



BEHAVIORAL HEALTH NEWS AND EVENTS

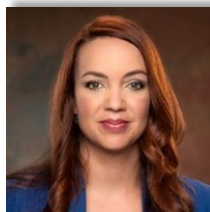
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the source for
BEHAVIORAL
HEALTH IN
TENNESSEE

April 2021
Volume 9, Issue 2

TAMHO Advocacy Day: An Adequately Funded System is the Key to Promoting Access and Reducing Barriers to Care

TAMHO held its Advocacy Day on March 10 and it was a huge success! TAMHO members made nearly 150 virtual and in-person visits to advocate for critical behavioral health legislation. Since March 10th, our members have made hundreds more calls, pushing behavioral health to the forefront.



Alysia Smith Knight
Director of Policy &
Advocacy

Senate Bill 429: Sponsored by Gardenhire and House Bill 620: Sponsored by Rudder

Co-Sponsors: Senators Walley, Yager and Representatives Cepicky, Curcio, Hazlewood, Helton, Howell, Powers., Ramsey, Smith, Sparks, Terry, White

TAMHO's telehealth legislation amends section 56-7-1003(a)(b) of Tennessee Code Annotated. It allows for HIPAA-compliant audio only **behavioral health** visits when other means are not available. **This bill unanimously passed out of the Senate and House and is now awaiting formal signatures!** This critical legislation will increase access to care, especially in rural communities, and allow for timely access which is essential in preventing and treating symptoms before higher levels of care are needed. Please thank each member of the General Assembly for their support!

Appropriations Senate Bill 912/ Amendment #29 Sponsored by Jackson and House Bill 1153/ Amendment #193 Sponsored by Ramsey

Co-Sponsors: Senators Briggs, Haile, Leatherwood, Massey, McNally, Walley
Representatives Carringer, Garrett, Hall, Hulsey, Moody, Weaver, Zachary

This appropriations amendment, if approved, increases TennCare outpatient payments by 4% for Community Mental Health Centers (CMHCs). It is the first step in moving Tennessee toward addressing the workforce shortage in serving the TennCare population. It will ensure that these providers remain in a strong position to meet the behavioral health needs of Tennesseans and will allow CMHCs to be competitive in recruiting and retaining staff to treat individuals who need behavioral health services.

- CMHCs are the safety net providers for children with serious emotional Disturbance (SED) and adults with Serious and Persistent Mental Illness (SPMI).
- As safety net providers, CMHCs do not traditionally have the same payor mix as for-profit entities – the majority of CMHC revenue comes from TennCare.
- There is a lack of parity in payment for behavioral health vs. primary health – studies show that primary care reimbursement is 28.3%

Inside this issue

Member Organization Happenings

Statewide Happenings

National Happenings



Each Legislator received a hard copy of TAMHO's legislative priorities as well as a chocolate bar showcasing this year's theme.



Houston Smelcer, McNabb Center Representative Michele Carringer

TAMHO

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Governor Lee renews proposal for Mental Health Trust Fund

\$250 million to support services in K-12 schools

Tennessee Governor Bill Lee re-introduced the Mental Health Trust Fund in a renewed proposal to assist K-12 families who are facing significant mental health issues in the wake of COVID-19. This proposal allocates \$250 million in available funds to create strong mental health services for school-aged students through a systemwide, evidence-based approach.

"The mental health of all Tennessee students is essential to their safety, education and success beyond the classroom," said Gov. Lee. "While my administration proposed these critical mental health supports last year, we now have the available funding and a greater need than ever before to ensure our students have access to mental health resources. I thank the members of the General Assembly for their partnership in this important effort."

"We know the earlier we can intervene, the better outcomes are for children and families," said TDMHSAS Commissioner Marie Williams, LCSW. "The services that will be funded by this investment will allow us to increase the services available from community mental health providers and schools, preventing children from entering mental health crisis situations and ending up in an emergency room."

