

The background is a dark blue gradient that transitions to a lighter blue in the center. It features several white circles of varying sizes, some partially cut off by the edges. A solid green vertical bar is located in the top right corner.

Continuum of Substitute Care

A ROBUST SERVICE ARRAY TO MEET THE NEEDS OF AT RISK CHILDREN AND YOUTH

Continuum at a glance





Definition of a Qualified Residential Treatment Program:

- ▶ A program that 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 under section 475A(c)



IV-E funded settings which are not required to be a QRTP:

- ▶ A setting specializing in providing prenatal, post-partum or parenting supports for youth.
- ▶ Transitional/Independent Living Programs serving youth 18 and older.
- ▶ A setting serving youth who have been victims of trafficking or are at-risk of it.

Contracted
Shelter
A short-term
option

Most accessible level of care, some of which can serve youth without an identified disturbance or disorder.

Targeted relief for moderate-needs youth, some of which provide recommendation for appropriate level of care

A safeguard for capacity and continuity of outpatient supports

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care



Why is the Shelter level of care not being considered for QRTP status?

- This level of care is on the lowest end of the congregate care continuum; one step above a foster family placement.
- This setting is designed as an accessible, short-term shelter to provide a safe living environment coupled with placement-related activities.
- Youth placed in a HRY or general shelter level of care are not required to have a treatment need and often stay connected to their community providers with the intention of reducing level of care and reintegrating into community as soon as possible.



Why is the Shelter level of care not being considered for QRTP status?

- Our community, grass-roots programs provide structure of care which brings racial, ethnic and cultural diversity; a reliable resource in building an all-encompassing congregate care system.
- Shelters create a safety net for capacity through rapid accessibility, flexible funding stream which pairs with other Medicaid services to achieve integrated care.
- These programs enable a secure infrastructure and can lead to increased QRTP programming if and when these organizations wish to transition to treatment-level programs.

BRS Residential Treatment

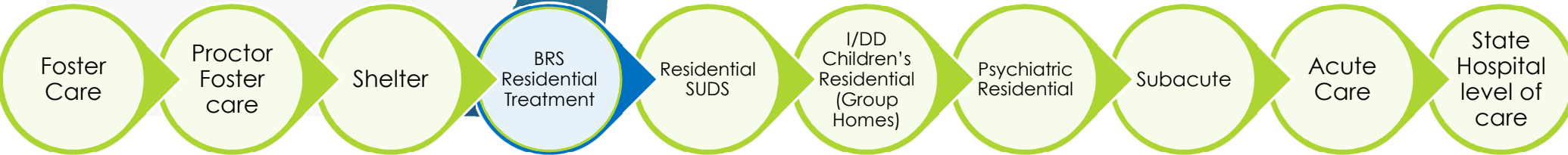
Residential

Designated Q RTP

Structured opportunity for BRS supports

Individualized goals, behavioral counseling and skills training

Aftercare transition support



BRS Residential Treatment

Intensive Residential

Designated QRTP

Heightened Structure and supervision for BRS supports

Individualized goals, behavioral counseling and skills training

Aftercare transition support

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care

BRS Residential Treatment

Short-Term Stabilization

Designated QRTP

Heightened Structure and supervision for youth with a more acute need for BRS supports

Short-term intervention for re-engagement in BRS Residential or Intensive Residential

Targeted BRS treatment to meet immediate, intensified need

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care

BRS Residential Treatment

Intensive Behavioral Support

Designated QRTP

Heightened structure and supervision for provision of BRS supports

Supports targeted to assist in re-regulating emotions

Designed to assist youth with complex developmental trauma

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care



Why are BRS Residential levels of care being designated as QRTP?

- These levels of care provide trauma-informed treatment that is designed to address the needs of children with serious emotional or behavioral disorders or disturbances.
- CCA's serving at this level of care should be held to a higher standard of quality treatment for youth receiving these services.

Substance Use Disorder Services

Residential Treatment

Substance use detox for youth who qualify for residential services

Safe and stable 24 hour environment

Structured treatment for youth who do not need acute medical support

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care

Intellectual & Developmental Disability

Group Homes

Heightened structure and supervision

Targeted for children/youth with significant support needs

Increased consultation and supports

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care

Intellectual & Developmental Disability

Stabilization and Crisis Unit

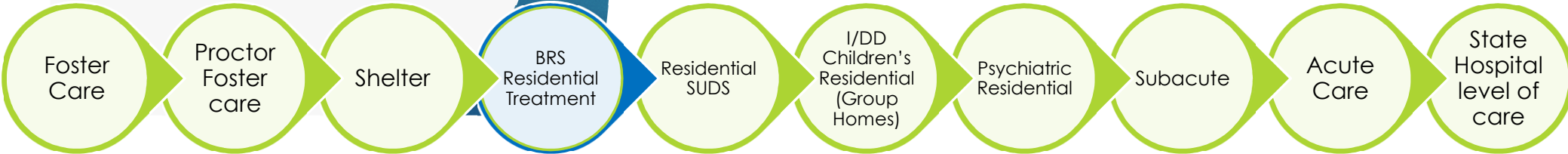
I/DD Group Homes staffed and operated by ODDS



