

# System of Care Advisory Council

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**Date:** June 18, 2020

**To:** Governor Kate Brown  
Senate Interim Committee on Human Services  
House Interim Committee on Human Services  
Senate Interim Committee on Health Care  
House Interim Committee on Health Care  
House Interim Committee on Behavioral Health  
Senate Interim Committee on Mental Health

**From:** Adam Rodakowski, Chair  
System of Care Advisory Council

## System of Care Advisory Council

### Letter to cover reporting required in SB1(2019) originally due 5/1/2020 and 6/1/2020

The System of Care Advisory Council was tasked by Senate Bill1 (2019) with reporting gains agencies have made toward building the strength of the service continuum by May 1, 2020; and describing the data being tracked to demonstrate outcomes as well as a status report regarding the Council's development of a comprehensive, long-range plan for a coordinated state System of Care by June 1, 2020.

This letter summarizes the implementation of the System of Care Advisory Council, the work in progress on a data system to inform decision making and offers three recommendations being made for the children's System of Care during this COVID-19 crisis and afterwards. The Council has continued its work and monthly virtual meetings during the COVID-19 pandemic. However, the preparation of the required reports was delayed due to COVID-19. The Council respectfully submits the following to comply with the requirement of the legislation as outlined above, albeit somewhat delayed.

### 2019 Legislative Investments and Implementation

All agencies have worked to implement programs set out in the 2019 legislative session.

### System of Care Advisory Council

The System of Care Advisory Council was established in SB 1 to improve the effectiveness and efficacy of state and local systems of care that provide services to youth, ages 0 – 25, by providing a centralized and impartial forum for statewide policy development, planning and funding strategy recommendations.

The primary duty of the council is to develop and maintain a state System of Care policy and a comprehensive, long-range plan for a coordinated state System of Care that encompasses public health, health systems, child welfare, education, juvenile justice and services and supports for mental and behavioral health and people with intellectual or developmental disabilities.

### Update:

- Council appointed by the Governor and met monthly from March 2020 to present

- 1 FTE Hired at OHA – The System of Care Policy Coordinator was hired and worked actively with the Governor’s Office and DHS to form the Council and now supports the Council and the efforts to set up the data dashboard
- Data dashboard in progress through current DHS infrastructure
- Grant process is being developed, although funding is on hold due to potential budget reductions
- Work on the development of policy and a long-range plan was put on hold and replaced with immediate work on recommendations for agencies during and after COVID-19 (see attached recommendations). The Council will focus on long range planning work from July 2020.
- Information on the Council, membership, meetings and work are available at <https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/SOCAC.aspx>. This will transition ultimately to an external site dedicated to the System of Care Advisory.

**Interdisciplinary Assessment Teams** - Further development is contingent on funding allocation. An RFP process was completed. OHA requested the funding, which is a Special Purpose Appropriation to OHA.

**Intensive In-Home Behavioral Health Treatment** – OARs are in the final approval stage. OHA submitted a State Plan Amendment and received CMS approval for the IIBHT service in March. CCOs have opted to start roll out in January 2021, while OHP Open Card coverage will begin July 2020.

**Crisis and Acute Transition Services (CATS)** -2019-2021 enhancement funds were awarded to all nine counties currently receiving targeted CATS funding. Providence St. Vincent was awarded a new contract and will begin services Sept. 2020.

**School Based Mental Health** - Eight additional counties have received funding that previously had no school based mental health services funded by OHA, allowing them to place therapist(s) in schools where there is greater need. A total of seventeen counties now receive funding through the Health Systems division program.

**Suicide Prevention, Intervention and Postvention** - Investments have been guided by the **2016-2020 Youth Suicide Intervention and Prevention Plan**. These have included Lines for Life (crisis line) funding increased; Creation of the “Big Six” Suicide Prevention programs launched March 1: Sources of Strength, Mental Health First Aid, Question, Persuade, Refer (QPR), safeTALK, Applied Suicide Intervention Skills Training (ASIST) and CONNECT (for postvention; funding has increased to support the Alliance to Prevent Suicide, and smaller contracts are being developed to address the needs of loss and attempt survivors, support school districts in writing suicide prevention policy, and provide data and evaluation of new programs.

**Adi’s Act (SB 52):** All School Districts are required to have a suicide, intervention, prevention and postvention plan by July 1, 2020. Guidance has been developed and deployed through partnerships with the OHA and the Oregon Alliance to Prevent Suicides. OHA has hired a staff person to be a point person for schools and ODE has integrated it into its School Safety and Prevention System (Section 36 of the Student Success Act, see below).

