MINUTES
Juvenile Justice Mental Health Task Force
May 15, 2015
2:00 p.m. – 4:00 p.m.
Multnomah County Courthouse, Courtroom 208
1021 SW 4th Avenue, Portland, OR. 97204

MEMBERS PRESENT: Hon. Nan Waller, Mary Kane, and Pam Martin. On the telephone: Hon. Lisa Greif, Dr. Ajit Jetmalani, and Joe Ferguson

MEMBERS ABSENT: Hon. Ricardo Menchaca, Faye Fagel, Fariborz Pakseresht, Brendan Murphy, Lynne Saxton, Andrew Grover, Sandy Bumpus, Cherryl Ramirez, Dr. Mark Bradshaw, Dr. Robin Henderson, Lois Day, Iris Bell, and Kim Scott

GUESTS: Dr. Whitney Vale, Anya Sekino, Margaret Braun, Amy Baker, Kevin Modica. On the telephone: Paula Bauer

STAFF: Megan Hassen and Angela Keffer
Megan Hassen called the meeting to order at 2:21 p.m. Task force members introduced themselves.

DISCUSSION TOPICS:

I. REVIEW AND APPROVAL OF MARCH MEETING MINUTES: Minutes from March 20, 2015, were approved without corrections.

II. CORE VALUES AND PRINCIPLES: Megan Hassen mentioned that at the March 20th meeting, it was decided the Core Values and Principles would be subject to further modifications sent to Megan Hassen. Brendan Murphy proposed a modification to Number 2 "Least Restrictive Setting", as follows: replacing "when matters of public safety allow" with "appropriate". Mary Kane proposed a modification to Number 3 "Screening", as follows: removing "in a delinquency matter." Both modifications were approved.

Megan Hassen stated it was previously agreed, once there was a completed draft of the Core Values and Principles, it would be compared to other organizations' (OHA, OYA, and Youth Move) "Values and Principles". Judge Waller suggested sending the Core Values and Principles to all of the partner organizations represented on the task force, for review and feedback regarding pertinent values or principles that may have been missed.

Megan Hassen also stated that Paula Bauer suggested defining the term family in a broad sense.

Action Item: *Megan Hassen will distribute the revised Core Values and Principles to OHA, OYA, Youth Move, and partner organizations represented on the task force for their comparison and feedback prior to July's task force meeting.*

Action Item: *Megan Hassen will send out language defining "family" to task force members for feedback and approval during July's task force meeting.*

Amy Baker stated she'd like to distribute the Core Values and Principles to the CCOB of health members for their feedback. Judge Waller agreed the document should be sent by task force members to all constituents for feedback.

III. SUBCOMMITTEE REPORTS:

A. Screening and Diversion: Megan Hassen reported recommendations by the Screening and Diversion Subcommittee were sent out with today's meeting agenda. Those recommendations were summarized as follows: (i) there should be a uniform screening tool adopted by juvenile departments, law enforcement, and schools; (ii) discussion surrounding compilation/selection of the screening tool will occur within an inter-branch workgroup to be formed; (iii) juvenile departments will screen all youth within 24 hours of entering detention and follow-up with a mental health assessment if needed; (iv) implementation of procedures for information sharing to provide consistent and coordinated care; (v) local procedures are in place to assure timely access to services upon assessment and recommendation of further treatment or a certain level of care; and, (vi) periodic evaluation of services to ensure improvement of outcomes for youth.

The subcommittee reviewed Oregon law regarding diversion and did not make any recommendations for revision.

Megan Hassen asked task force members for comment and feedback on the recommendations provided. Dr. Ajit Jetmalani inquired about the inter-branch workgroup that would compile the screening tool. Megan Hassen stated the inter-branch workgroup, a previous systems recommendation approved by task force members, would be a more permanent body responsible for continuing conversation surrounding mental health issues of youth involved in juvenile justice. The workgroup will consist of members from the Executive, Legislative, and Judicial Branches, along with juvenile directors, mental health, and others that work directly with youth with mental health issues and involved with juvenile justice. Dr. Ajit Jetmalani asked if a similar screening tool would be used to those which are currently used by mental health treatment providers, to allow linkages to what is current within mental health. Mary Kane suggested that because multiple screening instruments are used for different purposes, the workgroup will need to use discretion in compiling/selecting a screening tool to suit the task force's purpose.

