

Message from the Executive Director

Looking back on 2017 . . .

2017, in short, has been a year filled with many challenges and successes for TAMHO and its members. The behavioral health providers who have implemented Governor Haslam's payment reform initiatives Health Link and Episodes of Care have been called upon to change the way they provide, record and bill for services. These initiatives have changed many of the metrics being collected and used to evaluate quality. This is part of a national movement to "value based care", which is a model underway in some 16 states that reward "value" based on some analysis of cost and outcome.

Like in 2016, throughout 2017 TAMHO closely collaborated with TennCare to discuss the financial resources required to deliver the Health Link service model as defined. Our members are beginning to see positive outcomes of the Health Link care coordination health home model and remain optimistic about long term benefits of a whole person approach.

Like in 2016, TAMHO continued to meet with Payment Reform leadership to discuss the many complexities involved in implementing behavioral health episodes of care for a population that has a chronic disease, and frequently experiences health disparities and social and economic factors that impact their health outcomes. Our members provided testimony to the Senate Health Committee about this and continue to advocate for changes in the way episodes are handled for behavioral health.

TAMHO collaborated with TennCare on medical necessity criteria, level of care guidelines, subcontractor processes and language around supervision requirements. We participated in the provider rate group chaired by Commissioner Marie Williams and Commissioner Larry Martin.

We participated on multiple work groups and collaborated with numerous partners to address shared concerns. Partners included TN Hospital Association, TN Medical Association, AIMHiTN, NAMI, the Coalition, Mental Health America of Middle and East TN, TAADAS, Young Child Wellness Council, Project Aware, Administrative Offices of the Court, Council on Children's Mental Health, Disability Rights TN, Project Trans/Form, Opioid Stakeholder Task Force, Buprenorphine Guidelines Committee, among others.



Elyn Wilbur
Executive Director

Our formal state advocacy effort culminated with our 2017 Advocacy Day which involved 103 visits made by close to 50 individuals. At the national level, our Tennessee delegation participated in National Council Hill Day with six organizations making visits with our Congressional leadership to discuss the importance of behavioral health in Tennessee.

OUR ADVOCACY EFFORTS HAVE RESULTED IN POSITIVE CHANGES IN THE TN SERVICE SYSTEM!

Some of our key accomplishments include:

- We informed General Assembly members on the complexities and impact of payment reform on children and adults with behavioral health needs;
- We received an extension of the Health Link transition rate through November 30, 2016;
- We successfully opposed a 30% decrease in the Health Link rate, keeping millions of dollars in the system until December 2018 at which time rates will be negotiated between providers and MCOs;
- As a result of our advocacy, DCS custody children were excluded from all episodes of care;
- As a result of our advocacy, homelessness is now a clinical exclusion for the ODD, Anxiety and Non-emergent depression episodes;
- We successfully advocated for transportation to be offered through the Behavioral Health Safety Net

Our valued partnership with Department of Mental Health and Substance Services was exhibited in the trainings we hosted in 2017:

- *Drugs, Brains, and HIV - The Science of Behavioral Health and HIV – How Science Has Revolutionized the Understanding of Drug Addiction*
- *Strengthening and Cultivating Individual Placement and Support Supported Employment Programs in Tennessee*
- *From Hope to Support: A Community Response to Crisis*
- *System of Care Conference - Back to the Basics – Ahead to the Future*
- *Building Blocks for Infant Mental Health*
- *2017 First Episode Psychosis Conference - Walking Together on the Road to Recovery*

As a result of the CURES funding, six TAMHO members implemented new programs to address the opioid epidemic. We anticipate that more programming will be added to respond to this ongoing crisis.

As we look ahead to 2018, and the celebration of TAMHO's 60th anniversary, I am reminded of the importance of TAMHO's mission which is "... to promote the advancement of effective behavioral health services and advocate for people in need of care".

We believe TAMHO's 2017 accomplishments reflect the commitment our members make each and every day to support TAMHO's mission. We cannot accomplish our goals without our community partners and we sincerely appreciate the role they play in our success.

Here's hoping that together, we will have even greater success in 2018!



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Nashville | Anthony Fox, Executive Director

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Director of Policy and Advocacy | Alysia Williams
Director of Member Services | Teresa Fuqua
Director of Administrative Services | Laura B. Jean
Project Manager TNCODC | Patrick Slay
Statewide Peer Wellness Coach | Ken Barton
Meeting Assistant | Carrie Ligon

TAMHO's Successful 2017 Annual Conference Focused on the Understanding of Trauma and

In early December, approximately 245 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 to focus on understanding the impact of trauma and addiction.

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/tamho2017/>

ACCESS AND DOWNLOAD SESSION HANDOUTS BY VISITING: <http://www.tamho.org/tamho-annual-conference>

CONFERENCE SESSIONS

OPENING GENERAL SESSION | From the Darkness of Columbine and Addictions into the Light of Recovery | An Opportunity to Explore Addiction and Recovery with Trauma | Austin Eubanks is a Columbine shooting survivor and one of the most powerful keynote speakers today.

