

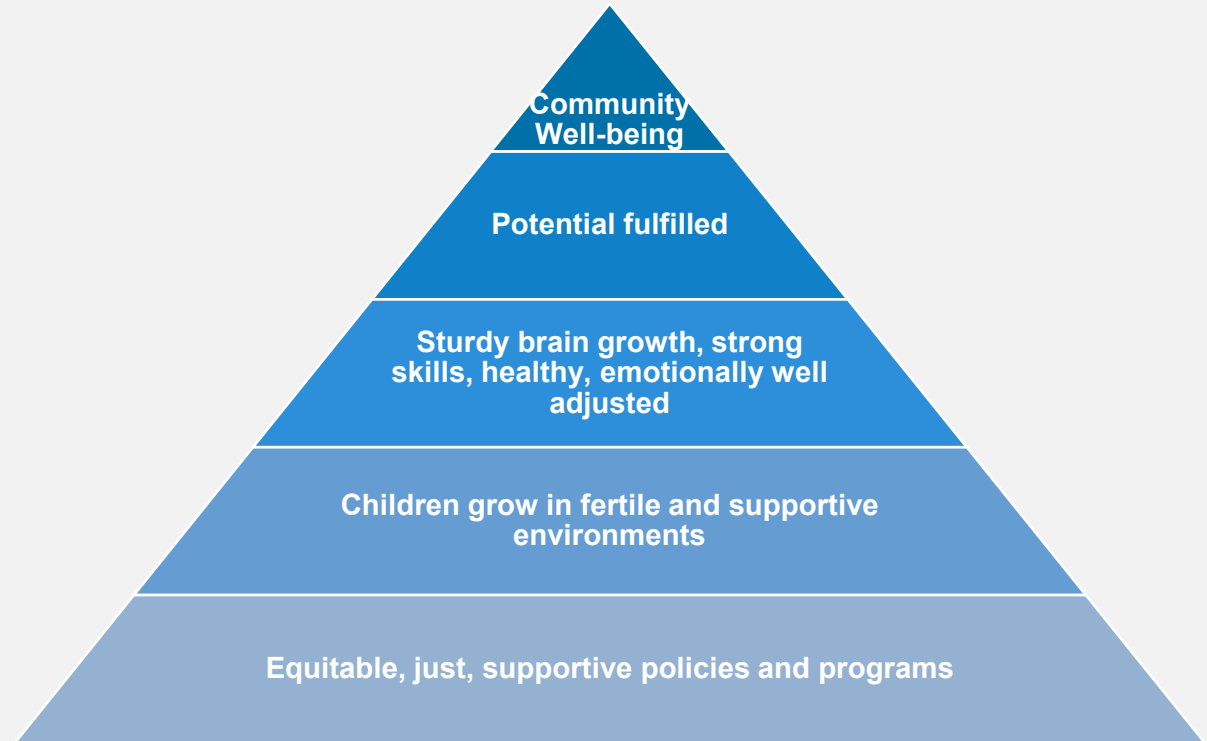


House Interim Committee On Early Childhood and Human Services
Jan. 10, 2024

Update on Temporary Lodging

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Every child has tremendous promise – And we have a **shared duty** to foster their potential.



Children do best in their family home

Child welfare systems should be a last resort



Temporary Lodging...

Is...

An emergency stop-gap until appropriate placement can be found.

A place where **two staff supervise a single young person.**

Rare. There were 4,672 total children in Child Welfare care as of Oct. 2023 and 26 of those experienced one day of temp. lodging (.005%).

Preventable. Approximately 75 percent of all children considered at-risk out of temporary lodging are kept out. Together, we can work to eliminate it.

Is not...

An appropriate placement option. It is only used when a placement can't be found.

A group home or foster home.

