

Message from the Executive Director



Ellyn Wilbur
Executive Director

When used effectively, data can be used to (1) educate stakeholders, (2) inform policymakers and (3) track outcomes in complex systems. In Tennessee, we are fortunate that the Department of Mental Health and Substance Abuse Services has a talented research department led by Dr. Karen Edwards who believes in the power of data and publishes extensive data reports to help us accomplish all three of those activities.

A recent review of the newly posted fiscal year 2016 data highlights quite an amazing magnitude of the work being done in Tennessee to respond to the mental health or substance use needs individuals.

- 116,044 crisis calls were handled
- 76,221 crisis calls were responded to in person
- 9,281 adults were hospitalized at one of the Regional Mental Health Institutes
- 250,883 adults received a publicly funded behavioral health service
- 113,351 youth received a publicly funded behavioral health service
- 11,573 adults were admitted to Department funded substance abuse treatment services
- 618 youth were admitted to Department funded substance abuse treatment services
- 29,872 uninsured adults were served through the Behavioral Health Safety Net with 547,376 units of service
- 56,242 youth received mental health and prevention training
- 4,679 youth received early intervention services

We are fortunate in our state to have Department leadership that recognizes the importance of behavioral health services. The needs of people represented by these numbers would not have been addressed without their commitment and financial support. I believe we can all be proud of the work that is being done every single day that too often goes unnoticed.

Additional data can be found on the Department's website [<https://www.tn.gov/behavioral-health/article/fast-facts>].

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Negotiations Continue but No Deal Yet on Health Care Reform

ARTICLE REPRINT | National Council for Behavioral Health | April 6, 2017 | Michael Petruzzelli

Discussions and negotiations continued this week to repeal and replace the Affordable Care Act. Administration officials, including Vice President Mike Pence, hosted meetings on Capitol Hill and at the White House with members of the House Freedom Caucus and the more moderate Tuesday Group – working to find consensus on a path forward. Despite reports of progress on this initiative, no formal plan or bill has been introduced and agreement does not seem likely at this time. Congress is now on a two-week recess for the Easter holiday.

Last week, the Capitol Connector reported that members of House of Representatives were working to rekindle negotiations and move forward with a health reform package in the coming weeks. Those discussions continued this week with congressional veterans turned White House officials coming back to Capitol Hill to work out a deal. In addition to Vice President Mike Pence who served in the House for ten years, Director of the Office of Management and Budget Mick Mulvaney and HHS Secretary Tom Price held meetings with their former colleagues about coming together on a single health reform package. Mr. Mulvaney previously represented South Carolina's 6th district since 2010 and HHS Secretary Tom Price represented the Georgia 6th district since 2005.

While no deal has yet been reached, the National Council remains diligent in monitoring congressional action. Today, take time to tell your legislators about what matters to you: protecting the behavioral health safety net and preserving Medicaid for millions of Americans.

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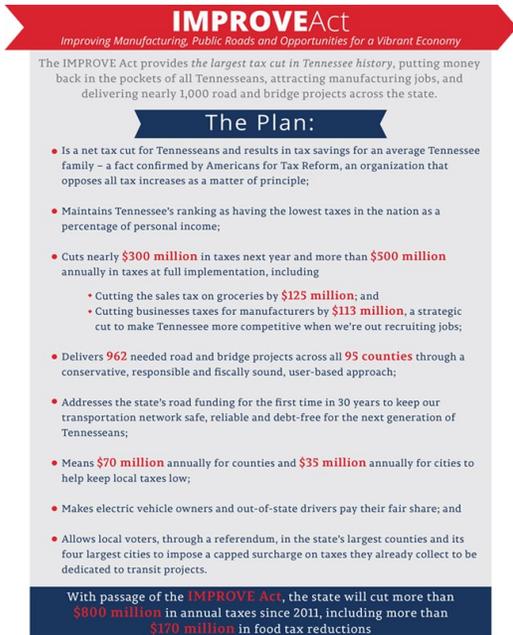
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The Governor's Improvement Act Passes the House and the Senate

The Governor's Improve Act has passed both the House and Senate. It calls for a slight increase in the fuel tax and a decrease on food tax. The increase in fuel tax will allow for the state to use dedicated funding for our state's much needed infrastructure needs. This plan also protects the general fund which is used to support other needs in the state like mental health and addiction treatment, education and other services and supports that are so critical to keeping Tennesseans healthy.



IMPROVE Act
Improving Manufacturing, Public Roads and Opportunities for a Vibrant Economy

The IMPROVE Act provides the largest tax cut in Tennessee history, putting money back in the pockets of all Tennesseans, attracting manufacturing jobs, and delivering nearly 1,000 road and bridge projects across the state.

The Plan:

- Is a net tax cut for Tennesseans and results in tax savings for an average Tennessee family – a fact confirmed by Americans for Tax Reform, an organization that opposes all tax increases as a matter of principle;
- Maintains Tennessee's ranking as having the lowest taxes in the nation as a percentage of personal income;
- Cuts nearly **\$300 million** in taxes next year and more than **\$500 million** annually in taxes at full implementation, including
 - Cutting the sales tax on groceries by **\$125 million**; and
 - Cutting businesses taxes for manufacturers by **\$113 million**, a strategic cut to make Tennessee more competitive when we're out recruiting jobs;
- Delivers **962** needed road and bridge projects across all **95 counties** through a conservative, responsible and fiscally sound, user-based approach;
- Addresses the state's road funding for the first time in 30 years to keep our transportation network safe, reliable and debt-free for the next generation of Tennesseans;
- Means **\$70 million** annually for counties and **\$35 million** annually for cities to help keep local taxes low;
- Makes electric vehicle owners and out-of-state drivers pay their fair share; and
- Allows local voters, through a referendum, in the state's largest counties and its four largest cities to impose a capped surcharge on taxes they already collect to be dedicated to transit projects.

With passage of the **IMPROVE Act**, the state will cut more than **\$800 million** in annual taxes since 2011, including more than **\$170 million** in food tax reductions

<http://tn.gov/nexttennessee/section/the-improve-act-main-section>

Tennessee to Receive \$13.8 Million Aimed at Prescription Opioid Crisis

Historic Increase for Substance Abuse Treatment in Tennessee

U.S. Health and Human Services Secretary Tom Price, M.D. has announced that the Tennessee Department of Mental Health and Substance Abuse Services will be awarded \$13.8 million through the 21st Century Cures Act to help combat the prescription opioid epidemic in

Tennessee. This is the largest single federal funding increase for opioid treatment in the state's history.

In his letter to governors, Secretary Price wrote, in part, "As I begin my tenure as Secretary of the Department of Health and Human Services (HHS), I do so with a profound commitment to addressing this public health crisis as one of our top three Departmental priorities. Opioids were responsible for over 33,000 deaths in 2015; this alarming statistic is unacceptable to me. We cannot continue to lose our nation's citizens to addiction. Through a sustained focus on people, patients, and partnerships, I am confident that together we can turn the tide on this public health crisis."

"Last year, Leader McConnell called 21st Century Cures 'the most important legislation of the year,' and Wednesday's announcement – nearly \$14 million to help fight Tennessee's ongoing opioid epidemic – is just one example of the real help this bill is delivering to Tennessee families," Sen. Lamar Alexander said. "Opioid abuse or overdose kills more Tennesseans every year than gunshots or car wrecks, and this funding will send a substantial boost to those on the front lines of a battle that is being waged state by state, county by county, doctor's office by doctor's office."

In Tennessee, it is estimated that 69,100 individuals are addicted to prescription opioids and require treatment for prescription opioid abuse. Another 151,900 Tennesseans are using prescription opioids in ways that could be harmful, and they may benefit from early intervention strategies.

"This announcement creates great optimism as we build upon the efforts already underway to address the opioid epidemic in our state," said Gov. Bill Haslam. "Far too many Tennesseans have been impacted by opioid abuse and this substantial increase in funding is vitally important as we continue to fight this public health crisis in Tennessee."

"We are extremely grateful for this historic opportunity to transform the lives of so many Tennesseans impacted by the opioid epidemic," Marie Williams, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services, said. "We have been working closely with our federal and community partners to ensure that these new dollars will be used to expand the much needed services to as many Tennesseans struggling with opioid substance

use disorder as possible. In Tennessee, we know what works. We have a statewide network of community providers standing by, ready and able to do what is needed now that we are taking a monumental step towards closing the gap in funding.”

Treatment services that will be funded from these new dollars will include but are not limited to:

- Continuum of Care Treatment Services
- Treatment for Pregnant Women
- Tele-treatment in Rural Tennessee Counties
- Medication Assisted Treatment
- Recovery Support Services

These new resources will be leveraged to continue building upon the efforts of Tennessee’s 2014 strategic plan to combat the opioid crisis, ***PRESCRIPTION FOR SUCCESS: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee.***

Prescription for Success Goals:

- Decrease the number of Tennesseans who abuse controlled substances
- Decrease the number of Tennesseans who overdose on controlled substances
- Decrease the amount of controlled substances dispensed in Tennessee
- Increase access to drug disposal outlets in Tennessee
- Increase access to and quality of early intervention, treatment, and recovery services
- Expand collaborations and coordination among state agencies
- Expand collaborations and coordination with other states

Tennessee Governor Taps Barnes to Head Human Services

Tennessee Gov. Bill Haslam is tapping Danielle Whitworth Barnes as the state Department of Human Services commissioner.

A news release says Barnes will assume the post Feb. 6. The 41-year-old currently serves as deputy commissioner and general counsel for the state Department of Human Resources.

Barnes replaces Human Services Commissioner Raquel Hatter, who announced last month she would resign and return to the private sector. Barnes began her state government career with the Department of Human Services in 2004. She joined the Department of Human Resources in 2007 as assistant general counsel, Equal Employment Opportunities Division director and legislative director.

She has an undergraduate degree from Spelman College and a law degree from the University of Tennessee College of Law.

Barnes lives in Brentwood with her husband, son and daughter.



Danielle W. Barnes
Commissioner
TDHS

TDMHSAS’ Assistant Commissioner of the Division of Substance Abuse Services Resigns

Assistant Commissioner of the Division of Substance Abuse Services, Rod Bragg, recently reported his resignation from TDMHSAS. He noted his decision comes with mixed emotions and heart-felt appreciation and admiration for the work being done in communities across Tennessee.

Assistant Commissioner Bragg’s leadership will be missed by TAMHO and its member organizations. Mr. Bragg has a long history of service and leadership within the field of recovery. His passion for recovery services was evident through the many initiatives he led that have shaped recovery services in Tennessee. His interactive participation with TAMHO leadership and committees led the way to developing public policy that has advanced service delivery in Tennessee.



Rodney Bragg
Assistant
Commissioner,
Substance Abuse
Services
TDMHSAS

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

- June 13, 2017
- August 15, 2017
- December 14, 2017

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

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

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

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

REGIONAL PLANNING & POLICY COUNCILS

- | | |
|---|--|
| <p>Region I
10 am – 12pm EST
(2/7, 5/9, 8/8, 11/7)
Harrison Christian Church 2517 Browns Mill Road, Johnson City, TN 37604</p> | <p>Region V
9:30am – 11:30am CST (2/2, 5/4, 8/3, 11/2)
TAADAS Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217</p> |
| <p>Region II
11:30am – 1:30pm EST (2/15, 5/17, 8/16, 11/15)
Helen Ross McNabb Center 201 West Springdale Avenue, Knoxville, TN 37917</p> | <p>Region VI
1:30pm – 3pm CST (1/10, 4/11, 7/11, 10/10)
Pathways 238 Summar Drive, Jackson, TN 38301</p> |
| <p>Region III
10am – 12pm EST (3/1, 6/7, 9/6, 12/6)
AIM Center 472 W. MLK Blvd, Chattanooga, TN 37402</p> | <p>Region VII
11:30am – 1:30pm CST (1/24, 4/25, 7/25, 10/24)
Lowenstein House East 6590 Kirby Center Cove, Suite 103, Memphis, TN 38115</p> |
| <p>Region IV
11am – 1pm CST (2/1, 5/3, 8/2, 11/1)
TAADAS Airport Executive Plaza, 1321 Murfreesboro Pike, Suite 130, Nashville, TN 37217</p> | |

Co-Occurring Disorders Strategic Initiative Update

Tennessee Co-Occurring Disorders Collaborative (TNCODC)

After the COMPASS-EZ – CQI Action Plans

The COMPASS-EZ is one step in a 12-step process to help guide an agency through improving co-occurring capability. The COMPASS-EZ is designed to help agencies organize a baseline self-assessment of co-occurring capability as the first step in a continuous quality improvement process in which the agency designs an action plan to make progress.

Many resources are available online at www.tncodc.com/strategic-initiative and by contacting Patrick Slay at si@tncodc.com, 615-244-2220, ext. 11.

COD Learning Communities

The COD Learning Communities, both Regional and Statewide, exist to support the Strategic Initiative’s goal to enhance Tennessee’s Co-Occurring Disorders System of Care. The Learning Communities specific mission is to support universal co-occurring capability for programs and staff.

Three Regional COD Learning Communities have been created at the Grand Division level – West-Middle-East. Here is the meeting schedule for the next meetings. Contact Patrick Slay with any questions at si@tncodc.com, 615-244-2220, ext. 11.

