



## Children's Mental Health System Advisory Council

### CMHSAC

#### Meeting Notes

May 19, 2009

##### Present:

<b>Members:</b> (in bold) Family Representatives	Trish Backlar, <b>Kathy Boring</b> , Margaret Brayden, <b>Vicki Creel</b> , <b>Kimberly Dunn</b> , <b>Anna Guillen</b> , Milele Hobbs, Jan Lacy, Carrie Leavitt, <b>Brenda McSweeney</b> , <b>Angelina Richart</b> , <b>Adrianna</b> <b>Rickard</b> , <b>Eric Walters</b>
Professional Representatives	Leslie Brown, Deena Corso, Maxine Fookson, Monica Ford, <b>Kathy</b> <b>Keim-Robinson</b> , <b>Drew McWilliams</b> , Andrea Muzikant, Monica Parmley, Janie Richards, <b>Courtney Towne</b> , Thuy Vanderlinde, <b>Elaine Wallick</b> , Joan Williams, Kirk Wolfe
Youth Representatives	Roman Dobbs, <b>Gabe Rickard</b> , <b>Elicia Smith (recruiter)</b>
<b>Guests:</b>	Traci Ackerman, Jay Auslander (Project Respond), Greg Borders (Project Respond), Garrett Katch, Jamie Vandergon (Trillium), Moriah Vicknair, Zenn Vicknair
<b>Staff:</b> FamilyCare Verity	Sherri Simms
	Deborah Danner, Dr. Lisa Kaskan, Charmaine Kinney, Len Lomash, Joan Rice, Godwin Nwerem
<b>Recorder:</b>	Karen Mayfield

##### Welcome and Introductions

##### Approval of Agenda and Minutes

Co-Chair Eric Walters called the meeting to order. Zenn volunteered to be the timekeeper; Kathy B. volunteered to monitor acronyms.

##### Approval of Agenda

The notes for the April and May 2009 meetings were approved as submitted.

##### Member Concerns and New Issues

Those present commented about the Parkrose location. The room and location were appreciated. Some had problems finding the room. All like having free parking. The 5:30 start time was discussed but no changes will be made at this time.

Zenn asked about Transitions subcommittee. Milele is waiting for some information before convening this subcommittee. **Vicki will be added to the Transitions and Executive Committee email lists.**

There was discussion about people not speaking up during this agenda section. Zenn said he thinks that sometimes a family member thinks their issue can't be done in a few minutes. It was clarified that the intention is to raise issues which will be scheduled for discussion at a later time. Individual problems may be referred to staff for assistance.

##### Membership

Handout: Membership by Position.

Family membership: Zenn said he wants his son, Roman, to be able to speak his own experiences while at the meeting. Moriah asked if there was opposition to youth and parents having separate votes; it was clarified that we want separate votes. There are open slots available now for new members.

**MOTION: Drew moved and Vicki seconded that CMHSAC approve the Executive Committee recommendation that households occupy one membership position if there is more than one adult member of that household attending. The position will have one vote. A youth from the same household may occupy a separate slot and have his/her own vote. Motion carried.**

**MOTION: Kathy K. moved and Adrianna seconded to seat Zenn and Moriah Vickner in Position B.1. (Family Members and Adolescent Consumers). Motion carried.**

The Executive Committee will draft a bylaws amendment to add a Youth category and the number of positions in each category. Wording will go out prior to the vote. The number of Youth slots was discussed. Zenn proposed continuing to recruit youth up to the point that numbers become hard to handle. Zenn suggested some Youth members might be not in the system or might be affected by a family member rather than being consumers themselves. Drew suggested converting some vacant Family Member slots to Youth slots. Moriah asked how we are going to handle multiple youth from a single family. Eric replied that the Executive Committee discussed this and recommends only one youth from a family be seated. This would mean a sibling of a youth member might not be able to be seated. It was clarified that the youth age range is 12-18. Zenn pointed out that some younger kids might be valuable members.

Adrianna said there is a lack of support services for siblings of children in the system. She will update the group next month re: the Youth Sibling chapter.

