Background

In 2017, Patrick Allen, Director of the Oregon Health Authority (OHA) and Fariborz Pakseresht, Director of the Department of Human Services (DHS) co-sponsored an effort to identify potential solutions to known systemic barriers that impact children and youth involved with multiple systems and who have complex needs. Staff within DHS Child Welfare and Developmental Disabilities Programs and OHA Health Systems Division, launched this work with the goal of elevating the system crisis conversation and to drive OHA and DHS toward shared improvements in alignment with partner, consumer, youth and family needs. April through June of 2018, child and youth system partners and stakeholders were invited to respond to the OHA|DHS Continuum of Care Proposal that was completed in March 2018. They were asked to provide additional recommendations and provide feedback on solutions proposed. This document serves as a summary report of the feedback received.

Purpose of Engagement

In March of 2018, OHA and DHS released the “Oregon’s Child, Youth and Family Continuum of Care – A System in Crisis Proposed Systemic Solutions” document and launched the partner and stakeholder feedback phase. This report captures the outcomes of the partner engagement, highlights the feedback collected and provides a list of known stakeholders and partners who received the proposal. OHA and DHS are committed to child and youth system improvements that can be expected to meet the needs of the community and reflect desired changes and improvements of our stakeholders and partners. We believe state agencies alone cannot be successful in system reform and improved outcomes for children, youth and families; therefore, we value and rely on meaningful engagement with stakeholders and system partners. While we may not be able to reach consensus across the system, we have listened and collected feedback and will continue to incorporate what we have heard into our system improvement work and planning going forward.

Strengths and Limitations

Our community and partner engagement strategy created multiple avenues for feedback, including in-person visits, telephone conversations and email feedback over a three-month period. This approach enabled us to incorporate a wide range of stakeholder perspectives. An important consideration is that since the date of release of the proposal, other child and youth system improvement efforts have launched. Recommendations from these groups were generally aligned with the proposed solutions, and at the very least were not in conflict.

The greatest area of limitation in our partner engagement approach was a lack of engagement within communities of color. Through partnership and collaboration with the DHS Office of Equity and Multicultural Services (OEMS), equity, inclusion and disproportionality will be directly addressed within
project scope planning by inviting OEMS to be a key member of the project core team. OHA and DHS are committed to using an equity lens as well as a trauma informed lens. Our partners within OEMS will lead us in ensuring project planning and implementation phases are completed with a focus on the development of an equitable and inclusive continuum of care.

Feedback Themes and Overarching Messages

✓ Do not institutionalize children and youth with intellectual and developmental disabilities
✓ Ensure an equity framework and full equity analysis to develop any system improvement plan or continuum of care project.
✓ Prioritize community based services and supports
✓ Create an empowered state level Executive System of Care Council and state level System of Care infrastructure
✓ Invest in safe and appropriate treatment services and placements to ensure a complete continuum of care so that youth are served within Oregon

Partner Feedback Statements

CAUTIONS

▪ End the practice of sending children out of state for placement or treatment and using locations such as hotels or emergency departments because no other environment is available to meet the needs of the child.
▪ Coordinated Care incentive model seems to encourage denying and delaying care to ensure financial saving for private entities. Privatization is an issue. Performance measures are not meaningful to consumers.
▪ Need to move from a state perspective of solutions and take an individual and family perspective of needs and solutions.
▪ “The state does not know what the intensive treatment capacity need is because it has not built the front end of the support system such as case management, prevention, housing support, respite, etc.”
▪ “Child Welfare is reactive and its proactive initiatives have been feeble and inadequate.”
▪ The target population is not clearly defined. – Referring to the proposal itself.
▪ This might be a duplicate process to the work of Oregon Health Sciences University (OHSU) and the Oregon Center for Children & Youth with Special Health Needs (OCCYSHN), why are they not part of the scope?
▪ Where is any mention about staff and adding staff? Especially DHS - Caseloads are too high. Continue to hire new staff and decrease caseload.
▪ Regional Assessment Centers feel institutional, this would mean children are leaving their home communities.
▪ How do these concepts address out of state placements for psychiatric and behavioral long-term treatment?
▪ Does NADD (association for person with developmental disabilities and mental health needs) certification enhance quality? Training in I/DD, funding, wraparound supports may be more effective. Extra credentialing/NADD will take time and money. Incentivize payment structures for specializing or provide reimbursement for seeking certification.
▪ Include stakeholders from the beginning – families, community voice
▪ CCOs are not responsible for Open Card youth and youth with private insurance, these are the youth in the system who’s needs are most costly and there is fiscal liability in ensuring adequate programming and governance.
▪ The proposal has a focus on placement compared to community based treatment, services and supports.
▪ Need to ensure community focused locus of control rather than state level to ensure alignment with System of Care principles and values.
▪ Medically fragile children are not getting what they need due to system barriers.
▪ The workforce required to make this happen does not exist.
▪ Current programs seem more about liability vs. actual treatment or the needs of the children.
▪ Need more evaluation on CANS effectiveness and impact on staff who use it and youth / families experience and perspective of its helpfulness.

