



Alberta Darling

Wisconsin State Senator · District 8

Senate Committee on Human Services, Children and Families

Senate Bill 161

Tuesday, April 27, 2021

Thank you Chair Jacque and committee members for taking the time to Senate Bill 161. The bill before the committee reforms our congregate care homes to meet the requirements laid out in the federal Family First Prevention Services Act (FFPSA).

In 2018, the FFPSA was signed into law as part of the Bipartisan Budget Act. The law changes federal investments into child welfare by putting more resources towards prevention and limiting the use of non-family settings, like congregate care and group homes, for children in out-of-home care. Wisconsin has a deadline of October 1, 2021 to implement the new FFPSA provisions.

One key provision of the FFPSA changes funding eligibility for congregate care. Under the FFPSA, only Qualified Residential Treatment Programs (QRTP) are eligible for federal reimbursement for services provided to youth in congregate care settings in out-of-home care. QRTPs would be a new type of congregate care setting for Wisconsin. Currently in Wisconsin, we operate shelters, group homes, and Residential Care Centers. None of these currently licensed providers match the QRTP criteria. In order to enable federal Title IV-E reimbursement funds for congregate care placements, Senate Bill 161 creates a QRTP certification in statute and administrative rule.

Senate Bill 161 allows the Department of Children and Families to promulgate rules to establish, certify, and operate QRTPs within group homes, shelters, or residential care centers. In order to comply with the FFPSA, the bill also enhances current requirements in state law surrounding a child's permanency plan. Senate Bill 161 also incorporates judicial approval of a QRTP placement into existing change of placement statutes.

The FFPSA changed the way Wisconsin will receive federal funds for child welfare services. Without passage of Senate Bill 161, Wisconsin faces to lose approximately \$8.2 million per year in federal funds. Senate Bill 161 updates our statutes to ensure our providers are still eligible for federal funds, continue serving our kids, and also ensure Wisconsin taxpayers don't pay more than their fair share to keep our child welfare system running.

I hope to count on your support for this legislation.

Wisconsin Legislative Council



Anne Sappenfield
Director

TO: SENATOR ALBERTA DARLING

FROM: Amber Otis, Staff Attorney

RE: Senate Bill 161, Relating to Qualified Residential Treatment Programs and Granting Rulemaking Authority

DATE: March 12, 2021

You asked for a description of Senate Bill 161, relating to qualified residential treatment programs (QRTP) and granting rulemaking authority. Very generally, the bill's provisions respond to certain requirements created under the federal Family First Prevention Services Act (FFPSA), enacted on February 9, 2018, as part of [Public Law No. 115-123](#) (referred to as the Bipartisan Budget Act of 2018).

While the FFPSA affects several aspects of child welfare policy,¹ its provisions affecting funds available to states under Title IV-E of the Social Security Act are considered among the most significant, as they create new options for, but also new restrictions on, certain federal reimbursements by emphasizing prevention services and curtailed use of congregate or group care for children. Given the significant nature of the reforms, the FFPSA authorized varied implementation timelines, which allowed many states, including Wisconsin, to delay the effective date of certain provisions until October 1, 2021.

Under the FFPSA, a child may be placed only in certain types of congregate or group care settings, such as a QRTP, in order for the state to qualify for reimbursement through federal Title IV-E funds. However, current Wisconsin law does not address placement of children in QRTPs, as defined under the FFPSA. Relatedly, current law does not provide the Department of Children and Families (DCF) with authority to license, regulate, or promulgate administrative rules relating to QRTPs. Without a change to state law, the state may be unable to claim Title IV-E reimbursements for children placed in congregate care settings for more than two weeks under the FFPSA. According to the Legislative Fiscal Bureau, DCF claimed Title IV-E reimbursements of \$8.2 million in federal fiscal year 2019, and \$8.3 million in federal fiscal year 2020, for children placed in congregate care.

