

Deb – acronym

Ann Kasper – timekeeper

Minutes of January ____ reviewed and approved as submitted.

Agenda reviewed and approved by consensus.

Member Concerns

Kathy mentioned the location as being difficult for parking, construction, etc. She requested an out of town destination. Sonja reported that we are looking at the SE Health Center on Powell. Other ideas are welcome.

Eric said the the Executive Committee is looking for an avenue to get family concerns that might not be brought up at the meeting. Options might be email, written submissions, bringing them to the Executive Committee, etc. He asked if the family members have suggestions.

Brenda suggested making sure family members had an individual to call if they are having a problem. Joan W. likes the idea of a way to get ideas from family members who aren't available to attend the meeting. It was suggested the website be a vehicle for comments. Milele wants something specific to CMHSAC members as opposed to a general comment mechanism. Godwin said Stephanie Boyer used to be the contact person for agenda items. Kathy suggested a voice mailbox be set up for comments, answered by Milele or Eric. Karen will update the officers and their email addresses on the website.

Membership Information Forms: those who haven't turned one in yet or who are new received a form. The information goes into a CMHSAC "Who's Who" document which Karen will update and hand out next month.

Executive Committee Report

Milele reported that the Executive Committee will be meeting by phone monthly and in person quarterly.

A suggestion at the Executive Committee meeting was made that material for CMHSAC goes out electronically only and projected on the wall at the meetings. Milele asked how members feel about this. There was general agreement that this would be a good idea, with the option to opt for hard copies.

Brenda moved to email CMHSAC materials and bring Emma seconded??? Motion carried.

Department and Division Updates

Godwin reported that Karl Brimner is out of town this week. Budget preparation is still underway, and our department's director sent her budget to the Chair on February 13.

Mark is CMHSAC's representative to the DCHS CBAC and they met this afternoon. There was a presentation recently that four CMHSAC members attended, and Mark noted that it was somewhat technical. The bottom line is pretty dire. The Governor's Budget would result in a 17% MH and 80% for addictions if enacted at its starting point. Counties did 12% cut scenarios. Mark clarified that these cuts are to State General fund dollars, many of which to to MH and A&D. Children's MH is the least impacted in the Governor's Budget for people with the OHP; if not, indigent funds are being cut 25%. The proposed budget will be posted 3/2. 4/22 is Chair's Budget. Public hearings start in March; there are different meetings for the various departments. States are waiting to know the impact of the federal stimulus package. Per Mark, many of our

social services are heavily dependent on County General funds. Mark suggested speaking with public officials, writing letters to the editor, etc. if members want to impact these cuts. He noted that the County has very little ability to raise revenue. It's dependent on the business taxes, which have been negatively impacted lately, and property taxes. Multnomah County has a \$34 million shortfall for the current budget year and a \$46 million hole going into next year if nothing else changes. Deborah clarified that the County budget is July 1 to June 30.

We will set aside more time at the March meeting to discuss the budget. This will be a work in progress until July.

State Audit

Handout: (get from Joan)

- sample questions for 2 interviews – CMHSAC and family members

Joan R. explained that the State is coming to evaluate Multnomah County as a mental health provider. Multnomah County is the Local Mental Health Authority. 2/24-27. The State will look at medical records from five of our agencies plus our own direct services. They will hold 24 separate 1-hour interviews with stakeholders. CMHSAC will be one of these interviews. Joan asked if members are interested in volunteering to be interviewed. Another interview will be for family members about how the system is working for them. Stipends will be paid for attendance. Members are not expected to attend more than one interview, but it would be possible to do so. QM will be contacting families who participated in the recently held focus groups. Joan is the contact person for anyone with questions; she prefers to be reached by phone. Members shouldn't feel that they need to be able to answer all questions.

