

Message from the Executive Director



Ellyn Wilbur
Executive Director
TAMHO

As 2014 begins, we embark on a year of expanded health coverage for millions of Americans. This is wonderful news for many Americans. Unfortunately, there are thousands of Tennesseans who will still not have insurance coverage to meet their needs due to the fact that Governor Haslam and the Center for Medicare and Medicaid Services have not come to any agreement on a way to implement the Tennessee Plan that Governor Haslam outlined in March of 2013.

Who are these individuals?

The first group is comprised of individuals who are below 100% of Federal Poverty Level (FPL), earning no more than \$11,490. While these individuals *can* sign up for insurance in the Marketplace, they likely *will not* be able to afford the insurance

premium because those under 100% FPL are not eligible for premium tax credits or cost sharing reductions through the Marketplace. This is the group of people who would benefit from Medicaid expansion, but Tennessee has not opted to expand Medicaid.

Currently the Department of Mental Health and Substance Abuse Services has state funds to pay for specific services to 35,000 individuals each year who have severe mental illness and whose income is less than 100% of FPL. This fund, called the Behavioral Health Safety Net, has been a lifesaver for many, but it does not cover all those who need the service.

The second group is comprised of individuals who may be eligible for premium tax credits or cost sharing reductions to help them afford the premiums in the Marketplace. Being eligible for coverage is exciting and very useful, but for individuals with severe mental illness or substance use disorders, services that have been proven to be

effective—like mental health case management, psychosocial rehabilitation and peer support-- are not routinely covered in the Marketplace health plans. These services help individuals remain stable in their communities and are extremely cost effective.

TAMHO has strongly advocated for Medicaid expansion and will continue to do so. We believe Tennessee should join the 25 states and the District of Columbia who have expanded Medicaid.

It is now clear that the Marketplace plans won't cover all the services needed by individuals with mental illness or substance use disorders, so it is more important than ever to educate our lawmakers about the need to expand the Behavioral Health Safety Net to assure that all individuals' needs are met.

Individuals who are poor and individuals with mental illness or substance use disorders should not be left out of coverage plans that meet their needs!

Governor Haslam Attends the TAMHO Annual Conference on Integrated Care



Photo Credit: STATE OF TENNESSEE <http://www.flickr.com/photos/governorbillhaslam/11208601646/in/photostream/>

The 2013 TAMHO Annual Conference at Embassy Suites Hotel and Convention Center in Murfreesboro was a great success! Headlining the conference was a visit by Governor Bill Haslam, who also received the TAMHO President's Award, along with national

experts speaking on various aspects of integrated care. Integration topics included:

Pediatric Primary Care/Behavioral Health | Dipesh Navsaria, MPH, MSLIS, MD, Assistant Professor of Pediatrics, University of Wisconsin School of Medicine and Public Health, Primary Care Pediatrician, Access Community Health Center

Co-Occurring Mental Health and Substance Use Conditions and Other Complex Needs | Kenneth Minkoff, MD, Trainer and Consultant on Clinical Services and Systems Design for Individuals and Families with Co-Occurring Disorders and Other Complex Needs

Primary Care / Behavioral Health: A National Perspective | Kathleen

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TAMHO LEADERSHIP

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TAMHO STAFF

Executive Director | Elynn Wilbur
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Behavioral Health News & Events

Volume 2, Issue 1 | January 2014

Reynolds, Consultant, National Council for Behavioral Health

Primary Care / Behavioral Health: An Operations and Financial Perspective | Joel Hornberger, Chief Operating Officer, Cherokee Health System; Jeff Howard, Chief Financial Officer, Cherokee Health System

After making some remarks about the state of behavioral health care in the state of Tennessee, Governor Haslam surprised those in attendance by asking if anyone had a question or comment they would like to share with him, and a number of people accepted his offer.



TAMHO Bestows Its Highest Honors for 2013

The Tennessee Association of Mental Health Organizations (TAMHO) recently bestowed its highest honors during their annual Annual Conference at Embassy Suites Hotel and Convention Center in Murfreesboro, Tennessee.

TAMHO PRESIDENT'S AWARD | The Honorable Bill Haslam, Governor, State of Tennessee | The TAMHO President's Award is given at the discretion of the President of the TAMHO Board of Directors. is given at the discretion of the outgoing TAMHO President of the Board to recognize extraordinary contributions to the field of mental health.



(L-R) **Charlie Good**, Chief Executive Officer, Frontier Health, Gray, Tennessee; **The Honorable Bill Haslam**, Governor, State of Tennessee; **Elynn Wilbur**, Executive Director, Tennessee Association of Mental Health Organizations (TAMHO), Nashville, Tennessee; **Commissioner E. Douglas Varney**, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee

FRANK G. CLEMENT COMMUNITY SERVICE AWARD | Lee Ann Ingram, Board Member, Centerstone Tennessee, Nashville, Tennessee | The TAMHO Frank G. Clement Community Service Award honors individuals who have provided exemplary leadership and volunteer service on behalf of TAMHO or a TAMHO member organization to greatly benefit the community at large. Individuals nominated for this award are frequently known as the "unsung heroes" who provide a valuable resource that strengthens the community based behavioral health system and supports the mission of TAMHO and its members.



(L-R) **Lee Ann Ingram**, Board Member, Centerstone Tennessee, Nashville, Tennessee; **Robert N. Vero, Ed.D.**, Chief Executive Officer, Centerstone Tennessee, Nashville, Tennessee

DOROTHEA DIX PROFESSIONAL SERVICE AWARD | Jim Causey, Ph.D. (posthumously), Professional Care Services of West TN, Covington, Tennessee | The TAMHO Dorothea Dix Professional Service Award honors a behavioral health professional who has provided significant contributions over an extended period of time to the behavioral health system that will have a far reaching and long lasting positive impact on the quality and/or scope of behavioral health services in Tennessee.



(L-R) **Robert Vaughn**, Executive Director, Carey Counseling Center, Paris, Tennessee; **Becky Hendrix**, Executive Director, Professional Care Services of West TN, Covington, Tennessee; **Elynn Wilbur**, Executive Director, Tennessee Association of Mental Health Organizations (TAMHO), Nashville, Tennessee; **Darvis Gallaher, Ph.D.**, Executive Director, Quinco Mental Health Center, Bolivar, Tennessee

DISTINGUISHED SERVICE AWARD | Larry Thompson, Ph.D., Chief Operations Officer, Volunteer Behavioral Health Services, Chattanooga, Tennessee

The TAMHO Distinguished Service Award recognizes extraordinary and long-standing dedication and achievement on behalf of TAMHO or a TAMHO member corporation. Consideration is given to the longevity of service and the significance of overall contributions to the community behavioral health organization, TAMHO, and the community based system at the community and state level.



