tamho
tennessee association of mental health organizations

BEHAVIORAL HEALTH NEWS & EVENTS

Volume 2, Issue 3 Tennessee Association of Mental Health Organizations (TAMHO) **July 2014**

Message from the Executive Director

Ellyn Wilbur
Executive Director
TAMHO

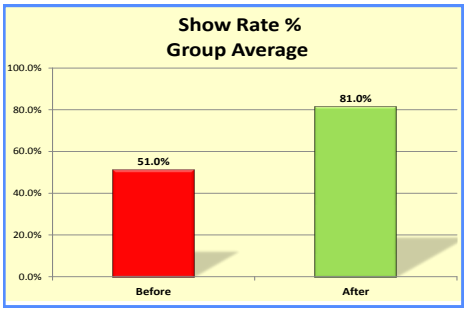
The importance of access to behavioral health services cannot be overstated. There is consensus among providers and payers that appointment timeliness leads to improved outcomes. For providers contracted with the TennCare managed care companies, appointments are required to be offered within specified periods of time.

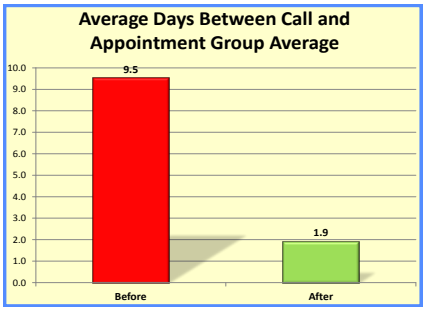
In 2013, seven TAMHO members participated in a Same Day Access learning opportunity offered by National Council on Behavioral Health. The initiative provided technical assistance and support to assist providers in transforming their systems to offer initial appointments on the same day an individual requests it.

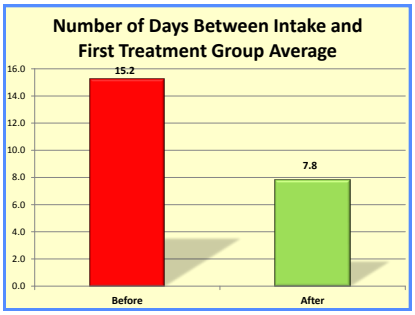
The participating providers included: Alliance Health, Carey Counseling Center, Centerstone, Professional Counseling Services of West TN., Quinco Mental Health Center, Ridgeview and Volunteer Behavioral Health.* The results of the initiative are impressive as evidenced by the charts shown below.

We are excited that TAMHO members are taking the lead in transforming the way services are offered in TN. We look forward to additional service delivery improvements in the months ahead.

* *While these providers participated in the initiative and have data reflected here, other TAMHO providers also have same day appointments available.*







Governor, Commissioners Announce Strategic Plan to Tackle Prescription Drug Abuse Epidemic

Agencies work together to educate public, reduce incidents

The Honorable Bill Haslam
Governor
State of Tennessee

E. Douglas Varney
Commissioner
Tennessee Department of Mental Health and Substance Abuse Services

Tennessee Governor Bill Haslam joined Department of Mental Health and Substance Abuse Services (TDMHSAS) Commissioner E. Douglas Varney and others today to announce "*Prescription for Success*," the state's plan to prevent and treat prescription drug abuse in Tennessee.

Prescription drug abuse is a pervasive, multi-dimensional issue impacting Tennessee individuals, families, and communities. Of the 4,850,000 adults in Tennessee, it is estimated that nearly 5 percent (about 221,000) have used pain relievers, also known as prescription opioids, in the past year for non-medical purposes. Of those, it is estimated that 69,100 are addicted to prescription opioids and require treatment for prescription opioid abuse.

"Tennessee has a serious problem with prescription drug abuse, and this widespread and complex issue demands coordinated solutions," Haslam said. "'*Prescription for Success*' is a comprehensive, multi-year strategic plan that will involve different agencies across state government to reduce the misuse and abuse of prescription drugs so Tennesseans can live happy, healthy and fulfilling lives."

A number of strategies have been developed to meet the following seven goals of the "*Prescription for Success*" plan to fight this epidemic:

1. Decrease the number of Tennesseans that abuse controlled substances.
2. Decrease the number of Tennesseans who overdose on controlled substances.
3. Decrease the amount of controlled substances dispensed in Tennessee.
4. Increase access to drug disposal outlets in Tennessee.
5. Increase access and quality of early intervention, treatment and recovery services.
6. Expand collaborations and coordination among state agencies.
7. Expand collaboration and coordination with other states.

Inside this issue:

"The abuse of prescription drugs, specifically opioids, is an epidemic in Tennessee, with disastrous and severe consequences to Tennesseans of every age," Varney said. "Things such as overdose deaths, emergency department visits, hospital costs, children in state custody, and people incarcerated for drug-related crimes can all be prevented and/or treated if we all work together and fight this deadly problem."

To access the full "*Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee*" report, or the Executive Summary, please go online to **tn.gov/mental/prescriptionforsuccess**. The plan was produced by the TDMHSAS in collaboration with the following other state agencies: the Department of Health (TDH), Department of Safety and Homeland Security (DSHS), Department of Children's Services (DCS), Department of Correction (TDOC), TennCare, Tennessee Bureau of Investigation (TBI), and Tennessee Branch of the U.S. Drug Enforcement Agency (DEA).

"Health professionals of all types in Tennessee, particularly prescribers and dispensers, are stepping up to do their part in addressing this epidemic," TDH Commissioner John Dreyzehner, MD, MPH, said. "Through their support and use of the Controlled Substance Monitoring Database (CSMD) and resulting conversations with their patients, the Department of Health is pleased to work with them as stewards of the powerful tool for prevention and treatment that is the CSMD. We applaud TDMHSAS staff for their leadership in producing '*Prescription for Success*' so that work like the CSMD, the efforts of the Health Licensing Boards, Pain Clinic regulation, and upcoming Chronic Pain Management Guidelines can be better aligned with a framework to help keep people in Tennessee safer and healthier."

"The Governor's Public Safety Subcabinet was created in 2011 to develop and implement a measurable public safety action plan designed to have a significant impact on crime in Tennessee and help create a climate in communities across the state that fosters the creation of more and better jobs," DSHS Commissioner Bill Gibbons said. "To implement the Public Safety Action Plan, strong partnerships with key stakeholders are required, and it will take a coordinated and comprehensive effort to tackle aggressively the growing problem of prescription drug abuse."

"At the Department of Children's Services, we try to keep families together whenever possible, as long as we can keep kids safe and healthy," DCS Commissioner Jim Henry said. "We work closely with our community partners to assist family members in receiving services, and we have a vast array of treatment options available for the children who come into our care."

A number of other events also will be held across the state to discuss "*Prescription for Success*" report. They will be:

Tuesday, June 10, in Jackson

Wednesday, June 11, in Memphis

Thursday, June 19, in Cookeville

Wednesday, June 25, in Clarksville

Thursday, July 10, in Chattanooga

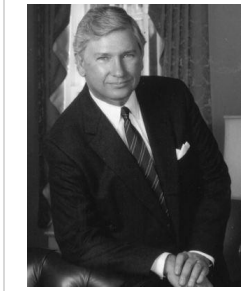
Thursday, July 17, in Knoxville

Friday, July 18, in the Tri-Cities

For locations, details, or additional questions, please contact Michael Rabkin, TDMHSAS Director of Communications, at (615) 532-6597 or Michael.Rabkin@tn.gov.

Charles Richard Franklin Treadway

Former Commissioner, Tennessee Department of Mental Health and Substance Abuse Services



OBITUARY REPRINT | The TENNESSEAN | Posted on Sunday, May 4, 2014

Charles Richard Franklin Treadway, age 74, died after a brief illness on April 30, 2014.

He was born on October 16, 1939 in Louisville, Kentucky to the late Ruby Peeples Treadway and Charles Franklin Treadway of Nashville, Tennessee. He is also predeceased by his brother, James Lewis Treadway of Birmingham, Alabama.

He is survived by his wife of fifty-two years, Jane Montgomery Heifrin Treadway. He is also survived by his three children: Catherine Clark Treadway Morris (Timothy), Charles Franklin Treadway II and Jane Caldwell Treadway Williams; and by five grandchildren: Richard McDaniel Morris, William Montgomery Morris, Sarah Catherine Morris, Brahn Williams and Brianna Marie Williams, all of Nashville, Tennessee.

Shortly after his birth in Louisville, Kentucky, his family moved back to Mississippi, where he lived until the age of ten, when his family moved to Nashville. He attended Robertson Academy and Peabody Demonstration School (now The University School), where he was elected President of the Student Body. He was a National Merit Semi-Finalist and was awarded a Harold Sterling Scholarship to Vanderbilt University, where he graduated cum laude in three years. He also graduated from Vanderbilt University School of Medicine and obtained his psychiatric residency at The University of North Carolina in Chapel Hill. He became board certified in both psychiatry and neurology. He later obtained a Master's Degree in Business Administration from the Jack C. Massey School of Business at Belmont University, where he graduated summa cum laude.

After completion of his residency in psychiatry, he served as a Clinical Associate at the National Institute of Mental Health in Washington, DC. He also served as an Instructor in Psychiatry at Johns Hopkins University in Baltimore, Maryland.

Upon his return to Nashville, he was appointed Commissioner of Mental Health for the State of Tennessee by Governor Winfield Dunn. In 1973, he was appointed to serve as a member of the National Advisory Mental Health Council. He again served as Commissioner of Mental Health under Governor Lamar Alexander. In 1975, he became Associate Vice Chancellor for Medical Affairs at Vanderbilt University, but left in 1979, to found Psychiatric Consultants, which employed 15 psychiatrists. From 1996 to 2002, he practiced psychiatry at The Treadway Clinic. After he retired his medical practice, he continued to practice psychiatry by providing care to active-duty soldiers and veterans.

Richard was a member of the Board of Trustees at Centennial Medical Center from 1986 to 1996. From 1990 to 1996, he served as Medical Director of Hospital Corporation of America's Parthenon Pavilion, and as Vice President for Psychiatric Operations of the Tennessee Division of Hospital Corporation of America from 1995 to 1996.

In 1996, he founded Psychiatric Solutions, Incorporated, with Clayton McWhorter, Joey Jacobs, Bryce DeHaven, and Douglas Lewis, where he served as Chairman of the Board until its merger with PMR. In 1998, he founded Medical Properties of America with Clayton McWhorter, Wayne Buck, and Philip Suiter, which was later sold to Windrose Medical Properties Trust. In 2012, he became a member of the Board of Directors of Polaris Hospital Company and also served as Chairman Emeritus and Chief Medical Officer.

