

Message from the Executive Director

Behavioral health permeates all socioeconomic groups and geographies. Approximately half of everyone in the United States will meet clinical criteria for a mental illness in their lifetime. Most know someone in addiction recovery, and far too many had a loved one who died by suicide or a drug overdose.

Beyond the direct toll on individuals and families, mental illness and substance use disorders are well-established drivers of disability, mortality, and health care costs. Those with mental health conditions are at higher risk for chronic physical conditions, school dropout, unemployment, lost productivity, homelessness, hospitalization, and mortality.

The need for a flourishing mental health workforce is abundantly clear, yet nearly all of Tennessee is classified as a mental health professional shortage area. This in turn can lead to difficulty accessing care, increased emergency department utilization, and frustration among consumers and stakeholders.

The shortage of psychiatrists is well documented but what is not so widely known is more than 60% of the psychiatrists in the United States are older than 55. The number of younger individuals entering the field of Psychiatry has not kept up with the number that will be leaving the field. For other mental health professionals, Tennessee ranks 44th in mental health workforce availability. Rural areas are hit especially hard with this shortage. There simply are not enough mental health professionals to meet the needs of Tennessee citizens.

In addition to insufficient numbers of staff, we know that median wages across mental health occupations are significantly lower than the national level. Individuals who are passionate about helping people with behavioral health conditions are discouraged from entering and remaining in the field due to the low wages.

Tennessee must act swiftly to address the state's short-handed mental health system. Sub-standard provider compensation and a dwindling workforce are driving factors behind Tennessee's struggle to provide adequate and timely access to mental health care.

Tennessee must:

1. Implement a mental health workforce recruitment and retention plan for the state.
2. Increase public funding for mental health treatment and related services.
3. Raise reimbursement rates for mental health providers, across all payers and the public system.
4. Incentivize students to choose mental health care careers and obtain licensure.

Without action, Tennesseans who desperately need access to timely and high-quality mental health care will suffer.

Tennessee's community mental health centers—which already play a central role in preventing suicide, overdose deaths, emergency room visits, and hospitalizations—are ready to be a major part of the solution, but need additional workforce and financial resources to get the job done.

With an opportunity to save money and save lives, public and private leaders are urged to work together, invest thoughtfully in mental health, and follow a plan to right the ship.

For more information, visit www.tamho.org to view **All Hands on Deck: Tennessee's Mental Health Workforce Shortage**.



Ellyn Wilbur
Executive Director

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All Hands on Deck: Tennessee's Mental Health Workforce Shortage



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TAMHO STAFF

- Executive Director | Eilyn Wilbur
- Director of Policy and Advocacy | Alysia Smith Knight
- Director of Member Services | Teresa Fuqua
- Director of Administrative Services | Laura B. Jean
- Project Manager TNCODC | Mariam Hashimi
- Statewide Peer Wellness Coach | Dina Savvenas
- Meeting Assistant | Carrie Ligon

TAMHO White Paper Addresses Tennessee's Mental Health Workforce Shortage



All Hands on Deck: Tennessee's Mental Health Workforce Shortage

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[Click here](#) to access the complete white paper. Contact TAMHO for a Hard Copy at tamho@tamho.org



New Project Manager of the Strategic Initiative with the Tennessee Co-Occurring Disorders Collaborative

TAMHO is pleased to announce that Mariam Hashimi has been named the new Project Manager of the Strategic Initiative with the Tennessee Co-occurring Disorders Collaborative.

A Nashville native, Ms. Hashimi has Masters Degrees in Social Work and Public Health from Washington University in St. Louis and was named a Bettie Schroth Johnson Management Scholar. She received her undergraduate degree in Psychology from Belmont and received the prestigious Ingram Scholarship to further her education.

The mission for the Strategic Initiative is to enhance Tennessee’s Co-Occurring Disorders System of Care by effecting organizational change by continuously improving program capability, ensuring sustained workforce development, and complementing the state’s current investment in treatment and recovery for individuals with co-occurring disorders. To effect organizational change, the Strategic Initiative utilizes a top-down and bottom-up approach to provide the needed momentum for the change process.

The Strategic Initiative is part of the Tennessee Co-occurring Disorders Collaborative (TNCODC), which is funded by Tennessee Department of Mental Health and Substance Abuse Services and managed by TAMHO.