In response to your request, this memorandum summarizes the FFPSA's requirements for QRTPs and further describes Senate Bill 161, which generally: (1) creates the concept of a QRTP under state law; (2) requires certain assessments and judicial findings when a child or juvenile is placed in a QRTP; and (3) grants rulemaking authority to DCF to regulate QRTPs.

QRTPS UNDER THE FEDERAL FFPSA

The FFPSA contains provisions to ensure the necessity of a child's placement in congregate care settings rather than in a "foster family home," meaning a licensed foster home providing care for up to six

¹ The National Conference of State Legislatures has published [this summary](#) of the FFPSA's provisions.

children. To that end, the FFPSA only allows Title IV-E foster care maintenance payments to states for a child placed in a “child-care institution” for two weeks, unless the child is placed in certain types of authorized settings designed to meet various clinical or specialized needs, including QRTPs. Furthermore, a child’s placement in a QRTP requires an assessment by a qualified individual, along with certain judicial findings and approval.

Very generally, the FFPSA requires that a “qualified individual,” meaning a trained professional or licensed clinician who is neither an employee of the state agency nor affiliated with any placement setting, conduct an assessment within 30 days of the start of the child’s placement in a QRTP. While conducting the assessment, the qualified individual must work in conjunction with the child’s family and permanency team, comprised of family members and appropriate professionals, while conducting the assessment. Within 60 days of the start of the QRTP placement, a court must either approve or disapprove the placement, by considering the assessment and determining whether the child’s needs can be met through placement in a family foster home, or whether, generally, a QRTP program provides the most effective and appropriate level of care for the child.

The provisions related to reimbursement-eligible congregate care settings, including QRTPs, went into effect on October 1, 2019. However, the FFPSA authorizes states to delay, for up to two years, the effective date of those provisions, though any delay elected by a state would also delay the applicability of provisions allowing federal support for Title IV-E prevention services or programs.² Wisconsin, like many states, opted to delay implementation of these provisions until October 1, 2021.

CURRENT STATE LAW

Wisconsin law sets forth specific procedures and standards that apply when a child or juvenile is removed from the home and placed in out-of-home care in the child welfare system under ch. 48, Stats. (the Children’s Code), or the juvenile justice system under ch. 938, Stats. (the Juvenile Justice Code). Very generally, these systems are built upon a hierarchical framework of intervention steps that favor preservation of the family unit with as little state intervention as possible. Removal of a child or juvenile from the home is permitted only if necessary to preserve health and safety. Each child or juvenile who is placed in out-of-home care must have a written permanency plan, designed to ensure that the child or juvenile is reunified with his or her family whenever appropriate or quickly attains a placement or home providing long-term stability.

State law currently requires DCF to license and supervise, as well as promulgate rules governing, several types of entities that provide out-of-home care, such as foster homes, group homes, shelter care facilities, and residential care centers for children and youth. [See, e.g., ss. 48.60, 48.66, and 48.67, Stats.] However, current Wisconsin law does not contemplate QRTPs, as defined under the FFPSA, as an option for a child’s out-of-home care placement. Relatedly, current law does not provide DCF with authority to license, regulate, or promulgate administrative rules governing entities that would constitute a QRTP as defined under the FFPSA.

² Though the FFPSA created new limitations on the use of Title IV-E funds for children placed in certain types of congregate or group care settings, it also approved new uses for Title IV-E funds, by allowing states to receive federal reimbursement for certain types of prevention services, in contrast from prior law, which generally only authorized use of Title IV-E’s foster care program funds once a child was placed in foster care. Under the FFPSA, states may now receive federal Title IV-E funds as reimbursement for the following types of services for up to 12 months: (a) mental health and substance abuse prevention and treatment services provided by a qualified clinician; and (b) in-home parent skill-based programs, including parenting skills training, parent education, and individual and family counseling.

