



BEHAVIORAL HEALTH NEWS AND EVENTS

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TENNESSEE**

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Joint Statement from the National Council for Behavioral Health and the National Association of State Mental Health Program Directors (NASMHPD)

FOR IMMEDIATE RELEASE | Contact: Sophia Majlessi | SophiaM@TheNationalCouncil.org | (202) 621-1631 | [Link to Article](#)

Washington, D.C. (June 15, 2020) – As people throughout the nation address police brutality and other overt acts of racism, we must explicitly acknowledge that many of the institutions throughout our country were founded upon and continue to perpetuate systemic racism. Our health care system, including behavioral health, is rife with less obvious but deeply insidious examples of these inequities.

Differential access to health care in America – physical health care and behavioral health care – represents a glaring example of racism, which we have seen on full display as COVID-19 spread across our nation. The pandemic has devastated African American communities.

Social determinants of health – one’s race and the multitude of factors that make up where one lives, works, plays and prays – are deeply impacted by systemic racism and should not dictate the quality of care a person receives. Too often in America, these factors unfairly determine one’s access to quality care.

We must repair health care in America by addressing persistent disparities rooted in systemic racism. And we have an obligation to do so. We have an obligation to break down barriers to improve health care access. Eliminating disparities will improve individual and community health. This requires ensuring that everyone has access to the best possible care because one’s physical health or behavioral health should not depend on the color of one’s skin.

Our organizations vow to raise awareness about health care inequities, and urge our members to do the same, by:

- Creating safe spaces for individuals receiving care and individuals providing care to give voice to their experiences of trauma rooted in systemic racism.
- Challenging our own implicit biases and committing to developing practices to approach care through the lens of cross-cultural humility and the intentional promotion and practices of diversity, equity and inclusion.
- Removing structural inequity in hiring, disciplinary and promotion practices within our own institutions.
- Opposing and working to eliminate pre-existing social and health care policies, laws and practices that sustain racial inequity in our society.
- Implementing policy and practice changes that will systematically eradicate health disparities.

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- **Celebrating 30 Years of the ADA**
- **NatCon Hill Day at Home**

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- Working with the African American community, and specifically African American advocacy organizations, to improve access to quality health care in committed, transparent and quantifiable ways.

Please join us as we work to improve access to quality physical and behavioral health care through ending historical and contemporary racial inequities faced by African Americans across our nation.

This is our opportunity, now is the time!

You can make the difference.

By signing this pledge, you are vowing to raise awareness about health care inequities. Show your support today. [Click Here](#) and scroll down to sign the pledge.

TAMHO and TPCA Help Push Landmark Legislation

In response to the opioid epidemic, the US Congress passed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act in 2018. This legislation included several provisions, two of which were to increase and strengthen the addiction medicine workforce as well as increase access to much needed evidence-based addiction treatment. With the right training and supervision, this law allowed nurse practitioners and physician assistants to prescribe buprenorphine to patients recovering from opioid use disorders—many know this as Medication Assisted Treatment, or MAT.

This is where the rubber hit the road—Tennessee was the only state that prohibited nurse practitioners from prescribing buprenorphine and one of only two states that did not allow physician assistants to do so. This left many Tennesseans with few options for MAT. TAMHO and the TN Primary Care Association (TPCA) joined forces to “right” this “wrong”. Under SB 1060/ HB 0656 sponsored by Senator Steven Dickerson and Representative Matthew Hill, both nurse practitioners and physician assistants who work in CMHCs and FQHCs can prescribe buprenorphine as part of the MAT protocol. This will significantly increase access to this life-saving treatment, especially to those who are uninsured or have Medicaid. Tennesseans were already looking for MAT treatment, but were put on tragically long waitlists. With this new law, patients can be seen sooner and they will be offered the full continuum of care such as care coordination, therapy, peer support, etc.

COVID-19 EMOTIONAL SUPPORT LINE FOR HEALTHCARE WORKERS

Need to talk to someone about feelings of stress, anxiety, sadness, or depression related to work? The COVID-19 Emotional Support Line for healthcare workers can help.



888-642-7886

Calltakers are available: 6 a.m. - 10 p.m. (CT), 7 a.m. - 11 p.m. (ET)



TAMHO Member Organization Happenings . . .

