

**Addictions and Mental Health Division (AMH)**

**Children's System Advisory Committee**

**Willamette ESD**

**May 27, 2010 -- 9:30 a.m.**

**Attending:** Kris Anderson, Paula Bauer, Vicki Creel, Jammie Farish, Bob Furlow, Vanessa Frias, Shelley Joyce, Nancy Koroloff, Bob Lieberman, Cherisse Loop, Torri Lynn, Francis Maher, Lynn Matthews, Tanya Pritt, Martin Rafferty, Kit Kryger (for Lynn Saxton), Ron Sipress, Margarita Solis, Anne Stone, Claire Weiss (phone), Kirk Wolfe

**AMH Staff:** Kathleen Burns, Deborah D'Amico, Judy Rinkin

**Absent:** Bill Bouska, Lee Coleman, Monica Ford, Janet Holland, Ajit Jetmalani, Lisa Leno, Ally Linfoot, Mark McKechnie, Stacey Sibley, Scott Snedecor, Regie Valenti

**Guest:** Deeanna Garcia Dennis, Andrew L. McCleau, Marisha Johnson, Nancy Allen

<b>Topic</b>	<b>Key Discussion</b>	<b>Action/Task/Decision</b>	<b>Responsible</b>	<b>Due Date</b>
<b>Intro/Agenda Review/Announcements</b>	<ul style="list-style-type: none"> <li>• Minutes-April 22, 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Dr. Kirk Wolfe made a motion to approve the April 22, 2011 minutes. Ron Sipress seconded the motion.</li> </ul>	Jammie/Bob	
<b>Sharing</b>			Francis Maher	
<b>Policy Issues</b>	<p><b>Healthcare Transformation</b></p> <ul style="list-style-type: none"> <li>• Opened with discussion from CSAC members.</li> <li>• Bill Bouska and Ralph Summers gave a presentation at the Family Leaders</li> </ul>		Judy with Jammie and Bob	

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	<p>quarterly meeting in May.</p> <ul style="list-style-type: none"> <li>• Currently, cuts on Medicaid rates are down to around 11.5%, although this may not be the final reduction.</li> <li>• House Bill (HB) 3650, healthcare integration bill has been moved to capital construction committee and can expedite to Ways &amp; Means. Implementation will be June 2012.</li> <li>• What will the Coordinated Care Organization in the integration of mental and physical health look like? <i>It will be more localized in rural counties.</i></li> <li>• A CSAC member commented: there is an advisory committee to help move the integration bill forward; however there are no family members on the committee.</li> <li>• The portable health care and federal health care reform will be in effect in 2014. It was suggested that persons in Oregon need to be ahead of the game before 2014. Family members need to be involved because physical health is familiar with having family members part of their discussion. Eco this</li> </ul>	<ul style="list-style-type: none"> <li>• Judy e-mailed this link to CSAC.</li> <li>• <b>Motion:</b> CSAC requests that direct formal avenue of input be created to Addictions and Mental Health (AMH), Oregon Health Authority (OHA), Department of Medicaid Assistance Program (DMAP) and their respective workgroups in developing outcome metrics and monitoring systems for the</li> </ul>	<p>Motion: Bob Furlow, Second: Shelley Joyce</p>	

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	<p>comment at early childhood. The system and the advocates need to work together.</p> <ul style="list-style-type: none"> <li>• School success is a mental health outcome. Another suggestion was that members need to pay attention to this.</li> </ul>	<p>implementation of legislation, rules and contracts for health care transformation and integration, and early childhood redesign.</p> <ul style="list-style-type: none"> <li>• <b>Yes Votes: 20</b></li> <li>• <b>No Votes: 0</b></li> <li>• Motion Passed.</li> <li>• An amendment was made. Shelley Joyce seconded the motion. Amendment accepted. (no plan developed to complete this task)</li> <li>• Recommended that CSAC invite Erinn or Benjamin to discuss child welfare issues around the integration of mental and physical health.</li> </ul>		
	<p><b>Work Plan</b></p> <p>2010 - Integration Mental Health/Physical Health (follow-up)</p> <p>2011 – Integration of Mental Health, OYA and Juvenile Justice</p>	<ul style="list-style-type: none"> <li>• Moved to November Meeting</li> <li>• The workgroup plan on having recommendations</li> </ul>	<p>Jammie/Bob</p> <p>Members of the sub-committee:</p>	

