

# H.R. 5456/S.3065: Nursing and Clinical Staff in Residential Treatment



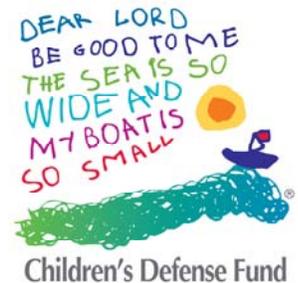
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## Please Preserve Family First Prevention Services Act Nursing and Clinical Staffing Standard

Children who live with families have the best health, development, and career outcomes. However, on any given day, nearly 57,000 young people in foster care in the United States are not living with a family. Children in foster care experience disproportionate trauma, and those placed in group settings are amongst the most vulnerable in the foster care system. The **Family First Prevention Services Act (H.R. 5456/ S. 3065)** includes an important new policy to limit federal funds for non-family settings to when it is absolutely necessary to meet children's behavioral and emotional health needs. The cornerstone to assuring that vulnerable children are safe and well cared for in these placements is the bill's requirement to have clinical and nursing staff on-site during business hours and available 24-7. This means staff knowledgeable about the children's special needs will be able to serve them in the facility or the community during the day, in the evening or on weekends.

## The Importance of Family Settings for All Children

- One in seven children in foster care are in group settings, including one in three teens. **These placements cost up to ten times what a relative or foster family placement does.** Forty percent of those in group facilities have no documented behavioral or clinical reason for such a restrictive setting, and could be better served in family settings.
- The *Family First Prevention Services Act* recognizes that children thrive in families, and emphasizes keeping families intact or placing children in family settings when they must be removed from their homes.
- The bill creates standards for qualified residential treatment program (QRTP) placement settings, which the federal government will pay for only if a child has a demonstrated need for the treatment the setting can offer. These standards are what differentiate QRTPs from low-quality group homes that can be injurious to children in foster care.

## The Importance of Clinical and Nursing Staff in Residential Treatment

- QRTPs are defined to ensure they meet these children's serious emotional and behavioral needs, including the presence of licensed clinical and nursing staff on-site during business hours and available 24-7.
- Nurses can help meet children's basic medical needs, administer medications when needed and also join other clinical staff in administering more specialized treatment.
- Diagnosing, treating and monitoring a mental health condition - from which many of these children suffer - becomes next to impossible without such staff. Having consistent, coordinated, and trauma-informed medical care on-site is especially valuable.

## Undermining these Standards Will Put Children and these New Reforms at Risk

- Unfortunately, there are groups urging Members of Congress to weaken these standards in the name of flexibility and reduced costs. Lower standards for nursing and clinical staffing would erode the system of quality envisioned in the *Family First Prevention Services Act* and put children at risk.
- Without the clinical and nursing staff requirement, the bill will fall short for children and place them in group care that is not designed to address their needs.
- **In addition, the Congressional Budget Office estimates that eliminating this requirement will cost the federal government hundreds of millions of dollars in group care costs that could be better used for additional family-based services or treatment or quality foster homes.**

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