



MESSAGE FROM THE EXECUTIVE DIRECTOR



Ellyn Wilbur
Executive Director

Governor Haslam introduced the Healthcare Innovation Initiative in February 2013 that will change the way care is delivered in an effort to improve quality while reducing cost.

TAMHO members have participated in several technical advisory groups and continue to meet to provide input on program design and operational details. Our members have also made great strides in preparing for implementation of value based care.

How have they accomplished this? Over the past several years, TAMHO members have become more data focused and data driven. Data shows that our members touch the lives of some 215,000 different individuals each year throughout our state and about a third of them are children.

Haslam Announces Retirement of Doug Varney

Tennessee Gov. Bill Haslam today announced Department of Mental Health and Substance Abuse Services Commissioner Doug Varney will retire in October.

Varney has served as commissioner since 2011. Under Varney's leadership, the department completed a major transformation in the mental health system in east Tennessee, better serving long-term patients by transitioning them into community-based programs. The department has also improved medical and business operations of state hospitals and made significant progress addressing the prescription drug epidemic.

"Doug's passion for helping those with mental health and substance abuse issues has made a tremendous impact on the state. As a member of my Public Safety Subcabinet, I especially appreciate all he has done to help fight prescription drug abuse and expand and strengthen drug recovery courts in Tennessee," Haslam said. "Doug has helped change the lives of some of our most vulnerable citizens, and for that I am grateful."

Varney has also been instrumental in leading efforts to triple federal discretionary grant funding to help veterans, increasing suicide prevention efforts and strengthening

Our members have implemented evidence based practices to assure high quality care with evidence support. Among them are models of care for youth who have experienced trauma, strategic initiatives to better respond to individuals with co-occurring disorders and program models for individuals with substance use disorders.

Responding to the devastating fact that an estimated 950 people die by suicide each year in TN, more than 90% of our mental health center members have initiated *Zero Suicide*, which is a commitment to preventing suicide by using specific strategies and tools.

In many locations across the country, you can wait several months to see a mental health professional. A full 56% of our providers offer assessment appointments within 5 days, with the remaining 44% offering appointments between 6 and 14 days. 67% have the ability to offer a visit with a medical provider within 6 – 14 days of the assessment. Almost *half* of our members have same day / next day availability for an initial appointment.

Recognizing that the patient experience with care is important in achieving good outcomes, we are proud that adult individuals served by TAMHO members

voice a 90% positive response regarding access to services; a 92% rate with the quality and appropriateness of services, and a 91% positive response regarding satisfaction with services. Parents of youth served by TAMHO members gave an 89% positive response regarding access to services and overall 91% positive response regarding satisfaction with services. All of these indicators have improved for the past 3 years.

These positive steps do not happen in isolation. It takes organizational commitment and a total culture change. Our members have taken this challenge and are ready to embrace value based care.

To learn more about value based care in Tennessee and from the national scene, we invite you to our Annual Conference, **Transition to Value Based Care: Vision for the Future** that will be held on December 13 – 14, 2016 at the Franklin Marriott Cool Springs. We are excited to have Dr. Wendy Long, Director of TennCare as one of our keynotes, along with Linda Rosenberg, CEO of the National Council for Behavior Health. Please watch your email for the program in the coming days or visit <http://www.tamho.org/tamho-annual-conference>.

Haslam Names Marie Williams Commissioner of TDMHSAS

Tennessee Gov. Bill Haslam today announced the appointment of Marie Williams as commissioner of the Tennessee Department of Mental Health and Substance Abuse Services effective October 22. Williams will replace Commissioner Doug Varney who announced his retirement last week.

Williams, 51, started with the department in 2000 and has served as deputy commissioner since 2011, directly managing the department's daily operations and budget. As deputy commissioner, Williams has overseen a transformation in the mental health system in east Tennessee to better serve long-term patients by transitioning them into community-based programs. She also helped create the department's Prescription for Success multi-faceted strategy to tackle the prescription drug epidemic in Tennessee.

"Marie's passion for helping the mentally ill, the homeless and those with drug and alcohol addictions inspires her to create innovative, high-impact programs that make a difference," Haslam said. "Marie has the experience and the drive to continue the progress made to help some of our most vulnerable citizens."

Prior to her appointment as deputy commissioner,

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LifeCare Family Services
Nashville | Kenny Mauck, CEO/Executive Director

Lowenstein House, Inc.
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TAMHO STAFF

Executive Director | Eilyn Wilbur
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Director of Member Services | Teresa Fuqua
Director of Administrative Services | Laura B. Jean
Project Manager TNCODC | Patrick Slay

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Haslam Announces Retirement of Doug Varney

adult and children crisis services, and establishing mental health and substance abuse best practice guidelines.

“It has been my honor and privilege to serve in Governor Haslam’s administration as the Commissioner of the Department of Mental Health and Substance Abuse Services,” Varney said. “I am humbled to have worked with the dedicated and passionate leadership and employees of the department to ensure that families and individuals with mental health and addiction issues get the help they needed. I am proud of our many accomplishments and feel we have made great strides for those Tennesseans struggling with mental health and substance abuse issues. Looking back on my time with the department, that is what matters most to me.”

Before serving as commissioner, Varney spent his professional career with Gray, Tenn.-based Frontier Health, a community mental health center serving families and individuals affected by behavioral health, substance abuse and intellectual deficit issues. He worked his way up from psychological examiner, counselor and therapist to president and CEO.

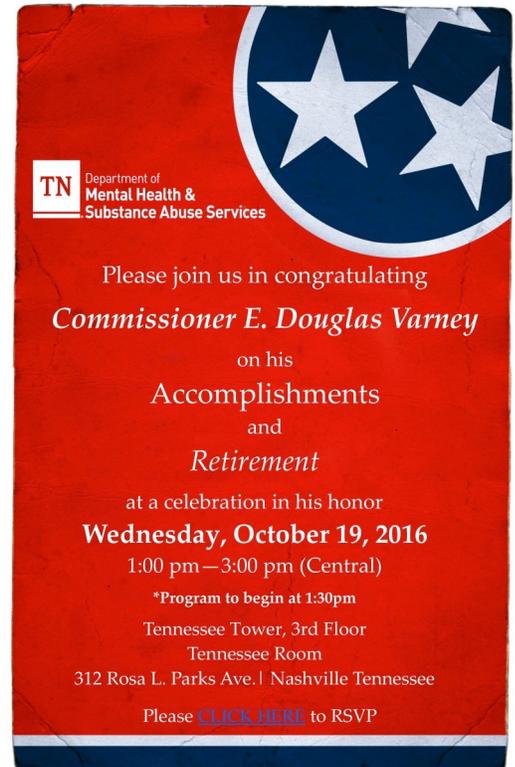
He has a master’s degree in psychology from East Tennessee State and was formerly licensed as a psychological examiner, marriage and family counselor and professional counselor.

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Haslam Names Marie Williams Commissioner of Mental Health and Substance Abuse Services

Williams served as assistant commissioner of mental health services. Under her leadership, the division implemented a behavior health safety net program that provides services for those withdrawn from TennCare. She also created the award-winning “Creating Homes Initiative” that to date has developed more than 13,500 supportive housing options for Tennesseans diagnosed with mental illness disorders, allowing them to live in, thrive in and contribute to their communities in the least restrictive settings.

“I am honored and grateful that Governor Haslam asked me to join his team as Commissioner of the Department of Mental Health and Substance Abuse Services and look forward to continuing the transformative work that started under his and Commissioner Varney’s leadership,” Williams said. “Our great staff will continue to work in partnership with our state agency partners, community behavioral health providers, consumers and family members to create paths of recovery and healing for Tennesseans struggling with substance use and



mental health diagnosis, ensuring that we provide the right treatment at the right place and right time through low-cost high impact programs.”

Williams has also served as a Community Builder Fellow with the U.S. Department of Housing and Urban Development (HUD), director of homeless services for Catholic Charities of Memphis, and led the Homeless Services at the Midtown Mental Health Center in Memphis. She is the co-author and creator of the professional publication, Out of Poverty, a group-based peer and mentor training program to help people escape the cycle of poverty that is currently being implemented in communities across the country.

A licensed clinical social worker, Williams has a master’s degree in social work from the University of Tennessee and a bachelor’s degree in psychology from Austin Peay State University.

Williams has one adult daughter and resides in Nashville.

TennCare's New Chief Talks Initiatives, Negotiations, Misconceptions

ARTICLE REPRINT | The Tennessean | August 12, 2016 | Holly Fletcher, hfletcher@tennessean.com 615-259-8287 | <http://www.tennessean.com/story/money/industries/health-care/2016/08/12/tenncare-wendy-long-on-waiver-negotiations-reform-initiatives/87588786/>

A new era awaits TennCare as Dr. Wendy Long settles into the directorship of the state's Medicaid program.

She takes the helm in a moment when TennCare is grappling with an assortment of thorny issues, including payment reform initiatives and negotiations with the federal government over potential changes, including expanded eligibility.

TennCare covers more than half of the births in Tennessee and provides insurance coverage to 1.5 million children, pregnant women and disabled people. Its early days were beset with cost overruns that led to an overhaul under Gov. Phil Bredesen that shed many from the rolls.

"We often talk about TennCare as being the tale of two decades," Long said, referring to the overhaul that put the program on the path to being a model for other Medicaid programs around the country.

She is in the midst of talks with the U.S. Centers for Medicare and Medicaid Services to get approval to continue running the program under its current structure for another five years. The deadline for approval was June 30, but federal officials granted an extension as they evaluate how the state uses federal and state funds to pay hospitals for uncompensated care.

Long and state legislators on House Speaker Beth Harwell's 3-Star Healthy task force are having parallel discussions with CMS about a pilot program to expand eligibility in lieu of Gov. Bill Haslam's Insure Tennessee, which failed to get approval in two legislative sessions.

Long was TennCare's chief medical officer from 2004 to 2012 and later its deputy director. She spent her career in public health and chooses to stay with the program — at times controversial in Tennessee — because of the potential to impact so many lives, often at vulnerable moment, she said.

"I can't think of a place where you can make more of a difference than a program that impacts (1.5 million) people," said Long. "It can

be incredibly rewarding on occasion — it doesn't happen every day — and (sometimes I) feel like I made a decision today that has the potential to benefit many people."

Long talked with The Tennessean about TennCare's initiatives, federal negotiations and common misconceptions.

TennCare applied in late 2015 for a five-year waiver re-approval and received an extension from CMS. What's under consideration?

There wasn't a lot of action between January and June in terms of the back and forth with CMS. It was really pretty late in June that we started having the typical back-and-forth negotiations so I think we all predicted there would be at least one short-term extension. I think there will be more than one, quite frankly, or there's a good possibility there will be. Our discussions to date have been productive. ... I don't think we have a large number of areas of disagreement or discussion.

We had requested actually to simply extend the exact waiver we have with no changes, but we're basically reacting to things CMS would like to change. I think for the most part those relate to them attempting to get more standardization across Medicaid programs — I think it is difficult for them that they have 50 different state Medicaid programs.

I think by far the biggest issue is around our supplemental funding pools for hospitals. There has been sort of an effort at the national level as CMS has approved waiver extensions to try to and ratchet back, to a degree, those pools, so that's our biggest discussion.

