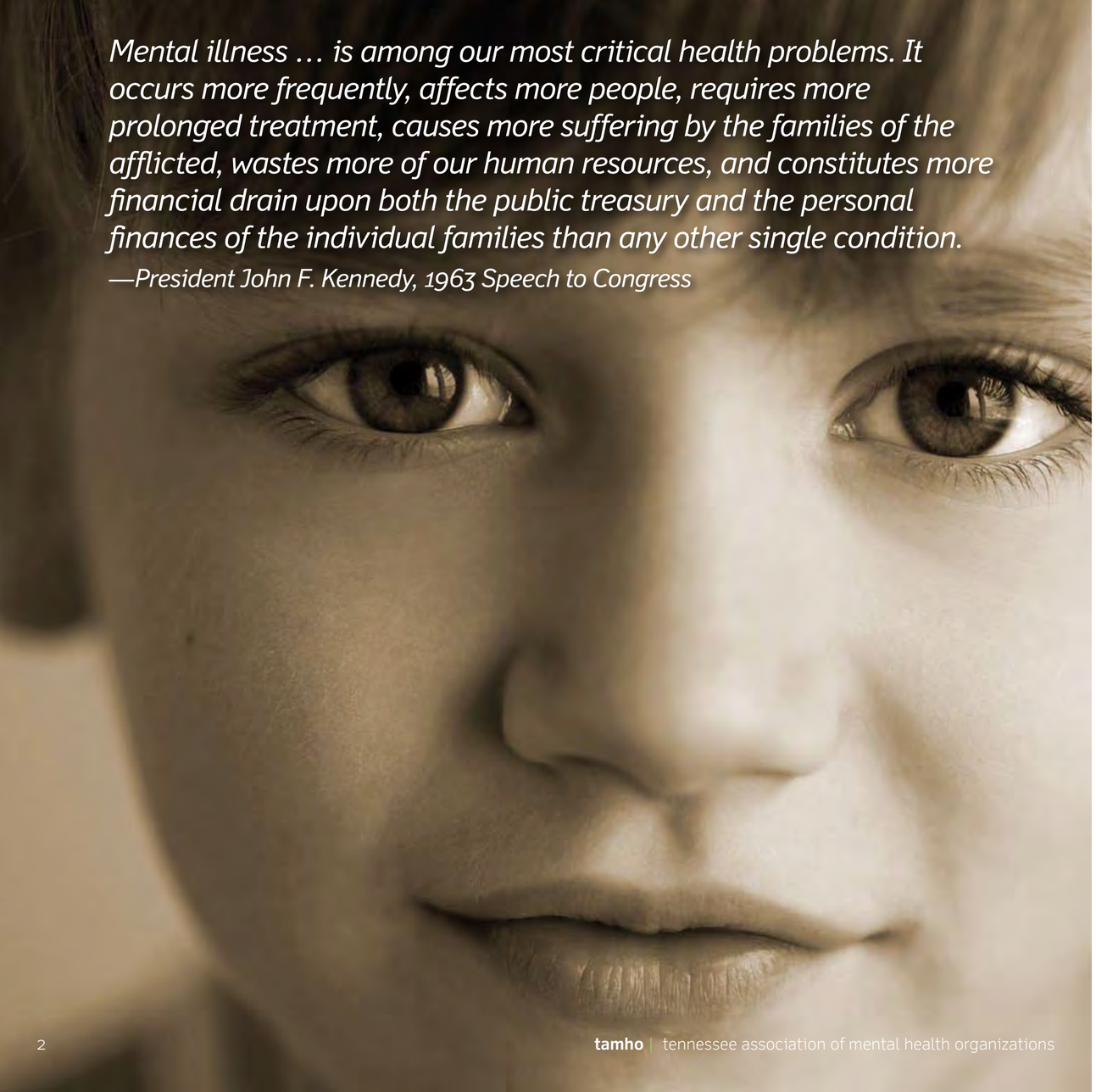
keeping the promise

tamho

tennessee association of
mental health organizations



Mental illness … is among our most critical health problems. It occurs more frequently, affects more people, requires more prolonged treatment, causes more suffering by the families of the afflicted, wastes more of our human resources, and constitutes more financial drain upon both the public treasury and the personal finances of the individual families than any other single condition.

—President John F. Kennedy, 1963 Speech to Congress

The TAMHO mission is to serve its members, promote the advancement of effective behavioral health services, and advocate for people in need of care. To achieve this mission, the TAMHO Board of Directors formulates an agenda each year that is designed to improve the effectiveness of treatment and support services for people with mental illness and to increase access to these services throughout the state.

depression. anxiety. schizophrenia. paranoia. addiction.

Mental illness hurts. It hurts not only the patient, but also their loved ones, family and friends, especially if left untreated. Without care, many of these individuals will be unable to recover from their illnesses – left to face the loss of their relationships, jobs, income, and home. The American psychiatric community recognizes more than 300 different manifestations of mental illness and addiction disorders.

Thanks to community-based behavioral health organizations throughout the state, and a trade association bringing them together, help and assistance to overcome mental illness and addiction has never been far away.

