Children's Mental Health Systems Advisory Council (CMHSAC)

New Member Orientation

December 2013

CMHSAC of Multnomah County is supported and administered in collaboration with the following community partner organizations:

LatinoNetwork

NAMI Multnomah
National Alliance on Mental Illness

Welcome to the Children's Mental Health System Advisory Council (CMHSAC)

The information contained in this New Member Orientation Packet is compiled to help you in your new role as a council member representing children, youth, and their family members. We value your time, expertise and perspective. We strive to make this a rewarding experience for everyone who serves with us. If you have any questions about information provided in this packet or anything else regarding CMHSAC or children and youth mental health, please don't hesitate to reach out to anyone on the committee. We are all here to be helpful to each other in our aim to improve children's mental health services in our county.

Overview

The Children's Mental Health System Advisory Council (CMHSAC) is a mandated council (that means the State requires this council to be in place) and it has the following purposes:

- Make policy recommendations about the State Children's Mental Health System;
- Conduct system oversight;
- Evaluate the Children's System Change Initiative at the local level; and
- Give quarterly reports to Health Share of Oregon, FamilyCare Health Plans, and Multnomah Mental Health.

CMHSAC is comprised of family members, youth, mental health providers, and public partners. It is a venue where the family members and youth (ie. the "consumers" of mental health services) have the opportunity to voice their perspective on the system of care for children and youth.

Committee Members work together to become informed about children's mental health systems of care policies and practices, discuss various perspectives on what these systems look like, and to make recommendations for improvements that consider the perspective of those who are receiving the services. At least 51% of the committee is to be comprised of family members and youth.

Your Participation

By sharing your skills, knowledge, and experiences, you help to inform the system that delivers children's mental health services about the experiences people have using these services. We will assist you in building your skills to participate in this advisory role. You will be part of a professional network, gaining valuable advocacy skills, and participating as an active citizen to improve mental health services delivery for children and adolescents. Adult family members and our adolescent and young adult council members will have a variety of opportunities for advocacy skills development and leadership training designed to support your role on the Council by strengthening your "voice" within the group.

Criteria for Participation

- ✓ You are a family member of a child receiving mental health services now or who has received services in the past two years
- ✓ You are between the ages of 12 – 18 years old and are yourself receiving mental health services now or in the past two years
- ✓ You or your child are members of Oregon Health Plan (OHP)
- ✓ You reside or work in Multnomah County

Schedule

3rd Tuesday of each month - 5:30 to 7:30 pm
Multnomah Building, Room 315
501 SE Hawthorne Blvd, Portland, OR 97214

On street parking is available on the streets surrounding the building. Do NOT park in lot across the street, as it locks down at 6pm and you will not be able to get in following the meeting.

To use TriMet's Transit Tracker, call 503-238-RIDE (7433) or visit trimet.org on the web.

A light dinner will be provided at each meeting. Free childcare is also available – please contact Jennifer Hampton (below) in advance of the meeting to make arrangements.

Contact Information

"Agency" Partners and Engagement Specialists

Ebony Clarke
Multnomah County DCHS-MHASD
421 SW Oak Street
Portland, OR 97204
(503) 988-8264
ebony.clarke@multco.us

Jennifer Hampton
Multnomah County DCHS-MHASD
421 SW Oak Street
Portland, OR 97204
(503) 988-8147
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Julie Magers
NAMI Multnomah
Family Engagement Specialist
(503) 780-7077
julie.magers@multco.us

Randal Wyatt
Latino Network
Youth Engagement Specialist
(503) 737-8374
randal@latnet.org

2013 Co-Chairs

Cathe Dunwoody
"Family" Co-chair
cmdunwoody2000@yahoo.com

Barbara Kienle
"Professional" Co-chair
barbara_kienle@ddouglas.k12.or.us

Brenda McSweeney
Stand-in Co-chair
brendam170@aol.com

The following is printed from the Children's Mental Health System Advisory Council of Multnomah County Statements Approved February 28, 2007

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.

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 Addiction 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.

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

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

We accept the following 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.

DEFINITION OF YOUTH-GUIDED

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).

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.

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 and 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.