One of the reasons we got this short-term extension is that although CMS had done sort of an initial analysis of our pools looking at Medicare costs data we asked them to look in addition to hospital joint annual report data. We just think that's a better source of data about uncompensated care, and they agreed to do that and needed time to do that.

They indicated to us last week that they still need a bit more time to analyze the data. There's a joint annual report file for each hospital so it's a pretty big database they are trying to evaluate.

If TennCare, thus far, is a "tale of two decades," what does the next one look like?

Payment reform will certainly be one of the key issues — I'd say in the first two decades that is one area that we really haven't impacted much. I

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

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

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

Prevention, Education and Wellness:

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

Psychiatric Rehabilitation:

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

Community Based Services:

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

Clinic Based Services:

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

Residential Services:

Includes residential treatment services, group homes, independent housing.

Inpatient Services:

Includes hospital based mental health and addiction disorder treatment services.

Crisis Services:

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

Important Dates and Events

OCTOBER

- 12 **TNCODC Strategic Initiative Learning Community**
- 19 **Retirement Reception for Commissioner Varney | Tennessee Tower, Nashville**

NOVEMBER

- 24 **TAMHO Office Closed for Holiday Observance**
- 25 **TAMHO Office Closed for Holiday Observance**

DECEMBER

- 13 **TAMHO Annual Awards & Recognition Luncheon & Ceremony | Marriott Cool Springs Hotel, Franklin, TN**
- 13-14 **TAMHO Annual Conference | Marriott Cool Springs Hotel, Franklin, TN**
- 23 **TAMHO Office Closed for Holiday Observance**
- 26 **TAMHO Office Closed for Holiday Observance**

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

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

think that will lead our efforts. ...

With payment reform you are really trying to shift, and rather than viewing the provider as the problem, you're empowering the provider to make things better by giving them the kind of information that they need to really improve quality and deliver care as cost effectively as possible. That's probably our single most substantial initiative, and it has a variety of components.

The components we're really focused on right now is around primary providers and getting them the information they need to manage their patient panels to try and keep people healthy and try to manage chronic illnesses over a continuum of time so you can control your diabetes.

To make that model work, people have to be engaged — how do you do that?

That's certainly a challenge. I think that one way you do that though is to really provide outreach to your patients, and as much education so people really understand the role that they play in how healthy they are. I think for many years in medicine we've been very focused on what the health care system can do and how the health care system can influence health when in reality what we've learned is how healthy you are is far more affected by decisions you make and the environment in which you live, your genetics than by health care that is delivered to you. I think the more that we can help our enrollees understand that and to really support them as they try to make healthy choices the more difference we're going to be able to make in terms of moving the health needle.

What is TennCare's biggest success?

I think what we're most proud of is we can demonstrate we improved the quality of care with all sorts of indicators that we look at while at the same time controlling costs to a level that our tax base can support. We're a taxpayer funded program. There are not unlimited resources, and we've been able to do that where at a time if you look at commercial insurance and even Medicaid programs in other states have been growing at a sustainably higher rate, one that would have put a real strain on us here in Tennessee.

We certainly recognize that if we can't control our expenditures to levels that we can support that affects everything else in the state that is funded with taxpayer dollars, whether it's education or roads or prisons — you know we're all looking to that same tax base. Uncontrolled growth here would be a problem for everyone.

Insure Tennessee failed. Are you involved with the 3-Star Healthy Task Force and what does the future of expansion look like?

We are (involved). I was part of the task force group when they went to visit CMS at the end of June to sort of present their grey paper and am continuing to talk to them.

I think the next steps are going to be to put some additional detail in — and we've been beginning to look at here, in particular, around eligibility for the program. They've talked about, 'let's focus on behavioral health' but there's obviously a lot of detail that needs to go into that: how do we decide, you know, what kind of behavioral health problems will we be covering and how will we determine who is eligible for the program. We're starting to have those kinds of conversations both internally here, as well as with the task force. Certainly want to support them in whatever way we can.

What's the biggest misconception people have about TennCare?

Oh wow — that's a tough one. I guess, I think there is still the misconception that the program is out of control and we can't support it as a state, in particular with regards to spending. I think we've demonstrated over and over that isn't true from a budgetary standpoint, but I think there is still a little bit of that out there.

I also think at a more detailed level, there is still this misconception that if you're very, very poor you're going to qualify. When, in fact, unless or until something like Insure Tennessee passes, unless you fit into one of these categories of individuals that we cover — children, pregnant women, the disabled — it doesn't really matter how poor you are, you may not qualify for any services. And I think that's a hard thing for people to grasp. They think, 'well surely, I'm sick and I'm poor enough I would qualify for this program.'

Change Narrative for Persons with Mental Illness

One in five adults has a mental disorder. For children, mental health disorders are the most common childhood disease

ARTICLE REPRINT | The Tennessean | October 4, 2016
| Gary Housepian | <http://www.tennessean.com/story/opinion/contributors/2016/09/27/change-narrative-persons-mental-illness/91165452/>



Gary Housepian
Executive Director
Legal Aid Society of
Middle Tennessee
and the
Cumberlands

He is in so much pain that he cannot get out of bed. The pain is so severe that he cannot go to work, walk to the bus stop with his children or get up to make a meal.

Except he doesn't have a debilitating physical injury or illness, he has mental illness. Does that change how we listen or what we do? Unfortunately, the stigma of mental illness

remains prevalent and creates barriers to improving the well-being of persons with mental illness.

The pervasiveness of mental illness

The prevalence is undeniable. One in five adults has a mental disorder in any one year, according to the National Alliance on Mental Illness. For children, mental health disorders are the most common childhood disease. According to the Child Mind Institute, there are more children that have had or are having a mental health disorder than the number of children identified with asthma, cancer, diabetes, and HIV/AIDS combined. Despite this prevalence, about 80 percent of children identified as having a mental health disorder are unable to access treatment.

We know what impact this can have on the futures of these children. Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and longer-term placements in the child welfare system than children with other disabilities. Individuals with a severe mental health disorder die as much as 25 years earlier than those without. When treated, children and youth with mental health problems fare better at home, schools, and in their communities.

Changing the narrative

These children deserve more than survival — they deserve prosperity. As a community, we can do more to make that happen, and steps are being taken. In Davidson County, hundreds of school staff have participated in training to help them identify children with mental health disorders and to promote a nurturing school environment for the well-being of these children.

At Legal Aid Society, we recognize that we can do better, too. We are not mental health professionals, but we strive to be better informed, compassionate legal professionals. We provide legal assistance to improve the well-being of individuals who are facing problems with domestic violence, housing, access to health care, and establishing eligibility for financial stability. In providing assistance, our clients may experience a mental health "emergency" that we need to know how to respond.

In June, 22 members of our staff participated in an eight-hour "Mental Health First Aid (MHFA)" class taught by Centerstone Mental Health Center staff at Nashville School of Law. Knowledge and skills serve us well in navigating an emergency and can potentially prevent a medical emergency through early intervention. MHFA aims to do both: teach members of the public how to respond to a mental health emergency and offer support to someone who appears to be in emotional distress.

We learned how to support a client developing signs and symptoms of a mental illness or emotional crisis by applying a core five-step action plan: Assess for risk of suicide or harm; Listen non-judgmentally; Give reassurance; Encourage appropriate professional help; Encourage self-help and other support strategies. We also know that this training can help with co-workers, family or friends that need this support.

It will take time and effort but we can change the narrative from survival to prosperity through a community effort to educate ourselves and how we respond. It's time.

Gary Housepian is the executive director of Legal Aid Society of Middle Tennessee and the Cumberlands. Legal Aid Society is Tennessee's largest non-profit law firm and serves 48 counties across Middle Tennessee and the Cumberland Plateau. Housepian also served as General Counsel for the Tennessee Department of Mental Health and Substance Abuse Services and Managing Attorney of Disability Rights Tennessee.

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

December 13, 2016

Meeting Times:

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

Meeting location:

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

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

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

REGIONAL PLANNING & POLICY COUNCIL

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

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

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

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

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

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

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



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

3 Star Pilot a Conservative Alternative to Insure Tennessees

This two-phased approach is a very uniquely designed plan that encompasses more than just insurance.

ARTICLE REPRINT | The Tennessean | July 31, 2016 | Cameron Sexton | <http://www.tennessean.com/story/opinion/contributors/2016/07/31/3-star-pilot-conservative-alternative-insure-tennessee/87668366/> | *Rep. Cameron Sexton, R-Crossville, represents District 25 in the Tennessee House of Representatives. He is chairman of the House Health Committee and the 3-Star Healthy Pilot task force.*

Unfortunately, government does not always measure success or hold individuals accountable in public programs. Thankfully, the 3-Star Healthy Pilot project is looking to change that perception and direction within state government.

The task force assembled by Speaker Beth Harwell was asked to look for a conservative alternative to Insure Tennessee while improving access and quality of health care for individuals who fall in the insurance gap. The pilot proposed to the Centers for Medicare and Medicaid Services (CMS) is a two phase-in approach to close that gap.

The funding for Phase 1 would be TennCare's current match and will focus on the generations of Tennesseans who have been chronically underserved. Uninsured veterans and individuals with behavioral health illnesses, mental illness and substance abuse disorders have suffered far too long and will be part of the pilot program.

A third of the uninsured population has a diagnosis of behavioral health. Those individuals make up to a third of state emergency room visits and account for over half of ER costs. A lack of a physician-patient relationship has increased their ER utilization, which drives up overall health care costs. They also make up more than 60 percent of the prison population in our state and local jails, which places further strain on our state financial system.

As the task force traveled the state, we heard at every stop the concerns for the behavioral health population. While this population may be the most complex and expensive to treat, it affects all levels of life, family and government. A successful pilot puts individuals on a road to treatment and will help move them from continued government assistance to independence.

The pilot program will have other short-term and long-term measurements and goals to gauge the success of the program, like cost per member, ER to primary care utilization, and improving the health of the patient. If these types of measurements are not met, then Phase 2 will be delayed or stopped before further implementation.

The task force asked CMS to approve this two-phased pilot to cover individuals below 138 percent of the federal poverty level, which for a single person would be income less than \$16,242, or less than \$27,724 for a family of three annually.

Health savings accounts to pay copayments and premiums, incentives for healthy behaviors, and disincentives for unhealthy behaviors are part of the plan seeking CMS approval.

The pilot will use innovative technology like telemedicine and tele-psych and will use medication therapy management techniques to improve utilization and efficiency to maximize health care dollars.

The measurements are essential for conducting real testing of these innovative ideas and approaches with the long-term goal of reforming TennCare.

The pilot will allow the Tennessee Department of Labor and Tennessee Reconnect to access the patient population to help find new or better jobs and actively work with the population to improve job training or obtain a degree. State resources will be used proactively to help individuals move to independence.

Also, TennCare will create a bridge to the commercial health insurance market when an individual's income passes the 138 percent threshold. The bridge will assist individuals in finding a similar plan with similar costs and similar coverage. The federal exchange plans over 138 percent of the federal poverty level would be 97 percent similar to the plans in the 3-Star pilot program.

This conservative two-phased approach has never been proposed to the Obama administration or CMS by another state. This is a very uniquely designed plan that encompasses more than just insurance.

Public policy decisions should not be based on how much or how little the federal government might pay. They should be based on what is good health care policy, ensure state financial protection, and be able to move individuals from government assistance to independence.

