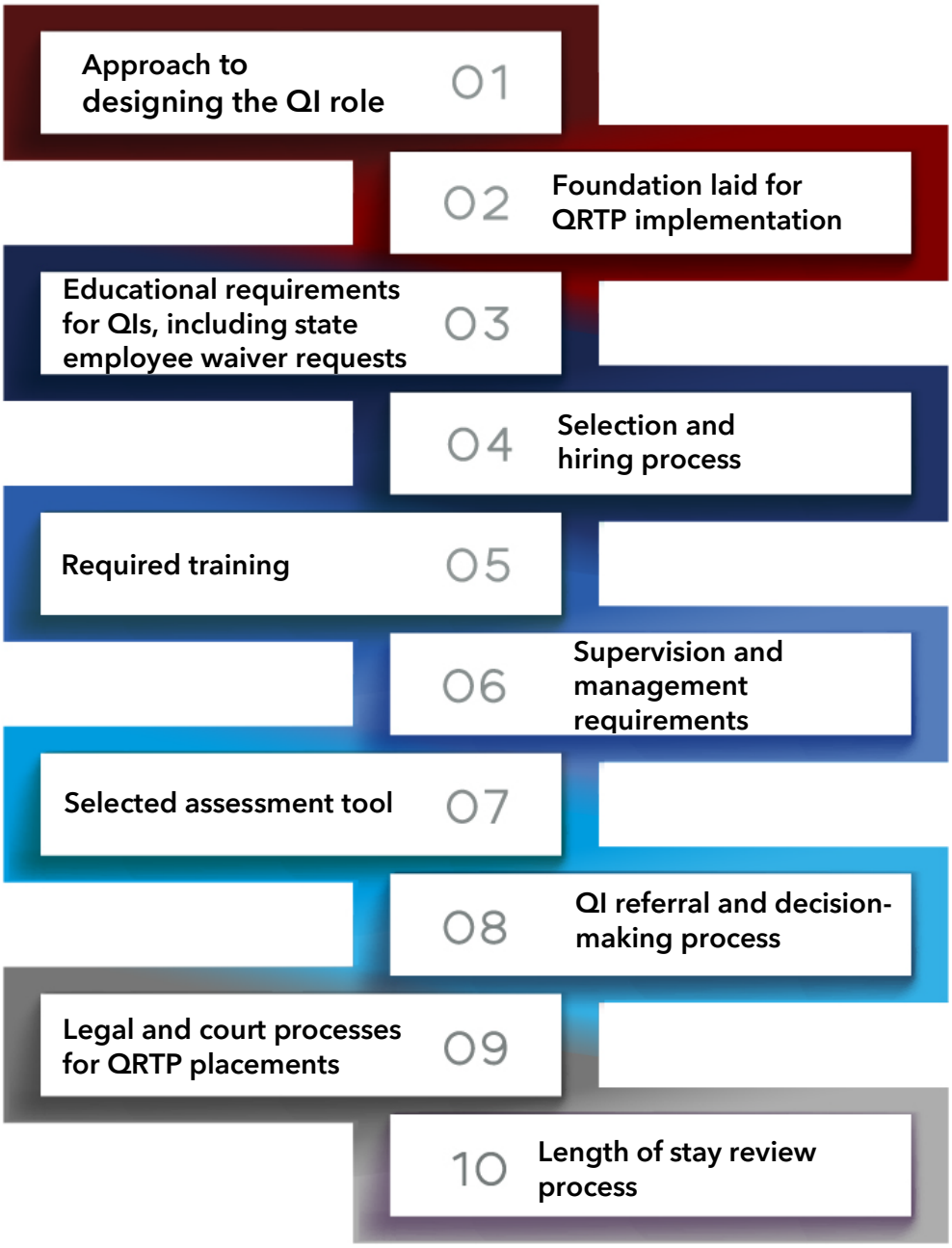
There are several limitations to our review. First, our review of background research, which contributed to selecting jurisdictions to interview, was limited to materials publicly available. At the time of this writing, QRTP requirements had only been identifiable for no more than 2 years, which may not have been enough time for jurisdictions to publish or post their experiences. Further, our pool of possible participants was limited to those who chose to implement the QRTP before the allowable delayed date of October 1, 2021. Due to this, the evaluation of lessons learned and emerging best practices depended on existing jurisdictions and their willingness to participate. Given these limitations, Chapin Hall intends to continue our exploration of QRTP practice over the coming years to increase the research available.

FINDINGS

Current State of QRTP Implementation

In this chapter we present seven tables summarizing how early adopters of the QRTP provisions under Family First designed and implemented the QI role. These tables provide valuable insights into the approaches, challenges, lessons learned, and unique practices of each jurisdiction.

Topics include:



State Profiles

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Table 1.

Colorado State Profile

State administered/county administered	County administered
Approach to QI/Assessor (and is it different for JJ)	Colorado utilizes an outside contractual agency to staff the QI position for child welfare and juvenile justice.
Laying the foundation/education	Colorado's Behavioral Health Administration (BHA) manages the contract with three Administrative Service Organizations (ASO) across the state. All QIs hold a state license and are paid per assessment by the ASO. The process is the same for both juvenile justice and child welfare congregate care settings.
Selection/Hiring	The ASOs conduct the hiring for all QIs. QIs can conduct assessments for all three ASOs; they are not required to work for only one entity. QIs must have a Master's degree or higher and they must be licensed behavioral health professionals with advanced training in: a) trauma, b) cultural considerations, c) Family First requirements, and d) Colorado's placement continuum.
Training efforts	The ASOs contract with the KEMP Center to provide the QI training. Training modules include trauma, cultural considerations, Family First requirements, the placement continuum, and Child and Adolescent Needs and Strengths (CANS) administration. Two of the three statewide ASOs provide and assign mentors to new QIs following initial training.
Supervision/Management	All QIs report to one person at the ASO, who liaises with Colorado's Behavioral Health Administration.
Selected assessment tool	The QI assessment process includes a series of BHA-created templates, and the Child Adolescent Needs & Strengths (CANS). The core QI assessment includes a comprehensive psychosocial assessment template and CANS. Each QI is permitted to use additional clinical assessment tools, such as the Patient Health Questionnaire (PHQ-7), Generalized Anxiety Disorder (GAD), or University of California Los Angeles (UCLA) Trauma Checklist, to augment

	their assessment if they so choose. Colorado's QI assessment materials are available through the public website, https://co4kids.org/strengthening-families/family-first/placement-services/independent-assessment. Findings from the QI assessment process are integrated into two reports, known as the QI Assessment Narrative and QI Assessment Summary. The latter document addresses pertinent findings and recommendations related to the child's required needs/level of behavioral health care and core statutory requirements, including whether the recommended level of care is in the child's best interest.
QI referral & decision-making process	The QI assessment is required within 30 days of a child's placement into a QRTP; the placement does not have to wait for the assessment to be completed. Once begun, the assessment must be completed within 8 days. The QI participates in a Family and Permanency Team Meeting (FPTM) within 10 days of the child's placement. Within the FPTM, the QI presents their summary to the family in youth-friendly language. The QI must then document if consensus was reached with the family and in their written report to the court.
Legal/court process for QRTP placements	The court reviews the QI Assessment Summary within 14 days of referral. While the final decision on placement is highly informed by the QI assessment, the court and appropriate county determine the child's placement. Judicial meetings are held monthly to discuss QI reports and practice feedback.
Length of stay review process	The QI completes the initial assessment. A youth's continued need for a QRTP is reviewed by the court permanency hearing or Administrative Review Division (ARD) every 90 days. For voluntary placements and youth committed through Department of Youth Services (DYS), where there is no court involvement, the ARD review occurs at 60 days after initial placement, 90 days post admission, and every 90 days thereafter.
Key lessons learned	The QI role must be filled by staff who know the array of community resources well. The first year of QI implementation showed that building relationships with community providers early is key to the implementations' success. Colorado CDHS's QRTP program leads met with community providers building relationships and designing/planning together for a year prior to initial implementation. QI training and preparation is also critical to successful implementation, particularly in the early stages of the program. In particular, QIs needed additional training beyond didactic information, such as how to present findings and recommendations during a family meeting and practice talking with youth in a manner that was reinforcing and forward moving rather than deficit based.

