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tennessee association of mental health organizations

BEHAVIORAL HEALTH NEWS & EVENTS

Volume 4, Issue 3 | Tennessee Association of Mental Health Organizations (TAMHO) | **July 2016**

Haslam's *Tennessee Healthcare Innovation Initiative* Transforms TennCare with the Introduction of Tennessee Health Link

Health Link teams will provide comprehensive care management, care coordination, health promotion, transitional care, patient and family support and referral to social supports, in addition to level 2 case management.

AUTHOR | Alysia Williams, Director of Policy and Advocacy, Tennessee Association of Mental Health Organizations (TAMHO)

Alysia Williams
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TennCare is undergoing its most significant transformation since its inception. In 2013, Governor Haslam announced Tennessee's Healthcare Innovation Initiative which seeks to change the way Medicaid services are delivered and reimbursed. This payment reform initiative will shift the service delivery model from the traditional fee-for-service to one that pays for performance.

One component of payment reform is the introduction of Health Link for individuals with Severe and Persistent Mental Illness (SPMI) and children with significant behavioral health needs. Tennessee Health Link is a team of professionals associated with a behavioral health provider such as a Community Mental Health Center (CMHC) or Federally Qualified Health Center (FQHC) that provides whole-person, patient-centered integrated healthcare. The team will be responsible for coordinating both the behavioral and physical health needs for its members. Health Link teams will provide comprehensive care management, care coordination, health promotion, transitional care, patient and family support and referral to social supports, in addition to level 2 case management. In fact, *level 2 case management services will only be provided to TennCare members who meet eligibility criteria for Tennessee Health Link*.

So what does this mean for those with significant behavioral health needs? ***If the Health Link design correctly captures those who can benefit most from this kind of approach, measures the right outcomes and is funded appropriately***, this shift is promising news for individuals with SPMI. The data is alarming--those with SPMI have higher rates of co-morbid and co-occurring health conditions such as asthma, congestive heart failure, diabetes, hypertension and substance use disorders and die up to 25 years earlier than those without behavioral health needs. Not only are health outcomes generally poor, but in addition, adults with significant behavioral health needs are more costly to TennCare. This higher cost is less associated with the cost of mental health treatment, but largely attributed to the cost of treating co-morbid, physical health conditions. This is because traditionally individuals with SPMI have lacked coordinated, whole health treatment and unfortunately, for many, once a physical health condition has been identified, it is chronic in nature, costly to treat, and yields poor outcomes.

CMHCs have a remarkable opportunity with payment reform to improve the quality of life for individuals with SPMI because they are uniquely qualified to engage clients, link them with primary care physicians, and coordinate their overall physical and mental health care. Furthermore, CMHCs are increasing access to much needed treatment as more practices are transitioning to "same day/next day access" for initial appointments and "just in time prescriber scheduling" which significantly speeds up the time it takes for new and current clients to see a medical provider.

We urge the State to fund this initiative at a level that will enable providers to adequately address all the health needs of individuals who qualify for this program and help them maintain better health over time.

Approved Health Link Providers

- Alliance Healthcare Services, Inc.
- Camelot Care Centers, Inc.
- Carey Counseling Center, Inc.
- Case Management, Inc.
- Centerstone
- Cherokee Health Systems
- Frontier Health
- Generations Health Association
- Health Connect America

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- LifeCare Family Services
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- Pathways of Tennessee, Inc.
- Peninsula, *a division of Parkwest Medical Center*
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- Quinco Community Mental Health Center, Inc.
- Ridgeview Psychiatric Hospital and Center, *dba Ridgeview Behavioral Health Services*
- Volunteer Behavioral Health Care System

* *Portions of this article were written for Disability Rights Tennessee. Ms. Williams is the Director of Policy and Advocacy for TAMHO and also serves as the Chairperson for Protection and Advocacy for Individuals with Mental Illness (PAIMI) program.*

Legislative News

Tennessee's fetal assault law ended July 1. A state law that was passed to respond to the large number of babies born dependent on drugs ended on July 1. Under the fetal assault law, women could have been prosecuted for taking drugs while pregnant. It was considered to be a way to get more women into treatment. Brittany Hudson, a woman from Blount County, was one of first to be prosecuted under this law. She said the law actually discouraged her from seeking treatment. She met with lawmakers earlier this year and asked them not to renew the law. The bill failed on a 3-3 vote in the House Criminal Justice Subcommittee so it expired on June 30, 2016.

TAMHO Partners with TDMHSAS to Conduct Trainings

IPS, Crisis Services, and System of Care for Children and Youth are a few of the more recent conferences. Infant Mental Health, Juvenile Justice, Substance Abuse and HIV are a few conferences to soon be announced.

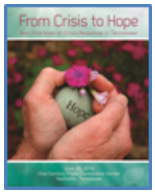
TAMHO was pleased to partner with TDMHSAS on several recent trainings.

On May 10, 2016, *Celebrating Tennessee's IPS Community* was held in Franklin TN. This event brought together National and TN experts in the field of IPS, Individual Placement and Support. In addition to highlighting best practices in employment services, the importance of skill building, and how to foster collaboration, this event also recognized individual IPS community successes.

IPS Conference Champion Award Winners Photograph:

Front Row (Left to Right): Melanie Fly, *Hilton Nashville Downtown, Employer IPS Champion;* **Cristi Blalock**, *Frontier Health, IPS Team Leader IPS Champion;* **Evelyn Rolan**, *Ridgeview Behavioral Health Services, Employment Specialist IPS Champion;* **Richard Moore**, *Working Member IPS Champion;* **Shelia Hinton**, *DHS Vocational Rehabilitation Program, VR Counselor IPS Champion*

Back Row (Left to Right): Mark Liverman, *Statewide IPS Trainer,* **Cherrell Campbell-Street**, *Assistant Commissioner for the Division of Rehabilitation Services, DHS;* **Sejal West**, *Assistant Commissioner, Mental Health Services, DMHSAS;* **Ruth Brock,** *Program Supervisor, DHS;* **Katie Lee**, *Director of Wellness and Employment, TDMHSAS*



On June 28, 2016, crisis responders and supervisors from across the state came together to attend *From Crisis to Hope: Best Practices of Crisis Response in Tennessee*. This first ever training for crisis responders was pleased to have Kevin Hines as a keynote speaker. Kevin is one of only 34 individuals who survived a jump from the Golden Gate bridge. His message of hope has inspired thousands of people around the world. As an author, international speaker and filmmaker, Kevin has used his experience to bring light and hope to all the people he meets. www.kevinhinesstory.com

Joe Williams from *The Enemy Within Project* was a second keynote speaker at the event. Williams, a boxer, former National Rugby League player, father, and fiancé delves into the private pain of depression that lead to a suicide attempt in 2011. He spoke about adversity, resilience and how small steps can lead to something greater. http://www.joewilliams.com.au/

On July 10 – 11, *Collaborating for a Bright Future* brought more than 250 professionals, families, and youth together to celebrate successes, learn about successful models of collaboration and tools to enhance system outcomes.

Youth had a separate track of activities designed to encourage self expression through poetry and art.

E. Douglas Varney, *Commissioner, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Nashville, Tennessee*

Deborah Taylor Tate, *Administrative Director, Office of the Courts, Tennessee State Courts, Nashville, Tennessee*

TNCODC Strategic Initiative Update

Website launches informational data

Patrick Slay
Project Manager
Tennessee Co-Occurring Disorders Collaborative (TNCODC)

STRATEGIC INITIATIVE WEBSITE AVAILABLE

The Strategic Initiative website is available at http://www.tncodc.com/strategic-initiative. The website provides information and resources, including a video on the overview of the strategic initiative's approach and recorded webinars on implementing the strategic initiative.

FIRST STEPS IN IMPLEMENTATION

Implementing the Strategic Initiative within an agency requires both a top-down approach – senior leadership gaining buy-in and setting the vision, and a bottom-up approach – everyone involved and committed to improving the delivery of co-occurring services. A 12-step model is utilized to help guide the agency through the process. Here are the first three steps:

Step 1 – Formal Announcement and Commitment

- CEO/Executive Director decides to take steps to participate in the process
- CEO/Executive Director engages agency's senior leadership team and obtains buy-in
- Provide orientation training to senior leadership (CCISC Overview video - http://www.tncodc.com/strategic-initiative)
- Senior leadership communicates a statement of intent to the whole agency

Step 2 – Continuous Quality Improvement Team (CQI)

- Provide orientation training to the agency as a whole – can occur in waves as needed for the agency (CCISC Overview video and 12 Steps webinar - http://www.tncodc.com/strategic-initiative)
- Identify representatives and organize the Continuous Quality Improvement Team (CQI Team) for co-occurring capability
- CQI Team starts to meet regularly to oversee the change process

Step 3 – Identify Change Agents

- As needed for the agency, identify a steering team (project management for the endeavor)
- Identify change agents representing each program

Q&A TELECONFERENCES SCHEDULED

- July 19 CEO/Executive Director Q&A teleconference/webinar (more sessions will be scheduled)

  With Ken Minkoff and TDMHSAS – it is highly recommended to view the orientation video prior to this call, and it is very beneficial to view the 12-steps webinar also

- August 5 Agency Q&A teleconference/ webinar (more sessions will be scheduled)

  With Ken Minkoff discussing the 12-Steps and the COMPASS-EZ – view both of the recorded training webinars on the 12-steps and the COMPASS-EZ before this session

COD LEARNING COMMUNITY

A variety of Learning Communities will be developed based on the needs of the participating agencies. The main emphasis of the Learning Communities will be knowledge sharing across the agencies to help in the implementation of the initiative.

The trusted voice for Tennessee's behavioral health system for more than half a century.

The Tennessee Association of Mental Health Organizations (TAMHO) is a statewide trade association representing Community Mental Health Centers and other non-profit corporations that provide behavioral health services. These organizations meet the needs of Tennessee citizens of all ages who have mental illness and/or an addiction disorder. The TAMHO member organizations have been the virtual cornerstone of the Tennessee community-based behavioral health system since the 1950s and continue today as the primary provider network for community based care in Tennessee.

