
 **THRIVING TOGETHER** 

BEHAVIORAL HEALTH INTEGRATION

FOR THE NEXT GENERATION

Network:

Leslie Town Centre

Password:

(case sensitive)

LTCevent.1



 **THRIVING TOGETHER** 

BEHAVIORAL HEALTH INTEGRATION

FOR THE NEXT GENERATION

SESSION

locations

 General Sessions & Provider Breakout

Estes Williams Room

GROUND FLOOR

 Young Adult Breakout

Herald Citizens Room

SECOND FLOOR

This training event is sponsored by TDMHSAS in partnership with the Tennessee Association of Mental Health Organizations (TAMHO). Funding has been provided [in part] under grant number SM90006, the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



NETWORKING BREAK
AND RESOURCE TABLE VISITS

LUNCH BREAK
AND RESOURCE TABLE VISITS

THIS TRAINING IS SUPPORTED BY GRANT FUNDING THAT DOES NOT PERMIT THE PROVISION OF FOOD OR BEVERAGES.

Feel welcome during the event to enjoy a snack or beverage that you brought with you today.

A one-hour and 15-minute lunch break has been built into the agenda to allow participants time to purchase lunch at nearby locations and return for the afternoon session.

Feel welcome to enjoy a lunch you brought with you today or bring one into the Centre to enjoy while networking with other attendees and visiting the resource tables.

Chartwells
Higher Education
TN TECH
DINING
SERVICES

Cookeville
Pregnancy
Center

Heart of the
Cumberland

Mental
Health
Cooperative
*First Episode
Psychosis
Initiative Team*

Office of
Faith-Based
Initiatives
TDMHSAS

Office of
Wellness and
Employment
TDMHSAS

Park
Center

Tennessee
Kidney
Foundation

Tennessee
Mental Health
Consumers'
Association

RESOURCE
TABLES

THRIVING TOGETHER
BEHAVIORAL HEALTH INTEGRATION
FOR THE NEXT GENERATION

THANK YOU

We would like to express our appreciation to each of these organizations for providing valuable information and resources.

CONTINUING PROFESSIONAL DEVELOPMENT

A certificate of continuing professional development for up to 5.00 contact/clock hours will be made available by TAMHO to all participants upon request for documentation of clock/contact hours earned.

National Association of Social Workers - Tennessee Chapter
This program has been approved by the National Association of Social Workers - Tennessee Chapter for 5.00 CE units/contact/clock hours.
Approval number NASW2026-0170

Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists
As stated within the rules and regulations of the State of Tennessee Board for Professional Counselors (0409-01-12-03-04-1-w and vi), Marital and Family Therapists (0409-02-12-03-04-1-w and vi), and Clinical Pastoral Therapists (0409-03-12-03-04-1-w and vi), the hours approved for this conference by APA and/or NASW are considered pre-approved hours acceptable for submission of documentation for continuing professional development for individuals licensed by this Board.

State of Tennessee - Health Related Boards - Board of Licensed Alcohol and Drug Abuse Counselors (LADAC)
As stated within the rules and regulations of the State of Tennessee Board of Alcohol and Drug Abuse Counselors (0000-00-01-12), TAMHO is considered an authorized entity for continuing education courses, events, and activities related to the practice of alcohol and drug abuse counseling. Individuals are responsible for assessing and determining the appropriateness of session content as relates to LADAC continuing professional development requirements.

Tennessee Certified Family Support Specialist (CFSS)
This program has been approved by the Tennessee Certified Family Support Specialists for up to 5.00 CE units/contact/clock hours.

Tennessee Certified Peer Recovery Specialist (CPRS)
This program has been approved by the Tennessee Certified Peer Recovery Specialists for up to 5.00 contact/clock hours.

Tennessee Certified Young Adult Peer Support Specialist (CYAPSS)
This program has been approved by the Tennessee Certified Young Adult Peer Support Specialists for up to 5.00 contact/clock hours.

It is the responsibility of the event attendee to use their professional judgment, to justify the continuing educational program attended or electronic or digital media viewed meet the guidelines of their respective licensure or certification boards/agencies and is relevant to their professional practice.

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3

Thank you for attending.

Your feedback is key to our growth and success.