Table 2.

Kentucky State Profile

State administered/county administered	State administered
Approach to QI/Assessor (and is it different for JJ)	Kentucky's Department for Community Based Services (DCBS) launched its QI/QRTP implementation through small pilot sites beginning in February 2021. Statewide implementation launched in March 2021. There are approximately 36 QRTP providers statewide and 12 QI assessors. Kentucky contracts with the Children's Review Program (CRP), a program of New Vista, to hire, train, and supervise the QIs across the state. This same group supports and oversees each QI assessment. QIs are employees of CRP who perform their functions remotely. The QI assessment is an allowable expense and funded through Medicaid. Kentucky also has a built-in but separate CQI program to review the timeliness and quality of the QI assessment process and determination.
Laying the foundation/education	Prior to implementation of the QI/QRTP process, Kentucky conducted a series of virtual trainings for the child welfare workforce, residential treatment/QRTP providers, judges, and court personnel with the Administrative Office of Courts (AOC). The state also issued communications and held FFPSA forums with stakeholders, courts, AOC, and others in 2019, 2020, and 2021 to prepare for QRTP implementation. Procedurally, Kentucky issued the Out of Home Care (OOHC) Administrative Standards of Practice (4.51.1), Placement in a Congregate Care (Residential Treatment) Setting and a series of forms and templates to prepare for and meet federal QRTP requirements. Policy and forms include the Child Needs Assessment & Out of Home Care Referral (DPP-886A), Relative Exploration Form (DPP-1275), QRTP Assessment and Recommendations form (QRTP-431), and Children's Review Program (CRP) Abbreviated CANS Summary Report. Additionally, the Supreme Court of Kentucky amended the Family Court Rules of Procedures and Practice (FCRPP) to address the statutory provisions for the 60-day court review and ongoing permanency hearing reviews related to federal QRTP requirements.
Selection/Hiring	QIs must possess a Master's degree in a clinical field. Licensure is preferred but not required. The non-licensed QI serves under board-approved supervision of a licensed clinician.

	To make their initial determination about the number of assessors needed, Kentucky reviewed the number of referrals received for congregate care/residential treatment over a 24-month period. Kentucky then calculated their QI staffing needs for the QI assessment after conducting a "pilot" of the assessment process. The total number of positions needed were based on length of time to complete assessments. Kentucky believes they underestimated the number of QI assessors required. They noted that completing the QI assessment required more time than anticipated. To remedy this situation, a Social Work PhD student is working on an updated, enhanced training curriculum for the QI assessor, which will shorten and streamline the QI assessment process.
Training Efforts	Training for the QI is conducted through the Children's Review Program (CRP), a program of New Vista. This group supports and oversees each QI assessment. In addition to trainings, Kentucky DCBS and the Children's Review Program/New Vista conduct QA reviews of the QI referral, assessment, and approval process. Lessons learned have informed ongoing training and CQI activities. At the time of this interview, Kentucky was working on an updated training to build and enhance the skillset of the QI for the assessment and decision-making process. DCBS, in partnership with Kentucky Youth Advocates, hosted biannual QRTP convenings for 2 years following implementation. QRTP convenings provided an opportunity for DCBS and QRTP providers to collaborate and share challenges of implementation and solutions. The meetings provided opportunities to address areas of concern identified through provider feedback to DCBS. The convenings served as a foundation to continue provider engagement and establish a structure for continuous quality improvement. After 2 years, the convenings expanded to include all of Kentucky's private childcare and child-placing provider community.
Supervision/Management	QIs are supervised by their employer, Children's Review Program/New Vista.
Selected assessment tool	Kentucky is using an abbreviated Child and Adolescent Needs & Strengths assessment (CANS) developed in collaboration with the Praed Foundation as the QI assessment tool. The CANS must be completed by a clinician for all youth whose behavioral health screener indicates clinical needs within 30 days of entering out-of-home care. The CANS is subsequently reviewed and updated every 90 days thereafter. The CANS assessment is utilized to identify behavioral health needs and to promote interagency coordination, use of evidence-based practice, greater placement stability, and enhanced permanency.

Kentucky State Profile

QI referral & decision-making process	Kentucky's QI referral and assessment process is automated and standardized to promote consistency among QI's decision-making. The QI assessment determines whether the child's needs can best be met in a family and community-based setting. Kentucky utilizes the QI assessment to inform placement decisions in a residential treatment setting regardless of the provider's QRTP designation. Kentucky's goal is to have the QI assessment and determination made prior to a child's placement in a QRTP setting to meet the federal 30-day assessment requirement. Child welfare procedures require the child welfare worker to initiate the QI referral prior to, but no later than, the child being placed in the QRTP. Workers are empowered to request extensions for children who are candidates for residential treatment and have a disruption notice in place to give more time for the QI assessment to be completed prior to placement. Having the QI assessment's clinical recommendations in advance of placement selection is considered best practice and will minimize disruptions in treatment and additional trauma to the child (OOHC Administrative Standards of Practice, 4.51.1., Placement in a Congregate Care [Residential Treatment] Setting).
Length of stay review process	For youth exceeding timeframes for placement in residential treatment established by Family First, length of stay exception memos (QRTP-313 Residential Treatment Extension Request) are completed by the child's DCBS case worker with input from the treatment team. Memos are submitted for review and approval determination by the Director of DCBS's Division of Protection and Permanency. Kentucky utilizes this length of stay review and determination process in residential treatment settings regardless of the provider's QRTP designation.
Legal/court process for QRTP placements	The Supreme Court of Kentucky amended the Family Court Rules of Procedures and Practice (FCRPP) to address the statutory provisions for the 60-day court review and ongoing permanency hearing reviews related to federal QRTP requirements.
Key lessons learned	The COVID pandemic negatively impacted the workforce in numbers and practice. Kentucky also saw several congregate care facilities reduce capacity or close. Kentucky believes they initially underestimated the number of QI positions needed, due to the number of cases referred and length of time needed to complete the assessment process and write-up. They are working with the QI provider agency to strengthen the QI's skills and remedy this situation.

Table 3.