Helen Ross McNabb Center receives three-year CARF accreditation

Helen Ross McNabb Center is excited to announce that CARF International awarded the Center a three-year accreditation!

This is the highest level of accreditation that an organization can attain and it is the Center's eighth consecutive accreditation for its continuum of rehabilitation services, including mental health care, addiction treatment and social services programs. Nearly 20 years ago, Helen Ross McNabb Center was the first community mental health center in the state of Tennessee to be awarded CARF accreditation.



CARF International is an independent, nonprofit accreditor of health and human services, with a goal to ensure that persons served remain at the center of the service delivery process.

"Achieving CARF accreditation demonstrates that our organization is committed to providing quality care" said Jerry Vagnier, Helen Ross McNabb Center president & CEO. "This accomplishment was possible because of the hard work and expertise of our staff. This recognition shows that we are dedicated to achieving our mission of improving the lives of the people we serve."

A three-year accreditation shows the organization's substantial conformance to the CARF standards. In order to achieve this, Helen Ross McNabb Center put itself through a rigorous peer review process and demonstrated that its programs and services are of the highest quality, measurable and accountable.

In January, surveyors from CARF International visited each of Helen Ross McNabb Center's locations to ensure the Center is committed to quality improvement and focuses on the unique needs of the individuals served.

The CARF International award letter states this achievement is indicative of the Center's dedication and commitment to improving the quality of lives of the individuals served.

The surveyors complemented the Center and its staff for its inventive, cutting edge services; high degree of client satisfaction; positive reputation within the communities it serves; and welcoming and well-maintained facilities.

Mandi Ryan Promoted to Vice President, Healthcare Integration at Centerstone

Centerstone, a national leader in behavioral healthcare, has promoted Mandi Ryan to vice president of Healthcare Integration. Mandi joined Centerstone in 2014 as program manager of Integrated Care and then advanced to director of Healthcare Innovation.



Mandi Ryan

In her new role as vice president of Healthcare Integration, Ryan oversees Centerstone's Health Link services, Continuous Treatment Teams, Safety Net case management, hospital liaisons, and several grants from the Substance Abuse and Mental Health Services Administration.

"Mandi's proven innovation, leadership and management skills will help guide our organizational growth towards further integrating behavioral and physical healthcare services," said Ben Middleton, Centerstone's chief operating officer in Tennessee.

Centerstone has long emphasized the importance of integrating physical and mental health to improve outcomes in both areas. The not-for-profit's Health Link coordinated care services were awarded quality stars ratings from all three Tennessee managed care companies. Centerstone was also named an Exemplary Practice Organization by the U.S. Centers for Medicaid & Medicare Services for its operations in Tennessee.

"I am looking forward to leading Centerstone in delivering care that changes people's lives through integrated care," said Ryan, who has worked as a nurse with physical and mental healthcare providers and holds a Master of Science in Nursing degree for Leadership and Management.

Tennessee Organization Works to Empower Minority Communities, Raise Awareness of Mental Health

Tennessee Voices is launching a statewide campaign to observe National Minority Mental Health Awareness Month.

WRCBtv | Wednesday, July 8th 2020, 3:17 PM EDT by LaTrice Currie | <https://www.wrcbtv.com/story/42347020/tennessee-organization-works-to-empower-minority-communities-raise-awareness-of-mental-health>

Despite advances in health equity, disparities in mental health care persist in a big way. That's why Tennessee Voices is working to educate and empower those in minority communities when it comes to detecting and treating mental illness.

Organizations across the country are trying to shine a light on mental illness and its effects on minorities, including [Tennessee Voices](#).

Tennessee Voices is launching a statewide campaign this month to observe National Minority Mental Health Awareness Month.

"Our goal is to connect with all generations helping them on their journey to seek better mental health care and letting them know there is hope available," Will Voss with Tennessee Voices said.

"July being such a powerful month as National Minority Mental Health Awareness Month raising the awareness of mental health and the mental health of minorities," Voss said.

Voss told Channel 3 that Tennessee Voices is providing more than 15 services across the state working with parents and caregivers of children with mental illness and trying to break down the barriers and erase stigmas attached to mental illness.

"As a person of faith myself, I know a lot of African Americans rely solely on that and my philosophy is you can have your faith and also see a therapist and have a combination of both," Voss said.

