

# **2024 Informing Oregon Health Authority Community Survey March 2025**

**Richie Thomas  
Tautai Trade**

This report was prepared under contract with the Oregon Health Authority, Behavioral Health Division, Child and Family Behavioral Health. The findings and recommendations contained in this report are those of the author alone and do not necessarily reflect the opinions or policies of the State of Oregon.

Suggested citation:

*Thomas, Richie. 2024 Informing Oregon Health Authority Community Survey. March 2025.*

## 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 survey of 249 respondents provides critical insights into the children, youth, and young adult behavioral health system in Oregon. Participants were asked to evaluate what is going well, identify areas for improvement, and prioritize actions for enhancing mental health and substance use treatment services. The findings highlight a dynamic system with notable strengths yet significant challenges to address.

Positive trends emerged in key areas such as awareness, workforce quality, accessibility, and community engagement. Respondents observed a cultural shift, with reduced stigma and increased openness about mental health and substance use issues. Workforce expansion, better-trained providers, and improving accessibility were also cited as promising developments, alongside stronger community partnerships and growing family involvement. Respondents appreciated the allocation of funding and resources, which has contributed to increased services, particularly in schools and outpatient settings.

Despite these successes, the survey underscores substantial gaps in service delivery.

- The need for more providers, services, and specialized care options remains urgent, particularly in rural areas.
- Challenges in accessibility, including long wait times and administrative barriers, persist as significant obstacles.
- Equity remains a critical concern, with disparities in access for low-income families and marginalized communities.
- Retention issues compound the workforce shortage, while physical infrastructure needs to be improved to meet the demand for facilities and treatment beds.
- Respondents further emphasized the need for enhanced collaboration across systems, including better alignment between the health, education, and justice sectors.

These findings suggest a clear path for improvement, emphasizing the importance of building on existing strengths while addressing critical gaps. Below are ten key recommendations grouped into thematic areas to guide action.

### *Workforce development:*

- **Strengthen recruitment and retention:** To address burnout, focus on hiring diverse and specialized providers while improving compensation and working conditions.
- **Enhance workforce training:** Expand training programs to improve cultural competence and specialized skills, especially in rural and underserved areas.

### *Improving accessibility and service delivery:*

- **Expand service capacity:** Increase the number and range of services available, including crisis care, residential treatment, and preventative programs.
- **Simplify access:** Streamline administrative processes and reduce wait times to make services more accessible for families in need.

### *Equity and inclusion:*

- **Address disparities:** Provide culturally and linguistically appropriate services to ensure equitable access to care for rural, low-income, and marginalized populations.
- **Engage families and youth:** Create initiatives to involve families and youth in decision-making and treatment processes, valuing their voices and insights.

### *Infrastructure and system coordination:*

- **Invest in families:** Increase bed capacity and establish more treatment centers, particularly in underserved areas.
- **Enhance cross-system collaboration:** Improve coordination and communication between behavioral health, education, child welfare, and juvenile justice systems.

### *Awareness and prevention:*

- **Promote mental health education:** Launch awareness campaigns to reduce stigma, promote early intervention, and educate communities about mental health and substance use.
- **Focus on prevention:** Expand preventative care programs in schools and communities to address issues before they escalate.

## **Acknowledgments**

CFBH thanks all the behavioral health community and others who contributed their thoughts and priorities to this survey. CFBH appreciates and values the time taken to provide system feedback.

## **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.

The OHA Child and Family Behavioral Health team regularly collects input from youth, families, providers, community organizations, and other groups. These data, gathered from May to October 2024, highlight key themes, concerns, and community priorities.

### ***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. The work is now part of the broader strategic planning process for 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 the community priorities as the team prepares the next version of its strategic plan for 2025 to 2028. This feedback, collected through various meetings, interactions, and conversations, highlights 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 guide the prioritization of activities and help shape the new plan.

This report is a companion to a community engagement survey which involved the CFBH feedback from interactions with community members across Oregon. It included summaries of meetings, conversations and emails. The 2024 Community Engagement Survey report is a separate report.

### ***Methodology***

This 2024 Informing OHA Community Survey was an online questionnaire, hosted on Microsoft Forms. It was open to all and publicized through the CFBH's monthly Holding

Hope email newsletter, on the CFBH webpage, via QR codes at meetings held in the community and sent directly to all those on various CFBH team mailing lists. The guidance prompted that the survey would be relevant for anybody with experience of the child and family behavioral health services offered in Oregon. People self-selected for participation.

The survey consisted of three questions, with open response fields:

- When you think about children, youth, and young adult mental health or substance use treatments and supports:
  - What is going well?
  - What could be going better?
- If you were running the children’s behavioral health system, what would your top two priorities be?

In total, 249 respondents completed the survey about children, youth, and young adults’ mental health and substance use treatments and supports.

### ***Analytical Process***

Thematic analysis enabled the development of categories reflecting respondents' main issues of concern. Three thematic categories were developed: aspects valued positively, aspects to improve, and aspects to prioritize, each with a set of related codes and subcodes. This process involved inductive coding, which examined survey responses and labeled relevant text segments to uncover recurring themes and patterns. The coded data was then organized into broader themes, further refined, and categorized.

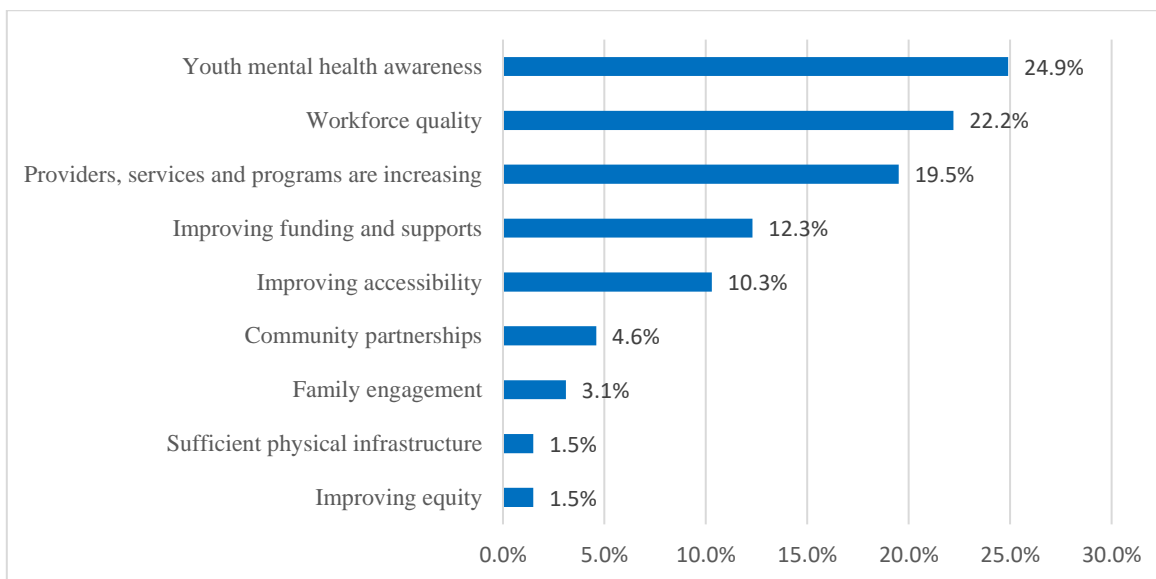
Frequency analysis was used to determine the most prevalent themes. To ensure a comprehensive understanding of the complex issues involved, the survey included a diverse range of stakeholders, including community members, employees, mental health providers, parents, and school sector workers. Negative case analysis was also used to identify and discuss instances that did not fit with the emerging patterns, refining and validating the thematic framework.

