



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

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Council on Children's Mental Health  
February 27, 2014  
10 a.m. – 3 p.m.  
TennCare Building – 4<sup>th</sup> Floor Training Room

Attendees:

Tricia Amoretta  
Shiri Anderson  
Mark Baldwin  
Susan Ball  
Louise Barnes  
Tammytha Barnes  
Carole Beltz-White  
Kathy Benedetto  
Lymari Benitez  
Jessica Benton  
Richard Boyd  
Cory Bradfield  
Kayla Bryanton  
KaKeisha Brown  
Rebecca Carmack  
Dana Casey  
Monica Causey  
Tasha Chusac  
Amanda Cole  
Janet Coscarelli  
Jennifer Drake-Croft  
Amanda Futral  
Keith Gaither  
Deborah Gatlin  
Rebecca Gatlin

Kathy Gracey  
Vickie Harden  
Ashley Harrington  
Adrienne Holbrook  
Jeremy Humphrey  
Briana Johnson  
Belinda Jones  
Shay Jones  
Dustin Keller  
Charmaine Kromer  
Kristy Leach  
Kisha Ledlow  
Loraine Lucinski  
James Martin  
Cheryl McClatchy  
Linda McCorkle  
Melissa McGee  
Christopher Morant  
Michelle Moser  
Michael Myszka  
Rose Naccarato  
Nneka Norman-Gordon  
Amy Olson  
Linda O'Neal  
Vivian Park

Shelia Peters  
Steve Petty  
Vicki Pillow  
Elliot Pinsky  
Cindy Potts  
Laurie Powell  
Dawn Puster  
Clayton Ramsey  
Melissa Sparks  
Erica Spencer  
Tawny Spinelli  
Yvonne Stahl  
Sukey Steckel  
Brian Stephens  
Altha Stewart  
Millie Sweeney  
April Tanguay  
Andrea Thaler  
Bo Turner  
Patty van Eys  
Keri Virgo  
Bill Weathers  
Sejal West  
Alysia Williams  
Michael Yates

### **Welcome and Introductions (Linda O'Neal and Sejal West)**

- O'Neal thanked participants for the great turnout and introductions were made around the room. She explained that Commissioner Varney was attending a budget hearing today and could not come to the Council meeting.
- West was pleased to report that there were no cuts made to the Department's budget and, in fact, there are two improvement requests included in the Governor's proposed budget for fiscal year 2015.
- The Announcement of Funding for Children and Youth (C&Y) Mobile Crisis Services deadline for proposals is tomorrow, February 28, 2014. There are currently 12 crisis service areas. This is what the communities wanted, a strong network of community partnerships. For a number of years, there has been only one provider statewide. The Department will move toward a regional approach, set benchmarks and improve quality.
- TDMHSAS is focusing on collaborations including:
  - The Children's Cabinet, which has a new initiative announced on the KidCentralTN website to combat childhood obesity; for details, visit the website [www.getfittn.tn.gov](http://www.getfittn.tn.gov). They are collaborating with many partner organizations, especially the Department of Education and Department of Health, as well as the Department of Human Services, Tennessee Commission on Children and Youth and the Tennessee Obesity Taskforce. There is a great deal of data available regarding Body Mass Index (BMI) from the Center for Disease Control (CDC). Tawny Spinelli has 30, 60 and 90 second ads and a TV short for the four metropolitan areas on childhood obesity.
  - TDMHSAS will collaborate with the Department of Children's Services to train DCS staff to identify mental health needs.
- The Statewide System of Care Expansion project is now fully staffed and the expansion sites are ready for operation.

### **Announcements (O'Neal)**

- The Coalition for Mental Health & Substance Abuse Services Day on the Hill is Tuesday, March 18, 2014. Registration is at 8:30am at the War Memorial Auditorium. This year's theme is Access to Care.
- TCCY's annual Children's Advocacy Days will be held March 11-12 at the War Memorial Auditorium.

