



STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

601 Mainstream Drive
Nashville, TN 37243-0800
(615) 741-2633, (FAX) 741-5956
1-800-264-0904

Council on Children's Mental Health
April 25, 2013
10 a.m. – 3 p.m.
TennCare Building – 4th Floor Training Room

MEETING SUMMARY

Attendee List:

Sandra Allen	Petrina Jesz	Kathy Rogers
Louise Barnes	Angie McKinney Jones	Mary Linden Salter
Carol Beltz	Belinda Jones	Patricia Slade
Kathy Benedetto	Dustin Keller	Sukey Steckel
Judy Bomar	Richard Kennedy	Altha Stewart
Cory Bradfield	Randal Lea	Millie Sweeney
Charlotte Bryson	Kristy Leach	April Tanguay
Pat Conner	Kisha Ledlow	Andrea Thaler
Linda Copas	Emma Martin	Patti van Eys
Octavia Curry	James Martin	Commissioner Varney
Tasha Dayhoff	Holly Morrell	Kiesha Walker
Bill Dobbins	Michael Myszka	Heather Wallace
Carol Dunaway	Rose Naccarato	William Weathers
Teresa Fuqua	Elvie Newcomb	Sej West
Deborah Gatlin	Nneka Norman-Gordon	Ellyn Wilbur
Vickie Harden	Linda O'Neal	Alysia Williams
Lindsey Henning	Steve Petty	Jennifer Williams
Mike Herrmann	Vicki Pillow	Tyka Williams
Kurt Hippel	Dawn Puster	

Welcome and Introductions (Linda O'Neal)

- O'Neal thanked everyone for the great turnout and thanked TennCare staff who have assisted in the use of TennCare conference rooms for the rest of the steering committee

and CCMH meetings in 2013. Introductions were made around the table and O'Neal called for any announcements.

- The National Federation of Families Children's Mental Health Awareness Week will be held May 5 – 11, 2013. The theme for this year is "Out of the Shadows: Exposing Stigma. See www.ffcmh.org or www.tnvoices.org for details.
- The TN American Academy of Pediatrics (TNAAP) has partnered with BlueCare to develop a training program called Behaviorally Effective Healthcare in Pediatrics (BEHIP). The training provides pediatric providers with tools and strategies to screen for, assess and manage patients with emotional, behavioral and substance abuse issues. Two trainings have been conducted thus far in Nashville and Memphis. The last three trainings are in Knoxville on May 3rd or 4th, Johnson City on August 9th or 10th, and Chattanooga on September 6th or 7th. Participants will have access to several guidance videos available on the TNAAP website addressing specific topics in children's mental health such as inattention and impulsivity, depression, and social-emotional problems in children birth to age five.
- TVC has developed a film called "Hear Our Voices" which will be featured at a debut on August 29th at 7:00 and 9:00 at the Belcourt Theater in Nashville. Registration will begin soon for the 2013 State of the Child Conference titled "Points of Intervention: Exploring Children's Mental Health and the Prevention of Violence," scheduled on Oct. 16th and 17th and the Family Re-Union Conference on Oct. 18th. Contact Rikki Harris for details or visit the website at stateofthechild@tnvoices.org.
- K-Town will hold a Family and Youth Day event on May 11th in Knoxville.
- The 6th Annual Suicide and the Black Church Conference will be held June 12th and 13th at the UT Health Sciences.
- The Early Childhood Summit will be held July 15-16, 2013 at the Music City Center. *Registration information was emailed to the CCMH list after the meeting.*
- TAADAS' Tennessee RedLine has a 24/7 hotline begun in 1994 and funded by an agreement with the State of Tennessee. Callers are given listings of resources in their area at 1.800.889.9789.
- A half-day training is being held on April 29th for *An Overview of Infant/Early Childhood Mental Health & DC:0-3R* with Dr. Karen Frankel at the Emmanuel Life Center in Clarksville.