SENATE BILL 161

Senate Bill 161 creates the concept of a QRTP under state law and authorizes DCF to certify and further regulate QRTPs by rule. Consistent with the FFPSA, the bill requires both a specialized assessment by a qualified individual and certain findings by a court, for a child or juvenile³ to be placed in a certified QRTP at various stages of proceedings under the Children's Code or the Juvenile Justice Code.

Certification of QRTPs

The bill grants DCF authority to certify a licensed residential care center for children and youth, group home, or shelter care facility to operate as a QRTP, if DCF determines that the entity meets the FFPSA's requirements for QRTPs and any other requirements established by DCF in administrative rules. The bill cross-references 42 U.S.C. s. 672 (k) (4), a provision under the FFPSA that requires a QRTP to meet several requirements, including that the QRTP:

- 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.
- Is able to implement the treatment for the child, as identified in an assessment that must generally be completed within 30 days of the child's placement in a QRTP, described in more detail below.
- Has registered or licensed nursing staff and other licensed clinical staff on site.
- Facilitates participation of family members in the child's treatment program, to the extent appropriate and in accordance with the child's best interests.
- Facilitates outreach to the family members of the child, documents how the outreach is made, and maintains contact information for any known biological family and fictive kin of the child.
- Provides discharge planning and family-based aftercare support for at least six months post-discharge.

Family Permanency Team

Consistent with the FFPSA, the bill creates the concept of a "family permanency team," meaning a team of individuals assembled upon a child's placement in a QRTP to participate in permanency planning. Specifically, if a child is placed in a QRTP, the agency that placed the child or arranged the placement, or the agency assigned primary responsibility for providing services to the child, must invite all of the following individuals to participate in permanency planning, and may invite others at the agency's discretion:

- All appropriate biological family members, relatives, and like-kin⁴ of the child, as determined by the agency.
- Appropriate professionals who serve as a resource for the child's family, such as teachers, medical or mental health providers who have treated the child, or clergy.

³ For brevity, the term "child" throughout the remainder of this memorandum refers to both a "child" under the Children's Code and a "juvenile" under the Juvenile Justice Code, unless otherwise specified.

⁴ The bill defines "like-kin" as a person who has a significant emotional relationship with a child or the child's family and who either: (a) had an existing relationship with the child or the child's family that is similar to a familial relationship, prior to the child's placement in out-of-home care; or (b) developed a relationship with the child or the child's family that is similar to a familial relationship, during the child's placement in out-of-home care.

- Others identified by a child over the age of 14 at the time that the agency responsible for preparing the permanency plan consults with the child, as required under current law.

The bill requires a permanency plan of a child placed in a QRTP to include specific information, such as:

- *Documentation of reasonable and good faith efforts to identify and include all required individuals on the family permanency team.*
- *If reunification is the child's permanency goal, information demonstrating that the parent from whom the child was removed provided input on the members of the family permanency team or why that input was not obtained.*
- *Information showing that the standardized assessment, as determined by DCF, was used to determine the appropriateness of the QRTP placement.*
- *The placement preferences of the family permanency team.*
- *If placement preferences of the family permanency team are not the placement recommended by the qualified individual who conducted the standardized assessment, the reasons why these preferences were not recommended.*
- *The recommendations of the qualified individual who conducted the standardized assessment, as described in more detail in the next section.*

If a child is placed in a QRTP, the court, when conducting the child's permanency review hearings that are required to occur every six or 12 months, must consider certain information related to the continuing appropriateness of the QRTP placement and the agency's efforts to prepare the child to return home to be placed in other settings.

The bill also requires that a permanency plan for any child who is a parent or is pregnant include an out-of-home care prevention strategy for any child born to the parenting or pregnant child, and a list of the services or programs to be provided to, or on behalf of, the child to ensure that the child is prepared and able to be a parent. This requirement applies to any child for whom a permanency plan is prepared, regardless of the type of placement.

