



## Capitalize on Coordination

Jude White, Executive Director  
TN Governor's Children's Cabinet

September 15, 2016



What is the TN Governor's  
Children's Cabinet?

## Governor's Children's Cabinet



Co-chaired by the Governor  
and the First Lady

Commissioners of  
6 child-serving departments:

-  **TN** Department of Children's Services
-  **TN** Department of Health
-  **TN** Department of Human Services
-  **TN** Department of Education
-  **TN** Division of Health Care Finance & Administration
-  **TN** Department of Mental Health & Substance Abuse Services

 **TN** Tennessee State Government

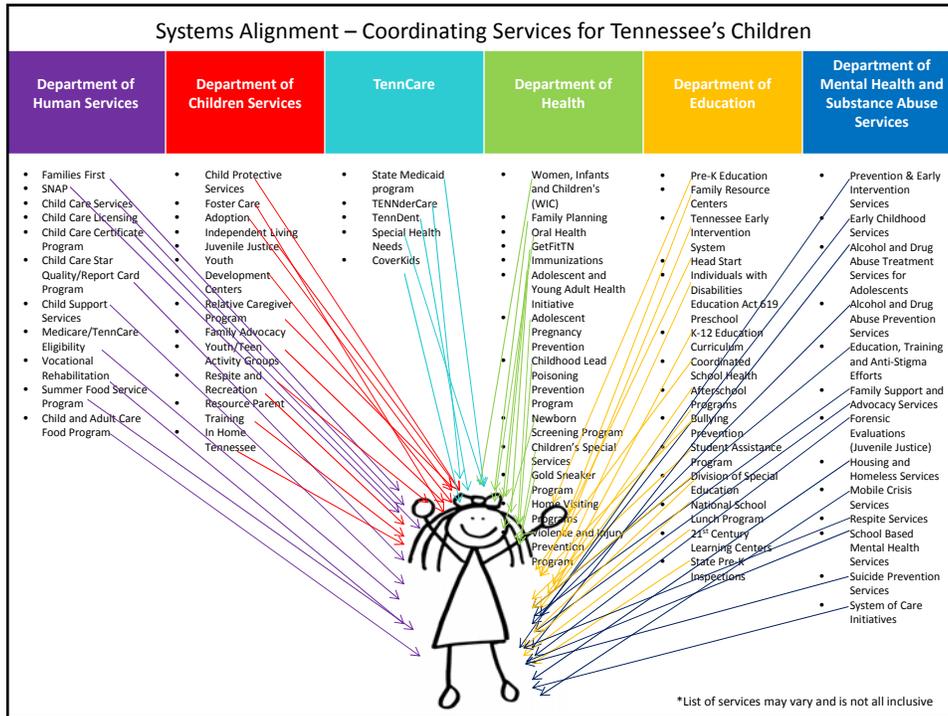
## Governor's Children's Cabinet



Executive Order No. 10  
signed on January 30, 2012

"The Children's Cabinet is charged with coordinating, streamlining, and enhancing the state's efforts to provide needed resources and services to Tennessee's children."

 **TN** Tennessee State Government



## Family Scenarios

Some families:

- may not know what services are available.
- may already be receiving services from multiple departments and family outcomes will be improved by coordinating those services and providers.
- may have fragmented interactions where different or even conflicting expectations are placed on them by different departments.

## Children's Cabinet Charge

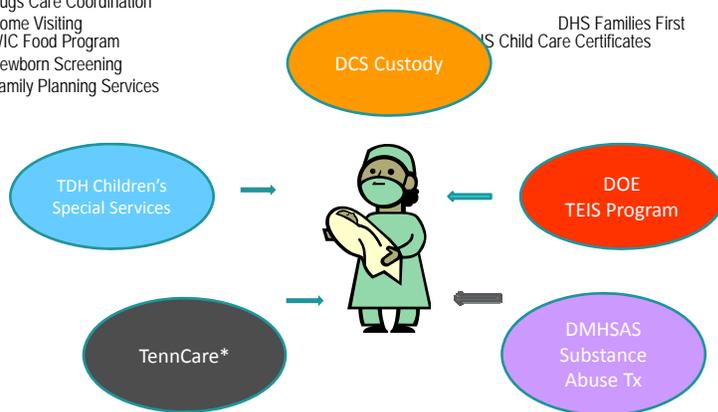
- Develop pilot for single team/single plan approach
- Families engaged with DCS where a baby has been born with NAS or drug exposed



## Multiple Agency Collaboration- NAS Pilots

TDH Hugs Care Coordination  
TDH Home Visiting  
TDH WIC Food Program  
TDH Newborn Screening  
TDH Family Planning Services

DHS Families First  
Child Care Certificates



Baby Diagnosed with NAS

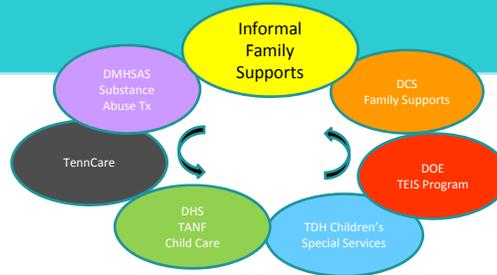
Approximately 1000 Tennessee NAS births per year  
\*Approximately 95% of all NAS births covered by TennCare