Mariam can be reached by email at mhashimi@tamho.org or by telephone at 615-244-2220 ext. 11 or toll free in Tennessee at 800-568-2642 ext. 11.



Mariam Hashimi



My Health, My Choice, My Life — Peer Wellness in Tennessee

The My Health My Choice My Life Peer Wellness Initiative recently hosted a Championship Games event at Victor Ashe Park in Knoxville, on September 17th. Approximately 100 peers braved the late summer heat to participate in a day of friendly competition and camaraderie, and a healthy lunch and a good time was had by all.

We had a table at the 2019 CPRS Conference that hit its maximum attendance number of 300 this year, where we enjoyed greeting participants and providing information about our services.

There is a CPSMP training in Johnson City on October 21st – 24th, and two Tobacco Free trainings - in Memphis on November 7th and in Johnson City on December 10th.

I have a blog up on the newly revamped Recovery Within Reach website and you may read it here: <https://recoverywithinreach.org/blog/ask-not-what-you-can-do-for-your-wellness-but-what-your-wellness-can-do-for-you/>



Dina Savvenas



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

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.





TAMHO MEMBER ORGANIZATION HAPPENINGS

Program Treats More Than 300 with Mental Illnesses

ARTICLE REPRINT | Herald-Citizen | July 27, 2019 | Paige Stange | <http://herald-citizen.com/stories/program-treats-more-than-300-with-mental-illnesses,36199>

More than 300 people received mental health treatment instead of incarceration thanks to an arrest diversion program in Putnam County over the past two years.

The goal of Plateau Mental Health's pre-arrest diversion program is to treat people who commit misdemeanor crimes and may also have an underlying mental health illness.

"This program trains law enforcement officers to divert individuals who commit low-level misdemeanor crimes to appropriate treatment services when officers believe the offenders may have a mental illness," according to the Volunteer Behavioral Health Care System Inc. release.

Since its inception in October 2017, it's served 321 people and saved an estimated \$74,000 in justice system costs, said Donna Vize, program manager at Volunteer Behavioral Health Care Services.

Treatment providers work with those clients to connect the link between their mental illness and criminal behavior by focusing on "patient-centered, holistic care," the release states.

Referrals for this program may come from the local jail, the probation and parole office, attorneys, community agencies and civic groups. Individuals who are re-entering society from jail or prison may also self-refer into the program.

Cookeville Police Capt. Bobby Anderson said nine officers completed the initial 40-hour Crisis Intervention Team training, and two officers have completed the CIT instructor training.

The training helps officers recognize when an individual may have a mental illness, and how to ease crises, the release states.

"This training means more people receive treatment, there are fewer inmates in jail, and less cost to the criminal justice system," said Vize.

All officers with the CPD also received eight hours of training on Mental Health First Aid, which helps the officers assist someone experiencing a mental health or substance use-related crisis.

Hamilton County OnTrack Recognized for Success

Helen Ross McNabb Center's Individual Placement and Support (IPS) programs were each awarded recognition from Tennessee Department of Mental Health and Substance Abuse Services for their accomplishments within the 2018-2019 year of delivering IPS services to 121 individuals.



Virlena Dye, supported education and employment specialist and Jasmine Ray, team leader and primary clinician of OnTrack-Hamilton received awards for highest hours per week in the state, employment rate and job retention rate.

Congratulations to Volunteer BHCS Who Will Partner with TDMHSAS, DOC and NAMI Tennessee to Expand CIT to Eight Additional Counties.

TDMHSAS announces new grant to expand Crisis Intervention Team Programs in Tennessee | Grant will bring new training and techniques to eight primarily rural counties.

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Department of Correction, and National Alliance on Mental Illness (NAMI) Tennessee announced today a new grant that will expand Crisis Intervention Team (CIT) training and techniques to eight new counties. The expansion is focusing on Sumner, Wilson, Smith, DeKalb, White, Putnam, Overton, and Cumberland Counties.

CIT is a specialized, 40-hour training for law enforcement officers, and in conjunction with robust community partnerships, the goal is to improve outcomes of encounters with people living with behavioral health challenges. This three year, \$660,000 grant from the U.S. Department of Justice will take the lessons learned from a statewide study of CIT in Tennessee and implement them in this 8-county area.

"Crisis Intervention Team is a truly homegrown, Memphis, Tennessee model for improving outcomes for both law enforcement and people experiencing a mental health crisis. CIT's success across the nation and around the world is a true testament to its effectiveness, and we are excited to use this funding to expand the model to more communities in our state," said TDMHSAS Commissioner Marie Williams, LCSW.