- West, May 25, Thursday, 9:30-11:30
- Middle, May 11, Thursday, 9:30-11:30
- East, May 16, Tuesday, 9:30-11:30

Free individual TA for provider organizations working on COD capability

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

This opportunity is free of charge through the COD Learning Community which supports the TNCODC Strategic Initiative – enhancing Tennessee’s COD system of care.

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



Smith Harris and Carr Principles Receive Accolades



(l-r) Anne Carr, Meagan Frazier, and Lou Alsobrooks

Smith Harris and Carr principles, Estie Harris and Meagan Frazier have been recognized with two very distinct honors.

Last week, Meagan Frazier was acknowledged for her nomination to receive Nashville's prestigious ATHENA Young Professional Award.

The esteemed ATHENA Awards Program honors business and professional women for their career success, service to community and encouragement of women.

Accolades were also given to partner, Estie Harris by the Tennessee Physical Therapy Association (TPTA). The association recognized Estie with their President’s Award. TPTA is regarded as the states foremost advocate for the profession of physical therapy.



TAMHO Advocacy Day

**An investment in
behavioral health
is an investment in
YOUR community.**



2017

TAMHO Makes Impact on Capitol Hill

In addition to scheduling over 100 visits, the Association was able to secure commitments from several legislators regarding some of the most important issues for behavioral health in Tennessee including the Tennessee Health Link rate reduction and budget amendment.

Thanks to over 40 attendees, TAMHO Advocacy Day 2017 was a rousing success, and got the ball rolling for even more positive changes in the future.

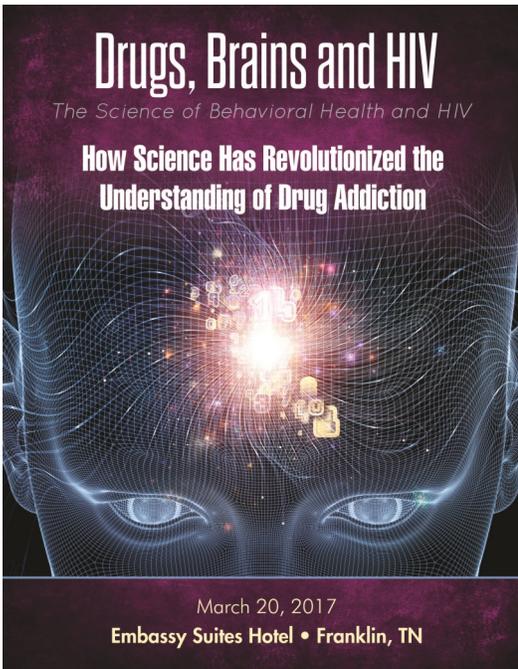
103

Visits were
Scheduled

47

Attendees





Nearly 300 Attend the Recent *Drugs, Brains and HIV* Conference in Franklin on March 20th

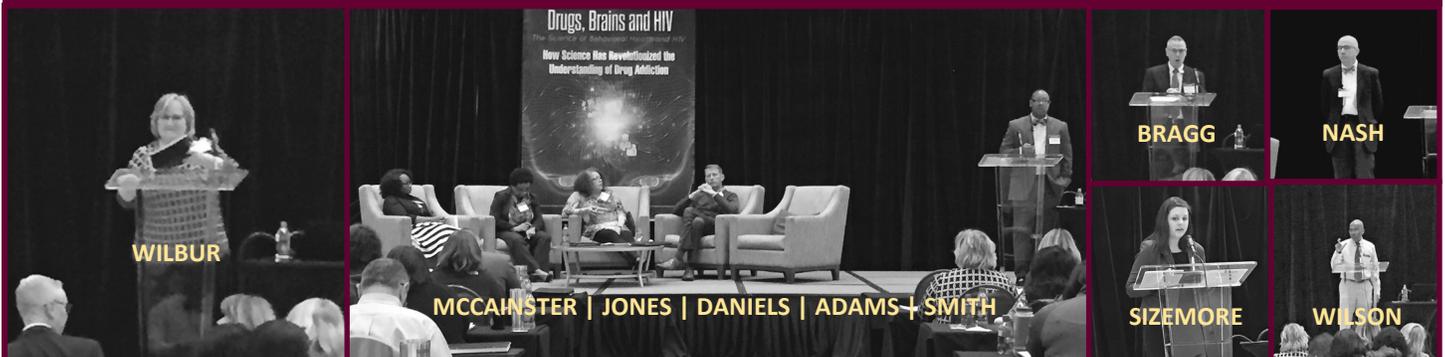
Sponsored by: TDMHSAS and TAMHO

Recognizing Tennessee is a high risk state for HIV, this conference focuses on coping with HIV in today’s world and how science is linking behavioral health and HIV. Conference sessions addressed the impact of HIV, STDs, and viral hepatitis on the citizens of Tennessee; reviewed the impact of Pediatric HIV on families; amplified the synergies between HIV and co-infections; and, created an awareness and knowledge on HIV/AIDS.

Key objectives for the conference included, but were not limited to: 1) advancing a clear agenda for HIV, including the cross cutting issues of criminalization, gender based violence, sexual and reproductive health and stigma; 2) promoting responses to HIV that are supported by and tailored to the needs of at risk populations or people living with HIV, including woman and girls, men who have sex with men, transgender people, sex workers, young people and people who use drugs; and, 3) building innovative partnerships with community, government and science to strengthen prevention and treatment efforts.



WILBUR BRAGG McCORKLE SMITH NASH WILSON SIZEMORE ADAMS DANIELS JONES McCAINSTER



WILBUR

BRAGG

NASH

MCCAINSTER | JONES | DANIELS | ADAMS | SMITH

SIZEMORE

WILSON



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

TAMHO MEMBER ORGANIZATION HAPPENINGS

Pat Morgan Bestowed the 2017 Legends Award

CMI—PATH Program, SOAR and TBRA Programs

CMI staff working in the PATH Program, SOAR and TBRA programs work daily with the homeless community. To say the least, Pat Morgan is one of our HEROS and definitely a legend in the Memphis Community for the work she has done and continues to do with mental health consumers and homeless individuals.

We were so proud of this 2017 Legends Catalyst Award that was presented to Pat Morgan by the Women's Foundation for a Greater Memphis. CMI's CEO, Florence Hervey, felt it was important that strong support from the local mental health community was in order. CMI's homeless program employees were on hand to support Ms. Morgan as she received the honor.



The following is an excerpt from the nomination letter requesting consideration of Ms. Morgan for the award:

Many prefer to turn a blind eye to the thousands of men and women across the country with no permanent address and no job who are often suffering from mental illness and substance abuse but not Pat Morgan. She made it her mission to aid the homeless. She has received numerous awards for her humanitarian efforts and when asked why she did it, her answer is simple yet powerful. *"It's not what I did, it's why I did it. I was called."*

Professional Care Services Begins Same Day Access May 1

The main purpose of SDA is to get clients engaged in treatment sooner. By transitioning to a "walk-in clinic" system for intakes, clients are able to initiate services when they feel the time is right. Clients will have the option of a walk in intake appointment Monday through Thursday afternoon and will also have access to a therapist as needed.

This will increase the likelihood that the client will successfully initiate and remain in treatment. PCS will be able to better accommodate community referrals and court mandated assessments through SDA, which is beneficial when collaborating with community partners and other agencies.

Centerstone Receives \$4.5 Million Grant for Workforce Reentry Initiative

Centerstone Career Centerstone Career Connect to provide crime-detering education, training, employment services and coordination of behavioral health treatment for 500+ young adults exiting justice systems

ARTICLE REPRINT | Centerstone.org | January 23, 2017 | <https://centerstone.org/about/news/press-releases/centerstone-receives-4.5-million-grant-for-workforce-reentry-initiative>

Centerstone, one of the nation's leading not-for-profit behavioral health care providers, has been awarded a three-year, \$4.5 million grant to implement a U.S. Department of Labor *Reentry Demonstration Project for Young Adults*. The project goals include preventing and reducing crime in high-risk areas of Middle Tennessee and Southern Illinois by enhancing workforce reentry strategies for 563 people, ages 18 to 24, who have been involved with the juvenile or adult justice systems.

Through Centerstone Career Connect, participants receive employment, education and training options and are provided mental health and substance use treatment and other supportive services as needed. Utilizing a *Career Pathways* approach, participants will learn new work skills, obtain certifications or degrees and develop opportunities for lifelong careers.

"We're excited to serve and motivate people to discover skills best suited for their bright future," said Centerstone Career Connect Project Director Phyllis Viltz. "Establishing and maintaining a positive life trajectory for these individuals in turn begins to lower crime rates and help employers. Everybody wins."

Centerstone Career Connect will serve 403 people across 17 census tracts in and around downtown Nashville, Tennessee, and 160 additional participants in East St. Louis and Carbondale, Illinois. Specific target goals include improved education and job skills, increased employment, sustained work, successful credentialing, decreased substance use (60 percent), reduction of mental health symptoms (50 percent) and reduced recidivism (25 percent).

Referrals may come from courts, probation or parole officers, attorneys, schools and more. Collaborative partners include local employers, police departments and mayor offices.

"As our city continues to grow, we embrace this opportunity to help our young adult residents thrive," said Nashville Mayor Megan Barry. "These efforts to assist in developing productive, responsible, healthy citizens are a key step toward less poverty, a stronger workforce and a greater Nashville community."

Centerstone Career Connect's active implementation runs from January 2017 through December 2018. For more information, including specific coverage areas, call (615) 714-9240 in Tennessee or (618) 997-5336 ext. 7783 in Illinois, or visit www.centerstone.org/careerconnect.

Congratulations Janie Cain

Congratulations to Janie Cain who recently retired from PCS. Janie was at PCS for 13 years and participated on TAMHO's Finance and Administration group for most of that time. We wish her well!



Dr. Richard Shelton Named CEO of Centerstone Research Institute and Chief Medical Officer of Centerstone

Industry veteran to oversee organization's clinical programs and lead research advancing the diagnosis and treatment of mental illness, trauma and addiction

ARTICLE REPRINT | Business Wire | March 27, 2017 | <http://www.businesswire.com/news/home/20170327006015/en/Dr.-Richard-Shelton-Named-CEO-Centerstone-Research>

Centerstone recently announced that Richard C. Shelton, M.D., has been named chief executive officer (CEO) of Centerstone Research Institute and chief medical officer (CMO) of Centerstone. In these roles, Shelton, a researcher, educator and champion for those with mental illness, will advance the non-profit organization's national clinical programs and lead its efforts to transform the delivery of care for those with mental health and addiction disorders.



Dr. Richard Shelton
CEO, Centerstone

"Dr. Shelton is a longtime Centerstone friend and collaborator, and we have had the privilege of working with him on a number of research projects," said David C. Guth Jr., CEO of Centerstone. "We are honored to welcome Dr. Shelton to our leadership team. His insight will be invaluable as we seek to advance the work of Centerstone Research Institute, continue to strengthen and expand our clinical programs, and enhance how we care for people of all ages nationally."

At Centerstone, Shelton will be working to ensure that Centerstone has a unified clinical model that uses the most modern, evidence-based practices that provide value to both clients and payers. He also will work to develop new technology, establish new partnerships, and create tools and strategies to advance the adoption of evidence-based practices that enhance the practice of behavioral healthcare nationwide.

A veteran researcher and educator, Shelton served on the faculty of Vanderbilt University School of Medicine and Vanderbilt University Medical Center for nearly three decades. He was the James G. Blakemore Research Professor and Vice Chair for Clinical

Research in the Department of Psychiatry as well as a professor in the Departments of Psychology and Pharmacology.

In 2012, he joined the faculty of the Department of Psychiatry and Behavioral Neurobiology at the University of Alabama at Birmingham as the Charles Byron Ireland Professor, Vice Chair for Research, and head of the Mood Disorders Research Program. He will maintain his UAB appointment as he joins Centerstone.

An active researcher, Shelton's work has focused on the development of new treatments for depression and bipolar disorder, including identifying potential new targets for treatment, prevention of serious mental illnesses, testing novel therapies and identifying biomarkers of both the disease and treatment response. To date, he has been a part of more than 100 funded research studies from the National Institutes of Health, other federal agencies, foundations, and corporations. He also has provided original research, reports, reviews, commentaries, and book chapters to more than 350 publications.

Shelton has been recognized nationally for not only his research, but also his commitment to advancing the treatment and care for those with mental illness. In 1994 and 2012, he was awarded the Exemplary Psychiatrist Award for his service to persons with serious and persistence mental illness. He also received the Dorthea Dix Professional Service Award from the Tennessee Association of Mental Health Centers in 2007 in recognition of his impact on the state's Psychiatry practice.

Shelton obtained his bachelor's in Biology from East Tennessee State University in Johnson City, Tenn., and attended medical school at the University of Louisville in Kentucky. He served as Chief Resident at the Massachusetts Mental Health Center, a teaching hospital of Harvard Medical School. After completing his residency, he served as a research fellow at the National Institutes of Mental Health Intramural Program in Washington D.C.

