



STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

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Council on Children's Mental Health

March 12, 2015

10 a.m. – 3 p.m.

TriStar Skyline Madison Campus – 4th Floor Conference Room

MEETING SUMMARY

Attendees:

Chloe Alcorn
Sandra Allen
Elizabeth Ball
Louise Barnes
Audrey Batts
Kathy Benedetto
Lymari Benitez
Jessica Benton
Brenda Beverly
Melissa Binkley
Dakota Bolton
Cory Bradfield
Annie Brewster
Tiffany Brooks
Jonelle Brown
Nicole Bugg
Rebecca Carmack
Diana Casella
Dana Casey
Monica Causey
Pat Conner
Michelle Covington
Casunda Cross
Holly Crowe
Michael Cull
Tasha Dayhoff
Brenda Donaldson

Jana Dreyzehner
Karen Edwards
Constance Eneh
Bre Erickson
Charles Freed
Deborah Gatlin
Stephanie Grissom
Kaley Gross
Ashley Harrington
Adam Horn
Kara Huffman
Melissa Isbell
Brittney Jackson
Karla Jones
Dustin Keller
Richard Kennedy
Kristy Leach
Kisha Ledlow
Bobby Lokey
James Martin
Dustin McClary
Melissa McGee
Chloe McKennon
Lexi McKennon
Michele Moser
Michael Myszka
Catie Nichols

Amy Olson
Linda O'Neal
Tim Perry
Steve Petty
Vicki Pillow
Clayton Ramsey
Rebecca Robinson
Kathy Rogers
Amanda Ross
Melinda Savage
Raquel Shutze
Macy Smith
Kathryn Spittler
Wendy Sullivan
Nikki Swann
Millie Sweeney
April Tanguay
Andrea Thaler
Bo Turner
Patti van Eys
Keri Virgo
Will Voss
Keisha Walker
Shauna Webb
Sejal West
Andrea Westerfield
Alysia Williams
Mahi Yarlagadda

Welcome, Introductions and Announcements (Linda O’Neal)

- O’Neal thanked Amanda Ross, Director of Behavioral Health Outreach of Skyline Madison, for helping secure the conference space for this meeting and also expressed gratitude to Andrea Thaler and Michael Myszka of TennCare for their assistance in the use of the TennCare facilities over the past year. O’Neal presented both Thaler and Myszka with a token of appreciation from the Council.
- CCMH will be meeting at a new location for the majority of the remainder 2015 meetings, with the exception of the June date. Excluding June, the new meeting space is located at the Midtown Hills Police Precinct, 1443 12th Avenue South in Nashville. Due to a conflict with this space for the June meeting date, CCMH will be held at the Goodwill Industry Headquarters, 1015 Herman Street, Nashville. CCMH is thankful for the opportunity to continue to use community space for these important meetings.
- Introductions were made around the room and O’Neal thanked all for their attendance at this rescheduled meeting and the presenters for working this meeting into their calendars.

Grants and Awards Updates (Sejal West, Assistant Commissioner, Mental Health Services)

- West began her report with an update on two budget hearings at the legislature regarding DMHSAS. She provided a summary around the budget process which begins in the fall of each year. For FY 2015-2016, the Governor asked each state department to submit proposed budget cuts totaling 7 percent of the Department’s current budget. Ultimately, DMHSAS proposed cuts totaled \$1.1 million, with about \$500,000 reduction in uninsured inpatient funding and \$215,000 from the Assertive Community Treatment program. West also noted nothing is final until the final budget is approved by the Legislature prior to the end of the legislative session.
- Within DMHSAS, the Division of Mental Health Services is undergoing a reorganization. Sukey Steckel, former Director of the Office of Statewide System of Care Initiatives, has moved on to a new role within DMHSAS. With this change, West has identified opportunity to reorganize the division and has created a Director of Children & Youth (C&Y) Services positions, which will provide unified supervision for the Regional Intervention Program, Children and Youth programs, and SOC sections of the Division. All Project Managers within the division will report to the C&Y Director. Melissa Sparks, Director of Crisis Services and Suicide Prevention Services, will also be a member of this team in the capacity of C&Y crisis services. The C&Y Director will oversee and monitor all Federal- and State-funded grants and contracts dealing with C&Y and SOC projects.
- West was pleased to report that the Division applied for 15 grants over the past year and was awarded eight, totaling \$22 million over the next five years.
- West also provided a deeper look into the Healthy Transitions Initiative grant. This is an exciting new initiative that focuses on transition aged youth, 16-25, who may be

