

## Special edition: Child and Family Behavioral Health in Oregon



Bottom (left to right): Don Tennison, Ajit Jetmalani, Hilary Harrison, Shannon Karsten, Jula Krewson, Chelsea Holcomb, Fran Pearson, Beth Holliman, Jill Baker, Nat Jacobs, Summer Hunker. Top: Shanda Hochstetler, Angie Butler, Kathleen Burns, Lev Schneiderman, Laurie Theodorou, Jessica Stout. Not pictured: Fran Purdy.

The past couple of years have seen immense change in the Oregon Health Authority's Child and Family Behavioral Health (CFBH) Unit. As the System of Care Advisory Council prepares to launch March 9, we wanted to pause and take stock of our work across so many important topics.

Chelsea Holcomb, unit manager, shares:

*When I came to Oregon Health Authority in fall 2017, the Child and Family Behavioral Health Unit had been without a manager for some time. Child and Family Behavioral Health was understaffed in policy and program development. But new OHA leadership at all levels allowed for a renewed energy and focus in support of this important work.*

*We know that if we elevate behavioral health for children and families it has a positive impact on all our other child-serving systems, including schools, child welfare and juvenile justice. We know that if children get the access to the right behavioral health services when they need them and for the duration needed, children get better and are able to stay at home, be in school and be successful in their communities.*

*We have been very busy since 2017! We wanted to use this special issue of Recovery Report to share the work we have been doing with the extraordinary programs we support, our successful requests for additional investment from the Legislature and the continued development of the Children's System of Care. I am so blessed to be part of such an amazing team and look forward to the continued work ahead!*



*The CFBH unit would like to extend a special thank you to all our dedicated and compassionate partners that make this work shine throughout Oregon.*

**Note:** CFBH unit is working to make its webpage user-friendly, relevant and reflective of our updated programs. We anticipate the webpage being available in April. Thank you for your patience while we grow and expand.



## Background and mission

The unit has added six new staff to coordinate the work of the System of Care Advisory Council, manage the Crisis and Acute Transition Services (CATS) program, coordinate school-based mental health work being conducted by Oregon counties, manage youth and young adult services and supports coordination, and deepen the existing work on youth suicide prevention. The intensive services coordinator position was also refilled after a recent vacancy. Staff are acclimating to their roles to effectively support children's behavioral health in Oregon. The team has a mission to incorporate System of Care values, developmental science, trauma-informed approaches and best practices in this important work.

## System of Care

The unit's work falls under the larger umbrella of **System of Care (SOC)**. System of Care is a philosophy guiding a spectrum of effective community-based services and supports for children and youth with, or at risk for, mental or other challenges, and their families. The SOC is organized into a coordinated network, supported by an infrastructure, that builds meaningful partnerships with families and youth and addresses their cultural and linguistic needs. The goal is to empower youth and their families to function better at home, in school, in the community and throughout life.

## Wraparound

**Wraparound** is an intensive care coordination model designed to support youth ages 0-18 who are involved in multiple child-serving systems and experiencing complex needs. It provides a process to guide individualized services and supports for youth and their families as one of the principles of a System of Care. Coordinated care organizations receive a capitated rate to serve youth in their regional areas with a ratio of 1:15 for the wraparound care coordinators, youth peer support specialists and family support specialists. Wraparound is a fidelity program that supports Oregon youth with some of the most complex needs.

## Youth and Young Adult Engagement Advisory (YYEA)

The CFBH unit conducts funding, promotion and oversight of the Youth and Young Adult Engagement Advisory (YYEA) to provide active and meaningful young adult involvement in state agency decision-making. YYEA is made up of a diverse pool of young adult leaders with various experiences in state Systems of Care.



