Oregon Alliance to Prevent Suicide
Hope • Help • Healing
Association of Oregon Community Mental Health Programs, 102 Liberty NE, Ste 140, Salem, OR 97301
website: www.oregonalliancetopreventsuicide.org

October 26, 2021

To: Youth and Adult Suicide Prevention Coordinators
Oregon Health Authority, Health Systems Division

Dear Jill Baker, Shanda Hochstetler and Debra Darmata:

We are writing to recommend that the Oregon Health Authority expands the role of the Oregon Alliance to Prevent Suicide from advising on youth/young adult suicide to addressing the adult population. Suicide is an urgent issue in Oregon across the lifespan and we believe that an integrated approach for policy and practice advice and development is essential.

Alliance members are appointed by the Oregon Health Authority to develop a public policy agenda for suicide intervention and prevention across agencies, systems and communities. The Alliance is funded by OHA and staffed by the Association of Oregon Community Mental Health Programs (AOCMHP), which ensures close collaboration with the leadership of Oregon's public behavioral health system. Our staff and members have been participating, along with many others, in the development of Oregon's first Adult Suicide Intervention and Prevention Plan (ASIPP). We have a thriving research practice partnership with the University of Oregon's Suicide Prevention Lab, and a history of successfully advocating for passage of key suicide prevention legislation such as Adi's Act and HB2315 requiring continuing education on suicide for the behavioral health workforce. Our commitment is to monitor legislation once passed to support effective policy implementation.

The current scope of the Oregon Alliance to Prevent Suicide is:

1. Advise the Oregon Health Authority on the development and administration of strategies to address suicide intervention and prevention for children and youth 5 through 24 years of age
2. Consult with the Youth Suicide Intervention and Prevention Coordinator on updates to the Youth Suicide Intervention and Prevention Plan under ORS 418.733

Centering the needs of youth and children has been important as adult and youth/family systems and approaches can be quite different. Having built a strong foundation for youth suicide prevention, we are increasingly seeing that an integrated lifespan approach to advising on suicide prevention policy is the logical next step. Indeed, there are many areas of overlap such as addressing access to lethal means, supporting young adults ages 18 – 24 and workforce training for healthcare providers.

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We believe the Alliance is the logical organization to serve OHA as an advisory to the ASIPP. We have a track record of effective policy advocacy and partnership with OHA, other state agencies, and Regional Suicide Prevention Coalitions, most of which have a lifespan focus. We already convene suicide prevention leadership coalitions and other stakeholders across the state. Furthermore, the current membership of the Alliance includes many members who have a focus and/or expertise in suicide prevention across the lifespan.

We focus on three things:

1. Developing, advocating for and monitoring a cohesive suicide prevention, intervention, and postvention policy approach in Oregon
2. Connecting the field in order to share best practices and increase statewide coordination
3. Promoting strategies that inspire hope, ensure the right help is available at the right time, and foster individual and community healing

By maintaining one group to advise OHA on both the YSIPP and ASIPP, we will avoid creating silos, duplication and fragmentation. To do this effectively, the Alliance would need an additional staff position to focus on statewide policies for adults . We believe this small investment would increase our collective ability to build an integrated approach to prevention, intervention and postvention policy and practice, and ultimately reduce suicides in Oregon.

We look forward to discussing this further with you as the Adult Suicide Intervention and Prevention Plan is finalized.

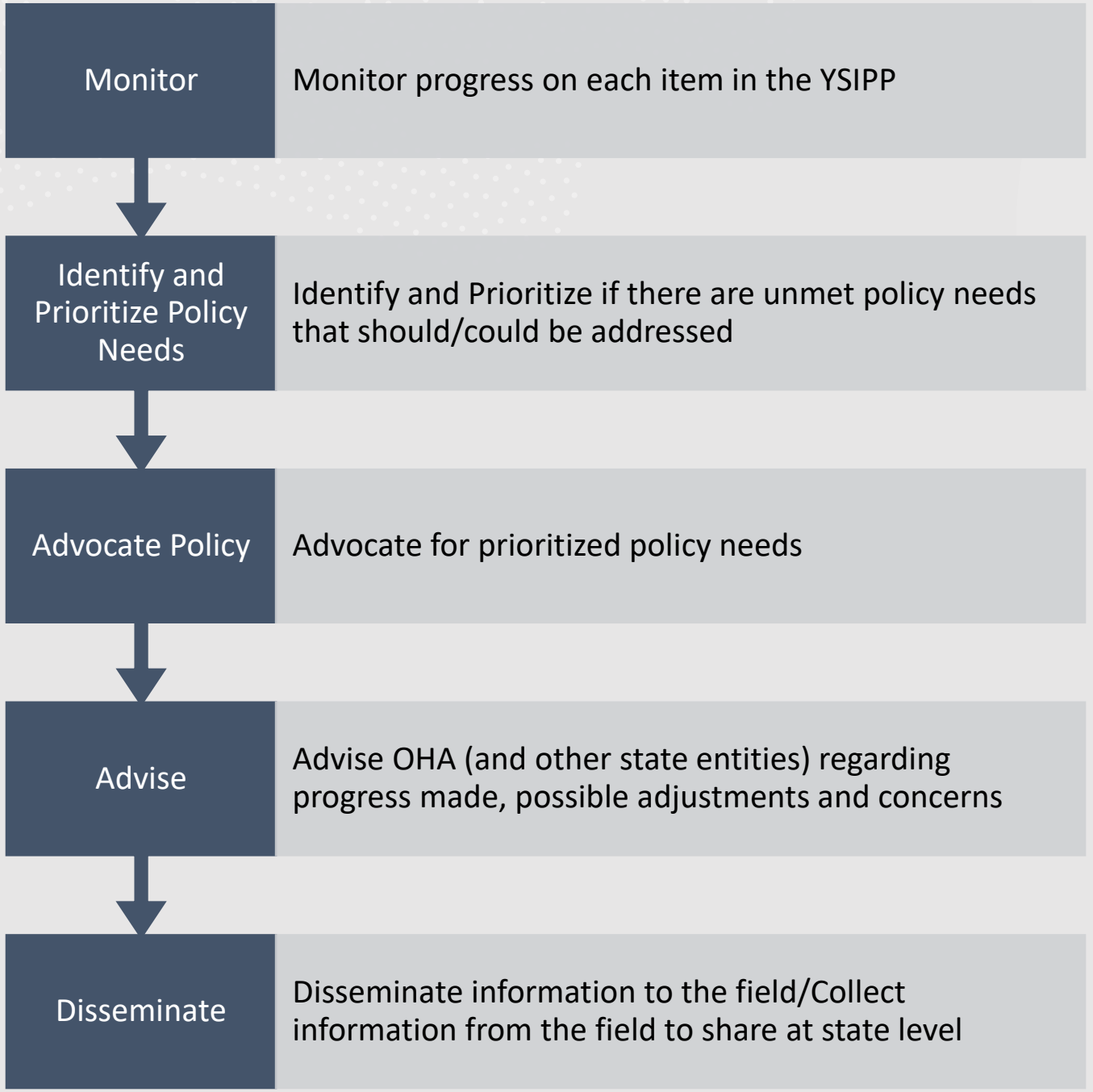
On behalf of the Oregon Alliance to Prevent Suicide,

Galli Murray, LCSW, Chairperson
Oregon Alliance to Prevent Suicide

Alliance staff contacts: Annette Marcus, amarcus@aocmhp.org
Jennifer Fraga, jfraga@aocmhp.org

cc: Chelsea Holcomb, Richelle Murray, Leticia Sainz, Laura Chisholm
Meghan Crane, Miranda Sitney

Alliance Tasks – What We Do



Aligning our Work with New YSIPP

- **Strategic Pillar** – 3
  - Health and Empowered Individuals
  - Clinical and Community Prevention Services
  - Treatment and Support Services

  - **Strategic Goals** – specific to each Strategic Pillar

    - **Pathways** – to reach each goal, specific pathways are set up to indicate focus areas

      - **Initiatives** – nested within each pathway are initiatives; the initiatives identify what will be done over the 5 years to achieve the YSIPP goals.

        - **What is Alliance Role:** These columns are where we identify who does what: Alliance staff and committees.

Charting Our Responsibilities

Strategic Goal And Pathway	Initiatives Ultimately OHA Responsible	Alliance YSIPP Responsibilities	Committee/ Advisory Group Responsible	Alliance Staff Responsibility

Strategic Goal and Pathway

Goal: **Healthcare Coordination**

Pathways: Coordinated Transitions

All Oregonian young people who access healthcare for a behavioral health crises or suicidal ideation receive coordinated care in transitions between levels of care.

Responsibilities

Initiatives	Alliance YSIPP Responsibilities	Alliance Committee Responsible for Monitoring Implementation and Advising OHA (RASCI)	Alliance Staff Responsibilities
Results from the HB 3090 (2017) Resurvey Project of Oregon hospitals regarding Emergency Department policies and behavioral health crises will be published by OHA in Fall 2021. This report will include recommendations to the legislature.	The Alliance will provide feedback to OHA's HB 3090 Resurvey Project report (due Fall 2021) and develop a plan to monitor next steps.	Healthcare/Transitions of Care Committee -Will consult/provide guidance and monitor implementation (consult) **Healthcare/Transitions of Care Committee/Data Evaluation** Committees will review report and coordinate with staff to develop a draft response to the HB3090 Resurvey report (accountable)	**Alliance staff will coordinate with Healthcare/TOC to draft response to the HB3090 Resurvey report and submit draft to Exec Committee for review/approval before submitting to OHA (responsible)**

Strategic Goal and Pathway

Goal: Means Reduction

Pathways: Safe Storage Access

Definition: All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and firearms.

Responsibilities

Initiatives - OHA	Alliance YSIPP Responsibilities	Alliance Committee Responsible for Monitoring Implementation and Advising OHA (RASCI)	Alliance Staff Responsibilities
New Strategic Initiative for 21/22: Create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost lock boxes for medication to local mental health authorities. Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost secure storage of firearms to local mental health authorities	The Alliance will collaborate with the who is responsible for creating the workplan and the Oregon Firearm Safety Coalition to develop a workplan.	**Lethal Means Advisory Group** Will monitor implementation of the Limited Pilot Project and provide guidance; will provide guidance or support on development of the Lethal Means workplan for Safe Storage Access. (consult / support)	**Alliance staff will clarify who is responsible for the workplan – OHA, the Alliance, or another organization.** Staff will participate in OHA and other meetings related to workplan development and inform Lethal Means Workgroup of meeting outcomes. Staff will participate in workgroup meetings, inform Exec Committee of implementation progress and potential policy recommendations. (consult; inform)

Timeline

During the November and December committee meetings, staff provides members of each committee tables (like the example we've walked through) and information about identified responsibilities

Committee Identify which goals they want to prioritize.

Set Goals and Identify Potential Policy Development (POP Due January)

Committees develop an 18-month workplan

Legislation Monitoring

- Adi's Act – Schools
- LGBTQ2SIA Schools – Schools and LGBT Adv
- Transition of Care Leg (HB3090/3091)
- Requirement to Inform (HB3139)
- Postvention Legislation (3 bills)
- Continuing Educations (HB2315/SB48)
- YSIPP Age Change (SB563)
- 988 Crisis Stabilization Services

System of Care Advisory Objectives

- All children and youth have a home and a place to live on their 21st birthday.
- Children in child welfare custody are served in home, wherever safety permits.
- All youth graduate from high school.
- All youth have a plan to continue with their education or have a vocational plan and related identified services and supports.
- All youth have connections to their community.
- Both youth and families know how to access care when they need it.
- The juvenile justice system is not used as a gateway to behavioral health services.
- Young people involved in multiple systems do not, after the age of 21, enter the adult correctional system.
- All youth have necessary independent living skills.
- All youth have access to diverse providers who look like them.

System of Care Plan for Oregon

Two Year Strategic Plan 2022/2023

Developed by the Oregon System of Care Advisory Council

November 5, 2021

Dear System of Care Community:

In 2019, the Governor and legislature took decisions to create the Council to provide oversight on the children's system via Senate Bill 1. Central to this is the creation of a vision and a map to guide the journey. I am pleased to share this plan with you today, entitled *System of Care Plan for Oregon – Two Year Strategic Plan 2022/2023.* The plan pulls together a vision of *a future where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities* and pushes us all to transform the way the system works to better address the needs of our youth and families who are interacting with multiple systems and have complex needs. The Council believes that the plan demonstrates a solid understanding of our challenges and creates a path forward to ensure a brighter future for Oregonians. The plan calls for work and action in the areas where it is critical that we must do more, and, importantly, it recognizes that it takes a problem solving approach that is collaborative across sectors to do better by our young people. The plan is built on the expertise and commitment of youth and families and of those working in behavioral health, education, juvenile justice, and child welfare; its solutions engage all these sectors in taking action.

I wish to thank the members of the System of Care Advisory Council for their work in the development of this plan and the 479 youth and their families from diverse communities across Oregon who contributed their thoughts and concerns along with others from state agencies and the local systems of care in urban, rural and frontier areas. Special thanks go to those who served as primary planners, developers, and to the authors of the plan including Millie Sweeney from the national Family Run Executive Director Leadership Association and Oregon Health Authority staff.

The implementation of this plan will require continued collaboration between state agencies, and engagement of children, families, and communities in new and innovative ways. This plan begins to lay a foundation for a functioning System of Care to be cultivated over the many years to come. We are proud to share this plan with you and look forward to working together with you to move it from plan to reality.

Sincerely,
Adam Rodakowski, Chair, Council

For more information visit: https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/SOCAC.aspx

Suggested citation: System of Care Plan for Oregon: Two Year Strategic Plan 2022/2023. Salem, OR: System of Care Advisory Council.

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Introduction

The System of Care philosophy and the Oregon System of Care Advisory Council
The System of Care Advisory Council was established in Senate Bill 1 (2019) to improve the effectiveness and efficacy of state and local systems of care[1] that provide services to youth, from infancy to 25 years old, by providing a centralized and impartial forum for statewide policy development, planning and funding strategy recommendations.

A system of care is defined as a coordinated network of services and supports for children and youth/young adults that:

- Integrates planning and management across multiple levels of care
- Is culturally and linguistically responsive
- Is designed through meaningful partnerships with families and youth in the planning, delivery, management and evaluation of services and the development of policy
- Is supported by policy and governance at the local and state levels
- Is community based with relationships at the local level
- Is data driven
- Is rooted in the System of Care philosophy and approach

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 encompassing all child-serving systems - 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. Under this approach, services and supports are family-driven and youth guided, with the strengths and needs of the family determining the types and mix of services and supports provided. A system of care is community-based, with the locus of services and supports, as well as systems management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level. Additionally, all systems are culturally and linguistically responsive with agencies, programs and services that reflect the cultural, racial, ethnic, linguistic, and unique differences of the populations they serve to facilitate access to utilization of appropriate services and supports. In Oregon, it is especially important to address the unique strengths and needs of the rural and frontier communities as these areas present geographic challenges and cultural nuances not found in the urban and suburban areas of the state.

The Council has worked extensively with Liz Manley, a national system of care expert from the Institute for Innovation and Implementation at the University of Maryland School of Social Work, on the concepts of the System of Care philosophy and developing a vision and outcomes that align with the core values of the System of Care approach. The Council has committed to the following vision and outcomes.

