



**STATE OF TENNESSEE  
COUNCIL ON CHILDREN'S MENTAL HEALTH**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243-0800  
(615) 741-2633 (FAX) 741-5956  
1-800-264-0904

Council on Children's Mental Health

February 28, 2019

10 a.m. – 2 p.m.

Metro Nashville Police Department – North Precinct  
2231 26<sup>th</sup> Avenue North, Nashville, TN 37208

**MEETING SUMMARY**

**Attendees:**

Jennifer Aitken  
Elizabeth Ball  
Sheila Barrho  
Whitney Barrett  
Carole Beltz  
Kathy Benedetto  
Bonnie Beneke  
Melissa Binkley  
Amy Blackwell  
Allen Blackwell  
Hope Bond  
Cory Bradfield  
Jeremy Breithaupt  
Jackie Bryant  
Garla Camarillo  
Brenda Donaldson  
Anjanette Eash  
Kendall Elsass  
Stephanie Etheridge  
Carey Farley  
Connie Farmer  
Laritha Fentress  
Krystal Fertney  
Kaela Fett  
Kim Fyke-Vance  
Ryan Graham  
Daniel Haile  
Shellie Hall  
Samantha Hammonds

Paul Highfill  
Laura Hones  
Amy Hutchins  
Crystal Hutchins  
Ashley Jasinski  
Cheryl Johnson  
Jacqueline Johnson  
Heather Jordan  
Dustin Keller  
Sumita Keller  
Richard Kennedy  
Toni Lawal  
Dallas Lax  
Brittany Maldonado  
Alicia Martin  
Courtney McQuiston  
Melissa McGee  
Chelsea McGhee  
Teryn McNeal  
Jeri Moore  
Kelli Mott  
Jessica Mullins  
Jill Murphy  
Kayla Mumphrey  
Yolanda Neal  
Zack Nitzschke  
Kelly Odum  
Frank Ogilvie  
Amy Olson

Cara Parker  
Hope Payne  
Steve Petty  
Linda Powell  
Athena Randolph  
Elizabeth Reeve  
Shannon Robshaw  
Wendy Shuran  
Lindsay Sinicki  
Julie Smith  
Natasha Smith  
Roger Stewart  
Millie Sweeney  
Joan Sykora  
LaTonya Tate  
Heather Taylor-Griffith  
Eric Valinor  
Joseph Valinor  
Keri Virgo  
Will Voss  
Don Walker  
Alysia Williams  
Bianca Williams  
Jules Wilson  
Tammy Wilson  
Tonya Wood  
Matt Yancey

## **I. Welcome, Introductions and Announcements – Richard Kennedy, Executive Director, Tennessee Commission on Children and Youth and Matt Yancey, Deputy Commissioner, Tennessee Department of Mental Health and Substance Abuse Services**

- Kennedy called the meeting to order at 10:03 a.m. He made a few opening remarks and provided a brief description of CCMH.
- Kennedy thanked everyone for making attendance a priority and recognized key staff members and the staff at Metro Nashville Police Department - North Precinct.
- Kennedy addressed a few housekeeping matters before moving through the agenda and reminded attendees to sign in on the sign-in sheet, essential for reporting requirements related to the federal system of care grant.
- Kennedy asked for introductions and announcements.
- Yancey said the department is excited about Governor Lee’s budget proposals. He referenced a press release on Tuesday announcing Governor Bill Lee’s \$15 million plan to boost Tennesseans’ access to mental health treatment. Governor Lee is proposing \$5 million in new, recurring funding to provide coverage for an additional 7,000 uninsured Tennessee adults through the state's Behavioral Health Safety Net program, which provides several essential mental health services.
- In an effort to support Tennessee's work in recovery courts and alternative sentencing, Governor Lee also wants another \$3 million for the Creating Homes Initiative. Since 2000, the program has created more than 20,000 quality permanent housing opportunities for people living with mental illness.
- In addition to measures that address substance abuse and mental illness, Governor Lee wants to tackle Tennessee's shockingly high suicide rate that is now 20 percent higher than the national average. He is proposing a \$625,000 recurring investment to expand the state's partnership with the Tennessee Suicide Prevention Network and establish a new regional outreach model. Another \$500,000 in recurring funds will go to state Department of Mental Health and Substance Abuse Services efforts to focus on interventions at the community level using evidence-based practices.
- Governor Lee is expected to formally unveil these and other recommendations in his proposed 2019-2020 budget that he will present next week in his first State of the State address to the General Assembly.
- Kennedy highlighted information on how to sign up for the TCCY legislative listserv. Type [listserv@listserv.tn.gov](mailto:listserv@listserv.tn.gov) in the “To:” area of your email message. Leave the “Subject” line blank. In the message area, type “Subscribe TCCY First Name Last Name.”
- Kennedy also talked about TCCY’s 2019 Children’s Advocacy Days on March 12-13, 2019. The theme is *CAD Tennessee: Ideas worth sharing*. The event is completely free, but you must register at [www.cad2019.eventbrite.com](http://www.cad2019.eventbrite.com)
- There will be a Perinatal Mood Disorders Conference in Johnson City on April 11-12, 2019.

