

MINUTES

Juvenile Justice Mental Health Task Force

November 20, 2015

2:00 p.m. - 4:00 p.m.

Oregon Judicial Department – Juvenile and Family Court Programs Division
1133 Chemeketa Street NE, Salem, OR. 97301

MEMBERS PRESENT: Fariborz Pakseresht and Cherryl Ramirez. On the telephone: Hon. Nan Waller, Hon. Lisa Greif, Mary Kane, Dr. Ajit Jetmalani, Joe Ferguson, and Lois Day

MEMBERS ABSENT: Hon. Ricardo Menchaca, Faye Fagel, Brendan Murphy, Lynne Saxton, Andrew Grover, Sandy Bumpus, Dr. Mark Bradshaw, Iris Bell, and Kim Scott

GUESTS: Anya Sekino and Margaret Braun. On the telephone: Mike Morris and Paula Bauer

STAFF: Megan Hassen and Angela Keffer

DISCUSSION TOPICS: Prior to addressing agenda items, Megan Hassen informed task force members that an extension for the report was granted through January 31, 2016. Megan will note any comments during today's meeting and accept suggested revisions via e-mail through December 4, 2015. Megan will then revise the draft for further review and comment through January 4, 2016, so as to present a final report for approval at the January 22, 2016, meeting.

Megan stated requests were sent asking task force members for a commitment for their attendance at the January 22, 2016. Responses were received by Joe Ferguson and Fariborz Pakseresht, whom will both be unavailable for the meeting but will be available to provide input prior to that date.

I. REVIEW AND APPROVAL OF SEPTEMBER MEETING MINUTES: Minutes from September 25, 2015, were approved with two minor changes; a correction to the meeting date, and a correction in spelling of Margaret Braun's name.

II. JUVENILE COURT JUDGES SURVEY: Megan stated while at the annual JCIP conference, a number of juvenile judges expressed concern regarding lack of placements and would like to have a voice in what the task force is doing. Megan, Judge Greif, and Judge Menchaca composed a survey for distribution to other juvenile judges; the results of that which were compiled into a report and distributed to task force members in advance of today's meeting. Results of that report yielded an ongoing concern for lack of emergency placement options, residential placements options and access to basic mental health care within the community. Megan reported that information collected was incorporated into the draft report.

Judge Waller explained the Judges Survey results, combined with the Juvenile Directors survey results, feedback from Oregon Youth Authority (OYA) and the Statewide Multi-disciplinary Assistance Committee (SMAC) recommendations show an overall consistency regarding lack of crisis placements for youth with significant mental health needs and supportive services in the community or residential placement. Margaret Braun asked which counties were represented in responding to the judges' survey. Megan informed the task force the survey was sent out statewide and although the responding counties were not identified, the number of responses reflects almost one response per county.

III. PSYCHOTROPIC MEDICATION MANAGEMENT RECOMMENDATIONS (Recommendation 7): Megan reported the Incarceration subcommittee was working on issues surrounding services for incarcerated youth, whether in OYA close-custody or juvenile detention. The subcommittee focused on psychotropic medication management. This focus includes what the juvenile departments' procedures are for youth that are on psychotropic medications entering custody, what follow-up is done to ensure continuity in treatment and what occurs when the youth leave care. Likewise, the subcommittee looked at the same issues for youth in OYA's care.

Research was done on what legal protections are in place for youth depending upon what type of out-of-home placement they are in. Youth in the Department of Human Services' (DHS) or OYA's custody are offered different. Noticeably, there aren't many protections afforded to youth in juvenile detention. Fariborz Pakseresht arranged for a retired nurse to conduct chart reviews and extract data from approximately thirty files. Dr. Ajit Jetmalani reviewed that data and compiled a summarized report which was distributed to task force members in advance of today's meeting.

Dr. Jetmalani stated the report dated September 25, 2015, is a random clinical-assessment review of thirty youth and the data obtained is aligned with what is evaluated during the foster care review process. The categories for data included the number of psychotropic medications, documentation of medications, whether trauma was discussed, whether the youth were on anti-psychotic medications, and if so, what purpose were medications used for, whether the youth were on two or more medications of the same class, dosage, screening, and whether there was a documented presence of evidenced-based psychotherapy. Dr. Jetmalani reported the data provided was pulled by a registered nurse; the quality of the provider's decision making and prescribing practices is generally more sophisticated and was not included in this particular review.

