

MESSAGE FROM THE EXECUTIVE DIRECTOR



Ellyn Wilbur
Executive Director

As we begin 2017, uncertainty surrounds us as Americans, as Tennesseans, and as service providers. It is not clear whether President Trump and the 115th Congress will repeal the Affordable Care Act and if so, what will replace it. The rhetoric in Washington is growing to suggest that Medicaid funding will be provided to states as block grants and the impact of such a change is currently unknown.

Closer to home, TN behavioral health and addiction providers are in the midst of a shift to value based care through the Health Care Innovation Initiatives implemented by Governor Haslam in recent years. This shift represents the biggest change in service delivery in the past twenty years. While this service system shift is occurring, the number of individuals needing services for addictions has grown exponentially, and the increased suicide rate among young adults and veterans warrant consideration of targeted interventions that are currently unavailable.

TAMHO members have weathered many storms throughout almost 60 years of existence. They have adapted to system shifts, payer changes and greater demand for services. Doing so has become increasingly

difficult as the expectations have increased and the financial resources have become less available and less predictable.

In 2017, we will focus our advocacy efforts on 3 key areas:

1. We will advocate for close monitoring of quality and cost of the Health Care Innovation Initiatives that impact the behavioral health and addiction service providers and the individuals they serve. We will want to make sure that these questions are answered: Do the individuals served with the new models have improved outcomes? Did we serve the number of individuals projected and upon which the budget was based?
2. We will advocate that provider rates be reviewed. Most providers have not had a rate increase in more than a decade. This has not allowed providers to keep up with inflation. Unfortunately, actual cost of care is not always covered by health plan rates or grant funded programs.
3. We will advocate for additional funding for addictions treatment. We are joining TAADAS in advocating for an additional \$14 million, with \$2 million going to each of the 7 Department of Mental Health and Substance Abuse planning regions. You can learn more about this request at www.tamho.org/recovery

We hope you will join us in these advocacy efforts. To learn more, please contact us at the TAMHO office at 615-244-2220 or at www.tamho.org.

INSIDE THIS ISSUE

TAMHO 2016 ANNUAL CONFERENCE	1—3
TAMHO 2016 ANNUAL AWARDS & RECOGNITIONS	2
SPONSOR, EXHIBITOR, AND ADVERTISER RECOGNITION	3
TAMHO 2017 LEADERSHIP ELECTION	3
TAMHO NEW MEMBER RECOGNITION	6
TAMHO MEMBER ORGANIZATION HAPPENINGS	7
STATEWIDE HAPPENINGS	11
NATIONAL HAPPENINGS	17
UPCOMING CONFERENCES AND EDUCATIONAL EVENTS	20
BEHAVIORAL HEALTH ADVOCACY EVENTS	22

TAMHO's Successful 2016 Annual Conference Focused on



In early December, more than 200 people attended the TAMHO Annual Conference at the Franklin Marriott Cool Springs Hotel in Franklin, Tennessee. The conference brought together some of the leading State and National experts on Transitioning to Value-Based Care.

The event also included the annual TAMHO Awards and Recognition Ceremony. The highlights of the conference and ceremony are covered in the following pages.

VIEW PHOTO GALLERY OR DOWNLOAD CONFERENCE PHOTOS BY VISITING: <https://hisimage.shootproof.com/gallery/tamho2016/>

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Project Manager TNCODC | Patrick Slay

Continued from Page 1
TAMHO 2016 Annual Conference

CONFERENCE SESSIONS

OPENING GENERAL SESSION | TENNESSEE HEALTH CARE INNOVATION INITIATIVE | Wendy Long, MD, Deputy Commissioner, Director of TennCare, Tennessee Department of Finance and Administration, Bureau of TennCare, Nashville, Tennessee

GENERAL SESSION | BEHAVIORAL HEALTH AND THE BELTWAY: POLICY, POLITICS, AND PRACTICE | Linda Rosenberg, MSW, President and CEO, National Council for Behavioral Health, Washington, DC

GENERAL SESSION | VALUE-BASED CARE: THE PAYERS' PERSPECTIVE | Trillo M. Shipman, BS, MEd, Program Manager PCMH, Amerigroup of Tennessee, Nashville, Tennessee; Melissa Isbell, MBA, Manager, Behavioral Health Network Strategy & Innovation, BlueCross BlueShield of Tennessee, Memphis, Tennessee; and Steve Higgs, MBA, Director, Behavioral Health Reform, UnitedHealth Community Plan, Brentwood, Tennessee

GENERAL SESSION | BEHAVIORAL HEALTH INTEGRATION: A TALE OF TWO CENTERS | Mandi Ryan, MSN, RN, Director of Healthcare Innovation, Centerstone, Nashville, Tennessee; and Kellye Hudson, DNP, Director of Nursing, Helen Ross McNabb Center, Knoxville, Tennessee

GENERAL SESSION | TENNESSEE HEALTH LINK — PRACTICE TRANSFORMATION TRAINING | NAVIGANT AND HCFA/BUREAU OF TENNCARE | Mary C. Shelton, MA, Director of Managed Care Operations, Tennessee Department of Finance and Administration, Bureau of TennCare, Nashville, Tennessee; Jennifer Hutchins, Director, Manager of TN Care Engagement, Navigant, Washington, D.C.; and Betsy Walton, Director, Manager of Training and Coaching for TN Care Engagement, Navigant, Chicago, Illinois

CLOSING GENERAL SESSION | CHANGING YOUR WORLD: PROACTIVE TRANSFORMATION FOR VALUE-BASED INTEGRATED SERVICES TO POPULATIONS WITH COMPLEX NEEDS | Kenneth Minkoff, MD, Senior Systems Consultant, ZiaPartners, Inc., San Rafael, California

TAMHO AWARDS AND RECOGNITION PROGRAM

The Tennessee Association of Mental Health Organizations (TAMHO) bestowed its highest honors during their Annual Conference at the Franklin Marriott Cool Springs Hotel in Franklin, Tennessee. In total, seven awards were bestowed upon exceptional individuals and agency programs during the ceremony.



Front Row (l-r): John Allen, Peninsula Behavioral Health; Jack Dempsey, WCYB-TV; Joe Page, Frontier Health

Back Row (l-r): Florence Hervery, Case Management, Inc.; Judge Phyllis B. Gardner; Shelby County General Sessions Court, Stacy Park, Ridgeview Behavioral Health; Mary Nelle Osborne, Peninsula Behavioral Health

Frank G. Clement Community Service Award | The Honorable Phyllis B. Gardner, Shelby County General Sessions Court

Dorothea Dix Professional Service Award | Joe Page, Frontier Health

Distinguished Service Award | Florence Hervery, Case Management, Inc.

Personal Courage Award | John Allen, Peninsula Behavioral Health

Media Award | WCYB-TV

Program of Excellence Award | Peninsula Behavioral Health—Peer Support Academy; and, Ridgeview Behavioral Health — Behavioral Health Integration Program

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Our sincere thanks to the generous sponsors of the TAMHO 2016 Annual Conference.

The TAMHO Annual Conference success is made possible in part through the generous support of our many sponsors, exhibitors, and advertisers. We are proud to be associated with these organizations and encourage your consideration of their products and services.

We are excited to share opportunities such as this conference and the many other events produced by TAMHO throughout the year. If you would like to learn more about partnerships and marketing opportunities we have available, please contact us at 615-244-2220 ext. 14.

**TAMHO 2016 Annual Conference
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- Genoa, a QoL Healthcare Company
- KidCentral Tennessee
- Lauris Online
- LocumTenens.com
- Mental Health America of Middle Tennessee
- NAMI Tennessee
- NASW, Tennessee Chapter
- Peninsula
- Project Transition
- Qualifacts

Gold

- Amerigroup
- United Health Community Plan

Silver

- BlueCross BlueShield
- Netsmart

- Tennessee Alliance for the Severe Mental Illness Exclusion (TASMIE)
- Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS)
- Tennessee Commission on Children and Youth (TCCY)
- Tennessee Co-Occurring Disorders Collaborative (TNCODC)
- Tennessee Suicide Prevention Network (TSPN)
- Tennessee Voices for Children (TVC)
- The ECHO Group
- Valant
- Vanderbilt Behavioral Health
- Volunteer Behavioral Health Care System

TAMHO Elects Leadership for 2017



The Tennessee Association of Mental Health Organizations (TAMHO) recently elected officers for 2017 at the organization's annual meeting held in Franklin, Tennessee.

Brian Buuck, Chief Executive Officer, Ridgeview Behavioral Health, Oak Ridge, TN will serve as President. He will succeed Robert Vaughn, Chief Executive Officer, Carey Counseling Center, Paris, TN, who will remain on the Board as Immediate Past President. Teresa Kidd, PhD, Chief Executive Officer, Frontier Health, Gray, TN was elected President Elect. Julie Spears, Vice President for Finance, Centerstone, Nashville, TN will remain on the Board as Treasurer completing the second year of a two-year term. Liz Clary, Chief Executive Officer, Peninsula Behavioral Health, Knoxville, TN, will serve a two-year term as Secretary.



TDMHSAS Names Sejal West Deputy Commissioner

West has served in Department since 2010

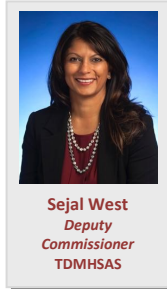
Commissioner Marie Williams announces the appointment of Sejal West as the Deputy Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services.

“I am pleased to announce Sejal West as the new Deputy Commissioner for the Department,” said Marie Williams, Commissioner Tennessee Department of Mental Health and Substance Abuse Services. “As Assistant Commissioner, Sejal’s extraordinary passion for serving those with mental illnesses and substance abuse disorders helped lead the way for innovative and transformational progress in this State.”

