



Behavioral Health Division
Child, Family and Lifespan Behavioral Health

2026-2030

Child and Family Behavioral Health

Workplan



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DRAFT

Message from Ebony Clarke

Dear Oregonians:

Mental health and substance misuse problems are common, and they often begin early in life. About 1 in 7 children aged 6 to 17 has a mental health disorder each year. Half of all mental health issues begin by age 14.¹ That's why getting help early is not optional—it's essential. When young people get the support they need, they do better, families grow stronger, and communities are healthier.

In late 2024, the Oregon Health Authority (OHA) shared our 2024-2027 strategic plan² to guide our work over the next three years. The *Child and Family Behavioral Health Workplan (2026-2031)* builds on that plan and matches the priorities of the System of Care Advisory Council (SOCAC)³ and Alcohol and Drug Policy Commission (ADPC).⁴ Together, these efforts reflect a shared goal: to create a system that listens to youth and families, supports them, and meets their needs.

At the same time, we know that Oregon still faces major challenges. The 2023 National Survey of Children's Health found that 72.9% of Oregon youth faced difficulties getting mental health care, compared to 56.7% nationally⁵. Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA) says that only 73.4% of Oregon youth have access to care, far below the national average of 87.5%.⁶ These differences reflect a system under strain—and that we need to act now.

Not all youth and families face the same challenges. Many—especially those from historically marginalized communities—deal with extra barriers shaped by inequities and the lasting effects of trauma. This plan focuses on equity and trauma-informed care, making sure healing, safety, and belonging are built into how services are designed and delivered.

This plan was created with the community. We heard directly from youth, families, and those most affected by our systems. Together, we looked at what's working, what needs to change, and how to move forward.

The next few years will be challenging. As Oregon makes changes to Medicaid, our behavioral health system will need to stay focused, flexible, and determined. This plan is built to help us meet that moment—by working smarter, building stronger partnerships, and keeping our focus on what matters most: the health and wellbeing of children, youth, and families.

With gratitude,

Ebony Clarke

Director, Behavioral Health Division
Oregon Health Authority

SOCAC Vision

"An Oregon where all children, youth, and families—across all backgrounds—are safe, well, and thriving in their homes and communities, and supported by responsive and affirming systems designed with and for them."

Looking Back

Oregon has been working for years to make its behavioral health system stronger for children, teens, young adults (referred to collectively in this report as “youth”), and their families. In the past few years, that progress has sped up. From 2020 to 2024, the Oregon Health Authority’s Child and Family Behavioral Health team—now called Child, Family & Lifespan Behavioral Health (CFLBH)—built stronger partnerships with youth, families, providers, and communities to create real change. Guided by the *OHA Child and Family Behavioral Health Roadmap (2020–2024)*⁷, this work set the stage for the priorities in this new plan.

Grounded in Shared Values

The 2020-2024 Roadmap was grounded in three foundational pillars:

1. **Health Equity:** Ensuring all communities receive what they need to achieve their fullest health potential by addressing systemic barriers and inequities.
2. **Centering Youth and Family:** Especially those from historically marginalized communities.
3. **Trauma-Informed Care:** Prioritizing safety, empowerment, and avoiding retraumatization.

“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

These principles shaped four strategic pathways:

1. **Strengthening the continuum of care**
2. **Increasing youth and family participation**
3. **Improving data-driven decision making**
4. **Enhancing collaboration across state systems**

Highlights of Progress

Since the Roadmap’s release in 2020, Oregon has made important steps in many of the areas including:

- **Better Access to Care:** The Expedited Assessment Services for Youth (EASY)⁸ program reached full statewide coverage in 2025, cutting wait times for some psychological evaluations for youth in crisis from up to two years to four to six weeks. In addition, new services like Intensive In-Home Behavioral Health Treatment (IIBHT)⁹ and Mobile Response and Stabilization Services (MRSS)¹⁰ are increasingly available across Oregon, expanding timely, community-based support as implementation grows.
- **Increased Residential and Crisis Capacity:** Oregon has added approximately 68 new Psychiatric Residential Treatment Facilities (PRTFs) and expanded housing and treatment options for young

adults. A statewide Referral and Capacity Management (RCM) system now helps track availability for residential and substance use disorder services.

- **Workforce Development:** \$3.4 million in legislative funding in the 2023 Governor’s Note expanded fellowship programs is helping grow the behavioral health workforce, including child psychiatrists and developmental pediatricians. Providers now have more access to specialized training in areas like youth substance use, eating disorders, and working with youth who have both behavioral health challenges and developmental disabilities.
- **Youth and Family Engagement:** Partnerships with youth and families have grown through advisory groups, listening sessions, and better communication tools like newsletters and public data reports.
- **Cross-System Collaboration:** Stronger partnerships with education, child welfare, public health, and statewide councils have helped improve suicide prevention, school-based mental health, intensive community supports, and services for youth who experience intellectual and developmental disabilities.

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

-Parent/Caregiver

These achievements show the shared commitment of communities, providers, and state partners to create a system that supports Oregon’s youth and families.

Shaping the Path Forward

The *Child and Family Behavioral Health Workplan (2026-2031)*—outlined in this document—is built on shared values, teamwork across systems, and strong community involvement. It outlines the direction and commitments of the Oregon Health Authority (OHA) and its Behavioral Health Division (BHD) for strengthening behavioral health for children, youth, and families. It is shaped by three major influences that guide the work ahead: 1) alignment with OHA's strategic priorities, 2) collaboration across Oregon's child- and youth-serving systems, and 3) the voices of communities calling for a more responsive behavioral health system. The sections that follow describe how each of these influences shaped the priorities and actions in this plan.

Aligned with OHA Direction

This workplan supports the OHA Strategic Plan (2024–2027), particularly its goals to improve behavioral health care, promote equity, and strengthen the health workforce. It also builds on BHD's four main focus areas:

- Continuum of Care
- Workforce
- Partnerships
- Data Modernization

These priorities are built into the workplan and form the foundation for the strategies in the next sections.

Informed by Interagency Collaboration

The workplan also reflects shared goals across Oregon's child- and youth-serving systems. It was shaped through ongoing work with partners like SOCAC, ADPC, and others working to improve behavioral health for children, youth, and families. These partnerships support CFLBH's focus on integrated care, prevention, and honoring to the voices of youth and family.

