

# Implementing the Child and Family Behavioral Health Policy Vision Paper Roadmap 2020-2024



HEALTH SYSTEMS DIVISION  
Child and Family Behavioral Health

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## Executive Summary

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The [Child and Family Behavioral Health Unit](#) (CFBH), within the Oregon Health Authority (OHA) Health Systems Division (HSD), implements and manages Medicaid-funded and other publicly funded mental health, suicide prevention, and substance use disorder services and supports for children, youth, young adults, and their families. The children's behavioral health system in Oregon needs a full spectrum of effective supports from prevention to intensive acute care to be meaningfully responsive to the unique needs of each young person and their family. These services and supports are designed to address the needs of Oregonians from infancy through 25 years of age.

OHA recognizes Oregon's origins in systemic racism and the disproportionate impact across generations of Oregonians in communities of color. These impacts include the inability of Black, Tribal and indigenous, Latinx and other communities of color to own homes or businesses, the destruction of thriving communities to maintain segregation, the birth to prison pipeline, and purposeful destruction of heritage and culture, both historical and current. Children and families living in these communities are disproportionately impacted by historical and intergenerational trauma, physical and mental health concerns, and shorter life expectancy.

OHA's 2030 health equity goal:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistributing of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices.

Structural racism and inequities, disparities in access to health care, stigma around behavioral health needs, and a disconnected and confusing system of care all play a role in preventing youth and families from receiving the care they need. While we have worked for many years to develop networks and specific programs to improve the lives of families and youth in Oregon, we recognize that there continue to be longstanding systemic issues that require our attention and resolve for youth and families served in the behavioral health system to thrive.

OHA is committed to partnering with consumers, families, youth, and young adults; and to working with other state agencies and OHA divisions to develop policy and guidance for delivering equitable and needed services to children and families statewide. Our draft [Policy Vision paper](#) for child and family behavioral health was written in October 2020, at the very beginning of OHA's initiative to achieve [health equity by 2030](#). While we are proud of the efforts we have taken to center the voices of children, families, and young people in our work, we have work to do to include communities of color more broadly, and we recognize that focusing on those most impacted by health disparities will elevate all Oregonians. Integral to our plan is our collaboration with HSD's Office of Resilience and Recovery and the Equity and Community Partnerships unit to center the voices of communities of color to address long-standing discrimination and underrepresentation in these communities.

We have a robust, articulate, and committed group of youth, young adults, and families who have worked tirelessly to support transformation of the existing system and provide feedback on where, how, and exactly what they recommend we

do to improve. These invested partners have participated in the creation of this roadmap, and OHA will continue to be directed by the voices of the community that we serve. We are committed to updating and adapting our work in response to this ongoing feedback.

Based on these discussions with people with lived experience, we have identified three fundamental philosophical **pillars** for our work: **Health Equity**, **Youth and Family Voice**, and **Trauma-informed Principles**. These are the foundation for everything within the four **Strategic Pathways** in our roadmap:

1. **Continuum of Care**

OHA's CFBH work addresses gaps and quality in the children's behavioral health continuum of care centering communities that have been disproportionately impacted by health inequity and systemic racism.

2. **Youth and Family**

CFBH work continues to incorporate meaningful youth and family participation, with specific focus on centering communities of color, indigenous and Tribal communities, LGBTQIA2S+,<sup>1</sup> and other historically marginalized populations.

3. **Data**

CFBH work centers health equity by making policy and program decisions based on accurate and timely data and in seeking data that assists in understanding health inequities.

4. **Cross System**

CFBH work supports and prioritizes cross system collaboration to improve the behavioral health continuum of care for youth and families.

In September 2020, the Oregon Secretary of State released a [report](#) outlining the gaps and needed improvements in the Child and Family Behavioral Health system in Oregon. This roadmap incorporates the recommendations of that report and outlines both current and envisioned work of CFBH. Our roadmap centers OHA's health equity goal to address systemic inequities through [System of Care values](#) and [trauma-informed principles](#). We recognize that it is not possible to be trauma-informed without being anti-racist, and we have worked to build goals for our team and our work which reflect these values.

