



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

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Council on Children's Mental Health
April 5, 2018
10 a.m. – 2 p.m.
Midtown Hills Police Precinct
1443 12th Avenue South, Nashville, TN 37208

MEETING SUMMARY

Attendees:

Jennifer Aitken	Kathryn Horneffer	Kathy Rogers
Shavonna Armstrong	Karen Howell	Mary Rolando
Anna Arts	Martha Hubbard	Willie Sharon Ross
Elizabeth Ball	Miracle Hurley	John Rust
Whitney Barrett	Cheryl Johnson	Devin Rutland
Carole Beltz	Sumita Keller	Kara Rymar
Kathy Benedetto	Richard Kennedy	Stacey Schlafly
Bonnie Beneke	Diana Kirby	Jan Schneider
Amy Blackwell	Beth Langston	Pragati Singh
Hope Bond	Toni Lawal	Samantha Slagle
John Britton	Kisha Ledlow	Julie Smith
Quan Burkeen	Brett Marciel	Natasha Smith
Tasha Dayhoff	Melissa McGee	Garrett Sparlin
Cathy Dyer	Sarah Metter	Roger Stewart
Anjanette Eash	Terra Miller	Daniel Sullivan
Kendall Elsass	Latasha Mitchell	Justin Sweatman-Weaver
Carey Farley	Jerri Moore	Latonya Tate
Laritha Fentress	Kelli Mott	Jerresha Tinker
Michelle Fiscus	Jill Murphy	Shannon Tolliver
Chelsea Fite	Moreneke Murphy	Eric Valinor
Kimberly Fyke-Vance	Frank Ogilvie	Joseph Valinor
James Gay	Amy Olson	Keri Virgo
Debra Granger	Linda O'Neal	Will Voss
Tamara Gray	Crystal Parker	Don Walker
Heather Taylor-Griffith	Julie Pearce	Bridget Welsh
Stephanie Grissom	Joanne Perley	Andrea Westerfield
Callie Hanks	Taylor Phipps	Lygia Williams
Jessica Hathorn	Athena Randolph	Tammy Wilson
Rachel Hauber	J W Randolph	Layla Wright
Paul Highfill	Scott Ridgway	TeShena Woods
Erin Hodson	Ashley Ried	Christina Youmans
Cheri Holzbacher	Debbie Robinson	

I. Welcome, Introductions and Announcements – Linda O’Neal, Executive Director, Tennessee Commission on Children and Youth (TCCY)

- O’Neal called the meeting to order at 10:03 a.m. She welcomed everyone and thanked McGee for her work with CCMH, Commissioner Williams and TDMHSAS for the wonderful partnership. O’Neal gave a brief background on the Council and thanked everyone for making attendance a priority.
- O’Neal addressed a few housekeeping matters before moving through the agenda. She thanked Sgt. Jones and the staff at the Midtown Hills Police Precinct for use of their meeting space. O’Neal reminded attendees the sign-in sheet is essential for reporting requirements related to the federal System of Care grant. She also asked attendees to complete to Conflict of Interest form if they have not already done so. O’Neal asked for introductions followed by announcements. Announcements included:
 - Bonnie Beneke announced the National Adoption Competency Training for mental health professionals is now available and worth 25 CEUs. The 25-hour web-based training is free. Almost 300 people already enrolled across the state and you do not have to be licensed to participate.
 - Anjanette Eash announced the annual CASA Conference will take place Friday, May 11th in Murfreesboro. The conference fee is \$40 and more information, including registration, may be found at tncasa.org.
 - Mary Rolando announced the deadline for ACEs innovation grant proposals is April 17th.
 - John Britton from TriStar Centennial’s Parthenon Pavilion announced a new intensive outpatient program (IOP) for adolescents, ages 13-17, with mental health diagnosis. There is an after-school program, Monday through Thursday from 4:30 p.m. to 7:30 p.m. The six-week program has rolling admissions and accepts commercial insurance. An open house is planned for this summer.
 - Roger Stewart announced the 32nd Annual NAMI Tennessee State Convention will be held September 27th & 28th, 2018 at the Inn at Opryland, Nashville, TN. NAMI is accepting workshop proposals at www.namitn.org.
 - Pragati Singh announced the Fourth Annual SpeakUp5K race will be in Nashville at Warner Park on April 21st. The event is in honor of Cameron K. Gallagher, a teenager who struggled with depression and anxiety and wanted to give a voice to youth quietly battling mental health challenges.
 - Justin Sweatman-Weaver announced the 2018 Music City Social Emotional Learning (SEL) Conference will be held June 27-29 in Nashville. Visit <http://sel.alignmentnashville.org/> for more information.
 - Kathy Rogers announced the Certified Family Support Specialist training will be held in Memphis on April 24-26, 2018. There will be another training June 19-21, 2018. For more information, www.tnvoices.org.

