STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

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Council on Children's Mental Health & Home Visiting Leadership Alliance
October 18, 2018
10 a.m. – 2 p.m.
Midtown Hills Police Precinct
1443 12th Avenue South, Nashville, TN 37203

MEETING SUMMARY

Attendees:

Debbie Abel
Jennifer Aitken
Sandra Allen
Anna Arts
Abby Aymett
Elizabeth Ball
Whitney Barrett
Kathy Benedetto
Melissa Binkley
Amy Blackwell
Allen Blackwell
Cory Bradfield
Kristin Bradley Dunn
Tara Bray
Jeremy Breithaupt
Marguerite Chambers
Carrie Deese
Tonya Elkins
Carey Farley
Connie Farmer
Laritha Fentress
Keena Friday
Kim Fyke-Vance
Daniel Haile
Ashleigh Hall
Amy Humphries
Crystal Hutchins
Augusta Hyberger
Kim Illingworth
Eann Ingram
Brittany Jackson
Cheryl Johnson
Jacqueline Johnson
Lindsey Johnson
Jasmine Journey
Sumita Keller
Marie Keopf
Toni Lawal
Olga Masrejian
Lisa McAfee
Melissa McGee
Mary Catherine Moffett
Jerri Moore
Kelli Mott
Jessica Mullins
Jill Murphy
Frank Ogilvie
Amy Olson
Jill Overton
Yvette Parker
Jennifer Ratcliff
Brent Robinson
Mary Rolando
April Scott
Lindsay Sinicki
Natasha Smith
Carla Snodgrass
Kristen Stice
Justin Sweatman-Weaver
Joan Sykora
LaTonya Tate
Jasmine Taylor-McHaney
Kimberly Thomas
Eric Valinor
Joseph Valinor
Keri Virgo
Will Voss
Debbie Walden
Don Walker
Sharon Waterfield
Natalie Webb
Angela Webster
Jessica Westhoff
Tounley White
Alysia Williams

Tamara Hall
Rikki Harris
Rachel Hauber
Magdalynn Head
Kat Helgren
Kate Hooper
Karen Howell
Hope Payne
Alison Peak
Amanda Peltz
Steve Petty
Taylor Phipps
Dawn Raines
Athena Randolph
Jules Wilson
Layla Wright
Matt Yancey
Kinika Young

I. Welcome, Introductions and Announcements – Matt Yancey, Deputy Commissioner, Tennessee Department of Mental Health and Substance Abuse Services

- Yancey called the meeting to order at 10:05 a.m. He made a few opening remarks and provided a brief description of CCMH and HVLA.
- Yancey shared information on the $4.5 million recently allocated by Governor Haslam for juvenile justice reform, specifically funds designated to expand the school based mental health liaison services. He announced the providers who have been awarded funds to expand these services, including Frontier Health, Helen Ross McNabb, Volunteer Behavioral Health, Tennessee Voices for Children, Youth Villages and Carey Counseling. He also recognized the current work of the school-based mental health providers and thanked Jessica Mullins, who has coordinated these statewide programs until a recent move into a new position in TDMHSAS.
- Yancey thanked everyone for making attendance a priority and recognized key staff members and the staff at Midtown Hills Police Precinct.
- Yancey asked for introductions and addressed a few housekeeping matters before moving through the agenda. He reminded attendees to sign in on the sign-in sheet, essential for reporting requirements related to the federal System of Care grant.
- Virgo announced two new sites for SOCAT in Sevier and Lawrence counties. An announcement of funding was sent out yesterday.

II. Introduction to System of Care Across Tennessee (SOCAT) – Jerri Moore, West Tennessee SOCAT Divisional Coordinator, Laritha Fentress, Middle Tennessee SOCAT Divisional Coordinator, Jill Murphy, East Tennessee SOCAT Divisional Coordinator, Tennessee Commission on Children and Youth

- Murphy provided an overview of System of Care Across Tennessee (SOCAT). She explained SOCAT is a community partnership among families, youth, schools, providers, advocates, and public and private organizations. Everyone who is involved in supporting the family is invited to the table. System of care partners may represent juvenile justice, child welfare, mental health and substance abuse professionals, educators, primary health care professionals, families, local government, and other community organizations such as faith-based groups and coalitions.
- Murphy described the core values as being family-driven, youth-guided, community-based, and consisting of a culturally and linguistically competent. She said the families have a primary decision making role in the care of their own children as well as a voice in the policies and procedures governing care for all children.