Imagine Health Names Darin Gordon Senior Advisor for Value-Based Payments

ARTICLE REPRINT | PRNewsWire A CISION Company | September 20, 2016 | Tim Boivin, Amendola Communications for Imagine Health, tboivin@acmarketingpr.com 224-209-6495 | <http://www.prnewswire.com/news-releases/imagine-health-names-darin-gordon-senior-advisor-for-value-based-payments-300330727.html> | For more information, contact Matthew Snell at msnell@imaginehealth.com or visit www.imaginehealth.com.



Darin Gordon
Senior Advisor for
Value-Based
Payments
Imagine Health

Imagine Health, the nation's leading independent creator of top-performing healthcare provider networks, today announced that Darin Gordon has partnered with Imagine as a Senior Advisor.

Gordon joins the organization after a ten-year tenure leading TennCare, Tennessee's Medicaid program, as well as the state's Division of Health Care Finance and Administration. Gordon has more than 18 years of experience in public health care finance and management. In his most recent leadership role, he managed an \$11 billion budget, providing healthcare services to 1.5 million Tennesseans.

"I'm thrilled to partner with Imagine Health – an organization that

is making a real difference to bend the cost curve and make healthcare safer," Darin Gordon said. "Imagine Health has keyed in on the failure of broad-based PPO physician networks to deliver consistent high-quality, high-value care. The company is offering a dynamic alternative that has the power to reshape the healthcare landscape. That's something I'm excited to be a part of."

Gordon will deploy deep insights gleaned from his leadership of the TennCare program, where he maintained the lowest cost trend in its history, made significant improvements in the program's quality measures, and was nationally recognized for innovations in managed care and payment and delivery system reform. Gordon will also bring his considerable national health policy expertise to Imagine, as the company scales its focused, high-performance healthcare networks.

Gordon is the past President of the National Association of Medicaid Directors (NAMD), a board member of Leadership Health Care and Chair of the AccessTN Board of Directors. Gordon was named a 2011 Fellow of the Medicaid Leadership Institute and was a member of the inaugural class of the Nashville Health Care Council Fellows program. He was also recognized as a Pacesetter in Payment Reform by Catalyst for Payment Reform in 2015.

"Darin's distinguished track record – reining in costs while improving quality for large patient populations in Tennessee – will be a tremendous asset at Imagine Health," Chris Cigarran, CEO of Imagine Health, said. "Darin will be leveraging his extensive experience implementing payment reform models to advise Imagine Health as Imagine transitions to value-based payment contracts with its networks of high performing providers. His counsel will be invaluable as we grow our ability to deliver a differentiated healthcare experience to employers.

Imagine Health leverages sophisticated data analytics and the purchasing power of its employer clients to negotiate discounted reimbursement rates and value-based payment mechanisms with top-performing providers in exchange for incremental volume. The quality and efficiency improvements from the selected top-tier providers typically exceed 20 percent.

About Imagine Health | Founded in 2008, Imagine Health is the healthcare experience we all deserve. Imagine's product gives employers the ability to offer their people a standalone health plan comprised of only the highest-performing hospitals and physicians in their local markets. By leveraging the purchasing power of employers, Imagine lowers costs through its unparalleled approach to direct contracting, thus creating meaningful relationships between employers and health systems. Through a focus on saving lives, Imagine Health improves the quality of care in America, lowers costs for employers and their people, and finally takes the power back from big healthcare.

Haslam Announces Policy Director Will Cromer to Join TennCare as Deputy Director, Chief of Staff

Cromer has served as Haslam's Policy Director since his 2010 campaign for Governor



Will Cromer
Deputy Director
and Chief of Staff
Bureau of TennCare

Tennessee Governor Bill Haslam today announced that Will Cromer, his special assistant for strategy and policy director, will be joining the Bureau of TennCare as deputy director and chief of staff.

"Will has been one of my closest and most trusted advisors for more than six years, and while I think this is a great opportunity for him and the new leadership team Dr. Long is assembling at TennCare, I would be lying if I said I won't miss having him one floor away," Haslam said. "Will is incredibly smart and thoughtful, and he has been at the heart of every major policy decision and initiative we've launched in our office. I'm excited to see him apply his knowledge and experience in helping manage this \$11 billion agency."

As special assistant for strategy and policy director, Cromer has led the development and implementation of Haslam's policy agenda and served as a key advisor and member of the governor's senior team. He has developed legislation, overseen strategic initiatives, assisted with budget development and served as a liaison to various state agencies and stakeholders.

"It has been an incredible honor to be a part of Governor Haslam's team and to work every day on a wide range of issues facing our state, from education reform to health care policy to economic development," Cromer said. "TennCare is one of our most critical areas in state government, and I look forward to continuing to serve this administration and the people of Tennessee in this new capacity."

Cromer, 31, has served as Haslam's policy director since his 2010 campaign for governor, during which he was responsible for platform development, debate preparation, issue research and positioning, and assisting with strategic messaging and speechwriting.

Prior to his time with Haslam, Cromer worked for the State Collaborative on Reforming Education (SCORE), a bipartisan education initiative founded by former U.S. Senate Majority Leader Bill Frist, where he was involved in a number of areas in the early stages of the organization. Before that he worked in the nonprofit sector in Washington, D.C., promoting free market policies.

A Nashville native, Cromer is an honors program graduate of Belmont University, where he served as student body president.

He currently serves on the board of directors of the Tennessee Student Assistance Corporation and is a member of the Governor's Rural Development Task Force, Three Branches Institute, and Public Safety Subcabinet.

Cromer and his wife, Catherine, live in Nashville.

Tennessee: Changing Medicaid Providers' Financial Incentives Saved \$11.1 Million

ARTICLE REPRINT | Times Free Press | October 4, 2016 | Staff Report | <http://www.timesfreepress.com/news/politics/state/story/2016/oct/04/tennessee-changing-medicaid-providers-financial-incentives-saved-111-million/390098/>

Governor Bill Haslam and TennCare officials say shifting the basis of Tennessee Medicaid payments from the volume of service provided to patients by doctors and hospitals over to the quality value of care is, well, paying off.

It's already saved Tennessee government at least \$11.1 million during the change's first year of implementation, Haslam and TennCare Director Dr. Wendy Long said today in a news release.

At the same time, officials said, the program maintained good quality of services from doctors and hospitals under the new "episodes of care value-based payment strategy."

"We launched the Health Care Innovation Initiative in February 2013 to make health care in Tennessee a value-based system focused on efficiency, quality of care and the patient experience," Haslam said.

The governor added that Tennessee "has established itself as a leader in paying for value in health care, and these results are an early and exciting indication of the promise of our approach."

The episodes of care change is one of several "value-based" strategies that the multi-billion-dollar TennCare program for the poor has pushed in the last few years as officials seek to keep a lid on provider cost increases, a prime drive of expenses along with drugs.

TennCare and major health insurers in Tennessee have been pushing to move the treatment system's financial incentives from paying for volume to paying for "value."

As a result, Long said, health care providers are being financially rewarded increasingly for positive patient outcomes, including high quality and efficient treatment of medical conditions.

"Episodes of care are helping us achieve low trends and reductions in costs, which is great news for Tennessee taxpayers," Long said in the news release. "We achieved these reductions while continuing to provide high-quality care for TennCare members."

In an episode of care, providers can receive financial rewards if the services a patient received meet certain quality measures that are also cost effective.

TennCare and its insurers moved the Medicaid to that system in three areas with, officials say, good results. Here's how that's worked in the program's first year:

- There was a **3.4 percent reduction** in costs associated with perinatal care relating to the time before and after birth.
- Officials saw an **8.8 percent drop** in asthma exacerbation, which consists of acute or sub-acute episodes of progressively worsening shortness of breath, coughing, wheezing and chest tightness or any combination of

these.

There was a **6.7 percent reduction** in total joint hip/knee replacement surgeries.

Officials said that overall, the cost for services in just these three types of episodes was \$6.3 million less than the previous year, even though medical costs were projected to increase by 5.5 percent nationally.

Conservatively assuming a 3 percent increase would have taken place in the absence of this initiative, Tennessee's changes in just the three areas reduced costs by \$11.1 million, officials said.

This year, five more types of health care services have been added to the episodes list: chronic obstructive pulmonary disease exacerbation, colonoscopy, acute and non-acute percutaneous coronary intervention, and cholecystectomy.

The state plans to have 75 episodes designed by 2020.

State officials say the episodes of care are becoming a more common approach to payment in Tennessee and nationally.

Some providers have already engaged in episodes of care agreements for commercial insurance and for Medicare. More commercial insurers are expected to ramp up episodes programs in Tennessee next year.

Medicare recently made a joint replacement episode payment mandatory for 75 cities across the country including Memphis and Nashville. Medicare further announced that it plans to implement a mandatory episode program for all care associated with bypass surgery and heart attacks in July 2017.

TNCODC Strategic Initiative Update



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

STRATEGIC INITIATIVE WEBSITE

The Strategic Initiative website is available at <http://www.tncodc.com/strategic-initiative>. The website provides information and resources, including a video on the overview of the strategic initiative's approach and recorded webinars on implementing the strategic initiative and completing the COMPASS-EZ. The COMPASS-EZ is also available on the website.

FIRST STEPS IN IMPLEMENTATION

Implementing the Strategic Initiative within an agency requires both a top-down approach – senior leadership gaining buy-in and setting the vision, and a bottom-up approach – everyone involved and committed to improving the delivery of co-occurring services. A 12-step model is utilized to help guide the agency through the process. Here are the first six steps:

STEP 1 – Formal Announcement and Commitment

CEO/Executive Director decides to take steps to participate in the process

CEO/Executive Director engages agency's senior leadership

team and obtains buy-in

Provide orientation training to senior leadership (see the CCISC Overview video)

Senior leadership communicates a statement of intent to the whole agency

STEP 2 – Organize Continuous Quality Improvement Team (CQI)

Provide orientation training to the agency as a whole – can occur in waves as needed for the agency (see the CCISC Overview video and 12 Steps webinar)

Identify representatives and organize the Continuous Quality Improvement Team (CQI Team) for co-occurring capability

CQI Team starts to meet regularly to oversee the change process

STEP 3 – Identify Change Agents

As needed for the agency, identify a steering team (project management for the endeavor)

Identify change agents representing each program

STEP 4 – Commit to Goal of Co-Occurring Competency for All Staff

Identify who will participate in the

state wide learning community, and how the internal change agents and CQI Team will create an internal learning community for the agency

Further orientation trainings for staff as needed

Each program leader and change agent opens up a conversation with its own program team: what is this about and what does it mean for us. Emphasize that ALL staff who provide service will be helped to make progress.

STEP 5 – Program Self-assessment (COMPASS-EZ baseline)

Preparation training for program leaders and change agents who will complete the COMPASS-EZ (see the COMPASS-EZ webinar)

Orientation of program teams involved in completing the COMPASS-EZ

CQI Team sets a schedule and framework for completing the COMPASS-EZ - when, how, and what to do with the scores and results

Programs begin to complete the COMPASS-EZ. “Early completers” share results of experience with the CQI Team.