### **Aspects Valued Positively**

A total of 261 aspects were coded related to the question **“When you think about children, youth and young adult mental health or substance use treatment and supports: What is going well?”**. The organization of these aspects into code groups and categories resulted in the identification of 9 general aspects that respondents value positively.

The frequency analysis showed that awareness and workforce are the main categories with the highest percentage of aspects valued positively by the survey respondents (see Figure 1).

*Figure 1: Aspects valued positively*



### ***Children, youth, and young adults' mental health and substance use awareness***

Many respondents have noted a positive shift in awareness regarding mental health and substance use among children, youth, and young adults. This increased awareness has reduced the stigma associated with seeking related services and sparked greater interest in these important issues. As a result, more individuals feel empowered to seek help.

***Increased awareness:*** There is increased awareness about mental health needs and substance use in children, youth, and young adults. Conversations about these issues occur more frequently in schools, communities, families, and the state. There is increased education about its importance and the need for mental health services.

“We have better awareness of mental health and have been doing a good job at normalizing seeking help and having a therapist. Making mental health experiences as valid as physical health experiences is on the rise.” (Provider of non-behavioral health services to children and youth and young adults)

***Less stigma:*** Children, youth and young adults who receive help or use mental health services are less stigmatized. People who talk about mental health problems such as depression and anxiety are also less stigmatized.

“There is less stigma than there was years ago, this has been slow but steady progress.” (Mental health or substance use provider)

***More focus on mental health:*** there is a growing interest among people in general and public policymakers in addressing the mental health needs of children, youth, or young adults and in offering services for them and their families.

“Interest in helping youth; there is talk and an acknowledgment of need. The population of providers are dedicated and knowledgeable.” (Mental health or substance use provider)

Willingness to seek help: Children, youth, young adults, and their families are more willing to seek help, use mental health services, and actively engage *in treatment*. This is associated with increased awareness, decreased stigma, and interest in addressing this concern.

“More people are seeking help and services. Much of the language is being used more frequently (anxiety, OCD, depression, etc.).” (Parent/caregiver)

### ***Workforce quality***

The evaluation of the mental health sector workforce emphasizes the essential qualities of its members and the effectiveness of their training. Additionally, the expansion of the workforce and the efforts of service providers are recognized as positive developments that enhance overall service delivery.

Caring therapists/clinicians/staff: The caregivers, therapists, clinicians, experts, counselors, and staff are *caring, dedicated, and passionate*. They want to help children, youth, and young adults improve their mental health and make their treatments successful. They listen and have empathy, so children connect with them.

“There are many folks/professionals eager to help and make a difference.” (Director of residential services- youth and adults; behavior professional background)

Workforce skills: Mental health and substance use workers are skilled, qualified, and knowledgeable. They can identify the individual needs of children, youth, and young adults, and are committed to providing trauma-informed and youth-informed care.

“We have competent clinicians and treatment teams.” (Mental health or substance use provider)

### ***Providers, services, and programs are increasing***

Respondents view the increase in mental health providers, services, and programs in communities and schools as positive.

“When children or young adults are willing to engage in treatment there are an array of services for them. CCO’s reps and OHA are responsive to help identify appropriate service options. CCO reps are willing to jump to identify creative solutions to meet children or young adults’ needs.” (State government partner)

More providers: There are more mental health and substance use treatment providers for children and adolescents.

More services: There is a better range of mental health and substance use treatment services, especially for those ages 21-24; including in-home training; in-home therapy; online services; and in schools.

Programs: Community- and school-based mental health and substance use treatment programs are increasing. The Behavioral Health Treatment Foster Care program, outpatient programs, peer support programs and prevention programs are mentioned.

### ***Funding, resources, and support is improving***

For respondents, there is a growing allocation of funding, resources, and support aimed at effectively addressing mental health needs and enhancing substance use treatment, which respondents greatly appreciate.

“Appreciate state investments and ongoing supports for evidence-based early childhood interventions like Parent Child Interaction Therapy and GenPMTO. This support has endured predictably, which has allowed us to improve and expand our investments in these services each year. Sometimes projects are briefly funded, without an eye to sustainability, and we see these investments as a strong example of long-term sustainability planning for the benefit of Oregon's children and families.” (Mental health or substance use provider)

Funding: Increased funding for mental health and substance use disorder services and programs for children, youth, and young adults, especially in schools.

Resources: In schools, in particular, workers have more resources to help children, young people, and their families.

Supports: There is increased support for providing services and developing programs to help children and youth in schools, including in-home mental health supports.

### ***Accessibility is improving***

Accessibility: Access to mental health and substance use treatment services and programs is going well. Children, youth, and students have better access to services, including online services.

“I think access to care has improved in the county in the last 3 years.” (Mental health or substance use provider)

### ***Community partnerships***

Communities are *embracing* integrated care and developing initiatives. There is a community crisis response team. Community partners work together to bridge gaps in services and to support families. Community members are dedicated and supportive, collaborative, and relationship-building.



“There are good partnerships with helpful community members. We have interventions in our school and have great school counselors to support in this area.”  
(School Counselor)

### ***Family engagement***

There are efforts to engage families in the treatment of children, youth, and young adults. There is growing support for getting care, shelter, and treatment together. Families are more aware of the impact of generational trauma, and more families are seeking help for their children and youth.

“The introduction of IIBHT has helped reduce barriers and increase parent engagement in treatment and goal planning as experts of their child.” (Mental health or substance use provider)

### ***Sufficient physical infrastructure***

Facilities: There are enough facilities to access services and treatments, especially outpatient treatment centers, treatment facilities for youth, a stabilization center for youth, and school-based health centers.

“There seems to be enough treatment facilities for youth in the state of Oregon.”  
(Mental health or substance use provider)

### ***Improving equity***

There are increasingly more vulnerable families, such as those who are low-income or living in rural areas, who can access mental health and substance use disorder services and treatments.

Accessible to all: Services, programs, and treatments for low-income families allow them equal access. These services have also been extended to the entire State, including rural areas so that more families at risk of being excluded can access them.

