

Individual Residential Care Services Summary

Individual Residential Care (IRC) services fall in line with Dr. Beyer's draft Special Master Report related to recommendation #4: *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, differ from and are more costly than TFC, CW resource homes and kin caregivers and some residential programs because they have: staff trained to meet the trauma-related and delayed development needs of children, including supporting the child/youth to calm themselves, to anticipate what could cause their dysregulation, and teaching them how to compensate for their executive function and processing deficits*

- *A therapist for child guiding the staff team*
- *Staff support for the child/youth's school success*
- *Integrated DD services*
- *Support for Family Time with the child's parent for reunification or kin for permanency*
- *Support response to BIPOC and LGBTQIA+ children/youth*
- *For some, supports to transition to independent living programs*

RFA #S-10000-00008917 was established on 2/7/2024 to support a small number of children and young adults with extraordinary needs requiring specialized one on one care while waiting to access recommended settings, especially if they do not thrive in congregate care settings but are recommended for a residential intervention. This solicitation is open for 12 months in an effort to develop up to seven IRC programs which meet the following minimum requirements:

1. Licensed as a Child Caring Agency (CCA)
2. Serve one child at a time
3. Location is a homelike setting
4. Has expertise or is co-located with behavioral health treatment supports
5. Includes an enhanced staffing ratio (up to 3:1)
6. Staff meet or exceed Qualified Mental Health Associate or Qualified Mental Health Professional standards (OAR 309-022 & 309-019) and have experience serving children with complex needs

IRC programs must specialize in at least one of the following:

1. Supporting children with psychiatric needs or instability
2. Supporting children with Intellectual and Developmental disabilities (ID/DD)
3. Supporting children with aggressive externalizing behaviors

Applications have not yet been received but IRC programs will be developed with successful applicants which could include settings licensed as Foster or Residential CCA's. Two examples of potential programs expected could be: a co-occurring subacute and ID/DD setting in which an individual child requiring both service types but does not excel in congregate care is supported for a treatment stay. Or a treatment foster care setting is supported by the staff and enhanced services of the CCA to serve a child with trauma-based aggressive behaviors. Each child's length of stay in an IRC program will be dependent on access to the recommended level of care. While there are no stringent discharge timeframes, case planning will be individualized and supported through weekly discharge and transition planning.