2024 Community Engagement Survey Responses
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Richie Thomas
Tautai Trade

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Executive Summary

In 2025 Oregon Health Authority (OHA) Behavioral Health Division, Child and Family Behavioral Health contracted with Tau Trade to complete a qualitative analysis of survey data. This report provides an in-depth analysis of feedback gathered from the Child and Family Behavioral Health (CFBH) Community Engagement Survey, capturing 129 interactions with groups and individuals across Oregon. The survey aims to identify key concerns and opportunities for improvement in the state's behavioral health system for children and families. Using thematic analysis, this report emphasizes a range of pressing issues and provides actionable recommendations to address them.

The analysis reveals various areas of concern, the most prevalent of which are workforce shortages, access challenges, and the need for training.

- **Workforce challenges** are the most frequently reported issue, with respondents emphasizing the critical shortage of mental health professionals, particularly in schools and rural areas. Overworked staff, burnout, and high turnover rates further strain the system.
- **Access to services** is the second key area of concern, as respondents highlight systemic barriers such as long wait times, insufficient capacity, and gaps in services for vulnerable populations, including those in rural areas and culturally diverse communities.
- Finally, feedback emphasizes the **need for comprehensive training initiatives** targeting mental health providers, school staff, and communities, focusing on cultural competence and inclusive practices.

The analysis further identifies significant equity, infrastructure, and family engagement gaps. Communities of color, Black and tribal communities, individuals with disabilities, rural populations, the lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual or agender, and two-spirit (LGBTQIA2S+) community and other historically marginalized groups face disproportionate barriers to accessing culturally and linguistically appropriate services.

Responses also stress infrastructure deficiencies, including a lack of facilities and equipment, and underscore the importance of fostering family collaboration through education and engagement. Other expressed concerns included insufficient funding, fragmented cross-system collaboration, and the underrepresentation of youth and family voices in decision-making processes.

These findings underscore the urgent need for targeted interventions to strengthen Oregon's behavioral health system. The following recommendations are proposed to address critical gaps and opportunities for improvement:

Workforce development:

- **Enhance recruitment and retention:** Implement targeted strategies to recruit and retain a diverse, specialized, and adequately sized workforce, especially in rural areas.
- **Support workforce well-being:** Introduce comprehensive wellness programs to address burnout and reduce turnover among behavioral health professionals.

Improving access to services:

- **Expand service availability:** Increase the capacity and availability of mental health services, with a focus on underserved populations and areas.
- **Centralize service navigation:** Develop user-friendly systems to help families and youth navigate mental health services more effectively.

Training and education:

- **Broaden training opportunities:** Provide robust training programs for providers, school staff, and communities, with a particular focus on culturally and linguistically diverse populations.
- **Increase awareness and competence:** Deliver targeted education campaigns to reduce stigma and improve cultural competence within behavioral health systems.

Equity and inclusion:

- **Address inequities:** Ensure equitable access to services for communities of color, Black and tribal communities, individuals with disabilities, rural populations, LGBTQIA2S+ and other historically marginalized groups.
- **Enhance youth and family voice:** Develop mechanisms to ensure meaningful involvement of youth and families in decision-making processes.

Cross-system collaboration and infrastructure:

- **Strengthen partnerships:** Foster deeper collaboration among agencies, schools, and community organizations to provide integrated, holistic care.
- **Invest in infrastructure:** Prioritize funding for facilities, technology, and tools necessary to improve service delivery and accessibility.

Acknowledgements

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Background

Context

In 2025 Oregon Health Authority (OHA) Behavioral Health Division, Child and Family Behavioral Health (CFBH) contracted with Tau Trade to complete a qualitative analysis of survey data. CFBH manages Medicaid and other public programs that provide mental health, suicide prevention, and substance use disorder services for children, youth, young adults, and their families. Oregon's system for children's behavioral health needs a wide range of support services—from prevention programs to intensive care—to effectively meet the unique needs of each young person and their family. CFBH works on a continuum of services and supports that support individuals from infancy to age 25. OHA partners with young people, families, providers, community and other state agencies to create policies and guidelines that ensure equitable and accessible services for children and families across the state.

OHA and Child and Family Behavioral Health regularly gather input from youth and families and multiple entities, including providers, community-based organizations, and other agencies. This data set covers themes, concerns, and community priorities gathered between August 2023 and October 2024.

Purpose

CFBH has been guided by a strategic plan called the Roadmap, which steered the unit from 2020 to 2024. This plan was developed with input from the community. This work is now part of the broader strategic planning process for the Oregon Health Authority (OHA) and the Behavioral Health Division. It aligns with the OHA goal of eliminating health inequities in Oregon by 2030.

CFBH has been actively gathering ongoing feedback from partners to ensure that the plan reflects community priorities as it prepares the next version of its strategic plan for 2025 to 2028. This feedback, collected through various meetings, interactions, and conversations, draws attention to the concerns and themes from a cross-section of the children's behavioral health community. This report provides a qualitative analysis of the data, which will help shape the new plan and guide the prioritization of activities.

This report is a companion to the individual online survey, Informing OHA, that was deployed between May and October 2024. The 2024 Informing OHA Survey report is a separate report.

Methodology

CFBH staff gathered community feedback via a SmartSheet form into a spreadsheet, by prompting for information on key themes. The entries include in person and virtual meetings and individual interactions gathered between August 2023 and October 2024. In total, the community survey captures 129 interaction summaries. The characteristics of the

respondents are shown in Appendix A, and further details about the nature of the engagements are shown in Appendix B.

Analytical Process

Thematic analysis was conducted to identify the respondents' primary concerns, a process which involved inductive coding, examining survey responses and labeling relevant text segments to uncover recurring themes and patterns. The coded data was then organized into broader themes, further refined, and categorized.

