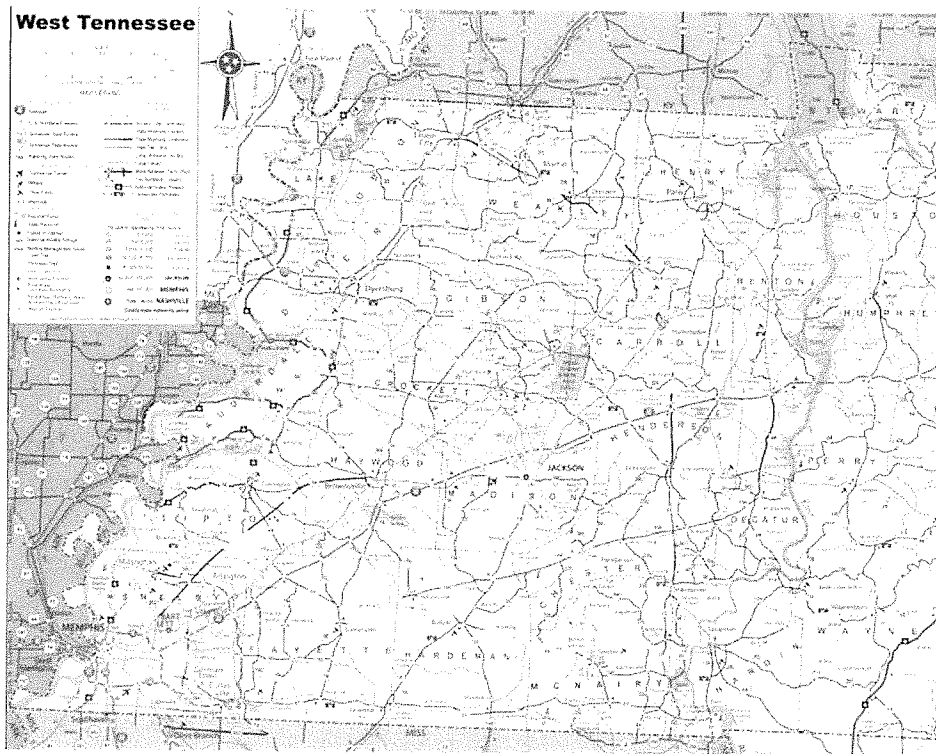


# **Community Health Needs Assessment Update: Pathways Behavioral Health Services**



**Conducted by:**  
**Jackson-Madison County General Hospital**  
**Department of Business Development and Planning**  
**Dawn Harris and Victoria Lake**

**for:**  
**Pathways Behavioral Health Services**

**September 2018**

**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.**

**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  
DYERSBURG HEALTH  
AND  
MARTIN HEALTH  
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 30th day of October, 2018.

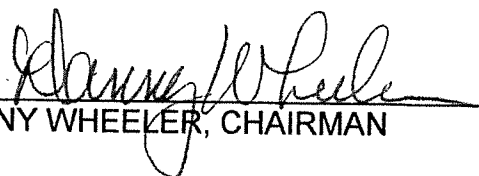
  
DANNY WHEELER, CHAIRMAN

Exhibit 02

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Pathways Behavioral Health Services Community Health Needs Assessment  
2018 Update

**Executive Summary**

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was conducted. This was completed 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. The community health needs assessment update process was a blending of Pathways Behavioral Health Services Advisory Board top health priorities and implementation strategies, and secondary data on the actual extent of particular mental health and substance use issues.

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents in the service area of Pathways Behavioral Health Services with an emphasis on preventive measures.

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Mental Health and Substance Abuse Services; Tennessee Behavioral Health County Data Book 2014; Robert Wood Johnson Foundation and University of Wisconsin; Anxiety and Depression Association of America; Tennessee Department of Health; and National Institute on Aging. The second step in the Community Health Needs Assessment Update process consisted of reviewing priorities and implementation strategies developed by the Pathways Behavioral Health Services Advisory Board.

