tamho
tennessee association of mental health organizations

BEHAVIORAL HEALTH NEWS & EVENTS

Volume 5, Issue 3 Tennessee Association of Mental Health Organizations (TAMHO) **July 2017**

Message from the Executive Director

Ellyn Wilbur
Executive Director

Senate Majority Leader, Senator Mitch McConnell reported on June 27 that a vote on the Senate's version of the American Health Care Act (AHCA), now being referred to as the Better Care Reconciliation Act (BCRA), will be postponed until after the July 4 Congressional holiday. This comes after several days of news reports questioning whether there are enough votes to pass the bill as presented and a growing outcry about the need for public debate on something as important as repealing and replacing the Affordable Care Act (ACA) and restructuring Medicaid. Moderates and conservatives have both found fault with the bill, with some thinking it goes too far and others thinking it does not go far enough. According to the Office of Budget and Management, the bill will result in 22 million people losing their health insurance, compared to an estimated 24 million in the House version of the bill.

According to Senator Lamar Alexander, the bill continues to protect individuals with pre-existing conditions and allows individuals to remain on their parents' policy until age 26. We are pleased that these parts of the ACA are left intact. Senator Alexander goes on to say that this bill increases Medicaid (TennCare) funding at the rate of inflation. According to the Sycamore Institute, a Tennessee non-partisan public policy research center, since 2006 the TennCare per enrollee spending has typically grown faster than general inflation. Tennessee is nationally recognized for controlling the program's growth but even so, this funding limitation alone would reduce what is available for services that help keep vulnerable populations healthy.

Of even greater concern is the provision that allows states to waive coverage for mental health and addictions services. This threatens the very existence of parity, which was first addressed in federal legislation in 1996 in a bi-partisan effort. It was expanded and signed into law by President Bush in 2008, and further strengthened in the ACA by President Obama to require that group health plans and insurers that offer mental health and substance use disorder benefits provide coverage that is comparable to coverage for general medical and surgical care. Under current regulations, parity requirements apply to Medicaid beginning October 1, 2017.

I believe that the reason the BCRA does not have enough votes to pass the bill at this time is because of the strong advocacy efforts that have been underway. Virtually all groups involved with patient care have spoken out against both the House and Senate versions of the AHCA. To mention a few, the American Hospital Association, the American Psychiatric Association, American Nurses Association, American Academy of Pediatrics, American Healthcare Association, National Association of Community Health Centers, National Rural Health Association, and the National Council for Behavioral Health have all been vocal about the devastating impact this would have on the health care delivery system and those it serves.

The postponement of the Senate vote is positive news, but now is not the time to be complacent. Your elected officials need to hear from you! If you need help contacting your Congressional leadership, you can text your zip code to 520-200-2223 and you will immediately receive a return text with your representatives' contact information. If you need additional help, please let me know:

ewilbur@tamho.org

615-244-2220 Ext. 12

Change in Leadership at the Coalition for Mental Health and Substance Abuse Services

Ben Harrington
CEO, Mental Health Association of East Tennessee

The Coalition of Mental Health and Substance Abuse Services is comprised of more than 30 organizations who have joined together to ensure that mental health and alcohol and drug treatment and recovery services are accessible to all individuals regardless of age, and maintained at a funding level that assures quality care to those in need.

INSIDE THIS ISSUE

Tom Starling, CEO of Mental Health America, Middle Tennessee, recently stepped down as Chairman of the Coalition for Mental Health and Substance Abuse Services. We give a big THANK YOU to Tom for his willingness to serve in this role for the last several years.

Assuming the Chair's role will be Ben Harrington, CEO of the Mental Health Association of East Tennessee. Ben has held this position since 1994. Some of his accomplishments include:

The establishment of school based mental health outreach program at two Knox County high schools in 2000, called Mental Health 101, which serves more than 25,000 middle and high school students annually in 91 schools across Tennessee. Mental Health 101 serves to help students recognize early, the symptoms of depression, other mental illness and suicidal behaviors in themselves or their peers. In Mental Health 101 students also build their own, personalized action plan so that they may seek help for themselves or their peers, before their illness worsens to the point of treatment resistant illness or disability.

The tremendous outcomes of the Mental Health 101 program not only include a 400% increase in students' demonstrated ability to state symptoms of depression and suicidal behaviors in post tests, but also include a 31.79% decrease in high school students contemplating suicide, a 30.46% decrease in high school students planning a suicide attempt. Additionally, there has been the 57.57% reduction in high school age teen suicide attempts (reported in 2009 YRBS) in Knox County, Tennessee. Lastly, while suicidality has decreased, youth entering treatment has increased 453%!

Mr. Harrington has a long history of being actively involved in local, state and national advocacy. Some specific advocacy efforts have included the TennCare formulary, creation of the Behavior Health Safety Net, creation of the original 6 Crisis Stabilization Units, and the reinvestment of funds in the community when Lakeshore Regional Mental Health Institute closed in 2012.

He has been honored by the United Way of Greater Knoxville with the Wayne Murdoch CEO of the Year Award, the Greater Knoxville Business Journal with the Health Care Hero Award for Community Service, and by the American Psychiatric Association with their "Psychiatric Achievement Award" for Mental Health 101.

He earned a BA in History in 1982 from Heidelberg University and an MA Ed in 1984 from Bowling Green State University. He is married to Norma Harrington and together they have two sons, Donovan & Jackson and two dogs, Violet & Baxter.

Welcome, Ben!

110th General Assembly Adjourns

Budget Passes

ARTICLE REPRINT | Smith Harris Carr | May 2017

The first session of the 110th General Assembly adjourned today following an ambitious week full of monumental considerations.

On Monday evening, the Senate convened to finalize the FY 17–18 budget. As you recall, the House finally passed its version of the budget on Friday after a slurry of controversy when unfriendly amendments were added. The Senate's consideration of the bill was much less dramatic. While there were some discussions about the order in which to consider the package of bills, adoption went relatively smoothly. The primary grievance most senators expressed was the necessity to break the "Copeland Cap." The cap is a constitutional amendment which requires the legislature to acknowledge that it is increasing the state's budget at a greater rate than the consumer price index has increased in the previous year.

In the end, 28 of 33 senators voted in favor of the budget, sending it to Governor Bill Haslam for final approval.

Tuesday's activities were much like a sporting event that ends in a tie. Though many had doubts, some remained hopeful the legislature would adjourn before the day was complete. Both chambers ran well past 6 PM, and this year it was the Senate that insisted on another day. Just after noon on Wednesday, both the House and Senate exchanged legislation on message calendars and appointed conference committees to resolve differences. After that, resolutions were drawn in the respective chambers and they adjourned.

More Fuel Tax Legislation Passes

In what was one of the final pieces of legislation to be considered before adjournment, a tweak was made to Tennessee fuel tax laws. The legislation requires that taxes collected on

Our photo of the week shows Lou and Estie all smiles as the legislature files out of the building. Estie is sporting her "cow pants" which have become a last day of season tradition!

gasoline at boat marina filling stations be dedicated to waterway infrastructure. Similar laws were already on the books directing funding for these purposes, however, SB230/HB910 specifically directs new increases for that purpose. According to testimony and Senate sponsor, Senator Paul Bailey (R– Sparta) the increase is needed to help improve access points, boat ramps, recreational facilities, and other TWRA managed water projects. One point of contention in the legislation was how local portions of the tax would be returned to counties. An amendment discerned that issue and returned local portions of the funds.

Short-Term Rental Bill Delayed to 2018

Legislation to halt all new regulations on short-term rental properties was thrust into the spotlight during the final week of session. The bill puts a two-year moratorium on any new regulatory actions on short-term rentals and companies that facilitate the rentals. As amended, Nashville would effectively be the only city with the proposed moratorium in place. This was one of the bill's greatest areas of contention. House sponsor Rep. Cameron Sexton (R– Crossville) defended his legislation for nearly two hours on the House floor Monday night, while the Senate was passing the budget. The House passed the legislation with 53 of 99 voting in favor. The Senate had its own marathon hearing on the bill Tuesday, arguably delaying the end of session by a day. Many of the same arguments were made on the Senate floor, the only difference was they decided not to adopt the moratorium and deferred action to 2018.

Vertical Driver's License Coming to Tennessee

On Tuesday the House passed legislation requiring driver's licenses belonging to anyone under 21 to be printed vertically. House Bill 397 is designed to help curb Tennessee's underage alcohol consumption problems by making identification of underage adults clearer. The Senate passed the companion bill nearly two months ago. This class of licenses will join others being printed vertically including some personal identification cards and a concealed carry permits.

Health Services Development Agency

The Government Operations Committee review of the HSDA recommended a 2 year extension over the summer of 2016. The Senate and the House Committee amended the bill to a 3-year extension and that is how it passed the Senate. In the last two weeks, some controversy erupted and the House ended up passing today a bill with a one-year extension, which the Senate then agreed to. More to come on this issue in 2018.

Senators Alexander and Corker Encouraged to Reject the AHCA

Asked to ensure a Senate bill that protects Tennesseans

The Tennessee Coalition for Mental Health and Substance Abuse Services recently submitted a letter urging Senator Alexander and Senator Corker to reject the AHCA and to work toward ensuring a Senate bill that would protect Tennesseans by not reducing coverage, removing protections for people with pre-existing conditions, increasing premiums for Tennesseans based on age, gender, diagnosis or cutting Medicaid. The viability of the state budget and the wellbeing of the most vulnerable Tennesseans depend on upholding congressional commitments to protect and improve the health coverage of all Americans.

The Coalition stated that what is needed instead, as they have both said, is for Congress to work on a bipartisan basis toward long-term solutions that work for everyone. The AHCA raises significant alarm for our member organizations and the 1.3 million Tennesseans with mental health and addiction treatment needs we serve. The House bill is not consistent with assurances by Congress and the President to preserve Americans' health coverage and make care more affordable.

The Congressional Budget Office's updated score noted a few changes compared to their initial analysis completed in March. Specifically, the latest projections estimate total coverage losses at 23 million individuals with a cost savings of $119 billion, compared to original CBO estimates of 24 million individuals losing coverage with $337 billion in cost savings. The new report

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

August 15, 2017
December 14, 2017

Meeting Times:
Approx. 10:00 a.m. to 2:30 p.m. CT.

Meeting location:
Conference Center
Middle TN Mental Health Institute
221 Stewarts Ferry Pike
Nashville, TN 37214

Direct questions/inquiries to **Avis Easley** at **(615) 253-6397** or by email at **Avis.Easley@tn.gov** or **Vickie Pillow** at **(615) 253-3785** or email at **Vickie.Pillow@tn.gov**

Meeting schedules and information are available online at **http://www.tn.gov/assets/entities/behavioral-health/p-r-f/attachments/2017_Regional_Statewide_Council_Meeting_Schedule.pdf**. Meetings are subject to change.

