



April 2, 2019

Chair Gelser, Vice-Chair Heard, and Member of the Human Services Committee,

Thank you for allowing us the opportunity to provide feedback and recommendations around SB 825 and the implementation of the Family First Prevention Services Act (FFPSA) in Oregon. We want to be very clear that:

- We understand legislative timelines are rapidly approaching,
- We are committed to implementing this important piece of legislation which provides our state an opportunity to invest in prevention services and enhance evidence-based practices for vulnerable children, and
- Most importantly, we want to ensure that our state can provide the right placement at the right time for each child in care.

We appreciate that the -2 amendment extends the implementation date to July 1, 2020 for certain sections, although it looks like some sections still maintain an October 1, 2019 implementation date.

We also appreciate that the -2 amendment removes initial application to OYA providers - - who were not anticipating being covered, and who would likely not be eligible for funding. The amendment appears to require that OYA providers who accept DHS youth for longer than a certain period would have to comply with the provisions of the Act. However, since some OYA providers have been serving as emergency placements for DHS Youth when DHS capacity does not exist, some providers may be unable or unwilling to take this step; potentially more children would be placed out-of-state. We need to ensure that these provisions do not unintentionally hinder the ability to find short-term emergency placements as an alternative to sending children out-of-state.

We remain concerned about the ability of programs to:

1. Be able to meet the 24/7 nursing requirements. Even though the bill may allow programs to contract instead of providing services in house, there are severe nursing shortages in the state, and existing programs have been having difficulty complying with this requirement because of that shortage, and
2. Be able afford the cost of providing 24/7 nursing coverage. A longer phase in period will be required if the system is able to work towards this goal without causing disruption in services being available across the state. Some providers, especially in frontier or rural communities, will likely not be able to meet this requirement by October 1, 2019 with or without a significant rate adjustment. Existing Sub-Acute programs have already closed or been unable to re-open because of this inability to secure 24/7 nursing services.

Our main concern is the fragile state of the provider system. Member organizations are reporting annual turnover of rates between 40% and 60% of their direct care staff. We are working to stem this exodus of caring, qualified workers in the system. We need to work together to create a culture of professionalism, high standards, and support for workforce development and training in order to address this crisis.

Although the federal law has been enacted, regulations have not yet been finalized. In the meantime, we should:



- Draft a budget note directing DHS to work with the provider and workforce community on FFA implementation parameters,
- Ask interim committees & E-board to keep track of the issue to keep it front and center for agency leadership, legislators and stakeholders,
- Work with stakeholders in advance of the 2020 session to prepare QRTP and prevention services providers to meet the requirements of FFPSA and serve this population of children after federal guidelines are adopted.
- Work to shore up the workforce, which is in a crisis mode now. Without caring, qualified workers, no provider can meet any requirement for care, state or federal (which is why capacity has fallen), and more youth may face the possibility of being sent out of state.

We agree that providers covered under the FFPSA should be moving towards accreditation as QRTPs and closely tracking requirements as they are provided by HHS, and from all reports, they are accomplishing that goal. We should also be closely tracking the progress around prevention services and developing a comprehensive plan to identify as many potentially eligible programs as possible. Oregon should be supporting these programs, either through technical assistance or through targeted grants, to ensure the services they offer will meet the new federal guidelines for prevention services. We should be ensuring programs supporting children of color, including Native children and families are provided the help needed to meet those same federal guidelines.

Our organization remains confident that these issues will be worked out. In order to comment on the -3 amendment the Alliance will need additional time to review since it was only released today. In addition, the Alliance needs time to review the -4 amendment that will be forthcoming and to review the information provided by Senator Gelser in response to our questions / concerns posed in this letter.

The intent of the FFPSA is important for our children and families. Working to implement the Act in a way does not further erode capacity is important. We need to be in alignment with the federal implementation, and unfortunately, we have not had a strong partnership from the federal administration to this point. The FFPSA allows for a gradual adoption, and given the lack of clarity from the feds, we hope that Oregon can take a little more time to get the information we need to do this right. We share the same goal - moving the state down the path of ensuring every child is safe and experiences the right placement at the right time.

Thank you,

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