

**Community Health Needs Assessment  
(CHNA): Madison, Henderson,  
Haywood, Crockett, Gibson, Lake, Dyer,  
Obion, Weakley, and Hardeman  
Counties**

**Conducted by:**

**Jackson-Madison County General Hospital  
Department of Business Development and Planning**

**Victoria S. Lake  
Jocelyn D. Ross**

**For:  
Pathways of Tennessee, Inc.**

**Update 2015  
Initial CHNA 2012**

**In fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L.  
No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal  
Revenue Service 26 CFR Parts 1, 53, and 62 Additional Requirements for Charitable Hospitals;  
Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section  
4959 Excise Tax Return and Time for Filing the Return**

RESOLUTION OF THE BOARD OF TRUSTEES  
OF  
JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT  
AND  
CAMDEN GENERAL HOSPITAL, INC.  
AND  
BOLIVAR GENERAL HOSPITAL, INC.  
AND  
MILAN GENERAL HOSPITAL, INC.  
AND  
PATHWAYS OF TENNESSEE, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

WHEREAS, the Patient Protection and Affordable Care Act, enacted March 10, 2010, required public and not-for-profit hospitals to perform a Community Health Needs Assessment for each hospital; and

WHEREAS, the staff of the District has conducted such an Assessment and prepared the report as required for each of its hospitals; and

WHEREAS, the Assessments were prepared in accordance with IRS rules and regulations as amended; and

WHEREAS, the Board finds that the Assessments substantially meet the requirements of the of the Patient Protection and Affordable Care Act and the IRS rules and regulations as amended, and that the Implementation Strategies set forth in the Assessments shall be implemented in accordance with Management recommendations.

NOW, THEREFORE, BE IT RESOLVED, that the Community Health Needs Assessments given to the Board are approved and adopted.

ADOPTED, this the 27th day of October, 2015.

  
\_\_\_\_\_  
GREG MILAM, Chairman

Exhibit: G-2

# Community Health Needs Assessments

- Acute Care Hospitals-Partnered with Tennessee Department of Health-Health Councils on assessments
- Mental Health Hospital-Partnered with Tennessee Department of Mental Health and Substance Abuse Crisis Providers and Pathways Advisory Board
- Updated data reports and listing of resources provided to Health Councils, Crisis Providers, and Region VI

# Community Health Needs Assessments

	Identified Health Issues By County						
	Benton	Chester	Crockett	Gibson	Hardeman	Haywood	Madison
Heart Conditions					X		X
High Blood Pressure					X		X
Cancer					X		X
Obesity (including children)	X	X	X	X	X		X
Diabetes (including children)		X			X		X
Injury Prevention							X
Expanded Food & Nutrition	X						
Infant Mortality/Teen Pregnancy	X	X	X	X	X	X	
Alcohol/Tobacco/Other Drugs	X	X	X	X			
Chronic Illness Awareness/Education				X		X	
Violence Prevention						X	

# Community Health Needs Assessments Implementation Strategies



- Use of *HealthAwares* with follow-up for those identified through risk assessment
- Alice and Carl Kirkland Cancer Center services
- LIFT wellness center and primary care clinics
- Disease management
- Local health screenings, health fairs, community events
- Governors Foundation for Health & Wellness
- 100 Mile Club Gold Medal
- Help Us Grow Successfully
- TENNdercare Program



# Community Health Needs Assessments Implementation Strategies

- Baby and Me
- Teens Against Tobacco Use
- Tennessee Suicide Prevention Network
- Prescription for Success: Prevention and Treatment of Prescription Drug Abuse in Tennessee
- Safe, Affordable Housing for individuals or families with mental illness, substance abuse, or co-occurring
- Numerous mental health, substance abuse outreach programming

# Community Health Needs Assessments Evaluation

- Evaluation based on goals and objectives for each county assessment
- Meeting minutes of monthly and quarterly county health councils, Crisis Providers, Region VI, Pathways Advisory Board will be reviewed for achievement of stated goals, objectives, and implementation strategies.
- Copies of all implementation strategy program or event materials will be maintained in Assessment Notebooks
- Assessment documentation
- Assessments will be updated in 2018

## Table of Contents

Executive Summary

Final Report	2
Introduction	2
Description of Hospital and the Community	2
Community Needs Assessment Update	5
Implementation Strategies	7
Chronic Mental Illness/Depression	7
Domestic Violence/Anger Management	9
Co-Occurring Mental Health & Substance Abuse/ Prescription Drug Abuse	9
Safe Affordable Housing	17
Suicide	17
Dementia	19
Evaluation	19
Conclusions	19

Tabs

2015 Data on Size of Health Issues

2015 Community Resources

Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee

Suicide Prevention Resource Guide 2014



## Executive Summary

Under the leadership of Pathways of Tennessee, the 2012 community needs assessment was updated in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Pathways of Tennessee community health needs assessment update of 2015 covers the counties of Crockett, Dyer, Haywood, Gibson Henderson, Madison, Obion, Weakley, Hardeman, and Lake Counties. Community input was considered from a diverse group of community representatives that serve on the advisory board of Pathways and the rural West Tennessee Region VI crisis service providers.

The regular meeting of the Pathways Advisory Board was on April 14, 2015. The Advisory Board represents city government, the local court system, local chapter of the National Alliance of Mental Illness, other community agencies and Pathways staff. The Advisory Board reviewed the 2012 priority health issues and data provided to them. The original 2012 health needs that were identified are chronic health needs, depression, domestic violence/anger management, co-occurring mental health and substance abuse, alcohol, drug, and prescription drug abuse. Through a process of consensus the Advisory Board agreed upon the following list for 2015 chronic mental illness, depression, domestic violence/anger management, co-occurring mental health and substance abuse, prescription drug abuse, suicide, safe and affordable housing. The regular meeting of the Region VI Crisis Provider Partnership-Rural West Tennessee was on April 15, 2015. Members of the Partnership are Pathways of Tennessee, Quinco Community Mental Health Center, Carey Counseling Center, Behavioral Health Initiatives, PCS of West Tennessee, and other providers.

Members of the Partnership received information on the original 2012 needs, the updated needs from the Pathways of Tennessee Advisory Board, and updated data analysis on the size of health issues. Through consensus the Partnership agreed upon the following list of health needs, with a **special subpopulation of veterans identified** as well.

**Chronic Mental Illness    Depression    Domestic Violence/Anger Management    Safe, Affordable Housing  
Co-Occurring Mental Health & Substance Abuse    Prescription Drug Abuse    Suicide    Dementia**

Implementation Strategies include:

- Inpatient Psychiatric Care    Crisis Stabilization Unit    Mobile Crisis Team    Outpatient Treatment
- Medication Management    Case Management    Anger Management Group
- Inpatient Detoxification Residential Breakthrough Adolescent Intensive Outpatient Program
- Homeless Outreach    Reconnecting Youth    New Beginnings Program
- Intensive Outpatient Alcohol and Drug Program
- Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee
- Coordinate safe affordable housing with existing providers
- Tennessee Strategy for Suicide Prevention
- Address dementia through current programming and geropsych providers in the service area

## **Introduction**

Under the leadership of Pathways of Tennessee, the 2012 community needs assessment was updated in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Pathways of Tennessee community health needs assessment update of 2015 covers the counties of Crockett, Dyer, Haywood, Gibson Henderson, Madison, Obion, Weakley, Hardeman, and Lake Counties. Community input was considered from a diverse group of community representatives that serve on the advisory board of Pathways and the rural West Tennessee Region VI crisis service providers.

## **Description of the Hospital and Community**

Owned by the Jackson-Madison County General Hospital District, the Pathways of Tennessee is a community mental health center serving the needs of residents in a ten county area. Pathways of Tennessee has a history of service to the Madison County area. Pathways is the product of one purchase and one merger. Pathways has its origins with the Jackson Counseling Center and the Northwest Counseling Center, both of which opened in 1968. In 1990 the Jackson-Madison County General Hospital District purchased the Jackson Counseling Center and the name was changed to the West Tennessee Behavioral Center. In 1995 the Northwest Counseling Center, whose corporate offices were located in Martin, Tennessee, merged with the West Tennessee Behavioral Center. The new behavioral health organization, owned by the Jackson-Madison County General Hospital District, was renamed to Pathways of Tennessee. The corporate offices of Pathways are located on 238 Summar Drive in Jackson. Pathways is a public, not-for-profit affiliate of West Tennessee Healthcare. Pathways provides a wide range of prevention and residential services for children and adults throughout the region including individual, group, and family outpatient counseling, alcohol and drug counseling, psychological examinations, early intervention programs and various educational programming.

Pathways primarily serves a ten county area in rural West Tennessee. Table 1 contains select data on these counties.

**Table 1**

<b>County</b>	<b>Population</b>	<b>Poverty</b>	<b>Caucasian</b>	<b>African American</b>	<b>Other</b>	<b>Per Capita Income</b>	<b>Population &gt; Age 65</b>
<b>Crockett</b>	14,591	18.9%	83.9%	13.5%	2.6%	\$18,664	17.3%
<b>Dyer</b>	38,213	17.8%	82.8%	14.6%	2.6%	\$21,208	16.0%
<b>Gibson</b>	49,457	18.7%	79.6%	18.5%	1.9%	\$20,402	17.4%
<b>Hardeman</b>	26,306	24.6%	56.4%	41.7%	1.9%	\$14,975	15.8%
<b>Haywood</b>	18,224	21.1%	48.4%	50.1%	1.5%	\$18,714	15.5%
<b>Henderson</b>	28,048	18.8%	89.7%	7.8%	2.5%	\$20,449	16.2%
<b>Lake</b>	7,731	31.7%	69.5%	28.0%	2.5%	\$12,042	14.4%
<b>Madison</b>	98,733	20.0%	59.9%	37.3%	2.8%	\$23,283	14.4%
<b>Obion</b>	31,131	17.9%	87.2%	10.9%	1.9%	\$20,900	18.4%
<b>Weakley</b>	34,450	20.9%	89.1%	8.0%	2.9%	\$19,547	16.5%

Source: U.S. Department of Commerce, State and County QuickFacts, 2015.

Pathways has offices in the following cities (counties): Brownsville (Haywood County), EAP Jackson (Madison County), Dyersburg (Dyer County), Milan (Gibson County), Jackson-Outpatient, Jackson-Inpatient (Madison County), Lexington (Henderson County), Tiptonville (Lake County), and Union City (Obion County also serves Martin-Weakley County).

OFFICE	# VISITS FY 2015
Brownsville	4,055
EAP	6,600
Dyersburg	13,171
Milan	8,604
Jackson - Outpatient	45,209
Jackson – Inpatient	6,675
Lexington	7,969
Tiptonville	1,165
Union City	23,677

In addition to these demographics, these counties have a wide range of industries such as advanced manufacturing, healthcare, social assistance, retail trade, transportation and warehousing, education services, wholesale, professional and technical services, real estate, rental, and leasing services.

The area has a number of post-secondary education opportunities: Dyersburg State Community College, Jackson State Community College, Union University, a Southern Baptist Liberal Arts University, Lane College, a Historical Black College, and The University of Memphis Lambuth Campus, University of Tennessee at Martin, Tennessee Centers for Applied Technology, and West Tennessee Business College. Collectively, these institutions of higher education employ almost 2,000 people.

### **Community Needs Assessment Update**

The regular meeting of the Pathways Advisory Board was on April 14, 2015. The Advisory Board represents city government, the local court system, local chapter of the National Alliance of Mental Illness, other community agencies and Pathways staff. The Advisory Board reviewed the 2012 priority health issues and data provided to them. The original 2012 health needs that were identified are chronic health needs, depression, domestic violence/anger management, co-occurring mental health and substance abuse, alcohol, drug, and prescription drug abuse. Through a process of consensus the Advisory Board agreed upon the following list for 2015 chronic mental illness, depression, domestic violence/anger management, co-occurring mental health and substance abuse, prescription drug abuse, suicide, safe and affordable housing.

### **Pathways Advisory Board Membership**

Blake Anderson	Jackson City Court
Kim Parker	Pathways of Tennessee
Tammy Wright	Pathways of Tennessee
Daryl Hubbard	Jackson City Court
Tyreece Miller	Jackson Police Department
Micki Whitaker	NAMI
Pam Henson	Pathways of Tennessee
Debbie Elsfelder	Pathways of Tennessee
Keli Gooch	Pathways of Tennessee

The regular meeting of the Region VI Crisis Provider Partnership-Rural West Tennessee was on April 15, 2015. Members of the Partnership are Pathways of Tennessee, Quinco Community Mental Health Center, Carey Counseling Center, Behavioral Health Initiatives, PCS of West Tennessee, and other providers.

### **Crisis Provider Partnership-Rural West Tennessee Membership**

Dana Townsend	Pathways of Tennessee
Sissy Spain	Amerigroup
Stephenie Robb	Behavioral Health Initiatives
Ruby Kirby	Bolivar General Hospital
Kathy Strahan	PCS of West Tennessee
Camelia Smith	United Healthcare
Brandi Hamilton	TN Dept of Mental Health & SA Services
Ernest Jones	Western Mental Health Institute
James Varner	Western Mental Health Institute
Lindsey Blevins	Youth Villages



Jeff Helton  
 Phillip Barham  
 Glen Gaugh  
 Paula Terry  
 Kim Parker  
 Jean Jones  
 Sid Nichols  
 Marvin Medlin

Quinco Community MH Center  
 Lakeside  
 Youth Villages  
 Pathways of Tennessee  
 Pathways of Tennessee  
 Carey Counseling Center  
 Lakeside  
 Quinco Community MH Center

Members of the Partnership received information on the original 2012 needs, the updated needs from the Pathways of Tennessee Advisory Board, and updated data analysis on the size of health issues. Through consensus the Partnership agreed upon the following list of health needs, with a **special subpopulation of veterans identified** as well.

### **Chronic Mental Illness**

#### **Depression**

#### **Domestic Violence/Anger Management**

#### **Co-Occurring Mental Health & Substance Abuse**

#### **Prescription Drug Abuse**

#### **Safe, Affordable Housing**

#### **Suicide**

#### **Dementia**

## **Implementation Strategies**

### **Chronic Mental Illness/Depression**

#### ***Inpatient Psychiatric Care***

Pathways Psychiatric Inpatient Facility treats patients with a wide range of psychiatric and substance abuse disorders, or a combination of both. All admissions to Pathways Inpatient Services are on a voluntary basis. Patients will receive a comprehensive psychiatric evaluation and treatment as well as 24-hour nursing care and ongoing medical, behavioral, and nutrition therapy.

Patients participate in a wide variety of individual, group, and family counseling programs. Group programs form the cornerstone of therapy at Pathways. They provide an opportunity for patients to learn about themselves by hearing from other patients. They learn new skills, provide and receive support, and learn more about their diseases and available treatments.

Coordination with primary care physicians, mental health or substance abuse providers, social service agencies, and patients' families helps ensure a smooth transition to the next appropriate level of treatment encouraging re-integration into the community.

