



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

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Council on Children's Mental Health (CCMH)
Goodwill Industries
1015 Herman Street, Nashville, TN 37208
August 23, 2016
10 a.m. – 2 p.m.

MEETING SUMMARY

ATTENDEES

Aimee Alberd
Sandra Allen
Katie Armstrong
Anna Arts
Elizabeth Ball
Tammytha Barnes
Carole Beltz
Kathy Benedetto
Mona Blanton-Kitts
Cory Bradfield
Jeremy Breithaupt
Maria Bush
Monica Causey
Casunda Cross
Bill Dobbins
Brenda Donaldson
Anjanette Eash
Kendall Elsass
Stephanie Etheridge
Dr. Vaughn Frigon
Rachel Gentry
Angie Givens
Samantha Hammonds

Vickie Harden
Rikki Harris
Jeff Helmentoller
Jeremy Humphrey
Brittany Jackson
Kimberly Jeffries
Knetta Jones
Mary Katsikas
Sumita Keller
Ann Kelly
Kathleen Kennedy
Richard Kennedy
Mindy Kronenberg
Kristy Leach
Misty Leitsch
Loraine Lucinski
Cheri Mastin
Melissa McGee
Michele Moser
Jessica Mullins
Wanda Myles
Amy Olson
Linda O'Neal

Crystal Parker
Mandy Pelligrin
Tim Perry
Steve Petty
Tammy Reid
Kathy Rogers
John Rust
Devin Rutland
DeVann Sago
Toni Shaw
Heather Smith
Natasha Smith
April Tanguay
Graham Thomas
Keri Virgo
Amy Vosburgh
Don Walker
Keisha Walker
Shauna Webb
Angela Webster
Sejal West
Alysia Williams

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.

Episodes of Care – Dr. Vaughn Frigon, Chief Medical Officer, TennCare Bureau

- Dr. Frigon detailed Tennessee’s Health Care Innovation Initiative. Dr. Frigon reminded of Governor Haslam’s speech in March 2013 to the General Assembly, emphasizing the Governor’s deep commitment to reforming the way healthcare is covered in Tennessee. There are numerous inefficiencies in healthcare and Governor Haslam has charged TennCare to reform the system. The goal is to pay for outcomes and quality care while rewarding strongly performing physicians.
- Dr. Frigon said TennCare started by bringing the major commercial payer like Cigna, Blue Cross Blue Shield, United Healthcare, CMS, PBGH and the Health Care Transformation Task Force to the table. He reported TennCare plans to have a value-based payment account for majority of the healthcare spending within the next three to five years. There is already a national movement toward value-based payment. Forty percent of commercial sector payments to doctors and hospitals now flow through value-oriented payment methods.
- Dr. Frigon reported on Tennessee’s three strategies: primary care transformation, episodes of care and long-term services and supports.
- He detailed the stakeholder process and shared that the initiative has met with over 20 stakeholder groups in over 950 meetings since February 2013. Providers, Payer Coalition, Quality Improvement in Long-Term Services and Supports, Technical Advisory Groups and Employers are amongst the stakeholders.
- Dr. Frigon also discussed the primary care transformation strategy. He said most medical costs occur outside of the office of a primary care physician (PCP), but PCPs can guide many decisions that impact broader costs, improving cost efficiency and care quality. PCPs are responsible for proactively managing their attributed patient’s health care.
- Patient Centered Medical Homes (PCMH) provide the holistic approach to primary care and focuses on prevention and management of chronic disease, seek to increase coordinated and integrated care across multidisciplinary provider teams, and to improve wellness and preventive care. Tennessee Health Link is a coordinated approach that will further incorporate behavioral care for TennCare members with severe and persistent mental illness.
- The objectives of PCMH and Health Link are to improve patient outcomes through increased coordination. PCMH is for all Tennesseans and takes the holistic approach to care coordination for all patients. Health Link is for TennCare members with severe mental illness and takes the coordinated approach for highest-needs behavioral health members. Primary care transformation aims to enhance coordination and integration across behavioral and physical health.
- Dr. Frigon reported with the primary care strategy, a multi-payer shared care coordination tool will allow primary care providers to implement better care coordination in their offices. He said alerts of

any of the PCPs attributed patients' hospital admissions, discharges and transfers (ADT feeds). The coordinated care can generate and display gaps in care and create prioritize workflows for the care team while tracking activities against patient-specific care plans.

