

Department of Human Services

# Respite Care Program Proposal

Child Welfare: Foster Care Program

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5-12-2020

## History of “Respite” Support in Oregon

Oregon Administrative Rules for Foster Home Certification defines “respite” as a “formal, planned arrangement to relieve a certified family’s responsibilities by a person temporarily assuming responsibility for the care and supervision of a child or young adult.” The responsibility for identifying a respite provider has typically been on the foster parent/relative caregiver. When someone is identified, the certifier completes background checks and informs the foster parent if they can use that person for respite. Outside of the background checks, the department is relying on the foster parent/relative caregiver’s determination of safety and suitability. More recently, individuals have come forward wanting solely to provide respite, however, there is no formalized certification process in place. Oregon does not currently have a process for certifying respite providers. Additionally, the OR-Kids system does not have a mechanism to identify “Respite Provider” as a provider sub-type.

## Funding

Up until recently, there were no funds available outside of the monthly maintenance payment that could be used for regular respite. In 2018, the department was given some financial resources, allocated to the districts, to reimburse foster parents when respite is used. The funding is very limited and does not support all foster parents. Additionally, the process still relies on foster parents to identify the respite resource. Due to limited funding, each District was instructed to prioritize placement stability and other specific factors in utilizing respite funds. Funding for other Foster Parent Supports include:

### **Flex Funds**

Funds to support tangible needs of foster parents (for example, car seats, baby gates, etc.)

Funding: General Funds

### **Child Care**

In May 2018 DHS CW began reimbursing foster parents/relative caregivers for employment/educational-related childcare needs. The limit is \$375.00 per child per month.

Funding Source: Applicable Child Savings

To determine funding streams for what a Future State may look like, information was sought at the federal and state level. Research was sought to determine what federal funding source can be tapped into to support the program. At the state level, collaboration with the Oregon Health Authority was pursued to determine if Medicaid

can be used for the program if respite was provided as a service rather than as a supportive resource.

This business plan sought to propose what a Respite Care Program would entail for Oregon. Without the specifics of the program defined and detailed according to a program or business model, information around federal funding streams and Medicaid service payments to support the program proved complicated and vague. The resulting response received was that without the program being structurally detailed, specifics of what funding to tap into or how to pursue Medicaid service payments cannot be fully determined.

### Task:

A&M and foster care management determined Oregon CW would benefit from a standardized, formal statewide respite program.

To inform this business plan the following steps were taken:

- Casey Foundation researched other states' approach to respite care
- Compiled what districts are currently doing to support foster parents with respite
- Obtained legal guidance regarding DHS authority to certify respite providers.

### Casey Foundation Research

Casey Foundation provided research on respite from the following states: New Jersey, Oklahoma and Washington. Below are the summary responses from each state:

#### New Jersey

Respite providers are required to pass all certification requirements and attend all trainings a Foster Parent would need to. Contracts are being utilized, specific to care being provided in the day, not at night.

#### Oklahoma

Refers Respite providers and their home as Resource Homes and must meet all requirements of an approved foster family home. No contracts are listed but utilizes an information care arrangement with family and friends.

#### Washington

Provides two separate processes to pursue for Respite Care providers. If a Respite Care provider is providing respite in their own home, the provider must go through the certification process, however, if the provider is to provide respite in the Foster Family's home, a limited certification process is conducted instead,

with limited training. Contracts are being utilized for child placing agencies only, specifically for Behavioral Rehabilitation Services (BRS)/Treatment Services.

**District Summaries**

Districts provided summaries of how respite care is provided and supported based on the available funds and resources respective of their geographical areas. Processes of conducting respite support vary from one District to the next while adhering to the recommended prioritization guidance from Central Office. Some districts have developed a structured process and are operating with moderate success despite a lack of funds or resources available to that area.

**Legal Opinion from the Assistant Attorney General**

The opinion states that a respite care provider statutorily falls under the definition of a foster home, and that DHS has the legal authority to issue different types of certificates. A separate process to certify respite providers, inclusive of due process rights, notice of contested hearing, denials, etc., can be drafted.

