



Children's Mental Health System Advisory Council

CMHSAC

Meeting Notes

April 21, 2008

Present:

Members: (in bold) Family Representatives	Trish Backlar, Kimberly Bennett, Kathy Boring , Margaret Brayden, Vicki Creel, Kimberly Dunn, Anna Guillen , Milele Hobbs , Jan Lacy, Carrie Leavitt, Brenda McSweeney , Angelina Richart, Adrianna Rickard , Wil Vieira, Eric Walters , Diane Wells
Professional Representatives	Leslie Brown, Deena Corso, Maxine Fookson, Monica Ford, Tracey Freeman, Kathy Keim-Robinson , Drew McWilliams , Andrea Muzikant , Monica Parmley, Janie Richards, Courtney Towne , Thuy Vanderlinde , Elaine Wallick , Joan Williams, Kirk Wolfe
Youth Representatives	Roman Dobbs , Gabe Rickard , Elicia Smith (recruiter)
Guests:	Oscar Clark, Ann Kasper, Moriah Vicknair, Zenn Vicknair
Staff: FamilyCare Verity	Sherri Simms
	Deborah Danner, Sonja Miller, Godwin Nwerem
Recorder:	Karen Mayfield

Welcome and Introductions

Approval of Agenda and Minutes

Those present introduced themselves. Anna volunteered to monitor acronyms and Zenn agreed to be the timekeeper. The agenda was approved as submitted. The notes were tabled for approval at the May meeting since they came out so late.

Member Concerns and New Issues

Meeting Location

Kathy Keim-Robinson offered Parkrose High School at 12003 NE Shaver. There is free parking and it's located close to freeway exits. It's also on a bus line and there is room for childcare (in a classroom space). It would be available year round (not closed in summer). The disadvantages include the distance and the need to drive during rush hour. Anna suggested trying it for a couple of months and seeing how it works. SE Health Clinic on SE 34th and Powell is still an option, but driving is very difficult on Powell at that time. Kathy will send a map of the building to Karen to distribute and research transit options. The group agreed to have the May meeting at Parkrose and see how it works out. It was agreed that the meeting will still start at 5:30 p.m.

Crisis Response:

Eric described a situation with his family in which the Mobile Crisis team sent out but told the family it couldn't help. They brought with them a police officer at Eric's suggestion. Trillium is supposed to have crisis respite services for the family, but Eric called the Trillium crisis respite line and was told the child's escalation meant they didn't have a home available, which made it useless. The child ended up in a DHS home and the family now must go to court.

Milele suggested that the kids' crisis system needs to be reviewed, since it seems to sometimes break down. This might be a part of #4 on the Priority List System (Access and understanding of how the system works – training and education about what's supposed to happen; "system translation"). Sonja offered to work with our providers to reiterate our expectations about their contractual obligations and make sure these connections are working as they are supposed to

work. Moriah said this situation isn't limited to Eric's case – other families have had problems with the crisis system. Mishandled crisis calls is the issue. This was somehow missed on our priority list. **Sonja will come back with information about the County's expectations of its providers in this area and review the complaints we have received about crisis calls.**

Membership

Bylaws Amendment re: Attendance

Roman thinks if someone is here most of the time they should have a vote, but if they don't attend they should be removed.

MOTION: Kathy Keim-Robinson moved and Roman seconded to amend the bylaws as written. Motion carried unanimously.

The amended section now reads:

ARTICLE III - MEETINGS

III - 3: ATTENDANCE. All regular and special meetings of CMHSAC shall be open to the public as provided by law. In order to maintain continuity and function of the council, it is expected that members will attend at least eight of the eleven regularly scheduled meetings in a calendar year. CMHSAC members may appoint alternates who may act, with voting privileges, in the place of the member in his or her absence. All names of alternates must be designated by a phone call to the Mental Health and Addiction Services Division prior to the day of CMHSAC meeting for which the alternate shall replace the member. Any CMHSAC member who misses more than three meetings of CMHSAC in a calendar year may be subject to removal by a majority vote of CMHSAC members. The individual member can appeal the decision to the membership.

Household Memberships

The question is whether it's appropriate to have multiple persons from one household seated as members. What about when there are youth and parents at the table? Godwin recommended limiting the discussion to adult household members. Clarification may require a bylaws amendment. What about an ex spouse? We need to define what a household is. Moriah suggested she and Zenn share a slot. **The Executive Committee will work further on this.**

New Youth Member

Gabe Rickard was introduced. He is a student at Hosford Middle School and wants to become active in the kids' mental health system to help kids and teens. Gabe is a Boy Scout. Elicia assured the group that Gabe is personally enthused about the work OFSN is doing to involve youth. Adrianna said Gabe is especially interested in the sibling movement and would like to focus on this area. The next training (flyer handout) of Youth and Professionals as Partners in Policy will be on May 16. This training is open to youth who want to serve or are already serving on committees such as CMHSAC, and professionals who are interested in involving youth on their committees. The age group is 13+ on average, but exceptions can be made for younger people if they're ready. Youth from OFSN will be doing the presentation. Both Gabe and Roman are registered to attend. Sonja said that she attended one of these trainings in Salem and she encouraged other professionals to attend for this valuable and concrete information.

