

Senate Bill 171 & Congregate Care Residential Settings

Congregate Care Residential Setting: Any setting that cares for more than one child or ward and is not a setting described in ORS 418.205(2)(b)(A), (D), (E) or (9).

Congregate Care Residential Settings from September 1, 2019 until July 1, 2020:

DHS may place a child in a congregate care residential setting in this state only if the setting is:

- A Child-Caring Agency, as defined in ORS 418.205,
- A Hospital, as defined in ORS 442.015, or
- A Rural Hospital, as defined in ORS 442.470.

Congregate Care Residential Settings after July 1, 2020:

Qualified Residential Treatment Program:

DHS may place a child/ ward in a congregate care residential setting in this state if the setting is a child-caring agency, a hospital or a rural hospital **AND** a qualified residential treatment program.

A program is a qualified residential treatment program if:

- Provides residential care and treatment to a child who, based on an independent assessment requires specialized, evidence-based supports and services related to the effects of trauma or mental, emotional, or behavioral health of the child.
- Uses a trauma-informed model that is designed to address the needs, including clinical needs as appropriate, of the child
- Ensures that the staff at the facility includes licensed or registered nurses licensed under ORS 678 and other licensed clinical staff who:
 - Provide care within their licensed scope of practice
 - Are on site according to the treatment model identified
 - And are available 24/7
- Facilitates the involvement of the child's family in the treatment program, to the extent appropriate and in the child's best interest
- Facilitates outreach to the child's family, documents how the outreach is made and maintains contact information for any known biological relatives or kin
- Provides discharge planning and family-based after-care support for at least six months following the child's discharge from the program
- Is licensed and accredited in accordance with requirements adopted by the department by rule, consistent with federal licensure and accreditation requirements for qualified residential treatment programs

NON- Qualified Residential Treatment Settings:

DHS may place a child/ ward in a child-caring agency that is not a qualified residential treatment program if:

- a. The child-caring agency is providing prenatal, postpartum, or parenting supports to the child/ ward
- b. Child/ward is placed in an independent residence facility for youth ages 16-20 years that is licensed by the department as a child caring agency
- c. The child/ward is, or is at risk of becoming, a victim of sex trafficking **and** the childcaring agency is providing high-quality residential care and supportive services to the child/ward
- d. The child-caring agency is a residential care facility also licensed by the Oregon Health Authority and accredited by a national organization to provide psychiatric treatment to children
- e. The child-caring agency is an adolescent residential drug & alcohol treatment program licensed or certified by the State of Oregon to provide residential care
- f. The placement with the child-caring agency is for the purpose of placing the child/ward in proctor foster home
- g. The child-caring agency is a residential care facility licensed by the department that provides short-term assessment and stabilization services
- h. The child-caring agency is a shelter-care home that provides short-term assessments and stabilization services
- i. The child-caring agency is a homeless, runaway, or transitional living shelter licensed by the department that provides short-term assessment and stabilization services

Timelines and additional requirements for (g), (h), & (i) as listed above:

DHS may not place a child/ward in either a residential care facility or shelter-care home as defined in (g) & (h):

- For more than 60 consecutive days or 90 cumulative days in a 12-month period or
- If the residential care facility or shelter-care home also serves youth or youth offenders served by the county juvenile department or OYA.

DHS may not place a child/ward in a homeless, runaway or transitional living shelter as described in **(i)** above for more than 60 consecutive days or 90 cumulative days in any 12-month period. The days the child/ward is in a shelter do not count toward this time limit if the child/ward is homeless or a runaway, as defined by rule, and accessed the shelter without the support or direction of DHS.

Requirements for Qualified Residential Treatment Program Placements:

Independent Assessments

When a child is placed in a qualified residential treatment program, DHS shall ensure that an independent, qualified individual assesses the strengths and needs of each child/ward

- Assessment must occur no later than 30 days following the date of placement
- Assessment may occur prior to placement
- Must assess the strengths and needs of the child/ward using an age-appropriate, evidence-based, validated, functional assessment tool
- Must determine whether the needs of the child/ward can be met with family members or in a foster family home
 - If not, what setting would provide the most effective and appropriate level of care in the least restrictive environment and be consistent with short-term and long-term goals for the child/ward
- Must develop a list of individualized, specific short-term and long-term mental and behavioral health goals
- Qualified individual conducting the assessment must include the child's/ward's family and permanency team
 - Family and permanency team should include appropriate biological family members, relatives and fictive kin; appropriate professional who are a resource to the family; clergy; or individuals selected by a child/ward who is 14
 - Case plan must include the reasonable and good faith efforts of DHS to identify and include the appropriate individuals in the child's/ward's family and permanency team; contact information for family and permanency team and family members who are not part of the team; evidence that the meetings of the family and permanency team took place at a time and place convenient for the family; if the case plan is reunification, evidence that the parent from whom the child/ward was removed provided input; and evidence that the assessment is determined in conjunction with family and permanency team.
 - If the setting recommended by the qualified individual conducting the assessment is different than the placement preferences of the family and permanency team and of the child/ward, the reasons why the preferences of the team/child/ward were not recommended must be included.
- Individual conducting assessment must include specific information in writing as to why the recommended setting is the most effective and appropriate for the child/ward. If the recommended setting is a qualified residential treatment program, the assessment must include how that placement is consistent with the short-term and long-term goals for child/ward and why the needs of the child/ward cannot be met by the family or in a family foster home.

A qualified individual is an individual who is a trained professional or licensed clinician, not an employee of DHS or OHA and not connected to or affiliated with any placement setting in which children or wards are placed by DHS, unless DHS receives a federal waiver.

Court Approval of Placement

DHS shall move the court for approval of a placement no later than 30 days following the date the department placed or will place a child or ward in a qualified residential treatment program.

The Motion must include:

- The date of the placement,
- The parties placement preferences, to the extent practicable, and
- A copy of the assessment, unless the assessment is not complete when the motion is filed. The motion must be supplemented with the assessment immediately following receipt.

The court shall schedule a hearing to occur no later than 60 days following the date of placement.

The court's order approving or disapproving the placement must:

- Be entered no later than 60 days following the date the child or ward is placed in the qualified residential treatment program;
- Determine whether the needs of the child can be met through placement in a foster home or proctor foster home;
- If not, determine whether placement in a qualified residential treatment program provides the least restrictive setting to provide the most effective and appropriate level of care for the child or ward and is consistent with the child's or ward's case plan.

If the court enters an order disapproving the child's or ward's placement, the department shall move the child or ward to a placement consistent with the court's order no later than 30 days following the date the court enters the order.

Court Reports

If the child or ward is placed in a qualified residential treatment program, DHS shall include in reports required by ORS 419B.440(1)(b):

- A determination that the strengths and needs of the child/ward cannot be met through placement in a foster home, that the placement in a qualified residential treatment program provides the least restrictive setting to provide the most effective and appropriate level of care for the child/ward and that the placement is consistent with the short-term and long-term goals for the child/ward as specified in the permanency plan;
- Documentation of the specific treatment or service needs that will be met for the child/ward in the placement and the length of time the child/ward is expected to need the treatment or services; and
- Documentation of the efforts made by the agency to prepare the child or ward to return home or be placed with a fit and willing relative, guardian, adoptive parent or in a less-restrictive foster home setting

Links to be added to website page for conference-----from Judge Waller

https://www.oregonlegislature.gov/gelser/ffipwg/A%20National%20Look%20at%20the%20Use %20of%20Congregate%20Care%20in%20Child%20Welfare%20-%202015.pdf

https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/SB171/Enrolled