GENERAL SESSION | ADDICTIONS IN TENNESSEE: TDMHSAS' Response | SESSION FACILITATOR: Robert N. Vero, EdD, Chief Executive Officer, Centerstone of Tennessee, Nashville, Tennessee; SPEAKERS: Marie Williams, Commissioner, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee; Stephen Loyd, MD, Medical Director, Division of Substance Abuse Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee; Matt Yancey, Assistant Commissioner, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee; Monty Burks, CPRS, PhD, Director of Faith-Based Initiatives, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee

GENERAL SESSION | BECOMING A TRAUMA-INFORMED CHILD SERVING SYSTEM: The Impact on Mental Health and Substance Abuse Services for At-Risk Youth | SESSION FACILITATOR: Rikki Harris, Chief Executive Officer, Tennessee Voices for Children (TVC), Goodlettsville, Tennessee; SPEAKER: Altha Stewart, MD, Associate Professor of Psychiatry, University of Tennessee, Health Science Center, Memphis, Tennessee

GENERAL SESSION | PROVIDER PERSPECTIVE:

Specialty Addiction and Co-Occurring Services for Pregnant Women | SESSION FACILITATOR: Hilde L. Phipps, MA, LADAC II, NCAC I, Senior Director of Addiction Services, Helen Ross McNabb Center, Knoxville, Tennessee;

PANELISTS: Shawnta Ellison, MSHA, Program Supervisor, Case Management, Inc., Memphis, Tennessee; Brandy Maltsburger, LBSW, MED, Behavioral Health Coordinator-ACES, Frontier Health, Gray, Tennessee; Sarah Long, LCSW, Family Treatment Services Coordinator, Helen Ross McNabb Center, Knoxville, Tennessee; Mary Nelle Osborne, EdD, MA, Manager of Recovery Services, Peninsula, Knoxville, Tennessee; Stacy Park, LCSW, Clinical Director of Outpatient Services, Ridgeview Behavioral Health Services, Oak Ridge, Tennessee

GENERAL SESSION | CONNECTING THE DOTS — Trauma, Addiction, and Recovery | SESSION FACILITATOR: Alysia Williams, Director of Policy and Advocacy, Tennessee Association of Mental Health Organizations (TAMHO), Nashville, Tennessee; SPEAKER: Tom Hill, MSW, Vice President of Addiction and Recovery, National Council for Behavioral Health, Washington, D.C.

CLOSING GENERAL SESSION | TOGETHER AT LAST — Addiction Medicine and the Behaviorally Enhanced Healthcare Home | SESSION FACILITATOR: Jimmie Jackson, Chief Executive Officer, Professional Care Services of West TN, Covington, Tennessee; SPEAKERS: Brittany Tenbarge, PhD, Behavioral Health Consultant, Licensed Clinical Psychologist, Cherokee Health Systems, Knoxville, Tennessee; Mark McGrail, MD, Director of Addiction Medicine, Cherokee Health Systems, Knoxville, Tennessee



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.

Frank G. Clement Community Service Award | Randy Nichols

Dorothea Dix Professional Service Award | Sheryl McCormick

Distinguished Service Award | Kathleen Strahan and Brad Nunn, PhD

Personal Courage Award | Stacey Murphy

Media Award | WBIR - Live at Five at Four

Media Award - Best Newsletter | Centerstone - Reclaiming Lives

Program of Excellence Award | **Centerstone** - Early Childhood Services; **HR McNabb Center** - Neonatal Abstinence Syndrome (NAS) Continuum of Care; and, **Peninsula** - Transitional Care Task Force



Front Row (l-r):

Stacey Murphy, TMHCA;
Sheryl McCormick,
Peninsula; Hilde Phipps,
Helen Ross McNabb Center;
Sarah Long, Helen Ross
McNabb Center; Name,
Affiliation; Committee/
Section Name

Back Row (l-r):

Mark Potts, Peninsula;
Russell Biven, WBIR; Beth
Haynes, WBIR; Kathy
Rogers, Centerstone; E. Ann
Ingram, Centerstone; Elliot
Pinsly, Centerstone; Randy
Nichols, Knox County
Sherriff's Office

(not available for photograph):



Brad Nunn, PhD
Centerstone



PLANNING & POLICY COUNCIL

Schedules for the **Statewide Planning and Policy Council** and **Regional Council** meetings and information are available online at:

<https://www.tn.gov/behavioral-health/research/data--research-and-planning/planning/council-overview/2017-regional-council-meeting-schedule.html>

DIRECT QUESTIONS AND INQUIRIES TO:

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(615) 253-6397
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Amy Holland
(615) 253-3785
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TAMHO Thanks the 2017 Leadership Team and Elects Leadership for 2018

The Tennessee Association of Mental Health Organizations (TAMHO) recently elected officers for 2018 at the organization's annual meeting held in Franklin, Tennessee.