Out of the youth reviewed by Dr. Jetmalani, there were sixteen (16) under the age of eighteen years old, and fourteen (14) under the age of twenty-two. Twenty-six percent of the youth were on four (4) or more psychotropic medications. The role of trauma was discussed in eighty percent of cases, which was higher than in the foster care population.

In summary, thirty-three percent of the OYA youth reviewed would qualify for the higher/more stringent review standard within the foster care system. Dr. Jetmalani clarified this does not mean there were inadequate reviews; however, these particular youth would have created

flags which would require three progress notes and an assessment note from the provider for further review. Upon reviewing the notes, it is determined whether additional information is needed. If the documentation is found inadequate or there are prescribing practices that pose a risk to the youth, a collegial-style consultation with the provider is requested. During the consultation, the child's challenges, provider's findings, and future treatment strategies and/or a change in prescribing practices are discussed. Because the more stringent review standard for qualifying foster youth has only been in effect for eight months, the impact is unknown at this time. Dr. Jetmalani also stated he recommends a similar review process for OYA and detention facilities which provides for a building opportunity rather than a punitive, oversight process.

Fariborz expressed concern regarding the high numbers of psychotropic medications being prescribed and is curious whether too many medications are being prescribed when unnecessary. Fariborz stated he would provide those charts to Dr. Jetmalani for a more thorough review and any guidance. Dr. Jetmalani said he appreciated the time and effort that went into the initial case sample and would be happy to assist with a more thorough review. Dr. Jetmalani reiterated that working in a collaborative process rather than an oversight process, would be beneficial when looking at the overall quality of care and the narrower, complex issues for prescribing medication.

Dr. Jetmalani stated that he and Dr. Cheng are also offering OPAL-K as a resource and there are likely other groups of psychiatrists that would be happy to assist with reviews. Dr. Jetmalani also said peer reviews are a means for the participants to feel safe and forthcoming, which helps with quality improvement. Dr. Jetmalani asked whether the review would be a peer review process, and if so, that he be able to speak with the providers as well.

The subcommittee's first recommendation is that the protections of ORS 418.517 that apply to children in DHS foster children extend to youth placed in out of home care in the juvenile delinquency system. In addition, the subcommittee recommends that a number of protections be added; specifically, those geared towards assessments, continuity in medication and notification upon side effects of medication.

Megan reported that through a grant program with the Casey Foundation, there are further reviews being conducted upon triggers of different prescribing flags; however, the more in-depth reviews are not legally required. Those prescribing flags are noted on page sixteen of the report. Dr. Jetmalani explained the files of youth that call for the more in-depth review are sent to DHS' Central Office. DHS then consults with Oregon Health Authority (OHA), which conducts a file review. If OHA is not satisfied with charting provided within the file, the file is given to OPAL-K, which then conducts a consultation directly with the charting / prescribing physician. Dr. Jetmalani further explained that HB 3114, that originally mandated the annual reviews, inadequately scribed the needs of the effort through the grant process. The grant awarded only support for meetings between the different states allowing for peer discussion; however, the grant does not provide assistance for implementation or maintenance of the secondary review process for youth in foster care.

Judge Waller stated it makes absolute sense that protections for youth in foster care, also apply to children in any out-of-home care or custody, and that although previous legislation was focused on youth in foster care, a revision is necessary due to the prevalence of youth involved in the cross-systems.

Fariborz stated he would like to discuss the recommendations with Dr. Marcia Adams, OYA, prior to the next meeting. Judge Waller reported the mechanisms of reaching protections through entry into care through DHS or OYA, are more clearly outlined than for juvenile departments. Joe Ferguson stated detention facilities vary by size of the county and resources may be scarce. Joe expressed concern that when the financial responsibility for providing mental health assessments for youth that cannot access their health insurance falls on the county, the assessments may or may not be conducted in a timely manner depending on whether the county has the revenue. Another factor to consider is that youth in juvenile detention are generally in custody for a much shorter period of time than those in OYA custody. Joe stated that all of the juvenile departments have access to services through their contract with OYA, and this may be a vehicle to assist those smaller counties with some resources.