Illinois State Profile

State administered/county administered	State administered
Approach to QI/Assessor (and is it different for JJ)	Illinois launched the QI assessment through a pilot, initially with two agencies in three sites in November 2020, followed by seven agencies across ten sites before moving to statewide implementation in October 2021. The QI determines if a QRTP treatment is appropriate after a child has been admitted. Prior to the QI assessment, clinical staff determine level of treatment and recommend treatment facilities that match the youth's clinical profile and treatment needs. The state noted that the considerable time lag between the assessment and availability of QRTP treatment limits the ability to complete the QI assessment prior to admission.
Laying the foundation/education	In preparation for QRTP implementation, Illinois prepared the child welfare workforce and residential QRTP staff through multiple training sessions. Training was conducted in person at program provider meetings and recorded for future training sessions. Workforce members received ongoing written communications, which included tip sheets, updates, formal regulations, and guidance on implementation. Relatedly, training sessions were offered to court personnel and judges in coordination with the Office of the Illinois Courts. These sessions were held regionally and across the state; they were recorded for future training needs.
Selection/Hiring	To anticipate QI hiring needs, Illinois conducted a 5-year geographical analysis of congregate care settings planned for designation as QRTPs, analyzed previously completed time studies for similar programming, and conducted a length of stay analysis to develop an estimate for the possibility of re-assessments. Illinois contracts with a public university provider to hire, train, and supervise the QIs. The selected university provider has had extensive experience conducting clinical assessments for the state prior to QRTP implementation. QI qualifications, training, and program requirements are specified and managed through the state's university contract. QI positions require a Master's degree or higher and clinical licensure and are funded by state general revenue funds.
Training efforts	The state and the QI university contractor share responsibility for QI training. QIs are trained in the QRTP assessment process and documentation requirements (including the State Automated Child Welfare Information System [SACWIS])

	by the state and university provider. The state also provides CANS training and certification and general principles of Motivational Interviewing. Ongoing professional development is provided to maintain the QIs' clinical licensure. The QI contractor also provides ongoing role-specific training through supervision and recurring team meetings.
Supervision/Management	The contracted university provider manages and supervises the QI role with active coordination, oversight, and monitoring by designated state child welfare personnel. The contracted university provider supervises the QI assignment, assessment process, and performance on day-to-day activities.
Selected assessment tool	Illinois's selected assessment tool is the CANS. Illinois coordinated with the CANS developer to customize its CANS and CANS decision-support tool. CANS identifies the youth's trauma exposures and assesses needs in the areas of intellectual and developmental functioning, family functioning, behavioral and emotional mental health challenges, risk behaviors, school/educational functioning, level of supervision needed, and history of placement stability.
QI referral & decision-making process	Illinois ensured that the QI referral and assessment process is fully integrated into the SACWIS system. This includes notification of QI to initiate the assessment, entry of the CANS, application of the CANS decision-support tool, entry of the QI assessment report, supervisory approvals, provision of the QI assessment report to the state's legal department, tracking of QRTP treatment days, notification of reassessments, and the process for executive consideration of requests for QRTP stay extensions. QI re-assessments are initiated when a QRTP treatment episode is within 45 days of the maximum claimable length of stay. An automated referral notification is sent to the university provider when the QRTP provider enters the youth admission in a QRTP into SACWIS. After discovering periodic errors in completion of the admission form or delays in data entry, a second strategy for initiating the referral for the QI assessment was implemented. The contracted QI program contacts designated personnel at each QRTP weekly. Through this alternate process, the QI program can identify any admissions that the SACWIS tracking system may have missed. Illinois established the expectation that Child and Family Team (CFTM) meetings will be completed in conjunction with the QI assessment process and QRTP treatment decision. When the QI completes their assessment, the QI assessment is to be coordinated with the CFTM. However, the formation and convening of CFTMs at the outset of QRTP placement can be inconsistent, so QIs also interview family members, service providers, and other significant adults in the youth's life as part of the assessment process.
Length of stay review process	Illinois initiates the QI re-assessment of a QRTP treatment episode within 45 days of the treatment reaching the maximum claimable length of stay. This reassessment informs a request for executive consideration of a QRTP stay

	extension. All approved QRTP stay extensions are subject to ongoing QI reassessment for the duration of a clinically indicated stay. Findings from initial QI assessments have generally affirmed the level of care for QRTP. Between October 2021 to October 2022, 5 initial QI assessments were denied QRTP-level of care out of 367 admissions (1.4%). Additionally, about 40% of QI re-assessments were denied QRTP level of care.
Legal/court process for QRTP placements	Overall, the court review process is conducted as a paper review with infrequent exceptions. The QI does not attend the court review. Illinois treats a QRTP absence of up to 60 days as not requiring a new QI assessment or court review, provided the youth returns to the same QRTP; however, a change of QRTP placement always requires a new QI assessment and court review.
Key lessons learned	Illinois initially experienced implementation challenges related to QRTP treatment and QI referral notification, delaying the timely completion of the QI assessment process. In response, a backup workaround was installed between the university QI program and state QRTP providers, which resolved the issue. Since then, the QI assessment and court review have been completed in a timelier manner. The state has benefited from the contributions of a wide range of subject matter experts, as well as the agencies' commitment to comply with the QRTP and QI assessment requirements.

Table 4.

Minnesota State Profile

State administered/county administered	County and Tribal administered
Approach to QI/Assessor (and is it different for JJ)	Minnesota implemented the Family First Prevention Services Act on September 30, 2021 and began a statewide Qualified Individual state-sponsored program to assist counties to complete assessments for Qualified Residential Treatment Program admissions. The state Qualified Individual (QI) program may contract with up to 20 QI assessors. As of August 2023, there are 21 residential facilities with QRTP-certified programs. Minnesota received approval from the Children's Bureau for two Title IV-E waivers, allowing specific county or tribal agency employees to perform the duties of a QI. Most agencies in Minnesota utilize contracted QIs and some designate agency employees who have no direct child welfare case management involvement.
Laying the foundation/education	The child welfare workforce, QRTP programs, and court personnel receive training and information for the independent assessment through webinars, listening sessions, and the release of educational documents. Minnesota amended the state regulatory framework to ensure federal QRTP requirements are met. Specifically, Minnesota Statute sections 260C.70 to 260C.714 detail the requirements for the QI and QRTP programs.
Selection/Hiring	The selection process for QIs varies depending on the county, with some hiring independent contracted individuals and others using agency employees. The state-sponsored QI program's recruitment efforts included outreach to community agencies. The department aims to provide county and tribal social service agencies with a diverse pool of trained and certified QIs to meet the needs of children and their families. QIs can be licensed clinicians or community members who complete the required training and evidence-based tool certification.
Training efforts	QIs are required to attend a 2-day training through the Minnesota Child Welfare Training Academy and receive certification in the Minnesota (MN) Brief Child and Adolescent Needs and Strengths (CANS). Training materials address the requirements of the QI role, QRTP assessment process and responsibilities, and the MN Brief CANS certification process. The state covers the costs of training and initial MN Brief CANS certification.

Minnesota State Profile

	Annual MN Brief CANS certification is required; the state mandates including the QI's most recent CANS certification date in each child's QRTP assessment as a method of accountability.
Supervision/Management	Supervision for QIs differs for state and local programs. QIs in the state-sponsored program are supervised by state staff, who oversee contracts, assign requests, and provide consultation when needed. The individual county or tribe manages supervision of local-level QIs. For both county and tribe, supervisors must not have decision-making responsibilities related to foster care, case planning, or placement of children. The state enhances training/supervision and maintains ongoing contact with all QIs through community of practice meetings. QI standards of practice are being developed for the QRTP assessment process
Selected assessment tool	Minnesota requires the use of the MN Brief Child and Adolescent Needs and Strengths (CANS) tool for QRTP assessments.
QI referral and decision-making process	Before placing a child in a QRTP, the responsible social services agency convenes a Juvenile Treatment Screening Team (JTST) to determine the need for residential treatment. If a JTST recommends placement in a QRTP, agencies must: (1) assemble a Family and Permanency Team (FPT) to provide input in the QRTP assessment and ongoing involvement in case planning and (2) have a qualified individual complete a QRTP assessment of the child. If the QI's recommendation is not the placement setting preferred by a FPT, QIs must document the placement preference suggested by the FPT and explain why they did not recommend that placement in their assessment. If the final QI assessment recommends QRTP placement for the child, the court process for judicial approval begins. Ultimately, a judge approves or disapproves the QRTP placement recommendation. The QI does not select the QRTP facility; the QRTP placement location is determined by the local child welfare agency. If the QI does not agree that a QRTP is the most appropriate setting for a child, the local agency must locate another placement option and move the child from the QRTP into a more appropriate placement within 30 days of the QIs recommendation. There is no process to appeal a placement recommendation from a QI. If the QI does not recommend a QRTP placement, this decision is filed in the child's case record and can be shared in the next regular court hearing. However, the decision itself is not reviewed by the court.

