



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

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Council on Children's Mental Health  
August 20, 2009  
10:00 a.m. – 3:00 p.m.  
Ellington Agricultural Center

MEETING SUMMARY

***Participant List:***

Susan Adams	Deborah Gatlin	Steve Petty
Sandra Allen	Nneka Gordon	Kathy Rogers
Mark Baldwin	Betty Adams Green	Mary Rolando
Sumita Banerjee	Sharon Green	Mary Linden Salter
Louise Barnes	Veronica Gunn	Traci Sampson
Kathy Benedetto	Vickie Harden	Leslie Schenk
Susanne Bennett	Mike Herrmann	Debbie Shayla
Ginna Betts	Cheri Hoffman	Elliott Sparks
Shawn Brooks	Jennifer Houston	Debrah Stafford
Pam Brown	Jeanne James	Tom Starling
Nicole Cobb	Petrina Jesz	Susan Steckel
Michelle Covington	Dustin Keller	Millie Sweeney
Mike Cull	Richard Kennedy	Servella Terry
Tracey Davis	Randal Lea	Linda Tift
Sita Diehl	Emma Martin	Ron Wigley
Bob Duncan	Jena Napier	Ellyn Wilbur
Emel Eff	Elvira Newcomb	Marie Williams
Bruce Emery	Linda O'Neal	William Wood
Karen Franklin	Freida Outlaw	Christina K. Young

***Welcome and Introductions***

- Linda O'Neal, CCMH Co-Chair, Tennessee Commission on Children and Youth (TCCY)
  - Sita Diehl brought NAMI newsletter, please pick one up at the back.
  - Policy and Planning Council discussion may be moved up in the agenda due to the presenters having conflicts.
  - Please update the membership list that is being sent around.

- Commissioner Virginia Trotter Betts, CCMH Co-Chair, TN Department of Mental Health and Developmental Disabilities (TDMHDD)
- Disclaimer: I've been at the beach and apologize if I have not gotten back to you in the last 14 days, please catch me today and we can discuss any outstanding items.
  - Brief history of the last year: We've all experienced one major crisis after another. In April of last year, I still had a 401(k). Last April the Governor indicated the revenue picture looked very bleak and the cabinet needed to make major adjustments to the budget. Between April and August of 2008 the state had a goal of decreasing the number of state positions in a permanent way. We implemented the buyout last August (2008). The voluntary buyout plan did not achieve the total number of reductions that were needed. It led us to the need to make serious budget adjustments in the Fall of 2008 that had major affects on the populations we serve. A Firehouse model of crisis services, community based services, and inpatient services were our priority. The place where we can cut the most is in inpatient services. I saw many of you at the legislature advocating for budget preservation items that allowed us to keep 88% of community based services for one year. I hope everyone has looked at their programs to make plans for next year.
  - Since the legislature went home in late June (2009) we have been asked to reduce our budget by an additional \$1 Million that we were not expecting. The number of beds in our Regional Mental Health Institutes has been reduced from 810 to 676; suitable available accommodations are still based on medically necessary criteria: danger to self or others and no other reasonable accommodation within the community. The transporter will now get a confirmation number that there is available space at the hospital where they are going. We have reduced the number of juvenile beds to 14 and they are all at Middle Tennessee Mental Health Institute, as of yesterday there were only five filled.
  - Dollars can now be accessed by the counties to pay for inpatient evaluations.
  - Lots of changes are going on including the seven Crisis Stabilization Units (CSUs) and we now have four of the five crisis detox centers for Alcohol and Drug open. We believe this will take pressure off the Regional Mental Health Institutes. People will have 24/7 access to services across the state. I have a long-standing belief that for those individuals who are admitted to an inpatient hospital for less than 72 hours, they did not need to be there in the first place. We hope these changes will have a big impact on this population.
  - I want to assure you the changes to the three year plan and budget will be an open process and we will discuss these changes in the near future. Tennesseans are responsible for advocating for ensuring health and social service dollars continue to be allocated so we do not lose these valuable programs. I am hoping all of you, being citizens and advocates for children's mental health, will come together with a common message to advocate for recurring dollars. I do think we have a one-year plan in our budgets now and we need to make sure we work together.