Moriah expressed her appreciation for Dr. Kaskan being at the meeting. She asked if there are plans to recruit any additional child psychiatrists as members, perhaps setting up a rotation. This could include therapists and caseworkers and nurse practitioners. She feels these line workers could add a lot. Eric commented that administrative perspectives are different from that of line staff. Drew said that administrative members carry information back to their line staff so information is better disseminated. Elaine reminded the group that CMHSAC is not a Child Welfare advisory group, although she carries information back to DHS. **It was suggested that line staff be added to subcommittees as appropriate.**

## **Subcommittee Reports**

### Verity/Families

Eric said the Verity/Families workgroup has met twice. The group is waiting to hear from the County about recent changes they have made which might resolve some of the concerns the subcommittee was convened to address, which will clarify what work still needs to be done.

Zenn said he contributed his thoughts by email. He commented favorably on the website. He noted that families don't receive communication after a decision has been made on behalf of their child.

Joan said the County has done a lot of work on the website. We need to add resources for non-OHP families. She asked if there are other ways to make the website better. Zenn has some ideas for improvement but feels the website is very strong as it is in being useful for families.

Eric said we can talk more about it at a later meeting. **Joan suggested we bring a laptop and log on at a CMHSAC meeting to show members how to navigate it and get suggestions.**

Vicki said she knows a family who lost their therapist, which was the most stable relationship in their life. She asked how that therapist could give input to this group about the damage this does. Member were reminded that anyone could attend this meeting and express their concerns. Eric said the Executive Committee is looking at ways to consolidate member concerns and bring them to the meeting, and this could include input from professionals in the system.

## **Department/Division Updates**

### Budget

Godwin reported that the County Chair's budget came out about 3 weeks ago. Children's mental health is held harmless (no cuts) in this budget. Given the economy, this is very good news.

### Procurement

Children's mental health is planning to do a procurement process this fall for the contracts with our subcontractors that will be effective July 1, 2010. We will be asking for CMHSAC and other community input over the summer about how the system can be improved. Moriah asked if kids could keep the same therapist throughout various levels of care. Godwin said we will have the same range of services but use them more wisely.

### Changes in the Authorization Process

Handout: Family Care Coordinator/Utilization Review staff roles and responsibilities as clarified and implemented recently. One intent of the changes is to make communication better for families. Deborah called attention to the last section of the document which clarifies the role of the Child and Family Team.

### ISA Progress Review

Handout: Integrated Service Array (ISA) Progress Review report and BERS sample.

Deborah explained that the State has been planning to check on outcomes for the kids served in the ISA. A committee, including families, developed the Progress Review form. This was presented to the Mental Health Organization (MHO) Directors, like Len, statewide. This group looked at the recommendations and discussed what could be put into a contract. The form is for the Family Care Coordinator to complete based on information that comes from the Child and Family Team. Deborah walked the group through the questions.

The BERS-2 is behavioral and emotional rating scale. It's a strength-based scale that looks at strengths and how to support them. There are 52 questions. Parents or guardians complete the form and the person must know the kid for 3 months. Zenn noted how subjective the answers would be and that children would suggest a different response depending on their moods at the time the form is completed. Deborah called attention to the back of the handout for a description of the BERS instrument. This information goes to the Child and Family Team via the Family Care Coordinator (FCCT).

The ISA Progress Review will be done when the child enters and exits service and at 12 months if the child is still in service. The FCCT will do all the initial Progress Reviews. Eventually providers will do some of them.

Deborah asked members to review the handouts and feel free to ask if they have any questions. The state will use this information to study trends.

## Reconfiguration of the Community Care Coordination Committee (C4)

Tabled. No questions or concerns about the proposed reconfiguration have been received yet. .

### **Crisis Response System**

Handout: excerpt from the Verity Member Handout. Len noted that the handbook was last revised in 2007 so it may need some updating. Len clarified that there is 24/7 coverage at the Call Center by clinicians who triage crises. Project Respond is accessed through the Call Center.