Services supported by the Mental Health Trust Fund would include:

- Direct clinical services in schools
- Mental health awareness and promotion
- Suicide prevention and postvention strategies
- Trauma-informed programs and practices



- Violence and bullying prevention
- [Project Basic](#), which includes mental health supports

There is a significant need for strong K-12 mental health supports:

- Nationally, one in five children has a mental health diagnosis in any given year
- Over 60% of children who receive mental health services do so through their school
- Youth mental health has worsened in the last decade: From 2014 to 2019, the prevalence of Major Depressive Episode (MDE) in Tennessee youth ages 12-17 [increased](#) from 9.1%
- The approximate prevalence of any mental illness in the past year among Tennessee youth is about 300,000.
- In January 2021, Tennessee [ranked](#) 28th in overall mental health and 34th overall in youth mental health
- School closures during COVID-19 limited students' access to mental health services and caused a pause in critical mental health reporting.

Recent Centers for Disease Control and Prevention (CDC) [reports](#) show a notable uptick nationally in emergency department visits for children struggling with mental health issues.

The Lee administration has taken strong action to address mental health:

- **Behavioral Health Safety Net for Children:** Essential mental health supports for uninsured children age 3-17 beginning September 2020.
- **School Based Behavioral Health Liaison (SBBHL) Expansion:** Expanded proven program to all 95 counties.
- **TN Suicide Prevention Network:** Expanded regional directors to increase coverage and boosted training in suicide prevention.
- **Youth and Young adult Mental Health Awareness and Promotion:** Funding granted to three separate programs that reached more than 11,000 individuals.



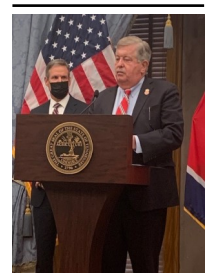
Governor Bill Lee



Commissioner Marie Williams



Speaker of the House Cameron Sexton



Lieutenant Governor Randy McNally

Member Organization Happenings

Professional Care Services of West TN, Inc. (PCS) celebrates 50th Anniversary as behavioral health specialty provider serving local communities.

As a premier community behavioral health organization, PCS is proud of its 50-year history.

PCS announced a community-wide campaign to increase mental health awareness to the public in conjunction with commemorating the organization's 50th-year anniversary of service.



PCS was originally chartered in 1971 as the Tri-County Mental Health Center, serving Tipton, Lauderdale, and Fayette Counties. In its 50-year history, PCS has expanded its operational footprint to serve a large portion of West Tennessee, offering a workforce of dedicated professionals to meet the behavioral health needs of our communities. PCS is licensed by the Tennessee Department of Mental Health and Substance Abuse Services to operate outpatient mental health clinics, 24-hour adult mental health residential facilities, 24-hour adult mobile crisis services, and a wide variety of grant programs designed to provide education, training, and prevention.

PCS is a private, non-for-profit, 501(c) (3) organization that provides a comprehensive array of community-base behavioral health, substance abuse, and integrative care services to a diverse, all-ages population. Starting out with used furniture in a basement office in the

old Tipton County Hospital, PCS has evolved to become a modern, technologically sophisticated healthcare provider with a strong presence. PCS collaborates with State and local stakeholders to meet the complex behavioral health needs of those living in West Tennessee.

Notably, PCS has demonstrated itself as a high-level quality organization as evidenced by meeting and exceeding the rigorous performance standards of the Commission on Accreditation of Rehabilitation Facilities (CARF).

Consistent with its mission, "To enhance the quality of life of every individual that we treat. Our trained professionals seek to deliver compassionate, quality care to each patient, family, and community that we serve by providing comprehensive mental health treatment and co-occurring services while recognizing that each person is unique and has mental health needs that vary in complexity," PCS serves all Tennesseans regardless of socioeconomic status, income, payor source, or ability to pay. PCS' key initiatives include mental health awareness and education, prevention, early detection, and treatment of behavioral health and substance misuse conditions for improving an individual's health, well being, and life outcomes.

Please join PCS as the organization celebrates 50-years of dedicated service to the community. More information will be forthcoming about engaging the public, elevating awareness, and promoting the importance of treatment for mental health conditions. For additional information, ways to partner with PCS, and more, contact Cayla Starnes, Community Liaison, at 901.622.1686 or cayla.starnes@pcswtn.org.

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



Tennessee Co-Occurring Disorders Collaborative (TNCODC)

In February 2021, TNCODC hosted three regional learning community meetings.

These were discussion-based meetings that allowed learning community members to connect and discuss relevant topics including COVID, vaccine distribution, and other local issues. These meetings also gathered feedback to guide spring planning and training events.

On May 18th, TNCODC will host a half day COD summit. Topics will cover MAT and Harm Reduction with speakers working in our local communities. More information to follow. Please contact Mariam Hashimi, TNCODC Project Manager at mhashimi@tamho.org for more information.



