



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

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Council on Children's Mental Health (CCMH)
Midtown Hills Police Precinct
1443 12th Avenue South, Nashville, TN 37203
November 3, 2016
10 a.m. – 2 p.m.

MEETING SUMMARY

ATTENDEES

Shiri Anderson
Katie Armstrong
Anna Arts
Elizabeth Ball
Carole Beltz
Kathy Benedetto
Maria Bush
Dana Casey
Monica Causey
Angela Cecil
Bill Dobbins
Brenda Donaldson
Anjanette Eash
Julie Flannery
Rachel Gentry
Katie Goforth
Vickie Harden
Rikki Harris
Brittney Jackson
Kimberly Jeffries
Jacqueline Johnson

Sumita Keller
Ann Kelley
Richard Kennedy
Kristy Leach
Kisha Ledlow
Loraine Lucinski
Melissa McGee
Elizabeth McInerney
Christopher Morant
Michele Moser
Jessica Mullins
Jordan Neal
Amy Olson
Linda O'Neal
Victoria Paradise
Crystal Parker
Steve Petty
Kathy Rogers
Mary Rolando
John Rust
DeVann Sago

Mary Shelton
Natasha Smith
Sara Smith
Shawn Smith
Roger Stewart
Millie Sweeney
Joan Sykora
April Tanguay
Heather Taylor
Elizabeth Thomas
Keri Virgo
Will Voss
Don Walker
Shauna Webb
Angela Webster
Sejal West
Alysia Williams

Welcome/Introductions/Announcements/Approval of August Minutes – Linda O’Neal, Executive Director, Tennessee Commission on Children and Youth (TCCY)

- O’Neal welcomed attendees and provided a brief overview of CCMH. She announced that Commissioner Doug Varney retired recently and thanked him for his leadership. Marie Williams is now the Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services and Sejal West is now the Deputy Commissioner.
- 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.
- After introductions, O’Neal shared with attendees about Vicki Pillow who was in a terrible accident last week. Vicki previously took minutes for CCMH and there are cards for membership to sign and send get well wishes.
- Alysia Williams announced the Tennessee Association of Mental Health Organizations (TAMHO) Annual Conference will be December 13-14, 2016, at the Franklin/Cool Springs Marriott.
- Copies of the Early Connections final report were distributed.
- O’Neal announced Children’s Advocacy Days will be held March 14-15, 2017.
- O’Neal thanked Natasha Smith, TCCY, for transcribing the August 2016 meeting summary. Approval of those minutes will happen after lunch to provide time for review.

Care Coordination Pilot – Mary Shelton, TennCare, Director of Behavioral Health Operations

- Shelton gave her background with the Bureau of TennCare and described current duties.
- The targeted population for the Care Coordination Pilot was TennCare children and youth members with high risk of out-of-home placement. In 2012 or 2013, Amerigroup, BlueCare and United Healthcare approached TennCare with an idea to address challenges, including too many children and youth entering residential/inpatient psychiatric levels of care; fragmented care in a fragmented system; limited standards and expectations for community-based mental health services; watered down in-home treatment and extreme variability across providers as to quality and intensity of services.
- Questions addressing behavioral health needs of TennCare members were established and aimed at reducing higher levels of care, ER over-utilization, crisis services usage, over-reliance on medications, court and DCS involvement, dysfunctional behaviors, poor health, family conflict, adverse childhood experiences and variability of care delivery.
- On October 1, 2014, TennCare began a pilot program with two modalities of treatment, Home Based Treatment (HBT) and Mental Health Care Coordination (MHCC). These services were developed to increase family preservation, positive family/peer relationships, positive school performance, progress towards child/family goals, resilience/recovery, good health, positive coping skills, community involvement, skills to navigate the system independently, solid parenting skills and collaborating among formal and informal service providers to maximize therapeutic benefit.