School Climate Grant and School Safety (Mike Herrmann and Pat Connor)

Refer to handout, "Current Safety Initiatives"

- Herrmann prefaced his remarks by stressing the Department of Education in no way wants to put any additional pressure on teachers and/or schools. All agree that those schools and teachers work very hard all year long for the academic success and safety of the students. He is pleased that the philosophy shared by the Commissioner of TDOE, Deputy Commissioner, and the Assistant Commissioner for Special Education is to hold

the bar high for ALL students and not separate students based on mental health or substance abuse issues. In the past, there has been a focus on test scores and it has been shown that 60 percent of the impact on the test scores is due to the students' issues outside of the school.

- Herrmann introduced a new colleague, Ms. Pat Conner, who is the new Associate Executive Director for the Office of Safe and Supportive Schools. Ms. Conner worked in the Sumner County district for a number of years.
- In light of the Newtown tragedy, the first priority is the safety of our children and teachers. In January 2013, a School Safety Summit was held in Franklin, Tennessee, attended by over 350 parents, educators, law enforcement and other public officials. The group agreed to identify best practices, preparedness, mental health issues, set priorities and inform the legislature.
- Tennessee was one of 15 states to receive a discretionary grant from the U.S. Department of Education called the Safe and Supportive Schools (S3) Demonstration Project, with the mission to insure optimum conditions for learning and achieving academic success for all students. Tennessee is the only state that designed its own surveys, and they will be used to measure the three domains of engagement, safety and environment. Ms. Conner said the focus of the grant is to build the infrastructure, provide data for decision making and tie academic data with data for conditions of learning. This gives the students a voice in their own education and builds engagement of students, parents and families. School Climate Surveys are conducted at the 27 pilot sites across the state.
- The 21st Century funding provides resources for students in high-poverty schools; there have been 126 grant recipients. The Lottery for Education Afterschool Programs (LEAP) has awarded 75 grants. There are 700 sites serving 50,000 students.
- The Office of Safe and Supportive Schools is coordinating implementation of Public Chapter 0992 that sets forth additional requirements to address bullying, cyber-bullying, and harassment.
 - Local Boards of Education have to develop a policy that addresses bullying, including prevention measures and disseminate the policy at the beginning of each school year;
 - Annually, by August 1, the local Boards must report the number of complaint cases received, how they were resolved, or the reason they are still pending and submit a report to the Education Committees of the House and Senate; and,
 - Principals of middle, junior high and high schools must investigate reports of physical harm or threats of physical harm to the student's body or property. The principals will report investigations findings and disciplinary action taken to the Chair of the local Board of Education.

TDMHSAS Update (Commissioner E. Douglas Varney)

- Commissioner Varney commended the Council members for their attendance and commitment.
- The adolescent residential treatment programs around the state had \$2,362,500 in funding reinstated by the legislature in the State budget that passed at the end of the session.
- Funding was provided for eight new drug courts. This program has great impact on the families of addicted people. The Department of Correction has 100 inmates participating in an intensive nine month program whereby they receive treatment services.
- The federal sequestration will have a ripple effect on DMHSAS and other State Departments. How current federal funds are spent will be closely monitored. Collaboration among departments is strongly encouraged. One positive outcome from limited funding is the collaborative working arrangements.
- The Children's Subcabinet has been exploring ways to address barriers or difficulties in navigating the system of all the child-serving departments. The Subcabinet wants to identify an appropriate assessment tool and that issue will be addressed by a summer study committee.
- Public Chapter 0963 was passed by the General Assembly in 2012. This law directs the Departments of Children's Services, Health, Intellectual and Developmental Disabilities, Mental Health and the TBI to develop a plan to coordinate the delivery of services to victims of human trafficking. This often occurs through drug dealing and and/or prostitution.
- The Tennessee Department of Health is doing a weekly update of reported cases of Neonatal Abstinence Syndrome. It can be viewed at:
http://health.tn.gov/MCH/NAS/NAS_Summary_Archive.shtml
- Commissioner Varney was proud to announce the Best Practice Guidelines for Children & Youth are now online at the Department's website. There were approximately 150 contributors in the group. Dr. Edwina Chappell will develop BPGs for Alcohol and Drug Abuse Services next.