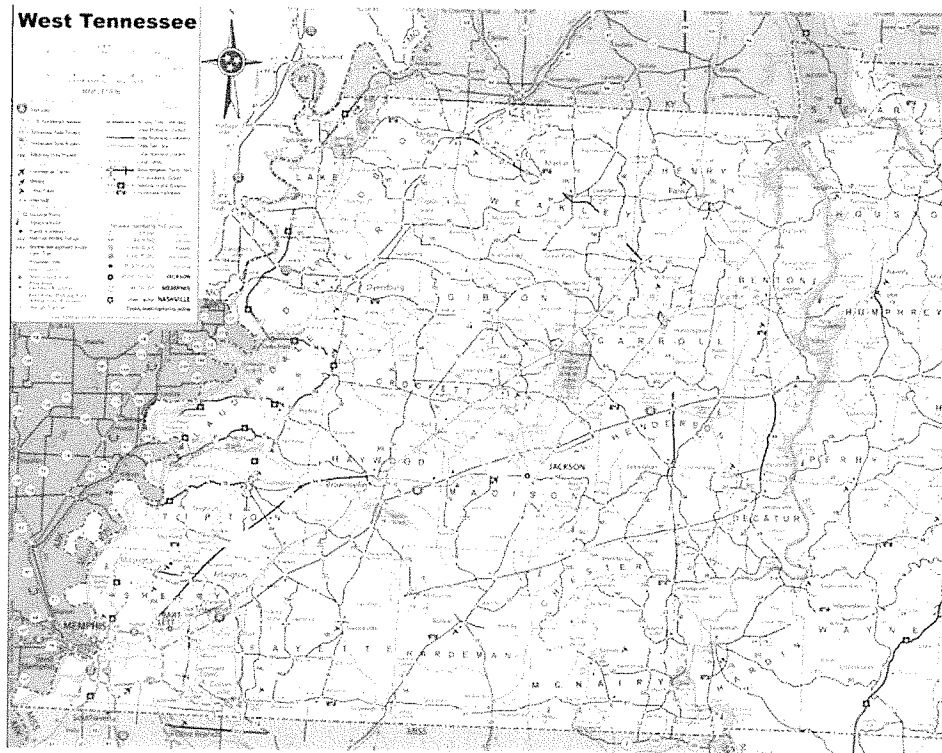
The Pathways Behavioral Health Services Advisory Board identified six priority issues:

1. Chronic Mental Health
2. Depression
3. Domestic Violence/Anger Management

4. Co-Occurring Mental Health and Substance Abuse
5. Alcohol, Drug, and Prescription Drug Abuse with an emphasis on the Opioid Crisis
6. Suicide

Several goals, objectives, and implementation strategies were identified to address these health issues that emphasize screenings, education and collaboration with other community agencies with the purpose of easing the burden of health disparity for the West Tennessee communities Pathways Behavioral Health Services serves.

# **Community Health Needs Assessment Update: Pathways Behavioral Health Services**



**Conducted by:**  
**Jackson-Madison County General Hospital**  
**Department of Business Development and Planning**  
**Dawn Harris and Victoria Lake**

**for:**  
**Pathways Behavioral Health Services**

**September 2018**

**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.**

## **Introduction**

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was conducted. This was completed 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 community health needs assessment update process was a blending of Pathways Behavioral Health Services Advisory Board top health priorities and implementation strategies, and secondary data on the actual extent of particular health issues.

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

Owned by the Jackson-Madison County General Hospital District, Pathways Behavioral Health Services is a community mental health center serving the needs of residents in seven counties. Pathways has a history of service to the Madison County area and is the product of one purchase and one merger. Pathways Behavioral Health Services 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 and finally Pathways Behavioral Health Services. The corporate offices of Pathways are located on 238 Summar Drive in Jackson.

Pathways Behavioral Health Services is a public, not-for-profit affiliate of West Tennessee Healthcare and is accredited by The Joint Commission. 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 Behavioral Health Services primarily serves a seven county area in rural West Tennessee. *Table 1* contains overview data for these counties (Source: Tennessee Department of Economic and Community Development, 2018).

Table 1: Service area data by county

County	Population (2017)	Poverty	Caucasian	African American	Other	Per Capita Income	Population > Age 65
Dyer	37,463	18.6%	82.4%	13.5%	4.1%	\$38,195	16.0%
Gibson	49,111	18.7%	78.5%	18.3%	3.2%	\$36,898	17.7%
Haywood	17,573	21.0%	46.0%	50.1%	3.9%	\$30,274	16.3%
Henderson	27,751	20.7%	89.1%	7.9%	5.3%	\$33,476	16.7%
Lake	7,468	29.2%	68.4%	28.7%	5.1%	\$23,894	15.1%
Madison	97,643	19.4%	59.6%	37.4%	3.0%	\$40,101	15.0%
Obion	30,385	21.1%	85.7%	10.2%	7.9%	\$36,729	18.8%

In addition, 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, Tennessee Technology Centers, and West Tennessee Business College.

