Senate Committee on Human Services Testimony
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The problem:

- Oregon's statewide capacity to safely and effectively support youth and families with "high needs" is fast eroding. These young people:
  - struggle with significant and persistent safety risks to themselves and others,
  - are often in DHS custody, and
  - too frequently end up in the JJ/OYA system
- The system that exists today to support these youth and families is highly fragmented. This specialized population does not fit neatly into the mandates and funding silo's in our state, resulting in their needs not being met:
  - Unsafe and inappropriate placement of youth in hotels and out of state,
  - increased use of emergency departments to manage crises,
  - and a general lack of accountability to comprehensively solve the problem.
- Each of Oregon's child serving agencies do what they can within their mandates and funding resources but youth are slipping between them every day. These include:
  - 16 CCO's many of whom subcontract behavioral health services to other entities creating a great many more complications statewide;
  - 16 child welfare districts – not fully aligned with the CCOs,
  - Developmental disability programs
  - County based juvenile justice programs,
  - Oregon Youth Authority
- This is a relatively small but challenging population with HIGH needs and equally high costs of care
- These needs and costs are exacerbated by the fragmented approach to helping them.

FURTHER:

- A small but specialized population calls for a specialized and accountable system to support them.
- The system must be responsive to their needs, flexible in the manner in which those needs are met, and accountable for the whole health of the population.
- This is the fundamental underpinning of the CCO's but problems persist because of age old distinctions between social determinates of health and diagnosable behavioral health conditions. For example:
  - All too often a child will receive significant support from an acute, subacute, or prts placement only to be discharged to a shelter because their problems are now placement related.
  - Emergency rooms are overrun by children and families with nowhere else to turn. Insurance companies (Medicaid and commercial) often deny needed services or simply don't have access to them
  - Children with high needs are being placed into under-resourced foster homes. After doing all they can, these foster families bring the children to the ED or "give them back" to child welfare, who are in turn using hotels and out of state placements
  - Etc. etc
- The majority of the youth in system today are well supported by it. This concept aims only at shifting the funding and management of relatively small but highly specialized group of young people.

- There is precedent for this type of effort in other states including such things as creating a single entity responsible for managing the Medicaid benefits of all foster and post adoption youth in a given state (see Washington, Indiana, ??)

SB 944 is designed to solve this problem: It effectively does 3 things

Some form of this has been called for by others in the state (JJMHTF, and CCO letters)

I. Establish a state level, multi-sector *leadership council* with the authority and ability to:
   a. Clearly define the target population[1] and fully explore options to meet the needs of these youth.
   b. **Consider alignment of funding streams and policies across child serving agencies** to ultimately ensure sustainable service implementation guided by the needs of these youth and families.
   c. *Leadership council* will bring a proposal to the 2018 Legislature to create a single coordinated entity designed specifically to meet the needs of the target population - outside of the fragmented system in place.
      i. **Build on things that work in Oregon and elsewhere (SOC, Carve out MCO, etc)**
      ii. Proposal should be fundamentally cost neutral with some of the existing resources for each of the entities partly responsible for these youth being reallocated to a new one.
      iii. New entity to be responsive to each of state agency mandate but driven by and accountable for the needs of the youth.

II. Child and Adolescent High Acuity Services: Fund a 24/7 dedicated high acuity services line for children and adolescent providers and advocates (approx.. cost: $175k/year with $50k start up).

Stage I: CALL CENTER AND DATA MANAGEMENT:
   a. Develop and maintain statewide capacity management system.
      1. Providers feed in data data
      2. Track time from first contact until appropriate placement is located
      3. Document need for services

III. Appoint a Governor's Behavioral Health Policy Advisor to coordinate behavioral health service across all State agencies.