SUPPORT
▪ I agree there is a need for an Executive Children’s Council and System of Care Governance structure which is empowered.
▪ Agree that the SOC steering committee should be funded with GF and empowered.
▪ A children’s services division could address the major stressors on families such as poverty, discrimination and violence in a more robust manner.
▪ We agree with the proposal to develop Regional Crisis and Assessment Centers.
▪ Overall proposal is good with great structural ideas for long and short-term solutions.
▪ Recognition of the need to focus on trauma reduction and trauma informed systems of care.
▪ “Thank you, we’ve been asking for this for a long time – good paper”.
▪ The past recommendation for receiving centers is a good idea given the current reality of not enough foster homes. The model created by Multnomah County was very effective prior to its closing. The facility was new, clean, and offered a place for police to take children that was warm & comforting. It wasn’t considered treatment and youth didn’t have to have done something wrong to be taken there. If this model were to be adopted the program would need sustainable funding to stay open.

RECOMMENDATIONS (BY PROPOSAL SECTION)

Sustainable Capacity
▪ Create regional crisis assessment center – this is a recommendation from the document that is supported by this committee (local System of Care governance group).
▪ Establish a no tolerance policy for discrimination to access services based on disability, diagnosis or program enrollment.
▪ Create blended funding streams and cross system accountability so that child serving agencies establish and honor shared priorities, shared responsibilities and share desired outcomes.
▪ Increase resources and services for youth with I/DD and active mental health conditions.
▪ We need treatment foster care: this only mentions “system improvement”? Nationally it is a standard through MH system. In Oregon we don’t have this so we must jump through lots of hoops to get it for youth or we just can’t do it. This could potentially be especially helpful for youth who are currently placed in other states. Multidimensional Treatment Foster Care is promising approach for youth with complex needs.
▪ Increase access and utilization of current mental health respite homes.
▪ Increase crisis respite homes that are not tied to mental health.
▪ Cross system and comprehensive crisis support universally available (insurance blind), including in person
▪ Continue to advocate for better payments to DHS foster families to secure high quality and effective foster homes.
▪ Create system improvement & expansion: why just invest in CCOs? Include stronger language around expanding to community partners and providers. CCOs would be local distributors – there is a need to ensure they are engaging with other systems or community providers to ensure local needs and cultural needs are met, and that they aren’t just serving youth who are in CCO.
▪ Increase connection between the I/DD system and mental health system to allow for holistic approaches and treatment.
▪ Restructure and modernize the state’s use of BRS. The current BRS structure was designed decades ago to try best to serve all kids who didn’t meet mental health criteria or didn’t have access to the mental health system for a variety of reasons. It is time to innovate and create new programs and types of programs. The current system is causing constraints and is limiting to needed creativity.
▪ Please consider incorporating ways to treat the whole family, not just the individual youth. When a family has multiple youth struggling but only one meets criteria, how is the whole family supported? If family reunification is the goal, there need to be ways to stabilize and support families.
▪ Care Coordination needs to be expanded beyond Wraparound and system coordination. There should be a foster care navigator helping families and youth connect to the right resources.
▪ Focus on BRS system alignment and integration with local systems of care. Allow the CCOs to administer the BRS system.
▪ As a system we need to consider how to invest in innovation and redefine how we serve high needs kids and re-imagine what is possible to drastically improve outcomes for youth who our system is failing.
▪ Recommend strengthening in home crisis support to potentially prevent out of home placement. Mobile crisis funding would be invaluable and would greatly benefit youth and families within the I/DD system.
▪ Develop Intensive Treatment Services specifically designed to meet current system gaps.
We need to develop resources and services at the highest levels of care while also provide increased case management supports to ensure community resources are utilized.

