Oregon Health Authority

Child and Family Behavioral Health Unit

Behavioral Health Youth Engagement

Oregon Health Authority

CONTENTS

Executive Summary ... 3
Background ... 5
Purpose ... 5
Description ... 5
Engagement process ... 6
Feedback analysis ... 6
Youth behavioral health priorities ... 7
Access ... 7
Quality ... 8
Promotion and prevention ... 9
Service array ... 10
Youth experiencing homelessness ... 12
Limitations ... 14
Acknowledgement ... 15
Appendix ... 16
Table 1: Youth engagement ... 16
Table 2: Follow-up engagement ... 17

EXECUTIVE SUMMARY

This Youth Engagement Project sought qualitative youth feedback for Oregon Health Authority (OHA) Child and Family Behavioral Health planning for 2024-2028. This work is part of both the larger OHA and Behavioral Health Division strategic planning processes and anchored in the OHA health equity goal.

From January to May 2024, the project met with 175 young people to get feedback and talk about the behavioral health system in Oregon. To root feedback in equity, OHA organized meetings with young people from a cross-section of communities. Despite these efforts, the report includes minimal representation from communities of color and those that speak languages other than English. OHA is strategizing further work to engage with these communities in the future.

The most common feedback from young people was to increase the number of behavioral health care providers. Specific needs included increasing access to peer supports and having behavioral health care providers be more empathetic and trauma informed.

Priorities by theme:

Access

- Increase the availability of behavioral health workforce, especially peer supports, therapists and bilingual providers
- Lower the costs of behavioral health care
- Make medical transportation more available

Quality

- Train school counselors to be trauma informed and empathetic to youth experiences
- Train the behavioral health workforce to be more caring and have more empathy and compassion
- Increase engagement and communication between providers and youth, specifically for feedback on the system
- Train the behavioral health workforce to be more culturally responsive
- Make school counselors and academic advisors into separate positions
- Make intensive inpatient treatment trauma-informed and safe

- Make school mental health services confidential

Promotions and prevention

- Make services better known
- Keep schools free of vaping products and other substances
- Create more mental health education and make it readily available to youth.

Service array

- Create more substance use treatment services for younger youth/teens
- Increase the number of peer support workers and those in the workforce who identify as having lived experience.
- Create more mobile behavioral health services
- Create drug-free spaces for youth to hang out

Feedback from youth experiencing homelessness

- Create drug consumption sites
- Create more resources to help people in ways in addition to harm reduction
- Make more programs and shelters open 24/7
- Program and shelter guidelines need to be updated and fair
- Hire more people based on lived experience

BACKGROUND

Purpose

Oregon Health Authority (OHA) sought youth feedback through the Youth Engagement Project for Child and Family Behavioral Health planning for 2024-2028. This work is part of both the larger OHA and Behavioral Health Division strategic planning process. It is anchored in the OHA health equity goal of eliminating health inequities in Oregon by 2030. It is intended to be a qualitative survey, providing data at a point in time.

Description

From January to May 2024, a Portland State University, Hatfield Fellow engaged 175 youth to gain feedback and discuss the behavioral health system in Oregon. Youth attending meetings were 12-25 years old, with most in their late teens to early twenties. Typical meetings were with groups of four to six young people, in person or virtually. Some meetings had as many as 30 young people and others were one-on-one conversations.

For feedback from young people to be rooted in equity, OHA organized engagement with young people from a cross-section of communities. Communities included:

- Youth in substance use recovery,
- Youth experiencing homelessness,
- Youth in the LGBTQIA2S+[1] community,
- Youth from Youth ERA Drops and
- Youth from rural/frontier communities.

This report is written in language that reflects that of the youth engaged in its creation.

Table 1 in the Appendix has names of organizations, the date of meetings, and the number of young people at each meeting. Of note: youth who are in the LGBTQIA2S+ community and youth experiencing autism are well represented in feedback.

Table 2 in the Appendix has names of organizations, the date of meetings, and the number of young people at two follow up meetings.