West, 41, started with the department in 2010 and has served as Assistant Commissioner of Mental Health Services since January of 2012. As Assistant Commissioner, she directly managed the daily operations and budget for the division of mental health services which is responsible for providing a comprehensive array of mental health services, programs, and supports across Tennessee. Under her leadership, the division of mental health services was able to secure an unprecedented amount of federal discretionary grant funding in excess of \$53 Million dollars. In her role, she has worked in collaboration with community stakeholders across multiple systems resulting in the development and creation of community based programs and supports. Under her leadership, the department has grown the system of care work resulting in children and families receiving high quality coordinated services and supports tailored to meet their individual needs. She has also led the implementation of OnTrackTN, an innovative approach based on the OnTrackUSA model providing recovery oriented treatment to youth and young adults who have recently begin experiencing psychotic symptoms.

“I am extremely honored and humbled that Commissioner Williams has asked me to serve as the Deputy Commissioner for our Department,” West said. “I look forward to continuing on with the great work that our Department is doing through collaboration with our amazing staff, sister state agencies, community partners, and our consumers, we will continue to transform the public behavioral health system in our State.”

West has shown a strong commitment to the mental health system in Tennessee and is passionate about making sure individuals living with mental illness are able to access high quality community based care. She has several years of experience providing direct services in a community mental health center and understands the challenges and difficulties that individuals living with serious mental illness often face.



TDMHSAS Names Matt Yancey Assistant Commissioner, Mental Health Services

Matt Yancey was recently Assistant Commissioner for the Division of Mental Health Services with the Tennessee Department of Mental Health and Substance Abuse Services. In a recent communication, Mr. Yancey noted being honored to serve in this capacity, and to work with the behavioral health communities ensuring an effective continuum of care for Tennesseans with mental health challenges. He also highlighted that without a strong network of community mental health centers, TDMHSAS would be unable to achieve its mission to be one of the nation’s most innovative and proactive state behavioral health authorities. Over the next few months, Assistant Commissioner Yancey hopes to visit each community health center across the state to learn more about how the Department can continue to support efforts and brainstorm opportunities for the work ahead to assure all Tennesseans with mental health needs live a life of recovery and independence.

Mr. Yancey can be reached at Matt.Yancey@tn.gov or at (615) 253-5443. Division of Mental Health staff resources include:

Behavioral Health Safety Net (BHSN of TN) - Debbie Shahla, (615) 532-6505, Debbie.Shahla@tn.gov

Child and Youth Mental Health - Kristy Leach, (615) 253-4800, Kristy.Leach@tn.gov

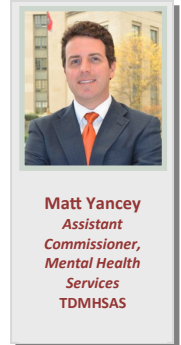
Consumer Affairs and Peer Recovery Services - Lisa Ragan, (615) 532-6732, Lisa.Ragan@tn.gov

Wellness and Employment - Katie Lee, (615) 253-2828, Katie.Lee@tn.gov

Crisis Services and Suicide Prevention Services – Morenike Murphy, (615) 253-7306, Morenike.Murphy@tn.gov

Housing and Homeless Services - Bob Currie, (615) 532-4651, Bob.Currie@tn.gov

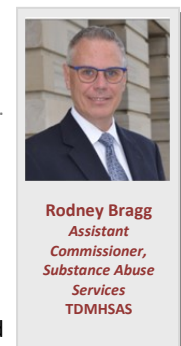
Older Adults, Disaster Services & PASRR - Dennis Temple, (615) 253-5558, Dennis.Temple@tn.gov



TDMHSAS Assistant Commissioner Rod Bragg Earns National Recognition

ARTICLE REPRINT | UPDATE – TDMHSAS, Volume 19, No. 2 | October 2016 | <http://www.tn.gov/behavioral-health/topic/department-newsletter>

The National Association of Alcohol and Drug Authority Directors recognized Assistant Commissioner Rod Bragg with its Exceptional Leadership and Support of Substance Abuse Prevention and Treatment Award. It was presented



at the association’s 2016 annual meeting and conference in Salt Lake City, Utah.

“I feel extremely honored to receive this award from my peers across the nation,” said Assistant Commissioner Bragg. “Knowing that individuals are positively affected by the department’s prevention services, that many of those who receive clinical treatment services are living positive, productive lives, keeps me motivated to do this work.”

Rod is thankful for his team of dedicated professionals who work every day making a difference in the lives of Tennesseans struggling with addiction. “I have a philosophy that if what I am doing does not make a difference in a person’s life, it is not worth doing,” said Assistant Commissioner Bragg.



What are We Watching?

TAMHO 2017 Legislative Activities

- Congressional action to repeal the ACA
- Congressional action to re-engineer federal funding for Medicaid
- Confirmation hearing for President Trump’s nominee for Health and Human Services Director, Representative Tom Price from Georgia
- In Tennessee, Senator Jack Johnson’s SB1, that prohibits the Board for Professional

Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists from adopting any rule that incorporates by reference a national association’s code of ethics, including but not limited to, the American Counseling Association Code of Ethics.

- Governor Haslam’s State of the State Address on January 30, 2017

TNCODC Strategic Initiative Updates

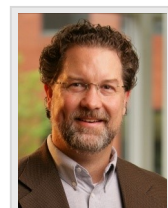
December Statewide Co-Occurring Disorders (COD) Learning Community

The second Statewide COD Learning Community was held on December 14. The goal of the meeting was to provide information to help an agency move from completing the COMPASS-EZ assessment to planning and implementing the next steps of making improvements based on the COMPASS-EZ results.

The meeting was led by Dr. Ken Minkoff. The morning session was a joint session with the TAMHO Annual Conference and the afternoon sessions were hands-on training that included small group exercises and interaction. 24 agencies from across the state participated with 54 agency staff in attendance.

Plans for Rolling Out Regional Co-Occurring Disorders (COD) Learning Communities

Regional Learning Communities are being developed for the Grand Regions, West-Middle-East. While they will be overseen by the Learning Community Work Group, local volunteers will help coordinate and facilitate the regional learning communities. There will be a face-to-face meetings as well as teleconferences and webinars. The plans are to roll this out in February and March.



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



Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

February 14, 2017

June 13, 2017

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, Chattanooga, TN 37402

Region IV

11am – 1pm CST (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



To find resources for children in Tennessee, visit <http://kidcentraltn.com/>.

Nashville to Build First-of-Its-Kind Health Center for Mentally Ill Arrestees

ARTICLE REPRINT | WKRN-TV, Nashville | January 4, 2017/Updated January 4, 2017 | Najahe Sherman | <http://wkcn.com/2017/01/04/nashville-builds-first-of-its-kind-health-center-for-mentally-ill-arrestees/>

There's new insight into the plans for the Davidson County jail currently under construction in downtown Nashville.

In addition to the jail space, there will be a separate facility for a behavioral health center. It'll be the first of its kind in the nation.

Sheriff Daron Hall sighted two examples of cases where this type of facility would have been effective.

You might recall last February when a man was arrested after walking around the Nashville International Airport naked. It was his second time for that type of offense.

And last January, a man shut down rush hour traffic for hours after he climbed up a sign on Interstate 65.

(Courtesy: iReport2/Scott Farrell)

Both of the men faced jail time for what they did, but as the Davidson County sheriff explained, they also both suffered from mental illnesses.

"Society has turned to the criminal justice system to deal with a person who is acting out, who has a mental illness, and we need to get out in front of that," said Sheriff Hall.

He told News 2 about 30 percent of the inmate population at the Davidson County jail suffer from some type of mental illness.

Sheriff Hall says it's time to find a new way to treat the inmate population so that they get the help they need.

As part of that effort, Davidson County will create a behavioral health care center. The budget for the new jail is \$133 million, and the department set aside \$10 million for the center.

It will be a 64-room treatment center located in a separate space from the jail for people who have committed misdemeanor crimes and also suffer from mental illness.

"Our goal is to bring that person off the streets and treat the illness, and then release them into what is the community health system, where they won't be a problem for the criminal justice system," said Sheriff Hall.

Hall believes the program has potential to save taxpayers millions of dollars.

The new behavioral health center will open in late 2018.



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TAMHO MEMBER ORGANIZATION HAPPENINGS

Ridgeview Behavioral Health Services Ride for Hope

Ridgeview Behavioral Health Services presented the 2nd Annual Ride for Hope as part of Mental Health Month in May. The event was held in cooperation with the Department of Mental Health and Substance Abuse Services, the Department of Children's Services, provider agencies, and mental health advocates. Riders departed from DCS in Clinton and rode 16.8 miles to Willow Brook Elementary in Oak Ridge, where riders had a brief celebration with students (pictured). They then concluded with a 2.7 mile ride to Ridgeview's climbing tower where a community celebration for mental health awareness took place featuring vendor booths, musical guests, and dignitaries. Anderson County Mayor Terry Frank presented a proclamation as riders rode by the Anderson County Courthouse.



Seven Counties Services Joins Centerstone

Behavioral healthcare leaders finalize affiliation; combined organization will serve more than 150,000 people nationwide

Centerstone and Seven Counties Services recently announced that they have finalized an affiliation that will combine their operations, creating a five-state, non-profit behavioral health organization serving more than 150,000 people of all ages annually. The affiliation was unanimously approved by the boards of directors of both organizations.

"We are delighted to welcome Seven Counties to Centerstone," said David C. Guth, Jr., CEO of Centerstone. "Our organizations share a dedication to providing compassionate care, partnering with our communities, and changing the lives of those we serve. Together, we have great opportunities to share best practices and ideas that will advance behavioral healthcare in our regions and beyond."

