The Family First Prevention Services Act (Family First) introduces a shift in how states serve children and families at risk of separation and out-of-home placement. To remain eligible for federal funds, children placed in a Qualified Residential Treatment Program must receive an independent assessment within 30 days of placement to ensure their needs cannot be adequately met in their home or the community. The assessment must be completed by a “qualified individual” (QI). Chapin Hall reviewed policy and practice guidelines and conducted qualitative interviews with seven jurisdictions focused on the role of qualified individuals. Our complete report provides detailed findings. What follows are key early lessons learned and emerging best practices when implementing this Family First provision.

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. To learn more about the impact of this concern and the strategies jurisdictions deployed to avoid this potential challenge, see ‘Early Lessons Learned’ (p. 32) in the full report.

QI Assessment 30-Day Timeline

Several jurisdictions shared their experiences implementing the requirement under Family First for states to have children assessed by a QI within 30 days of being placed in a facility. 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. In Colorado, once begun, the QI assessment must be completed within 8 days. The QI also participates in a Family and Permanency Team Meeting within 10 days of the child’s placement, where the QI presents their summary to the family in youth-friendly language. This stood out as an emerging best practice. To learn how Virginia and New York City are managing this 30 day timeline, see ‘Early Lessons Learned’ (p. 32) in the full report.
IMPORTANCE OF FUNCTIONAL INFORMATION SYSTEMS

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.

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.

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

Read Chapin Hall’s complete report: *Staffing the Role of the ‘Qualified Individual’*