

## MINUTES

### **Juvenile Justice Mental Health Task Force September 25, 2015, 2:00 p.m. – 4:00 p.m.**

**Multnomah County Courthouse, Courtroom 208  
1021 SW 4<sup>th</sup> Avenue, Portland, OR. 97204**

**MEMBERS PRESENT:** Hon. Nan Waller, Pam Martin, and Andrew Grover. On the telephone: Hon. Lisa Greif, Dr. Ajit Jetmalani, Mary Kane, Joe Ferguson, Fariborz Pakseresht, and Kim Scott

**MEMBERS ABSENT:** Hon. Ricardo Menchaca, Faye Fagel, Brendan Murphy, Sandy Bumpus, Cheryl Ramirez, Dr. Mark Bradshaw, Dr. Robin Henderson, Lois Day, and Iris Bell

**GUESTS:** Margaret Braun, Dr. Whitney Vale, and Mary Geelan

**STAFF:** Megan Hassen and Angela Keffer

Megan Hassen called the meeting to order at 2:20 p.m. Attendees introduced themselves.

Prior to addressing agenda items, Megan Hassen informed task force members that subcommittees met earlier in the month. The Screening and Diversion subcommittee is working on a recommendation for a uniform assessment process, which should be available by the November Task Force meeting. The Incarceration subcommittee is working on recommendations to address the current psychotropic medication management system. In a related effort, Oregon Youth Authority (OYA) has collected data on youth in OYA custody, which was analyzed by Dr. Ajit Jetmalani. This report will be given to the Incarceration subcommittee for consideration when making their recommendations, which should also be available by the November Task Force meeting.

Megan stated she hopes to have a working draft, including an outline and supporting information, of the recommendations completed by the November meeting. Discussion during the November meeting will tailor the proposed final draft which will be voted on for approval at the December meeting, unless an extension is requested and granted.

Judge Waller stated that throughout the course of the task force's and subcommittees' meetings, a clearer direction towards making recommendations has evolved. Data collected is extremely helpful in identifying systemic gaps.

### **DISCUSSION TOPICS:**

**I. REVIEW AND APPROVAL OF JULY MEETING MINUTES:** Minutes from July 17, 2015, were approved without corrections.

**II. CORE VALUES AND PRINCIPLES:** After discussion at July’s meeting, the only remaining issue regarding the Core Values and Principles was the definition of family as it applies to “Family and Youth Voice”. Megan stated there was concern about the definition being too broad and individuals being included that would abuse the case-planning process. Megan stated she, Paula Bauer, Mary Kane, and Lois Day worked on tailoring the definition of family. At that time, Paula Bauer also suggested two additional revisions. The first, is the additional language, “...mental health conditions and functional impairments.” added to number two, point two. The second, includes the language “...the most current...” in number four, point seven.

Megan asked task force member for any additional comments regarding the Core Values and Principles. There were no additional comments or concerns.

**Action Item:** Megan will include the Core Values and Principles in the draft report at the November meeting.

**III. INFORMATION SHARING BETWEEN SERVICE PROVIDERS/SYSTEMS:** Megan stated that information sharing was discussed at length at September’s meeting. There was a general consensus that there needs to be improvement in the process of information sharing, which was affirmed by the survey sent out to juvenile departments.

Judge Waller asked Megan to look at the King County Resource Guide, which Megan provided to task force members in advance. Megan stated previous discussions left off at the task force finding someone to make a similar resource guide for the State of Oregon. Megan further stated Judge Waller mentioned she may have a resource to help create the guide. Immediately following September’s meeting, Lois Day suggested it may be beneficial to create a limited duration position to focus solely on creating the resource guide. Megan asked task force members for feedback regarding the limited duration position. Judge Greif inquired as to who would fund the position. Megan stated the task force would identify the appropriate agency to compile the resource guide and take that information back to Senator Steiner Hayward for support in moving forward on the project.

