
Child and Family Behavioral Health (CFBH)

Presented to House Behavioral Health and Health Care Committee

June 7, 2023

Alisha Overstreet, Parent, Family Representative on System of Care Advisory Council

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CHILD AND FAMILY BEHAVIORAL HEALTH
Health Systems Division

Presentation Overview

Lived Experience

- Family members
- Providers
- System partners

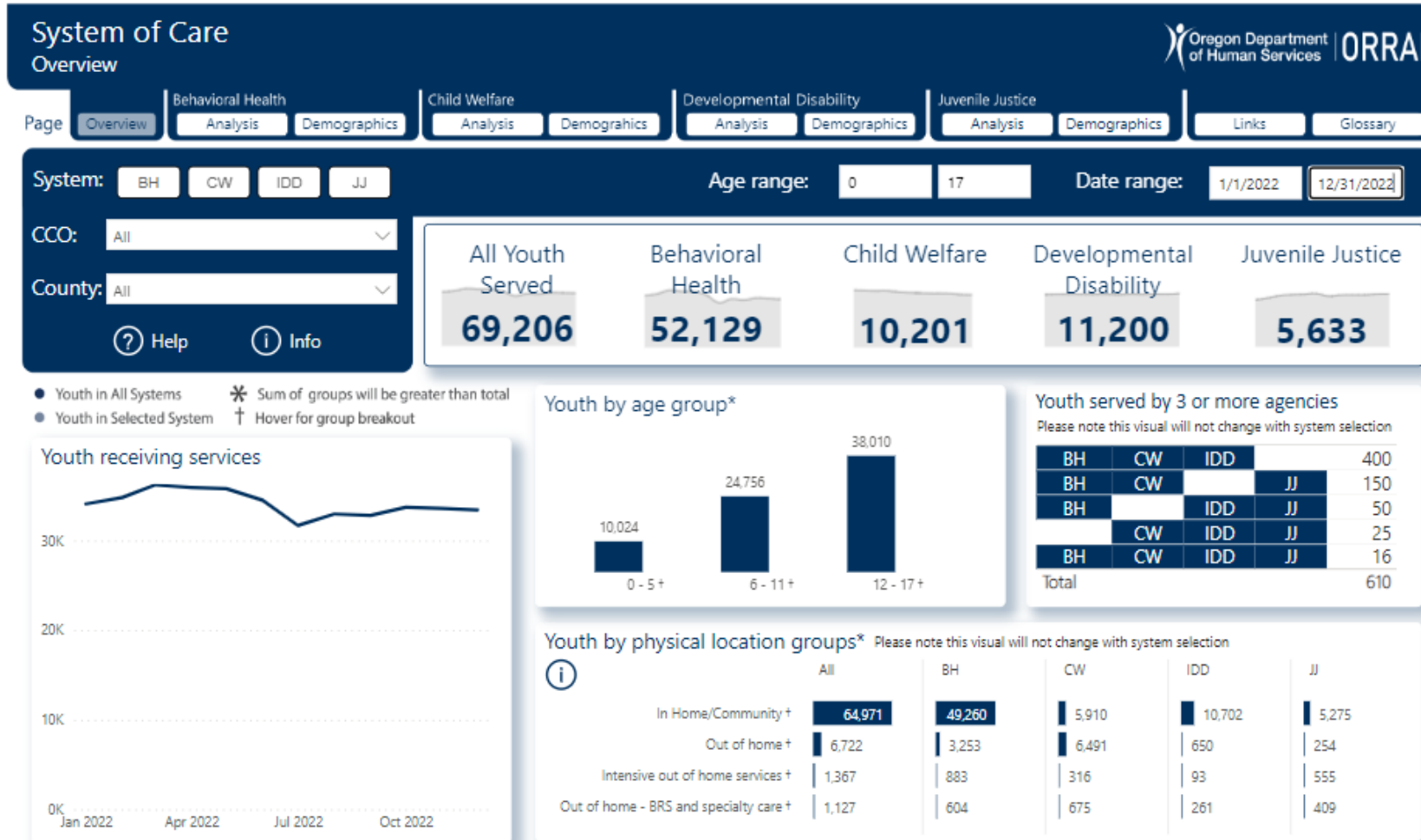
Overview of CFBH Continuum

- Pillars
- Prevention
- Program
- Plan

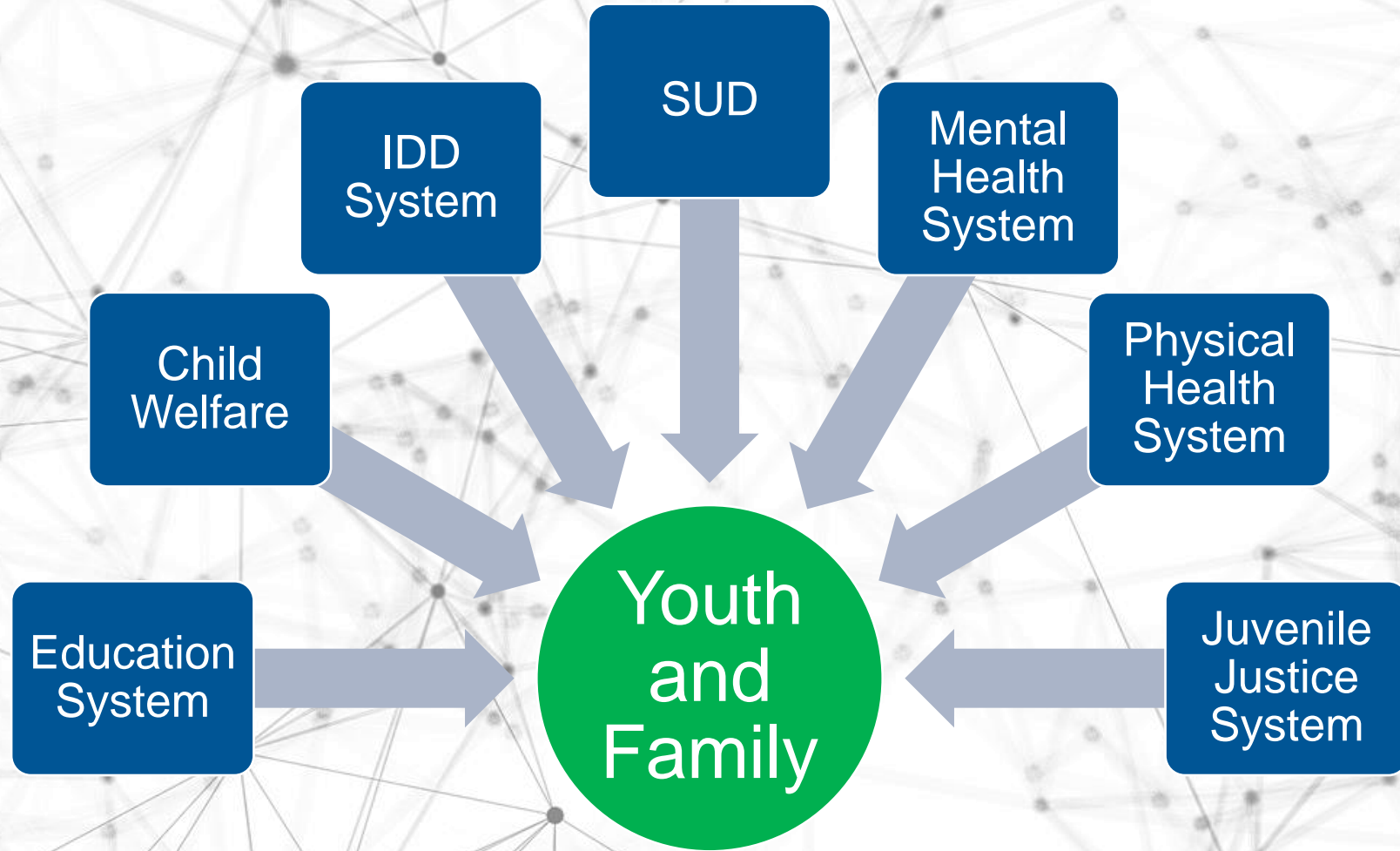




Children's System of Care Data Dashboard



System Complexity



- Suicide Prevention and Intervention
- Mental Health Promotion and Prevention
- School-based Substance Use Disorder (SUD) Prevention and Harm Reduction

Prevention

- School-based Outpatient Mental Health
- Outpatient Substance Use Disorder Treatment
- Intensive In-home Behavioral Health Treatment
- Psychiatric Day Treatment
- Mobile Response and Stabilization Services – *beginning 2023*
- Restorative Services
- Interdisciplinary Assessment Teams

Community

- SUD Residential
- Psychiatric Residential Treatment
- Sub-acute Residential Treatment
- Commercially Sexually Exploited Youth program
- Secure Inpatient Programs
- Restorative Services
- Behavioral Rehabilitation Services

Residential

Early Childhood

- Parent Child Interaction Therapy
- Generation PMTO (Parent Management Training Oregon model)
- Child Parent Psychotherapy
- Diagnostic crosswalk