IV. DRAFT TASK FORCE RECOMMENDATIONS:

A. Screening and Diversion Subcommittee Report (Recommendation 5 & 6): Megan stated the Screening and Diversion Subcommittee issued a report in May, from which the first couple of paragraphs were previously approved and incorporated into recommendation number five of this report. The addition begins on page fourteen, and is based on the need for better methods of assessing youth that enter the delinquency system. The subcommittee is proposing regional or county assessment centers, depending on population, to conduct complete holistic reviews of youth and determine what level of care is appropriate for each youth. The center would look at mental health, physical health, education, etc.

The subcommittee also discussed issues regarding youth receiving one assessment and being denied into a program based on the assessment not fitting the criteria of that which is acceptable to the program. The subcommittee recommends one uniform assessment that all residential care centers would accept, which may also alleviate the wait time for receiving care while housed in an inappropriate facility.

Another concern of the subcommittee is that when services are needed, there are inadequate services within the community to serve the youth. Megan noted on page fourteen the subcommittee recommends local discussions between juvenile departments, county commissioners, local judges, CCOs and the mental health community, to work at finding solutions locally where gaps are noted. If state resources are needed, the recommendation is to then request legislative action by contacting district legislative representatives and notifying OHA.

Recommendation number six requires programs that youth are referred to be evidenced-based and producing positive outcomes.

Joe asked where funding would come from for the assessment centers. Joe expressed concern regarding the potential impact and funding being taken from other elements of the system. Secondly he asked, when considering a facility where youth are brought from delinquency, dependency, and mental health locations, what are the associated risks involved. Mary asked where youth who enter detention are currently receiving assessments. Joe replied juvenile departments use Kahn Mental Health and other local providers, whether assessments are conducted telephonically or by someone from the crisis team coming to the detention facility. Judge Waller stated data from the recent juvenile directors' survey revealed assessments were not done on a consistent basis due to a lack of mental health providers to conduct the assessments. Mary stated it was her understanding the separate assessment center is not needed if assessments are being done in-house. Judge Waller reiterated the concern raised is that youth with significant mental health needs end up in detention, which may not be the appropriate placement for them. Judge Waller suggested an assessment center would allow youth to be admitted and assessed prior to being placed in an inappropriate placement by default. Judge Waller noted with creating stand-alone facilities, there is a huge fiscal impact; however, if the state realistically wants to reduce the detention being used inappropriately, there needs to be action taken before youth with severe mental health issues that lead to behavioral problems, are being placed there.

Joe suggested the wording "center" should be clearly defined, noting that staffing a center where youth live and receive intensive psychiatric assessments or care would have a number of requirements that need to be met. Joe further stated that on a county level, this may not be achievable due to funding issues; however, a regional initiative may be more realistic. Cherryl Ramirez reported she would like to take the matter back to community mental health programs for discussion due to the different practices in each county. Cherryl expressed concern that programs may not be supportive of an assessment center in addition to existing resources.

Megan suggested considering flexible options such as establishing an assessment process within an existing program. Judge Waller agreed that although it need not necessarily be a stand-alone facility, it would need to be a pre-admission placement to allow youth to be screened, sorted, and diverted from detention if not the appropriate placement. Judge Waller noted that discussion focused more on accessibility throughout the state and less on the physical structure. Mary asked whether this would be the standard even if there were a protocol for when youth are in crisis. Judge Waller reported the lack of proper placement when youth are in crisis, is even an issue for youth in DHS' custody, because there has not yet been an assessment completed, and the assessment center should be available to all child-serving systems. Mike Morris asked whether it may be better to describe what services need to be in place regarding assessments prior to placement and have a definitive protocol rather than calling for an "assessment center" and dictating to local communities on how to accomplish the end result.

