

## Report of the Executive Director

TAMHO applauds the implementation of 988: the three-digit phone number that was launched on July 16 for anyone in the United States to use in a behavioral health crisis.

Federal legislation for 988 passed several years ago and implementation plans have been developed in order for states to be ready to respond to a new way of accessing services in a behavioral health crisis.



Ellyn Wilbur  
Executive Director

There are 6 call centers in TN that will respond to the 988 Suicide and Crisis Lifeline, formerly the National Suicide Prevention Lifeline. Calling or texting 988 will connect callers to trained counselors who can determine what type of intervention is needed and either provide it or make the necessary referrals. There are back-up mechanisms in place to ensure that each caller receives a response.

While many states have had to create a crisis system to respond to 988, we are fortunate in Tennessee to have the infrastructure already in place to make the transition to 988 seamless. Tennessee's crisis response continuum has been in place for many years and includes adult and youth mobile crisis teams that cover:

- All 95 counties;
- 8 Crisis Stabilization Units / Walk in Centers,
- Respite Services;
- Inpatient Services; and,
- Medically Monitored Detox Services.



These services are funded by the Department of Mental Health and Substance Services (TDMHSAS) and TennCare.

Additional state and federal funding has been made available to call centers to increase their capacity, enhance the infrastructure for text and chat, and collect data that will inform TDMHSAS of any future needs.

The demand for behavioral health care has never been greater. It is exciting that now there will be a way to connect to a provider to receive that care and it is as simple as calling or texting 988.

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## TAMHO HOLIDAY OBSERVANCES:

September 5 TAMHO Office Closed —  
Labor Day Observance

## TAMHO

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## JOIN US IN WELCOMING TAMHO'S NEWEST STAFF MEMBER

### Nathan Payne, Director, Tennessee Collegiate Recovery Initiative



Nathan Payne

TAMHO welcomes Nathan Payne who joined our staff July 1, 2022. Nathan is Director of the Tennessee Collegiate Recovery Initiative (TNCRI). Prior to that role, Nathan worked in the Lifeline Peer Program, a state-funded program staffed by individuals with personal experience managing addiction and recovery. The TNCRI provides outreach to college campuses across the state and facilitates trainings and workshops to engage and educate faculty about the benefits of supporting collegiate recovery programs on campuses. Such programs are a way to curb the addiction epidemic among college students and faculty.

## The Collegiate Recovery Initiative

The social norms around the "college experience" often involve misconceptions around binge drinking, drug experimentation, and other potentially dangerous behaviors. TDMHSAS and its partners are working to redefine these norms in a fashion that recognizes and supports the recovery needs of students. Through the Tennessee Collegiate Recovery Initiative, we are working to connect allies with training, resources, and contacts to support the recovery needs of students.

### CRI Goals:

- Inform and equip campus leaders to take proactive roles in curbing the addiction epidemic
- Encourage campuses and students to leverage available resources
- Assist campus leaders in assessing for a Collegiate Recovery Community or Collegiate Recovery Program

and getting their programs off the ground

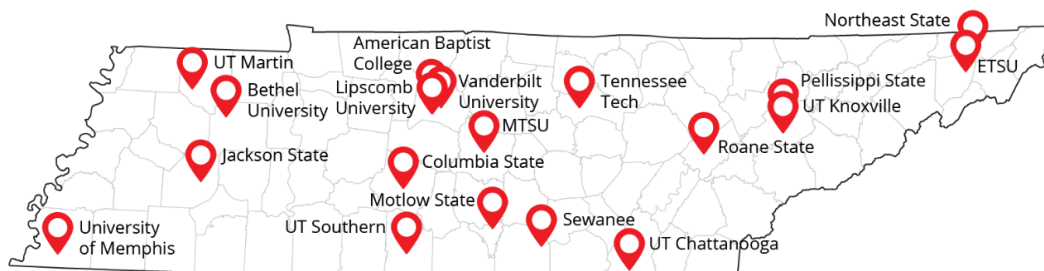
- Reduce stigma through peer sharing and roundtable discussion
- Understand the continuum of care and collaborate with it

### Recovery Ally Training

The Recovery Ally Training is designed to equip participants with the appropriate knowledge needed to better address problems with substance misuse that may exist on campus. Our primary purpose is to raise awareness, increase understanding, and build confidence in those eager to help people who may be struggling on campus



### Where are the Recovery Allies?



## On Campus Success Stories

What does it look like to have Recovery Allies on campus? How does it impact student life and support on -campus recovery needs? Watch these success stories.

## Contact Information

Ready to take the next step? Reach out to the director of our Collegiate Recovery Initiative using the contact information below.



**Nathan Payne**

Director, Collegiate Recovery Initiative

615-244-2220 or Tollfree in TN 800-568-2642

Email: [npayne@tamho.org](mailto:npayne@tamho.org)

Nathan Payne



[https://youtu.be/Y9r7jCHwF40?](https://youtu.be/Y9r7jCHwF40?list=PLYFjmfJHyPrA502cXEvBKgK7BztcbiC2c)

[list=PLYFjmfJHyPrA502cXEvBKgK7BztcbiC2c](https://youtu.be/Y9r7jCHwF40?list=PLYFjmfJHyPrA502cXEvBKgK7BztcbiC2c)



<https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/collegiate-recovery-initiative.html>

## Nathan Payne Awarded Collegiate Recovery Advocate of the Year

Congratulations to Nathan Payne! Nathan was recognized at the recent Association of Recovery in Higher Education conference as their 2022 Collegiate Recovery Advocate of the Year! TAMHO joins TDMHSAS in being proud to have Nathan working on the Collegiate Recovery Initiative. You can find more about the Initiative on the TDMHSAS: [TN.gov/behavioral-health/collegiate-recovery](https://www.tn.gov/behavioral-health/collegiate-recovery)



The trusted voice for Tennessee's behavioral health system for sixty years.

TAMHO member organizations serve adults and children with a range of emotional disorders, mental illnesses, and addiction disorders.

ADOPTION SERVICES	OPIOID USE DISORDER
CRISIS SERVICES: CRISIS	TREATMENT
RESPONSE, CRISIS	OUTPATIENT TREATMENT:
RESPIRE, WALK-IN	PSYCHIATRIC
CENTER SERVICES	EVALUATION,
CRITICAL INCIDENT STRESS	MEDICATION
DEBRIEFING	MANAGEMENT,
DISASTER RESPONSE	INDIVIDUAL THERAPY,
FAMILY SUPPORT	FAMILY THERAPY,
SERVICES	SUBSTANCE USE
ILLNESS MANAGEMENT AND	TREATMENT
RECOVERY (IMR)	PEER RECOVERY SERVICES
INPATIENT SERVICES	PREVENTION SERVICES
INTEGRATED MEDICAL	PSYCHOSOCIAL
CARE	REHABILITATION
INTENSIVE COMMUNITY-	RESIDENTIAL TREATMENT
BASED SERVICES:	SERVICES
CONTINUOUS	SCHOOL-BASED SERVICES
TREATMENT TEAM	SPECIALTY TREATMENT
(CTT),	SERVICES
COMPREHENSIVE	SUPPORTED EMPLOYMENT
CHILD AND FAMILY	SUPPORTED HOUSING
TREATMENT (CCFT),	TENNESSEE HEALTH LINK
PROGRAM OF	THERAPEUTIC FOSTER
ASSERTIVE	CARE
COMMUNITY	TRAUMA FOCUSED
TREATMENT (PACT)	TREATMENT
INTENSIVE OUTPATIENT	
SERVICES	

With the implementation of Tennessee Health Link in 2016, most TAMHO members also coordinate physical care as well as provide interventions for mental illness, addictions and co-occurring disorders.





# My Health, My Choice, My Life

## Peer Wellness in Tennessee

I am so happy to report that I had the honor of traveling to Seattle, WA on May 25- 26<sup>th</sup> to become a Level 2 First Aid Arts Facilitator! I was introduced to the program at our annual Art for Awareness event, when the Keynote speaker Marta Hernandez gave a presentation about the free resources on the [firstaidarts.org](https://firstaidarts.org) website. I signed up for an online training soon thereafter to become an official Level 1 Responder, and I fell so in love with it that



I knew I had to advance so that I could share it with and train my team of Peer Wellness Coaches and other Peer Staff all across Tennessee!



Their trainings and toolkit programs are informed by neurological and psychological research that supports the use of arts-based psychosocial resources to promote resilience and reduce the symptoms of post-traumatic stress.