### **Acceptance of Meeting Summary (O'Neal)**

- O'Neal thanked Vicki Pillow for providing meeting summaries for CCMH.
- October 24, 2013 Meeting Summary Acceptance (**SPINELLI, MOTION, SWEENEY SECOND, PASSED UNANIMOUS**)

### **Managed Care Organization Update (Keith Gaither)**

- The Bureau of TennCare has announced that three statewide MCO contracts have been awarded. These contracts will begin January 2015. The awardees are BlueCross BlueShield of Tennessee, Amerigroup Community Care, and United Healthcare. Each will accept full risk and will administer TennCare's integrated benefit package of physical, behavioral and long-term care services. All three MCOs are currently serving TennCare members.
- Tennessee has already won a "design grant" through the State Innovation Model (SIM) program and is in competition with other states to receive additional funding to support TennCare payment reform. A retrospective episode-based payment strategy rewards providers for providing high-quality, efficient care. Another core component of the reform is the Patient-Centered Medical Home (PCMH) strategy that rewards health care providers for caring for their patients on an ongoing basis, promoting prevention, treating chronic conditions, and coordinating care over time. Tennessee chose the first three episode-based payments: total joint replacement, perinatal care, and acute asthma. A principal provider called the "quarterback" will vary based on the episode. For joint replacement, the quarterback would be the surgeon. The hospital would be the quarterback for asthma exacerbation. If a person had serious mental illness or serious emotional disturbance, the quarterback would be the mental health provider instead of the primary care physician. The quarterbacks drive improvement across the system through care coordination, early intervention and patient education.

### **Children and Adolescent Crisis Services (Melissa Sparks)**

- Sparks and her staff have visited communities across the state and interviewed a variety of stakeholders to assist with identifying specific regional and community needs related to crisis services. The quantity and quality of services provided vary greatly from one service area to the next. In an effort to ensure every individual receives the same quality of service, several quality improvement opportunities have been identified. A standardized assessment tool, which incorporates the Columbia Suicide Severity Rating Scale, has been developed to:
  - Improve the consistency of the quantity and quality of information made available to other service providers involved in the care of the individual in crisis;
  - Ensure information is available to improve continuity of care for the individual receiving services; and,
  - Reduce the subjectivity involved in determining whether an individual is suicidal and the type of services needed.

Final implementation of the tool has been temporarily placed on hold pending the potential re-structuring of the C&Y mobile crisis system. A Standard of Care Manual is also being developed to provide a framework of care for all services provided within the crisis continuum.

- A new web-based crisis tracking system is currently being implemented that captures all crisis encounters across the state. Among other things, the system will provide data useful in determining service gaps, barriers to accessing care, and the types of problems

individuals are experiencing that contribute to the crisis. Additionally, the data system will provide an improved ability to track long term outcomes of the individuals being served.

- As TDMHSAS attempts to move the crisis system towards a philosophy of early intervention and prevention, we are working with providers to ensure they intervene early in a crisis episode and not wait until an individual becomes suicidal/homicidal to intervene. This in turn will hopefully decrease the need for hospitalization overall.
- A C&Y Crisis Resource Identification Workgroup was established to review existing resources within the children and youth crisis system. There are currently only eight hospitals that provide inpatient psychiatric care for children and youth across the state, often resulting in children or youth being transported across the state in order to receive care or lengthy wait times for access to an inpatient bed. In an attempt to provide some additional resources that would allow children and youth to receive services within their communities, the workgroup has proposed that a C&Y CSU be piloted in the middle Tennessee region. Movement on this proposal has also been delayed pending the potential re-structuring of the C&Y mobile crisis system. The proposal will be re-evaluated and potentially changed based upon the structure of the crisis system upon completion of the AOF process.
- Telehealth laptop technology has been implemented within the crisis system statewide. Now, regardless of the individual's location, crisis responders can connect to the RMHIs for an admission evaluation to ascertain if the individual meets admission criteria prior to a long distance transport. On average, approx. 25 percent of individuals referred to an RMHI for evaluation result in a non-admit decision, putting unnecessary strain on the individual in crisis and the system's law enforcement partners. Telehealth is also being used to conduct the crisis assessment from a remote location allowing for reduced wait times for individuals in crisis while also allowing limited resources to be managed more efficiently.
- The Tennessee Lives Count program, funded by the SAMSHA Garrett Lee Smith Memorial Act, provides training, awareness and enhanced follow-up services for children and youth identified as high-risk of suicide during a crisis encounter. To date there have been 237 youth and their families in Middle and East Tennessee served through the enhanced follow-up program and thousands of individuals who have received suicide prevention training across the state. This three year grant will end July 31, 2014; however, TDMHSAS remains hopeful that a new grant opportunity will avail itself in the very near future.
- In an attempt to minimize the variances that occur in the interpretation of law enforcement's authority to intervene in a crisis situation from county to county, the Office of Crisis Services and Suicide Prevention has developed a standardized curriculum for law enforcement officers. The curriculum has been accredited through the Peace Officers Standards and Training (POST) commission and will be used to train both new and existing officers. The curriculum includes information relative to mental health, autism, substance use and intellectual disabilities.