Mariam Hashimi



Frontier Health awarded SAMHSA Grant



Frontier Health, a leading provider in Behavioral Health throughout East Tennessee and Southwest Virginia, has been awarded a two-year, 4-million-dollar grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The annual grant is funded from the \$4.5 billion allocated to SAMHSA from the COVID-19 relief package passed in December 2020. Frontier Health is 1 of 134 clinics across the country to receive this grant to improve individuals' health and welfare throughout our region.

"Expanding behavioral health care in rural communities is crucial to the health and well-being of our citizens. I want to congratulate Frontier Health on their Substance Abuse and Mental Health Services Administration grant award from the U.S. Department of Health and Human Services to help expand and improve care for those suffering from mental illness, substance abuse and co-occurring conditions. This is great news for folks here in our community." Congresswoman Diana Harshbarger.

This grant will help expand and improve community health care for those individuals with serious mental illness, co-occurring disorders, substance use disorders, and children and adolescents with serious emotional disturbance through comprehensive mental health and substance use treatment by meeting the criteria of a Certified Community Behavioral Health Clinic (CCBHC).

"Through this funding, we will not only work to expand services but also expand our capacity to apply evidence-based practices to the treatment of mental health and substance abuse disorders and co-occurring conditions. A key component of this is advancing the integration of mental and physical health care through partnerships with our primary care partners," said Kristie

Hammonds, President and CEO of Frontier. "Our goal is to facilitate whole-person wellness and recovery."

The CCBHC model supports multiple pathways for individuals to recover from substance use disorders and mental health issues and embraces a recovery-oriented philosophy by requiring Frontier Health team members to work in an integrated way, enacting a harm-reduction model. To provide effective support for recovery, CCBHC's implement medication-assisted recovery with counseling and care coordination services for individuals with mental and substance abuse illnesses.

"Lack of coordinated, whole-person care leaves those needing behavioral health services at increased risk of mortality, suicide, substance abuse, hospitalizations, incarcerations and homelessness," Dr. Allen Musil Medical Director for Frontier Health said. "With this grant, we aim to reduce these disparities in working in coordination with our multiple dedicated community partners across the region we serve. Services will be wellness-focused and recovery-oriented as we help people and families get the treatment and care they need."

Frontier Health's You Can Recover Drive-Through Resource Event



Frontier Health's Virtual COVID Crisis Team also held a Narcan drive-through resource event on March 13. Narcan, also

known as Naloxone is a fast-acting remedy for an opioid overdose and works on any type of opioid, including synthetic opioids such as heroin and fentanyl.

The Virtual COVID Crisis Team had 100 Narcan/Covid-19 Resource bags to give out to any member of the community at our Turning Point location in Johnson City, TN. Each bag contained



1 Narcan nasal spray, information and training regarding how to properly administer the Narcan spray, as well as COVID-19 resource materials. While Narcan is a potentially life-saving first step toward recovery, the individual will likely need further medical treatment and addiction care.

Dismas House Names



Centerstone “Community Partner of the Year”

[Dismas House of Nashville](#), a 72-bed facility providing a safe place for former offenders to find the supportive services needed to re-enter society successfully, has named Centerstone its Community Partner of the Year. Using funds from Safety Net, Centerstone has provided mental health care to each resident at Dismas House since early 2020.

At a recent COVID-safe luncheon, Dismas House staff and residents paid special tribute to Centerstone clinic manager Melvin Ferguson and therapist Robert Jackson IV who help facilitate this partnership along with the entire team at Centerstone’s Venture Circle clinic.

“Centerstone plays such a central and critical role in helping our residents,” said Julie Doochin, vice president of Programs at Dismas House. “They get an initial intake and 2-to-4 individual trauma-informed therapy sessions. They also participate in weekly group therapy with Robert, who is a house favorite.”

Kleopatra Gaiter, LCW, admissions manager at Dismas House, adds, “I collaborate with Centerstone to get mental health services

started for our residents immediately after they are released. Most of them come to us with either no experience or a negative experience with therapy, so we have a unique opportunity to dispel stigmas surrounding accessing mental health treatment. Centerstone does just that by providing authentic, trauma-informed therapy to our residents and always being available in a time of crisis. I truly appreciate the partnership we have and am confident the impact will be long lasting on both the individual residents and the community.”