## The Tennessee Co-Occurring Disorders Collaborative (TNCODC)

Strengthening individuals, families, and communities with hope, access to services, and recovery

2022 TNCODC SUMMIT DRAWS LARGE IN-PERSON AND ONLINE AUDIENCES



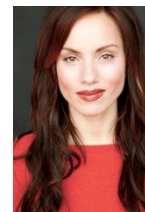
Mariam Hashimi  
Project Manager—  
TNCODC



[firstaidarts.org](https://firstaidarts.org) has a mini-toolkit you can download for free with your email address. All of these interventions are designed and backed with science to help heal trauma. One of the things that can happen when we experience trauma is our thinking and emotional parts of our triune brain go offline – we go into survival mode, or fight/flight or freeze and we aren't able to process and integrate our experiences fully. Those experiences are then stored in other parts of our body (and can manifest as pain, illness, disease, discomfort, etc.). When we do these First Aid Art activities we are creating new neural pathways for those experiences, and balancing both sides of our brain. We can then access our imagination, and, ultimately, hope. All of the activities in the Toolkit bring us more fully into the present, where we can notice that we are safe, and this is the only atmosphere in which our survival, emotional, and thinking parts of our brain all come online and work together. There is a strong emphasis on Self-Regulation, Connection, and Self-Awareness. Art is medicine.

Since 2010, First Aid Arts have been leaders in bringing effective arts-based resources to trauma survivors and those who care for them. They provide training and support to individuals and organizations who want to offer effective arts-based care to survivors of natural disasters, human trafficking, forced migration, domestic violence, homelessness, and other types of trauma.

If you are interested in becoming a First Aid Arts Level 1 Responder, please contact me at [csavvenas@tamho.org](mailto:csavvenas@tamho.org)



Dina Savvenas  
Statewide Peer  
Wellness Coach



On June 10<sup>th</sup>, COD hosted its annual summit. The summit was a half-day event accessible in-person and virtually, with one keynote session and two other sessions. Session topics were: Drug Overdose Data, Trends, and Resources for Tennessee, Regaining Compassion Satisfaction and Managing Compassion Fatigue, and Tennessee Recovery Courts. The event was well attended with over 300 attendees. The recordings and associated materials of the sessions are available on the [TNCODC website](https://tncodc.org).

## HAZELDEN PUBLISHING RESOURCES

COD also recently utilized resources to provide contracted agencies Hazelden Publishing resources. Agencies were able to request the resources they needed and were then approved and reimbursed through the TNCODC funds. Generous grant support was able to provide 30 agencies resources and materials to provide COD, mental health and substance use services to their clients.

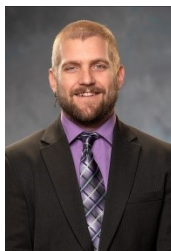
## CALL FOR FEEDBACK — FUTURE EVENTS AND RESOURCE DEVELOPMENT

COD is always seeking feedback regarding future events and resource development. Please email Mariam Hashimi, TNCODC Project Manager, with any comments or questions you may have at [mhashimi@tamho.org](mailto:mhashimi@tamho.org).

# TRAUMA AND RESILIENCE AFTER MASS SHOOTINGS

By Shane Kuhlman, PhD

Dr. Shane Kuhlman is chief psychology officer for Centerstone's Research Institute. He earned his PhD in clinical and counseling psychology from the University of South Alabama.



Shane Kuhlman, PhD



Buffalo, Uvalde, Laguna Woods, Tulsa. Recent mass shootings at grocery stores, schools, churches, and hospitals in the United States have rekindled a variety of complex debates. What no one disagrees about is that our population experiences real stress and trauma bearing witness to these tragic events. Social media posts are filled with expressions of heartbreak, anger, and fear. What can we do to help one another cope, heal, and maintain resilience?

In the days following significant trauma, it is common for those who experienced the situation—directly or indirectly—to not stop thinking about the event and to feel a heightened sense of alertness. While most people will soon get back to their pre-trauma emotional baseline, some may develop symptoms of post-traumatic stress disorder. Those could include becoming easily frightened, having trouble concentrating or sleeping, irritability, self-destructive behavior, or the inability to experience positive emotions.

Individuals who lose someone especially close to them in a traumatic event might struggle with prolonged grief disorder—symptoms that last more than six months for children and 12 months for adults. Examples are identity disruption (feeling as though part of oneself has died), avoidance of reminders that a person has died, difficulty moving on with life (engaging with friends, pursuing interests), or the feeling that life is meaningless.

There are several helpful approaches that may increase the likelihood of a resilient response to traumatic events. Be sure the person who is struggling feels safety and comfort at home; make their surroundings peaceful and soothing. Also be mindful of staying in close contact, regularly taking steps to gently engage with someone who has experienced trauma. It's also important to encourage and remind the person toward their own self-efficacy—that ability to overcome trauma and be okay.

In addition, tend to a person's mental health by intentionally checking in with them to gather their concerns and needs. Convey feelings of connectedness and hope. Remind them that we are here for each other and that reaching out is a normal thing to do when needs arise. It's also helpful to plan and provide social activities that will in turn promote that crucial connectedness.

Together we grieve the violence and deaths reported across our country. We wrestle with understanding why these things happen, and it takes a major toll on a person's mental health. It's important to know there is help. When adverse reactions to trauma and grief last for weeks or months, reach out to a counselor or therapist at an organization like [Centerstone](#). Mental health-related crisis support is also available 24/7 by calling 1-800-273-8255. And beginning July 16, 2022, the [988](#) suicide and crisis lifeline will go live to all devices. Together we are resilient.

measures you have in place to protect them against any dangers. It might be good to physically take the child through the house and point out safety measures like door locks, smoke alarms, or security systems ensuring they can count on you to keep them safe.

4. Keep an eye on symptoms of fear and anxiety. It is common for people to experience symptoms of distress in the immediate aftermath of a traumatic event, but these responses typically subside within four to six weeks. If symptoms persist or become increasingly more intense, it is crucial to seek help from a mental health professional who could help process the event to ensure the symptoms do not create lasting mental health issues. Watch for these symptoms that could indicate your child is not coping with the incident.

## How to Get Help

If your family is experiencing distress associated with school shootings or other traumatic events, please reach out to a mental health provider to help you process the experience and find strategies for successfully managing the impact of the news of trauma.

Volunteer Behavioral Health (VBH) provides a wide range of services to the insured (TennCare and Medicare) and uninsured through the TN Behavioral Health Safety Net and several grants. Some of the services VBH provides are extensive care management, outpatient therapy, medication management, intensive outpatient programs, and many other grant-based services in the community.

It's also important to note that May is Mental Health Awareness Month so reducing barriers to treatment and recovery is critical. Often, the biggest challenge is overcoming the stigma of reaching out for help. To that end, Volunteer has worked to make obtaining mental health treatment a simpler process through a No Wrong Door philosophy and Same Day Access to services. This means that a community member can call the First-Time Appointment line and receive services such as an intake, Care Management, and Medication Management that same day where previously the process could have taken several days or weeks. The First-Time Appointment line is 1-877-567-6051. Additionally, Crisis Services are available 24-hours a day to respond to adults experiencing a mental health crisis at 1-800-704-2651. The 24/7 Statewide Crisis Line for adults and children is 855-274-7471 (855-Crisis-1).

## More Resources:

American Psychological Association resources for coping with mass shootings, understanding gun violence

The National Child Traumatic Stress Network school shooting resources

CDC Helping Children Cope During and After a Disaster

*Susan Phillips is the center director of the Volunteer Behavioral Health Gallatin and Hendersonville campuses.*

## HELPING CHILDREN FEEL SAFE IN THE AFTERMATH OF A SCHOOL SHOOTING



Susan Phillips



Gallatin News / OPINION | June 1, 2022 | Susan Phillips | <https://www.gallatinnews.com/opinion/helping-children-feel-safe-in-the-aftermath-of-a-school-shooting/article.398b9f67-2b6b-597d-9201-005ba684286c.html>

Schools have traditionally been a place of safety and learning for children, but with the recent uptick in gun violence in schools, students and families are left with an ever-increasing sense of anxiety about sending their young ones off to school for seven to eight hours a day, five days a week.

Despite the fact that statistically the odds of a child being directly impacted by gun violence in school is 1 in 10.6 million, it's still normal to experience a level of fear in the aftermath of school or community shootings, especially those in the media, even if you were not directly involved.