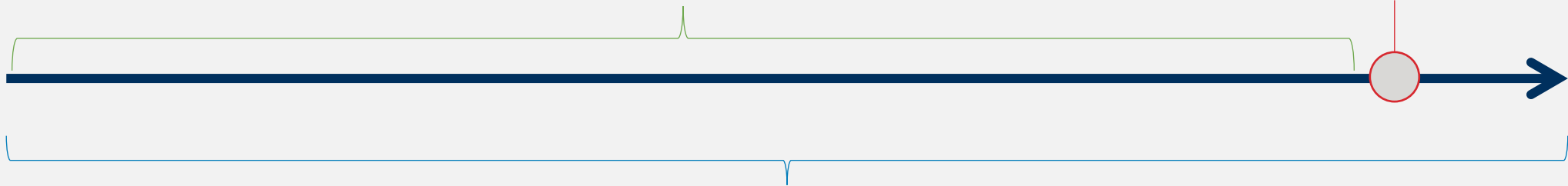
Common. It's used only in the most severe cases. However it is something many other Child Welfare Systems face.

Inevitable.

Understanding the full range of the issue

1) stressful and harmful social conditions; child and family adversity; disrupted brain development, social, emotional, academic challenges

2) Temp. Lodging

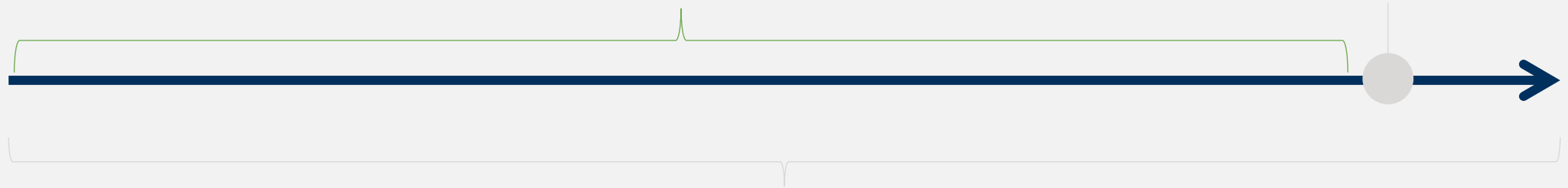


3) We need solutions across the spectrum

Temporary Lodging is the result of systemic barriers





Part 1: How young people reach temp. lodging

Temp Lodging



We need solutions across the spectrum

They face mental and behavioral health barriers

-  86% clinical elevations for behavioral/emotional needs
-  Shortage of mental health services and residential treatment beds
-  Shortage of social workers, psychologists, licensed professional counselors
-  Children referred to Behavior Rehabilitation Services (BRS) & denied by any provider in 2023: **300**

OHA Ombuds report calls for improvements to children's behavioral health

Report calls for Oregon to address disparities that prevent children and youth from accessing life-saving behavioral health services

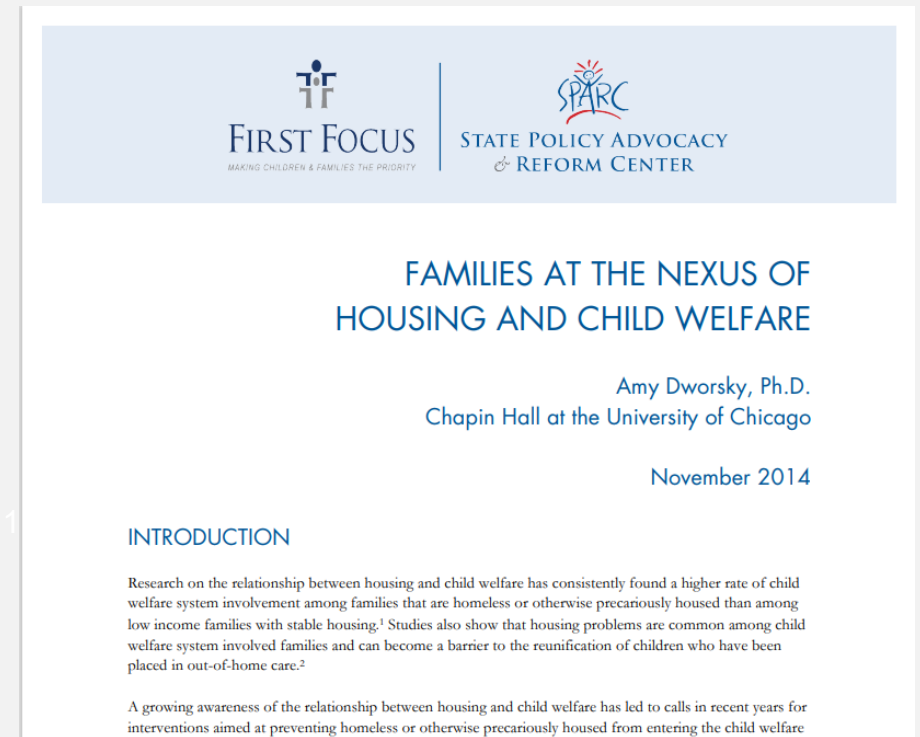
BY: BEN BOTKIN - JANUARY 3, 2024 6:51 PM