To ensure accountability and measurable progress, this Workplan incorporates shared behavioral health indicators identified by SOCAC and shared by CFLBH. These indicators shaped the workplan's focus areas and included reducing the percentage of youth with unmet mental health needs, lowering rates of youth substance use disorders, increasing the number of youth receiving treatment at home, reducing extended emergency department stays, reducing the use of temporary lodging for youth within the Child Welfare system and decreasing suicide attempts among youth.

Rooted in Community Voice

Most importantly, this workplan was shaped by the people it is meant to serve. Between 2023 and 2024,

Goal: *“Build a behavioral health system that works for every child, teen, adult and family experiencing mental illness or harmful substance use by expanding integrated, coordinated, and culturally and culturally responsive behavioral health services when and where people need them, guided by people with lived experience.”*

-OHA Strategic Plan 2024-2027,
Transforming Behavioral Health Pillar

more than 500 people contributed through surveys, listening sessions, and advisory groups. This included:

- **175 youth** through the *Behavioral Health Youth Engagement Project*¹¹
- **129 community partners** through the *2024 Community Engagement Survey*¹²
- **249 respondents** to the *2024 Informing OHA Community Survey*¹³
- **Numerous parents and caregivers** through *Time for Families*¹⁴—a weekly drop-in discussion hour hosted by OHA’s children’s behavioral health leadership—and *Families Leading Children’s Behavioral Health Systems* workgroup, which advises OHA leadership to keep family voice central in policy and planning.
- **Ongoing guidance from the Children’s System Advisory Council (CSAC)**¹⁵, a group composed of youth, families, providers, and system partners who bring lived experience and frontline insight to inform planning, policy, and evaluation.

“People are not a number. The further away you are, the more number-oriented you become.”

-Youth Participant

Across these conversations, people said the system is often hard to navigate—especially for families and youth in need of complex supports. Common barriers and challenges included long wait times, limited access to higher levels of care, lack of peer support, services that are not appropriate either for age or developmental stage, and services that are not adequately culturally responsive. Youth want a clear voice in their treatment and families want to feel informed and supported as they advocate and care for young family members. Instead, families and youth often felt alone, unsupported, and overwhelmed by systems that were confusing and didn’t provide clear paths to care.

Participants also shared a vision for a better system. They called for:

- **Timely and appropriate services**, including early help, crisis response, and access to higher levels of care
- **Clearer navigation**, with simpler pathways, public tools, and culturally relevant information
- **A stronger, more inclusive workforce**, including peer support, trauma-informed care, and providers who reflect the communities they serve
- **Youth and family voice**, with real roles in planning, decision-making, and system design
- **Better coordination** across behavioral health, schools, child welfare, developmental disability and juvenile legal systems

These ideas are at the heart of this plan—not as extras, but as key drivers of change. The priorities and actions in this workplan directly respond to what we heard from communities across Oregon.

CFLBH Workplan at a Glance

Goal: Transform Oregon’s behavioral health system to deliver coordinated, responsive, and equitable care for children, youth, young adults and their families.

1. Continuum of Care

1.1 Expand access and capacity

1.2 Improve service quality

1.3 Strengthen financing

1.4 Enhance infrastructure

2. Partnerships

2.1 Center youth and family voice

2.2 Enhance internal OHA alignment

2.3 Strengthen multi-system partnerships

3. Workforce

3.1 Strengthen workforce training across roles

3.2 Advance a holistic training approach

3.3 Advance equity through workforce development

4. Data Modernization

4.1 Build foundation for data-driven learning

4.2 Apply data to drive change



Priority 1: Continuum of Care

Build a more complete and equitable range of behavioral health services—covering prevention, early intervention, crisis response, and intensive care—for children, youth, and families, especially those most affected by systemic barriers.

1.1 Expand Access and Capacity

Expand access and strengthen the ability to provide timely, equitable behavioral health care.

1.1.1 Improve access to early intervention and assessment.

CFLBH will improve access to timely supports by connecting families to early intervention and assessment services. This includes making the **Expedited Assessment Services for Youth (EASY)** program more accessible so youth in crisis can get the evaluations they need to guide next steps. CFLBH will also work with partners, including child welfare and developmental disability, to ensure families know about this resource. At the same time, CFLBH will increase access to **early childhood mental health** services for infants and young children who show signs of emotional or behavioral needs. These services involve caregivers and provide age-appropriate care to help families understand their child's needs and find the right support.

1.1.2 Expand pathways to care coordination for children and youth.

CFLBH will expand programs that help youth and families manage their behavioral health needs by connecting them with the right services in their homes, schools, and communities. This includes growing and strengthening **Fidelity Wraparound**¹⁶, a team-based approach that builds personalized care plans around each youth's needs. CFLBH will also develop a new **school-based care coordination model** that aligns with Oregon's comprehensive school mental health system and workplan. This model will connect mental health services with schools and promote early support, strong partnerships between schools and providers, and culturally and developmentally responsive care for students. Together, these efforts will help young people get consistent support across the places they live and learn.

"Wraparound makes me feel seen."

-Parent

1.1.3 Advance the role of Certified Community Behavioral Health Clinics.

CFLBH will expand Certified Community Behavioral Health Clinics (CCBHCs) to make it easier for youth and families to get mental health and substance use services in one place. To better support children, youth, and young adults, CFLBH will **update certification rules** to ensure that CCBHCs offer care that is

appropriate for different ages and stages of development. CCBHCs will also help families connect to other supports—like Intensive In-Home Behavioral Health (IIBHT)—by working closely with local providers and using shared care approaches.

1.1.4 Strengthen statewide capacity for transition-age youth services.

CFLBH will expand and improve services for transition-age youth who are moving from adolescence into adulthood and need extra support. This includes expanding the **Young Adult Hubs**¹⁷, which connect behavioral health care with housing, education, and employment, and expanding **Young Adults in Transition (YAT) Homes**¹⁸, which provide safe, structured residential care for youth in need of complex supports. CFLBH will also strengthen the **Early Assessment and Support Alliance (EASA)**¹⁹, which help young adults and adolescents showing early signs of psychosis get care quickly. These programs will be enhanced by expanding **multidisciplinary teams** that bring together providers from **mental health, substance use, developmental disabilities, and suicide prevention**. This integrated approach will make sure youth get care that meets all their needs in a coordinated way.

