Community Health Needs Assessment (CHNA): Pathways of Tennessee, Inc.

Conducted by:
Jackson-Madison County General Hospital
Department of Business Development and Planning
Victoria S. Lake
Jocelyn D. Hodge
Megan Carefoot

for:
Pathways of Tennessee Inc.

April 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.

RESOLUTION OF THE BOARD OF TRUSTEES
OF
JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT
AND
HUMBOLDT GENERAL HOSPITAL, INC.
AND
GIBSON GENERAL HEALTHCARE CORPORATION
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 issued Notice 2011-52 Notice Regarding Community Health Needs Assessments for Tax Exempt Hospitals; 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 Issued Notice 2011-52, 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.

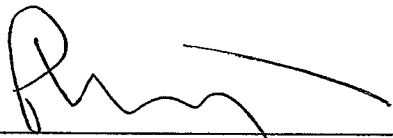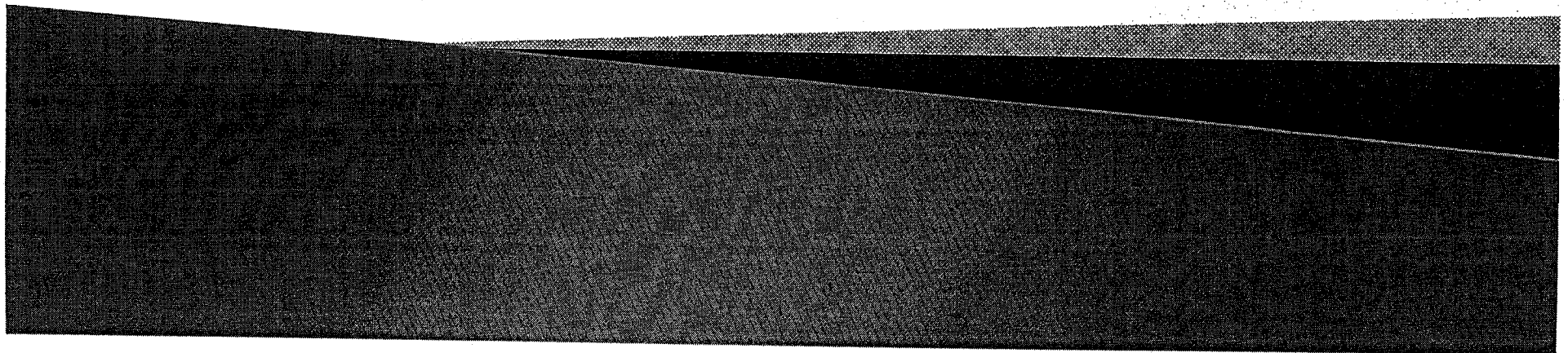ADOPTED, this the 25th day of September, 2012.
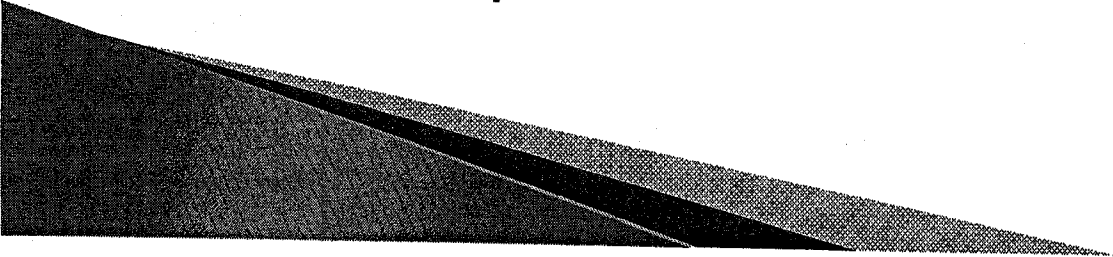
_____
PHIL BRYANT, Chairman

Exhibit ____

Patient Protection and Affordable Care Act–Required Community Health Needs Assessments

Conducted By:
West Tennessee Healthcare Department of
Business Development and Planning

Community Health Needs Assessments

- Conducted to fulfill requirements of the Patient Protection and Affordable Care Act enacted March 10, 2010.
- **Required for all public and not-for-profit hospitals only**
- Procedures followed and information provided in the reports meet requirements in IRS issued Notice 2011-52 Notice Regarding Community Health Needs Assessments for Tax Exempt Hospitals
- Hospital organizations with multiple hospitals must conduct community needs assessment for each hospital.

Community Health Needs Assessments

- Assessments conducted for the following counties:
- Camden General Hospital–Benton County
- Bolivar General Hospital–Hardeman County
- Gibson General Hospital–Gibson County
- Humboldt General Hospital–Gibson County
- Milan General Hospital–Gibson County
- Jackson–Madison County General Hospital– Madison, Crockett, Chester Counties
- Pathways of Tennessee–Crockett, Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, Weakley Counties
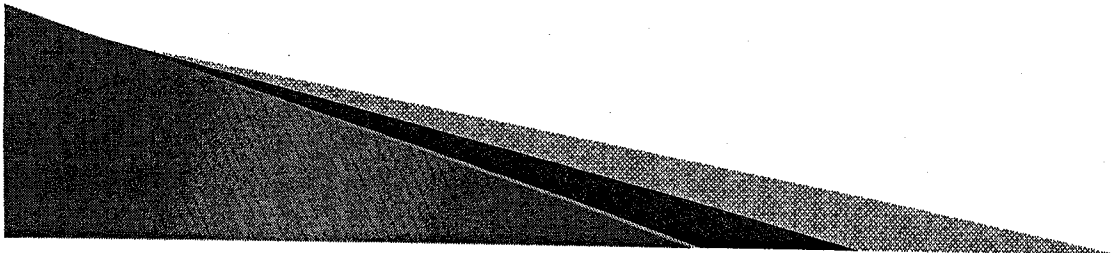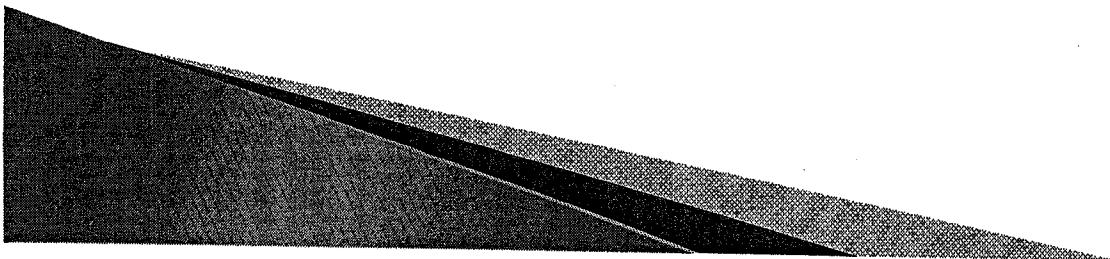
Community Health Needs Assessments

- ▸ Assessment must include the following:
  - ○ Description of the community and how "community was determined"
  - ○ Description of the process and methods used, including sources and dates of data collection, analytical methods used, information gaps, collaborating organizations
    - • Report has 10 organizational goals, committee at each facility that worked on assessments, secondary data that was reviewed that included at least 3 years of trend data for each health issue, analytical method (Hanlon Method), information gaps, collaborating organizations
  - ○ Description of how hospital considered input from persons representing broad interests of the community
  - ○ Each county had a committee of community representatives who participated in data collection & process of prioritizing health issues
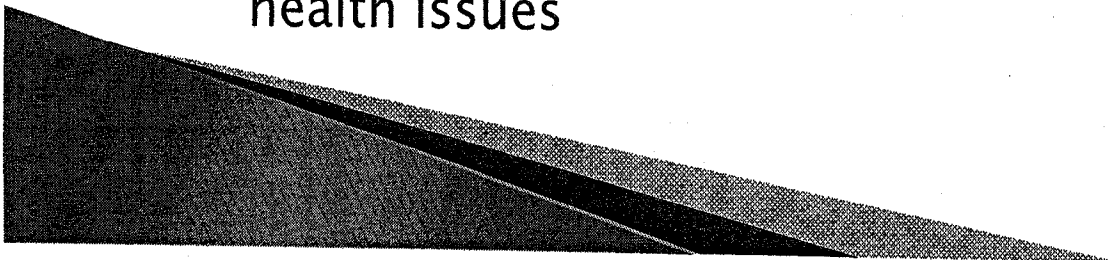
Community Health Needs Assessments

○ Community surveys distributed throughout each county requesting information on perceptions of health issues facing the area
- Number of returned surveys:
- Madison County: 1,099
- Gibson County: 387
- Benton County: 158
- Hardeman County: 425
- Chester County: 145
- Crockett County: 148
- Pathways: 263

○ Description of prioritizing health needs:
- community committee input
- Hospital staff use of Hanlon Method that considers size, seriousness, and effectiveness in prioritizing health issues

Community Health Needs Assessments

- Each report contains listing of health resources for each county.
- Community committee had reps from county health department, agencies serving low income & minorities
- Implementation strategies must be identified for each prioritized health issues
- Pathways of Tennessee identified health issues:
  - Chronic mental health
  - Depression
  - Domestic violence/anger management
  - Co-occurring (mental health and substance abuse)
  - Alcohol, illegal drugs, prescription drug use

