

# **ODHS Building Well-being Together**

## **Gaps and barriers report**

Draft, April 2023

## Background

For families and communities in Oregon to thrive, people must have the support they need, in ways that work for them, when they need it. Over the last year, as part of the Building Well-being Together Initiative, we've heard from community members, staff and partners about gaps in supports and barriers to service, and we've been supporting local-led solutions and learning how to collaborate with communities to better address people's needs.

Our agency has a responsibility to provide services that are easy to access and delivered with respect, but right now not everyone is getting the help they need from us and our partners.

In recent years the need for change has become even more urgent. The COVID-19 pandemic, historic wildfires, and the racial justice reckoning sparked by the murder of George Floyd all exposed the limitations and injustices in our systems. At the same time, these events showed us it's possible to do things differently to meet the evolving needs of people in Oregon.

To clarify our equity and racial justice goals and guide us in our work to do better for the people we serve, in 2021 ODHS introduced our Equity North Star. And in 2022, we launched the Building Well-being Together Initiative, a call to action for all of us—ODHS, other government offices, the Nine Tribes of Oregon (Tribes), providers, and communities—to work together to ensure that all who live in Oregon, regardless of race, identity, age, disability, or place, can achieve whole well-being for ourselves, our families, and our communities.

## Our approach

In 2022, the main goal of Building Well-being was to get everyone thinking, talking, and working together toward the future of human services. We focused on learning how to support community-led efforts, testing solutions through initiatives and projects, and building the structures we'll need to make agency-wide changes.

We also communicated with hundreds of staff, partners, Tribal members and leaders, and community members to create a shared future vision, strengthen relationships and learn about barriers, gaps, and innovative solutions. We did this in several ways:

- Conducted informational interviews with people who have lived experience navigating our systems, to hear their stories and ideas for change
- Held meetings and information sessions with frontline staff to understand their experiences, hear about their challenges, and learn what's working
- Met with community partners, providers, Tribes, and leaders from ODHS and other government agencies to discuss challenges, opportunities, and the future of human services
- Gathered written feedback from staff and community members through email and an anonymous form

This report summarizes what we have learned so far about the barriers and gaps in our systems that prevent people we serve from achieving well-being. We've organized our findings into five categories:

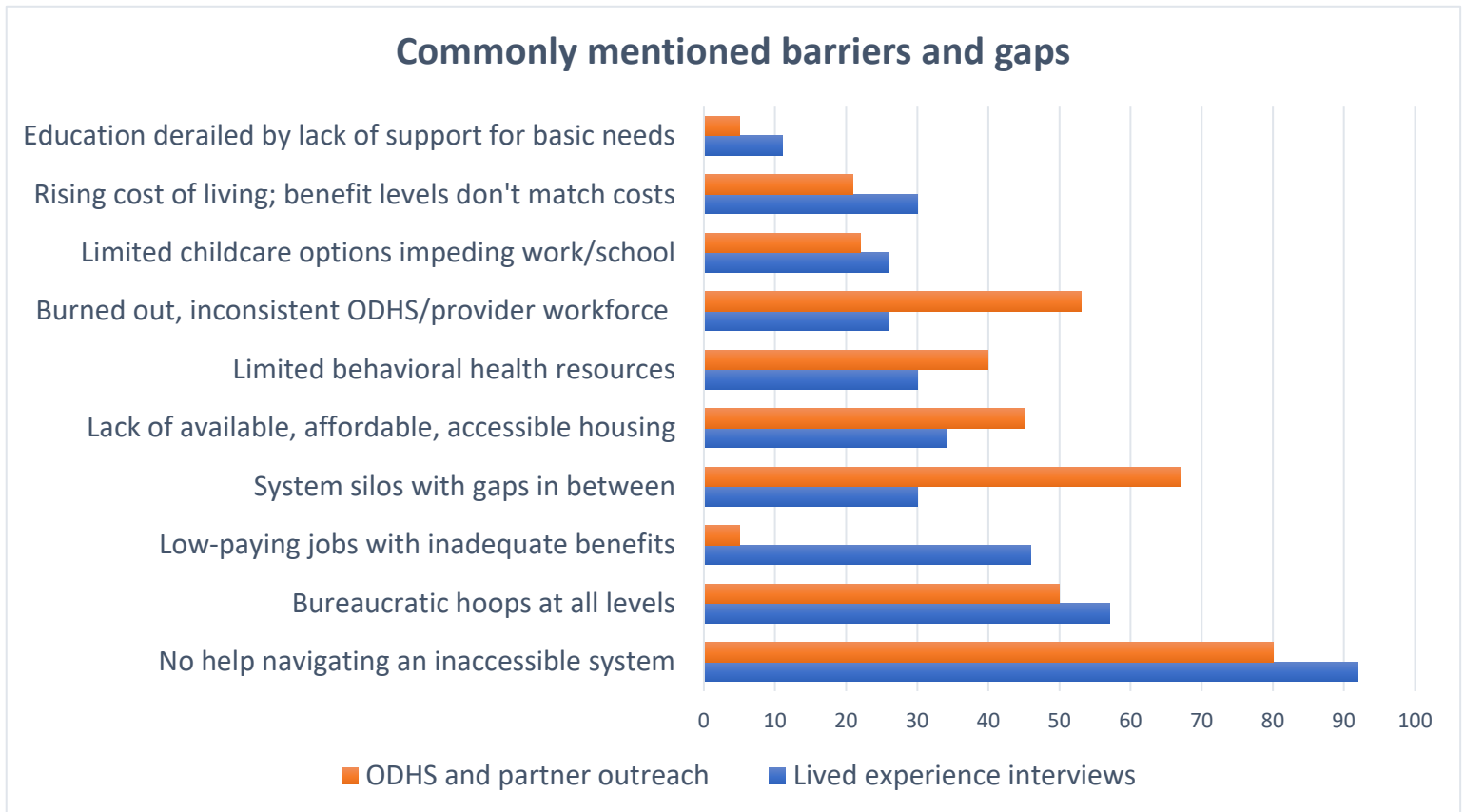
- Navigation and access
- Customer service
- Working with communities and Tribes
- Bridging systems
- Workforce

We've also included more detailed stories from people who gave us permission to share what they told us about how these barriers and gaps have affected their lives and how we can help them achieve well-being.