1.1.5 Expand substance use and co-occurring disorder services.

CFLBH will expand access to treatment programs that support youth who are dealing with both **mental health** and **substance use** challenges. This includes growing **culturally specific services** in schools and communities that reflect the values and experiences of the youth they serve. CFLBH will also improve care models for co-occurring disorders—when a young person has both a mental health condition and a substance use disorder—so services are better connected and meet their unique needs.

“It’s important to not be put in with the adults. Addiction for adults is way different than for teens/children.”

-Youth Ambassador

1.1.6 Build out crisis and stabilization supports.

CFLBH will expand Mobile Response and Stabilization Services (MRSS) statewide to give youth and families timely, age-appropriate support during behavioral health crises. MRSS teams include mental health professionals and peer support specialists, who bring lived experience and ensure families feel heard and know that they are not alone. CFLBH will also support the launch of **The Hope Institute**²⁰, Oregon’s first suicide-specific treatment center for youth and young adults in acute crisis. In addition, CFLBH will support Medicaid teams to explore and develop **respite care** options—such as planned, crisis, and in-home care—to help stabilize youth and give caregivers short-term relief, especially for children in the child welfare system.

“I appreciate that OHA is trying to get crisis services and intensive services to be available throughout the entire state.”

-Provider

1.1.7 Broaden capacity for residential and intensive treatment programs.

CFLBH will support the growth and long-term stability of providers and programs offering **intensive in-home behavioral health treatment (IIBHT)** and **psychiatric residential and day treatment** services for youth experiencing complex behavioral health needs that require highly individualized and coordinated care. This includes targeted investments—such as funding for **new facility development**—and strengthening provider capacity to deliver intensive, coordinated care. Taken together, these efforts will ensure timely access to appropriate treatment for youth who need more support than can be provided at home or in outpatient settings.

1.2 Improve Service Quality

Promote best practices and care that honors different cultures across programs to improve results and experiences for youth and families.

1.2.1 Promote best practices for specialized and complex care.

CFLBH will strengthen practices that help children, youth, and families experiencing unique or complex needs. This work will include:

- Supporting evidence-based and promising approaches for **children ages 0–5** and their families
- Expanding treatments and strategies for youth with intellectual and developmental disabilities (I/DD) within IIBHT
- Improving program skills for safely **managing physical aggression**
- Advancing best practices for services that support **male-identifying youth impacted by commercial sexual exploitation**
- Building provider capacity to respond effectively to children and youth with **complex sexual behaviors** using developmentally appropriate, evidence-based approaches
- Promoting high-quality, trauma-informed care in residential and day treatment programs
- Advocating for updates to the law on **juvenile forensic services**²¹ so they meet best practices and support rehabilitation. These services help youth in the juvenile legal system get assessed and potentially gain or restore their ability to participate in court proceedings.

"[It's encouraging to see] state investments and ongoing supports for evidence-based early childhood interventions like Parent Child Interaction Therapy and GenPMTO (Generation Parent Management Training Oregon)..."

-Provider

1.2.2 Advance trauma-informed and culturally responsive practices.

CFLBH will help programs create safe and welcoming spaces by using trauma-informed and culturally responsive approaches that help youth and families feel understood and supported, especially those from minoritized cultures and backgrounds. This includes creating a learning group (Community of Practice) with **residential and day treatment**²² providers to share input and promote high-quality,

trauma-informed care and best practice. CFLBH will also improve access to **suicide prevention**²³ services for youth from underserved and historically marginalized communities by making sure their pathway to care and treatment fits their needs. In **early childhood programs**, CFLBH will work with community partners and make sure parents and caregivers—especially those from historically marginalized communities—have a real voice in shaping services so they reflect family needs and values.

1.2.3 Improve quality and equity in disability services.

CFLBH will improve the quality and equity of behavioral health services for youth with disabilities. This includes updating **Oregon Administrative Rules (OARs)** and **contract language** to support care that is inclusive and respectful of disabilities. In partnership with Medicaid and other internal teams, CFLBH will make sure programs and funding include clear expectations for **disability-informed practices**. To help providers offer better care, CFLBH will give **technical assistance** focused on building awareness and supporting services that are fair, person-centered, and welcoming to all.

1.3 Strengthen Funding and Payment Models

Improve funding structures and rate models to support services that are sustainable and equitable.

1.3.1 Align reimbursement rates with the true cost of delivering care.

CFLBH will work to make sure providers are paid fairly for the services they give to youth and families. This means updating **payment rates** so they better match the actual cost of delivering high-quality care. As part of this work, CFLBH will work with Medicaid to complete a **rate study** for all youth programs every two years. These studies will support the development of rates that account for provider costs such as staff wages, facility expenses, changes in infrastructure (such as electronic health records and other technology), and innovations needed to maintain best practices.

1.3.2 Improve alignment with private insurance.

CFLBH will work with private insurance companies to increase coverage for youth behavioral health services, starting with areas like **mobile crisis response**. Over time, CFLBH will build stronger partnerships with insurers to better match the full range of services youth and families need, helping ensure that care is available and affordable no matter how families get their insurance.

"[OHA should] prioritize making behavioral health care more affordable for those with private [insurance] or no insurance."

-Behavioral Health Youth Engagement Project Report

1.3.3 Promote sustainability of specialized and high-need programs.

CFLBH will work to make sure programs that support youth in need of complex supports can continue over time. These include **Behavior Rehabilitation Services (BRS)**²⁴, which provides structured, intensive

therapeutic support, and **IIBHT**, which delivers in-home behavioral health care. Another key program is **SAGE**²⁵, which supports female-identifying youth who have experienced commercial sexual exploitation by helping them receive **Support, Achieve their goals, Grow, and become Empowered**. To keep these programs strong, CFLBH will work to protect funding, use resources wisely, and find new ways to pay for services that meet the needs of youth who need the highest level of support.

