

Message from the Executive Director



Ellyn Wilbur
Executive Director
TAMHO

Advocacy. We often hear about the importance of advocacy in the human services world. I have heard it said recently that the political climate has become so divided that advocacy efforts are a waste of time. I have come to believe that when the system is divided, advocacy is more important than ever.

Throughout this issue you will find examples of how advocacy has recently changed the opinion or decision of policymakers. One such example is the continuation of Peer Support Center funding.

When it appeared that this funding would be cut from the Department of Mental Health and Substance Abuse Services budget, hundreds of individuals contacted their legislators to explain that Peer Support Centers are places where people work on their individual recovery with the support of others with lived experience. They explained that for 3,500 individuals that are served by a Peer Support Center each day, it is a place of hope and healing, and their lives would be negatively impacted without them. As a result, Peer Support Center funding was included in the Governor's Budget. We are hopeful that the General Assembly will keep the funding in place. There are two great recent examples of the impact of advocacy on the National stage. First, when it was proposed that certain categories of

medications that are used to treat individuals with mental health or substance use disorders would be stripped of their protected Medicare Part D status, meaning that certain medications would be not be covered for people with Medicare, more than 1,000 members of the mental health and addictions community contacted leaders in Congress. The Centers for Medicare and Medicaid Services decided not to proceed with their plan. And finally, the recent passage of the "Excellence in Mental Health Act" is a great example of the importance of advocacy. This Act would increase access to mental health and substance use services, while creating high standards for community services. After decades of funding cuts, this \$900 million infusion of funding will create demonstration sites in eight states. The passage of this Act comes after hundreds of advocates across the country have met with their Congressional representatives to make sure they understand the impact of this Act and the hope that comes with it.

We must make sure that our local and national policymakers understand what is at stake for people in need and that they hear about it directly from their constituents. When our system seems divided, the budget is insufficient, and the political mood is somber, we must remember that it is even more important than ever to advocate for what we know is important. It is our right and it is our responsibility.

TNCODC and TDMHSAS Partner in Conducting the 2014 Co-Occurring Disorders Symposium

Tennessee initiates the launch of a statewide integrated system of care

AUTHOR & CONTRIBUTOR:

Kenneth Minkoff, MD, ZiaPartners, Inc., San Rafael, California (Clinical Assistant Professor of Psychiatry at Harvard) [Consultant & Speaker: TNCODC/TDMHSAS 2014 Co-Occurring Disorders Symposium]



On April 1 (no fooling!), in Nashville during the 2014 Co-Occurring Disorders Symposium, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the Tennessee Co-occurring Disorders Collaborative (TNCODC), launched a process to develop an integrated system of care statewide.

For the past two years, TNCODC has been working across the state to provide education and increase awareness of the importance of addressing the needs of individuals, families, and communities with

any combination of mental health and substance use issues. As a result of the work of the Collaborative, and as a result of the success of the TAMHO data warehouse in providing more accurate information about the prevalence of co-occurring disorders, some important facts have emerged. First, individuals and families with co-occurring mental health and substance issues (who also commonly have health issues and a myriad of social problems such as legal, housing, parenting, and disability issues) are associated with poor outcomes and high costs, and therefore need to be a priority for system level attention. Second, not only are these individuals and families doing poorly, there are a lot of them; according to our data (which is probably under-reported) over 60% of individuals in either MH or SA services have a current or previous

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co-occurring issue. Based on this data, it is clear that it won't work just to develop a few special programs, or hire a few special clinicians. Over the past year, state leaders, MCOs, and provider leadership have recognized the need to develop a system wide approach to develop the capacity to deliver integrated services in ALL settings to meet the needs of these individuals and families.

For this reason, TNCODC in partnership with TDMHSAS arranged to bring in Dr. Ken Minkoff of ZiaPartners, Inc (also a Clinical Assistant Professor of Psychiatry at Harvard) to work with Tennessee to help design and implement a process for moving the system, within its existing resources, in the right direction. Dr. Minkoff, who is a national and international expert on integrated systems and services for individuals and families with co-occurring conditions of all kinds, has worked with his partner, Dr. Christie A. Cline, former Medical Director of BH services for the state of New Mexico, for 15 years in over 40 states, 7 Canadian provinces, and 3 Australian states to implement what they term the Comprehensive Continuous Integrated System of Care (CCISC). On March 31, Dr. Minkoff met with the TDMHSAS representatives and key stakeholder representatives from NAMI Tennessee, TAMHO, TAADAS, and TNCODC to collectively plan for an implementation framework, and then on April 1, Dr. Minkoff worked for an entire day with over 100 participating state leaders, MCO leaders, and behavioral health service providers (mental health, addictions, and prevention) located across Tennessee, to describe the CCISC approach, engage participants in conversation about whether they thought this process would fit Tennessee, and then to design the next steps of implementation if there was sufficient interest and engagement.

The meeting was led off with an inspiring speech by TDMHSAS Commissioner Doug Varney, indicating his support for the development of a system wide collaboration to provide welcoming and hope for the people who need us the most. Dr. Minkoff then presented the principles of CCISC and described the 12 Step Program of Recovery for the Tennessee system (and for each partner organization – MCOs, providers, programs) – in order to “change the world” in Tennessee, in order to develop a system that is designed at every level with every resource to be about the needs and hopes of the individuals and families with complex lives who are an “expectation not an exception”.

There was tremendous excitement from state leadership, MCO leaders, and providers of all different types, about the opportunity that the CCISC process presents for Tennessee. A resounding level of support from Commissioner Varney and his staff was echoed throughout the day. Dr. Minkoff walked the group through a “chartering” process to illustrate how large systems organize this type of system change as a quality improvement partnership, with change agents representing the voice of front line staff and service recipients throughout the system.