Please be sure to complete the evaluation which is accessible using the link to the right of the screen.

The online form contains evaluations for each of the session and concludes with a Request for Documentation of CE units / contact / clock hours earned.

For assistance, please reach out to:



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Director of Member Services

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<https://www.tamho.org>
201 Goodland Lane
Franklin, TN 37067



**EVALUATION & CE
DOCUMENTATION
LINK**





THEY DON'T SEE SILOS:

**Building Systems That Work
for the Next Generation**



Kristi Hammonds
Chief Executive Officer
Frontier Health

They Don't See Silos

Building Systems That Work for the Next Generation

Kristie Hammonds, President and CEO
Frontier Health



01

What does the system look like from the other side of the desk?

Begin with the person's experience.

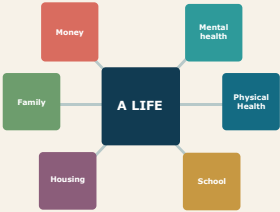


02

A young person doesn't have a behavioral health problem



They have a life.



03

Meet the Generations

Generations are not monoliths. These ranges provide context, not a complete identity.

GEN Z

Born 1997–2012

Adolescents, college students, young adults, and emerging professionals

GEN ALPHA

Born 2013 onward

Growing up in a fundamentally digital environment

04

Meet Alex

19 years old

College student. Part-time worker.
Managing anxiety. Helping at home.
Trying to build a future.

Alex will guide our journey through the system.



They came of age differently

The context surrounding development has changed.

1

9/11
2001

2

Smartphones
2007

3

Social media
2010s

4

COVID-19
2020

5

Economic uncertainty
2020s

6

AI
Today

Every major transition arrived during formative years.

05

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6



What we're seeing

1

Increasing behavioral health needs
1 in 5 U.S. teens ages 12–17 experience a mental health disorder.

2

Earlier recognition and willingness to talk
Many teens say they have felt too nervous or anxious for a sustained period.

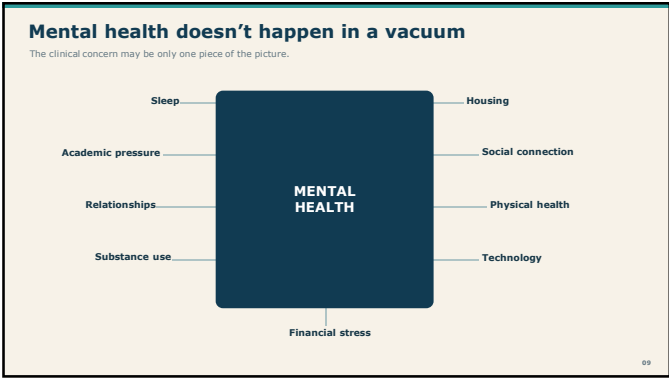
3

Demand for accessible, immediate care
Young adults prefer virtual options, simpler entry points, and faster responses.

4

Growing recognition of social determinants
Housing, relationships, school, work, and money shape mental health.





The expectation has changed

1

ACCESS

24/7 entry

2

IMMEDIACY

A response now

3

CHOICE

More than one door

4

CONVENIENCE

Care that fits life

5

PERSONALIZATION

Know my context

6

CONNECTION

Stay with me

We trained a generation to expect information, services, and relationships to be available almost instantly.

Why should healthcare be the exception?

I've seen the gap up close

Real stories. Real people. Real challenges.



The student

Ready for help now, but there is a three-week wait.

The young adult

Moving between pediatric and adult systems again.

The family

Trying to connect programs that do not share information.

The crisis

Could have been prevented if someone had seen the whole picture.

Where was the system?

We have resources

The problem is not that we have nothing.

1

Therapists

2

Physicians

3

Universities

4

Crisis services

5

Community organizations

6

Technology

7

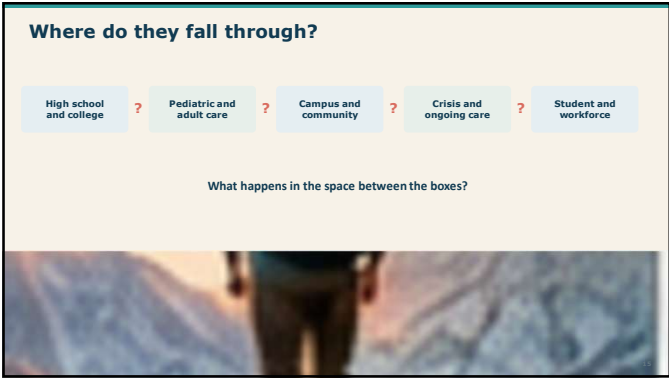
Funding

8

Passionate people







10

[illegible]

17

[illegible]

18

[illegible]

The question changes



Instead of:

How can we collaborate?

