

Sunset Public Hearing Questions for  
**Council on Children's Mental Health**  
Created by Section 37-3-111, *Tennessee Code Annotated*  
(Sunset Termination Date June 2018)

**1. Provide a brief introduction to the council, including information about its purpose, statutory duties, and administrative attachment.**

The Council on Children's Mental Health (CCMH) was established in 2008 through Public Chapter 1062, codified at *Tennessee Code Annotated* 37-3-110 – 115, to design a plan for a statewide system of mental health care for children. This law recognized attaining a statewide system of children's mental health care goes beyond administrative and service boundaries of one department or agency. It articulates the fundamental structures to assure interdepartmental, grassroots, constituency-based planning to achieve a system of care responsive to needs of children and their families. A system of care is a philosophical approach to delivering services to children and their families built on core values of being family-driven, youth-guided, community-based, and culturally and linguistically competent.

The Council is statutorily required to:

- Be co-chaired by the Commissioner of the Department of Mental Health and Substance Abuse Services (TDMHSAS) and Executive Director of the Tennessee Commission on Children and Youth (TCCY).
- Have membership of the following:
  - Commissioners or designees from the Departments of Children's Services, Finance and Administration, Health, Human Services, Intellectual and Developmental Disabilities, and Education;
  - Director of the Bureau of TennCare or designee;
  - Two persons from TDMHSAS, one familiar with children and youth services and one familiar with alcohol and drug abuse services;
  - Chairman of TCCY or designee;
  - Member of governor's personal staff;
  - Two legislators – one appointed by the Speaker of the House of Representatives and one by the Speaker of Senate;
  - Representative from the Comptroller of the Treasury;
  - Four parents of children who have received mental health services from a state agency or other provider chosen from nominations received from representatives of statewide organizations that advocate for or serve children's mental health needs, providing for representation from each of the three grand divisions of the state and from both urban and rural areas;
  - Two persons under 24 years of age who are receiving or have received mental health services from a state agency or other provider, chosen from nominations received from representatives of statewide organizations that advocate for or serve children's mental health needs;
  - Three representatives of community services agencies;
  - Two representatives of providers of children's mental health services;

- Two representatives of a statewide organization that advocates for children's mental health needs; and
  - Three judges chosen by the Tennessee Council of Juvenile and Family Court Judges that provide representation from each of three grand divisions of the state and urban and rural areas.
- Hold open meetings quarterly to seek opportunities to collaborate and improve the statewide system of children's mental health care that pay particular attention to interagency collaboration, funding, accountability, information management, and service array;
- Develop a plan for a statewide system of care where children's mental health care is family-driven, youth-guided, community based, culturally and linguistically competent and provides a coordinated system of care for children's mental health needs. The plan is to:
  - Provide for a service delivery system operated in a manner that adheres to the principles of system of care;
  - Include a core set of services and supports that appropriately and effectively address mental health needs of children and their families.
- Develop a financial resource map and cost analysis of federal and state funded programs that support and serve children's mental health needs in the state;
- Facilitate interagency collaboration generally and specifically in planning, funding, delivery and evaluation of a statewide system of mental health care for children;
- Define accountability standards among agencies and organizations that provide services and support relative to the mental health needs of children and their families;
- Encourage matching of federal funds required by grants for children's mental health initiatives;
- Serve as an advocate within government and in the community for children's mental health care;
- Stimulate more effective use of existing resources and services for children; and develop opportunities and services that are not otherwise provided for children, with the aim of developing a comprehensive and coordinated service delivery system for mental health services to children;
- Assist TDMHSAS in development of interagency agreements on services and supports for children;
- Determine if current services are evidenced-based, research-based, and/or theory based; and
- Initially, reports to the legislature were scheduled on the following timeline:
  - Preliminary report presented in February 2009;
  - A plan for three demonstration sites due in June 2010;
  - A plan for 10 demonstration sites in June 2012; and
  - A plan for statewide implementation in June 2013.
- Upon completing the sunset process in 2014, there were no further requirements for submission of scheduled legislative reports; however, CCMH did provide a report to the General Assembly in April 2016 on progress made to date in moving forward with a statewide system of care and other related initiatives.