#### ***Crisis Stabilization Unit***

The Crisis Stabilization Unit (CSU) provides 24-hour, seven-day per week, short-term stabilization services for individuals with mental health and substance abuse issues. This program serves people in 18 counties including: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, and Weakley.

Located at 238 Summar Avenue, the CSU provides assessment, triage, medication management, and group and individual therapy as well as an appointment for clients to work with a wellness recovery consumer specialist. The CSU offers this intensive 24-hour mental health treatment in a less restrictive setting compared to a psychiatric hospital or other treatment resource.

The CSU is structured to stabilize individuals experiencing mental health and substance abuse issues and strengthen their own coping skills while allowing them to remain in the community close to their essential support system.

A main goal of the CSU is to divert clients, when clinically appropriate, from psychiatric inpatient hospitalizations and unnecessary incarcerations stemming from their behavioral health conditions. The staff at Pathways is trained to provide the best care possible to residents of West Tennessee.

Pathways of Tennessee operates the first CSU in West Tennessee.

### ***Mobile Crisis Team***

Crisis services are provided through state funding for these counties: Crockett, Dyer, Haywood, Henderson, Lake, Madison, Obion, and Weakley.

The primary goal of crisis services is to respond as early and as quickly as possible to a serious mental health crisis in order to facilitate appropriate and safe resolution. Crisis services are performed by mental healthcare providers who respond to mental health emergencies at sites throughout the community including residences, hospital emergency departments, public places, etc. The service is available 24 hours-a-day, seven days-per-week by calling 1-800-372-0693.

### ***Outpatient Treatment***

Outpatient counseling services are the delivery of direct, preventive, assessment, and therapeutic intervention services to individuals whose growth, adjustment, or functioning is impaired or at risk of impairment. These services may be delivered in individual, group, conjoint/marital, and/or family counseling. Outpatient counseling covers a variety of areas. Referrals for these services may come from anyone in the community who feels assistance is needed.

To schedule an appointment, call 1-800-587-3854. Pathways' Outpatient Counseling services are provided in these counties: Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, Weakley.

### ***Medication Management***

Psychopharmacological services (medication management) are provided to clients when symptoms prompt psychiatric medication that will alleviate symptoms, avert chronicity, and/or prevent relapse. This service begins with an initial evaluation, which includes a mental status examination.

Based upon these findings, a diagnosis is formulated and a treatment plan is developed. Typically follow-up occurs at a decreasing frequency as stabilization of symptoms occurs and care is available on an as-needed basis.

Referrals for this service are generated by physicians and clinical staff performing assessments. The Medication Management Clinics are available in Dyer, Gibson, Hardeman, Henderson, Lake, Madison, Obion, and Weakley counties.

### **Case Management**

Provided in Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, and Weakley counties, the purpose of Case Management is to assist the client and/or their family in accessing clinical treatment, housing, education, employment, financial, medical, and other support services deemed necessary for successful community living.

Case Management is provided based on a strength's perspective. Assessments are done in order to qualify clients for service. Services are provided within the enhanced benefit package of the TennCare Partners Program.

### **Domestic Violence/Anger Management**

#### ***Outpatient Treatment***

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#### ***Anger Management Group***

Thursday 2-3:30 p.m. in the Pathways Group Room. For people who experience problems with their anger.

### **Co-Occurring Mental Health & Substance Abuse/Prescription Drug Abuse**

#### ***Inpatient Psychiatric Care***

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Referrals for this service are generated by physicians and clinical staff performing assessments. The Medication Management Clinics are available in Dyer, Gibson, Hardeman, Henderson, Lake, Madison, Obion, and Weakley counties.

### ***Inpatient Detoxification Residential***

Pathways Behavioral Health Services offers assistance for those wishing to live beyond substance abuse. Our goal is to help people abstain from dependence upon legal or illegal drugs and/or alcohol. Our services include inpatient and outpatient programs as well as co-occurring treatment.



inpatient detoxification, intensive outpatient treatment

### ***Treatment for Adolescents***

#### ***Breakthrough***

#### **Adolescent Intensive Outpatient Program**

Serve youth age 13-18

- Recreational activities such as basketball, outings, board games
- Interactive Journaling tools along with educational videos:
  - Journals help the kids look at their own thoughts and actions, as well as educate them about the addiction process.
  - Issues covered by the journals include:
    - Abuse and addiction
    - 12-step programs
    - Anger and feelings
    - Living with others
    - My values
- Group learning dynamics

#### ***Homeless Outreach***

**Our mission is to normalize settings for children.**

*We are not in this to test the water...we are in this to make waves.*

Children and Youth Homeless Outreach Program is designed to provide services for homeless families.

Goals:

- To identify children and youth who may have serious emotional disturbance (SED) or who may be at risk of SED.
- To assist the parent in securing needed mental health services for their children.
- To link the parents with other services needed to keep the family healthy, strong, and intact.
- To establish a positive working relationship with area shelters, churches, schools, and services agencies; by disseminating information related to available mental health services.

Children under age 18 are eligible for the homeless outreach program. We target the homeless child with SED or at risk of SED, but may address the family as a unit.

## *New Beginnings*

### **Children and Adolescents Intensive Outpatient Program (IOP)**

IOP is a structured, therapeutic program designed to assist children and teens with carefully selected interventions to address emotional needs, social needs, and inappropriate coping skills.

IOP Interventions will assist children and teens in using positive coping skills and providing appropriate channels to express feelings. The therapeutic approach relies heavily upon a group treatment model. Individual and family treatment will be a focus.

IOP serves:

- Children and adolescents who exhibit significant impairment in social, family, or school functioning due to unresolved emotional issues.
- Children between the ages of six and 17.
- Families of these children through a weekly, multi-family support group.

Before enrollment, each child is screened to determine his or her individual needs. A child must have at least one parent or primary caretaker present during the initial intake. The program duration is approximately six weeks and the group meets three times per week.

## *Reconnecting Youth*

**A program of change for children age eight-16 who are at-risk for school dropout.**

Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals:

- Decreased drug involvement
- Increased school performance
- Decreased emotional distress.

Youth who may be at risk may also exhibit multiple behavior problems such as substance abuse, aggression, depression, or suicide risk behaviors.

Reconnecting youth is highly effective with high school children who:

- Have fewer than the average number of credits earned for their grade level,
- High absenteeism,
- A significant drop in grades, or
- A history of dropping out of school.

Students in the program work toward goals by participating in a semester-long class that involves skills training in the context of a positive peer culture. Students learn, practice, and apply self-esteem enhancement strategies, decision-making skills, personal control strategies, and interpersonal communication techniques.

Program consists of:

- RY Class--a core element, is offered for one hour daily after school for one semester in a class with a student-teacher ratio of 10 or 12 to one. After a 10-day orientation to the program, approximately one month is spent on each of these topics:
  - Self-esteem
  - Decision making
  - Personal control
  - Interpersonal communication
- School bonding activities
- Parental involvement
- School crisis response

Benefits of the program:

- Improved grades and school attendance
- Reduced drug involvement
- Decreased emotional distress
- Increased self-esteem, personal control, pro-social peer bonding, and social support.

Program Developer:

This program was developed by Leona Eggert, PhD, RN, FAAN. Dr. Eggert has led a team of prevention scientists in the Reconnecting Youth Prevention Research Program. They have designed and tested numerous programs to help high-risk youth increase their school performance and mood management while decreasing drug use. This program has received extensive funding from both the NIDA and NIMH for testing the RY prevention model.

### *Substance Abuse*

Pathways Behavioral Health Services offers assistance for those wishing to live beyond substance abuse. Our goal is to help people abstain from dependence upon legal or illegal drugs and/or alcohol. Our services include inpatient and outpatient programs as well as co-occurring treatment.

- [Co-occurring Treatment](#)
- [Detoxification Services](#)
- [Substance Abuse Outpatient](#)
- [Pathways@wth.org](mailto:Pathways@wth.org)

## **Adolescent Drug and Alcohol Rehabilitation Center**

Turning Point is based on the 12-step program and also includes the matrix model. We encourage families of the teens to be involved in treatment through participation in family sessions, visits, and taking your child on passes.

It is a three-six month program and after the child completes treatment, he/she will be expected to participate in at least six months of after-care. Clients are evaluated on a weekly basis in a treatment team. There, they progress through the level system.

Turning Point provides:

- Treatment team review throughout program
- Individual therapy
- Group therapy
- Educational therapy
- Educational assessment and school
- Recreation
- Art

## **Intensive Outpatient Alcohol and Drug Program**

Intensive Outpatient Alcohol and Drug Program is a five-week program offered in Jackson. They meet three days per week for three hours per day at the Pathways facility on Summar Drive. Alcohol and drug abuse assessments may be completed in Dyer, Haywood, Madison, Obion, and Weakley counties for admittance into the IOP. IOP services are individual, family, and group counseling for clients whose substance abuse problems are of relatively short duration and who have experienced only mild to moderate impairment in family and social relationships, mental condition, employment, education, or ability to refrain from illegal activity. The goal of IOP is to provide the clients along with their family education, support, and treatment for abstinence of alcohol and drug abuse.

Referrals for this program may come from anyone in the community who feels assistance is needed. Assessments will determine if this program is the appropriate treatment needed. Pathways provides substance abuse treatment services to pregnant women. They receive preference for admission.

Aftercare services are group programs for clients in Madison County who have completed a substance abuse rehabilitation program. Aftercare may also be appropriate treatment for a client who participated in a rehabilitation program in the past and was able to maintain sobriety for an extended period of time before experiencing a brief relapse.

The goals of Aftercare are to maintain and strengthen the gains achieved during therapy. Clients attend Aftercare at least once per month and may be scheduled as frequently as needed.

### ***Outpatient Treatment***

Outpatient counseling services are the delivery of direct, preventive, assessment, and therapeutic intervention services to individuals whose growth, adjustment, or functioning is impaired or at risk of impairment. These services may be delivered in individual, group, conjoint/marital, and/or family counseling. Outpatient counseling covers a variety of areas. Referrals for these services may come from anyone in the community who feels assistance is needed.

### **Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee—Tennessee Department of Mental Health and Substance Abuse Services**

Pathways of Tennessee is a participating agency in the Prescription for Success, which is a comprehensive and multi-year strategic plan developed by the Tennessee Department of Mental Health and Substance Abuse Services to address prescription drug abuse in Tennessee. The goals and actions steps of the Plan are described below. Pathways will participate as appropriate.

#### **Goal 1. Decrease the number of Tennesseans that abuse controlled substances.**

- Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse, and overdose deaths.
- Continue and expand the “Take Only As Directed” statewide prescription drug media campaign.
- Support the Tennessee Congressional Delegation in promoting a policy that restricts direct-to-consumer marketing of prescription drugs on television, radio, and social media sites.
- Support the Coalition for Healthy and Safe Campus Communities.

#### **Goal 2. Decrease the number of Tennesseans who overdose on controlled substances.**

- Improve the uniformity and reliability of drug overdose reporting by all county medical examiners.
- Implement new case management system for medical examiners.
- Enact a Good Samaritan Law.

#### **Goal 3. Decrease the amount of controlled substances dispensed in Tennessee.**

- Complete the development of guidelines for prescribing opioids and encourage adoption.



- Licensing bodies should continue to review their own policies and procedures around unsafe opioid prescribing practices and enact new rules that allow better self-regulation of licensees including tougher and timelier consequences for physicians who overprescribe.
- Improve the utility of the Controlled Substance Monitoring Database.
- Review and revise the Tennessee Intractable Pain Treatment Act and the Tennessee Code related to pain management clinics to address current opioid prescribing practices.
- Revise pain clinic rules to better address the prescription drug problem in Tennessee.
- Develop additional specific guidelines for prescribing narcotics for Acute Care Facilities (Urgent Care and Emergency Departments).
- Design a smartphone application that will provide prescribers automatic updates on milligram/morphine equivalents and other technological enhancements.

**Goal 4. Increase access to drug disposal outlets in Tennessee.**

- Develop guidelines for the destruction of pharmaceuticals received from local Take-Back events and permanent prescription drug collection boxes.
- Establish additional permanent prescription drug collection boxes.
- Establish local incineration sites for the destruction of unused prescription medications.
- Provide training on the new Drug Enforcement Administration's regulations.

**Goal 5. Increase access and quality of early intervention, treatment and recovery services.**

- Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.
- Provide additional state funding for evidence-based treatment services for people with prescription opioid dependency who are indigent and unable to pay for services.
- Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.
- Expand the use of SBIRT in Tennessee.
- Provide additional specialized treatment options for mothers with opioid addiction whose babies have been born with NAS or who are at risk of losing their children.
- Study efficacy and feasibility of Recovery Schools and Collegiate Recovery Communities.
- Provide additional low budget/high impact services such as Oxford Houses, Lifeline, 12-Step Meetings, and Faith-Based initiatives.
- Develop additional Recovery Courts throughout the state.
- Create up to three additional Residential Recovery Courts.
- Develop best practices for opioid detoxification of pregnant women.
- Provide specialized training to treatment providers on best practices for serving people with opioid addiction.
- Increase the availability of and refine training for time-limited substance abuse case management services.

**Goal 6. Expand collaborations and coordination among state agencies.**

- Continue the Strategic Prevention Enhancement Policy Consortium.
- Continue Substance Abuse Data Taskforce.
- Develop strategies and resources to assist Department of Children's Services caseworkers in

making referrals for treatment for parents at risk of substance abuse in non-custodial and custodial cases and train Department of Children's Services caseworkers on effective practices to support recovery.

**Goal 7. Expand collaboration and coordination with other states.**

- Develop memorandums of understanding between other states that guide information sharing practices for information gained through Prescription Drug monitoring Programs

### **Safe, Affordable Housing**

The need for individuals or families with mental health, substance abuse, or co-occurring disorders to have safe, affordable housing in the Pathways service area is evident. Pathways of Tennessee offers very limited housing options. Group homes, independent living, and apartments are available from Behavioral Health Initiatives, Carey Counseling Center, Professional Care Services of West Tennessee, and Quinco Community Mental Health Center. Emergency shelter beds, transitional housing, and permanent supportive housing are also available through various providers throughout the service area. The current list of available housing is attached with this report.

### **Suicide**

Pathways and other mental health and substance abuse providers have joined the Tennessee Suicide Prevention Network. The Tennessee Suicide Prevention Network is the statewide public-private organization responsible for implementing the Tennessee Strategy for Suicide Prevention as defined by the 2001 National Strategy for Suicide Prevention.

It is a grass-roots association which includes counselors, mental health professionals, physicians, clergy, journalists, social workers, and law enforcement personnel, as well as survivors of suicide and suicide attempts. The Network works across the state to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate intention of reducing suicide rates in the state of Tennessee.

The Network seeks to achieve these objectives through organizing and promoting regular regional activities, providing suicide prevention and crisis intervention training to community organizations, and conducting postvention sessions for schools and organizations after suicides occur.