(L-R) **Chris Wyre**, Chief Executive Officer/President, Volunteer Behavioral Health System, Murfreesboro, Tennessee; **Larry Thompson, Ph.D.**, Chief Operations Officer, Volunteer Behavioral Health Services, Chattanooga, Tennessee; **Ginny Thompson**, Chattanooga, Tennessee

PERSONAL COURAGE AWARD | Two awards given for 2013: Harriette "Niki" Payne, Volunteer Behavioral Health System, Cookeville, Tennessee, and Marjorie Diefenbach, Peninsula, Knoxville, Tennessee

The TAMHO Personal Courage Award recognizes an individual who exemplifies courageousness in facing personal challenges presented by mental illness in order to provide effective leadership, advocacy, or support for programs that serve others through the public service delivery system.



(L-R) **Chris Wyre**, Chief Executive Officer/President, Volunteer Behavioral Health System, Murfreesboro, Tennessee; **Harriette "Niki" Payne**, Recovery Coach, Volunteer Behavioral Health System, Cookeville, Tennessee; **Vickie Harden**, Senior Vice President of Clinical Services, Volunteer Behavioral Health System, Murfreesboro, Tennessee; **Shelba Hodges**, Director of Plateau Mental Health Center, Volunteer Behavioral Health System, Cookeville, Tennessee



(L-R) **Liz Clary**, Vice President of Behavioral Services, Peninsula, Knoxville, Tennessee; **Marjorie Diefenbach**, Peninsula, Knoxville, Tennessee; **Mary Nelle Osborne**, Manager of Recovery Services, Peninsula, Knoxville, Tennessee; **Mark Potts**, Director of Clinical Services, Peninsula, Knoxville, Tennessee

MEDIA AWARD – BEST USE OF SOCIAL MEDIA | Helen Ross McNabb Center, Knoxville, Tennessee

The TAMHO Media Award – Best use of Social Media recognizes innovative marketing and public relations mediums using social mediums such as, but not limited to, Facebook, Twitter, LinkedIn, and Apps to promote the mission and/or messages of a TAMHO member agency or bring about and education or awareness to the communities they serve.



(L-R) **Andy Black**, President/Chief Executive Officer, Helen Ross McNabb Center, Knoxville, Tennessee; **Lee Ann Human-Hilliard**, Vice President of Adult Services, Helen Ross McNabb Center, Knoxville, Tennessee; **Mona Blanton-Kitts**, Vice President of Children's Services, Helen Ross McNabb Center, Knoxville, Tennessee; **Paula Hudson**, Director of Compliance, Helen Ross McNabb Center, Knoxville, Tennessee; **Emily Scheuneman**, Public Relations Coordinator, Helen Ross McNabb Center, Knoxville, Tennessee; **Jerry Vagnier**, President, Helen Ross McNabb Center, Knoxville, Tennessee; **Stephanie Carter**, Director of Administrative Services, Helen Ross McNabb Center, Knoxville, Tennessee

MEDIA AWARD – BEST NEWSLETTER | Centerstone Tennessee, Nashville, Tennessee

The TAMHO Media Award – Best Newsletter recognizes innovative marketing and public relations through the medium of a newsletter. Recipients of this award express excellence in editorial content and the success of the entry being the achievement of overall communications effectiveness and excellence in promoting the mission and/or message(s) of a

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

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

TAMHO member organizations provide mental health and addictions services to 90,000 of Tennessee's most vulnerable citizens each month. Services provided by the TAMHO network include:

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

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

Community Based Services: Services include mental health case management, Programs for Community Treatment (PACT), intensive in-home services, school based services, therapeutic foster care, and jail liaison services

Clinic Based Services: Services include psychiatric evaluation and medication management; monitoring of core health indicators; individual, couples and family psychotherapy; psychological assessment; specialized treatments for trauma and addiction disorders and co-occurring disorders; partial hospitalization; intensive outpatient services; and forensic services.

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

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

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

Important Dates and Events

Please visit the TAMHO website Calendar page at <http://www.tamho.org> for the most current listing of TAMHO meetings and events.

JANUARY

Date	Event Details
14	Convening of the 108 th General Assembly of the State of Tennessee

February

Date	Event Details
3	Governor Haslam's State of the State address

March

Date	Event Details
4	TAMHO Advocacy Day (originally scheduled for March 25 th)
18	TCMHSAS Day on the Hill
TBD	COD Symposium
TBD	Compliance Training

Contact the TAMHO Office to add your behavioral health association or advocacy group's statewide or national conference promotional information.

TAMHO member agency. Newsletter formats may be print or electronic. Entries will be considered with others from similar agency budget sizes.



(L-R) **Michael Rivera**, Senior Graphics Designer, Centerstone Tennessee, Nashville, Tennessee; **Mindy Tobin**, Director of Marketing and Public Relations, Centerstone Tennessee, Nashville, Tennessee; **Robert N. Vero, Ed.D.**, Chief Executive Officer, Centerstone Tennessee, Nashville, Tennessee

PROGRAMS OF EXCELLENCE AWARD |

The TAMHO Program of Excellence Award spotlights programs at TAMHO member corporations that have been exceptionally creative, exceptionally successful or have achieved exceptional outcomes.

Four recognitions for 2013 . . .

Case Management Services, Inc. – *Project to Aid in the Transition from Homelessness (PATH)*

Centerstone of Tennessee – *Trauma Treatment Services*

Ridgeview – *Mothers and Infants Sober Together (MIST)*

Case Management Services, Inc. – *Peabody House Emergency Shelter for HIV/AIDS Consumers*

Case Management Services, Inc. – Project to Aid in the Transition from Homelessness (PATH)



(L-R) **Florence Hervery**, Chief Executive Officer, Case Management, Inc., Memphis, Tennessee; **Betsy Price**, Housing Manager, Case Management, Inc., Memphis, Tennessee; **Morris Crutchfield**, Case Manager, Case Management, Inc., Memphis, Tennessee; **Ursula Thomas**, PATH Coordinator, Case Management, Inc., Memphis, Tennessee; **Michael Krause**, Peer Specialist, Case Management, Inc., Memphis, Tennessee; **Terrence Elliott**, Outreach Worker, Case Management, Inc., Memphis, Tennessee; **Kathryn Lewis**, Director Special Programs, Case Management, Inc., Memphis, Tennessee