The initial response to news of these traumatic events often creates symptoms of anxiety in both parents and children including trouble sleeping, nightmares, change in appetite, difficulty concentrating, fixation on the event, and fear of being alone or separated from family. While these are normal in the immediate aftermath, it's important to quickly put some measures in place to minimize long-term impact on mental health. Consider these strategies for helping your family deal with these types of traumatic events.

1. Talk about the events in a natural and age-appropriate way. Some parents hesitate to talk about difficult or scary topics wanting to avoid undue fear in their children, but it's important to understand that children are already thinking about these things as they hear them on TV, social media, and from other children. Talking about them can help reduce misconceptions and misinformation, and provide an opportunity to offer support and reassurance.
2. Limit media exposure. While talking as a family is important, avoid a constant flow of information about the traumatic event through tv, social media, and other news outlets. Remember that the senses are very powerful, so be careful to safeguard the photos and images children see, sounds they hear, and other ways they are exposed to information about the event. The more information that comes from you, or another trusted source, the better the child can process.
3. Create a safe, predictable home environment. When a child feels unsafe in the world, it is critical for them to feel safe at home. During this time, it will be especially important to hold tight to "normal" family rhythms and routines, especially around mealtimes, bedtimes, and caregiver interactions, as these provide the brain with a natural feeling of safety and security. Remind the child of the overt

# Member Organization Happenings

## OUR NATION'S GROWING MENTAL HEALTH CRISIS: TIME FOR ACTION

As more Americans seek mental health care, we have an opportunity to reimagine our care delivery system for mental health and addiction treatment. Since 2020, people in the United States have experienced a pandemic, inflation, the Great Resignation, effects of the war in Ukraine, and more. As a result, there are unprecedented mental health impacts on families and communities. In December, the U.S. Surgeon General issued a rare warning that our nation's youth are experiencing devastating mental health impacts. Recently released data indicated that 2021 was the deadliest year for fatal overdoses in our nation's history. With these concerning reports, there is a bright spot: Americans are seeking mental health and addiction care at unprecedented rates, and the stigma associated with doing so is fading away.

However, this new surge in demand for care is colliding with an overextended workforce. Mental health and addiction treatment organizations struggle to remain open due to intensifying staff shortages and historically low reimbursement rates that are fueling the workforce churn. If you have tried scheduling a mental health service recently—particularly for your child—you've likely encountered providers who cannot accept new patients or have extremely long wait times.

As the U.S. prepares the July 2022 launch of 988 (a three-digit dialing code for mental health emergencies), the surge in demand will grow even more because consumers will finally have a direct, easy way to find mental health crisis services. While it's a major milestone for our nation, no one could have predicted the current issue of rapidly rising demand for services and a rapidly dwindling workforce to meet that demand.

To meet the growing need for mental health services and the vision of 988, U.S. lawmakers must take decisive action in three specific ways.

First, we need investments in the behavioral health workforce, particularly by supporting a model known as Certified Community Behavioral Health Clinics (CCBHC). This model can play a transformative role in addressing workforce shortages, creating a more seamless care delivery system, and ensuring providers meet quality metrics. CCBHCs are also required to provide 24/7 mental health crisis services—a key element of meeting our nation's 988 resourcing needs.

Passage of the Excellence in Mental Health and Addiction Treatment Act would accelerate CCBHCs and play a significant role in bolstering the U.S. behavioral health workforce and infrastructure.



Lauren Conaboy

Second, we must fully utilize our current workforce and existing technologies, like telehealth, to optimize patient access. Today hundreds of thousands of master-level therapists (clinical mental health counselors and marriage/family therapists) are sidelined from providing treatment because of antiquated regulations that prevent them from serving Medicare beneficiaries.

Additionally, the pandemic has proven that telehealth works as a viable care option. Yet despite robust data demonstrating successful telehealth outcomes, some federal and state laws are attempting to roll back telehealth accessibility.

Passage of the Mental Health Access Improvement Act and the Telemental Health Care Access Act would ensure we fully utilize the tools we already have available to meet the growing need.

Third, we need meaningful enforcement of mental health and addiction treatment parity laws to ensure insurance plans provide the same level of coverage for behavioral health care as they do for other medical care. Lack of enforcement has resulted in denials of care, more providers moving to private practices because rates are not tenable, and an overall loss of access to life-saving care.

The proposed Parity Implementation Assistance Act seeks to ensure states are able to implement and enforce parity laws that increase access to life saving care.

As more Americans reach out for help, we as citizens must act with urgency. Our nation has an opportunity to reshape access to mental health as we know it today and truly meet the growing need for mental health services. Please urge your lawmakers to pass comprehensive, bipartisan mental health legislation to bolster our workforce, increase telehealth, and enforce mental health parity laws. Let's do all we can to ensure that when 988 goes live in July, anyone, anywhere in the U.S. can access mental health services when they reach out.

Lauren Conaboy is vice president of National Policy for [Centerstone](#). She is a former therapist with nearly two decades of public policy experience. She holds a dual master's degree in clinical social work and marriage & family therapy from the University of Louisville and a bachelor's degree in political science from the University of Wisconsin—Stevens Point.

## PCS EXPRESS LAUNCHED DURING MAY IS MENTAL HEALTH MONTH

As part of May Mental Health Awareness Month, Professional Care Services of West TN launched "PCS EXPRESS" a community outreach event designed for youth, families, and individuals who needed introduction to Mental Health services but were unfamiliar with traditional care settings or lack traditional access to Mental Health services. This community outreach event served the purposes of increasing Mental Health awareness while simultaneously providing appropriate Mental Health resources in a safe and swift fashion. Free onsite assessments and screenings were provided leading to







individuals and families connecting and engaging in ongoing services at their local PCS clinic. Additionally, this event increased conversation around Mental Health and contributed to the overall destigmatization of Mental Health Matters in our local communities. This outreach provided awareness to specific resources available in our communities as well as provided a convenient mean to access them. PCS EXPRESS also provided an excellent avenue to connect and collaborate with our Community Partners. We discussed strategies to continue service to our local communities with many collaborators including First Responders and Representative Moody! Attached are some photos from PCS EXPRESS, Millington and PCS EXPRESS, Covington. Look out, PCS EXPRESS is coming to a community near you!



## MCNABB CENTER, EAST TENNESSEE CHILDREN'S HOSPITAL CELEBRATE OPENING OF CHILDREN'S CSU



The McNabb Center and East Tennessee Children's Hospital are excited to announce the opening of the Children's Crisis Stabilization Unit (CSU). The McNabb Center and Children's Hospital cut the ribbon for the CSU on May 19, 2022 and were joined by Deputy Commissioner Matt Yancey of the Tennessee Department of



Mental Health & Substance Abuse Services and numerous local leaders, officials and community representatives.

The first of its kind in Tennessee, this pediatric CSU will serve children in need of behavioral health treatments, including therapy, medication and other services to help them work through a mental health crisis.

"This unique service will provide a safe place to address the needs of children and families experiencing a mental health crisis," said Jerry Vagnier, McNabb Center CEO. "The CSU will allow these families better access to specialized care when faced with a mental health crisis and can help divert a child from psychiatric hospitalization when appropriate."

The McNabb Center was awarded a \$5 million grant by the Substance Abuse and Mental Health Services Agency (SAMHSA) to create a crisis continuum of care for children, including the Children's CSU at East Tennessee Children's Hospital. The CSU is one piece of a comprehensive continuum of care to address the increasing mental health crisis in children and teens in East Tennessee.

## HONOR THE JUDD FAMILY'S BRAVERY AND CANDOR BY CONTINUING THE CONVERSATION AROUND GUN SUICIDE

By Colleen Creighton, Director of End Family Fire, a program from the Ad Council and Brady bringing awareness to Family Fire, and Becky Stoll, Vice President of Crisis and Disaster Management for Centerstone, a not-for-profit health system specializing in mental health and substance use disorder services.

Ashley Judd's heartbreaking revelation that her mother, Naomi Judd, took her own life with a firearm is a tragic reminder of the pain that millions of Americans who have lost a loved one to suicide live with every day. This was a difficult conversation to have with the world, and the Judd family should be applauded for bravely and candidly telling Naomi's story. There should be no stigma around discussing mental illness, something that Naomi did throughout her life, and sharing these stories helps to save others who are struggling.