Families experiencing or facing homelessness are more likely to be involved with child welfare

- Health or safety risk to children posed by inadequate housing
- Physical abuse or neglect induced by the stress of parents experiencing homelessness
- Mental health and substance abuse problems can be exacerbated by homelessness
- Increased scrutiny of parents living in shelters

18 to 21

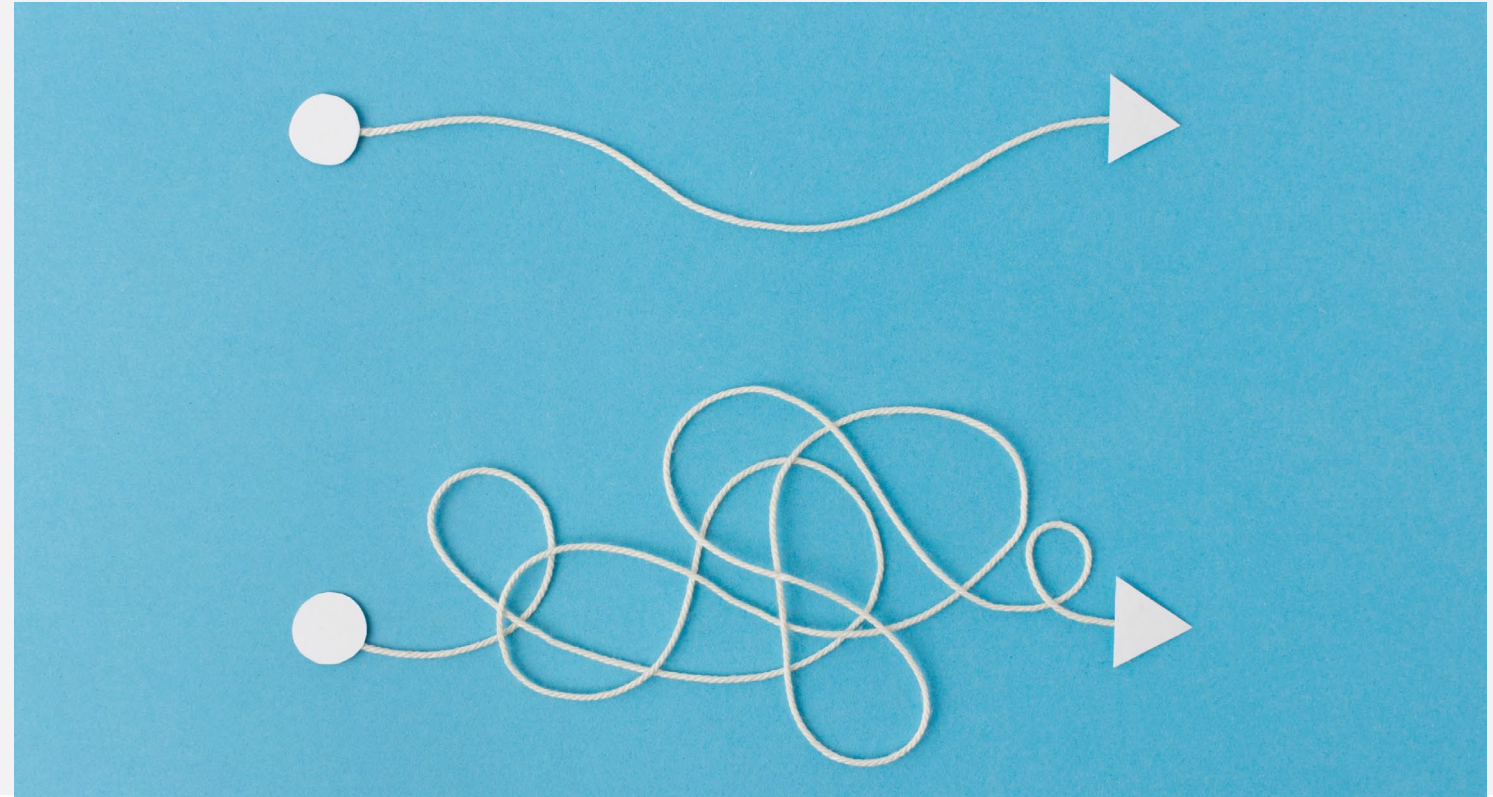


Dworsky, A. (2014). *Families at the Nexus of Housing and Child Welfare* Washington, D.C.: First Focus. Retrieved from: <https://firstfocus.org/wp-content/uploads/2014/12/Families-at-the-Nexus-of-Housing-and-Child-Welfare.pdf>

Changing placements makes care coordination across various CCOs difficult

