**System of Care (SOC) Barrier Submission Form**

**Purpose:** Local Systems of Care (L-SOC) in Oregon have processes for identifying, analyzing, and addressing barriers to services and supports for youth and families. Most identified barriers are resolved at the local level through cross-system collaboration, and then reported to OHA by Coordinated Care Organizations (CCOs). Issues that are not resolved at the local level can be submitted to the System of Care Advisory Council (SOCAC) with request for resolution. Use of this form formally elevates a barrier to the SOCAC.

**Instructions:** Please complete form to the best of your ability. Information provided will help SOCAC staff and the State Agency Standing Committee determine appropriate agency assignment and actions to take for resolution (including potential program, policy and system improvements). Please submit completed form to [statewide.soc@oha.oregon.gov](mailto:statewide.soc@oha.oregon.gov). Your barrier form will be made publicly available on the [SOCAC website.](https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Local-SOC-Barriers.aspx)  Additional information about process for resolution can be found [here](https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCReports/Barrier%20Policy%20and%20Procedure.pdf).

1. **SOC Contact Information:**

Date submitted: 04.04.24- resubmitted with additional information on 04.18.24

System of Care name: Central Oregon System of Care

Geographic Region/CCO: Central Oregon

Contact name and role: Dani McCallister, SOC Coordinator

Email: dani.mccallister@pacificisource.com

1. **Description of the barrier:** Provide a brief summary of the barrier, adding attachments as desired. If available, please include quantitative and qualitative data points, including description of how the barrier is contributing to racial inequities:

The Early Childhood Mental Health and Behavior team was consulted on this issue, whom are employed by the local (High Desert) Education School district. Their feedback was compiled and included below to elaborate on our need for a psychiatric treatment center in Central Oregon for young children ages 3-5 years.

* There are no day treatment or intensive psychiatric treatment centers available in Central Oregon for children age 3-5,only day treatment that accepts and are staffed to care for children over the age of 5 years.
* Staff see their behavior across environments, many aren't able to maintain in settings where they can be expelled or their day limited (private care, individual care, Head Start).  For kids served in the ECSE classrooms, families are often accessing all the available resources and it's still not enough to keep everyone safe in the home. Reportedly, most of these high needs children are involved with DHS either currently or by history, more than 50% are in adoptive/guardianship/resource placements.  There is known trauma accounts for most of the kids, few have no known trauma but have an early childhood mental health diagnosis.
* One ECSE staff reported, “I have one resource for intensive in-home services and that organization has a 4-12 month waitlist.  They also only serve children with OHP.  There is no intensive service for private insurance or for more immediate needs.  I have had one child each year at risk of placement at SCAR Jasper residential facility because there is no adequate service available and the child is too dangerous to be maintained in their current placement.” As such, the programs that offer kindergarten placements have waitlists long enough that our current incoming kindergarten students will not be served during their kindergarten year.

**2.a) Which system(s) is creating the barrier (select all that apply):**

Child Welfare

Juvenile Justice/OYA

Education

Mental Health

Substance Use

Intellectual and Developmental Disabilities

Physical Health **☐**

Youth advocacy organization

Family advocacy organization

Other

If other, please specify:

**2.b) Is this barrier related to (select all that apply):**

An individual family

A locally administered service or program

A state administered service or program

Cultural or linguistic responsiveness - disparities in accessing services and supports based on race, ethnicity, disability, gender, sexual orientation or languages spoken

Oregon Statutes

Policies of federal and/or state agencies

Other

If other, please specify: Gap in services

Other

If other, please specify:

1. **Actions taken to address barrier within the local SOC**: Summarize efforts undertaken by your local SOC to address this barrier. Please include how long your SOC has been working on this barrier.

Current options for families include:

* Weekly treatment in office or in home with either County Mental Health and private agencies for which there are extended waitlists.
* There is currently no higher level service available for this age group (intensive service).
* Our EI ECSE mental and behavioral health program receives over 80 referrals a year for students, although not all qualify for special education.
* We have resource parents that are taking children with significant psychiatric and behavioral needs. In these cases, there are no educational placements that appropriately support them, and placement disruption might occur in order to receive appropriate services (moving to another community out of their region). If DHS is working toward reunification a decision has to be made to continue this process or move out of CO to receive needed treatment.
* For educational placement, if the child qualifies for special education, we can move them into an ECSE classroom with a higher level of student-staff ratio and higher educated staff.  We can also push in as much as possible to support a community placement, but it is rare that we can provide enough support to maintain those community placements so their day is shortened or eliminated. Often, the ECSE staff does not provide the services required of many of the students currently being served as the needs outweigh the expertise and scope of these professionals.
* For families, there are private community services and county behavioral health providers but that is limited to individual therapy, PCIT, weekly in-home family therapy, IDD services- personal care workers when we can find one, and the one previously mentioned intensive program, when available.

1. **Recommendations for SOCAC and State Agency Standing Committee:** Describe recommendations, ideas and considerations for resolution of the barrier. Please also describe the short- and long-term outcomes you’d hope to see for resolution.

Our region needs a day treatment center that can accommodate younger kids, particularly those that are 3-5 years of age.