



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

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Youth Transitions Advisory Council & Council on Children's Mental Health
June 23, 2016
10 a.m. – 2 p.m.
Midtown Hills Police Precinct
1443 12th Avenue South, Nashville, TN 37203

MEETING SUMMARY

Attendees:

Phil Acord	Bill Dobbins	Melissa McGee	Natasha Smith
Dave Aguzzi	Brenda Donaldson	Elizabeth McInerney	Ned Andrew Solomon
Aimee Alberd	Kendall Elsass	Michele Moser	Wendy Spence
Katie Armstrong	Jane Fleishman	Jessica Mullins	Erica Spencer
Elizabeth Ball	Reginald Gilmore	Wanda Myles	Joan Sykora
Alicia Banks	Kathy Gracey	Amy Olson	Vicki Taylor
Julia Barlar	Dwan Grey	Linda O'Neal	April Tanguay
Carole Beltz	Audrey Grigg	Crystal Parker	Heather Tribble
Kathy Benedetto	Samantha Hammonds	Jack Parks	Keri Virgo
Mary Binger	Ginger Harris	Alison Peak	Amy Vosburgh
Tonya Brown	Rikki Harris	Ashley Peters	Will Voss
Nicole Bugg	Timothy Hickman	Steve Petty	Don Walker
Maria Bush	Kurt Hippel	Taylor Phipps	Shauna Webb
Amy Campbell	Joel Hodges	Katie Powell	Kristen West
Rebecca Carmack	Adrienne Holbrook	Stephanie Pugh	Sejal West
Mollie Carter	Jeremy Humphrey	Dawn Puster	Alysia Williams
Adrian Cartledge	Melissa Jackson-Wade	Clayton Ramsey	Matt Yancey
Monica Causey	Kristy Leach	Joseph Reed	
Tasha Chusac	Mike Leach	Kathy Rogers	
Katari Coleman	Kisha Ledlow	Mary Rolando	
Sarah Cooper	Anna Claire Lowder	Katie Rosas	
Casunda Cross	Pam Madison	John Rust	
Tameka Daniel-Greer	Cheri Mastin	Trillion Small	
Molly Dennert	Chelsey McDaniel	Heather Smith	

I. Welcome, Introductions and Announcements (Linda O’Neal, TCCY Executive Director and Sejal West, Assistant Commissioner, Department of Mental Health and Substance Abuse Services)

- O’Neal welcomed and thanked everyone for making attendance a priority. She praised Melissa McGee for her work with CCMH and Steve Petty for his work with YTAC and gave a brief background on each Council.
- 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. She reminded attendees the sign-in sheet is essential for reporting requirements related to the federal System of Care grant.
- Introductions were made and O’Neal called for announcements.
- The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the Tennessee Commission on Children and Youth (TCCY) and the Tennessee Association of Mental Health Organizations (TAMHO), are sponsoring the 4th Annual System of Care (SOC) Conference July 11-12, 2016 at the Embassy Suites Hotel in Cool Springs. This conference is supported through TDMHSAS’ System of Care Expansion Initiative from the Substance Abuse and Mental Health Services Administration (SAMHSA) and there is no charge to attend this conference. Preliminary program and registration materials are available at <http://www.tamho.org/uploads/pdfs/SOC%202016%20Conference/PremProg%202016%20SOC%20Conference%20V7.pdf>.
- O’Neal announced scholarships are still available for the Certified Family Support Specialist program. Please contact Brenda Donaldson, Family and Youth Engagement Coordinator with TDMHSAS at 615-770-1788 or email fcfss.tdmhsas@tn.gov.
- Wendy Spence, CASA, announced early registration is open for the Connecting for Children’s Justice Conference scheduled for October 2-4, 2016 in Murfreesboro. Visit <http://www.tnccjconference.org/> for more information.
- Michele Moser announced TAMHO and AIMHi TN will host a conference focused on infant and early childhood mental health on September 22-23, 2016. More details expected to come soon.
- Centerstone will host an event, *Innovations in Substance Use Disorder Treatment* at the Patterson Park Community Center in Murfreesboro on August 5, 2016. This event is supported through TDMHSAS’ Treatment and Recovery for Youth grant, also from SAMHSA. There is no cost to the event and Eventbrite registration will open soon.
- West thanked everyone on behalf of Commissioner Varney and reported on a new learning collaborative between TDMHSAS and the Georgia Department of Behavioral Health and Developmental Disabilities focusing on peer support services, specifically those targeted towards transition-aged youth.