### **Description of the Community Health Needs Assessment Update Process**

The mission of the Community Health Needs Assessment is to evaluate and improve the mental health status and wellbeing of the residents of a nine county area in rural West Tennessee with an emphasis on preventive measures.

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Health, County Health Rankings and Roadmaps, Tennessee Department of Economic & Community Development, Behavioral Health County and Region Services Data Book, NIBRS, TN PRISM, and the National Institute of Mental Health. This data is presented in **Appendix A**. The second step in the Community Health Needs Assessment Update process consisted of reviewing priorities and implementation strategies developed by the Pathways Advisory Board.

### **Pathways Behavioral Health Services Advisory Board**

Pathways is an affiliate of West Tennessee Healthcare and the Pathways Advisory Board is composed of community members who represent diverse interests of West Tennessee. The Advisory Board meets on a quarterly basis to determine priorities and implement strategies to address the mental health priorities of the counties served. They went through a structured process to select six priorities for improving health outcomes:

1. Chronic Mental Health
2. Depression
3. Domestic Violence/Anger Management
4. Co-Occurring Mental Health & Substance Abuse
5. Alcohol, Drug, and Prescription Drug Abuse (emphasis on the Opioid Crisis)
6. Suicide

The priorities are selected for a period of 2 - 3 years with the last priority selection occurring in 2016. The Pathways Advisory Board reviews progress toward these six priorities on a quarterly basis.

### **Implementation Strategies**

#### ***Chronic Mental Health and Depression***

##### **Therapy or Counseling**

Individual, couple, family, and group counseling by mental health professionals is available.

##### **Bridges**

**Building Recovery and Individual Dreams and Goals through Education and Support** is a six-week self-help program that provides education and support to mental health consumers. The group meets on Tuesdays from 12:30-2 p.m.

##### **Wellness Recovery Action Plan (WRAP)**

WRAP will help identify wellness tools that benefit you and how to use those wellness tools when experiencing physical and emotional symptoms. Group is scheduled to meet once a month from 8:30 a.m.-2 p.m. in Jackson, TN.

##### **Case Management**

Provided in Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion 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 strengths perspective. Assessments are done in order to qualify clients for service. Services are provided within the enhanced benefit package of the TennCare Partners Program.

## **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 Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion counties.

## **Peer Support Services**

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 BRIDGES 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.

Peer support is a service of 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. These services are available in Dyer, Henderson and Madison counties. We have consumers trained as Peer Support Specialists who may be able to assist you in dealing with problems outside your formal therapy at the Center.

### **Health Link Program**

The Health Link Program provides a mechanism for coordinating care between physical health services and behavioral health services. By bringing physical and behavioral needs together, individuals are better able to overcome barriers that keep them from reaching their full potential

### **Emergency Services**

Mental health professionals are available to provide crisis intervention services twenty-four hours per day, seven days per week through a Crisis Line for people in psychiatric emergencies.

### **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. Pathways' Outpatient Counseling services are provided in these counties: Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion.

### **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: Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion.

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 Behavioral Health Services operates the first CSU in West Tennessee.

### **Mobile Crisis Team**

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

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.

## **Domestic Violence/Anger Management**

### **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, and Obion.

### **Anger Management Group**

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

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

### **Inpatient Psychiatric Care**

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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.

### **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.

Pathways' Outpatient Counseling services are provided in these counties: Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion.

## **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, Haywood, Henderson, Lake, Madison, and Obion counties.

## **Alcohol Abuse, Drug Abuse, Prescription Drug Abuse**

### **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.

### **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, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion 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.

#### **Intensive Outpatient Program (IOP) Alcohol and Drug Group**

The group meets Monday, Tuesday, and Wednesday from 9 a.m.-12 p.m., and 4-7 p.m. Meetings are in the Pathways Group Room. For co-occurring treatment of mental health/substance abuse disorders, education about addiction, and identifying relapse triggers. Contact Jim Jones at 731-541-8297 for more information.