The Tennessee Strategy for Suicide Prevention builds upon the goals published in "National Strategy for Suicide Prevention: Goals and Objectives for Action" printed by the Department of Health and Human Services, United States Public Health Service, Rockville, MD, in 2001, and revised in 2012.

### **The Preamble to the Tennessee Strategy for Suicide Prevention**

Suicide prevention must recognize and affirm the cultural diversity, value, dignity and importance of each person.

Suicide is not solely the result of illness or inner conditions. The feelings of hopelessness that contribute to suicide can stem from societal conditions and attitudes. Therefore, everyone concerned with suicide prevention shares a responsibility to help change attitudes and eliminate conditions of oppression, racism, homophobia, discrimination, and prejudice.

Suicide prevention strategies must be evidenced based and clinically sound. They must address diverse populations that are disproportionately affected by societal conditions and are at greater risk for suicide.

Individuals, communities, organizations, and leaders at all levels should collaborate in the promotion of suicide prevention.

The success of this strategy ultimately rests with the individuals and communities across the State of Tennessee.

### **Tennessee Strategy for Suicide Prevention**

1. Develop broad-based support for suicide prevention.
2. Promote awareness that suicide is a public health problem that is preventable.
3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.
4. Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.
5. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.
6. Increase the timeliness, viability, and scope of statewide surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.
1. Develop broad-based support for suicide prevention.
7. Promote and support research on suicide and suicide prevention.
8. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.
9. Develop, implement, and monitor effective programs that promote suicide prevention and general wellness.

10. Promote efforts to reduce access to lethal means of suicide and methods of self-harm among individuals with identified suicide risk.
11. Encourage effective clinical and professional practices regarding suicide prevention for community and clinical service providers.
12. Promote the assessment and treatment of people at risk for suicide as a core component of health care services.
13. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

In rural West Tennessee the Tennessee Suicide Prevention Network meeting is the third Wednesday of each month at 10:30 a.m. at Behavioral Health Initiatives.

### **Dementia**

Pathways of Tennessee will address dementia through its current programming. Throughout the service area there are a number of assisted living facilities that have secure wings or designated areas for residents with Alzheimer's. There are also several geropsych inpatient units. Baptist Memorial Healthcare-Huntingdon, Henry County Medical Center, Behavioral Health in Martin, and Oak Hill in Madison County.

### **Evaluation**

The Pathways Advisory Board and Crisis Provider Partnership meet on a quarterly basis at the Pathways-Jackson Office and the West Tennessee Healthcare Building respectively. Extensive meeting minutes are maintained from each meeting. Minutes of all these meetings will be reviewed for achievement of the stated goals, objectives, and implementation strategies. The Executive Director of Pathways, the Director of Inpatient Services, and other staff from will forward the minutes to the West Tennessee Healthcare Department of Business Development and Planning for monitoring.

### **Conclusions**

The Hardeman County Community Health Needs Assessment 2015 update was presented and approved by the West Tennessee Healthcare Board of Trustees on October 27, 2015. The Plan will be updated in 2018.

**Pathways Community Health Assessment**  
**Update of Size of Health issues 2015**  
**Prioritization of Health Issues**

### **Anger Management**

38% of men are unhappy at work.  
27% of nurses have been attacked at work.  
Up to 60% of all absences from work are caused by stress.  
33% of Britons are not on speaking terms with their neighbors.  
1 in 20 of us has had a fight with the person living next door.  
UK airlines reported 1,486 significant or serious acts of air rage in a year, a 59% increase over the previous year.  
The UK has the second-worst road rage in the world, after South Africa.  
More than 80% of drivers say they have been involved in road rage incidents;  
25% have committed an act of road rage themselves.  
71% of internet users admit to having suffered net rage.  
50% of us have reacted to computer problems by hitting our PC, hurling parts of it

Source: The British Association of Anger Management. Beatign Anger.

### **Anxiety**

Anxiety disorders are the most common mental illness in the United States, affecting 40 million adults ages 18 and older  
Anxiety disorders are highly treatable, yet only about one-third of those suffering receive treatment  
Women are twice as likely as men to be affected by general anxiety disorder  
Women are twice as likely as men to be affected by panic disorder with has a high morbidity rate with major depression  
About 6.8 percent of the adult population suffer from social anxiety disorder (equally common between men and women)  
Obsessive-compulsive disorder (OCD) is equally common between men and women.  
The median age of onset is 19 with 25 percent of cases occurring by age 14  
Post-traumatic stress disorder affects 7.7 million adults-more women and rape was most likely trigger

Source: Anxiety and Depression Association of America.

### **Serious or Chronic Mental Health Disorder**

One in four adults experience mental illness in a given year-61.5 million adults  
2.4 million adults live with schizophrenia  
6.1 million adults live with bipolar disorder  
14.8 million people live with major depression  
9.2 million adults have co-occurring mental health and addiction disorders  
20 percent of state prisoners and 21 percent of local jail prisoners have a recent mental health condition  
percent of adults with a mental illness receive no mental health services  
Serious mental illness costs America 193.2 billion in lost earnings a year



Individuals with mental illness face an increased risk of chronic health conditions

Source: National Alliance on Mental Illness. Mental Illness Facts and Numbers

Estimated Number and Percent of People Over Age 18 with Serious Mental Illness in Past year

Area	2008-2010	2010-2012
Madison	5.78%	5.78%
Henderson	5.78%	5.78%
Haywood	5.78%	5.78%
Crockett	5.78%	5.78%
Gibson	5.78%	5.78%
Lake	5.78%	5.78%
Dyer	5.78%	5.78%
Obion	5.78%	5.78%
Weakley	5.78%	5.78%
Hardeman	5.78%	5.78%
TN	5.18%	5.18%

Source: Tennessee Department of Mental Health and Substance Abuse Services.  
Tennessee Behavioral Health County Data Book 2014.

Estimated Number and Percent of People Over Age 18 With Any Mental Illness in the Past Year

Area	2008-2010	2010-2012
Madison	22.59%	20.71%
Henderson	22.59%	20.71%
Haywood	22.59%	20.71%
Crockett	22.59%	20.71%
Gibson	22.59%	20.71%
Lake	22.59%	20.71%
Dyer	22.59%	20.71%
Obion	22.59%	20.71%
Weakley	22.59%	20.71%
Hardeman		
TN	22.15%	20.56%

Source: Tennessee Department of Mental Health and Substance Abuse Services.  
Tennessee Behavioral Health County Data Book 2014.

Depression

Major depressive disorder affects 14.8 million Americans or 6.7 percent of

the U.S. population age 18 and older

People with depression are four times more likely to develop a heart attack

Average age of onset is 32

Depression often co-occurs with other illnesses and medical conditions

About six million people are affected by late life depression, but only about 10 percent ever receive treatment

Women experience depression at twice the rate of men, regardless of racial, ethnic background or economic status

Major depressive disorder is the leading cause of disability in the U.S. for ages 15 to 44

Depression costs U.S. businesses \$70 billion in medical expenses, lost productivity, and other expenses

Depression is the cause of 2/3 of suicides in the U.S.

Source: Depression and Bipolar Support Alliance. Depression Statistics.

## Domestic Violence

1 in 4 women will experience domestic violence during her lifetime

Domestic violence is more likely to occur between 6pm and 6am

More than 60 percent of domestic violence incidents happen at home

Domestic violence is the third leading cause of homelessness among families

Women ages 20 to 24 are at greatest risk of becoming victims of domestic violence

More than 4 million women experience physical assault and rape by their partners

1 female homicide victim is murdered by their current or former partner

Domestic violence victims face many mental health and physical health issues-

depression, sleep deprivation, anxiety, heart disease, other chronic conditions

most domestic violence incidents are never reported

Source: SafeHorizon. Domestic Violence Statistics and Facts

## 2013-2014 Shelter/Outreach/Hotline/Advocacy Served by Wo/Men's Resource and Rape Assistance Program

Benton	161
Carroll	86
Chester	55
Crockett	194
Decatur	29
Gibson	119
Hardeman	44
Hardin	128
Haywood	45
Henderson	74
Henry	157
Madison	884
McNairy	42

Wayne	9
County Under	50
Out of State	79
Out of State	33
Total	2189

Source: Wo/Men's Resource and Rape Assistance Program Data.

## Eating Disorders

Almost 50 percent of individuals with eating disorders meet the criteria for depression  
Up to 24 million people of all ages and genders suffer from an eating disorder  
The mortality rate associated with anorexia nervosa is 12 times higher than the death rate associated with all causes of death for females 15-24 years old  
An estimated 10-15 percent of individuals with anorexia or bulimia are male  
Women are much more likely than men to develop an eating disorder  
About 50 percent of women who have had anorexia develop bulimia or bulimia patterns  
About 20 percent of people suffering from anorexia will prematurely die from complications related to their eating disorder-heart conditions or suicide  
Female athletes in aesthetic sports (gymnastics, ballet, figure skating) are at the highest risk for eating disorders

Source: National Association of Anorexia Nervosa and Associated Disorders. Eating Disorder Statistics.

## Post Traumatic Stress Disorders (PTSD)

About 7-8 out of every 100 people will have PTSD at some point in their lives.  
About 5.2 million adults have PTSD during a given year.  
About 10 of every 100 of women develop PTSD sometime in their lives compared with about 4 of every 10 men.  
About 11 to 20 veterans out of 100 who served in Iraqi Freedom or Enduring Freedom have PTSD in a given year  
About 12 of 100 Gulf War veterans have PTSD in a given year  
About 30 of every 100 Vietnam Vets have PTSD in their lifetime

Source: National Center for PTSD. How Common is PTSD?

## Alcohol Abuse

Approximately 5.8 million people (About 15 percent) ages 12-20 were binge drinkers  
Approximately 1.7 million people (about 4.3 percent) ages 12-20 were heavy drinkers  
40.1 percent of college students age 18-22 engage in binge drinking (5+ drinks)  
14 percent of college students age 18-22 engage in heavy drinking (5+ drinks 5 times)  
College students die from alcohol-related unintentional injuries (1,825)

97,000 students report experiencing alcohol-related sexual assault or date rape  
 48.2 percent of cirrhosis deaths alcohol-related  
 1 liver transplants related to alcohol use

**Number and Percent of TDMHSAS Funded Treatment Admissions With Alcohol Identified as Substance of Abuse**

Area	FY2012	FY2013	FY2014
Madison	276/59.1%	231/56.2%	293/56.8%
Henderson	58/58.0%	62/54.4%	46/51.7%
Haywood	36/72.0%	37/69.8%	36/67.9%
Crockett	46/65.7%	35/64.8%	50/72.5%
Gibson	114/58.5%	115/65.7%	128/63.1%
Lake	11/*	14/*	9/*
Dyer	57/52.8%	69/51.9%	92/62.6%
Obion	78/63.4%	72/57.1%	47/48.0%
Weakley	20/52.6%	25/51.0%	29/48.3%
Hardeman	73/68.2%	43/67.2%	27/55.1%
TN	45.30%	45.40%	44.20%

Source: Tennessee Department of Mental Health and Substance Abuse Services.  
 Tennessee Behavioral Health County Data Book 2014.

**Excessive Drinking and Alcohol-Impaired Deaths**

Area	Excessive Drinking		Alcohol-Related Driving Deaths	
	2014	2013	2012	2014
Madison	10%	10%	8%	35%
Henderson	no data	7%	6%	43%
Haywood	no data	10%	10%	19%
Crockett	no data	5%	9%	10%
Gibson	10%	11%	11%	39%
Lake	no data	4%	4%	100%
Dyer	10%	11%	11%	18%
Obion	8%	8%	8%	31%
Weakley	8%	8%	9%	33%
Hardeman	5%	5%	5%	31%
TN	9%	10%	9%	28%

Source: Robert Wood Johnson Foundation and University of Wisconsin

**Co-Occurring Mental Health and Substance Abuse Problems**

5 million adults have both a serious psychological distress and substance abuse disorders  
 Only 8.4 percent receive treatment

43 percent of youth receiving mental health treatment are diagnosed as co-occurring

Number of Unique TDMHSAS Operated Regional Mental Health Institute Admissions for Co-occurring Disorders and Percent of all Admissions for Co-Occurring

Area	FY2012	FY2013	FY2014
Madison	47/27.0%	40/23.0%	57/39.0%
Henderson	11	17	10
Haywood	11	9	7
Crockett	10	8	5
Gibson	23/32.4%	21/29.6%	20/42.6%
Lake	5 <5	<5	
Dyer	20/26.0%	21/27.3%	22/42.3%
Obion	11	15	13
Weakley	21/35.0%	15	15
Hardeman	36/29.0%	41/33.1%	47/49.0%
TN	33.80%	26.90%	33.70%

Source: Tennessee Department of Mental Health and Substance Abuse Services.  
Tennessee Behavioral Health County Data Book 2014.

### Drug Abuse

23.9 million Americans age 12 and older or 9.2 percent of the population have used illicit drug in past month

Marijuana use has increased since 2007 to 18.9 million users

Drug use highest among people in late teens and early twenties

Drug use increasing among people in their 50s

There were 4.6 million drug related ER visits

422,896 cocaine related ER visits

376,67 marijuana related ED visits

213,118 heroin related ED visits

93,562 stimulants ED visits

Source: National Institute on Drug Abuse

### Prescription Drug Abuse

The number of drug overdose deaths in Tennessee increased from 422 in 2001 to 1,059 in 2010, a 250% increase

The drug overdose death rate per 100,000 in TN is 16.7 compared to 12.0 for U.S.

275.5 million hydrocodone pills prescribed in TN a year

116.6 million pills prescribed for alprazolam in TN

113.5 million pills prescribed for oxycodone

Alcohol of prescription opioids is the number 1 drug problem for TN receiving treatment

The percentage of people identifying prescription opioids as #1 primary substance increased from 5% in 1999

to 23% in 2009

Abuse of opioids in TN is greater than abuse of marijuana, crack or cocaine

2009 there were 2,717 treatment admissions in TN for prescription opioids

More men were admitted for treatment than women, but women abused opioids more

21 percent of men reported their substance abuse was prescription opioids

27 percent of women reported their substance abuse was prescription opioids

Almost 13% of TN between ages 18-25 abused opioids

Prescription drugs obtained from: 70% family/friends; 18% from prescribers; 5% drug dealers/Internet

### Alternatives to Hospitalizations

Waiting lists to see a psychiatrist prevent consultation about medication management

It can be 4-6 weeks before a psychiatrist can see a client

Residential services, vocational rehabilitation, social and recreational centers which also link people to resources, respite, and other support for caregivers, information and education can improve community based mental health to decrease institutionalization

Source: Psycheducation.org; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs from PsychiatryOnline.org

### Crisis Services

Suicide is the 10th leading cause of death--41,149 reported

Suicide rate is 12.6 per 100,000

The highest suicide rate is among people 45 to 64 years--19.1

The second highest suicide rate is for those 85 years and older--18.6

Suicide rate higher for men than women--men 20.0; women 5.5

Suicide rate for Caucasians is 14.2; American Indian is 11.7; Asian is 5.8; African American is 5.4; Hispanic 5.7

Economic cost is \$44 billion in lost wages and productivity

494,169 people visited a hospital in U.S. due to self-harm behavior

Source: American Foundation for Suicide Prevention

In Tennessee, an estimated 850 men, women, and youth die by suicide each year—more than the number who die from homicide, AIDS, or drunk driving. Suicide is the third leading cause of death among youth and young adults ages 10-24 in Tennessee and throughout the entire nation. The rate of suicide in Tennessee is 14.4 per 100,000 individuals, higher than the national average of 10.8 per 100,000 individuals, which unfortunately, places Tennessee's suicide rate 13th in the nation.