REGIONAL PLANNING & POLICY COUNCILS

Region I
10 am – 12pm EST (**2/7, 5/9, 8/8, 11/7**)
Harrison Christian Church | 2517 Browns Mill Road, Johnson City, TN 37604

Region II
11:30am – 1:30pm EST (**2/15, 5/17, 8/16, 11/15**)
Helen Ross McNabb Center | 201 West Springdale Avenue, Knoxville, TN 37917

Region III
10am – 12pm EST (**3/1, 6/7, 9/6, 12/6**)
AIM Center | 472 W. MLK Blvd, Chatta-nooga, TN 37402

Region IV
11am – 1pmCST (**2/1, 5/3, 8/2, 11/1**)
TAADAS | Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217

Region V
9:30am – 11:30am CST (**2/2, 5/4, 8/3, 11/2**)
TAADAS | Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217

Region VI
1:30pm – 3pm CST (**1/10, 4/11, 7/11, 10/10**)
Pathways | 238 Summar Drive, Jackson, TN 38301

Region VII
11:30am – 1:30pm CST (**1/24, 4/25, 7/25, 10/24**)
Lowenstein House East | 6590 Kirby Center Cove, Suite 103, Memphis, TN 38115

predicts that over the next ten years, 14 million people would lose Medicaid coverage under the AHCA – this is more than the number who gained Medicaid coverage under the Affordable Care Act. If the AHCA passes, 14 million people who rely on Medicaid will not get the care they need, including millions for whom Medicaid is their key source of substance use disorder and/or mental health treatment.

As the result of an amendment to AHCA that would allow states to waive required essential health benefits, out-of-pocket spending for mental health and addiction services for individuals with non-group health plans "could increase by thousands of dollars in a given year." Additionally, the CBO report projects an overall cost savings of $119 billion, nearly all of which is achieved by slashing Medicaid funding and severely reducing its enrollment.

The AHCA Medicaid provisions will impact Tennessee especially hard. As you know, TennCare is the largest payor for mental health and substance use treatment services in Tennessee. Over half of all children in Tennessee are enrolled in TennCare, while the remaining enrollees are the elderly and the disabled.

Also, capping future federal Medicaid funding to a 2016 baseline locks in current inequities in federal funding which is already a great disadvantage to Tennesseans and other conservative non-expansion states. You should note that stark disparities exist with some states receiving nearly twice as much as Tennessee in federal Medicaid funding per enrollee. The AHCA would make these unfair federal funding disparities permanent, compounding service capability and penalizing Tennesseans for its legislators failing to expand Medicaid services under the ACA.

Did you know...

that there are **133 new laws** that are effective beginning **July 1, 2017?** To find a complete list, use this link:

http://www.capitol.tn.gov/legislation/publications/effective07-01-2017.pdf

Under the AHCA, the Tennessee state budget would sustain a loss of $5 billion in federal Medicaid revenues over ten years. That represents an average annual loss of $500 million in the TennCare budget, forcing major service reductions affecting TennCare's 1.5 million enrollees and the providers who care for them. Cuts to TennCare will be felt across the age spectrum, with serious effects on the state's health care infrastructure. The great majority children enrolled in TennCare have serious medical or behavioral disabilities or are in foster care. TennCare also covers over half of all births in the state and is the financial foundation of services that have succeeded in recent years in reducing infant deaths. Additionally, TennCare funds 61% of nursing home care and the bulk of funding for services for adults with developmental and intellectual disabilities. It is our largest single payer for mental health and addiction services, which is a crucial role in a state where the opioid and meth addiction epidemics are among the worst in the nation.

Additionally, the AHCA provisions attacks key healthcare concepts important to every Tennessean:

Pre-existing conditions affect most Tennesseans by the time we reach mid-life. In fact thousands of Tennessee children are diagnosed with Type I Diabetes or Asthma annually, and like citizens with mental illness, will be barred from future health care by this bill. Medicaid provides necessary screening for youth so that mental health needs can be identified before the disease becomes disabling. Please keep in mind that 20% of all Tennesseans need mental health care today, including 26% of those in the workforce. Additionally, 12% of the workforce needs addiction treatment. Addiction issues are particularly vulnerable to being excluded as pre-existing conditions. Part of the disease of addiction is that the brain does not always recognize what a 'prudent person' would recognize as the signs and symptoms of addiction in order to seek help. This is of great concern to us in Tennessee, where there are as many as 69,000 individuals addicted to opioids at any given time resulting in an average of 4 deaths a day.

High risk pools may sound like a viable solution, but have not been successful because they have not been affordable. "Keeping the pre-existing condition" exclusion in the bill while forcing those with pre-existing conditions into high risk pools is literally a legislated shell game which makes healthcare unaffordable for those Tennesseans with diabetes, heart disease, asthma, depression, anxiety, etc. and which lead to a lifetime of impairment and disability.

Essential Health Benefit regulatory rules were enacted in the ACA because of discriminatory insurance practices and life events that can and do happen unexpectedly. Granting states the option of not mandating Essential Health Benefits will lead to insurers or purchasers to choose policies which cover very little. Furthermore, the stigma of mental illness could cause many to opt out of mental health and addiction treatment. Opting out of certain covered services, such as mental health, will not only lead to deteriorating health among Tennessee's workforce, but also delay necessary healthcare, which frequently results in higher costs. We are concerned because if left untreated, mental illness and addictions cost the system in other ways, such as costs in corrections, custody issues, and uncompensated care.

In their report on Chronic Medical Conditions Affecting the Workplace, Milliman stated employees failing to achieve positive health outcome, for their diabetes, heart disease and cancer, likely had underlying co-occurring mental health conditions – depression, anxiety or substance use disorders. Milliman concluded that treating the mental health conditions was essential to improving health

outcomes for these chronic medical conditions. Community Rating requirements of the ACA that would be repealed in the AHCA bill are concerning because the industry would be once again allowed to openly discriminate in its pricing structure based on age, health condition, and gender. This reversal literally "allows the fox in the henhouse," allowing the insurance industry to raise premium rates based on these issues. Something is amiss in claims that community ratings can't work in the ACA population. Community rating is quite effective in employer provided plans covering millions more lives. We need your leadership to ensure Tennesseans are not discriminated against through the elimination of the community ratings requirement.

TNCODC News and Updates

Patrick Slay
Project Manager
Tennessee Co-Occurring Disorders Collaborative (TNCODC)

COD Learning Communities – Spring Meetings

The COD Learning Communities, both Regional and Statewide, exist to support the Strategic Initiative's goal to enhance Tennessee's Co-Occurring Disorders System of Care. The Learning Communities specific mission is to support universal co-occurring capability for programs and staff.

Three Regional COD Learning Communities have been created at the Grand Division level – West-Middle-East. Here is the meeting schedule for the next meetings. Contact Patrick Slay with any questions at si@tncodc.com, 615-244-2220, ext. 11.

The most recent regional meetings were held in May and June with the topic "Creating a Culture Shift and Gaining Support Within The Agency". 40 individuals from 23 agencies participated in these meetings across the state.

Steering Committees for the Regional COD Learning Communities

Each Regional COD Learning Community has identified a Steering Committee that will help guide and prioritize the needs of the Regional Learning Community. Many thanks to these individuals for volunteering:

West Steering Committee

Ariane Arnold, Regional Director, Health Connect America, Memphis

Jim Jones, Program Manager, Pathways Behavioral Health Services , Jackson

McKinley McKnight, Director, Innovative Counseling & Consulting, Memphis

Vicky Phillips, Millington Site Director, Professional Care Services of West TN, Millington

Martha Williams, Clinical Director, Professional Care Services of West TN, Covington

Middle Steering Committee

James Bush, Program Manager, Stars – YODA, Nashville

Georgia Caldwell, Co-Occurring IOP/OP Supervisor, Park Center, Nashville

Randi Finger, Program Manager, Volunteer Behavioral Health, Cookeville

Michael Reynolds, Program Manager, Centerstone, Estill Springs

Garmai Tokpah, Program Manager, Elam Mental Health Center, Nashville

Donna Vize, Program Manager, CHEER Mental Health/ Volunteer Behavioral Health, McMinnville

East Steering Committee

Brad Franks, Assistant Director Addiction Services, Helen Ross McNabb Center, Knoxville

Janine Clayton, Executive Director, Hope of East Tennessee, Oak Ridge

Melody Morris, STOP Program Coordinator, Ridgeview Behavioral Health, Oak Ridge

Upcoming COD Learning Community Events in September

Each Regional Learning Community will meet during the first week of September with Dr. Ken Minkoff as the presenter. Each Learning Community Steering Committee will work with Dr. Minkoff to develop the exact topics and agenda for the day. Here are the dates and times, with more information and the registration process forthcoming:

West-Memphis, September 6, Wednesday, 9:30-3:30

Middle-Nashville, September 7, Thursday, 9:30-3:30

East-Knoxville, September 8, Friday, 9:00-3:00

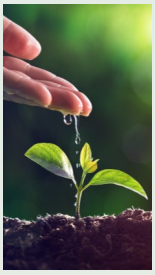
Free individual TA for provider organizations working on COD capability

As part of the COD Learning Community offerings, a 1:1 phone consultation with Dr. Ken Minkoff is available for any interested agency seeking individual Technical Assistance to help the agency make the most progress on COD capability. The purpose is to have your agency staff ask their questions and get guidance in moving through the steps of improving COD capability.

This opportunity is free of charge through the COD Learning Community.

Consultations are by appointment only. If interested in arranging a phone call with Dr. Minkoff, contact Patrick Slay at si@tncodc.com, 615-244-2220, ext. 11.

Strengthening and Cultivating Individual Placement and Support (IPS) Supported Employment Programs in Tennessee: 2017 Annual Conference



Second Annual IPS Conference – May 9, 2017 – Boone Convocation Center, Trevecca Nazarene University, Nashville, Tennessee

The Second Annual IPS (Individual Support and Placement) Conference, produced in partnership between the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Tennessee Department of Human Services (TDHS), Division of Vocational Rehabilitiation, and the Tennessee Association of Mental Health Organizations (TAMHO) was held on Tuesday, May 9th at Trevecca Nazarene University in Nashville.

The event celebrated employment staff and executive leadership from mental health agencies across the state as well as vocational rehabilitation personnel, state leadership, employers, and consumers. Supported employment experts from across the country shared their knowledge on high-interest areas such as social security benefits, trauma-informed care, co-occurring disorders, homelessness, agency impact, and supported education. Video testimonials from working consumers highlighted some of the many successful IPS outcomes.

