



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

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Council on Children's Mental Health (CCMH)  
Midtown Hills Police Precinct Community Room  
1443 12<sup>th</sup> Avenue South, Nashville, TN 37203  
April 21, 2016  
10 a.m. – 2 p.m.

**MEETING SUMMARY**

**ATTENDEES**

Aimee Alberd  
Sandra Allen  
Elizabeth Ball  
Carole Beltz  
Cory Bradfield  
Nicole Bugg  
Maria Bush  
Amy Campbell  
Casunda Cross  
Bill Dobbins  
Brenda Donaldson  
Dr. Jana Dreyzehner  
Laura Durham  
Anjanette Eash  
Jessica Evans  
Alison Flynt  
Keith Gaither  
Kathy Gracey  
Dr. Gary Griffith  
Samantha Brin Hammonds  
Rikki Harris

Adrienne Holbrook  
Kurt Holzbacher  
Adam Horn  
Jeremy Humphreys  
Kimberly Jeffries  
Jacqueline Johnson  
Sumita Keller  
Richard Kennedy  
Kisha Ledlow  
Anna Claire Lowder  
Kalee Madorin  
Linda McCorkle  
Chelsea McDaniel  
Melissa McGee  
Elizabeth McInerney  
Wanda Myles  
Michele Moser  
Amber Noles  
Amy Olson  
Linda O'Neal  
Cheri Pace Mastin

Crystal Parker  
Allison Peak  
Tim Perry  
Steve Petty  
Dawn Puster  
Clayton Ramsey  
Kathy Rogers  
Mary Rolando  
Devin Rutland  
Heather Smith  
Natasha Smith  
Sara Smith  
April Tanguay  
Keri Virgo  
Amy Vosburgh  
Will Voss  
Don Walker  
Shauna Webb  
Sejal West  
Alysia Williams  
Matt Yancey

## **Welcome – Linda O’Neal, Executive Director, Tennessee Commission on Children and Youth (TCCY)**

- O’Neal welcomed attendees and provided a brief overview of CCMH. O’Neal also thanked everyone for making attendance a priority. She asked attendees to initial the attendance sheet and explained the additional information requested was essential for reporting requirements related to the federal system of care grant.

## **Integrated Care – Keith Gaither, Director of Managed Care Operations, TennCare Bureau**

- Gaither started at TennCare in 1997 as Fiscal Director, and he is currently director of Managed Care Operations. He said people generally see Integrated Care one of two ways, the first is the treatment or care performed when the provider knows what is happening outside of his office. This is a team approach where data is shared and there is communication with other providers. The other approach involves treatment or care that treats both physical and behavioral health needs by recognizing specifically that these two domains are very often treated independently, but influence each other’s outcomes most of the time.
- TennCare Integrated Care is working towards one MCO being responsible for managing both behavioral and physical health benefits. TennCare realizes when behavioral and physical health were separate incentives, they are not properly aligned. Often payers argued over whether a hospital stay was more for behavioral or medical issues. If a behavioral practice wanted to help a person manage their medical needs they would have to be contracted with both.
- Gaither reported the current state of integrated care at TennCare is having the MCOs perform acute or high needs coordination. Due to the limited number of people, the MCO will act as an intermediary to assist enrollees and providers to connect to needed resources and help enrollees follow care plans. Gaither admitted there are limits to what they can do remotely and acknowledged some providers have integrated settings but for the vast majority treatment is still not integrated for patients.
- Gaither shared the future state of Integrated Care at TennCare is to have Patient Centered Medical Homes (PCMH) and Behavioral Health Homes (BHH). PCMH and BH are medical and behavioral practices that are committed to managing their assigned patients and being rewarded for outcomes. They are given a care coordination tool that has emergency room data, gaps in care and medical history for their patients. They are expected to communicate and coordinate with PCPs and behavioral health.
- Health Homes will be Community Mental Health Centers (CMHCs) initially and will be leveraged to intervene in patients with ER utilization and assist patients with managing their physical health. Health Homes are scheduled to begin October 1, 2016 and children will automatically be entered while PCMH are planned to begin January 1, 2017.
- TennCare is currently working out privacy issues. There is an application process to become a Health Home. There is a more rigorous process to become a PCMH. TennCare requires training for both and

plans to incorporate System of Care language and Adverse Childhood Experiences (ACEs) into the training. The goal is to get 75 percent of the programs in some type of Managed Care format.

