

Health Systems Division

**Children’s System Advisory Committee/
 Statewide Children’s Wraparound Initiative Advisory Committee
 Minutes- Draft until approved
 Casalegno Room – Willamette ESD
 February 26, 2016 -- 9:15 a.m. – 12:30 p.m.**

Attending: Ally Linfoot, Bob Lieberman, Chanel K. Smith, Claire Weiss (phone), Jammie Farrish-Gardner, Janet Walker, Jeanne McCarty, Jeremy Wells, Judy Rinkin, Julie Magers, Karen Meadows, Laura Rose (phone), Margarita Solis (phone), Martin Rafferty, Mary Buzzell, Nicholas Buekea, Paula Bauer, RJ Raven, Sandra Raven, Sandy Bumpus, Sandy Heine (phone), Stacy Brubaker, Tanya Pritt (phone), Terri Pettersen, Torri Lynn, Wendy Hill (phone), and Steve Allan

Absent: Ajit Jetmalani, Amy Rose Quaring, Ariana Archer, Chris Shank, Dion Denny, Kirk Wolfe, Lacey Andresen, Lara Carranza, Lynn Mathews, Patty Barfield, Terry Ellis, Tonya Coker, Valarie Barber, and Vanessa Frias

AMH Staff: Steve Kuhn, Sridevi Talluri, Angela Leet, Varsha Chauhan, Justin Hopkins, Rhonda Busek, Karen Wheeler, Lynne Saxton, Alex Palm, Ann Kirkwood, Kathleen Burns, Frances Purdy, Jean Lasater, Don Ross, and Kari Startin (minutes)

Guest: Sherrie Grief, Rosemary Guild, and Amy Chandler

Topic	Key Discussion	Action/Task/Decision	Responsible	Due Date
Intro / Agenda Review / Announcements	Janet begins the meeting. <ul style="list-style-type: none"> Members, Members on the phone, and guests introduce themselves. Quorum is established. 	Quorum established		

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Sharing	<ul style="list-style-type: none"> • Spotlight sharing of Teri Pettersen has been postponed <ul style="list-style-type: none"> ○ Sharing has been postponed until March 18, 2016 meeting due to time constriction – group has agreed to allot more time to OHA Director Lynne Saxton and the Leadership Team for more information and Q&A time. 	Postponed	Executive Committee	Mar 2016
Questions for OHA Leadership	<ul style="list-style-type: none"> • Director Saxton introduces herself, thanks the committee for inviting her back, and thanks the young adults for their participation. • Restructure: <ul style="list-style-type: none"> ○ Lynne apologizes for her absence and explains since she was brought on board she has been hiring executive positions. ○ The agency restructure was legislatively mandated in 2013. ○ In 2015 when Lynne arrived it had not been completed and she is dedicated to the completion of the restructure. ○ Agency was restructured for performance to the members. ○ The two most critical things the Oregon Health Authority does to ensure the health of Oregonians (mission and statutory goal) provide public health service to 3.9 million Oregonians. ○ Oregon Health Authority is responsible for 			

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	<p>managing crisis and in 2015 helped manage:</p> <ul style="list-style-type: none"> ○ Ebola ○ Meningitis at University of Oregon ○ Working with Douglass County on the UCC crisis ○ Working with Harney County on the militia crisis <ul style="list-style-type: none"> ● Please see attached draft re-organization chart for reference. ● Oregon has been one of the most successful with the Care Coordinated Model. ● 4 Initiatives: <ul style="list-style-type: none"> ○ Behavioral Health Mapping Tool – resource allocation that is underway and will be largely completed June 2016. ○ Behavioral Health Tour completed with Senator Gelser – Report to be out next week. ○ USDOJ Agreement – expected in the next 30 days. Will set an aggressive and rigorous strategy for the State to complete in the next 3 years. ○ Behavioral Health Policy Service Director to be hired. ● Questions: <ul style="list-style-type: none"> ○ Where does CSAC reporting/influences/responses come from to ensure CSAC is fulfilling functions. 	<p>Attach re-org chart to minutes</p>	<p>Staff</p>	<p>Mar 2016</p>

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	<ul style="list-style-type: none"> ▪ CSAC reporting relationship will be in Health Systems through Varsha’s portfolio. The Child and Family Behavioral Health Manager will directly report to Varsha. ○ Will information and recommendations from the Town Hall meetings be in the USDOJ Agreement? <ul style="list-style-type: none"> ▪ Yes, the information collected from the Town Hall meetings are closely aligned the last time Lynne spoke with the USDOJ and Lynne will know more when she sees the final agreement. ○ What is OHA’s vision for Children and Young Adult Services and the SOC Model and how those are blending with the various other initiatives going on right now? <ul style="list-style-type: none"> ▪ Children’s System of Care using the Behavior Health Mapping tool will make services more integrated to find where the gaps are in the continuum of care. The hope is using the Behavioral Health Mapping Tool upon completion is to identify gaps and to build the services where needed. Another advantage Oregon has due to completed metrics and goals is the opportunity to say to the federal 	<p>CSAC to report to C&FBH Unit Manager and the C&FBH Unit Manager will directly report to Varsha.</p>		