Program Aims to Meet Addicts' Health Needs Long Term

ARTICLE REPRINT | The Tennessean | April 19, 2017 | Kristi L Nelson | <http://www.tennessean.com/story/news/2017/04/19/program-aims-meet-addicts-health-needs-long-term/98492132/>

As early as 2010, they began to see the signs of the coming epidemic.

Patients came in for primary care with needle tracks on their arms and full-blown cases of undiagnosed hepatitis C.

Pregnant women waited until well into their third trimester to



Dr. Mark McGrail, Director of
Addiction Medicine, Cherokee Health

(Photo: CAITIE MCKEIN/NEWS SENTINEL)

seek prenatal care — afraid to keep taking the drugs they were on, afraid to quit.

People, hurting, no longer able to afford the prescription opioids that dulled the pain, stooped to buying heroin on the street.

They'd come in, see a doctor or nurse practitioner, then disappear for weeks or months. Some would get clean, only to relapse. Some would come back with their parents or their children — multiple generations of families hooked on drugs.

Providers at Cherokee Health Systems spent those years trying to plug the dam, to pull together resources to stem the tide of addiction that threatened to wash over Knox and 13 surrounding rural counties where Cherokee operates primary and behavioral health clinics. But the funding wasn't there for a full-fledged addiction treatment program. The disease that had already taken root in East Tennessee wasn't yet on the national radar.

That's changed. About a year ago, Cherokee unveiled a plan, supported by a \$325,000 federal government grant, for a comprehensive addiction treatment program integrated with the primary-care and mental-health services it's long offered. In August, the federally qualified health center hired retired U.S. Army Col. Dr. Mark McGrail to direct the clinic.

McGrail, a 34-year Army veteran and family physician who last served at Fort Campbell and overseas, worked at Cherokee during a 2013-14 fellowship at the University of Tennessee Medical Center. So he was already familiar with the health center's patient population — about a third on TennCare/Medicaid, about another third uninsured — and its mission to treat physical and mental health issues at the same time.

Therapy and meds

McGrail's primary task was to head up a medication-assisted therapy program, which Cherokee hasn't had. The center has a state grant to help cover some of the cost of buprenorphine, a replacement drug used to gradually wean addicts from opioids, and naltrexone (Vivitrol), which blocks the nervous system receptors that get pleasure from opioid use. As an MD, McGrail can write those prescriptions, which he began doing a month after his hire.

"Cherokee has long had its intensive outpatient programs, which were run by psychologists and non-prescribing providers," said McGrail, who said those therapy programs will not only continue but expand. "But we know that medications are a valuable adjunct in the treatment of addiction."

Under obstetrician Dr. Michael Caudle and psychologist Suzanne Bailey, director of integrated services, Cherokee had been one of the few providers that would treat pregnant women with addiction issues and whose babies might be born drug-dependent. Now those women also will be under McGrail's care; seven of his patients so far were pregnant when they came in, and five still are.

But even those who aren't pregnant usually come in with untreated psychological trauma as well as other health issues, such as diabetes, hypertension or serious dental problems. The federal Substance Abuse and Mental Health Services Administration

estimates nearly 40 percent of people addicted to drugs also have a mental disorder.

"As you can imagine, many of them have had little to no health care for the last few years," McGrail said. He envisions his clinic as both directing patients to primary-care and behavioral-health services, and accepting patients whose primary-care doctors or therapists catch their addiction problems during visits for other issues — "an addiction 'medical home,' if you will," he said.

"I think we're going to be able to address all their needs in one setting — that's our program," he said. "We have yet to really open the doors. We've written referral guidelines to share with our sister health-care organizations, but we haven't been brave enough to put them out there yet because I think once that happens, the floodgates are open."

Preparing for a flood

State data showed last year Tennessee was second only to Alabama in the number of opioid prescriptions written, with more prescriptions than state residents. Studies suggest as many as a fourth of people prescribed opioids become addicted, often in a matter of weeks.

In 2015, according to the state health department, 1,451 Tennesseans died of drug overdoses, significantly higher than the number who died in motor vehicle crashes. According to Regional Forensic Center data, Knox County alone saw 170 drug-related deaths in 2015 — nearly double the number from just five years earlier — and that number doesn't take into account those still alive but addicted. SAMHSA estimates at least 4.5 percent of the state's entire adult population — more than 193,000 — abused prescription opioid drugs in the past year.

McGrail is seeing more than 60 patients. He said 90 percent of those are addicted primarily to opioid drugs, the remaining 10 percent primarily to alcohol. About 80 percent of those who used IV drugs also had untreated hepatitis C, poised to become a public health burden because it's so easily spread through shared needles and so costly to treat effectively.

"So we're looking at significant risk down the road for them for their health," he said. "We're looking at trying to get a hepatitis C program here ... but we've got to work through the finances," an obstacle also for Knox County Health Department because the newer medications that "cure" hepatitis C can exceed \$80,000 for a 12-week course.

A second obstacle is finding a gastroenterologist willing to work with Cherokee's uninsured and TennCare hepatitis C patients; there's not one on staff.

Four of the opioid addicts McGrail is seeing now have returned to IV drug use, he said. That means the other 95 percent are, at least, not increasing the spread of hepatitis C through shared IV drug use. Those who have relapsed are still receiving treatment by Cherokee's care team, he added.

McGrail is realistic that the clinic is "a marathon, not a sprint," as Cherokee's chief clinical officer, Dr. Parinda Khatri, has said. Relapse rates are higher for opioid addicts than for users of other

drugs. Some studies put opioid relapse at 85-90 percent. Research suggests the use of medications could reduce that rate, but widespread use of the newer medications in opioid addicts is still relatively new. McGrail said he'll evaluate the length of time patients need those medications on a case-by-case basis.

After months of searching, Cherokee last month hired a registered nurse for the clinic. The challenge to find qualified staff willing to work with opioid addicts is magnified in rural areas; Jellico's Dayspring Family Health Center, in Campbell County, received a grant identical to Cherokee's to start a similar program but hasn't found a behavioral health specialist.

"We have been looking for licensed clinical social workers, clinical psychologists or licensed professional clinical counselors to develop our program but have not been successful in locating them," despite running ads continuously, said Chief Medical Officer Dr. Geogy Thomas. "As soon as we find the right fit, our hope is to have a fully integrated model that offers a holistic approach to addiction."

SOS cites success

But Nashville's Neighborhood Health federally funded health center has seen success with its comprehensive opioid addiction program for which it received a \$231,1931 grant last year.

Known in the community as "SOS," Neighborhood Health's program began in July and includes a dedicated physician along with a case manager, licensed practical nurse and two full-time behavioral health therapists, said Pam Brillhart, chief operating officer. It combines medication-assisted treatment with individual and group therapy and referrals to outside 12-step programs such as Narcotics Anonymous, she said.

Like Cherokee, Neighborhood Health does a full physical and behavioral health assessment for those entering the program, to catch other issues, Brillhart said. Those in the addiction program who were not already Neighborhood Health patients are assigned a primary-care treatment team and get preventive services and medical management of chronic conditions, she said, while patients who come in for primary-care and behavioral health

services are screened for substance abuse and referred to SOS when appropriate. The center hopes to serve 100 SOS patients this year.

Brillhart said SOS' rate of retaining patients in its addiction program is 83 percent, compared to the national average of 45-50 percent. Like Cherokee, Neighborhood Health attempts to schedule appointments with multiple providers back-to-back at the same location on the same day, to increase both the odds of patients keeping appointments, and their investment in the program, she said.

The SOS program also is open to pregnant women, who can get prenatal services at Neighborhood Health or through an outside provider of their choice, she said.

"We have found that obtaining OB services for addicted women is yet another barrier for them," she said.

Striking while hot

Cherokee has found scheduling appointments around pediatrics is effective, Khatri said.

"Women will notoriously miss their postpartum follow-up visits, but they will keep those well checks for their babies," she said. "So we can have mom's gynecological visits, psychological visits and addiction visits with baby's well checks. We've really patched together a network of support for this woman and a health-care home for the family."

Too often, if a patient can't get addiction services immediately after making the decision to get clean, the desire passes, Khatri said. Cherokee's ultimate aim is to get people care instantly, with grant money filling the gaps between insurance approval or the ability to self-pay.

"Otherwise, we lose them," she said.

McGrail said when word of the program spreads, he expects Cherokee will soon need "another one of me."

"Once we fully open the doors, we will not be lacking in business," he said.



STATEWIDE HAPPENINGS

Memphis Professor is First African American to Lead American Psychiatric Association

Dr. Altha Stewart of Memphis is slated to become president-elect of the American Psychiatric Association.

ARTICLE REPRINT | The Commercial Appeal | February 14, 2017 | Kevin McKenzie | photo credit: handout | <http://www.commercialappeal.com/story/money/2017/02/14/memphis-professor-first-african-american-lead-american-psychiatric-association/97910026/>

Dr. Altha Stewart, an associate professor of psychiatry at the University of Tennessee Health Science Center in Memphis, is the first first African American slated to become president of the American Psychiatric Association, which traces its roots to 1844.

Congratulations poured in Tuesday as news spread that the national association's membership, which includes more than 37,000 physicians, had elected Stewart to become the next president-elect, beginning in May. Her year as president begins in May 2018.

Stewart's election is unofficial until confirmed by the association's board in March. The current president-elect, Dr. Anita Everett, an associate professor at Johns Hopkins School of Medicine, becomes president at the end of the association's annual meeting this coming May. Everett will succeed Dr. Maria Oquendo, professor and chairman of psychiatry at the University of Pennsylvania.

"It's a very historic election," Stewart said. "It is the first time that an African American will serve as president of this national organization and also the first time that the succession to presidency includes three women in a row."

The association's chief executive and medical director, Dr. Saul Levin, in a statement called it "an historic election for the APA, reflecting the wide diversity of the organization, which is our strength."

At UTHSC, Stewart is director of the College of Medicine's Center for Health in Justice Involved Youth, which she was recruited to form in 2015, and the psychiatry department's chief of social and community psychiatry. A psychiatrist previously working for the Shelby County Public Defender's Office, she's working to improve services in Shelby County and statewide for youths with behavioral health needs who land in the juvenile justice system.

A study found that 60 percent of children in Shelby County in the juvenile justice system need additional mental health services, she said. Putting a spotlight on the role that childhood trauma plays is

one of her goals.

"We are on a mission to educate this community about trauma, its effects on the overall health and well-being of our community, and we are not going to stop until we complete that," Stewart said.

A native Memphian, Stewart went to public schools including Florida Elementary and Carver High School, graduated from Sacred Heart Catholic High School for girls and was in the first class of young women in 1970 at Christian Brothers University, Stewart said. She went to medical school at Temple University.

Her career has included being New York City's commissioner of mental health, CEO of a children's psychiatric hospital in New York, and managing one of the country's largest public health system's in Detroit, she said.

When her term begins as president of the APA, championing useful and effective collaborations among medical colleagues outside of psychiatry, engaging in dialogue and collaborations with consumers and advocacy groups and nurturing the next generation of psychiatrists are her top goals.

The field of psychiatry is undergoing a major transformation with rising importance of biology and medications while patients become much more involved in their own treatment, said Stewart, who has held other leadership positions in the APA and has served as president of the Association of Women Psychiatrists as well as the Black Psychiatrists of America.



Dr. Altha Stewart

"We're at a pivotal time in psychiatry in the world, but specifically here in the United States," she said.

TSPN Announces Free Text Service for Mental Health and Other Crises

ARTICLE REPRINT | Elizabethton Star | February 21, 2017 | Curtis Carden | <http://www.elizabethton.com/2017/02/21/tspn-announces-free-text-service-for-mental-health-other-crises/>

Typically taboo, Tennessee continues to take measures to help address the issue of depression and suicide.

The Tennessee Suicide Prevention Network (TSPN) recently announced their partnership with Crisis Text Line, a free, 24/7 text-messaging support line, to create a crisis text-line for members of the public with mental health and other crises.

"Not everyone in crisis is comfortable verbalizing their problems or talking to relative strangers on the phone," TSPN Executive Director Scott Ridgeway said in a statement to the Elizabethton Star. "Meanwhile, many teens and young adults — a high-suicide-risk population group — use their phones for texting instead of

talking. The Crisis Text Line offers an alternative means of contact for people who might not reach out for help otherwise.”

Users can text the word “TN” to 741741 and connect with a trained crisis counselor that can provide immediate support and referrals not just for suicidal thoughts, but also for anxiety, depression, child and domestic abuse, substance abuse, eating disorders, human trafficking and beyond, according to TSPN.

The new crisis line is a key asset, according to Allison Foster with the Carter County Health Department. Foster serves on the local suicide prevention coalition and stated the new tool will help with the 10-24 year-old age demographic, where the idea of texting is more popular compared to calling.

“I think it’s a great tool,” she said. “Especially for that age group.”

Foster added that data recorded back in 2013 indicated that suicide was the ninth-leading cause of death in the country. The TSPN also provided information noting that suicide is the second-leading cause of death among youth and young adults ages 15-24 in Tennessee and for the United States. There were 945 recorded suicide deaths in Tennessee, at a rate of 14.4 per 100,000 people, according to the Tennessee Department of Health.

