



STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH

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Council on Children's Mental Health
October 24, 2013
10 a.m. – 3 p.m.
TennCare Building – 4th Floor Training Room

MEETING SUMMARY

Attendee List:

Shiri Anderson
Alicia Banks
Louise Barnes
Kathy Benedetto
Lymari Benitez
Jessica Benton
Corey Bradfield
Debbie Cagle
Dana Casey
Tasha Chusac
Bruce Davis
Jennifer Drake-Croft
Karen Edwards
Rebecca Gatlin
E. Ann Ingram
Janet Jenkins
Joan Jenkins

Petrina Jesz
Belinda Jones
Brittainy Jones
Mary Katsikas
Dustin Keller
Richard Kennedy
Candace Lango
Kristy Leach
Kisha Ledlow
Wendy Long
Loraine Lucinski
Melissa McGee
Michael Myszka
Rose Naccarato
Nneka Norman-Gordon
Linda O'Neal
Amy Olson

Steve Petty
Vicki Pillow
Shelly Ray
Andrea Reed
Mary Shelton
Tawny Spinelli
Susan Steckel
Brian Stephens
Altha Stewart
April Tanguay
Andrea Thaler
Patti van Eys
Heather Wallace
Sejal West
Ellyn Wilbur
Alysia Williams
Marie Williams

Welcome and Introductions (Linda O'Neal)

- O'Neal welcomed all in attendance and explained that introductions would be done after the first speaker on the agenda, Dr. Wendy Long, provided her update on Tennessee Healthcare.

Tennessee Healthcare Update (Dr. Wendy Long, Chief Medical Officer, Bureau of TennCare

RFP for MCOs

- An RFP was issued October 2 to secure contracts with three companies to provide managed care services statewide rather than by region. TennCare Select will continue statewide. Implementation of the statewide contracts could still be rolled out regionally if needed. The Middle Tennessee region will go live effective January 1, 2015. East and West Tennessee may have a slower rollout. The contracts must administer physical and behavioral health services and long-term services and supports. Nine companies have expressed interest in the RFP; eight have submitted written questions. Winners should be announced by the end of the year. There is a carve out for pharmacy and dental services. Magellan will administer pharmacy benefits and Dentaquest will provide dental benefits effective October 1, 2013.

Medicaid Expansion

- The second topic Dr. Long discussed was Medicaid expansion in Tennessee. Governor Haslam will not advance a plan in his budget for Medicaid expansion without federal approval of his proposed plan to leverage available federal dollars to purchase private insurance on the health insurance exchange for those between 100% to 138% of the federal poverty level. This would provide coverage to 175,000 Tennesseans. However, people who earn less than 100% of the federal poverty level would not be eligible for the exchange and would be in the “donut hole” without coverage. Four areas of concentrated focus are:
 - A clearer definition of “medically fragile.” The federal definition has been expanded recently and this group will probably be covered by TennCare;
 - Wraparound services through the healthcare exchange (supplemental benefits, for example, non-emergency transportation;)
 - The current appeals process would not be extended to new populations; however, the exchange allows for a separate appeals process that would be available for this population; and
 - Patient incentives to promote healthy behaviors; includes co-payment structure, health reimbursement accounts.

TennCare Payment Reform Initiative

- The third issue discussed that involves the most work is a priority for Governor Haslam called the TennCare Payment Reform Initiative. TennCare’s rate of growth is smaller than most in the country. There has been some success in controlling costs, due to utilization management, case management and prior approvals, etc., but the healthcare system needs a transformation. At one time, TennCare paid a set fee per member per month. Currently, providers are paid by fee-for-service. The present system pays for volume. The reform would transform the system to pay for value where costs are managed and quality is retained.