90%

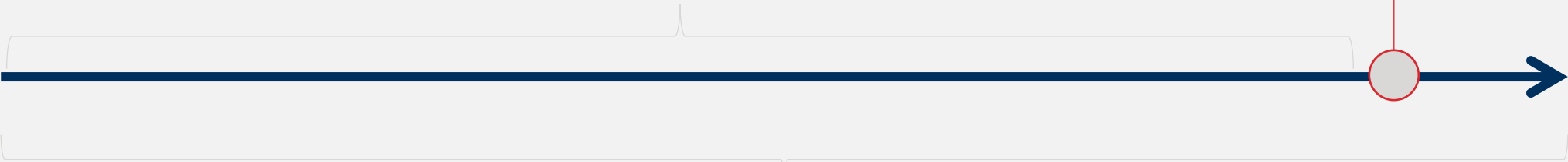
children who enter temporary lodging are already enrolled with a CCO. All Children in Child Welfare care are eligible for the Oregon Health Plan.



Understanding the full range of the issue

stressful and harmful social conditions; child and family adversity; disrupted brain development, social, emotional, academic challenges

**Part 2:
Temp Lodging**



We need solutions across the spectrum

A brief history of temp. lodging

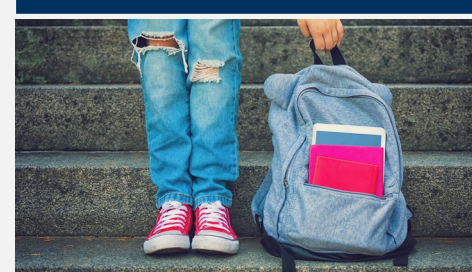
2016-18

Lawsuit and settlement regarding the use of hotels for foster youth



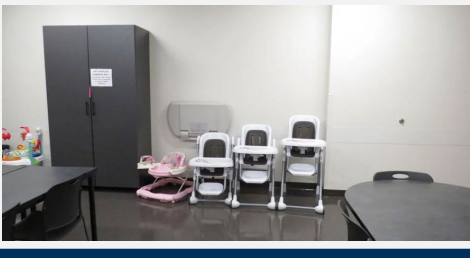
2022

299 children kept out of temp lodging, but 112 still spent a night in one.