CCMH is also in process of preparing the next report for distribution in early 2018.

CCMH is administratively attached to TCCY. The Executive Director of TCCY or designee serves as the Chief Administrative Officer and the Council is organized by the Commission and implemented in partnership with the Tennessee Department of Mental Health and Substance Abuse Services. TCCY employee Melissa McGee serves as the staff director of the Council. CCMH continues to be supported through strong collaboration with the Department of Mental Health and Substance Abuse Services, through the Office of Children and Youth Mental Health in the Division of Mental Health, Matt Yancey, Assistant Commissioner. Additionally, the Council receives regular input from the Council's Steering Committee, comprised of stakeholders from child-serving state departments, community partners, caregivers and system of care grant staff, who meet prior to each Council meeting to discuss topics, provide feedback and support the overall work of the Council.

- 2. Provide a list of current members of the council and describe how membership complies with Section 37-3-111(c) and (d), *Tennessee Code Annotated*. Who appoints members? Are there any vacancies on the council? If so, what steps have been taken to fill the vacancies?**

CCMH membership reflects a diverse community, including those participants identified for participation as articulated in 37-3-111 (c) and (d). The co-chairs of the Council – the Commissioner of TDMHSAS and the Executive Director of the TCCY – have worked with state agency leadership to assemble departmental staff, representatives from the Governor's Office, Legislature, Comptroller's Office, Community Services Agencies, providers, advocates, judges and parents of children who have received services to be members of the Council. Caregivers and youth representatives have participated; however, the Council has encountered some difficulty identifying family and youth members who remain active and are available during meeting times. Additional steps have been taken to ensure their voice is present throughout the process, including family focus groups, communication with and from youth and family groups, including: Tennessee Voices for Children Youth Move Councils and other system of care involved youth. Officially, the co-chairs appoint most members to the Council; however, co-chairs have agreed to have open membership on the Council for all interested individuals who wish to participate while pursuing appointments for mandated participants when necessary. A list of CCMH members and their affiliations is attached as appendix A.

- 3. How many times did the council meet in fiscal years 2015 and 2016 and to date in fiscal year 2017? How many members were present at each meeting?**

The Council met five times during FY 2015 and five times during FY 2016 on the following dates with respective numbers in attendance:

Meeting Date	Attendance
<b>FY 2015</b>	
August 21, 2014	90
October 30, 2014	73
February 19, 2015	84
April 23, 2015	64
June 18, 2015	76
<b>Average Attendance</b>	<b>77</b>

Meeting Date	Attendance
<b>FY 2016</b>	
August 27, 2015	75
October 22, 2015	65
February 25, 2016	79
April 21, 2016	63
June 23, 2016	89
<b>Average Attendance</b>	<b>74</b>

Meeting Date	Attendance
<b>FY 2017</b>	
August 23, 2016	68
November 3, 2016	59
March 2, 2017	75
April 27, 2017	62

The Council is scheduled to meet on one additional date in FY 2017, June 22, 2017, and on the following dates in FY 2018, which are also listed on the TCCY website:

- August 24, 2017
- October 19, 2017

**4. What per diem or travel reimbursements do members receive? How much was paid in fiscal years 2015 and 2016 and to date in fiscal year 2017?**

In accordance with T.C.A. 37-3-111(f), the only members of the Council eligible for travel reimbursement are parent and youth representatives. No other member may receive such reimbursement from the Council. Other members may be provided reimbursement by their employers in their roles as professional or state staff. Family and youth members and state employees receive per diem and mileage reimbursement in accordance with the State of Tennessee travel policy. Most parents or caregivers attending Council meetings serve in a dual capacity, as caregiver and professional, and are therefore reimbursed by their employer for travel expenses. A parent, caregiver or youth participating in Council meetings under this role is eligible for travel

reimbursement from the Council. There were no travel related expenditures during FY2015, FY2016 and to date in 2017 for parent and youth representatives.

