

Message from the Executive Director



Ellyn Wilbur
Executive Director

In 2013, Governor Haslam announced his plan to transform the health system in Tennessee to a value based system that rewards outcome and quality of care. Community mental health providers are primarily involved in two of the health reform initiatives: Health Link and Episodes of Care.

Health Link:

The primary objective of Tennessee Health Link is to coordinate health care services for TennCare members with the highest behavioral health needs. Throughout the State, Tennessee Health Link staff are coordinating the behavioral and physical health services of their enrolled members in an effort to produce improved healthcare outcomes. You may recall that this Care Coordination model took the place of Level II Case Management. Since the launch of Health Link in December 2016, providers have embraced the 'whole person' approach and have begun to see early improvements in clients' health status. Today there are 64,000 individuals being served in this new service model. There are implementation issues and thousands of individuals eligible for the service that have not been located, but providers are working in partnership with TennCare to help this model be successful.

Episodes of Care:

Episodes are intended to reward high-quality care, promote the use of clinical pathways and evidence-based guidelines, encourage coordination of care, and reduce ineffective and/

or inappropriate care. The episode-based payment is applicable for most procedures, hospitalizations, acute outpatient care (e.g., broken bones), as well as some forms of treatment for chronic (e.g., cancer) and behavioral health conditions (e.g., ADHD).

Community mental health centers were created to serve the State's most chronic and fragile behavioral health populations. This is the role our members have served for the last 60 years as the virtual safety net for vulnerable individuals with mental health and/or substance abuse needs. We do not believe the population we serve fits into the episode design in place today. Other states who have implemented episodes have generally designed them to exclude many, if not all, of their behavioral health diagnoses. There is sound reasoning for this in terms of the chronic nature of many mental illnesses and the frequency of other co-existing or co-morbid health conditions within this population. And with Health Link, we are addressing these co-morbid conditions in a more comprehensive and effective way.

Behavioral health providers will continue focusing their efforts on Health Link and working with TennCare to identify and resolve the multitude of problems that exist with including behavioral health in the episode of care initiative.

For more information on either of the initiative, go to <https://www.tn.gov/tenncare/section/health-care-innovation>

The Battle for Mental Health Coverage Isn't Over

ARTICLE REPRINT | The Tennessean, Op-Ed | September 2, 2017 | Anthony Fox | <http://www.tennessean.com/story/opinion/2017/09/02/battle-mental-health-coverage-isnt-over/105195268/>



Anthony Fox
CEO, Tennessee
Mental Health
Consumers'
Association

Despite months of activism, the fight to protect our health-care system isn't over.

The proposed federal budget will make radical changes to Medicaid and drastically slash its funding and President Trump continues to destabilize health care markets and drive up premiums by threatening to withhold cost sharing reduction payments that help lower out of pocket costs for consumers.

These policy shifts disproportionately impact people who suffer from mental health issues and substance use disorders. Many of these people already face significant barriers in getting treatment because of prejudice, availability of services, and, of course, cost. Before the Affordable Care Act and Medicaid expansion, many went without treatment.

Over 40 million Americans — roughly 1 in 5 — struggle with a mental health issue and the number is rising among young people. Despite some improvements in rates of insurance and availability of services, over half of those who have a mental health issue do not receive treatment.

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The Affordable Care Act expanded coverage to millions of adults with serious mental health issues including depression, bipolar disorder, schizophrenia, substance abuse — including opioid addiction — and many other illnesses. Many received coverage because of the expansion of Medicaid, which provides increased funding to states to address coverage for the uninsured. Roughly 29 percent of the estimated 11 million people who received health insurance coverage through the expansion of various state Medicaid programs under the ACA either have a mental health issue, a substance-use disorder or both, according to the National Council of Behavioral Health.

Mental health issues have often been treated more as crime than as disease, particularly in the case of addiction to a controlled substance. In 2015, over 1.2 million people with mental illness were in jail or prison often for minor offenses related to their illnesses.

The Affordable Care Act helped secure and normalize treatment for mental health issues as illness or disease by including mental health as one of 10 essential health benefits that insurance companies are required to cover under the law and by making that treatment much more affordable. That's one reason that the ACA has been very important for Tennessee, which is among the top 10 states in the country where there is a relative high prevalence of mental illness and addiction among adults, but also lower rates of accessing care.

The proposed federal budget would have dire consequences for our state because it permanently slashes funding for Medicaid. Researchers estimate that as many as 4 million Americans with serious mental health issues or addiction, including 222,000 addicted to opioids, would lose some or all their insurance coverage if the ACA's Medicaid expansion provisions are eliminated.

As Congressional attacks on Medicaid and the ACA continue, the Trump administration's deliberate sabotage of the Affordable Care Act continues to create chaos that forces insurance companies out of smaller markets. That would leave states like Tennessee once again with more uninsured people who can't access these services.

Senator Alexander and Senator Corker have already let the millions of Americans and Tennesseans who are struggling with mental health issues and substance use disorders down

when they voted for a repeal bill that offered no replacement and no alternatives. Tennessee won't soon forget that vote, but the senators and our representatives in the House have a new chance to show leadership in September's debates about Medicaid cuts in the budget and in the emerging bipartisan conversations about stabilizing the market through cost sharing reduction payments.

This time, Tennessee's Congressional leaders should stand against the reckless cuts to healthcare, especially in a bill that also gives billions in tax breaks to the wealthy and corporations and stand up for measures like the cost sharing reduction payments that protect healthcare under the ACA.

It's time to move forward toward addressing mental illness as the devastating disease it is and work toward real cures; our citizens can't afford to go backward now.

Anthony Fox has been CEO of Tennessee Mental Health Consumers' Association since 2003 and currently serves as the vice president of the National Coalition of Mental Health Recovery.

TDMHSAS Awards Pre-Arrest Diversion Infrastructure Grants

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) recently announced the recipients of the Pre-Arrest Diversion Infrastructure Grants.

"The research indicates people with mental illnesses tend to stay in jail longer and when released, face a higher recidivism rate," said TDMHSAS Commissioner Marie Williams.

"Through pre-arrest diversion strategies, local communities can help people stay out of jail by offering mental health and substance use disorder treatment. The investment made by the Governor's Office and the General Assembly will ensure more Tennesseans have access to treatment, will help alleviate jail overcrowding, and will reduce costs for local communities. This is a very positive thing all around."

TDMHSAS was provided \$15 million in non-recurring funds for state fiscal year 2017-2018 to administer the Pre-Arrest Diversion Infrastructure Project. These funds will supplement locally leveraged funds to create behavioral health jail diversion programs for

those struggling with behavioral health needs. Diversion programs such as these are an effective way to care for people in the best possible manner while saving both state and local resources.

“We are very excited to partner with the Mental Health Cooperative in Davidson County, Volunteer Behavioral Health in Hamilton County & Putnam County, Helen Ross McNabb Center in Hamblen County, Madison County Government, and Knox County Government in supporting their pre-arrest diversion efforts,” said Williams. “We know that individuals with mental illness, substance use disorders, or both who commit low level offenses can best be supported in treatment programs in the community rather than in jail. This project will go a long way in diverting those affected by behavioral health issues to where they are most likely to have long-term success.”

Mental Health Cooperative These awardees plans to collaborate with key community partners including:

Mental health Cooperative in Davidson County [\$2.6 Million] | *Davidson County Jails, Metro-Nashville Government, Metro-Nashville Health Department, Metro-Nashville Police Department, Davidson County Sheriff’s Department, Metro-Nashville General Hospital*

Volunteer Behavioral Health in Hamilton County [\$350,000] | *Johnson Mental Health Center, Hamilton County Sherriff’s Department, Chattanooga Police Department*

Volunteer Behavioral Health in Putnam County [\$400,000] | *Plateau Mental Health Center, Putnam County Sherriff’s Department, Cookeville Police Department, Putnam County Health Department, Cookeville Regional Medical Center, Satellite Med*

Helen Ross McNabb Center in Hamblen County [\$184,325] | *Hamblen County Government, Morristown Police, Hamblen County Sherriff’s Department, Local Community Partners, Local Community College*

Madison County Government [\$3.1 Million] | *Madison County Sherriff’s Department, Pathways Behavioral Health, Aspell Recovery Center, Jackson Area Council on Alcoholism & Drug Dependency, Madison County Jail, Local Court System*

Knox County Government [\$3.4 Million] | *Helen Ross McNabb Center, Knox County Sherriff’s Department, City of Knoxville, Knoxville Police Department, Knox County District Attorney’s Office, Local Community Agencies*

The primary goal of the TDMHSAS Pre-Arrest Diversion Infrastructure Project is to reduce or eliminate the time individuals with mental illness, substance use, or co-occurring disorder spend incarcerated by redirecting them from the criminal justice system to community-based treatment and supports. Through enhanced collaboration among local behavioral health providers, law enforcement, and the judicial system, the Pre-Arrest Diversion Infrastructure Project aims to transform the way behavioral health services are delivered to individuals with low-level offenses who have behavioral health needs. The Pre-Arrest Diversion Infrastructure Project aims to support local communities in infrastructure development that will support efforts to (1) divert individuals with behavioral health needs away from jail and to appropriate community-based treatment, (2) enhance public safety by implementing effective strategies local communities can use regarding serving those in psychiatric crisis, (3) alleviate jail overcrowding, and (4) reduce costs related to prosecution and incarceration.

Ken Barton Joins TAMHO as Statewide Peer Wellness Coach and Trainer

TAMHO is excited to announce that Ken Barton has been hired to serve as the Statewide Peer Wellness Coach and Trainer. In this role, Ken will provide wellness, recovery and peer support training, technical assistance, and on-going support to Peer Support Center staff, Community Behavioral Health Center staff, Certified Peer Recovery Specialists, among others.

Ken graduated from Western Kentucky University with a BA in Psychology and has extensive experience in helping others in recovery. He is a Certified Peer Support Specialist and a WRAP Facilitator. His experience includes working at TMHCA, TAADAS, Nashville CARES and Volunteers of America.

Ken was the recipient of the TAMHO 2014 Personal Courage Award and we are pleased to have him join our staff. Ken will begin his new role on October 16, 2017 and soon thereafter will be reaching out to see how he can support recovery efforts.

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

December 14, 2017

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 **Amy Holland** at (615) 253-3785 or email at **Amy.Holland@tn.gov**

Meeting schedules and information are available online at http://www.tn.gov/assets/entities/behavioral-health/p-r-f-attachments/2017_Regional_Statewide_Council_Meeting_Schedule.pdf. Meetings are subject to change.