Centerstone Tennessee – Trauma Treatment Services



(L-R) **Kathy Ballinger**, Director of Intensive In-Home Treatment Services, Centerstone Tennessee, Nashville, Tennessee; **Robert N. Vero, Ed.D.**, Chief Executive Officer, Centerstone Tennessee, Nashville, Tennessee

Ridgeview – Mothers and Infants Sober Together (MIST)



(L-R) **Michelle Jones**, MIST Coordinator Ridgeview, Oak Ridge, Tennessee; **Brian Buuck**, Chief Operating Officer, Ridgeview, Oak Ridge, Tennessee; **Kristin Kakanis**, MIST Case Worker, Ridgeview, Oak Ridge, Tennessee; **Stacy Park**, Outpatient Services Director, Ridgeview, Oak Ridge, Tennessee

Case Management Services, Inc. – Peabody House Emergency Shelter for HIV/AIDS Consumers



(L-R) **Florence Hervery**, Chief Executive Officer, Case Management, Inc., Memphis, Tennessee; **Betsy Price**, Housing Manager, Case Management, Inc., Memphis, Tennessee; **Dorothy Webb**, Residential Monitor, Case Management, Inc., Memphis, Tennessee; **Brenda Briggs**, Residential Monitor, Case Management, Inc., Memphis, Tennessee; **Larry Stapleton**, Residential Monitor, Case Management, Inc., Memphis, Tennessee; **Brandi Bledsoe**, Program Supervisor, Case Management, Inc., Memphis, Tennessee; **Kathryn Lewis**, Director Special Programs, Case Management, Inc., Memphis, Tennessee

VOLUNTEER LEADERSHIP AWARD | The TAMHO Volunteer Leadership Award recognizes the extraordinary contributions of individuals through service on the TAMHO Board of Directors and/or TAMHO's Committees and Sections.



VOLUNTEER LEADERSHIP AWARD
Board of Directors

Andy Black, President/Chief Executive Officer, Helen Ross McNabb Center, Knoxville, Tennessee



VOLUNTEER LEADERSHIP AWARD
Committee or Section

David Cook, Clinical Therapist and Quality Assurance Specialist, Professional Care Services of West TN, Covington, Tennessee

Annual Conference Photo Credits



Newsletter Photos and Additional Photos are available for viewing online and for download at Shutterfly.
<https://tamho2013annualconference.shutterfly.com/>

TAMHO Awards Ceremony Presentation Video is available for viewing on YouTube.
http://www.youtube.com/watch?v=xJ-6BAWf_UQ&feature=em-upload_owner

TAMHO Installs New Leadership for 2014

The Tennessee Association of Mental Health Organizations (TAMHO) elected officers for 2014 at the organization's recent annual meeting held in Murfreesboro. Robert N. Vero, Ed.D., Chief Executive Officer, Centerstone of Tennessee, Nashville, Tennessee, will serve as President. He will succeed Charles Good, President and Chief Executive Officer, Frontier Health, Gray, Tennessee, who will remain on the Board as Immediate Past President. Chris Wyre, Chief

Executive Officer/President, Volunteer Behavioral Health Care System, Murfreesboro, Tennessee, was elected President Elect and Robert Vaughn, Chief Executive Officer, Carey Counseling Center, Paris, Tennessee will remain on the Board as Secretary completing the second year of a two-year term. Mary Claire Duff, Chief Fiscal Officer, Ridgeview, Oak Ridge, Tennessee, will serve a two year term as Treasurer.

TAMHO Service Award

The TAMHO Service Award was established to annually honor members of its Board of Directors who have contributed through longevity of tenure. The award recognizes a Board member's tenure of service of ten or more years with presentations made at each five year increment.

This year three TAMHO Board members were recognized for their service:

35 YEARS OF SERVICE

Dennis Freeman, Ph.D., Executive Director, Cherokee Health Systems, Knoxville, Tennessee

30 YEARS OF SERVICE

Chris Wyre, Chief Executive Officer/President, Volunteer Behavioral Health Care System, Murfreesboro, Tennessee

10 YEARS OF SERVICE

Andy Black, President/Chief Executive Officer, Helen Ross McNabb Center, Knoxville, Tennessee

We are very appreciative of their contributions toward advancing the TAMHO mission and behavioral health service provision in Tennessee.

TAMHO MISSION STATEMENT

The TAMHO mission is to serve its members, promote the advancement of effective behavioral health services, and advocate for people in need of care. To achieve this mission, the TAMHO Board of Directors formulates an agenda each year that is designed to improve the effectiveness of treatment and support services for people with mental illness and to increase access to these services throughout the state.

My Health, My Choice, My Life

is a health promotion and wellness initiative for Tennesseans who live with mental health and substance use conditions. The holistic health initiative integrates a medical model with recovery and resiliency, resulting in an initiative that focuses on overcoming physical and mental health symptoms through strengths, personal empowerment and resiliency. It is led by individuals who have firsthand, lived experience with psychiatric and substance use disorders. **My Health, My Choice, My Life** provides individuals with self-directed tools, empowering them with the knowledge, skills and resources to improve their overall well-being and resiliency and live healthy and purposeful lives.



www.myhealthmychoicemylife.org/

Early Brain Development

Collectively ensuring, from the very beginning, that the “life course” does not become a “life curse”

AUTHOR & CONTRIBUTOR:

Dipesh Navsaria, MPH, MSLIS, MD, Assistant Professor of Pediatrics, University of Wisconsin School of Medicine and Public Health, Primary Care Pediatrician, Access Community Health Center [TAMHO 2013 Annual Conference Keynote Speaker]



Dipesh Navsaria, MPH, MSLIS, MD

The world of Early Brain and Child Development has, for a long time, been a familiar one to those who work in early childhood and in mental health. The terms “toxic stress” and “relational health” may be new to some, but are often twists on concepts, approaches and ideas which have been recognized for a long time. More recently, evolving science has given us biochemical, neurological and genetic markers which illustrate the profound impact that early experiences have on children’s eventual life course. This, in turn, has caught the attention of medical fields, including my own: pediatrics.

However, we should not stop there. There are many others who have a strong interest in children and the families they grow up in. Among these are our elected officials and other policymakers, spanning the range from the federal level down to the state, county and local levels. By articulating a clear, consistent process and vision for early childhood, we can collectively ensure that we are positively affecting brain development early on, where the potential for change is greatest.