[1] Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two Spirit and all the other ways people may identify

Engagement process

As a standard process young people were asked:

When it comes to mental health and substance use treatments -

- What is most helpful to you?
- What hasn't been helpful, in terms of mental health and substance use treatments?
- What could the people you look to for support have done better?
- If you were the one in charge of fixing the system what two things would you do first?

Feedback analysis

OHA compiled a list of feedback for each question with counts of how many times the same theme came up (qualitative analysis sheet). Each count was weighted by how many people were at each meeting. For example, if feedback came up once during an engagement with six youth, then OHA counted that feedback six times.

Youth needs from the behavioral health system were different at each meeting. However, what was considered helpful remained relatively consistent across different groups, with the exception of youth experiencing homelessness.

Once a list of needs was created, follow up meetings were organized to get input on the final list of behavioral health needs for integration into the OHA 2024-2028 Child and Family Behavioral Health Roadmap.

YOUTH BEHAVIORAL HEALTH PRIORITIES

This report groups feedback into the five most common youth priorities for change with the behavioral health system: Access, quality, the behavioral health service array, promotion, and prevention. A separate section provides the feedback specific to youth experiencing homelessness. Concerns are organized from most frequently to least frequently discussed.

Access

Increase availability of behavioral health workforce

The most common priority for youth was to increase the number of behavioral health providers (72 mentions). Specifically, youth identified a need to increase the number of peer support specialists, since they are extremely helpful to youth (73 mentions), and to increase the number of counselors and therapists. There is also a need to increase the number of bilingual therapists (10 mentions).

"One of the hardest parts about therapy is finding a counselor initially. Each time I found a new counselor I was on a waitlist for several months before being able to see someone. Each time I spiraled out of control because I couldn't receive help right when I needed it." (Oregon State University student).

Lower the costs of behavioral health care

Prioritize making behavioral health care more affordable for those with private or no insurance (34 mentions).

Make medical transportation more available

Youth from rural and frontier areas said that finding available transportation makes it difficult or impossible for them to get to appointments. This is especially important for youth in the rural LGBTQIA2S+ community who may need to travel further to meet with providers accepting of their identity.

Youth have also expressed that medical transportation requires scheduling days ahead, is extremely difficult and confusing to navigate, is often late, and sometimes does not show up at all. Youth also expressed that this is an issue in areas with public transportation, since public transportation is difficult for a young person to navigate, especially alone.

Quality

Train school counselors

Youth feel that school counselors need to be trained on how to be more trauma-informed and caring (29 mentions).

"People end up leaving the school counselor feeling worse because they are not trained on how to deal with trauma. They act like something is wrong with you and are judgmental." (Jackson Street Youth Services Youth Ambassadors (JSYS YA)).

Train the behavioral health workforce

Prioritize training the behavioral health workforce on how to be more caring, and less judgmental or stigmatizing to youth (22 mentions), including medical transportation drivers (4 mentions).

- It is helpful when providers are not judgmental (113 mentions).
- It is not helpful when providers don't care (43 mentions) and stigmatize mental health and/or substance use (41 mentions).

Increase engagement and communication between providers and people:

Create more feedback systems between people and providers where youth can have the opportunity to give feedback on the system. (14 mentions).

"People are not a number. The further away you are the more number oriented you become." (Mid-valley Youth Advisory Leadership Council (YALC), Early Assessment Support Alliance (EASA) Peer Support).

Train behavioral health workforce to be more culturally responsive

Prioritize having culturally responsive training for the behavioral health workforce (12 mentions).

Specific concerns:

- LGBTQIA2S+ issues. Young people from Medford, Coos Bay, Union County, and JSYS Queer Peers noted that there is a significant lack of awareness, information, and sensitivity from the behavioral health workforce surrounding the importance of sexual and gender identities. Youth feel it is often the responsibility of youth to educate their providers.
- Youth feel there is racial bias influencing treatment choices and is potentially discriminatory.

Make school counselors and academic advisors separate positions

Many schools have mental health counselors and academic advisors combined in one position; this negatively impacts the quality of mental health care at schools where many young people look for help. (14 mentions).