STEP 6 – Program CQI Action Plan

Each program collects information not only on scores, but on what they learned, and on 3-4 areas they would like to address

COMPASS-EZ results shared with CQI Team

Guidance provided by CQI Team for action planning

CQI Team synthesizes results for a few items for the WHOLE agency to address, and develops a CQI PDSA plan for each item

Each program develops an action plan for itself – same as above with PDSA

CQI Team develops a time frame for the action plans to be developed and a way to provide internal TA and guidance for progress

CQI Team develops a way to track progress

CQI Team develops a cycle for when to review results and update plans

CQI Team develops a cycle for when to repeat the tool

COD LEARNING COMMUNITY KICK-OFF MEETING

The kick-off meeting of the COD Learning Community was held on October 12. 29 agencies from across the state participated with 50 agency staff in attendance. The meeting was facilitated by the COD Learning Community Work Group, comprised of individuals representing 5 agencies in both substance abuse and mental health.

The goals of the meeting were to understand how the initiative benefits the treatment of co-occurring disorders in our communities, learn how Tennessee agencies are implementing and benefitting from the initiative, and help design the future COD Learning Communities by identifying agency needs and commitment to participate.

Following the meeting, the COD Learning Community Work Group will review the information from the day’s sessions and begin to design the future Learning Communities. This information will be rolled out over the coming months.

The next statewide Learning Community will be held December 14 and details are forthcoming.



TNCODC Receives the NAMI Tennessee 2016 Model Program Award

PHOTO CREDITS | Rick Malkin | NAMI Tennessee

Congratulations to the Tennessee Co-Occurring Disorders Collaborative, recipient of the NAMI Tennessee 2016 Model Program Award.

Since its establishment in 2011 with a state grant, the Tennessee Co-Occurring Disorders Collaborative (TNCODC) has linked NAMI Tennessee and other agencies to coordinate the diagnosis and treatment of mental illness and addictions in the same person, whether they enter the system seeking mental health or addiction treatment. The aim of education, awareness and screening is a coordinated care plan with better health outcomes for those with co-occurring disorders. The Collaborative raises awareness of the 187,000 people in Tennessee who experience co-occurring disorders.

Nominated by Dick and Jane Baxter, this award honors privately or publicly funded programs and projects that exemplify best practices for those living with mental illness and/or their family members. The Collaborative creates a common understanding of the impact and treatment of co-occurring disorders in our communities and to share knowledge about the conditions and available resources, reduce stigma, and accurately direct people to timely and effective prevention, treatment and support.

NAMI Tennessee is a partner in the Collaborative. NAMI representatives meet regularly with the Collaborative. NAMI families support loved ones who live with co-occurring disorders. They are familiar with the historical perspective that an individual entering the system in one or the other facility would generally receive treatment in the system in which they entered. Information and awareness of the need for identification of persons in need of integrated treatment for co-occurring disorders is shared through the NAMI community.

The Tennessee Co-occurring Disorders Collaborative is a partner with a wide range of agencies who coordinate together to identify and treat both mental health and addictions in the same individual

no matter whether they enter the system in a facility for mental health or for addiction treatment. The benefits of screening persons to identify possible co-occurring diagnosis can result in a coordinated care plan being developed for the individual. The outcome is proving to be better health outcomes for persons with co-occurring disorders. The Tennessee Co-occurring Disorders Collaborative has been a presenter at the State NAMI Convention. Through these informative sessions, the affiliate leaders at the convention have been able to take back the particulars of the prevalence of co-occurring disorders and the risks for the individuals. The Collaborative raises awareness of the 187,000 people in Tennessee who experience co-occurring disorders.



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

Roger Stewart, Deputy Director, NAMI Tennessee

PHOTO CREDITS: Rick Malkin



TNCODCREPRESENTATIVES IN ATTENDANCE AT THE AWARDS LUNCHEON

Elyn Wilbur, TAMHO; Teresa Fuqua, TAMHO; Hilde Phipps, Helen Ross McNabb Center; Vickie Harden, Volunteer Behavioral Health Care System; Alysia Williams, TAMHO

NOT AVAILABLE FOR PHOTO:

Assistant Commissioner Sejal West, TDMHSAS; Jeff Fladen, NAMI Tennessee; Dick Baxter, NAMI Tennessee; Mary Linden Salter, TAADAS

TAMHO Presents at the Thirty-Third Annual Joint Conference on Juvenile Justice

The TAMHO Children and Youth Section presented *Engagement and Collaboration: Partnering for Better Outcomes* to Juvenile Judges on August 15, 2016. The session provided opportunity for providers and judges to discuss how to best serve children and youth in their region. Special thanks to the 22 children and youth providers as well as the AOC and TDMHSAS for a great collaborative.

Corporate Compliance Training: Making the Grade After Health Reform

Adam J. Falcone, an expert attorney in health care corporate compliance and Partner at Feldesman Tucker Leifer Fidell LLP, as well as a consultant to the National Council for Behavioral Health, presented to a group of TAMHO members on current behavioral health compliance topics including key compliance risk areas, understanding compliance rights and creating accountability for compliance.



Congratulations to the recipients of the 2016 NAMI Tennessee Awards.

<p>Media Award Bobbie Thompson</p> <p>Public Policy Advocacy Award Senator Richard Briggs Senator Jeff Yarbro</p> <p>Professional Award Scott Ridgway</p>	<p>Model Project Award Tennessee Co-Occurring Disorders Collaborative</p> <p>Friend of NAMI Vik Moore</p> <p>Cochran Criminal Justice Award Captain Don Jones</p>	<p>Sackleh Affiliate Leadership Award Jim Briggs</p> <p>Sinor Advocacy Award Mary Linden Salter</p> <p>Personal Courage Award Janet Thornberry</p> <p>Key Service Award Susan Kellogg Vicky Rowland</p>
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TAMHO Welcomes New Staff Member Sarah Deason

TAMHO welcomes new staff member Sarah Deason. Sarah will serve as our Office Assistant providing education, meeting, and administrative support for the office.

Building Blocks for Infant Mental Health Conference Draws Approximately 300 Children’s Behavioral Health Professionals

TDMHSAS and the Early Connections Network (ECN), in collaboration with TAMHO brought TN’s very first Infant Mental Health Conference to Gallatin, TN on September 22-23rd with keynote presentations from a variety of experts. Participants also learned more about Tennessee’s newly formed Infant Mental Health Association—AIMHiTN—and the *Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*[®], which AIMHiTN has adopted. If you missed this fantastic 2-day conference, go to <http://www.tamho.org/2016-infant-mental-health-conference> to view the program and download presentations.



OPENING GENERAL SESSION

Kristy Leach, MA, Director, Office of Children and Youth Mental Health, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, Tennessee
The Honorable Ferrell Haile, Senator, State of Tennessee, General Assembly, Nashville, Tennessee



SETTING THE STAGE FOR INFANT MENTAL HEALTH IN TENNESSEE

Chaya Kulkarni, BAA, MEd, EdD, Director of Infant Mental Health Promotion, The Hospital for Sick Kids in Toronto, Canada
 Infant Mental Health Collaborative Communities



THE FIRST THREE YEARS: FOUNDATION FOR LIFE

Terri Combs-Orme, PhD, Urban Child Institute Endowed Professor, College of Social Work, University of Tennessee, Knoxville, Tennessee

- **INFANT MENTAL HEALTH ENDORSEMENT[®]: WHAT IS IT AND WHY SHOULD I APPLY?**
- **REFLECTIVE SUPERVISION/CONSULTATION: AN OVERVIEW | PART 1 OF 2**
- **REFLECTIVE SUPERVISION/CONSULTATION: A DEMONSTRATION | PART 2 OF 2**

Nichole Paradis, MSW, IMH-E[®] (IV-C), Associate Director & Endorsement Director, Alliance of the Advancement of Infant Mental Health, Southgate, Michigan



ENGAGEMENT AND RELATIONSHIP BUILDING IN WORK WITH YOUNG CHILDREN AND FAMILIES: WHY CULTURE REALLY MATTERS

Mindy Kronenberg, PhD, Clinical Psychologist, Project Launch, Memphis, Tennessee



BUILDING QUALITY RELATIONSHIPS WITH THE CARE MODEL

Drew Burkley, PsyD, Clinical Psychologist, Cherokee Health Systems, UT-CHS Center of Excellence, Knoxville, Tennessee

- **PRESCHOOL EXPULSION: WHAT WE NOW KNOW ABOUT THIS TROUBLING ISSUE**
- **EARLY CHILDHOOD MENTAL HEALTH CONSULTATION AS AN EFFECTIVE PREVENTATIVE FOR THE BEHAVIORS THAT OFTEN LEAD TO PRESCHOOL EXPULSIONS AND SUSPENSIONS**

Walter S. Gilliam, PhD, Associate Professor in the Child Study Center and of Psychology; Director, Yale-China Program on Child Development; Associate Professor of Psychology; Director, The Edward Zigler Center in Child Development and Social Policy, New Haven, Connecticut



FOSTERING ATTACHMENT THROUGH HOME VISITING

Jeremy Davaloz, BS, Program Manager, Early Childhood Services, Centerstone, Nashville, Tennessee
Michelle Miller, MFA, CLC, CEIM, Supervisor and Growing Great Kids Curriculum Trainer, Early Childhood Services, Centerstone, Nashville, Tennessee



KIDCENTRALTN | INFORMATION AND RESOURCE UPDATES

Jude White, JD, Executive Director, Governor’s Children’s Cabinet, Nashville, Tennessee

— Continued on next page —

IGNITE TENNESSEE: Expanding Opportunities for Infant Mental Health



Understanding and Assessing Young Children: 0-4 CANS
Vanderbilt University Center of Excellence
Giovanni Billings, PsyD, Licensed Clinical Psychologist HSP, Assistant Professor of Clinical Psychiatry



Head Start Program Performance Standards
Tennessee Department of Education
Belva Weathersby, MSW, Head Start State Collaboration Director



AIMHiTN FOUNDING BOARD

(left to right)

Janet Todd, JD, PhD
Kathryn Lelaurin, PhD
Sandra Allen, MSW
Mindy Kronenberg, PhD
Alison Peak, LCSW
Angela Webster, MSW
Melissa McGee, MS
Michele Moser, PhD
Matt Timm, PhD

Elizabeth Ball, LCSW *(not pictured)*



Home Visiting Works!
Tennessee Department of Health
Angie M. Jones, MSSW, Section Chief, Early Childhood



