

MINUTES
Juvenile Justice Mental Health Task Force
March 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: Lois Day, Fariborz Pakseresht, Lynne Saxton, Brendan Murphy, Pam Martin, Cherryl Ramirez, Sandy Bumpus, and Mary Kane. On the telephone: Joe Ferguson, Dr. Mark Bradshaw, Kim Scott, Hon. Nan Waller, Hon. Ricardo Menchaca, and Andrew Grover. By video: Hon. Lisa Greif

MEMBERS ABSENT: Faye Fagel, Dr. Robin Henderson, Dr. Ajit Jetmalani, Iris Bell

GUESTS: Margaret Braun, Dr. Whitney Vale, Anya Sekino, Amy Baker, Leola McKenzie, and Bob Lieberman

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 JANUARY MEETING MINUTES: Minutes from January 16, 2015, were approved with the following corrections: (i) Amy Rominger is an OHA employee, working within OYA; (ii) youth transitioning out of OYA into the adult system, are provided with a thirty-day supply of medication, and no further resources; and, (iii) Dr. Brian Reynowder will be modified to read Dr. Brian Renauer.

Joe Ferguson reported a need to include within the minutes, a previous discussion regarding the disproportion of youth of color going more so to the juvenile justice side for services and less on the mental health side. Dr. Vale identified a reference by Kim Scott, pg. 2, which identifies the issue.

II. CORE VALUES AND PRINCIPLES: Megan Hassen rewrote the Core Values and Principles based on discussion at the January 16th, 2015 meeting. Due to the amount of pending items for discussion at today's meeting, the revised Core Values and Principles were distributed to task force members for review and further comment with Megan via email.

Prior to the next task force meeting, the Core Values and Principles will be paired with other agencies' such as OYA, OHA, and Youth Move, to see how they compare. This will allow for follow-up and possibly finalization of the Task Force's Core Values and Principles.

Judge Waller added that the Core Values and Principles look good and seem to incorporate everything already discussed. Judge Waller thanked Megan for the effort put into drafting the Core Values and Principles for the task force.

III. SUBCOMMITTEE REPORTS:

A. Screening and Diversion: Megan Hassen reported, that the subcommittee is currently working out details regarding the following: (i) when youth should be screened when they interact with the juvenile justice system, (ii) whether all youth should be screened upon interaction or only those youth staying in detention; (iii) whether screening should be mandatory; and, (iv) whether a uniform screening tool should be used throughout all counties (including those counties not currently doing any screening and even where there may be a funding impact).

The subcommittee began discussion on whether the statutory structure for diversion is sufficient to allow implementation of the concepts discussed, such as getting youth into appropriate placements and away from detention.

The subcommittee will also continue discussion regarding integrating mental health services with juvenile justice.

The Screening and Diversion subcommittee will update the task force on the aforementioned topics at the next task force meeting in May.

B. Incarceration: The subcommittee has focused discussions on psychotropic medication management for all juvenile justice youth, including youth entering detention and those going into OYA custody.

Dr. Jetmalani, Dr. Cheng, Dr. Vale, Judge Greif, and Megan Hassen met with Dr. Marcia Adams, Medical Director of OYA, who informed the group of the current practice within OYA for managing psychotropic medications. Dr. Cheng, in charge of Opal-K, has extended an offer for free consultation services to prescribing doctors within OYA. Dr. Adams was receptive to that offer. Further discussions will take place to implement that service.

The subcommittee would like to do some data collection on OYA youth in close custody, to find out how many youth are on psychotropic medications and what type(s) of medications those youth are on. The subcommittee will further discuss how OYA may be able to obtain this data and flag high-risk youth through their ongoing data collection efforts with EPIC. This data should be obtained in a manner that does not compromise confidentiality, and still provides the necessary systems view of what is happening surrounding youth on psychotropic medications.

(The subcommittee will also discuss what protections are afforded to youth within the child welfare system and whether they should be extended to juvenile justice youth.)

Lois Day stated that since there has been a secondary-review system in place for children in DHS' care, there has been a significant reduction in youth taking psychotropic medications.

Judge Waller asked whether there is availability of a waiver to prevent cost-shifting and allow for continuity in healthcare coverage, when youth enter close-custody. Pam Martin stated that OHA has looked into this matter. Amy Baker affirmed that both, youth and adults, lose Medicaid coverage when incarcerated due to OHA not being allowed to use the service data for the Federal match. This is considered a State responsibility.

