

STATE OF TENNESSEE
**COUNCIL ON CHILDREN'S MENTAL HEALTH/
YOUTH TRANSITIONS ADVISORY COUNCIL**

June 18, 2020
1 p.m. – 3 p.m.
WebEx Virtual Meeting

Joint Meeting Minutes

Attendance:

- | | |
|---|--|
| <ol style="list-style-type: none">1. Conrad, A.2. Aguzzi, Dave3. Aitken, Jen4. Aknay, L.5. Ballard, Brittany6. Battle, Tomma7. Berestecky, Jon8. Binkley, Melissa9. Blasbery, Liz10. Bond, Hope11. Bonner, Natasha12. Bradfield Cory13. Bray, Tara14. Breithaupt, Jeremy15. Butler, Sherry16. Cano, Michelle17. Carruthers, Susan18. Celsor, Kelli19. Certion, Constance20. Cobb, Dana21. Conrad, Amy22. Cook, Antwan23. Cooley, Keita24. Cope, Susan25. Cotterman, Rob26. Daugherty, Katie27. Davis, Caty28. Donaldson, Brenda29. Doyle, Gidget30. Eash, Anjanette31. Easley, Avis | <ol style="list-style-type: none">72. Madison, Pam73. Marlin, Joe74. Matthews, Courtney75. McGee, Melissa76. McHaney-Taylor, Justine77. McNeal, Teryn78. Meyer, Rachel79. Mitchell, Kendra80. Montgomery, Teri81. Moore, Jerri82. Moore, Teresa83. Morris, Morgan84. Mullins, Jessica85. Mumphrey, Kayla86. Neal, Yolanda87. Nobling, Robin88. Ogilvie, Frank89. Paling, Kristi90. Parriott, Matthew91. Pearson, Jenny92. Peer, Kimberly93. Petty, Steve94. Pinsly, Elliot95. Platt, R96. Pollard, Marissa97. Powell, Linda98. Ramakrishnan, Abinaya99. Randolph, Athena100. Robinson, Brent101. Robinson, Kathy102. Rogers, Kathy103. Rust, John |
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- | | |
|--------------------------|-----------------------------|
| 32. English, H | 104. Scott, Christina |
| 33. Etheridge, Stephanie | 105. Scruggs, Jordan |
| 34. Farley, Carey | 106. Setty Reeve, Elizabeth |
| 35. Fentress, Laritha | 107. Shuran, Wendy |
| 36. Fleishman, Jane | 108. Shutze, Raquel |
| 37. Fortney, Krystal | 109. Sluder, Steven |
| 38. Fye, Kirby | 110. Smith Knight, Anna |
| 39. Fyke-Vance, Kimberly | 111. Smith Knight, Alysia |
| 40. Gaddis, Haleigh | 112. Snodgrass, Carla |
| 41. Gaylord, Megan | 113. Spears, Stacy |
| 42. Graham, Ryan | 114. Stebleton, Lynette |
| 43. Granger, Debra | 115. Stewart, Roger |
| 44. Grier, Shanaya | 116. Talley, Jackie |
| 45. Hall, Tamara | 117. Taylor, La'Garrious |
| 46. Halliburton, Willie | 118. Taylor, Vicki |
| 47. Hammonds, Samantha | 119. Thomas-Wade, Brandy |
| 48. Harger, Bonita | 120. Tribble, Heather |
| 49. Harrell, P | 121. van Eys, Patti |
| 50. Harris, Rikki | 122. Vasser, Caitlin |
| 51. Head, Magdalynn | 123. Vinson, Jennifer |
| 52. Hill, S | 124. Virgo, Keri - |
| 53. Holmes, Robert | 125. Voris, Stephanie |
| 54. Hones, Laura | 126. Voss, Will |
| 55. Humphreys, Samina | 127. Walker, Don |
| 56. Hutchins, Crystal | 128. Webb, N |
| 57. Jasinski, Ashley | 129. Whitfield, Zanira |
| 58. Jenkins, Janet | 130. Williams, Shirley |
| 59. Jenkins, Joan | 131. Wilson, Jules |
| 60. Jenkins, Monique | 132. Wilson, Rema |
| 61. Jenkins, Raymond | 133. Wilson, Tammy |
| 62. Jones, Jennifer | 134. Wright, Layla |
| 63. Jordan, Alisa | 135. Yancey, Matt |
| 64. Journey, Jasmine | 136. Yeargan, Amanda |
| 65. Keller, Sumita | |
| 66. Kennedy, Richard | |
| 67. Kinkead, Leslie | |
| 68. Kirby, Diana | |
| 69. Lawal, Toni | |
| 70. Lewis, Rebekah | |
| 71. Lombardi, Barb | |

Welcome, Introductions and Announcements

Richard Kennedy, Executive Director, TCCY

Kennedy congratulated Keri Virgo on her recent promotion to the Director of the Office of Children Young Adults and Families at the Department of Mental Health and Substance Abuse Services. Kennedy state, "we are thankful, excited and proud of Keri and looking forward to working with her in her new role." Virgo thanked the Commission and Kennedy for the congratulations.

