



STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

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MINUTES

Council on Children's Mental Health
Junior League Conference Center
Green Hills in Nashville
August 28, 2008
10:00 a.m. – 3:00 p.m.

Participants:

Virginia Trotter Betts, Co-Chair
Linda O'Neal, Co-Chair
Susan Adams
Carla Babb
Sumita Banerjee
Kathy A. Benedetto
Colleen Elizabeth Bohrer
Pam Brown
Charlotte Bryson
Sen. Charlotte Burks
Shalonda Cawthon
Tiffany Chevront
Michael Cull
Bob Duncan
Emel Eff
Deborah Gatlin
Nneka Gordon
Betty Adams Green
Veronica L. Gunn
Caroline Vickers Hannah
Raquel Hatter
Mike Herrmann
Jeanne James
Sheila Keith

Dustin Keller
Richard Kennedy
Randal Lea
Tricia Lea
Paul Lefkowitz
Ray Lyons
Marlin Medlin
Viola Miller
Freida Hopkins Outlaw
John Page
Cindy Perry
Steve Petty
Sue Pilson
Mary Rolando
Traci Sampson
Debrah Stafford
Millie Sweeney
Linda Tift
Ronald Wigley
Ellyn Wilbur
Kristie Wilder
Pamela L. Wolf
Christina Kloker Young

- I. Welcome and Introductions – Co-Chairs Commissioner Virginia Trotter Betts (TDMHDD) and Linda O'Neal (TCCY)

- Commissioner Betts welcomed the Council and stated the need to focus on deliverables
- O’Neal stated the need to approve the July 22, 2008 Minutes, Sue Pilson motioned to approve minutes, seconded by Veronica Gunn. The motion to approve the Minutes was unanimously approved by the Council.
- O’Neal stated the Minutes would serve as the document that propels the Council forward.
- O’Neal distributed a letter she received from Steve Hornsby, Department of Children’s Services Deputy Commissioner for Juvenile Justice, clarifying the mental health assessments and services provided at Youth Development Centers

II. Review of Requirements of Public Chapter 1062 – Linda O’Neal

- *Refer to “Improving Children’s Mental Health in Tennessee” PowerPoint in packet.*
- This group effort cannot be accomplished without the help of all child serving systems.
- First major deliverable is a report to the legislature due February 1, 2009. Additional reporting requirements include:
 - By July 1, 2010 the Council will deliver a plan for implementing demonstration sites in each grand division (to be included in the 2011 state budget).
 - If 2010 plan is funded by the legislature, a plan to expand to ten areas by July 1, 2012.
 - If 2012 plan is funded by the legislature, a plan to expand statewide by 2013.
- Agencies and administrations develop plans based on how much time is left. We currently have two and a half years left with this administration. Legislated time frames are deliberate to move this process into a new administration.
- Legislation mandates that specific agencies work together to develop the plan; this is unlike other legislation.

III. Brief Overview of State of Tennessee Departments Serving Children

- Council member introductions. *Refer to Attendance List above.*

1) Department of Children’s Services (DCS) - Commissioner Viola Miller

- DCS is Tennessee’s public child welfare agency.
- DCS services include foster care, juvenile justice, in-home services and child protective services.
- Dr. Miller stated by the time children ever touch DCS, they are terribly sick and highly in need of complex treatment.
- DCS has Quality Assurance for children who are placed in residential treatment facilities, 234 dependent/neglected/abused children in residential treatment facilities, another 300 children adjudicated delinquent in residential treatment facilities, many of whom become institutionalized and get worse instead of getting better.
- Dr. Miller stated the answer to these issues is a multisystem approach to treatment and early identification.

- Child and Adolescent Needs and Strengths (CANS) assessment process allows DCS to do a much better and more specific job of identifying the unique needs of these children and how to best address these needs.
- Brought together a group of representatives from multiple agencies to treat mental health issues of children in DCS custody to address unique attachment, bonding, and reduction issues.