Judge Waller further inquired, if there was any change that could be made having impact at the federal level. Pam said that there has been discussion; however, nothing definitive at present. Cheryl Ramirez stated that there is a current effort to put forth a bill allowing pre-adjudicated individuals to maintain coverage while confined.

Pam clarified that the federal point of view is that once an individual is incarcerated, they're presumed incapable of managing their own healthcare and it then becomes a civil right to the incarcerated individual, wherein the State must provide healthcare for the individual. Medicaid eligibility may be suspended for a thirty-day period to allow those incarcerated for a short duration to maintain eligibility. Pam suggested that the task force focus efforts on presumptive eligibility as soon as the individual is released from custody.

Fariborz Pakseresht clarified that suspended status allows for youth to obtain coverage while being treated at an outside hospital facility; however, it is again suspended when they return to OYA. Dr. Vale added that this type of suspension is what Amy Rominger previously explained to subcommittee members, where she assists youth in regaining their eligibility as soon as possible upon leaving OYA facilities.

Andrew Grover asked if there is any value in determining whether we can use a portion of the State's percentage of the Medicaid money to assist with medication for youth that are incarcerated. Amy Baker explained that there may not be a way to obtain monies from the State General Fund and untangle that from the Medicaid Assistance Program's Budget. Lynne Saxton stated that some are using Medicaid funding as a resource for backfilling other funding sources and there's cost-shifting occurring. OHA has received requests to use Medicaid to backfill other state funding shortfalls and will put together a list of issues to discuss with the Medicaid Director in the near future, and then update the committee once that occurs. There's also ongoing discussion regarding who may use the funding if allowed, how much Medicaid funding will be used to backfill other State general fund requests, etc. Andrew added that there's additional merit with the task force's request regarding funding for children, when the federal presumption is that the state is responsible for providing adequate healthcare management and adequate management is not occurring due to lack of resources.

Mary Kane explained that in Multnomah County, they are addressing issues of longer detention periods due to trouble stabilizing youth which is due to trouble accessing mental health records. However, the temporary suspension of eligibility will allow youth with shorter detention periods to avoid lapses in healthcare upon release from detention. Lynne stated that OHA will review all aspects of their budget available and determine whether this should be requested now or with the next federal waiver. Judge Waller stated this was a helpful discussion wherein it is agreed that this issue needs to be addressed further, but that there may not be an immediate plan of action.

IV. PREVENTION OF JUVENILE JUSTICE INVOLVEMENT:

HB 2031: Megan informed task force members that HB 2031, currently in the House Committee on Human Services and Housing and has been referred to the Ways and Means Committee. This bill will create an intensive, in-home services pilot in Marion and Multnomah Counties. The program will provide services to families so that children may remain in the home, as well as limited residential services. Fariborz Pakseresht stated that there is not yet a provider in mind; however, there is a pilot in Portland through Youth Villages. The bill itself will create a process for requesting services; however, the allocation of monies to allow the bill to pass must be less than one million dollars which will only serve a limited number of youth. Fariborz further explained, thus far the program looks very promising, stating that 22 of the 24 youth involved, successfully avoided entering OYA. Engaging families with a holistic approach and providing services to family members, engages and assists everyone involved, promoting better outcomes and prevention of removal.

A similar program is in place between OYA and Youth Villages for transitioning youth, which has also received good feedback from the parole/probation offices of the youth that are working with Youth Villages. Judge Waller commented, the program is for youth already adjudicated, and focuses on where the youth may be served, whether in the home, community, etc.

Lynne Saxton added that OHA, for allocation purposes, will look at to what extent funds are being used to prevent youth from getting into situations where they do not have the Medicaid support. Lynne suggested looking at whether funds may be used to prevent youth from entering different placements, by addressing their needs within the community faster, as well as how current funds are being spent and how those funds may be better serving.

Margaret Braun updated the task force members on the feeder-system study. State agencies currently in data-sharing agreements with OYA are DHS, OHA, Department of Education, Department of Employment, Oregon State Police, all 36 counties' juvenile departments, and the Department of Corrections.

Data will be used to assess patterns in youth's lives prior to entering OYA, and possibly going on to enter DOC. The initial segment of the study focused on contact with the different DHS and OHA departments, prior to entering OYA, and whether there were opportunities for intervention prior to entering custody. Initial findings disclosed that 90 percent of youth

entering OYA between 2000 and 2013, whether or not in close-custody, had at least one contact with another state agency.

The second segment of the study focused on comparison with a similar group of youth that did access the different services available through DHS and OHA, and did not enter OYA. Margaret distributed a summarized report of this segment, titled “Estimating the Probability of Commitment to OYA from History of Social Service Involvement”, to task force members. This data indicated that the histories of social service involvement significantly differed between OYA youth and the comparison group youth.