Matt Yancey, Deputy Commissioner, TDMHSAS

Yancey thanked everyone for the opportunity to speak with the joint meeting of CCMH and YTAC. He thanked both councils for meeting to address this very special topic, as young adults are in a very unique time in their lives. Yancey stressed that often the system is not sensitive to different needs of young adults and this transitional period is very important. There are specialized services pertaining to young adult mental health to assist with the healthy transitional supports needed during this time. Yancey stressed the importance for TDMHSAS to provide treatment and services support and resources for these transitioning young adults. TDMHSAS partners with agencies, TN Voices, Mental Health Cooperative, and Frontier Health, and others, to provide Tennessee Healthy Transitions Initiative services. Health Transitions also supports TDMHSAS' Young Adult Leadership Council. He thanked Jessica Mullins, Diana Kirby, Jules Wilson, Caty Davis, Don Walker and the community partners, TN Voices for being instrumental with in TDMHSAS' focus on this population. Studies have shown that early intervention in the young adult age can lead to early success in a first psychotic break. When care can be mitigated early on, we can prevent though disorders as youth and young adults move into adulthood. TDMHSAS wants to ensure that we are providing as many services as possible. I want to thank Kennedy and McGee for the coordinated collaborative effort addressing the issues in TN.

Department of Children's Services – Young Adult Advisory Council

Courtney Matthews, Director of Independent Living, DCS

Matthews expressed excitement and thanks for being part of the meeting. Members of the Young Adult Advisory Council were not able to join but are thankful to be included today. The last time YTAC met, the Office of Independent Living provided an update on our response to COVID-19. We are still working through this to ensure the needs of our young adults were met and are continuing to be met. The first priority was to focus on our young adults who were transitioning to colleges. Thanks to Youth Villages for support in providing our young adults with the resources and tools to access classes completely online. DCS-IL has also held youth led council meetings, where member shared information from peers and other young adults can weigh more than an adult trying to give them the same information. We also encouraged the young adults to continue to try to stay as connected as possible to friends, therapist and family as much as possible. The young adults also participated in a survey during this time to reach them and assist with a need they might have and received over 120 responses. The first question asked what impact COVID-19 pandemic had on your living housing situation. Over 80% of respondents stated their living situation was unchanged. On the other end of the spectrum, 4.58% have been or are being forced to leave their current residence and 5.34% who feared being forced to leave. Those responding with housing disruptions had their information sent to their IO specialist, and if they receive Youth Villages LifeSet service it was sent to them as well to reach out to the young adult directly. Similar process was followed for the additional questions, such as are you practicing social distancing? What impact has COVID-19 had on your employment and have you received a stimulus stipend?

Dave Aguzzi, DCS

Extension of Foster Care Services has experienced higher numbers this fiscal year. There is potential the partnership with Youth Villages has assisted with numbers this year, and will continue to follow this trend. Aguzzi stressed this is some good news for DCS-IL, and hopes to see this trend into the future.

- **EFCS Episodes to 5/31/2020**
 - Total EFCS episodes 750
 - Total Young Adults Served 744
 - Total Active in EFCS 359

- **EFCS Data Category FTTD19**
 - Total EFCS episodes 727
 - Total Young Adults Served 713
 - Total Active in EFCS 339

Questions

1. McGee asked a question from the chat box. Matthews stated that all surveys were sent to all 12 IO specialists, DCS resource centers and to Youth Villages across Tennessee. DCS can send the survey to other listservs and community partners as well.
2. Kennedy asked Matthews what do they worry about during this time? Matthews stated that basics needs, and housing facilities is a worry the team. If young adults are not able to work or keep living, this is a big concern. Being able to maintain their current shelter and housing is very important. It is important to reiterate that the services are available for all qualifying youth as needed.
3. Rebecca Lewis asked for clarification that most of the respondents were young adults already receiving services. Matthews reports respondents were from the Extension of Foster Care and Youth Villages Life Services, and some who responded that were not a part of any of services.

Youth Villages Crisis Services

Natasha Bonner, Crisis Supervisor, Memphis, Youth Villages

Bonner took over the presentation and walked the Councils through how a crisis team responds to an event. The first step is a decision by the triage counselor on if the situation can be deescalated through the phone call. This option can provide safety planning, referral to services and follow-up contact to assist with a resolution. If the situation cannot be deescalated through the phone, a responder is dispatched to conduct a face-to-face assessment. The responder arrives on site and a comprehensive assessment involving key players is started. After the assessment, referrals to services and disposition are provided, a follow-up with providers and/or guardians are set, and we begin monitoring the case. Regardless of outcome, whether the child is referred to a facility and admitted or sent home, the family receives a safety treatment plan from the crisis responder.