#### **Relapse Prevention Treatment Group for Substance Abuse**

The group meets Mondays from 7-8:30 p.m. in Jackson, TN. The group is for clients who have a primary diagnosis of substance abuse disorder.

### **Treatment for Adolescents**

#### **Breakthrough Program**

Intensive on-going treatment program for adolescents struggling with substance abuse problems; ages 13-18. The group meets every Monday, Tuesday & Thursday from 3-6 p.m. at 238 Summar Drive in Jackson, TN. Please contact Carolyn Hulsey at 731-541-8284 for more information. The adolescent will be required to do one additional session each week. This will be set based on adolescent and staff schedule.

Breakthrough Community Based - Alcohol and Drug focused groups in the surrounding counties usually in the school or organized location.

### **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

### **Children and Youth Homeless Outreach**

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.

### **Suicide**

Pathways is active in the Tennessee Suicide Prevention Network and the National Suicide Prevention Lifeline number is located prominently on the Pathways website. Pathways also has their own 24 hour Crisis Hotline 1-800-372-0693, a 24 hour Walk-In Crisis Triage Center in Jackson, and the Connections to Care Program that targets clients seen in crisis who are suicidal to ensure they have services while waiting for other outpatient services to begin.

### **Conclusion**

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was presented to the West Tennessee Healthcare Quality Council on October 2, 2018. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on October 30, 2018, and the Pathways Behavioral Health Services Community Health Needs Assessment was approved on this date. The Assessment will be updated in three years as stipulated in the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010.

# Pathways Behavioral Health Services

## Health Issue Prevalence Data

September 2018

### Alcohol Abuse

\* Approximately 5.8 million people (About 15 percent) ages 12-20 are binge drinkers.

\* Approximately 1.7 million people (about 4.3 percent) ages 12-20 are heavy drinkers.

\* 40.1 percent of college students age 18-22 engage in binge drinking (5+ drinks).

\* 14.4 % of college students age 18-22 engage in heavy drinking (5+ drinks 5 times).

\* 1,825 college students died from unintentional alcohol-related injuries.

\* 97,000 students report experiencing alcohol-related sexual assault or date rape.

\* 48.2 percent of cirrhosis deaths are alcohol-related.

\* 1 in 3 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	FY2015	FY2016
Madison	276/59.1%	231/56.2%	293/56.8%	241/54.5%	209/51.7%
Henderson	58/58.0%	62/54.4%	46/51.7%	42/46.2%	40/40.8%
Hardeman	73/68.2%	43/67.2%	27/55.1%	30/58.8%	28/50.9
Haywood	36/72.0%	37/69.8%	36/67.9%	28/68.3%	14/*
Crockett	46/65.7%	35/64.8%	50/72.5%	27/58.7%	22/45.8%
Gibson	114/58.5%	115/65.7%	128/63.1%	122/53.0%	108/47.4%
Lake	11/*	14/*	9/*	<5/*	6/*
Dyer	57/52.8%	69/51.9%	92/62.6%	59/57.8%	32/41.0%
Obion	78/63.4%	72/57.1%	47/48.0%	38/49.4%	21/40.4%
Weakley	20/52.6%	25/51.0%	29/48.3%	14/*	17/*
TN	45.30%	45.40%	44.20%	44.80%	5,894/42.1%

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

Source: Tennessee Behavioral Health County Data Book 2014.

### Excessive Drinking and Alcohol-Impaired Deaths

Area	2012	2013	2014	2015	2016
Madison	8%	10%	10%	10%	11%
Henderson	6%	7%	no data	no data	12%
Haywood	10%	10%	no data	no data	9%
Crockett	9%	5%	no data	no data	11%
Gibson	11%	11%	10%	10%	11%

Lake	4%	4%	no data	no data	12%
Dyer	11%	11%	10%	10%	12%
Obion	8%	8%	8%	8%	11%
Weakley	9%	8%	8%	8%	12%
Hardeman	5%	5%	5%		10%
TN	9%	10%	9%	9%	12%

Source: Robert Wood Johnson Foundation and University of Wisconsin.

### 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.
- \* 1 in 20 of us has had a fight with the person living next door.
- \* 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 the PC or hurling parts of it

Source: The British Association of Anger Management, Beating 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
- \* 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.

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

- \* 5.6 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.

Source: Tennessee Behavioral Health County Data Book 2014.

