



# Council on Children's Mental Health

*2016 Report to the General Assembly*



# The Foundation for Mental Health

Healthy development throughout childhood is a collective concern, with a growing body of evidence showing the importance and role of early brain development and experiences for children. The basic architecture of a human brain is constructed through a process that begins before birth, and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system, and these processes have to happen in the right order. Early experiences literally shape how the brain is built. A strong foundation in the very early years increases the probability of positive mental health outcomes. The developing brain is shaped by the interactive influences of genes and experiences. The active ingredient is the “serve and return” interactions that children have with parents and other caregivers in their family or community. Like the process of serve and return in a games such as tennis and volleyball, young children naturally reach out for interaction through babbling and facial expressions. If adults do not respond by getting in sync and doing the same kind of vocalizing and gesturing back at them, the child’s learning process is incomplete and leads to negative implications for future learning. Neuroscientists are now reporting that certain kinds of stress in a child’s environment can lead to mental health problems. Toxic stress in early childhood is caused by experiences such as extreme poverty, abuse and chronic or severe maternal depression, all of which can disrupt the developing brain, particularly when children lack supports to protect against these harmful experiences.

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that disrupt the safe, nurturing environments that children need to thrive. Exposure to ACEs can lead to the adoption of unhealthy habits and the onset of negative long-term health and economic issues. ACEs can be buffered through safe, stable and nurturing relationships early in life. Tennessee is doing a number of things to both prevent and reduce ACEs across the state and to build protective factors in and around children so they can grow up to be happy and healthy, including mobilizing an initiative to address ACEs and boost children’s cognitive, social and emotional development. Tennessee held an ACEs Summit on November 12, 2015, hosted by Governor and First Lady Bill and Crissy Haslam, and Deputy Governor and Mrs. Jim Henry. In the same way that the weight sitting on a scale or teeter-totter affects the direction it tips, the factors children are exposed to affect the outcomes of their development. A child’s scale is placed in a community and has spaces on either side where environmental factors get placed. These factors influence which direction the scale tips and the outcomes of the child’s development.

Tennesseans are coming together to make good things happen. We are investing resources in our children and families, recognizing that when we ensure children have the opportunity to

learn and develop, they can better realize their full potential. We must support our children and families in order to reach our full potential, recognizing that we can only accomplish our goals for Tennessee by ensuring that all our state's children have the opportunity to learn and develop. Developing the health, skills and abilities of our children should be our top priority. Together, we – all Tennessee residents and leaders – can invest resources in strengthening the systems that provide education, health care and support for parents.

For further information building the foundation for mental health in childhood:

Building Better Brains from the Alberta Family Wellness Initiative

<https://www.youtube.com/watch?v=LmVWOe1ky8s>

Getting Child Mental Health on Level from FrameWorks

<http://www.bing.com/videos/search?q=frameworks+levelness&view=detail&&mid=7D4B156F7AE3009DC8607D4B156F7AE3009DC860&rvsmid=7D4B156F7AE3009DC8607D4B156F7AE3009DC860&adlt=strict#view=detail&mid=7D4B156F7AE3009DC8607D4B156F7AE3009DC860>

Talking about Child Mental Health in Tennessee

<http://www.frameworksinstitute.org/toolkits/cmhtennessee/>

Center on the Developing Child at Harvard University – Early Childhood Mental Health

<https://youtu.be/L41k2p-YRCs>

Annie E. Casey Foundation

<http://www.aecf.org/>

Kids Count Data Center

<http://datacenter.kidscount.org/>

Tennessee CASA

<http://www.tncasa.org/>

ACES Too High

<http://acestoohigh.com/>

# System of Care Concept and Philosophy

A **system of care (SOC)** is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life.

## **CORE VALUES Systems of care are:**

1. **Family driven** and **youth guided**, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. **Community based**, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes and relationships at the community level.
3. **Culturally and linguistically competent**, with agencies, programs and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

## **GUIDING PRINCIPLES Systems of care are designed to:**

1. Ensure **availability and access** to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational and physical needs, including traditional and nontraditional services as well as natural and informal supports.
2. Provide **individualized** services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure services and supports include **evidence-informed and promising practices**, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the **least restrictive**, most normative environments that are clinically appropriate.
5. Ensure **families, other caregivers and youth are full partners** in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe and nation.
6. Ensure **services are integrated at the system level**, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination and integrated care management.
7. Provide **care management** or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and children

and their families can move through the system of services in accordance with their changing needs.

8. Provide **developmentally appropriate** mental health services and supports that promote optimal social-emotional outcomes for **young children** and their families in their homes and community settings.
9. Provide **developmentally appropriate** services and supports to facilitate the **transition of youth to adulthood** and to the adult service system as needed.
10. Incorporate or link with mental health **promotion, prevention and early identification** and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate **continuous accountability and quality improvement** mechanisms to track, monitor and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness and outcomes at the system level, practice level and child and family level.
12. Protect the rights of children and families and promote **effective advocacy** efforts. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status or other characteristics, and **ensure that services are sensitive and responsive to these differences.**

# Council on Children's Mental Health Update

The Council on Children's Mental Health (CCMH) was established by the General Assembly in 2008 and administratively attached to the Commission on Children and Youth. CCMH is established as a TCCY and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) partnership. CCMH went through the Sunset process in January 2014, obtaining renewal for four additional years. Since the beginning, the Council has been very productive in working towards its mission of creating a statewide system of care to address children's mental health needs. In continuing the work of the Council, nine regularly scheduled sessions and one two-day Collaboration Lab training conducted by Change Matrix, LLC, have occurred. In addition, Dustin Keller who had been Director since 2008 took a new position out of state government and Melissa McGee became the Council's second Director in October 2014.

The Council works as a statewide community of partners and stakeholders to further children's mental health care in Tennessee. TDMHSAS, with support of the Council, has a strong history of leveraging various resources to further this critical mission, including obtaining system-building federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). These grants awarded to Tennessee have created a strong foundation for furthering children's mental health care, built a passionate and active partnership community of stakeholders, families and children, and emphasized a dedication to continue further expansion and implementation. Without the federal support from SAMHSA, it is unlikely that Tennessee would have seen extensive progress made in improving mental health care for children and families. Grant collaboration, execution and sustained pieces have established Tennessee as a nationwide leader in promoting children's mental health care as a top priority and the establishment and continued presence of the Council underscores the commitment to advancing this work beyond federal support.

Recommendations from the Council's 2013 report highlighted the need for more supportive services for children and their families to provide early foundations for good mental health that ultimately results in more healthy and productive citizens and communities. The continuation of the Council through the Sunset process has allowed it to carry on the goal of moving forward with a statewide system of care. Through this work it is evident that it takes a broad base of parents, advocates, providers, policymakers and stakeholders to implement a system of care for children's mental health.

As evident in the charts identifying demographics of membership in Appendices 4 and 5 on pages 45 and 46, there is a committed and growing group of stakeholders emphasizing the importance of collaboration and coordination to make a difference in the lives of the children

and families served in Tennessee. As a result of this collaboration, the values and principles of a system of care for children’s mental health are continuing to be better embraced and implemented in systems throughout the state.

# CCMH Accomplishments

The legislation creating the Council on Children’s Mental Health to further the design of a statewide system of care and the partnership between TDMHSAS and TCCY emphasizes Tennessee’s commitment to building a strong foundation for early childhood development and continued collaborative successes in addressing ongoing mental health needs of children and families in this state. TDMHSAS’ strategies for continued SOC expansion include building on existing infrastructure and public-private partnerships and facilitating increased access to coordinated, appropriate and effective mental health services for children and youth with serious emotional disturbances. TDMHSAS leverages multiple federal funding opportunities to support ongoing expansion, including the current System of Care Expansion Implementation grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government.

The System of Care Expansion (SOC-EXP) Implementation grant began in October 2012 and is a child and youth mental health, federally-funded \$4 million grant that resides within TDMHSAS. SOC-EXP serves children and youth ages 0-21 in five local implementation sites throughout the state, providing coverage in 15 counties. Each of the five sites serves a unique population that is specific to their location. Additionally, the SOC-EXP initiative provides support through the federal funds for multiple collaborative events, including conferences and trainings, offering valuable networking and infrastructure building opportunities for statewide stakeholders.

## System of Care (SOC) Conferences

The System of Care Conferences are held by TDMHSAS in partnership with the Tennessee Association of Mental Health Organizations (TAMHO) and funded by the SOC-EXP Implementation grant. The **2014 System of Care Conference, *A Common Thread Among Children, Families and Communities***, was held in Murfreesboro and emphasized community partnerships through focus on three major themes: 1) continuing to build collaborative partnerships, 2) supervisor training for wraparound, and 3) trauma-informed care. The two-day conference was a time for providers, state employees, youth and families to gain knowledge about how working together can build a better community. The conference provided an intense track for youth participants as well as for families and providers.

A highlight included a keynote session with Dr. Kenneth Minkoff of Zia Partners in California. Dr. Minkoff provided direction for building on SOC principles to improve design of integrated, family-centered services at every level, program, process, policy, procedure and practice to be about the needs and hopes of the people and families with complex needs in Tennessee communities.

Community members, providers, stakeholders, youth and parents traveled from all parts of Tennessee to participate in the **2015 System of Care Conference— *Aligning the Systems to Illuminate our Stars***, held at the Embassy Suites Cool Springs in Brentwood. TDMHSAS Commissioner Doug Varney welcomed attendees and highlighted the importance of the ever increasing knowledge base that expands information on how all life experiences affect children’s mental health and families’ ability to deal with those concerns. His challenge reminded participants it is imperative to continue the work to improve and increase the level of cross-agency collaboration to provide the best care for children and families in Tennessee. Commissioner Varney’s opening session emphasizing the importance of working together provided support for accomplishments and motivation moving forward in collaborations across systems in Tennessee.