II. Approval of Meeting Summaries

- O’Neal thanked Natasha Smith of TCCY for preparing the meeting summaries for both CCMH and YTAC meetings.
- Motion to accept the April 23, 2016 meeting summary for CCMH (**HARRIS, MOTION, ACORD, SECONDED, PASSED UNANIMOUSLY**)
- Motion to accept the April 28, 2016 meeting summary for YTAC (**SPENCE, MOTION, FLEISHMAN, SECONDED, PASSED UNANIMOUSLY**)

III. Employment and Community First CHOICES -- Katie Powell, Assistant Director of MLTSS, Quality and Administration, TennCare

- Powell gave an overview of the program and a refresher course on TennCare, the state’s Medicaid program and agency. Medicaid provides both medical and non-medical services to help pay for healthcare for certain groups of citizens – primarily children, pregnant women, older adults and people with disabilities. The non-medical services are known as “long term services and supports” or LTSS. Medicaid LTSS can be provided in the community called home and community based services or HCBS.
- The new Employment and Community First CHOICES (ECF CHOICES) program will only offer home and community based services (HCBS).
- Medicaid LTSS can also be provided in an institution like a nursing home or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Tennessee’s programs are part of a nationwide movement to rebalance LTSS so that more people can live at home and in the community if they choose.
- Current LTSS programs and services for those with Intellectual Disabilities (ID) are three HCBS waivers (Comprehensive Aggregate Cap, Statewide and Self-Determination) and Intermediate Care Facilities for ICFs/IID).
- There are currently 9,000 people with intellectual disabilities served through Tennessee’s LTSS programs. Tennessee spent \$936 million (state and federal funding) for Medicaid LTSS on people with intellectual disabilities in Tennessee. The average cost of providing services to people with intellectual disabilities in Tennessee is nearly twice the national average making the program not sustainable and limiting the ability to serve more people.
- There are over 6,000 people with intellectual disabilities on the waiting list for services. People with developmental disabilities (other than intellectual disabilities) do not currently qualify for HCBS waiver services.
- Powell reported demand for LTSS, in particular HCBS is growing. In addition to people with developmental disabilities and intellectual disabilities, youth transitioning out of school and aging caregivers also are in need of these services. Three percent of the TennCare population accounts for 50 percent of the program costs (physical health, behavioral health and LTSS). More than 75 percent of people with intellectual disabilities receiving LTSS are in the three percent.

- Powell spoke about the opportunities created from a new program like Employment and Community First CHOICES. She said the program allows TennCare to provide services people and their families say they need while allowing TennCare to provide these services more cost-effectively. The program will serve more people, including those on the waiting list and with other kinds of developmental disabilities.
- Another benefit of the program is that it aligns incentives toward employment, independent living, community integration and the things that people with disabilities and their families value the most.
- Employment and Community First CHOICES (ECF CHOICES) is a new program planned to start on July 1, 2016.
- Powell gave a brief history of the development of ECF CHOICES. There was a lot of stakeholder engagement leading to key messages and themes from public comments shaping the concept and program.
- With ECF CHOICES, Tennessee will become the first state in the country to develop and implement an integrated, home and community based services program aligning incentives toward promoting and supporting integrated, competitive employment and independent living as the first and preferred option for individuals with intellectual and developmental disabilities.
- Powell reported ECF CHOICES is for people with intellectual disabilities who are not currently receiving services. She admitted it will take time to be able to serve all of the people who need support. The initial enrollment will target groups identified by stakeholders like people with aging caregivers and young adults transitioning from school and other people who need employment supports.
- She said people in current waivers are not impacted, but can choose to move to the new program later.
- Powell detailed the services ECF CHOICES offers and highlighted three benefits groups: Essential Family Support (Group 4), Essential Supports for Employment and Independent Living (Group 5) and Comprehensive Supports for Employment and Community Living (Group 6).
- She indicated in year one Group 4 planned to serve up to 500 individuals, Group 5 up to 1,000 individuals and Group 6 up to 200 individuals. Each group has specific criteria. A pre-admission evaluation and the behavior assessment will be used to ensure the correct services are provided. TennCare is aware of the gap with youth transitioning out of DCS. Powell shared that DCS is working on ways to amend the requirements for the groups in an effort to allow more youth to qualify for Groups 5 and 6.
- Powell said the benefits of the program were based on feedback from stakeholders. Feedback included having 14 employment services and supports, wrap around services to support community integration, i.e., transportation, creating a pathway to employment for those with significant disabilities, consultation with experts from the federal Office on Disability Employment Policy, outcome or value-based reimbursement and other strategies to align incentives toward employment, no facility-based services but all community-based