Ask:

If we were designing the system from scratch for a 19-year-old today, what would we build?

19

BUILD THE SYSTEM

Imagine there are no silos.
No legacy structures.
No "that's just how we've always done it."

You have the people in this room.

What would you build?



20

Step 1: Identify the gap

Where does the system fail Alex?



- Access
- Referrals
- Transportation
- Insurance
- Communication
- Data sharing

- Crisis response
- Stigma
- Continuity
- Housing
- Substance use
- Academic support

10 MIN

21

Don't fix everything

Choose one problem.

Pick something you can actually influence.

A focused solution can reveal what the larger system needs.



Step 2: Build the solution

WHO	WHAT	HOW	OWNER
Who needs to be at the table? Students Providers Families Community partners Payers Technology partners	What needs to change? What program should we create? What should feel different for Alex?	What would we actually do differently?	Who is responsible for moving it forward? What can happen in the next 30-60 days?

Step 3: Policy academy challenge

You have 90 seconds.

1

The problem is...

2

The change we propose is...

3

The partners we need are...

4

Our first step is...

90 SECONDS



Step 4: What would have to change?

Where does your solution need movement?

ORGANIZATIONAL

Policy, workflow, staffing, data, or accountability

COMMUNITY

Shared ownership, partnerships, trust, or access

POLICY

Funding, eligibility, regulation, or incentives

Name the level that could stop the idea and the level that could unlock it.

25

The commitment

What will you do differently?

One thing I will do differently because of this conversation is...

Write it down. Share it. Make it specific.



26

They don't see silos

They see their life.



We can build the most innovative programs in the world.

But if a young person has to navigate five organizations, tell their story five times, figure out which door to knock on, and hope someone connects the dots...

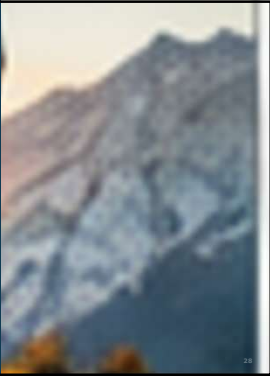
*...we haven't built an integrated system.
We have simply built more programs.*

27

*Our job is to build systems
that are easier for young people
to navigate.*

Our job is not to ask young people to become
better navigators of our systems.

**Because they don't experience their lives in
silos.**





Build systems around the lives young people are already living.

Start with their experience. Share responsibility. Close the seams.

***Build the
system
they see.***

Thank you









Integrating Care for Youth and Young Adults



Jack Brantley, MA,
LPCC, NCC
Statewide On Track TN
Trainer - Lead
Park Center



Ravi Patel, MA, LPC-
MHSP
Clinical Coordinator, Center
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University



Shirley A. Jennings,
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Volunteer Behavioral
Health Care System



Lisa Bumbalough
Public Health Director
Putnam County Health
Department-Community
Health Center

Integrating Care for Youth and Young Adults

THRIVING TOGETHER

Behavioral Health Integration for the Next Generation

Thank
you!



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Park Center



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Department-Community
Health Center

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FUELING YOUR
WHOLE SELF:

Nutrition as a Pillar of
Integrated Health



Christine Warrick, MS, RDN, LDN
Nashville Nutrition Partners



Christine Warrick, MS, RDN, LDN
Nashville Nutrition Partners

SPEAKER
SLIDE DECK
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Fueling Your Whole Self
NUTRITION AS A PILLAR OF
INTEGRATED HEALTH

Presented by Nashville Nutrition Partners

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Meet Your Dietitian!



CHRISTINE WARRICK, MS, RDN, LDN
she/her

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What are we going to talk about today?