- Sarah Metter announced Wellness 66 Seminar: The Opioid Crisis will take place on May 28th and provides 4.5 CEUs. The event is free, but registration is required. Call 615-342-1919 or visit Tristarhealth.com/events for more information.
- Leslie Schenk announced the EPIC Girl 5K Walk/Run at Edwin Warner Park on April 14th. EPIC Girl is a nonprofit group working with girls ages 12-17 who come through the Nashville Juvenile Court system. More information can be found at www.epicgirl.net or on their Facebook page.
- O’Neal announced this will be her last CCMH meeting as TCCY Executive Director prior to her retirement on June 15th.

II. Approval of Meeting Summary

- O’Neal thanked Natasha Smith of TCCY for preparing the meeting summary for the CCMH meetings.
- **Motion to accept the February 22, 2018 meeting summary for CCMH (WALKER) MOTIONED (MURPHY) SECONDED, PASSED UNANIMOUSLY.**

III. Youth Suicide in Tennessee – Erin Hodson, MPH, Injury Epidemiologist, Division of Family Health and Wellness, Tennessee Department of Health

- Hodson reported data collected from the Child Fatality Review (CFR) on suicide for youth aged 17 and under. The state of Tennessee has a team of professionals designed to make accurate, thorough investigations of child deaths. The team is a multi-disciplinary collection of individuals from various occupations that affect child health and safety. The importance of such a team is to collect accurate information in every case of child death, so that a greater understanding can be reached as to the reason for such tragic fatalities, and to learn of any possible preventive measures that can be taken. US child suicides reduced, but the rate has increased in Tennessee.
- Hodson said the CFR report was just released and provides data through 2016. She reported 41 suicides in Tennessee in 2016 and expects the 2017 data to be similar. Suicide is the fourth leading cause of death in Tennessee and the US and second leading cause for ages 13-17.
- Hodson expressed alarm regarding the ages of those who die by suicide, one percent were ages five to nine, 27 percent ages 10-14 and 72 percent ages 15-17. Most victims were male (70%) compared to female (30%). She also reported racial breakdown of 83 percent were white, 15 percent black and three percent listed as other.
- The data presented showed 53 percent used a weapon, 33 percent used asphyxia and only six percent used poisoning. Hodson shared the one percent who are listed under motor vehicle were pedestrians and not driving the vehicle.

- Hodson said the number one weapon of choice was some type of firearm at 83 percent (109 youth) while eight percent used rope. Data reflects that ownership of the firearm used were by parents (54%), by the victims (22%) or another relative (15%). She went on to report 78 percent of these suicides occurred in the child's home, 14 percent happened somewhere else, six percent in a relative's home, and three percent near a roadway.
- The CFR data also provides the breakdown of youth who die by suicide who received mental health services – 37 percent received mental health services, 20 percent had not received mental health services and 43 percent was unknown. She also said 21 percent were receiving mental health services at the time of death, 29 percent were not and 50 percent was unknown.
- Hodson said she will be happy to speak more about this and answer any questions. Please contact her at 615-253-4121 or Erin.hodson@tn.gov.

IV. JFI, Keeping More than Dreams Alive – Brett Marciel, Director of Business Development and Public Relations, The Jason Foundation, Inc.