Cultural Competency Evaluation Plan

Sonja referred members to the handout in their packet re: the cultural competency work plan. C4 developed this as an action paper for the issue they felt was the most important for this year. The plan is ambitious. The first part is to gain understanding about what kinds of programs work. We also want to identify places where people naturally gather so we can meet them there to get more information and inform them about available services.. There are several targets for improvement in the system; Sonja walked the group through them. She noted the list of programs that were brainstormed as being very effective. The larger list has been reduced to 5-6. We will go there and do a baseline measurement about what makes them culturally competent. We also will conduct focus groups to find out more about what makes a program successful. Then we'll go to the natural entry points for various ethnic groups and do focus groups there as well. Examples are the waiting area of Juvenile Court, the Homeless Youth Consortium, some ethnic festivals, health clinics, etc. We are looking for what people need that feels culturally competent to them. The information will be used to inform the new RFP process for the kids' mental health system for the FY starting July 2010. Based on what we learn, we will allocate our money towards specialty services if necessary. We will have a data person working on the CC baseline and we can measure ourselves and our subcontract agencies against this. We have some specific targets in agency and administrative levels. This workplan is being included in the FY2010 QM Plan. Family members were involved in its development. When we do the focus groups, Sonja will look for assistance from CMHSAC. She noted that Joan R's QM focus groups learned a lot about the process and developed a process for doing this. We want to do the focus groups over the summer to have the info available by the RFP deadline around October. The one piece we may have to wait on is a school-specific focus group; that may have to wait until fall.

Verity Family Focus Group Report

Charmaine referred to the handout in member packets. She noted that the family focus groups were very successful. 56 people participated in three sessions. Charmaine walked the group through the document. Successes were home visits, good kid-therapist bond, communication, whole family participation, etc. Establishing a trust bond with a therapist was a major theme, and communication was a part of this. There was a lot of mixed feedback about crisis services. Families need a fast call-back to avoid escalation.

There were 20 youth who participated in 2 sessions. They also mentioned the trust bond and needing someone they could relate with. They liked going out of an office setting such as shopping or going for a walk. They wanted someone who didn't lecture but spoke with them on their level. They like an interactive way of telling the therapist where they're at, such as a computer program to help set goals and electronic tools for building their treatment plan with options. Youth spoke about not wanting to verbalize about things that bothered them. Some suggested alternative means for communicating, such as email, which they were not being offered. Agencies should look into e-options for youth. The youth who had a spiritual belief system wanted their therapist to know that this could be a source of comfort to them.

Charmaine referred to the "results" page of the document and noted that this information applies to both adults and children unless otherwise noted. It was clarified that SMI stands for Significantly Mentally Ill. People appreciated feeling supported and attention was being paid to family strengths. Convenient location of services, especially home visits, was appreciated.

There is a list of recommendations made in several areas. Charmaine suggested members read the document and use this feedback as appropriate. Milele asked how this information will go to provider agencies. Godwin said we will be taking this to our provider group meetings. Joan R. noted that we are attending 8 different agencies so far to present the full report. She suggested CMHSAC write a letter to agencies advocating their attention to this information. The group agreed to do this. Eric asked for information about what is being done at the agency level as a result of the input.

MOTION: CMHSAC write a letter to subcontract agencies re: paying attention to the focus group report and report back on three performance improvement measures as a result – QM already doing this per Joan. She suggested Charmaine show the EC the QM report.

Priorities

Handout. Members brainstormed a new set of priority issues; Sonja recorded.

It was agreed that the 2006 priorities will be added to the current list and all will be re-prioritized at the March meeting. Email additional items to Karen. Kimberly asked if there will be action items that CMHSAC members will be working on. Milele clarified that CMHSAC recommends to the County that actions be taken, although there may be some work done in CMHSAC subcommittees. Eric added that it is CMHSAC's responsibility to hold the County accountable.

Godwin commented on the quality of the discussion this evening.

Charmaine said the 2008 QM report is finalized and will be online by the end of the month.

Elicia invited ideas and questions for her.