**Dementia/Alzheimer's Disease**

**Deaths from Alzheimer's per 100,000**

	Total	TN White	Black
2013	38.9	44.8	19.5

No data for deaths past 2013

Source: Tennessee Department of Health.

\* Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory

\* Alzheimer's disease is currently ranked as the sixth leading cause of death in the United

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

\* By 2050, this number is projected to rise to 14 million people, a nearly three-fold increase.

\* Tennessee in 2014: 16,000 adults ages 65-74 living with Alzheimer's.

\* Tennessee in 2014: 47,000 adults ages 75-84 living with Alzheimer's.

\* Tennessee in 2014: 41,000 adults ages 85+ living with Alzheimer's.

Source: Tennessee Department of Health; National Institute on Aging; Centers for Disease Control and Prevention (2018).

<b>Depression</b>						
* Major depressive disorder affects 14.8 million American adults 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. Median 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.						
<u>Source:</u> Depression and Bipolar Support Alliance. Depression Statistics.						
<b>Domestic Violence</b>						
* 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 in 3 female homicide victims are murdered by their current or former partner.						
* Domestic violence victims face many mental health and physical health issues, including depression, sleep deprivation, anxiety, heart disease, other chronic conditions.						
* Most domestic violence incidents are never reports.						
<u>Source:</u> SafeHorizon. Domestic Violence Statistics and Facts.						
<b>Eating Disorders</b>						
* 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.

### **Mental Illness**

\* 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.

\* 60 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 of Percent of People Age 18-25 With Any Mental Illness in the Past Year**

Area	2011-2012	2012-2013	2013-214	2014-2015	2015-2016
TN	18.60%	19.40%	19.90%	20.40%	21.80%
US	19.10%	19.50%	19.80%	20.90%	21.90%

### **Estimated Number of Percent of People Age 18+ With Any Mental Illness in the Past Year**

Area	2011-2012	2012-2013	2013-214	2014-2015	2015-2016
TN	20.30%	20.50%	20.40%	19.90%	19.60%
US	18.20%	18.50%	18.30%	18.00%	18.10%

### **Estimated Number of Percent of People Age 18-25 With Serious Mental Illness in the Past Year**

Area	2011-2012	2012-2013	2013-214	2014-2015	2015-2016

TN	4.00%	4.20%	4.70%	4.80%	5.60%
US	4.00%	4.20%	4.50%	4.90%	5.50%
<b>Estimated Number of Percent of People Age 18-25 With Serious Mental Illness in the Past Year</b>					
<b>Area</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-214</b>	<b>2014-2015</b>	<b>2015-2016</b>
TN	4.30%	4.60%	4.70%	4.40%	5.00%
US	4.00%	4.10%	4.20%	4.10%	4.10%
<u>Source:</u> Tennessee Department of Mental Health and Substance Abuse Services					
<u>Source:</u> Tennessee Behavioral Health County Data Book 2014, 2018					
<b>Rape</b>					
<b>Shelter/Outreach/Hotline/Advocacy Served by Wo/Men's Resource and Rape Assistance Program</b>					
	<b>2013-2014</b>				
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 Unide	50				
Out of Service	79				
Out of State	33				
Total	2189				
<u>Source:</u> Wo/Men's Resource and Rape Assistance Program Data.					
<b>Substance Use</b>					

**Number and percent TDMHSAS funded treatment admissions with CRACK COCAINE identified as substance of abuse**

	TN	Region 6				
2016	2,614/18.7	274/17.1				
2015	2,634/19.6	328/20				
2014	2,722/20.1	340/20.1				

**Number and percent TDMHSAS funded treatment admissions with HEROIN identified as substance of abuse**

	TN	Region 6				
2016	1,518/10.8	138/8.6				
2015	1,069/8	87/5.3				
2014	721/5.3	52/3.1				

**Number and percent TDMHSAS funded treatment admissions with MARIJUANA identified as substance of abuse**

	2014	2015	2016			
Dyer	54/51.9	42/45.7	41/52.6			
Gibson	77/42.1	90/40.7	123/53.9			
Haywood	18/*	14/*	22/64.7			
Henderson	30/38.5%	32/37.2%	41/41.8%			
Lake	13/*	9/*	8/*			
Madison	196/45	165/40.6	162/40.1			
Obion	44/51.2%	41/56.9%	23/44.2%			
TN	5,362/39.6	5,206/38.7	5,327/38			

