

STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

October 15 , 2020
1 p.m. – 3 p.m. CST/ 2 pm. – 4 p.m. EST
WebEx Virtual Meeting

Meeting Minutes

Attendees

Melissa Belair
Katherine Bell
Carole Beltz
Melissa Binkley
Amy Blackwell
Sybrenia Boleware
Daisy Brown
Kristina Casterline
Kelli Celsor
Nisha Chhetri
Amy Conard
Antwan Cook
Tim Cooper
Rob Cotterman
Kaela Cuzzone
Caty Davis
Kendyl Davis
Brenda Donaldson
CJ Duncan
Laura Durham
Anjanette Eash
Lori Elam
Caitlin Ensley
Kubra Erkal-Bryant
Stephanie Etheridge
Carey Farley
Connie Farmer
Brittany Farrar
Laritha Fentress
Alisha Flannery

Brad Franks
Kimberly Fyke-Vance
Kathy Gracey
Ryan Graham
Tamara Hall
Emily Hardin
Benita Hayes
Jaime Herndon
Eric Herring
Christy Holleman
Samina Humphreys
Crystal Hutchins
Ashley Jasinski
Monique Jenkins
Jacqueline Johnson
Jennifer Jones
Sumita Keller
Rachel Ladd
Alisa LaPolt
Toni Lawal
Russette Marcum-Embry
Melissa McGee
Teryn McNeal
Sarah Metter
Teri Montgomery
Jerri Moore
Jessica Mullins
Kayla Mumphrey
Jill Murphy
Yolanda Neal

Kelly Odum
Amy Olson
Joanne Perley
Steve Petty
Athena Randolph
Brent Robinson
Kathy Robinson
Delora Ruffin
Laura Schmitt
Elizabeth Setty Reeve
Willie Sharon Ross
Wendy Shuran
Steven Sluder
Kara Smith
Denise Stewart
Roger Stewart
Jill Stott
Morgan Tubbs
Keri Virgo
Don Walker
Zanira Whitfield
Megan Wilkinson
Jykajah Wilks
Megan Williams
Shirley Williams
Brittany Willis
Jules Wilson
Layla Wright
Matt Yancey
Charissa Yusi

Welcome, Introductions and Announcements

Sumita Keller TCCY

Keller thanked everyone for joining the meeting today. Keller reminded participants to please use the chat box to ask any questions or provide any comments. Also, the meeting will be recorded today.

Matt Yancey, Deputy Commissioner, TDMHSAS- Welcome and Thanks

ACTION to approve the June CCMH meeting minutes.

Keller motioned for the approval of the June CCMH meeting minutes.

Donaldson moved to approve the June meeting minutes, Hayes second, Unanimously Approved.

Tennessee Department of Mental Health and Substance Abuse Services

Keri Virgo, Director of Office of Children, Young Adults, and Families, TDMHSAS

Virgo informed participants that SAMHSA has approved the no-cost extension for the System of Care Across Tennessee until March of 2021. This extension allows current SOCAT providers to continue serving children and families enrolled in services, as well as administrative support statewide.

During the no-cost extension, new families cannot be enrolled. The SOCAT team has enrolled over 335 families over the course of three (3) years. Nine to twelve months is the typical stay of a family, studies have found that this time frame provides great satisfaction to families and is considered the "sweet spot" for continued success. SOCAT expansion in Tennessee continues moving forward and with a recent SAMSHA award for \$12 million to further expand SOCAT services, through the SOCAT Network grant, will allow us to do this great work for another four (4) years. Laritha Fentress will be transition to TDMHSAS and will be coordinating statewide community engagement and referrals. We are excited that we are going to be able to keep this work going for another four (4) years. More details are to come regarding the roll out of the service delivery program. We will be servicing 13 of the 15 rural counties and the 2 outlier counties are being serviced by other SOCAT service providers. In all, 95 counties will be served under this program. If you have any additional questions, please do not hesitate to email Keri.virgo@tn.gov.

Tennessee Suicide Prevention Network (TSPN) Update

Morgan Tubbs, Data and Communications Director, TSPN

Tubbs stated that the Tennessee Suicide Prevention Network (TSPN) has trained more than 4,500 individuals who work with children and youth across Tennessee. These trainings have included, but are not limited to, Questions Persuade Refer (QPR), Youth Mental Health First Aid (YMHFA), Applied Suicide Intervention Skills Training (ASIST), Columbia- Suicide Severity Rating Scale (C-SSRS), and TCCY's Building Strong Brains curriculum. In July, TSPN was awarded a grant specifically for suicide prevention efforts among those who work with children a youth in certain Tennessee counties. We have provided 27 trainings, presentations, and outreach efforts so far under this grant. This year, the National Suicide Prevention Lifeline, as well as texts to the Crisis text line, have increased significantly. We can see this as a good thing! This means that ways to access these resources are being made available and that individuals, includes children and youth, are aware that resources are

there to help them in a mental or emotional crisis. Visit tspn.org for additional information and resources.