His community involvement included service as a member of The Jack C. Massey School of Business Board of Advisors at Belmont University, Chairman of the Board of the Clayton McWhorter Society at Belmont University, Founder and Board Member of The Canby Robinson Society of Vanderbilt University, Founder and President of the Luton Society, member of the Board of Directors of the Vanderbilt University Medical Alumni Association, member of the Board of Directors of the Cumberland Heights Foundation, and a member of the Board of Directors of The English-Speaking Union of the United States (both nationally and locally). He was a member of the inaugural class of Leadership Nashville. He was also a devoted genealogist and derived great pleasure from studying his heritage and in aiding others to do so.

He was a member of St. George's Episcopal Church, Belle Meade Country Club, and the University Club of Nashville.

In lieu of flowers, memorial contributions may be made to St. George's Episcopal Church, 4715 Harding Road, 37205; The Clayton McWhorter Society of Belmont University, 1900 Belmont Boulevard, 37212; The Jack C. Massey School of Business of Belmont University, 1900 Belmont Boulevard, 37212; Alive Hospice, 1718 Patterson Street, 37203; or the charity of your choice.

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

July

28—Aug 1	**2014 TAADAC Train the Trainer Program—LADAC 8 Domains** | Tennessee Technological University | Cookeville

August

5	**Disability Employment Awareness Luncheon** | Nashville City Club | Nashville

September

1	**TAMHO Office Closed in Observance of Labor Day**
1-4	**MTAADAC 2014 Journey Together Conference** | Nashville Airport Marriott Hotel | Nashville
1-30	**National Recovery Month — 25th Anniversary**
23-25	**RELIAS Learning 2014 User Conference** | Renaissance Nashville Hotel | Nashville
23-24	**System of Care for Children Conference** | Details
26	**NAMI Tennessee 2014 State Convention**| Trevecca Nazarene University, Boone Center | Nashville
11	**TAADAS Annual Recovery Banquet** | Maxwell House

October

10	**THA Fall Compliance Conference** | Willis Conference Center | Nashville

November

26-27	**TAMHO Office Closed in Observance of the Thanksgiving Holiday**
TBD	**Wellness Conference**| Details forthcoming

December

2-3	**TAMHO Annual Conference**
2	**Awards & Recognition Ceremony** Embassy Suites and Conference Center | Murfreesboro
24-25	**TAMHO Office Closed in Observance of the Christmas Holidays**

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

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

TAMHO Happenings

TAMHO Advocates for Behavioral Healthcare

TENNESSEE BOARD OF MEDICAL EXAMINERS — TELEMEDICINE RULES AND REGULATIONS

TAMHO provided both written and oral comment regarding several provisions of the proposed telemedicine rules. The US Department of Health and Human Services, Health Resources and Service Administration (HRSA), designates Health Professional Shortage Areas (HPSA) and 94 of Tennessee's 95 counties have been designated as an HPSA for behavioral health professionals. One way to address this shortage and meet the needs of individuals with behavioral health concerns has been through the use of telehealth technology. The proposed rule would significantly impact access to critical care for those who need behavioral health services as it would (1) require patients to see their provider in person before the first telemedicine consultation, (2) require patients to have a face-to-face with their provider every fourth encounter or yearly and (3) would eliminate the prescribing of Schedule II controlled substances. While TAMHO shares the concern of prescription drug abuse and the need to limit access to over prescribers and to those who would seek to abuse, TAMHO also understands that this provision alone would be a significant roadblock in caring for and treating Tennessee's children who may need stimulant medication for their conditions. With the severe shortage of child and adolescent psychiatrists, telemedicine is even more critical for access for this population. TAMHO was not alone in speaking out about the impact of the proposed rules—almost 30 other agencies attended the hearing and provided similar feedback. The board will hold a work group July 21 in Nashville to revise the rules.

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION—BUREAU OF TENNCARE — COVERKIDS RULES AND REGULATIONS

TAMHO submitted comment regarding the proposed amendment to the Cover Kids Rules regarding Section 0620-05-01.03 (1) (a) 13 that would require pre-authorization for outpatient mental health and substance abuse treatment. Since there is no corresponding requirement for outpatient medical screening, we believe enacting this requirement for mental health and substance abuse services could present a violation of Federal Parity Rules. In addition, we believe authorization requirements for outpatient services present a true barrier to children and youth receiving services that they need at the time they need them. We received correspondence from Darin Gordon, Director, Division of Health Care Finance Administration informing us that after reviewing our feedback, they have revised the language in the proposed rule to delete the language requiring prior authorization of outpatient mental health and substance abuse treatment services.

TAMHO Collaborates to Provide Timely Training

COMPLIANCE TRAINING

Leading professionals shared their perspectives on relevant high risk areas for behavioral health providers on April 24th for the members-only training hosted by TAMHO's Compliance and Quality Committee. The full-day agenda included presentations and discussion with Mike Paulhus, Partner, King & Spalding, Isabella Edmundson, Associate, King & Spalding; Chris Covington, Assistant Special Agent in Charge, US Department of Health and Human Services, Office of Inspector General; and Dennis Garvey, Director of Program Integrity, State of Tennessee, Bureau of TennCare.

ENHANCING MENTAL HEALTH DISASTER PREPAREDNESS

In partnership with the Tennessee Department of Health and Tennessee Department of Mental Health and Substance Abuse Services, TAMHO held three regional training sessions focused on helping communities respond to mental health needs following a disaster. Bringing together representatives from Emergency Management Agencies, Red Cross, Emergency Response Coordinators, Mental Health providers and others, 200 people attended the sessions to learn how to be better prepared.

TAMHO Newsletter Receives Statewide Recognition

TAMHO was the proud recipient of the "Public Eye Award" for best newsletter from the Tennessee Mental Health Consumers Association at their annual conference held in Monteagle on May 15th.

Pictured left to right …

Anthony Fox, TMHCA; **Stacey Murphy,** TMHCA, **Ellyn Wilbur, Laura Jean,** TAMHO, **Alysia Williams,** TAMHO, **Teresa Fuqua,** TAMHO

Statewide Happenings

TDMHSAS Holds Behavioral Health Contract Agency Annual Meeting

On June 23rd in Murfreesboro, more than 300 people from TDMHSAS behavioral health contract agencies gathered to hear Commissioner Varney and his leadership team outline recent accomplishments and their goals for the coming year. Attendees heard inspirational speakers and powerful stories of recovery throughout the day.

Nashville Child Protection Coalition Comes Together to Protect Children

On April 15, several hundred community leaders and representatives of city-wide and statewide organizations gathered to kick off a citywide effort to inform and train people about how to prevent, identify and respond to child sexual abuse. The research shared during the meeting suggested that one in 10 children will be sexually abused before age 18 and 90 percent of them will never tell anyone. Organizations participating in the Coalition include Tennessee Child Advocacy Center, the Sexual Assault Center, Magdalene and Thistle Farms, Our Kids, Family and Children's Services, Nashville Children's Alliance and Prevent Child Abuse Tennessee.

With support from the HCA Foundation and The Children's Hospital at TriStar Centennial Medical Center, the Coalition urged participants to commit two hours to learning how to protect children. Specifically, the groups called upon individuals, their churches, clubs and neighborhood groups, to participate in the two-hour Stewards of Children: Darkness to Light training. The goal is to train 5% of the adult population in Nashville – 24,514 adults.

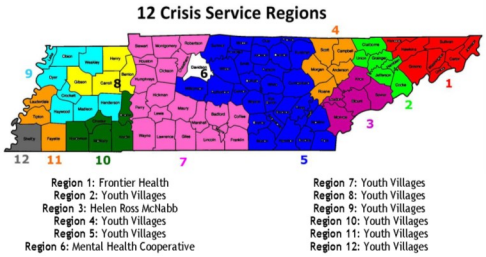
For more information on how to start this effort in your community or to schedule a Stewards of Children training, contact Nashville Child Protection Coalition steering committee contacts Kristen Rector of PCAT (615) 383-0994 or kristen.rector@pcat.org or Lauren Looser of Tennessee CAC (615) 327-9958, ext. 2004 or llooser@tncac.org.

Changes in Mobile Crisis Services for Children and Youth

To ensure that more children and youth who face a mental health crisis receive the services that they need in a timely and cost-effective manner, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has regionalized the way in which mobile crisis services are provided around the state.

"The provision of consistent, high-quality crisis services for children & youth across the State of Tennessee is a high priority for us," TDMHSAS Commissioner E. Douglas Varney said. "We feel that regional service providers have better knowledge of the total array of residential and inpatient services available in their community, as well as improved collaboration/partnerships with other local systems involved in the care of children & youth."

In January, an Announcement of Funding was made for the regionalized provision of children and youth mobile crisis services. Commissioner Varney reviewed the recommendations made by the review committee and has decided to move forward with the following regional awards:



A competitive process was used to make this selection with the goal of serving more children & youth around the state with existing resources.

"We believe this regionalized approach will promote provider comparisons on quantity, quality, and overall outcomes for children in crisis and their families," Commissioner Varney said. "It will improve access and availability to services within communities. And it will allow us to compare the cost of services provided between regions."

Throughout this process, TDMHSAS will move forward in a thoughtful, deliberate way to monitor changes carefully and ensure that children and youth crisis services are provided in the most effective, accessible, and high-quality way possible.

Data from Inpatient Psychiatric Facilities Increase Transparency for Consumers Evaluating Facilities

Today, the Centers for Medicare & Medicaid Services (CMS) announced for the first time that quality measures from inpatient psychiatric facilities will be publicly reported on *Hospital*

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

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

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

kidcentral tn HOME

Click on the logo to find resources for children in Tennessee or visit http://kidcentraltn.com/.

Compare, a consumer-oriented website that provides information on the quality of care hospitals are providing to their patients.

"Patients and their families need facts to help them in making informed decisions about healthcare, and choosing the right facility for inpatient psychiatric care is an important decision to make," said CMS Administrator Marilyn Tavenner.

Beginning April 17, 2014,*Hospital Compare* features data from 1,753 inpatient psychiatric facilities on patient care for the period of October 1, 2012 through March 31, 2013. Reporting will allow consumers to directly compare facilities based on data collected for the following measures:

Hours of Physical Restraint Use

Hours of Seclusion Use

Post-Discharge Continuing Care Plan Created

Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

The two measures below are a part of the Inpatient Psychiatric Facility Quality Reporting program. However, technical issues caused by unforeseen circumstances impacted the data collection and submission of these two measures and therefore will be suppressed. expects to publicly display data for these measures the same time next year (April 2015).

Patients Discharged on Multiple Antipsychotic Medications

Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Data reported on *Hospital Compare* collected as part of CMS' Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, as required by the Social Security Act, amended by the Affordable Care Act.

"This is an important first step in publicly reporting Inpatient Psychiatric Facility quality measures on *Hospital Compare*," said Patrick Conway, M.D., CMS' Chief Medical Officer and Deputy Administrator for Innovation and Quality. "Offering a set of meaningful quality measures for psychiatric facilities will help consumers make informed decisions and will encourage quality improvement within the clinician community, which shares CMS' strong commitment to the best possible patient care."