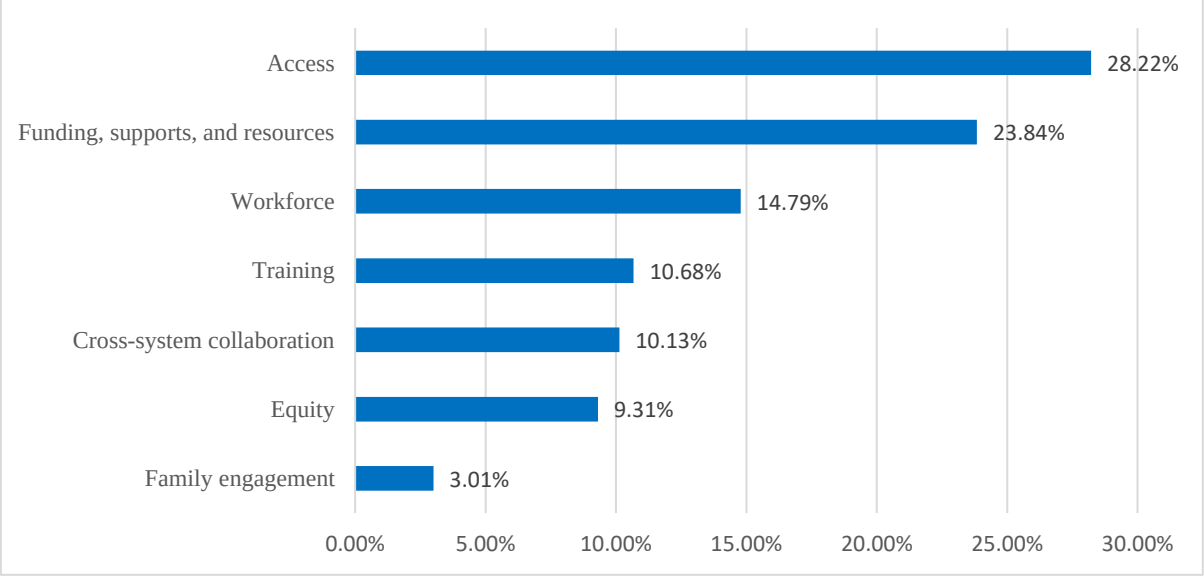
Frequency analysis was used to determine the most prevalent themes. To ensure a comprehensive understanding of the complex themes involved, the survey included a diverse range of partners, including service providers, families, and county representatives. Negative case analysis was also used to identify and discuss instances that did not fit with the emerging patterns, refining and validating the thematic framework.

Issues of Concern

Summary

Figure 1 shows that codes related to (1) workforce, (2) access, and (3) training appeared most frequently in reported responses to the question about their main concerns. Other issues of concern are those related to services, funding, equity, information, cross-system collaboration, infrastructure, family engagement, partnerships, awareness, youth and family voice, and data-driven decision-making. (See Figure 1)

Figure 1. Issues of concern



Access

Respondents from different counties and localities are concerned about issues with access to services, treatments, and medicines. Workforce shortages are a likely driver for many access issues.

Obstacles to access services

Families have been denied access to mental health services "even when they present with suicidal ideation" (this is the experience of one respondent in Lane County.) Characteristics of children and youth who have been denied access to services, including inpatient units and residential programs, include:

- Children and youth with low IQ (Hood River, Sherman, and Wasco counties)
- Children and youth with aggression/challenging behavior (Hood River, Sherman, and Wasco counties)
- Youth with pending legal charges and mental health (Respondent via phone call)
- Children and youth with COVID-19 (Online - various participants)
- Children and youth with diabetes (Linn, Marion, and Yamhill counties)
- Youth with intellectual and/or developmental disabilities. (Lane, Multnomah counties)

Lack of timely access

High demand for mental health services and lack of capacity with long wait lists for mental health services are a concern. This was cited by respondents across numerous counties including Columbia, Linn, Umatilla, Yamhill, Deschutes, Jefferson, Lincoln, Benton, Marion, Coos, Deschutes, Douglas, Jackson, Klamath, Lane, Multnomah, Wallowa, and Tillamook, and by various online participants. Some experiences described by respondents are:

- Parent reached out to one local agency and just told there was "no capacity" (Lincoln)
- One of these parents (of a 6-year-old) has been placed on a 6-month waiting list by an OP (outpatient) clinic (Benton, Linn, and Lincoln counties)
- Mother concerned male adolescent having sexual relations with younger cousin, was referred to crisis center and informed mental health assessments cannot be scheduled for several months (Lane County)

Lack of access to specific services and supports

There is concern about lack of access or limited access to various services and supports. For example, numerous respondents emphasize concerns around access to behavioral and mental health services:

- Mental Health assessment (Lane, Multnomah)
- Psychosexual evaluations (Deschutes)
- Residential level treatment (Various online participants)

- Intensive In-Home Behavioral Health Treatment (IIBHT) (Lincoln)
- Applied Behavior Analysis (ABA) (Multnomah)
- Disability specific/focused strategies for treating suicide, including therapists trained to address suicidality in young people with disabilities (Various online participants)
- Treatment for youth with eating disorders co-occurring with another health condition (Various online participants)

Another problem area underscored by respondents are the gaps in services and supports to treat substance use disorders (SUDs):

- Mobile Response and Stabilization services that integrate SUD for transition-age youth (Various online participants)
- SUD services (Josephine, Deschutes)
- SUD prevention services (Clackamas Wasco)
- Youth detox and treatment (Multnomah)
- Youth Substance Use Treatment (Deschutes)
- Fentanyl tool kits (Various online participants)

Finally, there is an identified need for targeted support services tailored to specific populations and community settings:

- Level of care options for young adults (Marion)
- Community services (Yamhill)
- Post-adoption services (Responding via phone call)
- Population/age-specific higher levels of care, housing, and programs (Lane)
- Services for houseless youth (Various online participants)
- Services to Youth and Young Adults (Multnomah)

Lack of access to medication

Access to appropriate medication is a critical component of youth behavioral health care, yet significant barriers persist. One pressing concern is the availability and management of medications for attention-deficit/hyperactivity disorder (ADHD), identified as a concern by respondents in Clackamas, Lane, and Umatilla counties.