Dismas House connects former offenders with basic needs, mental and physical health care, life skills training, job placement, legal support, and more. Nationally, almost 70% of former inmates commit additional crimes and are rearrested within three years, and 50% return to prison. Dismas programming has resulted in only 19% of its former offender residents returning to prison.

Centerstone launches first known simulation training center for community-based behavioral health clinicians

Centerstone, a not-for-profit health system specializing in mental health

and substance use disorder treatments, has announced the recent launch of the world’s first known simulation training center for use by community-based behavioral health professionals.

“Simulation training has long been used in many high-risk high-reward fields, including physical health, aviation, and military, but this approach to learning and development has never been used in the community-based behavioral health space, which historically has relied on theory or role play for such training,” says Dr. Bre Banks, director of clinical education for Centerstone’s Research Institute



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

Happy Spring! We recently had the honor and privilege of assisting with Art for Awareness, in collaboration with HAPI, inc., and TDMHSAS on March 9th and we had such a great time coming together to celebrate art and recovery! You may view the virtual art gallery here: <https://www.youtube.com/watch?v=8QK-1kNOG2s>



Dina Savvenas

It’s that time of year again, when most of us are tidying up our environments and routines in preparation for longer days and warmer temperatures, and enjoying all of the new life and colors springing up all around us. Many of us find this time of year an ideal time to create new self-care goals and revamp our wellness routines. The peers we work with find it helpful to ask themselves a few questions using the Change Ruler when setting out to make a new change. On a scale from 0 – 10: 1. How important is it to you right now to make this change? 2. How confident are you that you can make this change? 3. How committed are you right now to making this change? If your score is higher than a zero, ask yourself why did you choose that rating and not a lower number. You may find it helpful to take some time and journal about this. Gaining a better understanding about why you want to make a change may help you move forward, should you decide to do so. Let us know if we can help in any way, and, as always, be well!



and project lead for the Centerstone SIM Center.

Operated by Centerstone's Research Institute, the Centerstone SIM Center prioritizes training clinicians in evidence-based practices for rapid use in real world care environments by combining multiple learning formats. This provides a true simulated experience for the clinician while also minimizing any risks that could occur in real-life crisis situations. Format can vary depending on the topic being taught, but Centerstone SIM Center learners can expect to watch informational videos, interact with standardized patients, engage in interactive scenarios where they are able to apply learned information and provide feedback and proof of learned skills through open-ended questions and other clinical competency assessments.

The official launch of the Centerstone SIM Center occurred this past fall when approximately 65 of Centerstone's staff members participated in a simulated training exercise for cognitive behavioral therapy (CBT) for depression.

"We've already observed positive results from our early SIM Center users and are now in the process of developing new courses for our learners. We're particularly excited to be expanding our offerings in cognitive behavioral therapy for suicide prevention and motivational interviewing," says Tobin Richardson, manager of simulation education for Centerstone's Research Institute.

"There is a rich body of evidence supporting simulation learning, behavioral healthcare has largely failed to leverage this training technology for both graduate and professional clinical education. This is certainly something Centerstone's Research Institute is trying to change through the use of its SIM Center," says Dr. Bre Banks.

Centerstone's Research Institute is actively working to make the SIM Center accessible to as many behavioral health professionals as possible, and has recently inked a partnership with the University of Tennessee's School of Social Work to design curriculum to further train its interns on the use of telehealth in the delivery of behavioral health services. The group is also discussing a similar partnership with Indiana University's School of Social Work.

Volunteer Behavioral Health Care System's New Location Now Open in Murfreesboro

Volunteer Behavioral Health Care System (VBHCS) opened a new facility which will provide prevention, intervention, treatment, and recovery support services for Rutherford County and surrounding areas. While VBHCS has 20 outpatient centers throughout their 32-county service area in Middle, Upper Cumberland, and Southeast Tennessee, this is the first new construction project for the agency.

Designed by GHP Environmental and Architecture and built by DeAnglis Diamont, the two-story, 32,000 square foot building is located on a 2.25-acre site at 1504 Williams Drive in the Gateway Business District of Murfreesboro. It houses all of the staff and comprehensive services previously located at The Guidance Center on Thompson Lane, including individual, family, and group outpatient therapy, addiction recovery, care coordination, pharmacy services, psychiatric medication management, telehealth, and mobile crisis services, but will also include additional offerings in the future.