- The pilot workgroup collaborative consisted of TAMHO, Tennessee Voices for Children (TVC), Centerstone, Youth Villages, Health Connect America, Mental Health Cooperative, LifeCare, United Healthcare, Amerigroup, BlueCare TN, Bureau of TennCare and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS).
- Dr. Karen Edwards, Dr. Mario Lehenbauer-Baum and Don Walker from TDMHSAS completed the data evaluation of the pilot and pulled the Child and Adolescent Needs Survey (CANS) information, caregivers strain questionnaire and other relevant data. There were 137 members served during the pilot.
- The findings showed successful discharges for HBT were greater at 82 percent than MHCC at 68 percent. Families with more than 90 days of services were most successful and HBT caregivers strain scores improved significantly and children/youth improved in different areas in HBT and MHCC. The findings also showed the time spent on administration and non-therapy services were similar for HBT and MHCC and successful cases had significantly more therapy (HBT only) and non-therapy service minutes than unsuccessful cases.
- Shelton reviewed data graphs and outcomes from the pilot. She then provided a brief overview of the proposed language contractor risk agreement to take effect January 1, 2017. However, on December 1, 2016, Tennessee Health Link will go live as the new care coordination while the treatment will be known as Intensive Community Based Treatment. At present the care coordination pilot structure is on hold. She said the language from the CMS Health Home application is worded to avoid duplication of services.
- The new Tennessee Health Link program removed the caseload and minimum face-to-face requirement in the Intensive Community Based Treatment and Shelton read the proposed language, minimum elements and expected outcomes of the program.
- Shelton shared there is a need for more licensed providers to conduct Intensive Community Based Treatment. Telehealth is also becoming a popular option.
- There is no specific guidance developed for the care coordinator under Health Link as of yet. Shelton believes the primary care coordinator or quarterback may depend on a case-by-case basis. She said it is a conversation that needs to continue. The care coordinator tool could be used in this process as well.

Tennessee AWARE – Sara Smith, Department of Education, Project AWARE Director

- Smith provided a brief overview and update on Project AWARE after the first two years. AWARE stands for Advancing Wellness and Resiliency in Education and is a five-year SAMHSA grant of \$9.7 million. The annual report was just submitted to SAMHSA reporting on the goals of the program: to build effective state and local infrastructures and integrated state systems to support student's mental health; increase adult mental health literacy and competency to detect and appropriately respond to student mental health needs like youth mental health first aid training; and to expand district and community continuum of behavioral supports and mental health services for school-age youth.

- The team structure includes the AWARE State Management team, a Tennessee Department of Education AWARE Management team and the three county-level teams. Project AWARE is implemented in Anderson, Lauderdale and Lawrence counties. Parent/youth representatives and (Gay, Lesbian and Straight Education Network) GLSEN of Middle Tennessee are also members of the State Management Team.
- Smith shared grant accomplishments based on the three goals. In addition to establishing the management teams at the state and local levels, a coordination and integration plan was developed, the Referral Pathway System is in its testing phase, data collection systems have been developed to monitor grant activities and outcomes and the School District Mental Health Services Capacity Survey tool is in development. As a result of the grant, 52 adults have been certified as a Youth Mental Health First Aid (YMHFA) instructor, 1,659 adults have been certified as a YMHFA “first-aider,” 8,406 youth have received mental health resources or referral information from a YMHFA “first-aider,” all three Local Education Administrations (LEAs) developed contracts with a community-based mental health organization to provide school-based therapists, and two of the three LEAs hired school social workers using AWARE grant funds.
- Smith reported during the 2015-2016 school year across all three LEAs, 463 students were referred to mental health professionals and 384 students (83 percent) received mental health interventions. The timeframe was February to May.
- Year Two accomplishments included student, parent and teacher participation in the school climate survey; Adverse Childhood Experiences (ACEs) education, Restorative Practices, RTI2-B, PBIS trainings were provided to school staff; early intervention programs have been implemented; and LEAs increased visibility of mental health issues by implementing youth-led mental health promotion and awareness raising activities. The districts engaged 70 youth in mental health promotion efforts and reached an audience of nearly 20,000 school-age youth.
- Smith shared examples of a few youth designed billboards displayed in Anderson county.
- Challenges noted have included securing signed consents from parents to make a student referral for school-based mental health services, lack of school staff professional development time devoted to non-academic training, referral pathway implementation being redesigned due to school counselors’ time constraints, reluctance to adopt prevention programs due to school staff feeling overwhelmed with meeting academic goals, and stigma of addressing mental health among school administrators.
- Smith reported on the Conditions for Learning Forum (CFL) where professional development was provided to 511 participants representing 91 (62 percent) of all Tennessee school districts. The CFL forum topics included ACEs, Compassionate Schools/Trauma-Informed Schools, Social Emotional Learning, Resiliency, Children’s Mental Health, Restorative Justice, Gender Identity, Family Engagement, Youth Engagement and Self-Care.