Other keynote participants included the President/CEO of Wake Up Youth Foundation, Terrell (TJ) Johnson. Mr. Johnson provided the closing challenge at the conference and spoke and facilitated important dialogue with students and staff at Woodland Hills Youth Development Center. Parents, caregivers, youth and other family members attended an evening fellowship event at Glo Galaxy for fun and support. The second day of the conference, Saturday, provided youth attendees with youth-focused experiences, seminars and networking opportunities. Approximately 185 persons attended the conference over the course of the two days. The conference content and execution was guided by a CCMH workgroup and free for attendees thanks to financial support from TDMHSAS’ federal System of Care Expansion Implementation Grant.

## **Cultural and Linguistic Competency (CLC)/ Cultural and Linguistically Appropriate Services (CLAS) Trainings**

Cultural competence is a tenet of a system of care. Several opportunities for increasing awareness and education have been provided throughout Tennessee, also through the federally funded SOC-EXP Implementation grant. Just Care Family Network and the System of Care Expansion Implementation Grant supported Cultural and Linguistic Competency (CLC) trainings in the three Grand Regions in 2014 and 2015. The CCMH Cultural and Linguistic Competency Advisory Group provided support and direction for these events.

- **Culturally Driven Leadership for the 21<sup>st</sup> Century**

Just Care Family Network in Memphis, supported by TDMHSAS, presented *Culturally Driven Leadership for the 21<sup>st</sup> Century* at the University of Memphis on May 15-16, 2014. This two-day conference focused on improving awareness and education about cultural competence in the Memphis and Shelby County area. Dr. Karl Dennis, often considered a father of the modern CLC movement, provided the opening

challenge with an overview of the history of cultural competence and goals for continuing CLC efforts. Attendees were also provided with an overview of Cultural and Linguistically Appropriate Services (CLAS) and opportunity to attend related breakout sessions. Sixty-three attendees returned evaluation surveys after attendance at this conference.

- **Many Cultures, One Community**

On September 14, 2015, the TDMHSAS Office of Children and Youth Mental Health, in collaboration with the Department of Children's Services In-Home Tennessee project, hosted a summit covering topics of cultural competency, Appalachian culture and trauma informed care. One hundred and twenty-six participants attended the event and feedback showed positive movement toward becoming more culturally informed and competent as a result of participation.

- **A Solid Foundation for Culturally Competent Services**

On September 16, 2015, the TDMHSAS Office of Children and Youth Mental Health sponsored a Cultural and Linguistic Competence workshop on the Culturally and Linguistically Appropriate Services (CLAS) standards with 66 individuals attending, learning about the CLAS standards, implementation of the standards, the deaf population as a linguistic minority, and developing community partnerships. Overall, participants identified room for improvement when it comes to implementing the CLAS standards and the need for additional training to continue on the road to competency in this area.

## **Highlights of Recent Meetings**

The Council on Children's Mental Health has helped groups come together and coordinate or collaborate in different ways over the years. The CCMH meetings during 2014-2015 continued this focus, with specific emphasis on evolving and relevant topics in children's mental health care, including trauma, education, collaboration and policy.

- **June 2014 - Collaboration LAB**

As mentioned earlier, TDMHSAS' SOC-EXP federally funded grant provides multiple opportunities for statewide stakeholders to collaborate to further the implementation of a statewide system of care, including a two-day Collaboration LAB, *Building Effective Collaboration in Tennessee*, led by Change Matrix, LLC. The Collaboration LAB purpose was to create a culture of collaboration throughout

Tennessee that is principled, reliable and sustainable. Participants were led through education and exercises to increase their capacity to develop, maintain and repair collaboration and to consider structures in Tennessee work that support collaboration. A Collaboration Guild was born out of the LAB and began with full-day training at the SOC Conference in October 2014. The training was followed by nine monthly calls with facilitators to further cultivate participants as experts in collaboration.

- **August 2014 – Statewide Trauma Initiatives**

Partners and stakeholders joined efforts at the August meeting to present information on trauma initiatives throughout Tennessee. CCMH was also pleased to host visitors from the Substance Abuse and Mental Health Services Administration as they completed a site visit for the System of Care Expansion (SOC-EXP) Implementation Initiative. Visitors included Eric Lulow, federal Project Officer for the SOC-EXP grant. The meeting opened with participants from several of Tennessee's Centers of Excellence providing an overview of trauma concepts, trauma-informed systems of care, the partnership focused on the child welfare system and trauma-related efforts by state child-serving departments. Participants also learned of trauma-informed work in the community around adoption care as well as a partnership with a provider and state child-serving agencies to provide support to families with trauma histories. A collaboration effort in the form of a TennCare care-coordination pilot was introduced and will incorporate concepts of trauma-informed care as reflected by implementation of the values and principles of a system of care. Child-serving state departments also presented information on trauma-informed care focus in various projects and grant related initiatives.

- **October 2014 – Education and School Climate**

This CCMH meeting provided focus on an overview of school climate as well as school-based mental health initiatives throughout Tennessee. At the Council's sunset review in 2014, the issue of school climate was addressed and the Council was asked to focus on this at an upcoming meeting. The October 2014 meeting included presentations on a Department of Education grant award to establish a Center for School Climate as a part of the Safe and Supportive Schools (S3) project. The School Climate Model emphasizes the dimensions of student engagement, safety and environment, including creating a positive and supportive environment that discourages bullying. The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is an evidenced based program bringing mental health

treatment to the school setting. Dr. Kristen Dean of the UT-CHS Center of Excellence discussed implementation of this model in some Tennessee schools to address the 20-50 percent of children traumatized to some degree by violence, natural disasters, accidents and grievous losses. The Department of Mental Health and Substance Abuse Services provided information on their school-based programs, including the School-Based Liaisons for At-Risk Youth, Project B.A.S.I.C., Child Care Consultation, Child and Family Mental Health Education Program, Erase the Stigma, the Violence and Bullying Prevention program, the Family Support and Advocacy Program, Mobile Crisis Services, Mental Health 101, YouthScreen, Tennessee Lives Count, and the Tennessee Suicide Prevention Network. A panel on school climate also presented and included representatives from a local school district, non-profit agencies functioning in schools, and a Vanderbilt University professor.

- **April 2015 - FrameWorks**

FrameWorks is an independent nonprofit organization that has become known for its development of Strategic Frame Analysis, which roots communications practice in the cognitive and social sciences. The FrameWorks Institute mission is to advance the nonprofit sector's communications capacity by identifying, translating and modeling relevant scholarly research for framing the public discourse about social problems.

The *Talking about Child Mental Health in Tennessee* toolkit was developed by FrameWorks for TCCY with the generous support of the Annie E. Casey Foundation and KIDS COUNT. It builds on research sponsored by the Center for the Developing Child at Harvard University, the Jacksonville System of Care Initiative, and the Alberta Family Wellness Initiative. *Talking about Child Mental Health in Tennessee* provides a compilation of communications research and resources for helping the public better understand issues such as child development, child mental health and programs informed by a system of care operational philosophy. CCMH participants were introduced and oriented to the toolkit during this meeting with opportunity to view the website and engage in conversation around use of the toolkit.

- **June 2015 – Transition-Age Joint Meeting with Youth Transitions Advisory Council**

CCMH and the Youth Transitions Advisory Council (YTAC) conducted a joint meeting to identify, educate and discuss transition-age topics throughout Tennessee. The Youth Transitions Advisory Council was created by legislation to establish an

advisory council on services for youth in state custody who age out of the child welfare and juvenile justice systems, originally referred to as post-custody services and now called extension of foster care. There is some overlap in the membership of these two groups, and in their interest and involvement with several key issues and programs that affect young people in Tennessee. The missions of CCMH and YTAC complement each other and meeting jointly allowed exposure and focus on youth transitioning to adulthood and the services and supports during this time. Emerging adulthood is a challenging time for all our children, and even more so for vulnerable children without strong family connections or who experience substantial difficulties.

<b>Suggested Future CCMH Meeting Topics</b>	
<ul style="list-style-type: none"> <li>• Juvenile Justice</li> <li>• Integrated Care</li> <li>• Culturally and Linguistically Appropriate Service (CLAS) Standards</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma Informed Initiatives</li> <li>• Adverse Childhood Experiences (ACEs)</li> <li>• Advocacy</li> <li>• Episodes of Care/Health Homes</li> </ul>

## **Commitment to Collaboration**

The Council is composed of a wide variety of individuals with various backgrounds and experiences. Membership is open to anyone interested in working toward the mission of furthering the values and principles of a system of care throughout Tennessee to improve children’s mental health care. With average attendance steadily increasing since inception, in 2014 it became necessary to identify larger meeting space. In 2015, CCMH moved to the Midtown Hills Police Precinct’s Community Room to better accommodate the number of participants yet remain centrally located in the state. In addition to meetings, the Council’s information reaches over 450 persons via email communication and represents individuals from state agencies, local governments, providers, managed care organizations, juvenile justice, non-profits, advocacy agencies, education systems, the legislature, media, and families and children. Participants travel from all points in the state, including some not required by their job to attend CCMH meetings but doing so on a volunteer basis. All members dedicate their time to attend meetings, participate as workgroup members and research and organize materials to share at full Council meetings or in workgroup conversations, reflecting their commitment to

the Council and mission. This diverse population is consistently growing and reflects a strong commitment to successful collaboration among all participants.

