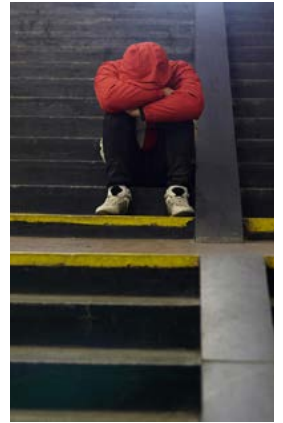


March 2024

System of Care Advisory Council

2023 Data Report



SOCAC

System of Care Advisory Council

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Executive summary

The System of Care Advisory Council (SOCAC) has identified 11 outcome measures to monitor progress in implementation of the 2021–2025 System of Care Strategic Plan. While ten outcomes were originally identified in the [2021–2025 Systems of Care \(SOC\) Strategic Plan](#), measures and data sources were not included.

Because of the limitations in available data to measure the outcomes, the SOCAC Data Committee has spent the past year exploring potential data sources and measures and is pleased to offer a set of interim outcome measures to monitor progress towards the system of care envisioned by SOCAC and community partners. SOCAC hopes these measures are considered in future decisions undertaken by the Council, as well as data driven activities undertaken by regional SOC partners. Moving forward, SOCAC aims to update and share this data as part of our annual report to the Oregon legislature.

These interim measures will be used through the release of the next SOC Strategic Plan in 2026. Reconsideration for these measures will occur through development of the Strategic Plan update. In addition, SOCAC staff and the SOCAC Data Committee will continue exploration for more direct, valid, and acceptable data sources. Additional information about the methodology and limitations of each data source is found at the end of this report, pages 32–33.

Positive trend

Families know about available services and supports.

- 84% of families reported they got the information/help they needed from customer service

System involved youth graduate from high school.

- 81% of students complete high school within 4 years

Too soon to tell

All youth have connections to their community.

- 85.6% of 8th graders report a safe place or person they can go to outside of school

All children and youth have a permanent home.

- 3% of students are homeless



Youth can access care when they need it

- 24% of 11th graders had an unmet mental health care need

Youth have access to culturally and linguistically responsive care.

- 88% of youth report receiving culturally sensitive care

System involved youth have necessary independent living skills.

- 71% of Oregon Youth Authority (OYA) involved youth were living independently, at home, or in OYA foster care who are engaged in school, work, or both within 30 days of placement

Children in child welfare custody are served in home, wherever safety permits.

- 22% of children involved with child welfare were served while residing in their parent's home

Young people involved in multiple systems do not, after the age of 21, enter the adult correctional system.

- 16% of youth committed to OYA for probation had a felony conviction within 3 years of release from OYA

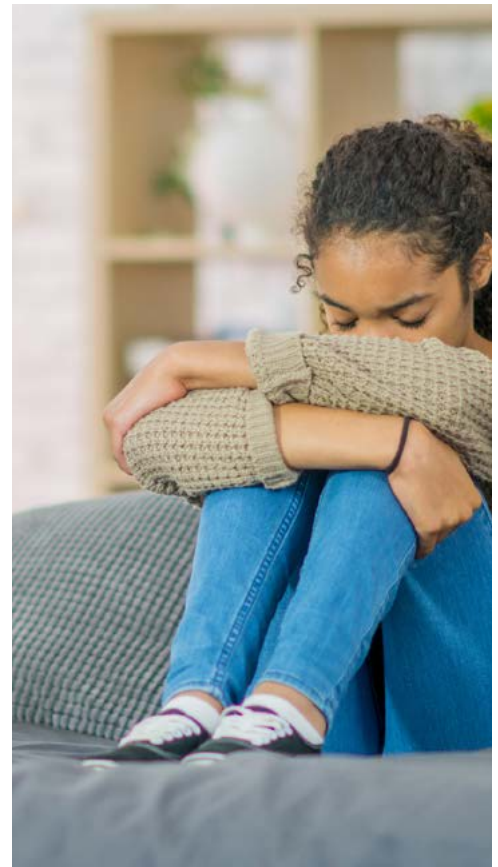
Negative trend

System involved youth have a plan to continue with their education or have a vocational plan and related identified services and supports.

- 56% of Oregon students were enrolled in college within 16 months of their 4-year high school cohort graduation rate

Under development

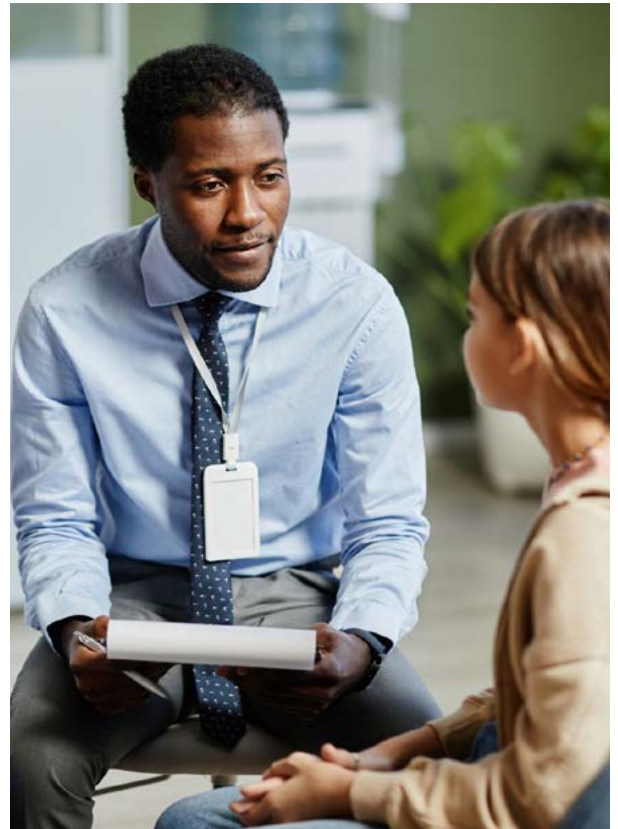
- The juvenile justice system is not used as a gateway to behavioral health services.



Introduction

Senate Bill 1 (2019) established [Oregon's System of Care Advisory Council \(SOCAC\)](#). SOCAC acts as a central, impartial forum for statewide policy development, funding strategy recommendations and planning. The council's goal is to improve the effectiveness and efficacy of the system of care, or continuum of services provided by state agencies in support of children and youth (ages 0–25) with complex behavioral health conditions and related disabilities.

In addition to establishing the SOCAC, [Senate Bill 1](#) also required SOCAC to identify and maintain “outcomes of services” that are provided to children and youth served by the Oregon Youth Authority (OYA), the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS).



The purpose of this data report is to share the outcome measures identified by the SOCAC Data Committee for the System of Care (SOC) Strategic Plan. While ten outcomes were originally identified in the [2021–2023 SOC Strategic Plan](#), measures and data sources were not included. The SOCAC Data Committee has spent the past year exploring potential data sources and measures, and is pleased to offer a set of interim outcome measures to monitor progress towards the system of care envisioned by SOCAC and community partners. SOCAC hopes these measures are considered in future decisions undertaken by the Council, as well as data driven activities undertaken by regional SOC partners. Moving forward, SOCAC aims to update and share this data as part of our annual report to the Oregon legislature.

The SOC is both a philosophical framework and an organizational structure. As a framework, the system of care believes that cross system collaboration is necessary to effectively support children and youth who have complex needs. As an organizational structure, SOC consists of the state level SOCAC and a network of regional SOCs convened by Coordinated Care Organizations (CCOs) and Tribal partners.



The SOC operates under three core values:

- **Family driven and youth guided**, with the strengths and needs of the child and family determining the types and mix of services and supports provided;
- **Community based**, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level; and
- **Culturally and linguistically competent**, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.

While most of the outcome measures can be disaggregated by race/ethnicity, region, and meet criteria related to feasibility, frequency, and alignment, it was difficult to identify measures valid and acceptable for each outcome. Many of the identified data sources and measures are proxy in nature, and do not fully encompass the intent of the outcome statements. Many of the outcomes are actually more process oriented, and do not describe the aims of a fully realized system of care. The statements also primarily focus on individual level outcomes, and not the transformative efforts required in systems and institutions. The focus on the individual contributes to blame shifting away from systems and institutions and instead, to the very people systems aim to serve, contributing to stigmatizing and false narratives. The identified measures also do not capture the equally important human stories and experiences within the data. Use of counts and percentages mask the individual and unique experiences of children, youth and families. While qualitative comments from the SOC Strategic Plan are threaded throughout this report, more efforts are needed to balance quantitative and qualitative data sources in measurement efforts moving forward.

Table 1. The criteria utilized to inform the selection of outcome measures.

Selection criteria	Definition
Equity promoting	<ul style="list-style-type: none"> • Measure addresses an area where inequities exist • Data are reportable by race/ethnicity • Data are reportable by gender • Data are reportable by sexual orientation • Data are reportable by disability • Data are reportable by income level
Community based	<ul style="list-style-type: none"> • Data are reportable by county or CCO • Indicator is already in use at local level
Lifespan	<ul style="list-style-type: none"> • Data are reportable by age
Valid, acceptable and attainable	<ul style="list-style-type: none"> • Right measure for the outcome; measure exists to evaluate the outcome. • Measure is evidence based • Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years • It is reasonable to expect improved performance on this measure.
Frequency	<ul style="list-style-type: none"> • Data is collected at least annually
Transformative potential	<ul style="list-style-type: none"> • Demonstrates an innovative measurement approach • Brings forward community voice
Aligned with other measure sets	<ul style="list-style-type: none"> • Key Performance Measures, CCO incentive metrics, etc.
Feasibility of measurement	<ul style="list-style-type: none"> • Data are already collected, or a mechanism for data collection has been identified.

Because of these numerous limitations, these outcome measures will be used on an interim basis through the release of the next SOC Strategic Plan in 2026. Reconsideration for these measures will occur through development of the Strategic Plan update. In addition, SOCAC staff and the SOCAC Data Committee will continue exploration for more valid and acceptable data sources, and in particular, measures that report on system outcomes, not just individual outcomes. Additional information about the methodology and limitations of each data source is found at the end of this report, pages 32–33.

Finally, although the primary aim of this report is to share the interim SOC outcome measures, the report concludes with a brief analysis of service utilization data from the [SOC data dashboard](#) – illustrating the valuable data it contributes to system improvement.