- Tennessee's timeline for PCMH and Tennessee Health Link rollout is to enroll 65 percent of TennCare members in a PCMH practice by 2020. The pilot of Care Coordination Tool went from June-August 2016. This fall, TennCare will have a provider training and provide technical assistance to participants. In December, Tennessee Health Link will launch statewide for TennCare members with acute Behavioral Health needs. The launch of the first PCMH practice will happen in January 2017 and will expand to two practices in January 2018.
- Dr. Frigon defined episodes of care and gave an example of a patient's journey for hip and knee replacement. He said episodes include services from multiple providers and that every episode starts with the patient's journey. While the billing process is unchanged, detailed information for each episode to include actionable data will now be provided.
- To demonstrate accountability, a provider Quarterback or Principal Accountable Provider (PAP) is designated as accountable for all pre-specified services across the episode. The Quarterback is the provider in best position to influence overall quality and cost of care for an episode. As an incentive, high-quality and cost-efficient care is rewarded beyond current reimbursement, based on the Quarterback's average cost and total quality of care across each episode. Quarterbacks are rewarded for leading and coordinating services and for ensuring quality care.
- During an episode, the patients seek care and select providers while the providers deliver care and submit claims. The payers reimburse for services, review claims from the performance period to identify a Quarterback for each episode, calculate average cost per episode for each Quarterback and compare average costs to predetermined 'commendable' and 'acceptable' levels.
- Quarterbacks receive reports to measure and improve patient care. These reports provide performance information for quarterback episodes like an overview of quality across Quarterback's episodes, an overview of cost effectiveness (how a Quarterback is doing relative to cost thresholds and relative to other providers) and an overview of utilization and drivers of a Quarterback's average episode cost.
- Payers review claims to see which provider's patients qualify for episode related care. Payers select Quarterback based on physician or facility with the main responsibility for the patient's care. The quarterback leads and coordinates the team of providers, helps drive improvement across system (e.g., through care coordination, early intervention, patient education, etc.), is rewarded for leading high-quality, cost-effective care and receives performance reports and data to support decision-making.
- Dr. Frigon said there are five basic recommendations to avoid unintended consequences are what triggers an episode, who should be the quarterback, what is the length of the episode, are there any exclusions and risk adjustments and how to measure quality information?
- Tennessee's aim with this project is to create a sustainable patient-centered health system. Episode-based payment models reward coordinated, team-based high-quality care for specific conditions or procedures. The goal is to achieve coordinated, team-based care for all services related to specific conditions, procedures, or disabilities (e.g., pregnancy episode does include all care prenatal through delivery).

- Incentive payment calculations will be based on outcomes after performance period ends.
- There will be 75 Episodes of Care introduced in waves over a 5-year period. For information on each Episode of Care, visit <http://www.tn.gov/hcfa/topic/episodes-of-care>. If you have further questions, please send an email to payment.reform@tn.gov and for more information visit <http://www.tn.gov/hcfa/section/strategic-planning-and-innovation-group>.

Introductions and Announcements – Linda O’Neal

- Brief announcements and introductions were made. O’Neal said the Council is thankful for the opportunity to move to Goodwill Industries and reminded everyone that Goodwill is always taking donations. O’Neal reminded everyone to sign in for reporting purposes for federal grants.
- There are still scholarship opportunities available for the Certified Family Support Specialist Professional Competencies Course. The deadline is September 30th.
- McGee will send out information about announcements.

Approval of June Meeting Summary

- O’Neal thanked Natasha Smith, TCCY for transcribing the June 2016 meeting summary for the joint meeting with YTAC.
- **IT WAS MOVED (WALKER, D.) AND SECONDED (WALKER, K.) TO ACCEPT THE MEETING SUMMARY FOR JUNE 23, 2016. MOTION PASSED UNANIMOUSLY.**

Association for Infant Mental Health in Tennessee (AIMHiTN) – Michele Moser, AIMHiTN Founding Board Chair and Angela Webster, AIMHiTN Executive Director

- Moser gave a brief overview and thanked Elizabeth Ball for the idea of creating AIMHiTN. In April 2016, the Association of Infant Mental Health in Tennessee (AIMHiTN) was formed to create the infrastructure needed to advance the system of mental health for our state’s youngest citizen.
- Moser gave a definition for infant mental health from www.zerotothree.org. It states infant-early childhood mental health (I-ECMH) is developing capacity of the child from birth to five years of age to form close relationships, manage and express emotions, and explore the environment and learn.
- I-ECMH services are provided within the context of family, community and cultural expectations for young children focused on promoting healthy social and emotional development rather than on psychopathology. The client is the caregiver-child relationship rather than an individual baby.
- Moser highlighted the contributions of various participants and leadership group over the years to develop the infant mental health system and shared some of the accomplishments because of these relationships.
- Moser reported that babies’ brains develop 700 synapses per second. Toxic stress damages and inhibits synaptic growth while nurturing caregivers promote synaptic growth. The early years lay the foundation for long term health and wellness.