For more than half a century, Tennessee Association of Mental Health Organizations (TAMHO) has been bringing together community-based providers of behavioral health services and policymakers to assist local communities in providing science-based treatment, state-of-the-art services, and the most effective medicines available to help hundreds of thousands of Tennesseans with mental illnesses and addictions reclaim their lives. That's what keeping the promise is all about.

With its core membership of community mental health centers and affiliate provider corporations, TAMHO keeps the promise of local, quality behavioral healthcare through a network of more than 500 professionals who volunteer service on committees and task forces, and participate in training that addresses current problems and issues. Working together in times of both new opportunities and fiscal challenges, TAMHO member organizations have kept the promise of uncompromised quality care in a healthcare environment experiencing unprecedented change. Together, they have helped Tennesseans gain access to care and take control of the mental illnesses and addictions affecting their daily lives.

Keeping this promise for more than 50 years, TAMHO has successfully advocated for community-based care for persons with mental illnesses and addiction disorders. Believing that access to services in their own community, rendered by caring and talented professionals, is the best frontline in assuring that serious health problems experienced by one in every five Tennesseans are treated effectively. TAMHO has worked tirelessly over the years to educate policymakers about the need to provide the funding and program flexibility to offer the kind of behavioral health delivery system required to meet the needs of all Tennesseans.

celebrating 50 years of keeping the promise

Throughout the past five decades of structural changes and shifting operations on every level of government, TAMHO has remained true to keeping the promise of providing quality and effective behavioral health services in the least restrictive setting possible.

This organization has found a way to stay true to its founding principles regardless of the barriers and regulations. Providing the most humane and affordable care for those persons with mental illnesses and addictions has remained the core mission of TAMHO.

At the heart of TAMHO's member organizations and their more than 6,000 individual care providers and other employees, the values of 50 years ago remain the same – caring for those who need help the most and providing them with the best care available, science-based services, and the most effective medicines obtainable.

Keeping this promise is ultimately about maintaining a quality of care that can be found in every county and city across the state. The promise is – that no matter the severity of the mental illness or the complexity of the addiction, those persons experiencing problems as a result of their disease will not have to travel far from home to get the treatment and community support they need to live a full and productive life.

1947-48—*Chattanooga Child Guidance Center begins offering services; and, Knoxville Mental Health Clinic opens.*

1953—*The Tennessee Department of Mental Health is created by Gov. Frank G. Clement as a separate cabinet-level department of state government on March 13, 1953.*

The state adopts a policy to provide funding to communities on a 50-50 matching basis to expand local mental health services.

1955—*Mental Health Guidance Center of Middle Tennessee is chartered.*

$200,000 earmarked in state budget for community mental health "clinics."

1957—*Mental Health Association of Clarksville is chartered; Jackson Mental Health Center begins offering services; Kingsport Mental Health Center and Johnson City Mental Health Center opens; and Oak Ridge Mental Health Center begins operations.*

1958—*Chaired by H. James Crecraft, MD, an organizational committee meets at the Farragut Hotel in Knoxville to draft bylaws for a proposed state association to be known as the "Tennessee Association of Mental Health Centers (TAMHC)."*

1958-65—*Bristol Mental Health Center opens; Cherokee Mental Health Center of Morristown begins operations; Maury County Mental Health Clinic is incorporated; and, Northwest Counseling Center is chartered.*

1963—*The "Mental Retardation Facilities and Community Mental Health Centers Construction Act" (PL 88-164) is enacted by Congress to provide direct funding to communities for construction and staffing grants.*

1966—*The state's plan for a comprehensive community mental health system is approved by the federal government. In compliance with federal guidelines, each community mental health center is responsible for delivering specified essential services to persons residing within its designated catchment area.*

1967-70—*The Multi-County Comprehensive Mental Health Center opens; Rutherford County Guidance Center is founded; Plateau Mental Health Center is established; and Paris Mental Health Center is established.*

1971-74—*Tri-County Mental Health Center begins offering services; Nolachuckey Mental Health Center opens; Sumner County Guidance Center opens; Southeast Memphis Mental Health Center is chartered; Hiwassee Mental Health Center is established; Wilson County Mental Health Center opens; Quinco Mental Health Center opens; and, Joe Johnson Mental Health Center begins operations.*

1971—*TAMHC is incorporated as a 501(c)(6) nonprofit corporation.*

1975—*Tennessee Department of Mental Health renamed Tennessee Department of Mental Health and Mental Retardation. The clinic option is approved to support outpatient services provided by community mental health centers as part of the state Medicaid plan.*

1975-76—*Frayser Family Counseling Center is incorporated; Luton Mental Health Center is chartered and named in honor of the first licensed psychiatrist in Tennessee – Dr. Frank Harper Luton; Overlook Mental Health Center is chartered; and, Grace House opens.*

1976—*D. Craig Guthrie becomes the first Executive Director of TAMHC, the organization now known as TAMHO.*

1979—*The General Assembly adopts SJR400 to establish an equitable distribution of state funds to CMHCs on a per capita basis.*

1981—*Enactment of the Alcohol, Drug and Mental Health Block Grant Act by Congress directs funds previously available to communities to go to states for distribution in support of community programs.*

TAMHC works with TDMHMR to implement a plan that permits community mental health centers with staffing grants to retain the same level of funding until the date the grant would have expired under the old legislation.