Another analysis was conducted, which indicated that youth involved with mental health or drug and alcohol services were at higher risk of OYA commitment. Other significant indicators were foster care and medical assistance service involvement.

More thorough reports on the aforementioned segments will be available shortly.

The next segment of the study will focus on incorporating juvenile department and education data, as well as the individual youth and family member characteristics.

Amy Baker asked whether there is a sense of how detailed the data collected may be, when narrowing down the family and youth profiles, which may allow for earlier intervention. Margaret stated the data is collected from different sources and varies in the amount of detail. Some sources of data include the Client Process Monitoring System Record, Risk/Needs Assessment, and the Juvenile Crime Prevention Assessment. Margaret also reported that there is at least one data source for each of the ten characteristic indicators of the Adverse Childhood Indicators (ACE) assessment.

Amy shared that there was an internal ACE study completed by a juvenile department, which indicated a 30 percent higher score for the juveniles in detention versus those of the general population. Andrew Grover explained there is a similar study being conducted through the Center for Evidence-Based Policy at OHSU, wherein they are working on a predictive model for determining youth likely to enter the foster care system. Andrew also stated that he learned that one of the missing data sources from this study was from juvenile justice. Andrew suggested connecting with Pam Curtis from OHSU and discussing how we can integrate the efforts. Margaret affirmed that the groups are already working closely together and sharing data.

Margaret stated that the report derived from a comparison between OYA youth and non-OYA youth, similar in age, ethnicity, and gender. Judge Waller asked whether there was juvenile department contact with the comparison group. Margaret affirmed that data from the juvenile department was not included in the analysis, nor is it known whether any services were prompted by contact with a juvenile department.

Lynne Saxton stated that there is an opportunity to use the data and look at the need for the use of CCO dollars, to possibly obtain more Medicaid funding for addressing the more risky matters or groups.

Amy Baker asked whether there was any similar data available for youth that remain in DHS custody long-term. Lois explained there currently is not; however, there is an effort in place, assessing how to reduce the number of youth who stay in DHS' custody long-term.

Megan Hassen informed the task force, that under ORS 417.855, each county is charged with creating a local high-risk juvenile crime prevention program.

Anya Sekino, Youth Development Council, informed task force members that YDC was previously charged with developing a report, identifying: (i) all child-serving agencies within the state; (ii) sources of funding for those agencies; (iii) types of investments being made; and, (iv) what prevention efforts are being made. While conducting this research YDC learned that allocation of State funding is minimal, with the majority of funding coming from federal funds, which has significantly decreased over the last ten years.

State funding that is allocated to the juvenile crime prevention effort is divided between the 36 counties and 9 federally-recognized tribes throughout the State, which must develop crime prevention planning through a community engagement process. Guidelines will be issued to assist with this planning. Every program receiving juvenile crime prevention funds must use a universal assessment. Currently, funds are distributed based on population of youth.

Although many of the programs are not related to mental health treatment for youth, they are providing community supports that may assist with diverting youth from entering the juvenile justice system. Currently, most of the funding is allocated to education-based programs, with minimal funding allocated towards behavioral health programs. Funding allocation is made at the local levels, not by YDC.

One of the system-changing programs supported by YDC is the Cross-over Youth Practice Model, currently in effect in Marion, Multnomah, Washington, and Lane Counties. YDC Procurement is currently working on contracts to expand this service to other counties. This program will assist in coordinating services to those youth involved in both, child welfare and juvenile justice.

YDC does not consider mental health prevalence when granting applications for funding, because the Juvenile Crime Prevention (JCP) Assessment is not designed to assess the level of need based on mental health; however, substance abuse and anti-social behaviors are assessed.

Action Item: If interested, Anya will forward to Megan Hassen, an electronic copy of the Bi-annual report by NBC Research, which evaluates the JCP programs, disclosing patterns and proficiency of programs as applicable to at-risk youth with different risk levels.

Megan asked how active in planning, the local juvenile crime prevention groups for high-risk youth are in each county. Anya reported that they are not extremely active at present due to the lengthy planning process and YDC's practice of accepting updated plans for those with no changes being made. However, once the Education budget passes, guidelines to update the crime prevention plans will be administered. ORS 417.855 provides a list of organizations required to participate in the planning of the juvenile crime prevention programs.

V. INFORMATION SHARING BETWEEN SERVICE PROVIDERS/SYSTEMS: Megan previously distributed materials to task force members, providing information on issues surrounding information sharing, including logistics, legal concerns and applicable laws related to the types of information shared, and any training requirements that need to be met before information sharing.

