

# SOCAC

System of Care Advisory Council

**Date:** September 13, 2024

**To:** Governor Tina Kotek  
Senate Interim Committee on Human Services  
House Interim Committee on Early Childhood and Human Services  
Senate Interim Committee on Education  
House Interim Committee on Education  
Senate Interim Committee on Health Care  
House Interim Committee on Behavioral Health and Health Care  
Senate Interim Committee on Housing and Development  
House Interim Committee on Housing and Homelessness  
Joint Interim Committee on Addiction and Community Safety Response

**From:** Adam Rodakowski and Annette Majekodunmi, Co- Chairs System of Care Advisory Council

## 2024 System of Care Advisory Council Report

The System of Care Advisory Council (SOCAC) was established by the Oregon Legislature in 2019 to improve the effectiveness of state and local systems of care that provide services to youth, ages 0 – 25. The SOCAC provides a centralized and impartial forum for statewide policy development, planning, and funding strategy recommendations.

*Our Vision: A future where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities.*

The primary duty of the council is to develop and maintain System of Care (SOC) related policy and a comprehensive, long-range strategic plan for services and supports for children and youth in Oregon. The strategic plan should address behavioral health, Medicaid-funded services and supports, child welfare, education, juvenile justice, public health, and services and supports for young people with substance use disorders and children and youth living with intellectual and developmental disabilities (I/DD).

SOCAC is required to file an annual report to the Governor and Legislature, describing recommendations for legislative and agency action, barriers to access to

children’s services and supports, and how the council is meeting its goals. This report covers August 2023 through August 2024.

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## Recommendations for Legislative Action

Recent media reports<sup>1,2,3,4</sup> have highlighted that Oregon ranks last or almost last in the nation for access to children’s and youth behavioral health services. Media reports also describe stark racial inequities in Oregon’s child-serving systems. Improving youth services and supports is the most important strategy our state can use to reduce the number of adults with acute mental and behavioral health needs.

In response, Oregon’s Legislature must take strategic steps towards improving funding for youth services, including behavioral health, intellectual and developmental disability (I/DD) supports, public education, and juvenile justice. While a focus on residential or inpatient treatment services may feel most responsive to the current need, **research strongly indicates that most youth thrive when the services and supports they need are available at home or in their community**, rather than through inpatient treatment at a facility. At the same time, due to two decades of underfunding and the confusing, siloed nature of Oregon’s child serving agencies, there are more youth with high-acuity treatment needs than would exist if community-based treatment services were readily available. The result of this chronic underfunding is that some youth have much higher acuity than they otherwise would, and Oregon should ensure they get access to the residential treatment services they need.

### Spotlight on Family Voice:

“Imagine being given a recipe, but instead of all the ingredients, you get random things, and you still need to produce the finished product. That’s what it feels like navigating the system and getting our needs met.”

SOCAC is currently conducting a statewide children’s system assessment, to determine what services exist, who is getting services and who is not, and what funding streams are paying for those services. Once that assessment is complete, SOCAC will have specific data as to which services need investments or policy changes to meet the level of need. The State has recently increased investment in residential treatment services for youth. There have also been significant policy changes and program mandates made by the Legislature in a rightful attempt to improve the children’s system. While new programs can be helpful, that strategy often diminishes attention to ongoing program building and stabilization work needed from state agencies, as they pivot to accomplish timelines mandated by new legislation. For this reason, **the priority for the 2025 Session should be system stabilization through adequate funding**. This way we can identify remaining gaps and definitively establish the number of youth residential treatment beds needed once the evidence-based services in mid-implementation are fully functioning across the state.

- **Specific recommendations for agency or legislative action are highlighted with a red arrow.**

<sup>1</sup> <https://www.kgw.com/article/news/health/healthier-together/may-mental-health-awareness-month-youth-mental-health-crisis-oregon/283-fceafe5f-9df7-4a90-81a6-52e99ebdbaf>

<sup>2</sup> <https://www.opb.org/article/2024/07/11/oregon-help-lines-youth-of-color/>

<sup>3</sup> <https://www.thelundreport.org/content/kotek-behavioral-health-presentation-leaves-questions-unanswered>

<sup>4</sup> <https://mhanational.org/issues/state-mental-health-america>

SOCAC recognizes Oregonians calling for increased access to residential treatment services for youth with complex needs, youth with substance use treatment needs, and other high-acuity youth. **SOCAC supports a capacity-based payment model for youth residential treatment services to expand access to currently licensed residential treatment beds**, while the system stabilization strategies outlined below are implemented. This strategy addresses the high-acuity youth mental health crisis in Oregon, without slowing progress on evidence-based prevention and early intervention services which are the foundation of a functioning children’s system.

