

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. Your barrier form will be made publicly available on the [SOCAC website](#). Additional information about process for resolution can be found [here](#).

1. **SOC Contact Information:**

Date submitted: 12/11/2023

System of Care name: Marion-Polk System of Care

Geographic Region/CCO: Marion County & Polk County

Contact name and role: Heather Pascoe – System of Care Program Manager w/ Willamette Health Council

Email: hpascoe@willamettehealthcouncil.org

2. **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:

This is a multi-faceted, multi-system barrier that holds the following themes:

- **Insurance** – When a youth is dually covered with private insurance and OHP, there are a variety of challenges that surface related to conflicting eligibility requirements for certain services, gathering the necessary denials from one carrier to get coverage by the other, the knowledge required to jump through the necessary hoops, and general discrepancies in what is covered by each.

- **Law enforcement** – During response to a youth in crisis, it seems that a trauma informed approach from law enforcement is often lacking and that the appropriateness of the response provided specifically to youth experiencing intellectual and developmental disabilities, youth with behavioral health challenges, youth of color, and/or a combination of these is not considered. Example questions to determining appropriateness may include, is it appropriate for law enforcement to respond and, if yes, what is the most appropriate way to approach the situation).
- **Emergency transportation** – Non-emergency medical transport out of the region is not available and families are left to transport a youth in crisis on their own. There are safety concerns around families having to transport a youth in crisis, especially when traveling longer distances for services not provided within the region.
- **Lack of provider availability / lack of treatment options** – There are gaps in local offerings, especially when looking for supports and services for youth with I/DD. Examples include, but are not limited to:
 - No local psychiatric beds for youth with I/DD – Only available in Portland and they are picky about who gets them.
 - No local day treatment – The only one available has a long waitlist.
 - Lack of supports for youth who experience mental health, behavioral health, and development disability challenges (dual diagnosis).
 - Intensive services provided do not always meet the need of youth with complex needs
- **Suicide & crisis response** – There are no crisis services for youth with complex needs and, specifically, youth experiencing I/DD. These situations are often inappropriately addressed by law enforcement response, having to enter the emergency room, and/or receiving no help.
- **Lack of treatment for youth with multiple diagnoses (IDD and Mental Health challenges)** – Youth experiencing both intellectual/developmental disabilities and mental health concerns are denied access to services/supports due to service providers not being able to meet needs of both diagnoses. Services and supports may also have conflicting eligibility criteria and funding streams.

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:

- Law enforcement
- Insurance (Medicaid and commercial)
- Behavioral health

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:

3. **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.

The Marion-Polk SOC has struggled to make headway on this barrier since its submission in June of 2022 due to its complexity and being that many of these themes and their specifics are not within the jurisdiction of local representatives and/or organizations. Additional challenges faced during this time, include:

- Our current Barrier Resolution Process not serving as an effective process to get to the root cause and make progress – *We have prioritized improvement of this in our*

current strategic planning process and aim to have a new process implemented in 2024.

- COVID & Low engagement – We know COVID put a huge strain on our communities. There were many times we did not have high attendance at SOC meetings, the necessary SOC members to ensure expertise was engaged during each discussion, and/or folks to commit to addressing this barrier due to being spread so thin and addressing crises through their own organizations.
- State level I/DD staff turnover & 2023 legislative session – Staff turnover within the Office of Developmental Disabilities Services (ODDS) and the recent legislative session highlighted potential changes already in motion that could impact SOC work and this barrier. The legislative session also challenged SOC engagement.
- Workforce, organization, and program attrition – We saw reductions in workforce size and organizational and program capacity. Workforce sits as a driving factor of many current community barriers.

The SOC acknowledges that the above challenges are not reasons to not work a barrier, but do serve as additional hurdles to moving forward and are a factor considered in asking for SOCAC support.

In our best effort to move this forward, we spoke with the barrier submitter multiple times in and out of meeting spaces, as well as discussed the specifics of this barrier for many months. The group struggled to identify where to start and which pieces of this barrier could be moved by the local community, if any.

As outreach was conducted to external partners, we were turned time and time again back to trainings being offered in the community to improve support that behavioral health, mental health, and I/DD providers provide to local youth with complex needs. We also continued to hear about youth with dual diagnoses being bounced back and forth between the behavioral health and I/DD systems, as providers feel uncomfortable and/or unequipped to treat a youth with an additional diagnosis which exceeds the scope of the system they work in.

Within Marion County and Polk County, there was a Mental Health/IDD Collaborative for a number of years, though we have been unable to communicate with this group and/or determine the level of their functioning post-COVID. Local organizations continue to provide individualized support and work around barriers as best they can, though this is not sustainable and should not be required to get a family support.

One notable development within the region currently, is movement on day treatment. There is a partnership working to stand something up, though we aren't sure of all of the current details.

The attached barrier submissions serve as an example of this complex, multi-system barrier in action and impacting a local family.

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.

Recommendations/Ideas:

- Mobile crisis unit with immediate and short-term crisis assistance for youth experiencing IDD and youth experiencing other behavioral challenges
- Map existing services for youth with co-occurring mental health, behavioral health, and I/DD diagnoses, noting gaps and thinking through connection between these systems
 - Interdisciplinary training
 - Blended funding
 - Etc.
- Return of NEMT and/or some other support around safe transport of youth in crisis
- Trauma informed training expansion/requirement/or addition to law enforcement training
- Trained, skilled professionals to provide respite options as prevention and short-term intervention which does NOT lead to a youth being removed from the home