- Tennessee is one of sixteen states to receive a State Innovation Model (SIM) grant to develop and test a comprehensive State Healthcare Innovation Plan that must be Governor-led and multi-payer. In the beginning of 2014, Tennessee will apply for a SIM implementation grant. The State hired a consulting firm, McKinsey & Company, to assist in this endeavor.
- After reviewing a number of outcomes-based payment strategies, Tennessee decided the core components of the reform will be two complimentary strategies: population-based and episode-based. Population-based is called the patient-centered medical home (PCMH) model. Patients and their primary care providers (PCPs) work collaboratively to stay healthy, promote prevention and coordinate care for the chronically ill.
- The State of Tennessee initiative involves a much broader population than just TennCare. Commercial insurers, government contractors, United, AmeriGroup (now WellPoint), BCBS and Cigna meet regularly, as well as payers and employers. Aetna has recently approached TennCare and will begin attending meetings. The focus must be on the multi-payer initiative, which is a requirement of the SIM grant. There have been three public roundtables. There are also three technical advisory groups that offer both clinical and technical expertise.
- Episode-based payment tries to align incentives while achieving a favorable outcome for the patient. An acute healthcare event, such as a surgery, would have a Principal Accountable Provider (PAP) who acts as the “quarterback.” All related pre- and post-surgery procedures are coordinated by the quarterback. Peer comparisons are provided relative to costs. There is gain sharing in the form of bonuses after a quarter or a year when performance has been cost effective and high quality. The quarterbacks’ performance will be assessed using pre-existing thresholds developed by the technical advisory groups. If a provider’s performance is consistently poor, the provider might have to share in some of the excess costs. Quality indicators will be defined for each episode of care.
- The three episodes of care Tennessee will study are total joint replacements (orthopedic surgeon is the PAP), pregnancy and baby delivery (the obstetrician/gynecologist is PAP) and acute asthma exacerbation (the hospital is PAP). The goal is to begin reporting on January 1 through July 1. Additional episodes will be rolled out quarterly. The system should be completely transformed in the next five years.

TDMHSAS Update – (Deputy Commissioner Marie Williams)

- Commissioner Varney is on vacation and unable to be at the meeting.
- The System of Care Expansion Grant is now fully staffed.
- The Governor’s Children’s Cabinet continues its work and she strongly recommends the new kidcentraltn website. Jude White and Tawny Spinelli are providing presentations upon request. The Parent Profile feature is going very well. The website has had 12,000 visitors and they are doing analytics on the content.

- TDMHSAS continues to collaborate with other Departments on shared goals, especially DCS and DOH.
- The Tennessee Behavioral Health Safety Net (BHSN) served 35,000 people last year and it remains open to people who are uninsured and living with a serious mental illness.
- Commissioner Varney will present the Department's budget hearing on November 12th at 1:00 p.m. The location is not yet confirmed.

Announcements (O'Neal)

- TCCY's Children's Advocacy Days are scheduled for March 11-12, 2014. Contact Richard Kennedy (richard.kennedy@tn.gov) for information.
- The Mental Health and Substance Abuse Coalition will hold its "Day on the Hill" on March 18, 2014. This year the theme will be "Access for All."
- O'Neal asked all to sign the Conflict of Interest forms. They are necessary and are used as part of federal reporting.
- CCMH will be in the "Sunset Review" process next year. Council members will be notified of the date for a public hearing.
- Joan Jenkins announced that the TennCare Select Advisory Committee has formed several new workgroups and will do a statewide webinar on transition age youth. There is also a Youth Peer Support group. The Committee is also making a video titled "I Am Not My Diagnosis."

Workgroups Update (Dustin Keller and Workgroup Chairs)

- System Readiness – Kathy Benedetto. A conference call was made on October 7th and the group is working with a readiness tool developed by Beth Stroul from Georgetown University. The group is selecting domains and working through the System of Care Expansion Grant.
- Cultural and Linguistic Competence (CLC) – Tasha Chusac. A conference call will take place either November 4th or November 11th. The group will discuss the CLC definition, Affordable Care Act changes, community readiness, standardized training and CLC appropriateness. Chusac said the medical community is responding quicker than the behavioral health community.

