

Children's Mental Health System Advisory Council of Multnomah County

Statements Approved February 28, 2007

A. VISION:

The Children's Mental Health System Advisory Council (CMHSAC) of Multnomah County envisions family-driven, youth-guided mental health services for children and their families that address needs and build on strengths. We support the need for every child served to have ongoing relationships with natural supports, thereby leading to a sustainable quality of life for children and families in our community.

B. CONTRACT REQUIREMENT SUMMARY:

Advise our local Mental Health Organization (MHO), Multnomah County, and to provide oversight of the local and regional mental health policies and programs for the Integrated Service Array (ISA), as well as ensure continuous quality improvement. We advise the Multnomah County Mental Health and Addictions Services Division regarding policies governing the delivery of mental health services to children and adolescents in Multnomah County. Per state requirements, a minimum of 51% of the council's membership must be "family representatives" which includes biological parents, adoptive parents, foster parents, relative caregivers, and adolescent consumers.

C. MISSION:

To assist the MHO in meeting and/or exceeding Oregon Children's System Change Initiative (CSCI) directives by making policy recommendations at the county and state level regarding the Children's Mental Health System with emphasis on the following:

- Mental health care that is youth-guided and family driven
- Community-based treatment
- Family partnerships with systems of care
- Collaboration among child and family-serving systems
- Positive outcomes
- Breaking through cultural barriers
- Supporting the need of every youth to have a sustainable relationship with an attachment figure in his/her life
- Simplifying systems navigation
- Service coordination and integration

D. GUIDING PRINCIPLES:

We accept the definition and guiding principles of "Family-Driven" Care in children's mental health as approved by the Children's System Advisory Committee (CSAC). CSAC is a subcommittee of the Planning and Management Advisory Council (PAMAC) for the Oregon Department of Human Services Addictions and Mental Health Division (DHS AMH). The CSAC used the Federation of Families for Children's Mental Health (FFCMH) national organization's statement on family-driven care as their model.

DEFINITION OF FAMILY-DRIVEN: Family-driven means families have a primary decision making role in the mental health care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

1. Choosing supports, services and providers;
2. Setting goals;
3. Designing and implementing programs;
4. Monitoring outcomes; and
5. Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

DEFINITION OF FAMILY (from the Intensive Community Treatment and Support Services rule): "Family" means the biological or legal parents, siblings, other relatives, foster parents, legal guardians, caregivers and other primary relations to the child whether by blood, adoption, legal or social relationships. Family also means any natural, formal, or informal support persons identified as important by the family.

GUIDING PRINCIPLES OF FAMILY-DRIVEN CARE IN CHILDREN'S MENTAL HEALTH

1. Families and youth are given accurate, understandable, and complete information necessary to make choices for improved planning for individual children and their families.
2. Families and youth embrace the concept of sharing decision-making and responsibility for outcomes with providers.
3. Families and youth are organized to collectively use their knowledge and skills as a force for systems transformation.

4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Providers embrace the concept of sharing decision-making authority and responsibility for outcomes with families and youth.
6. Providers take the initiative to change practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth and families.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities embrace, value and celebrate the diverse cultures of their children, youth and families.
10. Everyone who connects with children, youth and families continually advance their cultural and linguistic responsiveness as the population served changes.

We accept the following definition of "Youth-Guided" based upon the draft definition currently in development by the National Youth Development Board (NYDB), part of the Technical Assistance Partnership for Child and Family Mental Health (TA Partnership).

DEFINITION OF YOUTH-GUIDED

Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state and nation.

This includes:

1. Giving young people a sustainable voice.
2. Focusing on creation of a safe environment that enables a young person to gain self-sustainability in accordance with his/her culture and beliefs.
3. Maintaining our awareness that, through the eyes of a youth-guided approach, there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength-based change process.
4. Ensuring that the process is fun and worthwhile.

5. Creating and maintaining opportunities for youth to be involved at individual, community and policy making levels.
6. Adults accepting responsibility and taking initiative to open doors to strengthen youth involvement and provide policy-making partnership opportunities to youth.

E. CODE OF CONDUCT:

1. Individuals attending CMHSAC meetings, whether members, guests or staff, are treated with mutual respect and valued for their specific experiences and unique expertise.
2. We seek opportunities for the on-going education of our group regarding evidence-based practices relating to the mental health system of care as pertaining to children, adolescents and their families.
3. We welcome differing opinions and ideas recognizing them as integral to discussion that is meaningful and relevant.
4. We embrace a process that not only offers recommendations, but also requires accountability through feedback from those reviewing and/or implementing the recommendations.
5. We recognize that our work is ever-evolving based upon the changing needs of our community and the population our county serves.
6. We respond to the need for structures that facilitate organization and consistency of our council's function and operation by utilization of standardized processes during our meetings, i.e. membership and voting.