TAMHO member organizations provide mental health and addictions services to 90,000 of Tennessee's most vulnerable citizens each month. Services provided by the TAMHO network include:

Prevention, Education and Wellness: Includes programs for the prevention of addictions, violence, and suicide; early intervention; mental health and drug courts, jail diversion and community re-entry initiatives.

Psychiatric Rehabilitation: Programs that include peer support, illness management and recovery services, supported employment, and supported housing.

Community Based Services: Services include mental health case management, Programs for Community Treatment (PACT), intensive in-home services, school based services, therapeutic foster care, and jail liaison services

Clinic Based Services: Services include psychiatric evaluation and medication management; monitoring of core health indicators; individual, couples and family psychotherapy; psychological assessment; specialized treatments for trauma and addiction disorders and co-occurring disorders; partial hospitalization; intensive outpatient services; and forensic services.

Residential Services: Includes residential treatment services, group homes, independent housing.

Inpatient Services: Includes hospital based mental health and addiction disorder treatment services.

Crisis Services: Includes clinic based walk-in services, hospital based emergency evaluation, mobile crisis services, crisis respite, and crisis stabilization services.

TAMHO MEMBER ORGANIZATION HAPPENINGS

USDA Funds Five Distance Learning and Telemedicine Projects in Tennessee

ARTICLE REPRINT | The Chattanoogan | July 16, 2016 | http://www.chattanoogan.com/2016/7/16/328134/USDA-Funds-Five-Distance-Learning-And.aspx

USDA Rural Development State Director Bobby Goode announced funding for five Distance Learning and Telemedicine (DLT) projects in Tennessee. These projects will help connect rural communities with medical and educational experts in other parts of the country, increasing access to health care, substance misuse treatment and advanced educational opportunities.

"Funding DLT projects is important because the program ensures rural residents and businesses with access to modern, 21st Century communication technologies," Mr. Goode said. "Additionally, the program helps rural communities to compete in a global economy."

USDA is awarding $23.4 million in grants to support 45 distance learning and 36 telemedicine projects in 32 states. In Tennessee alone, nearly $1.07 million will be used to fund various DLT projects across the state.

The following recipients and their respective counties were selected to receive funding:

- Chattanooga Hamilton County Hospital Authority – Hamilton County
- Tennessee Rural Education Association (receiving two grants) – Polk and Marion Counties
- **Carey Counseling Center, Inc. – Obion County**
- Mountain States Health Alliance – Johnson County

Some of the awards will help communities provide services to address opioid misuse, a problem that is especially prevalent in rural areas. Agriculture Secretary Tom Vilsack is leading an interagency effort to address the rural opioid crisis. On June 30, Vilsack hosted a town hall meeting in Abingdon, Va., to address how the crisis is affecting rural America and parts of Appalachia, and while there he announced funding for five DLT projects in rural Kentucky, Tennessee and Virginia to respond to the issue.

USDA Rural Development has provided $213 million for 634 DLT projects in rural areas nationwide since 2009. USDA's Rural Utilities Service, which administers the DLT program, also offers infrastructure programs that bring broadband, safe drinking water and improved wastewater treatment facilities to rural communities.

USDA Rural Development is moving investments to rural America with housing, business and infrastructure loans and grants to create jobs and strengthen rural economies with an emphasis to assist areas of persistent poverty. Since 2009, the agency has assisted more than 1.5 million Tennessee families and businesses in 230 communities in all 95 counties of Tennessee, investing more than $6.6 billion through affordable loans, loan guarantees, and grants.

For more information on USDA Rural Development programs available in Tennessee contact the State Office at 615-783-1300.

Case Management, Inc. Opens the *Your Community Health and Wellness Primary Care Center*

Case Management, Inc. of Memphis, TN opened the ***Your Community Health and Wellness Primary Care Center*** in the Pine Hill Community at 1087 Alice Ave. The Health and Wellness Center will provide Primary Care Services for this community and beyond. The center's home is a remodeled old school building that use to house the Whitehaven Southwest Mental Health Center and other CMI programs post the merger between the 2 entities.

Case Management, Inc. (CMI) is excited about this venture as this will bridge the gap in their service delivery of behavioral health and primary care services. With the opening of the Primary Care Clinic, CMI is now a fully integrated system of care offering the full continuum of services needed in order to serve the whole person: mind, body and spirit. The Health & Wellness Center will also offer nutrition classes, diabetes and hypertension classes, smoking cessation classes, care coordination and much more.

The Primary Care Clinic's CEO is E. Florence Hervery, who also serves as CEO of CMI. The Medical Director is Dr. Phillip Northcross who is a graduate of Meharry Medical College in Nashville. Dr. Northcross is board certified in Internal Medicine and has more than 25 years medical experience practicing in the Memphis Community. Dr. Northcross will have a team of medical professionals working with him at this site. In addition, First Pharmacy Services, Inc. is co-located at the site. Consumers are able to take care of all of their pharmaceutical needs on-site or have the option of having medications delivered to their home. First Pharmacy Services, Inc. is operated by Dr. Denise Pratt who has a long proven history of providing excellence in this area and helping to increase compliance for all consumers serviced by the organization.

Ms. Hervery states that several studies have shown that there is a great need for primary care services in this area and CMI through this effort hopes to reduce emergency room visits and provide greater access to quality healthcare. This is exciting news not only for the Pine Hill community, but also for the healthcare community as a whole.

Cherokee Health Systems Receives NIH Grant

The National Institutes of Health today announced a five-year grant to Cherokee Health Systems as part of a nationwide program to collect health data for research purposes. A total of $55 million in awards nationally in fiscal year 2016 will build a landmark longitudinal research effort that aims to engage 1 million or more U.S. participants. The research will improve health professionals' ability to prevent and treat disease based on individual differences

in lifestyle, environment and genetics.
Known as the Precision Medicine Initiative (PMI) Cohort Program, this is one of the most ambitious research projects in history and will set the foundation for new ways of engaging people in research. PMI volunteers will be asked to contribute a wide range of health, environment and lifestyle information. They will also be invited to answer questions about their health history and status, share their genomic and other biological information through simple blood and urine tests and grant access to their clinical data from electronic health records. In addition, mobile health devices and apps will provide lifestyle data and environmental exposures in real time.
The Precision Medicine Initiative was launched by President Obama. It will also support a Data and Research Support Center, Participant Technologies Center and a network of Healthcare Provider Organizations (HPO). An award to Mayo Clinic, Rochester, Minnesota, to build the biobank, another essential component, was announced earlier this year.
Cherokee Health Systems is one of only six Federally Qualified Health Centers (FQHC) nationally to be named as part of the study group program. These centers and other Healthcare Provider Organizations will engage their patients to help build the research protocols and plans, enroll interested individuals and collect essential health data and biological specimens. The participation of Cherokee and other FQHC's will help ensure that participants in the research represent the geographic, ethnic, racial and socioeconomic diversity of the country. FQHCs will be critical for bringing underserved individuals, families and communities into the participant study group, especially those historically underrepresented in biomedical research.
Cherokee Health Systems is a nonprofit healthcare provider that has twenty clinics located in twelve East Tennessee counties. It is known nationally as a pioneer and leader in an integrated care model which places behavioral health providers alongside primary care practitioners to ensure a full, team-based approach to patients' physical, mental, and addiction challenges. Cherokee serves over 66,000 East Tennessee patients annually and offers a sliding-scale fee approach which ensures that no patient is denied treatment based on an inability to pay.

Frontier Health Welcomes New Physician

Jay M. Griffith, MD
Physician
Psychiatrist
Outpatient Services
Frontier Health

Frontier Health is pleased to announce the addition of Jay M. Griffith, M.D., as a physician psychiatrist for Frontier Health outpatient services.
"We're pleased that Dr. Griffith has joined our medical family working with us at Charlotte Taylor Center in Elizabethton. He brings a wealth of knowledge and expertise to our team and we are excited to have him join our Frontier family," said Dr. Teresa Kidd, President and CEO of Frontier Health.
"Dr. Griffith will be able to help us meet the needs of some of our most vulnerable citizens. He shares our vision to provide the highest quality of care to help people achieve their full potential."
Dr. Griffith has held academic appointments at major universities and most recently served as Professor and Director of Residency Training with Quillen College of Medicine Department of Psychiatry and Behavioral Medicine. He has also practiced as a staff psychiatrist for the James H. Quillen Veterans Administration Medical Center.
"Having worked in both academia and public psychiatry for a number of years, I can appreciate the high level of clinical care and administrative excellence at Frontier Health," said Dr. Griffith. "Practitioners are knowledgeable and highly motivated to give their patients the best care possible."
Dr. Griffith is a licensed psychiatrist in Tennessee and is board certified by the American Board of Psychiatry and Neurology in Psychiatry and Pain Medicine, and received Suboxone certification.
He graduated from the University of North Carolina School of Medicine, Chapel Hill. He completed his residency and was a psychopharmacology Fellow at the University of Colorado School of Medicine, and a schizophrenia research fellow at the Denver Veterans Administration Medical Center.
Dr. Griffith is a Phi Theta Kappa, Phi Beta Kappa and received the Young Investigator Award from the International Congress on Schizophrenia Research.
Frontier Health is the region's leading provider of behavioral health, mental health, substance abuse, co-occurring, intellectual and developmental disabilities, recovery and vocational rehabilitation services, and has been providing services since

Tennessee Department of Mental Health and Substance Abuse Services

PLANNING & POLICY COUNCIL

August 16, 2016
December 13, 2016

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/mental/recovery/meeting_sch.html**. Meetings are subject to change.

