



Health Department

Date March 21, 2019

TO: The Honorable Sara Gelser, Chair
Senate Committee on Human Services

SUBJECT: SB 1 Establishes Statewide System of Care Taskforce

Chair Gelser and members of the committee; my name is Ebony Clarke. I lead Multnomah County's work around mental health and addiction services as the Interim Director, and today, am speaking before you on behalf of AOCMHP (Association of Oregon Community Mental Health Programs). I am here to testify in support of Senate Bill 1, and to advocate for amendment language to include Local Mental Health Authorities and consumers as members of the taskforce.

By establishing a statewide System of Care Taskforce, children, youth and families involved in multiple systems will be better resourced and connected to needed supports and services. This effort will help strengthen the regional system and collaboration across systems. With more structure and intentionality, we will be able to serve and support consumers and constituents by reducing barriers and having a more unified voice to advocate for state level systems change.

Before I get into the specific changes Multnomah County would like to see in the legislation and justification, I would like to illustrate some of the larger system problems that are impacting youth in our region and beyond. In Oregon, there is a lack of spaces for appropriate placements and appropriate services to meet the unique needs of youth in our foster care system, especially when they have specialized needs or are in the midst of probation or parole. There are times when youth receiving mental health services in Multnomah County are placed out of area because there is not an appropriate placement for them within the region. When this happens, these youth experience difficulties navigating a new CCO in a new environment and challenges with shifting providers and services. This lack of consistency and stability has a compounding effect on the trauma they have already experienced, and can lead to more mental health issues and oppositional behaviors. With a youth presenting as more symptomatic, the result is often more transitions in placement.

Our State system is underfunded and under-resourced to meet the needs of these youth and families. When a youth cannot be served well based on what services and resources are available, they are often times moved into higher levels of monitoring or

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care. An example would be, a youth is on probation and needs to be placed in an unlocked behavioral rehabilitation program (BRS) for monitoring. This is a program where the youth is able to leave and return throughout the day, but is more restrictive than a youth placed in a home with electronic monitoring. Because of the limited availability of these slots, a youth may be sent into a more restrictive monitoring placement like a locked BRS or detention. When there are no places or services to meet the needs, these youth are sent elsewhere for services and safety. Yes, there are times that youth are placed out of area within Oregon, and there are also times that our youth are placed out-of-state in programs and services that can better meet their needs because we (the State) cannot. This disruption in services and separation from formal and natural supports can lead to more behavioral health issues, aggression and self-harm behaviors. We know this a more frequent problem in urban areas with youth being bumped out of our county, and not being able to be served well at sites within the State.

Across the State, there are pockets of efforts to create lasting system changes to remove these barriers and keep our children and youth home, within Oregon and near natural supports. Oregon Youth Authority, Oregon Health Authority, Department of Human Services and county government agencies alike, are working together where they can in formal and informal ways to figure out how to address the crisis in foster care. From Multnomah County's experience, we have really begun to make some strides in streamlining and collaborating through the tri-county region's efforts within our local CCO, Health Share of Oregon. We have come together as a region to create a layered System of Care governance structure that's inclusive of consumer stakeholders to hone in on mission, values and action. Because of the structure, consistent meetings and working together, it has become easier to communicate and collaborate - especially around issues affecting children, youth and families who move across county lines. We know for the population we are serving, mobility is a huge issue and barrier with the prohibitive cost of housing in the metro area so this type of coordination is critical.

What is powerful and gives me optimism about this bill is that we will be able to have the commitment and means to collaborate across the State on these huge issues. Youth and families do not just move within the tri-county region. Placements of Multnomah County's youth do not only happen in the tri-county region. This is happening across the State, and therefore, we need a consistent and coordinated conversation in order to do the real work of collaboration and collectively impacting systems change. We have seen great success at the regional level, but know that when it comes to policies and funding challenges that the State is where the power resides to make those changes. This System of Care taskforce will act as a catalyst to create the structure needed to

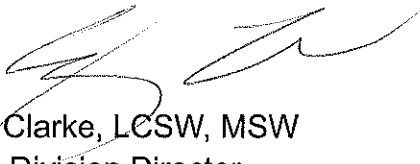
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leverage the voices of youth and families to guide advocacy efforts and reduce barriers for them to get the care they need within the State of Oregon.

We agree this legislation is a good idea, and would like to see some changes in the makeup of the taskforce. The missing piece in this bill is explicit language to ensure that the Local Mental Health Authorities (LMHAs) and consumers, specifically from communities of color, are represented on the taskforce. Including LMHAs in this work is essential to truly addressing the challenges across systems and a cohesive System of Care. Without consumer voices and communities of color represented, this taskforce's efforts would not be able to meet the needs of youth and families most impacted by these systems. With any new legislation, we must ensure that those most affected by the decisions and the work have a voice and are able to speak from their lived experience to change the systems that have so often left out individuals who are marginalized.

At Multnomah County, improving the Behavioral Health system is a top priority and this legislation will support improving the system for children, youth and families. We have the opportunity to take to heart the voices of these youth and families, and I hope that you will take these recommended changes into account and ensure all of Oregon's children and youth are able to be supported and thrive in this place they call home.

Thank you, committee members, for this opportunity to testify. I would be happy to be a resource if you have any questions.



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