A recent study by the Congressional Black Caucus shows that in recent years, self-reported suicide attempts by Black teens increased by 73 percent while the rate for White teens decreased. It also shows that Black children younger than 13 were twice as likely to die by suicide than White children.

"It is important that you are intervening to prevent the cause of suicide, you're charging the question of 'What's wrong with you?' to 'What's happened? What's occurred?' We're making sure teachers are aware those educators know to look out for those signs and symptoms," Voss said.

Voss explained that this is a conversation that has to be had and that is why they are hoping to jump-start the conversation in a big way.

"We are using our voices, we're advocating for change that needs to occur in multiple systems, we have staff researching legislation we can work to support and make sure bills and services are in place to bridge those gaps," Voss said.

TAMHO wants to thank Amerigroup for their generous support to secure Personal Protective Equipment (PPE) for TAMHO members. We appreciate our partnership and the collaborative effort to keep patients and staff safe!



Tennessee Co-Occurring Disorders Collaborative (TNCODC)

Statewide roundtable discussions were held on May 5th and May 12th as requested through feedback from learning community members. Members from across the state came together to discuss current strategies and challenges in service delivery due to changes from the pandemic. Individuals were able to connect and share their experiences in providing co-occurring care to their service populations.



Mariam Hashimi



On June 25th, the first Virtual Learning Community Meeting was held. The topic was “Navigating the New Normal; Taking Time for Self-Compassion and Resilience. The presentation was conducted by Dr. Amelia Roeschlein, DSW, MA, LMFT, a consultant with National Council. Her presentation covered the neuroscience behind stress as well as specific tips and techniques around how to cope with the stress and build resiliency. The recording and associated presentation materials will be made available on the TNCODC SI site. The SI continues to obtain feedback and provide resources and support as needed on a virtual basis.

Peer Wellness Updates

The PWC’s are providing services during the Covid-19 pandemic to promote health and wellness in some very innovative ways, including telehealth, virtual workshops, small group workshops, phone coaching and Cherokee’s successful Nutrition Support and Education Program. The program ran for 8 weeks and completed on June 30th. Our 3 PWC’s there, Leanne Crawford, Carrie Trawinski, and Kenneth Hawkins, provided a total of 625 bags of food and educational materials via delivery or pick-up to 315 clients in 7 counties with follow-up phone education sessions. The educational materials included useful wellness information such as: Covid-19 info, how to use MyPlate to plan meals, how to plan health meals on a budget, how to take care of your mental health during a pandemic, drinking more water, diabetes control, and other wellness information. We are looking forward to our first virtual Quarterly Team Meeting on July 24th, and we are happily co-planning the IPS Conference, “Wellness Through Employment” for September 18th. — Dina Savvenas



Dina Savvenas



Statewide Happenings . . .

OCR Resolves Complaint with Tennessee After it Revises its Triage Plans to Protect Against Disability Discrimination

Today, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) is announcing that it has reached an early case resolution with the state of Tennessee after it updated its crisis standards of care (“CSC”) plan to ensure that the criteria does not discriminate against persons based on disability or age. This is OCR’s fourth resolution with a state regarding disability discrimination concerns during COVID-19.

OCR enforces a number of federal antidiscrimination laws, including Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Section 1557 of the Patient Protection and Affordable Care Act, and the Age Discrimination Act of 1975.

OCR received a complaint from Disability Rights Tennessee and other advocacy organizations alleging that Tennessee’s CSC plan, titled “Guidance for the Ethical Allocation of Scarce Resources during a Community-Wide Public Health Emergency as Declared by the Governor of Tennessee” discriminates based on disability. Among other things, complainants alleged that Tennessee’s CSC would unlawfully disqualify individuals with advanced neuromuscular disease, metastatic cancer, traumatic brain injury, dementia, and other disabilities from use of a ventilator in times of scarcity.