or in-home services, many new services to empower individuals and their families toward independence and integration like peer to peer support, and supports up to the same level as available under the current Statewide waiver (for people with intellectual disability) like appropriate 24-hour residential services. Powell said the benefits are targeted based on need.

- Not all services are available in every benefit package. There will also be expenditure caps for each group.
- Powell stressed the new program will be different from the current waivers because it will be operated by TennCare health plans (Managed Care Organizations or MCOs). She reported MCOs help TennCare by making sure LTSS are coordinated with other services like medical and behavioral services.
- Powell reported every person receiving services will have a Support Coordinator employed by the MCO who works with the person to develop a Person-Centered Support Plan.
- In addition, the Department of Intellectual and Developmental Disabilities (DIDD) will play an important role as a partner with TennCare by conducting intake for people not already on Medicaid, and therefore do not have MCO assignment, assisting the MCOs with annual quality monitoring of certain providers and collaborating to track critical incident management and to conduct certain critical incident investigations.
- Powell said starting July 1, 2016, applicants can use a self-referral form on the TennCare website to apply for the program. Applicants who already have Medicaid should contact their MCO with questions. Applicants who do not already have Medicaid should contact DIDD Regional Intake Offices with questions and for assistance to apply for both ECF CHOICES and Medicaid. Amerigroup and Blue Care will provide services the first year. United Healthcare will implement enrollment in 2017.

IV. Voice and Choice for Youth in Custody – Jane Fleishman, Statewide Training and Development Director, Oasis Center

- Fleishman gave an overview of the evidence-based teen pregnancy prevention model, a Wyman Teen Outreach Program (TOP) that began in 2012. TOP takes the youth development approach by providing opportunities for voice and choice, supporting healthy development and school success and decreasing risky behaviors with the curriculum-driven discussion groups and youth-driven service learning programs.
- She stated the program reaches youth aged 12 to 18 who are in custody, residential treatment (level II and III DCS-licensed facilities) or DCS Youth Development Centers (beginning 2016).
- Between August 2014 to July 2015, there were 910 youth engaged in TOP at 19 sites across Tennessee: Monroe Harding (Nashville), Volunteer Academy (Gallatin), UCHRA (Cookeville, Crossville and Sparta), Florence Crittenton (Knoxville), Porter-Leath (Memphis), Omnivisions (Lebanon, Mt. Juliet, Cleveland and Elizabethton), Madison Oaks Academy (Jackson), Holston Home (Greenville), Youth Villages (Nashville), G4S Academy

for Young Women (Nashville) and Mountain View Youth Development Center (Dandridge).

- Fleishman said TOP is a positive youth development approach supporting youth to reach normal developmental milestones. There is a sense of belonging and connectedness to social groups and institutions, mastery of competencies, independence, confidence and leadership and generosity.
- TOP provides engaging opportunities for youth to practice social and cognitive skills, to be generous and contribute to the community. Examples of this generosity included an Angel Tree at the Upper Cumberland Human Resource Agency (UCHRA), Thanksgiving Dinners at Gateway to Independence (GTI) Program at Woodland Hills and a lemonade stand at an Omni Vision event. Fleishman notes, “The youth involved in TOP realize they are not the only ones who have problems and after a while every storm runs out of rain.”