**Number and percent TDMHSAS funded treatment admissions with METH identified as substance of abuse**

	2014	2015	2016			
Dyer	25/24	21/22.8	24/30.8			
Gibson	51/27.9	42/19	68/29.8			
Haywood	11/*	5/*	9/*			
Henderson	22/28.2%	28/32.6%	47/48.0%			
Lake	<5/*	6/*	<5/*			
Madison	46/10.6	63/15.5	72/17.8			
Obion	41/47.7%	26/36.1%	23/44.2%			
TN	1,849/13.7	2,089/15.5	2,869/20.5			

**Number and percent TDMHSAS funded treatment admissions with OPIOIDS identified as substance of abuse**

	2014	2015	2016			
Region 6	19/*	15/*	25/59.5			
TN	5,859/43.3	5,907/43.9	5,792/41.4			

**Number and percent TDMHSAS funded treatment admissions with OTHER illicit drugs identified as substance of abuse**

	FY2014	FY2015	FY2016			
Region 6	242/14.3%	243/14.8%	165/7.7%			
TN	2198/16.2%	2,275/16.9%	2,301/16.4%			

Source: 2017 Tennessee Behavioral Health County and Region Services Data Book.

**Number of drug related arrests for adults over 18**

	2015	2016	2017			
Dyer	51	61	74			
Gibson	28	123	98			
Haywood	4	12	10			
Henderson	23	27	40			
Lake	8	0	22			
Madison	150	300	301			
Obion	48	65	63			

Source: NIBRS, 2015-2017.

**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?

<b>RESOURCES</b>									
<b>Alternatives to Hospitalizations</b>									
<ul style="list-style-type: none"> <li>* Waiting lists to see a psychiatrist prevent consultation about medication management.</li> <li>* It can be 4-6 weeks before a psychiatrist can see a client.</li> <li>* 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.</li> </ul>									
<p><u>Source:</u> Psycheducation.org; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs from PsychiatryOnline.org.</p>									
<b>Crisis Services</b>									
<ul style="list-style-type: none"> <li>* Suicide is the 10th leading cause of death (41,149 reported).</li> <li>* Suicide rate is 12.6 per 100,000.</li> <li>* The highest suicide rate is among people 45 to 64 years (19.1).</li> <li>* The second highest suicide rate is for those 85 years and older (18.6).</li> <li>* Suicide rate higher for men than women (men 20.0, women 5.5).</li> <li>* Suicide rate for Caucasians is 14.2; American Indian is 11.7; Asian is 5.8; African American is 5.4; Hispanic 5.7.</li> <li>* Economic cost is \$44 billion in lost wages and productivity.</li> <li>* 494,169 people visited a hospital in U.S. due to self-harm behavior.</li> </ul>									
<p><u>Source:</u> American Foundation for Suicide Prevention.</p>									
<ul style="list-style-type: none"> <li>* 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</li> <li>* 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</li> </ul>									
<p><u>Source:</u> Tennessee Department of Mental Illness and Substance Abuse Services.</p>									
<b>Education Services</b>									
<ul style="list-style-type: none"> <li>* Over 50 percent of students age 14 or older with a mental disorder drop out of high school, the highest rate for any disability group.</li> </ul>									
<p><u>Source:</u> National Alliance on Mental Illness.</p>									



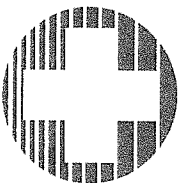
* Research shows that psychiatrists should see 37 stable patients, 8 unstable patients, and 3 new patients.					
* Waiting time to see a psychiatrist after arranging appointment is 4-6 weeks.					
Source: SAMHSA; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs.					