Strategic Financing Plan Update (Susan Steckel)

Refer to handout, "SOC-EXP Strategic Financing Plan Discussion"

- Steckel was assisted by Ellyn Wilbur and Nneka Norman-Gordon who serve as co-chairs of the strategic financing workgroup.
- Tennessee will actually submit a strategic financing "Plan to Plan" to SAMHSA by October 30, 2013. Staff is being assisted by the national TA group. The financing plans must address:
 - How System of Care (SOC) links with other child-serving departments;

- How Medicaid dollars will be used;
 - How SOC will be integrated with block grants; and
 - How SOC will be included and integrated in implementation of ACA.
- Tennessee has been awarded six SOC grants; the first was the “Nashville Connection.” When the SOC-EXP grant ends, the state will probably not receive any future federal grants for SOC expansion.
- The State should consider developing a finance team across systems: staff who administer the mental health and substance abuse services block grants; Medicaid representative; other child-serving agencies; and family and youth engagement, including cultural and linguistic diversity.
 - The five core tasks of finance planning are:
 - Clarify the population to be served;
 - Identify core funding sources and map existing funding;
 - Identify gaps;
 - Seek out fund sources that are not attached to federal funds; and,
 - Develop and implement core financing strategies.
- All members of the team should be committed to the thirteen SOC principles, have a “foothold” in State government, collaboration, and vertical and horizontal integration.

Take Only As Directed Media Campaign (Angie Mckinney Jones)

- McKinney-Jones ran a television spot during the lunch break and introduced the website which can be located at Takeonlyasdirected.com. The website includes the toll free crisis line, information about prescription drug abuse, the most commonly abused drugs, and many helpful links to resources. Spots were developed for television and radio.

Strategic System of Care Financing Plan Presentation and Approval (Susan Steckel)

- The “Plan to Plan” has seven goals with objectives and strategies proposed for each.
 - 1. *Identify current spending and utilization patterns across agencies and make informed recommendations for statewide system improvements as needed.***
Strategies include cross-system analysis of amounts and types of behavioral health services; identify disparities, disproportionalities, utilization patterns and expenditures, especially associated with high cost or poor outcomes. Identify expenditures and funding sources for each child-serving system.
 - 2. *Examine the potential for realignment of funding streams and structures and make informed recommendations for enhancement to current statewide efforts.***
Explore which child-serving behavioral health systems might contribute new resources and maximize federal entitlement funding. Support a locus of accountability for service cost and care management. Increase flexibility of state and local spending. Incorporate mechanisms to finance services for the uninsured and under-insured.

3. ***Explore diversified financing of developmentally appropriate services and supports.***
Finalize cross-walk and provide incentives for required evidence-based practices. Explore financing mechanisms for cross-agency service coordination.
4. ***Identify opportunities for financing to support family and youth partnerships.***
Support family and youth engagement in service planning and delivery and identify ways to finance family and youth involvement in policymaking. Offer services and support for families and caregivers
5. ***Identify financing opportunities to improve cultural/linguistic competence and reduce disproportionality in care.***
Advocate for funding sources to pay for culturally specific specialized services and individualized care. Reduce disparities and disproportionality in access to services.
6. ***Identify financing opportunities to improve the workforce and provider network.***
Support a broad, diversified, qualified workforce and provider network. Explore funding to support workforce development activities. Note: Family Peer Support Specialists will be funded effective January 1, 2014.
7. ***Identify sustainable strategies for financing for accountability across SOC communities.***
Determine how to measure quality. Ensure timely and accurate service utilization and cost data for making fiscal and funding decisions. Support leadership policy for systems of care. Explore funding mechanisms to interagency entities for system management, i.e. stipends for family organizations and youth leaders.