**Recommendation Options**

Below are the recommendations:

	Package A	Package B	Package C
Program Focus / Resources	*DHS certification of respite providers *DHS contract with Licensed Foster Care Agencies *DHS continued support of FPNO Statewide Respite Coordinator: OPA 3  20 SSS1: Certification units Respite Payment: \$55/day average 48 hours per foster parent per month (avg 5200 children in foster care)  Statewide Contracts: estimated to serve 300 foster youth per year at \$75 per day, average of 72 hours per month	*DHS certification of respite providers *DHS contracts with Licensed Foster Care Agencies  Statewide Respite Coordinator: OPA 3  Respite Payment: \$55/day average 48 hours per foster parent per month (avg 5200 children in foster care)  Statewide Contracts: estimated to serve 300 foster youth per year at \$75 per day, average of 72 hours per month	*Statewide Contracts: estimated to serve 300 foster youth per year at \$75 per day, average of 72 hours per month

		*Districts would assign existing certification staff to certification of respite providers	
Funding Stream (current and potential future sources)	General Funds Title IV-E Funds Medicaid, if respite is looked as a service rather than a support resource Title IV-B* Social Services Block Grant (SSBG)*	General Funds Title IV-E Funds Medicaid, if respite is looked as a service rather than a support mechanism	Contract
# of Positions • Manager • Admin/Exec Support • OPA 4 • OPA 3 • OPA 2 • SSS1	1 OPA 3 20 SSS1's	1 OPA 3	No additional staff – work will get absorbed by current Foster Care Program staff
Additional Info:	Funding: * – <a href="#">CW Policy Manual: “(2) Respite care: respite care is defined in federal regulation as an allowable title IV-B child welfare service and is not an allowable expenditure under title IV-E foster care maintenance. States may use title XX to fund respite care services”</a> • <b>NOTE:</b> Title IV-B and Social Services Block Grant (SSBG) funding can be used for this purpose however, both of these funding streams are spent fully every year and is typically never available		

## Projected Outcomes

A consistent theme voiced by foster parents Statewide is a lack of support/breaks from the considerable demands of foster parenting. Foster parents often do not have the identified resources to provide respite. A formalized, consistent, structured statewide respite program would provide a needed service for DHS certified families.

Impact of a statewide respite service:

- Bolster foster family support for those with limited natural resources
- Retention of foster families
- Placement Stability

#### Service Impact

- Increase of workload to certification staff
- Creation of certification process for respite providers
- OR-Kids payment process

### Recommendation Summary

Considering the current COVID-19 pandemic, the Foster Care Program was able to initiate a temporary rule to support Foster Parents and Caretaker Relatives by accessing the Applicable Child Fund. The temporary rule and procedure allow for some reimbursements to occur for foster parents needing supervision when it is not normally needed. For example, a foster parent may need to go the grocery store to purchase more food items, but due to the Stay Home, Save Live regulation, the foster parent may utilize this option, with funding from the Applicable Child Fund, to pay for respite services. This allows for minimal flexibility in support of Foster Parents during the pandemic.

For future state of a formalized, statewide operating Respite Care Program however, the realistic approach in pursuing any of the packages proposed above may not come to fruition due to limitations in the agency's current budget. In the process of developing and proposing this business plan, collaborative efforts were initiated with Treatment Services. Although Treatment Services were seeking "respite" service for a very specific group, it was in these collaborative conversations that identified respite going beyond providing support to just Foster Parents and Relative Caregivers. It was affirmed at the April 17, 2020 meeting with Child Welfare Leadership – respite can be a service that is an available resource impacting Foster Care Program, Treatment Services, In-Home Care, Permanency – Adoptions, Guardianship, and Reunification.

At the time of finalizing this business plan, Treatment Services was working with District 2 (Multnomah County) on a project that focused on providing respite services to a specific audience, higher-level needs care. This project looked at maximizing federal funds to support respite care as well as Medicaid dollars and Title IV-E funds if respite was determined a service to support the needs of a child. The hope moving forward was to partner with Treatment Services in seeking success from this specific audience and then collaborate on a phased approach that would reflect certain levels of success when

shifting to statewide implementation by integrating parts or ideas stemming from this business plan.

However, with the current pandemic and the uncertainty of the agency's budget, the hope of collaborating in effort and resources may be on hold till further notice. Should any movement on any respite-related project, task force, workgroup, etc., initiate in the (near) future, this document should be utilized as a starting point with the recommendation of collaborating with Treatment Services initially. After achieving success according to defined success criteria, the next step would be to plan around a phased statewide implementation plan that identifies a feasible strategic approach.