“It isn’t normally talked about, but it’s out there,” Foster said. “Most of the time, somebody with suicidal thoughts are going through a tough time and just need someone to talk to. It’s a cry of desperation and they need somebody.”

Visit tspn.org for more information on the crisis line and to learn more about suicide in the state of Tennessee.

TMA Hires New Lobbyist, Promotes Two On Leadership Team

ARTICLE REPRINT | The Chattanooga | February 14, 2017 | <http://www.chattanooga.com/2017/2/14/341893/TMA-Hires-New-Lobbyist-Promotes-2-On.aspx>

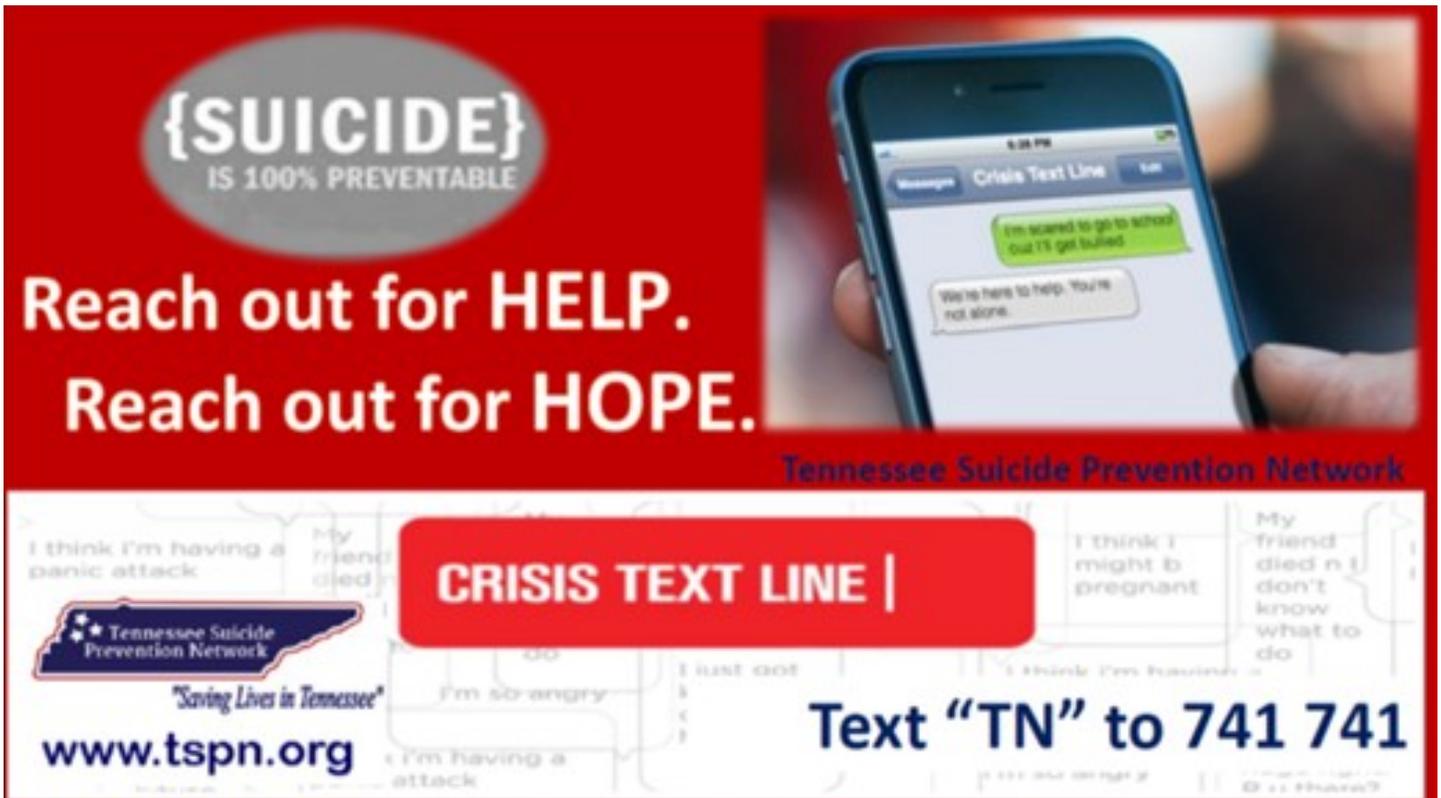
The Tennessee Medical Association has bolstered its government affairs division with a new hire and elevated two other staff members on its executive team.



Ben Simpson, JD has joined TMA as associate director of Government Affairs. Mr. Simpson will work strategically with TMA’s lead lobbyist to promote better healthcare policies in the Tennessee General Assembly. He previously spent three years as legislative liaison and attorney for the Tennessee Department of Health and also worked as a claims examiner for the Tennessee Department of Treasury.

Mr. Simpson earned a degree in political science from the University of Tennessee and a JD from the Nashville School of Law. He is a 2015 graduate of LEAD Tennessee, the state’s leadership development program, a member of the Tennessee Bar Association and a volunteer mentor with the Tennessee Lawyer Assistance Program.

“We are fortunate to have Ben join our staff,” said Russ Miller, CAE, TMA chief executive officer. “He brings a great blend of experience and knowledge to our legislative team. He has hit the ground running in preparation for the upcoming session.”



{SUICIDE} IS 100% PREVENTABLE

**Reach out for HELP.
Reach out for HOPE.**

Tennessee Suicide Prevention Network

CRISIS TEXT LINE |

Text “TN” to 741 741

www.tspn.org

“Saving Lives in Tennessee”

Examples of text messages: "I think I'm having a panic attack", "My friend died n I don't know what to do", "I'm so angry", "I think I might b pregnant", "I'm having a attack", "I'm scared to go to school but I'll get bullied", "We're here to help. You're not alone."

Yarnell Beatty, JD, has been promoted to senior vice president. Mr. Beatty was previously vice president of Advocacy and has served as general counsel since joining TMA in 2001. He will continue to oversee TMA's government affairs, legal, insurance and regulatory efforts.

Mr. Beatty formerly served as staff counsel to the Tennessee Department of Health, was executive director of the Tennessee Board of Medical Examiners and director of Health Related Boards. He earned a bachelor's degree from Vanderbilt University and a law degree from the Emory University School of Law in Atlanta.

"Yarnell has proven himself time and again to our leadership and the medical community throughout the state," said Mr. Miller. "His depth and breadth of medico-legal knowledge and experience is a much valued asset to the members of TMA. During the past 15 years he has developed an invaluable respect among our physician members and staff as a steady, reliable counselor and leader."

Dave Chaney has been promoted to vice president. Mr. Chaney joined TMA in 2014 was most recently director of Communications. He manages all facets of the organization's strategic communications, membership recruitment and retention efforts, and events. Prior to joining TMA, Mr. Chaney held senior PR and corporate communications roles with Lam-Andrews, a Nashville-based healthcare marketing and PR firm, Passport Health (now Experian Health), a leading national healthcare IT company, and McNeely Pigott & Fox, a Nashville-based communications firm. Mr. Chaney earned a bachelor's degree from Western Kentucky University. He is a graduate of the American Association of Medical Society Executives Leadership Academy and holds memberships in the Tennessee Society of Association Executives and AAMSE.

"Dave has transformed our communications, sales and marketing efforts in a short period of time, while assembling a great staff team," said Mr. Miller. "His efforts for the TMA have led to the largest number of members in more than a decade."

How Does Medicaid Work and What's at Stake Under a Block Grant or Per Capita Cap?

A Video Slideshow

ARTICLE REPRINT | Kaiser Family Foundation | Chris Lee | http://connect.kff.org/medicaid-video-slideshow-whats-at-stake-under-a-block-grant-or-per-capita-cap?ecid=ACsprvvuq76WgLU0e9LoHbSJ7nHNmBR3eDcJiH5oOv3UY3ajGHT5xhSsNjbXs3gN64Yzeg7DWIUI&utm_campaign=KFF-2017-February-Medicaid-Video-Financing&utm_source=hs_email&utm_medium=email&utm_content=43262913&_hsenc=p2ANqtz-8GGZTzckIzzXptUOkzXTfM-jY4thrALxntbQkhteioQWby86VsjLcEXM4Na2mywFeb0gFk8FDyK26xbBwP-VvcyQbw&_hsmi=43262913

A new video slideshow from the Kaiser Family Foundation explains how Medicaid works now and what is at stake as policymakers in Washington consider converting program financing to a block grant or per capita cap.

The 3-minute video describes how Medicaid is financed under current law, whom it covers and how spending is distributed across

various groups of enrollees, including children, adults, seniors, and people with disabilities. It shows, for instance, that although seniors and people with disabilities comprise about a quarter of Medicaid enrollees, they account for nearly two-thirds of Medicaid spending because they have more complex health needs and therefore higher per person costs.

Proposals to convert Medicaid to a block grant or per capita cap financing could reduce federal Medicaid spending over time and be tied to increased flexibility for states in how they run their Medicaid programs. However, the video slideshow also explains how such proposals may shift costs to states, beneficiaries and providers, as well as limit states' ability to respond to changes in medical costs and/or demand for Medicaid.

Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in Menlo Park, California.

Local policy analyst Emily Evans of Hedgeye Potomac Research told the Post that the Republican plan as proposed "is very bad news for inpatient hospitals."

Littleton Bill Targets Illegal Opioid, Prescription Drug Suppliers

ARTICLE REPRINT | The Tennessean, For the Herald | March 8, 2017 | <http://www.tennessean.com/story/news/local/dickson/2017/03/08/littleton-bill-targets-illegal-opioid-prescription-drug-suppliers/98900444/>



Representative
Mary Littleton
R-Dickson

Rep. Mary Littleton, R-Dickson, has introduced new legislation that would impose tougher penalties on illegal opioid and prescription drug suppliers.

Littleton, who represents District 78 that includes a portion of Cheatham and Dickson counties, is sponsoring House Bill 786, which would enable law enforcement to charge illegal suppliers with voluntary manslaughter when they cause death to a user by unlawfully distributing or delivering controlled substances to them. The charge is a Class C felony in Tennessee and carries a penalty of 3-15 years in prison, as well as a fine of up to \$10,000.

"Unfortunately, almost all of us know of someone whose life has been negatively affected by opioid or prescription drug abuse," said Littleton in a press release. "My hope is that this legislation will further reduce access to opioids and prescription drugs for Tennesseans and create a greater accountability for those who supply them."

In 2015, 1,451 Tennesseans died from drug overdoses, the highest annual number in our state's history. The Centers for Disease Control estimates that prescription opioid abuse has a total economic burden of \$78.5 billion per year in the United States.

The full text of House Bill 786 can be accessed by visiting the

Tennessee General Assembly website at: www.capitol.tn.gov/Bills/110/Bill/HB0786.pdf

Littleton is a member of the House State Government Committee and Subcommittee, as well as the House Criminal Justice Committee. Littleton lives in Dickson and can be reached by email at: Rep.Mary.Littleton@capitol.tn.gov or by calling (615) 741-7477.

BlueCross Taps Lawrence as Director of Ancillary, Behavioral Contracting



Scot Lawrence
Director of Ancillary and Behavioral Health Contracting, BCBSTN

BlueCross BlueShield of Tennessee selected Scot Lawrence as director of ancillary and behavioral health contracting.

In this role, Mr. Lawrence is responsible for defining and directing state-wide contracting strategies and negotiations for ancillary providers, including lab, home health, skilled nursing, and dialysis providers, as well as behavioral health providers such as psychiatrists, psychologists, and behavioral health facilities.

“Scot has been a key part of BlueCross efforts to implement new behavioral health networks for our members,” said Marc Barclay, vice president of provider networks and contracting. “His knowledge and skill make him well-suited to lead the development of our ancillary strategic provider partnerships.”

Based in Nashville, Mr. Lawrence has more than 20 years of experience in managed care and health insurance. He joined BlueCross in 2014 as principal for behavioral contracting, where he led the implementation of new behavioral health networks to serve commercial, Medicare, and Medicaid members.

Before joining BlueCross, Mr. Lawrence served as vice president of network strategy for UnitedHealthcare’s Community Plan of Tennessee. His duties included managing relationships with key providers, educating provider relations team members, and serving as the primary liaison with the Bureau of TennCare for issues related to network programs and provider relations. He has extensive experience in contract negotiation, provider network management and relationship building.

Mr. Lawrence earned a bachelor’s in sociology and a master’s in urban affairs from Virginia Tech.

Speaker Beth Harwell Launches Task Force to Fight Opioid Crisis

ARTICLE REPRINT | The Tennessean | January 27, 2017 | Holly Fletcher , USA TODAY NETWORK – Tennessee | Photo Credits: Created with Piktochart | <http://www.tennessean.com/story/money/industries/health-care/2017/01/27/speaker-beth-harwell-launches-task-force-fight-opioid-crisis/97151402/>

A new legislative task force created by House Speaker Beth Harwell will take on the state's opioid and painkiller abuse crisis.

Harwell, R-Nashville, wants the seven-person task force to pen legislation that tackles parts of the epidemic while collaborating with other lawmakers who are pitching bills. Long-term, Harwell said the group will identify strategies to address the addiction, abuse and misuse, which stem from a complex bundle of roots in socioeconomic factors and clinicians' prescribing habits.