Vision:
A future where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities.

[1] The term “system of care” is capitalized when one is referring to the philosophy or model with defined principles and values (System of Care). It is not capitalized when referring to a coordinated system of services and supports (system of care) in a community or state. It is commonly abbreviated as SOC.

Outcomes:

- All children and youth have a home and a place to live on their 21st birthday.
- Children in child welfare custody are served in home, wherever safety permits.
- All youth graduate from high school.
- All youth have a plan to continue with their education or have a vocational plan and related identified services and supports.
- All youth have connections to their community.
- Both youth and families know how to access care when they need it.
- The juvenile justice system is not used as a gateway to behavioral health services.
- Young people involved in multiple systems do not, after the age of 21, enter the adult correctional system.
- All youth have necessary independent living skills.
- All youth have access to diverse providers who look like them.

Accomplishments of the System of Care Advisory Council

Since its inception, the Council has several significant accomplishments. The Council chair was appointed by the Governor, and the Council has met monthly from March 2020 to present. The Children's System of Care Data Dashboard was created, encompassing cross-system data from Oregon Health Authority (OHA), Oregon Department of Human Services (ODHS) and Juvenile Justice (Oregon Youth Authority (OYA) and county juvenile departments). The Council developed a local system of care grant process and issued the first set of grants to eight of the 12 eligible local systems of care in early 2021. Recommendations and reports have been sent to the Governor and legislature on several important issues:

- Gains agencies have made toward building the strength of the service continuum (6/18/2020)
- Recommendations to resolve barriers and challenges to implementation of systems of care (9/15/2020)
- 2021-23 Budget and legislative priorities (12/7/2020)
- System of Care braiding and blending of funding and reporting (2/3/2021)

Recommendations have been provided to the state agencies on System of Care definition and implementation and regarding the COVID-19 pandemic (6/2/2020), and the Council has developed a barrier busting process to address barriers encountered by local systems of care (Appendix B). This year, Senate Bill 4 (2021) created autonomy for the System of Care Advisory Council from the state agencies and added an Executive Director to focus and coordinate the work of the Council statewide.

Strategic Planning Process

Purpose of the Oregon System of Care Strategic Plan

The overarching goal of Oregon's system of care is, in partnership with youth and families, to develop and implement a coordinated, collaborative, and comprehensive system of services and supports that are family driven, youth guided, community based and culturally and linguistically responsive. This will be achieved through attention to four key areas (with defined objectives) are closely linked to the System of Care core values and are considered by the Council as the Pillars for Oregon's system of care:

Pillar I: Youth and Family are full partners in care at the individual, program and policy levels with strengths and needs of the child and family determining the types and mix of services and supports provided.
Core Objectives: Ease of service use; diverse services statewide; planful transitions; services match needs; natural and community supports; youth and family feedback; youth- and family-led system change; early assessment of needs; peer support services; health prevention and promotion services.

Pillar II: Child and youth serving systems are integrated and collaborative with shared initiatives, funding, processes, and policies that are youth and family driven, transparent and grounded in the System of Care philosophy.
Core Objectives: Diverse access and array of services; youth and family rights; increase diversity of service providers; services match needs; system coordination; effective and responsive services; prevention and early intervention; service entry available to all; shared responsibility.

Pillar III: Services and supports are culturally responsive with services that are developmentally, culturally, and linguistically appropriate, reflecting the historical trauma and marginalization of the population served and their cultural, traditional, ethnic, and linguistic variations.
Core Objectives: Responsive and informed services; youth- and family-led equitable change; diverse service providers trained and retained; diverse service providers statewide; youth and family informed data.

Pillar IV: Services and supports are community based so that appropriate care options are accessible, flexible, and available at home or close by.
Core Objectives: Local design; equity in local communities; connection to community; full local array of services; local cross-system approaches; local champions; local accountability; early local response; coordinated local supports.

Senate Bill 1(2019) requires the System of Care Advisory Council to develop an initial version of a strategic plan in 2021 followed by biennial updates. The strategic plan supports the Council vision and provides direction for the full development of a robust system of care for Oregon. The plan follows the values and principles of national best practice in system of care development and implementation, incorporating foundational steps to establish a more coordinated, comprehensive system for Oregon's children, youth, and families that reflects the state's commitment to racial equity. It is meant to be a living document that will evolve as tasks are accomplished, strategies are honed, and new needs arise. The Council strives to be data driven in its work, and the state agencies are involved in all aspects and will approve of the use and analysis of state data and in accordance with HIPPA and FERPA privacy laws.

Engaging youth, families, and communities in the process
The Council recognized the need to center the voices of youth, young adults, and family in its work and to build trust with Tribes and communities of color to thoroughly embed System of Care principles and values across the state, including a greater focus on

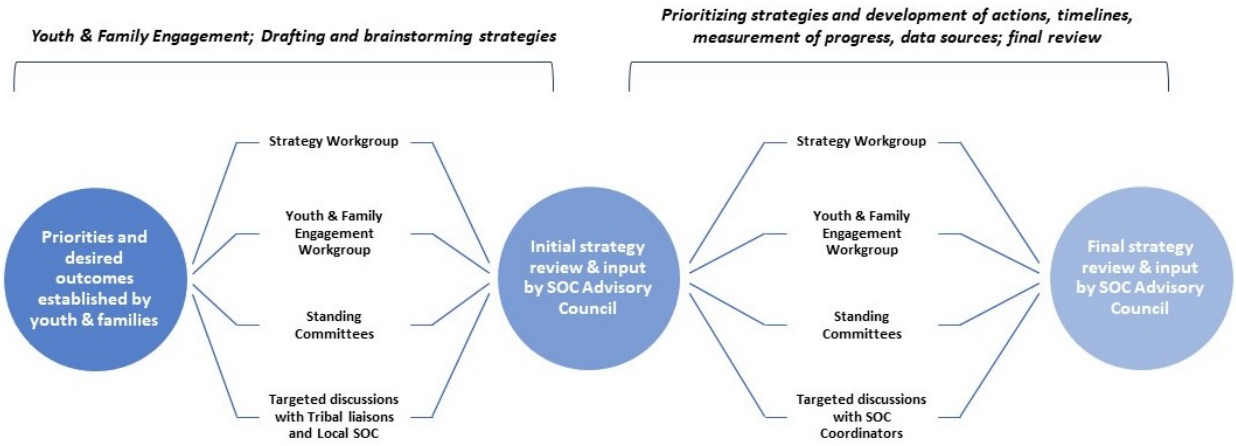
equity in the strategic planning process. Slowing down to hear this and to allow for two-way engagement resulted in a plan grounded in the voices of youth and families involved in Oregon's child-serving systems.

> *"We need a system that understands what we need – that has empathy."*
>
> *"The system is doing exactly what it is designed to do. It's the design we need to look at!"*

To embody the value of youth and family driving the planning process, the Council engaged youth- and family-led organizations to gather input on system issues, strengths, and priorities directly from the youth and families involved in systems across the state. Feedback included asking youth and families to prioritize the most immediate areas on which the Council must focus and was organized under the four Pillars. The youth- and family-led organizations conducted outreach to a variety of groups, programs, agencies, and organizations across the state and through their individual list servs to inform youth/young adults and families about the opportunity to inform the development of the strategic plan. Approximately 309 youth/young adults participated in youth led "Think Tanks" or responded to an online survey and approximately 170 families including 16 monolingual Spanish-speaking families participated in family-led discussion groups. Documents resulting from these conversations can be found in the Appendices (Appendices D, E, and F).

Targeted discussions were initiated with Tribal liaisons to illuminate the unique strengths, needs and priorities of Tribal communities. Although there is much more to discuss with the liaisons and Tribal leaders, the strategic plan includes their initial input around inclusion of Tribal communities and development of ongoing mechanisms for communication and engagement in the work of the Council. The Council strives to build more intentional and effective communication and connection with Tribal communities.

Engaging diverse youth and families involved in Oregon's child-serving systems became the foundation of the planning process, and strategic planning with agencies, local systems of care, and other community input followed the priorities illuminated by youth and families. The process used in strategic planning is outlined in the graphic below. Intentional communication and employing a consistent feedback loop with youth and families is a primary strategy woven throughout the plan, ensuring that the work of the Council remains grounded in and informed by youth and families across the state.



Desired outcomes expressed by youth/young adults and families

Youth and families have clarified the outcomes that they value and desire from the development and implementation of a more coordinated, collaborative, and comprehensive system of services and supports. The three most important outcomes are:

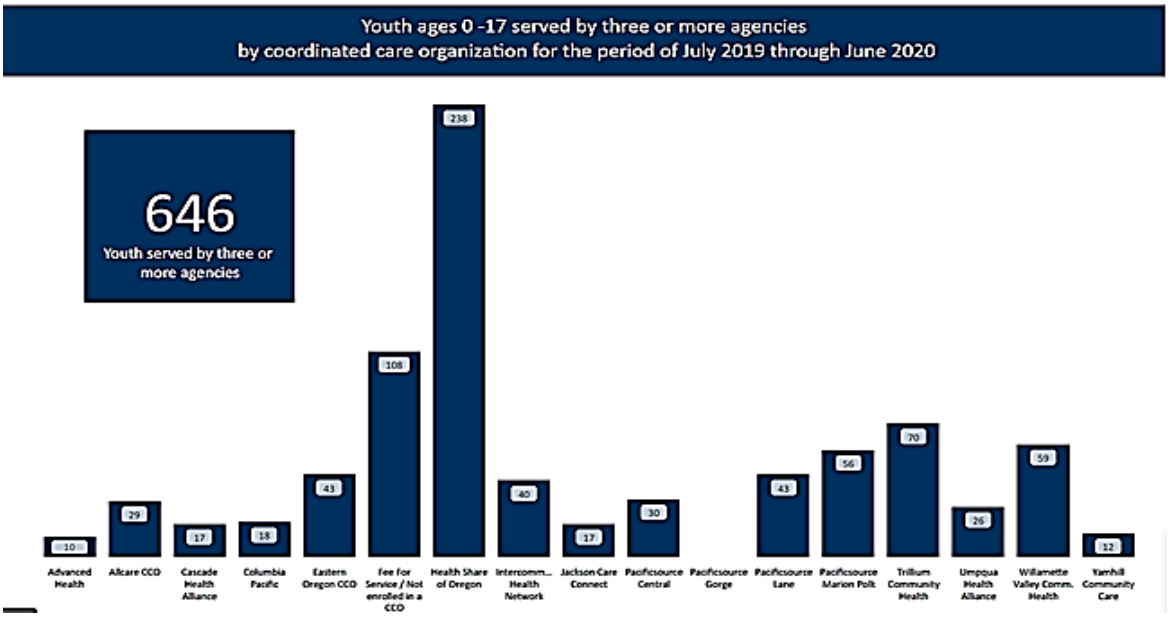
- Recognition of their expertise and the need for true partnership between youth, families, and providers.
- Access to culturally and linguistically responsive services and supports that are available where and when they are needed and offered in a way that fits the individual youth and family need or situation.
- Collaboration and coordination between and across systems and providers especially during points of transition in care.

> *"I always wonder how the loss of a family's wholeness is an acceptable loss."*
>
> *"No one listens to me, but they tell me everything I'm not doing right."*

These outcomes are detailed by Pillar in Appendix C and have informed the development of the strategies and tasks in this strategic plan, offering concrete direction for the work of the Council over the next several years.

Population of Focus

The Council has defined the focus of their efforts on systems serving and supporting children and youth, infancy through age 25, who have or are at increased risk for chronic behavioral (including substance use disorders), emotional, physical, or developmental conditions, and who are under supervision by or engaged with multiple systems or are at risk for involvement in those systems. Of particular focus for the Council are Black and Brown families of historically marginalized communities, LGBTQ+ youth, and Tribal children and families. These populations because of inequity and racist systems require services of a type or amount significantly beyond those required by children and youth with complex behavioral health needs generally. Children and youth of color, or who are LGBTQ+, have not had their needs met in a family setting and/or are improperly placed or are at risk of placement disruption. Because of the substantial number of children and youth comprising this group, the council has chosen to initially focus on the smaller population of youth identified by the Children's System of Care Data Dashboard: those involved with three or more systems. The chart below details this group of 646 children and youth served by Coordinated Care Organization from July 2019 through June 2020. The Council's efforts will expand to the larger population of children as structures, processes and services are developed or implemented.



Source: Children's System of Care Data Dashboard

Structure

The Strategic Plan and associated workplan is structured by the four Pillars established by the Council, with strategies and corresponding actions under each Pillar and includes highlighted quotes from youth and/or family members related to the Pillar. The strategies developed were sorted into thematic areas: Cultural Responsiveness and Equity, Workforce, Policy and Funding, Coordination, and Education and Information. These strategies were further sorted to prioritize initial actions critical to building a system of care in Oregon and believed to be achievable during the next two years. Only prioritized strategies are in this initial plan and reflect foundational activities; these are listed below in the following section.

Each strategy is designated by Pillar, theme, and number for ease in tracking actions, tasks, and progress. Corresponding actions for each strategy are outlined in the Workplan (Appendix A) and include a timeline for accomplishment (beginning in Quarter 1 of 2022), a lead and responsible party(ies), and measures of progress. Additionally, the Workplan includes others involved in the action or tasks and initial data sources (existing data and tools to be developed).

The other strategies and ideas captured during the process but not fully developed are documented elsewhere for future use as progress is made and initial goals reached. In addition, individual state agencies who have been involved in the development of the Plan are cross-walking it with their existing plans and/or including similar strategies in updating their plans. Initial feedback confirms that the goals and strategies broadly align with the priorities of the state agencies.

Two Year Strategic Plan (2022-2024)

Pillar I. Youth and Family are full partners in care at the individual, program and policy levels with strengths and needs of the child and family determining the types and mix of services and supports.

Policy and Funding

1. Center youth and family in all groups with power, leadership, and voice, including governance, policy making, and other decision-making groups.

2. Develop a consistent structure or processes for listening to, hearing from and engagement with youth and families, including providing safe places for sharing.

> *"I can't go to meetings. I'm exhausted. Besides, it's not about meetings, I need providers to listen to what I have to say."*
>
> *"If doctors would listen to my experience instead of acting like they lived it and invalidating it."*

Coordination

1. Establish and implement processes to coordinate ongoing training across systems and communities in youth and family driven practices and in meaningful engagement strategies.

Pillar II. Child and youth serving systems are integrated and collaborative with shared initiatives, funding, processes, and policies that are youth and family driven, transparent and grounded in the System of Care philosophy.

Coordination

1. Identify and build a statewide structure to support system of care capacity and services.

> *"It's not even that systems are separate. It seems like every organization is in its own box."*
>
> *"Nobody wants access to DHS. Let's get capacity where it's needed instead of where the system creates a need."*

Core areas

- *Funding: Identify and implement more effective funding structures for Oregon's system of care.*
- *Communication: Develop a robust communication system across systems and providers.*
- *Coordination: Improve coordination across systems and providers at the state and local levels.*
- *State level collaboration: Develop a process to increase collaboration across state agencies in strategic planning, joint funding, and joint policy legislation packages.*

III. Services and supports are culturally responsive with services that are developmentally, culturally, and linguistically appropriate, reflecting the cultural, traditional, ethnic, and linguistic differences as well as the historical trauma and marginalization of the population served.