"Volunteer's newest center in Murfreesboro gives us the capability to provide the expanded behavioral health services our area needs," said Chris Wyre, CEO of VBHCS. "Not only are we able to increase our capacity for caring for residents in our community with behavioral health issues, but we are better positioned to support other community partners such as law enforcement, hospitals, and social services providers with our enhanced space."

One of the ways the location has already benefitted the community is through COVID vaccinations by VBHCS's pharmacy partner, Genoa Healthcare.

"We're so proud that Genoa Healthcare has completed over 2,300 vaccinations across our system, but especially proud that over 475 have been completed at our newest location in Murfreesboro," said Phyllis Persinger, President & COO.

The intent of many of the location's enhancements is to expand Volunteer's No Wrong Door approach whereby clients can receive same-day access to services.

"People who come to our clinics, are brought to our clinics by partners, or those who call in to our appointment line don't have to wait to be scheduled for a later date and time," said Nathan Miller, Sr. Vice President of Operations. "All services, including medication services, can be initiated or adjusted much faster without clients losing their motivation to get help, which is something we see as a barrier to treatment."



The new location also houses information technology, advanced training/meeting spaces, and corporate offices. VBHCS will hold a ribbon cutting ceremony and open house in the future, as COVID guidelines allow.

Aaron Goletz, Data Director for the Steven A. Cohen Military Family Clinic at Centerstone based in Clarksville, TN, recently received the 2021 Cohen Veterans Network Founder’s Award.

The honor recognizes a staff member who most faithfully demonstrates the integrity, collaboration and excellence as exemplified Cohen Veterans Network founder, Steven A. Cohen. Goletz was presented the award by Medal of Honor recipients Ryan Pitts and Kyle White along with Cohen Clinic at Centerstone regional director Lisa Eggebeen. Centerstone and Cohen Veterans Network first partnered on the Steven A. Cohen Military Family Clinic at Centerstone in Clarksville, Tennessee, which opened in August 2018. Since then, Centerstone has also led operations for Cohen Clinic at Centerstone locations in Florida and North Carolina.



by

Volunteer receives ESG grant funding

[Click here](#) for original article

Volunteer Behavioral Health Care System (VBHCS) is pleased to announce an award of funding through the 2020 Emergency Solutions Grants Program Cares Act – Part II (ESG-CV2). VBHCS will receive \$235,000.00 from the Murfreesboro/Rutherford Continuum of Care (CoC) and \$849,891.00 for the Chattanooga Regional Homeless Coalition to provide supportive services to those experiencing homelessness. These programs will be valuable resources for efforts in these communities to provide appropriate prevention activities during the COVID-19 pandemic.

VBHCS will serve the 10 rural counties within the Chattanooga Continuum of Care (CoC) with a mix of Rapid Rehousing and Homeless Prevention services. The program will provide temporary financial assistance for utility deposits and rental deposits, as well as time-limited rent and utility assistance to both resolve and prevent literal homelessness.

With the Rutherford CoC, VBHCS will provide a team consisting of a therapist and a mental health case manager with direct supervision from The Guidance Center’s director. The therapist will be a licensed clinician with a Mandatory Pre-Screening Agent designation. A bachelor’s level mental health case manager will be present to assist with gathering needed documentation for the therapist visit, following through on referrals, coordinating services, and assisting clients to navigate the process of applying for TennCare or Behavioral Health Safety Net.

NEW MEMBER WELCOME

**TAMHO welcomes
our newest
Affiliate member
organization . . .**



Kathryn Walker, MSN–Anesthesia, APRN, CRNA, SPMHNP
Chief Executive Officer
10608 Flickenger Lane
Knoxville, Tennessee 37922
865-392-6262
www.communitychangetennessee.org

VBHCS has been providing housing-related services to individuals with severe and persistent mental illness (SPMI) and co-occurring disorders since opening their first group home in the 1980s. In 2012, VBHCS began operating a CoC permanent supportive housing (PSH) program in Hamilton County. That program, which provides housing and care management to households that qualify as chronically homeless, remains in operation today.

VBHCS also receives Community Supported Housing (CSH) funds from the State to provide housing and supportive services to individuals at risk of or experiencing homelessness, while the Supportive Services for Veteran Families (SSVF) program funded by the VA specifically targets those veterans experiencing homelessness and is part of a larger initiative outlined by the federal government in 2010.