Serve youth with I/DD who represent the most significant risk to themselves or others



Secure setting which provides behavioral support and personal care



Psychiatric Residential

PRTS

Intensive inpatient services to youth who have a qualifying mental health condition

Psychiatrist-directed 24 hour treatment and supervision

Psychiatry, mental health therapy, on-site and on-call QMHP, daily nursing services

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

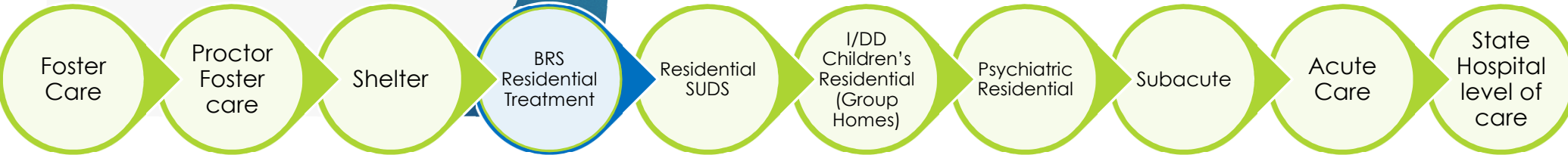
State Hospital level of care

Psychiatric Residential Subacute

Short-term stabilization for youth experiencing a mental health crisis

Psychiatrist-directed, 24 hour intensive inpatient services

Psychiatry, mental health therapy, on-site and on-call QMHP, daily nursing services



Hospital Level of Care

Acute Care

Psychiatric in-patient hospital stay (Providence Willamette Falls & Unity)

Short-term stabilization for youth experiencing a mental health crisis

Psychiatry, mental health therapy, full hospital supports on-site

Foster Care

Proctor Foster care

Shelter

BRS Residential Treatment

Residential SUDS

I/DD Children's Residential (Group Homes)