5. What were the council’s revenues and expenditures for fiscal years 2015 and 2016 and to date in fiscal year 2017? Does the council carry a fund balance and, if so, what is the total of that fund balance? If expenditures exceeded revenues, and the council does not carry a fund balance, what was the source of the revenue for the excess expenditures?

All expenditures for the Council are from state appropriations or federal system of care grant dollars provided to the Tennessee Commission on Children and Youth through an interdepartmental agreement with the Tennessee Department of Mental Health and Substance Abuse Services. Federal system of care grant dollars for fiscal years 2015, 2016 and 2017 to date provided \$44,385.87 (FY 2015), \$45, 208.30 (FY 2016) and \$11, 075.47 (FY 2017 to date). The Council does not carry a fund balance and expenditures do not exceed revenues.

<b>Council on Children's Mental Health (CCMH) Expenditures and Revenues for FY15,16 &amp;17</b>				
<b>Salaries and Benefits:</b>		<b>FY 14-15</b>	<b>FY 15-16</b>	<b>FY 16-17 *</b>
701	Salaries / Longevity	\$ 60,407.96	\$ 60,900.00	\$ 56,299.50
702	Benefits	21,686.22	20,929.51	19,311.05
<b>Total Personal Services and Benefits</b>		<b>\$ 82,094.18</b>	<b>81,829.51</b>	<b>75,610.55</b>
<b>Other Expenditures:</b>				
703	Travel	\$ 2,983.30	\$ 1,976.79	1,292.56
708	Prof. and Admin. Svcs.-- 3rd Party	2,754.29	1,416.31	2,144.98
709	Supplies, Materials & DP Equipment	750.96	1,959.33	284.10
721	Training	2,775.33	176.13	238.37
725	Prof. Svcs. from another State Agency	626.67	646.16	170.92
<b>Total Other Expenditures</b>		<b>\$ 9,890.55</b>	<b>\$ 6,174.72</b>	<b>\$ 4,130.93</b>
<b>Total Expenditures</b>		<b>\$ 91,984.73</b>	<b>\$ 88,004.23</b>	<b>\$ 79,741.48</b>
<b>CCMH Funding:</b>				
State Dollars		\$ 47,598.86	\$ 42,795.93	\$ 68,666.01
Inter-Departmental Dollars		44,385.87	45,208.30	11,075.47
<b>Total Revenue</b>		<b>\$ 91,984.73</b>	<b>\$ 88,004.23</b>	<b>\$ 79,741.48</b>
*FY 16-17 as of 6/2/17				

- 6. Is the council subject to Sunshine law requirements (Section 8-44-101, *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the council have for informing the public of its meetings and making minutes available to the public?**

According to T.C.A. 37-3-111(i), all meetings held by the Council are subject to the open meeting provisions of TCA Title 8, Chapter 44. The Council has made an effort to ensure the public has been duly informed of meetings as well as made corresponding meeting summaries available. For this purpose, notice of meetings and summaries have been forwarded to all members via the Council's email distribution list, comprised of approximately 500 contacts, as well as distributed to other related and appropriate listservs. Notices and minutes/meeting summaries are also posted on the TCCY websites and information about meetings is shared whenever presentations about the Council are made. Notice of each scheduled meeting is also posted at Legislative Plaza.

- 7. How does the council ensure that members and staff are operating in an impartial manner and that there are no conflicts of interest? If the council operates under a formal conflict of interest policy, please attach a copy of that policy.**

The Council requests a conflict of interest statement from each member and has members sign the statement each year. Conflict of interest will be addressed again at the June 22, 2017, meeting of the Council. A copy of the statement is attached. All members are committed to improving children's mental health in Tennessee. As parents, providers, and advocates, all have theoretical conflicts, full disclosure regarding roles related to the children's mental health system has been and will continue to be the approach for the Council.

- 8. Can the council promulgate rules? If not, is rulemaking authority needed? If rules have been promulgated, please cite the reference.**

The Council does not have specific authority to promulgate rules and does not need authority to promulgate rules.