Information from the previous three pages is printed from the Children's Mental Health System Advisory Council of Multnomah County Statements Approved February 28, 2007

Attendance

Members are required by the CMHSAC By-Laws to attend at least 75% of CMHSAC meetings. As a general rule, missing three (3) meetings jeopardizes your participation to continue in your role as a voting member. If you cannot attend a scheduled meeting, you may be excused by contacting one of the CMHSAC Co-chairs prior to the meeting date. Contact information is found on the Welcome pages of this packet.

When a Member has two unexcused absences, he/she will be contacted by one of the Co-chairs and/or the appropriate Engagement Specialist to offer support and re-engagement. Should circumstances arise that require a Member to take a planned break or to be excused from participation due to failure to meet the minimum attendance requirement, he/she will be permitted to reapply when able to participate again.

Participation

We expect members to participate to the level each feels comfortable. We aim to make our meetings a safe forum for all members to voice ideas within the scope that the Council is purposed to serve. The following guidelines may help to inform you of participation requests. If you feel you need support, training, new skill development opportunities, or any accommodations to help with your active involvement, please ask. We are all here to support one another.

Support and Training Opportunities

While Multnomah County is officially responsible for CMHSAC through the state mandate, they have created partnerships with NAMI Multnomah and the Latino Network as collaborators to meet the objectives of the Council. Both organizations provide a variety of workshops and skill development opportunities to enhance your participation as an advocate seeking to make a positive impact in improving mental health services for all children, adolescents, and families. Descriptions of some of these programs are on the following pages, as well as some basic pointers for participation on CMHSAC and other advisory councils.

Inquiries about Support and Training Opportunities:

Julie Magers
NAMI Multnomah
Family Engagement Specialist
(503) 780-7077
julie.magers@multco.us

Randal Wyatt
Latino Network
Youth Engagement Specialist
(503) 737-8374
randal@latnet.org

SPEAK UP & EMPOWER Leadership Academy

Latino Network offers this free leadership series for youth from 12-25 years of age. It is designed to support youth to enhance the skills they are already obtaining and to teach participants ways to safely share your stories or the stories of those close to you to create change at a policy level.

Youth who participate in CMHSAC are not required to participate in Speak Up and youth who participate in Speak Up do not have to participate in CMHSAC. However, the support to gain leadership skills in the Leadership Academy and the opportunities to put those skills into practice on CMHSAC become highly relevant at that intersection.

(For more information on Speak Up & Empower, contact Randal Wyatt at 503-737-8374)

NAMI Basics

"Basics" is a NAMI signature education program for parents and other caregivers of children and adolescents living with mental illnesses. The NAMI Basics course is taught by trained teachers who are the parent or caregiver of children living with mental illness.

The course consists of six classes, each lasting for 2 ½ hours, which NAMI Multnomah offers within a three week period to accommodate the hectic schedules of parents.

All instruction and materials are free to participants.

(For more information about NAMI Basics, call 503-228-5692)

NAMI Smarts for Advocacy: Telling Your Story

This is the foundation module in NAMI's grassroots advocacy training series. In this two-hour work session, we will explore the importance of advocating for effective mental health care and why your own story is powerful in informing policy changes.

Telling Your Story guides you through writing and delivering a concise and compelling version of your personal experiences that will serve as the springboard for your advocacy. When you leave this workshop, our goal is for you to take with you a version of your story that you can use to raise awareness, inspire others, and above all, to influence policy makers.

All instruction and materials are free to participants.

(For more information about NAMI Smarts for Advocacy, call 503-228-5692)

S.P.E.A.K. U.P.

SUPPORT – Be supportive of other family and youth members; Network with providers, system administrators, and community partners. Help others learn from your experiences and perspective as a family member or youth.

PREPARE – It takes time to work through the traumas we may experience as we advocate for our child's and/or our own treatment in the mental health system. In order to effectively advocate for positive changes for everyone, we must be ready to expand our focus beyond our own immediate needs. Making recommendations for system changes is often more powerful when we use our personal stories as examples that support the recommendations. Please be prepared to share your experiences or input for this purpose.

EVALUATE – Evaluate information from multiple systems levels, from various sources and from various perspectives. Come to meetings with a willingness to listen, evaluate, and provide input on new ideas from your experiences and expertise.

ADVISE – provide feedback and give recommendations to the system based on the experiences you have had and the way you foresee the experiences of others receiving services now and in the future. Assume positive intent that everyone is working toward a positive experience and health outcomes for children, youth, and families.