Teresa Kidd, PhD, Chief Executive Officer, Frontier Health, Gray, TN will serve as President. She will succeed Brian Buuck, Chief Executive Officer, Ridgeview Behavioral Health, Oak Ridge, TN, who will remain on the Board as Immediate Past President. Jerry Vagnier, CEO, Helen Ross McNabb Center was elected President Elect. Richard French, Fiscal Director, Carey Counseling Center, Paris, TN will serve a two-year term as Secretary. Liz Clary, Chief Executive Officer, Peninsula Behavioral Health, Knoxville, TN, will remain on the Board as Treasurer completing the second year of a two-year term.

2017 TAMHO EXECUTIVE COMMITTEE



2018 TAMHO EXECUTIVE COMMITTEE



TAMHO Recognizes 2017 Committee and Section Chairs



Front Row (l-r): Julie Spears, Centerstone; TAMHO Treasurer, F&A Committee; Vickie Boyd, Carey Counseling Center; Addictions Committee; Tammy Wright, Pathways; Compliance and Quality Committee

Back Row (l-r): Richard French, Carey Counseling Center; IT Committee; Phyllis Persinger, VBHCS; IT Committee; Kandy Templeton, VBHCS; Crisis Committee; Jimmie Jackson, PCS; Legislative Committee; Robert Vero, Centerstone; Episodes of Care Ad Hoc Committee

TAMHO Bestows 2017 Service Awards

The TAMHO Service Award is presented in ten year increments to TAMHO Board members to honor their service. This year Gene Lawrence, Alliance Healthcare Services, and Dr. Bob Vero, Centerstone, were both recognized for 25 years each.



(l-r):

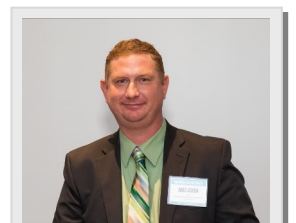
Gene Lawrence, Alliance Healthcare Services

Robert N. Vero, Ed.D., Centerstone

TAMHO Bestows Volunteer Leadership Awards

The TAMHO Volunteer Leadership Award is presented a TAMHO Board member and a Committee or Section Chairperson or member to honor their exceptional leadership and service.

This year Jimmie Jackson, Professional Care Services of West TN, was named the recipient of the Volunteer Leadership — Board Member award and Brad Nunn, Ph.D., Centerstone, was named the recipient of the Volunteer Leadership — Committee or Section award.



Jimmie Jackson, Professional Care Services of West TN

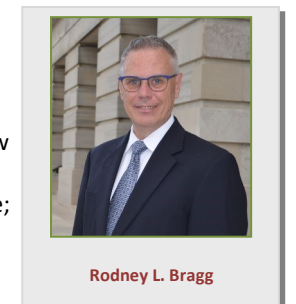
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Brad Nunn, PhD Centerstone

TAMHO DIVERSITY AND LEADERSHIP AWARD BESTOWED POSTHUMOUSLY TO FORMER ASSISTANT COMMISSIONER RODNEY BRAGG

Many of you worked with Rod and knew his dedication to ending addiction and improving the quality of lives for people; not just those in treatment but those who were suffering and without hope. Rod was involved in raising public awareness about addiction and co-occurring disorders. He was primary in calling for agencies to utilize evidence based and 'best practices' in treatment. Rod worked tirelessly and diligently to



Rodney L. Bragg

bring about lasting changes in policies to improve access to treatment. He knew how to work with policy makers and was able to reach those who did not necessarily have his empathy and understanding for individuals with co-occurring disorders. One such success was the critical support he provided for the establishment and funding for the Substance Abuse Outreach Program. This program has become a national model for addressing the connections between suicide and substance abuse.

What you may not know is the work Rod has done to promote diversity and inclusion. After arriving in Nashville, Rod became a public advocate for LGBT rights. He helped coordinate and participate in one of the first gay pride marches; he was active in organizing the Cracker Barrel sit ins in the early 1990s when the company was public about their discrimination against LGBT employees and customers. Rod was willing to be the face of the LGBT community at a time when it was less safe to do so.

Rod was the first openly gay man to be a foster parent in the state of Tennessee. He later became the first openly gay man permitted to adopt an infant. Rod and his family were one of five families nominated to receive Family and Children’s Service’s Family of the Year award.

Rod was also an advocate for racial equality. If Rod heard anyone make a disparaging racial comment, he would be the first to confront them and hold them accountable for their words; still without judgment or shame, but seizing an opportunity to educate.