Cultural Responsiveness and Equity

1. The system of care will center equity in all efforts to improve access and service delivery across systems.

2. The Council will center equity within the System of Care governance structures.

3. Increase culturally and linguistically responsive services and supports across systems.

"I'm fine with not getting services if they're not there…I'm not fine with not being included."

"If I were able to be treated in a good manner and not like I was a toddler."

4. Engagement efforts will focus on inclusion and respect of diverse youth and families, representative of the communities in which services and supports are provided.

IV. Services and supports are community based so that appropriate care options are accessible, flexible, and available at home or close by.

Coordination

1. Identify process for "no wrong door" to services for youth and families.

Policy and Funding

1. Identify barriers and create solutions in access, including eligibility, intake, and referral processes at the local level.

"We're in the dark. I don't know what the system has and I'm not sure it knows either. It's like it's top secret."

"A case worker who can help coordinate care/access care. Listen to what my needs are."

Commitment to building a system of care for children, youth, and families in Oregon

Fulfilling the Council's vision requires concentrated, intentional effort and must be a partnership with youth, families, and the full community along with the support of the state agencies. The Council is committed to the strategies and tasks laid out in its strategic plan, and to support efforts at both the state and local level to operate under the principles and values of the System of Care approach. It is especially committed to the meaningful engagement of diverse youth and families at all levels in building a system that is truly responsive to their needs, is accessible in their communities, and that does not continue the harmful practices that have led to disproportionality and inequities for historically oppressed and marginalized communities.

Oregon's system for children and families is in crisis, with long standing issues exacerbated by the COVID 19 pandemic. Fully embracing the System of Care approach offers hope for a future with an integrated system. Change can be difficult and uncomfortable, but the children's system will continue to crumble unless efforts around innovative practices, equity and improved access are embraced and acted upon. Now is the time to have the hard conversations, to address ineffective policies and practices, and explore ways to redirect existing funding. We must do this together, as efficiently and effectively as possible, to reimagine and revitalize a system that serves and supports families and provides opportunities for a brighter future for our young people.

APPENDICES

A. Council - Workplan (spreadsheet)

B. Council – Barrier Busting Process (flowchart)

C. Engaging Youth/Young Adults and Families - Desired outcomes expressed by youth/young adults and families

D. Engaging Families – Oregon Family Support Network (OFSN) focus group report on desired outcomes, *The Family Experience within Oregon's Systems of Care*

E. Engaging Families – Oregon Family Support Network (OFSN) thematic analysis, *The Family Experience within Oregon's Systems of Care*

F. Engaging Youth/Young Adults – Youth ERA "Think Tank" report

G. Glossary of Terms

APPENDIX A

SOC Pillar I. Youth and family are full partners in care at the individual, program and policy levels with strengths and needs of the child and family determining the types and mix of services and supports provided.

Objectives:

Ease of Service Use	Diverse Services Statewide	Planful Transitions
Services Match Needs	Natural and Community Supports	Youth and Family Feedback
Youth and Family Led System Change	Early Assessment of Needs	
Peer Support Services	Health Prevention and Promotion Services	

Quotes from Youth/Young Adults and Families: ***"I can't go to meetings. I'm exhausted. Besides, it's not about meetings, I need providers to listen to what I have to say."***

"If doctors would listen to my experience instead of acting like they lived it and invalidating it."

						State Plan Priorities				
Strategy	**Actions**	**Timeline**	**Responsible party(ies)**	**Measure of Progress**	**Data Source**	**OHA**	**ODHS/CW**	**ODDS**	**OYA - In review**	**ODE**
Policy & Funding										
YF/PF1: Center youth and family in all groups with power, leadership and voice, including governance, policy making, and other decision-making groups.	**YF/PF1.1** Establish leadership opportunities for youth and family members on the SOC AC and its committees, including co-chair positions and as appointed or voting members. Also establish timelines for implementation of leadership roles.	**Q1 2022:** Change meeting structure and review committee composition; **Q1 and Q2 2022**: establish positions/opportunities; **2023**: change voting composition (legislation)	**LEAD**: Council composition workgroup **Others:** SOC Advisory Council, SAS, youth and family leaders, youth and family advocacy and grassroots organizations across systems, Tribal communities	Process recommendations, positions and/or contracted entities and plans for associated funding; participation vs meaningful participation defined; identification and review of existing instruments; accountability standards and review process established regarding committee composition; change in composition of SOC AC updated in legislation; compensation and support for Y/F involvement; documented increase in youth and family engagement at all levels	SOC AC minutes, SAS minutes; leadership, position and/or job descriptions or contract statement of work	n/a		n/a		
	YF/PF1.2. Support the establishment of leadership opportunities for youth and family members in Local SOCs and their committees, provider organizations, decision making groups, etc., including co-chair positions and as appointed or voting members.	**By end of Q1 2022**: Determine existing youth and family leadership positions and opportunities in local SOC governance structures; **Q2 - Q4 2022**: identify and/or develop ways to encourage and support family and youth leadership opportunities and positions at the local SOC level	**LEAD**: SOC Coordinator group and TA provider **Others:** SOC AC, CCOs, regional SOC Exec group/councils, local youth and family leaders, Tribal leaders, and representatives of organizations across systems	Youth and family leadership positions included in funding requirements; new policy or process around developing/implementing Y/F leadership roles. Will need to develop specific monitoring process. Clear definition and examples of meaningful engagement, as well as identification or development and use of a tool for measuring meaningful engagement	Existing reports from CCOs and local SOCs around youth and family leadership efforts; need to define meaningful engagement and identify or develop a way to measure this					
	YF/PF1.3. Coordinate with advocacy and grassroots organizations to develop and implement leadership development opportunities and processes for youth and family leaders to support an increased number of youth and family leaders from diverse systems in SOC at all levels. Also implement training for others at the table to understand Y/F role at the table, value of their voice/experience, and engaging them meaningfully.	**By end of Q1 2022**: List of youth and family advocacy and grassroots organizations across systems and diversity; **by end of Q2 2022**: list of leadership training, mentoring, and other programs to develop youth and family leaders and providers/organizations offering leadership development	**LEAD**: SOC AC Executive Committee to develop a workgroup for cross system representation **Others:** SOC AC, SAS, youth and family advocacy and grassroots organizations across systems; FACT (Families and communities together)	Establishment of workgroup; list created that represents information on leadership training from all systems and both rural, frontier and urban areas; identification or development of training for stakeholders on Y/F role and value	SOC AC minutes, SAS minutes; job description or contract statement of work; existing training curricula					
YF/PF2: Develop a consistent structure or processes for listening to, hearing from and engagement with youth and families, including providing safe/brave places for sharing.	**YF/PF2.1.** Research what structures and processes are working now, existing groups across systems, and what youth and family would prefer in terms of an established structure and/or process, with emphasis on feedback loops and finding meaningful way for variety and depth.	**Q1 and Q2 2022**	**LEAD**: SOC AC **Others**: SAS, youth and family leaders, TA from youth and family advocacy and grassroots organizations, Tribal communities and NTTAC	Participation vs meaningful participation defined; look for existing instruments; accountability standards and review of data gathered, especially for diverse populations and how it is used to make changes; establish and implement process for gathering feedback from youth and families	SOC AC minutes, SAS minutes, reports from Local SOC Councils; job description or contract statement of work for TA					
	YF/PF2.2. Use information gathered to develop a potential structure/process *(such as youth and family advisory council, caucus, collaboration with peer groups, consistent schedule of listening sessions in SOC communities, etc.*) **at the state level** that provides space for youth and families for sharing of ideas, informing policies, and evaluating practices that will inform the operations of the system of care. Proposed structure or process(es) to be reviewed by young adult(s) and family member(s).	**Q3 2022: D**evelopment of structure(s) or process, funding/support for the process and establishing ongoing support for coordination of structure/process and TA	**LEAD**: SOC AC **Others**: youth and family advocacy and grassroots organization leaders; Tribal leaders; SAS	Possible structures documents and evaluation results.	TBD					
	YF/PF2.3. Implementation and evaluation of the chosen structure or process. The structure or process(es) should be led/chaired by young adult(s) and family member(s).	**Q1 2023**	**LEAD:** SOC AC **Others**: youth and family advocacy and grassroots organization leaders; Tribal leaders; SAS	Structure developed and funded	TBD					
	YF/PF 2.4. Establish a process within the SOC AC to ensure a feedback loop with youth and families that bring issues or recommendations to the SOC AC, including how these were addressed and any resulting changes to policy or procedure.	**Q2 2022 and ongoing**	**LEAD:** SOC AC chairs and Executive Committee	Documentation of process; tracking of recommendations/issues brought forth and resulting actions; documentation of follow up with youth/families	SOC AC minutes, tracking documentation (TBD)					
	YF/PF2.5. Support the development of similar youth and family structures and processes at the **local level** within the Local SOCs.	**Q3 2023**	**LEAD**: Executive Director, SOC AC **Others**: SAS, Tribal leaders, CCOs, regional SOC Exec groups	Structures developed and funded	TBD					
	YF/PF2.6. Obtain technical assistance on development and operations of - as well as effective recruitment and engagement strategies for - the youth and family structures at both the state and local levels.	**Q1 2022 and ongoing**	**Lead:** Executive Director, SOC AC	Plans and processes developed and implemented; increased number of Y/F engaged at all levels	TA contract and documentation of TA provided; resources identified/used; tracking documentation (TBD)					
Coordination										

YF/C1: Establish and implement processes to coordinate ongoing training across systems and communities in youth and family driven practices and in meaningful engagement strategies.	**YF/C1.1**. Develop and implement a plan for ***coordinating*** ongoing training across systems and communities in youth and family driven practices and in meaningful engagement strategies. Plan should include coordination process, repository for available trainings/resources, and adequate funding of training for the workforce.	**Q1 2022** - Workgroup developed and actively meeting; **Q3 2022** - list of trainings available or needed; **Q1 2023** - plan for coordination of trainings including calendar and/or menu of trainings available; **Q2 and ongoing**: implementation of trainings on a consistent basis	**LEAD:** OR Family Support Network and Youth Era to develop workgroup **Others**: youth and family advocacy and grassroots organizations, Tribal communities (identify existing trainings, resources, marketing strategies); SOC councils (marketing, coordination)	Listing of existing trainings available and list of trainings that need to be developed/offered; coordination plan, possible contract for coordinating entity; documentation of trainings provided including topic and numbers/types of participants; formal evaluation of youth and family voice to gauge change	Existing trainings; workgroup minutes; measurement TBD					
	YF/C1.2. Identify and implement a ***coordination mechanism*** for youth and family engagement within the SOC structure, including potential funded coordinator positions at the state and/or local level or contracted entity filled by youth and family members with lived experience.	**Q2 2022** - Development of coordination mechanism, funding and plan for implementation; **Q4 2022** - implementation of coordination mechanism	**LEAD:** Executive Director, SOC AC **Others: State level** - SAS, youth and family leaders, TA from national organizations, youth and family advocacy and grassroots organizations, Tribal leaders; **Local Level** - CCOs, regional SOC Exec groups/councils, Tribal Communities	Coordination mechanism defined; plan for implementation; reports on implementation and any changes to mechanism; increased engagement of youth and families in state and local SOC efforts	Workgroup minutes; funding source and associated documentation or reporting					

SOC Pillar II. Child and youth serving systems are integrated and collaborative with shared initiatives, funding, processes and policies that are youth and family driven, transparent and grounded in the SOC philosophy.

Objectives:	Diverse Access and Array of Services	Youth and Family Rights	Increase Diversity of Service Providers
	Services Match Needs	System Coordination	Effective and Responsive Services
	Prevention and Early Intervention	Service Entry Available to All	Shared Responsibility

Quotes from Youth/Young Adults and Families: ***"It's not even that systems are separate. It seems like every organization is in its own box."***

"Nobody wants access to DHS. Let's get capacity where it's needed instead of where the system creates a need."

							State Plan Priorities				
Strategy	**Actions**	**Timeline**	**Responsible Party(ies)**	**Measure of Progress**	**Data Source**		**OHA**	**ODHS/CW**	**ODDS**	**OYA - in review**	**ODE**
Coordination											
IS/C1: Identify and build a statewide structure to support system of care capacity and services.	**IS/C1.1.** Research SOC structures and outline elements that could work in Oregon, focusing on the core areas outlined below (funding, communication, coordination, collaboration between state agencies) and including cross system accountability structures (i.e., shared ownership of work, problems and solutions) and youth and family involvement at all levels.	**Q1 and Q2 2022** - fits with council re-design	**LEAD**: Executive Director, SOC AC **Others:** state Agencies, local SOC Councils and partners, youth and family leaders, Tribal leaders	Options for SOC structures reviewed; elements of SOC structure identified in each of the core areas (funding, communication, coordination and collaboration); documented agreement across systems of shared responsibility in structure; documented support of Governor's office and Legislature	Previous ODHS and other papers (prior to ODHS paper), national TA; Use information gathered through use of barriers flow chart to begin identifying where communication and coordination gaps exist systemically and across systems. custody relinquishment. Alternative staffing # (OYA/CJD)						
	IS/C1.2. All involved will ensure that strategies focusing on racial equity, social justice and cultural responsiveness, as well as those that impact disproportionality, are included in planning process.	**Q1 2022 and ongoing**	**LEAD**: Executive Director, SOC AC, Agency Directors and managers, Tribal community and service leaders	Evidence in all plans that racial equity, social justice and cultural responsiveness is addressed in both policy and practice	Documentation from SOC AC, state agencies						
	IS/C1.3. Draft option(s) for structure(s) and seek feedback from local SOCs, youth, families, Tribal communities and providers.	**Q3 2022 start** - consultation through **Q1 2023**	**LEAD**: Executive Director, SOC AC Executive Team	Feedback sessions / consultation complete	Feedback process						
	IS/C1.4. Develop a plan for implementing the preferred structure, including where to start, who needs to be involved, steps for establishing components of the structure, TA needed/to be provided, etc.	**Ready for 2023 or 2025 legislative concept**	**LEAD:** Executive Director, SOC AC Executive Team	Legislative concept developed; implementation plan; evaluation of implementation as it is rolled out	Meeting minutes; legislative concept paper						
IS/C1.1. core areas:	**Funding: Identify and implement more effective funding structures for Oregon's system of care.**										
	a. Research funding models for a more coherent and effective structure for OR, including where designated SOC dollars are coordinated and how funding streams can be blended, braided, redeployment, etc. Identify innovative strategies for cross system funding.	**Q1 2022 - Q1 2023** - fits with council re-design	**Lead**: Targeted workgroup and/or continued work of Grants/Finance committee **Others**: state agencies (esp. finance); local partners (incl. youth and families), CCOs, Tribal communities	Models developed; documented commitment across systems for coordination of funding and shared responsibilities	Previous SOCAC Paper, national TA						
	b. Identify what funding is working well and plan ways to expand or strengthen those effective funding strategies, with money following the child/family.	**Q1 2022 - Q1 2023** - fits with council re-design	**Lead**: Targeted workgroup and/or continued work of Grants/Finance committee **Others**: State agencies (esp. finance); local partners (incl. youth and families, youth and family workgroup from YF/C1), CCOs	Documentation of identified approaches/structures/programs that are working well; plans for expansion or funding	Previous SOCAC Paper, national TA						
	Communication: Develop a robust communication system across systems and providers.										
	a. Map/identify the web of interaction points, ensuring that it includes all partners at all levels, to identify where communication opportunities occur and how (meetings, newsletters, etc.).	**Q1 and Q2 2022**	**Lead**: Current SOC TA resources and OHA SOC coordinators. **Others:** Local SOCs and partners, youth and families involved in systems, Tribal communities	Documentation of the flow	TBD						
	b. Establish a 2 way flow of communication so that information can be shared as well as received, and ensure that it can occur through various methods, is accessible, and is linguistically responsive. This includes assigning/hiring/embedding specific individuals across systems as communication point persons (as main task of their position) and may include researching ways to develop a common record per child across systems.	**Q3 2022 - Q1 2023**	**Lead:** Current SOC TA resources and OHA SOC coordinators. **Others:** Local SOCs and systems, community partners, youth and families, Tribal communities	Regular interchange of information occurring; identified point persons in each system for communication across systems (as main part of their position)	TBD						
	c. Develop clear and transparent navigation and communication information for youth and families across systems, including CCOs and insurance information, that is accessible through varied modalities, language and formats.	**Q2 2023**	**Lead:** SAS Committee **Others**: targeted representatives from each system (including Tribal communities) involved in marketing/outreach; pull in youth and family workgroup (see YF/C1) group to gather initial from youth and families on effective communication modalities	Development of navigation materials (across modalities, including social media); outline of outreach plan; implementation schedule with responsible parties	Communication plans from state agencies and Tribal leadership						
	Coordination: Improve coordination across systems and providers at the state and local levels.										