Megan Gaylord, Crisis Supervisor, Rural West, Youth Villages

Gaylord began the presentation with an explanation of Youth Villages' Crisis Services. A crisis team responds to anyone in Tennessee under the age of 18 needing evaluation for a mental health emergency. What this means is the responder is with a child and family on what could possibly be the worst day of their lives. Youth Villages has a 24/7 call-in number that parents and children can call at any time, and as indicated, on-site response is available so a family does not have to go to an emergency room or a detention center to be assessed, responders are able to travel to the child or family. A mental health emergency is defined as a youth is acutely and imminently at risk of harm to self or others: suicidal thoughts/ideation, threat, or attempt, homicidal sever aggression and psychosis. Youth's needs far exceed the functional capacity of the immediate social environment

and behavior places the youth at risk of out of home placement. Youth Villages works closely with the TDMHSAS. In addition, Youth Village can also assess people for homicidal behavior and the potential for mass violence. When assessing for potential for mass violence, assessment is made for duty to warn, identify the type of threat, check social media, talk to school personnel and consult with law enforcement. The assessment also checks for aggression - physical, verbal, sexual and emotional.

Gaylord shared trends seen since COVID-19, as well as a breakdown of the following - attending outpatient services, inconsistent medication, disruptions of sleep cycles, lack of daily schedule with a variety of activity, financial strain on families, parents exhausted from constant care of children and lack of respite resources due to COVID risk.

What, How, and Why We Have Difficult Conversations – Young Adult Leadership Council (YALC), TDMHSAS

Jules Wilson, Youth and Young Adult Coordinator, TDMHSAS

Wilson opened the presentation of What, How and Why we Have Difficult Conversations with explanation that the YALC will share with a wide variety of point of views and experiences of young adults today. The YALC consists of youth and young adults, ages 16-30, who self-identify as living with mental illness, substance abuse, and/or systems involvement (e.g. Foster Care, Child Welfare, Juvenile Justice, Housing etc.). Wilson emphasized that young adults are here because we have a seat at the table and expressed thanks to Steve Petty and Mellissa McGee for building the relationship between them and other agencies and the conversation to constantly make room for us at the table at all times. A big reason why YALC exists to help with system changes, through honesty and sometimes tough conversation.

Crystal Hutchins, TN Voices, Young Adult Leadership Council- Social Media Expert

Hutchins presented the group norms to the group and the young adults and asked for feedback, all were agreed upon for this conversation and are listed below. The group norms below can be used or changed to fit your comfort level.

1. Create and maintain a safe space- each person, along with their opinion should be respected. If at any time you feel uncomfortable with an opinion or topic, you can always mute the conversation to ensure your comfort, as well as the other participants comfort.
2. Do not call on each other- each participant will have their own opinion and experiences with this topic, but some individuals participate in different ways than others. To avoid making others uncomfortable, please let each person speak at their own discretion.
3. Assume that everyone has the best intentions- Use "I" statements, use "Yes, and" statements and avoid the word "but".

How Can We Be More Creative with our Healthcare and Increasing Accessibility? – YALC

Rebekah Lewis, Young Adult Leadership Council

The group norms were created to provide everyone with space for safe discussion and to allow everyone even footing to have difficult conversations. All those participating need to know that it is safe to share in order to build trust and lessen the fear of creating trouble by speaking up. Having group norms is one way of saying " I am making space for you".

Lewis discussed how young adults can be more creative with healthcare and increasing accessibility to healthcare. To fix problems, we must be able to look at them clearly. In the healthcare system, especially in mental health and substance abuse, young adults are working to correct some old bad habits, such as the stigma against talking about mental health. Young people can contribute a great deal of wisdom when discussing mental health issues. It is our responsibility to make our spaces as safe and open as possible. Lewis emphasized safe spaces are diverse spaces.