- Moser spoke about the strategic plan and went over the various workgroups. Particularly, she highlighted the Infant Court Team, Financing and Reimbursement and State Association.
- Tennessee Infant and Early Childhood Mental Health Initiative (TIECMHI) officially changed their name to the Association of Infant Mental Health in Tennessee (AIMHiTN) in May 2016. Moser identified the founding board members and their contributions. Tennessee Association of Mental Health Organizations (TAMHO), TDMHSAS, Department of Health (DOH) and an ACEs grant proposal on behalf of the AIMHiTN and Infant Court Workgroup will provide funding for AIMHiTN.
- Moser displayed the Facebook and Twitter pages.
- The competency and endorsement system for infant mental health is launching, the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E) and The Alliance for the Advancement of Infant Mental Health. The reasons for the early childhood mental health competency system is for training and professional development, professional credibility, financial reimbursement and quality control. For more information email Jon Korfmacher at jkorfmacher@erikson.edu.
- Webster shared what is next for AIMHiTN. She reported the pursuit of 501(c)3 status, launch of the endorsement system workgroup, development of reflective supervision capacity workgroup, marketing strategy, continued recruitment of members and partners and sustainability planning.
- Webster ended by asking attendees to join a workgroup, lead a workgroup and come to the next meeting scheduled for Wednesday, August 24, 2016 from 9 a.m.- 12 noon CST at Disability Rights Tennessee located at International Plaza-Suite 825, 2 International Plaza Drive, Nashville.

TN Promise/tnAchieves – Graham Thomas, Director of Community Partnerships

- Thomas gave a quick update to the Tennessee Promise (TN Promise) program.
- He stated data is showing an increase in enrollment and a decrease in student debt. Thomas said Tennessee is graduating students three times the state average with this program.
- Thomas reported there were 56,562 TN Promise applicants in 2016 and 32,938 or 58 percent remained eligible after the second meeting.
- He handed out a mentor application flyer with information about how to become a mentor.

Tennessee Department of Mental Health and Substance Abuse Services Update – Sejal West, Assistant Commissioner

- Sejal West had no departmental updates, but said TDMHSAS is waiting to hear about a couple of grants and will release that information through the listservs.

Tennessee Housing Development Agency (THDA) Grant Opportunities – Toni Shaw, Housing Program Manager, THDA

- Shaw reported Tennessee Housing Trust Fund (THTF) has money for housing. THDA is now seeking creative and innovative rental housing development proposals for the 2017 Fall Round of Competitive Grants under the Tennessee Housing Trust Fund (THTF). The maximum grant amount is \$500,000 and there is no grant minimum. Applications for the grant are due September 22, 2016 by 4:00 p.m. CST.
- The money can be used for transitional housing or permanent housing. It may also be used to renovate housing. There is a 50 percent match required. The match can include the value of services. The next grant round will be in March.
- On October 12-13, the 2016 Governor's Housing Conference will take place. You may register now at tnghc.com.

Young Child Wellness Council – Cory Bradfield, Program Director, Department of Health

- Bradfield gave an overview of the key focus areas and strategies for 2016-2018. The vision for the Young Child Wellness Council is to realize their optimal development and wellness during the early years to create a foundation for lifelong success.
- He explained ongoing projects such as developing a Presentation Toolkit, Young Child Wellness Index and Incorporating Project LAUNCH five Strategies.
- The next meeting is September 28th from 10 a.m. – 2p.m. at the Midtown Hills Police Precinct.