Youth Villages Crisis Services Update (Dawn Puster)

Refer to handouts provided at the meeting: "Specialized Crisis Services," "Checklist to Effectively Address Bullying," and "Checklist of Ideas and Interventions to Effectively Address Bullying"

- The children and youth mobile crisis program began in June 1993 and employs 80 staff working from 13 offices statewide. The program serves children age 17 and under who have suicidal or homicidal thoughts or behaviors, serious depression, exhibit bizarre behavior, disorientation, confusion or hallucinations, or acts in a destructive manner. Persons should report all children to the crisis line whenever psychiatric hospitalization is being considered.
- Crisis Services staff will respond to any psychiatric emergency and in any setting, including foster homes, residential treatment centers and juvenile justice facilities.

- Youth Villages has eight regions: 1) Knox, 2) Chattanooga, 3) Upper Cumberland, 4) Northern Middle, 5) Lower Middle, 6) Rural West, 7) Memphis and 8) Johnson City. The locations are strategically located to facilitate faster response times for calls that require a face-to-face assessment.
- There is an Enhanced Follow Up program in Middle Tennessee, done in partnership with TDMHSAS, Tennessee Suicide Prevention Network (TSPN), Mental Health America of Middle Tennessee (MHAMT) and Centerstone Research Institute. The program targets students at high risk for suicide or who have a high utilization of crisis services. It involves face-to-face encounters at the initial intervention and again at the end of the third month. Full participation by the family is expected. Other components of the program include medication management and any referrals deemed appropriate by the crisis team. Satisfaction surveys are conducted and CRI will do the evaluation of the program outcomes.
- Services provided for Specialized Crisis Services after the initial crisis include Continuous Treatment Team (CTT), Comprehensive Child and Family Treatment (CCFT), case management, outpatient therapy, group counseling, alcohol and drug counseling or psychiatric services. There are 17 triage hotlines operating 24/7 365 days a year. Response times are reviewed weekly and schedules can be adjusted as needed. Through March 2013, there have been over 65,000 calls.
- Youth Villages has a strong statewide bullying prevention initiative and has developed a “Checklist to Effectively Address Bullying” as well as a “Checklist of Ideas and Interventions to Address Bullying.” The safety of the child is always paramount and safety plans are done for each child, in conjunction with treatment planning.

Legislation Update (Steve Petty and Kurt Hippel)

Refer to handout, “Legislative Report”

- Steve Petty and Kurt Hipple provided an update about legislation related to children’s mental health. The legislature adjourned in late April. Legislation reported on included the following:
 - SB0028/HB0068 – Provides that mental health records can be determined discoverable in child custody proceedings. It was amended to follow current practice in the courts specifying records can be requested by the court but are not automatically discoverable.
 - SB0234/HB1332 – Called the “Classroom Protection Act,” it prohibits any instructions, materials or information resources inconsistent with natural human reproduction in grades pre-K through eight, and did not pass.
 - SB0789/HB0645 – Requires mental health professionals to report any patient who makes an actual threat of bodily harm against a victim to local law enforcement, who report such patients to the FBI-NICS. The bill changes some reporting requirements. Under current law, the information is reported by court clerks quarterly. The new law changes that to as

soon as practicable, but not later than the third business day following the date of the order.

- SB0459/HB0635 – “The Safe Harbor Act of 2013” specifies for a pregnant woman suspected of drug abuse by the 20th week of pregnancy by an obstetrical provider whose agency receives public funds, the provider must encourage drug abuse treatment. If the pregnant woman enters treatment and maintains compliance, DCS would be prohibited from filing for termination of the mother’s parental rights.
- SB0514/HB1185 – Prohibits discipline for religious beliefs of student counselors, social workers or psychologists in a public institution of higher education if the student believes that such counseling would conflict with their religious beliefs. Sent to summer study committee.
- SB0570/HB0006 – “The School Security Act of 2013” allows K-12 school personnel to carry a firearm at school. The person must have a handgun carry permit, written authorization from the Director of Schools, is previously or currently a law enforcement officer and has completed 40 hours of training in school policing.
- SB0573/HB0510 – Requires a DCS contractor, after a second complaint, to order a full inpatient psychiatric evaluation of the child is receiving services from DCS. This bill failed.
- SB1260/HB1105 – Comprehensive school safety and mental health services through LEAs. Establishes a two-year pilot for developing a model that can be replicated beginning in the 2013-2014 school year. This bill did not pass.
- SB0304/HB0836 – Sunset of the Second Look Commission. Extended the Commission to June 30, 2017.
- SB0354/HB0754 – Sunset of the DIDD Planning and Policy Council. Extended to June 30, 2017.
- SB0355/HB0825 – Sunset of the DMHSAS Planning and Policy Council. Extended to June 30, 2017.
- SB0132/HB0261. Would have reduced TANF payments based on unsatisfactory school performance. This bill failed to pass.

