|  |  |  |  |
| --- | --- | --- | --- |
| http://www.ofsn.org/wp-content/uploads/2016/10/OFSN-Logo-Extra-Large-Copy.png    See the source image    See the source image | Regional Executive Council Information | | |
|  | Council name: | Central Oregon Executive Council |
|  | Date submitted: |  |
|  | Region: | Central Oregon |
|  | Contact name and role: | Dani McCallister, SOC Coordinator |
|  | Email: | [Dani.mccallister@pacificsource.com](mailto:Dani.mccallister@pacificsource.com) |
|  | | |
| Description of the Barrier | | |
|  | | There is a need for residential services in Central Oregon for youth. No such services exist in Central Oregon for subacute care and this sometimes results in youth being housed in the ED for long periods of time (up to an entire consecutive month) while a bed opens up in the valley where higher levels of care are available. Families don't always want their child so far away for these services, as it makes family participation (which is integral in treatment and reduces the length of youth’s stay) more difficult. Several community partners have expressed a growing need for this service somewhere in Central Oregon, on a frequent and ongoing basis as the acuity of youth’s behavioral health needs in our region continues to increase. |
|  | |
|  | |
|  | |
|  | |
| Actions Taken to Address Barrier within the local SOC: | | |
|  | Summary of work and successes by the Practice Level Work Group: | |
|  | Practice Level reviewed access to care to meet needs in the least restrictive level. They work closely with Youth Villages CATS, now MRSS, to divert to the community through IIBHT or Intercept. DCBH Wraparound offers a Screening Line to accept referrals quickly. Now that Wraparound is PMPM they can begin services quickly without a mental health assessment. Day Treatment, is now also a part of Practice Level and offers partial hospitalization. Efforts were explored to increase respite but that barrier could not be met at PLW and was pushed up. | |
|  |  | |
|  |  | |
|  |  | |
|  | Summary of work and successes by the Advisory Council: | |
|  | Advisory Council worked collaboratively to bring partial hospitalization - Day Treatment to Central Oregon in a sustainable way, bridging the gap between outpatient and residential care. Advisory also identified gaps in crisis supports, building robust relationships with CATS (now MRSS) programs. CCO, Mental Health, the Hospital, Schools, IDD, Primary Care, and families have all been integral in this planning. We also developed a Deschutes County Level of Care Tool, Community Service Continuum and Panel Provider Consortium focusing on intensive outpatient supports available to youth and families in crisis, training and resources within the community. | |
|  |  | |
|  |  | |
|  | Summary of work and successes by the Executive Council: | |
|  | Barrier was reviewed with the others submitted with the quarterly barriers. The committee discussed this ongoing need and that there is no local solution that can be identified for this need and that the state level council should be approached with a request for help in finding a solution. | |
|  | CCO, CMHP, and Hospital consulted with Trillium Residential Treatment provider to bring residential are to Central Oregon. A needs assessment was conducted, land was identified and funding was received through HB 5202 to expand inpatient treatment beds for Central Oregon Youth & Young Adults. Funding totaled $850,000. Anticipated costs to build a facility in Central Oregon exceed $30 million. Additional Statewide Grant funding to increase children’s residential care was sought out, though falls well short of the cost estimate making this effort unfunded and untenable. | |
|  |  | |
| Request of Statewide SOC Steering Committee: | | |
|  | **Where did the barrier originate?**   * Child Welfare * Juvenile Justice/OYA * Education * Behavioral Health * Intellectual and Developmental Disabilities * Physical Health **x** * Youth advocacy org * Family Advocacy org   **Is this barrier specific to?**   * A family * A program * Local SOC -unique within the county or neighboring counties * Statewide impacting all regions of Oregon   **Is this unmet need related to?**   * Oregon Administrative Rules * Policies (lacking or existing) of state agencies * Related to a state funded service or program * Related to disparities in accessing services and supports based on race, ethnicity, ability, gender, sexual orientation or languages spoken | |
|  | **What would a successful outcome look like?**  Beds available in our region for youth in need of subacute care that allows treatment for more than 23 hrs. and less than 90 days . Success would look like children in crisis that do not need long term residential care being placed in an appropriate level of care quickly, and not having to wait in an Emergency Department where their symptoms are likely to get worse. It could be an addition to an existing entity such as a hospital or treatment center, or a new one designated for this purpose alone. A successful outcome would be making this possible in the next year to prevent more youth from suffering under the current conditions created by this imperative lack of services in our region. | |

Please send barriers to [Statewide.SOC@odhsoha.oregon.gov](mailto:Statewide.SOC@odhsoha.oregon.gov) . For single system barriers please send with “Single System Barrier” in the subject line.