Seven Counties, which is headquartered in Louisville, Ky., serves 34,000 people annually in its 31 locations across Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Tribble counties. As part of the affiliation with Centerstone, all Seven Counties facilities, including its 80-bed inpatient addictions center, will remain open, and none of its providers or services will change. The organization will change its name to Centerstone of Kentucky, effective November 1, 2016.

Dr. Anthony "Tony" Zipple, president and CEO of Seven Counties, will remain with his organization, serving as CEO of Centerstone's

operations in Kentucky. Additionally, the executive and senior management teams remain unchanged.

"Joining together with Centerstone further enhances our ability to provide high quality and high value behavioral health and addiction services to residents throughout the region," said Dr. Zipple. "We will have access to a national network of providers and peers, and new synergies to consider for service development and expansion."

In operation for more than 60 years, Centerstone is one of the nation's largest nonprofit providers of behavioral healthcare. With the addition of Seven Counties, it now has 211 locations in Florida, Illinois, Indiana, Kentucky, and Tennessee and a national provider network of more than 700 clinicians. It has approximately \$310 million in annual revenues and employs more than 4,500 people nationally.

Trinity Health Foundation Funds Medication Assisted Treatment

Helen Ross McNabb Center to pilot a Vivitrol MAT program for repeat, nonviolent offenders in Knox County

ARTICLE REPRINT | "The Road Map" a publication of the Helen Ross McNabb Center | December, 2016

Tennessee is experiencing a substance abuse epidemic that has led to devastating outcomes, touching all corners of our community. Approximately 45 percent of people who are incarcerated have substance use disorders and mental health conditions, representing a significant number of people in need of effective treatment for substance use disorders. Across the country, Medication Assisted Treatment (MAT) programs targeting nonviolent offenders with opioid dependency disorders are reporting successful outcomes.

With the grant provided by the Trinity Health Foundation of East Tennessee, the Helen Ross McNabb Center will pilot a Vivitrol MAT program for repeat, nonviolent offenders in Knox County. The goal of the pilot is to provide substance abuse treatment for individuals affected by opioid substance use disorders to reduce recidivism and relapse rates. The project is anticipated to reduce the short-term and long-term costs associated with incarcerating individuals with untreated opioid substance use disorders in East Tennessee. The Center will collaborate with Knox County Sheriff's Office (KCSO) and Knox County District Attorney's Office (KCDA) and will consult with Knoxville Police Department (KPD).

Carey Counseling Center Extends Behavioral Health Services to Its Community Through an Innovative Online Resource

Carey Counseling Center and myStrength have partnered to offer web and mobile behavioral healthcare solutions to all Carey's clients, families, and employees across the seven counties Carey Counseling Center serves in Northwest Tennessee. This alliance provides access to digital self-care solutions to help manage depression, anxiety, substance use disorders and chronic pain.

According to Mental Health America, Tennessee ranks 41 out of 50 states in having a high prevalence of mental illness and lower rates of access to care. The partnership between Carey Counseling Center and myStrength brings therapy and support to mobile devices and laptops, opening a new world of access to mental health care as well as tools to monitor and maintain overall wellness and quality of life.

Visit https://www.mystrength.com/assets/press/myStrength_Press%20Release%20Carey%20CounselingTNFINAL.pdf for more information.

Centerstone Takes Comprehensive Approach to Health Care

ARTICLE REPRINT | The Tennessean | December 29, 2016/Updated December 30, 2016 | Holly Fletcher, hfletcher@tennessean.com | <http://www.tennessean.com/story/life/2016/12/29/centerstone-takes-comprehensive-approach-health-care/94607042/>

More stretching is in Nora Wood's future — whether she learns to like it or not.

The 59-year-old grandmother from Nashville recently admitted, to no one's surprise, that she doesn't like stretching and thinks it's a waste of her workout time.

Her health and wellness team through behavioral health provider Centerstone will see to it that she gets in a few minutes of stretching before she works out. She's come a long way to get where the focus is on stretching, rather than the larger problems stabilizing her diabetes and mental health condition.

Through its WellConnect Health Home program, Centerstone has a team of health care professionals ready to help Wood.

Stephanie Cooper, care coordinator, will get a printout of what wellness coordinator Jai Taylor wants Wood to do. Her therapist, Lori Shelly, may follow up on it in an upcoming session.

WellConnect integrates behavioral and physical health care into a collaborative effort that gets all types of providers and coordinators and coaches working toward the same goals.

It's taken a cultural reboot for the organization to fuse behavioral health with physical health, said Bob Vero, Centerstone's Tennessee CEO.

The shift is necessary, and, for the people spearheading the programs, rewarding. The clients in WellConnect are dedicated, and attuned to their goals, Taylor said.

Initiatives at the federal level — including funding and regulations — that recognize the importance of behavioral health in impacting lives and physical health have revved Centerstone's energy to get programs in place.

"That's what has really lit us on fire and has us excited about the opportunity," Vero said.

More than 500 people were part of five-year pilot in Nashville funded by a federal Substance Abuse and Mental Health Services Administration grant.

Centerstone just ended the first year of a similar program in Clarksville, where some patients showing progress within months of launch, which often takes at least a year or more.

A group of 60 people had lost 400 pounds in the first six months, said Mandi Ryan, head of Centerstone's health homes in Tennessee.

WellConnect rolled out these health home services at all of its 19 Tennessee sites in December. It will continue integration efforts through TennCare's Health Link program that promotes health homes that provide both physical and behavioral health.

Mental and physical health is linked. Yet, the health care system treats the issues separately.

The focus on value, efficiency and outcomes will fuel more initiatives that link behavioral health into physical care, Vero said.

He tells graduating behavioral health students to learn a second language and spend time in primary care offices to get acquainted with the system and get comfortable working a variety of clinicians.

"We're not alone anymore. We're not treating people from the head up and expecting other health care providers to treat from the neck down," said Vero. "We need to get comfortable being part of the overall health care delivery system."

In WellConnect, the ideal scenario is to have a patient's behavioral and physical health providers under the same roof. Sometimes that's just not possible so Cooper, based in Madison, spends her time forging relationships with patients such as Wood as well as physicians.

Vero wants the industry to get to the point where a primary care provider picks up the phone and makes a connection to a behavioral health provider when a patient mentions depression or anxiety.

"If I could have primary care in every single one of my locations, I'd have primary care in every single one," Vero said.

That scenario is probably years away. The system is fragmented; and Tennessee lacks enough behavioral health providers. So the WellConnect team looks for small steps in integration progress — the same way they look for progress in a patient.

"I get a fax right back," Cooper said. "That never used to be the case."

Wood has been seeing Shelly at Centerstone since the early 2000s, but she feels better now than ever before.

She goes to the YMCA three days a week — though the team tries to make sure she's getting in exercise in addition to socializing over coffee. She works out on her own in her apartment building's gym twice a week.

She's on her medication, and she's eating better. Her A1C, which tests average blood glucose levels, is down from 10-something to 6-something — under the target of seven, which makes her WellConnect team crow with praise.

Taylor, her trainer, is ecstatic over her progress.

"We've worked together for a lot of years," Shelly said. "She had some real difficulties over time. Seeing her at this point is very rewarding for me."

Yet, most importantly, Wood is happier.

She's not thinking about ending her life — it's been years since a mobile crisis unit had to be called — and she's turned into such a social butterfly that Cooper often can't catch her at home.

"I feel like I like myself a lot better than I used to," Wood said. "I just feel good. I mean, used to, I never felt good. It was weird at first when I started feeling so much better."

Progress takes time, and the WellConnect team pushes for small steps that make an impact in the patient's life.

Cooper called someone every day in the morning as a reminder to take medicine until it became a habit. She goes to doctors' appointments and their house or gym.

The team tries to play into people's interests and skills.

Wood has a reputation for her cooking — she loves to marinate a burger, but is now whipping up eggplant lasagna and using spaghetti squash instead of pasta with marinara sauce.

The coordination means the patient is in touch with someone as often as they need to be, getting reminders and tips on how to follow through.

Maybe it's asking people to smoke one less cigarette a week then work up from there, eventually noting the savings from smoking less. It's a step at a time that lead to new habits and eventually lifestyle change.

Nearly half of clients who were obese or extremely obese when they started in WellConnect lost weight after a year. Two-thirds of those in the pre-hypertensive or hypertensive range lowered their blood pressure by at least six points.

Now that Wood's proven she can maintain her progress while living alone, and going to the YMCA with her brother, she will be focusing on losing some weight and further improvements to her health.

And, even though she'll keep up her protests, some light stretching.

"The coolest part about it is that they are beautiful people," Wood

said of Shelly, Cooper and Taylor. "They are beautiful people and they've done it just as much as I have."

Editor's note: This story was updated to clarify that WellConnect is a three-year grant program that will conclude next year, but Centerstone plans to continue integrated care and health home services.

McNabb Center Opens Free Treatment Facility for Veterans, Military

ARTICLE REPRINT | Knoxville New Sentinel | November 10, 2016/
Updated November 10, 2016 | Kristi L. Nelson | <http://www.knoxnews.com/story/news/local/2016/11/10/mcnabb-center-opens-free-treatment-facility-veterans-military/93600218/>

About a quarter of veterans have post-traumatic stress disorder, depression, anxiety or chemical dependency, estimates the U.S. Department of Health and Human Services.

And as many as half of veterans who need mental-health or substance-abuse services go without.

That's unacceptable for any population — but especially for "those who have courageously served our country," said Helen Ross McNabb Center President and CEO Jerry Vagnier.

Next Thursday, McNabb Center will have a ribbon-cutting and dedication of a new Middlebrook Pike facility specifically to provide services to military personnel and veterans and their family members — for free.

