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Special Master's Recommendations for Addressing Temporary Lodging

PREPARED FOR: House Committee on Early Childhood and Human Services
DATE: January 10, 2024
BY: Matthew Perreault, Analyst, Legislative Policy and Research Office
RE: Special Master's Report: CASA for Children, et al. v. State of Oregon, et al.

Background

- Children and youth in the child welfare system who lack stable placements began lodging in ODHS offices and later hotel rooms (“temporary lodging”) starting in 2012
- Lawsuit filed in 2016 (CASA for Children, at al. v. State of Oregon et al.)
    - At least ten other states are engaged in similar litigation
- Settlement agreement reached in 2018 to limit and phase out temporary lodging
- Court ordered ODHS in 2020 to hire a Resource Management Director to manage and authorize temporary lodging
- In 2022, 112 children and youth spent at least one night in a hotel
- In July 2023, the court appointed Dr. Marty Beyer as special master to report and make recommendations

Special Master's Process

- Observed 28 temporary lodging staffings virtually
- Participated in 2 overnights in hotels with different children and staff
- More than 110 interviews with staff at ODHS, OHA, CCOs, providers, lawyers, resource parents, CASAs, youth, and other stakeholders
- In-person all-day discussion of innovations around the state with 23 participants
- Circulated report draft for feedback among stakeholders

Special Master's Findings

- Oregon removes more children from their families and keeps them in foster care longer than many other states.
- 92 children and youth experienced temporary lodging in the first eight months of 2023 (less than 2% of the state's foster care population).
- The number of unique children in temporary lodging varies by month but is generally around 25.
- Children and youth in temporary lodging are disproportionately:
    - teenage;
    - male;
    - Black, Hispanic/Latinx, and/or Indigenous;
    - LGBTQIA+; and
    - from four populous counties (Multnomah, Lane, Marion, and Washington).

Special Master's Findings

- Children and youth enter temporary lodging from juvenile departments, hospital emergency departments, and after being rejected from programs due to behavior.
- Through the Resource Management interagency team, most children and youth who are at risk of temporary lodging are prevented from experiencing it.
- The average cost for one night of temporary lodging, including two 24-hour ODHS caseworkers, is $2,561; this increases drastically with contractors or additional staff.
- Although placements are eventually found, some children and youth experience temporary lodging repeatedly or for long periods. Others change placements until a lasting one is found.
- Many of the longest running cases involve waiting for eligibility for developmental disabilities services. Some youth are "too acute for one level and not acute enough for another."

Special Master's Analysis

- Temporary lodging is a symptom of systemic challenges that must be addressed upstream.
- Many effective services are allowable under Medicaid but are not accessible by child caring agencies.
- Administrative silos are barriers that prevent children and youth from reaching appropriate placements.
- Placement instability is the largest threat to well-being. It is a driver of repeated trauma related to rejection that leads to behavioral and emotional incidents.
- Children of color and LGBTQIA+ children are disproportionately traumatized by placement instability made worse by inadequate culturally-matched resources.
- The most important way to end temporary lodging is to guarantee placement stability early in foster care.

Special Master's Analysis

- Temporary lodging is driven by a lack of coherent interagency rightsizing for residential beds. A large percentage of contracted beds remain vacant due to placement denials.
- Most long-term placement providers are least equipped to manage behavioral needs, leading to instability.
- Children and youth in temporary lodging:
    - experience feelings of rejection and isolation as a result of failed adoptions, guardianships, and/or parental reunifications;
    - are delayed developmentally, disproportionately on the autism spectrum, and have difficulty with inhibiting responses, processing change, making choices, solving problems, and reacting to stimuli; and
    - as a result, are drawn to substances and electronic devices to "exist without feeling," and are vulnerable to trafficking, aggression, and self-harming.

Special Master's Recommendations

Rec. Number	Title	Description
1	Guarantee of placement stability	Set up an automatic alarm for child's impending 3rd placement that triggers interagency response.
2	Universal intensive in-home child-specific support for resource parents and kin caregivers beginning at placement	Ensure full compensation for resource families and provide child-specific wraparound supports. Achieve national target for permanency timeline.
3	Therapeutic homes with child-specific in-home support throughout the state	Prioritize therapeutic kin homes with staff support and child-specific resources in every county. Leverage flexibility in Medicaid reimbursement.
4	1- and 2-child staffed homes throughout the state	Remove barriers to allow small 24-hour staffed homes to be operated for children who cannot be in group care.

Special Master's Recommendations

Rec. Number	Title	Description
5	Trauma treatment to fit every child/youth	Invest in the mental health professional pipeline, offer competitive reimbursements, and remove systemic barriers for billing Medicaid
6	Meeting child/youth needs due to delayed development	Remove silos between mental health and DD systems. Leverage EPSDT through Medicaid to connect children with services. Enlarge in-school services and reimburse therapists.
7	A developmentally-sound and trauma-responsive approach to substance use	Remove barriers to allow integration of trauma recovery and substance use treatment. Provide training to therapists and staff.
8	Supported transition to lasting homes	Ensure continuity of services when children change placements, allowing for overlap.

Special Master's Recommendations

Rec. Number	Title	Description
9	Supported independent living	Remove barriers in housing, vocational education, and contracting for independent living. Require teaching of independent living skills in staffed homes and group care.
10	Right-sizing residential capacity	Conduct an interagency assessment of residential bed capacity. Work toward a statewide bed tracking and matching system.
10 sub-1	A new contract model for providers, adequately funded	Do away with fee-for-service contracting and transition toward capacity-based contracts for providers.
10 sub-2	Addressing the fear of unwarranted allegations	Reduce staff fear of unwarranted abuse allegations by shifting away from restraint and toward proven behavior response techniques.

Special Master's Recommendations

Rec. Number	Title	Description
11	New approaches to managing flexible individual support	Pursue innovative approaches to deploying individual support staff. Professionalize the role and develop postsecondary education programs.
12	Conduct monthly branch level interagency meetings for children with multiple placements	Identify at least one child per month who is at risk of losing a placement without another lined up. Start prevention efforts early.
13	Create transition homes for children who cannot be prevented from emergency placement	Create an appropriate alternative to temporary lodging with adequate staffing in three largest counties. Collaborate with existing providers to build capacity and recruit staff.
14	A developmentally-sound and trauma-responsive approach to teen choices	Train staff in respecting teens' preferences for placement while not enabling self-destructive choices by discussing pros and cons with them.

Special Master's Recommendations

Rec. Number	Title	Description
15	Interagency services to stop juvenile department and hospital emergency department referrals to temporary lodging	Leverage Medicaid to promote the use of DBT among therapists for self-harming teenagers before they reach hospitals. Provide earlier intervention for families in crisis and intensive supports for youth known to juvenile departments and hospitals. Expand the role of State System of Care to lead interagency services for at-risk youth and their families.