## **Other Accomplishments**

The landscape has continued to evolve in children's mental health and with the Council's movement through the Sunset process and change in the director role, the Council embarked on a strategic evaluation to identify successes and opportunities moving forward. Successes include:

- Met four times plus held a Collaboration Lab in 2014 and met five times in 2015.
- Continued to increase numbers on email distribution list and attendance at meetings with an average of 72 over the calendar years 2014 and 2015. This was up from an average of 50 persons at the last report in June 2013.
- Continued to support and serve as the governance structure for the System of Care Expansion Implementation Grant obtained by TDMHSAS in 2012.
- Completion of strategic direction initiative that resulted in restructuring the meeting format and Council workgroups.

# Strategic Direction

In August 2015, the Council engaged consultant Cissy Mynatt, with the Center for Nonprofit Management, to work with membership to ascertain successes of the past seven years and identify direction and goals moving forward. Through interaction and conversation with members, a Mission, Vision and five areas of focus and goals were identified to be addressed over the next three years. These reflect the Core Values of having services and supports for children and families that are:

- **Family driven and youth guided**, with the strengths and needs of the child and family determining the types and mix of services and supports provided;
- **Community based**, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of programs, processes and relationships at the community level; and,
- **Culturally and linguistically competent**, with agencies, programs and services reflecting the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.

## Mission

Promote and support communities in delivering integrated, effective mental health care for children and families guided by the System of Care principles.

## Vision

Children and youth with mental health challenges are able to reach their full potential through the integrated care and support provided by collaborative community partners.

## The Council's Three-Year Focus and Goals

Over the next three years, the Council will work to increase the number of communities, organizations and stakeholders who embrace the SOC principles in providing integrated care and support for children and families throughout the state. The Council will develop and promote policies aimed at expanding and sustaining integrated care for children and families. The Council identified the following strategies to enable development and promotion of policies:

1. **Connect and Engage:** Strengthen connection with local communities and actively engage a more diverse group of stakeholders at all levels.
2. **Move Forward with Data:** Create a common understanding of needs, services, results and progress through use of data.
3. **Expand Learning Opportunities:** Expand learning opportunities available to partners by offering relevant training and access to information and resources that impact Council work.
4. **Promote Policies for Sustainability:** Increase awareness among stakeholders and promote policies that will enable and sustain high quality, integrated services for children and families throughout Tennessee.
5. **Enhance Council Structure:** Review and update the Council structure as needed to best support achievement of goals.

# Opportunities

Recent attention to research on childhood development and an increasing emphasis on the experiences in early childhood place focus squarely on provision of quality mental health and substance services for children and their parents. Appropriate and timely services are imperative for ensuring healthy development. The Council has facilitated significant strides in communication, coordination and integration of services across agencies and systems rather than their delivery through a silo approach. The Council has provided an important foundation assisting the state in applying for and receiving federal funding to improve children's mental health services. As federal funding declines, it is essential for the state to solidify the progress that has been made and shore up the foundation of essential services and supports for the wellbeing of Tennessee children and families.

- The past year has seen increased recognition and understanding across state child-serving departments regarding the effects of toxic stress resulting from **Adverse Childhood Experiences** on the health, mental health and well-being of both children and adults in Tennessee. Key state departments have begun to explore and implement strategies to prevent, treat and reduce the effects of trauma, poverty or negative childhood experiences among their clients, including an ACEs Summit in November 2015 emphasizing statewide focus on these issues. Tennessee is a national leader in increasing education on the importance of early childhood development and the long-lasting effects of Adverse Childhood Experiences and toxic stress. Tennessee communities are taking initiative to address this issue head on as evidenced by the November ACEs Summit, an initiative of Governor Bill Haslam and Lt. Governor Jim Henry, development of the ACE Center Task Force in Shelby County and creation of the ACE Nashville workgroup. This work is encouraging and must be a statewide priority for development and education throughout all areas of Tennessee to create positive movement in addressing and improving children's mental health. In May 2015, the Tennessee Department of Health released the Adverse Childhood Experiences in Tennessee report based on an ACEs module included in the Behavioral Risk Factor Surveillance System, a telephone survey conducted by the Center for Disease Control for Tennessee. Although data obtained in this survey may underestimate the prevalence of ACEs in Tennessee since certain groups of individuals do not have phones, ACEs are widespread, common and prevalent throughout Tennessee. Overall, 52 percent of the surveyed statewide population had at least one ACE, while 21 percent had three or more ACEs. The [full report](#) provides a more in-depth initial look at Tennessee's ACEs status and underscores the need for continued support and action around these early childhood development and experiences that disrupt healthy development.

- The Tennessee Commission on Children and Youth presented [Budget Recommendations for Fiscal Year 2016-2017](#) to the Governor as part of the statutory duty under Tennessee Code Annotated Section 37-3-103(a)(1)(B). The economic downturn the state experienced beginning in 2008 resulted in poor revenue growth until 2015 and critically important programs for children and families in Tennessee were at risk of being eliminated. As a result of the state of the economy, these foundational programs were instead designated as non-recurring line items subject to annual appropriation in order to continue. Recurring funding has been restored for many vital programs; however Home Visiting programs within the Department of Health have still not been restored to recurring funding. Home Visiting programs are among the frontline strategies for preventing and appropriately responding to toxic stress and Adverse Childhood experiences. Evidence-based home visiting programs should be an integral part of strategic efforts to improve outcomes for Tennessee’s youngest children, and especially made available to at-risk young children.

It is also recommended to bring forth a unique Tennessee plan of coverage for all low-income children and their families. Providing health insurance for low-income parents and their children will improve healthcare outcomes for future generations. Children with healthcare coverage are more successful in school by positively affecting high school completion and college attendance. Health insurance provides access to services allowing children to miss fewer days and also provides access to screening leading to more effective treatment at early stage of onset, preventing minor issues from becoming more serious and costly to treat. Expanding coverage to low income adults will increase healthcare access for more eligible children. Parents with healthcare coverage are more likely to enroll their eligible children and keep them enrolled, reducing coverage gaps and maintaining continuity of care.

The impact of Adverse Childhood Experiences (ACEs) has been well documented. Addressing these underlying issues in Tennessee by preventing and providing appropriate therapeutic responses to ACEs/trauma/toxic stress when not prevented is essential to long-term solutions to many of the intergenerational problems facing Tennessee children and families – poverty, child abuse, substance abuse, domestic violence, etc. TCCY’s Budget Recommendations include support of the efforts to recognize the adverse impact of these circumstances and develop strategies to prevent and ameliorate them whenever possible.

- The Tennessee Association of Mental Health Organizations (TAMHO) and The Tennessee Association of Alcohol, Drug and Other Addiction Services (TAADAS) have recently released respective white papers on substance abuse and addiction issues and treatment in Tennessee. TAMHO notes a comprehensive approach that includes funding for addiction prevention and treatment must be part of the solution to solving the drug abuse epidemic in their white paper, [“Substance Abuse/Addiction Treatment in Tennessee.”](#) Drug abuse among young adults 18-25 years old is increasing; they use opioids at a 30 percent higher rate than the national average and for the first time since 2014, alcohol is no longer the most abused drug for those receiving state-funded treatment. Prescription opioids, commonly referred to as “pain medicine,” is now the most abused drug category. In addition, heroin use at admission into state-funded treatment facilities increased by 157 percent and Tennessee ranks 7<sup>th</sup> in the nation for prescription drug overdoses and 8<sup>th</sup> for drug overdose deaths. Further data and information from TAMHO may be found through the above link to the white paper.

TAADAS has released a white paper, [“Opportunities to Address Pregnancy, Drug Use and the Law”](#) to assist policy makers and the public in understanding the issues surrounding Pregnancy, Drug Use and the Law. TAADAS’ focus with this paper and recommendations are to promote access to care for pregnant, drug-using women and enable women to have healthy pregnancies and healthy babies while receiving addiction treatment. Any barriers to accessing treatment will reduce the potential for healthy outcomes for babies. TAADAS does not endorse additional criminal penalties for pregnant drug-using women because data shows that criminal sanctions drive women away from care. Full content, including details on barriers to care for pregnant drug-using women and TAADAS’ recommendations to address these issues may be found through the above link to the paper.

Treatment is imperative for all Tennesseans struggling with substance abuse or addiction. Per TAMHO’s solution, “The legislative efforts to date must now be supported with recurring dollars to provide treatment services.”

- The Department of Children’s Services (DCS) continues to make important improvements to better serve the children, youth and young adults under its care. DCS has begun implementing a more therapeutic approach in its Youth Development Centers (YDCs) to more effectively serve delinquent youth who disproportionately suffer from mental health issues, Adverse Childhood Experiences, trauma and toxic stress. DCS is talking with the Annie E. Casey Foundation to develop a strategic plan for the future of the juvenile justice system in Tennessee. Also imperative is increased funding for the Administrative Office of the Courts for legal representation of children in or at

risk of state custody and Court Appointed Special Advocates (CASA) Programs providing trained volunteers appointed by juvenile court judges to advocate in the best interests of abused and neglected children in their courts.

# System of Care Projects

The values and philosophies of a system of care (SOC) have deep roots in Tennessee with a history of improving collaboration and partnership among the State’s administrative agencies, funders, providers, community supporters, educators, advocates, children and their families. TDMHSAS’ extensive history and experience with federally funded SOC projects, beginning with the Nashville Connection in 1999 through the current-day SOC Expansion Initiative located in five sites across the state, have provided fertile ground for furthering implementation of the values and principles into non-federally funded systems. Lessons learned have provided stakeholders with exciting opportunities for further implementation in local systems to improve the mental health care for children and families.

