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Children's System Advisory Council

Children's Wraparound Initiative Advisory Committee/

~~Children's System Advisory Committee~~

By-Laws

April ~~2015~~ 2016

The Children's System Advisory ~~Committee~~ **Council** shall be established to assist the Oregon Health Authority, ~~Addictions & Mental Health~~ **Health System** Division focus on health issues for children, youth, young adults and their family members. The C~~ommittee~~**ouncil** provides oversight to the implementation of a Systems of Care, including Wraparound and trauma informed care, approach for services and supports for children ages birth to 18 years of age and young adults (14-24) who have emotional, behavioral, or substance use related needs. The foundational values of the System of Care approach are found in Attachment 1 and incorporated in these bylaws.

ARTICLE 1. The Children's System Advisory ~~Committee~~ **Council (CSAC)**

Committees shall be established under the authority of ORS 418.975-985 and the Children's System Change Initiative (Budget Note HS-3, December 2003). The Committees will serve as the advisory body for the Children's System. ~~The~~ ~~c~~**CSAC and** committees will be affiliated with the Oregon Health Authority, ~~Addictions & Mental~~ Health **System** Division, and the Department of Human Services.

a. Provide advice and oversight to state agency partners identified in ORS § 418.975-985 and related on policy development, financing, implementation, and outcomes;
~~b.~~ Advise ~~Addictions & Mental~~ Health **Systems** Division**, OHA and DHS** through information, reports, and recommendations ~~to the Division~~ on policy and planning issues affecting children, youth, and young adults with mental health and/or substance use disorder needs ~~on a regular basis or as requested;~~
c. Facilitate collaboration, planning, and system oversight for an effective children's System of Care;
d. Promote linkages among public and private agencies
e. Ensure that policies and practices in the children's services reflect the System of Care (SOC) values and principles as described in Attachment 1.
f. Respect family voice (from OHA/AMH Policy 3 June 2011) by giving families the primary decision-making role in the mental health care and substance use disorder treatment of their children and youth and in the development of policies and procedures governing the care of children and youth at the community, regional, and state level.

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g. Respect youth voice (from OHA/AMH Policy 3 June 2011) by promoting developmentally appropriate and increasing role in the primary decision-making role in their own mental health care and substance use disorder treatment and in the development of policies and procedures governing the care of young adults at the community, regional, and state level.
h. Provide meaningful feedback from individuals impacted by the System of Care regarding whether the individuals perceive that they are being treated respectfully, compassionately, effectively, and with dignity, and
i. Support the expansion of Systems of Care values and principles throughout Oregon's child and family serving agencies.

Article 2 - Membership

a. The Children's System Advisory ~~Committee~~**Council** shall be composed of members appointed by ~~AMH,~~ OHA administrator or designee.
b. When appointing members, the Administrator shall give consideration to geographic and cultural/ethnic representation and seek members who represent the varied interests of stakeholders in the children's system of care. The majority of the members shall be representatives of ~~youth~~ **young adults** or the family of children/**youth/young adults** and advocacy organizations. The membership shall be as described below:

1) 12 family members (including foster and adoptive parents) of children and youth with mental health challenges or needs;
2) 7 young adults who are or have received children's mental health services;
3) 5 advocates, natural supports, or community partners for mental health services for children and adolescents, including Oregon Family Support Network, Youth M.O.V.E-Oregon and one adult who utilizes behavioral health services and is, or has, parented a child/youth/young adult.
4) 1 representative child/adolescent psychiatrist from Oregon Council of Child and Adolescent Psychiatry (OCCAP)
5) 1 representative representing primary care
6) 2 representatives of Coordinated Care Organizations (one rural**,** one urban)
7) 1 representative of community mental health programs;
8) 1 representative of the early childhood system;
9) 1 representative of residential treatment facilities;
10) 1 representative of a community-based**,** prevention**,** or early intervention program;
11) 2 representatives from the addictions provider community (one program serving adolescents, one serving family members)
12) 1 representative each from (agencies shall appoint their representative);
    a) Oregon Youth Authority
    b) Community Juvenile Justice