The TAMHO Addictions Committee has been profoundly impacted by Rod’s life. One member-Vickie Harden-- may have said it best,

“Rod always seemed to see the world through a lens of compassion. He was steadfast in his belief about the good in people, and the good we can all do when we join forces in service to others. We honor and respect the life he lived, and the legacy he left behind, even in the wake of what feels like a tragic end. The real tragedy will be if we cannot follow his lead, and ensure the people of our state who are so vulnerable have a voice and are cared for from that compassionate, loving lens. Surely we can do that, if nothing else, to honor his life and work.”

Accepting the **TAMHO Diversity and Leadership Award** and a silk orchid arrangement is

Richard MacKinnon
Executive Director
The Rod Bragg Music City Prep Clinic



HAPPY NEW YEAR!



TAMHO STAFF | (l-r)

Patrick Slay, Project Manager - TNCODC Grant; **Ken Barton**, Statewide Peer Wellness Coach; **Teresa Fuqua**, Director of Member Services; **Elynn Wilbur**, Executive Director; **Alysia Williams**, Director of Policy and Advocacy; **Laura B. Jean**, Director of Administrative Services; and, **Carrie Ligon**, Meeting Assistant



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mental health organizations

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years.*

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- Carey Counseling Center
- Case Management, Inc.
- Centerstone of Tennessee
- Cherokee Health Systems
- Frontier Health
- Helen Ross McNabb Center
- Pathways Behavioral Health Services
- Peninsula—a Division of Parkwest Medical Center
- Professional Care Services of West TN, Inc.
- Quinco Mental Health Center
- Ridgeview Behavioral Health Services
- Volunteer Behavioral Health Care System

ASSOCIATE MEMBERS

- Vanderbilt Community Mental Health Center

AFFILIATE MEMBERS

- AIM Center
- Generations Mental Health Center
- LifeCare Family Services
- Lowenstein House, Inc.
- Tennessee Mental Health Consumers' Association
- Tennessee Voices for Children

EXECUTIVE COMMITTEE

- President** | Teresa Kidd, PhD | Frontier Health
- President Elect** | Jerry Vagnier | Helen Ross McNabb Center
- Immediate Past President** | Brian Buuck | Ridgeview Behavioral Health Services
- Treasurer** | Richard French | Carey Counseling Center
- Secretary** | Liz Clary | Peninsula

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- Director of Policy and Advocacy** | Alysia Williams
- Director of Member Services** | Teresa S. Fuqua
- Director of Administrative Services** | Laura B. Jean
- Project Manager, TNCODC Grant** | Patrick Slay
- Statewide Peer Wellness Coach** | Ken Barton
- Meeting Assistant** | Carrie Ligon

The Tennessee Association of Mental Health Organizations (TAMHO) is a statewide trade association representing Community Mental Health organizations and other non-profit corporations that provide behavioral and primary health services. The TAMHO member organizations have been the virtual cornerstone of the Tennessee community-based behavioral health system since the 1950s and continue today as the primary provider network for community based care in Tennessee by serving 60,000 individuals per month.

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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.

TITANIUM



PLATINUM



GOLD



SILVER



BRONZE



TNCODC Strategic Initiative Updates

Regional COD Learning Community Meetings

The Middle TN COD Learning Community was held on November 9. The topic was “Agency Change: Gaining Buy-In and Going Through the Change Process”. Becky Stoll, LCSW, Vice President for Crisis and Disaster Management at Centerstone, presented on Centerstone’s experience with agency wide change and talked about the realities and challenges of the endeavor. Attending agencies then shared their own experiences and realities with their past and current change projects. 8 agencies participated with a total of 21 attendees.

The East TN COD Learning Community was held on December 5. The main discussion topic was agencies sharing on the usage of the COMPASS-EZ and the Quality Improvement process, discussing what has been accomplished so far, what plans are in place, and the current thinking and realities with the process. 7 agencies participated with a total of 15 attendees.

Upcoming COD Learning Community Events

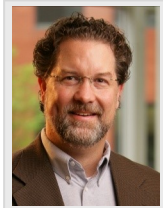
West-Memphis, January 25, Thursday, 9:00-12:00
Middle-Nashville, March/April – to be announced
East-Knoxville, March/April – to be announced

Free TA for provider organizations working on COD capability

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

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

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



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

My Health, My Choice, My Life — Peer Wellness in Tennessee

Tennessee has a ground-breaking wellness initiative that involves a line of services to help improve the lives of Tennesseans living with mental health and/or substance use conditions. Its leaders have had personal experience with psychiatric, and/or co-occurring conditions and receive specialized training in evidence based practices known to improve health and well-being.

There is a total of 6 Peer Wellness Coaches in Tennessee with the *My Health, My Choice, My Life* Program. They lead self-management workshops, provide one-on-one wellness coaching, and promote healthy behaviors such as physical activity and healthy eating. They are housed in the Peer Support Centers throughout the state.

Tennessee is fortunate to also have a state-wide Peer Wellness Coach and Trainer, Ken Barton. He can consult with organizations and assist providers with training. He can be reached at 615-707-0257 or kbarton@tamho.org.

