Present: (in bold)	
Professional Representatives	Lorena Campbell, Deena Corso, **Rob Ensign, Miriam Green**, Barbara Kienle, **Drew McWilliams** (Proxy - Monica Ford), Glenda Marshall, **Monica Parmley**, Janie Richards, Mercedez Thompson, Thuy Vanderlinde, Kirk Wolfe.
Family & Youth Representatives	Trish Backlar, Margaret Brayden, Kim Dunn, **Cathe Dunwoody**, **Patricia Ford, Milele Hobbs**, Alison Hoyt, June Gildersleeve, **Brenda Mc Sweeney**, **Adrianna Rickard**, Stacey Robertson, Susan Schilling, **Rachael Smith**, JoLynn Thompson, **Moriah Vicknair, Zenn Vicknair**, Roman Dobbs, **Gabe Rickard**, Destinee Vong, **Yolanda Gonzalez**
Guests:	Agustin, **Liza Andrew-Miller**, Jay Auslander, Caroline Coates, **Delia Ciotau**, **Maria Fernanda Diaz Bonilla**, **Stacy England**, Anne Fletcher, Robert Ford, Doug Geisler, **Miriam Green**, Denise Hale, Tammy Jackson, Robert Janz, Andrea McKee-O'Leary, Melissa Pettis, **Manaswi Reddy**, Amy Shea Reyes, Shauna Signorini, Mark Schlessman, Lucrecia Suarez, Stephen Swanson, **Suzy Tatman, Kasandra Wickstrom**
Staff:	**Ebony Clarke**, Lisa Kaskan, **Charmaine Kinney**, Len Lomash, Joan Rice, Margaret Scott
Recorder:	**Bree West**

Agenda Item	Overview	Suggestion/ Achievement	Action/Assigned
Welcome and Introductions	Drew welcomed the group and those present introduced themselves. Brenda McSweeney is timekeeper. Adrianna Rickard is acronym monitor. The agenda is unanimously approved. The June minutes are also unanimously approved. The May minutes were provided at the June meeting but no formal approval occurred. Copies of the May minutes will be provided at the August meeting for official approval.		Bree will provide copies of the May minutes for official approval at the August meeting.
Administrative Updates	Charmaine explained that the Tri-County Medicaid Collaborative (TCMC) will be implemented on September 1st – Charmaine shared the TCMC values statement. There will be a new member handbook coming out on September 1st that		

	will direct members to the existing Verity handbook. In December, the TCMC handbook will come out. Charmaine announced that the Mental Health and Addictions Services Division (MHASD) has hired a new Medical Director who will start in October. Her name is Dr. Nimisha Gokaldas. MHASD will conduct interviews for the Division Director position on July 27th. Community members are welcome to attend the meet and greet portion of the interview process from 2-4pm in the Multnomah building boardroom.		
Vote on August Meeting	Typically, CMHAC does not meet in August; however, with all of the changes around the CCO, there was a suggestion to have a meeting in August to discuss the CMHSAC mission, vision, and values as they relate to the new structure. - There was a suggestion to review the bylaws at the August meeting. - There was a question raised about whether or not there is a need for CMHSAC once the CCO takes over. Rachel Smith moves to have an August meeting to review the CMHSAC mission, vision, and values, as well as the bylaws. Zenn Vicknair seconds the motion, 8 in favor of the motion and 4 opposed. There will be a meeting on the 21st of August.		CMHSAC will meet in August to review the mission, vision, and values, as well as the bylaws.
Family Story	Milele shared a family story.		
Review CMHSAC Mission/Vision in Relation to CCOs	This item is tabled for the August meeting.		This item will be moved to the August meeting.
System of Care Assessment Discussion	Nicole Clearly shared information regarding the system of care assessment. (Please see Included PowerPoint slides)		
Announcements/ Adjourn	Monica Parmley announced that she will no longer be working with PPS. She has taken a position with the school of social work at PSU. Joan Williams will likely participate at CMHSAC in Monica's place.		

