

Senate Interim Committee On Human Services 11.17.25 Follow-up

Chair Gelser Blouin, Vice Chair Linthicum, and members of the committee — thank you for your time and thoughtful engagement during Monday's hearing. We continue to navigate the requirements of the federal court order to prevent temporary lodging whenever possible, while simultaneously working to build safe and appropriate capacity for children and young adults. To that end, we are committed to implementing the recommendations from Dr. Marty Beyer, the court-appointed Special Master who analyzed temporary lodging in Oregon and made recommendations about how to reduce it. So, we appreciate the opportunity to highlight the innovative and essential work that Child Welfare is undertaking to meet the complex needs of children and young adults from a trauma-informed approach.

Mobile CCA Overview

- This is a proposed model designed to replace ODHS staff currently supervising youth in hotels with trained, licensed child-caring agency (CCA) staff.
- As the model has not yet been implemented, no children have been served and there are no providers at this time.
- Mobile CCA services are intended to maintain the safety of children and young adults with complex needs that have disrupted from their current placement or cannot be supported at the time of placement need in any other placement setting that is safe and meets their needs.
- This service will provide a 24/7, 2 adults to 1 child awake staffing model ratio.
- One child will be supported at a time with the potential for each CCA to serve approximately five to 10 children across the state.

Terminated contract

- ODHS initiated a contract with Specialized Supports Northwest (SSNW) which is now under 30-day termination due to a recent decision to use a solicitation process. No children were served.
- The provider with whom the contract was initiated filled out an informal Evidence of Readiness application and was approved by ODHS committee review.
- The provider with whom the contract was initiated received start-up funds of \$127,693.00 to support onboarding and administrative expenses.
- Once the solicitation is posted on OregonBuys, ODHS will distribute the link for reference to ensure partners are aware of the expectations that will be reflected in upcoming contracts.

Individual Residential Care overview

- In alignment with Dr. Beyer's fourth recommendation to create "1-and-2 child staffed homes throughout the state", this is a new model that will support one child or young adult at a time within licensed settings by trained staff.
- The purpose of Individual Residential Care (IRC) is to provide skilled and individualized services to children and young adults with extraordinary needs in a home-like setting. This model serves one child at a time when recommended care is not accessible and whose needs, behaviors, or safety considerations prevent them from being supported in other available settings.
- IRC is intended to be a temporary model to help alleviate current gaps and challenges in the children's continuum of care, which is an ongoing, inter-agency effort.
- IRC will provide a 24/7, 3 adults to 1 child awake staffing model.
- One child or young adult will be supported at a time in a home-like setting with the goal of having up to seven settings across the state.
- Individual Residential Care is not explicitly modeled after another state. However, Oregon has been in consultation and collaboration with other states and system partners regarding approaches to support a similar population of children and young adults with extraordinary needs.

IRC Start-up funds

ODHS invests in start-up funding to establish, extend, and strengthen welfare services for the protection and care of children and young adults in foster care and in alignment with the Department's mandate and authority in ORS 418.005. Start-up funding is critical in helping providers to establish appropriate facilities, supplies, staffing, training, and safety infrastructure before serving children and young adults.

Provider 1: Vineyard Family, Inc: Start-up investment includes a one-time payment for residence build of \$81,500, and \$56,665 for personnel hiring and training, supplies and IT. Funding expended to date is \$175,581, total potential start-up is based on reimbursement for allowable expenses is \$535,313.

Provider 2: Youth Unlimited, Inc: Start up investment includes a one-time payment for residence purchase of \$660,000, \$32,000 for vehicle lease, and \$32,000 for personnel hiring and training, supplies and IT. Funding expended to date is \$787,991.17, total potential start-up is based on reimbursement for allowable expenses is \$843,200.

Contractual Expectations of Start-up Funds

As a condition of receiving startup funding, contractors shall serve children or young adults solely within Child Welfare custody and care for a minimum of ten years. If a contractor does not provide placement services solely within Child Welfare custody and care referred by Child Welfare for a minimum of ten years, the contractor must repay the residence development start-up funds as liquidated damages following a repayment schedule that is based on the length of time the contractor has provided the services required under the contract.

Investing in start-up costs is expected to save money that would otherwise be spent on Temporary Lodging. These settings offer a higher quality of care compared to what is currently provided in temporary lodging. The costs for two providers noted below, totaling \$1,378,513 are equivalent to approximately five months of temporary lodging for two children or young adults.