Standardized Assessment by Qualified Individual

If a child is held in custody at, or placed or proposed to be placed in, a certified QRTP at certain stages of proceedings under the Children's Code or the Juvenile Justice Code, the bill requires that a qualified individual, defined as provided under the FFPSA described on page 2, conduct a standardized assessment, meaning an assessment of the child's strengths and needs to determine appropriateness of a placement using a tool determined by DCF. After conducting the assessment, the qualified individual must prepare a recommendation that includes all of the following:

- Whether the proposed placement will provide the child with the most effective and appropriate level of care in the least restrictive environment.
- How the placement is consistent with the short-term and long-term goals for the child, as specified in the permanency plan.
- The reasons why the child's needs can or cannot be met by the child's family or in a foster home, with a shortage or lack of foster homes considered an unacceptable reason for determining that the child's needs cannot be met in a foster home.

- The placement preference of the family permanency team and, if that preference is not the placement recommended by the qualified individual, why that recommended placement is not preferred.

The standardized assessment and qualified individual's recommendation must be submitted to the court, and to all persons required to receive a copy, no later than the date of the relevant hearing, the entry of a consent decree, or the filing of the request, depending on the applicable stage of the proceedings. However, if that information is not available by the applicable deadline, the standardized assessment and qualified individual's recommendation must be submitted no later than 30 days after the date on which the placement was made.⁵

The bill also requires that the designated agency's court report, required under current law to be submitted to the court before entry of a dispositional order, contain a statement indicating whether the recommended placement is a certified QRTP and, if so, the results of the standardized assessment and the qualified individual's recommendation. If that information is not available at the time of the report, the agency must submit it by the date of the dispositional hearing or, if not available, no later than 30 days after the date on which the placement was made.

Required Judicial Findings When Placing a Child in a QRTP

If a child is held in custody at, or placed or proposed to be placed in, a QRTP at various stages of proceedings,⁶ the court must, after considering the standardized assessment and the qualified individual's recommendation, include the following findings in its order:

- Whether the needs of the child can be met through placement in a foster home.
- Whether placement of the child in a certified QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment.
- Whether the placement is consistent with the short-term and long-term goals for the child, as identified in the permanency planning.
- Whether the judge or court commissioner approves or disapproves the placement.

If the results of the standardized assessment and the qualified individual's recommendation are required but not available at the time of the order, the court must defer making the findings, though the court must issue an order with such findings no later than 60 days after the date on which the QRTP placement is made.

⁵ In certain change-in-placement proceedings, the assessment and recommendation must be submitted to the court, and provided to individuals entitled to notice, no later than the filing of the written notice of the proposed change or, if not available by that time, within 10 days of the notice's filing, unless the information is not available based on good cause shown, in which case it must be submitted no later than 30 days after the date on which the placement is made.

⁶ The bill requires a standardized assessment and related judicial findings for QRTP placements at the following stages of proceedings: (a) temporary physical custody of a child removed from the home or taken into custody under s. 48.21 or 938.21, Stats.; (b) a proposed change in the placement of a child held in temporary physical custody, including an emergency change in placement, under s. 48.217 or 938.217, Stats.; (c) entry of a consent decree under s. 48.32 or 938.32, Stats.; (d) dispositional orders under s. 48.355 or 938.355, Stats.; (e) a proposed change in the placement of a child subject to a dispositional order, including an emergency change in placement, under s. 48.357 or 938.357, Stats.; and (f) a proposed change in the placement of a child whose parents have had their rights terminated and who is subject to a guardianship order, including an emergency change in placement, under s. 48.437, Stats.

DCF's Rulemaking and Oversight Authority

The bill grants DCF the authority to promulgate rules for the establishment, certification, operation, and monitoring of, and the placement of a child in, a QRTP. DCF is also authorized to deny, suspend, restrict, refuse to review, or otherwise withhold a QRTP's certification based on a failure to comply with certification requirements established by rule. The bill also expands DCF's inspection authority to QRTPs, meaning that DCF may visit and inspect a QRTP and must be given unrestricted access for that purpose.