Funded by \$715,000 in donations — including money from Consolidated Nuclear Security, an Oak Ridge-based company that contracts with the military; Mitch and Debby Steenrod; and the Helen Ross McNabb Foundation — the center has enough funding for its first three years, Vagnier said. He said McNabb aims to serve 100 veterans there by the end of this year, at least 200 in 2017 — regardless of length of service or discharge status, and without the long wait those without insurance might otherwise face for treatment.

A U.S. Department of Defense study suggests the prescription drug misuse rate for veterans is more than 2.5 times higher than the civilian rate — 11.7 percent among veterans, compared with 4.4 percent in the non-veteran population. It could be even higher for female veterans, the study suggested.

And a VA study in July said 20 veterans per day commit suicide — most of whom weren't receiving mental-health services. The veteran suicide rate is about 21 percent higher than the suicide rate among civilians.

McNabb will file insurance for those who have it, but won't charge any veteran or military personnel for services, regardless, Vagnier said. Right now, "no tax dollars will be used for the delivery of these services," since all the operating costs were raised through donations, he said, but McNabb Center hopes to eventually contract with the U.S. Department of Veterans Affairs.

"We started this process about two years ago, after we began to

hear from the community that there were people who couldn't access VA services or weren't eligible for VA services, and we decided that gap was something we needed to step in and try to fill," Vagnier said.

In January, the nonprofit paid \$390,000 for the low brick building at 3712 Middlebrook Pike, constructed in 1991 as a government office, then spent the better part of this year renovating the inside with calming neutral colors and sleek lines.

Inside, the walls are lined with black-and-white photographs of McNabb staffers who served in the military, as well as military-themed photos and art. The building will be dedicated to a local serviceman, whose name will be revealed Thursday.

The counselors hired are themselves veterans, said Amber McMillan, McNabb's clinical director for Military Services as well as for Loudon County services, and those who work in the center receive training specific to helping veterans with post-traumatic stress disorder, depression, anxiety, co-occurring disorders, suicidal thoughts "and other invisible wounds."

McMillan said besides mental-health treatment, the center will provide a service similar to McNabb's Intensive Outpatient Programs for those with substance abuse issues. Though it won't do detox services, she said, clients can detox at McNabb Center's Crisis Stabilization Unit or elsewhere and then get other services at the veterans' center – all anonymously.

"There are a lot of veterans and active military who are distrustful that if they go to the VA, it might affect their status," Vagnier said.

"There's also a stigma" related to getting mental-health or substance-abuse treatment, he added: "To be a provider not related to the government, they may feel more comfortable and have more of a sense of anonymity."

The decision to also offer services to family members was a natural one, Vagnier said: "We think if we can effectively help the veteran through their recovery that it will touch many lives, not just their own."

McNabb Center began providing services through the program to a few service members and veterans beginning this past spring, but only now has the Military Services program fully implemented. For information, call 865-444-2333 or visit www.mcnabb.org. Vagnier said clients don't have to be Knox County residents, as long as they can find transportation to receive services.

McNabb Center also provides supportive housing for homeless veterans, with 21 units in two buildings. The program uses location-based Veterans Affairs Supportive Housing (VASH) vouchers.

The U.S. Interagency Council on the Homeless estimates about 76 percent of homeless veterans experience alcohol, drug, and/or mental health problems. The Knoxville Homeless Management Information Center indicates at least 11 percent of the city's homeless are veterans.

Vagnier said community support for starting the program has been

encouraging.

"I can't tell the outpouring we've had – not only from people who care about veterans, but from the veterans themselves," he said.

Centerstone Receives \$4.5 Million Grant for Workforce Reentry Initiative

Centerstone Career Connect to provide crime-detering education, training, employment services and coordination of behavioral health treatment for 500+ young adults exiting justice systems

Centerstone, one of the nation's leading not-for-profit behavioral health care providers, has been awarded a three-year, \$4.5 million grant to implement a U.S. Department of Labor *Reentry Demonstration Project for Young Adults*. The project goals include preventing and reducing crime in high-risk areas of Middle Tennessee and Southern Illinois by enhancing workforce reentry strategies for 563 people, ages 18 to 24, who have been involved with the juvenile or adult justice systems.

Through Centerstone Career Connect, participants receive employment, education and training options and are provided mental health and substance use treatment and other supportive services as needed. Utilizing a *Career Pathways* approach, participants will learn new work skills, obtain certifications or degrees and develop opportunities for lifelong careers.

"We're excited to serve and motivate people to discover skills best suited for their bright future," said Centerstone Career Connect Project Director Phyllis Viltz. "Establishing and maintaining a positive life trajectory for these individuals in turn begins to lower crime rates and help employers. Everybody wins."

Centerstone Career Connect will serve 403 people across 17 census tracts in and around downtown Nashville, Tennessee, and 160 additional participants in East St. Louis and Carbondale, Illinois. Specific target goals include improved education and job skills, increased employment, sustained work, successful credentialing, decreased substance use (60 percent), reduction of mental health symptoms (50 percent) and reduced recidivism (25 percent).

Referrals may come from courts, probation or parole officers, attorneys, schools and more. Collaborative partners include local employers, police departments and mayor offices.

"As our city continues to grow, we embrace this opportunity to help our young adult residents thrive," said Nashville Mayor Megan Barry. "These efforts to assist in developing productive, responsible, healthy citizens are a key step toward less poverty, a stronger workforce and a greater Nashville community."

Centerstone Career Connect's active implementation runs from January 2017 through December 2018. For more information, including specific coverage areas, call (615) 714-9240 in Tennessee or (618) 997-5336 ext. 7783 in Illinois, or visit www.centerstone.org/careerconnect.

STATEWIDE HAPPENINGS

Important Message about the Affordable Care Act

MESSAGE REPRINT | Tennessee Commission on Children and Youth (TCCY) | December 20, 2016

Advocates know 2017 will present new advocacy opportunities to improve outcomes for Tennessee children across a wide range of issues. What happens in 2017 will determine the future prosperity of our state and nation. It will determine whether the foundation of services and supports for health and development is sturdy or becomes more fragile.

As chair of the Health, Education, Labor and Pensions Committee, Tennessee Senator Lamar Alexander has provided important leadership for landmark legislation in recent years – the Every Student Succeeds Act in 2015, and the 21st Century Cures Act in 2016. In 2017, he will have a new and important leadership opportunity related to the Affordable Care Act (ACA). What Congress decides regarding the repeal/replacement of the ACA will have a significant impact on access to health insurance, health status, and healthy outcomes.

Change should provide an opportunity for improvements. While there are parts of the law that are challenging, some provisions of the ACA have strong support across the board:

- Coverage for young people on their parents' insurance to age 26;
- Coverage for preventive services;
- Coverage regardless of preexisting conditions.

Tennessee advocates should encourage Senator Alexander to ensure the legislation does not just repeal the ACA, but replaces it with step-by-step reforms that transform the health care delivery system. New legislation should put patients in charge, give them more choices and reduce the cost of health care so more people can afford it. The ACA has resulted in coverage for millions of Americans, including children. It should not be repealed until there is a plan for better, more affordable care, coverage and consumer protections.

Repealing without replacement threatens to destabilize the insurance market, potentially resulting in loss of coverage for people, including children, with preexisting conditions or disabilities, and the accompanying loss of security and peace of mind that comes with health coverage.

Tennesseans should contact both Senator Alexander by email (<https://www.alexander.senate.gov/public/index.cfm/email>) or phone 202-224-4944 and Senator Bob Corker email (<https://www.corker.senate.gov/public/index.cfm/emailme>) or phone 202-224-3344 and ask them to replace the ACA as they repeal it to better protect Tennessee children and families.

Bill and Crissy Haslam Promote Foster Parenting Program

ARTICLE REPRINT | The Tennessee Journal / Humphrey on the Hill | December 5, 2016 | Tom Humphrey | <http://humphreyonthehill.tnjournal.net/bill-crissy-haslam-promote-foster-parenting-program/>

Tennessee Gov. Bill Haslam and First Lady Crissy Haslam on Monday launched TNFosters, an awareness campaign that will work with a variety of non-governmental organizations to encourage more Tennesseans to become foster parents.

TNFosters will also showcase innovative methods citizens have created to support foster parents and the children they serve, from a church that has built a safe room to a non-profit organization that helps celebrate foster children's birthdays.

"Every child has the right to a loving family," Gov. Haslam said. "Tennessee currently has well over 6,000 children in foster care, through no fault of their own. More than 4,000 incredible foster parents have stepped up to provide a safe and supportive environment to these children. At the same time, we are always looking for more foster families to help us get these children safe, healthy and back on track."

Not everyone can become a foster parent, but there are a variety of proven opportunities to help. The goal of TNFosters is to encourage the faith-based community, creative leaders, non-profits and the private sector to find even more ways to advocate for children in the state foster care system.

"We are launching the TNFosters campaign not only to find more amazing foster parents but to recruit additional support into the system," Mrs. Haslam said. "There are countless ways to help these foster parents and children, and we intend to match those needs with caring Tennesseans who want to help."

The Haslams were joined for the campaign's launch on Monday at Cross Point Church in downtown Nashville by state legislators, judges, local officials, non-profit and business leaders. The effort is spearheaded in large part by America's Kids Belong, a national organization that has launched similar efforts in five other states.

"The America's Kids Belong team believes that every child in foster care is unique and carries with them their own story, but they also have a few things in common: resilience, big dreams and even greater potential," AKB President Brian Mavis said. "They just need a loving, patient and supportive family to help them thrive. Our team is honored and excited to be a part of this movement that will build on the recent child welfare successes in Tennessee. Together we can change the story for children in foster care."

Tennessee is poised to emerge from a 16-year-old federal consent decree that has contributed to strengthening its public-child welfare practice. A large part of those successes include a more

robust foster parent recruitment and retention program, and the TNFosters campaign will build on those ongoing successes at DCS.