"With our CIT in Tennessee statewide task force, we found that



smaller, rural jurisdictions were interested and could benefit from CIT, but they lacked the resources to take that next step,” said Lisa Ragan, MSSW, TDMHSAS Director of Consumer Affairs and Peer Recovery Services. “With the regional design of this approach, we are going to leverage interagency relationships and the experience of the task force to create better outcomes for everyone involved.”

Implementation of this grant comes in partnership with behavioral health and crisis services provider Volunteer Behavioral Health Care System. The University of Memphis will be providing monitoring and evaluation services for the grant.

The implementation of the CIT model began in Memphis in 1988. Since then, it has spread to 18 of Tennessee’s 95 counties. The co-chair of CIT International, retired Memphis Police Major Sam Cochran, continues to serve a key role on the CIT in Tennessee Taskforce and will provide consultation and training in the expansion project.

Volunteer Behavioral Health Opens 2nd Location Of Johnson Mental Health Center In Chattanooga

Johnson Mental Health Center, a behavioral health provider in Chattanooga, has opened a second location in the Hamilton Place area, 7625 Hamilton Park Dr., Suite 14.

A presence for many years in the Northshore and downtown areas of Chattanooga, the new Hamilton Park facility now offers medical services, outpatient therapy and care coordination services in a location more convenient for residents of Brainerd, East Brainerd and Ooltewah.



MEMBER HIGHLIGHT




Jerry Vagnier

President/Chief Executive Officer | HELEN ROSS McNABB CENTER

Jerry Vagnier has worked for the Helen Ross McNabb Center for thirty-one years. He performed his internship as a graduate student at the University of Tennessee College of Social Work at McNabb the year prior to his employment there. His first job was as a Children and Youth Therapist.



Jerry Vagnier

He describes one of his favorite memories among many as McNabb’s longevity awards event, which recognizes employees in five year increments according to years of service. It is a celebration of the staff and of their dedication to the center that typically involves food, fun activities, and lots and lots of prizes. Each year’s class has notable memories—he remembers heartfelt reflections over a career, video montages of longer term employees, impassioned speeches recognizing peers and supervisors, and a passion for the mission and the work of McNabb.



When asked if there was something people might be surprised to learn about him, Mr. Vagnier responded that he loves adventure. This includes trying new things, but especially outdoor adventures. He loves cruising on his Harley, jeeping in his Wrangler with the top off, hiking in the Smoky Mountains, wake boarding/skiing/knee boarding, running with his daughter, tennis/racquetball and disc golf with his sons, and cycling with his wife.

Vagnier shared that his favorite thing to do when he’s not working is something a lot of us can relate to—vacation! He writes:

“I love the anticipation of getting away, the excitement of being somewhere new AND the comfort of coming home. Everyone needs to recharge and take a moment. It doesn’t really matter about the destination (although beaches are my favorite), it’s more about being with people you want to be with and enjoying the here and now.”

Mr. Vagnier is known at work for having quite a few favorite sayings, but says one that resonates with his immediate team is “Trust AND Verify.” He says philosophically he likes to “empower people to use their skills and have autonomy. Failing occasionally is ok, it’s a part of how we learn and grow. Verification is just ensuring accountability in the process—It’s healthy.”

In conclusion, Jerry Vagnier shared his love for the McNabb mission: *Improving the Lives of the People we Serve*. He believes that it embodies a helping spirit and a sense of humility. He says he counts it a privilege and an honor to serve people. He continues, “Often our clients come to us when they are feeling their lowest and most vulnerable; it takes great courage to seek help. I relish the opportunity to advocate for people we serve. I believe TAMHO provides a powerful platform for advocacy statewide when we need to be a voice for those we serve.”





STATEWIDE HAPPENINGS

The Faces of Opioid Addiction

TDH Launches Campaign to Raise Awareness, Create Change

ARTICLE REPRINT | Nashville Medical News | September 9, 2019 | CINDY SANDERS | <https://www.nashvillemedicalnews.com/news.php?viewStory=3269>



The many faces of the TDH campaign include those who have struggled with addiction, family members, providers and community activists.

In mid-July, the Tennessee Department of Health launched a new awareness campaign that underscores the toll of the opioid crisis on every community throughout the state. The new "Tennessee Faces of the Opioid Crisis" tells personal stories and showcases the way addiction crosses all geographic, economic, racial, ethnic and religious boundaries.