Source: Tennessee Department of Mental Illness and Substance Abuse Services.

### Education Services

Over 50 percent of students age 14 or older with a mental disorder drop out of high school--highest rate

for any disability group

Source: National Alliance on Mental Illness

### Employment Services

Throughout the 1990s, 90 percent of people with serious mental illness were unemployed. Supported Employment is an approach to service delivery and competitive employment for persons with the most significant disabilities. It provides employment for many individuals who were previously considered unemployable.

Supported Employment is competitive work in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individuals.

This program is for individuals with the most significant disabilities, for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a significant disability. These individuals need intensive supported employment because of the nature and severity of their disability.

Training takes place in actual job settings at competitive wages. Contracts provide Supported Employment services through a number of facilities coordinated through Rehabilitation Services and Mental Health and Retardation. The unique feature of Supported Employment is the ongoing support it provides to individuals with the most significant disabilities while maintaining employment.

Source: Tennessee Department of Human Services.

### Outreach to Homeless Persons

PATH Outreach Services available through State of TN funding

Homeless Outreach for Families

Tennessee Homeless Solutions Jackson/West Tennessee Continuum of Care (CoC) provide emergency shelter, transitional care and permanent supportive housing for the homeless.

Limitations exist within local community budgets

Case management available through many homeless service providers

Services must be adapted based on client needs

### Integrated Services for People with Mental Health and Substance Abuse Issues

An estimated 5.2 million people are living with co-occurring substance abuse disorder and mental illness.

Without integrated treatment, one or both disorders may not be addressed properly.

Necessary components include: integrated screening, assessment, treatment planning, coordinated treatment, and continuing care.

Source: National Alliance on Mental Illness; SAMHSA



## Psychiatry

All counties in the Pathways service area are underserved for psychiatry

Psychiatrists perform both direct and indirect services

Research shows that psychiatrists should see 37 stable patients, 8 unstable patients, and 3 new patients

Waiting time to see a psychiatrist after arranging appointment is 4-6 weeks

Source: SAMHSA; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs

## Safe, Affordable Housing

Community attitudes to residential housing such as group homes are generally negative

After the 1990s a trend showed that 90 percent of individuals experiencing serious and persistent mental illness were unemployed

Disability pays a maximum of \$698.00 making it difficult for independent living when living alone

There is a wealth of literature, both national and Tennessee-specific, to support the essential role of stable, safe, quality, and affordable permanent housing in the recovery process for persons with mental illness and co-occurring disorders. Research indicates the necessity of financial assistance/rental subsidies and support services to ensure that consumers have the opportunity to live independently in an integrated community setting. Research also indicates that consumers are served more effectively and efficiently by supported housing. Emerging evidence shows significant cost savings when persons reside in housing that includes wrap-around support services.

Mental Health: A Report of the Surgeon General states that "housing ranks as a priority concern of individuals with serious mental illness. Locating affordable, decent, safe and appropriate housing is often difficult, and out of financial reach. Stigma and discrimination also restrict consumer access to housing."

Approximately 15 percent of persons with severe and persistent mental illness receiving case management are housed inappropriately. One can assume that this percentage might be considerably higher among other segments not receiving services at all, such as homeless persons.

In all areas of the state and among every subgroup of the population surveyed, the primary barrier to appropriate housing was insufficient income to pay for monthly expenses.

The type of housing most appropriate for the majority of the consumers surveyed is independent living units.

A large proportion of persons awaiting release from regional mental health institutes cannot be discharged because there are not enough spaces available in appropriate licensed facilities.

State and community mental health systems have a responsibility to focus on housing as a necessary component of recovery and community support.

Housing planning should focus on permanent housing that is affordable.

Planning for housing should be closely linked to planning for the support that people need for recovery, and people with psychiatric disabilities and their families should have a central role in the planning process.

The most effective approach to promoting recovery and integration is to combine professional

services staffed by people with and without histories of psychiatric disabilities with peer support and consumer-operated services and natural support systems in the community.

The leadership of the state mental health agency must view rental assistance as part of a larger strategy designed to increase access to integrated housing.

Helpful activities include assembling groups of stakeholders to assist in the development and oversight of state policy regarding housing and residential services.

Housing discrimination against people with psychiatric disabilities is a major national problem that requires urgent attention.

Legal protections and tools, such as those found in the Fair Housing Amendments Act, Section 504 of the Rehabilitation Services Act, and in provisions of the Americans with Disabilities Act, are often overlooked within both mental health and housing systems and should be utilized as important tools for assisting people with psychiatric disabilities to meet their housing needs.

Education, information, and training in these protections are of critical importance to consumers and family members as well as to housing and mental health staff.

State and local mental health agencies should develop partnerships with housing finance and development agencies to increase housing access and supply.

State mental health agencies should support the development of knowledge and skills necessary for accessing mainstream housing resources.

Creative use of mainstream housing resources both new and existing (e.g., Community Development Block Grant, HOME funds), should be a priority of mental health and housing authorities.

The leadership of the state mental health agency must view rental assistance as part of a larger strategy designed to increase access to integrated housing.

Rental assistance activities should be developed in the context of an overall housing policy that supports a variety of activities designed to increase the availability of integrated housing.

Helpful activities include assembling groups of stakeholders to assist in the development and oversight of state policy regarding housing and residential services.

Source: Tennessee Department of Mental Health and Substance Abuse Services

## Self-Help Groups

Peer Support Centers are peer-run programs where people who live with mental illness or a co-occurring disorder come together to learn about recovery, find support from their peers, make friends, and socialize. All 45 Peer Support Centers in Tennessee are 100% staffed by people who are in recovery from mental illness or a co-occurring disorder and who have been trained to provide peer support. At the Peer Support Centers, members develop their own recovery-based programs to supplement existing mental health services. Peer Support Centers are open a minimum of 24 hours a week, charge no fees, and offer healthy snacks.

Peer Support Centers have various activities that they focus on and include:

**Recovery Education:** Trained Certified Peer Recovery Specialists lead evidence-based classes, covering such topics and curricula as the Wellness Recovery Action Plan, Illness Management and Recovery, the Chronic Disease Self-Management Program, and the

OGES psycho-education course. Other topics include stress management, anger management, and grief counseling.

**Support Groups:** Each Peer Support Center offers peer support groups to help people find the emotional support they need to help them in their recovery. This support is provided by people who can relate to what they are going through. Trained Certified Peer Recovery Specialists provide positive role models of peers in recovery.

**Volunteerism:** Each Peer Support Center participates in volunteer activities, such as visiting residents of a nursing home, sorting food at a food bank, or picking up trash in the neighborhood. These activities provide opportunities for members to reap the benefits that come from giving to others and staying connected with the community.

**Social Activities:** Peer Support Centers provide socialization opportunities that address the isolation felt by many people who live with mental illness. Members enjoy going to local community events, such as art fairs, city clean-up days, or holiday festivals; playing games together, such as charades, cards, or kickball; and even going out for lunch from time to time.

#### **CAREY COUNSELING CENTER**

Host Agency Contact:

Sherri Sedgebear

731-986-4411

PO Box 793

Huntingdon, TN 38344

#### **Liberty Place**

Coordinator: Priscilla Johnson

Email: [priscilla.johnson@careyinc.org](mailto:priscilla.johnson@careyinc.org)

731-855-3153

East Eaton St

Trenton, TN 38382

Open: Tues – Fri 10-8; Sat 8-4

Counties Covered: Gibson

#### **Outreach Center**

Coordinator: Tabatha Armstrong

Email: [Tabatha.Armstrong@careyinc.org](mailto:Tabatha.Armstrong@careyinc.org)

731-642-8994

1539 Hwy 69 North

Paris, TN 38242

Open: Tues- Fri 10-6; Sat 8-4

Counties Covered: Henry

#### **C.A.R.E.S. Center**

Coordinator: Tabatha Armstrong

Email: [Tabatha.Armstrong@careyinc.org](mailto:Tabatha.Armstrong@careyinc.org)

731-584-6233

946 Flatwoods Road

Camden, TN 38320

Open: Thurs – Fri 9-4; Sat 9-3

Counties Covered: Benton

#### **Sunrise Outreach Center**

Coordinator: Vacant  
731-884-1549  
Box 186  
110 East Church Street  
Union City, TN 38261  
Open: Tues – Fri 10-6; Sat 8-4  
Counties Covered: Obion

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#### **PATHWAYS**

Host Agency Contact: Pat Taylor  
731-541-8200  
238 Summar Dr  
Jackson, TN 38301

#### **The Hope Center**

Coordinator: Debbi Young  
Email: [debbi.young@wth.org](mailto:debbi.young@wth.org)  
731-287-7535  
222 E. Court St. Suite A  
Dyersburg, TN 38024  
Open: Tues – Thurs 8:00 AM – 3:30 PM  
Counties Covered: Crockett, Dyer, Lake

#### **bow Center**

Coordinator: Thomas Byars  
731-423-9500  
67 American Drive  
Jackson, TN 38301  
Open: Tue, Wed & Thurs 8:00 AM – 4:00 PM  
Counties Covered: Madison, Haywood

#### **Comfort Center**

Coordinator: Kim Buckley  
731-968-1504  
300 Holly Street  
Lexington, TN 38351  
Open: Mon - Fri 8:00 AM-4:00 PM  
Counties Covered: Henderson

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#### **PROFESSIONAL CARE SERVICES**

Host Agency Contact: Jimmie Jackson  
901-475-3569  
1997 Hwy 51 S  
Covington, TN 38019

Hearts in Hands

Coordinator: Brenda Robbins

Email: [brenda.robbs@pcswtn.org](mailto:brenda.robbs@pcswtn.org)

-465-0420

12615 S. Main

Somerville, TN 38068

Open: Mon, Tues, Thurs, 8:00 AM – 5:00 PM

Wed 8:00 AM – 2:00 PM

Counties Covered: Fayette

### **Togetherness House**

Coordinator: Melissa Belair

Email: [melissa.belair@pcswtn.org](mailto:melissa.belair@pcswtn.org)

731-635-8802

477-B South Washington

Ripley, TN 38063

Open: Mon. & Tues. 8:00 AM - 4:00 PM; Wed. 10:00 AM - 2:00 PM; Thurs. 8:00 AM - 4:00 PM

Counties Covered: Lauderdale, Tipton

### **QUINCO MENTAL HEALTH CENTER**

Host Agency Contact: Heather King

731-658-6113

10710 Old Hwy 64

Bolivar, TN 38008

### **Horizon of Bolivar**

Coordinator: Shirley Kelley

Email: [shirley.kelley@quincomhc.org](mailto:shirley.kelley@quincomhc.org)

731-403-3000

428 W. Market St.

Bolivar, TN 38008-2606

Open Tues-Fri, 8 am – 4 pm

Counties Covered: Hardeman, Chester

### **Horizon of Savannah**

Coordinator: Jana James

731-925-7790

430 Pinhook Drive

Savannah, TN 38372

Open: Wednesday – Friday 8:00 AM – 4:00 PM

Counties Covered: Hardin, McNairy

Source: Tennessee Department of Mental Health and Substance Abuse Services

### **Substance Abuse Treatment Services**

see attachment for Region VI-TN Department of Mental Health

### Treatment for Military Personnel

A treatment gap exists between those experiencing symptoms and those who seek treatment  
Stigma has been cited as a contributing factor  
Getting time off work, making an appointment, expense, and transportation have been identified as external barriers to services  
Lack of trust and belief that it will not help were identified as personal barriers

Source: Bein, L. Military Mental health: Problem Recognition, Treatment Seeking and Barriers

### Access to Medications

Racial and ethnic minorities are less likely to have access to mental health services and often receive poorer quality of care

### Cannot Afford Services, co-pays, deductibles

5 of the 10 leading causes of disability are mental illness  
Approximately 70 percent of disability claims fail on the first attempt. Even when expedited under the Compassionate Allowance Initiative the claim will take 20 days to process

Source: Social Security-disability.org; World Health Organization. Mental Health and Work: Incentives, Issues, and Good Practices

### Family Support

Denial is associated prior to accepting family member's mental illness  
Presence of support system helps alleviate stress, increase self-confidence and value, and decrease feelings of isolation and loneliness  
Most people believe that mental illness are rare and "happen to someone else."  
Most families not prepared to deal with the onset of mental illness in the family

Source: Pathways2promise.org; Mental Health America; DDS Safety net

### Homelessness

3.5 million people are likely to experience homelessness in a given year  
Mental illness was the 3rd largest cause of homelessness  
Transient homeless individuals are more likely to use emergency room services

Source: National Coalition for the Homeless

### Insurance Coverage

Employer sponsored healthcare in decline

7 million signed up at insurance marketplace

### Lack of Child Care

55 percent of women work and provide for their families

Many families rely on family members for child care

Child care expenses range from \$4,000 to \$10,000 per child per year

Parents may have difficulty obtaining care around their homes or in correspondence to their schedules

Source: Almanac of Policy Issues, Child Care

### Limited Hours of Operation

The traditional workday is 8am to 5pm

Employees with disabilities are required to perform essential functions of their job with or without reasonable accommodations

Source: The U.S. Equal Opportunity Commission

### Long Wait Times for Services

The longer the wait times for services 4-6 weeks leads to crisis times

The lack of services and qualified mental health professionals lead to longer wait times

### Stigma, Discrimination, and Prejudice

The newspaper perpetuates stigma. Newspapers portray connection between mental illness and crime.

Myth that people with mental illness need to be locked in institutions

People with mental illness can be seen as never having the potential to lead normal, meaningful lives to work at higher level jobs.

Source: Mental Health of America

### Transportation to Services

Many individuals with mental illness and substance abuse services lack transportation to services

Few transportation providers in the rural areas

Lack of transportation is one of the most frequently cited problems for people in rural areas living with disabilities

Source: American Public Transportation Services; Accessible Transportation in Rural Areas

### Suicide

According to the International Handbook of Suicide and Attempted Suicide (John Wiley and Sons, Ltd., 2000), between 25 and 55 percent of suicide

victims have drugs and/or alcohol in their systems at the time of their deaths. The rise in drug abuse observed during the past thirty years is believed a contributing factor to the increase in youth suicide, particularly among males. Contrary to popular belief, major depression is more likely to develop after someone develops alcoholism rather than before.