Community Health Needs Assessments

Identified Health Issues By County

|	Benton	Chester	Crockett	Gibson	Hardeman	Madison
Heart Conditions	X	X	X	X	X	X
High Blood Pressure	X	X		X	X	X
Cancer	X	X	X	X	X	X
Obesity	X	X	X	X	X	X
Diabetes	X	X	X	X	X	X
Tobacco Use/Alcohol/Drug Use			X			
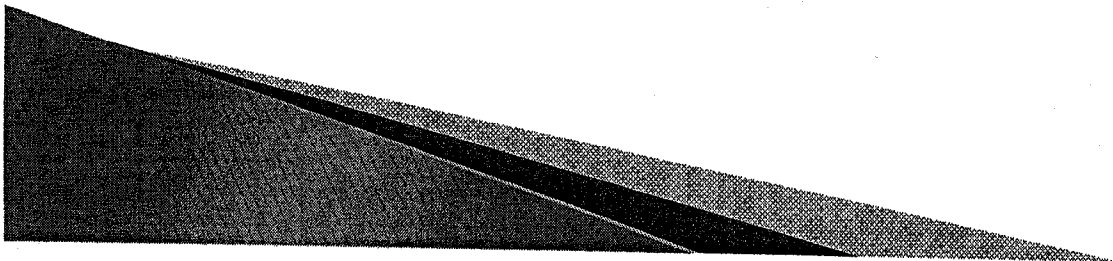
Community Health Needs Assessments

- Implementation Strategies for Hospitals:
  - 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
  - Local exercise programs
  - Local health education classes
  - Numerous mental health, substance abuse outreach programming
- Assessments must be updated and revised very three (3) years
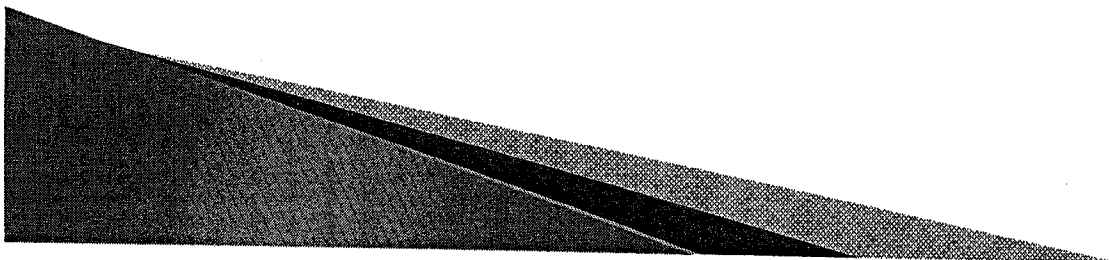
Burden of Chronic Disease

Heart disease, high blood pressure, obesity, diabetes, some cancers
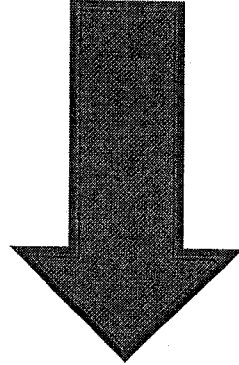
LIFESTYLE FACTORS

Poor dietary choices, physical inactivity
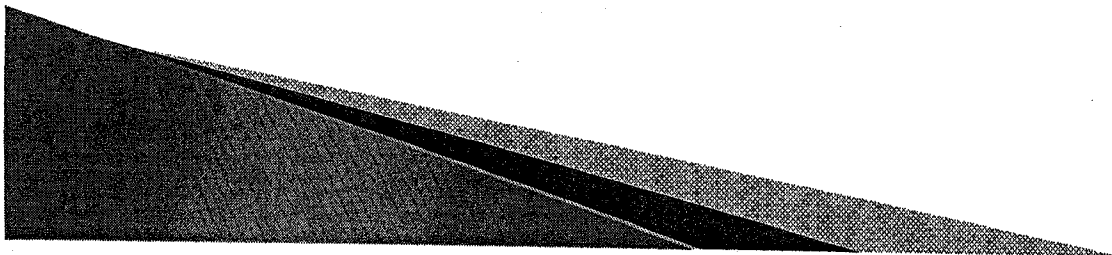
Initiatives to Address Chronic Diseases

- LIFT Wellness Center
  - Medical fitness, clinical integration programs
    - Joint replacement, phase 3 cardiac rehab, bariatrics
- Healthy Heights Employee Wellness Program
  - WTH employees
  - Turn-key product available to other employers
- Disease Management Program
  - Diabetes, congestive heart failure (CHF)
  - Referred by physicians, employer groups, at hospital discharge, self-enroll
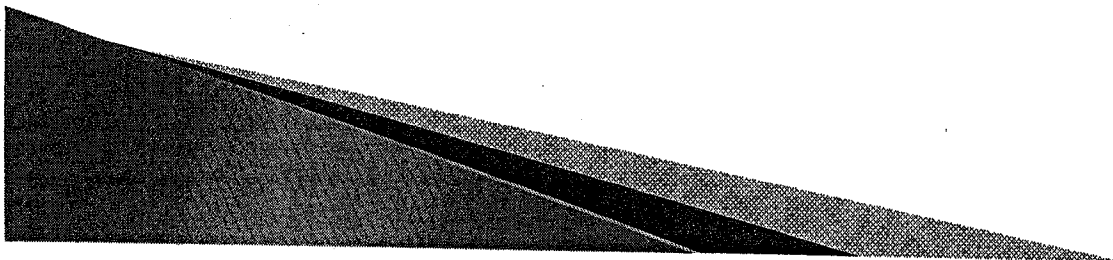
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Executive Summary

Pathways of Tennesse Community Health Needs Assessment
Executive Summary

Under the leadership of Pathways of Tennessee, a community health needs assessment of Crockett, Dyer, Haywood, Henderson, Madison, Obion, Weakley, Hardeman, and Lake Counties in, Tennessee was conducted 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 process was a blending of citizen perceptions of mental health issues facing the community with secondary data on the actual extent of particular problems. Community input on the perception of mental health issues facing the area was accomplished through a survey administered throughout the nine county area. Community input was also considered from a diverse group of community representatives. The mental health, substance abuse, and dual diagnosis needs for children, adolescent, and adults were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method.

Community input on the perception of behavioral health issues facing the area was accomplished through a survey administered throughout the Pathways service area. A total of 263 completed surveys were returned. The completed surveys were analyzed focusing on what percentage of the respondents thought a behavioral health issue "was not a problem," "not sure," or "was a problem" for the community. Community input was also considered from a diverse group of community representatives. The community committee narrowed a large list of behavioral health issues on the survey to eleven (11). These 11 issues were:

Chronic mental health	Depression	Domestic Violence
Anger Management	Co-Occurring mental health	Substance abuse
Alcohol abuse	Drug abuse	anxiety
Post traumatic stress disorder (PTSD)	Prescription drug abuse	

Further research was conducted by hospital staff to provide information on the size, seriousness, and available community resources for each of the11 behavioral health issues identified by the community committee. Pathways needs were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method. The Hanlon Method, developed by Felix, Burdine and Associates, was used to assign numerical values to rate the size, seriousness, and effectiveness of available interventions for each issue.

Consistent and common resources identified for each issue include local school systems, local Juvenile Courts, local drug courts, mental health courts, local churches, physicians clinics, National Alliance on Mental Illness, Rainbow Peer Support Center, YMCA, Depression and Bipolar Support Alliance, and Women's Resource and Rape Assistance Center.

As a result of reviewing secondary data on the size, seriousness, available community resources and utilizing the Hanlon Method algorithm, the hospital committee identified five priority issues from the eleven identified by the community committee. The five priority issues:

Chronic mental health	**Domestic Violence/Anger Management**
Depression	**Co-Occurring Mental Health & Substance Abuse**
Alcohol, Drug, and Prescription Drug Abuse	

Pathways of Tennessee has developed implementation strategies to address the five behavioral health issues identified through the community health needs assessment. These include inpatient psychiatric care, crisis stabilization unit, mobile crisis team, outpatient treatment, medication management, case management, anger management groups, inpatient detoxification residential, treatment for adolescents (intensive outpatient, program for youth at risk of dropout, drug and alcohol rehabilitation center, outpatient treatment).

Introduction

Under the leadership of Pathways of Tennessee, a community health needs assessment of Crockett, Dyer, Haywood, Henderson, Madison, Obion, Weakley, Hardeman, and Lake Counties in, Tennessee was conducted 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 process was a blending of citizen perceptions of mental health issues facing the community with secondary data on the actual extent of particular problems. Community input on the perception of mental health issues facing the area was accomplished through a survey administered throughout the nine county community. Community input was also considered from a diverse group of community representatives. The mental health, substance abuse, and dual diagnosis needs for children, adolescent, and adults were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method. A prioritized list of needs, implementation activities and associate community resources are provided.

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 nine 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 nine county area in rural West Tennessee. Table 1 contains select data on these counties.