"We want to raise awareness about the impact of the opioid crisis on Tennesseans and demonstrate this issue affects people in every county and every community across our state. We wanted to literally put a 'face' on the crisis and show how it is impacting real people in Tennessee - our friends, families, coworkers, neighbors - and also show what people are doing in their communities to combat the problem," said TDH Commissioner Lisa Piercey, MD, MBA, FAAP. "We are so grateful to those sharing their stories as a way to give hope to others who may be struggling with substance abuse and connect people with resources in their communities."

While no state in the country is immune to the devastating effects of the opioid epidemic, Tennessee has been particularly hard hit. The state routinely ranks among the highest for opioid prescribing and overdose deaths. The National Institute on Drug Abuse tallied 1,268 overdose deaths involving opioids in Tennessee in 2017 compared to less than 200 in 2002. The most recent figures put the rate of overdose deaths at 19.3 per 100,000 people in Tennessee, which is above the national rate of 14.6 deaths per 100,000.

"We want to reduce stigma against those struggling with substance abuse and help people understand the disease of addiction can happen to anyone," Piercey continued. "We are reaching tens of thousands of Tennesseans by sharing these stories on our website and social media platforms, and the reactions include an outpouring of support for those who are in recovery from substance abuse," she said.

"We also want to empower Tennesseans to be part of the solutions by helping connect them with resources in their communities," she continued. "Everyone can be part of the solution to this problem."

Of course, Piercey added, providers play a large role in combating the problem and connecting patients to available supports. "We invite providers to visit our campaign website TNFacesofOpioids.com. They can request materials including our public service announcement videos to share with patients," she noted. "The site also provides information on community-based resources including safe drop-off sites for unwanted or expired medication that are available in every county across the state."

Piercey said the feedback thus far has been positive as the stories seem to really resonate with those who have seen the campaign. The "Tennessee Faces of the Opioid Crisis," which is scheduled to run through the end of this month, includes public service announcements, posters, and digital videos sharing personal perspectives from a variety of viewpoints including those battling addiction, family members, providers and community advocates.

To read the stories and learn more about the campaign and community-based resources, go online to TNFacesofOpioids.com.

WEB LINKS:

[TDH Opioid Campaign](#)

[Prescription Drug Overdose](#)



At a recent legislative event, TAMHO Executive Director Ellyn Wilbur and Director of Policy and Advocacy Alysia Smith Knight had an opportunity to personally thank Governor Lee for his support of behavioral health.



Tennessee Department of Children’s Services (TDCS) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Commissioners Address Key Issues with TAMHO Board of Directors



Alysia Smith Knight, Commissioner Jennifer Nichols, Jerry Vagnier, Commissioner Marie Williams

Governor Bill Lee attends the Behavioral Health Safety Net Expansion Announcement in West Tennessee

Governor Bill Lee, First Lady Maria Lee, Commissioner Williams, Deputy Commissioner Yancey, and several other distinguished guests visited Professional Care Services on Thursday, October 3, 2019.

PCS was honored to celebrate and discuss Behavioral Health Safety Net (BHSN) and the additional \$5 million that Governor Lee and the General Assembly recently added to the program. This expansion allows more individuals to have access to the mental health treatment. In fiscal year 2019, PCS served 654 uninsured residents through the BHSN pro-gram in the following counties: Dyer, Fayette, Lauderdale, Shelby, and Tipton. Currently, there is a 30% increase in BHSN applications compared to this time last year.

During the visit, Governor Lee and guests were able to hear from a service recipient as well as PCS frontline staff members and leadership. Everyone enjoyed a time of networking and fellowship prior to the Governor’s arrival and a light lunch following his departure.

PCS is thankful for Governor Bill Lee and TDMHSAS for visiting and supporting our agency and our efforts!



PLANNING & POLICY COUNCIL

Schedules for the Statewide Planning and Policy Council and Regional Council meetings and information are available online at:

<https://www.tn.gov/behavioral-health/research/data--research--and-planning/planning/planning/council-overview/2019-regional-council-meeting-schedule.html>

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Inviting Everyone to the Table

7th Annual System of Care Conference



Breakout Session Speakers and Panelists

The Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS), in partnership with the Tennessee Commission on Children & Youth (TCCY) and the Tennessee Association of Mental Health Organizations (TAMHO) hosted the **Seventh Annual System of Care (SOC) Conference: Inviting Everyone to the Table** on September 17-18, 2019.