Lack of access to high-quality services

Respondents have access to the services they needed in certain cases, but the low quality and failures of those services are concerning. Some of the challenges brought to light include:

- Multiple clients presenting to various local Emergency Departments with suicide plan and intent, being released without consideration for higher levels of care. (Lincoln)
- Need for improved discharge planning. (Various online participants)
- Communities need more than standard talk therapy in a school setting. (Wasco)

- Balance capacity and acuity--assessment process is bottlenecked. (Clatsop)
- Youth with aggression--no good strategies to assist. (Various online participants)
- The functioning of the Suicide & Crisis Lifeline (988) was a cause for concern, as operators were often not responsive or unable to provide phone de-escalation. (Various online participants)

Lack of information

Finally, respondents also stress concerns about access to information regarding available services and programs and how to obtain them, along with misinformation, especially concerning OHA and Coordinated Care Organizations (CCOs). For respondents from different localities and counties, information needs to be more transparent and easily located on:

- Services and how they could be expedited (Various online participants)
- Culturally specific providers and services (list/map). (Various online participants)
- Behavioral health services in communities (Benton, Linn, Marion; Respondent via phone)
- Awareness of different OHP and other benefits (Various online participants)
- Wraparound--especially for communities of color, Black and tribal groups (Various online participants)
- Resources for counseling services (Respondent via phone)
- Family support specialists (Various online participants)
- "What is residential?" (Various online participants)
- "Why is home learning so often recommended?" (Various online participants)
- How to access and apply Naloxone (Narcan) (Various online participants)
- How to request Non-Emergency Medical Transportation (NEMT) for transportation needed (for medication) to the pharmacy (Various online participants)
- Contact information for their CCO and the local County Behavioral Health offices (Lincoln)

Funding, supports, and resources

Respondents from different counties and localities express concern about the lack of funding and support to address various issues.

Youth and Families

First, more funding and support are needed for youth and families. Respondents recognize that supporting the entire family unit is more effective where possible, rather than just the child in isolation. As one respondent from Deschutes noted, "In many families there are multiple people who have unmet mental health concerns. Providing support only to the child and not the parent/guardian/caretaker misses an important problem". Additionally, various respondents underscore the need to strengthen certain youth and family-focused services:

- Transportation options
- Family and youth mentorship system

- Resources for young adults (residential/housing)
- Resources for youth with mental health crisis
- Outpatient counseling for 5-year-olds and parents
- Psychological testing for parents/guardians/caretakers to better understand their needs

Access

Similarly, respondents recognize areas where services already exist but where access issues prevent the services from being fully utilized. There is a need for "ongoing, consistent funding," as a respondent from Multnomah put it, to address access issues for the following services and supports:

- Peer support resources
- Early childhood mental health consultation
- Support for SUD Work for children and youth.
- Services and supports for houseless youth
- Prevention funding

Support in Eastern Oregon

There is also an identified need for greater funding and support for youth and families in Eastern Oregon, in particular. It has been felt that there is limited mental health support in this area, and in gaps in service provision for younger children:

- Need more mental health resources in Eastern Oregon (Various online participants)
- Lack of resources in Eastern Oregon for the early childhood population (Respondent via phone call)

Culturally diverse groups

The results also reveal the need for greater funding and support for culturally diverse groups. One respondent from Marion felt that they were not able to support culturally specific outreach for the expanding Chuukese/Marshallese population in Salem due to a lack of linguistically- and culturally- diverse resources. They explain the need for "more capacity to help with translation in languages spoken in communities, not just what OHA puts out," and for "culturally diverse mental health [support], suicide prevention trainings in multiple languages." Other respondents present similar recommendations regarding culturally diverse groups that they work with, suggesting that increased funding and resources are needed in the following areas:

- Bilingual medical transporters
- Resources for culturally specific community navigators
- Culturally specific supports
- Culturally specific Wraparound supports
- Culturally diverse mental health provision
- Suicide prevention trainings in multiple languages
- Funding for Black and Brown communities

- Opioid settlement funds for Black, Brown, and other historically marginalized communities

Workforce

The workforce is another area of concern, in which increased funding and support are thought to be needed. One respondent in Umatilla states that "Caseloads have doubled since COVID-19, but [there are] no more funds." Respondents across Oregon stress different areas in which more resources are needed:

- Funds to help support training in crisis, de-escalation, trauma-informed care. (Wallowa)
- Funding to increase mental health promotion and prevention staff person from 0.75 to 1.0 FTE (Baker)
- Funds for a case manager/care coordinator role to help school-based mental health therapists to help with intake paperwork (Union)
- More money put toward recruitment (Wasco)
- Funding for providers to hire new clinicians (Deschutes)
- Funding to increase the number of staff in each school to cover admin time, and to reduce the pressure of productivity standards (Klamath)
- Transportation support for staff facing economic difficulties (Malheur)
- Housing support for staff (Klamath)
- Increased support for staff wellness (Various online participants)

Awareness and engagement

Respondents also emphasize the need for general awareness raising to improve engagement. For example, a respondent from Jackson requested "more funds for social media mental health awareness campaigns," and a respondent from Multnomah asked for "more funds to use for mental wellness materials for engagement." Overall, the results suggest a need for greater funding and support in the following areas:

- Stress, anxiety, and resiliency awareness campaigns
- Campaigns working against stigma in relation to mental health and suicide
- Mental wellness materials for engagement
- Mental health literacy in the workplace
    - "We have mandated trainings on sexual harassment, active shooters… Why not for mental health, like how to help your coworker who is struggling?" (Marion)
- Help the Legislature understand what primary prevention looks like and why it is important

Schools

There is an identified need for more funding and support for schools. Respondents felt that the ratio between school-employed helping professionals and students needs to be addressed. A school principal in Coos county explained that "We are about to burst; the continuum of support is disappearing, and we as principals are being pulled to do

everything", commenting further that "It takes a village of people to triage". The survey responses identify specific areas where additional funding is needed in schools:

- Support for youth in schools before and after Long Term Care and Treatment (LTCT) programs
- Need in schools for more group counseling
- Resourcing and availability of mental health supports in schools, particularly charter schools and smaller schools
- Intellectual and developmental disabilities (I/DD) resources in schools
- Strategies to make engaging in school-based mental health services less stigmatizing

Workforce

Feedback to the CFBH team members includes concern about the shortage of mental health staff. More workers, including specialized, varied, and dedicated workers, are cited as needed, especially in schools and other areas, including rural areas.

Overworked staff

Respondents from several counties and localities say that workers, including school staff, are overworked and working under a lot of stress. Some related comments include:

- Staff are overworked, no time for lunch, want more school staff and students trained in Mental Health First Aid (MHFA) or other mental health basic training (Feedback from meeting in Gilliam & Morrow)
- The staff are burned out to the point of having to take medical leave due to the stress of the job (Respondent via phone call)

A respondent from Klamath County has the following concern:

> School Based Mental health (SBMH) providers have noticed decreased empathy/patience for students from school staff.