## Programs with legislatively appropriated funds from 2019-2021 session

### System of Care Advisory Council

**Senate Bill 1 (2019)** established a Governor-appointed System of Care Advisory Council to improve the efficacy and effectiveness of the state and local continuum of care that provides services to children, youth and young adults. This 25-member council incorporates a cross-section of child-serving agencies, programs, professionals, family members and young people to create a centralized and impartial forum for

statewide planning and policy development. The council's immediate work is to develop and maintain a state System of Care and a comprehensive long-range plan for a coordinated state system. Child and Family Behavioral Health Unit staffs the council.

The council's first meeting is Monday, March 9, 8:30 a.m. to noon in Room 350 at the State Capitol. For more information, [visit the council's website](#).

<b>System of Care Advisory Council Membership</b>	
<b>Representation</b>	<b>Name</b>
Judicial Department	Judge Nan Waller
Department of Human Services (DHS)	Leisl Wendt
DHS - Intellectual / Developmental Disabilities	Bruce Baker
Oregon Youth Authority	Peter Sprengelmeyer
Oregon Health Authority	Steve Allen
Oregon Department of Education	Candace Pelt
Coordinated Care Organization (CCO)	Bill Bouska
CCO (rural representation)	Appointment pending
Psychiatrist	Kyle Johnson
Psychologist	Robin Henderson
Pediatric physician	Randall Phelps
Commercial insurance	Dan Thoma
Agency - services and supports to youth and families	Adam Rodakowski
Agency - services and supports to youth and families	Andrew Grover
Agency - services and supports to youth and families	Tabitha Jensen
Organizations that advocate for youth	Martin Rafferty
Organizations that advocate for families of youth	Sandy Bumpus
Family member - intellectual / developmental disabilities or mental illness	Emily Braman
Family member - foster or juvenile justice	Annette Majekodunmi
Youth - intellectual / developmental disabilities or mental illness	Jesus Nunez-Pineda
Youth - ward, youth or youth offender	Appointment pending
County juvenile department director	Lynne Schroeder
County mental health director	Stan Gilbert
Tribal representative	Appointment pending
Federally mandated disability protection and advocacy agency	Chris Shank

## **Implementation of Policy Option Package 402**

### **Suicide prevention work**

This Policy Option Package directed OHA to expand behavioral health services for children and youth in

schools and to link that work with suicide prevention, intervention and postvention, as well as to develop an adult suicide prevention plan.

Here are the steps we have taken so far:

1. Full funding of Lines for Life (\$350,000 increase) Oregon's statewide crisis line
2. Creation of "big six" Suicide Prevention programs, which launched March 1 and include:
  - Sources of Strength: upstream prevention, youth-driven program.
  - Mental Health First Aid: an eight-hour course that teaches the average person how recognize mental health problems.
  - Question, Persuade, Refer: a short workshop to learn how to recognize signs of suicide and refer to help.
  - safeTALK: a three- to four-hour workshop to learn how to recognize signs of suicide and refer to help.
  - Applied Suicide Intervention Skills Training (ASIST): a two-day workshop to intervene with someone having thoughts of suicide.
  - CONNECT: a four-hour workshop to teach communities how to respond after a suicide death.
3. Hired a second youth suicide prevention and intervention coordinator (Shanda Hochstetler).
4. Hired a full-time school based mental health coordinator (Fran Pearson).
5. Hired an adult suicide prevention coordinator through adult behavioral health (Debra Darmata).
6. Increased staff funding for the Alliance to Prevent Suicide (SB 707 - 2019).
7. Contracted with [Trauma Informed Oregon](#) to develop resources for individuals with lived experience with suicide as loss survivors or attempt survivors.
8. Contracted support for school districts to write or revise suicide prevention plans to comply with SB 52 (2019), which includes consultation and mini grants, available March 1.