Outcome statements

Minor modifications have been made to the outcomes as originally written in the SOC Strategic Plan to clarify the intended outcome and/or match available data. Six measures were edited, and 1 outcome was added. The now 11 outcomes under consideration fall across five broad categories: Social determinants, knowledge and awareness, access to care, educational outcomes and system involvement. Red text indicates insertion of language; strike through indicates removal of language.

Social determinants

- All youth have connections to their community.
- All children and youth have a **permanent** home.

Knowledge and awareness

- **Families know about available services and supports.**

Access to care

- Youth can access care when they need it.
- ~~All~~ youth have access to **culturally and linguistically responsive care.**

Educational outcomes

- **System involved** youth graduate from high school.
- **System involved** youth have necessary independent living skills.
- ~~A~~ **system involved** youth have a plan to continue with their education or have a vocational plan and related identified services and supports.

System involvement

- The juvenile justice system is not used as a gateway to behavioral health services.
- Children in child welfare custody are served in home, wherever safety permits
- Young people involved in multiple systems do not, after the age of 21, enter the adult correctional system.



Social determinants


All youth have connections to their community.



In a dream world, what services would your community have?

“People who ACTUALLY listen! And support me no matter what.”

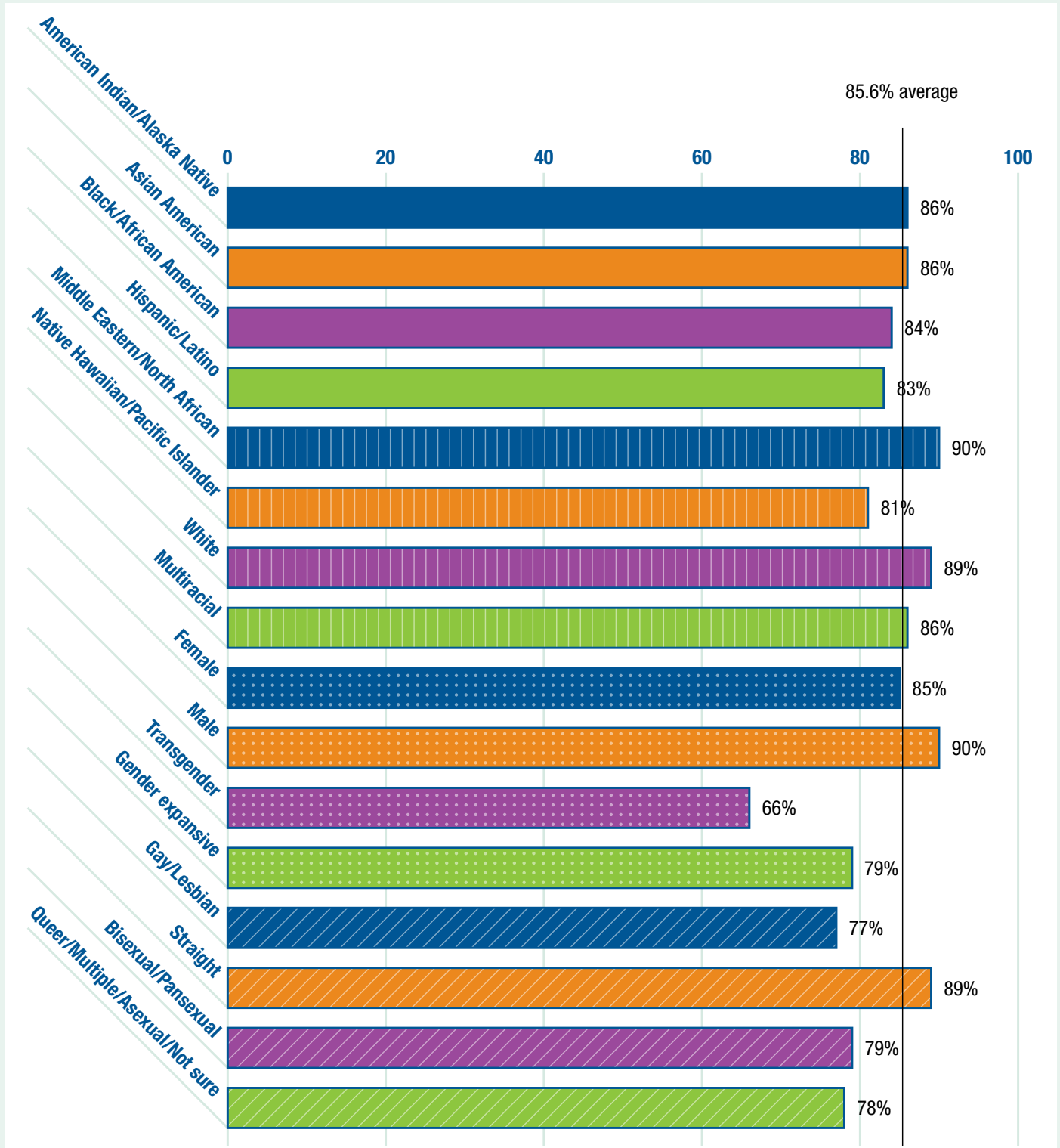
Positive social connections are critical for all children and youth. In particular, the presence of a trusted adult in a young person’s life is one of the most important protective factors. Youth who are socially connected are less likely to have mental health issues, experience violence, use substances, and/or engage in risky behaviors. Youth who have a trusted adult in their life are more likely to demonstrate healthy coping mechanisms and resilience when faced with distress or adversity.

Table 2. Percent of 8th graders with a safe place or person they can go to outside of school if they need help:
Intended direction — Up 

2020	2022	Trend
92.6%	85.6%	Too soon to tell

* Data Source: [Student Health Survey](#)

Graph 1. Percent of 8th grade students with a safe place or person they can go to outside of school if they need help:



[County level data is available online.](#) School district and/or school level data may be available by contacting your local school district or school directly.

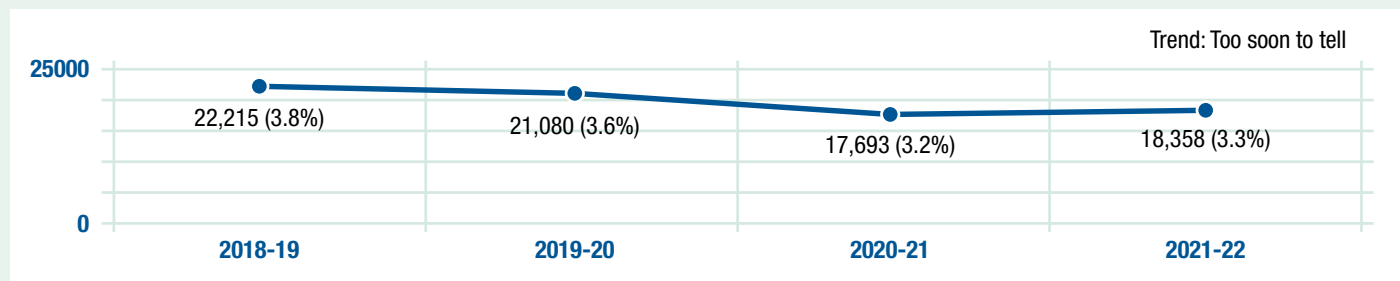
“We can’t find a place to live because of all the damage our son did in our last apartment.”



All children and youth have a permanent home.

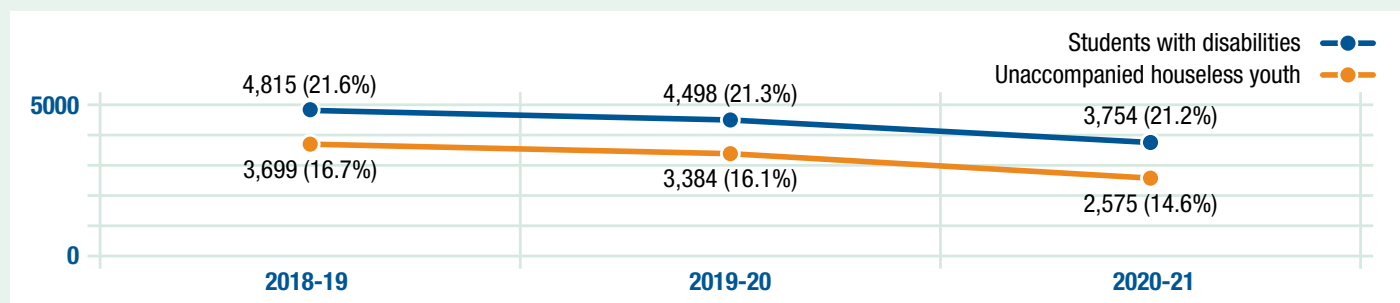
Stable, permanent housing is one of the most important social determinants of health. Children and youth who face housing instability experience challenges in accessing health care, services, education, and social connection.

Graph 2. Number/percent of houseless students by school year (K–12):
Intended direction — Down ↓



Data Source: [ODE – McKinney Vento Data](#). Living situations account for those who are in shelter, doubled-up, unsheltered, motel/hotel, and unaccompanied.