For further context, Megan Hessen recently sent out an April, 2015 publication Juvenile Justice Geography, Policy, Practice & Statistics (JJGPS), giving information on what is occurring nationally, providing a recent polling of all states to find out what their individual screening practices are. According to the publication, 24 states currently require screening for youth upon being placed in detention; 21 of whom use the MAYSI II instrument. The subcommittee reviewed the MAYSI II Assessment (a screening tool that takes approximately 15 minutes to complete, may be administered by a non-mental health professional, and will identify whether there is a mental health issue requiring further assessment) and was hesitant to mandate its

use without wider discussion with juvenile departments. Formation of the inter-branch workgroup will be the forum for this discussion to take place.

Dr. Ajit Jetmalani stated that it may be more prudent to ensure the screening tool can be administered by non-mental health professionals due to the lack of availability of mental health staff within the different systems. Amy Baker affirmed it would be preferred to have a screening tool that could be administered by non-mental health personnel.

By consensus, recommendations made by the Screening and Diversion Subcommittee were approved by task force members.

B. Incarceration: Megan Hassen reported the subcommittee has focused efforts on psychotropic medication practices within juvenile departments and OYA.

A meeting took place with Dr. Marcia Adams, Medical Director of OYA, and a few subcommittee members, wherein there was preliminary discussion of conducting file reviews to obtain a better sense of what is happening with youth in close-custody. Dr. Keith Cheng provided a data extraction form for possible use, previously distributed by Megan to task force members. Megan Hassen asked task force members for comment or feedback regarding content of the data extraction form and/or on performing file reviews of youth in OYA close-custody. Judge Nan Waller stated the information elicited by the form would be very helpful.

Dr. Ajit Jetmalani reported the extraction form is based on the Center for Health Care Strategies' "Three Year Project" conducted on youth in foster care, and is so aligned with common areas of concern, which may also reveal some challenges in current practices. Dr. Ajit Jetmalani stated as discussed previously with Dr. Marcia Adams, that first, identifying and defining the problems would be helpful, then to determine intervention strategies. Dr. Ajit Jetmalani further stated there is concern regarding funding where there isn't a database within OYA, already recording pharmaceutical information to extract said information from.

Kevin Modica, Asst. Chief of Community Services Division, Portland Police Bureau, asked if it is possible to also extract demographic (gender, race, ethnicity, etc.) information with the use of the form, to determine whether certain populations are treated more frequently with psychotropic medications than other populations and why; information which will in turn assist with trauma-informed care. Margaret Braun reported that race and ethnicity were very telling during the feeder system study, indicating a significant lack of access to services by the Hispanic community, possibly due to cultural barriers. Amy Baker stated that utilization of model services is significantly lower with the Latino population. Margaret Braun affirmed that coupling the extraction form data with basic demographic information is crucial. Pam Martin informed task force members "The Data Dashboard" on OHA's website also provides demographic information for individuals receiving services from OHA as well.

Judge Nan Waller expressed belief in how valuable it would be to have an absolute way to track and access information for youth, that follows them as they move through the different systems, allowing continuous insight on history and treatment. Judge Nan Waller asked if this information is able to be tracked by CCOs. Amy Baker stated that the issue with CCOs tracking

the information is that when the youth loses Medicaid, the CCOs are no longer responsible and a loss of the person who is overseeing the health care occurs. The only way around the issue is if youth are admitted into BRS facilities instead of OYA.

Dr. Whitney Vale asked if there is an easy way to pull such data from the CCOs for youth in OYA. She further stated that most of their information comes from the youth or family members during an interview, rather than being passed on from other agencies with previous contact. Amy Baker clarified that the information needed is whether there has been previous mental health treatment of any kind and whether there was a prescribing physician for psychotropic medications. She further stated that the most efficient way to obtain this information is by a data-sharing agreement. Margaret Braun stated that this is the ultimate goal of the feeder system study.

