

MINUTES  
**Juvenile Justice Mental Health Task Force**  
**January 16<sup>th</sup>, 2015**  
**2:00 p.m. – 4:00 p.m.**  
**Multnomah County Courthouse, Room 218**  
**1021 SW 4<sup>th</sup> Avenue**  
**Portland, Oregon**

**MEMBERS PRESENT:** Hon. Nan Waller, Hon. Ricardo Menchaca, Fariborz Pakseresht, Pam Martin, Lynne Saxton, Andrew Grover, Mary Kane, and Kim Scott. On the telephone: Hon. Lisa Greif, Cheryl Ramirez, Dr. Mark Bradshaw, and Dr. Ajit Jetmalani

**MEMBERS ABSENT:** Faye Fagel, Joe Ferguson, Brendan Murphy, Sandy Bumpus, Dr. Robin Henderson, Lois Day, and Iris Bell

**GUESTS:** Christina McMahan, Margaret Braun, and Paul Belatty

**STAFF:** Megan Hassen and Angela Keffer

Megan Hassen called the meeting to order at 2:10 P.M. Task Force members introduced themselves.

**DISCUSSION TOPICS:**

**I. REVIEW AND APPROVAL OF OCTOBER MEETING MINUTES:** Minutes from December 5, 2014, were approved without correction.

**II. COMMON VALUES AND PRINCIPLES:** Megan Hassen submitted a draft of Core Values and Principles based on upon the underlying principles in Section Two of “Blueprint for Change” and comments from task force members at the December 5<sup>th</sup> meeting, to task force members for review and comment.

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 submitted. Members endorsed the concepts generally, with the following revisions/additions: (i) provide for an affirmative obligation to ensure treatment is more culturally responsive, rather than simply responding to issues as they arise, so that services are current and culturally relevant; (ii) emphasize an affirmative obligation to provide access to services for minorities and address past disparities in

accessing services for minorities, to ensure services are culturally relevant to allow for proper mental health assessments that may not be currently being done; (iii) an addition to principle number two, require the treatment to be evidenced-based, as well as result-driven; (iv) revise principle eleven: replace “input from all providers” with “results for the client”, placing a heightened emphasis on obtaining results for the client over obtaining input from the providers; (v) incorporate the respective desired outcomes in principle twelve, as part of the desired evidence-based treatment outcomes in principles two and three; (vi) services should support protective developmental factors and resilience; (vii) replace “mental health disorders” with “mental health/substance use disorders” throughout the document; and, (viii) revise principle nine, outlining what family-driven, youth-guided involvement would look like in assisting informed developing systems so as to stay integrated.

Members would also add a core value as to performance of how all systems will track data, so as to stay informed, assist in measuring effectiveness and available services, and to eliminate gaps in data collection. Members also want an emphasis on trauma-informed care and trauma-responsive services to be projected by the principles.

Judge Waller suggested incorporating core values from Wraparound Services’ Systems of Care , currently in state law and address the very specific call that all child-serving systems are to incorporate the principles into their systems. Lynne Saxton suggested effecting integration into the task force’s core principles by wording such as “incorporated as reflected in legislation.” Members also discussed updating, from the most-currently used Georgetown Principles, to a new set of core principles for mental health, to ensure all services have a current set of relevant principles. These principles should incorporate all current expectations and allow for movement towards best practice.

Judge Waller proposed making a recommendation that all child-serving systems come up with common core values in terms of how they will interact with young people, adding that even though each system has a different mission, there should be a common set of principles by which young people and families are treated, engaged, encouraged to participate, etc. This will eliminate some burdens youth have to go through when leaving one system and entering another, while still affording youth the same level of participation throughout the duration of receiving services. Kim Scott added that changes towards trauma-informed care and cultural changes/awareness within agencies, would improve those services.

Lynne Saxton suggested there be a uniform set of standards for all providers, no matter where the youth are or what services are being provided, to assist youth in growing to be successful with normalized expectations of success. Fariborz Pakserecht agrees with the suggested developmental approach and believes it would be very beneficial once used as a standard among the different services.

Cherryl Ramirez suggested contacting Youth Move to review their youth-serving principles.

**Action Item:** Pam Martin, Kim Scott, and Fariborz Pakserech will review their principles and determine whether the task force’s principles encompass their respective agencies core values/principles and also submit their agencies principles for review and incorporation.

**Action Item:** Pam Martin will provide a contact within Youth Move a copy of the next draft of this task force’s principles for their review and feedback, as well as request a copy of their youth-serving principles, for further review with Amy Baker and Megan Hassen.