And, sadly, we know that there *are* millions of people struggling, including many in Tennessee. Suicide is the 12th leading cause of death for Americans and in the last 10 years the national suicide rate has increased by over 12 percent. 45,979 people died of suicide and an additional 1.2 million attempted suicide in 2020. In Tennessee, 1,220 died by suicide last year. While researchers are still analyzing these 2020 numbers, one thing is clear: firearms remain the most lethal means of suicide and the firearm suicide rate continues to increase nationwide and in Tennessee.

An average of 65 people die of gun suicide every day across the country. Firearm suicide, a form of Family Fire, a death or injury resulting from a shooting involving a gun in the home, accounts for fifty percent of suicide deaths despite being used in five percent of suicide attempts. This makes sense: guns are uniquely lethal and so a suicide attempt with a firearm will likely end in death. In fact, access to a gun increases the risk of death by suicide by 300 percent.

Tennessee's suicide rate and firearm suicide rate are well above national

averages, 18.6 percent and 16.9 percent, respectively, and 62.9 percent of suicide deaths in Tennessee last year were firearm suicides. Nationally, rural, white, and older Americans are at particular risk for suicide. Over the last decade, the overall suicide rate among white people over 65 has increased by 16 percent, while the rate of suicide is highest in middle-aged white men. For white women over 65 in Tennessee, like Naomi Judd, the overall suicide rate has increased by a staggering 83.5 percent over the last decade, while the firearm suicide rate has increased by 68.7 percent.

In each of these data points, the link between access to a firearm and a lethal result is clear. This is particularly acute in Tennessee, where a reported 51.6 percent of adults live in a home with at least one firearm.

So, what can you do about this? First and foremost, the kinds of conversations that the Judds have started are critical to saving lives. There should be no stigma around mental illness. Reach out to friends and family who are or seem to be struggling. Check in with each other and follow up. If firearms are present in the home or part of the equation some way, start a conversation about how those guns are stored. Simple solutions like properly storing a gun can create a physical barrier between someone in crisis and their firearm, giving them time to reevaluate or to seek help. It seems like a small thing, but research shows that this change can truly save lives. Of course every situation is unique and no one solution is perfect. Individuals in crisis or friends and families with concerns should consult local organizations, like Centerstone, for help connecting with additional or more specific resources.

The fact is that suicide can be preventable and that removing access to lethal means such as firearms can save lives. Over 90 percent of people who survive a suicide attempt do not go on to die by suicide. The Judd's have done an immense public service in coming forward with their story. We must honor their actions by continuing this conversation.

If you are in crisis or know someone in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis Text Line by texting HOME to 741741.

## CENTERSTONE RELEASES NEW COMIC BOOK FOR STUDENTS ABOUT LGBTQ+ IDENTITY

Centerstone, a national leader in behavioral health and addiction services, announces the release of its seventh topical comic book. *Spark Unmasked* addresses matters of identity among LGBTQ+ youth and is available now to read for free at [centerstone.org/comics](http://centerstone.org/comics).

Centerstone Comics are part of the organization's Prevention Services that educate and empower youth to make positive decisions when faced with common real-life issues. In an approachable way, each new story explores a complex topic with help from superhero Spark (actually a teenager named Amber Hernandez). The series has also tackled bullying, depression and suicide, online safety,



sexting, drugs, and underage drinking.

*Spark Unmasked* introduces Aspen, a student whose pronouns are they/them. Having trouble fitting in at school, Aspen is befriended by Amber (Spark) who helps them connect with a school teacher, Ms. Aliada.

"I've worked with many LGBTQ+ youth on campus and with several outreach programs," says Aliada. "I want you to feel safe and heard, but I do know there is more to it than just getting an ally to listen."

Aspen gains confidence learning about organizations that will connect them to various supports and social opportunities.

"I've heard of GLAAD but not GLSEN," says Aspen. "It says they want students to have the right to a safe, supportive and LGBTQ-inclusive K-12 education. I like that."

To develop *Spark Unmasked*, Centerstone partnered with writer Allison Chaney Whitmore in Los Angeles as well as pencil and ink artist Carola Borelli, colorist Agnese Pozza, and letterer Roberto Megna, all based in Italy. Centerstone's Pride+ employee resource group was also consulted on the project.

"We're excited to bring *Spark Unmasked* and important conversations within the LGBTQ+ community to a larger audience," said Amanda McGeshick, Centerstone program manager. "Our organization encounters a lot of young people whose mental health suffers due to stigma and discrimination in this space. We hope this new resource will be helpful to students, families, and community leaders everywhere."

The release of *Spark Unmasked* coincides with national Free Comic Book Day on May 7. In addition to [centerstonecomics.org](http://centerstonecomics.org), comic fans can find *Spark Unmasked* via [Tapas](#) and [Webtoon](#). Physical copies will also be distributed in June at the Upper Cumberland Pride and Nashville Pride festivals in Tennessee.

## McNABB CENTER TO OPEN JAIL TO WORK PROGRAM IN CLAIBORNE COUNTY



The McNabb Center recently cut the ribbon on it's newest project, a Jail to Work program for women coming out of the Claiborne County Jail.



"We are thrilled by the community's support around the Jail to Work program," said McNabb Center President Mona Blanton-Kitts. "We believe, with treatment and supportive services, the women served by this program can become productive citizens of Claiborne County and lead healthy, successful lives."

Through this program, the Center provides rehabilitation services, including therapy, substance use treatment and life skills, to incarcerated women who are



housed in the new facility. In addition to finding gainful employment, the women will pay restitution. After eight to 12 weeks, the women in the program graduate and move back into the community.

The Claiborne County service is the second Jail to Work program implemented by the McNabb Center. In 2017, the Center established Jail to Work in Hamblen County. The success of that program has been unprecedented and the McNabb Center is eager to replicate that success in Claiborne County.

## VOLUNTEER BEHAVIORAL HEALTH HOSTS SUCCESSFUL CRISIS INTERVENTION TRAINING FOR LAW ENFORCEMENT

News Talk 94.1 | May 24, 2022 | Benjamin Armstrong | [https://newstalk941.com/volunteer-behavioral-health-hosts-successful-crisis-intervention-training-for-law-enforcement/?fbclid=IwAR3ZMeR\\_TSio8sNvaZW5Aam9rmYLnUwzJpDakoVzhslzQsC1UvCGhuXBa8Y](https://newstalk941.com/volunteer-behavioral-health-hosts-successful-crisis-intervention-training-for-law-enforcement/?fbclid=IwAR3ZMeR_TSio8sNvaZW5Aam9rmYLnUwzJpDakoVzhslzQsC1UvCGhuXBa8Y)

Eighteen representatives from Upper Cumberland law enforcement agencies completed training this month learning how to handle crisis situations.



The 40-hour program was facilitated by Volunteer Behavioral Health in Cookeville. Director Anne Stamps said officers strengthened de-escalation and communication skills to lower arrests of those suffering mental illness.

"The skills that are presented and learned and role played for the officers, I think they can use those not just on a call, but just dealing with life everyday," Stamps said.

Stamps said participants worked simulated real-life cases to build techniques. Stamps said the classes also covered how to approach people with intellectual disabilities, addiction and veterans.

"It helps them understand some de-escalation and effective communication," Stamps said. "In no way am I saying our law enforcement officers do not have that. This just enhances their current skills. I am really excited about it. I thought it was great."

Stamps said the overall goal is to place more people in treatment rather than jail. Stamps said law enforcement representatives from Cookeville, Livingston, Sparta and several more attended. Stamps said on completion, participants are eligible to become "Crisis Intervention Team" certified.

"A lot of the mental health consumers are familiar with CIT, so I think that will be an advantage for both the law enforcement officer and the consumer," Stamps said. "When they come up and introduce themselves saying 'Hi, I'm a CIT Officer with the city of Cookeville.' It's a wonderful opportunity for folks who are in a crisis situation they may not need to go to jail."

Stamps said the group tries to host the training twice a year. Stamps said the goal is to reconvene in October at the new Cookeville Police Department. Stamps said the program was developed out of Memphis.

## CLEVELAND POLICE DEPARTMENT ADDS FIRST MENTAL HEALTH CO-RESPONDER

### Partnering with Volunteer Behavioral Health Care System

The Chattanooga.com | May 26, 2022 | <https://www.chattanooga.com/2022/5/26/449949/Cleveland-Police-Department-Adds-First.aspx>

Volunteer Behavioral Health Care System was awarded a 21-month SAMHSA grant to place seven co-responders in law enforcement departments around middle and east Tennessee. Murfreesboro, Lebanon, Cookeville, McMinnville, Cleveland, Chattanooga and Williamson County were chosen after analyzing data from our Mobile Crisis Teams to determine which areas out of the 30 plus counties have the highest call rate. Currently, co-responders are not 24/7. Co-responder schedules vary by location as law enforcement provides statistics of when they receive the most mental health calls for service to better utilize these clinicians during peak times.