IV. INFORMATION SHARING BETWEEN SERVICE PROVIDERS / SYSTEMS:

Dr. Ajit Jetmalani reported that all hospital systems and public health clinics in the Northern Willamette Valley are all now using the EPIC platform systems, which still do not communicate with each other as well as anticipated. Dr. Ajit Jetmalani stated that the ultimate goal is to have a central records system where records for every person are accessible to all agencies. He further inquired as to how many people within the state are using some sort of health plan. Pam Martin stated that 94.6% of Oregonians have a health plan of some sort. Dr. Ajit Jetmalani suggested that since there are more youth in OYA that have OHA/Medicaid versus a commercial health care coverage, and are all required to have primary care, it may be more prudent to stay in contact with the primary care. Pam Martin informed the task force that the records belong to the provider and not to the person, a practice which may improve in the future if healthcare records move towards a centralized record keeping system. Pam Martin stated she was unaware of the lack of communication between the EPIC systems. Dr. Ajit Jetmalani stated that although communication between the system's platforms are improving, mental health records are still not available to physical healthcare providers.

Pam Martin stated that 42 CFR Part 2 prevents the mental health care and physical health care systems from communicating. Kevin Modica asked if a "tailored" information sharing agreement could allow information sharing within compliance of 42 CFR Part 2. Pam Martin affirmed this is possible. Dr. Ajit Jetmalani stated that there is an extreme caution regarding what information mental health providers will share on a general medical chart; it would be beneficial to have a sensitive information section included on the chart. Dr. Whitney Vale stated that OYA just switched over to using the EPIC system; however, they do not enter any mental health treatment notes because there is no way to protect that information once input. Kevin Modica inquired as to when in an emergency situation, why it is more difficult to have access to juvenile healthcare records as opposed to adult healthcare records, when the records are necessary for treatment. Dr. Whitney Vale answered that it was more so about understanding the information granted access to, rather than the actual act of information sharing, stating that there is a need for balance between what information is helpful for treatment and what information may lead to potentially harmful treatment. Amy Baker affirmed this reason, adding that it is necessary to prevent discrimination against the youth

when getting treatment. Judge Nan Waller added that there is a great risk in the inadvertent mistreatment of youth, when not all records can be accessed concurrently.

Amy Baker stated it is helpful to know what specific information each system needs to know in order to treat someone and what general information would be helpful to each system, e.g., labs, a clinical profile, or any safety plan, etc. Judge Nan Waller stated this is similar to what was provided within wraparound services; a set of information that everyone had access to, but protected the information that needed to stay protected. Kevin Modica explained that this is especially important information for law enforcement with many of the ongoing reform efforts or when learning how to engage with the proper use of force, etc., particularly when dealing with children. Mary Kane stated that there is concern of discrimination or unsafe keeping, when handing this information out to school officials as well. Dr. Whitney Vale stated that there will always be discrepancies, even amongst similar providers that diagnose similar symptoms as different mental health disorders. Judge Nan Waller reiterated the need for the "universal passport", including medical, educational, and family history information, which stays with the child no matter where they navigate throughout the system.

Dr. Ajit Jetmalani stated that AMH previously worked on a database that stored information such as trauma-triggers, medications, and other important information; however, it must have gone "belly-up" along the way. Pam Martin stated it never carried over to OHA. Pam Martin also stated that in France, residents have a card with a chip that stores their entire treatment record, which can be shut off if it gets lost. Margaret Braun stated that a computerized chip is an ideal way of information sharing; however, some information recorded may prohibit some individuals from receiving certain treatments, due to what their insurance covers and what they are being diagnosed with.

Megan Hassen stated that the prevalent issues seem to be: (i) who gets access to information; (ii) what information they have access to; and, (iii) how that information is used. It would be beneficial to seek out and combine the information in each of the areas and draft some basic guidelines that can be included in the plan.

Judge Nan Waller asked whether task force members wanted to approve the Needs Assessment data extraction form provided by Dr. Keith Cheng. The Needs Assessment was approved by consensus, upon inclusion of the demographic information.

Kevin Modica referred to the MacArthur Foundation's "Model for Change Toolkit", stating that the three foundation piers: (i) information sharing for case planning and decision making; (ii) information for data collection; and, (iii) information sharing for law, policy, and program development, would be very helpful to determine who, what, where, when, and why regarding information sharing and assist in setting the platform for legislative action.