Workforce shortage

The workload of staff, including school personnel, is related to the shortage of mental health providers. There is a need to recruit more people for the workforce, especially full-time equivalent (FTE) rather than partial FTEs. One respondent from Washington County says: "not enough FTE to meet community requests for outreach, training, and classes", while a respondent from Umatilla County says: "we need 1.0 FTE to help relieve existing staff."

The responses identify a need to hire more behavioral health staff in other areas, including school and rural areas. For the issues faced in rural areas, one respondent from Tillamook County commented:

> "(…) said "It's not the funding we need, it's that we need to hire people. We have used HB4071 dollars to help with wellness, housing, and rent for staff and will keep using it." But people don't want to move to rural areas, especially if they are from out of state." (Tillamook)

Regarding the need to hire more behavioral health staff in schools, a respondent from Columbia County comments:

> A High School principal shared that coming back from COVID-19 there was an increase in suicidal ideation assessments and a need to form a multidisciplinary team that would include a care navigator. They were able to get that position funded; although education funds have decreased but the needs have increased. Ideally, they would like each school to have a qualified mental health professional, qualified mental health associate, and one care coordinator. (Columbia)

Shortage of specialized, qualified staff:

The responses indicate that the qualified staff that need to be hired include:

- Family support specialists for different locations (Various online participants)
- Occupational Therapists at the county mental health program (Jefferson County)
- Social workers on the HeadStart program staff to assist parents (Respondent via phone call)
- Care coordinators with specific knowledge in specialty areas (Multnomah County)
- Healthcare providers with suicide prevention training (Various online participants)
- Therapists to address suicidality in young people with disabilities (Various online participants)
- Dedicated suicide prevention staff (Various online participants)

The responses highlight that staff are needed to specialize in youth mental health and suicide prevention to provide the best possible support. Various online participants stress that instilling a culture of suicide prevention throughout organizations and communities is difficult without dedicated, specialist staff.

Need to retain trained staff

The drain of trained workers, especially those trained in Evidence-Based Practices (EBP), concerns respondents from different counties and localities. Various online participants describe the problem:

> Agencies investing time, money, resources into clinicians to be trained in EBP models and clinicians, then leaving after becoming trained and/or certified – this creates a need to retrain staff. (Various online participants, Clackamas County)

Create new options

Respondents from Wasco, Gilliam, and Morrow indicated that more staff types are needed. For example, a response from Gilliam and Morrow commented:

- Needing more varied staff, such as peer youth who are student council/leaders at school. Could they mentor younger students? (Gilliam and Morrow Counties)

Training

Training is needed for mental health providers, schools, and community professionals. Responses recognize the need for this training to be targeted towards culturally diverse groups to meet the needs of marginalized communities in Oregon.

Mental health professionals

For mental health professionals, there is a clear need for continued education to respond effectively to evolving mental health challenges. Professionals serving historically marginalized communities– including Micronesian, Black, tribal, rural, LGBTQIA2S+, and disability-focused groups – are identified as needing targeted support.

- Training on the intersection between mental health and developmental disabilities (Various online participants)
- Non-violent crisis intervention (Deschutes)
- Verbal processing, as parents are concerned that this is not always appropriate (Deschutes)
- Clinical diagnosis of neurodiversity and autism (Multnomah)
- Eliminating ableist/behaviorist "old model" language and practices (Various online participants)
- Training on eating disorders (Various online participants)
- Handling eating disorder related calls for crisis lines (Various online participants)
- Suicide prevention (Baker)
- Behavioral health (Multnomah)
- Family therapy in In-Home Behavioral Health Treatment (IIBHT) (Various online participants)
- Training on managing uncomfortable situations in therapeutic settings (Multnomah)

Teachers and school staff

Teachers and school staff, particularly those working in diverse environments and/or supporting students with disabilities, were identified as needing targeted training to manage mental health challenges and foster inclusive educational spaces:

- Mental Health First Aid (MHFA) (Marion, Washington, Yamhill; Various online participants)
- Applied Suicide Intervention Skills Training (ASIST) (Marion, Washington, Yamhill; Various online participants)
- Question, Persuade, Refer (QPR) training (Washington)
- Training to co-regulate themselves and their students (Various online participants)
- Grief and loss training (Marion, Washington, Yamhill)
- Sources of Strength program (Marion, Washington, Yamhill)
- Mental health literacy for educators (Union)
- Training to better support students and families (Benton)

Community members

Recommendations have also been made for community members, especially those working with historically underserved populations (e.g., Micronesian, Black, tribal, LGBTQIA2S+, and rural communities). There is a recognized need to establish a lead outreach and training coordinator in at least four communities, and to expand outreach to Parks & Recreation departments and homeless support groups, to enhance engagement. There is also a need to improve the training offered to community members, so that they can benefit from better mental health education and customized training for working with diverse groups:

- MHFA (Marion, Washington, Yamhill; Various online participants)
- ASIST (Marion, Washington, Yamhill; Various online participants)
- QPR training (Washington)
- Bilingual training sessions to ensure equitable access (Benton)
- Training in behavioral health and language translations specifically for Micronesian providers (Various online participants)

Cross-cutting training

Finally, the community feedback also identifies cross-cutting training concerns, leading to broader training recommendations:

- Need for ongoing and frequent training opportunities:
    - Long waiting periods for ASIST, QPR, and MHFA training, with reported delays of up to six months (Malheur)
    - High demand from school districts for training, but insufficient capacity to deliver (Benton)
- Need for regional coordination and information sharing:
    - Requests to map existing training locations to broaden reach and adopt a regional approach (Clackamas)
- Equity-focused considerations:
    - Ensure OHA training sessions are available in Spanish (Various online participants)
    - Increase availability of bilingual trainers (Benton)

Equity

Latinx, Micronesian, and other communities of color, Black and tribal communities, individuals with disabilities, rural populations, LGBTQIA2S+ and other historically marginalized communities often face barriers to accessing mental health services. Language and infrastructure are key factors contributing to this lack of equal access for these groups.