REGIONAL PLANNING & POLICY COUNCIL

Region I | Second Tuesday/quarterly Harrison Christian Church, Johnson City, TN | 10:00 AM-12:00 PM

Region II | First Wednesday/quarterly Helen Ross McNabb Center, 201 West Springdale Avenue, Knoxville, TN | 11:30 AM-1:30 PM

Region III | First Wednesday/quarterly AIM Center, 472 W. MLK Blvd, Chattanooga, TN | 10:00 AM - 12:00 PM

Region IV | First Wednesday/ quarterly Nashville CARES, 633 Thompson Lane, Nashville, TN | 11:00 AM-1:00 PM

Region V | Thursday/quarterly Airport Executive Plaza -1321 Murfreesboro Pike, Suite 140, Nashville, TN | 9:30 AM-11:30 AM

Region VI | Second Tuesday/quarterly Pathways, 238 Summar Drive, Jackson, TN | 1:30 – 3:00 PM

Region VII | Fourth Tuesday/quarterly Church Wellness Center, 1115 Union Avenue, Memphis, TN | 11:00 AM-1:00 PM

1957. Its mission is to provide quality services that encourage people to achieve their full potential. For more information, visit www.frontierhealth.org or call 423-467-3600.

Jim Harding Retires from a Long Career with Volunteer Behavioral Health Care System

(Left to Right): Chris Wyre, *Volunteer Behavioral Health Care System;* **Jim Harding**, *Volunteer Behavioral Health Care System*

Congratulations to Jim Harding as he begins retirement this summer. Jim served in numerous administrative and executive capacities in several different health care organizations prior to becoming the Executive Director of the Wilson County Mental Health Center in Lebanon in 1979. Thus began his 36-year career in the field of mental health. In 1988 he successfully completed the merger of Wilson County Mental Health Center with Sumner Mental Health Services, in Gallatin and Hendersonville, which then became Cumberland Mental Health Services. Jim was instrumental in the development, implementation, and success of the Center's annual community fund raising efforts, which for many years provided funds for numerous children's programs, such as a summer youth camp, a wilderness backpacking program, and school-based programs. In 1999 Jim worked diligently with his Board of Directors to bring about the successful merger of Cumberland Mental Health Services with the Volunteer Behavioral Health Care System.

After the merger, Jim served as Volunteer's Director of Corporate Services, whereby he was responsible for all aspects of marketing, community outreach and customer relations. In July 2009 he became Volunteer's Corporate Compliance Officer. As the Compliance Officer, Jim oversaw the Corporate Compliance Program, which functions as an independent and objective body that reviews and evaluates compliance issues and concerns within the organization.

In addition to his leadership in the field of mental health, Jim is a well-respected leader in his community. He has been active in numerous professional and civic organizations over the years, serving on various councils, Boards of Directors, and committees. He has served on the Volunteer State Community College Foundation Board of Trustees for many years, and has served on the Board of Directors of the Wilson County HELP Center, The Salvation Army, Lebanon Kiwanis Little League, Golden Harvest Food Bank and others. During the Holiday Season he is very active with the Toys for Tots and Christmas For All Programs in Wilson County.

Ashley Judd to be Keynote Speaker at Frontier Health's Foundation Gala

Golden Globe and Emmy-nominated actress, Ashley Judd, is the keynote speaker for the Frontier Health Foundation inaugural gala, STIGMA STOPS NOW, on Nov. 4, 2016. The event is set to take place at the Millennium Center in Johnson City.

Ms. Judd has traveled around the world visiting grassroots programs on varying issues that focus on poverty alleviation, mental health, maternal health, child survival, human rights, family planning and social justice.

"Not only is she an extraordinary and celebrated actress, she is a tremendous voice for mental health awareness and ending social stigma," said Joy McCray, Frontier Health Foundation Director.

A live Stigma Stops Now pre-Gala presentation will be held at East Tennessee State University for students and community members.

The Frontier Health Foundation serves to help promote sustainability of the highest quality mental health, addiction and intellectual disabilities services for individuals in our region.

The Frontier Health Foundation is a nonprofit corporation that exists to help promote sustainability of the highest quality mental health, addiction and intellectual disabilities services for individuals in our region. Established in 1957, Frontier Health is a 501 (c)(3) not-for-profit organization serving more than 50,000 individuals each year by providing behavioral health, mental health, substance abuse, co-occurring, intellectual and developmental disabilities, recovery and vocational rehabilitation services.

The Foundation is organized exclusively for charitable, educational and scientific purposes.

If you're interested in sponsoring this event, please call the Frontier Health Foundation at 423-467-3742. Purchase your tickets for the Gala at: StigmaStopsNow.com.

Centerstone Plans to Join Forces with Kentucky Peer

Deal would grow behavioral health player to $310M

ARTICLE REPRINT | Nashville Post | April 14, 2016 | Geert De Lombaerde | http://www.nashvillepost.com/business/health-care/behavioral/article/20493559/centerstone-plans-to-join-forces-with-kentucky-peer

The leaders of regional behavioral health care provider Centerstone have signed a letter of intent to absorb a Kentucky organization that works with 34,000 people.

If consummated after a due diligence process expected to take up to 90 days, the deal for Seven Counties Services would grow Centerstone to $310 million in annual revenues and 181 locations in five states. The combined organization would employ about 4,500 people serving more than 150,000 people.

"Seven Counties is a leader in the behavioral healthcare field, known for its dedication to quality care and service and for its commitment to innovations," said Centerstone CEO David Guth Jr. "Centerstone and Seven Counties have a great deal in common, including a drive to advance not just how our organizations reach and serve the people in our communities, but how behavioral healthcare is provided across the nation."

Seven Counties employs nearly 1,400 people who work in the Louisville Metro area. Its CEO, Tony Zipple, said in a statement that joining forces with Centerstone will take his organization "to the next level."

"The healthcare field is changing rapidly," Zipple said. "Seven Counties has made great strides in creating a pioneering service delivery model for individuals with a range of mental health and addiction concerns as well as those with developmental or intellectual disabilities."

STATEWIDE HAPPENINGS

TMHCA Awarded $425,000 by Tennessee's General Assembly to Expand Intensive Care Services

Over the past several years Tennessee's mental health system has integrated people with lived experience of mental health conditions and addictions into its system of care. People with lived experience have proven to be a beneficial addition to treatment teams and also excellent at providing direct care. Because they have traveled the stormy path of recovery, people with lived experience understand the complicated treatment and environmental needs of people experiencing psychiatric episodes and struggling with addictions.

(*Left to right*) **Anthony Fox** | ***Executive Director,*** Tennessee Mental Health Consumers' Association (TMHCA); **The Honorable John Stevens** | ***Senator,*** State of Tennessee, General Assembly

The Honorable Gerald McCormick | ***Representative,*** State of Tennessee, General Assembly, House of Representatives

Earlier this year the Tennessee Mental Health Consumers' Association (TMHCA) was appropriated $425,000 by Tennessee's General Assembly that will help expand peer-to-peer services throughout Tennessee. The legislation was sponsored by Representative Gerald McCormick (R- Chattanooga) and Senator John Stevens (R- Huntingdon) and designated to TMHCA's already established Peer Intensive Care Program that currently operates in parts of East and Middle Tennessee.

Anthony Fox, CEO of the Tennessee Mental Health Consumers' Association said "*this is another huge accomplishment for the peer movement and very appropriate it happened in our State. We are a very clever and open minded state when it comes to strategizing appropriate mental health care. The leaders in our state are progressive thinkers and mental health survivors and providers collaborate really well."*

The program currently operates at Middle Tennessee Mental Health Institute, Helen Ross McNabb Center and Mental Health Cooperative. The program will be expanded to Western Mental Health Institute in Bolivar, Memphis Mental Health Institute and Moccasin Bend Mental Health Institute in Chattanooga and will serve people needing inpatient psychiatric care in all parts of the state.

The Peer Intensive Care Program has both clinical and environmental goals. The main clinical goal is to reduce the need for repeat psychiatric hospitalizations by providing immediate assistance following discharge from the hospital for patients who voluntarily enroll in the program. A program specialist will make initial contact 24 hours after a person's discharge from a hospital. They will coordinate, schedule or accompany the patient at his first appointment; assist with intake and recovery planning within fourteen days of discharge; and make weekly contact after discharge for a ninety day period. Environmental goals are considered equally important. A patient will be provided information on community resources prior to and during discharge and offered education and support to help patients make successful transitions back into their communities.

"The Peer Engagement Project has been an exciting program to help develop for Tennesseans" said Stacey Murphy, TMHCA Chief Operations Officer. *"Without adequate supports in the community inpatient recidivism rates will continue to rise. I know first-hand how important having an integrated support system is to living in recovery."* Ms. Murphy is responsible for design and operations of the Peer Intensive Care Program.

More information about the program can be obtained by contacting Michael Lasser, Program Director, at 615 835 2229.

Haslam Announces Wendy Long as New TennCare Director

Replaces Gordon as the head of the state's Medicaid program effective July 1, 2016

Tennessee Gov. Bill Haslam today announced Dr. Wendy Long will become the director of TennCare and deputy commissioner of Health Care Finance and Administration (HCFA).

Long will replace Darin Gordon, who is leaving at the end of June after 10 years as TennCare director. She has served as deputy director and chief of staff of the Health Care Finance and Administration division of the Tennessee Department of Finance and Administration since 2013. Long served as chief medical officer for TennCare from 2004-2012.

"We are fortunate to have someone with such a depth of experience working in TennCare to take on this assignment," Haslam said. "TennCare is among the best managed Medicaid programs in the nation, and this move will help us maintain that performance. Tennesseans can have great confidence in Dr. Long in this important position."

Started in 1994, TennCare is the state's Medicaid program, a $10.5 billion health care enterprise that provides services to nearly 1.5 million Tennesseans. In her role as deputy director of HCFA, Long has provided leadership to all areas of its operation including oversight of contracts with TennCare's network of managed care companies.

"I am honored that Gov. Haslam asked me to serve in this role," Long said. "My tenure as TennCare's deputy director has provided

invaluable experience and I am grateful for this leadership opportunity. The dedicated staff at Health Care Finance and Administration are an exceptional group of public servants and I look forward to our continued efforts to promote the delivery of high-quality, cost-effective care for the citizens of Tennessee."

