

SOCAC

System of Care Advisory Council

Date: September 15, 2023

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

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

2023 System of Care Advisory Council Report: Recommendations, Goals and Barriers

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.

The primary duty of the council is to develop and maintain System of Care (SOC) related policy and a comprehensive, long-range plan that encompasses health systems, child welfare, education, juvenile justice, public health, and services and supports for young people with mental health, substance use disorders and/or intellectual and developmental disabilities (I/DD).

SOCAC is required to annually report how the council is meeting its goals, the remaining barriers to access to services and supports and recommendations for legislation. This report summarizes the work of SOCAC from August 2022 through August 2023.

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

For questions or more information, please contact Anna Williams, Executive Director, System of Care Advisory Council at anna.k.williams@oha.oregon.gov.

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Legislative Recommendations and Administrative Actions

Funding

- Dedicate at least 30% of state behavioral health and housing investments, including funds for mental health, substance use treatment, and homelessness prevention, specifically for Oregonians aged 0 – 25. This allocation is based on 36% of OHP members being under age 18. Early treatment for mental health concerns, substance use disorders, and housing instability will reduce the crises in the adult systems and allow Oregon to create appropriate balance between children’s services and adult services.
- Fund and require insurers to pay for high quality treatment for young people with dual diagnosis – substance use disorder, mental health challenges, eating disorders, trauma, and intellectual/developmental disability (I/DD).
- Engage OHA, ODHS, CCOs, OYA and county juvenile justice in partnering to create a fund that ensures easy access to mental health treatment, substance use treatment, and I/DD supports, regardless of which agency or funding stream is appropriate. This will address Oregon’s lack of access to appropriate community based and residential treatment services for children and youth through fund sequencing and be a true “no wrong door” strategy.
 - Include private insurance companies, military insurance (TriCare and CHAMPVA) in this sequenced fund. Additional details regarding this recommendation can be found in the [letter to the legislature](#) issued by the SOCAC in February, 2021.
- Fund a continuum of respite services to provide a break for primary caregivers of children and youth with complex behavioral health needs. Effective respite services are culturally responsive, flexible, and provide a range of options, from drop-in childcare (like Relief Nurseries) to overnight crisis respite services.
 - SOCAC plans to issue a report with recommendations for respite services in Oregon in 2024.
- Fund transition age youth hub (TAY Hubs) creation across the state. Young adults in transition (ages 14 to 25) have the highest prevalence of mental health conditions of any age group, combined with the lowest rates of engagement with behavioral health services. TAY Hubs are regionally adapted programs to engage marginalized and disconnected young adults with behavioral health and/or other needs through accessible, holistic, non-stigmatizing and developmentally appropriate services.

“It is imperative legislators recognize that the bills they introduce and vote for, and the budgets and programs they fund, or don’t fund, have a direct impact on the lives of youth and families who navigate Oregon’s child and family-serving systems. We need you to listen and reflect on Family and Community Voice, not only when it is convenient, but every time you introduce or vote on a bill; because Oregon families are in dire need of more than performative narratives.”

- Family Advocate

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Workforce

- Monitor and invest in solving Oregon’s behavioral health workforce shortage. Identify specific roles for BOLI, HECC, DHS, OHA, and high schools to work together for growing our own highly qualified workforce across the state. Provide specific funds for clinical supervision in behavioral health settings.
- Increase staffing for background checks and peer support certification units.

“This idea that COVID knocked everything off kilter, so the workforce is depleted. We get that. But... we've been back for long enough and we're not seeing enough improvement.”

-Family Advocate

Legislative Changes

- Simplify Oregon's child abuse statutes to ensure clarity for victims, investigators, and system partners.
- Require and fund OHA, ODHS, OYA and county Juvenile Departments to align REAL-D and SOGI data gathering standards and processes. This would enable accurate understanding of inequities for youth involved with multiple systems.
- Clarify specific agency responsibilities and metrics for ending the birth to prison pipeline. Require regular reporting from each agency on their progress toward those metrics.
- Create small, residential community-based youth treatment beds funded by capacity rather than per capita, modeled after the I/DD group home system.