1.4 Enhance System Supports

Strengthen the core systems, tools, and supports that help youth, families, and providers access and navigate behavioral health services.

1.4.1 Improve care transitions across programs, settings, and systems.

CFLBH will help youth and families move more smoothly between different types of care and services by improving coordination and continuity. This includes improving how programs like **Fidelity Wraparound, IIBHT, and residential services** work together on transition practices such as **warm hand-offs**—personal introductions to the next provider—and **caring contacts**²⁶, such as follow-up calls or messages. CFLBH will also work to include **peer support** in transition planning whenever possible, especially if the youth or their family are not already connected to a peer. Additional efforts will focus on supporting **youth turning 18** and moving into the adult behavioral health system and reducing gaps when they change **Coordinated Care Organizations (CCOs)**, so services stay connected and reliable.

1.4.2 Improve public-facing information about the continuum of care.

CFLBH will make it easier for families, youth, and providers to understand and find behavioral health services. This includes creating clear, **culturally and language-friendly materials** that explain the types of care available and how to get help. CFLBH will also explore **centralized navigation tools**—such as online directories or step-by-step guides—to help families move through care options. In addition, CFLBH will look at options for a **public awareness campaign** to promote mental health, reduce stigma, and increase the visibility of information about available supports.

1.4.3 Promote coordination of care across the system.

CFLBH will work to make the behavioral health system more connected and accountable by improving how agencies and providers coordinate care. This includes working with internal partners to identify opportunities to strengthen how **CCOs fulfill** their care coordination responsibilities, and to clarify roles and expectations for **counties, providers, and state programs**. CFLBH will also strengthen the care coordination

"[OHA needs to] strengthen the tie between ODHS and CCOs. If DHS gets a report of concern and screens it out, they should automatically connect that family members with a [care coordinator] at their local CCO."

-CCO or Local Government Employee

role of CCBHCs—a core requirement of the model that can improve outcomes for youth with complex needs.



Priority 2: Partnerships

Support and prioritize cross system collaboration to improve the behavioral health continuum of care for youth and families.

2.1 Center Youth and Family Voice

Partner with youth and families to ensure their lived experience helps guide care, strategy, and program design.

2.1.1 Elevate youth and family voice in care experiences.

CFLBH will promote a system where youth and families are integral drivers of their care. Providers will be supported to include **youth and family voice** in treatment planning and decisions in ways that are consistent and meaningful. CFLBH will also gather **feedback from young people** and communities to guide the design and ongoing improvement of young adult services. These efforts aim to make services not only responsive but reflective of the real experiences and values of those they serve.

“There has been a growing focus on youth engagement and youth empowerment in the system design, policy making, and service delivery in the children’s system of care. This is important work that cannot be successful without youth involvement.”

-Local government or CCO employee

2.1.2 Integrate lived experience and peers in program design and governance.

CFLBH will continue working with its **youth- and family-led advisory council** to guide planning, policy, and program design. This council brings important insights into the ways that systems work for families and helps to ensure that decisions are shaped by those most impacted. To track progress, CFLBH will use tools like **The Flower Model of Participation²⁷** to measure and improve how youth and families are involved.

2.2 Enhance Internal OHA Alignment

Move forward internal OHA partnerships for more coherent system delivery.

2.2.1 Connect Behavioral Health Division teams for better coordination.

CFLBH will strengthen partnerships within the Behavioral Health Division (BHD) to create a more connected system for children, youth, and families. This includes working more closely with teams such as **Licensing and Certification, Behavioral Health Workforce Incentives, the Office of Recovery and Resilience, and Tribal Affairs**. CFLBH will also work in partnership with the **adult behavioral health** team to co-develop a long-term strategy that helps young adults move more smoothly from child to adult services, drawing on national best practices and addressing barriers to care. Together, these efforts will improve oversight, close workforce and service gaps, and make programs more inclusive, culturally grounded, and informed by lived experience.

2.2.2 Work with Medicaid to improve system coordination.

CFLBH will continue to work closely with the Medicaid Division to support shared goals that make the system work better together. This includes working closely on strategies to sustain specialized programs such as **BRS and Residential** programs and strengthening **care coordination** expectations. A main focus will be helping youth in **foster care** by reducing the need for temporary lodging and making sure they get the right care quickly. Through this partnership, CFLBH aims to make sure youth with complex needs receive equitable, timely, and developmentally appropriate care in every setting.

2.2.3 Use OHA governance groups to move shared priorities forward.

CFLBH will keep working in groups that bring OHA teams together to reach shared goals. Examples include the **Children, Youth and Families Governance Group** and the **Medicaid Operations Coordination Steering Committee**. These groups help identify priorities and move them forward with leadership from different parts of the agency. This could include issues like creating an OHA-wide plan to help the healthcare system understand **youth sex trafficking** and how it affects children and families. Through these partnerships, CFLBH will make sure child and family needs stay front and center and push for better coordination across the behavioral health system.

2.2.4 Collaborate with OHA data teams to share and use data better.

CFLBH will work with **OHA's Compass team²⁸** and the **Health Policy and Analytics (HPA) Division²⁹** to make data systems easier to use and more helpful. This includes partnering on tools like the **Resilience Outcomes Analysis & Data Submission (ROADS) system³⁰**, which gathers and analyzes data on youth and family behavioral health services and outcomes to guide program improvements. CFLBH will also continue working with the Compass team to improve the **Referral and Capacity Management (RCM) system**, which tracks referrals and waitlists for residential and day treatment services. By sharing data better, CFLBH can make sure information is used to plan, set priorities, and improve care across the system.

2.2.5 Strengthen work with Public Health to support informed care.

CFLBH will work more closely with the **Public Health Division** to plan and act on shared goals for prevention, early help, and access to care. This includes teaming up to support **maternal and child health**, use new research on **youth substance use**—such as the impacts of cannabis—and help providers understand youth and parental rights within **Oregon’s minor consent law**³¹. These efforts will also include **suicide prevention, intervention, and postvention** to reduce risk, respond quickly to crises, and provide support after a suicide or suicide attempt. These partnerships will make sure youth and families get timely, age-appropriate care across different systems.

2.3 Strengthen Multi-System Partnerships

Build partnerships across public systems to better coordinate care and support positive outcomes for youth and families.