Increase access and capacity for Wraparound care coordination and make it accessible to children and youth on OHP open card.

Reduce delays in accessing behavioral health assessments within the I/DD system.

Caseworkers would benefit from smaller caseloads, better training and more support to increase caseworker understanding of policies and increase consistency in practice.

Offer families peer support services immediately after a crisis to ensure ongoing support. For example, integrate peer support into the emergency department protocol.

Increase prevention and early intervention services such as those provided by Relief Nurseries and Health Families.

Ensure substance use disorder assessments within the proposed regional assessment center model.

Explore possibilities within the K-Plan in terms of mental health in home services and other aspects of the waiver.

Help with housing and food, serve the whole family.

**System of Care Infrastructure**

- Develop a state level System of Care Executive council and empower the exiting SOC Steering Committee.
- Provide blended funding investment into local System of Care structures.
- We need the array of services and supports to look more similar across systems so people don’t have to switch support systems to access what they need and for these supports to be focused on supporting kids and families before they reach crisis.
- Need to develop supports so children can stay in their home communities and maintain all aspects of their support system.
- Braid funding across systems to meet the unique needs of this population.
- Remove barriers, such as rules, to integrated and coordinated models of service delivery for youth. Such as, behavioral support cost sharing with School Districts; clinical and behavioral supports able to be provided by the same qualified provider.
- Include OCCYSN in the System of Care governance structure.
- Look at CANS to assist in data tracking and outcomes reporting across systems. State needs a data system to do tracking for this population across systems.
- Include infants in the target population. Needs a service array and continuum which includes the early intervention needs of infants and families.
- All care coordinators should be trained in the principles of Wraparound, the Georgetown model, regardless of child caring agency. This should be state-wide and sponsored by DHS/OHA.
- Ensure education is at the table.

**Behavioral Health Enhancements**

- Recommendation is to cover case management as a basic benefit under OHA to focus on accessing the determinants of health and appropriate service array. All systems should support access to housing, income support, transportation and health care and basic family needs.
Not only do we need community based intensive behavioral health services, they need to be available, accessible, have flexibility in funding and policy, be able to support the complex needs of this population.

Ensure mental health providers have an incentive or opportunity to specialize in supporting children and youth with I/DD. There are very few mental health providers in the state who have an understanding and experience in working with the I/DD population.

Put funding into prevention and early intervention services.

Allow access to alternative therapies such as neurofeedback, Applied Behavioral Analysis, CBD oil and nutritional therapies for youth with I/DD.

Reinstate and expand intensive mental health in-home services.

OHP needs to cover occupational and physical therapy for SPD.

Increase funding for agencies providing Wraparound care coordination, family partners and youth partners to allow more families to participate in the Wraparound process and not experience wait times.

**Become Trauma Informed State Agencies**

- Infuse trauma informed care in all services and supports created.
- Use an equity and inclusion lens when developing services and policy.
- Shift the DHS culture to be trauma informed to assist staff, youth and foster and bio families.
  “This will help us to not have to tell our stories repeatedly.”
- Train parents, teachers, behavioral health staff at all levels, nurses, doctors etc. Follow up through provider and consumer surveys and continuing education.
  “I would love to see this across all entities and levels. The more educated we are the better the outcomes will be.”
- Easy to say hard to do. This is a multi-year effort especially when talking about state agencies and programs.
- Recognize that engaging the system is itself a traumatic experience for many involved
- Shift culture away from the assumption that youth in the highest levels of care always need medication to address behavioral issues.
- Prioritize preservation of families. Ensure that if there are preventative services that could be placed in the home prior to removal, that those are tried prior to removal.
- Prioritize continuity of care for rigor, efficiency, and a person-centered approach