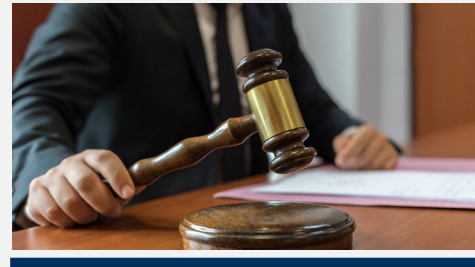
2012

Capacity constraints increase children staying in ODHS offices overnight



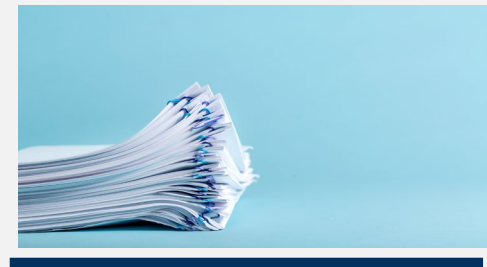
2020

Court order required ODHS to document steps to avoid the use of hotels



2023

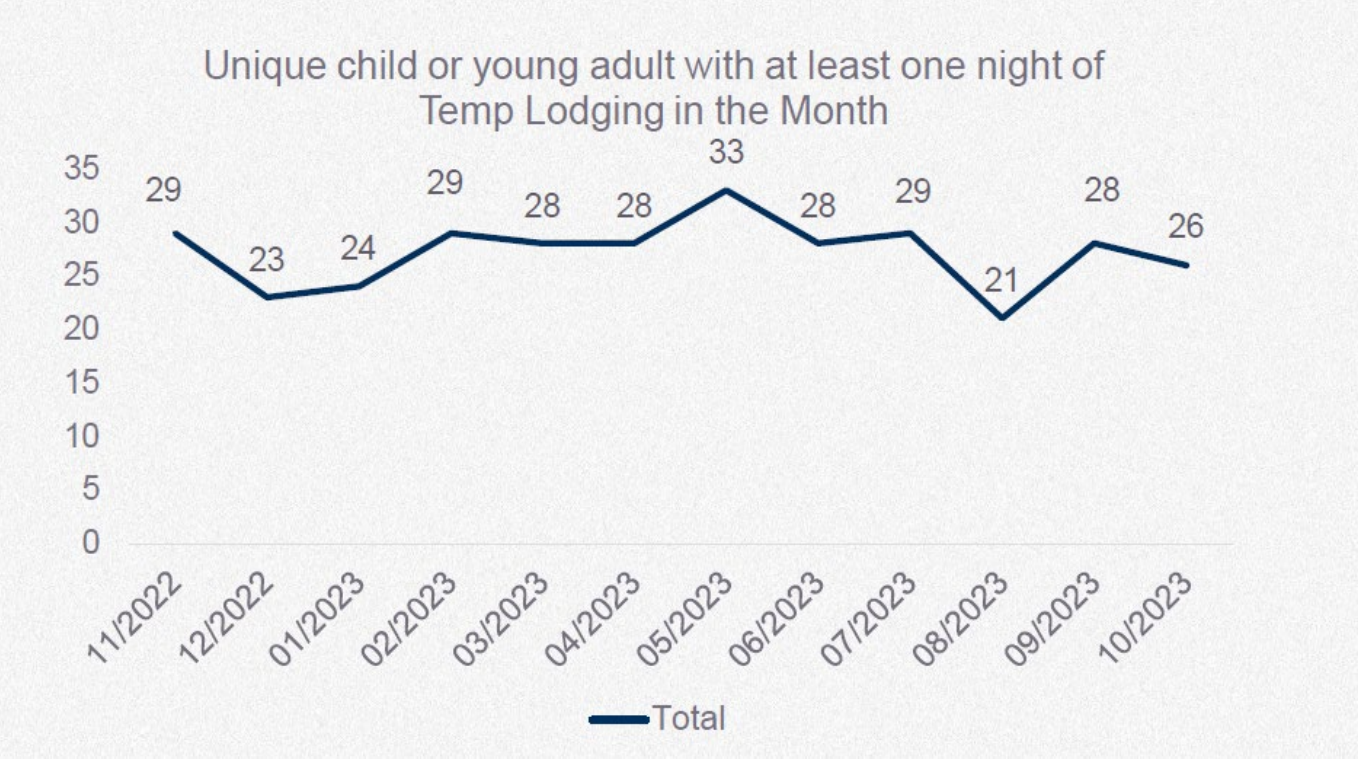
Dr. Marty Beyer appointed as Special Master to make recommendations for new court order.