- The Legislature should direct OHA to develop a capacity-based payment model for youth residential treatment services.

**Spotlight on Youth Voice:**

“While I get increasing beds in facilities as a short-term solution, I recommend increasing beds in shelters, and money towards basic needs that impact youth mental health (food, shelter, community resources, access to nature). So much of the time these resources for youth are at capacity and youth are left homeless and in need.”

**The following evidence-based services and supports require full funding to close gaps in the children’s system.** Oregon Legislature should fully fund the following youth services, and direct OHA to ensure existing rules allow access to care for all of Oregon’s children:

- [EPSDT](#): Early and Periodic Screening, Diagnosis, and Treatment is an Oregon Health Plan benefit that requires all OHP members up to age 21 are provided age-appropriate medical exams, screenings, and diagnostic services, and that any medically necessary treatments for physical, dental, developmental, or mental health conditions be provided in response to those exams. **Ensuring children and youth are diagnosed and treated as early as possible will reduce acuity across the system.**
  - The Legislature should direct OHA to require CCOs ensure all assessments and supports identified by those assessments are provided, regardless of whether providers exist in network or not.
- [BRS](#) for all: Behavior Rehabilitation Services improve the lives of children and adolescents by providing counseling, skills-training, and behavioral support services. Currently, the only way to access these services is through ODHS-Child Welfare (CW) or the Oregon Youth Authority (OYA). CW and OYA are ‘crisis-response’ systems which require children to experience significant disruption before becoming eligible for this service.
  - **OHA should ensure BRS is available to any child or youth for whom it is clinically appropriate, with funding provided by the Oregon Legislature**, allowing lower acuity youth to get BRS services in their homes or communities, and preventing crises from requiring law enforcement or child welfare involvement.
  - OHA should create a centralized referral pathway for BRS and require CCOs to use that pathway, to effectively connect children and youth to needed care quickly.
  - State-provided funding should prioritize the components of BRS which are based in Collaborative Problem Solving (CPS), and address trauma that is the cause of most behavioral challenges.
- [IIBHT](#): Intensive In-Home Behavioral Health Treatment, is a program of OHA which assigns a multidisciplinary team of professionals to provide 24/7 proactive support and crisis response services to a child and their family. This program is a good option for children with moderate to high acuity, especially those with other care needs who can best be cared for by their family, at home. CCOs are mandated to cover IIBHT for OHP members, but [service delivery reports](#)

indicate that the program requires significant expansion in order to meet current needs. Providers report that the current IIBHT rules (OARs) are cumbersome and often create barriers to providing effective services. When IIBHT services are identified as medically necessary through the EPSDT screenings mentioned above, IIBHT services are eligible for Federal matching funds.

- **The Legislature should direct OHA to revise IIBHT rules ensure communities of all sizes and diversities across Oregon can stand up the IIBHT program.**
- The Legislature should direct OHA to work with CCOs to maximize Federal funding matching for IIBHT services.
  
- [MRSS](#): Mobile Response and Stabilization Services are crisis response services for children, youth, and their caregivers. Accessed through the 988 hotline, these services provide an in-person crisis response to de-escalate a crisis, connect children and families to services in their home or community, and prevent involvement with an emergency room or law enforcement. Children and caregivers can access stabilization services for up to 56 days after the initial crisis. **This evidence-based service only receives \$10 million dollars in funding annually, to cover services statewide.** While many MRSS services may be Medicaid billable for OHP members, the service itself does not discriminate based on insurance type (or lack of insurance) and costs for a fully functioning MRSS system well exceed the \$10M allocation, creating an inadequate and sparse system across the state. In addition, MRSS rules require resources which many rural communities do not have.
  - The Legislature should direct OHA to revise MRSS rules to ensure communities of all sizes and diversities across Oregon can stand up MRSS services.
  - The Legislature should fully fund MRSS services in the 2025 Session.
  