V. Youth M.O.V.E./System of Care (SOC) Expansion Site – Anna Claire Lowder, LMFT, Tennessee Voices for Children

- Lowder explained Youth M.O.V.E. (Motivating Others through Voices of Experience) gives voice to the youth and is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have experience with various systems including mental health, juvenile justice, education and child welfare.
- She provided detail criteria of the four program components Direct Service Delivery, Youth M.O.V.E. Councils, Coordinating Councils for Community and Partnerships. The youth must reside in Hickman, Rutherford or Williamson counties and be between 11-21 years of age.
- Lowder shared pictures of the youth guided positive peer interactions and reported the youth learn leadership and advocacy skills during program participation. More videos and pictures are on Youth M.O.V.E. Facebook and YouTube sites.
- Youth M.O.V.E. Hickman is comprised of four middle and high school groups. There are monthly meetings and events with elected officers. The primary focus is suicide and self-harming prevention and anti-bullying.
- Youth M.O.V.E. KHROME (Kids Helping Rutherford County and Others Morph into Excellence) is a faith-based community group with the same focus as the Hickman County group.
- Lowder explained the Coordinating Councils are comprised of community partner and caregivers and described the partner relationships with various schools, juvenile courts, state and local government and mental health organizations. Through these partnerships, Youth M.O.V.E. is able to provide Child and Adolescent Needs and Strengths (CANS) Assessments and SOC philosophy recommendations, mental health awareness events and community SOC trainings to enhance and sustain the infrastructure.

VI. Youth Villages (YV) LifeSet – Heather Tribble, LifeSet State Coordinator, Youth Villages and Staff

- Melissa Jackson Wade gave an overview of the program setup to help youth aging out of state custody, juvenile justice or other vulnerable situations. The participants are 17-22 years of age. Wade reported Youth Villages LifeSet program has served nearly 9,000 youth since 1999 and 950 youth daily. The program is currently located in seven different states including Tennessee. This is the first program in the country showing positive impacts from this population across multiple states.
- Wade went on to say there are specialists available 24/7 to assist the youth during the eight to 10 months they are in the program.
- Stephanie Pugh explained the transitional living specialists assist youth with education, housing, employment, life skills, physical and mental health and healthy relationships for lifelong connections with caring adults. She discussed the key components of YVLifeSet and the intensity of services, type of services and staff training and supervision. The formalized program model is research-based and youth-driven.
- Pugh reported success at one-year discharge with 88 percent of participants living at home with family or independently, 85 percent in school, graduated or employed, and 82 percent with no involvement with the law.
- Dawn Puster gave a briefing on the scholar program and reported about 70 percent of foster youth are interested in going to college but only 20 percent will apply and three percent will graduate. Nineteen scholars who have graduated and 60 scholars currently. Puster stated the youth receive a monthly stipend to assist with the cost of living and highlighted the required pay it forward component that involves community service.
- Puster said scholars attend trips to Washington, DC and other locations and mentioned there is no outside funding for this program.
- Tribble shared the data from the rigorous random assignment study conducted by Professor Mark Courtney of the University of Chicago School of Social Service Administration. She said the results are recent and the study found 13 percent decrease in mental health problems, 30 percent decrease in violent relationships, 17 percent increase in employment and 7 percent increase in earnings, 22 percent decrease of homelessness and a 13 percent decrease of hardship and lack of food. Courtney concluded, “that we found even moderate impacts across so many domains is amazing because the program is so individualized.”

VII. Department of Mental Health and Substance Abuse Services

- **Healthy Transitions Initiative (HTI)/First Episode Psychosis Program – Kisha Ledlow, HTI Project Director and Amy Campbell, Centerstone Research Institute (CRI)**
 - Ledlow stated the purpose of TN Healthy Transitions Initiative was to assist Tennessee youth and young adults ages 16-25 with or at risk of developing a serious

mental health condition or co-occurring disorder in improving their health and wellness, leading self-directed lives and reaching their fullest potential. She added the goal is to keep youth and young adults from falling through the cracks.

- She spoke about the state and local levels of the program and presented an update about the service delivery over the past year. There are both formal and informal peer support services with youth councils, support groups, etc. The process entails the Referral, Screening, Peer Support, Enrollment and Service Delivery. Most referrals are from courts, schools, other mental health agencies, families, etc. The youth are screened for substance abuse, mental health disorders, trauma and other risk factors.
- Ledlow mentioned the creation of the Young Adult Leadership Councils (YALC) and said over the next year, she hopes to ensure youth and young adults stay engaged with YALC at the local and state levels. YALC will host its first meeting July 9, 2016 at the Oasis Center.
- Campbell spoke about the focus groups held to incorporate the youth and young adult voice when creating a service model. There were two focus groups in Northwest Tennessee with high school and college-aged young adults. There were 14 participants across the two groups with 15-18 (Carroll Academy) and 18-32 (Bethel University).
- She said she learned that Snap Chat and Instagram were the new social mediums because Facebook was for “old folks.” The focus groups also discussed key marketing and outreach methods, key engagement strategies and key needs and struggles. Some of the feedback has been incorporated in the services provided.
- There is an initiative to train the youth and young adults in research skills and data collection.
- Ledlow emphasized the need for public awareness by sharing the social media sites like Facebook (Tennessee Healthy Transitions Initiative), Twitter and Instagram (@HT_TN).