### **Next steps**

1. Elementary-age programming for suicide prevention.
2. Data and evaluation plan for new statewide programs.
3. Psychological autopsy work.
4. Tribal mini grants to be disbursed: tribes and Urban Indian Program receive \$45,000 to enhance or provide new suicide postvention and prevention activities in their communities.
5. Targeted effort to address safe online space for youth.
6. Coordinated effort to write the second [Youth Suicide Intervention and Prevention Plan 2021-2025](#).
7. Both coordinators will work on SB 561 (2015) regarding suicide reporting and administrative rules, SB 48 (2017) regarding continuing education for designated professional groups, and have already completed work under SB 707 (2019) regarding the functioning of the Oregon Alliance to Prevent

Suicide, an advisory group to OHA.

## School Based Mental Health (under policy option package 402)

In 2014 OHA's CFBH unit received initial investment funds for school based mental health services. This program significantly expanded in 2019-2021 through increased funding, bringing services to 17 counties. County-based clinicians are placed directly in local schools to provide person-centered, trauma informed rapid crisis and clinical interventions directly to youth and families, and to assist teachers with mental health related issues in their classrooms. The policy option package has also allowed for an RFP to be written for services to pre-K through third grade students who have experienced adverse childhood experiences. The RFP is pending release.

## Crisis and Acute Transition Services (CATS)

This program offers a community-based alternative for children and youth through age 18 who go to the emergency room in need of acute psychiatric treatment or are at risk of admission for psychiatric or behavioral crises. The program encompasses crisis response, assessment, clinical care and coordination, and family support, and requires close collaboration among the hospital, community providers and the family.

2019-2021 enhancement funds were awarded to all nine counties currently receiving targeted CATS funding. **Providence St. Vincent** was awarded CATS funding and will be joining the CATS Collaborative. Further expansion is anticipated to four more locations in Oregon. A notice of interest has been sent to counties that are not currently receiving targeted CATS funding.

## Interdisciplinary assessment teams

SB 1 (2019) requires OHA, in consultation with the Oregon Department of Human Services (DHS) and the Oregon Youth Authority (OYA), to contract with providers to implement regional interdisciplinary assessment teams (IATs) across Oregon. The teams will provide holistic assessment services to youth who have intensive behavioral health needs. Following a robust public process, these services were determined to be essential in closing the gaps in Oregon's behavioral health system. The closing date for the RFP currently posted on ORPIN is March 24, 2020, contingent on legislative funding.

## Intensive In-Home Behavioral Health Treatment

OHA plans to implement the Intensive In-Home Behavioral Health Treatment program. The Legislature provided OHA \$6.6 million to establish this program during the 2019-2021 biennium. It will strengthen community-based support for children and youth throughout Oregon. A webinar series will inform and gather stakeholder feedback about the clinical and quality standards OHA should establish for this new program and its services. Email [OHA-IIBHT.program@dhsosha.state.or.us](mailto:OHA-IIBHT.program@dhsosha.state.or.us) to sign up for webinars or ask questions.

OHA communication staff and OHA Tribal Affairs continue to send notices to tribes and urban indian programs regarding new rules, consultation process and webinars for program development.

## Tribal mental health investments

Each of the nine tribes and the Urban Indian Health Program received \$60,000 in addition to current funding to support their tribal mental health investments. Tribes and urban Indian health programs base their use of the funding on needs in their communities to address mental health promotion and prevention, crisis services, jail diversion, supportive housing and peer delivered services, System of Care coordination and school based mental health.

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## Other work of the Child and Family Behavioral Health

## team at OHA

### Mental Health Promotion and Prevention

OHA continues to support 19 mental health promotion and prevention programs that are data-driven and community-designed and that use best practices or evidence-based practices. The purpose of these funds is to reduce the negative effects of mental health disorders through health promotion strategies that improve health and wellness and decrease risk factors associated with negative mental health and adverse childhood experiences.

### Oregon Psychiatric Access Lines (OPAL)

OHA contracts with Oregon Health & Science University to provide [psychiatric consultation services](#) for children (called OPAL K), and adults ages 18 and over (OPAL A). The CFBH unit administers this contract. The program assists community physicians with complex case management when other resources are not immediately available.