Psychological autopsies of suicide victims with substance abuse problems have shown that:

- four-fifths had previously communicated suicidal intent through words and/or behavior
- two-thirds also suffered from a major depressive disorder
- half were unemployed
- half had serious medical problems
- and roughly one-third had attempted suicide previously (Murphy, 2000).

A study published in the American Journal of Epidemiology found that the effects of substance use disorders on suicide attempts were not entirely due to the effects of co-occurring mental disorders, suggesting that substance abuse in and of itself is a suicide risk factor (Borges et al, 2000).

Substance abuse can involve legal drugs, such as prescriptions, and misuse of these drugs has been linked to increased suicide risk—especially if combined with alcohol or illegal drugs (Harris and Barraclough, 1998).

Teens who engage in high-risk behaviors (use of drugs, alcohol, and tobacco, along with sexual activity) report significantly high rates of depression, suicidal thoughts, and suicide attempts, according to a 2004 report funded by the National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolescent patients are engaging in drugs or sex should consider screening them for depression and suicide risk.

Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress—possibly because binge drinking episodes frequently precede serious suicide attempts (Windle et al, 2004).

Up to 7 percent of alcoholics will eventually die by suicide, with middle-aged and older alcoholics at especially high risk (Conner and Duberstein, 2004).

Suicide is the ninth-leading cause of death in Tennessee, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee more than 900 people including every age group, race, geographic area, and income level end their lives due to suicide.

Tennessee's suicide rate is typically 20 percent higher than the national average. Among those at greatest risk of suicide are people in the following groups:

On average, rural areas of Tennessee experience a suicide rate 12% higher than in metropolitan or urban areas. Rural areas typically have higher suicide rates due to lower levels of social integration and reduced availability and access to public and mental health resources.

People 65 and older have a much higher suicide rate than the state average. The 85+ age group has the highest rate of all.

**Suicide Rates Per 100,000 Residents**

Area	1008	2009	2010	2011	2012
Memphis	16 (16.4)	11 (11.2)	3 (3.1)	11 (11.2)	15 (15.2)
Henderson	1 (3.7)	7 (25.6)	3 (10.8)	5 (17.9)	3 (10.7)
Haywood	0 (NA)	0 (NA)	0 (NA)	3 (16.2)	0 (NA)



Crockett	2 (13.7)	1 (6.8)	1 (6.9)	1 (6.9)	1 (6.8)
Gibson	11 (22.6)	12 (24.6)	5 (10.1)	8 (16.0)	10 (20.1)
Laurens	1 (12.6)	3 (40.5)	0 (NA)	2 (25.7)	0 (NA)
Dyer	5 (13.1)	5 (13.0)	4 (10.4)	7 (18.3)	3 (7.8)
Obion	1 (3.1)	8 (24.6)	5 (15.7)	3 (9.4)	5 (16.0)
Weakley	5 (14.9)	7 (20.8)	7 (20.0)	8 (22.9)	6 (17.2)
Hardeman	2 (6.9)	1 (3.4)	4 (14.7)	5 (18.6)	5 (18.8)
TN	965 (15.7)	939 (15.1)	932 (14.7)	938 (14.6)	956 (14.8)

Source: State of Tennessee.

## Dementia

There are 7.7 million new cases of dementia each year.

The most common form of dementia is Alzheimer's disease.

Over 5 million Americans are living with Alzheimer's Disease-110,000 in Tennessee

Tennessee in 2014 16,000 adults ages 65-74 living with Alzheimers

Tennessee in 2014 47,000 adults ages 75-84 living with Alzheimers

Tennessee in 2014 41,000 adults ages 85+ living with Alzheimers

Alzheimers is the 5th leading cause of death in the United States.

138 percent increase in Alzheimers deaths since 2000

Pathways Behavioral Health Services Community Health Assessment  
Prioritization of Issues  
Effectiveness of Interventions

The following is a list of community resources for each health issue identified by the community committee. The list contains community agencies and public entities that specifically work with a particular health issue as well as potential agencies that can become partners with Pathways Behavioral Health Services for specific health issues.

Anger Management

Anger Management Classes at Carey Counseling in Obion County  
Madison County School System  
Crockett County School System  
Dyer County School System  
Gibson County School System  
Hardeman County School System  
Haywood County School System  
Henderson County School District  
Lake County School System  
Obion County School District  
Weakley County School District  
Madison County Juvenile Court  
Weakley County Juvenile Court  
Madison County Mental Health Court  
Madison County Drug Court  
Exchange Club Carl Perkins Center, Gibson County  
Exchange Club Carl Perkins Center, Hardeman County  
Exchange Club Carl Perkins Center, Haywood County  
Exchange Club Carl Perkins Center, Henderson County  
Exchange Club Carl Perkins Center, Madison County  
Exchange Club Carl Perkins Center, Weakley County  
Local Police Departments  
Local Churches  
District Courts  
Department of Children's Services  
Youth Villages, Madison County  
Youth Town, Madison County

Anxiety

Physician's clinics  
National Alliance on Mental Illness  
Rainbow Peer Support Center, Jackson, TN  
Liberty Place Peer Support Center, Trenton, TN  
Sunrise Outreach Center, Union City, TN  
The Hope Center, Dyersburg, TN  
Comfort Center, Lexington, TN  
Horizon of Henderson, Henderson, TN  
YMCA, Gibson County

YMCA Teen Center, Gibson County  
YMCA, Madison County  
Haywood YMCA  
Parks and Recreation facilities  
Local health and fitness clubs

**Chronic Mental Health**

Depression and Bipolar Support Alliance, Jackson, TN  
Tennessee National Alliance on Mental Illness  
Rainbow Peer Support Center, Jackson, TN  
Liberty Place Peer Support Center, Trenton, TN  
Sunrise Outreach Center, Union City, TN  
The Hope Center, Dyersburg, TN  
Comfort Center, Lexington, TN  
Horizon of Henderson, Henderson, TN  
Carey Counseling Day Treatment, Gibson County  
Vocational Rehabilitation  
Supportive Employment  
Case Management Services  
Supportive Independent Living  
Jackson Center for Independent Living, Madison County  
Madison County Mental Health Court  
Department of Human Services  
Social Security Administration  
Creating Homes Initiative  
Western Mental Health Institute  
Crockett County Skill Center  
Northwest TN Workforce Board, Crockett County  
Northwest TN Economic Development Council, Crockett County  
Section 8 Housing, Crockett County  
Habitat for Humanity, Dyer County  
Job Service, Dyer County  
Adult Activity Center, Gibson County  
Trenton Housing Authority, Gibson County  
Milan Housing Authority, Gibson County  
Humboldt Housing Authority, Gibson County  
Salvation Army, Madison County  
Quinco Mental Health Services, Hardeman County  
Tennessee Technology Center, Hardeman County  
Baptist Memorial Hospital-Lauderdale Behavioral Healthcare, Haywood County  
Professional Care Services of West Tennessee, Haywood County  
Southwest Human Resource Agency, Haywood County  
Quinco Mental Health Services, Henderson County  
Area Relief Ministries, Madison County  
Lakeside of Jackson, Madison County  
Quinco Mental Health Services, Madison County  
Goodwill Employment and Training Center, Madison County  
Southwest Human Resource Agency, Madison County

Tennessee Technology Center, Madison County  
Regional Inter-Faith Association Life Enrichment Center, Madison County

### Depression

Depression and Bipolar Support Alliance, Madison County  
Local health and fitness clubs  
Local churches  
Non-profit organizations volunteer opportunities  
Tennessee National Alliance on Mental Illness  
Crockett County Memorial Library  
Alamo City Park  
Crockett Mills Community Center  
Friendship Recreation  
Gadsen Community Center  
Maury City Park and Recreation  
Crockett County Senior Citizen Center  
YMCA of Dyer County  
Bruce Community Center, Dyer County  
Gibson County Memorial Library  
Humboldt Public Library  
Mildred S. Fields Memorial Public Library  
Alzheimer's Support Group, Gibson County  
Haywood County YMCA  
Brownsville-Haywood County Parks and Recreation, Haywood County  
Reelfoot Lake, Lake County  
Jackson-Madison County Public Library, Madison County  
Bemis Park, Madison County  
Carl Perkins Civic Center, Madison County  
Jackson Parks and Recreation, Madison County  
T.R. White Sportsplex, Madison County  
Martin Parks and Recreation, Weakley County  
Carey Counseling support group, Obion County

### Domestic Violence

WRAP (Wo/Men's Rape and Resource Assistance Center), Crockett County  
WRAP (Wo/Men's Rape and Resource Assistance Center), Gibson County  
VOCA (Victims of Crime Assistance), Gibson County  
VOCA (Victims of Crime Assistance), Weakley County  
Exchange Club Carl Perkin's Center, Gibson County  
Exchange Club Carl Perkin's Center, Hardeman County  
Exchange Club Carl Perkin's Center, Haywood County  
Exchange Club Carl Perkin's Center, Henderson County  
Exchange Club Carl Perkin's Center, Madison County  
Exchange Club Carl Perkin's Center, Weakley County  
Area Police Departments  
Area Sheriff's Department  
Local churches  
Dream Center, Madison County

Care Center, Madison County  
Family Benefits, West Tennessee Legal Services, Dyer County  
Salvation Army, Dyer County  
Regional Inter-Faith Association, Madison County

#### PTSD

Veteran's Administration  
Vet Center, Madison County  
Local churches  
Community centers  
Civic organizations  
American Counseling Association  
American Psychiatric Association  
American Psychological Association  
National Alliance on Mental Illness  
National Association of Social Workers  
National Center for PTSD  
Quinco Mental Health Services, Henderson County  
Quinco Mental Health Services, Hardeman County  
Quinco Mental Health Services, Madison County  
Carey Counseling, Gibson County  
Carey Counseling, Obion County

#### Alcohol Abuse

Jackson Area Council on Alcoholism and Drug Dependency (JACOA), Madison County  
Aspell Recovery Center/TAMB, Madison County  
Mothers Against Drunk Driving (MADD)  
Alcoholics Anonymous  
Al-Anon  
Jackson-Madison Anti-Drug Coalition  
Area Police Departments  
Area Sheriff's Departments  
Madison County School System  
Crockett County School System  
Dyer County School System  
Gibson County School System  
Hardeman County School System  
Haywood County School System  
Henderson County School District  
Lake County School System  
Obion County School District  
Weakley County School District

#### Co-Occurring Mental Health and Substance Abuse Disorders

National Alliance on Mental Illness  
Alcoholics Anonymous  
Narcotics Anonymous  
Case Management Services

Rainbow Peer Support Center  
Liberty Place Peer Support Center, Trenton, TN  
Sunrise Outreach Center, Union City, TN  
The Hope Center, Dyersburg, TN  
Comfort Center, Lexington, TN  
Horizon of Henderson, Henderson, TN  
Jackson Area Council on Alcoholism and Drug Dependency (JACO), Madison County  
Aspell Recovery Center, TAMB, Madison County  
Lakeside Behavioral Health Services, Haywood County  
Baptist Memorial Hospital, Weakley County  
Quinco Mental Health Services, Henderson County  
Quinco Mental Health Services, Hardeman County  
Quinco Mental Health Services, Madison County  
Carey Counseling, Gibson County  
Carey Counseling, Obion County  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
Jackson-Madison Anti-Drug Coalition  
Madison County Drug Court  
Area Police Departments  
Area Sheriff's Department  
Tennessee Department of Mental Health Ombudsman Program  
Tennessee Peer Specialist Association  
Tennessee Consumer Advisory Board  
Tennessee Mental Health Consumer's Association  
Creating Homes Initiative (CHI)  
Tennessee Rehabilitation Center at Dyersburg  
Matthew 25:40, Inc, Dyer County  
Christian Endeavor N/P, Gibson County  
Good Samaritan/Helping Hand, Inc., Gibson County  
Mustard Seed, Gibson County  
Greater North Gibson Food Pantry, Gibson County  
Southwest Human Resource Agency, Hardeman County  
Bolivar Housing Authority, Hardeman County  
Tennessee Housing Development, Hardeman County  
Brownsville Housing Authority, Haywood County  
Area Relief Ministries, Madison County  
Jackson Housing Authority, Madison County  
Martin Housing Authority, Weakley County  
Martin Manor Associates, Weakley County

#### Drug Abuse

Jackson Area Council on Alcoholism and Drug Dependency (JACO), Madison County  
Aspell Recovery Center, TAMB, Madison County  
Narcotics Anonymous  
Cocaine Anonymous  
Lakeside Behavioral Health Services, Haywood County  
Al-Anon  
Area Sheriff's Departments

Area Police Departments  
Madison County Drug Court  
Madison County Juvenile Court  
Jackson-Madison Anti-Drug Coalition  
Drug Abuse Resistance Education (DARE), Gibson County  
Baptist Memorial Hospital, Weakley County  
Carey Counseling, Gibson County  
Carey Counseling, Obion County

**Prescription Drug Abuse**

Local Physician's Offices  
Area Pharmacies  
Jackson-Madison Anti-Drug Coalition  
Madison County School System  
Area Universities  
Jackson Area Council on Alcoholism and Drug Dependency (JACOA), Madison County  
Aspell Recovery Center, TAMB, Madison County  
Exchange Club Carl Perkins Center, Gibson County  
Exchange Club Carl Perkins Center, Hardeman County  
Exchange Club Carl Perkins Center, Haywood County  
Exchange Club Carl Perkins Center, Henderson County  
Exchange Club Carl Perkins Center, Madison County  
Exchange Club Carl Perkins Center, Weakley County

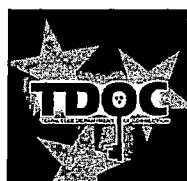
## EXECUTIVE SUMMARY

# **PRESCRIPTION FOR SUCCESS:**

*Statewide Strategies to  
Prevent and Treat the  
Prescription Drug Abuse Epidemic  
in Tennessee*



A report produced by the Tennessee Department of Mental Health  
and Substance Abuse Services, in conjunction with:



Summer 2014



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# Introduction

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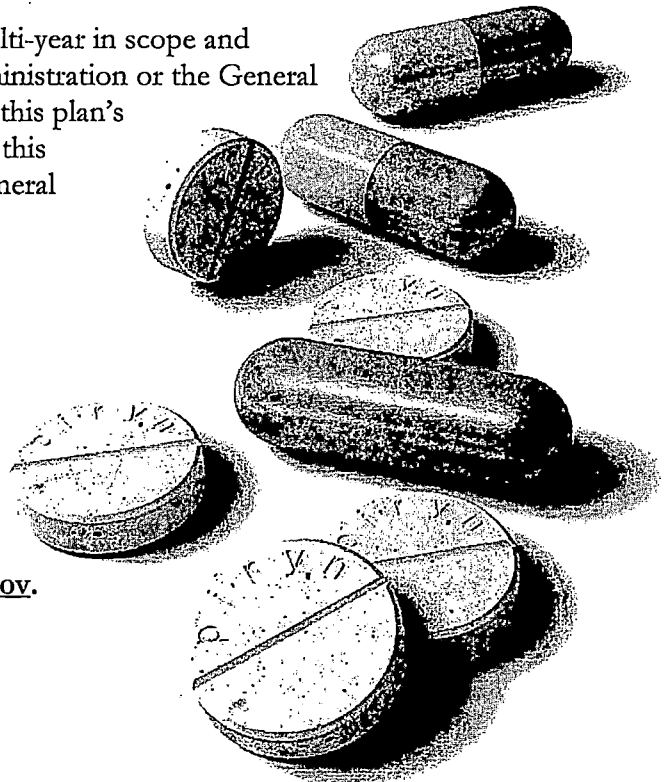
Prescription drug abuse is a pervasive, multi-dimensional issue impacting Tennessee individuals, families, and communities. Of the 4,850,000 adults in Tennessee, it is estimated that 221,000 (or 4.56%) have used pain relievers, also known as prescription opioids, in the past year for non-medical purposes. Of those adults, it is estimated that 69,100 are addicted to prescription opioids and require treatment for prescription opioid abuse. The other 151,900 are using prescription opioids in ways that could be harmful and may benefit from early intervention strategies. The abuse of prescription drugs, specifically opioids, is an epidemic in Tennessee, with disastrous and severe consequences to Tennesseans of every age including: overdose deaths, emergency department visits, hospital costs, newborns with Neonatal Abstinence Syndrome, children in state custody, and people incarcerated for drug-related crimes.