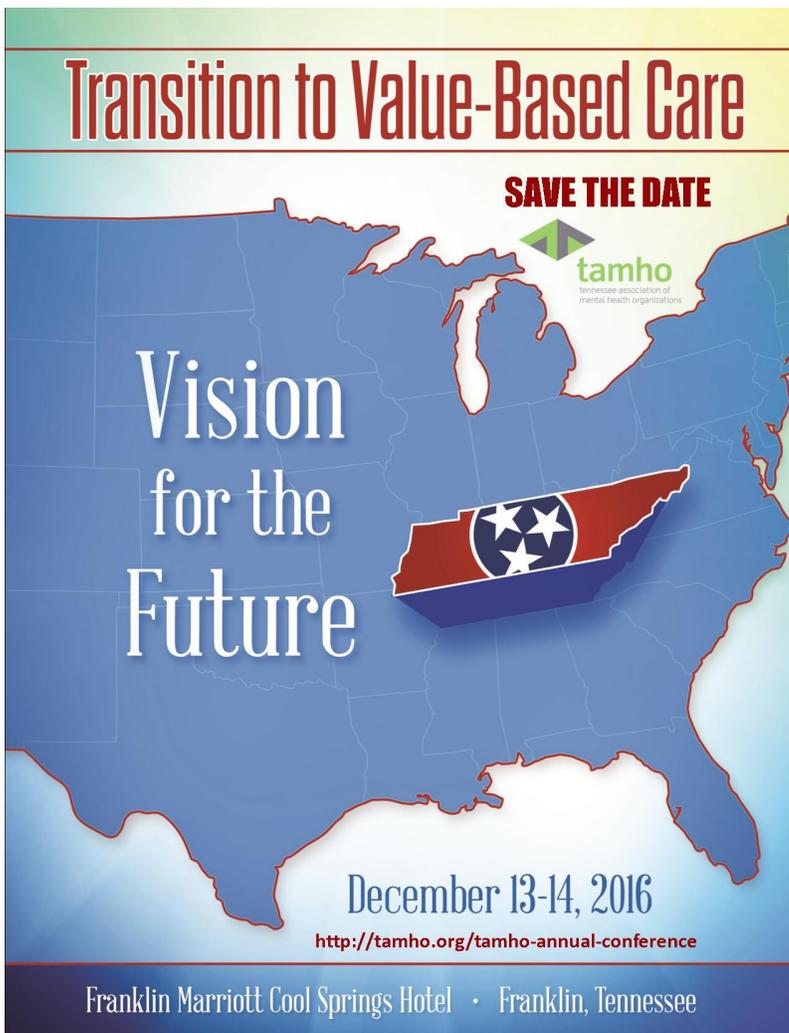
Regional Intervention Program (RIP): Parents Helping Parents Helping Children
Tennessee Department of Mental Health and Substance Abuse Services
Heather Taylor, LCSW, RIP Nashville Director



Building Strong Brains: Tennessee's ACEs Initiative
Tennessee Department of Children's Services
Mary E. Rolando, MS, Health Advocacy Director



Improving Services for Infants and Toddlers: TEIS' State Systemic Improvement Plan
Tennessee Department of Education
Shannon Pargin, LMSW, TEIS Strategic Planning Coordinator



Transition to Value-Based Care

SAVE THE DATE

Vision for the Future

December 13-14, 2016
<http://tamho.org/tamho-annual-conference>

Franklin Marriott Cool Springs Hotel · Franklin, Tennessee

Keynote Speakers . . .

Bureau of TennCare

Tennessee Department of Finance and Administration



Wendy Long, MD
Deputy Commissioner
Director of TennCare
Nashville, Tennessee

National Council for Behavioral Health



Linda Rosenberg, MSW
President and CEO
Washington, DC

ZiaPartners



Kenneth Minkoff, MD
Senior Systems Consultant
San Rafael, California

Please visit
<http://tamho.org/tamho-annual-conference>
to view additional sessions, speakers, and registration details as they become available.

TAMHO MEMBER ORGANIZATION HAPPENINGS

Frontier Health Welcomes Family Psychiatric Nurse Practitioners



Nikki Roberts, FNP
Family Nurse Practitioner
Frontier Health

Frontier Health is pleased to announce the addition of Nikki Roberts, FNP, as a Family Nurse Practitioner. Roberts began providing services earlier this year primarily for Frontier Health’s Charlotte Taylor Center.

“We welcome Ms. Roberts to the Frontier Health team and we are excited that she will bring her experience as a Family Nurse Practitioner to our Charlotte Taylor office in Elizabethton,” said Dr. Teresa Kidd, President and CEO of Frontier Health.

“Her professional and volunteer experience will be a real asset to the overall health needs of the vulnerable individuals we serve.”

She completed her clinical training helping individuals of all ages at a community hospital, Trauma 1 hospital, county health department, community center, internal medicine practice, and emergency departments. She developed treatment plans for acute and chronic disease, educated and guided patients on disease prevention and healthy lifestyle habits, completed physical exams, performed diagnostic tests, screening evaluations, and pharmaceutical interventions.

“I became a nurse because I have compassion for others and wanted a career that made a difference in the lives other people no matter what their background,” said Roberts. “I decided to go back to be a Nurse Practitioner to deliver a unique blend of nursing and medical care that focuses on the whole person when treating specific health problems, and educating patients on the effects those problems have on them and even their loved ones. I wouldn’t want to practice anywhere other than the great state of Tennessee.”

She is a licensed, board certified Family Nurse Practitioner. She graduated from King University Master’s Family Nurse Practitioner program, and is a graduate of East Tennessee State University’s College of Nursing. She volunteers with Habitat for Humanity and Remote Area Medical, and participated in Kairos Outside Prison Ministry and short term mission trips in the continental United States.



Becca Ward, PMHNP-BC
Family Psychiatric Nurse Practitioner
Frontier Health

Frontier Health welcomes Family Psychiatric Nurse Practitioner, Becca Ward, PMHNP-BC, who primarily provides outpatient psychiatric services to adults.

“We’re pleased that Becca has joined the Frontier Health team, working with us at Watauga Behavioral Health Services in Johnson City. She is very experienced in working with the needs of the individuals we serve and we are excited to have her join our Frontier family,” said Dr. Teresa Kidd,

President and CEO of Frontier Health.

Ward came to Frontier from Good Samaritan Hospital in Vincennes, Ind., where she completed her clinical training as she provided outpatient psychiatric services to more than 400 active clients, diagnosing psychiatric illnesses, providing medication management, and therapy.

“I am very excited to join the Frontier Health family as they are committed to improving the lives of individuals and families affected by mental illness and substance abuse,” Ward said. “Outpatient community mental health is my passion and I look forward to working with an exemplary team.”

Ward is a licensed Psychiatric Mental Health Nurse Practitioner and is in the process of completing her doctorate in nursing practice at Walden University in October. She received her master’s degree in nursing from Indiana University, a bachelor’s degree in nursing from Vincennes University.

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

Charlotte Hoppers Named CEO of the Year During the 40th Annual TAADAS Annual Recovery Month Banquet and Awards Event

Congratulations to Charlotte Hoppers, Executive Director, Grace House of Memphis, on being named CEO of the Year. The award was bestowed during the 40th Annual TAADAS Recovery Month Banquet and Awards Ceremony at Trevecca Community Church in Nashville, Tennessee.



(l-r) Barry Cooper, TAADAS President and Executive Director, JACO; Charlotte Hoppers, Grace House of Memphis; Michele Squires, Grace House of Memphis;

Collaborator, teacher, life-long learner, wise, visionary, full of integrity, overcomer, resilient and caring are words that describe Charlotte Hopper, the TAADAS 2016 CEO of the Year. According to TDMHSAS Assistant Commissioner Rod Bragg, “Charlotte is a dedicated, compassionate, and passionate leader. She truly cares for the clients that Grace House serves and has dedicated her life to helping women reach a life of recovery and health. She certainly has proven herself in understanding the needs of women with a substance use or co-occurring issue.”

Ms. Hoppers has invested 15 years of her professional life at

Grace House of Memphis starting in 2001 as a Transitional Counselor. She brought her own recovery experiences and gentle compassion to the clients who were making the difficult transition back into the community while being newly sober. Long-time Grace House Executive Sharon Trammel saw great leadership potential in Charlotte and she was promoted to Director of their Halfway House. When Ms. Trammell, who was considered a legend in the field, passed away in 2010, Charlotte Hoppers was hand selected to lead the organization. She saw the need to fully commit to keeping the program running while maintaining its integrity and also taking a fresh look at how best to insure sustainability of what she believed was the only way to treat women – the provision of long-term treatment.

Charlotte has provided a long tenure of service to both TAMHO and TAADAS having served on the TAMHO Addictions Committee and providing guidance in developing various responses to public policy issues impacting the TAMHO membership and recently served as President of TAADAS. Charlotte is always accessible and, like her predecessor Sharon Trammel, serves as the voice of reasoning. She has also served on the Memphis and Shelby County Anti-Drug Coalition and the Tennessee Treatment and Advisory Committee.

A Grace House Team Member described Charlotte as someone who “works night and day to keep the train on the tracks” as Charlotte believes in the necessity of long-term treatment for women and that long-term recovery is not achieved by a quick fix and consistently rejects efforts to “hurry” the process of recovery. She is known to go to extraordinary lengths to ensure that no client is turned away from treatment because of their ability to pay. She is the type person who is known for having jumped into her own car and rescue a woman who was desperate to get to treatment but had no transportation and to even have reached into her own pocket to meet the needs of clients. Although these might be normal tasks for front-line staff, it is not often seen in those who hold executive leadership roles. She is without a doubt a gift to other recovering women who never thought they could find their way back to a life filled with hope and possibilities.

Jessica Pruitt, Volunteer Behavioral Health Care System, Receives Regional Suicide Prevention Award

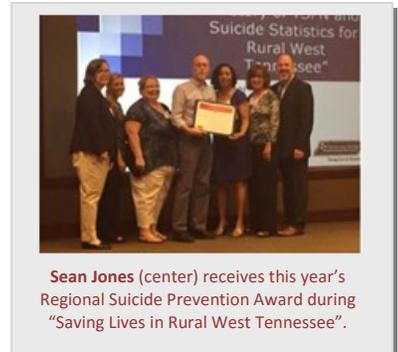
Jessica Pruett of Volunteer Behavioral Health received this year’s Regional Suicide Prevention Award, in light of her longtime efforts on behalf of Network projects. These include circulating information about mental health and suicide prevention at local health



fairs and a community events, securing Suicide Prevention Awareness Month proclamations from local officials, and providing church bulletin inserts to local houses of worship.

Sean Jones, Carey Counseling Center, Receives Rural West Regional Suicide Prevention Award

The Rural West Regional Suicide Prevention Award winner was recently presented to Sean Jones, Crisis Program Director at Carey Counseling Center. Certified in the AMSR, QPR, and Mental Health First Aid protocols. Jones provides training in all these curricula to Carey employees and the community at large outside



of his regular job duties. Also, he is actively involved in the statewide Zero Suicide Initiative Task Force and one of its foremost advocates in West Tennessee.

Centerstone Receives \$6Million Grant to Help Veterans

Centerstone’s Supportive Services for Veteran Families helps thousands of veterans and their families achieve permanent housing and financial stability

Centerstone, one of the nation’s leading not-for-profit behavioral healthcare providers, received its sixth renewal grant, totaling \$6,060,000 over the next three years, from the U.S. Department of Veterans Affairs. The grant will fund the fifth through seventh years of the not-for-profit’s successful Supportive Services for Veteran Families (SSVF), which aids low-income veterans and their families in transitioning to permanent housing.

Centerstone’s SSVF team has helped address the needs of over 3,000 veterans and their families across 40 Middle Tennessee and Southern Kentucky counties. In the past nine months, SSVF has helped approximately 1,000 individuals from 579 veteran families, with 85 percent exiting services after successfully securing permanent housing.

“Since its inception, Centerstone’s SSVF team has worked diligently to not only connect thousands of veterans and their families to housing permanency, but also provide means to help them and their families achieve financial stability,” said Centerstone SSVF Project Director Phyllis Viltz. “With the new funding, we look forward to continuing our mission in helping thousands of veterans throughout the region transition to a place they can call home.”

Clients have described Centerstone's SSVF as "a guiding light" and "professional and thorough." One client remarked, "They made me feel proud to be a veteran even in difficult times."