### **Collaboration Lab and Statewide CLC Training (Sukey Steckel)**

*See handout, "Creating Collaboration in Tennessee"*

- Steckel shared a proposal for the design and implementation of a process to articulate "Increasing Statewide Capacity for Effective Collaboration in Service of Children and Families." The goals are:
  1. Provide professional development for individuals at all levels to build and maintain collaboration;
  2. Build a statewide model of collaboration that includes best practices, expectations and evaluation, accountability and integration at state and local levels; and,
  3. Train a core group of leaders and TA providers to deliver training at state and local levels to sustain the collaborative model throughout the state.
- Due to the scope of the process, the following initial steps are proposed:
  1. Review existing data relating to collaboration, including evaluation data on collaborative initiatives;
  2. Gather additional data to assess readiness to engage in collaboration;
  3. Offer an initial training to the CCMH to define strategies to build on what is going well;
  4. Facilitate a one-day session to build the Tennessee model of collaboration; and,
  5. Assess for next steps, i.e., additional training, coaching, affinity group dialogue, train the trainer process, evaluation and best practices guidelines.
- Collaboration is hard to define. To collaborate, entities must be aware they are engaged in related work and share information, participate in joint processes, co-create policies and procedures, and share resources and ownership. There are three distinct voices: the individual, the partner organizations and the community, and the voices can be in conflict that could fracture the team. When coming together to collaborate, strive to DEVELOP, MAINTAIN, and/or REPAIR.

### **Cultural and Linguistic Competency Advisory Group Update (Tasha Chusac)**

- Tasha Chusac reported that Cultural and Linguistic Competency (CLC) is a key element in the SOC philosophy. Services to children and their families need to be easily accessed regardless of the patient's cultural history. CLC will develop in stages. The workgroup seeks to expose the barriers and explore solutions. She invited any interested Council members to join the workgroup, as they continue to build their membership. The principle standard is to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, languages and health literacy in order to eliminate health care disparities.

### **Family and Youth Presentation (James Martin and Youth Representatives)**

- Martin stated there would be a youth presentation at every meeting at CCMH and at Family Support Group meetings. The Youth in Action Councils are expanding to include three new counties. Tennessee is being watched by other states and MTSU has requested speakers in some of their classes. The Youth in Action Councils are great and successful ways of advocating for youth and voices are being heard!
- *KaKeisha Brown:* Brown was not diagnosed with bipolar and the need for help with impulse control identified until she was 35 years old. She has turned her life around in recovery and has done outreach for the Unchained Project. This entity raises awareness

and action for victims of child abuse, child trafficking, bullying support, and domestic violence. She also attended a DIGNITY (Dignity, Individual Growth and New Independence Through Yourself) Program in Arizona. She maintains all her medications now and attends an array of support group meetings.

- *Kayla Bryanton:* She is 19 years old and was diagnosed with PTSD, anxiety and severe trauma, and has been in over 100 foster homes. Today, she is in a Youth in Action Council, attended an alternative school and goes around speaking to civic groups about youth involvement. She talks to other youth about acknowledging their problems and figuring out solutions. Her advice to adults is to listen to youth.

### **TRY Grant Update (April Tanguay)**

*See handout, "Treatment & Recovery for Youth Grant"*

- Tanguay reported that TDMHSAS has been awarded a four year grant totaling \$3.8 million (\$950,000 per year) called Treatment and Recovery for Youth (TRY) to pilot an evidence-based practice model utilizing Adolescent Community Reinforcement Approach (A-CRA) for youth 12-24 years old. The grant will provide direct service delivery to approximately 400 youth, mostly with co-occurring disorders.
- The service providers are Centerstone in Maury County and Pathways in Madison County, both being under-served population areas. Centerstone and Pathways will provide evidence-based assessments and treatment. Centerstone is forming two local advisory groups. A major goal of the grant is to develop an infrastructure and create a statewide, multi-year training implementation plan to train 212 behavioral health clinicians. The program hopes to educate 2,000 parents, providers and other stakeholders to raise awareness of the need for improved services in these two communities.
- Tanguay said everything is being tracked through TN-WITS and there will be a comprehensive evaluation done periodically.

