



<p style="text-align: center;"><b>Alameda County</b> <small>ac</small>  <b>Behavioral Health Care Services</b> <small>bh</small></p> <p style="text-align: center;">MENTAL HEALTH &amp; SUBSTANCE USE SERVICES</p>	<p>DocuSigned by: By:  Karyn L. Tribble, PsyD, LCSW, Director</p>
<p><b>POLICY TITLE</b></p> <p><b>Families First Prevention Services Act, Qualified Individual Assessment Process</b></p>	<p><b>Policy No: 403-7-1</b></p> <p><b>Date of Original Approval:</b> 10/31/2022</p> <p><b>Date(s) of Revision(s):</b></p>

**PURPOSE**

This policy addresses the need for Alameda County Behavioral Health Care Services (ACBH) to establish an assessment process and new requirements for Qualified Individuals (QIs) when making placement recommendations of children and non-minor dependents (NMDs) into Short Term Residential Treatment Programs (STRTP) in accordance with the Bipartisan Budget Act of 2018, Public Law (P.L.) 115- 123 signed into federal law on February 9, 2018. California passed Assembly Bill (AB) 153 on July 15, 2021. Assembly Bill (AB) 153 was signed into state law on July 16, 2021 and was implemented in the State of California on October 1, 2021 in compliance with the federal law.

**AUTHORITY**

- California Department of Health Care Services (DHCS) All County Letter (ACL) No. 21-116
- DHCS Behavioral Health Information Notice (BHIN) NO. 21-055
- DHCS All County Information Notice (ACIN) NO. 1-73-21
- California Department of Social Services (CDSS) All County Letter (ACL) No. 21-113, Assessment by a Qualified Individual for Placements in STRTPs
- ACL No. 21-114, Court Review and Case Plan Requirements of Placements in STRTP’s
- Public Law (P.L.) 115-123. AB 153

**SCOPE**

All Alameda County Behavioral Health county-operated programs serving children and youth, including entities, individuals and programs; providing specialty mental health under a contract or memorandum of understanding (MOU) shall hold responsibility in implementing this policy.

**POLICY**

This policy establishes guidelines in adherence to appropriate Qualified Individual (QI) assessments conducted by the mental health plan (MHP) to determine placement recommendations for children, youth, and NMDs who have been referred by child welfare and/or juvenile probation for out-of-home placements. The QI will conduct a clinically integrated assessment to determine the child or NMD’s needs and make certain determinations regarding the most appropriate level of care, interventions, and treatment for the child or NMD. The QI is a MHP responsibility and a specialty mental health service (SMHS) role.

**PROCEDURE**

- I. **Circumstances for Request of the QI Assessment**
  - A. The Child and Family Team (CFT) recommends STRTP placement
  - B. An unplanned discharge from an STRTP

- C. An emergency removal or discharge from the current placement if the subsequent placement is anticipated to be in an STRTP or an out-of-state residential facility
- D. Discharge from psychiatric hospitalization if the child will be placed in an STRTP or in an out-of-state residential facility
- E. Violation of probation, including additional charges if the next placement is anticipated to be in an STRTP or an out-of-state residential facility
- F. A notice to remove from either an STRTP or family-based setting, and the subsequent placement is anticipated to be an STRTP or in an out-of-state residential facility
- G. Juvenile Justice involvement, where a recommendation for foster care placement in an STRTP is anticipated.

## II. Process for Sending the QI Referral

- A. Within two (2) business days from the CFT meeting in which the CFT has recommended that the child be referred for a QI assessment, the placing agency Social Worker/Juvenile Probation Officer shall complete the QI Referral form, inclusive of all required supporting documentation, and submit the referral to ACBH via our shared mailbox at [Survey.CYASOC@acgov.org](mailto:Survey.CYASOC@acgov.org) so the case can be assigned to QI staff.
- B. Designated QI staff in ACBH are Clinical Review Specialists (CRS) from the Child and Young Adult System of Care, Specialty Services Division.
- C. Within three (3) business days of receiving the referral, the MHP shall provide the placing agency caseworker and supervisor with confirmation of receipt of the QI Referral form and request any required documentation not provided in the initial QI Referral form that would prevent the assessment from being initiated. All Release of Information (ROI) forms must be signed by appropriate parties for the QI to be able to gather information.

## III. QI Assessment Process

- A. The QI assessor shall be a clinical review specialist (CRS) employed by ACBH and performs all QI functions for the FFPSA process.
- B. The CRS must use the current release of information (ROI) forms and processes to share information with non-covered entities.
  - 1. The existing Memorandum of Understanding (MOU) under California Assembly Bill 2083 includes an information sharing agreement between Alameda County Behavioral Health, Alameda County Social Services Agency, Child and Family Services (CFS); Alameda County Probation Department (ACPD); Alameda County Office of Education (ACOE); and Regional Center of the East Bay (RCEB)
- C. Upon receiving a referral prior to placement, the QI has 30 calendar days from the date of the referral or from the date the child is placed into an STRTP, whichever comes first, to complete the assessment.
- D. In an emergency placement, the QI assessment must be completed no later than 30 calendar days from the date the child is placed into an STRTP.
- E. The QI shall begin to assess the available information and work with the placing agency to gather additional information as needed.

