System of Care Advisory Council

SECTION 1. Definitions. As used in sections 1 to 4 of this 2019 Act, unless the context requires otherwise:

(1) "Cultural competence" means accepting and respecting diversity and differences in a continuous process of self-assessment and reflection on one's personal and organizational perceptions of the dynamics of culture.

(2) "Cultural responsiveness" means the process by which people and systems respond respectfully and effectively to individuals of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities, and that protects and preserves the dignity of each.

(3) "Family" includes, with respect to a youth:

(a) A biological or legal parent;
(b) A sibling;
(c) An individual related by blood, marriage or adoption;
(d) A foster parent;
(e) A legal guardian;
(f) A caregiver;
(g) An individual with a significant social relationship with the youth;
(h) Any person who provides support to the youth that the youth identifies as important; and
(i) Any person identified by the youth as being family.

(4) “Services and supports” means public, private and community resources that assist youth in the achievement of positive outcomes, including but not limited to education, child welfare, public health, primary care, pediatric care, juvenile justice, mental health treatment, substance use treatment and services for individuals with intellectual and developmental disabilities.

(5) “System of care” means a coordinated network of services and supports to youth that:
   (a) Integrates care planning and management across multiple levels of care;
   (b) Recognizes disability as a natural and healthy part of the human experience;
   (c) Is culturally and linguistically competent;
   (d) Is designed to build meaningful partnerships with families and youth in the delivery and management of services and the development of policy;
   (e) Has a supportive policy and management infrastructure at the state and local levels; and
   (f) Is community-based with relationships at the local level.

(6) “Youth” means an individual 25 years of age or younger who has, or is at increased risk of developing, chronic behavioral, emotional, physical or developmental conditions and is under the supervision of or engaged with two or more systems of care.

SECTION 2. System of Care Advisory Council; membership; meetings. (1) A commission known as the System of Care Advisory Council is established.

(2) The council consists of 25 members appointed as follows:
   (a) The Chief Justice of the Supreme Court shall appoint one representative from the Judicial Department.
   (b) The Governor shall appoint:
       (A) Two members who are representatives of the Department of Human Services with extensive knowledge of systems of care, one of whom must have direct experience with intellectual and developmental disabilities programs.
       (B) One member who is a representative of the Oregon Youth Authority with extensive knowledge of systems of care.
       (C) One member who is a representative of the Oregon Health Authority with extensive knowledge of systems of care.
       (D) One member who is a representative of the Department of Education.
       (E) Two members who are representatives of coordinated care organizations meeting the criteria adopted by the Oregon Health Authority under ORS 414.625, at least one of which must provide services to rural communities.
       (F) One psychiatrist, one psychologist and one pediatric physician, each of whom must
have clinical experience with youth.

(G) One member who is a representative of an entity that offers commercial insurance.

(H) Three members who are representatives of agencies that provide different services and supports to youth and families of youth.

(I) One member who is a representative of organizations that advocate for youth.

(J) One member who is a representative of organizations that advocate for families of youth.

(K) Two members of the public, each of whom are family members of:

(i) Persons with intellectual or developmental disabilities or mental illness; or

(ii) Persons who are currently or were previously in the foster care system or the youth criminal justice system.

(L) Two members of the public who are no more than 25 years of age and who:

(i) Are persons with intellectual or developmental disabilities or mental illness; or

(ii) Are currently or were previously a ward, youth or youth offender, as those terms are defined in ORS 419A.004.

(M) One member who is a county juvenile department director.

(N) One member who is a county mental health program director.

(O) One member who is a member of a federally recognized Indian tribe in this state or a designee of the Indian tribe.

(P) One member who is a representative of Oregon’s federally mandated disability protection and advocacy agency.

(3) The term of office of each member of the council is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of the term of a member, a successor shall be appointed whose term begins on January 2 next following. A member is eligible for reappointment to one additional term. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(4)(a) Members of the council who are not state employees are not entitled to compensation or reimbursement for expenses and serve as volunteers on the council.

(b) Notwithstanding paragraph (a) of this subsection, members of the council described in subsection (2)(b)(K) and (L) of this section may be reimbursed for travel and other reasonable expenses associated with serving on the council.

(5) Members of the council who are state employees carrying out their state employment functions are entitled to compensation and reimbursement by their employing agencies for actual and necessary travel and other expenses incurred by them in the performance of their official duties as members of the council.