TN Department of Health

Brittany Willis, Suicide Prevention Program Director

The Centers for Disease Control and Prevention Comprehensive Suicide Prevention Grant is a 5-year grant cycle. It began on September 1, 2020 and ends on August 31, 2025. We received a funding award of \$750,000 per year \$3.75 million total. The overall purpose of this grant is to enhance and strengthen the Tennessee's suicide prevention system by implementing data driven approaches to achieve a 10% reduction in suicide morbidity and mortality by 2025. Effective suicide prevention is comprehensive: it requires a combination of efforts that work together to address different aspects of the problem. The model above shows nine strategies that form a comprehensive approach to suicide prevention and mental health promotion. Each strategy is a broad goal that can be advanced through an array of possible activities (i.e., programs, policies, practices, and services). This model of a comprehensive approach was adapted from a model developed for campuses by SPRC and the Jed Foundation.

Respond Effectively to Individuals in Crisis

Individuals in your school, organization, or community who are experiencing severe emotional distress may need a range of services. A full continuum of care includes not only hotlines and helplines but also mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs. Crisis services directly address suicide risk by providing evaluation, stabilization, and referrals to ongoing care.

Promote Social Connectedness and Support

Supportive relationships and community connectedness can help protect individuals against suicide despite the presence of risk factors in their lives. You can enhance connectedness through social programs for specific population groups (such as older adults or LGBT youth) and through other activities that reduce isolation, promote a sense of belonging, and foster emotionally supportive relationships.

Increase Help-Seeking

By teaching people to recognize when they need support—and helping them to find it—you can enable them to reduce their suicide risk. Self-help tools and outreach campaigns are examples of ways to lower an individual's barriers to obtaining help, such as not knowing what services exist or believing that help won't be effective. Other interventions might address the social and structural environment by, for example, fostering peer norms that support help-seeking or making services more convenient and culturally appropriate.

The comprehensive suicide prevention program outcomes are as follows:

1. Increased leadership capacity
2. Increased engagement and coordination of partners
3. Increased use of surveillance data for decision making
4. Increased awareness of vulnerable populations/factors contributing to suicide
5. Increased awareness of existing suicide prevention activities and gaps in prevention

6. Increased number of prevention strategies used that form a comprehensive approach to suicide prevention.
7. Increase in the involvement of targeted communities to support the implementation of approaches (short-term)
8. Increased use of indicators and metrics for tracking impact of strategies
9. Improved utilization of evaluation findings for programmatic improvement
10. Improved capacity to sustain comprehensive suicide prevention in jurisdiction (intermediate)
11. Decreased risk and increased protective factors for suicide in vulnerable populations in jurisdiction (intermediate)
12. Reduction in suicide attempts (numbers/rates) in vulnerable populations in jurisdiction (long-term)
13. Reduction in suicide numbers/rates in vulnerable populations in jurisdiction (long-term)

The Strategy:

1. Create a coordinated multi-sectoral partnership plan
2. Use existing data to finalize the selection of the vulnerable population and to understand the circumstances of suicide.
3. Create an inventory of suicide prevention programs ongoing in the jurisdiction and identify gaps in opportunities.
4. Select strategies/approaches from the CDC suicide prevention technical package- implement a minimum of one strategy targeting each of the three tiers.
5. Create a strategic action plan
6. Ongoing implementation and evaluation

November 2020 through January 2021 TSPN will launch a suicide prevention PSA Media Campaign, providing trainings to a virtual format (converting ACE's) and provide tele-mental health training and support to mental health providers across the state. If you have any questions, you can email Brittany.willis@tn.gov or visit www.preventsuicidetn.com

Mental Health Association of East TN – Mental Health 101

Caitlin Ensley, Senior Director of Education and Outreach

Mental Health 101 began in 2000 when approached by an area teacher who was required to cover mental health with her students but didn't feel comfortable. MHA stepped in last minute with a presentation and began to receive requests from other schools and teachers. MHA then developed an official curriculum with the help of local teachers to ensure the content was age appropriate. In the first few years of the program, there were not many staff dedicated to providing the curriculum in schools but over time, as people in the community recognize the benefit of a program like this, MHA East Tennessee been able to expand considerably. When Ensley began work with MHAET in 2014, four staff were dedicated to the program – one program coordinator (Ensley) and three part-time educators. Since then, MHAET had the opportunity to hire two regional coordinators and an additional educator to be based out of Southeast Tennessee. This has allowed reach to

