

MINUTES
Juvenile Justice Mental Health Task Force
December 5th, 2014
2:00 p.m. – 4:00 p.m.
Oregon Judicial Department – Juvenile Court Programs
1133 Chemeketa Street NE, Salem, OR 97301

MEMBERS PRESENT: Hon. Nan Waller, Hon. Lisa Greif, Fariborz Pakseresht, Lynne Saxton, Sandy Bumpus, Dr. Mark Bradshaw, Mary Kane. On the telephone: Hon. Ricardo Menchaca, Joe Ferguson, Pam Martin, and Kim Scott

MEMBERS ABSENT: Faye Fagel, Brendan Murphy, Cherryl Ramirez, Dr. Robin Henderson, Dr. Ajit Jetmalani, Lois Day, and Iris Bell

GUESTS: John English, Amy Baker, Dr. Whitney Vail, Joe O’Leary, Christina McMahan, and Anya Sekino for Iris Bell. On the telephone: Dr. Keith Cheng for Dr. Ajit Jetmalani and Andy Smith for Cherryl Ramirez

STAFF: Megan Hassen and Angela Keffer

Megan Hassen called the meeting to order at 2:05 P.M. Task Force members introduced themselves.

DISCUSSION TOPICS:

I. REVIEW AND APPROVAL OF OCTOBER MEETING MINUTES: Minutes from October 16, 2014, were approved without correction.

II. COMMON VALUES AND PRINCIPLES: Judge Waller discussed the need for task force members to identify common values and principles to ensure that members representing the different community stakeholders are generally moving in the same direction, discounting any minor differences in approaches.

Task force members reviewed the underlying principles in Section Two of “Blueprint for Change” as an example. Members endorsed the concepts generally, with the following additions: (i) address existing disparities in availability of mental health services; (ii) any interventions adopted should be measured by client and family-level outcome analysis showing youth are productively engaged in life at later intervals (12 to 24 months post discharge), and that the measurement takes into consideration how they perceive they are doing; (iii) youth should be involved in the development of their own treatment plans; (iv) interventions should be trauma informed; (v) services should be informed by what families say they need; (vi) all youth need to have attachment figures; (vii) services should be developmentally appropriate;

(viii) services should be integrated when youth are involved in multiple systems; and, (ix) communities and systems have shared responsibilities for the well being of these youth.

Action Item: Megan Hassen will integrate the proposed additions to the list of principles and distribute to task force members for further review and discussion.

III. COORDINATION BETWEEN JUDICIAL, LEGISLATIVE, AND EXECUTIVE BRANCHES:

Judge Waller asked the task force to consider whether it would be helpful to form a work group that would include the three branches of government: judicial, executive, and legislative, as a structure to continue discussions of how to improve services to youth after the task force work is complete at the end of 2015. She explained there is currently an Interbranch Dependency Work Group to improve dependency practice that is supported by the Juvenile Court Improvement Program. She believes there is a need for formal coordination of efforts and this should be discussed in further detail as the task force develops its recommendations. She said designated staff would be necessary to make the concept work.

Task force members expressed an interest in including county juvenile departments, police officers, and district attorneys involved, as well as CCO representatives.

Andy Smith suggested trying to integrate some of the cross-system work now going on in the adult criminal justice system. The Governor has convened a group to address services and diversion efforts prior to entering the justice system, and alignment with mental health investments.

Judge Waller would like the task force to think about a mechanism that would help connect systems. Lynne Saxton said there are some kids that are floating from system to system, and there is a need for a single point of accountability.

The task force discussed systems of care and the complexity of the some cases when children have been involved with multiple CCOs.

Kim Scott expressed concern with the term “single point of accountability” in that it may lead to fragmentation amongst providers and would rather keep focus on integration and shared deliverables in terms of providing ongoing support and programs to the juvenile population.

Action Item: Pam Martin will provide information to the task force regarding current cross-system efforts going on in the adult justice system.

IV. SUBCOMMITTEE REPORTS:

Megan Hassen provided a summary of what was discussed at each subcommittee meeting in December. Each subcommittee focused their discussions on current practices and identifying problem areas.

The Incarceration Subcommittee identified the following system deficiencies: (i) Medicaid and OHP funding ceases when youth are incarcerated; (ii) treatment records don't always follow the

child when moving to a new service; (iii) lack of coordination and connection between mental health services and juvenile justice services on a local level; (iv) lack of crisis placements for youth; (v) difficulty in getting community providers to attend transitional planning meetings for youth exiting OYA, and ensuring these youth receive a timely mental health appointment upon exiting; and, (vi) insufficient counseling and psychological evaluation services for youth in OYA close custody.