Judge Waller stated Sen. Steiner Hayward is an advocate for SB 670, which did not pass during the last legislative session, and may want to support this initiative. Megan stated that the Department of Justice (DOJ) would be an appropriate agency to create and oversee the resource guide. Also, SB 670 (used as a vehicle) and task force recommendations may assist Sen. Steiner Hayward with her initiative as well.

Judge Waller informed task force members that Sen. Steiner Hayward and another Multnomah County Circuit Court Judge recently attended the Toll Fellowship, wherein they’ve made a commitment in continuing to work on juvenile justice issues; this may be an opportune project for their assistance.

Mary Kane stated she is supportive of hiring a limited duration employee and likes the King County resource; however, it seems to be missing pertinent information (e.g., destruction of records). Mary further stated a similar resource would be beneficial.

Andrew Grover asked for clarification on whether the task force's role in creating the limited duration was simply by including the recommendation for the position, and whether the resource is for a cross-systems resource tool including mental health, juvenile justice, child welfare, etc. Judge Waller and Megan affirmed both. Due to the sense of urgency, Andrew suggested a deadline (i.e., the 2017 legislative session) should be imposed in the recommendation.

Dr. Whitney Vale said that in addition to someone overseeing the project, this person should also meet with the SMAC Committee on a regular basis for consultation regarding the different systems' practices or procedures.

Pam Martin asked whether a booklet would be created or if the resource guide would be created in an on-line forum where it can continuously be updated and maintained. Judge Waller agreed that the resource should be created on-line; however, this would call for a lot more time spent than creating a booklet. Pam stated an on-line resource would reach more people due to current technology and available tools for research, as well as assist in continuous quality improvement by educating on what resources people are searching for. Andrew stated expansion of the booklet to an on-line resource would call for a permanent person to maintain information, links, etc. Megan stated once the initial work is done, it would take less time to maintain.

Andrew also said the goal should be to make the resource guide similar to the King County resource so that it is easily interpreted by non-lawyers. Judge Waller agreed. Kim Scott stated he's noticed a lot of this type of documents need to maintain certain legal constraints; however, a lot of them are written from the most-restrictive perspective. Kim further stated that best practices calls for integration and so it would be helpful to have the resource written from this perspective, including information on when information should be shared, and for what reasons. Judge Waller affirmed, stating that people are generally hesitant to share information for liability purposes, which places inaccurate restrictions on information sharing. Kim used HIPPA as an example of being misinterpreted and used as a tool to prevent information sharing rather than reading it in an informative light on when and how information may be shared.

Megan thanked task force members for their input and asked for any additional comment. Dr. Jetmalani asked if there is already an OYA website that includes information or links to other resources used by OYA throughout the state. Dr. Vale stated OYA does have a public webpage although a lot of the information on it is outdated due to limited resources; however, the availability for the resource is there. Dr. Jetmalani further inquired as to whether this was the forum the task force had in mind. Judge Waller stated that every child-serving system should have the link or resource guide posted on their own website, so there is easy access to the DOJ. However, the person will only be responsible for maintaining the resource guide and links within, while the child-serving agencies will be responsible for including the link to the resource guide on their own webpage.

**IV. JUVENILE DEPARTMENT DIRECTOR SURVEY RESULTS:** A copy of the Juvenile Department Directors' Survey was sent to task force members in advance of today's meeting for review. Megan stated the results are very comprehensive although missing responses from one county.

Megan stated she'd like to go through some of the noteworthy points of the report before asking task force members for their feedback and any issues not previously addressed wherein the results merit addressing.

Page one; screening and assessment, revealed over half of the counties do not conduct mental health screening when youth enter the system. This issue is being addressed the by the screening and diversion subcommittee in their recommendation of the uniform screening tool.

Page four reported that 100 percent of directors believe it would be helpful to have records (i.e., education, mental health, DD, and child welfare) to help them determine appropriate services for youth entering their system. Also, 53 percent stated they have encountered problems accessing information about the youth (e.g., delays in getting information released, child's attorney becoming an additional barrier).