expand to more people with this important information. The curriculum reaches students where they are located – in schools. There will be students in every classroom ranging from those who think it will never apply to them, those with current suffering, and who in recovery. Activities for managing mental health include videos, breathing exercises, guided meditation, progressive muscle relaxation, Kahoot mental health myths, asking for help role play and more. Goals of the program are to normalize conversations on mental health and to focus on the spectrum of mental distress instead of giving student the tools to diagnose the people in their life. Providing students practical tools to utilize in their day to day lives and discuss when students should reach out to others for help. One hundred and nine total schools were served in 2020 with 390 teaching days, 99 were cancelled due to COVID.

Program Barriers

1. The first barrier is something completely new for this school year due to the pandemic. Many schools are not allowing outside visitors. However, MHAET is set up to offer Mental Health 101 virtually through a variety of platforms and took this into consideration when altering the program over this summer. Many contacts from previous years, however, prefer to stick with the traditional format. Some contacts from previous years haven't been heard from this year.
2. Beyond this, the primary barrier to Mental Health 101 is exposure and effectiveness due to unwillingness from schools to identify this topic for engaging guest speakers. Communication with teachers is at times inconsistent and impossible. The high expectations put on teachers at times makes it difficult to establish a regular rapport, and even with a consistent working relationship with a school and a teacher, staff turnover often prevents this relationship from continuing.
3. If we are invited to a school by a teacher, usually a health or wellness teacher, there are often not adequate resources for follow-up care for students. In Knox County, a county that has more resources than more rural counties, in the schools, there is not a dedicated social worker for each school. A social worker splits their time between three schools and does not have time to follow up with students who have higher needs. Further, sometimes school social workers are tasked with things that fall outside of their primary job responsibilities such as test administering that prevent care to high-risk students
4. A student only spends a small percentage of their time at school. Even with a supportive school environment, with an unsupportive home environment, a child is unlikely to receive the care they need. Parents can be dismissive of reported complaints or may even contribute to the problem through abuse or neglect.
5. Lack of community resources can also hinder a child's ability to receive the appropriate care. While resources can be readily accessed in Knox County for a variety of individuals with different socio-economic statuses, the availability of resources in rural counties is lacking, especially for those with limited incomes. I spoke at a school in Claiborne county about a month ago and had a high school student approach me after class. She reported a supportive school environment, a currently supportive home environment, but said the closest therapist her family could access was an hour drive away. For those who don't have a reliable method of transportation, it is impossible for them to receive adequate help.

How do teachers bring Mental Health 101 to their schools?

East: MH101@mhaet.com 901-871-5867

Southeast: sarah@mhaet.com 757-812-4972

Northeast: ewells@mhaet.com 615-585-6348

TDMHSAS Suicide Prevention Programs

Joanne Perley, Program Manager, suicide Prevention Services

Suicide prevention must recognize and affirm the cultural diversity call, dignity, and importance of each person. Suicide is not solely the result of illness or inner conditions. The feelings of hopelessness that contribute to suicide can stem from societal conditions and attitudes. The Crisis Line can be reached via phone at 855-CRISIS-1. Tennessee Lives Count CONNECT is a youth suicide early prevention/intervention project that is funded through a Federal grant. CONNECT serves youth ages 10 through 24. Prevention /intervention services are provided through suicide gatekeeper training and follow-up services for youth.

Youth and Young Adult Suicide Prevention and Mental Health Awareness (Centerstone) 0-25 Years of Ages

The Youth and Young Adult Suicide Prevention and Mental Health Awareness program is funded by the state of Tennessee to prevent suicide and promote better mental health among Tennesseans up to 25 years of age. The program expands outcomes based suicide prevention activities, including conducting outreach, providing mental health awareness, and suicide prevention training to Institutions of Higher Education; and assisting Middle Tennessee Pediatric Offices in establishing processes for providing suicide risk screening and referrals, as indicated to treatment and services.

Mental Health 101 (MHAET) K-12

The Mental Health Curriculum 101, developed by the Mental Health Association of East Tennessee (MHAET), provides mental health information with a focus on youth suicide prevention and resources to middle and high school students statewide. Research indicates that Peer Awareness about suicide, providing youth with knowledge about warning signs and the importance of telling an adult, does indeed prevent suicide. The 101 curriculum also provides information about mental illness, the goal is to promote acceptance and understanding that mental illness is a “real” biological illness and thus reduce the negative stigma associated with mental illness. Specific information and resources are provided including information for youth that have a mentally ill parent.