*"Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee"* is a strategic plan developed by the Tennessee Department of Mental Health and Substance Abuse Services in collaboration with sister agencies impacted by the prescription drug epidemic. The Tennessee Department of Mental Health and Substance Abuse Services would like to acknowledge the contributions of the following partners: Departments of Health, Children's Services, Safety and Homeland Security, and Correction, Bureau of TennCare, the Tennessee Bureau of Investigation, and the Tennessee Branch of the United States Drug Enforcement Agency. Special thanks are extended to the commissioners of each of the partner agencies as well as those people who were interviewed and provided expertise and resources.

*"Prescription for Success"* is comprehensive and multi-year in scope and nature. However, this plan does not obligate the Administration or the General Assembly to any additional funding requests to fulfill this plan's purpose. Funding requests related to the initiatives in this document will be determined through the normal General Assembly budgeting process.

*Please note: All references to the term "prescription drugs" are referring to controlled or scheduled prescription drugs.*

To access the full *"Prescription for Success"* report, please go online to [tn.gov/mental/prescriptionforsuccess](http://tn.gov/mental/prescriptionforsuccess). If you have any questions, please contact TDMHSAS Commissioner E. Douglas Varney at (615) 532-6500 or by email at [Doug.Varney@tn.gov](mailto:Doug.Varney@tn.gov).





**BILL HASLAM**  
GOVERNOR  
STATE OF TENNESSEE

Fellow Tennesseans:

Prescription drug abuse is a serious problem in our state that is devastating to families and our communities. That is why I am pleased agencies across state government have come together to produce Prescription For Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, a comprehensive, multi-faceted plan to combat the prescription drug abuse problem in our state.

The plan has three major components: a description of the extent of the prescription drug problem in Tennessee, information about how the problem is currently being addressed, and a plan for the future that includes specific, measurable goals that will allow us to determine if the lives of individuals and families in Tennessee have been improved as a result of these efforts. A menu of policy options is provided for the state's leaders to consider as we work to make progress toward these goals.

Combatting prescription drug abuse is aligned with my priorities as Governor. Tennesseans that are drug-free make better and more productive employees, family members and community members. In addition, stemming this epidemic will save our state millions of dollars in incarceration and treatment costs.

This plan requires many state agencies to work together, but there are also ways that individuals and communities can be part of solving this problem. I hope that we all can be part of reducing prescription drug misuse and abuse in our state and that you will find ways to connect with these efforts.

Sincerely,

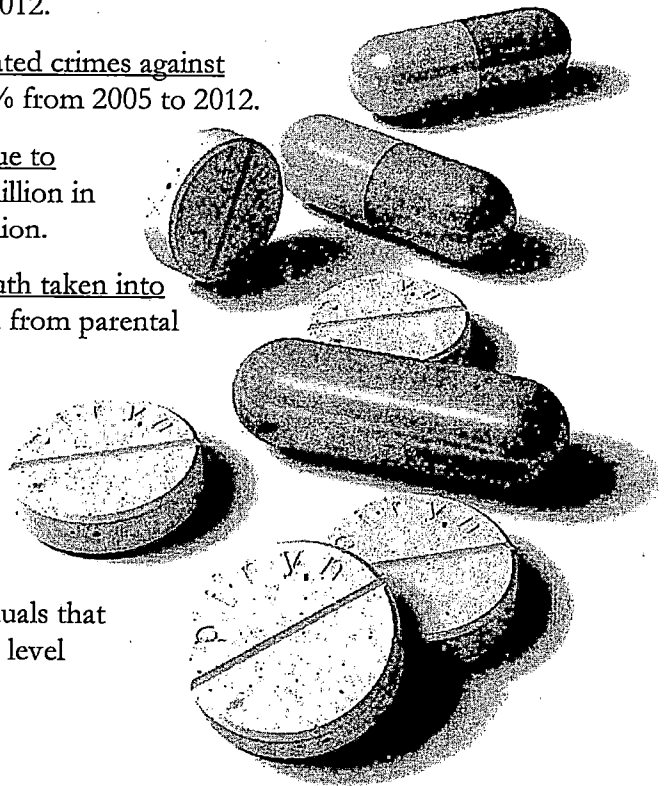
Governor Bill Haslam

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# By The Numbers

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- **More Seeking Treatment:** In 2012, prescription opioids became the primary substance of abuse for people in TDMHSAS-funded treatment, overtaking alcohol for the first time.
- **Non-Medical Reasons:** Almost 5% of Tennesseans have used pain relievers in the past year for non-medical purposes.
- **Younger Tennesseans:** Young Tennesseans (18- to 25-year-olds) are using prescription opioids at a 30% higher rate than the national average.
- **More Prescriptions Being Dispensed:** There were 25% more controlled substances dispensed in Tennessee in 2012 than in 2010.
- **Doctor Shopping:** In March 2013, more than 2,000 people received prescriptions for opioids or benzodiazepines from four or more prescribers.
- **Prescribing Practices:** As of August 1, 2013, 25 physicians had been prosecuted for overprescribing during 2013.
- **Sources of Prescription Drugs:** More than 70% of people who use prescription drugs for non-medical reasons got them from a friend or relative.
- **Healthcare Costs:** The number of emergency department visits for prescription drug poisoning has increased by approximately 40% from 2005 to 2010.
- **Overdose Deaths:** There has been a 220% increase in the number of drug overdose deaths since 1999, growing from 342 in 1999 to 1,094 in 2012.
- **Criminal Justice System Involvement:** Drug-related crimes against property, people, and society have increased by 33% from 2005 to 2012.
- **Lost Productivity:** The cost of lost productivity due to prescription drug abuse in Tennessee was \$142.9 million in 2008; adjusted for 2013 inflation, that is \$155.2 million.
- **Children in State Custody:** About 50% of the youth taken into Department of Children's Services custody resulted from parental drug use.
- **Neonatal Abstinence Syndrome:** Over the past decade, we have seen a nearly ten-fold rise in the incidence of babies born with Neonatal Abstinence Syndrome in Tennessee.
- **Treatment Costs:** It is estimated that the cost of providing state-funded treatment services to individuals that abuse prescription drugs and live below the poverty level would cost \$27,933,600.



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# Current Efforts

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*Across the state, there are a number of efforts already in place to combat the prescription drug epidemic by a number of state agencies, including numerous collaborative programs. These can be broken into five categories: Prevention, Early Intervention, Enforcement, Treatment, and Recovery:*

## Prevention

- Governor's Public Safety Subcabinet
- Neonatal Abstinence Syndrome Subcabinet
- Substance Abuse Data Taskforce
- Community Prevention Coalitions
- Prescription Drug Disposal (take-back events and permanent drop boxes)
- Information Dissemination ("Take Only As Directed")
- Controlled Substance Monitoring Database
- Pain Clinic Oversight
- Drug Overdose Reporting
- Development of Guidelines for Prescribing Narcotics
- Formulary Regulations
- Pharmacy Lock-In Program
- Prescriber Identification

## Early Intervention

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

## Enforcement

- Law Enforcement Access to Controlled Substances
- State Trooper Training
- Drug and Diversion Investigations
- Medicaid Fraud Control
- Forensic Services
- Methamphetamine and Pharmaceutical Task Force
- Drug Enforcement Administration Requirements

## Treatment

- Recovery (Drug) Courts, including the Residential Recovery Court
- Community Treatment Collaborative
- Community Housing with Intensive Outpatient Services
- Medication Assisted Therapies
- Impaired Healthcare Professionals Program
- Technical Violators Diversion Program
- Community Treatment Collaborative
- Co-occurring Treatment
- Treatment for youth and young adults in custodial care
- Treatment for babies born addicted to substances

## Recovery

- Oxford House Program
- Lifeline Program
- Community Housing with Intensive Outpatient Services

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# A Plan for the Future

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*The response to prevent and treat prescription drug abuse demands comprehensive and coordinated solutions involving many different state departments. The following strategies have been developed to meet the seven goals:*

**Goal 1. Decrease the number of Tennesseans that abuse controlled substances.**

- Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse, and overdose deaths.
- Continue and expand the "Take Only As Directed" statewide prescription drug media campaign.
- Support the Tennessee Congressional Delegation in promoting a policy that restricts direct-to-consumer marketing of prescription drugs on television, radio, and social media sites.
- Support the Coalition for Healthy and Safe Campus Communities.

**Goal 2. Decrease the number of Tennesseans who overdose on controlled substances.**

- Improve the uniformity and reliability of drug overdose reporting by all county medical examiners.
- Implement new case management system for medical examiners.
- Enact a Good Samaritan Law.

**Goal 3. Decrease the amount of controlled substances dispensed in Tennessee.**

- Complete the development of guidelines for prescribing opioids and encourage adoption.
- Licensing bodies should continue to review their own policies and procedures around unsafe opioid prescribing practices and enact new rules that allow better self-regulation of licensees including tougher and timelier consequences for physicians who overprescribe.
- Improve the utility of the Controlled Substance Monitoring Database.
- Review and revise the Tennessee Intractable Pain Treatment Act and the Tennessee Code related to pain management clinics to address current opioid prescribing practices.
- Revise pain clinic rules to better address the prescription drug problem in Tennessee.
- Develop additional specific guidelines for prescribing narcotics for Acute Care Facilities (Urgent Care and Emergency Departments).
- Design a smartphone application that will provide prescribers automatic updates on milligram/morphine equivalents and other technological enhancements.

**Goal 4. Increase access to drug disposal outlets in Tennessee.**

- Develop guidelines for the destruction of pharmaceuticals received from local Take-Back events and permanent prescription drug collection boxes.
- Establish additional permanent prescription drug collection boxes.
- Establish local incineration sites for the destruction of unused prescription medications.
- Provide training on the new Drug Enforcement Administration's regulations.

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# A Plan for the Future

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## **Goal 5. Increase access and quality of early intervention, treatment and recovery services.**

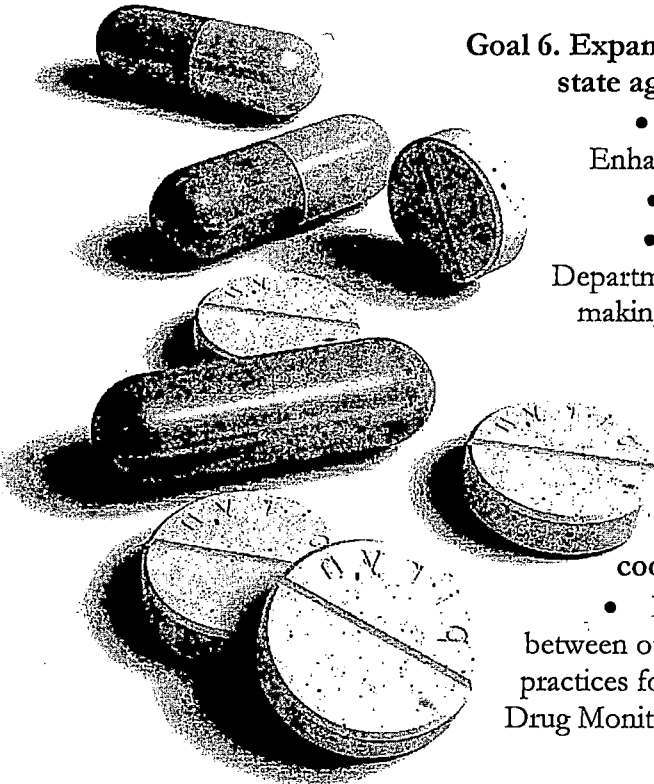
- Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.
- Provide additional state funding for evidence-based treatment services for people with prescription opioid dependency who are indigent and unable to pay for services.
- Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.
- Expand the use of SBIRT in Tennessee.
- Provide additional specialized treatment options for mothers with opioid addiction whose babies have been born with NAS or who are at risk of losing their children.
- Study efficacy and feasibility of Recovery Schools and Collegiate Recovery Communities.
- Provide additional low budget/high impact services such as Oxford Houses, Lifeline, 12-Step Meetings, and Faith-Based initiatives.
- Develop additional Recovery Courts throughout the state.
- Create up to three additional Residential Recovery Courts.
- Develop best practices for opioid detoxification of pregnant women.
- Provide specialized training to treatment providers on best practices for serving people with opioid addiction.
- Increase the availability of and refine training for time-limited substance abuse case management services.

## **Goal 6. Expand collaborations and coordination among state agencies.**

- Continue the Strategic Prevention Enhancement Policy Consortium.
- Continue Substance Abuse Data Taskforce.
- Develop strategies and resources to assist Department of Children's Services caseworkers in making referrals for treatment for parents at risk of substance abuse in non-custodial and custodial cases and train Department of Children's Services caseworkers on effective practices to support recovery.

## **Goal 7. Expand collaboration and coordination with other states.**

- Develop memorandums of understanding between other states that guide information sharing practices for information gained through Prescription Drug Monitoring Programs.





To access the full "*Prescription for Success*" report, please go online to [tn.gov/mental/prescriptionforsuccess](http://tn.gov/mental/prescriptionforsuccess). If you have any questions, please contact TDMHSAS Commissioner E. Douglas Varney at (615) 532-6500 or by email at [Doug.Varney@tn.gov](mailto:Doug.Varney@tn.gov).