VBHCS looks forward to working with the Tennessee Housing Development Agency to meet the needs of citizens in these areas through homelessness supportive services.

McNabb Center moves admin to new building, expands clinical services

The McNabb Center's administrative services have moved in order to accommodate continued clinical growth. During 2020, the Center saw an expansion of Healthy Families into five additional counties and the growth of outpatient substance use services. Both of these services will utilize space at the Center's former administration

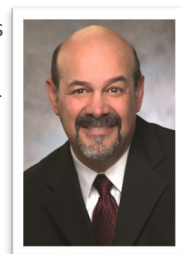
building, 201 W. Springdale Ave., Knoxville, TN 37917. The Center's new administrative address is 200 Tech Center Dr., Knoxville, TN 37912.

"We have continued to provide stand out services during the pandemic and these service expansions will allow us to provide care to more individuals in need," said Jerry Vagnier, McNabb Center president and CEO.



Dr. Bob Vero, Centerstone Regional CEO for Tennessee, recently received the Jane and Dick Baxter Dedication Award at the Healing Arts Project, Inc. (HAPI) 2021 Phoenix Art Gala

Vero says, "The Baxters share a passion for the arts and a belief in the transformative power that artist creativity—especially among persons in recovery—can add to each of our journeys. I'm humbled by the nomination and honored to be this year's recipient."



SOCIAL WORKERS
ARE ESSENTIAL

Happy **SOCIAL
WORK MONTH**



NASWTN.com

McNabb Center pilots a Co-Response Team

The McNabb Center and the Knoxville Police Department kicked off a co-response pilot program, which pairs a social worker with a police officer to respond to mental health crisis calls. The goal of the program is to decriminalize mental health and substance use disorders and to divert people from jail, when appropriate.

Since October, the team, which includes a longtime police officer with a master's level behavioral health clinician, has responded to more than 165 calls. Most of the individuals the team assists with are brought to the crisis stabilization unit, the hospital or the McNabb Center's Behavioral Health Urgent Care Center.



"A behavioral health specialist brings a unique perspective to the partnership with the Knoxville Police Department," said Candace Allen, senior director of adult intensive outpatient services for the McNabb Center. "We know how important it is to decriminalize mental illness and addictions and to provide referrals to treatment in lieu of jail whenever appropriate."

Chief of Police Eve Thomas said this co-responder program has seen several success stories.

"That tandem unit has addressed multiple calls with individuals experiencing a mental health crisis or substance abuse issues, and subsequently they have been able to divert those individuals from jail to much-needed services," said Chief Thomas.

MHCA gives Most Innovative Member Award to VBHCS

Mental Health Corporations of America (MHCA) recognized Volunteer Behavioral Health Care System with their Most Innovative Member Award for their No Wrong Door program. Phyllis Persinger, President & COO, gave a presentation on how VBHCS was able to implement No Wrong Door during the pandemic at the MHCA winter conference.



The graphic features a teal background with a city skyline at the bottom and various geometric shapes (triangles, squares) floating in the air. The TAMHO logo is in the top right corner. The text "TAMHO is Moving!" is prominently displayed in the center right. Below it, the new temporary address is listed.

tamho

TAMHO is Moving!

Our New Temporary Address is:

**Post Office Box 1274
Brentwood, TN 37024**

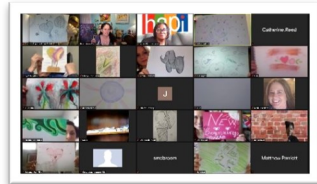
Statewide Happenings

Hearts unite at virtual Art for Awareness

A heartfelt thanks to everyone who participated in the 2021 edition of Art for Awareness, including Kelly Dorsey for providing the keynote, Karen Renée Robb for sharing her

Healing Arts with us, Statewide Peer Wellness Coach Dina Savvenas for leading the wellness activity, Governor Lee and Commissioner Williams for their remarks, ALL the artists who submitted artwork, and the Healing Arts Project, Inc. for partnering with us again this year.

Visit [the home of Art for Awareness on our website](#) to watch more videos from the event and view artwork from previous years. We look forward to seeing everyone in person in 2022!