I was proud to work with the office of Wisconsin State Senator Julie Lassa, who understands the primacy of the first thousand days of life. She authored a Joint Resolution in the Wisconsin Senate (SJR 59; <https://docs.legis.wisconsin.gov/2013/proposals/sjr59>)

which laid out the principles of early brain and child development in a highly accessible manner and then articulated a vision for the future of legislative decision making. The “Resolved” clause read as follows:

Resolved by the senate, the assembly concurring, that policy decisions enacted by the Wisconsin state legislature will acknowledge and take into account the principles of early childhood brain development and will, whenever possible, consider the concepts of toxic stress, early adversity, and buffering relationships, and note the role of early intervention and investment in early childhood years as important strategies to achieve a lasting foundation for a more prosperous and sustainable state through investing in human capital.

This passed the often-deeply-divided Wisconsin Senate unanimously, and as I write this, awaits consideration by the Assembly. While as a Joint Resolution it has limited force of law and no accompanying funding, it is a well-considered start to a longer, larger dialogue.

We should not keep early brain and child development a professional secret. While there is much we can do and influence, good public policy and programs will magnify the positive impact by broadening the reach of initiatives which support and nurture the early brain. By breaking down the silos that exist between mental health, primary care, early education and public policy, we can help ensure that the “life course” does not become a “life curs” from the very beginning.

TMHCA Recognizes Behavioral Health Providers

TAMHO among organizations recognized

On November 6, 2013, the Tennessee Mental Health Consumers’ Association (TMHCA) held a Provider Appreciation Dinner at Jim Oliver’s Smokehouse in Monteagle, Tennessee. The event honored behavioral health providers that have been instrumental in the success of TMHCA. Anthony Fox, President/CEO of TMHCA, presented honorees with a plaque of appreciation along

with a heartfelt reflection of their partnership with TMHCA.

This has been a commemorative year for TMHCA as it continues to celebrate 25 years as an agency. TMHCA has maintained its grassroots peer education and advocacy programs throughout becoming a behavioral health provider. The heart of TMHCA remains to be one of service to peers while dispelling stigma and promoting recovery through the

modeled success of those with lived experience within and without the agency.

Thanks to TMHCA’s strong supporters and those who have collaborated on key issues to expand behavioral health services in Tennessee, TMHCA continues to increase its capacity to respond to the needed services of peers.

Statewide Happenings

Budget Concerns for FY2015

Tennessee Department of Mental Health and Substance Abuse Services

The Department of Mental Health and Substance Abuse Services FY15 budget includes the reduction of \$4.5 million funding for the 45 Peer Support Centers across the state of TN. Peer Support Centers are places where adults diagnosed with a severe mental illness develop their own recovery programs to supplement their existing mental health services. They are open between 24-40 hours per week to empower and support people with mental illness to take charge of their own lives and approach their future with hope. For over two decades, Peer Support Centers have played a successful part of Tennessee's mental health system. Today the Peer Support Centers are used by 3,500 Tennesseans monthly.

TAMHO supports the restoration of funding for the Peer Support Centers in Tennessee!

Health Care Finance and Administration (TennCare)

The TennCare FY15 budget includes a 2.5% rate reduction for all providers. Providers have not received a rate increase in years and won't be able to maintain the desired access and quality of care if a rate reduction is implemented.

TAMHO opposes the TennCare provider rate reduction!

Important TennCare Changes

Effective January 1, 2014

TennCare Applications – DHS will no longer accept TennCare applications. To apply for TennCare, you must go through the federal Marketplace at www.healthcare.gov to begin the application process. The Marketplace will screen to see if you may be eligible for TennCare and if so, your information will be automatically sent to the TennCare Bureau. TennCare will then do a full assessment and send a letter of approval or denial to the potential enrollee.

CoverKids – A small number of members in the CoverKids program, specifically children in families with a household income greater than 250% of the federal poverty level, were allowed to obtain coverage by “buying into” the CoverKids program, i.e., paying the full cost of the premium. With the

roll out of the Affordable Care Act (ACA), these individuals now have access to insurance in the federal Marketplace and they have been notified that their CoverKids coverage ended Dec. 31, 2013.

CoverTN – Because CoverTN is a limited benefit program, it will not meet the new insurance requirements of the ACA and members were informed that their CoverTN coverage ended on Dec. 31, 2013. Please note that maternity coverage for current pregnant membership will continue until 60 days postpartum. CoverTN members should shop for insurance on the Marketplace.

CoverRX – CoverRx has closed to members above the federal poverty level due to new opportunities through the federal Marketplace. Members were sent notices to inform them that their coverage ended Dec. 31, 2013.

Please note that open enrollment for the Marketplace ends March 31, 2014. The Marketplace can screen for TennCare eligibility and determine whether or not potential enrollees qualify for Premium Tax Credits or out of pocket cost help through Cost Sharing Reductions. Visit the Marketplace today at www.healthcare.gov

Tennessee Recovery Courts Highlighted in *The Tennessean* Program focuses on addicts' recovery

The Tennessean reporter, Maria Giordano highlighted Tennessee's Recovery Courts in the Saturday, December 28th edition providing two pages of history, facts, and recovery stories and efforts provided through the recovery court programs. The full article can be accessed at <http://www.tennessean.com/apps/pbcs.dll/article?AID=2013312280024>.

Formulation of Clinical Practice Guidelines for the Management of Chronic Pain

Defines treatment and supports clinicians while hopefully avoiding addiction and adverse outcomes – review and input encouraged from stakeholders

In accordance with the “Addison Sharp Act” passed by the 108th General Assembly and codified in Tennessee Code Annotated § 63-1-401, the Tennessee Department of Health has completed

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

2014 Schedule

February 18, 2014

June 17, 2014

August 19, 2014

December 16, 2014

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/mental/recovery/meeting_sch.html. Meetings are subject to change.

REGIONAL PLANNING & POLICY COUNCIL

2014 Schedule

Region I	Second Tuesday/ quarterly Harrison Christian Church, Johnson City, TN 10:00 AM-12:00 PM
Region II	Wednesday quarterly Helen Ross McNabb Center, 201 West Springdale Avenue, Knoxville, TN 11:30 AM-1:30 PM
Region III	First Wednesday/quarterly AIM Center, 472 W. MLK Blvd, Chattanooga, TN 10:00 AM - 12:00 PM
Region IV	First Wednesday/ quarterly Nashville CARES, 633 Thompson Lane, Nashville, TN 11:00 AM-1:00 PM
Region V	Thursday/quarterly Airport Executive Plaza - 1321 Murfreesboro Pike, Suite 140, Nashville, TN 9:30 AM-11:30 AM
Region VI	Second Tuesday/quarterly Pathways, 238 Summar Drive, Jackson, TN 1:30 – 3:00 PM
Region VII	Fourth Tuesday/quarterly –Church Wellness Center, 1115 Union Avenue, Memphis, TN 11:00 AM-1:00 PM

their charge to create prescribing guidelines of certain controlled substance. Please visit the link: [Clinical Practice Guidelines for Management of Chronic Pain](#).