The next steps are to form a Steering Committee, or Action Team, to represent that partnership across the state, and to develop a specific plan for how to engage each region, and each provider to



Pictured left to right ...

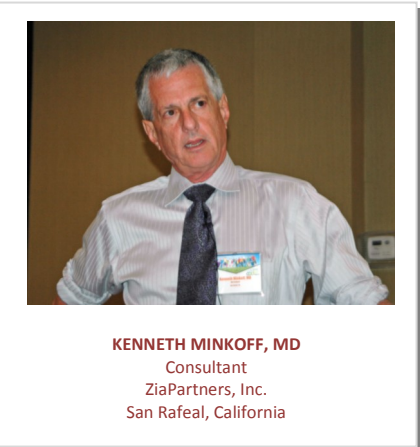
E. DOUGLAS VARNEY
Commissioner | Tennessee Department of Mental Health and Substance Abuse Services

ROD BRAGG
Assistant Commissioner, Substance Abuse Services | Tennessee Department of Mental Health and Substance Abuse Services

RANDY JESSEE, PhD
Chairperson | Tennessee Co-Occurring Disorders Collaborative

MARIE WILLIAMS
Deputy Commissioner | Tennessee Department of Mental Health and Substance Abuse Services

SEJAL WEST
(not pictured)
Assistant Commissioner, Mental Health Services | Tennessee Department of Mental Health and Substance Abuse Services



KENNETH MINKOFF, MD
Consultant
ZiaPartners, Inc.
San Rafeal, California



take steps to improve co-occurring capability (building on the work many providers have already begun), as well as to develop regional collaborative partnerships to share responsibility for local populations.

A planning group is being identified to work with Dr. Minkoff and Dr. Cline. This group will soon be forming will communicate next steps as they develop.

The most wonderful thing about the CCISC process is that it is designed NOT to burden service providers but to help each provider

agency and each program to be better organized within its existing resources to have more fun and more success working with the individuals and families with complexity who are already there, AND, at the same time, to help each agency become more successful in managing inspired complex change in general.

Stay tuned!! Exciting times ahead.

For more information, contact: info@tncodc.com or 615-244-2220 ext. 14 or toll free in TN 800-568-2642 ext. 14

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.

CHANGING THE WORLD IN TENNESSEE: WELCOMING, HOPEFUL, INTEGRATED SYSTEM OF CARE FOR PEOPLE WITH COMPLEX LIVES

The system of care must be designed to inspire the hope of recovery in people and families with complex lives, including both mental health and substance use conditions. Services must be integrated, and designed to treat the *whole* person or family. **Integrated treatment** reduces the risk of poor outcomes, high cost, and early death.

Individuals and families with any combination of mental health and substance issues are so common that we say **co-occurring is an expectation, not an exception**. For that reason, we have to build **recovery-oriented co-occurring capability** in an organized manner for every program, and **recovery-oriented co-occurring competency** for every person providing help in the entire system of care.

To achieve this objective, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Tennessee Co-Occurring Disorders Collaborative (TNCODC) have recognized, and embraced the **Comprehensive, Continuous, Integrated System of Care (CCISC) Model**, adapting the principles outlined by Dr.'s Ken Minkoff and Christie Cline. These principles define the core integrated interventions for each client, and the job of each program to provide matched services to its cohort of clients in the system of care.

Principles of Comprehensive, Continuous, Integrated Systems of Care (CCISC)

Minkoff K, Cline CA, Psychiatric Clinics of North America, December 2004 (Vol. 27, Issue 4, Pages 727-743)

1. Co-occurring conditions are an expectation, not an exception, and should be included in a **welcoming** manner in every clinical contact.
2. The core of treatment success in any setting is the availability of **empathic, hopeful, integrated, strength-based relationships** over multiple treatment episodes.
3. **All people with co-occurring conditions are not the same**. Each program works with its own population, and helps others with their populations, so more people get what they need in a single door.
4. When multiple conditions are present, **each disorder or condition must be considered primary**, and **integrated multiple primary treatment** is needed.
5. **Recovery is a process** in which intervention for each condition must be **matched to phase of recovery and stage of change**.
6. **Progress occurs through adequately supported, adequately rewarded skill based learning for each condition**.
7. There is no **SINGLE** correct intervention or program; **interventions and outcomes must be matched according to the principles**.
8. In CCISC, **all programs, policies, procedures, and paperwork are designed in accordance with these principles**.

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.

April	
Date	Event Details
1	2014 Co-Occurring Disorders Symposium Hotel Preston Nashville
24	TAMHO Compliance Training The Meeting Center, TSCPA Brentwood (TAMHO members only)
May	
Date	Event Details
19	Enhancing Mental Health Disaster Preparedness Doubletree Hotel Oak Ridge
June	
Date	Event Details
3	Enhancing Mental Health Disaster Preparedness Doubletree Hotel Jackson
25	Enhancing Mental Health Disaster Preparedness Doubletree Hotel Murfreesboro

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

TAMHO Advocacy Days

TAMHO Advocacy Days were held over the course of several weeks in March 2014. Our members stepped up their efforts to educate legislators about the behavioral health system and what is needed to maintain a high quality delivery system for individuals with mental illness or substance use disorders.

More than 135 visits were made with individual legislative offices during March. TAMHO key legislative talking points included:

Opposing the 1% TennCare Reimbursement Reduction for Providers — Behavioral health providers have not had a reimbursement rate increase in more than a decade. Any rate reduction will further stress the fragile provider network and negatively impact access to needed services.