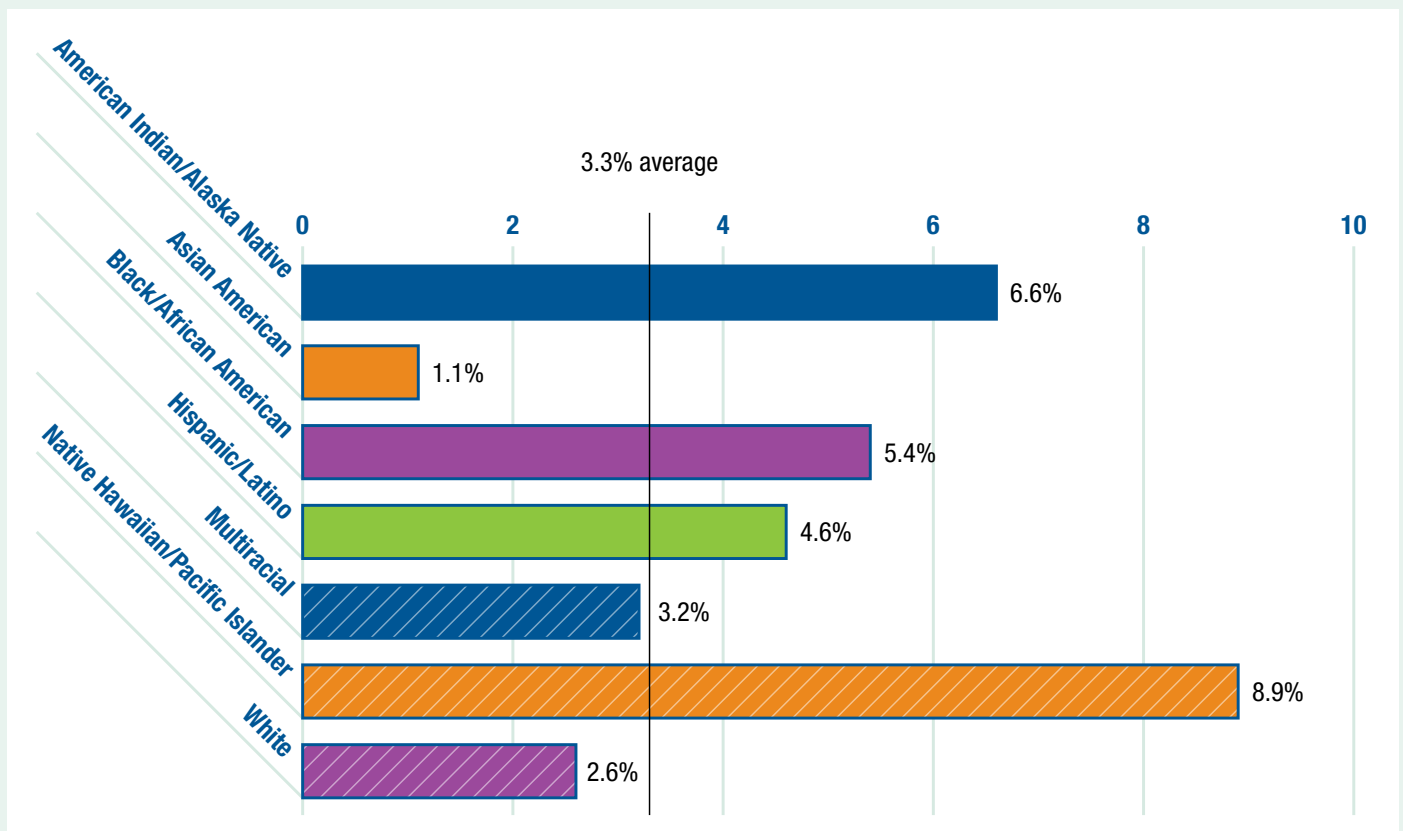
Graph 3. Number/percent of houseless students by subgroup:



Data Source: [ODE – McKinney Vento Data](#).



Graph 4. Percent of houseless students by race/ethnicity (2020–2021):



District data: <https://www.oregon.gov/ode/reports-and-data/students/Pages/Student-Enrollment-Reports.aspx>


Knowledge and awareness

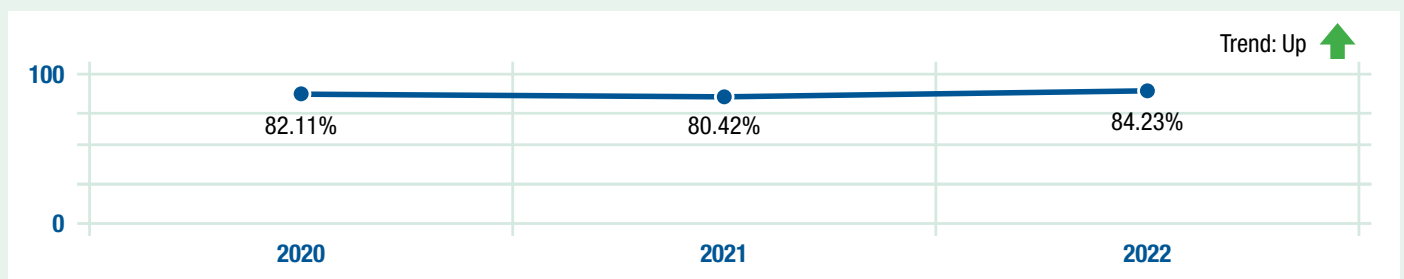
Families know about available services and supports.



“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.”

Many youth and families within the system of care report challenges in knowing about and/or understanding the various services and supports available to meet their needs. Information about services and supports is difficult to find, confusing, and may not be readily available in a person’s preferred language.

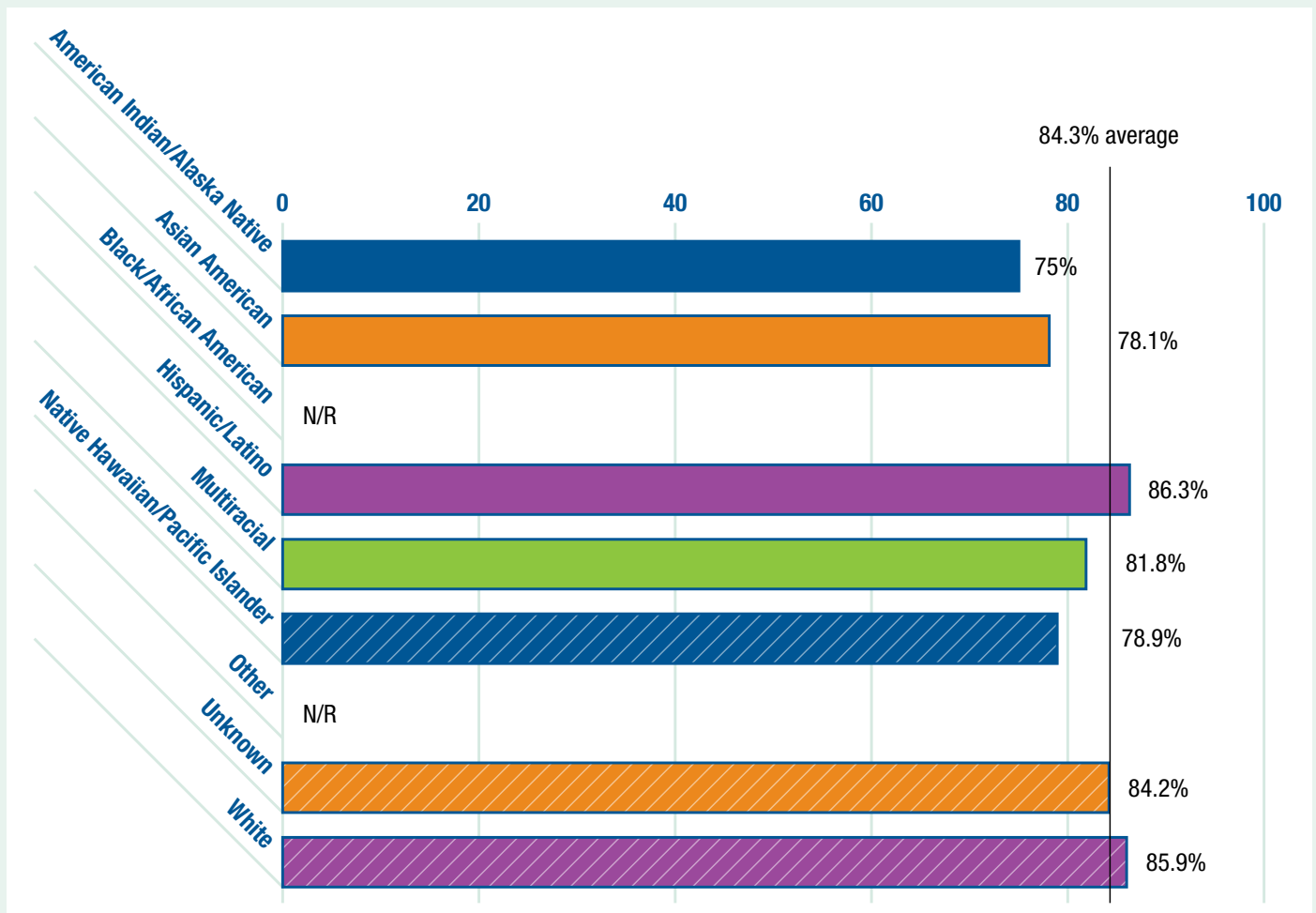
Graph 5. Percent of families who reported they got the information/help they needed from customer service. Intended direction — Up 



Data Source: [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Survey – Child Population](#)



Graph 6. Percent of families who got the information they needed by race/ethnicity:



[CCO specific reports are available online.](#)

Access to care

Youth can access care when they need it.



In a dream world, what services would your community have?

“Access to therapists without having to meet insurance requirements. If I want support then I should be able to get it.”

Mental distress is a risk factor for suicidal thoughts and behaviors, and diminishes overall wellness, development and school achievement. Ensuring access to care and services for system involved youth is critical, especially for youth who identify as LGBTQ+ and youth with disabilities who experience disparities in access. Access to mental health care is only one of many services needed for a robust system of care.