- O’Neal: We face the real potential of losing 20-25 years worth of work for the benefit of child and family services across departments. Our work is interrelated so where we lose funding one place it affects the rest.

- CCMH members introduced themselves.

### ***Acceptance of Meeting Summary for June 25, 2009 CCMH Meeting***

- Linda O’Neal entertained motion to accept June 25, 2009 summary. Moved by Bob Duncan, seconded by Millie Sweeney. Motion is accepted unanimously.

### ***Review of Public Chapter 1062 Requirements and Discussion of Council’s Role***

- Linda O’Neal
  - *Refer to PowerPoint “Improving Children’s Mental Health in Tennessee” (pink handout) provided at meeting.*
  - The Council was established with TCCY and TDMHDD leadership because of the importance of children’s mental health and its relationship with all other departments as children with mental health issues touch all systems. TCCY provided federal Juvenile Justice funds to support the Council because so many children in the juvenile justice system have mental health and substance abuse treatment needs.
  - The legislation sets out the members and uses System of Care language.
  - Our approach to this Council is if you want to work with us, please come! We pay for youth and family member participation to attend the meetings as prescribed in the legislation. We have made this an open process for all who want to work together to improve the children’s mental health system in Tennessee.
  - PC 1062 requires us to do financial resource mapping. We are working with the PC 1197 group which has been charged with financial resource mapping for all children’s services not just mental health.
  - Legislation authorizes the Council to establish bylaws and to request/receive cooperation from other agencies.
  - Council submitted a report in February (2009) as required.
  - We need to work diligently to develop the plan required for submission in July 2010. This will be prior to a new administration in 2011. The plan will speak to specific timelines and tasks that need to be implemented to improve the children’s mental health system.
  - Established a new statutory responsibility by child serving departments to developing the children’s mental health plan (slide 9) including demonstration sites.

### ***Overview of Council’s Progress***

- Dustin Keller
  - *Refer to PowerPoint “Council on Children’s Mental Health” Improving Children’s Mental Health in Tennessee” (blue handout) provided at meeting.*

- We wanted to look back at the legislation and review it to see if we have been doing what we were established to do.
- We have met nine times over the last year and we are going to meet five more times this fiscal year.
- We currently have eight workgroups which meet regularly:
  - Accountability and Management Information Systems – to ensure we do what we say we are going to do;
  - Cultural and Linguistic Competency – to ensure we hold to the System of Care values and remain culturally competent;
  - Evidence-Based Services – to ensure we pay for services that work;
  - Funding – to determine how we are going to pay for a statewide System of Care;
  - Interagency Collaboration – to ensure inter-departmental and public-private collaboration;
  - Juvenile Court Commitment Orders – to inform Council on how to move forward on juvenile court ordered mental health evaluations;
  - Media Relations – to ensure appropriate outreach to stakeholders and the general public; and
  - Service Array – to determine what type of services we are going to provide.

### ***Discussion of Next Steps and GOCCC Interagency Agreement***

- Mary Rolando
  - Refer to handout “Possible Structure and Next Steps for CCMH” provided at meeting.
  - The intent of this document is for use as a spring board for workgroup discussion. It describes the Steering Committee, organizational structure and leadership responsibilities, and organizes work groups into two planning units – Service and Support and Administration and Financing
  - Two new workgroups – Youth and Family Engagement, Infrastructure Panel (role to be played by the proposed CCMH Steering Committee)

### ***CCMH Recommendations for Funding Priorities to the TDMHDD Policy and Planning Council - Linda O’Neal facilitating***

#### ***Overview of Planning Process***

- Marie Williams and Debbie Shahla – TDMHDD
  - Presently, TDMHDD has a Departmental Council and seven Regional Councils with members representing A&D, mental health and developmental disabilities. There are also members who represent children and youth. With input from these Councils, TDMHDD develops a Three-Year Plan each year that includes items that require funding to implement or expand. The Planning and Budget Committee of the Council reviews these items and makes recommendations to the full Council. These items are then prioritized by the Council and given to the Department to use in their budget deliberations. The Core Team in the

Department reviews those recommendations and uses them to make budget decisions.