Jay Auslander from Project Respond (PR) described it as a 24 hr. mobile crisis team for adults, kids, and families. Staff provide short term follow-up, especially for safety issues. A third of persons seen are homeless or at risk of homelessness. Insurance is not a requirement. The 1-800 number for the Call Center, by which PR is accessed, will be added to the crisis card. PR also gets calls from police departments. If multiple calls come at the same time, they do the best they can to keep in communication with everyone until service can be provided. A&D needs are addressed too. Moriah asked that PR return at a future meeting to discuss the specific resources they use to help families. Jay said they try to find options for the immediate needs to get the person through the crisis. They build relationships with a number of providers and systems. A large part of their job is to be up to date on resources.

Jay asked for more information on family needs that aren't being met. Traci replied that she had a recent experience with PR in her home that was not successful. PR staff said they didn't have the resources to deal with her child. In addition, she felt that the family was made to feel like the criminals and she ended up in the court system. When she tried to take a break from the situation by closing her bathroom door, PR staff didn't allow this. Traci said this is the second time this has happened. Her experience is that when she follows her crisis plan she is told that nothing can be done.

Eric said there is an expectation of what PR can do that may differ from what it actually can do. He asked what services families can rely on. Jay said PR works with many families and does welcome constructive criticism. Zenn said that when his family has a crisis he is looking for someone who can deal with his son at the appropriate level.

Vicki asked if PR had a complaint process.

Anna suggested that Traci receive an apology from someone now in order to trust PR again. Joan noted that CMHSAC is not the best environment for discussing individual cases, and added that Traci's situation has been addressed in the appropriate venues.

Zenn asked for clarification re: what level of intervention he can expect from PR so he contacts them appropriately. Eric said there are levels of crisis and families need this clarification. Courtney said there needs to be clarification also about provider's responsibilities around a crisis plan.

Godwin said one purpose of this discussion is to share different perspectives around crisis intervention. He would like to focus on system issues tonight.

Zenn and Moriah said they don't want to be told PR or the Call Center can coach them through the crisis. They want space from their child during a crisis so they can disengage and think more clearly. Sometimes the Call Center wouldn't call PR when Moriah asked them to. Eric said their Morrison provider helped them develop a safety plan that didn't work. He wants PR to come in and assess the danger of the situation during a crisis. Moriah noted that it takes time to de-escalate a crisis. If the child needs to go to subacute or respite (professional or family), PR

staff need to know how to assess this need and access these resources. Jay agreed and said that PR tries to piece together resources as best it can.

Joan said we have lost some crisis respite beds when Boys and Girls Aid Society stopped providing this service, since they did 80% of respite. Jamie agreed that this loss was significant to the system.. Providers have tried to take up the slack. Trillium has a crisis respite contract that it is getting up to speed. It has 20-25 foster homes. After reviewing the contract with the State, Jamie realized that state-funded foster care kids make a home unavailable to Trillium to use as respite, so those beds are no longer available to any respite provider which further decreases the number of available respite beds. 60% of kids in crisis can't get a bed. It's hard to recruit respite-only homes; most foster parents want a full-time placement. Morrison now has some respite beds, although Eric's therapist didn't know about this resource.

Zenn said subacute is often full and doesn't want to take a kid in crisis. Moriah said PR should recommend families take their child to the hospital, using police transport if this is a possibility. She asked for a crisis flow chart for resources.

Jay said PR cannot maintain physical safety. If the child is not appropriate for the hospital or subacute and no crisis respite beds available, then options are limited. Greg said families definitely can expect knowledgeable and respectful clinicians to respond.

Courtney asked how to continue this discussion. Eric suggested a subcommittee to work with reps from the crisis system. Anna said we need to be prepared for other families who may have emotional responses to agenda items. **Zenn, Elaine, Angela, Garrett, and Jamie volunteered to be members of the Crisis Subcommittee; Courtney will coordinate.**

### **Announcements**

- Elicia complimented Gabe at for his participation in the recent Youth and Professionals as Policy Makers training. There were 14 youth in attendance and Gabe facilitated.
- Roman is having some difficulties and will be back. as soon as possible. Roman also attended Youth and Professionals as Policy Makers training.
- Angelina will bring information on the Parents Anonymous support groups.