disconnected and who already have, or are at high risk of, developing serious mental illness. The goal is to increase awareness and engagement of these youth using the values and principles of System of Care that can be very flexible and will facilitate a seamless transition from child-serving systems into adulthood and adult care systems. The providers for the Healthy Transitions Initiative are Carey Counseling, Volunteer and TVC. The contracts are nearing completion and a Project Director will be identified within the next few weeks.

- DMHSAS also received two new suicide prevention grants. The first is for children and youth ages 10-24, where suicide is the third leading cause of death. The grant will fund expansion of training efforts for mental health professionals and various first responders to identify people who may be contemplating suicide and with ongoing follow-up. The second suicide prevention grant is for adults ages 25-64 and Tennessee is one of only four states to receive this grant.

Announcements (Linda O’Neal)

- O’Neal called for announcements:
 - *The Coalition for Mental Health and Substance Abuse Services Behavioral Health Day on the Hill* – March 18, 2015, 8:30am to 4:00pm CST, Nashville TN.
 - 2015 CCMH meeting dates:
 - April 23
 - June 18
 - August 27
 - October 22
- October 30, 2014 Meeting Summary Acceptance (**SWEENEY, MOTION, VIRGO SECONDED, PASSED UNANIMOUSLY**)

Children’s Community Based Services Redesign Collaborative Pilot (Bureau of TennCare, TDMHSAS, TAMHO, MCOs, Providers, Family Organizations, and Families/Youth)

- Dr. Patti Van Eys, Chief Clinical Officer for Omni Visions, and former Clinical Director for BlueCare TN until February 2015, identified the *collaborators* for the pilot:
 - TennCare –
 - Andrea Thaler
 - Michael Myszka
 - Shawn Smith, also played a big part in the pilot process but could not attend today.
 - AmeriGroup –
 - Dana Casey
 - Dr. Jana Dreyzehner

- BlueCare TN –
 - Dr. Deb Gatlin
 - Melissa Isbell
- TAMHO –
 - Alysia Williams
- Tennessee Voices for Children –
 - Adam Horn
 - Brittney Jackson
 - Rikki Harris was also thanked for her support with Kathy Rogers also in attendance.
- TDMHSAS –
 - Keri Virgo
 - Sejal West
 - Susan Steckel
- TCCY –
 - Dustin Keller, former CCMH Director and now with Camelot Care for his involvement and leadership in training.
- van Eys also identified the collaborative *providers* for the pilot:
 - United Healthcare –
 - Tricia Lee (not present, Dr. Charlie Freed in attendance)
 - Youth Villages –
 - Nikki Swann
 - Stephanie Grissom (in attendance but did not participate in panel)
 - Tennessee Voices for Children – as noted above.
 - Centerstone –
 - Michelle Covington
 - Cindy Cothran (not present)
 - LifeCare
 - Jonnelle Brown
 - Health Connect America
 - Melinda Savage
 - Dustin McClary
 - Bobby Lokey – Successful consumer member of pilot group.
 - Mental Health Cooperative –
 - Andrea Westerfield
 - Audrey Batts
 - Volunteer Behavioral Health –
 - No representative able to be present at this meeting.