MOTION: Elicia moved and Roman seconded to seat Gabe as a Youth Representative. Motion carried.

Priority List and Workgroups

Verity and Families Workgroup

This workgroup had its first meeting to work on improving families' relationship with Verity. The group needs some clarity on the goal and focus of the workgroup; when this is better defined, it will be brought back to the larger group for direction. Communication is a big part of the issue. Eric wants to add someone from Quality Management since they have a role in decisions that are made about Verity services. He also would like to see Family Care Coordinators represented. Adrianna noted that we wanted to have more family input than was available at the first workgroup meeting before the group moves forward. Access to services isn't as much of a concern as is communication and families feeling welcome to contact Verity with questions or concerns. **Godwin suggested the County do a presentation to the group about how Verity works; FamilyCare also will do a presentation on its processes.**

Transitions Workgroup

Milele said this workgroup will be looking at transitions from service to service, agency to agency, and among levels of services. The goal is to make transitions more fluid and less redundant. The group has not yet had an opportunity to meet. Members are Milele, Zenn, Courtney, Kathy Keim-Robinson, Roman, and Deborah Danner. Milele asked that front-line agency workers (clinician level) be part of this group; agency representatives will recommend someone from their staff. Moriah suggested establishing an active blog or discussion board to gather input. Shared emails would be an option. Deb Danner will join the group. **Milele will start email string to gather input.** Then there may be a conference call arranged for the meeting.

Priority #3 – Lack of culturally responsive services and minimization of cultural needs: The group agreed that good work in the area of cultural competency is happening in C4 and QM now, so there is no need for duplicative efforts by CMHSAC at this time.

Priority #4 – System access and understanding of how it works; training and education about what's supposed to happen; developing and identifying services for underserved populations. It was agreed that the work being done by the existing workgroups to address priorities #1 and #2 will feed into this priority.

Communication and decision making and better service for families are at the core of these priority concerns. Eric noted that the Verity focus group survey input will be valuable, since it identifies what is not working well for families and what families suggest can be done to improve the system. Moriah asked how the changes toward more family-focused services will be communicated to families, especially to those who don't attend these meetings. Milele added that she wants to know when changes will be communicated as well as how. Moriah said the OHP member information is intimidating to families. Eric said sometimes families get information from providers which they don't understand, and they'd like to go directly to Verity. Moriah said providers seem intimidated by the County and seem to want families to advocate with the County instead of doing it for them.

Milele asked those not on a workgroup to feel free to email their input to one or both workgroups.

Sonja said that the County will communicate recent changes at the May meeting and decisions can be made re: how to disseminate information about the changes.

Godwin said the County is committed to creating mechanisms for constructive criticism. He noted that a good relationship with our provider agencies is critical to a successful system.

Kirk suggested we should include some questions about people's satisfaction with their Health Plan during the annual satisfaction surveys.

Department and Division Updates

State Cuts

Godwin said that our Division Director, Karl Brimner, is not here tonight because he is attending a budget hearing of the State Ways and Means Committee. In a few days, County Chair Ted Wheeler will release the Chair's Budget. The State is proposing that State General funds be cut to adult mental health and addiction services by up to 80% or 90% in some areas. The Ways and Means Committee is going around the state for input on these proposed cuts. Many staff, professionals, and clients are at the event tonight testifying in support of funding for the adult system. Godwin said that funding for children's mental health, thankfully, is looking good so far.

Contracts with Provider Agencies

The County conducted a procurement (contracting) process for children's mental health services 4 years ago. This process is scheduled to happen again this fall. We tell providers what we want to buy and they tell us what they have to offer. We will have stakeholder input sessions as part of the process. CMHSAC will be receiving an email about this and Godwin encouraged CMHSAC members to participate as their schedules allow. Godwin stressed that the system is being improved, not redesigned.

Changes to the Service Authorization Process

Godwin will make a presentation next month about the changes we have been making around Utilization Review based on some of the feedback we have been hearing.

ISA Progress Review

Deborah said she will report next month on the new ISA Progress Review that is now being implemented. This new process is State-mandated and lets the State get information from Family Care Coordinators (FCCs) at two points: when a client enters and leaves their care. FCCs could be either County or provider agency staff.