1Impacts of nutrition

2Fundamentals of fueling

3Building meals

4Relationship with food

5Food Fact or Fiction

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What comes to mind when you hear the word “nutrition”? How about just “food”?

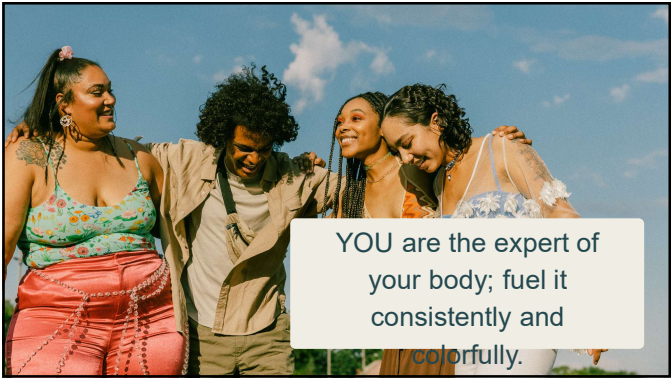


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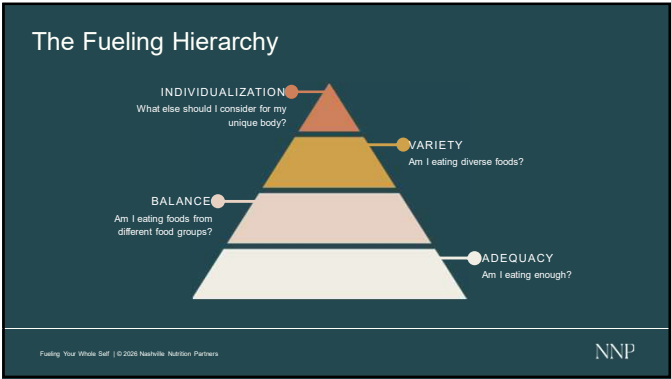
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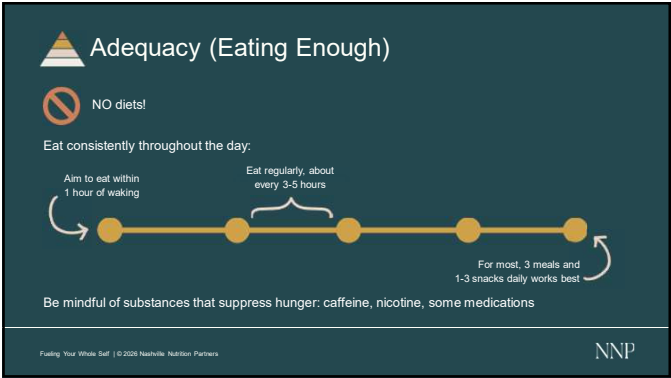














Balance

Grains and Starches

Protein

Fats

Fruits & Vegetables (color)

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Balance

HONORABLE MENTION: FIBER



- whole grains (oats, quinoa, brown rice, whole wheat flour/bread, etc.)
- starchy vegetables (potatoes, peas, squash, root vegetables)
- nuts & seeds
- beans
- fruit and vegetables

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role					
Satisfaction role					

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain				
Satisfaction role	Gives quick energy & satisfaction				

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues			
Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer			

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues	Essential for vitamin absorption & cell functioning		
Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer	Makes food flavorful & keeps you full longer		

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
 Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues	Essential for vitamin absorption & cell functioning	Protects cells from damage	
 Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer	Makes food flavorful & keeps you full longer	Provides a variety of flavors	

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Balance

	CARBS	PROTEIN	FAT	COLOR	FIBER
 Nutrition role	Provides energy to muscles & the brain	Used to build & maintain tissues	Essential for vitamin absorption & cell functioning	Protects cells from damage	Supports digestive and heart health
 Satisfaction role	Gives quick energy & satisfaction	Keeps you full longer	Makes food flavorful & keeps you full longer	Provides a variety of flavors	Keeps you full longer

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Balance

FUN FOODS

 Foods whose purpose is primarily flavor & pleasure, not necessarily nutritional value

 Fun foods belong with the rest of our food group friends!