Supporting Continued Funding for Peer Support Centers — TAMHO supports Governor Haslam's FY 2014-2015 budget which continues funding for 45 Peer Support Centers. Peer Support Centers provide services where adults diagnosed with a severe mental illness develop their own recovery programs to supplement their existing mental health services. They do this with the support of Certified Peer Recovery Specialists who have walked in those same shoes. Peer Support Centers provide jobs for people who have learned valuable skills in the process of recovery and peer support staff model re-engaging in the workforce.

Supporting HB1495 (Williams) / SB 1782 (Crowe) — This bill will allow a Community Mental Health Center (as defined in Title 33) to employ physicians other than radiologist, anesthesiologist, pathologists and emergency room physicians (the same professions exempted from the hospital corporate practice statute). Best practices today recognize that treating the person as a whole is both clinically preferred and cost efficient. The brain cannot be treated without recognizing other medical influences that may contribute to behavioral health issues or vice versa. For individuals with several mental illnesses or addictions, the community mental health center is their safe place, and the place that they go to receive treatment. The center wants to be sure that they will be in a position to provide that care to their client base ensuring that the whole person is being treated.

Supporting HB1895 (Keisling) / SB2050 (Overbey) — This bill requires insurance companies to reimburse healthcare providers for Telehealth services that are performed as long as it is an eligible service under the individual's existing health insurance plan. Telehealth—including telepsychiatry and teletherapy—is essential to the behavioral health community. Not only is there a lack of physicians including child psychiatrists, but in addition, rural communities have an especially difficult time recruiting and keeping a strong workforce.

Supporting SB 1260 (Crowe) HB 1105 (Hill) — This bill establishes a two-year pilot project for the purposes of developing a model that can be replicated by Local Education Agencies (LEAs) statewide to deliver comprehensive school safety and mental health services. We know that school safety is enhanced when there is access to behavioral health services in school. This is where early identification and intervention can take place before problems escalate.

Supporting the Tennessee Plan as Envisioned by Governor Haslam — TAMHO supports the Tennessee Plan as outlined by Governor Haslam which would provide health insurance and access to treatment to the approximately 175,000 Tennesseans who currently fall in the uninsured gap. As behavioral health providers, we know what is effective to help individuals recover, but they must have access to the treatment that is available. Having insurance coverage will help people access treatment earlier, which will improve their health status, help them manage their illness better, and provide protection from a catastrophic health condition.

In addition, the Tennessee Plan will:

- Provide more than \$1 billion (\$1,000,000,000) in federal dollars each year to pay for health care coverage for our lowest-income citizens.
- Keep Tennesseans' federal taxes in Tennessee, ensuring that money earmarked for Tennessee will benefit our people and our businesses.
- Generate tens of thousands of jobs statewide and will result in economic growth and increased state and local tax revenue.
- Reduce the amount of money healthcare providers and state and local governments lose when they provide care to uninsured patients. This will reduce cost shifting and will lower costs for everyone.
- Protect hospitals from the loss of federal funds, preventing the closure of many hospitals, particularly in rural areas, and protect the communities they serve.

Tennessee Coalition for Mental Health and Substance Abuse Services Day on Capitol Hill

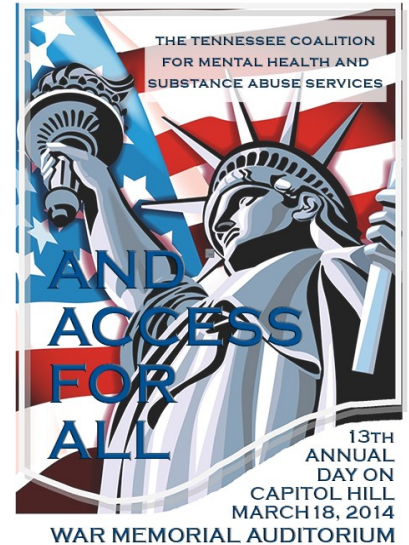
On March 18, 2014, more than 375 people attended the Tennessee Coalition for Mental Health and Substance Abuse Services 13th Annual Day on Capitol Hill. This annual event is anticipated by many advocates and stakeholders from across the state of TN and is a wonderful opportunity to remind our elected officials of the importance of mental health and substance use disorders.

The theme of the event this year was “Access for All”. The program began with remarks by our talented emcee, Bill Fondren from WGN Talk Radio. He introduced distinguished guests, Speaker of the House Beth Harwell, Lt. Governor Ron Ramsey, Minority Leader Craig Fitzhugh, and Commissioner of the Department of Mental Health and Substance Abuse Services, Doug Varney. Following their comments, Beth Uselton, Director of Get Covered TN with Baptist Healing Trust, and Bill Leech, Health Care Reform Analyst with Cumberland Heights, gave presentations on health care reform and mental health parity. There were powerful personal testimonials by Marjorie Diefenbach and Angelina Brettner.

Anthony Fox, Director of the Tennessee Mental Health Consumers Association presented Bob Benning with a plaque in appreciation of his contributions in chairing the Coalition for many years.

Sita Diehl, NAMI Director of State Policy and Advocacy, organized several table top legislative training sessions to help participants prepare for their legislative visits that took place later in the day.

The day was a great example of the importance of grass roots advocacy. To have 375 people join together as a group supporting the needs of individuals with mental health or substance use issues delivers a very important message to our elected officials.



