



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

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**Council on Children's Mental Health**  
**MINUTES**  
**Mid-Cumberland Regional Health Department**  
**July 22, 2008**

**In Attendance:**

Council Members:

Virginia Trotter Betts, Co-chair  
Linda O'Neal, Co-chair  
Susan Adams  
Carla Babb  
Mark Baldwin  
Tonja Baymen  
Kathy Benedetto  
Bonnie Beneke  
Colleen Elizabeth Bohrer  
Charlotte Bryson  
Shalonda Cawthon  
Michael Cull  
Bruce Emery  
Deborah Gatlin  
Nneka Gordon  
Veronica Gunn  
Vickie Harden  
Tomeka Hart  
Raquel Hatter  
Denise Hobbs-Coker  
Jeanne James  
Dustin Keller  
Randal Lea  
Paul Lefkowitz  
Ray Lyons  
Marlin Medlin

Elvira Newcomb  
Bruce Opie  
Freida Outlaw  
John Page  
Sue Pilson  
Traci Sampson  
Sara Smith  
Linda Tift  
Denise White

Staff:

Sumita Banerjee, TCCY  
Pam Brown, TCCY  
Richard Kennedy, TCCY  
Faye Mangrum, TCCY  
Steve Petty, TCCY  
Debrah Stafford, TCCY  
Susan Steckel, DMHDD  
Pat Wade, TCCY

Guests:

Bob Duncan, GOCCC  
Mary Rolando, GOCCC  
Matt Timm, TN Voices for Children  
Rosie Wooten, DOH

## **I. Welcome and Introductions**

Virginia Trotter Betts, Commissioner, Tennessee Department of Mental Health and Developmental Disabilities:

- This is an important day! Some folks are volunteering and we appreciate everyone being here today. This Council is a legislated mandate to see if Tennessee can provide a System of Care. Tennessee has been a national hub for a public health approach to children's mental health for the last 12 days. Representatives from the G8 countries, the National Association of State NASHPD, and the Georgetown University Training Institutes System of Care conference (GTI) were all here in Nashville.
- Challenges – At the GTI, Dr. David Satcher talked about leadership and public health, integration of health and mental health, and his report on mental health and the following report on children's mental health. Some of the great findings were:
  - Mental health is fundamental to overall health;
  - Mental illnesses are prevalent – 1 in 5 in America; the impact is devastating;
  - Commissioner Betts suggested all Council members download copies of the Report on Children's Mental Health. The report discusses the definition of mental health as the successful performance of a variety of functions and the ability to adapt to change and to successfully cope with adversity. We never know what type of adversity will come and we never know if we are truly mentally healthy until adversity strikes. The definition also included the ability to meet challenges. It stressed the importance of having internal resilience. (The report is at <http://www.hhs.gov/surgeongeneral/topics/cmh/cmhreport.pdf>).
- TDMHDD focuses on recovery and resiliency for all. We need to work together to determine the best way to serve Tennessee's children with mental health issues. Thank you for being here and let's push forward.

Rep. Sherry Jones, Bill House Sponsor:

- Thank you so much for being a part of this. Mental health is extremely important and we know kids are not getting the services they need. I am very proud of you for being here and taking part in this process. We need to get the findings together to see where we are and where we need to go to improve the system. I appreciate Linda's work. We passed the legislation and thank you so much for your help and your time and effort.

Linda O’Neal, Executive Director, TCCY:

- O’Neal expressed appreciation to Rep. Jones as the primary House sponsor and Sen. Charlotte Burks, the prime Senate sponsor of the legislation creating the Council. She also thanked Commissioner Betts for her involvement. She reported the GTI conference focused on the importance of leadership in children’s mental health, and said all members of the Council are leaders in this arena.
- Message from the legislation and conference is that we must have a sense of urgency, so we scheduled the meeting now.
- She thanked Commissioner Betts and Mental Health and staff, TCCY staff, and Cindy Perry, Select Committee, for help in convening and setting up the Council meeting, etc.
- Bob Duncan, new director of the Governor’s Office of Children’s Care Coordination (GOCCC), was introduced and welcomed on his second day.

All present introduced themselves by name, title, agency, and location.