## **II. Approval of Meeting Summaries**

- Motion to accept the October 18, 2018 meeting summary for CCMH (**WALKER, MOTION, MURPHY, SECONDED, PASSED UNANIMOUSLY**)

- Kennedy thanked Natasha Smith of TCCY for preparing the meeting summary for the CCMH meetings.

**III. System of Care Across Tennessee (SOCAT) Panel – Keri Virgo, SOCAT Director, Tennessee Department of Mental Health and Substance Abuse Services; Elizabeth Ball, Clinical Director, Tennessee Voices for Children; Dustin Keller, Chief Operations Officer, Camelot; Amy Olson, Director of Children and Youth Services, Ridgeview Behavioral Health Services; and Millie Sweeney, Deputy Director, Family-Run Executive Director Leadership Association (FREDLA)**

- Virgo facilitated the panel. She reported SOCAT has now served 144 families in 39 counties.
- Olson talked about breaking barriers at Ridgeview before going out into the community. She shared what worked to make that a reality.
- Ball discussed the past system of care (SOC) partnership at Early Connections Network targeting the infrastructure to address the needs of the families with children ages zero to five. She said the trainings, evaluations, and sharing of knowledge were all critical to the success of the grant.
- Keller, CCMH Director from 2008 until 2013, said the relationship with other departments and partners really helped forge the way outside of the CCMH meetings. He explained change takes time.
- Sweeney discussed the importance of being family-driven and allowing the families to lead the way. She also stressed the importance of partnerships with other groups like Tennessee Voices for Children and TCCY.
- Virgo provided a brief history of system of care work since beginning in Tennessee in 1999.
- Olson shared early, the SOC providers discovered that they had to re-educate themselves to understand the other needs of the families took priority to their mental health. They had to find out the immediate needs of the families first to even get to the point where they could address the mental health needs.
- Ball talked about her experience working with Certified Family Support Specialists (CFSS). She stressed how important the family peer support was to the family; and thus, the family to the community. She said you must be culturally responsive.
- Keller said Tennessee has been doing system of care for 20 years now. He wanted to highlight the process of how CCMH's work with partners has integrated system of care in every aspect. There are a lot of successes to look to over the years.
- Sweeney said system of care is a way to do business with families and not a program. High fidelity wraparound is a tool of system of care and not system of care itself. She said you have to look internally and prepare each other to be open to changing the way funding is being used to build system of care.
- The panel discussed challenges of implementing system of care. Some of the challenges were just time and scheduling meetings. Other challenges included limited resources and transportation barriers. Funding, specifically when it came to blended funding is also a barrier at times.
- Olson announced the Annual *Ride 4 Hope* coming up in May. This started as an initiative to get community involvement in SOC work at Ridgeview.

#### **IV. Council on Children’s Mental Health Update – Melissa McGee, CCMH Director, Tennessee Commission on Children and Youth**

- McGee invited Dr. Altha Stewart of Memphis, past Executive Director of Just Care Network, but she was not available to attend.
- McGee provided information on evolution of CCMH to further support statewide expansion of what is now known as System of Care Across Tennessee (SOCAT). She reported T.C.A. 37-3-111 through T.C.A. 37-3-115 established a Council on Children’s Mental Health. McGee reviewed CCMH’s purpose, philosophy and membership requirements.
- Partners are discussing opportunities to continue to make CCMH more available regionally in effort to better engage families, youth and children in the meetings.
- McGee continues to work with TDMHSAS to identify funding streams for further support of the sustainability of systems of care philosophy. Focus continues to be on engaging the governing council consisting of those at the assistant commissioner and above level.
- McGee reviewed the statutory requirements and said there may be a shorter CCMH report for the General Assembly coming soon. All reports can be found at <https://www.tn.gov/tccy/advocate-collaborate/ccmh-home/ccmh-reports.html>.
- McGee explained the three-year focus developed from the strategic planning sessions in 2015. The goal is to connect and engage regionally, move forward with data, expand learning opportunities, promote policies for sustainability and enhance council structure.
- McGee shared a draft visual of CCMH’s organizational structure. TCCY and TDMHSAS are partners in CCMH, with CCMH administratively attached to TCCY. The Director of CCMH will oversee a CCMH Coordinating Committee and CCMH General Membership Meeting. She will continue to identify workgroups as needs indicate. McGee said the Coordinating Committee will be a standing workgroup.