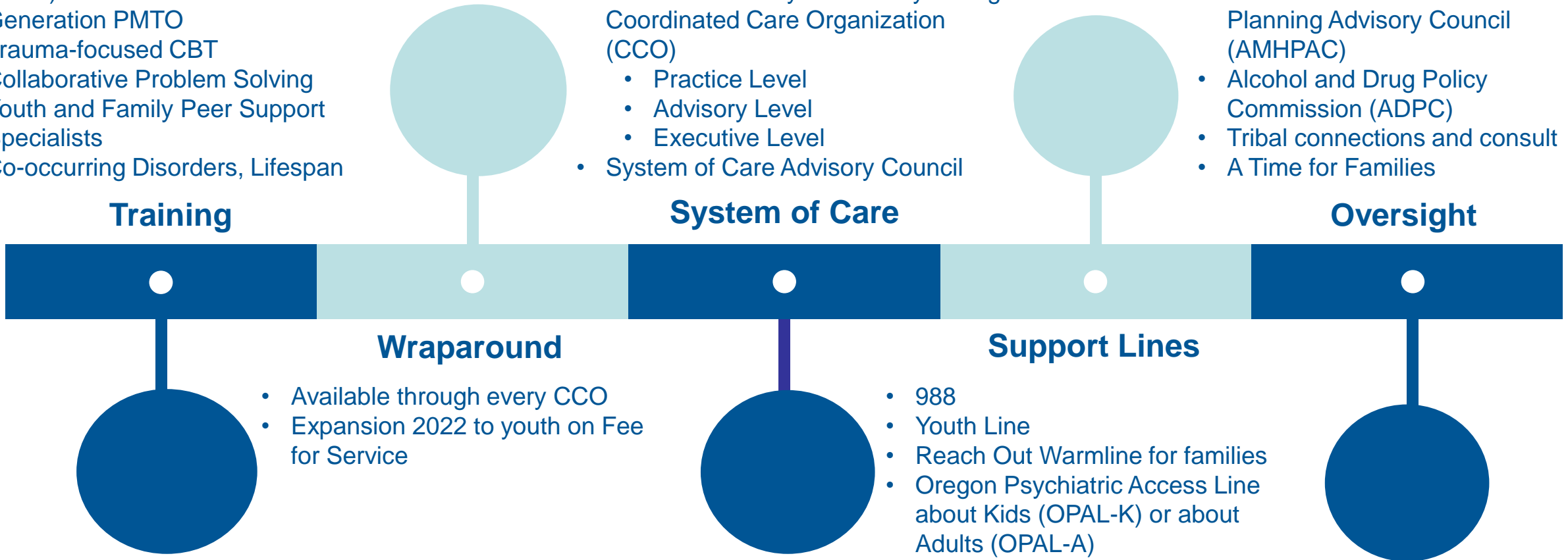
Young Adults

- Early Assessment and Stabilization Alliance (first episode psychosis) program
- Youth Hubs
- Young Adults in Transition Group Homes

- Youth Suicide Assessment and Prevention
- Trauma Informed Approaches
- Eating Disorder Treatment
- Parent Child Interaction Therapy (PCIT)
- Generation PMTO
- Trauma-focused CBT
- Collaborative Problem Solving
- Youth and Family Peer Support Specialists
- Co-occurring Disorders, Lifespan

- Available to every community through Coordinated Care Organization (CCO)
 - Practice Level
 - Advisory Level
 - Executive Level
- System of Care Advisory Council

- Children’s System Advisory Council (CSAC)
- Oregon Alliance to Prevent Suicide
- Addictions and Mental Health Planning Advisory Council (AMHPAC)
- Alcohol and Drug Policy Commission (ADPC)
- Tribal connections and consult
- A Time for Families



Training

System of Care

Oversight

Wraparound

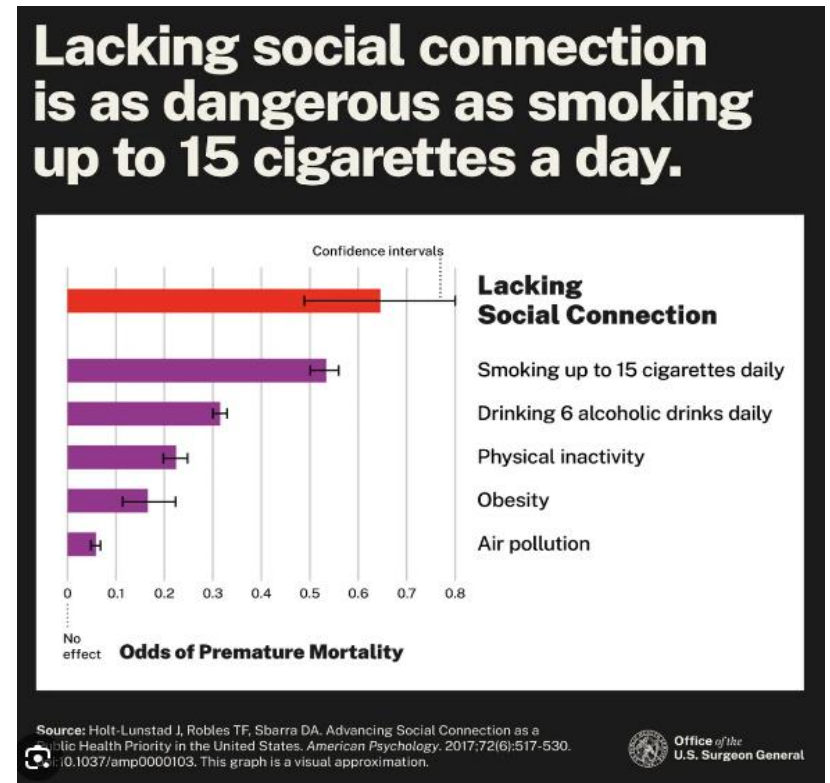
Support Lines

- Available through every CCO
- Expansion 2022 to youth on Fee for Service

- 988
- Youth Line
- Reach Out Warmline for families
- Oregon Psychiatric Access Line about Kids (OPAL-K) or about Adults (OPAL-A)

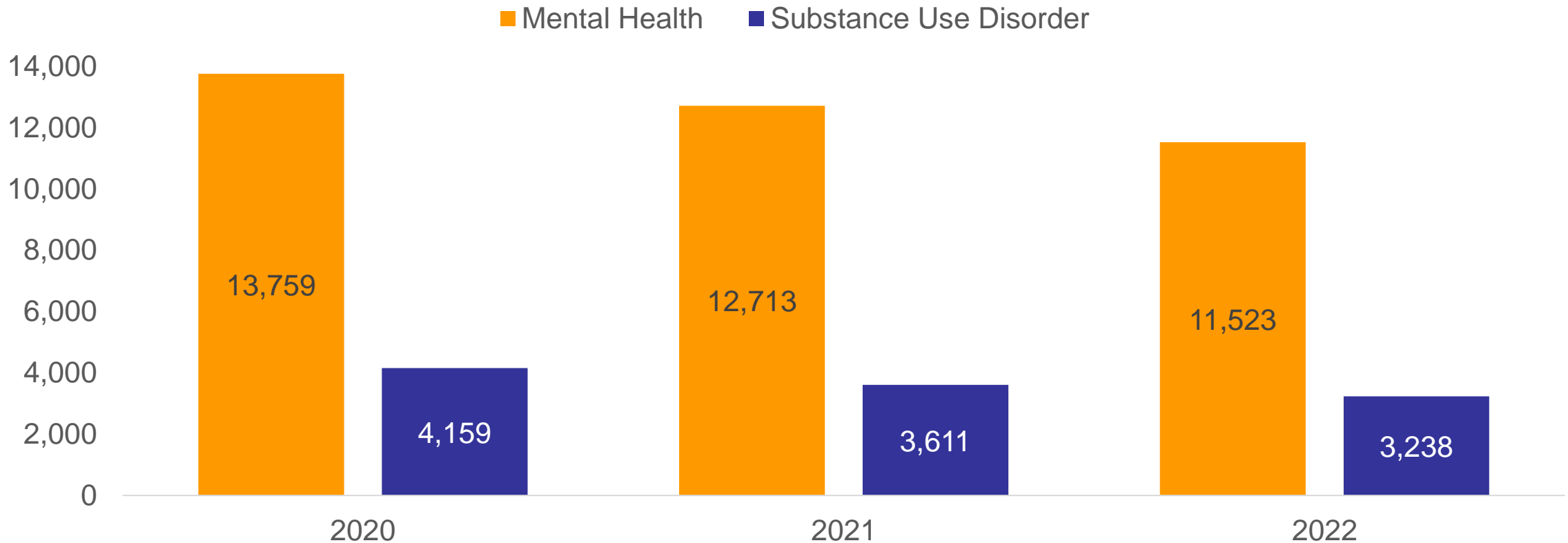
Youth Mental Health Crisis

- Impact of COVID-19
 - Increased social isolation and hopelessness
 - Emergency department visits
 - Loss of a caregiver
- Impact of climate change
 - Climate-related disasters
 - Overarching threat
- Loneliness and social isolation are widespread in the US
 - Growing problem in youth
 - Rate of loneliness among young adults has increased every year between 1976 and 2019



Emergency Department Discharges

Emergency Department Discharges for Mental Health and Substance Use, Ages 0-25, by Year