[Editor's note: In the conversations about school counselors and academic advisors, students made this comment: There was further concern expressed about role blurring in some situations between the role of school counselors and academic advisors.]

"Schools are a community where people get mental health care. Many young people can't get their needs met outside of school so having services in school is very important!" JSYS YA.

Make intensive inpatient treatment trauma-informed and safe

Prioritize making intensive inpatient treatment settings, such as inpatient and residential behavioral health settings, trauma informed and safe (13 mentions).

According to young people from 4D Recovery and South Coast Pride, intensive inpatient services need major systematic change, so they are no longer traumatizing and harmful to people.

Examples of intensive inpatient services that youth called out as traumatic are substance use recovery facilities, psychiatric units, and eating disorder treatment centers.

Overall, youth feel that they are not treated as a person with autonomy and respect in these settings and that it is regressive to traumatize people who are in treatment.

Youth agreed that if a patient is dangerous that it is understandable for them to be physically or medically restrained, however they reported that this often happens when it is not necessary.

Make school mental health services confidential

When using school mental health resources and getting help, youth need to have assurance of confidentiality both from parents and other school staff (13 mentions).

Youth reported that after going to school counselors, the counselors contacted their parents without the youth's consent. Letting parents or the community know what is happening in someone's personal life can make things worse. It is important to keep information private unless there is an immediate safety concern.

One youth commented that some youth have parents who do not approve of them seeking mental health care or substance use treatment and having their parents know that they sought treatment had negative impacts on their home life.

Promotion and prevention

Make services better known

Knowing what services are available is a challenge. Youth learn about services through "word of mouth." Finding out what services are available needs to be easier (42 mentions).

Keep schools free of vaping products and other substances

It is hard to avoid vaping products and other substances in schools, especially in bathrooms. More work to remove these opportunities would decrease easy access for younger youth.

Create and make more mental health education that is readily available to youth

Young people have said more mental health education would help them identify early signs for mental disorders or illness (10 mentions). There is also a desire to learn coping mechanisms and ways to help people around them.

Service array

Create more substance use treatment services for younger youth/teens:

- Increase access to intensive drug treatment, such as inpatient residential treatment, specific for teens and younger youth (20 mentions).
- Ensure age separation between youth and adults but also between younger youth and older teens.

"It's important to not be put in with the adults. Addiction for adults is way different than for teens/children." (JSYS YA).

- Redesign youth drug treatment to be developmentally appropriate for younger people.
- Increase drug prevention and early intervention services for younger youth age 14 and below.

Increase the number of peer supports and those in the workforce who identify as having lived experience

Increase the number of Youth ERA Drops, peer support specialists, and case managers with lived experience (19 mentions) in both urban and rural areas. Peer supports and case workers are needed that specifically support youth with neurodivergence, disabilities, and trans/queer identities.

Create more mobile behavioral health services

Make services more accessible and meaningful with behavioral health specialists who can see youth out in the community (14 mentions).

"I had a traveling counselor who would pick me up and take me to lunch and I could tell she possessed empathy and actually cared, but still had the right tools to help me." We Are the Voices of Youth Council (WAVY), Eugene.

Create safe drug-free spaces for youth to hang out

Youth have expressed that public libraries and parks are not safe, drug-free, and welcoming in all communities. Having a safe space could prevent youth from using and experimenting with substances. There is a need for safe, drug-free spaces for youth to spend social time, in and outside of school (14 mentions).

Youth experiencing homelessness

This is a summary of the needs of youth who are experiencing or have experienced homelessness, OHA gathered feedback from meetings at New Avenues for Youth and the Clackamas Youth ERA Drop. This feedback represents their views and not those of OHA.

Create drug consumption sites

Youth strongly recommended creating drug consumption sites away from the public that are staffed by people trained to deal with drug usage and have resources to help with youth with rehabilitation and sobriety (7 mentions)[2]. Young people from the Clackamas Drop felt this would help because:

- Most shelters do not allow substance use. Young people are often excluded from them if they are still using. Having a site to use substances away from a shelter would prevent youth from being excluded.
- It would break stigma surrounding drug use.
- It would prevent people from using drugs in public and lead to the city being cleaner and keeping drugs off the street.
- It would help people avoid opioid overdose.