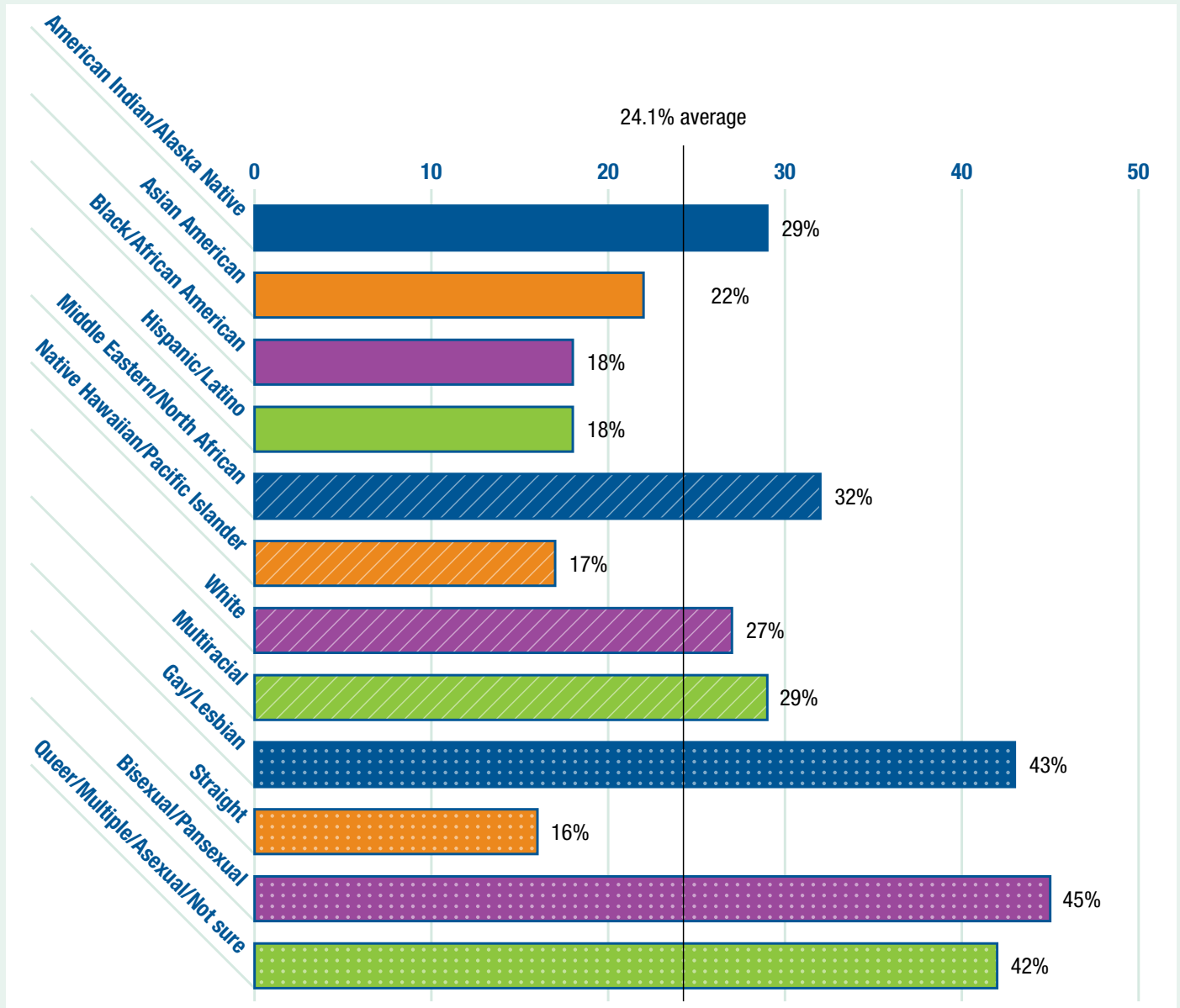
Table 3. Percent of youth who had an unmet mental health care need:

Intended direction — Down ↓

Year	2020	2021	Trend
Percent	23.6%	24.1%	No change

Data Source: [Student Health Survey](#)

Graph 7. Percent of youth who had an unmet mental health care need by race/ethnicity:



[County level data is available online.](#)

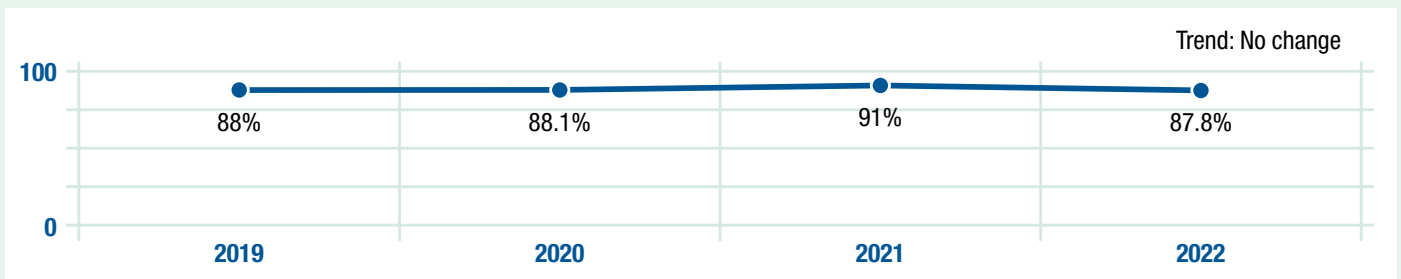
School district and/or school level data may be available by contacting your local school district or school directly

Youth have access to culturally and linguistically responsive care.

Provision of culturally and linguistically responsive care is both a foundational value and service with an effective of system of care. Culturally and linguistically responsive care means receiving services and supports that are provided in your preferred language, and by someone who shares a similar identity in things like race/ethnicity, gender identity, sexual orientation, disability, socio-economic status, religious belief, and geographic background. Children and youth who receive culturally and linguistically responsive care are more likely to stay engaged and have better outcomes.



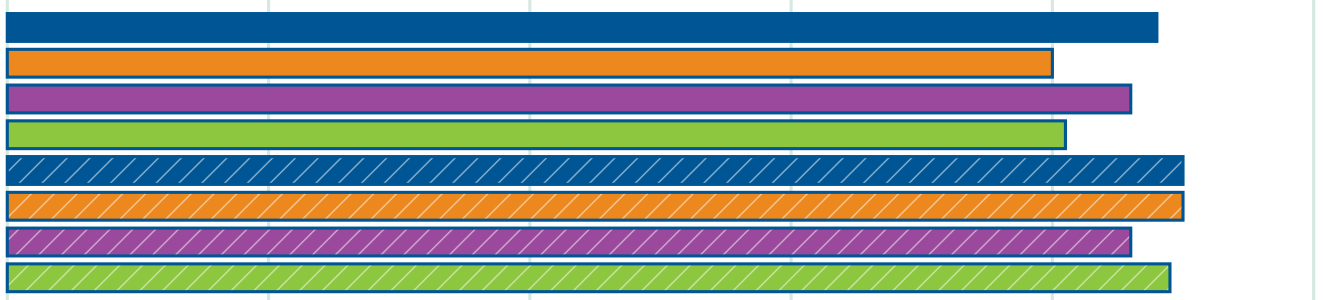
Graph 8. Percent of youth reporting culturally sensitive care: Intended direction — Up ▲



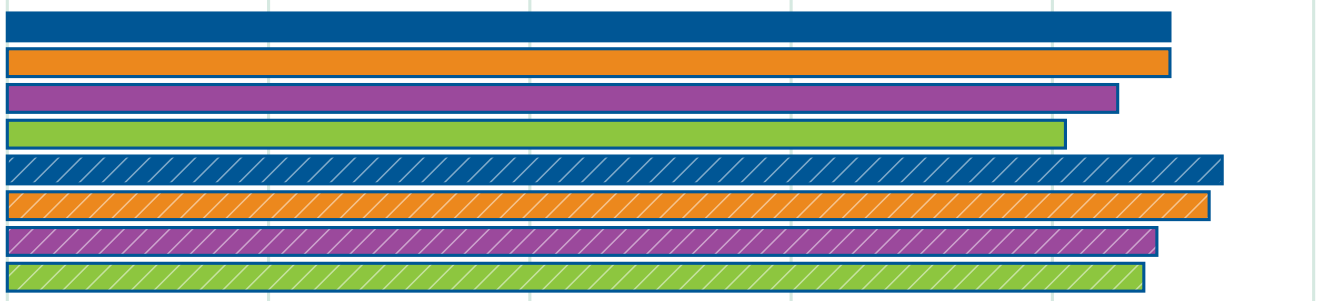
Data Source: Mental Health Statistics Improvement Program Survey (MHSIPS) – Youth Services Survey. The Cultural Sensitivity Domain from the MHSIP Survey is a composite score of positive responses (Agree or Strongly Agree) to four specific questions. Domain asks if staff treated the respondent with respect, respected their family’s religious or spiritual beliefs, spoke to them in a way they understood, and were sensitive to their cultural and ethnic backgrounds.

Graph 9. Percent of youth reporting culturally sensitive care, by race/ethnicity:

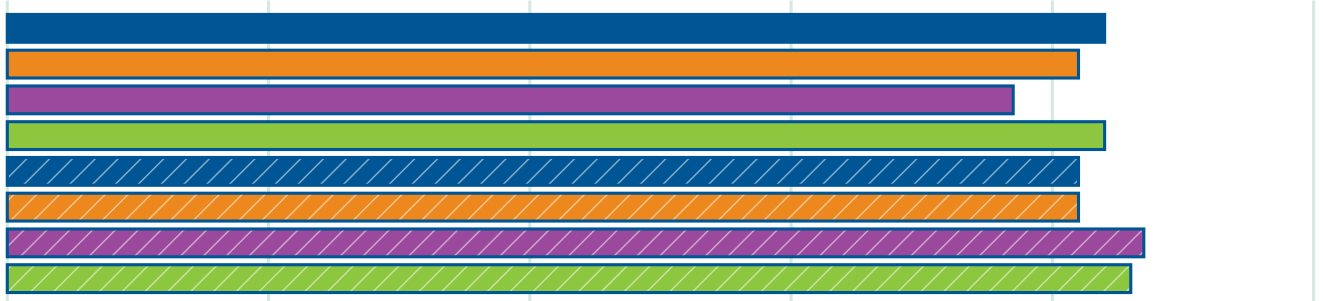
They were treated with respect



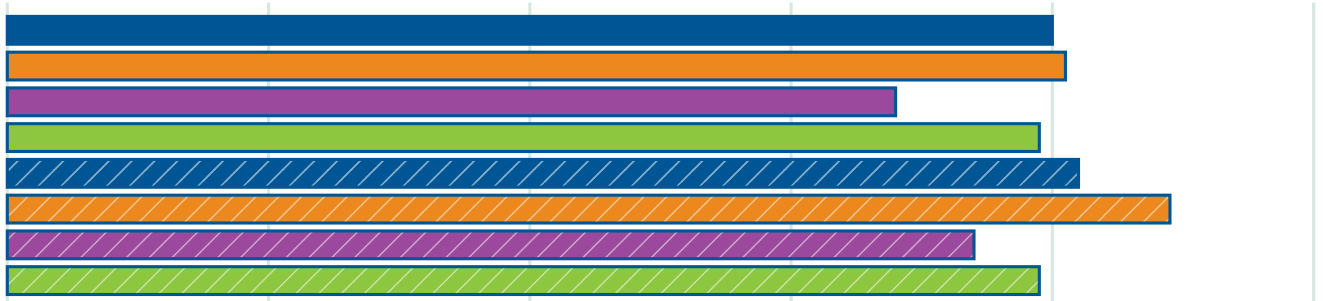
Their religious/spiritual beliefs were treated with respect



They were spoken to in a way they understood



Their cultural/ethnic backgrounds were treated sensitively



0 20 40 60 80 100



Data Source: CCO specific reports are available online.

Educational outcomes


System involved youth graduate from high school.

