



*Report of the Special Master
CASA for Children, et al. v. State of Oregon et al.
United States District Court for the District of Oregon*

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Draft Submitted to Judge Michael McShane
November 30, 2023**

**Senate Human Services Committee
January 11, 2024**

Temporary Lodging in Oregon

In 2021, of the 337 children/youth who had TL Prevention staffings 253 (75%) were prevented from going into temporary lodging 84 spent at least one night in a hotel.

In 2022, of the 411 children/youth who had TL Prevention staffings 299 (73%) were prevented from going into temporary lodging 112 spent at least one night in a hotel.

In 2023 about 25 different children/youth spent 1 night or more in TL each month, with about 10 being first time TL stayers

A total of 92 different children and youth in foster care stayed in hotels at least one night between January 1, 2023 and August 31, 2023 (less than 2% of the foster care population)

- **They ranged in age from 6-19 years old, with 22 pre-teens (24%), 32 age 13-15 (35%), and 38 age 16-19 (41%)**
- **60% (55) identified as males and 40% (37) as females.**
- **63% (58) were white (non-Hispanic)**
- **15% (14) were Hispanic**
- **14% (13) were Black**
- **8% (7) were Native**



Children/Youth in Oregon Foster Care who are Prevented from Staying in Hotels

Most of the TL budget is not for hotel stays—it is used to keep children/youth with caregivers for whom the TL team has invented creative solutions. These are costly services to stabilize their placement and help them manage their feelings.

In the last biennium, TL prevention paid:

- over \$2 million for Individual Support contractors attending to a child/youth for part of each day or around-the-clock in more than 50 homes**
- over \$5 million for a range of assistance for nearly 350 children/youth in resource homes and kin caregiver homes**

Children/Youth Entering Temporary Lodging

Efforts to locate a placement do not always succeed because programs, resource homes and kin (after being offered additional services and/or a higher rate) reject the child/youth due to:

- physical aggression**
- self-harming**
- noncompliance, including running away**
- verbal aggression**
- sexualized behavior**

Sometimes the child/youth refuses the placement offered

When every possible option has been considered, a hotel stay for the child/youth is approved as a temporary arrangement while the team continues their search for a placement.

The average cost of a hotel stay is \$2,561/night which includes two 24-hour DHS staff on overtime, meals, and room (rooms average \$266/night; variable depending on location and staff salary based on position) When there are one ODHS caseworker overtime (\$1,570 for 24 hours) and one contract staff (about \$1,800 for 24 hours), TL can cost \$3,370/night.

Children/youth in TL always have at least two adults supervising, and from 6pm - 8am at least one of those must be a DHS employee.



How Oregon Can End the Placement Crisis for Children/Youth in Foster Care

Temporary Lodging is not the problem

*Every child in foster care
has delayed development and the emotional effects of traumatic loss*

**Thousands of children are blocked from receiving the therapeutic and educational services to meet their needs for years while in foster care.
The result: deteriorating behavior and placement instability.**

Multi-agency care is necessary to meet the needs of children in foster care from trauma and delayed development:

- **it cannot be done by any agency alone**
- **it cannot be done with the current configuration of services**
- **it cannot be done without substantially increased Medicaid funding and special education and other developmental services**
- **it cannot be done without a range of homes with the right array of services surrounding them to ensure placement stability.**

A group of diverse children, including boys and girls of various ethnicities, are smiling and laughing. The image is slightly faded to serve as a background for the text.

Placement instability is the biggest threat to the well-being of children in foster care

The most important way to end reliance on Temporary Lodging is to aggressively ensure that children have placement stability early in their time in foster care.

Placement stability is not only DHS-Child Welfare's job. Every recommendation in my report applies to multiple child-serving agencies.

Many of the recommendations are directed at communities ensuring placement stability in foster care through interagency innovations that will rely on state agencies removing the silo barriers to effective local interagency care for the child/youth.



Recommendation A: *Automatic alarm* when a child is about to enter a 3rd placement with intensive interagency services to ensure stability of their next placement.

