

COVID19 90 Day Plan: Treatment Services

The Treatment Services Program provides supportive services and placement opportunities for children and youth with specialized needs. Some of the services administered through the program include Proctor Foster Care or residential treatment through Behavioral Rehabilitation Services (BRS), community-level shelter care, placement preservation services through Focused Opportunities for Children Utilizing Services (FOCUS) program, as well as treatment services outside the state of Oregon when an appropriate in-state option is not available.

This program is led by the Treatment Services Program Manager: Sara Fox.

Program-Specific Impacts due to COVID19

Treatment services has experienced significant dedicated staff hours to COVID19 related situations. This has required increased time and strategic planning related to undefined situations, which has drastically detracted from program improvements previously planned for implementation this year. The program has also experienced delays to implementation of new services and placements which serve children and youth with special needs. In addition, Treatment Services has increased staff time to support and maintain Providers, including support for reduction of workforce and morale through the pandemic.

Program-Specific Achievements Related to COVID19 (March 2020 – May 2020)

- Implemented Weekly CCA Support Meetings related to COVID-19, effective 3.16.2020.
- Frequent, Provider-specific written communication including DHS Licensing, Oregon Youth Authority and Child Welfare FAQ's, updated on a regular basis as the situation unfolds.
- CCA variance suspending fingerprint-based background checks to allow for preliminary hire status, effective 3.20.2020 (OAR 407-007-0250).
- CCA variance suspending CPR/1st Aid certification of new hires, effective 3.27.2020 (at least 1 trained staff must be present at all times).
- Temporary suspension of all scheduled programmatic reviews, effective 3.18.2020.
- Temporary rule filing to allow telehealth delivery of BRS service hours, effective 3.27.2020 (OAR 410-170-0080(4)).
- Flexible approach to creative service delivery options in response to crisis; several Provider-specific variances currently in effect.
- Completed analysis and receive federal guidance on BRS Provider financial support through the 1135 Medicaid Waiver.
- Completed BRS Provider financial support through emergency Medicaid state plan amendment.
- Completed, approved through Governor's office and implementation of 90-day supplemental payment to Providers to support impact from COVID19.
- Facilitation of alternative staffing options to bolster workforce options for DHS contracted Providers through rapid access to currently unemployed day treatment, day care provider and/or skills training service staff, if needed. This is in the final stages of development
- Identification and leasing of building space available for lease which is owned by CCA's both to support DHS Providers financially and offer additional emergency placement options as needed.
- Facilitation of 5 quarantine processes in partnerships with Public Health and medical partners.
- Support for Child Welfare playbook in response to COVID19 outbreaks and exposures in residential treatment facilities specifically.
- Organization and distribution of thousands of Personal Protective Equipment (PPE) to CW residential programs, including reusable makes, N-95s masks, and sanitizer.

Program Goals related to COVID19 (June 2020 – August 2020)

1. Maintain current levels of capacity of any child welfare contracted placement settings, including shelters, BRS and child welfare funding psych res or mental health facilities, which serve children and youth in the state of Oregon. Mitigate the risk of losing established capacity due to budget reductions.
2. Establish the resources and services specific to quarantine youth with specialized needs.
3. Support telehealth delivery of BRS for youth.
4. Implement feedback mechanism through the Senior Health Advisor (SHA) and Public Health partners to the regulatory providers and Child Caring Agency (CCA) partners statewide.

Program Approach for Achieving Goals

1. Provide technical training and assistance through weekly calls and written guidance with both Treatment Services and Child Welfare leadership. Increased availability of Program Analysts to support technical training for Providers.
2. Implement best practices and protocols to limit/reduce exposure and contain spread with Providers. Partner with the Health and Wellness unit to support staff safety procedures, including sanitation, Personal Protective Equipment (PPE) and administration of testing, along with other public health requirements to limit spread.
3. Temporary rule in place to allow telehealth through OHA. Continuing support to develop into a permanent rule.
4. Identify communication mechanism to receive outstanding questions from CCAs and partners, transmit to SHA and Public Health, document responses, communicate responses to CCAs and partners. Continue engagement with licensing to identify and implement a central repository for information.