Page six noted most counties do perform an inquiry as to whether the youth has any health insurance. Roughly 70 percent are providing assistance in signing up youth for health insurance.

Page seven revealed that most counties are checking whether the youth is on any psychotropic medication when entering the system. Also, it was uniformly reported that medications are continued while in detention. Megan noted an area of weakness, is giving notice to parents or the child's attorney when there are side-effects from the medication.

Page ten reported a potential systemic gap, as the majority of counties are not involved in ensuring continuity when youth are placed in out-of-home care, and not in detention (e.g. residential care facilities).

Page eleven reported a lack of crisis services (i.e., emergency foster care, emergency residential care), which is consistent with reports from judges and this task force. 86 percent believe detention stays could be reduced if alternative placements were available.

Page thirteen noted a lack of continuity in mental health services upon release, when the youth was receiving services while in detention. This data supports the idea that maintaining continuity of mental health care upon release, may assist with diversion of re-entry.

Page fifteen revealed that almost half of the counties reported not having enough mental health providers in their counties, nor having enough access to emergency services and placements. 53 percent stated psychological evaluations, home-base support, and medication management services are difficult to access.

Page eighteen reported 85 percent are receiving inappropriate referrals from law enforcement, 71 percent from schools, 65 percent from parents, and 68 percent from child welfare. Judge

Waller stated that the survey is telling that most agencies do not believe they have an appropriate alternative placement available.

Megan noted there are a lot of interesting comments, which are consistent with task force discussions and SMAC recommendations. Megan asked task force members for their input.

Andrew stated he was surprised to read that 100 percent of directors reported continuing psychotropic medication while in detention and 94 percent reported providing mental health treatment to youth in custody, when the need to address the same issues is apparent to outsiders. Megan stated the data on page thirteen implies that the services available to those in detention is less, and so it becomes a question as to the degree of services needed and whether those children are receiving the care needed.

Andrew asked if there is a bigger problem with youth in OYA close-custody regarding mental health treatment and medication management than in the county juvenile departments. He further stated it would have been helpful to ask if the care provided in the juvenile departments is sufficient to meet youths' needs. Mary inquired as to whether youth in detention also lose their OHP coverage, stating the lack of continuity may be due to the loss of funding through OHP. Megan affirmed. Joe Ferguson stated that juvenile departments are required to continue medication, and so Jackson County contracts with a medical provider to ensure continuation of medications. Joe further stated that most juvenile departments only keep youth short term in comparison to OYA and so crisis treatment is more prevalent than long-term care. Also, after an initial assessment the amount of treatment provided to youth in custody for new crimes, sometimes rests on what is allowed by the youth's attorney. Mary stated it is her understanding that when youth enter custody already on medication, it may continue; however, when there has already been a lapse of any kind, this presents an issue when a loss of coverage or physician has occurred. Joe stated Jackson County has a doctor that will prescribe medication where appropriate.

Margaret Braun asked how juvenile departments know what medications are needed if the majority of them do not conduct mental health assessments. Dr. Vale stated they may have a similar process to OYA, where youth self-report or short inquiries are conducted into previous records, etc., which responses to which may trigger a psychiatric assessment to determine what is needed. This process allows for continuation, restarting, or even changing medication due to a new assessment by a new provider. Judge Waller asked whether OYA receives more accurate or timely information depending on the point of transfer into OYA. Dr. Vale stated it varies depending who they were involved with prior to entering closed-custody.

Dr. Vale also stated similarly between juvenile departments and OYA, even with a mental health professional on staff, they cannot meet the level of need. Megan stated for purposes of the report, this lends support to the need for diverting youth and connecting them with community resources. Kim stated, after reviewing the data, it seems there is a big disconnect between juvenile departments and mental health professionals and so screening is conducted by juvenile department staff. The question that needs to be asked is whether the correct workforce is overseeing mental health issues where they are becoming more prevalent. Dr.