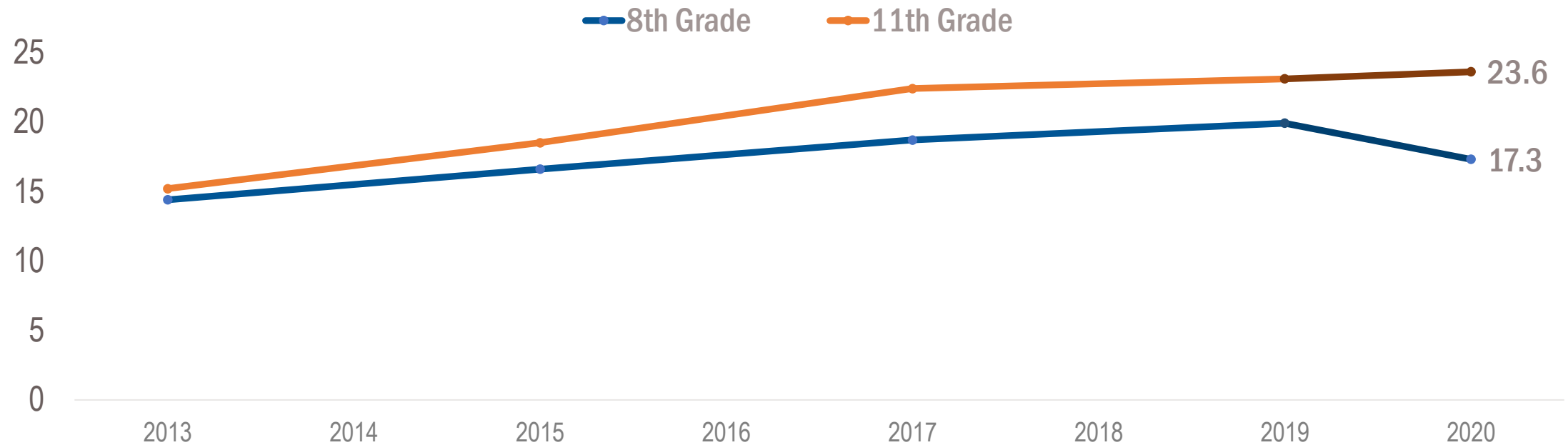


Youth Overdose Deaths Have Increased

- Fatal overdoses among youth (0-17) in Oregon more than doubled between 2020 and 2021
 - From less than 10 overdose deaths in 2020 to 16 deaths in 2021
- Fentanyl contributed to most youth overdose deaths in 2020-2021
 - 83% in 2020, 75% in 2021
- Youth comprise a small number of total overdose deaths but had the fastest growing death rate

Unmet Emotional or Mental Health Care Needs

Percentage of Students Reporting Unmet Emotional or Mental Health Care Needs, by Year



Source: 2020 Student Health Survey, 2019 Oregon Healthy Teens Survey



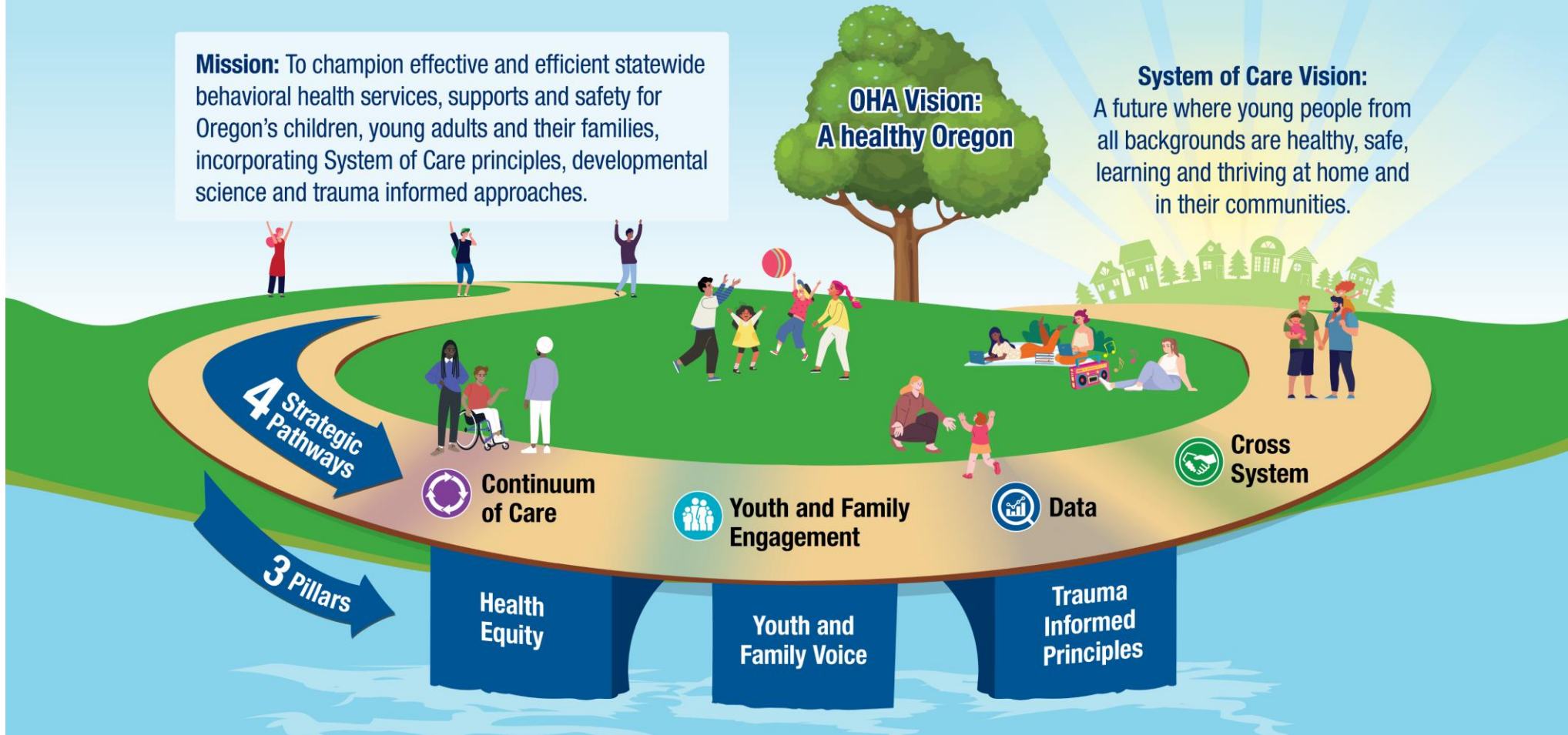
- **Pillars**
 - Prevention
 - Programs
 - Plan
-

Children's Behavioral Health in Oregon

Mission: To champion effective and efficient statewide behavioral health services, supports and safety for Oregon's children, young adults and their families, incorporating System of Care principles, developmental science and trauma informed approaches.

OHA Vision:
A healthy Oregon

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





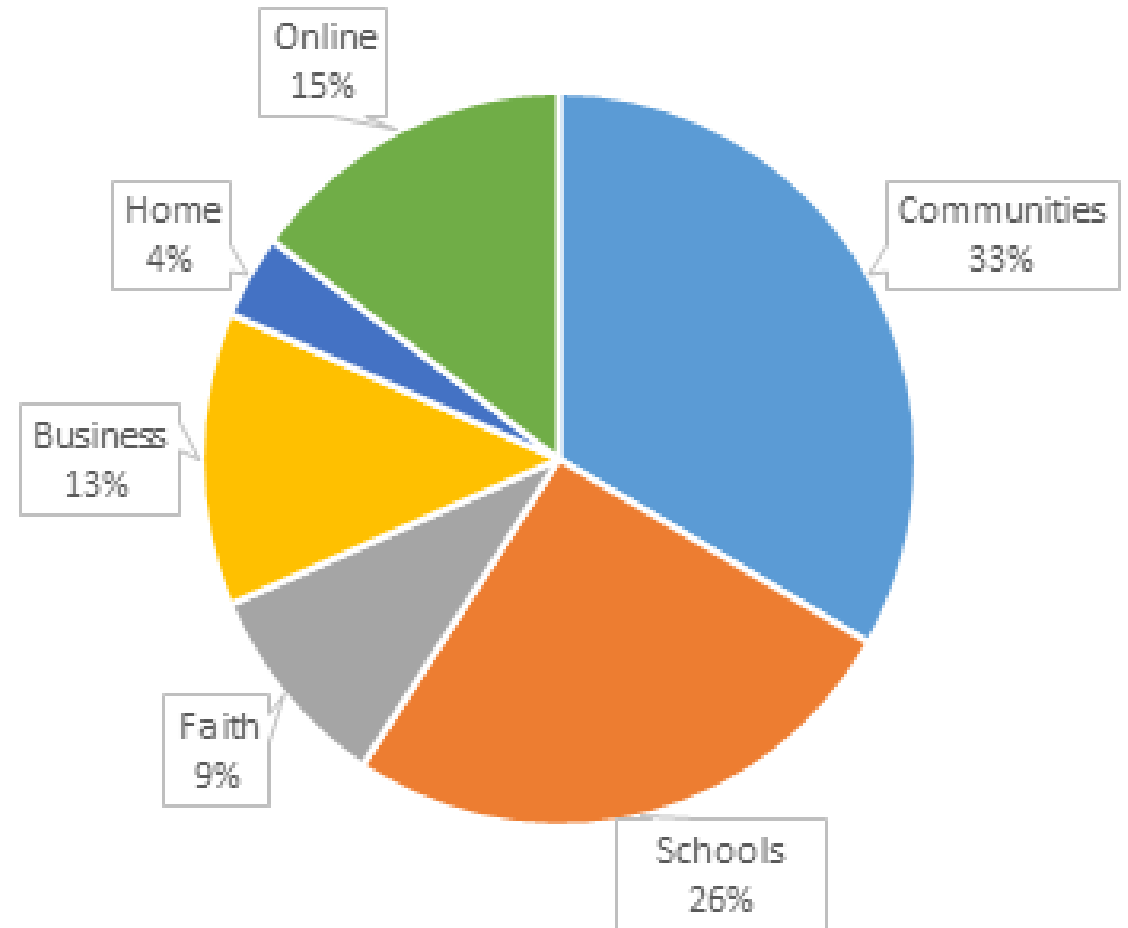
- Pillars
 - **Prevention**
 - Programs
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-