Related Data to Support/Monitor Goal Success

**Monthly Data available from program for bed capacity*

30/60/90 Day Objectives

	30 Day Objective	60 Day Objective	90 Day Objective
Goal: Maintain current levels of capacity to serve children and youth in the state of Oregon. Mitigate the risk of losing established capacity due to budget reductions.	<ul style="list-style-type: none"> • Scope and current levels of capacity are defined. • Tracking mechanism for capacity is defined. • Providers at highest risk of loss are identified. • Temporary funding sources and provider eligibility is identified. 	<ul style="list-style-type: none"> • Consistent tracking processes are implemented. • Reporting patterns regarding capacity are identified. • Targeted plans to assist providers at highest risk are defined. • Eligibility processes for temporary funding for providers is completed. 	<ul style="list-style-type: none"> • Support plans for identified providers are implemented. • Continue to review capacity analysis. • Temporary funding sources to ensure compliance requirements are met or maintained are monitored.
Goal: Establish the resources and services specific to quarantine youth with specialized needs.	<ul style="list-style-type: none"> • Analysis for quarantining youth with specialized needs is completed. 	<ul style="list-style-type: none"> • Supportive processes including contracting and communications are completed. • Partnering with facilities and OC&P for supportive services contacts. 	<ul style="list-style-type: none"> • Capacity needs for quarantine sites is reevaluated.
Goal: Support Telehealth delivery of BRS for youth.	<ul style="list-style-type: none"> • Current requirements and best practices related to Telehealth are identified and documented. • Providers who currently met requirements to 	<ul style="list-style-type: none"> • Gaps for providers who are not in compliance are met. • Mechanism to track and monitor compliance for 	<ul style="list-style-type: none"> • Lessons learned from Telehealth service delivery are incorporated and documented into new practice.

	<p>implement Telehealth approach are identified.</p> <ul style="list-style-type: none"> Outstanding gaps for remaining providers are identified. Communications plan for providers is documented. 	<p>Telehealth services providers is identified.</p>	<ul style="list-style-type: none"> New practice and requirements are communicated. Monitor and control progress.
<p>Goal: Implement feedback mechanism through the Senior Health Advisor (SHA) and Public Health partners to the regulatory providers and Child Caring Agency (CCA) partners statewide.</p>	<ul style="list-style-type: none"> Preferred methods of receiving information is confirmed. Current communications to SHA and from SHA to CCAs/partners are documented. 	<ul style="list-style-type: none"> Feedback is solicited from CCAs/partners regarding communications mechanisms. Communication processes are updates based on feedback. 	<ul style="list-style-type: none"> New methods are operationalized. Additional feedback is solicited.

30 Day Task List				
#	Task	Person Assigned	Due Date	Progress
1	Maintain current levels of capacity to serve children and youth in the state of Oregon. Mitigate the risk of losing established capacity due to budget reductions.			
1.1	Define and document scope of current capacity.	Alex Salas	06/19/2020	Complete
1.2	Gather list of current providers.	Consuelo Carrasquillo	06/19/2020	Complete
1.3	Identify risk assessment parameters.	Alex Salas	06/25/2020	Complete
1.4	Analyze current providers and identify which are at highest risk.	Alex Salas	06/26/2020	Complete. Providers with most frequent milieu change at highest risk (such as Homeless & Runaway shelters)
1.5	Identify current sources of temporary funding.	Sara Fox	06/26/2020	Complete: Additional funding provided to all Non-BRS and BRS providers April-June 2020
1.6	Identify which providers may be eligible for additional funding.	Sara Fox	06/30/2020	Complete: Additional funding provided to all Non-BRS and BRS providers April-June 2020
1.7	Collaborate with Oregon Department of Education to identify supports specific to the population requiring treatment services	Sara Fox	7/27/2020	Complete
1.8	Facilitate a distinct Educational Provider Meeting to communicate educational supports, resources and expectations with ODE Special Education Director as guest	Ahnjene Boleyn	8/19/2020	Complete