COALITION MEMBER ORGANIZATIONS

- AIM Center
- Alliance Health Services
- Centerstone
- Disability Law & Advocacy Center of Tennessee
- Fortwood Center
- Frontier Health
- Lowenstein House
- Mental Health America of Middle Tennessee
- Mental Health Association of East Tennessee
- Mental Health Cooperative, Inc.
- Memphis & Shelby County Mental Health Summit
- National Alliance on Mental Illness – Davidson Co.
- National Alliance on Mental Illness–Tennessee
- National Association of Social Workers Tennessee Chapter
- Park Center
- Quinco Mental Health Center
- Ridgeview
- Tennessee Association of Alcohol, Drug and Other Addiction Services, Inc
- Tennessee Association of Mental Health Organizations
- Tennessee Commission on Aging and Disability
- Tennessee Commission on Children and Youth
- Tennessee Conference on Social Welfare
- Tennessee Hospital Association
- Tennessee Licensed Professional Counselors Association
- Tennessee Mental Health Consumers’ Association
- Tennessee Psychiatric Association
- Tennessee Suicide Prevention Network
- Tennessee Voices for Children, Federation of Families
- Volunteer Behavioral Health Care System

Art for Awareness Project

Approximately 100 artists from across Tennessee gathered in Nashville on Tuesday, March 18, 2014 for the 9th annual celebration of Art for Awareness and the important role of the arts in mental health and addiction recovery.

Art for Awareness is sponsored by HAPI and the Tennessee Department of Mental Health and Substance Abuse Services. Each artist brought an original artwork that will be exhibited in Legislative Plaza during April and May 2014.

Each picture in the exhibit in Legislative Plaza includes a card identifying the artist with their artist statement for all to read and understand what art means to artists in recovery.



Statewide Happenings

TennCare Redesigns Community-Based Services for Children and Youth

TennCare, in partnership with Amerigroup, BlueCare Tennessee and UnitedHealthcare, has announced applications for a pilot program for the newly designed Mental Health Community-Based Services for Children and Youth. This design includes Mental Health Care Coordination and Home-Based Treatment. The redesign is a team-based approach that promotes System of Care philosophy. Some treatment goals include decreasing emergency room utilization, crisis services usage, court and DCS involvement, dysfunctional behaviors, and adverse childhood experiences. The hope is that there will be an increase in family preservation, positive school performance, resiliency and recovery, solid parenting skills and collaboration among formal and informal service providers. The pilot will begin in middle Tennessee with providers from urban and rural areas. The plan is to learn about successes and barriers and make any necessary adjustments before implementing the redesigned model in other areas.

Announcement of Funding Regarding Mobile Crisis

Services for Children and Youth

The Department of Mental Health and Substance Abuse Services released an Announcement of Funding for Mobile Crisis Services for Children and Youth. Applications were due on February 28th, 2014. Announcements are expected to be made on April 17th, 2014 with implementation in the 2014-2015 Fiscal Year. The state is moving toward services being rendered regionally where providers have relationships with traditional and nontraditional community supports to best meet the needs of children and their families. In addition, multiple provider contracts will allow the state to compare and benchmark specific outcome measures for quality improvement efforts.

National Happenings

Congress Approves 1-Year Delay to ICD-10

A little-noticed provision in the Medicare physician pay fix passed by Congress this week will delay for one year the implementation of ICD-10. Under the new rules, providers will not be required to adopt ICD-10 until October 1, 2015.



Previously, the move to the new coding system was set for this fall. Provider groups and hospitals have spent large sums preparing for the transition and training staff to use the new system, but some – particularly smaller organizations – were struggling to meet the upcoming 2014 deadline.

Now, the one-year delay leaves the healthcare field seeking clarification from the Centers for Medicare and Medicaid Services. Provider organizations that would have been ready to adopt ICD-10 in October wonder whether they can voluntarily begin using ICD-10 before 2015. Some analysts have even raised the question of whether CMS might ditch ICD-10 altogether and wait for ICD-11, which will be issued in 2017.

Medicare to Roll Back Part D Drug Restrictions

The National Council has just received word that the Centers for Medicare and Medicaid Services (CMS) is abandoning its recent proposal to strip mental health drugs and immunosuppressants of their protected status in Medicare.



CMS said its decision came in response to massive vocal pushback from healthcare consumers, advocates, and congressional leaders.

Congratulations - your efforts paid off!

Members of the National Council and the Partnership for Part D Access submitted well over 1,000 comments to CMS opposing the drug restrictions. Grassroots advocacy is one of the most powerful ways to influence public policy - and your efforts have once again demonstrated our collective strength.

Thank you for your hard work! I hope you will take a moment today to celebrate this success. You deserve it.

National Council Applauds Inclusion of Excellence Act In Medicare “Doc Fix”

\$900 Million Dedicated to Mental Health Services

Congressional negotiators released a final Medicare SGR Repeal bill that includes \$900 million to fund the bipartisan Excellence in Mental Health Act. The Excellence Act, sponsored by Senators Stabenow (D-MI) and Blunt (R-MO) along with Representatives Matsui (D-CA) and Lance (R-NJ), would improve quality and expand access to mental health care and substance use treatment through community behavioral health clinics. The legislation would establish a two year demonstration program in eight states to offer a broad range of mental health and substance abuse services like 24-hour crisis psychiatric services while setting new high standards for providers. The legislation now moves to both chambers for consideration.

“After decades of devastating state and federal budget cuts, the time has come to reinvest in mental health and substance abuse services. The Excellence Act does just that.” said Linda Rosenberg, President and CEO of the National Council for Behavioral Health. “As many as 240,000 people will be able to receive critical mental and behavioral health services as a result of Excellence Act funding. When people receive the quality mental health and substance abuse services they need, the benefits of treatment extend far beyond the individual – to their families, their professional colleagues and their community at large. We are all better off when quality mental health and substance abuse services are available. This is an historic day and it would not have been possible without the tireless work of Senator Debbie Stabenow and the bill’s bipartisan sponsors.”