## SOC Demonstration Projects

Tennessee’s System of Care community includes a history of five federally funded SOC demonstration projects obtained by TDMHSAS since 1999. The Early Connections Network located in five counties around Clarksville, along with Fort Campbell, is the remaining active site with scheduled completion of grant cycle in September 2016. Each of the state’s grand regions has hosted at least one demonstration project since the first initiative, Nashville Connection, in 1999.

- **Early Connections Network (Cheatham, Dickson, Montgomery, Robertson, Sumner Counties and Fort Campbell)**

The Early Connections Network (ECN) is a System of Care for children from birth through five years of age with social, emotional and behavioral needs and for their families. The grant is in the sixth year and focused on sustainability of services. Service delivery from partner providers will be discontinued in July 2016; therefore ECN staff is focused heavily on planning efforts to maintain successful efforts of the grant. Grant partners meet regularly to discuss sustainability of Family Support Providers, professional training opportunities for healthcare providers, ongoing referral resources for the five county service area (including Fort Campbell), and continuation of family classes and support groups.

- **K-Town Youth Empowerment Network (Knoxville)**

The mission of K-Town Youth Empowerment Network (K-Town) is to develop a service infrastructure that will empower caregivers, youth ages 12-21 years old, and families with the knowledge, skills, resources and support they need for their children and youth

to be successful at home, in school and in the community, as well as to transition successfully into adulthood. The final evaluation report of the K-Town grant released in September 2015 provided key data information. K-Town served 313 youth and 198 caregivers over the course of the six-year grant life. The majority of youth served were male (68%) with seven times the national average of homeless in the population. Upon admission, 70 percent were diagnosed with a mood disorder, 71 percent reported taking medication regularly for a physical problem, 72 percent reported some contact with the criminal justice system and 39 percent were suspended, expelled or both from school within six months of admission. K-Town participants reported reductions in aggression, rule-breaking, attention, thought problems, social problems and social withdrawal in six-month follow-up evaluations. As K-Town youth progressed through the program, they demonstrated an ability to increase their understanding of behavioral health issues as well as an ability to make necessary changes to cope with the challenges these issues present. The grant is in the final 12-month no-cost extension period and supports two staff to implement sustainability activities through outreach and coordination of area providers. The newly formed Steering Committee meets regularly to discuss ways to carry on the K-Town mission past the life of the grant.

- **Just Care Family Network (Memphis)**

The Just Care Family Network (JCFN) was created to support the needs of youth with Serious Emotional Disorders in Shelby County. The grant ended at the end of September 2015. In year five, Shelby County made an overt move from strategic planning to sustainability planning. During the final year of the grant the services of JCFN were transitioned from Shelby County Government to the Emotional Fitness Centers of Memphis. The project is currently known as Family Advocate Center & Empowerment Services (FACES) of Memphis. FACES of Memphis provides advocacy for the rights of children and youth with mental, emotional and behavioral health challenges. FACES continues the System of Care model by building and facilitating collaborations with service providers, supportive professionals and families committed to improving services and support that best meet the needs of all children.

- **Mule Town Family Network (Maury County)**

Mule Town provided services to residents in Maury County from birth to 21 years of age who had a Serious Emotional Disturbance (SED) and were involved in multiple child-serving systems. The grant operated from 2005-2012 and resulted in the South Central System of Care that expanded to 12 counties in the south central Department of Children's Services (DCS) region. Participants in Mule Town reflect 72 percent living

below the poverty line, 10 percent at or near the poverty line, 49 percent witnessed domestic violence, 66 percent lived with someone who was depressed, 13 percent had attempted suicide, 62 percent had caregivers report a family history of substance abuse, and 70 percent had caregivers reporting a family history of depression. Mule Town served 418 children and adolescents and outcomes demonstrated an increase in stability of living arrangements, decreased school suspensions, decreased delinquent behaviors, an increase in measures relating to anxiety, depression, internalizing and externalizing behaviors, and an increase in behavioral and emotional strength.

- **Nashville Connection (Davidson County)**

Tennessee's first System of Care site was Nashville Connection in Davidson County from 1999-2007. This initiative served children with a Serious Emotional Disturbance (SED) from ages 5 – 18 with a Global Assessment Function (GAF) score of less than or equal to 50 on a scale of 1-100. The participants also had multiple system involvement and were at imminent risk of state custody or psychiatric hospitalization. Most (69%) were at or near poverty level and one-third had four or more family risk factors. Outcomes included 97 percent of children remaining in their community without hospitalization or state custody and all participants demonstrated clinical improvement over time. Education outcomes also demonstrated decreased school absenteeism, improved grades and decreased suspensions. Upon ending of the grant, Mental Health School Liaisons were sustained in rural East, Middle and West Tennessee through a DMHSAS partnership with the Department of Education.

## SOC Expansion Implementation Grant

TDMHSAS was awarded the Statewide System of Care Expansion Implementation Initiative (SOC-EXP) in 2012. This grant has been implemented in five locations across the state.

Project	Status	# Served	Selected Characteristics
Statewide System of Care Expansion Implementation Initiative (SOC-EXP) Sites: Five locations across state Funding for 4 years: \$4M Match required: \$1.9M	Awarded: 10/2012 End Date: 09/2016	Proposed: 450 Project to Date (PTD): 393	<b>Eligibility:</b> Children and youth ages 0-21, dependent on location. Reside in one of the fifteen (15) designated counties within Tennessee. Have impaired functioning in more than one area and/or have been diagnosed or at risk of diagnosis/es of a mental, emotional, or behavioral disorder. Be at risk of placement in a higher level of care, such as inpatient hospitalization, residential treatment or state's custody for treatment. Have a functional impairment that substantially interferes with family, school or community activities and requires multi-system involvement. Have a parent or caregiver willing to participate in the Model of Service Provision to maintain the child at home and in the community.

The information presented below provides brief summaries of the projects funded by the Statewide System of Care Expansion Implementation Initiatives. They are distributed across the state and making an important difference for the children and families served.

- Frontier Health (Johnson City)**

A school-aged program serving two elementary schools in upper East Tennessee, the program consists of two service components: 1) the Arts Club where children and their families come to the school in the evenings for a time of children’s individual activities, parenting support and family team building, and 2) care coordination for children and their families.

- **Ridgeview Behavioral Health (Oak Ridge)**

An all-age children and youth program providing care coordination for youth and families. Ridgeview utilizes the services of a Certified Family Support Specialist (CFSS) to assist in the care coordination process specifically providing advocacy and support services to parents.

- **Tennessee Voices for Children (Hickman, Rutherford and Williamson Counties)**

A program serving youth through the use of Youth M.O.V.E. councils, the councils are designed and implemented by youth to raise awareness about youth issues through advocacy and empowerment of participants. Youth in the councils who identify with mental, behavioral or emotional needs and are in need of additional services are assigned a youth specialist who provides the youth and families with care coordination services.

- **Volunteer Behavioral Health Care Services (Hamilton County)**

A program serving youth and families in need of care coordination and wraparound services to meet the needs of the youth and family located in Hamilton County (Chattanooga), this program is able to assist those in most need in their community with local supports. This program also utilizes the services of a family support specialist to provide advocacy and empowerment to parents.

- **Professional Care Services (Fayette, Lauderdale and Haywood Counties)**

A program serving ages 0 – 5 through the use of a care coordination approach, the program is serving a previously under-served population in West Tennessee and assisting in the expansion of services to families.

<b>SOC Expansion Implementation Grant</b>	
<b>Project Sites</b>	<b>Numbers Served to Date</b>
Ridgeview	105
Frontier Health	95
PCS	98
TVC	65
VBH	30
<b>Total</b>	<b>393</b>

## **SOC Expansion: Beyond the Grant**

Ridgeview Behavioral Health Services, located in Oak Ridge, covers a five county area where a full continuum of services is available. Ridgeview was a natural fit for the System of Care Expansion effort due to its already client-centered philosophy; however, since the inception of the grant, Ridgeview has taken the System of Care values and principles to a new level. Ridgeview as an organization recently completed a strategic planning process in which the System of Care philosophy was infused into the mission and vision of the organization. These values and principles permeate the organization as evidenced by the training that children and youth services staff undergo as well as the adoption of the Certified Family Support Specialist (CFSS) position. CFSS services are Medicaid reimbursable services and Ridgeview has made the commitment to the services by applying to add them to their service array. In addition, Ridgeview has become a leader in community collaboration working with other providers, agencies, state and local government, and the community at large to assist the children and families of East Tennessee. They have partnered with the Department of Health, the Department of Children's Services, local county courts, local police departments, school systems and others to move forward a myriad of programs and initiatives that benefit the communities they serve.

In addition to service provision, this grant also allowed for further exploration of the state's current use and integration of System of Care Core Values and Guiding Principles. SOC-EXP local grantees were asked to periodically ascertain responses on the SOC Rating Tool from their community partners as noted in diagram on Appendix 2, page 37, and all sites showed increases in community readiness and implementation and an overall improvement during Federal Fiscal Year 14-15.

# Family Support Specialist Certification Program

The Family Support Specialist Certification Program (FSSCP) provides State of Tennessee certification for individuals who provide direct *caregiver-to-caregiver* support services to families of children and youth with *mental, emotional, behavioral or co-occurring disorders*. Because of their life experience as a caregiver for a child or youth with these disorders and their experiences navigating child-serving systems, Certified Family Support Specialists (CFSSs) are able to use their unique familiarity to inspire hope and provide support to other caregivers who are facing similar challenges.