2) Department of Education (DOE) - Mike Herrmann

- Mr. Herrmann stated the need to get more reinforcements from DOE to sit on the Council.
- The reality is kids come to school at all different levels of ability to learn and mental health issues play a big issue in children's ability to learn.
- Referred to the Coordinated School Health program presentation by Sara Smith at the July 22, 2008 Council meeting.
- Special Education is another big part of how DOE works with special needs children.
- Mr. Herrmann is directly involved in school safety and support. He stated children are supported at the district level and at this level children are exposed to all different programs and services.
- Mr. Herrmann stated that he intends to bring a lot more people with him to the next Council meeting.

3) Department of Health (DOH) – Dr. Veronica Gunn

- Mission of the DOH is to protect, promote and improve the well being of all Tennesseans.
- Economic hardships play a part in affecting the health of Tennesseans.
- Dr. Gunn referred to the Early Childhood Comprehensive Services (ECCS) program presentation from the July 22, 2008 Council meeting.
- The key goal for families is keeping child immunizations current.
- Help Us Grow Up Successfully (HUGS) provides home visitation for families with young children.
- Programs are designed to meet families where they are and to serve them from their homes.
- Local health departments have experienced an increase in WIC referrals.
- DOH has seen a rise in families with more mental and behavioral health needs.
- Local departments are trying to design new services to connect families with needed services.
- DOH works on suicide prevention efforts.
- Fetal and Infant Mortality Review (FIMR) process is an important process that involves scrutiny of loss of pregnancy or infant loss. The process includes identifying risks for mothers and families to prevent future negative outcomes as well as referrals to services.
- Programs are broadly aimed at children and families including their mental health needs.
- Dr. Gunn stated that health is more than BMI and blood pressure; emotional well being is critical.

4) Department of Mental Health and Developmental Disabilities (TDMHDD) - Commissioner Betts

- TDMHDD is the public mental health and alcohol and drug authority.
- TDMHDD runs the public hospitals - Regional Mental Health Institutes (RMHIs).
- Commissioner Betts stated she agreed there should be inpatient services for children and youth and services should be available earlier and regardless of ability to pay.
- TDMHDD focuses on science to service.
- Prior to the State restructuring of August 15, 2008, TDMHDD was involved in the day-to-day oversight of TennCare enrollees. TDMHDD will continue to provide policy oversight, but day-to-day services will be absorbed by TennCare.
- Commissioner Betts stated mental health is so important because one in every four Tennesseans has a mental illness, but one in every four health dollars are not being spent on mental health programs and services.
- Commissioner Betts stated she hoped TDMHDD will be able to accomplish promoting the message that providing comprehensive mental health services is the right thing to do and mental health is fundamental and integral to economic prosperity and health for all Tennesseans.
- Commissioner Betts stated Dr. Freida Outlaw has several federally funded competitive grants that are great, but there is no funding to take them to scale. She asked those with specific questions about these grants to please see Dr. Outlaw.
- Commissioner Betts stated she hoped TDMHDD will decide to use a public health model to segregate risk and focus on at-risk populations and circumstances.

5) TennCare - Dr. Jeanne James

- TennCare is the State of Tennessee's Medicaid program. Since 1994 it has been operating on a Medicaid waiver.
- Of the 1.2 million TennCare enrollees, close to 700,000 are children.
- In April 2007, TennCare moved to an integrated model of physical and mental health in Middle Tennessee.
- TennCare is in the process of moving toward integrated plans in East and West Tennessee and will have contracts in place by next year.
- TENNderCare is a program for children based on federal regulations and rules that state if you can cover it under Medicaid, you will cover it for children. For example, dental care is covered through age 21.
- EPSDT (Early Periodic Screening, Diagnosis and Treatment) requires well care visits for children from birth to age 21. Lots of work in training pediatric physicians in developmental milestones have broadened the view of well child care and screening to include mental health, behavioral and school functioning.
- TennCare focuses on evidence-based practices and screening, identification, referral and treatment.
- Whatever TennCare puts in place for its enrollees will have a spill over to all the children in Tennessee.