"We are always seeking to expand the pool of homes," DCS Commissioner Bonnie Hommrich said. "We are also looking for foster parents who are willing to accept a wider range of children into their homes – not just small children, but sibling groups and teenagers too."

Commissioner Hommrich also outlined a set of expectations:

- Over the next nine months, recruit a minimum of 100 forever homes for the population of children free for adoption who don't have a family identified.
- In 2017, recruit and license 10 percent more foster homes than the number voluntarily closed in calendar year 2016.
- In 2017, begin recruitment initiatives that result in no less than 5 percent of the churches in a county committing to be a part of this faith-based initiative.

Also joining the Governor and the First Lady Monday were other advocates for foster children, including the Tennessee Alliance for Children and Families, an organization composed of the state private-provider network, which offer specialized foster care to the state's children. Also in the forefront was the Tennessee Alliance of Kids, a new group which will be building a network to connect the needs of children and families to churches and organizations that want to help.

The Department of Children's Services is Tennessee's public child welfare agency. It includes child protective services, foster care, adoption, independent living programs and juvenile justice. In total, approximately 7,900 children are currently in its care.

For more information on Tennessee's foster care system and to learn how to become a foster parent or support foster families, visit tnfosters.gov.

Tennessee Launches Mental Health Initiative

ARTICLE REPRINT | The Commercial Appeal | November 24, 2016 | Katie Fretland | <http://www.commercialappeal.com/story/news/local/2016/11/24/tennessee-launches-mental-health-initiative/94243444/>

Tennessee is launching a new initiative for mental health patients who are ready for more independent living.

The Tennessee Move Initiative aims to identify patients who are hospitalized in long-term state institutes for transition to community-based housing. This plan will help patients move toward recovery while staying connected to family, friends and local resources for support, said Marie Williams, commissioner of the Tennessee Department of Mental Health and Substance Abuse Services.

"Serving patients in the community setting is a priority for our department," Williams said. "Anytime a person can be served in a more familiar environment, the better off the person will be. I am

really excited about this initiative in our state because it focuses on providing treatment where it belongs, in the community."

The department has contracted with three local teams to implement the project: Alliance Healthcare in West Tennessee, LifeCare Family Services in Middle Tennessee and the Helen Ross McNabb Center in East Tennessee. The teams will provide around-the-clock support to patients, housing providers and families, as well as connecting patients with employment resources and help from peers. Financing for the initiative includes \$860,000 to the local teams with \$330,000 to Alliance, \$230,000 to LifeCare and \$300,000 to the McNabb Center.

Williams, who was appointed commissioner in October, previously worked as the director of homeless services for Catholic Charities of Memphis, and she also led the homeless services at Memphis' Midtown Mental Health Center.

"One of the things about Memphis is the incredible people," she said. "You've got great foundations there. Assisi, Plough, Community Foundation, MIFA, United Way – they're all focused in that Downtown and Midtown region where a lot of our people come from. You've got a lot of positive, a lot of strength."

Gov. Bill Haslam said in a statement announcing her appointment as commissioner that Williams' "passion for helping the mentally ill, the homeless and those with drug and alcohol addictions inspires her to create innovative, high-impact programs that make a difference."

"Marie has the experience and the drive to continue the progress made to help some of our most vulnerable citizens," he said.

Williams and Deputy Commissioner Sejal West said the Tennessee Move initiative will work to help patients integrate smoothly into their communities, have a safe place to live, reconnect with family and friends and get jobs.

"That's the total package," Williams said.

Debra Dillon, executive director of the National Alliance on Mental Illness in Memphis, said that discharging people from hospitals who have reached the maximum benefit there and providing a team to work intensively with them in the community helps people return to a more normal way of living.

"It's better for the individual, and it's more cost-effective than staying in the hospital bed," Dillon said.

University of Tennessee Center for Addiction Sciences Tackles Substance Abuse

ARTICLE REPRINT | The Commercial Appeal | November 15, 2016/ Updated November 15, 2016 | Kevin McKenzie, Kevin.mckenzie@commercialappeal.com | <http://www.commercialappeal.com/story/news/health/2016/11/15/ut-center-addiction-science-tackles-substance-abuse/93617592/>

The nation's first center of excellence in addiction medicine was

unveiled in Memphis on Tuesday to help physicians rise to the challenge of treating substance abuse, including the opioid epidemic.

The Center for Addiction Science at the University of Tennessee Health Science Center College of Medicine is the first to receive the center of excellence recognition from The Addiction Medicine Foundation, based in Bethesda, Maryland.

The foundation accredits physician training in addiction medicine. As the first center of excellence in addiction medicine, the Memphis-based UT College of Medicine's Center for Addiction Science will serve as a model for centers that combine treatment, research, education for health professionals and community outreach, officials said.

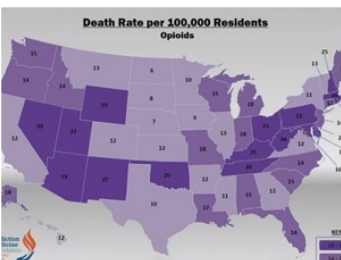
Dr. Kevin Kunz, executive vice president of The Addiction Medicine Foundation, praised the collaboration and community support at UTHSC. Resistance to change and silo-like departments that don't work together in medical schools are obstacles to meeting the addiction challenge, Kunz said.

"It surprises most people that across the United States one out of every 100 deaths today across America is due directly to an opioid overdose, a prescription pain pill that was diverted or taken inappropriately," he told an audience in Downtown Memphis.

"Or to heroin, and 75 percent of today's heroin users in America started with prescription pain pills written by a physician that was then either used by that patient or diverted from mom's medicine cabinet," Kunz said.

For Dr. David Stern, Robert Kaplan executive dean of the UT College of Medicine, the Center for Addiction Science is the latest example of harnessing the UT Health Science Center to meet health needs in Memphis and the region.

"Yes we train students, but not in a vacuum," Stern said. "The goal is to have an impact in a positive way, whether it's treating patients with addictive disorders, training fellows...or the researchers that are looking at how can we use particularly gene environment interactions to understand how do we better treat the patients, how do we identify vulnerable patients, how can we make a difference?"



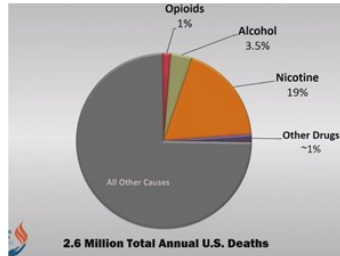
Death rates per 100,000 residents from opioids in the U.S. (Photo: whitehouse.gov)

Dr. Daniel Sumrok, director of the Center for Addiction Science, called addiction an equal-opportunity illness that does not discriminate.

"The picture of addiction is much different now than it was even a decade ago," Sumrok said in a statement. "Anyone can become addicted to painkillers and we are doing our part to reduce the dependency rate."

Abuse opioids, prescription painkillers, have become a national epidemic that also fuel a rise in heroin addiction, authorities say.

Memphis police have investigated more than 220 heroin overdoses so far this year, with 77 deaths, federal and state prosecutors say. In Tennessee, more than 1,263 people died from opioid overdoses in 2014, officials said, citing state Health Department and U.S. Centers for Disease Control and Prevention data.



More broadly, harmful effects of addictions including alcohol and nicotine are the leading cause of death in Tennessee and account for about one in four deaths nationwide, officials said.

Addiction-related deaths in the U.S. (Photo: whitehouse.gov)

Training doctors to offer pain therapy alternatives to avoid over-prescription of opioids is one goal of the center. Increasing the number of physicians equipped to treat addictions like a chronic disease is another.

The Center for Addiction Science offers a new addiction fellowship to train doctors and other health care professionals in preventing, diagnosing and treating addiction. Multidisciplinary research includes a special focus on newborns exposed to addictive drugs before they are born.

Stern, Kunz and Methodist University Hospital CEO Jeffrey Liebman provided an overview of the effort at an Oct. 25 White House symposium called "Medicine Responds to Addiction II." A video including their remarks is available at whitehouse.gov.

Suicide Watch

Working toward an "Audacious" Goal of Zero Deaths

ARTICLE REPRINT | Nashville Medical News | November 3, 2016 | Cindy Sanders | <http://www.nashvillemedicalnews.com/suicide-watch-cms-1421>

Suicides in the United States are on the rise led by middle-aged white males. According to the Centers for Disease Control and Prevention's National Center for Health Statistics, intentional self-harm was the 10th leading cause of death in 2014 overall. The toll, however, was greater among certain age groups. Suicide was the second leading cause of death for individuals ages 10-34 and the fourth leading cause of death for those 35-54.



The CDC's Suicide Facts at a Glance publication noted there were 41,149 suicides in America in 2013 - a rate of 12.6 per 100,000, which equals 113 suicides each day ... or one every 13 minutes. The figures for 2014 indicate yet another increase in suicide death rates, which have now risen to 13 per 100,000.

In addition, among adults ages 18 and older, an estimated 9.3 million Americans, or almost 4 percent of the U.S. adult population, reported having suicidal thoughts. Data collected by the CDC and Substance Abuse and Mental Health Services Administration

(SAMHSA) found that while females are more likely than males to have suicidal thoughts, men actually die by suicide at nearly four times the rate of women and represent 77.9 percent of self-inflicted deaths.

Against this backdrop, the White House recently held a "Making Health Care Better" event focused on suicide prevention. Becky Stoll, vice president of Crisis & Disaster Management for Centerstone, was one of a handful of panelists invited to Washington, D.C. to share insights and progress being made in implementing the 2012 National Strategy for Suicide Prevention.