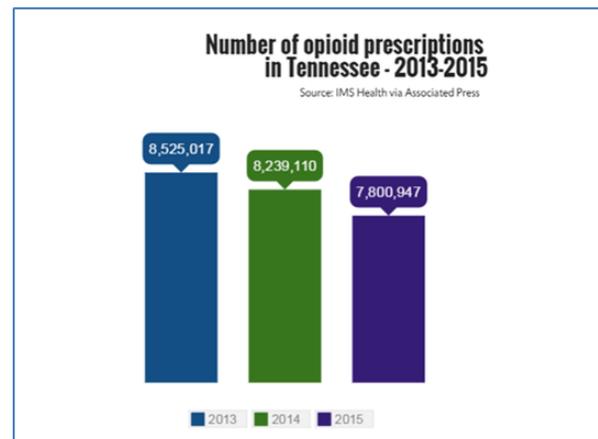
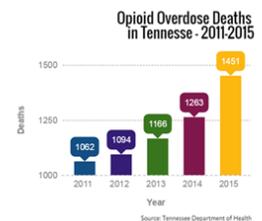
The number of deaths from opioid overdoses, whether it's painkillers or heroin, has been on the rise for several years. In 2015, at least 1,451 people died across the state from overdose — a nearly 200-person increase over 2014.

The state is also seeing a steady uptick in the number of babies born drug-dependent with a condition known as neonatal abstinence syndrome, or NAS, as well as an increase of people losing their parental rights because of addiction. There are more opioid prescriptions than people in the state.

There are more opioid prescriptions than people in Tennessee “This task force presents an opportunity to have a very serious conversation about opioid and prescription drug abuse in our state,” said Harwell. “The statistics are devastating.”

Rep. Curtis Johnson, R-Clarksville, will chair the committee, which includes two democrats: Rep. JoAnne Favors, D-Chattanooga; Rep. Curtis Halford, R-Dyer; Rep. Darren Jernigan, D-Old Hickory; Rep. William Lamberth, R-Portland; Rep. Dennis Powers, R-Jacksonboro; Rep. Cameron Sexton, R-Crossville.

Meetings will be announced as they are scheduled, according to a release.



The Three R's of Healthcare Reform: Repeal, Replace, Repair

Tavenner, Pollack Talk Policy at Health Care Council Event

ARTICLE REPRINT | Nashville Medical News | March 10, 2017 | Cindy Sanders | <http://www.nashvillemedicalnews.com/the-three-r-s-of-healthcare-reform-repeal-replace-repair-cms-1671>

The Nashville Health Care Council hosted the leaders of two of the industry's most influential advocacy organizations in Washington, D.C. for a discussion about health policy in the midst of unprecedented uncertainty.

Marilyn Tavenner, president and CEO of America's Health Insurance Plans (AHIP), and Rick Pollack, president and CEO of the American Hospital Association (AHA), joined moderator Susan Dentzer, president and CEO of The Network for Excellence in Health Innovation, to share perspective on the Affordable Care Act and other health reform issues.

Dentzer led off the discussion by addressing the current state of "ACA whiplash" as different factions discuss repeal, replace and possibly repair. When asked where they thought the country would be in the healthcare reform discussion six months from now, both Pollack and Tavenner wryly said they expected to be pretty much in the same place as today ... still talking about it.

The day before the Council event, President Donald Trump said he anticipated having a healthcare reform plan ready for release as soon as this month. However, his statement didn't clarify whether the plan would be from the White House or some sort of joint Republican effort. Tavenner and Pollack said that putting partisan politics aside, there currently wasn't even consensus on healthcare reform between the White House and Congress or between House and Senate Republicans. While conversations will continue about the best way to move forward, the two said the complex issue has a lot of moving parts that will take time to fully address.

Both Tavenner and Pollack agreed the most fundamental challenge facing Republicans is how to implement repeal without constituents facing a decrease in coverage. "In the hospital field, nothing is really more important than trying to retain coverage," said Pollack.

Tavenner added, "About 85 percent of those on the exchange received an advance payment of the premium tax credit. Right now, we're waiting for Congress to decide how they want to manage subsidies and income credits. It really is crunch time."

When it comes to Medicaid, Dentzer called it a 'double barreled' issue, noting conversations cover both rolling back Obamacare Medicaid expansion and considering a conversion to block grants for states. Currently, about 75 million individuals are covered by Medicaid.

While supportive of the concept of flexibility for states, Pollack said, "If we're going to use block grants and per capita caps as a vehicle to cut programs that are already severely underfunded, it's not really a productive conversation."

Tavenner, who previously served as administrator for the Centers for Medicare & Medicaid Service (CMS), agreed improvements could be made to the Medicaid program and said she thought many would support reforms that would cut bureaucracy and give states more flexibility. However, she said it was important to address the issues without kicking people off rolls or cutting reimbursements to providers and questioned the usefulness of block grants to meet those objectives.

Pharmaceutical pricing was another hot topic of the day. Pollack and Tavenner both said they are not in favor of price controls. Tavenner noted, "I think most of the action around pharma pricing will be at the state level." As an organization, she added AHIP is supportive of transparency, value-based pricing for pharmaceuticals and getting generics and biosimilars on the market. She added that as we move into a year where everything is up for debate, "It's a good time for all of us to get engaged about what we want to see."

Amidst the uncertainty and change, Pollack and Tavenner said the move toward value-based care enjoys bipartisan support. "The movement from volume to value will only continue," said Tavenner. "I don't see anyone on either side wanting to undo this trend. If you look at Nashville, this is a community that's embraced population health and delivering healthcare in a meaningful way. Lowering costs while doing what's best for patients is a win-win for everyone."

One outcome of the move from volume to value, said Pollack, has been consolidation in the industry. "We've been asked to take on more risk, which means you have to have bigger scale," he explained.

Pollack also noted that as the industry evolves, healthcare organizations must also adapt to meet their members' needs. "We are redefining the 'H' in AHA because the 'H' is more than the building," he said. "Care outside the hospital - whether that is managing chronic conditions, telemedicine, hospitals at home or other care settings - is central to the continuum. Consumerism, convenience and accessibility are all top-of-mind for our members, and we continue to adapt to changes in the provider space."

UTHSC Launches Center for Health Equity Research

ARTICLE REPRINT | Memphis Business Journal | Feb 13, 2017 | Elle Perry | <http://www.bizjournals.com/memphis/news/2017/02/13/uthsc-launches-center-for-health-equity-research.html>

University of Tennessee Health Science Center (UTHSC) has launched a new center dedicated to making a difference in health outcomes for racial and ethnic minorities.

Michelle Martin, Ph.D., is the founding director of the new Center for Innovation in Health Equity Research: A Community Cancer Alliance for Transformative Change. The center is housed in the College of Medicine's department of preventive medicine.

According to Martin, the center "aims to reduce the cancer burden across the continuum," including detection, diagnosis, treatment and prevention. Partnerships with West Cancer Center and Methodist Le Bonheur Healthcare will support the growth of the center.

Martin said she plans to work with cancer survivors, caregivers, providers and organizations within the Memphis MSA to determine areas of research that would best benefit cancer patients in the community and to coordinate efforts already underway. Martin currently is involved with state-level activities around cancer prevention and control initiatives.

Martin comes to UTHSC from the University of Alabama at Birmingham (UAB). She has a Bachelor of Science in psychology from the University of Toronto and a Ph.D. in clinical psychology from UAB. She is the associate editor of the journal *Ethnicity and Health*.

UTHSC will host a reception on February 22 to officially launch the center.

HAPI News

ARTICLE REPRINT | Healing Arts Project, Inc. | March 20, 2017 | <http://www.healingartsprojectinc.org>

HAPI celebrates 7th Annual Phoenix Art Gala

Healing Arts Project, Inc. says a big THANK YOU to all who volunteered, sponsored, and attended the 7th Annual Phoenix Art Gala. Attendees from across Middle Tennessee came together to celebrate creative expression and the positive role art plays in mental health and addiction recovery. Eighty original artwork by HAPI participants as well as four works donated by local professional artists and an Epiphone guitar (autographed by Vince Gill and Amy Grant) were sold during the silent auction.

Phoenix Awards were given to Joyce Radcliff representing Tennessee State University Brown-Daniel Library (Community Friend), Barbara Shirley (Spirit of Artists), Ben Middleton representing Janet and Jim Ayers (Business Friend), and Christine Monville representing Belmont University School of Occupational

Therapy (Volunteer Friend). Lively music from a bluegrass trio featuring Casey Campbell, Tyler Andal, and Ivy Phillips and meaningful songs performed by Damien Horne rounded out the special evening. Thank you all for another successful Phoenix Art Gala!

HAPI advocates for the arts through Arts Advocacy Day and Art for Awareness

March 1, 2017, HAPI staff met with fellow advocates from across Tennessee for Arts Advocacy Day, a morning of informative programming about advocating for arts funding in the state. After the program, many participants met with lawmakers to let them know that the arts are deeply valued in our communities.

You can advocate for arts funding in Tennessee too! Visit the Tennesseans for the Arts website for more information.

March 8, 2017, HAPI collaborated with the Tennessee Department of Mental Health and Substance Abuse Services for the twelfth annual Art for Awareness celebration. The event gave Tennessee artists in recovery the opportunity to share their art and contribute to public and legislators' awareness of art's role in the recovery process. Participant's original art is now hanging in Legislative Plaza - go check it out at 301 6th Ave N, Nashville, TN 37243!

Health Officials: Baby boomers need testing for Hepatitis C

ARTICLE REPRINT | Times Free Press | March 10, 2017 | Steve Johnson | <http://www.timesfreepress.com/news/local/story/2017/mar/10/health-officials-baboomers-need-testing-hepat/416945/>

A new study shows that baby boomers are still not getting recommended tests for hepatitis C, a virus that can lead to liver failure or liver cancer. Researchers say people born between 1945 and 1965, the so-called baby-boomer generation, are five times more likely to get hepatitis C than other age groups. But the reason the virus is much more likely among baby boomers is not clear, scientists say.

Hepatitis C is transmitted through contact with the blood of someone who is infected, Chattanooga-Hamilton County Health Department epidemiologist Bev Fulbright said, so it could have spread through contaminated blood at a time before there was widespread screening of the blood supply. Or it could have been spread by infected medical equipment or procedures used before hospitals began to realize the potential for their own actions to spread the virus.

Since 2013, the federal government has been recommending that all baby boomers get blood tests to determine if they have been exposed to hepatitis C. If a test is positive, a second test is given to determine the actual presence of hepatitis C.

But a study released Wednesday concluded that only 13.8 percent of all baby boomers have gotten a hepatitis C test, up only slightly from the 12 percent level when the warning was first issued three years ago.

The test is necessary because early on there often are few symptoms that someone has hepatitis C, said Randy Van Dolson, hepatitis C

coordinator at the health department. If symptoms occur, they may be vague — "a very general malaise, abdominal pain or discomfort, poor appetite, or feeling tired," Van Dolson said. Van Dolson, a registered nurse, meets with clients who test positive for hepatitis C to offer counseling and guidance in navigating the local health care environment to get proper treatment.

Health department officials said anyone in the target age group should see a family or primary care doctor for the screening test, which should be covered by most health insurance policies. There will also be an opportunity for a free screening in early April in Bradley County. The Remote Area Medical clinic will be available on April 1 and April 2 at Cleveland High School, offering screening for hepatitis C, as well as pap smears, HIV testing, and dental and vision exams. The clinic is free for everyone, no matter what county or state they live in, but it is often crowded. The last time such a clinic was offered in Cleveland, in 2010, people began lining up the previous afternoon, said Sherry Park, co-director of the clinic.

Test results from the hepatitis C screening are available in about 20 minutes, Park said. In previous clinics offered elsewhere in East Tennessee, between 9 and 10 percent of those tested showed up positive for exposure to virus, she said.

In a major breakthrough, researchers several years ago discovered a cure for hepatitis C, a pill that must be taken daily for 12 weeks. The cure rate is 95 percent with almost no side effects, but the treatment is expensive, typically costing between \$60,000 and \$80,000 in the U.S.

Eleven Myths about Medical Marijuana

Tennessee lawmaker and physician address realities of medicinal pot.

ARTICLE REPRINT | The Tennessean | March 3, 2017 | Sabi Kumar | <http://www.tennessean.com/story/opinion/2017/03/03/eleven-myths-medical-marijuana/98658474/>

Marijuana has medical value in certain conditions. Benefits for many more conditions are claimed, but medical proof is lacking. In some conditions, marijuana may help only a few patients.

I believe that if medical marijuana helps a patient, they should have it. The decision should be based on medical science and not social media. The decision should be between the patient and their physician.

Considering that FDA-approved "medical" marijuana is available in pill form, this should be the chosen method of prescription. The patient should be under medical care so that the use and dose are correct.