## IV. QI Assessment Report

- A. The QI must prepare an Assessment Report to describe their assessment and determinations for services and level of care placement using the template provided by CDSS and DHCS.
- B. The QI Assessment Report must be provided to the placing agency to be attached to the caseworker's court report required under WIC 361.22 or 727.12, as applicable.
- C. QI staff shall participate in CFT meetings during the assessment or consult with CFT members.
- D. Complete initial or update the Child and Adolescent Needs and Strengths (CANS) using the Integrated Practice (IP)-CANS to assess the child's strengths and needs).
- E. Develop short-term and long-term behavioral health goals in the context of a child's holistic care regarding service needs (mental health, permanency, education, developmental).

- F. Identify the services and supports needed and the relevant System Partners.
- G. Intensive Care Coordination (ICC) Treatment Planning to develop and coordinate treatment goals and ensure alignment to the transition and permanency plan.
- H. Recommend services and supports for consideration in the development of the child's needs and services plan, case plan, and permanency plans to support stable placement in the least restrictive setting.
- I. Identify any additional resources or supports needed to support the transition plan.

**V. Out of Home Placement Reviews**

- A. Interagency Placement Review Committee (IPRC) reviews and approves all out of home youth placements under the FFPSA regulations.
- B. Alameda County IPRC consists of representatives from ACBH, CFS, ACPD, and, when available, a Parent Partner and a school district representative.
- C. All youth being considered for placement in an STRTP or for Therapeutic Foster Care (TFC) require approval by Alameda County's IPRC.
  - 1. If IPRC determines the child/youth meet the eligibility criteria for TFC, the IPRC Coordinator will complete the TFC Approval Form. The form will be sent to the ACBH contracted Foster Family Agency (FFA).
  - 2. The FFA will assess each child/youth referred for TFC to ensure medical necessity, authorize services, and coordinate placement with a TFC parent.
  - 3. The FFA will review progress and ongoing need for TFC every three (3) months.

**VI. IPRC and QI Assessment**

- A. Once QI Assessment has been finalized, the case will then go to IPRC for final approval for placement
- B. The placing agency liaison or designee will present the case (which will include the QI Assessment Summary Report and placement recommendation) to IPRC and respond to questions from the committee.

**VII. State Reporting Requirements for FFPSA**

- A. Placing agencies and MHPs are responsible to track and report on the work completed in their respective roles, described previously in this letter. County placing agencies and MHPs are expected to maintain information regarding QI referrals, assessments, and determinations.
- B. QI Specific reporting includes:
  - 1. Number of QI Referrals made (placing agency)
  - 2. Number of QI Emergency Referrals made (placing agency)
  - 3. Number of QI Referrals received (MHP)
  - 4. Number of QI Assessments completed (MHP)
    - a. Within 30 days
    - b. Over 30 days
  - 5. Number of QI Assessment Determinations for placement in STRTP (MHP)
  - 6. Number of QI Assessment Determinations for placement in home-based setting (MHP)
  - 7. Number of QI Assessment Determinations for services by service type

**NON-COMPLIANCE**

Any failure to comply with this policy may result in formal actions including and up to formal sanctions by DHCS and as outlined in ACBH policy 1302-1-1 "Contract Compliance and Sanctions for ACBH- Contract Providers.

**CONTACT**

ACBH Office	Current as of	Email
Child and Young Adult System of Care	9/30/2022	<a href="mailto:Survey.CYASOC@acgov.org">Survey.CYASOC@acgov.org</a>
Contracts Office	9/30/2022	<a href="mailto:Contracts@acgov.org">Contracts@acgov.org</a>
Provider Relations Claims Processing	9/30/2022	(510) 383-1582
Utilization Management	9/30/2022	(510) 567- 8141
Quality Assurance	9/30/2022	<a href="mailto:QAOFFICE@acgov.org">QAOFFICE@acgov.org</a>
Quality Improvement	9/30/2022	<a href="mailto:QITEAM@acgov.org">QITEAM@acgov.org</a>

**DISTRIBUTION**

This policy will be distributed to the following:

- ACBH Staff
- ACBH Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Authors:** Lisa Carlisle, Director, Child and Young Adult System of Care  
**Original Date of Approval:** 10/31/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

**DEFINITIONS**

Term	Definition
<b>Qualified Individual (QI)</b>	A clinical review specialist (CRS) employed by ACBH who performs all Qualified Individual (QI) functions for the Families First Prevention Services Act (FFPSA) process.
<b>Short Term Residential Treatment Programs (STRTP)</b>	A residential facility operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and non-minor dependents (NMDs). The care and supervision provided by a STRTP shall be nonmedical, except as otherwise permitted by law.
<b>Child and Family Team (CFT)</b>	A single, integrated team that includes the child or youth, their family, natural and community supports, and professionals who work together in achieving goals for positive change and improving child safety, permanency, and well-being.

**APPENDICES**

NONE