



Children's Mental Health System Advisory Council

CMHSAC

Meeting Notes

March 17, 2008

Present:

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

Welcome and Introductions

Approval of Agenda and Minutes

Sonja volunteered to keep time; Kathy Keim-Robinson volunteered to monitor acronyms.

The agenda was approved as submitted, as were the notes from the February 17, 2009 meeting.

Notes from February 2009 –

Member Concerns

Kathy B. expressed concern that the meeting was still being held downtown, which isn't convenient for everyone. Sonja assured her that we were still trying to find a location that meets all of our requirements.

Membership

We were expecting someone named Suzanne Bell to join the group. Milele had been working with a Susan Bell, thinking it was someone different. However, it is the same person, and she is unable to attend.

MOTION: Milele moved and Kathy B. seconded to remove Suzanne Bell from the CMHSAC roster. Motion carried.

Zenn thinks the attendance policy as outlined in the bylaws is too liberal and suggested members only be allowed to miss 3 meetings in a year. It was clarified that CMHSAC meets 11 months of the year (there is no December meeting).

Handout: attendance spreadsheet for review and correction.

Handout: excerpt from bylaws re: attendance.

The group wants to amend the bylaws to require missing no more than 3 absences per calendar year. This will be communicated to members and voted on at the next meeting.

Godwin explained that we want to encourage as regular attendance as possible, while recognizing that family members may need to take time off as family demands require. Regular attendance is necessary to keep the group moving forward. Milele said that the Executive Committee will do outreach to families who are not attending to see if there are barriers. Eric agreed that CMHSAC's success hinges on good family involvement.

New members:

Moriah Vicknair, Zenn Vicknair, and Ann Kasper have expressed an interest in becoming family members. The Executive Committee will review current and potential vacancies to see how many slots we can fill.

MOTION: Milele nominated Roman Dobbs as CMHSAC's first Youth Representative; the motion was seconded. Motion carried.

Executive Committee Report

Milele reported that the group worked on putting together the agenda for this meeting. Most of the Executive Committee members attended segments of the State audit; Milele said she learned a lot about what CMHSAC needs to do as a group. The Executive Committee meets by phone on the 2nd Monday of each month from 4:00 – 5:00 p.m., and in person at the same time at NAMI quarterly.

Zenn commented that didn't receive the emails about childcare. Karen will double-check to see if his correct email address is on the distribution list. Sonja clarified that the County needs 2 business days' notice to arrange for the correct ratio of nannies to children. If you will need ongoing care, let Adrianna or Karen know.

CMHSAC Priorities

Handout: 2006/2009 priority list. Other items may be added. The group voted on their top priorities (see last page).

Next steps

It was noted that many priorities are close together in the number of votes they received. Milele said she sees a need to form subcommittees/workgroups to address various priorities. Milele and Eric will send an email to get member interest on one of the workgroups. Groups will figure out their objectives.

Joan asked how many priorities the group wants to commit to addressing. Zenn suggested committees be time limited to allow for more work in a year. Milele said we could start with those issues of most passion. Moriah added that some issues may need to be ongoing. Eric said that this priority list helps the Executive Committee prioritize the time of CMHSAC.

Cultural Competence

Sonja reminded the group the C4's Cultural Competence plan is being implemented by the County. She would be happy to share the work they are doing so that CMHSAC doesn't duplicate their efforts. Moriah suggested that interested CMHSAC members might join C4's efforts if they are especially interested in that issue. Sonja described the efforts to far. One is identifying culturally competent programs and natural access points. QM has taken on this initiative in its workplan. Erin Whitmore is identifying an instrument to measure our system's current cultural competency baseline so we can measure for improvement later. It will measure both service and administrative levels. Then we'll do focus groups for each population using the skills learned by QM during their recent focus groups, but the focus will be on cultural competency. Finally, the input received will inform the contracting process at the end of the year.

Zenn asked if those agencies which are culturally competent could tell us why they're successful; this will be done. Milele noted that kids in our system cross many other systems. While mental health says cultural competence important, it is not known if this is a priority with other systems. It will take time to see the results of training a culturally competent workforce. Courtney suggested that for the time being CMHSAC just hear

reports on C4's efforts and perhaps begin working on other items. Joan said that CMHSAC could be a resource for piloting questions for the planned cultural competency focus groups.

Improving Relations between Verity and Families

Moriah and Zenn talked about how a team could recommend several services that would require dual authorizations and have troubling obtaining these authorizations from Verity. (This item also has components of transitions from service to service and agency to agency, another priority.) Verity has responsibility to talk to their consumers if they deny services. Moriah and Zenn spoke of their experience and state "Verity didn't want to talk to parents." Moriah, Zenn, Eric, Drew, Joan, Sheri, Adrianna and Elaine would like to be on the subcommittee to address this priority. Godwin highlighted that child and family teams are valued and we at MHASD are aware of the feedback and are doing some modifications. Elaine said a big part is the communication of the process. Karen will email this group so they can form a group and set a meeting time. Joan reminded everyone that any parent can contact the Verity Member Services number, 503-988-5887, and express their concerns and ask their questions. Moriah & Zenn also spoke to a situation where they saw a child in subacute and wondered if they were just there because there was other place for that child. Moriah spoke more about serving kids in lower levels of services and how that can be more efficient in the long run. Drew spoke to the providers' role of how to advocate and invited FamilyCare to participate in the subcommittee.