Stoll attributed her invitation to participate in the event to the clinical decision support programming and leveraging of technology that Centerstone, one of the nation's largest not-for-profit providers of community-based behavioral healthcare, has developed and implemented over the last few years to assist and support staff.

"Prior to that, I don't think health systems and organizations ... us included ... were providing safe and competent suicide care," she said. "The best care," Stoll continued, "is having a baked-in system so it's woven into the fabric of what we do."

Stoll was quick to say that it wasn't that people weren't trying to provide excellent care, but she pointed out that most behavioral health degrees, even at the master's level, don't train students on how to talk to someone who is suicidal. Furthermore, she said it was critical to have a culture that was very focused on suicide with screening and assessments at all levels. And, Stoll continued, that has to be bookended by good data mining and analysis of trends and risk factors.

"Having an electronic health record where we can get in and dig around has been game-changing," she noted of leveraging the technology. "From our baseline data, within the first two years of having that structure in place, we had a 64 percent reduction in suicide deaths."

Providers aren't the only ones benefitting from technology, though. Centerstone has also designed an app to support individuals throughout their journey. Stoll said the customizable app allows providers to put in appointment and medication reminders. It also lets those in crisis text or chat in real time. Additionally, individuals can opt to participate in short surveys of their choice, such as a sleep study or mood tracker, to help both providers and patients get a better feel for trigger points and stressors.

Now, Stoll said, the next step is to look at the best combinations of technology, phone calls and face-to-face interaction to ascertain what is most effective in following-up with an individual who has been suicidal.

These and other measures being implemented are part of a bold national goal called Zero Suicide, which is being overseen by the National Action Alliance for Suicide Prevention, a public-private partnership at the federal level. The concept, however, came from the Henry Ford Health System (HFHS) in Michigan. Employing the same quality improvement processes used to reduce falls and prevent medication errors, HFHS created a comprehensive

program called the "Perfect Depression Care" model. Stoll said that in the process of refining the program, a nurse raised her hand and asked, "If we were doing perfect depression care, wouldn't we have zero deaths by suicide?"

Stoll noted when Zero Suicide was first launched nationally there was some initial pushback. "It's too bold. You're setting everyone up for failure," were some of the common concerns.

The need to improve screening, assessment and care delivery, however, is very real. "Nineteen percent of suicide deaths in the United States saw a mental health provider in the 30 days prior to death," said Stoll. "And 45 percent saw their primary care physician 30 days before death ... so we have a lot of work to do."

Now, Stoll said, there has been a shift in thinking about the program. She explained the idea isn't to blame a provider if someone does die by suicide but rather to look at the failed outcome from a process improvement standpoint to try to create a different result for the next person.

"It is an audacious goal ... but if it's not zero, what would it be? Ten? Are 10 suicides a year acceptable?" Stoll questioned. "You've got to strive for zero."

Suicide on the Rise

Data from a number of sources, including the CDC's National Center for Health Statistics, point to a significant increase in suicides over the last two decades.

Key findings from the National Vital Statistics System, Mortality found:

- From 1999-2014, the age-adjusted suicide rate in the United States rose 24 percent from 10.5 to 13.0 per 100,000. Furthermore, the rate of increase picked up pace after 2006.
- Both men and women saw increases in the suicide rate between 1999 and 2014. For females, the greatest growth in suicide rates occurred in the 10-14 age group. For males, the 45-64 age group saw the greatest percent increase in suicide rates.
- Among women, the most frequent suicide method was poison, accounting for 34.1 percent of deaths. For men, more than half (55.4 percent) of suicides involved the use of firearms.

In 2014, the age-adjusted suicide rate for males was 20.7, which is more than three times higher than that of females (5.8). However, the gender gap has narrowed some as the suicide rate for females from 1999-2014 increased by 45 percent compared to 16 percent for males.

The American Foundation for Suicide Prevention states that for every suicide, there are 25 more attempted suicides. In addition to the human toll, AFSP estimates the cost of suicide to be \$44 billion annually in the United States.

In the Southeast, most states have age-adjusted suicide rates above the national rate of 13.0 per 100,000. While Mississippi (12.54) and Georgia (12.65) are slightly below the national average,

Florida (13.84), Tennessee (14.11), Louisiana (14.26), Alabama (14.46), South Carolina (15.13), and Arkansas (17.25) are all above the U.S. average. Montana (23.8) and Alaska (21.97) had the highest suicide rates in 2014, and New York (8.09) and Massachusetts (8.25) had the lowest rates.

Study: ACA repeal without replacement could cost Tennessee 57K jobs

Sub-title

ARTICLE REPRINT | The Tennessean | January 5, 2017/Updated January 6, 2017 | Holly Fletcher, hfletcher@tennessean.com | <http://www.tennessean.com/story/money/industries/health-care/2017/01/05/study-aca-repeal-without-replacement-could-cost-tennessee-57k-jobs/96205992/>

Tennessee could lose 57,000 jobs in 2019 and nearly \$900 million in state and local taxes over five years if parts of the Affordable Care Act are repealed without a replacement package, according to a study.

Repealing Medicaid expansion, even though Tennessee didn't expand the program, and eliminating the tax credits without plans for an alternative would hurt the bottom line of companies and state and local governments, said Leighton Ku, co-author of the study from George Washington University and the Commonwealth Fund.

In 2019, health care is on track to be about 18.5 percent of the U.S. economy so significant changes to federal spending and state programs that use federal funding will ripple across the country.

Tennessee should expect to see \$898.7 million in lost state and local taxes from 2019 to 2023 and \$34.2 billion lost from the gross state product in the same period, per the study.

"That's a lot of money for a single state, and Tennessee is not the wealthiest state in the country," Ku said. "It's not the poorest, but it's a big hit."

About one-third of the lost jobs in Tennessee would be in the health care sector. Other industries, including construction and real estate, retail, and finance and insurance, would see jobs disappear because of the ripple effect of money not flowing into the system.

Ku and his colleagues used the repeal bill that was passed by both houses in 2016 and vetoed by President Barack Obama for the study. The estimate would be revised when more details emerge from Capitol Hill, Ku said.

A 2017 repeal that took effect in 2019, as some Republican lawmakers have proposed, would be felt by more than the people who buy insurance with tax credits or benefited from expanded Medicaid. Political fighting over the ACA has been front and center of the new session of Congress ahead of the inauguration of President-elect Donald Trump.

Tennessee did not expand Medicaid but would still be impacted by shrinking programs in other states.

People who benefited from expanded programs buy goods and services across state lines, such as people who live in Kentucky on the border with Tennessee, propelling economic growth, Ku said.

Locally based hospital operators Community Health Systems, HCA and LifePoint Health could see tighter financial restraints at their facilities around the country. CHS has struggled financially in states, including Tennessee, Florida and Texas, that didn't expand Medicaid.

Nationally, there could be 2.6 million jobs lost in 2019, and more in later years. Similar to Tennessee, about one-third would be in the health care sector.

In addition to reduced payments from insurance or Medicaid, there would be an increase in need for both unemployment compensation and uncompensated care at hospitals and providers around the country, Ku said.

"This will be a challenge for states," he said. "Money will have gone away at the same time the demand for those services has increased."

Finding consensus between Republicans in Washington, D.C., could be challenging, and industry officials are concerned the stalemate could delay a new law.

Trump ran on an economic growth platform, and repealing the ACA early in the administration without a blueprint to move forward is anti-growth, Ku said.

"That's not going to promote growth," Ku said. "There may be other things that promote growth. This first thing is not at all pro-growth."

State of Tennessee Releases Action Plan to End Chronic Homelessness

TDMHSAS administering multi-agency, collaborative plan to improve services for the homeless

ARTICLE REPRINT | Tennessee Department of Mental Health and Substance Abuse Services | <https://www.tn.gov/behavioral-health/news/47826>

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with both the U.S. and Tennessee Interagency Councils on Homelessness, today released an [action plan to end chronic homelessness](#) in the Volunteer State. The collaborative plan brings together multiple federal, state, county, and local government agencies, and community partners providing a systematic approach to help eliminate homelessness over the next 10 years.

Last September, Gov. Bill Haslam by Executive Order reconstituted the Tennessee Interagency Council on Homelessness to coordinate the State's efforts and develop a statewide plan to identify, develop, and ensure sustained partnerships among agencies, service providers, and advocates.

“There are far too many Tennesseans with no permanent place to call home who are missing out on opportunities to achieve better lives,” Haslam said. “There has never before been such a broad approach in Tennessee that connects federal resources to state and local programs, improves services, and offers individuals a way out of homelessness.”

Priority Steps to Implement Tennessee’s Plan:

- Increase housing availability for individuals, veterans, and families
- Increase job opportunities and available job training programs
- Identify government funding sources at the local, state, and federal levels
- Create a single screening process all agencies can use to determine eligibility
- Create and operate a statewide database to better understand homelessness

“This is a game changer, and it’s one that’s achievable with every level of government and community service provider working together,” TDMHSAS Commissioner Marie Williams said. “Frankly this wouldn’t even be possible if it wasn’t for coordination at the federal level. The U.S. Interagency on Homelessness is our partner in this effort to never again allow Tennesseans to fall through the cracks. We have the support and the roadmap now to end chronic homelessness.”

Tennessee’s Action Plan Benchmark Goals:

- End veteran and chronic homelessness by the end of 2017
- End homelessness for families with children, youth by the end of 2020
- End all homelessness by the end of 2025

“The people we will serve have a role to play in this as well,” Williams said. “We need them to be fully invested and willing to fill out forms and schedule appointments to receive an income and benefits that can help them with housing, employment support, temporary assistance for food, job training, childcare, and school enrollment, and other services designed to ensure their successful transition from homelessness. Mental health and substance abuse services will also be available.”