The co-responders will assist their specific law enforcement agency in responding to individuals in the community having a mental health crisis to provide de-escalation, assessment, resources, and linkage to services. The combined expertise of the responder and law enforcement will allow for increased safety and on-scene evaluation to help individuals obtain the most appropriate level of care while avoiding unnecessary emergency department admissions and offering an alternative to incarceration for crimes related to their mental illness. The theory underlying these programs is that a joint response is preferable, as police are specialists in handling situations that involve violence and potential injury, while mental health professionals are specialists in providing mental health care to individuals in crisis.



Officer Nathan Hartwig, left, and Luke Hannah

While co-response models all have similar basic elements, it is important to note that it is not a one size fits all program. The program and structure vary between locations to best meet the needs of the community and the partnering agencies, taking population density and other available resources into consideration.

There are generally two approaches: a first response which involves an officer and behavioral health specialist that ride together in the same vehicle for an entire shift or a secondary response where the behavioral health specialist is called to the scene using their personal vehicle and the call is then handled together. Six of our co-responders will be primary response and two will be secondary.

Requirements to be a co-responder include having a master's degree in the clinical field with licensure preferred. This grant is set to expire in March 2023, so officials are currently in the process of looking for additional grant funding and communicating with city governments regarding overall cost.

Luke Hannah is the newest member to join Volunteer's co-response program and will be the co-responder embedded with Cleveland Police Department. Prior to

joining VBH, Mr. Hannah worked for Volunteer Comprehensive Treatment Center, providing substance abuse counseling for individuals struggling with opioid use disorder. A proud veteran, Mr. Hannah was a Master at Arms in the United States Navy who provided law enforcement and security for Naval installations overseas, in Greece and Bahrain. He has experience as a mental health case manager, where he helped clients gain access to community services, and navigate the mental health care system to better their overall well-being.

Mr. Hannah completed his master's in Clinical Mental Health Counseling in August 2020 and is actively working towards licensure. He is looking forward to establishing himself in the community, and helping individuals gain access to the services they need to live a better quality of life.

Officer Nathan Hartwig is originally from Wisconsin. He served in the Army National Guard for six years. In 1999, he began his law enforcement career in Wisconsin and then continued to serve the community, after moving 700 miles from Wisconsin, to relocate to East Tennessee and work for the Chattanooga Police Department. After returning to Wisconsin to be with family, Officer Hartwig continued to serve as a police officer. However, the mountains of Tennessee were calling him and his family back home. He has now been a Cleveland Police Department officer for the past three years working as a patrol officer and as a school resource officer for Mayfield Elementary School. Officer Hartwig has an associate degree in Police Science.

## DEPRESSION

### Volunteer Behavioral Health is Ready to Help

The Grundy County Herald | June 16, 2022 | [https://www.grundycountyherald.com/news/local/volunteer-behavioral-health-is-ready-to-help/article\\_211a608c-e81a-11ec-994a-77db146d308e.html](https://www.grundycountyherald.com/news/local/volunteer-behavioral-health-is-ready-to-help/article_211a608c-e81a-11ec-994a-77db146d308e.html)

Depression is a serious and common mental illness. It is the second most common form of mental illness, second only to anxiety disorders. In fact, more than 300 million people worldwide suffer from depression.

The prevalence of depression took a big upswing during the pandemic with 24.0% of people worldwide experiencing depression during the onset of the COVID-19. In the United States, we are seeing this across all age groups, including 41% of adults, 61% of college students and 25% of children and adolescents.

Suffering from depression does not represent a character flaw. It is not a sign of weakness, and those suffering from it cannot simply "get over it." The causes that lead to suffering from this brain disorder are very complex, including the person's genetics, as well as biological, social, economic, environmental and psychological factors. It can appear at any age, with the prevalence being higher for women than men.

It has nothing to do with just "being sad" for a few days; in fact, the feelings that a person with depression experiences are much deeper and interfere with the performance of daily activities. Simply getting out of bed and taking a shower can be huge challenge for someone suffering from depression. The following list

are all symptoms of depression:

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure, or have let yourself or your family down
7. Trouble concentrating on things such as reading the newspaper or watching TV
8. Moving or speaking so slowly that other people could have noticed, or the opposite- being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or hurting yourself in some way.

If you experience five or more of the symptoms listed above during the same 2-week period, you may be suffering from depression. There is help to be found- Reach out! Depression is a treatable condition with therapy, medications, or a combination of both. Volunteer Behavioral Health is ready to help. Same day appointments are available. Please call 1-877-567-6051 to start your path to recovery.

## CENTERSTONE ANNOUNCEMENTS



Debbie Cagle, chief marketing officer, retired from her post effective June 30, 2022.

Cagle joined Centerstone in 2004 and has held multiple key executive leadership roles at the organization in payer contracting and relations, marketing and business development, affiliations and mergers, branding, and communications. Her defining efforts in each of those areas have been crucial to Centerstone's growth.



Debbie Cagle

John Markley, regional chief executive officer, retired at the end of June 2022.

Markley has been a valuable member of Centerstone and its legacy organizations for nearly 38 years, having joined the organization in 1985 as staff accountant. Since then, he has helped the non-profit grow from a relatively small organization serving just two counties into one of the largest community-based behavioral healthcare providers in the country.



John Markley

Ashley Newton has been promoted to the newly created role of chief quality and patient safety officer effective July 1, 2022. This will be the long-established organization's first enterprise-wide quality officer position. Newton, previously chief operating officer for Centerstone's Research Institute, will now direct all quality and patient safety programming to ensure compliance and continued process improvement. She will oversee the implementation of policies and procedures aimed at improving patient care and quality improvement throughout Centerstone, ensure continued survey readiness, and provide direct management to quality leaders.



Ashley Newton

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Johne Reid has been promoted to chief marketing officer effective July 1, 2022.

Reid, who joined the long-established nonprofit as vice president of public affairs and marketing, will now lead strategy and oversight for the organization's branding, communications, grant writing, national policy, and referral marketing. She steps into the role previously held by Debbie Cagle who retired in June.



Johne Reid

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Megan Klaas has been promoted to director of credentialing for its operations in Illinois and Tennessee. Previously operations director for Centerstone's Illinois operations, Klaas joined Centerstone in 2017 as a credentialing manager.



Megan Klaas

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# Statewide Happenings

## CMS WANTS TENNESSEE TO CHANGE TRUMP APPROVED MEDICAID BLOCK GRANT PLAN

Healthcare Dive | Published July 1, 2022 | Rebecca Pifer, Reporter |

### Dive Brief:

- The Biden administration is asking Tennessee to make fundamental changes to its plan to create a Medicaid block grant program in the state
- The state's controversial Medicaid plan was approved in the final days of the Trump administration. But the CMS held a federal public comment period through September that resulted in "significant concerns" for regulators about whether Tennessee's policy promotes the objectives of Medicaid, according to a new letter to the director of TennCare, Tennessee's Medicaid program.
- The letter sent Thursday requests that Tennessee submit a new financing and budget neutrality model based on a traditional per member per month cap, instead of an aggregate cap, among other modifications.

### Dive Insight:

Tennessee took a notable step to realize a long-held conservative goal in early 2021, when the Trump administration greenlit a waiver allowing the state to use a modified block grant in its Medicaid program.

Under the 10-year waiver, Tennessee receives a lump sum of money annually from the federal government. Tennessee can keep up to 55% of any amount spent below the funding cap and reinvest it in other programs, giving it significant power over how it spends federal dollars.

The waiver also allowed the state to create its own commercial-style formulary of covered prescription drugs without federal approval, and granted it authority to negotiate directly with drug manufacturers.

Tennessee said the waiver would allow it to spend money and be more flexible with benefits. But researchers said that capping federal funding — along with codifying incentives to spend below the cap — could result in the state restricting benefits to achieve savings, threatening low-income beneficiaries' healthcare quality and access.

In an opinion piece published in The Tennessean in September, Karen Camper, a Democratic member of the state's House of Representatives, called on the CMS to rescind the waiver entirely.