Sadly, a matter that should be medical has become political. Misunderstandings and myths prevail. We must balance patients' needs with societal consequences of plant marijuana legalization. Expert testimony before the Ad Hoc Taskforce on Opioid Abuse last month provided valuable answers. Many myths (in italics) were clarified:

1. **Marijuana is safe.** In Colorado, marijuana-related traffic deaths increased from 10 percent to 21 percent in five years. Today, 77 percent of DUIDs (driving under the influence of drugs) involve marijuana. Marijuana contains 50 percent to 70 percent more carcinogens than tobacco. Psychosis and impairment of the developing (teenage) brain with decrease in IQ are well known.
2. **Marijuana overdoses never happen.** Woodstock marijuana had a THC — the main substance in marijuana — content of 3 percent to 5 percent. Today, THC content is up to 40 percent. Concentrates can achieve 90 percent content. Marijuana-related hospitalizations in Colorado increased from 6,305 in 2011 to 11,439 in 2014. Most overdoses are due to edibles. Beware of brownies!
3. **Marijuana cures so many illnesses.** Given the patchwork of state laws, marijuana is a cure for Crohn's Disease in one state but not so in the next state. These laws are not based on science.
4. **Double blind studies.** These are not possible with marijuana. Study subjects cannot be blinded. They know if they are receiving placebo or the real thing because of the distinct smell and the high!
5. **Marijuana is "natural," a plant!** So is tobacco or broccoli. God gave us both. He also gave us the brains to know which is safe.
6. **Marijuana is not addictive.** "... Offenders facing jail time cannot stay away from it. When a man is willing to give up freedom for it, if it is not addiction I don't know what to call it," Judge Ken Goble, General Sessions Court, Montgomery County, testifying before Ad Hoc Taskforce on Opioid Abuse, Feb 16. National Institute on Drug Abuse puts the number at 30 percent.
7. **Marijuana is not a gateway drug.** Economics changes behavior. When marijuana prices dropped because of legalization in Colorado, drug cartels competed by dropping the price of heroin. Vulnerable users switched. The National Institute on Drug Abuse confirmed this month that marijuana use raises the risk of Substance Use Disorder (SUD).
8. **There is no diversion from growers, each plant is tagged.** We cannot tag each leaf and bud on each plant. In 2015, there were 394 seizures of diverted marijuana by the Colorado Highway Patrol. Tennessee is a destination.
9. **Opioid deaths decreased in states with legal marijuana.** It is sad to think that trading one addiction for another is better. As noted above, when marijuana enters a market, drug cartels compete by lowering the price of heroin. So opioid deaths decreased because heroin use, and deaths, increased.
10. **Marijuana brings jobs and tax revenue.** When employers come to a state, they want to know if the workforce is educated, will they pass a drug test, and will they show up on time. Fifty of the 64 counties in Colorado now prohibit or limit marijuana growing facilities. They do not want those jobs because of diversion and difficulties in handling drug sale money.
11. **The Entourage Effect:** Because there are more than a hundred trace cannabinoids in marijuana plant, the thought is that there is magic in one of those compounds or the compounds work better together. There are also more than 70 carcinogens in marijuana. In the FDA approved pill form, these have been removed.

I hope that we can serve our patients by providing them "medical" marijuana, under medical supervision, and not a street drug.

Sabi "Doc" Kumar is a surgeon and state representative from District 66, Robertson County.

NATIONAL HAPPENINGS

You Did It!

ARTICLE REPRINT | National Council for Behavioral Health | March 24, 2017 | Linda Rosenberg |

The House of Representatives pulled the American Health Care Act from consideration.

This is a huge victory for advocates who raised their voices in opposition, through letters and calls and visits. National Council members stepped up to the plate to protect the people they serve, and for that we say thank you and well done!

We don't yet know what the Administration or Congress' next steps will be.

But we do know what the National Council will do next.

We are in this for the long haul. Our true north is quality care for the people who need it most. The National Council remains deeply opposed to any proposals that would hurt the people you serve by stripping needed coverage from millions of Americans living with mental illnesses and addictions. We will be vigilant and keep you informed so you can do the same.

Mental illnesses and addictions are not partisan issues. They are human issues. Thankfully, today 24 million people who would have been left in the cold are still able to get the care they need. Thank you for standing with us. Let's keep up the fight to #unite4BH.

Opioids Responsible for Majority of Drug Overdoses

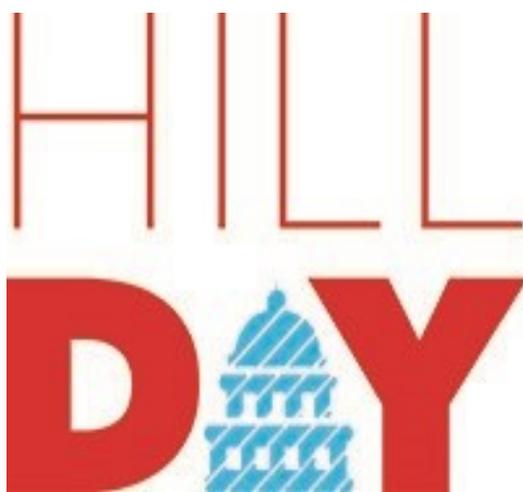
From Blount Memorial Hospital

ARTICLE REPRINT | The Daily Times | February 27, 2017 | Melanie Tucker | http://www.thedailytimes.com/community/opioids-responsible-for-majority-of-drug-overdoses/article_4c31393d-f8a3-598c-a06e-d98db05153b7.html

Opioids have become an epidemic. While they can be extremely helpful to those who need them, they also can be addictive and dangerous. Technically speaking, opioids are a class of medication that includes morphine, hydrocodone, oxycodone and fentanyl, all of which typically are used to treat pain.

This can include pain after surgery or, more recently, chronic pain. In our country, drug overdose is the leading cause of accidental death, and opioids are responsible for the majority of them. The rate of opioid deaths nearly quadrupled between 1999 and 2008. Now, more than 2.5 million Americans struggle with addiction to prescription pain relievers or heroin, many of them people we know and care for deeply.

Psychiatrist Dr. Julia Wood from Blount Memorial Parkway Psychiatric Service says these addictions can be extremely powerful. "Addiction causes people to choose the immediate reward of a drug over longer-term enjoyment of family and friends," she said. "As an outsider, it can be hard to understand how someone can become stuck in the cycle of opioid addiction. However, powerful reward circuits in the brain are activated when an individual abuses a drug, and these powerful circuits can overpower a person's desire to do anything else. With opioid addiction particularly, the craving can be incredibly powerful and not on par with any other craving that those of us without an addiction are familiar with feeling," she explained.



Make Your Voice Heard at National Council Hill Day 2017

This year, thousands of you have joined the movement to #Unite4BH. Let's continue the movement in Washington, D.C. this October 2-3, 2017 at National Council Hill Day 2017. [Click here and register to reserve your spot](https://ncc.expoplanner.com/index.cfm?do=reg.flow&event_id=8) at behavioral health's premier advocacy event!

https://ncc.expoplanner.com/index.cfm?do=reg.flow&event_id=8

“Most people with an opioid addiction desperately want to stop using. They don’t want to be addicted, but they feel powerless over the cravings to use,” she added.

Despite the pitfalls of opioids, Wood says there are treatments available. “Opioid addiction is especially dangerous as the risk of death from overdose is high and the relapse rates, even after prolonged periods of abstinence, are higher than for many other drugs, especially those we’re most familiar with such as nicotine and alcohol,” she said. “There are three medications on the market used to treat opioid use disorder: injectable naltrexone, or Vivitrol; buprenorphine, or Suboxone; and methadone. Two of these treatments, buprenorphine and methadone, are opioids themselves, while injectable naltrexone, or Vivitrol, is not. Injectable naltrexone, or Vivitrol, has not received as much study as methadone and buprenorphine and, as such, is not as readily used,” she explained.

“Most of the people I meet, patients and families alike, would prefer to avoid the use of medication in treating opioid-use disorder,” Wood continued. “People will say to me ‘It’s just another pain pill.’ However, medications such as buprenorphine and methadone have been shown to reduce relapse rates, reduce mortality and reduce the behaviors that increase transmission of hepatitis C and HIV. When used properly, medication can help people return to healthy lives with increased functioning. If someone is taking buprenorphine as prescribed and is able to hold down a job and engage with family and friends, the outcomes can be wonderful. The goal is to function well and be able to experience the joys and sorrows that life brings,” she explained.

But, Wood says, without treatment, odds of opioid relapse are high. “Unfortunately, without one of these three medications, the relapse rate is between 85 and 95 percent, and that rate of relapse can persist years after an individual achieves sobriety,” she said.

“However, it is not easy to obtain access to methadone or buprenorphine. Most physicians who prescribe these medications do not take commercial insurance. These medications also are highly regulated, and many doctors find that, in order to have the time available to properly assess, prescribe and follow the letter of the law, they need to charge a higher rate than insurance allows. Unfortunately, this cuts off access to many individuals with addiction. Injectable naltrexone, or Vivitrol, may be more easily accessed, as many doctors who accept insurance, including those of us at Blount Memorial Hospital, are able to start people on that when appropriate,” she added.

Wood sees patients at Parkway Psychiatric Service, which now is located at 220 Associates Blvd. in Alcoa.

For more information or to schedule an initial appointment, call Parkway Psychiatric Service at 865-980-5377.

Trump Releases FY 2018 Budget, Cuts Discretionary Spending

ARTICLE REPRINT | National Council for Behavioral Health | March 16, 2017 | Stephanie Pellitt, Policy & Advocacy Associate | <https://www.thenationalcouncil.org/capitol-connector/2017/03/trump-releases-fy-2018-budget-cuts-discretionary-spending/>

President Trump released his budget proposal for fiscal year 2018. Most significantly, the President requested that Congress cut \$54 billion in nondefense discretionary spending to offset a \$54 billion increase in defense spending. Cuts to nondefense discretionary spending mean cuts to health and education services and programs, including programs for mental health and addictions.

President Trump’s proposed budget is not a comprehensive document, including only topline funding levels for a select number of agencies and programs. Below is a summary of the most important provisions for behavioral health providers:

Health and Human Services (HHS): Set the entire HHS budget at \$69 billion for FY2018, a \$15.1 billion decrease (about 18%) from FY 2017. It is noted in the document that this funding level excludes additional resources for the implementation of the 21st Century Cures Act.

Opioid Addiction Funding: Includes an increase of \$500 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand opioid misuse prevention efforts and to increase access to treatment and recovery services to help Americans who are misusing opioids get the help they need. This spending is the second half of the allotted \$1 billion in state grant programs passed under the 21st Century Cures Act last December.

Mental Health: Invests in mental health activities that are awarded to high-performing entities and focus on high priority areas, such as suicide prevention, serious mental illness, and children’s mental health. More details on these provisions are not yet available.

Veterans Administration: Includes a \$4.6 billion increase for VA health care –details are not yet available regarding to what extent this money would increase veterans access to mental health and addiction treatment services.

National Institutes of Health (NIH): Reduces NIH spending relative to the 2017 annualized continuing resolution level by \$5.8 billion to \$25.9 billion.

No timeline has yet been released on when the Congress will begin negotiations for next year’s appropriations. While this budget proposal sets funding goals for FY2018, the Congress and the President must first finalize spending the remainder of FY2017. Current government funding is set to run out at the end of April 2017.

Senate Confirms Seema Verma as CMS Administrator

ARTICLE REPRINT | National Council for Behavioral Health | March 16, 2017 | Michael Petruzzelli, Policy Associate | <https://www.thenationalcouncil.org/capitol-connector/2017/03/senate-confirms-seema-verma-cms-administrator/>



Seema Verma
Administrator of
the Centers for
Medicare and
Medicaid Services
(CMS)

The Senate recently confirmed Seema Verma as the next Administrator of the Centers for Medicare and Medicaid Services (CMS). Ms. Verma – best known for her work on Medicaid issues and her close ties to Vice President Mike Pence – designed Indiana’s Medicaid expansion model known as Healthy Indiana Plan 2.0. As leader of CMS, Ms. Verma will work closely with HHS Secretary Tom Price to oversee and implement any major health care measures that Congress passes.

Over the last several years, Verma has advised several Republican states on how to add

conservative elements to their programs, such as health savings accounts and employment requirements. In 2014, Verma worked with Kentucky Gov. Matt Bevin to create a Medicaid plan that includes a work requirement as a condition of receiving benefits and lockout periods for failure to pay. The Kentucky proposal is heavily modeled off Indiana’s Medicaid expansion plan. Shortly after her swearing in ceremony on Tuesday, Verma and HHS Secretary Tom Price sent a cosigned letter to state Governors indicating that they will seek to facilitate expedited approval of Section 1115 demonstration waiver applications to reshape Medicaid.

The National Council looks forward to working with Administrator Verma to improve the lives of individuals and families living with serious mental illness and addiction issues across the United States.

Headlines in Health Policy

ARTICLE REPRINT | The Commonwealth Fund | March 27, 2017 | Editor: Peter Van Vranken | <http://www.commonwealthfund.org/publications/newsletters/headlines-in-health-policy/2017/mar/march-27-2017>

"Let's just, for a moment, breathe a sigh of relief for the American people that the Affordable Care Act was not repealed."—Rep. Nancy Pelosi (D-Calif.)

"We're going to be living with Obamacare for the foreseeable future."—Rep. Paul D. Ryan (R-Wis.)

"With the demise of the House bill, there's a real window of opportunity for a bipartisan approach to health care."—Senator Susan Collins (R-Me.)