- 9. Describe the nature and extent of the council's activities and any major accomplishments in fiscal years 2015 and 2016 and to date in fiscal year 2017. Include a discussion of the council's activities related to the development of a plan for a statewide system of care as described in Section 37-3-112(a), *Tennessee Code Annotated*. Please explain how the plan incorporates the principles of care enumerated in Section 37-3-112(b), *Tennessee Code Annotated*.**

The Council on Children's Mental Health is pleased to summarize the following major activities and accomplishments:

1. Met five times in FY 2015, five times in FY 2016, and four times to date in FY 2017;
2. Experienced broad based participation and a high level of commitment from all across the state to developing and implementing a statewide system of care in Tennessee, as evidenced by an average attendance of 77.4 persons in FY 2015, 74.2 in FY 2016, and 66 to date in FY 2017, for an average of 73 per meeting for the last three years;
3. Collaborated with TDMHSAS in implementation of the four-year federal System of Care Expansion Implementation Grant (SOC-EXP):
  - a. The SOC-EXP initiative served 503 children, youth and families in 15 counties across the state.
  - b. Children and youth served by SOC-EXP reported they were doing better in school, coping when things go wrong, getting along with family and friends, and handling life in general.
  - c. SOC-EXP participants stated they felt understood, had better support from family and friends, felt more comfortable talking with others, and enjoyed being around people more after getting services.
  - d. Youth receiving SOC-EXP services report fewer negative feelings like feeling worthless, hopeless and/or depressed at follow-up assessments.
  - e. Ninety-nine percent of people served by SOC-EXP were satisfied with the services they received.
  - f. System of care implementation across the state improved significantly during the SOC-Expansion Initiative based on the results of a standardized measurement.
  - g. During a focus group, one parent said "My child is now more involved in school and willing to talk to resolve his issues." In another focus group a community member reported, "We see more families taking a more active role with their children.
4. Additional SOC-EXP accomplishments supported by the Council include:
  - a. Ongoing partnership with the Administrative Office of the Courts (AOC) and the SOC-EXP team providing training three times per year to court and juvenile probation staff about SOC principles and values, as well as the difference between mental health screening and assessment.
  - b. SOC-EXP staff partnered with case management staff at Volunteer Behavioral Health Care Services (VBHCS) for training on care coordination and wraparound.
  - c. SOC-EXP awarded scholarships over a two year period to caregivers for participation in the Certified Family Support Specialist (CFSS) competency course to continue to grow the family peer-to-peer workforce.
  - d. TDMHSAS' Office of Children and Youth Mental Health (OCYMH) works with the Bureau of TennCare, the Managed Care Organizations (MCO's), and providers to determine the viability of care coordination as a part of the service array in Tennessee.
  - e. OCYMH has partnered with the Department of Health (DOH) to host summits and lunch and learns covering the benefits of integrated health care.

- f. OCYMH partnered with the Department of Children’s Services Office of Juvenile Justice (DCS-JJ) to provide 400+ youth detention workers with training and certification that included suicide prevention, identification of mental health issues, trauma informed care, and other mental health related topics.
  - g. OCYMH partnership with Davidson County Juvenile Court to provide Certified Family Support Specialist (CFSS) education, mental health program development, and train probation officers on the use of the Child and Adolescent Needs and Strengths (CANS) assessment.
  - h. The “Born Drug-Free TN” collaborative partnered with the Ridgeview SOC-EXP Initiative team, three anti-drug coalitions and the local children’s hospital, to raise awareness of babies born exposed to prescription and other drugs. The campaign educates expectant parents about the importance of discussing prescription and other drug use with their doctors and to offer assistance to the women and families.
  - i. The ongoing major collaborative initiative with substance abuse services is an inter-departmental collaboration with the State Adolescent Treatment Enhancement and Dissemination (SYT-ED) grant recipient, also known as the Treatment and Recovery for Youth (TRY) grant. Administrators of the TRY grant are active participants in the CCMH and office staff work together collaboratively on training for staff and partners.
5. The Council provided additional support for other system of care initiatives throughout Tennessee in partnership with TDMHSAS. Highlights of the accomplishments include:
- a. K-Town Youth Empowerment Network in Knoxville (2009-2015) provided system of care work with a mission to develop a service infrastructure that empowers caregivers, youth and families with the knowledge, skills, resources and support they need for their children and youth to be successful at home, in school and in the community, as well as to transition successfully to adulthood. Specific accomplishments include:
    - i. K-Town served 313 youth and 198 caregivers.
    - ii. The majority of K-Town youth were referred from mental health agencies and homeless shelters.
    - iii. 62% of K-Town youth were male, 38% were female and the average age was 16.8 years old.
    - iv. Improvements seen from intake to six-month follow up showed reduction of 16% in aggression, 12% in rule-breaking, 12% in attention concerns, 7% in thought problems and social problems, and 4% in social withdrawal.
  - b. Early Connections Network (ECN) served children and their caregivers from 2010-2016 with a purpose to build a system of care for very young children, ages 0-5, with social, emotional and behavioral needs in five counties in Middle Tennessee – Montgomery, Cheatham, Sumner, Robertson, Dickson – as well as Ft. Campbell. ECN’s outcomes were:

- i. Caregivers reported reductions in child impairment via the Columbia Impairment Scale from intake to 6- and 12-month follow ups as well as reductions in aggressive behavior.
  - ii. Caregivers reported a reduction in caregiver strain from intake to 6- and 12- months.
  - iii. Families reported an overwhelmingly positive system of care experience with highly positive experiences at 12-month follow up in access to services (91%), participation in treatment (100%), cultural sensitivity (95%), and satisfaction with services (86%). Caregivers found care to be individualized, child-centered and family driven. Skill building and community-based care was also mentioned as being helpful.
  - iv. Percentage of caregivers who reported that outcomes, functioning and social connectedness increased at 6- and 12-month follow ups. From baseline, outcomes increased to 27% then 46%, functioning to 27% then 50% and social connectedness to 82% then 91%.
6. Partnered with TDMHSAS in securing a four-year federal System of Care Expansion and Sustainability Cooperative Agreement (Systems of Care Across Tennessee – SOCAT), which at time of award was the largest federal discretionary grant (\$12 million over four years) ever received by TDMHSAS;
7. Continued to support use of the Child and Adolescent Needs and Strengths (CANS) assessment process as a universal communimetric and service planning tool and support the use of the CANS across departments and agencies;
8. Furthered the work of the Steering Committee through periodic review of members as it provides governance for the CCMH;
9. Completed strategic redirection activity to evaluate progress and to provide future direction to increase the number of communities, organizations and stakeholders that embrace the SOC principles in providing integrated care and support for children and families throughout the state. Additionally, the Council aims to develop and promote policies to expand and sustain integrated care for children and families. and,
10. Prepared and submitted a report to the General Assembly in April 2016.

The CCMH commitment to the principles of system of care is exemplified by the inclusion of a document with the Tennessee System of Care Core Values and Guiding Principles – the basic values and principles of a system of care – on the tables at each meeting.

The CCMH is prepared to move ahead in design and implementation of a statewide SOC based on qualitative and quantitative data while incorporating the principles of care enumerated in T.C.A. 37-3-112(b):

1. Children with mental health needs should have access to a comprehensive array of services that address the child’s physical, emotional, social, and educational needs;

2. Children with mental health needs should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan;
3. Children with mental health needs should receive services within the least restrictive, most normative environment that is therapeutically appropriate;
4. The families of children with mental health needs should be full participants in all aspects of the planning and delivery of services;
5. Children with mental health needs should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating the services;
6. Children with mental health needs should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated, integrated, and therapeutic manner and that each child can move through the system of services in accordance with their changing needs;
7. Early identification and intervention for children with mental health needs should be promoted by the System of Care in order to enhance the likelihood of positive outcomes;
8. Children with mental health needs whose needs continue beyond adolescence should be ensured smooth transitions to the adult service system as each child reaches adulthood;
9. The rights of children with mental health needs should be protected; and
10. Children with mental health needs have access to services without regard to race, religion, national origin, sex, physical disability or other characteristics. Services should be sensitive and responsive to cultural differences and special needs.