In 2011 Tennessee had the second highest per capita prescription rate for opioids in the United States. The same year more than 1,000 Tennesseans died of a prescription related overdose. These guidelines were written to define appropriate treatment of chronic pain and to support clinicians in their treatment of chronic pain while, hopefully avoiding addiction and adverse outcomes.

The guidelines were formulated after months of input ranging from the public at large to nationally recognized pain experts and healthcare providers. The Department is still receiving input from stakeholders and I encourage you to review and submit comments by January 31, 2014 to Dr. Mitchell Mutter at Mitchell.Mutter@tn.gov. The guidelines will be presented to all Health Related Boards that have prescribing authority over controlled substances for more input before finalizing.

TennCare Awards Contracts to Managed Care Organizations

The Bureau of TennCare awarded managed care contracts to AmeriGroup, BlueCare Tennessee and UnitedHealthcare. The apparent winners of the three-year contracts with possible one-year extensions were announced on December 16, 2013. Following a 10-day inspection period the contracts were officially awarded and signed on December 27, 2013, beginning a one-year transition period.

“We are pleased to continue our relationship with these organizations,” said Health Care Finance and Administration Deputy Commissioner Darin Gordon. “All three managed care organizations (MCOs) have proven their ability to efficiently administer our integrated benefit package of physical, behavioral and long term care services and have shown each is willing to take additional steps to further improve quality and better align incentives for members and providers.”

Each MCO will accept full financial risk to participate in the TennCare program and will be paid set monthly capitated payments to manage and deliver care to members. Additional requirements of these new contracts are each MCO must have the network capacity to operate statewide. Previously, the Bureau of TennCare awarded regional contracts by selecting two companies to operate in each of the three grand regions – West, Middle and East. The new contracts will take effect January 1, 2015 with full statewide implementation completed by the end of the calendar year 2015.

“TennCare is currently working with the health plans to ensure the transition will go as smoothly as possible for our members,” Gordon said. “Continuity of care is the utmost concern as we plan for implementation in 2015.”

AmeriGroup currently serves approximately 2.8 million members in 12 states and is dedicated to offering real solutions that improve health care access and quality for members, while proactively working to reduce the overall cost of care to taxpayers. BlueCare Tennessee and BlueCare are independent licensees of the BlueCross BlueShield Association. The Chattanooga-based company focuses on managing care and providing quality health care products, services and

information for government programs. UnitedHealthcare is an operating division of UnitedHealth Group, the largest single health carrier in the United States delivering innovative products and services to approximately 70 million Americans.

TennCare is the state’s Medicaid program that provides health care for 1.2 million Tennesseans.

Theatre Offers Promise for Youth with Autism Vanderbilt study finds

ARTICLE REPRINT | Vanderbilt Research News | by [Jennifer Wetzel](#) | Posted on Tuesday, Oct. 22, 2013 | Photo Credits: Vanderbilt University/Steve Green

A novel autism intervention program using theatre to teach reciprocal communication skills is improving social deficits in adolescents with the disorder that now affects an estimated one in 88 children, Vanderbilt University researchers released today in the journal *Autism Research*.



The newly released study assessed the effectiveness of a two-week theatre camp on children with autism spectrum disorder and found significant improvements were made in social perception, social cognition and home living skills by the end of the camp. There were also positive changes in the participants’ physiological stress and reductions in self-reported parental stress.

Called SENSE Theatre, the *Social Emotional Neuroscience & Endocrinology (SENSE)* program evaluates the social functioning of children with autism and related neurodevelopmental disorders.



Camp participants ages 8 to 17 years join with typically developing peers who are specially trained to serve as models for social interaction and communication, skills that are difficult for children with autism. The camp uses techniques such as role-play and improvisation and culminates in public performances of a play.

“The findings show that treatment can be delivered in an unconventional setting, and children with autism can learn from unconventional ‘interventionists’ – their typically developing peer,” said lead author [Blythe Corbett](#), Ph.D., associate professor of Psychiatry.

Social perception and interaction skills were measured before and after the camp using neuropsychological measures, play with peers and parental reporting. Significant differences were found in face processing, social awareness and social cognition, and duration of interaction with familiar peers increased significantly over the course of the camp.

Additionally, the stress hormone cortisol was measured through saliva samples taken both at home and throughout the camp to compare the stress level of participants at home, at the beginning of the camp and at the end of the camp. Cortisol levels rose on the first day of camp when compared to home values but declined by the end of treatment and during post-treatment play with peers.

“Our findings show that the SENSE Theatre program contributes to improvement in core social deficits when engaging with peers both on and off the stage,” Corbett said. “This research also shows it’s never too late to make a significant difference in the lives of children and youth with autism spectrum disorder, as [this program] targets children who are much older than kids who are participating in early intervention, yet we are still seeing significant gains in the core deficits of autism, and in a rather brief intervention.”



This research was supported by the Martin McCoy-Jespersion Discovery Grant in Positive Psychology and a grant from the National Institute of Mental Health (Grant No. R01 MH085717).

Corbett will continue using theatre techniques to study areas of social functioning among children with autism through a newly awarded grant from the National Institute of Mental Health (Grant No. R34 MH097793). This forthcoming study will explore treatment length and peer familiarity as factors in optimizing and generalizing gains and will enroll more than 30 youth with autism ages 8 to 16 in a 10-week program model beginning January 2014.

To enroll in future studies, contact senselab@vanderbilt.edu.

National Happenings

Congressman Tim Murphy Introduces Mental Health Reform Bill

Today, Congressman Tim Murphy (R-PA) introduced a bill to reform the nation's mental health delivery system. The legislation is the culmination of a year-long series of hearings Murphy held as chair of the House Energy and Commerce Oversight and Investigations Committee in the wake of the tragic 2012 Newtown shooting.