Table 1

County	Population	Poverty	Caucasian	African American	Other	Per Capita Income	Population > Age 65
Crockett	14,586	18.7%	78.7%	12.6%	8.7%	$19,742	16.4%
Dyer	38,335	20.2%	82.0%	14.3%	3.7%	$19,169	14.4%
Hardeman	27,253	20.0%	56.4%	41.4%	2.2%	$15,838	14.0%
Haywood	18,787	26.6%	45.9%	50.4%	3.7%	$17,047	13.7%
Henderson	27,769	16.4%	89.2%	7.9%	2.9%	$19,988	14.8%
Lake	7,832	28.7%	70.1%	27.7%	2.2%	$11,813	13.7%
Madison	98,294	18.6%	59.2%	36.3%	4.5%	$22,948	13.2%
Obion	31,807	14.9%	85.9%	10.6%	3.5%	$21,235	16.8%
Weakley	35,021	21.7%	88.9%	7.8%	3.3%	$18,895	15.3%

Source: U.S. Department of Commerce, State and County QuickFacts, 2011.

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 Technology Centers, and West Tennessee Business College. Collectively, these four institutions of higher education employ almost 2,000 people.

Description of the Community Health Needs Assessment Survey 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 community health needs assessment was a blending

of citizen perceptions of mental health issues facing the community with secondary data on the actual extent of particular problems.

The Community Health Needs Assessment had ten (10) organizational goals.

- To form alliances between Pathways of Tennessee, Inc., non-profit organizations, and the community at large to assess, improve, and promote community mental health and well being.

- To identify internal resources already available to assist in improving community mental health and well being.

- To assist in identifying available community mental health resources.

- To define "mental health" as it pertains to rural West Tennessee.

- To identify collaborative partners.

- To educate and gain formal support of the Pathways of Tennessee Inc. West Tennessee Healthcare leadership team, the Board of Trustees, community leaders, and others.

- To assist in establishing baseline mental health status assessment by collecting and reviewing available data and statistics on residents' perceptions of mental health issues facing the community and secondary data on such mental health issues.

- To assist in determining the standards against which to measure the current and future mental health status of the community.

- To assist in the communitywide establishment of mental health priorities and in facilitating collaborative planning, actions, and direction to improve the community mental health status and quality of life.

- To promote the need for ongoing evaluation of the community health assessment process to learn results, establish new goals and encourage further community action and involvement.

The first step in the community health needs assessment process was to identify an internal committee of Pathways staff to organize the process, facilitate data collection, review and analyze the results. Members of the Pathways of Tennessee Inc. staff committee were:

Kim Parker	Inpatient Service Director
Kim Beare	Crises Team Leader
Pam Henson	Clinical Director
Jim Jones	Program Manager

The initial introductory Pathways staff meeting occurred on December 7, 2011. The second meeting at which time the Hospital staff committee developed an anonymous survey instrument that was used to collect input from a broad range of community interests was held on December 13, 2011. The survey instrument included questions on the perceptions of the respondents relative to mental health issues, and demographics of age, race, insurance, and residence. Respondents were asked on the survey to indicate whether they thought a particular mental health issue was "1=not a problem," "2=not sure," or "3=is a problem". Locations to distribute the survey throughout the nine county area were also suggested and discussed by committee members.

Upon completion of the survey instrument, a committee of community representatives was formed to review the survey instrument for completeness and assistance with interpretation of the results. An invitation to serve on the community committee was sent to prospective members from the President and CEO of West Tennessee Healthcare on January 3, 2012. A copy of this letter is included in Attachment A. Members of the committee represented a broad range of community interests served by Pathways of Tennessee, Inc. Members of the community committee were:

Kim Parker – Pathways of Tennessee, Inc.
Pam Henson- Pathways of Tennessee, Inc.
David Woolfork – Sheriff Madison County
Blake Anderson – City Court Judge
Keli Gooch – Humboldt City Schools
Betty Raines – Retired
Angie Lowery – Merrill Lynch
Karen-Utley- Jackson Madison County General Hospital

An introductory meeting of the community committee was held on January 10, 2012. At this meeting the process for conducting the community health needs assessment was reviewed and discussed. The draft survey instrument to collect citizen perception of mental health issues was also reviewed and suggested changes and modifications were given by committee members. How to distribute the anonymous survey was discussed by committee members.

The survey instrument was finalized and distributed by hand to all patients (inpatient and outpatient) receiving services through Pathways of Tennessee, Inc. Attachments B1 contain a copy of the survey instrument. Table 2 contains the dates, and number of returned surveys from the survey process.

Table 2
Community Health Assessment Survey Information

Location	Distribution Date(s)	# Returned Surveys
Pathways (Inpatient and Outpatient)	January 10, 2012	263

A total of 263 completed surveys were returned by March 27, 2012. The completed surveys were analyzed focusing on what percentage of the respondents thought a mental health issue "was not a problem," "not sure," or "was a problem".

Community Health Needs Assessment Prioritization Process
Size, Seriousness, Effectiveness &
Available Community Resources

The survey results and a summary page were provided to the community committee which met on March 28, 2012 to review the data and results. The community committee was asked to narrow the list of 32 mental health issues on the survey instrument to a more manageable number. To assist with this process, staff provided a summary page that highlighted health issues where at least 30 percent of the respondents indicated a mental health issue "was a problem" for the community. Attachment C1 contains the survey summary. For the following list of mental health issues, at least 30 percent of the respondents indicated it "was a problem" for the community.

Chronic Mental Health
Domestic Violence
Co-Occurring Mental Health
Alcohol Abuse
Prescription Drug Abuse
Post Traumatic Stress Disorder (PTSD)
Cannot Afford Services, co pays, deductible

Depression
Anger Management
Substance Abuse
Drug Abuse
Anxiety
Insurance Coverage

Using the 30 percent threshold as a guide the community committee narrowed the list of mental health issues on the survey to eleven (11). These 11 mental health issues were:

Chronic Mental Health
Domestic Violence
Co-Occurring Mental Health
Alcohol Abuse

Depression
Anger Management
Substance Abuse
Drug Abuse

Prescription Drug Abuse   Anxiety
Post Traumatic Stress Disorder (PTSD)

The internal Pathways staff committee was reconvened on August 24, 2011 to prioritize the list of 11 health issues identified by the community committee for further research. The staff used a mathematical algorithm called the Hanlon Method, developed by Felix, Burdine and Associates, to assign numerical values to rate the size, seriousness, and effectiveness of available interventions for each health issue. The Hanlon Method algorithm is as follows:

$$Opportunity = (A + 2B)C$$

A=size of the identified health problem
B=seriousness of the identified health problem
C=effectiveness of available interventions for the identified health problem

A=Size
Size is defined by the prevalence of a condition, characteristic, or disease in an entire population (or among a specific sub-group population). The numerical scoring for the size of a health issue is:

Percent of population with health problem	Score
25%+	9-10
10-24%	7-8
1-9%	5-6
0.1-0.9%	3-4
0.01-0.09%	1-2

B=Seriousness
Seriousness is defined by urgency to intervene, severity (leads to death?), disproportionate among vulnerable populations, or economic impact. The numerical scoring for seriousness of a health issue is:

How serious	Score
Very Serious	9-10
Serious	6-8
Moderately Serious	3-5
Not Serious	0-2

C=Effectiveness of Available Interventions
Effectiveness of available interventions is defined by the "best real world" expectations for Pathways to be effective in addressing a health issue based on, in part, available community resources. The numerical scoring for effectiveness of available interventions is:

Effectiveness	Score
Very Effective (80%+)	10
Relatively Effective (60-79%)	8-9
Effective (40-59%)	6-7
Moderately Effective (20-39%)	4-5
Relatively Ineffective (<20%)	0-3

Information on the Hanlon Method is found in Attachment D.

Further research was then conducted by staff to provide information on the size, seriousness, and available community resources for each of the 11 health issues identified by the community committee. Attachment E1 has data on the size of the health issues and Attachment E2 lists available community resources for each of the 11 identified health issues. Consistent and common resources identified for each health issue in Attachment E2 include the local School Systems, local Juvenile Courts, Jackson Mental Health Court, local Drug Courts, Exchange Club-Carl Perkins Center for the Prevention of Child Abuse, local churches, physicians clinics, National Alliance on Mental Illness, Rainbow Peer Support Center, YMCA, Depression and Bipolar Support Alliance, and Women's Resource and Rape Assistance Center.

Table 3 contains the Hanlon Method scoring for each identified health issue.

Table 3
Hanlon Method Scoring Results

Issue	A= Size	B= Seriousness	C= Effectiveness	Total (A+2B)C
Chronic Mental Health	9	10	8	232
Depression	9	8	8	200
Domestic Violence/Anger Management	8	8	6	144
Co-Occuring Mental Health/Substance Abuse	10	10	4	120
Alcohol, Drug, Prescription Drug Abuse	9	9	8	216

As a result of reviewing secondary data on the size, seriousness, available community resources and utilizing the Hanlon Method algorithm, the Pathways committee identified five priority health issues from the 11 identified by the community committee. The five priority health issues:

Chronic Mental Health

Depression

Domestic Violence/Anger Management

Co-Occurring Mental Health & Substance Abuse

Alcohol, Drug, and Prescription Drug Abuse

Implementation Strategies

Chronic Mental Health/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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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.

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

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.

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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.

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.

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

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.

Conclusion

The Pathways Community Health Needs Assessment was presented to the West Tennessee Healthcare Quality Council on July 3, 2012. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on September 25, 2012, and the Pathways Community Health Needs Assessment was approved on this date. The Plan will be updated every three years.