## **II. Overview of Requirements of Public Chapter 1062**

O’Neal gave a presentation on Public Chapter 1062. (*Refer to “Improving Children’s Mental Health in Tennessee” power point from packet.*)

## **III. System of Care Overview**

O’Neal gave an overview of systems of care. (*Refer to “System of Care: A Vision for Better Services for Tennessee Children” power point from packet.*)

O’Neal then led a group discussion asking participants to identify why families need a system of care. Responses included:

1. Agencies typically function in silos and there is a need to work together.
2. Families need help navigating the system.
3. Families need to be educated on exactly what they can do. Sometimes families are the last people to see what is going on with their children.
4. Families are burdened to tell their story over and over again, highlighting the need for integrated electronic records.
5. Need for evidence-based practices, smarter services.
6. Diverse families have diverse needs and SOC provides a framework for examining these issues.
7. Families need to hold the system accountable and the system needs to hold itself accountable.
8. SOC provides for prevention and that helps everyone.

9. Families need to be treated with respect, as professional peers. Often families work with professionals with degrees and they need to be treated with as much respect as professionals.
10. Families need a better understanding of what is going on within the agencies they are working with. Sometimes families don't know which questions to ask.
11. The model of having family advocates wrapped around families is part of what makes SOC so unique.
12. Families are valued and SOC principles and values remove the stigma from needing service.
13. Consistency of care mitigates changes in providers, case managers, etc.
14. Families need to be reassured that confidentiality will be maintained.
15. SOC decreases the isolation of an individual family between system levels, decreases stigma, allows families to feel embraced, lets families know they can participate in solving their own problems, and acknowledges the community stake in solving the problems.
16. Provides better cross education/training across agencies, including across governmental departments.
17. Mental health is fundamental for overall health and needs funding.
18. SOC improves communication across different clinical staff, therapists, primary care providers, education staff, etc., so they are working in concert toward a common goal for the family.
19. Specialists are not located in the rural areas of East Tennessee; travel is a major concern for families; services are not readily available for those in rural areas. Parents don't have the time to travel long distances.
20. SOC approach gives parents a sense of hope and they are empowered to help their own families. Creates sustainability for a stronger family.
21. SOC builds on strengths not problems.
22. SOC develops a community and communities sustain, strengthen and support families.
23. Holds providers accountable to having effective outcomes and services that are actually helping families.
24. Shows parents how they can influence accountability.
25. Provides a conceptual framework for families and communities.
26. Working as a team to help the family, SOC provides a model of "teaming."

O'Neal then led a group discussion asking participants to identify why the Mental Health system needs a system of care. Responses included:

1. Make mental health the key priority in working with partners across systems to address cross-systems challenges.
2. Community investment and shared responsibility of all families and all agencies.
3. Opportunity for more prevention and early intervention.

4. Outcomes are interrelated across agencies.
5. Positive Behavioral Intervention and Supports (PBIS) program within the education system is needed. Superior data is reportedly available from schools in Illinois and other sites.
6. Improves communication across disciplines, i.e., pediatricians, psychologists, psychiatrists, providers, etc.
7. Helps with access, including transportation and decentralization of services.
8. Develops a community-based approach and responsibility.
9. Opportunity to hold providers accountable for outcomes.
10. SOC helps children transition into adult services.
11. Provides opportunity for parents to influence accountability.
12. Provides a strengths-based conceptual framework and a team approach.

Next the group discussed why the Education system needs a system of care. Responses included:

1. Teachers and other school personnel need more information about mental health issues.
2. PBIS is needed within schools.
3. Prevention and early intervention and improved transitions to adulthood/adult systems are needed.

O'Neal observed many of the reasons each group needs a system of care are overlapping and in the interest of time, reluctantly moved forward on the agenda. The Council was asked to continue to think about these topics and why the different agencies need a system of care. It was noted the discussion will continue as the Council moves forward.

#### **IV. Overview of SJR 799 Process**

O'Neal gave a brief introduction of SJR 799. And introduced individuals involved with SJR 799 who gave presentations. (*Refer to "Senate Joint Resolution 799 Final Report to the Tennessee General Assembly, April 1, 2008"*)

- 1) Cindy Perry, Select Committee on Children and Youth:

SJR 799 is now history, a very important history. The history of trying to move forward the community mental health system in Tennessee has been moving forward for many years. We have moved past the pathological view of children's behaviors and acting out and moved past hospitalizing children.