1.9	Identify additional funding resources for educational supports	Sara Fox	8/10/2020	Complete: up to 2 hours may be billed through Treatment Services contract at \$25/hr for each school day where educational support services are needed.
2	Goal: Establish the resources and services specific to quarantine youth with specialized needs.			
2.1	Define and document specific details regarding specialized needs.	Alex Palm	06/19/2020	Complete
2.2	Begin engagement with supportive services partners for facilities and OC&P contracts.	Alex Palm	06/26/2020	Complete – 3 quarantine sites leased; janitorial services contracted.
2.3	Create invoice support structure and process	Sara Fox	8/2020	Complete: Treatment Services and Facilities collaborative process.
3	Goal: Support Telehealth delivery of BRS for youth.			
3.1	Document all providers which have implemented Telehealth processes.	Jennie Walker	06/15/2020	Complete
3.2	Identify compliance requirements for Telehealth.	Sara Fox	06/19/2020	Complete
3.3	Identify which providers are currently not compliance with Telehealth requirements.	Jennie Walker	06/26/2020	Complete
3.4	Identify engagement plans for noncompliant providers.	Sara Fox	06/30/2020	Complete
4	Goal: Implement feedback mechanism through the Senior Health Advisor (SHA) and Public Health partners to the regulatory providers and Child Caring Agency (CCA) partners statewide.			
4.1	Identify and implement standard location for providers to provide feedback/questions.	Sara Fox	06/22/2020	Complete: FAQ listed on the CCLP website
4.2	Identify SHA preference for receiving information and time to respond.	Sara Fox	06/22/2020	Complete
4.3	Draft a communications response timeline based on SHA preferences.	Sara Fox	06/26/2020	Complete
4.4	Draft communications plan based on timeline.	Sara Fox	06/30/2020	N/A
4.5	Submit communications plan for approval prior to implementation.	Sara Fox	06/30/2020	N/A
4	Goal: Increase consistency in communication to staff with a trauma-informed approach.			
4.1	Request and ensure staff schedule monthly confers.	Sara Fox, Ahnjene Boleyn & Nancy Allen	7/2020	Complete: monthly confers have been transitioned to a virtual format for individuals and/or sub-teams within the unit.
4.2	Request and review trauma-informed materials.	Sara Fox, Ahnjene Boleyn & Nancy Allen	8/2020	Complete: ongoing DHS Director trainings and Dr. Jayia John learnings

4.3	Continue standing virtual meetings.	Sara Fox	6/2020	Complete: all previous in-person meetings have been transitioned to virtual platforms.
4.4	Discuss with team if a virtual all-staff meeting should be pursued.	Sara Fox	6/2020	Complete: Weekly and monthly staff meetings are being held virtually.
4.5	Identify a virtual team building mechanism	Sara Fox	6/2020	Complete: monthly team meetings include a theme with prizes as well as standing roundtable discussions to increase options for communication which may have taken place naturally while in-person.

Known Issues/Risks/Gaps

#	Description	Date Identified	Plan to Address
1	Program is unable to build additional capacity; treatment services is set to absorb 1/3 of the budgetary reduction for the program (22 million for the next fiscal year). This will impact capacity	06/02/2020	Implement plan to maintain current capacity and support providers through budget reduction.
2	If budget issues don't change, capacity may also need to be cut.	06/02/2020	Remain engaged with Leadership to budget information.
3	Providers may not have consistently followed process to implement Telehealth requirements. Requirement additional supports to be compliant.	06/11/2020	Implement plan related to Goal 3.
4	Communications regarding quarantining sites need to remain specific to avoid program liabilities and support accurate perspective.	06/11/2020	Review all communications prior to distribution with Child Welfare communications team.
5	An established program, Salvation Army White Shield, selected to close their program in June 2020.	07/20/2020	In response, an expansion of service delivery is in process with the Family Solutions program. The new, 8 bed, BRS Intensive Behavioral Support program opened in 8/2020 to offset the loss of Salvation Army.