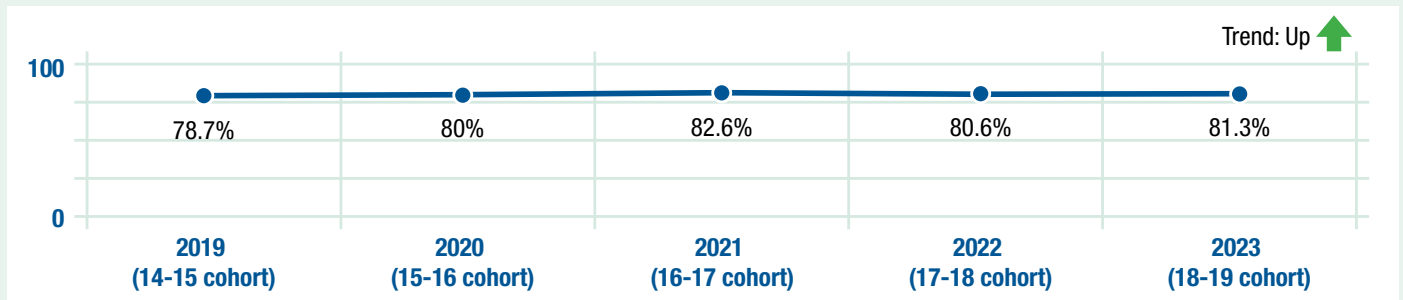


“Schools are some of the hardest systems to work within. They always tell you you’re doing it wrong.”

Completion of high school is a major milestone for all young people. While schools can be a source of support for students with complex needs, mental health and special education supports are often underfunded and lack coordination with other community-based services. Due to these systemic barriers, system involved youth are less likely to graduate on time as compared to their peers. System involved students may be more likely to be home schooled, or to drop out of school altogether, and are not reflected in the provided data.

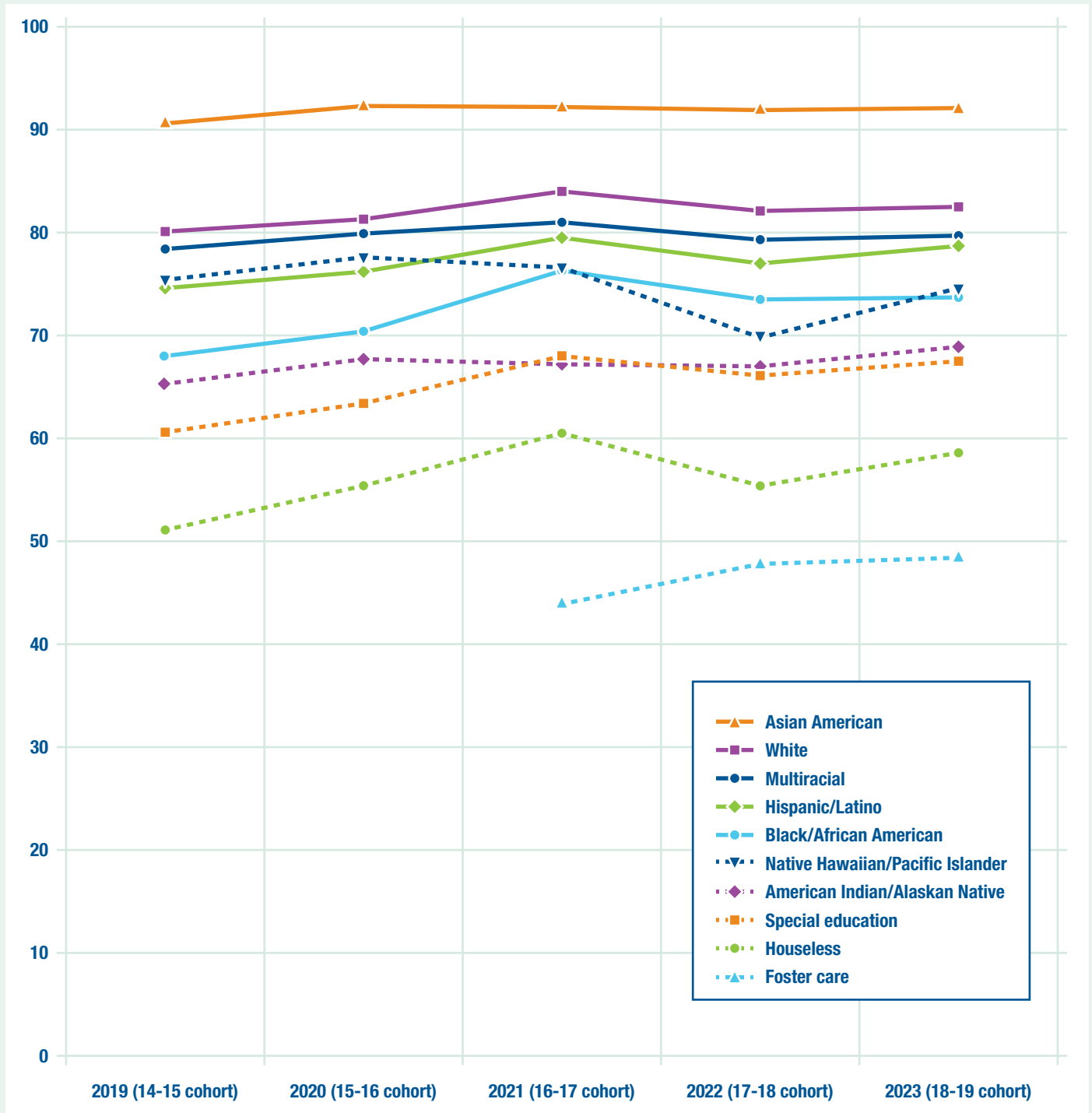
Graph 10. Percent of students who complete high school within 4 years:

Intended direction — Up 



Data source: [Oregon Department of Education](#)

Graph 11. Percent of students who complete high school by subgroup:



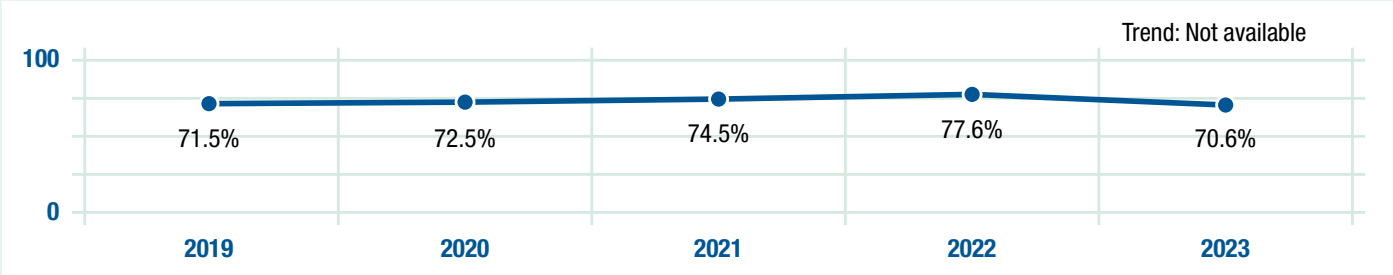
County and district data: <https://www.oregon.gov/ode/reports-and-data/students/Pages/Cohort-Graduation-Rate.aspx>



System involved youth have necessary independent living skills.

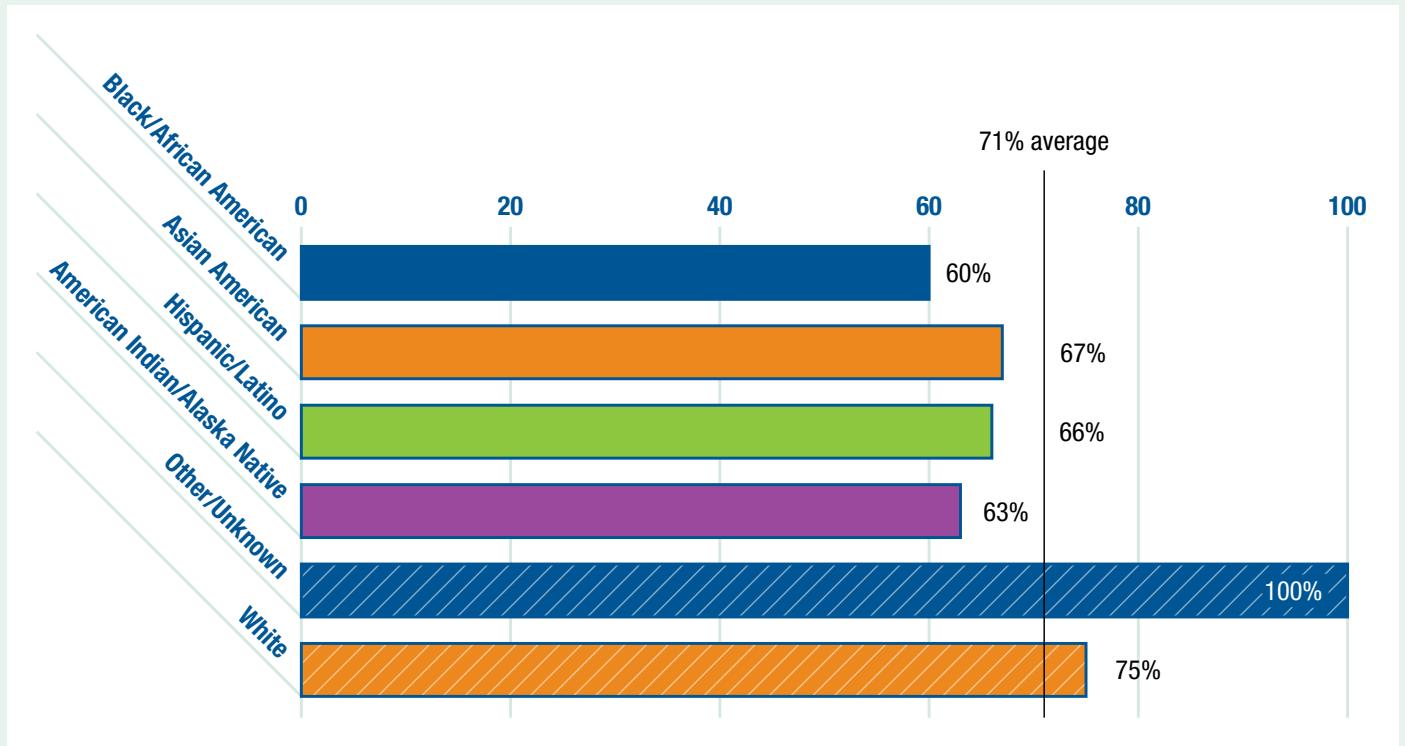
Independent living skills include things like the ability to manage money, understand housing options and take care of a home, find and navigate transportation, stay healthy, and find and maintain employment. System involved youth may have difficulty acquiring these skills because of interruptions in home and school settings where these skills are often learned. Development of independent living skills should be incorporated into services and supports available to system involved youth.