After OCR provided technical assistance to Tennessee, the state has updated its CSC plan and:

Clarified that resource-intensity and duration of need on the basis of age or

disability should not be used as criteria for the allocation or re-allocation of scarce medical resources. This protects patients who require additional treatment resources due to their age or disability from automatically being given a lower priority to receive life-saving care;

Removed language permitting the use of a patient's long-term life expectancy as a factor in the allocation and re-allocation of scarce medical resources, instead indicating that providers should consider only risk of imminent mortality;

Added language stating that reasonable modifications to the use of the state's primary instrument for assessing likelihood of short-term survival should be made when necessary for accurate use with patients with underlying disabilities. Such reasonable modifications ensure that people with disabilities are evaluated based on their actual mortality risk, not disability-related characteristics unrelated to their likelihood of survival;

Removed categorical exclusion criteria that prohibited people with disabilities from receiving care on the basis of their diagnosis, and required individualized assessments of patients based on the best available objective medical evidence; and

Incorporated language stating that hospitals should not re-allocate personal ventilators brought by a patient to an acute care facility to continue pre-existing personal use with respect to a disability. Under this language, long term ventilator users will be protected from having a ventilator they take with them into a hospital setting taken from them to be given to someone else.

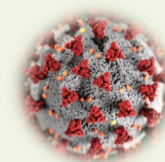
In light of these actions, OCR is closing the complaint as resolved to the satisfaction of all parties involved without any finding of liability.

Regarding the early case resolution, Roger Severino, OCR Director said, "We commend Tennessee for updating its policies to ensure that hospitals do not deny life-saving care during a crisis based on stereotypes about disabilities or other impermissible factors. Our civil rights laws reflect the principle that we are all created with equal dignity and worth." Severino added.

To see the updated guidance, please visit: https://www.tn.gov/content/dam/tn/health/documents/cedep/ep/Guidance_for_the_Ethical_Allocation_of_Scarce_Resources.pdf

Resources for Responding to the COVID-19 Pandemic

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)



<https://www.tn.gov/behavioral-health/covid19.html>

Tennessee Department of Health (TDH)

<https://www.tn.gov/health/cedep/ncov.html>

Tennessee Department of Children's Services (TDCS)

<https://www.tn.gov/dcs/covid-19.html>

Bureau of TennCare

<https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>

State of Tennessee, Office of Governor Bill Lee

<https://www.tn.gov/governor/covid-19.html>

CDC—Center for Disease Control

https://www.cdc.gov/coronavirus/2019-ncov/index.html?fbclid=IwAR0I2J49LBcZEPm3CnbLDISdfVw29QXT_OKL_aj7vr0IoSGPxy9rUxw4jwg

SAMHSA—Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/coronavirus>

WORLD HEALTH ORGANIZATION

<https://www.who.int/>

The National Council

<https://www.thenationalcouncil.org/covid19/>

Episodes of Care has a new look!

Check out the updated website [here!](#)

Thanks to the ADA...Let's Keep Going | Celebrating 30 years of the ADA

Disability Rights TN | July 2, 2020 | <https://www.disabilityrightstn.org/resources/news/july-2020/thanks-to-the-ada-let-s-keep-going>

On the clear sunny day of July 26, 1990, President George H. W. Bush signed The Americans with Disabilities Act (ADA) into law.

As we celebrate 30 years since the largest piece of disability rights policy was created, we could remember it just as a clear, sunny, happy, momentous, and even a peaceful day. But we'd be missing so much of the story. We'd be missing the work that led up to its implementation and to the work that remains to create equality and justice for people with disabilities.

Like so many movements before, such as Women's Suffrage and the American Civil Rights Movement, people with disabilities had to join together to demand their rights be recognized and to make policy change possible. Advocates with diverse disabilities and backgrounds, like Judy Heumann, Ed Roberts, Justin Dart, Pat Wright, and Evan Kemp, fought and demonstrated so that those in power could not look away from the ways they were being treated - segregated, isolated, lacked resources and were denied opportunity. Borrowing inspiration and tactics from movements before, they donned signs, shouted, and staged sit-ins at the U.S. Capitol.

On March 12, 1990, people with mobility disabilities laid down their crutches and left their wheelchairs. They physically crawled up the steps of the U.S. Capitol demanding equal opportunities to participate in society. This act, dubbed The Capitol Crawl, was symbolic of the oppression people with disabilities were experiencing, and would become the most important action to occur in the disability rights movement up to that point. Less than 5 months later, President George H. W. Bush signed the ADA, the largest disability rights law in history.