### Partner and Stakeholder Log

<table>
<thead>
<tr>
<th>Entity/Partner</th>
<th>Approximate Date of Engagement</th>
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</thead>
<tbody>
<tr>
<td>Coordinated Care Organization CEOs</td>
<td>March 15, 2018</td>
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<tr>
<td>Coordinated Care Organization Behavioral Health Directors</td>
<td>March 2018</td>
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<tr>
<td>Topic</td>
<td>Date</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>Unified Child and Youth Safety Implementation Plan – Steering Team</td>
<td>April 6, 2018</td>
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<tr>
<td>Oregon Youth Authority</td>
<td>April 6, 2018</td>
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<tr>
<td>Governor’s Office – Human Services Policy Advisor/Health Policy Advisor</td>
<td>March 22, 2018</td>
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<tr>
<td>Oregon Department of Education</td>
<td>March 22, 2018</td>
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<tr>
<td>Governor’s Foster Care Commission</td>
<td>April 7, 2018</td>
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<tr>
<td>Statewide Multidisciplinary Advisory Committee (SMAC)</td>
<td>March 22, 2018</td>
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<tr>
<td>Children and Youth Behavioral Health Services - OHA</td>
<td>March 23, 2018</td>
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<tr>
<td>Youth with Specialized Needs Work Group – Governor’s Office</td>
<td>March 23, 2018</td>
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<tr>
<td>State System of Care Steering Committee</td>
<td>March 22, 2018</td>
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<td>Portland State University - System of Care Institute</td>
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<tr>
<td>Local/regional System of Care Executive Councils</td>
<td>May 9, 2018</td>
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<td>Association of Oregon Community Mental Health Programs (AOCMHP)</td>
<td>May, 2018</td>
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<td>Children’s System Advisory Council (CSAC)</td>
<td>March 23, 2018</td>
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<td>Child Welfare Advisory Council (CWAC)</td>
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<td>Children’s System Advisory Group CSAG (DD)</td>
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<td>Behavioral Rehabilitative Services (BRS) Provider Group</td>
<td>March 21, 2018</td>
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<td>Developmental Disability Coalition</td>
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<tr>
<td>Vision Advisory Committee Meeting (DD)</td>
<td>April 17, 2018</td>
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<tr>
<td>Foster Care Medical Home Alignment – Health Share</td>
<td>March 23, 2018</td>
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## Summary

In planning for the partner engagement phase of the project, measurement criteria for successful engagement were defined as;

1. Feedback collected provides clarity and direction for the project team for project planning and scope development
2. DHS and OHA leadership/decision makers gain clarity of scope and a clear vision for project support and implementation approval
3. Partners and stakeholders experience improved trust in OHA/DHS and experience an opportunity for participation and meaningful engagement.

It is our intention that this report will assist leadership in prioritizing project work in agreed upon areas which can be expected to accomplish system enhancements to further develop an equitable, trauma informed and coordinated continuum of care that meets the needs of children, youth and families who are impacted by multiple systems and have complex needs. Additional proposed recommendations

<table>
<thead>
<tr>
<th>Oregon Alliance of Children’s Programs</th>
<th>March 22, 2018</th>
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</thead>
<tbody>
<tr>
<td>Office of Equity and Multicultural Services (OEMS)</td>
<td>April 9, 2018</td>
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<tr>
<td>Youth Era</td>
<td>March 22, 2018 and April 13, 2018</td>
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<tr>
<td>Oregon Family Support Network (OFSN)</td>
<td>March 22, 2018 and April 13, 2018</td>
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<tr>
<td>Swindell’s Resource Center</td>
<td>March 23, 2018</td>
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<tr>
<td>Youth Progress Association</td>
<td>March 21, 2018</td>
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<tr>
<td>Child Welfare District Managers</td>
<td>April 12, 2018</td>
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<tr>
<td>Sherri Alderman, MD, MPH, IMH-E, FAAP, Oregon Infant Mental Health Association</td>
<td>April 26, 2018</td>
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<tr>
<td>CASA (Executive Director)</td>
<td>April 26, 2018</td>
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<tr>
<td>Education Service Districts (ESD)/list of individuals is available</td>
<td>May 1, 2018</td>
</tr>
<tr>
<td>Other partners and stakeholders who received the proposal via third party</td>
<td>March 2018 - present</td>
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</table>
captured in this report, will be included in project implementation planning and shared across other system improvement efforts.

OHA|DHS CONTINUUM OF CARE PROJECT TIMELINE

- **March - May 2018**: OHA|DHS Continuum of Care Proposal Submitted to Directors
- **June - August 2018**: Partner Engagement Phase
- **September - November 2018**: Produce Partner Feedback Report
- **December 2018 - 2019**: Develop project plan in coordination with related initiatives and leadership strategic direction

Current Status
Align work with other systems improvement initiatives & efforts
Implementation phase