KEY PRINCIPLES – There are ten key principles that have been tied to positive outcomes and experiences of those receiving services. These are often referred to as the Wraparound Principles and they can be a beneficial guide post when evaluating proposed changes or new services:

Family-Focused / Family-Driven	Individualized
Collaborative	Team-based
Natural Supports	Community-based
Strengths-based	Culturally Competent
Persistent	Outcomes-based

UNIFY – When you are advocating on an advisory council such as CMHSAC, you represent the voice and experiences of both yourself AND others who have similar experiences and background as you have. Advocating is about recommending changes that will improve outcomes for everyone who needs services.

PERSPECTIVE – Tell your story as you are able and help professionals and policy makers to understand the experience of receiving services and navigating the system. Explain what worked for you and your child and what improvements may be made for a better patient experience and health outcome for your child.

The "Family Story"

Family stories have always been a way to remind professional and family members why CMHSAC exists. It is a time to share what brings you to the advisory process as a family member of a child with special needs. It is also a way to build a bond between all members of CMHSAC as we seek to improve the systems of care. Often, our Council members who represent the professional services provided to children and families will have a family story of their own. We build a time into each month's agenda for anyone on the Council to share when they feel comfortable to do so. Our aim is to create a safe environment for this to happen.

When someone shares their lived experiences, it is not a request for resolution or ideas for addressing that person's circumstances.

Here are a few general guidelines for this portion of our meeting:

We request the family story to:

- Be delivered by the person who lived it;
- Be Respected and not open for discussion;
- Held as confidential among meeting attendees;
- Never be used to make new or existing members feel pressured;
- Never be used to air personal grievances against system partners.

YOUR NOTES

Sample Meeting Agenda

Date: March 19, 2013 **Time**: 5:30 – 7:30 pm
Location: Multnomah Building - 501 SE Hawthorne Blvd. Basement Room B14

Purpose: Comprised of youth, family members, mental health providers and public partners, CMHSAC gives children, youth and family members the opportunity to voice their perspective on the system of care for children and families. CMHSAC is mandated to:

- Make policy recommendations about the State Children's Mental Health System;
- Conduct system oversight;
- Evaluate the system change initiative at the local level; and
- Give quarterly reports to Health Share of Oregon/FamilyCare/Multnomah Mental Health.

Council Members: [list current approved/active members]

http://web.multco.us/mhas/childrens-mental-health-system-advisory-council-cmhsac

What:	Process / Who:	Time:	Desired Outcome:
Welcome and Introductions; Appoint Timekeeper & Acronym Monitor; Approve Agenda; Approve Minutes	Co-Chairs, [Name] and [Name]	5:30	Open the meeting and fulfill business requirements.
Administrative Updates	[Name]	5:45	Inform members of pertinent updates and systems information.
Family Story or Update	[Name]	6:00	Provide lived experience perspective with recommended "what would have produced a better outcome…" or "what worked well was …"
Youth Story or Update	[Name]	6:10	Youth share leadership development update and/or share a lived experience with recommended "what would have produced a better outcome…" or "what worked well was …"
Membership	Group votes on new member(s): • [Name]	6:20	Formal vote on new members who submitted applications in previous month;
Announcements	Committee Members	6:30	Share upcoming events, opportunities, news.
Group Input / Focused Topic Discussion	[Name]	6:45	Group discusses strengths and barriers, etc. in system of care to form recommendations for improvements.
Adjourn		7:30	

Robert's Rules of Order

- Justice and courtesy for all.
- Do only one thing at a time.
- The majority rules.
- The minority is heard.
- Each proposition is entitled to a full and free debate.
- The desires of the individual must be merged into the larger unit.
- The purpose is to facilitate action, not to obstruct it.

Quorum

- CMHSAC bylaws Article III Section 4: "A quorum (the number of members required to be present in order to offer and vote on motions) will consist of a minimum of **five (5) Professional Members and six (6) Family Representatives** present unless the motion is for an amendment to the bylaws."

- CMHSAC bylaws Article IX: "These bylaws may be amended by an affirmative vote of 51% of the current membership (quorum is not sufficient). To be considered at a regular meeting, a full statement of each proposed amendment must be included in the written agenda for the regularly scheduled meeting."