Minnesota State Profile

Length of stay review process	Minnesota's local child welfare agencies are responsible for extended length of stay reviews, which are approved by the agency's Director. The QI does not conduct or participate in this review.
Legal/court process for QRTP placements	The court ultimately approves a QRTP placement; however, a formal hearing is only required when a party or a child over the age of 10 requests it. Additionally, the court has the discretion to hold a hearing or issue a court order without a hearing within 60 days of the QRTP placement. QRTP initial court approval hearings can occur at the same time as an already scheduled court review, permanency hearing, or other hearing. If a QRTP initial hearing needs to be scheduled and there is not another hearing scheduled within the next 60 days, a placement hearing can be scheduled to address it. When the QI assessment is complete, the QI submits it to the referring social services agency caseworker, who adds it to the prepared court report that is filed with the district court. If the QI agrees with the agency that the QRTP is the most appropriate setting for the child, the report needs to be filed with the district court within 35 days of placement in the QRTP, along with a request for a hearing or for a court order without a hearing.
Key lessons learned	Minnesota noted that child welfare agencies have requested the consideration of a QRTP assessment appeals process when a local agency does not agree with a QI's assessment. They also noted the need for ongoing extended QRTP placement reviews as long as a child is in a QRTP placement may be considered to be codified into state statute.

Table 5.

New York City Profile

State administered/county administered	County administered
Approach to QI/Assessor (and is it different for JJ)	New York City (NYC) certified almost all QRTP facilities by October 2021, as most existing residential programs already met QRTP requirements. There are 15 Qualified Individual (QI) assessors, but NYC is requesting additional staff to support children with longer stays in QRTP facilities. At the time of this interview, there were 27 QRTPs, with 44 locations and 12 providers. NYC Foster Care has two teams under different forms of leadership for placement: the Level of Care Assessment Team and the Placement/Facility Match Team. The QI is separate from both teams, located under a clinical unit for reporting and supervisory structure. The QI will typically meet virtually—but sometimes in person—with the youth and families for the assessment. The QI will take a full 30 days to gather needed information and documentation before making a recommendation.
Laying the foundation/education	In preparation for QRTP implementation, NYC completed business process mapping of the QI referral and assessment process, as well as a historical desk review, to validate their assessment tool. All Administration for Children's Services (ACS) leaders and stakeholders were involved in this planning process, along with monthly governance group meetings. Additionally, NYC established a number of weekly and monthly workgroups regarding the different workstreams/program areas that would be impacted. The court system also received ongoing education and training about QRTPs and the QI process.
Selection/Hiring	A QI must hold a Master's degree and licensure as an LMSW or LCSW. Positions are funded by the City. To anticipate hiring needs, NYC mapped the QI assessment process and activities, including time needed for team meetings, document reviews of Office of Children & Family Services (OCFS) reports and legal documents, and court hearings. NYC also anticipated additional assessments and hours needed to handle absent without leave (AWOL) situations,

	transfers, and re-referrals. For the first few months of the QRTP implementation, there were only three QIs in place; these individuals worked a significant amount of overtime.
Training efforts	New York City provides QI training, which is supplemental to the state's (OCFS) required QI trainings. Training consists of a half-day OCFS overview, 8-hour online and self-paced Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) training, a business process training, a legal/court training (Family Court Legal Services [FCLS]), and an ACS overview of the Family First Prevention Services Act. Training is also offered through case debrief sessions and refresher sessions twice annually on different QI activities, such as case scenario ratings or inter-rater reliability activities.
Supervision/Management	New York City requires a clinical-level supervisor (Master's degree or higher) for the QI role. This is often seen in the role of a manager or director. There is a predetermined ratio of four QIs for every supervisor. Supervisors also oversee the QI referral and assignment process.
Selected assessment tool	OCFS governs the QI assessment process statewide (21-OCFS-ADM-17 revised, "Roles and Responsibilities of Qualified Individual in New York State"). Local departments are required to use the state's assessment template and either the Child and Adolescent Needs and Strengths (CANS) or Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII), formerly known as the Child and Adolescent Service Intensity Index (CASII). NYC is utilizing the state's QI assessment form template and the CALOCUS/CASII. Completed assessments are stored in the OCFS CONNECTIONS database. ACS partners with American Academy of Child & Adolescent Psychiatry (AACAP) to provide an in-depth training as well as technical assistance sessions on using the CALOCUS-CASII.
QI referral and decision-making process	Upon receiving a referral, the QI meets with the youth and the family to hear and consider their voice prior to starting the assessment. These meetings can occur either virtually or in person. Once the assessment process begins, the QI has 30 days to gather information and document the draft assessment using the OCFS standardized template (for example, Qualified Individual Report, OCFS 5571 and Qualified Individual Assessment Summary Report, OCFS 5572). Additional supporting information, along with required templates and documentation, can be found in 21-OCFS-ADM-23

	Children who were in congregate care settings prior to QRTP implementation were "grandfathered" into current implementation. Length of stay reviews are required only for children placed into a QRTP on or after FFPSA implementation on 9/29/2021. It was challenging for NYC to accurately calculate care days, but NYC used the OCFS-generated report. Even if a child is moved within 30 days of their placement in a QRTP setting, an assessment still must be completed. New York City will place the child in a more appropriate setting if the QI's assessment does not support the QRTP as the most appropriate setting for the child. The process of moving the child in this case is considered "stepping the child down." When the placement change order comes from the court, there will be a physical court order that the team needs to wait for prior to the placement change.
Length of stay review process	The QI conducts length of stay reviews using OCFS required forms and the CALOCUS/CASII. Length of stay reviews are initiated utilizing the OCFS CONNECTIONS (CNNX) data warehouse to track the length of a child's stay. As noted, NYC indicated that calculating care days in a QRTP placement can be a challenge and is also requesting more QIs to support the success of the length of stay review process.
Legal/court process for QRTP placements	New York City facilitates a filing to schedule a 60-day court review within 5 days of placement in a QRTP setting. Additionally, when a QRTP placement is no longer approved by the court, a formal court order is provided to support the placement change. As needed, QIs are involved in the court process. FCLS offers ongoing education to the court about QRTP, the QI assessment process, and policy surrounding the entirety of the process. OCFS also requires training for the court and related staff.
Key lessons learned	With reflection that NYC had already been working to reduce congregate care placements, there were a few challenges and areas of focus for the future. NYC stated hiring and training QIs was a challenging undertaking. Additionally, there are concerns with the re-placement process (for example, when a new QRTP placement is needed) and the length of stay review referral and assessment process in terms of timely tracking and monitoring of needs and increased workload for QIs. Generally, NYC noted there are quite a few administrative burdens within Family First and QRTP implementation.

Table 6.