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	<p style="text-align: center;">funding partners, we have shown results which in turn will bring in more federal funding. The Behavioral Health Mapping Tool also include Peer Support Services.</p> <ul style="list-style-type: none"> ○ Lynne apologizes for scheduling issues and states the CSAC Leadership is more than welcome to call and schedule appointments with Lynne. Lynne gives her number for priority phone calls 503- 930-3614. ○ At the divisional level how can CSAC help improve Young Adult and Family involvement as advisors? <ul style="list-style-type: none"> ▪ Varsha requests to know how and what suggestions CSAC has to recommend. Once there are ideas OHA and CSAC can work together to bring advisors to OHA. ▪ Young Adults request to have a more direct advisory role. ▪ Varsha encourages the Young Adults to bring logistical ideas to the table because they are the innovators without a case of learned helplessness. ○ Are you familiar with the SOC Principle and Values – if no, my challenge to you is to talk to someone who is and get a copy of them and read them – because that is what the State is asking of small communities, so 	<p>Lynne will take direct phone calls from CSAC Executive Committee if there is an unmet concern.</p> <p>Minutes to be sent to Leadership.</p> <p>Varsha received copy and answered that she had read the document</p>	<p style="text-align: center;">Fran</p>	<p style="text-align: center;">March 2016</p>

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	<p>small communities are asking the State to also read them.</p> <ul style="list-style-type: none"> ▪ The Leadership Team accepts the challenge and will read the SOC Principle and Values. ○ Supportable Housing for Young Adults (18-25) is lacking in a supportive and appropriate environment <ul style="list-style-type: none"> ▪ The Leadership Team has put it on the radar. ▪ Varsha’s contact number is (971) 718-1406. ● Rhonda Busek address CCO issues and Fran and Rhonda getting a Rural CCO Member on CSAC. ● Leadership Emails/Phone Numbers: <ul style="list-style-type: none"> ○ Lynne Saxton – Lynne.Saxton@state.or.us (971) 718-1406 ○ Varsha Chauhan – Varsha.Chauhan@state.or.us (971) 718-1406 ○ Karen Wheeler – Karen.Wheeler@state.or.us ○ Rhonda Busek – Rhonda.J.Busek@state.or.us ○ Justin Hopkins – Justin.Hopkins@state.or.us ○ Don Ross – Donald.Ross@state.or.us ○ Steve Kuhn – Steve.J.Kuhn@state.or.us 	<p>SOC Principles attached to minutes</p> <p>Fran to follow-up</p>	<p>Fran will e-mail SOC principles to Leadership Team</p>	<p>March 2016</p> <p>Feb 2016</p>