2.3.1 Strengthen System of Care partnerships.

CFLBH will continue its strong partnership with the **System of Care Advisory Council (SOCAC)**, which serves as a neutral, statewide forum for policy development, funding recommendations, and planning across child-serving systems. This partnership helps build a coordinated behavioral health system that puts youth and families at the center. As part of this work, CFLBH will support the implementation of **SOCAC’s strategic plan**³² and contribute to the development and use of combined data from child welfare, developmental disability, juvenile justice, and behavioral health systems through the **SOCAC data dashboard**³³. CFLBH will also work with **regional systems of care** to connect local efforts and ensure services reflect the strengths, needs, and voices of youth and families.

2.3.2 Coordinate cross-system suicide prevention.

CFLBH will continue to organize and strengthen the **Big River suicide prevention initiative**³⁴, which provides suicide prevention training for youth, adults, and professionals. Moving forward, CFLBH will bring together **Tribes, counties, state and local agencies, and trusted leaders** from historically marginalized communities to make efforts more connected and effective. Alongside training, CFLBH will work across different systems to address **social factors** – such as safe housing, community support and access to care – that increase suicide risk, especially for youth who face barriers to care. By bringing systems together and working toward shared goals, this approach aims to create a more equitable, coordinated system for preventing youth suicide.

2.3.3 Advance early childhood behavioral health partnerships.

CFLBH will work with the **Oregon Department of Human Services (ODHS)**, the **Department of Early Learning and Care (DELIC)**, and other system partners to strengthen early childhood behavioral health services and support the shared goals in the **Raise Up Oregon: A Statewide Early Childhood System Plan (2024-2028)**³⁵. This includes supporting **Family First**—named after the federal *Family First Prevention Services Act*³⁶—which help keep families together and reduce involvement with child welfare, as well as funding and promoting evidence-based treatment models such as **Parent-Child Interaction Therapy**

(PCIT)³⁷ and Child-Parent Psychotherapy (CPP)³⁸ that help young children and their caregivers. These efforts aim to ensure families have access to developmentally appropriate, coordinated care during the earliest and most critical stages of life.

2.3.4 Partner with education to expand school-based behavioral health.³⁹

CFLBH will work with the **Oregon Department of Education (ODE)** and the **Department of Early Learning and Care (DELIC)** to strengthen school-based behavioral health supports across the continuum. This includes putting **statewide school mental health system** in place that provides

“Schools are a community where people get mental health care. Many young people can’t get their needs met outside of school so having services in school is very important!”

-Youth Participant

culturally responsive, trauma-informed services for students, and co-creating a **Preschool-to-Kindergarten transition policy** that supports children’s social and emotional development. CFLBH will also collaborate with ODE to support the development and sustainability of **Recovery High Schools**,⁴⁰ ensuring that youth in recovery from substance use have access to safe, sober, and supportive learning environments as part of Oregon’s broader behavioral health framework for students.

2.3.5 Improve substance use system coordination.

CFLBH will work with **child-serving agencies, CCOs, providers, and juvenile justice partners** to make youth substance use services more connected and easier to access. These efforts will be guided by partnerships with the **Alcohol and Drug Policy Commission (ADPC), SOCAC,** and other system leaders. As part of this work, CFLBH will develop an **IIBHT model** that incorporates best practices for youth with co-occurring mental health concerns and substance misuse, ensuring care is integrated, responsive, and tailored to their needs.

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

-Provider

2.3.6 Strengthen cross-system collaboration for youth in need of complex supports.

CFLBH will work closely with **ODHS Child Welfare, ODHS Development Disability, the Oregon Youth Authority (OYA),** and other partners to improve coordination, accountability, and support for youth with the most complex behavioral health needs. This includes youth in foster care and the juvenile legal system, who often experience gaps or inconsistent services when moving between systems. CFLBH will help simplify BRS provider types, close service gaps, and make care more consistent statewide. The goal is to ensure Medicaid-eligible youth have timely access to appropriate services and that all systems work together to meet their needs.



Priority 3: Workforce

Build a skilled, supported and welcoming workforce to meet the changing behavioral health needs of children, youth, and families.

3.1 Strengthen and Coordinate Workforce Training

Provide specialized and system-wide training to build a skilled, connected workforce and make care consistent, culturally responsive, and age-appropriate.

3.1.1 Expand clinical and program-specific training.

CFLBH will strengthen training to help therapists, skills trainers, and other providers give the best care to children, youth, and families. This includes:

- Building a strong workforce of therapists, skills trainers, and family/youth support specialists in **school-based programs**.
- Giving providers more training focused on **young adults** so care is age-appropriate and meets their needs.
- Offering **early childhood** training, including developmentally appropriate diagnostic guidelines for ages 0-5, reflective supervision, and learning groups for providers who work with infants and young children.
- Organizing an annual **Recovery Symposium** to help substance use disorder (SUD) providers learn new skills and share ideas.
- Providing technical help, peer learning, and resources so **CCBHCs** can better serve youth and young adults.
- Supporting **EASY** providers to offer yearly trainings that teach community partners how to assess youth with complex needs.

"I had a traveling counselor who would pick me up and take me to lunch and I could tell she possessed empathy and actually cared, but still had the right tools to help me."

-Youth Participant

3.1.2 Create a coordinated training approach.

CFLBH will take steps to build a more organized and efficient training system. As part of this effort, CFLBH will review current trainings in the children's system, find gaps and overlaps, and **look at workforce needs** across roles and regions. This effort will help build a stronger plan for workforce development that supports both specialized skills and shared system goals.

3.1.3 Define and evaluate training standards.

To ensure training efforts are useful and effective, CFLBH will set clear standards and expectations for workforce development. This includes creating a **CFLBH-recommended and Division-approved training list** to guide providers toward high-quality, relevant learning opportunities. CFLBH will also develop a **shared method** to measure training impact, track participation, and support ongoing improvement. These steps will help make sure training is easy to access and meets real-world needs and system goals.

3.1.4 Promote cross-system competencies.

CFLBH will promote a more flexible and responsive workforce by focusing on key skills that apply across programs and roles. These include **trauma-informed care, cultural and language responsiveness, care coordination, and basic knowledge of child and adolescent development**. By offering more cross-training and general learning opportunities, CFLBH will help staff move through complex systems and serve diverse communities. These efforts will also help reduce gaps and make care more consistent across the behavioral health system.