- Involvement in this Care Coordination Redesign pilot was limited to Middle Tennessee providers and initiated through an application process begun in March 2014. Trainings were completed in the Spring and Fall of 2014 on Systems of Care values and principles, wraparound tenets and the Child and Adolescent Needs and Strengths (CANS) Assessment. Two tracks were identified, Mental Health Care Coordination (MHCC) and a more intensive service, Home Based Treatment (HBT). As of February 2015, 30 families are enrolled in MHCC and 32 families are enrolled in HBT. The goal of this project is to serve 110-120 families. Six families are receiving Certified Family Support Specialist (CFSS) services. Applicable families and/or children are identified by the MCOs and/or the providers with consideration given to appropriateness of treatment modalities.
- Casey, AmeriGroup, reports that the providers are working well as a team and AmeriGroup has added a utilization review specialist to their teams that allows families to be involved in the open discussions when unforeseen issues arise. Teams have been able to identify concerns, including when a caseload may become too large to adequately address issues, or the infrastructure is not as strong in a particular area, and all parties are working on solutions in effort to provide the most effective services.
- Thaler voiced agreement with the usefulness and helpfulness of the open discussions and added she has never seen such a high level of collaboration.
- Virgo, TDMHSAS, provided wraparound training and participates at the table with the providers and care coordinators as they discuss the SOC approach and making it applicable for their families. She leads monthly calls to the providers to get updates on cases and provides tools and technical assistance when warranted.
- Swann emphasized that caregivers have a perspective that the family care team needs to hear.
- Savage, Health Connect America, introduced Lokey, a consumer currently enrolled in pilot services. He will be the first successful graduate of MHCC. Lokey had already been in juvenile court with substance use disorders and had taken care of himself since the age of 13 by stealing, robbing, and selling and using drugs. He became aware of the project through one of his care workers and enrolled himself into services. Today, he has graduated from high school and is making arrangements for financial aid for college.
- Horn and Jackson, TVC, stressed the importance of advocacy for families who need support and peer-to-peer services. Jackson works in the schools, provides for home based mental health services, and wants to build a presence in the communities for further advancement of care coordination.
- Michelle Covington, Centerstone, said the pilot project has been a learning event where all participants have worked well together. Some concerns, including the current pilot model, certain roles and funding structures, will need to be altered further in order to be most effective and sustainable. Some measures also take longer than the allotted thirty

days to complete; however she continues to emphasize incredible team effort and openness. New engagement is needed and family teams need a strong buy-in from the juvenile justice and education systems.

- Alysia Williams, TAMHO, further supported the extensive teamwork, noting that team members made a commitment to continue to attend meetings every other week, from April through December, (sometimes even in difficult weather) but they enjoy sharing progress and success stories and look forward to examining the outcomes.
- Thaler reported that data is just beginning to be gathered on effectiveness of this pilot. The three MCOs and TennCare will continue the pilot through at least June 2015 and then make a decision about expansion statewide. Teamwork continues to be a theme as she noted that some family care teams have pulled new members, not part of the pilot, but important components in providing wraparound care. Thaler also noted that a strength of the program is that care coordination can be flexible.

Family and Youth Presentation (James Martin and the Mount Pleasant Middle School of Visual Arts)

- Martin provided introduction to the next topic of bullying and reported that bullying continues to be a hot topic of the day for school-age children. When Muletown, an SOC-based program in Maury County, Tennessee, was in operation, a Youth Advisory Council was established that is still in existence. This Council has transformed into a group of girls at Mount Pleasant Middle School who focus on ending bullying in their school. Martin reported he has met hundreds of youth through that Council and heard many stories about suicide and bullying. He then introduced the ladies from Mount Pleasant Middle School who shared about their passion and efforts in their school.
- There were six 6th grade girls in attendance. The group was able to get a teacher/sponsor and now meets every Tuesday. They have had a bake sale, a poster contest and other projects to get the word out about ending bullying. They want to raise awareness about bullying and what students can do to about it and encourage students to report any incidents of bullying. They were enthusiastic in their presentation and believe they are making a difference.

System of Care Evaluation (Dr. Lymari Benitez)

- Benitez began by explaining the process of evaluation for the SOC Expansion Initiative. Evaluation is being conducted at three levels:
 1. Children, Youth and Families
 2. Practice
 3. Infrastructure
- Goals, strategies and outcomes have been developed for each level. At all times there will be continuous quality improvement and evaluation for all three levels.

