Optimal System of Care to Support Mental Health & Addictions Treatment for Homeless Youth

Overview of Optimal System	Elements of Optimal System of Care	Desired Outcomes	Recommendations to Address Gaps
Recovery Oriented System of Care (ROSC) designed to serve 600 youth annually ▪ Individual, Comprehensive & Culturally Responsive o Service coordination and care coordination at the individual level o Assertive Engagement o Experiential opportunities ▪ Community-Based o Access to services where clients are, including current service sites ▪ Integrated services & collaborative decision-making, multi-stakeholders o Communication practice between HYC & external systems outreach & education, linkage to support svcs o Common protocols/practice agreements o Information sharing practice; database, case notes, ROI's ▪ Adequate/flexibly funded to support continuity o Engagement and navigation supports offer continuity/longitudinal support ▪ Peer/recovery community involvement o Care Coordination o Peer Support ▪ 24/7 access o Crisis Response	Includes maintenance of current Continuum components, enhancements to Service Components, and leverage of other treatment partners & resources to create an effective Recovery Oriented System of Care (ROSC) for Homeless Youth. Maintain Current Service Components: (serves 350 youth annually) ▪ AOD Specialist / Navigators ▪ Peer Mentor/Recovery Transition Advocates ▪ Psychiatric Provider w/ Medication Management ▪ Mental Health Specialist/Navigator ▪ Weekly pro-social, clean and sober activities and other groups Enhance Current Service Components: (serves 600 youth annually) ▪ Co-occurring (MH & AOD) screening & assessment ▪ Capacity to focus on early Intervention around substance use ▪ Additional FTE AOD Specialist/Navigators ▪ Additional FTE Peer Mentor/Recovery Transition Advocates ▪ Additional FTE Mental Health Specialist/Navigator ▪ Additional pro-social, clean and sober activities and groups Leverage Additional Resources/Activities: ▪ HYC partners & treatment providers to develop MOU's to increase access, availability & treatment effectiveness ▪ Training to staff and community to increase competency ▪ Increased PSH options ▪ Increased Referral/ Connection to: o Inpatient treatment o Outpatient treatment o Detox o Mental Health crisis response/respite/psyc. hospitalization o Courts/Probation/Parole ▪ Consistent collaboration with law enforcement to try to ensure direct releases into treatment	*Individual* Mental Health & Addictions Outcomes: ▪ Decrease Harm ▪ Decrease Usage ▪ Increase Treatment Utilization ▪ Increase Pro-Social Connectivity to create recovery oriented community ↓ *System* Positive Youth Development Outcomes: ▪ Relationship with a caring, competent adult ▪ High Expectations ▪ Provide meaningful opportunities ▪ Reduced cost to community ↓ *Community* Prevention: ▪ Reduce adult homelessness ▪ Reduce crime ▪ Reduce jail stays ▪ Increase community contribution ▪ Reduce hospital utilization ▪ Increase community livability	▪ Establish Consistent Coordination for Effective Referral/Connection to: o Inpatient treatment o Outpatient treatment o Detox o Mental Health Crisis Response o Psychiatric Hospitalization o Courts/Probation/Parole ▪ Collaborate with current providers to identify and evaluate barriers to treatment access and engagement in the mainstream treatment system ▪ Increase cultural competency of treatment programs in serving homeless transition age youth ▪ Increase utilization of currently available mental health resources including Multnomah Treatment Fund for uninsured individuals ▪ Access potential benefits of health care transformation for homeless youth