**System of Care (SOC) Barrier Submission Form**

**Purpose:** Local Systems of Care (L-SOC) in Oregon have processes for identifying, analyzing, and addressing barriers to services and supports for youth and families. Most identified barriers are resolved at the local level through cross-system collaboration, and then reported to OHA by Coordinated Care Organizations (CCOs). Issues that are not resolved at the local level can be submitted to the System of Care Advisory Council (SOCAC) with request for resolution. Use of this form formally elevates a barrier to the SOCAC.

**Instructions:** Please complete form to the best of your ability. Information provided will help SOCAC staff and the State Agency Standing Committee determine appropriate agency assignment and actions to take for resolution (including potential program, policy and system improvements). Please submit completed form to [statewide.soc@oha.oregon.gov](mailto:statewide.soc@oha.oregon.gov), and CC your [CCO’s innovator agent](https://www.oregon.gov/oha/ERD/Pages/Innovator-Agents.aspx). Your barrier form will be made publicly available on the [SOCAC website.](https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Local-SOC-Barriers.aspx)  Additional information about process for resolution can be [found here.](https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCReports/Barrier%20Policy%20and%20Procedure.pdf)

1. **SOC Contact Information:**

Date submitted:

System of Care name:

Geographic Region/CCO:

Contact name and role:

Email:

1. **Description of the barrier:** Provide a brief summary of the barrier, adding attachments as desired. If available, please include quantitative and qualitative data points, including description of how the barrier is contributing to racial inequities:

**2.a) Which system(s) is creating the barrier (select all that apply):**

Child Welfare

Juvenile Justice/OYA

Education

Mental Health

Substance Use

Intellectual and Developmental Disabilities

Physical Health **☐**

Youth advocacy organization

Family advocacy organization

Other

If other, please specify:

**2.b) Is this barrier related to (select all that apply):**

An individual family

A locally administered service or program

A state administered service or program

Cultural or linguistic responsiveness - disparities in accessing services and supports based on race, ethnicity, disability, gender, sexual orientation or languages spoken

Oregon Statutes

Policies of federal and/or state agencies

Other

If other, please specify:

Other

If other, please specify:

1. **Actions taken to address barrier within the local SOC**: Summarize efforts undertaken by your local SOC to address this barrier. Please include how long your SOC has been working on this barrier.

4. **Recommendations for SOCAC and State Agency Standing Committee:** Describe recommendations, ideas and considerations for resolution of the barrier. Please also describe the short- and long-term outcomes you’d hope to see for resolution.