“I appreciate that OHA is trying to get crisis services and intensive services to be available throughout the entire state.” (Mental health or substance use provider)

### ***Aspects valued positively by role in health system***

Table 1 shows the percentage of aspects valued in each category by respondents according to their role in the behavioral health system.

Highest values:

- Providers of non-behavioral health services: awareness and providers, services, and programs.
- Parents or caregivers: awareness and workforce.
- School sector workers: awareness and providers, services, and programs

- Local government or CCO employees: workforce, awareness and providers, services, and programs.

*Table 1: Aspects valued positively by role in the behavioral health system*

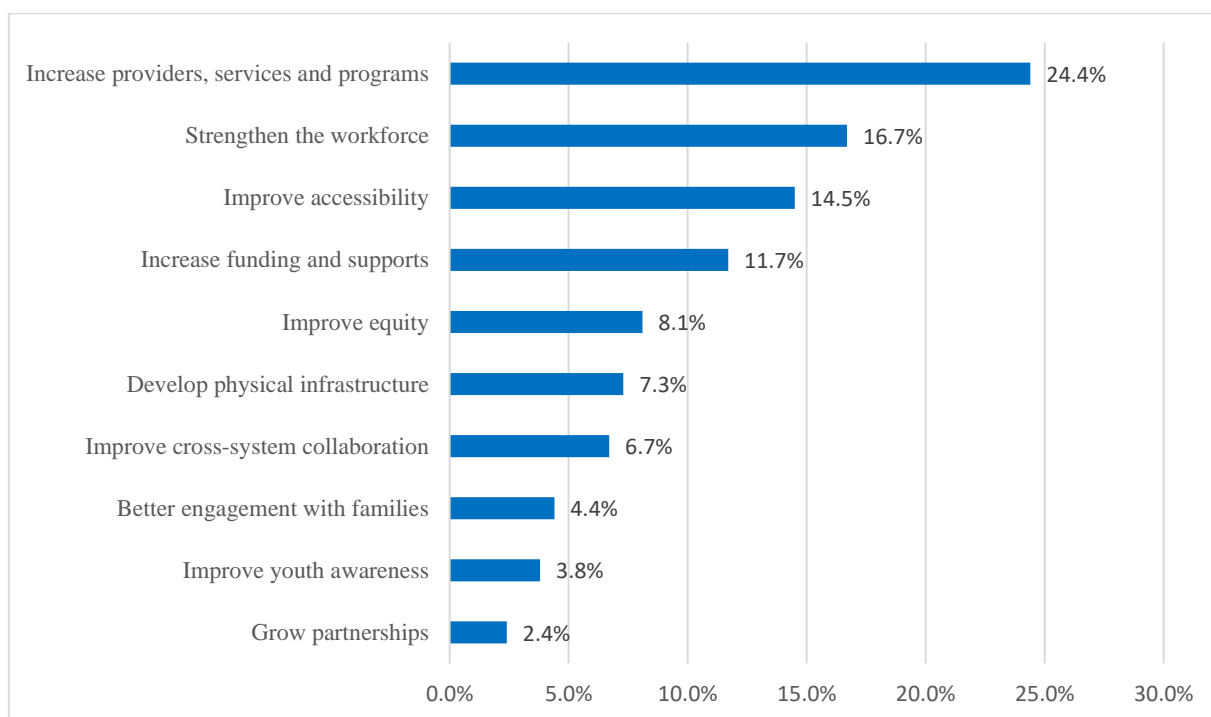
| Aspects valued positively         | Community member | Local government or CCO employee | Mental health or substance use provider | Others | Parent/caregiver | Provider of non-behavioral health services | School sector |
|-----------------------------------|------------------|----------------------------------|---|--------|------------------|--|---------------|
| Accessibility                     | -                | 7.32%                            | 13.33%                                  | 6.25%  | 2.33%            | <b>15.38%</b>                              | 7.14%         |
| Awareness                         | 39.29%           | 19.51%                           | 24.17%                                  | 21.88% | <b>34.88%</b>    | 34.62%                                     | 30.95%        |
| Equity                            | 3.57%            | -                                | 2.50%                                   | -      | -                | <b>3.85%</b>                               | -             |
| Family Engagement                 | 3.57%            | 2.44%                            | 3.33%                                   | -      | 4.65%            | -  | <b>4.76%</b>  |
| Funding and supports              | 10.71%           | 9.76%                            | 11.67%                                  | 12.50% | 16.28%           | 3.85%                                      | <b>16.67%</b> |
| Partnerships                      | -                | <b>9.76%</b>                     | 5.00%                                   | 6.25%  | 2.33%            | -  | 2.38%         |
| Physical infrastructure           | 3.57%            | 2.44%                            | 1.67%                                   | 3.13%  | <b>4.65%</b>     | -  | -             |
| Providers, services, and programs | 17.86%           | 19.51%                           | 18.33%                                  | 21.88% | 16.28%           | 23.08%                                     | <b>23.81%</b> |
| Workforce                         | 21.43%           | <b>29.27%</b>                    | 20.00%                                  | 28.13% | 18.60%           | 19.23%                                     | 14.29%        |
| Totals                            | 100%             | 100%                             | 100%                                    | 100%   | 100%             | 100%                                       | 100%          |

## Aspects to Improve

A total of 496 aspects were coded related to the question “**When you think about children, youth, and young adult mental health or substance use treatment and supports, what could be improved?**” The organization of these aspects into code groups and categories resulted in the identification of 10 general aspects that respondents felt could be improved.

The frequency analysis showed that providers, services, programs, and the workforce are the main categories with the highest percentage of aspects that respondents feel could be improved (see Figure 2).

*Figure 2: Aspects to improve*



### ***Increase providers, services, and programs***

Increasing the number of providers and improving the alternatives for services, programs, and treatments is necessary since the current options are insufficient.

**Better treatment options:** More treatment options are needed, such as speech therapy, therapies for children with intellectual and developmental disabilities (I/DD), group therapies for children, more inpatient and outpatient services and treatment, more intensive therapy for post-traumatic stress disorder, more substance use disorder (SUD) treatment options, and SUD treatment focused on younger youth. There are also more services in homes, schools, and communities.

**More programs:** More residential higher levels of care programs are needed, including more residential programs for children, crisis programs, early intervention programs, after-school programs at the middle school and high school levels, more inpatient programs, more peer support programs, a program locally to refer kids who have an emerging psychotic disorder or are experiencing psychosis, intensive outpatient programs, and more dual diagnosis programs.

“Require standardized screening for ACES (adverse childhood experiences), SUD, and mental health in schools as they are the #1 predictor for future health outcomes. Once identified, intervene early with peer and family supports (building connection and resiliency) and warm handoffs to engage in treatment - the greatest predictor of

good long-term outcomes into adulthood.” (Mental health or substance use provider)

*More services:* Behavioral and autism services are needed; crisis/acute care services; services for youth with dual diagnoses of mental health problems and IDD as well; prevention services for both mental health and, especially, SUD; options for clients who need higher levels of care; long term mental health services; more availability for inpatient and outpatient services; more levels of care options; residential mental health stabilization services; telehealth options; children/youth services.

