

System of Care Advisory Council Bylaws

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Council Purpose

As directed by Senate Bill 1 (2019) the purpose of the System of Care Advisory Council is to improve the effectiveness and efficacy of child serving state agencies and the continuum of care that provides services to youth, ages 0 – 25, by providing a centralized and impartial forum for statewide policy development, funding strategy recommendations and planning.

The Council is a Commission, with membership appointed by the Governor, supported by Oregon Health Authority and Department of Human Services.

System of Care

System of Care is defined as a coordinated network of services and supports to youth and young adults that:

- Integrates planning and management across multiple levels of care
- Is culturally and linguistically responsive
- Is designed to build meaningful partnerships with families and youth in the delivery and management of services and the development of policy
- Is supported by policy and governance at the local and state levels
- Is community based with relationships at the local level
- Is data driven
- Is rooted in System of Care philosophy

Diversity, Equity and Inclusion

The System of Care Advisory Council respects diverse cultures, populations, histories, and practices. The Council acknowledges the pervasive nature of institutionalized and systemic racism and will promote racial equity in its work. As the System of Care Advisory Council makes decisions about how policy and practice are developed, and how resources are distributed, the Council acts to address the diversity, inequities and disparities found within Oregon's communities.

Diversity is the representation of all varied identities and differences, including but not limited to communities of color; immigrants; refugees; low-income populations; persons with disabilities; and lesbian, gay, bisexual, transgender, intersex, asexual, two spirit, and questioning (LGBTQIA2S+), collectively and as individuals. The Council seeks to actively engage, draw on, and understand a variety of perspectives.

Equity will be achieved when all people can reach their full potential and well-being and are not disadvantaged by their race, religion ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving equity requires the ongoing collaboration to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

This is only possible in an environment based on respect and dignity.

Inclusion builds a culture of belonging by actively seeking contribution and participation of all people. Every person's voice adds value and the Council seeks to create balance in the face of power differences. No one person can or should be called upon to represent an entire community.

Scope

The Council will:

Develop and maintain a state System of Care policy and a comprehensive, long-range plan and recommendations for a coordinated state System of Care that encompasses:

- Public health
- Health systems (including behavioral health)
- Child welfare
- Education
- Juvenile justice
- Intellectual and Developmental Disabilities
- Self Sufficiency
- Services and supports for mental and behavioral health and youth experiencing intellectual or developmental disabilities.

Conduct joint studies by agreement with state agencies, boards or commissions on any matter within the jurisdiction of the council.

Provide oversight for the implementation of in-home behavioral health services, crisis and transition services, therapeutic foster care, in-home family support services. The Council will support integration of these services with existing programs ~~of residential services~~ for individuals with behavioral health needs and/or intellectual or developmental disabilities and periodically provide updates to the legislature.

Provide recommendations to the Director of the Oregon Health Authority, Director of Oregon Youth Authority and the Director of Department of Human Services to maintain and strengthen these Systems of Care by

- reducing barriers to the implementation of System of Care
- ensuring alignment of state agency priorities with the needs identified by the System of Care
- providing recommendations for addressing continuum of care gaps and needs

Continually monitor the Children's System Data Dashboard.

Award grants to support and invest in local System of Care initiatives, development and system improvements and to carry out the recommendations generated by the System of Care policy and long-range plan.

The Council may:

Apply for and receive gifts and grants from any public or private source

Adopt rules to carry out the scope of the Council

Out of Scope

The Council will not explore:

Investments and/ or policies aimed beyond the Council's population of focus.

Sharing and problem solving for individual situations.

Case level barriers, issues and needs impacting only one individual service system which do not have cross system impacts or direct impacts on young people 0 – 25 years of age.

Required Deliverables (SB1)

Work of the Council is to be submitted to the interim committee of the Legislative Assembly related to youth and to the Governor as follows:

5/1/2020 Report: Gains in strengthening the service continuum and describe data being tracked to demonstrate outcomes.

6/1/2020 Description of Children's System Data Dashboard and how to access this.

9/15/2020 Report: Status report on development of System of Care policy and long-range plan

Report: Recommendations for legislation, how the council is meeting its goals, recommendations for resolving remaining barriers and challenges to implementing System of Care.

2/1/2021 Report: Recommendations for braiding and blending funding, including grants to local systems of care to support innovation and community based and in-home services and supports.

9/15/2021 Plan: Detailed System of Care policy and long-range plan.

Ongoing:

Each September 15 Report: Recommendations for legislation, how the council is meeting its goals, recommendations for resolving remaining barriers and challenges to implementing System of Care.

January 2 of each even year Plan: Update on System of Care policy and long-range plan.

Membership

The Council is comprised of individuals who have the authority to control resources and set policy within child serving systems, and the council is informed by meaningful representation from youth and family. Membership requirements are defined by SB 1 (2019).