In addition to the IPFQR Program, Hospital Compare also reports quality measure data from CMS' Hospital Inpatient and Outpatient Quality Reporting Programs and Hospital Value-Based Purchasing Program. For more information, visit:http://medicare.gov/hospitalcompare/search.htmlclicking "Find Hospitals."

TDMHSAS Needs Assessment Survey for Providers and Stakeholders

As part of the needs assessment for the mental health and substance abuse service delivery system in Tennessee, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) distributes periodic surveys to mental health and substance abuse service providers and stakeholders via email. The purpose of the surveys is to obtain feedback regarding the service delivery system, identify gaps across service areas, and to better inform delivery system planning.

Please take a few moments to complete the survey. To access the survey, click the appropriate link to go directly to the survey page. You may also need to press the control key while clicking the link, or copy the link and paste it into the address bar on the Internet browser.

Completion of each survey will take approximately five minutes. All information is analyzed as aggregate information and no information can be identified to any individual or organization.

You are welcome and encouraged to forward this email to your own distribution list of providers and/or stakeholders in Tennessee

Tennessee Mental Health or Substance Abuse Service Providers

https://www.surveymonkey.com/s/MR9CLFQ

Tennessee Stakeholders of Mental Health and Substance Abuse Services

(Advocate, Non-Profit, Teacher, Minister, Government Employee, etc.)

https://www.surveymonkey.com/s/MFLJWMS

For more information, contact M. Suzanne Weed, Director of Planning, TN Department of Mental Health & Substance Abuse Services, Division of Planning, Research & Forensics, 615-253-6396, email: suzanne.weed@tn.gov

WEBINARS — TDMHSAS | Using DSAS Agency Pivot Table Reports

TNWITS Agency Specific and Statewide Data

The Tennessee Department of Mental Health and Substance Abuse Services – Division of Substance Abuse Services (DSAS) will be conducting three trainings on how to use the DSAS Agency Pivot Table Reports. So, what is a Pivot Table? DSAS has been working with the TAADAS Data Committee and TAMHO to be able to send data from TNWITS to you regarding your agency, as well as, the statewide data. Pivot Tables are a mechanism you can use to look at your data and manipulate the data to help tell the story of your agency. This will be keenly helpful with grant writing.

The dates for the webinars and the registration links are listed below. Please register for the event so that we know who to send the materials to.

July 11th from 10:00 am-12:00 noon (CST)
http://www.eventbrite.com/e/pivot-table-training-july-11-2014-tickets-11988484881

July 16th from 2:00-4:00 pm (CST)
http://www.eventbrite.com/e/pivot-table-training-july-16-2014-tickets-11981808913

July 25th from 1:00-3:00 pm (CST).
http://www.eventbrite.com/e/pivot-table-training-july-25-2014-tickets-11981927267

On the day of the meeting, you will need to join the website listed below and call from your telephone one of the two numbers listed below.

To join the meeting:
https://stateoftennessee.adobeconnect.com/r9h1lv3kwq3/

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Tennessee Suicide Prevention Network
"Saving Lives in Tennessee"

"CALL TO ACTION" Newsletter

Established in 2005, the TSPN *Call to Action* has provided members of TSPN and the general public with monthly updates on TSPN projects as well as the suicide prevention movement in Tennessee and beyond. Issues of the newsletter typically feature reports on regional events and conferences, developments on the national scene relevant to suicide prevention and mental health, introductions to newly available suicide prevention resources, and the latest research on suicide and mental illness. The TSPN *Call to Action* is posted on the TSPN website (http://tspn.org/newsletter) on or around the first day of each month.

"Can You Hear Me?" Newsletter

can you hear me? evolved from a suggestion taken at a TSPN Advisory Council meeting regarding an outlet for supporting survivors of suicide attempts and developing local support group meetings. Each edition of this bimonthly newsletter will include articles and poetry associated with the recovery process, and also artwork from various sources. It will also feature information about Suicide Anonymous and about the National Suicide Prevention Lifeline. The Network is actively soliciting articles and artwork for forthcoming editions; these may be submitted to the TSPN central office at tspn@tspn.org with the subject line "CYHM Submission". Feedback and suggestions can also be sent to this address with the subject line "CYHM Feedback". The TSPN *Can You Hear Me* is posted on the TSPN website (http://tspn.org/can-you-hear-me) bi-monthly.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

TENNESSEE SUICIDE PREVENTION NETWORK
295 Plus Park Blvd, Suite 201
Nashville, TN 37217

Phone: (615) 297-1077 | **Fax:** (615) 269-5413
tspn@tspn.org

TSPN Publishes Status of Suicide in Tennessee 2014

Report Details Suicide Trends Across State, TSPN Response

Status of Suicide in Tennessee 2014, a newly released report by the Tennessee Suicide Prevention Network (TSPN), details current suicide trends and prevention efforts in Tennessee.

The report includes a summary of suicide trends within Tennessee. In 2012, the latest year for which state-specific figures are available, Tennessee's age-adjusted suicide rate was 14.8 per 100,000 people, with 956 reported suicide deaths. Tennessee's suicide rate ramped up by 15% in 2008, and while the rate has declined somewhat, it is still elevated compared to before 2008, and still above the latest national average by Centers for Disease Control and Prevention (CDC) (12.4 per 100,000 for the year 2010).

In any given year, over 900 people in Tennessee die by suicide. This includes an estimated 100 young people between the ages of 10 to 24 (about one every four days) and about 135 people over the age of 65—about one every three days.

Over the lifespan, the suicide rate in Tennessee peaks in the 45-54 age group, at a rate four times that of teens. Nationally, suicide among middle-aged and older adults increased over the last ten years, particular among baby boomers (ages 55-64). A nationwide study in 2008 found overall increase in suicides by 0.7% each year between 1999 and 2005, driven primarily by rising suicide rates among whites aged 40-64.

Suicide among teens is also an ongoing concern, since suicide is the third-leading cause of death among persons aged 10-19. In any given year, more teens and young adults die by suicide than from cancer and heart disease, and far more than higher-profile causes of death such as birth defects, HIV infection, and meningitis. According to the 2011 Tennessee Youth Risk Behavior Survey from the Tennessee Department of Education, approximately one in four high school students reported a prolonged period of sadness or hopelessness. 1 in 7 considered suicide, 1 in 9 planned an attempt, and 1 in 16 actually made an attempt.

Attention is also given to the nature of non-fatal versus fatal attempts and common suicide methods—almost two-thirds of all suicides in Tennessee involve a firearm.

The document also summarizes TSPN's suicide prevention projects—presentations and training sessions for schools, churches, and civic groups; partnerships with state departments, other non-profits, and faith-based groups to implement suicide prevention strategy; debriefings for schools and other institutions affected by suicide death; and awareness and educational events across the state of Tennessee.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

"Our goal is not merely fewer suicides, it is **zero suicides**," explains TSPN Executive Director Scott Ridgway. "As such, TSPN remains at the ready to educate the people and dispel the stigma attached to suicide and mental health issues. We will be there to comfort those in pain, encourage them to tell their stories, and empower them to take action. We hope this report will inspire you to join us in the ongoing effort to make zero suicides not just an objective, but a reality for the people of Tennessee."

Status of Suicide in Tennessee 2014 is available online via the TSPN website (www.tspn.org). | TTY line: 1-800-799-4TTY (4889) | For non-emergency information on suicide prevention, contact the Tennessee Suicide Prevention Network at (615) 297-1077 or tspn@tspn.org.

— continued from page 6 —

The call-in numbers are: Local #:615-253-1857 Out of the Area #: 1-877-278-0081

You will need to have a computer available while you are on the phone. You can have 2 people to register for the webinars. However, if you want more on the calls, please have them sit in a room where the call is coming from. PLEASE, only register for one webinar – if you need additional assistance or what a training with more staff members, that can be arranged at a later time.

A PivotTable report helps you see the "big picture" by summarizing and analyzing data without entering a single formula. You can control how Excel summarizes the data—for example, by percentage, sum, average, or count.

Agencies will be assigned a non-identifying code number so they can access agency-specific data to compare with statewide data for FY 2011, FY 2012, and FY 2013. Agencies submitting data into the TDMHSAS WITS data system will be able to access the following data fields:

- Fiscal Year
- Level of care: admission
- Level of care: discharge
- Pregnancy status
- Race
- Ethnicity
- Age at midpoint of the year
- Gender
- Living situation: admission
- Living situation: discharge
- Discharge status
- Psychiatric problem in addition to substance use problem
- Primary substance of abuse
- Primary substance of abuse route of administration
- Secondary substance of abuse
- Secondary substance of abuse route of administration
- Tertiary substance of abuse
- Tertiary substance of abuse route of administration
- Prescription opioids as a substance of abuse
- Cocaine/crack as a substance of abuse
- Alcohol as a substance of abuse
- Marijuana as a substance of abuse
- Methamphetamine/other stimulants as a substance of abuse
- Heroin as a substance of abuse
- Other prescription drugs as a substance of abuse
- Other illicit drugs as a substance of abuse
- IV drug user status

Three (3) days before your scheduled training session DSAS will send you:

- An Excel file with the DSAS Pivot Table Reports
- Tip Sheets for Agency PivotTable Reports
- A FAQ that was developed using the Agency PivotTable Reports

If you would like to learn more about PivotTables before your scheduled training session please watch the following tutorials. These three tutorials provide very basic information on how to create, format and manipulate pivot tables.

Part 1: http://www.youtube.com/watch?v=l0a0dCgFA5g (4:55)

Part 2: http://www.youtube.com/watch?v=e0sD4dkaF4Q (5:06)

Part 3: http://www.youtube.com/watch?v=41FljuK_-mE (6:45)

Information Available to Health Care Providers and Patients About New State Laws Related to Neonatal Abstinence Syndrome

JOINT MEDIA RELEASE: TDH, TDMHSAS, TDCS, TDSHS, TennCare, TCC, and TDHS | June 30, 2014

The Tennessee Neonatal Abstinence Syndrome Subcabinet is providing useful information to health care providers and patients about recent changes to state laws and rules related to babies that are born dependent on drugs.

Neonatal Abstinence Syndrome, or NAS, occurs when a baby receives certain drugs, primarily narcotics, through the umbilical cord and is abruptly cut off from that supply at birth and then experiences a variety of withdrawal symptoms. In 2013, NAS affected 921 newborns in Tennessee, and that number is expected to be higher at the end of this year based on a comparison of monthly data with current trends.

Frequently asked questions and answers about NAS are provided below and can be found on the Tennessee Department of Health website at http://health.tn.gov/mch/PDFs/NAS/NAS%20FAQs_63014L.pdf. The information includes details about Public Chapter 820, the Safe Harbor Act, reporting requirements and specific actions healthcare providers may take to help reduce NAS.

The NAS Subcabinet was formed in 2012 by Gov. Bill Haslam to bring together experts from different areas of state government to work collaboratively to reduce NAS births in Tennessee. Subcabinet members include commissioners and staff from the departments of Health, Mental Health and Substance Abuse Services, Children's Services, Human Services, Safety and Homeland Security, TennCare and the Children's Cabinet.