- Statewide infrastructure development highlights were compiled by SOC staff and family support specialists:
 - Improved policies;
 - Increased Medicaid funding (CFSS services are now reimbursable by Medicaid);
 - Improved investment in resources;
 - Created interagency partnerships;
 - Increased exposure of mental health awareness messages; and
 - Increased family/youth partnerships.
- The SOC Expansion Initiative sites are Professional Care Services, Tennessee Voices for Children, Ridgeview Behavioral Health Services, Volunteer Behavioral Health, and Frontier Health.
- The SOC Expansion has a family engagement continuum of treatment recipients, partners, and leaders. The Community Partnership continuum is communication, coordination and collaboration. The cultural competence continuum rises from pre-competence to proficiency by using quality practices respectful of all cultures.
- Benitez discussed the next steps for evaluation:
 - Infrastructure – Use SOC rating tool from Georgetown, Return on Investment (ROI) analysis, Report to SAMHSA quarterly utilizing the CMHS Transformation Accountability (TRAC), and mental health promotion indicators (IPPs).
 - Mental health services – Satisfaction surveys, caregiver questionnaires, demographics, accountability, fidelity of SOC implementation.
 - Families, children and youth – NOMS, TOMS, caregiver, and children and youth experiences.
 - Mahesh Yarlagadda review client level outcomes, including demographics and baseline data.

TRY Grant – (April Tanguay, Rebecca Carmack, Ashley Harrington and Clayton Ramsey)

- The Treatment and Recovery for Youth (TRY) grant is a SAMHSA grant awarding \$950,000 per year for four years to TDMHSAS. The program uses the Adolescent Community Reinforcement Approach (A-CRA) intervention model and targets youth ages 12-24 with substance use or co-occurring disorders. Centerstone in Maury County and Pathways in Madison County will provide assessment and treatment. A major goal of the grant is to develop an infrastructure for sustaining the project and to develop a multi-year training implementation plan to raise awareness of the need for improved services in these underserved areas. Data is being collected through TN-WITS.
- Ashley Harrington is the Project Director for Centerstone in Columbia. They have 32 youth enrolled and are working on follow-up surveys with a focus on the low response level. They are collaborating with the Community Anti-Drug Coalition for assistance

with outreach and have placed priority on identifying youth earlier, via referrals, etc., and raising awareness in the community of anti-drug resources.

- Clayton Ramsey works with Pathways in West Tennessee. The TRY grant has similar goals as the Partnership for Success Initiative so there is a good deal of community collaboration, including outreach to the local Youth Action Council, schools and guidance counselors, DHS, the Anti-drug Coalition and local hospitals.
- Rebecca Carmack, Centerstone Research Institute, reported on six-month outcomes of the project. Carmack reports that there are 104 youth enrolled thus far with 70 percent with co-occurring disorders, however 75 percent of students with co-occurring disorders reported a decrease in the use of alcohol. Six-month evaluations were given to 52 youth, resulting a reports of 88.2 percent having smoked pot and 41.2 percent having used alcohol during the follow-up period. Carmack also reports that 32 students were drug tested and 44 percent had a clean drug screen. At the time of enrollment, 11.4 percent were on medications with an increase to 37.1 percent on medications at the six month follow-up.
- Tanguay reported that the Division has requested approval to use \$250,000 in Year Two to further spread the ACRA model and use statewide through eight agencies.

