Joint Report on Senate Bill 4: Funding for Services for Children and Youth with Specialized Needs







CONTENTS

Executive Summary	
Background and Overview	
Oregon Health Authority	
Oregon Department of Human Services	
Summary Expenditure Table	9

EXECUTIVE SUMMARY

The Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) are submitting this report as required by Senate Bill 4 (SB4) enacted in the 2021 Legislative Session. This report provides updates pertaining to funding appropriated to or otherwise made available to the Authority, the Department, and the System of Care Advisory Council for the prior biennium, 2019-2021, for the purpose of providing, or providing access to, the services and supports described in SB 4 subsection (2)(b).

(2)(b). Implementation of in-home behavioral health services, crisis and transition services, therapeutic foster care, in-home family support services and the integration of those services with existing programs of residential services for individuals with behavioral health needs and intellectual developmental disabilities.

Summary Expenditure Table

Investment	Funding 2019-2021	Expenditure		
ОНА				
Intensive In-Home BH (IIBHT)	\$6.6M (GF)	\$6.6M		
Crisis and Transition Services (CATS)	\$6.5M (GF)	\$6.5M		
ODHS				
BH Treatment Foster Care	\$1.5M (GF)	\$1.5M		
In- Home	\$0	\$0		
I/DD Host Homes	\$38K (GF)	\$9K		

BACKGROUND AND OVERVIEW

The Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) are submitting this report as required by Senate Bill 4 (SB4) enacted in the 2021 Legislative Session. This report provides updates pertaining to funding appropriated to or otherwise made available to the Authority, the Department, and the System of Care Advisory Council for the prior biennium, 2019-2021, for the purpose of providing, or providing access to, the services and supports described in SB 4 subsection (2)(b).

(2)(b). Implementation of in-home behavioral health services, crisis and transition services, therapeutic foster care, in-home family support services and the integration of those services with existing programs of residential services for individuals with behavioral health needs and intellectual developmental disabilities.

The vision for System of Care in Oregon is a future where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities. The overarching goal is that Oregon's children's system of care, in partnership with youth and families, develop and implement a coordinated, collaborative, and comprehensive system of services and supports that are family driven, youth guided, community based and culturally and linguistically responsive. Both OHA and ODHS are committed to stabilizing and investing in the system and working in partnership with the System of Care Advisory Council and the community to address issues experienced across Oregon's child and youth continuum of care.

The investments detailed in this report add capacity and new services and supports for children and youth, many of whom have co-occurring and complex needs and interface with multiple systems. With a shared commitment to system improvement, Oregon has an opportunity to make significant gains both within service delivery and cross system coordination as these investments are implemented.

OREGON HEALTH AUTHORITY

Intensive In-home Behavioral Health Treatment

Program Description

OHA added Intensive In-Home Behavioral Health Treatment (IIBHT) as a level of care for children through age 20 to address several gaps in the children's mental health service array. IIBHT care:

• Can provide 4-6 hours of intensive, in-home services per week to children who need more support and services than what is provided in traditional outpatient services,

- Offers an array of services to children and families including psychiatric services, mental health therapy, care coordination, skills training and peer support services while preserving their existing placement in the community.
- Reduces out-of-home placements for children including residential treatment and inpatient hospitalizations.
- Is available to children living in a variety of settings in the community. Children can access IIBHT while living in foster care, group homes, shelter care and behavior rehabilitation services.
- Includes services for children with intellectual and developmental disabilities.

IIBHT services are tailored to meet the individual needs of the child and family and includes access to a multidisciplinary team of professionals and 24/7 proactive and crisis response to the home. IIBHT providers will:

- Meet with the child and family within 3 days of being referred to the program to assess the needs and collaboratively develop a treatment plan, and
- Meet monthly with the child and family to review progress, update treatment goals and safety plans.

Enrollment in IIBHT is not time-limited and is based on the individual needs of the child and their family.

Progress so far:

- In the Progress Report #2 submitted to OHA on April 15, 2021, all 16 Coordinated Care organizations indicated that IIBHT services would be available to CCO members no later than July 2021.
- OHA has issued a Certificate of Approval to 26 agencies/sites to provide IIBHT services across the state and one additional provider is currently pending approval.
- As of November 19, 2021, 43 total youth have been enrolled into IIBHT services since inception. There are currently 8 IIBHT certified providers that have begun to enroll youth from across 6 CCOs.

Funding

Launched in 2020 with \$6.6M (2019 investment).

Expenditures

Funding appropriated to CCOs for IIBHT are incorporated into capitation rates and are part of CCOs' "global budget." As a result, OHA expenditures for CCO IIBHT benefits generally match budgeted amounts. However, IIBHT funds are not earmarked and CCOs' expenditures on IIBHT may be higher or lower than

anticipated. OHA does not presently have reliable IIBHT expenditures for CCOs, because their coding practices vary; however, OHA is working with CCOs to improve uniformity in coding, which will allow for more accurate tracking of CCO expenditures in future years.