CCMH Workgroup Updates (Dustin Keller, Workgroup Co-Chairs)

Refer to handout “System of Care Readiness Survey” and “Council on Children’s Mental Health: A Report to the Legislature 2012.”

- Keller reported that there were 101 surveys received from a variety of organizations, including 25 percent of the responses that came from DCS.
- While 91 percent of respondents reported their agencies were in the process of integration, only three percent said they were not and 5.9 percent were not sure.
- Next steps:
 - Compile survey results in aggregate;
 - Begin to contact agencies and individuals;

- Develop targeted training and technical assistance opportunities – work through workgroups; and,
- Repeat survey.
- Effective April 15, Steckel became the DMHSAS Director of Statewide System of Care Initiatives. Three positions are funded through the SOC-EXP grant. Steckel will forward a Job Description for the position of System of Care Expansion Project Director.
- The next CCMH Report to the Legislature is due July 1, 2013. Keller called for any Workgroup Reports.
- MIS and Accountability: Heather Wallace reported about the statewide database project being used by all System of Care initiatives in Tennessee, The Systems of Care Analytics – Tennessee (SOCA-T) will house all data collected by all the sites. The MIS and Accountability workgroup will serve as an advisory board for use of the SOCA-T data.
- Service Capacity and Readiness: Kathy Benedetto reported the group met April 12th with staff from DCS regarding agencies’ readiness, where to get training and getting information from Community Advisory Boards.
- Financing Strategies: Nneka Norman-Gordon said the group discussed the SOC-EXP grant requirements and want to organize data to reflect outcomes and costs. The group continues to recruit members from other departments.
- Community Outreach and Awareness: Keller states the group has not met since the last CCMH meeting but will be discussing the Technical Assistance Center and toolkits for implementation.
- Keller discussed recommendations for the July 2013 Report to the Legislature. The recommendations from the 2012 report were included in the packet.
- The first recommendation was to collaborate with TennCare and the MCOs to review the possibility of integrating SOC values and principles into the managed care system of Tennessee’s three grand divisions. Keller stated that these efforts are progressing related to case management and SOC integration. Last year, it was suggested that the state consider demonstrating SOC sites throughout one grand division.
- Recommendation #2 was about extending the due date of the 2013 report. The legislature did not act on this recommendation therefore requiring a report in 2013. It was recommended requesting a report due every two years, with the possibility of doing an Interim Report and continuing the Council until statewide implementation has been achieved.
- Recommendation #3 requested adequate funding provided to continue support of the CCMH. This recommendation was approved and funded by the legislature this session. Meeting participants suggested in future reports to consider requesting funds to provide funding for local sites across the state.
- The fourth recommendation asked for funding to create/sustain a Technical Assistance/SOC Center of Excellence to assist local/regional SOC initiatives. The TA/SOC COE could provide training in a number of areas using federal grant money

from SOC initiatives. It was suggested this recommendation remain and ask for increased funding in addition to the federal grant funding in order to meet the need of the center.