1982—*Federal grants are no longer provided directly to communities for their CMHCs. The state begins to administer Block Grant programs for mental health and alcohol and drug abuse services in addition to the Medicaid program.*

TAMHC provides a critical link between its members and the state at this time.

1982—*TAMHC representatives collaborate with TDMHMR to develop new standards and performance-based contracts for CMHCs.*

Charles R. (Dick) Blackburn becomes the second Executive Director of TAMHC, the organization now known as TAMHO.

1983—*Gov. Lamar Alexander unveils his Community Initiative Program.*

TAMHC offers regional need-based plans to best utilize new resources allocated on a per capita basis by regions. The plans result in such developments as expanded day treatment programs, construction of a new private hospital, and additional psychiatrists for the community-based system.

1983— *The State's Healthy Children's Initiative leads to the establishment of 28 therapeutic pre-school programs operated by CMHCs for abused and neglected children.*

TAMHC celebrates its 25th anniversary at the Peabody Hotel in Memphis.

1984—*The TAMHC Awards and Recognition Program is initiated to recognize individuals, both professional and volunteer, contributing to Tennessee's community behavioral health system.*

1984-90— *Park Center begins offering vocational services for the mentally ill; Watauga Mental Health Center opens Woodridge Psychiatric Hospital; Sumner County Mental Health Center and Wilson County Mental Health Center merge to become Cumberland Mental Health Services; and, Case Management, Inc. is chartered.*

1990—*TAMHC representatives work with TDMHMR and the Bureau of Medicaid to implement cost-related differential rates for CMHCs.*

1991—*TAMHC organizes a tour of New England states to learn first-hand about case management, mobile crisis services, and other cutting-edge programs. Key TAMHC leaders participate in the tour.*

1992—*Working closely with the administration of Gov. Ned McWherter, TAMHC embraces the Mental Health Master Plan that greatly expands community support services through approval of the Medicaid Case Management and Rehabilitation Options. Within two years, the new services cut admissions to state psychiatric hospitals in half.*

1992—*TAMHC receives the National Council for Community Behavioral Healthcare Public Policy Award for its role in the development and implementation of the Mental Health Master Plan.*

Legislation is enacted by the Tennessee General Assembly to define "Community Mental Health Center" in Title 33.

Mental Health Cooperative is founded; and, Generations/Gaither Group forms.

1994—*The TennCare Program is launched. Surprisingly, all state-controlled funds for mental health and alcohol and drug abuse services are rolled into the Medicaid waiver experiment. A two-year effort begins to determine how these services will be delivered under managed care and an interim payment system is arranged for CMHCs.*

1994—*TAMHC changes its name to become the Tennessee Association of Mental Health Organizations (TAMHO).*

1995— *TAMHO develops a white paper titled "Preserving the Mental Health Master Plan" to convince legislators that a carve-out managed care model would better support programs already in operation that had proven to be very successful. Gov. Don Sunquist's administration agrees to a behavioral health carve-out approach, to be known as the TennCare Partners Program, and initiates a procurement effort with 11 prospective managed behavioral health companies.*

1995— *TAMHO is instrumental in defeating legislation backed by Gov. Sundquist to subsume the Department of Mental Health and Mental Retardation under the Department of Health and offers a counter proposal to update the existing mental health law instead.*

TAMHO purchases a new office facility on Rutledge Hill in Nashville.

1996—*TAMHO receives the National Council for Community Behavioral Health Public Policy Award for its advocacy work on the mental health carve-out issue.*

The TennCare Partners Program, a managed care carve-out, is initiated that privatizes behavioral health services with approximately $380 million through contracts with two Behavioral Health Organizations (BHOs)—Tennessee Behavioral Health and Premier Behavioral Health Systems of Tennessee.

1997-2000— *Frontier Health completes corporate merger of three CMHCs; LifeCare Family Services, a faith-based mental health provider, is incorporated; Volunteer Behavioral Healthcare System completes the corporate merger of five community mental health centers; and, Centerstone completes corporate merger of six community mental health centers.*

1998—*The "Community Mental Health Center Cooperation Act" is enacted by the Tennessee General Assembly.*

2000—*The Tennessee Department of Mental Health and Mental Retardation is renamed the Tennessee Department of Mental Health and Developmental Disabilities as part of a comprehensive update of the mental health code accomplished through the Title 33 Revision Commission.*

2002—*Generations Mental Health Center opens.*

2005—*The TennCare Program undergoes massive reform that results in disenrollment of 170,000 people, of which 26,000 are seriously and persistently mentally ill.*

TAMHO advocates for special funds to support a basic level of services for this population, leading to the development of the Mental Health Safety Net Program.