"Not rescinding the waiver undermines President Joe Biden's health equity agenda, and marginalized Tennesseans will be the first to feel its negative impact. Setting a precedent with a program that wouldn't need to be renegotiated for another 10 years is reckless and irresponsible," Camper argued.

The CMS is now requesting that Tennessee make major changes to the proposal.

Along with urging the state to find an alternative to its aggregate cap, federal regulators want Tennessee to modify its Medicaid terms and conditions to clarify that the state can't cut benefits or coverage without amending its demonstration.

The agency also asked Tennessee to remove expenditure authority for pharmacy and associated pharmacy flexibilities from the demonstration. Additionally, Tennessee should include a request in the demonstration amendment for expenditure authority for state reinvestments to support with any savings, such as adult dental care or enhanced home services, the CMS said.

"Making these adjustments would significantly mitigate CMS concerns," the letter says. The CMS requested Tennessee amend its demonstration by Aug. 30.

Oklahoma also tried for a block grant during the Trump administration, but later rescinded its waiver application.

## TENNCARE APPOINTS NEW DIRECTOR OF MANAGED CARE OPERATIONS

TennCare recently announced Johnny Lai has been appointed as TennCare's new Director of Managed Care Operations. He has been with TennCare for the past three and a half years and has previously served as an Episodes Strategy Specialist and Episodes Strategy Manager with the Strategic Planning & Innovation team. In these roles, He managed the day-to-day operations and long-term planning of the Episodes of Care program, helped the Episodes program realize over \$45.2 million dollars in cumulative savings, and launched TennCare's Journey Pilot initiative. Prior to TennCare, he amassed over six years of contracting and procurement experience with the federal government.



Johnny Lai

## DR. MORGAN McDONALD NAMED INTERIM HEALTH COMMISSIONER

Tennessee Governor Bill Lee announces the appointment of Dr. Morgan McDonald, MD, FACP, FAAP, as interim commissioner for the Tennessee Department of Health (TDH), effective Friday, June 3.

"Dr. McDonald is a committed public servant, and I appreciate her continued leadership during this time of transition," said Lee. "I am confident she will serve Tennesseans with integrity."

McDonald has served as the Deputy Commissioner for Population Health at TDH since 2018, with responsibilities



Morgan McDonald, MD

including implementation of the department's strategic plan and direct oversight of prevention and safety net services including Maternal and Child Health, Chronic Disease prevention, Rural Health, Minority Health and much of the department's data infrastructure. She previously served the department as Assistant Commissioner for Family, Health and Wellness.

"I am truly honored to be asked to serve the people of Tennessee in this capacity," said McDonald. "Public health in our great state has a long history of providing resources and bringing people together to improve the health and prosperity of people in Tennessee. I look forward to continuing and accelerating that work in partnership with communities across the state."

Prior to joining TDH, McDonald served as a primary care clinician in safety net clinics for over 10 years while holding educational leadership positions at the University of North Carolina and then Vanderbilt University. As an educator and a clinician, she developed curricula in inter-professional education, social determinants of health, and the care of vulnerable populations for medical school and residency programs.

McDonald earned her undergraduate and medical degrees from Vanderbilt University School of Medicine and completed her residency in internal medicine and pediatrics at the University of North Carolina at Chapel Hill. She is a fellow of the American Academy of Pediatrics and the American College of Physicians.

McDonald will serve until a permanent commissioner is named.

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.

Learn more about TDH services and programs at [www.tn.gov/health](http://www.tn.gov/health).

Connect with TDH on Facebook, Twitter and LinkedIn @TNDeptofHealth!

## TDMHSAS LEADER CHOSEN FOR PRESIGIOUS FELLOWSHIP OPPORTUNITY

### Deputy Commissioner Matt Yancey to participate in Milbank Fellows Program

A top leader in the Tennessee Department of Mental Health and Substance Abuse Services has been selected to the next cohort of a prestigious fellowship program. TDMHSAS Deputy Commissioner Matt Yancey will be part of the 2022-2023 class of Milbank Fellows Program.

Yancey has served as Deputy Commissioner for Behavioral Health Community Programs since 2018. He is a Licensed Clinical Social Worker (LCSW) and has two decades of experience in public service.

"I'm both honored and humbled to have been selected as a Milbank Fellow," said Yancey. "I look forward to working with other executive branch and legislative leaders across the country and gaining new knowledge regarding how a population health approach can further advance the public behavioral health system in Tennessee."

The [Milbank Fellows Program](#) is a 9-month leadership program for senior executive branch and legislative state leaders who are committed to improving population health in their communities. The fellowship is offered by the Milbank Memorial Fund which is a nonpartisan foundation focused on improving population health and health equity.

"We are so excited for Matt. His selection as a Milbank Fellow is a testament to his ability to tackle complex problems, synthesize various opinions and inputs, and create impactful and lasting change for the people we're blessed to serve," said TDMHSAS Commissioner Marie Williams, LCSW. "Tennesseans are better off for Matt's service, and we can't wait to see how this opportunity continues his development as a behavioral health leader."

Prior to his appointment as Deputy Commissioner, Yancey served as Assistant Commissioner for Mental Health Services. He joined the department in 2015 as Director of Special Projects. Yancey is a Georgia native where he began his career in public service in 2002.



Matt Yancey

## Planning and Policy Council

Planning and Policy Council meetings return in 2022. To verify the schedule and plans for future meetings, please visit the Department website at these links:

[Statewide and Committee meeting schedule](#)

[Regional Committee meeting schedule](#)

DIRECT QUESTIONS AND  
INQUIRIES TO:

Avis Easley, Director of  
Planing  
(615) 253-6397  
[Avis.Easley@tn.gov](mailto:Avis.Easley@tn.gov)

Amy Holland,  
Administration Assistant  
(615) 253-3785  
[Amy.Holland@tn.gov](mailto:Amy.Holland@tn.gov)

TDMHSAS is committed to providing individuals with disabilities an equal opportunity to participate in and benefit from TDMHSAS programs, activities, and services. To request reasonable accommodations or modifications, please contact Amy Holland at [amy.holland@tn.gov](mailto:amy.holland@tn.gov) at least 10 business days prior to the meeting. Requests for accommodations or modifications made after the deadline will be honored to the maximum extent feasible, but it may not be possible to fulfill them.

**TN** Department of  
**Mental Health &  
Substance Abuse Services**

## TENNESSEE FARM STRESS SUMMIT WILL FOCUS ON THE INCREASED RISK OF SUICIDE AMONG FARMERS IN THE UNITED STATES

Event is sponsored by TDA, TDMHSAS, UT Extension and  
UT Southern

Your input at this no-cost summit led by TN Department of Agriculture, TN Department of Mental Health and Substance Abuse Services, UT Extension, and UT Southern is needed.

Farmers in the United States are at increased risk of suicide compared to other occupational groups (Bissen, 2020; McIntosh et al., 2016). Some reports estimate that the risk is up to three times higher than the average person. HOW CAN YOU HELP? Join the discussion at the upcoming Tennessee Farm Stress Summit in Nashville! This no-cost event will take place at the Ellington Agricultural Center Ed Jones Auditorium on August 3 and 4, 2022.

This event will touch on a variety of key topics related to Tennessee Farm, Ranch and Forester Stress.

Tennessee Farmer Stress Summit objectives currently include:

1. Educate about the broad definition of “stress” in agriculture;
2. Outline currently available resources to reduce farmers’ stress in Tennessee;
3. Recognize crossover between Ag stress and available resources;
4. Identify gaps in services, knowledge, educational needs; and,
5. Specify future action steps.

Register [here](#) or contact Tesha Humphrey, Extension Specialist I, FRISAN-Southern Region Program Coordinator, Family & Consumer Sciences, Knoxville, TN; 865-974-8177 Office, [thumphr3@utk.edu](mailto:thumphr3@utk.edu) | [fcs.tennessee.edu](https://fcs.tennessee.edu).



## TENNESSEE OPIOID ABATEMENT COUNCIL HOLDS FIRST MEETING

Mary Shelton appointed Council's Executive Director

The Tennessee Opioid Abatement Council recently held its initial meeting where it was announced that Mary Shelton will serve as the Executive Director of the Council and will be a TDMHSAS employee.



Mary Shelton

Tennessee's Opioid Abatement Council was created by the Tennessee General Assembly in Public Chapter 491 to manage the disbursement of proceeds from lawsuits relating to opioids. The Council upholds the responsibility to ensure the disbursements of these funds go toward funding programs, strategies, expenditures, and other actions designed to prevent and address the misuse and abuse of opioid products and treat or mitigate opioid use or related disorders or other effects of the opioid epidemic.

