



Barrier Submission Form

Statewide System of Care Steering Committee

Regional Executive Council Information



Council name: System of Care of Linn, Benton and Lincoln Executive Council

Date submitted: 12/7/2020

Region: Linn, Benton and Lincoln Counties

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Barrier Information



Lack of Behavioral Rehabilitative Services, including Treatment Foster Care in our region. Young people have to leave the region to access this service.

Barrier description: Lack of access to BRS TFC.



Actions Taken to Address Barrier

Summary of Practice Level Work Group action steps:
Identified, discussed and escalated barrier through the SOC governance structure. The issue of lack of BRS in the region was first identified in 2017.

Summary of Advisory Committee action steps:

Conducted a utilization study and gaps analysis. Had full support of AC to pursue development of service in our region

Summary of Executive Council action steps:

Reviewed utilization study and gaps analysis. First escalated to the state level in 2018. In January 2019 a large meeting was held to problem solve the issue. This meeting included D4, IHN-CCO, CMHPs, community partners, 4-5 BRS providers, state DHS and OHA staff. Clear need was identified, and promises were made to develop BRS TFC in the region. In 2019 worked closely with central DHS but development never materialized. Currently we have a workgroup for children and youth in foster care. The workgroup has convened two community meetings with more than 76 community partners.





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Request of Statewide SOC Steering Committee

What
barrier

1. Fund Behavioral Rehabilitation Services Treatment Foster Care in our region.
2. Expand access from just a service to youth in foster care to county JDs and OHP members for Behavioral Health Treatment Foster Care. BRS is a Medicaid State Plan service that should not be limited to child welfare.
3. Edit the names of different terms of care to avoid confusion. For example, BRS Proctor Foster Care and DHS Child Welfare BRS are two different types of services yet they have similar names. This creates confusion among agencies, providers and families. Develop common language around the service to reduce confusion.
4. Continue eligibility based on youth's behavioral needs rather than their mental health or SUD needs.
5. Establish the ability for local control and co-management of service between District 4 and IHN-CCO.