2007—*The TennCare Program awards contracts to new Managed Care Companies (MCCs) to implement health plans in Middle Tennessee with integrated physical and behavioral health benefits.*

2008—*TAMHO celebrates its 50th anniversary.*

the heart of where keeping the promise began

Before the creation of the Tennessee Association of Mental Health Centers (TAMHC) in 1958, there was a long period of time in Tennessee where those persons diagnosed with serious mental illnesses were viewed as embarrassments and dangers to society. They were often hidden away in asylums and institutions, some even for their entire lives. Beginning with reforms initiated by a visit from American social reformer Dorothea Dix to the state in 1847 through gradual advancements into the mid-20th century, attitudes and society progressed, gradually recognizing the severity of mental illness and beginning treatments.

During the late 1940s, citizens across the state became more and more aware of the level of care needed for the mentally ill. They took the cause personally, seeing firsthand the devastation that can come when an illness goes untreated. Many of these individuals became leaders in their own communities to establish local nonprofit organizations to help those with behavioral health problems and their families. This was the beginning of a grassroots mission to provide access to appropriate care at the local level that has gone unchanged, and continues even today. This is the heart of where keeping the promise began.

One of the most defining moments for mental health advocates in Tennessee came in 1953 when Gov. Frank G. Clement created the state's Department of Mental Health. The separation of Mental Health from the Department of Corrections was a major victory and ushered in an era of increased public awareness about mental illness across the state.

At the time when the new department was created, there were three existing state hospitals for the mentally ill. Those three were Eastern, Western and Central State. Subsequently, Moccasin Bend (Chattanooga) was opened in 1961; Tennessee Psychiatric Hospital and Institute (Memphis) was opened in 1962. These five state hospitals were essentially the only treatment option for serious psychiatric conditions before today's community-based behavioral health provider system evolved. By 1959, there were 13 community mental health centers (outpatient clinics) in Tennessee, a development that meant that 89% of the state's population was within 40 miles of such a facility.

A bold new approach at the federal level accelerated the growth of community mental health centers. In 1963, President John F. Kennedy provided the leadership for the passage of Public Law 88-164, legislation that provided federal funding for communities to build and initially staff their own mental health centers. This important legislation gave control to local communities and they worked with the Department of Mental Health to implement a plan for providing comprehensive mental health and alcohol and drug abuse treatment for designated catchment areas. By the early 1970s there were 33 community mental health centers in the state that enjoyed wide public support since they each represented a direct way to address the unique mental health needs of a given community. The addition of the Medicaid Clinic Option to the state plan in 1975 provided an influx of federal dollars to the community mental health centers in support of outpatient psychiatric services.

TAMHO member agencies provide employment for more than 6,000 Tennesseans. Its clinical professionals account for 4,600; its administrative and support staff professionals make up an additional 1,600.

Not-for-profit corporations play major service roles within the communities they reside. Volunteers within these organizations make countless and invaluable contributions serving on governance and advisory boards, heading up special events, building relationships, educating the public and raising philanthropic dollars. More than 800 individuals volunteered their time and resources to TAMHO member organizations during FY 06-07.

services in our communities

TAMHO member organizations serve adults and children with a range of emotional disorders, mental illnesses, and addiction disorders. Member organizations reach out to a broad cross section of Tennesseans, as well as to those with special needs including – preschoolers, children and adolescents, adults, older adults, refugees, individuals with HIV/AIDS, couples and families, veterans, the homeless, children in foster care, substance abusers, and individuals in the criminal justice and juvenile justice systems. Services are provided in residential and inpatient settings, outpatient clinics, and community-based settings.

Prevention, Education and Wellness – Programs for the prevention of addictions, violence, and suicide; community education; early intervention; and jail diversion /mental health courts and community re-entry initiatives.

Peer Support and Recovery – Rehabilitation and educational interventions including supported work and housing, illness self management, and individual and family psychoeducation.

Community/Field-Based – Case management (CTT, ACT, PACT, school-based, etc.), school-based counseling, hospital liaison, jail liaison, intensive in-home services, therapeutic foster care and adoption services, mentoring, and job training and employment services.

Clinic-Based – Psychiatric evaluation and medication management, nursing services, individuals, couples and family psychotherapy, psychological and educational assessment, specialized treatments for trauma and addiction disorders including treatment for dual diagnosis (mental retardation and mental health) and co-occurring disorders (substance abuse and mental health), partial hospitalization, intensive outpatient, and forensic services.

Residential – Residential treatment, group homes, supported housing, and independent/ permanent housing.

Inpatient – Mental health and addiction disorder treatment programs.

Crisis – Clinic-based walk-in, hospital-based emergency department diversion, mobile crisis response, respite and enhanced crisis respite, and crisis stabilization units.