PATHWAYS ADVISORY BOARD MEETING		Date of Meeting: April 10, 2018
Present:	Tyreece Miller, Mickie Whitaker, Daryl Hubbard, Angie Lowery, Ryan Porter, Pam Henson, Tammy Wright, Debbie Elfelder, Dawn Harris	Date of Next Meeting: July 2018
Absent:	Kell Gooch, Cindy Burden, Paula Beard, Kim Parker, Dr. Lisa Piercey	
Chairman:	Tyreece Miller	
Topic/Issue		Responsible Party/Follow-up
Call To Order	Tyreece called the meeting to order.	
Approval of Minutes	Ryan Porter approved the minutes from the last meeting and Angie Lowery seconded.	Information Only
Old Business:	None	
New Business:		
COMMUNITY HEALTH NEEDS ASSESSMENT UPDATE	Dawn Harris, Business Development, came to review and update our Community Health Needs Assessment. We last completed an update in 2015. Board members reviewed priorities and implementation strategies from 3 years ago. Opioid Addiction was added as #2 of Priorities and Dementia was removed. Removed "Coordinates safe, affordable housing with existing providers," "Tennessee strategy for suicide prevention," and "Address dementia through current programming and geropsych providers in the service area."	
PEOPLE		
Board Members	Pam presented Angie Lowery with a plaque thanking her for her years of service on the Pathways Advisory Board. Mickie Whitaker nominated Dale Britain as a possible replacement. Board agreed and Mickie will ask Dale if she is interested.	Information Only
Employee Information	Pam reported that the Lexington staff won the 2018 Red Hot Photo contest! Other staff celebrations include: Kim Parker won the WTH President's Award and Pat Taylor, LCSW won the Youth Town Giraffe Hero Award. We continue to have success with the Case Manager Bonus Plan that began last July and with the Outpatient Therapist Incentive Plan.	Information Only
Medical Staff	Pam reported that we have made an offer to 2 nurse practitioners. Anthony Lake (nurse practitioner) has still not been able to return to work following the stroke he had in October.	Information Only
Credentialing Report & Approval	Reviewed credentialing activity for January through March. A motion was made by Ryan Porter to approve the report and was seconded by Angie Lowery. See attached presentation for details.	Information Only



QUALITY / SAFETY		
Policy & Procedure Report and Approval	Reviewed Policy & Procedure activity for the 1st quarter of 2018. A motion was made by Mickie Whitaker to approve the report and was seconded by Daryl Hubbard. See attached presentation for details.	Information Only
Quality Plus	Pam reviewed Adverse Drug Reactions (1) and Medication Errors (19) for January through March 2018. None of the Medication Errors were rated as serious by the pharmacist who reviews them.	
Medications	Tammy reviewed Peer Review information for the quarter. Pain Assessments were at 100% for the Inpatient Unit for the 1st quarter of 2018. Completion of TB Skin Tests was 100% for the Inpatient Unit and CSU for the quarter. There were 2 Restraints and 0 Seclusions during the quarter. Informed Consent for Medications given in Outpatient Program was 80% in January and 100% in February.	Information Only
Peer / Concurrent Review Report	Reviewed information regarding Intakes and the number scheduled. Kept, canceled, etc. The Did Not Show percentage for the quarter was 37% in January, 36% in February and 36% in March. See attached slide.	Information Only
Intake Statistics	Debbie reported there were no healthcare acquired infections during the quarter. There were no hazardous spills during the reporting period. There were 18 incidents reported during the January & February of 2018. Breakdown of types of incidents was reviewed. Safety Checks and Fire Drills were completed as required. Monthly inspections of fire extinguishers, smoke alarms, exit & emergency lights and panic buttons were completed. The Brownsville office is undergoing a re-design and re-grade to prevent water seepage. The Jackson office front door locking system is to be re-configured.	Information Only
Safety / Risk Management Report	Tammy reported that during the month of January we had Appointment Timeliness Audits from both Amerigroup & United Healthcare. Amerigroup also completed a Tennessee Health Link Engagement Review. The Department of Mental Health completed a fiscal review of all Pathways grants. BlueCare completed a Tennessee Health Link Engagement Review in February and United Healthcare completed this review in March.	Information Only
SERVICE		
Customer Satisfaction Surveys	Tammy reviewed the results of the offices with completed surveys during January & February 2018. See attached graphs.	Information Only
Complaints & Grievances	Pam gave a report of the Complaints & Grievances for the calendar year to date. The report included the number of complaints, the number by office per 1000 events, location of complaints and nature of complaint. There were 5 Complaints and 0 Grievances reported during January & February 2018.	Information Only