6) Tennessee Commission on Children and Youth (TCCY) – Linda O'Neal

- TCCY is an independent agency with a primary mission of advocacy to improve the quality of life for children and families. TCCY has the statutory responsibility to respond to the legislature and report the impact of pending legislation. One of its responsibilities is to make budgetary recommendations.
- TCCY has nine regional councils on children with 120 members who meet on a quarterly basis for information sharing.
- Juvenile Justice related responsibilities include the administration of state and federal funds. TCCY has grants and contracts all across the state in each county.
- The Children's Program Outcome Review Team (CPORT) has been reviewing DCS cases since 1994 and works to improve the system.
- The Ombudsman Program for children involved with the state child welfare and juvenile justice systems focuses on the best interest of the child and the safety of the community.
- TCCY is the Annie E. Casey Foundation's Tennessee partner for the KIDS COUNT program. This also fulfills a statutory responsibility to publish an annual report on the status of children.
- TCCY publishes *The Advocate* e-mail newsletter.
- TCCY also publishes a Compilation of Selected Laws on Children, Youth and Families from Tennessee Code Annotated.

IV. Developing a Common Language - Stephanie Shapiro, GOCCC

- *Refer to "Developing a Common Language: Achieving Linguistic Consensus within the Adolescent Substance Abuse Collaborative" PowerPoint handed out at meeting and "Consensus Definitions Draft 7/9/08" contained in packet.*
- Goals of this collaborative are well aligned with those of Public Chapter 1062.
- The focus is on substance abuse definitions and co-occurring mental health diagnoses.
- This work gives the Council a head start in moving toward using a common language for mental health definitions and terms used in a variety of child-serving settings.
- Definitions are in their 9th draft and the Collaborative welcomes input from the Council. Please contact Stephanie Shapiro or Mary Rolando with comments or suggestions.
- Comments from the Council on what should also be included in data collection:
 - What the person is presenting with, i.e. difficulties/challenges;
 - Substance use, current medications;
 - Religious affiliations;
 - Extracurricular interests/activities;
 - Support in the community;
 - Strengths-based language from top to bottom in order to broaden scope of all definitions.

V. Barriers/Challenges in Children's Mental Health – Linda O'Neal

- *Refer to "Barriers/Challenges in Children's Mental Health" handout contained in packet.*
- O'Neal stated two members/groups have submitted comments and they are included in the packet. She asked all other Council members to submit other comments to her.

VI. Regional Stakeholder Focus Groups Proposal – Sue Pilson, Tennessee Community Services Agency (CSA)

- Refer to “Council on Children’s Mental Health Regional Stakeholder Focus Groups” handout contained in packet.
- The mission of the CSA is to bring input to the state from the community level.
- The CSAs have been involved with the children’s service delivery system from the early 1990’s.
- Pilson stated it is important to reach out to local community level, especially in the rural areas of the state.
- CSA proposes partnering with TCCY to hold 20-25 focus groups across the state over the next four months.
- CSA proposes to take the focus group concept to smaller areas of the state to accomplish a dual purpose: 1) to get information from the farthest reaches of the state and 2) to promote and inform local communities about what the Council is doing.
- Pilson stated that the Council needed to decide:
 - Who will be invited to focus groups?
 - How many focus groups do we need to have?
 - What are the specific questions that we want to ask the key stakeholders across the state (e.g. are you ready, willing and able to support the work of this Council in your community?)
- Pilson stated a big effort is needed to get a good balance of family members and youth to participate in the focus groups, would prefer it to be 50/50 representation.
- The council workgroups were asked to come back with focused questions to be used in the focus groups.