	a. Establish a process to identify key decision points for multisystem involvement, especially during care transitions, if resources/funding is the issue, and esp. for Black and Brown families of historically marginalized communities, LGBTQ+, and Tribal communities. Include and engage diverse youth and families in developing, implementing and evaluating solutions, as well as local SOC leaders.	**Q4 2022**	**Lead**: **state level** - SOC AC to establish an implementation workgroup with specific individuals from child serving systems that are familiar with barriers/barrier busting. **Local level:** SOC Executive Councils and Advisories, Tribal leaders	Measurement of: Access to care via population served, penetration rates for Medicaid, access to more community based services; Point of access, specifically that youth and families are not using OYA to access service: access for multiple languages including American Sign Language; attendance logs. shared evaluations or universal assessment or agree to use another system's assessment. Final progress when teams don't have to meet.	Need to establish measures of success in transitions; ConnectOR, Identity (tracks foster youth med records); need to re-examine the resources developed previously around barriers - update, share and implement					
	b. Develop and implement analysis for these points. Suggested approach: *State level* – examine 50 multi-system involved youth – cost out their services – process flow - review outcomes and interruption points that were missed and lessons learned, and where there are patterns, especially involving race and ethnicity. *Local level* – review 5-10 multi-system involved youth using same process and ***in coordination with efforts in CR/CRE 1***	**Q1 2023 and ongoing**	**Lead**: **State level** - SOC AC to establish an implementation workgroup with specific individuals from child serving systems that are familiar with barriers/barrier busting. **Local level:** SOC Executive Councils and Advisories, Tribal leaders	Documentation of analysis and results; notes from discussions around possible solutions	ConnectOR, Identity, meeting notes, analysis documents					
	c. Implement identified solutions with the ability to intervene / offer greater options to keep youth at home, in school and in their community and improve coordination across systems and providers, as well as evaluate efficacy of these on consistent basis for ongoing improvement.	**Q1 2023 and ongoing**	**Lead**: **state level** - SOC AC to establish an implementation workgroup with specific individuals from child serving systems that are familiar with barriers/barrier busting. **Local level:** SOC Executive Councils and Advisories, Tribal leaders	Documentation of greater coordination - joint memos and contracts / cross agency budget request / statutory language, evaluation of implementation and changes made based on results	ConnectOR, Identity					
	State level collaboration: Develop a process to increase collaboration across state agencies in strategic planning, joint funding and joint policy legislation packages.									
	a. State agencies will share existing strategic plans, cross walking them to identify and address areas of contradiction, as well as identify opportunities to collaborate on and support shared goals. State agencies will continue collaboration by establishing a process for inclusion of agency representatives, youth and families, and local SOC leaders for feedback in strategic planning processes.	**Q2 2022**	**LEAD**: Executive Director/SOCAC with Agency Directors and managers **Others:** Agency representatives, youth and families, local SOC leaders, Tribal leaders	Cross walks developed; commitment to inter-agency involvement in plan development for child serving agencies engagement tracked by attendance, minutes from meetings, Memorandums of Understandings, draft and final plans.	Use crosswalks in progress or existence across systems now (Tri-county information, CFBH policy vision work)					
	b. State agencies will seek opportunities for, develop and implement joint funding to increase collaborative efforts in serving and supporting youth and families across systems. Collaborations will be informed by local SOC implementation and include local SOC leaders.(***in coordination with CB/PF1.4.***)	**Q2 2022 and ongoing**	**LEAD:** Executive Director/SOCAC with Agency Directors and managers **Others:** Agency representatives, youth and families, local SOC leaders, Tribal leaders	Commitment to inter-agency collaboration for joint funding across child serving agencies engagement tracked by minutes from meetings, Memorandums of Understandings, draft and final plans documenting joint funding and collaborations.	TBD					
	c. State agencies will develop joint policy legislation packages to further establish, strengthen and enhance systems of care for youth and families.	**Q2 2022 and ongoing**	**LEAD**: Executive Director/SOCAC with Agency Directors and managers **Others:** Tribal leaders	Commitment to inter-agency involvement and support for policy legislation across child serving tracked by attendance, minutes from meetings, Memorandums of Understandings, draft and final policy recommendations and requests.	TBD					

SOC Pillar III. Systems and services are culturally responsive with services that are developmentally, culturally and linguistically appropriate, reflecting the historical trauma and marginalization of the population served and their cultural, traditional, ethnic, and linguistic variations.

Objectives: *Responsive and Informed Services* | *Youth and Family Led Equitable Change* | *Diverse Service Providers Trained and Retained* | *Diverse Service Providers Statewide* | *Youth and Family Informed Data*

Quotes from Youth/Young Adults and Families: ***"I'm fine with not getting services if they're not there…I'm not fine with not being included."***

"If I were able to be treated in a good manner and not like I was a toddler."

						State Plan Priorities				
Strategy	**Actions**	**Timeline**	**Responsible Party(ies)**	**Measure of Progress**	**Data Source**	**OHA**	**ODHS/ CW**	**ODDS**	**OYA - in review**	**ODE**
Cultural Responsiveness and Equity										
CR/CRE1: The system of care will center equity in all efforts to improve access and service delivery across systems.	**CR/CRE1.1.** Review what is currently being tracked across systems. Analyze the existing data around inequities, disparities, and disproportionality across systems to identify how and/or why these exist. This includes policies and practices regarding access and service delivery.	**Q2 and Q3 2022**	**LEAD**: State agencies with centralized reporting to the DEIFY Committee and the SOCAC; Data subcommittee and assigned data person **Others**: Tribal leaders, communities and providers	Key disproportionality measures established for each agency and the overall system. Description of how it's operationalized, Policies in place and/or DEI statement and policy	SOC Data dashboard for services provided; regional SOC data; juvenile justice has an existing measure (relative rate index - RRI) for whole system and each county; ODH data; ODHS should be able to provide this data for CW, ODDS and SSP; need data source/collection method for LGBTQ+ population - are there other states that have reporting to look at and possibly use? Perhaps start with county based data to capture culture of counties/cultures					
	CR/CRE1.2. Use the information from the analysis to develop recommendations and/or solutions to reduce inequity, disparities and disproportionality.	**Q4 2022**	**LEAD**: DEIFY Committee and SOC AC, Tribal leaders	Recommendations issued, documentation of changes made as a result of recommendations; adequate data collection recommendations	DEIFY committee and SOC AC meeting minutes; documentation of recommendations; new policies or processes established					
	CR/CRE1.3. Implement and evaluate recommendations and/or solutions to reduce inequity, disparities and disproportionality.	**Q1 2023**	**LEAD**: State agencies, local SOC, Tribal leaders	Documentation of policy, process or practice changes implemented; evaluation process and results, including changes made as a result of evaluation	TBD					
	CR/CRE1.4. Local systems of care will *review, update or develop* practices that honor the expressed identities including preferred pronouns, gender identity, experiences, and culture of youth and family at all levels.	**Q1 2022**	**LEAD**: Local SOC Councils **Others**: SOC Coordinators, SOC AC, Tribal Leaders, SOC TA provider(s)	There are policies and procedures documented for every council and in their charters. Every council/comm member identifies their pronoun in meetings. Meeting times are regularly reviewed to allow youth and family participation, regular surveys established for each SOC; equity framework; defining and measuring level of engagement	Meeting notes/minutes; copies of charters, policies or processes; documentation of equity framework used; engagement measurement tool needed					
	CR/CRE1.5. Local systems of care will *implement* practices that honor the expressed identities including preferred pronouns, gender identity, experiences, and culture of youth and family at all levels.	**Q2 2022**	**LEAD**: Local SOCs and partner organizations, Tribal leaders and providers	Documentation of policy, process or practice changes and feedback on changes made	Policies, processes or practices documented by local SOCs; meeting minutes; feedback surveys or other feedback documentation					
	CR/CRE1.6. Technical assistance will be provided to support the development and implementation of recommendations and/or solutions.	**Q1 - Q4 2022**	**LEAD**: Current System of Care technical assistance resources and System of Care coordinators	TA summary reports, documented changes as a result of TA	TBD					
	CR/CRE1.7. Diverse youth and families to be included in the development, implementation and evaluation of all efforts.	**Q2 2022 and ongoing**	**LEAD**: SOC AC and local structures, Tribal communities	Documented feedback and engagement; increased diversity of youth and family engaged at all levels	Attendance, minutes from meetings, other data sources TBD					
CR/CRE2: The SOC Advisory Council will center equity within the SOC governance structures	**CR/CRE2.1**. Identify inequity within the operation and processes of the SOC AC, and adjust SOC AC protocols, composition, voting membership, etc. to ensure inclusion, fairness, and equity in all operations. Suggested use of consultant to facilitate transparency in the process.	**Q1 -Q3 2022:** completed review; **Q4 2022:** legislation changes to composition ready for 2023 session - fits with Council redesign	**LEAD**: SOC AC Chair/CoChair and Executive Committee, potential consultant **Others**: SOC AC composition committee, DEIFY Committee, youth and family leaders, Tribal leaders	Report on inequities, recommendations for changes issued; equity framework; policies in place; defining and measuring level of engagement of youth/families; consultant report including suggestions for changes, implementation strategies, and ongoing evaluation	Definition of meaningful engagement and measurement tool needed	n/a				
	CR/CRE2.2. The state SOC Advisory Council will ensure that there are practices that honor the expressed identities (preferred pronouns, gender identity), experiences, and culture of youth and family representatives on the SOC AC and its committees.	**Q1 2022 and ongoing**	**LEAD**: SOC AC Chair/CoChair and Executive Committee, DEIFY Committee **Others**: SOC AC; TA provider(s); youth and family leaders, Tribal leaders	Every council/comm member identifies their pronoun in meetings; development and use of tracking process for recommendations and issues raised by youth and family in SOC AC; documented recommendations from committees; TA provided; changes made as a result of recommendations and/or TA	SOC AC policy or written process; meeting notes	n/a				
CR/CRE3: Increase culturally and linguistically responsive services and supports across systems.	**CR/CRE3.1**.Establish a process with advocacy and grass roots organizations to identify the services and supports most needed and valued by youth and families.	**Q3 2022 - Q1 2023**	**LEAD**: Executive Director, OR Family Support Network and Youth Era (need targeted funding)	Funding identified to complete the task and contracts. List of advocacy and grass roots agencies completed. Assessment complete for services and supports that families and youth need and value.	OR Family Support Network, Youth Era					
	CR/CRE3.2. Identify examples of existing services, supports and approaches in the state that are culturally and linguistically specific and responsive or innovative (including "non-traditional") and that youth and families report as effective.	**Q3 2022 - Q1 2023**	**LEAD**: OR Family Support Network and Youth Era (need targeted funding) **Others:** advocacy and grassroots organizations across systems, diverse youth and families esp. from historically marginalized communities, LGBTQ+ and Tribal communities	Funding identified to complete the task and contracts. List complete of culturally specific and responsive or innovative (including "non-traditional")	OR Family Support Network, Youth Era					

	CR/CRE3.3. Use the information gathered to develop recommendations/plan at the state and local levels to increase availability of and access to culturally and linguistically specific and innovative (including non-traditional) services and supports valued by youth and families. Plan should include prioritized areas to start in, who needs to be involved, and identified rules, funding, etc. that will be needed.	**Q1 2023**	LEAD: Executive Director, SAS Committee Others: agencies, SOC councils, youth/family leaders, Tribal representatives	Recommendation and plan issued	Y/F report re. behavioral health from mental health block grant; info from HIRC					
	CR/CRE3.4. Provide technical assistance to providers, organizations and systems on the provision of culturally and linguistically responsive services, supports and approaches.	**Q1 2022**	**LEAD**: Current SOC TA resources and OHA SOC coordinators. **Others**: Agencies; SOC Learning Collaborative	Count and type of TA requested and completed, outcomes of TA						
	CR/CRE3.5. Establish a feedback mechanism to evaluate improvements and gather input, experiences and suggestions of youth and families using services and supports.	**Q1 2023**	**LEAD**: Each agency **Other**: ***use feedback mechanisms developed in YF/PF2***	Documentation of feedback process to be used; results of feedback process; documentation of how feedback used and changes made as a result						
	CR/CRE3.6. Identify and implement ways to build connections with Tribal communities to increase understanding, communication and collaboration between systems.	**Q1 2022 and ongoing**	**LEAD**: Executive Director; state level Tribal liaisons; **Local:** SOC AC Executive committees with Tribal liaisons	Regular meetings established or agenda items created to show connection and engagement						
	CR/CRE3.7. Work with the Tribes to establish an SOC plan for the Tribes or ensure their voice and needs are included in revisions to this plan	**Q2 2022 and ongoing**	**LEAD**: Executive Director; state level Tribal liaisons; **Local:** SOC AC Executive committees with Tribal liaisons	Tribal plan developed, with recommendations for culturally appropriate strategies						
	CR/CRE3.8. Create a Provider Affinity Group for Black and Brown families of historically marginalized communities, including THWs.	**Q2 2023**	**LEAD**: OHA, THW Commission, OR Community Health workers Assoc. (ORCHWA)	Number of groups held, composition, outcomes of group work						
CR/CRE4: Engagement efforts will focus on inclusion and respect of diverse youth and families, representative of the communities in which services and supports are provided.	**CR/CRE4.1**. Technical assistance and training will be identified and offered for local SOCs to support engagement, collaboration and power sharing with youth and families in culturally and linguistically responsive ways and matching the cultural composition of the areas served.	**Q1 2022**	**LEAD**: Current SOC TA resources and OHA SOC coordinators. **Others**: Youth and families, advocacy and grassroots organizations	Count of TA requested and completed; documentation of changes made as a result of TA; documentation of improvement as reported by youth and families as well as SOC representatives							
	CR/CRE4.2. Specific engagement strategies and an implementation plan will be developed with and for historically marginalized communities, including Black, Brown, LGBTQ+, Tribal and other communities.	**Q2 2022 start and ongoing**	**LEAD**: Current SOC TA resources and OHA SOC coordinators - a committee focused on this will be formed with reps from all systems. **Others**: Tribes, youth and families from historically marginalized communities	Engagement strategies documented; implementation plan; documentation of an increase in participation and at what levels; documentation of types of engagement	Engagement data source (shared by SOC Coordinator)					
	CR/CRE4.3. Establish a funding mechanism for implementation and use of inclusion and engagement strategies for diverse and historically marginalized youth and families.	**Q1 2023**	**LEAD**: Funding workgroup ***(est. in IS/C1, core area-Funding)*** **Others:** Tribes, youth and families from historically marginalized communities, culturally and linguistically specific providers and organizations	Funding mechanisms/strategies identified; implementation plan; implementation reports and evaluation; youth and family feedback and actions taken as a result of feedback	TBD					
	CR/CRE4.4. Build engagement efforts into reporting, tracking and evaluation requirements for funding.	**Q1 2022 start and as funding cycles occur**	**LEAD**: Executive Director, contract managers **Others**: Agencies and providers across systems	Identified as a standard contract clause, including strategies, processes, evaluation and changes made based on evaluation/feedback	Contract reporting					

SOC Pillar IV. Services and supports are community-based so that appropriate care options are accessible, flexible and available at home or close by.