CCMH has remained diligent in moving forward in the face of challenges. One of the major challenges in recent years has been the serious fiscal constraints of the nation and the state that create a significant barrier to system transformation efforts like implementing a statewide system of care. However, transforming systems does not always require substantial additional resources. CCMH recognizes moderate fiscal constraints foster more efficient use of existing resources and more collaborative partnerships help to ensure mental health services provided for children and their families are effective, coordinated, community-based, culturally and linguistically competent, family-driven, and youth-guided. Ultimately, CCMH acknowledges adequate funding streams will be necessary for statewide system transformation. The recently completed System of Care Statewide Expansion Implementation grant under TDMHSAS, provided important work in this effort and the current SOCAT Initiative under TDMHSAS will continue to be a collaborative effort supporting statewide implementation of SOC and the work of the Council.

**10. What reports does the council prepare on its operations, activities, and accomplishments, and who receives these reports? Please describe any reports and attach copies (or provide links) to recent reports.**

The Council completed three reports as required by T.C.A. 37-3-115(b) prior to the 2014 sunset process. The reports detailed activities of the Council at each point and described in detail work products of the Council and Council Workgroups. Reports have also provided recommendations on moving forward with a plan for a statewide system of care. Since renewal of the Council in 2014, one report was completed in April 2016 highlighting the overall work of the Council, including accomplishments, meeting topics, and the history of the system of care work in Tennessee, as well as the importance of health early childhood development on current and future mental and physical health. The 2016 report also provided opportunities for continued investment in system of care work and the development of healthy children.

The 2016 CCMH Report to the General Assembly identified the following opportunities:

- “The past year has seen increased recognition and understanding across state child-serving departments regarding the effects of toxic stress resulting from **Adverse Childhood Experiences** on the health, mental health and well-being of both children and adults in Tennessee. Key state departments have begun to explore and implement strategies to prevent, treat and reduce the effects of trauma, poverty or negative childhood experiences among their clients, including an ACEs Summit in November 2015 emphasizing statewide focus on these issues. Tennessee is a national leader in increasing education on the importance of early childhood development and the long-lasting effects of Adverse Childhood Experiences and toxic stress. Tennessee communities are taking initiative to address this issue head on as evidenced by the November ACEs Summit, an initiative of Governor Bill Haslam and Lt. Governor Jim Henry, development of the ACE Center Task Force in Shelby County and creation of the ACE Nashville workgroup. This work is encouraging and must be a statewide priority for development and education throughout all areas of Tennessee to create positive movement in addressing and improving children’s mental health.”
- The Tennessee Commission on Children and Youth presented Budget Recommendations for Fiscal Year 2016-2017 to the Governor as part of the statutory duty under Tennessee Code Annotated Section 37-3-103(a)(1)(B). The economic downturn the state experienced beginning in 2008 resulted in poor revenue growth until 2015 and critically important programs for children and families in Tennessee were at risk of being eliminated. As a result of the state of the economy, these foundational programs were instead designated as non-recurring line items subject to annual appropriation in order to continue. Recurring funding has been restored for many vital programs; however Home Visiting programs within the Department of Health have still not been restored to recurring funding. Home Visiting programs are among the frontline strategies for preventing and appropriately responding to toxic stress and Adverse Childhood Experiences. Evidence-based home visiting programs should be an integral part of strategic efforts to improve outcomes for Tennessee’s youngest children, and especially made available to at-risk young children.