REGIONAL PLANNING & POLICY COUNCILS

Region I

10 am – 12pm EST
(2/7, 5/9, 8/8, 11/7)
Harrison Christian Church | 2517 Browns Mill Road, Johnson City, TN 37604

Region II

11:30am – 1:30pm EST (2/15, 5/17, 8/16, 11/15)
Helen Ross McNabb Center | 201 West Springdale Avenue, Knoxville, TN 37917

Region III

10am – 12pm EST (3/1, 6/7, 9/6, 12/6)
AIM Center | 472 W. MLK Blvd, Chattanooga, TN 37402

Region IV

11am – 1pm CST (2/1, 5/3, 8/2, 11/1)
TAADAS | Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217

Region V

9:30am – 11:30am CST (2/2, 5/4, 8/3, 11/2)
TAADAS | Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217

Region VI

1:30pm – 3pm CST (1/10, 4/11, 7/11, 10/10)
Pathways | 238 Summar Drive, Jackson, TN 38301

Region VII

11:30am – 1:30pm CST (1/24, 4/25, 7/25, 10/24)
Lowenstein House East | 6590 Kirby Center Cove, Suite 103, Memphis, TN 38115



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

Increasing Number of Tennesseans Dying From Drug Overdoses

Fentanyl Identified as Primary Cause of Increase in Overdose Deaths

ARTICLE REPRINT | Nashville Medical News | September 19, 2017 | <http://www.nashvillemedicalnews.com/increasing-number-of-tennesseans-dying-from-drug-overdoses-cms-2072>

Tennessee Department of Health data show 1,631 Tennesseans died from drug overdoses in 2016, the highest annual number of such deaths recorded in state history. This is an increase from the 1,451 overdose deaths recorded among Tennessee residents in 2015.

"Each of these numbers represents a person, with family and friends who are now facing the loss of someone dear to them to a cause that is preventable," said TDH Commissioner John Dreyzehner, MD, MPH. "The rate of increase in these deaths is slower than in the previous year, but it is still a horrible increase, and as we feared, our data show illicit drugs like fentanyl are now driving the increase.

"If this is a threat to any of us, it's a threat to all of us," Dreyzehner continued. "Now more than ever, we have to work across our sectors and communities, recognize this epidemic is changing and evolving and find new and better ways to address it together."

Overall, rates of death from drug overdose among Tennesseans have increased 12 percent from 2015 to 2016. Overdose deaths related to fentanyl have dramatically increased 74 percent from 169 to 294 in that time period. The biggest increase in fentanyl deaths is in those aged 25 - 34, where deaths increased from 42 in 2015 to 114 in 2016.

"We are alarmed by the growing number of Tennesseans dying as a result of fentanyl, and by the changing demographic of those who died," said TDH Chief Medical Officer David Reagan, MD, PhD. "This tells us we need to put additional focus on prevention of substance abuse, particularly for those younger than 25, as we believe people are initiating their use of illegal drugs such as fentanyl before that time."

TDH data show heroin was associated with the deaths of 260 Tennesseans in 2016, a 26 percent increase over the previous year.

"We know as it becomes harder to obtain illicit prescription pills, people are turning in greater numbers to substances such as heroin and life-threatening combinations with fentanyl and other substances," said Tennessee Department of Mental Health and Substance Abuse Services Commissioner Marie Williams. "The increase in heroin use is especially concerning in larger cities. This increase in overdose deaths shows the vital importance of the additional funding Gov. Bill Haslam and the legislature allocated in the current fiscal year that will help up to 5,000 more Tennesseans

battling addiction receive treatment."

Tennessee drug overdose deaths due to stimulants like methamphetamine also increased substantially, especially in people aged 25 - 44, where they increased from 57 deaths in 2015 to 101 in 2016. Most people who die from drug overdose are found to have more than one drug in their systems that contributed to their deaths. TDH data show an increase in deaths where both opioids and stimulants were used, from 65 deaths in 2015 to 111 in 2016.

Buprenorphine, which is often used in medication-assisted treatment to help people recover from abuse of opioids, is increasingly associated with drug overdose deaths in Tennessee. TDH found 67 deaths associated with buprenorphine in 2016; 61 percent were also found to have a benzodiazepine drug in their systems at the time of death. Almost all of these people were between the ages of 25 and 54. Benzodiazepines are tranquilizers such as Valium and Xanax, and are easily abused and best avoided when taking opioids due to worsening of respiratory depression and increased risk of death.

"We have worked to improve our surveillance when deaths occur, so this may contribute to some extent to the increase in the number of deaths attributed to drug overdose," said Tennessee Chief Medical Examiner Julia Goodin, MD. "However, we believe these deaths remain undercounted and continue our efforts to improve data collection so we can better understand this crisis of drug overdose deaths in our state, and use that information to develop strategies for prevention."

TDH has created the Tennessee Drug Overdose Dashboard to provide state, regional and county-level data on fatal overdoses, non-fatal overdoses and drug prescribing in the state. This interactive tool is the result of collaboration between the TDH Office of Informatics and Analytics and the Tennessee Department of Finance and Administration. Find the dashboard at <http://tn.gov/health/topic/pdo-data-dashboard>. County-level data in the dashboard will be updated this week.

Substance abuse is a treatable and preventable disease. Call the Tennessee REDLINE at 1-800-889-9789 for immediate help for anyone suffering from a substance abuse disorder.

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

TNCODC News and Updates

Regional COD Learning Community Meetings in September

The COD Learning Community brought in Dr. Ken Minkoff for one-day events across the state. The West (Memphis) on Sept. 6, Middle (Brentwood) on Sept. 7, and East (Knoxville) on Sept. 8.

The event was very practical, hands-on, and interactive. There were both clinical exercises and organizational change exercises to take back useful information and ideas to help make improvements. The goal was to walk away with immediate ideas on next steps for each participating organization. Based on the evaluations and feedback, all three events were successful.

In total, 103 attended from 32 agencies.

Upcoming COD Learning Community Events

The next Regional Learning Community meetings are scheduled, with more information and the registration process forthcoming:

West-Memphis, January 25, Thursday, 9:00-12:00

Middle-Nashville, November 9, Thursday, 11:30-3:00

East-Knoxville, December 5, Tuesday, 10:00-12:00

As an organization, what should we be doing now?

The answer depends on where your organization might be today. While there is a 12-step process to help guide an agency through improving co-occurring capability, there are three big steps covered by the twelve.

The big steps are:

Commit and organize – formally commit to the improvement process, top-down and bottom-up, and organize your staff and teams to participate in change

Assess – utilize the COMPASS-EZ to assess your programs and organization, having an honest discussion on where you are today

Create change projects – identify where small steps of improvement can be made and create a project with actions plans to accomplish

Materials and resources available

Videos and training webinars

Videos and training webinars on the approach and process for developing and improving COD capability are available online for 24/7 viewing and can be watched individually or by a team.



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

Go to <http://www.tncodc.com/strategic-initiative> for access

Orientation video which provides an overview of the initiative's approach and the CCISC Principles

12-steps webinar, explaining the 12-step process of implementation

COMPASS-EZ assessment webinar, explaining the usage of the COMPASS-EZ

COD Information in PowerPoint Presentations

PowerPoint presentations explaining co-occurring disorders are available. The presentations include the slide deck, the speaker's notes, and participant handouts. While they are intended to educate the community on COD, these can also be a way to educate your non-clinical staff on COD. The advanced presentation is actually targeted to clinicians.

Make the request for the presentations at this link: <http://www.tncodc.com/resources/education-and-presentations>

COMPASS-EZ Fillable Form

If you only have a hard copy of the COMPASS-EZ, a pdf version is available that is a fillable form, allowing you to complete it and view your results as you type. If you have a conference table and laptop projector, this could be useful in the team discussing the COMPASS-EZ. <http://www.tncodc.com/strategic-initiative>

Free TA for provider organizations working on COD capability

As part of the COD Learning Community offerings, a 1:1 phone consultation with Dr. Ken Minkoff is available for any interested agency seeking individual Technical Assistance to help the agency make the most progress on COD capability. The purpose is to have your agency staff ask their questions and get guidance in moving through the steps of improving COD capability.

This opportunity is free of charge through the COD Learning Community.

Consultations are by appointment only. If interested in arranging a phone call with Dr. Minkoff, contact Patrick Slay at si@tncodc.com, 615-244-2220, ext. 11.



Governor Haslam Recognized for Support of Behavioral Health in Tennessee

On September 14th, The Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS) held its annual banquet and awards ceremony celebrating National Recovery Month. Special congrats to Governor Bill Haslam, who was honored with receiving their Voice of Recovery Award for 2017! The award is given to Tennessee legislators and public servants who champion addiction-related causes. Governor Haslam was honored for his allocation of funds for addiction treatment, other allocations to TDMHSAS, and his commitment to this cause. Both TAADAS and TAMHO members were happy to participate in the presentation. The ceremony was held at Trevecca Nazarene Community Church.



October is National Bullying Prevention Awareness Month. Learn what you can do to prevent bullying.

Help Kids Understand Bullying

[What you can do](#)



Stop Bullying on the Spot

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

When adults respond quickly and consistently to bullying behavior they send the message that it is not acceptable. Research shows this can stop bullying behavior over time.

Parents, school staff, and other adults in the community can help kids prevent bullying by talking about it, building a safe school environment, and creating a community-wide bullying prevention strategy.

Final Report: Opioid Use, Misuse, and Overdose in Women

The U.S. Department of Health and Human Services Office on Women's Health (OWH) recently released the [Final Report: Opioid Use, Misuse, and Overdose in Women](#) [PDF–1.5 MB]. The report examines prevention, treatment, and recovery issues for women who misuse opioids, have opioid use disorders, and/or overdose on opioids. It also presents findings and takeaways from OWH's national and regional opioid meetings held in 2016.



HHS Office on Women's Health Final Report: Opioid Use, Misuse, and Overdose in Women



[Read the Final Report](#)

Dramatic Change is on the Way in the Tennessee General Assembly

Fall of 2017 Is Bringing More Change than the Landscape's Typical Colorful Tennessee Foliage

2018 Tennessee House of Representatives Whose Last Session will be in 2018:

Rep. David Alexander (R-Winchester) will not return and is planning to run for Mayor of Franklin County.

Rep. Harry Brooks (R-Knoxville) will not return and he is planning to retire from politics. Rep. Brooks departure will open up the Chairmanship for the House Education Administration and Planning Committee.

Rep. Jimmy Eldridge (R-Jackson) is strongly considering a 2019 run for Mayor of Jackson, but has not yet decided if he will run for re-election to his seat in 2018. When he ultimately departs, the Chairmanship for the House Consumer and Human Resources Committee would be up for grabs.

Rep. Craig Fitzhugh (D-Ripley) will not return and he is running for the Democratic nomination in the 2018 Tennessee Governor's race against former Nashville Mayor Karl Dean. Rep. Fitzhugh's departure will open up the position of House Democratic Leader.

