



QRTP ASSESSMENTS

FAMILY FIRST PREVENTION SERVICES ACT

LPRO: LEGISLATIVE POLICY AND RESEARCH OFFICE

On February 9, 2018, President Trump signed into law the Family First Prevention Services Act (Family First) as part of the Bipartisan Budget Act of 2018 (Pub. L. 115-123). Family First includes reforms aimed at reducing the misuse of congregate care by ensuring children are placed in the least restrictive, most family-like setting when foster care is needed.

Family First asserts that there is an appropriate role for congregate care placements in the continuum of care, and these placements should be based on the specialized behavioral and mental health needs or clinical disabilities of children. The new federal law limits federal support after two weeks for children who are placed in a congregate care setting unless the setting is: a program specializing in prenatal, postpartum, or parenting supports for foster youth; a supervised independent living program for youth over age 18; a setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, victims of sex trafficking; or a **Qualified Residential Treatment Program (QRTP)**.

A QRTP placement is a specific category of a child-care institution requiring detailed assessments, case planning, documentation, judicial determinations, and ongoing review in order for states to receive federal financial support for the use of these placements. Within 30 days of a child's placement in a QRTP (or prior to the placement), a **Qualified Individual (QI)** is required to evaluate the strengths and needs of the child using an age-appropriate, evidence based, validated, functional **assessment tool**.

The QI is a trained professional or licensed clinician who is not an employee of the state agency and is not connected to any placement setting in which children are placed when in substitute care. Using the assessment tool, the QI will determine which setting would provide the most effective and appropriate level of care for the child in the least restrictive environment. Within 60 days of a child's placement in a QRTP, the placement must be approved or denied by a family or juvenile court.

GUIDING QUESTIONS FOR CURRENT AND FORMER FOSTER YOUTH

- What elements of the assessment are most important to you? What is missing?
- What other qualities should the QI have?
- What elements should be considered when developing short- and long-term goals? For example, education stability, sibling connections, etc.
- What are your recommendations for when, where, who, or how the assessment could take place?

GUIDING QUESTIONS FOR BIOLOGICAL PARENTS AND FAMILY MEMBERS

- What suggestions do you have for attorneys for incorporating parents and family members in the placement and treatment decisions of children?
- What role do you see the judge having in ensuring parents family members have been engaged in the process?

GUIDING QUESTIONS FOR CHILD WELFARE

- What medical assessments do youth receive when they enter foster care? Could the assessment process be built in to any existing health-related processes youth already receive as they enter the system?
- Are you considering accessing Medicaid support for the QI and/or QRTP treatment providers?
- What protocols or procedures already exist to ensure children are not inappropriately diagnosed with mental illnesses, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities?
- What kind of evidence is appropriate for supporting a recommendation to maintain a QRTP placement?
- What ideas do you have for who the QI could be?

- What evidence-based, validated, functional assessment tools are being considered for the purposes of the QRTP assessment?
- What requirements and guidelines are being developed around the involvement of the family and the permanency team with the QI and the documentation of their involvement and preferences?
- What are the plans for working with the courts in the judicial review and approval of QRTP placements?

GUIDING QUESTIONS FOR THE HEALTH AUTHORITY

- Would QRTP assessments and/or treatment provided in a QRTP qualify under Medicaid rules? How would Medicaid rules impact the assessments and/or treatment?
- What protocols or procedures already exist to ensure children are not inappropriately diagnosed with mental illnesses, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities?
- Could Designated Medical Providers be the QI? What other types of health professionals within coordinated care organizations could be considered to be QIs? For example, psychologists, pediatricians, etc.
- What evidence-based, validated, functional assessment tools could be considered for the purposes of the QRTP assessment?
- What role will the Health Authority play in ensuring children receive appropriate treatment?

GUIDING QUESTIONS FOR THE COURTS

- What elements of the assessment tool would be most helpful to judges in making a determination for a QRTP placement? Are there other tools that could be helpful in making this determination? For

example, bench cards, QI participation in court proceedings, etc.

- What is the role of attorneys/judges in ensuring children are not inappropriately diagnosed with mental illnesses, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities?
- What criteria will the judge use to review the QRTP placement decision and follow up assessment at 60 days? Will legislation be needed?
- What kind of evidence is appropriate for supporting a recommendation to maintain a QRTP placement?
- How can attorneys incorporate parents and family members in the placement and treatment decision, including biological parents and kin?
- What role will the judge have ensuring parents and family members have been engaged in the process?
- What recommendations do you have for developing a process for the judicial review and approval of QRTP placements?

GUIDING QUESTIONS FOR PROVIDERS

- What evidence-based, validated, functional assessment tools could be considered for the purposes of the QRTP assessment?
- What are factors that have influenced the recommendations of health professionals who have completed assessments in comparable settings? For example, availability of treatment, location of services, etc.
- What recommendations do you have for who the QI could be?
- What suggestions do you have for additional resources or factors that influence the mental/behavioral health of children and youth?