- Gaither ended his presentation by giving an episode of care example for PCMH and Health Homes. He said rewards in his example go to the PCP having the plurality of visits. He acknowledged there is a need to figure out a way to include mobile crisis.

### **Introductions and Announcements – Linda O’Neal**

- Introductions were made. O’Neal said the Council is thankful for the opportunity to return to the Midtown Hills Police Precinct and appreciates Sargent Jones and the staff working with us to create great space for this meeting. She asked attendees to complete the Conflict of Interest statement found in the packets. In accordance with P.C. 1062, active members must sign the statement. The card allows for a creation of a database of members and information and will not be shared with others, it is solely to provide contact information for CCMH and for reporting purposes for federal grants.
- O’Neal announced the August meeting date has changed from August 25<sup>th</sup> to the 23<sup>rd</sup> and will be held at Goodwill Industries.

### **Approval of February Meeting Summary**

- O’Neal thanked Natasha Smith, TCCY for transcribing the February 2016 meeting summary.
- **IT WAS MOVED (ROLANDO) AND SECONDED (HARRIS) TO ACCEPT THE MEETING SUMMARY FOR FEBRUARY 25, 2016. MOTION PASSED UNANIMOUSLY.**

### **Tennessee Department of Health (DOH)/TDMHSAS Technical Assistance Partnership Project – Jacqueline Johnson, Director, Children and Youth with Special Health Care Needs, TDOH and Matt Yancey, Director of Special Projects, TDMHSAS**

- Johnson gave a brief overview of her role at Department of Health and the Tennessee Primary Care and Behavioral Health Integration Project. She said the project looks to promote the integration of behavioral and primary health care, identify strategies for integrating behavioral health into the primary care setting, disseminate those strategies throughout the state, and enhance the capacity of the primary care workforce to provide coordinated care, including behavioral health care, for children, young adults and families. Johnson said this project came from concerns shared by providers at a grant summit.
- Yancey reported the project intends to increase the number of primary care and behavioral health providers who are aware of the importance of behavioral health and primary care integration, increase the number of public and private partners participating in statewide behavioral health and primary care initiatives and increase the number of primary care and behavioral health providers utilizing a behavioral health/primary care integration model.
- Yancey shared data to stress the importance of this project. Twenty-one percent of children and adolescents meet the diagnostic criteria for a mental health disorder with impaired functioning, 70 percent of children and adolescents in need of treatment do not receive mental health services,

children with chronic medical conditions have more than two times the likelihood of having a mental health disorder, and more than 50 percent of adults in the United States who have mental health disorders had symptoms by age 14 and 75 percent by age 24.

- Johnson shared project deliverables, including tasks of conducting a statewide scan of programs and practices that reflect pediatric and behavioral health care integration and developing a toolkit to feature programs, practices and strategies for behavioral health integration into the pediatric setting.
- Johnson stated the project started four months ago with two full team meetings and reported the team had an opportunity to visit Washington, DC for a four-day intensive training.
- Johnson and Yancey asked participants to complete a provider survey. Another full team meeting is scheduled for Friday, April 22, 2016.