Acuity levels within the child welfare population have increased along this timeline.

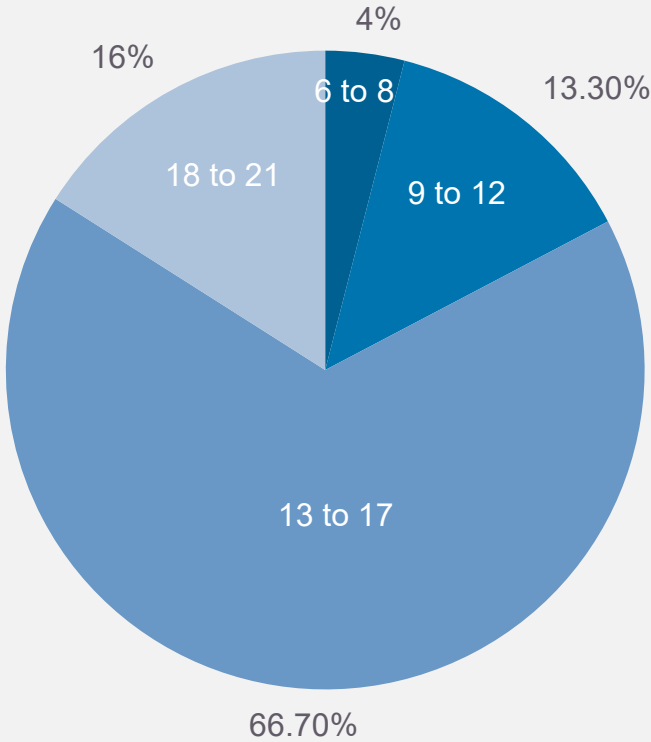
Total numbers by month

Over a recent 12-month period, an **average of 25 young people a month** experienced at least one night on temporary lodging.



Young people in temp. lodging are older than the rest of the child welfare population

More than 8/10 young people in temp. lodging are 13 or older.



Dr. Beyer Draft Study: Experiencing temp lodging

- Study looked at 15 youth ages 6-18 who were in hotels Jan-Feb 2023
- 4 left hotels directly to long-term placement.
- Children spent 1 night to 2-5 months in hotels
- Most had been denied by homes/programs due to suicidal or aggressive behaviors before hotel stay



“Wilder” is 11 and has struggled with neurological impairments from prenatal substance exposure, developmental delay, sexual abuse by his older brother and inconsistency by his caring mother. Agencies have responded to his different diagnoses independently, as if he were not a whole child with the combined needs of all his challenges.



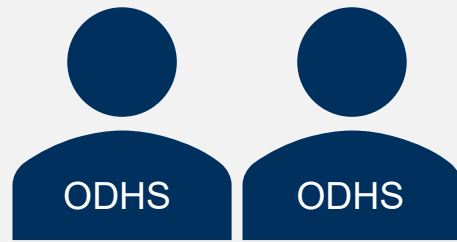
Temp. lodging is a workforce issue as well

- Staff injuries, hospital stays and threats
- Staff diagnosed with PTSD and secondary traumatic stress
- Staff faced with circumstances beyond training and skillset

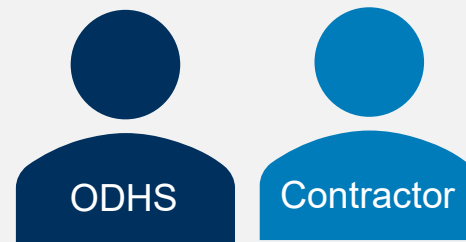


Temp. lodging is expensive: Average cost is \$2,981.54

Examples from District 2 (Multnomah County):



\$3131 night
Two 24/hour
ODHS staff.