Prior to becoming TennCare's chief medical officer in 2004, Long held a variety of positions of increasing responsibility at the Tennessee Department of Health including assistant commissioner and medical director for the Bureau of Health Services. Long also has previous TennCare experience having served as medical director from 1997-1999 and as interim director from March 1998-January 1999.

Long received her undergraduate and medical degrees from Ohio State University and completed a preventive medicine residency and master of public health program at the University of South Carolina.

Long and her husband, Rick, have two grown children, Brian and Lindsey.

3-Star Health Task Force

Grey paper provides task force details

OVERVIEW

The Task Force's charge is to increase access to care for the groups in what is called the "coverage gap" through a phased approach. This group includes childless adults who have incomes up to 138% of the federal poverty level (FPL). The Task Force also wants to create links to programs to promote job placement, training, and education and a "bridge" to the exchange or employer coverage for those whose incomes rise.

The Task Force envisions a two-phase approach that would begin as soon as a waiver or state plan amendment could be approved by CMS and voted on by the legislature - hopefully in early 2017. Phase 2 would begin in early 2018 if triggers (to be specified) are met.

PHASE 1

Create 3-Star Health Insurance Pilot for Behavioral Health and Uninsured Veterans with enhanced accountability provisions.

- Pilot would target those with a qualifying diagnosis of a mental illness or substance abuse disorder (collectively referred to as behavioral health or BH), OR proof of honorable discharge (Form DD214 or NGB22), and an income of up to 138%FPL.
- Those with a BH disorder would have to be certified as having been assessed and given a qualifying diagnosis to be eligible.
- Pilot would provide access to the full TennCare benefit package through existing TennCare MCOs.
- Pilot would test the most innovative approaches used in other states to improve health and to encourage enrollees to access care wisely.
  - Pilot would include a Health Savings Account (HSA) to provide healthy incentives for the patients and disincentives for improper use of healthcare.
    - Patients would pay premiums and varying co-payment levels based on FPL
    - Patients would receive credits in their account for healthy behaviors and disincentives that debit their account for misuse of healthcare.
    - In order to determine the most effective incentive structures, credits and debits would vary by are/ region of the state (e.g. insurance rating area); they would, however, have equal actuarial value across the state.
  - Pilot would incorporate TennCare's planned Health Home or similar model to improve access to and coordination of behavioral health and primary care.
  - Pilot would implement Medication-Therapy-Management (MTM) fees for community pharmacists for select high-risk patient groups and/or medications.
  - Pilot would provide extended access to telehealth/ telepsych/other telephonic services as an alternative to ER care
- Enrollees would be locked out of the pilot for non-payment of premiums
  - First and second month - written warning of failure to pay
  - After 90 days termination of benefits for 3 months. Reinstated only when back premiums paid.
- Enrollees would have State assistance in finding employment, securing job training, and/or obtaining a degree (e.g. through Tennessee Reconnect): TN Department of Labor and TennCare would coordinate with the enrollees in the pilot program to find employment while in the pilot.
  - Enrollee participation results in credits to HSA account
  - Enrollee lack of participation or follow-through results in debits to HSA account
- Pilot Transparency:
  - TN Department of Human Services, TN Department of Health and TennCare would coordinate with the pilot population to determine the amount of public assistance each enrollee is receiving.
  - Enrollees would be reclassified for the purpose of determining premiums and cost sharing (but not for the purpose of determining eligibility) based on total income from all sources including public assistance such as SNAP benefits and housing credits.
- Pilot would have measureable results with triggers and circuit breakers to make sure pilot is financially sound and controlled.

- Funding levels:
  - Phase 1 funding would be negotiated with CMS
  - Phase 2 funding would be negotiated with CMS
- "Bridge" to Coverage
  - Provides seamless transition for individuals moving past 138% FPL to private insurance coverage as income increases.
  - TennCare would also assist the patient to move from the Pilot program to the private insurance market.
  - If "churn" on and off of TennCare is found to be problem, services designed to "wrap" private coverage such as provider continuity, medications, and transportation could be provided to ensure a smooth transition.

PHASE 2

Make the 3-Star Health Pilot available to all qualifying Tennesseans with income up to 138% of

- Prior to initiating Phase 2 certain goals and measurements would have to be met - timeline could be 12 to 18 months, and metrics could include:
  - Costs per member
  - Number of enrollees in Phase 1
  - ER and Primary Care utilization
  - Improved patient health outcomes [long term and/or self-report]
- Enrollment would be contingent on meeting income criteria, but diagnostic eligibility criteria would not be used. All other provisions would be same as above.

Rob Cotterman Named CEO at Middle Tennessee Mental Health Institute

Cotterman brings more than three decades of service, leadership, and experience

The Tennessee Department of Mental Health and Substance Abuse Services is pleased to announce the appointment of Rob Cotterman as its Chief Executive Officer for the Middle Tennessee Mental Health Institute, located in Nashville. The designation for Cotterman has been 30 years in the making.

Rob Cotterman
CEO
Middle Tennessee Mental Health Institute (MTMHI)

Cotterman joined the Department in 1981 in an entry level position as a Psychiatric Technician at Moccasin Bend Mental Health Institute in Chattanooga. He spent the next three decades there improving the lives of individuals struggling with mental illness.

"Over the course of Rob's tenure with the department he has provided care as a counselor, rehabilitation therapist and supervisor, program director, and most recently as an Assistant Superintendent for Program Services," said E. Douglas Varney, Commissioner for the Tennessee Department of Mental Health and Substance Abuse Services. "The opportunity to provide leadership to our hospital system is something Rob has aspired to for quite some time. Rob's years of experience and understanding of hospital operations is a benefit and will serve our patients, providers, and staff with the utmost care and professionalism."

"I am honored, privileged, and humbled to be asked to lead Middle Tennessee Mental Health Institute," said Cotterman. "The hospital has a phenomenal, talented, and skilled staff, and I am thankful to be a part of it. Daily, I am amazed at what we are able to accomplish. We plan to continue to accomplish amazing things as we face the challenges, changes, and new opportunities ahead. It is exciting, and I am thankful to be a part of it."

Among Cotterman's goals in his new role is to strengthen the bond with the many Middle Tennessee community mental health providers, who make up the vital continuum of care for patients upon their discharge from the mental health institute.

"By marrying together high-quality inpatient services with the services of the community partners, we can aspire to positive outcomes for each of the persons entrusted to our care," said Cotterman. "More specifically, I think my heartfelt belief that the work we do is crucial, important, and indispensable. Absent our services Tennesseans would suffer greatly."

Cotterman says he has seen genuine progress in overcoming stigma associated with mental illness and more accepting mental illness as a disease that can be treated, just as any other disease.

"I truly believe that our hospitals are the cutting edge in providing inpatient intervention for individuals in psychiatric crisis," said Cotterman. "Our medical services, our professional services, and our paraprofessional services are the best I have seen, and we can be proud of the quality of care we give to persons in need, who often may not have other resources available to them."

"Rob's depth of operational knowledge, governance, and desire to cultivate strong community relations will serve our patients well long after they leave the institute, with many relying on continued care from community providers throughout the Middle Tennessee region," said Commissioner Varney.

Cotterman earned a Bachelor of Arts degree in Counseling Psychology from William Jennings Bryan College and attained a Master of Science degree in Industrial/Organizational Psychology from the University of Tennessee at Chattanooga.

Rob served as an ancillary professor in the Graduate School of Psychology for the University of Tennessee at Chattanooga and as a day treatment counselor for Chattanooga Psychiatric Clinic, now Fortwood Center.

Rob served on the Board of Directors for several community organizations that include: the AIM Center, Hamilton County

Homeless Healthcare Center, and Hamilton County Mental Health Court Advisory Board.

Cotterman replaces outgoing CEO Bob Micinski who recently announced his retirement from the Department.

In 2015 Middle Tennessee Mental Health Institute earned The Joint Commission Gold Seal of Approval® Top Performer status for the third consecutive year. The acknowledgement symbolizes a high degree of quality, reflecting the institute's commitment to providing safe and effective care.

Michael Warren Appointed TDH Deputy Commissioner for Population Health

Michael Warren, MD, MPH, FAAP has been appointed deputy commissioner for population health for the Tennessee Department of Health. He previously served as assistant commissioner for Family Health and Wellness, a role in which he led TDH efforts related to maternal and child health, chronic disease prevention, health promotion and supplemental nutrition.

Michael Warren, MD, MPH, FAAP
Deputy Commissioner for Population Health
Tennessee Department of Health

"We are delighted Michael has accepted the challenges of this new position, knowing his knowledge, experience and integrity will help our department accelerate the progress we're making in many key population health areas," said TDH Commissioner John Dreyzehner, MD, MPH. "He is a nationally respected health leader who has helped develop and shape many family health initiatives that positively impact Tennesseans every day, and we are confident his leadership of other TDH efforts will help drive additional improvements."

As deputy commissioner, Warren will provide leadership for various offices and divisions within TDH including Family Health and Wellness; Policy, Planning and Assessment; Rural Health; Minority Health and Disparities Elimination; Health Planning; Grants Coordination and Strategic Alignment and Workforce Development.

"I'm honored to take on this new opportunity to help more Tennesseans achieve optimal health and prosperity for themselves, their families and their communities," Warren said. "We know what we do upstream now to prevent health problems can reduce healthcare needs downstream later. By strengthening and expanding our ongoing prevention, protection and improvement efforts, and implementing effective new ones, we can help more Tennesseans enjoy the benefits of good health. The promise of better health for all residents is exciting and I'm looking forward to working with TDH staff and our many partners to move Tennessee into the nation's top 10 healthiest states."

A board-certified pediatrician, Warren received his undergraduate degree from Wake Forest University and his medical degree from the Brody School of Medicine at East Carolina University. He completed his pediatrics residency, chief residency and fellowship in academic general pediatrics at Vanderbilt University, where he also obtained a master's degree in public health. He is a fellow of the American Academy of Pediatrics.