Systems of Care: Systems of Care Across Tennessee (SOCAT) – Sejal West, Deputy Commissioner, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

- West discussed the newly received federal System of Care Across Tennessee (SOCAT) grant and reported receipt of the no-cost extension for the System of Care Expansion (SOC-EXP) grant. The SOCAT grant is the largest federal discretionary funding received by TDMHSAS in its history. It is a four-year, \$12 million SAMHSA “SOC Expansion and Sustainability” Cooperative Agreement. It builds on 17 years of experience in creating SOC in local communities and the work of CCMH.
- The overarching goals of SOCAT is the local interagency planning teams (SOCAT Teams), SOCAT financing plan, policy and environmental change strategies that increase access to high quality care, evidence-based services and supports (i.e., wraparound, peer support, etc.).
- TDMHSAS is partnering with TCCY to fund three positions for divisional SOCAT Coordinators within TCCY supporting CCMH and the SOCAT grant goals, including development of four laboratory sites (Madison, Coffee, Putnam and Sevier counties), development of local SOCAT Teams, participation in the SOCAT Technical Assistance Center and assistant with any SOCAT Mini-Grant.
- The four laboratory sites were identified and could not have received prior SOC funding.
- Anticipated outcomes are to serve over 600 children through SOCAT Teams and SOCAT Care Coordination Services.
- Grant partners include: Community Mental Health Centers, Tennessee Voices for Children (TVC), F.A.C.E.S. of Memphis, Mental Health Transformation Alliance, Centerstone Research Institute and other child and family-serving agencies and organizations.

Approval of August Meeting Summary

- **IT WAS MOVED (HARDEN) AND SECONDED (HARRIS) TO ACCEPT THE MEETING SUMMARY FOR AUGUST 23, 2016. MOTION PASSED UNANIMOUSLY.**

System of Care Expansion – Keri Virgo, SOC-EXP Project Director, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

- Virgo gave a brief overview and update about the close-out process of the SOC Expansion sites. She shared the success of statewide collaborations and highlighted the SOC-EXP goals and accomplishments.
- One notable enhancement is the approval for reimbursement of Certified Family Support Specialists services by TennCare. Families who are in need are now able to work with a certified family support specialist as a reimbursable service. She said the CCMH strategic planning session was very helpful and suggestions were implemented effectively.
- Virgo praised the expansion of the current usage of the Child/Adolescent Needs and Strengths (CANS) as a universal assessment tool to enhance existing communication structures between and among child serving agencies.

- Virgo touched on the success of the System of Care Conference and the Cultural Linguistic Competence (CLC) Summits. She thanked Tasha Chusac for her CLC expertise in partnering with them to create successful events.
- She reported that during the SOC-Expansion, Tennessee moved from a moderate to substantial level of implementation. Implementation increased and sustained from 2014 to 2016. All implementation areas improved based on the SOC Rating Tool that examines five areas of implementation. Virgo reported an additional noted accomplishment; System of Care has now been imbedded into strategic plans and trainings for multiple providers across the state.
- Virgo shared data from the upcoming final SOC-EXP report. SOC-Expansion served 499 through March 31, 2016, a total of 111 percent. The goal was to serve 450. All areas of client functioning improved, clients improved social connectedness and the perception of care was that the SOC partners delivered outstanding service. There were 2,221 hours of meetings/events/trainings with 8,940 professionals in attendance and 2,900 non-professionals in attendance. The match funds were \$1,853,526.60, above the projected goal of \$1,562,800.00.
- Virgo ended the presentation by simply stating they met all of their goals. She shared a few lessons, e.g. distributing mini-grants enhances the need to get community involvement and sustainability, staff turnover due to salary delays the process, and consistent training, as it relates to data collection, is very important.