Lack of culturally and linguistically diverse services

There is a lack of access to culturally and linguistically diverse services that affect Latinx and Micronesian communities and others. Some related comments are as follows:

- Treatment and Prevention for Latinx youths, Mental Health, and Addictions Services, both School and Community Based (Multnomah)
- REALD is not appropriately capturing the Micronesian community, which is hard to show how many members are in all 36 counties in Oregon are Micronesian (Various online participants)
- Need culturally diverse mental health; currently lacking equity because not able to support culturally specific outreach (Marion)
- Growing Guatemalan refugee population, not enough multi-language services in the area (Umatilla)

Need for information in various languages

Access to information about available mental health services and their importance must also be guaranteed to linguistically diverse communities, including Spanish speakers. Some related comments are as follows:

- Need more capacity to help with translation in languages spoken in communities, not just what OHA puts out. Increasing Chuukese/Marshallese populations in Salem (Marion)
- Need for language supports for Marshallese, Yapese, Palauan, Chuukese and all the other Micronesian members (Various online participants)
- Need for video or visual resources in Spanish explaining residential treatment and levels of care (Various online participants)
- Navigating OHP and benefits is really difficult when all the materials are in complex English. Using simple English at the 5th grade level that can be translated in languages will help the community members learn how to access services (Various online participants)

Limited access in rural areas

Families living in rural areas do not have equal access to mental health services. The scarcity of these services in rural regions requires them to invest more time and resources to access the care they need compared to individuals living in urban areas.

- Transportation issues for families in rural/frontier areas that live far out from services and telehealth is not a good fit (Douglas, Jackson, and Klamath)
- Rural area families face issues such as transportation and childcare for their other children which makes it difficult to sustain attending appointments in offices (Douglas, Jackson, and Klamath)

Lack of access for communities of color, Black, and tribal groups

For various online participants, there is a need to improve access for communities of color, Black, and tribal groups communities to the Wraparound mental health program:

> Need outreach for Wraparound to BIPOC communities in Tri-County area - and likely across the state (Various online participants)

Lack of spaces for people with disabilities

According to various online participants, people with disabilities want their own spaces:

> People are wanting their own spaces/affinity spaces (disability culture) (Various online participants)

Youth and family voice

Various online participants, as well as one respondent from Lane, stress concerns about the lack of youth, LGBTQIA2S+, and family voices in services and decision-making. It is felt that these groups cannot contribute meaningful feedback on the decisions that affect them. Related comments include:

> Family voice not being heard/respected in some services - residential, crisis lines, etc. (Various online participants)

> LGBTQIA2S+ stories must be told in the data and must be visible in leadership and decision-making spaces (Lane)

> In educational settings ensure prevention presenters are speaking from lived experience and look like the students they are talking to or have shared language or culture (Various online participants)

Cross-system Collaboration

Respondents are concerned about a lack of collaboration and communication between systems and partners, including schools and communities.

Lack of alignment between services

For respondents, there are “conflicting" services that should be better integrated. For example:

- Conflicts between child serving program (Multnomah)
- Integration with SUD (Deschutes)
- Limited communication/partnering between I/DD and mental health (Hood River, Sherman, Wasco)
- Need for connectedness between mental health and I/DD supports (Various online participants)

Lack of collaboration and communication between agencies

Related to the lack of partnership and communication between agencies, respondents describe the following:

- Need for clarity and transparency about the roles and overlaps between agencies without making us feel like "that isn't our job." (Various online participants)
- Encourage and facilitate coordination between local level systems (Various online participants)
- Need more collaboration and buy-in from hospitals and emergency departments (Multnomah)
- Not enough communication between agency heads (Wasco)

Lack of collaboration and communication with schools and the community

Respondents from Lake and Wallowa and online participants describe a lack of teamwork with schools and the community. Some related comments include:

> Concern about communication between schools and LTCT programs before, during, and after (Various online participants)
>
> It's not the funding, it's the school's willingness to partner (Lake)
>
> Needing better shared language between schools and communities (Wallowa)

Lack of communication and collaboration from the OHA

A concern of interest to Clackamas, Linn, Marion, and Multnomah respondents is related to OHA and its relationship with providers and/or organizations interviewed:

> How to connect more with OHA and learn about what is happening around the state (Clackamas)
>
> Need to set up coalition with support from OHA, but not "under" OHA (Linn, Marion, and Multnomah)
>
> OHA has previously not been open to hearing and responding to our concerns and needs as a psychiatric residential treatment facility provider (Various online participants)
>
> Our efforts and challenges are not seen nor appreciated by OHA (Various online participants)

Lack of clear expectations

Various online participants point out that OHA and the CCOs have different expectations.

> [There is] confusion in expectations between OHA and CCO (Various online participants)

> Understanding that intensive care coordination means something different in the CCO than it does at OHA (Various online participants)

Need to improve the infrastructure

Some comments related to the need to improve the physical infrastructure of behavioral health services are as follows:

- Young adult homes / residential placements available statewide (Tillamook)
- Both centers open 5 days/week and add another center to Sherman County (Hood River, Wasco)
- Hospital (Hood River, Sherman and Wasco)
- Hospital, day treatment, residential programs in the area (Columbia)
- Space to see students at school (Klamath)
- Inpatient / crisis higher level of care have led to traumatic experiences -- would like to re-design facilities/systems (Multnomah)
- Need for an eating disorder and mental health treatment facility that focuses on both (Various online participants)
- No facilities that can do mental health and address the needs of those with I/DD well at the same time (Multnomah)

Strengthen partnerships

Partnerships are key, says one Benton respondent. Organizations and communities that should be involved include:

- Police (Hood River, Sherman, and Wasco)
- Child Welfare (Lane, Multnomah)
- Law Enforcement (Lane, Multnomah)
- Members of the black community (Linn, Marion, Multnomah)
- Culturally specific organizations (Clackamas)

One Clackamas respondent shares:

> “Multicultural agency providers at visit shared they want to get their parents trained, but wonder 'what's next?': want to support families after the training - how they have implemented what they learned. This takes time, capacity, money, strong partnership between Mental Health Promotion and Prevention staff and culturally specific organizations.”

Data-driven decision-making

Finally, there is a need for different systems involved in behavioral healthcare to share data they routinely collect with one another. This will enable better decision-making, especially regarding prevention. This concerns respondents from the Mental Health Promotion and Prevention Program visit and the Children's System Advisory Council. The recommended required data is as follows:

- Data to elevate prevention with Public Health, Behavioral Health, Maternal and Child Health (Washington; Mental Health Promotion and Prevention Program Visit)
- Data on factors that would help increase mental wellness like housing assistance (Marion; Mental Health Promotion and Prevention Program Visit)
- Data on school-based mental health services to make sure they are working for families (Various online participants; Children's System Advisory Council)

Family Engagement

The final area of concern identified by respondents relates to engagement with families. Respondents point out that involving families requires educating them about SUD, mental health and the benefits of using services, and in promoting their participation and collaboration.