Vale stated that OYA staffs Master's Level Mental Health staff at each facility; however, the ratio of staff to youth is not sufficient. Megan asked Joe what level of qualified mental health staff is being used at the juvenile departments. Joe stated that although juvenile departments are not geared towards treating mental health problems, they do provide staff with basic knowledge regarding mental health. However, the level of training varies from county to county. Training topics generally include trauma-informed care, the ACES study, etc. Pam stated this topic speaks volumes towards the need for recommendation of a youth diagnostic center.

Pam stated that with a diagnostic center, concentrated training can be provided to staff. She further stated that a lot of workers at scattered sites do a wonderful job; however, they simply cannot keep up with the masses. Megan asked for further detail surrounding the idea of an assessment center. Pam stated that all youth entering detention would enter a centralized facility, which offers a school environment, etc., and allows for a considerable amount of time to allow for information collecting and evaluation of the youth. Once the assessment is concluded, phase two is determining where to send the youth for treatment based on their needs. Pam further stated that this is a far-reaching recommendation because implementation would shake up the entire current system.

Andrew asked if this would be an assessment center for those entering OYA custody. Judge Waller explained it would be a community assessment center which would assist in diverting inappropriate referrals to detention and would have to be utilized further in advance of a youth that has just entered the juvenile justice center. Dr Vale stated one difficulty may be that the training lens may be very agency specific and that an assessment center would need experienced professionals from all fields who are educated in other fields to conduct the assessments, to avoid categorizing youth improperly and rendering improper referrals. Judge Waller agreed that staff would need a more objective ability to make determinations.

Dr. Jetmalani asked whether this would lead to the suggestion that those involved with juvenile justice would not be in need of mental health treatment. He suggested after having a gap analysis as a part of this committee, it may be more beneficial to address staffing needs and creating a post-categorical service that would simply provide the correct services regardless of where the youth is. Judge Waller urged that the process requires sorting and assessing to avoid children being improperly placed and pushed further into the juvenile justice system whenever it can be avoided. Dr. Jetmalani stated the conversation is a complicated one, especially where there are youth with severe mental health issues and aggression integrated with youth that have similar mental health issues but no aggression. He further stated it comes down to how we can best support the aggressive youth without traumatizing the others subjected to their behaviors. Dr. Jetmalani suggested the treatment of aggression may be the driving area that all systems are struggling with. Dr. Vale stated this issue is addressed in the SMAC Recommendations provided to task force members. Megan stated that Pam will also update task force members on the mapping project and how that relates to the SMAC recommendations for an analysis of current gaps and needs.

Dr. Jetmalani also stated he observed a lack of developing transition services until coverage changes and this is an issue that needs to be addressed by collaboration between OYA and mental health services.

**V. CRISIS PLACEMENTS AND HARD-TO-PLACE YOUTH:**

A. SMAC Proposal: the SMAC Recommendations Summary and SMAC Recommendations were sent to task force members in advance for preview. Dr. Vale stated the State Multi-disciplinary Assistance Committee (SMAC), includes members (mostly mid-management) from child-serving communities and/or agencies throughout the state, to allow for the broadest representation possible. The purpose of the committee is to staff cases generally trying to avoid commitment to OYA, where it is believed that other resources in the community have been exhausted. The committee looks into each case at length to determine next steps to provide more fitting services for the youth.

SMAC has developed recommendations on how to improve issues that have been areas of concern for all agencies. The first recommendation is to “Consolidate all the workgroups and task forces that are addressing current service gaps and needs of the current child/youth serving systems.” Dr. Vale stated she was recently a part of technical assistance for system of care, which involved others throughout the state that also discussed the consolidation of individual efforts to eliminate redundancy.

The first strategy in accomplishing consolidation, is to assign a full-time workgroup to conduct a comprehensive review of all the rules and policies in place that determine which children/youth can be served under what program/service system. For instance, if a youth is applying for DD services, they will not qualify for DD services if they have a primary mental health diagnosis or it is believed that their deficits are due to their primary mental health diagnosis. SMAC would be identifying similar conflicts throughout each system.