The National Council applauded the bill's inclusion of a demonstration program based on the bipartisan Excellence in Mental Health Act, writing in a letter to Murphy that the Excellence Act will "make an enormous contribution to expanding access to evidence-based community healthcare for children and adults with serious and persistent mental illnesses. This important measure will begin to reduce high hospital emergency room utilization among persons living with behavioral health conditions while easing the burden on hard-pressed law enforcement agencies in urban and rural areas. Perhaps most importantly, the Excellence Act demonstration will assist the Veterans Administration (VA) with serving the young men and women returning from Iraq and Afghanistan with service connected mental disorders including clinical depression and PTSD."

Our letter also thanked Murphy for his inclusion of the Behavioral Health IT Act, another National Council legislative priority. By allowing mental health and substance abuse treatment facilities to receive incentive payments for their use of electronic health records, the Behavioral Health IT Act will help improve care quality and the integration of behavioral and primary care services.

The bill, which spans nearly 140 pages, touches on many parts of the mental health system. Some of its provisions have been long supported by the National Council, such as:

- Authority for healthcare providers to bill Medicaid for mental health and primary care services provided to the same patient on the same day;

- Reauthorization of the Garrett Lee Smith Memorial Act, which funds suicide prevention activities within SAMHSA;

- Reauthorization of the Mentally Ill Offenders Treatment and Crime Reduction Act (MIOTCRA), which funds programs to support justice-involved individuals with mental health conditions;

- A provision strengthening the "six protected classes" language in Medicare Part D and extending mental health prescription drug protections to Medicaid.

Other portions of the bill have already generated controversy in the mental health field, including proposed changes to SAMHSA funding and program authorizations, changes to the Community Mental Health Block Grant, new requirements for states to provide assisted outpatient treatment (also known as involuntary outpatient commitment), and changes to the federal HIPAA privacy law.

The introduction of the bill is the first step in a long process of discussion, debate, and potential future hearings or votes. The National Council has expressed our desire to work with Congressman Murphy throughout the legislative process to ensure that the bill fully meets the needs of mental health consumers, family members, and providers.

TAMHO Member Organization Happenings

Remembering Psychiatric Healthcare Pioneer Dr. Nat T. Winston



An American Psychiatrist, Tennessee's former Commissioner of Mental Health, and a former candidate for Governor of Tennessee

Nat T. Winston Jr., Psychiatric healthcare pioneer. Nat Taylor Winston Jr (Dr. Nat) died peacefully Tuesday, December 31, 2013. A native of Johnson City, TN, he is the son of Nat Taylor Winston and Frances Naomi Colblantz.

He attended Science Hill High School serving as class president and graduating valedictorian before deploying to the Pacific Theater of WW2, where he commanded as an infantry officer. After serving the United States, he attended Vanderbilt University graduating Magna Cum Laude from Vanderbilt Medical School in 1953. He quickly gained success in the psychiatric field as the first Director of the Johnson City Mental Health Clinic and was later appointed the first Superintendent of Moccasin Bend Psychiatric Hospital, where his work gained national recognition placing Tennessee on the forefront of mental healthcare. Credited by Readers Digest to "spawning the birth of a quiet psychiatric revolution", he was appointed Commissioner of Mental Health for Tennessee by Gov. Frank Cimet and again under Gov. Buford Ellington. After a Republican bid for the 1974 gubernatorial seat, Dr. Nat entered the private sector founding American Psychiatric Hospitals, which later merged with Hospital Affiliates before being acquired by HCA. Dr. Nat continued in private healthcare by building and opening hospitals for sexually abused adolescents and serving as Medical Director for several companies and hospitals. In 2005, he was awarded the 'Beyond the Call' award for exceptional professional dedication to the Psychiatric Field and in 2006, he was presented the Dorothea Dix award for his outstanding contribution to Psychiatry.

Dr. Nat also gained national recognition as an entertainer and a banjo player earning a gold record for selling over one million copies of his successful 'How to Play' instructional record series. He was a sought after speaker across the country and was an avid traveler to the corners of the world. Dr. Nat had a true love of the Appalachian culture and is considered an expert and ambassador to the history, music, and people of Appalachia.

He is survived by his wife, Martha Casey Winston; sister, Amy Winston Holt (Fred) of Florence AL; daughter, Sarah Winston Cooper (Gary) of Rye England; sons, Nat T. Winston III, John H. Winston V (Kristen) and step son, Robert M. Schneider (Lee Ann). The family requests any memorial gifts be made to the Department of Appalachian Music Studies East Tennessee State University: PO Box 70721, Johnson City, TN 37614. Graveside service will be held at a later date.

Leadership Changes for Ridgeview in 2014

Robert J. Benning enters retirement / Brian Buuck promoted to CEO

Congratulations to Brian Buuck who has been promoted to Chief Executive Officer of Ridgeview in Oak Ridge, Tennessee. His promotion becomes effective January 1, 2014. Brian will assume his new responsibilities as Bob Benning retires at the end of December 2013 after 27 years of service to Ridgeview.



Bob Benning

Brian Buuck

In his position at Ridgeview as Chief Operating Officer for the past 10 years, Buuck was responsible for the day-to-day operations of Ridgeview's clinical and support programs and was instrumental in expanding Ridgeview's services through grants and networking with other area providers.

Buuck is credited with establishing the East Tennessee Crisis Intervention Team, which has trained more than 70 law enforcement officers from 8 counties and has been cited as one of the strongest CIT programs in Tennessee. Through his leadership, Ridgeview has partnered with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) on a "teletreatment" pilot project that provides substance abuse treatment services using "telehealth" technology to connect remote areas. This is the first and only program in Tennessee using this technology to conduct group therapy.

In addition to his work at Ridgeview, Buuck serves on the TDMHSAS State Planning and Policy Council and is currently chairman of the Region 2 Planning and Policy Council. He is also on the Tennessee Association of Mental Health Organizations (TAMHO) Board of Directors; TAMHO's Recovery and Resiliency Committee; the East Tennessee Mental Health Association Board of Directors; the Rural Appalachian Project Board of Directors; the Volunteer State Hospital Plan, Behavioral Health Advisory Board; and chairman of the East Tennessee Mental Health Association Public Policy Committee. He holds a bachelor's degree from the University of Louisiana, Lafayette, and a Master's in Social Work degree from the University of Tennessee. He is certified as a Licensed Clinical Social Worker.

Ridgeview Behavioral Health Services has provided mental health services in the area for over 57 years. The main administrative and clinical offices and adult acute inpatient hospital is located in Oak Ridge, with additional clinical sites in Campbell, Morgan, Roane and Scott counties. For additional information, call (865) 482-1076 or go online to ridgevw.com.