Making and Voting on Motions

- The person wishing to make a motion is **recognized** by the Chair.
- Once recognized, the person may make a **motion**.
- If another member agrees, they **second** the motion. Without a second, the motion dies.
- If the motion is seconded, the Chair **states the question** (repeats the motion), placing the motion **on the floor** for discussion. There can only be one motion on the floor at a time.
- During the discussion, a motion may be **amended** (modified). The amendment is considered a **secondary motion**.
- Once amendments and the discussion are finished, the motion is **voted** on. Majority rules.

Membership By Position

A roster of all members on CMHSAC is always available by contacting Jenny Hampton at (503) 988-8147 and jennifer.hampton@multco.us.

Positions on the Council are as follows:

Professional Representatives (12 positions total)

2 – Education
2 - Child / Family MH and Addictions Treatment Service Providers
1 – DHS Child Welfare
1 – Oregon Youth Authority
1 – Juvenile Justice
1 – Developmental Disabilities Division (Multnomah County)
1 – Early Childhood
1 - Primary Care Provider or General Health Practitioner
1 – Child Psychiatrist
1 – Law Enforcement

Family Representatives (at least 12 but no more than 18 total)

2 – NAMI Family Partners (representing all families served in Multnomah Wraparound)
16 – Family Members

Youth Representatives (up to 6 positions total)

6 – Adolescents and Transitional Age Young Adults (ages 12-18)

Positions on the Council include:

1 – Co-Chair - Family Member

1 – Co-Chair - Professional Member

1 – Stand-in Co-Chair

2 – Executive Committee Youth Members

BY LAWS

Multnomah County
Children's Mental Health System Advisory Council
(CMHSAC)

March 2011

ARTICLE I – PURPOSE

CMHSAC exists to fulfill a State mandate to:

- make policy recommendations about the Children's Mental Health system change initiative;
- conduct system oversight;
- evaluate the system change initiative at the local level; and
- report quarterly to the MHO.

ARTICLE II – MEMBERSHIP

II - 1: MEMBERS. CMHSAC shall be composed of no more than thirty-five (35) voting members who reside in Multnomah County, or volunteer or work for a child-serving agency in Multnomah County. A minimum of 51% of the membership shall consist of consumers, family members, and child and family advocates, with half of the representation consisting of Oregon Health Plan (OHP) Members who are adolescent consumers and family members of OHP Members who are child and adolescent consumers. A transition period of 6 months or until the expiration of the member's term, whichever comes first, will be granted for any member whose work or living situation changes so as to make him or her ineligible for membership under this requirement. If the member still does not live or work in Multnomah County at the end of this period, he or she will be required to vacate the position and/or will be prohibited from election or appointment to a subsequent term. The membership shall reflect the ethnic, cultural, and geographical diversity of Multnomah County, and be appropriately representative of mental health, substance abuse, and dual diagnosis relative to knowledge, experience and interest. After 01/31/2011 new members will be asked to complete a membership application form expressing their interest in serving on CMHSAC. CMHSAC shall be composed as described below:

<u>Voting Members</u>

(a) 6 Youth Consumers and Siblings positions:

Youth age 12-18 who are receiving mental health services through the Oregon Health Plan and their siblings.

(b) At least 12 but no more than 18 Family Representative positions including:

A minimum of 2 members each with experience in the following categories:

- Early Childhood
- Outpatient/School Age
- Intensive Treatment Services

and with the following relationships to a child being served in the system:

- Biological parent
- Foster Parent
- Relative Caregiver (grandparent, aunt/uncle, etc.)

(c) 11 Professional positions:

(2) Education:
(1) Portland Public Schools
(1) East County Schools
(2) Child and Family Mental Health and Addictions Treatment Service Providers
(1) Department of Human Services (DHS) Child Welfare
(1) Oregon Youth Authority
(1) Juvenile Justice
(1) Developmental Disabilities
(1) Early Childhood
(1) Primary Care Provider/General Health Practitioner
(1) Child Psychiatrist

Note: NAMI System Navigators are eligible to serve as Family Representatives.

II - 2: TERMS. Appointment to the CMHSAC will be for a one (1) year (12 month) term. Members may be reappointed for additional one (1) year terms. Members may serve until their successors have been elected. Terms will run from January to December each calendar year. Vacancies occurring mid-term will be filled according to the process described in Article II – 5: Vacancies & Elections of these bylaws and members will serve until the end of the term during which they were appointed.

II - 3: COMPENSATION. Professional members shall receive no compensation for serving on CMHSAC. Family members who do not receive compensation from some other source for attending the meeting may receive a $25 stipend for each meeting they attend.