System of Care Initiatives

- **K-Town Youth Empowerment Network (Brenda Beverly)**
 - K-Town is now in a transition and the spend-down phase of the grant. Former Director, Belinda Jones, has resigned, with Brenda Beverly stepping in as Interim Director. Beverly and staff are in the process of restructuring outreach efforts to reach as many youth as possible during this phase.
 - Beverly reported that K-Town now has a Letter of Agreement with Vocational Rehabilitation Services to offer Supportive Employment through a Job Specialist employed by K-Town. Kevin Hodges, the Youth Engagement Specialist, is designated as the Job Specialist through this Supportive Employment agreement. K-Town has two certified Family Support Specialists, Logan Black and Rosa Collins. K-Town will have their first Family Advocacy Specialist (FAS) parent graduation in May. The FAS program provides training in every aspect of family advocacy and family-driven care and preparation for certification as a Family Support Specialist. K-town continues to engage their community resources and leaders have met with the District Attorney's office to explore possibilities of referrals through the Judicial Diversion program and the Sheriff's Department to discuss possibilities of partnering through a new program being developed, the Safety Center. K-Town has also been involved in the community meetings made of mostly faith based organizations, which is an area they hope to penetrate for important collaborations. Commitment remains high as they endeavor to engage in sustainability efforts.

- **Early Connections Network (Elizabeth Ball)**
 - ECN serves families with children ages birth through five who live in Montgomery, Robertson, Sumner, Dickson and Cheatham Counties, including Fort Campbell. The goals are to develop an infrastructure and workforce development, and provide parent/caregiver training. ECN has continued to see steadily increasing volume in referrals and clients.
 - ECN had additional unspent funds from the prior Federal Fiscal Year and have requested approval for this carryover funding to be used in advancement of their tele-health networking capabilities in four counties.
 - ECN is collaborating with Ft. Campbell staff to conduct a workshop in Clarksville on April 16th regarding integration of services. They are also excited about 12 training modules online for parents on the ECN website at earlyconnectionstn.org.
- **SOC Expansion Sites (Keri Virgo)**
 - Virgo reported the SOC Expansion Initiative received approval for carryover funding from the prior Federal Fiscal Year to be used for further capacity expansion. Each of the five current SOC Expansion sites will receive an additional \$20,000 to be used in their effort to expand on site technical assistance and service capacity building. Additional carryover funding will be used for conducting trainings relative to the TennCare Care Coordination Collaborative pilot, strategic planning with CCMH, and development and implementation of an SOC focused conference.
 - Brenda Donaldson is the new Family and Youth Engagement Coordinator who will provide support and trainings throughout the state in relation to family and youth engagement, as well as spearhead the Certified Family Support Specialist (CFSS) Program for TDMHSAS. CFSS trainings continue and a portion of carryover funding will enable them to provide 60 scholarships for that training.
 - The Office of Statewide System of Care, in collaboration with TCCY and the Juvenile Justice Division of DCS, will host a summit meeting on April 7th to further statewide efforts to improve Diversion of Policy and Programs in Juvenile Justice.

CCMH Director and Workgroup Co-Chairs (Melissa McGee and Co-Chairs)

- McGee provided an update on recent conversations with Co-Chairs regarding opportunities for the next season of CCMH.
- Workgroup Co-Chairs provided brief updates on current work as several groups have been on hiatus since prior to the Christmas or Winter holidays. The MIS/Accountability group is beginning conversation on an SOC Evaluation Working Paper and will address next steps at the next meeting. The Community Outreach and Awareness workgroup is beginning to put together an outline for the SOC Toolkit and will continue in this endeavor in next meetings. The Financing Strategies is reviewing Resource Mapping data collected by TCCY regarding TDMHSAS services and supports. The Family and Youth

Engagement group has continued to identify opportunities for youth and families to join in the work of the CCMH. The Cultural and Linguistic Competency group is preparing for a CLC conference to be completed by September 2015. The Service Capacity and Readiness group is planning their next meeting and focus.

General Assembly and Legislation (Steve Petty)

- The Legislative Summary provided by Petty has been distributed to all Council members and a copy attached to this CCMH meeting summary.

Discussion Plans for Future Meetings (Linda O’Neal)

- The Council on Children’s Mental Health will meet next on April 23, 2015. Potential agenda items include an update on the General Assembly’s work as they will probably be finished with session by the meeting date, grant updates, and a report on the Just Care Family Network’s no-cost extension year and sustainability efforts.
- O’Neal requested ideas for future meeting topics, with minimal response; however one suggestion was to create a Survey Monkey type questionnaire to elicit responses.

Meeting was adjourned.