"[OHA should] 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."

-Youth or Family Peer Support Specialist

3.2 Expand Peer and Family Support Roles

Increase access to youth and family peer support across behavioral health settings and strengthen their role in care planning, service delivery, and quality improvement.

3.2.1 Strengthen peer and family support training.

CFLBH will expand peer and family support roles and make them a stronger part of behavioral health care. This includes growing and strengthening **Youth and Family Support Specialists** in programs such as **Fidelity Wraparound, IIBHT, and MRSS**. CFLBH will also grow the **youth SUD peer workforce** and work with **residential and day treatment** providers to hire people with lived experience. These actions will be carried out in partnership with OHA's **Office of Recovery and Resilience, Oregon Family Support Network⁴¹**—the state's only family-run organization focused on children's behavioral health—and other peer-led organizations.

3.3 Advance Equity through Workforce Development

Ensure that development efforts increase the diversity workforce, culturally responsive care and actively respond to the cultural, linguistic, identity and disability-related needs.

3.3.1 Promote inclusive, culturally responsive training and staffing.

CCFLBH will make equity a central part of workforce development by promoting inclusive training and staffing. This includes working with **OHA's Equity and Inclusion Division** to increase diversity, adding peer roles for different cultures and languages, and improving training about cultural awareness. The work will also include making sure trainers for **youth suicide prevention programming** include people from different backgrounds and helping **suicide postvention teams** provide care that respects culture. CFLBH will provide training for providers who work with youth with **co-occurring I/DD and behavioral health needs**, recognizing that these youth often face extra barriers to equitable care. Equity will guide all workforce efforts, not be a separate project.



Priority 4: Data Modernization

Strengthen the systems, standards, and practices needed to make sure data is consistent, easy to access, and used to improve learning, care, and equity across the behavioral health system.

4.1 Build A Foundation for Data-Driven Learning

Build the systems, standards, and internal capacity needed to support consistent and meaningful use of data across programs and systems.

4.1.1 Improve Data Systems to Support Shared Learning.

CFLBH will improve data systems to support consistent and transparent learning across the behavioral health system. This includes aligning with OHA's broader data modernization efforts, such as the use of **ROADS** to organize and **share** behavioral health data. These efforts aim to reduce duplicate reporting and better align programs. Before 2030 CFLBH will complete work with internal and external partners to set **shared indicators, definitions, and data standards**, including those that advance **health equity**. The team will also address **data gaps**—such as missing or low-quality data—and improve how timely, useful information is shared to guide **decision-making** and continuous improvement.

"There is a need for different systems ... to share data they routinely collect with one another. This will enable better decision-making, especially regarding prevention."

-2025 March Community Engagement Survey Responses Report

4.1.2 Build internal readiness for data use.

CFLBH will strengthen staff confidence in using data for everyday decisions and foster a **culture of curiosity** and **shared learning**. This includes improving how data is communicated, creating

opportunities for team reflection, and ensuring staff have the tools and support they need. Program managers will identify **key learning questions** and use them to guide plans for exploring data, both qualitative and quantitative. These efforts will build on existing strengths and promote shared responsibility for continuous improvement.

4.2 Apply Data to Drive Change

Use data to inform decisions that improve access, capacity, quality, and equity at both the program and system levels.

4.2.1 Use data to inform program and system-level change.

CFLBH will help programs use data to understand impact, identify opportunities, and make improvements that better meet the needs of children, youth, and families. Examples include:

- Working with **EASY** providers to evaluate program outcomes to identify ways to make services more responsive to youth and families.
- Conducting community evaluations of **Mobile Response and Stabilization Services (MRSS)** twice a year to monitor outcomes and guide program improvements.
- Enhancing **Fidelity Wraparound** data systems to track outcomes and fidelity while reducing administrative burden.
- Using **residential and day treatment** data to assess bed capacity and referral trends to inform planning and policy.
- Using data from **young adult services** to improve capacity and strengthen programs such as **EASA, YAT Homes, and Young Adult Hubs**.
- Applying measurement-based care in **school-based mental health** partnerships to improve service quality.
- Analyzing **Big River suicide prevention training data** to increase cultural representation among trainers and participants.
- Using **CCBHC** data to assess how well the model serves children, youth, and young adults.

4.2.2 Use data to inform system-level improvement.

CFLBH will use data to identify gaps in the system, spot patterns, and guide improvements across programs and agencies. This includes reviewing data from **youth in need of complex supports** to understand where coordination breaks down and where new strategies are needed to keep services connected. CFLBH will also track **key outcomes and community trends**, such as emergency department visits, to assess system performance and guide improvements across the continuum of care. **Regular check-ins with youth, families, and community members** will also provide feedback to strengthen system-level planning. Over time, this work will help build a more connected system that uses data to anticipate needs, align resources, and deliver equitable, coordinated care.

Staying Connected & Thanks

Staying Connected

To stay informed about progress on this strategic workplan, visit the CFLBH workplan webpage. The CFLBH team will share updates, highlight milestones, and provide opportunities for continued community engagement.

This workplan builds on work that began in 2020 and sets direction through 2030. It allows time for implementation, evaluation, and course correction. Planning for the next plan cycle (2031-2035) will begin in mid-2028, and youth, family and community voice will remain central to that process.

With Gratitude

We extend our deepest gratitude to everyone who contributed to the development of this strategic workplan over the past two years. Your insights, stories, and priorities shaped every part of this work.

Special thanks to the hundreds of youth, families, providers, community leaders, and system partners who participated in surveys, listening sessions, and advisory groups. Your voices are not only reflected in this document—they are the foundation of it.

We also recognize the many people who make up Oregon's children's behavioral health system: youth and young adults, families, providers, counties, CCOs, educators, legislators, and advocates. Your commitment to healing, equity, and transformation is what makes this work possible.

To stay connected, subscribe to our monthly newsletter, [Holding Hope](#), where we'll share updates and opportunities to engage.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Child, Family and Lifespan Behavioral Health Unit at kids.team@oha.oregon.gov or 971-388-2582. We accept all relay calls.