- Marciel provided a brief overview of The Jason Foundation, Inc. (JFI). Jason Flatt was an average 16-year-old student who loved sports and played football. He was active in his youth group at church and was very popular. There were no drugs or alcohol problems; however, on July 16, 1997, Jason decided to use his father's gun to end his life.
- Out of this tragedy, Jason's father created The Jason Foundation, Inc. to provide information, tools and resources that could help friends, family and educators better identify at-risk behavior and learn how to help when someone turns to them hurting and considering suicide.
- The Jason Foundation school-based curriculum and online staff development programs are available nationally and internationally. Other staff-assisted programs and parent seminars are limited to areas where JFI affiliate offices are located. The foundation began in Middle Tennessee, but now there are 113 affiliated offices and JFI is in all 50 states. You can find the office locations on their website at <http://jasonfoundation.com>.
- All services are provided at no cost. All programs operate with a triangle of prevention using objectives to make others aware, inform by teaching warning signs and providing resources. Marciel said the friends are usually the first to see the changes in the behavior.
- Marciel explained The Jason Flatt Act began as an idea presented by a young legislator in New Jersey in 2001. This was an effort to influence legislation for including youth suicide awareness and prevention training within teacher in-service training and eventually resulted in basis for The Jason Flatt Act. In 2007, The Jason Flatt Act was first passed in Tennessee and became the nation's most inclusive and mandatory youth suicide awareness and prevention legislation pertaining to teacher in-service training, requiring all educators in the state to complete two hours of youth suicide awareness and prevention training each year in order to be able to be licensed to teach in Tennessee. In all, 20 states have now passed The Jason Flatt Act (over 36% of all states).

- Marciel highlighted some of the programs available, including:
 - A Promise For Tomorrow which provides a three to five lesson unit for grades 7-12 in positive peer support for the awareness and prevention of youth suicide, and
 - A Youth Suicide Prevention Seminar for parents and communities designed so people from both inside and outside the mental health arena can deliver a quality, professional presentation on youth suicide prevention.
 - Marciel said they have a web-based program called Parent Resource Program (PRP) for schools, churches or community organizations to provide insight into awareness and prevention.
- He mentioned the B1 Project in collaboration with Rascal Flatts. The theme is “Someone you know may need a friend- B1,” encouraging young people to be aware, able and prepared for their friends. More information can be found at www.rascalflattsbl.com.
- There is also a free Smartphone app called “A Friend Asks” under Jason Foundation in the App Store or Google Play.
- Marciel reported material/curriculum was sent to over 600 schools last year and 73 new schools requested the curriculum. There were 54,000 teacher trainings in Tennessee schools alone. All programs are intended to simply recognize those youth who may need help.
- Marciel said they are willing to give presentations for parents, churches or community organizations. Visit www.jasonfoundation.com or call 615-264-2323.

V. Moving Data to Action: Leveraging Existing Data to Prevent Suicide – Michelle D. Fiscus, MD, FAAP, Deputy Medical Director, Division of Family Health and Wellness, Tennessee Department of Health and James C. Gay, MD, MMHC, Professor of Pediatrics, Medical Director, Utilization and Case Management, Monroe Carrell, Jr. Children’s Hospital at Vanderbilt

- Fiscus reported on the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), a system originally designed for early detection of bioterrorism attacks in the Washington, DC, area, following the attacks of 9/11/2001. Subsequently, ESSENCE has been adopted and adapted by the Centers for Disease Control and Prevention, Johns Hopkins University, and numerous health departments around the United States and other countries.
- ESSENCE is an automated system that collects data from the emergency rooms in real-time. It provides granule level detail and may provide earlier indication of outbreaks. She said the data contains basic patient demographics such as discharge diagnosis, age, sex, race, ethnicity with more than 70 of 109 hospitals in Tennessee participating. ESSENCE is a syndromic surveillance and a flexible tool detecting changes in emergency department population patterns and is only limited by who shows up in the emergency department. The data is fast, but not final. It provides estimates and preliminary information to supplement existing surveillance tools.