- The impact of Adverse Childhood Experiences (ACEs) has been well documented. Addressing these underlying issues in Tennessee by preventing and providing appropriate therapeutic responses to ACEs/trauma/toxic stress when not prevented is essential to long-term solutions to many of the intergenerational problems facing Tennessee children and families – poverty, child abuse, substance abuse, domestic violence, etc. TCCY’s Budget Recommendations include support of the efforts to recognize the adverse impact of these circumstances and develop strategies to prevent and ameliorate them whenever possible.
- The Department of Children’s Services (DCS) continues to make important improvements to better serve the children, youth and young adults under its care. DCS has begun implementing a more therapeutic approach in its Youth Development Centers (YDCs) to more effectively serve delinquent youth who disproportionately suffer from mental health issues, Adverse Childhood Experiences, trauma and toxic stress. DCS is talking with the Annie E. Casey Foundation to develop a strategic plan for the future of the juvenile justice system in Tennessee. Also imperative is increased funding for the Administrative Office of the Courts for legal representation of children in or at risk of state custody and Court Appointed Special Advocates (CASA) Programs providing trained volunteers appointed by juvenile court judges to advocate in the best interests of abused and neglected children in their courts.

The reports were provided to all members of the General Assembly, Governor, Lieutenant Governor, Speaker of the House, members of the Council and other identified recipients at the time of publication. Reports are also posted on the TCCY website and may be found here: <http://www.tn.gov/tccy/article/ccmh-reports>.

As previously stated, the Council also compiles meeting summaries, which are available via the website and e-mailed to the full distribution list of the Council.

**11. Describe any items related to the compact that require legislative attention and your proposed legislative changes.**

The Council on Children’s Mental Health has no recommendations for changes in its enabling legislation.

**12. Should the council be continued? To what extent and in what ways would the absence of the compact affect the public health, safety, or welfare of Tennessee citizens?**

The Council should definitely be continued. It vital partner and resource in improving the way children’s mental health needs are served in the Tennessee. The strong and consistent participation with the Council demonstrates the commitment of a broad base of

stakeholders to reforming the children's mental health system. The history of system of care work, the partnership with TDMHSAS, and widespread support for the Council continue to demonstrate the benefits of system of care work. The values and philosophies of a system of care have deep roots in Tennessee and a history of improving collaboration and partnership among the State's administrative agencies, funders, providers, community supporters, educators, advocates, children and their families. TDMHSAS has extensive history and experience with federally funded SOC projects, beginning with the Nashville Connection in 1999 through the current-day SOCAT Initiative. Lessons learned have provided stakeholders with exciting opportunities for further implementation in local communities and systems to improve mental health care for children and families. These lessons further underscore the importance of the Council to this community and its role in the implementing a statewide system of care.

Children and families still face several severe roadblocks to receiving appropriate services and supports. Previous and current federally funded system of care sites in Tennessee have demonstrated that better coordination of care improves outcomes for children and families. Children in these programs have been able to remain in their homes and communities while receiving a higher level of coordination and care. When a child receives appropriate services at home, rather than being placed in inpatient or residential settings, the child and family are more successful and the state funding required for services is reduced. Outpatient services are far less expensive than out-of-home care. Additionally, the child develops into a more successful adult, further reducing costs to systems later in life. Local data have shown that children who have been served by a system of care have had reduced law enforcement/juvenile justice contacts and reduced school disciplinary actions, such as suspensions and expulsions. The Council has the potential to positively impact children and families, making them more successful while reducing state costs initially as well as later in life.

**13. Please list all council programs or activities that receive federal financial assistance. Include the amount of federal funding received by each program/activity.**

State appropriations to the Tennessee Commission on Children and Youth support Council on Children's Mental Health staff and operating expenses. The interdepartmental funds from the Tennessee Department of Mental Health and Substance Abuse Services (FY 15 - \$44,385,87, FY 16 - \$45, 208.30, and to date FT 17 - \$11, 075.47 ) that support CCMH work are largely federal funds from the Substance Abuse and Mental Health Services Administration for system of care work in Tennessee.

**14. Please list all council contracts and include information about the services provided and the amount of the contract.**

The Council does not have any contracts with vendors, and does not anticipate such contracts.

**15. Please provide a list of current council staff by name and job title.**

Melissa McGee with TCCY is the Council on Children's Mental Health Director.