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	<ul style="list-style-type: none"> <li>• Question to be addressed: What is it that can currently be done with the systems?</li> <li>• Barriers: 1) systems have their own language. Speaking mental health can be a communication barrier for some organizations.</li> <li>• 2) asking for what is needed</li> <li>• 3) accessing services</li> <li>• 4) Youth who go to JJ need to be involved in the system of care; how do youth get back into the community in a healthy and safe way, helping them stay stable, action steps needed.</li> <li>• Child serving systems continue to not work together to meet the JJ/ OYA complex needs of youth.</li> <li>• Providers need to remember 'kids can do well if they can'.</li> <li>• Systems question: is behavior due to mental health challenges.</li> <li>• Other comments, 'that by the time the youth has had 10 evaluations the youth may give up', there needs to be early intervention and system collaboration.</li> <li>• Need to address the use of Anti Psychotics and other medications used</li> </ul>	<p>to CSAC members early in the fall/ 2011</p> <ul style="list-style-type: none"> <li>• Judy will send out the article on the Center for Juvenile Justice Reform from Georgetown University.</li> </ul>	<p>Paula Bauer, Torri Lynn, Shelley Joyce, Cherisse Loop, Lisa Leno, Ally Linfoot, Nancy Allen, Judy Rinkin</p> <p>Leads for this work group include: Torri, Paula and Nancy</p>	

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	<p>with this population.</p> <ul style="list-style-type: none"> <li>• Need to encourage that CW and JJ are working in a friendly manner.</li> <li>• Some suggestions: Youth Voice - hope can be found through youth who have been through the system. For the youth to identify what a better system would look like.</li> <li>• Secondly, a team needs to build around the children when they exit JJ or OYA.</li> <li>• Systems need to be: youth-guided, youth-driven, cultural competence, evidence based, with collaborative problem solving being used.</li> <li>•</li> </ul>			
<b>Committee Business</b>	None this month			
<b>System Monitoring</b>	<p><b>Data/Children's Mental Health System/Dashboard</b></p> <ul style="list-style-type: none"> <li>• This is the first published the dashboard for Children's Mental Health.</li> <li>• See report (attached)</li> <li>• The children's mental health system has made huge strides in community based services and supports.</li> <li>• Presentation of utilization data is delayed by up to a year due to</li> </ul>		Kathleen	

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	<p>Medicaid claims submission requirements. This is a concern. OWITS (Oregon Web Infrastructure for Treatment Services) is in the works.</p> <ul style="list-style-type: none"> <li>• The children's mental health system is doing a better job of keeping children out of facility-based services through ICTS programs.</li> <li>• A member raised the statement "Are we keeping kids out of JJ" that would be great data to review and the percentage of youth in JJ. <i>The state only has access to data for children served through the public mental health system.</i></li> </ul>			
	a. Young Adult Policy Partner Training	<ul style="list-style-type: none"> <li>• Moved to June.</li> </ul>	Martin	
	b. Peer-Delivered Services	<ul style="list-style-type: none"> <li>• Moved to June.</li> </ul>	Kris Anderson	
	c. Legislative Report June 1, 2011 is the date that legislation needs to be? Discussed HB 2183 A, 2182, 2281.		Bob with CSAC members	
	d. CSAC meeting evaluation tool		Jammie/Bob	
	e. CSCI Monitoring Matrix/Motion doc	<ul style="list-style-type: none"> <li>• E-mailed, please read and make comments to Judy.</li> </ul>		
<b>Meeting adjourned</b>				