

Message from the Executive Director



Ellyn Wilbur
Executive Director

Last week I was one of more than 600 advocates who met in Washington DC as part of National Council for Behavioral Health Hill Day. This group met with more than 300 members of Congress. National Council was joined by nine national partners who shared the message that treatment works, recovery is possible, and funding is necessary to reach everyone in need of treatment.

The specific legislation we discussed in our visits included:

- Comprehensive Addiction and Recovery Act (S. 524 / H.R.953), legislation that provides desperately needed funds to support community based addiction treatment, expands prevention and educational efforts to prevent the abuse of opioids and heroin, and promotes treatment and recovery.
- Mental Health First Aid Act (S. 711 / H.R. 1877), an act that authorizes grants to fund Mental Health First Aid training programs across the country;
- Mental Health Access Improvement Act of 2015 (S. 1830 / H.R. 2759), an act that expands the type of providers that can be reimbursed for service delivered to individuals on Medicare;
- Comprehensive Mental Health and Addiction Reform, a request that members of Congress consider the four different approaches that have been introduced to reform the system and include provisions we believe are imperative;



- FY 2016 Substance Use and Mental Health Appropriations, a request for funding that is necessary to address funding cuts that have been made over time and to address the unmet need across the nation and specifically in Tennessee. This request includes funding for several specific programs that are designed to prevent and treat mental health and substance use disorders to help millions of Americans regain their health.

We were joined by several dynamic speakers who are specialists in their own fields, but not necessarily a group you would expect to be part of this advocacy effort. I was certainly glad that they participated.

Dr. Mehmet Oz, first made popular on the Oprah Winfrey Show, kicked off the event by saying, "I have run 5Ks for breast cancer, dumped ice for ALS, but I've never been asked to do something for mental health or addictions. The more we talk, the harder it is for people to whisper. This is how we change."

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Governor Haslam Names New Statewide Planning Council Chair

Frontier Health Senior Vice President Joe Page selected to lead Tennessee Department of Mental Health and Substance Abuse Services Statewide Planning Council

Tennessee Department of Mental Health and Substance Abuse Services Commissioner Doug Varney is pleased to announce the appointment of Frontier Health Senior Vice President Joe Page by Gov. Bill Haslam to serve as Chairman of the Department's Statewide Planning Council.

"Joe's individual characteristics and professional qualifications were exceptional, and I believe his participation is certain to leave a positive impact on the Council and the work it does," Haslam said.



Joe Page, LMFT
Senior Vice President
of Tennessee Adult
Services
Frontier Health

Page has served on the Statewide Council for more than ten years and as Vice Chair for the past four years.

"My sincere thanks to Governor Haslam for his leadership in helping to advance the needs for those who seek treatment and therapies for themselves and loved ones and those in need," said Page. "I am grateful for the opportunity to serve the citizens of Tennessee who live every day with mental health and substance use needs."

Page has been with Frontier Health since 1985 and has served as Senior Vice President of Adult Services since 2011. Prior to that, he served as Division Director of Adult Outpatient Services. Page began his career as a counselor in 1975 at the Bristol,

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TAMHO LEADERSHIP

EXECUTIVE COMMITTEE

- President**
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- President Elect**
Robert D. Vaughn | Carey Counseling Center
- Immediate Past President**
Robert N. Vero, Ed.D. | Centerstone of Tennessee
- Treasurer**
Mary Claire Duff | Ridgeview
- Secretary**
Liz Clary | Peninsula Behavioral Health

BOARD OF DIRECTORS

- Alliance Health Services**
Memphis | Gene Lawrence, Executive Director
- Carey Counseling Center**
Paris | Robert D. Vaughn, Executive Director
- Case Management, Inc.**
Memphis | E. Florence Hervey, Chief Executive Officer
- Centerstone of Tennessee**
Nashville | Robert N. Vero, EdD, Chief Executive Officer
- Cherokee Health Systems**
Knoxville | Dennis S. Freeman, PhD, Executive Director
- Frontier Health**
Gray | Teresa Kidd, PhD, CEO
- Helen Ross McNabb Center**
Knoxville | Jerry Vagnier, CEO
- Pathways Behavioral Health Services**
Jackson | Pam Henson, Executive Director
- Peninsula-a Division of Parkwest Medical Center**
Knoxville | Liz Clary, Vice Pres. – Behavioral Services
- Professional Care Services of West TN, Inc.**
Covington | Becky Hendrix, Executive Director/CEO
- Quinco Mental Health Center**
Bolivar | Darvis Gallaher, PhD, Executive Director
- Ridgeview**
Oak Ridge | Brian Buuck, Chief Executive Officer
- Volunteer Behavioral Health Care System**
Murfreesboro | Chris Wyre, CEO/President

ASSOCIATE MEMBERS

- Vanderbilt Community Mental Health Center**
Nashville | Harsh K. Trivedi, MD, MBA, Associate Executive Director

AFFILIATE MEMBERS

- AIM Center**
Chattanooga | Rodney Battles, President
- Generations Mental Health Center**
McMinnville | Kathy G. Campbell, President/CEO
- Grace House of Memphis**
Memphis | Charlotte Hoppers, Executive Director
- LifeCare Family Services**
Nashville | Kenny Mauck, CEO/Executive Director
- Lowenstein House, Inc.**
Memphis | June Winston, Executive Director
- Tennessee Mental Health Consumers' Association**
Nashville | Anthony Fox, Executive Director

TAMHO STAFF

- Executive Director** | Eilyn Wilbur
Director of Policy and Advocacy | Alysia Williams
Director of Member Services | Teresa Fuqua
Director of Administrative Services | Laura B. Jean

Report of the Executive Director

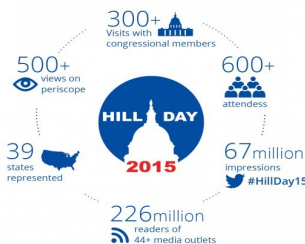
National Council — Hill Day 2015 [continued from page 1]

Demi Lovado, singer and songwriter, inspired us with, “You get to a certain point in your career, and you realize your voice is so much bigger than singing.I have Bipolar. No need to keep it a secret. I want to help others.” She is part of *Be Vocal: Speak Up for Mental Health*, an initiative that aims to empower adults living with mental health conditions to speak up when talking with their professional support team and to speak up as a community to advance mental health in America.

Michael Botticelli, Director of the Office of National Drug Control Policy, and a person in recovery, said, “People need to be able to access care, & that care should be recovery-based. We still have too many people who don’t believe treatment is effective. We can change that”.

Patrick Kennedy, the son of Ted and Joan Kennedy is well known for asking why prevention occurs in physical health but not in mental health and addiction. As an outspoken advocate who has been extremely frank about his personal journey in recovery, he said, "We have an epidemic of untreated mental illness in this country, and that needs to change."

This particular Hill Day was educational, inspirational and energizing. It was a reminder that the stigma of mental illness and addiction is being broken down more each day --“science over stigma”-- and that we are learning from people in recovery about what helped them engage – and stay engaged --in the treatment system. The consistent message from the diverse group of influential Americans who presented at Hill Day was that we must renew our effort in talking above a whisper, that funding is necessary to address the epidemic of mental health and addition issues in our country, and as Linda Rosenberg, CEO of National Council said, “Change depends on our actions.” We wholeheartedly agree.



Governor Haslam Names New Statewide Planning Council Chair

[continued from page 1]

Tennessee YMCA. He holds a Bachelor's in Psychology from Virginia Intermont College and a Master's in Sociology from East Tennessee State University.

Page is a licensed marital and family therapist in Tennessee, and has also worked as a clinical therapist, a coordinator for children and youth programs, an associate director for children and youth programs, and a division director of children and youth programs including intervention, prevention, and substance abuse services.

"I have known Joe Page for many years and consider him to be an accomplished and dedicated professional serving Tennesseans seeking behavioral health services," said E. Douglas Varney, Commissioner for the Department of Mental Health and Substance Abuse Services. "Joe is a lifelong advocate for all our citizens, and his willingness to take on this important leadership role is an extension of his passion to serve."

The Council wishes to thank outgoing State Chair Paul Fuchcar for his many years of service. Fuchcar is Executive Director of The Council for Alcohol and Drug Abuse Services, Inc. in Chattanooga. Under his leadership, more Tennesseans have had access to mental health and substance abuse services.

"Over the past four years the membership of the Regional Councils has almost doubled and the voice that comes from these Councils is a strong advocacy for mental health and substance abuse issues," said outgoing Chair Paul Fuchcar. "The Statewide Council and Regional Council system

have become much more empowered, just as the volunteers of our state history, ready to act on behalf of the citizens of Tennessee that we represent."

Laura Berlind, current Council member, and former Chair of the Children's Committee, will assume the role of Vice Chair. She holds a Master in Public Policy degree from Harvard University. Berlind is Executive Director of Renewal House, a community treating addicted women and their children located in Nashville.

The Tennessee Department of Mental Health and Substance Abuse Services Planning Council is an independent body made up of mental health and substance abuse service providers, consumers, family members, advocates, and other stakeholders.

Its mission is to advise the Department about the service system, policy development, legislation, budget requests, system evaluation, and monitoring. The Council has a minimum of 17 members, not including ex officio members, appointed by the Commissioner for three-year terms.

Among its duties and responsibilities, the Council endorses legislation and appropriations for services and then advocates for those recommendations. Citizens from across Tennessee serve on Department Councils at the regional and statewide level in an ongoing effort to access priorities, programs, and community needs.

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

November

5-6 **2015 Fall Psychiatric Symposium** — www.mhaet.com

26-27 **Thanksgiving Holiday Observed** — TAMHO Office Closed

December

2 **Awards & Recognition Luncheon & Ceremony**
Embassy Suites Hotel, Murfreesboro, Tennessee
www.tamho.org/professional.php

2-3 **Annual Conference Behavioral Health Homes in Tennessee: Improving Health Outcomes Through a Coordinated Approach**
Embassy Suites Hotel, Murfreesboro, Tennessee
www.tamho.org/professional.php

2-4 **Tennessee Association of Drug Court Professionals Annual Conference**
Embassy Suites Hotel, Murfreesboro, Tennessee — www.tadcptn.org

24-25 **Christmas Holiday Observed** — TAMHO Office Closed

January

1 **New Year Holiday Observed** — TAMHO Office Closed

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

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

Recent Conferences Provided Training Opportunities to Approximately 700 Behavioral Health Professionals, Certified Peer Recovery Specialists, Families, and Youth

Events were sponsored through collaborations between SAMHSA, TDMHSAS, TAMHO, and Vanderbilt Behavioral Health

System of Care 3rd Annual Conference | Aligning the Systems to Illuminate Our Stars

These are exciting times in children's mental health care and the jam packed conference agenda provided two days of learning, networking, and fun! This year's conference focused on providing valuable and relevant information around supporting children and families as they grow and develop to their full potential. Many cutting edge sessions were available for the approximately 240 attendees to choose from: Trauma, Adverse Childhood Experiences, Cultural Competency, Early Brain Development, Family Support, Family Organizations, Domestic Violence, Crisis, Self-Care and Juvenile Justice. Friday evening the youth enjoyed a kickoff event at Glo Galaxy and their Saturday sessions included: Words and Poetry for your Story, Youth Support, Healthy Rhythms, and more!



First Episode Psychosis | Developing New Directions in Tennessee

Sponsored by SAMHSA, TDMHSAS, Vanderbilt Behavioral Health and TAMHO, the First Episode Psychosis conference provided education and information by national and local experts including the components of Tennessee's First Episode Psychosis Initiative called *OnTrack Tennessee*.



The approximately 260 attendees were provided access to national experts and research that has been conducted in identifying effective treatment and support strategies in the early intervention of First Episode Psychosis.

Following opening remarks by TDMHSAS Commissioner Doug Varney, and Assistant Commissioner of Mental Health Services Sejal West, participants attended the following sessions:

- **The Treatment of Psychosis at Onset** | Lisa Dixon, MD, MPH, Professor of Psychiatry at Columbia University Medical Center, New York, New York
- **Pharmacological Management of First Episode Psychosis Patients** | Kevin Adams, MSN, PMHNP, APRN-BC, Carey Counseling Center, Inc., Paris, Tennessee;

Tennessee; Lisa Dixon, MD, MPH, Columbia University Medical Center, New York, New York; Stephan Heckers, MD, MSc, Vanderbilt Psychiatric Hospital, Nashville, Tennessee; Jeff Stovall, MD, Vanderbilt University, School of Medicine, Nashville, Tennessee

- **Early Intervention in Psychosis: A Research Update from NIMH** | Susan T. Azrin, PhD, National Institute for Mental Health (NIMH), Rockville, Maryland
- **Engagement Techniques for the First Psychotic Episode** | Tonya Brown, LMSW, Carey Counseling Center, Inc., Paris, Tennessee; Emma Finan, LMFT, RN-BC, Vanderbilt University, Nashville, Tennessee; Nannan Liu, EdM, LMHC, On Track NY Clinic, New York State Psychiatric Institute, Washington Heights Community Service, New York, New York
- **Tennessee Healthy Transitions Initiative** | Amy Campbell, M.Ed., Centerstone Research Institute; Chad Coleman, MA, Carey Counseling Center, Inc., Paris, Tennessee; Adam Horn, LMFT, Tennessee Voices for Children, Nashville, Tennessee; Kisha Ledlow, MA, Project Director, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee; James Martin, Tennessee Voices for Children, Nashville, Tennessee; Shauna Webb, Volunteer Behavioral Health Care Services, Chattanooga, Tennessee
- **Carey Counseling Center, Inc. and Vanderbilt Early Psychosis Program** | Tonya Brown, LMSW, Carey Counseling Center, Inc., Paris, Tennessee; Stephan Heckers, MD, MSc, Vanderbilt Psychiatric Hospital, Nashville, Tennessee
- **Navigating Effective Resources for Families** | Julia Barlar, LPC, Park Center, Nashville, Tennessee; Rikki Harris, MA, Tennessee Voices for Children (TVC), Nashville, Tennessee; Robin Nobling, NAMI Davidson County, Nashville, Tennessee; Debbie Shahla, MA, Behavioral Health Safety Net (BHSN), Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- **Supported Education and Employment: An Integral Component for Treating First Episode Psychosis** | Julia Barlar, LPC, Park Center, Nashville, Tennessee; Sue Karber, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- **Closing Session** | Stephan Heckers, MD, MSc, Professor and Chair, Department of Psychiatry, William P. and Henry B. Test Chair in Schizophrenia Research, Psychiatrist in Chief, Vanderbilt Psychiatric Hospital, Nashville, Tennessee; Sejal West, MA,

Assistant Commissioner Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee

Creating a Culture of Wellness in Tennessee | Transforming the Role of Peers in the Provision of Behavioral Health Services

A collaboration between the My Health, My Choice, My Life Initiative and the 5th annual Certified Peer Recovery Specialists' Conference, this conference of approximately 226 attendees was a unique collaboration between the My Health, My Choice, My Life initiative and the fifth annual Certified Peer Recovery Specialist Conference—coming together to consider the role of peers in creating a culture of wellness throughout Tennessee's behavioral health care system.



As the end is nearing for the five-year SAMHSA Mental Health Transformation Grant that provided the initial funding for the My Health, My Choice, My Life initiative, which afforded a great opportunity to take stock of Tennessee's current commitment to wellness in the behavioral health care system and to

develop a vision for moving forward. At the heart of the My Health, My Choice, My Life initiative, the state's nine Peer Wellness Coaches have been training peers in evidence-based and best practice wellness curricula, providing one-on-one wellness coaching, and organizing Championship Games and Wellness Celebrations, among other wellness events. But most importantly, the My Health, My Choice, My Life initiative has achieved consistently statistically significant outcomes in impacting individuals' physical health behaviors and recovery.

Certified Peer Recovery Specialists (CPRS's) are in a unique position to influence a paradigm of wellness among the people they serve. With the focus moving toward one of integration and addressing the whole person, peers are an excellent mechanism to encourage, and model, what making holistic change can mean for your recovery.

What a delight it was to welcome keynote speaker Sue Bergeson of Optum Behavioral Health, who has an impressive history with peer support on a national level and is herself trained as a Whole Health Peer Coach.

Thanks to all who support Certified Peer Recovery Specialists in Tennessee and for the recognition of their potential in moving us all toward greater health and wellness.

get care that addresses both the mind and the body, resulting in better health outcomes and saved lives.

Since 2009, SAMHSA has awarded more than 180 PBHCI grants. Those grants and the organizations running the programs have, in turn, provided integrated primary and behavioral health care services to more than 60,000 men and women in communities around the country.

The SAMHSA-HRSA Center for Integrated Health Solutions, run by the National Council for Behavioral Health, looks forward to supporting the new grantee organizations. Expanded services and engaged consumers means healthier and longer lives.

From SAMHSA:

The Substance Abuse and Mental Health Services Administration (SAMHSA) is providing up to \$149.7 million in funding over several years to programs promoting integrated treatment and recovery services for mental and/or substance use disorders. SAMHSA funding will support evidence-based programs that build upon a variety of community behavioral support systems to better address a wide range of issues

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

December 15, 2014

Meeting Times:
Approx. 10:00 a.m. to 2:30 p.m. CT.

Meeting location:
Conference Center
Middle TN Mental Health Institute
221 Stewart's Ferry Pike
Nashville, TN 37214

Direct questions/inquiries to **Avis Easley** at **(615) 253-6397** or by email at **Avis.Easley@tn.gov** or **Vickie Pillow** at **(615) 253-3785** or email at **Vickie.Pillow@tn.gov**

Meeting schedules and information are available online at http://www.tn.gov/mental/recovery/meeting_sch.html. Meetings are subject to change.

REGIONAL PLANNING & POLICY COUNCIL

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

Region II Wednesday quarterly
Helen Ross McNabb Center, 201 West Springdale Avenue, Knoxville, TN
11:30 AM-1:30 PM

Region III First Wednesday/quarterly
AIM Center, 472 W. MLK Blvd, Chattanooga, TN
10:00 AM - 12:00 PM

Region IV First Wednesday/ quarterly
Nashville CARES, 633 Thompson Lane, Nashville, TN
11:00 AM-1:00 PM

Region V Thursday/quarterly
Airport Executive Plaza -1321 Murfreesboro Pike, Suite 140, Nashville, TN
9:30 AM-11:30 AM

Region VI Second Tuesday/quarterly
Pathways, 238 Summar Drive, Jackson, TN
1:30 - 3:00 PM

Region VII Fourth Tuesday/quarterly
-Church Wellness Center, 1115 Union Avenue, Memphis, TN
11:00 AM-1:00 PM

TAMHO MEMBER ORGANIZATION HAPPENINGS

SAMHSA Provides Up To \$149.7 million for Integrated Approaches to Treat Mental and Substance Use Disorders

Two (2) TAMHO member organizations are award recipients: 1) Centerstone, and, 2) Volunteer Behavioral Health Care System

From The National Council:

Congratulations to the behavioral health treatment organizations awarded SAMHSA Primary and Behavioral Health Care Integration (PBHCI) grants.

Congress and SAMHSA's continued investment in the innovative PBHCI program is a testament to the program's success. SAMHSA's PBHCI program makes highly effective services accessible to a population with complex psychiatric and medical problems. The grants enable people with serious mental illnesses to



vital to treatment and recovery.

These integrated programs forge networks among an array of medical settings, treatment facilities, and community services to ensure people with mental and/or substance use disorders, as well as other health conditions, get the full range of services they need.

Integrated approaches to treatment and recovery help people at every stage of the process – from helping them realize they have an underlying mental and/or substance use problem, to offering appropriate treatment and support systems. These SAMHSA grants will reach communities across the country, including underserved populations and those with specialized needs.

“Treatment and recovery efforts don’t just depend on an individual, but on the community as a whole,” said SAMHSA Acting Administrator Kana Enomoto. “These programs will help get treatment to the people that need it, and help them onto the road to recovery, empowering them to reach their full potential.”

The grant programs included in this SAMHSA effort are:

Primary and Behavioral Health Care Integration (PBHCI) – 60 grantees receiving up to \$400,000 each year for up to four years.
[In Tennessee: Centerstone & Volunteer Behavioral Health Care System]

Screening, Brief Intervention and Referral to Treatment (SBIRT) Health Professions Student Training (SBIRT – Student Training) – 65 grantees receiving up to \$315,000 each year for up to three years.
[In Tennessee: University of Tennessee Knoxville]

The actual award amounts may vary, depending on the availability of funds.

More information about SAMHSA grants is available at: <http://www.samhsa.gov/grants/>.

For general information about SAMHSA, visit: <http://www.samhsa.gov>.

For media-related questions please contact the SAMHSA Press Office at 240-276-2130.

Professional Care Services of West TN Announces New Executive Director

Jimmie Jackson was recently named Executive Director of Professional Care Services. As a lifelong resident of Ripley, Tennessee, Mr. Jackson graduated Magna Cum Laude from Union University in 2002 with a degree in Organizational Leadership. He has been employed by Professional Care Services for 17 years and has served various roles on the executive management team since 2006. He and his wife of 20 years, Dianna, have a son, Mitchell.

Mr. Jackson is a member of Gideon’s International and the Lauderdale County chapter of the NAACP. He serves as chairman of the West Tennessee Political Action Committee (Westview PAC) and is the current chair of TAMHO’s Legislative Committee.



Building a Place Where Victims Become Survivors: Campaign for New Domestic Shelter Kicks Off



The Family Crisis Center (FCC), a service of the Helen Ross McNabb Center, is the area’s only shelter dedicated solely to serving victims of domestic violence. FCC provides a crisis hotline, emergency shelter care, transitional housing, advocacy and outreach for women and families experiencing domestic violence. Through the Helen Ross McNabb Center and Child & Family Tennessee merger in 2013, FCC has continued to provide services for victims of domestic violence in East Tennessee and expanded access to mental health and support services. All services are free and confidential. The Center’s continuum of care for women facing domestic violence serves nearly 2,000 women annually.

The Center believes all individuals deserve access to quality care, and it is especially important that victims of domestic violence receive the treatment they need in a safe and therapeutic environment. Unfortunately, the state of the current domestic violence shelter is not conducive to a therapeutic atmosphere. The current facility was built in the 1920’s and is in poor condition. The facility is located in a part of town where crime rates are high; criminal acts frequently occur on the doorsteps of the shelter. These severe maintenance and location issues have compelled the Center to act quickly.

To address this situation, the Center is raising \$1.5 million to build a new and expanded domestic violence shelter. The primary goal of this project is to provide victims of domestic violence access to a safe and therapeutic environment where they can find hope and healing. Providing a place of refuge is vital to a journey of healing for individuals and families overcoming abuse and trauma. Without a place of shelter, a victim fleeing violence may be forced to return to an abuser or become homeless. According to the National Network to End Domestic Violence (NNEDV) domestic violence programs across the country are experiencing funding decreases from local city and county sources, as well as from private donations. The Helen Ross McNabb Center is determined to be a catalyst for reversing this negative trend by ensuring that quality services remain available for victims of domestic violence. Both the City of Knoxville and Knox County have dedicated funding and resources to provide a place where victims of domestic violence become survivors.

Once funding is secured, the Center will proceed in building the new 6,800 square foot shelter. The new facility will provide 8

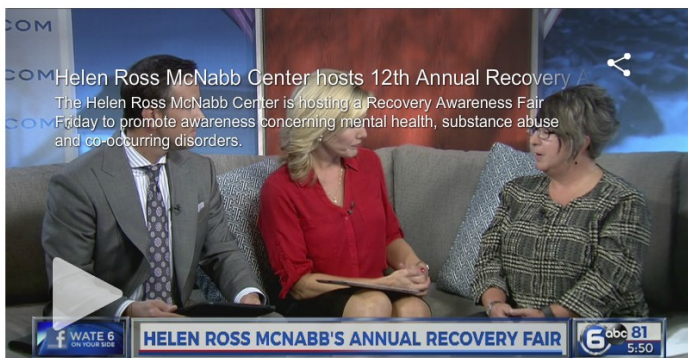
bedrooms with 4 beds each, with the capacity to serve 32 individuals at any point in time. Trauma-therapy experts are helping design the shelter so that the building is tailored to the specific needs of domestic violence victims. For example, the shelter’s new design will include a wing specifically for families staying in the shelter and a wing specifically designed for single residents. There will also be a private garden and playground that will not be visible or accessible to the public. This is to reassure safety and privacy for individuals and families served at the shelter. The anticipated completion date for the entire project is December 2015. If you would like to support victims of domestic violence in your community, call (865) 541-6684.

Helen Ross McNabb Center Hosts the 12th Annual Recovery Awareness Fair

ARTICLE REPRINT | WATE 6 (ABC) Knoxville | September 24, 2015 | <http://wate.com/2015/09/24/helen-ross-mcnabb-center-hosts-12th-annual-recovery-awareness-fair/>

The Helen Ross McNabb Center recently hosted their annual Recovery Awareness Fair Friday to promoting awareness concerning mental health, substance abuse and co-occurring disorders.

The emphasis of the Recovery Awareness Fair is the importance of seeking physical and mental wellness each day throughout the recovery process. “Our hope is that we can increase awareness in our community regarding prevention, treatment and recovery for addiction. With this event, we have the potential to make a difference and to spread the message that recovery is possible,” said Hilde Phipps, Helen Ross McNabb Center director of adult addiction services.



Helen Ross McNabb Center hosts 12th Annual Recovery Awareness Fair. The Helen Ross McNabb Center is hosting a Recovery Awareness Fair Friday to promote awareness concerning mental health, substance abuse and co-occurring disorders.

The awareness fair is a part of a national initiative sponsored by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT), within the U.S. Department of Health and Human Services (HHS).

The observance of National Recovery Month, which takes place each September, raises awareness of substance use and mental disorders, celebrates individuals in long-term recovery, and acknowledges the work of treatment and recovery service providers. Recovery Month spreads the message that behavioral

health is an essential part of health and wellness, as well as that prevention works, treatment is effective, and people can and do recover from substance use and mental disorders.

The 12th annual event coincided with National Alcohol and Drug Addiction Recovery Month. In 2013, 43.8 million people aged 18 or older had a mental illness according to the *2013 National Survey on Drug Use and Health*, an annual survey released by the Substance Abuse and Mental Health Services Administration (SAMHSA). However, only 34.6 million people received mental health services.

In addition, 22.7 million people aged 12 or older needed treatment for an illicit drug or alcohol use problem in 2013, but only 2.5 million received treatment at a facility for substance abuse disorders.

Cherokee Health Systems Recognized as Quality Achievement Leader by the National Committee for Quality Assurance

Cherokee Health Systems was among three organizations that were presented with a Quality Achievement Leader Award by the National Committee for Quality Assurance (NCQA) at its recent 25th Anniversary Gala in Washington, D.C.

Cherokee Health Systems was chosen from a pool of hundreds of organizations across the United States who are working toward improving patient care through the implementation of the Patient Centered Medical Home (PCMH) model. PCMH is a system of delivering patient care that emphasizes care coordination and communication among providers. This model has been shown to result in higher quality care, lower costs of delivering care, and better health outcomes for patients.

Deb Murph, chief operations officer of Cherokee Health Systems, said, “Cherokee’s emphasis on patient centered medical care is important to provide a better patient experience. Our integrated care model, in which we provide primary care services and behavioral health services to treat the whole person, is an important component of the patient centered medical home model. NCQA has graciously acknowledged this by awarding us with this prestigious recognition.”

“This recognition by NCQA is a tremendous honor for Cherokee Health Systems. One of the criticisms of today’s healthcare system is that it is extremely divided. The patient centered medical home



Margaret O'Kane, President of NCQA, presents the Quality Achievement Leader Award to Deb Murph, Chief Operating Officer of Cherokee Health Systems.

adopts a practice pattern whereby patients are engaged with a primary care team, reducing fragmentation and improving quality of care," said Dennis Freeman, Ph.D. chief executive officer of Cherokee Health Systems.

Founded in 1960, Cherokee Health Systems is a non-profit organization with a Mission to improve the quality of life for patients through the blending of primary care, behavioral health and prevention services. For more information about Cherokee Health Systems, please call (865) 934-6710 or visit <http://www.cherokeehealth.com>.

VUMC Lands \$2.5M Mental Illness Research Grant


ARTICLE REPRINT | Nashville Post [POST BUSINESS] | by Emily Kubis | July 2, 2015 | https://www.nashvillepost.com/blogs/postbusiness/2015/7/22/vumc_lands_25m_mental_illness_research_grant

Vanderbilt University Medical Center has landed a \$2.25 million two-year grant from the William K. Warren Foundation to research treatments for several mental illnesses.

The grant is in addition to a three-year \$5 million commitment made last year in a research collaboration agreement. The funding will be used to develop new treatments for major depressive disorder, general anxiety disorder and post-traumatic stress disorder.

Researchers at the Vanderbilt Center for Neuroscience Drug Discovery are working to develop small molecules that act on key receptors in the brain to act on excessive and dysfunctional signaling that has been linked to some mood and stress disorders.

"The global costs and suffering due to mental illnesses are staggering," John-Kelly Warren, CEO of the foundation, said in a release. "The World Health Organization estimates the annual, global costs of mental illness at nearly \$2.5 trillion. The U.S. is not escaping this burden. According to the National Institute of Mental Health, an estimated 43.7 million Americans 18 and older had a mental illness in the past year. That is 18.6 percent of all U.S. adults. The support we are providing to Vanderbilt...has the potential to be able to treat almost all of these adults."



**NAMI DAVIDSON/VANDERBILT
VANDERBILT BEHAVIORAL HEALTH**

2016 EDUCATION SERIES

3rd Wednesday Each Month 6:30 pm to 8:00 pm

Vanderbilt Behavioral Health Conference Room

1601 23rd Avenue, S, Nashville 37212 - Enter Through Hospital Lobby

Free Parking Onsite or South Garage at Children's Hospital/Drop Ins Welcome

**Vanderbilt
Behavioral Health**

VANDERBILT UNIVERSITY
MEDICAL CENTER

- **September 16** – Dr. Stephan Heckers, Chair of Psychiatry Vanderbilt University
Topic: The Early Stage of Psychosis: Diagnosis & Treatment
- **October 21** – Dr. Sheryl Fleisch, Vanderbilt University
Topic: Street Psychiatry
- **November 18** – Dr. Reid Findlayson – Vanderbilt University
Topic: Co-occurring Disorders
- **December 16** – NAMI Davidson/NAMI Vanderbilt Potluck & Volunteer Recognition
- **January 20**– Crisis Panel of Police Department, Mental Health Court, Crisis Stabilization Unit and 911 Dispatch (new this year)
Topic: Who to Call, When to Call, What to Say
- **February 17** – Dawn Bennett, DAHeMe Solutions
Topic: Mental Health Awareness in the LGBTQ Family
- **March 16** – NAMI Davidson Our Voices, Our Lives Presenters
Topic: Personal Stories of Mental Health Recovery Journeys
- **April 20** – Tentative - Dr. Todd Peters, Child Psychiatry Vanderbilt University
Topic: Children's Behavioral Health

Questions? info@namidavidson.org 615.891.4724

NAMI Davidson is a 501.c.3 nonprofit organization dedicated to the support, education and advocacy of persons with mental health issues, their loved ones and the community at large. Your support is essential to our programs. Please join or donate today at www.namidavidson.org

Behavioral Health Homes in Tennessee

Improving Health Outcomes Through A Coordinated Approach



Annual
Conference

December
2-3, 2015



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

Embassy Suites Hotel and Conference Center

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Murfreesboro, Tennessee

STATEWIDE HAPPENINGS

Overdose Deaths Reach ‘Epidemic Proportions’

The state is a leader in the number of prescription painkillers per person despite new regulations. A record number of people died from opioid overdoses in 2014.

ARTICLE REPRINT | Tennessean | by Holly Fletcher
[hfletcher@tennessean.com] | September 28, 2015 | <http://www.tennessean.com/story/money/industries/health-care/2015/09/27/overdose-deaths-epidemic-tennessee/32557463/>

At least 1,263 Tennesseans died last year from opioid overdoses, up 97 deaths from 2013 — a staggering statistic that points to growing abuse despite an array of measures to stem addiction.

It’s an epidemic sweeping across the state, affecting people in both small towns and big cities.

More people died in 2014 from opioid overdose in Tennessee than in car accidents or by gunshots.

It’s a public health crisis that worries state health officials, emergency room doctors, clinicians of all stripes and some lawmakers.

“I would like to think the rate of increase has slowed, but quite frankly the 2014 numbers don’t really allow me to say that,” said David Reagan, chief medical officer of the Tennessee Department of Health. “It is at epidemic proportions in our state.”

There were more than 100 deaths in Davidson, Knox and Shelby counties, while 25 other counties had at least 12 deaths. All but four counties had at least one overdose death in 2014.

Opioids are found in prescription painkillers such as Hydrocodone and Oxycodone — sometimes called “hillbilly heroin” — as well as heroin.

It’s a problem that spans all ages, but the highest frequency of overdose deaths are found in men and women ages 45-55, Reagan said.

Reagan said in many cases the abuse of prescription painkillers escalates to heroin usage.

And it’s not hard to get your chosen fix.

Prescription painkillers and heroin are easily attainable illegally on the street. Hydrocodone costs \$5-\$7 per pill, Percocet is \$7-\$10 per pill, Oxycodone IR runs \$30-\$40 per pill, and Oxycontin comes in at about \$80 per pill. Heroin is a less-expensive option, costing around \$15 per bag, according to data from the Tennessee Bureau of Investigation.

Someone who spends about \$300 a day on Oxycontin would spend a fraction of that for heroin hits.

Dr. Omar Hamada said he previously worked in an emergency room where people would get prescribed painkillers and then sell



them in the parking lot. Hamada, now the emergency department medical director at Maury Regional Medical Center, estimates two to three people come into the ER each week with an overdose that requires medical intervention.

The hospital, which is in Columbia and serves many people living in surrounding rural areas, is receiving a \$100,000 grant from the U.S. Health and Human Services to get more of a temporary antidote to opioid overdose, naloxone, into rural areas. The drug temporarily reverses the deadly effects of opioids, giving overdose victims more time to receive emergency care.

In a move that underscores the pervasiveness of abuse, the health department is recommending people living with an opiate abuser get a naloxone prescription in case the person overdoses.

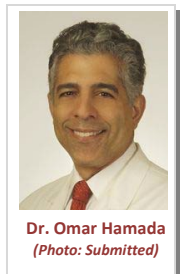
Although obtaining a prescription for someone else is not often legal, Reagan said naloxone, now available in an EpiPen-like form called Evzio, is an exception to that rule.

Battling an 'epidemic of biblical proportions'

Gov. Bill Haslam signed legislation in 2012 to expand the information tracked by the state's controlled substance database. That same year, the state began new oversight over pain management clinics.

The next tightening measure is set to start in July, when chief medical officers of pain clinics will be required to be pain specialists. There are about 300 pain clinics and roughly 120 pain specialists in the state, according to health department data.

New guidelines and treatment plans were proposed in early summer 2014 by both Haslam and a committee of physicians.



Dr. Omar Hamada
(Photo: Submitted)

Doctors wanted to curb the number of pills that could be prescribed. Haslam sought to put an emphasis on treatment.

"It's been a step in the right direction, yes. I think there may be some ways to improve the current laws based on our experience," Reagan said.

The regulations, and increased partnership between agencies, are having an impact on the availability of pills. There's also an unintended consequence: People are turning to heroin because it's cheaper and easy to get.

Frequently prescribed controlled substances

Three of the top 5 most prescribed medications from Tennessee's controlled substance monitoring database are opioids.

1. Hydrocodone products - opioid
2. Alprazolam – generic name for Xanax; a benzodiazepine.
3. Oxycodone products - opioid
4. Zolpidem – generic name for Ambien
5. Tramadol – opioid; brand names: Ultram, ConZip, Ryzolt

Source: Tennessee Department of Health

The TBI is "very, very" conscious about the move toward heroin, said Thomas Farmer, special agent in charge of Dangerous Drugs Task Force, who calls the trend "a good and a bad."

"It's a 'good' because it, in some way, validates our efforts in the prescription drug progress," Farmer said. "We would not want them to go to heroin. We do not want them to go the streets. It's not safe."

Yet, the state remains a leader in the number of prescription painkillers per person.

State Sen. Ken Yager, R-Harriman, was a sponsor of the 2012 legislation and wants the state to take further action. Yager would like to see some funding for addiction in the next budget.

"It is an epidemic of biblical proportions that we need to fight on every front," Yager said.

"This just doesn't happen to the poor kids in the slums or in the inner cities. This happens at the country club as well," Yager said. "We have to realize that, as a society, the abuse of drugs doesn't discriminate, whether you're rich or poor or black or white."

'This wasn't their idea'

Most people who become addicted to opioids didn't set out with the intention of being an abuser.

For some a car wreck or a weekend accident that results in a bulging disk or back pain starts the cycle.

"They never intended for that one incident to end up in dependency and addiction," Reagan said. "This wasn't their idea."

Dr. Richard Soper of the Center for Behavioral Wellness in Nashville said he once treated a woman who took her first opioid at age 11 when she fell down stairs and her grandmother gave her a prescription painkiller.

Opioids rewire the brain — specifically the mu, kappa and delta

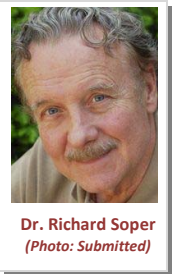
receptors — over time. Some of the changes are reversible or repairable, but others are not. People who take them "don't have the same biochemistry" as those who are not taking opioids, Reagan said.

Farmer, based out of Chattanooga, said arrests are not the answer to the epidemic, and that law enforcement wants to see people on the path to sobriety.

Addiction should be treated as a chronic illness with education, advocacy and treatment campaigns, Soper said.

"We're not at a point yet in our society where addiction is treated like end stage renal disease or diabetes," Soper said. "It's still stigmatized. It's still seen as a character defect."

Drug overdose deaths are on the rise in Tennessee despite legislation to regulate pain clinics and controlled substances. The confirmed overdose deaths in 2014 topped 1,200, although health care officials think the actual number is higher. [*Samuel M. Simpkins / The Tennessean*]



Anderson: 18	Hamblen: 23	Rutherford: 35
Blount: 21	Hamilton: 58	Sevier: 18
Bradley: 24	Hardin: 12	Shelby: 148
Campbell: 19	Knox: 133	Sullivan: 44
Cheatham: 17	Loudon: 15	Sumner: 28
Cocke: 12	McMinn: 13	Washington: 25
Cumberland: 16	Maury: 20	Williamson: 18
Davidson: 129	Montgomery: 26	Wilson: 26
Dickson: 12	Putnam: 21	
Greene: 19	Roane: 22	

Overdose deaths by county

There were no confirmed deaths in Hancock, Lake, Trousdale and Van Buren counties

Counties with fewer than 12 deaths were not released.

Source: Tennessee Department of Health

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 addiction 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.”

Suicide Rates Rising Among Middle-Aged Men

ARTICLE REPRINT | Centerstone | by Becky Stoll | Fall/Winter 2015 | <https://www.centerstone.org/about/news/press-releases/suicide-rates-rising-among-middle-aged-men> | *Becky Stoll, LCSW, is vice president for Crisis and Disaster Management at Centerstone in Nashville, Tennessee, and a member of the National Action Alliance’s Zero Suicide in Healthcare Advisory Group.*

They are our fathers, husbands, sons, friends, community leaders—and they are increasingly at risk of death by suicide.

Middle-aged men in the United States (defined as 35 to 64 years old) are now more than three times as likely to kill themselves as women of the same age, according to new data. The good news is that help is available, and you can be involved with reversing this troubling trend.

National Suicide Prevention Week is September 7-13 and, no matter the demographic, we must all be vigilant to recognize warning signs and be willing to intervene when someone appears suicidal.

Recent studies report the suicide rate among middle-aged men has increased by nearly a third since 1999. Among those in their fifties, the rate of suicide has jumped by nearly 50 percent. For every 100,000 men in America, 27.3 will kill themselves.

Of further concern, there is a 60 percent increase in suicide attempts by suffocation (often, hanging)—a method that is highly lethal, readily available and requires little planning.

In cases where there are no known pre-existing mental health or substance abuse issues, circumstances that lead these men to suicide include problems with their intimate partner, criminal/legal trouble, job/financial worries and health matters. Bucking the male stereotype, a breakup of a marriage or long-term relationship can lead to deeper and longer lasting mental distress than in women of the same age.

Far more encouraging are the data showing that these types of acute crises that may lead to suicide also lend themselves to opportunities for direct intervention by those in the life of the individual. We can become more intentionally mindful of and emotionally tuned to someone going through a messy relationship breakup, courtroom drama or economic devastation—and then intercede if needed.

Learn to recognize warning signs of potential suicidal thinking—reckless behavior, social withdrawal, general hopelessness, giving away prized possessions, an unwillingness to be helped. Do you know someone who can’t shake the sadness, can’t eat, sleep or work like before or sees no way out of a tough situation?

It’s time to take action.

Don’t be afraid to get involved and offer help. It’s okay to ask a person if he or she is thinking about suicide. Be direct, without judgment or a lecture, talk openly and freely about suicide and listen to their response. Don’t act shocked or be sworn to secrecy. There should be no further barriers created or distance created when the end game is to lead a suicidal person to better, brighter alternatives.

Finally, remove any means that would aid a suicide attempt, and contact an agency like Centerstone that specializes in crisis intervention and suicide prevention. Our 24-hour crisis line is 1-800-681-7444, and we’re here to help.

Suicide is a pandemic that kills more people in this country today than car accidents. National Suicide Prevention Week is the time to recognize that startling reality and to realize suicide can affect anyone of any age at any station in life. We all have a role to play in changing the tide.

Mental Health Cases Deserve New Approach by Criminal Justice System

ARTICLE REPRINT | The Commercial Appeal (Memphis) | EDITORIAL | October 2, 2015 | <http://www.commercialappeal.com/opinion/editorials/editorial-mental-health-cases-deserve-new-approach-by-criminal-justice-system-210f0cb1-f9ba-3703-e05-330362861.html>

The criminal justice system in Shelby County will progress toward a more holistic, problem-solving approach next year with the establishment of the county's first mental health court.

Like Shelby County courts that deal with problems unique to veterans and defendants with a history of illegal drug use, the county's new mental health court will address the underlying problems that contribute to criminal behavior.

Shelby County's mental health court will be presided over by General Sessions Judge Gerald Skahan, an enthusiastic supporter of this new approach.

"It's cruel what happens to people suffering from mental health issues," Skahan told The Commercial Appeal. "The Eighth Amendment prohibits cruel and unusual punishments. I think jailing people because they're mentally ill is cruel."

Kim Daugherty, mental health court coordinator, is in the process of securing partners to provide mental health care and other wraparound services. The court will be seeded with a \$100,000 grant from the state, and the county will cover other personnel costs.

Skahan's court will join a growing list of problem-solving courts across the United States that are intervening in the lives of men and women whose behavior has spun out of control for various reasons.

Problem-solving courts are a departure from the one-size-fits-all approach to justice that has frustrated judges and attorneys who favor customized punishment and who want to engage the community as an active partner.

They give judges the option of adjudicating cases by directing defendants toward services and monitoring their progress away from repeated incarcerations.

Defendants include a lot of familiar faces to court personnel — repeat offenders who commit minor infractions that get them arrested over and over again. The court is able to help provide the kinds of things — medical care, housing, food, therapy and rehabilitative services — that can interrupt destructive patterns of behavior.

The jury is still out on this relatively new approach to criminal justice, but it is hoped that it will pay off for the public, as well, by reducing the high costs associated with incarceration.

Mental health courts, in particular, seem like a fertile field in this regard. Sixteen percent of inmates in the United States report either a mental condition or an overnight stay in a mental hospital,

according to the U.S. Department of Justice.

There they may have access to excellent mental health services, said Shelby County Mayor Mark Luttrell, a former federal prison warden.

But how many of them could have been kept out of prison by the kind of intervention a mental health court provides earlier in a criminal's career? How many lives could have been directed onto a more stable, constructive path? How many families could have remained intact?

Answers will eventually emerge, but in the meantime, Judge Skahan and others involved in this new, more humane approach deserve the full cooperation and support of the community.

Tennesseans Encouraged to Take Online Screening for Depression

Depressive disorders are among the most common mental health disorders in the U.S.

In observance of National Depression Screening Day, October 8, 2015, the Tennessee Department of Mental Health and Substance Abuse Services is encouraging all adults, 18 years of age and older, to take a free online screening for depression.

In Tennessee, it is estimated that more than 347,000 people over the age of 15 experienced symptoms of major depression in the last year, experiencing feelings of sadness, hopelessness, emptiness, or irritable moods that significantly interfered with their daily routines.

About 42,000 adolescents per year (8.6% of all adolescents) in 2009–2013 had at least one major depressive episode in the year prior to participating in the National Survey on Drug Use and Health. Tennessee's percentage is similar to the national average.

"National Depression Screening Day is held each year during Mental Illness Awareness Week to call attention to depressive disorders like depression, bipolar disorder, anxiety, and post-traumatic stress disorder," said Commissioner E. Douglas Varney, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services. "Persistent depression can be a devastating mental illness. The good news is that it's highly treatable. Between 80 and 90 percent of people who seek and receive treatment for depression can resume their usual daily activities."

If you or someone you know is struggling with symptoms of depression, you can complete an online screening. It's a fast and effective assessment to screen for depressive disorders, and it is completely anonymous.

[CLICK HERE](#) or visit

<http://screening.mentalhealthscreening.org/hyho> to take the online screening for depression.

"Doctors can screen for depression in their offices, but many people just aren't comfortable in those settings," said

Commissioner Varney. “The online assessment tool offers an opportunity to use a screening method that reduces any embarrassment and the results are generally very accurate.”

It’s estimated that as many as 10 million adults in the United States, or five percent of the adult population, cope with regular bouts of depression, characterized by sadness, hopelessness, emptiness, or an irritable mood.

To speak with someone about mental health or substance abuse services, contact the Helpline, Monday – Friday, 8 a.m. to 4:30 p.m. CST at 800-560-5767, email: oca.tdmhsas@tn.gov.

If you or someone you know is experiencing a mental health emergency, help is available 24 hours a day, 7 days a week at 855-CRISIS-1 or 855-274-7471.

[CLICK HERE](http://tn.gov/behavioral-health/section/need-help) or visit <http://tn.gov/behavioral-health/section/need-help> for online Crisis Services resources.

Suicide Safe: The Suicide Prevention App for Health Care Providers Free from SAMHSA

For individuals at risk of suicide, behavioral health and primary care settings provide unique opportunities to connect with the health care system and access effective treatment. Almost half (45%) of individuals who die by suicide have visited a primary care provider in the month prior to their death, and 20% have had contact with mental health services.¹

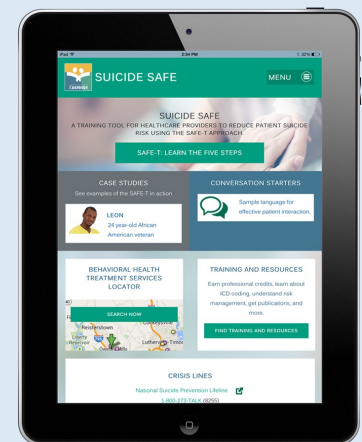
Suicide Safe, SAMHSA's new suicide prevention app for mobile devices and optimized for tablets, helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients. Suicide Safe is a free app based on SAMHSA's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) card.

SAMHSA’s Suicide Safe helps providers:

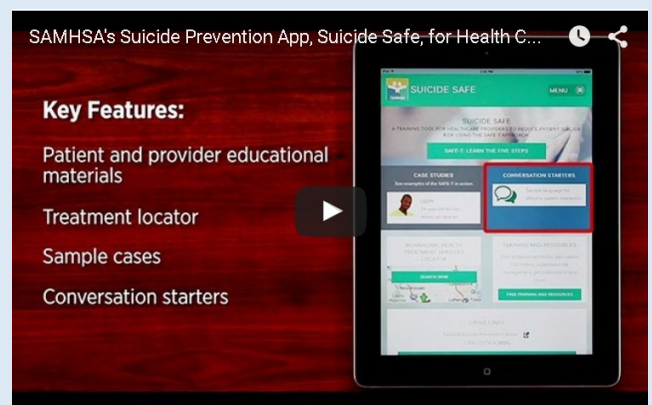
- **Learn how to use the SAFE-T** approach when working with patients.
- **Explore interactive sample case studies** and see the SAFE-T in action through case scenarios and tips.
- **Quickly access and share information**, including crisis lines, fact sheets, educational opportunities, and treatment resources.
- **Browse conversation starters** that provide sample language and tips for talking with patients who may be in need of suicide intervention.
- **Locate treatment options**, filter by type and distance, and share locations and resources to provide timely referrals for patients.

Suicide Safe, SAMHSA’s free suicide prevention app, is available for iOS® and Android™ mobile devices.

¹ Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. Am J Psychiatry. 2002;159:909-916.



Available Now



NATIONAL HAPPENINGS

California Tax Officials Blast Blue Shield in Audit

ARTICLE REPRINT | Los Angeles Times | by Chad Terhune | July 5, 2015 | <http://www.latimes.com/business/la-fi-blue-shield-audit-20150705-story.html>

In a scathing audit, state tax officials slammed nonprofit health insurer Blue Shield of California for stockpiling "extraordinarily high surpluses" — more than \$4 billion — and for failing to offer more affordable coverage or other public benefits.



The California Franchise Tax Board cited those reasons, among others, for revoking Blue Shield's state tax exemption last year, according to documents related to the audit that were reviewed by The Times. These details have remained secret until now because the insurer and tax board have refused to make public the audit and related records.

Blue Shield's operations are indistinguishable from those of its for-profit healthcare competitors, the auditors found, and it should be stripped of the tax break it has enjoyed since its founding in 1939. The insurance giant does not advance social welfare, the key test for preserving its tax exemption, according to the records.

"Blue Shield is not operating exclusively for the promotion of civic betterment or social welfare," tax board officials Christie Maddox and Eddie Murillo-Corona wrote to the insurer in a 16-page report sent June 3, 2014.

The August 2014 revocation came to light when The Times reported the news in March. The tax board rejected a public-records request for the audit and related information on Blue Shield, citing the confidentiality of taxpayer information under state law.

Since the revocation became public, Blue Shield has come under increasing scrutiny from regulators, lawmakers and consumer groups over its massive financial reserves and its proposed purchase of a Medicaid insurer for \$1.2 billion.

Blue Shield is the state's third-largest health insurer with 3.4 million customers, 5,000 employees and \$13.6 billion in revenue last year.

Full article available at: <http://www.latimes.com/business/la-fi-blue-shield-audit-20150705-story.htmlb2a>

HHS Hosts 50-State Convening Focused on Preventing Opioid Overdose and Opioid Use Disorder, Takes Important Step to Increase Access to Treatment

Delegates from across the country convene to collaborate, take action on opioid epidemic

ARTICLE REPRINT | U.S. Department of Health and Human Services (HHS.gov) | September 17, 2015 | <http://www.hhs.gov/news/press/2015pres/09/20150917a.html>

Health and Human Services Secretary Sylvia M. Burwell today kicked off a two-day intensive convening of representatives from all 50 states and Washington, DC focused on preventing opioid overdose and opioid use disorder. During her remarks, the secretary announced that HHS will move to expand access to medication-assisted treatment (MAT) by revising the regulations related to the prescribing of buprenorphine to treat opioid dependence. She also announced \$1.8 million in awards to rural communities to expand access to naloxone — a drug that reverses an opioid overdose.

In 2013, overdoses from prescription opioid pain relievers claimed more than 16,200 lives, with more than 145,000 people dying from these overdoses in the last decade. Heroin deaths have also been climbing sharply, more than doubling between 2010 and 2013. The resulting health, social, and economic consequences for communities across the country are enormous.

"The opioid epidemic knows no boundaries; it touches lives in cities, rural counties and suburban neighborhoods across the country," said Secretary Burwell. "That's why it's so important that we come together — both state and federal leaders - and take a coordinated and comprehensive approach to address this crisis. We all have a role to play and fortunately we share common ground and a common commitment to end this crisis."

The two-day convening will focus specifically on improving opioid prescribing practices, increasing access to naloxone, and expanding the use of medication-assisted treatment (MAT).

Medication-assisted treatment (MAT) is a comprehensive way to address the needs of individuals that combines the use of medication with counseling and behavioral therapies to treat substance use disorders. Nevertheless, existing evidence shows that this lifesaving, evidence-based treatment is under-utilized. A recent HHS report indicates that of the 2.5 million people who currently need treatment for opioid use disorder, fewer than 1 million are receiving it. To help close this gap, the secretary announced today that HHS will move to revise the regulations related to the prescribing of buprenorphine-containing products approved by the FDA for treatment of opioid dependence.

"Updating the current regulation around buprenorphine is an

important step to increasing access to evidence-based treatment - helping more people get the treatment necessary for their recovery,” said Burwell.

Under current regulations, physicians that are certified to prescribe buprenorphine for MAT are allowed to prescribe up to 30 patients initially and then after 1 year can request authorization to prescribe up to a maximum of 100 patients. This cap on prescribing limits the ability of some physicians to prescribe to patients with opioid use disorder. The HHS revision to the regulation will be developed to provide a balance between expanding the supply of this important treatment, encouraging use of evidence-based MAT, and minimizing the risk of drug diversion.

The secretary also announced today grant awards of approximately \$1.8 million from the Office of Rural Health Policy in HHS’ Health Resources and Services Administration to support rural communities in reducing opioid overdose and death. Recipients, representing 13 states, will use the funding to purchase naloxone, train health care professionals and local emergency responders in the use of naloxone, and facilitate the referral of people with opioid use disorder to substance abuse treatment.

In addition to the secretary, attendees will hear from Office of National Drug Control Policy Director Michael Botticelli, U.S. Surgeon General Dr. Vivek H. Murthy, and Centers for Disease Control and Prevention Director Dr. Tom Frieden, as well as a number of other HHS leaders. The convening is a collaboration between HHS and the National Governors’ Association, the Association of State and Territorial Health Officials, and the National Association of State Alcohol and Drug Abuse Directors. This is the second national meeting that HHS has convened on the opioid epidemic.

Addressing the opioid crisis is a top priority for the administration and the secretary is committed to bipartisan solutions and evidence-informed interventions to turn the tide against opioid drug-related overdose and misuse. This past spring, Secretary Burwell announced a department-wide, evidence-based initiative focused on three promising areas: informing opioid prescribing practices, increasing the use of naloxone, and increasing access to MAT. For more information on the department’s efforts and this initiative, [click here](#). In addition, the President’s Fiscal Year 2016 Budget includes \$133 million in new funding to reduce opioid misuse and abuse through prevention and treatment initiatives.

Interesting Articles on Substance Abuse and Addictions

ARTICLE REPRINTS | Partnership for Drug Free Kids (www.drugfree.com)

CVS Will Sell Naloxone Without Prescription in 14 States

ARTICLE REPRINTS | Partnership for Drug Free Kids (www.drugfree.com) | by Join Together Staff | September 24, 2015



CVS announced it will add 12 states to its program to sell the opioid overdose antidote naloxone without a prescription, bringing the total to 14. The company already sells naloxone without a prescription in Massachusetts and Rhode Island.

“Over 44,000 people die from accidental drug overdoses every year in the United States and most of those deaths are from opioids, including controlled substance pain medication and illegal drugs such as heroin,” Tom Davis, Vice President of Pharmacy Professional Practices at CVS, said in a [statement](#). “Naloxone is a safe and effective antidote to opioid overdoses and by providing access to this medication in our pharmacies without a prescription in more states, we can help save lives.”

The states included in Wednesday’s announcement are Arkansas, California, Minnesota, Mississippi, Montana, New Jersey, North Dakota, Pennsylvania, South Carolina, Tennessee, Utah and Wisconsin. According to [The Huffington Post](#), pharmacy boards in these states can make decisions about offering naloxone without a prescription.

Full article available at: <http://drugfree.us2.list-manage.com/track/click?u=fe8b33972f29b8e3f893baefc&id=4c917cd276&e=efde14fb2a>

E-Cigarettes Being Used to Vaporize Marijuana

ARTICLE REPRINTS | Partnership for Drug Free Kids (www.drugfree.com) | by Join Together Staff | September 8, 2015

E-cigarettes are being used by more people to smoke marijuana or synthetic drugs, [CNN](#) reports. People use the devices to get high without police, parents or teachers knowing.

E-cigarette devices, known as vape pens, are showing up in a growing number of drug busts, according to CNN. It is almost impossible to tell whether a person is using them to smoke nicotine, marijuana concentrate or synthetic drugs such as K2 or Spice.

“It’s the concealment method; we don’t know what is in a vape pen until we actually have it tested by a forensic laboratory,” said Supervisory Special Agent John Scherbenske of the U.S. Drug Enforcement Administration.

Full article available at: <http://drugfree.us2.list-manage.com/track/click?u=fe8b33972f29b8e3f893baefc&id=00dc6505bf&e=efde14fb2a>

U.S. House Passes Two Bills to Help Fight Opioid Abuse

ARTICLE REPRINTS | Partnership for Drug Free Kids (www.drugfree.com) | by Join Together Staff | September 10, 2015

The U.S. House of Representatives has unanimously passed two bills aimed at fighting opioid abuse and its harmful effects. One bill would reauthorize federal funding to states for prescription drug monitoring programs, while the other would create uniform standards for diagnosing and treating newborns exposed to opioids.



Full article available at: <http://drugfree.us2.list-manage1.com/track/click?u=fe8b33972f29b8e3f893baefc&id=df04d8b0ce&e=efde14fb2a>

Fast Facts

Fascinating facts and interesting information



Tennessee ranks 7th in the nation for prescription drug overdoses and 8th in the nation for drug overdose deaths.

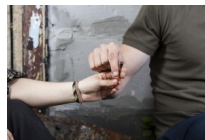
Drug abuse among young adults 18-25 years old is increasing — they use prescription opioids at a 30% higher rate than the national average.

One-third of arrests made in Tennessee in 2012 were drug related.

More Americans Using Marijuana: Government Report

ARTICLE REPRINTS | Partnership for Drug Free Kids (www.drugfree.com) | by Join Together Staff | September 16, 2015

More Americans are using marijuana, according to a new government report. About 8.4 percent of Americans ages 12 and older were current users of marijuana last year, up from 7.5 percent in 2013. The percentage of teens ages 12 to 17 who smoke, drink or use prescription narcotics nonmedically has fallen, [HealthDay](#) reports.



The percentage of teens who were current marijuana users in 2014 (7.4 percent) was similar to recent years. Marijuana use grew among adults 26 and older – from 5.6 percent in 2013 to 6.6 percent in 2014.

Overall, the use of illicit drugs – including marijuana – among Americans aged 12 and older increased from 9.4 percent in 2013 to 10.2 percent in 2014. This was especially driven by the increase in adult marijuana use, the report noted.

Full article available at: <http://drugfree.us2.list-manage2.com/track/click?u=fe8b33972f29b8e3f893baefc&id=82588b714e&e=efde14fb2a>

HHS Will Revise Regulations on Prescribing Buprenorphine for Opioid Addiction

ARTICLE REPRINTS | Partnership for Drug Free Kids (www.drugfree.com) | by Join Together Staff | September 22, 2015

The Department of Health and Human Services (HHS) will remove some obstacles that limit the ability of doctors to prescribe buprenorphine for patients who are addicted to heroin or prescription painkillers, [The Huffington Post](#) reports.



Under current regulations, doctors who are certified to prescribe buprenorphine (sold as Suboxone) are allowed to write prescriptions for up to 30 patients initially. After one year, they can request authorization to prescribe up to a maximum of 100 patients. The HHS will develop revisions to the regulations “to provide a balance between expanding the supply of this important treatment, encouraging the use of evidence-based [medication-assisted treatment], and minimizing the risk of drug diversion,” the department said in a [press release](#).

Full article available at: <http://drugfree.us2.list-manage.com/track/click?u=fe8b33972f29b8e3f893baefc&id=5ea10434a1&e=efde14fb2a>

Volunteers are needed to spread the message . . .

Hope

As long as there is life, there is hope.

ACCESS

Staying informed will be helpful when services are necessary.

RECOVERY

is real!



. . . into local communities throughout Tennessee.

May we count on you to help carry the message into your community?

Your voice of experience and expertise with co-occurring disorders can bring awareness to their impact on individuals, families, and communities. TNCODC has created brief, intermediate, and advanced level presentations for use in local communities.

Volunteering to spread the word is simple:

1. Consider the needs within your communities and develop a list of local outreach opportunities.
2. Visit <http://www.tncodc.com/resources/education-and-presentations> or contact TNCODC.
3. Submit your request for a **SPEAKERS TOOLKIT** that contains a slide deck, speaker guide, handouts, and evaluation materials.
4. Make arrangements and promote your event.
5. Conduct the event.
6. Provide your evaluation and feedback to TNCODC.
7. Celebrate your success in partnering with TNCODC and bringing about education and awareness.



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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.

Education and Awareness Audiences . . .

- Families
- Individuals with Lived Experience
- Clinicians and Behavioral Health Professionals
- Local, State, and Legislative Governing Bodies
- Criminal Justice System
- Judicial System
- Business/Workforce
- Education Systems

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

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



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

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