Attachment A

West Tennessee Healthcare™

620 Skyline Drive • Jackson, Tennessee 38301 • 731-541-5000 • www.wth.org

MEMORANDUM

DATE: January 03, 2012

FROM: Bobby Arnold, CEO/President

RE: Pathways of Tennessee, Inc. Community Health Assessment Community
              Committee

For many years, Pathway of Tennessee has served the residents of West Tennessee. Over this period of time and especially in recent years, our hospital has provided a wide range of mental health and substance abuse services.

Recent Federal Patient Protection and Affordable Care Act (Health Care Reform) requires non-profit hospitals to conduct community needs assessment every three years. We are beginning the process of assessing the community mental health needs in Madison County that will be a blending of residents' perception of the mental health issues facing us with health status and vital statistics on our community. We will distribute a survey and collect data on issues identified from the survey.

We invite you to be a member of the Pathways Madison County Community Committee that will help us review the survey data, and narrow that list of mental health issues to a manageable number by focusing on the size, seriousness, and the effectiveness of interventions.

We ask you to attend the first introductory meeting of the Community Committee. The meeting will be held on Tuesday, January 10 2011 at West Tennessee Healthcare Foundation Building in the small conference room. The meeting will begin at 11:00a.m. and will be concluded by 12:30 p.m.

Please contact Jocelyn Hodge, Community Health Licensure Coordinator of your attendance plans. She may be reach at 731-984-2161 or Jocelyn.hodge@wth.org. We appreciate you participation in this important process.

- Ayers Children's Medical Center
- Bolivar General Hospital
- Bradford Family Medical Center
- Camden Family Medical Center
- Camden General Hospital
- CardioThoracic Surgery Center
- East Jackson Family Medical Center
- Emergency Services

- Gibson General Hospital
- Humboldt General Hospital
- Jackson-Madison County General Hospital
- Kirkland Cancer Center
- Kiwanis Center for Child Development
- Medical Center EMS
- Medical Center Home Health

- Medical Center Laboratory
- Medical Center Medical Products
- Medical Clinic of Jackson
- MedSouth Medical Center
- Milan General Hospital
- Pathways Behavioral Health Services
- Physician Services
- Sports Plus Rehab Centers

- West Tennessee Healthcare Foundation
- West Tennessee Imaging Center
- West Tennessee Neurosciences
- West Tennessee OB/GYN Services
- West Tennessee Rehabilitation Center
- West Tennessee Surgery Center
- West Tennessee Women's Center
- Work Partners

Attachment B

Pathways
Community Health Assessment

If you would take a few minutes to answer some questions relating to your views on mental health. The following are a list of mental health issues experienced by many. Please indicate how much of a problem you feel each of these are for the West Tennessee area.

In which county do you live?

- ○ Crockett
- ○ Dyer
- ○ Gibson
- ○ Hardeman
- ○ Haywood
- ○ Henderson
- ○ Lake
- ○ Obion
- ○ Madison
- ○ Weakley

What is your race?

- ○ Caucasian
- ○ African American
- ○ American Indian/Alaska Native
- ○ Native Hawaiian/Pacific Islander
- ○ Asian
- ○ Hispanic/ Latino
- ○ Other

What is your gender?

- ○ Male
- ○ Female

What is your age range?

- ○ Under 18
- ○ 19 - 25
- ○ 26 - 35
- ○ 36 - 50
- ○ 51 - 65
- ○ Over 65

What is your insurance status?

- ○ Privately Insured
- ○ Uninsured
- ○ Medicare
- ○ TennCare

Mental Health Issues in the Community

Response Definition: 1=Not a Problem   2=Not Sure   3=Is a Problem

	1	2	3
1. Anger Management Issues	○	○	○
2. Anxiety	○	○	○
3. Serious and/or Chronic Mental Health Disorder	○	○	○
4. Depression	○	○	○
5. Domestic Violence	○	○	○
6. Eating Disorders	○	○	○
7. Post Traumatic Stress Disorder (PTSD)	○	○	○

Substance Abuse Issues

	1	2	3
8. Alcohol Abuse	○	○	○
9. Co-Occurring Mental Health and Substance Abuse Problems	○	○	○
10. Drug Abuse	○	○	○
11. Prescription Drug Abuse	○	○	○

Pathways
Community Health Assessment

Gaps in Services

Response Definition: 1=Service is Available   2=Not Sure   3=Service not Available

	1	2	3
12. Alternatives to Hospitalization	○	○	○
13. Crisis Services	○	○	○
14. Education Services	○	○	○
15. Employment Services	○	○	○
16. Outreach to Homeless People	○	○	○
17. Integrated Services for people with both Mental Health and Substance Abuse Issues	○	○	○
18. Psychiatrist	○	○	○
19. Safe, Affordable Housing	○	○	○
20. Self-Help Groups	○	○	○
21. Substance Abuse Treatment Services	○	○	○
22. Treatment for Military Personnel	○	○	○

Barriers to Services

Response Definition: 1=Not a Barrier   2=Not Sure   3=Definitely a Barrier

	1	2	3
23. Access to Medication	○	○	○
24. Cannot afford services, co-pays, deductible	○	○	○
25. Family Support	○	○	○
26. Homelessness	○	○	○
27. Insurance Coverage	○	○	○
28. Lack of Child Care	○	○	○
29. Limited Hours of Operation	○	○	○
30. Long Wait Time for Services	○	○	○
31. Stigma, Discrimination and Prejudice	○	○	○
32. Transportation to Services	○	○	○

Attachment C

PATHWAYS COMMUNITY HEALTH ASSESSMENT SURVEY RESULTS
Pathways of Tennessee, Inc.

N= 263

In which county do you live?

County		
Crockett	11	5%
Dyer	36	15%
Gibson	26	11%
Hardeman	13	5%
Haywood	20	8%
Henderson	30	13%
Lake	7	3%
Obion	19	8%
Madison	72	30%
Weakley	4	2%

What is your race?

Race		
Caucasian	172	66%
African American	77	30%
American Indian/Alaska Native	2	1%
Native Hawaiian/Pacific Islander	0	0%
Asian	0	0%
Hispanic/ Latino	1	0%
Other	9	3%

What is your gender?

Gender		
Male	72	28%
Female	189	72%

What is your age range?

Age range		
Under 18	20	8%
19-25	16	6%
26-35	51	19%
36-50	102	39%
51-65	67	26%
Over 65	6	2%

What is your insurance status?

Insurance status		
Privately Insured	34	13%
Uninsured	42	17%
Medicare	64	25%
TennCare	112	44%

Mental Health Issues in the Community

Anger Management Issues

Not a problem	103	40%
Not sure	54	21%
Is a problem	101	39%

Anxiety

Not a problem	22	8%
Not sure	52	20%

Is a problem	188	72%
Serious and/or Chronic Mental Health Disorder		
Not a problem	74	29%
Not sure	72	28%
Is a problem	111	43%
Depression		
Not a problem	26	10%
Not sure	34	13%
Is a problem	201	77%
Domestic Violence		
Not a problem	144	56%
Not sure	31	12%
Is a problem	80	31%
Eating Disorders		
Not a problem	135	53%
Not sure	77	30%
Is a problem	44	17%
Post Traumatic Stress Disorder (PTSD)		
Not a problem	102	40%
Not sure	74	29%
Is a problem	79	31%
Substance Abuse Issues		
Alcohol Abuse	158	61%
Not a problem	14	5%
Not sure	86	33%
Is a problem		
Co-Occurring Mental Health/Substance Abuse		
Not a problem	148	58%
Not sure	29	11%
Is a problem	79	31%
Drug Abuse		
Not a problem	161	63%
Not sure	12	5%
Is a problem	84	33%
Prescription Drug Abuse		
Not a problem	160	63%
Not sure	17	7%
Is a problem	78	31%
Gaps In Services		
Alternative to Hospitalization		
Not a problem	138	54%
Not sure	88	34%
Is a problem	30	12%
Crises Services		
Not a problem	198	77%
Not sure	42	16%
Is a problem	18	7%
Education Services		
Not a problem	144	56%
Not sure	86	33%
Is a problem	27	11%
Employment Services		

Not a problem	108	43%
Not sure	89	35%
Is a problem	54	22%
Outreach to Homeless People		
Not a problem	92	37%
Not sure	101	40%
Is a problem	58	23%
Integrated Services/Mental Health & Substance Issues		
Not a problem	132	52%
Not sure	89	35%
Is a problem	31	12%
Psychiatrist		
Not a problem	169	67%
Not sure	57	23%
Is a problem	25	10%
Safe, Affordable Housing		
Not a problem	129	51%
Not sure	81	32%
Is a problem	44	17%
Self-Help Groups		
Not a problem	115	45%
Not sure	100	40%
Is a problem	38	15%
Substance Abuse Treatment Services		
Not a problem	151	60%
Not sure	72	28%
Is a problem	30	12%
Treatment for Military Personnel		
Not a problem	76	31%
Not sure	134	54%
Is a problem	39	16%
**Barriers to Services**		
Access to Medication		
Not a problem	161	64%
Not sure	41	16%
Is a problem	50	20%
Cannot afford services, co-pays, deductible		
Not a problem	108	42%
Not sure	49	19%
Is a problem	98	38%
Family Support		
Not a problem	138	54%
Not sure	55	21%
Is a problem	64	25%
Homelessness		
Not a problem	134	53%
Not sure	58	23%
Is a problem	62	24%
Insurance Coverage		
Not a problem	128	50%
Not sure	37	15%
Is a problem	90	35%

Lack of Child Care

Not a problem	130	52%
Not sure	74	29%
Is a problem	47	19%

Limited Hours of Operation

Not a problem	134	53%
Not sure	72	29%
Is a problem	45	18%

Long Wait Time for Services

Not a problem	142	57%
Not sure	56	22%
Is a problem	53	21%

Stigma, Discrimination and Prejudice

Not a problem	147	59%
Not sure	51	20%
Is a problem	53	21%

Transportation to Services

Not a problem	147	58%
Not sure	45	18%
Is a problem	63	25%

Pathways of Tennessee, Inc.