**Federal Family First Prevention Services Act Implementation** - This General Fund appropriation will support the implementation of the federal Family First Prevention Services Act (132 Stat. 232 (2018)) by increasing capacity for services that are designed to prevent families from needing to enter the Child Welfare system. These services will be provided to families in their homes, schools and in their communities. Child Welfare is currently in the process of developing its Statewide Prevention

Plan that will outline a target population, the services that will be expanded or developed, and how success will be measured. Money has been allocated for Qualified Residential Treatment Program (QRTP) requirements to support rates for BRS providers who become qualified as QRTPs.

**Behavioral Health- Treatment Foster Care** - Behavioral Health Treatment Foster Care combines intensive community-based behavioral health services in a structured foster care home that incorporates an evidence-based model for treatment foster care. Child Welfare completed Request for Information in February of 2020 to gather input from providers for establishing the program. The Request for Proposal is currently on hold due to COVID 19.

**Enhanced Services for Youth with Intellectual or Developmental Disabilities** - This investment will fund the development of Host Homes (formerly known as Enhanced Foster Care) for Children with I/DD. This will provide enhanced I/DD foster care services to approximately 140 youth, an increased capacity of 12 additional beds within Children's Residential Services. This new level of care also provides a step down from residential as a child transitions back to a family home.

### **Student Success Act**

The Student Success Act (SSA), [House Bill 3427](#), creates 12 new and expands 16 educational programs to support students from early learning to graduation. At its heart, the act is a commitment to improving the system for students of color and those who have been historically, and are currently, underserved by Oregon schools and to address the student mental health needs.

Since the close of the 2019 legislative session, the Oregon Department of Education (ODE), the Early Learning Division (ELD) and the Youth Development Division (YDD) have worked diligently on the implementation of the Student Success Act. At present, progress includes:

- Filling 50 percent of the SSA positions;
- Initiating community engagement and rulemaking procedures, with a plan to complete rulemaking by Fall 2020.
- Developing guidance for the implementation of new programs;
- Developing grant agreements to issue funds to support the SSA initiatives;
- Developing SSA communication tools to guide our partners through the implementation process.
- Section 36 (The School Safety and Prevention System) is currently being deployed, which will provide regional supports to all 198 school districts in Oregon that include suicide intervention, prevention and post-vention, safety assessments and bullying/harassment prevention.

It is important to note that the COVID-19 pandemic has affected implementation of the SSA. Impacts include:

- Anticipated reduction of the Corporate Activities Tax by an estimated 25%, resulting in an estimated 37% decrease for SSA accounts;
- Delay in hiring new SSA positions;
- Uncertainty in final SSA grant allocations, which may delay SSA grant agreements;
- Risk of less support for focal student populations and racial equity-based mental health supports at a time when these services are needed the most.

**Note:** For more information on the implementation, please refer to the [Student Success Act](#) and [ODE COVID Resources](#) webpages.

## Data Dashboard for Children's System of Care

### ***Update:***

A data set is under development that combines information from OHA Medicaid data, DHS Child Welfare and Developmental Disability Services, Oregon Youth Authority and local Juvenile Justice. The table below illustrates the basic structure of the data being gathered.

Agencies and the Council recognize that this data is being combined in new ways and needs careful testing for accuracy, duplication and other errors. At present this is in a development and testing phase. It is expected that the dashboard will be available within the next three months.

Data in the dashboard will have a 3-month time lag. This is created because claims data generated by invoicing is used for the OHA data. Data is being combined on physical placements (CW/OYA/DDS and service provision (OHA/DDS/ County Juvenile Justice). The data will provide a monthly overview and include multi-system involvement. The dashboard will allow examination of overlaps and trends.

Further work is required to establish relevant outcome measures that can be generated from this data.