Judge Waller expressed concern that because crisis often happens unexpectedly and calls for a place to take youth, there needs to be a place or protocol outlining places to take these youth in crisis other than detention. Mary suggested that a crisis foster home may be a resource to consider for immediate placement until someone could come and assess the youth. Judge

Waller stated some of the youth may need to be secured during assessment for public safety or mental health reasons.

Dr. Jetmalani stated this issue is a critical one aligned with the mapping being done throughout the state, and calls for identifying what really is the level of intensive, contained level-of-care services that Oregon needs. Dr. Jetmalani noted that there is evidence of inadequate services based on how full emergency rooms and detention centers become with youth who have primarily mental health conditions. Dr. Jetmalani further stated there is an appreciation for making such a resource available to all child-serving systems rather than maintaining parallel processes. He further noted it would be prudent to take an honest look at the underlying issues when addressing Legislature.

Fariborz suggested it may be beneficial to conduct assessments at an earlier age. He further explained there is a trajectory of youth entering the system, and reaching children at a younger age may eliminate some of those youth entering the system later on. Margaret inquired as to whether assessments are conducted at the school-level. Megan stated suggested different levels of assessment are included in the report and this particular recommendation focuses specifically on assessing youth in crisis prior to admission into the juvenile justice system. Margaret then expressed concern regarding what an assessment center looks like logistically.

Megan suggested determining what recommendations should be included in the report and what should be left for local communities to develop. Judge Waller suggested building into the recommendation, a clause that gives communities the option of building a center or implementing requirements for an already established service (e.g., no right of refusal), so long as certain protocol is met; however, the need for assessment in advance of entry into juvenile justice is necessary to avoid misplacement. Dr. Jetmalani expressed concern about clauses (e.g., no right of refusal), noting that any method of implementation should ensure that agencies are simply not off-loading amongst each other.

Brendan Murphy explained at present, detention is the first step into the juvenile justice system. He further stated that once youth are placed in detention, the process is underway and the state has statutory time-limits on filing to determine whether youth should stay in detention. Brendan noted that once that ball is rolling, it is very difficult to step back and assess whether each youth is in the proper placement or should be entering the juvenile justice system. Brendan noted the importance of having a safe place for youth in crisis to go, that does not necessarily lead to delinquency petitions being filed against the youth.

B. Crisis Placement (Recommendation 8): An outline for recommendation eight was sent to task force members in advance of today's meeting. Megan stated Judge Greif previously reported on the foster-care respite home in Jackson County that is being used for juvenile justice, and in some instances for those in crisis; which is a great model to look at. Megan suggested the first step is to locate a safe place within the community for youth in crisis, excluding detention and hospitals.

Megan also noted concern regarding the lack of evidence that residential care facilities are producing positive outcomes for youth, and so there is discomfort in recommending simply building more beds. Due to this concern, the second step should be to analyze what residential programs throughout the state are working, including Multi-dimensional Treatment Foster Care (MTFC). MTFC is a program that places youth in specially-trained foster homes. Megan suggested determining whether MTFC would be an appropriate outcome if it is found to be more successful than residential care and whether SMAC youth would also be eligible for MTFC.

Megan reported that Paula asked whether foster parents are receiving enough support for sustainability or to prevent burnout. Paula also wanted an emphasis on ensuring appropriate mental health services for those youth in detention who could not be diverted from the juvenile justice system.

Megan asked task force members for comments regarding how to address the lack of residential placements. Judge Waller stated that in order to assist youth with significant mental health needs that are very tough to place, there simply needs to be more money spent in placement and services if the State wants to see improvement in this area. Mary agreed, noting recruitment efforts are also needed. Mary suggested a placement without a time-limit restriction. Joe agreed, stating that currently facilities such as Children's Farm Home transport aggressive youth upon the occurrence of an incident to detention. Joe noted these are youth that should be diverted from juvenile justice due to mental health issues, asking if the programs cannot help these youth, then what else needs to be done.

Paula wanted to clarify that her concern regarding youth who are not diverted from juvenile justice and need continuity in mental health services, are assisted with Medicaid upon transitioning out of detention if coverage was terminated due to the time of incarceration. Secondly, Paula clarified that youth within the multi-dimensional system which SMAC typically assists, are so violent that facility staff are ending up with injuries that need medical treatment and cannot imagine these youth being placed in a home-like setting. Paula stated there is a growing cohort of youth that are beyond the MTFC setting, and these youth need to be considered separately during any system planning to really make necessary improvements.