### ***Strengthen the workforce***

There is a need to strengthen the mental health and substance use treatment workforce through recruitment, job enhancement, and training.

*Increase staff:* Efforts are needed to increase mental health and substance use treatment staff. Workers are overburdened and burnt out. More people who can diagnose are needed; more therapists, especially trauma therapists; medication prescribers, especially for children and adolescents; psychologists; adolescent psychiatrists; and school counselors.

“Would like to see more workforce development initiatives -- more providers, opportunities that encourage students to pursue the field.” (Community member; and Mental health or substance use provider)

*Improve wages and benefits:* Increasing workers' compensation and wages are necessary to attract and, most importantly, retain mental health and substance use treatment workers.

“Paying my employees a fair wage that allows for them to be able to feel supported financially and feel acknowledged for the important work that they do. This includes sufficient time off, insurance coverage, bonuses, and baseline pay being more. The other would be prioritizing concepts of diversity, equity and inclusion, making people feel welcome, safe and like they want to stay.” (Mental health or substance use provider)

*Improve workforce skills:* An increase in training is needed so staff are inclusive and working on breaking down personal bias for 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, and their parents; more training on harm reduction approaches; more and better training about autism; early childhood mental health trained clinicians; more Child Parent Psychotherapy trained clinicians; adequate staffing to provide therapeutic care to clients; ensure that care is trauma-informed; have bilingual providers or Spanish-speaking providers. Additionally, improving training on empathy, cultural competency, and humility and ensuring that care is culturally sensitive.

“We need more qualified providers. Many therapists in my community aren’t licensed.” (Local government or CCO employee)

### ***Improve accessibility***

Access to mental health services and substance use treatment, and in the reduction of waiting times and administrative processes, need to be improved.

*Improve access to services:* Increased access to services and treatments, including long-term and inpatient services, medications, and different levels of care, is required. They are not accessible enough.

“Services which “should” be available are not (e.g., Mobile Response and Stabilization Services and Intensive In-home Behavioral Health Treatment.) There are too few upstream services and access to those which exist is limited.”  
(Parent/caregiver)

*Ensure “faster and quick” access:* It is necessary to ensure that individuals can access services and treatments promptly and improve the processes for requesting such services. Authorizations and appointment scheduling take a long time, and waiting lists are very long. Complicated administrative processes make access to services and treatments difficult.

“Parents in our community frequently wait months to get their child in to see a therapist.” (Middle School Counselor)

*Disseminate more information:* More information needs to be disseminated about the services available and the means to access them. This would improve access for children, youth, young adults, and their families to mental health services and substance use treatment.

“Few people know of services that are available and getting into those services is not easy or convenient.” (Parent/caregiver; and mental health or substance use provider)

### ***Increase funding and supports***

Improved funding and support for mental health and substance use treatment services, including support for youth and their families, is needed.

*Increased funding:* Increased funding is required for mental health services and programs and substance use disorder treatments, including prevention programs and programs that encourage the use of these services.

“Funding to bolster COA (clinical outcome assessment) agencies that resulted in smaller caseloads for therapists serving youth with acute needs would help with some of the challenges.” (Mental health or substance use provider)

*More support:* Increased support is required for mental health services and programs and substance use treatments, including support for foster or adoptive parents, to encourage them to participate in the system.

*More support for youth and families:* Increased support is needed for children, youth, young adults, and their families, such as transportation, financial resources, family housing stability and affordability; higher Medicaid reimbursement rates, especially during treatment or evaluations.

### ***Improve equity***

*Improve equal access:* Efforts are needed to ensure equitable access to mental health and substance use treatment and support services for people, especially for low-income people and for those living in rural, underpopulated, or marginalized areas that match their culture and identity orientation. It is also necessary to ensure that children, youth, and young adults who are offenders are not denied access to such services. Access to low-cost services requires more providers with diverse cultural backgrounds and identities.

“Access and opportunity are everything. Folks should not have disruption in medications or therapy when these things are best practices. The waitlist for services is long, the accessibility is low especially for rural areas.” (Provider of non-behavioral health services to children and youth and young adults)

*More providers in different areas:* There is a lack of providers, especially in rural areas, making it difficult for people living there to access mental health and substance use treatment services.

“Our providers in rural communities are overworked or we can't get providers to move to these rural communities.” (Community member)

*More service options are needed in different areas:* Specialized mental health services, including acute and subacute care for children and adolescents, most types of treatment, and residential care, are needed outside of the metropolitan area or in central Oregon.

### ***Develop physical infrastructure***

*Improve bed capacity:* More treatment beds are needed at all levels, including emergency rooms, hospitals, psychiatric residential treatment services subacute, and substance use disorder treatment. Detoxification facilities, specifically for youth ages 18 and under, rehab facilities, and equipment to work with adolescents in mental health crises are also needed.

“There are a very limited number of psychiatric in-patient beds, which means often that individual has to stay in their local hospital's emergency room for several days waiting for availability.” (Mental health or substance use provider)

“Not enough resources especially for children on the East side of the Cascades. This includes residential treatment facilities.” (Parent/caregiver)

### ***Improve cross-system collaboration***

*Improve cross-system collaboration:* A better-connected system is needed, with greater coordination, better-aligned agencies and divisions, and better partnerships between the Oregon Department of Human Services (ODHS), Oregon Youth Authority and OHA. The

service gap between behavioral health care and the juvenile justice system needs to be reduced. Greater communication between mental health and developmental disability services is also essential; the CCOs could work more closely with ODHS and ODHS child welfare.

“While integrated care models are improving, further integration between mental health, substance use treatment, and other services (like housing and education) is needed.” (Mental health or substance use provider)

### ***Better engagement with families***

*Improve family engagement:* Efforts are needed to engage families in treating their children, youth, and young adults. Listening to families' voices is crucial; their insights should be valued and utilized. To achieve effective family engagement in the successful treatment of their children and youth, it is essential to provide training and support and raise awareness about the importance of their involvement.

“There is far too much triangulation and therapeutic time wasted when family voice is ignored.” (Family or Youth Peer Support Specialist; and parent/caregiver)

### ***Improve youth awareness***

*Improve awareness:* Increased education is needed in schools and communities about mental health needs and substance use, promoting a culture of caring, reducing stigma around seeking help, and reducing the culture of blaming, shaming, and coercion. Increased education is also needed about risk factors, symptoms of addiction, and consequences of substance use.

“Better education in the community regarding children’s mental health, the importance of early intervention, and treating children versus covering it up or band aid solutions.” (Mental health or substance use provider)

### ***Grow partnerships***

*Improve government engagement:* The state needs to make a clearer commitment to children's mental health and invest in it through the legislature.