Creation Date: 4/4/2012
Time Interval: 3/1/2012 to 3/1/2012
Total Respondents: 263

In which county do you live?
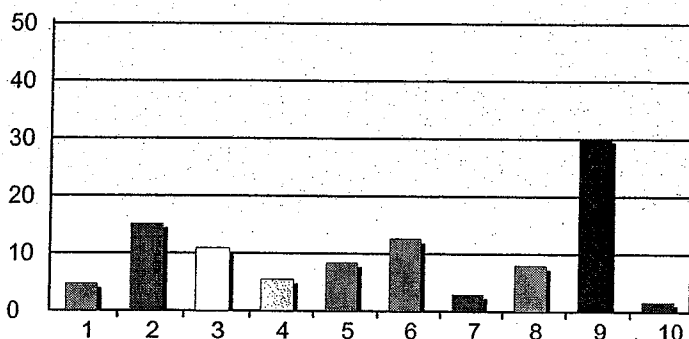
1. Crockett	11	5%
2. Dyer	36	15%
3. Gibson	26	11%
4. Hardeman	13	5%
5. Haywood	20	8%
6. Henderson	30	13%
7. Lake	7	3%
8. Obion	19	8%
9. Madison	72	30%
10. Weakley	4	2%
Total Responses:	238	

Mean: 5.81   Standard Deviation: 2.86

What is your race?
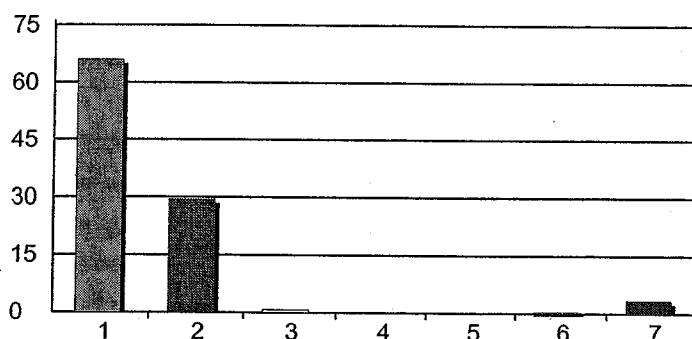
1. Caucasian	172	66%
2. African American	77	30%
3. American Indian/Alaska Native	2	1%
4. Native Hawaiian/Pacific Islander	0	0%
5. Asian	0	0%
6. Hispanic/ Latino	1	0%
7. Other	9	3%
Total Responses:	261	

Mean: 1.54   Standard Deviation: 1.17

What is your gender?
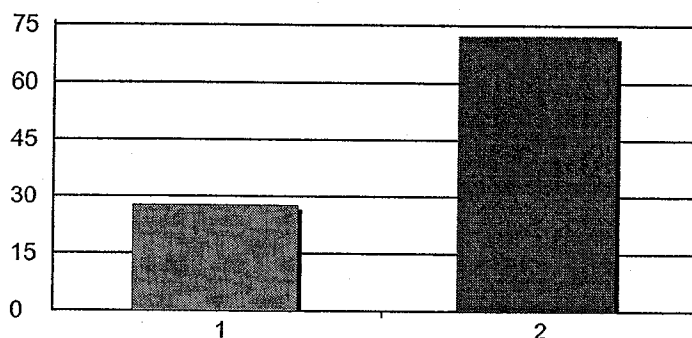
1. Male	72	28%
2. Female	189	72%
Total Responses:	261	

Mean: 1.72   Standard Deviation: 0.45

What is your age range?
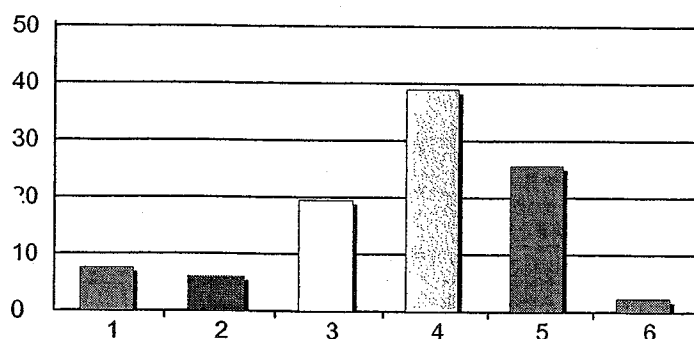
1. Under 18	20	8%
2. 19 - 25	16	6%
3. 26 - 35	51	19%
4. 36 - 50	102	39%
5. 51 - 65	67	26%
6. Over 65	6	2%
Total Responses:	262	

Mean: 3.76   Standard Deviation: 1.19

Pathways of Tennessee, Inc.
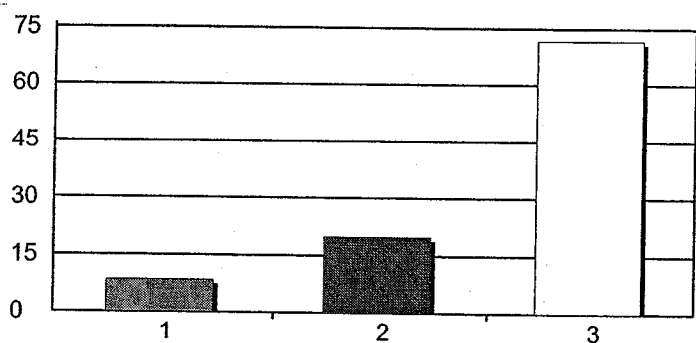
What is your insurance status?
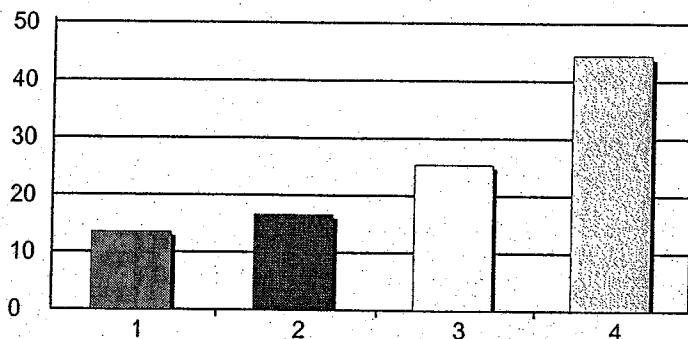
1. Privately Insured	34	13%
2. Uninsured	42	17%
3. Medicare	64	25%
4. TennCare	112	44%
Total Responses:	252	
Mean: 3.01 Standard Deviation: 1.07		

1. Anger Management Issues
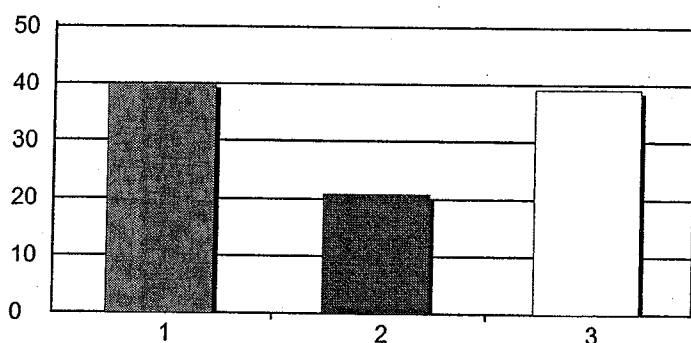
1. Not a Problem	103	40%
2. Not Sure	54	21%
3. Is a Problem	101	39%
Total Responses:	258	
Mean: 1.99 Standard Deviation: 0.89		

2. Anxiety

1. Not a Problem	22	8%
2. Not Sure	52	20%
3. Is a Problem	188	72%
Total Responses:	262	
Mean: 2.63 Standard Deviation: 0.63		

3. Serious and/or Chronic Mental Health Disorder
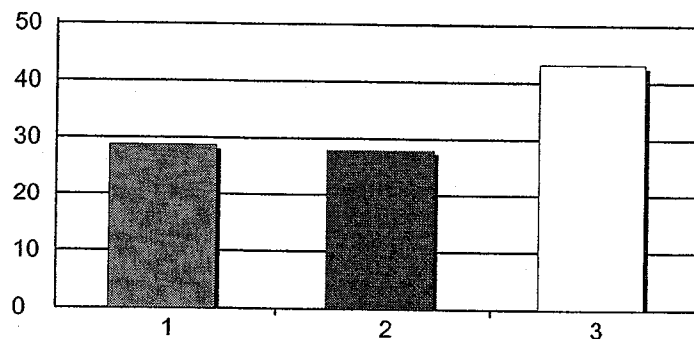
1. Not a Problem	74	29%
2. Not Sure	72	28%
3. Is a Problem	111	43%
Total Responses:	257	
Mean: 2.14 Standard Deviation: 0.84		

Pathways of Tennessee, Inc.