The annual awards luncheon recognized the hard work of individuals who have helped IPS prosper in their communities. This year's award recipients included:

VR Counselor IPS Champion | Jill Rightler *(nominated by Ridgeview Behavioral Health Services in Oak Ridge, TN)*

Employment Specialist IPS Champion | Emily Sullins *(nominated by Frontier Health in Johnson City, TN)*

IPS Team Leader IPS Champion | Natalie Rothwell *(nominated by AIM Center in Chattanooga, TN)*

Employer IPS Champion | David Read, Cranberries Restaurant *(nominated by Frontier Health in Johnson City, TN)*

Working Member IPS Champion | Judy Hollis *(nominated by Pathways Behavioral Health Services in Jackson, TN)*

Since the statewide IPS initiative began in 2014, the community has grown to eleven agencies. Tennessee's IPS community looks forward to its continued expansion in order to achieve the ultimate goal of helping people find success and recovery through employment.

Channel 4 News Today Co-Anchor Holly Thompson presents awards at the Champion Awards Second Annual Recognition and Luncheon


WILBUR


WILLIAMS


YANCEY


WHITWORTH-BARNES


CAMPBELL-STREET


LEE


BROCK


PHILLIPS


BOND


ELDER


KELLER


TAYLOR, BUUCK, QUINN


HARDIN


BANKO


LIVERMAN


BLALOCK


MAXIE

FROM HOPE TO SUPPORT: A Community Response to Crisis

Second Annual Statewide Crisis Conference – June 16, 2017 – Nashville Music City Center, Nashville, Tennessee

Exceptional leaders within the crisis services communities were recognized during the conference.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and TAMHO partnered to co-host the 2nd Annual Crisis Conference, which took place on Friday, June 16, 2017 at the beautiful Music City Center in Nashville, TN. Over 200 professionals and staff working within the State's Crisis Services Continuum were in attendance to take in some very insightful messages and enlightening concepts surrounding a variety of relevant subject matters. The theme of year's Crisis Conference was "From Hope To Support: A Community Response To Crisis", tailored to focus on the importance and value of community-wide engagement to best serve the whole person before, during and after a crisis episode.

The conference kicked off with a special message from TDMHSAS Commissioner Marie Williams, who expressed appreciation and encouragement to the hardworking professionals within the crisis services continuum, highlighted by a rejuvenating charge to declare "I'm too blessed to be stressed." TDMHSAS Deputy Commissioner Sej West, Mental Health Services Assistant Commissioner Matt Yancey, and Crisis Services and Suicide Prevention Director Morenike Murphy inspired the audience with messages of sincerity and value for the tireless effort and dedication of all who serve those in crisis. Ms. Murphy also took a moment to recognize the agency directors of the crisis services continuum for their leadership and tireless efforts to ensure Tennesseans in crisis get the help they need. Two of the continuum's outstanding crisis services employees were presented with an engraved desk clock as a token of appreciation for their dedication and service.

The crisis conference served as a platform to provide the audience with powerful, significant messages by three distinguished keynote presenters. Mr. Paulo del Vecchio, the director of SAMHSA's Center for Mental Health Services, discussed the importance of having a community-wide and all-inclusive approach to crisis response. Volunteer Behavioral Health Care's Senior VP of Grants and Business Development Dr. Vickie Harden gave meaningful insight on the interconnectedness between mental illness and addiction when addressing behavioral health crisis. Former NFL quarterback Eric Hipple capped off the conference by sharing his work in mental health and suicide prevention awareness, and shared much of his own story to emphasize the importance of peer support and bystander intervention during times of crisis. Breakout sessions covered a variety of topics relevant to a community-wide approach to crisis response, including the importance of housing and homeless services as a key component, the benefit of incorporating the Crisis Intervention Team (CIT) model into the community, the significance of a trauma-informed approach to serving children and young adults, and navigating state law surrounding emergency involuntary hospitalization processes.

A capacity crowd with gifted presenters, along with a productive networking atmosphere and great perks (such as conference-themed t-shirts and book signing by Eric Hipple, to name a couple) proved to make Crisis Conference 2017, "From Crisis To Hope: A Community Response To Crisis" a wonderful and memorable success!


WILLIAMS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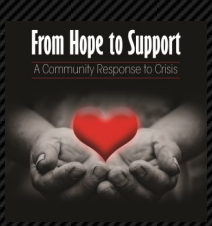



DEL VECCHIO


COCHRAN


SPARKS


HARDIN


HIPPLE


MURPHY


GOBIN


WILBUR


DAVIS


MULLINS

TAMHO MEMBER ORGANIZATION HAPPENINGS

Why Mental Health is Important to Health Care Reform

ARTICLE REPRINT | The Tennessean – Editorial | May 5, 2017 | Bob Vero | http://www.tennessean.com/story/opinion/2017/05/05/why-mental-health-important-health-care-reform/101200034/

Leaders on Capitol Hill have once again poised to turn their attention to health care reform.

While headlines about repeal and replace have garnered the most attention, this discussion goes beyond the fate of the Affordable Care Act. We have a wonderful opportunity ahead of us to strengthen health care for the future and create a more effective and efficient system for all Americans.

While reducing health care costs is an important goal, cutting Medicaid funding or reducing the essential benefits alone will not reduce health care costs in the long run. If we really want to transform health-care costs, we have to transform the way we deliver health care.

We can start by examining what influences costs across health care today. One of the most significant drivers of costs is not necessarily coverage, but rather the fragmented nature of our health-care system. Today, close to 5 percent of the population is responsible for about 50 percent of health-care spending.

Data and experience show that, without access to the right care, people are more likely to use excessive, costly services like emergency rooms for conditions that have spiraled out of control. This is particularly true for the millions of Americans who have mental health or substance use disorders.

Approximately one in five Americans has a mental health disorder. If a person loses mental health coverage, we compromise their overall health and well-being. We also jeopardize their ability to hold a job, maintain their home and keep their children and increase the likelihood that they will end up in a hospital or prison. Untreated depression is considered the costliest condition for employers, responsible for the equivalent of 27 lost work days per year.

The same can be said of substance use. Untreated, substance use can lead to infection, heart disease, liver disease and death. Too many people with addictions land in emergency rooms or jails. A 2016 report from the Surgeon General showed that the yearly annual economic impact from the misuse of prescription drugs, illicit drugs or alcohol in the United States is $442 billion.

If we can focus on improving patient outcomes, we will be making a critical investment in healthier, more self-sufficient citizens. For every dollar spent on improving treatment for just depression and anxiety, the return on investment is more than $4 in increased productivity and health.

This is why we cannot roll back essential health benefits – particularly coverage for mental health and addiction disorders. Removing mental health and addictions treatment from the essential health benefits package will simply shift costs from health care spending to other more expensive arenas – all without addressing the health needs of the population.

Instead, we need to recognize and reward providers who help their patients achieve the best quality outcomes.

It is our sincere hope that our elected leaders look beyond cuts to coverage and toward the ways health care is delivered. Reform that rewards outcomes and value will be the true driver in curbing costs creating a healthier future for us all.

Dr. Bob Vero is CEO of Centerstone's operations in Tennessee. Centerstone is Tennessee's largest community-based behavioral healthcare provider.

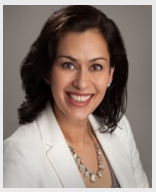
Frontier Health Receives Accreditation for Its Doctoral Internship in Psychology Program

Frontier Health has received accreditation from the American Psychological Association for its Doctoral Internship in Psychology Program.

To become clinical psychologists, students must complete a twelve month placement for their final year of graduate school. Frontier Health's doctoral internship places particular emphasis on developing the various skills needed to work with diverse populations and issues present in community mental health settings and on competently conducting psychological assessment. This internship uniquely prepares trainees to work with underserved populations that might not otherwise have access to psychologists' services. Professionals from within Frontier Health and from the local community are involved in providing the specified training that meets the high standards of the American Psychological Association.

Dr. Preston Visser, Clinical Psychologist noted "Frontier Health is grateful to its staff and community partners for their support in attaining this accreditation and being able to offer such a high standard of psychology training in our region."

Frontier Health is the region's leading provider of behavioral health, mental health, substance abuse, co-occurring, intellectual and developmental disabilities, recovery and vocational rehabilitation services, and has been providing services since 1957. Its mission is to provide quality services that encourage people to achieve their full potential. For more information, visit www.frontierhealth.org or call 423-467-3600.



Parinda Khatri, PhD
Chief Clinical Officer, Cherokee Health systems

Cherokee Health Systems' Chief Clinical Officer to Participate in International Best Practices Research Study

May 23, 2017

Parinda Khatri, PhD, Cherokee Health Systems' chief clinical officer, has been selected by the University of California, Berkeley, School of Public Health to join an advisory group of health care professionals that will travel to Spain next month

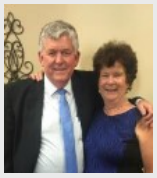
to conduct in-depth research on best practices in health care delivery. Khatri will join professionals from University of California, Berkeley, Mountfiore Medical Center, Sutter Health, Commonwealth Care Alliance, Academy Health, and American Medical Group Association who together will investigate Spain's diversity of health care models across its 17 unique regions. Through this research, the advisory group hopes to uncover best practices and the lessons they may hold for the way health care is delivered in the United States.

The group will visit Spain's capital region of Madrid, as well as the Catalonia and Basque Country regions. During these visits, Khatri and the other group members will hear from Spanish health care experts on such topics as integrated care, palliative care, chronic care management, and emergency care coordination. After the trip is completed

in mid-June, the group will participate in a two-day meeting in the District of Columbia to share the findings from their research, as well as deliver briefing papers and other peer-reviewed publications. The research group is being funded by a $255,000 grant awarded to the University of California, Berkeley, School of Public Health by the Robert Wood Johnson Foundation.

Founded in 1960, Cherokee Health Systems is a non-profit health care organization with 24 clinical locations throughout the state of Tennessee. It is known nationally as a pioneer and leader in integrated primary and behavioral care, which places behavioral health providers alongside primary care providers to ensure a full, team-based approach to patients' physical, mental, and addiction challenges. Cherokee Health Systems serves over 70,000 Tennesseans annually and offers a sliding-fee scale which ensures that no patient is ever denied treatment based on an inability to pay. For more information about Cherokee Health Systems, please call (865) 934-6646 or visit http://www.cherokeehealth.com

After 37 Years of Hard Work and Dedication, Paul Shaver Retires from PCS



Paul Shaver
Director of Administrative Services, Professional Care Services of West TN, Inc

Charles Kennon, Former PCS Executive Director, spoke on hiring Paul at a young age and his enthusiasm and good character. Former Executive Director, Becky Hendrix told stories about Paul's selflessness and kind interaction with clients. Speakers also included board chairman, Cyburn Sullivan, Carey Counseling Director Richard French and current PCS Director, Jimmie Jackson. Paul will certainly be missed at PCS but we are very fortunate to have his wisdom and loyalty for many years.