Utah State Profile

State administered/county administered	State administered
Approach to QI/Assessor (and is it different for JJ)	Utah was the first state and second jurisdiction to have an approved Title IV-E Prevention Plan and fully implemented QRTP policy statewide (October 2019). The state began implementation with six QIs but has since downsized to two due to lower than anticipated referrals for assessments. In Utah, the QI functions as the level of care decision maker but does not select the placement location. A regional placement committee makes recommendations to the caseworker regarding placement; the caseworker contacts facilities to determine the best fit for the child. Once the level of care recommendation is made, the QI is removed from the placement process. The caseload for Utah QIs is typically 10–12 assessments at a time. Each assessment takes an average of about 24 days to complete. QIs submit completed reports within 1 to 2 business days.
Laying the foundation/education	In preparation for QRTP implementation, Utah facilitated training for child welfare, court personnel, and congregate care program staff. The statewide child welfare workforce received training about the new requirements, which included placement-specific information. The state worked to support court improvement and statute changes to the law. It also installed timeframes into the court database systems.
Selection/Hiring	Utah QI positions are funded by the Department of Health and Human Services' statewide budget. Every child being considered for placement in residential treatment, regardless of Title IV-E eligibility and potential placement, receives a QI assessment. To anticipate the hiring needs for this population, Utah examined historical placements in Juvenile Justice and child/family services. The QIs are required to hold a Master's degree and maintain Licensed Clinical Social Worker (LCSW) credentials.

Training efforts	Upon hire, QIs are trained on the use of the Utah Family and Children Engagement Tool (UFACET), which is a CANS-based assessment, and the Utah Protective and Risk Assessment (PRA) specific to juvenile justice. Utah has not expanded or formalized their training process, as the state has maintained the same staff since the beginning of QRTP implementation.
Supervision/Management	Both Utah QIs are supervised by one individual who receives clinical supervision from another. The clinical supervisor is consulted for further direction on cases when needed.
Selected assessment tool	Utah uses the UFACET for child welfare and the Protective Risk Assessment (PRA) or UFACET for juvenile justice.
QI referral and decision-making process	In Utah, the QI may conduct the assessment before a child's placement in a QRTP occurs. In these instances, the QI will complete the assessment in conjunction with the Family and Permanency Team. The QI interacts with the child via phone interviews. Utah maintains regional clinical consultants that review cases to support identifying appropriate placements for children. Any time a child is placed in a congregate care setting, the placement is reviewed both prior to placement and then quarterly after placement. If there is a QI denial for a QRTP placement, the reviewer informs the case manager. If a case manager and permanency team decide to maintain a child's placement in a QRTP despite the QI recommending a family-based setting, the state chooses to forgo funding for that placement and allows the youth to remain in the QRTP.
Length of stay review process	Length of stay reviews are conducted by the Department of Health and Human Services' Executive Director or designee. The caseworker or the clinical lead of the local jurisdiction's review team collects information and provides all necessary documentation to the Department for the review.
Legal/court process for QRTP placements	Utah made intentional legislative changes to incorporate the requirements of the QIs and QRTPs. The definitions of 'Qualified Individual' and 'Qualified Residential Treatment Programs' in state statute (Utah Code Sec 80-3-501) are identical to their definitions in federal law (42 U.S.C. Sec. 675a and 42 U.S.C. Sec. 672, respectively). Utah does not require the QI to appear in person at any court review hearing. Instead, there is a written report submitted to the court by the caseworker. When a QI denies the placement of a child in a QRTP, the 60-day QRTP hearing regarding that placement is cancelled if the caseworker moves the child to another appropriate placement prior to the hearing. However, if the youth remain in the QRTP placement despite the QI's recommendation to move the child, the 60-day QRTP hearing is still held.
Key lessons learned	QI assessments are time-intensive and require small QI caseloads.

Table 7.

**As of April 2023, Virginia suspended QRTP designations and claiming; see "Key lessons learned" for more information.*

Virginia State Profile

State administered/county administered	County administered
Approach to QI/Assessor (and is it different for JJ)	In Virginia, the QI position partners with the statewide Medicaid Independent Assessment, Certification, and Coordination Team (IACCT) to ensure each child placed in congregate care is assessed for level of care appropriateness. As Independent Medicaid Assessors were already responsible for conducting CANS assessments for any child placed in congregate care, Virginia designed its QRTP policies around this existing process. The QI conducts paper reviews of the CANS assessments completed by the Independent Medicaid Assessor. If the assessment by the Independent Medicaid Assessor is unavailable or considered unsatisfactory, the QI takes on the responsibility of completing the CANS assessment. Based on this paper review or assessment completion, the QI then provides their recommendation for the appropriate level of care placement.
Laying the foundation/education	In 2020, Virginia began efforts to ensure appropriate clinical use of congregate care by legislatively requiring all youth placed in any congregate care setting to meet medical necessity standards.
Selection/Hiring	Virginia has hired one QI for the state. The QI is license-eligible and CANS certified. The first QI position was part-time, to meet the urgent need at the beginning of implementation. The state is now hiring for a full-time position.
Training efforts	The state QI position required CANS certification for employment; thus, little training or onboarding was required.
Supervision/Management	Since there is only one QI to manage, there is significant and meaningful supervision and management.

Virginia State Profile

Selected assessment tool	CANS
QI referral and decision-making process	Local Department of Social Services (LDSS) agencies primarily utilize the current IACCT process for all Medicaid eligible youth to evaluate if a residential placement is needed. When a worker believes a QRTP placement would be appropriate for a child or youth, they begin looking for a placement immediately while concurrently requesting the Medicaid assessment. QRTP placement typically occurs before the assessment is complete. If a child is not Medicaid eligible, the DSS worker will complete the CANS. Following the completion of the CANS assessment, a Family Partnership Meeting (FAPM) is held by the LDSS to review the recommendation made by the assessor. The assessor also engages the family and incorporates the family's voice into decision-making regarding the long- and short-term goals for the child. For congregate care facilities undergoing certification as a QRTP, all assessments of current placements are required within 30 days of placement, beginning when the QRTP is certified.
Length of stay review process	Virginia has established a Commissioner's Review Team to manage the length of stay review process. Two months before the QRTP placement timeframe expires, a Multidisciplinary Team (MDT) meets to determine the need for continued QRTP treatment. After discussion, the team makes a recommendation as to whether the child's/youth's stay should be extended and if extending is in the best interest of the child. At a minimum, they review: the most recent assessment/evaluation completed by the QRTP related to medical need, the recommendation of the QRTP clinical professionals, efforts made to seek treatment in the community that could be delivered in less restrictive settings than QRTP, the QRTP's recommended discharge date, and the aftercare services plan provided by the QRTP to support discharge. This information is then provided to the Commissioner's Review Team, who makes the final decision regarding continued stay in a QRTP.
Legal/court process for QRTP placements	The court process is managed by each by LDSS.

Virginia State Profile

Key lessons learned	Support and coaching to the LDSS caseworkers are critical to assist them in moving youth out of congregate care and into family-based settings. A separate QRTP assessment process allows for a more individualized placement for children/youth. Similarly, direct contact with the child or youth (as opposed to a paper review of a separate CANS assessment) is important for quality assessments. It is difficult to determine whether a QRTP placement is appropriate for a child from the CANS assessment conducted by the Medicaid Independent Assessment alone. A functional Comprehensive Child Welfare Information System (CCWIS) is critical to QRTP implementation success. Virginia's current child welfare information system is a SACWIS system that is antiquated and cannot provide the functionality the state and counties need for QRTP placements and assessments. *As of April 1, 2023, Virginia suspended QRTP designations and Title IV-E claiming for placements of children in foster care in QRTPs. This decision came after deliberation and with input from multiple stakeholder groups and individuals. Virginia is committed to ensuring that children and youth who need a level of treatment that can only be provided in a congregate care setting receive quality care that is trauma informed. They are actively working on several strategies to improve care for young people in foster care with high levels of need.