Tennessee Legislators Visit TAMHO Organizations

State Representative Johnny Shaw Visits Horizons — *Quinco Mental Health Center's Peer Support Program*

On Wednesday, December 4, Representative Johnny Shaw of Bolivar was an honored guest at the Horizons Center. He came in during our 'Good Morning!' session of motivational thinking, singing and exercise. Mr. Shaw enjoyed this activity and even applauded our group singing. He knows about the needs of our clients and in his position on the Mental Health Committee of the State Legislature, he can be a valued asset and supporter. We will be trying to help Mr. Shaw secure the support of other state representatives and senators as the legislative process continues in order to maintain funding for Horizons, Quinco's Peer Support Center.

We know the Center is meeting many of the needs of both our current clients and others that we hope to reach next year. We are providing training and support activities in an atmosphere of acceptance and mutual support. Many of our clients would be lonely and virtual prisoners of abode without the option of attending a vibrant and lively support Center. We provide healthy food, healthy activity, and healthy friendships. We are learning the more we do for others, the better off we become.

Staff of Professional Care Services of West Tennessee visit with Legislators — *Outreach and Education a key focus*

Staff from Professional Care Services of West TN recently visited with members of the TN General Assembly. The focus of these meetings was to educate the legislators about the importance of services provided at their organization and to discuss funding needed to maintain services to those in need.



Professional Care Services of West TN Staff
Meet with Senator Jim Kyle
(L-R) Jimmie Jackson, Senator Kyle, Becky
Hendrix, and David Cook



Professional Care Services of West TN Staff
Meet with Representative Debra Moody
(L-R) Paul Shaver, Rep. Moody, Becky Hendrix,
and Jimmie Jackson



Staff of Professional Care Services of West TN
and Carey Counseling Center Meet
with Representative Bill Sanderson

Graduate Psychology Education Programs Grant

Cherokee Health Systems (CHS) was recently awarded a three-year, \$372,000 Graduate Psychology Education (GPE) grant by the health Resources and Services Administration (HRSA). The grant supports a year-long internship experience working with underserved populations for Ph.D. candidates in Clinical Psychology. Cherokee's highly acclaimed Internship prepares psychologists, as well as other health professionals, to work as members of multi-disciplinary clinical teams.

"This grant is an acknowledgement of the excellent training programs developed and provided by our clinical staff," said Dr. Dennis Freeman, Cherokee's CEO. "We are certainly grateful for HRSA's investment in our program.

CHS currently employs 668 professional and support staff. Last year over 63,000 area residents received primary care and behavioral health care from Cherokee's professionals. CHS is a comprehensive health organization with 23 clinical offices spread throughout 13 counties in East Tennessee.



Sexual Assault Center of East Tennessee and Helen Ross McNabb Center Set to Strengthen Services Through Merger

Sexual Assault Center of East Tennessee and the Helen Ross McNabb Center are set to merge on Jan. 1.



SACET was founded in 1973 as the Knoxville Rape Crisis Center and remains one of two comprehensive, community sexual assault agencies in the state of Tennessee; serving 15 counties. The mission of the SACET is to provide excellent and compassionate services for victims and survivors of sexual assault and to empower communities through education and social change. SACET has four program areas, which include forensic nursing, advocacy, therapy and prevention education.

"The Sexual Assault Center of East Tennessee has a proud history serving and partnering with the East Tennessee community and is excited to bolster its quality services under the strong leadership of the Helen Ross McNabb Center," says Nathan Goodner, Board President for SACET. This merger will provide long-term sustainability

for the mission of the Sexual Assault Center of East Tennessee, consolidate costs for the community, and will help streamline services and partnerships in East Tennessee."

The Helen Ross McNabb Center provides crisis services for individuals experiencing domestic violence, substance abuse and/or psychiatric crises, and also provides emergency shelter for individuals in crisis situations. "Sexual Assault Center of East Tennessee's services align well with the Helen Ross McNabb Center's current crisis continuum of care," says Leann Human-Hilliard, HRMC Vice President of Clinical Services. "Merging operations will enhance crisis services in our community and strengthen our response to individuals who have been sexually assaulted and affected by trauma."

SACET will be recognized as a service of the Helen Ross McNabb Center. The ultimate goal of the merger is to increase and strengthen services for individuals and families during crisis situations and to seamlessly connect those individuals to quality support and after care services.

The Helen Ross McNabb Center is a premier not-for-profit provider of behavioral health services in East Tennessee. Since 1948, the Center has provided quality and compassionate care to children, adults and families experiencing mental illness, addiction and social challenges. As the Center begins its 65th year of providing services to communities in East Tennessee, its mission remains clear and simple; "Improving the lives of the people we serve." For more information, visit www.mcnabbcenter.org or call 865-637-9711.

Centerstone Looks to Heal Body and Mind with new Nashville Facility

Nonprofit mental health provider hopes to set standard in care

WRITTEN BY SHELLEY DUBOIS THE TENNESSEAN, EDITED

Centerstone, the nation's largest nonprofit mental health provider, will open a new state-of-the-art behavioral health facility in Nashville next month. But it's more than just a new building: Centerstone hopes to use it to break new ground in mental health research, finding novel ways to treat both physical and mental health that can be duplicated in centers around the country.

The new building is on a plot of land previously owned by the Junior League, off White Avenue in Berry Hill. Centerstone is calling the building and surrounding area the Dede Wallace Campus, after a prominent Nashville Junior League member.

Centerstone executives want to use Nashville's Dede Wallace Campus to bridge the gap between treatments for mind and body, bridging the capability to care for both under one roof.

That gap is a key issue when studying our nation's health care woes. In 2013, the Centers for Medicare & Medicaid Services released a report on collaborative care, explaining that while mental health disorders are common and costly, only 25 percent of patients with these issues receive proper treatment.



Centerstone is opening a behavioral health campus in Berry Hill. CEO Bob Vero stands on the outline of the old Home for Crippled Children, which was built by the women of Nashville's Junior League in 1923. / John Partipilo / The Tennessean

"Individuals with serious and persistent mental illnesses are more likely to be seen by specialty mental health providers, but they have limited access to effective medical care and high mortality rates, underscoring the need for better connections across primary care and mental health," the report says.

The building

Centerstone's new building is physically designed to enable that kind of connection. Patients can literally walk down the hall from a therapy room, for example, to its primary care treatment area. In 2013, Centerstone formed a joint venture with Unity Physician Partners to offer primary care in its behavioral health facilities across the country.