Children's Behavioral Health is Preventative

- Children make up nearly 40% of OHP members
- Behavioral health need starts early
 - 50% before the age 14
 - 75% by age 24
- We must begin with **this** generation to make long lasting positive impacts

Mental Health Promotion and Prevention

- Activities to support mental determinants of wellness
 - Social emotional competence
 - Individual skill development
 - Healthy communities



Youth Suicide Prevention Programing Available at low or no cost

Wellness and coping skills

Screen and Refer

Warning Signs

Treatment

Advanced Skills

- CAMS • DBT
- AMSR • CBT

School Suicide Prevention and Wellness Team
Adi's Act Support

Click on any logo for more information

Connect Postvention

Logos: SOURCES OF STRENGTH (Elementary Curriculum), USA MENTAL HEALTH FIRST AID, Youth SAVE, SSAL, ASIST, QPR, CALM.

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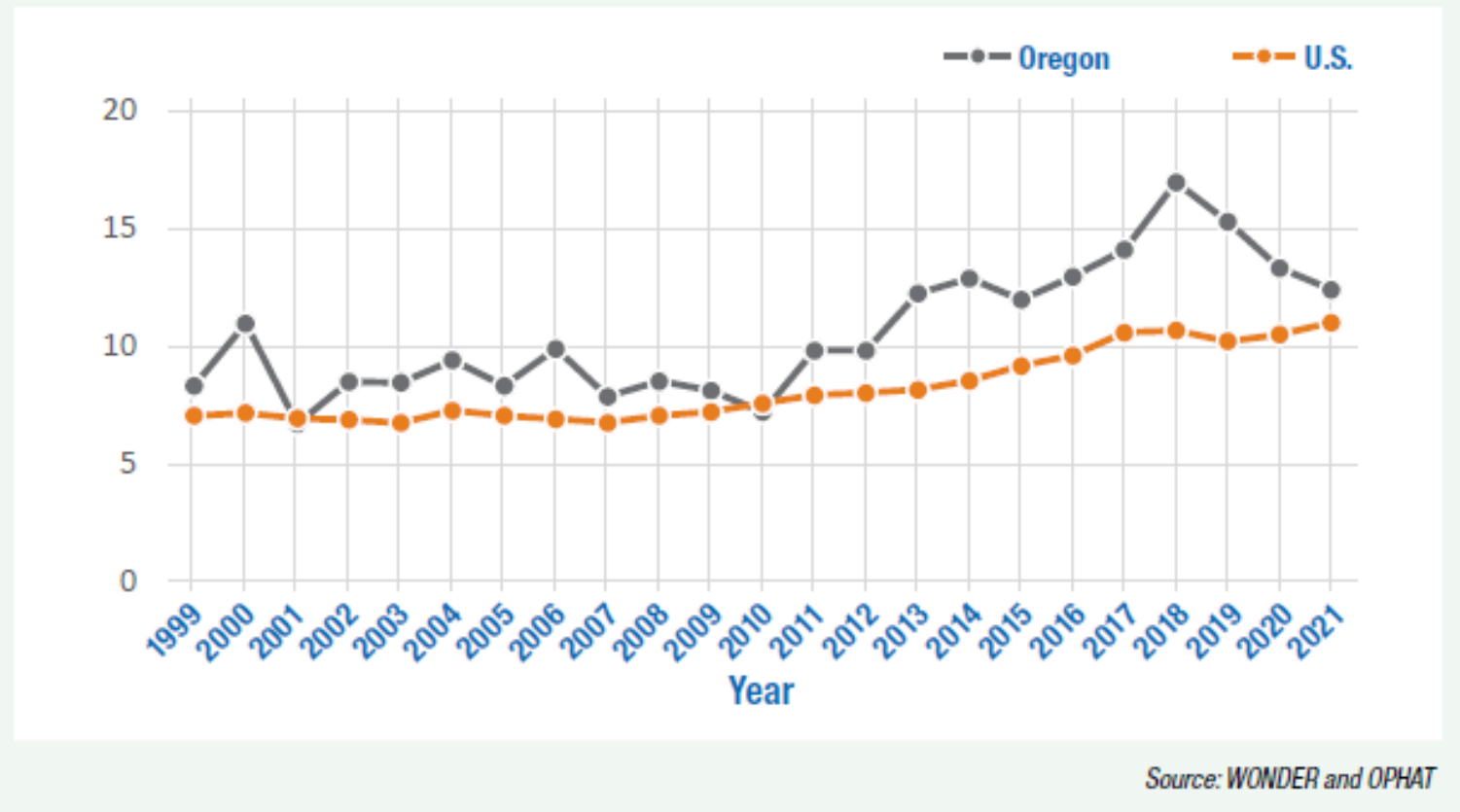
- MHFA** – Mental Health First Aid
- QPR** – Question, Persuade, Refer
- ASIST** – Applied Suicide Intervention Skills Training
- Youth SAVE** – Youth Suicide Assessment in Virtual Environments
- SSAL** – Student Suicide Assessment Line 503-575-3760
- CALM** – Counseling on Access to Lethal Means

- Advanced Skills**
- CAMS** – Collaborative Assessment and Management of Suicidality
 - DBT** – Dialectical Behavioral Therapy
 - AMSR** – Assessment and Management of Suicide Risk

Youth Suicide Prevention

- Despite progress, we remain above the national average
- Differences within groups
- Specific efforts to address disparities

Figure 1. Suicide rates among youth aged 10 to 24 years, U.S. and Oregon, 1999-2021

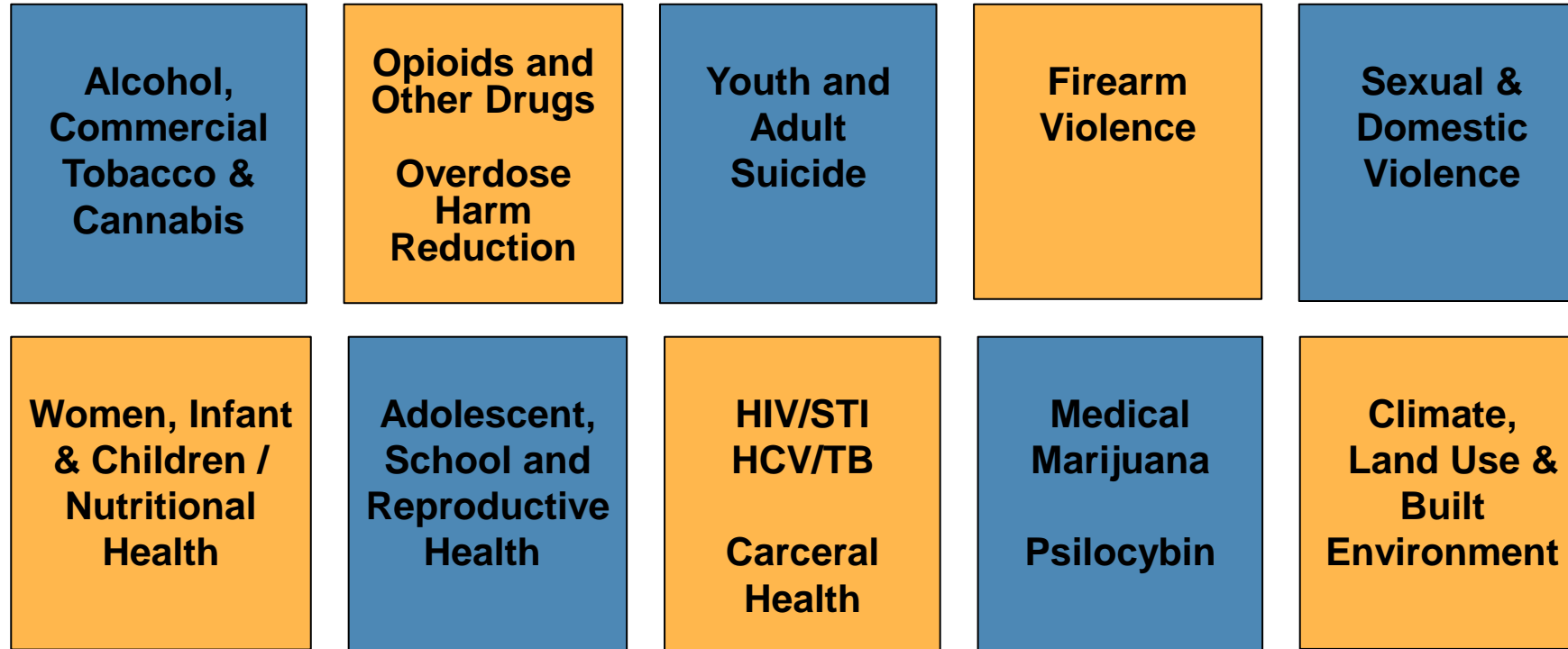


Early Childhood Support

- Parent-Child Interaction Therapy (PCIT)
 - 85% of Oregon families with at least four sessions show improvement
- Generation Parent Management Training – Oregon (Gen PMTO)
 - Family-based, trauma-informed
- Child-Parent Psychotherapy (CPP)
 - OHA and Greater Oregon Behavioral Health (GOBHI)

