



tamho
 tennessee association of
 mental health organizations

BEHAVIORAL HEALTH NEWS & EVENTS

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Tennessee Association of Mental Health Organizations (TAMHO)

October 2014

Message from the Executive Director



Ellyn Wilbur
 Executive Director
 TAMHO

In my role as Executive Director of TAMHO, I attend many meetings and most of them, while important, are routine in nature. I recently participated in a meeting that focused on suicide and suicide prevention efforts in

Tennessee, and the information shared during the meeting was anything but routine.

The facts about suicide in our own state are stunning. More than 900 people die by suicide in Tennessee each year.

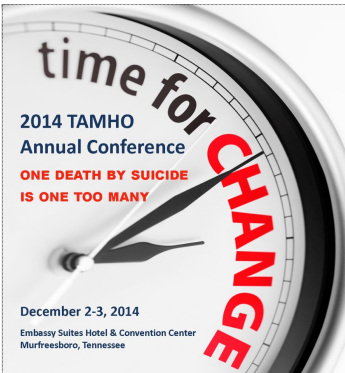
Suicide is the second leading cause of death for youth and young adults ages 15 – 24. More individuals die by suicide each year than from homicide, AIDS, or accidents involving drunk drivers. Suicide is the leading cause of violent deaths in our state, nationally and worldwide, and far above homicide and death due to natural disasters.

There is a lot known about people who die by suicide and the risk factors involved. There is also a lot known about how to identify those at risk and perhaps most importantly, how to provide effective intervention.

Please join TAMHO at our Annual Conference: “Time for **CHANGE: One Death by Suicide is One Too Many**”. It will be held at the Embassy Suites Hotel and Conference Center, Murfreesboro Tennessee on December 2-3, 2014. We are pleased to have as our keynote speaker, Kevin Hines, a remarkable survivor and author of *Cracked, Not Broken*. You will have a chance to meet him personally at a book signing during the event. We will also hear from national and local experts on the newest scientific and programmatic learning in suicide prevention and how we can transform Tennessee to zero suicides.

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Kevin Hines Is Still Alive

Thirteen years after he leapt off the Golden Gate Bridge, A memoirist still battles his demons.

AUTHOR & CONTRIBUTOR:

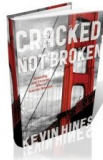
Scott Lucas, *San Francisco Magazine, Modern Luxury*, July 18, 2013, <http://www.modernluxury.com/san-francisco/story/kevin-hines-still-alive> Photo: Courtesy Kevin Hines [TAMHO 2014 Annual Conference Keynote Speaker — Kevin Hines]

FEATURE ARTICLE — General Session Keynote Speaker, Kevin Hines | TAMHO 2014 Annual Conference | December 2-3, 2014 | Embassy Suites Hotel and Conference Center | Murfreesboro, Tennessee

Since the Golden Gate Bridge opened in 1937, thousands of people have tried to kill themselves by leaping off. Only 34 have lived.

Kevin Hines is one of them. On September 24, 2000, the paranoid and hallucinating nineteen-year-old flung himself off the bridge in a suicide attempt. He fell 220 feet straight down into the bay, shattering his T12, L1, and L2 vertebrae and lacerating his lower organs. A Coast Guard boat pulled Hines from the frigid waters, and brought him to San Francisco General Hospital.

Thanks to an experimental surgery, the plunge into the water left almost no physical evidence on Hines’ body. He has a few scars, but otherwise his body is whole again. Currently, he lives in San Francisco with his wife and dog. He’s a comic book guy—he has an original Uncanny X-Men signed by Jack Kirby. He loves to watch indie films. He exercises every day. He now works as a mental-health advocate, traveling the world to share his story in the hopes of preventing suicide. His first book, *Cracked, Not Broken*, a memoir of his life before and after his suicide attempt, has just been released.



Hines has experienced a lot of notoriety as a bridge-jump survivor. He was in the documentary film *The Bridge*. He sat across the interview table from Larry King on CNN. Every newspaper in town has written about him. He has spoken to audiences of school kids, corporate executives, and even members of the military—350,000 people have heard him speak in the last decade. But even though he has toured the world to share his story, Hines does not define himself as The Bridge Guy.

Today he wants to talk about how he turned his life around, from desperately wanting to die to devoting himself to helping other people live with their mental illnesses. I asked Hines to meet me at a park in San Francisco’s Jackson Square to talk about the struggles that inspired the book,

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which I read in one sitting. I was surprised at how soon in the text that the jump comes. By page 60, he's already in the water. The bulk of the book takes place in the years after. I tell him that the aftermath is what I am most interested in learning about, and he smiles. Few people seem to ask him to talk about that part of the story. "There's so much more to my life," he says.

In some ways, the scars on Hines's body mirror the emotional ones from his infancy. His parents were addicted to hard drugs and suffered from their own mental illnesses—both had bipolar disorder, which they passed onto him. When the San Francisco Police Department barreled through a motel door, the officers found Kevin as a baby with his older brother, Jordache, lying on a bed with drug paraphernalia all around them. "We both were infants, and both had bronchitis," Hines tells me, his freckled face grim. "My brother died. My only full-blooded brother, gone from this world."

Hines bounced through the foster care system before being adopted as a toddler by a San Francisco couple, Patrick and Debbie Hines, whom he considers his parents. "My dad," Hines says, "is an old school banker, an old school San Franciscan, and a tough Sunset Irishman." (Patrick Hines now sits on the advisory board for [The Bridge Rail Foundation](#), which works to stop suicides on the bridge). The couple adopted two other children, and after a rough start, Hines had a stable—perhaps even idyllic—childhood.

But when he was in his late teens, his fortunes plummeted. His parents divorced. His drama teacher—a mentor—committed suicide. And at seventeen and half, Hines suffered a mental breakdown, succumbing to what was later diagnosed as bipolar disorder with paranoia and auditory and visual hallucinations. Without a formal diagnosis or a treatment plan, neither he nor his parents knew what to do. Hines says he would drink himself into blackouts in order to cope.

The toil wore him down. After suffering for two years, he came to a point where he was "so depressed, so down." He loathed himself, he says. "I didn't believe that I deserved to live. I believed there was no other option but my death by my own hands." When he tells me about the day that he jumped, he tells it almost automatically. He's given this same story more times than he can count.

Desperately ill, Hines took two MUNI buses out to the bridge, sitting in the back and crying the whole way. When the bus stopped at the Golden Gate, Hines thought that the bus driver was coming to comfort him. Instead, he got kicked off. Pacing up and back along the bridge for forty minutes, Hines prepared himself to jump. No one loved him, he

thought, he was all alone. A woman approached him and asked him to take her picture. He took the shots and she walked away. She never asked what was wrong with him. That was when he leapt over the rails.

He went over headfirst. "There was a millisecond of free fall," he says. "In that instant, I thought, what have I just done? I don't want to die. God, please save me." Whether it was throwing back his head in prayer or simply the angular momentum of his fall, Hines's body rotated so that instead of hitting the water head-first, he landed in a sitting position, taking the impact in his legs and up through his back.

Hines claims that when he was in the water, a sea lion held him up. That part of the story, even Hines admits, is hard to believe. Hines was hallucinating at the time. But dolphins have been known to make similar rescues, and Hines claims that witnesses on the bridge saw the animal. And so, this is part of his narrative. What we do know for certain is how Hines, crippled and near to drowning, was rescued from the water. A Coast Guard boat—summoned by a woman who had seen him jump while driving on the bridge and called 911 on her car phone—soon scooped up Hines.

He was taken to San Francisco General Hospital for emergency surgery. The doctors saved his body. Hines has full mobility today. But surgery can't fix the demons swimming around his mind. You don't ever really cure mental illness, he says. "It's just like alcoholism. I'm in recovery every day."

I ask Hines why he thought he had to die that day on the bridge, and he corrects me. "People who die by suicide or attempt suicide don't truly want to die. They may say the word 'want,' but they don't. The psychosis brings them to the point of believing that they *have to*."

Even though his work as a mental health advocate keeps him going, Hines still has bad days. In fact, he has had bad years. In the time since his jump, Hines has stayed in seven psychiatric hospitals. He's been put in involuntary police holds five times. He's been in several halfway houses. Within a year of his bridge attempt, he forced open an eighth story window in his dorm room at San Jose State and almost jumped. He was sitting on the ledge when three of his friends broke down the door to his room and coaxed him back inside.

But he says he has gained self-awareness as well as a psychological strength from his battles. He has learned not to try to eliminate his disease by force of will, but to navigate its currents. There have been some good times in the last several years. He

is married to a woman he met while she was visiting a relative in a hospital. He's traveled the world. Hines says that in his presentations, he tries to open people's eyes to the struggle that he went through so that they can understand the challenges in their own lives. The Irish-American rock band Friends of Emmett wrote a song about him, called "Coming Apart." In the video, Hines consoles a woman who has climbed to the top of a building and almost jumped off.

He hasn't attempted suicide since the dorm incident. He says that he's on medication now, and has a wellness routine that he follows strictly. He eats healthfully most days. He exercises every day. He sleeps seven or eight hours on most nights. He's educated himself about mental health and his disorder. Still, there are times when his regimen isn't enough.

Once, a few years ago, he believed that his wife and his father were planning to kill him. "I got into a tizzy," he says. He recounts the experience in a chapter of *Cracked, Not Broken* that's an unedited version of what he wrote down during at the time: "My wife & Dad are plotting to kill me sometime in the next few months," he writes. It's hard to read. "With enough time," Hines says now, "I can beat the paranoid delusions."

The measure of Hines's growth is not that he no longer suffers from these episodes. The measure is how he reacts to them. The last time he felt the madness, he called the police, asking to be committed. It's called 5150-ing yourself. The police officers had to arrest him outside of a coffee shop, in view of everyone inside. "In the police car on the way to the hospital, one of the officers recognized me," Hines says. "I had given him a presentation on dealing with mental health issues. He thanked me for not being violent. We laughed, and I thanked him for taking me in when they dropped me at the hospital."

When Hines was recovering in the hospital after the bridge jump, a priest visited him at his bedside. He asked Hines why he was there. "I jumped off the Golden Gate Bridge," he answered. The priest laughed and said, "Oh yeah? And I'm the Pope." But Hines's father convinced the priest, and soon he was a regular visitor. The priest encouraged Hines to talk about what he had been through. Hines wasn't sure.

The first time Hines shared his story in public, it was to a group of seventh and eighth graders at the middle school he had attended. It was Good Friday, and he stayed up until three in the morning writing his speech ("Not good for my mental health," he jokes.) After he delivered it, he received 120 letters, one from each of the students who had listened to

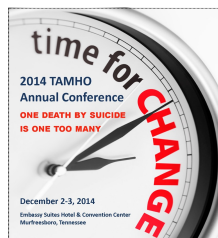
him. Among those were several from children who were suicidal. Because the letters were screened, those students received help. That was the beginning of his mission. Hines has spoken in front of thousands of people since then, always with the same basic message: You are not alone.

That's the idea behind the book, too. Even though he'd been telling his story publicly for a while by then, the act of writing was a challenge, and the book took him several years to finish. "Writing it was cathartic," Hines says, "But also very hard. My wife could barely read it, because it brought her back to those painful times." I also have the sense that it was hard to write because it forced him to grapple with the same question I had for him: Can you ever stop being The Bridge Guy? He admits that there's an irony there. Without the jump, it's hard to see Hines becoming such a well-known figure, and it's nearly impossible to see him devoting much of his life to suicide prevention. He doesn't define himself as that guy, but he seems willing to pretend to be him, if it will get his message across.

Hines recounts a story for me that seems to prove his point. Several years ago, after *The Bridge* had been released, Hines was walking down Montgomery Street by himself. A thick hand grabbed his shoulder. It belonged to a six-foot-tall man who turned Hines around and looked him in the eye. "My son died," said the man. "My son died and you lived. Why?" Hines pauses when he tells me the story. "I was freaking out. I thought he was going to kill me—and for once that wasn't my paranoia." The man had recognized Hines from the film, which means he'd heard his message, even if it came too late to save his son. "I didn't know what to say. So I finally said to him, 'I'm sorry.' He broke down and cried. I stayed with him until he walked away."

If you or someone you know is thinking of harming themselves, please call:

- Emergency Medical Services 911
- Tennessee Toll-Free Statewide Crisis Telephone Line 1-855-CRISIS-1 (1-855-274-7471)
- National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or online at <http://www.suicidepreventionlifeline.org/>



Refer to pages 20-21 for TAMHO 2014 Annual Conference information.

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

October

5-11 **Mental Illness Awareness Week**

6 **NAMI Tennessee Movie Screening *Dead Poets Society*** | Sarratt Cinema, Nashville | www.namitn.org

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

17 **Disability Rights TN | Open House** | Nashville | www.dlactn.org

November

26-27 **TAMHO Office Closed in Observance of the Thanksgiving Holiday**

December

TAMHO
2-3 **Annual Conference**
2 **Awards & Recognition Ceremony**
Embassy Suites Hotel and Conference Center | Murfreesboro

Tennessee Association of Drug Court Professionals (TADCP) Annual Conference
Embassy Suites Hotel 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.

Statewide Happenings

TAMHO Members Accepted to Participate in a National Initiative

National Council Reducing Adolescent Substance Abuse Initiative

The National Council for Behavioral Health announced the 29 community behavioral health organizations from across six states selected to participate in the Reducing Adolescent Substance Abuse Initiative. This two-and-a-half year project is designed to help providers systematically implement a screening, brief intervention, and referral to treatment (SBIRT) protocol to address substance use among adolescents ages 15–22 who receive services for an emotional disturbance or a psychiatric disorder. The project will also address how Medicaid, through its early periodic screening, diagnosis, and treatment (EPSDT) benefit, can pay for SBIRT services. The Conrad N. Hilton Foundation supports this project.

Tennessee participants selected in a competitive process include:

- Tennessee Association of Mental Health Organizations (State Lead)
- Alliance Healthcare Services
- Carey Counseling Center, Inc.
- Frontier Health
- Helen Ross McNabb Center

The selected organizations will have learning activities and technical assistance provided through National Council and Health Management Associates (HMA).

TennCare Children's Services Pilot to Start October 1, 2014 in Middle Tennessee

Middle TN providers will begin a pilot program of two levels of care for children and their families beginning October 1, 2014. Participating providers include: Centerstone, Volunteer Behavioral Health Care System, LifeCare Family Services, Mental Health Cooperative, Health Connect America, and Youth Villages. This is a collaboration between the providers, all three MCOs (Amerigroup, BlueCare, United Healthcare) and TennCare with assistance from TDMHSAS, TVC and TAMHO. The services were modeled after the System of

Care model, a SAMHSA Evidenced Based Practice.

The two levels of care include **Home Based Treatment and Mental Health Care Coordination**.

Home Based Treatment (HBT): the primary goal of HBT is to provide a time-limited community-based alternative for children/youth at immediate risk of out-of-home placements such as inpatient hospitalization, residential treatment, and other placements due to severe and high risk mental health symptoms. These symptoms require comprehensive and coordinated in-home treatment interventions. The HBT provides in-home individual and family psychotherapy and counseling using evidenced based treatment modalities in addition to care coordination focused on improving child/youth and family linkage and engagement to providers and community resources. The HBT team is responsible for monitoring medications, both psychotropic and non-psychotropic. Family care conferences are a critical component of the HBT model and are used to ensure stakeholder investment and participation in comprehensive individualized treatment planning. Children can enter the pilot either prior to entering a higher level of care or as a step down when the more intensive service is no longer needed.

Mental Health Care Coordination (MHCC): The primary goal of MHCC is to identify and coordinate the multiple systems and community stakeholders that serve the child/youth in order to meet the mental health needs of the child/youth. MHCC facilitates access to services, resources, and treatment providers and ensures ongoing coordination and collaboration. Family care conferences are a critical component of the MHCC and are used to ensure stakeholder investment and participation in comprehensive individualized treatment planning, routine follow up, and coordinated discharge planning. MHCC empowers the parents/caregivers to manage the child/youth's needs post discharge and therefore must be accessible to the family's schedule.

For both services, the use of a Family Support Specialist is recommended, as appropriate.

All services currently offered will continue to be offered during the life of the pilot.

Both models of care will be provided in a way

that promotes resilience. “Resilience is the capacity to rise above difficult circumstances, allowing child/youth to exist in less-than-perfect worlds, while moving forward with optimism and confidence. Resilience is promoted when important adults believe in them unconditionally and hold them to high expectations.” (Fosteringresilience.com)

MHSIP 2014

In March 2014, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Office of Research, completed an analysis of the Adult and Parent/Guardian satisfaction with community mental health services across the state. The survey used is the Mental Health Statistical Improvement Project Survey (MHSIP) for Adults and Parent/Guardians. The results from this survey are reported annually to CMHS as part of the requirements for the Mental Health Block Grant.

In **FY13, 8,276 surveys** were completed by adults receiving services at community mental health centers. The highest scored domains include:

In **FY13, 2,435 surveys** were completed by

- 88%** were pleased with access to services
- 82%** were pleased with participation in treatment planning
- 91%** were pleased with the quality and appropriateness of services
- 90%** had overall satisfaction with the care they received

adults whose children were receiving services at community mental health centers. The highest scored domains include:

- 87%** were pleased with access to services
- 88%** were satisfied with services
- 93%** were pleased with participation in treatment planning
- 94%** were pleased with cultural sensitivity

Veteran Suicides on the Rise in Tennessee

Tennessee Department of Mental Health and Substance Abuse Services Commissioner Douglas Varney and Tennessee Department Veterans Affairs Commissioner Many-Bears Grinder today announced the number of suicides by Veterans increased from 197 in 2012 to 214 in 2013.

September is National Suicide Prevention Month which is an initiative to raise awareness about the tragic trend and the resources available to offer support.

“Sadly, our brave men and women who once served in uniform may struggle with thoughts of suicide and thoughts of giving up,” Varney said. “They must always know they are never alone.”

“The wounds of war are not always visible, but can at times manifest under the surface for some Veterans who may not realize how quickly depression can become a critical situation,” Grinder said. “One suicide is too many and we are committed to increasing awareness about available resources and identifying gaps to better serve struggling Veterans.”

Since 1990, more than 4,200 Veterans have committed suicide in Tennessee, making up 21 percent of all suicide deaths in the state. The counties with the highest rate in 2013 include Shelby County with 25, Davidson County with 19 and Knox County with 15.

Marine Veterans Stephen Cochran served in Afghanistan and Daniel Dean served in Iraq. Both are currently partnering with the TDMHSAS and TDVA to improve suicide prevention. Both Cochran and Dean are country music artists. Dean starred in Cochran’s music video which highlights the reality of Post-Traumatic Stress called “Pieces”.

“Unfortunately, there is no easy solution to identify and support every Veteran who is facing thoughts of suicide, but the first step needs to be removing the negative stigma of reaching out for help,” Cochran said. “I want to encourage Veterans to get the help they need and to be relentless in getting that support. Do not give up because the next chapter of your life is worth sticking around for.”

“Many of us saw and experienced unimaginable loss,” Dean said. “We have lost more of our fellow Veterans after we returned home, than

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

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



To find resources for children in Tennessee, visit <http://kidcentraltn.com/>.

we did while serving in combat. It has to stop and we won't quit searching for solutions. We urge others to share this message of hope and support so we can reach all those who may be hurting right now."

The Tennessee Department of Mental Health and Substance Abuse Services offers a crisis hotline that offers support 24 hours a day, 7 days a week 1-855-CRISIS-1.

The United States Department of Veterans Affairs offers a crisis line that also offers support 24 hours a day, 7 days a week at 1-800-273-8255, VeteransCrisisLine.net/Chat or send a text to 838255. Other online resources from the United States Department of Veterans Affairs are offered at www.MakeTheConnection.net and SuicidePreventionLifeline.org.

Veteran Criminal Justice Professional Named to Lead Office of Inspector General

A veteran law enforcement professional has been named to lead Tennessee's **Office of Inspector General (OIG)**, which pursues fraud among members of TennCare, the state's healthcare insurance program. **Emmanuel (Manny) Tyndall** has been with the OIG since December of 2004, and was one of the first five special agents hired to work in the agency's criminal investigation division. Most recently, he served as Assistant Inspector General. Both the OIG and TennCare are part of the Department of Finance and Administration.

"We had many very good candidates for this important role, and Manny has the key qualities that will continue the challenging work of the agency," F&A Commissioner Larry Martin said. "He has the background for this position, and it's certainly favorable that he has served in a leadership role at the OIG. We look forward to working with him in the years ahead."

Tyndall holds master's degrees in Criminal Justice and Health and Human Performance. He is also a graduate of the Tennessee Law Enforcement Training Academy and the FBI National Academy. He has been a state employee for approximately 20 years and is a retired veteran of the U.S. Army. Tyndall's appointment is effective immediately.

"I've watched the OIG grow from infancy to the most professional health oversight and law enforcement agency I know of," Tyndall said. "I look forward to continuing the advancement of a successful, skilled and specialized agency that ultimately reflects positively on the state and works hard to fulfill its mission to preserve TennCare."

Tyndall succeeds Deborah Faulkner, who started the OIG in 2004 and this summer became Assistant Police Chief in the City of Franklin, which is nearer to her home and family. Faulkner is now Chief of Police for Franklin.

The OIG, which is separate from TennCare, began full operation in February 2005 and has investigated cases leading to over \$5 million being repaid to TennCare,

Teenage Binge Drinking Rate in Tennessee Drops

Fewer teens and pre-teens in Tennessee are abusing alcohol, according to the findings of a five-year prevention effort.

Fewer teens and pre-teens in Tennessee are abusing alcohol, according to the findings of a five-year prevention effort. The emphasis was on changing community attitudes and behaviors and the risks of having five or more drinks on one occasion.

Lead by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), the state's efforts achieved reductions in binge drinking well beyond the national average.

During a period from 2009 – 2013, the statewide rate of binge drinking teens, between the ages of 14 and 17, dropped nearly 16%. In the 18 to 25 age range, the decrease was more than 5%.

"Recognizing that there is a problem is the first step," said E. Douglas Varney, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). "The reduction in binge drinking speaks to a concerted effort by anti-drug community coalitions in the state, treatment providers, families, and young people themselves."

DROP IN BINGE DRINKING REDUCES ALCOHOL-RELATED INCIDENTS

Along with getting more young people in Tennessee to stop binge drinking, a second goal was achieved in reducing the often tragic consequences when teens and pre-teens drink to intoxication. Rates of young people driving drunk, getting arrested, being involved in fatal car accidents and other alcohol related offenses went down.

Alcohol Related Arrests	↓ 25%
Juvenile DUI Arrests	↓ 24%
Alcohol Related Traffic Fatalities	↓ 14%
Driving while Intoxicated	↓ 14%
Riding with a Driver who was Drinking	↓ 11%

"Consuming significant amounts of alcohol can put anyone in danger of harm to themselves and others," said Commissioner Varney. "Young people are especially at risk. I'm so glad to see how prevention efforts are working to encourage young people to avoid binge drinking and keeping them out of danger and from possible death."

For more information, visit www.tn.gov/mental.

Drug Overdose Deaths Continue to Rise in Tennessee

New State Law on 'Overdose Antidote' Naloxone Use Now in Place

The Tennessee Department of Health's Vital Statistics office today released data on 2013 drug overdose deaths in the state. The 1,166 fatalities last year involved prescribed and illegal drugs, unintentional and intentional overdoses, and compares with 1,094 overdose deaths in 2012. In each of the last two years, more

people died from drug overdoses in Tennessee than in either motor vehicle accidents or homicides or suicides*.

	OD	MVA	Homicide	Suicide
2012	1,094	958	456	956
2013	1,166	1,008	405	1,017
Total	2,260	1,966	861	1,973

*Source: Tennessee Department of Health, Office of Vital Records

“If you, a friend or a loved one is at risk for an opioid overdose, talk with your healthcare provider about a very safe antidote that anyone can learn to administer,” said TDH Commissioner John Dreyzehner, MD, MPH. “In many opioid overdoses, death can be prevented by administering the drug naloxone, almost immediately reversing the deadly effects of opioids and allowing time to reach further medical treatment.”

Effective July 1, 2014 a licensed healthcare practitioner in Tennessee can prescribe naloxone to a person at risk of experiencing an overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

“Injectable naloxone is approved by the Food and Drug Administration and has been used by emergency responders for years,” Dreyzehner said. “Thanks to an act of our state legislature this past session, this life-saving ‘overdose antidote’ is now more accessible to save lives and can prevent a mistake from being deadly or give more people a second chance at recovery instead of death. In addition to the FDA-approved injectable version there is a nasal spray version that may be preferable for some.” *Drug overdose deaths... Page 2*

According to a February 2012 report by the Centers for Disease Control and Prevention, naloxone use was associated with more than 10,000 opioid overdose rescues that otherwise might have been overdose deaths. E. Doug Varney, commissioner of the Tennessee Department of Mental Health and Substance Abuse Services, hopes the drug will save lives across Tennessee.

“The abuse of prescription drugs, specifically opioids, is an epidemic in Tennessee, with disastrous and severe consequences to Tennesseans of every age,” Varney said. “This high number of overdose deaths can be prevented if we all work together and fight this deadly epidemic. Please join Governor Haslam, Commissioner Dreyzehner, other state leaders and myself as we find a ‘Prescription for Success’ to prevent and treat this deadly epidemic.”

Tennessee Department of Health data from 2013 show 54 percent of overdose deaths were men and 46 percent were women. The median age of overdose death victims was 46 years old, with 75 percent being between 30 and 59. Nine of the unintentional deaths were among individuals between 15 and 19 years of age. By race, whites accounted for the vast majority, 90 percent, of overdose deaths. By education level, 72 percent of overdose deaths were among people with a high school diploma, GED certificate or less education.



**NEW NAME. NEW OFFICE.
SAME COMMITMENT TO JUSTICE.**

OPEN HOUSE

Disability Rights Tennessee is hosting an Open House October 17th from 4:30-6:30pm to celebrate our new name and our new offices.

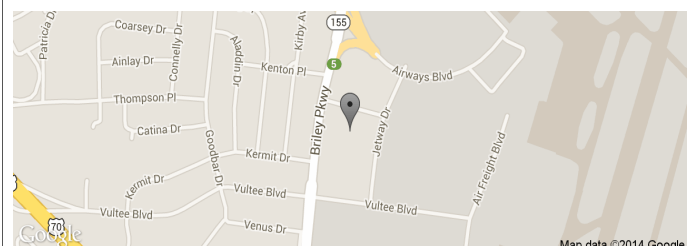
We hope you'll join us to check out our new space, enjoy some light hors d'oeuvres and toast new beginnings!

RSVP



2 International Plaza, Suite 825
Nashville, TN 37217

1.800.342.1660
<http://www.dlactn.org/>



When a healthcare provider writes a prescription for naloxone, he or she can provide instructions on how the medication should be used. Instructions may vary, depending on the type of system (injectable or nasal spray) or by the supplier of the medication.

In all cases when naloxone is administered, it's important to call 911 as quickly as possible because naloxone provides only temporary reversal of an overdose. When first responders arrive, they should be informed naloxone has been administered and they should be given the empty syringe or nasal spray device. This will help greatly with their life-saving efforts.

The overdose victim may experience intense withdrawal and it is important he or she be treated as quickly as possible by healthcare professionals to ensure medical care is continued to save the victim's life. If the overdose victim is not treated quickly by healthcare professionals, the victim may die when the temporary effects of naloxone end.

For more information about naloxone, visit the American Public Health Association website www.ncbi.nlm.nih.gov/pmc/articles/PMC2661437/

To view a video about naloxone and how it is used, visit: <http://prescribetoavoid.com/video/>

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee. TDH has facilities in all 95 counties and provides direct services for more than one in five Tennesseans annually as well as indirect services for everyone in the state, including emergency response to health threats, licensure of health professionals, regulation of health care facilities and inspection of food service establishments. Learn more about TDH services and programs at <http://health.state.tn.us/>.

Board of Medical Examiners Continues to Deliberate Rules and Regulations Around Telemedicine

The Tennessee Board of Medical Examiners has held three public meetings regarding their proposed rules. They continue to deliberate on the specific rules that have caused the greatest concern to providers including, but not limited to: the requirement that patients have a prior, face-to-face appointment with a doctor before beginning telemedicine services; that the patient be seen face-to-face every fourth encounter or yearly (whichever comes first); and the prohibition of prescribing any Schedule II medications via telemedicine technology. While we understand and appreciate the need to ensure consistency and quality for health care delivered through telemedicine, we also believe that both can be achieved without limiting access to those who need it most. Ninety-four (94) of Tennessee's ninety-five (95) counties have been designated Health Professional Shortage Areas for behavioral health professionals and an essential way to meet the needs of children, youth, families and adults is through the use of telemedicine.

TAMHO will continue to monitor the Board of Medical Examiners review of the draft Telemedicine Rules. The BME will continue their deliberations in their next meeting scheduled for November 17. We hope that the delay in finalizing the Rules, combined with the continued education about the practices currently in place,

will result in a revised set of Rules that will better respond to the needs of people served by the public behavioral health system.

Injury From Falls is a Leading Cause of Death for Tennessee Seniors

A simple fall may be just a nuisance for many people, but for a senior adult it can be a matter of life or death. "Falls and the resulting injuries can lead to loss of independence for seniors and disrupt families," said TDH Commissioner John Dreyzehner, MD, MPH. "For any of us, a fall can range from a brief embarrassment to a life change, all in an instant. This awareness day is an opportunity for everyone, but especially for older adults and their support communities, to learn how to reduce fall risks so our seniors can stay independent for as long as possible."

Falls are the leading cause of emergency department visits, hospitalizations and death for Tennesseans over the age of 65. In 2012, there were 212,254 emergency department visits; 17,629 hospitalizations and 590 deaths due to falls in Tennessee. The Centers for Disease Control and Prevention estimates Tennessee spent more than \$400 million in medical costs due to falls in 2010 alone.

TDH recommends the following simple strategies for preventing falls among older adults:

- Exercise regularly
- Have annual vision checks
- Review medications with your health care provider to reduce side effects
- Wear sensible shoes
- Use a handrail when on stairs.
- Always use another balance point besides your two feet. Make a pact with your spouse, a loved one, or a friend to hold on to each other while walking.

Perform a simple fall prevention checklist to reduce hazards. The CDC has a checklist available online at www.cdc.gov/ncipc/pub-res/toolkit/checklistforsafety.htm.

In July, the Tennessee Department of Health trained 20 individuals to lead "Stepping On" classes. Stepping On is a comprehensive falls prevention program designed to change behaviors and increase self-confidence for people over 65 years of age and reduce the fear that leads to inactivity and withdrawal from social activities. Conducted by occupational therapists and other subject matter experts, the program consists of one two-hour session each week for seven weeks covering topics including appropriate footwear; household safety hazards; the effect of vision and medication management on fall risk; tips for staying safe outside the home; fall prevention strategies and how to cope if a fall does occur. Classes also feature fun, easy strength and balance exercises to improve mobility and self-assurance. If you are interested in hosting a class in your area, contact Terrence Love at Terrence.Love@tn.gov.

This year's Falls Prevention Awareness Day theme, **Strong Today – Falls Free®**

Tomorrow, highlights the important roles professionals, older adults, caregivers and family members play in raising awareness and preventing falls in the older adult population. Falls Prevention Awareness Day is sponsored by the National Council on Aging. Learn more at www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-prevention-awareness.html.

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee. TDH has facilities in all 95 counties and provides direct services for more than one in five Tennesseans annually as well as indirect services for everyone in the state, including emergency response to health threats, licensure of health professionals, regulation of health care facilities and inspection of food service establishments. Learn more about TDH services and programs at <http://health.state.tn.us/>.

Department of Health and Human Services Announces Funding Awards

On 9/22/14, the Department of Health and Human Services announced the following awards:

More than \$34 million to train just over 4000 new mental health providers, including \$30.3 million to expand the mental health workforce through 100 new grants to training programs to train new mental health and substance abuse health professionals who treat children, adolescents, and young adults with, or at risk for, a mental health or substance use disorder.

Congratulations to Tennessee recipients of this funding:

University of Tennessee- Knoxville (\$328,267) and University of Memphis (\$473,892) | More than \$48 million to support teachers, schools and communities in recognizing and responding to mental

health issues among youth, creating safe and secure schools and promoting the mental health of students in communities across the country through 120 new Project AWARE (Advancing Wellness and Resilience in Education) grants to state and local educational agencies.

Tennessee Department of Education (\$1,950,000) and Shelby County Schools (\$100,000) | \$16.7 million to support 17 new Healthy Transitions grants, to improve access to treatment and support services for youth and young adults ages 16 to 25 that either have, or are at high risk of developing, a serious mental health condition.

Tennessee Department of Mental Health and Substance Abuse Services (\$1,000,000)

To see the lists of award winners, visit www.hrsa.gov/about/news/2014tables/behavioralworkforce/

<http://beta.samhsa.gov/sites/default/files/fy14-grant-awards-nitt.pdf>

Health Insurance Marketplace Open Enrollment Period

Open Enrollment for a Qualified Health Plan in the Marketplace is November 15, 2014-February 15, 2015 for coverage starting in 2015. Individuals may also qualify for Special Enrollment Periods outside of Open Enrollment if they experience certain life events such as moving to a new state, certain changes in income, and changes in family size (marry, divorce, or have a baby).

<https://www.healthcare.gov/>

A Tip Sheet for Upcoming healthcare.gov Open Enrollment

CALENDAR: Open enrollment for on the Health Insurance Marketplace, [healthcare.gov](http://www.healthcare.gov), begins Nov. 15, 2014, and ends Feb. 15, 2015.

LIFE CHANGE: People experiencing certain life events can enroll outside of the open enrollment period. Certain life events may qualify someone to buy coverage at any time, such as a change in job status or household size.

TELEPHONE: Although most people apply for health coverage online, people can also do so by calling 1-800-318-2596, 24 hours a day, seven days a week (TTY: 1-855-889-4325).

STICKER SHOCK: Three carriers who offered health policies in Tennessee last year have gotten rate increases approved by the Tennessee Department of Insurance and Commerce. Average rate increases by carrier

are 19 percent for BlueCross BlueShield of Tennessee, 14.4 percent for Humana and 7.5 percent for Cigna. However, shoppers can also compare policies offered by two other insurers: Community Health Alliance and Assurant Health. Tip: Check with your doctor before switching carriers to make sure the insurance will be accepted.

DENTAL: You can also buy dental coverage in Tennessee on [healthcare.gov](http://www.healthcare.gov), but there are no subsidies to help cover premium costs. Companies offering dental plans include BEST Life & Health, Cigna, Delta Dental of Tennessee, Dentegra, Humana, Guardian Life Insurance and TruAssure Insurance Co. The list includes three companies that did not offer plans last year.

HELPERS: Many community health centers, public libraries and churches will stage

enrollment events between Nov. 15, 2014, and Feb. 15, 2015. Family and Children's Service in Nashville will have navigators, specially trained staff, available to help people choose a plan. Independent insurance brokers can also provide assistance.

WEEKENDS OFF: The website [healthcare.gov](http://www.healthcare.gov) will be not fully functional during weekends leading up to open enrollment as maintenance and upgrades are performed. Users will not be able to create accounts, upload documents or apply for coverage.

TAXES: Subsidies that help people buy coverage are actually tax credits for the upcoming 2015 tax year. Misstating or underestimating income could result in an unpleasant surprise in 2016 when taxes for that year come due.



Council on Children's Mental Health

Developing a plan for statewide system of care
where children's mental health care is:

FAMILY-DRIVEN

AND

YOUTH-GUIDED



COMMUNITY BASED



CULTURALLY AND LINGUISTICALLY COMPETENT



Including a broad base of stakeholders in
children's mental health services
co-chaired by:

Commissioner of Department of Mental Health
and Substance Abuse Services

AND

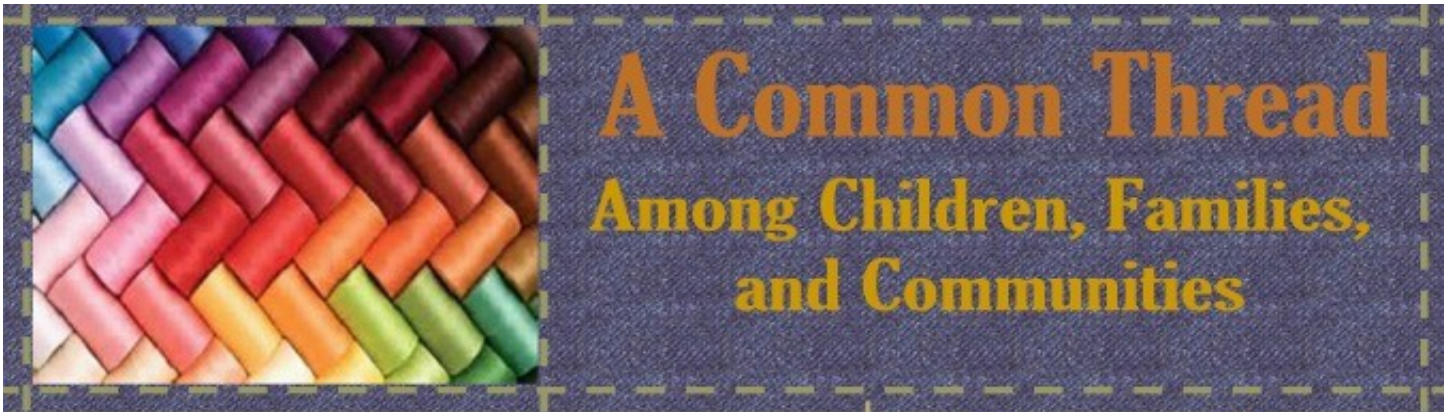
Executive Director of Tennessee Commission on
Children and Youth

FOR MORE INFORMATION:

Andrew Jackson, 9th Floor
502 Deaderick Street
Nashville, TN 37243
(615) 532-3073
www.tn.gov/tccy

Next CCMH Meeting Dates:

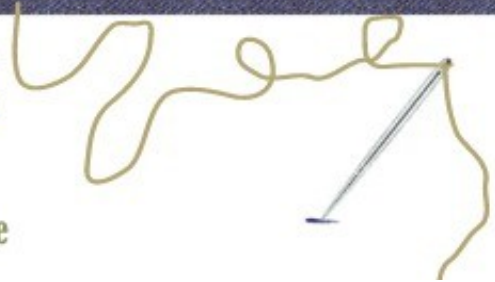
October 30, 2014
February 19, 2015
April 23, 2015
June 18, 2015
August 27, 2015
October 22, 2015



SYSTEM OF CARE CONFERENCE

September 23-24, 2014

Patterson Park Community Center | Murfreesboro, Tennessee

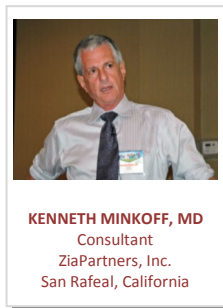


2014 Tennessee System of Care Conference

More than 200 caregivers, youth, service providers, advocates and others gathered for the 2nd Annual Tennessee System of Care Conference held September 23rd and 24th at Patterson Park Community Center in Murfreesboro, Tennessee. This two-day conference boasted a whopping 17 sessions that ranged from full day learning labs, a robust youth track to the unveiling of Tennessee’s first System of Care logo. National speakers and trainers traveled from across the United States to bring timely and relevant information to assist us all in doing the best work we can for children, youth and their families.

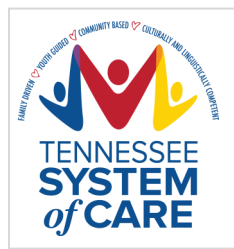
Keynote Session

Dr. Kenneth Minkoff of ZiaPartners, Inc. and also Clinical Assistant Professor of Psychiatry at Harvard, delivered the thought provoking keynote, “Changing the World: Inspiring Hope, Health, and Recovery”. Dr. Minkoff challenged Tennessee’s System of Care to partake in a 12-step recovery model for system change that centers around developing a system that responds to the needs and hopes of individuals and families with complex lives and to acknowledge that this complexity is the expectation. He outlined a process by which we can systematically impact change at all levels, focusing the resources that we currently have to affect positive outcomes for those we serve.



Tennessee System of Care Logo Contest

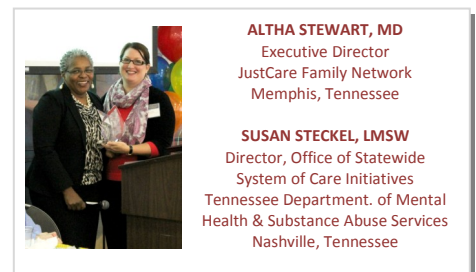
When TDMHSAS Office of Statewide SOC Initiatives announced the opportunity for children, youth and families to guide the creation of a SOC Logo for Tennessee, no one anticipated the level of excitement



and participation that would accompany this process. Two talented youth submitted logos and the expertise of a graphic designer was enlisted to merge the concepts of both logos into four logo options that the entire Council on Children’s Mental Health (CCMH) could then vote on. Almost 250 CCMH members (the largest CCMH survey response to date) voted on the logo options! One stood out with more than 57% of the vote. Thanks to the youth who inspired the creation of Tennessee’s System of Care Logo!

System of Care Legacy Award

Dr. Altha Stewart was awarded the first ever System of Care Legacy Award. This award was given in recognition of her commitment and contributions to the System of Care movement in Tennessee. Thank you for your tireless work and unwavering dedication to the children, youth and families of Memphis and Shelby County and the Just Care Family Network.



National Happenings

Historic Recommendations Give Voice to Suicide Attempt Survivors and Promote Lived Experience into Suicide Prevention Core Values

The Way Forward bridges gaps between suicide attempt survivors, clinicians, hospitals, policy-makers, and suicide prevention leaders

Suicide attempt survivors are emerging with a collective voice and cohesive framework for shaping the future of suicide prevention and today released the National Action Alliance for Suicide Prevention’s *The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience (The Way Forward)*. For far too long, the suicide prevention field has not engaged the perspectives of those with live experience (those who have lived through suicide attempts and suicidal thoughts or feelings) and a culture of silence has prevailed. Authored by the Action Alliance’s Suicide Attempt Survivors Task Force (SASTF), *The Way Forward* sets the stage for a constructive collaboration in developing new, more effective means for reducing suicide attempts and deaths. It does so by providing recommendations based on evidence-based practices which incorporate personal lived experience of recovery and resilience.

The Way Forward summarizes eight core values and offers a lens through which suicide prevention can be envisioned to embrace safety and bring hope and meaning to those in suicidal despair. *The Way Forward’s* Core Values were generated through extensive dialogue of the Action Alliance’s SASTF members and based in the tenets of mental health recovery developed through decades of work by peer advocates, behavioral health professionals, and community feedback. The Core Values reflect the consensus perspective and correspond with many protective factors that counter risk for suicidal thinking and behavior.

“For too long the voice of millions of suicide attempt survivors, like myself, and the value of our experience has been discounted. Now we have come together to provide what could be the most meaningful and impactful contributors to reducing suicide – lived experience – and a new way forward,” said Eduardo Vega, MA, SASTF Co-Lead and Executive Director, Mental Health Association of San Francisco. “Our untold stories of hope and recovery are bridges to developing new ideas, new questions, and new insights into reducing future suicide attempts and deaths. Our “lived expertise” as people who have been there and recovered is now being embraced and utilized. In 2014, suicide attempt survivors are uniting to spur the fields of suicide prevention

and behavioral health to incorporate our voices, our experiences, and our perspective on saving lives.”

In the past several months, there has been a considerable movement, from those with lived experience, to be an integral part of suicide prevention as it relates to consensus

recommendations for programs, practices, and policies. In March 2014, a landmark meeting, the *Summit on Lived Experience in Suicide Prevention*, was one of the first times in history that a major national initiative, the Action Alliance’s Zero Suicide priority has engaged with suicide attempt survivors to strategize directions for fostering healthier communities and preventing suicide deaths. In April 2014, the American Association of Suicidology’s Board of Directors unanimously approved the creation of a new division to represent people with lived experience and suicide attempt survivors and the people who love and care about them. DeQuincy Lezine, Ph.D., primary writer of *The Way Forward*, will serve as inaugural chair.

“We are experiencing a pivotal time in the history of suicide prevention in this country. We are embracing those with lived experience to broaden and shape the future of suicide prevention,” explained John Draper, PhD, who serves with Vega as a SASTF Co-Lead and is Project Director, National Suicide Prevention Lifeline. “Their experience in finding hope and meaning is embodied in *The Way Forward*, and their recommendations in this seminal document will lead us in directions that could bring hope and meaning to millions of others in suicidal crisis.”

The National Action Alliance for Suicide Prevention

(www.ActionAllianceforSuicidePrevention.org) is the public-private partnership working to advance the *National Strategy for Suicide Prevention* and make suicide prevention a national priority. Education Development Center, Inc. (EDC) operates the Secretariat for the Action Alliance, which was launched in 2010 by former U.S. Health and Human Services Secretary Kathleen Sebelius and former U.S. Defense Secretary Robert Gates with the goal of saving 20,000 lives in five years.

Contact: Eileen Sexton, Director of Communications, 202-572-5383, esexton@edc.org.

President Obama Nominates Michael Botticelli as Director of ONCCP



Michael Botticelli
Director of the Office of
National Drug Control
Policy

Today, President Obama announced that he has nominated Michael Botticelli for the post of Director of the Office of National Drug Control Policy. Mr. Botticelli has an impressive career in the field of substance use prevention and treatment that has resulted in a unique combination of experience, vision, and passion that would benefit our nation. The National Council has voiced strong support for his nomination, and we applaud President Obama’s decision to nominate Mr. Botticelli for this important post.

Mr. Botticelli has more than two decades of experience supporting Americans who have been affected by substance use disorders. Prior to joining ONDCP, Mr. Botticelli served as Director of the Bureau of Substance Abuse Services at the Massachusetts Department of Public Health, where he successfully expanded innovative and nationally recognized prevention, intervention, treatment, and recovery services for the Commonwealth of Massachusetts. He also forged strong partnerships with local, state, and Federal law enforcement agencies; state and local health and human service agencies; and stakeholder groups to guide and implement evidence-based programs. These programs include the establishment of a treatment system for adolescents, early intervention and treatment programs in primary healthcare settings, jail diversion programs, re-entry services for those leaving state and county correctional facilities, and overdose prevention programs.

Mr. Botticelli has served in a variety of leadership roles for the National Association of State Alcohol and Drug Abuse Directors. He was also a member of the Advisory Committee for the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention and the National Action Alliance for Suicide Prevention. He has also co-authored many peer-reviewed articles that have significantly contributed to the substance abuse field.

In 2008, Mr. Botticelli was the first recipient of the annual Ramstad/Kennedy National Award for Outstanding Leadership in Promoting Addiction Recovery. In 2012, he was awarded the Service Award from the National Association of State Alcohol and Drug Abuse Directors.

Born in Upstate New York, Mr. Botticelli holds a Bachelor of Arts degree from Siena College and a Master of Education degree from St. Lawrence University. He is also in long-term recovery from addiction, celebrating more than 24 years of sobriety.

New Senior Advisor Appointed at SAMHSA

SAMHSA Administrator, Pamela S. Hyde has announced that Tom Coderre, the Chief of Staff to the President of the Rhode Island Senate, will join SAMHSA in August as a Senior Advisor.

Well known in the addiction recovery community, Tom has been Chief of Staff to Rhode Island Senate President Teresa Paiva Weed since January of 2009. He served as the Board Chair for Rhode Island Communities for Addiction Recovery Efforts, and he is the former National Field Director of Faces & Voices of Recovery, based in Washington, DC. Tom has an extensive background in government and served in the Rhode Island Senate from 1995 to 2003. He is a graduate of Rhode Island College where he earned his bachelor's degree in political science.

Tom will work on a variety of policy issues for SAMHSA and the Administrator, including but not limited to substance abuse

prevention, treatment and recovery programs, and policy. He will be collaborating on these issues and helping to represent SAMHSA with other HHS offices and operating divisions, and the White House.

Tom is a passionate advocate and committed public servant who will be a tremendous asset as we continue our important work of crafting effective public policy to reduce the impact of substance abuse and mental illness on America's communities.

Opening Statement of the Honorable Tim Murphy, Chairman, Subcommittee on Oversight and Investigations

Hearing on "Suicide Prevention and Treatment: Helping Loved Ones in Mental Health Crisis"

As Prepared for Delivery | September 18, 2014

In recent weeks we have read the thoughtless, uninformed, and at-times callous commentary on the tragic death of Robin Williams. Words describing his death as "selfish," "heathen," and "coward." The Academy of Motion Picture Arts & Sciences tweeted out a picture from the movie Aladdin with the caption, "Genie, you're free."

Denigrating the man who died or glorifying suicide as an escape sends the entirely wrong message and trivializes the loss and pain felt by both the deceased and his or her family.

Today, take the conversation about suicide out of the dark shadow of stigma and into the bright light of truth and hope.

Suicide is the deadly outcome of mental illness. Suicide is when depression kills. Suicide is an epidemic and its impact is staggering.

Infectious diseases like the Ebola virus is gaining attention and concern, as it should. Some have asked for a hearing on the Ebola virus, but to date, not one American has died from Ebola.

By comparison, in 2013, 9.3 million Americans had serious thoughts of suicide; 2.7 million made suicide plans; 1.3 million attempted suicide and nearly 40,000 died by suicide.

Suicide is an American public health crisis that results in more lost lives than motor vehicle crashes, homicide, or drug use. As we will hear today, it is the third leading cause of death for young people ages 15-24, and the second leading cause of death for adults ages 25 to 34. Each day, we lose 22 veterans to suicide.

In 90 percent of suicide, an underlying diagnosis of mental illness was a contributing factor. Suicide is the very definition of a "mental health crisis."

The problem is clear and the need for action is urgent. But, our national response to this crisis has been tepid and ineffectual at best. The age-adjusted death rates for heart disease, cancer,

stroke, and diabetes are all trending downward as the result of a public and political will to address them.

Yet, in that same time period, the suicide rate has climbed a stunning 16 percent, despite substantial federal spending over the past 60 years and the development of federal programs and strategies meant to reduce suicide.

We have randomized clinical data supporting the effectiveness of certain treatments to prevent suicide.

However, it is unclear what we are doing to ensure that evidence-based treatments are reaching our loved ones in need.

Suicides, and suicidal behavior, remain underreported, undertreated, and cloaked in a stigma that infects our discussion of all aspects of serious mental illness. The existing data collection instruments we use are weak, our research is lagging and evidence-based treatments often fail to reach those who can help.

Following the December 14, 2012 elementary school shootings in Newtown, Connecticut, this Subcommittee has been reviewing mental health programs and resources across the federal government, with the aim of ensuring that tax dollars reach those individuals with serious mental illness and help them obtain the most effective care.

Helping families in mental health crisis remains my highest legislative priority. And, if I have the courage to confront mental illness head on I am certain we can save precious lives.

Some in the country still grossly misunderstand mental illness. They don't argue for the right to be well – but gleefully declare that it's not illegal to be crazy. Some even say they have the right to be seriously mentally ill even though we know it is a genetic and neurological brain disease.

To those people I say this: mental illness is not a state of mind or an attitude. Such a belief is unscientific.

It is uninformed. It is immoral. It is unethical, and it is wrong.

This Subcommittee is dedicated to fighting for the right to get treatment and the right to be well.

To access the entire hearing, go to:

<http://energycommerce.house.gov/hearing/suicide-prevention-and-treatment-helping-loved-ones-mental-health-crisis>

HHS Awards \$54.6 million in Affordable Care Act Mental Health Services Funding

221 Health Centers nationwide will expand behavioral health services using funds from the health care law

Health and Human Services Secretary Sylvia M. Burwell announced today \$54.6 million in Affordable Care Act funding to support 221 health centers in 47 states and Puerto Rico to

establish or expand behavioral health services for over 450,000 people nationwide. Health centers will use these new funds for efforts such as hiring new mental health professionals, adding mental health and substance use disorder health services, and employing integrated models of primary care.

"These awards will further reduce the barriers that too often prevent people from getting the help they need for mental health problems," said Secretary Burwell. "Health centers with these awards are on the front lines of better integrating mental health into primary care and improving access to care through the Affordable Care Act."

The Affordable Care Act expanded mental health and substance use disorder benefits for approximately 60 million Americans. Today's announcement gives those with newly expanded health coverage additional opportunities to access high quality care.

"These Affordable Care Act funds will enable community health centers to better meet the needs of people with mental health conditions in communities nationwide," said Health Resources and Services Administration (HRSA) Administrator Mary K. Wakefield, Ph.D., R.N. Today, nearly 1,300 health centers operate more than 9,200 service delivery sites that provide care to over 21.7 million patients in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. In 2013, health centers saw over 1.2 million behavioral health patients.

The 4 TN FQHCs receiving this funding are:

Hardeman County Community Health Center Bolivar, TN	\$ 250,000
Memphis Health Center, Inc. Memphis, TN	\$ 250,000
Morgan County Health Council Wartburg, TN	\$ 250,000
Mountain Peoples Health Council, Inc. Oneida, TN	\$ 240,167

What's New

The Latest Resources on www.Integration.SAMHSA.gov

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) continually updates its website to present the best and newest resources and information relevant to integrated primary and behavioral healthcare. Check out some of these new resources or just peruse the site.

CLINICAL PRACTICE

- SAMHSA'S Treatment Improvement Protocol (TIP) on **Trauma-Informed Care in Behavioral Health Services** assists providers in understanding the impact and consequences for those who experience trauma. The sheet includes patient assessments, treatment planning strategies that support recovery, and information on building a trauma-informed workforce.
- The Agency for Healthcare Research and Quality (AHRQ) produced the **National Healthcare Quality Report and the**

National Healthcare Disparities Report to measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care for both primary and behavioral health conditions.

- The Centers for Medicare & Medicaid Services (CMS) released an **Informational Bulletin** highlighting the use of FDA-approved medications in combination with evidence-based behavioral therapies to help persons with mental health and substance use disorders recover in a safe and cost-effective manner. The bulletin provides background information about medication assisted treatment (MAT), examples of state-based initiatives, and useful resources to help ensure proper delivery of these services.

FINANCING

- The **SBIRT reimbursement map** is an interactive tool to help determine whether billing codes are listed on a state's fee schedule, and, if listed, whether or not they are open for reimbursement (i.e. a billing amount has been assigned to the codes).

HEALTH & WELLNESS

- **Food Education for People with Serious Psychiatric Disabilities** guides rehabilitation practitioners in helping people with psychiatric disabilities to learn good nutrition and healthy eating practices and to empower people with serious psychiatric disabilities to achieve nutritional health as a resource for recovery.
- The **Ten Tips Nutrition Education Series** provides individuals and professionals with high quality, easy-to-follow tips in a convenient, printable format. These tips are also available in Spanish.
- The Million Hearts® **Healthy Eating & Lifestyle Resource Center** features low-sodium, heart-healthy recipes and family-friendly meal plans.
- **Healthy People 2020** from the Department of Health and Human Services is a national agenda aimed at improving the health of all Americans over a 10-year span. Integrated primary and behavioral healthcare entities can visit the site to identify new learning opportunities and post events on improving the health of your community.

INTEGRATED CARE MODELS

- The **Evaluation of the SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Grant Program: Final Report** describes the RAND Corporation's evaluation of SAMHSA's PBHCI grant program. The evaluation brief highlights information about the grantees' implementation of PBHCI, outcomes, and PBHCI program features.
- A new CIHS webpage for **HRSA-supported safety net providers** curates practice tools and resources to help these providers to successfully integrate behavioral health into

their primary care practice.

- The **Patient-Centered Primary Care Collaborative (PCPCC) Primary Care Innovations and PCMH Map** shows the widespread uptake of patient-centered medical home (PCMH) initiatives across the country.

OPERATIONS & ADMINISTRATION

- CIHS worked with five states to get behavioral health organizations involved in **health information exchanges (HIEs)** and developed an array of resources states and organizations can use to work through the barriers of sharing behavioral health data. Resources include reports from each state's initiative, sample training manuals, consent forms, continuity of care documents, provider guidelines, and client brochures.
- **Disclosure of Substance Abuse Records with Patient Consent: A 50 State Comparison**, created by the George Washington University and the Robert Wood Johnson Foundation, shows detailed requirements for the disclosure of substance abuse patient records with patient consent in all 50 states as compared to 42 CFR Part 2.
- On the confidentiality page, the **business associate identification flowchart** and a **sample agreement checklist** helps define business associates, those entities who perform a function involving the use or disclosure of protected health information (PHI) on behalf of a covered entity (such as claims processing, data analysis, case management, utilization review, quality assurance, etc.) or provides certain specified services where the provision of the service involves the disclosure of PHI for a covered entity.

WORKFORCE

- The American Psychiatric Nurses Association resource center provides **integrated care resources** to help nurses plan and implement the integration of mental healthcare into primary and specialty healthcare settings.
- The Health Resources and Services Administration (HRSA) offers a list of **nursing grant programs** that fund nurse training programs, support nursing education opportunities, and help to strengthen the nursing workforce.
- SAMHSA's **Buprenorphine: A Guide for Nurses** provides information for nurses (including registered nurses, licensed practical nurses, and nurse practitioners) about buprenorphine products for the pharmacological treatment of opioid addiction. The guide can help nurses working with community physicians to improve treatment outcomes for individuals receiving office-based treatment for opioid addiction.

IN THE NEWS

- **Reducing Disparities in the Quality of Care for Racial and Ethnic Minorities** explores key lessons on how communities can share data, encourage collaboration, and make patients and clients part of improving quality for all.
- **A new smart phone application** developed by researchers at Tel Aviv University is poised to transform the monitoring and treatment of people with mental illnesses.
- The **National Health Service Corps (NHSC)** provides scholarships and repays educational loans for primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, medical residents, and other primary care providers who agree to practice in areas of the country that need them most.
- Check out the latest edition of **iAvanzamos!**, NAMI's magazine for the Latino community, which features

information about CIHS' Whole Health Action Management (WHAM) peer-support training (now available in **Spanish**).

- A **study** conducted by the Cancer Support Community, a global nonprofit network of cancer support, found that high levels of distress were significantly linked to an increased likelihood of patients seeking support from a member of their healthcare team, especially among patients with lower income.

ESOLUTIONS

- **Addressing Spirituality in Healthcare** describes approaches to addressing spirituality as part of the whole health of the people you serve. (June 2014)
- **Can Nurses Be the Cornerstone of Integrated Care?** reviews the role of nurses in primary and behavioral healthcare integration efforts. (May 2014)



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

WISQARS Mobile for iPhones and iPads: Injury Data Anytime, Anywhere

WISQARS Mobile Is Now Available for iPhones and iPads. CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) gives you fatal and nonfatal injury data in the United States, and now our WISQARS Mobile app gives you fatal injury data on-the-go. **WISQARS Mobile spotlights four preventable public health problems—motor vehicle-related injuries, drug poisonings, traumatic brain injuries and violence against children and youth.**

WISQARS is widely used by researchers, teachers, policy makers, the media, and the public for injury prevention program planning, education, and policy decisions. Use WISQARS Mobile to conveniently inform others about injuries as a public health concern.

Learn More [WISQARS Mobile](#) | [WISQARS Homepage](#) | darpi@cdc.gov



TAMHO Member Organization Happenings

Kathy Benedetto Attends First Ever Zero Suicide Academy in DC

Zero Suicide Academy offers Frontier Health approach to care to dramatically reduce suicides | First-ever Academy focuses on the Zero Suicide approach



Kathy Benedetto
Senior Vice President
of Tennessee Children's Services
Frontier Health

Frontier Health's Kathy Benedetto, Senior Vice President of Tennessee Children's Services, and Scott Ridgeway, Executive Director of the Tennessee Suicide Prevention Network, participated in the National Action Alliance for Suicide Prevention's first-ever Zero Suicide Academy to transform health care systems to dramatically reduce suicides among patients in our care. In this two-day training, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), organizations learned how to incorporate best and promising practices to improve care and safety for those at risk for suicide

and collaborated with the Zero Suicide Academy faculty to develop action plans. Kathy Benedetto will serve on the Tennessee Zero Suicide Initiative Task Force.

"The Zero Suicide Academy grew out of a rising interest by health care organizations to learn how to provide better care for those at risk for suicide. The tools exist to improve care for those struggling with suicide and there is evidence that a comprehensive approach works," said Julie Goldstein Grumet, Director of Prevention and Practice, Suicide Prevention Resource Center, and part of the leadership team for the Action Alliance's Zero Suicide priority. "Suicide is preventable and health care systems need to embrace and work towards the aspirational goal of preventing ALL suicide deaths for their patients in care."

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and also a specific set of tools and strategies. It is both a concept and a practice. Its core proposition is that suicide deaths for people under care are preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety – the most fundamental responsibility of health care – and also to the safety and support of clinical staff who treat and support suicidal patients.

The Action Alliance promotes the adoption of "zero suicides" as an organizing goal for clinical systems by providing support for efforts to transform care through leadership, policies, practices, and outcome measurement. This Action Alliance priority builds on the momentum of the 2011 report released by the Action Alliance's Clinical Care and Intervention Task Force, *Suicide Care in Systems Framework*.

The National Action Alliance for Suicide Prevention (www.ActionAllianceforSuicidePrevention.org) is the public-private partnership working to advance the *National Strategy for Suicide Prevention* and make suicide prevention a national priority. Education Development Center, Inc. (EDC) operates the Secretariat for the Action Alliance, which was launched in 2010 by former U.S. Health and Human Services Secretary Kathleen Sebelius and former U.S. Defense Secretary Robert Gates with the goal of saving 20,000 lives in five years.

McNabb Center Announces Vice President Additions to Executive Team

The Helen Ross McNabb Center is proud to announce the promotions of Stephanie Carter to Vice President for Operations and Houston Smelcer to Vice President for Development and Government Relations.



Stephanie Carter
Vice President for
Operations
Helen Ross McNabb
Center

With a master's and bachelor's of science in social work from The University of Tennessee, Stephanie Carter has worked for the McNabb Center for nearly 20 years. She began her career working directly with adolescents in the Center's juvenile justice programs and ultimately advanced to supervise several of the Center's service areas ranging from children and youth prevention programs to residential care. For the past 6 years, Carter has been responsible for all administrative functions and has overseen major partnerships and projects with local, state and

federal government entities and The University of Tennessee. Most recently, her leadership proved to be instrumental in guiding the Center through mergers with four area organizations.



Houston Smelcer
Vice President for
Development and
Government Relations
Helen Ross McNabb
Center

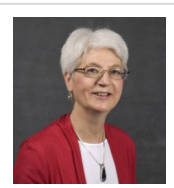
Houston Smelcer received his bachelor's in finance from The University of Tennessee College of Business. Smelcer is a certified financial planner (CFP) and has served as the McNabb Center's senior director of development. Under his leadership, the Helen Ross McNabb Foundation's campaigns have raised well over \$12 million in 6 years. These campaigns have helped serve our community's most vulnerable citizens in need of quality mental health care.

Together, Carter and Smelcer represent over 24 years of experience at the Helen Ross McNabb Center and have proven their value during their tenure," shares Helen Ross McNabb Center President and CEO Jerry Vagnier. "Their commitment to the Center's mission of "improving the lives of the people we serve," is admirable and I'm happy to have them on our team."

The Helen Ross McNabb Center is a premier not-for-profit provider of behavioral health services in East Tennessee. Since 1948, the Center has provided quality and compassionate care to children, adults and families experiencing mental illness, addiction and social challenges. As the Center celebrates more than 65 years of providing services to communities in East Tennessee, its mission remains clear and simple; "Improving the lives of the people we serve."

For more information, visit www.mcnabbcenter.org or call 865-637-9711.

Frontier Health Promotes Dr. Teresa Kidd to President



Teresa Kidd, Ph.D.
President
Frontier Health

Charles E. Good, Frontier Health CEO, is announcing the appointment of Dr. Teresa Kidd as President effective August 1, 2014.

Dr. Kidd is well known locally and statewide for her leadership and collaboration with others in evolving practical solutions to complex clinical issues. She has been instrumental in identifying emerging community needs and health care gaps so they can be resolved. She has diversified clinical expertise, and promotes new

clinical developments and technological advances that ensure the application of Frontier Health’s mission of providing quality services that encourage people to achieve their full potential.

Dr. Kidd led the way in the development of several key initiatives over the years, including, more recently, Frontier’s fully electronic health record and implementation of the federal Meaningful Use of electronic health records initiative.

Dr. Kidd began her community mental health career in 1982 as a staff psychologist and Special Projects Coordinator with one of Frontier’s precursor agencies, Nolachuckey Holston-Area Mental Health. She has advanced through various levels of leadership and in 2011 was named Frontier Health Senior Vice President of Operations.

From the moment Dr. Kidd planted roots in the early ‘80s, she dug in and began tirelessly working as a servant-leader throughout the region. She continues to personally and professionally be active in various local and statewide mental health, substance abuse and children’s services initiatives, leaving her mark within the region and the state.

“Terry has worked for Frontier Health and our precursor organizations for 32 years,” said CEO Charles E. Good. “She is well known not only for her years of clinical service, but also for expertise in the areas of compliance and talent in working collaboratively within our organization and across all our community partnerships.”

Dr. Kidd, a licensed psychologist, received her Ph.D. from the University of Tennessee, Knoxville in 1980. In her new position as president, she will continue to oversee Frontier Health’s ongoing operations providing services to more than 50,000 individuals at 64 facilities in 12 counties and two states. Her responsibilities will increase as Frontier continues to grow.

Helen Ross McNabb Center Received Highest Level of Accreditation

The Commission on Accreditation of Rehabilitation Facilities (CARF) International announced that the Helen Ross McNabb Center has

been accredited for a period of three years for its continuum of rehabilitation services including mental health care, addiction treatment and social services programs.

The Helen Ross McNabb Center was the first community mental health center awarded CARF accreditation in the state of Tennessee 13 years ago. The latest accreditation is the sixth consecutive accreditation that the international accrediting body has awarded to the Center.

This accreditation decision represents the highest level of accreditation that can be awarded to an organization by CARF and shows the organization’s significant conformance to the CARF standards. An organization receiving the Three-Year Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are measurable, accountable and of the highest quality.



CARF International’s award letter states that the Helen Ross McNabb Center’s services, personnel and documentation clearly indicate an established pattern of practiced excellence. Not only do the Center’s programs meet international standards of quality, but the organization as a whole, shows a continuous commitment to improvement.

“We are extremely proud of our Center’s staff whose professionalism and compassion made this accomplishment possible,” says Jerry Vagnier, CEO and President of the Helen Ross McNabb Center. “CARF’s accreditation shows our community that we greatly value the quality of our services while striving to be a premier mental health agency in East Tennessee.”

CARF International is an independent, nonprofit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, and now known as CARF, the accrediting body establishes consumer-focused standards to help organizations measure and improve the quality of their programs.

Merger Could be the First of Many for Centerstone

The TENNESSEAN | Shelley DuBois, sdubois@tennessean.com | Posted on July 8, 2014 4:29pm CDT

Nashville behavioral nonprofit Centerstone has finalized a merger with Illinois mental health organization The H Group, and officials say it’s the first step of a larger expansion strategy.

“With The H Group, our primary footprint now is in Illinois, Indiana, Tennessee (and) Kentucky,” said Centerstone CEO David Guth, adding that Centerstone also has smaller, specialized networks in 42 states.

“But our goal is to have a significant primary footprint in six states.” Guth said Centerstone is actively talking with other organizations about potential mergers in the future.

“There’s more interest in becoming part of the Centerstone family than we’ve ever experienced in our history,” Guth said. “I think people are reading the tea leaves.” Guth says that many behavioral

health providers may join forces to gain the infrastructure and scale they will need to survive.

With the H Group affiliation, the new, combined Centerstone organization will serve 84,000 people each year and bring in \$160 million in annual revenue. In addition, all H Group facilities will take on Centerstone branding.

The H Group has a history of serving people with mental and developmental disabilities, a population that hasn't traditionally been Centerstone's specialty. But now, it is adding its expertise in the area to the larger organization.

The deal was originally announced in November, 2013, but Guth said, "For us, it feels like in many ways the announcement is just formalizing what we've been already about."

The two organizations have been working closely together already, and The H Group's CEO John Markley has been part of Centerstone's executive leadership team for six months. Going forward, Markley will be the CEO of the two organizations coming out of The H Group: Centerstone of Illinois and Centerstone of Kentucky.

"This has been, in so many ways, the absolutely smoothest affiliation that we've ever been involved with," Guth said.

TAMHO Recognizes Staff



TAMHO Recognizes 30 Year Anniversary

During the August 14, 2014 TAMHO Board of Directors meeting, Teresa Fuqua was congratulated on her 30 year anniversary with TAMHO.

As Director of Member Services, Teresa has contributed greatly to TAMHO's success throughout the years.

TAMHO Promotes Current Office Manager

Effective October 1st, Laura Jean, TAMHO's current Office Manager, becomes Director of Administrative Services. Laura has been with TAMHO for 19 years and has contributed to TAMHO's success throughout her years of employment. During her 19 years at TAMHO, Laura has been responsible for financial, grant and project management as well as general office administration.

Fast Facts



Suicide Warning Signs

There is no typical suicide victim. No age group, ethnicity, or background is immune. Fortunately, many troubled individuals display behaviors deliberately or inadvertently signal their suicidal intent. Recognizing the warning signs and learning what to do next may help save a life.

THE WARNING SIGNS

The following behavioral patterns may indicate possible risk for suicide and should be watched closely. If they appear numerous or severe, seek professional help at once. The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) provides access to trained telephone counselors, 24 hours a day, 7 days a week.

- Talking about suicide, death, and/or no reason to live
- Preoccupation with death and dying
- Withdrawal from friends and/or social activities
- Experience of a recent severe loss (especially a relationship) or the threat of a significant loss
- Experience or fear of a situation of humiliation or failure
- Drastic changes in behavior
- Loss of interest in hobbies, work, school, etc.
- Preparation for death by making out a will (unexpectedly) and final arrangements
- Giving away prized possessions
- Previous history of suicide attempts, as well as violence and/or hostility
- Unnecessary risks; reckless and/or impulsive behavior
- Loss of interest in personal appearance
- Increased use of alcohol and/or drugs
- General hopelessness
- Recent experience humiliation or failure
- Unwillingness to connect with potential helpers

FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep eat or work

- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

WHAT DO YOU DO?

1. Be aware. Learn the warning signs listed on the first page.
2. Get involved. Become available. Show interest and support.
3. Ask if s/he is thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expressions of feelings and accept those feelings.
6. Be non-judgmental. Avoid debating whether suicide is right or wrong, whether someone's feelings are good or bad, or on the value of life.
7. Avoid taunting the person or daring him/her to "do it".
8. Avoid giving advice by making decisions for someone else to tell them to behave differently.
9. Avoid asking "why." This only encourages defensiveness.
10. Offer empathy, not sympathy.
11. Avoid acting shocked. This creates distance.
12. Don't keep someone else's suicidal thoughts—or your own—a secret. Get help—silence can be deadly.
13. Offer hope that alternatives are available. Avoid offering easy reassurance; it only proves you don't understand.
14. **Take action. Remove anything that the person could use to hurt themselves means. Get help from individuals or agencies specializing in crisis intervention and suicide prevention.**

WHO CAN YOU TALK TO?

- A community mental health agency
- A private therapist
- A school counselor or psychologist
- A family physician
- A suicide prevention/crisis intervention center
- A religious/spiritual leader

If you or someone you know is severely depressed or actively suicidal, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Trained counselors in your area are standing by to provide you with the help you need.

For more information, visit Tennessee Suicide Prevention Network at www.tspn.org





time for

**2014 TAMHO
Annual Conference**

**ONE DEATH BY SUICIDE
IS ONE TOO MANY**

December 2-3, 2014

**Embassy Suites Hotel & Convention Center
Murfreesboro, Tennessee**

CHANGE

CONFERENCE DETAILS, REGISTRATION, SPONSORSHIP, EXHIBITING, AND ADVERTISING INFORMATION ARE ON THE WAY!

Preliminary Agenda

Subject to adjustments

Tuesday, December 2nd

- 8:30 am – 4:00 pm
..... Registration | Networking | Refreshments
- 9:00 am – 10:00 am
..... Exhibit Set-Up
- 10:00 am – 11:30 am
..... Opening General Session
- 11:30 am – 12:00 am
..... Networking | Exhibits
- 12:00 am – 2:00 pm
..... Awards & Recognition Luncheon
- 2:00 pm – 2:15 pm
..... Transition to General Session
- 2:15 pm – 3:45 pm
..... General Session
- 3:45 pm – 4:45 pm
..... Book Signing | Networking | Exhibits

Wednesday, December 3rd

- 7:30 am – 1:00 pm
..... Registration | Networking | Refreshments
- 8:00 am – 9:30 am
..... General Session
- 9:30 am – 10:00 am
..... Networking | Exhibits
- 10:00 am – 12:00 am
..... General Session
- 10:00 am – 11:00 am
..... Exhibit Dismantling
- 12:00 am – 2:00 pm
..... TAMHO Board of Directors Meeting

Sponsorship, Exhibiting, And Advertising Opportunities

Sponsorship and Exhibiting Categories

- Platinum Sponsor
- Gold Sponsor
- Silver Sponsor
- Bronze Sponsor
- Not-for-Profit Agency
- TAMHO Member Agency

Additional Marketing Opportunities

- Conference Promotional Item / Giveaway
- Book Signing and Complimentary Book for Each Registrant
- Registration Packet Insert

Standard Advertising Opportunities

- Conference Final Program Advertisement
- Name Badge Reverse Side Advertisement

time for CHANGE

One death by suicide is one death too many.

TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS (TAMHO)

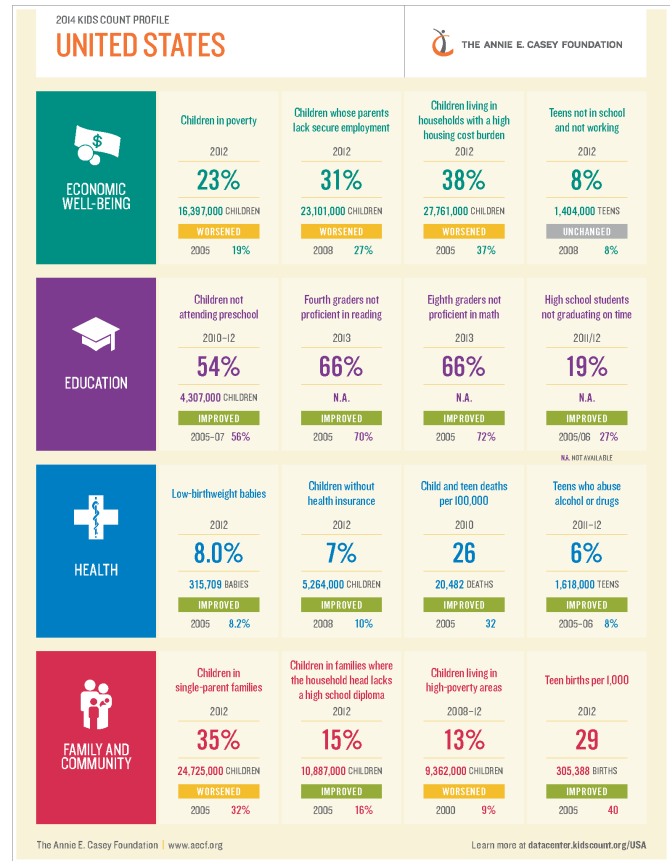
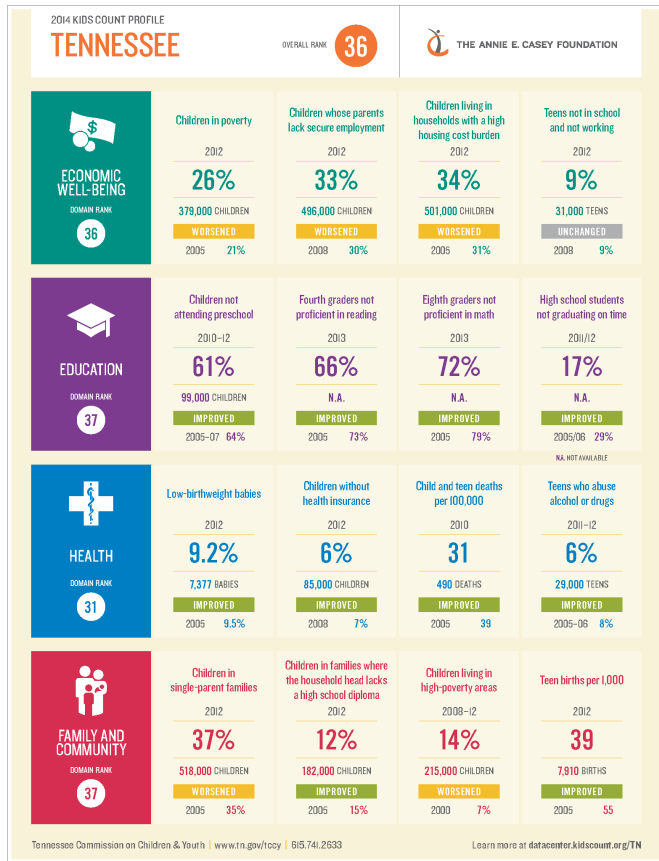
ADDRESS 42 Rutledge Street
Nashville, TN 37210-2043

PHONE 615-244-2220

TOLL FREE IN TN 800-568-2642

FAX 615-254-8331

URL www.tamho.org



**Tennessee
Health Care
Campaign**

Working for affordable access to high-quality health care for all Tennesseans

25th Anniversary of THCC Standing Up for Health Justice

THCC has been working for affordable access to high-quality health care for all Tennesseans for 25 years! Will you join us to celebrate? More info is below. THCC remains a vital voice for consumers of health care services--both those who can speak for themselves and those who are unable to speak up. THCC brings a vision of a Tennessee where none are turned away from needed care.

Our anniversary comes as THCC draws lessons from the first open enrollment for the Patient Protection and Affordable Care Act. THCC volunteers gave tens of thousands of hours of time to assisting in the enrollment of Tennesseans in coverage through the Act's Federal Marketplace. Tennessee's **Gov. Haslam has not chosen to accept federal funds** that would allow lower-income families to qualify for TennCare--**THCC will come out of its annual meeting energized to change this policy** and to advocate for health justice more broadly.

I Raise My Voice

Save the Date

Sunday, October 12 at 2:00 p.m.
Second Presbyterian Church
3511 Belmont Blvd., 37215

Service of Hope

Ecumenical service sharing stories and hope for recovery.
"Walk together in faith"

Sponsored by : Healing Arts, Project, Inc.

HAPI sponsors the Service of Hope to recognize the role of faith and hope in mental health and addiction recovery. Personal stories of courage and success in overcoming difficult life circumstances are shared by four individuals. The service includes original poetry, music in praise of our God, and art that expresses joy in living. The Service theme "I Raise My Voice" reflects the empowerment and joy that comes from finding hope, peace and love.

The Service of Hope calls attention to Mental Illness Awareness Week October 5-11, 2014 and is open to all people across the State of Tennessee. Selections will be read from the booklet "Faith, Hope and Recovery in Letters 2014" that will be distributed at the reception following the service. Artworks from HAPI artists will be exhibited at the reception.



RELIAS || LEARNING

COST-EFFECTIVE ONLINE TRAINING SOLUTIONS

- Previously Essential Learning
- Supporting 8,100 online learners in 30 Tennessee agencies
- 200,000+ course completions this year by users statewide
- Partner in TDMHSAS/DSAS online training for Addiction Professionals
- *Preferred Partner Pricing for TAMHO and Tennessee Learning Collaborative Members!*



GROUP PURCHASING PROGRAM



SOLUTIONS@RELIASLEARNING.COM (877) 200-0020

BEHAVIORAL HEALTH NEWS & EVENTS



TNCODC.COM



HOPE
As long as there is life, there is hope.

ACCESS
Staying informed will be helpful
when services are necessary.

RECOVERY
is real!

- Keep up with current co-occurring disorder events/ trends
- Access the latest perspectives related to the impact of co-occurring disorders on: 1) families, 2) communities; 3) local and state level policy and legislative matters, 4) judicial and criminal justice systems; and, 5) business and workforce
- Order educational and awareness materials
- Sign up with TNCODC to stay current on co-occurring disorder updates
- Request educational presentations
- Download a TNCODC link banner to place on your agency or organization website and so much more!

The TNCODC is funded by a grant from the State of Tennessee, Department of Mental Health and Substance Abuse Services (TDMHSAS). No person in the United States shall on the basis of race, color or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal funding assistance. Civil Rights Act of 1964.



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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