- Fiscus said ESSENCE was used to identify a pattern for the flu, firework injuries and those who travel more than 100 miles for medical care. It was also used for Hurricanes Harvey and Irma to monitor if Tennessee received any victims from Texas or Florida.
- She said some of the challenges have been collecting suicide data. Death data is often not finalized until late in the following year. The Child Fatality Review was just released and examines every death of a child under age 18 in 2016. Fiscus reported adult suicide deaths are not reviewed in detail and suicide death review provides limited opportunity of prevention.
- A possible solution is to create a query for “suicidal ideation.” This would include International Classification of Diseases 10 (ICD10) codes, emergency department chief complaint language and a query by age, sex, zip code, race, hospital, diagnosis, etc.
- Limitations include that not all hospitals report (including several large systems around Tennessee). However, Fiscus reported new hospitals are onboarding at a rapid rate. She said reporting does require monitoring where you can set parameters. There is also currently no policy or procedure in place for action, no good data on children who are injured by a firearm, but do not die and not all daycares report when a child is injured in the school.
- Gay reported on the local and national experience with primary mental health hospitalization. He said if you go back to 2010, the number of discharges for suicidal ideation or attempts had increased dramatically. He also highlighted the significant dips during certain seasons and said everyone is dealing with this around the country.
- Gay receives a list from the Administrative Coordinators for patients meeting the criteria of consultation from the psychiatric assessment service; 1:1 sitter and involvement of a mental health case manager twice a day.
- Over a three-year period from January 1, 2015 to December 31, 2017, there were 2,722 total discharges (2,230 unique patients) with a primary behavioral health diagnosis who were inpatient admissions into Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV). The age range was three to 23 years with 100 percent identified by county and zip code.
- Gay said they have shared identified community health needs with partnerships with Saint Thomas Health and Meharry.
- The three highest counties for admissions are also the counties of focus for Vanderbilt University Medical Center’s (VUMC) Community Health Needs Assessment (CHNA). They are Williamson, Davidson and Rutherford.
- Gay shared Behavioral Health Data from Monroe Carell Jr. Children’s Hospital at Vanderbilt, reporting 1,848 (69.7 percent) discharges of persons who presented with suicidal ideations, and average days in the hospital at 2.1 days. He also highlighted the comparison of mental health versus non-mental health patients and noted Hispanic/Latino White patients were under-represented in mental health admissions at 53 patients (3.2 percent) versus those admitted for non-mental health issues.

- Gay said they observed significant seasonal variation in managed behavioral care (MBHC) admissions with the most dramatic decrease in volume in the summer months. Less striking decreases were also seen over the Christmas/New Year's holidays.
- Gay explained the increase was during the school year where youth reported the most stressful time of their year with the bullying and cyberbullying.
- He said his data showed more females (n = 1488) admitted to the hospital at compared to males (n = 1234).
- Gay did note there was an increase in the age range volume in admissions. When considering multiple admissions, Gay noted one female was admitted 11 times for suicidal ideations or attempts and reported 47 percent female compared to 53 percent male had multiple admissions. The top admitting counties were Williamson, Davidson and Rutherford. There were 79 admissions from zip code 37027 (Brentwood- Williamson), 75 admissions from zip code 37013 (Antioch – Davidson). Gay reported 9 of 14 zip codes were where the child poverty rates are above the national average.
- Gay shared interventions at MCJCHV include tracking logs twice daily, tracking clinical data, having a dedicated case manager for behavioral health, conducting daily huddles between MCJCHV and Vanderbilt Psychiatric Hospital teams, and creating a subset from the sitter pool hired and trained as mental health specialists. There are also dedicated mental health social workers in the pediatric emergency department during peak hours, a dedicated inpatient team and an ongoing mental health team.
- Gay said there are statewide efforts to address and improve mental health care for children and adolescents in partnership with Vanderbilt Children's Hospital, Meharry-Vanderbilt Alliance-Community Needs Assessment- Mental Health, Tennessee Suicide Prevention Network, Children's Hospital Alliance of Tennessee (CHAT), Tennessee Hospital Association and Metro Nashville Public Schools. They will continue working with the local and statewide partners to increase awareness and advocate for improved overall mental health care for children and adolescents.

VI. Putting a Plan in Place – Suicide Prevention in Schools and Responding to a Suicide Death at School – Scott Ridgway, MS, Executive Director, Tennessee Suicide Prevention Network

- Ridgway talked about his background and what led him to the Tennessee Suicide Prevention Network (TSPN) and shared that TSPN has only six staff employed across the state.
- Ridgway began by stating one suicide is one too many Prevention, intervention and postvention are the three models in the state. He said prevention deals with suicide trainings, advocacy and public policy, suicide awareness and outreach. Intervention refers to crisis counseling/assessment, 911/police or emergency management system (EMS), walk-in centers/hospitalization/detox beds. Postvention deals with support groups, working with media and with schools and businesses.