- Murphy explained youth-guided means the youth are given opportunity to have a decision making role in the policies and procedures governing services and care for youth. There is an emphasis on having a sustainable voice that is strength-based, worthwhile and fun.
- Community-based services are those services provided within the family's community. These services are easily accessible for the family because they are connected to resources within their own community.
- Murphy explained families are able to make choices shaped by their cultural backgrounds and their needs allowing the service providers to build upon their own cultural knowledge and respect the family strengths. She said the programs tailor services to meet the unique needs of youth and families.
- Murphy highlighted the main principles of SOCAT as: comprehensive array of services; individualized services based on needs; least restrictive environment; families as full partners; integrated and coordinated services; early identification and intervention; smooth transition to adult services; advocacy; culturally and linguistically competent services; accountable; inclusion of evidence-based, evidence-informed and practice-based evidence; care management and developmentally appropriate service and supports.
- Fentress provided the history of SOCAT. Since 1999, Tennessee has been awarded six federally funded SOC grants and has numerous others initiatives based on the values and principles of a System of Care throughout the state with excellent results for youth and families. She shared maps showing historical sites of SOCAT in past years and the counties currently being served.
- Fentress reported SOCAT is a four-year, $12 million SAMHSA "SOC Expansion and Sustainability" Cooperative agreement that builds on 18 years of experience in creating SOC in local communities. Fentress further explained the goals of SOCAT and how SOCAT partnerships will work together to accomplish those goals.
- Moore spoke about the SOCAT teams consisting of staff from TDMHSAS, TCCY partnering with local and community providers.
- Moore explained SOCAT aims to serve over 600 children through SOCAT Teams and SOCAT Care Coordination Services. She also highlighted the SOCAT outcomes leading toward the sustainability of the SOCAT Teams and TA Center once the grant ends.
- Moore reviewed the SOCAT three-tiered eligibility process required by the grant like age, diagnosis, complexity and whether or not participation is voluntary. She also talked about using the child and adolescent needs and strengths assessment (CANS) tool.
- Moore said referrals may be made by anyone at socacrosstn.org, by contacting your local SOCAT mental health provider or Divisional Coordinator.
- Sandra Allen asked about the number of children aged zero to five involved in services. Virgo said there were only two and explained there was a very lengthy process to ensure those children were eligible. Moore said for the HVLA professionals, SOCAT works with the whole family so they can provide support and resources where needed. She said to think about the young mothers and siblings who qualify for SOCAT services. Virgo said using the high fidelity wraparound piece; we are able to bring in the appropriate partners to provide services.
- Yancey reflected on his earlier days working in the field and how unique and individualized the SOCAT model is for working with emotionally disturbed children and their families. This

funding provides a wonderful opportunity to look at ways to sustain the funds to move these services forward after the grant ends.