# You're Invited

Tennessee Suicide  
Prevention Network

*"Saving Lives in Tennessee"*

## RURAL WEST SUICIDE PREVENTION NETWORK MEETING

Behavioral Health Initiatives, Inc.  
36C Sandstone Circle  
Jackson, TN 38305

Meetings convene at **10:30 AM** on the **third Wednesday of each month**, allowing for holidays. For details, check the TSPN meeting schedule on the website.

For more information, contact **Sabrina Anderson**, Regional Chair, at (731) 422-2008 or [sanderson@bgcjmc.org](mailto:sanderson@bgcjmc.org).

TSPN's Rural West Region serves the counties of Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley.

The Network works to eliminate the stigma of suicide, educate the community about the warning signs of suicide, and ultimately reduce the rate of suicide in our state.

The Network goals are to coordinate and implement the Tennessee Suicide Prevention Strategies, based on the U.S. Surgeon General's "Call to Action to Prevent Suicide."

Who should be there?

- People concerned about family and friends
- Council members, police and law enforcement staff
  - Advocates and community volunteers
  - Workers in health, welfare or justice
    - Emergency service workers
- Counselors, teachers and church workers

The printing of this booklet was made possible thanks to the generous contributions of the Tennessee Suicide Prevention Network.

Tennessee Suicide  
Prevention Network

*"Saving Lives in Tennessee"*

# Rural West Region

## 2014 Suicide Prevention Resource Guide

NATIONAL  
**SUICIDE  
PREVENTION**  
LIFELINE  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)



# Mental Health Crisis Hotlines

## ADULTS (Over 18):

FOR

Crockett, Dyer, Haywood,  
Henderson, Lake, Madison,  
Obion, and Weakley Counties

**1-800-372-0693**

FOR

Hardeman, Madison, McNairy,  
Hardin, Chester, Henderson  
and Decatur Counties

**1-800-467-2515**

FOR

Benton, Carroll, Gibson,  
Henry, Fayette, Tipton,  
and Lauderdale Counties

**1-800-353-9918**

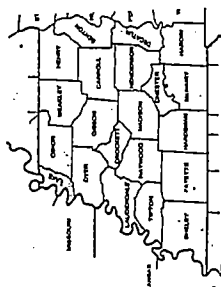
## Youth Villages Adolescents/Children (Under 18):

For Fayette, Shelby, and Tipton Counties

**1-866-791-9226**

For All Other Western Tennessee Counties

**1-866-791-9227**

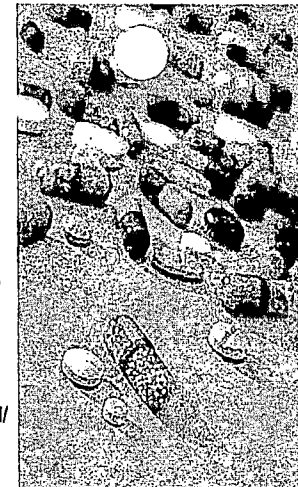


Provided Courtesy of:



## Substance Abuse and Suicide

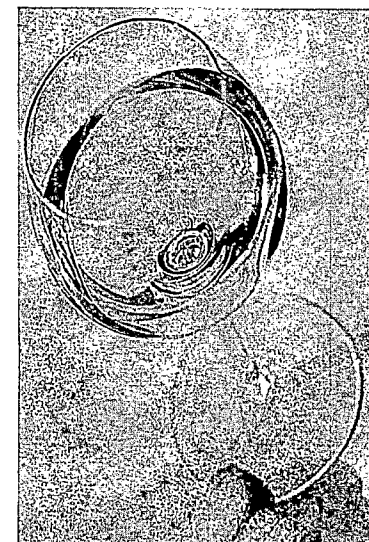
- According to the *International Handbook of Suicide and Attempted Suicide* (John Wiley and Sons, Ltd., 2000), between 25 and 55 percent of suicide victims have drugs and/or alcohol in their systems at the time of their deaths. The rise in drug abuse observed during the past thirty years is believed a contributing factor to the increase in youth suicide, particularly among males.
- Contrary to popular belief, major depression is more likely to develop after someone develops alcoholism rather than before.
- Psychological autopsies of suicide victims with substance abuse problems have shown that:
  - four-fifths had previously communicated suicidal intent through words and/or behavior
  - two-thirds also suffered from a major depressive disorder
  - half were unemployed
  - half had serious medical problems
  - and roughly one-third had attempted suicide previously (Murphy, 2000).
- A study published in the *American Journal of Epidemiology* found that the effects of substance use disorders on suicide attempts were not entirely due to the effects of co-occurring mental disorders, suggesting that substance abuse in and of itself is a suicide risk factor (Borges et al, 2000).
- Substance abuse can involve legal drugs, such as prescriptions, and misuse of these drugs has been linked to increased suicide risk—especially if combined with alcohol or illegal drugs (Harris and Barraclough, 1998).
- Teens who engage in high-risk behaviors (use of drugs, alcohol, and tobacco, along with sexual activity) report significantly high rates of depression, suicidal thoughts, and suicide attempts, according to a 2004 report funded by the National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolescent patients are engaging in drugs or sex should consider screening them for depression and suicide risk.
- Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress—possibly because binge drinking episodes frequently precede serious suicide attempts (Windle et al, 2004).
- Up to 7 percent of alcoholics will eventually die by suicide, with middle-aged and older alcoholics at especially high risk (Conner and Duberstein, 2004).



## What to Do

- When substance abuse co-occurs with depression and/or suicidal tendencies, both the depression and the addiction need to be treated—one affects the other.
- Interpersonal crises and financial difficulties are common here and should be taken very seriously—this population is already at high suicide risk.
- There is a real possibility of a suicide attempt while the person is intoxicated. Careful monitoring, removal of lethal means, or arrangement for an inpatient stay may head off a possible attempt.

For more information on the sources quoted in this section, please contact TSPN's central office at [tspn@tspn.org](mailto:tspn@tspn.org).



The Tennessee Suicide Prevention Network is working with Veteran's Administration hospitals and clinics across the state to address suicide prevention among veterans and other members of the military community.

During 2012, there were 181 confirmed or suspected suicides among active-duty members of the U.S. Army and 140 confirmed or suspected suicides among Army National Guard and Army Reserves soldiers. Suicide deaths have increased among all branches of the U.S. military since the beginning of the Iraq and Afghanistan conflicts, but the Army has been especially hard-hit.

The Army Suicide Event Report issued in 2007 found that roughly one-quarter of suicide victims had at least one psychiatric disorder at the time of their death.

## Suicide Signs Unique to Veterans

Experts on suicide prevention say for veterans there are some particular signs to watch for:

- Calling old friends, particularly military friends, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsession with news coverage of current military operations
- Wearing their uniform or part of their uniform, boots, etc., when not required
- Frequent talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to commit suicide brings a sense of peace of mind, and potential victims sleep more to withdraw)
- Becoming overprotective of children
- Standing guard over the house; this may take the form of staying up while everyone is asleep staying up to watch over the house, or obsessive locking of doors and windows
- Stopping dosage of prescribed medication or hoarding medications
- Hoarding alcohol; this may include wine as well as hard alcohol
- Sudden spending sprees, buying gifts for family members and friends "to remember me by"
- Defensive speech: "you wouldn't understand," etc.
- Failure to talk to other people or make eye contact

## Where to Get Help

Veterans who need help or immediate counseling should call the hotline run by Veterans Affairs professionals at 1-800-273-TALK and press "1", identifying themselves as military veterans. Staff members are specially trained to take calls from military veterans and its staffed 24 hours a day, everyday. While all operators are trained to help veterans, some are also former military personnel.

You may also contact Renee Brown, Suicide Prevention Coordinator at the Memphis VA hospital at (901) 523-8990, extension 5873 or renee.brown3@va.gov.

## Tennessee Suicide Facts

Suicide is the ninth-leading cause of death in Tennessee, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee more than 900 people including every age group, race, geographic area, and income level end their lives due to suicide. Tennessee's suicide rate is typically 20 percent higher than the national average. Among those at greatest risk of suicide are people in the following groups:

- On average, rural areas of Tennessee experience a suicide rate 12% higher than in metropolitan or urban areas. Rural areas typically have higher suicide rates due to lower levels of social integration and reduced availability and access to public and mental health resources.
- People 65 and older have a much higher suicide rate than the state average. The 85+ age group has the highest rate of all.

Number (Rate per 100,000 residents)

COUNTY	2008	2009	2010	2011	2012
Benton	8 (48.5)	5 (30.2)	3 (18.2)	1 (6.1)	4 (24.4)
Carroll	10 (34.1)	8 (27.1)	1 (3.5)	7 (24.6)	3 (10.6)
Chester	3 (18.4)	1 (6.1)	5 (29.2)	2 (11.7)	4 (23.3)
Crockett	2 (13.7)	1 (6.8)	1 (6.9)	1 (6.9)	1 (6.8)
Decatur	0 (NA)	6 (52.3)	1 (8.5)	1 (8.6)	1 (8.6)
Dyer	5 (13.1)	5 (13.0)	4 (10.4)	7 (18.3)	3 (7.8)
Fayette	5 (13.5)	3 (8.0)	9 (23.4)	4 (10.4)	1 (2.6)
Gibson	11 (22.6)	12 (24.6)	5 (10.1)	8 (16.0)	10 (20.1)
Hardeman	2 (6.9)	1 (3.4)	4 (14.7)	5 (18.6)	5 (18.8)
Hardin	4 (15.2)	5 (18.8)	8 (30.7)	4 (15.5)	7 (27.0)
Haywood	0 (NA)	0 (NA)	0 (NA)	3 (16.2)	0 (NA)
Henderson	1 (3.7)	7 (25.6)	3 (10.8)	5 (17.9)	3 (10.7)
Henry	12 (37.4)	9 (27.6)	14 (43.3)	11 (34.0)	7 (21.6)
Lake	1 (12.6)	3 (40.5)	0 (NA)	2 (25.7)	0 (NA)
Lauderdale	2 (7.3)	4 (14.5)	6 (21.6)	5 (18.0)	3 (10.8)
Madison	16 (16.4)	11 (11.2)	3 (3.1)	11 (11.2)	15 (15.2)
McNairy	5 (19.3)	9 (34.6)	5 (19.2)	8 (30.7)	3 (11.5)
Obion	1 (3.1)	8 (24.6)	5 (15.7)	3 (9.4)	5 (16.0)
Tipton	7 (11.8)	11 (18.3)	5 (8.2)	6 (9.8)	6 (9.7)
Weakley	5 (14.9)	7 (20.8)	7 (20.0)	8 (22.9)	6 (17.2)
TENNESSEE	965 (15.7)	939 (15.1)	932 (14.7)	938 (14.6)	956 (14.8)

## Local Suicide Statistics

This number includes only reported suicides and may actually be somewhat higher.

Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk of suicide and emotional problems.

UNTREATED DEPRESSION IS  
THE #1 CAUSE OF SUICIDE.

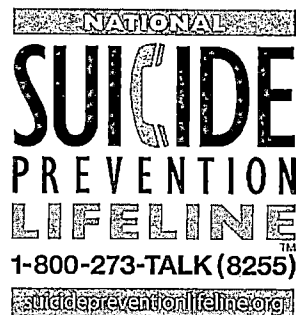
## Warning Signs

Know the signs. You can make a difference.

- Threatening or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide
- Displaying hopelessness
- Expressing rage or uncontrolled anger
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Expressing feelings of being trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends and family
- Exhibiting anxiety and/or agitation
- Experiencing disturbances in sleep patterns (e.g., unable to sleep or sleeping all the time)
- Displaying dramatic mood changes
- Giving away prized possessions
- History of previous suicide attempts or suicidal behaviors

Frequently, suicidal persons:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat, or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control



# Need Training?



QPR (Question, Persuade, Refer) training helps both professionals and lay caregivers become more comfortable, competent and confident when dealing with persons at risk. Participants learn how their own attitudes about suicide can affect their efforts to intervene and gain the knowledge and skill to recognize and estimate suicide risk. They learn how to intervene through role-playing and supervised simulations and how to create crisis networks out of existing local resources. Consult the QPR profile on the TSPN website ([www.tspn.org/qpr.htm](http://www.tspn.org/qpr.htm)) or call (615) 297-1077 for a list of QPR trainers in your area.



The Jason Foundation, Inc. (JFI) is a nationally recognized provider of educational curriculums and training programs for students, educators/youth workers and parents. JFI's programs build an awareness of the national health problem of youth suicide, educate participants in recognizing the "warning signs or signs of concern", provide information on identifying at-risk behavior and elevated risk groups, and direct participants to local resources to deal with possible suicidal ideation. JFI's student curricula are presented in the "third-person" perspective – how to help a friend. For more information, refer to TSPN's JFI webpage at <http://tspn.org/jason-foundation> or call 1-888-881-2323.



The Erasing the Stigma program of Mental Health America of Middle Tennessee (MHAMT) provides educational and interactive presentations for children and youth to address concerns such as bullying, body image and self esteem, stress and depression, and other mental health and wellness-related topics. It offers several age/grade-appropriate mental health and wellness models (some involving I.C. Hope, the program's ambassador and mascot), available free of charge for schools, churches, or clubs. Introducing the topic of mental health to children and youth in a way that is not overwhelming or scary helps to reduce the stigma of mental illness, which is one of the main obstacles to treatment. More information about Erasing the Stigma is available from the program's page on the MHAMT website (<http://www.ichope.com/erasingthestigma.htm>) or at (615) 269-5355, extension 259.

For information on arranging a training session for your agency, contact Anne Henning-Rowan, Regional Chair, at (731) 421-8880 or [annerowan@hughes.net](mailto:annerowan@hughes.net).