(6) The Governor shall appoint one of the members as chairperson, to serve at the pleasure of the Governor. The members of the council shall elect from among themselves a vice chairperson who shall preside over meetings and exercise the functions of the chairperson during the absence or disability of the chairperson. The chairperson and the vice chairperson shall execute the duties determined by the council to be necessary.

(7) The council shall meet at least four times per year at a place, day and hour determined by the council.

(8) A majority of the members of the council constitutes a quorum for the transaction of business.
(9) The Oregon Health Authority, in coordination with the Department of Human Services, shall provide staff support to the council.

SECTION 3, Purpose and duties of council; rules. (1) The purpose of the System of Care Advisory Council is to improve the effectiveness and efficacy of state and local systems of care that provide services to youth by providing a centralized and impartial forum for statewide policy development and planning.

(2) The primary duty of the council is to develop and maintain a state system of care policy and a comprehensive, long-range plan for a coordinated state system of care that encompasses public health, health systems, child welfare, education, juvenile justice and services and supports for mental and behavioral health and people with intellectual or developmental disabilities. The plan must include, but need not be limited to, recommendations regarding:

(a) Capacity, utilization and types of state and local systems of care and services and supports;

(b) Implementation of in-home behavioral health services, crisis and transition services, therapeutic foster care, in-home family support services and the integration of those services with existing programs of residential services for individuals with behavioral health needs and intellectual developmental disabilities;

(c) Appropriate use of existing systems of care and services and supports;

(d) Whether additional services and supports are necessary to address gaps in coverage;

(e) Methods for assessing the effectiveness of systems of care and services and supports in reducing juvenile dependency or delinquency;

(f) Methods of reducing risk of future juvenile dependency or delinquency;

(g) The effective utilization of the local system of care governance structure;

(h) Guidelines for partner agency core values and guiding principles; and

(i) Guidelines that ensure cultural competence in the provision of services and supports by:

(A) Implementing uniform standards to allow local system of care teams to describe the culturally responsive services and supports available in a system of care.

(B) Providing youth and families with understandable and effective system of care services in a manner compatible with their disabilities, cultural beliefs and practices, literacy skills and language.

(C) Developing and implementing a process to review practices accepted by diverse communities.

(D) Identifying ways to continually improve culturally competent system of care services and implementing a statewide system of care that reflects culturally competent practices.

(3) Other duties of the council are to:

(a) Conduct joint studies by agreement with other state agencies, boards or commissions on any matter within the jurisdiction of the council;

(b) Provide oversight of the implementation of the services described in subsection (2)(b) of this section by the Oregon Health Authority, the Oregon Youth Authority and the Department of Human Services and to provide periodic updates on the agencies’ implementation to the Legislative Assembly;

(c) Provide recommendations to the Director of the Oregon Health Authority, the Director of the Oregon Youth Authority and the Director of Human Services as necessary for
the agencies to maintain and strengthen the systems of care;
(d) Make recommendations to the Director of the Oregon Health Authority, the Director of the Oregon Youth Authority and the Director of Human Services to reduce barriers to implementation of systems of care;
(e) Continually monitor and update the Children’s System Data Dashboard described in section 4 of this 2019 Act, with a specific focus on the number of youth placed in hotels, out-of-state placements, emergency department boarding, congregate care facilities, shelter care or Oregon Youth Authority custody; and
(f) Award grants for the purpose of supporting local system of care governance and for carrying out the recommendations in the council’s plan developed under subsection (2) of this section.

(4)(a) On or before January 2 of each even-numbered year, the council shall update its plan under subsection (2) of this section and submit the plan to an interim committee of the Legislative Assembly related to youth, and to the Governor.
(b) On or before September 15 of each year, the council shall submit a report in the manner provided in ORS 192.245, including recommendations for legislation, to an interim committee of the Legislative Assembly related to youth, and to the Governor, describing how the council is meeting its goals, the remaining barriers to access to services and supports and recommendations for legislation.

(5) The council may:
(a) Apply for and receive gifts and grants from any public or private source.
(b) Adopt rules to carry out the provisions of this section.
(6) All agencies of state government, as defined in ORS 174.111, are directed to assist the council in the performance of the duties of the council, and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the council consider necessary to perform the duties of the council.