The Screening and Diversion Subcommittee discussed two main feeders into the juvenile justice system: (i) law enforcement; and, (ii) schools. In Marion and Multnomah Counties, law enforcement has developed specialized crisis teams to respond to situations involving adults with mental health issues. Designated law enforcement received special training to identify and respond to adults with mental health problems, and in Marion County, the team includes a mental health professional. Low level offenders are being connected to local community services in some cases, rather than transported to jail. These new programs are an effort to keep people who are committing crimes primarily because of their mental health problems, out of the criminal justice system. The subcommittee is not aware of any similar efforts by law enforcement to connect youth with appropriate mental health services, although there has been some general training of law enforcement on mental health issues in some pockets of the state, such as Jackson County.

Task force members expressed interest in learning how law enforcement agencies are defining the term “crisis”, expressing concerns that crisis for children often differ from crisis for adults. Judge Waller mentioned that kids involved in wrap around services have an electronic crisis plan that specifies where the child is to go in the event of a crisis.

Regarding school feeders, there are various practices in place around the state: (i) some schools have a counselor on-site; (ii) some have school-based health centers; and, (iii) three schools have contracted with an outside service provider to work within the school, and connect children with mental health issues (and their families) with appropriate mental health services and other supports.

Megan Hassen discussed recent legislation (HB2192, 2013) requiring schools to adopt new disciplinary practices, requiring schools to create less exclusionary practices and develop more strategies geared toward prevention and intervention. John English mentioned there is a clause that allows schools to get a child a mental health evaluation. He said there is no funding mechanism, presenting an opportunity for schools to start coordinating with mental health professionals. Dr. Cheng mentioned OFSN has family support navigators to help families navigate systems, and they can bill CCOs for this service. Fariborz Pakseresht would like to see mental health issues identified earlier, before youth enter OYA custody.

Finally, there is no uniform practice in how or whether juvenile departments screen youth for mental health issues when they enter the juvenile justice system. There is a project in Central and Eastern Oregon to create and use basic screening devices and build connections between juvenile justice and mental health so youth can be appropriately referred for services.

Lynne Saxton raised the question of whether school aged children can be assessed routinely for mental health issues, along with all of the other assessments that are conducted. John English wondered if this could be tied in with PBS (Positive Behavioral Intervention Supports). Amy Baker mentioned that providing family support and mentoring would prevent some children from needing mental health services. Dr. Cheng said the goal of the Oregon Pediatric Society is to get all teens screened for depression and suicide risk using PHQ9 on an annual basis. The OPS also has a goal of screening children age 12 and up for drug abuse. He suggested collaboration with OPS might be helpful since their goal is 100% of youth will be screened. He said the instruments are evidence-based and nationally accepted. Questions were raised as to what effective interventions are when problems are identified and how information is shared.

V. DATA REPORT: OYA provided a data overview for youth in OYA placements. Megan Hassen reported there are also a number of statistics available through OYA posted on their website. One report provides information on the types of mental health services accessed by juvenile justice youth. In addition, OHA conducted a survey of juvenile departments in 2012, asking staff about their knowledge of local mental health services, and whether they knew how to access those services. OYA is also working on a “Feeder System Project” that examines the risk factors that lead to juvenile justice involvement. Through data sharing agreements with DHS, OHA, ODE, OSP, and other state and local social and human services agencies and criminal justice departments, this project will help identify at risk children and families, so appropriate interventions can be provided earlier.

Regarding data that is missing, Judge Waller thinks it would be helpful to know who is assessing the child and under what circumstances, and who do they share the information with.

Fariborz Pakseresht said he would like to see the task force come up with a practice model reflecting best practice. There was further discussion about assessment practices and Dr. Cheng added that the goal of the Oregon Pediatrics Society is to have all children screened for attachment issues between age 1 and 2. Fariborz Pakseresht also raised the issue of the frequent use of psychotropic medications for incarcerated youth. Dr. Cheng said that Dr. Ajit Jetmalani is working on this issue for children in foster care and would like to explore how practice can be improved in delinquency cases. One idea is to provide consultation to prescribers (who may not be psychiatrists) regarding the most appropriate medications.

OHA may be able to provide data on whether the youth in intensive community treatments are also involved in juvenile justice. Amy Baker will look into this.

Judge Waller would like the task force to consider a recommendation regarding data use. Through all systems, we should be measuring the same things and comparing the same information. Lynne Saxton added that it would be helpful to come up with a template for screening, assessment, and services that should be provided at the county level, providing a minimum threshold for services.

Action Item: Megan, Judge Waller, and Judge Greif will discuss whether any further data collection is necessary.

VI. BEST PRACTICES: Megan Hassen asked task force members to consider whether there are any other resources other than the “Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System” that would be helpful to review and discuss as the task force begins discussing best practices. Please email those materials to Megan prior to the next meeting.

VII. NEXT MEETING DATE: January 16, 2015, 2:00 - 4:00 p.m., at the Multnomah County Courthouse, Portland Oregon. Room location information will be forthcoming.

VIII. MEETING ADJOURNED: Meeting adjourned at 4:02 p.m.

Prepared by: Angela Keffer