"What we do here…..it's really important and I want everyone to keep that in mind. Today, we don't have the resources to pay people what they necessarily deserve but our mission is great. Our patients need us, they're important! We are imperfect but the work we do is so important."

After 37 years of hard work and dedication, we bid farewell to one of PCS's finest, Mr. Paul Shaver. Colleagues, Family and friends of Paul along with PCS staff gathered to celebrate on May 11, 2017 at Behavioral Health Initiative, Inc. in Jackson, Tn.

Tennessee Voices for Children Achieves Three Year CARF Accreditation

In its mission to improve the lives of children and families facing mental health challenges, Tennessee Voices for Children has achieved Three-Year Accreditation from the International Commission on Accreditation of Rehabilitation Facilities (CARF) for its Intensive Family-Based Services with exemplary conformance in peer support.

"I am delighted that we have achieved CARF accreditation. It is a testament to Tennessee Voices for Children's commitment to excellence for the children, youth, and families we serve," says Rikki Harris, Chief Executive Officer. "Our staff's passion for the work has so much to do with their lived experience and that makes the recognition for exemplary conformance in peer support very special for us as well."

The accreditation decision represents the highest level of accreditation that can be given to an organization and shows the organization's substantial conformance to the CARF standards. Tennessee Voices for Children went through a rigorous peer review process and demonstrated to a surveyor during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of highest quality.

Click here to read more about Tennessee Voices for Children's Three-Year CARF accreditation.

Rikki Harris Named Finalist for Nashville Emerging Leader Awards

REPRINT | Tennessee Voices for Children

The Nashville Area Chamber of Commerce and YP Nashville announced the 2017 finalists for the Nashville Emerging Leader Awards, which recognize young professionals under the age of 40 for significant professional accomplishments as well as their commitment and contributions to the community. Tennessee Voices for Children is proud to share that CEO, Rikki Harris, is a finalist in the Community Service and Nonprofit category. Join us in congratulating Rikki and all of the 2017 finalists!

STATEWIDE HAPPENINGS

New Era of Leadership for Tennessee's Substance Abuse Authority

Dr. Stephen Loyd and Taryn Harrison Sloss Assume New Leadership Roles for the Department

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) begins a new era of leadership in the Division of Substance Abuse Services. Dr. Stephen Loyd has been appointed as Assistant Commissioner and Taryn Harrison Sloss will now serve as Deputy Assistant Commissioner for the Division.

"We are very fortunate to have this dynamic duo leading our outstanding team in the Division of Substance Abuse Services," said TDMHSAS Commissioner Marie Williams. "This dedicated team of individuals is focused on improving outcomes, being innovative, resolving challenges and collaborating with our statewide network of providers to impact the lives of so many Tennesseans struggling with substance use issues."

Dr. Stephen Loyd is a well-respected physician with an outstanding professional career coupled with his own personal story of triumph over opioid addiction. He most recently served TDMHSAS as the Medical Director of Substance Abuse Services. Prior to joining the Department, Dr. Loyd was an Associate Professor at the James H. Quillen College of Medicine East Tennessee State University in Johnson City, Tennessee and served as the Chief of Medicine at the Mountain Home VA Medical Center.

"I am humbled at the opportunity to serve as Assistant Commissioner for Substance Abuse Services," said Dr. Loyd. "I would like to thank Commissioner Williams and Deputy Commissioner West for their support as we work with our providers on expanding our prevention, education and treatment services across the state. With the recently announced federal funding of $13.8 Million, Tennessee has a monumental opportunity to impact the lives of so many and I am honored to be part of the equation."

Prior to being appointed as Assistant Deputy Commissioner, Taryn Harrison Sloss served the State of Tennessee in various positions for over 20 years including her most recent role as Program Development Director in the Division of Substance Abuse Services for TDMHSAS since 2008.

"Taryn's experience, vision and passion for serving those with substance abuse issues, made her an obvious choice to serve as Deputy Assistant Commissioner for the Division of Substance Abuse Services," said Commissioner Williams.

"I am truly honored and excited to be given this opportunity to serve as Deputy Assistant Commissioner," said Sloss. "I look forward to working side by side with Dr. Loyd and the fantastic team members we have within the Division of Substance Abuse Services as we work towards improving the lives of Tennesseans struggling with substance abuse."

William "Bo" Turner, PhD, FACHE Named Assistant Commissioner of Hospital Services

Turner brings years of valuable experience in hospital administration

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has appointed William "Bo" Turner, Ph.D, FACHE to serve as Assistant Commissioner of Hospital Services.

"We are thrilled to announce the appointment of Bo Turner as our Assistant Commissioner of Hospital Services," said TDMHSAS Commissioner Marie Williams. "He will be dedicated to improving administrative operations in our four regional mental health institutes while at the same time ensuring that our facilities provide the highest quality care for those we serve."

Turner is a dedicated behavioral health professional with 30+ years of executive leadership experience including his most recent role as Vice President for Behavioral Health at Unity Physicians Partners.

Bo Turner culminated his education by earning his Ph.D. with a concentration in Health Services from Old Dominion University in Norfolk, VA in 1995. He is also Board Certified as a Fellow in the American College of Healthcare Executives.

"I am honored at the opportunity to serve as Assistant Commissioner of Hospital Services and lead its dedicated staff as we serve the most vulnerable of Tennessee's citizens," said Turner. "The state-operated psychiatric facilities in Tennessee have set the gold standard for quality inpatient care and I look forward to continuing to build upon that tradition."

TDMHSAS operates four Regional Mental Health Institutes: Moccasin Bend Mental Health Institute in Chattanooga, Middle Tennessee Mental Health Institute in Nashville, Western Mental Health Institute in Bolivar, and Memphis Mental Health Institute in Memphis. In addition to the more than 9,000 annual inpatient admissions to these facilities, TDMHSAS contracts with three private psychiatric hospitals to provide inpatient care for those in the East Tennessee region.

Behavioral Health Advocate Sita Diehl Retires

Sita Diehl, former NAMI Tennessee Executive Director, and current National Director of Policy and State Outreach, retires after outstanding service in the behavioral health community at both the state and national levels. Our sincere thanks to her for her exceptional advocacy efforts. Best wishes to Sita on a well-deserved retirement.

Sita Diehl
National Director of Policy and State Outreach

Blue Ribbon Task Force Looks At Juvenile Crime In Tennessee

ARTICLE REPRINT | WKRN | June 29, 2017| Chris Bundgaard | https://www.tncourts.gov/news/2017/06/29/blue-ribbon-task-force-looks-juvenile-crime-tennessee

NASHVILLE, Tenn. (WKRN) - Kids involved in crimes are getting a lot of attention in Tennessee. Some of it came right from the top Wednesday with what is called a Blue Ribbon task force.

The task force in Nashville is made up of lawmakers, prosecutors, and child advocates. Every aspect of kids and crime is on the table.

"I hope from this we are going to come up with ways to insure public safety and help the families of juveniles as well as juveniles themselves," says TN House Speaker Beth Harwell.

Every city, every town across Tennessee likely has stories of kids and violent crime, like at an east Nashville community center riddled with bullet last March.

"They got kids in there. Getting that bad now," said a witness. No one was hurt, but juveniles were blamed.

It's part of a rising crime rate among kids that prompted a task force set up by House speaker Beth Harwell and Senate leader Mark Norris to look at the juvenile justice system.

What happens to these violent juveniles? Can they be reached before becoming young criminals?

"Some of our laws are antiquated, we certainly need to look more at rehabilitating and turning young lives around. So we are going to look at what the latest research shows," says Harwell.

Harwell and Norris co-chair the group, which will be sorting through what works in keeping kids from repeating crimes while keeping the public safe. Pew Interest Group researchers told the taskforce that locking up juvenile offenders doesn't work well in some other states.

Community supervision works better and saves money in other states, say Pew charitable trust researchers, who will help the task force.

"We want to focus our energies early in the process on the data and research," says Norris.

The juvenile task force plans to meet several more times this year before recommending new legislation for lawmakers in January.

Some of the prosecutors at the task force say their main concern will be cutting recidivism rates, those juveniles who become repeat offenders.

Story Credit - Chris Bundgaard - WKRN

In addition to Speaker Harwell and Leader Norris, members of the task force will include:

- The Honorable Bill Haslam (Governor, State of Tennessee) or his designee
- The Honorable Vicky Snyder (Juvenile Court Judge, Henry County)
- The Honorable Dan Michael (Juvenile Court Judge, Shelby County)
- The Honorable Russell Johnson (District Attorney, 9th Judicial District)
- Deborah Tate (Director, Administrative Office of the Courts)
- Commissioner Bonnie Hommrich or designee (Tennessee Department of Children's Services) or designee
- Linda O'Neal (Executive Director, Tennessee Commission on Children and Youth)
- Stacy Miller (Assistant District Attorney, Davidson County)
- Christina Kleiser (Public Defender, Knox County)
- Captain Gordon Howey (Youth Services Division, Metropolitan Nashville Police Department)
- Dr. Altha Stewart (Director of the Center for Health in Justice Involved Youth, The University of Tennessee Health Science Center)
- Commissioner Marie Williams or designee (Tennessee Department of Mental Health and Substance Abuse Services)
- Commissioner Candice McQueen or designee (Tennessee Department of Education)
- Camille Ratledge (Juvenile Probation Officer, Tennessee Department of Children's Services)
- Kathy Sinback (Juvenile Court Administrator, Davidson County)
- Senator Brian Kelsey
- Senator Doug Overbey
- Representative Karen Camper
- Representative William Lamberth

Bob Currie
TDMHSAS Director of Housing and Homeless Services

Bob Currie Retires; Recognized by Governor Haslam for His Service

Bob Currie, TDMHSAS Director of Housing and Homeless Services, recently retired from the State of Tennessee and was awarded an Award of Merit from Governor Bill Haslam for his faithful years of service. Bob was also honored by his colleagues in the Division of Mental Health Services who named him Employee of the Month for May; one team member dubbed him the "employee of the decade." Congratulations, Bob!

Now is the Time | Tennessee AWARE – Advancing Wellness and Resiliency in Education

Just over 20 percent of children, either currently or at some point in their life, will experience a serious mental disorder. Seventy percent of youth in juvenile justice systems have at least one mental illness.

Tennessee AWARE | June 21, 2017

As more youth experience mental distress, there is a need for increased mental health services and supports for children and youth as well as mental health literacy training for adults who interact with them on a daily basis. Tennessee's Department of Education received a 5 year grant (2014-2019) from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address this issue. Tennessee AWARE supports the local implementation of direct services within Anderson County, Lawrence County, and Lauderdale County school systems.