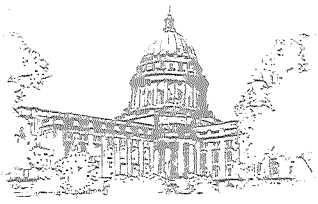
The bill further authorizes DCF to promulgate emergency rules that, if promulgated, may remain in effect until July 1, 2023, or the date on which permanent rules take effect, whichever is sooner. The bill also exempts DCF from the requirements to make a finding of an emergency and to demonstrate the need for an emergency rule.

Effective Dates

The bill, if enacted, generally takes effect on September 29, 2021, except for following provisions relating to DCF's authority, which take effect on the day after publication: (1) DCF's authority to certify an entity as a QRTP; (2) DCF's authority to deny, suspend, restrict, refuse to renew, or otherwise withhold a QRTP's certification based on a failure to comply with certification requirements established by DCF rules; (3) DCF's authority to visit and inspect a certified QRTP, including unrestricted access to the premises; and (4) DCF's authority to promulgate emergency rules, as described above.

Please let me know if I can provide any further assistance.

AO:jal



STATE SENATOR
LaTonya Johnson

WISCONSIN STATE SENATE

6TH DISTRICT

Senate Committee on Human Services, Children and Families
Testimony on Senate Bill 161
April 27, 2021

Good morning members of the committee,

Thank you for holding this hearing on Senate Bill 161 (SB 161), which allows the Department of Children and Families (DCF) to promulgate rules regarding Qualified Residential Treatment Programs (QRTP).

The 2018 federal Family First Prevention Services Act (FFPSA) represents a sea change in the way that child welfare systems will be incentivized to promote primary prevention of child abuse and neglect as well as move away from certain types of congregate care settings for children in out-of-home care. FFPSA does this by tying these programmatic changes to a states' utilization of federal Title IV-E funding.

To that end, FFPSA, with narrow exceptions, requires congregate care to be provided by a Qualified Residential Treatment Program in order to be eligible for Title IV-E funding.

QRTPs are not currently defined in Wisconsin statutes or administrative code, so SB 161, and its grant of rule promulgation authority to DCF, is necessary for Wisconsin's child welfare system to continue to utilize more than \$8 million in federal Title IV-E funds. Wisconsin has a deadline of September 29, 2021 to implement the FFPSA, so I hope the committee recognizes the urgency of this proposal, and passes it without delay.

I would like to thank my co-authors, Senator Darling, Representative Rozar, and Representative Snyder for their work on this bill and thank you, committee members, for your consideration of this proposal.



TO: Chair Jacque, Vice-Chair Ballweg, and Honorable Members of Senate Committee on Human Services, Children, and Families

FROM: Wendy Henderson, Administrator, Division of Safety and Permanence

DATE: April 27, 2021

SUBJECT: 2021 Senate Bill 161

Thank you for the opportunity to provide testimony in support of Senate Bill 161. This bill is an extension of the work started by the legislature in the last biennial budget to support the Wisconsin child welfare system in shifting towards prevention and keeping children with their families. Thank you to the authors of this legislation which will allow DCF to comply with the federal Family First Prevention Services Act.

The Department of Children and Families is committed to the goal that **all** Wisconsin children and youth are safe and loved members of thriving families and communities. To support this goal, the Wisconsin child welfare system is strengthening all Wisconsin families to raise their children. Wisconsin's child welfare system is guided by the following principles, which are also embodied in the new federal child welfare law, the Family First Prevention Services Act, which Wisconsin must implement before October 2021:

- **Prevention**: Child welfare increasingly focuses on preventing children from being removed from their homes by strengthening families to raise their children.
- **Relatives**: Relatives play an important part in children's lives as caregivers or ongoing supports and should be used as out-of-home placements whenever possible.
- **Reunification**: The primary goal is to reunify a child with his/her family whenever it is safe to do so.
- **Permanence**: The child welfare system aims to transition children in out-of-home care (OHC) safely and quickly back with their family, whenever possible, or to another permanent home.