"The ADA was a landmark civil rights legislation," stated Valerie Jarrett, American businesswoman and Senior Advisor to President Barack Obama. "It was a bill of rights for persons with disabilities, a formal acknowledgement that Americans with disabilities are Americans first and that they're entitled to the same rights and freedoms as everybody else."

The ADA sought to give people with disabilities equal footing in society, so they would have equal access to their communities and opportunities for participation. This policy has carried us forward – into more independent lives, economic self-sufficiency, and integration. And the ADA has expanded to encompass more protections and policies benefiting people with disabilities. Honoring these triumphs, Disability Rights Tennessee (DRT) is joining the national "Thanks to the ADA" campaign in July and sharing stories of how the ADA has impacted our clients.

At the same time, we must acknowledge that by the very existence of our organization, it is clear that the rights of people with disabilities are not yet fully equal. This has been glaringly evident during the COVID-19 pandemic where those with disabilities have been disproportionately impacted. But was also clear before the pandemic, as evidenced by higher rates of school discipline for students with disabilities, inaccessible poll sites, higher unemployment rates, unequal pay for equal work, and so much more.

So this July, as we mark the 30th anniversary of the ADA, we say "Thanks to the ADA" and to all the advocates who made it possible. AND we recognize that our work for equality and justice is far from done. We march forward with hopes that one day our services will no longer be needed. Until then, we'll pause each July to remember what came before us, and we'll be here when you need us.

Read our "Thanks to the ADA" stories

[Gary's Story](#) | [Hank's Story](#) | [Ryan's Story](#) | [David's Story](#) | [Ivy's Story](#) | [Natasha's Story](#) | [Kevin's Story](#) | [Sarah's Story](#) | [Ms. Guadalupe's Story](#) | [George's Story](#) | [Stephanie's Story](#)

Tennessee First Five Training Institute (TFFTI)

[Allied Behavioral Health Solutions](#)

On June 30, 2020, the first cohort of the Tennessee First Five Training Institute (TFFTI) culminated their year of intensive workforce development in Infant and Early Childhood Mental Health (IECMH). With considerable support from TAMHO, BlueCare, and the Association of Infant Mental Health in Tennessee (AIMHiTN), Allied Behavioral Health Solutions engaged a cohort of 7 agencies (and their 19 clinical staff) in 12 months of training that included more than 40 hours of Reflective Supervision/Consultation and more than 75 hours of IECMH specific training. Participants engaged in 3 evidence-based models (Facilitating Attuned iInteractions, Child Parent-Psychotherapy, and DC:0-5) and 4 additional supportive trainings (Foundations of IMH, Reflective Supervision/Consultation, IECMH in Child Welfare, and Diversity Tenets) across the year. Allied Behavioral Health Solutions, Behavior Services of the Mid-South, Carey



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United States®
Census
2020

[https://2020
census.gov/](https://2020census.gov/)

Get Counted!

It's important for all
of us to get counted
so funding for
services flows into
the places it is
needed. Please
[https://2020census.
gov/](https://2020census.gov/) to be counted.



Counseling, Centerstone, Helen Ross McNabb Center, Omni Community Health, and Positive Living Group were actively engaged in addressing the organizational shifts and clinical workforce needs to provide dyadic, trauma-focused, IECMH services in their respective systems across the state. Additional spaces available in the respective trainings were offered to other providers statewide, allowing TFFTI to provide training of some quantity to more than 100 unique providers.



National faculty and leaders from Erickson Institute, Irving Harris Foundation, and ZERO TO THREE collaborated closely with TFFTI to ensure that learning opportunities could continue in a manner that was safe for participants and also held to the fidelity of each individual model as COVID-19 surfaced in the early spring.

In June, TFFTI invited stakeholders from AIMHiTN, TAMHO, Department of Children's Services, Department of Human Services, Head Start, and Tennessee Department of Health to join TFFTI



clinical participants in the Irving Harris Workshop on the Diversity-Informed Tenets for Work with Infants, Children and Families. The Diversity Tenets are 10 "strategies and tools for strengthening the commitment and capacity of professionals, organizations and systems that serve infants, children and families to embed diversity, inclusion and equity principles into their work." (<https://diversityinformedtenets.org>) This workshop specifically challenged participants to consider the role of self-

awareness and their own identities as individuals in engaging in work with infants, children, and families. The workshop challenged participants and organizations alike to consider how race and equity are addressed in their work and to begin reflecting on necessary change.