PROJECT PURPOSE:

The Tennessee AWARE initiative defines three specific goals:

1) Build state capacity to increase mental health awareness and access in schools and communities through the development of state and local policy as well as resource integration;

2) Promote competency among child-serving adults to detect and respond to youth mental health concerns; and

3) Expand the continuum of school and community-based behavioral health supports and interventions to more effectively respond to youth mental health needs and to keep youth in school and out of the juvenile justice system.

LOCAL SCHOOL DISTRICTS:

Local school districts (Anderson, Lauderdale and Lawrence County), in partnership with parents, youth, and community stakeholders, designed and implemented a multi-tiered system of supports to guide delivery of universal prevention, targeted intervention, and intensive school-based mental health services. Prevention and intervention strategies used included:

1) Evidence-based prevention programs

2) Mental health awareness and outreach campaigns

3) Youth and family engagement strategies

4) Early identification and referral processes connecting youth to appropriate services

5) Mental health clinicians in schools to deliver effective, targeted and intensive interventions and referrals

6) School discipline policies revised to reduce loss of instructional time and removals from school due to suspension and expulsion

YOUTH MENTAL HEALTH FIRST AID (YMHFA) TRAINING:

Youth Mental Health First Aid USA is an eight hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care. ***This training is available statewide and is provided without cost due to the availability of Tennessee AWARE grant funds.***

Who should take the course: The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.). Since 2008, the core Mental Health First Aid course has been successfully offered to hundreds of thousands of people across the USA, including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

ACHIEVEMENTS TO DATE:

Early AWARE Grant Impacts

• 19,944 school-aged youth from 37 schools have been served by implementing strategies through the Tennessee AWARE grant.

• Since the beginning of the grant: 1,307 students have received school-based case management or mental health services through AWARE social workers and school-based therapists as of April 1, 2017.

State & Local Level Success

• Tennessee AWARE school districts engaged in a variety of awareness-building activities including participating in Mental Health Awareness Week, developing and disseminating awareness materials, hosting and/or presenting at various conferences and community events/meetings, and including information about Project AWARE on school websites, newsletters, local radio stations, social media, and community newspapers.

• Tennessee AWARE has also been successful in engaging families and youth in Project AWARE efforts, including involving youth in social marketing efforts, conducting focus groups with youth, selecting parents and youth to serve on Local and State Management Teams, developing school-based student mental health advisory committees, and training youth and family members about mental health awareness.

• Several professional development opportunities were offered to educators by the AWARE school districts focusing on topics such as: suicide prevention, trauma-informed care, resiliency, ACEs, student discipline and restorative practices, bullying, harassment, intimidation policy, and self-care.

• School districts hired student support liaisons, social workers, and school-based therapists. The presence of school-based therapists and social workers helped de-escalate numerous behavioral crises and supported student referral to appropriate mental health services.

• One school district implemented Kids Helping Kids, a mentoring group formed by students.

• As of June 1, 2017, 35 state and 17 school district volunteers were trained as YMHFA instructors and 2,443 First Aiders have completed training. A total of 11,911 youth have received referrals and or resources from YMHFA First Aiders in their community.

• In June of 2017, the Tennessee Department of Education will host a statewide training by the National Council for Behavioral Health for 30 additional YMHFA instructors.

FUTURE GRANT PRIORITIES:

Professional development opportunities and technical assistance will be made available by the Tennessee AWARE state team to any interested school district interested in implementing a comprehensive school mental health model. Regional training for school district teams will be provided early in 2018 and then repeated in 2019.

Contact Information | Sara Smith |TN AWARE Director |Sara.Smith@tn.gov | **Janet Watkins |** TN AWARE YMHFA Training Director | Janet.Watkins@tn.gov

Tennessee Issues Public Health Advisory on Fentanyl

Misuse and Accidental Use of Powerful Drug Can Be Fatal

Fentanyl, an exceptionally powerful drug used legally to treat extreme pain, has found its way to the illegal drug market, and it is killing people. According to three departments and one agency of Tennessee State Government, overdose deaths associated with fentanyl are increasing in the state and law enforcement officials have found the drug in counterfeit versions of commonly misused pain relief pills.

To increase awareness about the dangers associated with fentanyl, the Tennessee Department of Health, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Department of Safety and Homeland Security and the Tennessee Bureau of Investigation have issued a public health advisory and urge those challenged with a substance use disorder or who might obtain or misuse drugs "on the street" to understand the risk of death from the potent synthetic opioid.

To see the advisory, go to http://tn.gov/assets/entities/health/attachments/Fentanyl_Public_Health_Advisory.pdf.

"A few months we ago we reported 1,451 people lost their lives to drug overdoses in Tennessee in 2015 alone," said TDH Commissioner John Dreyzehner, MD, MPH. "Counterfeit drugs present a terrible risk and an overdose can occur the very first time a person tries an illicit drug. This used to be a relatively rare tragedy. Now, with counterfeit drugs potentially made with more deadly and concentrated ingredients, the risk is dire. Please warn friends and family members using illegally-obtained drugs that even one pill or use can be deadly."

"This is a life-threatening danger," said TBI Director Mark Gwyn. "Our agents find themselves encountering fentanyl in a growing number of cases. Also troubling: Our crime labs across the state routinely analyze pills that look like one thing, but actually contain another. In a growing number of those cases, the pills contain fentanyl, which brings with it the potential for dangerous or deadly consequences."

"Fentanyl use is becoming increasingly popular and more accessible," Department of Safety and Homeland Security Commissioner David W. Purkey said. "This has caused our department to be on high alert as we enforce traffic safety. It's our mission to save lives on our roadways and ensure that our communities are safe. With our law enforcement and government partners, we are doing our best to combat the abuse of this drug and the life-threatening risks it causes not only the user, but the innocent."

"If you are struggling with a substance use disorder, please call the Tennessee REDLINE at 1-800-889-9789," said TDMHSAS Commissioner Marie Williams. "Help is available, recovery is possible and all have you have to do is call; the only thing to lose if you don't is your life."

For additional information about fentanyl and its steadily increasing impact in the United States, visit www.cdc.gov/drugoverdose/opioids/fentanyl.html.

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee. TDH has facilities in all 95 counties and provides direct services for more than one in five Tennesseans annually as well as indirect services for everyone in the state, including emergency response to health threats, licensure of health professionals, regulation of health care facilities and inspection of food service establishments. Learn more about TDH services and programs at www.tn.gov/health.

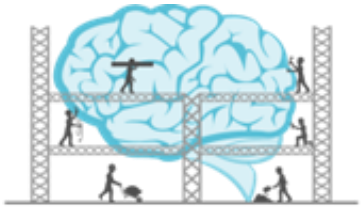
Tennessee ACEs Initiative – Addressing Adverse Childhood Experiences in Tennessee

Building Strong Brains

ARTICLE REPRINT | State of Tennessee – Department of Children's Services| https://www.tn.gov/dcs/topic/building-strong-brains-tennessee-aces-initiative

Chronic childhood trauma, or what experts call adverse childhood experiences (ACEs), can disrupt a child's brain-building process. Like building a house in a storm or with below-grade materials and tools, ACEs are toxic to brain development and can compromise the brain's structural integrity. Left unaddressed, ACEs and their effects make it more difficult for a child to succeed in school, live a healthy life and contribute to the state's future prosperity — our communities, our workforce, and our civic life.

Building Strong Brains: Tennessee ACEs Initiative is a major statewide effort to establish Tennessee as a national model for how



BUILDING STRONG BRAINS
TENNESSEE'S ACEs INITIATIVE

a state can promote culture change in early childhood based on a philosophy that preventing and mitigating adverse childhood experiences, and their impact, is the most promising approach to helping Tennessee children lead productive, healthy lives and ensure the future prosperity of the state.

The Tennessee state initiative is born from research gathered in the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, one of the largest investigations of childhood abuse and neglect and their effects on life-long health and well-being. The study found that the greater the exposure to things such as domestic violence, addiction, depression in early childhood, the greater the risk for later-life problems such as higher risk for chronic illnesses, poverty, depression and addictive behaviors.

Tennessee is undertaking a comprehensive effort to use this powerful insight to improve the lives of the state's children. Leaders from state government, the business world, advocates, insurers, academia and nonprofit foundations are organized as public and private sector steering groups to guide implementation and provide leadership at the state, regional and community levels.

The Goals

- Increase the potential that every child born in Tennessee has the opportunity to lead a healthy, productive life.
- Raise public knowledge about ACEs.
- Impact public policy in Tennessee to support prevention of ACEs and to reduce community conditions that contribute to them.
- Support innovative local and state projects that offer fresh thinking and precise measurement of impact in addressing ACEs and toxic stress in children.
- Seek sustainable funding to ensure the state maintains a long-term commitment to reduce the impact of adverse childhood experiences.

Embrace open, responsive governance through statewide planning groups and the Three Branches Institute , comprised of leadership from the Executive, Legislative and Judicial branches of government, who were invited by the Governor to form a common agenda to advance child welfare and realign the juvenile justice system.

Projects

ACEs projects funded for Fiscal Year 2017

Learn More

Addressing Adverse Childhood Experiences: A Case for Attention and Action in Tennessee

The Tennessee ACEs initiative overview

Adverse Childhood Experiences: Prevention, Mitigation, and Recovery Anticipated Multi-Sector, Multi-Level, Public and Private Impacts

Childhood Stress and Urban Poverty: The Impact of Adverse Childhood Experiences on Health

The Alberta Family Wellness Initiative: Where Science Meets Real Life

Finding Your Frame: Translating the Science of Early Adversity for Action

Announcement of Funding - Adverse Childhood Experiences (ACEs) Initiative

Additional resources on the Tennessee Commission for Children & Youth website.

- See more at: https://www.tn.gov/dcs/topic/building-strong-brains-tennessee-aces-initiative#sthash.Mb0yziaZ.dpuf

SAMHSA Healthy Transitions | Grantee Spotlight: Tennessee

ARTICLE REPRINT | SAMHS

Video - It's OK To Talk About Youth Mental Health

"It's Okay To Talk About Youth Mental Health" was developed through a collaboration between the Tennessee Department of Mental Health and Substance Abuse Services, the Department of Education, and the Tennessee Governor's Children's Cabinet. It features several members of the Tennessee Healthy Transitions Young Adult Leadership Council sharing their experiences with mental health/substance abuse challenges and giving advice to adults on how to help the young people in their lives.

Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®) | AIMHiTN Infant Mental Health Endorsement®

The Association of Infant Mental Health in Tennessee (AIMHiTN) has officially launched Tennessee's Infant Mental Health Endorsement® (IMH-E®) system! On June 26th and 27th AIMHiTN brought together individuals representing all sectors of the early childhood workforce and all three of Tennessee's grand regions to learn from international experts about the new Tennessee Infant Mental Health Endorsement® and plan for rolling out the system across the state. Participants learned more about what IMH-E® means for their work in the early childhood field, their organizations, and for Tennessee's infants and young children, their families and communities.