“Clearer commitment by the state to children's mental health- seems adult mental health needs often overshadow the needs of youth when resources are being allocated.” (Mental health or substance use provider)

*Improve schools’ engagement:* Integrating mental health services into schools and primary care settings, improving collaboration, and providing more resources and support for schools are needed.

“Lack of collaboration with schools.” (Mental health or substance use provider)

### *Aspects to improve by role in health system*

Table 2 illustrates the percentage of aspects in each category that respondents think could be improved according to their role in the behavioral health system.

Primary concerns:

- Providers of non-behavioral health services: Providers, services, and programs and accessibility
- School sector workers: Accessibility, Family Engagement, and Providers, services, and programs.
- Parents or caregivers: Funding and supports and Providers, services, and programs.
- Community members: Workforce and Providers, services, and programs.
- Local government or CCO employees: Providers, services, programs, and workforce.

*Table 2: Aspects to improve by role in the behavioral health system*

| Aspects to improve                | Community member | Local government or CCO employee | Mental health or substance use provider | Others        | Parent/caregiver | Provider of non-behavioral health services | School sector |
|-----------------------------------|------------------|----------------------------------|---|---------------|------------------|--|---------------|
| Accessibility                     | 12.73%           | 13.39%                           | 15.53%                                  | 17.65%        | 11.84%           | <b>19.30%</b>                              | 18.75%        |
| Awareness                         | 3.64%            | 1.57%                            | 1.83%                                   | 3.92%         | 6.58%            | 5.26%                                      | <b>9.38%</b>  |
| Cross-system collaboration        | 1.82%            | 3.15%                            | 7.31%                                   | <b>17.65%</b> | 6.58%            | 8.77%                                      | 4.69%         |
| Equity                            | 9.09%            | 9.45%                            | 7.76%                                   | 7.84%         | 9.21%            | <b>10.53%</b>                              | 4.69%         |
| Family Engagement                 | 1.82%            | 1.57%                            | 4.11%                                   | 3.92%         | 5.26%            | -  | <b>14.06%</b> |
| Funding and supports              | 16.36%           | 10.24%                           | 14.16%                                  | 9.80%         | <b>18.42%</b>    | 3.51%                                      | 12.50%        |
| Partnerships                      | 1.82%            | 2.36%                            | 1.83%                                   | 1.96%         | 2.63%            | <b>3.51%</b>                               | 3.13%         |
| Physical infrastructure           | <b>9.09%</b>     | 5.51%                            | 5.94%                                   | 5.88%         | 7.89%            | 5.26%                                      | 7.81%         |
| Providers, services, and programs | 20.00%           | <b>30.71%</b>                    | 22.83%                                  | 13.73%        | 17.11%           | 28.07%                                     | 14.06%        |
| Workforce                         | <b>23.64%</b>    | 22.05%                           | 18.72%                                  | 17.65%        | 14.47%           | 15.79%                                     | 10.94%        |
| Totals                            | 100%             | 100%                             | 100%                                    | 100%          | 100%             | 100%                                       | 100%          |

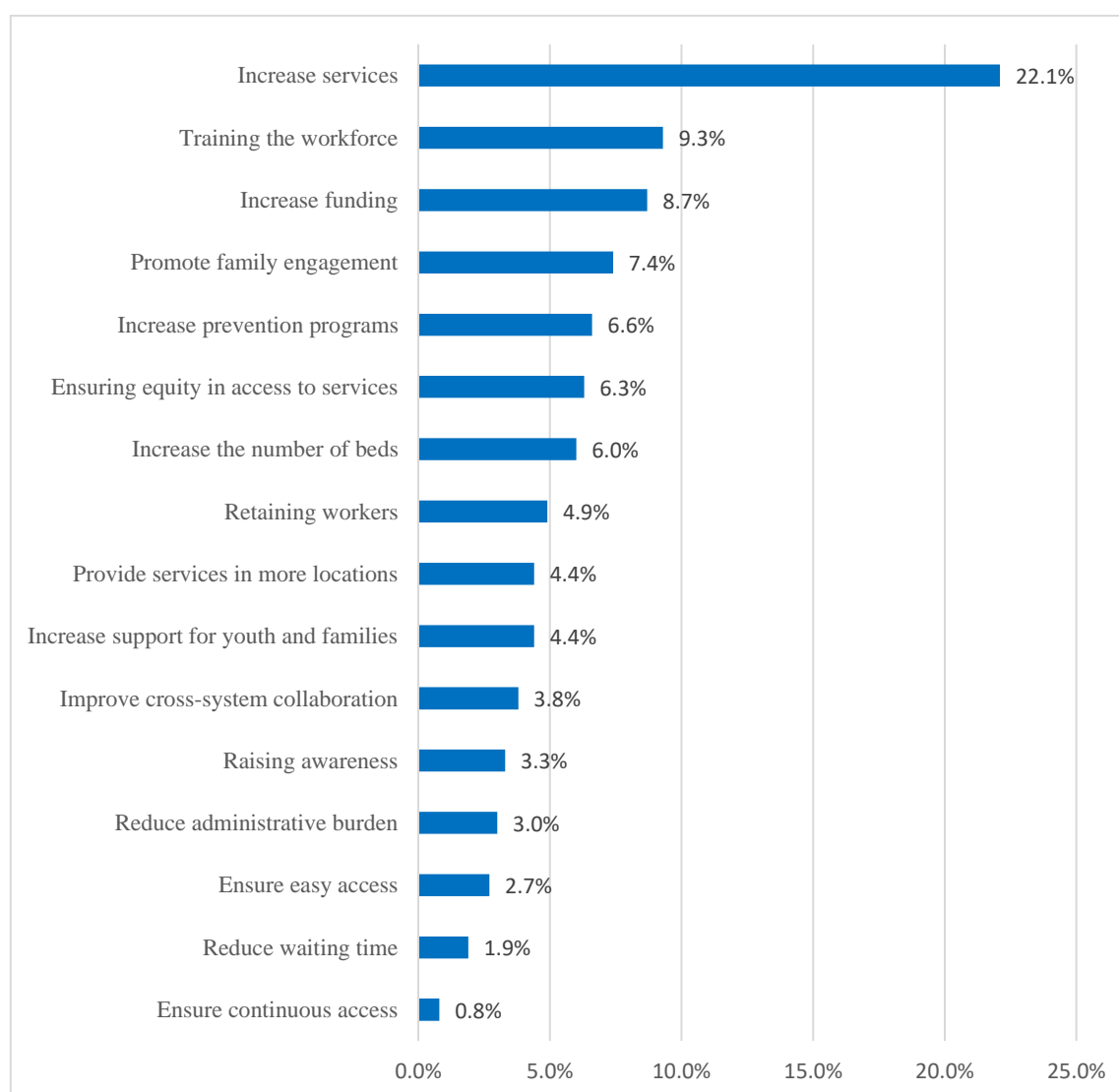


## Aspects to Prioritize

366 aspects were coded related to the question “**If you were running the children's behavioral health system, what would your top 2 priorities be?**” The organization of these aspects into code groups resulted in identifying twenty specific issues that respondents would prioritize if they were running the children's behavioral health system.