SB670: is a bill currently in the Senate Judiciary Committee, regarding confidential information related to healthcare services and housing assistance. The bill would require the Department of Justice, in concert with a number of other state agencies, to develop and implement a training program regarding confidentiality requirements, for all public employees dealing with confidential information. The bill would also require DHS to convene a work-group to develop a client- confidentiality release form, to be used by public agencies. Upon discussion between Judge Waller and Senator Steiner Hayward's office, there may be an amendment to the bill, which will incorporate mental health and education departments. However, this is uncertain due to the scope and costs already pending with the bill.

Megan also spoke with Deena Corso, a Senior Manager at Multnomah County Juvenile Services, regarding Ms. Corso's involvement in a group that traveled to Georgetown to participate in the Information Sharing Certificate Program. The group attended the conference, intending to bring back knowledge to assist Multnomah Police Department and the local schools, in information sharing. However, there has been a slow start due to the scope of the project. Ms. Corso informed Megan, that although the guidance was there, there are barriers such as time, fear of sharing too much information, and the lack of understanding and training, that have delayed any implementation of information sharing.

Pam Martin informed the task force that OHA is addressing the related issue of information sharing between the physical health and behavioral health treatment providers. OHA does have a behavioral health advisory committee that is addressing 42CFR Part II, relating to special safeguards previously put in place regarding drug and alcohol treatment records. The safeguards were created in 1970 and revised in 1986, to protect against self-incrimination, whether regarding child welfare or any individual criminal liability. Now that OHA is trying to reclassify addiction as a brain disease, the safeguards are at issue. In 1996, HIPPA was implemented, requiring yearly training for health department employees; however, there is no equivalent training for the drug and alcohol treatment providers.

SB670 is relevant because it will outline training expectations for both, physical health treatment providers and potentially, behavioral health treatment providers. Substance Abuse

and Mental Health Services Administration (SAMSA) has referred OHA to the Legal Center, in Los Angeles, CA, who have developed great training materials, but this is little help to those that are trying to initiate the information sharing network within the state.

There is also ongoing concern and similar efforts between the child welfare system, behavioral health system, and education.

Amy Baker stated a similar objective has worked, through Wraparound with a care-coordinator coordinating through all the various systems. Pam reiterated that agencies need to be aware of the youth's protections while communicating and information sharing and those local statutes are quite complicated for the lay person from the different systems to interpret. Amy added that every organization interprets laws regarding data sharing differently and it would be very helpful to have clarification regarding any confidentiality statutes.

Judge Waller stated that in Wraparound, it was very useful to have all of the service providers agree to use a universal consent form, and then produce a consent form that was satisfactory to all agencies involved. In turn, this eliminated any barriers to information sharing. Mary Kane expressed concern that if used on a larger scale, unless the scope is specifically tailored, information may be shared so openly as to harm the rights of the child or family. Pam Martin also stated that a lot of service providers may not want to liberalize information sharing. Mary stated she's encountered situations wherein juveniles cannot enroll in schools, further prohibiting normalization due to stigmatization.

Dr. Vale stated that data sharing should be narrowed to those that know how to interpret the information and for which supposed purpose the information is collected; this will help reduce any inconsistencies in treatment or services, as well as negative effects or outcomes for youth. Dr. Vale gave an example of a drug and alcohol relapse from the treatment perspective, being not as harmful, as it may be from a legal perspective when faced with a parole or probation violation, and how the data sharing is used for different purposes.

Pam Martin stated there is need of guidance regarding the applicable laws and protections afforded to individuals.

Brendan Murphy stated that information sharing is extremely underutilized out of fear of liability or due to lack of training, which keeps great initiatives from progressing. Brendan suggested that the task force include a recommendation, tasking a group with forming the legal analysis or creating a statewide policy regarding information sharing, which can be trusted by community partners, eliminating fear of liability while also ensuring that information will be shared in the correct manner.

Mary Kane stated that certain assurances and guidelines need to be put into place when a client signs a release of information, to ensure that the information obtained will be limited to the scope of consent. Margaret Braun inquired as to whether the consent would offer any data for research purposes. Lois Day stated that the formation of the initial consent form derived

from **SB450**, which focused on coordination of services for the client, without considering research purposes.

Judge Waller stated that because the focus is on youth involved with juvenile justice, the juvenile code already has certain protections put in place regarding the release, re-release, and introduction of information pertaining to the juvenile, as well as providing for information that may be used for research purposes. The code does not provide any guidance on consents signed by youth; however, the code may assist in creating those guidelines.