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c) Child Welfare (Central Office)
d) DHS (Child Welfare District field office)
e) Aging and People with Disabilities (Children's DD programs)
f) Oregon Department of Education
g) Local Education or an Educational Service District
h) Oregon's Children's Alliance (or representative)
i) PSU (Research and Training representative)

13) 2 At-Large members to maintain historical perspective and mentor new members – One representing family members or young adults and one representing providers or advocates
14) 2 ex-officio members who are staff of ~~AMH~~ (~~AMH~~ Child and Family **Behavioral Health Unit** Manager, ~~AMH~~ Family Partnership Specialist)

c. Members of ~~the Committee~~ **CSAC** shall be responsible to disseminate information from **Council and** Committee meeting**s** to the constituents they represent
d. A quorum of ~~the Committee~~ **CSAC** will be 50%+1 of filled and unfilled voting seats. ~~Committee~~ **Council** decisions will be made by majority vote of the quorum.
e. No proxy votes will be allowed ~~(please reference pg. 13 and cited Public Meeting Law).~~
~~f. Members of the Committee shall be responsible to disseminate information from **Council and** Committee meetings to the constituents they represent~~
~~*g.* A quorum of the Committee will be 50%+1 of filled and unfilled voting seats. Committee **Council** decisions will be made by majority vote of the quorum.~~
~~*h.* No proxy votes will be allowed (please reference pg. 13 and cited Public Meeting Law).~~

f. The Nominating Committee (CSAC Executive Committee) shall recommend nominees to the OHA, Division Director or designee.

g. The terms for membership on the Committee shall expire each December 31, and new council members shall begin new three-year terms each January 1. Voting family and youth Committee members in Article 2 b (1) - b (3) may serve up to two consecutive three-year terms. Agency Committee members in Article 2 b (4)-b (12) must be reaffirmed by the agency represented in order to serve each consecutive three year term. Agency Committee members in Article 2 b (4)-b (12) must be reaffirmed by the agency represented in order to serve each consecutive three year term. The Executive Committee must reaffirm at-Large representatives in order to serve each consecutive three year term.
h. A member may resign from ~~the Committee~~ **CSAC** by submitting a written and signed resignation to OHA and co-chairpersons of ~~the Committee~~ **CSAC**. Whenever possible, the member's resignation should be submitted to the co-

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chairpersons at least thirty (30) days prior to the effective date of the resignation. The Nominating Committee (CSAC Executive Committee) shall recommend mid-term replacements to the OHA, Division Director or designee.

i. Members appointed mid-term as a replacement shall serve the remainder of the term of the original member and remain eligible for nomination for the regular three-year terms.

When membership vacancies occur, there will be an active recruitment for new members. This will include announcements during CSAC regular meeting times, as well as postings on AMH's Children's Mental Health webpage, emailed to the Addictions & Mental Health Planning Advisory Council (AMHPAC), Community Mental Health Program Directors, publicly-funded substance use disorders prevention and treatment providers, publicly-funded problem gambling prevention and treatment providers, the Oregon Consumer Advisory Council, the quarterly Peer-Delivered Services Newsletter issued by AMH, AMH newsletter and any interested party requesting notification. Notification of vacancies will include the date by which applications must be submitted. Review of applications will be no less than 30 days after the issuance of a vacancy notification. Applications will be accepted in response to specific vacancies as they arise. If an applicant is not appointed for a particular vacancy to which he or she applied, he or she must submit a new application in response to be considered for subsequent vacancies. Members of the Executive Committee will score all applications submitted utilizing the CSAC Selection guide (Article 2, b). ~~Per CSAC's by-laws, t~~**The** Executive Committee serves as the Membership Committee. Recommendations from the Membership Committee will be forwarded to the ~~Director of AMH,~~ OHA or designee for appointment to CSAC.

j. Notification of an agency's representative vacancy or end of term will be sent to the agency to reaffirm a representative or nominate a new representative.

k. Membership applications will be made available on the ~~AMH's~~ CSAC webpage, as requested. Membership applications will be accepted on an ongoing basis. Applications should be submitted ~~to AMH~~ via:

- US Postal Mail –

  CSAC, Attn: Family Partnership Specialist
  OHA-~~AMH~~, E-86
  500 Summer Street NE,
  Salem, OR 97301
  503-957-9863

  Email - frances.s.purdy@state.or.us

ARTICLE 3. Officers

a. The officers (5) of the Executive Committee shall consist of co-chairpersons one of whom will be a family member or young adult and one shall be a professional. One of the co-chairs or someone appointed by the Executive Committee

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shall be a member of Addictions & Mental Health Planning and Advisory Council (AMHPAC). The remaining officers shall consist of a family member or young adult, professional and a member-at-large. Members of the Executive Committee, along with a member/s (ex-officio) from the Department will oversee the work of the Committees; plan agendas with ~~AMH~~ assigned staff and receive recommendations from the full ~~Committee~~ **Council** for review.

b. Officers shall assume their official duties immediately following the meeting in which they are elected. They shall serve for a term of two years or until the election of their successor.

c. A member shall not be eligible to serve more than two (2) consecutive terms in the same office without specific agency reappointment.

d. The co-chairpersons shall share the presiding officer position at ~~the Committee~~ **CSAC** meetings and shall be the primary liaison between ~~Committee~~ **CSAC** members and the **Children's Wraparound Initiative Advisory Committee** and the Wraparound Steering Committee.

e. Vacancies created during a regular term of office shall be filled by a special election by the ~~Committee~~ **CSAC** for the unexpired portion of the term.

ARTICLE 4. Meetings

a. ~~The~~ CSAC shall meet on regularly scheduled dates established at the beginning of each calendar year. SPECIAL MEETINGS. For good cause, and upon giving at least three (3) days' notice to all members of the ~~Committee~~ **CSAC and** Committees, the Executive Committee may call a special meeting at any reasonable date, time and place to consider any matter properly brought before ~~the Committee~~ **CSAC**.

c. The co-chairpersons may appoint ~~sub-~~committees as necessary for the adequate functioning of the organization. Such committees shall function at the discretion of the chairpersons ~~with~~ **in** consultation with the Executive Committee.

d. Meetings are open to the public. Public **and Young Adult Committee** comment time will be included at each meeting.

e. All meetings will follow Oregon's Public Meeting Law, ORS 192.610 - 192.690.

ARTICLE 5. Attendance

a. A member who is absent for three (3) -meetings during a calendar year's period of the ~~Committee~~ **CSAC** without notifying the designated ~~Committee~~ **CSAC staff** shall be considered to have resigned.

b. ~~Committee~~ **CSAC** co-chairs may appoint alternates on a temporary basis when the ~~committee~~ **Council** member is unable to attend. Alternates shall be representative of the same agency, family member group or organization as the ~~committee~~ **CSAC** member. All names of alternates must be designated by a phone call to the designated CSAC staff prior to the day of the ~~Committee~~ **CSAC** meeting for which the alternate shall replace the member.

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ARTICLE 6. Reimbursement

a. ~~AMH~~ **OHA** will provide reimbursement for authorized individuals who are eligible for travel reimbursement when traveling on official state business. Travel expense may include mileage, meals, lodging, childcare, and certain other miscellaneous items.

b. ~~AMH~~ **OHA** reimbursement will be in accordance with DAS General Business and Travel Expense Policy.

ARTICLE 7. ~~Sub-c~~Committees

a. ~~Sub-c~~**Committees** shall be created by the co-chairs of the ~~Committee~~ **Council** as necessary to carry out the functions of the ~~Committee~~ **CSAC** . These committees shall be assigned specific tasks to be accomplished in a ~~limited~~ **designated** period ~~and then discontinued~~.. **The following are standing committees:**