Need to educate families

Respondents name a need to educate families about substance use disorder, mental health, and the benefits of using services. Some related comments are as follows:

> Parent Education regarding SUD and mental health (Multnomah)
>
> Parent/guardians may be informed in some cases, but don't understand the benefit of I/DD services (Multnomah)

Need to promote family collaboration

The need to promote family engagement is a concern for respondents from Wallowa, Coos, Douglas, Jackson, and Klamath counties, as well as various online participants:

> Desire to have a video produced for youth/family members on "What is residential?" (Various online participants)
>
> Create connections for families so students can feel less stigmatized (Wallowa)
>
> Would love more parenting education, more collaborative problem solving (Coos)

Conclusion

The Community Engagement Survey Report of 129 community interactions with the CFBH team members reveals several critical issues in the mental health field. The most prominent concern is the significant workforce shortage, particularly in schools and rural areas.

Respondents emphasize the need for more specialized and diverse workers, including family support specialists, social workers, and care coordinators with specific knowledge in specialty areas. This shortage is exacerbated by the overworked and stressed condition of existing staff, leading to burnout and medical leave in some cases.

The survey also identifies access as a major issue, with long wait lists for mental health services reported across multiple counties. Notably, specific vulnerable populations, such as children and youth with low IQ, aggression, or co-occurring conditions, face additional barriers to accessing services. The third key issue is the need for comprehensive training for mental health workers, school staff, parents, culturally diverse communities, and others.

These findings have significant implications, especially in rural and culturally diverse communities. The workforce shortage directly impacts the quality and availability of mental health services, with rural areas facing specific challenges in recruiting and retaining qualified professionals. This shortage, combined with accessibility issues, creates a compounding effect that disproportionately affects vulnerable populations and those in underserved areas.

The lack of culturally and linguistically diverse services further exacerbates these disparities, particularly for Latino, Micronesian, and other communities of color, Black and tribal groups.

The survey also underscores the need for improved cross-system collaboration and communication between agencies, schools, and communities, suggesting that a fragmented approach hinders effective service delivery.

Appendices

Appendix A: Characteristics of the Respondents

The following table and graphs show the characteristics of the respondents, such as name/type of event, primary people providing input, location/County where engagement happened, language used, and other engagement data.

Table 1. Name/type of event

Name/type of event	Total	%
No info	1	0.8
8/22-23 site visits in Jackson, Klamath, and Douglas Counties	1	0.8
9 tribes prevention meetings	1	0.8
Alliance to Prevention Suicide - Workforce Subcommittee	1	0.8
BHCSAC Agenda Setting Meeting	1	0.8
Black COVID19 Strategy Meeting	1	0.8
Black Youth Suicide Prevention travel team meeting	1	0.8
Breakout session - I/DD Case Managers conference	1	0.8
Carious with CW - from Chelsea	1	0.8
Case staffing	1	0.8
Case staffing/updates	1	0.8
Child team meeting	1	0.8
Children's System Advisory Council	9	7
Columbia County MH Wraparound In person meeting	1	0.8
Comment	1	0.8
Community Conversation	2	1.6
Connecting with Benton County Behavioral Health	1	0.8
Contract meeting(s)	1	0.8
CSAG advisory meeting	1	0.8
Cultural Infusion for Suicide Prevention	2	1.6
CW ILP and OHA Collab	1	0.8
EASA YALC	1	0.8
East Multnomah Youth Substance Use Coalition	1	0.8
EASY prescreening	2	1.6
EASY provider meeting	1	0.8

EASY/Treehouse consultation	1	0.8
Email	3	2.3
EOCCO Region Wraparound Community Engagement	1	0.8
Family leaders meeting	1	0.8
Fiesta Navideña for families and children. Hosted by Arcoíris (Rainbow LGBTQAI2+) Latino and Juntos (Together) NW two community based organizations.	1	0.8
ICC consult	1	0.8
IDD Case Management Workshop on Suicide Prevention	1	0.8
in a meeting	1	0.8
Individual call from guardian	1	0.8
Individual call from parent	1	0.8
Junto NW, Multnomah County and OHA Teams Meeting	1	0.8
MDT	1	0.8
Meet and greet with ODE rep	1	0.8
Meet with Kerr's Medical Records Clerk	1	0.8
Meetings	4	3.1
Mental Health Promotion and Prevention Program Visit	4	3.1
Mental Health Promotion and Prevention Program Visit w/Clackamas County Behavioral Health	1	0.8
Mental Health Promotion and Prevention Program Visit w/Deschutes Co, BestCare Treatment, Crook Co MH	1	0.8
Mental Health Promotion and Prevention Program Visit w/IHN-CCO (Linn, Benton, Lincoln) prevention team	1	0.8
Mental Health Promotion and Prevention Program Visit w/Jackson Co PH	1	0.8
Mental Health Promotion and Prevention Program Visit w/Lane Co Public Health	1	0.8
Mental Health Promotion and Prevention Program Visit w/Lifeways, Inc.	1	0.8
Mental Health Promotion and Prevention Program Visit w/Mid-Columbia Center for Living's Peer Drop-In Center	1	0.8
Mental Health Promotion and Prevention Program Visit w/Morrison Child and Family	1	0.8
Mental Health Promotion and Prevention Program Visit w/New Directions, NW (Baker Co)	1	0.8