2G for Tennessee – Leslie Schenk, Director of Clinical Support Services, Department of Human Services

- Schenk briefly reviewed the mission and vision of the Department of Human Services (DHS). She explained 2 G for Tennessee as a new service delivery model adopted by DHS and as the overarching strategy for creating cycles of success for Tennessee families. The goal of 2G for Tennessee is to develop a foundational framework for DHS, where all programs are aligned and in sync – ensuring two generation approaches are applied when working with all customers in all aspects of case management and service delivery.
- Schenk shared a graph showing how the whole-family approaches focus equally and intentionally on services and opportunities for the parent and the child. The child-parent approaches focus first or primarily on the child, but are moving toward a two-generation approach and also include services and opportunities for the parent. The parent-child approaches focus first or primarily on the parent but are moving toward a two-generation approach and also include services and opportunities for children.
- The 2G for Tennessee model adheres to the strengths based approach. An individualized, strengths based approach refers to policies, practice methods, and strategies that identify and draw upon the strengths of customers/clients and communities. Strengths based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a positive partnership with the customers/clients. The approach acknowledges each customer/client's unique set of strengths and challenges, and engages them as a partner. The strengths based approach is an overall philosophical view that must be supported by policies, standards, and methods of service delivery of any organization that adheres to this philosophy.

- A 2 Generation Approach (2 Gen) refers to a “Whole-Family” approach focused equally and intentionally on services and opportunities for the parent and the child. This is realized through four key components: Education, Economic Supports, Health and Well-Being, and Social Capital.
- Education, from early childhood through postsecondary, is a core component of two-generation approaches. There is a strong correlation between low levels of educational attainment and poverty. Only 10 percent of those with a bachelor’s degree are poor. Yet more than 30 percent of those with a high school diploma or less are poor. The poverty rate does not decrease until people have at least some education beyond high school. Schenk said programs that provide education and skills training to adults often view children as a barrier to participation; a better model would engage whole families. Education includes Tennessee Reconnect, Tennessee Promise and Drive to 55.
- Economic supports can be made available with public resources, as well as nonprofit and private resources. These supports provide an important foundation for parents as they pursue skill building and education that lead to better jobs, longer-term financial stability, and ultimately a self-sufficient life. Economic supports include, but are not limited to, housing, transportation, childcare subsidies, and food assistance. Economic Supports include Workforce Development Process, Families First/TANF, Vocational Rehabilitation, SNAP and Workforce 360.
- Physical health and mental health, a component of the two-generation approach, have a major impact on a family’s ability to thrive. Childhood trauma, for instance, has lasting health and social consequences. Similarly, economic supports, such as housing, and social capital, such as connections to one’s neighborhood and community, are important social determinants of health. Health and Well-Being will look into Poverty and Brain Science, ACEs, and Barriers to Employment. There are six providers in every county.
- Social capital is also a key success factor of the 2 Gen approach. Social capital is exhibited as peer support; contact with family, friends, and neighbors; participation in community and faith-based organizations; school and workplace contacts; leadership and empowerment programs; use of case managers or career coaches; social networks, such as cohort models and learning communities; and mental health services. Such support can be a powerful component in programs that help move families beyond poverty. Social capital builds on the strength and resilience of families, reinforcing the aspirations parents have for their children and for themselves.
- Please visit <http://tn.gov/humanservices/topic/2gen-approach> for more information. Schenk said she will be happy to visit churches and community providers to get the word out. Her email address is Leslie.J.Schenk@tn.gov.