Rep. Brenda Gilmore (D-Nashville) will not return and she is running for the Democratic nomination for the Tennessee Senate District 19 seat currently held by Sen. Thelma Harper (D-SD 19). Sen. Harper has not announced that she isn't seeking reelection.

Rep. Marc Gravitt (R-East Ridge) will not return and he is running for Hamilton County Register of Deeds.

House Speaker Beth Harwell (R-Nashville) will not return and she is running for the Republican nomination in the 2018 Tennessee Governor's race. Harwell's departure will open up the position of Speaker of the House.

Rep. Roger Kane (R-Knoxville) will not return and he is running for Knox County Clerk. Rep. Kane's departure will open up the Chairmanship of the House Education Instruction and Programs Subcommittee.

Rep. Judd Matheny (R-Tullahoma) will not return and he is seeking the Republican nomination in the race to replace Congresswoman Diane Black, who is running for Governor, in Tennessee's 6th Congressional District. Matheny will face former Tennessee Commissioner of Agriculture John Rose in the Republican primary, among others.

Rep. Jimmy Matlock (R-Lenoir City) will not return and he is seeking the Republican nomination in the race to replace Congressman John "Jimmy" Duncan, Jr. (TN-02), who is retiring, in Tennessee's 2nd Congressional District. Matlock will face Knox County Mayor and former State Senator Tim Burchett in the Republican primary, among others.

Rep. Steve McDaniel (R-Parkers Crossroads) will not return and he is retiring from politics. Rep. McDaniel's departure will open up the position of Deputy Speaker of the House.

Rep. Joe Pitts (D-Clarksville) will not return and he is retiring from politics.

Rep. Mark Pody (R-Lebanon) will not return to the House, but he

has already announced that he will be running to replace Sen. Mae Beaver (R-SD 17), who resigned from the Senate to pursue the office of Governor. Rep. Pody will have no challenger in the Republican primary for the special election to replace Sen. Beavers, but he will face Democrat Alex Carfi in the December election. If Rep. Pody is successful in the December special election, the Wilson County Commission will pick his replacement to serve out the remaining 11 months of his term.

Rep. Art Swann (R-Maryville) will not return, but he has already announced that he will be running for the Republican nomination to replace Sen. Doug Overbey (R-SD 2). Sen. Overbey has been tapped by President Trump to be the next United States Attorney for the Eastern District of Tennessee and is currently going through the confirmation process.

Rep. Dawn White (R-Murfreesboro) will not return, but she has already announced that she will be running for the Republican nomination to replace Sen. Bill Ketron (R-SD 13), who is not returning and plans to run for Rutherford County Mayor. Rep. White will face current Rutherford County Mayor Ernest Burgess in the Republican Primary.

2018 Tennessee Senate Members Whose Last Session will be in 2018:

Sen. Mae Beavers (R-Mt Juliet) will not return, as mentioned earlier.

Sen. Lee Harris (D-Memphis) will not return and he is running for Shelby County Mayor. Harris' departure will open up the position of Senate Minority Leader.

Sen. Bill Ketron (R-Murfreesboro) will not return, as mentioned earlier.

Sen. Mark Norris (R-Collierville) will not return as he has been tapped by President Trump to fill one of two vacancies on the Federal bench in the Western District of Tennessee. Sen. Norris' departure opens up the position of Republican Majority Leader in the Senate. While no candidate has yet to announce his or her intention to seek election to Sen. Norris' Senate seat, we expect that it will be a hotly contested race in the Republican primary.

Sen. Doug Overbey (R-Maryville) will not return, as mentioned earlier.

2018 Tennessee Governor's Race:

The field is largely set to replace term limited Governor Bill Haslam (R) with strong candidates from both sides of the aisle. Below you will find a list of the candidates from both parties seeking to become Tennessee's next Governor:

Republicans

Former State Senator Mae Beavers (R-SD 17) left her State Senate seat earlier this year to focus solely on her campaign to become Tennessee's next Governor. Should she win, Beavers would be Tennessee's first female Governor.

United States Congresswoman Diane Black (R-TN 06) will leave Washington D.C. and her Chairmanship of the powerful House Budget Committee behind in her bid to become Tennessee's next

Governor. Should she win, Congresswoman Black would be Tennessee's first female Governor. Prior to serving in Congress, Congresswoman Black served in the Tennessee Senate.

Former Tennessee Economic and Community Development Commissioner Randy Boyd is running for elected office for the first time. In addition to his time as ECD Commissioner, Boyd was an unpaid advisor to Governor Bill Haslam (R) on the implementation of the Governor's Drive to 55 education initiative. Boyd founded the Pet Safe Company, which is a leading manufacturer of invisible pet fences based in Knoxville, and he also owns the Tennessee Smokies minor league baseball team in Sevier County.

House Speaker Beth Harwell (R-HD 56) will be leaving her post as Tennessee's Speaker of the House to pursue her bid to become Tennessee's next Governor. Harwell has served in the House since 1989 and has served as House Speaker since 2011. Should she win, Harwell would be Tennessee's first female Governor.

Williamson County businessman Bill Lee is running for political office for the first time. Lee is the President of Lee Company, a large, Middle Tennessee based HVAC servicing company.

Kay White, a Johnson City realtor, is making her first bid for the Tennessee Governor's office, but she previously ran unsuccessfully for Congress in 1995 and 1997. White has long been active in Tennessee Republican politics in the Tri-Cities area, most recently serving as the East Tennessee Campaign Director for President Donald J. Trump. Should she win, White would be the first female Governor in Tennessee history.

Democrats

Former Metro Nashville Mayor Karl Dean is seeking statewide office for the first time in his bid to win the Democratic nomination for Governor of Tennessee. Dean was Mayor of Metro Nashville from 2007-2015. Prior to becoming Mayor of Metro Nashville, Dean served as Law Director of Metro Nashville under then Mayor of Metro Nashville Bill Purcell. Dean also was the elected Metro Nashville Public Defender.

Rep. Craig Fitzhugh (D-Ripley) is seeking statewide office for the first time in his bid to win the Democratic nomination for Governor of Tennessee. Rep. Fitzhugh was first elected to the House in 1995 and has served as the Democratic Minority in the House in recent years.

2018 United States Senate:

Last week two-term United States Senator Bob Corker (R) announced that he would not be seeking a third term setting the wheels in motion for a hotly contested statewide race in 2018. Senator Corker who chairs the powerful Senate Foreign Relations Committee is the former Mayor of Chattanooga and the former Tennessee Commissioner for the Department of Finance and Administration. At this point who's in and who's out on both sides of the aisle remains a fluid situation, and potential candidates entering the race could send further shockwaves across the Tennessee political landscape. Below, you will find names of candidates committed to running for

Senator Corker's seat and names that have been mentioned in both the Republican and Democratic parties:

Republicans

On the Republican side of the aisle, two candidates have officially announced their intentions to run for the Republican nomination for the United States Senate seat being vacated by Senator Bob Corker. United States Congresswoman Marsha Blackburn (TN-07), a former Tennessee State Senator, and Andy Ogles, the former Tennessee State Director of Americans for Prosperity. There could be more to come.

Democrats

On the Democratic side of the aisle, only one candidate has officially announced his intention to run for the Democratic nomination for the United States Senate seat being vacated by Senator Bob Corker. James Mackler, a Nashville attorney and Army veteran, will be seeking political office for the first time and had already planned to run against Senator Corker in 2018 prior to Senator Corker's announcement that he would not be seeking a third term. Other potential Democratic candidates being mentioned to replace Senator Corker are: Chattanooga Mayor and former State Senator Andy Berke; State Senator Jeff Yarbro (D-Nashville); and, State Representative John Ray Clemmons (D-Nashville)

2018 United States Congress:

As of today, three of Tennessee's Congressional seats will have new faces in 2018.

In Tennessee's Second Congressional District, Knox County Mayor Tim Burchett, a former State Senator; will face off against State Representative Jimmy Matlock (R-HD 21), and others in the Republican primary to replace retiring, Congressman John "Jimmy" Duncan, Jr. (R-TN 02)

In Tennessee's Sixth Congressional District, State Representative Judd Matheny (R-HD 47) will face off against former Tennessee Commissioner of Agriculture John Rose, among others in the Republican primary to replace Congresswoman Diane Black (R-TN 06) who is stepping down to run for Governor.

In Tennessee's Seventh Congressional District, Sen. Mark Green (R-Clarksville) has announced his intention to run for the Republican nomination. Sen. Green is looking to replace outgoing United States Congresswoman Marsha Blackburn (R-TN 07) who will be running for the United States Senate seat being vacated by Senator Bob Corker (R).

TAMHO MEMBER ORGANIZATION HAPPENINGS

Cherokee Health Systems Receives \$200,000 National Award for Innovation in Care

Cherokee Health Systems was honored by BD, Direct Relief and the National Association of Community Health Centers (NACHC) with an Innovations in Care Award at the 2017 Community Health Institute and Expo in San Diego. Part of the BD Helping Build Healthy Communities initiative, this \$200,000 award acknowledges community health centers like Cherokee Health Systems for innovative approaches to the prevention and treatment of diseases that disproportionately affect vulnerable populations.

"The Innovations in Care Award recognizes the critical role of clinics and community health centers as America's healthcare safety net," said Thomas Tighe, President and CEO of Direct Relief. "Direct Relief is delighted to work once again with BD and NACHC to highlight and elevate deserving health centers such as Cherokee Health Systems for their amazing commitment, insight, and effectiveness in serving their patients and communities."

Cherokee Health Systems was recognized for its efforts to expand integrated medication management therapy and subsidizing access to over 4,000 patients with uncontrolled hypertension. Many of the patients targeted by this program live in remote rural areas, have transportation barriers and are living with mental illness, poverty, and other similar conditions. The expanded medication management therapy program will give Cherokee Health Systems the resources it needs to increase patient use of the program by 50 patients in the first year and to add an additional 100 new patients in the second year. "This innovative program embeds a clinical pharmacist in Cherokee's existing team-based model of care to facilitate interaction with primary care providers, behavioral health clinicians, community health coordinators and nurses. As a result, we see better health outcomes for our patients which is always our primary goal," says Dr. Sarah Boswell, one of Cherokee Health Systems' clinical pharmacists.

Dr. Paulauskas Steps Into New Role as McNabb's Chief Medical Officer

Dr. Dovile Paulauskas, known fondly as Dr. P., has been named the Helen Ross McNabb Center's chief medical officer. In her new role, she will oversee medical practice and policy for the Helen Ross McNabb Center.