Dr. Jetmalani added it may not be very effective if people think in terms that every assessment between juvenile justice and mental health is going to be precise in determining which youth fit which category. Dr. Jetmalani stated it is important to keep in mind these ultra-aggressive youth whose issues were not addressed earlier, now have their own individual needs that need to be honored while ensuring safety of staff. Dr. Jetmalani reported the facilities pay modest wages to those with little to no experience to supervise these youth, they get assaulted, and the youth receive new charges. Dr. Jetmalani stated that it seems identification can be made between those with behavioral issues and those with mental health issues; however, it is the level of aggression for those with mental health issues that is the root issue. Dr. Jetmalani suggested it may be prudent to take a better look on what is actually the appropriate setting for extremely aggressive youth regardless of the underlying condition. Paula stated SMAC had a similar idea in making sure that each individual youth received the services and placement

suiting to their needs in a non-agency-specific manner, and then worry about funding or how to categorize the youth.

Megan asked if aside from the question of what is the appropriate setting for extremely aggressive youth, whether task force members were generally comfortable with the outline for recommendation number eight. Fariborz stated the outline is great; however, the biggest challenge is implementation. Fariborz further stated that as long as there are tiered systems, there will be a tendency to guide the youth towards the next tier when they become problematic. Fariborz noted the question is how to create a system that maintains safety and security while not pushing the youth towards the deeper end of the system.

Cherryl asked if the review would be included in the statewide mapping project being done by OHA. Mike Morris stated the mapping tool can report which resources are available; however, it does not report what resources are needed. Cherryl reported there is a Technical Advisory Committee that will be analyzing the tool. Lois Day informed committee members there is also a committee consisting of OYA, OHA and DHS, looking at residential treatment and delivery, design, and compensation, which may also provide quite a bit of information. Megan confirmed this group is the BRS work group and reported she has spoken to Lea Foreman and will receive the group's recommendations to see how those align with this task force's efforts.

Judge Waller stated the mapping project and the BRS work group may provide helpful information and noted it is important to ask whether the right assessment tools are available to appropriately sort youth and provide guidance as to placement. Judge Waller further reported that while she is aware of some of the different tools and efforts within the juvenile justice community, she is unaware of what tools are used in the mental health community.

Dr. Jetmalani stated there are tools that assist trained individuals in assessing level of care needs. Dr. Jetmalani reported some youth are explosive due to triggers around them that have not been identified well or by just being in a contained environment, and it takes well-trained personnel with the capability of thinking through that complexity to make proper assessments. Dr. Jetmalani explained that although the task of combining the use of tools is not impossible, it needs to be done in an intentional and collaborative manner.

Paula asked whether the mapping tool project solicits information on system capacity. Mike stated the Technical Advisory Committee is tasked with determining what resources are available, how to best quantify those resources, and how to compile that information into usable data. Paula stated her understanding is that CCOs do not contract with agencies for a specific number of beds, but rather have working contracts providing beds based on availability and the need arising. Lois stated DHS creates child specific contracts whenever a child is placed somewhere which tracks what beds are used by DHS. Paula asked if there was any method of tracking youth that were denied services or placement. Mike stated that data is available on how many beds there are and on how many youth were placed; however, assessing how many youth were not placed will be challenging. Megan noted the importance of capturing this information when conducting the analysis.

Mike updated the mapping project is meant to be an integrate process and while some data (e.g., housing data) will be available before total completion, a completion date is yet to be determined. Cheryl stated Linn Saxton indicated the project may be complete by June, 2016.

Megan asked whether if in terms of conducting any comprehensive review, task force members wanted to wait until the mapping project is complete to see what data would be available then or recommend that an independent analysis be done to avoid any gaps in data not collected by the mapping project. Mary asked whether this task force could make requests on data items to be collected. Mike affirmed.