Composition

Chief Justice appointment:

- 1 representative from the Judicial Department

Governor appointment:

- 2 representatives of the Department of Human services with extensive knowledge of systems of care, one of whom must have direct experience with intellectual and developmental disabilities programs
- 1 representative of the Oregon Youth Authority with extensive knowledge of systems of care
- 1 representative of the Oregon Health Authority with extensive knowledge of systems of care
- 1 representative of the Oregon Department of Education
- 2 representatives of coordinated care organizations, one of whom must provide services to rural communities
- 1 psychiatrist
- 1 psychologist
- 1 pediatric physician
- 1 representative of an entity that offers commercial insurance
- 3 representatives of agencies that provide varied services and supports to youth and families
- 1 representative of organizations that advocate for youth
- 1 representative of organizations that advocate for families of youth
- 2 members of the public, each of whom are family members of either:
 - I. Persons with intellectual or developmental disabilities or mental illness
 - II. Persons who are currently or were previously in the foster care system or juvenile justice system
- 2 members of the public, each of whom are no more than 25 years old and are either:
 - I. Persons with intellectual or developmental disabilities or mental illness
 - II. Persons who are currently or were previously a ward, youth or youth offender, as defined in ORS 419A.004
- 1 county juvenile department director
- 1 county mental health director
- 1 member of a federally recognized Indian tribe in this state, or a designee of the Indian tribe
- 1 representative of Oregon's federally mandated disability protection and advocacy agency

Terms of office, vacancies and reappointments

The term of office is 4 years, or at the pleasure of the Governor.

Terms begin January 2nd of each year.

Council members may serve for up to two terms.

Initial terms of office shall be staggered such that

- 9 members shall serve a term that ends January 1, 2021
- 8 members shall serve a term that ends January 1, 2022
- 8 members shall serve a term that ends January 1, 2023

Vacancies shall be filled by appointment and shall be immediately effective for the remainder of the term.

All members, including those from state agencies, are expected to attend all meetings personally; delegates or proxies are not allowed. Absences must be noted to the Chair or designated OHA staff in advance.

State Agency Responsibilities

Oregon Health Authority, in coordination with the Department of Human Services will provide staff support to the council. All state agencies will assist in the performance of the duties of the council.

Meetings

The council shall:

- Follow public meeting law as set out in ORS 192.630
- Meet at least four times per year
- Request budget fiscal impact analysis based upon council recommendations
- Recommend action with fiscal impact analysis to the governor and state agencies

All persons with an interest in the work of the Council are encouraged to attend meetings, receive information and may be invited to serve on a committee. Such individuals shall have no voting privileges at Council or committee meetings.

Council Procedures

- **Fiscal Calendar:** The fiscal calendar for discretionary spending starts on July 1 of each year and ends on June 30 of the following year.
- **Meeting Conduct:** The Council will strive to operate by consensus; however, the Council may approve recommendations and measures based on an affirmative vote of a majority of the quorum present.
- **Quorum:** A simple majority of all currently appointed members will constitute a quorum at all meetings of the Council.
- **Minutes:** Minutes of each Council meeting and all meetings of the Council's Subcommittees will be taken and reported at regular Council meetings.
- **Official Duties:** Official duties are duties where attendance is required, such as Council meetings, Subcommittee meetings, and/or functions that have had prior Council approval or if requested by the Chair. Council members, other than those employed in full-time public service, are entitled to receive compensation as prescribed by Oregon Revised Statutes for each day or portion thereof during which the member is actually engaged in the performance of official duties.
- **Reimbursement:** Council members who are defined as members of the public may be entitled to reimbursement for official Council business according to ORS 292.495. Reimbursable expenses are necessary travel, meals and lodging, expenses incurred in the performance of official duties.
- **Reimbursement Process and Forms:** Travel Expense Detail Sheets (TEDS) must be submitted within 60 days or they will not be reimbursed. Reimbursements to meet special accessibility needs will be accommodated, as long as they are reasonable.
- **Reimbursement Fund Availability:** All reimbursement is dependent on the availability of funds.

Committees

Committees may be formed for the purpose of fulfilling the duties and goals of the System of Care Advisory Council.

Types:

There will be three types of committees: Executive Committee, Standing Committees, and Work Groups

Executive Committee: The Executive Committee shall engage in activities necessary for conduct of general Council meetings.

These activities may include:

- a. Meetings in-between general Council meetings to plan and discuss appropriate business for the Council. Telephone conferences are acceptable.

- b. Serving as the Budget committee for the Council.
- c. Developing drafts of reports and plans for Council activities.
- d. Assisting with needed committees.
- e. Acting on behalf of the Council when needed, if it is not currently convened.

This Committee will consist of four or five Council members including the following: Chair of the Council, Vice Chair, Grant and Financial Officer, Legislative Coordinator and a youth or family member or youth / family advocate representative, if not already represented on the Committee.

Standing Committees: Standing Committees are established by the Council for purposes with stated objectives. These Committees are established and maintained on an annual basis. Council members will be appointed by the Chair of the Council.

- a. System of Care State Agency Standing Committee: This committee shall act as a forum for state agency System of Care implementation and shall coordinate information, barriers and communication with the local System of Care Executive Councils.
This committee will consist of state agencies, family and youth organizations.

Work groups: A work group may be formed to study a specific issue and provide information and a recommendation to the Council. Work groups must report to the Council on a regular basis and must operate within the Council's goals, objectives, and work plan.