Bridge Service Model Comparison

Mobile Child Caring Agency (CCA)	Individual Residential Care (IRC)
Purpose	
To provide enhanced supervision and supports to children and young adults in Temporary Lodging.	To provide skilled and individualized services to children and young adults with extraordinary needs in a home-like setting serving one child at a time whose recommended care is not accessible and who has needs, behaviors, or safety considerations preventing them from being supported in other settings.
Services are intended to maintain the safety of children and young adults with complex needs that have disrupted from their current placement or cannot be supported at the time of placement need in any other placement setting that is safe and meets their needs.	Serves need for specialized one on one care within the children's continuum.
Serves need for licensed supervision in hotels. Begins to replace ODHS staff, who currently supervise children and young adults 24/7 in hotels, with staff that are specially trained to serve children and young adults in Temporary Lodging.	Aligns with Dr. Beyer's recommendation

Service Approach

Mobile CCA and Individual Residential Care are non-clinical levels of care, meaning they do not provide therapy or medical treatment on-site. Instead, they offer a structured, trauma-informed environment with individualized support, enhanced supervision, and culturally responsive care. These settings offer a higher quality of care compared to what is currently provided in temporary lodging.

Staff work closely with mental health providers, developmental disability specialists, schools, and medical professionals to coordinate the child or young adult's full array of clinical and supportive services. This includes arranging therapy, medication management, crisis services, and other interventions that must be delivered by licensed clinicians.

For many children or young adults with complex needs, especially those experiencing instability or repeated placement disruptions, a stable and therapeutic non-clinical

setting is essential. These programs provide what children and young adults often need most: a safe, structured environment where stabilization can take place.

2 staff: 1 child/young adult

24/7 supervision

Licensed providers

3 staff: 1 child young adult

24/7 supervision

Licensed providers

Mobile Child Caring Agency (CCA)

Individual Residential Care (IRC)

Staff Qualifications

Supervisor

- Have a Bachelor of Science or Master of Arts degree in social services or related field; or
- Have a Bachelor of Science or Master of Arts degree in a non-related field and have four years' experience working with families with high needs; or
- Have at least seven years' experience working with children or families, or both, with high needs.

Supervisor

- Have a bachelor's degree from an accredited college or University and two years' experience serving children with complex needs either in Child Welfare, I/DD services or mental health settings.
- A combination of formal education and experience serving children may be substituted for a bachelor's degree.
- At a minimum, must meet or exceed the staff qualifications and competencies required by OHA related to Qualified Mental Health Associate (QMHA) OAR 309-019-0105(130)

Direct care staff

- Have an Associate of Arts degree in social services or related field; or
- Have at least two years' experience working with children or families, or both, with high needs.
- Must be at least two years older than the Child or young adult receiving services;

Direct care staff

- Must have a minimum of two years' experience supporting children with complex needs.
- At a minimum, must meet or exceed the staff qualifications and competencies required by OHA related to Qualified Mental Health Associate (QMHA) OAR 309-019-0105(130)

QMHP Requirement

- At least one staff member must meet the qualifications of a Qualified Mental Health Professional (QMHP) OAR 309-019-0105(131) to provide supervision to staff, as appropriate

Staff Qualification Comparison Across Levels of Care

Qualifications for staff providing services to children align with staff requirements within both clinical and non-clinical levels of care across the children's continuum of care in Oregon. See below for examples.

Example Level of Care	Administrative Rule	OAR Reference
Behavior Rehabilitation Services (BRS) Residential	Behavior Rehabilitation Services (BRS) General Rule	410-170-0030(4)
Office of Developmental Disabilities (ODDS) Residential Care	Residential Programs and Settings for Children and Adults with Intellectual or Developmental Disabilities Rule	411-325-0025(6); 411-323-0050
Psychiatric Residential Treatment Services (PRTS)	Children & Adolescents Intensive Treatment Services Rule	309-022-0125

Staff Training Requirements and Policies

- Contractor must provide training that includes, but is not limited to, the following topics:
 - Contractor's program policies and procedures, including, but not limited to: client and family rights and grievance process, searches, confidentiality, and consent for medical treatment.
 - Mandatory child abuse reporting laws and requirements
 - Behavior management system that aligns with the requirements of OAR 419-400-0150 through 419-400-0180 including de-escalation skills training, crisis prevention and intervention, positive behavior management, and disciplinary techniques that are non-punitive in nature
 - Medication management
 - Suicide prevention and intervention
 - Trauma-informed and relational-focused care
 - Gender and culturally specific services
 - Serving children and young adults who have intellectual or developmental disabilities, or both
 - Serving Clients with psychiatric instability
 - Staff providing services must complete ODHS' Information and Security training
- Staff providing services must be certified, and maintain certification, in cardiopulmonary resuscitation (CPR) and first aid
- Staff providing services shall maintain certification in a crisis-intervention system approved by ODHS for defusing escalating behavior and safely managing aggressive behavior that aligns with and meets the certification requirements described in OAR 419-400-0160.
- Additional trainings may be requested by ODHS

Model details and requirements may evolve as models are in development