- [ERDC](#): Employment Related Day Care, a program of the Department of Early Learning and Care, helps families who are working, in school, or using Temporary Assistance for Needy Families (TANF), by subsidizing the cost of childcare. **ERDC allows young children access to certified, licensed childcare providers while their parents pursue economic stability.** Changes made to ERDC in 2023 have improved access to this important service, but due to lack of funding, there is a waitlist for families to access this prevention-focused service.
  - The Legislature should increase funding for ERDC.
  
- [SB 1557 \(The Culture of Yes\)](#): This bill requires ODHS and OHA to collaborate to ensure all children or youth who live with I/DD and mental health challenges who are eligible for Medicaid Home and Community-Based Services receive the services to which they are entitled. Funding for that bill only covered the cost of policy analysis and reporting. In order to accomplish the goals of the Culture of Yes, services and supports for dually diagnosed young people must be built. This work takes time and resources, which have not yet been provided.
  - The Legislature should provide the necessary resources to establish service delivery infrastructure and fund the staff to provide these services in the 2025-2027 budget.
  
- School-based services and supports: [Oregon School-Based Health Centers](#) and [School-Based Mental Health Partnerships](#) provide easy access to care through our public school system. These

**Spotlight on Youth Voice:**

“While we focus on building programs and improving access, we ask for funding toward training and support for schools and healthcare providers around supporting neurodivergent and disabled populations, in an affirming way. This is an area that is very under resourced and is very needed.”

separate services are key to early intervention and prevention for youth who need mental or physical healthcare that they would not otherwise have access to.

- The Legislature should fully fund both programs to ensure students are able to thrive at school and in their communities.

## How the Council is Meeting its Goals

SOCAC has spent the last 12 months building partnerships across agencies, between people with lived experience (PWLE) and agency/provider partners. We have improved partnerships between Oregon’s child serving state agencies, primarily Oregon Department of Human Services (ODHS) Child Welfare and Office of Developmental Disability Services; Oregon Department of Education; Oregon Youth Authority; Oregon Health Authority; and county juvenile justice services.

SOCAC has been working with other advisory bodies to clarify scope and roles, improve effectiveness, and decrease duplication. We have built strong connections to the [Governor’s Foster Care Advisory Commission](#) to develop recommended strategies to eliminate the practice of temporary lodging in the Child Welfare System. We have partnered with [Youth Development Oregon](#) to align our strategies for cross-system partnership and amplify YDO’s work on youth re-engagement in education and career training. To further this work, SOCAC developed a [cross-agency communication tool](#) to help identify, streamline, and align the work of related advisory bodies.

Internally, SOCAC has improved processes and policies to accomplish the values in our [Strategic Plan](#). We updated our [Bylaws](#) and hired 2 new staff: one limited duration administrative support specialist, and a policy analyst to support meaningful engagement for people with lived experience in using Oregon’s child-serving systems.

In this reporting period, SOCAC published two reports: [The Data Report](#), to provide data for policy-makers to address disproportionality in Oregon’s children’s system; and the [Respite Report](#), which outlines the current state of respite services for children and youth in Oregon and provides policy recommendations for improving access to this evidence-based prevention service for children, youth, parents and other caregivers.

In the 2024 Legislative Session, SOCAC was assigned several tasks.

- [HB 4151](#) directed SOCAC to convene a subcommittee to make recommendations on building a culturally and linguistically appropriate behavioral health workforce to serve youth.
- [HB 5204](#) directed SOCAC to enter contracts to provide regional trainings on appropriate services and supports for drug endangered children.
- [HB 4002](#) directed SOCAC to partner with the Alcohol & Drug Policy Commission to craft a state strategic plan for addressing youth opioid addiction treatment.

Each of these directives was adequately funded by the Legislature, for which we are grateful. However, a major challenge remains in SOCAC’s ability to complete these mandates: the SOCAC does not have legal authority to enter contracts – only to issue grants. As a result, SOCAC struggled to complete the contracting process for the facilitator for the work described in HB 4151, though that contract is now fully executed.