An overview of SJR 799 legislation was given (*refer to pages 1-16 in the Final Report*). The Select Committee is an optimal agency to conduct this type of work because they have the authority to study and meet about these issues. The SJR 799 Town Hall Meetings were discussed; total of 14 meetings across the state with an average of 55 attendees at each. Recurring themes at the meetings included a need for better outcomes and the need to hear from people across the state. My challenge is to say that we all have

to take on the responsibility of being leaders within our communities. We need to exponentially increase the leadership for SOC efforts in our communities.

1) Michael Cull, SJR 799 Survey

A presentation of the survey process and results was given (*refer to pages 17-21 in the Final Report*).

2) Dustin Keller, Chair, Service Array Workgroup

A discussion of the work performed by the Service Array Workgroup was provided (*refer to pages 22-25 in the Final Report*).

3) Pat Wade, Chair, Interagency Collaboration Workgroup

A discussion of the work performed by the Interagency Collaboration Workgroup was provided (*refer to pages 26-29 in the Final Report*). This work included developing a vision for the system of care. It was noted that agencies don't collaborate, individuals do. The need for building the trust relationship was expressed.

4) Pam Brown, Chair, Management Information Systems (MIS) Workgroup

The MIS Workgroup held two meetings with a total of 12 people and an additional eight people attended the Summit meetings (*refer to pages 30-32 in the Final Report*).

An additional discussion of existing and potential management information systems followed. In the South Carolina legislated system, standard intake forms and confidentiality forms are handled at the beginning and include access based on levels. The TEIS system and its benefits were discussed. The TEIS system is very nimble and provides access at varying levels based on the need to know information. Families also need MIS access about different systems and strategies for getting information to parents electronically or otherwise.

5) Vickie Hardin, Presenting for Chair, Mary Linden Salter, Funding Workgroup

A discussion of the work of Funding Workgroup activities was provided (*refer to pages 33-36 in the Final Report*). The Funding Workgroup looked at information from the Service Array Workgroup and discerned that there currently exists a funding stream for every service listed on the service array list. The group also examined a Vanderbilt resource map of funding streams for labor and workforce development programs. The Georgetown University Training Institutes provided data indicating when using federal dollars, braided funding was working best.

6) Traci Sampson, Chair, Accountability Workgroup

A discussion of the activities of the Accountability Workgroup and evaluation was provided (*refer to pages 38-40 in the Final Report*). The key measure at the end of the day has to be quality. Outcomes need to be more than just deficit-based; we need to promote resiliency and cross system outcomes. We need to correlate mental health outcomes with educational outcomes by performing a cross section look across systems. Ultimate accountability resides at the state level, but also at the local level with families and communities. The unit of success has to be local.

**V. Video Clips from SJR 799 Town Hall Meetings**

Video clips from various town hall meetings were shown. Video footage was provided by Tennessee Voices for Children.

**VI. Update on Current Activities Impacting Public Chapter 1062 Requirements**

The following individuals provided information on current activities impacting the requirements of Public Chapter 1062:

1) Matt Timm, Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

Timm showed video clips of young children acting out and included clips of two children two years later after the children and families were served by Tennessee's Regional Intervention Program. The dramatic changes in behavior highlighted the importance of early intervention. Timm stated prevention and early intervention applies across all ages. A discussion of prevalence figures and the impact and trajectory of children and adolescents with serious emotional disturbances was provided. (*Refer to Dr. Timm's power point.*) He also discussed the Center on Social and Emotional Foundations for Early Learning (CSEFEL) training and technical assistance initiative with "Team Tennessee". (*Refer to "The Pyramid Model" handout in packet.*)

2) Rosie Wooten, Early Childhood Comprehensive Systems

Wooten discussed the Early Childhood Comprehensive Systems (ECCS) process, including the partnership between ECCS, CSEFEL, TCCY and many other organizations represented by members of the Council. (*Refer to handouts and power point.*)

3) Sara Smith, Department of Education, Coordinated School Health Program

Smith discussed Coordinated School Health in Tennessee. (*Refer to handouts from meeting.*) Mental health is included in the health definition. This program is an

evidenced-based practice and is about systems change. Recurring state funding from the legislature provides for professional development and full time staff within DOE. School systems can also write grants. Smith led a discussion of the Tennessee Schools and Mental Health Systems Integration Grant from the Office of Safe and Drug Free School, U.S. Department of Education grant.

4) Mary Rolando, Governor's Office of Children's Care Coordination

Rolando discussed the Tennessee Adolescent Coordination of Treatment (T-ACT) Project. (*Refer to "Overview of Financial Mapping Component Collaborative on Administration & Financing of Adolescent Substance Abuse Services" power point.*) It was mentioned the financial mapping carried out by T-ACT could help fulfill the Council's legislated requirement for children's mental health financial mapping.