Home Visiting Leadership Alliance/Pay for Success – Sumita Keller, Home Visiting Director, TCCY

- Keller gave a brief overview of the home visiting programs available in Tennessee. She began with the two promising practices, Maternal Infant Health Outreach Worker (MIHOW) which has a peer based model and is focused on the Spanish speaking community and Nurses for Newborns which provides nurse based services focused on medically fragile infants and parents with developmental disabilities. Keller continued with discussing the three of the evidence-based programs, Healthy Families America (HFA), Nurse-Family Partnership (NFP) and Parents as Teachers (PAT).
- Keller described her role as the Home Visiting Leadership Alliance Director at Tennessee Commission on Children and Youth (TCCY). She said the Tennessee Department of Health (TDH) invited TCCY to partner with them to develop and coordinate the Home Visiting Leadership Alliance (HVLA). The HVLA includes representation from the 14 provider agencies, state departments & other stakeholders. The group has met three times and will meet a fourth time next week.
- Keller reported, as part of the partnership with TDH, her role also includes exploring results-based financing mechanisms and identifying a sustainability plan. She explained TCCY received Technical Assistance Coaching Grant from the Institute for Child Success for a feasibility study of Pay for Success for Evidence Based Home Visiting Programs in Tennessee. The grant began in May 2016 and will be completed in February 2017.

- Pay for success (PFS), also called Social Impact Bonds (SIBs), is an innovative public-private financing mechanism where investors front the capital to implement cost-effective programs on a large scale and the government contracts to pay back investors, in some cases with interest, if programs achieve agreed upon outcomes.
- Keller reviewed the opportunities and challenges and the possible project areas. She shared a few of the ongoing PFS projects in the US and specifically spoke about the South Carolina Nurse-Family Partnership Pay For Success Project.
- Keller described the PFS feasibility study which includes all three evidence-based models in Tennessee. She shared the results of the landscape analysis which helped demonstrate the unmet need for evidence based home visiting services in Tennessee.

SOC-EXP Site Updates

- **Professional Care Services (PCS) – Samantha Hammonds and Casunda Cross**
 - Hammonds provided an overview about the accomplishments and challenges Professional Care Services (PCS) has seen through the SOC-EXP grant over the last three years. PCS provides outpatient behavioral health services to a population six years old and above in Fayette, Haywood, Lauderdale, Tipton, Shelby and Dyer counties in West Tennessee.
 - The SOC-EXP grant covers three of the six counties served by PCS:: Fayette, Haywood and Lauderdale. The targeted population is children zero to five years old and the focus is on preparation and prevention. Hammonds said the population is very different than the population they have historically served. This grant positioned PCS to expand services to include younger children.
 - Hammonds said that all six sites and every position received training in the core values and how these values impact services at the PCS as part of the preparation plan. To prevent placement in state’s custody, PCS looked at two key areas of prevention, family work and community collaboration.
 - Cross is the System of Care Coordinator, describing her work with the families and the requirements and the goals of the program. Cross received referrals and served families through travel to where children and families were located, including schools, homes and other popular gathering places.
 - Hammonds reported on monthly community collaboration meetings and improved relationships with juvenile justice, DCS and Head Start programs leading to partnerships for community events resulting in positive experiences with the community partners.
 - Hammond mentioned some of the challenges, like working in rural communities with limited resources and collaboration. She said since PCS initially only served children starting at school age, they were not equipped to address this age group.
 - PCS has been able to increase services for children under six years old and continue to grow in this area. Hammond reports improved relationships with community partners, dramatically increasing better service to the families.

- **Volunteer Behavioral Health - Cheri Mastin**

- Mastin introduced members of her team who were present and spoke about the System of Care project at Volunteer.
- The Volunteer’s System of Care targets at-risk students in Hamilton County, Tennessee, ranging from ages 9-17. The collaborative provides a three-pronged approach to service delivery, including prevention and early intervention, treatment and recovery support. The framework for each component is from a family-driven perspective, in which parents or caregivers partner with providers in a supportive and interactive collaboration. This system of care approach provides families and adolescent mental health consumers the opportunity to create their own team of superheroes.
- This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) with Tennessee Voices for Children providing services to their families.
- Flex funding or specific assistance in this program must be tied to the young person’s treatment plan and is used to further treatment, including providing leadership and training opportunities. She highlighted the community partners and individuals who are helping with the sustainability of the program.

Final Words from TDMHSAS about SOC-EXP Grant Sites – Sejal West and Keri Virgo

- West named the TDMHSAS staff that oversaw the SOC grants and thanked them for their work.
- Virgo thanked the sites for their outstanding work and briefly mentioned grant closeout.
- Virgo announced there will be three free Cultural and Linguistic Competence Summits in September sponsored by TAMHO. On September 2nd at Trevecca University in Nashville, September 15th in Johnson City and September 29th in Memphis. These events will fill up fast, so you can go to TAMHO’s website to register on Eventbrite.

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:
November 3, 2016 (at Midtown Police Precinct)

Meeting adjourned at 1:55 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.