SOCAC has not been able to complete a contract for project management related to the work assigned in HB 5204, though the training contract is signed and in-process. SOCAC is currently managing the

project management duties required by the mandate in HB 5204 in-house, significantly straining staff bandwidth. SOCAC has consulted with DOJ to determine what solutions to this problem may exist and hopes to solve this problem with our 2025 legislative concepts.

For the work mandated by HB 4002, **SOCAC and the Alcohol and Drug Policy Commission (ADPC) are collaboratively developing a strategic plan related to youth substance use disorder treatment.** This work is being co-led by youth leaders from the SOCAC's Youth Council and ADPC Commissioners. The resulting guidance will be incorporated in ADPC's 2026-2030 Strategic Plan and the 2026-2030 Children's System of Care Strategic Plan. The plan will focus on supporting early intervention and pathways to holistic support in settings in which youth are most likely to seek help for substance use (schools, emergency rooms, juvenile justice, community-based organizations, pediatrics, and primary care) and the creation of education, training, professional development, and public awareness campaigns for families, youth, and youth serving professionals and providers.

SOCAC has had a positive impact on children and families who use state-funded services and supports to meet their needs. According to the SOC Data Dashboard, 655 people under age 25 were multi-system involved in 2023, down from 783 in 2020. **While the number of young people served by behavioral health and I/DD systems is trending upwards, the number of children involved in child welfare is decreasing and the number with juvenile justice involvement is holding steady.**

When evaluating the effectiveness of our child-serving system, SOCAC looks at the number of children who are getting their needs met by the lowest-intensity service possible. It may seem that Oregon should strive to reduce the number of children using multiple systems to zero, but that would be unwise. Imagine a child with mental health challenges, who lives with an intellectual or developmental disability, who lives with parents who are not willing to safely care for their child. SOCAC would never advocate that Child Welfare should not become involved because this child is already involved in 2 other systems. As SOCAC works to refine Oregon's data system related to children's services, our ability to understand the right size and intensity of the children's system of care will improve. In the meantime, it is critical to remember that **every number in these reports represents a whole person, with goals and hopes and strengths and challenges, and our work is to create a system that supports and honors every child in Oregon.**

### Remaining Barriers to Access to Services and Supports

SOCAC is crafting the 2026-2030 Children's System of Care Strategic Plan, to be released in early January 2026. Part of the strategic planning process includes assessing current services across Oregon's system of care, understanding gaps in services, and seeking solutions for those gaps. This process will include both quantitative and qualitative data strategies including using Medicaid and insurance claims data, the [Data Dashboard](#), focus groups and other qualitative methods. While the Office of Reporting, Research, and Analytics ([ORRAI](#)) is a primary source of data about the system of care, their internal capacity to meet SOCAC's data requests has been a challenge due to lack of funding and adequate staffing. Furthermore, securing children's system data from state agencies is difficult due to federal policy, complicated data use agreements, lack of centralized or coordinated agency processes for handling data requests, and lack of authority to provide children's system data to evaluators and advisory groups.

In May of 2023, SOCAC released the [Safety Workgroup Report](#), which describes how Oregon’s child serving system can become a trauma-informed service environment through specific policy and practice changes. SOCAC continues to partner with parents, youth, providers, and agencies to improve access to services and supports, and increase positive outcomes for youth, in the manners described in the report. State policy changes remain necessary to fully implement the vision outlined in this report. **SOCAC strongly urges the Legislature to improve the regulatory environment for children’s services before investing in new services or supports.**

**Spotlight on Family Voice:**

“It’s not people or communities who are broken, it’s the system. We want the system to trust individuals to positively impact our communities. We know what is needed and we are telling you. Trust us and work with us.”

The [2024 Youth Respite Report](#) outlines a number of policy recommendations to expand and enhance youth respite, a missing yet foundational service within the continuum of care, and the need for which was highlighted both in the [Special Masters](#) report and [OHA’s 2023 Ombuds Report](#). While SOCAC’s Respite Workgroup will initially focus on improving access to information about existing respite services, additional funding is needed for comprehensive expansion and access. SOCAC issued recommendation to OHA and CCOs to expand respite access through Medicaid waivers, Health Related Services and In Lieu of Services, though that effort was not successful in 2024.

- SOCAC recommends the legislature fund respite services for children and youth regardless of insurance type, mental health diagnosis, I/DD status, or child-welfare involvement.