Dr. P. joined the Center in 2004 after completing her fellowship at the University of Kentucky School of Medicine. She served the Center as a child and adolescent psychiatrist until 2007. In 2011, she returned to the Center and continued to elevate our mission and vision through her



Dr. Dovile Paulauskas
Chief Medical Officer, Helen Ross McNabb Center

work as medical director of Children and Youth Services. In this role, she provided guidance in every area from direct clinical care to program development.

She is guided by her strong desire to do what is best for the clients served by the Center. Her work has advanced the Center's clinical expertise, and in her new role as chief medical officer, she will continue to make a positive impact.

Brad Nunn Receives Health Care Heroes Award



Brad Nunn
Vice President of Quality Improvement, Centerstone Tennessee

Brad Nunn, Vice President of Quality Improvement for Centerstone Tennessee, was named a 2017 Health Care Heroes Award winner by Nashville Business Journal.

Brad obtained a Ph.D. in Clinical Psychology from Auburn University in 1987 and has been licensed as a Clinical Psychologist in the state of Tennessee since 1988. At Centerstone, his department plays a significant role in the ongoing preparation for CARF accreditation. QI also maintains primary responsibility for oversight of follow-up regarding adverse occurrences and is

responsible for oversight of the coordination of clinical training in line with strategic initiatives in Tennessee.

In August, the Nashville Business Journal hosted the Health Care Heroes Awards dinner, honoring the outstanding men and women in Nashville's health care industry.

Vanderbilt to Operate Walgreens Health Clinics in Middle Tennessee

ARTICLE REPRINT | Fox 17 News Nashville | July 13th 2017 | Kaylin Searles and Sky Arnold | <http://fox17.com/news/local/vanderbilt-to-operate-walgreens-health-clinics-in-middle-tennessee?itx%5bidio%5d=6425556&ito=792&itq=8d0435d6-efae-47c5-91e0-832e4a9c42d5>

Vanderbilt University Medical Center announced Wednesday it will be operating health clinics at 14 Walgreens stores in Middle Tennessee.

The transition is expected to be completed by November and will be an extension of the Vanderbilt Health System.

Patients will be able to see Vanderbilt Health clinicians 7 days a week at the selected locations.

Vanderbilt Medical Center's new clinic will operate similarly to the Belle Meade clinic. Patients and clinic workers said it not only provides check ups after five, but appointments are often easier.

"A lot of times we don't have the wait the ER has which people appreciate," said Nurse Practitioner Janell Jayamohan.

That convenience is what brought Ila Edwards there for a medical check Wednesday she'd normally see her doctor for.

"My primary care doctor is out of the office tomorrow so I thought it needed immediate attention," said Edwards.

Vanderbilt currently operates five clinics like the one in Belle Meade to treat conditions that aren't serious enough to warrant the emergency room. The 14 new clinic will likely take the concept of convenience even further.

Vanderbilt Deputy CEO Dr. Wright Pinson said the clinics will treat things like sore throats, coughs, insect stings and provide physicals all at an average cost of \$100 or less.

"We are trying to figure out ways to solve this problem," Pinson said. "We need more health care. The population is aging, but we have to do it in more cost effective ways."

Vanderbilt said among the services are laboratory tests and treatments for common conditions such as bronchitis, bladder infections, flu, nausea and vomiting, sinus issues, seasonal allergies, sore throat and minor wounds.

Frontier Health Announces Staff Changes

Dr. Randall E. Jessee, Senior Vice President of Specialty Services, following 36 years of service, retired on August 4, 2017. Throughout his career, Dr. Jessee has worked to ensure the people of our region have behavioral health, substance addiction, prevention and crisis services. He had a positive impact on thousands of people in our region through his dedication and direct and indirect service provision. "Dr. Jessee has been an integral part of our team and a vital advocate for those in our area with mental health/substance abuse issues. He will be greatly missed," says Dr. Teresa M. Kidd, President and CEO of Frontier Health.

Sherri Feathers Appointed as New Senior Vice President, Specialty Services

"We are very pleased to announce that Ms. Sherri Feathers, LCSW will be assuming the role of Sr. Vice President of Specialty Services" stated Kidd. Ms. Feathers has provided over 26 years of service to Frontier Health. Feathers spent much of that time in the Tennessee Children Services division, serving



Sherri Feathers, LCSW, Senior Vice President, Specialty Services



The TAMHO Addictions Committee bids farewell and best wishes to Dr. Jessee during the September Committee meeting.

as its Traces Program Coordinator and as the Division Director of Children's Continuum Services. Ms. Feathers made the transition to the Specialty Services division, becoming the Division Director, in June of 2015. "We are excited to welcome Ms. Feathers in her new role and we look forward to many more years of her excellent service to Frontier Health and to the vulnerable population which we serve".

Virginia Naseri, LCSW, becomes new Senior Vice President Tennessee Adult Services



Virginia Naseri, LCSW, Senior Vice President, Tennessee Adult Services

Virginia Naseri was recently appointed as the new Senior Vice President of Tennessee Adult Services at Frontier Health. Ms. Naseri is a Licensed Clinical Social Worker and has a master's degree in Social Work from the University of Tennessee and master of Recreation and Park Administration from Clemson University. She also has a bachelor's degree in recreation from Appalachian State University. Over the years, Ginger has filled many roles. She began her career with Frontier Health in 1983 (then Watauga Mental Health Services) as the Coordinator of Activity Therapy Services at Woodridge. Ms. Naseri moved to the Nolachuckey Mental Health Center in Greeneville in 1993 where she provided therapy services. In 1996, Ms. Naseri assumed the role of Case Management Supervisor/Therapist at the Church Street Center in Greeneville. A short time later Ms. Naseri became the Site Director for this location. In w0aa, Ms. Naseri was promoted to the Division Director of Tennessee Adult Outpatient Service. "We are thrilled that Ms. Naseri has accepted the position of Senior Vice President and we look forward to many more years of her exceptional service to Frontier Health" says Dr. Teresa Kidd, President and

Helen Ross McNabb Center – Improving Lives with New Services

New Hope Residential

Tennessee is in the midst of a serious substance abuse epidemic that has devastated families and communities across our state. The Tennessee Department of Mental Health and Substance Abuse Services, in an effort to respond to this crisis, passed various pieces of legislation including the Prescription Safety Act of 2012 and developed a strategic initiative known as "Prescription for Success." These steps were the result of passionate advocacy from the mental health provider community, consumers and concerned others. Their efforts have increased awareness of the problem among the general population and further highlighted to key stakeholders the need for additional resources to combat the problem.



To further address this epidemic, Helen Ross McNabb Center's leadership alongside others in the mental health and substance abuse community strongly advocated for the Tennessee state legislature and government partners to address this unmet need. Due to the advocacy, education and persistence, Tennessee recently applied for and received \$13,815,132 in federal funding known as the Tennessee Opioid State Targeted Response Grant, also commonly known as Cures funding. Additionally, the Tennessee state legislature allocated \$6 million in recurring funding for substance abuse treatment statewide.

As a result of these funding streams, the Center is bolstering its continuum of care in substance abuse programming and increasing capacity. One project directly resulting from the increases in funding is New Hope Residential, a 16-bed, long-term residential program in Hamblen County for individuals suffering from opiate use disorders.

The program will open this fall on our Morristown campus in our Hamblen County Residential Center. New Hope Residential will serve male and female clients through evidenced-based, gender-specific programming designed to increase long-term recovery success. Clients will reside on site and receive group and individual treatment, family sessions, twelve-step support and extensive aftercare services.

Read more about New Hope Residential in the [Citizen Tribune](#).

County School Board Oks Partnership with Professional Care Services

ARTICLE REPRINT | State Gazette | October 12, 2016 | Rachel Townsend
rtownsend@stategazette.com | <http://www.stategazette.com/story/2451791.html>

Tuesday night, the Dyer County Board of Education convened to discuss items on the agenda, including the purchase of three school busses, back-up cameras, and air brakes and a presentation from Professional Care Services Prevention Specialist Katherine Scott.

During her presentation, Scott highlighted a growing need for students in grades 4-12, to receive age-appropriate curriculum in a program designed 'to reduce rates of substance abuse, depression, anxiety, aggression and suicidal behavior'.

According to Scott, students will learn about communication skills, healthy relationships, peer pressure, managing stress, media influences, self-esteem, anger management, and school smarts.



The program will also be extended to students in Alternative School, and will be covered in 12 closed-group sessions. Guidance counselors, teachers, behavior specialists, probation officers, Department of Children's Services, and parents/guardians can make referrals to the program.

Students chosen to participate in the program must have low school performance [G.P.A. less than or equal to 2.0], truancy issues, alternative school attendance, involved in the juvenile justice system, be 13 years old or younger and used substances more than one time.

For children to participate in the program, the parents/legal guardian must give permission. The program is free of cost and funded through state grant funds from the Tennessee Department of Mental Health and Substance Abuse.

Closing the presentation, board members passed a motion to approve a partnership with PCS.

[CLICK HERE](#) to read full article or visit <http://www.stategazette.com/story/2451791.html>

The Tennessee Department of Health (TDH) maintains multiple emergency management and response systems supporting its capability to respond to public health or medical emergencies affecting the state.

- TDH Information Technology System
- Health Alert Network
- Healthcare Resources Tracking System
- Emergency Patient Tracking System
- PsyStart™ Mental Health Triage System
- Behavioral Health Bed Tracking Portal
- ... and more .

Learn more by visiting the TEMARR website at :

<https://tn.gov/health/topic/temarr>

Arrange a demonstration of any systems by contacting:

Robert Newsad, CEM
State Healthcare Preparedness Coordinator
Tennessee Department of Health
Andrew Johnson Tower, 3rd Floor
710 James Robertson Parkway
Nashville, TN 37243
robert.newsad@tn.gov
Office: 615-532-6523

Tennessee Innovation Inform



By now, you've received the final Episodes of Care reports from the MCOs for 2016. We want you to know there is a tool for submitting feedback about the Episodes of Care payment reform process. It's called the **Tennessee Innovation Initiative, or Ti2**. Ti2 is a web portal where providers can share their thoughts regarding the episodes of care program.



Many quarterbacks — be they physicians, medical group managers or hospital administrators — have voiced their concerns via Ti2. Thank you to those who have done so! Your feedback has been extremely helpful and allowed us to identify three key concerns thusfar:

- Episodes are being aggregated to the wrong provider
- Quality data submitted to providers differs greatly from the data given to payers
- Quarterbacks are being held accountable for things beyond their control, i.e. negotiating drug costs

Please consider adding your voice and encouraging your colleagues to submit their thoughts via Ti2 as well. Remember you can submit comments as often as needed. Whenever you have an issue or concern, we encourage you to connect to Ti2.

The goal of THA, and its partnering organizations, remains the same: to **identify and share your challenges with the TennCare Bureau, so the staff can make improvements**. In order to do that, we need at least 100 more responses.