There are currently thirty-one active Certified Family Support Specialists, with the majority being employed in this field. Over the past year, the State of Tennessee offered sixty full scholarships to parents/caregivers desiring to take the required Professional Competencies Course for certification eligibility. Additionally, the CFSS became a reimbursable service under the Medicaid/TennCare system on January 1, 2014.

# Collaboration

CCMH membership reflects a variety of interests, experiences, backgrounds and geographic distribution allowing members to be active in organizations, boards, initiatives and grassroots efforts across the state in pursuit of improving mental health care for children, youth and families. A diverse and active individual membership provides the structure for the full Council to collaborate in the work of initiatives throughout Tennessee.

- **TennCare Care Coordination Pilot**

In late 2014 and early 2015, the children’s mental health pilot project, initiated by the Bureau of TennCare and the three statewide Managed Care Organizations (MCOs), was implemented in the Middle Grand Region and emphasized infrastructure building, expansion and adoption of SOC values and principles. Initial discussions regarding redesign began in 2012 between TennCare and the MCO partners, with information and applications for participation available to Middle Tennessee providers in March 2014. As providers were identified, additional collaborators were invited to join, including participants from TDMHSAS, Tennessee Association of Mental Health Organizations (TAMHO) and a family advocacy agency, Tennessee Voices for Children. The stakeholders began weekly meetings in April 2014 to identify and create structure for a redesign pilot to address community mental health services for children and youth in Tennessee. By summer of 2014, stakeholders had begun training in System of Care values and principles, wraparound processes, and the Child and Adolescent Needs and Strengths (CANS) assessment. Full implementation began in October 2014 as pilot providers began enrolling participants with an estimated time frame for the pilot initially established as six months, however extended as needed. Another accomplishment during this pilot is the promotion of the use of Family Support Providers as partners in quality care coordination.

- **Healthy Transitions Initiative (TDMHSAS)**

The Tennessee Healthy Transitions Initiative is a five year \$5,000,000 discretionary grant awarded to the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2014. The purpose of the Tennessee Healthy Transitions Initiative is to assist Tennessee youth and young adults with or at risk of developing a serious mental health condition or co-occurring disorder in improving their health and wellness, leading self-directed lives, and reaching their full potential.

The Tennessee Healthy Transitions Initiative serves eight counties and has three populations of focus: unidentified youth and young adults ages 16-25 who are at risk of having or developing a serious mental health condition or co-occurring disorder; youth and young adults ages 16-25 who have been identified as experiencing a serious mental health condition or co-occurring disorder; and the general public. TDMHSAS partners with key stakeholders and youth and young adults from both state and local levels to convene a State Transition Team (STT). The STT will collaboratively prioritize system improvements to the child and adult mental health systems and other relevant child and adult system partners, including funding mechanisms, administrative structures, regulatory requirements, policy, and array of services and supports available to youth and young adults with or at risk of serious mental health conditions or co-occurring disorders.

- **First Episode Psychosis (TDMHSAS)**

In the Fiscal Year 2014 appropriation, Congress allocated additional funds to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support “evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.” The First Episode Psychosis (FEP) treatment program focuses on a rural area of Tennessee using the Recovery After an Initial Schizophrenia Episode (RAISE) model. The proposal provided a beginning budget, staffing and implementation model designed to be flexible in the face of the challenges of implementing an urban program in a rural area. Carey Counseling Center, Inc. (Carey) is the primary provider in the seven-county area chosen for the implementation of the OnTrack Tennessee program (OnTrackTN), which is modeled after the evidence-based OnTrackNY program. The program serves adolescents and young adults between the ages of 15-30, who are experiencing psychotic symptoms such as hallucinations, unusual thoughts or beliefs, or disorganized thinking, with symptoms present for more than a week but less than 18 months.

- **Treatment and Recovery for Youth (TDMHSAS)**

The Treatment and Recovery for Youth (TRY) grant is a four year, \$3.8 million grant awarded to TDMHSAS in September of 2013 by the Substance Abuse and Mental Health Services Administration (SAMHSA). TRY seeks to deliver treatment and recovery support services to adolescents and transitional-aged youth using the Adolescent – Community Reinforcement Approach (A-CRA) to help youth find healthy and positive behaviors more rewarding and “reinforcing” than their unhealthy substance abusing lifestyle. Implementation sites are in Maury and Madison counties through partnership

with community mental health agencies in those areas. TRY grant partners have also delivered informational sessions and trainings to community agencies and programs across Tennessee on the grant project and A-CRA. Team members of the TRY grant attend CCMH and YTAC meetings, provide updates, and participate in CCMH workgroups and trainings.

- **Tennessee Infant and Early Childhood Mental Health Initiative**

The Tennessee Infant and Early Childhood Mental Health Initiative (TIECMHI) brings together individuals and agencies interested in infant mental health to develop relationships across departments and agencies, identify existing resources and opportunities, and to work together to identify what is needed to address the mental health needs of infants, young children, and their families.

TIECMHI desired outcomes: 1) a collective recognition of the importance of social and emotional development on lifelong health, development and learning; 2) a collective understanding of the central role of relationships in promoting optimal social and emotional development; 3) a collective acknowledgement of the window of opportunity to promote optimal social and emotional development in infants and young children because of the rapid brain formation and susceptibility to environmental influences; and 4) the creation of a comprehensive service delivery system for infants and young children and their families who require additional supports and intervention throughout Tennessee.

There is an increasing awareness of the significance of early mental health and its relationship to physical and mental health outcomes later in life. This initiative is growing steadily in Tennessee and CCMH members are actively engaged in this effort as the group pursues development of a state association and adoption of a certification system for practitioners working in the infant mental health field.

- **Tennessee Young Child Wellness Council (Department of Health)**

The Tennessee Young Child Wellness Council (TNYCWC) was created in 2013 as an early childhood state team with a vision that all Tennessee children will realize their optimal development and wellness during the early years to create a foundation for life-long success. Improving coordination among and the quality of child serving agencies in Tennessee to promote optimal child wellness is recognized as a critical strategy in this process. TNYCWC is composed primarily of volunteers, with some overlap in membership with CCMH, pursuing this vision. The similar focus and shared priority for

children’s mental health care create a natural bridge for partnership between TNYCWC and CCMH.

- **Department of Health – Other Initiatives**

In October 2014, TDMHSAS staff and the Department of Health (DOH) began collaboration for medically fragile children and those with behavioral health diagnoses through a DOH grant emphasizing the SOC philosophy with children who have medical special care needs. This grant is based on the Health Home model and mirrors the behavioral health SOC model. This partnership has allowed both TDMHSAS and DOH to determine the best avenues of support in the effort to treat children most in need and has created access to pediatricians for the potential to increase collaboration and provide seamless care to children, youth and families.

- **Tennessee AWARE (Advancing Wellness and Resiliency in Education - Department of Education)**

The Department of Education was awarded a “Now is the Time” Project AWARE grant in 2014 from the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this five year grant is to create a state capacity-building initiative to expand youth access to mental health resources and promote resilience and positive behavioral functioning among school-age youth in Tennessee. The Tennessee AWARE State Management Team includes representatives from CCMH and other state child-serving agencies. Team members from both Tennessee AWARE and CCMH frequently collaborate to address similar goals and identify opportunities for education and further implementation. At the local level, three local school districts, in partnership with parents, youth and community stakeholders, will each design and implement a multi-tiered, interconnected systems framework (ISF) that guides delivery of universal prevention, targeted intervention and intensive school-based mental health services. Each grant year, the state team members will also provide Youth Mental Health First Aid –Train the Trainer for 30 adults. The trainers will then provide a minimum of three community trainings over the course of each year to increase mental health literacy among adults who work with youth.

- **Department of Children’s Services**

The Department of Children’s Services (DCS) is an active partner in CCMH. Trauma-informed care is a priority for all services provided through DCS. DCS and CCMH work together to provide trainings and education around mental health topics to improve the mental health care of children and families served by the agency.

- **Juvenile Justice**

TDMHSAS participated in a joint policy academy with other child-serving state agencies and local jurisdictions to address front-end diversion from probation for children with mental health needs. Family engagement and collaboration between the courts, child welfare, behavioral health providers, attorneys, police, schools and other key stakeholders is essential. Youth that are successfully diverted from the system require appropriate and timely service from providers who are well-trained and empowered stakeholders in a collaborative effort. Key components of an effective system of care in this arena include: trauma informed care, family engagement and support practices, sustained funding and cross system, collaborative service planning with the overall goal of improving services and supports for this population in the community.

The Administrative Office of the Courts, TDMHSAS and CCMH team members have a strong partnership continuing into 2016 collaborating to provide trainings on mental health-related issues to juvenile justice personnel throughout Tennessee. Presentations have been provided in a variety of settings, including the Tennessee Juvenile Court Services Association/Tennessee Council of Juvenile & Family Court Judges Annual Conference, The Tennessee Council of Juvenile & Family Court Judges Core Curriculum Training, Youth Service Officer trainings, in-service trainings, region/county specific Mini Conferences and other similar venues.

# Programs and Services

The 2015 Resource Mapping project collected data on expenditures for services provided by state child-serving agencies for children’s mental health and substance abuse services during fiscal year 2013-2014. The services are funded by various departments.

