tamho
tennessee association of mental health organizations

BEHAVIORAL HEALTH NEWS & EVENTS

Volume 3, Issue 3 | Tennessee Association of Mental Health Organizations (TAMHO) | July 2015

Message from the Executive Director

Ellyn Wilbur
Executive Director

In 2013, Governor Haslam launched the Tennessee Health Care Innovation Initiative, which is a multi- year plan to transform the way health care is delivered and paid for in Tennessee. It is designed to shift the focus from service volume to service value and provide financial rewards for high quality outcomes and better health over time. The Office of Strategic Planning and Innovation was created to oversee this major shift in the health care landscape and it is led by Brooks Daverman. We have included in this issue of our newsletter a reprint of an interview with Mr. Daverman that you will find both interesting and informative.

One of the requirements of this initiative is to collect stakeholder input throughout the change process. There have been several hundred meetings held across the state to gather input on this project and many of the presentations have been posted for public review at: http://www.tn.gov/hcfa/topic/presentations.

TAMHO has participated in monthly meetings of the Provider Stakeholder Group and several TAMHO members will participate in the Technical Advisory Group (TAG) that will convene at the end of July to advise on design elements of health homes for individuals with severe mental illness.

TAMHO members make up the public mental health provider system in Tennessee and have met the behavioral health needs of this population for decades. We are excited that there is a plan to serve the whole person with clearly defined outcomes and a revised payment structure to support a transformed delivery system. Consistent with what TAMHO members have done for many years, they will be the frontrunners in changing the health care delivery system to provide care to a population that should not have higher rates of chronic disease that frequently lead to early death. We look forward to monitoring the implementation of this initiative and reporting its progress.

INSIDE THIS ISSUE

Emphasis on Innovation

ARTICLE REPRINT | Nashville Medical News | June 16, 2015 6:40pm | by Cindy Sanders | http://www.nashvillemedicalnews.com

Brooks Daverman
Director, Strategic Planning and Innovation
Tennessee Health Care Finance and Administration

The move away from fee-for-service healthcare is sweeping across the country as payers and providers come together to search for innovative ways to improve outcomes while lowering costs. With Tennessee's robust resources, the state is well positioned to take a lead role in transforming the delivery of healthcare.

"In 2013 Governor Haslam launched the Tennessee Health Care Innovation Initiative to move from volume to value," said Brooks Daverman, director of Strategic Planning and Innovation for the Tennessee Division of Health Care Finance and Administration (HCFA). "Our mission is to reward providers for the outcomes that we want – high quality and efficient treatment of medical conditions and better health over time."

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Haslam Names Henry New Chief of Staff

Announces additional changes to senior team

James M. Henry
Chief of Staff
State of Tennessee

Tennessee Gov. Bill Haslam today announced Jim Henry as his new chief of staff. Henry currently serves as commissioner of the Department of Children's Services (DCS) and replaces Mark Cate who announced his departure last month.

"Over the past four years, Jim has led two departments in state government that handle some of our most difficult work concerning our most vulnerable citizens," Haslam said. "Along with his experience in DIDD and DCS, he has been a mayor, a legislator and businessman. I appreciate his willingness to serve in this capacity and bring his knowledge and expertise to our office."

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Emphasis on Innovation

Key Stakeholders & Background

During a joint session of the Tennessee Legislature in the spring of 2013, Gov. Haslam pledged Tennessee would become "a model for what true healthcare reform looks like."

Central to achieving this goal is the involvement of key players representing payers, providers, patients and purchasers across the state. "We're trying to create an aligned approach for all the stakeholders," noted Daverman. He added that by late May 2015, he and his team had held more than 440 meetings with interested parties to share information and receive input. From consumer groups like the Common Table Health Alliance to employer organizations including the Memphis Business Group on Health and East Tennessee's HealthCare 21 Business Coalition, Daverman said payment reform could not occur in a vacuum.

Ongoing meetings with payers, providers and workgroups are used to design strategies to be broadly implemented across the state. Routine meetings are held with major provider organizations including the Tennessee Medical Association (TMA), Tennessee Hospital Association (THA), Hospital Alliance of Tennessee (HAT) and Tennessee Nurses Association (TNA), along with a host of specialty statewide organizations representing family physicians, physician assistants, pediatricians, children's hospitals, mental health organizations, primary care providers, and medical education. In addition, Amerigroup, BlueCross BlueShield of Tennessee, Cigna, and UnitedHealthcare meet regularly with the team.

While the initiative took off in May 2013, Daverman said the roots of payment reform go back even further to a vision task force, which included members of TMA, THA, Darin Gordon from HCFA, and others. "It was a group of likeminded, influential people in the state thinking about how we can move things forward in terms of healthcare payment and delivery," Daverman noted. "I think the strategies we have chosen are all ones that were discussed in those meetings."

As a result of stakeholder input, strategies in three key areas are being implemented: primary care transformation, episodes of care, and long-term services and supports. There is a Technical Advisory Group (TAG) for each strategic area to provide guidance on quality measures and program design.

Primary Care Transformation

Daverman noted this component focuses on the "primary care provider – preventing illness, managing chronic illness and coordinating with other providers such as specialists." He continued, "This is rewarding activities that are very important in primary care that aren't necessarily paid for now."

Daverman pointed out coordinating with a specialist takes time and effort for the primary care provider but isn't necessarily reimbursable. Yet, the results of that coordination are often critical to a patient's health.

"With all our strategies, we want to put the doctor in the driver's seat," he said. Daverman added this focus on outcomes might require changes in communication, clinic hours, phone staffing, and other patient engagement activities in order to improve health and cut down on expensive emergency room visits. "If it results in better outcomes for quality and utilization, we want to reward that."

Although he praised with work being done by ACOs, Daverman stressed the primary care transformation strategies are different and easily scalable. "All of our strategies are feasible for providers without making significant changes to business relationships," he said.

The starting point is with patient centered medical Homes (PCMH), health homes for SMPI (serious and persistent mental illness) patients, and provider alerts for hospital and emergency department admissions, discharges and transfers. "We'll start with about a dozen practices and want to go statewide within a couple of years," Daverman said of programming, which is slated to launch in mid-2016.

Whether or not providers are in a PCMH, those who sign up can tap into the web-based statewide alert system. "We're going to work to have real-time notices every time a patient goes to the emergency room of a hospital," Daverman said of the data being populated by participating payers. In addition, he said the system would be able to generate a 'gaps in care' report and alert providers to their patients' drug fills. "It's really, really important information to have if you want to manage your patients."

Episodes of Care

"This is the strategy that's the furthest along," Daverman noted of aligning incentives with desired outcomes. Episodes reward high quality care, promote the use of clinical pathways and evidence-based guidelines, and encourage coordination to reduced ineffective or inappropriate care. Under the initiative, episode-based payment is being rolled out in waves with the goal of implementing 75 episodes by the end of 2019.

Wave 1 launched in May 2014 with three episodes of care: acute asthma exacerbation, perinatal, and total joint replacement. For six months, more than 500 providers received detailed preview reports from TennCare and commercial payers before the wave went live in 2015.

"Providers are getting new information they've never had before in quality reports," Daverman explained. "They can see how they compare to their peers on cost, and we break down those costs into categories to make it actionable."

He continued, "Providers who have the most expensive average episode cost for the year across the state are penalized by a portion of their excess cost." However, Daverman noted, the threshold for a penalty is set pretty high and is considered only after adjusting for exclusions such as high-risk patients or extraordinary events. Ultimately, the projection is the most expensive 10 percent of providers will face a penalty. On the other hand, he said, "It's very important we reward providers who meet quality measures and provide efficient care with shared savings." Daverman predicted, "The majority of providers will have no change or will get rewarded."

Preview reports for Wave 2 – acute COPD exacerbation, screening and surveillance colonoscopy, outpatient and non-acute inpatient cholecystectomy, and acute and non-acute PCI – began at the end of last month. The advisory group has just completed their process for Wave 3, which will roll out preview reports next year and go live at the beginning of 2017.

Long-Term Services & Supports

Daverman said the main premise of this strategy is to tie payment to quality and acuity. "Some of the measures are around the patient experience, and some of the quality measures are around the caregivers," he said.

Key points include implementing quality- and acuity-based payment for nursing facilities and home- and community-based services, value-based purchasing initiatives for enhanced respiratory care, and focusing on workforce development.

More Information

Details on each of the strategies is available online in the Strategic Planning and Innovation

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Haslam Names Henry New Chief of Staff

Announces additional changes to senior team

Henry, 70, first served in the Haslam administration as the first commissioner of the Department of Intellectual and Developmental Disabilities (DIDD), which was formerly a division of the Department of Finance and Administration before becoming a state department on January 15, 2011. He became commissioner of DCS in 2013.

"I am honored to serve the administration in this new capacity and look forward to working in the governor's office," Henry said. "I'll miss working every day with the dedicated and hardworking employees at DCS but know that they will continue to do great work for the state."

Before joining the Haslam administration, Henry served as president and chief executive officer of Omni Visions, Inc., a company serving adults with developmental disabilities and children and families in crisis. A Vietnam veteran and former mayor of Kingston, Henry spent 12 years as a state representative and six of those years as minority leader.

Haslam also announced that Leslie Hafner, 45, who currently serves as director for legislation, will be promoted to senior advisor to the governor. Hafner is a 20-year veteran of legislative plaza and Tennessee politics. Before joining the Haslam administration, she was a principal at Hafner/Alexander Government Relations. She has also been director of government relations for Bass, Berry & Sims and served seven years in the administration of Gov. Don Sundquist.

In addition, the governor announced that Will Cromer, 30, who currently serves as policy director will be promoted. Cromer will become

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

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

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

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

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

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

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

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

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

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

Important Dates and Events

July

28-29	TSPN Symposium | Trevecca Nazarene University, Nashville, Tennessee *CLICK HERE FOR DETAILS*

August

12	Third Annual Community Mental Health / Homeless Summit | Smyrna Town Centre, Smyrna, TN *CLICK HERE FOR DETAILS*
28-29	System of Care Conference | Embassy Suites Hotel Nashville-South Cool Springs, Brentwood, TN *CLICK HERE FOR DETAILS*

September

3-4	First Episode Psychosis: Developing New Directions in Tennessee | Embassy Suites Hotel Nashville-South Cool Springs, Brentwood, TN *CLICK HERE FOR DETAILS*
7-10	MTAADAC Journey Together Conference | Nashville Airport Marriott Hotel, Nashville, TN *CLICK HERE FOR DETAILS*
11	THA Fall Compliance Conference | St. Thomas West Hospital, Nashville, TN *CLICK HERE FOR DETAILS*
16-17	Joint CPRS and Wellness Conference | Patterson Park Community Center, Murfreesboro, TN *CLICK HERE FOR DETAILS*
17	TAADAS Annual Recovery Dinner | Trevecca Nazarene University, Nashville, Tennessee *CLICK HERE FOR DETAILS*
24-25	NAMI Tennessee 2015 Annual State Convention | The Inn at Opryland, Nashville, TN *CLICK HERE FOR DETAILS*

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

special assistant to the governor for strategy and will also continue to serve as director of policy. Prior to joining the Haslam administration, Cromer served as policy director for the 2010 Bill Haslam for Governor campaign and as a member of the governor-elect's transition team. Cromer previously worked for the State Collaborative on Reforming Education (SCORE) and before that worked in the Washington, D.C. nonprofit sector promoting free market policies.

The governor also announced that Deputy Director for Legislation Warren Wells, 31, will become the new director for legislation. Before joining the administration as a legislative liaison to the Department of Finance and Administration, Wells served as a research analyst for the Senate Transportation Committee and worked in the office of Sen. Jim Tracy (R-Shelbyville). Before that he spent nine years in the Army National Guard. He served in Operation Iraqi Freedom and was stationed at Al Taqaddum, Iraq, where he earned a Combat Action Badge and Army Commendation Medal.

The appointments are effective August 1.

Haslam Names New DCS Commissioner

Hommrich brings more than 40 years of experience in child welfare programs to the role

Tennessee Gov. Bill Haslam today announced Bonnie Hommrich as the new commissioner of the Department of Children's Services (DCS).

Hommrich has served as deputy commissioner for child programs at DCS since 2004. Her responsibilities have included the areas of child protective services, foster care, adoptions, community juvenile justice and independent living.

Hommrich, 68, has also had oversight over the Brian A. settlement agreement, participated in accreditation by the Council on Accreditation, supported implementation of the federal IV-E waiver and "Bonnie has dedicated her entire career to helping children and families," Haslam said. "She has experience on the front lines of social work as well as in senior level positions where she has analyzed and interpreted complex information, situations and issues. I am grateful for her willingness to serve as commissioner and to have her depth of knowledge and expertise leading the department."

Before joining DCS, Hommrich spent 22 years as a social worker and assistant district manager for the Kentucky Department of Social Services. In 1998 she became the deputy commissioner for the Department of Community Based Services before becoming the principal assistant to the secretary of the Cabinet for Families and Children in 2001.

"I am deeply appreciative of the opportunity to serve the administration as commissioner for the Department of Children's Services," Hommrich said. "Under Commissioner Henry's leadership and with the dedicated commitment of staff, the department has made significant progress in achieving better outcomes for children. We are all focused on continuing this progress."

Hommrich received her bachelor's degree from the University of Louisville and her master's from the Kentucky School of Social Work.

Her husband, Denis is retired. She has one grown son, Ted. Ted and his wife, Gigi became parents in November of last year.

Hommrich replaces Jim Henry who is joining the governor's office as chief of staff. Both appointments will be effective August 1.

TMHCA Recognizes Ellyn Wilbur with Their 2015 Bob Long Award

Tennessee Mental Health Consumers' Association recently recognized , Ellyn Wilbur, Executive Director of the Tennessee Association of Mental Health Organizations (TAMHO) with their prestigious Bob Long Award.

This award is given to an individual who exemplifies extraordinary leadership and support of consumers in the mental health field. The award is given in memory of Bob Long who was instrumental in founding the Tennessee Mental Health Consumers Association and served as one of the early Executive Directors.

Behavioral Health Homes in Tennessee

Improving Health Outcomes Through A Coordinated Approach

tamho
tennessee association of mental health organizations
www.tamho.org

Embassy Suites Hotel and Conference Center
1200 Conference Center Blvd.
Murfreesboro, Tennessee

Tennessee Co-Occurring Disorders Collaborative (TNCODC) Bestowed the NCBH Inspiring Hope Public Education Award

TNCODC is one of eighteen national award recipients selected from a pool of 630 nominations.

The National Council for Behavioral Health recognized 18 individuals and organizations for their outstanding contributions to people recovering from mental illnesses and addictions. The at the National Council Conference in Orlando, Florida.

"The Awards of Excellence honorees are our heroes, they have turned private pain into public passion, focused on people's gifts and abilities, not their disabilities, and blended business sense and common sense into community-based solutions," said Linda Rosenberg, National Council President and CEO.

PUBLIC EDUCATION

The National Council Awards of Excellence feature three categories.

The **Impact Awards** honoring the innovative efforts of individuals and organizations — staff, boards, volunteers, consumers, families and partners — who change the lives of children, adults and families living with mental illnesses and addictions.

The **Inspiring Hope Awards** honoring the contributions of individuals living with mental illnesses and addictions, as well as those treating and supporting them — inspiring others and improving lives.

The **Advocacy Leadership Awards** honoring individuals and organizations that have led legislative or regulatory advocacy efforts to expand access to services for people living with mental illnesses and addictions.

An independent panel selected the honorees from a large pool of very worthwhile applicants. Grants of $10,000 — supported by Eli Lilly and Company, Sunovion Pharmaceuticals, Inc., myStrength, Negley Associates, Relias Learning, Qualifacts, Inc., the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health are made to a nonprofit organization of the honoree's choosing.

The **Tennessee Co-Occurring Disorders Collaborative**, Nashville, Tennessee was bestowed an Inspiring Hope Award for Public Education.

The Tennessee Co-Occurring Disorders Collaborative, made up of 12 behavioral health organizations, brings education and awareness of the impact of co-occurring disorders to individuals, families and the communities. Their unique statewide approach is the only one of its kind in the U.S.

Left

Ellyn Wilbur
Executive Director
Tennessee Association of Mental Health Organizations (TAMHO)

Right

Teresa Fuqua
Director of Member Services | TNCODC Grant Coordinator
Tennessee Association of Mental Health Organizations (TAMHO)

Randall E. Jessee, Ph.D.
TNCODC Steering Committee Chairman
(Senior VP Specialty Services, Frontier Health, Gray, TN)

This project is funded under an agreement with the State of Tennessee.
The Tennessee Association of Mental Health Organizations (TAMHO) serves as the grant administrator for this project.

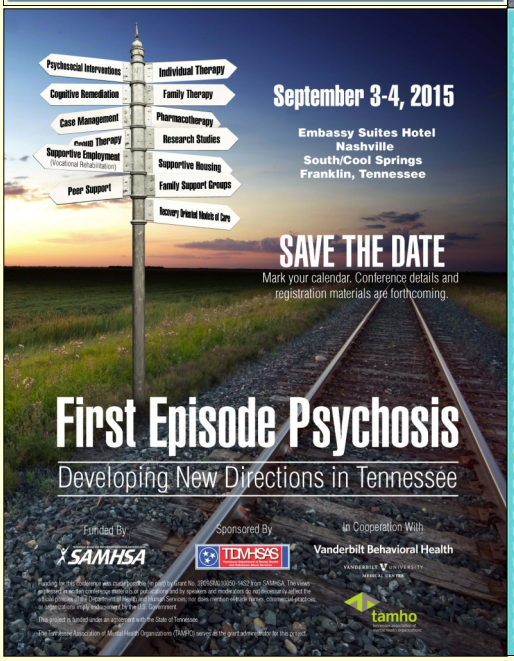
HOPE ACCESS RECOVERY
Tennessee Co-Occurring Disorders Collaborative
WWW.TNCODC.COM

TAMHO Partners with TDMHSAS to Produce Four (4) Exceptional Conferences in 2015

The Tennessee Association of Mental Health Organizations (TAMHO) is proud to partner with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and others to produce the following exceptional conferences. Please visit the TAMHO website, professional development page

www.tamho.org/professional.php

for updates and links to important information related to each conference.



42 Rutledge Street
Nashville, TN 37210

615-244-2220
800-568-2642 TOLL FREE IN TN
615-254-8331 FAX

Ellyn Wilbur Recognized as One of Nashville Medical News' Woman to Watch 2015

ARTICLE REPRINT | Nashville Medical News | May 7, 2015 | http://nashvillemedicalnews.com/ellen-wilbur-mpa-cms-3439

Ellyn Wilbur
Executive Director
Tennessee Association of Mental Health Organizations (TAMHO)

For more than 30 years, Ellyn Wilbur has worked to improve behavioral health resources and access for Tennessee's most vulnerable citizens.

While still a social work undergrad at the University of Memphis, Wilbur was assigned a field placement at the Memphis Mental Health Institute. "My assignment was to interview families when they brought their loved ones to the hospital for treatment," she explained. "I had never been in a psychiatric hospital before … and certainly not one that had locked doors between the units, but I learned that I was very comfortable talking to patients and their families and really enjoyed the interaction. This began a long and exciting career in mental health."

Although her introduction to the field was in the inpatient setting, Wilbur has spent most of her career in community-based care. "The hospital should be the last resort for any kind of condition," she stressed. "Mental illness is a chronic disease so there may be a time that someone needs more intervention or less intervention," Wilbur continued, "but having a mental illness doesn't mean a person can't be a contributing member of their community."

Her first job after graduation was at Whitehaven Mental Health Center, a newly opened community organization in Memphis under the direction of Wib Smith. He would become Wilbur's first mentor and lifelong friend.

"He was a visionary in many ways," Wilbur recalled. "Over the years, he taught me a great deal about people, management and life in general. One thing he taught me that I put into the category of 'universal truth' is that all of us – whether we have a mental health need or not – want to have something to do that we enjoy, have someplace to go that we enjoy, and we want to be important to somebody else."

While at Whitehaven, Wilbur returned to her alma mater to finish her master's degree in public administration. After a stint with the Department of Human Services in Nashville, Wilbur moved back to Memphis. In 1990, about the time Tennessee was making a major move toward deinstitutionalization, Wilbur came on board as the founding executive director of Case Management Inc., a community-based mental health organization that is still thriving today.

Nine years later, Wilbur was lured back to Nashville where she helped launch a statewide children and youth psychiatric crisis service for Magellan Health and served in a key policy role with the United Way of Tennessee. In 2009, she joined TAMHO to lead policy and advocacy efforts and was named executive director in 2011.

"We feel it's important to destigmatize mental health services," she said of TAMHO and its statewide member organizations, including Centerstone, Volunteer Behavioral Health Care System and LifeCare in Middle Tennessee. "We advocate for individualized, evidence-based services."

While Wilbur credits parity laws and public education with helping improve policy and perception about mental illness, she said there is a long way to go. "As a nation, we still seem to characterize mental illness differently than physical illness, and this can lead to negative results," she said of the lingering stigma. "There are so many success stories, but unfortunately, there are too many situations that could have had a better outcome if a fully developed safety net was in place to help."

Connecting individuals to resources and helping them build a support system are keys to optimizing outcomes. Wilbur's own support system includes her husband of 15 years, David. Together they love to attend music events at home or while traveling. Wilbur also enjoys working with her hands … whether that's gardening, making jam, cooking or indulging her newest hobby, beekeeping. Most special is time with David, son Kevin and daughter-in-law Vanessa who live nearby, and daughter Jennifer who is a behavior specialist in California.

Ultimately, she wants the same things for those struggling with mental health issues as she does for her own family … a happy, purposeful life. "I have seen firsthand how proper care and support can help people become fully involved in a life of their choosing. How could you not love being a witness to that process?"

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

August 18, 2015
December 15, 2015

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 Tuesday/quarterly
Harrison Christian Church, Johnson City, TN
10:00 AM-12:00 PM

Region II Third 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
Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 140, 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

STATEWIDE HAPPENINGS

Intractable Pain Act Repealed But Battle Against Prescription Drug Abuse Goes On

ARTICLE REPRINT | Kingsport Times-News | July 1, 2015 | by Nick Shepherd | http://www.timesnews.net/article/9089063/intractable-pain-act-repealed-but-battle-against-prescription-drug-abuse-goes-on


MGN Online graphic

Many steps have been taken over the past year to combat prescription drug abuse in the state of Tennessee, including a plan from the governor on how to slow the epidemic.

All that work culminated during this year's legislative session when lawmakers unanimously repealed the Intractable Pain Act, a law passed in 2001 that some authorities believe protected illegitimate pain management clinics, or pill mills, from prosecution. The repeal went into effect Wednesday.

One part of the law essentially says that if someone complains to a doctor of intractable pain and insists on medication, the doctor must either provide the desired medication or direct the patient to another doctor who will.

"With the repeal of the act, it means the doctors will have the discretion to determine whether or not it's in a patient's best interest to get pain medication or not," said Barry Staubus, district attorney general for Sullivan County. "They've gotten their discretion back to make decisions on whether or not someone gets those pain pills. The question is what about the doctors who earn their money doing that?"

Staubus said there will probably still be some pain management clinics that dispense more medication than a patient needs, even after the repeal of the law. Because of this, he thinks there should be laws or regulations that could reduce a person's potential to abuse prescription pills.

Some of the regulations Staubus would like to see include requiring clinics to accept insurance, keeping detailed medical histories and offering alternative treatments aside from medicine.

Alice McCaffrey, director of the Sullivan County Anti-Drug Coalition, thinks physicians should be held accountable.

"When identified prescribers are not abiding by the treatment guidelines, they should be called before the oversight committee or reported to law enforcement ," she said. "While I would prefer to see the medical community become highly involved in turning down the spigot, if they are unwilling or unable, they have a responsibility to the community to ask for help."

She said that not all pain clinics are bad and that she would like to see a better system to recognize those clinics which are doing it the right way. Staubus also said there are good pain clinics which follow the rules and genuinely want to help people suffering from chronic pain. Staubus said those clinics should be models for what regulations to implement and legitimate clinics would not object to some of the rules because they are following them already.

But even though steps have been taken and a law repealed, prescription drug abuse is still at epidemic levels throughout the state, especially in Northeast Tennessee.

Staubus said approximately seven out of 10 autopsies he deals with are related to drug abuse in some way, whether through accidental overdose or rapid aging of the body because of the abuse.

For health care workers, nothing has changed.

"Our numbers are staying consistent," said Randy Jessee, senior vice president for Specialty Services at Frontier Health. "People seeking treatment are just the tip of the iceberg. The number of people using has been steady. It seems to be a part of our culture."

Jessee said Gov. Bill Haslam's plan is having a positive effect. Some of the other newly established guidelines, like the Tennessee Chronic Pain Guidelines and the Controlled Substance Database, should help in the fight against prescription drug abuse.

According to McCaffrey, the Tennessee Chronic Pain Guidelines were finalized last fall, and the anti-drug coalition has been working to ensure local prescribers are familiar with them. With the guidelines, physicians assess both pain and the risk of abuse, diagnosis and goals for pain treatment, including methods other than pharmaceuticals.

The Controlled Substance Database was established in 2012. Prescribers are required to check the database before prescribing narcotics, and law enforcement is allowed access to the information. Because of this, Jessee said people should know who the high prescribers in the state are.

Other programs are being conducted throughout the state to help turn back the tide of prescription drug abuse. The antidrug coalition is launching a Count it, Lock it, Drop it program. The program encourages people to count their medications at least once every two weeks and if any medication is addictive or poisonous to lock it in a personal lock box. And any leftover medications should be taken to a dropbox, located at various places around the region.

Frontier Health has been going into jails to try to identify people who have addiction or mental health issues. Then the organization tries to get them services in jail and help them get reestablished in the community once they are out, according to Jessee.

Recovery courts are also popping up across the state and in the region. Jessee said those courts help give people, including felons, access to treatments and services they never had before.

McCaffrey believes more can be done.

“We would also like to see faith-based communities and businesses get more involved,” she said. “There is currently an active call to recruit faith-based ambassadors to help those in recovery return to productive and sober lives. And businesses could become more committed to drug-free workplace practices that would treat addiction as any other disease and provide shame-free support for their workers to become productive again.”

Jessee said it has been proven that for every dollar a community spends on prevention, it would get $7 in return.

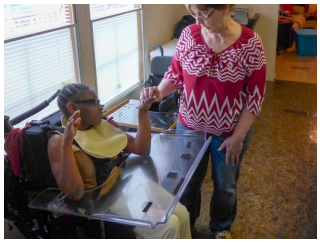
But he said the business of prescription drugs is a big moneymaker on a lot of levels, and while Haslam’s plan sounds good and is working for the most part, he doubts the state has the money or the resources to implement it fully.

And everyone working together is the only way to stop this epidemic.

“You don’t change the whole culture without the community,” Jessee said.

TennCare Says Rules Limiting Insurer Profits Would ‘Hamstring’ It

ARTICLE REPRINT | The Tennessean | May 10, 2015 | by Jay Hancock, Kaiser Health News | Photo Credit: Jay Hancock, Kaiser Health News | http://www.tennessean.com/story/news/health/2015/05/10/tenncare-says-rules-limiting-insurer-profits-hamstring/70926210/



Lynda Douglas thought she had a deal with Tennessee. She would adopt and love a tiny, unwanted, profoundly disabled girl named Charla. The private insurance companies that run Tennessee's Medicaid program would cover Charla's health care.

Douglas doesn't think the state and its contractors have held up their end. In recent years, she says, she has fought battle after battle to secure essential care to control Charla's seizures, protect her from choking, and tube-feed and medicate her multiple times a day.

"If you have special-needs children you would not want to be taking care of these children and be harassed like this," Douglas said. "This is not right. No way, shape or form is this right."

State Medicaid programs across the country, which operate with large federal contributions, have outsourced most of their care management in recent years to insurance companies like the ones in Tennessee. The companies cover poor and disabled Medicaid members in return for a fixed payment from taxpayers.

That helps government budgets but sets up a fundamental conflict of interest: The less care these companies deliver, the more money they make. Nationwide, such firms made operating profits of $2.4 billion last year, according to regulatory data compiled by Mark Farrah Associates and analyzed by Kaiser Health News.

In an attempt to manage that tension, Washington regulators are about to initiate the biggest overhaul of Medicaid managed-care rules in a decade. Prompted by growth of Medicaid outsourcing, concerns about access to care and stories such as Charla Douglas', the regulations are expected to limit profits and set stricter requirements for care quality and the size of doctor networks.

"We want the enrollees to have timely access to integrated, high-quality care," James Golden, who oversees Medicaid managed care for the U.S. Department of Health and Human Services, told a group of insurance executives in February. "There's been some question about some of these issues."

'Don't hamstring us'

Tennessee Medicaid plans — operated by BlueCross BlueShield of Tennessee, UnitedHealthcare and Anthem — are among the mostprofitable Medicaid insurers in the country, according to data from Milliman, a consulting firm. The state, which runs one of the most respected Medicaid managed-care programs in the country, adopted that design in the 1990s and named it TennCare.

State officials point to quality data and survey results as evidence that the companies are doing a good job while allowing the state to spend far less on Medicaid than predicted. More than 90 percent of TennCare customers surveyed last year said they were very satisfied or somewhat satisfied, officials note.

"Our patient satisfaction scores are at the highest over the last five years they've been in 20 years of the program," said TennCare Director Darin Gordon, who worries new HHS rules could hinder states from improving Medicaid quality while controlling costs. "Don't hamstring us from doing other innovative activities that are going to be able to help try to improve the health and well-being of our population."

But doctors and patient advocates say state savings and insurer profits come at the price of inadequate physician networks, long waits for care and denial of treatments like the ones for Charla Douglas. Answering another question in the survey, 30 percent of adults said the quality of their TennCare care last year was only fair or poor.

"BlueCross is more organized and more strategic in its denials, and the other plans might be more careless, but the way it plays out for folks on the ground level is the same," said Michele Johnson, executive director of the Tennessee Justice Center, a nonprofit law firm that helps TennCare members navigate the system. "What we find is that all three plans will deny care."

Medicaid's expansion in most states under the Affordable Care Act has obscured another big but more gradual change: More than half of Medicaid beneficiaries now receive coverage from private insurers, known as managed-care companies, with incentives to limit care. The surge helped prompt inquiries by HHS' inspector general last year that found widely varying state standards for access to doctors and poor information for members on where to find them.

In one nationwide study, half the doctors listed in official directories weren't taking Medicaid patients. Among doctors who were, a quarter couldn't see patients for a month.

Proposed rules debated

In Tennessee views diverge sharply on whether the proposed federal rules, expected soon, are necessary. Many say the system is far from adequate.

Dena Deweese, who runs a primary care practice in Knoxville, has problems finding specialists for her patients who are covered through Amerigroup, a TennCare contractor and Anthem affiliate that recently began operating in the area.

"I kept running into no, no, no," she said. "I've still got lots of folks that are simply not taking it."

Amerigroup says it only recently started covering TennCare members in the area and is still expanding its network. Since January "we have added more than 3,600 specialty physicians," said company spokeswoman Cindy Wakefield.

TennCare's member-per-doctor standard for primary care is among the worst in states that have such rules — one provider per 2,500 members. Even for urgent care, TennCare rules allow waiting times of up to two days for an appointment.

The state allows one neurologist per 35,000 TennCare members, although most states have no network standards at all for such specialists.

Even when children are having seizures, Crossville pediatrician Dr. Suzanne Berman often can't get a TennCare neurology referral for weeks.

Often she must send the child to a hospital emergency room to get the proper care — it's "the only way I have found to jump the queue," she said.

Dr. Douglas Springer, a gastroenterologist and, until recently, president of the Tennessee Medical Association, recognizes states' need to control Medicaid expense.

"The cost in that population keeps going up and up and up," he said.

But he favors new rules to ensure adequate doctor networks and limit insurer profits.

"If they can make it hard on (a patient), and make it so the networks are poorly funded or poorly populated, then nobody can go see anybody," he said. "They don't have to spend any money."

A repeated fight

Douglas, 69, knew she wanted to adopt Charla a decade ago as soon as she took her for foster care from the state. Charla's problems include cerebral palsy, a badly curved spine, frequent seizures and osteoporosis. She cannot speak and takes most food by tube. She is 16, weighs less than 80 pounds and loves Barney the dinosaur.

Douglas, who lives about an hour east of Nashville, says she has often struggled to get adequate treatment for Charla. But she was grateful that TennCare's contractors sent daytime nurses to monitor her seizures, keep her from choking, activate an implanted device to control seizures, administer medicine and maintain a tube that delivers medicine or nourishment eight times a day.

Then more than a year ago UnitedHealthcare reduced the nursing to one hour a day even though Charla's condition hadn't improved. Douglas protested with the help of the Tennessee Justice Center and a pro-bono lawyer and won, but TennCare appealed. It took two more rounds of adjudication before a judge ruled in Douglas' favor late last year.

"Our care teams worked with the family and with (Charla Douglas') physicians and other providers to assure that her services were appropriate for her special health care needs," UnitedHealthcare said in a prepared statement. The managed-care plan followed TennCare's contract and care guidelines, it said.

This year Charla switched to the BlueCross TennCare plan to better coordinate her care with two other disabled children in the Douglas household. In March the plan denied coverage of the seizure-control pump that Charla's doctors prescribed, saying it was medically unnecessary.

BlueCross now says it will pay for the procedure. A spokeswoman blamed the initial denial on a "physician's failure to provide the needed medical information."

Like TennCare officials, the managed-care industry is urging HHS not to publish overly rigid regulations that bog plans down in paperwork and hinder them from making investments to keep members healthy.

"You're dealing with a huge variation in population" covered by Medicaid from state to state, said Jeff Myers, CEO of Medicaid Health Plans of America, an industry lobby. "Each state has an insurance commissioner. Presumably they're very good about making decisions about insurance regulation" to suit local conditions, he said.

Myers and other officials expect HHS to issue rules for "medical loss ratios" that limit profits and force plans to spend a minimum portion of revenue on medical care. Such restrictions already apply to other insurance under the health law.

Imposing blanket profit standards on diverse Medicaid programs "would be terrible policy," he said.

TennCare director Gordon, who frequently advises other states on Medicaid, rejects suggestions that managed-care networks are inadequate or that contractors deny needed care. Third-party surveys show that 90 percent of Tennessee doctors take TennCare and most of them take new TennCare patients, he said, although consumer advocates dispute this.

TennCare members sometimes have trouble seeing specialist doctors, but so do patients in commercial plans, he said. Like many state Medicaid directors, he wonders how HHS can publish network rules for 50 states with widely varying geographies and health systems.

"We actually have a pretty solid network," he said, with systems to closely track how contracted insurers are performing. The HHS investigation into Medicaid doctor networks "looked at it very

narrowly" and "gives you a less complete picture of what's going on in the states," he said.

Written the wrong way, Gordon said, HHS limits on managed-care profits could discourage spending on coordinators who improve care quality at decreased cost.

Other Tennesseans tend to oppose Washington decrees no matter what they say.

"We need to keep CMS out of our business. They have done nothing but screw everybody up," said Dr. Iris Snider, an Athens, Tenn., pediatrician who praises the job Gordon and other officials have done with TennCare. "It really worries me … when we finally get a system that's working reasonably well for my patients."

Kaiser Health News is a nonprofit national health policy news service.

The profits

Tennessee Medicaid plans are operated by BlueCross BlueShield of Tennessee, UnitedHealthcare and Anthem. Last year's figures, not including expenses for taxes, depreciation and other items not directly related to health coverage:

- **UnitedHealthcare** made operating profit of $236 million on revenue of $2.8 billion.
- **Anthem** made operating profit of $53 million on revenue of $946 million.
- **BlueCross** made operating profit of $121 million on revenue of $1.8 billion.

SOURCE: Tennessee state filings

TDH Office of Vital Records Moving From Cordell Hull Building to Andrew Johnson Tower

The Tennessee Department of Health Office of Vital Records, which provides copies of birth certificates and other important documents, is moving. Effective May 19 the office will be located in the Andrew Johnson building at 710 James Robertson Parkway in Nashville. The new address is approximately four blocks away from its present location in the Cordell Hull Building on 4th Avenue North.

The new office location will be open the same hours as for the previous address: Mondays, Wednesdays and Fridays from 8 a.m. to 4 p.m. central; Tuesdays and Thursdays from 8 a.m. to 6 p.m. central.

Certificates may be obtained at the office, by mail or by the internet. For information about fees, identity verification or other topics, please call 615.532.2679 or visit: http://health.tn.gov/vr/

The Tennessee Department of Health reviews, registers, amends, issues and maintains the original certificates of births, deaths, marriages and divorces that occur in Tennessee. Certified short form copies of birth certificates for persons born from 1949 forward are available at the local health department. In the fiscal year ending June 30, 2014, TDH issued 84,704 certified copies of birth certificates, 9,845 certified copies of death certificates, 4,118 certified copies of marriage certificates and 1,130 certified copies of divorce certificates.

In-person requests for certificates are usually completed while customers wait. The processing time for mail order requests varies by the type of certificate. The office accepts cash, personal checks and money orders. It also contracts with an independent firm to accept credit card payments. In 2013, there were 55,875 transactions using credit cards and 35,442 customers who visited the TDH Vital Records office.

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee. For more information about TDH services and programs, visit http://health.state.tn.us/.

Tennessee Recovery Churches to Reduce Substance Abuse

Memphis Faith Leaders Launch Partnership to Establish Recovery Communities

The Tennessee Department of Mental Health and Substance Services is launching a new initiative to offer more Tennesseans with substance abuse issues the opportunity to get clean and sober through recovery church programs in their communities. Along the lines of 12 step recovery programs and other established methods that help people struggling with addictions, the State of Tennessee is looking to its faith communities to become partners, to help their fellow citizens suffering from addictions issues.

“Our state’s churches and faith based organizations are great partners, as their missions and visions are primarily about helping others,” said E. Douglas Varney, Commissioner, Tennessee Department of Mental Health and Substance Abuse Services. “While there are many avenues for Tennesseans to turn for treatment, our hope is that these recovery church communities will offer one more avenue for our family members, friends and neighbors to turn to for help and support.”

City of Memphis Church Community offers Astounding Opportunity

The City of Memphis was selected as the community to launch Tennessee’s new Recovery Church initiative for a number of reasons. One of the primary considerations is the astounding number of faith communities located in the city and throughout the west Tennessee region. It’s calculated the Greater Memphis Metropolitan area is home to a staggering 2,000 church communities representing all major religious beliefs and denominations.

Across the State of Tennessee it’s estimated there are roughly 11-thousand faith communities. The City of Nashville, frequently referred to as the ‘Buckle of the Bible Belt,’ boasts more than 700

churches, along with a number of Christian schools, colleges and universities.

“There is power in the pews, it’s been said,” said Commissioner Varney. “Tennessee’s rich fabric of faith leaders and dedicated parishioners has demonstrated for decades the volunteer spirit of helping their neighbor. It’s our desire to tap into that ‘can do’ attitude to help us address our state’s substance abuse and addiction issues.”

Tennessee seeks Faith Leaders statewide to launch Recovery Communities

- Help individuals deal with substance abuse issues
- Knowledge, familiarity with addiction and recovery
- In good standing with church or organization

“This partnership represents a meaningful opportunity for faith communities across the state to become proactive in serving individuals struggling with substance abuse issues,” said Commissioner Varney. “Faith leaders are in a unique place to assist people in a time of great need. We appreciate their leadership and involvement.”

Bradley County Celebrates the Success of Tennessee Drug Courts

ARTICLE REPRINT | WDEF-TV News 12 Chattanooga, TN | May 5, 2015 | by Amy Katcher | http://www.wdef.com/news/story/Bradley-County-celebrates-the-success-of/-5Eant2e9kStCulpQXAkGQ.cspx

Bradley County celebrated the success of Tennessee Drug Courts Tuesday evening. As part of "National Drug Court Month" Tennessee joined with courts from across the country to show a combination of accountability and compassion is key to rehabilitating drug-addicted people in the criminal justice system. Richard Hughes serves as a 10th Judicial Public Defender. He said, "What we have learned over the years is, just incarcerating people is not the answer. One good thing about this program, not only provides treatment to people who need it... To help them be successful on probation and life... and it's cheaper than to incarcerate them in the local jail or prison." Immediately after Tuesday night's event a recent grad got arrested again. Officials say she used social media to make a drug buy, while Drug Court officials were monitoring it.

Convicted Criminals Ditch Drugs with Recovery Court Program

ARTICLE REPRINT | News Channel 9 Chattanooga, TN | May 5, 2015 | by Brittany Nicholson | http://www.newschannel9.com/news/top-stories/stories/convicted-criminals-ditch-drugs-recovery-court-program-16934.shtml

Two Bradley County men are getting a second chance at life. As graduates of the recovery drug court program, they were able to avoid jail time to recover from addiction. It's a monumental moment for Artez Kimpson. He receives a plaque from the judge. It's a symbol of turning life around and overcoming addiction. Before he entered the program, Kimpson says he was dealing marijuana and other drugs. He says he lost his full ride basketball scholarship to UTC. At that point, he says, his life spiraled out of control. "Life before was a constant struggle everyday wondering what I was going to do or how I was going to get high," he said. The other graduate, Tyler Watson, says his addiction to pain pills was controlling his life. "Basically I just had a big dark cloud over me, I was always looking over my shoulder, didn't really care what happened or what the consequences were," Watson said. Jill Barrett, the director of recovery court for the 10th Judicial District, says they're required to take drug tests, check-in with the judge, and keep a full time job. "Compare that with someone who would have an 8 year sentence and they'd go into this alternative sentencing program so we save taxpayer dollars, we save lives and it works," Barrett said. Although, it's not easy for everyone.

Fast Facts

Fascinating facts and interesting information

Four TAMHO member organizations are participating in the 2 ½ year Reducing Adolescent Substance Abuse Initiative (RASAI), designed to help providers systematically implement a screening, brief intervention and referral to treatment protocol (SBIRT) to address substance abuse among adolescents ages 15 – 22 who receive services for an emotional disturbance or psychiatric disorder. The TAMHO participants are Alliance Health Services, Carey Counseling Center, Helen Ross McNabb Center and Frontier Health. The project is supported by the Conrad Hilton Foundation and National Council of Behavioral Health.

The first TN specific data has been collected from these sites for the time period of January 1 through March 31, 2015.

— see page 15 for key data points —

Training Transforms Certified Peer Recovery Specialist Program

AUTHORS & CONTRIBUTORS:
***Lisa Ragan, MSSW**, Director, Office of Consumer Affairs and Peer Recovery Services, and,*
***Vik Moore, MS, CPRS,** Peer Recovery Coordinator*
Tennessee Department of Mental Health and Substance Abuse Services

Lisa Ragan, MSSW
TDMHSAS

Vik L. Moore, MS, CPRS
TDMHSAS

The Certified Peer Recovery Specialist program is thriving in Tennessee. Since April of 2013, over 425 peers have completed the Certified Peer Recovery Specialist Training. Certified Peer Recovery Specialists are people who have lived experience of mental illness and/or substance use disorder who have completed the 40-hour, one-week standardized training that includes testing, role plays, and self-examination. By April of 2016, every Certified Peer Recovery Specialist in Tennessee will have taken the training.

Tennessee's CPRS program originally began in the mental health arena in 2007 for people with lived experience of mental illness or co-occurring disorder. At that time, there were four accepted trainings for certification, which resulted in an uneven skill set and uneven knowledge base across the state. In 2012, TDMHSAS received a $50,000 SAMHSA BRSS TACS (Bringing Recovery Services to Scale Technical Assistance Center Strategy) grant to address the need for a standardized training for certified peers and also to consider a certification option for people with lived experience of substance use disorder. A team of dedicated providers (from both the mental health and substance use disorder service systems), peers, and TDMHSAS leadership came together to transform the existing program into a truly co-occurring program for people with lived experience of mental illness or substance use disorder who could work in either system for Medicaid reimbursement.

The standardized training that resulted from the BRSS TACS grant focuses on providing peer support services. There are currently seven trained Certified Peer Recovery Specialist Trainers across the state, with each training being led by one CPRS with lived experience of mental illness and one CPRS with lived experience of substance use disorder. The training includes sections on the history of mental illness and substance use disorder, recovery, values, communication, problem solving, conflict resolution, stigma, cultural competency, ethics, trauma-informed care, group facilitation, co-occurring disorders, motivation and readiness, health and wellness, self-care and stress management, and documentation. TDMHSAS, Amerigroup, and BlueCare Tennessee currently fund the trainings provided across the state.

The five-day training consists of 40 intensive hours of interactive class participation, role-play, self-examination, and testing. The 17 tests average about five multiple-choice questions each and 75% must be answered correctly in order to pass. Nightly homework includes reading assignments and continued self-examination. Most peers average about 90% on the tests. But test scores are not the only criteria that the trainers consider. In fact, if a peer is on the borderline with their test scores but are able to convey in their role-plays during class that they not only understand the material but can put it into practice, then the trainers can recommend that they graduate the training. Not everyone passes, but most participants do. Of those who have not passed, all who have retaken the training passed the second time around.

Peers must apply for a spot in the CPRS training and the application asks for the peer to talk about their recovery and how they manage it, how they manage triggers, and why they want to become a Peer Recovery Specialist, among other questions. Each training application is read thoroughly for completeness, clarity, and content and then scored according to a scoring rubric. The reviewers look at the level of commitment to personal recovery, self-knowledge of how to maintain recovery, and the level of motivation for becoming a Certified Peer Recovery Specialist.

Successful graduation from the training does not equal instant certification. There are several additional steps to complete before one can be certified. The CPRS Program Guidelines, Standards, and Procedures Handbook can be found at http://tn.gov/behavioral-health/topic/certified-peer-support-specialist-program

Peers who take the training report feeling increased competence and feel encouraged to help those with shared experiences with mental illness or substance abuse backgrounds. Since 2013 there have been almost 30 trainings across the state that have prepared peers to enter the work place or enhanced their current positions.

One the last day of the training each trainee is given the opportunity to share their contact information on the CPRS Registry Database in the member's only section of the TAMHO website. Currently there are about 200 names on the registry.

Demographic breakdown of trainees:

Average age	47
Ages range from	21-81
Female	260
Male	171
Veterans	73

Educational Background

GED	46
High School Diploma	156
Vocational Certificates	36
Associates	57
Bachelor's Degrees	87
LADAC	5
Master's Degrees	42
Ph.D.	2

Regional Participation

Region 1	31
Region 2	69
Region 3	42
Region 4	79
Region 5	82
Region 6	34
Region 7	94

Lived Experience

Co-occurring	130
Mental Illness	147
Substance Use Disorder	94

Tennessee's CPRS Training has caught the attention of other states, who have requested details of how our training and program has become what it is today.

Tennessee SBIRT Key Data Points at a Glance

Individuals Served:

117 participants screened

Patient Age

15-16 ..... 44%
17-18 ..... 30%
19-22 ..... 8%
Missing 19%

Patient Gender

Man 65%
Woman 33%
Missing 2%

Patient Race

White 74%
Black of African American 19%
Multiracial 4%
Missing 2%
Asian 1%

Patient Ethnicity

Not Hispanic or Latino 88%
Missing 9%
Hispanic or Latino 3%

Smoking Status

Never smoked 58%
Current smoker 20%
Former smoker 11%
Missing 11%
Not current smoker, past history unknown 0%

Behavioral Health Diagnosis

Learning/ADHD 12%
Mood Disorders 12%
Conduct Disorders/ODD 12%
Substance Use Disorders 4%
Bipolar Disorder 4%
Physical Diagnosis 4%
Intellectual Disability 2%
Developmental Disorders 2%
Adjustment Disorder 2%
Eating Disorder 2%
Schizophrenia/Psychotic Disorders 2%

CRAFFT Score warrants Brief Intervention or Referral to Treatment

No intervention needed 55%
Score warrants Referral to Treatment 30%
Score warrants Brief Intervention 13%
Missing data 3%

Patients whose scores warranted Brief Intervention

Received Brief Intervention 54%
Did not receive Brief Intervention 46%

The average number of Brief Interventions given to patients at risk is 0.67

Received 2 or more Brief Interventions 4%

Patients whose scores warranted Referral to Treatment

Received referral 54%
Did not receive referral 37%
Missing 9%

Patients who received a referral and attended treatment

Missing data 53%
Attended Treatment 37%
Did not attend Treatment 11%

Average number of days elapsed between referral and treatment attendance: 6.8

Timing of Referral

Same Date as BI#1 ..... 42%
Immediately; Didn't Receive BI 37%
Same Date as BI#2 ..... 11%
Referral Date Missing 5%

At Risk who Received Follow-Up: 0%

No outcomes data at this time.

NATIONAL HAPPENINGS

How Severe is the Shortage of Substance Abuse Specialists?

ARTICLE REPRINT | The Pew Charitable Trusts | April 1, 2015 | by Christine Vestal | http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/4/01/how-severe-is-the-shortage-of-substance-abuse-specialists

A case manager at the West Division Family Health Center in Chicago speaks with recovering heroin addict. Millions of Americans have insurance or Medicaid coverage for drug and alcohol addiction but may not be able to find providers to help them beat their addictions. (AP)

The number of people with insurance coverage for alcohol and drug abuse disorders is about to explode at a time there's already a severe shortage of trained behavioral health professionals in many states.

Until now, there's been no data on just how severe the shortage is and where it's most dire. Jeff Zornitsky of the health care consulting firm Advocates for Human Potential (AHP) has developed the first measurement of how many behavioral health professionals are available to treat millions of adults with a substance use disorder, or SUD, in all 50 states.

Zornitsky's "provider availability index" – the number of psychiatrists, psychologists, counselors and social workers available to treat every 1,000 people with SUD – ranges from a high of 70 in Vermont to a low of 11 in Nevada. Nationally, the average is 32 behavioral health specialists for every 1,000 people afflicted with the disorder. No one has determined what the ideal number of providers should be, but experts agree the current workforce is inadequate in most parts of the country.

"Right now we're in a severe workforce crisis," said Becky Vaughn, addictions director for the industry organization National Council for Behavioral Health. The shortage has consequences, she said. "When people need help for addictions, they need it right away. There's no such thing as a waiting list. If you put someone on a waiting list, you won't be able to find them the next day."

The shortage of specialists threatens to stall a national movement to bring the prevention and treatment of SUD into the mainstream of American medicine at a time when millions of people with addictions have a greater ability to pay for treatment thanks to insurance.

Two Federal Laws

The Affordable Care Act for the first time requires all insurers, including Medicaid, to cover the treatment of drug and alcohol addiction. In the past, Medicaid covered only pregnant women and adolescents in most states. Private insurance either didn't pay for treatments or paid so little that most people could not afford to make up the difference.

For anyone with insurance coverage, the Mental Health Parity and Addiction Equity Act ensures that the duration and dollar amount of coverage for substance use disorders is comparable to coverage for medical and surgical care. Together, the two federal laws are expected to make billions of dollars available to the behavioral health care market.

Of the estimated 18 million adults potentially eligible for Medicaid in all 50 states, at least 2.5 million have substance use disorders. Of the 19 million uninsured adults with slightly higher incomes who are eligible for subsidized exchange insurance, an estimated 2.8 million struggle with substance abuse, according to the most recent national survey by the U.S. Substance Abuse and Mental Health Services Administration.

Although the federal government has acknowledged the scarcity of treatment specialists, it has failed to quantify and assess it. Other fields of health care, including mental health and primary care, are tracked by the U.S. Health Resources and Services Administration to determine which communities are "underserved." Without this information, it is hard to know where more behavioral health specialists are needed and when the supply of providers is expanding or shrinking in any given region.

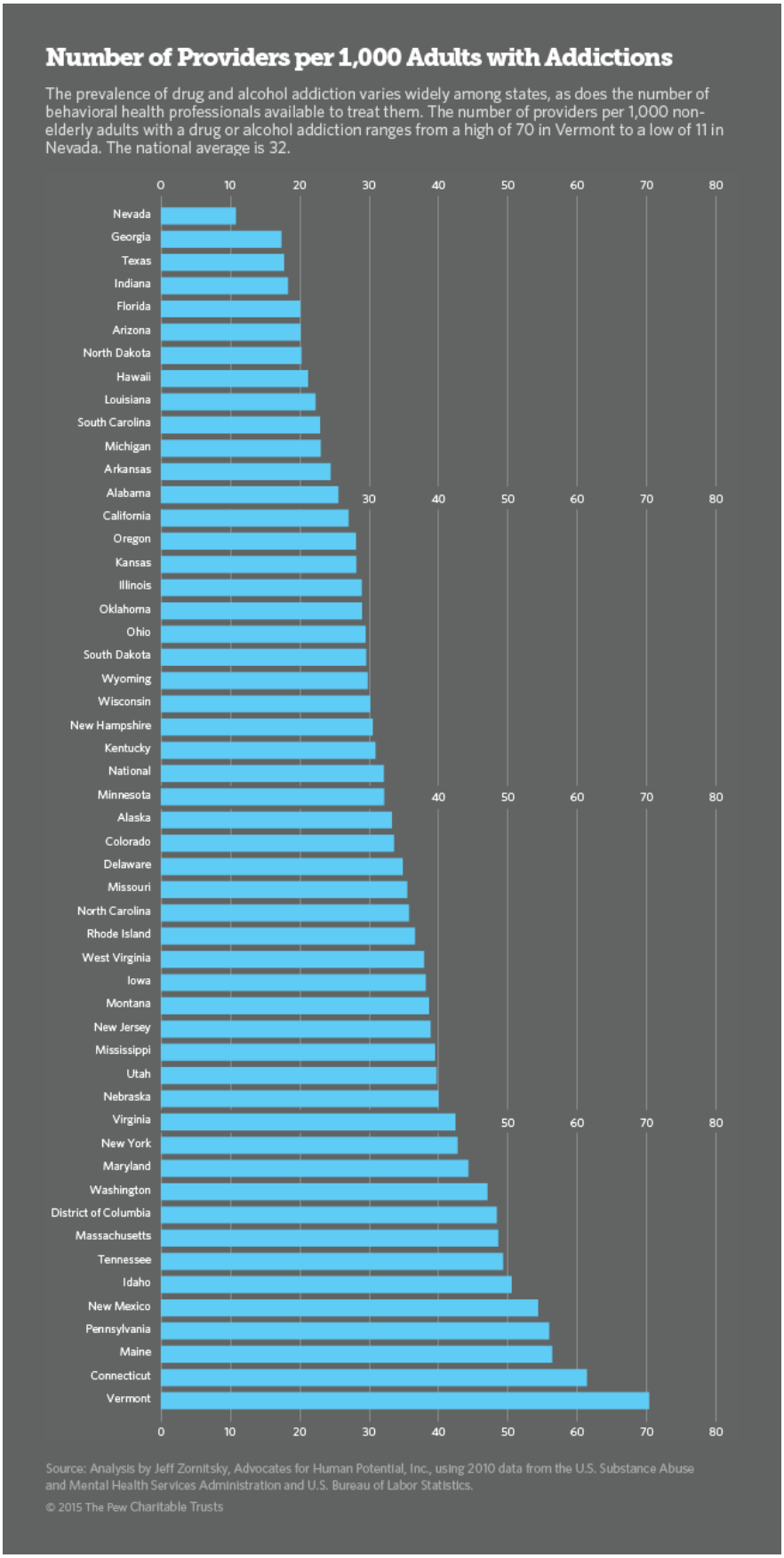
That's where AHP's Zornitsky steps in. Using data from the U.S. Department of Labor's Bureau of Labor Statistics on the current size of the labor force and its projected growth, plus Department of Health and Human Services data on the prevalence of SUD among adults, he approximates the relative adequacy of the addiction treatment workforce in each state.

"It is not perfect," Zornitsky said of the index, "but it's a consistent, state-based measure that allows for comparisons and tracking over time."

Poor Pay

According to a 2013 report to Congress from the Substance Abuse and Mental Health Services Administration, the "growing workforce crisis in the addictions field" is due to a variety of factors, including stigma, an aging workforce and inadequate compensation.

The U.S. spent $24 billion on treatment of drug and alcohol disorders in 2009, the most recent year for which comprehensive data are available, according to a new study by the Pew Charitable Trusts (Pew also funds *Stateline*). Sixty-nine percent of the spending came from public sources such as state and local governments, Medicaid, Medicare and federal grants. Private



sources, including commercial insurance and out-of-pocket spending, made up the balance, according to the report.

Historically, reimbursement rates and consequently salaries for physicians, psychologists, social workers and counselors in the addiction field have been well below salaries for comparable professionals in other health care specialties that require the same level of education and training.

For example, the average salary for social workers in the addiction field is $38,600, compared to $47,230 in the rest of the health care industry, according to the Bureau of Labor Statistics.

As a result, too few health care workers are going into the field and too many are switching to more lucrative specialties. And because the average age of addiction specialists is higher than in other professions, demographers predict a behavioral health retirement boom in the next five years.

Between now and 2020, the addiction services field will need to fill more than 330,000 jobs to keep pace with demand, of which more than half are the result of people retiring and switching to other occupations .

Low Treatment Rates

Of the roughly 23 million Americans who suffer from drug and alcohol disorders, only 11 percent receive treatment at a specialty facility, according to the most recent National Survey on Drug Use and Health.

That compares to U.S. treatment rates as high as 80 percent for diseases such as diabetes and hypertension. Part of the reason for lack of treatment has been inability to pay. With billions in private insurance and Medicaid dollars becoming available, that is expected to change.

But questions remain about how the existing addiction services industry will manage the expansion, whether new businesses will enter the market and how many providers will take Medicaid patients. Today, only 55 percent of addiction practitioners accept Medicaid reimbursements, which tend to be lower than private insurance.

Another reason many substance abusers go without treatment is the social stigma connected with addictions and mental illness. To avoid being labeled, many hide their drug or alcohol use, and refuse to admit they have a problem. With more money available for treatment and increased public concern over the nation's rising death toll from drug addictions, experts are hopeful the stigma will dissipate and more health care professionals will be

drawn to the field.

The Affordable Care Act eventually should spur more competitive salaries for behavioral health professionals. But for now, it is complicating matters, Vaughn said. Both Medicaid and private insurers require levels of professional licensing and credentialing that were not needed when addiction services were funded primarily by federal grants. In addition, many of the mostly small providers in the industry have no business experience negotiating contracts with Medicaid managed care organizations or filing claims for Medicaid and private insurance.

It will be largely up to states to make the changes needed to develop an adequate addiction treatment workforce. The federal government has offered model licensing guidelines that define a so-called "scope of practice" for each job title in the behavioral health profession, but states will have to create licensing laws and regulations. States could also encourage more people to go into the profession by offering to repay student loans and funding local colleges.

In addition, state Medicaid agencies will need to reach out to the existing addiction industry and provide business training to enable them to file claims for the billions in new funding for drug and alcohol treatments. Most important, Vaughn said, Medicaid rates for addiction services need to be raised to provide a reimbursement benchmark that is closer to the fees paid to practitioners in other health care professions.

Prevalence of Substance Use Disorders Among State Medicaid Expansion Populations

The Affordable Care Act requires Medicaid to pay for drug and alcohol addiction treatments for newly eligible adults aged 18 to 64 with incomes at or below 138 percent of the federal poverty level ($16,243 for an individual). About 10 percent of the general population has a substance use disorder. Among the low-income Medicaid expansion population, the national average is 14 percent.

Medicaid expansion states in blue.

State	% Adults with SUD in Medicaid Expansion Population	State	% Adults with SUD in Medicaid Expansion Population
Alabama	10.6	Montana	19.2
Alaska	15.2	Nebraska	17.2
Arizona	19.4	Nevada	14.3
Arkansas	11.7	New Hampshire	19.5
California	9.7	New Jersey	9.2
Colorado	12.5	New Mexico	8.9
Connecticut	24.4	New York	12.9
Delaware	10.9	North Carolina	12.5
District of Columbia	30.5	North Dakota	20
Florida	11.3	Ohio	20.4
Georgia	11.4	Oklahoma	14
Hawaii	15.4	Oregon	15.5
Idaho	22.3	Pennsylvania	18.9
Illinois	13.6	Rhode Island	21.1
Indiana	21.1	South Carolina	19.1
Iowa	14.7	South Dakota	19
Kansas	12.6	Tennessee	18.4
Kentucky	13.8	Texas	10.8
Louisiana	18.8	Utah	8.2
Maine	17.8	Vermont	20.3
Maryland	9.8	Virginia	18.3
Massachusetts	25.7	Washington	21.7
Michigan	16.2	West Virginia	16
Minnesota	15.4	Wisconsin	13.4
Mississippi	9.5	Wyoming	12.4
Missouri	14.8		

Source: U.S. Substance Abuse and Mental Health Services Administration and U.S. Bureau of Labor Statistics, 2012.

High-Tech Helpline for Teens in Crisis

ARTICLE REPRINT | CBS News | June 10, 2015 | http://www.cbsnews.com/news/crisis-text-line-offers-help-teens-through-cell-phone/?utm_content=buffer5b93b&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer

There's a groundbreaking way for teens to find high-tech help when they need it urgently. It's called Crisis Text Line (CTL), and its creators found a way to reach people in need where they are -- on their phones, reports CBS News correspondent Jim Axelrod.

"Someone might text in saying, 'I just can't take it anymore. I don't know where to turn, I'm just so overwhelmed,'" CTL counselor Darren Mastropaolo said.

The idea for the service came from Nancy Lublin, former CEO of DoSomething.org, the largest online youth community in the country.

At CTL, they get all kinds of messages.

Additional information and resources available within the article:

Tips for Parents: Is Your Child Being Bullied?

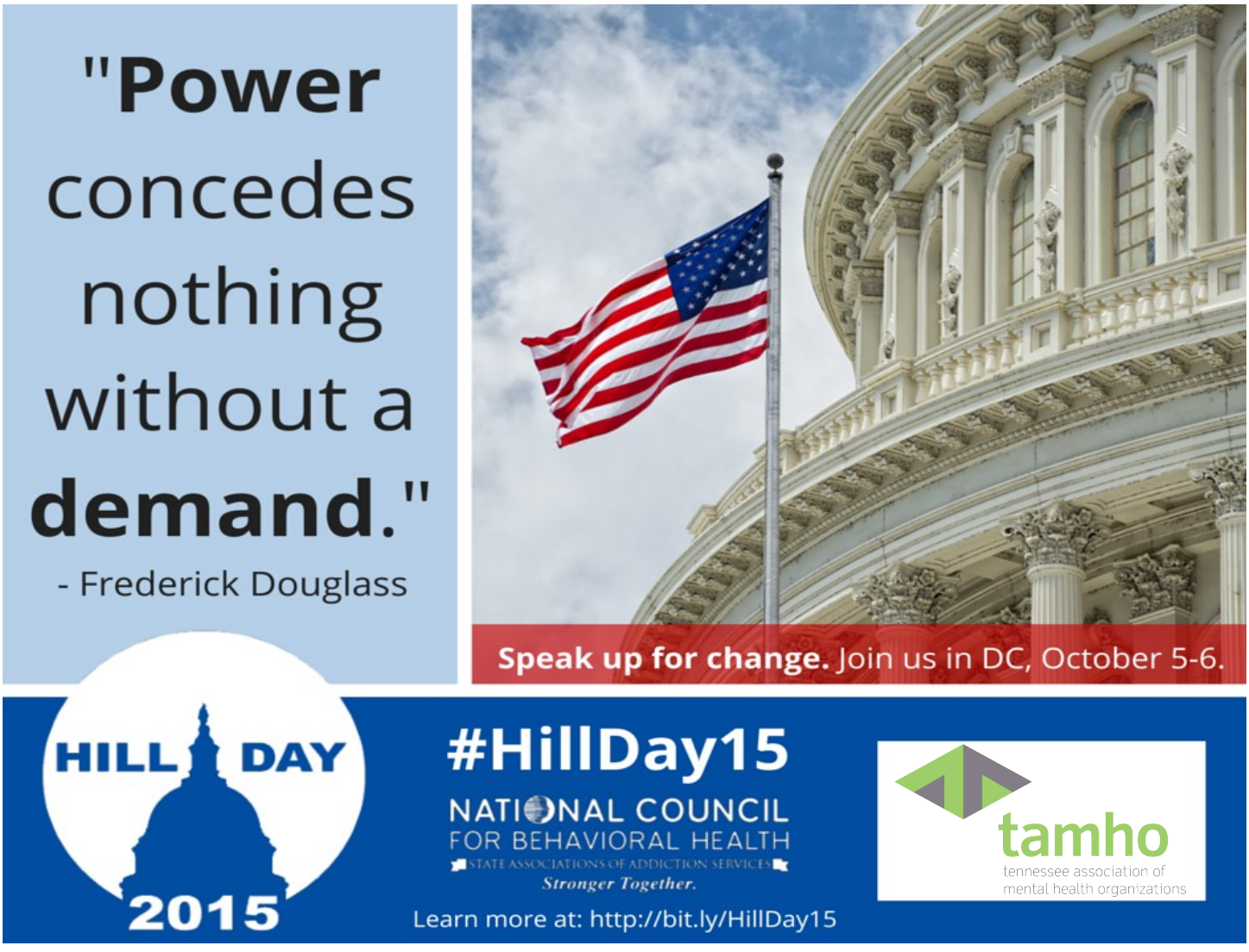
Tips for Parents: What to do if Your Child is Being Bullied.

Tips for Parents: Is Your Child a Bully?

Facebook rolling out suicide prevention tool

Disturbing trend in suicides among young children

Please visit http://www.cbsnews.com/news/crisis-text-line-offers-help-teens-through-cell-phone/?utm_content=buffer5b93b&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer to view the full article and access the resources and links provided.



Most Behavioral Care Patients Have Experienced Trauma

National Council's Trauma-Informed Care Practices Learning Community preps mental health and addictions organizations to provide appropriate care

If you knew someone had experienced physical or emotional trauma, you would understand the affect that may have on their behavior or feelings. Yet 90 percent of mental health and addictions patients have experienced trauma which isn't always taken into consideration in their care, leading to greater mental health problems and increased risk of heart disease, suicide, and substance abuse.

Providers can address these complex challenges using an integrated trauma informed approach based understanding, prevention and intervention. In an ongoing effort to create a nationwide trauma informed culture, the National Council for Behavioral Health has selected 22 behavioral health organizations to participate in 2015's Trauma-informed Behavioral Healthcare Learning Community.

The learning community offers year-long individual and group coaching by renowned national trauma experts Cheryl Sharp and Linda Ligenza, webinars, networking opportunities, and exclusive tools and resources. Topics include screening and assessment, engaging trauma survivors, developing a trauma informed workforce, create safe and secure care environments and building community partnerships.

For more information, visit: www.thenationalcouncil.org/areas-of-expertise/trauma-informedbehavioral-healthcare

The National Council and Relias Partner to Move the Nation Toward Excellence in Behavioral Health

New certification program to support behavioral health treatment providers

With parity, the Affordable Care Act and the recent passage of the Excellence in Mental Health Act, mental health and addiction treatment organizations have new opportunities to serve their communities. Relias Learning's new certification program offers an interim guide for providers to advance their practices, moving toward the concept of "Centers of Excellence."

Linda Rosenberg, President and CEO of the National Council states, "We have new accountability for health outcomes, and this responsibility requires both skilled staff and effective leadership. I

am excited to introduce the Certificates of Excellence program. We want to support all National Council member organizations in becoming Centers of Excellence."

With the new health care landscape, providers, states and stakeholders will certainly be talking more about the concept of Centers of Excellence and Certified Community Behavioral Health Centers, and these continued education (CE) opportunities can help augment CEOs' efforts to train their staff to prepare for national implementation of the Excellence Act in years to come.

Eric Masters, Vice President of Marketing and Strategic Partnerships at Relias Learning states, "We are honored to work with National Council to deliver this certification program that can impact so many people and raise the bar for skilled staff and leadership effectiveness. Working together, we've built a program that will deliver tremendous content and benefits to National Council members."

The Certificates of Excellence program offers:

- • Extensive online library offering—mental health, substance abuse, management, supervision and more
- • Compliance with national, state and accrediting training standards
- • Ability to upload organization policies, procedures and content
- • Simplified training assignment, tracking and reporting
- Convenient training available 24/7

To learn more about the new certificate programs and Relias Learning, visit ReliasLearning.com/NationalCouncil.

TAMHO MEMBER ORGANIZATION HAPPENINGS

Tennessee Advances New Strategy in Mental Health Services

Pilot project goal is to improve treatment and recovery for Tennesseans with mental illness

The Tennessee Mental Health Consumers' Association (TMHCA) is embarking on a pilot project to enhance treatment provided at the state's mental health institutes. Among the primary goals of the initiative is an increased emphasis on teaching recovery skills to patients as a means to improving their outcomes, reducing the rate of institute readmissions and saving taxpayer money.

Approximately $300,000 in grant funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) will support a three year Peer Engagement Project at Tennessee's four Regional Mental Health Institutes. Through a partnership with the Tennessee Department of Mental Health and Substance Abuse Services, TMHCA Certified Peer Recovery Specialists will be paired with patients, families and institute staff members to effectively improve treatment and recovery for Tennesseans with mental illness.

"A Peer Recovery Specialist is essentially someone who has been a patient, and has the lived experience that can offer support and guidance to patients and their loved ones navigating the often challenging environment of our mental health institutes," said E. Douglas Varney, Commissioner for the Tennessee Department of Mental Health and Substance Abuse Services. "I am confident this approach will generate beneficial dialogue, and greatly improve outcomes in the long term for everyone concerned."

Tennessee's Mental Health Institutes serve more than 7,000 people annually, individuals who are experiencing some of the most unstable periods in their lives in terms of mental illness. Now patients and family members will have a voice in planning, policies and access to peer support services, with the hope of revolutionizing the recovery process in Tennessee's mental health institutes.

The Primary Goals of Tennessee's Peer Engagement Project

- Teaching patients recovery skills and offering hope
- Increasing patient access to peer support services
- Counseling staff who experience trauma on the job
- Including families and peers on the Board of Trustees
- Reducing readmissions to save taxpayer money

"It's a pioneering approach, which we hope greatly improves outcomes for patients and cuts down on repeat hospitalizations and readmissions, and reduces a patients' need for crisis services after they return to their home community," said Lisa Ragan, Director of Consumer Affairs and Peer Recovery Services for the Tennessee Department of Mental Health and Substance Abuse Services. "Peer Recovery Specialists go through a rigorous training program to earn their certification, and I believe will have the opportunity to transform the mental health service system by guiding and supporting patients, family members and even the professional staff by sharing their own personal experiences."

The Certified Peer Recovery Specialists pilot project at Tennessee's Regional Mental Health Institutes is scheduled to get underway October 1, 2015.

Home is Where the Story Begins: New Supportive Housing Serves Veterans

ARTICLE REPRINT | Knoxville News Sentinel | June 2, 2015 | http://mcnabbcenter.org/article/home-where-story-begins-new-supportive-housing-serves-veterans

The Helen Ross McNabb Center will soon welcome residents to its newest and final installment of permanent, supportive housing for veterans experiencing mental illness and homelessness. Last month, the Center held a ribbon cutting ceremony where supporters of the project joined together to celebrate a step forward. A step in honoring and serving our country's brave service men and women who need support.

The project is supported by Knox County Government, City of Knoxville, Federal Home Loan Bank of Cincinnati, Tennessee Housing Development Agency, United Way Capital Campaign Grant, Mike Hammond Concert Series, and private philanthropy. Furthermore, the Democratic Women of Knoxville provided kitchen furnishings and housewares; members of Washington Pike United Methodist Church landscaped the property; and Read Window Products donated the window blinds.

Many-Bears Grinder, commissioner of Tennessee's Department of Veterans Affairs said, "Two words should never come together – 'homeless' and 'veterans.'" She went on to say this opportunity is "a life changing event" for veterans with behavioral health disabilities in East Tennessee.

In Knox County alone, there are approximately 2,000 veterans that live below the poverty level. "Considering that Knox County has Tennessee's highest veteran population east of Nashville, it is of the utmost importance that homeless veterans have access to integrated services to ensure the best possible outcomes for recovery and resilience. Supportive housing can be the first step in addressing complex factors like mental illness, addiction, and job loss that compound a homeless veteran's ability to be healthy and successful," says Jerry Vagnier, Helen Ross McNabb Center CEO/ President.

Altogether, the Helen Ross McNabb Foundation has raised $1.83 million to develop and sustain two different housing facilities in order to serve, at any given time, 21 homeless veterans with a mental illness and/or a behavioral health disability. Both phases of the project are complete, which include a newly constructed housing facility with 8 units on Coster Road and the rehabilitation of 15 units located on Washington Pike in Knoxville. The new housing facility on Coster Road is named Cedar Crossing and the Washington Pike location is named Washington Oaks.

"The Federal Home Loan Bank of Cincinnati was pleased to partner with Knoxville-based member Home Federal Bank to provide an Affordable Housing Program grant to Helen Ross McNabb Center for Washington Oaks," says Todd Berry, Federal Home Loan Bank of Cincinnati Assistant Vice President of Marketing. "The continued partnership has assisted with much needed funding for veterans with housing needs in the Knoxville area."

In order to qualify, prospective residents will be homeless on intake and are likely to have little to no income. The Center will collaborate with the Veterans Administration (VA) through the use of Veterans Affairs Supportive Housing (V.A.S.H.) vouchers and Knoxville's Community Development Corporation (KCDC) for placement at both locations. To apply for housing or to make a referral, individuals and community organizations can call (865) 524-1312, ext. 305.

L to R: **Jana Morgan**, HRMC; **Michael Waltke**, HRMC; **Mayor Madeline Rogero**, City of Knoxville; **Susan Conway**, HRMC; **Commissioner Many-Bears Grinder**, TN Department of Veterans Affairs; **Commissioner Randy Boyd**, TN Economic and Community Development; **Mayor Tim Burchett**, Knox County; **Rep. Roger Kane**, State of Tennessee; **Councilman Daniel Brown**, City of Knoxville; Jerry **Vagnier**, HRMC; **Marie Alcorn**, United Way of Greater Knoxville; **Councilman George Wallace**; City of Knoxville; **Lorenza Wills**, TN Department of Veterans Affairs

Centerstone Expands in Illinois and Florida

ARTICLE REPRINT | The Tennessean | July 2, 2015 | Reade Pickert, epickert@tennessean.com | http://www.tennessean.com/story/money/industries/health-care/2015/07/02/centerstone-expands-illinois-florida/29633691/

Nonprofit Centerstone has merged with Illinois-based WellSpring Resources and affiliated with Florida-based Manatee Glens to serve mental health and substance abuse treatment to more than 142,000 people of all ages.

Centerstone's national headquarters are in Nashville.

The relationships mark a significant expansion in Illinois and Centerstone's first Florida affiliation. Centerstone is one of the largest nonprofit providers of behavioral health care in the nation with 157 locations across Florida, Illinois, Indiana and Tennessee. Centerstone employs more than 3,100 people and has about $210 million in annual revenue.

"Centerstone is helping similarly minded organizations who have the same mission as we do," said Centerstone Chief Operating Officer Barry Hale.

By joining forces, Centerstone and its affiliated organizations are able to share costs and infrastructure, provide better services and reduce administrative costs.

Centerstone and WellSpring Resources announced the plan to merge in early May, but the deal became official on Wednesday.

WellSpring Resources will join Centerstone Illinois, previously known as the H Group in Southern Illinois. The partnership with WellSpring Resources allows Centerstone to offer services to other parts of the state.

"Its leadership and culture aligns well with Centerstone's existing operations, including our growing emphasis on coordinated mental and physical health care that treats the whole person," Centerstone CEO David C. Guth Jr. said in a statement. "There's a great deal we can learn from each other to better serve our consumers in Illinois and across the nation."

Manatee Glens, in the south Tampa Bay area, will adopt the Centerstone name as Centerstone of Florida but maintain its local nonprofit status. Manatee Glens president and CEO Mary Ruiz will continue to serve as CEO of the organization as well as take on a national position as Centerstone chief strategy officer.

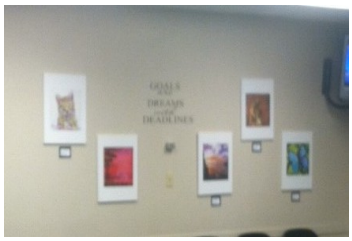
A unique characteristic of Centerstone is how affiliated organizations maintain their local presence but with the help of better technology and resources, Hale said.

Suicide Awareness Walk

L to R, Paula Terry (Pathways), Johnny Dodd(City Councilman), Marybeth Hogan(Pathways), Laura Ann Higgs (Miss Tennessee contestant), Tekia Butler(Pathways), Cherie Rogers (Pathways)

Pathways' employees Paula Terry and Kim Parker and Jackson, TN, City Councilman Johnny Dodd organized a suicide awareness walk that was held on May 16th. Dozens of volunteers helped with the mission of getting the word out about suicide and ways for people to receive help. The walk followed a 1.5 mile trail around downtown Jackson and then there were those who have been personally affected by suicide sharing their stories. Many organizations from across West Tennessee partnered with Pathways for the walk including Youth Town, Tennessee Suicide Prevention Network, Team Mica, Compass, Amerigroup, Aspell, and Lakeside. Pathways is one of many agencies participating in the Zero Suicides Initiative in Tennessee.

Pathways Displays Artists' Works



Pathways Behavioral Health Services has displayed the works of 70 "differently abled" artists in its lobby at the Summar location in Jackson, TN. The artists are from the American Art Academy and the collection features paintings, collages, drawings, and sculptures. Also featured are winners from the academy's recent self-portrait contest. A reception was held on March 19th to honor those winners and all of the artists featured. The academy provides art lessons for "differently abled" children and adults who might otherwise not have an opportunity to learn how to draw or paint. The American Art Academy's Founder/CEO is Franciscus Poppelaars.

Pathways Youth Recovery Sponsors Summer Kickoff

Members of Jackson-Madison County Youth Advisory Council, Clayton Ramsey(Pathways), and Megan Parker(Anti-Drug Coalition of Jackson-Madison County)

Pathways Youth Recovery, along with the Community Anti-Drug Coalition of Jackson-Madison County and the Jackson-Madison County Youth Advisory Council, sponsored a summer kickoff held at Sky Zone Trampoline Park on June 4th. Local summer programs were invited to participate and there were approximately 240 youth in attendance. They learned about alternatives to at –risk behaviors and had a lot of fun at the same time.

Cherokee Health Systems and Agape Announce Merger

Two Knoxville-based nonprofits today announced they have merged operations. Dr. Dennis Freeman, CEO of Cherokee Health Systems and Jennie Hitchcock, president of the Agape board of directors announced that the two organizations have merged, effective June 30, 2015.

Cherokee Health Systems was formed in 1960 and is based in Knoxville. It is a pioneer in seeking patient wellness by treating both the body and mind. It offers an array of comprehensive primary care, behavioral health, and prevention programs and services. It operates 57 clinical sites in 14 Tennessee counties, and has been recognized as a national leader in integrated care.

Agape, formed in 1964, has provided three half-way houses along with alcohol and drug treatment services to women. It has three houses in Old North Knoxville with a total of 23 beds for clients. It has also offered an intensive outpatient treatment program for women with alcohol and drug addiction.

With the merger, current Agape clients and future women with addictions will have access to the full treatment resources of Cherokee Health Systems including, physicians, psychologists, psychiatrists, and addiction treatment specialists. The Agape halfway house program will be transitioned to the Oxford House model. Oxford Houses have demonstrated extensive success since 1975. Currently over 1,200 self-sustaining residences exist, housing more than 10,000 individuals in recovery.

The merger is the outcome of over a year of research, discussions, and meetings among the Agape Board, Cherokee Health Systems leadership, and other community leaders involved with addiction treatment. The goal has been to ensure continuation of Agape's mission and services to clients in Knoxville and surrounding areas. "Amid the growth of managed care and major changes in funding of substance abuse treatment, we felt an obligation to consider the best options for Agape's future", said Ms. Hitchcock. "We considered many paths and determined that joining with Cherokee Health Systems will offer wonderful new and enhanced resources to our clients", she said.

Dr. Freeman said that the addition of Agape's resources to Cherokee Health Systems will "allow us to build upon the services we already provide to women who struggle with addiction. Many of these women have co-occurring medical problems and blending addiction treatment with primary care will be of great benefit to them." Cherokee has a special program for pregnant women with addictions staffed by OB/GYNs, psychiatrists and psychologists.

Frontier Health Announces New Roles for Feathers, Trantham

Frontier Health is pleased to announce new responsibilities for Sherri Feathers, LCSW, and Kim Trantham, LCSW.

Feathers transferred to the position of Division Director of Specialty Services overseeing the Crisis Stabilization Unit, 24/7 Crisis Response, and Frontier Health's Alcohol & Drug Residential Treatment Centers Magnolia Ridge and Willow Ridge and Frontier's Community Justice Program.

Sherri Feathers
Division Director of Specialty Services
Frontier Health

Kim Trantham
Division Director of TN Children and Youth Continuum Services
Frontier Health

"Sherri brings a wealth of experience in the development and administration of residential services, crisis management, contract management, clinical oversight and quality improvement," said Frontier's CEO Teresa Kidd, Ph.D. "She was instrumental in the development of the TRACES therapeutic foster care program that was unique to our area at that time. She also developed and implemented a respite program for youth at risk of state custody, a program for high-needs adolescent males and an adoption program that develops and finalizes adoption placements for troubled youth."

In 1992, she became the TRACES program coordinator. She began supervising all children and adolescent residential programs in 1999, including Link House, Crossing Point and Sullivan House. Feathers has served on several local and state boards, including the Tennessee Alliance for Children. She received her Master's Degree from Virginia Commonwealth University.

"Kim has been serving children and adolescents facing challenges through TRACES Therapeutic Foster Care and Adoption Services since 1992. She implemented the adoption program that has helped dozens of children find permanency," Kidd said. "Kim has recruited foster families and also helped hundreds of children in foster placements. We're confident she will continue to strengthen programs for children in our residential, foster care and adoption programs."

Now as Division Director of Tennessee Children and Youth Continuum Services, Trantham is also responsible for the adolescent residential services at Crossing Point, Link House and Sullivan House, the emergency shelter and crisis intervention program for runaway, homeless, and throwaway youth. She received a Master's Degree from the University of Tennessee, Knoxville.

Frontier Health is the region's leading provider of behavioral health, mental health, substance abuse, co-occurring, intellectual and developmental disabilities, recovery and vocational rehabilitation services, and has been providing services since 1957. Its mission is to provide quality services that encourage people to achieve their full potential. For more information, visit www.frontierhealth.org or call 423-467-3600.

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- 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.

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ADDRESS 42 Rutledge Street
Nashville, TN 37210

PHONE 615-244-2220
TOLL FREE IN TN 800-568-2642
FAX 615-254-8331

We're on the web!
www.tamho.org

Executive Director | Ellyn Wilbur | ewilbur@tamho.org
Director of Policy and Advocacy | Alysia Williams | awilliams@tamho.org
Director of Member Services | Teresa Fuqua | tfuqua@tamho.org
Director of Administrative Services | Laura B. Jean | ljean@tamho.org