Tennesseans Who Will Be Served:

A 2015 statewide count estimated 9,123 homeless individuals in Tennessee

- 29% families, individuals with at least one child
- 18% chronically homeless
- 10% identified as veterans
- 7% youth/young adults

“Among the many challenges in addressing homelessness in Tennessee is the disparity in housing, employment, and other needed services in the most rural areas of our state,” Williams said. “This effort will focus on helping veterans, families, and those most at-risk to have access to education and training so they can secure good employment. There will also be a focus on assisting youth aging out of foster care and juvenile detention and re-entry efforts for adults coming out of hospitals and prisons. We need to ensure they can transition back into society. Employment and housing are key factors there.”

“I believe this endeavor will help to unify and strengthen communities across Tennessee in a thoughtful and powerful way, a first for the Volunteer State. Properly executed, our plan to end homelessness will breathe new life into our small towns and big cities. Our goal is quite simply: Identify individuals as homeless, streamline the process to help them obtain resources, and track their progress. No longer will anyone have to go it alone.”

[CLICK HERE](#) for additional information and to view the Tennessee State Plan to End Homelessness in its entirety.

[CLICK HERE](#) to view the Executive Summary.

NATIONAL HAPPENINGS

Police Chiefs and Community Mental Health Providers are of “One Mind” About Mental Illness

National Council for Behavioral Health Applauds IACP Campaign to Improve Police Response to People Affected by Mental Illnesses

ARTICLE REPRINT | National Council for Behavioral Health / Focus on Addiction Prevention, Treatment, and Recovery | October 17, 2016 | <https://www.thenationalcouncil.org/press-releases/police-chiefs-and-community-mental-health-providers-are-of-one-mind-about-mental-illness/>

The National Council for Behavioral Health praises The International Association of Chiefs of Police’s (IACP) sweeping proposal to systemically improve the way law enforcement officers respond to people with mental illnesses.



Today, National Council president and CEO Linda Rosenberg joined IACP leaders, officials from the Bureau of Justice Affairs and Lt. Michael Woody from CIT International on stage at the annual IACP conference to launch the “One Mind Campaign.” The campaign calls on all police agencies in the United States to train 100 percent of sworn officers and other support staff in Mental Health First Aid and train at least 20 percent of sworn staff in the Crisis Intervention Team (CIT) response model.

“Police officers are facing situations they never should have to face,” said Rosenberg. “We owe it to them and the people they serve to equip them to deal with mental health issues in a way that protects both the person and the officer. IACP is to be commended for their thoughtful approach to this goal.”

Tools like Mental Health First Aid give officers the skills to recognize and respond to immediate crisis – and like first aid or CPR, allows them to stabilize someone and deescalate crisis. Safely deescalating situations is, without question, now a critical mandate for our nation.

A 2015 Washington Post study concluded that one-fourth of those killed in officer-involved shootings were experiencing an emotional crisis. The Treatment Advocacy Center found that persons with severe mental illnesses are 16 times more likely to be killed by police than other civilians. In addition, [the U.S. Substance Abuse and Mental Health Services Administration \(SAMSHA\)](#) reported that 63-76 percent of incarcerated adults and 50-70 percent of juveniles, “met the criteria for a mental health

disorder.”

“Every day, law enforcement officers are on the front lines responding to people in crisis because of a mental illness, yet often the officers do not have the proper training to spot and react quickly,” said Rep. Lynn Jenkins (R-KS), who along with Rep. Doris Matsui (D-CA) is a co-sponsor of the Mental Health First Aid Act. “Mental Health First Aid helps train law enforcement officers to identify, understand, and support people who need it. I applaud the International Association of Chiefs of Police for recognizing the value of Mental Health First Aid and including it as part of their One Mind Campaign and hope to see police agencies across the country follow their lead.”

Under the “One Mind Campaign,” IACP is calling on police agencies in the U.S. not only to train their officers, staff and dispatchers, but also to collaborate with one or more community mental health providers and develop an agency-wide policy on addressing people in mental health crises.

Officers trained in Mental Health First Aid speak highly of what they learned:

- “Mental Health First Aid skills can be applied anytime, anywhere, and to anyone in distress,” said retired police Capt. Joseph Coffey from Rhode Island. “If we can prevent today’s depressed person from becoming tomorrow’s barricaded person, then we’ve done our job on many, many levels.”
- “I wish that every corrections officer could receive Mental Health First Aid training,” said Lt. Virgil Meyer from the Pennsylvania Department of Corrections. “I believe that our corrections system would be better because of it – the inmates would benefit, the officers would benefit and ultimately our communities would benefit.”

One veteran dispatcher from Maryland wrote, “I’ve been doing this job for 20 years, and my only regret is that I didn’t get this training sooner.

Prescription for Change: Ending America’s Opioid Crisis

ARTICLE REPRINT | National Council for Behavioral Health / Focus on Addiction Prevention, Treatment, and Recovery | October 18, 2016 | Theresa McKillop, Addictions Manager

The other night I was watching [Prescription for Change: Ending America’s Opioid Crisis](#), a new documentary produced by MTV in partnership with Ben Haggerty, the multi-platinum singer, songwriter you probably know as Macklemore. In the film, Macklemore speaks with President Obama, shares his own path with addiction and tells the story of three young women who have traveled unique roads to recovery. Its purpose is beyond raising

awareness about the opioid epidemic and the disease of addiction, but to put a face to the journey and the process of recovery.

We know the death toll is high, the personal and societal consequences great and many solutions seemingly out of reach. Yet, we all have a role to play in ending this epidemic and we can work together to solve this. As Macklemore echoes at the end of the documentary, I too have hope. But, it's up to us to start the conversations and emphasize the need for a continuum of care for prevention, treatment and recovery services in our community.

You can start the conversation in your community by [hosting a screening](#) of Prescription for Change. And, share with us what else you're doing to shift the conversation to one of hope and action.

CMS Finalizes Medicare Payment Rule

ARTICLE REPRINT | National Council for Behavioral Health | October 20, 2016 | Elizabeth Arend, Quality Improvement Advisor | <https://www.thenationalcouncil.org/capitol-connector/2016/10/2853/>



On Friday, October 14th, the Centers for Medicare and Medicaid Services (CMS) released the final Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) rule, which makes sweeping reforms to how physicians are paid under Medicare Part B. The final rule will apply to the vast majority of

eligible behavioral health providers when MACRA goes into effect in 2017 and includes several positive changes made in response to the National Council's written comments.

Considered one of the most significant pieces of Medicare legislation in decades, MACRA eliminates the Sustainable Growth Rate formula, and establishes a new Quality Payment Program that will fundamentally change the way in which Medicare reimburses clinicians. Among those reforms is the establishment of CMS's Merit-based Incentive Payment System (MIPS). As a reminder, MIPS combines three existing reporting programs – the Physician Quality Reporting System, Value-based Modifier Program, and EHR Incentive Payment Program—and adds a new category to incentivize clinical quality improvement activities.

A proposed rule outlining the details of how this would work was published in April 2016. With input from our members, the National Council submitted comments to CMS on the proposed rule in June. In order to reduce the burden on behavioral health providers in small, solo, and rural practices, the National Council recommended that CMS increase the dollar threshold under which Medicare Part B clinicians would be exempt from reporting. The National Council expressed concern about the insufficient number of behavioral health-related MIPS quality measures, which would negatively impact behavioral health providers' quality performance score. The National Council also commented that the MIPS resource use performance category, which initially

constituted 10 percent of clinicians' total performance score, did not include clinical condition groupings or treatment episode-based measures that are applicable to the services or conditions for people with serious mental illness or addiction disorders.

The National Council is pleased that the final rule includes several positive changes in response to these comments. These changes will apply to the vast majority of eligible behavioral health providers when MACRA goes into effect on January 1, 2017:

- **Referring to 2017 as a “transition year,” CMS will allow MIPS-eligible clinicians to “pick their pace” and choose one of three reporting options to avoid a negative payment adjustment in 2019.**
 - Option 1: Test the Quality Payment Program. As long as you submit some data via MIPS, including data from after January 1, 2017, you will avoid a negative payment adjustment. This option is designed to ensure that your system is working and that you are prepared for broader participation in 2018 and 2019.
 - Option 2: Participate for part of the calendar year. You may choose to submit MIPS data for a reduced number of days. This means your first performance period could begin later than January 1, 2017 and your practice could still qualify for a small positive payment adjustment.
 - Option 3: Participate for the full calendar year. For practices that are ready to go on January 1, 2017, you can choose to submit MIPS data information for the full calendar year. This means your first performance period would begin on January 1, 2017.
- **CMS adjusted the low-volume threshold:** If you serve fewer than 100 Medicare patients AND bill Medicare less than \$30,000 in 2017, MIPS will NOT apply to you.
- **CMS will not factor cost of care into eligible clinicians' 2017 MIPS performance score.** The MIPS resource use performance category (formerly known as the value-based modifier) will be used to calculate performance scores starting in 2018.
- **CMS adjusted the weight of the Quality performance category—and relaxed reporting requirements.** The MIPS Quality performance category will be weighted at 60% (instead of 50%, as initially proposed), and if fewer than six measures apply to an individual MIPS eligible clinician or group, then the MIPS eligible clinician or group will only be required to report on each measure that is applicable.

LEARN MORE ABOUT MACRA

Check out CMS's new [Quality Program Website](#), our [MACRA webpage](#), and get the latest MACRA news on the National Council's [Capitol Connector blog](#).

If you have questions contact Elizabeth Arend at ElizabethA@thenationalcouncil.org.

SAMHSA to Award Nearly \$1 Billion in New Grants to Address the Nation's Opioid Epidemic

Tennessee's share is targeted at \$13.8 million

The Substance Abuse and Mental Health Services Administration (SAMHSA) today announced the availability of new funding to combat the prescription opioid and heroin crisis. The funds, made available through the State Targeted Response to the Opioid Crisis Grants, will provide up to \$970 million to states and territories over the next two years, beginning in fiscal year 2017.