Other – Integrated physical and behavioral healthcare, telepsychiatry, employee assistance programs, and critical incident stress management services (including pre-incident training, disaster preparedness and response).

we believe

TAMHO's Promises to its Members and the Behavioral Healthcare System:

– To serve as a forum for the sharing and exchange of information, ideas and solutions.
– To influence public policy and represent membership perspective to key decision makers.
– To educate and train membership staff, community professionals, consumers, families and other stakeholders.
– To develop and share products which positively impact the behavioral healthcare system and improve clinical care outcomes.
– To improve public awareness and understanding of behavioral healthcare issues.
– To advocate for people in need of mental health and/or addiction services.
– To recognize and honor individuals and organizations who contribute to the advancement of behavioral healthcare.

As Tennessee's trade association for behavioral healthcare providers, TAMHO promises to protect and preserve the capability of its member organizations in order to effectively provide a comprehensive program of high-quality, professionally administered behavioral health services to all persons in need of care.

TAMHO's provider agencies served more than 220,000 Tennesseans (July 06- June 07). That's more than 600 people per day – including weekdays, weekends & holidays.

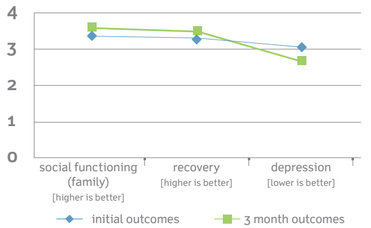
Approximately 60% of those receiving treatment were TennCare enrollees.

quality treatment means positive healthcare outcomes

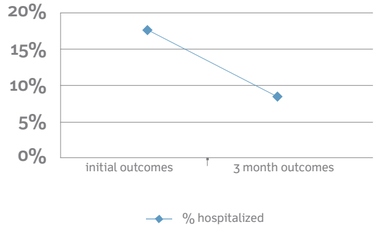
The Tennessee Outcomes Measurement Systems (TOMS), a consumer self-report assessment measuring changes in key outcomes, was implemented by all TAMHO members in 2007. While TAMHO agencies have collected information on consumer satisfaction for many years, the TOMS represents the first time that Tennessee agencies have used a common assessment tool to measure important outcomes of mental health services, such as symptoms, functioning, and recovery. Unlike many other states that have implemented outcome measures as the result of state directives, the TOMS resulted from a close collaboration between TAMHO, TDMHDD, and Telesage, Inc. The TOMS was developed and validated in Tennessee using the latest advances in measurement technology and will likely be adopted by other states in the coming years.

The initial TOMS survey is administered when a consumer enters treatment, then after three months of treatment, six months, and then at least every 12 months thereafter. TOMS responses are entered into a Web site, and detailed reports of individual consumer scores are immediately made available to clinicians to aid in clinical care decisions. Summary reports are also available to the participating agencies as well as TDMHDD for use in improving service quality. Preliminary findings as shown below comparing initial survey findings to scores at three months show the positive impact of treatment on consumers' lives across many areas, including improvements in recovery and social/ family functioning, with corresponding reductions in rates of depression and hospitalization.

statewide TOMS results for key outcomes



% who stayed in a hospital the last 30 days
[lower is better]



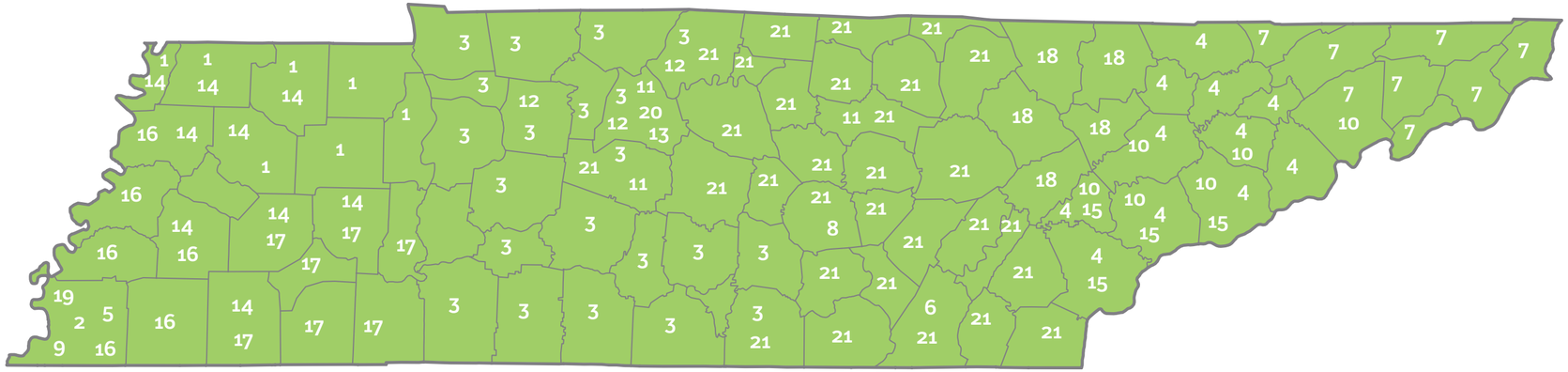
The TOMS represents a significant milestone for Tennessee, providing reliable information on important mental health outcomes and supporting the benefits of mental health services for consumers in Tennessee. While it has long been established that the effectiveness of mental healthcare compares well to common medical treatments (e.g., similar to the effectiveness of antiarthritic medication or angioplasty), issues of stigma still persist. Additional information on the TOMS is available at www.tenn.telesage.com.