The frequency analysis showed that the *need to increase services* and the *need to increase the number of workers* are the aspects with the highest percentage of mentions among the interviewees (see Figure 3).

Figure 3: Aspects to prioritize



### ***Increase services***

22.1 percent of the aspects that respondents prioritize are related to the need to increase services. More specifically, respondents prioritize increasing the following services:

- Mental Health treatment (Mental health or substance use provider - primarily children, youth, and young adults; Mental health or substance use provider - adult focused)
- SUD treatment (Mental health or substance use provider - primarily children, youth, and young adults; Mental health or substance use provider - adult focused)
- Residential treatment for youth with mental health. (Various) *See section on increase the number of beds for more*
- Services for transition aged youth. (Provider of non-behavioral health services to children and youth and young adults)
- Services for kids with sexual offenses and complex trauma (Provider of non-behavioral health services to children and youth and young adults)
- Mental health services for youth and families at early ages. (Mental health or substance use provider - primarily children, youth, and young adults; Local government or CCO employee)
- Dual diagnosis (MH and SUD). (Local government or CCO employee; Mental health or substance use provider - primarily children, youth, and young adults)
- Create a pro-social mentor program that is easy for families to access/ without so many barriers. (Provider of non-behavioral health services to children and youth and young adults)
- More intensive treatment programs that allow youth to be at home (e.g., IIBHT, day treatment, IOP). (Mental health or substance use provider - primarily children, youth, and young adults)
- Improve access to mental health services for children, youth, and families, including in schools, particularly:
  - Access to mental health service providers (Parent/caregiver; Mobile mental health crisis service provider)
  - More access for students (Middle School Principal)
  - How to give youth more access to care through schools (Family or Youth Peer Support Specialist)
- Increase the number of mental health professionals in all communities, rural areas, and schools, particularly:
  - Counselors
  - Therapists
  - Behavioral health specialists
  - Outpatient providers
  - Child psychiatrists
  - Infant and Early Childhood Mental Health (IECMH) clinicians

### ***Training the workforce***

9.3 percent of the aspects that respondents would prioritize are related to the need to improve workers' skills. More specifically, training is expected in:

- “Counselors and psych doctors and nurses be trained on different types of therapies that can help individuals with intellectual/developmental disabilities (I/DD) and mental health illnesses that have communication and cognitive deficits.” (Provider of non-behavioral health services to children and youth and young adults)
- “Having all therapists trauma informed and trained to deal with post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), conduct disorder, earlier identification of children with trauma.” (Local government or CCO employee)
- “More training for harm reduction model for I/DD providers.” (Behavior Professional, I/DD system)
- “Teach collaborative problem solving or interest-based problem solving to all employees that deal directly with families. Especially important are listening skills and patience to build good relationships with families.” (Family or Youth Peer Support Specialist)
- “Cross-disciplinary training in mental health, human development, and trauma-informed care for all positions that work with children and youth in schools, child protective service (CPS) / Department for Human Services (DHS), law enforcement, etc.” (Mental health or substance use provider - primarily children, youth, and young adults; Mental health or substance use provider - adult focused)

### ***Increase funding***

8.7 percent of the aspects that respondents would prioritize are related to the need to increase funding. The areas for funding that the respondents would prioritize include:

- Prevention (Parent/caregiver; Family or Youth Peer Support Specialist;)
- Programs (Mental health or substance use provider - primarily children, youth and young adults)
- Mobile Response and Stabilization Services (MRSS) program (Local government or CCO employee)
- Integrated care within communities (Mental health or substance use provider - primarily children, youth, and young adults)
- Childcare system (Parent/caregiver;)
- Mental health resources in schools (Education)
- Systems that are supposed to be monitoring compliance with laws and rights for youth (Parent/caregiver; Researcher)
- Peer movement (Parent/caregiver; Family or Youth Peer Support Specialist; Community member)

### ***Promote family engagement***

7.4 percent of the aspects that respondents would prioritize are related to the need to encourage actions that promote the involvement of families in the treatment of their children and youth. Some related comments include:

“It would be great to be able to have the family be the client rather than single out a child in that family.” (Mental health or substance use provider - primarily children, youth, and young adults)

“Family holistic treatment.” (Mental health or substance use provider - primarily children, youth, and young adults)

Some strategies that respondents would prioritize for engaging families are:

- Education (Parent/caregiver; Local government or CCO employee; Community member;)
- Parent support groups (Case manager)
- Mentoring for families (Parent/caregiver; Local government or CCO employee;)
- Help coach families on how to be a parent with an emphasis on accountability (School administrator)
- Empowering parents to access services that their children need (Parent/caregiver; Community member; Case manager)

### ***Increase prevention programs***

6.6 percent of the aspects that respondents would prioritize are related to the need to increase preventive programs on:

- SUD prevention for youth (Mental health or substance use provider - primarily children, youth, and young adults)
- Preventative mental health supports in schools beginning in the early years and continuing through high school (Family or Youth Peer Support Specialist; Parent/caregiver)
- Suicide prevention (Local government or CCO employee)
- Prevent childhood mental disorders from progressing into personality disorders (Local government or CCO employee;)
- Prevent at-risk youth from developing personality disorders in adulthood by addressing trauma (Local government or CCO employee)
- Early intervention for children of parents with mental health issues or those with early identified issues (Mental health or substance use provider - primarily children, youth, and young adults; Community member; Provider of non-behavioral health services to children and youth and young adults)
- Early identification and intervention of social factors within the home that lead to generational behavioral, and substance use disorders (Provider of non-behavioral health services to children and youth and young adults).