To search for a Peer Wellness program:

EAST TENNESSEE Cherokee Health Systems

Ph: (865) 934-6734
cherokeehealth.com

Helen Ross McNabb

Ph: (865) 544-3841
mcnabbcenter.org

Ridgeview

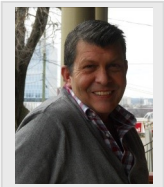
Ph: (865) 481-6170
ridgevw.com

Frontier Health/Victory Center

Ph: (423) 975-6000
[Greeneville](http://Greeneville.com) | [Johnson City](http://JohnsonCity.com) | [Kingsport](http://Kingsport.com)

MIDDLE TENNESSEE

Centerstone
Ph: (888) 291-4357
centerstone.org



Ken Barton
Statewide Peer Wellness Coach
Tennessee Association of Mental Health Organizations (TAMHO)

Park Center

Ph: 615-242-3576
www.parkcenternashville.org

WEST TENNESSEE

Pathways
Ph: (731) 541-4545
wth.org/locations/pathways



... And WE NEED facilitators!

Coming in 2018

Due to recent SAMSHA funding, we are thrilled to be extending the Chronic Pain Self-Management Program (CPSMPI) Before we can bring this free, 6-session, interactive workshop to the public, we need to find facilitators who are available and excited to learn the curriculum and to share it at community agencies, in hospitals, faith-based organizations, service programs, homes, and more!

Using a program developed with the Stanford Patient Education Research Center, our CPSMP facilitators will be instrumental in teaching Tennesseans ways to deal with and manage their chronic pain in safe and healthy ways.

Participants will gain confidence, learning:

- *Techniques for dealing with fatigue, poor sleep, pain, and other challenges
- *How to communicate effectively with family, friends, and healthcare professionals
- *Exercises for improving strength, flexibility, and endurance
- *Appropriate use of medication and alternative therapy
- *Additional ways to maintain active and fulfilling lives, including nutrition

Who can be a facilitator?

YOU can train to be a facilitator! Agency staff, peers, advocates, family members ... anyone interested in learning the techniques and sharing that knowledge with others!

Community providers:

We are seeking partners in this effort. If your agency would like to send staff to this training - who in turn will take this valuable curriculum to your clients - please connect with us. Note: Agencies are required to send at least two participating staff members.

The NEXT TRAINING CLASS will be held Jan. 29-31, 2018 at TAADAS in Nashville!

An additional training class is currently being scheduled for March 2018 in West Tennessee

Have QUESTIONS? Or to REGISTER for training, contact Ken Barton at KBarton@tamho.org. Space is limited.

TN Department of
**Mental Health &
Substance Abuse Services**



Lobbyist Anne Carr Retiring After 37 Years

ARTICLE REPRINT | Humphrey on the Hill | January 8, 2018 | Tom Humphrey



Anne Carr, among the first women to become an active lobbyist at the Tennessee General Assembly, is retiring after almost four decades. She started with the Tennessee State Employees Association and continued through the founding of the firm Smith Harris Carr.

“After 37 exciting years of state government advocacy on behalf of really amazing clients, I’m hanging up my lobbyist hat,” Carr said in a Facebook post, mostly devoted to offering thanks to friends and associates (with a photo collection). “I’ve offered my personal thanks already to each of our clients, who trust us to find an ethical path through a confusing process in order to help them continue their missions of service.”

.. “And my fellow lobbyists – I will miss our day to day camaraderie! You understand the difficulty of finding a short answer to the question: “What is your job, anyway?” Good-bye and good luck.”

Carr was registered to represent 14 clients in 2017, ranging from airports to veterinarians with perhaps a focus in the health care arena but with a mix of others including Planned Parenthood, housing development authorities and the Southern Environmental Law Center. **Personal note:** Anne has always been about as astute and ethical a lobbyist that you will find, extremely knowledgeable about the legislative process and the people involved. A good-natured lady, always professional and courteous.

TAMHO Advocacy Day on Capitol Hill

March 13, 2018

Details are forthcoming.

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TAMHO MEMBER ORGANIZATION HAPPENINGS

TDMHSAS Awards Alliance Healthcare Services in Shelby County \$3.1 Million

TDMHSAS Awards Pre-Arrest Diversion Infrastructure Grant

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has announced the recipients of the Pre-Arrest Diversion Infrastructure Grants.

“The research indicates people with mental illnesses tend to stay in jail longer and when released, face a higher recidivism rate,” said TDMHSAS Commissioner Marie Williams. “Through pre-arrest diversion strategies, local communities can help people stay out of jail by offering mental health and substance use disorder treatment. The investment made by the Governor’s Office and the General Assembly will ensure more Tennesseans have access to treatment, will help alleviate jail overcrowding, and will reduce costs for local communities. This is a very positive thing all around.”