The second phase or strategy will be to have the workgroup analyze all services available, needed but unavailable, insufficient in supply, or rendered obsolete, and any other gaps in services.

The third phase or strategy will be to have the workgroup analyze whether current outcome measures are capturing what actually happens to the child/youth.

The next recommendation is to keep the young-adult, mental health transition programs out of the CCO-managed, behavioral healthcare system. There are a handful of transitional-age, mental health programs throughout the state which serve all youth in the state. Typically, they are managed through AMH, and not through the CCOs, which SMAC believes is important due to the process that you have to go through with CCOs to receive services. OYA is able to access these programs so as to allow their youth that have severe mental health issues to receive transitional services more appropriate to their needs. The CCOs require youth to have OHP before receiving transitional services; however, youth are not eligible for OHP until exiting care, and cannot exit care until having a place to go, which is addressed in transitional services.

Therefore, the recommendation is to leave transitional services managed through AMH and not through the CCOs.

Another recommendation is to support a policy option package or consider funding options for creating a specialized program which is not owned by any one child/youth serving system. This is the idea of a blended-funding for services.

Another is to support a policy option package and consider funding options for regional intake/assessment centers for youth when psychiatric hospitalization is not an option during crisis intervention. Dr. Vale differentiated between SMACs proposal regarding when psychiatric hospitalization is not an option versus the assessment center discussion by task force members earlier. Dr. Vale further stated, regarding OYA, there may be youth in a residential facility, in foster care, or at home, that have a mental health crisis for which acute psychiatric hospitalization or residential psychiatric care is needed. However, there is no bed-space available so these youth are sent to detention or OYA, which is inappropriate.

The final recommendation is to develop a multi-disciplinary training and education in local communities based on where that community is in terms of process and development. Dr. Vale stated this would tailor training to the community's actual needs.

Regarding the first recommendation for consolidation, Dr. Vale stated the committee has determined there is a significant mismatch between the current needs of youth and what services are available. Most of the youth that require service either have been or are involved with multiple child serving systems. Each agency also has their prescriptive eligibility standards, rules, etc. to abide by which defines the population they serve. So to provide the youth that have not received proper services due to all of the different barriers, SMAC suggests a consolidated workgroup with assigned members that have actual authority to make recommendations on behalf of each agency, and allowing the agencies to then review and approve the recommendations.

SMAC also recommends that the workgroup members be full-time, limited duration employees to allow sufficient time to make proper recommendations. Judge Waller asked for clarification in that the workgroup make-up consists of representatives with certain authority from each agency, but be completely separate from any one agency, which is similar to a children's bureau or cabinet. Pam asked who would convene a children's bureau or children's cabinet. Judge Waller stated she has noted cabinets convened by governors, assistant governors, and chief justices. Determining who can enact the workgroup, oversee it, and hold agencies accountable to its recommendations, will need to be discussed more thoroughly.

Dr. Vale explained reiterated the need to have individuals separate and apart from the agencies, but that have a working knowledge of each agency. Judge Waller informed task force members that this is similar to the wrap-around model in the continuum of care; however, this will need to remain much broader to allow all of the recommendations to be implemented. Dr. Vale stated the goal is to move from the current state into the ideal state and implementation.

Andrew asked what how recommendations will then be made to be put into practice by all of the separate agencies. Judge Waller stated this is why whoever, albeit legislation, etc., enacts the workgroup, will also need to vest that authority into the workgroup to make the necessary changes within each individual agency. Mary Geelan, a staff to local commissions attempting similar efforts in the past, stated that a similar workgroup, although making wonderful recommendations, did not have the authority to hold any individual agency accountable and require their follow-through. Mary also stated that keeping the recommendations narrowly tailored to fit the specific area of interest, such as what only pertains to juveniles, will prevent the project from becoming too unruly and an additional barrier to implementation. Judge Waller added the workgroup will need to be very cognizant of the developments within the CCOs, early child-development, etc., when making recommendations that may interfere with ongoing efforts within individual agencies.