 With nutrition by addition, we invite more variety to the plate rather than eliminating food groups



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Variety

Nutrition definition: eating a diverse range of foods from multiple food groups

WAYS TO EXPAND VARIETY

- Remember, variety looks different for everyone. Don't get caught in the comparison trap.
- Try a 'love it, like it, exploring it' approach to plating.
- Practice curiosity: stay open-minded to new foods and new preparations of familiar foods, because taste preferences change throughout life.
- Add color and texture.

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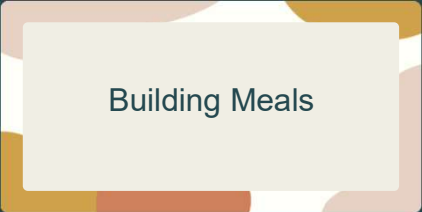
Individualization

NUTRITION PRIORITIES MIGHT VARY DUE TO:

- Activity-specific fueling needs (e.g., swimming vs. dance vs. football)
- Medical conditions, allergies, food intolerances
- Family medical history
- Food preferences
- Culture, religion
- And more...

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Building Meals

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Building a Plate

FRUITS & NON-STARCHY VEGETABLES

PROTEIN

FLUIDS

FATS

GRAINS & STARCHES

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Building a Plate

EX 1: ENTRÉE + SIDES

EX 2: GRAIN BOWL

EX 3: MIXED ENTRÉE

Examples from @PlateByPlateApproach on Instagram

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Around Campus

THE CAF

- Omelet w/veggies, potato skillet, & grapefruit
- Chicken, pasta & marinara, & peppers and mushrooms
- Soyrito, chipotle portobello and beans, polenta, and vegetable medley

CHICK-FIL-A

- Grilled market salad & waffle fries
- Chicken sandwich & fruit cup

EINSTEIN BROS BAGEL

- Bagel & cream cheese, fruit & yogurt parfait
- Turkey & cheddar sandwich & fruit cup

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At the Dorm & at Home

MICROWAVE BURRITO BOWL

- Canned beans, rice, and frozen peppers & onions.
- Add salsa, guac, cheese, etc.

LOADED BAKED POTATO

- Microwave-baked potato, canned chili, steamed broccoli
- Add greek yogurt or sour cream, cheese, chopped scallions

SPICY TUNA RICE BOWL

- Canned tuna, greek yogurt or mayo, hot sauce
- Add rice and sliced cucumbers

HUMMUS VEGGIE WRAP

- Hummus, whole wheat wrap, lettuce, cucumber
- Add tofu for extra protein

EASY SALAD

- Favorite bagged salad kit
- Add anything missing: croutons for starch, baked tofu for protein

UPGRADED RAMEN

- Instant ramen, frozen stir-fry veggie mix
- For protein, try an egg or two, tofu, frozen shrimp

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Brainstorm time!

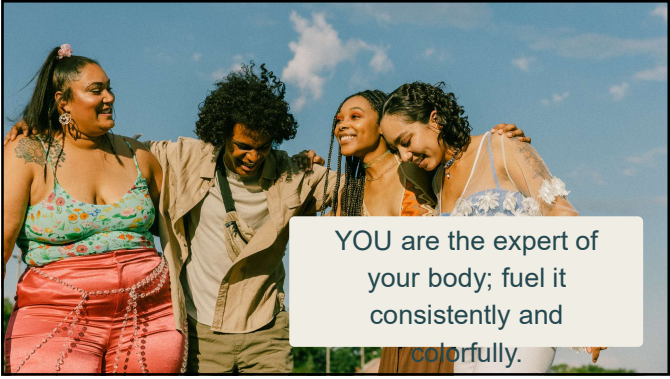
1. Pick a couple go-to breakfast, lunch, dinner meals

2. Identify: do I have a protein, a grain/starch, a fruit/vegetable, a fat?

3. If any are missing, what would I add to make this a more complete meal?

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YOU are the expert of your body; fuel it consistently and colorfully.

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26

Nurturing a Positive Relationship with Food

Nutrition isn't just about the nutrients in the food we eat, it's also about our mental and emotional relationship with food.

