I am responding because it is such an important topic. Personal opinions based on my experience/work.

What are the strengths of the SOC? What is going well?

Behavioral health staff are often significant sources of support for care givers; they also attend restorative conferences and frequently have good insight into the family structure that can be really helpful in identifying how to repair the harm and to make things as right as possible.

• What are the current problems and gaps in the SOC?

When parents are unable to be effective, consistent advocates for their kids - particularly once youth embark on their teenage years - it is relatively common for both to fall through the cracks. It is pretty common for me to see a JCCO choose not to refer a youth because the behavioral health worker is young, inexperienced, and lacking skills in building effective rapport with adolescents and their families. Behavioral health staff who are experienced and do have skills are often harried and carrying a massive case load.

 What possible solutions do you or your organization think may help the SOC overcome current problems and gaps? What are the best ways for the SOC to improve?

Apprenticeship / mentoring opportunities for new behavioral health staff could be worthwhile; finding ways to reduce the caseload so that experienced staff can be really present with the youth and families they serve... Identifying low barrier ways to bring folks with lived experience into these roles in supported ways as they have good potential to be supportive and to build rapport.