Paula asked how the piece regarding youth not receiving services will be captured. Mary asked whether referral packets completed when looking for placements, are counted even when youth are turned away. Joe reported that results vary depending on what agency sends out the referral. He clarified that sometimes the juvenile department seeks assistance from OYA in securing placements; however, those referrals are only sent to providers that contract with OYA. Joe stated there is no formal process for submitting referrals which all go through County Mental Health. Paula noted that some counties make formal referrals in every case and some counties make informal inquiries regarding bed space and do not complete a referral if there is not. Again, Paula expressed concern on how to quantify the amount of youth being turned away, where that data is not recorded.

Judge Waller asked Lois if DHS had any method of capturing the right level of service for youth; Lois denied any method to her knowledge. Lois noted another issue is that multiple referrals are sent out to a number of programs in hopes of securing a placement, and so the number of wait-listed youth is not an accurate count for those denied services. Lois stated another concern is a scenario wherein DHS will receive four responses denying placement from programs that may meet the youth's needs and securing placement in a program that does not. Joe stated juvenile departments have a similar practice of sending out multiple referrals.

Mike reported that in addition to those needing specific levels of care coming from mental health or juvenile justice, there are also those youth who should be moved to less restrictive settings when the availability occurs, which may in turn open a higher level of care bed space.

Megan asked if there were individuals from OYA, DHS, and OHA on the Technical Advisory group overseeing the mapping project. Mike could not confirm this; however, he would like to consult with that group to determine whether data being collected could be used by this task force for a much deeper analysis. Megan stated she would tailor and provide questions from the task force so that Mike could take them back to the Technical Advisory Committee for discussion and feedback prior to January's meeting to determine whether a separate comprehensive review is necessary.

Dr. Jetmalani stated there was a task force that evolved from an acute care crisis summit and that group made a recommendation for a level-of-care coordination center. The idea behind the recommendation was to know where the different level of care providers were located and to let all referrals come from the coordination center rather than submitting multiple referrals to programs individually. The recommendation included operation of a central repository for

the necessary data, referrals, etc. Judge Waller likes the idea of collaborating wherever possible. Paula suggested exploring the centralized intake theory.

Action Item: Joe Ferguson will forward Megan a copy of the acute care summit task force's recommendations.

C. Re-entry (Recommendation 9): Recommendation number nine is devoted to issues surrounding re-entry. Megan noted there are a couple of concerns regarding the topic. The first, when youth are incarcerated longer than one year, their Medicaid is terminated so those services need to be set up prior to release. Megan stated Amy Rominger, an OHA employee working with OYA, previously explained work in progress to get youth reinstated with their Medicaid benefit. However, Amy noted one reoccurring issue is that the benefit is not available until release, and if the benefit is unavailable, the CCOs will not schedule any appointments. Megan stated this recommendation addresses that concern.

Megan inquired whether there was a way that OHA within its contract, could require CCOs to schedule the appointments when youth have an expected release date within thirty days, to promote continuity in care. Mike stated he would discuss with Medicaid personnel, what is in the current contract, what revisions would need to occur, and when the next contract negotiation period will open.

Paula reported when MHOs were in place, there were timelines for routine emergency appointments and intake referrals; inquiry was made as to whether those timelines are still in place. Paula requested Mike mention in his discussion with Medicaid personnel that youth are having an initial screening within a month of release, then even more time passes before seeing a prescriber. Paula suggested inquiring about those timelines and piggy-back on them. She further noted that the problem may be that the current work-force is not sufficient to meet the demands of those needing services.

Mary inquired as to the age of population in OYA that are having a difficult time accessing appointments, noting the availability of services drops tremendously for those over eighteen years of age. Paula noted that most of the population is over eighteen; however, the issue is not exclusive to those over eighteen years of age.

Megan stated there are two pieces to the recommendation. With respect to the first part pertaining to ensuring that juvenile departments and OYA have adequate mental health services set up, Megan noted a more in-depth look needs to be made in order to flush out all of the issues. Paula volunteered to work with Megan on this issue, noting that she and a colleague in field services, have access to established policy and procedures that may be useful.

Regarding the second part regarding what CCOs can or should be required to do, Megan will work with Mike and Paula to make those determinations.