SECTION 4. Children’s System Data Dashboard. (1) The System of Care Advisory Council shall maintain the Children’s System Data Dashboard, which must include, at a minimum, the following local and statewide data:
(a) The number of children under 21 years of age, wards, youth and youth offenders being served by the Oregon Youth Authority, the Oregon Health Authority and the Department of Human Services;
(b) The number of children, wards, youth and youth offenders identified in this section who are currently living in each of the following situations:
(A) At home;
(B) In substitute care; or
(C) In specific placement;
(c) The number of children, wards, youth and youth offenders identified in this section who were previously identified as being in danger of removal but who have been able to remain in their homes;
(d) The number of children, wards, youth and youth offenders identified in this section who are living in hotels, out-of-state placements, congregate care facilities, shelter care or emergency department boarding;
(e) The length of time the children, wards, youth and youth offenders identified in this section have been waiting to access services or appropriate placements; and
(f) Outcomes of services that are provided to children, wards, youth and youth offenders by the Oregon Youth Authority, the Oregon Health Authority and the Department of Human Services.

(2) Notwithstanding section 1 of this 2019 Act, as used in this section, the terms “wards,” “youth” and “youth offenders” have the meanings given those terms in ORS 419A.004.

(3) The System of Care Advisory Council may adopt rules to carry out the provisions of this section.

SECTION 5. System of Care Account. The System of Care Account is established in the State Treasury, separate and distinct from the General Fund. All moneys deposited in the account are continuously appropriated to the Oregon Health Authority for the purpose of supporting the duties of the System of Care Advisory Council established under section 2 of this 2019 Act, as directed by the council.

SECTION 6. Reports to Legislative Assembly. The System of Care Advisory Council shall submit the following reports in the manner provided in ORS 192.245, including recommendations for legislation, to an interim committee of the Legislative Assembly related to youth, and to the Governor:

(1) No later than May 1, 2020, a description of all gains agencies have made in strengthening the service continuum, including the work done by agencies participating in systems of care, and a description of the data the council are tracking to demonstrate outcomes of enhanced services and supports.

(2) No later than June 1, 2020, a description of the Children's System Data Dashboard described in section 4 of this 2019 Act, with instructions for how to access the data.

(3) No later than June 1, 2020, a status report regarding the council's development of the plan described in section 3 (2) of this 2019 Act.

(4) No later than September 15, 2020, a description of the council's recommendations to resolve the barriers and challenges to implementation of systems of care.

(5) No later than February 1, 2021, recommendations regarding opportunities for braided and blended funding, including grants to local systems of care to support innovation and the shift to more community-based and in-home services and supports.

(6) No later than September 15, 2021, the details of the council's plan described in section 3 (2) of this 2019 Act.

SECTION 7. ORS 418.975, 418.977, 418.980, 418.982 and 418.985 are repealed.

INTERDISCIPLINARY ASSESSMENT TEAMS

SECTION 8. Interdisciplinary assessment teams. (1) The Department of Human Services, the Oregon Health Authority and the Oregon Youth Authority may contract with public or private providers to establish interdisciplinary assessment teams to provide services to youth.

(2) An interdisciplinary assessment team shall:

(a) Provide evaluation of youth.

(b) Increase statewide education, consultation and telemedicine evaluation, assessment and treatment capacity, with specific emphasis on increasing access to psychiatric and developmental assessments in communities that lack sufficient access to providers.
(c) Prioritize evaluation, assessment and stabilization services provided to youth who are placed in hotels, in out-of-state facilities, in emergency department boarding, in shelter care, in institutional care, in county detention facilities or in the custody of the Oregon Youth Authority.

(3) The Oregon Health Authority, in consultation with the Department of Human Services and the Oregon Youth Authority, shall establish criteria for proposals for contracts under this section, prepare and publish requests for proposals, receive proposals and award contracts to eligible providers.

(4) As used in this section “system of care” and “youth” have the meanings given those terms in section 1 of this 2019 Act.

MISCELLANEOUS

SECTION 9. Notwithstanding the term of office specified by section 2 of this 2019 Act, of the members first appointed to the System of Care Advisory Council:

(1) Nine shall serve for a term ending January 1, 2021.

(2) Eight shall serve for a term ending January 1, 2022.

(3) Eight shall serve for a term ending January 1, 2023.

SECTION 10. No later than June 1, 2020, the System of Care Advisory Council shall develop and deploy the Children’s System Data Dashboard described in section 4 of this 2019 Act.

SECTION 11. (1) Section 10 of this 2019 Act is repealed on January 2, 2021.

(2) Section 6 of this 2019 Act is repealed on January 2, 2022.

SECTION 12. The unit and section captions used in this 2019 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2019 Act.