III. Evidence-Based Home Visiting (EBHV) Programs in Tennessee – Carla Snodgrass, Tennessee Department of Health

- Snodgrass provided an overview for evidence-based home visiting program that started about five years ago and was just reauthorized for an additional five years. She talked about the central office team and described the organizational structure.
- Snodgrass explained the program goals for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Healthy Start. They are to strengthen and improve the programs and activities under Title V, to improve coordination of services for at-risk communities, and to identify and provide comprehensive services to improve outcomes for eligible families in at-risk communities.
- Snodgrass explained ways the Department of Health (DOH) works to strengthen and improve programs and activities. She reported DOH contracts with local implementing agencies (LIAs) to administer programs directly to families, create a Continuous Quality Improvement (CQI) work plan for each local implementing agency (LIA) and for the MIECHV grant, conduct trainings through Achieve on Demand and by central office, provide reflective supervision trainings and monthly cohort supervision and created the Home Visiting Leadership Alliance (HVLA) in partnership with TCCY.
- Snodgrass talked about improving coordination for at-risk families and being able to identify gaps in services. She mentioned Tennessee Young Child Wellness Council (TNYCWC), a collaborative of multi-disciplinary stakeholders working in at-risk communities across Tennessee to increase and access to services for families while aligning efforts with other key stakeholders and is now housed under TCCY through a partnership with DOH.
- Snodgrass also talked about Welcome Baby and their work to identify gaps and promote practice innovation. Welcome Baby is the Tennessee Department of Health's universal outreach program for newborns. The purpose of Welcome Baby is to provide timely information to address the needs of families with newborns, connect children and families with appropriate services in the community, screen for family and child risks at the time of a child's birth, and improve utilization of community resources. Since the fall of 2013, the parents of every newborn in Tennessee received a "Welcome Baby" packet in the mail. This packet is full of information helpful to new parents, even those with other children. Some families may also receive either a phone call or a voluntary outreach visit to receive additional information or support.
- Snodgrass said TNYCWC is made possible with the MIECHV grant and serves as a collective impact team partnering with the Department of Health as they administer the MIECHV program through input from partners. TNYCWC, led by Cory Bradfield, works toward continued improvement of referrals, screening, follow-up and service coordination.
- TNYCWC began as the State Early Childhood Advisory Council and fosters critical partnerships necessary to coordinate and integrate services that support optimal development of all young children to prepare them for success in school and throughout life.

- Snograss shared what Tennessee is doing to identify and provide comprehensive services to improve outcomes for eligible families in at-risk communities through Community Health Access and Navigation Team (CHANT), Evidence Based Home Visiting (EBHV), Community Partners (TCCY), Maternal and Child Health (MCH) stakeholders.
- Snodgrass said the Tennessee MIECHV goals are very specific and ongoing. They are to assure availability and improve quality of EBHV services in 31 of the most at-risk counties in Tennessee; to strengthen the capacity of Tennessee's home visiting workforce to effectively implement family-centered, resilience-informed care practices; and to promote a comprehensive, high quality early childhood system in Tennessee from birth.
- By September 2019, the goals are to develop an early childhood program selection toolkit for each of the thirty-one-at-risk communities and share with the key stakeholders to assist families in receiving appropriate and timely community services and develop a collaboration with EBHV programs and CHANT to enhance coordinated access to statewide services to promote optimal child health outcomes.
- Snodgrass provided a list of MIECHV and Healthy Start Local Implementing Agencies (LIAs). LeBonheur, Helen Ross McNabb, UT Martin, Prevent Child Abuse Tennessee, Center for Family Development, Centerstone, Exchange Club/Stephens Center, West Tennessee Hospital, Metro Nashville Government and Hamilton County Government were mentioned. The models are Healthy Families America, Nurse Families Partnerships, and Parents as Teachers. Non-grantee EBHV programs included Starfish (Parents as Teachers), Knox County Schools (Parents as Teachers) and ETSU Nurse Family Partnership.
- Snodgrass also talked about the support services like AIMHiTN with infant mental health endorsement and reflective supervision and the learning collaborative, Achieve on Demand (on-line modules for workforce development), partnerships with TCCY (kidcentraltn, TNYCWC, HVLA), Catholic Charities (MIHOW), Workforce Development (regional and HFA core trainings), Early Success Coalition (No Wrong Door/CHANT), and DCS (single team/single plan).
- Snodgrass said they will be conducting a needs assessment which will help identify communities of need and support.
- Snodgrass shared about projects at the Department of Health:
    - Talk With Me Baby project
    - Building Strong Brains (MCH plan)
    - Developmental Screenings (MCH plan)
    - Welcome Baby Booklet project
    - CQI Focus groups with parents
        - UT Martin
        - Exchange Club Family Center
        - Helen Ross McNabb
    - Urban Institute Home Visiting Career Trajectories Study
    - Hamilton County Health Department
        - Porter Leath
        - LeBonheur