Prior to joining TDH, Warren served as an assistant professor in the Department of Pediatrics at Vanderbilt and as medical director in the Governor's Office of Children's Care Coordination. He currently serves as president-elect for the Association of Maternal and Child Health Programs, the national professional organization for maternal and child health professionals.

The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee. TDH has facilities in all 95 counties and provides direct services for more than one in five Tennesseans annually as well as indirect services for everyone in the state, including emergency response to health threats, licensure of health professionals, regulation of health care facilities and inspection of food service establishments. Learn more about TDH services and programs at www.tn.gov/health.

In Tennessee, Good Mental Health Benefits Everyone

Together, We can raise Awareness and reduce stigma

During the National Mental Health Month in May, the Department of Mental Health and Substance Abuse Services encouraged Tennesseans to consider the importance of good mental health.

E. Douglas Varney
Commissioner
Tennessee Department of Mental Health and Substance *Abuse Services (TDMHSAS),*

"Conditions like depression, anxiety, and bipolar disorder impact the lives of thousands of Tennesseans," said E. Douglas Varney, Commissioner for the Tennessee Department of Mental Health and Substance Abuse Services. "When these disorders and others go undiagnosed or untreated, they frequently drain a person of their ability to thrive and enjoy life."

In fiscal year 2015, more than 288,000 Tennesseans, children and adults, received publicly-funded behavioral health services. That same year the combined admissions to Tennessee's four Regional Mental Health Institutes climbed to nearly 10,000.

More than 1million Tennesseans over the age of 18 are living with a mental, behavioral, or emotional disorder and, a quarter of a million are living with a serious mental illness.

"A recent study by the World Health Organization indicates that improving mental health treatment can quadruple returns on work productivity," said Commissioner Varney. "It's vitally important for not just our economy, for our livelihoods and for quality of life to look after our mental health as much as we do our physical health."

"The good news is that more Tennesseans are aware and are acknowledging they may have a mental health condition and are seeking help," said Commissioner Varney.

Taking a brief screening assessment online is a safe and easy way to find out if you are experiencing symptoms.

Click Here to view online screenings for depression, anxiety, bipolar, PTSD and psychosis. There are also screenings for youth and parents and for wellbeing in the workplace.

According to the National Alliance on Mental Illness 1 in 5 Americans will be affected by a mental health condition in their lifetime and every American is affected or impacted by a family member, friend, or loved one who is struggling with a diagnosed condition.

"As awareness increases, more people are acknowledging the early symptoms of a mental health condition and are seeking help," said Commissioner Varney. "A mental health issue, just like a physical ailment won't go away on its own. There are a variety of remarkable therapies and treatments to get people back on track."

For information about mental health services in Tennessee, call the Helpline 800 -560-5767, Monday - Friday, 8 a.m. to 4:30 p.m. CST.

If you or someone you know is experiencing a mental health emergency, call 855 -274-7471. Help is available 24 hours a day, 7 days a week.

For information on children's health, education, development, and support, visit www.kidcentraltn.com.

Recovery Courts Transforming Lives in Tennessee

Offering non-violent offenders a clean slate to a new life

In recognition of National Drug Court Month, also known as Recovery Court Month, the Tennessee Department of Mental Health and Substance Abuse Services seeks to honor and recognize those who administer these courts as well as the individuals whose lives are transformed.

Since 2003 drug courts, now known more commonly as recovery courts in Tennessee, have offered intensive supervision, substance abuse treatment services, and other incentives to address the unique needs of drug-addicted, non-violent offenders. A number of these courts also serve veterans and people with mental health issues.

"Recovery courts offer Tennesseans a second chance," said E. Douglas Varney, Commissioner for the Tennessee Department of Mental Health and Substance Abuse Services. "Recovery courts are one of the most effective ways to divert people from incarceration and to reduce recidivism. By addressing their substance use and mental health challenges, this program puts them on a path to a more successful, rewarding, and drug-free future."

"We have watched the number of justice-involved veterans incarcerated in state prisons and county jails decrease from 2,483 in 2012 to 1,307 in 2015," Tennessee Department of Veterans Services Commissioner Many-Bears Grinder said. "Connecting justice-involved veterans with the appropriate treatment, jobs, education, services and resources through these courts helps them get back on track instead of behind bars."

Participation in the courts has grown substantially during Governor Bill Haslam's administration, from 1,315 to 5,689 new admissions over the last four years. As involvement has increased, so has access to the court programs which are now in 75 counties and 28 judicial districts. And the Governor's current budget includes more money to expand these courts.

In an evaluation of participants in a Tennessee Recovery Court from 2013 to 2015:

- *81% became employed or saw improvement in their job status*
- *Only 3.5% had an employment status that remained unchanged*
- *28% who were homeless or living in a group home secured their own place*
- *63% maintained an independent living situation upon completing the program*
- *7% had a living situation that didn't change from admission to discharge*

While the majority of those participating in a Tennessee Recovery Court came into the program with a high school diploma or GED, 14% improved their education status by obtaining a GED or securing an advanced degree.

"These outcomes speak to the powerful impact Recovery Courts are having on our families, friends, and neighbors in Tennessee," said Commissioner Varney. "It's effective for those who agree to participate and for Tennessee it's a low-cost, high-impact approach that gives people their lives back, to be productive citizens, and it's far more cost effective than incarceration. This represents an alternative that's working."

"Over the last few years, recovery courts in Tennessee have shown us how an alternative to the traditional court, sentencing, and incarceration can transform the life of a person who has struggled with an addiction," said Commissioner Varney. "Seeing these individuals realize their full potential is powerful. We all benefit from recovery courts."

Our Children and Their Mental Health

A MESSAGE OF HOPE FROM COMMISSIONER E. DOUGLAS VARNEY

The way we love and care for them today will last a lifetime

E. Douglas Varney
Commissioner
Tennessee Department of Mental Health and Substance *Abuse Services (TDMHSAS),*

From the moment they come into this world, our children present us with infinite possibilities. Whether as a parent, sibling, friend, or neighbor, as their guardians and support system, it is our collective duty to ensure their safety and wellbeing and help them realize their strengths and gifts, as well as their limitations and weaknesses.

This is Children's Mental Health Awareness Week. The Tennessee Department of Mental Health and Substance Abuse Services, in partnership with clinicians and practitioners across the state, are excited about the future for our children. We are working hard every day for the children in our state. Our children have more hope than ever before to reach their full potential which includes proper mental health.

Some children are born with mental health challenges. It is part of their DNA. While for others their condition may be the result of a lack of proper nurturing or perhaps the consequences of being exposed to traumatic experiences.

We see far too many young Tennesseans put themselves at risk of injury, arrest and even death, often times due to an undiagnosed behavioral health condition. It's our duty to offer them a chance to succeed, as early in life as possible, to help ensure they lead a life with boundless opportunities.

When mental health issues are not dealt with, children can easily become depressed, have anxiety issues, and stop performing well in school, or have little or no interest in activities. They tend to have low self-esteem and struggle in the educational environment.

Research into the science of the mind is revealing so much hope. For instance, we now know that early intervention and seeing a mental health professional as soon as symptoms present themselves can go a long way to ensure the health and wellbeing of a young person later in life.

If given the opportunity, and with a support system in place, we can diagnose and treat their underlying mental health condition and improve their chances of staying in school, finding meaningful work and leading the most productive and fullest life possible.

Join with us this month to help ensure our children don't slip through the cracks. Our children deserve a life full of love, harmony, and all the hope and possibility we can imagine, no matter the obstacles or impediments.

For information about children's mental health services in Tennessee, call the Helpline 800-560-5767, Monday - Friday, 8 a.m. to 4:30 p.m. CST.

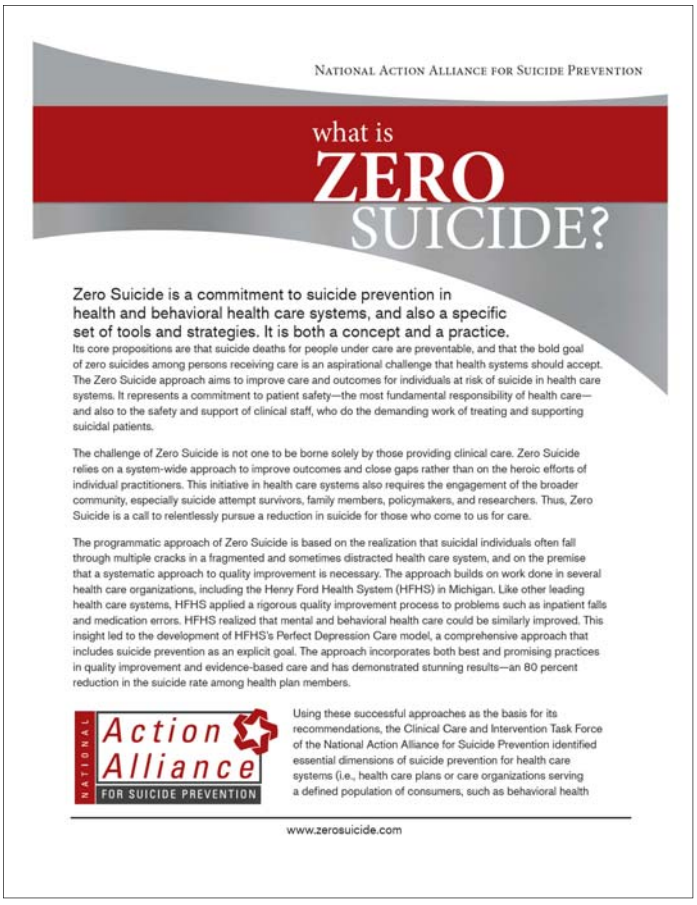
If you or someone you know is experiencing a mental health emergency, call 855 -274-7471. Help is available 24 hours a day, 7 days a week.