- This year, the Children's Committee of the Planning and Policy Council and other members of the Council wanted to add items to the Three-Year Plan to be considered in the Department's budget deliberations. This will be discussed at the Planning and Budget Committee meeting and at the next full Council meeting.
- The Department is recruiting individuals to join the Regional Councils. If anyone would like to participate in the regional councils, please contact Avis Easley at [Avis.Easley@tn.gov](mailto:Avis.Easley@tn.gov).
- Linda O'Neal has been appointed to serve on the Departmental Council to represent the interests of children and youth.
- The Departmental and Regional Councils have a Children's Committee that address issues pertaining to children. They also have an Adult Committee, and the Departmental Council has a Legislative Committee, Planning and Budget Committee, and an Executive Committee.

➤ Linda O'Neal

- *Refer to the green sheet for ranking entitled "TDMHDD planning and Policy Council's Ranking of the Three Year Plan – Budget Priorities for FY2010."* Noted the three year plan was developed when the fiscal reality was very different. We would like to give the Council an opportunity to review and comment on this process and be aware of how budget recommendations are received.
- *Refer to August 11, 2009 letter from TCCY to Gov. Bredesen provided at meeting.* This letter discusses the importance of the work of the Council and the need for greater participation in the budgetary process, and to not wait until the budget has been finalized, as it is too late then to allow for greater participation.

➤ Marie Williams

- We have to follow the Title 33 process, which means we consider recommendations from the Planning Council. We hope you will give Linda and Commissioner Betts your recommendations for consideration at the upcoming Planning Council meeting on Tuesday.

➤ Commissioner Betts

- CoverKids has a full mental health parity benefit. As a department when push comes to shove, we have to realize that fewer adults in Tennessee have health insurance. Children in our state either can be eligible for the TennCare program or can be on Cover Kids. At the end of the day you all may think that we are not directing enough dollars toward children's mental health care, but the reality is the department has to spread dollars across the six million uninsured adults because they have no other option for insurance coverage, but children do.
- Early care and prevention really works. A new Institute of Medicine (IOM) study shows prevention works for Alcohol & Drug and mental health. We are open to a debate about how dollars are allocated and would like to do so when Marie and Debbie are here. The gaps are going to grow larger between what we have and what we need to provide. I am hopeful that we can better partner with managed care companies to provide prevention and deep end services for children.

- Linda Tift
  - I still think Cover Tennessee is too expensive for families to afford. \$650 per month if you have two children, \$325 a month per child.
  - Children not covered by insurance in the last three years has grown from 10 percent to 11.8 percent.
- Susan Adams (Community Service Agency)
  - CoverKids is a very good program but it gets confused with the CoverTN program which is not comprehensive. CoverKids, which is very comprehensive, gets confused with the overall CoverTN program.
- Commissioner Betts
  - Federally Qualified Health Centers (FQHCs) have just received an increase in dollars. These are a valuable resource for families and individuals to receive comprehensive services on a sliding scale. They provide all type of services. [*For more information about FQHCs or to find a health center in your area, visit <http://www.findahealthcenter.hrsa.gov/>*]
- Freida Outlaw
  - Suggests we have someone come in to discuss a resource list of safety net services (not big Safety Net) such as the Federally Qualified Health Centers.
- Linda O’Neal
  - I do not think we are going to have the debate about children versus adults. There is a very strong commitment to keep the dollars flowing for both sets of programs because when adults are not served, it hurts the children. We are not going to solve the ongoing TennCare, CoverKids, CoverTN issue by trying to make that argument.
- Kathy Benadetto
  - I agree it would be good to have someone from CoverKids to discuss details around provider panels and what is really covered from a mental health provider perspective.
- Millie Sweeney
  - We need to find ways to fund a full array of services (traditional and non-traditional) because we need to not forget the services that keep families together that are not covered by the traditional funding sources we’ve discussed here.