A current and complete listing of providers and services offered statewide is difficult to ascertain as it is ever evolving and continually updated. Several listings may be found online, including the Tennessee Department of Mental Health and Substance Abuse Services’ [provider listing](#). The Governor’s Children’s Cabinet created [kidcentral tn](#), a comprehensive online resource for Tennessee families. In addition, 2-1-1 is a valuable United Way resource for families in need of assistance in locating mental health and/or substance abuse resources in Tennessee. See Appendix 1, page 39-40, for full listing of Departments Reporting Expenditures for Mental Health and Substance Abuse Services and the program areas for service provision.

## Resource Mapping

T.C.A. 37-3-112 requires financial resource mapping for statewide System of Care (SOC) planning. CCMH has worked with the Resource Mapping project of TCCY to identify, quantify and geographically locate federal and state funds for child/family mental health and substance use related supports and services. This report presents information from fiscal year 2013-2014. The following tables and graphs detail funding for mental health and related services in the state.

<b>Mental Health and Substance Abuse Resource Mapping Statewide Overview FY 2013-2014</b>	
Number of Agencies	9
Number of Data Records	361
Total Expenditures	\$603,875,708

## Mental Health and Substance Abuse Spending by Source FY 2013-2014

State Agency	Federal	State	Other	Total
Department of Children's Services	\$ 108,495,400	\$ 155,998,200	\$ 5,555,400	\$ 270,049,000
Department of Education	0	\$ 16,655,180	0	\$ 16,655,180
Department of Health	\$ 9,542,500	\$ 8,097,500	0	\$ 17,640,000
Department of Mental Health and Substance Abuse Services	\$ 21,881,233	\$ 34,832,254	0	\$ 56,713,487
Department of Safety	0	\$ 123,425	0	\$ 123,425
Department of Transportation	\$ 653,304	\$ 98,858	\$ 45,000	\$ 797,162
Office of Criminal Justice Programs	\$ 22,959	\$ 277,200	0	\$ 300,159
TennCare*	\$ 118,190,231	\$ 62,252,869	\$ 60,935,701	\$ 241,378,801
Tennessee Commission on Children and Youth	\$ 173,797	\$ 44,698	0	\$ 218,495
<b>Grand Total</b>	<b>\$ 258,959,423</b>	<b>\$ 278,380,184</b>	<b>\$ 66,536,101</b>	<b>\$ 603,875,708</b>

Source: Tennessee Commission on Children and Youth Resource Mapping Project

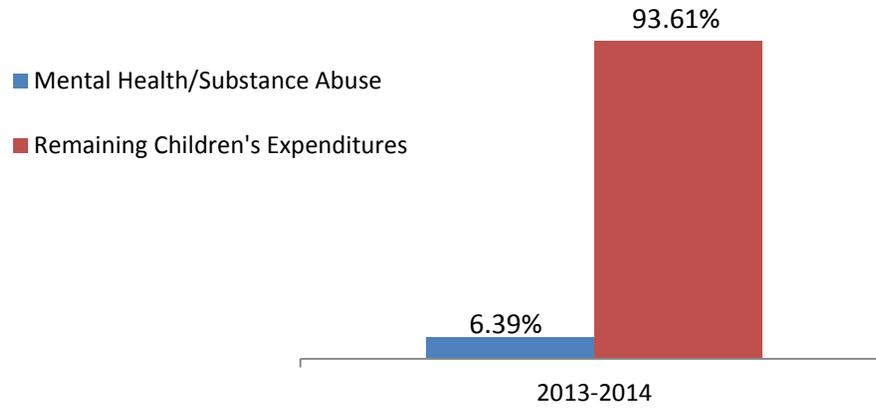
### Expenditures by Source

In the 2013 CCMH report, TennCare represented the largest source of mental health expenditures for children in Tennessee as reflected in the resource mapping data for FY 11-12. With the FY 13-14 resource mapping data, the Department of Children's Services has surpassed TennCare as the largest source of mental health expenditures. TennCare funding percentages are determined by the Federal Medical Assistance Percentages (FMAPs), the annually adjusted matching rate the federal government pays as its share of a state's Medicaid benefit costs, while other agencies (such as the Department of Children's Services) are partially affected by the FMAP rates. Tennessee's FMAP is based on its per capita personal income relative to the national average over three years. Overall expenditures reflect an increase in spending on children's mental health and substance abuse services.

*\*About \$56 million for TennCare and close to \$3.2 million for CoverKids are pharmacy and medical premium rebates and have been classified as "Other" rather than "State" funds.*

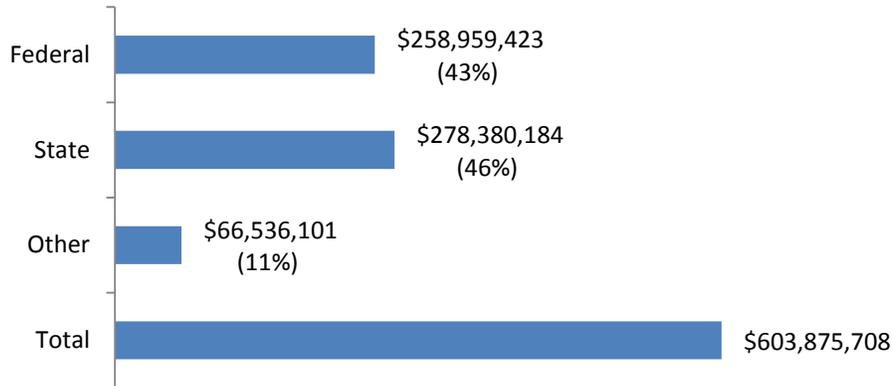
## Mental Health and Substance Abuse as a Percent of Total Expenditures for Children

Fiscal Year 2013-2014



## Total Mental Health and Substance Abuse Expenditures by Source

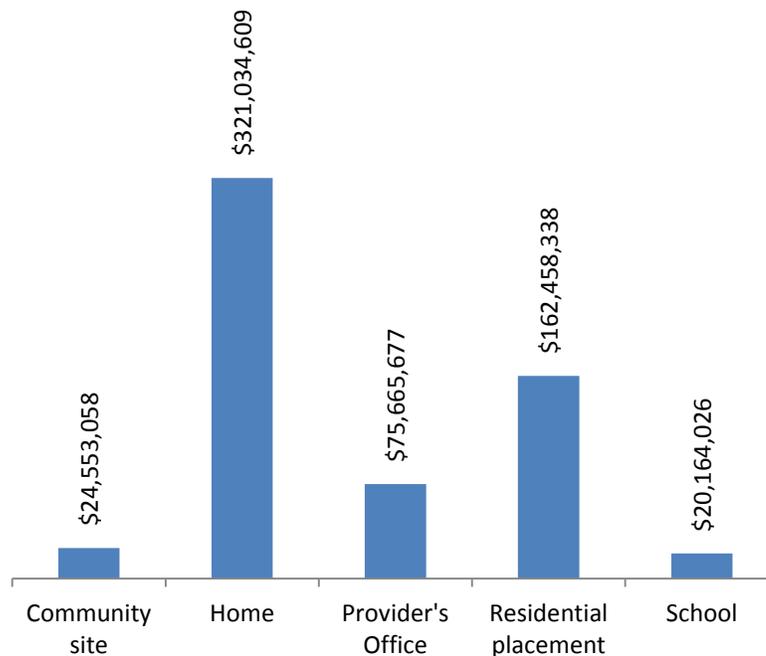
Fiscal Year 2013-2014



## Service Delivery Location

Service delivery location reflects where children receive mental health and substance abuse services and is an important aspect of care, with better outcomes recently noted for children and families served in their communities. System of care principles recommend the least restrictive setting for children with a focus on community-based services for families with the locus of services and systems management resting within a supportive, adaptive infrastructure of structures, processes and relationships at the community level. Data from FY 11-12 reflected roughly 50 percent of expenditures spent in residential placement. Most recent data for FY 13-14 reflects a decrease in residential funding by \$6.2 million and an increase of about \$199 million in expenditures for service delivery in a home setting, which includes pharmaceutical services expenditures. Mental health medications for children continues to be a relevant discussion topic as care trends towards decreasing pharmaceutical use in children, specifically those with traumatic experiences.

**Mental Health and Substance Abuse  
Expenditures by Service Delivery Location**  
Fiscal Year 2013-2014



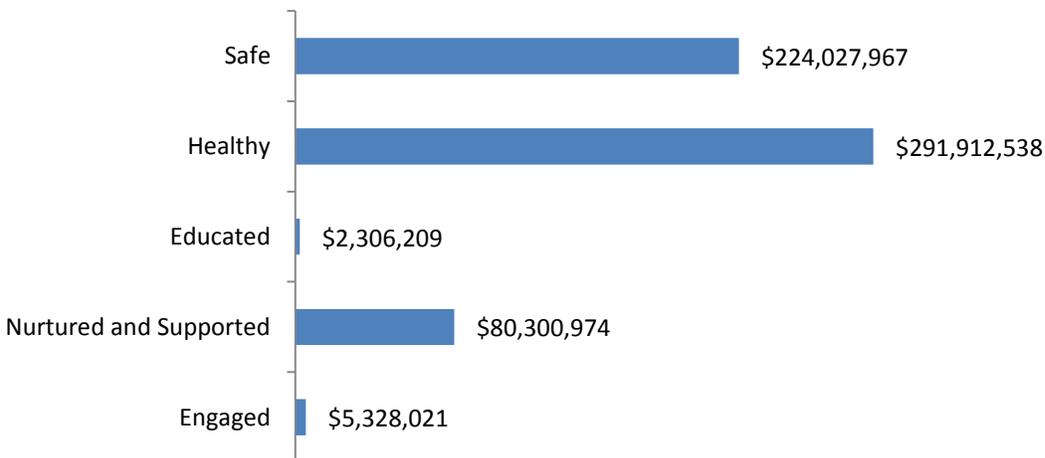
## Expenditures by Outcome Area

TCCY's Resource Mapping project asks departments to select one primary outcome area best capturing the intended outcome of the program. The five outcome area options are:

- Safe (i.e. child abuse prevention/intervention, mobile crisis services, suicide prevention);
- Healthy (i.e. crisis response, mental health case management, substance abuse prevention, substance abuse intervention);
- Educated (i.e. regular education, special education);
- Nurtured and Supported (i.e. foster care, youth development centers); and
- Engaged (i.e. mentoring, after-school programs).