➤ **First Episode Psychosis, OnTrack TN – Tonya Brown, Carey Counseling Center, Inc.**

- Brown explained first episode psychosis and how various experiences may affect adolescence. She said the onset is usually occurs in late adolescence or early adulthood. Psychotic symptoms, cognitive deficits and social impairments contribute to disability.
- She reported reasons for delay in seeking treatment of first episode dilemma includes unaffordability, inadequate specialized services, stigma and distrust in the healthcare system, insidious onset and lack of knowledge.
- Brown expressed the goals of OnTrack TN is to improve outcomes, provide rapid access to treatment, share the decision-making in available treatments and to increase community awareness.

- She stated the services will be provided for up to two years with the focus based on individual needs. Brown provided details of the treatment timeline and described it in three phases. Phase one covers the first three months where engagement with the team occurs and there is an initial needs assessment. Phase two covers months four to eighteen where ongoing intervention and monitoring occurs. Phase three covers months 19 to 24 where ongoing/future needs and services are identified.
- Brown described the initial screening and eligibility process and noted the grant can cover services for those who cannot pay. Due to limited funding, participants must reside in Benton, Carroll, Gibson, Henry, Lake, Obion or Weakley counties. She noted eligibility rules out primary diagnosis of substance induced psychosis or psychosis secondary to a general medical condition, a diagnosis of mental retardation and a serious or chronic mental illness significantly impairing function independent of psychosis.
- Brown shared the semi-annual program evaluation date for FY2016 and pointed out one team can only serve a few people at a time. Due to the increase of funding through SAMHSA, two additional sites will be added soon.

➤ **Treatment and Recovery for Youth (TRY) Project -- April Tanguay, Project Director and Team from Centerstone and Pathways**

- Tanguay provided an overview of the population served and a briefing on the data outcomes for TRY clients who have co-occurring mental health and substance use disorders. About 65 to 70 percent of the clients are co-occurring. SAMHSA grant is starting its fourth year. It is a harm-reduction evidence-based model for youth and young adults aged 12-24.
- Rebecca Carmack from Centerstone shared slides showing the percent of co-occurring clients reporting use of alcohol and marijuana. Majority of the clients are referred by the courts. As for the percent of clients reporting mental health symptoms, violent behavior went up slightly. She said most of the violence is from clients hitting a wall.
- Clayton Ramsey from Pathways spoke about the Adolescent Community Reinforcement Approach (A-CRA) model. He encourages the youth to participate in sports, finding a job etc. He said this model is more cost-efficient than other models.
- Amy Vosburgh from Centerstone spoke about the goals of counseling. She said during this procedure if a client has a co-occurring diagnosis, there is a great chance that the client is going to identify an area beyond substance use on which they need to work. Vosburgh explained if a client chooses school as a problem area he will usually identify anger, anxiety, depression, ADHD symptoms, etc. as reasons he may struggle while in school. She said therapists can encourage coping skills and ways to handle these situations instead of substance use.

- Ramsey spoke about medication management and stated the current procedure is utilized by the therapist when dealing with issues such as depression, ADHD, mood disorders, anxiety and even more serious co-occurring diagnosis to provide treatment that is more beneficial when using medication. At times, clients consistently report self-medicating because of feeling depressed, angry, and anxious, etc. This process links clients with a medically monitored regiment which can help with psychological symptoms.
- He describe anger management as the problem where many adolescents have the inability to successfully handle their anger so at times they will turn to substance use to cope. He believes continued involvement of family is the key to a successful outcome.

