

October 1, 2021

Emergency planning to stabilize Oregon's systems of care for children and families:

During the September 29th Governor's Children's Cabinet meeting, the Governor and Cabinet members heard from state agencies and providers about the increasingly urgent crisis within systems of care that support Oregon children and families. Based on those presentations, Governor Brown directed state agencies to work collaboratively with key stakeholders to immediately shore up plans to stabilize and strengthen these systems.

Systems of care for children and families have been impacted throughout the pandemic because of the increased need for services, the need to modify how care is delivered as well as impacts on workforce and program finances. Providers, funders and agencies have worked tirelessly and creatively throughout this pandemic to help ensure services continue to be available for children and families. The duration of the pandemic and the rapid escalation of COVID cases caused by the Delta variant have exacerbated these existing dynamics and undermined an already fragile service system. The entire service and support system for children and families has been impacted and is struggling with capacity reductions. Some programs have closed their doors or restricted admissions. Some of the most serious impacts have been within Oregon's residential behavioral health programs where Oregon has lost a significant portion of its pre-COVID operational capacity.

The seriousness of the current situation is reflected in multiple letters from providers to legislators, the Governor and state agencies. These letters highlight current challenges and offer recommendations for immediate and longer-term actions. Since July, OHA and the Governor's office have been working with stakeholders to address the behavioral health workforce crisis. Many of these recommendations are captured in the agency planning outlined below.

We recognize the need for urgent action to maintain existing capacity. We also want to ensure that the 2021 legislative investments in the behavioral health system are expended in accordance with our values and with longer-term system transformation goals in mind:

- The pandemic has highlighted terrible health inequities and addressing these inequities must be prioritized into all planning and resource allocation actions and in consultation with community.

- The current challenges go far beyond systems serving children and families. Solutions must not be considered in isolation since children and families often rely on a wide range of services and supports.
- Workforce challenges are at the center of the current crisis and must be prioritized.
- We should utilize existing bodies whenever possible to address this current crisis.

Emergency plans to support systems of care for Oregon children and families

Requests from agencies and providers to stabilize and strengthen systems of care fall roughly into the following categories:

- Financial supports and incentives designed to
 - Help retain and recruit workers
 - Improve agency financial stability when agencies are at risk for closure
- Regulatory changes intended to:
 - Reduce administrative burdens to allow existing workers to focus more of their time on patient care
 - Create flexibilities that allow providers to continue operations while they work to recruit key positions

The plans below include the categories each agency organized as above, including actions already under way, planned additional actions within the resources of the agencies, and recommended actions that require additional funding or legislative action to implement.

Financial Supports and Incentives

- **Actions already under way**
 - OHA:
 - OHA has requested and received an initial FEMA allocation of \$3M for this purpose and nurses have been deployed on an emergency basis to Trillium Farm Home's secure inpatient program and an additional 20-30 nurses, nurses, nursing assistants, and mental health technicians are supporting children's psychiatric residential treatment facilities that started the week of Sept. 20 – Sept. 24.
 - OHA has requested consideration of National Guard deployment to support Trillium Family Services Children's Farm Home campus, if needed. At present, OHA and Trillium have determined that deployment is not needed at this time. Any Guard deployment would be limited to the designated state psychiatric campuses for children (SCIP and SAIP).
 - OHA has allocated \$7M to provide reimbursement to residential workers for childcare, clinical supervision and for facility safety

enhancements. A memo has gone out to residential providers confirming this fund. Additional information and updates regarding this fund are posted to the OHA [Workforce webpage](#)

- OHA currently has vacancy payments available to Children's MH and SUD residential providers impacted by the COVID pandemic and has provided technical assistance directly to providers.
- OHA implemented a 10% rate increase from July 2020 to June 2021.
- OHA is working closely with Coordinated Care Organizations to fully implement intensive in-home behavioral healthcare services.