Project Tennessee (Jason Foundation) K-12

2-hour educational curriculum for teachers, students and parents about the signs of suicide; provides tools and resources needed to identify at-risk youth. Location: at least one school in all 95 Tennessee counties.

School & Communities Youth Screen Program (TN Voices) K-12

Scientifically based screening tool designed to identify at-risk youth; provide effective interventions to assist with their treatment. TeenScreen is a national mental health and suicide risk-screening program for youth.

Tennessee Suicide Prevention Network (TSPN) All Ages

Statewide coalition of agencies, advocates and consumers that oversee continuing implementation of suicide prevention strategies in Tennessee to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma of seeking help associated with suicide, and to educate communities throughout Tennessee about suicide prevention and intervention strategies.

Contact Joanne Perley, MPH at Joanne.perley@tn.gov

Centerstone Suicide Prevention Services

Megan Williams, Director, Suicide Prevention Services

The TLC Connect 2 grant provides services to youth and young adults, ages 10-24, for up to 30 days. At a minimum, the patient will receive weekly, telephonic support with possible telehealth/app support. This is a FREE service to youth who have recently experienced a suicidal crisis. All referrals are contacted within 24 hours of receipt. Criteria for referral:

Program Services:

- Monitor ongoing risk and crisis management plan
 - Complete, weekly telehealth and telephonic/app check-ins, to reduce reoccurring suicidal ideations.
 - Ensure linkage to needed mental health and/or related services
 - Promote engagement in services over time
 - Reduce suicidal ideation, through check-in and collaboration with referral sources (mental health providers, ED, Inpatient facilities, PCP).
 - Promote recovery
1. Ages 10-24, with clients 16+ being able to consent without a parental guardian (see Tenn. Cod. Ann. 33-8-202).
 2. Suicidal ideation (thoughts of suicide) or a suicide attempt that does not require referral to a higher level of care.

To make a referral please send to:
Email: SAMHSA.referral@centerstone.org
Fax: 615-463-6508

If you have questions or would like more information about these services, contact:
Addrienne Alsup, MSW ☐ O: 615-476-9771 ☐ Email: Addrienne.alsup@centerstone.org
Megan Williams, MA O: 615-460-3966 ☐ Email: Megan.williams@centerstone.org

Rachel Ladd, Program Evaluator, Centerstone Research Institute

The overall purpose of the Connect 2 evaluation is to assess both the degree to which participation in the program results in recovery from suicidal ideation, and the extent to which the program is implemented with fidelity.

This will enable us to...

1. Describe participants' suicide experiences leading to enrollment in the R-CFP.

2. Evaluate feasibility and acceptability of the R-CFP.
3. Evaluate the process/program efficacy of the R-CFP.
4. Evaluate participant outcomes of the R-CFP, as measured by the extent to which proximal risk factors for suicidal ideation are reduced.

Goal and success orientation were significant for phone and phone + text, but not phone + text + F2F

These results were not moderated by any program-level factors, including hours of psychotherapy, referral engagement, and crisis plan adherence. Individual-level factors, including age, gender, race, or sexual minority status, also had no significant impact on program outcomes. Finally, indicators of clinical risk (i.e. PHQ9 scores) were also not related to any outcomes. Youth clients enrolled in PT relative to PTF did significantly better on goal and success orientation (standardized beta = .384). For no domination by symptoms, youth clients enrolled in PT did significantly better than PO (standardized beta = .345). Finally, for self-stigma of mental illness, clients in PTF did worse with significant increases relative to PO (standardized beta = .422).

Young Adult Leadership Council

Jules Wilson, Youth and Young Adult Coordinator, TDMHSAS

The next meeting for the YALC is taking place on November 7th from 12 – 3 pm CST/ 1 – 4 pm EDT. If anyone you know is looking for any peer support or additional services, please take a look at our website for additional news and information. The YALC was invited to present for the Certified Peer Recovery Specialist Conference on How to Have Difficult Conversations. The 50 min presentations called What, Why and How to have difficult conversations was a huge success. We want to thank everyone at CCMH for encouraging us to keep the conversation going and also giving us the courage to expand on the presentation.

Crystal Hutchins, Social Marketing Specialist, TN Voices

The Dare 2 Dream America program provides an opportunity for youth ages 13 to 25 or Youth MOVE Chapters to get involved in mental health awareness activities. Successful applicants are awarded a grant up to \$3,000 to implement projects that promote mental health awareness. The application is to be submitted by young adults for young adults, with help from a supportive adult. TNV D2D projects that are currently taking place are the Young Adult Mental Health PSA initiative and suicide prevention month. The link for the new PSA initiative was sent to Melissa McGee for distribution.

Questions

None were presented during this meeting.

Closing

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.