### Trauma Informed Oregon/Trauma Informed OHA

OHA implemented a Trauma Services Policy for behavioral health providers in 2015. That same year, a trauma initiative was funded that made [Trauma Informed Oregon](#) (TIO), housed at the Portland State University Regional Research Institute, a reality. TIO provides a robust webpage, online training, regional forums, consultative services to a range of social service and other agencies, and is assisting OHA in creating an inward-facing policy for a trauma-informed approach by OHA staff, volunteers and interns. TIO has a national presence as well, participating in advising national boards and legislation.

### Child Parent Psychotherapy (CPP)

[CPP](#) is an evidence-based dyadic therapy for children ages birth through 6 and their caregivers, who have experienced trauma such as maltreatment, sexual abuse, sudden loss of a loved one, or exposure to domestic violence. Ten clinicians from seven agencies are completing their 18 months of CPP training this month. The next training cohort will start March 18. Due to the funding from OHA, CPP is available in 27 agencies across Oregon.

### Parent-Child Interaction Therapy (PCIT) Expansion

[PCIT](#) is an evidence-based dyadic therapy for children ages 1-7 with disruptive behavior, hyperactivity, anxiety, depression or those who have experienced chronic abuse or neglect. Of Oregon families who engage in PCIT 85 percent report improvement. This biennium, OHA funded 12 additional agencies to develop PCIT programs, resulting in PCIT now being available in 67 locations in 22 counties.

### Generation Parent Management Pilot

[Oregon GenPMTO](#) is a family-based intervention with more than 50 years of research demonstrating its effectiveness for families with children ages 2-17 who are experiencing problems such as depression, non-compliance, substance use, out-of-home placement and delinquency. With OHA funding, the first training cohort in Oregon began in January 2020 with 18 clinicians from seven counties. The next training cohort will begin in fall 2020.

### Infant Toddler Mental Health Graduate Certificate scholarship program

OHA contracts with Portland State University to [build workforce expertise](#) on providing behavioral health services to children ages 0-5. This academic year, eight students, two of whom are bilingual/bicultural, received OHA scholarships and are on track to complete the program.

### Parent Warmline

OHA contracts with [Oregon Family Support Network](#) and its other funding partners to provide statewide telephone and chat access for parents and caregivers. [ReachOut Oregon](#) (833-932-2467 or 833-REACHOR) enables parents and caregivers to receive support and information about parenting concerns regarding their child or children who experience emotional/behavioral health, physical health, intellectual/developmental disabilities, or educational issues. The service is staffed by certified family support specialists, specially trained individuals with personal experience in parenting children with emotional, developmental or physical health concerns.

## Family Peer Support Services

Parents whose children (including youth and emerging adults) experience physical or behavioral health issues often feel alone and at “wit’s end” about where to turn and often feel:

- Shame and isolation because “my child has a problem that I can’t fix.”
- Blame by others who suggest or say parents did something to cause the problem.
- Fear about asking for help or not knowing where to get help.

Parents can get help from another parent trained as a family support specialist to increase:

- Knowledge about services.
- Skill to advocate for their family’s needs.
- Confidence as parents to really know what their child needs.
- Ability to partner with providers and community supports.
- Connection with other families.

Oregon Health Plan and some commercial insurance policies pay for family support services. A parent can request the service through their CCO or insurance company.

## Family Workforce Development

Family Partnership Specialist Frances Purdy says, “I needed help to guide me through the maze of health and behavioral health services my child needed. I thought I could do it alone since I had worked as a family art therapist and an attorney. Like most every other parent, I needed someone who had “been there and done that.” This person is called a family support specialist.

The first goal of finding a workforce for family support is to recruit parents who have experience navigating child-serving systems (behavioral health, physical health, education, child welfare, juvenile justice) and navigating insurance limitations. The System of Care and payment for that care are not easy to understand, but family support specialists can help.