OHA Public Health Prevention Programs

Behavioral Health Upstream Investments



AOD Prevention/Substance Use Alignment Initiative
Alcohol Drug Policy Commission Healthier Together Oregon

OHA Youth Substance Use Prevention Efforts

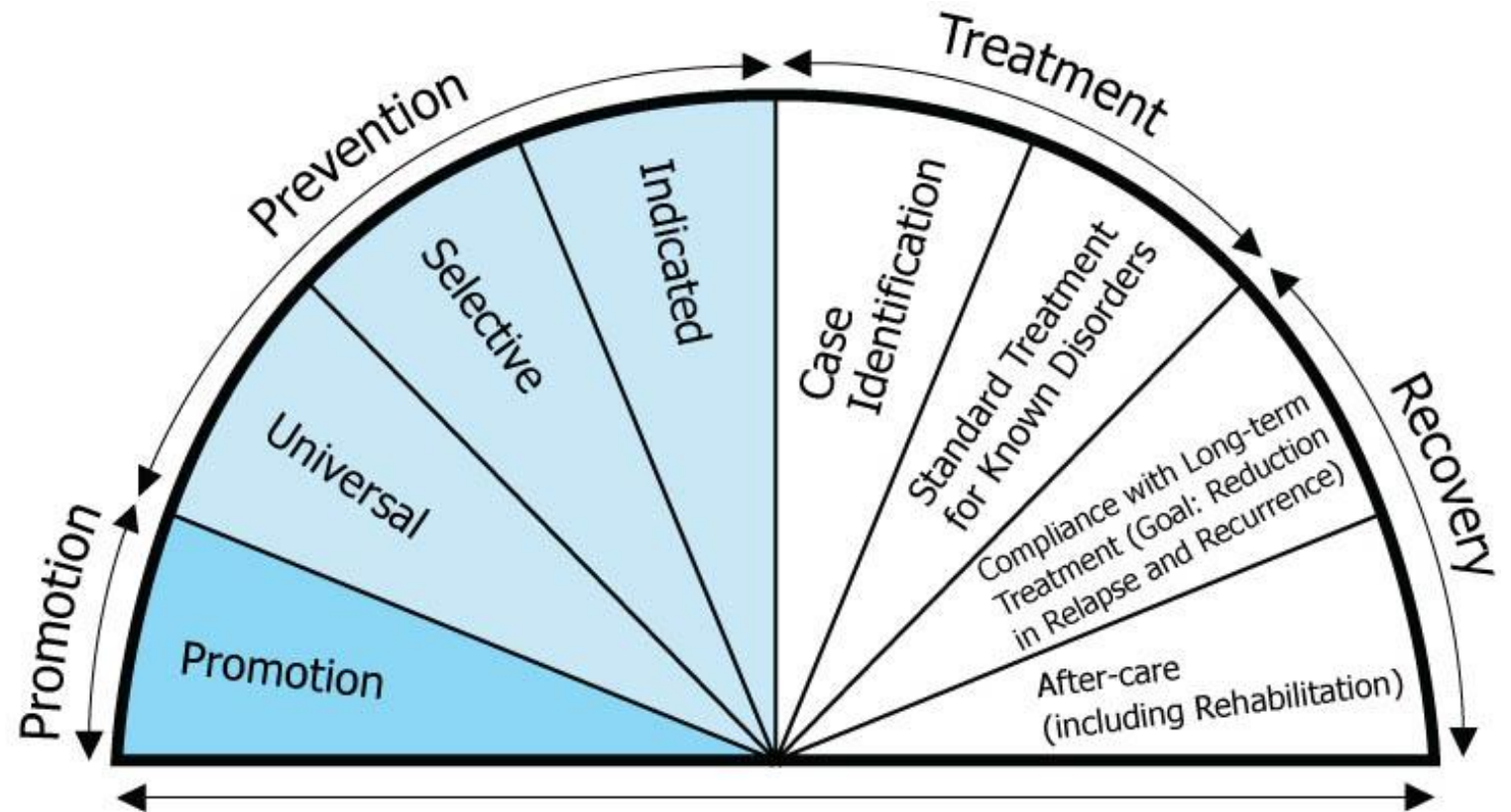
- Tobacco, Alcohol, Overdose and Suicide Prevention
- Prevention in Schools and Educational Curricula
 - Oregon Student Health Survey
 - OHA-ODE Partnerships & ATOD supplemental curriculum
 - Fentanyl and Opioid Response Toolkit for Schools
- Youth-Family Focused Initiatives
 - Universal Offered Home Visiting for families with newborns
 - Youth Advisory Council (YAC)
 - Braided funding to rural organizations serving youth with disabilities
 - School Based Health Centers (SBHC)
 - 2021-2025 Youth Suicide Intervention and Prevention Plan (YSIPP)
 - Youth Mental Health & Climate Initiative

Youth Substance Use

- Youth **cannabis** use remains unchanged
 - Current cannabis use among 8th- and 11th-graders in Oregon mirrors national estimates
 - Has remained relatively unchanged between 2012-2019
- Youth **binge drinking** has decreased
 - While rates of alcohol consumption among adults have increased, binge drinking among Oregon youth has decreased by nearly 50% since 2001
- Youth **tobacco** use has decreased
 - Tobacco use among youth declined over the past decade
 - However, there were increases in 2017 and 2019, which parallel the rise in use of e-cigarettes
 - Current tobacco use among 11th-graders in Oregon is nearly 13%
 - The most popular tobacco products among 11th graders are e-cigarettes (11%)

SUD Continuum of Care Framework

- Promotion includes ways to promote resilience and well-being for everyone
- Prevention includes strategies that reduce the risk of developing high-risk behaviors
- The spectrum's impact is broader on the left and more targeted on the right





- Pillars
 - Prevention
 - **Programs**
 - Plan
-

Oregon Children's Behavioral Health Continuum of Care

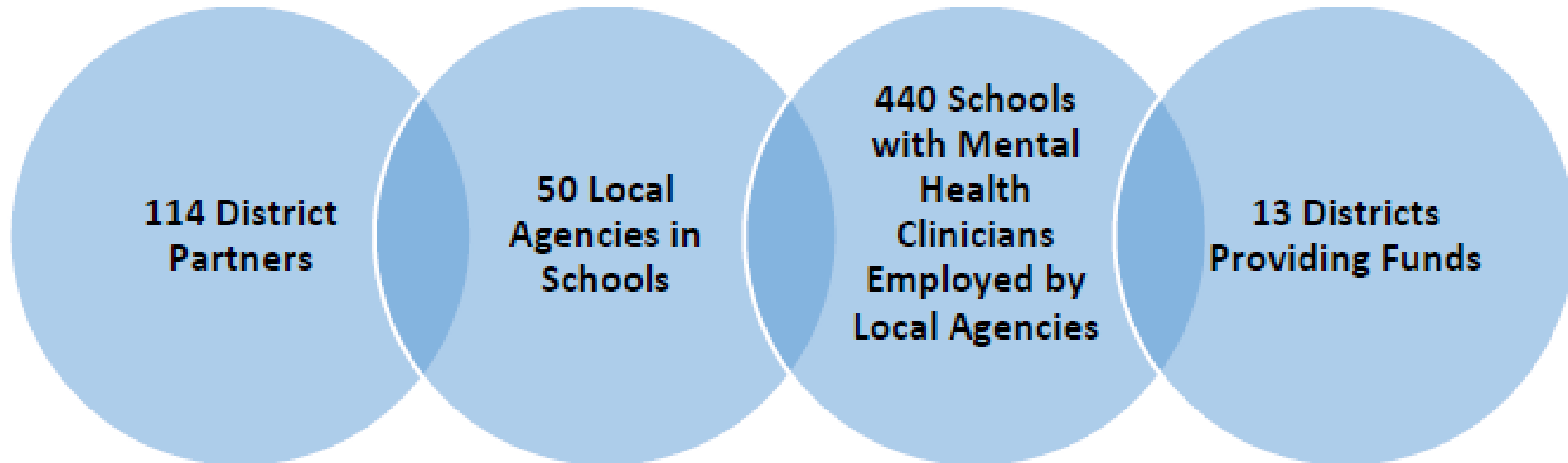


988 | Mobile Response and Stabilization Services

- National best practices on crisis response for youth and families
- Crisis is defined by the parent/caregiver and/or youth
- “No wrong door” approach
- Services provided in-person and delivered in home or community settings
- Initial Crisis Response – up to 72 hours
- Stabilization Services – up to 56 days