The Law of the Land

Push to Repeal Health Law Fails: House Republican leaders, facing a revolt among conservatives and moderates in their ranks, pulled legislation to repeal the Affordable Care Act (ACA) from consideration on the House floor Friday in a major defeat for President Trump on the first legislative showdown of his presidency. "We're going to be living with Obamacare for the foreseeable future," the House speaker, Paul D. Ryan, conceded.

Many Governors Welcome Demise of Health Care Bill: The bill's withdrawal on Friday left in place the status quo under the ACA. That was welcomed by several governors in the states that opted to expand Medicaid under former President Barack Obama's law.

Some Anxieties Remain

New Anxieties as Trump Says Obamacare Will 'Explode': Americans who have benefited from the ACA are feeling some relief at the failure of Republican efforts to repeal it, but they face new anxieties with President Donald Trump tweeting that "ObamaCare will explode."

How Republicans Can Hobble Obamacare Even Without Repeal: Republicans may have failed to overthrow Obamacare this week, but there are plenty of ways they can chip away at it.

Options for Consumers as Health Law Drama Fades Now, attention will turn to administrative changes underway in Washington designed to stabilize the exchanges by preventing more insurer defections. The open enrollment period to sign up for insurance for 2018 is slated to start this fall, but insurers are making decisions now about whether to participate.

What's Next

Some Lawmakers Now Look to Bipartisanship on Health Care: The sudden death of legislation to repeal the ACA has created an opening for voices from both parties to press for fixes to the acknowledged problems in President Barack Obama's signature health law, as lawmakers and some senior White House officials appealed for bipartisanship.

Sen. Schumer Seizes on Trump Team's Offer to Work with Dems: President Donald Trump's aides opened the door to working with moderate Democrats on health care and other issues while Senate Democratic leader Chuck Schumer quickly offered to find common ground with Trump for repairing the health care law.

Some Democrats See Chance to Push for Universal Coverage: At their first town meeting since the Republicans' surprise surrender on the ACA, progressives in blue America celebrated—then asked for more.

Third Delay: Trump's DOL to Address Overtime Rule by June 30th

ARTICLE REPRINT | BLR—HR Daily Advisor | April 20, 2017 | Kate McGovern Tornone | <http://hrdailyadvisor.blr.com/2017/04/20/3rd-delay-trumps-dol-address-overtime-rule-june-30/>

A federal court of appeals has granted the U.S. Department of Labor (DOL) its third extension in defending a lawsuit challenging new Fair Labor Standards Act (FLSA) overtime regulations.

A lower court temporarily enjoined the rule last year and the Obama administration appealed that order. Now, the Trump administration must decide whether to continue with that defense.

Citing lack of leadership—specifically, a secretary of labor—the

DOL has now requested and received three delays, giving it until June 30 to make a decision.

Background

The rule, which was scheduled to take effect December 1, 2016, would have required employers to pay overtime to employees earning less than \$913 per week (which amounts to \$47,476 annually). The change would have more than doubled the existing threshold.

States and business groups challenged the rule in court and a federal district court judge granted a preliminary injunction, temporarily halting the rules just days before their effective date.

President Obama's DOL appealed the order to the 5th U.S. Circuit Court of Appeals. Shortly after President Trump's inauguration, his administration obtained a 30-day extension for its reply brief. It then received a second, 60-day extension, putting the new deadline at May 1.

In an unopposed motion filed April 14, the DOL requested another 60 days. "The due date was previously extended to allow incoming leadership personnel adequate time to consider the issues. The nominee to be Secretary of Labor has not yet been confirmed. Thus, the federal government respectfully requests an additional 60-day extension," it said.

The court granted the request April 19.

Fate of the Rule

Trump's nominee for secretary of labor, Alexander Acosta, called into question the legitimacy of *any* overtime salary threshold during his Senate confirmation hearing.

Acosta dodged questions about what an appropriate salary level might be and instead volunteered concerns about the threshold altogether. "I think the authority of the secretary to address this is a separate issue from what the correct amount is and the litigation needs to be considered carefully both with respect to what would be the appropriate amount if the rule were to be changed or revised but also what is within the authority of the secretary to do," he told lawmakers last month.

A former DOL economist who worked under Obama called his assertion "breathtakingly radical" because a threshold has been in place since 1938. For full coverage of the hearing, see *'Breathtakingly Radical': DOL Nominee Questions Legality of Any Overtime Salary Threshold*.

The Senate Committee on Health, Education, Labor, and Pensions approved Acosta and he is now awaiting a vote by the full Senate.

In the meantime, the lower court judge who issued the injunction still could issue a permanent injunction or rule on a pending summary judgment motion. Obama's DOL asked that judge to halt all proceedings while the 5th Circuit reviews the injunction but he declined, saying that the department has not shown that it is likely to succeed with its argument that the court erred in issuing the injunction.

And, in case Trump's DOL drops its defense of the lawsuit, a group of labor organizations has asked to take over. "With the recent presidential election, and particularly as more information becomes available regarding the incoming Administration's plans, policy, and appointments, the Texas AFL-CIO has grave concerns as to whether its interests in the Final Rule will be represented by the DOL," it told the court. The district court has not issued an order on the organization's motion.

Kate McGovern Tornone is an editor at BLR. She has almost 10 years' experience covering a variety of employment law topics and currently writes for HR Daily Advisor and HR.BLR.com.

Congressional Briefing Highlights Value of Recovery Housing

ARTICLE REPRINT | National Council for Behavioral Health | Capitol Connector—Policy Into Practice | March 24, 2017

Recently, the National Council partnered with Facing Addiction to host a Capitol Hill briefing on the effectiveness, challenges, and opportunities of recovery housing. The hearing featured testimony from Comprehensive Addiction and Recovery Act sponsors Sens. Portman (R-OH) and Whitehouse (D-RI), recovery housing operators, policy and legal experts, as well as personal stories from former recovery housing residents. The hearing focused on the integral role recovery housing plays in helping individuals achieve long-term recovery from drug and alcohol addiction and demonstrated the need for Congress to provide greater support for recovery housing.

"Addiction is widely misunderstood in this country, and it can happen to anybody. Everybody deserves a chance to overcome addiction, to get recovery, and to get better. Any attempts to block that from happening is unconscionable." – Tom Hill, National Council's VP of Addictions, discussing the impact of the AHCA's Medicaid cuts on individuals with addictions.

Bill to Expand Opioid Addiction Treatment Introduced

ARTICLE REPRINT | National Council for Behavioral Health | Capitol Connector—Policy Into Practice | March 24, 2017

Representative Bill Foster (D-IL) introduced the Expanding Opportunities for Recovery Act of 2017. The bill would provide state grants to increase the availability of evidence-based practices for opioid addiction treatment, such as medication-assisted treatment (MAT). States must provide these services to individuals who either lack insurance or whose insurance imposes barriers to accessing addiction treatment, including quantitative or nonquantitative treatment limitations. The legislation does not specify grant funding levels. The bill currently awaits a first hearing in the House Energy and Commerce Committee.

CMS Encourages Use of 1332 Medicaid Waivers

ARTICLE REPRINT | National Council for Behavioral Health | Capitol Connector—Policy Into Practice | March 24, 2017

CMS circulated a letter encouraging Governors and their states to pursue Section 1332 State Innovation Waivers to “alleviate the burdens of the Affordable Care Act.” These 5-year waivers apply to marketplace insurance and are intended to allow states the opportunity to pursue innovative methods of providing affordable, high quality health care. However, there has been growing concern that 1332 waivers might be used to undo key provisions of the ACA and undermine consumers’ ability to find and purchase quality health insurance on the individual market. For more detail on 1332 waivers, see the National Council’s fact sheet and earlier *Capitol Connector* coverage on this topic.

Trump Administration Designates New Acting Director of National Drug Control Policy

Office of National Drug Control Policy

The Trump Administration designated Richard Baum to serve as Acting Director of National Drug Control Policy until a permanent Director is nominated and confirmed by the Senate.

Acting Director Baum has served in a variety of roles at the Office of National Drug Control Policy (ONDCP) for two decades and through four presidential administrations. He has a broad range of experience on domestic and international drug control policy issues, including leading the development of key strategic documents such as the National Drug Control Strategy. Most recently, as Chief of the International Division at ONDCP, he was a part of the United States Delegation to the meeting of the United Nations’ Commission on Narcotic Drugs in Vienna, Austria.

Acting Director Baum is replacing Kemp Chester, who was appointed as Acting Director on Inauguration Day. During his tenure, Acting Director Chester advanced the Administration’s drug policy priorities, which include promoting prevention and treatment for substance abuse while stopping the trafficking of illicit drugs. Mr. Chester, a retired Colonel in the U.S. Army, will return to his previous role as the Associate Director for the National Heroin Coordination Group at ONDCP, which leads the U.S. Government’s response to the threat of illicit opioids.

“I am deeply honored to have been designated by President Trump to serve as Acting Director of the Office of National Drug Control Policy,” Mr. Baum said. “In my two decades of service at ONDCP, I’ve seen the heart-breaking suffering caused by illegal drugs, as well as the incredible work of dedicated individuals working to address drug abuse and its consequences. I look forward to continuing that work.”

President Donald J. Trump Signs an Executive Order Establishing the President’s Commission on Combating Drug Addiction and the Opioid Crisis

Office of National Drug Control Policy | March 31, 2017

On March 29, President Donald J. Trump signed an Executive Order establishing the President’s Commission on Combating Drug Addiction and the Opioid Crisis. The Commission will be chaired by Governor Chris Christie and will study ways to combat and treat the scourge of drug abuse, addiction, and the opioid crisis, which was responsible for more than 50,000 deaths in 2015 and has caused families and communities across America to endure significant pain and suffering. The Commission will work closely with the White House Office of American Innovation led by Jared Kushner.

President Trump said, “I made a promise to the American people to take action to keep drugs from pouring into our country and to help those who have been so badly affected by them. Governor Christie will be instrumental in researching how best to combat this serious epidemic and how to treat those it has affected. He will work with people on both sides of the aisle to find the best ways for the Federal Government to treat and protect the American people from this serious problem. This is an epidemic that knows no boundaries and shows no mercy, and we will show great compassion and resolve as we work together on this important issue.”

The signing follows the listening session President Trump held at the White House this morning. The listening session brought together leaders from inside and outside government, and with diverse political backgrounds, to discuss solutions on how best to combat this crisis.

[Read more about the Executive Order here.](#)

[Read the President’s remarks at Wednesday’s Executive Order here.](#)

Mental Health First Aid News

ARTICLE REPRINT | National Council for Behavioral Health -- *Mental Health First Aid News* | March 8, 2017

Man Credits Mental Health First Aid for Saving Co-Worker's Life

Jim Neustadt had taken basic First Aid courses, and was even trained to use an automated external defibrillator. As the human-resources director for about 270 employees, he knew his co-workers looked to him when any emergency took place.

With that in mind, Jim decided to take his preparation a step further. He enrolled in a Mental Health First Aid course.

The morning after his training, one of Jim's colleagues came into his office and told him another co-worker was talking suicide. Luckily, Jim was prepared.

Thanks to his Mental Health First Aid training, Jim didn't hesitate to ask his co-worker directly if he had a plan to kill himself and to engage him in a conversation about his suicidal thoughts. Jim was able to get the man to his family and direct him toward help.

Mental Health First Aid teaches people how to notice and support an individual who may be experiencing a mental health or substance use concern or crisis and connect them with appropriate resources. It gives more people—like Jim—the knowledge and skills they need to reach out and offer potentially life-saving support to a co-worker, friend or family member. To view full article, please click here.

Helping Police Defuse Mental Health Crises

"Too often, law enforcement officers are the de facto first responders to mental health crises, stepping outside the bounds of their job descriptions and facing situations they should never have to face." That's where training like Mental Health First Aid for Public Safety comes in handy.

In a recent opinion piece, Betsy Schwartz, VP of public education and strategic initiatives for the National Council for Behavioral Health, discusses why the One Mind Campaign—an effort by the International Association of Chiefs of Police that would see 100 percent of sworn police officers trained in Mental Health First Aid—is a critical step toward healthier, safer communities. To view full article, please click here.

Mental Health First Aid Contributes to Massive Drop in Suspensions at BGHS

Over the last four calendar school years the number of students being suspended by Battle Ground High School has dropped more than 50 percent. After receiving a \$2.5 million federal grant in the wake of the Sandy Hook shooting, the school district was able to move forward with a number of programs focused on student engagement and culture—including Youth Mental Health First Aid training for all school staff. BGHS Principal Mike Hamilton largely credits the shift in the way staff engage with students with the decrease in suspensions. To view full article, please click here.

Invisible Wounds: Peterson Air Force Base Offers Mental Health First Aid

Military members are often reminded to watch out for fellow Airmen and to check up on them and their families. But do they know what to do if they encounter a mental health emergency while in the process?

Peterson Air Force Base in Colorado is offering Mental Health First Aid for Military Members, Veterans and Their Families to make sure members of the military community know how to support people experiencing mental health and substance use challenges. To view full article, please click here.