        - PCAT
    - CHANT

IV. Best Practices in Infant and Early Childhood Mental Health – Alison Peak, LCSW, IMH-E, Allied Behavioral Health

- Peak provided a brief overview of her background and what is meant by infant mental health. She explained the difference between Infant/Early Childhood Mental Health vs. Infant/Early Childhood Services. She said infant mental health is an approach to healing the intergenerational transmission of trauma that often presents itself in infancy and early childhood through behavioral difficulties, self-regulatory difficulties, postpartum depression, and trauma. Peak reiterated how infant mental health is not necessarily the same thing as infant mental health services.
- Peak shared Infant and Early Childhood Mental Health has considerable evidence for different models (Child Parent Psychotherapy (CPP), Mom Power, Circle of Security, Fussy Baby Network) that demonstrate a long-term effectiveness, both clinically and economically, that is unmatched dollar for dollar by interventions that occur later childhood.
- Infant Mental Health is a way of being, of holding space, of emphasizing family's experience, the role of race and culture, the community in which the family exists, and how our own experiences as individuals impact the "work."
- Peak talked about the importance of quality reflective supervision and consultation and how it is essential to providing quality infant mental health services.
- Peak spoke about Allied Behavioral Solutions and Tennessee's efforts to grow Infant Mental Health. The list included:
    - Home Visiting Reflective Supervision/Consultation Project with the Department of Health and AIMHiTN;
    - Child Parent Psychotherapy Learning Collaborative with Center of Excellence (COE) and the East Tennessee's Children's Hospital (ETCH);
    - Infant and Early Childhood Conference with Early Connections Network, AIMHiTN and SOCAT;
    - Infant Mental Health Learning Series with AIMHiTN, TDMHSAS and COE;
    - Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) Training Series with Allied Behavioral Health Solutions;
    - Safe Babies Court with the Administrative Office of the Courts; and
    - Infant Mental Health Training Menu with AIMHiTN and TDMHSAS.

V. Evidence-Based Home Visiting Provider – Kristin Bradley Dunn, MS, CTRS, IMH-E, Prevention and Early Intervention Services Coordinator, Helen Ross McNabb

- Bradley Dunn provided a detailed overview of a home visiting program. Home visiting provides parents prenatally and/or with children from birth to age five support to enhance the parent-child relationship. She said they know that encouraging parents to create a positive

environment that positively impacts the social and emotional development of the child early can prevent or mitigate toxic stress.

- Bradley Dunn said home visitors help identify support networks, provide information on prenatal health, newborn care, and child development, identify medical home, conduct assessments of family strengths and risks, and provide guidance through development stages of a child.
- She said the global impact of home visiting is there is a reduction in childhood injuries, neglect and abuse, reduction in crime rates, increased self-sufficiency, school readiness, an increase in life potential, improved physical health, and the chance of breaking the ACEs cycle.
- Tennessee's Home Visiting Programs are Healthy Families America, Maternal Infant Health Outreach Worker (MIHOW), Nurses for Newborns, Parents as Teachers, and Nurse-Family Partnership.

VI. Approval of Meeting Summaries

- Yancey thanked Natasha Smith of TCCY for preparing the meeting summaries for both CCMH and HVLA meetings. He praised her for having the most comprehensive meeting summaries he has seen.
- Motion to accept the August 16, 2018 meeting summary for CCMH **(WALKER, MOTION, WEBSTER, SECONDED, PASSED UNANIMOUSLY)**

VII. Infant Mental Health Endorsement and Sustainability: Zero to Three Policy Workgroup – Angela Webster, MSW, IMH-E, Executive Director, Association for Infant Mental Health in Tennessee and Tennessee State Lead