2021 Overdose Report highlights changing dynamics in addiction crisis

The 2021 Annual Overdose Report, produced by the Tennessee Department of Health's Office of Informatics and Analytics, documents state trends of overdoses, opioid prescribing patterns, county data, efforts to address the overdose epidemic, and more. Read the overdose report [here](#).

Tennessee creates text line for pandemic stress



[Tennessee creates text line for pandemic stress \(newschannel5.com\)](https://newschannel5.com)

**COVID-19 EMOTIONAL SUPPORT LINE
FOR HEALTHCARE WORKERS**

Need to talk to someone about feelings of stress, anxiety, sadness, or depression related to work? The COVID-19 Emotional Support Line for healthcare workers can help.


888-642-7886

Calltakers are available: 6 a.m. - 10 p.m. (CT), 7 a.m. - 11 p.m. (ET)

Spring Cleaning?

Don't forget about your medicine cabinet

National Prescription Take Back Day
April 24th, 2021



**ON
OUR
WAY
HOME**


The PATH to
Resiliency,
Recovery and
Independence

Tennessee Statewide Housing and Homeless Services Conference

(A Virtual Conference)


April 23, 2021

Sponsored by



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

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www.tamho.org/tennessee-statewide-housing-and-homeless-services-conference

Planning and Policy Council



Schedules for
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TN Department of
**Mental Health &
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National Happenings

President Biden Announces Members of the Biden-Harris Administration COVID-19 Health Equity Task Force

The COVID-19 Health Equity Task Force will provide recommendations for addressing health inequities caused by the COVID-19 pandemic and for preventing such inequities in the future. [Click here for original White House Press Briefing.](#)

As the COVID-19 pandemic continues to plague the country, it has had a disproportionate impact on some of our most vulnerable communities. Shortly after COVID-19 was first identified in the United States, disparities in testing, cases, hospitalizations, and mortality began to emerge. These inequities were quickly evident

by race, ethnicity, geography, disability, sexual orientation, gender identity, and other factors.

President Biden and Vice President Harris have released a National Strategy to combat the pandemic that has equity at its core. To help ensure an equitable response to the pandemic, the President signed an executive order on January 21 creating a task force to address COVID-19 related health and social inequities. This Task Force is chaired by Dr. Marcella Nunez-Smith.

Today, President Biden and Vice President Harris announced the following individuals to serve as non-federal members of the Biden-Harris COVID-19 Health Equity Task Force. Individuals selected by the President are:

- Mayra Alvarez of San Diego, CA
- James Hildreth of Nashville, TN
- Andrew Imparato of Sacramento, CA

- Victor Joseph of Tanana, AK
- Joneigh Khaldun of Lansing, MI
- Octavio Martinez of New Braunfels, TX
- Tim Putnam of Batesville, IN
- Vincent Toranzo of Pembroke Pines, FL
- Mary Turner of Plymouth, MN
- Homer Venters of Port Washington, NY
- Bobby Watts of Goodlettsville, TN

- Haeyoung Yoon of New York, NY

The twelve Task Force members represent a diversity of backgrounds and expertise, a range of racial and ethnic groups, and a

number of important populations, including: children and youth; educators and students; health care providers, immigrants; individuals with disabilities; LGBTQ+ individuals; public health experts; rural communities; state, local, territorial, and Tribal governments; and unions.



G. Robert (Bobby) Watts, Executive Director, National Health Care for the Homeless Council (NHCHC)

Mr. Watts will be the Opening General Session Keynote Speaker at the April 23rd Tennessee Statewide Housing and Homeless Services

NatCon21

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NATIONAL COUNCIL
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Cherokee Health Systems nationally recognized: Tackling America's mental health and addiction crisis demands integrated care

The Hill | Patrick Kennedy and John E. Sununu, Opinion Contributors | [Click here](#) for Original article from The Hill

Over the past year, symptoms of anxiety and depressive disorders in adults have almost quadrupled, drug overdose deaths have outpaced all previous records for a 12-month period, and 25 percent of young adults have seriously considered suicide over a one-month period in 2020. The unmet need for mental health and substance use treatment in the United State is staggering and expected to persist long after the coronavirus pandemic is contained.

Recognizing the strong connection between physical and behavioral health, the Bipartisan Policy Center launched a Behavioral Health Integration Task Force in 2020 to develop policy recommendations to improve the integration of physical health, substance use and mental health care services. As co-chairs of the task force — and given our work in this field — we understand the urgency of new federal policies to increase the availability and coordination of behavioral health care services for people in need. Research shows that integrated care delivers more patient-centered care that can be cost-effective, increase access to treatment, reduce health disparities and improve patient outcomes.