For more information about the state's payment reform initiatives, visit tnmed.org/paymentreform.

For more information about Ti2, contact Jim Goodloe at THA at jgoodloe@tha.com or Elyn Wilbur at TAMHO at ewilbur@tamho.org.



Improving Overall Health

SAVE THE DATE

Understanding the Impact of Trauma and Addiction

Tennessee Association
of Mental Health
Organizations

ANNUAL CONFERENCE

December 12-13, 2017

Franklin Marriott Cool Springs
Franklin, Tennessee

STATEWIDE HAPPENINGS

Fed Court Oversight of Department of Children's Services Ends After 16 Years

News release from the governor's communications office

ARTICLE REPRINT | The Tennessee Journal's Humphrey on the Hill | July 18, 2017 | Tom Humphrey | <http://humphreyonthehill.tnjournal.net/fed-oversight-of-dcs-ends-after-16-years/>

NASHVILLE – Tennessee Gov. Bill Haslam and Commissioner Bonnie Hommrich today announced that after more than 16 years of system-wide reform and a massive turnaround, Tennessee Department of Children's Services (DCS) is now free of federal court oversight.

U.S. District Court Judge Waverly D. Crenshaw has approved the historic agreement between the state and Children's Rights, the New York-based advocacy group that in 2000 filed litigation known as the Brian A. lawsuit that charged that Tennessee youth in foster care suffered in an overburdened system, describing children in crowded congregate care shelters and social workers with overwhelming caseloads.

Tennessee now has a thoroughly reformed foster care system. The reform comes after years of collaboration with Children's Rights and the Technical Assistance Committee, a panel of nationally recognized child welfare experts that served as the federal court monitor for the Brian A. consent decree.

"This is monumental for Tennessee's children and the state. After years of intervention, the federal government is saying that Tennessee is providing service to children in a way that models what it should look like for the rest of the country," Haslam said.

"This stage in our journey represents the hard work, commitment and innovation it has taken to get here. So on behalf of our children, families, staff and partners, I can say that we're just thrilled and thankful," Hommrich said. "But the work goes on. We will always have tough problems before us. At DCS, we promise to bring our full energy and attention to whatever lies ahead, and we will use the same focus and dedication that has brought us to this point today."

The reform follows intense work with a wide range of institutions, including Tennessee's private provider network, the state's leading universities, the University of Chicago's Chapin Hall Center for Children, the state's juvenile courts and the Tennessee General Assembly.

DCS achieved its court-required performance during 2015, and the Brian A. agreement stipulated that Tennessee maintain that performance throughout 2016.

Highlights of the department's reform include:

- Among the nearly 140 foster-care benchmarks DCS achieved are measures of time to reunification, time to adoption, re-entry into the foster-care system, length of time in placement, parent-and-child visits and case-manager caseloads.

- DCS emphasizes family-style placement for youth in foster care, in place of institutional settings such as orphanages.
- DCS has become a national leader in timeliness to adoption and in implementing a child-and-family teaming model that encourages birth parents, case managers, care providers and foster families to work together on behalf of a child.
- DCS has developed a process that has put the department on a path to a more professional workforce, with bachelor's and master's degree programs for case managers and supervisors.
- DCS has built a robust, modern case-management computer system, TFACTS, that handles everything from case notes, management tools to billing days. It replaced a patchwork of computer systems that did not always work together reliably.
- Although not a Brian A. requirement, DCS has achieved re-accreditation by the Council on Accreditation. Tennessee is one of the few states in the nation accomplish this.

Tennessee is the first state in the U.S. to offer independent living services to 100 percent of the youth who age out of foster care. This program is an outgrowth of pioneering work with private provider Youth Villages.

Today there are approximately 7,300 children in Tennessee foster care. The department is also responsible for the approximately 1,100 youth who comprise the state's juvenile-justice population. These youth were not part of the Brian A. suit.

Opioid Task Force's Recommendations to Combat Tennessee Epidemic: More TBI Agents, Prescription Limits

ARTICLE REPRINT | USA TODAY NETWORK – The Tennessean | September 6, 2017 | Anita Wadhvani | <http://www.tennessean.com/story/news/2017/09/06/opioid-task-force-recommendations-combat-tennessee-crisis-more-tbi-agents-prescription-limits/637637001/>

A spike in the number of patients coming in with infected heart valves has surgeons speaking up -- because even if the expensive and involved surgery is successful, most of these patients will still die young. Wochit

A legislative task force released its recommendations on combating Tennessee's opioid epidemic Wednesday, issuing nearly two dozen recommendations to address what one lawmaker said could be "a mass casualty event in Tennessee."

The seven-member special task force was convened by House Speaker Beth Harwell [in January](#) to examine new approaches to pain pill addiction and its impact.

The recommendations include:

- Adding 25 agents to the Tennessee Bureau of Investigation in the next year
- More limits on the number of controlled drugs prescribed in emergency rooms and by healthcare professionals. Currently there is a 30-day pill limit.
- Establishing a Tennessee Commission to Combat Drug Abuse.
- Urging the White House to renew funding to combat opioid addiction. Under the Obama Administration, Tennessee was awarded \$13.8 million

Encouraging the Department of Health, law enforcement and medical examiners to develop consistent approaches to determining overdose deaths.

The last recommendation was added Wednesday after a [USA TODAY NETWORK-Tennessee](#) found that drug overdose deaths already at an all-time high in Tennessee - are widely undercounted.

The investigation found multiple levels of breakdowns in death investigations making it impossible to accurately determine opioid overdose mortality rates.

"Being from a rural county, my coroner is a former funeral director, so he has no expertise," said Rep. Curtis Halford, a republican representing Dyer County. "It's very important for us in rural districts."

For one lawmaker, the task force recommendations don't go far enough.

"We can have task forces and action plans for decades without making the difference we need," said Sen. Jeff Yarbrow, a Nashville democrat.

Yarbrow filed a joint resolution Wednesday authorizing the governor to expand Medicaid in Tennessee as a way to expand healthcare and treatment options for addicts.

The task force didn't put a price tag on its recommendations. That will be left to staff at the General Assembly's fiscal review team. Lawmakers will then need to approve funding after they reconvene in January.

The committee will "make it very clear that funding is a priority," Harwell said. "This is an ongoing battle and it does not end today."

TDMHSAS to Receive New Opioid Addiction Treatment Funding

Federal support to supplement existing programs

TDMHSAS | September 26, 2017

NASHVILLE—The Department of Mental Health and Substance Abuse Services (TDMHSAS) will receive six million dollars in federal funding to provide medication-assisted treatment for opioid addiction to people who otherwise might not have access to it.

Treatment supported by the funding will be targeted to the uninsured or underinsured, particularly veterans or military members and women of childbearing age. In all, the funding will provide medication-assisted treatment for 660 people in six targeted counties: Davidson, Hardin, Lewis, Shelby, Sullivan, and Washington.

"When battling opioid addiction, there's no single treatment that can work for all patients," said TDMHSAS Commissioner Marie Williams. "For the people who can benefit from medication-assisted treatment, we know that the cost is often a barrier. This targeted funding will go a long way to making sure patients continue treatment in pursuit of recovery."

In designing the program, TDMHSAS leaders envisioned a service model that is person-centered, coordinated, and comprehensive including education, psychosocial, medical, and recovery supports. Among the goals of the project will be the enhancement of quality patient care and improved communication and collaboration across systems. The department has collaborated with the Tennessee Department of Health and its affiliates to provide the integration of services needed by people with opioid use disorders.

"We are excited to offer a multi-faceted approach to medication-assisted treatment that incorporates referrals across systems," said TDMHSAS Statistical Research Specialist and Licensed Psychologist Edwina Chappell, Ph. D. "Treatment hubs and health entities will work together to ensure that every participant receives appropriate, recovery-focused, integrated care."

Funding for this program will begin on Sept. 30, 2017, and run through 2020.

Disaster Preparedness: Are We Ready?

Hope for the best, prepare for the worst

ARTICLE REPRINT | Nashville Medical News | September 11, 2017 | Kelly Price | <http://www.nashvillemedicalnews.com/disaster-preparedness-are-we-ready--cms-2056>

The old adage is still sound operational advice when dealing with the ever-evolving realm of public health disasters and threats.

With emerging health hazards, escalating levels of dangerous activities, and devastating natural disasters included in the 'all cause' mix, the officials responsible for the community's health and safety have found they must continually update, evaluate, adjust, prepare and communicate their preparedness plans to a diverse set of stakeholders.

The question isn't just *when* but also *what* the next attack of man or nature will produce. The good news is there is credible evidence that even one person who knows and understands what to do in the moment of an impending disaster can save thousands of lives.

In the Nashville area, the Tennessee Highland Rim Healthcare Coalition is a resource to make sure there are many who know what to do in case of emergency. The organization offers disaster

response training, develops rescue plans, and evaluates potentially dangerous scenarios to design the best response to short or long term incidents that have a public health and medical impact within the Tennessee Emergency Medical Services (EMS) Region Five.



The state is divided into eight EMS regions that coordinate planning, organizing, equipping, training and evaluating the healthcare systems working within their respective geographic boundaries. Each region is charged with knowing how to mobilize medical attention and response personnel in times of emergency, how to enlist and register personnel as part of the coalition, as well as identifying the most dangerous threats and the ones for which they are best prepared to resist. Additionally, the coalitions are charged with the evaluation of the preparedness of health systems and providers in their region.

James Tabor, MSM, CEP, who serves as regional hospital coordinator for Public Health Emergency Preparedness for the Tennessee Highland Rim Coalition, said the willingness to work together is critical when it comes to 'boots on the ground.' He added he is proud of the expanded outlook the coalition has incorporated into its operations.

"We understand that sharing information and knowing each other makes a huge difference in response to a crisis. A disaster is not when you want to meet people or the first time," he observed.

The Tennessee Highland Rim Healthcare Coalition meets the third Thursday of each month at the Lentz Public Health Department on Charlotte Avenue in Nashville to focus on preparing for public health and medical emergencies including, pandemics, floods and other natural disasters, and acts of terrorism that have increasingly become part of the stress of living in the 21st century. This year alone they have coordinated response to 12 events, including having plans in place for the large crowds that gathered for the recent solar eclipse.

Although the group spends a lot of time thinking about how to best respond to potential threats, their role is actually different. Tabor explained, "The Highland Rim Coalition is not a response agency. It is a highly trained team that is available to help *coordinate* responses by deploying medical personnel in times of emergencies."

Members of the coalition are trained to recognize that accurate and up-to-date information can make a huge difference in an effective response to a crisis. The old model for response meant sending help based on a facility's number of beds. Now allocations are made using formulas to ensure resources and care can be spread to expand to all of the areas where it is needed.