***Building Strong Brains: A Tennessee ACEs Initiative* – Mary Rolando, Health Advocacy Director, Department of Children’s Services; Richard Kennedy, Associate Director, Commission on Children and Youth and Loraine Lucinski, Deputy Director for Child Health, Department of Health**

- Rolando explained the priorities set for the *Building Strong Brains: Tennessee ACEs Initiative* and reviewed the allocation of \$1.25 million to address ACEs and build the initiative. Because of the oversight needed, it was agreed that the Three Branches Institute should decide how to disburse the \$1.25 million. Rolando reported an announcement of funding in August for ACEs Innovation Grant

proposals. She also reported goals to get state employees and other trained, leverage state and federal dollars and keep much of the resources in the community-based innovations.

- Seventy-two proposals were received for the ACEs innovation grants, totaling a request of \$8.4 million. An extensive evaluation process was used to determine the 13 funded projects. The summary and overview of each project funded is on both DCS and TCCY's websites.
- Rolando mentioned FrameLab II was held in Memphis on September 13th and 14th. The second part was held on October 25th and featured Dr. Judy Cameron. Another symposium will be held on November 29th and will focus on strategies to address ACEs.
- Kennedy praised Rolando for going above and beyond and thanked her and her team for their hard work. As part of the Building Strong Brains initiative, Kennedy explained the Training-for-Trainers program developed and conducted by TCCY and included an application process for admission into the training. The program includes an educational slide deck from a wealth of resources, including information from Dr. Judy Cameron and overall messaging editing by FrameWorks.
- He highlighted the outcome of the trainings to date, the goals and the focus.
- Kennedy provided dates and locations for upcoming Training-for-Trainers events. TCCY is currently working on the evaluation tools to ensure consistency and offer a way to track data.
- The Building Strong Brains Training for Trainers is a two-day training, with multiple learning styles and discussion. The full slide deck is a three hours presentation, with directives on shortening the slide deck for shorter opportunities. Kennedy also shared TCCY is working on sector specific versions of the slide deck in the future.

ACEs in Tennessee: Fact Not Fate – Loraine Lucinski, Deputy Director for Child Health, Department of Health

- Lucinski reviewed the goals from the original report and shared a preview of Tennessee ACEs data from the 2014 BRFSS report. The 2014 data show 61 percent of adult Tennesseans reported experiencing at least one ACE, while 26.9 percent experienced four or more.
- Lucinski reported the consistency with past reports in three ACEs in Tennessee – parental divorce or separation, substance abuse, and verbally abusive parents.
- Persons with two or more ACEs are 200 percent more likely to have poor or fair health. The numbers were adjusted for age and BMI. Once again, heart attack, stroke and diabetes continues to grow with more ACEs. Risk behaviors around smoking and tobacco use is associated with increasing ACE score. Additional information shows a person is 300 times more likely to smoke if you have ACEs. There is also an association with binge drinking in the past 30 days with three or more ACEs.
- Lucinski shared her recent experience as a panelist before Congress in Washington, DC. She said all of the panelists mentioned ACEs and that was a great way to plant the seed.

Workgroup Updates/Discussion Plans for Future Meetings – Melissa McGee, Council on Children’s Mental Health Director, TCCY

- McGee talked about the focus of upcoming meetings and thanked everyone for coming. LBGT is the focus for the March meeting. The April meeting will focus on adoption and the need for mental health education. June will be the combined meeting with YTAC.
- Kennedy announced TNAchieves/Tennessee Promise needs more mentors because they received over 68,000 applications this year.

2017 CCMH Meeting Dates:

Thursday, March 2nd – Midtown Hills Police Precinct

Thursday, April 27th – West Precinct

Thursday, June 22nd – Midtown Hills Police Precinct

Thursday, August 24th – Midtown Hills Police Precinct

Thursday, October 19th – Midtown Hills 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.