THE CONTEXT

access to food

preferences

connection to self

media

body image

stress level

emotional state

THE CONTENT

coping skills

environment

connection to others

trends

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Relationship with Food

HOW TO PROMOTE A POSITIVE RELATIONSHIP WITH FOOD FOR YOURSELF AND YOUR FRIENDS

Celebrate body diversity

Honor your appetite

Move joyfully

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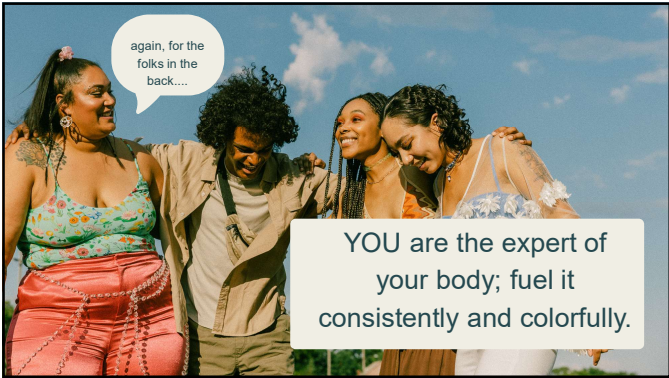
Foodie Fact or Fiction

What are some food-related ideas you've heard that you want to fact-check?

Think about things you've heard from family, friends, TikTok...

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click here!

**SPEAKER
SLIDE DECK
ACCESS**

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Kate Kelly, MT-BC, RYT-200

Owner & Executive Director
Empower Music Therapy

The Untapped Potential of
MUSIC THERAPY
in Collaborative Care

with Kate Kelly, MT-BC



WHAT WE'LL EXPLORE TODAY

- THE INNATE POWER OF MUSIC
- WHAT IS MUSIC THERAPY?
- MUSIC THERAPY IN INTEGRATED CARE
- MUSIC THERAPY FOR COLLEGE STUDENTS
- EXPERIENTIAL



THE INNATE
POWER
OF MUSIC

HAS A SONG EVER TURNED YOUR DAY AROUND?



HAVE YOU EVER BEEN MOVED TO TEARS AT A CONCERT?



HAS AN ALBUM EVER COMPLETELY RESONATED WITH
YOUR LIFE EXPERIENCES, EVEN THOUGH YOU'VE NEVER
PERSONALLY MET THE SONGWRITER?



DRUMROLL PLEASE



MUSIC IS AN INNATE PART
OF THE HUMAN EXPERIENCE.



Music is already within you—your heart beats, your **breath** flows... all in **rhythm**.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.



Music influences brain chemistry by releasing **dopamine**, reducing cortisol, and strengthening **neural connections** that impact mood, memory, and well-being.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.



Music **transcends language**— it's a universal voice we all understand.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.



Our musical preferences tell the story of who we are, where we've been & what moves us.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.



Our shared love of music connects us in ways nothing else can.

MUSIC IS AN INNATE PART OF THE HUMAN EXPERIENCE.



Since music is an innate part of the human experience, it holds profound therapeutic power—making music therapy a meaningful tool that can benefit almost anyone.

WHAT IS MUSIC THERAPY?

SO.. WHAT IS MUSIC THERAPY?



- Evidence-based clinical practice
- Board-certified music therapist
- Uses music to help achieve individualized goals
- Social, emotional, developmental, mental health, overall quality of life goals

ADAPTIVE & INCLUSIVE

- Tailored to each person’s needs, interests & goals
- May include songwriting, instrument playing, improvisation, song discussion, musical games, music-guided meditation, etc.

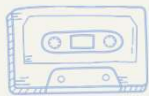


Personalized, Purposeful Care



- No musical experience required
- Session start with an **assessment** where we establish goals for our time together (such as healthy coping, self-expression and stress reduction)
- Musical experiences are **selected** and adapted to **support those goals**, with progress evaluated over time

Music therapy can support goals shared across behavioral and physical health care:



ANOTHER PATH TO CONNECTION & CARE

- Supports emotional expression & communicating needs - a safe, creative space to process
- Regulates the nervous system - Helps reduce anxiety and stress
Boosts the mind-body connection
- Develops healthy coping - Tools for difficult times
- Supports Isolation Reduction- Fosters connection, belonging & community

Music becomes a medium for working toward what matters to the person

MUSIC THERAPY
IN INTEGRATED
CARE

When we think about integrated
care, we’re thinking about the
whole person.



What is happening emotionally,
physically, socially, and in their
everyday life? What resources are
they are already utilizing?