The CFBH unit is working to create a clearer and more useful data set to guide the direction and emphasis applied to the system. Work is managed through contracts with youth- and family-serving organizations, counties and private and public entities, non-profit providers, and other community groups within Oregon. Without accurate information about the services provided, it is functionally impossible to improve the direction of funds and treatment to areas with current health disparities.

OHA's work continues to call for examination of existing inequities, better and creative solutions to barriers to services, and improvement to the processes we use to ensure care. We have much work to do in addressing our gaps in equity, finding better ways to meaningfully center the voices of youth and families with lived experience into the work, building access to culturally responsive programming and treatment options, organizing our current infrastructure, and in addressing shortages to bring a strengthened and better qualified workforce. This roadmap will drive our work over upcoming years, and we will continue to monitor, evaluate, and create future plans with community partners.

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<sup>1</sup> Lesbian, gay, bisexual, transgender and/or gender expansive, queer, intersex, asexual, and two-spirit and the many other ways people identify

## Background

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### *Child and Family Behavioral Health Vision Paper community engagement*

The CFBH Policy Vision Paper and this roadmap followed a progression of listening to diverse groups of both youth and families in distinct forums, centering people with experience who use the system. This document highlights some of this engagement, and the feedback and information relayed to the unit was built into the roadmap. Key milestones of this work include:

- OHA presented the policy vision paper to the Oregon Tribes in December 2020 and invited feedback, participation, and consultation.
- OHA presented to the System of Care Advisory Council on February 2, 2021, to address goals and objectives for increasing cross-system work. OHA invited council members and guests to further participate in community conversations, or to invite the CFBH team to come to groups that would like to provide input and feedback.
- OHA held more than 30 community conversations open to the public during calendar year 2021.
- OHA requested that the Children’s System Advisory Council (CSAC) spend time considering the Policy Vision paper (2020) in their meetings and bring feedback and guidance to CFBH staff as the roadmap has been developed. CSAC spent monthly [meetings](#) in 2021 exploring the Policy Vision paper, developing an equity framework and providing feedback.
- In February 2021, the Director of Child and Family Behavioral Health and the OHA Family Partnership Specialist began “A Time for Families,” a weekly discussion hour for family members and caregivers to share questions and concerns about mental health and substance use services for children and young people. The group was invited to share suggestions for how OHA can support youth, young adults, and their families to help them get the right services at the right time for the duration needed.
- As part of CSAC’s commitment, 25 family members (including seven CSAC family representatives) met as a group six times from June 17, 2021, through September 2, 2021, to discuss ideas about services and needs of families with children/youth/young adults who experience behavioral health difficulties. This group made general recommendations specific to the continuum of care.
- In addition to regular participation from CSAC’s Youth and Young Adult Engagement Advisory (YYEA), Youth ERA held four additional “Think Tanks” with over 45 young people with diverse representation from rural and urban areas, LGBTQIA2S+, and communities of color to gather feedback and recommendations on the children’s system of care in six areas of the Policy Vision paper. Strategies included youth responsive questions, interactive activities, and thoughtful conversation.
- We captured the thoughts of the CFBH team, OHA leadership, additional advisory groups, associations, and many behavioral health providers throughout the state. These reports and the initial Policy Vision paper are available for review on the [Policy Vision web page](#).

### *Equity framework*

Our unit invited the Uprise Collective to work with CSAC, YYEA, and the CFBH team to align the collective thinking and working relationships around health equity and lived experience. The CFBH team attended three work sessions with Uprise. They trained staff on principles of health equity in mental health systems, how to apply those principles to their work, and to examine this roadmap and future work with these equity framework questions in mind:

- Is the action tangibly rooted in anti-oppressive practice?
- How are we actively, authentically, and continuously working to dismantle harmful power dynamics?
- Is the way we’re addressing this issue grounded in equity, equality, or liberation?
- Is it about tweaking current systems or reimagining them?
- Is it about us making decisions with or on behalf of?