Cherryl stated in contrast to what is happening in the jails where you have individuals not on Medicaid or have suspended eligibility and assistants come into the jail to help ready individuals for departure, it may be helpful to have a middle-man maintaining the community connections

or coordinated care within the juvenile departments and OYA, which would increase the communication and facilitation between the organizations. Mike explained there may also be an issue with individuals coming out of incarceration and being immediately seen, so he would like to discuss the process with Medicaid personnel.

Dr. Jetmalani clarified that he would like to see the recommendation state that CCOs should be required to coordinate care. Dr. Jetmalani further noted that if CCOs are not coordinating care, then they are not preventing adverse outcomes to those youth and the issue should be addressed with and discussed among the CCOs as well.

V. OYA Feeder Study.

Margaret Braun gave a recap on the Feeder Project, wherein she explained data was collected from numerous partner agencies such as OYA, DHS, and OHA. Paula reported that data from educational partners and juvenile justice partners will be incorporated shortly.

Margaret explained the Feeder System work is guided by three research questions. The first, is whether or not diversion opportunities exist prior to the youth entering OYA. Margaret stated the answer is yes; explaining data revealed ninety percent of youth were in contact with another agency prior to entering OYA.

The second question is whether the programs that serve the largest concentrations of these youth can be identified to enable targeted analysis and resources in the future to those programs. Margaret reported the answer to this question is also yes; explaining data revealed DHS Child Welfare services, mental health services, and drug and alcohol treatment services served the largest concentrations of youth prior to entering OYA. With this information, Margaret is conducting further analysis on the individual risk factors that make these youth more susceptible to entering OYA in the future. At present, Margaret has completed the analysis on DHS and mental health services.

Regarding the further analysis, Margaret explained she took a cohort of clients that participated in mental health treatment services similar to a cohort taken of OYA youth, who were born between January, 1981, and July, 2001. The final sample included 130,000 of youth born between those years. Six thousand of those youth came to OYA at some point between 2000 and 2013, which is just over four percent of the entire sample.

Margaret stated she conducted a predictive model to see if there were any individual or service level characteristics predicting who was likely to enter OYA and who was not. There were eleven variables predictive of entrance into OYA. The first, gender; males are more likely to enter OYA. The second, race and ethnicity; African American youth who are involved in mental health services have a forty-nine percent increased chance of entering OYA, in comparison to Caucasian youth. The third, whether the client involved in mental health treatment is also involved in drug and alcohol treatment services; involvement in both greatly increases the risk by four times in comparison to those not involved in both services. The fourth, the number of times referred by the criminal justice system to mental health services, which doubles the risk of entering OYA. The fifth, the completion or incompleteness history of mental health services,

which increases the risk of entering OYA. The sixth, whether the child is involved with self-sufficiency, which actually decreased the risk and may be due to the entire family's involvement in self-sufficiency and that it is not personalized to the youth. The seventh, whether the youth is involved in foster care in addition to mental health treatment services, which increases the risk by seventy-three percent. The eighth, the number of episodes had for psychiatric residential treatment, which increased the risk by twenty-one percent. The ninth, the age at first known mental health treatment episode; every year the risk increased by three percent. The tenth, the number of mental health treatment referrals made by the youth's individual support system, which actually decreased the risk of entering OYA. The eleventh, the number of day treatment psychiatric episodes they've had, which increases the risk by thirty-seven percent.

Margaret reported that overall, the list of eleven variables significantly predicted who within the mental health treatment services was likely to go to OYA roughly eighty-two percent of the time. Margaret noted that the data solidifies the idea that the later of first known mental health treatment and residential treatment episodes are indicative of the likelihood of entering OYA.

Margaret stated that the report is presently being reviewed internally; however, it will be available soon. Judge Waller thanked Margaret for her work and reporting on the Feeder System Project.

VI. REMAINING MEETING DATES AND FINAL REPORT: The next task force meeting is scheduled for January 22, 2016, in Portland.

VII. MEETING ADJOURNS: Meeting adjourned at 3:58 p.m.

Minutes prepared by: Angela Keffer