Graph 12. Percent of OYA involved youth living independently, at home (on OYA parole/probation), or in OYA foster care who are engaged in school, work or both within 30 days of placement by year:
Intended direction — Up ↑



Data Source: [Oregon Youth Authority](#)

Graph 13. Percent of OYA involved youth engaged in school or work within 30 days by race/ethnicity:




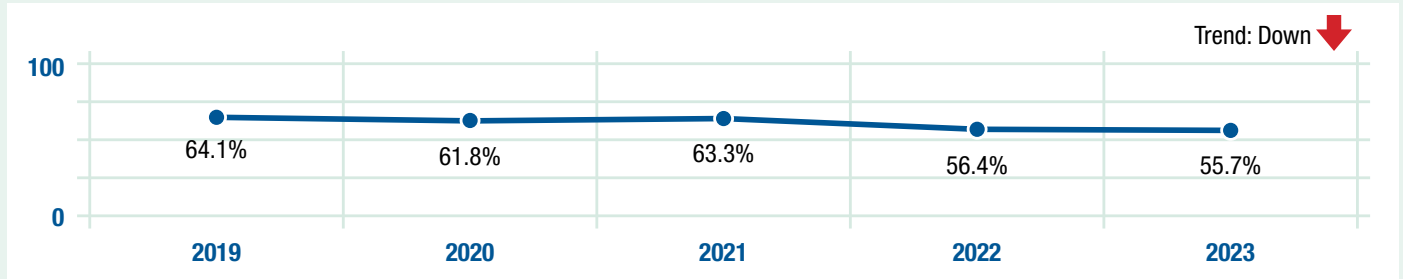
Data Source: [Oregon Youth Authority](#)

System involved youth have a plan to continue with their education or have a vocational plan and related identified services and supports.

High school diplomas are insufficient to secure a living wage job, but the cost of higher education is a major barrier for young people. Regardless of how system involved youth obtain a high school degree, additional supports are needed for barrier free access to continuing education in colleges and universities, community colleges, vocation specific training, and vocational rehabilitation programs.

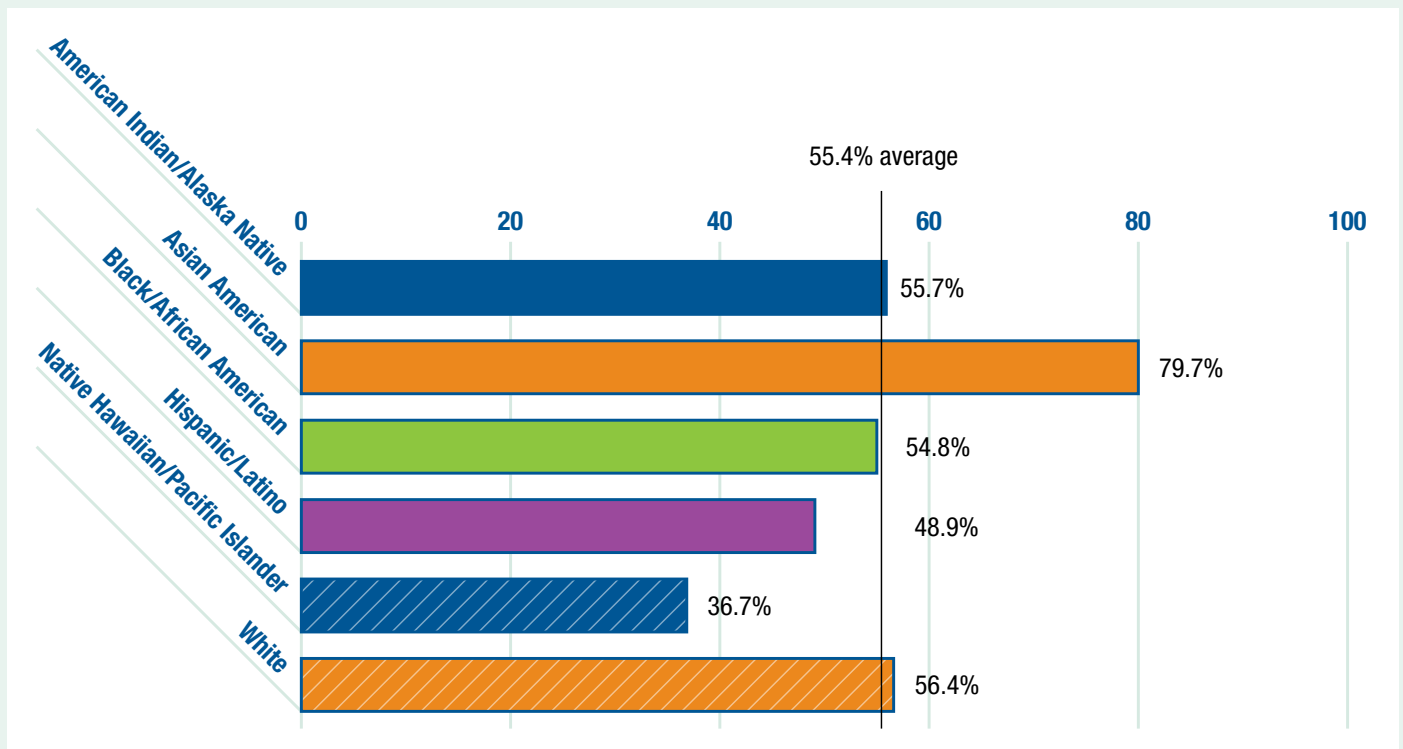


Graph 14. Percent of Oregon students enrolled in college within 16 months of their 4-year high school cohort graduation rate by year: Intended direction — Up 



Data source: Higher Education Coordinating Commission

Graph 15. Percent of Oregon students enrolled in college within 16 months, by race/ethnicity:



Data source: Higher Education Coordinating Commission

System involvement

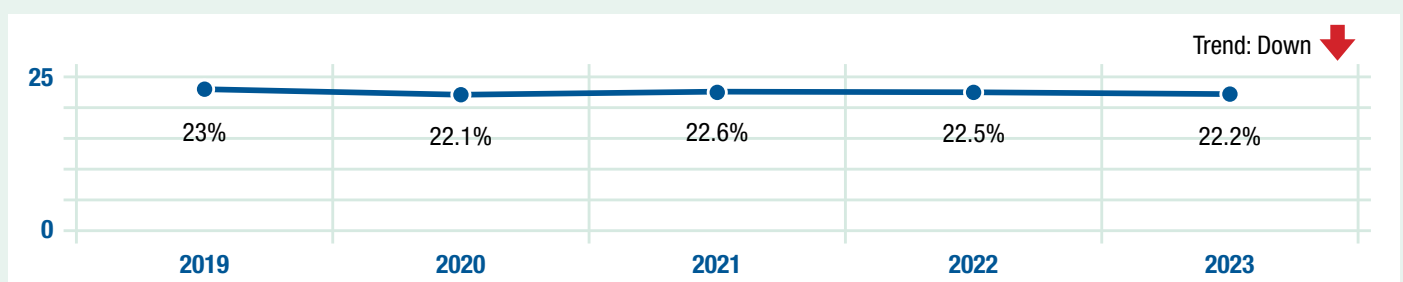
Children in child welfare custody are served in home, wherever safety permits.

“The system didn’t help, they tortured me. DHS was not professional, they don’t see how hard we work, and [how important] family is. They destroyed our families, took our kids away before [assessing us] Hispanic families are more targeted than white, we face discrimination all the time [in] navigating services.”



Placement of children in foster care is the most restrictive and least desirable outcome to manage child safety. The bond between children and their parents is extremely important and disrupting it has detrimental, long-term emotional and psychological consequences to children. While there are certainly cases where removal is necessary, studies have demonstrated that children suffer complex and long-lasting harm when they are removed from their parents and placed into foster care. Black and brown children are twice as likely as their white peers to be placed in a resource home. Oregon continues to evaluate and develop resources in communities throughout the state to support family stability, or return children home as quickly as possible after being placed in substitute care.

Graph 16. Percent of children involved with child welfare who were served while residing in their parent’s home by year: Intended direction — Up 



Data source: [Oregon Department of Human Services](#)

Inequities: Disaggregated data not currently available.

In a dream world, what services would your community have?

“[No] 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.”



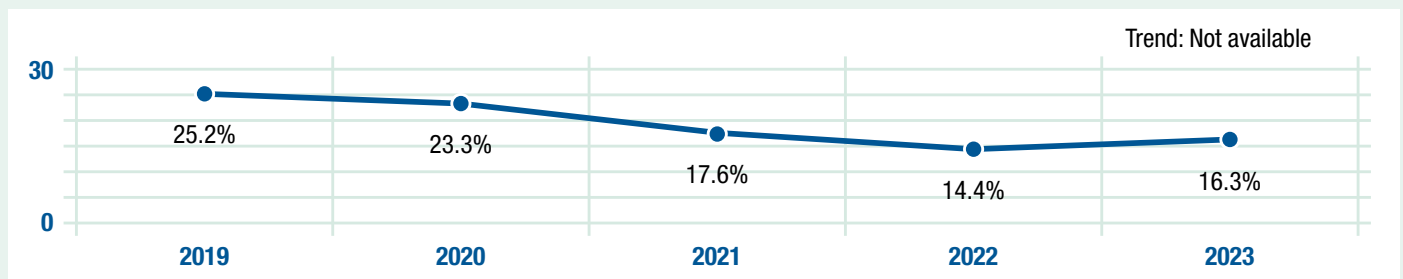
The juvenile justice system is not used as a gateway to behavioral health services.

Measure: Under development

Young people involved in multiple systems do not, after the age of 21, enter the adult correctional system.

Incarceration in the prison system has lifelong impact on families. Adult incarceration is the end result of a birth to prison pipeline that disproportionately impacts communities of color, especially African American/Black men. A functional system of care provides numerous opportunities to interrupt this pipeline. Through early intervention and access to culturally and linguistically responsive services, adult incarceration can be prevented.

Graph 17. Percent of youth committed to OYA for probation who have a felony conviction within the following 3 years: Intended direction — Down ↓



Data source: [Oregon Youth Authority](#)

System of care data dashboard

[The System of Care \(SOC\) Data Dashboard](#) was enacted through legislation by Senate Bill 1, during the 2019 legislative session, and reaffirmed by Senate Bill 4 during the 2021 session. The SOC Data Dashboard consolidates service utilization data from a number of state and county data sets. The Dashboard allows providers, researchers, policy makers, administrators, and the public to evaluate SOC related data, identify trends, and better inform policy and funding decisions aimed at improving equitable outcomes for children and youth within the system of care.