Glossary

Alcohol and Drug Policy Commission (ADPC)

Oregon's independent state agency that advances a statewide plan across prevention, harm reduction, treatment, recovery, and youth-focused solutions to improve access to substance use services.

Big River (Youth Suicide Prevention trainings)

A statewide OHA initiative that offers a suite of suicide prevention, intervention, and postvention trainings, including Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and Counseling on Access to Lethal Means (CALM), for youth-serving professionals and community members.

Behavior Rehabilitation Services (BRS)

Structured programs that improve the lives of children and adolescents through behavioral intervention, counseling, and skills training, delivered by ODHS-contracted providers to youth who meet eligibility criteria.

Caring Contacts

Brief, supportive follow-up messages after emergency department release or psychiatric discharge to help a person engage in care and reduce suicide risk; part of Oregon hospital behavioral health discharge practices.

Certified Community Behavioral Health Clinic (CCBHC)

Community clinics that provide nine required services, ensure 24/7 crisis response, and coordinate physical and behavioral health care—serving anyone regardless of ability to pay or residence.

Child- and Youth-Serving Systems

The network of public and private organizations that provide services and supports for children, adolescents, and families. This includes behavioral health, education, child welfare, juvenile justice, developmental disability services, healthcare, and community-based programs.

Child-Parent Psychotherapy (CPP)

An evidence-based treatment for children ages 0–5 that restores the child's mental health by strengthening the caregiver–child relationship, addressing trauma reminders, and using developmentally appropriate strategies.

Children's System Data Dashboard

Oregon's public dashboard combining data from child welfare, developmental disability, juvenile justice, and behavioral health systems to monitor outcomes and support barrier resolution across the System of Care.

Complex Behavioral Health Needs

Refers to youth who experience multiple, significant challenges that impact their emotional, social, and developmental well-being across different areas of life. These challenges often require individualized planning and coordinated strategies or services, which may involve collaboration among providers and family supports.

Coordinated Care Organization (CCO)

Local networks integrating physical, behavioral, and dental care for Oregon Health Plan members, focusing on outcomes, equity, and care coordination.

Early Assessment and Support Alliance (EASA)

Oregon's early psychosis program using Coordinated Specialty Care to rapidly engage youth and young adults, reduce hospitalization, and support education and work participation.

Expedited Assessment Services for Youth (EASY)

An OHA pathway that helps families quickly obtain behavioral health evaluations and identify next steps when youth mental health concerns escalate and navigation is unclear.

Family First Prevention Services Act (FFPSA)

Federal law enabling Title IV-E funding for evidence-based prevention services such as parenting, mental health, and substance use treatment to keep children safely with family, and establishing Qualified Residential Treatment Programs for short-term stabilization.

Flower of Participation (Meaningful Youth Participation)

A framework describing ways youth can participate—from assigned and informed to youth-initiated shared decisions—aiming for inclusive, meaningful involvement in policies, programs, and governance.

Health Equity (OHA definition)

Oregon achieves health equity when all people can reach their full health potential and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these identities, or other socially determined circumstances; achieving this requires equitable distribution of resources and power and recognizing, reconciling, and rectifying historical and contemporary injustices.

Health Policy & Analytics (HPA), OHA

An OHA division that provides policy, analytics, innovation, and market oversight to strengthen access, lower costs, and improve outcomes statewide.

Intensive In-Home Behavioral Health Treatment (IIBHT)

A short-term, team-based level of care—typically three to six months and at least four hours per week—delivered in home and community settings, with therapy, skills training, 24/7 crisis response, care coordination, and peer supports.

Intensive Treatment Services (ITS)

Oregon's psychiatric day and residential treatment continuum, including day treatment, subacute, and secure adolescent inpatient programs for youth whose needs cannot be safely met in routine settings.

Juvenile Forensic Services

Behavioral health services for youth involved in the juvenile justice system, including psychological evaluations, fitness to proceed assessments, competency restoration, and treatment to support legal participation and rehabilitation.

Minor Consent (ORS 109.640)

Oregon law allowing youth aged 15 and older to consent to certain medical and mental health services without parental consent, subject to related notification provisions elsewhere in statute.

Mobile Response & Stabilization Services (MRSS)

Youth- and family-centered teams that provide rapid, face-to-face crisis response and short-term stabilization for up to eight weeks, connecting families to ongoing supports in their communities.

Oregon Youth Authority (OYA)

The state juvenile justice agency serving youth who need higher levels of services or secure care, focusing on rehabilitation through education, treatment, and culturally responsive supports.

Parent-Child Interaction Therapy (PCIT)

An evidence-based treatment typically for ages two to seven using live caregiver coaching to strengthen relationships and reduce disruptive behaviors across Child-Directed Interaction and Parent-Directed Interaction phases.

Peer Support Specialist / Traditional Health Workers (THW)

Certified peers such as youth, family, adult addiction, and peer wellness specialists who use lived experience to support recovery, navigation, and engagement; Oregon's THW registry sets training and certification standards.

Psychiatric Residential Treatment Facility (PRTF)

A Medicaid inpatient setting for youth under 21 that meets federal participation and restraint and seclusion requirements; part of the inpatient psychiatric services benefit.

Raise Up Oregon (2024–2028)

Oregon's cross-agency early childhood system plan centering equity and collaboration across health, housing, human services, education, and Tribes to improve outcomes from prenatal to age five.

Recovery High Schools

Approved high schools designed for students in recovery from substance use, integrating academics with recovery supports; Oregon began approving schools under HB 2767.

Resilience Outcomes Analysis & Data Submission (ROADS)

OHA's modernized behavioral health reporting system for providers to submit outcomes and service data—streamlining reporting and improving accuracy and timeliness.

SAGE (Residential Program for Commercial Sexual Exploitation of Children Survivors)

A secure, trauma-informed residential program serving youth survivors of commercial sexual exploitation, focusing on stabilization, education, therapy, and empowerment.

System of Care Advisory Council (SOCAC)

Governor-appointed council that serves as a central forum for statewide policy, planning, and funding recommendations across child-serving agencies; maintains the Children's System Data Dashboard.