- Are we working from a deficit perspective or are we thinking about the wisdom that exists within communities?
- Are we taking time to understand where the issue comes from?
- Did our actions take into account the underlying systemic issue that has created the barrier or inequity in the first place? Have we talked to anyone who knows more than we do?
- Who will be at the table when this decision is being made? Who's missing? Are we making decisions for or with community?
- Did we ask for the representatives we have to speak on behalf of whole communities as if they are a monolith, or to speak on behalf of communities they're not even part of?
- Are we tangibly assessing the extent to which our actions may be reflecting some of our biases?
- Are we planning to circle back to community to check whether the actions we're taking to address the barrier reflected the stories they shared with us?
- Did we think of solutions that make sense to us, or that make sense to them?

This vision and community engagement inspired a project portfolio and a set of strategies to put change into motion. Some of these strategies are more challenging and will take longer to achieve than others. There are many factors at play in creating a successful and culturally responsive system: work that shows active participation by and impact of historical trauma on youth, young adults and families seeking help, securing adequate funding, growing a stable, well-trained and supported workforce, use of evidence-informed programs and best practices that work across all population groups, and embedding cross-system collaboration which incorporates the values and principles of a System of Care approach. The CFBH team is committed to implementing these strategies and working towards health equity.

### *Youth suicide intervention and prevention*

In December 2021, OHA released the [Youth Suicide Intervention and Prevention Plan \(YSIPP\) 2021-2025](#), which outlines strategies and objectives for continued suicide prevention, intervention and postvention in Oregon. Two Youth Suicide Coordinators work within the CFBH unit. The coordinators both lead and collaborate in the work with the adult OHA Behavioral Health Suicide Coordinator and the OHA Public Health division.

The YSIPP outlines a specific framework of strategic initiatives, pathways, goals, and pillars underlying work in policy, data, securing funding and providing ongoing evaluation. The pathways in the plan are informed and supported by evidence and expert guidance from the Oregon Alliance to Prevent Suicide, which includes many family members and youth with lived experience. The YSIPP aligns with both this roadmap and the current state health improvement plan *Healthier Together Oregon*, in being inclusive of those with lived experience and being grounded in evidence-based and best practices.

### *Youth substance use intervention and prevention*

Use of alcohol, opioids, methamphetamines, and other substances have a significant impact on many families, and disproportionately impact families of color. OHA supports the strategies related to alcohol and drug use found in the [Alcohol and Drug Policy Commission Strategic Plan](#); the CFBH roadmap has been built to align with goals outlined in that plan. OHA's Youth Substance Use Disorder (SUD) Program and Policy Coordinator works within the CFBH Unit and collaborates our work with adult SUD work within OHA. Work to expand and address substance use and prevention is underway, and a statewide collaborative was formed to bring young people, family members, providers, counties, and state representatives together to innovate and drive this work.

## Roadmap Framework

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Health equity is a critical need in Oregon, and a leading initiative at OHA. CFBH has heard clearly that we are not reaching disproportionately impacted populations, nor are we adequately meeting their needs. Both the Secretary of State audit and this feedback show the need to prioritize health equity. The CFBH team is committed to do better as we move forward.

All child and family behavioral health work is based on System of Care values and principles<sup>2</sup>. System of Care describes a philosophy which supports a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, elevates the voices of and builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, to help them to function better at home, in school, in the community, and throughout life.

System of Care development in Oregon has been driven by countless parents, caregivers and youth who have spoken up to inform state agencies and legislators about their needs. Today's system was created by their voices, together with the Oregon Legislature, the work of the coordinated care organizations, counties, the provider agencies and OHA, but more remains to be accomplished.

### *Centering health equity*

We have developed a framework to center our OHA health equity goal by 2030 in all our work, inclusive of trauma-informed principles and practices. We commit to center youth and families to build a system that will work for all.