Kevin Modica also stated that in some areas, there is a barrier between law enforcement and school districts, wherein school districts do not like to share educational information with law enforcement out of fear what law enforcement could possibly do with educational information. In Portland, Portland Public Schools are now in an information sharing agreement with local law enforcement, granting limited access to their electronic information system, Synergy. This is a

crucial continuum for improving trauma informed care. Kevin Modica gave an example of a youth in Washington, D.C., who was absent from school for a few days, ending up in the company of an adult male working at the local homeless shelter who abused her, and she has yet to be found.

Kevin Modica stated that he is hopeful that either LPSCC or family court may be a great grand convener for further information sharing efforts. Megan Hassen stated that the "Model for Change Toolkit" was previously sent to task force members and encouraged them to reread it. Kevin Modica suggested forming a secondary team to go to GPI to take the certification course for information sharing, as he and a couple of others have done, and which has been very useful as they continue to work on those efforts.

Megan Hassen asked Kevin Modica whether he had any recommendations to assist local community partners in implementing procedures for information sharing, upon this task force figuring out who should be sharing information, what information should be shared, and how that information should be used, SB 670 passing and producing consent forms that eliminate some barriers, and potentially DOJ eliminating state law barriers pursuant to the bill passing. Kevin Modica suggested a grand convener for the state, pushing the reform through the local public policy councils, or possibly the family law courts or child welfare, to make this effort a part of their ongoing work. He also stated that a lot of private practitioners will not like the umbrella information sharing idea. However, if the intention is to push information sharing policy and practice as a best practice, then the work would need to be done in increments, e.g., policy mandates, then individual pieces of the system, etc.

Kevin Modica further stated that while at the training, there was a family law judge that came up with a method of sharing medical information. This judge wanted a one-stop opportunity while the parties were in court, to see the healthcare information, and strongly encouraged those requisite community partners to make sure that information was provided. Kevin Modica further stated that to not engage in this work, would mean that we are not fulfilling our obligation as a state. Also, it is important to have a grand convener because the work in this area will constantly need to evolve, leaving gaps if not overseen by one division keeping well-informed in the particular area.

SB670: Megan Hassen informed the task force that SB 670 is currently with the Ways and Means Committee and has been there since April. At present, the training piece was removed and determined a minimal fiscal impact; a revision which may assist in the bill passing. The training piece required the DOJ to train all state agencies and community health partners. Judge Nan Waller inquired as to the status of any opposition to the bill due to disclosure of too much private information. Megan Hassen indicated that Staff Counsel was optimistic about the bill moving forward. To follow-up on information sharing, Judge Nan Waller suggested pursuing the break-down theory of who receives information, what information is received, and how that information is used. It is her opinion that the effort needs to start at the most basic point and sorted from there. This will help ensure that the means to accomplish the goal are present.

Action Item: *Megan Hassen will follow up with Amy Baker, Dr. Ajit Jetmalani, and Ebony Clarke regarding what information is available and/or needed for determining who receives*

information, what information is received, and how that information is used. Megan Hassen will provide task force members with a few concepts at the July meeting.

Action Item: *Kevin Modica will forward a copy of the information sharing agreement between Portland Public Schools and Portland Police Department.*

V. CRISIS PLACEMENTS:

Megan Hassen revisited discussion at the last task force meeting, wherein Bob Lieberman from Josephine County, who was involved in setting up a new respite home care, to assist in diverting youth from detention or emergency rooms for crisis placement. Jackson and Josephine Counties are assisting with funding that project. Coos County is also engaging in a similar project.

Another piece previously discussed, was what information OHA has compiled around service availability, particularly regarding crisis placements. Pam Martin reported that OHA has been working towards establishing an inventory of services throughout the state. Historically, mental health has worked in a county centered arena, wherein each county had information regarding local resources; however, outside of the county level, similar resources were not known in other counties throughout the state.

Within the project, there are currently three efforts in place. The first step is defining the prevalence of mental health issues as projected by federal standards. OHA is also looking at issues including poverty, behavioral health and substance abuse funding, and services available geographically by county.

OHA has designed a map, wherein you click on the geographic area, and information regarding all resources in that particular area will appear. OHA is currently refining information regarding each individual service, for all the counties. OHA is also tracking needs assessments by looking at demographic variables, population prevalence, diversity, etc. Other considerations include distribution of key mental health staff across the state. The goal is to incorporate the map into a database available to all, to assist in locating all services available.

