



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

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Council on Children's Mental Health
October 19, 2017
10 a.m. – 2 p.m.
Goodwill Industries
937 Herman Street, Nashville, TN 37208

MEETING SUMMARY

Attendees:

Shiri Anderson	Karen Howell	Mary Shelton
Katie Armstrong	Miracle Hurley	Raquel Shutze
Carole Beltz	Kara Johansen	Simone Sibley
Kathy Benedetto	Cheryl Johnson	Pragati Singh
Cory Bradfield	Sumita Keller	Samantha Slagle
Amy Campbell	Richard Kennedy	Julie Smith
Angelika Cason	Kisha Ledlow	Natasha Smith
J'ree Charles	Anna Claire Lowder	Denise Stewart
Bryan Currie	Melissa McGee	Roger Stewart
Tasha Dayhoff	Beth McInerney	Joan Sykora
Brenda Donaldson	Gerald McRath	Heather Taylor
Bryan Downey	Sarah Metter	Jaclyn Telfer
Cathy Dyer	Jerri Moore	Jerresha Tinker
Anjanette Eash	Jessica Mullins	Shannon Tolliver
Nikki Edney	Jill Murphy	Jennifer Trail
Kendall Elsass	Morenike Murphy	Keri Virgo
Brittany Farrar	Yolanda Neal	Will Voss
Laritha Fentress	Crystal Parker	Don Walker
Debra Granger	Alyssa Pesavento	Sejal West
Deborah Gatlin	Steve Petty	Zanira Whitfield
Georgianna Giampietro	Taylor Phipps	Ellyn Wilbur
Katie Goforth	Lisa Ragan	Alysia Williams
Criss Griffin	Nakeisha Ricks	Bianca Williams
Rachel Hauber	Kathy Rogers	TeShena Woods
Aimee Hegemier	Delora Ruffin	

I. Welcome, Introductions and Announcements -- Sejal West, Deputy Commissioner, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

- West called the meeting to order at 10:08 a.m. She welcomed everyone and thanked O'Neal and TCCY for the wonderful partnership. West thanked the participants for their time and commitment.
- West addressed a few housekeeping matters before moving through the agenda. She reminded attendees the sign-in sheet is essential for reporting requirements related to the federal System of Care grant. West thanked the staff at Goodwill Industries. She also asked attendees to complete to Conflict of Interest form if they have not already done so.
- West asked for introductions and announcements.
- Alycia Williams announced TAMHO's Annual Conference is scheduled for December 12th -13th with a focus on Trauma and Addictions. She said they will have panels on ACEs and information about pregnant and post-partum moms. More information will be available soon.

II. Approval of Meeting Summary

- West thanked Natasha Smith of TCCY for preparing the meeting summary for the CCMH meetings.
- **Motion to accept the August 24, 2017 meeting summary for CCMH (PARKER) MOTIONED (CURRIE) SECONDED, PASSED UNANIMOUSLY.**

III. Statewide Efforts – Sejal West, Deputy Commissioner, Department of Mental Health and Substance Abuse Services and Mary Shelton, Director of Behavioral Health Operations, Bureau of TennCare

- West explained the wait time for emergency boarding for child/adolescents has grown. This past summer, TDMHSAS partnered with Tennessee Hospital Association and the Division of TennCare to address this issue.
- Shelton explained the workgroup began meeting on June 28, 2017 and the representatives are TDMHSAS, Division of TennCare, Department of Children's Services (DCS), Tennessee Association of Mental Health Organizations (TAMHO), Managed Care Organizations (MCOs) and Hospitals.
- Shelton said the first steps for the workgroup was to review the work already conducted by the adult workgroup by framing the issue, reviewing of the adult workgroup actions and recommendations, looking at issues unique to the child/adolescent population, identifying the major barriers, and creating a strategy for the group.
- West highlighted some of the adult workgroup actions and recommendations like the frequently asked questions (FAQs) so everyone could have a consistent message.
- Shelton addressed the goals identified like best practices, the coordination and communication with stakeholders external to the hospital and community resources. For best practices, the workgroup would like to develop care paths and protocols for three primary patient populations:

depression/suicidal, autism and aggression/homicidal and additional needs for the medically fragile. Another best practice would be to educate providers regarding appropriate use of the 6-401 and 6-404, level of care issue and rescinding the Certificate of Need (CON).