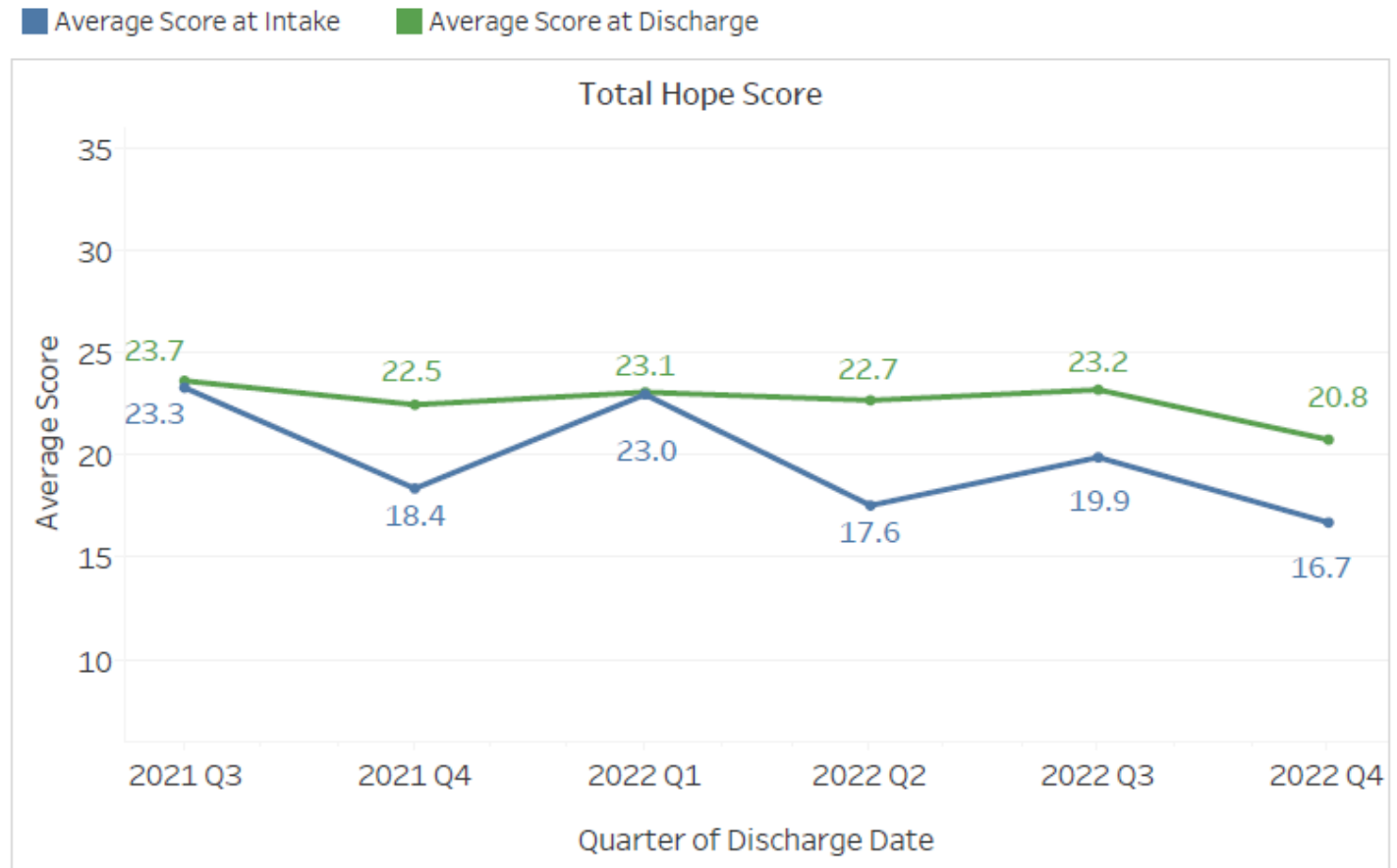
School-Based Mental Health

- Co-location of qualified providers within schools; telehealth options
- Rapid crisis and clinical intervention services



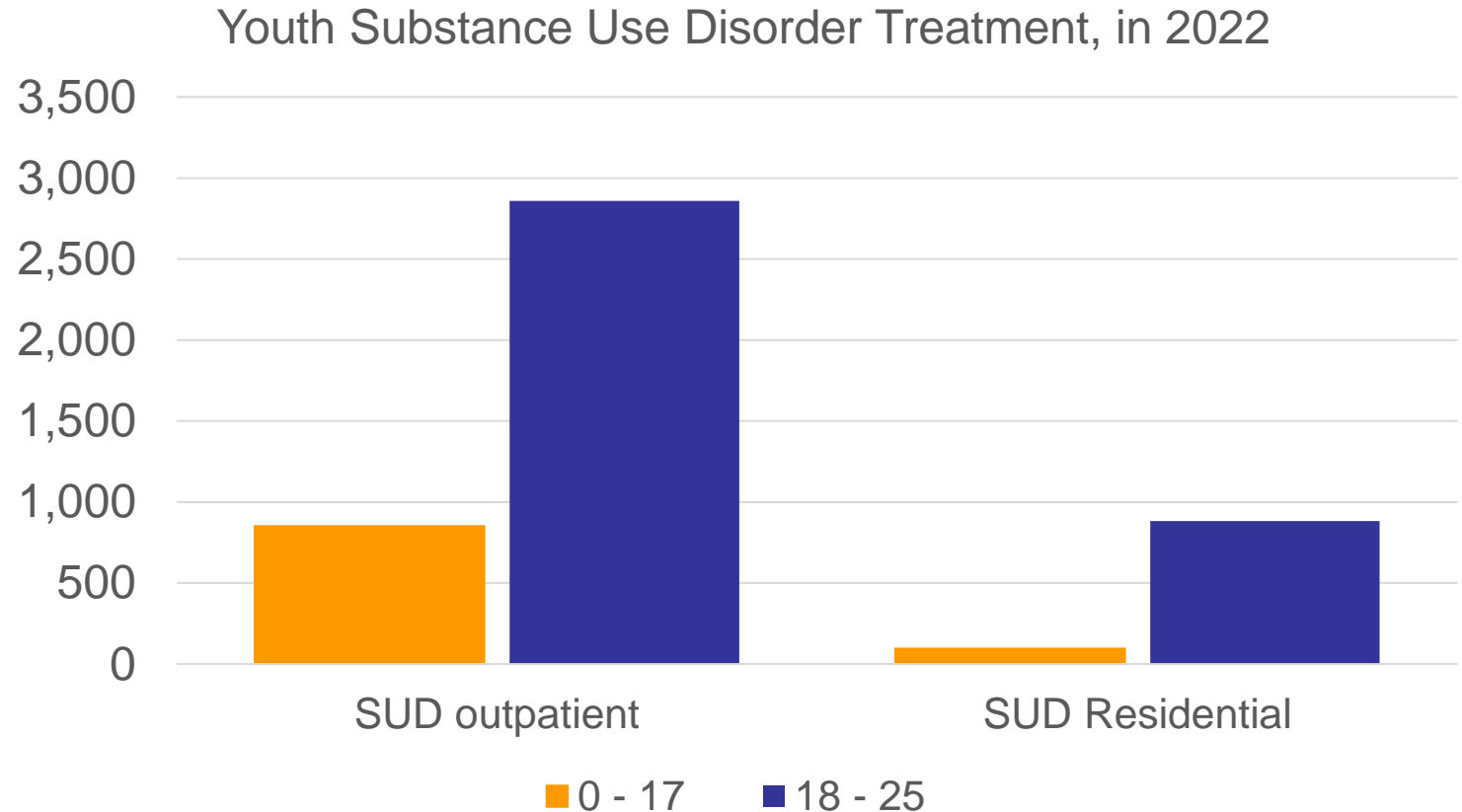
Intensive In-home Behavioral Health Treatment

- Keeping youth and families connected in their communities
- Part of a functioning continuum:
 - Prevention
 - Step down
- In 2022:
 - 240 youth served
 - 26 counties across Oregon



Youth Substance Use Treatment

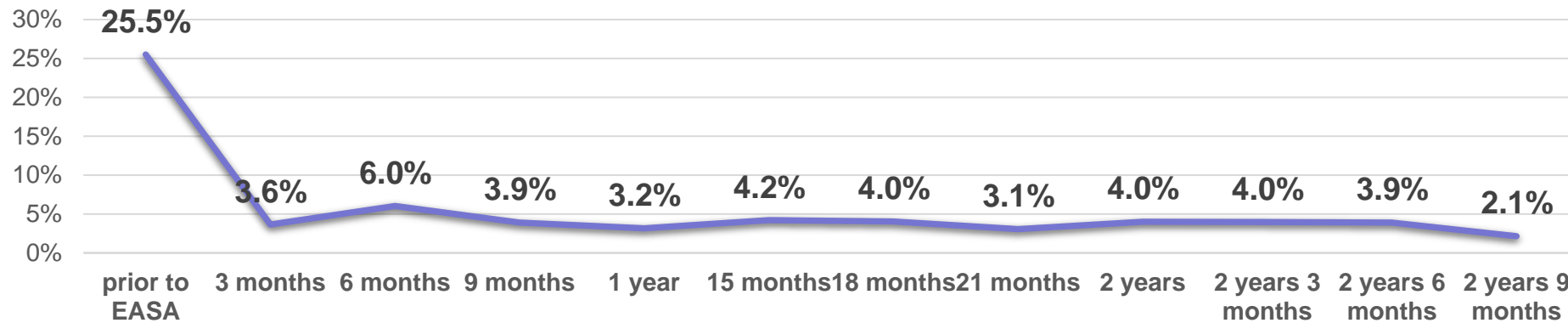
- Measure 110
 - Behavioral Health Resource Networks (BHRN's) for youth in 10 counties
- Outpatient Treatment
- Day Treatment
- Residential
- Recovery high schools