The second step is that OHA will start projecting needs over time, especially in the juvenile justice and educational systems.

The final step will be linking funding to outcomes of programs that OHA funds across the state. Pam stated that OHA is optimistic that this is a good direction for all of healthcare within the state. An example given is that mobile crisis services have units assisting in preventing people from being arrested when in crisis, saving unnecessary “bed-days” within the justice or acute psychiatric care systems.

Pam Martin further stated that diversion, a lot like prevention, is difficult to calculate. Some programs calculate results by counting “bed-days” saved out of one system or another. OHA will look at different systems across the country, to find the best way to measure health and wellness in terms of the whole person and mental health. Considerations under the National

Outcomes Standards (NOMS) include stability, living situation, work, educational pursuit, social economic security, and lack of contact with the juvenile justice system. OHA will consider NOMS when looking for better outcomes.

Mary Kane asked whether the map would reveal referral sources. Other suggestions for inclusion on the map are where beds are available and where the funding comes from. Pam Martin stated that refinements will be brought to the advisory committee which is currently being formed, along with further discussion about what is available, where is the availability, where more services are needed, and how to monitor whether money is being well-spent.

Judge Nan Waller referred back to the earlier discussion surrounding demographics, stating that there were previously questions concerning who is getting what services, and whether there is disproportionality in accessing services or getting referrals to necessary services or any barriers. She further stated that past data may reveal some of these underlying issues. Pam Martin stated that information in this area is very broad with little concrete information at a community level where needed. Judge Nan Waller further stated that this information would be helpful in determining where results are being realized. Pam Martin affirmed that this is the standard in which CCOs are being held, but agreed the information would be helpful on a wider scale.

Pam Martin asked task force members if anyone is interested in joining a group of technical advisors that is being formed to assist with this project, hoping to obtain insight on what information would be useful to other agencies.

Anticipated outcomes for the map are that it will allow people to become more active in their treatment efforts by allowing them to look for services rather than relying on a referral system, as well as provide community partners referral information for services that they may have not previously been aware of or known how to access. Judge Nan Waller stated that there was a similar demonstration years back, where you could use a map, determine an address, and then find what type of services was provided at the listed offices; acting as a much more user-friendly version of 211. Judge Nan Waller further stated that it would be very helpful to be able to search all services within the geographical location of each person, to know where services have been depleted, whether services are provided in the same location as the population needing them, and whether gentrification has an impact on availability of services in other areas.

Dr. Whitney Vale provided an example of a youth being flown from Burns to Portland to access emergency services. Other examples given, were regarding two youth with suicidal ideations, referred and accepted into sub-acute care; however, no sub-acute beds are available, which led to service providers wanting to discharge youth from care altogether or placing the youth into detention until beds are available. Dr. Whitney Vale stated this is becoming a more common hurdle.

Judge Waller inquired as to what types of individuals are needed on the committee. Pam Martin stated they are interested in hearing from persons with daily interaction and statewide systematic interaction and knowledge and understanding of the requisite connections for that

implementation. Dr. Whitney Vale advised the task force that Paula Bauer would like to be included on this committee. Megan Hassen suggested that DHS would likely want to be involved as well. Judge Nan Waller thought it helpful to include someone from OJJDP. Mary Kane suggested DD Services also be involved.

Action Item: *Pam Martin will update the task force on the project at the July meeting since it is too data heavy to email out to task force members.*

Pam Martin also believes that the demonstration referred to by Judge Nan Waller was called "Network of Care" which was a system that Oregon bought, but dropped the project, which is currently being considered for repurchase. Judge Nan Waller stated ideally, Oregon would accomplish this and be able to also implement the use of the "passport of information".

Mary Kane stated that the Statewide Multi-disciplinary Assistance Committee (SMAC) may be a good resource for the OYA youth Dr. Whitney Vale has referred to in her previous examples.