Throughout the project, clinical providers and agency leaders echoed that TFFTI gave them a place to slow down, consider the work in front of them, recall the potential experience of the baby and the family being served, and to their own experience in being with these staff and families in times of such uncertainty. The growth witnessed in the participants was inspirational in the quality of the workforce to be developed to provide optimal services for Tennessee's infants, children, and families. The Implementation Team and Regional Coordinators for TFFTI are excited about Cohort 2 and the continuing expansion of IECMH services to prevent and mitigate the impact of ACEs statewide.

Nationwide Happenings . . .

Racism and Mental Health Research: Steps Toward Equity

Joshua Gordon | June 19, 2020 | <https://www.nimh.nih.gov/about/director/messages/2020/racism-and-mental-health-research-steps-toward-equity.shtml>

In 1997, I was a medical intern at Presbyterian Hospital in New York City, working on an AIDS (acquired immunodeficiency syndrome) unit. By then, fewer and fewer people were dying of human immunodeficiency virus (HIV)-related diseases. Effective antiretroviral therapy had brought the virus under control for most people, effectively turning a deadly infectious disease into a manageable chronic condition. But not for everyone. It was too late for my patient, a Black man with AIDS in his mid-30s. He had developed a terrible lymphoma that had infiltrated his lungs.

Over the week that I cared for him, each breath was shallower and more painful than the last, each dose of morphine we gave him to control the pain lasted for a shorter period of time. Eventually, all I could do was sit next to his bed and comfort him. I watched him struggle to take his last breath.

A few weeks ago, I watched another Black man die. Like many of you, I watched the video of George Floyd’s killing. I watched the police charged with ensuring public safety ignore his cries for help. I watched them ignore the bystanders imploring them to release him, or at least to check his pulse. Ultimately, I watched as he also struggled to take his last breath.

My patient died from AIDS, a disease that in 1997 was seven times more likely to kill Black Americans than Whites. Mr. Floyd died from police brutality, which also disproportionately impacts Black people who are nearly three times more likely to die at the hands of the police than White people. But both of these men actually died of systemic racism, in different guises. Systemic racism involves policies and practices that propagate throughout our society, resulting not only in interpersonal injustices but also in inequalities in access to care, quality of care, and health outcomes. Mr. Floyd’s death and the events that have followed have forced me, as a White male, to reckon with my own role in perpetuating these injustices and inequalities.

As the Director of the NIMH, I am charged with striving to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. I cannot ignore the fact that this mission is not achievable without taking into account the inequalities that lead to worse mental health outcomes in underserved and minority communities. Indeed, the trauma of racism and police violence can themselves exacerbate mental health outcomes. While the recent events have put that trauma into the national spotlight, these traumas have been occurring for generations. I recently charged NIMH staff with developing a research plan that focuses on identifying mechanisms associated with mental health disparities and testing interventions aimed at promoting equity and improving outcomes. A draft of this plan is nearing completion and will be released within the coming months. One of our first efforts, prompted by community input and building on a virtual roundtable, will be to strengthen research into the alarming rise in suicide rates in Black youth. We will also expand our efforts to listen to key stakeholders to ensure that our research is squarely focused on the needs of Black communities.

I am also charged with ensuring an effective and inclusive workforce for mental health research. Here, I cannot honestly look my friends, colleagues, and co-workers in the eye and say that I am already doing everything I can to ensure that Black communities are treated fairly by the institution that I am privileged to lead. Many of you know success rates for Black applicants for NIH funding are dramatically lower than for White applicants, even controlling for factors such as educational background, publications and citations, research awards, seniority, etc., and the NIH has implemented several programs to address this gap. Much to my chagrin, our own similar analyses confirmed that such disparities persist for Black applicants for NIMH funding, as I presented at the National Advisory Mental Health Council in February 2020. The reasons for this disparity are not entirely clear, but our response cannot wait for clarity. To address these issues, I am immediately embarking on steps which include (1) working closely with NIH and Center for Scientific Review leadership in their efforts to identify and eliminate bias and disparities in grant scores through policy revision, reviewer training, and procedural change, in a manner consistent with the recommendation of the Advisory Council to the Director Working Group on Diversity; (2) working to ensure NIMH post-review decision making is fair and focused on promoting inclusivity; (3) engaging Black NIMH applicants and grantees in a series of conversations to understand their perspectives on the factors impeding and facilitating success; and, (4) based on these conversations; providing solutions to meet the needs of Black applicants and grantees and others facing funding rate disparities. It is my hope that these actions will begin to reduce the success rate disparity in the next year and eliminate it within five years.