	Moriah shared a resource binder from Swindles – the binder is free and classes are offered through Swindles on how to organize it. Brenda shared info about movies in the park. As well as a bowling resource: www.kidsbowlfree.com		

Systems of Care

Adapted from Presentation by Bill Bainey

Center for Improvement of Child & Family Services
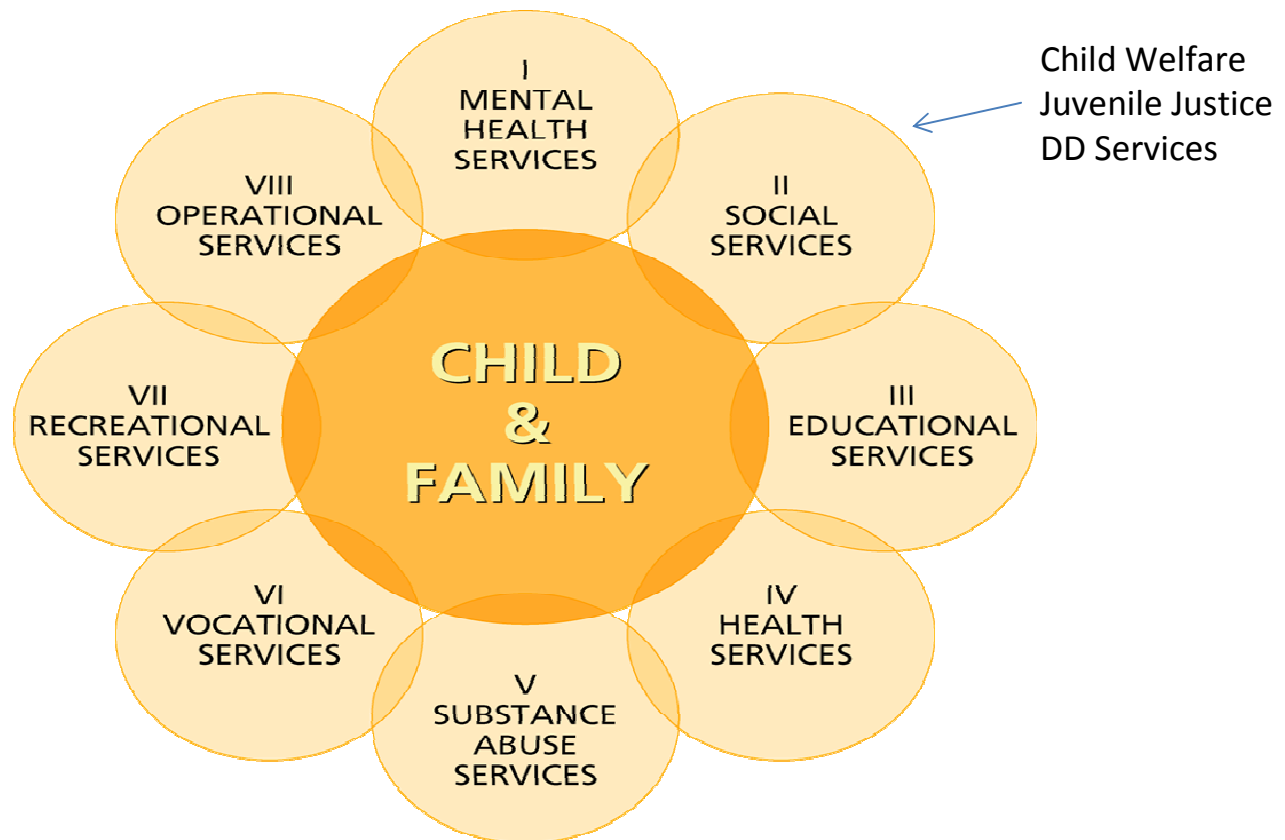School of Social Work
Portland State University
baneyw@pdx.edu

Portland State
UNIVERSITY

www.ccf.pdx.edu

What is Systems of Care?

A spectrum of effective, community-based services and supports for **children and youth with or at risk for mental health or other challenges** and their families...