Common Approaches

Jurisdictions shared common approaches across several aspects of the QI role, as well as factors affecting implementation.

- **Title IV-E QI Employment Waiver Applications.** Utah and Virginia requested federal Title IV-E waivers from the Children's Bureau to allow employees of county or state child service agencies and employees of tribes participating in the American Indian Child Welfare Initiative to perform the functions of the QI. Minnesota, a county-administered state, requested two federal waivers and allows individual counties to request a state-level waiver to use county employees as QIs. However, QIs in the statewide department pool in Minnesota cannot be individuals connected to or affiliated with any placement setting. Colorado, Illinois, Kentucky, and New York City chose not to request waivers of this requirement.
- **QI Qualifications and Education.** Family First details very little regarding qualifications for the QI, stating only that a QI is "a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State" (Family First Prevention Services Act, 2018). The jurisdictions interviewed all require similar qualifications and education to be a QI. All jurisdictions interviewed, except Minnesota, require the QI to be clinically licensed or license-eligible and provide ongoing professional development for QIs to receive role-specific training. Similarly, all jurisdictions except Minnesota require the QI to hold a minimum of a Master's degree in a clinical field.
- **Selection, Hiring, and Supervision.** Several jurisdictions we interviewed said the decision on how to approach the selection and hiring of QIs was crucial, including Colorado, Kentucky, New York City, and Virginia. Some jurisdictions, such as Kentucky and Colorado, contracted with external entities like managed care organizations (MCOs) to hire, train, and supervise QIs. Others opted for a waiver to use internal staff, as noted above. Determining the qualifications, licensing requirements, and training curriculum for QIs were also noted as key decisions, as well establishing a supervisory and management structure for QIs. Illinois and Kentucky, for instance, have designed structured supervision systems, where QIs are supervised by a contracted university provider. In Colorado, this oversight is managed by regional administrative service organizations. Kentucky specifically indicated that determining the appropriate ratio of QIs to supervisors and establishing an oversight mechanism were crucial factors in effectively managing the QI role.

> **Key Consideration:**
>
> **Determining qualifications, hiring practices, and supervisory structures is crucial, as seen in the approaches of Colorado, Kentucky, New York City, and Virginia.**

- **QI Assessment Tool.** All jurisdictions, except for one, use the Child and Adolescent Needs and Strengths (CANS) tool to assess youth's need for placement in congregate care. While the CANS is a prevalent tool, some jurisdictions, like New York City, have flexibility in using other tools, and others, such as Colorado, use the CANS in combination with supplemental clinical assessment tools.

- **Dually Involved Youth.** All jurisdictions, except for one, use the same QI for dually involved youth (youth who are involved in both the child welfare and juvenile justice systems). While dually involved youth have unique needs, using the same QI for all youth in QRTPs provides a higher degree of consistency across assessments, as youth can experience each system at different times.

> **Key Consideration:**
>
> **Automated case management systems help jurisdictions meet the 30-day QI assessment timeframe and monitor the process efficiently.**

- **Data Tracking and Continuous Quality Improvement.** All jurisdictions utilize a case management system (SACWIS, CCWIS, or another child welfare information system) to track the 30-day timeframe for completing the QI assessment and determination. This type of automated tracking system supports jurisdictions in completing the QI assessment within the required timeframe and allows the child welfare agency to monitor the process more easily.
- **Estimating QI Staffing Need.** All jurisdictions used similar strategies for estimating the number of staff needed for the QI role. Strategies included forecasting the number of youth who would require a QI assessment based on examining historical placement data; starting QRTP implementation with an estimated number of total beds across congregate care facilities and reassessing over time once actual need is observed; calculating the number of anticipated referrals at a monthly cadence over 2 years, based on historical referral data; and mapping out the major duties of the QI and discussing them with congregate care teams to estimate the number of QI staff required.
- **Preparing the Workforce.** Colorado, Illinois, Kentucky, and New York City contract with external entities, such as universities or training centers, to provide training to QIs. All jurisdictions have developed similar resources, trainings, and strategies for preparing their workforce for the QI process, using a combination of in-person and online sessions for QI training. However, jurisdictions differed in their approaches to the training and preparation of the QI role itself (see next section on challenges). When preparing the child welfare and juvenile justice workforces for the QRTP process, jurisdictions:
    - created foundational trainings for staff;
    - created specialized resources and guides for the workforce and the judiciary;
    - created QRTP bench cards and a Family First Guide;
    - conducted initial webinars and trainings for court personnel and residential providers;
    - conducted listening sessions with agencies and tribes;
    - held regular advisory groups with personnel from congregate care facilities; and
    - ensured appropriate updates and changes were incorporated into state statute and policy.

Challenges: Initial and Ongoing

All jurisdictions identified initial and ongoing challenges encountered throughout designing and implementing the QI role. Some challenges were common across jurisdictions, while others were unique due to differences in approaches to the QI role and congregate care decision-making. Challenges and suggestions to overcome the challenges are summarized by theme below.

Key Consideration:

Colorado underscores the value of building provider relationships and maintaining consistent communication for successful QRTP implementation.

Pre-implementation: Building Relationships and Establishing Consistent Communication

Colorado highlighted the importance of developing relationships with providers and other partners prior to implementation. It took the state a year to establish the necessary relationships for QRTP implementation, then another year to complete initial implementation activities together. Colorado stressed the importance of communication between all providers and parties involved to maintain momentum during and after implementation. During initial implementation, Colorado state staff and providers tackled day-to-day challenges as a team, averaging 25 hours each week of collaboration and relationship building.

Pre-implementation: Estimating the QI Need and Ensuring State Statutes and Policies Support the Process

Kentucky reported initially underestimating the time requirements for the QI assessment and subsequently adjusted capacity. In addition, Kentucky planned to conduct the QI assessment prior to QRTP placement; however, staffing issues have limited the time of initial implementation to completion to within 30 days of placement in a QRTP.

Minnesota identified the need for state statute changes to support length of stay reviews while a youth is in placement. They have successfully amended Minnesota Statute 2021, section 260C.07. New York City also shared struggles with the length of stay review process. They learned their process needed streamlining and automated alerts to be more effective.

Implementation: Data Capture, Tracking, and Administrative Duties

New York City noted that the administrative responsibilities related to Family First have imposed a significant workload on staff. Initially, staff encountered challenges in aligning their practice with the administrative requirements of QRTP implementation. Virginia noted their current SACWIS system did not allow the functionality they needed for QRTP implementation. This required them to step back from QRTP implementation until a new system is in place so that QIs will have the tools they need to complete assessments. Virginia also shared data entry/quality concerns. They hope their future CCWIS will address these and other data and administrative issues.

CONCLUSION

Early Lessons Learned

QI Involvement in Court Process

Several jurisdictions expressed concern during their planning periods regarding the QI's involvement in the court process and whether attendance at hearings would be necessary or feasible. This concern did not come to pass for the jurisdictions we interviewed; instead, they found a paper review of the QI placement recommendation to be sufficient. Colorado, Kentucky, Illinois, Minnesota, New York City, Utah, and Virginia all described paper review processes that include the QI submitting a written recommendation to the court (or to the caseworker for subsequent court submission), with very few exceptions for in-person appearances. Utah and Illinois both specified that the QI has no interaction with the judge and does not attend court. In Minnesota, the court has discretion whether to hold a formal hearing for QRTP placement reviews, although a child who is 10 or older can request a formal hearing at any time if they so choose. For Colorado and Virginia, the QI submits their assessment report to the county child welfare agency, which includes the placement recommendation in their summary to the court.