Early Assessment and Support Alliance (EASA)

- First episode psychosis program serves youth and young adults, ages 12-27, and their families
- Intensive, recovery-oriented, multidisciplinary approach
- Less likely to need hospitalization and more likely to stay on track with life
- 1398 individuals and their families were served in 2021-2022

Percentage of participants hospitalized by length of their participation in an EASA program, 2022

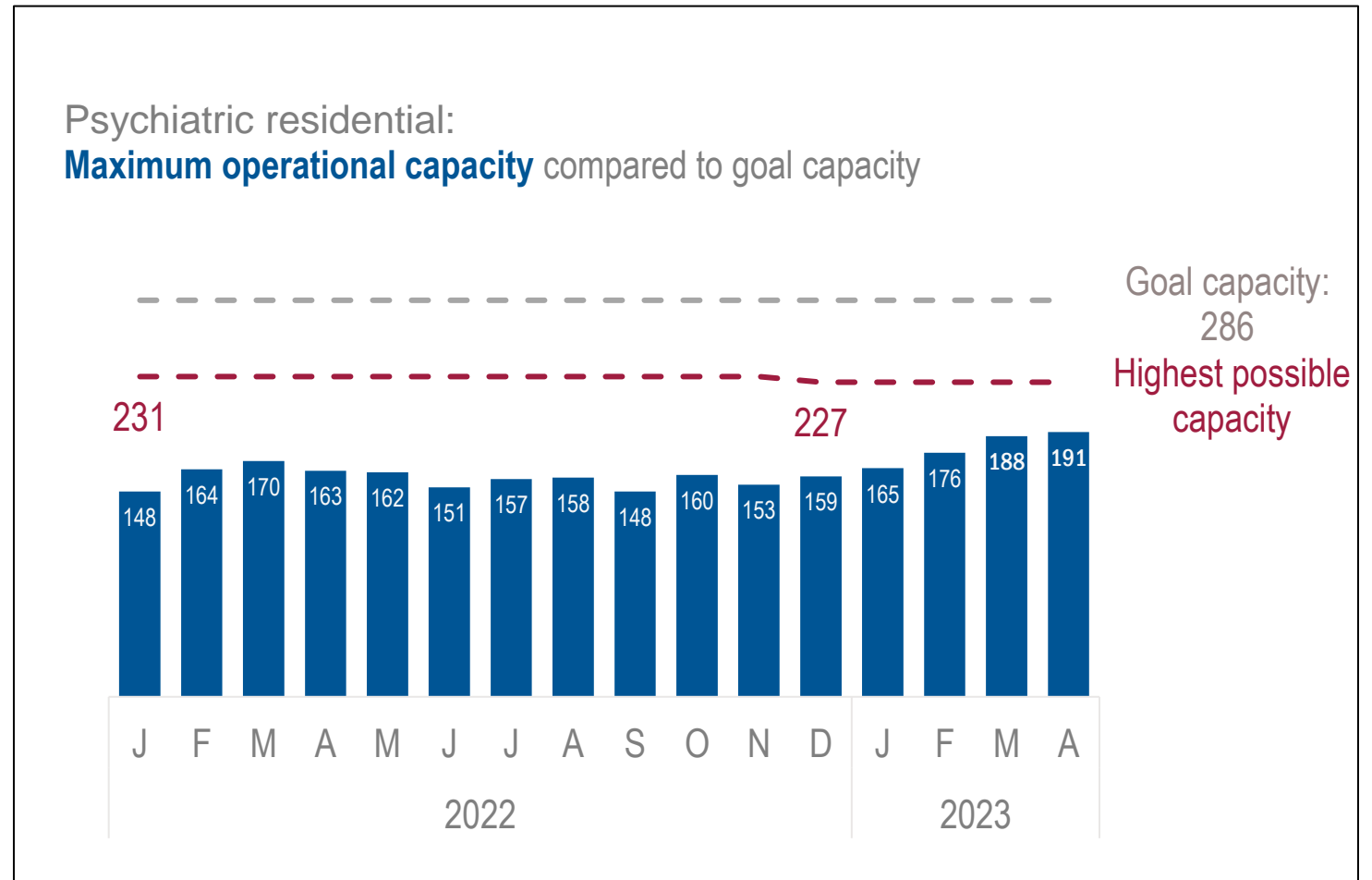


Youth Intensive Treatment Interventions

- Day treatment
 - In 11 counties: Benton, Deschutes, Hood River, Jackson, Klamath, Lane, Multnomah, Polk, Wasco, Washington, Union
- Residential treatment
 - Sub-acute
 - Psychiatric Residential Treatment Services (PRTS)
 - Secure Inpatient
- Acute hospitalization
 - Inpatient hospitalization

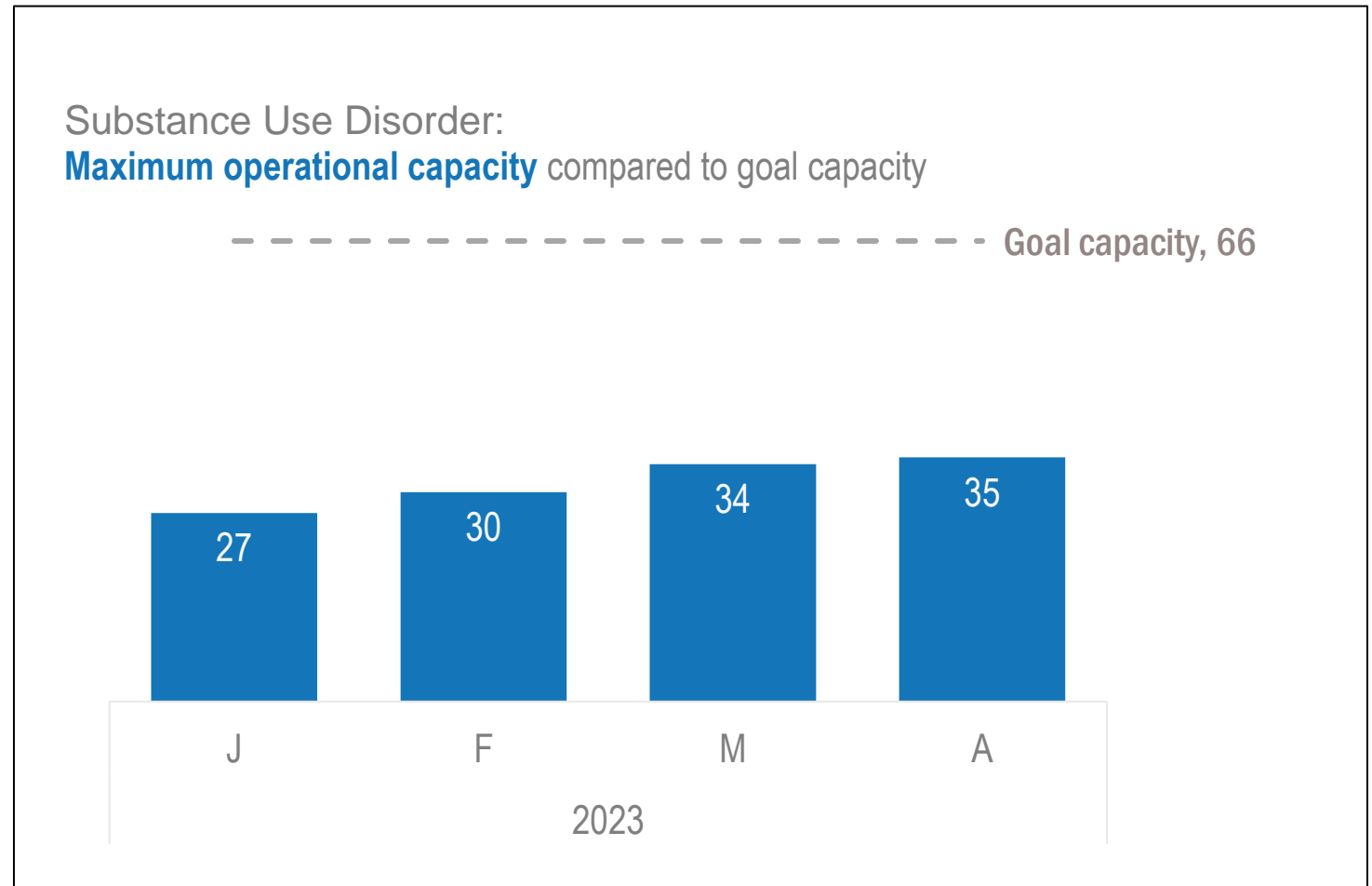
Psychiatric Residential Capacity

- Gap between goal and highest possible capacity
- Capacity is recovering
- Historically capacity has some seasonality



Substance Use Disorder Treatment Capacity

- Gap between goal capacity of 66 beds and actual capacity
- Capacity is recovering
- Difference is a function of both lack of referrals and staffing shortages



Hub Programs

- Young Adults in Transition (ages 14 – 25)
- Four programs:
 - PeaceHealth Hub, Lane County
 - Medford Drop, Jackson County
 - Central Oregon Hub, Deschutes / Crook / Jefferson Counties
 - STRIDE, Washington / Multnomah / Clackamas Counties
- Served 976 youth and young adults in 2020