Finding Help through a Mental Health App - YALC

Abinaya Ramakrishnan, Young Adult Leadership Council

Ramakrishnan began her presentation on finding help through a mental health app and how to better help youth and young adults during the COVID pandemic. Apps give us an opportunity to understand unique lived experiences and augment care when needed and on demand. Apps can really become personalized and responsive and have evidence-based care. For example, if you have an iPhone your phone can track how many steps you take how active you are and that can give you a better understanding of your health and how that impacts you overall. We can also use apps as early signs of relapse. Over time, a physician can see how your mood changes for example and change a patient's medication or plan based on differences in trends of mood. However, apps may have a negative impact for patients and provide exaggerated claims of effectiveness if used inappropriately or not for the right reasons. The database Ramakrishnan and her colleagues have created assist with finding reputable apps- an evaluation guide to clarify any confusion about individual questions. If you would like additional information or to become a rater, you can reach Abinaya Ramakrishnan at the email below. Abinaya.ramakrishnan@vanderbilt.edu

YALC Panel

Will Voss, Director of Contracts, TN Voices

Jasmine Taylor-McHaney, TN Voices, Young Adult Leadership Council

Jordan Scruggs, Young Adult Leadership Council

Voss thanked McGee and Petty and the TCCY team for this meeting and inviting the panel to speak and have this potentially difficult conversation today. Jasmine Taylor-McHaney and Jordan Scruggs will be participants on the panel discussion for today.

1. What has it been like to navigate the mental health care landscape as a young black person searching for services?
 - a. Taylor stated that she wanted to first point out that she is a lighter skinned African American and that her experience dealing with the mental health care landscape will be different than that of a black or brown skinned person seeking assistance. She stated she is hypervigilant of this and understands that she has to use her platform to speak up about this every day. She states her experience would be watered down, and did not want to negate the question, so she passed this over to her peer, Jordan Scruggs.
 - b. Scruggs stated that they have learned over the years that their interaction and relationships with mental health facilitators has not been a positive one for the most part, for them or their family. Scruggs reports they use medical professionals who are people of color or a recommendation from a person of color and it has been a slow but steady search for the right professionals that understand them and can

relate to the specific concerns that I have. For example, I have been specifically looking for a counselor who is a person of color and that process has been halted since the COVID lockdown. So, I am still currently without a therapist and finding hard to get the assistance and services that I need.

2. What do you wish the mental health care landscape had readily available for young black people in need of services?
 - a. Taylor stated that she wishes that education and accessibility to find services and medical professionals was easier. If more people of color were more educated on how to access these types of services, use of services may increase. Unfortunately, most people of color don't know where to start. For example, having representatives come to lower income areas more often would increase access to supports and services.
 - b. Scruggs stated that a people of color networking group would be great. Word of mouth and referrals can be a good way to get the word out. Also, encouraging people of color to apply and gain degrees in higher roles and career choices.
3. How can we be sensitive and intentional in having conversations around racial issues?
 - a. Scruggs stated that making assumptions is the biggest mistake. Also, to leave the stereotypes at the door. Not making the assumption that a person of color can't pay for a service or will need assistance for other services. Be honest and know that a person of color is coming to you for a safe space and that an open heart and mind is what we are looking for.
 - b. Taylor stated that meeting everyone where they are is extremely helpful. Also, when being sensitive to other experiences and views is also important. The panel that we are on now seems intentional and everyone in the meeting is very open to hear what we have to say.
4. What do you wish allies would say when they express interest in learning more about racial issues?
 - a. Taylor stated that her first reply is from a place of subjectivity and she hopes that her response will be taken from a place of pureness and honesty. It has been warming to know that they have more allies than they did originally. However, the first great step is to be ok with where they are. For example, if you are the manager over a specific grant, you know and understand how the funding could assist people of color or people in general. Maybe speaking up and redirecting those funds to assist another group within the grant requirements of course could be a great way for allies to learn more about racial issues. Also, I think that privilege doesn't have a negative connotation. When you acknowledge that you do have privilege, use it in a good way.
 - b. Scruggs stated that they agreed with Taylor's response. The biggest piece is being open to learning and unlearning what you have been taught. We have all been taught things that are not correct. Some things have been engrained in our minds and unlearning some behaviors is part of the learning process. Being honest and transparent about working on things and learning is a better reply than a hostile or negative reply. Just being open to learning.
5. How can we be culturally responsive when having a dialogue about ACES and being trauma informed?
 - a. Taylor stated that she is very aware of ACEs and that ACEs began with a study performed in the early 90's on a predominantly white sample group. We learned that even with this sample that ACEs can be found in pretty much any sample group. Discussing historical trauma is a really big part of being culturally responsive. The narrative that people have and the experiences throughout history is extremely

important. There is a lot of mistrust when referring to historical trauma and that puts a huge barrier between how people of color ask for help. Scruggs stated that doing research before having conversations with people of color is helpful. You have to be willing to find the information about history, lived experiences and other instances before you begin your journey. I think the best way to be culturally responsive is to educate yourself on these experiences that people of color have endured.

Closing

2020 CCMH Meeting Dates:

Thursday, August 20, 2020

Thursday, October 15, 2020

2020 YTAC Meeting Dates:

August 6, 2020

October 1, 2020

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.