Per Senate Bill 1, the System of Care Advisory Council (SOCAC) shall maintain the Children's System Data Dashboard, which must include, at a minimum, the following local and statewide data:

- A. The number of children under 21 years of age, wards, youth and youth offenders being served by the Oregon Youth Authority, the Oregon Health Authority and the Department of Human Services;
- B. The number of children, wards, youth and youth offenders who are currently living in each of the following situations:
 - a. At home;
 - b. In substitute care; or
 - c. In specific placement;
- C. The number of children, wards, youth and youth offenders who were previously identified as being in danger of removal but who have been able to remain in their homes;¹
- D. The number of children, wards, youth and youth offenders who are living in hotels, out-of-state placements, congregate care facilities, shelter care or emergency department boarding;
- E. The length of time the children, wards, youth and youth offenders have been waiting to access services or appropriate placements; and

¹ Data not collected or reported as of September, 2023

F. Outcomes of services that are provided to children, wards, youth and youth offenders by the Oregon Youth Authority, the Oregon Health Authority and the Department of Human Services.

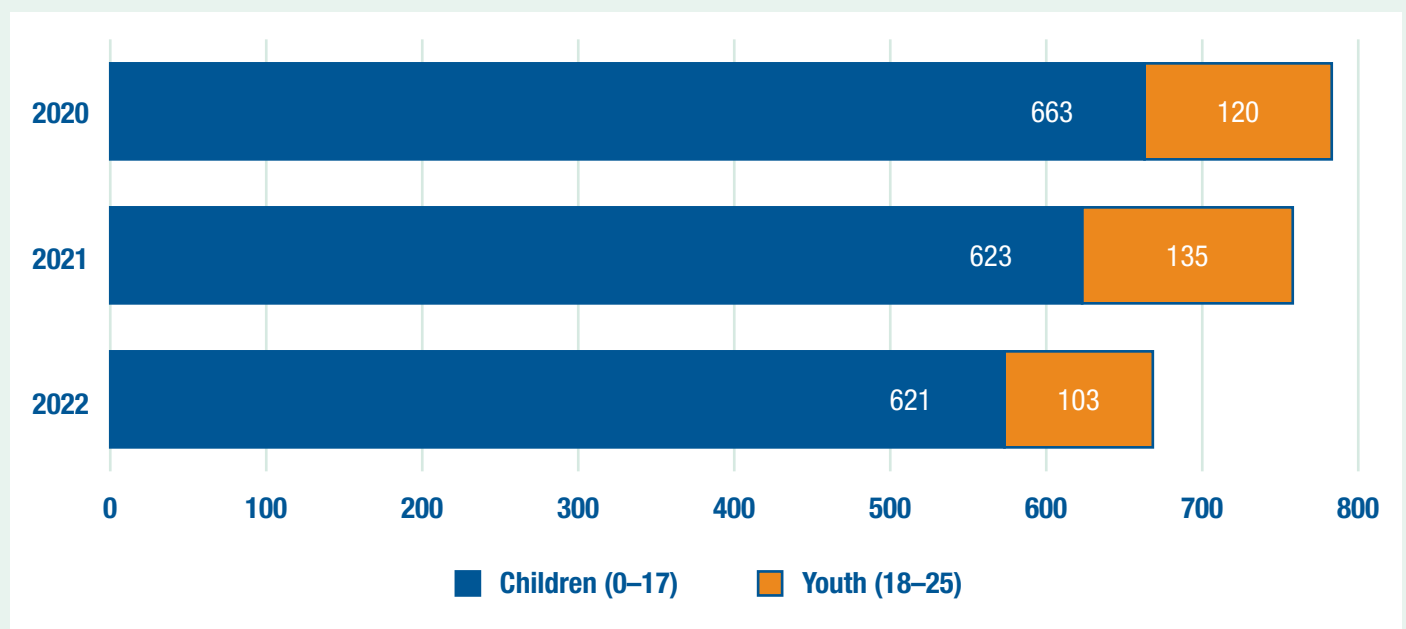
The System of Care Data Dashboard illustrates service utilization data from three state agencies (OHA, ODHS and OYA), and county juvenile justice services. While the dashboard doesn't tell us who needed a service, or the outcome of a given service, it is a valuable source of information about what services are being used, where they're being delivered and who's using them. Additional service data, and disaggregated data by race/ethnicity, gender and age is available, in addition to ability to filter by specific CCOs and most counties. Future improvements to the dashboard will improve accuracy of demographic data and incorporate outcome data from the education system.

Overview – multi-system involvement

The overview tab of the dashboard consolidates data about children and youth, ages 0–25, who were involved with at least one of the following systems:

- Medicaid funded Behavioral Health
- Child Welfare
- Intellectual and developmental disability (I/DD)
- County and/or state juvenile justice

Graph 18. Number of young people served by 3 or more agencies:

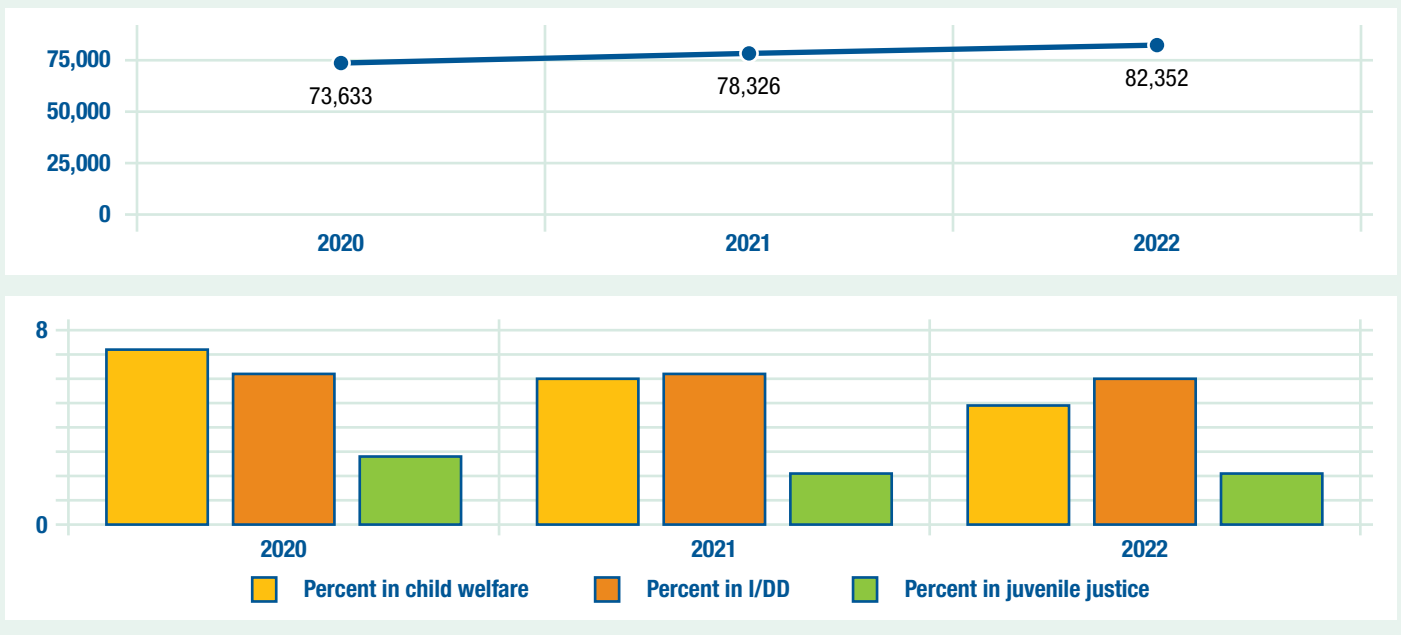


Behavioral health



The number of young people who have received at least one Medicaid funded behavioral health service is increasing. Of those who received a behavioral service in 2022, less than 5% were also involved with the Child Welfare system, 6% with the I/DD system, and only 2% with the county or state juvenile justice system.

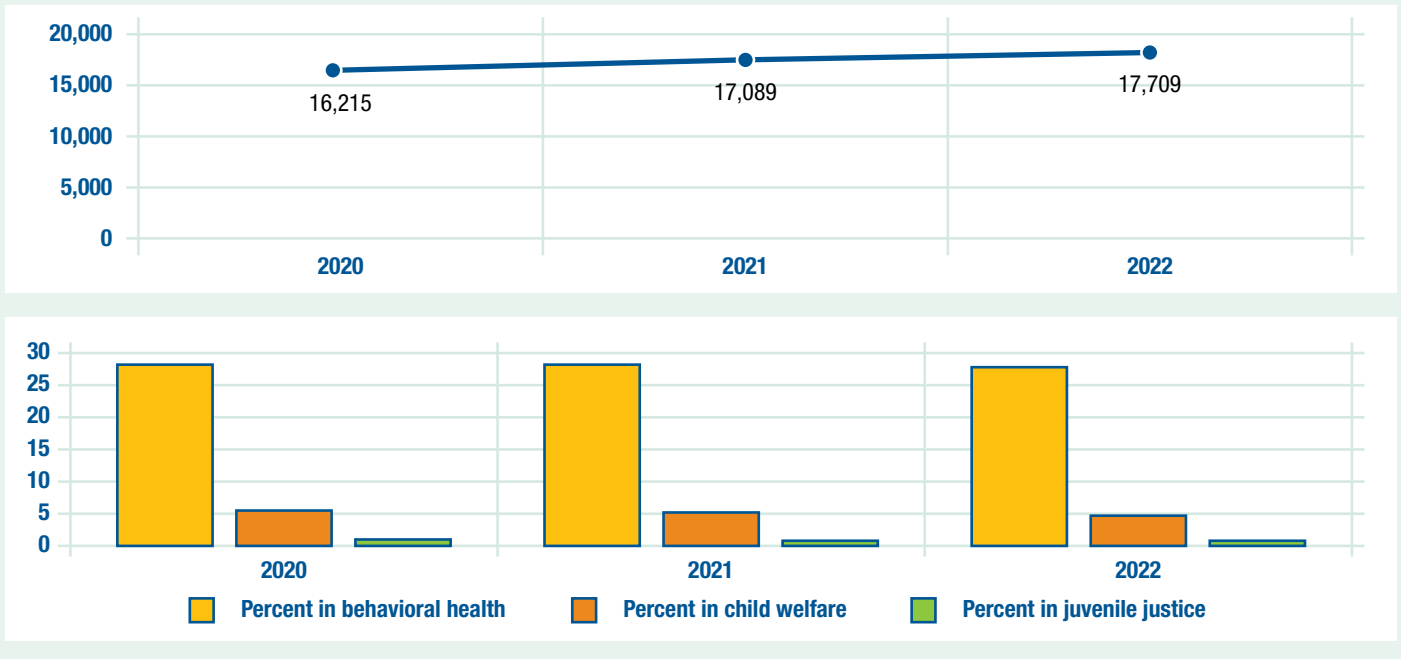
Graph 19. System involvement among youth (0–25) receiving behavioral health services:





The number of young people receiving I/DD services is increasing. Of those who received an I/DD service in 2022, 28% also received a behavioral health service, 5% were in child welfare, and less than 1% were involved with juvenile justice.