Another goal is to help parents with lived experience in the system reach out so that every parent can have the support and guidance of a family support specialist. There are over 200 in Oregon and more are needed. The need is for parents who understand how systems work and are willing to support another parent’s emotional highs and lows, in getting the right services for their child. OHA recruits parents for the weeklong classroom training and follow-up coaching to become a family support specialist, which is paid work in every Oregon community. Contact [Frances.S.Purdy@state.or.us](mailto:Frances.S.Purdy@state.or.us) for more information.

## Youth Peer Support Services

With funding from OHA, [Youth ERA](#) conducts four trainings annually for young adult peers ages 14 to 25 who may become certified as traditional health workers. Trained peers are integrated into all our

transition-aged youth programs and services.

## Youth Hubs

OHA provides funding, promotion and oversight of four HUB pilot programs, designed to engage marginalized and disconnected young adults through accessible, holistic, non-stigmatizing and developmentally appropriate services. Goals of the pilot programs are to close gaps in service for transitional aged youth populations and provide effective supports for independent living.

## SUD Mapping and Visioning

The Youth and Young Adult Substance Use Disorder Collaborative, a group of professionals spanning DHS, OHA and community providers, has identified the need to map the system to establish direction for SUD adolescent services in Oregon. OHA mappers are developing a map of the continuum of care, focusing on youth and beginning with indicated interventions. OHA will be hosting two mapping input sessions with voices from the community, including inpatient and outpatient providers, consumers and state agencies. The information gathered from these sessions will be used by OHA at the Youth and Young Adult Substance Use Disorder Collaborative to begin prioritizing, problem solving, and setting policy direction.

## SUD Summit

A summit titled Connecting the Dots will be held May 1-2 at the University of Oregon in Eugene, with the first day for providers and the second day for students. The goal of the summit is to better connect providers of mental health services and substance use/abuse services to co-occurring clients, with a focus on service provision integration.

## First Episode Psychosis/EASA

OHA offers funding, promotion and oversight for the [Early Assessment and Support Alliance \(EASA\)](#). This is a network of programs in 35 counties across Oregon providing rapid identification, support, assessment and treatment services for youth ages 15 to 25 who are experiencing a first episode or the early signs of psychosis. OHA also provides funding, organization and oversight of young adult leadership councils (YALC), which are composed of young adults with lived experience from EASA, to enhance their consumer voice in policy- and decision-making processes.

## Clinical High-Risk Psychosis grant

This is a four-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) grant that has been implemented in Lane County. The program offers targeted community outreach and education, as well as coordinated specialty care to young adults through age 24, who meet criteria for clinical high risk for psychosis and who reside in Lane County. This program integrates expanded clinical high-risk services into the existing Young Adult in Transition Coordinated Specialty Care team and expands community education, outreach, and manualized treatment for individuals who are clinically high risk for psychosis.

## Healthy Transitions grant (OR-HT)

This is a five-year SAMHSA grant that has been implemented in Douglas and Lane counties. The purpose of this grant is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI). OR-HT seeks to expand outreach to underserved individuals in Douglas and Lane counties using a variety of strategies with a focus on social media and mobile and web-based applications. OR-HT also expands the use of three “core” evidence based practices – Wraparound, Coordinated Specialty Care for First Episode Psychosis, and Individualized Placement and Support.



## Expansion of PRTS capacity

Oregon's Psychiatric Residential Treatment Services (PRTS) capacity-building for children and youth was identified as the highest priority initiative in the unit following an initial analysis of needs by joint committee. At the end of 2019 two psychiatric residential programs were identified and committed to expansion. Kairos New Beginnings in southern Oregon will open a unit with seven additional beds in mid-March.

OHA is working with a provider in eastern Oregon to develop additional PRTS services for youth 12 and younger. This program is slated for opening sometime in 2020 to have capacity to serve nine children and their families. With the newly available beds at Kairos and the planned new program, the total psychiatric residential capacity will be increased by 16.