## **Action and next steps**

Throughout the report, we've highlighted promising practices that are examples of current action to remove barriers and bridge gaps. At the end of the report, we include a picture of the future that explains how ODHS will continue moving forward to address these barriers and gaps and do our part to build well-being together.

## Systems gaps and barriers to well-being



### Improving navigation and access

**“Seeing the hurdles folks have to jump through sucks. Some people don’t have access to phones, email, or an address. They don’t have the ability to continually fill out forms.”**

**–Community interview respondent**

Staff members, partners, and community members who had interacted with ODHS frequently said our systems are confusing and difficult to navigate. They told us that people need more help navigating our systems so they can understand what we do, how to access our services, and how we can help them.

### Inaccurate or inadequate information

**“Services are not being explained in a way that people can understand what they are, what they can do for them, or who is providing them. We need a customized service approach for each person.”**

**–State Rehabilitation Council member**

We heard that information about what ODHS does, the supports we offer, and how to access them can be hard to find. When community members do find information about ODHS, it may be confusing or incomplete. For example, because the address of the Human Services Building in Salem is listed on many of our communications, community members frequently visit that building only to learn that the services they need aren’t available there.

### **Language access barriers**

People told us about not having access to information in preferred languages or having to wait a long time for an interpreter. Some interviewees described acting as interpreters or translators for someone in their family; however, we also heard that bureaucratic processes and attitudes get in the way. One interviewee from the Hmong community told us that even though they were sitting right next to their grandmother as she applied for services, they were told they were not allowed to interpret and instead had to wait 30 minutes for an interpreter.

**“We need faster translations of all documents that are necessary to support our consumer, *before* a program or system is implemented. And we need training in languages other than English from another avenue than our bilingual or multilingual employees.”**

**– ODHS local leader**

### **Not enough navigation support**

The staff and community members we spoke with said that they wish trusted community members could help people navigate our systems. We heard that when this kind of support is available it makes a difference: for example, Tribal leaders told us that dedicated Tribal Navigators have improved the connections between ODHS and Tribes at the local level. But there is still much work to do to ensure everyone has the support they need to access available services.

For example, one person we spoke to said they were helping a relative apply for Supplemental Nutrition Assistance Program (SNAP) and Oregon Health Plan (OHP), and learned during the phone call that the relative's housing was unstable. The ODHS employee had no way of connecting them with the right resources or information to address their housing need.

Another person who had lost their father to a heart attack said that their father had visited the emergency room repeatedly for high blood pressure, but that stigma and mistrust had prevented him from applying for OHP so he could get consistent care. The interview respondent

**88% of community interview respondents said they had received inadequate or no help navigating our services.**

said they wished there had been someone in the hospital to connect with their father, talk to him about OHP, and help him navigate the process.

### Technology and mobility barriers

**“Oregonians living in Vernonia have to come to the St. Helens office to get a gas voucher, then end up using up the voucher just to get there and back to Vernonia. No gas station in Vernonia accepts those vouchers.”**

**–Community partner**

People told us that applying for benefits online is harder for those without an internet connection or computer, who would benefit from assistive

## Promising practice

### Toolkit for benefits navigators

In 2021, House Bill 2835 funded benefits navigators at all Oregon community colleges and public universities to help students access services and supports like SNAP. College benefits navigators have been partnering with ODHS eligibility workers for on-campus SNAP education and enrollment events.

To make it easier to organize these events, ODHS is supporting an effort led by the Oregon Benefit Navigators and Partners for a Hunger-Free Oregon to create a toolkit for campuses that want to partner with us. The toolkit could serve as a model for supporting community partners who want to work with ODHS, providing them with the needed information to navigate our systems and meet community needs.

technology but don't have access to it, or who are uncomfortable or unfamiliar with digital and online technologies.

We also heard that when we ask people to come to us instead of bringing services to them, it can create more challenges in their lives. The people we serve may not have access to a car or to reliable, accessible public transportation. Even for those who do have a car, traveling long distances to access services can present a hardship, especially in rural areas.

Even when the state does provide transportation, it's not always available when and how people need it: for example, OHP members can get access to medical transportation to go the doctor's office but not to the pharmacy.

## Meet “Linda”

Linda, her husband, and their children moved to Oregon from Florida. They didn't have any friends or family around to help, so they were on their own taking care of their kids and figuring out how to make ends meet.

At first they had some money in the bank from selling their house. It wasn't a lot, but it was enough that they didn't initially qualify for benefits. Linda and her husband had a hard time finding work, so they both went back to college and lived off student loans. Eventually, they ended up qualifying for various services.

Linda's daughter has a disability. The services and supports from the school district and from the county mental health services were inconsistent and didn't help. As a result, Linda and her husband had to homeschool their daughter, making it even harder to juggle everything.

Linda knew her daughter wasn't getting what she really needed to be successful in life. They tried to get her developmental disability (DD) services but weren't successful. They started her in the vocational rehabilitation (VR) program, but it was counterproductive. The person working with their daughter suggested a retail job "because she is pretty" even though her daughter has a hard time with social interaction and the stress can make her shut down and stop speaking for weeks.