Transitions (service to service, agency to agency)

Zenn, Milele, Courtney, Kathy, and Roman volunteered for this sub committee.

Department and Division Updates

Karl gave Mental Health and Addiction Services Division updates.

- An ad hoc stakeholders meeting has met 3-4 times, and includes representatives from the Court Appointed Special Advocates (CASA), Juvenile Rights Project (JRP), providers (Drew), Godwin, Karl and others. The group has been addressing some of the issues that were discussed tonight.
- The Coordinating Council for Wraparound Oregon is looking at how Wraparound can be sustained when its grant runs out. Multnomah County has expressed an interest in taking over Wraparound and is discussing how that would look. The County will report in June on its decision.
- Integrated health care is a big discussion item. The Division is working with Care Oregon to coordinate physical and mental health, starting at the ground level right now. It is recognized how important it is to look at the whole person.
- The Division has received some significant cuts in mental health and addictions on the adult side, but very few cuts (if any) to children's' mental health. Legislators taken on biennium budget just now after resolving hole in this biennium budget. Chair comes out w/ his budget April 23, board votes in June. State budget is supposed to be done by June however unlikely will be done until August. Members of CMHSAC encouraged to express self to legislature representatives. Eric requesting committee be advised of times to advocate and issues that need advocacy. One of the cuts is 90% cut in crisis services.

Adrianna pointed out OFSN has training "journey to advocacy" to help family members learn to help to advocate.

Godwin spoke to attending meetings during the SAMHSA visit to Wraparound and their advocating having strong family involvement, especially in our current relationships with NAMI and OFSN.

State Audit Feedback

Joan thanked everyone for arranging their schedules to attend meetings and give feedback to the State. We had very good attendance at all the meetings and interviews. The feedback was mixed and there was such a quantity that the auditors didn't have time to regroup and synthesize the feedback immediately at the end of the process. Multnomah County has broadest array of services, the most culturally competent services, and the most robust system of care in the State. But the flip side is that the system is so complex it can be challenging for consumers/ partners to navigate. We will receive a written report in 60-90 days with some findings for

improvement. There will be scores based on forms filled out during the audit by providers, partners, and consumers. The audit team at the State is all brand new; some have been there only 3 months. Team members had questions about delivery of mental health but also about managed care (which hadn't been asked about in the past).

Family Focus Group

Chairs wanted a follow up discussion about the Executive Committee writing a letter which, after approval by the full membership, would be sent to agencies re-emphasizing some of the findings of the family focus groups from the advisory committee. This will have some work done by subcommittee.

Announcements

- The NAMI Walk is scheduled for May. This is the primary fundraiser for NAMI. The children's mental health community will be fielding several teams, including Lifeworks, Cascadia, Morrison, FCCT, NAMI, OFSN and others.
- OFSN has been working with the SUN School programs for peer-to-peer support groups in several East County schools. They hope to have Spanish speaking support groups going in a month or so. There will be a YP3 training for youth and professionals as policy partners on May 16 from noon to 5. Also, a recruiting flyer for youth advocates is available and will be sent by email.
- The Multnomah Commission on Children and Families is mobilizing advocacy.
- Roman said it means a lot that youth voice is being heard.

Next Meeting

- FamilyCare can share about integration of physical and mental health.
- Discussion at next meeting about how to make meeting engaging for youth.

CMHSAC Priorities for 2009

March 17, 2009

Priority	Issue	# votes
1	Transitions from service to service and agency to agency (consistency, planning) (2009: transitions between levels of service)	11
2	Working with Verity and families	10
3	Lack of culturally responsive services – minimization of cultural needs	9
4	System access and understanding of how it works – training and education about what's supposed to happen; "system translation"	7
	Developing and identifying services for underserved populations	7
5	Outcomes – defining what's important to us, family satisfaction – success defined by families	6
	System advocacy – ombudsman (2009: training family members to be advocates; family advocate support)	6
	Finding and supporting families. Bringing in unpaid people to support kids and families. (2009: peer-to-peer support)	6
	Improving operations and functions on Child and Family Teams	6
6	Wraparound Oregon – family-driven principles	5
	Working with primary care and private pay	5
7	Relationship between DHS Child Welfare and mental health	4
	Help providers to understand the System of Care	4
	Youth involvement on CMHSAC	4
8	Transition from children's to adult system	3
	Minor Victims of Sex Trafficking	3
9	Collaboration between mental health and education	2
	Collaboration between mental health and Juvenile Justice	2
	Collaboration with the Developmental Disabilities system	2
	Budget Process – watch/advise	2
10	MH relationship with CASA	1
	Placement options – outreach to the community at large – finding and training foster parents and homes – better integrated in the plan	1
	Information sharing	1
not prioritized	Collaboration with A&D and other dual diagnosis services	0
	Early Childhood to School Aged transitions	0
	How to promote, encourage and support natural supports	0