



June 15, 2016

The Honorable Kevin Brady, Chair
United States House of Representatives
Ways and Means Committee

The Honorable Vern Buchanan, Chair
United States House of Representatives
Human Resources Subcommittee

The Honorable Orrin Hatch, Chair
United States Senate
Senate Finance Committee

The Honorable Sander Levin, Ranking Member
United States House of Representatives
Ways and Means Committee

The Honorable Lloyd Doggett, Ranking Member
United States House of Representatives
Human Resources Subcommittee

The Honorable Ron Wyden, Ranking Member
United States Senate
Senate Finance Committee

RE: Family First Prevention Services Act of 2016

Position: Support if amended

Dear Chairman Brady and Ranking Member Levin, Chairman Buchanan and Ranking Member Doggett, and Chairman Hatch and Ranking Member Wyden,

The National Organization of State Associations for Children (NOSAC) thanks you for your leadership in introducing the Family First Prevention Services Act of 2016. The legislation promotes numerous policy priorities that are consistent with our association's guiding principles for ensuring child and family safety, achieving permanency and promoting well-being.

We are gratified by the bipartisan, bicameral effort to address child welfare reforms, and specifically, the longstanding policy priority to expand Title IV-E so that children and parents/caregivers can have access to prevention services and interventions that ensure child safety and build family stability.

NOSAC members want to support the Family First Prevention Services Act of 2016 without qualification, but find that we cannot do so without one amendment to the definition of a Qualified Residential Treatment Program. This amendment is necessary to strengthen the bill, increase its effectiveness and mitigate against what we believe to be unintended consequences for children who we want to ensure receive the right treatment, at the right time in the most appropriate setting.

NOSAC supports an amendment offered by Boys Town that would require nursing and clinical staff to be available according to the trauma informed treatment model being used by the Qualified Residential Treatment Program.

As currently written, the bill would require all Qualified Residential Treatment Programs to have on-site clinical and nursing staff during all business hours, and on-call 24/7. This requirement runs counter to the tenets of the bill that would otherwise support programs, services and interventions

that are child- and family-centered and community-based.

As you know, many states have successfully reduced lengths of stay and improved outcomes for youth by having staff transition with youth out of residential care to their families and communities. While some clinicians are on-site some of the time, they are also in the community some of the time; and while they work during business hours, they also work evenings, weekends and holidays to be with youth and families at times that are convenient to them. Requiring a licensed clinician or nurse to be on-site during business hours severely limits the flexibility needed to provide necessary services to youth transitioning back to their families and communities.

The proposed amendment recognizes that high quality QRTPs require staffing patterns that are designed to implement evidence-based and evidence-informed program models that have demonstrated effectiveness achieving the desired outcomes.

Thank you very much for your hard work. We look forward to working with you. Please contact Megann Anderson Fischer at megann.anderson@njacyf.org or (215) 37-4626 with questions or to request additional information.

Respectfully Submitted,

Megann Anderson Fischer, President
The National Organization of State Associations for Children