QI Assessment 30-Day Timeline

Several jurisdictions shared various experiences regarding the requirement under Family First for states to have children assessed by a QI within 30 days of the child being placed in the facility or risk losing all federal funding for that placement. This provision aims to ensure timely and appropriate placements for children and youth who require higher levels of care, emphasizing the importance of swift and clinically informed decision-making.

Emerging Best Practice:

Colorado's rapid QI assessments and timely family meetings set new standards for best practices.

In Colorado, once begun, the QI assessment must be completed within 8 days. The QI also participates in a Family and Permanency Team Meeting (FPTM) within 10 days of the child's placement, where the QI presents their summary to the family in youth-friendly language. This stood out to the Chapin Hall team as an emerging best practice related to the timing of the assessment and ensuring that an assessment is completed swiftly for youth placed in QRTPs.

Virginia noted instances where a new placement, or short-term temporary placement, was used as a strategy to "restart" the clock for QRTP placements. This practice involves transferring a child to a different placement shortly before the 30-day deadline, essentially resetting the timeframe for making QRTP placement decisions. While this approach may technically comply with the time requirements, it raises concerns about the potential impact on the stability and continuity of care for the child, as well as the integrity of the placement decision-making process. In their interview, Virginia stated this strategy is not encouraged and was a challenge to track without a comprehensive child welfare information system.

Emerging Best Practice:

Illinois safeguards QRTP placement timelines with strict documentation and monitoring practices.

Illinois has implemented specific claiming practices to safeguard against the manipulation of QRTP placement timelines. These practices include stringent documentation requirements and monitoring mechanisms to ensure that QRTP placements are made based on the child's needs.

In New York City, concerns have been raised regarding placement instability contributing to challenges in completing assessments within the 30-day timeframe. Instability due to frequent moves or disruptions in a child's placement makes it difficult to conduct comprehensive assessments in a timely manner. Addressing these issues requires a multifaceted approach, including efforts to enhance placement stability and support systems for children in foster care, ensuring that assessments can be conducted effectively to inform appropriate placement decisions within the required timeframe. Therefore, New York City requires an assessment be completed even if a child is moved within 30 days of their initial placement in a QRTP setting.

New York City and Kentucky also stressed the importance of completing assessments on time. Delays in the assessment process can impact placement decisions and overall case planning, in addition to Title IV-E claiming ability.

Importance of Functional Information Systems

As noted above, Virginia learned the importance of a functional SACWIS/CCWIS system for QIs to have the tools they need to track assessments and placement recommendations. Their QI struggled with tracking without a statewide system with the ability to record QI assessments, placements, and recommendations. This lesson learned may be helpful to other county-administered, state-supervised jurisdictions that leave data tracking primarily to counties or regions. Similarly, New York City learned that tracking a child's length of stay in their CCWIS system was not possible and have since begun to utilize a state OCFS-generated report to do so.

Length of Stay Reviews

Illinois's QRTP practice includes a re-review of placements by the QI at specified time intervals, ensuring ongoing assessment and monitoring of children in long-term care settings. This above-and-beyond practice promotes accountability and proactive intervention to address any emerging issues or concerns.

Emerging Best Practice:

Illinois's length of stay reviews ensure ongoing assessment and proactive intervention for children in long-term care settings.

Relationships with Community Providers and Other Stakeholders

Establishing and maintaining relationships with community providers and stakeholders were deemed essential. This was particularly emphasized in Colorado's experience during the first year of QI implementation. While this requires a significant commitment in terms of hours in meetings per week, Colorado emphasized that open and thorough communication has been key to successful implementation in their state.

Adaptability

All interviewed jurisdictions emphasized recognizing the need for flexibility and adaptability in response to challenges, including unforeseen circumstances like the COVID-19 pandemic. Several jurisdictions, including Kentucky and Illinois, mentioned that they initially underestimated the number of QI positions needed, leading to challenges in meeting the demand for assessments.

Next Steps

As highlighted in this report, the design and execution of the QI role and its associated processes are pivotal for successful implementation and delivery of high-quality services tailored to each child's needs. While challenges persist, the insights gleaned from the experiences of these seven jurisdictions offer valuable lessons and guidance for refining and improving the QI assessment process across the nation. By leveraging this knowledge, jurisdictions can better adhere to Family First standards and improve outcomes for children and youth in out-of-home placement.

Looking forward, Chapin Hall plans to explore a range of related topics in forthcoming briefs specific to QRTPs and QI implementation. Potential topics include:

- exploring the courts' role in QRTP implementation, examining aspects such as:
    - the timeliness of court reviews and hearings
    - assessing the alignment of court decisions with QI recommendations;
- discussing the critical issue of funding and pay scales for QIs;
- reviewing appeals processes across the nation;
- examining re-assessment protocols for children with prolonged stays in congregate care;
- developing Continuous Quality Improvement (CQI) processes essential for effective QRTP implementation; and
- presenting data-driven outcomes, shedding light on:
    - how QRTP/QI implementation is influencing placement decisions and
    - how foster care placement numbers have been affected since QRTP implementation.

Insights from additional jurisdictions that have implemented QRTP requirements since the 2021 opt-in deadline will enrich future briefs, providing a comprehensive understanding of the evolving landscape of QRTP practices.

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APPENDIX A. INTERVIEW PROTOCOL

QRTP QI Impact Area Fund – Interview Protocol

Overview

1. What is the current status of the state's planning and implementation of QRTP requirements?
2. When did your jurisdiction have facilities meeting QRTP standards?
3. What percentage of children in residential placements are in QRTPs?
    a. vs. percentage of children who were in RCTs/group homes prior?
4. What other residential settings are you using/did you close any due to QRTP implementation?

Implementation Approach

5. Please describe your jurisdiction's approach to the Qualified Individual (QI) in QRTP implementation.
    a. Does the QI function as the level of care decision-maker?
    b. Does the QI select the QRTP placement location?
    c. Does the QI function as an independent check on QRTP placements?
    d. Does the QI function as a combination of those above?

QI Hiring/Contracting

6. Did your jurisdiction apply for a QI waiver? If so, what factors brought you to this decision?
7. Please describe the hiring/contracting process for QIs in your jurisdiction.
    a. Are QIs employees of the state/county agency?
    b. Private agencies?
    c. Other? A combination of the above?
8. What are the required credentials for QIs in your jurisdiction?
9. Please describe the required and ongoing training for QIs upon hire.
10. How are QI positions funded in your jurisdiction?
11. How did your jurisdiction estimate the hiring need?
12. What is the current/planned caseload for the QI?
13. What are the arrangements for supervision and management of the QI role?
14. How have you prepared the child welfare workforce, QRTP programs, and court personnel for the QRTP independent assessment?

QI process

15. Please describe the QI Assessment process in your jurisdiction.
    a. What validated assessment tool(s) is the QI using for the QRTP assessment?
    b. How long does the QI have to complete the assessment? Is your jurisdiction requiring a faster timeline than the federally-required 30 days?
    c. How is the QI assessment triggered/how is the QI notified of a needed assessment?
16. What is the format of the QI written report and are you able to share a copy with us?
17. How is the QRTP independent assessment codified in the state's regulatory framework?

Implementation Challenges

18. How is your jurisdiction planning to (or, how did you) approach completing needed assessments for all children in facilities that "go live"/transition into/become a QRTP after implementation, as these assessments are required within 30 days?