Agency	Department of Human Services (DHS)	Oregon Health Authority (OHA)	Juvenile Justice/Oregon Youth Authority (OYA)	
Ages	0 – 25 It will be further broken down to 0 – 4, 5 – 11, 12 – 17, 18 – 20, 21 – 24			
Demographics	<ul style="list-style-type: none"> <li>Gender</li> <li>Race and ethnicity: work in progress. Each system has different tracking, consultation will be required with equity groups and others to establish how this is defined for the database.</li> </ul>			
Geography	Statewide, county, Coordinated Care Organization (CCO)			
Program	Child Welfare	Developmental Disability	OHA	Juvenile Justice/OYA
<b>Grouped Placement or Services</b>				
	<ul style="list-style-type: none"> <li>Proctor Care Behavioral Rehabilitation Services (BRS) and Host Homes</li> <li>Proctor Care Non-BRS</li> <li>Residential other</li> <li>Independent Living Program</li> <li>BRS Residential</li> <li>Short term shelter</li> <li>Detention</li> <li>Temporary Lodging</li> <li>Trial Reunification</li> <li>Kinship Foster</li> <li>Non-Relative Foster Care</li> <li>Runaway</li> <li>Mental Health Facility</li> <li>Group Home</li> <li>Out of State FOCUS</li> </ul>	<ul style="list-style-type: none"> <li>Non-Relative Foster Care</li> <li>Residential</li> <li>Proctor Care and Host Homes</li> <li>Home</li> </ul>	<ul style="list-style-type: none"> <li>Substance Use Disorder (SUD) Residential</li> <li>SUD Outpatient</li> <li>Acute Psychiatric Hospital</li> <li>Subacute</li> <li>Psychiatric Residential Treatment Services</li> <li>Secure Child Inpatient Program (SCIP)/ Secure Adolescent Inpatient Program (SAIP)</li> <li>Respite Services</li> <li>Mental Health Outpatient</li> <li>Outpatient</li> <li>Emergency Department (ED) Inpatient (admitted to hospital)</li> <li>ED Outpatient (not admitted)</li> </ul>	<ul style="list-style-type: none"> <li>Foster Care – Non-Relative</li> <li>Foster Care Relative</li> <li>Independent Living Program (ILP)</li> <li>Proctor BRS</li> <li>Residential – Non – BRS</li> <li>BRS Residential</li> <li>Shelter (Short Term Shelter)</li> <li>Secure Custody (YCF, jail)</li> <li>Detention (county detention)</li> <li>Runaway</li> </ul>

## Council Recommendations

The System of Care Advisory Council made the following recommendations to DHS, OHA, OYA and ODE on June 18, 2020 and requested a response by July 14, the next System of Care Advisory meeting date. In addition to the following recommendations, the Council will be developing the plan required by SB 1 (2019) starting in July 2020.

### Examining Temporary Rules – Recommendation 2020

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**Recommendation** State agencies, in partnership with stakeholders, will examine changes and exceptions to OARs that have benefited individuals in accessing services, and telehealth in particular, and benefited system of care providers.

This review should be a transparent process completed in consultation with agency stakeholders while temporary rule and waiver changes remain in effect. This is to determine which changes should or could be made permanent, and / or within ninety days of the end of current state of emergency declaration.

For changes that it is not possible to extend beyond the COVID-19 emergency, the agencies and providers examine where the authority lies to potentially keep or make beneficial alterations to rule.

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**Council Lead** Stan Gilbert and Adam Rodakowski

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**Response requested** Agencies report on feasibility of recommendation implementation to System of Care Advisory in July 2020 and propose next steps.

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**Council Actions** Members of the System of Care Advisory are willing to support this work by joining or forming a review committee and collaborating with the relevant agencies and advocating as necessary.

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**Problem Statement** Many rules have been changed in response to COVID-19, stay at home orders and the need for physical distancing practices. These changes have had positive and negative impacts on both the provider and families and young people.

Post-state of emergency review is needed to determine positive outcomes and ensure, where possible, these are converted into permanent rule, where possible or approved by CMS.

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**Purpose & Scope** Recommendation to the Governor, DHS, OHA and OYA.  
Scope – temporary rules and waivers created during COVID-19 crisis

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**Timescale** Recommendation to agencies - ASAP  
Establish a review process - TBD

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**Stakeholders**

- OHA, DHS, OYA, ODE
- Children, young people
- Parents Families and care givers
- Providers

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- CCOs / private providers
- The Children’s System of Care

**Family, Child and Young Adult Impact and Future State** Creates a more flexible set of services  
 Enables tele-health and tele-connection  
 Increases access to care  
 Establishes best practice for future emergency situations

**Expected Outcomes**

- Greater flexibility
- Services will be more accessible for children, youth and families
- OARs are permanently changed to reflect positive benefits from the COVID-19 crisis

**Funding and Resources** Needs assessment by relevant agencies.

## Social Marketing – Recommendation 2020

**Recommendation** Recommendation to all agencies

Agencies need to increase social marketing focus on raising awareness of behavioral health services and supports. Development of this messaging needs to include collaboration with youth and families and include the use of the most current social media platforms to increase message penetration.

Messaging needs to be consistent across agencies and shared widely with providers and others with an aim of consistency and optimizing reach.

**Council Lead** Sandy Bumpus      **Sub-committee** Communications

**Response requested** Agencies report on feasibility of recommendation implementation to System of Care Advisory in July 2020 and current plans.

**Council Actions** Members of the System of Care Advisory are willing to support this work by collaborating with the relevant agencies, providing input and advocating as necessary.