## RURAL WEST TENNESSEE COMMUNITY RESOURCES

Police	911
Adult Protective Services	1-888-APS-TENN (1-888-277-8366)
Alcoholics Anonymous (Jackson / West Tennessee Intergroup )	(877) 426-8330
Area Agency on Aging & Disability	(901) 324-6333
Delta Medical Center, Behavioral Health	(800) 285-9502
GLBT National Help Center	1-888-THE-GNHC (843-4564)
Jason Foundation	1-888-881-2323
Lakeside Behavioral Health Systems	(901) 377-4733 or 1-800-232-5253
Lakehaven	(731) 644-8420
Tennessee Mental Health Consumers' Association	(888) 539-0393
Tennessee Department of Children Services	1-877-237-0004
Tennessee Partners Advocacy Line	1-800-758-1638
TennCare Advocacy Program	1-800-722-7474
TennCare Transportation	1-800-209-9142
The Trevor Project (GLBT youth crisis hotline)	1-866-4-U-TREVOR (488-7386)
West Tennessee Legal Services	(731) 423-0616

### Area Psychiatric Hospitals

Behavioral Healthcare Center-Martin (geriatric)	(731) 588-2830
Delta Medical Center, Behavioral Health	1-800-285-9502
Lakeside Behavioral Health System	(901) 377-4733
Memphis VA Medical Center	1-800-636-8262 ext. 7221, or 1-800-636-8262, option 8
St. Francis Hospital, Behavioral Health	(901) 765-1400
Western Mental Health Institute	(731) 228-2000

## RURAL WEST REGION COMMUNITY MENTAL HEALTH CENTERS

**Toll-Free Adult Statewide Crisis Telephone Line**  
**1-855-CRISIS-1 or (1-855-274-7471)**  
**Available 24 hours**

Carey Counseling Center	Pathways Behavioral Health	Professional Care Services	Quinco Mental Health Centers
<b>ADULT CRISIS</b> 800-353-9918	<b>ADULT CRISIS</b> 800-372-0693	<b>ADULT CRISIS</b> 800-353-9918	<b>ADULT CRISIS</b> 800-467-2515
<b>Access</b> 800-611-7757	<b>Access</b> 800-587-3854	<b>Brownsville</b> (731) 772-9002	<b>Access</b> 800-532-6339
<b>Camden</b> (731) 584-6999	<b>Bolivar</b> (731) 659-3854	<b>Covington</b> (901) 476-8967	<b>Bolivar</b> (731) 658-6113
<b>Huntingdon</b> (731) 986-4411	<b>Brownsville</b> (731) 772-4685	<b>Dyersburg</b> (731) 287-1794	<b>Decaturville</b> (731) 852-3112
<b>Trenton</b> (731) 855-2871	<b>Dyersburg</b> (731) 285-1393	<b>Millington</b> (901) 873-0305	<b>Henderson</b> (731) 989-3401
<b>Paris</b> (731) 642-0521	<b>Lexington</b> (731) 968-8197	<b>Ripley</b> (731) 635-3968	<b>Jackson</b> (731) 664-2083
<b>Union City</b> (731) 885-8810	<b>Jackson</b> (731) 541-8200	<b>Somerville</b> (901) 465-9831	<b>Lexington</b> (731) 967-8803
	<b>Martin</b> (731) 587-3854		<b>Savannah</b> (731) 925-5054
	<b>Milan</b> (731) 723-1327		<b>Selmer</b> (731) 645-5753
	<b>Tiptonville</b> (Thursday Only) (731) 253-7780		
	<b>Union City</b> (731) 885-9333		

# Depression Screening Tool

Please feel free to use the depression screening tool below to see if you or a loved one needs help. Make as many copies as needed.

## The Hands Screening Tool

adapted from

The Harvard Department of Psychiatry/National Depression Screening Day Scale

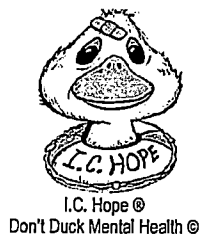
Scoring      0      1      2      3

Over the past <u>two weeks</u> how often have you:		None	Some	Most	All the time
1	been feeling low in energy, or slowed down?				
2	been blaming yourself for things, feeling guilty?				
3	had a poor appetite?				
4	had difficulty falling asleep, staying asleep?				
5	been feeling hopeless about the future?				
6	been feeling blue?				
7	been feeling no interest in things or activities?				
8	had feelings of worthlessness?				
9	thought about or wanted to commit suicide?				
10	had difficulty concentrating or making decisions?				
Add your score in each column.					
Add your total score.			Total Points:		

If total score is nine (9) or above, contact your doctor and/or mental health professional.

**NOTE:** Further evaluation is suggested for any individual who scores 1 or more on question 9, regardless of the total score.

For more information about depression, visit  
[www.ichope.com](http://www.ichope.com)



# Online Resources



Tennessee Suicide  
Prevention Network

[www.tspn.org](http://www.tspn.org)

American Association of Suicidology	<a href="http://www.suicidology.org">www.suicidology.org</a>
American Foundation for Suicide Prevention (AFSP)	<a href="http://www.afsp.org">www.afsp.org</a>
Depression and Bipolar Support Alliance	<a href="http://www.dbsalliance.org">www.dbsalliance.org</a>
GLBT National Help Center	<a href="http://glbtnationalhelpcenter.org">glbtnationalhelpcenter.org</a>
The Jason Foundation	<a href="http://www.jasonfoundation.com">www.jasonfoundation.com</a>
National Alliance on Mental Illness (NAMI)	<a href="http://www.nami.org">www.nami.org</a>
National Mental Health Association (NMHA)	<a href="http://www.nmha.org">www.nmha.org</a>
National Organization for People of Color Against Suicide (NOPCAS)	<a href="http://www.nopcas.com">www.nopcas.com</a>
Mental Health Association of Middle Tennessee: Online Depression Screenings	<a href="http://www.ichope.com">www.ichope.com</a>
Parents of Suicide	<a href="http://www.parentsofsuicide.com">www.parentsofsuicide.com</a>
Sibling Survivors of Suicide	<a href="http://www.siblingsurvivors.com">www.siblingsurvivors.com</a>
Suicide Prevention and Resource Center (SPRC)	<a href="http://www.sprc.org">www.sprc.org</a>
SAMHSA's National Mental Health Information Center - Center for Mental Health Services	<a href="http://www.mentalhealth.org">www.mentalhealth.org</a>
Tennessee Mental Health Consumer's Association:	<a href="http://www.tmhca-tn.org">www.tmhca-tn.org</a>
Tragedy Assistance Program for Survivors	<a href="http://www.taps.org">www.taps.org</a>
The Trevor Project (GLBT youth crisis hotline)	<a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a>
U.S. Department of Veteran Services	<a href="http://www.va.gov">www.va.gov</a>
World Health Organization (WHO)	<a href="http://www.who.int/en">www.who.int/en</a>



*Saving lives in Tennessee since 2001.*

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 [Grief Support](#) ▾  
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[Home](#) » Zero Suicides Initiative Task Force

## Zero Suicides Initiative Task Force

TSPN's Zero Suicide Initiative Task Force is working to implement the concept of "zero suicides" within behavioral health and substance abuse treatment settings across Tennessee.

Members of the Task Force, in concert with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Suicide Prevention Resource Center (SPRC) are working to help these agencies eliminate suicides and suicide attempts within their client base through an aggressive yet achievable action plan incorporating best-practice prevention and intervention strategies.

### Background

In 2011, the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention released *Suicide Care in Systems Framework*, a summary of a multi-year study of best-practice suicide prevention efforts within four different programs. The document outlined the concept of "zero suicides". As defined in *Suicide Care in Systems Framework*, this concept is "the belief and commitment that suicide can be eliminated in a population under care... by improving service access and quality and through continuous improvement (rendering suicide a "never event" for these populations).

The document also recommended that health care services, behavioral health agencies, and crisis services adopt the "zero suicides" concept, and in doing so take system-wide measures that aggressively work towards the eliminate of suicide within their client base. This involves the implementation of evidence-based clinical care measures.

Following review of *Suicide Care in Systems Framework* at the February 12, 2014 meeting of TSPN's Advisory Council meeting, the Council authorized creation of the Zero Suicide Initiative Task Force to pursue statewide promotion of the "zero suicides" concept within in health, behavioral health, and substance abuse treatment settings across Tennessee. This Task Force will be patterned after the Clinical Care and Intervention Task Force which developed the *Suicide Care in Systems Framework*.

Our state is the first to attempt implementation of the "zero suicides" protocol on the statewide level, in line with TSPN's established history as a pioneer in the area of state-supported suicide prevention.

### Implementation

TSPN and the Task Force will take the lead working with the aforementioned agencies to set up training sessions in a best-practice suicide prevention protocol for any and all personnel who may come in contact with suicidal persons, from executives to support staff.

These training sessions will incorporate:

### Facebook Feed

Tennessee Suicide  
Prevention Network  
20 hours ago

Photos from the Daniel Seal Suicide Prevention (DSSP) 5K color run held at Cookeville High School on April 11. IDs for group photo, L to R: TSPN Upper Cumberland Chair Anne Stamps, Vickie Wilson, Lena Higgins, and Mark Allison. At left: John Rust of TCCY, TSPN's primary liasion for DSSP. (2 photos)

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Prevention Network  
1 day ago

We are honored to be supporting V13ION!

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Tennessee Suicide  
Prevention Network  
2 days ago

Upcoming V13ION events: Thursday 4/16 Food City Race Night, Knoxville Expo Center. Saturday 4/18 Smith Brothers Harley-Davidson- Johnson City. See [tspn.org/V13ION](http://tspn.org/V13ION) for more info.

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Prevention Network  
2 days ago

How I Deal with Panic Attacks

- (1) suicide prevention, risk assessment, and crisis intervention for all new and current staff members, with annual refresher courses provided,
- (2) a customized action plan that outlines which staff members are responsible for counseling and/or referral, and
- (3) an aftercare plan that involves regular follow-up and connection to suicide attempt survivor support groups.

Members of the team, along with our colleagues at Centerstone and partners at SPRC, will help with providing technical assistance for the project and give it the momentum it needs.

TSPN's Advisory Council will monitor progress on the project on a quarterly basis, with the objective of reaching all targeted entities by June 30, 2016.

#### Links

"What is Zero Suicide?" (a fact sheet from the National Action Alliance for Suicide Prevention, modified with contact information for the Task Force)

*Suicide Care in Systems Framework* (the foundational document for the "zero suicides" concept)

Zero Suicides in Health Care (the official page of the "zero suicides" project hosted by the National Action Alliance for Suicide Prevention)

"The Power of Zero: Steps Toward High Reliability Healthcare" (reprinted from the March/April 2013 issue of *Healthcare Executive*)

"Zero Suicide Academy Offers Health Care Organizations Approach to Care to Dramatically Reduce Suicides" (press release from the National Action Alliance for Suicide Prevention, issued June 23, 2014)

"Continuity of Care for Suicide Prevention: The Role of Emergency Departments" (a fact sheet from the Suicide Prevention Resource Center)

"Crisis Center Follow Up to Save Resources and Save Lives" (a fact sheet from the National Suicide Prevention Lifeline)

"Depression Care Effort Brings Dramatic Drop in Large HMO Population's Suicide Rate" (from *JAMA*, 2010, Volume 303, No. 19)

"HIPAA Privacy Rule and Sharing Information Related to Mental Health" (a fact sheet from the U.S. Department of Health & Human Services)

#### Endorsements

This page on the TSPN website is intended not only to provide information about the Zero Suicide Initiative Task Force, but also to recognize companies and agencies that have committed to participation in the project

The project is promoted via regular announcements in e-mails from TSPN's central office and articles in the *TSPN Call to Action*, our monthly newsletter.

Current participants in the Zero Suicide Initiative include:



Centerstone is the

# CENTERSTONE

nation's largest not-for-profit provider of community-based behavioral healthcare, offering a full range of mental health services, substance abuse treatment and educational services in Indiana and Tennessee.

Here is some useful self care information shared by our friends at the National Suicide Prevention Lifeline '1-800-273-TALK (8255)' If you need to talk, call 800-273-TALK (8255).

[www.youmatter.suicidepreventionlifeline.org](http://www.youmatter.suicidepreventionlifeline.org)

When I had my first attack I thought I was dying, but now I've (almost) got them under control.

[View on Facebook](#) · [Share](#)

Tennessee Suicide  
Prevention Network  
2 days ago

Our staff will be at the #AAS15 conference in ATL this week and Samantha Nadler will be part of the social media efforts. Please be sure to follow us on twitter @TSPNorg - we will be filling you in on everything happening at the conference!

SPSM chats about #AAS15 and conference social media skills

April 12, 2015, 9:00pm

[spsmchat.com/2015/04/08/spsm-chats-about-aas15-and-social-media-conference-skills-41215-9pm-cst/](https://spsmchat.com/2015/04/08/spsm-chats-about-aas15-and-social-media-conference-skills-41215-9pm-cst/)

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#### Regions

- East Tennessee
- Memphis/Shelby County
- Mid-Cumberland
- Northeast Tennessee
- Rural West TN
- South Central Tennessee
- Southeast Tennessee
- Upper Cumberland



Cornerstone is a nationally recognized treatment facility that aids in healing individuals who suffer from alcoholism and addiction— mind, body and spirit.



## Frontier Health

*Where* People Are Important

Frontier Health is the leading provider of behavioral health services in Northeast Tennessee and Southwest Virginia and offers 24/7 crisis intervention.



## SkyRidge

MEDICAL CENTER

Pine Ridge Center, a division of SkyRidge, has served Southeast Tennessee for more than 30 years. Staff at Pine Ridge work to help establish the wellness of the whole person — emotionally, socially, spiritually and physically — through individualized inpatient and outpatient programs.

### Statewide Zero Suicide Initiative Task Force Members

#### Chair

Scott Ridgway, MS, Executive Director, Tennessee Suicide Prevention Network

#### Co-Chair

Melissa Sparks, MSN, RN, Director, Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services

#### Members

Kelly Askins, MD, Behavioral Health Medical Director, BlueCare Tennessee

Kathy Benedetto, LPC, SPE, LMFT, Senior Vice-President, Tennessee Child and Youth Services, Frontier Health

Renea Bentley, Ed.D., LPC-MHSP, Behavioral Health Clinical Operations Lead, Amerigroup Community Care

Renee Brown, LCSW, BCD, CFAE, Suicide Prevention Coordinator, Memphis VA Medical Center

Lisa A. Daniel, LPC-MHSP, Chief Executive Officer, Memphis Mental Health Institute

C. Lamar Frizzell, M.Div., Director of Assessment & Referral Counseling / Director of Business Development and Community Outreach, Behavioral Health Services, Delta Medical Center

Jennifer Harris, MS, Saint Thomas Hickman Hospital

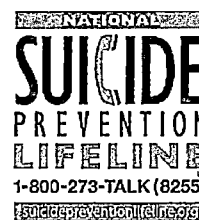
Sean Jones, LCSW, Camden Site Director, Crisis Program Director, Carey Counseling Center

Anne Kelly, AVP Clinical Services, Acadia Healthcare

Tricia Lea, PhD, MBA, Executive Director, Behavioral Health, UnitedHealthcare Community Plan

Stephenie Robb, Executive Director, Behavioral Health Initiatives, Inc.

Mary Shelton, MA, Director, Behavioral Health Operations, Managed Care Operations, Bureau of TennCare



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[Back to top](#)



Anne Stamps, Center Director, Cumberland Mountain Mental Health Center /  
Dale Hollow Mental Health Center, Volunteer Behavioral Health Care System  
Becky Stoll, LCSW, Vice President, Crisis and Disaster Management,  
Centerstone  
Paula Terry, RN, Pathways Behavioral Health Services  
Ellyn Wilbur, MPA, Executive Director, Tennessee Association of Mental Health  
Organizations  
Anne Young, MS, CAS, Program Director, Young Adult and Residential Relapse  
Recovery Program Cornerstone of Recovery

**Ex-Officio Representatives**

Tim Tatum, MA, LPC-MHSP, Director of Behavioral Health, Pine Ridge Treatment  
Center / Advisory Council Chair, Tennessee Suicide Prevention Network  
E. Douglas Varney, Commissioner, Tennessee Department of Mental Health and  
Substance Abuse Services