Objectives: *Full Array Locally* | *Local Design* | *Equity in Local Communities*
Connection to Community | *Local Cross-System Approaches* | *Local Champions*
Local Accountability | *Early Local Response* | *Coordinated Local Supports*

Quotes from Youth/Young Adults and Families: ***"I don't know what's available after this. Will he just be dropped or is there something else? We're in the dark. I don't know what the system has and I'm not sure it knows either. It's like it's top secret."***

"They keep trying to reinforce a system that doesn't work for us."

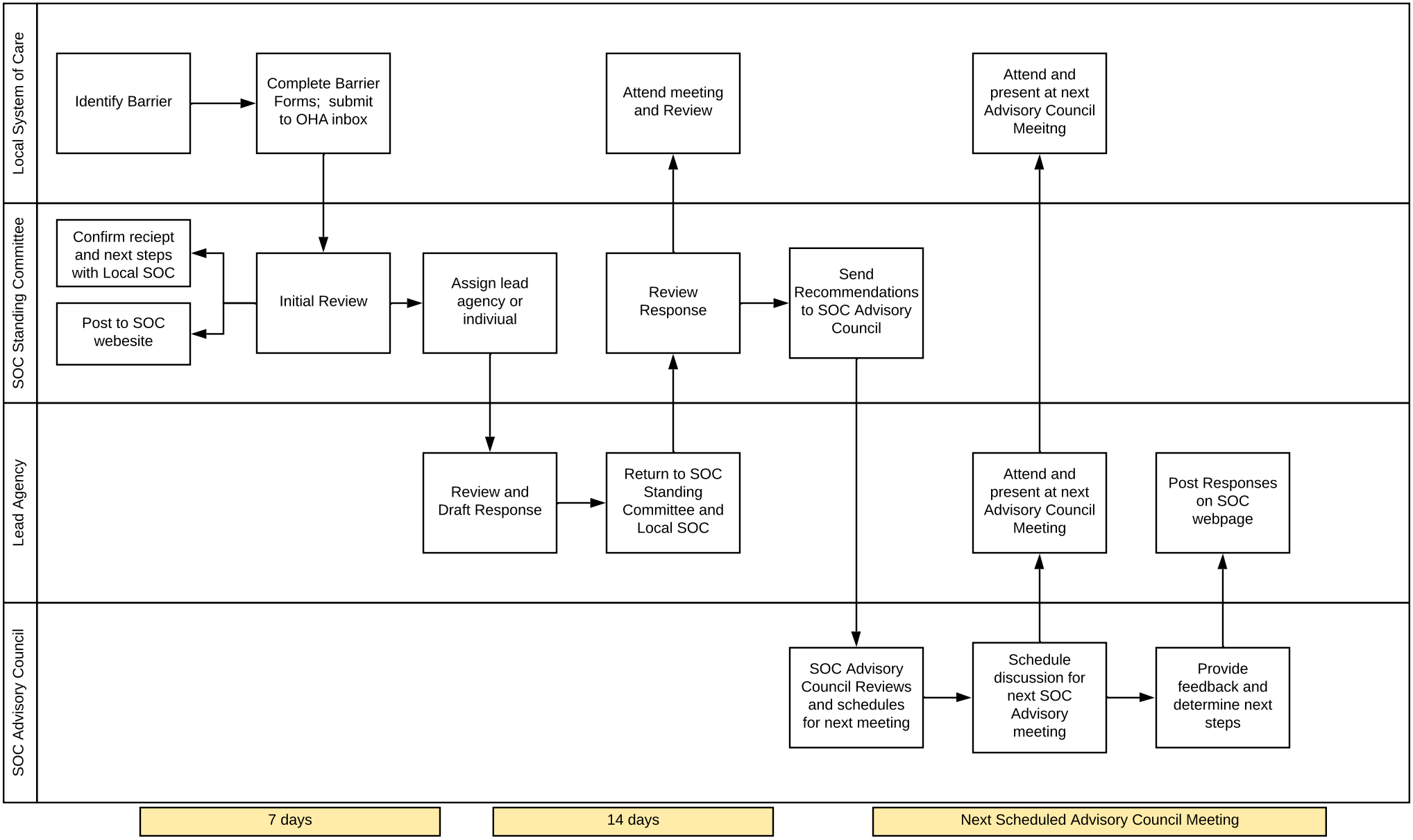
"A case worker who can help coordinate care/access care. Listen to what my needs are."

						State Plan Priorities				
Strategy	**Actions**	**Timeline**	**Responsible Party(ies)**	**Measure of Progress**	**Data Source**	**OHA**	**ODHS/ CW**	**ODDS**	**OYA - in review**	**ODE**
Coordination										
CB/C1: Identify process for "no wrong door" to services for youth and families.	**CB/C1.1.** Explore if there are any national models where a "front door"/"no wrong door" process has been established (statewide and at local level). Ensure that the chosen or developed infrastructure includes youth and family liaisons/peers/ navigators as part of the access process within and across systems. Youth and families should be included in all discussion, development and implementation.	**Q2 2022** - link to MRSS timeline	**LEAD**: Executive Director/Chair/CoChair of SOC AC **Others**: SOC Advisory Council, Local SOC coordinators, councils and agency leads (all systems), commercial insurance, Tribal leaders; ***link with efforts in IS/C1 (SOC structure)***	Tangible documents - examples of models; implementation of 988 and MRSS or school based as possible front door; should see a reduction in entry to CW, OYA and EDs and increase in connections from initial entry; increased access to/less waiting for peer delivered services	Cross collaboration project (Clackamas Co.) as local model for no wrong door; other state models and published models (Stroul & Friedman for example)					
	CB/C1.2. Review mapping that has been done in early childhood systems (and other system mapping) with a lens toward early identification and intervention as access point for youth and families.	**Q3 2022**	**LEAD**: State Agency Standing Committee as collection point **Others**: ODE/Grace will look into what has been done in education. OHA staff designated by SOC that will look at early learning/ODE/etc. to pull info together. Tribal systems - any mapping completed/in process	Document available reviewing all mapping efforts/cross walking and proposing next steps	Current mapping projects in systems; All: Ready mapping					
	CB/1.3. Draft option(s) for structure(s) and seek feedback from local SOCs, youth, families, and providers.	**Q3 2022 start - consultation through Q1 2023**	**LEAD**: Executive Director /agencies, ***use feedback mechanisms developed in YF/PF2 and link with efforts in IS/C1 (SOC structure)*** **Others:** SOC AC, local SOC councils **Others in review/feedback process**: local councils, youth/families, BH Councils, AOCMHP, OCDD, OJDDA, OR Alliance, COSA, School Counselor Assoc., law enforcement (local, juvenile justice advisory councils), Youth Development Council, CACs (through CCOs); Children's Council; Tribal communities; ***use youth/family feedback structure established in YF/PF2***	Structure options documented; Feedback sessions / consultation complete	Use youth/family feedback structure established in YF/PF1					
	CB/1.4. Develop a plan for implementing the preferred structure, including where to start, who needs to be involved, steps for establishing components of the structure, etc.	**ready for 2023 or 2025 Policy Option Package**	**LEAD**: Executive Director with system and Tribal leads	POP developed - joint POP across systems? Or developed per system? Has clear cross system input and application						
	CB/1.5. Develop and implement an outreach/community education plan to ensure youth, families and stakeholders are informed of the process for accessing services and supports across systems; include youth and family advocacy and grassroots organizations and Tribal communities in planning and implementation.	**2023 or 2025 Policy Option Package** - part of POP planning and development	**LEAD:** Executive Director and OHA for MRSS services. **Others**: ODE/School Districts, local SOC, Tribal leads, youth and family advocacy and grassroots organizations	Outreach plan developed and implemented. Tracking happening on effectiveness of outreach.						
Policy and Funding										
CB/PF1: Identify barriers and create solutions in access, including eligibility, intake and referral processes at the local level	**CB/PF1.1**. At the local level, map/identify funding, eligibility and access points for services in current service array and to services that are meaningful to families and youth to identify where processes are working well or can/should be streamlined. Incorporate lived experience at all levels in this process.	**Q1 -Q2 2022** - develop process for mapping; **Q3-Q4 2022** - barriers and areas to streamline identified, and easily resolved barriers addressed	**LEAD:** possible contracted entity for mapping **Others:** Local SOCs, youth/families, other providers, CCOs, county and local systems, commercial payors, Tribal communities and state agencies as applicable; ***use of youth/family feedback structure established in YF/PF2***	Defining benchmarks; completed mapping of funds and matched to access barriers	Timely assessments for eligibility and captured on dashboard; CCO data; have families track from point of entry to conclusion of services (by their definition) to identify barriers and identify why they left services/could not access; Clackamas County ODHS data presentation (2021)	n/a				
	CB/PF1.2. Determine barriers to existing services based on protocols, reporting requirements, OARs, Medicaid waiver, etc. Incorporate lived experience at all levels in this process.	**Q2-Q4 2022**	**LEAD**: SOC SAS Committee, Tribal system representatives	Prioritized list of barriers developed, along with potential solutions; documentation of Y/F involved in process	Quarterly barrier reports from Local SOCs and discussion with local SOCs; CACs (thru CCOs) needs assessment data					
	CB/PF1.3. Implement solutions to resolve these barriers to access. Focus on preventative services and strategies rather than reactive ones. Incorporate lived experience at all levels in this process.	**Q1 2023 and ongoing**	**LEAD**: SOC SAS Committee, agencies. **Local** : Agency groups, early childhood services, youth development councils, Tribal providers, ***use of youth/family feedback structure established in YF/PF2***	Number of barriers removed or processes streamlined to increase ease of access. Increase in youth and family satisfaction surveys.	Satisfaction surveys. Minutes. Quarterly barrier reports submitted to OHA. ***Feedback from youth/family structure established in YF/PF2.***					

	CB/PF1.4. Establish a consistent process with Local SOCs to inform the SOC AC of state level policies, mandates, etc. that create local barriers to access and methods to work collaboratively to resolve them as they are identified. (***include as part of development of structure in IS/C1***)	**Q1 2022 and ongoing**	**LEAD:** Executive Director, SOC coordinators; **Others**: Local SOCs, SOC Advisory Council, Tribal leaders, ***use of youth/family feedback structure established in YF/PF2***	Quarterly meetings of Agencies with local SOC, evidenced by minutes	Quarterly barrier reports from Local SOCs.	n/a				

APPENDIX B

System of Care Barrier Review Process
State Agency Standing Committee
DRAFT 4/25/2021



APPENDIX C

Youth/Young Adults and Family Desired Outcomes in OR System of Care

I. Youth and Family are full partners in care at the individual, program and policy levels with strengths and needs of the child and family determining the types and mix of services and supports.

- Youth and families have access to peer supports across systems and at all levels of care (from early intervention to intensive treatment)
- Youth and family perspectives are invested in and supported financially, and youth and family are supported to be meaningfully engaged in the identification, development, implementation, evaluation, and funding of services and supports in a variety of ways and at all levels (individual, program, and policy)
- Services and supports match the need expressed by the youth and family and provided at the time and in the way that the youth and family need them
- Systems work together to meet the services and supports requested by the youth and family so that the family is not the messenger between services, that transitions between providers or systems is seamless, and youth and family choice and culture is respected
- Services and supports are trauma proficient, gender affirming, socially conscious and culturally responsive. Culturally competency is required when a family requests this service.
- Black and brown voices are heard, respected, and responded to. My suggestion: Historically marginalized communities demand respect, and appropriate responses to their requests.
- Identifying and accessing services is easily understood and navigated by youth and families with the ability to enter services from any door, connections between systems and barriers and system issues resolved in an appropriate amount of time.
- Youth have a consistent voice in their care, and services are matched to the youth rather than the youth fitting into the service.
- Youth and family coordinators are hired to facilitate intentional and ongoing engagement with youth and families.
- Black and Brown families of historically marginalized communities, LGBTQ+ youth and parents, and Tribal youth and families are represented in leadership at the community and state levels.

II. Child and youth serving systems are integrated and collaborative with shared initiatives, funding, processes, and policies that are youth and family driven, transparent and grounded in the SOC philosophy.

- Needed services and supports would be available and provided when needed and are based on individual needs and not solely on diagnosis or the system first entered by the youth/family.
- There would be alternative funding strategies or collaboration across systems to cover costs for needed services and supports. Youth and families would have

access to these services and supports regardless of financial means or insurance, and they can request comprehensive services from the primary system they are involved in.

- Systems and providers hold each other accountable and follow the system of care philosophy in policy, practice, and funding.
- There is adequate step down from all levels of care that can be accessed when needed.
- Families and youth are accepted, honored, and seen as whole and capable individuals. Policies and procedures should be used to support youth and families being successful, not to exclude from services or systems.
- Services and supports are be staffed with trained, capable person who recognize and respect the strengths, benefits, and humanity in the youth and families being served.
- Services and supports are coordinated and overlap based on individual youth and family situation or need and during transitions, and peer supports can move across systems with the youth and family.
- Barriers to services and supports, including geographic and cultural barriers, are addressed in a timely and coordinated way. There is a rapid response to a youth or family's need for a change in care.
- Systems develop rules and policy with full understanding and in consultation with youth, families, and local communities to address the impact those decisions will have.

III. Services and supports are culturally responsive with services that are developmentally, culturally, and linguistically appropriate, reflecting the cultural, traditional, ethnic, and linguistic differences as well as the historical trauma and marginalization of the population served.