O'Neal closed this segment by identifying themes from previous discussions, including the importance of leadership, common language, common goals and expectations, using data to guide accountability and change, and the importance of intentionality; we must be intentional in planning improvements in children's mental health service delivery.

**VII. Discussion of Strategies for Accomplishing Public Chapter 1062 Requirements**

O'Neal prefaced this portion by noting nothing was planned and turned the meeting over to the Council. Group discussion about next steps for the Council resulted in the following suggestions:

1. Conduct town hall meetings to continue to get input and direction, and share what has happened since the last series of town hall meetings.
2. Issue a press release about the first Council meeting. Generate good news and exposure. Be social marketers for SOC.
3. Look at legislation in other states, financial mapping, system of care statewide activities, etc., so we can take into account lessons learned from other states.
4. Look at what is going on within Tennessee; review the lessons learned from Tennessee SOC sites.
5. Review tool kits for mapping and prepare an inventory as part of the mapping.
6. Have presentations regarding:
  - a) Accessibility of services across the state;
  - b) Special education services availability;
  - c) CoverKids program and its substance abuse and mental health components;
  - d) Evidence-based practices (EBP), identifying currently available and gaps in EBP (by November).
7. Need to identify local system of care barriers/problems, i.e., conflict between juvenile court judges and child protective services/Department of Children's Services (serving two masters at the local level); a conflict best solved with system of care.

8. Create a list of the top 10 obstacles/problems for resolution.
9. All members need to create a list of their top 10 obstacles for serving children and youth with mental health issues and submit them to the Council.
10. Identify any quick wins/"low hanging fruit," barriers that can easily be addressed.

### **VIII. Committee Structure and Assignments**

There was discussion regarding whether we want to continue the Workgroup structure already in place and other suggested assignments. In response to a question, it was reported staff from TCCY and TDMHDD are available to support the Workgroups, but much of the work of the Council will depend on the work of individual members. Staff will also carry out much of the work of the resource mapping, with assistance from Council members. The discussion resulted in the following decisions:

1. Continue with the current Workgroup structure.
2. Representation from each state department is needed on each Workgroup.
3. Council should model the collaboration required of a System of Care.
4. Need to identify other people who should serve on the Council as well as representatives to serve on the Workgroups.
5. Identify a smaller executive group/committee for the Council to serve as a steering committee and develop a structure and begin work on a strategic plan.
6. Add a Cultural and Linguistic Competency workgroup (Council agreed).
7. Add Evidence-based Practice as an additional workgroup to ensure coordination with other evidence-based practice efforts in the Department of Children's Services (juvenile justice) and the Department of Health (home visiting).
8. By 2/1/09 we need to have a timeline for a plan as well as have identified the low hanging fruit and recognize the initial report to the General Assembly will be of a work in progress.
9. Identify the deliverable expectations from the legislation and establish a timeline for:
  - a) Developing a plan;
  - b) Identifying need information on programs/service availability, and whether evidence-based;
  - c) Information on barriers.

Participants had been asked to answer four questions at the beginning of the meeting, and 30 responses were provided. O’Neal gave results of the in-room survey.

1. A System of Care is the best approach we can use to address mental health issues for children and families.
  - a. AGREE or STRONGLY AGREE 100%
  
2. Parents, agencies, and organizations are ready and motivated to make changes regarding mental health services.
  - a. AGREE or STRONGLY AGREE 60%
  - b. DISAGREE or STRONGLY DISAGREE 40%
  
3. A System of Care will not impact me or my organization.
  - a. DISAGREE or STRONGLY DISAGREE 97%
  - b. STRONGLY AGREE 3%
  
4. Children and families know best what they need to become successful.
  - a. AGREE or STRONGLY AGREE 83%
  - b. DISAGREE or STRONGLY DISAGREE 17%

**IX. Future Meetings**

Council members were asked to complete a meeting schedule form indicating availability for meetings. Notice of future meeting dates will be sent with Minutes and other materials, including the power point presentations from the meeting. Members were asked to identify what they believe to be the top 10 barriers to implementing a system of care in Tennessee.

Minutes Prepared by:

Minutes Approved by:

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Susan Stekel, DMHDD

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Linda O’Neal, TCCY  
Council Co-Chair