A nod to the past

The space also is a tribute, of sorts, to a piece of Nashville's health history. In the yard behind the building — located between homes, businesses and Highway 65 — is the outline for the old Home for Crippled Children, which was built by the women of Nashville's Junior League in 1923, only one year after the Nashville group was created.

At the time, "it wasn't common for women to lead companies and hold offices — we had just been given the right to vote," said Catherine Beemer, the president of Nashville's Junior League. And yet, "these were women who left their own homes to go care for children who were chronically ill."

Nashville's Junior League, still quite active, was a top donor for Centerstone's Dede Wallace Campus, which cost \$6 million.

As a nod to the League's history, Centerstone named its new facility after the late, prominent Nashville Junior League member Louise "Dede" Bullard Wallace, a Harpeth Hall alumna who was known for her passion about caring for people with mental health problems. The Junior League opened a facility to treat children

with mental illnesses on White Avenue in 1956. In 1970, that building was renamed for Dede Wallace.

The original structure remains on Centerstone's new, improved campus, which will treat people of all ages.

The campus is, in many ways, a Nashville-rooted project. But depending on its success, officials hope this type of design-driven facility will serve as a model for other health care providers. Centerstone, after all, has nearly 130 facilities throughout Indiana and Tennessee. According to the non-profit, it provides educational and mental health services to more than 75,000 people annually.

Centerstone and The H Group to Pursue Affiliation

Providers sign letter of intent to join forces, forming four-state organization dedicated to advancing the delivery of behavioral healthcare nationwide

Centerstone and The H Group, BBT, two leading behavioral healthcare organizations, have executed a letter of intent to pursue an affiliation. By joining forces, the non-profit organizations will combine their operations and expertise to advance behavioral healthcare across the nation.

"Centerstone and The H Group have similar visions for strengthening the delivery of behavioral healthcare," said David C. Guth, Jr., CEO of Centerstone. "We have complementary strengths and a shared dedication to clinical excellence. The H Group brings exceptional expertise in areas such as developmental disabilities and an innovative approach to business development. Providing care for individuals with intellectual and developmental disabilities represents a major expansion of the Centerstone mission and service offerings."

With the letter of intent signed by their respective Boards of Directors, Centerstone and The H Group will conduct a period of due diligence and negotiate the terms of a potential affiliation agreement. This process is expected to take 60-90 days. The agreement will then be subject to normal legal and regulatory reviews.

As part of the proposed agreement, The H Group would become part of Centerstone, forming two new organizations, Centerstone of Illinois and Centerstone of Kentucky. John G. Markley, CEO of The H Group would become CEO of both organizations.

"Our team is excited at the prospect of becoming part of Centerstone," said Markley. "The H Group and Centerstone are aligned on the opportunities and challenges that face our industry today. We each bring unique assets to this affiliation that will allow us enhance behavioral healthcare in our communities in ways that we could not separately. We look forward to exploring all of the potential this affiliation holds in the weeks to come."

Centerstone is one of the largest non-profit providers of community-based behavioral healthcare in the nation. In operation for nearly 60 years, it is comprised of subsidiary organizations including:

Centerstone of Tennessee and Centerstone of Indiana, which provide an array of mental health and substance abuse treatment services to more than 75,000 people annually;

Centerstone Research Institute, a unique organization specializing in improving healthcare through research and information technology;

Centerstone Military Services, which provides specialized services and support to military Americans and their loved ones;

Advantage Behavioral Health, which creates healthcare management solutions that improve access to services and advance patient care and outcomes; and

Centerstone Foundation, the organization's philanthropic arm.

Centerstone also operates Centerstone Health Partners, which has formed a joint venture with Unity Physician Partners to establish integrated care clinics that will serve the physical and behavioral healthcare needs of medically underserved patients.

The H Group is the largest behavioral healthcare provider in Southern Illinois, with a 50-year history of serving children, youth, adults and families through mental health counseling, substance abuse treatment, life skills enrichment programs and services for adults with developmental disabilities. This past year, nearly 9,000 clients received services from The H Group's Illinois service centers in Franklin, Jackson, Williamson counties and in Western Kentucky. With over 600 employees, The H Group is also one of the region's top employers.

"We see this affiliation as a great opportunity to combine our resources and knowledge to better meet the needs of people of all ages and expand access to innovative services and programs," added Guth. "This is an exciting development for our employees, clients and communities." If the affiliation is finalized, the combined Centerstone/H Group organization will have more than 146 locations in Illinois, Indiana, Kentucky and Tennessee and approximately \$160 million in annual revenues. It will employ more than 2,600 people and serve an estimated 84,000 individuals of all ages.



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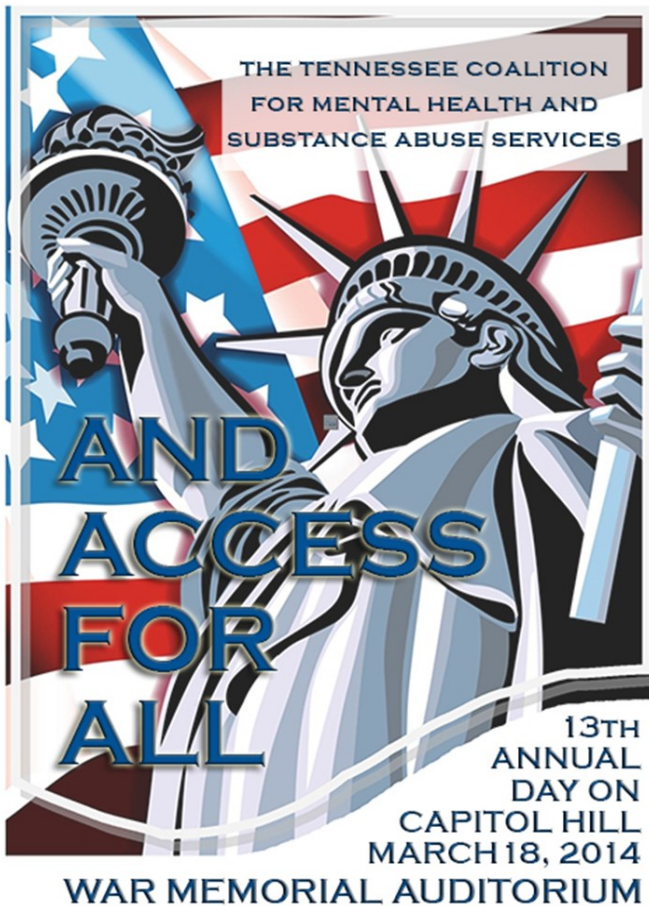
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