This year's conference was designed to focus on everyone being present and collaborating to help children, youth, young adults, and their families. About 300 individuals in attendance represented a variety of professions and different child-serving systems, in addition to caregivers, youth, and young adults.

Attendees walked away with an expanded knowledge of supports that are family-driven, youth-guided, community-based, and culturally and linguistically responsive. They were challenged to step out of their comfort zone and attend intriguing sessions.

It is the hope of conference partners that each participant was able to identify how we all fit together to support each other and work together as we sit at the same [picnic] table.

- Monty Burks, PhD**, Director of Faith-Based Initiatives, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Brandon Byrd**, Services Coordinator, Juvenile Justice Diversion Program, Helen Ross McNabb Center, Knoxville, Tennessee
- Connie Casha, MEd**, Director of Early Learning Programs, Middle Tennessee State University, Murfreesboro, Tennessee
- Jennifer Drake Croft, MSSW, IMH-E®**, Director of Early Childhood Well-Being, Tennessee Commission on Children and Youth (TCCY), Nashville, Tennessee
- Miranda Dalton**, OnTrack TN Case Manager, Helen Ross McNabb Center, Knoxville, Tennessee
- Brenda Donaldson, MA**, Family Engagement Program Manager—System of Care Across TN (SOCAT), Office of Children, Young Adults, and Families, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Ashley Evans**, Juvenile Justice Reform Program Coordinator, Frontier Health, Gray Tennessee;
- Laritha Fentress, MA, CFSS**, Middle Tennessee Divisional Coordinator with SOCAT, Tennessee Commission on Children and Youth, Nashville, Tennessee
- Krystal Fortney, LPC-MHSP, NCC**, Youth and Young Adult Best Practices Statewide Trainer and Consultant, Vanderbilt University Medical Center, Center of Excellence & Community Programs, Nashville, Tennessee
- Rachel Hanson**, Project Director, Centerstone, Columbia, Tennessee
- Jaime Harper**, Regional Faith Based Community Coordinator—Middle TN Grand Division, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Jenn Coughill Harris**, Regional Manager, Youth Villages, Nashville, Tennessee
- Crystal Hutchins**, Title, Healthy Transitions Statewide Youth Coordinator, Tennessee Voices for Children, Goodlettsville, Tennessee
- Brandon Jones**, Move2AWARE, Halls High School, Halls, Tennessee
- Jasmine Journey**, Program Manager, Centerstone, Columbia, Tennessee
- Sumita Keller, MEd**, Director of Statewide Partnerships, Tennessee Commission on Children and Youth (TCCY), Nashville, Tennessee
- Bonnie L. McKinney, LMFT**, Clinical Services Program Manager, Youth Villages, Chattanooga, Tennessee
- Dawn Mitchell, CFSS**, LifeCare Family Services, Nashville, Tennessee
- Jama Mohamed**, Youth Program Coordinator, Family Voices of Tennessee / Tennessee Disability Coalition, Nashville, Tennessee
- Arie L. Nettles, PhD, NCSP, HSP**, Associate Professor of Clinical Pediatrics, Director of the Office of Inclusion and Health Equity, Vanderbilt University Medical Center, and, Chair, Statewide Planning and Policy Council, Tennessee Department of Intellectual and Developmental Disabilities, Nashville, Tennessee
- Leigh Nixon**, Employment Specialist, Volunteer Behavioral Health Care System, Dayton Tennessee
- Amber Noles**, Juvenile Justice Reform Program Care Coordinator; Carey Counseling Center, Inc., Paris, Tennessee
- Courtney Norris**, OnTrack TN Case Manager, Alliance Health Services, Memphis, Tennessee
- Ashley Pace**, OnTrack TN, Mental Health Cooperative, Nashville, Tennessee
- Victoria Paradise, CPRS**, Healthy Transitions and OnTrack TN, Carey Counseling Center, Inc., Paris, Tennessee
- Alison D. Peak, LCSW**, Executive Director, Allied Behavioral Health Solutions, Nashville, Tennessee
- Tim Perry, LPC**, Division Director—Tennessee Children and Youth, Frontier Health, Gray, Tennessee
- Shauntee S. Price, MA, MBA, CFSS**, Director of Urban Services-West Tennessee Region, STEP (Support and Training for Exceptional Parents), Inc., Memphis, Tennessee
- Jasmine Ray, MA**, OnTrack TN Team Lead/Primary Clinician, Helen Ross McNabb Center, Chattanooga, Tennessee
- Elizabeth Setty Reeve, Esq.**, Director, Office of Juvenile Justice, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Benjamin Roberts, Jr., LMFT**, Executive Director, Paraclete Center, Gallatin, Tennessee
- Benjamin Roberts, III, NCC, LPC-MHSP**, Owner/Counselor, Purposed Life Counseling, Gallatin, Tennessee
- Stacy Salmon**, Family Support Worker/Family Assessment Worker, Centerstone, Tullahoma, Tennessee
- April Scott**, Infant & Early Childhood Program Manager, Centerstone, Columbia, Tennessee
- Lindsey B. Smith, MSW**, Director, Lauderdale County AWARE, Ripley, Tennessee
- Will Taylor**, Project Lifeline Region 5 North, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Atica Helms Thomas, MS**, Director of Data and Strategic Planning, Davidson County Juvenile Court, Nashville, Tennessee
- Jerresha Tinker**, Youth Engagement and Grants Program Coordinator, Tennessee Department of Children's Services, Nashville, Tennessee
- Keri Virgo, MPM**, Director, System of Care Across Tennessee, Office of Children, Young Adults, and Families, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Will Voss**, Director of Contract, Tennessee Voices for Children, Goodlettsville, Tennessee
- Bianca Williams, MS, LPC-MHSP, CAPM**, Clinical Mental Health Consultant Supervisor, High-Fidelity Wraparound State Coach, Vanderbilt University Medical Center, Nashville, Tennessee
- Jules Wilson**, Youth and Young Adult Coordinator, Office of Children, Young Adults, and Families, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee
- Matt Yancey, LCSW, MPA**, Deputy Commissioner, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee



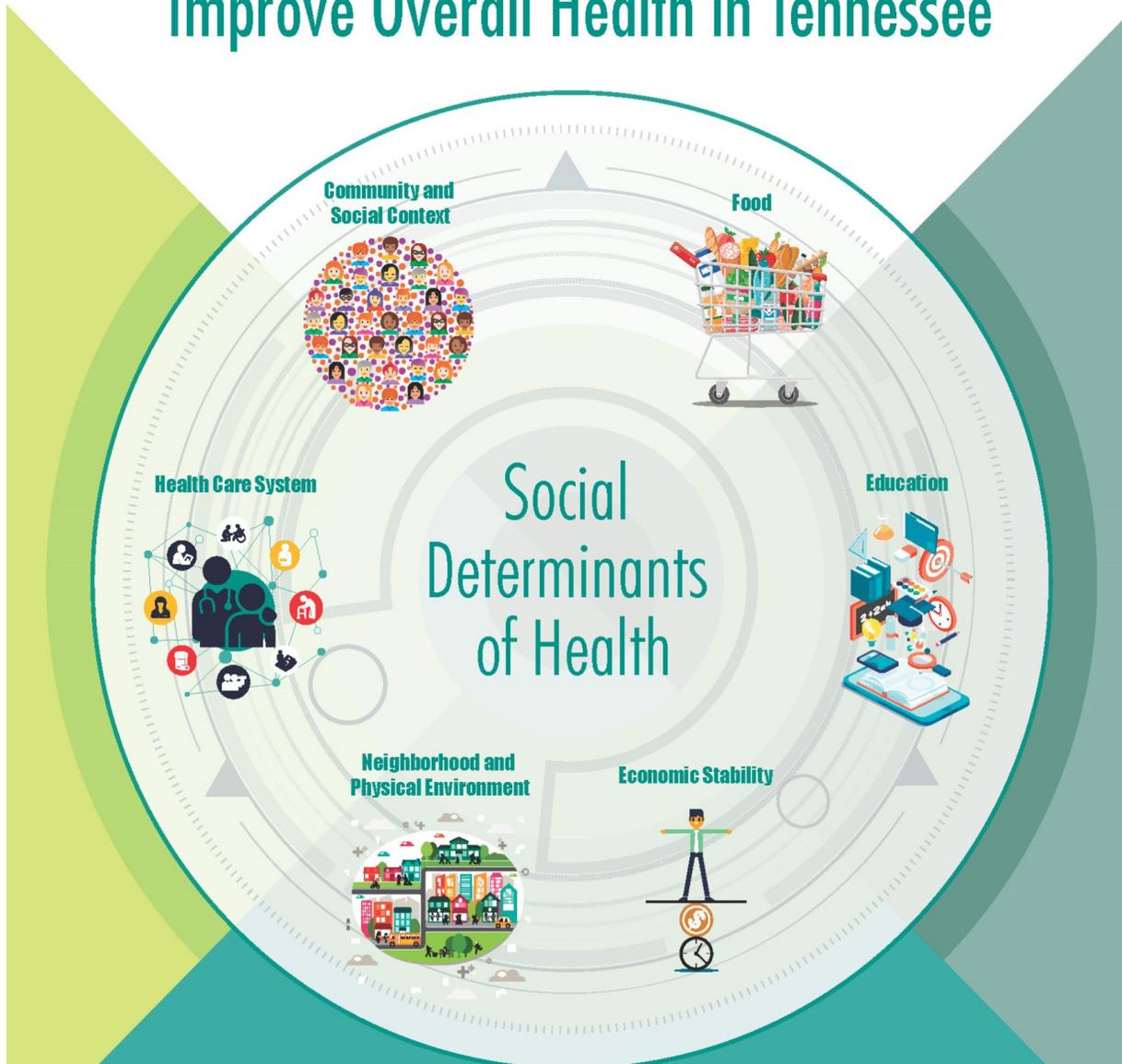
Keynote Speaker: Pastor Edward L. Palmer, Sr., National Chair, Coalition for Juvenile Justice {Member, Kentucky Juvenile Justice Advisory Board}, Washington, D.C.