Trauma-Informed Care (OHA/Trauma Informed Oregon)

An approach grounded in understanding trauma's impact and emphasizing safety, trust, peer support, collaboration, empowerment, and cultural responsiveness for youth, families, and staff.

Wraparound (Fidelity Wraparound)

A voluntary, structured care-coordination process with strong youth and family voice, provided to fidelity using Oregon's training and quality tools, designed to support complex, multi-system needs.

Young Adult Hubs

Community-based programs that help young adults connect behavioral health care with housing, education, and employment. These hubs provide coordinated support and resources to promote independence and well-being as youth transition into adulthood.

Youth Suicide Intervention and Prevention Plan (YSIPP)

Oregon's five-year plan and annual reports guiding statewide suicide prevention, intervention, and postvention efforts under the Suicide Prevention Framework.

YAT (Young Adults in Transition) Homes

Residential programs that offer safe, supportive housing and behavioral health services for young adults who cannot remain at home. YAT Homes provide structured care in a home-like setting, helping youth stabilize and build skills for successful transition to adulthood.

Substance Use Disorder (SUD)

A condition in which the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities.

References

- ¹ National Alliance on Mental Illness. (n.d.). [Mental Health Conditions](#).
- ² OHA. (2024). [Oregon Health Authority Strategic Plan: 2024–2027](#). State of Oregon.
- ³ System of Care Advisory Council. (n.d.). [System of Care Advisory Council](#). State of Oregon.
- ⁴ OHA. (n.d.). [Alcohol and Drug Policy Commission](#). State of Oregon.
- ⁵ Child and Adolescent Health Measurement Initiative. (2023). [2023 National Survey of Children's Health \(NSCH\) data query: Indicator 4.4a – Difficulties Obtaining Mental Health Care, Age 3–17 Years](#). Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.
- ⁶ SAMSHA. (2023). [State-Level Data: Oregon](#). U.S. Department of Health and Human Services.
- ⁷ OHA. (2023, February). [Child and Family Behavioral Health Roadmap 2020-2024](#). State of Oregon.
- ⁸ OHA. (n.d.). [Expedited Assessment Services for Youth \(EASY\)](#). State of Oregon.
- ⁹ OHA. (n.d.). [Intensive In-Home Behavioral Health Treatment Fact Sheet](#). State of Oregon.
- ¹⁰ OHA. (n.d.). [Mobile Response and Stabilization Services \(MRSS\)](#). State of Oregon.
- ¹¹ OHA. (2024, August 1). [Behavioral Health Youth Engagement: Final Report](#). State of Oregon.
- ¹² OHA. (2025, March). [2024 Community Engagement Survey Responses](#). State of Oregon.
- ¹³ OHA. (2025, March). [2024 Informing OHA Survey Report](#). State of Oregon.
- ¹⁴ OHA. (2023). [2023 Family Leaders Summary](#). State of Oregon; OHA. (2024). [2024 Family Leaders Summary](#). State of Oregon.
- ¹⁵ OHA. (n.d.). [Children's System Advisory Council](#). State of Oregon.
- ¹⁶ OHA. (n.d.). [Fidelity Wraparound Fact Sheet](#). State of Oregon.
- ¹⁷ OHA. (n.d.). [Young Adult Hubs Fact Sheet](#). State of Oregon.
- ¹⁸ OHA. (n.d.). [Supports for Youth and Young Adults](#). State of Oregon.
- ¹⁹ OHA. (n.d.). [Early Assessment and Support Alliance Fact Sheet](#). State of Oregon.
- ²⁰ The Hope Institute. (n.d.) [Home](#).
- ²¹ Placeholder: Footnote on Juvenile Forensic Services to be added in 2026
- ²² OHA. (n.d.). [Intensive Treatment Services Fact Sheet](#). State of Oregon.
- ²³ OHA. (n.d.). [Youth Suicide Intervention and Prevention Plan \(YSIPP\) Fact Sheet](#). State of Oregon.
- ²⁴ OHDS. (n.d.) [Resources for Behavioral Services Providers](#). State of Oregon.
- ²⁵ Morrison Child & Family Services. (n.d.). [Services for Victims of Sex Trafficking](#).
- ²⁶ OHA. (2024, January 29). [Discharge Planning for Patients Presenting with Behavioral Health Crisis or Hospitalized for Mental Health Treatment: Fact Sheet](#). State of Oregon.
- ²⁷ CHOICE for Youth and Sexuality, & YouAct. (2017). [The Flower of Participation: A Narrative on Meaningful Youth Participation](#). CHOICE for Youth and Sexuality.

- ²⁸ OHA. (n.d.) [The Compass Team](#). State of Oregon.
- ²⁹ OHA. (n.d.) [Health Policy and Analytics Division](#). State of Oregon.
- ³⁰ OHA. (n.d.) [Resilience Outcomes and Analysis Data Submission \(ROADS\)](#). State of Oregon.
- ³¹ Oregon Revised Statutes. (2024). [ORS 109.640: Right to Reproductive Health Care, Medical Treatment or Dental Treatment without Parental Consent](#). Oregon Legislature.
- ³² System of Care Advisory Council. (n.d.) [System of Care Strategic Plan](#). State of Oregon.
- ³³ ODHS. (n.d.) [Children's System of Care Data Dashboard](#). State of Oregon.
- ³⁴ Oregon Suicide Prevention. (n.d.) [Training: Big River Program Oregon](#).
- ³⁵ Oregon Early Learning Council. (2023). [Raise Up Oregon: A Statewide Early Childhood System Plan 2024-2028](#). State of Oregon.
- ³⁶ ODHS. (n.d.) [Family First Prevention Services Act \(FFPSA\)](#). State of Oregon.
- ³⁷ OHA. (n.d.) [Child Parent Psychotherapy Fact Sheet](#). State of Oregon.
- ³⁸ Child-Parent Psychotherapy. (n.d.). [Home](#).
- ³⁹ OHA. (n.d.). [School-Based Mental Health Fact Sheet](#). State of Oregon.
- ⁴⁰ ODE. (n.d.). [Recovery Schools](#). State of Oregon.
- ⁴¹ Oregon Family Support Network. (n.d.). [About Oregon Family Support Network](#).



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