### Total Mental Health and Substance Abuse Expenditures by Outcome Area

Fiscal Year 2013-2014



# Appendix 1:

## Departments Reporting Expenditures for Mental Health and Substance Abuse Services

<b>Departments Reporting Expenditures for Mental Health and Substance Abuse Services</b>	
<b>Department</b>	<b>Service Expenditure Areas</b>
<b>Department of Children’s Services</b>	Assessment-Child Advocacy Center Mental Health-Sexual Abuse Counseling Placement-Continuum of Care Placement-Mental Health-Full Clinical Treatment Placement-Residential Placement-Youth Development Centers Support - Crisis Team Management Support - Custody Behavioral Services Support - Non Custody Behavioral Services Support-Home and Community Based Services Support-Parenting Education Support-Relative Caregiver Support-Relative Caregiver-Subsidy
<b>Department of Education</b>	Coordinated School Health Education-Low Income School Improvement - (Family Resource Centers)
<b>Department of Health</b>	Coordination-Early Childhood Education-Tobacco Prevention Home Visiting Home-based Care Coordination Mental Health-Substance Abuse-Tobacco Cessation Support-Children's Special Services
<b>Department of Mental Health and Substance Abuse Services</b>	Mental Health- Education-Wellness Mental Health- Outpatient-Housing Mental Health- Support-Housing Subsidy Mental Health-Assessment Mental Health-Crisis Services-Respite Mental Health-Early Childhood Mental Health-Early Childhood-Education Mental Health-Early Childhood-Training Mental Health-Education Mental Health-Education-Suicide Prevention Mental Health-Emergency-Crisis Services Mental Health-Employment Mental Health-Forensic Services Mental Health-Home Based Services

<b>Department of Mental Health and Substance Abuse Services (cont.)</b>	Mental Health-Inpatient Mental Health-Outpatient Mental Health-Outpatient-Housing Mental Health-Respite Mental Health-Safety Net Mental Health-School Based Services Mental Health-Substance Abuse-Continuum of Care Mental Health-Substance Abuse-Education Mental Health-Substance Abuse-Inpatient Mental Health-Substance Abuse-Outpatient Mental Health-Substance Abuse-Recovery Mental Health-Substance Abuse-Residential Mental Health-Substance Abuse-Support Mental Health-Substance Abuse-Treatment Mental Health-Suicide Prevention-Education Mental Health-Support Mental Health-Supportive Mental Health-Supportive Mental Health-Supportive Housing Mental Health-System of Care Mental Health-Wellness-Education Substance Abuse-Home Based Services-Prevention Mental Health and Substance Abuse-Home Based Services-Treatment Mental Health and Substance Abuse-Early Intervention
<b>Department of Safety</b>	Education-Drug Abuse Resistance
<b>Department of Transportation</b>	Education-Safety-Alcohol Awareness
<b>Department of Criminal Justice Programs</b>	Mental Health-Drug Exposed Children Support-Domestic Violence, Sexual Assault, Dating Violence and Stalking
<b>TennCare</b>	Mental Health-Inpatient Mental Health-Outpatient Mental Health-Supported Housing Mental Health-Transportation Pharmacy-Mental Health
<b>Tennessee Commission on Children and Youth</b>	Mental Health Support-Custody Prevention

# Appendix 2: System of Care Expansion Initiative's Rating Tool Results

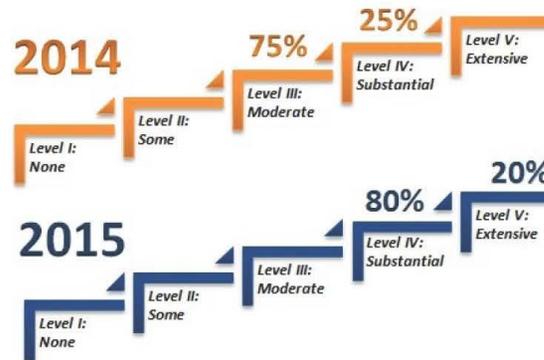
**2015**  
A Year of  
Improvement

**System of Care  
(SOC)  
Rating Tool**



### Level of Implementation

- Level V Extensive 76%-100%
- Level IV Substantial 51% - 75%
- Level III Moderate 26% - 50%
- Level II Some 1% - 25%
- Level I None 0%

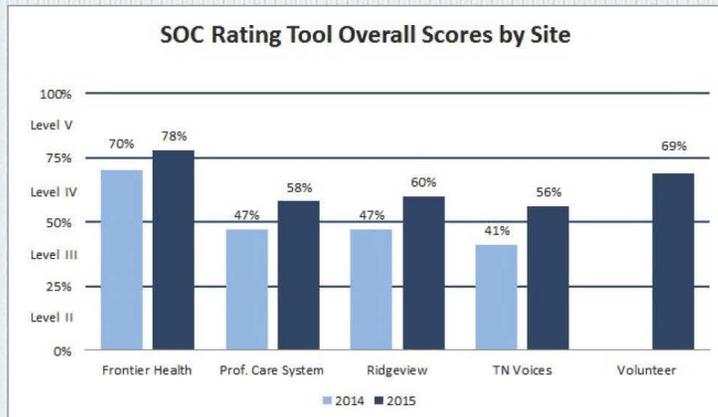


### The SOC Rating tool examines 5 areas of implementation

- Strategic Plan - a plan for the SOC approach
- Principles - service delivery guided by SOC principles
- Services - services and supports based on a SOC approach
- Infrastructure - system infrastructure based on a SOC approach
- Commitment - commitment to the SOC philosophy and principles

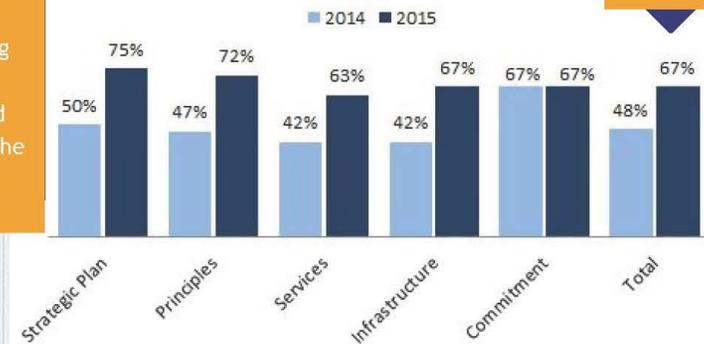
**100%**

All sites scored higher in 2015!



All areas of SOC Rating Tool increased or stayed the same in 2015

### SOC Areas of Implementation



Statewide score up by 19%

Results were obtained by multiple raters of each program site completing the Rating Tool for the Implementation of the System of Care approach. Individual responses to items were aggregated and averaged for each area.

**TN** Department of  
**Mental Health &  
Substance Abuse Services**

D. Walker 11.2015

**Appendix 3:  
CCMH 2014-2015 Meetings and Demographics**

<b>DATE/TIME LOCATION</b>	<b>PURPOSE</b>	<b>ATTENDANCE</b>	<b>Meeting Summary</b>
<p>2/27/2014 10 a.m. – 3 p.m. TennCare Bldg. 4th Floor Conference Room</p>	<p>Proposal for the design and implementation of a process to articulate “Increasing Statewide Capacity for Effective Collaboration in Service of Children and Families.”</p>	<p>75</p>	<p><a href="http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-30.pdf">http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-30.pdf</a></p>
<p>4/24/2014 10 a.m. – 3 p.m. TennCare Bldg. 4th Floor Conference Room</p>	<p>Update on children and youth legislation and the Juvenile Justice and Mental Health Policy Academy.</p>	<p>65</p>	<p>Not Available</p>
<p>6/19/2014 10 a.m. – 3 p.m. Ellington Agricultural Center</p>	<p>First day of a Collaboration LAB, providing interactive training and facilitation to help the Council build its knowledge and skills as well as create a structure for group collaboration.</p>	<p>76</p>	<p>Training; No Minutes</p>
<p>6/20/2014 10 a.m. – 3 p.m. Ellington Agricultural Center</p>	<p>Second day of a Collaboration LAB, providing interactive training and facilitation to help the Council build its knowledge and skills as well as create a structure for group collaboration.</p>	<p>76</p>	<p>Training; No Minutes</p>