- Webster reviewed the Tennessee State Plan for Zero to Three. Zero to Three's mission is to support the healthy development and well-being of infants, toddlers and their families. It is internationally recognized as a national non-profit multidisciplinary organization that informs, educates and supports adults who influence the lives of infants and toddlers.
- Webster explained the desired policy or practice change and the action steps the workgroup one is implementing to identify and utilize current mechanisms in place (Medicaid and alternatives) to finance Infant and Early Childhood Mental Health (IECMH) Services. Workgroup two wants to identify core IECMH services which are not currently reimbursable in Tennessee and explore options to finance. Workgroup three looks to expand the workforce and develop messaging of IECMH to families and stakeholders.
- The partners leading Tennessee's State Plan are from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS); Department of Education (DOE); Department of Human Services (DHS); Department of Children's Services (DCS); Tennessee Commission on Children and Youth (TCCY); Department of Health (DOH); TennCare/Medicaid, *Building Strong Brains Tennessee*; Association of Mental Health in Tennessee (AIMHiTN); Managed Care Organization (MCO); Tennessee Association of Mental Health Organizations; and System of Care Across Tennessee (SOCAT).

- Webster went through a chart explaining the action steps, lead person, partners, timeline and comments or notes developed as a result of doing the work. Some of the ongoing work includes examining the role and sustainability of AIMHiTN and creating well-framed messaging for print, publication and web-based communication to include talking points for verbal communication.
- Webster said by December 2018, the goals are to provide education on ways to bill Medicaid for all aspects of particular therapeutic models, identify potential payment for collateral contract, etc., to identify possible new billing codes and place codes (where the service takes place) for best practices in IECMH assessment/diagnosis, and ensure the zero to three population is captured in the crosswalk by exploring payment for relational diagnosis.
- Webster said specialized training needed for the IECMH has been identified and a plan developed to provide training to include evidence-based home visitation and in-home services. She also mentioned a portal to search for trainings.
- Webster said the stakeholders would like to hold a summit to learn more about the efforts to expand financing and access to IECMH services, especially with the new Governor's Administration.
- Webster said part of the resource mapping will be used to identify non-English speaking communities. They were recently approval from DOH to translate material into Spanish. This is just a first step. There was discussion about the difficulties conducting an assessment with a Limited English Proficiency (LEP). Webster said that they will look into providing translation services.
- Webster announced the endorsement process has seen 264 applications in the system as of today. They just started the process six months ago.

VIII. SOCAT Provider – Cheryl Johnson, Supervisor and Hope Payne, Family Support Specialist, Mental Health Cooperative – Coffee County

- Johnson described the process after the initial referral is received and an intake has been completed. After receipt of the initial referral, the SOCAT team has to contact the family within 24 hours.
- Payne explained the difference between the Family Support Specialist and Care Coordinator. Payne explained the difference between the Family Support Specialist and Care Coordinator. Family Support Specialists are individuals who provide direct caregiver-to-caregiver support services to families of children and youth with mental, emotional, behavioral, or co-occurring disorders. Care Coordinators are individuals who serve as a liaison between children/families and systems, and provides a wide range of services, depending on the needs and expectations of each child and family.
- Johnson shared specifics on what happens once they start meeting with the child and family, often in the family home, and talked about the evaluations. She talked using high fidelity wraparound, and the use of a family story, which includes the perspective of everyone in the home and focuses on their strengths.
- Payne said the first Child and Family Team Meeting (CFTM) is held within 30 days of admitting to wraparound/SOCAT and then every 30 to 45 days.

- Johnson explained what happens at a CFTM. Child and Family team consists of formal and natural supports identified by the family along with the SOCAT wraparound team.
- Payne said the family vision is specifically for the family while the team vision is what the family will need to meet the underlying goals.
- Johnson said the underlying needs of the youth and family (based on thoughts and feelings) are discussed during the CFTM and integrated into the plan of care. Measureable outcomes and strategies to meet the underlying needs are established.
- Payne said the team member strengths are used to address strategies within the plan of care.
- Johnson explained a crisis plan is reviewed and updated and they make time to celebrate their accomplishments.
- Payne highlighted the successes seen in Coffee County.