For information on children's health, education, development, and support, visit www.kidcentraltn.com. .

Department of Safety and Homeland Security is Committed to Putting a Stop to Domestic Violence

The Department of Safety and Homeland Security is committed to putting a stop to domestic violence. Domestic violence and abuse can happen to anyone, regardless of gender, age, or race. We encourage victims to speak up, speak out, and seek help by reporting domestic violence abuse to the Tennessee Helpline at 1-800-356-6767.

https://t.e2ma.net/click/3tc5rb/jmxkdr/nx8bgbb



NATIONAL HAPPENINGS

CARA Passes the Senate, Now Heads to White House

ARTICLE REPRINT | National Council for Behavioral Health | July 14, 2016 | Linda Rosenberg, President and CEO

Today is a day to celebrate. With near-unanimous support, the Senate has approved the first standalone legislation to address our nation's opioid and overall addiction crisis. The Comprehensive Addiction and Recovery Act (CARA) now heads to President Obama for his signature, and we hope that he will sign it quickly.

Today, we recognize Congress' momentous accomplishment. CARA will increase access by including nurse practitioners and physician assistants as authorized prescribers for medications that support treatment. CARA authorizes an arsenal of grant programs to help communities fight this heartbreaking epidemic with innovative prevention, treatment and recovery programs. CARA aligns financial incentives with the outcomes we want to see: fewer people becoming addicted to opioids; more access to a comprehensive range of services and supports, including medication-assisted treatment; and more individuals living healthy and happy lives in recovery from addiction. CARA incentivizes Prescription Drug Monitoring Programs to help identify illegal activity and intervene for those in need of addiction treatment by tracking opioid prescriptions. CARA brings behavioral health providers, law enforcement officers, criminal justice systems, state agencies and others together as key partners in the collaborative efforts that are needed to stem the opioid crisis. The National Council for Behavioral Health applauds Congress for its hard work to bring this bill to passage.

Yet today, we must also recognize that our work is far from over. Without proper funding, the good intentions of CARA become empty promises. We must support states in their efforts to expand addiction care by fully funding CARA. The House says it will appropriate $581 million when it returns to Washington in September. While we're waiting, more than 6,000 Americans will die from opioid overdose, and thousands more from alcohol-related deaths. We must finish the process and give CARA teeth.

We must also remember that grants support only a fraction of the total amount of care that is needed in our nation. With 9 in 10 Americans unable to access needed addiction treatment, we must continue fighting to build capacity in our delivery system—through Medicaid, private insurance and other payers; through Accountable Care Organizations, Health Homes and other delivery system innovations. Grants are sorely needed, but they are not enough.

We thank Congress for recognizing the problem and taking action, and we are particularly grateful to CARA's champions in the House and Senate whose tireless efforts helped bring this bill to passage. Clearly this country is ready to treat addiction not like a crime, but like the health issue it is. Now we urge lawmakers to respond to this crisis on behalf of Americans living with addiction, by fully funding CARA and building capacity in our treatment system.

Predictors of Death in Opioid Overdose Cases Come Into Focus

ARTICLE REPRINT | Addiction Professional | June 7, 2016 | Tom Valentino

A study of opioid overdose cases from the past 10 years points to a history of previous addiction, mental illness and having other chronic diseases among the strongest predictors of which overdose patients are most at risk for death or other serious complications.

Researchers at Geisinger Health System (GHS), which covers a wide area of Pennsylvania from State College to Scranton, reviewed electronic health records of 2,039 patients admitted to its system from 2005 to 2015. Geisinger researchers presented their findings at the International Conference on Opioids on Sunday in Boston.

Among their findings:

- 9.4% of patients studied died within a year of overdose
- Patients had an average age of 52, were more often female (54% of the 2,039 patients studied), not married (64%) and unemployed (78%)
- Concurrent chronic diseases included: cardiovascular disease (22%), diabetes (14%), cancer (13%) and the presence of one or more mental health disorders (35%)
- Higher prescription opioid use, having concurrent chronic diseases and/or concurrent mental disorders, and concurrent use of other psychotropic medications were among the predictors of the worst patient outcomes (death, repeated overdoses, frequent health care service and higher related costs)

Another statistic—that patients in just 9% of cases in the report were given orders for naloxone after their overdoses—was particularly surprising to the researchers, study leader Joseph Boscarino, senior scientist and director of clinical research training at Geisinger's Center for Health Research, told *Addiction Professional* in a phone interview.

Boscarino says he hopes the takeaways gleaned from the study can be incorporated into pinpointing at-risk patients and improving overdose outcomes.

"We have [patients'] mental status, mental codes and mental

health disorders, substance use disorder history—we have all that [information] we can see," he says. "Based on the patterns in the electronic health records studied, we can develop diagnostic screens in the future.

"We can identify who [high-risk patients] are quite well statistically. The idea would be to, on a real-time basis, give that information to the patient while they are on a visit. They can get the intervention, which may be counseling and a naloxone prescription for them and bystander training."

HHS Awards Over $260 Million to Health Centers Nationwide to Build and Renovate Facilities to Serve More Patients

HHS Secretary Sylvia M. Burwell announced over $260 million in funding to 290 health centers in 45 states, the District of Columbia, and Puerto Rico for facility renovation, expansion, or construction. Health centers will use this funding to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations.

"Health centers are cornerstones of the communities they serve," said Secretary Burwell. "Today's awards will empower health centers to build more capacity and provide needed health care to hundreds of thousands of additional individuals and their families."

These awards will allow health centers to renovate or acquire new health center clinical space to help provide care to over 800,000 new patients nationwide. This investment builds on the nearly $150 million awarded to 160 health centers for construction and/or renovation in September 2015. This funding comes from the Affordable Care Act's Community Health Center (CHC) Fund, which was extended with bipartisan support in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

"Providing funding to help health centers renovate their facilities will allow them to provide care to more patients," said HRSA Acting Associate Administrator Jim Macrae. "Perhaps more importantly though, health centers will now be able to provide more health services in one location, better meeting the needs of their communities."

Since the beginning of 2009, health centers have added 6 million patients; they now serve nearly 23 million people each year. Today, nearly 1,400 health centers operate about 9,800 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin.

To view a list of the award winners, visit: http://bphc.hrsa.gov/programopportunities/fundingopportunities/hiip/2016awards/

For more information on the FY 2015 Health Infrastructure Investment Program Awards, visit: http://www.hhs.gov/about/news/2015/09/15/hhs-awards-nearly-500-million-affordable-care-act-funding-health-centers-expand-primary-care.html

'Unbroken Brain' Explains Why 'Tough' Treatment Doesn't Help Drug Addicts

ARTICLE REPRINT | Nashville Public Radio (NPR) | July 27, 2016 | Heard on *Fresh Air* | IMAGES by Taylor Callery/Ikon Images/Getty Images

Tough love, interventions and 12-step programs are some of the most common methods of treating drug addiction, but journalist Maia Szalavitz says they're often counterproductive.

"We have this idea that if we are just cruel enough and mean enough and tough enough to people with addiction, that they will suddenly wake up and stop, and that is not the case," she tells *Fresh Air*'s Terry Gross.

Szalavitz is the author of *Unbroken Brain*, a book that challenges traditional notions of addiction and treatment. Her work is based on research and experience; she was addicted to cocaine and heroin from the age of 17 until she was 23.

Szalavitz is a proponent of "harm reduction" programs that take a nonpunitive approach to helping addicts and "treat people with addiction like human beings." In her own case, she says that getting "some kind of hope that I could change" enabled her to get the help she needed.

Interview Highlights

UNBROKEN BRAIN | A REVOLUTIONARY NEW WAY OF UNDERSTANDING ADDICTION BY MAIA SZALAVITZ | HARDCOVER, 336 PAGES

On her criticism of 12-step programs

I think that 12-step programs are fabulous self help. I think they can be absolutely wonderful as support groups. My issue with 12-step programs is that 80 percent of addiction treatment in this country consists primarily of indoctrinating people into 12-step programs, and no other medical care in the United States is like that. The data shows that cognitive behavioral therapy and motivational enhancement therapy are equally effective, and they have none of the issues around surrendering to a higher power, or prayer or confession.

I think that one of the problems with the primary 12-step approach that we've seen in addiction treatment is that because the 12 steps involve moral issues, it makes people think that addiction is a sin and not a disease. The only treatment in medicine that involves prayer, restitution and confession is for addiction. That fact makes people think that addiction is a sin, rather than a medical problem. I think that if we want to destigmatize addiction, we need to get the 12 steps out of professional treatment and put them where they belong — as self-help.

On the efficacy of maintenance treatment

Buprenorphine and methadone are the two most effective treatments that we have for opioid addiction, and that is when

they are taken indefinitely and possibly for a lifetime. So these medications are opioids themselves. They each have slightly different properties ... but what they do is they allow you to function completely normally. You can drive. You can love. You can work. You can do everything that anybody else does. ...

The way they are able to do that is because if you take an opioid in a regular steady dose every day at the same time and the dose is adjusted right for you, you will not experience any intoxication. The way people with addiction experience intoxication is that they take more and more and more, they take it irregularly, the dosing pattern is completely different. But if you do take it in a steady-state way — which is what happens when you are given it at a clinic every day at the same time — you then have a tolerance to opioids which will protect you if you relapse, and will mean that the death rate from overdose in people who are in maintenance is 50 to 70 percent lower than the death rate for people who are using other methods of treatment, and that includes all of the abstinence treatments.

So maintenance is a really important treatment option for people with opioid addiction. It should be the standard of care. No one should ever be denied access to it. Unfortunately, we have this idea that if you take methadone or buprenorphine, you are just substituting one addiction for another.

