



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

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Council on Children's Mental Health  
August 29, 2013  
10 a.m. – 3 p.m.  
TennCare Building – 4<sup>th</sup> Floor Conference Room

**MEETING SUMMARY**

***Attendee List:***

Sandra Allen	E. Ann Ingram	Pat Rees
Shiri Anderson	Angie McKinney Jones	Rebecca Robinson
Alicia Banks	Belinda Jones	Mary Linden Salter
Carol Beltz	Dustin Keller	David Shern
Kathy Benedetto	Candace Largo	Patricia Slade
Bonnie Beneke	Kristy Leach	Tawny Spinelli
Corey Bradfield	Kisha Ledlow	Tom Starling
Mollie Brookshire	Loraine Lucinski	Sukey Steckel
Dana Casey	Jenn Martin	Millie Sweeney
Monica Causey	Michele Moser	Heather Taylor
Tom Cheetham	Michael Myszka	Andrea Thaler
Janet Coscarelli	Rose Naccarato	Patti van Eys
Bill Dobbins	Elvira Newcomb	Doug Varney
Jennifer Drake-Croft	Nneka Norman-Gordon	Trang Wadsworth
Karen Edwards	Linda O'Neal	Karen Walker
Shelley Fiscus	John Page	Heather Wallace
Judy Freudenthal	Shana Parker	Morgan Wallace
Deborah Gatlin	Steve Petty	William Weathers
Rebecca Gatlin	Vicki Pillow	Jude White
Kathy Gracey	Ron Prinz	Alysia Williams
Benita Hayes	Dawn Puster	
Kurt Hippel	Kate Ramsaur	
	Andrea Reed	

**Welcome & Introductions (Linda O'Neal)**

- O'Neal thanked all in attendance and introductions were made around the room. There are several timely presentations on the agenda. She thanked Angie McKinney-Jones and members of the Prevention Policy Academy for assistance with booking the two national

speakers, Dr. David Shern and Dr. Ron Prinz. Dr. Shern will give an overview of prevention and Dr. Prinz will present on Positive Parenting Program, or Triple P. O'Neal also thanked Andrea Thaler of TennCare for her help with the accommodations.

### **TDMHSAS Update (Commissioner E. Douglas Varney)**

- Commissioner Varney said he recently had thought about the hallmarks of good collaboration with a common goal where a transformation or exchange takes place. Governor Haslam identifies his goal as one of economic opportunity, good education, and good physical and mental health. The system would strive to keep families intact and would be conscious of messages we send to the media. The system should be designed in such a way as to identify how to best help people with complex needs. TDCS Commissioner Jim Henry shares that vision and he is very committed in all his work relationships. Those relationships are transformative as opposed to transactional, and good things come out of them.
- Commissioner Henry is about to launch a new effort with TBI called the Child Protective Services Investigator Training Academy, offering a three week course.
- There have been great strides in the progress of various technologies. We need to share information while at the same time protecting privacy. Collaboration should take place on multiple levels, but especially at the local level. We must empower families, particularly parents. Commissioner Varney noted that the majority of children and youth in group homes or in foster care only want to go home. Since September 2010, TDCS has been implementing "In Home Tennessee" across the state. This initiative's goal is to fully engage children, youth, families and community partners in service planning and service delivery.
- All stakeholders should recommit by adopting best practices and establishing protocols with research-based evidence. We need to stay focused on outcomes. TDMHSAS continues working with TennCare on behavioral health indicators. Since the Best Practice Guidelines for Children and Youth were released, there have been over 11,000 hits on the website. Medications have been nothing short of miraculous over the years, yet the majority of them are obtained from general practitioners. We are developing a strategic plan for financing a transformed system of care and get away from out-of-home placements or placing labels on children such as "disabled" or "delinquent" in order to receive services. We must determine ways to transform the negative impact on children and families living in poverty with reliable, nurturing care, particularly for infants and toddlers.
- The "Hear Our Voices" documentary premieres tonight and is a celebration of resilience and recovery. It shows the public what adequate and appropriate treatment and supports can do for people living with a mental illness. The premiere is sold out.

- A Request for Proposals has been issued for Regional System of Care Expansion Initiatives. All proposals must be received by September 18<sup>th</sup>. An information session will be held on Wednesday, September 5<sup>th</sup> from 2 pm to 4 pm CST.
- He urged all to familiarize themselves with the kidcentraltn.com site and believes it has the potential for being very empowering and he advised providers to enroll in the site and to keep their information current. This will be included in contract language next year.

### **Early Childhood Advisory Council and kidcentraltn.com Update (Jude White)**

*Refer to handouts, “Get to Know kidcentraltn.com” and “Tennessee School Readiness Model”*

- White reported on several major initiatives of the Governor’s Children’s Cabinet through its project, the Early Childhood Advisory Council. The TN-ECAC grant ends August 31<sup>st</sup>, 2013. The Council hired a communications analysis firm to spearhead the parent engagement/empowerment aspect of the project. A parent survey regarding information needs and methods of delivery was distributed. Responses were received from 77 of the state’s 95 counties, resulting in 1,200 responses.