Simply stated, *last year more than 220,000 Tennesseans received services from a TAMHO member agency. People from all facets of our communities come to us for care and, more important, to get better.*

TAMHO member agencies provide behavioral health services in more than 500 locations serving Tennessee's 95 counties.

We believe that community partnerships are important in meeting community needs – nearly 200 of its member locations are found in familiar areas such as schools, neighborhood centers, and health clinics.

If you know the beautiful state of Tennessee, then you know that its geography is as diverse as its residents. When not able to be there in person, TAMHO member organizations tap technology to deliver more than 12,000 behavioral healthcare services via tele-video communication.



1 ***CAREY COUNSELING CENTER***
Corporate Office: Paris
Locations: Benton, Carroll, Gibson, Henry, Lake, Obion, and Weakley counties
731-642-0521

2 ***CASE MANAGEMENT, INC.***
Corporate Office: Memphis
Locations: Shelby County
901-821-5649

3 ***CENTERSTONE***
Corporate Office: Nashville
Locations: Bedford, Cheatham, Coffee, Davidson, Dickson, Franklin, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Robertson, Stewart, Sumner, Wayne, and Williamson counties
615-463-6600, www.centerstone.org

4 ***CHEROKEE HEALTH SYSTEMS***
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Locations: Blount, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Sevier, and Union counties
865-934-6734, www.cherokeehealth.com

5 ***COMPREHENSIVE COUNSELING NETWORK***
Corporate Office: Memphis
Locations: Shelby County
901-353-5440, www.ccnmemphis.org

6 ***FORTWOOD CENTER***
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423-266-6751, www.fortwoodcenter.org

7 ***FRONTIER HEALTH***
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423-467-3600, www.frontierhealth.org

8 ***GENERATIONS MENTAL HEALTH CENTER***
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Locations: Warren County
931-815-1212, www.generationsgaither.com

9 ***GRACE HOUSE***
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Locations: Shelby County
901-722-8460, www.gracehousememphis.org

10 ***HELEN ROSS MCNABB CENTER***
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865-637-9711, www.mcnabbcenter.org

11 ***LIFECARE FAMILY SERVICES***
Corporate Office: Nashville
Locations: Davidson, Putnam, and Williamson counties
615-781-0013, www.lifecarefamily.org

12 ***MENTAL HEALTH COOPERATIVE***
Corporate Office: Nashville
Locations: Davidson, Dickson, and Sumner counties
615-743-1401, www.mhc.tn.org

13 ***PARK CENTER***
Corporate Office: Nashville
Locations: Davidson County
615-242-3831, www.parkcenternashville.org

14 ***PATHWAYS BEHAVIORAL HEALTH SERVICES***
Corporate Office: Jackson
Locations: Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, and Weakley counties
731-935-8394

15 ***PENINSULA, A DIVISION OF PARKWEST MEDICAL CENTER***
Corporate Office: Louisville
Locations: Blount, Knox, Loudon, Monroe, and Sevier counties
865-970-9800, www.peninsulabehavioralhealth.org/pbh.cfm

16 ***PROFESSIONAL CARE SERVICES OF WEST TN, INC.***
Corporate Office: Covington
Locations: Dyer, Fayette, Haywood, Lauderdale, Shelby, and Tipton counties
901-476-8967, www.pcswtn.org

17 ***QUINCO MENTAL HEALTH CENTER***
Corporate Office: Bolivar
Locations: Chester, Decatur, Hardeman, Hardin, Henderson, Madison, and McNairy counties
731-658-6113

18 ***RIDGEVIEW***
Corporate Office: Oak Ridge
Locations: Anderson, Campbell, Morgan, Roane, and Scott counties
865-482-1076, www.ridgeviewresources.com

19 ***SOUTHEAST MENTAL HEALTH CENTER***
Corporate Office: Memphis
Locations: Shelby County
901-369-1420

20 ***VANDERBILT COMMUNITY MENTAL HEALTH CENTER***
Corporate Office: Nashville
Locations: Davidson County
615-343-7123

21 ***VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM***
Corporate Office: Chattanooga
Locations: Bledsoe, Bradley, Cannon, Clay, Cumberland, DeKalb, Fentress, Franklin, Grundy, Hamilton, Jackson, Macon, Marion, McMinn, Meigs, Overton, Pickett, Polk, Putnam, Rhea, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, and Wilson counties
615-278-2241, www.vbhcs.org

ADHD no longer controls David's life.