19. How is your jurisdiction safeguarding against the potential for placement moves to be used as a solution to an agency failing to complete to QI assessment within the required 30 days?
20. Do you move youth if QRTP is not the recommended and approved LOC? Or are you choosing to forego claiming in these instances?
21. Is the QI in your jurisdiction joining Family and Permanency Team/Child and Family Team/similar meetings? Or convening their own family meeting ahead of the assessment?
    a. Is there a process developed in your jurisdiction for challenges to meeting with the family, i.e. at a certain timeframe will the QI move forward without this input?
    b. If your jurisdiction already has an existing teaming structure, is this requirement easily combined into it?
22. Is the QI assessment/decision/clock managed in your jurisdiction's SACWIS/CCWIS?
    a. If not in SACWIS/CCWIS, how is the state/jurisdiction documenting the QI assessment/decision?
    b. How will data be aggregated for tracking and reporting purposes?
    c. How is the jurisdiction tracking length of stay?
23. How are you handling temporary absences from a QRTP?
24. What is the decision-making process for placement of the child when the QI's assessment does not support QRTP?

QI Role

25. Please describe the court process in your jurisdiction (paper reviews vs. in person).
    a. How is the QI involved?
    b. Must the QI attend court in person?
26. Federal guidance is silent regarding what timeframe after which the QI process should be completed a second time should a youth runaway/AWOL and return to the QRTP. What is this timeframe in your jurisdiction?
    a. Does the QI repeat the same assessment upon return? Or is there a process to review/re-certify/sign off on the prior assessment?
    b. If the QI repeats the same assessment, does your jurisdiction require a different QI conduct the second assessment?
27. Is there a different QI team for dually involved youth?
28. For long-stay reviews, does your jurisdiction require the use of a standardized assessment tool? If so, what is the tool?
    a. Will the QI conduct long-stay reviews? If not, who is conducting these reviews?
    b. Must it be the same QI as the initial assessment or will your jurisdiction allow a new QI to conduct long-stay reviews?

Challenges and Opportunities

29. Please share any unique challenges and opportunities you are experiencing in your jurisdiction related to the QI role during QRTP implementation.

APPENDIX B. SAMPLE QI ASSESSMENT FORM TEMPLATES

QRTP Referral Assessment and Recommendations

Child's name:		***Birthdate:***		***Age:***		***Gender:***	
Date of QRTP assessment request:		***Date QRTP assessment completed:***		***Assessor:***			
Complete the items below, if applicable.							
Name of QRTP placement:		***Date of QRTP placement:***		***Due date for court review:***			

Recommendation Regarding QRTP Placement:

☐ QRTP placement **IS** recommended.
☐ QRTP placement **IS NOT** recommended.
☐ QRTP assessment is no longer needed.

If QRTP assessment is no longer needed, please check one of the following:
☐ Residential treatment is no longer being considered.
☐ Child exited care.
☐ Other (please provide a brief explanantion):_____

The referral for QRTP assessment was withdrawn on: (*insert date*)

QRTP Recommendation Summary:

(One of the following sections will be included)

- Based on the assessment, it has been determined that **this child's needs can be met with family members or through placement in a foster family home**. This determination is based on *(insert a brief explanation of child's issues and needs and how these needs could be met within the community).* CANS assessment scores for this child, which reflect the intensity of behavioral and emotional challenges and risk behaviors, are consistent with this recommendation.

OR

- Based on the assessment, it has been determined that **this child's needs cannot be met with family members or through placement in a foster family home**. This determination is based on: *(insert a brief summary of child's risk behaviors and service and supervision needs, a statement of why the child's needs cannot be met by the family of the child or in a foster family home, or if placed with siblings, why the QRTP placement will provide the most effective and appropriate level of care in the least restrictive environment, and how QRTP placement is consistent with child's short- and long-term goals, as specified in the child's permanency plan. If QRTP placement is not the preference of the family, child, or permanency team, this will be noted here.)* CANS assessment scores for this child, which reflect the intensity of behavioral and emotional challenges and risk behaviors, are consistent with this placement recommendation.

QRTP Short- and Long-term Mental and Behavioral Health Goals for Child:

(This section will include a list of child-specific short- and long-term mental and behavioral health goals.

QRTP Assessment Sources of Information:

(This section will include a confirmation and explanation of how the assessment was completed in conjunction with the child's family and permanency team. If family or child interviews did not occur, the Assessor's efforts to carry out these interviews will be noted. Additional sources of information will also be listed—e.g., "educational records"; "interviews with previous treatment providers".)

Child's name:		*Birthdate:*	

QRTP Assessment Findings:

Background (including trauma history)	
Family considerations	
Strengths	
Emotional/behavioral functioning and risk behaviors (including substance use)	
Treatment/Intervention History	
Education issues	
Supervision needs	

DEPARTMENT OF HUMAN SERVICES

Qualified residential treatment program (QRTP) Assessment referral

Qualified individual:

Phone:

Email:

Date of referral:

Child's name:

DOB:

Parent/s:

Legal custodian/s:

Indian custodian/s:

Are the Indian Child Welfare Act and Minnesota Indian Family Preservation Act applicable?
Yes ☐ No ☐

Has child/youth been or at risk of becoming a victim of sex trafficking or commercial sexual exploitation?
Yes ☐ No ☐

Was a level of care determination conducted for child/youth?
Yes ☐ No ☐

If yes, share information with qualified individual.

Child/youth's current location:

If in placement, date placed:

Is it a qualified residential treatment program?
Yes ☐ No ☐

If yes, when is the assessment due?

Date of anticipated placement:

Permanency plan, [260C.007, subd. 25a] check one:

1. Reunification with child's parent/s or legal custodian ☐
2. Placement with other relatives ☐
3. Adoption ☐
4. Establishment of new legal guardianship ☐

Placing agency making referral:

List of family and permanency team members is attached to this referral:
Yes ☐ No ☐

Agency has obtained signed releases for the qualified individual to communicate with the family and permanency team members:
Yes ☐ No ☐

County/tribal agency caseworker name:

County/tribal agency caseworker phone:

County/tribal agency caseworker email:

QRTP - Qualified Individual Assessment

Client Name:	**Client ID:**
Caseworker Name:	**Date Review Finalized:**

Is the QRTP an appropriate placement? ☐ Yes ☐ No

Were the child, family and team members included in the development of this assessment? ☐ Yes ☐ No **Reason for Assessment** **Assessment Protocol** **Documents reviewed:** **Interviews:** If no, please explain:	
Describe the child's strengths:	
Describe the child's needs:	
Need #1	
Need #2	
Describe child's short and long-term mental and behavioral health goals?	
Goal #1	
Goal #2	
Was the UFACET completed? Yes No Did the child and family assist in completing the UFACET? Yes -No (If no, please explain): Was a PRA completed? Yes No N/A	
What is the child's permanency plan?	
What was the placement preference for the child as determined by the family and child and family team? If this placement was not the recommended placement of the assessor, why?	
Does the child have a sibling in care? If yes, what is the reason for not placing the child with their sibling(s)?	

Can the child's needs be met with family or a foster family?

☐ **YES:** Explain how the child's needs can be met with the family or a foster family.
☐ **NO**: Explain how a QRTP is the most effective, appropriate, and least-restrictive approved setting consistent with the child's short-and long-term goals in their permanency plan?

If the QRTP is an appropriate placement, then complete the following:

Does the child need to be assessed for other supports and services? (e.g., DSPD) ☐ Yes ☐ No If yes, then describe:
What are the anticipated transitional needs?
Target Discharge Date:

_____ _____

Reviewer L.C.S.W. Date
Clinical Review Specialist,
Division of Family Health
Office of Coordinated Care and Regional Supports