The federal Family First Prevention Services Act (FFPSA or Family First) was passed in 2018. This law shifts the focus of the child welfare system to preventing children from entering out of home care and makes a parallel shift in funding towards prevention and family settings and away from congregate (group) care. Importantly for the purposes of this discussion, under Family First the federal government will only provide federal child welfare reimbursement dollars (Title IV-E funds) for congregate care settings that include specific markers of quality of care. As specified in Family First, the new type of congregate care eligible for federal reimbursement, called a Qualified Residential Treatment Program (QRTP), must include the following components:

- Use a trauma-informed treatment model;
- Have access to 24-hour nursing care and critical individualized medical and psychological treatment and support for children;
- Engage the family throughout the treatment; and
- Provide aftercare services to children and families once they leave the QRTP.

Current state statute and administrative rules provide for three types of licensed child welfare congregate care providers in Wisconsin: shelters, group homes and Residential Care Centers. None of these current license provider types match the QRTP criteria listed above. This bill authorizes DCF to promulgate rules for the establishment, certification, operation, monitoring of, and placement of a child in a QRTP; the bill further provides DCF the authority to certify that a congregate care facility is functioning as a QRTP by determining the facility has met state and federal requirements of a QRTP.

The bill also adds additional requirements for permanency planning for pregnant or parenting youth in out-of-home care and children placed in QRTPs that are necessary in order to claim IV-E funds under Family First. Further, the bill establishes a standardized assessment that must be conducted and judicial findings that must be made whenever a child may be placed in a QRTP setting. The assessment and court findings provisions, required by federal law, are designed to ensure that a proposed QRTP placement provides a child with the most effective and appropriate level of care in the least restrictive environment, QRTP placement is consistent with the child's short and long-term goals identified in permanency planning, and that a child's needs cannot be met by the child's family or a foster home.

Title IV-E funds are the primary means of federal reimbursement for state child welfare systems. When Family First becomes operational in Wisconsin in October 2021, IV-E reimbursement for congregate care will only be provided for QRTP settings, except in limited circumstances. Absent this bill, Wisconsin will be unable to certify a program as a QRTP or access federal reimbursement for congregate care settings.

Strengthening families to raise their children is the primary goal of the Wisconsin child welfare system. When children with complex treatment needs enter group care settings, the quality standards enacted under federal law will help Wisconsin ensure those children's treatment needs are met while also making Wisconsin eligible for critical federal reimbursement.

Thank you for your support of this legislation to allow DCF to comply with federal law and obtain federal reimbursement for congregate care settings. We would be pleased to respond to any questions.

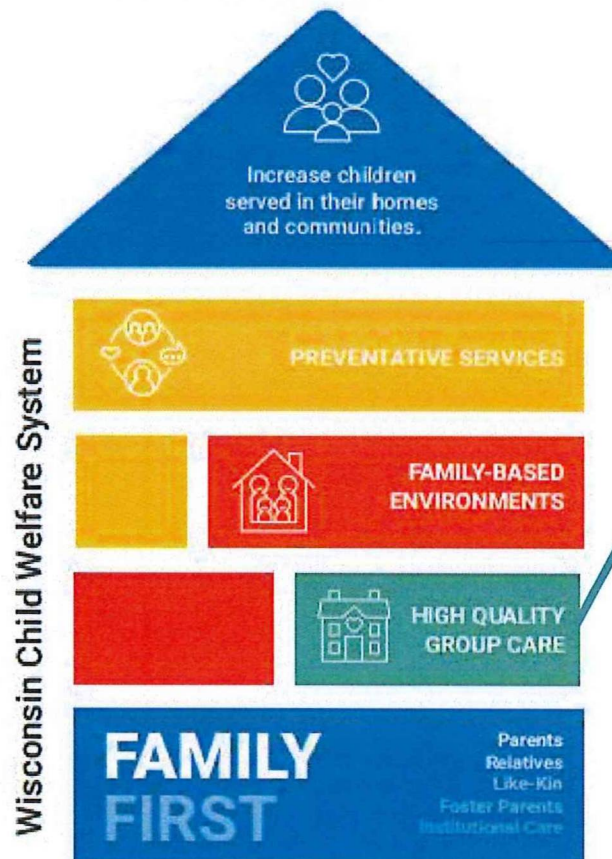


Qualified Residential Treatment Programs (QRTPs)