Together, TAMHO's member network provided more than 2 million services. Nearly 750,000 of those services were provided by physicians, advanced practice nurses, RNs and LPNs. The behavioral treatment interventions performed by non-medical staff accounted for almost 1.6 million services.

david Undiagnosed Attention Deficit Hyperactivity Disorder (ADHD) contributed to 10-year-old David's poor school performance. He was suspended from school many times and fell behind academically. David had low self-esteem and weak social skills. He appeared angry most of the time. His parents did not know how to help and were under tremendous stress. A community mental health center psychiatrist evaluated David and prescribed medication and treatment. The therapist taught David how to control his impulsive behavior, manage his anger, and develop social skills. Within three months, David attended school every day without being suspended. He achieved a satisfactory conduct grade and was no longer failing any classes. David attended tutoring sessions several days a week to continue improving his grades. His parents learned his ADHD diagnosis entitled him to an individualized educational plan and other classroom modifications to help him be more successful. Within six months, David achieved two personal firsts — he went to a sleepover with a friend he made at school and registered for Little League Baseball. ADHD no longer controls his life.

Food is no longer an obsession for Lucy.

A behavioral healthcare service was provided to someone in Tennessee, by a TAMHO member organization, about every four minutes.

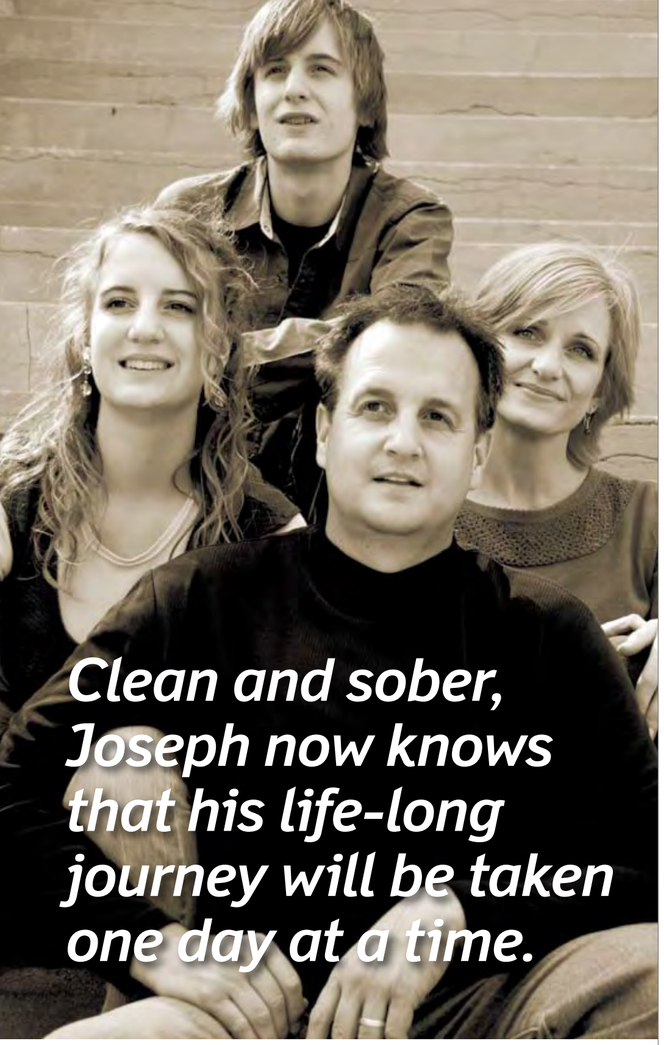
lucy Eighteen-year-old Lucy weighed less than 80 pounds when she first came to a community mental health center. The high school graduate was living with her grandparents, who grew concerned because she did not eat. Her initial assessment confirmed she suffered from anorexia nervosa and severe depression. At first, treatment was difficult for Lucy. She made no eye contact during therapy and answered every question with a one-word response. She gave little, if any, information about herself. Her grandmother provided most of the insight into her life. Lucy ate very little and always ate alone, never varying what she ate. They feared her health was in danger. Her therapist learned Lucy was an artist and began to use art therapy as a way to connect. Lucy's first expressions were very dark but soon she began to improve. Her later themes reflected smiles and cheerfulness. Lucy began to talk to her therapist, make eye contact, and even laugh. Now at a healthy 150 pounds, the 24-year-old college student is anticipating a successful future and has been in a stable relationship for two years. She enjoys social outings and eating her favorite foods.

Contrary to media portrayal, the mentally ill are not responsible for most of our violent crimes. On the rare occasion, however, when someone with a mental illness seriously breaks the law, TAMHO member organizations play an integral part in the forensic evaluation component. Last year its members performed nearly 6,000 forensic services.

mary One morning, 76-year-old Mary woke up experiencing uncontrollable thoughts and repeating, "kill, kill, kill." After a lengthy stay in the hospital provided little relief, Mary started refusing food. Her weight dropped to 80 pounds and Mary developed pneumonia. Mary's granddaughter heard about a partial hospitalization program run by a local community mental health center and convinced Mary to attend. Mary had fewer restrictions, and the new program allowed her to sleep in her own bed. Her medications were adjusted. Mary participated in therapy and support group sessions with people her age who were experiencing similar problems. Mary successfully completed the program and enrolled in a Recovery Education Center. She participated in developing her Wellness Recovery Action Plan (WRAP). Doing this, Mary learned she could be more in control of her recovery and learned about her illness and medication. More important, Mary learned to recognize the symptoms of her illness. She took many personal growth classes including genealogy, spirituality, and computer instruction. Mary is now volunteering in the kitchen at the center and is enrolled in Peer Support Specialist Training. Mary is determined to help others achieve the same success.