Administrative Changes

- Simplify requirements for certifying psychiatric residential treatment (PRTF) providers for youth to provide substance use treatment in existing facilities. Direct Measure 110 funding to support hiring Certified Alcohol and Drug Counselors (CADCs) at existing PRTF facilities, to make efficient use of existing beds which are going unused due to lack of staffing.
- Increase flexibility in rules regarding Intensive In-home Behavioral Health Treatment (IIBHT) and Mobile Response and Stabilization Services (MRSS) to ensure providers can hire staff and provide high quality community-based services for children and youth across Oregon.

Successes and Accomplishments

The successes listed below are organized by the 4 pillars of the current [SOC Strategic Plan](#) (2021):

- Youth and family are full partners in care at the individual, program, and policy level
- Child and youth serving systems are integrated and collaborative with shared initiatives, funding, process, and policies
- Services and systems are culturally responsive and linguistically appropriate; systems acknowledge and work to heal generational trauma and marginalization of the populations served
- Community-based services and supports are accessible, flexible, and available at home or nearby, in the least restrictive environment possible

Youth and Family Partnership

- In early 2023, the SOCAC stood up a Youth Council with power to make decisions relating to contracting, funding, program, and policy design.
 - SOCAC's Youth Council includes 4 youth who identify as LGBTQ+, youth who are Native American, Latino, and Black at a rate that reflects the over-representation these populations experience in Oregon's child-serving systems. Every member of the Youth Council has lived expertise in Oregon's child serving systems.
 - Youth Council allocated \$500,000 from SOCAC's 2021-2023 budget to OHA's Youth Advisory Council's COVID Recovery Grants to increase funding to communities disproportionately impacted by COVID. Grants are funding culturally responsive mental health supports, community engagement and housing.
 - The Youth Council was invited to present at ADPC's Prevention Conference in August 2023. Two Youth Council members presented on preventing multi-generational substance use disorder.
- In 2023, SOCAC provided 7 mini-grants (\$10,000 each) to culturally specific youth and family serving community-based organizations to conduct outreach and engagement about the SOC in Oregon. Themes from this engagement work include an overall lack of awareness about the System of Care and interest in the role of schools and school-based supports. These findings will be used to inform our future communication efforts to ensure culturally and linguistically responsive outreach and inclusion strategies, diversifying family and youth voice in the SOCAC.
- SOCAC hosted a *Speak Out!* event for anyone interested in learning more about Oregon's SOC. Over 150 people attended this event and engaged in a lively discussion. We plan to host these events at least twice a year, pending staff capacity.
- SOCAC is grateful for the partnership of OHA contracted organizations, Youth Era and Oregon Family Support Network (OFSN). Youth Era and OFSN staff regularly participate on Council committees and offer technical assistance to local SOC partners, improving inclusion of youth and family voice.

"People closest to the problem are closest to the solution...but furthest from power & resources."
- Glenn E. Martin

Integrated, Collaborative Systems

- Driven by [locally identified barriers](#) escalated to the SOCAC from regional Systems of Care, SOCAC has convened several collaborative workgroups over the past year. The SOCAC Barrier Resolution process was articulated into formal policy, and the barrier resolution strategy has been fully embraced by partner agencies and regional councils. A public facing [barrier resolution tracker](#) has also been established for enhanced transparency and accountability.
 - In response to a barrier escalated by the North Coast SOC, SOCAC has convened a workgroup to address processing delays for Personal Support Workers. Members of the

workgroup included affected families, local I/DD case managers and staff from both the Office of Developmental Disability Services (ODDS) and the Oregon Health Care Commission (OHCC).