The organization received its first grant from the U.S. Department of Veterans Affairs in 2012. Since then, it has secured more than \$16 million in funding to expand and sustain the team that provides eligible veterans and their families with supportive services, including case management, transportation, child care, employment support, budgeting, legal assistance and help obtaining VA and other benefits.

The services also can include time-limited payments to third parties, from landlords to utility companies, in order to help

veterans and their families stay in or acquire permanent housing on a sustainable basis.

For more information, including coverage area, visit CenterstoneMilitaryServices.org or call (615) 460-4385 in Tennessee or (270) 282-0121 in Kentucky.

About Centerstone | Centerstone is a national, private, not-for-profit 501(c)(3) healthcare organization. We provide a comprehensive scope of behavioral health services to the people and communities we serve in Florida, Illinois, Indiana, Kentucky and Tennessee. Additionally, we offer specialized life skills development, employment and housing services for adults in southern Illinois with intellectual and developmental disabilities. Our organization offers a range of services and supports nationwide to service members, veterans and their loved ones, helping them to lead healthy and fulfilling lives beyond military service. Centerstone also operates the Centerstone Foundation, Centerstone Research Institute, Advantage Behavioral Health, Centerstone Military Services and Centerstone Health Partners. For more information about Centerstone, please visit

STATEWIDE HAPPENINGS

TDMHSAS Awarded \$25 Million "System of Care Across Tennessee" Grant

The Tennessee Department of Mental Health and Substance Abuse Services has been awarded a four-year \$12 million dollar grant from the U.S. Department of Health and Human Services - Substance Abuse and Mental Health Services Administration on Wednesday. This is the largest federal discretionary grant awarded to the Department in its history. The funding will be used to create, expand, and sustain the System of Care approach in local communities throughout Tennessee. In partnership with the Tennessee Commission on Children and Youth, over the next four years the Department will implement numerous strategies and interventions to better serve children and youth with serious emotional disturbances (SED) and their families.

With resources and technical assistance provided through the grant, the Department, individuals, families, providers, advocates, and other state and local agencies will work to create "System of Care Across Tennessee" (SOCAT). Through these partnerships, SOCAT will create local interagency planning teams in each of Tennessee's 95 counties and initiate policy, system, and environmental change strategies. Ultimately, these activities will help ensure easier access to high quality, coordinated behavioral health care for children with serious mental health needs.

During the course of grant funding, SOCAT aims to serve a minimum of 600 children and youth with SED and their families, reach over 5,000 people through workforce development opportunities and communication strategies, expand the utilization of family and youth peer support programming, and create statewide infrastructure which ensures the coordination of community-based mental health services.

For more information, contact: Kristy Leach | Director, Office of Children and Youth Mental Health | 615-253-4800; Kristy.Leach@tn.gov; tn.gov/behavioral-health

Tennessee Increases Availability of Naloxone

Tennessee has a powerful new tool to fight opioid overdose with the passage of Public Chapter 596. This new law allows authorized pharmacists to dispense naloxone to a person at risk of opioid overdose or to a family member, friend or other person to assist someone at risk of an opiate-related overdose.

Public Chapter 596 sets up a statewide pharmacy practice agreement for what is called "opioid antagonist therapy." This law authorizes the Tennessee Department of Health's chief medical officer to enter the collaborative agreement with any willing licensed, practicing Tennessee pharmacist with proper training in opioid antagonist therapy. This agreement allows an authorized pharmacist to dispense an opioid antagonist such as naloxone to help prevent an opiate-related overdose. The pharmacist must provide proof of completing an opioid antagonist training program within the past two years before he or she can enter into the agreement to dispense naloxone.

"Administering naloxone can prevent death in many opioid overdoses by reversing the life-threatening effects of opioids almost immediately, allowing time, and this is critical, for the person to reach further medical treatment," said Tennessee Health Commissioner John Dreyzehner, MD, MPH. "This 'overdose antidote' can save lives and give more people a second chance at recovery."

Once under the collaborative practice agreement found on the TDH website, pharmacists will need to take an opioid antagonist training course. Individuals such as 'good Samaritans' picking up naloxone will also need instruction on how to administer it, and can either receive that from the dispensing pharmacist or find it

online at www.tn.gov/health/article/naloxone-overdose-information-steps.

Public Chapter 596 was sponsored in the Tennessee General Assembly by Sen. Doug Overbey and Rep. Bryan Terry, and was strongly supported by the Tennessee Pharmacists Association.

"The Tennessee Pharmacists Association greatly appreciates the continued commitment from the Tennessee General Assembly, the Tennessee Department of Health and the Tennessee Department of Mental Health and Substance Abuse Services to pursue new strategies to prevent deaths due to opioid medication overdoses," said Micah Cost, PharmD, MS, executive director of the Tennessee Pharmacists Association. "This legislation will allow our pharmacists to serve patients in a more integrated capacity by providing increased access to essential care and life-saving medications. Through innovative approaches like this law, our state will continue to move closer toward meaningful recovery from prescription drug addiction."

"We are grateful for the opportunity to work with pharmacists across the state to empower more people to save lives," said TDH Chief Medical Officer David Reagan, MD, PhD. "Naloxone counseling should be a part of almost every opioid treatment course. This new law will empower pharmacists and their patients to assure safer prescribing and Good Samaritan opportunities."

In recent years, Tennessee has taken other significant steps to make naloxone available by removing civil liability, allowing prescribers to dispense the medication to third parties, and removing minor criminal penalties to first-time abusers who use the drug to reverse an overdose. However, Public Chapter 596 is more significant because it reduces barriers to give the general public access to the drug. A participating pharmacist can now educate and dispense naloxone along with opioids for naive users or can dispense it to family members who do not have time and/or funds to schedule a doctor's visit and then follow up by filling the prescription.

Drug overdose is now one of the top causes of death in Tennessee, claiming 1,263 lives in 2014. The CDC reports that for every overdose death in the U.S., a person taking opioids on average will overdose nine times. While overdose deaths can occur anytime, the most high-risk individuals are those using escalating doses of drugs and those using a combination of drugs such as opioids and benzodiazepines.

Learn more about naloxone at www.tn.gov/health/topic/information-for-naloxone.

Substance abuse is treatable and preventable. For information on treatment services, please visit www.tn.gov/behavioral-health/section/substance-abuse-services.

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.

USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

Agriculture Secretary Tom Vilsack today announced an initiative that will use USDA's rural development resources to help fill the need for transitional housing for people recovering from opioid and other substance use disorders. In January, President Obama tasked Vilsack, who is chair of the White House Rural Council, with leading a federal interagency effort focused on rural opioid use. The initiative is the result of a conversation Secretary Vilsack had in May in New Hampshire at the Hillsborough County Superior Court, where individuals involved with the state's drug court program told him that a lack of access to affordable housing made it challenging for participants to successfully complete their recovery from addiction.

The initiative includes:

- Encouraging the use of USDA Community Facilities financing for transitional housing projects;
- Making vacant USDA housing properties available for lease or sale to qualified non-profits to transform the properties into transitional housing;
- Launching a pilot project to make vacant USDA multifamily rental units available to tenants participating in treatment programs;
- Releasing a suite of data that will better link existing USDA facilities with treatment service providers across the country.

"The journey from having a substance use disorder to recovery requires understanding, treatment, and support," said Vilsack. "But too often that journey is not completed because of a lack of safe, affordable housing options for those on their way back to being healthy, contributing members of our communities. The opioid epidemic is hitting rural America especially hard and there are few options for transitional housing. Today's actions will lead to more options for those in recovery."

In the first of the transitional housing actions announced today, USDA Rural Development's Rural Housing Service is instructing its field staff that Community Facilities program financing may be used for the construction, expansion and improvement of transitional housing facilities. The CF program provides affordable funding to develop essential community facilities in rural areas, such as hospitals and schools. Additionally, the CF program can be used as a financing tool for non-profit organizations considering the purchase of existing properties for the purpose of transitional housing. In order to be eligible, transitional housing facilities must provide supportive services to rural residents to help them recover and prepare them to live independently within two years.

Rural Development also instructed staff today that it is encouraging the sale of single-family homes and multi-family properties that are exiting USDA's Real Estate Owned (REO) housing program to qualified non-profit organizations that would convert them into transitional housing facilities. REO properties are houses owned by USDA as a result of foreclosure. The single-family REO initiative is effective in the 22 states where the REOs are managed by that state's Rural Development office.

As part of this effort, the Secretary also announced a "Contract for Deed" pilot in the Single Family Housing program that would make USDA-held REOs available for purchase at below-market-rate cost by qualified non-profits providing housing for homeless individuals recovering from substance use disorder. The local non-profit would manage the property for the benefit of the individual and community, paying the taxes, making needed repairs and handling other responsibilities. They would have two years to complete the purchase transaction, and may use RHS financing, if available. The pilot is limited to a maximum of fifteen REO properties in the states of New Hampshire, Vermont, Nevada and Missouri.

The third action is a pilot project that would incentivize owners of USDA multi-family rental housing properties to rent to those in recovery by making hard-to-fill vacant units that are currently unsubsidized eligible for rental assistance if they are occupied by a current participant of a drug court program. Drug court programs have been proven to successfully reduce substance dependence and reduce criminal recidivism because they require participants to fulfill court mandated treatment and recovery requirements. The pilot program is open to facilities in New Hampshire, Vermont, Nevada and Missouri.

Finally, USDA is harnessing the power of open data in order to most effectively target our resources and to allow individuals in recovery to better locate USDA assistance. USDA's Rural Housing Service has released data on its portfolio of Community Facilities loans, guarantees, and grants across the country, which include hospitals, health clinics, group homes, and mental and behavioral health treatment facilities, to Data.gov and policymap.com, an online data mapping platform, where it can be visually overlaid with other indicators on substance use and recovery services. This new data supplements existing multi-family property and single-family housing data that the Agency recently released publicly. For example, the public can now map USDA multi-family and single-family housing properties and locate nearby Drug and Alcohol Treatment Centers using the latest Substance Abuse and Mental Health Administration (SAMHSA) data. Users can further determine which centers provide opioid addiction treatment and use telemedicine, among many other attributes.

During a roundtable discussion in Abingdon, Va., in June, Secretary Vilsack heard from community health leaders that collocating services for individuals in recovery can be a successful tool, so that individuals in rural areas are not faced with long drives from one facility to the next, such as from recovery housing to a treatment facility. This new data will allow USDA to better target resources where they can have the most effect.

Since 2009, USDA Rural Development has invested nearly \$13 billion to start or expand nearly 112,000 rural businesses; helped 1.1 million rural residents buy homes; funded nearly 9,200 community facilities such as schools, public safety and health care facilities; and helped bring high-speed Internet access to nearly 6 million rural residents and businesses. USDA also has invested \$31.3 billion in 963 electric projects that have financed more than

185,000 miles of transmission and distribution lines serving 4.6 million rural residents. For more information, visit www.usda.gov/results.