II - 4: RESIGNATION. A member may resign from CMHSAC by submitting a written and signed resignation to one of the Co-Chairs of CMHSAC. Whenever possible, the member's resignation should be submitted to the Co-Chairperson at least thirty (30) days prior to the effective date of the resignation.

II - 5: VACANCIES & ELECTIONS. Vacancies on CMHSAC shall be filled from nominations submitted from the Mental Health and Addictions Services Division staff and sitting members of CMHSAC and approved by the full CMHSAC membership. In the event a seat becomes vacant prior to completion of the full term, an election will be held to fill the position until regular elections are held at the next annual meeting.

ARTICLE III – MEETINGS

III - 1: REGULAR MEETINGS. Regular meetings of CMHSAC shall be held monthly January – November, a minimum of ten times per year. The meeting schedule, time and place will be posted on the Multnomah County Mental Health and Addictions Services web page. For good cause and upon giving at least five days' notice to all members of CMHSAC, the Co-Chairs may change the date, time, or place of a regular meeting.

III - 2: SPECIAL MEETINGS. For good cause and upon giving at least three days' notice to all members of CMHSAC, the Co-Chairs may call a special meeting of CMHSAC at any reasonable date, time, and place to consider any matter properly brought before CMHSAC. The Executive Committee shall give a report of the special meeting proceedings at the next regularly scheduled meeting of CMHSAC.

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 Family and Professional members will attend at least 75% of regularly scheduled meetings. (This requirement is waived for Youth Consumers and Siblings.) 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 three consecutive meetings of CMHSAC without notifying the Mental Health and Addiction Services Division or the Chair may be subject to removal by a majority vote of CMHSAC members. The individual member can appeal the decision to the membership.

III - 4: QUORUM AND VOTING. A quorum (the number of members required to be present in order to offer and vote on motions at CMHSAC) will consist of a minimum of five (5) Professional members and six (6) Family Representatives present unless the motion is for an amendment to the bylaws. Refer to Article IX: Amendments of these bylaws for regulations governing bylaws and amendments. Any motion requires a vote of those present.

III - 5: CONDUCT OF MEETINGS. The current edition of Robert's Rules of Order shall govern the conduct of all regular and special meetings of CMHSAC and its standing and/or ad-hoc committees insofar as the Rules are not inconsistent with the provision of these bylaws.

III - 6: NOTICE. Notice of all public meetings of CMHSAC will be provided as required by law.

III - 7: ANNUAL MEETING. The Annual Meeting of CMHSAC will be held during the month of January of each year and will be held at the regular January meeting date. Election for expired terms of CMHSAC officers and members will be held at this time.

ARTICLE IV – OFFICERS AND EXECUTIVE COMMITTEE

IV - 1: OFFICERS. The officers of CMHSAC shall be two Co-Chairs (at least one being a family representative) and a Stand-In Co-Chair to be elected from the members of CMHSAC. These officers shall be members of CMHSAC who were elected annually by CMHSAC by the nomination and election process described in Article II – 5: Vacancies and Elections of these bylaws. Officers serve for a period of one (1) year, and until their respective successors shall qualify. A vacancy created during a regular term of office shall be filled by a special election by CMHSAC. The Co-Chairs shall be the presiding officers at CMHSAC meetings, and shall be the primary liaisons between CMHSAC members and the Mental Health and Addiction Services Division. The Stand-In Co-Chair shall perform all duties of a Co-Chair in the event of the absence or in the event of the disability of one of the Co-Chairs.

IV - 2: EXECUTIVE COMMITTEE. The Executive Committee shall consist of the CMHSAC officers and two (2) Members-At-Large (one family member and one professional) who are elected by the nomination and election process described in Article II – 5: Vacancies and Elections of these bylaws. At least 51% of the Executive Committee will be family representatives. Members-At-Large serve for a period of one (1) year, and until their respective successors shall qualify. A vacancy created during a regular term of office shall be filled by a special election by CMHSAC. The Executive Committee shall be responsible for creating an agenda prior to each CMHSAC meeting, and shall be the points-of-contact for CMHSAC members wishing to contribute agenda topics or ask questions about CMHSAC's function/operations.