What is the AIMHiTN Endorsement®?
Endorsement® is intended to recognize experiences that lead to competency in the infant-family field. It does not replace licensure or certification, but instead is meant as evidence of a specialization in this field. The AIMHiTN Endorsement® is cross-sector and multidisciplinary including professionals from child and/or human development, education, nursing, pediatrics, psychiatry, psychology, social work, and others.

Why apply for the AIMHiTN Endorsement®?
• To grow and develop as a professional in the rapidly expanding infant and family service field
• To be recognized by employers and peers for having attained a level of competency in culturally sensitive, relationship-focused practice that promotes infant mental health
• To better support the infants, toddlers, families, students, agencies, and institutions in the promotion of infant mental health

Who may apply? How do I determine my correct category?
All professionals who have experience working with or on behalf of infants, toddlers, parents, and/or other caregivers and meet the educational, work, training, and reflective supervision/consultation requirements as specified at each level may apply.
There are 4 categories: Infant Family Associate (IFA), Infant Family Specialist (IFS), Infant Mental Health Specialist (IMHS), and Infant Mental Health Mentor (IMHM).

How do I apply for Endorsement®?
Step 1: Determine which Endorsement® category is right for you
Step 2: Register on EASy, the online database for IMH-E®
Step 3: Complete your online Endorsement® Portfolio
Step 4: Submit your Endorsement® Portfolio
Details at: AIMHiTN.org/endorsement

More events will be held across the state throughout July and August. To find out more about events in your region, visit AIMHiTN's website. AIMHiTN.org is your place to become a contributing member of Tennessee's Infant Mental Health community and make a lasting impact on infants, toddlers, their families, and the future of our great state. find the latest information regarding research, training, resources, and Tennessee's Infant Mental Health Endorsement®.

Study Highlights Higher Death Rate for Young People Experiencing an Incident Episode of Psychosis

ARTICLE REPRINT | Nashville Medical News | May 9, 2017 | Cindy Sanders| http://www.nashvillemedicalnews.com/study-highlights-higher-death-rate-for-young-people-experiencing-an-incident-episode-of-psychosis-cms-1805

A study published last month in the journal *Schizophrenia Bulletin* found the death rate in young people during the year following a first episode psychosis incidence was much higher than anticipated.

Analyzing claims data on approximately 5,000 young people ages 16-30 with commercial insurance who had received a first observed psychosis diagnosis, researchers from the National Institute of Mental Health (NIMH) found the group had a mortality rate of at least 24 times higher than the same group in the general population in the 12 months following the index psychotic episode.

With abundant clinical evidence from the United States and other countries showing a correlation between mental illness and decreased life expectancy, the NIMH research team expected there would be elevated mortality for this group but were still surprised by the findings. "I wasn't surprised by the direction of the effect. I was surprised and shocked by the scale of the effect," said Michael Schoenbaum, PhD, senior advisor for Mental Health Services, Epidemiology and Economics for NIMH who led the research project.

He added, "We were so shocked when we first did this analysis that we bent over backwards to check it and make sure we hadn't used the data wrong and made a mistake."

After recalculating, the team concluded they hadn't missed the mark ... and, in fact, reported the figures using the most conservative assumptions. "To find a group in the U.S. general population with mortality as high as our conservative estimate for these young people, you have to look at Americans over age 70," said Schoenbaum. "The upper end estimate is more than a 7 percent mortality rate in a year. In the general U.S. population, you wouldn't expect to see that rate until people are in their 80s."

In addition to mortality, the study also looked at the healthcare treatment those ages 16-30 received in the 12 months following the initial psychosis diagnosis. That analysis uncovered the group had low

rates of medical oversight and only modest involvement with psychosocial treatment providers. According to the report, "In the year after index, 61 percent of the cohort filled no antipsychotic prescriptions and 41 percent received no individual psychotherapy. Nearly two-thirds (62 percent) of the cohort had at least one hospitalization and/or one emergency department visit during the initial year of care."

Schoenbaum said the NIMH has made it a strategic priority to not only discover new treatment options for those with a diagnosed mental illness but to also develop and test better ways to deliver existing treatments.

"This is a devastating thing to happen in people's lives," he noted. "We've had data for a long time that suggests historically there has been a long gap in time between when a person experiences psychosis for the first time and when they receive meaningful care."

This new analysis, he said, helps confirm that suggestion and shows there is much room for improvement. The study, which looked at 2008-2009 commercial payer data, was made possible through a multi-payer claims database built by the Department of Health and Human Services using funds from the stimulus package following the financial crisis.

"That dataset did two things we couldn't easily do before this," explained Schoenbaum. "First, it was a really large sample."

He said having access to this commercial payer information was critical since most young people in the United States have commercial insurance ... *if* they have coverage ... at the time of symptom onset. While Schoenbaum said a limitation of the study was that the team couldn't definitively say it was each individual's first episode of psychosis without having lifelong data, they did single out only those young people who had no sign of psychosis in the 12 months prior to the documented episode.

"The second innovation in this dataset is that it also contained information on mortality," he continued. "In this country, it is relatively rare to link information on people's health and healthcare on the one hand with death and mortality on the other."

There are, of course, exceptions. Schoenbaum said there is really good mortality data available for cancer and cardiovascular surgery. "But there is no place in mental health where we do that right now," he noted. "You have to know there's a problem before you can fix it. If we can't study patterns of mortality, we don't know if there's a problem and what kind of problem it might be."

Going forward, Schoenbaum said he would like to see if their findings are replicated in other U.S. samples and to have access to more specific mortality data. The database used listed all cause death without specifying if mortality was a result of suicide, homicide, accident, or other. "It would be really valuable to not just know that they died but how they died."

He also said it's important to implement the clinical practice guidelines that already exist more consistently and then measure the impact on mortality. Despite being identified with early psychosis, Schoenbaum said the analysis highlighted the next critical step of effectively connecting these patients to models of care didn't routinely happen.

"This is a highly vulnerable population. We just didn't realize how vulnerable," Schoenbaum said of the study's results. "We want to connect them to effective services. One hope is that people recognize that these individuals aren't just at risk of suffering ... their lives are at stake."

On the positive side, he continued, "The relatively low levels of care that we observed here underscore the potential value of the new models for treating first episode psychosis, specifically what's called coordinated specialty care."

Congress has earmarked 10 percent of SAMHSA mental health block grant funding go to states for coordinated specialty care programs for first episode psychosis. "By 2018, all states are expected to have at least one such program, and some states will have multiple programs," Schoenbaum said, adding such programs are measurement-based and are engineered to analyze results and make adjustments as needed.

Schoenbaum's other hope is that the study will help launch larger conversations about mental health and mortality. "Together with the national increase in suicide rates and the national epidemic of deaths from opioid overdose, I think this paper underscores the importance of tracking mortality as an outcome for people with behavioral health problems," he said.

"In the meantime, this study is a wake-up call telling us that young people experiencing psychosis need intensive, integrated clinical and psychosocial supports," Schoenbaum concluded.

On October 2-3, join the National Council and over 600 fellow advocates in Washington, D.C. to fight for mental health and addiction treatment across the nation. Hill Day 2017 is your chance to help shape the future of federal behavioral health care policy. Register today **(Registration is free!)** Are you a first time Hill Day attendee? Been to Hill Day in the past, but need a refresher on what to expect? Click this link for some of the most frequently asked questions and answers about Hill Day.

OUR VOICES ARE LOUDER TOGETHER

NATIONAL HAPPENINGS

Bipartisan House Bill Aims to Expand Medicare Coverage for Mental Health Services

ARTICLE REPRINT | Michael Petruzzelli, Manager, Policy and Advocacy, National Council for Behavioral Health | June 29, 2017

A new bipartisan House bill would create greater access to mental health care in rural communities across the country. The bill – the Mental Health Access Improvement Act (H.R. 3032) – would allow marriage and family therapists (MFTs) and licensed mental health counselors to directly bill Medicare for their services. Similar legislation has been introduced in previous sessions of Congress and again has the support of the National Council.

The Mental Health Access Improvement Act was written and introduced by Representatives John Katko (R-NY), Elise Stefanik (R -NY) and Mike Thompson (D-CA). Currently, Medicare does not directly pay for services from these types of providers, instead requiring that they must bill under the supervision of a physician. This exclusion limits patients' access to services in areas with physician shortages and unduly excludes an important class of professionals serving people with mental health and addiction disorders.

With 77 percent of U.S. counties experiencing a severe shortage of behavioral health professionals, over 80 million Americans live in areas that lack a sufficient supply of providers. According to SAMHSA, half of all U.S. counties have no practicing psychiatrists, psychologists, or social workers. Many of these rural and underserved areas do have practicing MFTs and/or mental health counselors, including counselors who have been trained and licensed to provide addiction services.

Allowing previously ineligible providers to directly bill Medicare for their services would immediately alleviate the strain on our nation's mental health and addiction workforce serving Medicare enrollees. These provisions would not change the Medicare mental health benefit or modify states' scope of practice laws but would instead allow Medicare enrollees access to medically necessary covered services provided by mental health and addiction professionals who are properly trained and licensed to deliver such services.

The National Council supports this legislation and thanks its sponsors for their leadership on this issue.

House Narrowly Passes American Health Care Act (AHCA)

ARTICLE REPRINT | National Council Capital Connector | May 5, 2017

On May 4 the House narrowly passed the American Health Care Act (AHCA) repealing key provisions of the Affordable Care Act (ACA) and massively cutting the Medicaid program by $882 billion. The bill passed following the addition of an amendment that rolls back essential health benefits and protections for those with pre-existing conditions. The revised AHCA poses an even greater threat to individuals with mental health and addiction disorders and the providers that serve them. The bill now moves to Senate for consideration where a lengthy debate is expected.

The AHCA will have devastating effects on patients' ability to affordable and comprehensive care. Patients with mental health and addiction disorders will be especially hurt as they disproportionately rely on traditional Medicaid and Medicaid expansion health plans for health care coverage. A summary of the AHCA's most damaging provisions is provided below:

- **Cuts Medicaid Benefits and Shifts Costs to States.** The AHCA would fundamentally change Medicaid financing from an open-ended federal and state matching formula into per capita allotments or block grants. According to the Congressional Budget Office's latest estimate, this change would result in **$882 billion** being stripped from the Medicaid program over 10 years. With less federal funding, states would be forced to contribute more of their own dollars, or cut enrollee benefits and/or provider reimbursement.

- **Ends Medicaid Expansion.** The AHCA also would end enhanced federal funding for the Affordable Care Act's (ACA) Medicaid expansion. Without these funds, many states would likely choose to end their Medicaid expansion programs, depriving millions of low-income childless adults of health care coverage.