Disease outbreaks, natural catastrophes, and public violence aren't just reruns of problems seen before. Instead, each trigger event features new twists, weapons and consequences for responders to evaluate and understand. Continually updated protocols and policies are offshoots of new experiences and scenarios.

Leadership of the Highland Rim team includes Chairman Jeff Mangrum, director of emergency preparedness for Vanderbilt University Medical Center and a trauma nurse by training; Co-chairman Jason Erlewine, emergency preparedness coordinator for TriStar Hendersonville Medical Center who helped make that hospital the first in Middle Tennessee to earn a 'storm ready' designation; and Treasurer David Wheeler, system safety officer/emergency preparedness coordinator for Medxcel based at St. Thomas Health. In addition to Tabor, who is with the Metro Nashville Public Health Department, Donita Woodall with the Tennessee Department of Health also serves as a key contact.

TSPN Celebrates Suicide Prevention Awareness Month

ARTICLE REPRINT | TSPN Call to Action | October, 2017

Regional Suicide Prevention Award Winners and Other Honorees

The following individuals were recognized as this year's Regional Suicide Prevention Award winners and will be recognized during the Suicide Prevention Awareness Day event:

- Northeast Region: Heatherly Sifford
- East Tennessee: Matt Magrán-Tillery
- Southeast Region: Wanda Mays
- Upper Cumberland Region: Dr. John Averitt
- Mid-Cumberland Region: Elvin "Woody" Woodruff
- South Central Region: Robert C. Killen, Ed.D.
- Rural West: Phillip Barham
- Memphis/Shelby County Region: Octavio Areas
- Intra-State Departmental Award: Michelle Bauer

In addition, TSPN honored the following entities for their service to the Network:

- Suicide Awareness and Prevention Service Award:
- Tennessee Department of Health Primary Prevention Initiative
- Special Media Award: Maryville Daily Times
- Community Partner Award: American Foundation for Suicide Prevention, Tennessee Chapter

The following TSPN members were officially recognized as trainers in the "[Assessing and Managing Suicide Risk](#)" (AMSR) or "[Applied Suicide Intervention Skills Training](#)" (ASIST) curricula:

Jan Cagle (ASIST); Andrea Mills (AMSR); Julie Hamlin (AMSR); Jennifer Harris (ASIST); Sean Jones (AMSR); Darlene Ousley (ASIST)
Ben Taylor (ASIST); Marisa Whitsett (ASIST); Lisa Winkle (ASIST); and Anne Young (ASIST)

The ceremony also included honors for Zero Suicide Initiative partners who completed one or more dimensions of the initiative

since last year's ceremony. ([More information about Tennessee's Zero Suicide Initiative is available here.](#))

Partner agencies completing at least one of the seven dimensions this year:

Alliance Behavioral Healthcare; Behavioral Health Initiatives; Blount County Emotional Health & Recovery Center; Correct Care Solutions; Marshall Medical Center; Pathways Behavioral Health Services; Professional Care Services; Peninsula Behavioral Health Services; Saint Thomas Hickman Hospital; Tennessee Voices for Children; and Youth Villages

Agencies completing all seven dimensions this year:

Cornerstone of Recovery; Family and Children Services; Frontier Health; Mental Health Cooperative; Ridgeview Behavioral Health Services; and Volunteer Behavioral Health Care Services

Finally, [the Jason Foundation, Inc.](#), and its founder/President Clark Flatt were recognized on the occasion of the tenth anniversary of the passage of the Jason Flatt Act of 2007 in Tennessee. The legislation requires all public school teachers in the state to complete two hours of youth suicide awareness and prevention training each year. At the time of its passage, it was the nation's most comprehensive legislation regarding youth suicide awareness education. Over the course of the next ten years, variants of the Jason Flatt Act would be adopted by 18 other states, and the Tennessee version would be amended by way of the "Jared's Law" expansion to include all school faculty, from administrators and support staff.

Congratulations to this Year's Winners of the Certified Peer Recovery Specialist (CPRS) Awards

Pictured left to right: Ken Barton, Patsy Cronk Mentor of the Year; Jessica Collins, Advocate of Peer Recovery Services; and Len Pipkin, CPRS of the Year. Not Pictured: Lori Rash, Community Service Award and Next Door, Advocate of Peer Recovery Services, Group/Agency.

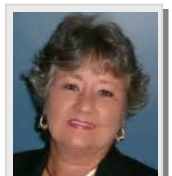


A group photo including this year's Regional Suicide Prevention Award winners and other dignitaries. Pictured from left to right: Magráns-Tillery, Young, Ridgway, Killen, Advisory Council Past Chair Tim Tatum (accepting Mays's award), Henry, Sifford, Williams, Averitt, Melinda Hardin of NAMI (accepting Areas's award), Woodruff, Bauer, Norton, and Barham.

Long-Time Tennessee Commission on Children and Youth Executive Director, Linda O'Neal Set to Retire

Associate Director Appointed as New TCCY Executive Director

Linda O'Neal has served as executive director of the Tennessee Commission on Children and Youth since December 16, 1988. After much thought, she has decided it is time to retire from the position effective June 15, 2018. She states that "the demands, expectations and opportunities serving at TCCY are great, and the personal and professional satisfaction over the years has been immeasurable."

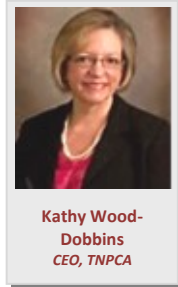


*Linda O'Neal
Executive Director,
Tennessee
Commission on
Children and Youth
(TCCY)*

On August 17, following several months of internal discussions and consultation with other members of the Commission, the Tennessee Commission on Children and Youth made the decision that Richard Kennedy, current associate director of the Commission, will succeed O'Neal as executive director in June 2018.

Kathy Wood-Dobbins, CEO of TNPCA, Retires

Kathy Wood-Dobbins, CEO of TNPCA, has announced her retirement effective June 15, after an extraordinary career spanning almost twenty-seven years to shift gears and to explore new adventures. The TPCA Board of Directors has engaged the Center for Non-Profit Management in Nashville to begin the executive search early in 2018. The TPCA Board is working to assure a strong transition. TNPCA's mission is to improve access to primary health care and to support community health centers.



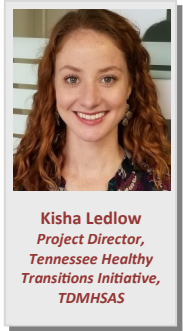
Kathy Wood-Dobbins
CEO, TNPCA

Congratulations to Kisha Ledlow, Project Director for the Tennessee Healthy Transitions Initiative. Kisha has been named Mental Health Services' Employee of the Month!

Here's what Assistant Commissioner Matt Yancey had to say about Kisha's role at TDMHSAS: "Kisha plays a vital role in creating, implementing, and leading innovative programs which support youth and young adults in Tennessee. Thanks to the department's Healthy Transitions Initiative, our First Episode Psychosis Program, our partnering providers, and the leadership of Kisha, we are improving access to evidence based treatment for this transitional population".

Kisha was also instrumental in the First Episode Psychosis conference.

Congrats, Kisha! Thanks for doing the work that you do!



Kisha Ledlow
Project Director,
Tennessee Healthy
Transitions Initiative,
TDMHSAS

Tennessee IPS Launches Newsletter

The first issue of the **Tennessee IPS Community Newsletter** launched this month! This publication serves as a medium for IPS agencies and Vocational Rehabilitation counselors from across the state to share the amazing work that they are doing.

Two of the IPS agencies, AIM Center and Park Center, were recently featured in the National IPS newsletter **Employment Works!**, for their use of the clubhouse model.

The national publication is available for viewing at http://tracking.mindfirelab.com/?a=9809&m=2761X10&n=2761X20210&s=26c000001c5f2e&u=https%3a%2f%2fs3.amazonaws.com%2fips-dartmouth%2fIPS_NL_Summer_2017.pdf&t=&e=katie.lee%40tn.gov&h=750cd965.

Please contact Nichole Phillips [nichole.phillips@parkcenternashville.org; 615.242.3576 ext. 133] to subscribe or to learn more about IPS in Tennessee.

TENNESSEE'S IPS COMMUNITY NEWSLETTER

September 2017

TENNESSEE REPRESENTING OUTSIDE OF THE STATE
Two of our agencies were featured in the IPS Employment Center's (http://www.employmentworks.com) newsletter. Being featured in AIM Center and Park Center for being featured in the IPS in the clubhouse model.

EMPLOYMENT WORKS!

WELCOME!

"Hi, Tennessee IPS Community! This is our first newsletter celebrating all of the great work that's happening across the state. Thank you to everyone who sent in information to include these stories! It's so exciting to see us can share the amazing things that you all are doing on a daily basis."

Did you hear about the First Episode Psychosis Conference?

IPS agencies from across the state held a conference in Nashville, TN on September 13th and 14th. Attendees got to hear from the FEP teams, young adults that they serve, their family members, and others. Our FEP teams from Alliance Healthcare Services in Memphis, Mental Health Cooperative in Nashville, Casey Counseling in Northeast Tennessee, and others from Nashville in Knoxville were all featured. These FEP teams have IPS Education and Employment Specialists as active members of their treatment teams. It was a great way to learn about how the FEP/Track teams work with young adults and not "outside the box" to manage to keep them engaged. Congratulations and thank you for all of your hard work!

LET'S HEAR FROM OUR IPS TEAMS

News from TNPCA:
"Three of the four members we are serving have had their first interviews and "been" has reached out and had a second interview with Kroger. We are waiting to hear from them. "Dor" wants to work in the mental health field to give back to others. She had an interview with the local Peer Support Center and was successful in getting her CEO. "Jif" has been working hard on increasing skills and has started the search for a job. Meanwhile, "Dor" is excited because she has gotten over the emotional and anxiety that she once had. We will continue to make an appointment to have his medications adjusted for employment. All of the members are growing and starting to succeed their way. They are identifying jobs they would like to do and going to places to get applications independently."

IPS Employment Center

"Each of our Employment Specialists will be Certified Peer Recovery Specialists by the end of October!"

News from Frontier:
"Over and over IPS Employment Center's new website is being viewed and it's a great place to learn more about IPS, discover how we are working, and how we are helping our clients."

