

Senate Bill 137 Testimony

March 25, 2019

Tabitha Jensen, Director of Strategic Initiatives – New Avenues for Youth

My name is Tabitha Jensen and I am the Director of Strategic Initiatives at New Avenues for Youth. Nearly two years ago, New Avenues was approached to develop a temporary housing program for foster youth ages 9-20 as part of a legal settlement for the hoteling crisis. We now provide these services in addition to the many other youth development programs for homeless and at-risk youth that New Avenues has provided for the past 21 years.

Since Robinswood opened in September 2017, my team has provided housing and support services for nearly 200 youth from the Oregon child welfare system. These youth have experienced severe trauma, neglect, and abuse and nearly all of them score above average on the ACEs (Adverse Childhood Experience) scale, which is a known predictor for health outcomes in both children and adults. Most of the youth served in our program are behaviorally complex and needing intensive treatment services.

Our program has sent many youth to ERs throughout the region for suicidal ideation or psychosis; nearly all of these cases are immediately turned away at the door. Care coordination is not happening in a meaningful way for whole-person health much less focused behavioral health resources, even during these moments of extreme crisis. The wait lists for substance use disorder treatment, psychological evaluation, medication management, and counseling services are often in excess of 12 weeks and available beds in treatment levels of residential care (Psychiatric Residential Treatment Services) are nearly non-existent. As a result, many foster youth are eventually sent out of state in order to receive the treatment they need, further disconnecting them from their communities.

As we move towards “CCO 2.0” and the negotiation of new contracts and accountability measures, innovative thinking and financial investment must be engaged to improve network adequacy, access to care, crisis response systems, and care coordination for Oregon’s most vulnerable residents. Further, we need to move beyond the siloes of behavioral health, primary care, and oral health and bring to fruition the models of comprehensive care coordination for complex clients originally envisioned in the Affordable Care Act. Most importantly, Oregon CCOs must be held accountable and, if necessary, sanctioned for noncompliance to these standards.