Council Discussion of Focus Group Proposal:

- Commissioner Betts suggested this issue may be introduced too early. She suggested the focus group process be put in the parking lot until we learn more from the work groups about what they need to learn from community stakeholders.
- Traci Sampson suggested we examine the process to determine if we want to do two sets of focus groups, one to gather initial information to bring back to the work groups, and one later that will be more focused and bring information to the community about what the work groups are doing.
- Colleen Bohrer suggested we provide some type of compensation to family members/youth for their participation in any type of focus groups.
- Pam Brown suggested we get two perspectives, one from the families and one from the professionals.
- Commissioner Betts stated mental health is so stigmatized, we need to promote resilience. Every parent is a stakeholder and needs to be informed of their risk of experiencing a mental disorder or substance abuse within their families. Stigma is most prevalent in the older adult population and in rural areas.
- Linda Tift stated parents don’t become involved because of stigma. They also don’t become involved because they don’t know what mental illness is even if you’ve grown up in a family where mental illness was present.
- Dustin Keller stated we need to meet with youth where they are already meeting, also with PTAs when they are already meeting as leads to having a more captive audience.

- Mike Herrmann stated we need to change the terminology to use what people are using. People talk about suicide, etc. not necessarily mental illness.
- Senator Burks stated we need to educate people, but she didn't know how broad we're going to go because of funding. We need to focus on the people we are trying to help. She challenged the Council to remember that.

VII. Description of and Charge to Workgroups – Linda O'Neal

- Workgroups are charged with contacting members to ensure their participation and to refine membership as needed to ensure multi-agency representation. Each workgroup needs a Chair and Co-Chair.
- Current workgroups include:
 - 1) Accountability Workgroup will now be combined with Management Information Systems Workgroup – Traci Sampson, Chair and Pam Brown, Co-Chair
 - Accountability charge includes determining what the outcomes and performance measures are, and what evaluation processes are needed for a System of Care.
 - MIS charge includes determining what information systems are needed to track services, outcomes, funding, etc.
 - 2) Funding Workgroup – Mary-Linden Salter, Chair, co-chair needed.
 - Funding Workgroup charge is to determine what the current funding streams and expenditures are (part of the resource mapping requirement in the legislation), and what additional funding potentials exist, including additional funding and braiding existing funding.
 - 3) Interagency Collaboration Workgroup – how do we implement mechanisms to encourage collaboration – Pat Wade and John Page, Co-Chairs
 - Interagency Collaboration Workgroup charge is to determine how we put in place mechanisms to ensure agencies communicate with one another and work together for a more seamless system for children and families.
 - 4) Service Array Workgroup – Dustin Keller and Dr. Freida Outlaw, Co-Chairs
 - Service Array Workgroup charge is to determine what services are currently available and what services are needed to implement systems of care across Tennessee
 - 5) Cultural and Linguistic Competency Workgroup – Chair and Co-Chair needed.
 - Cultural and Linguistic Competency Workgroup charge is to determine how we can ensure the systems of care services we provide are culturally and linguistically competent, a cornerstone of any system of care.
 - 6) Evidence-Based Services Workgroup – Michael Cull and Vickie Harden, Co-Chairs
 - Evidence-Based Services Workgroup charge is to determine the status of current service provision and how we can move to using more evidence-based practices, a requirement of the legislation.