Additionally, the work of the Council has been achieved by extensive collaboration in preparing reports, arranging speakers, providing meeting summaries, and developing agendas by TCCY, TDMHSAS Office of Children and Youth Mental Health, steering committee members, and other community stakeholders.

**Appendix A**  
**Council on Children’s Mental Health Members**

<b>Member Name</b>	<b>Affiliation</b>
Sandra Allen	LeBonheur Children’s Hospital
Katie Armstrong	Comptroller of the Treasury
Anna Arts	Tennessee Voices for Children
Elizabeth Ball	Centerstone Research Institute
Carole Beltz	United Healthcare
Kathy Benedetto	Frontier Behavioral Health
Cory Bradfield	Tennessee Department of Health
Jeremy Breithaupt	Youth Villages
Representative Kevin Brooks	Tennessee House of Representatives
Nicole Bugg	Compass Intervention Center
Amy Campbell	Centerstone Research Institute
Dana Casey	Amerigroup
Chad Coleman	Healthy Transitions – Carey Counseling
Casuanda Cross	Professional Care Services
Michelle Covington	National Federation of Families for Children’s Mental Health
Michael Cull	Tennessee Department of Children’s Services
Bill Dobbins	Mental Health Advocate
Brenda Donaldson	Tennessee Department of Mental Health and Substance Abuse Services
Anjanette Eash	Tennessee CASA
Kendall Elsass	Mental Health Cooperative
Stephanie Etheridge	Administrative Office of the Courts
Deb Gatlin	Blue Cross Blue Shield
Kathy Gracey	Vanderbilt Center of Excellence
Vickie Harden	Volunteer Behavioral Health
Rikki Harris	Tennessee Voices for Children
Adrienne Holbrook	Frontier Behavioral Health
Adam Horn	Mental Health Private Provider
Jeremy Humphrey	Council for Alcohol and Drug Abuse Services
Brittany Jackson	Tennessee Voices for Children
Kimberly Jeffries	Healthy Transitions - Carey Counseling
Jacqueline Johnson	Tennessee Department of Health
Sumita Keller	Tennessee Commission on Children and Youth
Richard Kennedy	Tennessee Commission on Children and Youth
Kisha Ledlow	Tennessee Department of Mental Health and Substance Abuse Services

Anna Claire Lowder	Tennessee Voices for Children
Laura Martin	Tennessee Department of Mental Health and Substance Abuse Services
Senator Becky Massey	Tennessee State Senate
Elizabeth McInerney	Centerstone Research Institute
Melissa McGee	Tennessee Commission on Children and Youth
Michele Moser	East Tennessee State University – Center of Excellence
Jessica Mullins	Tennessee Department of Mental Health and Substance Abuse Services
Amy Olson	Ridgeview Behavioral Health
Linda O’Neal	Tennessee Commission on Children and Youth
Crystal Parker	Bureau of TennCare
Steve Petty	Tennessee Commission on Children and Youth
Jennifer Pfeiffer	Governor’s Office
Dawn Puster	Youth Villages
Kathy Rogers	Tennessee Voices for Children
Mary Rolando	Department of Children’s Services
DeVann Sago	Tennessee Justice Center
Heather Smith	Tennessee Chapter of the American Academy of Pediatrics
Natasha Smith	Tennessee Commission on Children and Youth
Sara Smith	Department of Education
Millie Sweeney	Family Run Executive Directors Leadership Association
Joan Sykora	Centerstone Research Institute
April Tanguay	Tennessee Department of Mental Health and Substance Abuse Services
Keri Virgo	Tennessee Department of Mental Health and Substance Abuse Services
Will Voss	Tennessee Voices for Children
Don Walker	Tennessee Department of Mental Health and Substance Abuse Services
Shauna Webb	Volunteer Behavioral Health
Angela Webster	Association for Infant Mental Health in Tennessee
Sejal West	Tennessee Department of Mental Health and Substance Abuse Services
Alicia Williams	Tennessee Association of Mental Health Organizations
Marie Williams	Tennessee Department of Mental Health

	and Substance Abuse Services
Matt Yancey	Tennessee Department of Mental Health and Substance Abuse Services