### **2016 CCMH Report to the General Assembly – Sejal West, Assistant Commissioner, TDMHSAS**

- West thanked Melissa McGee for her leadership and encouraged everyone to read the report.
- She said one of the great things about this year's report is how it highlighted the celebrations and successes of the work being conducted in conjunction with the challenges and obstacles faced.
- West asked for attendees to share announcements and events:
  - Kisha Ledlow shared a couple of initiatives – First Episode Psychosis Initiative and Healthy Transitions Initiative. West said an announcement of funding will go out soon regarding additional First Episode Psychosis opportunities.
  - Will Voss talked about developing a Young Adult Leadership Council for ages 16 to 25. Informational flyers are available and have been included in CCMH email updates.
  - Cory Bradfield announced the Tennessee Young Child Wellness Council upcoming meetings and projects.
  - Keri Virgo announced there are 85 scholarships available for those interested in becoming a Certified Family Support Specialist. She also said the annual System of Care conference is in process of being scheduled with a target date of late July.
  - Sandra Allen reported Memphis ACE Foundation's Universal Parenting Places (UPPs) were recently highlighted on PBS.
  - Michele Moser shared news of the development of the Tennessee Infant Mental Health Association. The official name is the Association of Infant Mental Health in Tennessee (AIMHiTN) with nine members on the founding board. This association is an extension of the Initiative and start up support is provided by the Department of Health and the Department of Mental Health and Substance Abuse Services.

### **Integrated Health in Practice – Allison Peak, LCSW, Director of Behavioral Health, Capstone Pediatrics**

- Peak gave an overview of Integrated Behavioral Health in Primary Care and Capstone Pediatrics. Capstone Pediatrics is a pediatric and adolescent center of excellence offering the most comprehensive, family-friendly medical home for a child's preventative and primary care. Capstone

started the process of integrating behavioral health two years ago and mainly serves patients who live in communities below the poverty line. Capstone follows the “No Wrong Door” approach.

- Capstone looked at how it wanted to integrate services and shared the various forms of integrated services provided. Capstone is fully integrated as opposed to co-location providers. She said the recipe for integrated health is having access in various forms, unified Electronic Health Record, coordination of care between providers, personnel with genuine collaboration between different disciplines, and flexibility.
- Peak emphasized the building of relationships within the community in order to build the program. Capstone is a conduit to services, but not always the last stop.
- She talked about the importance of increased awareness of systemic impact on health outcomes. Since each child is unique, it is important to take the whole person into account –overall health and any complex or co-existing conditions, developmental and social well-being, and family, religious and cultural values. Capstone incorporates pediatric and adolescence medicine best practices that promote more organized, efficient care and better outcomes into a personalized approach to care for each patient.
- Peak detailed an average day, while also noting there is no “typical day” in integrated health. Over the past two years, Capstone has an increased focus on overall wellness and has promoted population health concerns and the ability to address the needs of whole communities. There is now a decreased frequency of emergency department visits/hospital admissions. Families now have increased access to behavioral health care and decreased stigma for receiving services empowering families to access their rights within systems resulting in increased patient satisfaction with medical care.
- Dr. Gary Griffith, CEO and lead pediatrician at Capstone Pediatrics spoke briefly to reiterate the importance of the work being done.

### **Legislative Update – Steve Petty, Tennessee Commission on Children and Youth (TCCY)**

- Petty highlighted specific bills detailing the outcomes as we come to the end of this session.
- All legislative reports are available on the TCCY website at <http://www.tennessee.gov/tccy/article/leg-listserv>. To subscribe, type [listserv@listserv.tn.gov](mailto:listserv@listserv.tn.gov) in the “To:” area of your e-mail message. Leave the "Subject" line blank. In the "Message" area type: Subscribe TCCY First Name Last Name. Example: Subscribe TCCY Steve Petty. This should sign you up for the electronic mailing list. You will receive a confirmation message verifying that you are enrolled. If you have questions or need assistance, you can call Steve Petty at (615) 532-1685 or e-mail him at [Steve.Petty@tn.gov](mailto:Steve.Petty@tn.gov).

### **Workgroup Updates/Discussion Plans for Future Meetings – Melissa McGee, Tennessee Commission on Children and Youth (TCCY)**

- McGee talked about the focus of upcoming meetings and thanked everyone for coming.

#### **2016 CCMH Meeting Dates:**

June 23, 2016 (Joint Meeting with YTAC at Midtown Police Precinct)

August 23, 2016 (at Goodwill Industries)

November 3, 2016 (at Midtown Police Precinct)

Meeting adjourned at 1:58 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.*