VIII. Department of Children’s Services (DCS)

➤ Office of Independent Living – Mike Leach, Director and Dave Aguzzi, Assistant Director

- Leach reported there are 8,043 children and youth in custody. He said about 3,000 of the 8,043 are age 14 and older.
- He provided an update on the Brian A. Settlement Agreement. He said the state had been required to reach more than 140 benchmarks to transform foster care. The state now enters a yearlong maintenance period, during which they must sustain their performance on every measure—the final step before requesting an end to court oversight.
- DCS is currently working on accreditation through the Council on Accreditation. He said eight percent of youth in state’s custody age out of foster care and there are over 1100 adoptions a year. The goal is to reunify the youth with families and that 90 percent go to a permanency option.
- He shared the data showing outcomes of youth four years after exiting foster care. The Jim Casey Youth Opportunities Initiative estimated that related losses incurred through public assistance, incarceration, and lost wages cost the U.S. \$7.8 billion per year.
- Leach said building connections to families, friends and communities is a predictor of success. He reported chemical changes in the brain prime adolescents for risk-taking and presents opportunities for them to learn from experience and mistakes and, with adult support, gain greater self-regulation, coping, and resiliency skills.
- He believes that if young people in foster care are given opportunities to exercise their still-developing brains by planning their own lives and making their own decision, they have more success.
- Leach talked about the three-year comparison of the Quality Service Review (QSR) System Performance Status Indicators that looks at youth aged 14-17. Currently

there have been 109 cases for 2016 as compared to 107 cases in 2015 and 89 cases in 2014.

- He spoke about the data for total aged out eligible for extension of foster care services (EFCS). In 2014, the retention rate of EFCS population was 235 days. In 2015, it increased to 255 days. Leach indicated that this is equivalent to two college semesters meaning young people are dropping out after the first year.
- Aguzzi reported on the TN National Youth in Transition Database (NYTD) data and the three-year survey mandate. He said Tennessee is incarcerating more youth than the national average. The data is based on the sample size of 17 year olds. Aguzzi explained majority of the youth surveyed are juvenile justice involved and that could be the reason why Tennessee's number is higher than the national average.
- Aguzzi suggested finding a way to connect young people to services, expanding the eligibility criteria to allow more youth served and moving barriers to find employment will lead to successful outcomes.
- Leach stated DCS is currently working on drafting legislation to allow DCS to potentially serve young people adopted before 18 which will allow them to come back and request foster care services until age 21. Those who come into custody after 18 but before 21.
- Leach went over the Well-Being in Tennessee data. He said it is consistent with the KIDS COUNT data recently released. Youth aged 14-18 fared better. Participants felt strong in areas of health and safety. He said the most room for growth was in economic well-being.
- Leach shared educational data and reported there were 400 high school and 18 college graduates in FY16 compared to 423 high school graduates and 21 college graduates in FY15. In addition, currently 93 percent of youth discharged at 18 shall have earned a GED, graduated from high school, enrolled in high school or college or an alternative approved educational program, currently enrolled in vocational training or employed full-time.
- Leach highlighted all of the services in Tennessee for youth including Extension of Foster Care Services, YV LifeSet, Teen Outreach Program (T.O.P.), Sisters Saving Sisters (SSS), Jim Casey Resource Centers in four communities, Independent Living (IL) Wraparound funding, Bright Futures Scholarship, Medicaid to 26 young people and referrals for employment support. Leach indicated DCS can usually assist in getting Medicaid to those youth who aged out within a couple of days.
- Leach announced Tennessee DCS coordinated Youth Leadership Academies and Youth 4 Youth (Y4Y) Board meetings in collaboration with community-based partners in all three grand divisions. He said the ongoing focus is to train staff to develop quality transition plans, strengthen youth engagement and build youth voice, focus on earlier interventions with 14-16 year olds, integrate preparation for adulthood with permanency efforts, provide credit checks for those 14 and older, provide more employment and housing opportunities, create an awareness of the

- shared accountability and a more comprehensive system to prevent youth and young adults from falling in the gap (those with mental health issues and lower IQs).
- Leach talked briefly about Prudent Parenting and Normalcy and said legislation recently passed for foster parents to assist their foster child in obtaining a drivers' license. DCS has worked hard to incorporate the Consumer Financial Protection Bureau (CFPB) Office of Financial Empowerment financial literacy in the training to come up with strategies to improve the financial skills of transitioning youth.
 - Leach shared resources for youth in transition and added the annual YTAC report sent to the General Assembly is a great resource.