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o ODHS – Child Welfare

- ODHS – Child Welfare allocated \$16M in June 2021 to support the stabilization of staffing through recruitment and retention strategies prioritizing direct care staff over the course of the next 12 months.
- ODHS = Child Welfare implemented COVID emergency supplemental payments for a period of 14 months from April 2020 through June 2021 to mitigate costs related to COVID-19.
- Additional children's program representatives have been invited to the ongoing behavioral health workforce sustainability meetings to create ideas and solutions for programs across the lifespan.

o ODDS

- ODDS has implemented several temporary rate increases for children's residential programs and host homes to address COVID-19 hardships, totaling an 8.2 % increase in rates through June 30, 2022.
- ODDS added 3.08% funding to Children's Residential rates for implementation of SB 710.
- ODDS has offered recruitment and retention grants to adult and children's residential providers, as well as staffing contracts to assist residential staffing.
- ODDS is gathering information on the reasons for group home closures and is engaging providers in emergency planning efforts through their local Community Developmental Disabilities Programs (CDDPs).

• **Recommended actions that require funding and/or legislation**

o OHA

- *Provider Rate Increase:* In continuation of the previous residential rate increase funded by the legislature that ended June 30, 2021, OHA recommends a general fund allocation to extend a temporary rate increase at 10% connected to the Federal emergency SPA

(scheduled to end Dec. 31, 2021). OHA estimates this allocation to be a \$3 Million GF (\$12 Million Total Fund) request.

- *Workforce recruitment and retention:* OHA is in conversation with the legislature and Governor's office regarding potential sources of funding for short-term retention of and recruitment bonuses for residential facility workers.
- *Workforce training resource:* OHA recommends requesting funding to increase trainings for PDS (youth and family) to increase needed workforce at a faster rate. OHA estimates this allocation to be a \$200,000 request.
- o ODHS
 - ODHS- Child Welfare recommends additional funding to fund available capacity (utilization gap) for a period of 20 months to support stabilization through the end of the current biennium at \$7,179,120
 - ODHS- Child Welfare recommends that supplemental funding for providers experiencing COVID outbreaks and quarantines be offered for a period of 20 months through the end of the current biennium at a cost of \$3,876,299
- o ODDS
 - ODDS is bringing forward a proposal from providers to fund local "float pools" of Direct Support Professionals across the state to support ODDS children's and adult group home providers. ODDS expects these staff may be used to support children and adult foster homes, as needed. Based on current estimates, ODDS would like to provide an average of \$35,000 per month to each agency that is awarded these grants to retain a minimum of 5 DSP staff that can be deployed in their region as needed/required. In order to maintain 100 additional DSP staff in all 5 regions of the state for 12 months, \$8.4 million dollars is requested. This includes enhanced wages for the DSPs, funding for agencies for recruitment/retention, on-calls rates and per diem if travel is required. ODDS will end the contracts earlier than a year if the need for the float pools drops as regular agency staffing stabilizes across the state.

Regulatory Changes

- **Actions already under way**

- o OHA
 - OHA has suspended in person non emergent or statutorily required site visits where possible for PRTS and SUD providers.

- OHA, in collaboration with key partners, has identified reporting requirements that, if paused, do not jeopardize safety and can help workers spend more time with children and families please see the [list of reporting requirements](#) that OHA has paused or changed through Jan. 1, 2022.
- OHA has promulgated a temporary amendment to [Oregon Administrative Rule 309-019-0140 Service Plan and Service](#) which was filed on Sept. 14, 2021, effective Sept. 14, 2021 through March 12, 2022, which allows a *qualified mental health professional* who meets the qualifications of a Clinical Supervisor to sign off on new and annual service plans.
- OHA is also reducing some Measures and Outcomes Tracking System (MOTS) data reporting requirements effective Sept. 20 through at least Jan. 1, 2022. [Please view this visual reference.](#)
- OHA and the Governor's office have been consulting about flexibility in nursing scope of practice with the Oregon State Board of Nursing (OSBN). OHA has been advised that nurses already have considerable flexibility to assign tasks traditionally performed by nurses to non-nursing staff. OSBN has helped to connect agencies with nursing education programs to facilitate clinical practicums for nursing students in behavioral health settings.
- ODHS – Child Welfare
 - An exception to allow background check processes without the fingerprint-based component is currently in effect for ODHS Child Welfare contracted Child Caring Agencies.
- ODDS
 - On September 29, 2021, ODDS issued policies to address the staffing crisis that established short-term, modified licensing and regulatory requirements that focus on health and safety.

Consultation with the System of Care Advisory Council and invited guests

The Governor's Office requested an emergency consultation with the System of Care Advisory Council. That meeting was held on October 1, 2021 and included Council members and leadership as well as invited providers and youth and family representatives. Participants were offered the opportunity to review and comment on the plan and offer suggested alternatives and additions.