The National Council for Behavioral Health has long been a champion of the Excellence Act, which expands access to evidenced-based community health care for children and adults with serious and persistent mental illnesses. If enacted, the legislation will 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. Additionally, 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.

Heather Cobb 202 684-7457 ext. 277 heatherc@thenationalcouncil.org

The National Council for Behavioral Health is the unifying voice of America's community mental health and addictions treatment organizations. Together with their 2,000 member organizations, they serve our nation's most vulnerable citizens — the more than 8 million adults and children living with mental illnesses and addiction disorders. They are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. The National Council pioneered Mental Health First Aid in the U.S. and has trained nearly 150,000 individuals to connect youth and adults in need to mental health and addictions care in their communities. Learn more at www.TheNationalCouncil.org.

House Passes Medicare Bill Including Excellence Act

The House voted to pass a compromise Medicare physician payment bill (H.R. 4302) that includes an 8-state demonstration program based on the bipartisan Excellence in Mental Health Act. The bill will now move to the Senate for consideration.

The Excellence Act, sponsored by Senators Debbie Stabenow (D-MI) and Roy Blunt (R-MO) along with Representatives Doris Matsui (D-CA) and Leonard Lance (R-NJ), would improve quality and expand access to substance use treatment and mental health care through community behavioral health clinics. The legislation would establish a two year demonstration program in eight states to offer a broad range of substance abuse and mental health services like 24-hour crisis psychiatric services while setting new high standards for providers. The eight states would be identified through a selection process to be defined in future rulemaking.

HHS Releases Security Risk Assessment Tool to Help Providers with HIPAA Compliance

A new security risk assessment (SRA) tool to help guide health care providers in small to medium sized offices conduct risk assessments of their organizations is now available from HHS.

The SRA tool is the result of a collaborative effort by the HHS Office of the National Coordinator for Health Information Technology (ONC) and Office for Civil Rights (OCR). The tool is designed to help practices conduct and document a risk assessment in a thorough, organized fashion at their own pace by allowing them to assess the information security risks in their organizations under the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. The application, available for downloading at www.HealthIT.gov/security-risk-assessment also produces a report that can be provided to auditors.

HIPAA requires organizations that handle protected health information to regularly review the administrative, physical and technical safeguards they have in place to protect the security of the information. By conducting these risk assessments, health care providers can uncover potential weaknesses in their security policies, processes and systems. Risk assessments also help providers address vulnerabilities, potentially preventing health data breaches or other adverse security events. A vigorous risk assessment process supports improved security of patient health data.

Conducting a security risk assessment is a key requirement of the HIPAA Security Rule and a core requirement for providers seeking payment through the Medicare and Medicaid EHR Incentive Program, commonly known as the Meaningful Use Program.



We Need You in our Courage Beyond Network of Mental Health Providers

What is Courage Beyond?

Courage Beyond is a community for those facing post-traumatic stress disorder and other invisible wounds of military service. We serve military Americans and their families, ensuring that service men and women and their loved ones have access to the resources and support they need to live a healthy and fulfilling life.

What does Courage Beyond Provide?

Courage Beyond offers up to 12 individual and/or family counseling services for our military and their families across Tennessee with licensed clinical therapists trained in military culture when families do not have access to or do not want to use their military benefits.

Will I get paid for my services?

Yes! Through the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Courage Beyond has received state appropriation dollars for our Tennesseans. Courage Beyond offers \$100 for the first 4 sessions, \$90 with a \$10 co-pay for the 2nd 4 sessions, and \$80 for the final 4 sessions with a \$20 co-pay. Additional sessions may be authorized if the service recipient meets medical necessity.

What if I am not trained in military culture?

Courage Beyond will provide training for you.

How will I get referrals?

You can refer a person you are already seeing that may be having difficulty paying or has dropped out of services because they cannot pay.

OR Courage Beyond will refer potential service recipients who contact Courage Beyond.

How do I become part of your network if am a facility or an individual provider?

Contact Kathy Campbell at Kathy.campbell@advantagebehavioral.org to learn more today!

For more information about all of Courage Beyond's services, call 888.497.0379 or visit www.CourageBeyond.org.



"Protecting patients' protected health information is important to all health care providers and the new tool we are releasing today will help them assess the security of their organizations," said Karen DeSalvo, M.D., national coordinator for health information technology. "The SRA tool and its additional resources have been designed to help health care providers conduct a risk assessment to support better security for patient health data."

"We are pleased to have collaborated with the ONC on this project," said Susan McAndrew, deputy director of OCR's Division of Health Information Privacy. "We believe this tool will greatly assist providers in performing a risk assessment to meet their obligations under the HIPAA Security Rule."

The SRA tool's website contains a User Guide and Tutorial video to help providers begin using the tool. Videos on risk analysis and contingency planning are available at the website to provide further context.

The tool is available for both Windows operating systems and iOS iPads. Download the Windows version at <http://www.HealthIT.gov/security-risk-assessment>. The iOS iPad version is available from the Apple App Store (search under "HHS SRA tool").

The ONC is committed to improving the SRA tool in future update cycles, and is requesting that users provide feedback. Public comments on the SRA tool will be accepted at <http://www.HealthIT.gov/security-risk-assessment> until June 2, 2014.

Conrad N. Hilton Foundation Awards National Council \$1.3M to Address Early Intervention for Substance Use

Grant supports up to 30 behavioral health organizations to adopt SBIRT, motivational interviewing for youth

The National Council for Behavioral Health (National Council) received a \$1.3 million grant from the Conrad N. Hilton Foundation to implement screening for substance use in community behavioral health centers.

