MINUTES

Juvenile Justice Mental Health Task Force

October 16, 2014

9:30 am – 11:30 am

Multnomah County Courthouse, Room 610
1021 SW 4th Avenue
Portland, Oregon

MEMBERS PRESENT: Hon. Nan Waller, Cherryl Ramirez, Iris Bell, Mary Kane, Lynne Saxton, Joe Ferguson. On the telephone: Hon. Lisa Greif, Faye Fagel, Brendan Murphy, Dr. Mark Bradshaw, Dr. Ajit Jetmalani

MEMBERS ABSENT: Hon. Ricardo Menchaca, Fariborz Pakseresht, Pam Martin, Sandy Bumpus, Dr. Robin Henderson, Lois Day, Kim Scott

GUESTS: Chief Justice Thomas Balmer, Amy Baker, Dr. Whitney Vale, Joe O'Leary, AJ Goins

STAFF: Megan Hassen and Angela Keffer

Co-Chair Hon. Nan Waller called the meeting to order at 9:45 am.

I. WELCOME FROM JUSTICE BALMER: Justice Balmer welcomed task force members and thanked everyone for participating in the Juvenile Justice Mental Health Task Force. Justice Balmer explained that judicial decision making in juvenile delinquency cases has become increasingly complex due to a perceived lack of mental health services available for juvenile justice youth. He's hearing there are cases involving youth with serious mental health problems who are being housed in juvenile detention due to lack of other appropriate placements. He acknowledged good work that is already being done to improve mental health services, such as Wraparound, contracts through SPRF (Strengthening, Preserving and Reunifying Families), and Youth Villages Intercept. Justice Balmer emphasized an importance on evaluating what is or what is not working, scaling those practices up or down respectively, and making an available forum to study those practices and recommend possible solutions.

II. INTRODUCTIONS: Hon. Nan Waller thanked Chief Justice for his presence, encouragement, interest in the State's related juvenile issues, and setting up the task force to enable members to discuss and make improvements on such an important matter by putting a plan into action.

Task force members introduced themselves.

III. DISCUSSION TOPICS:

a. History: During the spring of 2014, the Oregon Judicial Department, through Justice Balmer, received an invitation from the National Center of State Courts and the MacArthur Foundation, to attend a Juvenile Justice Reform Summit in Seattle, Washington. Justice Balmer assembled a state team to attend the summit that included Judge Greif, Judge Menchaca, Fay Fagel, Joe Ferguson, and Megan Hassen.

At the summit, a number of juvenile justice reforms were presented. The team was then allowed state-planning time to consider whether any of the reform strategies would be useful in Oregon. Mental health was determined to be the leading issue that needed a more effective response statewide. After many discussions with the Chief Justice and others, an action plan was developed and this task force created.

b. Statement of the Problem: Two primary concerns were presented: (1) lack of available crisis placements for juvenile justice youth, and (2) juvenile departments have trouble accessing adequate mental health services for juvenile justice youth.

c. Examples: Brendan Murphy discussed the barriers that juvenile probation officers and social workers encounter when trying to find appropriate placement for those juveniles.

He provided an example of a female juvenile who entered detention after assaulting a family member. In court, the juvenile asked to stay in detention out of fear that if she was released, she would return home potentially listening to the voices in her head and possibly hurt or kill family members.

This youth did remain in detention for an extended period of time. Her probation officer was unable to find an appropriate placement for a multitude of reasons including, a lack of severity of symptoms of mental health and concerns regarding security due to her history of assault. This became very frustrating for all parties involved.

While in detention, this youth began deteriorating. Attempts were then made to place the youth in an acute-care facility; however, she was again denied due to not having an already-identified placement upon discharge from the acute-care facility.

Mr. Murphy added that there are a number of youth in detention facilities who have made multiple suicide attempts where staff attempts to contact psychiatric care facilities to come do an assessment on the juveniles; however, they are told that the behaviors can be appropriately managed in detention by detention staff.

Judge Waller and Dr. Vale gave an example of a boy who came into foster care at a young age. He entered care with his siblings after suffering abuse and neglect by their parents who had severe mental health issues. Parental rights over the children were eventually terminated.

DHS worked diligently trying to find culturally responsive placements for the children. However, the children went through three failed adoptive placements. The failed placements were due to problems within the placements that the children did not initially disclose to DHS. By the time the children entered the fourth placement, a very well-meaning care provider was unable to deal with the particular child's issues that were a result of the family history of trauma and the prior adoptive-placement failures. This provider was hopeful to provide care after treatment of those issues.