Employment Works! Summer 2017



THIS ISSUE
IPS and Clubhouse Programs

- 1 What Are Clubhouses?
- 2 From the Editor
- 3 Chantia's Story... A Clubhouse Member
- 4 Strategies for IPS Implementation in Clubhouses
- 5 Announcements
- 6 2017 IPS Learning Community Trainings for Programs and Advocates
- 6 New Resources
- 6 Our Growing Community

What Are Clubhouses?
David Sorenson, IPS Learning Community, the Executive Director of the National Clubhouse Association, explains how Clubhouses are operating centers for people who have mental illnesses. Some Clubhouses are accredited by Clubhouse International and follow that organization's standards, while others develop their own mission and services. Generally, Clubhouses offer opportunities to socialize and a "non-ordered day" in which clubhouse members help on the clubhouse by preparing lunches, managing the clubhouse budget, and handling other projects. Additionally, Clubhouses may include wellness activities and help with housing, education assistance, and employment supports. Many Clubhouses focus on "transitional employment", which is short-term employment in community settings. Over the past decade, a growing number of Clubhouses are implementing IPS supported employment to help their members work in regular, time-structured jobs of their choosing.
Read on this page on page 2.

Tools for Talking with Children About Disaster and Acts of Violence

Resources provided by the Vanderbilt Center for Excellence in light of recent events and on-going violence in our nation and throughout the world.

Talking with Youth About the Las Vegas Shooting

http://www.nctsn.org/sites/default/files/assets/pdfs/psychological_information_sheet_two_pager.pdf

MEDIA: http://www.nctsn.org/sites/default/files/assets/pdfs/tips_for_parents_media_final.pdf

Addressing Disasters:

Pre school age

http://www.nctsn.org/sites/default/files/assets/pdfs/appendix_tips_for_parents_with_preschool_children.pdf

School aged

http://www.nctsn.org/sites/default/files/assets/pdfs/appendix_tips_for_parents_with_schoolage_children.pdf

Teens

http://www.nctsn.org/sites/default/files/pfa/english/appendix_e7_tips_for_parents_with_adolescents.pdf

Healing and Coping

http://www.nctsn.org/sites/default/files/assets/pdfs/helping_young_children_heal_crisis.pdf

<https://www.wheaton.edu/media/humanitarian-disaster-institute/hdi-files/Helping-Children-Cope-with-Traumatic-Events.pdf>



"Saving Lives in Tennessee"

Social Media Messaging for Suicide Prevention Awareness Month

As part of TSPN's observance of Suicide Prevention Awareness Month, TSPN has developed social media messaging to promote the resources available through our website. These include a list of warning signs, guidance for what to do if someone is suicidal, and our Status of Suicide in Tennessee report. There's also a link to an interview with Executive Director Scott Ridgway about TSPN's suicide prevention efforts.

We encourage you to copy and paste these messages into your own social media accounts. If you already follow TSPN on social media, you may see these pop up on your feed, and you can share them when you do. Space permitting, you're also welcome to include personal messages about why you're sharing these links. You can also encourage them to follow TSPN on social media as well.

We thank you for helping us get the word out about suicide prevention, not just this month but every day of the year.

For Facebook/Tumblr:

Over 950 people die by suicide each year in Tennessee-it's the 10th leading cause of death overall. Knowing the warning signs for suicide and how to get help can help save lives. Learn more for Suicide Prevention Awareness Month in Tennessee: <http://tspn.org/warning-signs>

Suicide is the 10th leading cause of death in Tennessee. Scott Ridgway, TSPN's Executive Director, explains what the Network is doing statewide to save lives. <http://tnne.ws/2vYI0u>

Who is at the greatest risk for suicide in Tennessee? What are the trends in your county or region? And more importantly, what is TSPN doing about it? Find out for yourself with our annual Status of Suicide in Tennessee report. <http://tspn.org/sost>

What would you do if you or someone you knew was suicidal? <http://tspn.org/i-need-help-now>

What should you do if someone you encounter on social media is suicidal? Check out TSPN's social media brochure at <http://bit.ly/2wkvGV4>.

For Twitter:

Free copies of our #suicideprevention brochures, in English and Spanish, available at <http://tspn.org/brochures-2> #NSPW

Would you know if someone in your life was considering suicide? Learn what to look for at <http://tspn.org/warning-signs> #NSPW

Suicide is the 10th leading cause of death in Tennessee. What's being done to save lives and prevent future tragedies? <http://tnne.ws/2vYI0u>

TSPN's Status of Suicide in Tennessee report explains the problem of suicide in TN and what we're doing about it.

<http://tspn.org/sost>

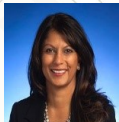
What would you do if you or someone you knew was suicidal? <http://tspn.org/i-need-help-now> #NSPW

What should you do if someone you encounter on social media is suicidal? Check out TSPN's social media brochure at <http://bit.ly/2wkvGV4>.

www.tspn.org

SYSTEM of CARE ACROSS TENNESSEE

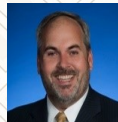
Back to the Basics Ahead to the Future



WEST



YANCEY



KENNEDY



VIRGO



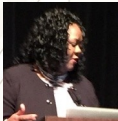
WILBUR



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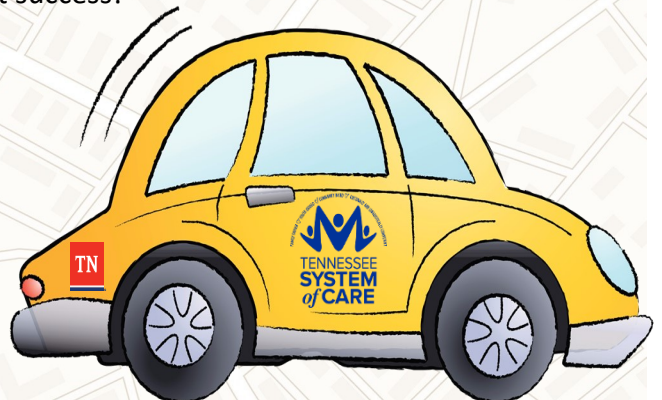
ZABEL

This year's SOC Conference offered an opportunity for participants to return to the heart of SOC while learning about our continued vision for the future.

During this two-day conference, participants revisited the basics of the System of Care — family-driven and youth-guided practices, community-based collaboration, and cultural and linguistic competence.

The System of Care work in Tennessee honors the past by leveraging lessons learned and using those lessons to pave the way into the future!

Engaging speakers, informative sessions, and creativity from the conference planning work group made the Fifth Annual System of Care Across Tennessee Conference: *Back to the Basics, Ahead to the Future*, a great success!



Building Blocks

For Infant Mental Health

SECOND ANNUAL CONFERENCE

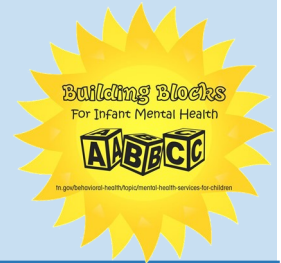
It's an Exciting Time in Tennessee for Infant and Early Childhood Mental Health!

TDMHSAS has a long history of supporting evidence-based and evidence-informed initiatives for young children and their families across the state, including the Regional Intervention Program, Early Connections Network, and Child Care Consultation.

The second annual IMH Conference provided an opportunity for participants to celebrate Tennessee's many accomplishments over the past year and to engage in the vision for our future.

Sessions focused on important topics in Infant Mental Health including ACEs, maternal depression, child welfare and Tennessee's zero to three court initiative, social emotional development in young children, parenting interventions for high-risk mothers, the fan approach to parent engagement and reflective practice, and much more.

A big thank you to the conference planning work group and the wonderful, informative speakers for making the Second Annual Infant Mental Health Conference such a memorable and educational experience for attendees.



WEST



YANCEY



FISCUS



STROEH



GREEN



PRUETT



MOSER



INGRAM



TAYLOR &
GILKERSON



BILLINGS



ROGERS



WILBUR



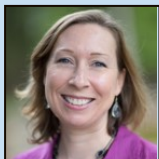
JACKSON



BINKLEY



HANNA



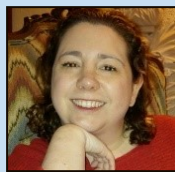
USELTON



MORELEN



PEAK



KRONENBERG

Attendees look skyward to view the epic solar eclipse!



This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services.



Tennessee Professionals Gather for First Episode Psychosis Conference: *Walking Together on the Road to Recovery*

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in collaboration with Vanderbilt Behavioral Health and the Tennessee Association of Mental Health Organizations (TAMHO), conducted the Second Tennessee First Episode Psychosis Conference: *Walking Together on the Road to Recovery*.

This Conference, held at the Marriott-Cool Springs Hotel in Franklin, Tennessee, was designed to educate and inform all attendees about first episode psychosis, including lessons learned from Tennessee’s First Episode Psychosis Initiative — OnTrackTN. Attendees also heard from young adults and family members who have participated in OnTrackTN as well as national research that identifies effective treatment and supports strategies in early intervention of First Episode Psychosis.

The voices of youth and family panelists who have been involved in OnTrackTN were extremely powerful and informative, and poetry from the talented young people at Southern Word really pushed this conference over the top for attendees.

Participants left with a wealth of information from experts in the field — information that will enable them to better serve individuals experiencing first episode psychosis.



WEST



WILBUR



TAYLOR



LEDLOW



HECKERS



FEPI PROGRAMS ACROSS TENNESSEE PANEL



ENGAGING YOUTH AND YOUNG ADULTS PANEL



FAMILY PANEL



PHARMACOLOGICAL PANEL

NATIONAL HAPPENINGS

Dr. McCance-Katz Appointed Assistant Secretary for Mental Health and Substance Use

ARTICLE REPRINT | SAMHSA | https://newsletter.samhsa.gov/2017/08/28/elinore-mccance-katz-joins-samhsa-assistant-secretary/#utm_source=govdelivery&utm_medium=email-s&utm_campaign=samhsanews-fy17&utm_content=mccance-katz



Elinore F. McCance-Katz, M.D., Ph.D., has been appointed Assistant Secretary for Mental Health and Substance Use. Dr. McCance-Katz works across federal agencies to address the behavioral health priorities

identified by Health and Human Services Secretary Thomas E. Price, M.D., including the opioid epidemic and supporting individuals with serious mental illness.

Dr. McCance-Katz has extensive experience working with individuals living with mental and substance use disorders. She is board-certified in general psychiatry and in addiction psychiatry. She previously served as Chief Medical Officer at SAMHSA. Most recently she worked with the Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals as the Chief Medical Officer.

Her experience in federal and state agencies and as a medical professional, academic, and government official provides the perspective and leadership that will promote behavioral health and address key challenges at the federal level and the many communities supported by SAMHSA.

The new position and Office of the Assistant Secretary of Mental Health and Substance Use were established by a directive under the 21st Century Cures Act that was passed by Congress in 2016. The policy also supports behavioral health program quality improvements, strategic planning, and various advisory councils.