Child Welfare
Juvenile Justice
DD Services

Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health. Reprinted by permission.

www.ccf.pdx.edu

Portland State
UNIVERSITY

SOC is a National Initiative

- Funding granted to communities around the country by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA)

- Largest children's mental health services initiative to date (over $1.49 billion since 1993, $121.3 million in FY 2010)

Portland State
UNIVERSITY

Oregon Children's Mental Health Systems Change Initiative (CSCI)

The CSCI was mandated in 2003 by Legislative Budget Note HS-3 to create sweeping changes in the children's mental health system to serve children and youth with serious emotional, behavioral, and mental disorders through community-based, least restrictive, culturally appropriate, evidence-based services.

Core services include care coordination and a comprehensive array of services (Integrated Service Array) designed **to serve youth with complex problems at home and in their communities.**

Portland State
UNIVERSITY

Systems of Care Framework
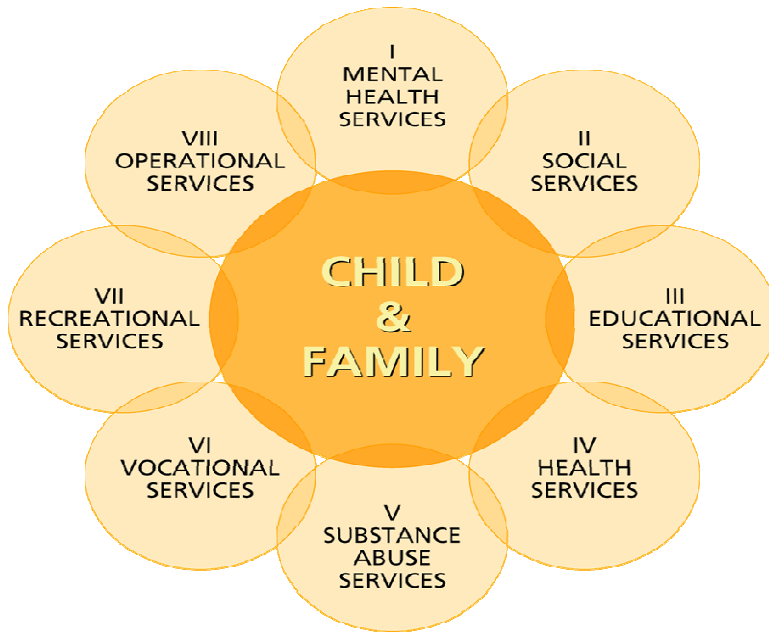
Community Based Services are Organized into:
a coordinated network
that builds meaningful partnerships
with families and youth
and addresses their cultural
and linguistic needs

…in order to help them to function better at home, in school, in the community, and throughout life.

Portland State
UNIVERSITY

SOC Core Values

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and

mix of services and supports provided.

2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial,

ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Portland State
UNIVERSITY

13 SOC Guiding Principles...

1. Ensure *availability and access* to **a broad, flexible array** of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.

2. Provide **individualized services** in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, *wraparound* service planning process and an individualized service plan developed in true partnership with the child and family.

3. Ensure that services and supports include **evidence-informed and promising practices**, as well as interventions supported by **practice-based evidence**, to ensure the effectiveness of services and improve outcomes for children and their families.

Portland State
UNIVERSITY

13 SOC Guiding Principles...

4. Deliver services and supports within the **least restrictive, most normative** environments that are clinically appropriate.

5. Ensure that *families, other caregivers, and youth* **are full partners** in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.

6. Ensure that services are **integrated** at the system level, with **linkages** between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.

Portland State
UNIVERSITY

13 SOC Guiding Principles...

7. Provide **care management** *or similar mechanisms* at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.

8. Provide *developmentally appropriate* mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their **homes and community settings**.

9. Provide *developmentally appropriate* services and supports to facilitate the **transition of youth** to adulthood and to the adult service system as needed.