Lynne Saxton suggested that the word “current” be added when referring to “best practice”.

**Action Item:** Upon receipt of the agencies core values and any drafting suggestions submitted by task force members, Megan Hassen will integrate the proposed revisions/additions to the list of principles and distribute to task force members for further review and discussion.

**III. SUBCOMMITTEE REPORTS:** Megan Hassen provided a summary of what was discussed at each subcommittee meeting in January.

**A. Screening and Diversion:** The Screening and Diversion Subcommittee is working on the following concepts: (i) mental health screening should happen as early as possible to avoid juvenile justice involvement and should occur at school, by law enforcement, or by juvenile departments; and, (ii) systems for sharing screening information and mental health information should be established.

Subcommittee members further discussed the possibility of creating a uniform screening instrument that may be used with at risk youth by juvenile departments, by schools, and by law enforcement. Any screening tool used, should be evidence-based in validating the populations served, taking into account the differences in race, ethnicity, and gender.

Subcommittee members discussed the diversity in counties that conduct screening upon entry and the different tools being used among those counties, as well as those counties that do not facilitate any screening upon entry of youth. Multnomah County is currently using the GAIN Assessment, wherein Jackson County and OYA are using the MAYSI II Assessment. Procedures should be put into place to ensure that mental health records of youth that have already received mental health, are accessible to juvenile departments so that any further services and treatment may be provided in a coordinated manner between systems to avoid any duplicate services provided. Additionally, any information provided during the initial screening or assessment, shall not be used against the youth in a juvenile delinquency proceeding without the consent of the youth.

Subcommittee members will continue to discuss ways of expediting mental health services to youth upon completion of mental health assessments.

Lynne Saxton suggested using the CCO Matrix as a data source regarding timely access to records and services.

Andrew Grover proposed taking a closer look at the CANS Assessment as it is a median between a basic screening assessment and a more thorough mental health assessment; of which would also document the needs for mental health, substance abuse, care-giver support, etc.

Judge Waller added that the subcommittee will be focusing on ways of ensuring timeliness of initial assessments, data sharing, and ensuring that multiple agencies work together to provide proper services and collaboration regarding funding for services rendered.

Fariborz Pakserecht expressed an interest in the subcommittee addressing strategies to ensure that Court personnel have current mental health assessment information for youth entering the juvenile justice system. This will allow the Court to make informed decisions as to placement of the youth.

**B. Incarceration:** The Incarceration Subcommittee discussed the issue of Medicaid and Oregon Health Plan coverage not being available to incarcerated youth.

OHA currently has an employee, Amy Rominger, who works with youth at the time of discharge from OYA custody, to complete applications for OHP benefits and expedite applications for youth who are receiving medications. The expeditions of these applications have cut down on the number of youth running out of medication prior to connecting with community health providers.

There are also procedures already in place to suspend, rather than terminate, OHP benefits when youth are incarcerated. This enables them to re-establish health coverage more quickly upon release.

Megan Hassen informed task force members that Paula Bauer of OYA, is currently working with Central Oregon Juvenile Justice Consortium, in attempts to bridge the gap between juvenile justice and mental health. Currently, there are guidance training documents and checklists being provided to juvenile departments to assist staff with connecting youth to community mental health services. However, there is still concern that no mental health screening is being conducted when youth are referred to juvenile departments.

Ms. Rominger also provided the subcommittee with tips for reducing costs for juvenile departments such as refilling prescriptions ahead of time for youth whenever it is known that they will be entering custody. Further discussions with Ms. Rominger regarding cost-saving tips will be included in future subcommittee reports to the task force.

Fariborz Pakserecht added that youth requiring medication are provided with a thirty-day supply of medication upon transitioning out of OYA.

**IV. PREVENTION OF JUVENILE JUSTICE INVOLVEMENT:** Megan Hassen summarized the task force's charge under the Chief Justice Order, requiring task force members to look at mental health services provided to youth within the juvenile delinquency system. Some time was allotted at this meeting to highlight efforts to prevent juvenile justice involvement.

Megan mentioned there is a new bill (HB 2297), requiring formation of a task force to create a more effective system for preventing children's behavioral, psychological, and health problems. If established, this task force will be charged with making recommendations to the Governor and Legislative Assembly, about legislation that will increase the availability and implementations of family, school, and pre-school interventions.

Megan also mentioned new screening guidelines through the Oregon Pediatric Society, for depression and substance abuse screening of teens. In addition, a few schools in Oregon have mental health care coordinators, who identify at risk youth and connect them and their families, with appropriate resources. These schools report decreases in absences and disciplinary referrals, and increase in performance.