Create resources to help people in ways in addition to harm reduction

These groups of young people feel there has been a lot of emphasis on harm reduction and less emphasis on support for sobriety and recovery. Harm reduction is helpful but homeless youth need more access to resources for substance use recovery.

Make programs and shelters open 24/7

Shelters and programs need to be open on weekends and all day. Youth need more programs to fill the gaps, so people can avoid drug culture on the street.

Program and shelter guidelines need to be updated and fair

There are strict guidelines for some shelters. Youth stated that keeping up with these guidelines makes it difficult to not get "kicked out."

- Guidelines around chores and minor rules need to be softened.

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[2] Youth were talking about harm reduction approaches being needed. Not all participants agreed with the harm reduction approach.

- Stricter rules are needed to keep violent and aggressive individuals out, since these individuals can make programs unsafe for everyone else.

Hire more people based on lived experience

Case workers and other staff often lack empathy and understanding. Hire those with lived experience, with histories of homelessness and/or substance use, or train staff on how to be more understanding and empathetic to youth experiencing homelessness.

LIMITATIONS

Representation

OHA sought input from diverse racial and ethnic groups and Tribes. However, these efforts resulted in minimal representation, suggesting the need for more comprehensive strategies. Future work should provide a longer timeframe for building relationships and compensating youth for their feedback financially or otherwise.

Time constraints

The 16-week timeframe for meetings limited the opportunity to build deeper relationships and trust within communities, resulting in lower attendance from some youth demographics, particularly those with less flexible schedules or childcare needs. Therefore, only young people with time and support to go to meetings could have their voices heard.

Compensation

Young people were not compensated for their participation. This likely limited participation to those with time and resources to attend meetings, potentially excluding some racial and ethnic groups who may face greater economic barriers.

Accessibility

Lack of transportation or childcare may have prevented youth from attending feedback sessions. OHA was unable to offer transportation or childcare to work around such barriers.

ACKNOWLEDGEMENT

Special thank you to the young people and organizations who have been part of this ongoing community work and engaged in meaningful, and sometimes difficult, conversations about the behavioral health system.

Thank you to Molly Sandmeier, Portland State University, Hatfield Fellow for her dedication to talking with youth and then collating and reporting this information.

To become involved in future community engagement work or connect with OHA’s Child and Family Behavioral Health team, email kidsteam@oha.oregon.gov.

APPENDIX

Table 1: Youth engagement

Engagement group/council	Date	Number of Youth in meeting
Youth ERA/Medford Drop Council of Youth Advisors	1/29/2024	7
Jackson Street Youth Services: Youth Ambassadors	2/7/2024	7
Crescent Valley High School	2/12/2024	56
Salem Mid-Valley Youth Advisory Learning Council (YALC)	2/17/2024	Less than 5
Jackson Street Youth Services: Queer Peers	2/22/2024	9
Oregon State University: Children and Youth with Disabilities Classroom	2/22/2024	25-30
4D Recovery, Portland	2/27/2024	10
We Are the Voices of Youth Council (WAVY Council)	3/5/2024	10
Coos Bay Youth ERA Drop/South Coast Pride.	3/6/2024	6
Statewide Youth Advisory Learning Council (YALC)	3/9/2024	Less than 5
Youth Columbia County Council	3/13/2024	10
Conversation with individual from Union County	3/18/2024	1
St. Helens, Hispanic Youth	3/21/2024	Less than 5
New Avenues for Youth	3/25/2024	10
Eugene Youth ERA Drop	3/28/2024	6
Parrot Creek: One on One	4/4/2024	Less than 5
Clackamas Youth ERA Drop	5/12/2024	6

Total Youth: 180

Table 2: Follow-up engagement

Follow up engagement	Date	Number of youths
Salem Mid-Valley Youth Advisory Learning Council (YALC)	4/20/2024	Less than 5
Jackson Street Youth Services: Youth Ambassadors	5/17/2024	9
New Avenues for Youth	5/23/2024	Less than 5