OHA is committed to meaningfully integrate the voices of youth and families with lived experience and communities of color into the work. The aim is to address gaps in equity, create access to culturally responsive programming and treatment options, address workforce issues, and find better, trauma-informed ways to work together.

## **Roadmap 2020 - 2024**

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### *Strategic Pillar and Goal Pathways development*

In collaboration with youth and family groups with lived experience, we have created a roadmap for the CFBH Unit, including long-term goals and short-term objectives.

**Strategic Pillars and Goal Pathways:** These will not change throughout the life of the roadmap. They are the starting point for all CFBH work and are rooted in OHA's health equity by 2030 goal, the framework pillars, and System of Care values and principles.

**Strategic Pillars:** OHA's CFBH work will center all youth and families and demonstrate and promote trauma-informed principles toward the goal of achieving health equity in the continuum of care, and in policy formation in all of our current and future work. These pillars are described as:

**Health Equity:** All people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

**Center Youth and Family:** Center communities of color, indigenous and Tribal communities, LGBTQIA2S+ community and other historically marginalized groups, in all work being done, incorporating meaningful youth and family participation.

**Trauma-Informed:** Recognize that traumatic experiences terrify, overwhelm and violate the individual. Trauma-informed care is a commitment to not repeat these experiences and in whatever way possible, to restore a sense of safety, power and self-worth. Traumatic experiences include abuse, historical, complex, and medical traumas, community disasters and many others.

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<sup>2</sup> <https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf>

**Strategic Goal Pathways:** These pathways focus the work contained in the roadmap into four areas:

1. **Continuum of Care** — Work addresses gaps and quality in the children’s behavioral health continuum of care centering communities that have been disproportionately impacted by health inequity and systemic racism.
2. **Youth and Family Engagement** — Work incorporates meaningful youth and family participation centering communities of color, indigenous and tribal communities, LGBTQIA2S+, and other historically marginalized populations.
3. **Data** — Work centers health equity by making policy and program decisions based on accurate and timely data and in seeking data that can assist in understanding health inequities.
4. **Cross System** — Work supports and prioritizes cross system collaboration to improve the behavioral health continuum of care for youth and families.

Each goal pathway listed is supported by expert consensus opinions and is evidence informed<sup>3</sup>. In addition to incorporating extensive feedback from the voices of youth and families with lived experience. The goal pathways also seek to integrate with Oregon’s current state health improvement plan ([Healthier Together Oregon](#)), other state agency reports and guidance documents ([Appendix](#)).

In each **goal pathway** there are **strategies** to organize and milestones to measure the work of the CFBH Unit. Beneath these are steps and details which can be found in the [roadmap spreadsheet](#).

All elements of the roadmap have an assigned lead within the CFBH team for implementation, progress tracking and reporting. Progress reports are planned for every 6 months.

**Strategies:** These will not change in this first roadmap. They represent measurable areas of focus and are more specific to achieving the stated goals. Over time, however, steps below this may change based on progress and feedback from the communities we serve.

### 1. Continuum of Care

CFBH work addresses gaps and quality in the children’s behavioral health continuum of care centering communities that have been disproportionately impacted by health inequities and systemic racism.

**Bolded** strategies below serve as *headings* for the content immediately below them, to group the strategies.

#### Strategies:

- 1.1 **Build and adequately resource an array of behavioral health care services and supports that has the capacity to meet child and family needs, is accessible to all and is equally distributed across the state.**
- 1.2 Establish a process for planning the continua of services and supports and ongoing needs assessment across local, regional and statewide levels.
- 1.3 Strengthen the financial health of the children's behavioral health system.
- 1.4 Increase behavioral health promotion.
- 1.5 Address marketing that targets youth for substance use in partnership with OHA Public Health Division.
- 1.6 Increase youth and families’ access to system navigation and support.
- 1.7 Strengthen the role of schools in addressing the behavioral health needs of students.
- 1.8 Evaluate and re-contract for restorative services.
- 1.9 Evaluate and expand intensive psychiatric and substance use treatment residential services.