- Ridgway reported TSPN has trained over 12,000 Tennesseans in suicide prevention and that advocacy and public policy plays a big part. There is currently a bill in the Tennessee General Assembly to create a license plate about suicide awareness. Once it is passed, citizens can support it by requesting when it is time for tag renewal.
- Ridgway provided a brief overview of the TSPN Advisory Council. The Governor appoints the members and they take a public/private partnership approach by working with several state agencies and other organizations. The meetings are open to all.
- In 2016, 1,110 Tennesseans were lost to suicide. Ridgway said Tennessee has medical examiners, not coroners who usually require specific training. There is also not a national violence reporting system. Ridgway said Tennessee does have a reporting system online where medical examiners are now being trained. The Department of Health began this training in 2015 and 2016 in an effort to clean up the death certificates and provide more accurate data reporting.
- Ridgway said we lose three Tennesseans to suicide every day. He reported 41 people (6.11%), ages 10-17, died by suicide in 2016; 53 people (7.01%), ages 10-18; 65 people (7.62%), ages 10-19; and 133 people (10.25%), ages 10-24, died by suicide in 2017. The numbers are increasing and age at attempt is getting younger.
- Ridgway talked about Jared's Law which was an amendment to the Jason Flatt Act. It aimed to prevent student suicide by requiring all employees of a Local Education Association (LEA) to complete two hours of training annually in suicide prevention and awareness and for each LEA to develop a policy on suicide prevention awareness. The law is named after former Harpeth High School student Jared Martin. Martin was living in the Virgin Islands with his family when he took his life in 2014. He was 17 and a rising senior and had told several school staff he contemplated suicide. No one took him seriously until he died by suicide. Now every district and every school employee is required to have two hours of training in suicide prevention.
- Ridgway reviewed the procedures checklist from a pilot program conducted by Maury County School, in partnership with Dr. Robb Killen. This Suicide Behavior Procedure and Checklist was created to teach schools on how to deal with intervention.
- Ridgway reports you cannot conduct assessments or counseling after a suicide without parental permission but debriefing the suicide with students does not require parental permission. After expressing suicidal ideations, a child may only leave school in the company of parent/guardian, DCS, or law enforcement. In the event the student leaves the school on his/her own without authorization, contact law enforcement informing them that a child at risk for suicide has run away from school and may be at risk to self or others.
- Ridgway also provided education on language around suicide, stating that no one "commits" suicide or "completes" suicide. The more appropriate language is "died by suicide."
- For more information, visit www.tspn.org

VII. Garrett Lee Smith – Enhanced Follow-Up Services – Diana Kirby, Project Director TLC-Connect and Target, Tennessee Department of Mental Health and Substance Abuse Services

- Kirby shared the history of the Garrett Lee Smith Grant, which was passed in 2004 under the Bush Administration’s National Strategy for Suicide Prevention, begun in 2001. The GLS Memorial Act, made federal funding widely available for the first time for suicide prevention efforts to states, tribes and colleges, to carry out NSSP goals.
- The number (ratio) of persons affected by suicidal behavior in the United States in 2014 was 41,425 deaths and 1,120,000 (27.0 ratio) suicide attempts.
- Evaluation for GLS is conducted by Centerstone Crisis Care Services and, in partnership with the Tennessee Department of Mental Health Substance Abuse Services, will participate in two SAMSHA-funded suicide prevention and intervention grants to provide enhanced follow up services to individuals who have experienced a recent suicide crisis.
- TCL Connect provides services to youth/young adults, ages 10-24, for up to 30 days. TARGET2 (Technology Assisted Recovery, Growth, Empowerment and Treatment) provides services to individuals, ages 25 and up, for up to 30 days.
- The goal of EFU program is to monitor ongoing risk and crisis management plan, ensure linkage to needed mental health and/or related services, promote engagement in services over time, reduce suicidal ideation and promote recovery.
- All clients will receive intensive follow-up services for up to 30 days. Each contact will include a risk assessment, crisis management plan review/development, means restriction education and referral linkage to additional needed services.
- Kirby reviewed the EFU Evaluation packages and Lifetiles Pro App (Get Help Now).

VIII. Council on Children’s Mental Health and System of Care Across Tennessee (SOCAT) Update – Melissa McGee, CCMH Director, Tennessee Commission on Children and Youth and Keri Virgo, SOCAT Director, Tennessee Department of Mental Health and Substance Abuse Services

- Virgo said SOCAT will begin services and taking referrals on April 9th. There 24 families enrolled at the new sites.
- McGee announced the next meeting will be a joint meeting with the Youth Transition Advisory Council on June 21st.

IX. Future Meetings and Topics

2018 CCMH Meeting Dates:

Thursday, June 21, 2018 – Joint Meeting with YTAC -- Midtown Hills Police Precinct

Thursday, August 16, 2018 -- TBD

Thursday, October 18, 2018 – Midtown Hills Police Precinct

Meeting adjourned at 1:57 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.