Cultural Competency

Sonja reported last meeting on a cultural competency survey with that children's mental health is doing in conjunction with Quality Management. We will use a baseline instrument that all our providers will take to see where people score now on cultural competency. Then we will do a series of focus groups (10) in July at four identified places where it is generally recognized that culturally competent services currently are being delivered and ask why people see this agency or organization as culturally competent. Next we will go to key access points (health clinics, Head Starts, cultural events, etc.) to ask people what are the barriers to access to mental health services. Staff are still working out the questions to be asked. All of the information we gather will help us in the procurement process and in improving the system. The cost to the County for this process will be \$10-15,000 and the Department leadership has given us the money in support of this process. The Cultural Competency subcommittee meets tomorrow to further refine its plans. We will need more facilitators for the focus groups. If you are interested, please let Sonja know.

Minor Victims of Sex Trafficking

Handout: fact sheet.

Sonja explained that a local group has been formed to look at how to help young people who have been recruited into sex trafficking. Multiple local systems are involved. The goal is to improve and coordinate responses when such a client enters one of the systems. Awareness training for each system and for the community is one component of this initiative. Most women were recruited between the ages of 12 and 14, so even older girls/women can be considered to be victims. Young women who live on the streets are likely to be recruited within 2 weeks for prostitution.

Sonja played a video that shows the risks and vulnerabilities of young women. Since most victims don't see themselves as victims and don't want help, it is difficult to work with this population. Pimps move these girls between Seattle and San Diego, but when they re-surface in Portland we try to keep them with the people who have started to form a relationship with them in the past. A single point of entry makes this easier to do. Godwin noted that we would be surprised at how many girls are affected. There is a strong community support for helping them and looking at them not as delinquent but as victims.

Sonja reported that a local program called Shared Hope is looking at replicating Children of the Night, a shelter and treatment program in California. This model lets the kids de-culture. A property has been located here and partnerships are being explored. A study has been done on how much service money was spent on a specific list of these kids and it was a significant amount. More information will be provided at coming meetings. Drew said that most of their girls at Rosemont have been involved in sex trafficking.

Handout: process to be followed when the County hears about a minor victim.

Now they're being routed to LifeWorks, which already has a contract with the City of Portland, New Options for Women, so they have the expertise. We may look for additional providers during the contracting process in the fall.

C4 Restructuring

Handout: grid of meetings and their functions.

The Children's System Change Initiative (CSCI) was rolled out in 2005 and the formation in each county of a Community Care Coordination Committee (C4) was one of the State's requirements. This was implemented in various ways statewide. C4 is supposed to be a clinical consultation group where specific cases can be discussed and problems resolved. The State mandated two committees at the local level for the CSCI process (CMHSAC and C4), and these groups both were formed at the same time the system was being implemented, so it took awhile to realize what groups are necessary and where the overlaps are. A third, non-mandated group called Complex Case Consultation (C3) has been meeting every Friday and specific cases are discussed there, so it is in effect carrying out the mandated functions of C4. We are proposing that C3 become C4 (and take on its name) and the current C4 disband. Participants at C4 have been discussing a number of system issues which, in the future, will be addressed at CMHSAC, which is the appropriate venue. Child and Family Teams are welcome to attend the newly constituted C4 as a problem-solving resource. **Sonja and Deborah suggested members review the grid and send their comments to them.**

Milele asked that the email with these minutes include the grid and a request for feedback. She wants to make sure we don't create a gap if the current C4 configuration is disbanded. This will be an agenda item for further discussion at the May meeting.

Eric asked if families as well as Child and Family Teams could bring their cases to the new C4; they can. Deborah clarified that barriers into the Integrated Service Array (ISA) system are the ones that are discussed, not barriers to the entire system. Kids in ISA have a County or provider care coordinator.

Announcements

- Children's MH Awareness Day is May 8. *Handout: flier.*
- The annual NAMI walk is on May 17. Morrison and the County have both fielded teams.
- Marcus Kroloff has been appointed the new Addictions Manager at FamilyCare. He has attended CMHSAC in the past as a guest and will be at the May meeting.
- Elaine reported that DHS is revamping its special rate payment structure to foster care providers. They'll pilot statewide the Child and Adolescent Needs and Strengths (CANS) needs assessment tool, which will be administered by contracted nurses in some branches and by mental health providers in others, to see which works most efficiently. Elaine said most foster care providers will see an increase in their rates; however, those working with the most challenging kids may not. This moves DHS to a rate system that follows the child (who won't have to be re-evaluated each time s/he changes homes). The base rate will be substantially increased as well.