Initially, this boy was very meticulous, ambitious, smart, interesting, and hopeful that a solution to his placement situation would be found. Unfortunately, as time went on without permanency, his hopefulness and attitude changed and his mental health began to deteriorate. His mental illness was less and less controlled, resulting in schizophrenia. A placement couldn't be maintained for any significant duration; it is estimated he may have been in a total of thirty different placements.

Due to acting out in his placement, delinquency charges were filed. While on probation, he was exhibiting behaviors that were unsafe to himself and others in the community. He was then committed to OYA for placement at a youth correctional facility.

After entering OYA, the youth deteriorated even further, continuously isolating himself. OYA staff worked diligently with this youth, trying to come up with new ways to get him to interact with them. During his stay at OYA, he had several visits at the Oregon State Hospital, where he would become stable after proper medication and then returned to OYA, where he was not able to receive the same medication and level of treatment and so the cycle would repeat itself.

Once out of OYA's custody, he was returned to DHS' custody and now resides in an adult group home, which many do not believe is the proper placement for this young man. Judge Waller provided this as an example of a child who was seemingly doing well in foster care and then deteriorated and entered the delinquency system after several placement changes and a failed adoption.

Other Task Force Members gave further examples, such as: lack of continuity with mental health providers when placements change, and children with compound issues, such as mental health and developmental delays, but not to the level required for available care.

d. Scope of the Work: The purpose of the Task Force is to: i) review and assess the adequacy of mental health services provided to youth involved in the juvenile delinquency system in light of current best practices; ii) identify whether any inadequacies exist, and if so, whether these are due to gaps in services, or underutilization of existing community services; and, iii) develop and provide a report to the Chief Justice of the Oregon Supreme Court, containing Task Force findings and recommendations by December 31, 2015.

A couple of points were raised, including whether the task force would only be addressing those with diagnosable mental health problems, and whether the task force would examine prevention strategies to keep youth from entering the system. While task force members expressed support for the idea of early intervention, that piece is beyond the scope of the Chief Justice Order establishing the task force.

IV. CURRENT REFORM EFFORTS IN OREGON:

a. Trauma Informed Oregon Collaborative: Judge Greif informed the task force of the Trauma Informed Oregon Collaborative, which is collaboration between Oregon Health Authority, Portland State University, and OHSU, called Trauma Informed Oregon. This group is currently coordinating and distributing information about trauma and adverse childhood events, to provide training opportunities and other resources, and to develop best practices. The center's goal is to be able to provide training and technical assistance to those who are committed to trauma informed care. Information may be found at www.traumainformedoregon.org.

b. Reports from Partners: Amy Baker reported that OHA's Addictions and Mental Health Division (AMH) is releasing a revised trauma policy, effective July 1, 2015. The new policy addresses the effects of psychological trauma from adverse childhood experiences, as well as cultural implications and historical trauma.

During the last legislative session, additional funding was designated to expand Systems of Care and Wraparound Services. AMH is currently working with Portland State University, who is providing training and technical assistance in setting up local government structures within the different regions to help coordinate the Wraparound services.

There are also many local efforts in place. One of those efforts is a three-year, trauma informed, community initiative, occurring in Jackson and Josephine Counties. Mandy Davis, from Portland State University is providing ongoing consulting and training.

There is also an Adverse Childhood Experience (ACE) study, which OHSU is currently interested in, due to the relationship between adverse childhood experiences and physical and mental health. In addition, OHSU is a part of a group that is just finishing up on a three-year study on how to improve the appropriate use of psychotropic medicines for youth in foster care.

V. NEXT STEPS:

Task force members were asked to consult with their agency data experts and provide any data and/or program information available to inform the task force on the number of youth within the juvenile justice system that currently have a diagnosable mental health concern and data on services currently being provided to youth entering the juvenile justice system.

A number of discussion topics were raised for possible referral to subcommittees: i) what are the current best practices; ii) what are the feeders into the juvenile justice system; iii) what are the best screening tools we have available to assess children who enter the juvenile justice

system; iv) should we be using a common assessment for all children; v) are there, across all feeder entry points, points of diversion out of the juvenile justice system; vi) are there, and if so, what are the inequities in access to services in the different communities; and, vii) what are the latest evidence-based practices available.

There was insufficient time to establish the subcommittees, and the item was deferred.

VI. NEXT MEETING DATE: December 5, 2014, 2:00 - 4:00 p.m., in Salem, Oregon. Location information will be forthcoming.

VII. MEETING ADJOURNED: Meeting adjourned at 11:30 a.m.

Prepared by: Angela Keffer