- In response to barriers escalated by three local SOC's related to respite, SOCAC has recruited a PSU Hatfield fellow to assess respite services, conduct a comparative analysis of respite services in other states, and develop policy recommendations to build a comprehensive menu of respite options, regardless of diagnosis, payer, or other eligibility criteria.
- SOCAC continues to receive barriers related to lack of access to youth residential treatment services. In response, SOCAC is working with OHA and ODHS to clarify responsibilities, generate accountability, and facilitate communication related to the access crisis for residential treatment. A significant gap in access to appropriate care for young people with I/DD who need behavioral health services continues to be a challenge for families, and no systemic solution has yet been identified.
- SOCAC continues to maintain and improve integrated data through the [SOC Data Dashboard](#). A Dashboard governance structure has recently been created, ensuring agency commitment to data sharing and data integrity.
 - SOCAC is working with ORRAI and OHA to include REAL-D and SOGI data in the dashboard to better understand disparities among children and youth receiving behavioral health, child welfare and I/DD services.
 - SOCAC has made progress to incorporate educational data in the dashboard. By the end of the year, we hope to include outcome measures related to chronic absenteeism, on-time graduation, and disciplinary action in schools in the Dashboard.
- With support from OHA, the SOCAC is engaging in a comprehensive system assessment with national SOC expert, Innovations Institute at the University of Connecticut. Utilizing the UConn created System Reform Support Instrument (SRSI), the comprehensive assessment assesses system effectiveness across 7 domain areas leadership, financing, access and appropriate population, accountability, services and supports, workforce, collaboration and communication. Once completed, SOCAC will prioritize a series of indicators from the assessment to inform and measure system transformation efforts.
- In response to system crises such as emergency department boarding and temporary lodging, SOCAC convened a Safety Workgroup from March – May 2023. Workgroup members included clinical leaders, psychiatrists, and program directors and managers, State agency staff from OHA, ODHS and OYA provided subject matter expertise. At least ten workgroup participants identified as family members or people with lived experience in the youth system. The aim of the Safety Workgroup was to make recommendations to:

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(1) improve outcomes for youth with a recent history of aggression who need residential care
(2) ensure safety for those youth and the providers who work with them. The Workgroup identified recommendations related to statutory frameworks, training, quality improvement, and supporting transitions out of care.

“There is so much bad in the world, but we in Oregon aren’t trusting our goodness. We have so many good things here and our residential providers are okay. The bad actors are caught and removed quickly because the workers care about doing right by the kids. We have to trust that and build on it.”

- Current residential treatment provider and former resident of treatment/foster care facilities.
[Safety Workgroup Report](#), p. 11.

- To support more coordinated communication, the SOCAC has made significant revisions to the website and distributes a bi-monthly listserv to over 1,000 subscribers. In consultation with OHA staff, SOCAC drafted a Marketing and Communications RFP for a communications plan to be developed in 2024.
- In partnership with OHA, SOCAC is now participating in a quarterly conversation with ODHS Child Welfare trainers with aim of equipping Child Welfare staff with accurate information about behavioral health supports and role of the System of Care.
- SOCAC has been discussing how SOC work intersects with the birth to prison pipeline. State agencies and other partners that attend the SOCAC’s State Agency Standing Committee reported on how their practices contribute to the pipeline and opportunities for interruption.
- SOCAC staff have been mapping out the various Committees, Councils, Coalitions and Community Based Organizations who are also working to support children, youth and families impacted by the system of care. To address the lack of coordination and communication across these groups, SOCAC staff now convene a quarterly “Council of Councils” group of community partners. In addition, preliminary design work is underway to create a user-friendly platform to enable bi-directional communication across various advisory groups and councils. Intended outcomes of this tool will be enhanced awareness and communication, identification of aligned priorities and collaborative opportunities in funding and policy.

Culturally Responsive, Trauma Informed Services

- Over the past year, the SOCAC has been more explicit about the need to eradicate racial inequities within the system. Actions towards this goal include:
 - Adoption of a racial equity toolkit that will now be used in decisions regarding policy, planning, programs, and funding. The toolkit is informed by the Governmental Alliance on Race and Equity (GARE), selected due to its alignment with other state and local agency partners who use GARE resources.
 - Naturally, conversations related to race and racism have sometimes been uncomfortable. Through supported dialogue, this tension has inspired vulnerability, trust, and a growing sense of inclusion among Council members.