Trying to get access to services and supports for the family became almost a full-time job. They applied for and received various benefits, but the paperwork and allotments changed depending on the case worker. For instance, some counted the mortgage assistance they were receiving as a gift, others didn't. There was no support for regular life events, like a car breaking down. Linda ended up going to food banks just to have enough to feed her family, but there are rules about how often you can come and the family has dietary restrictions that often meant they couldn't eat what was offered. Through all of this, there was no individual approach, no wraparound care, and no one to help the family navigate all the various systems.



Linda was able to finish her bachelor's and started a master's degree, but she had to quit school and find work to make ends meet while her husband was still in school. When he graduated from law school and started studying for the bar exam, they no longer qualified for benefits but did have to start paying off their student loans. This meant having to live off less.

All of Linda's children are over 18 now. Her daughter has had no services for three years. Social Security only covers half of the expenses of her living at home. Linda worries that her daughter will just remain at home, without a path to building skills and getting the education she needs.

Linda says it feels like she has failed her daughter, the system has failed them both, and they constantly struggle with the stress and trauma they have experienced as a family.

## Improving customer service

Many people told us that they felt mistreated, disrespected, dismissed, or ignored when they sought needed supports from our agency during some of the most challenging times in their lives.

**“I was very reluctant to enter the system—it was scary. I remember being afraid they would speak loudly to me and was hoping for someone kind or respectful. I thought, ‘I don’t want to feel lower than I already feel right now.’”**

**– Lived experience interview respondent**

**“I do my part and report changes, and never once have I lied to obtain more than I should. At a time when my family is at its lowest moment, I am being denied help from an agency that states its sole purpose is to help those who are in need.”**

**– Community member**

## Mistrust and stigma

Over half of the people with lived experience who we interviewed said that the stigma attached to government assistance delayed or prevented them from seeking support when they needed it. We also heard that people do not trust ODHS because they assume we won’t be able to help them, because they have experienced systemic, generational trauma due to the government’s treatment of Tribes, communities of color, and other marginalized groups, or because they worry that we’re going to intervene in their lives in harmful ways.

**“Students think of ODHS this way: someone hears a story and tells ODHS, then ODHS comes in and makes that situation worse. Families want the ability to use ODHS as a resource to offer family counseling and support without fearing their family will be torn apart.”**

**– School social worker**

## Mistreatment at the point of service

Nationwide, mistreatment or judgment at the point of service disproportionately impacts people of color and is a barrier to receiving needed benefits, leading to increased hardship for these groups. (Urban Institute, 2021)

People who had sought services from ODHS described feeling condescended to and even dehumanized during their

interactions with staff. One person described seeing a jar of condoms at the front desk in a Self-Sufficiency Program (SSP) office, next to a sign that said “PLEASE take one!” Another told us that when she needed services she felt like “just another number.” Now that she works at ODHS, she sees her colleagues treat people the same way. She attributes this in part to heavy workloads, saying that staff members are overworked and feel exploited.

**“The human piece and empathy is missing from a lot of the phone calls.”**

**– Lived experience interview respondent**

### **Unwelcoming lobbies and front offices**

Our offices can feel impersonal, inaccessible, or unwelcoming for the people who visit them to access services. One community interviewee said they left an office without finishing the paperwork they needed to submit because they were confused about where to go and being there made them feel too anxious. Others told us that many of our buildings need updating to be truly accessible for people with disabilities. We also heard from

## **Promising practice**

### **Trauma-informed buildings**

Research shows that our environment affects our stress levels, particularly for those who have experienced trauma.

[Trauma-informed design](#) seeks to mitigate the impacts of trauma through the design of physical spaces.

In 2022, new trauma-informed ODHS buildings opened in Gresham and Klamath Falls. Both buildings were designed to create a physical environment that promotes a sense of safety and calm for the people we serve and for ODHS staff. Design features include quiet areas that allow for privacy, art selected to reduce stress and promote connection, and open outdoor spaces that connect people with the natural environment.

people who said that just being greeted upon arrival would have made a difference for them, but that that hadn't happened.

### **Long wait times**

People described waiting a long time to get the services they need, at every step of the process. We heard about people waiting hours to get questions answered or provide necessary information over the phone, and others waiting weeks or months to hear back about which services and supports they could receive. In some cases this is because of challenges with our own internal systems and processes. In other cases, it's related to systemic issues that reach beyond ODHS.

**“I have been without responsible medical care for months, and there doesn't seem to be anything I can do about it.”**

**– Community member**

**“Individuals receiving Oregon Health Plan are experiencing LONG wait times (usually 5-6 months or more) when they need to establish care with a new primary care provider, sometimes just because their PCP retired or left the practice. That often results in multiple urgent care or emergency room visits for basic needs to be met in the interim.”**

**– ODDS services coordinator**

## Meet Roberta

Roberta is the mother of a 13-year-old boy. He's adopted and has multiple diagnoses and developmental disorders. He has received developmental disabilities and mental health services, and has worked with a large team of specialists.

Roberta's son was repeatedly abused in school and childcare settings because of his conditions. When he was younger, Child Welfare couldn't substantiate reports of abuse because of his inability to communicate. Out of frustration and as an attempt to communicate, his behavior has become violent.

Roberta's son is Black, and Roberta knows that systemic racism increases the likelihood that he'll end up in prison or worse. When her son was five, a retired police officer told her that if she "couldn't manage his behaviors, he would end up in jail." When he was seven, her son's mental health provider told her that "as a Black youth with behavior problems, he could end up being shot by the police."

To try to find help for her son, Roberta has had to learn the system. She sits on an advisory council, works with several family groups, and has led a support group for adoptive parents. But even knowing the systems doesn't help. It's still confusing for Roberta, and still full of gaps. Sometimes the program funding runs out. Or even if there is funding, there are no workers to hire. Roberta told us she hears the same thing from other parents who are struggling to support their kids.

Right now, because of the ways our systems are structured, people like Roberta's son are treated based on the source of the condition, rather than their whole needs. The programs that provide support are divided by funding source and siloed from each other, which creates inequities because it means that those who need help the most are left on their own to figure out how to get it.

Additional barriers and gaps that have affected Roberta and her son include:

- Lack of wraparound supports at the point of adoption
- Missed opportunities to identify and respond to abuse among children with developmental disabilities in school settings
- Workers lacking the needed skills and experience to support children with developmental disabilities and behavioral health needs
- Racial discrimination in special education settings
- Providers denying the family's private insurance mixed with Oregon Health Plan Open Card
- Lack of available day treatment that meets developmental disabilities and behavioral health needs
- Inability to access short term stabilization resources due to lack of staffing
- Unhelpful response from law enforcement during multiple events where Roberta's son became violent at home

Roberta is pleading with us to make changes to help people like her son. Families like Roberta's are trying everything, and they shouldn't have to navigate these challenges alone. We need to work together with our partners to close the gaps, address the inequities in our systems, and make well-being possible for Roberta's family and all families.

## Working with communities and Tribes

**“To meet people where they are, ODHS needs to work with organizations at the local level. People in BIPOC communities may not see themselves represented in government or they don’t believe government agencies want to help. But ODHS can partner at the grassroots level with people who are already connected to communities and have that trust.”**

**–Community leader**

**“What if ODHS could work with schools to train trusted school personnel as family coaches, or place family coaches into schools to get to know people and become those trusted adults? At my school we have a licensed professional counselor on staff who is an incredible help to families — but that’s not a normal part of school or family support right now.”**

**–Elementary school social worker**

People told us that ODHS needs to build stronger partnerships with Tribes and communities. In many parts of the state, ODHS, Tribes, and community partners are already working together locally to serve their shared communities. But bureaucratic, funding, and geographic barriers are getting in the way of a consistent statewide effort to engage with and work alongside communities and Tribes.

### Need to strengthen community engagement

Community engagement is happening at the local level, but it’s underfunded and understaffed. Many ODHS districts don’t have access to the flexible funding that would allow them to fairly compensate community members for their time. Even when they do have funding, they often can’t use it because there are no designated staff to manage community engagement activities.

Until recently, ODHS didn’t have an agency-wide understanding of who we are engaging with, how we should do community engagement, or even what we meant by the term. As a result, although we were connecting with

communities in various ways in different parts of our agency, our approach was disjointed and inconsistent, which has been felt by the communities we want to work with.

We've been working to build our agency's capacity for community engagement: the ODHS Office of Equity and Multicultural Services has created a community engagement framework to define our approach agency-wide and has begun regularly convening staff who work with local communities so they can learn from each other. But we still lack the needed staff and infrastructure to authentically engage communities in agency-level decision-making.

**“Community engagement is at the heart of everything. We want to know: what is in place, what have people tried, what are people dreaming about?”**

– **Community partner**

**“I think if we can shift from transactional community meetings to more relational focused community meetings as a state, this can be a huge component in diminishing the effect of silos. Relationship building is going to need to be prioritized, valued and fostered, which can be more helpful than a policy or procedure.”**

– **ODHS family coach**

## Promising practice

### Community resource networks

A community resource network (CRN) is a model for community-based organizations to support each other by requesting and offering resources. The goal is to help fill critical needs for the people we serve, like access to food and transportation.

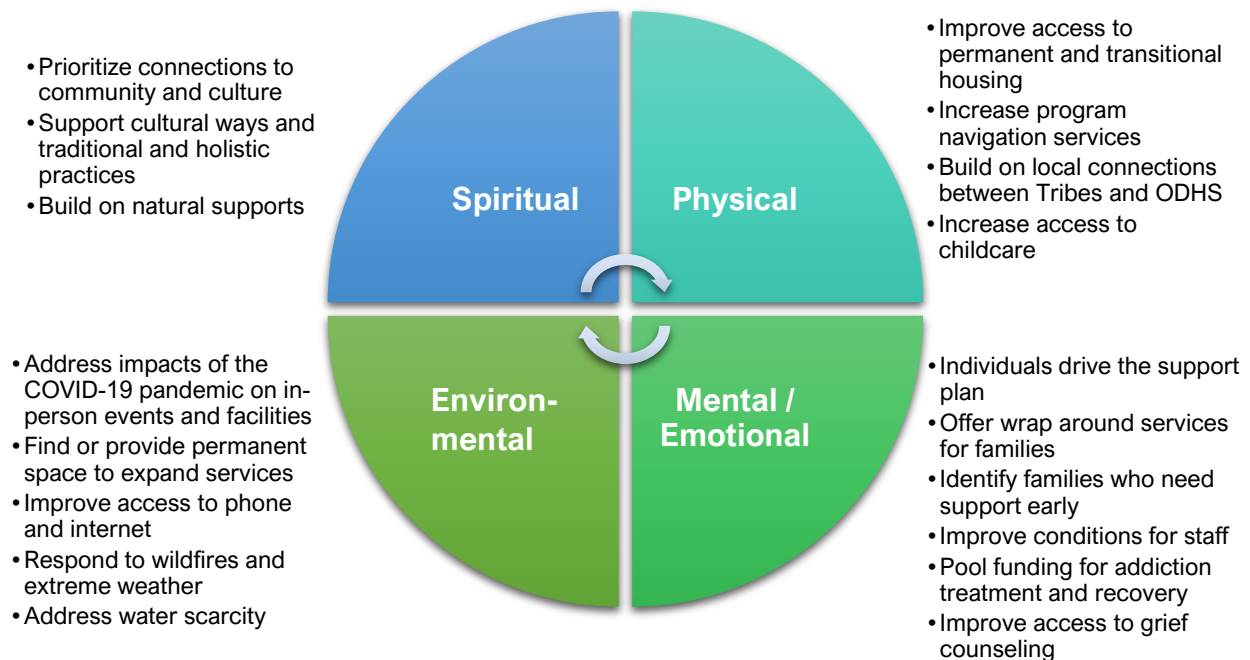
Based on a successful resource network in Marion County, in 2020 local and central ODHS staff worked with community partners to establish the [Eastern Oregon Community Resource Network \(EOCRN\)](#). Since then, the community in Eastern Oregon has taken over leadership of the CRN, and it is thriving. The EOCRN is comprised of nearly 100 organizations and is administered by Building Healthy Families. To date about 70% of the more than 500 requests have been fulfilled.



## Need to strengthen relationships with Tribes

Tribes in Oregon each have distinct priorities for the well-being of their communities, and ODHS has more work to do to learn how our agency can collaborate with Tribal governments to help meet their communities' needs. We heard that ODHS leaders and staff in all parts of our agency need to start by strengthening our understanding of Tribal sovereignty and of the cultures, governments, and histories of the Nine Tribes of Oregon.

State and Tribal leaders are currently working through the process to approve an ODHS | OHA Tribal Consultation Policy. Implementing this policy can help ensure that everyone at ODHS plays their role in respectfully and authentically engaging with the [Nine Tribes of Oregon](#), so we can build trust and strengthen our government-to-government relationships with these sovereign Tribes.



*Draft list of ways ODHS could work together with Tribal governments to support the well-being of Tribal communities, developed based on feedback from Tribes.*

## **Bureaucratic hoops**

Community organizations told us that they want to partner with ODHS, but the rules attached to contracting with or receiving funding from us prevent them from using money in ways they know would best serve their communities.

The administrative work required to partner with us creates a challenge for nonprofits that are already struggling without enough resources to do their core work. These organizations told us they're stuck in a catch-22: they're under-resourced and need our help, and that same lack of funding and staff means they just don't have time to navigate our current systems.

We also heard that our processes for getting funding to communities take too long. Because of the urgency of crises like houselessness and behavioral health, community organizations feel they can't afford to wait for us.

**“Nonprofits would rather just do it themselves, rather than having to jump through the hoops of the large ODHS system. ODHS is a large organization that can sometimes move really slowly and not fast enough for our partners.”**

**–ODHS Equity and Inclusion Committee Member**

**“There is a simple solution: build an infrastructure for decision making that allows communities to make the investments as they see the highest needs.”**

**–Community leader**

## **Geographic barriers**

The pandemic has changed the way we work and increased the number of hybrid and remote staff, but for the most part ODHS workplaces are still physically separated from the places where the people we serve live, work, and play.

In many cases, ODHS offices are not located in places that are easily accessible to community members when they need them. Transportation is a barrier for those who don't have access to a car, especially in rural areas and places without a robust public transit system. Staff, people with lived experience, and community partners all told us that to build our partnerships with communities, we need to get out of our buildings and be physically present in the places community members frequent.

**“We have not been working with the community enough. Can we have state workers creating bridges to community through internships, education guides, and job opportunities in the community attending job fairs, schools, or have people in our lobbies?”**

**-ODHS staff member**

**“I go and work out at the pool a couple of times a week and there tend to be a lot of retired folks there. Once they find out where I work they are filled with questions about how to access benefits and services. I try to direct them to the right places but many times I simply do not have the information that they are seeking. We need to define the subsets of our population that we want to help and then go to the places where those folks might be found.”**

**– ODHS family coach**

## Bridging systems

The barriers to well-being that people told us about involve equitable access to quality education and childcare, healthcare and behavioral health services, economic stability, and stable and affordable housing. ODHS can help address these challenges, but we can't do it on our own. We need to work across multiple systems to help meet the needs of people in Oregon.

58% of clients surveyed through ODHS Self-Sufficiency Programs indicated their housing needs are not fully met, including 82% of African American clients.

### ODHS programs siloed by funding stream

The people we work with are or would benefit from being served by multiple ODHS programs. However, our programs are currently structured based on funding streams rather than what would best serve people in Oregon. This makes them harder to navigate for the people we serve and prevents our programs and staff from collaborating with each other to improve outcomes. Instead of being supported in a tailored, holistic way, individuals and families have to interact with each of our programs separately during some of the most challenging times in their lives.

The navigation barriers described above compound this issue, because people served by multiple programs often have no help moving between one program and another and end up falling through the gaps.

We heard from people who had to retell their story multiple times to multiple people at ODHS, especially when their needs didn't fit neatly into our existing structures. Both staff and community members shared that this can be emotionally difficult and even retraumatizing for people we serve, especially those from communities of color and other groups that have been harmed or left out by government systems.

**“Sometimes people only get the help they need because they are tenacious and keep reconnecting with ODHS until they find someone**

**who understands. That can be problematic because other people might not be getting services and supports if they don't follow up to that same degree, and because it leads to people having to retell their stories and relive their trauma many times."**

**–ODHS local leader**

**"If I need services or I'm a contractor billing the state, I shouldn't have to keep track of who has money to do what, or who should be billed...The only way to get to equity is to fund what individuals actually need, not to funnel people to what legislators or program managers think they need."**

**-Oregon Deaf & Hard of Hearing Services  
Advisory Council member**

### **Silos between ODHS and other state agencies**

The state agency partners we spoke with recognize that our agencies serve the same people, and they want to work together with us to proactively support communities in our state rather than creating a situation where people don't receive services until they are in a crisis.

However, right now we are missing some key systems needed to make this happen. For example, each state agency uses data to understand and meet the needs of Oregon communities, but that data isn't currently being shared across agencies. ODHS is working with other agencies on a way to share data that would

## **Promising practice**

### **The Collaborative**

[The Collaborative](#) is a partnership between ODHS Child Welfare and Self-Sufficiency Programs, Jackson County Community Justice, and the Pathfinder Network.

The shared space in Medford is an effort to address the impacts of trauma, support participants as they engage with parole or probation and ODHS, support recovery and harm reduction related to behavioral health issues, and ensure access to and coordination of care.

Co-locating system partners along with Pathfinder peer support specialists allows participants to access and navigate holistic services in a trauma-informed and culturally and gender-responsive setting. Since opening in May 2022, the Collaborative has served up to 84 participants a week.

help us better understand and equitably meet the needs of each person and community, while also preserving privacy and security.

**“It would be lovely if we could have a point person, or regular ongoing communication with early learning, school districts, and GED/trade programs. We are serving the whole family and keeping up with/navigating all of these systems and processes is not an easy feat for anyone.”**

**–ODHS family coach**

**“[Our agencies] serve the same customers. We have a duty to care for people, but they don’t always know how to get that care or even what is available. We’ve seen people just give up because the systems are too hard to navigate.”**

**–Oregon Employment Department leader**

**“Navigating the ODHS system and paperwork is confusing. Who do you contact for help? ODHS should reach in and provide services to adults in custody. For example, helping individuals who want to parent their children, or helping people get benefits before they transition out of prison.”**

**–Oregon Department of Corrections leader**

### **Inadequate behavioral health supports**

The outcomes of the supports that ODHS provides are impacted by the ability of Oregon’s behavioral health system to support people struggling with mental health and substance use. As behavioral health needs have increased, the need for increased supports has not kept up and access to behavioral health services is inconsistent across the state.

Children and youth in the Oregon foster care system are not able to access mental health and behavioral health services when and where they need them. Oregon also does not have enough intensive behavioral health

services to meet the needs of children and youth with intellectual and developmental disabilities.

Behavioral health and housing needs often intersect: for instance, youth-serving programs across the state have said that they feel the mental health needs of young people experiencing homelessness are much more complex now than even five years ago. Most of these programs are not equipped to provide the level of mental health supports that are necessary for youth.

Nationwide, up to 80% of children and youth in foster care have a behavioral health diagnosis.

## Meet “Cora”

Cora’s experiences with ODHS begin she was 11, when she had her first encounters with Child Welfare due to alcohol and cannabis use. She began using meth by age 14, and she continued to struggle with addiction, which she says often involved codependency with men, as she grew older.

When she became pregnant with her first child, ODHS and Child Protective Services (CPS) came into her life again. She left the state to avoid CPS, hoping to get clean by the time the state caught up with her. Once we were able to connect with her, we tried to create a safety plan, but she fled again out of fear and not feeling supported. During this time, she was also receiving other ODHS supports like TANF and SNAP. After having a second child, CPS once again got involved. This time, we removed her kids, one of whom was only a month old, and placed them in foster care.

In the beginning, Cora planned to jump through the hoops to get her kids back but keep living the same way. But her visitation time was reduced, and the judge in her case told her she needed to move because of criminal activity where she was living. She followed the judge’s direction so she could stay connected to her kids, but then found herself homeless. Not having a home while trying to stay clean was incredibly hard. She stayed on couches and didn’t really know anyone who was clean.

Luckily, a space with the Iron Tribe Network opened up, providing her with housing. Cora says that stable housing was the foundation that allowed her to set boundaries and stay sober. At the same time, she was able to get support for other needs thanks to drug court. Drug court provided wrap around staffing – a consistent team of people available to help her with different needs. It created structure and accountability for her.

Cora was eventually able to get her kids back. She was afraid at first about being able to keep it all together, but she gained the footing she needed through the holistic supports around her.

The experience helped transform Cora’s life, and she has dedicated herself to helping others in her same situation, working on parent mentoring programs. She saw the power of having consistent people to work with,



especially others who understood what it what the experience was like. She just wishes she'd had that support sooner. Why did it have to wait until she was homeless, in drug court, and the state had taken her kids?



Staff who work directly with those we serve recognize the barriers and gaps in our systems—in fact, they are the people at ODHS who best understand what families and communities are up against. During our outreach we heard about several factors that are negatively affecting our staff’s ability to do our core work serving people in Oregon.

### **Time pressure and heavy workloads**

**“People are being pulled from training to complete work tasks. Without proper training or dedicated training space we fall short on service and knowledge of programs, services and resources for those we serve. That creates a barrier in service equity.”**

**– ODHS training and development specialist**

**“[ODHS] will exploit people if you don’t stand up for what you’re worth.”**

**– Lived experience interview respondent**

People told us that their workload can be overwhelming, and as a result they don’t have enough time to provide the tailored supports and services that they know people need. This problem is aggravated by staffing shortages across the state.

### **Hiring and retention barriers**

The wages ODHS offers are not competitive with other sectors and have not kept up with the rising cost of food, housing, and other essentials. This makes it difficult to attract and retain qualified staff in meaningful but taxing roles, including bilingual

## **Promising practice**

### **Employee Resource Groups**

The ODHS Employee Resource Group (ERG) network helps our agency recruit and retain a diverse workforce, provides mentoring and leadership development, drives more equitable outcomes for the people we serve and gives us a way to engage communities through relationships and collaboration. ODHS has 12 ERGs representing diverse communities, as well as an [ERG Mentoring Program](#) that offers ERG members the opportunity to be matched with a mentor depending on their professional needs. ODHS formed ERGs as a diversity and inclusion best practice to leverage the collective experiences, skills, and backgrounds that our employees bring to work every day.

staff and those who represent the people we serve. Ironically, the low wages offered to our staff contribute to families' reliance on public assistance programs, and many members of our workforce are participants in these programs.

### **Inconsistencies for contracted staff**

We heard that ODHS does not consistently support its contracted staff, which contributes to inconsistent service. For example, ODHS contracts with nurses who care for people with disabilities, but our agency does not have the needed infrastructure to make sure that contracted nurses are fairly paid and receive adequate training. This makes it more difficult to recruit and retain enough nurses across the state, which means that vulnerable people are not getting the nursing care they need.

### **Advancement inequities**

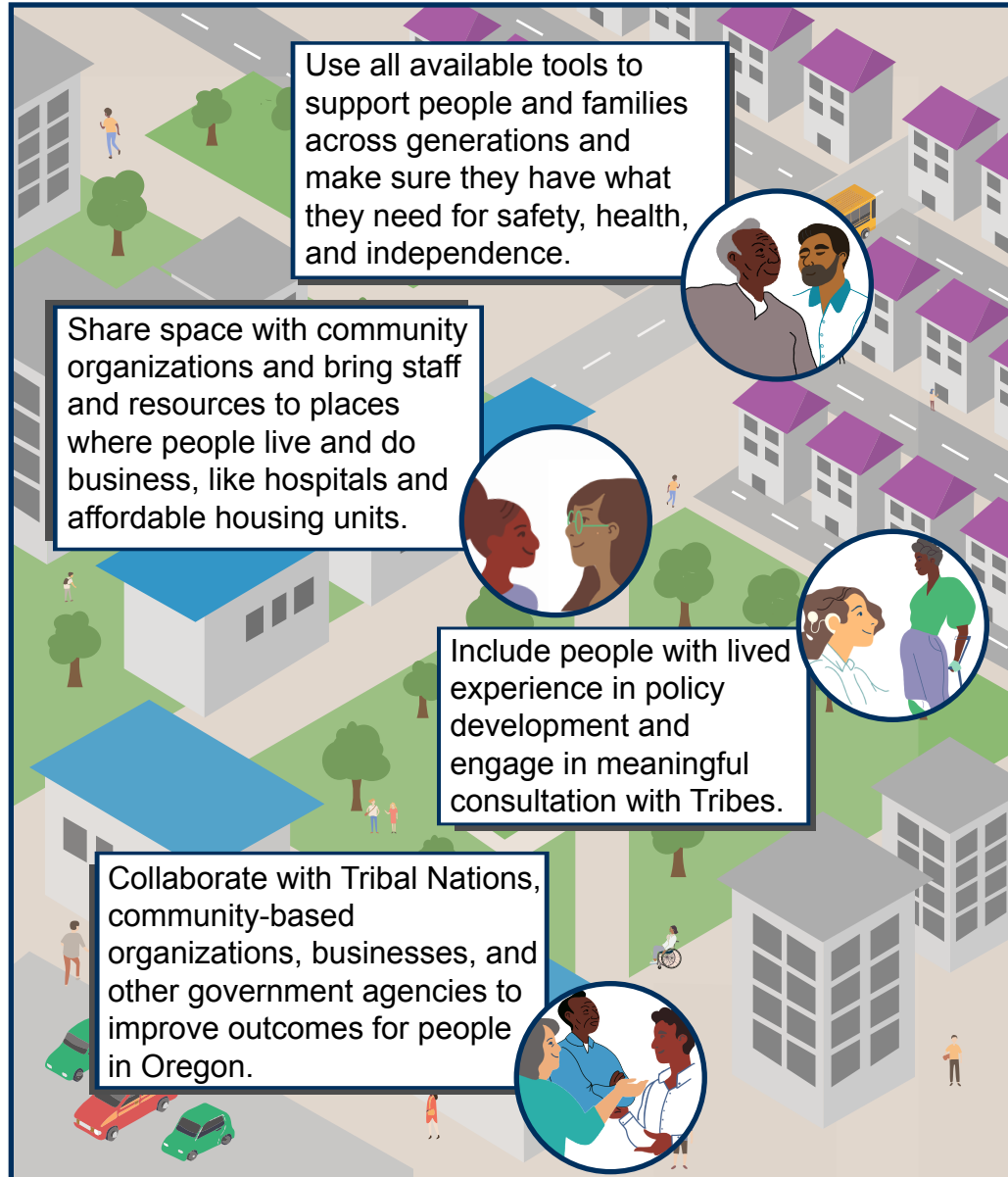
Entry-level positions at ODHS are disproportionately filled by people of color, while higher-paid positions tend to be filled by white staff. Staff members working at these levels told us that they are interested in professional development and leadership opportunities, but heavy workloads mean they don't have time or their manager won't approve participation.

## Next steps

The key findings from the input and feedback we have received through the Building Well-being Together Initiative have helped ODHS develop a picture of what the future of human services looks like. It's a future where ODHS is working within and alongside communities to help them achieve whole well-being. Rather than focusing only on regulations, we tackle disparities together. We listen to learn the best ways to use our power and resources to improve outcomes, whether that's through connecting people with supports, working across systems, getting funding or staff to community organizations that need it, or something we haven't yet imagined. This picture will be used as the basis for ODHS agency-wide strategic planning taking place in 2023, to help us focus on the efforts and changes we need to prioritize over the next few years together.