On using harm reduction instead of tough love to help addicts

We do know from looking at the data that if you are kind and supportive and empathetic — if you do things like provide clean needles, provide opportunities for people to reverse overdose, provide safe injecting spaces — those things do not prolong addiction. And if tough love was the answer, and the idea was you shouldn't enable addiction, if that theory was correct, those things should all prolong addiction, and the exact opposite is true. When you go into a needle exchange, one of the most amazing things is people are just treated with dignity and respect. And when you're an active drug user, when you are injecting, everybody crosses the street to avoid you. And here you're just seen as a person who deserves to live, and you deserve a chance. And it's *that* that gives people hope. And it's *that* that shortens the period of addiction.

Maia Szalavitz is a journalist who has been covering addiction and drug related issues for nearly 30 years. She writes a column for *Vice* and has been a health reporter and columnist for *Time* magazine.

Ash Fox/St. Martin's Press

Obama Administration Takes More Actions to Address the Prescription Opioid and Heroin Epidemic

Action from Congress needed to provide resources for treatment

As Congress moves to conference on legislation related to the prescription opioid and heroin epidemic, the Obama Administration is taking additional actions to expand access to treatment, strengthen prescription drug monitoring, enable safe disposal of unneeded drugs, and accelerate research on pain and opioid misuse and overdose.

The President has made clear that addressing this epidemic is a priority for his Administration. While Federal agencies have been using their authority to take every available action they can, Congress needs to take action on what is most urgently needed now - additional funding to make lifesaving treatment available to everyone who seeks it. The President has called for $1.1 billion in new funding to help Americans who want treatment get it wherever they live. These maps show how much new funding for treatment each State could potentially qualify for if Congress passes what the President has requested.

Every day that passes without Congressional action to provide these additional resources is a missed opportunity to get treatment to those who want it, help prevent overdoses and support communities across the country impacted by this epidemic. Recovery from opioid and other substance use disorders is possible, and many Americans are able to recover because they get the treatment and care they need. But too many still are not able to get treatment. That's why the President has called on Congress to provide the resources needed to ensure that every American with an opioid use disorder who wants treatment can get it and start the road to recovery.

Expanding Access to Treatment:

The Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration, is issuing a final rule to increase from 100 to 275 the number of patients that qualified physicians who prescribe buprenorphine for opioid use disorders can treat. Providers, policymakers, advocates, and experts have pointed to the current 100 patient limit for buprenorphine prescribing as a barrier to opioid use disorder treatment. The rule aims to increase access to medication-assisted treatment and associated behavioral health supports for tens of thousands of people with opioid use disorders, while preventing diversion.

Improving Prescription Drug Monitoring by Federal Prescribers:

- **Indian Health Service:** While many Indian Health Service (IHS) clinicians already utilize Prescription Drug Monitoring Programs (PDMPs), IHS will now require its opioid prescribers and pharmacists to check their State PDMP databases prior to

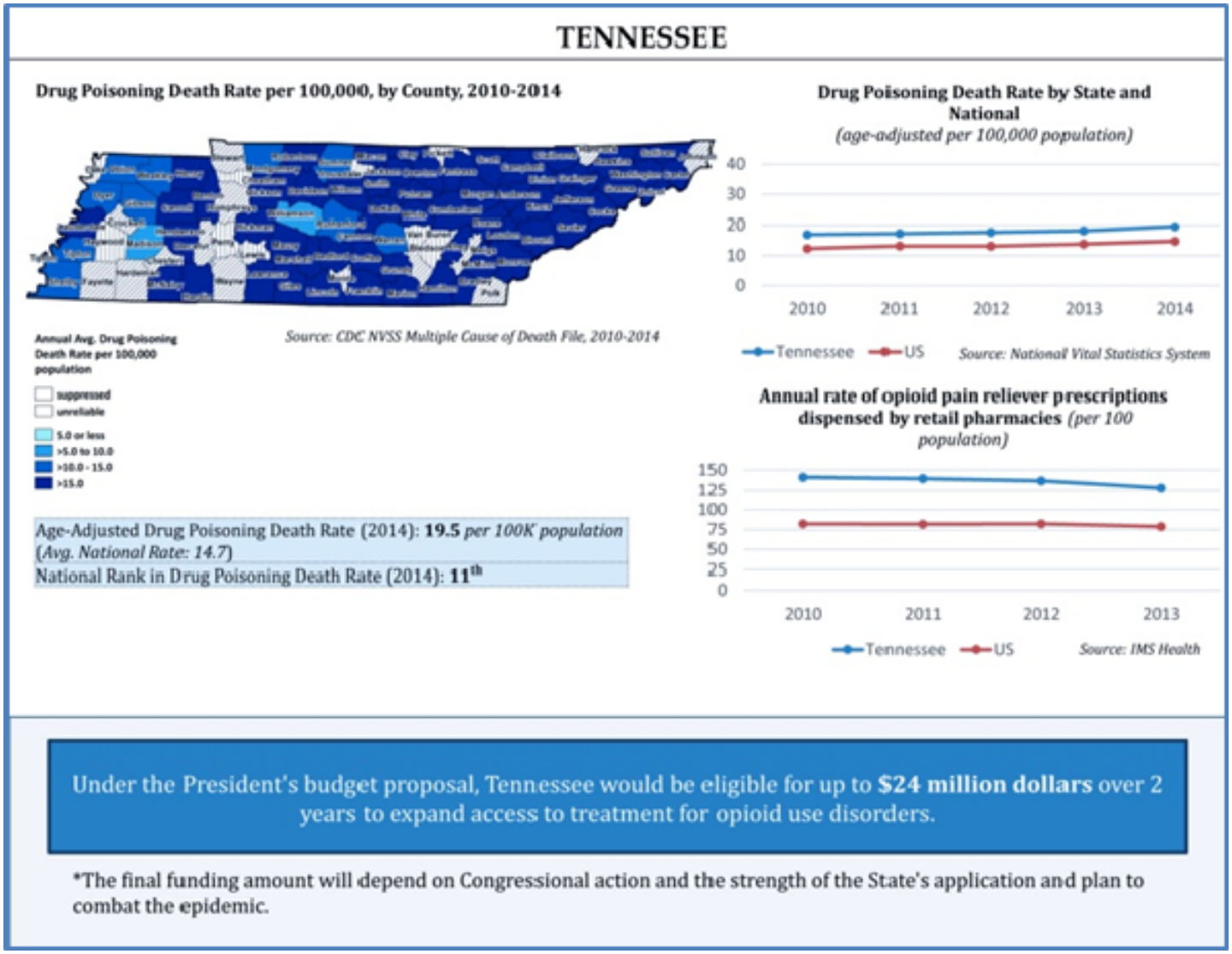
prescribing or dispensing any opioid for more than seven days. The new policy is effective immediately for more than 1,200 IHS clinicians working in IHS federally operated facilities who are authorized to prescribe opioids. Checking a PDMP before prescribing helps to improve appropriate pain management care, identify patients who may have an opioid use disorder and prevent diversion of drugs. This policy builds on other IHS efforts to address the opioid epidemic. In December, IHS announced that it would provide hundreds of Bureau of Indian Affairs law enforcement officers with the lifesaving opioid overdose-reversal drug naloxone and train them how to use it.

- **Department of Veterans Affairs**: As part of its efforts to prevent and treat opioid use disorder among Veterans, VA is releasing a new policy for its health care providers who prescribe controlled substances that requires them (or where allowed their delegate) in most cases to check State PDMPs prior to deciding to prescribe a new controlled substance to determine if a patient is receiving opioids or other controlled substances from another provider and document that in the electronic patient record. These checks will occur at a minimum once a year and/or when clinically indicated for each renewal or continuation of therapy. VA provides health care services to approximately 8.3 million veterans at 150 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries.

Department of Defense: By the end of November 2016, DOD will have conducted an evaluation of its prescription drug monitoring program to assess its ability to capture community providers and use of cash transitions; identify any gaps in comprehensive use of prescription drug monitoring strategies; and make recommendations for closing those gaps.

Advancing Prescriber Education:

One of the ways HHS is working to stem the overprescribing of opioids is by providing prescribers with access to the tools and education they need to make informed decisions. Today HHS is releasing a *Request for Information* that seeks provider, consumer and other public comments on current HHS prescriber education



and training programs and proposals for potential future activities through programs such as Medicare.

Encouraging Safe Pain Management Approaches:

HHS continues to work to better educate providers and patients about safe pain management. Health care providers have expressed concern that scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey pain management questions are tied to Medicare payments to hospitals, even though those payments currently have a very limited connection to the survey's pain management questions. However, to prevent any potential confusion on the part of providers, the Centers for Medicare and Medicaid Services (CMS) is proposing to remove the HCAHPS survey pain management questions from the hospital scoring calculation. This means that hospitals would continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive.

Accelerating Research on Pain and Opioid Misuse and Overdose:

HHS is launching more than a dozen new scientific studies on opioid abuse and pain treatment to help fill knowledge gaps and further improve the Administration's ability to fight this epidemic. As part of this announcement, the Department will release a report and inventory on the opioid abuse and pain treatment research being conducted or funded by its agencies in order to provide policy-makers, researchers, and other stakeholders with the full scope of HHS activities in this area.

Expanding Telemedicine in Rural America:

Last week, the Department of Agriculture announced nearly $1.4 million for five Distance Learning and Telemedicine (DLT) grant awards to Kentucky, Tennessee and Virginia to help rural areas address the opioid epidemic. USDA plans to announce funding for additional DLT projects this summer. In addition to DLT investments, USDA Rural Development has funded rural hospitals and health care clinics from its Community Facilities and Business and Industry Guaranteed Loan Programs. These projects provide communities with much-needed services to help address health care, including overdose and opioid use disorder.

Safely Disposing of Unneeded Prescription Opioids:

The Drug Enforcement Administration (DEA) has announced it will hold its 12th National Prescription Drug Take-Back Day on Saturday, October 22, providing a safe, convenient, and responsible way of disposing of unneeded prescription drugs. More than 6.4 million pounds of medication have been collected over the last eleven Take Back Days. Local communities and some pharmacies are also establishing ongoing drug take-back programs.