MUSIC THERAPY
FOR COLLEGE
STUDENTS

EXAMPLE 1:
for a 1:1 Session

Virtual or In Person

A highly creative student wants
support managing family related
stress and school demands.

They already utilize the school counseling services,
but are curious about a more creative approach.

SHARED GOALS & COLLABORATIVE SUPPORT

- Identify the person’s priorities and existing supports
- Refer for a music therapy **assessment**
- Align **goals** with the person and **their care team**
- Share relevant observations and **progress**, with **appropriate consent**
- Adapt care together

Music therapy brings a creative, experiential way to work toward shared goals.

The student might...

- Process an experience through a song discussion of a favorite artist

The student might...

- Process an experience through a song discussion of a favorite artist
- Practice a coping strategy through a musical experience

The student might...

- Process an experience through a song discussion of a favorite artist
- Practice a coping strategy through a musical experience
- Write a musical mantra to help them in a season of stress

The student might...

- Process an experience through a song discussion of a favorite artist
- Practice a coping strategy through a musical experience
- Write a musical mantra to help them in a season of stress
- Complete a music guided meditation

Music therapists can participate in interdisciplinary treatment planning and support shared treatment goals.



EXAMPLE 2:
for a group
session

A College Counseling Department
May Notice

- Trends of high stress amongst students
- High academic demands
- Lonliness
- Financial pressures
- Relationship stress
- Uncertainty about the future



Decide to book a “pop-up” group:

- Drum circle
- Therapeutic Songwriting Workshop
- Mood Enhancing Playlist Session
- Music & Self-Care Group
- Etc.



Takeaway: Music therapy is a highly accessible, effective and connective modality that can meet the needs of students in individual or group settings...

but it’s potential
is untapped!
So let’s collaborate.

EXPERIENTIAL

MINDFULNESS & MUSIC THERAPY

Loving Kindness Meditation / Song

May you be filled with
lovingkindness
May you be well
May you be peaceful and at ease
And may you be happy

May we be filled with
lovingkindness
May we be well
May we be peaceful and at ease
And may we be happy

May I be filled with lovingkindness
May I be well
May I be peaceful and at ease
And may I be happy

Thank You & How to Reach Out

www.empowermusictherapy.com

kate@empowermusictherapy.com

Follow us on IG: @empowermusictherapy

Sources for clinical framing [1] American Music Therapy Association. Standards of Clinical Practice. musictherapy.org/about/standards/ [2] American Music Therapy Association. What is Music Therapy. musictherapy.org/about/musictherapy/ [3] American Music Therapy Association. Scope of Music Therapy Practice. musictherapy.org/about/scope_of_music_therapy_practice/



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Kate Kelly, MT-BC, RYT-200
Owner & Executive Director
Empower Music Therapy

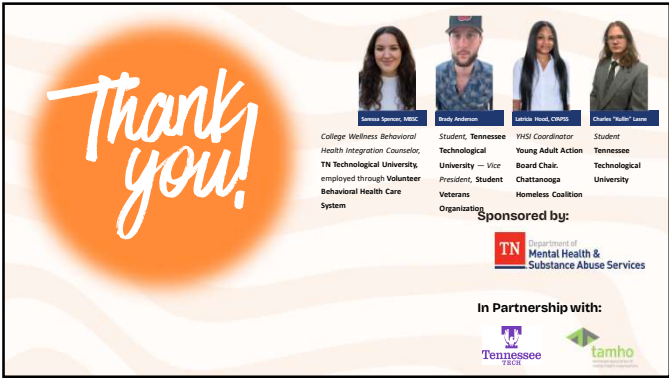
NETWORKING BREAK
AND RESOURCE TABLE VISITS

Please feel welcome to enjoy a snack or beverage that you brought with you today while networking with other attendees and visiting the resource tables.













Connecting Care,
Strengthening Communities:

A Call to Collective Action



Douglas Ribeiro, PhD
Associate Professor of the Practice
Vanderbilt University, Peabody College,
Human and Organizational Development

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THIS PRESENTATION**

Connecting Care, Strengthening Communities:
A Call to Collective Action

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Learning outcomes:

1.Examine integrated behavioral health through ecological and systemic perspectives, recognizing how individual well-being is shaped by relationships, systems, communities, and broader social conditions.