Disbursement directives include:

- Funding or supporting opioid abatement and remediation purposes and related administrative costs
- Incorporating input from the TDMHSAS Statewide Planning and Policy Council's Need Assessment Process
- Developing policies for stakeholder input
- Reporting annually on funds deposited, strategies funded, and disbursements made

The membership of the Council is appointed by the Governor, the Lieutenant Governor, the House Speaker, the Tennessee County Services Association, and the Tennessee Municipal League. Additionally, the Commissioner of TDMHSAS serves on the Council as a non-voting member. Appointees of the Governor, the Lieutenant Governor, and the House Speaker serve an initial four year term. Appointees of the TN County Services Association and Municipal League serve an initial five year term.

A list of the Council members and other information are accessible at <https://www.tn.gov/behavioral-health/oac/about-us.html>.



## TENNCARE'S WELL CHILD COLLABORATIVE

Significant decreases seen in well-child visits.

Messaging and outreach efforts initiated.

TAMHO applauds TennCare in launching the Tennessee Well Child Collaborative, an effort that engages stakeholders in strategies to increase preventative well-child visits for all children, especially for TennCare recipients. Impacts due to COVID have reached far and wide and Tennessee's children are no exception. Approximately 26% of our children have missed or delayed well-child visits due to COVID. We know that these appointments are necessary in assessing children's physical and emotional needs and they provide a quick path to treatment when issues arise. Missing an essential check-up can have dire consequences. Nationwide, there has been a significant decrease in preventive visits that has resulted in:

- 1.6 million fewer vaccinations
- 2.2 million fewer screening services
- 12.6 million fewer dental services
- 17.6 million fewer mental health services

Please get the word out—preventive well-child check-ups (this includes dental checkups) matter!

The 2022 TennCare Kids Stakeholder Webinar will take place Friday, August 12<sup>th</sup> from 11am – 12pm CT. Join TennCare to learn about the current well child screening rates and trends, as well as strategies for the upcoming year. Registration is not required. Use the Teams Meeting invite below to join at the scheduled time.

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or join by entering a meeting ID

Meeting ID: 271 009 603 282

Passcode: p9EvCf

Or call in (audio only)

[+1 629-209-4396,953212902#](#) United States, Nashville

Phone Conference ID: 953 212 902#

[Find a local number](#) | [Reset PIN](#)

### Healthy kids are ready to learn!

Catch up now with immunizations  
and well child check-ups!

Do you need insurance?

**Apply for TennCare or CoverKids.**

Visit [www.tennconnect.tn.gov](http://www.tennconnect.tn.gov)  
or call 1-855-259-0701 to apply.

Check-ups, vaccines, dental care, eye  
exams, and more are all covered through  
**TennCare and CoverKids.**

For more info about the COVID-19 Vaccine,  
please visit [tn.gov/health/cedep/ncov](http://tn.gov/health/cedep/ncov)

OR  
scan  
here:

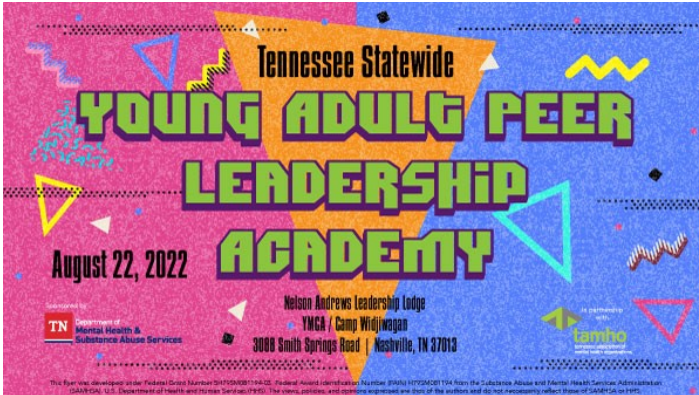


We do not allow unfair treatment in TennCare or CoverKids. No one is treated in a different way because of race, color, birthplace, language, sex, age, religion or disability. Interpretation and translation services are free to the member. For more information call TennCare Connect at 1-855-259-0701.

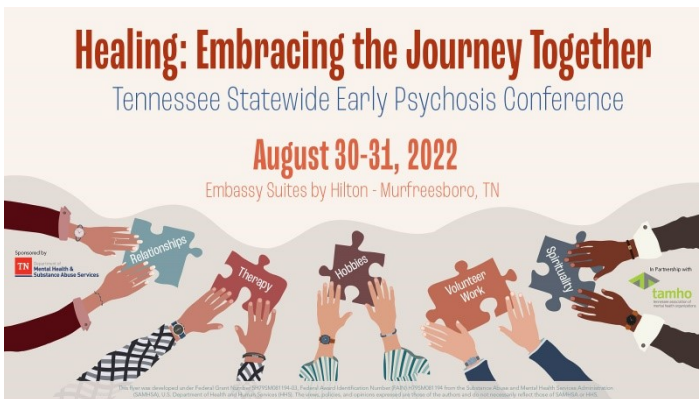


TennCare Bureau Authorization No. 318337.  
1,028,300 copies July 2021. This public document  
was promulgated at a cost of \$0.03 per copy.

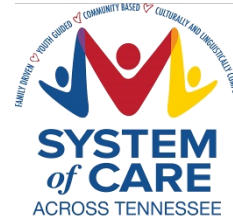
# UPCOMING PROFESSIONAL DEVELOPMENT OPPORTUNITIES



**YOUNG ADULT PEER LEADERSHIP ACADEMY** |  
HYBRID EVENT, AUGUST 22, 2022 | NELSON  
ANDREWS LEADERSHIP LODGE | SAVE THE DATE —  
DETAILS FORTHCOMING | TDMHSAS GRANT



**EARLY PSYCHOSIS CONFERENCE** | HYBRID EVENT,  
AUGUST 30-31, 2022 | EMBASSY SUITES HOTEL  
MURFREESBORO | SAVE THE DATE — DETAILS  
FORTHCOMING | TDMHSAS GRANT



**SYSTEM OF CARE ACROSS TENNESSEE** | HYBRID  
EVENT, SEPTEMBER 27-28, 2022 | SONESTA HOTEL  
NASHVILLE AIRPORT | SAVE THE DATE — DETAILS  
FORTHCOMING | TDMHSAS GRANT

**TAMHO ANNUAL CONFERENCE — THE FUTURE OF  
BEHAVIORAL HEALTH IN TENNESSEE: ENHANCING  
SYSTEM RESILIENCE** | IN-PERSON  
CONFERENCE & EXPO HALL —  
DECEMBER 8-9, 2022 | SONESTA  
HOTEL NASHVILLE AIRPORT | SAVE  
THE DATE — DETAILS FORTHCOMING



**TAMHO ANNUAL AWARDS CEREMONY** | IN-  
PERSON ANNUAL RECOGNITIONS  
CEREMONY & BREAKFAST  
DECEMBER 9, 2022 | SONESTA  
HOTEL NASHVILLE AIRPORT |  
DETAILS FORTHCOMING



# Nationwide Happenings

## NATIONAL COUNCIL FOR WELL BEING — 2022 HILL DAY AT HOME



By Alysia Smith Knight, TAMHO's Director of Policy and Advocacy | National Council State Ambassador Network



National Council for Mental Well Being launched Hill Day at Home the summer of 2020 due to the COVID pandemic. June 8<sup>th</sup> 2022 marked the 3<sup>rd</sup> Hill Day at Home Policy Institute.

This event brings together advocates from across the country on a virtual platform to share experiences, hear from thought leaders and policy makers and learn about essential behavioral health legislation efforts.

This year over 40 advocates from Tennessee registered for the policy institute and over 500 action alerts were sent to members of Congress. Priorities included 988 Implementation, funding for Certified Community Behavioral Health Clinics (CCBHCs) and workforce expansion efforts.

On June 24, Congress passed the Safer Communities Act. This bill significantly increases funding for mental health and substance use treatment by expanding CCBHCs and increasing funding for 988 implementation and crisis services.

We want to thank the National Council for Mental Wellbeing and all of you for your continued efforts!