Virginia Bill Would Require Mental Health First Aid for All College RAs

A new bill introduced in Virginia would require all resident assistants in student housing facilities at public colleges and universities to be trained in Mental Health First Aid. The passage of the bill would be a critical step toward ensuring that college students facing mental health or substance use challenges get the help they may need. The bill is awaiting the Governor's action by the end of March. To view full article, please click here.

ALGEE on the Hill

Last week, Congresswoman Lynn Jenkins (R-KS) testified before a health appropriations subcommittee on behalf of funding for Mental Health First Aid. Rep. Jenkins – sponsor of the Mental Health First Aid Act – urged her colleagues to fund the program to its full capacity of \$15 million for Fiscal Year 2018. Thank you, Rep. Jenkins, for your continued support for Mental Health First Aid.

CDC Modernizes Pain Management and Prescription Guidelines with New App

The Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

The Centers for Disease Control and Prevention (CDC) introduced a free Opioid Guideline App that allows users to access the agency's recommendations on pain management and opioid treatment. The purpose of the app is to provide healthcare professionals and patients with quick reference materials on the prescription opioid overdose crisis and help them make informed clinical decisions. Features include a useful and intuitive Morphine Milligram Equivalent (MME) calculator for drugs such as hydrocodone, transdermal fentanyl, and other opioids. Additionally, the app contains summaries of



key guideline recommendations, a glossary of terms, and an interactive motivational interview feature.

For more information on the app, visit the CDC's website by clicking here.

The app is free to download and can be found on the Apple App Store, the iTunes store, and the Google Play store by searching "CDC Opioid Guideline."

Addiction Medicine Officially Recognized as Medical Subspecialty

The Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

For the first time ever, the more than 850,000 physicians who are certified by a member board of the American Board of Medical Specialties (ABMS) will be able to sit for an exam to obtain certification in the **sub-specialty of addiction medicine**.

Physicians who are certified by any of the 24 Member Boards of the ABMS and have substantial experience in the field of addiction medicine are eligible to apply to take the examination during the first five years that the exam is offered. Thereafter, a one-year addiction medicine fellowship will be required to take the examination. There are already 44 accredited addiction medicine fellowship programs.

Review Course: To help physicians prepare for the exam, the American Society of Addiction Medicine will be conducting a review course for physicians in Dallas, Texas, from July 27-29. Physicians interested in certification or recertification can find

more information on the course and a link to the course registration site here.

Certification Exam: The first certification exam will be offered in fall 2017, with anticipated application dates in April and May 2017. Details can be found here.

Safe Medicine Storage: A Look at the Disconnect Between Parent Knowledge and Behavior (March 2017)

ARTICLE REPRINT | Safe Kids Worldwide | March, 2017 | <https://www.safekids.org/research-report/safe-medicine-storage-look-disconnect-between-parent-knowledge-and-behavior>

In 2017, Safe Kids conducted a nationwide online survey among 2,000 parents with children under age 6 in order to better understand their knowledge, attitudes and behaviors when it comes to the safe storage of medicine.

The survey findings revealed a striking gap between parents' knowledge of what they should do to protect kids from accidental medicine poisoning and their own behavior or attitudes. In fact, while 9 in 10 parents agree it is important to store all medicine out of sight and up high after every use, nearly 7 in 10 report that, in reality, they often store medicine within a child's sight - on a shelf or surface at or above counter height.

National Prescription Drug Take Back Day

Saturday, April 29, 2017 from 10:00 am to 2:00 pm is National Prescription Drug Take Back Day.

Tennesseans will have the opportunity to dispose of their unused and expired prescription drug medications at one of the more than 100 events happening across the state.

National Prescription Drug Take-Back Day is part of the Drug Enforcement Administration's National Take-Back Initiative and provides people with a safe, convenient way to dispose of their unused prescription and over-the-counter medications.

To find a drop off location near you, go to: <http://countitlockitdropit.org/drop-box-finder/>



The opioid epidemic is increasing among Americans, with addiction to both heroin and prescription painkillers, such as oxycodone, hydrocodone, and fentanyl, contributing to this public health crisis.

Medicaid plays a central role in the nation's efforts to address the opioid epidemic. By covering people who are struggling with opioid addiction and enhancing state capacity to provide access to early interventions and treatment, Medicaid is a key tool in the fight against the epidemic. The Medicaid expansion, with enhanced federal funding, has provided states with additional resources to cover many adults with addictions who were previously excluded from the program.

The Opioid Epidemic Continues to Escalate

Over **2 million** people have a prescription opioid addiction and **591,000** have a heroin addiction as of 2015.

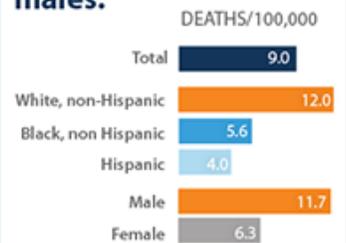


Opioid-related inpatient stays increased **64%**, and opioid related ER visits increased **99%** between 2000 and 2014.

Overdose deaths nationwide nearly **tripled** from 2002 to 2015.

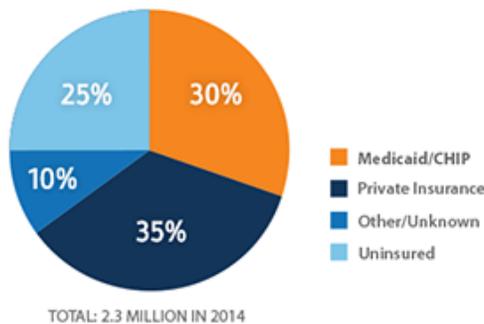


Opioid overdose death rates are highest among **whites** and **males**.

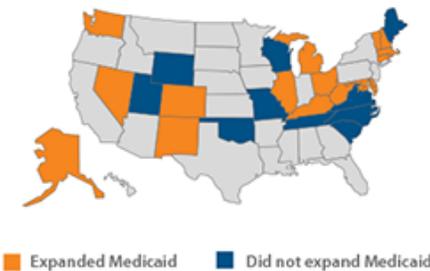


The ACA Broadened Medicaid Coverage for Adults and State Capacity to Address the Opioid Epidemic

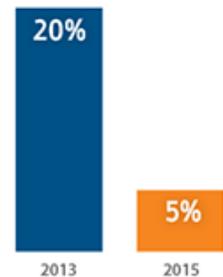
Medicaid and CHIP cover **3 in 10** people with opioid addiction.



States with above average opioid overdose death rates include both Medicaid expansion and non-expansion states.



In Medicaid expansion states, **uninsured hospitalizations** related to behavioral health decreased.



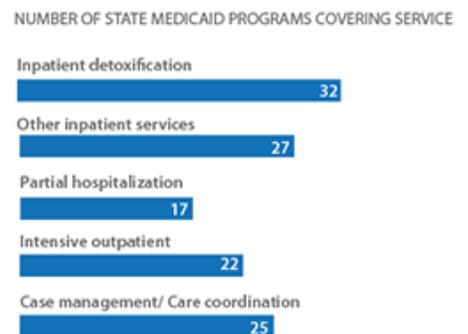
NALOXONE

Over half of states have **increased** Medicaid enrollees' access to **naloxone**, a prescription drug that reverses the life-threatening effects of opioid overdoses.

Medication-assisted treatment combines medication with counseling and other therapies. All state Medicaid programs cover at least 1 of the 3 medications, and most cover all 3.



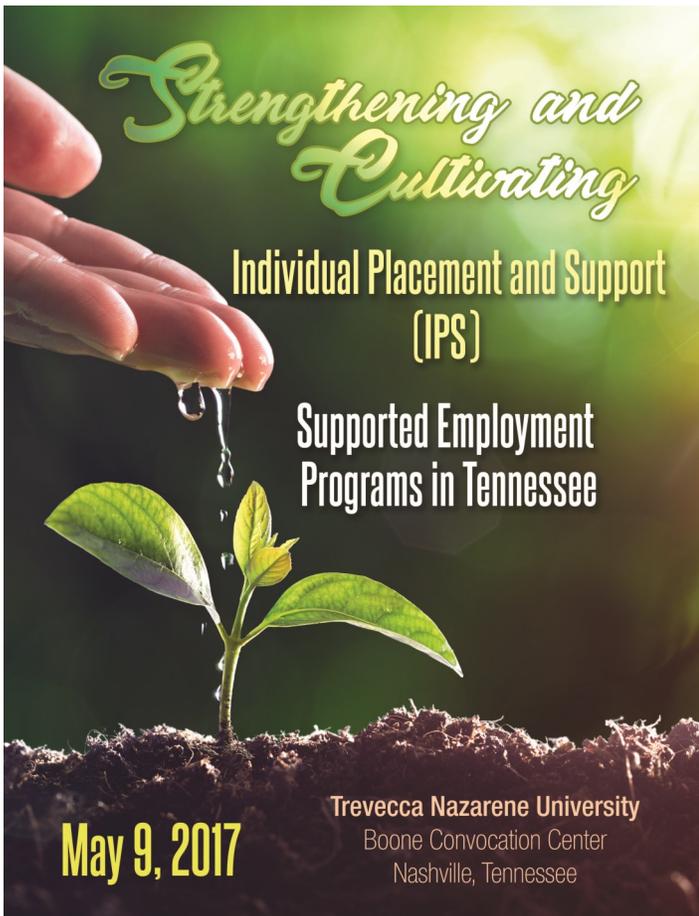
States also cover a range of treatment services in their Medicaid programs.



Sources for this document are available at: <http://kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic>

The Henry J. Kaiser Family Foundation Headquarters: 2400 Sand Hill Road, Menlo Park, CA 94025 | Phone 650-854-9400
Washington Offices and Barbara Jordan Conference Center: 1330 G Street, NW, Washington, DC 20005 | Phone 202-347-5270
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Strengthening and Cultivating
Individual Placement and Support (IPS)
Supported Employment Programs in Tennessee

May 9, 2017

Trevecca Nazarene University
 Boone Convocation Center
 Nashville, Tennessee

From Hope to Support

A Community Response to Crisis



Second Annual Statewide Crisis Conference

June 16, 2017 Music City Center • Nashville, Tennessee

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




Visit <http://www.tamho.org/second-annual-statewide-crisis-conference> for information and updates.



2017

Visit www.tamho.org/conference-resources for updates.

- ✦ 2nd Annual Infant Mental Health Conference — August 21-22, Franklin Marriott Cool Springs Hotel, Franklin, TN
- ✦ 4th Annual System of Care Conference — July 2017
- ✦ 2nd Annual First Episode Psychosis Initiative (FEPI) Conference — September 2017
- ✦ Tennessee Co-Occurring Disorders (TNCODC) Strategic Initiative Learning Community Events — Ongoing
- ✦ 2017 Statewide Disaster Preparedness Training — TBD
- ✦ Children of Incarcerated Parents Conference — TBD





Our mission

Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, rehabilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.



Our vision

To be one of the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems.



Our website

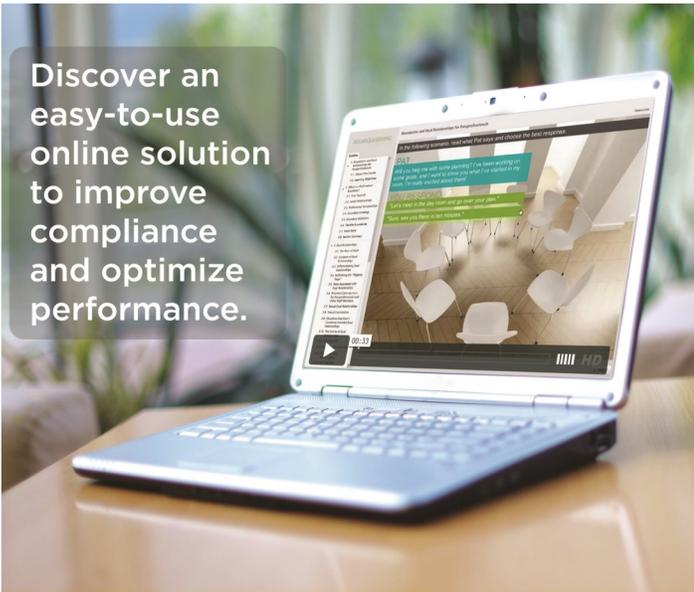
www.tn.gov/behavioral-health

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4,675+ organizations served



28.5M+ courses taken



2.75M+ users



12.5M+ CE hours taken.

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TAMHO 2017 Annual Conference



December 12-13, 2017
Marriott Cool Springs Hotel
Franklin, Tennessee

BEHAVIORAL HEALTH NEWS & EVENTS



TNCODC.COM



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

ACCESS
Staying informed will be helpful
when services are necessary.

RECOVERY
is real!

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

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



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ADDRESS 42 Rutledge Street
Nashville, TN 37210

PHONE 615-244-2220
TOLL FREE IN TN 800-568-2642
FAX 615-254-8331

We're on the web!
www.tamho.org



Executive Director | Elyn Wilbur | ewilbur@tamho.org
Director of Policy and Advocacy | Alysia Williams | awilliams@tamho.org
Director of Member Services | Teresa Fuqua | tfuqua@tamho.org
Director of Administrative Services | Laura B. Jean | ljean@tamho.org
Meetings Assistant | Carrie Ligon | cligon@tamho.org
Project Manager—TNCODC | Patrick Slay | pslay@tamho.org