TDMHSAS was provided \$15 million in non-recurring funds for state fiscal year 2017-2018 to administer the Pre-Arrest Diversion Infrastructure Project. These funds will supplement locally leveraged funds to create behavioral health jail diversion programs for those struggling with behavioral health needs. Diversion programs such as these are an effective way to care for people in the best possible manner while saving both state and local resources.

“We are very excited to partner with Alliance Healthcare Services in supporting their pre-arrest diversion efforts,” said Williams. “We know that individuals with mental illness, substance use disorders, or both who commit low level offenses can best be supported in treatment programs in the community rather than in jail. This project will go a long way in diverting those affected by behavioral health issues to where they are most likely to have long-term success.”

Alliance Healthcare Services plans to collaborate with key community partners including:

- Memphis Police Department including the CIT Officers
- Shelby County Government including the Mental Health Court and Public Defenders Office
- Memphis Fire Department
- Western District of TN Probation Office
- Local hospitals

The primary goal of the TDMHSAS Pre-Arrest Diversion Infrastructure Project is to reduce or eliminate the time individuals

with mental illness, substance use, or co-occurring disorder spend incarcerated by redirecting them from the criminal justice system to community-based treatment and supports. Through enhanced collaboration among local behavioral health providers, law enforcement, and the judicial system, the Pre-Arrest Diversion Infrastructure Project aims to transform the way behavioral health services are delivered to individuals with low-level offenses who have behavioral health needs.

The Pre-Arrest Diversion Infrastructure Project aims to support local communities in infrastructure development that will support efforts to (1) divert individuals with behavioral health needs away from jail and to appropriate community-based treatment, (2) enhance public safety by implementing effective strategies local communities can use regarding serving those in psychiatric crisis, (3) alleviate jail overcrowding, and (4) reduce costs related to prosecution and incarceration.

Centerstone and Uspiritus Sign Letter of Intent to Merge

Centerstone Kentucky and Uspiritus have signed a letter of intent to merge. Together, the organizations will have new opportunities to advance specialized care for at-risk youth in the Commonwealth of Kentucky.

If finalized, the merger between Centerstone and Uspiritus will unite the community’s most notable residential service provider for youth with one of the largest behavioral health organizations in the state and create a unique continuum of care for children transitioning from state custody into adulthood.

By combining their expertise and resources, the organizations will be able to enhance access to behavioral health treatments, housing assistance, community resources, education services and job training for children, youth and families across the region.

“This potential merger is a unique opportunity to fundamentally reinvent and strengthen services for our neediest children,” stated Tony Zipple, Centerstone Kentucky’s President and CEO. “It will create the most extensive and effective system of evidence-based care in the state. Centerstone is excited to take this step with Uspiritus, and we look forward to providing real solutions for the children and families who depend on our care and support.”

Uspiritus President and CEO, Abbreial (Abby) Drane, added, “Our vision is to create a continuum of care that gives foster children the treatment and services they need to be productive adults and reduce the high-cost of placing children in residential and institutional treatment. Our merger, if finalized, will be a huge win

not only for the children of our Commonwealth, but the state itself. As one organization, we will be able to enhance care for the children and families in our communities and improve how behavioral healthcare is delivered nationwide.”

As part of the proposed merger, Uspiritus would change its name to Centerstone. Centerstone is one of the largest non-profit providers of behavioral healthcare in the nation. In operation for more than 60 years, it has provider organizations in Florida, Illinois, Indiana, Kentucky and Tennessee, which provide an array of treatment, support and educational programs and services to more than 172,000 individuals who have mental health and addiction disorders and developmental disabilities.

With the addition of Uspiritus, Centerstone Kentucky will have 1,800 employees and serve 80 counties that provide services to nearly 36,000 people of all ages annually.

With the letter of intent signed by the Boards of Directors of both organizations, Uspiritus and Centerstone are currently finalizing the agreement. The process, which includes standard due diligence, legal and regulatory reviews, is expected to conclude this spring.

America’s Mental Health System is Fragile and Needs Careful Treatment

ARTICLE REPRINT | The Tennessean — Op Ed | October 29, 2017 | Najahe Tipper Gore | <http://www.tennessean.com/story/opinion/2017/10/29/americas-mental-health-system-fragile-and-needs-careful-treatment/106739474/>

Just weeks ago, families across the nation breathed a sigh of relief: the bill to repeal the Affordable Care Act failed—again.

It was the least popular piece of legislation in more than three decades, and that was no surprise. That’s because, quite simply, it violated a sacred medical oath: “First, Do No Harm.”

The harm it would have caused for those with mental illness and their families is unimaginable.

It would have taken health insurance away from 32 million Americans at a time when more than 43 million suffer from a



Tipper Gore, the former Second Lady who lives mostly in Virginia, returned to Nashville, a former hometown, on Nov. 5 for the Tennessee Voices for Children Inaugural Green Ribbon Gala at The Westin. She founded the statewide organization in 1990. (Photo: Tennessee Voices for Children/Special to the

mental health condition. It would have gutted protections for people with pre-existing conditions, and allowed insurance companies to charge thousands, or tens of thousands more for coverage. It also would have gutted Medicaid, which 1.4 million Tennesseans rely on and is the single largest source of funding for mental health treatment.