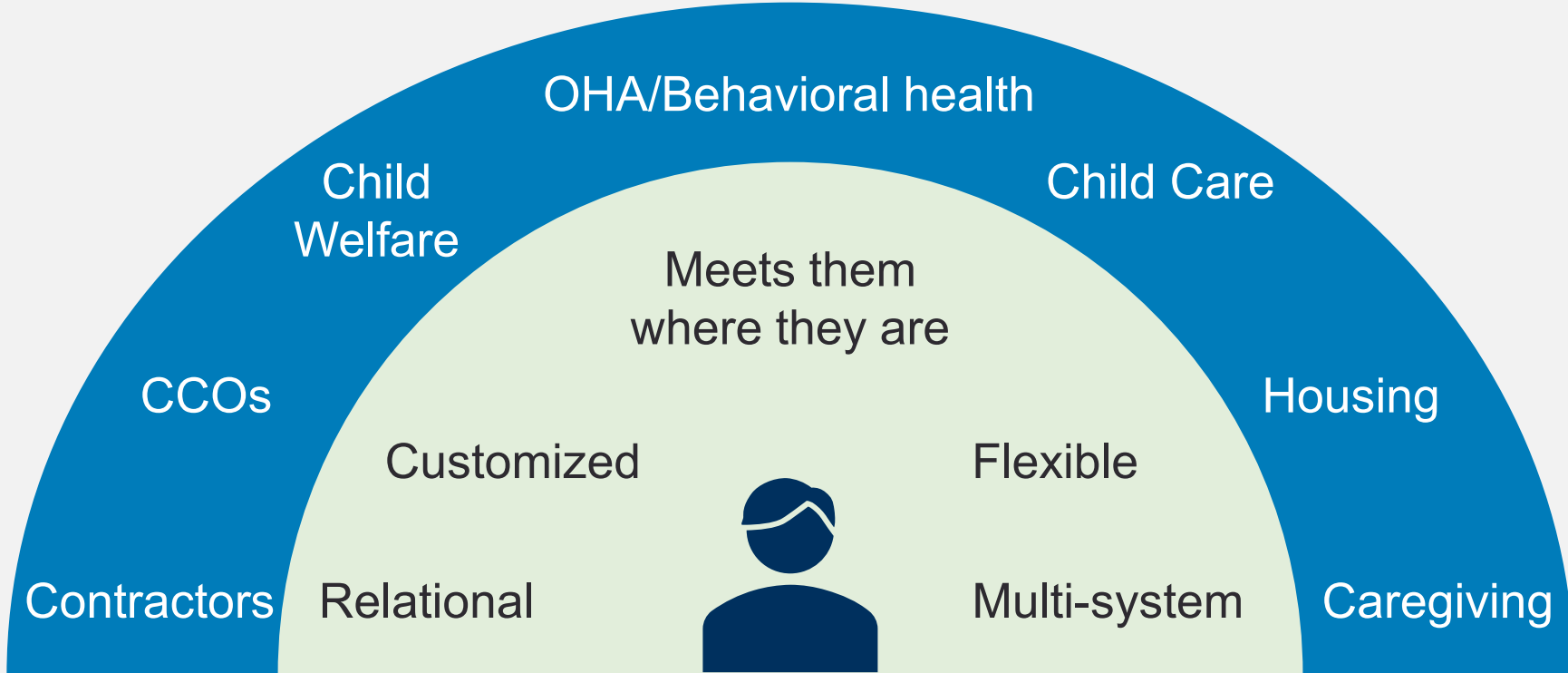
\$3,370/night
24/hour
1 ODHS staff.
1 contractor

Common expenses are:

- Carpet cleaning
- Carpet replacement
- TV replacement
- Landscaping replacement
- Furniture replacement
- Appliance replacement
- Mattress replacement

Includes overtime, meals and rooms (room costs vary by location, figures above are averages)