These efforts represent deliberate steps toward ensuring that NIMH extramural processes are

The trusted voice for Tennessee’s behavioral health system for sixty years.

TAMHO member organizations serve adults and children with a range of emotional disorders, mental illnesses, and addiction disorders.

ADOPTION SERVICES	OPIOID USE
CRISIS SERVICES:	DISORDER
CRISIS RESPONSE,	TREATMENT
CRISIS RESPITE,	OUTPATIENT
WALK-IN CENTER	TREATMENT:
SERVICES	PSYCHIATRIC
CRITICAL INCIDENT	EVALUATION,
STRESS	MEDICATION
DEBRIEFING	MANAGEMENT,
DISASTER RESPONSE	INDIVIDUAL
FAMILY SUPPORT	THERAPY, FAMILY
SERVICES	THERAPY,
ILLNESS	SUBSTANCE USE
MANAGEMENT	TREATMENT
AND RECOVERY	PEER RECOVERY
(IMR)	SERVICES
INPATIENT SERVICES	PREVENTION
INTEGRATED	SERVICES
MEDICAL CARE	PSYCHOSOCIAL
INTENSIVE	REHABILITATION
COMMUNITY-	RESIDENTIAL
BASED SERVICES:	TREATMENT
CONTINUOUS	SERVICES
TREATMENT TEAM	SCHOOL-BASED
(CTT),	SERVICES
COMPREHENSIVE	SPECIALTY
CHILD AND FAMILY	TREATMENT
TREATMENT	SERVICES
(CCFT), PROGRAM	SUPPORTED
OF ASSERTIVE	EMPLOYMENT
COMMUNITY	SUPPORTED HOUSING
TREATMENT	TENNESSEE HEALTH
(PACT)	LINK
INTENSIVE	THERAPEUTIC FOSTER
OUTPATIENT	CARE
SERVICES	TRAUMA FOCUSED
	TREATMENT

With the implementation of Tennessee Health Link in 2016, most TAMHO members also coordinate physical care as well as provide interventions for mental illness, addictions and co-occurring disorders.



appropriately and equitably responsive to the needs of all Americans. We will simultaneously be redoubling our internal efforts to ensure a diverse and inclusive NIMH workplace, starting with a series of intentional conversations with employees to learn more about the experience of being Black at NIMH. We will also be examining our employee demographics and increasing our outreach during recruiting with the aim of ensuring we are doing all we can to diversify the NIMH workforce.

Systemic racism is a complex issue that affects all facets of our society; institutions and individuals can unknowingly promote or support racist practices. The events of the past weeks make it painfully obvious to me that we cannot use this complexity as an excuse for inaction. Watching is not enough. We each have a role to play in taking concrete actions to address the mental health toll of racism on our communities and the systemic racist practices that impede the success of Black employees. We at NIMH will do our part, and we invite you to join us in this effort.

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National Council Hill Day at Home

The National Council for Behavioral Health hosted its first ever Hill Day at Home due to the impacts of the COVID-19 Pandemic. More than 2000 advocates nationwide attended the virtual Hill Day on June 23-24th, including 59 advocates from Tennessee. Tennessee constituents reached out to 9 members of



Congress and sent 168 legislative alerts asking for support for three pieces of legislation:

- [Emergency Appropriation of \\$38.5 Billion for Mental Health and Addiction Treatment](#)
- [Crisis Stabilization and Community Reentry Act of 2020](#)
- [National Suicide Hotline Designation Act of 2020](#)

If you were not able to attend Hill Day, there is still time to email your members of Congress about these important pieces of legislation. Please click here to access the action alert: [Take action](#). If you missed Hill Day, you can watch the Policy Institutes sessions and visit exhibitors through July 23rd, – just [register here](#).

Planning and 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/planning/council-overview.html>

General information is accessible at:

<https://www.tn.gov/behavioral-health/planning.html>

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