Psychiatric Residential

Subacute

Acute Care

State Hospital level of care

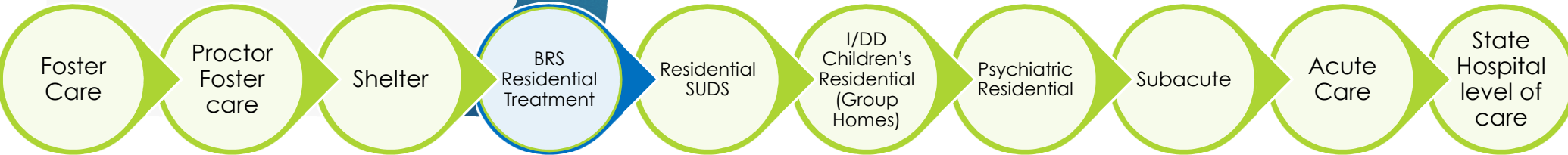
Long-Term Psychiatric Care

SCIP & SAIP

State hospital level of care
for children or adolescents

Secure setting

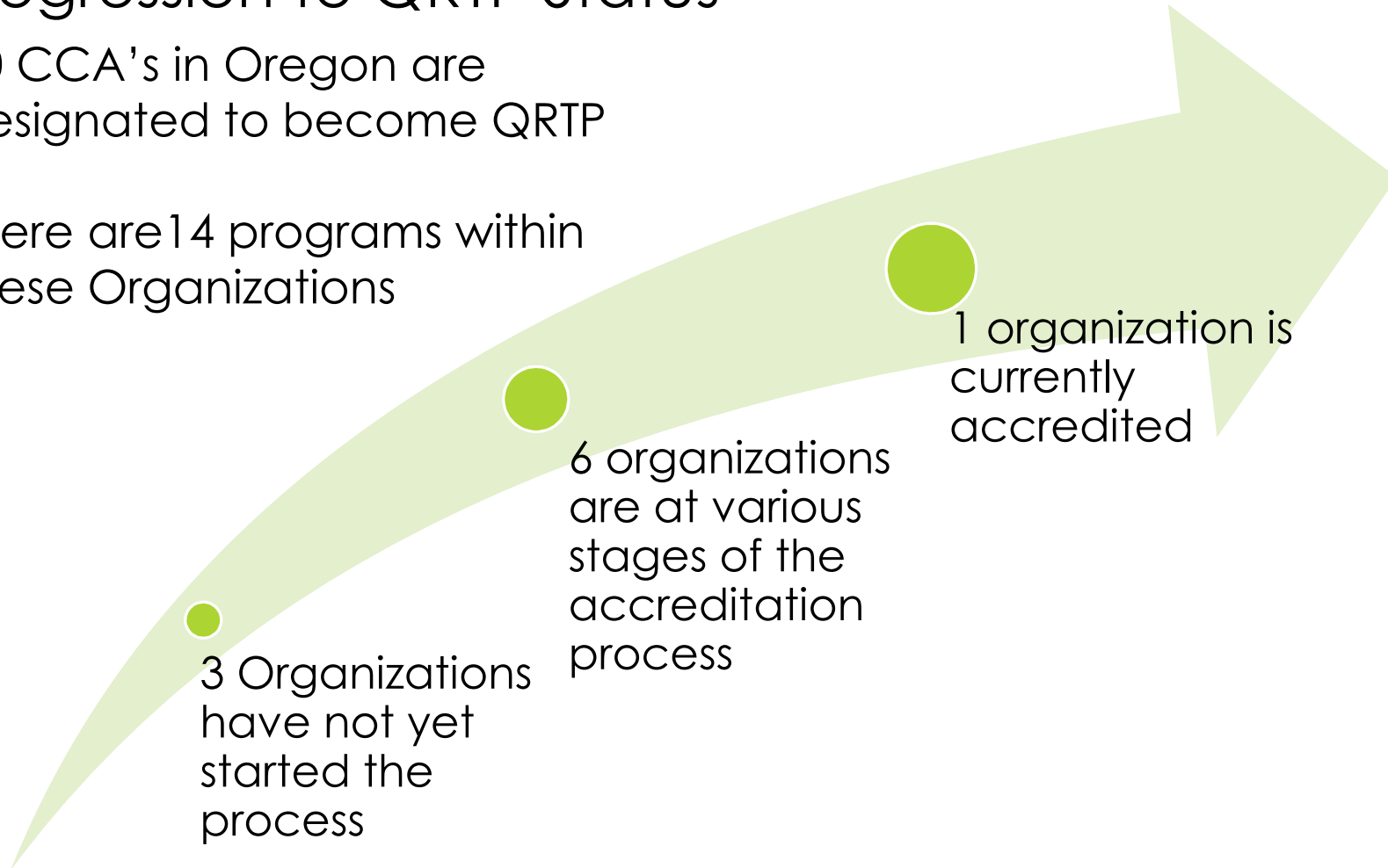
Psychiatrist directed
treatment and supervision



Progression to QRTP Status

10 CCA's in Oregon are designated to become QRTP

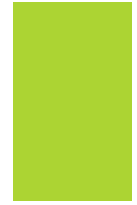
There are 14 programs within these Organizations



3 Organizations have not yet started the process

6 organizations are at various stages of the accreditation process

1 organization is currently accredited





Current QRTP Deficit in Oregon

Excluding other exceptions under FFPSA, there are 140 children expected to need QRTP-level care in the state of Oregon, based on October 2018 estimates. If QRTP requirements were enacted today, there would be a deficit of 93 QRTP beds.

However, it is estimated that at least 3 of the 6 programs currently in the accreditation process will meet standards by October 2019 closing the gap by 1/3 or an approximate deficit of 60 QRTP beds.

*This does not include data related to youth placed out of state.

Child Welfare funded grants to assist with cost of accreditation:

Child Welfare Treatment Services is initiating a request for grant proposals to assist child care agencies in becoming accredited to meet QRTP requirements. To qualify for a QRTP Accreditation Grant, applicants must meet the following specifications:

- ▶ 1. The program must become and/or maintain accreditation through one of the 3 required entities: The Joint Commission on Accreditation of Healthcare Organizations (JACHO), Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF).
- ▶ 2. The program must hold a current BRS Residential contract with Child Welfare Treatment Services.
- ▶ 3. Once achieved, the program must agree to maintain their accreditation status.

- ▶ Grants will range in rate depending on the program need but not exceeding \$50,000. Funds can be utilized to pay for cost of accreditation, related training materials, related transportation for training, copy/printing costs related to accreditation and additional staffing required to ensure accreditation standards are achieved.



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IN COLLABORATION WITH: ODDS & OHA

PRESENTED AT THE JANUARY 18, 2019 FAMILY FIRST LEGISLATIVE WORKGROUP
AMENDED: JANUARY 22, 2019 TO REFLECT RECOMMENDED CHANGES