### **Workgroup Updates (Dustin Keller and Workgroup Co-Chairs)**

- Keller noted that the CLC and Youth and Family Engagement workgroups had already given their updates. He announced that Heather Wallace had resigned so the MIS/Accountability workgroup had not met.
- Kathy Benedetto reported that the Service Capacity workgroup met in December and has identified a Readiness Assessment tool and the next step will be to do a couple of pilots.
- Millie Sweeney said the Outreach and Awareness workgroup had developed a PowerPoint called System of Care 101 to be used with civic groups and other audiences. They are discussing how to disburse the slideshow and requested fresh mailing lists from Council members.

### **Legislation and Sunset Update (Steve Petty)**

*See handout, "Legislative Report, CCMH February 25, 2014"*

- Petty reviewed selected bills listed on the handout and reviewed TCCY position statements if applicable.
- He discussed the CCMH sunset legislation that had been approved in the Senate and would be up for a vote the following week in the House. He does not anticipate any issues with the bill.

- He also encouraged members to sign up for the legislative listserv on TCCY’s website at [www.tn.gov/tccy](http://www.tn.gov/tccy).

### **System of Care Initiatives Update (Sukey Steckel and Project Directors)**

- Steckel announced that the SOC-EXP grant is now fully staffed. Along with Melissa McGee who directs the Family Support Specialist Certification Program, Kisha Ledlow is the new SOC Grants Manager and Statewide Technical Assistance Coordinator, Keri Virgo is the SOC-EXP Project Director, and Lymari Benitez is the Lead Evaluator.
- The SOC-EXP grant has four contracts, with Frontier, TVC, Professional Counseling Services, and Ridgeview. A fifth contract will be announced soon.

#### *Dr. Bill Weathers –Early Connections Network*

- Established a Coordinating Council to do community outreach and develop a strategic plan for comprehensive care, and sustainability. A parent representative serves as co-chair.
- The project has received 126 referrals and enrolled a total of 96. The average caseload is 52.
- Dr. Elizabeth Ball, Clinical Director, is working on refining the service delivery model.
- Training is ongoing and in April, they will do family-driven training.
- They have been in contact with the Tennessee Chapter of the American Academy of Pediatrics discussing evaluation, research findings, and collaboration on issues such as neonatal abstinence syndrome (NAS).

#### *Belinda Jones, K-Town Youth Empowerment Network*

- K-Town’s number one priority is sustainability and reengaging community partners and the Coordinating Council is in sustainability planning.
- Family Support and Youth Engagement trainings will be held in April and they are holding Spanish classes.
- Since the beginning of the year, K-Town’s social marketer developed a PSA on the System of Care approach that has aired on Knox Talk Radio three to four times a day.
- In May, the focus will be on employment and GED preparation. There will be a lab on how to get a GED and life skills training to prepare transition-age youth for employment.

#### *Dr. Altha Stewart – Just Care Family Network (JCFN)*

- JCFN is in “wind down” with seven months remaining in the original six-year SAMHSA grant. They are well into sustainability planning and are seeking a no-cost extension in July 2014.
- The Memphis Circle of Love and Care launched a 12-week support group intervention for African-American women that will meet three times a week using the “Prime Time Sister Circle” format.
- The Department of Justice is monitoring the Juvenile Detention Center in Memphis for minority overrepresentation, and there will be a closely monitored plan for diversion of minority youth from the Juvenile Court of Memphis/Shelby County and substantial improvement of disproportionate minority contact.

- JCFN is collaborating with the DCS' In Home Tennessee program.
- Certified Family Support Specialist training is being offered.

*Lymari Benitez – Statewide Evaluation Findings*

*Refer to handout, “Systems of Care in Tennessee: A First Look”*

- Dr. Benitez presented a secondary data analysis that examined outcomes for children and families participating in System of Care Demonstration Communities across Tennessee. The presentation included: an overview of demographic information; the clinical functioning, social connectedness and psychological distress outcomes that significantly improved at six and/or 12 months of services; and descriptive information about youth and families perception of their care. The presentation concluded highlighting lessons learned from the analysis and data considerations.

**Discussion Plans for Future Meetings/Announcements (Linda O’Neal)**

- It has been some time since the last meeting and many things are happening. Topics for future meetings include:
  - Commissioner Jim Henry (DCS Update);
  - Legislative Summary;
  - Crisis services (Update on Mobile Crisis for C&Y);
  - Collaboration;
  - CLC Training;
  - A-CRA TRY Update;
  - Autism Plan;
  - In Home Tennessee;
  - MCO Update;
  - Family Support Specialist Certification Program; and,
  - Trauma-informed Care.

**The next Council on Children’s Mental Health Meeting is scheduled for April 24, 2014.**