Four State Agency Leaders Call for Increased Awareness About Fentanyl

Deadly, Illegally Sold and Often Cheap Drug Cited Recently by CDC in Alert Update

Following a public health alert update last week from the Centers for Disease Control and Prevention on increased risk of overdose and fatalities associated with Fentanyl-laced counterfeit pills and compounds, commissioners and directors from four Tennessee departments are urging the public to have increased awareness about the substance. They include:

John J. Dreyzehner, MD, MPH, Commissioner, Tennessee Dept. of Health

E. Doug Varney, Commissioner, Tenn. Dept. of Mental Health and Substance Abuse Services

Mark Gwyn, Director, Tenn. Bureau of Investigation

David Purkey, Assistant Commissioner, Tenn. Dept. of Safety & Homeland Security

Fentanyl is a synthetic opioid estimated by the CDC to be 50 to 100 times more potent than morphine and has been used for treating severe pain. Available initially in transdermal patches or lozenges for cancer patients, it is now being manufactured and sold illegally. Tennesseans should know:

Fentanyl is often mixed with heroin, cocaine or other drugs to increase the euphoric effects of those drugs.

It is used to produce cheap counterfeits of Oxycodone, Xanax and Norco.

It can be sold as counterfeit heroin.

It can be inhaled, swallowed, injected, absorbed through skin contact or passed along in a vaporized form.

It affects the central nervous system and respiratory functions; in overdoses, a victim loses the ability to breathe and can die if emergency care is not provided.

"The CDC alert follows a report from the U.S. Drug Enforcement Administration in July indicating hundreds of thousands of counterfeit pills have been entering the U.S. drug market since 2014, with some containing fentanyl," said TDH Commissioner Dreyzehner. "Fentanyl is deadly and those who are using or selling it illegally are now at real risk of killing themselves or others; we strongly encourage Tennesseans with substance use disorders to recognize the importance of avoiding drugs from illegal sources and to seek help now to end a dependency. Tomorrow may be too late."

"More and more we are seeing drugs being made in clandestine labs that contain fentanyl," said TBI Director Mark Gwyn. "The public needs to understand these drugs present a life-threatening

danger to those who use them; they are also a threat to police and EMS first responders who are called upon to aid overdose victims or who are working to remove them from communities across our state. The counterfeiters producing very real-looking imitations of legitimate pain relief drugs don't emphasize quality control in their manufacturing, so one fake pill may be more deadly than another. Anyone with knowledge of fake pills being sold in any community should immediately contact local law enforcement. One call might save one life – or many."

"This situation is alarming," Department of Safety and Homeland Security Assistant Commissioner David Purkey said. "Our state is vulnerable to the dangerous influx of drugs that are threatening our Tennessee communities. The Tennessee Highway Patrol is working overtime to interdict the drug traffickers who are wanting to impose harm on the citizens in our great state and across the country. We will continue to combat drug trafficking and ensure the safety of all Tennesseans."

"Although we have made great strides against the prescription opioid epidemic facing our State, I am gravely concerned about the growing number of counterfeit pills containing lethal doses of fentanyl entering our State," said Tennessee Department of Mental Health and Substance Abuse Services Commissioner E. Douglas Varney. "If you or someone you know is struggling with opioid dependence, please contact the Tennessee **REDLINE** (1-800-889-9789) to seek help now."

To see CDC information on fentanyl, visit: <http://emergency.cdc.gov/han/han00384.asp>

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.

BlueCross Launches Campaign to Combat Opioid Abuse

BlueCross Health Foundation Provides \$1.3 million grant to expand the Coffee County Anti-Drug Coalition's Count It! Lock It! Drop It! Program

ARTICLE REPRINT | Business Wire | August 29, 2016 | Mary Danielson, APR, 423-535-7694 | <http://www.businesswire.com/news/home/20160829005838/en/>

Count, Lock and Drop your pills! That's the message from the BlueCross BlueShield of Tennessee Health Foundation, which is teaming up with the state Department of Health and the Coffee County Anti-Drug Coalition to reduce prescription pain medication abuse in Tennessee.

To help address the state's opioid epidemic, the BlueCross Health Foundation is providing a \$1.3 million grant to expand the Coffee County Anti-Drug Coalition's Count It! Lock It! Drop It!™ program to counties with high rates of opioid deaths. The funding will support training and outreach efforts including a public education advertising campaign.

According to Dr. David Reagan, chief medical officer for the Tennessee Department of Health, opioid abuse is one of Tennessee's most concerning public health issues. "It will take various parties and a multi-faceted approach to tackle this crisis, and we're pleased to have the state's largest insurer commit itself to this cause," said Reagan.

In 2015, BlueCross covered more than 1 million opioid prescriptions for its members - that's more than 66.6 million painkillers dispensed. "We know pain medication is necessary to treat many conditions, but there is a clear need to engage in clinical and social efforts across the state to prevent the many tragedies that individuals, families and entire communities have faced from opioid abuse and addiction," explained Dr. Andrea Willis, chief medical officer for BlueCross BlueShield of Tennessee.

Count It! Lock It! Drop It! was co-founded in 2011 by Christina Merino and Kristina Clark of the Coffee County Anti-Drug Coalition. The goal was to build a comprehensive, community-level approach to prescription drug misuse. The program ensures patients are receiving the same messaging at doctors' offices and pharmacies, as well as integrating counseling on the addictive nature of certain medications and teaching drug safety skills.

The Count It! Lock It! Drop It! program encourages community members to:

- **Count It!** Count pills once every two weeks to monitor theft and help ensure medications are taken properly.
- **Lock It!** Lock and store them in a secure place where others would not think to look.

Drop It! Take unused or expired medications to drop boxes located in participating law enforcement offices or pharmacies or during take-back events.

"Many adults and teens do not understand the dangers of misusing prescription drugs, and think of them as safe because they are prescribed by a doctor," said Christina Merino, co-founder of Count It! Lock It! Drop It!. "Our program educates everyone from health care providers to grandparents on the need to use, store and dispose of prescription medications safely."

BlueCross Community Relations and Foundations Director Dawn Abel pointed to research that shows 55 percent of those who abuse painkillers in Tennessee get them from a friend or relative who has a prescription. "Count It! Lock It! Drop It! has a proven track record of educating communities on the importance of safeguarding and properly disposing of prescriptions," Abel said.

Last year, the Count It! Lock It! Drop It! program in Coffee County collected approximately 600 pounds of various medications at its three drop boxes in the Coffee County Sheriff's Office, the Manchester Police Department and the Tullahoma Police Department. The estimated street value of the collected opioids was more than \$11,387.

Count It! Lock It! Drop It! is currently operating in 32 counties statewide – 11 in East Tennessee, 18 in Middle Tennessee and

three in West Tennessee – with its educational and grassroots program. A main element of the program is permanent drop boxes located in law enforcement offices. By September, all 95 Tennessee counties will have a box in place. For more information on Count It! Lock It! Drop It! or to locate a drop box, visit www.countitlockitdropit.org.

About BlueCross® | BlueCross BlueShield of Tennessee’s mission is to provide peace of mind through better health. Founded in 1945, the Chattanooga-based company serves more than 3.4 million members in Tennessee and across the country. BlueCross BlueShield of Tennessee, Inc., is an independent licensee of the BlueCross BlueShield Association (BCBSA). BCBSA is an association of independent Blue Cross and Blue Shield Plans. For more information, visit the company’s website at bcbst.com.

Doctors Will Play a Critical Role in the Opioid Epidemic

ARTICLE REPRINT | The New York Times / The Opinion Pages - Editorial | The Editorial Board | August 30, 2016 | <http://www.nytimes.com/2016/08/30/opinion/doctors-will-play-a-critical-role-in-the-opioid-epidemic.html?ref=opinion&r=3>

About half of opioid overdose deaths involve prescription drugs. With that stark fact in mind, the surgeon general, Dr. Vivek Murthy, sent an unusually direct plea last week to 2.3 million doctors and other health care workers to help fight the opioid epidemic by treating pain “safely and effectively.” A website for his “Turn the Tide” campaign highlights alternative, nonaddictive treatments for pain. Not only doctors but also policy makers, insurance companies and other players in the health care system should pay attention.

Prescriptions for opioids such as oxycodone and methadone have quadrupled since 1999, as have opioid overdose deaths — more than 28,000 in 2014, up 14 percent from the year before. While prescriptions for opioids peaked in 2012, their use remains high by historical standards. And many people who were prescribed opioids have gone on to use illegal opioids like heroin and fentanyl.

For cancer patients or people near the end of their lives, opioids are often the only effective medicine. But doctors have many more options for treating back pain, migraines and pain related to surgery — physical therapy, anti-inflammatory drugs, acupuncture, exercise and so on. Some doctors overlook these alternatives because opioids are easy to prescribe or because patients demand them.

A further problem is that some insurance plans do not cover alternative treatments like physical therapy and acupuncture, or they impose so many limits and high co-pays on them that in many cases both doctors and patients find opioids a less expensive option. In some rural areas, the nearest physical therapist may be many miles away.

One fix here seems obvious: Federal and state lawmakers can require insurers to cover these services, a cheaper option over the long term than addiction treatment. And they should also find ways to expand access to health services by subsidizing doctors, therapists and other health care workers to make periodic visits to remote areas.

Even when opioids are necessary, doctors can minimize the risk of addiction by taking a few precautions. They can write prescriptions for low doses and relatively short time periods. They should pay attention to monitoring programs that most states have set up to make sure a person is not getting multiple prescriptions from different doctors. And doctors can steer to treatment patients who are obviously addicted.

Doctors are not the only ones responsible for the opioid epidemic, but as Dr. Murthy makes clear, they’ll have to play a leading role in the fight against it.

The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement

U.S. Department of Justice | Office of Community-Oriented Policing Services

The goal of this toolkit is to help community organizations accomplish the following objectives:

- Strengthen partnerships between the community and law enforcement;
- Further the community’s role as a partner in crime reduction efforts;
- Identify and address social issues that diminish the quality of life and threaten public safety in communities;
- Link those in need to services and resources that currently exist in the community.

The Office of Community Oriented Policing Services (COPS), U.S. Department of Justice, has spent much time, resources, and effort in developing numerous publications to help law enforcement agencies work with their communities on addressing public safety issues. This toolkit is designed to help our communities initiate partnerships with their law enforcement agencies and collaborate on solving crime problems at the neighborhood level.

Please visit http://ojp.gov/fbnp/pdfs/Collaboration_Toolkit.pdf to view the publication.

BlueCross Pulling Out of State ACA Marketplace in Big Cities

Carrier says losses since 2014 nearing \$500 million

ARTICLE REPRINT | The Nashville Post | September 26, 2016 | Geert De Lombaerde | <http://www.nashvillepost.com/business/health-care/insurance/article/20834861/bluecross-pulling-out-of-state-aca-marketplace-in-big-cities>



More than 50,000 Nashville-area residents will need to find a new health insurer for 2017 after BlueCross BlueShield of Tennessee executives announced Monday they are pulling their Affordable Care Act marketplace plan options for Tennessee’s three

NATIONAL HAPPENINGS

Statement by the President on the Comprehensive Addiction and Recovery Act of 2016

Today (July 22, 2016), I signed S.524, the Comprehensive Addiction and Recovery Act of 2016 into law. This legislation includes some modest steps to address the opioid epidemic. Given the scope of this crisis, some action is better than none.

However, I am deeply disappointed that Republicans failed to provide any real resources for those seeking addiction treatment to get the care that they need. In fact, they blocked efforts by Democrats to include \$920 million in treatment funding.

Every day, 78 Americans die from opioid overdoses. I have heard from too many families across the country whose lives have been shattered by this epidemic, including a mom from Ohio who recently wrote: "There are not near enough facilities in this area to handle the amount of care that is needed... We need help."