- The next goal is to improve communication and coordination of care among all stakeholders involved in the care of a child/adolescent and their family experiencing a behavioral health crisis in the emergency department.
- The last goal would be to identify and enhance community resources for patients and their families to access in lieu of the hospital emergency department as well as to effectively care for those leaving the hospital while educating all stakeholders about the availability of and access to these community resources.
- Shelton said the workgroup continues to meet regularly, both as a large workgroup and in subcommittees. They will share the working draft of a report as soon as it is compiled.

IV. TDMHSAS Crisis Services – Morenike Murphy, LPC-MHSP – Director, Office of Crisis Services and Suicide Prevention, TDMHSAS

- Murphy reported the goals of crisis services is to promote safety and emotional stability of individuals with mental illness or emotional crises, minimize further deterioration of individuals with mental illness or emotional crises, assist individuals in developing and/or enhancing better coping skills and a natural support system, help individuals with mental illness or emotional crisis obtain ongoing care and treatment and encourage services in the least restrictive setting that is clinically appropriate to meet the individual's needs.
- Murphy defined a mental health crisis as a perceived crisis allowing the individual to define their own crises. She said you should use crisis services if there is a threat or imminent risk of suicide or harm to others, inability to avoid imminent danger or self-harm or the inability to properly care for self.
- Murphy said Tennessee has one of the most robust crisis services continuum with a statewide toll-free crisis line, adult mobile crisis response, children and youth mobile crisis response, walk-in center, crisis stabilization unit (CSU), crisis respite and follow-up.
- Murphy highlighted key points from each service. For state fiscal year 2017, there was a 30 percent increase with 10,600 calls received by the statewide toll-free crisis line. She explained the mobile crisis is a 24 hour, seven days a week service for both adults and children. There is a telephone triage assessment and a possible face-to-face assessment. In 2017, there were 106,000 adult phone calls in total and 67,500 of those calls resulted in face-to-face assessments while children and youth calls totaled 18,500 with 10,800 resulting in face-to-face assessments.
- Murphy said the intervention and treatment referrals consist of hospitalization and alternative plans like Comprehensive Child and Family Treatment (CCFT), Continuous Treatment Team (CTT), Family System of Support (SOS), Community Assessment and Stabilization Team (CAST), provider appointment, outpatient behavioral health services and safety plans.
- There are eight walk-in centers across Tennessee with triage and crisis assessments, crisis interventions, general medical screening, medical management assistance, referral and service

linkage and follow-up services. Anyone can enter a walk-in center. In FY2017, there were 17,600 assessments at the walk-in centers. Murphy highlighted some of the enhancements to the walk-in centers like 23-hour observation, 24/7 nursing assessments and access to medical prescriber. The amount prescribed varies.

- There are eight Crisis Stabilization Unit (CSU) locations across the state with a total of 115 beds. FY 2017 resulted in 9,000 admissions. Services are psychiatric consultation, medication management, group psychotherapy or psychoeducation, peer-led groups, social detox, access to general medical services, safety planning and means restriction education and transportation. Patients can stay up to 92 hours with approval.
- Murphy reported there are four crisis respite locations across Tennessee. Services are de-escalation and coping skills, referral and discharge services, follow-up services, access to general medical services, and safety planning and means restriction education. FY 2017 resulted in 2,000 admissions. Respite care depends on where you are being admitted. Some may last a couple of days while others may go up to 72 hours.
- Follow-up services follow crisis intervention, respite or stabilization. It may be a phone call or face-to-face assessment. Follow-ups are normally made within 12-24 hours of a mobile crisis face-to-face assessment to ensure the safety of the individual until treatment is scheduled or begins and/or the crisis is alleviated and/or stabilized.
- Murphy explained patients can expect efforts to avoid a visit to an emergency department, effort and attempts to refer to less restrictive means treatment/intervention, and use of telemedicine technology when appropriate and available. One can also expect quality assessment of each individual using the TDMHSAS Standardized Crisis Assessment, diligence in efforts to facilitate placement to the recommended level of care, referrals and resource information to the person in crisis and/or primary support, establishment of safety plans and professionalism.