4. Depression
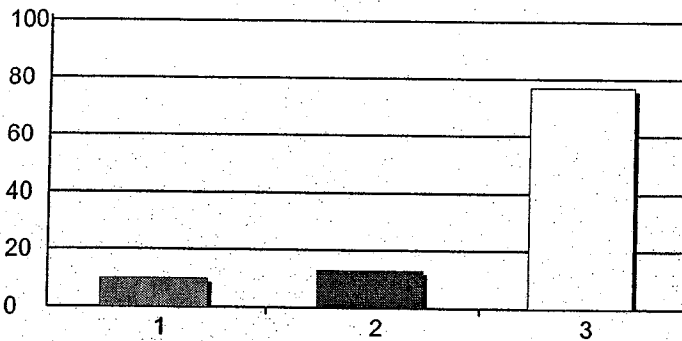
1. Not a Problem	26	10%
2. Not Sure	34	13%
3. Is a Problem	201	77%
Total Responses:	261	

Mean: 2.67   Standard Deviation: 0.65

5. Domestic Violence
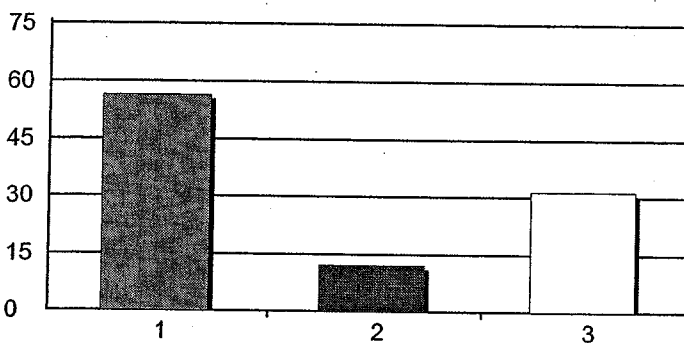
1. Not a Problem	144	56%
2. Not Sure	31	12%
3. Is a Problem	80	31%
Total Responses:	255	

Mean: 1.75   Standard Deviation: 0.90

6. Eating Disorders
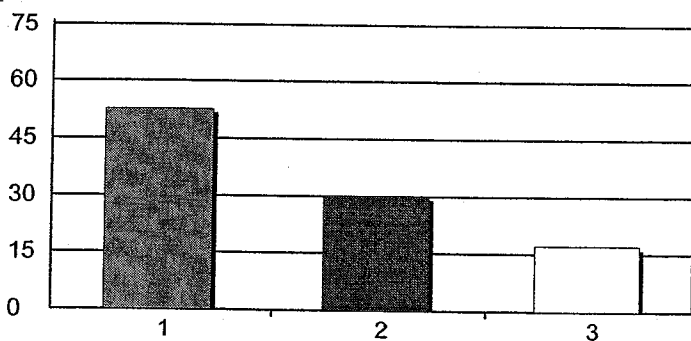
1. Not a Problem	135	53%
2. Not Sure	77	30%
3. Is a Problem	44	17%
Total Responses:	256	

Mean: 1.64   Standard Deviation: 0.76

7. Post Traumatic Stress Disorder (PTSD)
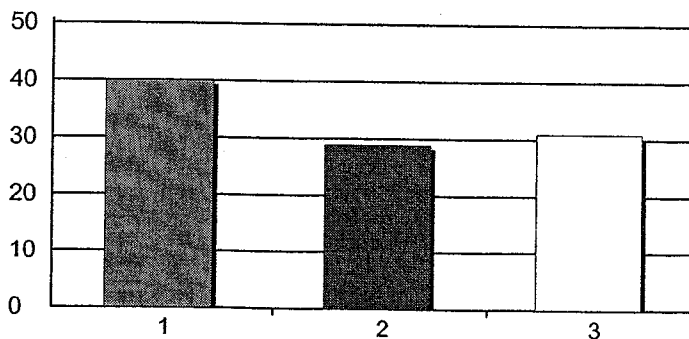
1. Not a Problem	102	40%
2. Not Sure	74	29%
3. Is a Problem	79	31%
Total Responses:	255	

Mean: 1.91   Standard Deviation: 0.84

Pathways of Tennessee, Inc.

8. Alcohol Abuse
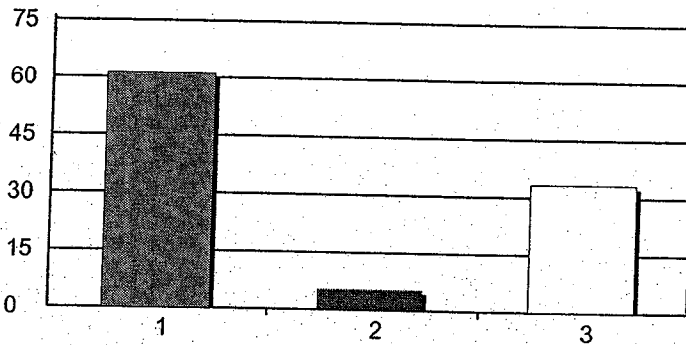
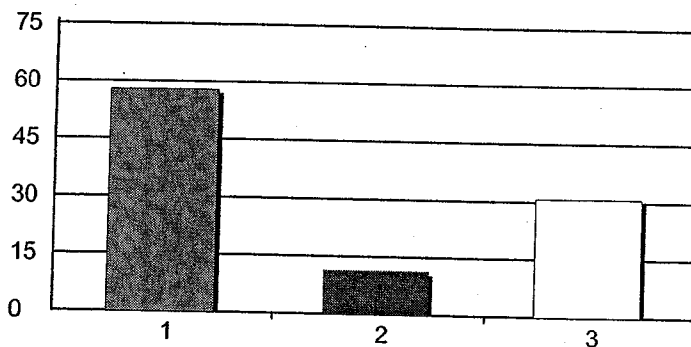|		
1. Not a Problem	158	61%
2. Not Sure	14	5%
3. Is a Problem	86	33%
Total Responses:	258	
Mean: 1.72 Standard Deviation: 0.93		

9. Co-Occurring Mental Health and Substance Abuse Problems

1. Not a Problem	148	58%
2. Not Sure	29	11%
3. Is a Problem	79	31%
Total Responses:	256	
Mean: 1.73 Standard Deviation: 0.90		

10. Drug Abuse
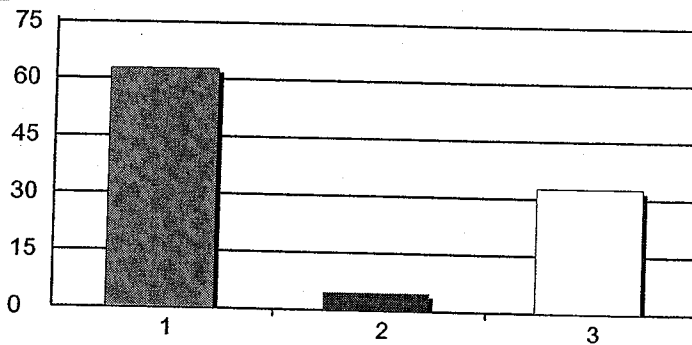
1. Not a Problem	161	63%
2. Not Sure	12	5%
3. Is a Problem	84	33%
Total Responses:	257	
Mean: 1.70 Standard Deviation: 0.93		

11. Prescription Drug Abuse
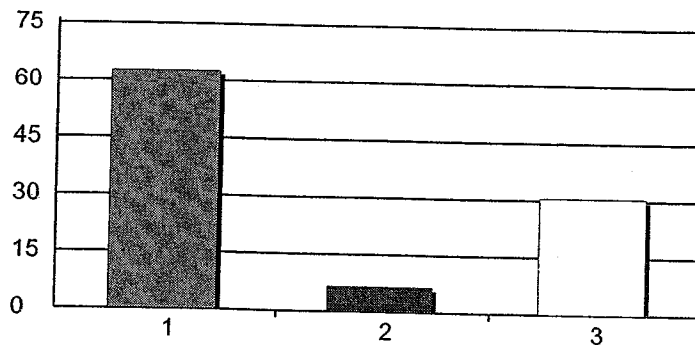
1. Not a Problem	160	63%
2. Not Sure	17	7%
3. Is a Problem	78	31%
Total Responses:	255	
Mean: 1.68 Standard Deviation: 0.91		

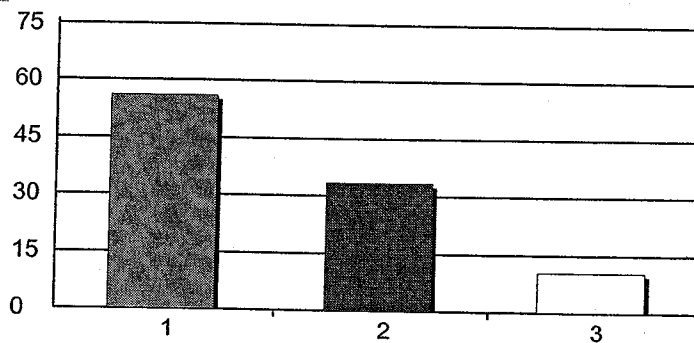# Pathways of Tennessee, Inc.