VI. STATEWIDE MULTI-DISCIPLINARY ASSISTANCE COMMITTEE:

Paula Bauer, Chair of the Statewide Multi-disciplinary Assistance Committee (SMAC), informed task force members that the committee is made up of policy analysts and programs specialists from all of the State's child-serving systems, representing all of the different agencies, i.e., DHS, Education, OYA, Addictions and Mental Health, DD Services, etc. SMAC was assembled to provide technical assistance and support based on the needs presented. Disability and eligibility specialists are also available to assist in obtaining benefits for those youth that qualify for those services. Information is available to assist with issues relating to culture or disabilities advocates, as well as assistance with the DOC to divert youth into community corrections. The services extend to any primary case manager within any child-serving system.

SMAC doesn't require documentation such as referral packets, rather requires individuals to attend a presentation, providing information asked on a check-list, which in-turn provides basic information needed to assess what the current issues are and who needs to be made involved, so that help can be provided. Attendees usually leave the presentation with a very clear plan of action and a point person from the committee is assigned to provide answers, connections, or technical assistance. The committee stays connected to the case until some sort of resolution occurs.

SMAC was started to assist with accessing resources from other child-serving systems, for OYA youth in close-custody that were going to be released and needed resources. However, it was realized that intervention needed to occur at a much earlier point in time in order to really prepare transitioning youth, and so this practice was encouraged.

Youth that would come through were those that have high-end mental health issues and have been denied access to the behavior rehabilitation services, or other community resources that are not equipped to provide services for youth with unresolved dependency issues prior to OYA custody, the unresolved need for DD service, etc.

SMAC's more recent practice is to staff matters with the committee to prevent youth from entering OYA. The youth coming through now, are generally those wherein the local care-coordinating committees have run out of options due to the youth's significant treatment needs and unmanageable behaviors in multiple domains that local committees feel exceed the resources available. This is becoming more common where coordinated-care organizations haven't gotten their outpatient services fully established.

Paula Bauer stated that there are issues specific to youth in state custody which aren't being addressed in the system as it currently stands. An example of this is that we tend to say we will give youth a place in the community and wrap service around them; however, this is not beneficial to youth that cannot obtain a community placement due to needing a higher level of care and those services are not available. In addition, there are times where primary case managers feel that the local resources have all been exhausted or they've all been denied and state-level support is needed to access the services. There are also times where the case-manager's have questions or concerns regarding how to coordinate a case with specific eligibility criteria or have differences of opinion on how a cases should be managed. We also have youth who have multiple needs that requires collaboration between multiple agencies, which can also cause additional barriers.

Another more frequent occurrence is that the community providers don't feel that they have any options or that they cannot keep the youth safe, and so the only alternative is to commit the youth to close-custody. Mary Kane stated that Youth Rights and Justice refer their clients to SMAC because commitment is imminent even though it is not the right placement for those youth.

Paula Bauer defined the population of youth for whom there is no adequate placement as those who are very aggressive or assaultive and their behaviors can be directed at staff, other youth, or both, they cannot be managed by other resources or systems, they are suicidal because there are no resources in the community to serve them (which is more common among female youth), or are also lower functioning in their cognitive behavior abilities. Mary Kane affirmed that the youth referred are being referred because they are assaultive and this is their last placement resource.

Amy Baker added that in her opinion, the systems do not co-manage youth very well. Most of these youth do not have any internal physical control; they don't have families or relationships, or any of those things that cause children to want to develop good behaviors. She further explained that it would be beneficial to have this temporary element of external control to help with developing the internal control of these youth. Judge Nan Waller stated that there is also a population of young adults that are not mature enough for the services provided for their age group as young adults, nor are there any developmentally appropriate services, but they are passed the age requirement for juvenile programs. Amy Baker stated that there are a lot of placements for 18 – 24 years of age; however, they're not meant for assaultive youth. Mary Kane acknowledged that efforts are made to keep youth at home or in the community; however, they are often placed in OYA custody because service providers have not figured out the interim.

Dr. Ajit Jetmalani stated it is hard to motivate provider groups to develop more intensive and expensive systems where the children's system of care change initiative mandated shifting funding to the out-patient setting, and we've aggressively diminished funding for residential facilities. We also have review practices by CCOs and commercial health insurers that make ongoing care strategically difficult. There's a strange economic disincentive to create the services that would fit the needs of our population. Everyone's come up with some solutions yet still feeling as if they are at capacity. Dr. Ajit Jetmalani discussed how presently, there are ten to thirteen youth in the pediatric unit at OHSU with severe mental health challenges for crisis care. Dr. Ajit Jetmalani further stated that this creates a shift in blame among agencies, but rather it is a systemic issue. Amy Baker affirmed, stating that needs shift at different points throughout the year. Dr. Ajit Jetmalani stated that there is a high population of youth and adults in OYA or DOC that should have received a higher level of care within the community, but did not.