VIII. Workgroups met over lunch and discussed their charges. Two discussed the CSA focus group proposal.

IX. Reports from Workgroups were as follows:

- 1) Accountability and Management Information Systems Workgroup

- What are the key indicators for a statewide system of care?
 - What are the rules for how these outcomes are measured?
 - Look at SAMHSA funded Systems of Care and examine what indicators are used and how they are measured.
 - Deliverable: Define options for how they will be measured and monitored
 - Key indicators need to be agreed upon by the Council early in the process. Ask that the Council Workgroups to review the key indicators at the next Council meeting.
 - We also need parent and youth input on key indicators.
- 2) Funding Workgroup – Did not meet because the Chair, Mary-Linden Salter, was not present, nor were many other members, or other members were also members of other Workgroups.
- 3) Interagency Collaboration workgroup
- Did not address focus groups.
 - What do we, as a workgroup, need to know?
 - Need to identify why agencies don't work well together. Reasons include:
 - Competition for funding;
 - Agencies don't see the benefit of working together;
 - Agencies have lost trust in referral networks;
 - Categorical funding;
 - Historical enemies;
 - Agencies don't understand each other or their resources;
 - "No Wrong Door" does not exist;
 - No standardized screening;
 - No identification of population to be served;
 - Huge gaps in services;
 - Lack of funding to make a seamless state system;
 - State, regional, local systems all vary;
 - 136 school systems;
 - No state policies that local groups can build on;
 - Severe capacity issues, especially in rural issues;
 - Educate and share information we have;
 - Need to rebuild relationships.
- 4) Service Array Workgroup
- Discussed focus group idea, details and why it is important. The group recommended the following:
 - Recommended number of sites for focus groups:
 - Equal ratio of city vs. rural sites;
 - At least target one third of the counties for a total of at least 33;
 - Get rural citizens' participation.
 - Recommended focus groups participants by role:
 - BHO Advisory Committee (include consumers);
 - PTA groups;
 - DCS youth groups;
 - TVC Teen-In-Action Council;
 - Jason Foundation Teen Board.
 - Recommended questions for focus groups:

- What would make things easier for you to get services?
 - The Service Array Workgroup isn't sure if now is the time to do the focus groups, suggested waiting two or three months until more work is done by the workgroups.
 - Asked Service Array members to keep running list of suggestions/questions for focus groups.
 - Where is this workgroup going? What have we done previously?
 - Look at what is being provided currently, determine where there is a duplication of services/efforts, look at private providers (how are they funded?), data based services, provider directories, etc.

5) Cultural and Linguistic Competency Workgroup (CLC)

- Focused on focus groups:
 - Make sure there are no language barriers;
 - Facilitators and participants need to be diverse and represent communities from which they come;
 - Meeting place and time need to be convenient for all;
 - Plans for CLC Workgroup include the need to hear from each workgroup that it has a foundation of cultural and linguistic competence;
 - Urban, Suburban, Rural differences need to be taken into consideration when developing systems of care;
 - Need to include on CLC Workgroup: youth, faith-based person, mental health professional from rural and West Tennessee.

6) Evidence-Based Services Workgroup

- Would like to involve more people, discussion over who would be appropriate.
- Theme of common language.
- Incorporate Evidence-Based Programs (EBP) into new legislation.
- What would be a mechanism for getting information about EBPs distributed?
- Define existing array of EBPs.
- Work with Service Array Workgroup to determine what is needed.
- Task of training providers on EBPs, as well as upstream at the graduate school level.

Commissioner Betts suggested in between Council meetings the workgroups need to share information about what they are doing with the Council Chairs. The Council's workgroups need to make a commitment to meet, conduct work, review work, and communicate the work being done with the Chairs of the Council so the information can be communicated to the Council at large.

Agenda for October Meeting and Discussion:

Suggestions for the October meeting included:

- Presentations from TVC and TDMHDD on lessons learned from previous and current systems of care in Tennessee.
- Prioritization of barriers: 10 days for Council members to submit to the Chair a list of barriers to be ranked and included in the report to the legislature.
- Review and approval of key indicators.

- Workgroup updates.
- Development of a Steering Committee that will include the co-chairs of the workgroups, the Chairs of the Council, and family representation.
- Approval of common language presented at August 28th meeting. Contact Stephanie.Shapiro@state.tn.us with suggestions to add to common language document.
- Suggestion: PR campaign to inform public on the legislation and the work of the Council. Information can also be included in agency newsletters, websites. Council Chairs will create a standard press release for members to use.
- Technical Assistance: Please notify Dr. Freida Outlaw at Freida.Outlaw@state.tn.us if you have a TA request.

X. Council Future Meeting Schedule:

October 21, 2008, 10:00 – 3:00

December 5, 2008, 10:00 – 2:00

January 22, 2009, 10:00 – 3:00

April 23-24, 2009, System of Care Training by National expert Sheila Pires