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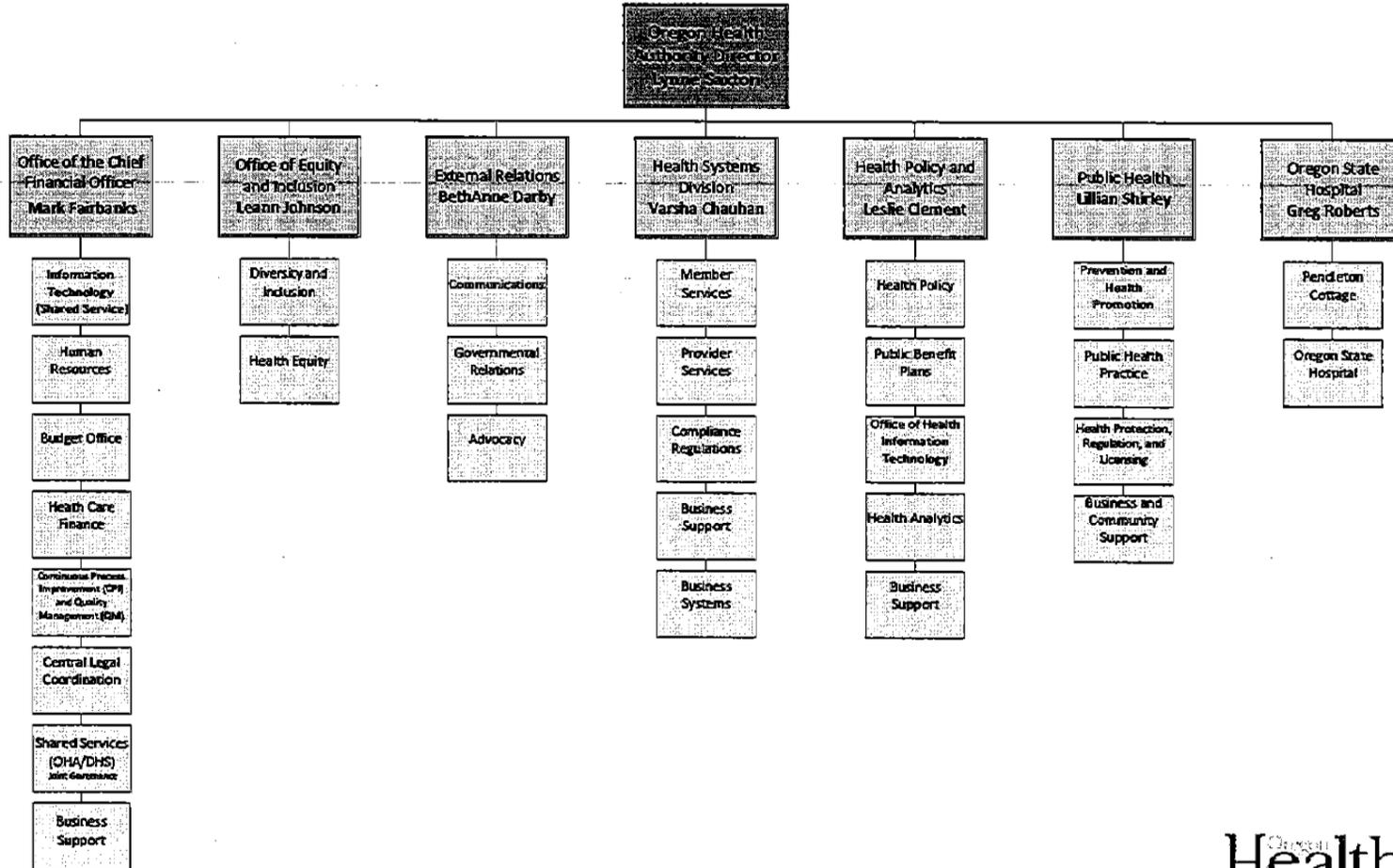
Topic	Key Discussion	Action/Task/Decision	Responsible	Due Date
Discussion – SAMHSA-SOC Expansion Grant	<ul style="list-style-type: none"> • Steve proposed the idea of OHA of applying for a SAMHSA System of Care Expansion Grant. • Challenges: Missing key leadership roles, grant writer, staffing requirements, due date, moving forward without blessing from the legislature. • Ally Linfoot makes a motion of CSAC supports OHA’s pursuit of the SAMHSA SOC Grant in 2016. Judy Rinkin seconds the motion. The motion failed with 2 yes votes, 21 no votes, and 1 abstention. • Sandy Bumpus makes a motion that CSAC supports creating a multi-agency workgroup in preparation for the next SAMHSA SOC Grant Cycle and is amended with 2 leaders be appointed one of which is the OHA SOC Lead. Motion carries. • Steve Allan makes a motion if OHA determines it would negatively affect the State getting the Grant on the next cycle CSAC requests OHA does not support Multnomah County in applying for the grant this year, Stacy Brubaker seconds. Motion carries. 	<p>CSAC does not support OHA for this year’s grant cycle</p> <p>CSAC support creating a workgroup</p> <p>CSAC will not support Mult. Co going for grant if it affects the State in the next grant cycle</p>	<p>CSAC, multi-agency reps, SOC OHA Lead</p> <p>State would not be able to include Mult service area in 2017 grant</p>	<p>???</p>
Legislative Report	<ul style="list-style-type: none"> • Legislative Report postponed due to lack of time will present at next meeting. 	<p>Legislative Report postponed</p>	<p>CSAC Exec</p>	<p>Mar 2016</p>

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Early Childhood Recommendations	<ul style="list-style-type: none"> • Quorum is reestablished after the break. • Sandra Raven makes a motion to approve the Early Childhood Recommendations and endorse the EC letter for distribution to communities. The motion is amended to approve content and add formatting and grammatical changes. Jeremy Wells seconds the motion. Motion carries 	Quorum established Early Childhood recommendations an letter approved for distribution		
Minutes	<ul style="list-style-type: none"> • Sandra Raven requests anniversary be taken out of the minutes • Minutes for November and December have been tabled until action items have been corrected and in their designated columns. • Torri Lynn makes a motion to approve January minutes, Ally Linfoot seconds the motion. Motion carries. 	Remove announcement Add action items to NOV and DEC minutes JAN minutes pass	CSAC Exec/ Kari CSAC Exec	
Evaluations	<ul style="list-style-type: none"> • Evaluations are on the last page of the packet. • Please add your parking lot discussions to your evaluation forms. • Evaluations are completed and the meeting comes to a close. 	Complete evaluations	Entire membership	
Meeting Adjourned	➤ Next Meeting March 18, 2016, Casalegno Room, Willamette ESD.	Meeting adjourned	Entire membership	