The [2023 SOCAC Legislative Report](#) discussed gaps in Oregon’s data which prevent a full understanding of Oregon’s children’s system services, payers, access, and gaps which exist in geographic regions of the state. To close this gap, SOCAC has partnered with OHA’s Health Policy Analytics (HPA) division to dedicate a full-time Research Analyst to Oregon’s children’s system of care. SOCAC has also established contracts with Oregon Health & Science University (OHSU) and University of Connecticut’s Innovations Institute to study Oregon’s children’s system and provide up-to-date information on which services exist, where services are provided, who pays for services, and who is or is not getting access to those services. These assessments will form the basis of the 2026 – 2030 Children’s System of Care Strategic Plan, which will be a 4-year plan to improve access, effectiveness, and outcomes for children’s and youth services in Oregon.

SOCAC intends for the Oregon Legislature to use the 2026-2030 System of Care Strategic Plan to outline specific strategic policy and funding recommendations to significantly improve Oregon’s child-serving system. Until that plan is completed, **SOCAC recommends that the Legislature focus on stabilizing and fully funding existing services and supports for children and youth as outlined in this report**, including addressing regulatory barriers in the [Safety Workgroup Report](#).

- **SOCAC strongly recommends against establishing new programs or services in the 2025 Session**, so that, in 2026 and 2027, we can all move forward in alignment, guided by the 2026 – 2030 Children’s System of Care Strategic Plan.

## Highlight: Disparities in Youth Suicide Rates

The [2023 Youth Suicide Intervention and Prevention Plan Annual Report](#) shows the number of suicides among Oregon youth identified as white have decreased since 2018, but the suicide numbers for youth of color have remained the same or increased slightly. **Legislative action to address this disparity requires investments in services that youth of color will engage with – services provided by peers, in schools or at youth drop-in centers, and services provided by people who understand the cultural dynamics affecting youth of color in Oregon today.**

- Youth of color who are at risk of suicide need legislative investments in a workforce trained to serve their specific needs, addressing their unique concerns with compassion. Prevention, promotion and policy change are happening, at state agencies, in schools, and across Oregon communities. However, suicide prevention for youth of color requires cultural specificity and intentional investment.
- Investing in providers knowledgeable about cultural practices, hiring people with this knowledge to train other providers, and hiring people from marginalized communities with lived experience in suicidality to support their communities are necessary actions.
- Ensure technical support and assistance to smaller, culturally specific providers for funding using a bi-directional strategy – provide training for ‘mainstream’ providers to improve cultural competency as well as investments in culturally specific community-based providers to improve access to their services.
- Private insurance coverage is necessary for these services, not just Medicaid. Families who rely on veteran’s insurance have a very hard time getting to mental and behavioral health providers. These insurance gaps must be closed to ensure Oregon has a fully functioning system of care.
- Require the MRSS and IIBHT programs at OHA to fund promising practices and natural supports that data shows work well for Black youth and young adults, with a particular focus on suicide prevention, intervention, and response supports. OHA and SOCAC can work together to develop a process for reviewing promising practices for providing treatment and prevention supports for Black youth and young adults which have not had the institutional support to achieve ‘best practice’ status.
- Services provided in home or community settings, not facility-based care, is recommended by people from marginalized communities with history of suicide risk.

### Spotlight on Youth Voice:

“Many of us do not feel safe in in-patient facilities and need people who we can trust and who are safe for our community. A lot of my community has experienced harm in these facilities. We recommend funding toward respite services that are community run, creating more programs that are led directly in community, and funding toward mental healthcare that is not connected to police.”

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## Conclusion

Oregon’s system of care for children and youth is ranked last in the country for access to care. The SOCAC urges the Oregon Legislature to fully fund the children’s system, focusing on the programs and services identified in this report, to improve access to appropriate care for young Oregonians. In addition, **SOCAC asks the Legislature to work with agency partners, especially ODHS and OHA, to adapt rules and regulations to be trauma-responsive, attainable by communities with different levels of resources, and accessible for youth and families before a crisis takes place.** Once the necessary investments and rule changes are made for those programs, it will be possible to determine what additional changes to the children’s system are necessary so Oregon’s young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities.