Yamhill County Youth System of Care

Barrier Submission Form – Instructions

What are Systems of Care?

We are a collaborative group of youth, families and community providers who work to ensure youth-serving systems are helping young people be healthy, with friends and family, at home safe, and thriving in their community.

What is the barrier submission form?

If you are experiencing a problem or barrier while working with youth-serving systems, like child welfare, juvenile justice, intellectual/developmental disabilities, education, early learning, substance use treatment, physical, mental, or dental health, housing, or other community services?

The barrier submission form gives you an opportunity to identify and describe your problem or barrier.

➢ A barrier is a problem or block to receiving needed services and support.

What is the barrier submission form?

Please fill out the barrier submission form on the next page and tell us about your problem or barrier. Then, email it to SOCBarriers@YamhillCCO.org.

How does the Youth Systems of Care review barriers?

➢ Once you submit a barrier submission form, System of Care Practice Members work together to collaborate and resolve barriers, improve systems, and create healthy communities.
➢ The group comes up with ideas and decides who can work on or fix the barrier in their system or they give their ideas to the Advisory Committee.
➢ The Advisory Committee is a group of Youth, Family Members, and Leaders from all the community systems who work together to fix problems that are in more than one system.

Please note: Not all barriers will be addressed every month, and **this process is not intended to address urgent situations or crisis situations**. This form does not replace the formal grievance process that exists for providers and system partners. Please **do not include Personal Protected Health Information** on this form.

Your name (optional): Click here to enter text.

Your email or phone number (optional): Click here to enter text.

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Date: Click here to enter text.

Age of youth affected by the barrier: ☐ 0-5 ☐ 6-11 ☐ 12-18 ☐ Above 18 ☐ **Other:** Click here to enter text.

The barrier is related to the following system (check all that apply):

☐ Education |Childcare Preschool
☐ Juvenile Department
☐ Foster Care
☐ Transportation
☐ Physical or Dental Health
☐ Substance Use Treatment
☐ Insurance

☐ Intellectual | Developmental Disabilities
☐ Child Welfare |ODHS | Self-Sufficiency
☐ Behavioral Health (Mental Health, Addictions, Substance use Treatment)
☐ Wraparound
☐ Housing
☐ Other: Click here to enter text.

Description of barrier (two or more sentences):

Recommendation (please include suggestions on how to overcome barrier):

Can we contact you to get more information about the barrier? Yes ☐ or No ☐

If you are a youth, Family, and /or Community Member interested in joining our Youths Systems of Care Practice and/or Advisory level workgroups meetings in our community, please email imlahs@co.yamhill.or.us.

For Committee/SOC Team: Reviewed ☐   Approved ☐   Pending ☐

Notes: _____

Type of barrier (check all that apply):

☐ Services and Supports (access, setting, location, quality, gaps, or funding)
☐ Policies and Procedures (system or agency specific)
☐ Team Meetings Serving Youth and Families (process, protocol, or functioning)
☐ State and Federal Rules (FERPA, HIPAA, mandates, laws, or policies)
☐ Culture or Language
☐ System Collaboration (lack of coordination or communication between systems or agencies)
☐ Engagement (family, community, or child/youth)
☐ Waitlist for Services or Supports
☐ Transportation
☐ Childcare
☐ Insurance
☐ Other: Click here to enter text.