V. Tennessee Association of Mental Health Organizations (TAMHO) – Ellyn Wilbur, Executive Director

- Wilbur concurred with Morenike Murphy and said she also hears from other states about how wonderful Tennessee's Crisis Services is for the citizens. She talked about resources for adults and how it has been rebalanced to service children. Wilbur said they are constantly finding areas where improvements can be made.
- The Tennessee Association of Mental Health Organizations (TAMHO) is a statewide trade association representing Community Mental Health organizations and other non-profit corporations that provide behavioral and primary health services. The TAMHO member organizations have been the virtual cornerstone of the Tennessee community-based behavioral health system since the 1950s and continue today as the primary provider network for community based care in Tennessee by serving 60,000 individuals per year.
- Wilbur shared more about the crisis services offered throughout Tennessee and said most of their providers do offer same day or next day assess and give priority assess. She also said the rate of suicide amongst youth is alarming. Any additional resources for youth are welcomed.

- Unfortunately, most of the resources for respite are for adults. West and Mullins talked briefly about respite for children provided through TDMHSAS. Tennessee Respite has vouchers. Mullins said they serve children between the ages of 2-16 with mental health issues. West said these resources are not statewide.
- Wilbur said one of the challenges is keeping up with what resources are available.

VI. Provider Perspective – Youth Villages – Brittany Farrar, Director, Tennessee Specialized Crisis Services, Tasha Dayhoff and Raquel Shutze

- Farrar introduced two colleagues and provided a brief overview of Youth Villages and the services offered. The Youth Villages Specialized Crisis Services staff provides assessment and evaluation of children and youth, up to age 18, who are experiencing a psychiatric emergency across the state of Tennessee.
- Shutze explained when one should contact Youth Villages Specialized Crisis Services. If a child is expressing serious suicidal or homicidal thoughts or behaviors, experiencing serious depression, exhibiting bizarre behaviors, disorientation, confusion or hallucinations, or acting
- Dayhoff talked about expectations and possible dispositions a crisis counselor may suggest.
- Shutze said they cannot guarantee placement for their recommendations. They work with private hospitals as well, but there are times where there is no space available. A follow-up specialist works with children and the process is very individualized and specialized for each person. They also cannot offer residential treatment or provide transportation.
- Dayhoff talked about systemic focus through collaboration with family, families as experts, effective communication, and collaboration with involved supports. She said they provide consistent follow up. Dayhoff also addressed quality assessments. She reported on the analysis of risk and protection, management of high risk and frequent youth and program model and analytical model adherence. The assessment process includes triage and responding.

VII. Provider Perspective – Mental Health Cooperative – Cathy Dyer, Program Manager, Crisis Services

- Dyer reported the resources for TennCare and Noninsured and outpatient child psychiatry and psychology resources. She shared community programs available within Davidson County and across Tennessee.
- She said last year there were 1356 assessments in Davidson (approximately four a day). There is a walk-in clinic, but it is mainly for adults. Families can bring children into the center because there is a safe room set up for them.
- Dyer shared they will break ground on a new facility in January and it will hopefully be ready by September 2018.

VIII. System of Care Across Tennessee (SOCAT) Update – Keri Virgo, SOCAT Project Director, TDMHSAS

- Virgo reported they started enrolling this week. She introduced the SOCAT Divisional Coordinators (Laritha Fentress, Jill Murphy, and Jerri Moore) and explained their roles. Virgo said training for wraparound has occurred and a new cohort will be introduced in January. There are eight coaching candidates who will be able to train on the model and able to come to you and train for free.
- Virgo will send out job announcements for Youth Engagement Coordinator and the Technical Assistance Coordinator.
- She said the caseload capacity is 12 families at any one time. Even though the number seems low, the services provided are very extensive.
- West asked Virgo to announce the expansion of services where TDMHSAS will expand by opening seven new sites across the state. Virgo said they will be funding a Care Coordinator position and a Family Coordinator position. West said there is more to come.

IX. CCMH Legislative Report – Melissa McGee

- McGee said CCMH is up for Sunset in 2018 and reminded the council the report is due to the General Assembly in January.

X. Future Meetings and Topics

- Alyria Williams mentioned suicide awareness as a future topic.

2018 CCMH Meeting Dates:

Thursday, February 22, 2018

Thursday, April 19, 2018

Thursday, June 21, 2018

Thursday, August 16, 2018

Thursday, October 18, 2018

Meeting adjourned at 1:31 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.