Senate Committee on Health, Education, Labor and Pensions Discusses Health Insurance Market Stabilization with State Insurance Commissioners

Executive Summary

On September 6th, the Senate Health, Education, Labor and Pensions (HELP) Committee held the first in a series of hearings regarding stabilizing premiums and helping individuals in the individual insurance market. In yesterday's hearing, the Committee heard from five state insurance commissioners

regarding their experiences with the individual insurance marketplaces under the Affordable Care Act (ACA). Most of the testimony focused on the need to fund cost-sharing reduction (CSR) payments, increase flexibility under ACA's section 1332 waiver program and establish a federal reinsurance program. There was bipartisan interest in stabilizing the individual market.

Opening Statements: Chairman Lamar Alexander (R-TN) and Ranking Member Patty Murray (D-WA)

Witness Testimony: Julie Mix McPeak (TN); Mike Kreidler (WA); Lori Wing-Heier (AK); Theresa Miller (PA); and, John Doak (OK);

Statement of Julie Mix McPeak, Commissioner, Tennessee Department of Commerce and Insurance | Julie Mix McPeak, Commissioner, Tennessee Department of Commerce and Insurance, was the first to testify on the panel. She is the incoming president of the National Association of Insurance Commissioners (NAIC). Commissioner McPeak noted that while the individual insurance market in Tennessee has not collapsed, the market is not stable and that insurers have been "fleeing the market" due to uncertainty about CSR payments and rising costs. Most individuals in the state (73 of 95 counties) only have one plan to choose from, compared to 2016, when two carriers offered policies in all counties. She stated that premiums have skyrocketed while choices have diminished and that the current situation is not sustainable. Commissioner McPeak stated that funding of CSRs is the single most critical issue and that such funding is not an insurer bailout. She noted that CSR funding protects the most vulnerable individuals and has a direct impact on the amount of subsidy assistance provided by the federal government. Ms. McPeak also discussed the importance of reinsurance and broader issues related to the cost of care, stating that there is no transparency in the pharmaceutical industry. She emphasized that insurer rates are directly related to underlying health care costs and noted that rate review in TN is a public process. Commissioner McPeak asked the Committee to focus on two critical issues – CSR funding and establishment of a reinsurance program.

Panel Discussion: Sen. Michael Enzi (R-WY); Sen. Robert Casey (R-PA); Sen. Rand Paul (R-KY); Sen. Al Franken (D-MN); Sen. Susan Collins (R-ME); Sen. Michael Bennet (D-CO); Sen. Lisa Murkowski (D-AK); Sen. Tammy Baldwin (D-WI); Sen. Bill Cassidy (LA); Sen. Christopher Murphy (D-CT); Sen. Richard Burr (R-NC); Sen. Maggie Hassan (D-NH); Chairman Lamar Alexander (R-TN); Sen. Tim Kaine (D-VA); Sen. Tod Young (R-IN); Ranking Member Patty Murphy (D-WA); Sen. Pat Roberts (R-KS); Sen. Elizabeth Warren (D-MA); and, Sen. Sheldon Whitehouse (D-RI)

Concluding Remarks: Sen. Al Franken (D-MN); Chairman Lamar Alexander (R-TN); and, Ranking Member Patty Murphy (D-WA)

Acting Director Baum Strongly Supports President Trump’s Announcement on the Opioid Epidemic

Baum agrees with the President: Opioid Epidemic needs a full-scale response

President Donald J. Trump recently announced that he instructed his Administration to use all appropriate emergency and other authorities to respond to the crisis caused by the opioid epidemic.

In response to the announcement, Richard J. Baum, Acting Director of the White House Office of National Drug Control Policy, said, “I strongly support President Trump’s announcement to further address the opioid epidemic. We are currently facing the worst drug epidemic in American history. The President is providing clear and decisive leadership we need to help us get assistance to those who need it most.”

Earlier, Acting Director Baum joined the President and Health and Human Services Secretary Tom Price in Bedminster, New Jersey, to further discuss the opioid epidemic with President Trump.

More than 2.4 million Americans currently struggle with opioid addiction. In 2015, more than 33,000 people died from drug overdoses involving opioids, and crude data for the first three quarters of 2016 indicate that the drug overdose death rate is still increasing.

\$89 Million Awarded to Largest Ever Number of Community Coalitions to Prevent Youth Substance Abuse

15 Tennessee Coalitions Awarded Continuation Grants

The White House Office of National Drug Control Policy (ONDCP) announced \$89 million in Drug-Free Communities (DFC) Support Program grants to 719 local drug prevention coalitions—the largest number of single-year grantees since the program's founding. Directed by ONDCP, in partnership with SAMHSA, these grants will provide local community coalitions with funding to prevent youth substance use, including prescription drugs, marijuana, tobacco, and alcohol.

For complete award information, please [CLICK HERE](#).

Oneida | SCHOOLS TOGETHER ALLOWING NO DRUGS | Schools Together Allowing No Drugs

Maryville | BLOUNT MEMORIAL HOSP (MARYVILLE, TN) | Blount Count Substance Abuse Prevention Action Team

Clinton | ASAP OF ANDERSON COUNTY | Anderson County Allies for Substance Abuse Prevention

Kingston | ROANE COUNTY ANTI-DRUG COALITION, INC. | Roane County Anti-Drug Coalition, Inc. |

Morristown | HAMBLÉN COUNTY SUBSTANCE ABUSE COALITION | Hamblen County Substance Abuse Coalition

Covington | PROFESSIONAL CARE SERVICES OF WEST TN | Anti-Drug Coalition of Tipton County

Gallatin | SUMNER COUNTY ANTI DRUG COALITION | Sumner County Anti-Drug Coalition

Madisonville | MONROE COUNTY HEALTH COUNCIL | Monroe County Alcohol and Drug Task Force

Gainesboro | CMITY ANTI-DRUG COALITION OF JACKSON CTY | Community Prevention Coalition of Jackson County

Celina | CLAY COUNTY GOVERNMENT | Clay County Anti-Drug Coalition

Manchester | COFFEE COUNTY SCHOOL SYSTEM | Coffee County Anti-Drug Coalition

Mountain City | JOHNSON COUNTY SAFE HAVEN, INC. | A.C.T.I.O.N. Coalition, Inc.

Winchester | FRANKLIN COUNTY BOARD OF EDUCATION | Franklin County Prevention Coalition

Cookeville | POWER OF PUTNAM, INC. | Power of Putnam

Martin | MARTIN HOUSING AUTHORITY | Weakley County Prevention Coalition

East Tennessee Gets Task Force to Prosecute Opioid Sources

ARTICLE REPRINT | News Sentinel | August 8, 2017 | <http://www.knoxnews.com/story/news/health/2017/08/08/et-gets-new-task-force-prosecute-drug-sources/548605001/>

Asst. U.S. Attorney David Lewen Jr. is ready to go after those who misprescribe opioid drugs – and he plans to prove they are directly causing deaths. U.S. Attorney Nancy Stallard Harr of the Eastern District of Tennessee announced Tuesday that, beginning this week, Lewen, who has been a federal prosecutor in East Tennessee for nearly 10 years, will spend the next three years focused solely on investigating and prosecuting health-care fraud related to prescription opioids, including “pill mill schemes,” doctors who overprescribe, and pharmacists who know prescriptions aren’t legitimate but fill them anyway. The Eastern Tennessee District was one of a dozen of 94 districts nationally given funding for an Opioid Fraud and Abuse Detection Unit, said Harr, adding that Tennessee ranks No. 2 nationally on opioid addiction.



700 Advocates Take to Capitol Hill at Hill Day 2017



The National Council for Behavioral Health, along with its 21 Hill Day partner organizations, hosted over 700 advocates for Hill Day 2017! The National Council and all Hill Day partners thank these advocates for their hard work, terrific advocacy and endless energy this week. Together, these advocates held over 300 meetings on Capitol Hill voicing unified support on a number of important legislative priorities. We look forward to seeing everyone at Hill Day 2018 – to be held in conjunction with NatCon18, April 23-25 in Washington, D.C.

On Monday, Hill Day attendees heard from media personalities, DC insiders, Trump administration officials and advocates sharing their personal stories of recovery. The headliners – co-host of MSNBC’s *Morning Joe*, Mika Brzezinski and Joe Scarborough – spoke about the role of bipartisanship in affecting positive change in American politics. Dr. Elinore McCance-Katz, the first-ever Assistant Secretary for Mental Health and Substance Abuse provided insight on her first year at SAMHSA and her vision for the years ahead. Additional breakouts and sessions included advocacy trainings, a deep-dive into the FY2018 budget and special sessions on health information technology, increasing and improving patient access to treatment and more.

During Monday night’s Capitol Hill Reception, the National Council was pleased to host Senators Lisa Murkowski (R-AK) and Joe Donnelly (D-IN), recognizing them for their tremendous accomplishments this past year. All National Council legislative award winners were honored with awards during constituent meetings on Tuesday.

A lunchtime congressional staff briefing on Tuesday was co-hosted by the National Council with the Scattergood Foundation and Peg’s Foundation. The briefing brought together 80 congressional staff, advocates and constituents to discuss the work of these foundations and their 2017 Spring Paper Series.

The National Council thanks all attendees and advocates for their efforts this week and give special thanks and appreciation to the dedicated and hardworking State Captains for their tremendous work and contributions to this event.

OUR VOICES ARE LOUDER TOGETHER

2017 State of Staff Development and Training

2017 State of Staff Development & Training

Relias Learning recently surveyed executives, managers, and training professionals at more than 5,000 healthcare and human services organizations to explore the impact of staff development and training on their business priorities. We're excited to share the findings with you!

This year's report allows organizations to benchmark their perceptions and practices against a national sample. In the report, you'll find data on existing staff development and training programs as they relate to:

- Perceived strengths and weaknesses
- Budgeting and economics
- Business alignment, value, and impact

Training management, delivery, and common practices

TRAINING OUTCOMES IMPACT ON BUSINESS RESULTS TRAINING STRENGTHS

84% of healthcare professionals report high usage of some or all online training
Yet only 26% have well-developed methods to evaluate if the training is put into practice



84%

reported high use of either some or all online training



26%

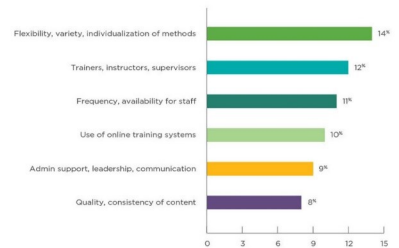
have well-developed methods to evaluate whether what is taught in training is put in practice on the job

76% of respondents report training has a substantial, positive impact on compliance
indicating compliance as the highest motivator for investment in training



'Flexibility, variety, and individualization of methods'

#1 most commonly cited strength of organizations' staff development and training programs



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Deloitte.
Technology Fast 500™
2013



BEHAVIORAL HEALTH NEWS & EVENTS



TNCODC.COM



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

ACCESS
Staying informed will be helpful
when services are necessary.

RECOVERY
is real!

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

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



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

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

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

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

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