- **Allows Americans With Pre-existing Conditions to be Charged More —**States could opt out the ACA prohibition against insurers charging more some sick patients more for coverage, so long the state sets up a high-risk pool for people with pre-existing conditions. However, the latest amendment would only provide an additional $8 billion over five years to help people with pre-existing condition in such states, and health care experts say this amount is completely inadequate.

- **Greatly Weakens Mental Health and Addiction Parity -–** Under the AHCA, states could exempt themselves from the ACA provision that require insurers to offer a minimum set of essential benefits (EHB). Essential health benefits specifically require health plans to cover mental health and addiction treatment. By removing the EHB requirement, many health plans may decide not to cover mental health and addition services. Further, the bill weakens parity by allowing large employers to choose minimum benefit requirements from any state—including those who have waived all consumer protections permitted under AHCA—resulting in decreased coverage not just for those on Medicaid or in the individual market, but those in employer-sponsored plans as well.

- **Reduces Subsidies on the Individual Market -–** The AHCA would repeal subsidies that help individuals purchase insurance

on the individual market and replaces them with much less generous tax credits. The repeal of the ACA's subsidies would make coverage much more expensive for individuals with mental illness and/or addictions that do not have access to employer-based coverage.

- **Allows Older Americans to be Charged More —** The AHCA allows insurers charge older customer up to five times as much as younger enrollees.

- **Could Cut School Services for Disabled Children —** Many national education groups say the bill's cuts to Medicaid jeopardize their ability provide services to children with disabilities and to offer services such as hearing and eye tests.

Immediately following House's passage of the AHCA, the National Council released the following statement, "AHCA is not the National Council's vision for health care in America. It takes us back to the days when individuals with mental illness, like depression or anxiety, could be denied coverage. To the days when insurers could stop paying for an individual's addiction treatment because they reached their lifetime cap. We stand united across party lines with those who see every day the devastating impact of untreated mental illnesses and addictions on our nation."

Statement from Linda Rosenberg, President and CEO, National Council for Behavioral Health

ARTICLE REPRINT | National Council | May 4, 2017 | Linda Rosenberg

The National Council for Behavioral Health is outraged that the House passed the American Health Care Act (AHCA), which puts the lives of those who rely on Medicaid for lifesaving addiction and mental health care in jeopardy. The final amendments did nothing to mitigate its disastrous effects. We urge the Senate to do what the House of Representatives did not – stand up for what is right and ensure that the millions of Americans facing mental illnesses and addictions who currently get care under the Affordable Care Act are not left out in the cold.

Over the next 10 years, AHCA eliminates $880 billion from Medicaid—one of the most important payers of addiction and mental health services in the U.S., and states' most critical tool to tackle the opioid epidemic. With their Medicaid budgets cut 25% over the next decade, states will be forced to eliminate lifesaving services—at a time when 91 people die each day from an opioid overdose. With these devastating cuts, AHCA obliterates recent gains from last year's bipartisan 21st Century Cures Act and the Comprehensive Addiction and Recovery Act.

AHCA also weakens Americans' protections under the 2008 parity law and undermines years of bipartisan investment in this popular law. AHCA gives states the ability to strip mental health and addiction benefits from coverage plans in their state while permitting insurers to set premiums for older Americans and the seriously ill so high they are effectively locked out of coverage.

With this move, mental illness and addictions will once again be considered pre-existing conditions. For years, House members of both parties have promised that people with preexisting conditions would be protected. Today, those who voted for AHCA broke that promise.

The bill further weakens parity by allowing large employers to choose minimum benefit requirements from any state—including those who have waived all consumer protections permitted under AHCA—resulting in decreased coverage not just for those on Medicaid or in the individual market, but those in employer-sponsored plans as well.

Worst of all, the legislation makes these changes in the name of federal "savings" and alleged decreases to premiums for young, healthy Americans. The proposed "stability fund" and high-risk pools do far too little to make up for the gaps in coverage and care that will result when 24 million Americans lose their health insurance—and they don't even come close to helping meet the unmet need for services in this country, with 60% of those with mental illness and 90% of those with addiction unable to access services for their condition.

The truth is simple: when we fail to fund mental health and addiction treatment services, we all pay for it. We pay for it in uncompensated care, increased costs to the corrections and legal system and increased disruption in the lives of individuals and families who are unable to access the care they need to live successfully in their community.

For years, the National Council has worked with legislators of all stripes to make real strides toward an America where everyone can get the health care they need. We cannot afford to go back.

AHCA is not the National Council's vision for health care in America. It takes us back to the days when individuals with mental illness, like depression or anxiety, could be denied coverage. To the days when insurers could stop paying for an individual's addiction treatment because they reached their lifetime cap. We stand united across party lines with those who see every day the devastating impact of untreated mental illnesses and addictions on our nation.

President Trump's First Budget Commits Significant Resources to Fight the Opioid Epidemic

FY 2018 budget request includes $27.8 billion in drug control efforts

ARTICLE REPRINT | May 23, 2017

Washington, D.C. – Today, Richard Baum, Acting Director of National Drug Control Policy, announced drug-related requests in the Trump Administration's Fiscal Year 2018 Budget. The President's Budget, submitted to the U.S. Congress today, supports $27.8 billion in drug control efforts including prevention, treatment, and law enforcement. Specifically, it supports $1.3 billion in investments for Comprehensive Addiction and Recovery

Act programs, 21st Century CURES Act programs, and other opioid-specific initiatives that seek to address the current epidemic.

"The President's 2018 Budget calls for a larger investment in drug control policy than enacted FY 17 levels," **said Richard Baum**, **Acting Director of National Drug Control Policy**. "By funding critical public health and public safety efforts, this budget demonstrates the Trump Administration's commitment to stopping drugs from entering the country and supporting treatment efforts to address the burgeoning opioid epidemic."
The FY 2018 Request includes:

- **$12.1 billion** for treatment and prevention efforts, and a **$15.6 billion** request for law enforcement, interdiction, and international initiatives.

- **$10.8billion** in treatment funding, which is an increase of nearly 2% from FY 2017 enacted levels. This includes **$500million** in State grants authorized in the 21st Century CURES Act to reduce opioid misuse and improve access to treatment, prevention, and recovery services.

- The budget request also secures our borders by investing **$468.6 million** in drug-related funding to support the President's request for high-priority tactical infrastructure and border security technology to stem the flow of people, drugs, and other illicit material illegally crossing the border.

- A **$246.5 million** request for ONDCP's High Intensity Drug Trafficking Areas (HIDTA) program and a **$91.9 million** request for its Drug-Free Communities Support program – both are the highest funding amounts ever requested.

Data from the National Survey on Drug Use and Health (NSDUH) indicate that the overall rate of current drug use among Americans 12 and older has been increasing gradually over the past 13 years, from 8.3 percent in 2002 to 10.1 percent in 2015—an increase of 22 percent. This increase is driven by an increase in marijuana use, rising from 6.2 percent in 2002 to 8.3 percent in 2014—an increase of 34 percent.

Earlier this year, President Trump created the President's Commission on Combatting Drug Addiction and the Opioid Crisis. The Commission, which is being chaired by New Jersey Governor Chris Christie, is studying ways to combat and treat drug misuse, addiction, and the opioid epidemic. In coordination with ONDCP and the Office of American Innovation, it will make recommendations to the President for improving the Federal response to the opioid crisis.

For more information, visit **www.whitehouse.gov/ondcp**

To view the budget in full, please visit: **https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/budget/fy2018/eop.pdf**

The White House Office of National Drug Control Policy seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences.

For more information about the Office of National Drug Control Policy visit: http://www.whitehouse.gov/ondcp

Percentage of Teens and Young Children Hospitalized for Suicidal Thoughts Doubled from 2008 to 2015, Study Finds

ARTICLE REPRINT | The Washington Post Morning Mix | May 8 | Travis M. Andrews | https://www.washingtonpost.com/news/morning-mix/wp/2017/05/08/percentage-of-teens-and-children-hospitalized-for-suicidal-thoughts-doubled-from-2008-to-2015-study-reports/?utm_term=.04da1641f2d8

From 2008 to 2015, the percentage of children ages 5 to 17 hospitalized for suicidal thoughts or actions more than doubled, according to data presented Sunday at the 2017 Pediatric Academic Societies Meeting in San Francisco. The study, led by Gregory Plemmons, an associate professor of pediatrics at Vanderbilt's Children's Hospital, looked at data on suicidal or self-harm diagnoses from 32 children's hospitals across the United States. Researchers found 118,363 instances from 2008 to 2015. Accounting for 59,631 (50.4 percent) of the incidents were 15- to 17-year-olds. Twelve- to 14-year-olds accounted for 43,682 (36.9 percent) of them, while 5- to 11-year-olds accounted for 15,050 (12.7 percent).

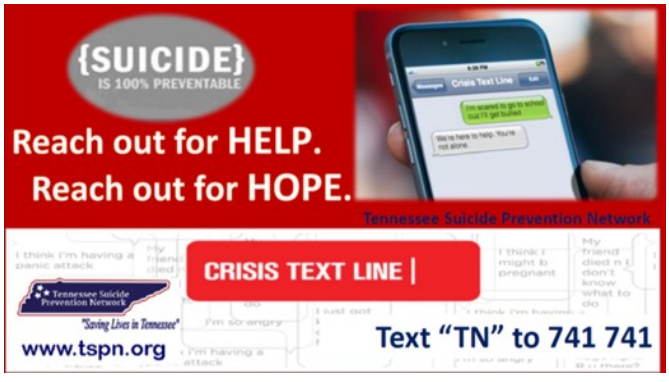
Over time, the percentage of young patients hospitalized for suicidal thoughts, rather than other ailments, more than doubled. In 2008, 0.67 percent of patients were admitted with suicidal thoughts or self-harming behavior. By 2015, that percentage had increased to 1.79 percent.

"We noticed over the last two, three years that an increasing number of our hospital beds are not being used for kids with pneumonia or diabetes; they were being used for kids awaiting placement because they were suicidal," Plemmons told CNN.

The research also revealed a sharp increase in these incidents coinciding with the beginning and ending of the school year — with a respite during the summer.

"When we looked at the number of kids awaiting placement or admitted at one time, month by month, there is a huge difference in the months," Plemmons said. "Certainly, the month of the year that is the lowest for suicidal thoughts and ideation is July. And we see those numbers creep back up right when school starts."

Plemmons, citing a number of factors that could lead to suicidal thoughts such as genetic disposition, bullying and abuse, said it is unclear what, exactly, is responsible for the rise.



"Research to understand factors contributing to these alarming trends is urgently needed," he said in a news release.

Atlanta-based psychologist Avital Cohen opined that it may have to do with greater stress placed on children today alongside the rise in social media and, with it, cyberbullying.

"Our expectations of children have changed pretty significantly in the last several decades," she told CNN.