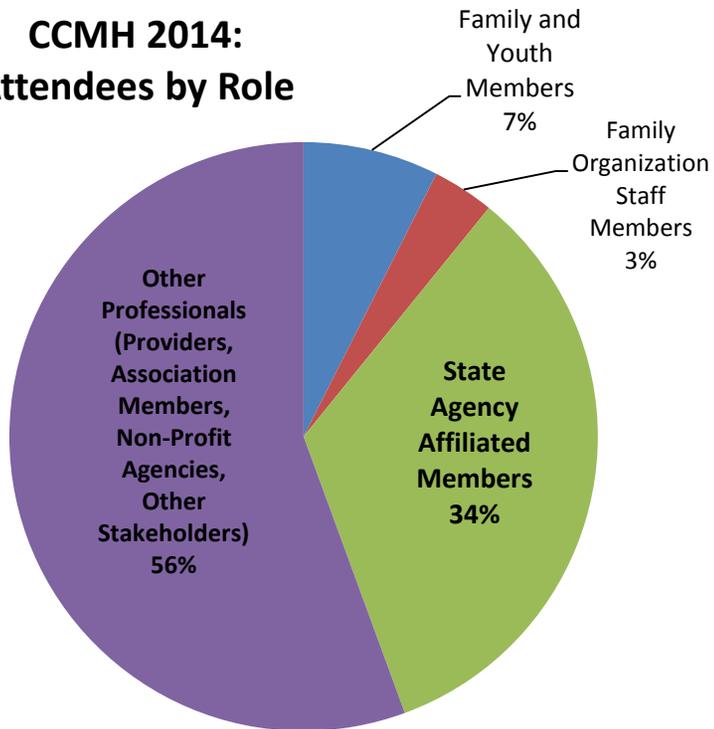
8/21/2014 10 a.m. – 3 p.m. TennCare Bldg. 4th Floor Conference Room	Trauma Initiatives updates throughout Tennessee.	90	Not Available
10/30/2014 10 a.m. – 3 p.m. TennCare Bldg. 4th Floor Conference Room	School Climate and School-based initiatives throughout Tennessee.	73	<a href="http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-33.pdf">http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-33.pdf</a>
3/12/2015 10 a.m. – 3 p.m. TriStar Skyline Madison Campus, 4th Floor Conference Room	Legislation and Departmental updates, CCMH Report, Closeout on SOC grant (Just Care), and the 2015 SOC Conference.	84	<a href="http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-34.pdf">http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-34.pdf</a>
4/23/2015 10 a.m. – 3 p.m. 12 South Police Precinct	Introduction to the FrameWorks Toolkit – Talking about Child Mental Health in Tennessee.	64	<a href="http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-35.pdf">http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-35.pdf</a>

<p>6/18/2015 10 a.m. - 3 p.m. Goodwill Industries</p>	<p>Joint meeting with the Youth Transitions Advisory Council focused on the transition-age population in Tennessee and services targeted toward them, Legislation and Departmental updates, CCMH Report, and the 2015 SOC Conference.</p>	<p>76</p>	<p><a href="http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-36.pdf">http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-36.pdf</a></p>
<p>8/27/2015 10 a.m. - 3 p.m. Midtown Hills Police Precinct</p>	<p>Vision and strategy with the Center for Nonprofit Management.</p>	<p>75</p>	<p><a href="http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-37.pdf">http://www.tn.gov/assets/entities/tccy/attachments/ccmh-min-37.pdf</a></p>
<p>10/22/2015 10 a.m. - 3 p.m. Midtown Hills Police Precinct</p>	<p>Strategic direction and forward vision through consultation with the Center for Nonprofit Management.</p>	<p>65</p>	<p>Will be posted on <a href="http://www.tn.gov/tccy">www.tn.gov/tccy</a> following Council approval.</p>

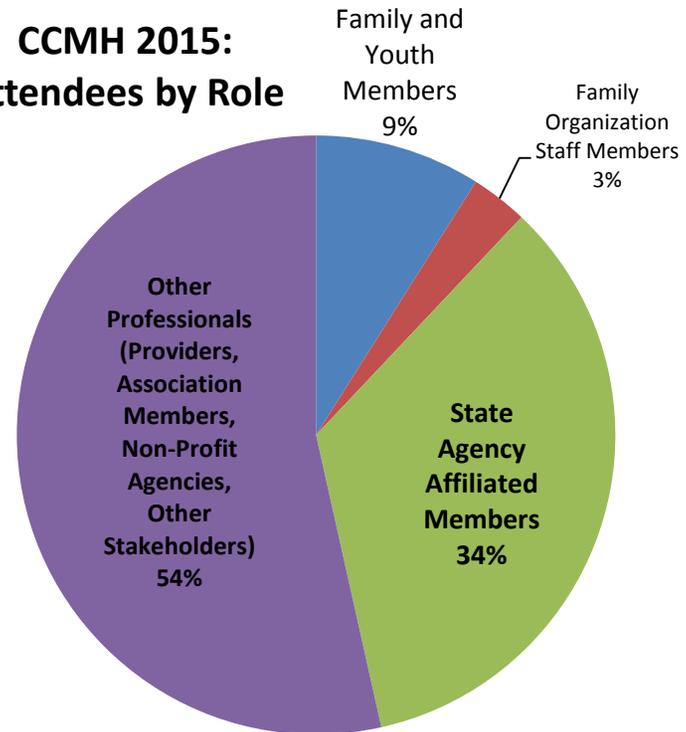
## Appendix 4: Council on Children’s Mental Health Attendees by Role

<b>CCMH Attendees by Role</b>		
<b>Role</b>	<b>2014 (4 Events)</b>	<b>2015 (5 Events)</b>
Family and Youth Members	22	32
Family Organization Staff Members	10	11
Other Professionals (Providers, Association Members, Non-Profit Agencies, Other Stakeholders)	164	191
<b>Total</b>	<b>295</b>	<b>357</b>

**CCMH 2014:  
Attendees by Role**

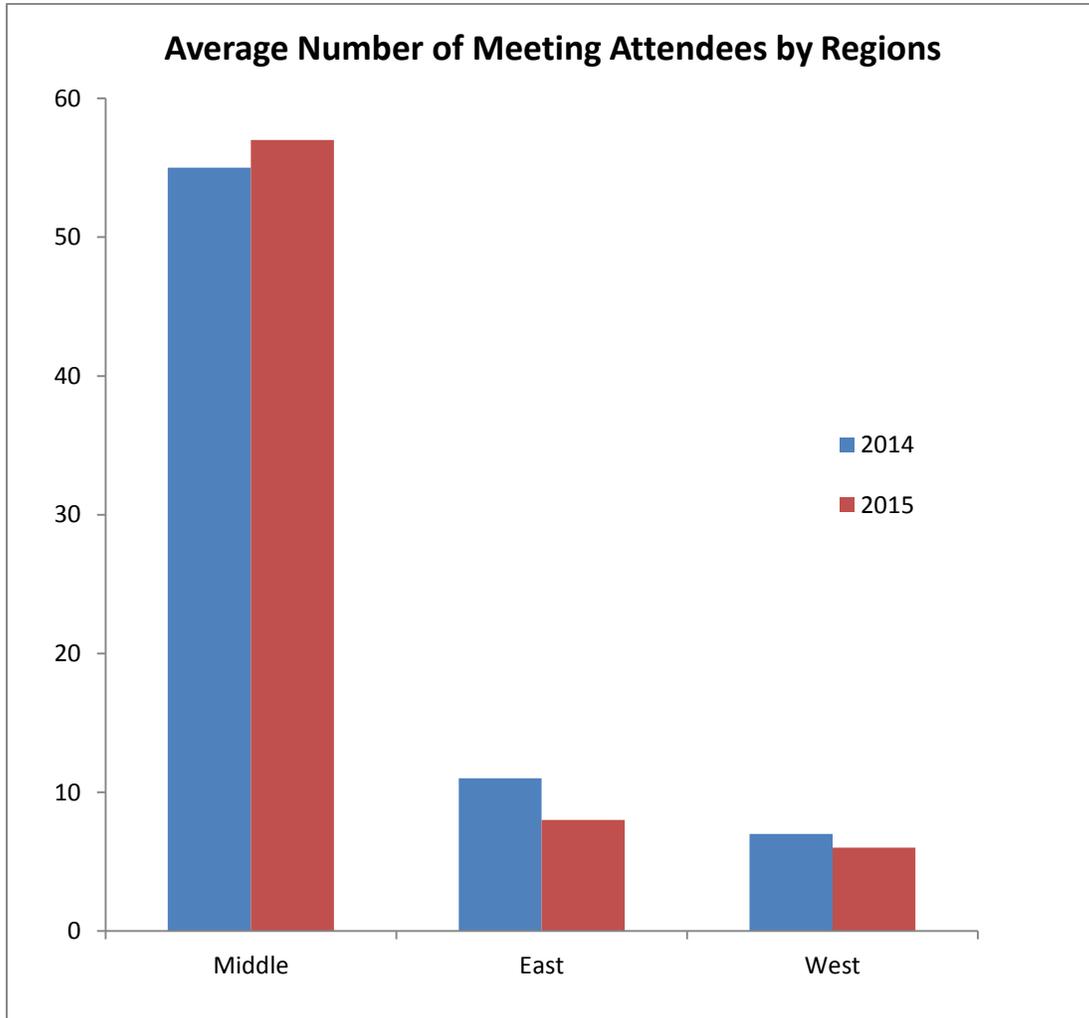


**CCMH 2015:  
Attendees by Role**



## Appendix 5: Council on Children’s Mental Health Attendees by Region

<b>CCMH Attendees by Regions</b>				
<b>Regions</b>	<b>2014 (4 Events)</b>		<b>2015 (5 Events)</b>	
	<b>Total</b>	<b>Average</b>	<b>Total</b>	<b>Average</b>
Middle	220	55	285	57
East	45	11	40	8
West	26	7	32	6
<b>Total</b>	<b>291</b>	<b>73</b>	<b>357</b>	<b>71</b>





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