And that’s just the beginning.

We can’t lose the progress we’ve made. The ACA made mental health services and treatment for substance abuse a required benefit for health insurance plans, helping 2.3 million Americans get the treatment they need.

Imagine a hospital waiting room: Along one row sits a young athlete with a broken arm, a father waiting for his last round of chemotherapy, and a family in silent prayer as they wait to hear how their daughter’s surgery went. Each can see a doctor and have his or her insurance pay the cost of treatment.

But across the room sits a veteran with PTSD, a new mother facing post-partum depression, and a teen just starting to learn about the anxiety disorder he will battle the rest of his life. Prior to the ACA, these three Americans and many like them may not have gotten the treatment they needed, simply because their insurance wouldn’t have covered it.

I know a bit about this because 21 years ago I helped the Clinton Administration work with Congress to pass the Mental Health Parity Act. This groundbreaking legislation helped end the inequity between treatment of physical injuries and of mental illnesses. The ACA’s requirement to cover both similarly reaffirmed that. And we can’t afford to backslide now.

Mental illness and substance abuse have reached crisis proportions. Too many Americans — especially young adults — live undiagnosed and untreated. One in five experience a mental illness; yet only 20 percent get help. Suicide is now the second-leading cause of death among 15-24-year-olds — recently surpassing car accidents.

But this is a problem we can solve together. Thanks to organizations like Tennessee Voices for Children and the National Alliance on Mental Illness (NAMI) we’re making progress. Since I founded Tennessee Voices in 1990, it has grown into a leading advocacy and support network, helping more than 50,000 families last year. And NAMI’s “Ending the Silence” early intervention program is working to end the stigma around mental health, and help young people get the treatment they need.

These organizations—and many others like them — deserve our steadfast support as they provide critical care for our families, friends, and neighbors.

One thing is for sure: we can’t allow Congress to repeal the Affordable Care Act and make things worse — not now, not next

year, nor any time in the future. Too many lives are at stake.

Quinco Community Mental Health Center Announces Leadership Change

Dr. Darvis Gallaher, Ph.D., Licensed Psychologist/Health Service Provider, has reported to one of Quinco’s seven community based mental health centers each morning for the past-almost-thirty years. Dr. Gallaher has served the agency as a Clinic Director, supervisory and clinical duties at a single center; Clinical Director, performing clinical and administrative supervisory duties for the entire agency, and, for the past ten years, Dr. Gallaher served the organization as the CEO/Executive Director where he provided administrative oversight for all programs and facilities administered by the agency.

Quinco is a 501(c) (3) non-profit agency and is comprised of seven outpatient mental health clinics, three supported living facilities, and two Peer Support Centers. During Dr. Gallaher’s tenure the agency has grown from a monthly census of about twenty-eight hundred (2800) consumers to a monthly census of

approximately thirty-five (3500) consumers.

Core services offered by the professional staff include individual, group and family counseling, Care Management, and psychotropic medication services. Quinco is proud to assert and has the qualified staff to provide treatment interventions to consumers presenting with either and/or both mental health and substance abuse issues.

In a special called meeting of the Board, Mr. Marlin Medlin was named the Interim Executive Director of the Quinco Mental Health system.

Mr. Medlin has continued fulltime employment with the agency for almost forty (40) years. Moreover, he currently oversees our Reunion program, Adolescent Drug and Alcohol Treatment program, Continuous Treatment Team program, and the Quinco Respite program. He serves as the Clinical Director providing oversight for Quinco’s seven (7) community-based mental health clinics.



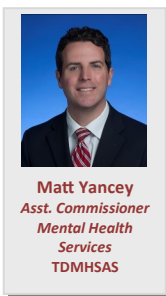
STATEWIDE HAPPENINGS

TDMHSAS Announces New Roles, New Faces

New Deputy Commissioner and Assistant Commissioners Announced

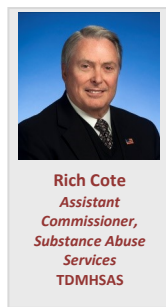
The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is reorganizing one of its divisions under new leadership and adding a new deputy commissioner and a new assistant commissioner.

Matt Yancey is moving into a new role as Deputy Commissioner for Behavioral Health Community Programs. He started with TDMHSAS in 2015 as Director of Special Projects and most recently served as Assistant Commissioner for the Division of Mental Health Services. Yancey moves into the position held by former Deputy Commissioner Sejal West who resigned her position in early January after seven years of dedicated service to TDMHSAS.