The grant will support the implementation of screening, brief intervention and referral to

treatment (SBIRT), an evidence-based practice, for youth in up to 30 community behavioral health organizations throughout the country. The project will also address how Medicaid, through its Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate, can pay for SBIRT services.

"Youth with mental illnesses are at high risk for developing a substance use disorder, and behavioral health providers must take every opportunity to address these concerns," said Linda Rosenberg, President and CEO of the National Council for Behavioral Health (National Council). "This significant investment in early intervention will help many youth grow into healthy adults."

Mental health and substance use treatment organizations that serve youth will implement the initiative and seek state reimbursement. Sites will develop workflows for the screening to treatment process, including identifying where and how screening will be implemented within the agency, what screening tool will be used, and how information will be collected.

"Despite a strong evidence base, the use of SBIRT is still limited among the organizations that have contact with youth most at risk for developing substance use disorders," continues Rosenberg. "Addressing substance use during this critical time is an important investment into reducing the costly impact of addictions in our society."

The National Council will select participating organizations through a competitive application process beginning this spring, and participants will be announced in the summer.

Contact: HeatherC@TheNationalCouncil.org or 202.684.7457

Tobacco Cessation

Did you know that people with mental illnesses and addictions can die decades earlier than the general population — and smoking is a major contributor?

About 50% of people with mental illnesses and addictions smoke, compared to 23% of the general population.

People with mental illnesses and addictions smoke half of all cigarettes produced, and are only half as likely as other smokers to quit.

Smoking-related illnesses cause half of all deaths among people with behavioral health disorders.

30-35% of the behavioral healthcare workforce smokes (versus only 1.7% of primary care physicians)

What Can You Do to Decrease or Prevent Tobacco Use Among People with Mental Illnesses and Addictions?

Access the resources available through the CDC National Behavioral Health Network for Tobacco & Cancer Control operated by the National Council for Behavioral Health.

Read our issue of eSolutions on Smoking Cessation, which discusses facts about smoking and shares useful resources.

Download **DIMENSIONS: Tobacco Free Toolkit for Healthcare Provider**, which contains information and step-by-step instructions on tobacco cessation education, client engagement, assessing readiness to quit, and treatment information. Also check out the behavioral health-specific supplement.

Read Linda Rosenberg's letter to the field, **A Shared Struggle with Tobacco Addiction**, and learn

about the National Council's commitment to supporting tobacco control and prevention efforts. Bookmark **BeTobaccoFree** for some of the best information on the health effects of tobacco, quitting smoking, and more.

Subscribe to the CDC's **Tobacco Free Press** for valuable tobacco-related news and resources.

Order or download the CDC's **free brochures and posters**.

Download **Tobacco Cessation for Persons with Mental Illnesses: A Toolkit for Mental Health Providers** for information on how to help those you serve quit smoking.

Learn how to create a smoke-free setting in **Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery**.

Learn the right billing codes for tobacco cessation in the **American Society of Family Physicians' reimbursement code chart**.

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

2014 Schedule

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

TAMHO Member Organization Happenings

Sullivan County Prevention Team Receives Community Impact Award

Inaugural Award for Tennessee Certification Board

REPRINT — Impressions in Behavioral Health Care—A Publication of Frontier Health | Fall/Winter 2013

The first ever Community Impact Award given by the Tennessee Certification Board was awarded to Frontier Health's Prevention Team, based out of Holston Children and Youth Services, to honor them for their dedication to helping their communities.



Jill White receives the award from board member Diane Berty, Tennessee Certification Board

"Prevention professionals are working throughout communities in the state-partnering with parents, community groups, coalitions, faith-based organizations, health care professionals, law enforcement, businesses and educators-to make a difference."

The Holston C&Y Prevention Team includes Frontier Health staff Amanda Beach, Michael Gibson, Johnny Love and Jill White. The supervisory team includes Senior Vice President of Tennessee Children's Services Kathy Benedetto, SPE, LPC, LMFT; Tim Perry, LPC-MHSP; Paula Holloway, LMFT; and Melissa Birdwell, LCSW.

Frontier Health programs held during and after school address alcohol and drug prevention, life lessons, conflict resolution and other issues. Providing services close to home is vital to meeting needs. The primary focus is middle school aged children due to their unique challenges in development and life, with involvement from parents and caregivers.

Recently many of the programs were expanded at school systems' requests including adding the

"Prevention is one of the greatest public health challenges of our time," according to the Tennessee Certification Board, "and its success depends on a workforce of qualified professionals trained in evidence-based practices.

Hawkins County Alternative school, the Hancock County summer sports camps and Bristol summer programs at the YMCA. Sullivan County Prevention staff are also now part of the School Safety Task Force.

Helen Ross McNabb Center CEO, Andy Black, Announces Retirement

Welcomes Jerry Vagnier as Successor

Helen Ross McNabb Center's CEO, Andy Black, announced his plans to retire, effective June 30.

In turn, the Center's Board of Directors voted to name Jerry Vagnier as the Center's new CEO. Jerry has been serving as President since 2013 and will now assume the additional responsibilities of CEO, effective July 1, 2014. Black will remain close to the organization in an advisory role.

Black has served as CEO since 2003 and began his career at the Helen Ross McNabb Center in 1986 as the Director of Development. In 2003 when Black was named CEO, the Center served approximately 7,000 children and adults. Last year, the Center served approximately 20,000 individuals in 21 East Tennessee counties.

During his tenure with the Helen Ross McNabb Center, Andy Black has increased access to affordable, quality health care for thousands of East Tennesseans facing mental health, addiction and social challenges. He has led the charge to expand access to care in rural communities and has built out continuums of service that help those in our communities with the greatest needs and the least resources. Most recently, Black oversaw mergers with organizations like Child & Family Tennessee, Fortwood Center of Chattanooga, Youth Emergency Shelter of Morristown and the Sexual Assault Center of East Tennessee.