Mary Kane stated, some of her clients that are lower functioning have an assaultive or aggressive behavior due to their response to frustration which builds and builds but they cannot get their issues fixed that are causing the frustration. Judge Nan Waller stated when youth are young and flail, it is terrible, but when you have older youth who have had multiple placements and are aggressive, police intervention is sought.

Megan Hassen asked if there is any ongoing data collection regarding identifying needs and suggested a good starting point as quantifying the need so that it can be addressed. Judge Nan Waller explained that even in the adult system, hospitals are closed and the infrastructure of the community may or may not be sufficient to meet the need. For juveniles, they need to be provided for and are not independent beings, and so it is believed that if residential care can be prevented and they can remain in the community in the least restrictive setting, that this is ideal; however, we need to have the community resources figured out so as to not be overwhelmed upon closing down the more restrictive resources. Judge Nan Waller expressed an importance in developing the capacity need throughout the state.

Paula Bauer stated that SMAC members recommend that a specialized system be developed to serve this population of youth, which is not linked to another system due to all of the different eligibility criteria, admissions criteria, etc. SMAC would like to volunteer as the "gatekeeper" for this project. Judge Nan Waller asked how funding is anticipated for this program. Paula Bauer stated that after a bit of brainstorming by SMAC, in their opinion the program would need to operate as a completely independent, non-secured facility to allow for Medicaid, the cost of development and functioning would need to operate similar to the extremely high-end services, be state-run to allow more youth to be placed there, and staffed by individuals from all child-serving disciplines to allow for the most effective treatment. The program should be measured by an evaluation of each youth, including an evaluation of their ability to function successfully as an adult in the community. Paula Bauer stated that in order for this idea to come into fruition, they'd need to do a comprehensive review of all regulations and policies relating to programming, identify any barriers or restrictions that would impact operations, develop rules to govern operational functioning, need research support from all child-serving agencies for evaluation purposed, and financial resources. Ideally, the program would be co-

managed by all youth-serving systems and as needs are developed and research would be communicated to assist with ongoing systems development. Mary Kane asked how many beds would be available. Paula Bauer stated it would need to stay beneath the 16 bed maximum to qualify for Medicaid.

Paula Bauer further stated that there are a couple things that need to happen systemically, such as identifying the proper services needed in order to close gaps in services and enable youth an interim placement while waiting for admittance. Paula Bauer stated there's a need to provide services to assist youth in transitioning as their needs change, and educating the system that high-end mental health issues and incarceration are not interchangeable interventions.

Megan Hassen asked if any data has been collected regarding the needs of services. Amy Baker suggested that if a specific program is going to be created, it is important to figure out who the program is going to be created for, and how many are in need of the service. Dr. Whitney Vale stated there is data being collected through OYA's intake process or by referral to SMAC. Judge Nan Waller stated that there's an additional population that may need similar services, which DHS or juvenile departments may also have data on. A consensus on the type of youth that would need the interim services, are developmentally delayed or have mental health issues, and are aggressive. Paula Bauer affirmed that SMAC is seeing less OYA youth and more youth from juvenile departments. Mary Kane suggested circulating information about SMAC or conducting trainings throughout the various counties for those that are not aware of the program.

Action Item: *Paula Bauer will send an outline and proposal regarding the program and any system recommendations to Megan present at the July task force meeting.*

Brendan Murphy asked if there was also data available on the population of youth that are subject to the service, such as age, IQ, diagnosis, aggression, etc., and whether the program was essential similar to a state-ran hospital for this particular population. Paula Bauer affirmed. Brendan Murphy suggested also designing the program to incorporate multiple levels of care and engaging the community. Paula Bauer agreed.

Judge Nan Waller concluded with stating that there are so many things going on at the local and state levels, for which information should be distributed throughout the state, so we all know what is going on and where.

VII. MEETING ADJOURNS: Meeting adjourned at 4:06 p.m.

Prepared by: Angela Keffer