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- With generous funding from OHA, a contract with Trauma Informed Oregon has been executed to build capacity among state and local systems of care. The aim of this contract is to incorporate trauma-informed and anti-racist practices and policies within the system of care.
- SOCAC is working to ensure that historically marginalized communities are represented in the Council. Our Tribal Representative seat has been filled, and 1/3 of Council members identify as a person of color.
- SOCAC granted over \$2 million in funding to the 9 Federally Recognized Tribes in Oregon. Tribal partners are using this funding to expand trainings and access to culturally responsive mental health programming, build and maintain community wellness centers, and support opportunities for intergenerational connections for youth.

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. Recognize that there are different needs in different communities of color across the state – so the solutions may be different, too.

- SOCAC Family Representatives

Community Based Services & Supports

- In addition to grants made to the Federally Recognized Tribes, SOCAC granted an additional \$3M in funding to local SOC collaboratives obligated in CCO contracts. Local SOC partners are using this funding to support youth and family engagement, implement culturally and linguistically responsive strategies for BIPOC and LGBTQIA+ identified youth, host parent cafes, capacity building to strengthen governance structures, outreach and communication, barrier resolution, strategic planning, and agile funding to meet emergent social needs of system impacted families.
- Local SOC partners, including Tribes, have opportunity to engage in the already mentioned SRSI assessment with the support of Innovations Institute. Since roll out this summer, seven out of 14 local SOCs have opted into this technical assistance.

Internal to the Council:

- The Council completed an update of our Bylaws, ensuring we're meeting our legislative mandates and following all relevant laws in how we do our work together and implementing a consensus-based decision-making process. Updated bylaws also codify the Council's ability to compensate eligible youth and family who participate in the work of the Council and its committees.
- SOCAC hired a permanent position System Transformation Manager to support the work of the Council on our goal of system transformation.
- Committee membership has been stable and robust over the past year, and people with lived experience have attended nearly every subcommittee meeting.
- SB 968 (2023) passed, allowing SOCAC to bring ODE into formally into the SOCAC structure, and ensuring youth who are appointed prior to their 25th birthday can serve a full term on the

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Council. This bill also changed SOCAC's strategic planning cycle from every 2 years to every 4 years, allowing SOCAC to spend time in implementation and assessment before requiring an updated strategic plan.

- The OHA Office of Health Policy Analytics is in the process of hiring a Research Analyst to support the work of the Council in data driven decision making and shared data systems.
- SOCAC has been approved to hire a Youth and Family Engagement Specialist to improve partnership and leadership with youth and families who have lived expertise in navigating Oregon's systems. We hope to have this person hired by Jan 1, 2024.

We have done good work on racial equity and there is much more to be done to foster authentic change that rids systems of harmful policies which target groups of certain racial backgrounds. Through this work, we have seen the need to improve inequities experienced by other marginalized communities including individuals experiencing I/DD, families living in rural and unincorporated communities of Oregon, as well as youth and families whose cultures, customs, and traditions are currently not reflected by our systems.

Challenges and Barriers

Racism and Bias

- Systemic racism, ablism, and other discriminatory policies and practices continue to block access to preventative services for Oregon's most marginalized communities. Lack of access to upstream supports like community-based services and well-funded public education creates inequities among children and youth of color in downstream interventions like child welfare and juvenile justice.
 - Black youth are over-represented in foster care by nearly double their rate of Oregon's general population. Native youth are over-represented in foster care by nearly triple their rate of Oregon's general population¹.
 - This trend continues in the juvenile justice system as well. For example, among youth being served by juvenile justice in Multnomah County, 40% identified as Black/AA (vs 5.6% among general population). This gross inequity persists for Latinx, and for American Indian/Alaska Native identified youth, and in other counties as well.

Family and Youth Leadership Challenges

- Families with lived expertise in Oregon's child-serving systems report that their experience of being dismissed, marginalized, and disregarded continues to worsen, despite multiple State advisory bodies created to elevate their voices in system change efforts.

¹ Source: [2021 Child Welfare Data Book](#), page 16.

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- Family advocates report that access to services and supports has not improved, though they have been told the State is working diligently to improve access to care.
- Oregon continues to lack appropriate numbers of certified peers and behavioral health providers, especially those who provide care in a language other than English and providers who will work with dual diagnosis youth (SUD/MH/IDD/complex trauma). Access to Spanish-speaking providers has been the highest identified need.
- Youth don't trust Councils and commissions as a solution for system change.