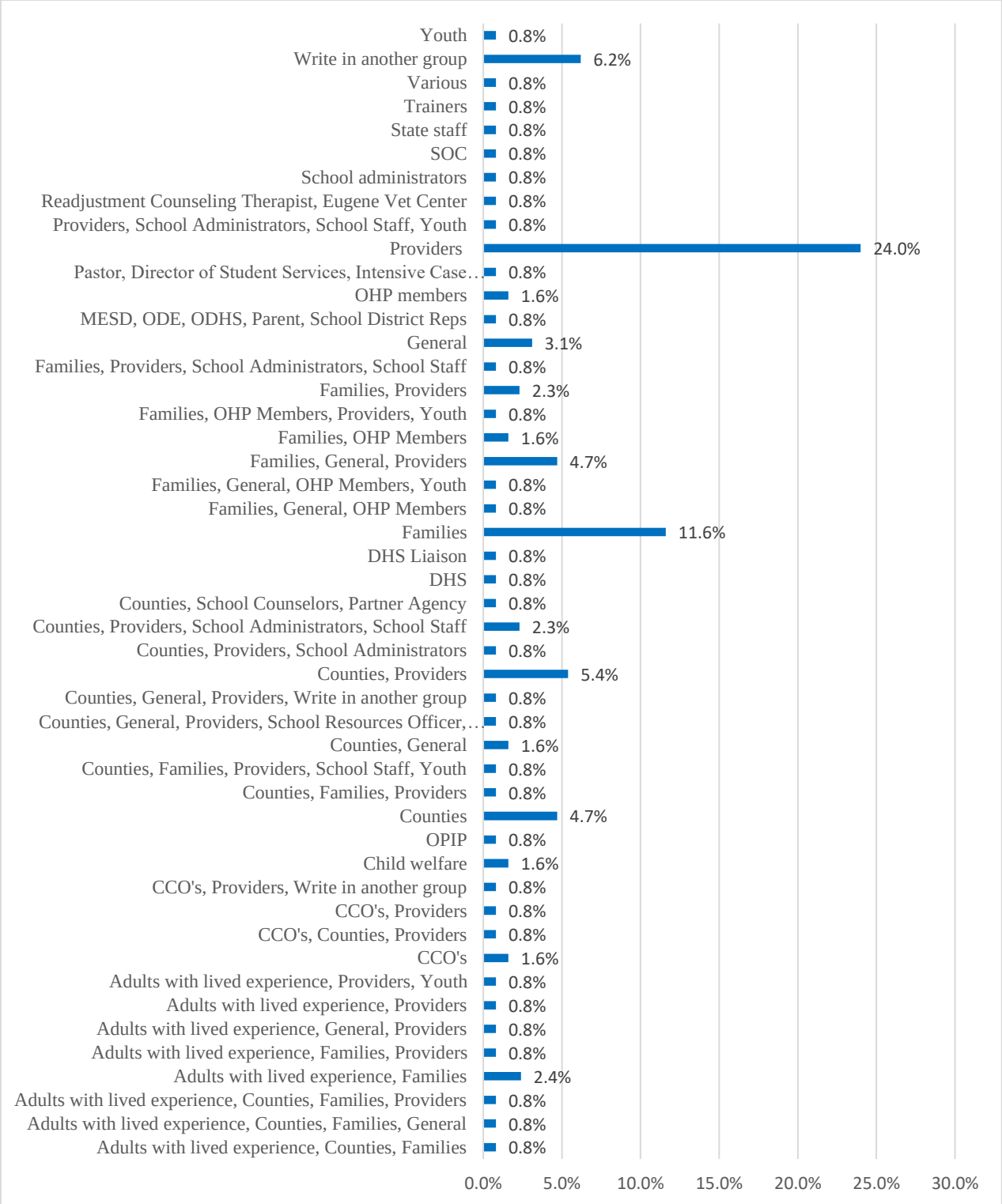
Mental Health Promotion and Prevention Program Visit w/Umatilla County CARE Program	1	0.8
Mental Health Promotion and Prevention Program Visit w/Union Co CARE Program	1	0.8
Micronesian Website Meeting	3	2.3
Mid-Columbia Center for Living Meet/Greet - in person	1	0.8
Mid-Valley EASA Young Adult Leadership Council meeting	1	0.8
Multnomah County Wraparound Community Engagement	1	0.8
Native American Parent in Southern Oregon	1	0.8
ODE SACSE Mental Health Workgroup planning meeting	1	0.8
OHA/EASY/Dr. Rao	1	0.8
Oregon Alliance to Prevent Suicide	1	0.8
Oregon Youth Young Adult SUD Collaborative	1	0.8
Partner agency one-one meeting	1	0.8
PCIT Steering Committee	1	0.8
Phone calls	17	13.2
Roadmap Community Conversation	1	0.8
School-Based Mental Health Program Visit w/Benton Co MH	1	0.8
School-Based Mental Health Program Visit w/BestCare Treatment Services, Inc.	1	0.8
School-Based Mental Health Program Visit w/Center for Human Development	1	0.8
School-Based Mental Health Program Visit w/Clatsop Behavioral Health	1	0.8
School-Based Mental Health Program Visit w/Columbia Community Mental Health	1	0.8
School-Based Mental Health Program Visit w/Community Counseling Solutions	1	0.8
School-Based Mental Health Program Visit w/Coos Health & Wellness	1	0.8
School-Based Mental Health Program Visit w/Klamath Basin Behavioral Health	1	0.8
School-Based Mental Health Program Visit w/Lake District Wellness Center	1	0.8
School-Based Mental Health Program Visit w/Mid-Columbia Center for Living	1	0.8
School-Based Mental Health Program Visit w/Wallowa Valley Center for Wellness & local districts	1	0.8

several case staffings	1	0.8
Site visit to Neurotherapeutic Pediatric Therapies in Canby and Clackamas	1	0.8
site visits to early childhood mental health providers	1	0.8
State Child Death Review Team	1	0.8
Suicide Prevention Coalitions CoP	1	0.8
Summary of themes from last 6 months of meetings/Learning collaboratives	1	0.8
therapist for Siletz tribe	1	0.8
TL staffings	2	1.6
Tri-county soc	1	0.8
Two phone calls from Mothers of male teenagers ages 14 and 17	1	0.8
Various	1	0.8
Various case staffing/calls	1	0.8
Virtual meeting with provider in Jackson Co.	1	0.8
Zoom meeting with person with lived experience	1	0.8
Total	**129**	**100**

Appendix B: Further Details of Survey Engagements

Primary people providing input are providers, families, and counties. (See Figure 2)

Figure 2. Who were the primary people providing input?