- Funders insure culturally specific providers that serve historically marginalized communities have access to stable funding.
- A strong and well compensated workforce and access to representative workforce development and support (supervision, consultation, training, etc.).
- The representative workforce is built up through the community, invested in through training and support, and encompasses a wide network of peer support resources to meet the needs of youth and families.
- Providers have the resources needed to ensure healthy, inclusive, and safe work environments.
- Services and supports are provided by those that reflect the community being served.
- Providers offer gender affirming, trauma informed and culturally appropriate services and supports.
- Services and supports specific to Black and Brown community members, LGBTQ+ youth and parents, and Tribal youth and families are available and accessible

- Mental health stigma is decreased and addressed, and youth are not labeled due to system involvement and engaged without fear of being labeled
- Acknowledgement and movement away from oppressive paradigms across systems and services
- There is intentional trust building with adults, as well as increased understanding of youth lived experiences
- Youth, families, and tribal leaders within reservations are intentionally engaged at all levels
- Land Acknowledgements are a part of every local and state committee, council, advisory group, etc.
- Community education is provided on historical trauma

IV. Services and supports are community based so that appropriate care options are accessible, flexible, and available at home or close by.

- Services and supports are available in a youth and family's community, coordinated locally and overlap based on individual youth and family situation or need and during transitions
- Peer supports are available and accessible across systems regardless of insurance
- Youth and families have access to a wide array of services and the ability to access services through the system they first enter
- Services match the individual need of the youth and family, and barrier to access are addressed in a timely manner
- Services and support are available locally and providers reflect the community in which they serve.

APPENDIX D

The Family Experience within Oregon's Systems of Care

OREGON FAMILY SUPPORT NETWORK – JULY 2021

Family Defined Outcomes

I. Youth and family are full partners in care, with strengths and needs of child and family determining types and mix of services and supports	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
Ease of Service Use	• System is based on transparency and trust • Sustainability is built into the system (e.g., parents will not fear that services will be withdrawn because of funding) • No one has to feel apologetic about asking for or receiving help • No wrong door! • There is a dashboard to easily direct families to information, services, and access to durable supplies • Care coordination begins at entry to any service • Intake and evaluation are centralized • The System is customer-service focused • Funding strategies are co-created with families (money follows need) • Transportation is available to families who need it (including "round-trip" transportation to respite or other extended stay services when child is not in the car) • Intake forms are straightforward user friendly • Intake is a relationship-building process and not a judging one • Plan of care includes and incorporates child's medical history, allergies, dietary needs, etc. • There is access to a mobile response service (which responds based on family-defined need)
Services Match Needs	• The system takes a holistic approach to care and services that incorporates the wellbeing of the entire family • Families define crisis • Services are available according to need • Trained staff are available to fill in-home services (e.g., DSPs, nursing staff, PSWs) • Families have choice • Systems asks for, listens to, and includes family reports of lived experience

Youth & Family Led System Change	• Families and youth are not tolerated, we are invited, welcomed, and included • Policies, OARs, etc. support REAL trauma informed practice • System has a process for addressing at-risk youth who refuse services
Peer Support Services	• Peer support follows youth and family across systems • Clear communication about peer support, what it is and how to access it at system entry • Peer support is available across the service array • Information about peer support – what it is, what it is not, and how to access services – is widely available (within the community, at schools, at pediatric offices, etc.) • Peer support is attached to ALL crisis services (ED visits, 911, police involvement)
Diverse Services Statewide	
Natural & Community Supports	• Community organizations (e.g., faith groups, non-profits, etc.) are engaged as system partners with access to information about the availability of services • There are multiple options for respite
Early Assessment of Needs	• Eligibility protocols will not be a barrier to service access • There is a single, comprehensive intake process accessible across systems • "Needs" are defined by, and inclusive of, the entire family • What a family needs is self-identified, not prescribed • Families who receive complex or catastrophic diagnoses are offered immediate access to information and support to understand the implications of the diagnosis in the near and longer term • Families are provided with information and support to counter self-stigma
Health Prevention & Promotion Services	• There is funding for, and equitable access to, robust prevention programs (early childhood through young adult) • There is an ongoing public information campaign to combat stigma • There is access to information from pediatric providers, early childhood programs, preschools, and schools • Information, social marketing campaigns are offered so that children and their families are not stigmatized by their children's diagnoses • The system supports, and facilitates self-care for parents including in-home respite (e.g., information, respite opportunities) • Mandatory reporters inform families when they will be filing a DHS report for a problem which there is no imminent risk of harm to a child
Planful Transitions	• Intake and eligibility protocols are streamlined with the opportunity to amend or add information

	• "Gatekeepers" will not be a barrier • There is accurate and planful communication between agencies and providers at transition with transfer of all information • There is a transfer of documentation (e.g., medication, med management) • There is no transfer without the next step(s) identified and secured
Youth & Family Feedback	• Funding is tied to family satisfaction surveys! • There is accountability for the treatment plan • There is an independent body for review of complaints • The system recognizes and considers that youth- and family-level outcomes may be different • Zero tolerance of abusive practices to either parents or children

II. The System of Care is integrated	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
Diverse Access & Array of Services	• Services meet needs at all levels (basic to complex) • Intake and evaluation process are streamlined with information accessible across systems • Services meet needs of children with dual diagnoses and those who are medically complex • Providers are trained, skilled, and experienced at a level commensurate with the child's level of need/complexity • Services and supports consider the needs of the entire family • Parity in services (medications, supplies, durable goods) between public and private insurance carriers • Education for parents when their children are diagnosed
Services Match Needs	• Providers are trauma proficient • Providers have supervision from others with recognized specific "expertise," where expertise is not simply a longer time in practice • Services available when they are needed (Impact: if not available, it doesn't exist) • System capacity/service capacity is defined • In-home services across the array • Children are considered within the context of their family and family culture and traditions • Caregivers who identify as having special needs (e.g., mental health needs, I/DD needs) receive additional support in caring for their children

II. The System of Care is integrated	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
	• The system is not shaming • Services are available based on strengths and identified need of children and youth and not the skills, ability, preferences, or judgment of a case manager • There are specialty trained providers
Prevention & Early Intervention	• The system is not a source of trauma! • Information is provided upstream (e.g., community-level, early childhood programs, private and public pre-schools, school) regarding child development, behaviors that may signal the need for more evaluation • Families have good information about early intervention, including early childhood programs, early childhood special education, early childhood mental health services, Early Head Start, Head Start, as well as other health/wellness promotion models of care (e.g., PCIT, Children's Relief Nurseries, therapeutic childcare, or early learning programs) • Services are available without being in crisis • Programs are implemented which focus on social/emotional development skills which may have been lost to isolation during COVID
Youth & Family Rights	• Families are engaged in decision making around who will be "at the table" with and for them • There is financial support and access to OHP for children in (non-DHS) kinship care • Families have access to fair and impartial mediation services not associated with any agency • Parents may be paid caregivers for their children and offered opportunities for training and skill-building • Children are not discharged from any level of service unless the next level has been secured, with providers identified and intake processed • Children under psychiatric care are not discharged from service until another provider (who is able to prescribe psychiatric meds) has been identified and intake processed • For children and youth in foster care and those involved with OYA, the history follows the child • There is full transparency (e.g., families know how all information will be treated, accessed, and utilized) • Agencies and organizations are accountable for system-induced trauma/mal-treatment of parents • There is a special legislative session focusing on the needs of children

II. The System of Care is integrated	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
	• Families do not have to deplete financial assets to gain access to care, services, or equipment (e.g., for medically complex children)
System Coordination	• Families are informed of the service array and information is readily available on how to access services across the array • Funding follows the child from entry to exit – across age-appropriate services and systems • There is a universal EMR with cross-system access • There is communication between public and private systems • There is a service crosswalk between systems • Family input is included when DHS-involved children and youth are being transferred (e.g., to other homes or residential treatment)
Service Entry Available to All	• No wrong door • Services available when they are needed • Care is insurance blind with mental health parity and equitable access to service and supports in public and private systems • Care is never denied based on too much or too little insurance
Increase Diversity of Service Providers	• Families have choice when seeking providers, and providers have comparable coverage of services and supports so that the choices they make are based on quality of service versus one provider covering what they need and another not
Effective & Responsive Services	• Services are needs-based and insurance blind • No service is based on family income and families do not have to deplete assets to receive services • Families define crisis and have access to services that meet their need for urgent support • There are no service monopolies • There are standards regarding (an acceptable) lag-time between requesting and receiving services • The same services and supports are available across systems
Shared Responsibility	• Parents are included in all aspects of care and treatment (e.g., treatment planning, goal setting) • Schools are proactively involved in service planning, 504 and IEP evaluation • Pediatric providers have information and knowledge about services and support resources

III. Culturally responsive, where services are developmentally, culturally, and linguistically appropriate, reflecting the cultural, racial, ethnic, and linguistic differences of the population served	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
Responsive & Informed Services	• The system understands that culture is more than a common language • Families define culture • Families define need • Cultural norms and traditions are respected and requested services are available in preferred language and community providers the family feels connected to • Care and services are offered with cultural humility • System does not require that families remain in poverty in order to access services • There is access to community activities (e.g., camp) for children with special (medical and emotional) needs • Intake is a process of relationship building • Families receive support with forms, intake, and eligibility • There is access to services and supports (e.g., therapy) for non-traditional communicators
Diverse Service Providers Statewide	• Providers reflect the multiple intersecting identities of the service population
Diverse Service Providers Trained & Retained	• The system supports the cultural needs of providers (e.g., in training and supervision) • Providers reflect the multiple intersecting identities of the service population
Youth & Family Led Equitable Change	• State affirmatively reaches out to meaningfully support families and youth who are overrepresented in systems (e.g., juvenile justice)
Youth & Family Informed Data	• Families have access to information in multiple formats, with language interpretation where needed (e.g., through contact with community supports, on-line (information/service dashboard), through social media)

IV. Community based, so that appropriate care options are available at home or close by	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
Full Array Locally	• There is service parity across the state • Families do not need to travel great distances or move to access services • Crisis services are available, and accessible, across the state
Connection to Community	• Community organizations are informed about family needs, available services, and supports

IV. Community based, so that appropriate care options are available at home or close by	
GOALS	**OUTCOMES: Desired end result toward which SOCAC efforts will be directed.** ***What will it look like for you and your family when we have achieved the goal?***
	• Community organizations are included as system partners • There is access to experience-specific support groups across the state (e.g., RAD, grandparents raising grandchildren, etc.)
Local Accountability	• Services are not terminated when children/families are still in crisis
Local Champions	• Systems planning at the local, regional, and state levels include those who know and understand System of Care and by those who champion and support the core values: family- and youth-driven, culturally and linguistically responsive, integrated, and community-based
Local Design	• There is access to transportation to and from services in rural communities
Local Cross-System Approaches	• Providers and systems communicate and coordinate with one another
Early Local Response	• Community organizations engage families upstream • Local non-profit agencies are able to provide information on services array
Coordinated Local Supports	• There are sufficient, trained staff to fill allocated service hours at the times they are needed 24/7 (e.g., nursing, DSP, PSW, etc.) • There is access to respite when it is needed • There is access to skills-trainers without the approval of a therapist
Equity in Local Communities	• There is SUD treatment for adolescents

APPENDIX E

The Family Experience within Oregon's Systems of Care

OREGON FAMILY SUPPORT NETWORK – JULY 2021

From the first writings on System of Care (Stroul & Friedman, 1986) to the most recent (Stroul, Blau, & Larsen, 2021) family- and youth-driven services have been at the forefront of the discussion. Research across disciplines has shown that when families are included and relationships are collaborative, outcomes overall are better (Waid & Kelly, 2019, Toros, DiNitto, Tiko, 2018, SAMHSA, 2017). Families want to be involved and still, more often than not, they find themselves in the margins of their children's care and services. The feelings of blame, shame, and disenfranchisement underscored by Knitzer (1982) nearly four decades ago, remain a part of virtually every family's experience. The invitation from the Governor's System of Care Advisory Council for families and youth to be integrally involved in the development of a strategic plan, signals a tangible commitment to foundational values and true collaboration. It gives form to the possibility that the child- and youth-serving systems will revitalize to become systems which serve and not demand, support and not diminish, include and not marginalize.

Between June 21 and July 22, 2021, Oregon Family Support Network held six sessions with 86 primary caregivers of children with exceptional needs[1]. In addition to working within the four pillars and goals as provided in a draft document, participants were asked, "What would change for you and your family if services and supports were based on your needs?" Some of the responses were stark, "I wouldn't feel so wrecked." "I would be able to care for my children." "My husband and I would be able to leave the house at the same time. We would be able to do things together again." Many participants focused instead on all that stands in the way of an effective system. "We need to be treated like people…Respected, ya know?" "I feel like I'm always fighting. If services were available when we need them, it wouldn't feel like that." "We need a system that takes a holistic approach to care. […] Remember, it looks different for every family."

Beyond underscoring what is already known about deficits and gaps across the service array, several themes emerged in these sessions which characterized the experience as it is felt by parents and as it affects the wellbeing of families. Three were central, both in the frequency with which they were expressed, and the extent to which people are affected.

- System incapacity as a barrier to the attainment of basic human needs

[1] A majority of individuals who participated (72%) identified as white, ten participants (12%) identified as Hispanic or Latino, and eight (9%) as Black or African American. Three (4%) participants identified as American Indian or Alaska Native, two (2%) as Asian, and five (6%) as other. All but six were female (93%). Forty-nine (57%) participants were insured through OHP. There was a broad geographical distribution. Participants' children were involved with a spectrum of services and supports across the following systems: Special Education, Behavioral Health, Intellectual and Developmental Disabilities, Child Welfare, Medical, Juvenile Justice.

- The missing context of family
- Child- and youth-serving systems as a source of trauma and abuse

Each of these themes has been equally prominent in weekly listening sessions with the Director of OHA's Behavioral Health Unit and in ongoing conversations with families serving on the Children's System Advisory Council Workgroup addressing the Behavioral Health Unit's Policy Vision.[2] They are similarly noted by peer support workers and recognized in the outreach and advocacy efforts of organizations we contacted to collaborate in this process.

The information is not new. It has been long held within every aspect and entity which comprises the System. It is often pigeonholed within the context of an isolated complaint or the telling of a single story. The texture and substance of the lived experience is not captured within existing data collection procedures. It is therefore excluded from systematic review and is not available to inform policy, systems redesign, or service-level improvement efforts.

The issues expressed within these themes contribute to families' distress. They stand in the way of wellness and wellbeing and perpetuate unnecessary hardship. Families feel trapped, unacknowledged, marginalized, blamed, and battered.

This is not a single story. This *is* the experience of families with children who have exceptional needs. The issues are not idiosyncratic, they are endemic.

System Incapacity as a Barrier to the Attainment of Basic Human Needs

"We feel helpless." "They might as well put me in a cage, because I can't leave the house." "I wouldn't have to fight so hard if I had more support and backup." "They should consider Maslow's hierarchy in planning […] I'm not asking for things I want; it is something my son needs." "I was told my son was not disabled enough." "How are we supposed to function?" "We need a system that understands what we need – that has empathy."