"It's not only that youth don't trust the system - it's that systems don't trust youth. The system needs to trust the youth they serve, from the service providers to the policy makers. Stop assuming youth don't know what's best for them.

Youth know more about what we're going through than systems do. We should be trusted as experts in our own experience, using an equity strategy to ensure we have access to what we know we need."

-SOCAC Youth Council

State Agency Challenges

- Regional System of Care structures are managed within the CCO contract with OHA, while the SOCAC is now a semi-independent state agency. SOCAC is working with OHA on role clarity to determine who is responsible for regional SOC activities.
- State agencies function independently of one another, even though many Oregonians regularly interact with multiple agencies to get the services and supports they need. Departments within state agencies also serve as additional barriers due to lack of coordination and communication with other internal departments or programs. Prioritizing communication and coordination within state agencies would improve access to care and services for Oregonians.
- The definition of abuse when restraint or seclusion occurs differs depending on the physical location of a child when the intervention is used. This is not trauma-informed and creates confusion for victims, investigators, and providers.
- OHA has launched a pilot project for rapid access to evaluation, assessment, and stabilization services. Expedited Assessment Services for Youth (EASY) will provide access to comprehensive psychological evaluations, including consultation with intellectual and developmental disabilities workers, within 7 to 10 days of referral. SOCAC will continue to partner with OHA on monitoring of this service and recommendation for statewide access as pilots are only available in the Portland metro area and Central Oregon.
 - More work is needed to ensure statewide access to Interdisciplinary Assessment Teams who can assess youth with complex needs in a timely way, to get them the support and treatment they need. Funding for this program was identified in SB 1, 2019, but not received by OHA until 2021 due to the Legislative action in 2020 to pause funding during the COVID crisis.

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- Implementation challenges continue to prevent youth from accessing community-based services and supports like Intensive In-home Behavioral Health (IIBHT) and Mobile Response and Stabilization Services (MRSS). Over the past two years, 62 and 178 youth were enrolled in IIBHT services (2021 and 2022 respectively).² Challenges center primarily on workforce shortages and rigidity in standards, for IIBHT and MRSS, in particular. Improved collaboration between state agencies will help resolve these implementation challenges.
- Federal funding for Family First services has not been fully maximized for direct benefit to youth and their families.
- Slow timelines for background checks and certification processes for personal support workers (PSWs), peer support providers, and other critical behavioral health staff is causing a significant challenge for families and providers who are trying to hire these workers.
- Housing costs are regularly identified as a challenge for providers, peers, and families. Housing affordability for people with behavioral health challenges is a particular priority of the Youth Council.
- The SOCAC needs additional staffing to meet the mandates created by SB 1 (2019). To be adequately staffed, we need administrative support (1 FTE), a youth and family engagement coordinator (1 FTE), and a grant/contracts administrator (1 FTE).
 - The Youth and Family Engagement Specialist, a necessary resource to implement SB 968 to fidelity, was not funded in 2023. This position was recently included in an emergency hiring process approved by the Governor's Office, so we hope to resolve this challenge before the end of 2023.

Data Challenges

- Data informed decision making is foundational for a functional system of care. SOCAC has encountered challenges with obtaining access to administrative data from agency partners, primarily due to lack of capacity within those agencies to gather and share data.
- Due to lack of appropriate data, the SOCAC continues to struggle with identification of measurable outcomes for the SOC Strategic plan. We are working with system partners to identify relevant data and implement ethical data sharing agreements to address this gap.
- SOCAC cannot provide reliable and accurate financial and administrative data for children's services and care pathways across state agencies. This is in large part because this is a new way of understanding the children's system, as separate from the adult system, and processes must be developed to address this challenge within and across systems.
 - Oregon needs this data to determine whether trends in our children's system are moving in a positive or negative direction.

² Child and Family Behavioral Health Performance Indicators Report: https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/Performance%20Indicators%20Report_Apr2023.pdf