Engagement occurred primarily online. (See Figure 3)

Figure 3. Location/County where engagement happened

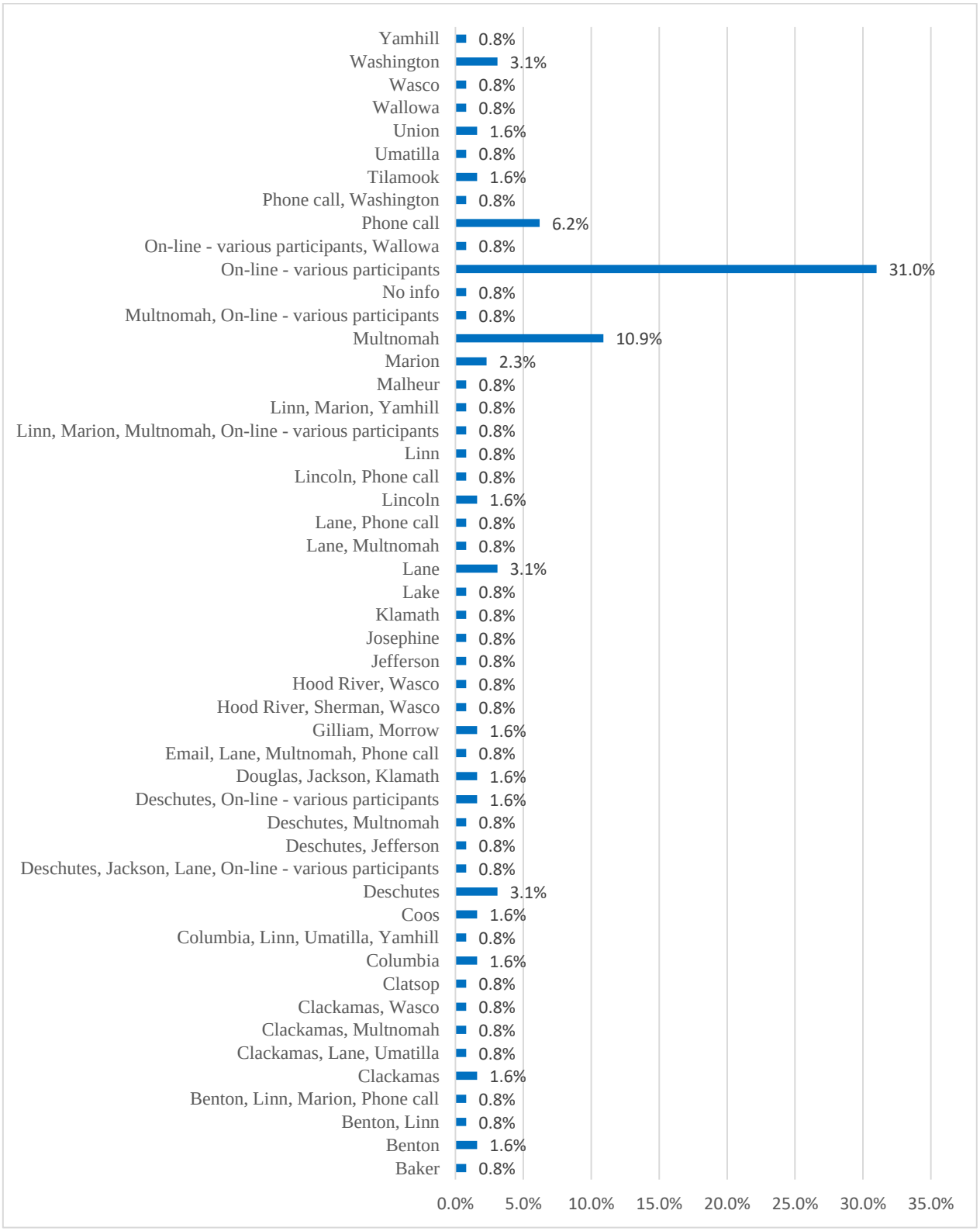
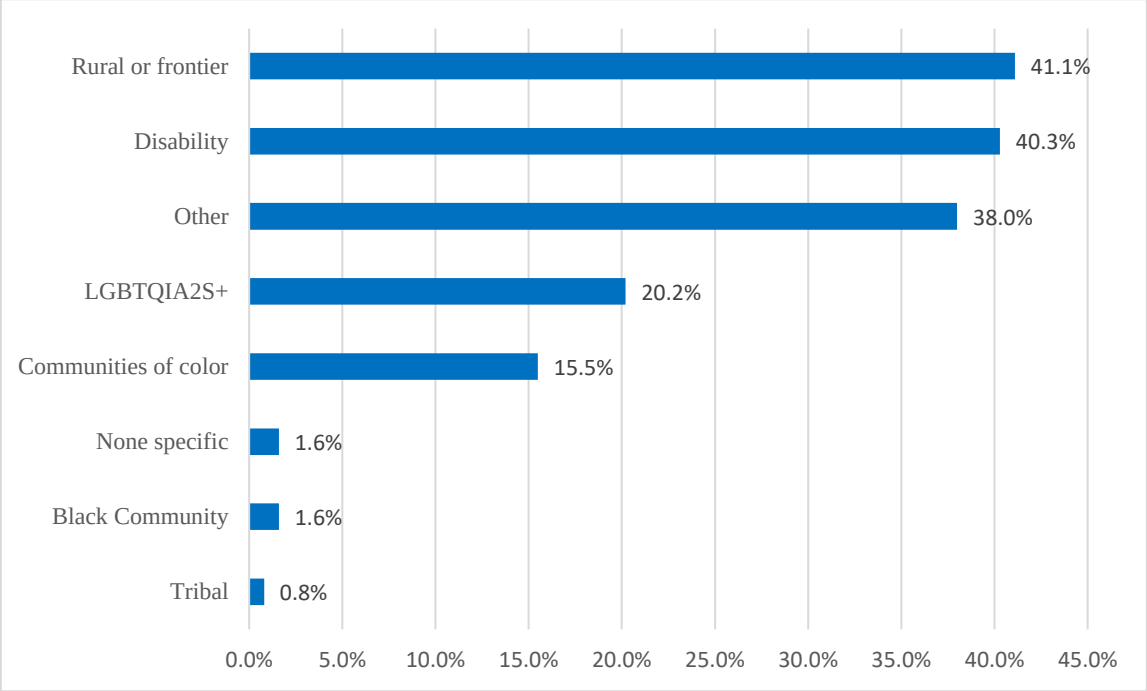


Figure 4. Other engagement data



The survey was answered primarily in English. (See Figure 5).

Figure 5. Language used