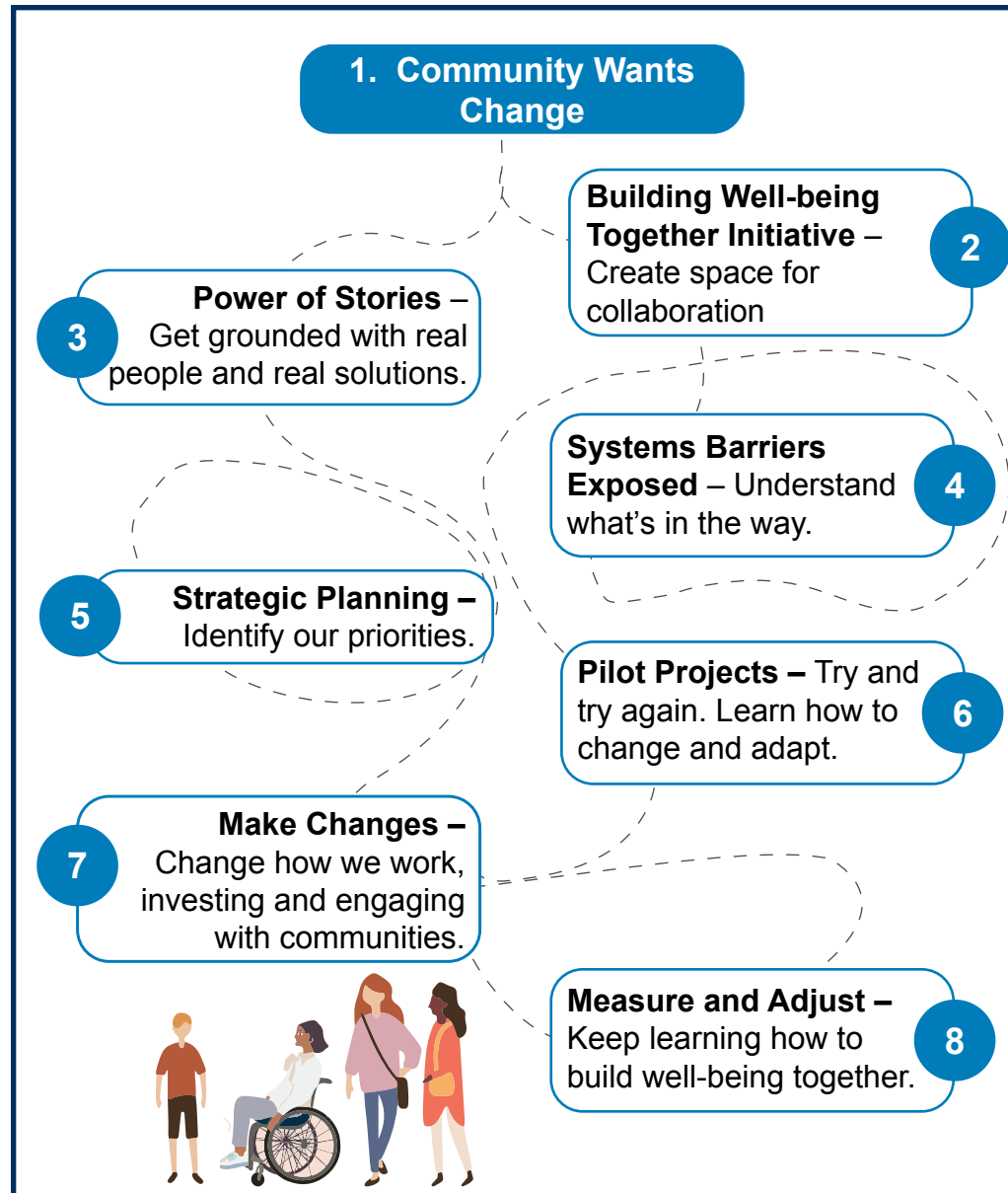
- We inclusively lead with race and intersectionality in order to address the roots of systemic oppression that impact all protected classes.
- We are dedicated to make services, supports and well-being accessible to all.
- Well-Being: Staff and communities will know services and supports are working when all who live in Oregon, regardless of identity or place can achieve well-being.
- We are committed to partnering with communities to develop and deliver policies and programs that are equitable and improve community conditions.

## The Future of Human Services in Oregon



The future of human services in Oregon is working within and alongside communities, especially those most affected by inequities, to help them achieve whole well-being. Instead of focusing on regulations, we collaborate and tackle disparities together. We uphold Tribal sovereignty and defer to Tribal Nations to understand the best way to support them in their plans for the well-being of their communities. We listen to learn the best ways to support people, whether that's through bringing our services to where people are, working across systems to find solutions, getting funding or staff to where they're needed, or something we haven't yet imagined.

## Roadmap to Well Being & Priorities



### Timeline

'20: Wildfires, COVID-19, racial justice movements spark agency change	'23: ODHS Investments in legislative session	'23: Strategic planning begins	'25-'27: Changes to agency & budget
'21: Equity North Star launches	'22: Building Well-being Together launches	'23: Begin implementing ODHS OHA Tribal Consultation Policy	'24: Implement strategic plan

## Priority Areas

- Transform Our Systems**  
The people we work with are served by multiple ODHS programs. But our organizational and funding structures act as barriers, making our systems difficult to navigate and preventing our programs and staff from collaborating. We can improve our ability to work together toward our Equity North Star. That might mean locating programs together in the same office or braiding funding to better support community needs.
- Strengthen Meaningful Engagement with Tribes and Communities**  
People and communities know what works best for them. To reach our Equity North Star, we need to build our community engagement infrastructure and strengthen our government-to-government relationships with Tribes, so those most affected by inequities can identify and work on solutions with us. We also need to gather REALD and SOGIE demographic data so we can work with communities to understand disparities.
- Advance Governor's Priorities**  
ODHS needs to do its part to tackle big problems that impact our state, including housing and homelessness, behavioral health, and education. This means partnering with other agencies, Tribes, and communities to find solutions that support the populations we serve.
- Support Our Workforce**  
We need enough direct service and operations staff so that people working for ODHS have the time, training, and lived and professional experience they need to serve communities. That means increasing strategies to hire, retain, and support people who are connected to the communities we work with.
- Modernize Our Information Technology**  
Some of our technological systems are decades old. We can make improvements like moving our data into the cloud, which would allow us to access information when and where we need it. We're also leading efforts to combine data with other agencies because well-rounded data can help us make sure people get the help they need before they're in crisis.