Portland State
UNIVERSITY

13 SOC Guiding Principles...

10. Incorporate or *link* with **mental health promotion, prevention, and early identification and intervention** in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.

11. Incorporate **continuous accountability** and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.

Portland State
UNIVERSITY

13 SOC Guiding Principles

12. Protect the rights of children and families and promote effective **advocacy** efforts.

13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure **that services are sensitive and responsive to these differences.**
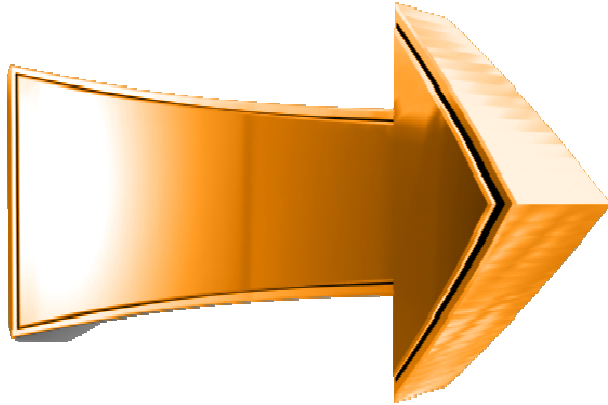
Portland State
UNIVERSITY

We all want the same thing…

Hi!

I'm safe.
I'm healthy.
I'm at home.
I'm in school.
I'm with friends.

Portland State
UNIVERSITY

Your input needed!

Assessment Tool
for Expanding Systems of Care
in Multnomah County

www.ccf.pdx.edu

Portland State
UNIVERSITY

Multnomah County Assessment Focus

IMPLEMENTING POLICY, ADMINISTRATIVE, AND REGULATORY CHANGES

To what degree have policy and regulatory changes been implemented that infuse and "institutionalize" the SOC philosophy and approach into the larger service system in Multnomah County?

Portland State
UNIVERSITY

instructions

✓ Selected a number of strategies shown to help communities build systems of care* and rate your community's progress on them.

1. Provide an explanation of progress, strengths and successes related to the selected strategies.

2. Provide an explanation of needs related to the selected strategies.

*from research by Georgetown University's National Technical Assistance Center for Children's Mental Health.

Portland State
UNIVERSITY

Strategy 1: Establish an Ongoing Locus of Accountability for SOC Approach

➤ What are the current successes for creating *a viable, ongoing focal point of accountability and management to support expansion of the SOC* approach in Multnomah County ?

➤ Who has this accountability now?

➤ What agencies/individuals are involved in these discussions?

➤ How is the expansion of the SOC managed currently?

➤ What are the continuing needs in this area?

Portland State
UNIVERSITY

Strategy 2: Develop and Implement Strategic Plans

➢ Please describe the successes in Multnomah County related to developing and implementing formal strategic plans that establish the SOC philosophy and approach as goals for the service delivery system.

➢ What are the continuing needs in this area?

Portland State
UNIVERSITY

Strategy 3: Strengthen Interagency Collaboration

a) To what degree has the SOC philosophy and approach been incorporated into memoranda of understanding and interagency agreements? What still needs to be done to support expansion of the SOC approach within interagency agreements?

b) Please describe ways in which strong interagency relationships and partnerships have been established to coordinate and/or finance efforts to support expansion of the SOC approach? What still needs to be done to further cultivate strong interagency relationships and partnerships?

Portland State
UNIVERSITY

Strategy 4: Build on Other System Change Initiatives

➢ Please describe the progress, strengths and success in linking with and building on existing and emerging system changes initiatives in the state or at the local level to support expansion of the SOC approach (examples: Health Care Transformation, Early Childhood Initiative)?

➢ What additional linkages are needed?

Portland State
UNIVERSITY

Strategy 5: Incorporate the SOC Approach in RFPs and Contracts

➢ To what degree have elements of the SOC philosophy and approach been incorporated into RFPs and contracts with providers and managed care organizations?

➢ What else needs to be done to support expansion of the SOC approach in the contracting process?

Portland State
UNIVERSITY