Megan Hassen asked whether there is a consensus for improvement of information sharing so long as requisite protections are put into place. Task force members affirmed. Megan suggested waiting to see if **SB670** passes, alternatively, taking a deeper look into the Wraparound model. Judge Waller stated that Ebony Clark, Multnomah County Wraparound Services, may speak with task force members regarding the types of releases currently and successfully used by Wraparound services. Judge Waller agreed that, depending on the passage of **SB670**, the task force may make recommendations to form a work group that would create a release form acceptable to local and State agencies.

VI. CRISIS PLACEMENTS: Currently in Juvenile Justice, there are youth coming into custody that have significant mental health needs for which there are no adequate services or placements available. This leads to youth moving back and forth from detention and hospitals, which is not very cost-effective and causes a negative impact on the youth.

Megan contacted Naomi Steenson, a supervisor at the Governor's Advocacy Office, who indicated they do receive complaints regarding: (i) youth not receiving sufficient mental health services; they go through child-welfare to access services instead of accessing services through the community; and, (ii) youth being in limbo regarding placement.

Ms. Steenson provided a few case examples, which Megan sent to task force members prior to today's meeting. One example described a mother's attempt to obtain services through the community for her children with Autism, and then finally contacting DHS for assistance which resulted in great expenses due to the children being left at the hospital for treatment.

Lynne Saxton stated that there has been a sharp focus by OHA as well as other agencies in the community, on addressing this particular issue as it relates to the current Legislative session, due to there being insufficient capacity, coordination, etc. What has evolved is a work product proposed by OHA, by introducing a map, providing the continuum of services in the mental health system, for youth and families. This will also provide a statewide summary of services in the mental health arena. Upon completion, OHA will share this information with task force members.

Lois Day asked whether the inventory of services included all services, or only services OHA finances. Pam Martin stated that initially the map will only include OHA's paid service providers (e.g., CCOs, county services as they relate to CCOs, AMH); however, it is also a goal to evolve the map to include all services throughout the State. Lois indicated that upon completion, it is

important to be able to look at what state funds are going to which services, which will assist in locating any gaps in funding or services. Pam Martin stated another goal of this effort, is to engage individual families in care planning.

Amy Baker informed task force members of OHA's current focus on the issue of youth staying longer than necessary in emergency rooms or on pediatric floors of hospitals. Currently, OHA is working on implementing a system that will track wait times in emergency departments.

Also, three pilots were started in four counties; Multnomah, Clackamas, Marion, and Deschutes. All counties tailor their programs based on their own inventory of available resources. Marion County, comfortable in their mobile response to an emergency department unit, has put their funds toward additional crisis respite care facilities, with the goal of lowering the numbers of youth who go to the emergency room during a crisis. In Deschutes County, they are working on a diversion program and ICTS services, which will provide more access to around-the-clock response. Multnomah and Clackamas Counties have created teams that will go to the emergency department units, to try and divert families from those emergency situations. Ultimately, OHA hopes to find out, from the families' perspective, where the gaps are and why the emergency department is over-utilized, and then find ways to address those issues.

In Lane County, there was an increase of seven sub-acute beds through Looking Glass. OHA has noticed that different departments are finding creative ways to incorporate more beds, particularly in the crisis-respite, sub-acute range, to prevent the cost of sending youth to the emergency rooms when in crisis. Different resources are being explored, to find more cost-effective ways than running full-time stand-alone facilities.

Bob Lieberman stated that in Southern Oregon, a similar initiative is underway between Jackson County Mental Health and Virtual Residential, which includes the use of the Wraparound Planning Model and other key services, including Para-family support. A new secured-stabilization, transition unit was created, providing six beds for youth that can be stabilized and regulated at the psychiatric residential ITS level. The use for three of the beds may be flexibly used between secured-level or in an open-population placement. Average placement on a stabilization unit lasts 2.8 months, depending on the families' situation and the payor's authorization.

There are also two model respite foster-care homes in Coos and Jackson Counties, where youth can go for planned respite or if an emergency crisis placement is needed. A stay in the respite foster care home lasts no more than four consecutive nights. This alternative has provided youth an alternative to detention or the emergency room, when staying at home isn't an option.

Judge Greif stated it is very promising to hear about the efforts statewide and within the Legislature and about progress being made. Judge Waller added, that a lot of the efforts that are focused on treating mental health, will relieve OYA from being the "catch all" placement for youth.

VII. NEXT MEETING DATE: May 15, 2015, in Portland, OR.

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

Prepared by: Angela Keffer