#### **V. System of Care Across Tennessee – Year One Evaluation Data – Don Walker, Statistical Research Specialist/Lead SOCAT Evaluator, Tennessee Department of Mental Health and Substance Abuse Services**

- Walker said one of the most important things about data is that it either proves they are doing the right thing or lets them know that they need to make changes. He said Virgo has been meeting with providers and showing them data revealing how others think about SOCAT.
- Walker said none of the reports could happen without the care coordinators, family support specialists and Centerstone Research Institute collecting and analyzing SOCAT data.
- For the period of October 2017 to September 2018, SOCAT served 109 children, youth and young adults in 37 counties. Four sites were added in 2017 while an additional seven sites were added in 2018.
- Walker reviewed data from the FY18 year-end SOCAT report. He explained there was an increase in referrals for the second half of 2018, which Walker attributes to providers applying lessons learned. Conduct, school, behavioral concerns and hyperactive and attention problems were the top reasons for referrals.

- The data showed what issues the SOCAT clients faced at intake. Some of the clients' problems were indicative of depression. The data also showed that 100 percent of the clients were reassessed after six months.
- Walker reported the data revealed the clients felt the SOCAT partners delivered outstanding service and were 100 percent satisfied with the staff and services.
- The goal is for SOCAT to keep children, youth and young adults at home. SOCAT is in almost 40 percent of Tennessee counties in the first year of services. Children, youth, and young adults have low rates of hospitalization and ER visits, as well as reduced loss of custody and juvenile justice involvement.
- Walker completes a report semi-annually. He asked providers the best way to present data to them to help them with their work.

**VI. Strategies for Effective SOC Implementation – Shannon Robshaw, Systems Design and Implementation Coach, National Wraparound Implementation Center, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services**

- Robshaw reviewed the strategies for effective system of care implementation going forward.
- Children and youth with serious behavioral health conditions are a distinct population from adults with serious and persistent mental illness. There is also a high unmet need for care coordination for children and youth with mental health conditions. Robshaw said family-centered care can be mitigating.
- The unmet need for children with significant behavioral health challenges are not met by usual approaches. There is a need to lower case ratios, have higher payment rates with an approach based on evidence of effectiveness. The intensity of approach should largely be face-to-face, not telephonic. There is also a need for an intensity of involvement with the family, school, and other systems like child welfare.
- Robshaw was very impressed with the panel discussion earlier in the meeting and mentioned the importance of the meaningful partnerships being developed. She said a spectrum of effective, community-based services and supports for children and youth with or at-risk for mental health or other challenges and their families is organized into coordinated networks; builds meaningful partnerships with families and youth; and addresses cultural and linguistic needs in order to help families function better at home, in school, in the community and throughout life.
- Robshaw said this was the first meeting where she saw the people who collected the data applauded for their efforts.
- Robshaw talked about the shared population focus, system reforms and strategically managing complex changes. She explained the importance of having an effective system-building process through leadership and constituency building, a strategic focus over time and an orientation to sustainability.
- Robshaw reviewed a list of system of care functions requiring structure.
- Robshaw feels CCMH is being smart and strategic in thinking about the legislative structure and duties. There needs to be a conversation where everyone feels their voice can be heard. She said the decision making at a policy level that has legitimacy, authority and accountability is extremely essential to the day-to-day operational decision making.

- The key issues for governing body is whether it has the authority to govern; it is clear about what it is governing; is representative; has the capacity to govern; has the credibility to govern; and assumes shared accountability across systems for populations of focus.
- Robshaw explained the family and youth partnership in governance and system management and the required strategic financing. She said strategic financing begins with cross-system and community stakeholders answering for whom and for what?
- Robshaw reviewed who controls dollars for the population of focus and talked about Medicaid, child welfare, education, health, early childhood, mental health, substance abuse, juvenile justice and other. She said cross agency analysis of expenditures and utilization is important because of the administrative challenges and barriers that may impede the system of care development.
- Robshaw said using financial analysis data is useful to figure out what drives costs and often poor outcomes for youth and behavioral health challenges. She looked at potential opportunities across systems for system of care sustainability and ways to create “win-win” scenarios.
- Robshaw agreed that wraparound services is a part of system of care and not system of care itself. She said there must be a broader perspective when thinking about system of care. She highlighted the National Standards from a 2016 report.
- The National Wraparound Implementation Academy will be held at Baltimore Marriott Waterfront on September 9-11, 2019 in Baltimore, MD.

**Next CCMH Meeting Dates:**

Thursday, April 25, 2019 (Midtown Hills Police Precinct)

Thursday, June 20, 2019 (Midtown Hills Police Precinct)

Thursday, August 22, 2019 (Midtown Hills Police Precinct)

Thursday, October 10, 2019 (Midtown Police Precinct)

Meeting adjourned at 1:30 p.m.

**Council on Children’s Mental Health Purpose Statement**

*Design a comprehensive plan for a statewide System of Care for children and families that is family-driven, youth-guided, community-based, and culturally and linguistically competent.*