The research did not look at completed suicides, which was the second leading cause of death for people between the ages of 10 and 24 in 2014, according to the Centers for Disease Control and Prevention.

According to the CDC, the rate of suicide deaths among children between the ages of 10 and 14 has doubled since 2007.

The presentation comes as discussions of self-harming behavior among teenagers are on the rise due to Netflix's original series "13 Reasons Why" based on the bestselling YA novel by Jay Asher.

The show is centered around the fictional suicide of 17-year-old Hannah Baker, who left behind several cassette tapes (13 sides altogether) laying blame for her death on various actions or inactions by different students.

The series culminates in a graphic scene showing Baker slitting her wrists and bleeding to death, which has angered many anti-suicide advocates. Headlines, such as Rolling Stone's "Does '13 Reasons Why' Glamorize Teen Suicide?" appeared across the Internet.

As The Washington Post's Bethonie Butler reported, "Experts advise against sensational headlines or describing a suicide in graphic detail, which studies have shown can lead to suicide contagion, or 'copycat' suicides."

"Young people are not that great at separating fiction from reality," Dan Reidenberg, executive director of Suicide Awareness Voices of Education (SAVE), told The Post. "That gets even harder to do when you're struggling with thoughts."

Nonetheless, Netflix renewed the show for a 13-episode second season, set to air in 2018.

National Council for Behavioral Health's Statement on the President's Budget

EMAIL COMMUNICATION REPRINT | The National Council | May 24, 2017

The budget released yesterday by the President is deeply troubling, and signals the intent to move the country backward, not forward, in treating our most vulnerable citizens.

The National Council for Behavioral Health has major concerns about the proposed reductions in the SAMHSA budget, the agency largely responsible for providing resources and treatment to those suffering from mental illnesses and addiction, including:

- A reduction of $116 million from FY 2017 in Community Mental Health Services Block Grant funding. Services funded by the block grant include supported employment and housing, rehabilitation, case management, jail diversion programs and services for people who are homeless, live in rural areas and military families. Most of these resources are not covered under private and public insurance.

- The elimination of funding for the Primary and Behavioral Healthcare Integration program, which received $52 million in FY 2017. Thanks to this program, more than 70,000 people with serious mental illness and addiction have been screened and treated at 185 grantee sites for conditions like diabetes, heart disease and other common and deadly illnesses.

- The addition of $500 million to combat the opioid epidemic, at the expense of other substance use prevention and treatment programs. Although funding is needed to combat the opioid epidemic, community providers still need to provide non-opioid substance use services.

- Mental Health First Aid funding, which has been appropriated the last four years, received no funding. Currently, the funding is used to support training individuals to identify, understand and respond to signs of mental illness and substance use so that people in crisis can be connected to professional, peer or other help.

These callous and draconian cuts will make it nearly impossible to even maintain the current levels of insufficient mental health and substance abuse services, in a country where need is escalating.

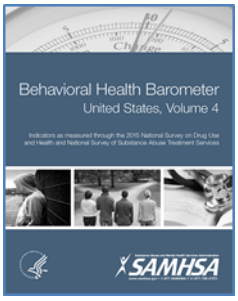
The proposed budget also cuts over $74 billion from Social Security's programs, including Social Security Old-Age, Survivors', and Disability Insurance, as well as Supplemental Security Income. Between the proposed cuts, punitive work requirements and other harsh measures, benefits will be slashed or cut entirely for the extremely low-income seniors, children and adults with significant disabilities who rely on them.

Additionally, the President proposes cutting $610 billion over the next decade to Medicaid, in addition to the $880 billion in cuts in the American Health Care Act that passed in the House. Medicaid is one of the most important payers of mental health and addiction services in the U.S., paying for 25% of mental health treatment and 21% of substance use treatment. This drastic reduction in federal investment, shifts tremendous costs onto states and beneficiaries, restricts access to care for people who desperately need it, and increases the number of uninsured and underinsured.

Congress has made great bipartisan strides in recent years, providing more care for those with mental illnesses and addiction, including the passage of the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act. We should be building on this progress, not tearing it down.

The National Council urges Congress to introduce and pass a budget that adequately supports mental illness and addiction treatment services

National Behavioral Health Barometer Now Available



SAMHSA recently announced the release of the ***Behavioral Health Barometer, United States, Volume 4***. Topics addressed in the report include substance use, serious mental illness, serious thoughts of suicide, and behavioral health treatment. The barometer uses data from the National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services and presents findings by age, gender, racial and ethnic categories, poverty status, and health insurance status.

CLICK HERE to download the ***Behavioral Health Barometer*** or copy and paste this URL you're your internet browser:

http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTcwNjEyLjc0NDY3NTgxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE3MDYxMi43NDQ2NzU4MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIyODc0JmVtYWlsaWQ9dGZ1cXVhQHRhbWhvLm9yZy1c2VyaWQ9dGZ1cXVhQHRhbWhvLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&103&&&https://store.samhsa.gov/product/SMA17-BAROUS-16

The President's Commission on Combating Drug Addiction and the Opioid Epidemic – First Meeting

REPRINT | Office of National Drug Control Policy | June 14, 2017

Friday [June 16], the President's Commission on Combating Drug Addiction and the Opioid Epidemic held its first meeting at the White House. The President established the Commission to review the state of drug addiction and the opioid epidemic and make recommendations regarding how the Federal Government can best address this crisis.

The Commission's members include New Jersey Governor Chris Christie (chair), Massachusetts Governor Charlie Baker, North Carolina Governor Roy Cooper, former U.S. Representative Patrick Kennedy, and Dr. Bertha Madras of Harvard Medical School. The Commission's first meeting featured testimony from many stakeholder groups on the front lines of this epidemic.

Dr. Joe Parks Testifies before the President's Commission

Dr. Joe Parks
Medical Director, National Council

"We must muster the same determination to make significant changes of practice, statute, and funding in fighting the opioid epidemic that we used to successfully combat previous epidemics."- Dr. Joe Parks

REPRINT | National Council for Behavioral Health | June 16, 2017

National Council Medical Director Joe Parks, M.D., testified before The President's Commission on Combating Drug Addiction and the Opioid Crisis. Dr. Parks provided observations and clinical recommendations to help solve this devastating epidemic.

The trusted voice for Tennessee's behavioral health system for more than half a century.

The Tennessee Association of Mental Health Organizations (TAMHO) is a statewide trade association representing Community Mental Health Centers and other non-profit corporations that provide behavioral health services. These organizations meet the needs of Tennessee citizens of all ages who have mental illness and/or an addiction disorder. The TAMHO member organizations have been the virtual cornerstone of the Tennessee community-based behavioral health system since the 1950s and continue today as the primary provider network for community based care in Tennessee.

TAMHO member organizations provide mental health and addictions services to 75,000 of Tennessee's most vulnerable citizens each month.

Services provided by the TAMHO network include:

Prevention, Education and Wellness: Includes programs for the prevention of addictions, violence, and suicide; early intervention; mental health and drug courts, jail diversion and community re-entry initiatives.

Psychiatric Rehabilitation: Programs that include peer support, illness management and recovery services, supported employment, and supported housing.

Health Link Services include comprehensive care management, care coordination, referrals to social supports, member and family support, transitional care, health promotion, and population health management.

Treatment Services: Services include psychiatric evaluation and medication management; assessment and monitoring of core health indicators; individual, couples and family psychotherapy; psychological assessment; specialized treatments for trauma, addiction and co-occurring disorders; social detox and medically monitored detox, intensive outpatient services, partial hospitalization, in-home services, school based services, therapeutic foster care, and jail liaison services.

Residential Services: Services include residential treatment services, group homes, and independent housing.

Inpatient Services: Includes hospital based mental health and addiction disorder treatment services.

Crisis Services: Includes clinic based walk-in services, hospital based emergency evaluation, mobile crisis services, crisis respite, and crisis stabilization services.

SYSTEM of CARE ACROSS TENNESSEE

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Ahead to the Future

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This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). The project was supported by Grant Number SM059927 Early Connections Network from Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of TDMHSAS, SAMHSA, Center for Mental Health Services, or Department of Health and Human Services.

Our mission

Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, rehabilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

Our vision

To be one of the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems.

Our website

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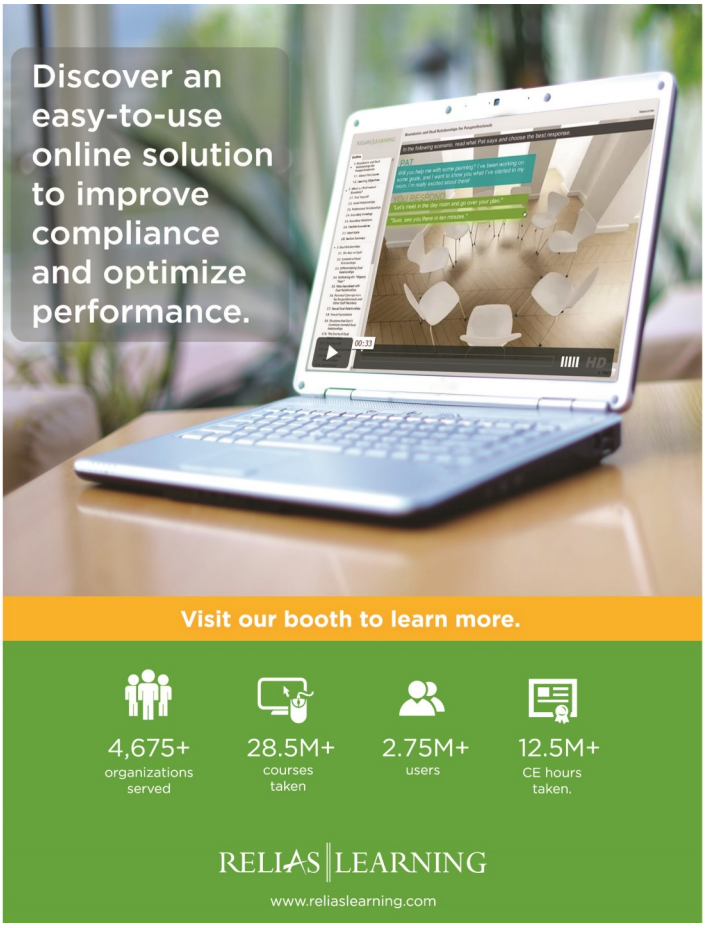

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- Order educational and awareness materials
- Sign up with TNCODC to stay current on co-occurring disorder updates
- Request educational presentations
- Download a TNCODC link banner to place on your agency or organization website and so much more!

The TNCODC is funded by a grant from the State of Tennessee, Department of Mental Health and Substance Abuse Services (TDMHSAS). No person in the United States shall on the basis of race, color or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal funding assistance. Civil Rights Act of 1964.

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