- **a. Children's Wraparound Initiative Advisory Committee with two functions:**
  - **i. Advise and assist in the implementation of the wraparound initiative**
  - **ii. Consult with DHS and OHA on the biannual report to the Governor and Legislative Assembly on**
    1. **The progress toward full implementation and**
    2. **The cost of full implementation**
- **b. Young Adult Committee with three major functions:**
  - **i. Preparing young adults to participate on CSAC and its committees and other policy level State of Oregon Councils,**
  - **ii. Reviewing proposed CSAC concepts or policy briefs, and**
  - **iii. Reviewing and recommending to the Nominations Committee young adults for nominations of CSAC vacancies.**
- **c. A Nominations Committee consisting of the Executive Committee and other members proposed by the membership with two functions**
  - **i. Recommending individuals for CSAC vacancies and**
  - **ii. Recommending a representative to serve as a CSAC representative to AMHPAC and**
  - **iii. Recommending representatives to serve on HSD or OHA committees, task forces, or to perform other advisory functions.**

b. A person from ~~AMH~~ **OHA** will staff all ~~sub-C~~**CSAC committees**.

c. ~~The co-chairs of the Committees~~ **A CSAC member of each Committee** shall **be** designate**d** as chairperson of each ~~sub-c~~**committee** created.

d. ~~Sub-c~~**Committees** may include non-~~Committee~~ **CSAC** members.

e. The chairperson of each ~~sub-~~**C**ommittee shall report to the ~~Committee~~ **CSAC** at regularly scheduled meetings and submit a final report to ~~Committees~~ **CSAC** ~~from the sub-committee~~ **at minimum, yearly or** upon completion of the task assigned, **whichever occurs first.**.

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f. The co-chairpersons shall appoint a Nominating Committee as necessary to recommend nominees to ~~AMH~~. **OHA**

ARTICLE 8. Policies

a. Robert's Rules of Order, newly revised, shall guide the conduct of members at all meetings of the **Council and** Committees; however, the goal is to reach consensus whenever possible.
b. These by-laws may be amended or repealed at any regular meeting or special meeting of the ~~Committee~~ **Council** provided notice of changes have been made to the ~~Committee~~ **CSAC** members 15 days prior to the meeting. A two-thirds majority of the membership is required to adopt amendments.
c. ~~The Committee~~ **CSAC** will adopt a work plan and evaluate its performance annually.
d. Minutes shall be taken at all meetings and shall include action items and recommendations. Copies shall be posted on the ~~AMH meeting~~ **CSAC** webpage and distributed to all members.
e. ~~AMH~~ **OHA** shall maintain records of ~~the Committee~~ **CSAC and its committees**.

ARTICLE 9. Conflicts of Interest

Any member of ~~the Committee~~ **CSAC** who has a conflict of interest in any matter before the Committees shall so inform the Committees prior to voting or speaking on the issue.

ARTICLE 10. Statewide Children's Wraparound Advisory Committee

As of January 1, 2015, the Children's Wraparound Advisory Committee shall be incorporated into the Children's System Advisory Committee, continuing to adhere to ORS 418.975 – 985. **Definition of Wraparound**: Wraparound is planning process that follows a series of steps to help children and their families realize their hopes and dreams. Wraparound will have a nationally normed evaluation component, such as, Wraparound Fidelity Index (WFI-EZ) for measuring adherence to the principles and primary activities of the wraparound process on an individual child, youth, or family basis. **Wraparound is one aspect in the establishment of System of Care principles.**

ATTACHMENT 1

The following[1] 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.

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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 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.

[1]Stroul, 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.

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ATTCHMENT 2

Oregon Health Authority/Addictions and Mental Health Division, Meaningful Family, Child, and Young Adult Involvement Policy Three (Edited June 2011):

Definition of Family, Child and Young Adult: The biological or legal parents, siblings other relatives, foster parents, legal guardians, caregivers and other primary relations in 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, child and young adults. Child is any person under the age of 18. The young adult population includes persons ages 14-25 years old.

Definition of Meaningful Family, Child & Young Adult Involvement: families, children (as they are able) or young adults have a primary decision-making role in the treatment of mental health and substance use disorders of their own children or themselves as well as the policies and procedures governing care of all children or young adults in their community, state, tribe, territory and nation. This would include: choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote the mental health and well-being of children and young adults.

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