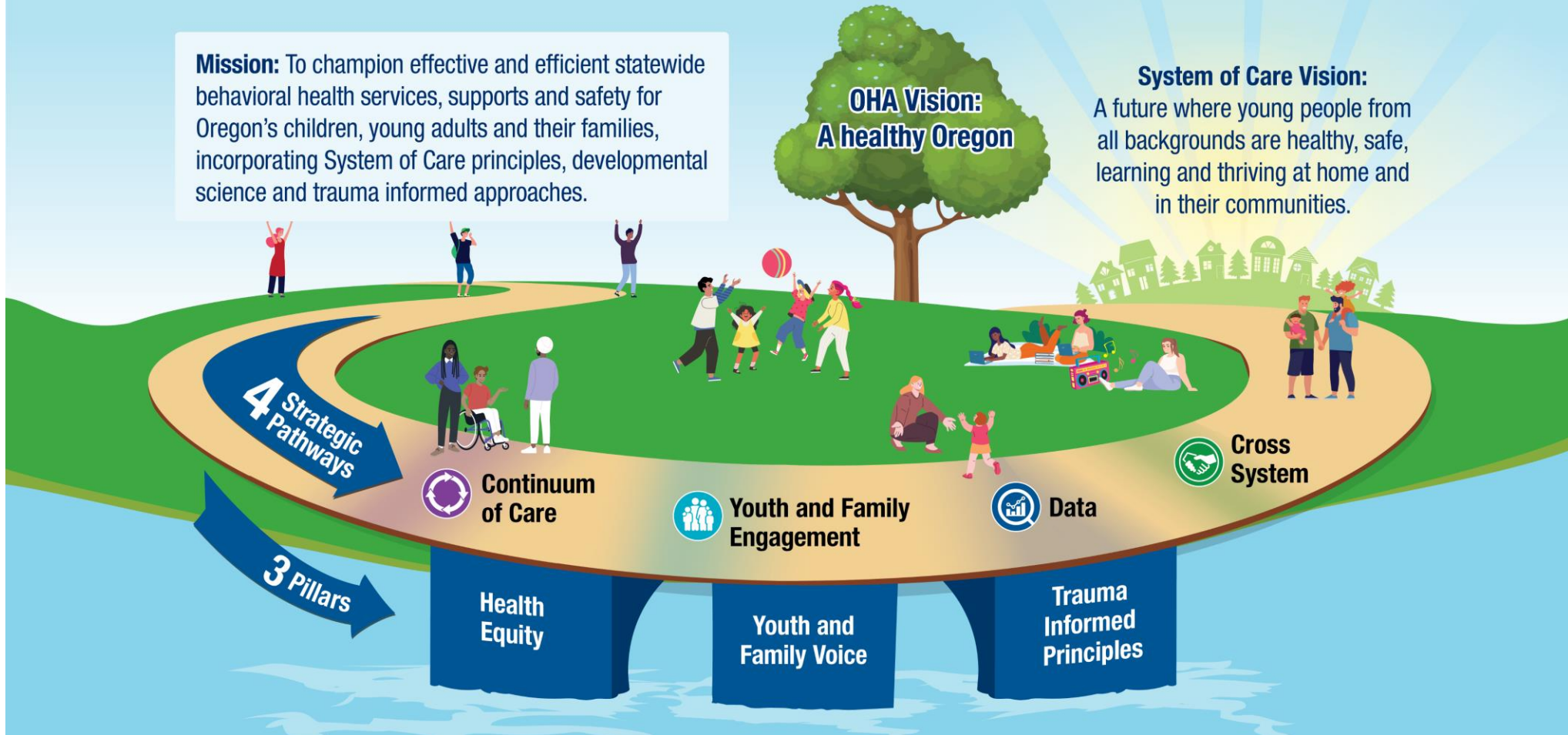
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Continued — Children's Behavioral Health in Oregon



Continuum of Care. Work addresses gaps and quality in the children's behavioral health continuum of care and centers communities that have been disproportionately impacted by health inequities and systemic racism.



Youth and Family Engagement. Work incorporates meaningful youth and family participation centering communities of color, indigenous and Tribal communities, people who identify as LGBTQIA2S+ and other traditionally marginalized populations.



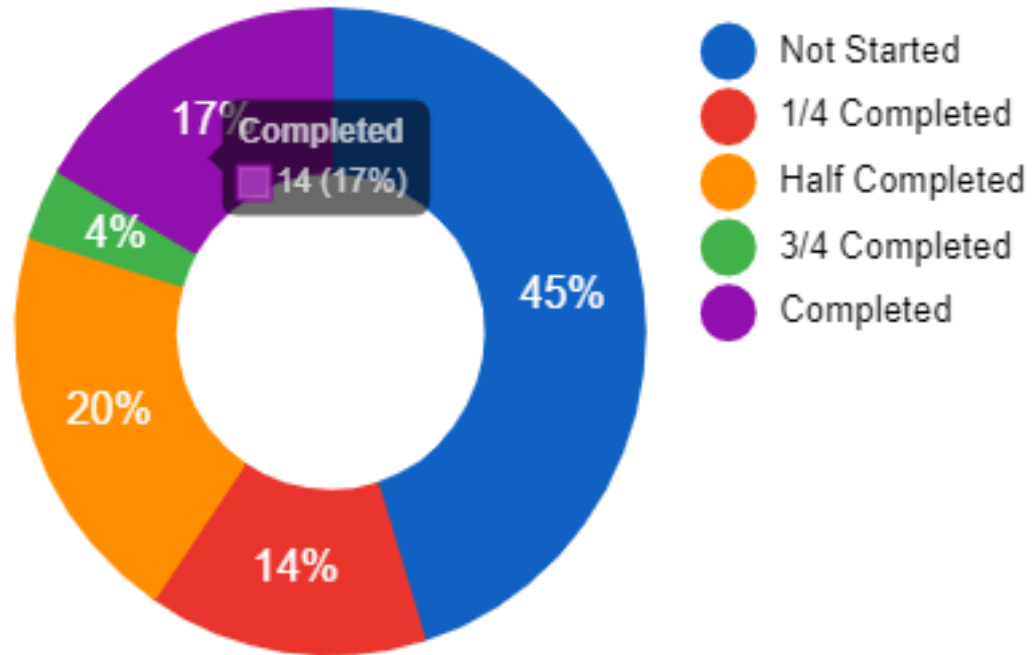
Data. Work centers health equity by making policy and program decisions based on accurate and timely data and by seeking data that can assist in understanding health inequities.



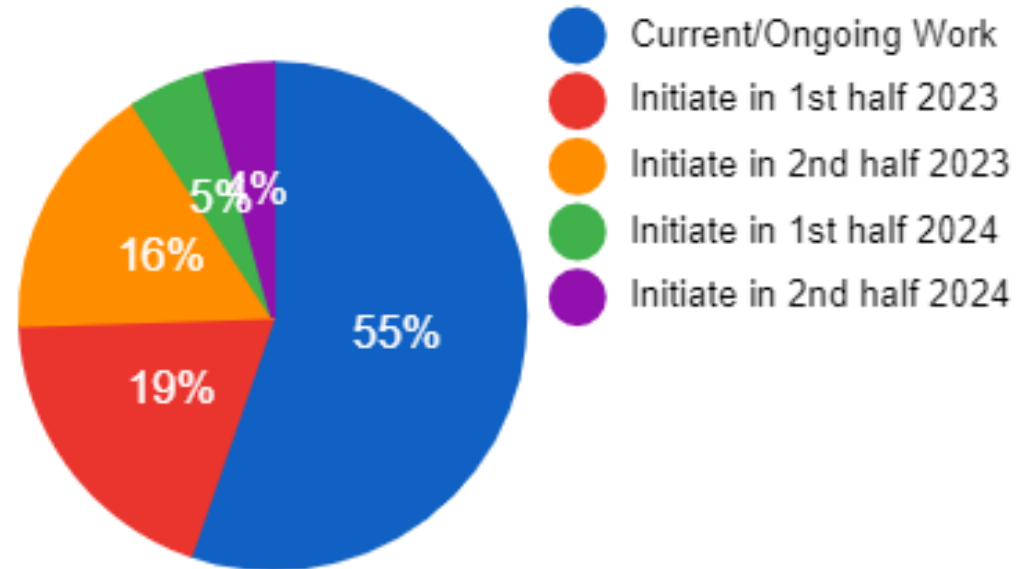
Cross System. Work supports and prioritizes cross-system collaboration to improve the behavioral health continuum of care for youth and families.

Roadmap 2020-2024

Status of Projects in Q4 2022



Roadmap Timeline



Health Equity: Interrupting the Birth to Prison Pipeline

- Cross-system collaboration
- More than schools
- Youth with disabilities with unmet mental health
- Child Welfare | Multnomah County Wraparound | Juvenile Justice Pilot
- Public health investment



- **Pillars**
 - **Prevention**
 - **Programs**
 - **Plan**
-

Connect with Us

- Sign up for our *Holding Hope newsletter* for information and future events
- Email our team: kids.team@dhsoha.state.or.us
- [Child and Family Behavioral Health website](#)
- [System of Care Advisory Council website](#)



Thank you!

The logo for the Oregon Health Authority is centered within a light blue, curved banner at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font.

Oregon
Health
Authority