Matt Yancey
Asst. Commissioner
Mental Health
Services
TDMHSAS

Rich Coté, Ph.D. joins TDMHSAS as the new Assistant Commissioner for Substance Abuse Services. He has extensive experience in organizational management with special expertise in behavioral healthcare. Dr. Coté’s career includes 22 years of active-duty service with the U.S. Air Force. He retired from military service in 1993 with the rank of Lieutenant Colonel.



Rich Cote
Assistant
Commissioner,
Substance Abuse
Services
TDMHSAS

As the department marks the retirement of Assistant Commissioner Marthagem Whitlock after a distinguished 41 year career with TDMHSAS, the Division of Planning, Research, and Forensics will be reorganized. Planning, Policy, and Legislation will be united under new Assistant Commissioner Kurt



(l-r) **Marie Williams, Commissioner,**
Charlotte Marthagem Whitlock,
and, **Sejal West, Deputy Commissioner**

Hippel. Hippel’s service with TDMHSAS includes nearly a decade serving as the department’s voice in the legislature. He will be working closely with the department’s new Legislative Liaison, Jim Layman who comes to TDMHSAS from the Department of Health.

The Office of Forensics and Juvenile Court Services, under the leadership of Director Jeff Feix, Ph.D., will move under Bo Turner, Ph.D., Deputy Commissioner of Operations and Hospital Services. The Office of Research, under the leadership of Director Karen Edwards, Ph.D., will move under Matt Yancey, Deputy Commissioner of Behavioral Health Community Programs.

“All of these changes and more position us to produce the innovative solutions that Tennesseans facing mental health and substance abuse disorders need,” said TDMHSAS Commissioner Marie Williams. “I am so happy to add Dr. Coté to our team and watch Matt Yancey and Kurt Hippel excel in their new roles. My team truly shares the drive and passion to make our department’s vision a reality.”

New Task Force Focused on Mental Health Response After Disasters

ARTICLE REPRINT | The Daily News | November 27, 2017 | Andy Meek | <https://www.memphisdailynews.com/news/2017/nov/27/new-task-force-focused-on-mental-health-response-after-disasters/>

The Shelby County Health Department, working with several community partners, has assembled a first-of-its-kind volunteer task force in Tennessee that will respond to behavioral and mental health challenges after mass-casualty disasters.

The Mid-South Disaster Behavioral Health Response Team, or DBHRT, is currently composed of about 100 volunteers. Shelby County Health Department officer Dr. Helen Morrow said the plan is to grow that number to 400 by the year 2020.

The volunteers come from a diversity of backgrounds, from fields that include education, medicine, mental health, nursing, psychiatry and more. They’re trained to respond to the emotional and mental health needs that follow a major, mass-casualty event like a natural disaster, act of terrorism or incident like a mass shooting.

The formation of the task force has been in the works for a few years now. Its launch is a response to the fact that, once immediate medical needs have been addressed, such disasters can still leave a mental health impact that’s long-lasting and results in lingering scars on individuals, families and communities.

That's according to Shelby County Health Department director Dr. Alisa Haushalter.

Shelby County Mayor Mark Luttrell said the efforts of Haushalter, her department and the team of volunteers serve "a vital role in times of crisis."

Volunteers undergo standardized training that consists of six core courses, including Psychological First Aid and PsySTART, a mental health triage system. Ongoing education will include such topics as active shooter incidents, children in disasters, cultural competency, infectious diseases, and shelter operations.

"Think about people that have been through a disaster and have had their homes destroyed, or they're displaced or they've been involved in a terrorist event," Morrow said. "How do they deal with this? What are their needs? Those need to be assessed."

Morrow learned years ago about the impact of losing your home in a disaster or witnessing a horrific event, and how people respond to that and to interventional changes.

"And people need to know how to make these assessments of people, how to assess their needs," she said.

Some people, she said, can be very talkative after such an event, while other people "can be kind of shell-shocked. And you have to know how to assess those people to know how to help them."

The DBHRT is intended to supplement local resources, not replace them. The team will work with communities throughout

the Memphis area, including in Shelby, Tipton, and Fayette counties in Tennessee; DeSoto County, Mississippi; and Crittenden County, Arkansas.

In a large-scale incident, if needed, the team can also deploy anywhere in the U.S. in response to an official request for help.

Volunteers who want to join submit an application and if approved – information can be found at www.shelbytnhealth.com – they'll start taking free courses offered by groups including the Federal Emergency Management Agency, U.S. Department of Homeland Security, Texas A&M University and national subject-matter experts.

Volunteers have to be at least 18 years old. Holding current licensure in any behavioral health field is preferred, but not required.

The response team is sponsored by the Shelby County Health Department's 150th Medical Reserve Corps.

Program guidance is provided by the Tennessee Region VII Disaster Mental Health Response Committee, which is comprised of Alliance Healthcare Services, Red Cross of the Mid-South, Youth Villages, Shelby County Office of Preparedness, City of Memphis Fire Department, Shelby County Schools' Mental Health Center, Methodist University Hospital and Universal Health Services.



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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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