Margaret Braun discussed the OYA Feeder Systems Project with task force members. This is a project designed to share data across systems to determine service utilization patterns, and in the near future, child and family characteristics that may affect risk factors for youth that enter the juvenile justice system. Inter-data-sharing agreements are currently in place between OYA, DHS' Self-sufficiency and Child Welfare, OHA's Mental Health, Medical, and Substance Abuse Divisions, DOE, State Police, Probation, and other Juvenile Department Partners.

Task force members expressed interest in obtaining data in the following areas: (i) statistics of youth who've entered the juvenile justice system with prior mental health involvement in relation to those who are currently receiving mental health services in close custody but were not involved with mental health services prior to entry; (ii) socio-economic and environmental factors as it relates to youth in custody; (iii) the Federal statistics for the prevalence estimate of percentage of youth that will develop severe emotional disturbance due to the poverty rate; (iv) ACE scores; (v) any data available on protective factors which will assist youth in overcoming potential mental health issues; and, (vi) data on prior suspensions or expulsions at school.

Christina McMahan presented information on the Community Healing Initiative, newly underway by Multnomah County Juvenile Department. Last summer a nine-person team attended a week-long juvenile justice reform summit and training program focused on reducing racial and ethnic disparities at Georgetown University. Attendees were required to commit to returning to their communities and implement an initiative to address disparities in the juvenile justice system. Members of the team represented a very diverse team from different disciplines within the community that are focusing on issues surrounding the disproportion of minority youth that are involved in the juvenile justice system. Special attention will be given to finding ways to strengthen early intervention services for youth prior to entering the juvenile justice system.

The goal of this effort is to replace Multnomah County's current practice of providing warning letters to first-time offenders and instead, offer culturally responsive service providers to arrange for the services these juveniles and families need. There is also a Quick Screen tool being used to assist with the referral process. Gresham Police and Dr. Brian Renauer are assisting with tracking the effectiveness of this pilot program, and if it is successful, they are hoping to expand this program to other areas within the county. Although there is no monitoring of the follow-through of the families, community participants are hopeful that families will embrace the services offered.

Andrew Grover presented information regarding the Intercept program through Youth Villages designed to divert youth from being removed from their homes or reunify youth who have been removed from the home. Intercept operates in eight of the twelve states where Youth Villages is active, including Oregon, which serves an average of fifty families at any given time. Referrals are received from various agencies such as DHS, Mental Health, Juvenile Justice, etc. Intervention is intensive and on-going and proven successful due to lower case-loads per worker. Families are monitored for two years after ending Intercept services and data displays a high percentage of success for youth and families not reverting to behaviors that may lead to removal of the youth. The system is designed to address the root cause of the youth's actions or symptoms that lead to removal to assist with sustainability.

Intercept services are currently paid through contracts with the referring agencies of the youth. Private insurance does not regularly reimburse for this service.

Intercept may act as an alternative to placing a youth out of the home, due to their short turn-around in determining whether they can assist the child with in-home safety plans.

Judge Waller noted the value in this service, towards the goal of diverting youth with mental health issues, away from juvenile justice, and staying in-home to receive mental health services within the community. Many families have trouble with the slow start in engagement of services which leads to the lack of participation in services, additional contact with law enforcement, and ultimately, removal from the home and entry into another placement or the juvenile justice system. This program will offer those families encouragement in the beginning of engagement towards services.

The task force discussed prevention matters. Judge Waller believes it necessary to define the parameters of the juvenile justice system prior to discussion on prevention. Lynne Saxton suggested determining the scope of the problems in intervention (e.g. funding, resources, etc.), which will in-turn display gaps so that narrow the focus and assist in implementing solutions for prevention. Pam Martin suggested approaching prevention by defining the scope of the problem then organizing the problem by stages of intervention.

Lastly, Megan Hassen mentioned the possibility of forming local multidisciplinary teams to create local plans to address mental health services for juvenile justice youth. Lynne Saxton

suggested that the task force make the recommendation that the Judiciary set the protocol, benchmark, and qualifiers, to assist with converting entities to best practice.

**V. INFORMATION SHARING BETWEEN SERVICE PROVIDERS/SYSTEMS:** This item was deterred for discussion at the next meeting.

**VI. NEXT MEETING DATE:** March 20<sup>th</sup>, 2015, 2:00 - 4:00 p.m., at the Juvenile and Family Law Programs Division, located at 1133 Chemeketa Street NE, Salem, OR 97317

**VII. MEETING ADJOURNS:** Meeting adjourned at 4:07 p.m.

Prepared by: Angela Keffer and Megan Hassen