FAQ REGARDING PUBLIC CHAPTER 820 (PC 820) AND OTHER REQUIREMENTS RELATED TO NEONATAL ABSTINENCE SYNDROME (NAS) IN TENNESSEE

(Last Revised June 24, 2014)

During 2014, the Tennessee General Assembly enacted Public Chapter 820 , effective April 24, 2014, which amends T.C.A. § 39-13-107. The new law provides that a woman can be charged with a **misdemeanor** if she illegally uses narcotics during pregnancy and if the baby is harmed as a result (ex. Neonatal Abstinence Syndrome). The intent of PC 820 is to give law enforcement and district attorneys a tool to address ***illicit drug use*** among pregnant women, through treatment programs including drug courts and particularly in egregious cases such as more than one NAS delivery. PC 820 contains a sunset provision in two years. The state of Tennessee is committed to tracking the impact of the law on mothers and babies. There are several other provisions in law or rule regarding NAS in Tennessee that may cause confusion or uncertainty, particularly among care providers. *The intent of this FAQ is to provide additional clarity to assist with consistency in application of these provisions and to minimize any unintended consequences of misunderstandings of the law or other requirements*.

The following FAQ responses and statements do not supersede the language of the statute, but are merely provided as guidance to health care professionals and other interested parties. The questions and responses are informational in nature and do not constitute legal advice. Moreover, the questions and answers are subject to change. Those who are or may be subject to this law are strongly urged to review the applicable laws and rules and seek their own legal counsel if necessary. The departments impacted by Public Chapter 820 are not bound by this guidance in their interpretation of the law because each situation is unique.

Question: **Are health care providers required to notify law enforcement about illegal use of narcotic drugs during a woman's pregnancy that may have caused a newborn to be drug dependent in the context of Public Chapter 820?**

Answer: *No. The new law (Public Chapter 820) does not require health care providers to report pregnant women or mothers who may be illegally using narcotics to law enforcement.*

If a provider "has knowledge of or is called upon to render aid to any child" suffering from abuse or neglect, existing law requires healthcare providers to

notify the Department of Children's Services of suspected abuse or neglect of a child. If a report is made to DCS, that department will investigate and determine if law enforcement needs to be involved. You can report at 1-877-237-0004 or online at https://reportabuse.state.tn.us/.

Question: **What is Neonatal Abstinence Syndrome, or NAS?**

Answer: *Neonatal Abstinence Syndrome is a condition in which a baby has withdrawal symptoms after being exposed to certain substances in utero. The exposure can involve prescribed and/or illicit drugs. After delivery the baby experiences withdrawal because the substances are no longer being received through the umbilical cord. NAS is a clinical syndrome; the diagnosis typically involves (1) a history of exposure to substances that may precipitate a withdrawal, (2) evidence of the substance in the baby's system and, (3) symptoms consistent with a state of withdrawal. Available literature suggests NAS does not necessarily correlate predictably with the amount or frequency of in utero exposure. Not all cases of exposure will lead to withdrawal syndrome.* 2

Question: **Does Public Chapter 820 change the requirement to report cases of NAS to the Department of Health for public health surveillance?**

Answer: *No. The Department of Health made NAS a* ***reportable condition*** *as of Jan. 1, 2013. Providers who make the diagnosis of NAS (typically hospitals and birthing centers) should continue to report cases of NAS to the Department of Health.*

Question: **Does the Department of Health provide information on the NAS case reports to law enforcement?**

Answer: *No.*

Question: **Will mothers automatically be prosecuted if referred to DCS?**

Answer: *No. Referred NAS cases receive a Child Protective Investigative Team (CPIT) review. The Child Protective Investigative Team determines if the case will be prosecuted. Information regarding Child Protection Investigative Teams and categories and definitions of child abuse and neglect may be found online:*

http://www.tn.gov/youth/dcsguide/policies/chap14/WA1.pdf

http://www.tn.gov/youth/dcsguide/policies/chap14/14.6.pdf

Question: **Does Public Chapter 820 change care or medical treatment provided to pregnant women?**

Answer: *No. This law does not direct any particular medical care or treatment.*

Question: **Does Public Chapter 820 create criminal liability for providers who prescribe narcotics to women of childbearing age?**

Answer: *No.*

Question: **Does Public Chapter 820 prohibit pregnant women from receiving pain management services?**

Answer: *No. Please refer to the Chronic Pain Guidelines for additional information. They may be found online at http://health.state.tn.us/Downloads/ChronicPainGuidelines.pdf.*

Question: **How does a health care provider identify appropriate substance abuse treatment resources for pregnant women or mothers?**

Answer: *The health care provider can contact the REDLINE at 1-800-889-9789 24 hours a day, 7 days a week for substance abuse treatment services. Additionally, for treatment for indigent individuals, view the provider list at http://tn.gov/mental/A&D/DADAS%20Directory.pdf.* 3

Question: **Are women who take *prescribed medications under medical supervision* subject to prosecution under Public Chapter 820?**

Answer: *No. The law specifically states that "prosecution of a woman for assault" may only occur "for the* ***illegal use*** *[emphasis added] of a narcotic drug."*

Question: **Is Public Chapter 820 in effect indefinitely?**

Answer: *No. The law sunsets in two years.*

Question: **How does Public Chapter 820 relate to the Safe Harbor Act (2013 Tenn. Pub. Acts, ch. 398) which passed in 2013?**

Answer: *The Safe Harbor Act deals with services for pregnant women referred for prescription drug use/misuse and the parental rights of pregnant women abusing/misusing drugs.*

http://www.tn.gov/sos/acts/108/pub/pc0398.pdf

The new law, Public Chapter 820, is a criminal statute concerning the prosecution of women who give birth to infants who are harmed by the women's prenatal drug use and does not specifically deal with a mother's parental rights.

http://www.tn.gov/sos/acts/108/pub/pc0820.pdf

Question: **Are Public Chapter 820 and the Safe Harbor Act (2013 Tenn. Pub. Acts, ch. 398) contradictory?**

Answer: *No. Both statutes allow for treatment of pregnant women at risk of delivering a baby with NAS and provide protections from adverse legal consequences. Under Public Chapter 820, "It is an affirmative defense to a prosecution…that the woman actively enrolled in an addiction recovery program before the child is born, remained in the program after delivery, and successfully completed the program, regardless of whether the child was born addicted to or harmed by the narcotic drug."*

Question: **How can NAS be prevented?**

Answer: *The primary prevention strategies for NAS include:*

- *Careful consideration and judicious use of prescribed narcotics in women of childbearing age*
- *Preventing dependence/addiction in women of childbearing age*
- *Preventing unintended pregnancies in women using prescribed or illegal narcotics.*

Question: **What else can health care professionals do to reduce NAS in Tennessee?**

Answer:

- *Register to use the Controlled Substance Monitoring Database and check it before prescribing an opioid or benzodiazepine. Usage of the CSMD became mandatory April 1, 2013.*
- *Refer to Chronic Pain Guidelines for recommendations on the appropriate treatment of chronic non-malignant pain for women of childbearing age.*
- *Talk with patients who are women of childbearing age about how to prevent an unintended pregnancy.*
- *Screen patients for substance use or risk and refer to mental health treatment resources as appropriate.*

DISABILITY EMPLOYMENT AWARENESS LUNCHEON

Hosted by
Disability Law & Advocacy Center of TN

Keynote Speaker:

Randy Lewis
Ret. Sr. VP Walgreens

How One Senior Vice President Led a Fortune 500 Company to Employ People with Disabilities

Nashville City Club
201 4th Avenue North
Nashville, TN 37219

Tuesday, August 5th
11:00am—1:00pm

Let's close the gap on the employment of Tennesseans with disabilities. Join DLAC for lunch and networking while learning about how disability inclusion in the workplace takes shape.

For updates, photos, and more information, visit: http//disabilityemploymentawareness.splashthat.com

– *Discourage women from smoking during pregnancy; nicotine dependence appears to increase the risk of development of NAS in the baby.*

Question: **Where can I learn more about NAS in Tennessee?**

Answer: *Visit the Department of Health's NAS website at http://health.tn.gov/mch/nas/.*

Treat Body, Mind in Sync

AUTHOR & CONTRIBUTOR:
Karen Rhea, MD, Chief Medical Officer, Centerstone, Nashville, Tennessee
Reprint: The Tennessean | OPINION—Tennessee Voices | Monday, May 12, 2014

CENTERSTONE

Karen Rhea, MD
Chief Medical Officer
Centerstone

For far too long, physical and mental health concerns have been diagnosed and treated separately. Mental health care providers have historically treated patients from the neck up, and other providers — primary care physicians and a range of specialists — have handled health concerns from the neck down. Today, we know that mental health is inextricably linked to physical health and that treating one without considering the other hinders our ability to fully understand and improve a person's overall health.

As a psychiatrist and pediatrician, I know this firsthand. In addition to positively impacting quality and lowering costs, effectively integrating mental and physical health care can help create better outcomes for patients and even increase one's life span.

Alarmingly, statistics show that people with serious mental illness die an average of 25 years earlier than people without mental illness. The cause of death among this population is not, as many assume, suicide, violence or accident. Rather, these deaths are primarily attributed to preventable and treatable physical health conditions, including heart disease, diabetes, infections, respiratory disease and obesity.

Data showing connections between mental and physical health are staggering. Depression has been linked to a higher incidence of chronic pain and diabetes. Stress has been shown to be a stronger predictor of heart disease than high cholesterol, smoking or obesity. Diagnosable mental health conditions cause more disability each year than chronic diseases like asthma and arthritis.

According to the American Hospital Association, 68 percent of adults with mental health conditions have a physical condition that could benefit from treatment or monitoring, and 29 percent of adults with medical conditions have co-occurring mental health disorders that they may not realize they have.

We must encourage people to consider both their mental and physical health needs. People need to seek assistance if they are facing depression or anxiety so they can quickly get to the root of the problem and prevent the physical deterioration that will inevitably result. Patients should talk openly with doctors about emotional and physical well-being, and, as health care providers, we must work to rectify a fragmented health care system by collaborating with one another to treat the whole person — from head to toe.

May is Mental Health Month, an annual time to raise awareness of mental health and addiction disorders as well as the effective treatments available. It also is an ideal time to start a conversation about changing the way health care is delivered so mental and physical health will cease to be considered independently of each other. We must come together to protect the health of those who will face a mental or physical illness — or both — this year and provide the resources needed.

Centerstone is among the progressive health care organizations leading the way to better care and improved patient outcomes. Through the comprehensive services offered at our new Dede Wallace Campus outpatient facility and campus, the Frank Luton Center in Nashville and our Madison location on Gallatin Pike, we are making it possible for people to easily access physical and mental health services under one roof. This integrated approach is helping us put people on the fast track to recovery and enable them to achieve sustained better health.

Caring for the mind and body together is the best way to ensure a lifetime of good health.

Karen Rhea, M.D., is chief medical officer at Centerstone. visit www.centerstone.org or call 615-460-HELP (4357).

Powerful New Pain Med Causes Worries

Reprint: The Tennessean | Tom Wilemon (615-726-5961; twilemon@tennessean.com) | June 1, 2014

A powerful new pain medication approved by the U.S. Food and Drug Administration that easily can be manipulated by abusers has officials in Tennessee and other states worried.

Called Zohydro, it's an extended-release form of hydrocodone that comes in a capsule without safeguards to keep it from being crushed and injected.

"The Tennessee Department of Health believes sufficient varieties and types of prescription opioids already exist to meet the needs of patients in Tennessee, including those who may benefit from long-acting formulations with safety features designed to minimize risks to their health," the agency said. "We are concerned about the use of Zohydro due to the absence of these safety features."

An opinion piece this week in also expressed concerns about the new medicine. Dr. Yngvild Olsen and Dr. Joshua M. Sharfstein wrote it is "time for the FDA to address the intertwining of chronic pain and addiction farther upstream in the drug-development cycle." They noted the FDA's advisory committee had voted 11-2 against approval.

Tennessee's Robert E. Cooper Jr. was one of the attorneys general from 28 states and one U.S. territory who signed off on a letter to the FDA asking it to reconsider the decision. A FDA deputy commissioner responded in a letter saying the drug maker was working to develop an abuse-deterrent form of Zohydro.

"Until then, after careful consideration, FDA determined that the benefits of Zohydro ER outweigh its risks, even though the product does not have abuse-deterrent properties," Sally Howard, the deputy commissioner, wrote. "The available data demonstrate that Zohydro ER is safe and effective for the treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatments are inadequate."

Massachusetts Gov. Deval Patrick tried to ban Zohydro in his state, but a federal judge struck down the action at the request of the drug's maker. Vermont Gov. Peter Shumlin issued emergency rules for doctors to follow when prescribing the drug.

Dr. Terry Alley, an addiction specialist with Cumberland Heights, said the oral medicine could be abused in two ways: snorting it or injecting it.

http://www.tennessean.com/story/news/health/2014/06/01/powerful-new-pain-med-causes-worries/9850601/

Nine Newly Funded Recovery Courts Brings Total Number of TDMHSAS-Funded Recovery Courts to 45

In the current 2013-14 fiscal year, there are nine (9) newly funded Recovery Courts around the state, bringing the total number of TDMHSAS-funded Recovery Courts to 45.

A Recovery Court is a specialized court or court calendar, comprised of a multidisciplinary team of individuals that serves to address the needs of nonviolent offenders who have substance abuse and/or co-occurring mental health issues, or who are veterans. Around the nation, most of these courts are called "Drug Courts." However, in Tennessee, the term "Recovery Court" is used to symbolize the all-encompassing aspect of the court program and the focus on recovery.

Recovery Court programs are highly structured and demanding. The journey is long and can be difficult, but if participants take ownership of their lives and the choices they make, they can break the cycle of addiction and crime and live a life of recovery.

"We are facing a major prescription drug problem in our state," Commissioner E. Douglas Varney said. "We need to focus all of our resources in the most efficient, effective, and collaborative way to maximize our impact on this issue and drug abuse overall. And because so many people who are dealing with a substance abuse issue also have a mental health issue – a situation referred to as a co-occurring disorder – these Recovery Courts will be able to help them get all the help that they need at one time and in one location."

The nine recovery courts that received new Department funding, thanks to the budget appropriation of $1.56 million in the approved Fiscal Year 2013-14 budget, are:

1st Judicial District – Washington County
2nd Judicial District – Sullivan County (Bristol)
2nd Judicial District – Sullivan County (Kingsport)
3rd Judicial District – Greene County
3rd Judicial District – Hawkins County
13th Judicial District – Cumberland County
19th Judicial District – Robertson County
25th Judicial District – Tipton, Lauderdale, Fayette, Hardeman, and McNairy counties
28th Judicial District – Gibson County (Community Treatment Program)

Beyond those, the Department funds 30 Adult Recovery Courts, two Residential Recovery Courts, and four Juvenile/Family Courts. They are:

ADULT RECOVERY COURTS

3rd Judicial District – Hamblen County
4th Judicial District – Sevier County
5th Judicial District – Blount County
6th Judicial District – Knox County
7th Judicial District – Anderson County
8th Judicial District – Scott County
8th Judicial District – Scott, Fentress, Campbell, Union, and Claiborne counties
9th Judicial District – Morgan County
10th Judicial District – Bradley, McMinn, Polk, and Monroe counties
11th Judicial District – Hamilton County
12th Judicial District – Franklin, Grundy, and Marion counties
13th Judicial District – DeKalb County
13th Judicial District – Putnam, Clay, Pickett, Overton, and White counties
14th Judicial District – Coffee County
15th Judicial District – Wilson, Jackson, Macon, Smith, and Trousdale counties
16th Judicial District – Rutherford County
18th Judicial District – Sumner County
19th Judicial District – Montgomery County
20th Judicial District – Davidson County Misdemeanor Court
21st Judicial District – Williamson, Hickman, Lewis, and Perry counties
23rd Judicial District – Dickson, Cheatham, Humphreys, Houston, and Stewart counties
25th Judicial District – Fayette County
26th Judicial District – Madison County (City of Jackson)
26th Judicial District – Madison, Chester, and Henderson counties
27th Judicial District – Obion and Weakley counties
28th Judicial District – Crockett County
28th Judicial District – Gibson County (City of Milan)
29th Judicial District – Dyer and Lake counties
30th Judicial District – Shelby County
31st Judicial District – Warren and Van Buren counties

RESIDENTIAL RECOVERY COURTS

9th Judicial District – Statewide Residential Recovery Court in Morgan County
20th Judicial District – Residential Recovery Court in Davidson County

JUVENILE/FAMILY COURTS

6th Judicial District – Knox County Family Court
10th Judicial District – Bradley County Juvenile Court
13th Judicial District – DeKalb County Juvenile Court
13th Judicial District – White County Juvenile Court, also serving Van Buren County

Recovery Courts have existed in Tennessee since 1997 and established in statute in 2003 (T.C.A. §16-22-101-114). Executive Order No. 12 transferred them to TDMHSAS oversight in June 2012. Each Recovery Court receiving state funding must adhere to the principles set forth in the 10 Key Components, an evidence-based list established by the National Association of Drug Court Professionals with support from the U.S. Department of Justice.

Prevention Specialist Joins Division of Substance Abuse Services

The TDMHSAS Division of Substance Abuse Services, Office of Prevention Services, is pleased to announce the addition of Kendyle Lofton as a Prevention Specialist providing support for two federally funded projects.

Kendyle comes to the Department from Alabama, where she earned a Bachelor of Business Administration degree, concentration in Marketing, and a Master of Science Management degree, concentration in Health Care, from Troy University

Pair Join Office of Statewide Systems of Care

The TDMHSAS Office of Statewide Systems of Care is excited to announce the recent arrival of Keri Virgo, Project Director for the SOC Expansion Initiative, and Kisha Ledlow, Statewide Technical Assistance Coordinator and Grants Manager.

Keri comes from Ft. Wayne, Indiana, where she most recently worked as the Total Quality Coordinator with Park Center, a community mental health center. She holds degrees in Public Management, Psychology, and Criminal Justice and is working on completion of her dissertation for a Psy.D. in Organizational Psychology.

Kisha is a Tennessee native and graduate of Middle Tennessee State University with a Master of Arts in Sociology. She worked most recently with the Early Connections Network, an SOC demonstration initiative, in Clarksville, as Technical Assistance Coordinator. She was also a member of various community committees focused on improving children's mental health throughout Tennessee.

National Happenings

151,352 Tennesseans Enroll in the Health Insurance Marketplace

53,665 Additional Medicaid/CHIP enrollments

Nationwide, enrollment in the Health Insurance Marketplace surged to eight million at the end of the first enrollment period. HHS Secretary Kathleen Sebelius announced today. In Tennessee alone, 151,352 individuals selected a Marketplace plan. The final enrollment reporting period spans from October 1, 2013, to March 31, 2014, and includes "in line" and other enrollment *activity* (such as people enrolling due to a change in life circumstance) reported through Saturday, April 19,2014.

HHS also announced today that an additional 53,665 Tennesseans enrolled in Medicaid and CHIP through the end of March 2014, compared to enrollment before the Marketplace opened last October. Tennessee has not decided to expand Medicaid coverage under the Affordable Care Act.

"More than 151,352 Tennesseans signed up through the Marketplace, demonstrating brisk demand for quality, affordable coverage," said HHS Secretary Kathleen Sebelius. "Together we are ensuring that health coverage is more accessible than *ever* before, which is important for families, for businesses and for Tennessee's health and wellbeing."

Key findings from today's report include:

- 151,352 Tennesseans selected Marketplace plans from October 1, 2013, through March 31, 2014. (including additional Special Enrollment Period activity through April 19th).
- Of the 151,352 Tennesseans who selected a plan:
  - 55% are female and 45% are male;
  - 32% are under age 35;
  - 28% are between the ages of 18 and 34;
  - 72% selected a *Silver* plan, while 18% selected a Bronze plan; and,
  - 80% selected a plan with financial assistance.

Today's report measures enrollment as those who selected a plan. In some states, only partial datasets were available.

To read the full Marketplace Enrollment report visit: http://aspe.hhs.gov/health/reports/2014IMarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf

CMS Looking at Adequacy of Medicaid Managed Care Rates

AUTHOR & CONTRIBUTOR:
Virgil Dickson, "REFORM UPDATE: Actuarial Study Could Affect Medicaid Managed-Care Rates", published May 27, 2014, 4:15 pm ET **[via Chuck Ingoglia, Sr. Vice President, Public Policy and Practice Improvement, National Council for Behavioral Health | Mobile: 202.641.3242|Office: 202-684-3749]**

The CMS has unveiled two initiatives that could significantly affect pay and operations for Medicaid managed-care plans and healthcare providers serving millions of low-income and disabled Americans.

The agency has launched a study of the adequacy of how the states set payment rates to plans, which in turn affects the adequacy of reimbursements to providers, said Camille Dobson, a senior policy adviser at the CMS, at the Institute for International Research's Medicaid Managed Care Congress in Baltimore on May 21.

The analysis involves Medicaid policy staff teaming with the CMS' Office of the Actuary to determine if payments are actuarially sound. It will look at whether the payments cover all anticipated medical costs, administrative costs, taxes and fees a plan will be responsible for, but also to ensure that health plans are not overpaid.

The CMS intends to release the findings of the actuarial review of payments sometime this summer. Dobson suggested that the findings so far have been troubling. "The actuary certifications are concerning from our perspective and these are probably longstanding issues," she said.

CMS' investigation into actuarial soundness comes after years of criticism that the agency has been inconsistent in reviewing states' rate-setting for compliance with the Medicaid managed-care actuarial soundness requirements. There have been reports that some plans received payments that were too high while others received payments that were too low. A 2010 GAO report found that Tennessee, for instance, received approximately $5 billion a year in federal funds for rates that had not been certified by an actuary.

PROFILE OF AFFORDABLE CARE ACT COVERAGE EXPANSION ENROLLMENT FOR MEDICAID / CHIP AND THE HEALTH INSURANCE MARKETPLACE
10-1-2013 to 3-31-2014

Tennessee

GENERAL INFORMATION:

Marketplace Type:	FFM
Medicaid Expansion Status:	Not Expanding Medicaid

AFFORDABLE CARE ACT ENROLLMENT TOTALS:

Marketplace Plan Selections:*	**151,352**
Change in Medicaid/CHIP Enrollment:**	**53,665**

CHARACTERISTICS OF MARKETPLACE PLAN SELECTIONS:

By Gender:	**Number**	**% of Total**
Female	82,672	55%
Male	68,656	45%
Subtotal With Known Data	*151,328*	*100%*
Unknown	*24*	*N/A*

By Financial Assistance Status:	**Number**	**% of Total**
With Financial Assistance	120,565	80%
Without Financial Assistance	30,787	20%
Subtotal With Known Data	*151,352*	*100%*
Unknown	*N/A*	*N/A*

By Age:	**Number**	**% of Total**
Age < 18	6,851	5%
Age 18-25	15,256	10%
Age 26-34	26,991	18%
Age 35-44	25,759	17%
Age 45-54	34,773	23%
Age 55-64	41,417	27%
Age ≥65	305	0%
Subtotal With Known Data	*151,352*	100%
Unknown	*N/A*	N/A
Ages 18 to 34	**42,247**	**28%**
Ages 0 to 34	49,098	32%

By Metal Level:	**Number**	**% of Total**
Bronze	27,913	18%
Silver	109,199	72%
Gold	8,729	6%
Platinum	4,832	3%
Catastrophic	1,127	1%
Subtotal With Known Data	*151,352*	*100%*
Standalone Dental	*30,177*	*N/A*
Unknown	*N/A*	*N/A*

Notes: * Marketplace data represent the cumulative number of Individuals Determined Eligible to Enroll in a plan Through the Marketplace who have selected a plan from 10-1-13 to 3-31-14, including Special Enrollment Period-related activity through 4-19-14 (with or without the first premium payment having been received directly by the Marketplace or the issuer), excluding plan selections with unknown data for a given metric.

** Medicaid/CHIP data are state reported and represent the difference between March 2014 enrollment and Pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013). Not all changes in enrollment may be related to the Affordable Care Act. Because these data are state-reported, detailed questions about the Medicaid/CHIP data should be directed to the states.

Sources: ASPE Marketplace Summary Enrollment Report and CMS March Medicaid/CHIP Enrollment Report

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In addition, the CMS is in the process of drafting a sweeping new rule that will update managed Medicaid regulations. The document will be released by the end of the year. CMS officials believe the new guidelines are necessary given that most of the current rules were drafted in 1998. "They reflect an outdated view of what managed Medicaid does," Dobson said. She added that the agency felt it was time to update the regulations given that millions more Americans have enrolled in Medicaid due to the expansion of the program under the Patient Protection and Affordable Care Act.

She said she was limited in what she could say about the upcoming proposal, though she said the industry could expect some stronger beneficiary protection language. Further, the document will weave together relevant provisions of major laws that have been passed in the last decade, including the Children's Health Insurance Program reauthorization provisions of the ACA.

One likely update will involve incorporating a 2013 guidance on paying for long-term care using capitated reimbursement rather than fee-for-service payment, according to Medicaid Health Plans of America.

Currently, 37 states and the District of Columbia contract with Medicaid plans, according to Medicaid Health Plans of America, a national trade association. Revenue from Medicaid managed-care contracts totaled roughly $78 billion in 2012, or 18% of the total insurance company revenue, according to research firm Mark Farrah Associates.

Of the estimated 5 million Americans who signed up for Medicaid during the 2014 open enrollment period for insurance coverage on the exchanges, nearly 100% are in managed-care plans, said Barbara Coulter Edwards, director of the CMS' disabled and elderly health programs group at the Medicaid Managed Care Congress.

In February 2012, Sen. Chuck Grassley (R-Iowa) raised the issue of whether inadequate state rates to plans were affecting what healthcare providers were being paid. He sent a letter to all 50 state Medicaid directors stating that he had seen no evidence that the CMS or the states have improved their ability to confirm that managed-care plans are appropriately reimbursing providers for services. "If an entity is paid too little, the access to and quality of care provided to beneficiaries is jeopardized," Grassley wrote. "If an entity is paid too much, scarce Medicaid resources are diverted away from providing services to beneficiaries," the letter read (PDF).

The letter was followed by a House Energy and Commerce Committee hearing on the issue in May 2012, during which the GAO reiterated their concerns and noted little progress had been made.

As of 2014, the GAO's recommendations that the CMS implement a mechanism for tracking state compliance, release guidance for CMS officials on conducting rate-setting reviews, and require states to provide the CMS with a description of actions taken to ensure the quality of the data used in setting rates have not been fully implemented though there has been some progress, according to a GAO spokeswoman.

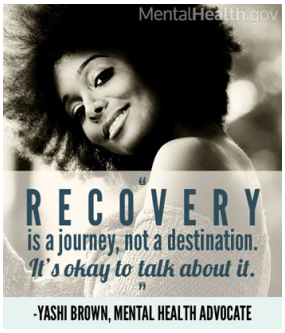
At a Society of Actuaries conference last summer, the CMS said it was on track to address the GAO's recommendations (PDF). Agency officials said the CMS intended to begin proactively establishing rate-setting policy in a way that balances state and federal interests. They said state budget problems sometimes played a role in the actuarial soundness of state rates to plans.

CMS officials also participated in the formation of a proposed Actuarial Standard of Practice, created by the Actuarial Standards Board, that will be mandatory for actuaries to follow once it's finalized later this year. The standard was developed to establish guidance for actuaries preparing state capitation rates for Medicaid plans; up to now actuaries have used various methods to prepare the capitation rates. Comments on this proposed standard of practice were due to the Actuarial Standards Board on May 15.

The definition of actuarial soundness was expanded in the document to include taxes that must be paid by plans. Insurers were concerned about whether they would be reimbursed for the health insurance premium tax established by the Affordable Care Act, which is expected to raise $8 billion in 2014 and $100 billion over the next decade to help fund the health reform law.

Miracles Happen Every Day

Reprint: MentalHealth.gov | Yashi Brown, Mental Health Advocate | May 15, 2014



At 24 years old, my family and I were thrown into this mental health world when doctors initially thought I had early-onset schizophrenia, then later officially diagnosed me with bipolar disorder.

It started when I was 19 years old with intense feelings of, which can be a vague term. It's difficult for one to understand how a person can go from being a joyful, mentally stable young adult to being questioned in a psychiatric hospital about who the President and Vice President of the United States are. And then not being able to recall, or losing the ability to coherently read, write, and fill out simple forms.

On a scale of 1-10 with 10 feeling, I vacillated between 7 and 8, every day until I was 24 years old.

I felt lost, misunderstood, isolated from the outside world; as though I was cursed with sadness.

I would lock myself in my room, crying incessantly, staring at the walls, and I experienced severe weight loss. During this time my poetry had themes of death, guilt, and self-hate.

Completely unaware, I thought I was put on the Earth to feel this pain, which made me want to end my life.

At 24 years old, the mania became full blown and got everyone's attention, but at a high price. I was unable to sleep on one occasion for 10 days straight, only getting 1 to 2 hours at random moments. I was unable to stop the obsessive thoughts that became delusional with beliefs that I had special powers and was being followed.

All of these presented themselves in the form of racing thoughts which I've likened to a thousand bees simultaneously buzzing inside one's head.

After a brief disappearance from loved ones, I was found on the street by local police, talking to myself.

Recovery

Later on, like many, I struggled with being on and off the wrong meds with occasional relapses.

But I held on to my personal dreams and saw peers pursuing higher education and following their passions.

I chose to not give up on my life and found a new team of doctors and consulted the National Alliance on Mental Illness' (NAMI) message boards, which emphasized having a strong support system.

I was able to developing my own support structure of loved ones, health professionals, combined with fitness, faith, meditation and above all, my poetry.

Today, I teach poetry workshops in psychiatric hospitals, mental health rehab forensic hospitals which treat those with mental illness who have been sentenced or convicted of a crime, and perform spoken word in public schools. My intent is to promote the healing effects of creative written expression, and the results are astounding.

I also speak publicly and advocate for mental health, because, had my depression been identified sooner, medical providers could have treated my symptoms before they became severe episodes. It's so important to spread awareness and educate loved ones about the early signs of depression.

Every moment of every day I consider myself a walking miracle and can't believe the pain I endured those years. I do believe, however, recovery is a journey, not a destination.

The beginning is to open up so recovery can begin. It's okay to about it.

Advice

Be aware of your triggers, set boundaries for yourself, and maintain a healthy lifestyle. *Know your limitations*; those experiencing healthy maintenance of their symptoms have mastered this area.

Also, have supportive relationships and be mindful of all energy that *impacts* you negatively.

For years, negative relationships, toxic environments, and life choices that invited stress, intensified my symptoms. Today nothing is more important than my mental health.

If I find my health is being compromised by situations that I've encountered, I immediately take action by going for a run, doing positive reading or by considering a life change if necessary.

Knowing your triggers helps one be a better friend, son, husband, daughter, wife, etc. to your loved ones.

Your mood affects their moods and vice versa. Communicate so everyone can support one another.

Lastly, remember outside support is available 24 hours a day, seven days a week, from amazing foundations and individuals who are ready to lend a helping hand.

Miracles happen all the time and every day so have hope, believe, and start looking forward to your future!

Yashi Brown is a poet/author, public speaker and avid mental health advocate.

In its 25th year, ***Recovery Month*** promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders. This year's theme, ***"Join the Voices for Recovery: Speak Up, Reach Out,"*** encourages people to openly speak up about mental and substance use disorders and the reality of recovery, and promotes ways individuals can use to recognize behavioral health issues and reach out for help. ***Recovery Month*** spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover.

Get a jumpstart on your 2014 event planning with the newly launched *Recovery Month* Toolkit. This year's toolkit, which celebrates the 25th anniversary of *Recovery Month*, highlights the theme **"Join the Voices for Recovery: Speak Up, Reach Out."** The theme encourages people to openly discuss—or speak up about—mental and substance use disorders and the reality of recovery. The observance also promotes ways first responders, faith leaders, youth and young adults, and policymakers can recognize these issues and intervene—or reach out to help others, as well as themselves.

As with past toolkits, you will find resources and tools for working with the media, planning and promoting a *Recovery Month* event, targeted outreach materials, and current and updated fast facts, resource listings, and information on commonly misused drugs and mental health disorders. The 2014 toolkit is available online to view or download in English and in Spanish.

For more information, visit http://www.recoverymonth.gov/

SAMHSA HEADLINES . . .

Emergency Department Visits Involving Methamphetamine Rise

New SAMHSA report shows emergency department visits related to the use of the illicit drug methamphetamine rose from 67,954 in 2007 to 102,961 in 2011.

SAMHSA Headlines | 6/19/2014 | SAMHSA Press Office; 240-276-2130 | FULL ARTICLE: http://www.samhsa.gov/newsroom/advisories/1406181106.aspx

Up to $5.6 Million Available to Implement the National Strategy for Suicide Prevention

The purpose of this program is to support states in implementing the 2012 National Strategy for Suicide Prevention goals and objectives focused on preventing suicide and suicide attempts among working-age adults age 25–64 to reduce the overall suicide rate and number of suicides in the United States nationally.

SAMHSA Headlines | 6/12/2014 | SAMHSA Press Office; 240-276-2130 | FULL ARTICLE: http://www.samhsa.gov/newsroom/advisories/1406125518.aspx

Up to Nearly $1.5 Million in Supplemental Funding for National Suicide Prevention Lifeline

SAMHSA is providing supplemental funding for the National Suicide Prevention Lifeline to expand and enhance the currently funded chat services from 12 hours a day to 24/7 coverage.

SAMHSA Headlines | 6/18/2014 | SAMHSA Press Office; 240-276-2130 | FULL ARTICLE: http://www.samhsa.gov/newsroom/advisories/1406182545.aspx

Nearly Half of Substance Abuse Treatment Facilities Offer Tobacco Cessation Services

New SAMHSA report shows that among the programs offering tobacco use cessation services, 39 percent offered counseling, 22 percent offered nicotine replacement medication, and 16 percent offered non-nicotine medication.

SAMHSA Headlines | 6/17/2014 | SAMHSA Press Office; 240-276-2130 | FULL ARTICLE: http://www.samhsa.gov/newsroom/advisories/1406173258.aspx

Millions of Young Adults Use Illicit Substances Every Day

New SAMHSA report shows that on an average day, 3.2 million young adults used marijuana, 57,304 used heroin, 51,319 used cocaine, 46,179 used hallucinogens, and 17,868 used inhalants.

SAMHSA Headlines | 6/10/2014 | SAMHSA Press Office; 240-276-2130 | FULL ARTICLE: http://www.samhsa.gov/newsroom/advisories/1406104142.aspx

Disaster Distress Helpline Provides Immediate Counseling

The SAMHSA-sponsored Helpline, 800-985-5990 or text TalkWithUs to 66746, offers counseling to those affected by human-caused and natural disasters.

For more information, visit http://disasterdistress.samhsa.gov/

Pictured left to right …

STACEY MURPHY, Tennessee Mental Health Consumers' Association (TMHCA); **ANTHONY FOX,** Tennessee Mental Health Consumers' Association (TMHCA); **CAT TURPIN,** Qualifacts ; **JENN BRINN,** Qualifacts ; **ELLYN WILBUR,** Tennessee Association of Mental Health Organizations (TAMHO)

National Council Conference and Hill Day

More than 4,000 mental health and substance use providers, executives, consumers, family members and other stakeholders descended on Washington D.C. for the annual National Council Conference and Hill Day.

Some highlights……

- Former Secretary of State Hillary Clinton shared her leadership lessons. Clinton spoke about women in leadership and the important traits for any leader – male or female – to cultivate: resilience, confidence, agility, preparation, and more. She also spoke about the importance of suicide prevention, sharing her memories of a friend White House staff member who completed suicide in 1993, and discussed her decision-making process in her first run for Senate and her current consideration of whether to run for President.
- Chiara de Blasio, the 19-year-old daughter of New York City Mayor Bill de Blasio, served as the 2014 Honorary Chairperson for the national Children's Mental Health Awareness Day launch event at the Conference on May 6. Health and Human Services Secretary (HHS) Kathleen Sebelius presented Ms. de Blasio with a special recognition award for serving as an example of hope for other young adults by speaking out about her experience with depression and substance use. Also featured were four young adults who shared their experiences of resilience and the value of peer support.
- More than 1,200 conference attendees were also part of Hill Day '14, the nation's biggest behavioral health advocacy event. Participants attended conference sessions on public policy trends and changes, then traveled to Capitol Hill to talk to their legislators about the Mental Health First Aid Act, the Behavioral Health IT Act, and 2015 appropriations for mental health and substance use programs and research.

Pictured left to right …

PARKER FORTE', Lowenstein House; **LINDA ROSENBERG ,** National Council for Behavioral Health; **CARLA GOOL,** Lowenstein House; and, **BELINDA ALLEN,** Lowenstein House

Pictured left to right …

CENTERSTONE OF TENNESSEE
Kim Baldwin, Ken Stewart, and, Christina VanRegenmorter

TAMHO Member Organization Happenings

UnitedHealthcare Community Plan of Tennessee Awards $400,000 to Alliance Healthcare Services of Memphis to Expand Mental-Health Housing

UnitedHealthcare Community Plan of Tennessee has awarded the first $400,000 in a $1 million commitment to increase housing options for Tennesseans who suffer from mental illness to Alliance Healthcare Services in Memphis.

The funding will support development of appropriate housing for people who need a place to live after having been discharged from a mental health facility. Specifically, Alliance Healthcare Services will apply the grant to its ongoing rehabilitation of an existing facility in Memphis that is creating 14 units of safe, affordable, quality housing for people living with mental illness.

"The acknowledgement by UnitedHealth care and Alliance Healthcare Services that people living with mental illness are not only deserving, but also capable of thriving in our communities with balanced and productive lives is commendable. I look forward to interacting with these residents and making an impact in the Tennessee neighborhoods we serve together," said State Sen. Reginald Tate – (D) District 33, Memphis.

"Without a place to call home, people who suffer from mental illness can get caught in a pattern of staying in hospitals, shelters and even the criminal justice system," said Scott A. Bowers, CEO of UnitedHealthcare Community Plan of Tennessee. "This investment will help Tennesseans who are living with and managing mental illness live healthier and more independent lives."

"Adequate housing for individuals with mental illness is an important issue in Memphis, so we are extremely grateful to UnitedHealthcare Community Plan of Tennessee for supporting our efforts in such a significant and meaningful way," said Alliance Healthcare Services Executive Director Gene Lawrence.

According to the National Alliance on Mental Illness (NAMI), more than 245,000 adults and 65,000 children in Tennessee live with serious mental health conditions. Many of them are homeless and survive on low incomes. The Tennessee Department of Mental Health and Substance Abuse estimates that nearly 190,000 Tennesseans with mental illness are in need of some sort of housing assistance.

The state of Tennessee has been a leader in encouraging the creation of housing options for people with mental illness and co-occurring disorders. The Tennessee Creating Homes Initiative has leveraged public, private and non-traditional funding sources to create more than 4,600 housing options for Tennesseans diagnosed with mental illness and co-occurring disorders since 2001.

"There is a wealth of literature, both national and Tennessee-specific, to support the essential role of stable, safe, quality, and affordable permanent housing in the recovery process for persons with mental illness," said E. Douglas Varney, commissioner of the Tennessee Department of Mental Health and Substance Abuse Services. "The partnership of UnitedHealthcare Community Plan of Tennessee with Alliance Healthcare Services will help put housing within reach for more Tennesseans."

UnitedHealthcare Community Plan of Tennessee announced $1 million in grant funding in 2013 to increase housing options available for Tennesseans who suffer from mental illness. The partnership with Alliance Healthcare Services is the first grant to be made; additional awards will be announced later this year to create approximately 24 additional units for people who qualify.

Case Management, Inc. Helps Memphis Realize Full Potential with Their New Office

Reprint: Greater Memphis Chamber—RIBBONS | May 12, 2014

The Greater Memphis Chamber Staff and Ambassadors were excited to join Case Management, Inc. for their grand opening with a ribbon cutting on May 1st, 2014 located at 3171 Directors Row Memphis, TN 38131.

The caring staff at Case Management, Inc. answered a few questions for us about their business in Memphis:

Why Memphis? Why this location?

Memphis is where our agency was founded in 1990. We have looked

at expanding to other areas; however, we wanted to realize our full potential in the Memphis community first before doing so. We are excited about purchasing our first office building and moving into the Aerotropolis area. We look forward to being great community partners with the rest of the surrounding business community. It is actually very centrally located and convenient for our clients, particularly with the new MATA Bus terminal only a block away.

What does Case Management, Inc. do?

Case Management, Inc. is a community mental health center that provides a full array of comprehensive and integrated services to both children and adults in need of mental health services. We provide medication management, counseling services, assistance to the homeless, in-home case management services, psychiatric evaluations, mandatory outpatient treatment, assistance for those that have been victims of crime, assistance applying for social security benefits and housing services from independent to supportive. In addition, we have a Department of Human Services Representative on site for clients, access to onsite Pharmacy Services provided by First Pharmacy Services, Inc. and we are a Mid-South Food Bank agency partner. It is our goal to be a one stop shop for our clients.

Why did you join the Chamber?

We joined the Chamber in hopes to use it as a vehicle to educate the public more about mental illness and the services that we provide. Our agency has accomplished much and made great strides; however, we have not been very successful in telling our story. We believe that it is time to take our place at the table and make others aware of how vital the services provided by CMI are to our community and how important we are to the total healthcare picture in the Memphis & Shelby County area. We thought the best place to start was the chamber and we look forward to the opportunities that membership will bring.

What are some key things that allowed Case Management, Inc. to grow?

The key thing that has allowed Case Management, Inc. to grow is the ability to adopt to change quickly. Things are constantly changing in the healthcare arena, and this organization has stayed in the loop and made necessary adjustments when needed. The decisions have not always been easy or popular but were necessary in order to survive in a very evolving and demanding environment. We have been good stewards over our resources and have been very fortunate to have the caring and compassionate leadership of a strategic Board of Directors that understands their role and have trusted and supported the staff leadership. We were little CMI for so long, it is hard for others to see us as we are today, a leader in the mental health community. We don't take that position lightly and intend to use it for greater advocacy for the mentally ill.

Who is your target market?

Our clients are adults with mental illness and children with severe emotional disorders as well as their families. Mental illness affects the entire family and we understand that.

http://www.memphischamber.com/Newsroom/RIBBONS/May-2014/Case-Management,-Inc-Ribbon-Cutting#.U3--TeBJxPk.email

CHI Home in Dyersburg Dedicated in Memory of Dr. Jim Causey

It was a bittersweet day as Professional Care Service renamed and dedicated a mental health supportive living facility in honor and in memory of Dr. Jim Causey who passed away May 18, 2013. The ceremony was held May 9th - on what would have been Dr. Causey's 63rd birthday. The supportive living facility was originally established in 2000 as part of the Department's Creating Home Initiative (CHI). The purchase of the home was initially met with much opposition, with community members filing legal procedures to stop the establishment of the 4-bedroom facility. It was Dr. Causey who 14 years ago led the charge defending the housing rights of mental health consumers, successfully opening the Dyersburg facility. Today, the home has served many women transitioning from inpatient hospitalizations. Several individuals spoke at the May 18th ceremony including Commissioner Doug Varney from the Tennessee Department of Mental Health & Substance Abuse Services, staff from Professional Care Services, former and current patients living at the facility, along with PCS Board members Mr. Gordon Stone and Mr. Brad Smith. The facility was renamed the *Jim Causey Memorial Home*.

Centerstone Receives Special Local Non-Profit Recognition in Rutherford County

Reprint: WGNS Radio | April 29, 2014

Centerstone, one of the nation's largest not-for-profit providers of community-based mental health and addiction services, announced that it has received special recognition for its Therapeutic Intervention, Education and Skills (TIES) program from the Rutherford County Department of Children's Services (DCS). Centerstone staff members received a special plaque at a reception in observance of Child Abuse Awareness Month.

The TIES program, according to a press release, seeks to help contribute

to the safety, permanency, and well-being of children and families. It provides free services to help keep children and families together, including crisis intervention, intensive in-home therapy for all members of the family, parenting and life skills training, and referral services to help connect individuals with necessary resources such as substance abuse treatment.

"We are grateful to be recognized by the Department of Children's Services for our work with the children and families of Rutherford County: said Richard A. Boyd, Centerstone's Program

Coordinator for TIES. "It's because of the TIES team's hard work and dedication to an evidenced based model and our close partnership with DCS that we are able to receive such an honor."

Established in Rutherford County, the TIES program also serves Bedford, Cannon, Coffee, Davidson, Marshall, Rutherford and Warren counties. The program is funded by a grant from the Administration for Children and Families that is managed by the Tennessee Department of Mental Health and Substance Abuse Services.

"I have received contact from each and every family that has worked with this program on my referral-that they were thankful and beyond appreciative of the services provided," said Madalyn Adams, DCS Investigator. "Richard Boyd and the TIES program have presented themselves and their services as exemplary, definitely a program to set a standard by, and worthy of this presentation of our appreciation.

HEAR OUR VOICES

Transforming the Children's Mental Health System

HEAR OUR VOICES FILM CONTINUES TO RECEIVE HONORS

Hear Our Voices: Transforming the Children's Mental Health System was recently the winner of the "Best of Festival" honor at the Shining Light Film Festival. The festival, based in Indianapolis and presented by Awareness of Mental Health for the Performing Arts, "recognizes filmmakers and films that bring awareness of mental health, the realities of mental illness and the good news that recovery is possible."

This honor, along with the "Best Documentary" honor at the River's Edge International Film Festival and "Official Selection" recognition at four other festivals across the country, is something that we are very proud of. Hear Our Voices is reaching out to audiences and increasing awareness of the issues faced by children with mental illness as well as educating them about what System of Care is and how it is helpful to families.

We are excited as we look to the future and the opportunities that lie ahead for Hear Our Voices. If you have not ordered your copy of the film yet, **get one here**.

View the Trailer | **Order the DVD**

Fast Facts

Fascinating facts and interesting information

During the most recent reporting quarter of total individuals served, TAMHO members reported having served . . .

2,000 individuals with a primary diagnosis of a substance use disorder

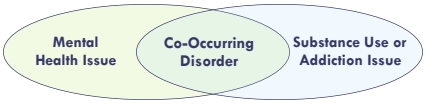
Secondary diagnosis of a mental health disorder

14,000 individuals with a secondary diagnosis of a substance use disorder

Primary diagnosis of a mental health disorder

Of the total individuals served by TAMHO member organizations, 16,000 individuals were diagnosed with a co-occurring disorder.

What is a co-occurring disorder?
A co-occurring disorder is when someone has one or more mental health issue along with one or more substance use or addiction issue.



DATA SOURCE: TAMHO Data Warehouse

New Member Announcement

TAMHO welcomes the **Tennessee Mental Health Consumers Association** as a new affiliate member. TMHCA is the only state wide consumer owned and operated organization in the country. Founded in 1988 and led by Anthony Fox, the organization offers Wellness Recovery Action Plan (WRAP®), Peer Counseling Training, Building Recovery & Individual Dreams & Goals through Education & Support (BRIDGES), Teacher and Facilitator Training, Regional Advocacy Program, Housing and Peer Delivered Medicaid Services. In addition TMHCA owns and operates a Peer Center in Memphis, Tennessee. TMHCA currently has seven locations licensed by the Tennessee Department of Mental Health and Substance Abuse Services to provide Peer Support and Psychosocial Rehabilitation services and operates with a staff of 43 individuals. Visit www.tmhca-tn.org.

Educational and Training Vouchers for Current and Former Foster Care Youth

Are you currently in or have been in foster care and need help paying for college or career school? If so, you might be interested to know that the John H. Chafee Foster Care Independence Program helps current and former foster care youth through the Educational and Training Vouchers (ETV) Program.

What are Educational and Training Vouchers?

ETVs are grants, funded by the federal government and administered by the states, awarded to eligible current and former foster youth to help pay for college, career school, or training.

Am I eligible?

The ETV Program is intended to serve

- youth who are likely to remain in foster care until age 18,
- youth who were adopted or under kinship guardianship at age 16 or older, and
- young adults ages 18–21 who have aged out of the foster care system.

For detailed eligibility information, you can find your state's Child Welfare Agency contact information at www.childwelfare.gov/fostercaremonth/more/contacts and contact them directly.

How much ETV funding can I get?

Students can get up to $5,000 per academic year based on cost of attendance and available funds.

How do I apply for an ETV?

Apply for vouchers and learn more about the ETV Program:

- Contact the Foster Care Manager at the Child Welfare Agency in your state. Find state Child Welfare Agency contact information at the U.S. Department of Health and Human Services' website www.childwelfare.gov/fostercaremonth/more/contacts.
- Some states have their ETV Program administered by a third party. Visit www.statevoucher.org to find out if you live in one of those states.

Is there any other help for current or former foster care youth besides these education and training vouchers?

- For general information, help, and resources for foster care youth, visit the U.S. Department of Health and Human Services' Children's Bureau at www.childwelfare.gov/fostercaremonth.
- For a list of specific in-state college tuition waivers, visit www.nrcyd.ou.edu/state-pages/search to search for waivers in your state.

This information was compiled in the summer of 2013. For updates or additional information on federal student aid, visit StudentAid.gov/funding or call 1-800-4-FED-AID (1-800-433-3243).

Federal Student Aid
An OFFICE of the U.S. DEPARTMENT of EDUCATION

PROUD SPONSOR of the AMERICAN MIND™

July 2013

Course Content Updates

Suicide Course Series Facelift: The three course series on suicide, (Prevention, Assessment and Treatment, and Screening and Risk Factors) underwent a major revision. In Addition, 11 other courses underwent full revisions and/or an update to any DSM-5TM related sections and terminology. Some courses underwent a title change. Click the learn more icon to see all course updates or visit http://click.reliaslearning.com/JH1tNorD1V0W5X00ZK00070.

Learn More

Relias Learning Acquires Autism Training Solutions

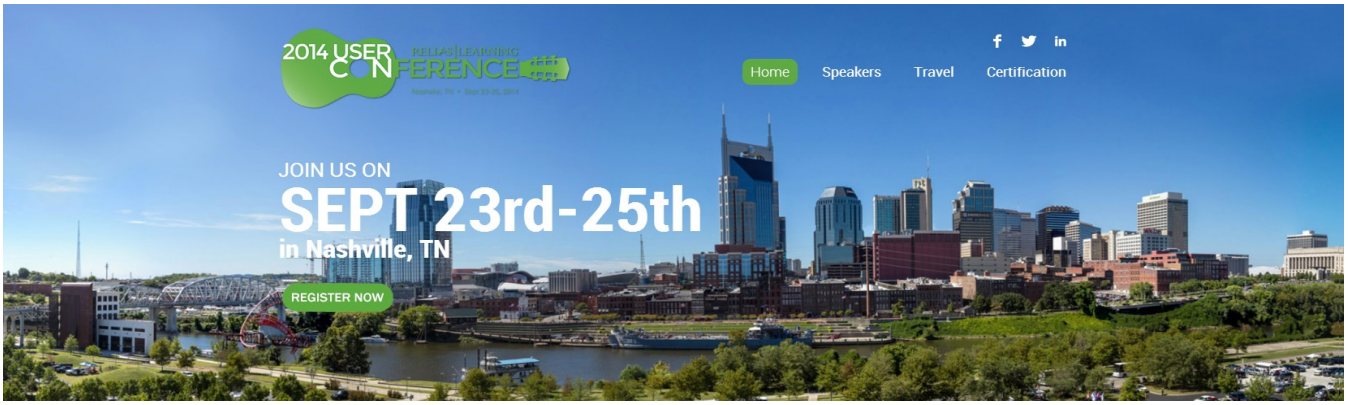
We are thrilled to announce that Relias Learning has acquired Autism Training Solutions, a leading online education company focused on evidence based interventions for autism and other related conditions. This is an exceptional opportunity for Relias to serve a rapidly growing market (currently 1 in 68 children) and ensure that you, our customers, always have the very best training and education solutions available.

Autism Training Solutions (ATS) is the online education company dedicated to training professionals and paraprofessionals within the field of Autism Spectrum Disorders and related behavioral disabilities. Through a unique blend of naturalistic video examples and interactive exercises, ATS has created dynamic approach to staff training. ATS' training programs have improved government and private practice training operations while creating new success stories for individuals on the spectrum.

As a Relias customer, the ATS courses will be available as an add-on library:

- Over 29 courses written for paraprofessionals/front line staff and clinical professionals providing ABA interventions approved by the Behavior Analyst Certification Board (BACB) for CE credits and the Registered Behavior Technician (RBT) credential
- Courses include videos of real children, across the spectrum, receiving evidence-based interventions within their natural environments

Relias is committed to serving more than 4,000 organizations and nearly 2 million professionals with the most comprehensive content library and tracking solutions available in the market. We believe this exciting new acquisition embodies our ongoing strategy and commitment to all of our customers in every industry they serve.



GROUP PURCHASING PROGRAM

BEHAVIORAL HEALTH

NEWS & EVENTS

tamho
tennessee association of mental health organizations

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.

TAMHO does not currently accept advertising for inclusion in the Behavioral Health News & Events Newsletter but does recognize the support of sponsors of various projects and events by placement of their logos in the newsletter. Please contact the TAMHO office to learn more about sponsorship opportunities.

Information provided within the Newsletter does not imply support or endorsement in any way by TAMHO and/or its member organizations.

Please contact the TAMHO office for more information about TAMHO, member organizations, collaborative arrangements with TAMHO, or contributing to the content of future editions of the Newsletter.

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