Disasters are often devastating, regardless of their origin. Whether intentional (criminal acts of violence, etc.) or natural events (violent storms, etc.), TAMHO member organizations were there to provide the full range of critical incident stress management services (CISM) to both victims and first responders. Nearly 250 responses yielded help to more than 2,000 Tennesseans.

bill Bill spent several decades of his 59 years homeless, battling depression and addiction on the streets. After graduating from high school, Bill attended college for one year before he completed an overseas tour of military duty. After returning from active duty, Bill used drugs and alcohol to help him cope with the depression that increasingly consumed him. Alternating between the streets, family, and friends, Bill eventually ended up homeless, clinically depressed, and addicted to alcohol. In 2007, Bill decided his life had to change. He went to his local community mental health center and began receiving services through their homeless assistance program, which provided treatment and housing. The program also linked Bill to the Veteran's Administration, where he received additional behavioral healthcare treatment. Now working toward recovery in the comfort of a place he calls home, Bill is excited about his future. He experiences fewer symptoms of depression and now has the care and support he needs to achieve recovery.



Mobile crisis teams talked to more than 100,000 distressed Tennesseans last year. Our teams conducted slightly over 40,000 face-to-face interviews.

joseph Joseph's life was enviable, he had a beautiful wife and two adoring children who were a constant source of pride. After only 10 years at his firm, he had risen to partner. Joseph felt he had much to celebrate, and he did — mostly after work on Fridays. At first, a few drinks seemed to help him loosen up; he felt more comfortable with co-workers. Soon, happy hours turned into morning hours. Work suffered and he made critical errors with his clients. His partners wondered if Joseph had been the right choice. To deal with his new problems, he drank more. Instead of being jovial, the alcohol he consumed now caused Joseph to lash out at everyone. His drinking was obsessive, and his anger was uncontrollable. At a son's sporting match, his wife tried to discard the beer he had packed in a cooler. His public rage ended in tears. Joseph finally knew he needed help. He went to a community mental health center for intensive outpatient alcohol and drug treatment. With an understanding of his illness and working toward recovery, Joseph confided in his partners. They supported his decision to seek treatment and family therapy helped repair his relationships at home. Clean and sober, Joseph is now a recovering alcoholic. He knows that his life-long journey will be taken one day at a time ... but he also knows that it's worth it!

Tennessee's county jails have seen a dramatic increase in the number of inmates with mental illness and/or substance abuse disorders. TAMHO member agencies are reaching out, visiting jails and investing in solutions – there were approximately 28,000 jail liaison services last year.

what can policy makers do?

policy makers

- Use TAMHO and its member organizations as your behavioral healthcare experts.
- Arrange visits to your local community mental health agencies to better understand the services, treatment outcomes and research opportunities offered to your constituents.
- Ensure parity – bring benefits for mental health, substance abuse and other addiction treatments in line with coverage for general healthcare.
- Promote and participate in forums that seek to mitigate barriers to treatment, including mental health stigma.
- Assure adequate resources to meet behavioral healthcare needs through necessary increases in Medicaid, Medicare and state department funding (Departments of Mental Health and Developmental Disabilities, Health, Human Services, and Children's Services).

Keep your promises and commitments to improving the lives of Tennesseans, especially to your constituents in need of behavioral healthcare services.

did you know?

TAMHO member organizations provide a comprehensive array of residential treatment and independent living opportunities for individuals with behavioral health disorders.

During FY 06-07, that continuum provided services ranging from crisis stabilization through independent living/ permanent housing. It all translated into more than 450,000 safe nights and healthier days.

tamho
tennessee association of
mental health organizations

TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS

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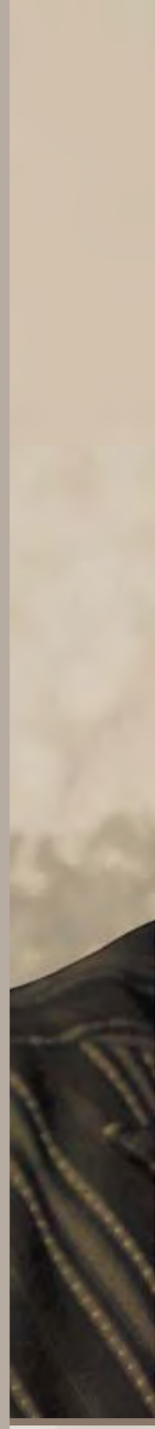

thanks...to our partners for their support of the TAMHO 50th Anniversary "Keeping the Promise" publication.

- AmeriChoice
- Amerigroup Community Care
- LifeCare Family Services
- Magellan Health Services
- Molina Healthcare
- Smith Harris & Carr
- Tennessee Department of Mental Health and Developmental Disabilities
- Volunteer State Health Plan & ValueOptions
- WellCare
- Windsor Health Group