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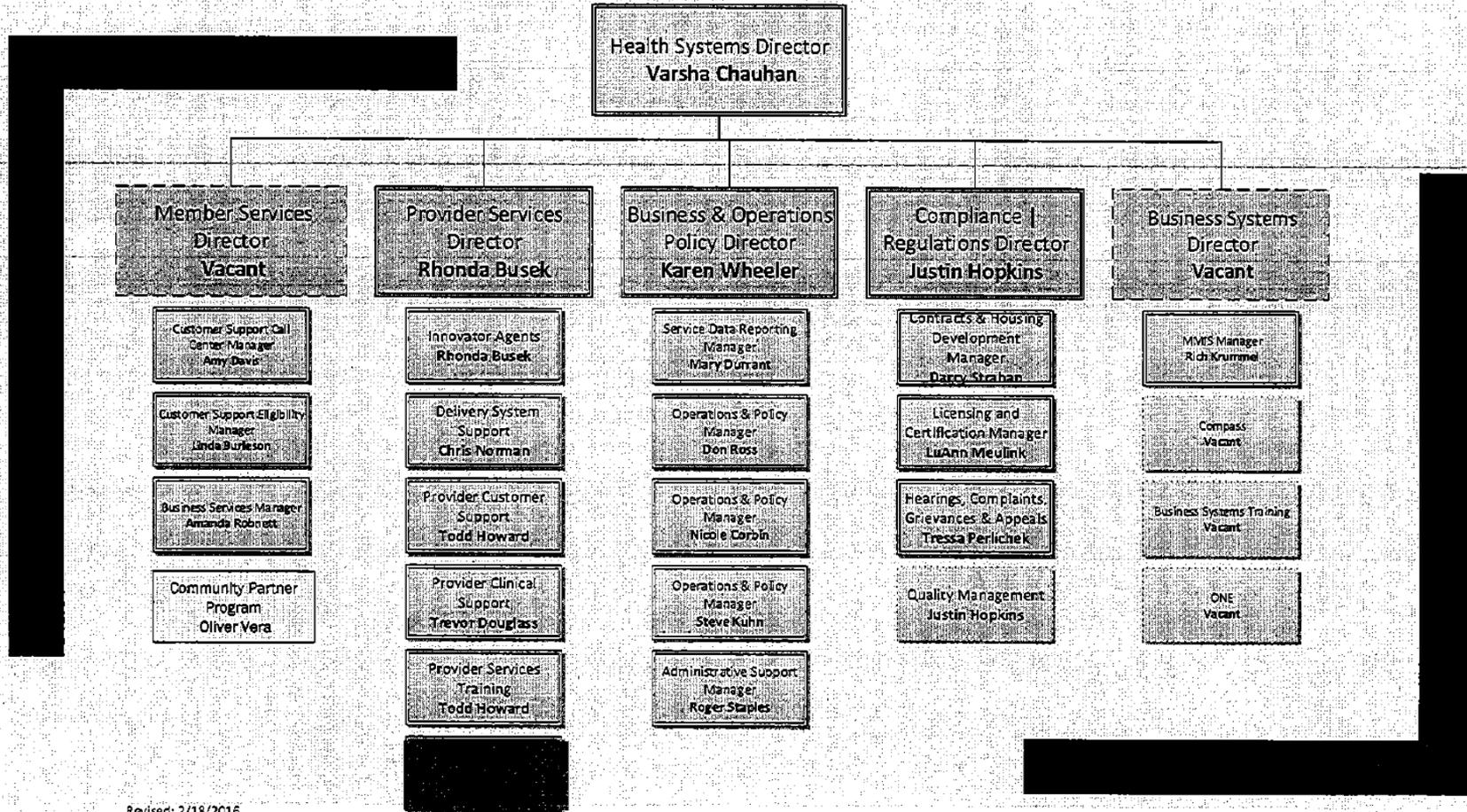
Functional Chart



Revised: 10/15/2015

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Revised: 2/18/2016

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The following¹ represent the foundational principles of the system of care philosophy, which systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
7. Provide care management, peer support, or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that child and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services, substance use disorders and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

¹Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.