Black has raised more than \$20 million on behalf of the Helen Ross McNabb Foundation, establishing a legacy, which will ensure the sustainability of services long into the future. Black's fiscal conservative leadership has allowed the Center to direct its resources towards providing quality services to individuals in East Tennessee.

"Andy Black's goal has never been to lead the biggest behavioral

health care provider in our region but the best, to provide excellent care and practice true compassion, thus fulfilling the Center's mission of improving lives," shares Susan Conway, Helen Ross McNabb Center Board Chair.

Jerry Vagnier has been with the Helen Ross McNabb Center for 26 years, starting as a social worker, providing direct care to children and adolescents. He has since held a number of clinical management positions before moving into administrative roles. "As Vice President of Operations and more recently as President, Jerry Vagnier has also been an integral part of the Center's programmatic and geographic growth, is ready to take the helm, and will provide great leadership for the future," Susan Conway, states.

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 celebrates 65 years 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 Receives \$200,000 Grant from BlueCross BlueShield of Tennessee Health Foundation

Funding will provide Crisis Follow-Up Services for Individuals at High Risk for Suicide

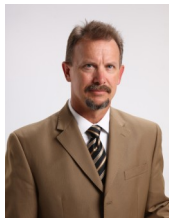
Centerstone, one of the nation's largest not-for-profit providers of community-based mental health and addiction services, has received a \$200,000 grant from the BlueCross BlueShield of Tennessee Health

Foundation to expand Centerstone's current crisis services. Funding will create the "Crisis Services High-Risk Follow-Up Project," an extended outreach service to assist people in suicidal crisis by improving access to life-saving support, resources and treatment.

Callers accessing Centerstone's current 24-hour crisis line (800-681-7444), who are assessed as being at high risk for suicide, will receive follow-up calls for continued risk assessment and follow-up plan development. Ongoing check-ins will occur within 24 hours of the original call and subsequent check-ins at seven days, 14 days and 30 days, based on acuity and need of the caller. Similar outreach will be



Andy Black
Chief Executive Officer
Helen Ross McNabb Center



Jerry Vagnier
President
Helen Ross McNabb Center



available for individuals hospitalized after receiving referral from one of Centerstone's Crisis Services professionals and veterans who are at high-risk for acute psychiatric crises.

"Follow-up services and community collaboration are equally integral to preventing hospitalizations and suicide. Isolation is the enemy of those at acute risk for suicide," said Becky Stoll, Centerstone's Vice President for Crisis Services. "The depth and breadth of support can, literally, be a life saver."

"Cost is the number one reason people with mental illness forego treatment," said Dawn Weber, Manager, Community Relations and Foundations. "We're proud to support Centerstone and its efforts to provide not just initial treatment but the essential follow-up services necessary to ensure the well-being of the Nashville community."

This project will include collaboration among parties in both behavioral health and healthcare communities aimed at assisting clients at-risk for suicide by providing cost-effective, life-saving alternatives to hospitalization, such as safety plan development and ongoing support for linkage to effective community mental health services and other needed resources.

The "Crisis Services High-Risk Follow-Up Project" is an extension of Centerstone's overarching suicide prevention initiative. Centerstone's goal is to reduce symptoms while promoting recovery. It is anticipated that this project will show, through research and analysis, a reduction in the need for crisis services and hospitalizations, and most importantly, help in the organization's goal to decrease suicides among its clients to zero.

For more information about Centerstone or its Crisis Services, please visit www.centerstone.org or call our initial appointments line at 888-291-4357.

Grant Provides Housing for Homeless Veterans

REPRINT — The Tennessean | February 1, 2014

While temperatures are finally beginning to moderate, a hovering Arctic air mass recently kept mercury readings in Middle Tennessee well below the freezing mark, with many areas seeing single-digit temperatures for several days.

While many of us were mostly concerned about frozen pipes, stalled cars and several other inconveniences associated with or caused by the weather, I would suggest our first concern should be for those who find themselves without shelter and exposed to these deadly winter elements day in and day out.

Please don't misunderstand. This is not a Nashville problem, but rather it is one of regional concern.

Today and tonight there will be homeless people sleeping beneath bridges and in back alleys. They will huddle in junk cars in Lebanon, Murfreesboro, Franklin, Dickson and all across Middle Tennessee.

A great number of those who are homeless in Tennessee - and for that matter throughout the nation - are veterans. They are men and women of varying ages who served our country in uniform during peace and war. And, frankly, they deserve better.

Their lives should not be at risk because they don't have the means to provide themselves with adequate shelter.

The Volunteer Behavioral Health Care System can help many veterans who are homeless in this region, but to do so, we need your help, too. VBHCS, a nonprofit agency based in Murfreesboro with centers of service throughout Middle Tennessee, has been awarded a grant to provide permanent housing to veterans who are homeless.

Our challenge is to spread the word and to make it known to this demographic that help is available and we, VBHCS, are ready to provide the necessary assistance.

In the very near future, we plan to launch an awareness campaign in which we will rely on area media and a very special relationship with country music's Charlie Daniels and his organization headed by David Corlew, a past president of the Academy of Country Music and a person who has a driving passion to help America's veterans.

While their efforts will be significantly meaningful in the days ahead, my heart today is filled with "what can we do now."

Please help us disseminate this important message. We have money available right now to get homeless veterans off the streets, out of the cold and into acceptable, safe and protected permanent shelter.

If you know of a veteran who is homeless and in need of housing or of an agency that may help identify and direct veterans to this assistance, please do not hesitate to contact our offices.