2. Identify opportunities to move from expert-driven siloed models of care toward collaborative approaches that build upon the knowledge, strengths, and capacities of individuals and communities.

3. Develop actionable strategies for advancing integrated care within their professional role, organization, or community through collaboration, critical reflection, and collective action.

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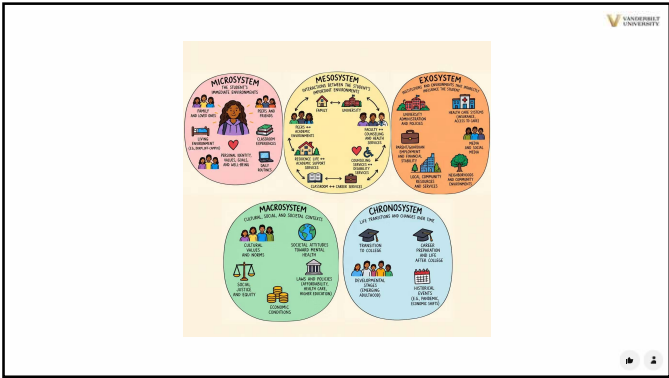
“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

(WHO, 1948)

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A COLLEGE STUDENT'S ECOLOGICAL SYSTEMS MODEL

Urie Bronfenbrenner's Ecological Model



Integration is Transformation:

- From the individual → toward the ecology
- From the appointment → toward the relationship
- From the referral → toward the pathway
- From the discipline → toward the shared problem

Where do you see the most fragmentation in the student experience?



Professional and Organizational Silos

Professional identity: from silo to contribution

- | | | |
|--------------------------|---|---------------------------------|
| • “This is my client.” | → | “I am one part of a whole.” |
| • “This is my scope.” | → | “My expertise is one resource.” |
| • “I made the referral.” | → | “The relationship is shared.” |
| • “I did my part.” | → | “We are a team.” |

Integration asks us to expand not only where we practice, but who we believe we are as professionals.

Professional expertise

- Counselling
- Primary care
- Student affairs

Lived expertise

- Faculty and learning
- Community knowledge
- Student voice



“ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

– Hook, Davis, Owen, Worthington and Utsey (2013)





Humility is an integration skill

Cultural humility

- I can be curious about what I do not know.

Professional humility

- My training does not answer every question.

Organizational humility

- Our system is not necessarily the student's reality.

The goal is not to let go of expertise.
It is to become more open to others expertise.





A student experiences one life.
We experience a multitude of contexts.

- Counseling and primary care
- Health promotion and student affairs
- Academic support and accessibility
- Community



- 10

10

- 10

Which best describes your campus today?

0

0

0

0

Referral - student is directed elsewhere for services

Coordination - providers communicate after handoff

Collaboration - providers plan and work together

Integration - treatment pathway designed around patient needs

From individual capacity to collective capacity

• ME - What I can do alone

• WE - What we can do with one another

• SYSTEM - What the organization can make possible

• COMMUNITY - What the community can sustain

Integration is a practice of relationship

1. LISTEN - What are students telling us?

2. CONNECT - Who needs to be in relationship?

3. BUILD - What can we create together?

4. TRANSFER - What can the system do without extraordinary effort?

The goal is not permanent dependence on one heroic collaborator. It is a stronger system.

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Which practice is hardest to make real on your campus today?

Design pathways around student needs

Treat student knowledge as data

Create relationships before crises

Measure the experience of integration

Make collaboration ordinary, not heroic

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Reflection is not the end. It is the beginning.

SEE DIFFERENTLY – What am I not seeing?

CONNECT DIFFERENTLY – Who else needs to be in the room?

BUILD DIFFERENTLY – What could we create together?

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Four shifts to carry home

SEE the ecology – Student well-being is contextual.

SHARE expertise – No single profession sees the whole.

BUILD with people – Systems should fit lived realities.

ACT together – Collective capacity is built in relationship.

Complete: "When I return to my campus, I will..."

Integration and Cultural Humility



What becomes possible when we stop asking communities to fit our systems and start building systems capable of responding to communities needs?

Douglas Ribeiro, Ph.D. · Vanderbilt University



Thank you!

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