A Shift in Wisconsin's Child Welfare System Under the Federal Family First Prevention Services Act (FFPSA) and [AB 143/SB 161](#)

Questions asked during the court process when a child may be placed in a QRTP:

- Will the proposed placement provide the child with the most effective and appropriate level of care in the least restrictive environment?
- Is the placement consistent with the short-term and long-term goals for the child?
- Why can't the child's needs be met by the child's family or in a foster home?
- What does the family permanency team recommend?



QRTP markers of quality care according to FFPSA:

- Uses a trauma-informed treatment model;
- Has access to 24-hour nursing care and critical individualized medical and psychological treatment and support for children;
- Engages the family throughout the treatment; and
- Provides aftercare services to children and families once they leave the QRTP.



Wisconsin Department of
Children and Families



TO: The Honorable Members of the Senate Committee on Human Services, Children and Families
FROM: Emily Coddington, Associate Director
DATE: April 27, 2021
RE: **Support for SB 161 – Certification of Qualified Residential Treatment Programs**

Thank you for the opportunity to provide testimony in support of Senate Bill 161, which will permit the Department of Children and Families (DCF) to certify a congregate care setting, such as a shelter care facility, group home, or residential care center for children and youth (RCCs), as a Qualified Residential Treatment Program (QRTP).

WAFCA is a statewide association that represents over forty child and family serving agencies, and advocates for the more than 200,000 individuals and families they serve each year. Our members' services include foster care programs; shelters, group homes, and residential care centers; crisis intervention; outpatient mental health therapy; and individual, family and group counseling, among others. As partners in the state's continuum of care, WAFCA members are committed to providing quality, effective treatment services, partnering with individuals to achieve their full potential.

Since the enactment of the Family First Prevention Services Act (Family First), WAFCA has actively worked with members and other stakeholders to assess what these changes will mean for Wisconsin. Our state, like others, has struggled to provide a comprehensive service array that prevents children and families from progressing further into the system than necessary. In addition, our continuum of care to serve children and families through the child welfare system (child protection services and youth justice), including those placed in out-of-home care, has been insufficient to address the complex needs of these families. The issue has become more apparent in recent years as the number of children placed out of state for residential care and treatment has trended upwards, exceeding 60 children in 2019.¹

Family First provides resources to ensure better prevention services are available within our state and also presents us with an opportunity to strengthen our continuum of care by creating this new therapeutic setting to better serve our young people in need of more intensive treatment. We believe that enabling DCF to certify a QRTP within congregate care settings will provide a more robust continuum for Wisconsin youth needing placement, including those currently placed out of state. In addition, the creation of QRTPs will provide a way for Wisconsin to continue claiming Title IV-E federal match on some of the costs associated with out-of-home care placement.

¹ Retrieved from: <https://dcf.wisconsin.gov/files/cwportal/reports/pdf/ohc.pdf>, (Pg. 3.16, Figure 21)

In voicing our support for SB 161, we would also offer some considerations for the Committee. First, we would like to emphasize the importance of keeping this bill in its current form and passing it quickly. Family First is supposed to go “live” in Wisconsin this October which leaves limited time for providers to adjust their programs to meet new support and service standards. While many providers have taken initial steps to modify their programs in light of federal requirements, any further delay in this legislation and subsequent rule making could place Wisconsin in jeopardy of forgoing federal matching on some congregate care placements.