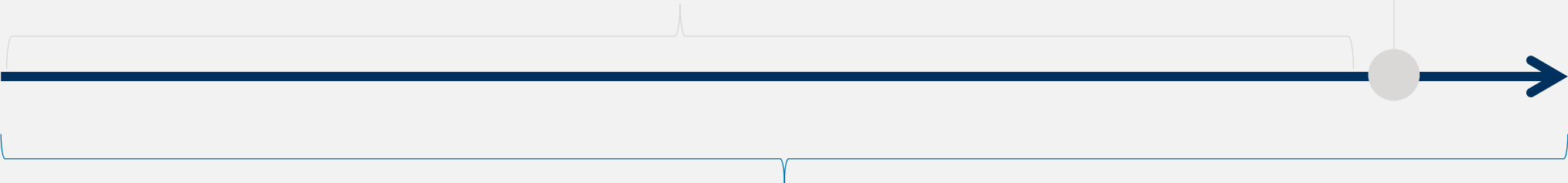
There are a range of cross-system solutions



Understanding the full range of the issue

stressful and harmful social conditions; child and family adversity; disrupted brain development, social, emotional, academic challenges

Temp Lodging



Part 3: We need solutions across the spectrum

Contractors assist with stabilization



Help children remain safely with families

Services:
overnight staff,
supervision,
skills training,
parent coaching

Assist child welfare staff

Higher cost:
Small staff-to-child ratio,
around the clock services

Specialized skills

Contractors: Oversight

Oversight Checkpoints



Oversight Actions

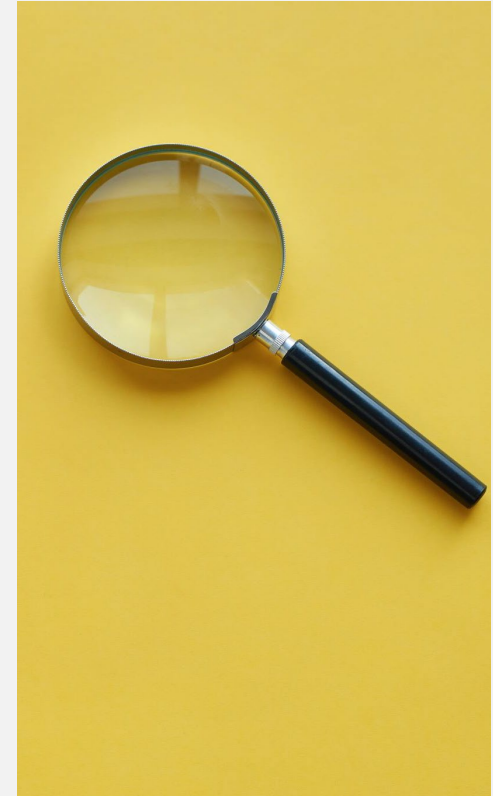
- Corrective Actions Plans
- Contract termination
- Contract assessments
- After Action Report

Contractors: Dynamic Life



After Action Report in progress

- Internal contract review Dec '23 – March '24
- Initial themes after 6 individual interviews:
 - **Contract Administration:** Contracts are locally managed with limited central office visibility
 - **Communication:** Communication across people, offices, programs and systems is bifurcated
 - **Accountability:** Responsibility falls heavily on child welfare and local offices
 - **Systemic:** There are various points to apply “fixes” for all contracts



Our history may lead us toward solutions



24/7



Prior to the Children's System Change of 2005, the children that Child Welfare cared for had access to safe and therapeutic programs such as the Children's Receiving Center and Assessment and Stabilization programs.

Therapeutic settings

Children's Receiving center: 24/7 medical and therapeutic care

Assessment and Stabilization:
Secure facility with mental health professionals

Adequate and timely access to residential treatment



Discharge incorporates child and family supports and post-treatment services



Facility is close to the child's community



Flexible statutory requirements not more requirements

Community Supports



Safe, affordable
Child care



Housing for children with
complex needs



Well-supported
caregivers

Coordinated Care and outpatient supports



Coordinated Care that includes housing for transition-age youth with complex needs



Timely access to flexible and robust outpatient supports and trauma-based services

Temporary lodging is a symptom of larger system issue that requires collaborative solutions

We need partnership across health, education, child welfare systems and with leaders, providers, families, and advocates.





Thank you