**Problem Statement** Families and youth report a lack of knowledge around services available and what is still open to them. Families are in crisis, are traumatized and need basic information on how to access both basic needs and other care and services.

**Purpose & Scope** Recommendation to agencies:

Provide or contract with others to provide information to families, youth, young adults around access to care and services during and after COVID-19, helping people find the right door to find help. This needs to be a public relations firm; or dedicated team in order to be effective and to have the bandwidth that is

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needed to support the need. The work needs to recognize that younger generations are using social media and not traditional media.

Method: social media and traditional media campaigns.

To include:

- PSAs, branding, and coordination of effort across all child serving systems.
- Develop a communications campaign to get comprehensive information about how to connect to the services and supports available within the System of Care.
- Information provided at a level that is readable across all populations.
- Regional level and state-wide information around access to the continuum of services (prevention/early intervention, intervention, intensive and crisis stabilization) that are available.

Target populations:

- Higher risk families (poverty, immigrant, non-English speaking / English as a second language)
- “system weary” families and youth.
- Both OHP and non-OHP populations, especially the uninsured.

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**Timescale**

Needs immediate attention

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**Stakeholders**

- Children, young people
- Parents Families and care givers
- Juvenile Justice and the Oregon Youth Authority, OHA, ODE, DHS, DCBS
- Coordinated Care Organizations (CCOs)/ Insurers
- Providers
- The Children’s System of Care

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**Family, Child and Young Adult Impact and Future State**

Children and youth, ages 0-25 years of age, and their families, with identified needs in the system will have access to the supports and services required to meet their needs, including health, behavioral health, education and other social determinants of health.

Stigma around asking for help will be decreased.

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**Expected Outcomes**

- Increased knowledge of and access to the appropriate level of services
- Children and youth will have access to the right service, at the right time for the right duration to facilitate continuity of care, and to reduce the need for service disruptions.
- Increased awareness of behavioral health services available, both crisis and ongoing

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**Funding and Resources**

Needs assessment by relevant agency

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## Capacity - Recommendation 2020

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**Recommendation** Recommendation to agencies that DHS, OHA, juvenile justice and OYA systematically track

1. Capacity for residential beds given the current financial pressure created by covid-19.
2. Other providers and especially those that provide culturally specific services to avoid the loss of capacity in this area.

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**Council Lead** Andrew Grover

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**Response requested** Agencies report on feasibility of recommendation implementation to System of Care Advisory in July 2020 and action steps taken to monitor capacity and risk.

Ongoing reports, at least quarterly, on effectiveness of tracking systems and capacity changes in licensed and operational capacity and wait lists.

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**Council Actions** Members of the System of Care Advisory are willing to support this work by collaborating with the relevant agencies and advocating as necessary.

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**Problem Statement** The governor, state agencies and providers recognize that the children's behavioral health system and particularly the residential sector was already strained for capacity and further losses of beds will accelerate a crisis.

Oregon has not monitored behavioral health capacity in the past or invested in intensive behavioral health service infrastructure. The current covid-19 restrictions are negatively impacting providers, both residential and non-residential, placing survival at risk.

Monitoring of capacity is necessary to track loss and risk of loss of capacity.

This is needed both for the intensive residential service providers and for smaller community organizations and especially any that are culturally specific.

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**Purpose & Scope** Recommendation to the Governor, DHS, OYA and OHA

Develop a partnership and willingness to collaborate to address the issue, especially around the risk of bed loss

Need to establish tracking and mandatory reporting for residential capacity with information generated available to public and private insurers by OHA and DHS

- Licensed beds (this already exists within OHA/DHS Licensing, add OYA)
- Operational capacity (2 of 10 providers for PRTS do this weekly)
- Need / wait lists

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	<p>Tracking of smaller community organizations at risk of closure</p> <ul style="list-style-type: none"> <li>• Loss of revenue</li> <li>• Risk of closure</li> </ul>
<b>Timescale</b>	Immediate action
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>• Children, young people</li> <li>• Parents, families and care givers</li> <li>• Providers</li> <li>• CCOs / private insurers</li> <li>• Agencies</li> <li>• The Children's System of Care</li> </ul>
<b>Family, Child and Young Adult Impact and Future State</b>	<p>Loss of capacity further erodes the children's System of Care.</p> <p>Children and youth with identified needs in the system will have access to the placements, services and supports required to meet their health needs.</p>
<b>Expected Outcomes</b>	<ul style="list-style-type: none"> <li>• Information on capacity</li> <li>• Ability to help organizations with resources and planning through this period</li> <li>• Retain infrastructure for after this current crisis.</li> <li>• DHS and OHA will partner on an ongoing basis to monitor and adjust service capacity as needed</li> </ul>