ARTICLE V – MENTAL HEALTH AND ADDICTION SERVICES DIVISION RESPONSIBILITIES

A Mental Health and Addiction Services Division management staff person will attend all CMHSAC meetings; assist in proposing nominees for new CMHSAC members as required; bring relevant issues and/or questions to the attention of CMHSAC; provide written minutes of all CMHSAC meetings to its members; whenever possible provide written materials to CMHSAC members prior to the full CMHSAC meetings; pay stipends as requested; and provide interpreters and translated material as requested for members whose first language is not English.

ARTICLE VI - AD HOC COMMITTEES

The Co-Chairs may appoint ad hoc committees as necessary for the adequate functioning of CMHSAC. Such committees shall report back to the full membership.

ARTICLE VII - CONFLICTS OF INTEREST

Any member of CMHSAC who has a conflict of interest in any matter before CMHSAC shall so inform the membership prior to voting.

ARTICLE VIII - CMHSAC ADDRESS

The mailing address of CMHSAC shall be in the care of:

Department of County Human Services
Mental Health and Addiction Services Division
421 SW Oak St., Ste. 520
Portland, OR 97204
Attn: SOCCF Office Assistant

The telephone number is 503-988-3999

ARTICLE IX - AMENDMENTS

These bylaws may be amended by an affirmative vote of 51% of the current membership (quorum is not sufficient). To be considered at a regular meeting, a full statement of each proposed amendment must be included in the written agenda for the regularly scheduled meeting.

Frequently Used Acronyms

ACORN	A Coordinated Online Research Network
AMHSAAC	Adult Mental Health and Substance Abuse Advisory Council
BRS	Behavioral Rehabilitation Services
CANS	Child and Adolescent Needs and Strengths
CASII	Child and Adolescent Service Intensity Instrument
CCO	Coordinated Care Organization
CMHSAC	Children's Mental Health Systems Advisory Council
CPS	Collaborative Problem Solving
CRB	Citizen's Review Board
CSAC	Children's System Advisory Council
DBT	Dialectical Behavior Therapy
DCHS	Department of County Human Services
DD	Developmental Disability
DDSD	Developmental Disabilities Services Division
DHS	Department of Human Services
DSM IV	Diagnostic and Statistical Manual of Mental Disorders IV
EASA	Early Assessment and Support Alliance
EBP	Evidence Based Practices
ECSII	Early Childhood Service Intensity Instrument
ESD	Educational Service District
FCC	Family Care Coordinator (now Wraparound Facilitators)
FFS	Fee For Service
FISS	Family Intensive Support Services
HSO	Health Share of Oregon
ICP	Involuntary Commitment Program
ICTS	Intensive Community-based Treatment Support Services
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IFSP	Individual Family Service Plan
IRCO	Immigrant and Refugee Community Organization
ISA	Integrated Service Array
MHASD	Mental Health and Addiction Services Division
MHC	Mental Health Consultant
MHO	Mental Health Organization
MSW	Master's Degree in Social Work
NAMI	National Alliance on Mental Illness

NARA	Native American Rehabilitation Association
NAYA	Native American Youth and Family Center
NOA	Notice of Action
OFSN	Oregon Family Support Network
OHP	Oregon Health Plan
OMAP	Office of Medical Assistance Programs
OYA	Oregon Youth Authority
PCL (Pickle)	Portland Children's Levy
QA	Quality Assurance
QI	Quality Improvement
QM	Quality Management
QMC	Quality Management Council
QMHA	Qualified Mental Health Associate
QMHP	Qualified Mental Health Professional
RFP	Request for Proposal
SAIP	Secure Adolescent In-patient Program
SCIP	Secure Children's In-patient Program
SAMHSA	Substance Abuse Mental Health Services Administration
SNAP	Supplemental Nutrition Assistance Program (Food Stamps)
SOC	System of Care
SOCCF	System of Care for Children and Families
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Social Security Income
TANF	Temporary Assistance to Needy Families
TC	Temporary Custody
TDM	Team Decision meeting
TFC	Treatment Foster Care or Therapeutic Foster Care
UR	Utilization Review
W/O	Wraparound Oregon

Feedback Forms

Submit your input at any time. These forms are available at each meeting and the information provided is used to create discussions and agenda items.

Children's Mental Health System STRENGTHS & BARRIERS

1) **What is currently working?**

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2) **What areas need improvement? Please describe any recent challenges you or your loved one have experienced:**

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3) **Please share any thoughts or concerns you have regarding Children's Mental Health System:**

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YOUR NOTES