## Multiple Agency Collaboration- NAS Pilots



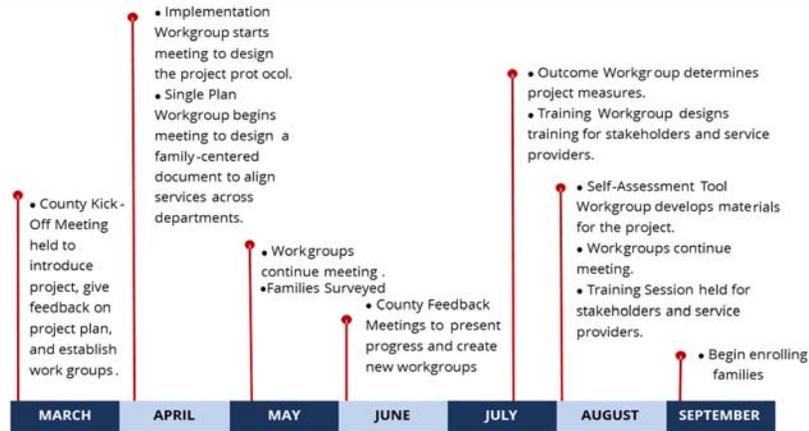
Child and Family Team Meetings create a Single Plan



How did we craft a solution?

## Community Engagement

### NAS Pilot Project Timeline- 2015



## Community Engagement



## Tools Developed

- Consent to Participate & Release of Information
- Single Plan Document
- Implementation Protocol
- Bridge to Family Stability
- Family Satisfaction Survey
- Team Member Satisfaction Survey
- Communications Expectations



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## The Single Plan:

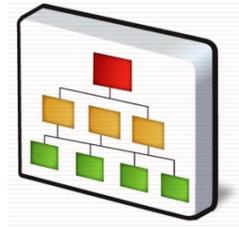
- Purposes:
  - Assist the families in understanding the services provided
  - Align services across different agencies
- Components of the Single Plan Document:
  - Lead Contact and Team Members
  - Family Vision and Priorities
  - Goals and Action Plan
  - Upcoming Appointments and Important Dates

1st Goal for Success: Mother will be drug + alcohol free.			
Barriers to Success: Failed drug tests, unaddressed trauma, history of drug abuse			
Action Plan:			
Who?	What?	By When?	Status?
A+D Provider	A+D Assessment for Mom	two weeks	
A+D Provider	Enroll mom in appropriate A+D Tx.	one month	
Housing Specialist	Find recovery friendly housing for mom	one month	
Lead Contact	status check w/ mom	weekly	
Measurement of Success: Pass 3 consecutive random screens			
Transition Plan: Ensure that mother is connected w/ informal recovery support			

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## Individual Service Provider/Agency Plans

- The Single Plan document does NOT replace existing agency plans.
- These plans serve many purposes:
  - Satisfy Court requirements
  - Satisfy federal or other funder requirements
  - Guides specialized service delivery
- Individual agency/program plans all tie back to and support goals in the Single Plan document



## Status Updates

Pilots launched September 1, 2015.

### Enrollment-

- 27 total enrollments across 2 communities  
(metro & non-metro)
  - 16 active
  - 4 completed DCS involvement
  - 7 discharged from the pilot



## Stacking & Alignment of Resources

- Hospital Delivery- baby diagnosed with NAS
- Case manager/ care coordinator engagement
- Hospital or community-based based detox
- Home health visits for 6 weeks- prescribed
- WIC
- Engagement with HUGS, home-based services
- MCO Case Management
- Substance abuse treatment- outpatient
- TN Early Intervention System-Part C



## Family Interviews

*“. . . it was more help than I even imagined. So yes, definitely, I think it's awesome; really I'm very very grateful.”*

*“I was surprised; I was not just overwhelmed, but surprised that I have that many people that are willing to help me. . . so I'm just like “wow” all these people came together and they were willing to help me and I was the one that screwed up.”*



## Team Member Surveys

The pilot program provided enough benefit to the family to justify any additional responsibilities on the part of team members.

*Strongly Agreed or Agreed*

Metro= 94%                      Non-metro= 94%

The families in the pilot are more likely to achieve better outcomes because of participation in the pilot.

*Strongly Agreed or Agreed*

Metro= 87%                      Non-metro= 94%



## Team Member Interviews

"I think one of the things it's done really well is the fact that it has a team approach. All the community resources, you know, come together."

"The successes are, I really like all of us coming together at the first CFTM and setting up the services; getting them all set up is so beneficial. . . doing it in that CFTM with the providers actually there, it's a huge difference."



## Team Member Interviews

“Seeing the one graduate, you are able to see a happy, healthy, and adjusted baby. You saw the interaction between the mom and the baby. (They were smiling and looking into each other’s eyes.) . . . The mom looked very healthy. Obviously, you could tell she was clean, very mentally aware and totally in tune with the baby, and you can’t ask for better than that.”



## Key Take Aways

1. Single Team/Single Plan Approach benefits families
2. Single Plan document is helpful to families
3. State staff value relationships with each other
4. State staff benefit from learning about each others' services
5. Communication is a challenge
6. Approach can feel overwhelming to families
7. Approach is most helpful for families who want to change
8. Unclear if additional staff and resources are needed





## Contact Information

- Jude White
  - Executive Director
  - Governor's Children's Cabinet
  - Email: [jude.white@tn.gov](mailto:jude.white@tn.gov)