## Technical assistance via webinar with Transformation Center for CCO 2.0

In collaboration with OHA's [Transformation Center](#), webinars are being presented regarding CCO 2.0 children's behavioral health contract expectations on the following topics: the importance of early childhood mental health services, evidence based dyadic therapies, assessment, developmentally appropriate behavioral health diagnosis, billing and reimbursement issues for young children, trauma informed care and approaches, and Wraparound.

## IDD/MH

2020 will mark the eighth annual [Children's I/DD Mental Health Summit](#), put together with various stakeholders including OHA, Office of Developmental Disability Services, Department of Human Services (DHS), CCOs, county mental health programs, and I/DD providers, among others. OHA provides staffing and monetary sponsorship to assist in the planning and implementation of the yearly summit.

## Juvenile Fitness to Proceed

Also known as Juvenile Aid and Assist or Restorative Services, this program provides court ordered services to youth who have been charged through the juvenile justice system and are found to be "not fit" or "not competent" to stand trial. The goal of these services is to assist youth to restore or gain fitness for them to move through the court process.

## Juvenile Psychiatric Security Review Board (JPSRB)

The JPSRB provides oversight and monitoring to youth that have been found through the juvenile court to be Responsible Except for Insanity. OHA provides funding for monitoring, security, and supervision for youth under JPSRB jurisdiction.

## Young Adults in Transition Residential Treatment Homes (YAT RTH)

Young Adults in Transition (YAT) Residential Treatment Homes (RTH) are for young adults (ages 17.5 to 25 years) who experience complex behavioral health challenges. YAT RTH's provide 24-hour supervision and support, focusing on helping residents develop the skills needed to manage their mental health symptoms and transition into adulthood through a variety of services and supports including but not limited to: therapy and medication management, case management, skill development, and recreational and social activities.

## Intensive Services

This program funds and oversees key programs that comprise the children's mental health continuum, with a blend of Medicaid and general funds. The Secure Adolescent Inpatient Program and the Secure Children's Inpatient Program (SAIP and SCIP) are the children's system counterpart to Oregon State Hospital. These community-based facilities are operated by Trillium Family Services at two locations, in Portland and Corvallis.

The Acute Care Line is a bed registry service operated by Lines for Life working with emergency departments throughout the state to help expedite referrals to higher levels of care such as psychiatric inpatient.

OHA contracts with Youth Villages to provide high level in-home mental health supports to youth in Child Welfare custody at risk of temporary lodging (living in a hotel) with child welfare staff. The Youth Villages services are available in the Portland Metro Region, Marion County, and Deschutes County.

OHA CFBH staff, complex care and intensive services program leadership and community stakeholders will be engaging in a visioning project for the evolution of these vital levels of care in our system. The initial visioning gathering is slated for March and will lay the groundwork for the next phase of growth and development of this part of the system of care.

## **Complex Care Coordination**

CFBH staff collaborates with system partners on intensive mental health services in Child Welfare custody, advocating with CCOs and private agencies for youth to get the appropriate care to meet their needs. High-profile situations are prioritized, such as youth in or at risk of temporary lodging and youth coming back to Oregon from out-of-state facilities. OHA staff also helps Child Welfare staff navigate the complex CCO and mental health systems.

## **Commercially Sexually Exploited Children program (CSEC)**

This program through [Morrison Family Services](#) provides long-term stabilization for survivors of commercial sexual exploitation (CSEC), with high level mental health, medical, and substance use services on site. The program, called SAGE, helps youth ages 11-16.5 at time of intake experience Support, Achieve their goals, Grow, and become Empowered. The SAGE program recently opened four additional beds, increasing the bed capacity to 16. The additional beds increase access to the community for youth in order to facilitate transitions out of their program.

## **Expansion of Family Search and Engagement Program - Catholic Community Services**

An additional position was added to [this program](#) that assists youth in finding family who were previously lost to them, aiding in support and potential for reconnection.