My Administration has been doing everything we can to increase access to treatment, and I'm going to continue fighting to secure the funding families desperately need. In recent days, the law enforcement community, advocates, physicians, and elected officials from both sides of the aisle have also joined in this call. Now, it's up to Republicans to finish the job and provide adequate funding to deal with this public health crisis. That's what the American people deserve.

Key House Committee Approves Mental Health First Aid Act

ARTICLE REPRINT | National Council for Behavioral Health | September 22, 2016 | Stephanie Pellitt, Policy and Advocacy Associate | <http://www.thenationalcouncil.org/capitol-connector/2016/09/2779/>

On Wednesday, the House Committee on Energy and Commerce approved its version of the Mental Health First Aid Act (H.R. 1877). This legislation authorizes grants for mental health and substance use awareness training to law enforcement, first responders, teachers, and other individuals that work with youth.

The National Council has long supported the Mental Health First Aid Act, and commends the Energy and Commerce Committee for its action on this important bill. Mental Health First Aid is vital for giving people the tools to respond to common crisis situations as Linda Rosenberg, President and CEO of the National Council, explains in her blog on *Huffington Post*, "When someone you know is hearing voices that aren't there, or drowning in grief from the death of a child, or experiencing symptoms of post-traumatic stress from the loss of his fellow soldiers, you need to know how to help them in the heat of a crisis moment."

We thank Representatives Lynn Jenkins (R-KS) and Doris Matsui (D-CA) for their tireless support of the Mental Health First Aid Act. Our appreciation also goes out to Energy and Commerce Committee Chairman Fred Upton (R-MI) and Ranking Member Frank Pallone (D-NJ), for their work to bring this bill before the committee.

The committee's action came on the heels of news that Rhode Island enacted legislation to train its entire police force in Mental Health First Aid. The committee-approved bill would permit federal funds to be used for training police officers, among other law enforcement officials. Current program rules limit funding to training individuals who serve youth.

With few days remaining in the legislative year, the future of the Mental Health First Aid Act is uncertain. The National Council continues to work with Members of Congress to build support for this legislation. Stay tuned to Capitol Connector for the latest updates and opportunities to take action.

The New 9 to 5

Changes in Overtime Rules have Employers Scrambling for a New Game Plan by Dec. 1

ARTICLE REPRINT | Nashville Medical News | October 11, 2016 | Melanie Kilgore Hill | <http://www.nashvillemedicalnews.com/the-new-9-to-5-cms-1381> | RELATED LINKS: TMA www.tnmed.org | Dickinson Wright www.dickinson-wright.com

A new overtime regulation issued pursuant to the Fair Labor Standards Act could impact countless hospital employees and other healthcare workers, and employers expect to feel the pinch. On Dec. 1, an estimated 4.2 million Americans now classified as exempt employees could be reclassified as non-exempt workers who are eligible for overtime pay.

Who will it Impact?

"Employers need to be looking at each job description," advised attorney Yarnell Beatty, vice president of Advocacy for the Tennessee Medical Association. "Those virtually certain to be affected are office workers, LPNs, home health aids, and anyone assisting other professionals with their duties. You'll also have individuals like coders and insurance and billing staff whose salaries might be below the threshold now. There are a lot of things that could happen."

The new rules will raise the current exempt employee salary threshold from \$455 per week or \$23,660 annually to \$913 per week or \$47,476 annually. That means employees who make less than \$913 per week will be eligible for overtime irrespective of their job duties. Salary minimums will be automatically updated every three years with the first update scheduled for January 1, 2020.

Who will be Exempt?

Employees will be exempt from overtime rules if they meet the new salary level test as well as the standard duties test, which did not

undergo changes in this final rule. Under the standard duties test, exempt employees include those classified as a bona fide executive, administrative, professional or outside sales employee.

Another exemption covers those who meet either the weekly salary requirement or make \$27.63 an hour and work as a computer systems analyst, computer programmer, software engineer, or other similarly skilled worker in the computer field. There also is an exemption for qualified inside and outside sales staff, which does not include a weekly salary requirement, and is not affected by the new regulation. Highly compensated employees (typically physicians and other diagnosing professionals) currently receiving compensation of at least \$100,000 (\$134,004 beginning Dec. 1) are also exempt from the overtime requirements.

More Changes

Dickinson Wright attorney Reid Estes Jr., member and practice department manager for Labor and Employment, anticipates many employers will switch exempt employees to non-exempt status to avoid a hefty salary hike necessary to preserve the exemption. But for salaried professionals who are accustomed to flexible schedules or working remotely, the move might not be a welcome one.

"If the company makes the decision to reclassify formerly exempt employees, they're going to shift job responsibilities and start tracking hours and will have to have a mechanism in place to track those hours," Estes said. "A lot of managers will see this as a demotion."

Another possible scenario is that pay increases to preserve exempt status might trigger a domino effect, requiring employers to adjust pay upstream. "If you're a manager and everyone under you gets a pay increase, we're going to see salary compression to where the manager is now making less relative to those he or she supervises, which will require adjustments too," he said.

What's an Employer to Do?

Beatty said employers operating close to their margin would have to strategically examine practices like the scheduling of non-exempt employees. "If you have an after-hours component, consider not scheduling the same non-exempt employees for both Saturday and Sunday," he advised. "Look at the cost benefit of paying overtime costs for those newly eligible instead of raising salaries above the threshold."

He also recommended enacting new policies to put a box around overtime and to make sure access to remote technology is controlled so 40 hours isn't exceeded. Employers also should correct errors in payroll immediately so they won't have time to accumulate before an employee starts complaining. Some might institute a 37-hour workweek schedule to allow for some wiggle room or replace full-time, non-exempt positions with part-time positions - a more doable solution for large employers.

"You might also take formerly salaried employees and pay a lower wage but guarantee pay for more than 40 hours, even if they work less," he said. Consider cutting base salaries or raising borderline salaries above the threshold, and look at your bonus structure. Employers also might give bonuses quarterly instead of annually and utilize non-discretionary bonuses and incentive pay to satisfy up to 10 percent of the salary level as allowed by the new rule.

Whatever the solution, it has to be legitimate. "If you're making changes in things like job descriptions to get around a rule, it can't be a paper fiction," Beatty warned. "Start preparing now. Read the rules and do a real assessment of impact. Identify those individuals who will newly come into the requirements of the rule. Do the math and figure out ways to make sure you're not getting yourself in a situation where the bottom line could be impacted, and you'll have to shut doors or cut staff or services. It's all a numbers versus rules exercise."

What Employers Should do Now

Courtesy of the Tennessee Medical Association

Make sure all employees are properly classified as exempt or non-exempt. All employee job descriptions need to be updated and accurate as to what each employee actually does. If downsizing has occurred and an employee no longer supervises others, for example, this should be corrected in a revised job description.

Identify employees who will, or likely will, become overtime eligible on Dec. 1.

Look at your current overtime expenditures *vis-à-vis* what they might be estimated to be when the rules go into effect. Pay close attention to employees with a salary range near the threshold.

Train staff members who move from exempt status to non-exempt on how the office tracks the amount of time worked.

Update and revise policies. Make sure outdated policies like awarding "comp time" off for overtime worked are removed.

Budget for any cost increases based on any additional employee eligible for overtime when the rules go into effect.

Evaluate staff employment benefits. If a position is reclassified, then benefits might change if your practice has different benefits depending on exempt or non-exempt classification.

TAMHO Advocacy Day on Capitol Hill

March 2017

Details are forthcoming.

www.tamho.org

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Voice of Recovery

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The Honorable Duane Slone

Volunteer of the Year

Kyle Duvall

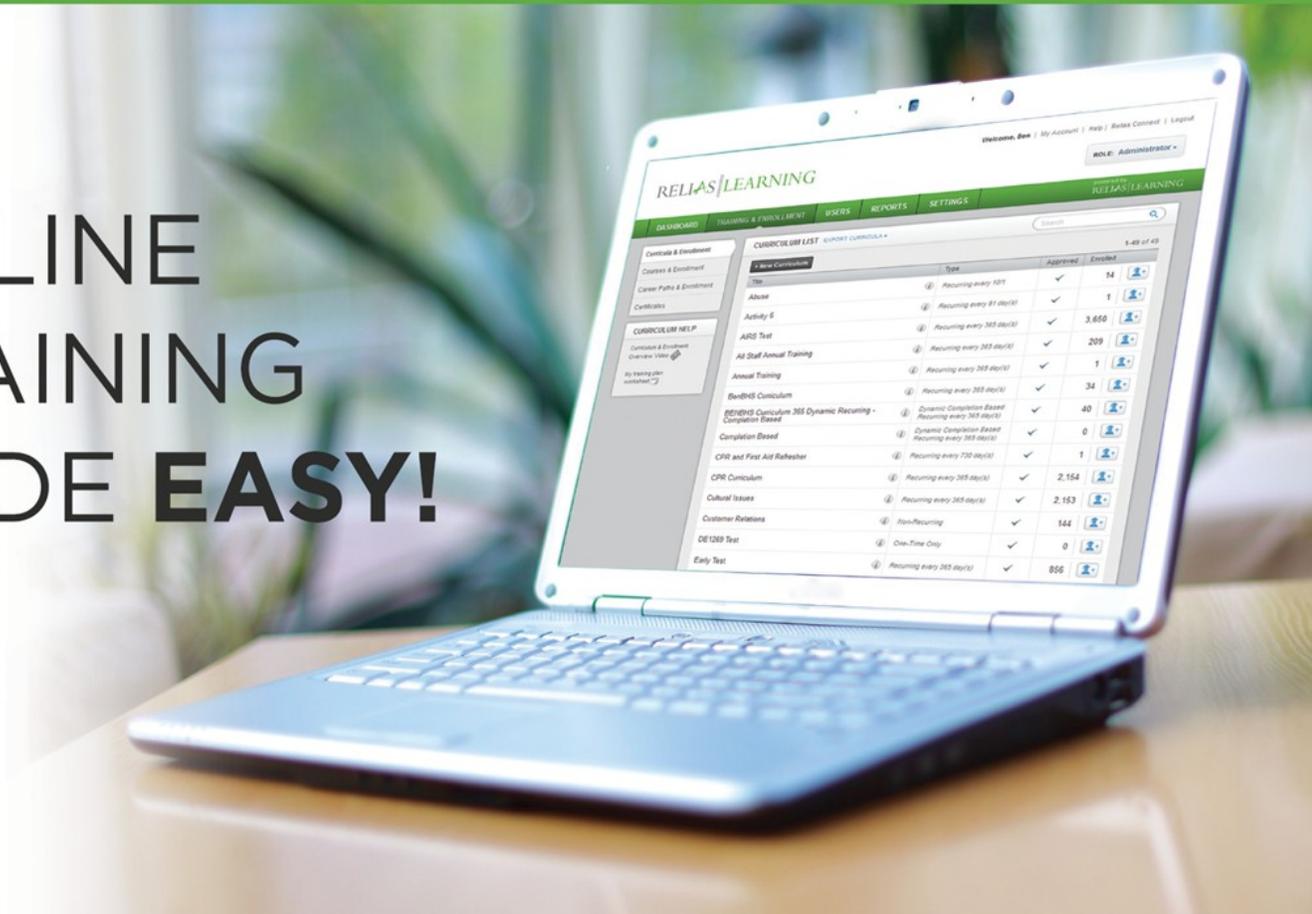
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