Recommendation B: Universal intensive in-home child-specific support for resource families and kin caregivers designed to meet the child's needs and fit the caregiver

- **Increased rates for resource parents and kin caregivers to reflect the actual cost of raising children**
- **In-home child specific training**
- **In-home parenting support**
- **Respite 1 weekend/month by a trained respite caregiver**
- **Interagency support for the child to be successful in school (IEP services to address emotional regulation due to trauma and delayed development in addition to learning disabilities)**
- **A therapist for the child/youth who consults with their caregiver on how to meet their trauma and delayed development needs**
- **Recruitment of resource families for BIPOC and LGBTQIA+ children**

Recommendation C: Therapeutic homes with child-specific in-home support, including therapeutic kin homes, in every county

Therapeutic homes, which can be Treatment Foster Care or other approaches, differ from CW resource homes and kin caregivers and are more costly because they have:

- Staff providing in-home services for child/youth and support for caregiver**
- A child therapist for the child who guides the caregiver**
- Staff ensuring the child/youth's school success**
- DD services integrated in the home and school**
- A trained respite caregiver on the team**

Recommendation D: 1- and 2-child staffed homes throughout the state

Small staffed homes in apartments or houses where the child lives with staff working on shifts are more costly than TFC and some residential programs because they have staff trained to meet the trauma-related and delayed development needs of children

Recommendation E: Supported independent living

Oregon has insufficient independent living houses and apartments with adequate supports for traumatized youth who have delayed development who are not transitioning into independence from the home of a resource parent or kin caregiver.

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Recommendation F: Trauma treatment to fit every child/youth

The lack of trauma treatment for children in foster care in Oregon is unconscionable.

Children in foster care wait for months to be seen by a therapist, and often the therapist is a trainee unable to see them for more than a few months.

Systemic changes are urgently required to ensure that children heal from trauma and receive effective, long-term trauma treatment from an experienced therapist.

Recommendation G: Meeting child/youth needs due to delayed development

All children/youth in foster care will have a combination of trauma and delayed development that will affect their behavior

Not all will be eligible for DD services, but they require caregivers and teachers who understand those influences on their behavior which necessitates removing DOE and DD barriers to collaborative developmental services.

Recommendation H: Right-sizing residential capacity

BRS contracts with private agencies to provide residential care that includes:

Treatment foster homes (84 beds)

Proctor homes, (55 beds)

Residential programs (82 beds)

About 40 children/youth in foster care were served in OHA psychiatric residential treatment settings, including Psychiatric Residential Treatment (PRTF), Acute Inpatient and Substance Use Disorder Residential in FY22.

As of November 1, 2023 CW had 336 contracted BRS residential beds, but there were only 216 child/youth in those beds. Regulatory requirements result in staff feeling vulnerable, so programs limit entry to youth with more manageable behaviors, thus excluding many who are traumatized.

Right-sizing residential beds requires a new contract model for providers (not fee-for-service contracting) and higher rates.

Right-sizing residential beds requires removal of silo barriers so providers can design responses to youth's trauma-driven aggression by well-trained staff without risking harm or unmerited allegations of abuse.

Recommendation I: Transition Homes for children/youth who cannot be prevented from emergency placement

Instead of hotels, districts could create staffed single child/youth homes that would not require CW staff to work overtime. These homes must not reduce vigilant interagency efforts to prevent temporary lodging. Transition Homes would be an acknowledgement that until upstream placement stability is achieved with trauma treatment, services for delayed development, and caregiver support, there will continue to be unplaceable children/youth.

Recommendation J: Stopping Children and Youth Being Pushed into TL from Outside ODHS

Youth enter TL from Juvenile Departments as a result of arrest after a family altercation or a youth with I/DD who cannot assist in their defense after repeated arrests. Children/youth not previously known to CW enter TL after being brought to hospital emergency departments because of their self-harming. Their parent wants to protect the child, has exhausted resources and is frightened to take the child home where they may continue to be self-harming and/or out-of-control. These youth require immediate family and individual mental health services, increased school and afterschool services, possibly DD services, and/or a placement without mislabeling their parents neglectful or abusive and pushing them into the TL pipeline.