12. Alternatives to Hospitalization
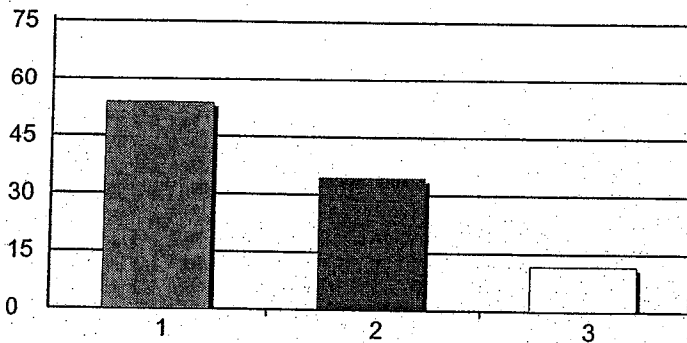
1. Service is Available	138	54%
2. Not Sure	88	34%
3. Service not Available	30	12%
Total Responses:	256	
Mean: 1.58 Standard Deviation: 0.69		

13. Crisis Services
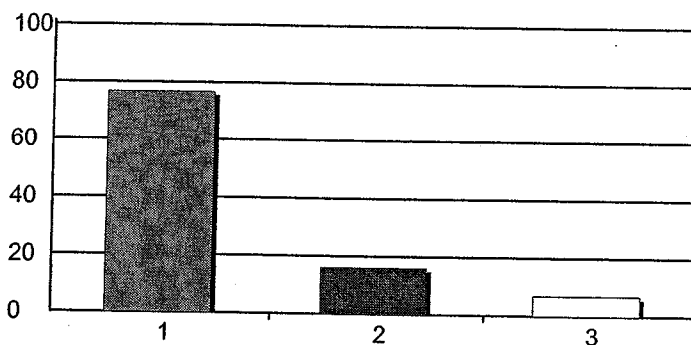
1. Service is Available	198	77%
2. Not Sure	42	16%
3. Service not Available	18	7%
Total Responses:	258	
Mean: 1.30 Standard Deviation: 0.59		

14. Education Services

1. Service is Available	144	56%
2. Not Sure	86	33%
3. Service not Available	27	11%
Total Responses:	257	
Mean: 1.54 Standard Deviation: 0.68		

15. Employment Services
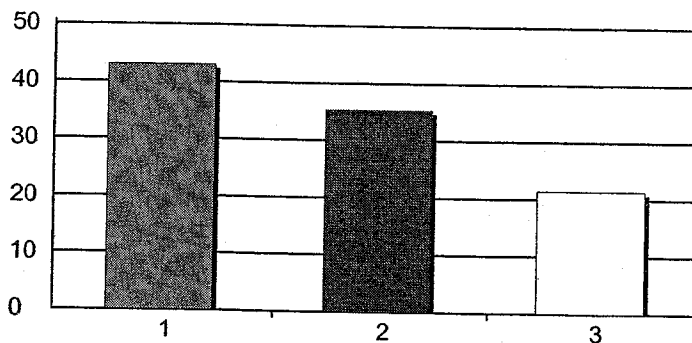
1. Service is Available	108	43%
2. Not Sure	89	35%
3. Service not Available	54	22%
Total Responses:	251	
Mean: 1.78 Standard Deviation: 0.78		

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16. Outreach to Homeless People
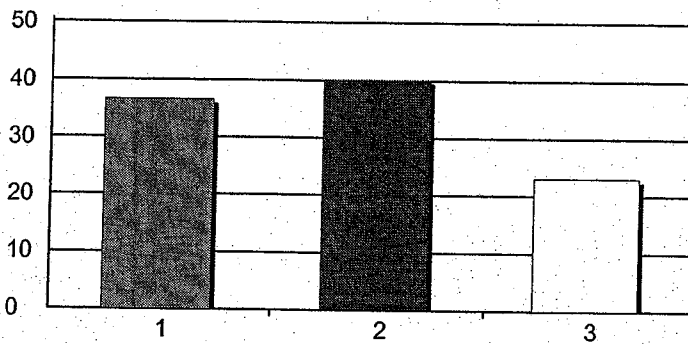
1. Service is Available	92	37%
2. Not Sure	101	40%
3. Service not Available	58	23%
Total Responses:	251	

Mean: 1.86   Standard Deviation: 0.76

17. Integrated Services for people with both Mental Health and Substance Abuse Issues
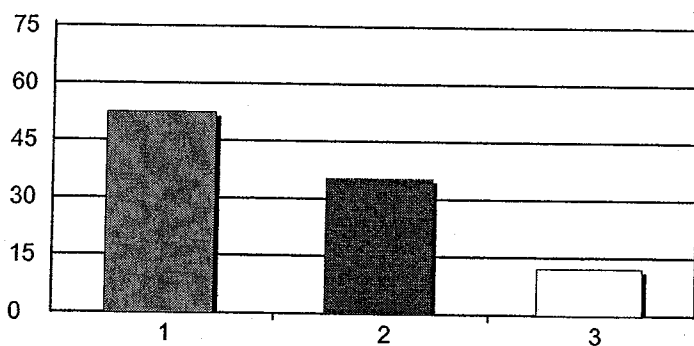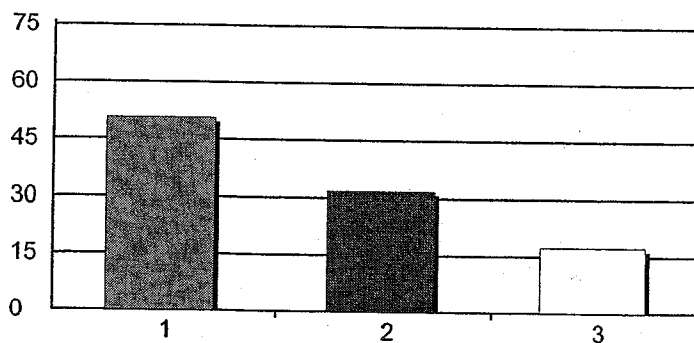

1. Service is Available	132	52%
2. Not Sure	89	35%
3. Service not Available	31	12%
Total Responses:	252	

Mean: 1.60   Standard Deviation: 0.70

18. Psychiatrist
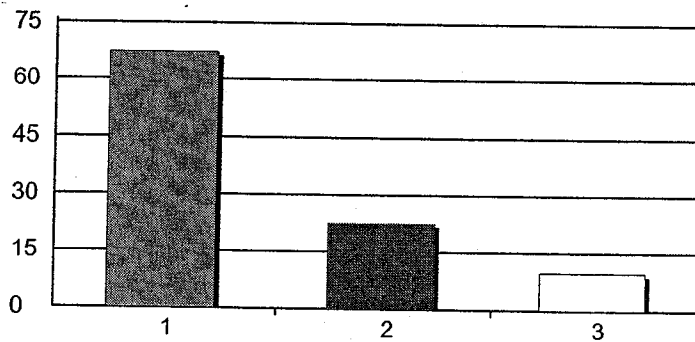
1. Service is Available	169	67%
2. Not Sure	57	23%
3. Service not Available	25	10%
Total Responses:	251	

Mean: 1.43   Standard Deviation: 0.67
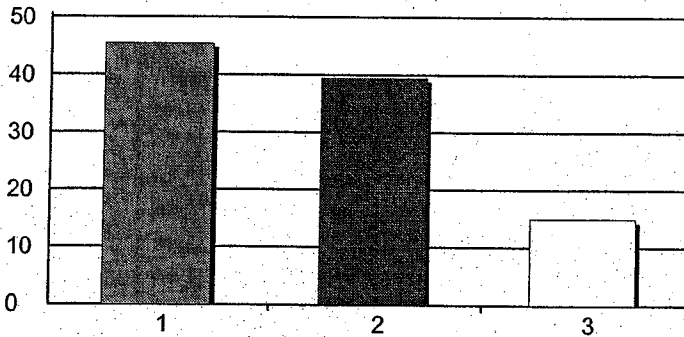
19. Safe, Affordable Housing

1. Service is Available	129	51%
2. Not Sure	81	32%
3. Service not Available	44	17%
Total Responses:	254	

Mean: 1.67   Standard Deviation: 0.76

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20. Self-Help Groups

1. Service is Available	115	45%
2. Not Sure	100	40%
3. Service not Available	38	15%
Total Responses:	253	
Mean: 1.70 Standard Deviation: 0.72		

21. Substance Abuse Treatment Services
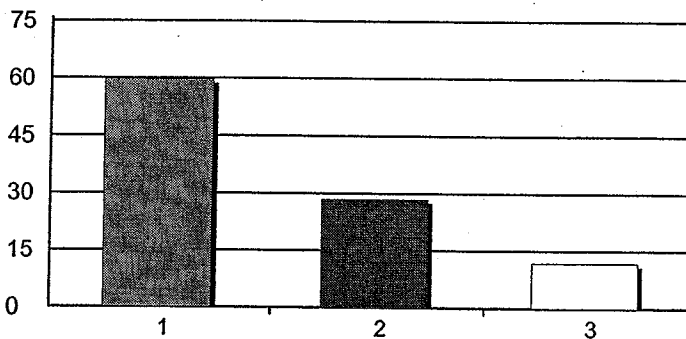
1. Service is Available	151	60%
2. Not Sure	72	28%
3. Service not Available	30	12%
Total Responses:	253	
Mean: 1.52 Standard Deviation: 0.70		