Although effective treatments exist for most forms of mental illness, too many Americans do not receive the care they need. Less than half of adults with a mental illness received treatment in 2019 — the percentage is even lower in Black and Latino communities. Alarming, nearly 90 percent of Americans with a substance use disorder did not receive treatment in the same year. These treatment gaps are in large part because our nation's behavioral health care system does not have the capacity to serve everyone who needs treatment and most primary care providers lack the training, financial resources, guidance and staff to deliver integrated physical and behavioral health care services.

Integrating primary and behavioral health care is necessary to ensure that individuals with behavioral health conditions and comorbid physical health problems receive high-quality access to care. By increasing primary care providers' capacity to screen for and treat mild to moderate behavioral health conditions like anxiety and depression, we can begin to meet the growing need for services and ultimately save lives. It is estimated that 45 percent of those who die by suicide see a primary care provider in the month before their death — making the timely screening of risk factors in primary care settings critical.

Some primary care providers have already jumped in eagerly to do this work. In East Tennessee, Cherokee Health Systems is a national model for integrating primary care and behavioral health

services under one roof. A behavioral health care team is embedded in its primary care practice. Their philosophy is that behavioral health and primary care staff are equally responsible for closing patients' gaps in care. If a mental health issue arises for a patient, their office is streamlined to immediately involve a behavioral health provider in that patient's care; if a behaviorist sees a patient who is overdue for a recommended cancer screening, then it is their responsibility to act. More providers need incentives and training to operate in this manner and treat patients holistically.

The task force's legislative and regulatory recommendations released this week constitute a comprehensive plan to promote primary and behavioral health care integration.

First, enable primary care clinicians to deliver treatment to their patients with mild to moderate behavioral health conditions by providing them with training, technical assistance, and compensation. While some primary care providers already do this, they report feeling ill-equipped to do it properly.

Second, make more behavioral health providers available for primary care consultation and referral for treatment. To expand the current behavioral health workforce and guarantee accessibility, we recommend extending federal health care program coverage to additional types of providers and increasing grant funding for state-wide psychiatric consultation services. Our recommendations would also tighten network adequacy rules to ensure enough behavioral health providers in health plan networks are truly available to patients.

Third, establish core standards essential for integration. Currently, there is no standard definition of integrated care across private and public health programs, nor are there fundamental service and quality standards.

Fourth, drive integration into new and existing value-based payment structures in Medicare and Medicaid. By creating new financial incentives, more providers will evolve their practices to deliver integrated, comprehensive care. These entities already have well-defined quality metrics, delivery standards, and payment methodologies through which integration can be applied, enforced, and incentivized.

Lastly, offer financial assistance for behavioral health providers to adopt electronic health records and permanently expand Medicare coverage of telehealth services that advance integration.

Our recommendations would benefit an estimated 1 million Americans. While some proposals would require new spending, others would generate savings, with net costs over 10 years estimated to be \$2.2 billion. This would seem to be a very modest investment for a country that expends \$3.8 trillion on health care — and where depression alone is estimated to cost employers \$17 billion to \$44 billion annually in lost productivity.

Creating a more coordinated and efficient health care system that treats the whole person is challenging but necessary work. While we are all eager to embrace our pre-pandemic lives, let us resolve to make gaps in mental health and substance use disorder treatment a thing of the past.



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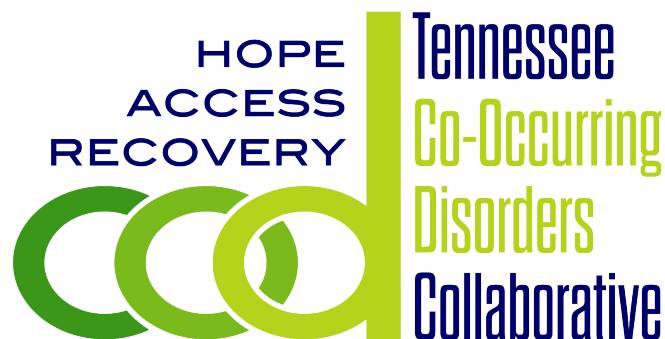
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