#### *Kidcentraltn.com*

- Parents identified three topics as most important to them – Health, Education and Development. They also said they would like help navigating state services so the “Support” category was added. Kidcentraltn.com is a “one-stop shop” with a directory of state operated or funded services. In addition, there are featured articles and useful tips and information for parents called the “content” component. As a viewer reads content, the site will provide a listing of related services to help families more easily find what they need. Parents can establish a profile and list their children by age and the site will provide developmental milestones and recommended articles and services. Kidcentraltn.com also refers families to TN Disability Pathfinder and 2-1-1. A kidcentraltn mobile app will also be available for iPhones and Android phones. Comments are welcome, and the site will provide analytics which can be used to assess geographic or content needs. Posters have been developed for schools, libraries, daycare centers and county Health Departments.
- The gatekeepers are the State Directors of Programs. It is crucial that the information be kept current. An email will be sent to all enrollees every six months as a reminder to provide appropriate updates, and this will be included in contract language next year.

#### *School Readiness Model*

- Both kidcentraltn.com and the School Readiness Model were introduced by First Lady Crissy Haslam at the Early Childhood Summit in Nashville. The 2013 Summit’s theme was *School Readiness – It’s Everybody’s Business Connecting Family, Community, and School*. The Tennessee model emphasizes that readiness is not a condition in a child but a condition that exists when families, schools, and communities work together to create a nurturing environment for learning, starting at birth.

- A training video, “Kindergarten Here We Come,” premiered at the Early Childhood Summit. Copies of the DVD and companion Discussion Guide have been distributed to two- and four-year colleges, early childhood continuing education providers, and communities to encourage them to build stronger connections between early childhood settings and kindergartens.

### **Young Child Wellness Councils and Welcome Baby (Loraine Lucinski)**

- Lucinski gave a presentation on “Strong Beginnings, Lasting Results: High Quality Early Childhood Systems Begin with Family Support at Birth.” There is much research on how important early experiences matter when babies are developing. Those first years are the foundation for long term health, education and employment. Babies need nurturing relationships with family members who are best positioned to support the child’s health and development.
- The vision of an early childhood system is that all children be born healthy and ready to succeed in school and life. Parents must ensure positive relationships with their children and meet their developmental needs. Communities need to support young children and their families by ensuring effective programs.

### *Welcome Baby Project*

- The purpose of the Welcome Baby Project is to screen for family and child risks at the time of birth, provide referrals and connect families to appropriate services in the community. Levels of risk are determined to be low, medium, or high.
- All families at low risk would get a letter at the birth of a baby from First Lady Chrissy Haslam that would share formal resources such as kidcentraltn.com, the Parent Resource Telephone Line and Books for Babies enrollment information. Annual contacts - 61,000.
- Families at medium risk would get the Welcome Baby letter followed by a Nursing Call Center Nurse who would share resource information as above as well as information on programs such as HUGS, WIC, CSS or TEIS, based on a Brief Child and Family Screening. Annual contacts - 5,000.
- High risk families would receive all the above resource information and a visit from a community outreach lay worker. A Brief Child and Family Screening would also be done. Outreach topics include medical care, parent support, nutrition, safety, development and smoking. Annual contacts – 14,000

### *Project LAUNCH*

- Linking Actions for Unmet Needs in Children’s Health, or Project LAUNCH is a SAMHSA initiative targeted to children aged from birth to eight years. The three guiding principles are:
  - A holistic perspective – defines child wellness across all developmental domains;
  - A public health approach – focuses on children reaching potential, emphasizes prevention and promotion; and,

- An ecological framework – wellness based on children living in safe, supportive environments; addresses strengths and challenges of each child.
- Project LAUNCH has five prevention and promotion strategies:
  - Screening and assessment in a range of settings;
  - Integration of behavioral health into primary care settings;
  - Mental health consultation in early care and education;
  - Enhanced home visiting; increased focus on social and emotional well-being; and,
  - Family strengthening and parent skills training.
- The Tennessee Young Child Wellness Council has announced the following key focus areas and strategies for 2013 – 2016:
  - Promote optimal early brain development;
  - Support optimal child growth and development;
  - Provide safe and nurturing learning environments; and,
  - Foster safe and nurturing relationships.