Budget impact January 2021- June 2021:

- Total funds \$5,910,898
 - Federal funds \$4,133,680
 - State funds \$1,777,219

Crisis and Transition Services

Program Description

Crisis and Transition Services (CATS) are a part of the intensive services array and is a community-based alternative for children and youth in crisis.

- In 2014 Oregon launched a community-based alternative for children and families known as Crisis and Acute Transition Services (CATS) in 4 counties.
- Since 2018, CATS has served 1,953 youth and expanded to 12 sites in 11 counties across the state. 76% of these youth were able to discharge from the emergency room within 24 hours.

CATS providers:

- Work in close partnership with local emergency rooms and crisis centers to
 offer an array of clinical and family support services to children and their
 families to reduce the amount of time spent in the emergency room.
- Work with the youth and family to assess the clinical and safety needs to develop a plan to safely transition the child back home from the emergency room.
- Offer services in the home or community that include 24-hour crisis response, interim clinical services and family support and care coordination for up to 45 days or until the family is connected to the appropriate community resources to meet their needs.

CATS services cover all Oregonians. On average, over 40% of young people utilizing CATS are privately insured and over 5% are uninsured. Medicaid is billed where possible for all OHP members, and this expenditure is not trackable for reporting purposes.

Funding

\$6.5M per biennium within Current Service Level.

Expenditures

- CFAA CATS SE 08 \$4,499,007
- Direct contracts \$1,025,215
- One-time funding \$975,778

OREGON DEPARTMENT OF HUMAN SERVICES

Behavioral Health Treatment Foster Care – Child Welfare

Program Description

Behavioral Health Treatment Foster Care (BH-TFC) provides a foster care setting for children and youth with intensive behavioral health needs. This foster care approach combines the child welfare proctor care model with Intensive Inhome Behavioral Health Treatment with the goal of caring for youth in a homebased setting and their community.

Child Welfare has contracted with Greater Oregon Behavioral Health Inc. (GOBHI) to implement a BH-TFC demonstration pilot through the Foster Plus Collaborative. GOBHI has developed sub-contracts with seven providers with for an anticipated capacity to serve up to 60 youth between ages 12-18 by the end of the initial demonstration phase.

Funding

\$3.5M per biennium within Current Service Level; \$2M was swept in COVID 19 related budget adjustments.

Expenditures

\$1.5M Invoiced; no unspent funds.

In-Home Services – Child Welfare

Program Description

In-Home Services are services provided to families who may be at risk of further involvement with Child Welfare with the purpose of preventing the need for removal of a child from a home and placement in foster care. The funding is intended to develop service capacity for family preservation, including investment in services outlined in Oregon's Family First Prevention Act plan, Oregon's tribal best practices and culturally specific services.

Funding

\$3.2M in Special Project Appropriation was swept in COVID-19 related budget adjustments for 2019-2021.

\$6.6M funded for 2021-2023 budget and is within Current Service Level (will be reported on in 2023).

Expenditures

No expenditures in 2019-2021.

Host Homes – Intellectual and Developmental Disabilities (I/DD)

Program Description

The development of Host Homes for children and youth with intellectual or developmental disabilities was funded by budget investment dollars that were allocated to the Office of Developmental Disabilities Services (ODDS) and were associated with SB1(2019). Host Homes are a new type of residential service that provide intensive services to children living in a licensed family home setting and are regulated by OAR 411.348. ODDS initiated the Host Home program by engaging stakeholders on development of the service model, gaining approval from the Centers for Medicaid and Medicare Services (CMS) for the service, implementing Oregon Administrative Rules and implementing a new rate model. Homes may serve one to two children who often require intensive behavior support and require more structure and service that may be available in a family home or foster home setting. The intention of Host Homes is to keep children within their own community and work toward reunification with the child's family or a less restrictive setting such as foster care. There are currently seven licensed homes, and several have initiated the licensing process.

Funding

\$154,000 Total Fund/\$38k General Fund - Final Budget for 19-21

- Initial 2019 Funding \$12.7M Total Fund
- August 2020 Reduction \$11.5M
- Spring 2021 budget decreased by an additional \$1.1M due to reduced caseload forecast.

Funding for this service is now part of ODDS ongoing budget and is funded based on forecasting projections used for Current Service Levels.

Expenditures

\$35K total fund (\$9k general fund) expended and \$119k total fund not expended in 2019-2021. The pandemic slowed recruitment and development of these homes in 19-21. Development has continued into 21-23.

SUMMARY EXPENDITURE TABLE

Investment	Funding 2019-2021	Expenditure		
ОНА				
Intensive In-Home BH (IIBHT)	\$6.6M (GF)	\$6.6M		
Crisis and Transition Services (CATS)	\$6.5M (GF)	\$6.5M		
ODHS				
BH Treatment Foster Care	\$1.5M (GF)	\$1.5M		
In- Home	\$0	\$0		
I/DD Host Homes	\$38K (GF)	\$9K		