## SAFER COMMUNITIES ACT PASSES

The U.S. House of Representatives recently passed a gun control package called the Bipartisan Safer Communities Act. A bipartisan group of Senators introduced the legislation, which also includes significant mental health provisions. Key investments include:

- \$150 million to help implement the 988 Suicide and Crisis Lifeline (in FY 2022), more than doubling the FY 2022 appropriations of \$101.6M.
- Efforts to increase behavioral health integration with primary care, including \$60 million (over five years) to increase mental health training for pediatricians and other providers who work with vulnerable populations, including people with mental health conditions or substance use disorders.
- \$120 million for training of community and first responders on how to appropriately and safely respond to people with mental illness (over four years).
- \$240 million for Project AWARE grants for school-based mental health programs (over four years), compared to the current FY 2022 appropriation of \$120M. Note: Tennessee is one of the states with an active Project Aware initiative in a handful of counties. This money could enable Tennessee to expand.
- \$1 billion split between the School-Based Mental Health Service Grant program and School-Based Mental Health Services Professional Demonstration Program to help schools hire and retain school mental health professionals and build a pipeline of future professionals (over five years).



## CENTERSTONE'S DR. BLAS VILLALOBOS SELECTED FOR GEORGE W. BUSH INSTITUTE'S STAND TO VETERAN LEADERSHIP PROGRAM

Centerstone, a national leader in behavioral health and addiction services, is excited to announce that Dr. Blas Villalobos, chief executive officer for Centerstone's Military Services, has been selected to participate in the George W. Bush Institute's 2022 [Stand-To Veteran Leadership Program](#).

A first-of-its-kind initiative, the Stand-To Veteran Leadership Program is designed for individuals who serve United States veterans and who are motivated to broaden their skillsets, knowledge, and influence across the country. Throughout the five-month program (June to October), 50 participants from around the nation meet in Dallas and Washington, D.C. with a variety of distinguished experts in veteran transition and leadership development.

Participants are selected after a rigorous application and review process. They include academic, business, community, and government leaders, members of veteran-serving nonprofits, government and active and reserve military service members. Each participant joins the program with a personal leadership project, which allows them to implement what they learn in the program in service of improving veteran outcomes across the United States.

"I am humbled and grateful to the George W. Bush Institute for the opportunity to be part of its Stand-To Veteran Leadership Program," said Villalobos. "Collaboration is vital to making an impact in the lives of those we serve. This unique program gives me the opportunity to partner with other passionate, determined, like-minded leaders nationwide as Centerstone's Military Services continues delivering care that changes people's lives."

As chief executive officer for Centerstone's Military Services, Villalobos leads the organization's delivery of mental health and substance use disorder services to veterans, active duty military personnel, and military families. He also oversees partnerships with other military-friendly organizations, including Wounded Warrior Project and Cohen Veterans Network. Villalobos is a veteran of the U.S. Marine Corps, having served honorably from 1999 to 2003. He holds doctorate and master's degrees in social work from the University of Southern California.



Dr. Blas Villalobos

## URGING LAWMAKERS TO SUPPORT 988 LEGISLATION

988, the nation's new universal dialing code connecting people to the existing National Suicide Prevention Lifeline (Lifeline) – a network of local crisis centers throughout the country – goes live in exactly one month (July 16). For 988 to fulfill its promise, we must ensure a comprehensive, integrated and coordinated care system that prevents individuals from falling through the cracks during crisis. Critical investments in 988 are still needed to bolster the crisis care continuum, facilitate Lifeline and mobile crisis response systems, and enhance coverage of crisis services throughout our health care systems. [Join the National Council in urging lawmakers](#) to cosponsor and support the passage of the [9-8-8 Implementation Act of 2022 \(H.R.7116\)](#), legislation that would invest in our nation's crisis care system.

## NATIONAL COUNCIL FOR MENTAL WELLBEING PARTNERS WITH NATIONAL ASSOCIATION OF COUNTIES TO DELIVER MENTAL HEALTH FIRST AID TRAINING TO COUNTY WORKFORCE

The [National Council for Mental Wellbeing](#) and the [National Association of Counties](#) (NACo) today announced a new partnership to make [Mental Health First Aid](#) (MHFA) training available to county employees across the country. MHFA at Work is a skills-based training that teaches participants to identify, understand, and respond to mental health and substance use challenges their colleagues and others may be facing.

While one in five adults in the U.S. report living with a mental health challenge, only 10 percent of employees feel their workplace is free of stigmas about mental health. With counties employing 3.6 million individuals, or 1 percent of the U.S. population, MHFA at Work will help county employees assist during a crisis or until professional treatment is obtained.

"Most of us know how to help if we see someone having a medical emergency — for example, we'd start CPR, or at the very least, call 911. But too few know how to respond if we see someone having a panic attack or if we are concerned that a family member, friend or coworker might be showing signs of mental health and substance use challenges," said NACo Executive Director Matthew Chase. "Mental Health First Aid training will provide county employees with tools to intervene appropriately in a mental health crisis."

"NACo's expansive reach paired with the National Council's evidence-

based Mental Health First Aid trainings will increase access to critical mental health and substance use education and treatment in all corners of the nation,” said Chuck Ingoglia, President & CEO of the National Council for Mental Wellbeing. “So many people are struggling right now, and we have the ability to ensure mental wellbeing and recovery is a reality for everyone, starting with the backbone of local government and programming – county employees.”

An enterprise-level approach to mental health awareness and training aims to improve early recognition and encourage help-seeking, enhancing utilization of timely, appropriate support, and perhaps limiting the impact mental health issues can have on the work environment. Many county and local governments have used MHFA at Work to build cultures of caring and resilience.

This new partnership will support elected officials and county staff with their own mental health and wellbeing, as well as create a framework to destigmatize mental health and substance use challenges. Learn more at [www.MHFA.org/NACo](http://www.MHFA.org/NACo).

## THE IMPORTANCE OF PERSON-CENTERED CARE

“To ensure health care meets the needs of LGBTQ+ clients, providers must be able to deliver services that are person-centered. Given that suicide and overdose within LGBTQ+ communities are at much higher rates than other populations, this is particularly important for mental health and substance use care providers.” [Read the new National Council blog post](#) to learn more.



Call or text for emotional support for healthcare workers, first responders, and teachers . . .

## COVID-19 EMOTIONAL SUPPORT LINE FOR TENNESSEE

Need to talk to someone about feelings of stress, anxiety, sadness, or depression related to work? Calltakers with the COVID-19 Emotional Support Line can help.



Tennesseans working in education, healthcare, or first responder roles can call or text:

# 888-642-7886

Calltakers are available: 6 a.m. - 10 p.m. (CT), 7 a.m. - 11 p.m. (ET)  
The COVID-19 Emotional Support line is a collaborative project among National Association of Social Workers-TN Chapter and the following groups:



## TN HOPE LINE

Connect with compassionate, trained, and loving listeners for help, hope, & encouragement.

ARE YOU

## LONELY? AGE 60+?

M-F 9-3CT

# 844-600-8262

A partnership of The Governor's Office of Faith-Based and Community Initiatives, Tennessee Baptist Mission Board, and Tennessee Commission on Aging and Disability

In the event of a mental health emergency . . .

**STATEWIDE**  
**CRISIS LINE**  
**HELP IN A MENTAL HEALTH CRISIS**  
**855-CRISIS-1** [TN.gov/CrisisLine](https://www.tn.gov/CrisisLine)  
**855-274-7471** **Department of  
Mental Health &  
Substance Abuse Services**

Questions about addiction treatment  
and referrals . . .

**TN**  
**REDLINE**   
**1.800.889.9789**  
**CALL OR TEXT**

To speak with a TDMHSAS Consumer  
Advocate . . .

*Need help with mental health or substance use services?*  
Call the TDMHSAS Office of Consumer Affairs and Peer Recovery Services  
**HELPLINE**  
**1-800-560-5767**  
  
**We can help with:**

- finding mental health and substance abuse resources in your area
- questions about insurance
- finding housing options
- communicating with mental health and substance abuse providers
- questions about the Certified Peer Recovery Specialist program
- filing a complaint

  
**We are available**

- Monday through Friday
- 8:00 a.m. – 4:30 p.m. CT
- Closed on state holidays

  
[OCA.TDMHSAS@tn.gov](mailto:OCA.TDMHSAS@tn.gov) | [TN.gov/behavioral-health](https://www.tn.gov/behavioral-health)





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*Affiliate membership is open to any not-for-profit corporation or governmental entity that is ineligible for regular or associate membership and is engaged in the direct provision of one or more treatment, rehabilitation, supportive, or preventive services to the mentally ill, emotionally disturbed, or chemically dependent consumer.*

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