***Steering Committee and Survey Results Discussion (ACTION item)***

- Linda O’Neal
  - *Refer to “CCMH Governance Structure Survey Results” (yellow handout) provided at meeting.*
  - A survey response rate of 46 is an excellent response rate.
  - Majority would like to see a Steering Committee, please review the other comments and responses.
  - This is another reminder that through collaboration and working together we can move forward in improving the children’s mental health system in Tennessee.
  - The results confirm there is a need for a Steering Committee and really engaging and hearing the voices of family members throughout this process and to keep at the forefront of this process.

- The workgroup co-chairs support the need for a Steering Committee.
- We need to ensure cross departmental and family representation on the Steering Committee.
- I suggest we formalize a Steering Committee with the Co-Chairs and the workgroup co-chairs, with TennCare (Medical Director) representation as well as Education, DCS and GOCCC and then present to the Council at the October meeting.
- There was agreement by consensus to move forward with Steering Committee.
- Kathy Rogers volunteered to chair the Family Engagement workgroup.

*[Break for lunch and Workgroup meetings – 1.5 hours]*

### ***Workgroup Reports and Discussion<sup>1</sup>***

- Accountability and Management Information Systems – Traci Sampson and Pam Brown
  - Last year we focused on child and family outcomes, this year we need to focus on system outcomes (accountability).
    - Are children getting the services they need?
    - Are individual child and family outcomes improving?
    - Are we employing our resources for the best return on investment possible?
  - Realize we need to focus on existing resources.
    - CANS tool analysis.
    - GOCCC w/ DOE longitudinal data system that tracks youth from K-12 through higher education.
    - Any shared tool would require agreements between providers, departments.
  - Next Steps: Work with departments to identify screening, assessment and placement tools both within public and private systems, look at how other states use their tools, then develop a matrix which outlines the possibilities including identifying current statewide systems, and evaluate their feasibility for statewide expansion.
- Cultural and Linguistic Competency – Anne Pouliot and Debrah Stafford
  - Only one person present, will prioritize later
- Evidence Based Services (EBP) – Michael Cull and Vicki Harden
  - Been meeting all summer, will have a definition very soon for Council action. It draws on EBP definitions that other groups like SAMHSA have used and will be consistent with those groups.
  - We have a survey complete for providers. TAMHO, NASW, LMFTs, and APA will participate<sup>2</sup>. We will ask Managed Care Companies (MCCs) to send out survey link in their provider newsletter.

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<sup>1</sup> Full workgroup meeting summaries are available upon request by contacting Dustin Keller at [Dustin.Keller@tn.gov](mailto:Dustin.Keller@tn.gov).

- Implementation next steps – do a matrix for what EBPs exist, utilize existing clearinghouses for creating a list of existing EBPs.
  - Critical to implementation is measuring effectiveness of these practices.
- Funding – Nneka Gordon and Mary Linden Salter
    - New tasks – main goal for the group continues to be the resource mapping group. We plan to tease out mental health information from this document.
    - Work with TennCare and MCCs to survey these groups about what is going on with those items.
    - Funding for existing services – EPSDT<sup>3</sup> promotion and utilize funding mechanism and educate providers.
    - Analyze the existing and past Systems of Care in Tennessee and in other states around sustainability and funding mechanisms and present findings to Council.
    - Develop a clearing house of grant opportunities.
  - Interagency Collaboration – John Page and Pat Wade, Richard Kennedy presiding in their absence
    - Discussion around existing three system of care sites as pilot sites.
    - Helpful to describe what is the purpose of this body.
    - Have open and real dialogue about elephants in the room: do we have the trust?
    - Look at all committees to make sure there is the right mix of participants within each workgroup.
    - Develop a flow chart about how a child and family interacts with and moves through the system.
    - Agencies and departments need more information about what they can bring to the table and specific tasks for moving forward.
  - Service Array – Freida Outlaw and Millie Sweeney
    - Reviewed what has been done, will send out an email.
    - Review service array list by age groups then prioritize what services are core, specialty and ancillary.
    - Meet once between council meetings and at each council meeting.
  - Family and Youth Engagement – Kathy Rogers and Sita Diehl
    - Do presentations at each meeting with youth and/or families.
    - Future meetings present and share what it is like to have and get services within an existing system.
    - Focus groups using youth council groups.
    - Network with mental health, Oasis, STARS (Students Taking a Right Stand), etc., to get as much caregiver and youth input as possible.