"This funding holds the promise of saving and restoring thousands of lives throughout our nation," said Deputy Assistant Secretary for Mental Health and Substance Use Kana Enomoto. "These grants will allow communities; particularly those most devastated by the opioid crisis, to provide services that can promote prevention and deliver treatment and recovery to people needing help."

These grants will help address the opioid crisis by providing support to states for increasing access to treatment, reducing unmet treatment need, and reducing opioid-related overdose deaths. States and territories will be awarded funds through a formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.

These grants are the latest element in a series of initiatives the Obama Administration has undertaken to address this crisis. On December 13, 2016, the President signed the 21st Century Cures Act, which implements his Budget proposal to provide \$1 billion in new funding to combat the opioid crisis. Major parts of the Administration's effort also include expanding community-based efforts to prevent drug use before it begins, empowering healthcare workers to intervene in dealing with patients at earlier stages of substance use disorder, expanding access to treatment for those who need it, supporting the millions of Americans in recovery, and pursuing targeted approaches to drug enforcement.

The U.S. Department of Health and Human Services' [Opioid Initiative](#), which was launched in March 2015, is focused on improving opioid prescribing practices; expanding access to medication-assisted treatment (MAT) for opioid use disorder; and increasing the use of naloxone to reverse opioid overdoses. The initiative concentrates on evidence-based strategies that can have the most significant impact on the opioid overdose epidemic.

The new funding also promotes the evidence-based public health approach outlined in the Surgeon General's recent report, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. The report stresses the importance of the full range of services that will be funded through these grants – including getting vital treatment to people dealing with substance use disorders, and significantly reducing the number of substance use-related deaths.

Applications for the funds are due from the States and territories by February 17, 2017. For detailed information on how to apply for the grant please go to: [014](http://www.samhsa.gov/grants/grant-announcements/ti-17-</p>
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For further information about SAMHSA and its programs to address the opioid epidemic please go to: <http://www.samhsa.gov/medication-assisted-treatment/about>

For more information, contact the SAMHSA Press Office at 240-276-2130.

Obama's Plan to Extend Overtime Pay Is Blocked by Federal Court

ARTICLE REPRINT | Associated Press | November 23, 2016

In a blow to the Obama administration's labor-law plans, a federal court has blocked the start of a rule that would have made an estimated 4 million more American workers eligible for overtime pay heading into the holiday season.

As a result of Tuesday's ruling, overtime changes set to take effect Dec. 1 are now unlikely to be in play before vast power shifts to a Donald Trump administration, which has spoken out against Obama-backed government regulation and generally aligns with the business groups that stridently opposed the overtime rule.

The U.S. District Court in the Eastern District of Texas granted the nationwide preliminary injunction, saying the Department of Labor's rule exceeds the authority the agency was delegated by Congress.

"Businesses and state and local governments across the country can breathe a sigh of relief now that this rule has been halted," said Nevada Attorney General Adam Laxalt, who led the coalition of 21 states and governors fighting the rule and has been a frequent critic of what he characterized as Obama administration overreach. "Today's preliminary injunction reinforces the importance of the rule of law and constitutional government."

The regulation sought to shrink the so-called "white collar exemption" that allows employers to skip overtime pay for salaried administrative or professional workers who make more than about \$23,660 per year. Critics say it's wrong that some retail and restaurant chains pay low-level managers as little as \$25,000 a year and no overtime — even if they work 60 hours a week.

Under the rule, those workers would have been eligible for overtime pay as long as they made less than about \$47,500 a year, and the threshold would readjust every three years to reflect changes in average wages.

The Department of Labor said the changes would restore teeth to the Fair Labor Standards Act, which it called "the crown jewel of worker protections in the United States." Inflation weakened the act: overtime protections applied to 62 percent of U.S. full-time salaried workers in 1975 but just 7 percent today.

The agency said it's now considering all its legal options.

"We strongly disagree with the decision by the court, which has the effect of delaying a fair day's pay for a long day's work for millions of hardworking Americans," the labor department said in a statement.



Strengthening and Cultivating

Individual Placement and Support Supported Employment Programs in Tennessee

TN Department of Mental Health & Substance Abuse Services

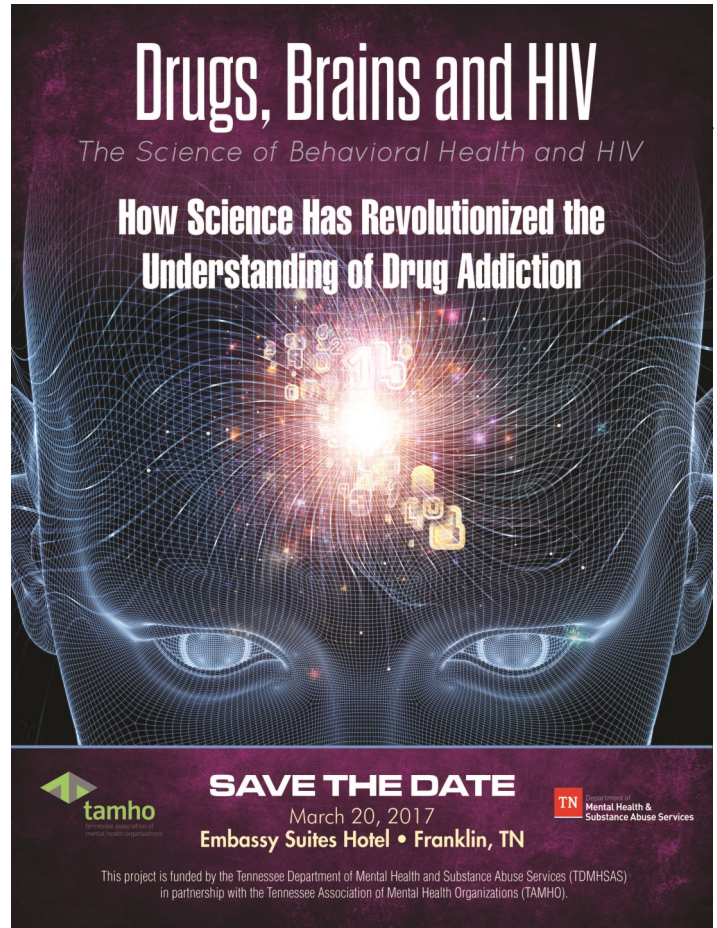
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Save The Date!
May 9, 2017

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This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in partnership with the Tennessee Association of Mental Health Organizations (TAMHO).



Drugs, Brains and HIV
The Science of Behavioral Health and HIV

How Science Has Revolutionized the Understanding of Drug Addiction

SAVE THE DATE
March 20, 2017
Embassy Suites Hotel • Franklin, TN

TN Mental Health & Substance Abuse Services

tamho
Tennessee Association of Mental Health Organizations

This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in partnership with the Tennessee Association of Mental Health Organizations (TAMHO).



**UNDER CONSTRUCTION
COMING SOON**

2017

- ✂ **Drugs, Brains, and HIV | The Science of Behavioral Health and HIV**
- ✂ **2nd Annual IPS Conference | Strengthening and Cultivating Individual Placement and Support Supportive Employment Programs in Tennessee**
- ✂ **2nd Annual Statewide Crisis Conference**
- ✂ **2017 Statewide Disaster Preparedness Training**
- ✂ **Children of Incarcerated Parents Conference**
- ✂ **2nd Annual Infant Mental Health Conference**
- ✂ **Tennessee Co-Occurring Disorders (TNCODC) Strategic Initiative Learning Community Events**

TN Department of Mental Health & Substance Abuse Services

tamho
Tennessee Association of Mental Health Organizations



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
www.tn.gov/behavioral-health

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TN Department of Mental Health & Substance Abuse Services

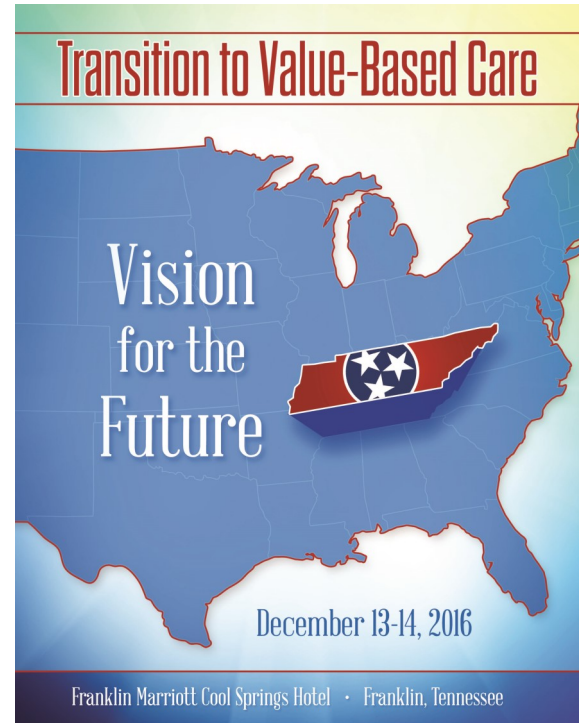
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TAMHO Advocacy Day on Capitol Hill

March 7, 2017

Details are forthcoming.

www.tamho.org

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Making a difference for over half a century.

SAVE THE DATE!

Day on the Hill
March 8, 2017

Registration opens in January.

Where: War Memorial Auditorium

When: 9am-1pm (CST)

What: Come hear from legislators and join other advocates in visiting legislators to promote more accessible and affordable mental health services.

Cost: It's a free event that includes breakfast foods and lunch.

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- Keep up with current co-occurring disorder events/ trends
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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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