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<sup>3</sup> <https://www.cmhnetwork.org/wp-content/uploads/2021/05/The-Evolution-of-the-SOC-Approach-FINAL-5-27-20211.pdf>



- 1.10 Evaluate and expand Early Assessment Support Alliance, Intensive In-Home Behavioral Health Treatment (IIBHT), Mobile Response Stabilization Services (MRSS), Interdisciplinary Assessment Teams (IAT), suicide prevention, Young Adult Treatment Homes, school based mental health.
- 1.11 Address gaps in the mental health services continua for youth and young adults.
- 1.12 Review the contracting process to increase accessibility to all community providers, including culturally specific organizations.
- 1.13 Assess and expand co-occurring substance use disorder and mental health service continua for youth and young adults.
- 1.14 Improve quality in the Behavioral Health continuum**
- 1.15 Ensure trauma-informed practices are embedded within the services and supports offered by behavioral health contracted providers.
- 1.16 Increase oversight and support of children's outpatient mental health and substance use disorder services.
- 1.17 Increase the visibility of System of Care (SOC) values at the service level.
- 1.18 Elevate and publish the impact of trauma on children with complex behavioral health needs in child serving systems.
- 1.19 Increase workforce development opportunities to ensure availability and access to a broad, flexible array of effective services and supports in all state regions.
- 1.20 Invest in, promote and implement of evidence-based practice, best practices and promising models.

## 2. Youth and Family Engagement

CFBH work incorporates meaningful youth and family participation centering communities of color, indigenous and Tribal communities, LGBTQIA2S+ and other historically marginalized populations.

### Strategies:

- 2.1 Develop an overall strategy of community engagement that is accessible and transparent that is coordinated with the OHA Office of Recovery and Resilience.
- 2.2 Increase outward facing communication on children's behavioral health, including metrics and dashboards that are engaging and understandable by youth and families and children's behavioral health partners.

## 3. Data

CFBH work centers health equity by seeking accurate and timely data that can assist in understanding health inequities, for use in making policy and program decisions.

### Strategies:

- 3.1 Structure data collection, evaluation and analysis.
- 3.2 Establish strategies and processes to address data gaps.
- 3.3 Develop and implement a CFBH system overview of data.
- 3.4 Develop and implement a communications strategy for CFBH data.
- 3.5 Address specific system issues and project needs via research and internal data.

## 4. Cross System

CFBH work supports and prioritizes cross system collaboration to advance the behavioral health continuum of care for youth and families.

## Strategies:

- 4.1 Develop and implement OHA and Oregon Department of Education (ODE) workflows.
- 4.2 Implement, evaluate and monitor OHA and Oregon Department of Human Services (ODHS) improvement projects.
- 4.3 Implement and evaluate behavioral health and Intellectual and Developmental Disabilities (I/DD) initiatives.
- 4.4 Maintain a cross-community co-occurring substance use disorder workgroup with a charter and workplan that includes diverse community voices, Oregon Council for Behavioral Health (OCBH) and Alliance of Children's Providers.
- 4.5 Establish a cross agency plan for youth in Oregon Youth Authority (OYA) and county juvenile justice system who have behavioral health needs.
- 4.6 Develop, update and implement the Youth Suicide Intervention Prevention Plan.

## More information

OHA's CFBH Policy Vision [web page](#) is the hub to refer to for information on roadmap progress. Our team will be developing strategies to communicate the progress or barriers encountered and increase opportunities to engage with the work.

This work has been the core of the CFBH team's direction since 2020 and the roadmap provides direction through 2024. This allows time for OHA staff to implement work and to develop resources for measurement and evaluation. The aim is to start collaborative planning and input for the 2024 – 2026 roadmap in mid-2023.

