



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION
PO Box 45040 • Olympia WA • 98504-5710

July 8, 2016

The Honorable Patty Murray
U.S. Senator
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Maria Cantwell
U.S. Senator
511 Hart Senate Office Building
Washington, DC 20510

Dear Senators Murray and Cantwell:

I write to express my concerns with proposed legislation, HR 5456, the Family First Prevention Services Act, and the impacts it would have on the continuum of care services that the Washington State Department of Social & Health Services' Children's Administration (CA) provides for youth in our state. I will confine my comments to Title II of HR 5456, concerning the reduction of group care and the additional requirements placed on QRTP facilities as these provisions, if enacted as written, would provide the greatest challenge to Washington.

In Washington, we have a continuum of placement services for children in out of home care. The most restrictive is entitled Behavioral Rehabilitative Services (BRS). BRS consists of treatment foster homes (45 percent of all BRS placements), in-home placements (10 percent) and facility-based (45 percent). Our major concerns with the markup on HR 5456 are with the restrictions on the ability to capture federal match on the facility-based placements.

While Washington does not use facility-based placements as much as it once did, these facilities are still needed for children with extreme behavioral needs who cannot be served in less restrictive placement options. Many of the children placed in BRS facilities have been unsuccessful in less restrictive placement and need the structure of a facility-based placement to improve.

Our specific concerns are detailed below.

- HR 5456 requires that a QRTP facility has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child required in section 475A(c). Although the legislation does not require a specific trauma informed treatment model, wraparound principles are required. These principles might require a more prescribed treatment model than is currently used by BRS providers and, if so, would generate additional training (and attendant costs) related to this model.

- Our current BRS contract requires a Child Functional Assessment Rating Scale (CFARS) be completed within the first 30 days of the child's placement and the development of a treatment plan. Without additional detail regarding the type of assessment, it is not clear that the CFARS would meet the requirement.
- HR 5456 also requires that a QRTP facility have registered or licensed nursing staff and other licensed clinical staff available who do the following: 1) provide care within the scope of their practice as defined by State law; 2) are on-site during business hours; and 3) are available 24 hours a day and 7 days a week. Nursing staff are already required for all medically intensive (fragile) BRS facilities and they are on staff and available 24/7; however, if the three requirements above are required for all types of QRTP facilities this would be an additional and in many cases, unnecessary expense.
- HR 5456 also requires facilities to have licensed clinical professionals on staff. Our current BRS contracts require providers to have licensed or certified clinicians either on staff or on contract with the facility. Those facilities who have on-staff clinicians have them on-site during business hours. This requirement would impact facilities who contract with licensed or certified clinicians posing an added expense to the program and ultimately to the state in the form of increased BRS rates.
- A further requirement of the bill is for facilities to be licensed in accordance with section 471(a)(10) and be accredited by any of the following independent, not-for-profit organizations: 1) the Commission on Accreditation of Rehabilitation Facilities (CARF); 2) the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 3) the Council on Accreditation (COA); and 4) any other independent, not-for-profit accrediting organization approved by the Secretary.

In Washington, there are very few BRS contracted agencies that are accredited. Some of the larger facility-based programs may be accredited by the COA or the JACHO, but most of the agencies with which we contract are not accredited. For the unaccredited agencies to become accredited and maintain their accredited standards would require significant effort and cost by the facilities and that cost would then be passed along to the state in the form of increased rates. This presents the biggest hurdle and impact. Historically, CA has not found COA accreditation to ensure safety of children or quality of services. CA has had a number of accredited agencies under compliance agreements and none have ever lost its accreditation despite being out of compliance. Accreditation does ensure that agencies have well organized policy and procedure manuals and documents.

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The impact of this portion of the bill could mean that Washington state will lose its federal match on about 45 percent of its facility placements. If that occurred, the portion of the cost of facility placement previously paid for with federal funds would have to be paid with state dollars. As you know, the Washington state budget is already under enormous pressure, and the State Legislature is facing the daunting task of fully funding basic education, pursuant to a State Supreme Court ruling. The likelihood that our state will be able to support 50 percent of facility based BRS placements in this fiscal environment is not good.

Thank you for the opportunity to comment on the proposed legislation.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Strus', with a stylized flourish at the end.

Jennifer A. Strus, Assistant Secretary
Children's Administration

CC: The Honorable Jim McDermott, U.S. Representative
The Honorable Dave Reichert, U.S. Representative