Secondly, growing our service array, which includes having various out-of-home care placement resources for the children who are determined to need them, is incredibly important in keeping children close to home. In the continuum Wisconsin needs to ensure each child receives the right service at the right time, QRTPs become part of the solution. Other types of non-QRTP placement resources will continue to be needed, especially during the transition, to ensure more children do not end up being placed out of state. While not all group care settings need to be certified QRTP in order for federal reimbursement to occur, Wisconsin does need QRTP capacity.

Capacity has declined throughout the years and we cannot afford to have it decline further. Currently, DCF licenses 19 RCCs and 63 group homes who accept placement of children in need of protection and services. According to information obtained through the DCF Rate Regulation Advisory Committee, in 2019, the average number of children and youth served in these RCCs on a daily basis was 440; for group homes the average was 240. WAFCA anticipates that all of Wisconsin’s RCCs that serve children in the child welfare system will seek to certify as QRTPs, and that some, but not all, of Wisconsin’s group homes will seek to certify as QRTPs. While the number of children placed in both congregate care settings has steadily declined over the past decade, there is still a need for these settings to continue serving children, as well as additional resources to serve those with complex care needs.

Being planful and inclusive when creating this type of service will be key to successful implementation. The creation of QRTPs has implications for children, families, counties, tribes, providers and the community at-large. Relying on the expertise and continued commitment of those in our current out-of-home care array - our relative caregivers and foster parents, youth care workers, group home operators, and residential service providers – will help ensure we build what is needed. As long-serving partners in Wisconsin’s child and family serving systems, our members are “all in” on increasing investments in prevention and early intervention to build out an effective service array to help more children stay safely at home. We also have a responsibility to sustain a broad continuum of resources. Wisconsin will continue to have some children who need an out-of-home resource, families with complex trauma, and adolescents facing serious emotional and mental health challenges. Passing this bill will enable us to get to work on this important piece of the broader system transition envisioned for our state.

We are optimistic about the future of Wisconsin’s child welfare system and our ability to work collaboratively with all stakeholders to develop a better continuum of care and thank you for your support and consideration.



MEMORANDUM

TO: Honorable Members of the Senate Committee on Human Services,
Children and Families

FROM: Sarah Diedrick-Kasdorf, Deputy Director of Government Affairs

DATE: April 27, 2021

SUBJECT: Support for Senate Bill 161

The Wisconsin Counties Association (WCA) supports Senate Bill 161, relating to qualified residential treatment programs and granting rule-making authority.

In February 2018, the federal government passed the Family First Prevention Services Act (FFPSA). The FFPSA modifies how states claim federal Title IV-E funding. More specifically, the FFPSA alters the types of congregate care settings that are eligible for Title IV-E reimbursement to Qualified Residential Treatment Programs (QRTP). However, Wisconsin law does not currently recognize QRTPs as a placement alternative or have defined placement options that meet QRTP criteria.

In addition, states may only claim Title IV-E reimbursement for a child in a QRTP if certain items are included in that child's permanency plan. Senate Bill 161 adds to Wisconsin's permanency plan statute the additional requirements that must be met under FFPSA.

If Wisconsin is not in compliance with the FFPSA by September 29, 2021, a significant amount of federal funding is at stake (\$8 million). Counties receive federal IV-E funds as part of their Children and Family Aids allocation. Those funds are used to provide critical child welfare services, including child abuse and neglect investigations, out-of-home placement costs, reunification services, etc. During the 2019-21 state budget process counties successfully made the case for increased child welfare funding. Failure to reach timely compliance with the FFPSA requirements will take us a step backwards.

A similar bill passed the Assembly last session and was scheduled for Senate floor action when the COVID-19 pandemic hit. WCA respectfully requests your support for, and swift action on, Senate Bill 161.

Senate Bill 161
Page 2
April 27, 2021

Thank you for your consideration. Please do not hesitate to contact the WCA office if you have any questions.