Graph 20. System involvement among youth (0–25) receiving I/DD services:

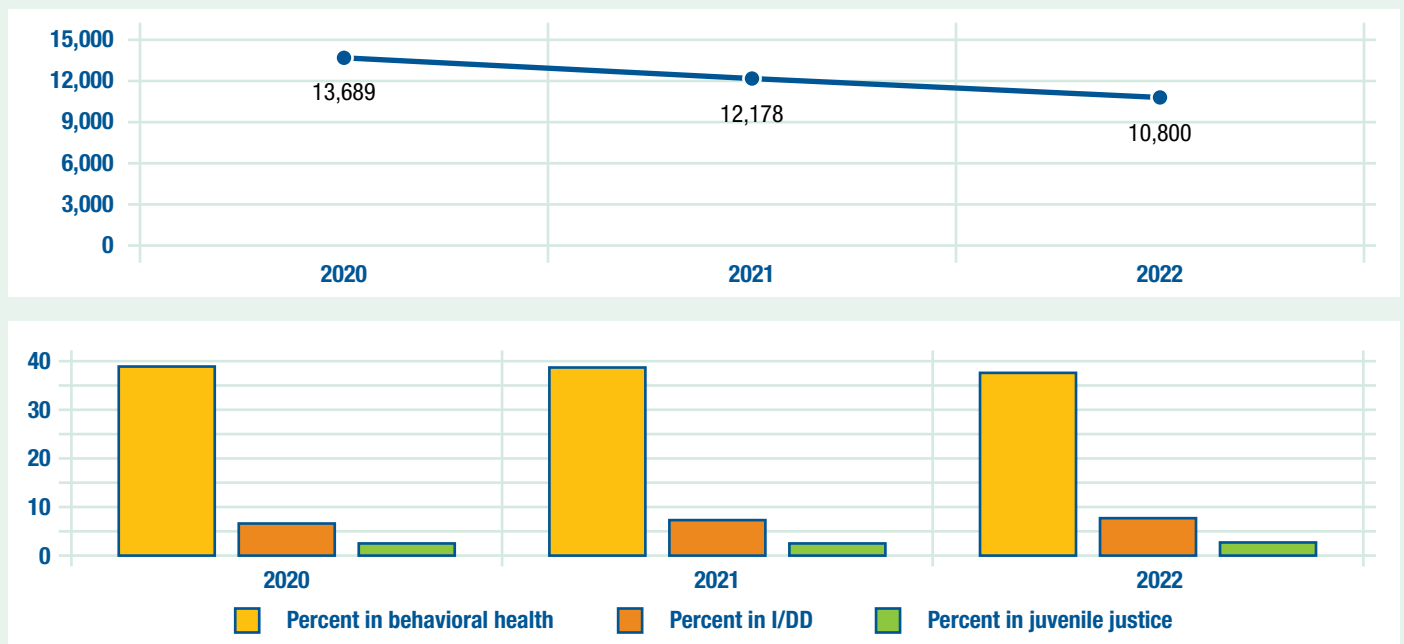


Child welfare



The number of young people served by Child Welfare is decreasing. Of those who received a service from Child Welfare in 2022, over 1/3 were also in Medicaid funded behavioral health services, 8% were in I/DD services, and less than 3% were served by juvenile justice.

Graph 21. System involvement among youth receiving child welfare services:

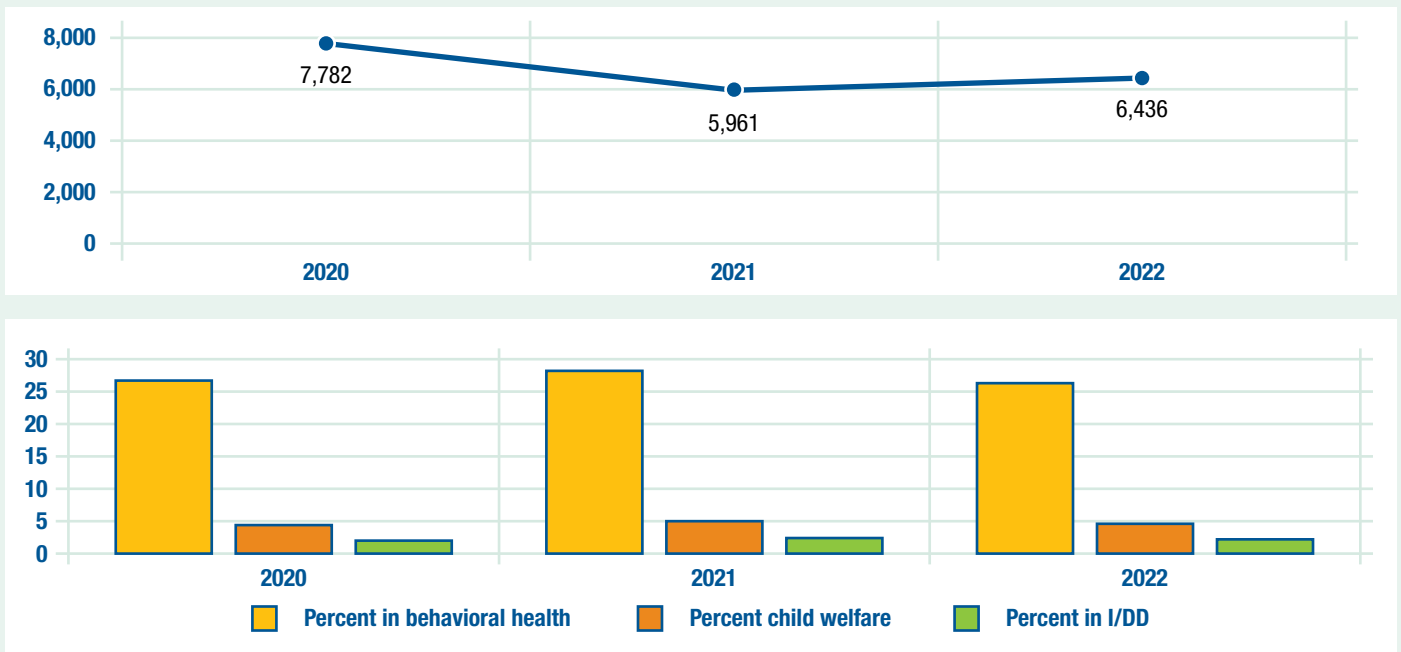


Juvenile justice



The number of young people involved in juvenile justice has been relatively flat the past 3 years. Although there was decline from 2020 to 2021, the number involved increased in 2022. Of those who were engaged in either county or state juvenile justice services, approximately a quarter were receiving Medicaid funded behavioral health services, less than 5% were involved with child welfare, and approximately 2% were also being served by the I/DD system.

Graph 22. System involvement among youth receiving juvenile justice services:



Data sources

Mental Health Statistics Improvement Program Survey

The [Mental Health Statistics Improvement Program Survey \(MHISP\)](#) is a survey administered to people in Oregon who received Medicaid-funded mental health services in outpatient, psychiatric residential or psychiatric day treatment settings. Different versions of the survey are administered to adults ages 18 and older, to youth ages 14 to 17, and caregivers of children and youth under the age of 18. Statewide, 687 youth between the ages of 14 and 17 responded to the 2022 Youth Services Survey for a response rate of 17.4%. Data is disaggregated by race/ethnicity and CCO.

Student Health Survey

The [Student Health Survey \(SHS\)](#) is a comprehensive, school-based, anonymous and voluntary health survey of 6th, 8th and 11th graders conducted in even-numbered years. Data is disaggregated by race/ethnicity, gender orientation, sexual orientation and county. The survey is informed by a Youth Data Council. Schools and districts have historically opted into the survey, but will be required to participate in future years per legislation that passed in 2023. Respondents are limited to youth who are enrolled and attending public school at time survey is administered.

Oregon Key Performance Measures

[Key Performance Measures](#) are reported annually by all state agencies to the Oregon legislature. The [Annual Performance Progress Report \(APPR\)](#) is the primary expression of agency performance measured against legislatively approved Key Performance Measures (KPM). KPMs have been reported since 2016.

Consumer Assessment of Healthcare Providers and Systems Survey

The [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Survey](#) asks consumers and patients to report on and evaluate their experiences with health care. Members of each Coordinated Care Organization (CCO) and fee-for-service (FFS) members are surveyed. The survey measures member satisfaction with the experience of care and gives a general indication of how well the health plan meets members' expectations. Data is disaggregated by CCO and FFS. It's administered via internet, mail and telephone, and is currently conducted in English and Spanish. There are separate surveys for the adult population (ages 18+) and the child population (ages 17 and younger). For the child survey, an adult caregiver is asked to respond on behalf of the child. Eligible members are defined as plan members who were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. For the most recent survey (measurement year 2022), nearly 6000 people completed the child survey, with a 15.1% response rate.

McKinney Vento Data

Every school district in Oregon has at least one designated Houseless Student Liaison to provide direct assistance to families navigating houselessness and unaccompanied youths to access and achieve in school. If a student thinks they are eligible or if someone believes a student is eligible for McKinney Vento, they can contact their district's Liaison. The list of contacts for each Liaison is publicly posted on ODE's website. The link for the most up to date contact list is found [here](#). Most of the characteristics reported are self-identified, through either student registration paperwork, or through conversations with educators in the direct realm of the student. Each school/district has their own methods for student identification. Visit [ODE's website](#) for more information on the McKinney Vento program.

All school districts and non-residential statewide Local Education Agencies need to submit data annually in the spring to the Oregon Department of Education. Head Start and other public preschool education programs are surveyed directly.

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