#### **Overview of Prevention: Call for a New Public Health Movement (Dr. David Shern)**

- Dr. Shern was CEO and President of Mental Health America from 2006 until his retirement last year. He is now planning to return to MHA as interim CEO and is currently affiliated with the National Association of State Mental Health Program Directors (NASMHPD) providing technical assistance to various states.
- Tensions between prevention, early intervention and treatment have characterized the last 100 years in mental health. The divide between physical health and mental health still exists. The medical care system is a DISEASE system as opposed to a health system.
- Dr. Shern provided a brief history of the first public health revolution. He cited the cholera epidemic in the United Kingdom in the mid-1800s. Dr. John Snow theorized that water was the source of infection. But it took about thirty years to prove his theory. Since life expectancy was shorter and death rates higher in the cities than rural areas, sanitation was determined the leading cause of cholera. Subsequently, Louis Pasteur developed his germ theory and public hygiene was adopted to reduce exposure. The first public health revolution resulted in clean water, safe food legislation passed and standards were set.
- Epidemic equivalents today are disability, adjusted life expectancy and infant mortality. People living with severe mental illness die 25 years earlier than the general population. Academic and occupational under-achievement are other indicators, as well as poverty and violence.
- Genetic vulnerability, environmental stress and trauma are the results. Reactions to toxic stress are associated with living and working in unstable environments. Half the students who will get a mental health diagnosis in their lifetime are diagnosed by age 14.
- We need to adapt to the present and educate the public. We must reduce the risk factors in the community by reducing child abuse/neglect, bullying, homelessness, crime and

unemployment. Stress that mental health parity is a must, as well as integration of services.

- Public momentum can be raised with a media strategy of making five key points:
  1. Develop a compelling theory of prior epidemics;
  2. Vulnerability interacts with toxic stress and trauma and can be mediated by protective factors and resilience, neural and biochemical changes affecting mood, functioning and overall health;
  3. There are proven technologies to increase resilience, reduce risks and treat persons who become ill;
  4. These are high leverage investments with broad social and health benefits; and,
  5. Messaging requires the ample use of narrative and metaphor.

### **Triple P System of Parenting and Family Support (Dr. Ron Prinz)**

- Dr. Prinz is a Professor and Director, Parenting and Family Resource Center, University of South Carolina. He led a trial of the Positive Parenting Program called Triple P in nine counties in South Carolina. Triple P is a multi-level system of parenting interventions of evidence-based education and support. It was developed by Matt Sanders and colleagues in Australia and has been exported to 23 countries and 27 states in the U.S. It is useful for early intervention and prevention of children's social, emotional, behavioral and health problems and can be implemented in a range of settings such as homes, clinics and centers, schools and the media.
- The five levels of the Triple P system are:
  1. Level 1 is media and communications strategy;
  2. Level 2 is brief parenting advice;
  3. Level 3 is narrow focus parenting skills training;
  4. Level 4 is broad focused parenting skills training; and,
  5. Level 5 is intensive family intervention.
- The lower levels, 1, 2, and 3 would be used much more than Levels 4 or 5.
- The core principles of Triple P are a safe and engaging environment, a responsive learning environment, assertive discipline, reasonable expectations and taking care of self. The ultimate goal is parental independence and autonomy. The parent decides on the goals, strategies and values. The parent has a plan and monitors, evaluates outcomes and revises if necessary. It is important, in order to empower parents, to provide support and advice at the minimum degree needed.
- Targets are prevalence reduction, a cumulative impact on the whole population and changes at the level of individual families, but only as part of a larger, public health strategy. To give parents optimum access, utilize the existing workforce with service providers from many disciplines who serve families. Train large numbers of providers and involve many settings where parents usually have contact.
- Multiple outcomes are targeted but four major areas are:

- Prevention of child maltreatment;
  - Reduction of coercive parenting;
  - Prevention and treatment of children’s early behavioral and emotional problems; and,
  - Promotion of child well-being.
- Child maltreatment is a powerful risk factor for poor self-concept, depressive symptoms, mental health disorders and substance abuse in adulthood. Ninety-five percent of maltreated children will exhibit problems in middle childhood and adolescence.
  - Triple P is backed by more than 30 years of research including trials, case studies, meta-analyses and two population-level trials. Triple P positively impacts key child welfare indicators such as fewer out of home placements, fewer hospitalizations and ER visits and fewer substantiated child abuse cases.

**Statewide System of Care Conference (Sukey Steckel and Dustin Keller)**

- Steckel reported the Conference was a success attended by over 80 participants. Keller added there are plans for this to become an annual event. Beth Stroul, Senior Consultant with the National Technical Assistance Center for Children’s Mental Health at Georgetown University was the keynote speaker.
- Steckel reminded participants about the RFP for Regional System of Care Initiatives being on the website. Proposals will be received until September 18<sup>th</sup>.
- The TDMHSAS Office of Statewide System of Care Initiatives will be producing a newsletter. Let Andrea Reed (andrea.reed@tn.gov) know if you would like to be on the mailing list.

**CCMH Workgroup Updates (Keller)**

- The MIS/Accountability sub-workgroup addressing CANS expansion continues to meet.
- The Financing Strategies workgroup continues to work on a strategic plan for financing and sustaining System of Care projects, due October 30<sup>th</sup>.
- The Outreach and Awareness Workgroup plans to present an SOC 101 presentation at the meeting for Council feedback.

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

- The Outreach and Awareness Workgroup has created a System of Care 101 PowerPoint presentation and will present it at the next meeting.
- Commissioner Jim Henry and Dr. Wendy Long from TennCare have been invited to provide a DCS Update for the October 24<sup>th</sup> meeting.