Oregon System of Care

Barrier Resolution Process
Linn, Benton, Lincoln Counties
9.20.21

Introduction

This barrier was submitted by the Linn, Benton, and Lincoln Counties System of Care structure and was received by the State Agency Standing Committee (SAS). The local request is focused on BRS Proctor Care and Behavioral Health Treatment Foster Care in this region in order to ensure youth can remain connected to their community if they require this service.

This barrier was assigned by the SAS to Child Welfare. To move the process forward, Child Welfare staff met with the Linn, Benton, Lincoln System of Care executive committee to discuss the issues, gather more information about the concerns, and develop next steps. While there are no quick resolutions to the barriers submitted, Child Welfare is interested in continuing to work with the region on developing this capacity and making incremental progress on achieving the goals set out.

Barrier Outline and Response Summary

Child Welfare staff met with the Linn, Benton, Lincoln Counties System of Care Executive council on 9.3.21 to discuss barrier and to develop next steps. The following is an outline of the barrier that was submitted and a summary of the conversation as it relates to each point.

Subsequent to this meeting, connections were made between the D4 local SOC and the Foster Plus Collaborative. Further, a joint meeting between these parties and ODHS Child Welfare was held on 10.27.21 to collaborate in strategizing solutions in the region. Additionally, district and statewide data related to use of BRS was provided.

1. **Fund Behavioral Rehabilitation Services Treatment Foster Care in our region (Linn Benton, Lincoln Counties).**

   Current funding for expansion of BRS Proctor Care or Behavioral Health Treatment Foster Care services is currently accessed through the Foster Plus Collaborative, which has been contracted by Child Welfare to expand services in needed locations.
   Primary need in this region is around recruitment of homes, and historical struggles with recruiting sufficient number of homes for a provider to operate in this region.

   Child Welfare connected System of Care personnel with Foster Plus representatives to discuss collaboration in the region. A strategy to collaborate in shared recruitment and individual child planning between the local SOC and Foster Plus was established as a result of the 10.27.21 meeting.

2. **Expand access from just a service to youth in foster care to county JDs and OHP members for Behavioral Health Treatment Foster Care. BRS is a Medicaid State Plan service that should not be limited to child welfare.**

   Current focus for Child Welfare, OHA, and other system partners is the development of Outpatient BRS services that can be delivered in several settings including, a youth's home or community, a general foster home, and other settings.

   The current demonstration project for Behavioral Health Treatment Foster Care is primarily focused on Child Welfare, with hopes to have it more broadly available as the service develops into a standardized level of care. Connection to develop this service can also connect to the Foster Plus collaborative.

3. **Edit the names of different terms of care to avoid confusion. For example, BRS Proctor Foster Care and DHS Child Welfare BRS are two different types of services yet they have similar names. This creates confusion among agencies, providers and families. Develop common language around the service to reduce confusion.**

   The Oregon Health Authority, Child Welfare, and the Oregon Youth Authority collaborate regularly on ensuring that definitions are consistent between the agencies and that public materials are updated regularly and made available. For reference please see the following overview and attached details for levels of care in the BRS System.

   Currently, BRS can be provided in either a Residential or Proctor Foster model. All types of BRS care fall within those two types of models. As mentioned, expansion to outpatient delivery is scheduled in 2022. These settings and definitions are shared between OHA, OYA and Child Welfare through OAR 410-120: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1708

4. **Continue eligibility based on youth's behavioral needs rather than their mental health or SUD needs**

   The current plan for BH-TFC demonstration is that a youth will be able to maintain placement regardless of approved Mental Health services. While the anticipation is that a youth requires Intensive In-Home Behavioral Health Treatment at the beginning, the providers will ensure that medically appropriate services are provided to the youth during their stay.

   Outpatient BRS services are currently in design and will be available as a carve out service to all youth OHP members that meet eligibility criteria regardless of system involvement. The service will be authorized through a centralized process

operationalized by OHA and all youth will have access. Services are anticipated to begin in late 2022.

5. **Establish the ability for local control and co-management of service between District 4 and IHN-CCO.**

   Currently, due to capacity needs and system structure, BRS services are statewide resources. This allows for flexibility in determining the best fit for each youth and proctor resource, while ensuring access to care when a need is identified.

   While the current structure will not be able to change soon, we are interested in continuing the conversation on how to better localize services and collaborate to ensure youth remain as connected to their community as possible.

   For reference, information below includes data related to children with active cases who are placed in family or general resource care compared to those placed in all BRS settings including both Qualified Residential Treatment Programs and BRS Proctor Foster. (Of the 306 children currently placed from District 4, 13 are within BRS Residential or Proctor Foster settings):

Percent of Children with BRS Placements vs Other Resource Placements

County	# of Children	% of Children
Benton		
Other Resource Placement	48	100.00%
Lincoln		
Other Resource Placement	82	98.80%
BRS Placement	1	1.20%
Linn		
Other Resource Placement	163	93.14%
BRS Placement	12	6.86%
Grand Total	**306**	**100.00%**

The following data set includes the locations of the 13 children receiving BRS by case county. These settings include both Qualified Residential Treatment Programs (QRTP) and BRS Proctor Foster settings (Douglas, Washington, Multnomah, and Josephine Counties represent Residential QRTP settings):

Next Steps

- Sara Fox will connect System of Care personnel to the Foster Plus collaborative to discuss recruitment ideas in the region - Completed
- Child Welfare will send updates on in-home BRS service development to this System of Care to ensure access needs are met – Continued process
- Child Welfare will provide updates and potential growth opportunities through Behavioral Health Treatment Foster Care to this group upon request and at regular intervals. – Continued process

Conclusion

Child Welfare appreciates the opportunity to discuss this issue. We are more than happy to join future local meetings, as needed, to discuss progress and continue to develop opportunities.