Improving Housing Support for Americans in Recovery:

The Department of Housing and Urban Development, in partnership with the U.S. Interagency Council on Homelessness and HHS, is identifying best practices to support individuals using medication-assisted treatment in programs funded through HUD's Homelessness Assistance Grants to promote replication of best practices throughout the country. HUD also will work with its Continuums of Care partners to help individuals with prescription opioid or heroin use disorders and use housing to support recovery.

FDA Takes Significant Steps to Protect Americans from Dangers of Tobacco Through New Regulation

On May 5, 2016, the U.S. Food and Drug Administration finalized a rule extending its authority to all tobacco products, including e-cigarettes, cigars, hookah tobacco and pipe tobacco, among others. This historic rule helps implement the bipartisan Family Smoking Prevention and Tobacco Control Act of 2009 and allows the FDA to improve public health and protect future generations from the dangers of tobacco use through a variety of steps, including restricting the sale of these tobacco products to minors nationwide.

Tobacco use is a significant public health threat. In fact, smoking is the leading cause of preventable disease and death in the United States and responsible for 480,000 deaths per year. While there has been a significant decline in the use of traditional cigarettes among youth over the past decade, their use of other tobacco products continues to climb. A recent survey supported by the FDA and the Centers for Disease Control and Prevention shows current e-cigarette use among high school students has skyrocketed from 1.5 percent in 2011 to 16 percent in 2015 (an over 900 percent increase) and hookah use has risen significantly. In 2015, 3 million middle and high school students were current e-cigarette users, and data showed high school boys smoked cigars at about the same rate as cigarettes. Additionally, a joint study by the FDA and the National Institutes of Health shows that in 2013-2014, nearly 80 percent of current youth tobacco users reported using a flavored tobacco product in the past 30 days – with the availability of appealing flavors consistently cited as a reason for use.

Before today, there was no federal law prohibiting retailers from selling e-cigarettes, hookah tobacco or cigars to people under age 18. Today's rule changes that with provisions aimed at restricting youth access, which go into effect in 90 days.

The full press release is available here. | The final rule can be found here. | View the fact sheet here.

FDA Issues Complete Response Letter for Digital Medicine New Drug Application

ARTICLE REPRINT | Business Wire | April 26, 2016 | Otsuka Pharmaceutical Co., Ltd. | http://www.businesswire.com/news/home/20160426006993/en/FDA-Issues-Complete-Response-Letter-Digital-Medicine

Otsuka Pharmaceutical Co., Ltd. (Otsuka) and Proteus Digital Health (Proteus) today announced that the United States Food and Drug Administration (FDA) has issued a Complete Response

Letter (CRL) for their Digital Medicine, a drug/device combination product, which combines Otsuka's ABILIFY® (aripiprazole), an atypical antipsychotic, with the FDA-cleared Proteus ingestible sensor embedded in a single tablet at point of manufacture. The NDA was submitted as a system that measures medication adherence to aripiprazole to be indicated for the treatment of schizophrenia, as an acute treatment of manic and mixed episodes associated with Bipolar I Disorder (BP1) and as an adjunctive treatment for Major Depressive Disorder (MDD).

"While we are disappointed in the FDA's decision not to approve this Digital Medicine at this time, both Otsuka and Proteus are committed to working with the FDA to address its questions and provide the additional data that has been requested"

FDA has completed its review and has requested additional information, including data regarding the performance of the product under the conditions in which it is likely to be used, and further human factors investigations. The goal of human factors testing is to evaluate use-related risks and confirm that users can use the device safely and effectively.

"While we are disappointed in the FDA's decision not to approve this Digital Medicine at this time, both Otsuka and Proteus are committed to working with the FDA to address its questions and provide the additional data that has been requested," said Robert McQuade, executive vice president and chief strategy officer, Otsuka Pharmaceutical Development & Commercialization, Inc. "We believe in the potential of this product to help people with serious mental illness manage their daily medication, which remains a serious unmet need."[1]

Please visit http://www.businesswire.com/news/home/20160426006993/en/FDA-Issues-Complete-Response-Letter-Digital-Medicine for complete article.

Hill Day 2016

The National Council partnered with 14 national advocacy organizations to host National Council Hill Day 2016! Nearly 600 advocates met with hundreds of Members of Congress, sharing with them the important messages of funding and supporting mental health and substance use treatment services. The National Council thanks our partner organizations and ALL of our advocates for their tremendous work.

Hill Day 2016 was held in partnership with: NAMI, Mental Health America, Depression and Bipolar Support Alliance, International Bipolar Foundation, Legal Action Center, Association for Behavioral Health and Wellness, Hazelden Betty Ford Institute for Recovery Advocacy, National Association of Social Workers, NAADAC the Association for Addiction Professionals, Faces and Voices of Recovery, Psychiatric Rehabilitation Association, the Network for Social Work Management, Young People in Recovery and Association for Recovery Schools.

HILL DAY 2016 FACT SHEETS (CLICK TO DOWNLOAD)

Expand Excellence in Mental Health Act (S. 2525/H.R. 4567)

Mental Health First Aid Act (S. 711/H.R.1877)

Mental Health Access Improvement Act (S. 1830/H.R. 2759)

Mental Health in Schools Act (S. 1588/H.R. 1211)

FY2017 Substance Use and Mental Health Appropriations

Achieving Comprehensive Mental Health Reform

HILL DAY 2016 Presentations (CLICK TO DOWNLOAD)

SAMHSA Update

CCBHCs: What's Next

NAMI's Smarts for Advocacy

Importance of 42 CFR Part 2 (the Federal Drug and Alcohol Confidentiality Law) in Today's Health Care Settings

Protecting Patient Privacy While Working in an Integrated Care Environment: Changes to CFR 42

Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits

There is now a law that protects your mental health and substance use disorder benefits. Read more about these protections here.

Mental Health Parity and Addiction Equity Act of 2008

Health benefits are physical health, mental health, and substance use disorder services paid for by health plans, often called "health insurance." Generally, the Mental Health Parity and Addiction Equity Act (MHPAEA or "parity") requires most health plans to apply similar rules to mental health and substance use disorder (MH/SUD) benefits as they do for medical/surgical benefits – referred to here as "physical health" benefits.

Health Plans and Parity

Most health plans are required by law to offer parity for MH/SUD benefits. Generally, these plans include most employer-sponsored group health plans and individual health insurance coverage, including coverage sold in the Health Insurance Marketplaces.

What Parity Means to You

Parity means that financial requirements, such as copayments, and treatment limits, such as how many visits your insurance will pay for, must be comparable for physical health and MH/SUD services. Parity also applies to rules related to how MH/SUD treatment is accessed and under what conditions treatment is covered (such as whether you need permission from your health plan before starting treatment).

Here are some examples of common limits placed on physical and MH/SUD benefits and services that are subject to parity:

- **Copayments** (or simply copays)
- **Deductibles**
- **Yearly visit limits**
- **Need for prior authorization**
- **Proof of medical necessity**

Although benefits may differ across plans, parity requires that the processes related to plan benefit determinations be comparable.

Parity Protections

Here are examples of how the protections from this law may benefit you:

- Plans must apply comparable copays for MH/SUD care and physical health care.
- There can be no limit on the number of visits for outpatient MH/SUD care, if there is no visit limit for outpatient physical health care.
- Prior authorization requirements for MH/SUD services must be comparable to or less restrictive than those for physical health services.

Ways to Find Out More

Call your health plan administrator or Human Resources (HR) rep for the "summary plan description" and the "summary of benefits and coverage." You can usually find this number online or on the back of your health insurance card. You may also be able to check your health plan benefits online to see what MH/SUD services are covered. See if they are comparable to the benefits for physical health.

Your Right to Information

With respect to parity, your health plan must provide information about the MH/SUD benefits it offers. You have the right to request this information from your health plan. This includes criteria the plan uses to decide if a service or treatment is medically necessary. If your plan denies payment for MH/SUD services, your plan must give you a written explanation of the reason for the denial and must provide more information upon request.

Your Right to Appeal a Claim

If your health plan denies a claim, you have the right to appeal the denied claim. This means you can ask your health plan to look again at its decision, and perhaps reverse the decision and pay the claim. Call your health plan to ask how to submit a request to appeal a claim.

Parity Resources

For more about the Federal parity law, go to the Department of Labor (DOL) Mental Health Parity page or call toll-free at **1-866-444-3272** to speak to a DOL benefits advisor.

For assistance with parity issues from your state's Department of Insurance, contact information can be found on the National Association of Insurance Commissioners website.

For additional resources go to Substance Abuse and Mental Health Services Administration (SAMHSA) page and the Centers for Medicare & Medicaid Services (CMS) page.

SAMHSA

SMA-16-4971

Building Blocks

For Infant Mental Health

Save The Date!

CONFERENCE

September 22-23, 2016

Epic Event Center | Gallatin, Tennessee 37066

Addressing the comprehensive needs of children 0-5 in their families and communities

Walter S Gilliam, PhD
Associate Professor in the Child Study Center and of Psychology; Director, Yale-China Program on Child Development; Associate Professor of Psychology; Director, The Edward Zigler Center in Child Development and Social Policy

Chaya Kulkarni, BAA, M.Ed, Ed.D
Director of Infant Mental Health Promotion; The Hospital for Sick Kids in Toronto

Nichole Paradis, MSW, IMH-E®
Associate Director & Endorsement Director; Alliance of the Advancement of Infant Mental Health

CONFERENCE PROGRAM:
Complete conference information coming soon!
Nationally recognized and statewide speakers sharing timely information and resources on infant mental health.

REGISTRATION:
Easy online registration coming soon!
Eventbrite – the official online registration method for this event.

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AIMHiTN Association of Infant Mental Health in Tennessee

Early Connections Network

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This project is funded by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). The project was supported by Grant Number SM059927 Early Connections Network from Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of TDMHSAS, SAMHSA, Center for Mental Health Services, or Department of Health and Human Services.

http://www.tamho.org/2016-infant-mental-health-conference

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tennessee association of mental health organizations

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.

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

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