IX. DCS Resource Centers

➤ I.A.M. Ready/Chattanooga – Jack Parks

- Parks reported he currently serves 46 clients with no involvement in the youth violence occurring in Chattanooga. I.A.M. Ready is in its third year and is expanding to provide services to youth outside the Chattanooga area. CASA will collaborate with I.A.M. Ready to provide services in the Cleveland/Bradley county area.
- Parks said the program was awarded a \$25,000 grant from Casey Foundation to allow youth to be entrepreneurs. This is a nine-week course and at the end of the nine weeks, the youth will present their idea before Chattanooga's Shark Tank. In addition, there was a \$10,000 donation to provide asset purchases. The Chambliss Child Care Center is also collaborating with I.A.M. Ready.
- Other programs include the Sexual Health Education (SHE) program serving six or seven young women and A Step Ahead Foundation partnership to assist with long-acting birth contraception.
- This Saturday, June 25th, I.A.M. Ready will have a Dancing with the Stars fundraiser.

➤ Project NOW! Helen Ross McNabb – Mary Binger

- Binger spoke about Project NOW (Navigating Opportunities that Work) and gave a brief overview. The program uses the evidence-based Jim Casey model to help foster care youth ages 14-24 to develop financial skills. She reported there are 130 participants in the financial literacy class. Binger added the courses include teaching the youth about debt reduction, car buying and budgeting and shared the matching program can continue for up to three years after the financial literacy course.
- Binger reported the services offered extend to those in foster care for only a day. Other services offered are Sisters Saving Sisters (SSS), advisement on how to prepare for a self-sufficient adulthood and assistance in seeking a job or higher education.

- There are two monthly meetings and the center offers a residential component, drop-in center, bus passes, extensive resources and referral-based services. Binger said the center is strategically placed to assist in connecting resources like mental health resources.

➤ **Youth Connections at Monroe Harding – Pam Madison**

- Madison gave an overview of the four programs throughout Nashville area and the resource center located in downtown Nashville. She indicated that Youth Connections is a resource center for young men and women, ages 16-26, who are currently in or have aged out of foster care or state custody and has been around for about 11 years.
- She reported 65 youth currently active in the Opportunity Passport program and said the program can match up to \$3,000 over the lifetime of the program.
- Madison shared services the young people receive like assistance with employment, housing, High School Equivalency (HiSet)/GED classes, tutoring, post-secondary education planning, sexual health education (SHE program), and financial education classes.
- Madison reported the SHE program served about 40 females and they are working on a program for the males.
- She highlighted the HiSet program and the graduation ceremonies held for the young people and their families. Madison shared there is a generous donor who gives all of the graduates \$650. She also spoke about the scholarship program.
- Madison said in addition to the core classes offered, Monroe Harding has a great location in downtown Nashville where youth can hang out, shoot pool, make a snack, or use the computer lab to research jobs, check email, Facebook, etc. All program participants have access to laundry facilities and showers and can pick up personal hygiene and small household items from the free thrift store.
- She highlighted the weekly career classes and paid intern programs. She also listed the local businesses who are partnering with Monroe Harding to provide meaningful life skills to the youth and young adults.
- Madison said mentors for their males are needed and asked for assistance in this area.

➤ **Dream Seekers/South Memphis Alliance (SMA) – Tameka Daniel-Greer**

- Daniel-Greer gave a brief overview of the South Memphis Alliance Renaissance Center (SMA). SMA is a community-based support for young people in the Memphis area and serves youth and young adults across a range of populations, in an effort to increase the health and knowledge and stability of young people and

ultimately the entire family. They are located in a laundromat and provide services while clients do their laundry.

- There are currently 80 enrollees in Opportunity Passport Dream Seekers program comprised of foster care youth between the ages of 14 to 25. Most are referred from other foster care providers. SMA also provides dream seekers assistant with psycho education therapists, employment, financial education, sexual health education and parenting classes.
- Daniel-Greer thanked Flextronics for giving \$10,000 to provide job readiness and potentially an internship.

X. Workgroup Updates/Discussion Plans for Future Meetings – Linda O’Neal

- O’Neal thanked attendees for being present until the end.

Next CCMH Meeting Dates:
August 23, 2016 (*Tuesday Meeting at Goodwill*)
November 3, 2016 (Midtown Police Precinct)

Next YTAC Meeting Date:
August 4, 2016 (Goodwill)
October 6, 2016 (Goodwill)

Meeting adjourned at 2:10 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.