IX. Early Childhood Programs – Melissa Brinkley, Regional Intervention Programs (RIP), TDMHSAS, Anna Arts, Program Manager and Kelli Mott, Program Coordinator, Tennessee Voices for Children

- Binkley provided a brief overview of Regional Intervention Program (RIP) that has been in existence since 1969. It is a parent-implemented professionally-supported program for young children and their families who are experiencing challenging behaviors. She explained early intervention matters because these children can become productive adults in society.
- Binkley said the RIP model of treatment is supported by four pillars:
    - Parent Implementation;
    - the science of Applied Behavior Analysis (ABA);
    - Data; and
    - Management By Objectives (MBO) System.
- *Parent Implementation* is where RIP views each parent as his/her child's primary therapist or the expert. Parents have been, and will be, with their children for much longer than they will be involved with RIP. The role of RIP is to support and teach what needs to be taught, encourage what needs to be encouraged, to empower - not enable.
- Binkley said involvement helps parents build confidence and competency in their parental role and helps them be better prepared to deal with child behavior in a positive, constructive way.
- The second pillar is the *science of Applied Behavior Analysis (ABA)*, RIP uses the behavior theory principles of ABA in its intervention practices. This means using a systematic way to understand behavior and how to change those patterns of behavior over time.
- The third pillar is *Data*. Data is an objective way to measure change over time. RIP uses various pieces of data throughout the course of treatment for individual families to track their progress. Data is also used to evaluate overall program effectiveness.
- The fourth pillar is the *Management By Objectives (MBO) system*. There is a set of standard objectives to make sure that sites and families they serve reach consistently positive outcomes.
- Binkley explained the process using program modules like case management, classroom, social skills training and parent implementation training. Much of the activities are adult-directive.
- Binkley said RIP can serve children up to age six at the time of services are requested. This is a free program for children experiencing behavior challenges. The parent or legal guardian must be

willing to agree to services and willing to regularly participate in the program. The family must reside in the county or surrounding county of the RIP site.

- Currently, there are RIP programs in 11 communities across Tennessee. There are also three out of state expansion sites.
- Families enrolled in RIP actively participate in the program twice a week for two hours. It takes about 6-9 months to complete the program. Many RIP sites offer childcare and school intervention services, liaison services and limited access to Consultation services.
- The RIP website is https://tn.gov/parenting-that-works or https://www.tn.gov/behavioral-health/mental-health-services/mental-health-services-for-children-and-youth/programs---services/programs-and-services/rip-regional-intervention-program.html
- Arts provided an overview of Tennessee Voices for Children and the Child Care Consultation program. Arts works for Tennessee Voices for Children, which provides leadership, advocacy, and hope to advance the emotional and behavioral well-being of children, young adults and families. They are a non-profit based in Goodlettsville offering evidence-based programs for children and youth from birth to age 25.
- Arts reported all of their programs are based on the Pyramid Model, a teaching model. She said behavior is the language of the child so challenging behavior can be reduced if you can figure out what is the behavior, when it is occurring, etc.
- The Pyramid Model is an evidence-based framework that promotes healthy social and emotional development as a way to address challenging behavior. The Model is a tiered approach built on the foundation of an effective workforce who provides universal supportive environments and nurturing relationships to all children. The secondary tier focuses on targeted social emotional teaching to children who need additional support in developing social emotional skills. The top tier targets those children whose needs have not been met through the previous tiers and need additional support through individualized interventions.
- Art explained the three modules: Module 1 (Blue Tier): Nurturing Relationships and Supportive Environments focuses on building strong relationships, classroom design, schedules and routines, transitions, directions and feedback, behavior expectations and rules; Module 2 (Green Tier): Targeted Social Emotional Supports focuses on friendship skills, emotional literacy, anger management/impulse control, and problem solving; and Module 3 (Red Tier): Intense Individualized Interventions focuses on understanding the form and function of behavior, implementing replacement skills for challenging behavior, and creating a behavior plan for challenging behavior.
- The Pyramid Model provides a sound framework for early care and education systems. Extensive training materials, videos, and print resources have been developed to help communities and programs implement the model.
- There have been nine Pyramid Model trainings across the state, impacting 3,914 children.
- Arts explained classroom consultations are available to teachers who have attended Pyramid Model training and would like support in using strategies in their classroom. Feedback and supports are tied to Pyramid Model strategies and have the goal of reducing challenging behavior and supporting students' social emotional learning. Teacher coaching begins with a 30-90 minute observation where the consultant completes an observation of teacher practices and student

behavior. The teacher completes his/her own self-reflective assessment on teaching practices. After both tools are complete, the consultant and teacher sit down and discuss target areas, set goals, and action plan.