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<sup>2</sup> TAMHO is the Tennessee Association for Mental Health Organizations, NASW is the National Association of Social Workers, LMFTs are Licensed Marital and Family Counselors, and the APA is the American Psychological Association.

<sup>3</sup> EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) is a program that provides medical, dental, vision and mental health screening for persons under the age of 21 covered by Medicaid.

- Survey to get youth voice, useful information.
  - Pilot youth survey with Mule Town Family Network youth group.
  - Youth and family education course called “Progressions” with NAMI and TVC for transition age youth so youth can plan their next steps.
  - Potential youth presentation topics include:
    - Early intervention, TEIS, pediatricians;
    - Education/Schools;
    - Peer interaction, socialization;
    - Juvenile Justice; and
    - Transition/school/jobs.
- JCCO – Elvie Newcomb
- Not many members present.
  - \$600,000 fund can now be used, but must be used wisely. The fund is for counties to pay for outpatient evaluations first, then inpatient evaluations if recommended.
  - Inpatient detention and transportation costs can also be paid.
  - Workgroup will take information and encourage TDMHDD and the courts to work together to best serve children and youth through education at the regional level.
- Media Relations workgroup did not meet or report.

### ***Council’s Work Ahead***

- Linda O’Neal facilitated discussion
- What is the message that the Council would like to give to the Planning Council as recommendations for the budget planning process?
  - Discussion of TCCYs recommendations in the letter to Gov. Bredesen.
    - Karen Franklin (NASW) – recommended the Council share TCCY’s recommendations.
    - Tracey Davis – mental health does not exist in a separate vacuum from physical health.
    - Commissioner Betts stressed this point as well, stated these are illnesses that can be successfully treated.
  - We are not going to have an intergenerational debate about funding services. Council members commented strongly in agreement with this.
    - Linda Tift stressed the need for early intervention and prevention services for children.
    - Millie Sweeney – let’s save the programs we have and not expand others. Beyond that though fund only the programs that have good outcomes where we can get the most bang for the buck.
    - Commissioner Betts – that’s exactly what Bruce Emery did with the A&D programs when they faced budget cuts. I imagine we will use the same model on the mental health side.

- Bruce Emery discussed the positive feedback from the Request for Proposal (RFP) process he received and said it went well even though it was difficult and new.
  - Commissioner Betts – At the end of the day, what do we want our legislators to spend money on? We need to be articulate about what we want to fund in Tennessee, if you only have a dollar, you still have to decide how the dollar is spent.
- Linda O’Neal – Summarizing discussion of message to Planning Council:
- Recognize importance of Council’s work, TMDHDD’s work;
  - No intergenerational debate about who gets services;
  - There is no health without mental health;
  - Support high performing programs; and
  - Mental health should be a priority in other state programs like education.

***Discussion Plans for Future Meetings***

- Linda O’Neal Facilitating
- Workgroups need to meet between meetings and we will continue to schedule time during Council meetings.
  - Information will be sent to members about CoverKIDS.
  - Report back on priority process of the department (TDMHDD).

***Other Business***

- Christina Young - Children’s Defense Fund information announcement
- At the Federal level children have been left out of the current amendments on the health bill in the House now being discussion in Committees. As advocates, please get the message to members of Congress that our children are an important part of the health care reform debate and should not be forgotten. We encourage you to send individual letters to your federal legislators. Good background information can be found online at FirstFocus. (Dustin Keller emailed links to Council members on 8/25/09).

\*Meeting adjourned at 2:20pm because of lack of electricity to the building.

**Meeting Summary prepared by Susan Steckel, TDMHDD.**