A work group is:

- a. Established and membership appointed by the Council Chair
- b. Scope and Time-limited
- c. Chaired by a Council member.

Membership of Standing Committees and Work Groups:

Members may be appointed from outside the System of Care Advisory Council membership, and such members will have no voting rights.

Council Leadership

Officers and Executive Committee Membership:

Officers: The Officers will consist of the Chair, Vice-Chair, and Financial Officer, and a youth or family member or youth / family advocate representative, if not already represented on the Committee.

1. Chair: The Chair will be designated by the Governor

The duties of the Chair shall include:

- a. Calling and presiding over the Council meetings;
- b. Chairing the Executive Committee;
- c. Submitting reports, as necessary, to state or federal agencies;
- d. Serving as official spokesperson for the Council;
- e. Establishing and dissolving task force groups or committees as necessary;
- f. Signing all documents on behalf of the Council.

2. Vice-Chair: The Vice-Chair will be elected by the Council for a two-year term.

The duties of the Vice Chair shall include:

- a. Performing the duties of the Chair when they are not available to do so
- b. Participating on the Executive Committee

4. Grants and Financial Officer: The Grants and Financial Officer will be elected by the Council for a two-year term.

The duties of the Grants and Financial Officer shall include:

- a. Act as key contact within the System of Care Advisory Council for monitoring and reporting on expenditures of the Council against its grant plan and grant outcome measures.
- b. Chair for grant committee.

5. Legislative Coordinator: The Legislative Coordinator will be elected by the Council for a two-year term.

The duties of the Legislative Coordinator shall include:

- a. Implement and coordinate the legislative action plan for the Commission.
- b. Act as primary liaison at the Legislature

System of Care Policy and Long-Range Plan

The System of Care Advisory Council work is defined by and required by SB1. Recommendations in the long-range plan will include, but not be limited to:

- Capacity, utilization and types of state and local systems of care and services and supports
- Implementation of in-home behavioral health services, crisis and transition services, therapeutic foster care, in-home family support services and the integration of those services with existing programs of residential for individuals with behavioral health needs and people experiencing intellectual or developmental disabilities.
- Appropriate use of existing Systems of Care and services and supports
- Assessment of gaps to assess if additional services and supports are necessary
- For reducing juvenile dependency or delinquency:
 - Methods for reducing risk
 - Methods for assessing the effectiveness of System of Care and services and supports
- Effective utilization of local System of Care governance structure
- Guidelines for partner agency core values and guiding principles
- Guidelines that ensure cultural competence in the provision for services and supports by:
 - Implementing uniform standards to allow local System of Care to describe culturally responsive services and supports available under the System of Care
 - Providing youth and families with understandable and continuum of care services in a manner compatible with their self-identified needs, disabilities, cultural beliefs and practices, literacy skills and language.
 - Developing and implementing a process to review practices which is accepted by diverse communities

- Identifying ways to continually improve culturally responsive services in the continuum of care and implementing a statewide System of Care that reflects culturally responsive practices

Conflict of Interest

Definition:

1. “Actual Conflict of Interest” means any action or any decision or recommendation by a person acting in a capacity as a Council member, the effect of which would be to the private pecuniary benefit or detriment of the Council member or the Council member’s relative or any business with which the Council member or a relative of the Council member is associated. However, if all those included in the same class as the Council member would be affected to the same degree, the situation is not considered a conflict of interest under ORS 244.
2. “Potential Conflict of Interest” means any action or any decision or recommendation by a person acting in a capacity as a Council member, the effect of which could be to the private pecuniary benefit or detriment of the Council member or the Council member’s relative or any business with which the Council member or relative of the Council member is associated. However, if all those included in the same class as the Council member would be affected by the same degree, the situation is not considered a conflict of interest under ORS 244.
3. “Business with which the Council member is associated” means any business of which the Council member or the Council member’s relative is a director, officer, owner, or employee, or any corporation in which the Council member or Council member’s relative owns or has owned stock or other interests, such as contracts, worth \$1,000 or more at any point in the preceding calendar year.
4. “Relative” means the spouse, the children, the spouse’s children, brothers, sisters, or parents of the Council member.

Procedures:

1. For Actual or Potential Conflict of Interest: When a Council member is involved in an actual or potential conflict of interest, they will announce publicly the nature of the conflict prior to taking any official action thereon as a member of the Council.
2. Recording a potential or actual conflict of interest: When a Council member gives public notice of an actual or potential conflict of interest, the actual or potential conflict will be recorded in the minutes of the meeting. A notice of the actual or potential conflict of interest and how it was dealt with, may at the discretion of the Council, be provided to the Oregon Government Standards and Practices Council within a reasonable period of time.
3. Declaration of an actual conflict of interest: After declaring an actual conflict of interest, a Council member will not be entitled to participate in the discussion, debate, or vote.

Amendment of Council Bylaws

These bylaws may be amended by a majority vote of the members present at a regularly scheduled meeting.

Council members shall have two weeks’ notice prior to voting on proposed amendments to the bylaws. The Chair may appoint an Ad Hoc Bylaw Review Subcommittee as needed.