System of Care Expansion Implementation Grant Update (Andrea Reed)

- Reed reported that in response to the September Announcement of Funding from TDMHSAS, four proposals were selected:
 - Kathy Benedetto announced that Frontier will have a new program for children in grades K through four with a targeted subpopulation of children of military families;
 - Ridgeview will have a program for children ages 5 – 17 whose parents have mental health and substance use disorders;
 - Tennessee Voices for Children in Nashville will have a program for children ages 14 – 21. This program will teach the youth about self-advocacy and offer peer support and wraparound services; and,
 - Professional Counseling Services of West Tennessee was awarded funding for a program for young children at high risk of out of home placement ages 1 – 5. PCS will serve rural West Tennessee.

Note: No proposals were submitted for Region III under the Announcement of Funding. TDMHSAS is currently investigating opportunities to support a Regional Expansion site in Region III.

- Reed announced the newsletter for the Statewide System of Care is now available online. The TA Partnership offers technical assistance and SOC resources. The Statewide TA Center is coming soon.

System of Care Initiatives Update (Project Directors)

- **K-Town Youth Empowerment Network (Belinda Jones)** Jones reported that the Youth Council is very active. The focus is on educational needs and employment. The network has an education lab that prepares the youth for the GED exam. Another lab teaches interview and job skills. Thus far, 162 youth have been served, including 7 re-enrollees. The average youth is a white male and 17-1/2. They are usually referred by a caregiver or a CMHC. The most frequent diagnosis is mood disorder. After participation at K-Town, survey results show that aggressive behavior decreased from 63 percent to 34 percent. Suicide ideation decreased by 42 percent. Eighty-five percent of the parents responded they have more confidence dealing with their youth and 91 percent of the students said they were treated with respect, and trained students are doing training now. Unfortunately, 16 percent of the population between the ages of 16 and 24 are not in school or not working.
- **Early Connections Network (Kisha Ledlow)** Ledlow Reported ECN has a new software system (NetSmart) and staff have received Parent-Child Interaction Therapy (PCIT) training. To date, 82 children have been served and staff can now produce baseline data. Seventy-six percent of the children are male and 65 percent are white. They are most often referred by CMHCs, pediatricians and child welfare staff. The most common diagnosis is disruptive behavior. ECN serves Cheatham, Dickson, Montgomery, Robertson, and Sumner counties and Fort Campbell.
- **Just Care Network – (Dr. Altha Stewart)** The project is in its sixth and final year. They have served 204 youth and their families. The program received a bronze ECHO award. Dr. Stewart reported that Just Care has strong ties with the In Home program in Memphis, having participated in that rollout. A series of Wraparound training was done this summer. The program developed a newsletter that is available online. Eight-nine percent of the youth in the program are African American. Seventy-nine percent are males between the ages of 13 – 17. The program expanded its Youth Engagement component to middle schools. Just Care also has a strong partnership with juvenile justice, as diverting youth from appearing in juvenile court is their targeted population. Staff has received trauma-informed training. The focus for the final year of the grant will be sustainability issues.

Workgroups Update (Dustin Keller and Workgroup Chairs) - continued

Community Outreach and Awareness Update - Millie Sweeney

- Sweeney presented “*S.O.C. 101- The Basics of Systems of Care*” a deliverable of the workgroup, a standardized training for CCMH, SOC and other identified concepts.
- The presentation begins with the SOC framework and community partnership. Then there is at least a slide on each of the core values. Then a slide shows the six SOC initiatives in Tennessee.
- The group is soliciting feedback for the presentation as this will serve as a standard presentation for statewide distribution.

Acceptance of Meeting Summaries / Discussions Plans for Future Meetings (O’Neal)

- June 27, 2013 Meeting Summary Acceptance (**CASEY MOTION, SWEENEY SECOND, PASSED UNANIMOUS**)
- October 24, 2013 Meeting Summary Acceptance (**VAN EYS MOTION, THALER SECOND, PASSED UNANIMOUS**)
- Future meeting issues include:
 - Pending Legislation (including sunset)
 - DCS Commissioner Jim Henry
 - Trauma-Competent Care
 - Legislative Update
 - Evaluation Update
 - Young Child Wellness Council – Tawny Spinelli