## Our thanks

A **huge amount of gratitude** is extended to all that participated in supporting the development of this roadmap. We would especially like to express deep gratitude and appreciation to:

- Children's System Advisory Council
- Youth and Young Adult Engagement Advisory (YYEA) and Think Tank participants
- The Uprise Collective

*We appreciate all the many people who make up the children's behavioral health system, inclusive of children, youth, young adults, their families, our providers, counties, CCOs, legislators, and concerned citizens.*

*Please continue to share feedback with OHA. You can follow our work in [our monthly newsletter: Holding Hope](#) where we will link to new roadmap progress reports.*

## Appendix

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### *Agency Reports and other Supporting Documents*

**Tribal Behavioral Health Strategic Plan 2019-2024:** This [plan](#) was written by The Oregon Native American Behavioral Health Collaborative, which works to improve behavioral health for Tribal communities in Oregon. Representatives from the nine federally recognized Tribes in Oregon, Native American Rehabilitation Association of the Northwest, OHA, the ODHS Office of Tribal Affairs and the Northwest Portland Area Indian Health Board form the Oregon Native American Behavioral Health Collaborative.

**Healthier Together Oregon:** This is the Oregon State Health Improvement Plan (SHIP), an initiative that serves as the basis for collective action on key health issues in Oregon by identifying population-wide priorities and strategies for improving the health of people in Oregon. The latest plan is available [here](#).

**Child and Family Behavioral Health (CFBH) Policy Vision Paper:** In September 2020, the Oregon Secretary of State released a report outlining the gaps and needed improvements in the CFBH system in Oregon. This CFBH [paper](#) incorporated the recommendations of that report and outlined both current and envisioned work of the CFBH unit.

**Interested parties/lived experience feedback:** CSAC [report](#) and [recommendations](#) / [YYEA Youth Feedback Report](#).

**Secretary of State Audit:** In September 2020, the Oregon Secretary of State released a [report](#) outlining the gaps and needed improvements in the CFBH system in Oregon.

**OHA/DHS<sup>4</sup> Continuum of Care (2018):** This [report](#) examined capacity issues in the behavioral health treatment of children in the custody Oregon Department of Human Services (ODHS) child welfare.

**System of Care Advisory Council Strategic Plan:** This [plan](#) sets out the work of the Council for 2022 – 2023.

**Roadmap: The Path to Implementing the Diversity Equity and Inclusion Action Plan:** In August 2021 the Governor's Office outlined 10 strategies in this [plan](#) for state agencies to normalize the concepts of racial justice in the state government enterprise.

**Student Success Act:** In the 2019 legislative session, the passage of this [Act](#) was historic and demonstrated a commitment to children, educators, schools and the state. It invests \$2 billion into Oregon education every 2 years, \$1 billion for early learning and \$1 billion for K-12 education. The focus of the act is to improve access and opportunity for historically underserved students.

**Raise Up Oregon: A Statewide Early Learning System Plan:** This [plan](#) is grounded in the science of child development, equity, and the firm understanding that it takes leaders from early care and education, K-12, health, housing, and human services — together with families, communities, and the public and private sectors — to work together during this critical period of children's lives. Oregon is making considerable progress for its youngest children and families through steadfast implementation of Raise Up Oregon.

**Child Welfare Transformation Plan:** The Child Welfare [Vision for Transformation](#) came from a collaboration among diverse partners to create and implement a strategic roadmap for success. It includes specific guiding principles, strategies and measurable outcomes. It centers equity and diversity in all that ODHS does and recognizes that the child welfare

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<sup>4</sup> In 2018, the Agency was named as the Department of Human Services, and Oregon was added to their name in 2020.

system has done significant harm to communities of color, Tribal Nations and other marginalized communities, and is committed to doing no further harm.

**Alcohol and Drug Policy Commission Oregon Statewide Strategic Plan 2020 - 2025:** This [plan](#) builds on and supplements the information that already exists to identify and address the primary structural and other factors that have impeded Oregon's ability to prevent, treat, and help its people recover from substance misuse and substance use disorders.

**Youth Suicide Intervention Prevention Plan 2.0:** Released December 2021, this [plan](#) outlines strategies and objectives for continued suicide prevention, intervention and postvention in Oregon.