Families characterized the system's incapacity as 1) not knowing where to go and not having access to a centralized source of information, 2) being dismissed by providers when symptoms are first noticed, 3) denial of service based on insurance status, eligibility, or acuity restrictions which seem overly exclusive and sometimes arbitrary, 4) lag time from identified need to service (or supply) availability, 5) services based on availability and not need, 6) lack of access to alternative or promising practices, 7) repeated intake processes, 8) lack of communication within and between systems, 9) lack of transparency between providers/agencies and families, and 10) absence of transition services and supports.

While this list is not exhaustive, it is representative of the scope of the insufficiency endured by families every day. Far from the *no wrong door* ideal, it feels like a rigged game of hide and seek which never ends. Families spoke of the deleterious effects of being without necessary services and supports over

[2] Each group is unique. Over a six-month period approximately 40 individuals have provided input into the CSAC effort, three or four have also contributed to the weekly listening sessions. There was no overlap with the 86 individuals who participated in this process.

time. The act of being subject to repetitious intake processes followed by long delays, limited access, or outright denial is tormenting.

To be able to provide for one's children is a responsibility felt by every parent. Similarly, every parent can relate to the sensation of not having enough (e.g., time, patience, endurance). It is another order of magnitude entirely to be unable to secure services and supports which are essential for success in the activities of daily living, which are integral to development, and basic to play, socialization, learning, relationships, and safety.

As the child's symptoms increase in complexity or severity and the need for professional services compounds, the System's deficiencies are evermore threatening. The potential consequences may be terrorizing. They are indisputably life-altering. Many families spoke to the lack of preventive or supportive services early on as contributing to the need for crisis services later. For some of the parents who participated, crisis was the gateway to any service. For others it was DHS involvement.

The frequency with which such catastrophe might have been avoided in any individual circumstance is not knowable. It is, however, the experience of every family so involved that, when crises emerge or a DHS investigation is initiated, the System does not step up to claim responsibility for its shortcomings. Instead, families are chastised and penalized for theirs.

To be unable to access services within the child- and youth-serving systems is much like entering a grocery store after the food has run out. The impact is profound. The experience denies flourishing. It impedes self-agency, compromises individual health, and strains relationships. It stands in the way of daily rituals and routine, radically altering family dynamics.

The Missing Context of Family

"My husband is living in an apartment with our daughter and I'm at home with our son so we can all be safe." "They don't understand how this affects my other child." "Now DHS is involved. [The worker] is telling me my other children aren't safe […] I don't know what to do." "I can't spend any time with my other two children." "It was my son who got the diagnosis, but our whole family was changed." "My daughter can't even have friends over to our place." "Our children have to be in crisis before we can get care and by that time, everyone's in crisis." "I'm a single mom. I have two kids and my younger son hardly gets any time with me. They don't get that this affects us all."

Families feel that they are not met as whole but are instead seen as an extension of their children's diagnoses. Subthemes in this area included 1) schools, providers, and agencies making assumptions about families, 2) providers' not asking about or considering family relationships, wellness, wellbeing, and overall functioning, 3) ignoring belief systems and unique cultures within which the family lives, 4) overlooking the needs of siblings, 5) lack of a holistic perspective, 6) lack of support for parent self-care and respite services, 7) lack of acknowledging individual and collective strengths as well as challenges, 8) families blamed and siblings labeled or marginalized by association, and 9) stigma affecting the entire family.

Having a child with special needs is a life-changing event which most families do not plan and cannot anticipate. It overwhelms the whole of life, shifting plans, challenging beliefs, and eroding any trace of certainty about what will be. Every member of a family experiences the onset and escalation of a child's behavioral, emotional, and physical symptoms. Individual perceptions accrue to the collective. Symptoms which may begin gradually – almost imperceptibly – land with a heaviness that reverberates through the family and beyond, to the community which surrounds it.

Parents described feeling increasingly isolated as the availability of natural supports declined. Having a child with complex needs, changes relationships and challenges friendships. The escalating demand for specialized care and more intensive services limits families' opportunities to socialize or to otherwise participate in activities outside of the home. Respite services are scarce, and some parents felt providers were not adequately trained or appropriately prepared. The apparent inverse relationship between need and access gives rise, over time, to overwhelm and dis-ease. Parents serve as front-line managers, seeking solutions, coordinating care, answering calls, and responding to crises. It is like living in a downward spiral which eventually closes in, obliterating ordinary, and squeezing out vitality until the family exists in a perpetual state of depletion.

The situation is compounded by a pervasive lack of acknowledgement or understanding of the child's needs. Noting that they are frequently called to their children's schools, parents expressed that repeated suspension or exclusion is used as a proxy for specialized and legally mandated support services. It is with remarkable frequency that professionals within the helping systems downplay symptoms or minimize parents' observations rather than attending to their concerns. Within the behavioral health system, providers often approach families mechanistically. Diagnostic labels which allow access to treatment also promote reductive assumptions about children and their families. Prescriptive advice based on faulty judgments adds to distress.

Just as parents feel isolated, marginalized, and unheard, siblings feel left out and confused. They may experience separation from peers as the parents of friends come to fear behavior and anticipate threats to safety. All of the interactions, (mis)perceptions, punitive measures, acts of ignorance, and incuriosity are brought back to the family home. The capacity to manage even the most basic tasks diminishes as physical, emotional, and sometimes financial resources are spent attempting to provide what is not otherwise available.

The need for safety and survival overtakes all else. Some parents described sleeping in shifts in order to attend to a child's physical or safety needs. Others chose to live separately. A few people described being denied help for siblings who did not meet specific diagnostic criteria. The more typical aspects of family life, like playfulness, ease, reciprocity, intimacy, and understanding, are lost to urgency and overwhelm.

All families experience together. We celebrate milestones, grieve losses, and live in the joys, hardships, pleasures, and pains that move with the passage of time. For families of children with complex needs, loss is a slope and grief a constant. Although they may find new ways of celebration, redefine milestones, and learn to see joy in a different frame, the distress, once experienced as moderate

frustration or fatigue, becomes a way of life. Services and supports which overlook the needs of the family, overlook the importance of the family as a place to thrive.

The Child- and Youth Serving Systems as a Source of Trauma and Abuse

"It's like we're not even human." "Service workers should get a mandatory training on trauma and the realities of parent caregivers." "The therapist just assumed I was an addict." "Schools are some of the hardest systems to work within. They always tell you you're doing it wrong." "We need a system with true empathy and understanding, not one that hurts us." "I'm afraid to speak up, because I know what they can do, then I'll never get what I need." "My child was shamed because of how he behaved." "They don't ask us, they tell us." "No one listens to me, but they tell me everything I'm not doing right." "When we don't agree with them, they say we are difficult parents, and they pass that information along to the next providers." "We're afraid of retaliation."

Families feel ignored, over-ruled, bullied, and belittled by the child-serving systems. Subthemes within this category included, 1) child's behavioral symptoms being met with blame or suspicion, sometimes before they were evaluated, 2) disregard for parents' observations and interactions with their children, 3) providers using power, threat, and intimidation to force compliance, 4) parents excluded from treatment planning, 5) parents and children blamed for unintended treatment outcomes (e.g., didn't try hard enough), 6) children discharged from treatment without transition planning (e.g., access to lower level of care, access to psychiatric services and medications), 7) parents rebuked for calling crisis services for "parenting/discipline problems", 8) referral processes in which providers/agencies pass misinformation (disparaging information) about parents and families, 9) pathologizing parents' distress, 10) retaliating against complaints.

System induced distress or "trauma" is a part of every family's experience. This is the theme to which parents spoke most frequently and with the greatest passion. The effects extend to all other aspects of their being. Parents feel helpless. They are dependent upon systems within which bias and inequity are attendant costs of care. Some families described outright maltreatment while others spoke of apathy and aggression so deeply internalized that they have become routine.

Families spoke of the clear distress which results from the System's incapacity to provide needed services. Beyond that, however, they described a form of relational maltreatment. There is a compassion gap in which parents are excluded, set apart from meaningful interaction or participation in their children's care. This is felt to an even greater extent by those who identify as BIPOC or who live outside of a typical family structure (e.g., non-DHS placement with relatives). Caregivers' preferences are disregarded, their experiences subordinated to clinical impressions, and their unique strengths ignored. Some providers seem to neglect collaboration willfully. Others lack the professional experience and expertise to effectively serve children with complex needs.

Parents reported that from their earliest interactions with the child- and youth-serving systems, they are "known" through assumption and judgment. Their individual identities are lost to a form of systemic infantilization within which they are regarded as unknowing, incapable, and unqualified. Their compliance is expected. Some who said they had expressed differences or raised concerns about care

described having been treated punitively – made to endure the retribution of unwritten policies (e.g., denial of service, longer wait to access service). These tacit rules, assumed as organizational norms, serve as the basis for the endorsement and support of untoward behavior as complaints are raised up the administrative ladder. With few options and no recourse, families are rendered evermore powerless. Their wellbeing is diminished, and their children's outcomes may be jeopardized.

The lack of collaboration and unambiguous subordination of the family voice within our systems of care come at a significant cost – human and financial. The situation is wholly, immediately, and freely avoidable. The fact that there is no organization, agency, provider, or entity associated with the child and youth-serving systems that would say they are not trauma informed, makes the emergence of this theme even more remarkable. That the *caring systems* impose and perpetuate trauma within the families they serve is as glaring as it is dreadful.

For every family who gave voice to this process, there are dozens more. As the parents and caregivers of children with exceptional needs, all have experienced a knowing of the inexpressible. Each has been gifted with the subtle, sometimes fleeting rewards of challenge. None has made it through without scars. In the gathering of this information, two fears were expressed by families, 1) that details would be identifiable enough to result in retaliation, and 2) that nothing would be done in response. Ironically, the former is impossible, as there was so much similarity and overlap that no single story is distinguishable. The latter is a measure of the way they have always known it.

None of what was revealed was new. The information has been attenuated within the structure of a single story or an isolated complaint. Families tell stories to inform and inspire change. They file complaints because they cannot do more to affect the systems on which they must depend. Families want to be seen, heard, acknowledged, and included in their children's care. They want to collaborate in the shaping of a family- and youth-driven System of Care which is fully integrated, culturally responsive, and community-based. They want a system which is responsive to the needs of the children it exists to serve – the children they love.

Families who participated in this process did so generously, graciously, and in a spirit of hope that things can be better. To them, we extend our sincere thanks and appreciation. The challenge may always be in knowing the best way to affect the most optimal outcomes within a System of shifting but ever-present constraints. With the drafting of this first strategic plan, there is an opportunity for systems and families to collaborate in meaningful change. No System can eliminate the anguish of caring for children with exceptional needs. They can, however, work *with* families as co-advocates in the shaping of a compassionate, needs-driven System of Care.

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APPENDIX F

SYSTEM OF CARE YOUTH ENGAGEMENT FEEDBACK

Youth Era hosted two Think Tanks to meaningfully engage young Oregonians (ages 14-25) in a conversation about developing and implementing the Oregon System of Care Advisory Council's strategic plan.

Background
Youth Era converted major themes from the "System of Care - Strategic Plan Priorities - Survey for Youth, Young Adults and Families" into a youth-driven activity to cultivate youth voice and feedback. During this Think Tank, youth were able to show up authentically in a space where they felt comfortable and supported. Recruiting efforts included but were not limited to social media outlets (Instagram, Facebook, Twitch, and TikTok) and collaboration with Youth Era Drop-In Centers, Wraparound Youth Partners, and other community programs. Youth Era Youth Peer Support Specialists were present at the event to ensure that youth were fully supported before, during, and after each activity. Youth Era staff reflected the diversity of young individuals in the Zoom event, and the Think Tank was held during times that worked best for the youth. Youth also selected music that was integrated throughout the event.

Activity: Quad Thoughts
Directions: On a piece of a paper draw 4 quadrants, label those quadrants w/ topics 1-4, We will ask you a question and draw a line the longer the line, the more satisfied you are, the shorter the line, the least satisfied you are
Topics:

1. Limiting Power Dynamics
    a. Getting services is easy to do
    b. You can attend "adult" spaces without feeling judged
    c. You have the power to make decisions about "systems"
2. Convenience
    a. Is it easy to seek out help/support
    b. You have access to all the types of help/support you want
    c. You can get help/support without being in a "system"
3. You Matter
    a. You are able to access supports that fit your identity and culture
    b. You feel that your community has spaces that allow you to be authentically you
    c. Your culture & identity is honored in "adult" spaces
4. Community
    a. You know you can get support close to home
    b. You know where to go for support or community
    c. You do not feel alone

Youth were invited to share their drawing with facilitators and peers. Participants were also

incentivized with a raffle to provide creative feedback via social media. Drawings allowed youth the opportunity to visually conceptualize their personal satisfaction with the current system, address barriers, understand differences in the lived experience of their peers, and develop solution based critical thinking skills.

Jamboards Break Out Room Activity - Discussion and Team Reflection

Facilitators led 4 small groups in a discussion based jamboard activity. Participants were able to directly engage with questions , post responses in their own words, view group responses real time, and reflect with peers about shared ideas. Peer supports were present in each room during the activity to provide ongoing support. Youth were encouraged to embrace creative thinking and self expression while participating in the group activity.
Strategic goal questions and responses can be found in the text below.

Think Tank Saturday:
https://jamboard.google.com/d/1mMJ9nYGzBkiM824-Ic04AbznBejogHJAsgI8POau6FU/viewer?f=0
Think Tank Thursday:
https://jamboard.google.com/d/1AxcfCVTnlaRbOWMhkSiyJPo733ztr9lV_F_VIvQ2to0/viewer

Strategic goal 1: Youth and family are full partners in care, with strengths and needs of child and family determining types and mix of services and supports.

- *"What are some of the things you feel are lacking in the way that the system shows up and supports you?" (give examples)*
- *Do you feel you have a say in how you are treated when it comes to your care?*

Strategic goal 2: The System of Care is Integrated

- *"What would you recommend we change to make meetings easier to attend (give examples)*

Strategic goal 3: Culturally responsive, where services are developmentally, culturally and linguistically appropriate, reflecting the cultural, racial, ethnic, and linguistic differences of the population served.

- *"How do you want us to make services more inclusive? (Give examples)*
- *"Has there ever been a time where you felt seen, heard, or valued from a system?"*
- *"How have you felt that the current systems in your community have honored your culture?" (Maybe a scale of 1-10? *change ruler*)*

***Strategic Goal 4*: Community based, so that appropriate care options are available at home or close by.**

- *"What new services would you like to see offered and how would you like to see it implemented in your community? (Give examples)*

Part 2:
We request that System of Care representatives follow up with Youth Era staff within two weeks- so that the participants can be updated/ informed as to the ways in which their voices are being heard in the strategic planning process.

Part 3:
Youth voice inside systemic parameters - the prolonging of systemic oppression
(The following data is gathered and placed into this report directly from the hyperlinked Think Tank modules above.)
Young people have voiced the lack of creativity, adventure and connection in adult spaces. The young people who attended Youth Era's Think Tank expressed openly about their experiences and felt their representation should be accepted as viable responses. Youth Era is providing this additional reporting to meet the system's need in having formal, textual, and specific documentation.

Youth Quotes

I. Youth and family are full partners in care, with strengths and needs of child and family determining types and mix of services and supports.