Your attention to this effort may very well be a life-saver for someone most deserving.

Chris Wyre is CEO of the Volunteer Behavioral Health Care System, a nonprofit with headquarters in Murfreesboro. It serves 31 counties in Tennessee as a leading mental health provider. Wyre is president-elect of the Tennessee Association of Mental Health Organizations; cwyre@vbhcs.org



Chris Wyre
Chief Executive Officer
Volunteer Behavioral
Health System

Governor Haslam Announces Revisions to State Budget

Amended budget reflects continued decline in revenue collections

Press Release from the Office of Gov. Bill Haslam, April 1, 2014:

Tennessee Gov. Bill Haslam announced details of his proposed amendment to the FY 2014-2015 budget, identifying \$160 million in reductions due to an ongoing decline in revenue collections and an additional \$150 million to close the funding gap in the current budget for FY 2013-14.

While the budget amendment includes reductions, it keeps funding increases intact for key areas such as the Department of Children's Services and the Department of Intellectual and Developmental Disabilities. The amendment proposal also preserves funding for the Basic Education Program's (BEP) salary equity fund.

"Tennessee's economy continues to be strong even as revenue collections have come in under estimates," Haslam said.

"Tennessee businesses are performing well and continue to make decisions to create more jobs here. What we're seeing is a drop in business tax collections, which is a result of the reconciliation of overpayments that were made in the past.

"Our state also depends heavily on sales tax, and because so much commerce has shifted online without us being able to collect a majority of the taxes owed, that continues to have a negative impact on our budget year in and year out."

The revenue collection decreases reflected in the budget amendment include a dip in sales tax collections after a modest holiday season, followed by a long, cold winter that has kept shoppers indoors.

In addition, Tennessee is currently not able to collect the entire amount of sales tax owed to the state from purchases made online. In FY 2012-2013, the state had an estimated revenue loss of nearly \$332 million due to online commerce.

Franchise and excise taxes, a type of business tax, are often volatile and are down \$215 million due to overpayments by businesses last year that are now resulting in credits and refunds.

Revisions to the governor's budget proposal include:

- Savings from automating TennCare's eligibility system – \$6.5 million
- Contract reductions to Families First vendors – \$4.75 million
- TennCare provider rate reduction – \$18.5 million
- Eliminating pay increases for state employees and teachers – \$72 million
- Reducing next year's funding for Higher Education to the current funding level, eliminating proposed increase – \$12.9 million
- Reduction of the BEP Growth Fund – \$5 million
- Recognizing savings in the Career Ladder program – \$4 million
- Reducing proposed funding for the Rainy Day Fund by \$4.8 million, which preserves an investment of \$35.5 million bringing the state's savings account to \$491.5 million on June 30, 2015.

The governor's amendment eliminates a proposed increase to health insurance premiums for state employees and teachers to provide them some compensation.

Haslam presented his original budget proposal, SB 2596/HB 2501, on February 3. It was based on revenue collections from November 2013 and was put together in mid-December when Tennessee budgets are historically done.

The \$150 million gap in the current FY 2013-14 budget will be closed by capitalizing on efficiencies departments have been making throughout the year and by right-sizing several reserve funds. Rainy Day Fund dollars will not be used.

The budget amendment will be filed this week. Finance and Administration Commissioner Larry Martin will begin presentations to both finance committees today.



Enhancing Mental Health Disaster Preparedness

42 RUTLEDGE STREET | NASHVILLE, TENNESSEE 37210-2043 | 615-244-2220 ♦ toll free in TN 800-568-2642 ♦ FAX 615-254-8331 | www.tamho.org

SAVE A DATE

Regional trainings designed to help communities respond to mental health needs in a disaster situation.

May 19, 2014

9:00 am – 4:30 pm (Eastern)

DOUBLETREE BY HILTON HOTEL OAK RIDGE/KNOXVILLE

215 South Illinois Avenue
Oak Ridge, Tennessee
865-481-2468

Overnight Accommodations: \$88/night plus 14.75% tax – single occupancy

Reservation Cut-Off: April 29, 2014

Internet link to the hotel:

<http://www.doubletreeoakridge.com>

June 3, 2014

9:00 am – 4:30 pm (Central)

DOUBLETREE BY HILTON HOTEL JACKSON

1770 Highway 45 Bypass
Jackson, Tennessee
731-664-6900

Overnight Accommodations: \$83/night plus 14.75% tax – single occupancy

Reservation Cut-Off: May 12, 2014

Internet link to the hotel:

<http://www.doubletreejackson.com>

June 27, 2014

9:00 am – 4:30 pm (Central)

DOUBLETREE BY HILTON HOTEL MURFREESBORO

1850 Old Fort Parkway
Murfreesboro, Tennessee
615-895-5555

Overnight Accommodations: \$88/night plus 14.75% tax – single occupancy

Reservation Cut-Off: May 23, 2014

Internet link to the hotel:

<http://www.doubletreemurfreesboro.com>



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HILL DAY '14
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**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID

Healthy Minds. Strong Communities.

May 5–7, 2014 | Washington, DC

**Gaylord National Resort and
Convention Center**

BEHAVIORAL HEALTH NEWS & EVENTS



The Behavioral Health News & Events is a newsletter publication produced by the Tennessee Association of Mental Health Organizations (TAMHO) that is edited and published quarterly by TAMHO. It is distributed electronically to behavioral health professionals, advocates, members of the Tennessee General Assembly and representatives of various State Departments of Government, as well as key stakeholders in the provision of behavioral health products and services procured by behavioral health agencies, and numerous individuals in local communities and throughout the state and nation who have an interest in the advancement of behavioral health in Tennessee.

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