Compliments	Pam reviewed the Catch Us at Our Best card received during the quarter, positive comments noted on the Outpatient Customer Satisfaction surveys and positive comments received by staff.	Information Only
Community Service	Pam reviewed many Community Service events that Pathways' staff were involved in during the quarter. See individual slides for specific information.	
VALUE		
Financial Information	Pam handed out the Financial results for February 2018. For the month Pathways had a profit from operations of \$144,812 compared to a budgeted profit of \$132,830. Pathways has a year-to-date profit from operations of \$384,210 vs a budgeted profit from operations of \$438,531. We are currently working on the FY 19 budget and should have it ready for Board members to review prior to the July 10th meeting.	Information Only
New Services / Service Delivery Changes	Pam reported that we have an LCSW working 1 day / week at PrimeCare in Selmer. We have utilized money received from the Department of Mental Health to start a program we call "Connections to Care." This program works with high risk clients following a crisis to ensure their safety until appropriate services are initiated. We have purchased 19 telehealth units to deploy throughout the region to be able to provide services to clients addicted to opiates wherever they are. We are beginning an adult Mental Health Intensive Outpatient Program in Jackson this month.	Information Only
EXECUTIVE DIRECTORS REPORT	Pam reported that Pathways is part of the Tennessee Redline which is a statewide number for anyone with a substance abuse issue to be able to call and get connected with local treatment facilities. There may be public service announcements about this on radio and TV. The Department of Mental Health is working on 2 video stories that involve Pathways. A success story from our Individual Placement & Support (IPS) Program and a story related to the Madison County Criminal Justice collaboration. Both should be available soon. Pam reported that WTH is scheduled to take over 3 hospitals and several medical practices owned by Tennova on May 31st.	Information Only
Next Meeting	The next regularly scheduled meeting is July 10, 2018. Pam will send proposed FY 2019 operating and capital budget to Board Members through e-mail for review prior to the July meeting so that it will be approved prior to the WTH Board Meeting.	Information Only
	There being no further business, meeting adjourned.	Information Only
	Tyreece Miller, Chairman <i>Tyreece Miller</i>	
	Date: 7/31/18	



**Pathways**

## **Behavioral Health Services™**

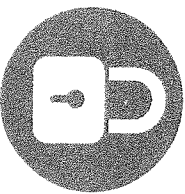
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**Pathways**

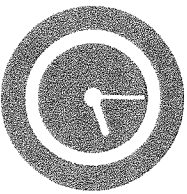
## **Behavioral Health Services™**

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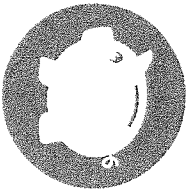
### **Private & Confidential**

During difficult times, we know that your privacy is invaluable. All information in your chart or relayed to staff is kept private and confidential, and is not released without your written consent unless directed otherwise by law.



### **Continuous & Holistic**

Whether substance abuse detox, inpatient stay, crisis counseling, medication management, psychological testing, homeless outreach, respite services, case management, or outpatient counseling, we stay with you from beginning to end.



### **Affordable & Convenient**

With 8 different offices, we are ready to offer services at a location near you. While the ultimate payment responsibility is yours, Pathways accepts cash, credit cards, Medicare, TennCare, and many private insurance companies as well as grant-funded opportunities.

*We offer priority preference to pregnant women who are injecting drugs.*

**DON'T GO IT ALONE**

**help is here.**

[wth.org/pathways](http://wth.org/pathways)

**Brownsville**  
1120 Jammell Street  
731.772.4685

**Dyersburg**  
2035 St. John Avenue  
731.285.1393

**Jackson**  
238 Summar Drive  
731.541.8200

**Jackson EAP**  
33 Director's Row  
731.541.7605

**Lexington**  
1759 W. Church Street  
731.968.8197

**Milan**  
4039 Highland Street  
731.723.1327

**Tiptonville**  
223 Court Street  
731.253.7780

**Union City**  
930 Mt. Zion Road  
731.885.9333

### **Adult Services**

Counseling for mental health, substance abuse and co-occurring disorders including inpatient services, medication management, intensive outpatient group therapy, support groups, anger management groups, supportive employment, psychological testing, case management, crisis services, respite, and crisis stabilization.

### **Youth Services**

Counseling for mental health, behavioral, substance abuse and co-occurring disorders, school and home-based case management services, medication management, psychological testing, intensive outpatient group therapy, family therapy, anger management and communication skills training, trauma-focused cognitive behavioral therapy.

**help is here.**

For initial appointments 1.800.587.3854  
24-hour Crisis Hotline 1.800.372.0693

[wth.org/pathways](http://wth.org/pathways)