> Question Asked to Youth: In what ways can the system of care (providers) make you feel you have a say when it comes to your care?

young people rarely get a say in their treatment
Long waiting lists for peers to support the SOC processes i.e sharing lived experiences
Currently there is not a campaign or marketing push for SOC towards young people
Youth Coordinator would be a good idea
Informed consent and background information on all options
if the services would reach out to youth
Documents and resource material in language youth relate to and understand
Less mandatory reporting procedures, specifically regarding law enforcement response to mental health crisis
More accessible
Youth feel when speaking they're "cut off" not listened to, as if their opinion means less
"If I were able to be treated in a good manner and not like I was a toddler"
"If I could ask for what I want"
24 Hour Response time
Ask for my pronouns each time
Actually listening to the things I say. For instance when I say I am feeling one way to talk to me about that way rather than thinking o well you are feeling this way because of this just change here. Instead it would be nice if they just listened to listen rather than listening to respond
"If doctors would listen to my experience instead of acting like they lived it and invaliding it."
Youth would like their experience to be validated, despite their age
More LGBTQ support
To have them all informed so any questions can be answered.
If I ask to call a provider (therapist, skills trainer, etc) Then I can talk to them right then, or we'll reschedule for the next day. I get to schedule appointments for agreed upon time with my therapist.
A case worker who can help coordinate care/access care. Listen to what my needs are. Provide collaborative care and trauma informed care. Prioritize my voice.

teaching people how to advocate for themselves or having advocates available for free
Give resource parents more direct instructions on how to respond in certain situations, instead of suggestions for what they could do (Telling them to go to their room for bad behavior vs using violent communication)
Free samples of brownies
Make attending meetings worth while
folks who look like me *** (POC and queer)
Transparent documents
Have a response time that is somewhat quick.
Insurance companies reach out, respect my need for care!
Police out of mental health
Greater access to trans & POC therapists that take insurance like OHP
Not having to be diagnosed with gender identity disorder to be able to access HRT or gender-affirming care
Trauma-informed care
When Adults (older people I trusted) gave me a voice
Asking me what I want/need in terms of my care
Giving POC, LGBTQIA+, etc. communities a bigger platform to talk about their problems and ways to fix it.
Active communication after follow-ups, not just feedback response sitting on desk

II. The System of Care is integrated.

Question asked to youth: What would you recommend we change to make accessing services easier?

currently meetings are majority adult participants
systems are present and paid to be present
Youth feel tokenized - time, energy, ideas, research, emotional energy, and vulnerability are brought into the space and yet are not used. There is no follow up
youth are not included in major planning sessions - they would like to be engaged in ways other than surveys youth would like peer supports and peer leaders to debrief
scheduling conflicts
Use people with lived experience to engage with people in similar situations
person to person sit n talk at a comfortable setting.
publicize and destigmatize things in all categories such as gender, lgbtq+, mental illness, physical disabilities, and more
taking grievances more seriously
information that's easy to understand
tik tok mental health affirmation
Have more people who look like me in positions of power
online options!
An option to talk with someone about what services you need and where to find them.
Using zoom more when covid is over for people that are restricted, ect
Promote resources available
For example, top surgery is extremely difficult to get, even with numerous appointments and insurance. it needs to be more accessible
Social Media Engagement
allow people to come to you about your services, and listen to them and not push them down
remember and take into consideration that just because someone might be young, it DOESN'T mean that they do not understand what they are talking about or what works for them
Being able to meet where I want to meet sometimes outside of the office is nice
Make it easier for minorities to access the things they need
Developing a functional website for patients/clients.
Putting the information in different places. I don't use Facebook but if my Mom didn't I would have never found this Zoom
having more things in my community
Reasonably priced meds
Having an ad sent to your home or public places with local resources for easy access care (website links, phone numbers, addresses)

Easy signup/accessibility

III. Culturally responsive, where services are developmentally, culturally and linguistically appropriate, reflecting the cultural, racial, ethnic and linguistic differences of the population served.

> Question asked to youth: In what ways can the system of care and adult spaces honor your culture and identity?

safety in meeting i.e. pronouns or a safe place to use the restroom
language used is not conducive to youth culture
music
interactive activities
common understanding - when adults speak on a topic they don't ensure a common understanding for the whole group
meeting times need to be when youth can attend
adultism
bipoc youth do not feel represented by leadership in SOC committees
tokenizing youth voice but not respecting it
not enough bipoc and lgbt specific services
worries about mental health stigma
lacking trust in adults who do not understand their lived experience
cis/ het/ white/ upper middle class adults reinforcing oppressive paradigms
there are too few bipoc and trans folks in leadership positions
accessibility challenges
sharing stories without pre/post support can be harmful
youth would like to center more lgbt / voices of color in the space
The importance of music and dance in terms of therapeutic
like mentioned in the previous slide, being young does not mean your voice doesn't count. don't say we are just in a phase because you don't like our identities
Don't put down our experiences just because "someone's been through worse" <--- icky statement
Have more people who look like me in positions of power
If it's a doctors office: Check our charts for our pronouns or preferred names before entering the room.
Also, doctors: if someone is a trans Female, please don't ask if they've had their period recently
more folks who share my experiences or something similar.

Be more accepting and stop labeling young people with hurtful labels that can be detrimental to their self-esteem
Stop Assuming everyone is straight
Respect my pronouns and honestly just ask my name and use that.
asking what I think and letting me use my voice
Don't assume you know anything about what I go through just based on my chart
Just cause I may have a learning disability or mental health disorder doesn't mean I'm stupid
listen
Ask questions to understand
being open to learn from us
Don't question our identities
music!!!
taking grievances more seriously
Don't say it's just a "phase" when you don't like or agree with my sexuality or beliefs
to be more welcoming and less judging
honor my pronouns
pronouns, ask me about my culture or identity first, change forms, have forms that are understandable, provide holistic approaches that aren't so expensive
Practice collaborative care.
Allow me to be me, some of us tick at a faster pace than others. Don't judge me because I like to move and talk more than you do.
Listening to and respecting my experiences as a young person as they once were.
transformative care
listen when I say something is wrong
Holding spaces / community centers / groups people specific identities and intersecting identities
More Meetings like this. Giving us a chance to talk about our personal experiences with other people who could understand.
diverse staff for community resources
Language translations, supports who speak the same language

IV. Community based, so that appropriate care options are available at home or close by.

Question asked to youth: In a dream world, what services would your community have?

since of agency for young people - is my voice actually being heard?
Why is it so provider heavy?
Fear around being "labeled" i.e. a young person involved with OYA or Juvenile Justice not wanting to be labeled by that system, so they don't speak up or attend
how does SOC expect us to know it exists? Students in school say they've never heard of SOC
over all vibe of the meeting seems like work and is not inviting
More therapists in general is a BIG one!
Spa / hair salon for folks with Melanin skin!
Sexual assault support
Any type of support for single young moms with no help whatsoever ever.
Second on FREE HEALTH CARE!
Community connection opportunity for different groups with the same interest. From house plants to bisexual nonbinary beings.
Naturopathy, specifically with an OBGYN and having a more natural approach.
Therapists, doctors, LGBTQ+ support, drug user help, etc in all schools.
Everything no service should be left out as they all provide something for someone in need
GSA clubs in More schools
resource + support center for 1st and 2nd gen immigrants
Donation Centers to help pay for therapy, hospital bills, etc etc
Mens vulnerability groups and vulnerability support spaces
Queer Center in Eugene for community support, groups, connection, resources etc
well paid peer support jobs
more youth services in Wascho
therapist of color and trans women of color elderssss
mental health/counseling
easy/actually cheap education for all levels
free community garden
access to homeless shelter no matter if urban or suburban with no barrier to gender/age so all have access
multicultural grocery stores
Free Health Care
cooling/warming shelters with no barrier
Alternative treatments instead of just pushing pills on me

everyone together like a big family of wolves living in a pack house with no barriers on someone's sexuality or gender, more of a free world were no judgement shall live.
LGBTQ+ supports
Food for everyone
support close to home
for people with chronic fatigue syndrome or other disabilities, there should be easier ways to get help that don't require all of the "spoons" of the day or week
Access to therapists without having to meet insurance requirements. If I want support then I should be able to get it
reference to spoon theory, where spoons are used to represent the energy someone has. ex-a shower might take no spoons for normal people, but for people with CFS it might take 5 this might mean that there are doctors who are willing to do house visits WITHOUT it costing a fortune
Justice for victims of violence and abuse of any kind
A place where you can go to spend time with your own age and get connect to resources and have a hot meal available
Belief of someone when they report their abuse of any kind
Not having to go into debt to receive good care
Black people/people of color
Money not being a barrier for creativity or health
People who ACTUALLY listen! And support me no matter what
Spaces for community connection with some of my intersecting identities
A social media that does more good than harm
alternative options to traditional care
Specialized Mental Health treatment like clinics for eating disorders or weight issues
No media portrayal of how you should look as a female to be “perfect”
Doctors offices that have proper eqipment so i don't have to figure out how to travel an hour to go to a visit for pain
Someone who helps you get on the path of life you want to be involved with.
Free housing with NO barriers
Easy access gender therapy
wildlife preserves
More exams for less misdiagnosis so I’m not in pain all the time
easy, and fast emotional support
cultural environments
Harm reduction supplies, and safe, stigma free places for people to use drugs
no "one size fits all" type of care

Summary and Closing

Youth Era's Think Tank was highly successful with over 45 young people attending between the two dates. Youth Era would like to continue to host think tanks with an even bigger young audience from all regions of Oregon. The Think Tanks did have a diverse representation of youth from rural and urban areas, LGBTQIA+, and BIPOC. The main themes from young people in why they do not attend or want to attend the current system of care meetings or adult heavy spaces is the sincere fact they have felt under valued, less than, and their identities are not honored. Youth culture has to be held as a priority when considering the atmosphere of the system of care at all governance levels. The system of care principles are that each meeting be youth and family driven, which means focusing on their requests and voice. The youth have given their responses time and time again to providers and adults. Youth are ready to see real change and would like to attend meetings with adults to collaborate and support the community in becoming a safer, happier, and stronger home.

APPENDIX G

GLOSSARY OF TERMS

Accountability - Refers to the continual assessment of practice, organizational, and financial outcomes to determine the system of care's effectiveness in meeting the needs of children and families.

Children's System Data Dashboard – This dashboard combines data for placements, services and claims from Child Welfare, Oregon Developmental Disability Services, Oregon Health Authority, and juvenile justice systems. The dashboard is housed within Oregon Department of Human Services Office of Reporting, Research, Analytics, and Implementation.

Community-based services - Engaging home, school, and community-based resources as the optimal method for providing care and support to children and families.

Cultural and Linguistic Competence - Refers to a defined set of organizational values and principles, as well as behaviors, attitudes, policies, and structures that enable systems to work effectively cross-culturally and in terms of language spoken by those being served.

Diversity - Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. Diversity reflects the many ways in which individuals and communities are unique, contributing distinct and valuable experiences and perspectives to the mission and vision of an organization.

Equity – Equity is just and fair inclusion. An equitable society is one in which all can participate and prosper. The goals of equity must be to create conditions that allow all to reach their full potential. Equity ensures everyone has access to the same treatment, opportunities, and advancement. Equity aims to identify and eliminate barriers that prevent the full participation of some groups.

Individualized strengths-based care - Acknowledges each child and family's unique set of strengths and challenges and builds care plans that optimize those strengths while meeting the challenges.

Local Systems of Care - Local Systems of Care exist across Oregon. Each of Oregon's coordinated care organizations convenes these groups to resolve barriers experienced by youth and their families:

- Practice Level Workgroup: Filters and analyzes barriers submitted from professionals and consumers. Addresses practice barriers and refers system barriers to Advisory.
- Advisory/Steering Committee: Advises policy development, financing implementation, reviews fidelity, and outcomes, and addresses system barriers submitted by the Practice group.

- Executive Council: Develops and approves policies, shared decision-making regarding funding and resource development, and identifies unmet needs in the community to expand the service array.

More details about these areas can be found at https://oregonsoc.org.
An overview of Oregon's system of care can be found at https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/System%20of%20Care%20Overview.pdf

System of Care Advisory Council – Senate Bill 1 (2019) established the Governor's System of Care Advisory Council, which is staffed by the Oregon Health Authority and the Department of Human Services. The council acts as a central, impartial forum for statewide policy development, funding strategy recommendations, and planning, with the goal of improving the effectiveness and efficacy of child-serving state agencies and the continuum of care that provides services to youth (ages 0-25). This Governor-appointed council will:

- Develop and maintain a state System of Care policy and comprehensive, long-range plan for coordinated system of care.
- Create and update a plan biennially and submit plan to interim committee of Legislative Assembly and Governor.
- Develop annual reports, recommend legislation, and make recommendations to Directors of the Oregon Health Authority, Oregon Youth Authority, Oregon Department of Education and Oregon Department of Human Services regarding Systems of Care.
- Award grants to support local system of care governance and carry out recommendations in council's long-range plan for coordinated System of Care
- Oversee and continually monitor the children's System of Care data dashboard.

Current appointments to the Council, meeting information and Council reports and recommendations can be found at https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/SOCAC.aspx.

System of Care Advisory Council Committees and Workgroups

Executive Committee –Executive group of the System of Care Advisory Council that coordinates the work of the Council. One of its main roles is to set the agenda for Council meetings and promote forward movement in the Council's work. The Executive Committee meets monthly but may also have specially called meeting to address issues or topics of special attention.

Data Committee –The Council needs data to make data informed decisions. This group looks at how to measure the system and what is being done already and may be done in the future

Legislative Committee –This group discusses legislative priorities that align with System of Care and make recommendations.

Grants and Finance Committee –The Council is responsible for issuing and managing grants to local / regional Systems of Care, and this group coordinates that process, as well as manages the System of Care Advisory Council finances.

System of Care Diversity, Equity, and Inclusion, Family and Youth Committee (DEIFY) - Diversity Equity Inclusion Family & Youth is the focus for this committee, ensuring this lens is used across all System of Care Advisory Council work. The major task for the group is the council composition redesign from Senate Bill 4 (2021).

Strategy Workgroup – The System of Care Advisory Council is mandated to create a long range plan for the implementation of System of Care in Oregon, and the Strategy Workgroup is the mechanism for organizing and developing the plan. Plans are due to the Governor and legislature every 2 years, the first being 11/5/2021.

System of Care State Agencies Standing Committee - State agencies ultimately implement system of care; this group is where this gets organized. One key role is to receive barriers from the local / regional System of Care and work on statewide solutions.

System of Care Philosophy – The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with emotional and behavioral challenges and their families.

In systems of care, State, county, and local agencies partner with families and communities to address the multiple needs of children and families involved in child welfare and other service systems. At the heart of the effort is a shared set of guiding principles that include interagency collaboration; individualized strengths-based care; cultural competence; child, youth, and family involvement; community-based services; and accountability. These principles are essential elements of any successful system of care. The implementation of these principles reflects the common goals of the agency, community, and family to ensure the safety, permanency, and well-being of children, youth, and families.

Youth- and Family-Driven – Family-driven means that families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, State, tribe, territory, and nation.

Youth-driven means that young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation.