tamho
tennessee association of mental health organizations

BEHAVIORAL HEALTH NEWS & EVENTS

Volume 4, Issue 1 | Tennessee Association of Mental Health Organizations (TAMHO) | **January 2016**

Message from the Executive Director

Ellyn Wilbur
Executive Director

TAMHO leadership routinely spends time in a planning process that provides focus for our work in the coming year. This activity provides a framework for our various committees and work groups and guides our advocacy efforts for the next year. In our planning for 2016, we agreed that a significant focus will remain on integrated care, including care for those who desperately need substance abuse treatment resources.

In Tennessee, more people than ever are dependent on or addicted to drugs. Governor Haslam and the General Assembly should be commended for their efforts to address the issue of prescription drug abuse with the passage of various legislative acts including the Prescription Safety Act of 2012 and the endorsement of "Prescription For Success"-- a strategic initiative developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and other state departments which outlines statewide strategies to address Tennessee's prescription drug abuse epidemic. Both of these efforts are a fantastic first step, but they are not enough. A comprehensive approach that includes funding for addiction prevention and treatment must be a part of the solution to solving the drug abuse epidemic.

TAMHO has developed a **White Paper** that provides a view of the problem that exists in Tennessee today and its impact on individuals, families and the systems that support them. We have specific recommendations that we will share with Governor Haslam and the members of the General Assembly. We hope you will support this effort.

VIEW THE WHITE PAPER ON PAGES 8-10 OF THIS NEWSLETTER

WATCH THE VIDEO, FIND YOUR LOCAL LEGISLATOR, OR DOWNLOAD THE WHITE PAPER AT

WWW.TAMHO.ORG/RECOVERY

Leading the Way for Behavioral Health Homes in Tennessee

The TAMHO 2015 Annual Conference at a Glance

In early December, more than 200 people attended the TAMHO Annual Conference at the Embassy Suites Hotel in Murfreesboro. The conference brought together some of the nation's leading experts on health homes and health home implementation. The event also included the annual TAMHO Awards and Recognition ceremony. The highlights of the conference and ceremony are covered in the following pages.

For copies of handouts/materials from the conference, visit our website at: http://tamho.org/professional.php

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HEALTH HOMES IN MISSOURI | **Joe Parks, MD**, Director, Missouri Department of Social Services, HealthNet Division, Jefferson City, Missouri

States, advocates and policymakers are beginning to realize the importance of behavioral health to whole health and understand that behavioral health is a key component of a

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successful delivery reform initiative. This session focused on Missouri's journey to integrate two disparate systems of care and how they addressed data, payment and practice level challenges. The session discussed the target populations in Missouri, the provider networks utilized, and how bi-directional integration was successfully achieved. Dr. Parks highlighted the clinical and financial outcomes accomplished in the first two years of the Missouri transformation.

PRINCIPLES AND PRACTICES FOR CREATING CULTURES OF WHOLE HEALTH, WELLNESS, RECOVERY AND RESILIENCE: ART MUSEUMS, CURB CUTS, AND 32 WORDS FOR SNOW | **Joan Kenerson King, RN, MSN, CS**, Senior Integration Consultant, National Council for Behavioral Health, Washington, DC

In this fast changing world of health care we continue to respond to new research and to external demands. How do we connect the dots, create a clear vision and roadmap for where we are going that allows us to lead staff and keep our own direction clear? This keynote explored possible ways to frame this vision and drawing on stories, research and experience help us map our way toward a healthier future for our organizations, the people we serve and ourselves.

INTEGRATING HEALTH AND BEHAVIORAL HEALTH SERVICES IN A COMMUNITY BEHAVIORAL HEALTH ORGANIZATION | **Kenneth Minkoff, MD**, Senior Systems Consultant, ZiaPartners, Inc., San Rafael, California

Being a true BH Health Home is more than having a special care coordination team. It requires an organization wide culture shift to design service delivery within a performance improvement framework on the recognition that for individuals and families seeking BH services, co-occurring health issues (along with MH, SUD, cognitive, trauma and social issues) are an expectation, and all services and all persons providing care need to be organized to support integrated health, wellness and recovery for people served. This workshop illustrated how all CBHOs in Tennessee can take steps to achieve this goal.

USING DATA TO IMPROVE CARE | **Shannon Hall**, Executive Director, Community Behavioral Health Association of Maryland, Catonsville, Maryland; **Scott Rose, JD**, CEO and General Counsel, Way Station, Inc., Frederick, Maryland; **Juli Buchanan, PsyD**, Director of Integrated Care, Way Station, Inc., Frederick, Maryland

Maryland has implemented behavioral health homes to coordinate the care of adults with severe mental illness, youth with severe emotional disturbance and individuals with opioid substance use disorders. Health Homes have focused on overall wellness and providers have been able to augment their services to provide health promotion activities, improve care coordination and assist in transitions. For the children and youth population, there has been a renewed focus on involving families and caregivers in the decision making process and in modeling healthy behaviors.

During this session, the presenters shared their perspective on Maryland's experience with health home implementation, how data has been used for care coordination, quality measurement, and the achievement of specific quality-improvement objectives.

TENNESSEE'S HEALTH CARE INNOVATION INITIATIVE | **Mary C. Shelton, MA**, Director Behavioral Health Operations, Tennessee Department of Finance and Administration, Bureau of TennCare, Nashville, Tennessee; **Julia Harris**, Health Policy Associate, Strategic Planning and Innovation Group, Division of Health Care Finance & Administration, Nashville, Tennessee

Governor Haslam reported to the National Governors' Association in July 2014 that, "Over the next 5 years, the Tennessee Health Care Innovation Initiative will shift a majority of health care spending, both public and private, away from fee for service to three outcomes based payment strategies…" The three strategies include primary care transformation, episodes of care, and long term services and supports. This session provided an overview of the initiative and focused on primary care transformation in Tennessee, including multi-payer Patient Centered Medical Homes and Health Homes for TennCare members with severe behavioral health needs.

THERE IS NO 'ONE SIZE FITS ALL' MODEL FOR INTEGRATION | **Bob Siegmann, LCSW, MBA**, Senior Vice President for Healthcare Integration and Collaboration, Centerstone Indiana, Columbus, Indiana; **Kristie Hammonds**, Senior Vice President of Operations—Tennessee and Virginia, Frontier Health, Gray, Tennessee; **Mandi Hodges, MSN, RN,** Program Manager, Well-Connect: an Integrated Care Solution, Centerstone Tennessee, Nashville, Tennessee; **Susan Bell, LCSW,** Vice President of Clinical Services, Alliance Healthcare Services, Memphis, Tennessee

People with mental health and substance use disorders may die decades earlier than the average person, mostly from untreated and often preventable chronic diseases such as hypertension, diabetes, obesity, and cardiovascular disease. Frequently these illnesses are aggravated by poor nutrition, lack of physical activity, smoking and substance abuse. This population has had many barriers to accessing basic health care and this has worsened as the healthcare systems have become more complex.

It is believed that integrating mental health, substance abuse, and primary care services produces the best outcomes and is the most effective approach to caring for people with multiple healthcare needs.

Our presenters identified the population they targeted in their integration efforts, discussed the model they implemented, the challenges they encountered and shared their lessons learned.

TAMHO Bestows Its Highest Honors for 2015 During the TAMHO Awards and Recognition Luncheon and Ceremony

The Tennessee Association of Mental Health Organizations (TAMHO) recently bestowed its highest honors during their Annual Conference at the Embassy Suites Hotel and Convention Center in Murfreesboro, Tennessee. In total, thirteen awards were bestowed upon exceptional individuals and agency programs during the ceremony.

(L-R *standing*) Kevin Adams, Carey Counseling Center, Paris, TN; **Tonya Brown,** Carey Counseling Center, Paris, TN; **Dale Mathis,** Carey Counseling Center, Paris, TN; **Kim Trantham,** Frontier Health, Gray, TN; **Deb Yarborough,** Carey Counseling Center, Paris,TN; **Scott Jeffers,** Frontier Health, Gray, TN; **Maria De Varenne,** The Tennessean, Nashville, TN; **David Plazas,** The Tennessean, Nashville, TN; **Captain Don Jones;** Knoxville Police Department, Knoxville, TN; **James A. Harding,** Volunteer Behavioral Health Care System, Murfreesboro, TN; **Katie Gibson**, Volunteer Behavioral Health Care System, Murfreesboro, TN; **Michael Yates,** Ridgeview Behavioral Health, Oak Ridge, TN; **Kristi Nelson,** The Knoxville News Sentinel, Knoxville, TN

(L-R *seated*) Maria Hallas, ABC News, Channel 24, Memphis, TN; Mary Fultineer, Frontier Health, Gray, TN; Ginger Naseri, Frontier Health, Gray, TN; Hilde Phipps, Helen Ross McNabb Center, Knoxville, TN; Meredith Brannan, Helen Ross McNabb Center, Knoxville, TN; Estie Harris, Smith Harris Carr, Nashville, TN

President's Award

Estie Harris, Smith Harris Carr, Nashville, TN

Frank G. Clement Community Service Award

Captain Don Jones, Knoxville Police Department

Dorothea Dix Professional Service Award

Hilde Phipps, Helen Ross McNabb Center

Distinguished Service Award

James A. Harding, Volunteer Behavioral Health Care System

Personal Courage Award

Katie Gibson, Volunteer Behavioral Health Care System

Media Award

The Tennessean

Maria Hallas, ABC News Channel 24, Memphis

The Oak Ridger

Kristi Nelson, Knoxville News Sentinel

Program of Excellence Award

Carey Counseling Center – OnTrack Tennessee

Frontier Health -- Peer Recovery Services

Helen Ross McNabb -- Mother Goose Program

Frontier Health -- Sullivan House

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

January

	Human Trafficking Awareness Month
12	Tennessee 109th General Assembly Reconvenes
18	TAMHO Office Closed in Observance of the Martin Luther King Holiday

February

18	Council on Children's Mental Health (CCMH)
25	Health Home Technical Advisory Group Meeting

March

1	TAMHO Advocacy Day
7-9	National Council Conference | Las Vegas, NV
8-9	TCCY Children's Advocacy Days | War Memorial Auditorium, Nashville, TN
15	TCMHSAS Hill Day

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.

A BIG Thanks to our Sponsors!

Our sincere thanks to the generous sponsors of the TAMHO Annual Conference and the TAMHO Awards and Recognition Luncheon and Ceremony.

The TAMHO Annual Conference and the TAMHO Awards and Recognition Ceremony are made possible through the generous support of our many sponsors, exhibitors, and advertisers.

We are proud to be associated with these sponsors and encourage your consideration of their products and services.

We are excited to share opportunities such as these and many other events with more sponsors in the future.

If you would like to learn more about the marketing and advertising opportunities we have here at TAMHO, contact us today! [615-244-2220 ext. 14; tamho@tamho.org]

We extend our most sincere thanks to the following sponsors for their support of our mission and for helping to make these events possible:

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- **Project Transition**
- **Qualifacts**
- **Relias Learning**
- **Smith Harris Carr**
- **Tennessee Association of Alcohol, Drug and Other Addiction Services**
- **Tennessee Association of Drug Court Professionals (TADCP)**
- **Tennessee Association of Mental Health Organizations (TAMHO)**
- **Tennessee Commission on Children and Youth (TCCY)**
- **Tennessee Chapter of the American Academy of Pediatrics**
- **Tennessee Coalition for Mental Health and Substance Abuse Services**
- **Tennessee Co-Occurring Disorders Collaborative**
- **Tennessee Department of Mental Health and Substance Abuse Services**
- **Tennessee Suicide Prevention Network (TSPN)**
- **Tennessee Voices for Children**
- **The SSI Group**
- **United Health Community Plan**
- **Vanderbilt Behavioral Health**
- **Volunteer Behavioral Health Services**

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RELIAS LEARNING

TN Department of Mental Health & Substance Abuse Services

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VOLUNTEER BEHAVIORAL HEALTH

Bronze Level

American Academy of Pediatrics Tennessee Chapter

Ammon Analytical Laboratory

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Frontier Health.

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inflexxion HEALTHY BEHAVIOR THROUGH TECHNOLOGY

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MHA Mental Health America of Middle Tennessee

INTEGRATED HEALTH COOPERATIVE

NAMI Tennessee

NASW Tennessee Chapter

Peninsula A Division of Parkwest Medical Center Covenant Health

PROJECT TRANSITION Hope and Healing Through Community

TAADAS

TADCP Tennessee Association of Drug Court Professionals

Tennessee Commission on Children and Youth

HOPE ACCESS RECOVERY Tennessee Co-Occurring Disorders Collaborative

Tennessee Suicide Prevention Network

TENNESSEE VOICES FOR CHILDREN Speaking Out for the Well-Being of Children

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

February 16, 2016
June 14, 2016
August 16, 2016
December 13, 2016

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

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

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

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

REGIONAL PLANNING & POLICY COUNCIL

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

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

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

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

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

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

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

kidcentral tn KIDCENTRALTN.COM

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

Tennessee Looks to Change Culture and Enhance Tennessee's Co-Occurring Disorders System of Care

As the work of the Tennessee Co-Occurring Disorders Collaborative (TNCODC) continues and behavioral health service integration becomes of utmost importance, a 4-point strategic initiative has been created with an emphasis on the enhancement of Tennessee's co-occurring disorders system of care.

The approach of the initiative is to create change within organizations to address barriers and instill a "welcoming, no wrong door" philosophy for co-occurring disorders (COD). Details and announcements will soon roll out from TDMHSAS, TNCODC, and its partner organizations.

The intent of this initiative is to develop a Learning Community/Collaborative that will complement the state's current investment in treatment and recovery. The initiative is broken into two top-down and two-bottom up approaches for a comprehensive action plan for change within organizations. Among other things, the top-down initiatives include implementation of a state-wide learning collaborative to train and sustain a workforce fully prepared to successfully address COD. The bottom-up initiatives address the implementation at the provider level, including identifying key staff to participate in the learning collaborative and utilizing an assessment process to guide organizational changes to improve COD services.

Stay tuned for details and information on this exciting opportunity and to learn how your organization can participate in an upcoming Learning Community/ Collaborative.

TAMHO Welcomes Project Manager to Oversee the TNCODC Learning Collaborative

Patrick Slay
Project Manager
Tennessee Co-Occurring Disorders Collaborative (TNCODC)

TAMHO is proud to announce the recent addition of Patrick Slay, M.A., NCC, PMP, who will be serving as the TNCODC Grant Project Manager. Patrick is both an engineer and a counselor with a unique background in project management and career counseling. He worked in career services at Vanderbilt University and Trevecca Nazarene University as well as in private practice. Much of his work included training and education and he developed and delivered a career counseling course for Trevecca's graduate counseling program. He has recent IT project management experience with Vanderbilt University Medical Center and HCA. Previously, he worked in the corporate world for three Global 500 manufacturing companies, in many roles and functional areas including quality, process improvement, and project management.

Patrick has a Bachelor of Industrial Engineering from Auburn University and a Master of Arts in Counseling from Trevecca Nazarene University. He is a National Certified Counselor (NCC) and a Project Management Professional (PMP).

STRATEGIC INITIATIVE

Enhancing Tennessee's Co-Occurring Disorders System of Care

To effect organizational change, in this case statewide forward movement, a top-down and bottom-up approach will provide the needed momentum for the change process. We recommend this two-prong approach to address barriers, insure sustained workforce development and compliment the state's current investment in treatment and recovery for individuals with co-occurring disorders.

Top-Down Initiatives:

Introduce key concepts of the "Welcoming, No Wrong Door" philosophy into state-level language.

- Develop state level policy language to support "welcoming, no wrong door" philosophy.
- Contract language for all behavioral health providers to include assessment for co-occurring capability.
- Develop incentives for agencies to engage in quality improvement of co-occurring services
- Provide consultation, via the Tennessee Co-Occurring Disorders Collaborative (TNCODC), to agencies to assist with co-occurring capable organizational improvements.

Develop and implement a state-wide learning collaborative approach to support universal co-occurring capability for programs and staff

- Develop a core learning collaborative leadership team comprised of state and agency level representatives.
- Utilize the efforts of the Tennessee Co-Occurring Disorders Collaborative (TNCODC) in the development and leadership around the learning collaborative approach.
- Identify methods, opportunities for training and technical assistance, and obtain buy-in from agency leadership.
- Provide a system by which each agency identifies senior leaders, clinical supervisors and clinical staff who will become the agency's co-occurring capability change team".
- Develop systems in which senior leaders and clinical supervisors can sustain agency change and workforce development over time.
- Train the trainer and change agent model
- Monthly accountability calls with learning collaborative leadership
- Regular supervision and training of trainers, supervisors, and change agents.
- Develop metrics by which program and practice improvement strategies can be measured, and change within systems can be measured.

Bottom-Up Initiatives:

Identify key providers to participate in the co-occurring capability learning collaborative.

- Agencies are invited to organize a formal change team to participate in the co-occurring capability collaborative.
- Agencies work with Tennessee Co-Occurring Disorders Collaborative (TNCODC) leadership to be successful in making progress in the co-occurring capablity collaborative process.
- Develop technical assistance processes that utilize measures of accountability to COD capability standards and improvement in staff competency in integrated treatment.

Utilize the co-occurring capability assessment process to make organizational changes that improve COD services.

- Formal quality improvement plans with measureable objectives.
- Include COD competencies and best practices as part of review process with clinical staff.
- Track accountability regarding use of program practice metrics to learning collaborative.
- Review policies and procedures to insure progress toward COD capability.
- Maintain an annual review process to reduce drift and insure movement

TAMHO Elects Leadership for 2016

The Tennessee Association of Mental Health Organizations (TAMHO) recently elected officers for 2016 at the organization's recent annual meeting held in Murfreesboro. Robert Vaughn, chief executive officer, Carey Counseling Center, Paris, TN, will serve as President. He will succeed Chris Wyre, chief executive officer/president, Volunteer Behavioral Health Care System, Murfreesboro, TN, who will remain on the board as Immediate Past President. Brian Buuck, chief executive officer, Ridgeview Behavioral Health, Oak Ridge, TN was elected President Elect and Julie Spears, Vice President for Finance, Centerstone, Nashville, TN will serve a two year term as Treasurer. Liz Clary, chief executive officer, Peninsula Behavioral Health, Knoxville, TN, remain on the board as Secretary completing the second year of a two-year term.

SBIRT Summit Reviews First Year Successes

On November 12, 2015, staff from Alliance Health Services, Carey Counseling Center, Helen Ross McNabb and TAMHO attended a one day SBIRT Summit at the Gaylord Springs Clubhouse. Joined by Chuck Ingnolia, Jake Bowling, Margaret Jaco, Pam Pietruszewski and Aaron Williams from National Council of Behavioral Health, the group reviewed the initiative's first year, discussed their successes and lessons learned. Presentations were also provided by Angie McKinney-Jones, TDMHSAS Director of Prevention Services and R. Lyle Cooper, PhD, Assistant Professor, Director of Research, Meharry Medical College.

There were small group breakout sessions for direct service and supervisory staff to allow for specific consultation and technical assistance. Selected TN data as of June 2015 indicates:

- 165 individuals age 15 - 22 have participated in the project
- the most common diagnosis of participants is *Depressive disorder (30%)*
- 55% received a recommendation for brief intervention and referral for treatment
- Average number of days between referral and treatment attendance: 6.8 days

The participants look forward to a successful second project year ahead. Additional data will be analyzed and technical assistance will focus on sustainability and scalability.

Graduate Students from Princeton University Selected Tennessee's Health Care Innovation Initiative for Their Policy Study Practical

Graduate students from Princeton University's Woodrow Wilson School of Public and International Affairs selected Tennessee's Health Care Innovation Initiative for their policy study practical. They spent a week in Tennessee meeting with state officials, associations and providers across the state to assess various components of the initiative. Ellyn Wilbur, TAMHO's Executive Director, along with Alysia Williams, Director of Policy and Advocacy, provided feedback on the transformation process, including engagement efforts with providers as Episodes of Care and Behavioral Health Homes rollout. The group was especially interested to learn about the challenges and opportunities for reform when comparing urban and rural providers. The policy report will be available later this month.

RECOVERY IS REAL!

Substance Abuse/Addiction Treatment in Tennessee | Tennessee is in the midst of a serious substance abuse epidemic that has led to devastating outcomes to families, communities, and our great state. In Tennessee, more people than ever are dependent on or addicted to drugs. Governor Haslam and the General Assembly should be commended for their efforts to address the issue of prescription drug abuse with the passage of various legislative acts including the Prescription Safety Act of 2012 and the endorsement of "Prescription For Success"-- a strategic initiative developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and other state departments which outlines statewide strategies to address Tennessee's prescription drug abuse epidemic. Both of these efforts are a fantastic first step, but they are not enough. A comprehensive approach that includes funding for addiction prevention and treatment must be a part of the solution to solving the drug abuse epidemic.

Economic Benefits of Investment in Treatment | Research shows that every dollar spent on substance abuse treatment saves $4 in healthcare costs and $7 in law enforcement and other criminal justice costs. On average, substance abuse treatment costs $1,583 per person and is associated with a cost offset of $11,487, representing a greater than 7:1 ratio of benefits to costs.

So What Can We Do? | The legislative efforts to date must now be supported with recurring dollars to provide treatment services. We understand the political realities of the Tennessee budget. However, we firmly believe that we must begin to provide targeted treatment funding. We would encourage the administration and the General Assembly to appropriate $30 million of recurring state dollars into the Tennessee Department of Mental Health and Substance Abuse Services to significantly increase access to treatment for adults, and in future years, access for youth.

These actions will afford better access to treatment services statewide, as well as a reduction in the spending in other departments like Corrections (by reducing incarceration), Department of Children Services (by reducing number of minors who go into state custody because of parental drug abuse) and ultimately make our communities safer and healthier.

VIEW THE WHITE PAPER ON PAGES 8-10 OF THIS NEWSLETTER

WATCH THE VIDEO, FIND YOUR LOCAL LEGISLATOR, OR DOWNLOAD THE WHITE PAPER AT

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SUBSTANCE ABUSE / ADDICTION TREATMENT IN TENNESSEE

A comprehensive approach that includes funding for addiction prevention and treatment must be part of the solution to solving the drug abuse epidemic.

CURRENT REALITIES

Tennessee is in the midst of a serious substance abuse epidemic that has led to devastating outcomes to families, communities, and our great state. In Tennessee, more people than ever are dependent on or addicted to drugs. Governor Haslam and the General Assembly should be commended for their efforts to address the issue of *prescription drug abuse* with the passage of various legislative acts including the Prescription Safety Act of 2012 and the endorsement of "Prescription For Success"-- a strategic initiative developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and other state departments which outlines statewide strategies to address Tennessee's prescription drug abuse epidemic. Both of these efforts are a fantastic first step, but they are not enough. **A comprehensive approach that includes funding for addiction prevention and treatment must be a part of the solution to solving the drug abuse epidemic.** Historically the lack of a comprehensive approach to funding alcohol and drug abuse in the state of Tennessee has resulted in an over reliance on federal funds and thus federal priorities, rather than Tennessee specific needs. Our state is woefully behind other states in addressing this problem.

DRUG USE INCREASING IN TENNESSEE

FACT: Drug Abuse among young adults 18-25 years old is increasing--they use prescription opioids at a 30% higher rate than the national average.[1]

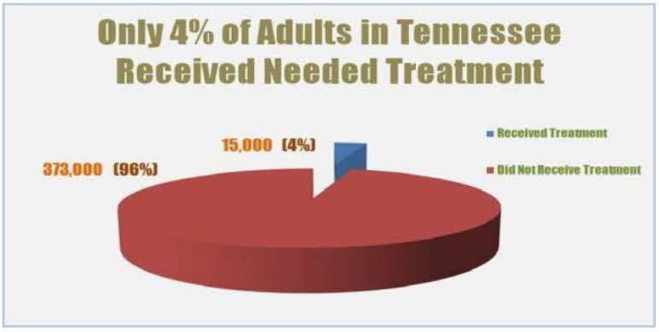
FACT: For the first time, in 2014, alcohol is no longer the most abused drug for those receiving state-funded treatment. The most abused drug category identified in 2014 is prescription opioids, commonly referred to as pain medicine. [2]

FACT: Heroin use is growing at an alarming rate. Between 2011 and 2014, admissions into state-funded treatment increased 157%.[3]

FACT: Tennessee ranks 7th in the nation for prescription drug overdoses and 8th in the nation for drug overdose deaths. [4]

OVERWHELMINGLY, TENNESSEANS DO NOT GET THE TREATMENT THEY NEED

FACT: In 2014, only 4% of Tennessee adults in need of addiction treatment (including addiction to alcohol and/or illicit drugs) actually received services.[5]



[1] Prescription For Success- Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, TDMHSAS (2014)
[2] Prescription For Success- Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, TDMHSAS (2014)
[3] TNWITS, TDMHSAS (date)
[4] Prescription Drug Abuse Strategies to Stop the Epidemic (date)
[5] Recovery Month (September 2, 2015) https://tn.gov/behavioral-health/news/17469

TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS (TAMHO)
CONTACT Ellyn Wilbur, Executive Director
ADDRESS 42 Rutledge Street, Nashville, TN 37210
PHONE 615-244-2220 | TOLL FREE IN TN 800-568-2642 | FAX 615-254-8331 | INTERNET http://www.tamho.org

FACT: Between 2009 and 2013, only 11% of Tennesseans 12 years old and older who needed treatment for their illicit drug abuse* actually received treatment. [6] **Illicit drugs include heroin, cocaine, marijuana, and prescription drugs used for non-medical purpose.*

REGIONAL IMPACT

FACT: It is difficult to determine the extent of those waiting to receive services, but we know that there are limited beds for individuals needing detoxification. Unfortunately, according to those treatment experts we polled, there are on average, 1,269 Tennesseans on a variety of waiting lists trying to access 20 detox beds statewide. The wait list tends to be significantly higher in East TN as compared to Middle and West TN.

IMPACT OF INSUFFICIENT TREATMENT RESOURCES

Without treatment, addiction is a chronic and progressive disease that results in higher health related costs, and even early death.

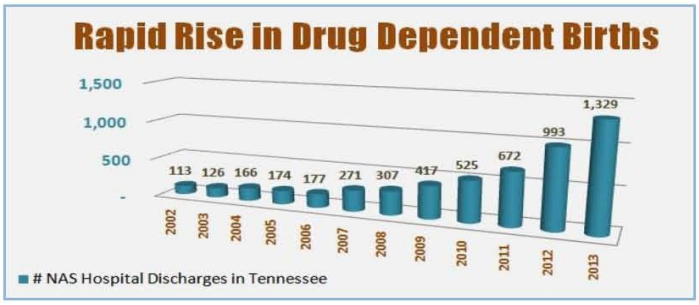
Failure to fund comprehensive, evidence based substance abuse treatment impacts Tennesseans in various ways.

FACT: "Drug abuse and addiction can affect almost every system in (the) body. ....drugs affects feelings and moods, judgment, decision making, learning, and memory. ...they can also cause or worsen other health problems—cancer; heart disease; lung disease; liver function; mental disorders; and infectious diseases such as HIV/AIDS, hepatitis, and tuberculosis. Some of these effects occur when drugs are used at high doses or after prolonged use, and some may occur after just one use." [7]

FACT: The number of emergency department visits for prescription drug poisoning has increased by approximately 40% from 2005 to 2010.[8]

FACT: In 2013, 936 babies were born dependent on drugs in Tennessee. The average TennCare cost to deliver a baby dependent on drugs is $67,000, compared with $4,200 for a baby not born drug-dependent.[9]

FACT: In 2014, 1,018 babies were born in Tennessee dependent on drugs their mother used while pregnant. Neonatal Abstinence Syndrome (NAS) diagnoses increased by 98% in Tennessee between 2008 and 2011.[10]



WITHOUT TREATMENT, CHILDREN OF PARENTS WITH ADDICTION ARE MORE LIKELY TO ENTER STATE'S CUSTODY

FACT: About 50% of the youth taken into Department of Children's Services custody is a result of a parent's drug use.[11]

[6] Behavioral Health Barometer, SAMSHA (2014)
[7] Nora Volkow, MD, Director, National Institute on Drug Abuse (NIDA)
[8] Prescription For Success- Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, TDMHSAS (2014)
[9] https://news.tn.gov/node/11477
[10] Miller AM and Warren MD (2014). Neonatal Abstinence Syndrome Surveillance Annual Report 2014. Tennessee Department of Health, Nashville, TN
[11] Prescription For Success- Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, TDMHSAS (2014)

WITHOUT TREATMENT, MORE INDIVIDUALS BECOME INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

FACT: For youth under the age of 18, drug possession was the third most common reason for referral to juvenile court. [12]

FACT: One-third of arrests made in Tennessee in 2012 were drug-related. [13]

WITHOUT TREATMENT, MORE INDIVIDUALS ARE UNABLE TO GET AND KEEP GAINFUL EMPLOYMENT; FURTHERMORE, THERE IS MORE ABSENTEEISM, LOST PRODUCTIVITY, THEFT, INJURIES AND INCREASED EMPLOYER COST

FACT: Drug abuse costs $81 billion annually. [14]

WITHOUT TREATMENT, THERE ARE MORE OVERDOSES AND VEHICLE RELATED INCIDENTS

FACT: Drug overdose deaths have increased an astounding 270% in the last 15 years—deaths have risen from 342 deaths in 1999 to 1,263 deaths in 2014.[15]

FACT: In 2009, of those tested, 1 in 3 people killed in car crashes tested positive for drugs.[16]

ECONOMIC BENEFITS OF INVESTING IN TREATMENT

Research shows that every dollar spent on substance abuse treatment saves $4 in healthcare costs and $7 in law enforcement and other criminal justice costs.[17] On average, substance abuse treatment costs $1,583 per person and is associated with a cost offset of $11,487, representing a greater than 7:1 ratio of benefits to costs.[18]

SOLUTION

These facts cannot be Ignored!

The legislative efforts to date must now be supported with recurring dollars to provide treatment services. We understand the political realities of the Tennessee budget. However, we firmly believe that we must begin to provide targeted treatment funding. On average across the United States, 11.2% of individuals needing substance abuse treatment receive it. In order to bring Tennessee in line with this national average, we would encourage the administration and the General Assembly to appropriate **$30 million** of recurring state dollars to the Tennessee Department of Mental Health and Substance Abuse Services to significantly increase access to treatment for adults, and in future years, access to prevention and treatment for youth. These funds will be a safety net for individuals with limited resources and will significantly increase access to treatment services for approximately **10,000** individuals. It will also reduce spending in other departments including the Department of Corrections (by reducing incarceration), the Department of Children Services (by reducing the number of minors who go into state custody because of parental drug abuse) and ultimately make our communities safer and healthier.

[12] Administrative Office of the Courts
[13] FBI Arrest Statistics (1994-2012)
[14] National Council on Alcoholism and Drug Dependence
[15] Tennessee Special Emphasis Report: Drug Overdose Deaths (2014)
Prescription For Success- Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, TDMHSAS (2014)
[16] National Institute on Drug Abuse
[17] Etner, S., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Yih-Ing, H. (2006) Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"? *Health Services Research*. 41(1): 192–213. doi: 10.1111/j.1475-6773.2005.00466.x
[18] Etner, S., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Yih-Ing, H. (2006) Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"? *Health Services Research*. 41(1): 192–213. doi: 10.1111/j.1475-6773.2005.00466.x

TAMHO Advocacy Day on Capitol Hill

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The Tennessee Coalition for Mental Health and Substance Abuse Services

HILL DAY
March 15, 2016

Stay tuned for more details!

Ensuring mental health and alcohol and drug treatment and support services are accessible to all individuals, regardless of age, and maintained at a funding level that assures quality care to those in need.

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email: tncoalition@tamho.org

TAMHO MEMBER ORGANIZATION HAPPENINGS

Centerstone Secures $4.8 Million to Launch New Integrated Care Programs

Recently awarded federal grants will assist in establishing integrated behavioral and primary care services for people in Illinois, Indiana and Tennessee

Centerstone, one of the nation's largest nonprofit providers of behavioral healthcare, today announced it has been awarded three grants from the Substance Abuse and Mental Health Services Administration totaling $4.8 million to support the integration of primary and behavioral health services at locations in Illinois, Indiana and Tennessee. The grants were secured by Centerstone Research Institute.

"Mental and physical health are critically interconnected," said David C. Guth, Jr., CEO of Centerstone. "Unfortunately, today's healthcare system often discourages meaningful collaboration and communication between primary care and mental healthcare providers, which can negatively impact patient care and outcomes. By combining physical and behavioral health services in single locations, we eliminate the divide that exists and allow these two integral parts of healthcare to collaborate to improve the overall health of those we serve."

Research has shown that half of high healthcare utilizers have coexisting mental and physical health conditions. Because there are few opportunities for primary care providers and mental health professionals to collaborate, primary care physicians are often called upon to address mental health issues while behavioral health providers can struggle to address the physical health needs of their patients. In fact, an estimated 50 percent of mental healthcare is delivered by primary care physicians.

Centerstone's new grants will bridge the divide between primary and behavioral health providers. The three grants are each four-year, $1.6 million awards that will allow Centerstone to partner with local primary care providers to establish new integrated care programs in Williamson County, Ill., Monroe County, Ind., and Montgomery County, Tenn. Combined, the programs will provide comprehensive, integrated health services to nearly 2,000 adults with co-occurring physical health conditions and serious mental illness or substance use disorders.

"The integrated care programs these grants are helping us to establish will teach us important additional lessons about combining primary care and behavioral healthcare," said Tom Doub, PhD, CEO of Centerstone Research Institute. "We are looking forward to uncovering best practices for collaboration and measuring the impact that bringing together primary care and behavioral health providers can have on patients' health. This information will inform and support the creation of additional integrated care programs across the country."

In addition to primary and behavioral care services, each program will provide specialty referrals, transitional care, preventative and health promotion services, individual and family support counseling, and referral to community and social support resources. A team of professionals, including primary care physicians, care coordinators, counselors, wellness coaches, and pharmacy technicians, will work with individuals to develop and implement integrated treatment plans.

Centerstone Research Institute's evaluation services team will rigorously monitor, measure and analyze best practices and critical outcomes within the integrated care programs to determine their overall impact and effectiveness.

Finding the Silver Lining: A Story of a Mother's Recovery

Ashley's* story is common. Of the nearly five million adults in Tennessee, an estimated 221,000 (or 4.56 percent) have used pain relievers, also known as prescription opioids, in the past year for non-medical purposes. Approximately 69,000 are addicted and require treatment. Programs like Silver Linings and MOMS offered by the Helen Ross McNabb Center are reaching out to specific groups of people to provide individualized treatment and support that will help them achieve sobriety and a life of recovery. There are thousands across our state who are affected by substance abuse disorders. Ashley's is just one story, one of many.

Ashley has utilized skills she learned in Silver Linings and MOMS through the Helen Ross McNabb Center to cope with her son being diagnosed with NAS and placed in the neo-intensive care unit at the hospital. Ashley actively parents her two children and wants her entire family to be as healthy as possible. She is now ready to be completely free from abusing non-prescribed medication. During her journey to recovery, her motivation has broadened. While seeking help for her children, she also found life and hope for herself. **Read Ashley's full story here.**

*Name changed for privacy reasons

Frontier Health Staff Honored for Caring, Serving, Impacting Lives

Health Care Heroes honored by the Business Journal of Tri-Cities Tennessee / Virginia included Frontier Health recipients Rita Tweed, Heather Crouse, LPC, and Melissa Willett. They were recognized for their roles in , "assisting others, displaying qualities of selflessness, compassion, and loyalty."

A Cup of Kindness Support Service Award was given to Tweed, division director of administrative support services. As the definitive problem-solver, Tweed delves into every aspect of operations. She is also an active member of the Management

Team, Integration, Reimbursement, Electronic Records, HIPAA and Compliance Committees.

Crouse was recognized for her significant contribution to the health and well-being of children in far Southwest Virginia, where she's child and adolescent services coordinator. She was noted for intensive in-home care for children at tisk services including creating programs to develop independent living skills for youth aging out of foster care, for children with serious emotional disturbance and families, a home-based Children and Youth Crisis Stabilization program, a Child Crisis Response Team and Juvenile Forensic and Restoration services.

Willett, Tennessee director of Mental Health Housing, supervises 45 staff and managers who provide a housing continuum for individuals including eight adult group homes for 74 individuals and seven apartment complexes for 78 individuals and was the Team Coordinator of the regional Tennessee Recovery Project following devastating 2011 tornadoes in Greene, Washington and Johnson Counties.

Centerstone Secures $10 Million Grant to Expand Teen Pregnancy Prevention Services

Centerstone, one of the nation's largest not-for-profit providers of community-based mental health and addiction services, recently secured a $10 million grant from the U.S. Department of Health and Human Services' Office of Adolescent Health that will support the expansion of its Teen Pregnancy Prevention services.

The service line will more than triple its existing coverage area, expanding from Tennessee into Kentucky and Indiana, and provide support to vulnerable youth in previously unreached areas. The service will focus on teen sexual health for 60,000 youth and teens throughout 85 counties to reduce teen pregnancy rates and existing disparities in access to information.

All targeted counties—60 in Tennessee, 14 in Kentucky and 11 in Indiana—have teen birth rates higher than the national average, with many being double or triple the average.

"We're pleased to have secured this grant that will so greatly expand our ability to provide teens information vital to their health and ability to make the right choices for themselves," said Bob Vero, EdD, CEO of Centerstone. "Teen Pregnancy Prevention has been doing great work over the last five years in Tennessee. Growing that into high-risk areas of Kentucky and Indiana is important work."

The Teen Pregnancy Prevention services will include delivery of evidence-based practices in middle and high school classrooms, juvenile detention, foster care, outpatient clinic settings and community awareness activities. The service will continue to collect and analyze performance measurements as well as evaluate implementation and outcomes to ensure continuous improvements. Centerstone Research Institute provides evaluation support.

Evaluations of the service last year showed large increases in awareness and understanding of critical sexual health issues among participants. For instance, it increased the number who knew what HIV/AIDS is and how it is transmitted by 50 percent. There was a 41 percent increase among participating teens who felt they knew a method to stop sexual pressure. Twenty-six percent more students could identify myths regarding sexual intercourse and pregnancy.

"Centerstone is focused on providing care and wellness services that are well researched and on a constant path of improvement," said Tom Doub, PhD, CEO of Centerstone Research Institute. "Centerstone Research Institute has worked with Teen Pregnancy Prevention services on evaluation to date and is excited to see changes implemented and assessed on this much larger scale."

The U.S. Department of Health and Human Services' Office of Adolescent Health grant expanding Teen Pregnancy Prevention services was provided to Be in Charge 2, a program of Centerstone.

For more information on the Teen Pregnancy Prevention service, visit www.centerstone.org.

The National Outcomes Measurement Survey (NOMS) is a national survey for states that receive block grant funding. The initial survey is done at intake and follow up surveys are completed at six month intervals. In TN, approximately 80,000 NOMS are completed each year. According to the 2013-2015 National Outcome Measures (NOMS), between the initial and follow up NOMS survey, among those who report using drugs or alcohol, there was a:

Fast Facts
Fascinating facts and interesting information

TREATMENT WORKS!

30% decrease in the number of days high
20% decrease in binge drinking
32% decrease in overnight hospital stays

STATEWIDE HAPPENINGS

Tennessee Focused on Ending Chronic Homelessness

The Tennessee Department of Mental Health and Substance Abuse Services is the recipient of $3.6 million in federal grant funds to help hundreds of homeless veterans and chronically homeless Tennesseans secure a place to live and to receive treatment for their mental illness and substance use issues. The funding supplements a similar $3.6 million federal grant that was awarded in 2014.

Tennessee's Appalachian region, from the Tri-Cities area south to Chattanooga, will be the focus of the department's latest initiative to reduce homelessness in the state. In all, 20 counties across East Tennessee will benefit from the two-year initiative.

"We want to identify and help those who are open and willing to better themselves and dedicate themselves to improving their lives," said E. Douglas Varney, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services. "Helping someone secure a place to live is a big step in the right direction, but it's just one piece. Our objective is to work with individuals who have been homeless for a long time and provide them with the opportunity to recover from mental illness, get clean and sober, become employable and ultimately become self-sufficient."

The goals of this new grant are substantial. More than 500 homeless individuals across East Tennessee will be identified for housing, access to substance and mental health treatment, opportunities for employment, and regular health care checkups.

The previous year's federal grant funding has a similar focus and is currently improving the lives and opportunities for once-homeless individuals in Nashville and Memphis.

Tennessee Homeless Grants By The Numbers:

- 2015 funding of $3.6 million to serve 530 individuals over a 2-year period in a 20-county region of East Tennessee
- 2014 funding of $3.6 million to serve 620 individuals over a 3-year period in Davidson County (Nashville) and Shelby County

These federal grant awards are made possible through funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) aimed at helping homeless Tennesseans gain access to treatment, career opportunities, and services to become more self-sufficient. Services to veterans will be coordinated with similar Veterans Administration programs.

For the 2015 grant award, several experienced community providers in the East Tennessee region have been enlisted to deliver services and support. Specialists at each provider agency will identify individuals for the program and help them along the path to sobriety, improved mental health, employment, and a permanent place to live.

2015 Tennessee Homeless Grant Providers Include:

- Frontier Health, Inc.—Gray
- Helen Ross McNabb Center, Inc.—Knoxville
- Volunteer Behavioral Health Care Systems—Chattanooga

"These caring providers have a long history of serving homeless people who struggle with addictions, mental health issues, and basic needs like employment and a safe place to live," said Commissioner Varney. "When we help an individual transition from homelessness to a more stable living situation, they benefit, the community benefits, and we are all better off."

Staff in the Office of Housing and Homeless Services at the Tennessee Department of Mental Health and Substance Abuse Services will offer ongoing support to the providers and communities during the three-year grant initiative with resources, monitoring, and evaluation.

Tennessee Mental Health Chief Wants More Regulation for Suboxone Clinics

ARTICLE REPRINT | Nashville Public Radio—NPR | December 28, 2015 | http://nashvillepublicradio.org/post/tennessee-mental-health-chief-wants-more-regulation-suboxone-clinics#stream/0

Tennessee's mental health commissioner says he'd like to see tighter restrictions on so-called Suboxone clinics. These are doctors' offices where medication is used to get patients off heroin or pain pills.

Tennessee has hundreds of doctors registered to prescribe drugs like Suboxone, but some run clinics where prescribing the drug is the main function. This clinic in Blountville holds weekly group meetings, though the leader is not a licensed counselor.

Suboxone has been described as a wonder drug for people who've become slaves to highly addictive opiates. It gives a low-level high, but it's very difficult to overdose, which is why it's considered an improvement on methadone. But just like that drug-replacement medication, for-profit clinics have cropped up. Tennessee Mental Health Commissioner Doug Varney says some have taken advantage of addicts.

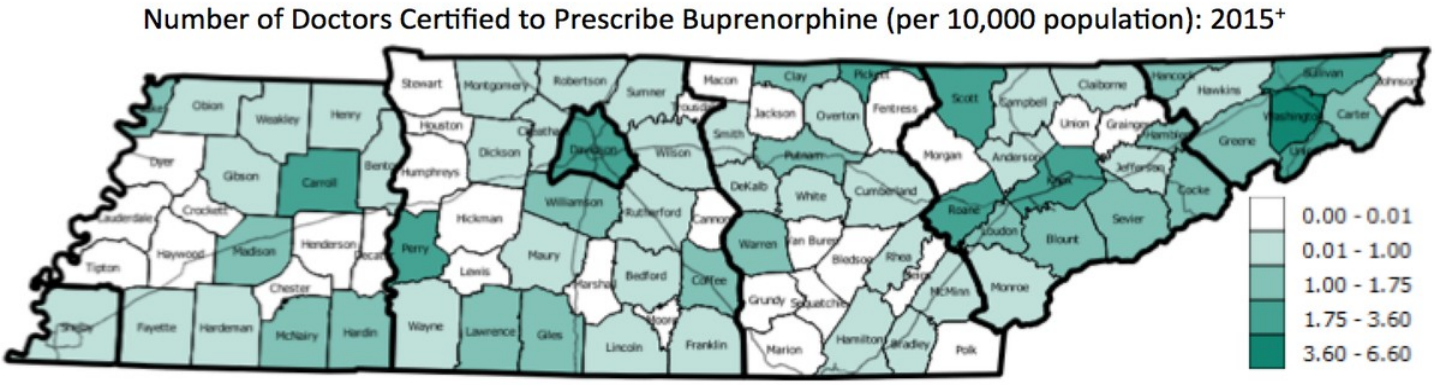
"Unfortunately, we've got too many people that are poorly trained, that are just out there writing prescriptions for another opiate, and not really counseling the people properly on what kind of things they need to do," he says. "Many times once you've become addicted to something, there's other things going on in your life that need to be addressed."

Varney says telltale signs of bad actors are when they don't take insurance, don't make or receive referrals to other physicians, and don't have licensed counselors on staff.

Right now, Varney says the state isn't well-positioned to regulate Suboxone clinics. For example, methadone clinics have to apply for a Certificate of Need prior to opening. Suboxone clinics are primarily governed by federal rules, which limit a doctor's patient load to 100.

Suboxone clinics have proliferated in Tennessee, which has one of the country's biggest problems with pain pills. The highest concentrations of doctors registered to prescribe buprenorphines like Suboxone, though they don't necessarily operate dedicated clinics, are in Johnson City and Nashville. (Here's a searchable database.)

"If you're going to hold yourself out as a treatment provider for people with addiction, you need to have a comprehensive program, not just a piecemeal, make-do kind of thing," he says. "Otherwise, what you're doing is really more harmful than helpful."



This map shows that as of December 7, 2015, Washington and Davidson counties have the highest per-capita number of doctors who could prescribe drugs like Suboxone.

Credit Tennessee Department of Mental Health and Substance Abuse Services

Recovery Courts in Tennessee Leading to Lifetime Transformations

More defendants get clean, go back to school, find work, and secure a place to live

Recovery Courts in Tennessee have been putting people who struggle with mental health and substance use issues on the path to a more successful and rewarding future since 2003.

Recovery Courts are special courts handling cases involving substance-abusing offenders. Many of them also serve veterans and people with mental health issues. The program, sometimes referred to as Drug Courts, offers individuals treatment services which includes: counseling, supervision, drug testing, and incentives for meeting recovery goals.

"These courts give people a second chance to be productive citizens," said E. Douglas Varney, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services. "Those who choose this path are motivated to change their behavior and we're seeing good results."

The Recovery Court concept, made possible through funding and support from the Tennessee Department of Mental Health and Substance Abuse Services, is showing an impressive trend of

positive outcomes.

In an evaluation of participants in a Tennessee Recovery Court from 2013 to 2015:

- 81% became employed or saw improvement in their job status
- Only 3.5% had an employment status that remained unchanged
- 28% who were homeless or living in a group home secured their own place
- 63% maintained an independent living situation upon completing the program
- 7% had a living situation that didn't change from admission to discharge

While the majority of those participating in a Tennessee Recovery Court came into the program with a high school diploma or GED, 14% improved their education status by either obtaining their GED or securing an advanced degree.

"These outcomes speak to the powerful impact Recovery Courts are having on our families, friends, and neighbors in Tennessee," said Commissioner Varney. "It's effective for those who agree to participate and for Tennessee it's a low-cost, high-impact approach that's giving people their lives back, allowing them to be productive citizens again, and it's more cost effective than incarceration. This represents an alternative that's working."

Among Tennessee's larger metropolitan cities such as Nashville, Memphis, Knoxville, and Chattanooga, judges have separate specialty courts for mental health, alcohol and drug, and veteran issues. The primary goal for each person is to help them maintain or improve their employment status, living arrangement, education, and all must remain drug-free.

In less urban areas across the state, judges have incorporated special dockets for people participating in Recovery Court into their standard court dockets. Individuals also benefit from a support system to ensure they continue treatment for their substance use or mental health issues, maintain a safe and secure place to live, remain employed or continue to seek employment opportunities, and work to advance their level of education. These smaller courts also devote a court docket entirely to veterans, in which veteran services representatives are available to work with judges and court attorneys on an individualized plan of action for each service member.

"Individuals with the combination of a substance abuse addiction and criminal behavior are at a greater risk of being jailed or imprisoned for much of their adult life," said Commissioner Varney. "Recovery Court can help those who are non-violent to invest themselves, beat their addictions, live independently, and achieve a more productive and rewarding life.

"Over just a two-year time frame, Recovery Courts in Tennessee have shown us how an alternative to the traditional court, sentencing, and incarceration can transform the life of a person who has struggled with an addiction," said Commissioner Varney. "Seeing these individuals realize their full potential is powerful. We all benefit from the recovery court system."

Research continues to show that Recovery Courts in Tennessee work better than jail or prison, better than probation, and better than treatment alone.

"It is not easy for people to turn their lives around," said Commissioner Varney. "We expect each participant to be held accountable and remain motivated to change their life."

Tennessee Children's Cabinet Creates Governor's Awards for Excellence in Early Foundations

Seeking Nominations for Projects Supporting Tennessee School Readiness Model

The Governor's Children's Cabinet, co-chaired by Tennessee Gov. Bill Haslam and First Lady Crissy Haslam, announced today it is accepting nominations for the first Governor's Awards for Excellence in Early Foundations. These awards have been created to recognize collaborative and innovative projects that are helping Tennessee students enter the classroom prepared to learn.

"Strong economic and community development starts with our youngest citizens," Governor Haslam said. "We are excited to create these awards to honor the community leaders and volunteers who reach across systems to help Tennessee children succeed."

The Tennessee School Readiness Model describes goals to help Tennessee students enter the classroom prepared to learn. It provides indicators of what communities, schools and families need to do to promote children's early learning and development. "Readiness" is not seen solely as a condition within a child but is a condition that exists when communities, schools, and families create a nurturing environment for child development starting at birth.

"Children reach their fullest potential when they grow up in a responsive and engaging environment," Mrs. Haslam said. "These awards allow us to celebrate organizations and individuals who are working to support those important early foundations for learning."

The Governor's Awards for Excellence in Early Foundations include three organizational award categories – Community Excellence, School Excellence and Excellence in Supporting Children and Families – and six individual innovator award categories, each sponsored by one of the Children's Cabinet departments:

- Excellence in Promoting Physical Activity (Department of Health)
- Excellence in Building Resiliency (Department of Mental Health and Substance Abuse Services)
- Excellence in Promoting Early Literacy (Department of Education)
- Excellence in Keeping Kids Safe, Healthy, and On Track (Department of Children's Services)
- Excellence in Promoting Wellness (Health Care Finance and Administration/TennCare)
- Excellence in Promoting High Quality Early Care and Education Programs (Department of Human Services)

Nomination materials and instructions can be found at http://tn.gov/earlyfoundations. All nominations must be submitted by

5:00 p.m. CST on January 15, 2016.

The awards will be presented in partnership with the Tennessee Commission on Children and Youth's Children's Advocacy Days in March 2016.

The mission of the Children's Cabinet is to coordinate, streamline and enhance the state's efforts to provide needed resources and services to Tennessee's children.

The Governor's Awards for Excellence in Early Foundations provide an opportunity for the Children's Cabinet to raise awareness about the importance of the early childhood years and to lift up shining examples of community leadership and collaboration.

Tennessee Looks to Change Culture on Childhood Trauma

ARTICLE REPRINT | The Tennessean | November 13, 2015 | Anita Wadhwani | http://www.tennessean.com/story/news/health/2015/11/12/tennessee-hopes-take-lead-addressing-childhood-trauma/75444190/

Many of the state's top officials spent Thursday morning playing a brain game — fitting together pipe cleaners and straws to create brain networks that would withstand weights that represent the effects of toxic stress on a child's developing brain.

First lady Crissy Haslam worked with Tennessee Supreme Court Chief Justice Sharon Lee. At a nearby table TennCare Director Darin Gordon and Department of Human Services Commissioner Raquel Hatter puzzled through creating their own sturdy brain model, as did lawmakers, mayors, judges, doctors, child welfare experts, philanthropists, business executives and educators.

The exercise was intended to educate community leaders about the devastating and lifelong impact of adverse childhood experiences. Known as ACEs, experiences such as abuse, neglect, exposure to domestic violence and addiction, divorce, poverty, incarcerated parents and homelessness can permanently rewire children's brains, leading to long-term societal costs as those children age.

Organizers of the ACEs Summit set an ambitious goal for the meeting: to make Tennessee the first state in the nation to launch a comprehensive and seismic shift in public policy that would focus on prevention in young children before exposure to ongoing "toxic stress" leads to greater costs to taxpayers and communities.

"It's a preventative effort that really involves a culture of change," said Chris Peck, CEO of the newly launched, Memphis-based ACE Awareness Foundation. "A lot of people are going to have to quit what they're doing and do something else."

In the next few years, those changes could include a restructuring of state budget priorities, redirecting funds now spent on education or incarceration toward far earlier interventions, said Deputy Governor Jim Henry, former head of the Department of Children's Services.

Twenty years ago, neuroscientists at Harvard University revealed that trauma experienced by children 5 years and younger can permanently rewire a child's brain. Social scientists have since documented that the

number of traumatic events a child faces has a direct correlation with their risk for incarceration, addiction, heart disease and other health risks when they become adults.

Meanwhile, Tennessee, like other states, directs most of its budget and resources toward addressing the "downstream" costs that stem from early childhood experiences — costs to taxpayers that include incarceration, drug treatment, health care, the juvenile justice system and interventions after child abuse is discovered by DCS.

"All of us would rather invest upstream," Gov. Bill Haslam told the group.

The summit was organized by the ACE Awareness Foundation, the Nashville-based Baptist Healing Trust and Casey Family Programs, a Seattle foundation focused on reducing the number of children who need foster care. Crissy Haslam and Pat Henry, wife of Jim Henry, also are among the organizers.

Tennessee was one of the first states to begin to measure the prevalence of childhood adversity. Surveys by the Department of Health in 2008 and 2012 found that more than half of Tennessee residents have experienced some form of childhood adversity. One in five state residents have experienced at least three categories of adverse childhood experiences.

Simply being exposed to one or more childhood traumatic events in the crucial period of birth to 5 years when a child's brain is "plastic" and rapidly growing does not inevitably lead to poor outcomes in adulthood, said Judy Cameron, a professor of psychiatry at the University of Pittsburgh School of Medicine and an expert in adverse childhood experiences.

Having a stable, caring relationship with at least one adult can mitigate the effects and make so-called "toxic stress" tolerable, Cameron said.

Children who do not have that caring adult face huge challenges. A child exposed to seven categories of toxic stress has a 100 percent chance of experiencing developmental delays and a threefold chance of experiencing a heart attack later in life, Cameron said.

Such trauma also affects a child's outlook on the world, permanently. In one experiment, researchers showed children pictures of sad, fearful and angry faces. Children exposed to ongoing stress at home were more likely to see all those faces as angry "because they've seen anger over and over and over," she said.

There's no blueprint for addressing such a widespread problem, but organizers hope that by educating state leaders about the science of toxic stress and giving them the language to be able to communicate it serves as the beginning.

Lee said she plans to hold a summit within the state judiciary system about adverse childhood experiences. Criminal, juvenile and mental health courts confront the consequences every day, she said.

"The judiciary is ready to do its part," Lee said.

Jim Henry said that millions of dollars going toward interventions later in life have not paid off.

"Culture change is a very difficult thing," he said. "We need to make it happen in the next few years because the urgency of this is losing another child … a child who doesn't have the same chances other kids in this state have."

Adverse childhood experiences

More than half of Tennessee residents experienced childhood adversity; one in five have experienced three or more adverse childhood experiences.

Separation/divorce: 31 percent
Violence between adults: 19 percent
Exposure to mental illness: 18 percent
Physical abuse: 14 percent
Incarceration: 11 percent
Substance abuse: 31 percent
Sexual abuse: 12 percent

Source: Tennessee Department of Health

TAADAS Releases White Paper Addressing Chapter 820

Emphasizes access to care for pregnant drug-using women while addressing the number of babies born with NAS

TAADAS is concerned that recent changes to Chapter 820, which allowed for the criminal prosecution of women whose babies were born exposed to opioids and diagnosed with Neonatal Abstinence Syndrome (NAS), did not adequately address access to care while criminalizing women who did not receive care. It is our position that any policy on this issue should emphasize access to care for pregnant drug-using women while addressing the number of babies born with NAS.

Therefore it is TAADAS' recommendation that the current law be allowed to sunset and that a new focus be pursued to enable these women to have healthy pregnancies and healthy babies while receiving addiction treatment. The data presented in this paper shows the ramifications for women seeking care after SB 1391 was passed as well as the extreme shortage of addiction treatment options for this population.

The paper can be downloaded here ***[http://files.ctctcdn.com/8116896c201/baa9646e-97c2-4970-9d47-86c7ad5b3287.pdf]*****. If you have any questions, please contact TAADAS directly at 615.780.5901 x 18.**

TDMHSAS Staffing Announcements

New Role for Micheal A. Jones, Former Executive Assistant for the Office of the Commissioner

Congratulations to Micheal Jones on his new role as the Assistant Director for the Office of Legislation and Rules. Micheal has served as the Executive Assistant for the Office of the Commissioner since August 2014. He will begin his new role effective January 4th. [*micheal.a.jones@tn.gov*]

Kelley L. Sallas Named Executive Assistant for the Office of the Commissioner

Welcome to Kelley Sallas on her new role as the Executive Assistant for the Office of the Commissioner. She will begin her new role effective January 4th. [*615-532-6503 | kelley.l.sallas@tn.gov*]

Director of Prevention and Early Intervention, Angie McKinney -Jones, Resigns TDMHSAS and Accepts Position as Chief of the Early Childhood Section for the Tennessee Department of Health

TDMHSAS recently announced the resignation of Angie McKinney-Jones, Director of Prevention and Early Intervention, effective December 30, 2015. She has accepted a position as Early Childhood Section Chief for the Department of Health.

Ms. McKinney-Jones stated, "While I am truly excited about this next professional opportunity, I will sorely miss each of you, those dedicated to providing prevention services around our state. I have been so inspired over the past eight years as we have built a prevention system in our state that includes programs as well as community based coalitions. We have witnessed declines in binge drinking, prescription drug use, as well as our Synar rate and these changes are due to the hard work and dedication of each of you. I am confident that the system will continue to flourish under new leadership, and I am so happy that I was able to partner with you in making Tennessee a better place for all of us."

Resumes are being accepted for consideration of the position and should be directed to Assistant Commissioner Rod Bragg at Rodney.Bragg@tn.gov.

Music Biz Gives $5,000 in Schmidt's Name to Fight Addiction

ARTICLE REPRINT | The Tennessean | November 10, 2015 | http://www.tennessean.com/story/life/2015/11/10/music-biz-gives-5000-schmitts-name-fight-addiction/75511352/

Music Row leaders presented $5,000 in donations in Tennessean columnist Brad Schmitt's name to battle addiction in Nashville.

The Academy of Country Music (ACM) and the Nashville Association of Talent Buyers (NATD) each gave $2,500 to

Nashville Prevention Partnership, which works toward preventing drug and alcohol abuse and facilitating recovery for addicts.

The organizations' leaders surprised Schmitt with the checks while he was co-hosting the annual NATD Honors dinner Monday night at the Hermitage Hotel.

NATD President Steve Tolman said he decided to make the donation after reading Schmitt's first-person account of his struggles with addiction. Schmitt was convicted of two DUIs in three years before going to treatment in 2010, and he has been sober since.

ACM director Bob Romeo, who presented a check, said his organization has been matching NATD Honors night donations for a couple of years.

NATD Honors trophies went to Nashville Mayor Megan Barry, Predators broadcaster Pete Weber, "American Pickers" TV show host Mike Wolfe, CMA CEO Sarah Trahern, publicist Kirt Webster and longtime agents Steve Lassiter and Charlie Brusco.

Country singers Crystal Gayle, Lee Roy Parnell and Henry Paul of BlackHawk were among the 200 people in the crowd to salute the winners.

Schmitt co-hosted the event with WKRN-News 2 reporter Stephanie Langston.

NATIONAL HAPPENINGS

A New Direction on Drugs

Top drug official Michael Botticelli says the old war on drugs is all wrong and wants to refocus the country's drug policy

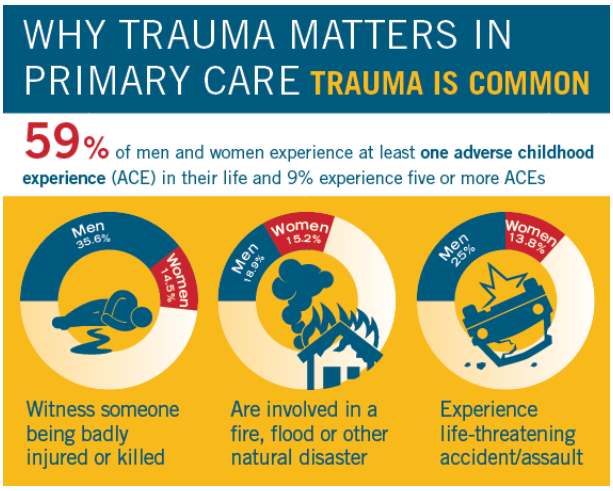
VIEW FULL EPISODE | CBS News, 60 Minutes | http://www.cbsnews.com/news/60-minutes-a-new-direction-on-drugs/

After forty years and a trillion dollars, the nation has little to show for its war on drugs. Prisons are beyond crowded and there's a new outbreak in the heroin epidemic. If it's time for a change, it would be hard to find a leader more different than Michael Botticelli. The president's new Director of National Drug Control Policy isn't a cop. He's lucky he didn't go to jail himself. And we knew that things had changed the first time we used the nickname that comes with his job, the "drug czar." View the interview at http://www.cbsnews.com/news/60-minutes-a-new-direction-on-drugs/.

President Obama Announces Efforts to Combat Prescription Drug and Heroin Abuse

ARTICLE REPRINT | National Council for Behavioral Health CAPITAL CONNECTOR | October 23, 2015 | http://www.thenationalcouncil.org/capitol-connector/2015/10/obama-announces-efforts-combat-prescription-drug-heroin-abuse-epidemic/

On Wednesday, President Obama announced his administration's latest efforts to combat the growing opioid and heroin abuse epidemic. His announcement, made in Charleston, West Virginia, outlined steps to increase patients' access to lifesaving treatment and expand the training of prescribers of opioids and other controlled substances. Of particular importance, the President's initiative aims to increase the use and distribution of naloxone as well as double the number of providers prescribing buprenorphine across the country.Read More



Think trauma is rare? That it only happens to someone else? It's more common than you think.

More than half of all people – 59% of men, women and children — experience traumatic events in their life. And the effects are extensive — affecting emotional and physical health.

Given that there are more than 506 million visits to primary care providers annually, it's no surprise that these settings are crucial to identifying and being sensitive to trauma.

View and share our new infographic, Why Trauma Matters In Primary Care, developed as part of the National Council and Kaiser Permanente's Trauma-informed Primary Care Initiative.

CMS, SAMHSA Announce Medicaid Coverage Options for Early Intervention in Psychosis

ARTICLE REPRINT | National Council for Behavioral Health CAPITAL CONNECTOR | October 23, 2015 | http://www.thenationalcouncil.org/capitol-connector/2015/10/cms-samhsa-announce-medicaid-coverage-options-early-intervention-psychosis/

On Friday, the Centers for Medicare & Medicaid Services (CMS) released an informational bulletin intended to assist states in designing a benefit package to guide early treatment intervention options that will meet the needs of youth and young adults experiencing first-episode psychosis. The National Institute of Mental Health (NIMH), Centers for Medicare & Medicaid Services' Center for Medicaid and CHIP Services (CMCS) and Substance Abuse and Mental Health Services Administration (SAMHSA) created the bulletin through their ongoing partnership to support early intervention services for young adults that experience first episode psychosis. Read More

The Childhood Experiences That Can Cut 20 Years Off Your Life

ARTICLE REPRINT | Forbes / Healthcare, Fiscal and Tax | December 16, 2015 | Bill Frist, Contributor | http://www.forbes.com/sites/billfrist/2015/12/16/the-childhood-experiences-that-can-cut-20-years-off-your-life/

I recently heard a startling statistic. According to a CDC study, children who endure six or more adverse childhood experiences (ACEs) by the age of 18—incidents of abuse or neglect that make a child feel unsafe or unwanted in their home—live on average 20 years less than their peers who are not exposed to these ACEs growing up. Furthermore, those with four or more ACEs are seven times more likely to be alcoholics in adulthood, twice as likely to develop cancer, and sadly, twelve times more likely to commit suicide. They lead sicker, shorter lives. And they often pass those disadvantages on to their own children by recreating the traumatic environments that they grew up in, perpetuating a toxic cycle.

What does a childhood with multiple adverse experiences look like? It could be a girl of divorced parents, whose mother is abusive and suffers from mental illness. It could be a young boy who is being raised by his grandparents because both his parents are addicts and incarcerated. It could be a child whose father committed suicide after years of struggling to make ends meet to feed and clothe his children. These are some of the more troubling cases. But nearly two-thirds of Americans report having one or more ACE, and more than one in five report three or more ACEs. Childhood stressors are increasing the likelihood of illness and addiction for a meaningful portion of the U.S. population–and our healthcare system fails to address this key driver of health.

The science behind adverse childhood experiences dates back to a study that began in 1995 by Kaiser Permanente and the CDC. The study surveyed 17,000 Kaiser patients regarding childhood abuse, neglect, and exposure to other traumatic stressors, and looked at patient health outcomes. The research found that as exposure to toxic stress in childhood increased, so did the individual's risk for health problems such as alcoholism, COPD, depression, STDs, adolescent pregnancy, drug and tobacco use, and suicide. Their conclusion has been supported in numerous academic studies and publications, and reinforced by CDC's continued tracking of the original study participants. Just recently, however, this concept has been gaining traction in policymaking. And rightfully so. It should be central to our conversations about education, child health and community well-being.

In Tennessee, the Haslam Administration is taking meaningful action. Governor Bill Haslam and First Lady Chrissy Haslam launched a three-year initiative this November to make Tennessee the first state in the nation to take a comprehensive public policy approach to addressing adverse childhood experiences. Partnering with the Memphis-based ACE Awareness Foundation, an ACE steering committee will be established to create a series of innovation teams across Tennessee to help communities develop prevention and intervention strategies. The state government assessed the cost to communities of adverse childhood experiences at over $200,000 per child, with one in five Tennesseans having an ACE score of three or more. We are a state that is ripe for change.

You can take the test here to find your own ACE score. Then go through the questions again, thinking about the children in your life and their circumstances. Do they have a loving home? Are they receiving positive reinforcement? Do they feel safe? There is no doubt that the statistics around adverse childhood experiences are disheartening. However it is important to note is that having a high ACE score doesn't mean a child is doomed to a miserable, short life. It gives them tougher odds than a child who grows up in a loving, financially stable, two-parent household. But the negative effects can be counteracted by other positive life experiences, such having a strong mentor like a great teacher, supportive pastor or loving grandparent. It could be finding structure and success in activities like sports or music.

The steps Governor and First Lady Haslam are taking in Tennessee are commendable and should be replicated. Strong leadership is crucial to raising awareness on ACEs. But reducing the negative long-term impacts of ACEs will require more than government action. It requires our communities to come together in support of our children and their futures. In your own hometown, you could tutor a disadvantaged youth, coach a team, participate in the Big Brother/Big Sister program, or start a food, clothes or toy drive for struggling families. Improving the health of our nation requires a shift in the way we approach health and well-being. We are trying to address problems in the emergency room when they need to be addressed years earlier around the dinner table, in the neighborhood, and on the playground.

Are You Ready for Medication Assisted Treatment?

ARTICLE REPRINT | National Council for Behavioral Health | October 20, 2015 | Aaron Williams, Director of Training and Technical Assistance for Substance Abuse, SAMHSA-HRSA Center for Integrated Health Solutions, National Council

In the midst of an opioid epidemic, communities across the country face increased demands for substance use services.

The CDC reports that:

- Young adult's heroin use **more than doubled** in the past decade.
- More than **90%** of people who use heroin also use at least one other drug.
- **45%** of people who use heroin are also addicted to prescription opioid painkillers.

Prescription opioid drug overdoses **increased threefold in three years**.

To combat this crisis, federal and state governments increasingly fund addiction services and medication assisted treatment (MAT). Medications such as buprenorphine and methadone consistently prove effective in opioid treatment. In recent years, extended-release naltrexone has also been approved for the treatment of opioid dependence and shown good evidence of effectiveness. The use of naloxone to reduce opioid related overdose deaths has also become an increasingly important component of local efforts to combat the effects of opioid overdoses, and increasing access to these and other medications and services is critical to stemming the tide of this current epidemic. Additionally, agencies such as the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism are funding research to develop other medications to address alcohol and stimulant abuse.

With all of these changes, a fundamental question arises: **Is the behavioral health workforce actually ready to provide services in an environment in which medication use is going to become a significant component of addiction treatment?** And if not, what needs to be done? An unprepared workforce can hinder access to services and leave people with limited information on medication benefits as part of comprehensive treatment.

A number of studies in recent years found prescribers' and counselors' attitudes were significant barriers to MAT use. In 2012, the SAMHSA-HRSA Center for Integrated Heath Solutions conducted a pilot project to help community safety-net providers expand MAT related services and identified a number of workforce -related barriers to adoption, including:

- Scarcity of medical providers trained to administer MAT services.
- Negative workforce attitudes and misunderstandings about the nature and use of medications.
- Lack of support staff for providers currently administering MAT services.
- Lack of reimbursable credentials for addiction treatment providers.

Negative attitudes toward MAT are a commonly cited barrier to its use. It is also an extremely troublesome barrier. As new payers continue to enter the marketplace looking to reduce cost and increase quality of care, they will increasingly look for treatment approaches, like MAT, that have solid evidence of improving quality of care and cutting cost. Also, as enforcement of the Mental Health and Substance Abuse Parity Act continues across the country, it will become increasing difficult for arbitrary medication restrictions to continue.

So what should we do about all of this?

Assess Workforce Needs

As you continue working to increase the availability of MAT services, a critical examination of your current workforce must be completed. Questions to be addressed could include:

- Are there enough trained physicians and nurses to work with treatment programs on MAT? If not, what is your plan for ensuring physicians are trained?
- What is your state's level of acceptance of "medical models" of addiction by treatment programs and clinicians?
- How do specialty addictions treatment clinicians view medication use to help people in treatment?
- How will you work with your staff and board who need help understanding medications' role in treatment?

Are clinicians in specialty treatment settings eligible for Medicaid reimbursement? If not, how can you help prepare clinicians for reimbursement for clinical services necessary as an adjunct to medications during treatment?

Asking these and other questions will help you get a jumpstart on providing the resources your workforce may need to move forward with MAT.

Develop Incentive Programs

The Department of Health and Human Services and other policymaking entities are already looking into a number of options to increase prescriber availability for MAT, such as allowing nurse practioners to prescribe buprenorphine and getting rid of or increasing the 100 patient limits for current buprenorphine prescribers. In addition to these measures, the development of comprehensive incentive programs for prescribers could help. Existing loan and tuition reimbursement programs could be amended to enable the MAT provision in various settings as a component of participation.

Increase Training on the Biology of Addictions

A lack of understanding of biology of addiction often drives negative clinician attitudes about MAT; schools and trainings across health sectors need to provide more information. Organizations such as NIDA and SAMHSA should continue to lead efforts to ensure addiction-related training materials have scientifically accurate information and information on MAT's role in treatment.

Intensify Advocacy

Organizations such as NAADAC and International Certification & Reciprocity Consortium must continue to work on behalf of the

addiction workforce. These and other organizations help make sure that addictions professionals have the information needed to succeed. Joining forces, or partnering to speak with a unified voice about expanding MAT use would be a significant step forward.

Making these changes and prioritizing the addiction treatment workforce's needs would go a long way toward improving MAT accessibility.

What do you think will better prepare the behavioral health workforce to provide MAT?

What is Community Behavioral Health's Role in the Opioid Epidemic?

ARTICLE REPRINT | National Council for Behavioral Health | September 23, 2015 | Jake Bowling, Director, Practice Improvement

Today in the United States, nearly 2 million people struggle with opioid use or dependence. About 2,500 adolescents will take OxyContin or another prescription pain reliever for the first time. People using prescription drugs will learn that heroin is cheaper and make the switch.

Also today, 46 people will die by prescription opioid overdose.

Addiction to these drugs is a true public health issue that has reached epidemic levels. And this distressing data begs an important question: what can community behavioral health organizations do to address the devastating impact of opioids?

The Office of National Drug Control Policy recommends that providers in specialty behavioral health settings receive training in Medication Assisted Treatment (MAT), or the use of medication combined with counseling and behavioral therapies, to offer a holistic, 'whole patient' approach to addiction treatment. In conjunction with psychosocial supports, like support groups and one-on-one therapies, medication proves to be an effective treatment for some individuals with addictions. MAT is one proven treatment strategy to address a person's overall care for opioid, alcohol and tobacco dependence, using U.S. Food and Drug Administration approved medications.

But not everyone who could benefit from MAT can access it. Of the 2.5 million Americans 12 years and older who used or were dependent on opioids in 2012, fewer than one million received MAT, partly due to the underutilization and limited uptake of MAT. Specialty behavioral health has yet to fully appreciate MAT's utility, in part because of major barriers such as a staff unfamiliar with and untrained in employing MAT. Proper training would facilitate uptake, which requires significant and challenging practice changes on multiple levels, including health system reform (e.g., inclusion in Medicaid prescription formularies), organizational change (e.g., billing procedures, staffing, inventory storage), clinical advances (e.g., prescriber training) and patient and family education.

Even if organizations fully realize these practice changes, another major challenge exists: our beliefs.

MAT challenges us to explore our beliefs regarding addiction—how it should be treated and what it means be in recovery. Addressing these beliefs, like the belief that MAT is "replacing one drug with another" or that organizations should exclusively use abstinence-only approaches to substance use, can secure buy-in and position specialty behavioral health care with other tools that promote wellness and recovery for individuals with specific addictions.

So, what are we doing about it?

For one, the National Council is launching several projects to provide opportunities for community behavioral health organizations to prepare for MAT adoption. If you don't know where to start, join the SAMHSA-supported fall webinar series on MAT and opioid addiction to learn more about MAT, FDA-approved pharmacotherapies for opioid dependence, the safety and efficacy of MAT approaches for opioid dependence and the pervasive myths related to MAT approaches to opioid dependence. From there, six organizations will dig deeper into MAT through the Open Society Foundation-funded Medication Assisted Treatment Learning Community, a year-long opportunity that offers expert consultation from the National Council and the American Academy of Addiction Psychiatry to organizations committed to developing their infrastructure to provide medications as an adjunct to behavioral health treatment. You can tap into additional resources from the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), which provides free one-hour consultations on all things integration, including MAT, and hosts a robust online hub of MAT resources. Finally, look forward to findings from a key report, State Medicaid Interventions for Preventing Prescription Drug Abuse or Overdose from the National Council and the National Association of Medicaid Directors.

Unfortunately, we can not remedy the opioid epidemic overnight. But the stakes are far too high to delay adoption of the full range of tools that can propel individuals into recovery. Community behavioral health organizations and other health care organizations can take the steps today to build the clinical and operational capacity to more effectively address opioid dependence by adopting MAT.

Volunteers are needed to spread the message . . .

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. . . into local communities throughout Tennessee.

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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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Tennessee Co-Occurring Disorders Collaborative

42 Rutledge Street • Nashville, TN 37210-2043

(615) 244-2220, ext. 14
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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.

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Staying informed will be helpful when services are necessary.

RECOVERY
is real!

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

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

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