### ***Ensuring equity in access to services***

6.3 percent of the aspects that respondents would prioritize are related to the need to ensure that all families, especially those from low-income and minority communities, can use services. Some related comments include:

“Getting mental health providers into schools at no cost to families.” (School Counselor; and Educator)

“Assuring that all youth and families have access to mental health service regardless to insurance and coverage is available to all those who need mental health treatment.” (Mental health or substance use provider - primarily children, youth, and young adults)

“Equity in the mental health system would be a priority.” (Mental health or substance use provider - primarily children, youth, and young adults)

Some strategies to ensure that families, including low-income families can use services are:

Provide stable and affordable housing (Parent/caregiver; Local government or CCO employee)

Free healthcare and treatment facilities (Youth / young adult; Youth Outreach Worker (CHW))

### ***Increase the number of beds***

6percent of the aspects that respondents would prioritize are related to the need to increase the number of available beds. Some types of beds that are considered insufficient and would be prioritized by respondents are:

- Crisis stabilization beds and facilities for youth (Mental health or substance use provider - primarily children, youth, and young adults)
- Youth behavioral health beds (Various, including SUD program manager for youth outpatient treatment), including:
  - Substance Use Disorder (various)
  - Psychiatric Residential Treatment Facilities for children (various)
  - Sub-acute beds or a facility (ODDS Rep)
  - Inpatient dual diagnosis beds (Provider of non-behavioral health services to children and youth and young adults)
  - Acute care facilities for youth (Mental health or substance use provider - primarily children, youth, and young adults)
- Detoxification centers (SUD program manager for youth outpatient treatment)
- Transitional housing options (Mental health or substance use provider - adult focused; Mental health or substance use provider - primarily children, youth, and young adults)

### ***Retaining workers***

4.9 percent of the aspects that respondents would prioritize are related to the need to implement strategies to retain workers, especially in rural areas. Improving wages and compensation as well as providing incentives are strategies proposed by several respondents, for example, a mental health or substance use disorder provider says:

“Paying my employees, a fair wage that allows for them to be able to feel supported financially and feel acknowledged for the important work that they do. This includes sufficient time off, insurance coverage, bonuses, and baseline pay being more.” (Mental health or substance use disorder provider - primarily children, youth, and young adults)

Likewise, another mental health or substance use disorder provider and CCO employee proposes the following:

“I would restructure the DHS Child Welfare system, with emphasis on staff retention, consistency, transparency, accountability, and foster provider retention.” (Mental health or substance use provider - primarily children, youth, and young adults; Local government or CCO employee)

### ***Provide services in more locations***

4.4 percent of the aspects that respondents would prioritize are related to the need to extend services to other Oregon locations, including rural areas. The services that are considered insufficient and locations where they are needed are summarized in Table 3.

*Table 3: Services needed and locations*

| <b>Insufficient services</b>                                   | <b>Localities where they are insufficient</b>                                   | <b>Relevant quotes</b>   |
|--|---|--|
| Youth/adolescent inpatient facility.                           | Outside of the valley   | Youth/adolescent inpatient facility that isn't in the valley (Mental health or substance use provider - primarily children, youth, and young adults)   |
| Acute and subacute care facility for children and adolescents. | Central Oregon<br>Outside of the PDX metro and Willamette Valley<br>Rural areas | Acute and subacute care for children and adolescents in Central Oregon so that families don't have to get services over the mountain (Mental health or substance use provider - primarily children, youth, and young adults)<br><br>Build a centralized acute care facility in a more rural location - outside of the PDX metro and Willamette Valley (Parent/caregiver; Researcher) |
| Providers  | Rural areas<br>Southern Oregon  | More providers for the more rural areas (Parent/caregiver)   |

|   |  |   |
|---|--|---|
|   |  | <p>Growing and expanding provider capacity to meet the demand for services in Oregon (Local government or CCO employee)</p> <p>Top priority would be to identify and integrate more providers and resources in the Southern Oregon and more rural areas, that can provide specialized intense mental health treatment (Mental health or substance use provider - primarily children, youth, and young adults)</p> |
| Infant/toddler specific provider services | Across Oregon                                | Increasing infant/toddler specific provider services across Oregon (Community member; Mental health or substance use provider - primarily children, youth, and young adults)  |
| Virtual services                          | Rural areas                                  | Expand virtual services for rural areas. (Provider of non-behavioral health services to children and youth and young adults)  |
| Residential care/ Residential programs    | Central Oregon outside of Portland/Corvallis | <p>Residential care in Central Oregon serving Central Oregon (Parent/caregiver)</p> <p>Residential programs that are not just in Portland/Corvallis (Parent/caregiver; Mental health or substance use provider - adult focused; Local government or CCO employee)</p>   |

### ***Increase support for youth and families***

4.4 percent of the aspects that respondents would prioritize are related to the need to increase support for youth and their families. Some means of supporting young people and their families would be:

- Transportation
- Financial support to help with treatment

### ***Improve cross-system collaboration***

3.8 percent of the aspects that respondents would prioritize are related to the need to improve collaboration, communication, and alignment between different system parts. Some related comments include:

“Break down the silos between developmental disability residential and mental health.” (Provider of non-behavioral health services to children and youth and young adults)

“Stop the silos from the top level down.” (Local government or CCO employee)

“Better coordination amongst higher levels of care so it doesn't take months to get denied individually from each one.” (Mental health or substance use provider - primarily children, youth, and young adults)

“Strengthen the tie between DHS and CCOs. If DHS gets a report of concern, and screens it out, they should automatically connect that family with a CM at their local CCO.” (Local government or CCO employee)

“Integrate child-serving systems to meet children's behavioral health needs.” (Local government or CCO employee)

### ***Raising awareness***

Awareness of mental health needs and substance use is highly valued by respondents; however, 3.3 percent of the aspects that they would prioritize are related to the need to make efforts to educate people about these concerns. Some related comments include:

“Continuing to promote the importance of this field and the absolute need that exists.” (Mental health or substance use provider - primarily children, youth, and young adults)

“Awareness to services in the area, it's not necessarily a lack of resources, it is a lack of advertising and knowledge.” (Family or Youth Peer Support Specialist)

### ***Reduce administrative burden***

3 percent of the aspects that respondents would prioritize are related to the need to reduce the administrative burden. Excess administrative work overloads workers and prevents them from providing services more efficiently:

“Stop the madness of redundant and useless reporting. If we have quarterly reporting, why do we need a year end summary? If we have Measures and Outcomes Tracking System (MOTS), why do we have REDCap (Research Electronic Data Capture) that asks for the same information (add drop downs within MOTS to add programs if needed). Stop Child and Adolescent Needs Assessment (CANS) reporting in REDCap. Keep using the CANS clinical tool, but what is being done with the data? Stop Wraparound Fidelity Index, Version EZ. 52 questions for families is ridiculous.” (Mental health or substance use provider - primarily children, youth, and young adults)

### ***Ensure easy access***

2.7 percent of the aspects that respondents would prioritize are related to ensuring that the processes for using mental health services are easy, achieving improved access for children, youth, and families. Some related comments are:

“Ease of access for youth and families” (Mental health or substance use provider - primarily children, youth, and young adults)



“Streamlining the process of accessing services.” (Local government or CCO employee)

“Improve accessibility (less hoops to jump through).” (Local government or CCO employee)

### ***Reducing waiting time***

1.9 percent of the aspects that respondents would prioritize are related to reducing the time children, youth, and families must wait to access services and treatments. Some related comments include:

“Access to mental health without wait lists.” (Mental health or substance use provider - primarily children, youth, and young adults)

“Decrease amount of time it takes to obtain mental health services.” (Local government or CCO employee)

“Making these providers and treatments more readily available in a timely manner.” (Mental health or substance use provider - primarily children, youth, and young adults)

### ***Ensure continuous access***

Lastly, 0.8 percent of the issues that respondents would prioritize are related to ensuring that children, youth, and families access mental health services when they need them.