- It was suggested there be a recommendation endorsing infant and early childhood initiatives, as this reaps the biggest return when compared with treating an individual later in life.
- Participants also requested a recommendation expressing the Council's support for prevention and early intervention activities.
- Other suggestions were for the development of SOC curricula with university involvement for workforce development and a component of trauma screening, trauma treatment and treatment-informed approaches to care.
- The final recommendation was to expand the use of CANS. There was much discussion to follow concerning screening tools. CANS is not a diagnostic tool, but a service-planning, evaluation, and communimetric tool. It was agreed an ad hoc group of the MIS and Accountability workgroup would discuss this recommendation and provide suggested rewording or additions. The group will meet May 7th via conference call.

Prevention Policy Academy (Angie McKinney-Jones)

Refer to handout titled "Prevention Policy Academy"

- This project is funded by the State Prevention Enhancement (SPE) Grant, a one-year planning grant from SAMHSA. The goal of the group is to identify screening instruments to be used in pediatric office practices screening for mental health and substance use disorders in the adolescent population (ages 13 – 17).
- Screening instruments will screen for Mental, Emotional, and Behavioral (MEB) disorders, including depression, anxiety, suicidality, alcohol and drug use, inattention and trauma to provide baseline data.
- After careful consideration, the group recommended two instruments (*these instruments were emailed to the CCMH list following the meeting*):
 - Option 1: The Global Appraisal of Individual Needs Short Screener (GAIN-SS), which can be administered in five minutes. It covers a wide range of behavioral health disorders: internalizing, externalizing, substance use, and crime or violence. It is scored by a number of past-month symptoms (3 = past month; 2= 2 to 12 months ago; 1 = 1 year or more ago; and 0 = never.)
 - Option 2: The Pediatric Symptom Checklist 17 (PSC-17) consists of 35 items rated as "Never" (0), "Sometimes" (1) or "Often" (2). This would be used with CRAFFT (a mnemonic representing words in the six screening questions), which screens for substance use.
- The next steps are to develop guidelines on how to administer the instrument and a timeline for when to administer, develop tips for pediatricians, develop a marketing plan, provide information on the importance of screening and how to bill for screening.

Co-Occurring Collaborative Update (Vickie Harden)

Refer to handouts “Integrating Treatment: Making Connections for Recovery” and “Co-Occurring Disorders: Moving Tennessee Toward Integration”

- Harden presented many statistics on the impact of co-occurring disorders on families, business, and communities based on prevalence data. “Co-occurring disorders” refers to a person having one or more mental illness and one or more addictive disorder. People with a mental illness and one or more developmental disabilities should be referred to as being “dually diagnosed.”
- There are many parallels between substance use disorders (SUD) and mental health disorders. There are an estimated 196,000 Tennesseans with co-occurring disorders and science has not settled on one explanation as to which condition appeared first. The prevalence of co-occurring disorders does not prove causation. Drug abuse can lead to mental illness and mental illness may lead to drug abuse. They could also be caused by shared risk factors. Early appearance of either tends to increase later risk for co-occurring disorders.
- The impact of co-occurring disorders is quite significant, including but not limited to: poorer functioning and outcomes; higher rates of relapse and slower treatment progress; significantly higher physical healthcare costs; at least 50 percent of homeless people have co-occurring disorders; and, increased psychiatric admissions and increased use of emergency rooms.
- Integrated treatment is critical. People with co-occurring disorders have higher rates of chronic diseases like HIV, diabetes, hepatitis and high blood pressure.
- Co-occurring disorders drain over \$100 billion from American businesses.
- 76 percent of inmates in local jails with mental health issues reported substance use.
- 40 to 80 percent of families of children in the child welfare system have substance abuse issues. In 2010, Tennessee had about 8,000 children and adolescents in state custody.
- The integrated treatment approach works best. There should be a “No Wrong Door” approach. If providers have the training for workforce development and resources, these diseases can be managed and support those with co-occurring disorders to maintain life-long recovery.

Future Meetings (Linda O’Neal)

- O’Neal asked participants for ideas and topics for future meeting presentations. Suggested items included:
 - The draft of the 2013 Report to the Legislature;
 - Workgroups Update;
 - Dr. Edwina Chappell and Best Practice Guidelines for Children and Youth;
 - Heather Wallace will give an update on the subgroup discussing CANS; and,
 - Commissioner Henry from DIDD/DCS

There being no further business, the meeting adjourned.