Considerable feedback was provided by participants and has been organized into themes:

- System Issues
 - Some CCOs are only contracting with the CMHP so these other providers are unable to serve the population without being a subcontractor of the

CMHP. Many members are going without services because they don't want to go to the CMHP. How can we open up who is able to provide these services to additional providers? (Malheur given as the example)

- Waiver: to broaden the ability of peers/CRM (not covered under a COA agency) to be able to bill for services thus supporting sustainability
- Rates
 - Participants expressed that additional, non-temporary increases in rates are vital to both the short and long-term stability of the system and that failure to address potential rate increases immediately would not result in stability for this system.
- Peer Support
 - Participants identified a need to increase the number and availability of peers (people with lived experience) that could provide services to youth and family before entering the system. A specific suggestion was to allow access to peer services without attaching it to another service.
- Workforce:
 - Address wages but also supports such as training, respite, self care, work flexibility, peer mentors etc.
 - Training
 - Recommendations were made to increase the amount and quality of trainings for all of those operating within this system to both increase the number of workers entering the system and the quality of the services provided by those workers.
 - Recommendations were made to increase trauma informed training and provide healing centered engagement
- Access
 - A request was made to provide additional resources and availability of the Parent Warmline.
 - Recommendations were made to provide more diversity in the system.
 - Recommendation that steps be taken to reopen the recently closed facilities as it is more expensive to open a new program than it is to keep the ones currently functioning.
 - Concerns were raised that not enough resources are available for dual diagnosis or those with eating disorders.
 - Recommendations were made to deploy and expand Intensive In Home Behavioral Health (IIHBT) services
 - Suggestions of utilization of non-traditional supports such as community organizations, cultural organizations, increasing trauma informed infrastructure and healing centered engagement
 - A request was made that 911 and other county crisis lines be staffed 24/7 to so that callers can speak with a person rather than leaving a voicemail.
 - A request was made to ensure the prioritization of care for those who have attempted suicide (4-6 month wait quoted)

- A suggestion was made to move to automatic eligibility for higher levels of care / take down barriers to stop youth becoming tomorrow's high utilizers
- Requests were made for respite for youth and families, which is needed to give them a break / support. Funding for this needs to be quick and easy for families.
- Recommendations from youth were made for holistic services, diversify the support available to allow greater creativity in response
- Communicate with families
 - Families and youth need awareness and understanding of systems and how to gain access. Families have been waiting and need clear communication on availability and access.

Providers, funders and agencies have worked in coordination throughout this pandemic to help ensure services continue to be available for children and families. On behalf of children, youth and families, OYA, ODDS, ODHS, OHA, providers, and the System of Care Advisory Council, the above recommendations are submitted to the Office of the Governor for consideration with the understanding that planning must be ongoing and evolve to meet changing conditions. State agencies will continue the important work already begun and stand ready to act in collaboration with key stakeholders to continue efforts to stabilize and strengthen the systems of care children, youth and families rely on in the near term while continuing to work to achieve the system transformation needed to more fully support all Oregon children and families in the future.

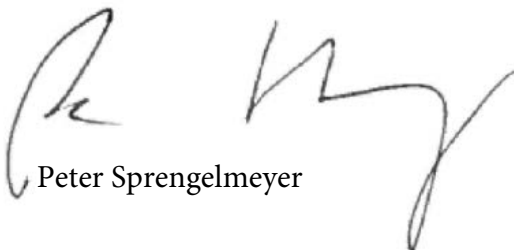
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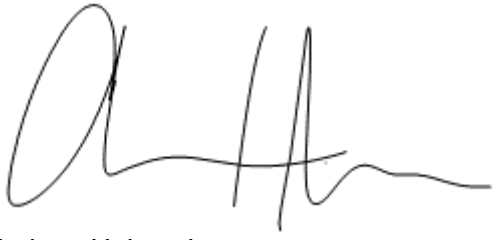
Lilia Teninty



Rebecca Jones-Gaston



Peter Sprengelmeyer

A handwritten signature in black ink, appearing to read 'Chelsea Holcomb'. The signature is fluid and cursive, with a large initial 'C' and 'H'.

Chelsea Holcomb