“Daily access to mental health professionals in addition to school counselors.” (School principal)

“Providing screening on weekends so families who work can access Mental Health services when needed.” (Family or Youth Peer Support Specialist;)

### ***Aspects to prioritize by role in health system***

Table 4 shows the percentage of aspects that respondents would prioritize according to their role in the mental health system.

Highest priorities for different respondents:

- School sector workers: Ensure equity of services and training the workforce.
- Local government or CCO employees: Increase services and increase prevention programs.
- Community members: Encourage family engagement, increase workforce, and increase prevention programs.
- Providers of non-behavioral health services: Increase specialized workforce and increase prevention programs.
- Mental health and substance use providers: Increase funding, increase services, training the workforce.

Table 4: Aspects to prioritize

| Aspects to prioritize                   | Community member | Local government or CCO employee | Mental health or substance use provider | Others       | Parent / caregiver | Provider of non-behavioral health services to children and youth and young adults | School sector |
|---|------------------|----------------------------------|---|--------------|--------------------|---|---------------|
| Encourage family engagement             | <b>14.29%</b>    | 5.48%                            | 9.43%                                   | 9.26%        | 12.90%             | 0.00%   | 9.26%         |
| Ensure continuous access                | 0.00%            | 0.00%                            | 0.63%                                   | 0.00%        | 0.00%              | 0.00%   | <b>3.70%</b>  |
| Ensure easy access                      | 0.00%            | 2.74%                            | 2.52%                                   | <b>3.70%</b> | 1.61%              | 0.00%   | <b>3.70%</b>  |
| Improve access                          | 0.00%            | 1.37%                            | 0.00%                                   | 3.70%        | 3.23%              | 5.26%   | <b>7.41%</b>  |
| Improve cross-system collaboration      | 0.00%            | <b>5.48%</b>                     | 1.89%                                   | 3.70%        | 3.23%              | 5.26%   | 3.70%         |
| Increase facilities                     | 0.00%            | 1.37%                            | 2.52%                                   | <b>7.41%</b> | 0.00%              | 5.26%   | 0.00%         |
| Increase funding                        | 5.71%            | 9.59%                            | <b>10.69%</b>                           | 5.56%        | 9.68%              | 0.00%   | 9.26%         |
| Increase specialized workforce          | 14.29%           | 6.85%                            | 7.55%                                   | 12.96%       | 9.68%              | <b>21.05%</b>   | 5.56%         |
| Increase support for youth and families | 5.71%            | 1.37%                            | 3.77%                                   | 5.56%        | 4.84%              | 0.00%   | <b>7.41%</b>  |
| Increase the number of beds             | 2.86%            | 2.74%                            | 3.14%                                   | 1.85%        | 0.00%              | <b>5.26%</b>  | 0.00%         |
| Increase programs                       | <b>8.57%</b>     | 5.48%                            | 6.92%                                   | 3.70%        | 1.61%              | 5.26%   | 0.00%         |
| Increase prevention programs            | 14.29%           | 9.59%                            | 2.52%                                   | 5.56%        | 11.29%             | <b>21.05%</b>   | 5.56%         |
| Increase services                       | 5.71%            | <b>13.70%</b>                    | 10.69%                                  | 9.26%        | 9.68%              | 10.53%  | 3.70%         |
| Raising awareness                       | 2.86%            | 2.74%                            | 4.40%                                   | 3.70%        | 4.84%              | 2.63%   | <b>5.56%</b>  |
| Reduce administrative burden            | 0.00%            | 2.74%                            | <b>5.66%</b>                            | 0.00%        | 1.61%              | 0.00%   | 0.00%         |
| Reducing waiting time                   | 0.00%            | 2.74%                            | 1.26%                                   | 0.00%        | 1.61%              | 0.00%   | <b>5.56%</b>  |
| Retaining workers                       | 5.71%            | <b>8.22%</b>                     | 7.55%                                   | 5.56%        | 3.23%              | 0.00%   | 0.00%         |
| Provide services in more locations      | 5.71%            | 2.74%                            | 3.14%                                   | 3.70%        | <b>8.06%</b>       | 5.26%   | 5.56%         |
| Training the workforce                  | 2.86%            | 8.22%                            | <b>11.95%</b>                           | 7.41%        | 3.23%              | 5.26%   | 11.11%        |
| Ensure equity of services               | 11.43%           | 6.85%                            | 3.77%                                   | 7.41%        | 9.68%              | 7.89%   | <b>12.96%</b> |
| <b>Total</b>                            | <b>100%</b>      | <b>100%</b>                      | <b>100%</b>                             | <b>100%</b>  | <b>100%</b>        | <b>100%</b>   | <b>100%</b>   |

## Conclusion

The study's findings highlight critical insights into Oregon's children's behavioral health system, revealing both strengths to build upon and significant areas for improvement. The diverse and varied responses emphasized distinct priorities, underscoring the importance of a comprehensive approach to system enhancement.

The results highlighted prominent themes relating to the aspects of the system which were valued most positively, including:

1. **Awareness:** Increased awareness about mental health and substance use issues
2. **Reducing stigma:** Reduced the stigma surrounding seeking help for mental health and substance use issues
3. **Improving service capability:** Increasing focus on addressing children's mental health needs, leading to an increase in the number and quality of services
4. **Workforce quality:** Dedicated and caring workforce
5. **Engagement:** Improved community partnerships and family engagement

However, significant gaps and opportunities for improvement remain:

1. **Increase services:** Increase the range and availability of youth-focused mental health services throughout Oregon.
2. **Improve workforce training:** Provide better training for professionals on mental health, trauma-informed care, and support for those with I/DDs.
3. **Increase funding:** Increase funding for programs and services supporting preventive care, mental health or substance use support, and integrated care within schools and communities.
4. **Promote family engagement:** Encourage actions that promote the involvement of families in the treatment of their children, through education, parent support groups, and mentoring.
5. **Accessibility:** Address long wait times, complicated administrative processes, and limited access to services, particularly in rural areas.
6. **Service options:** Address limited availability of specialized services, including crisis care and residential treatment.
7. **Equity:** Tackle disparities in access for low-income families and those in rural or marginalized areas.
8. **Physical infrastructure:** Provide more bed capacity and facilities for various levels of care.
9. **Funding and support:** Increase resources and support for services and programs.
10. **Cross-system collaboration:** Address the lack of coordination between different parts of the system.

The results showed how different respondent groups prioritized and valued distinctive aspects of the system based on their unique perspectives and experiences. The diversity in viewpoints demonstrates the complex and varied landscape of children's behavioral health in Oregon and emphasizes the importance of a comprehensive approach to system improvement. By focusing on the most significant suggested improvements from the

survey data, stakeholders can address the critical needs of Oregon's children's behavioral health system while also enhancing the system's strengths.