Keynote Speaker: Antoinette T. (Toni) Donnelly, Director of Training and Innovation, Family Involvement Center, Phoenix, Arizona



This project is funded under a Grant Contract with the State of Tennessee Department of Mental Health and Substance Abuse Services.

Addressing Social Determinants to Improve Overall Health in Tennessee



Tennessee Association of Mental Health Organizations
2019 Annual Conference

December 12-13, 2019 | Marriott Cool Springs Hotel | Franklin, Tennessee

www.tamho.org/tamho-annual-conference-2019



NATIONWIDE HAPPENINGS



On September 17-18 over 700 advocates from across the country gathered in Washington DC to meet with their congressional officials for National Council for Behavioral Health Hill Day, making this the largest NatCon Hill Day to date.

Tennessee was proud to have 17 advocates meet with each congressional office in the state. This group focused on 3 pieces of legislation:

- **Excellence in Mental Health and Addiction Treatment Expansion Act (S 824/HR 1767)**

This piece of legislation would extend the funding to the original Excellence Act demonstration states and allow new states to apply for funding to become Certified Community Behavioral Health Centers, or CCBHCs. These centers coordinate with law enforcement, provide 24 our/7 days per week emergency care, operate Medically Assisted Treatment (MAT) Centers for addiction and meet federally set staffing and care standards. The centers are transforming care in the states where they operate, achieving diversion from jails to treatment, lower emergency room utilization and Medicaid cost reduction. As of 9/27, Congress has moved on a two month cost extension.

- **Mental Health Access Improvement Act (S 286/HR 945)**

This legislation would allow marriage and family therapists (MFTs) and licensed mental health counselors to directly bill



Medicare for their services. Currently, these professional are not eligible Medicare providers. They can greatly increase access to seniors and people with disabilities, especially in rural underserved areas. If the Mental Health Access Improvement Act were passed, it would add 2145 LPC/MHSPs and 672 LMFTs to the Behavioral Health workforce in Tennessee.

- **Medicaid Reentry Act (H.R. 1329)**

This would reinstate Medicaid eligibility for incarcerated individuals up to 30 days prior to their release, expanding access to vital mental health and addictions services, thereby reducing recidivism, and improving the chances of better health for individuals transitioning back into the community.

Many thanks to Alliance Healthcare Services, Carey Counseling Center, Centerstone of Tennessee, Lincoln Memorial University, LifeCare Family Services, Tennessee Voices for Children, The Transition House, TAMHO, Volunteer Behavioral Health Care System and others who advocated on behalf of Tennesseans!



OUR VOICES ARE LOUDER TOGETHER



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This project is funded under a Grant Contract with the State of Tennessee, Department of Mental Health and Substance Abuse Services

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

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