- Arts described the pilot sites in schools/centers that fully embrace and implement the Pyramid Model. The sites are MTSU, Little Govs Learning Center, Unicoi Elementary and Luttrell Elementary.
- Arts talked about Team Tennessee which strives to promote the social and emotional development of children, birth through early elementary age, through a cross-agency collaborative professional development system, including community based training, continuing education and higher education. Team Tennessee fosters and sustains the state-wide, high-fidelity use of the Pyramid Model integrated with other relevant Tennessee efforts. Cross-sector representation includes: TDMHSAS, Department of Education, Tennessee Early Childhood Training Alliance, Department of Human Services, Association of Infant Mental Health Initiative, Tennessee Association for the Education of Young Children and Vanderbilt University.

X. High Fidelity Wraparound Tennessee – Keri Virgo, SOCAT Director, TDMHSAS

- Virgo explained why high fidelity wraparound and the goals. Wraparound is an ecologically (relational) based process and approach to care planning that builds on the collective action of a committed group of family, friends, community, professional, and cross-system supports mobilizing resources and talents from a variety of sources resulting in the creation of a plan of care that is the best fit between the family vision and story, team mission, strengths, needs and strategies.
- Virgo said the family story is extremely important because it provides an opportunity to discover how the child and family got to this point. The family can take ownership of their story and helps build rapport and empathy. The family gets to decide what they want and what works for them.
- Virgo talked about lessons learned and best practices. She said SOC has been in Tennessee for a long time, so now we know what works and what does not work for families. She shared challenges faced in the past with the program.
- Virgo said 113 families currently enrolled, as high fidelity wraparound keeps caseload numbers lower and is time and resource intensive. HFW also allows the team to move away from the clinical piece and provides an opportunity for everyone to be on the same page working towards the same goal.
- Currently there are 11 teams across the state and are working on the 12th team in January 2019. The teams are comprised of a Care Coordinator, a Family Support Specialist and a Supervisor. Virgo said there is a lot of training on both system of care principles and values as well as high fidelity wraparound processes. Coaching for HFW occurs twice a month.
- Virgo explained how high fidelity wraparound differs from what was previously done. She said it is family-driven and youth-guided, the culture is accounted for (e.g., a family that likes basketball used the basketball team concept to design their plan), the family selects the location they feel comfortable, coordinators care among all involved providers, the coordinators assist the family in developing natural supports, and the families are given the tools to use for the future instead of the one-time assistance.

- SOCAT services resulted in a 95 percent success rate of keeping kids enrolled in services in the home with their families. Some of the 5 percent who did receive out-of-home placements could be related to medical ER visits that take place before the child can be released.
- SOCAT is serving families in 38 counties and with 86 active cases.
- Virgo briefly talked about Tennessee Health Link, a program that coordinates health care services for TennCare members with the highest behavioral health needs. The Health Link program began statewide on December 1, 2016. Health Link providers commit to providing comprehensive care management, care coordination, referrals to social supports, member and family support, transitional care, health promotion, and population health management. Participating providers receive training and technical assistance, quarterly reports with actionable data, and access to the care coordination tool. These providers are compensated with financial support in the form of activity payments and an opportunity for an annual outcome payment based on quality and efficiency performance.

Next CCMH Meeting Dates:

Thursday, February 28, 2019 (Midtown Hills Police Precinct)
Thursday, April 25, 2019 (Midtown Hills Police Precinct)
Thursday, June 20, 2019 (Midtown Hills Police Precinct)
Thursday, August 22, 2019 (Midtown Hills Police Precinct)
Thursday, October 10, 2019 (Midtown Police Precinct)

Next HVLA Meeting Date:

TBD

Meeting adjourned at 2.22 p.m.

Council on Children's Mental Health Purpose Statement

Design a comprehensive plan for a statewide System of Care for children and families that is family-driven, youth-guided, community-based, and culturally and linguistically competent.