. Judge Waller stated that the authority would have to also have an avenue to trickle down to implementation at the county level. Pam stated the children's cabinet in New Mexico was established by the Lt. Governor, and was far reaching. Pam further stated there are avenues to enforce recommendations through contracts established amongst agencies and the CCOs. Pam also agreed with Mary's suggestion of sticking within the intended scope so as to not let the process become overburdening. Dr. Vale stated that SMAC focusing on identifying, educating on, and reducing systemic gaps.

Pam handed out county specific information to task force members, which provided information on demographics, needs, and services rendered, as well as including statewide and nationwide comparisons. Overall, the data displays a severe workforce shortage in Oregon amongst providers. The data also gave county specific information in what is spent on particular services. Margaret Braun stated she previously worked with Psychologists from Pacific University whose research focus was identifying regional "hot spots" within the state of high-concentration of mental health needs. Andrew inquired as to disparity in the amount spent by CCOs for psychotropic medications in relation to the fees for services. Pam stated this is because psychotropic medication is not included in the CCO global cap; therefore medication is paid for by the state. Pam further stated the issue of funding for psychotropic medications may be addressed again in the upcoming legislative session.

Pam stated the next steps are continuing to obtain much more specific data to include in mapping data. Also, OHA is putting together a behavioral health mapping project technical advisory committee that will contract with the National Research Institute for consultation. Pam suggests including an individual from juvenile justice included in that advisory committee.

Pam further stated that once complete, the mapping project is complete, it will be an extremely useful tool to see where funding is needed and going throughout the state. Megan stated regarding SMAC's proposal surrounding unmet needs and the respective analysis needed, that this information is the hardest to show when youth are in and out of different systems. Pam stated there is now data available that shows alternative available resources and limitations on those resources. Andrew stated that data sets that show actual numbers of youth that maneuver through the different systems, would be helpful. Dr. Vale stated SMACs idea is

looking even further than only specific data sets. Andrew stated that the numbers are important to know, as well as the outcomes, and the paring of the two allows us to see whether the outcomes are working. Judge Waller expressed concern regarding how those counties who cannot sustain an assessment center get access to that resource, since the recommendations are statewide.

B. Coordination with Other Committees: Megan stated Paula Bauer brought up concern regarding coordination with other committees. Paula mentioned the Governor's Re-entry Council and a BRS workgroup were focusing on this issue. Megan checked with staff at the re-entry council who stated they do not have this on their plate at present. Megan also spoke with Lea Forseman, on the BRS Review workgroup, who didn't feel there will be much overlap in recommendations being made between that workgroup and this task force.

Megan also stated a primary concern among juvenile judges is the lack of residential placements and having youth bounced around. Megan, Judge Waller, Judge Greif, and Judge Menchaca will discuss how to address those concerns from other judges, so as to develop support for the task force's recommendations.

With respect to data demonstrating the need for placement resources, Megan stated Judge Greif is working with people in Jackson County regarding data and progress on the crisis foster home that was developed. Megan wants to bring back that information to the task force to see if that is a model that other counties may want to replicate.

Megan suggested that task force members look further at the SMAC recommendations and think about whether this is something that should be supported and incorporated into this task force's recommendations. Further discussion regarding recommendations will take place at the next meeting.

Dr. Vale stated there are ideas and information within SMAC's recommendations that may be useful to agencies and can be implemented now. Andrew stated that a workforce impact should also be considered when making agency policy or procedural decisions, so as to avoid any negative impacts on other agencies or the youth they serve.

Judge Waller thanked task force members for their discussion and ongoing efforts.

**VI. REMAINING MEETING DATES AND FINAL REPORT:** The next task force meeting is scheduled for November 20, 2015, in Salem.

**VII. MEETING ADJOURNS:** Meeting adjourned at 4:10 p.m.

Prepared by: Angela Keffer