22. Treatment for Military Personnel
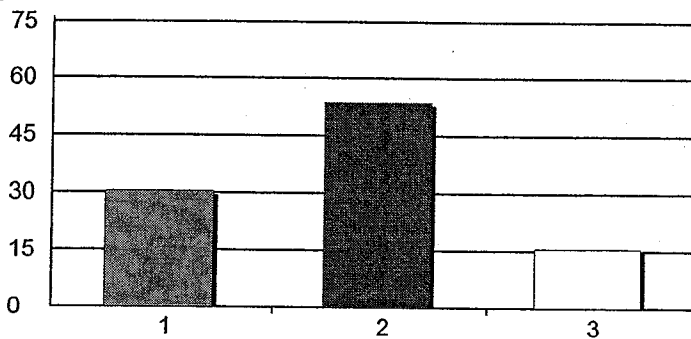
1. Service is Available	76	31%
2. Not Sure	134	54%
3. Service not Available	39	16%
Total Responses:	249	
Mean: 1.85 Standard Deviation: 0.66		

23. Access to Medication
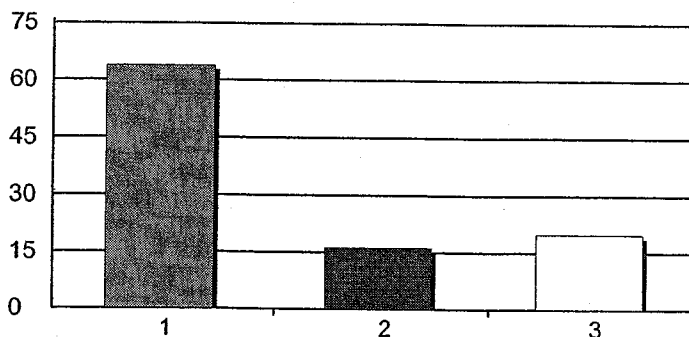
1. Not a Barrier	161	64%
2. Not Sure	41	16%
3. Definitely a Barrier	50	20%
Total Responses:	252	
Mean: 1.56 Standard Deviation: 0.80		

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24. Cannot afford services, co-pays, deductible
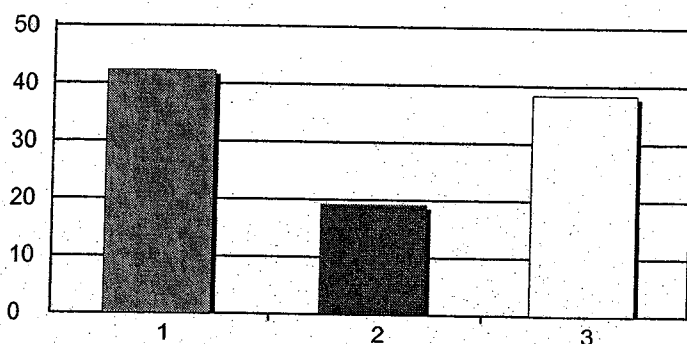
1. Not a Barrier	108	42%
2. Not Sure	49	19%
3. Definitely a Barrier	98	38%
Total Responses:	255	
Mean: 1.96 Standard Deviation: 0.90		

25. Family Support
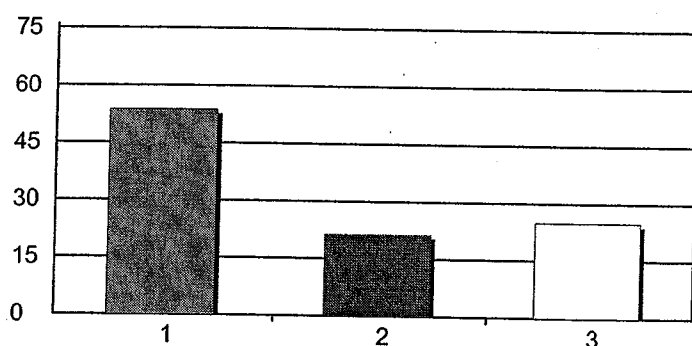
1. Not a Barrier	138	54%
2. Not Sure	55	21%
3. Definitely a Barrier	64	25%
Total Responses:	257	
Mean: 1.71 Standard Deviation: 0.84		

26. Homelessness
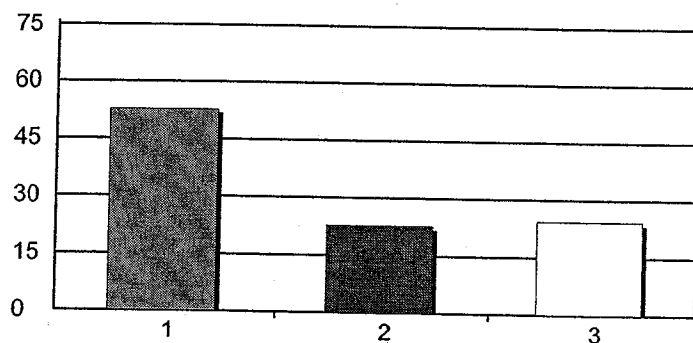
1. Not a Barrier	134	53%
2. Not Sure	58	23%
3. Definitely a Barrier	62	24%
Total Responses:	254	
Mean: 1.72 Standard Deviation: 0.83		

27. Insurance Coverage
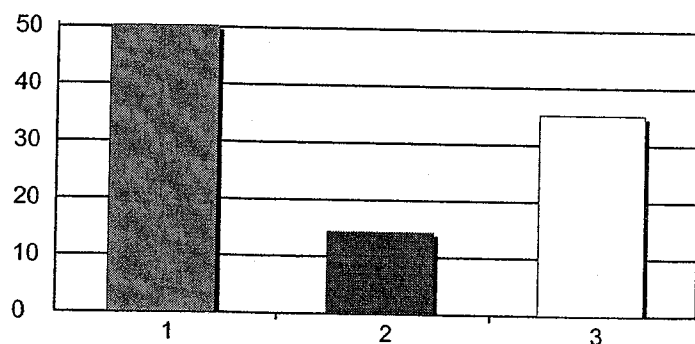
1. Not a Barrier	128	50%
2. Not Sure	37	15%
3. Definitely a Barrier	90	35%
Total Responses:	255	
Mean: 1.85 Standard Deviation: 0.91		

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28. Lack of Child Care
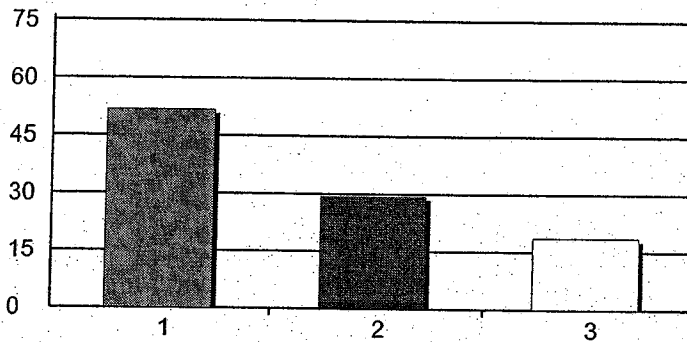
1. Not a Barrier	130	52%
2. Not Sure	74	29%
3. Definitely a Barrier	47	19%
Total Responses:	251	
Mean: 1.67 Standard Deviation: 0.77		

29. Limited Hours of Operation
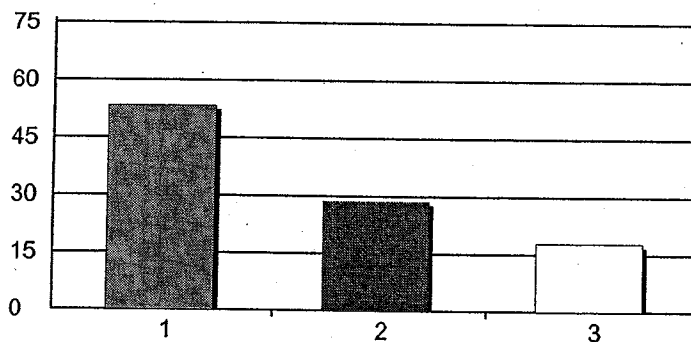
1. Not a Barrier	134	53%
2. Not Sure	72	29%
3. Definitely a Barrier	45	18%
Total Responses:	251	
Mean: 1.65 Standard Deviation: 0.77		

30. Long Wait Time for Services
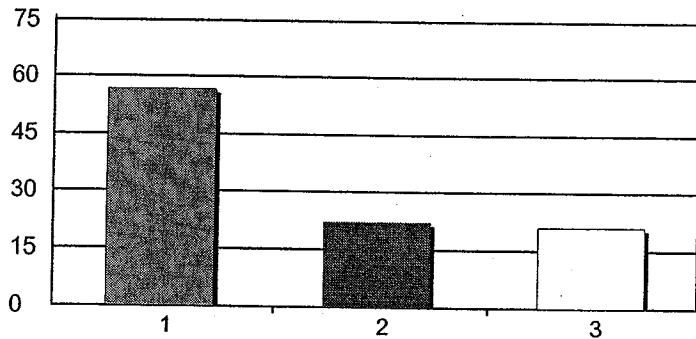
1. Not a Barrier	142	57%
2. Not Sure	56	22%
3. Definitely a Barrier	53	21%
Total Responses:	251	
Mean: 1.65 Standard Deviation: 0.81		

31. Stigma, Discrimination and Prejudice
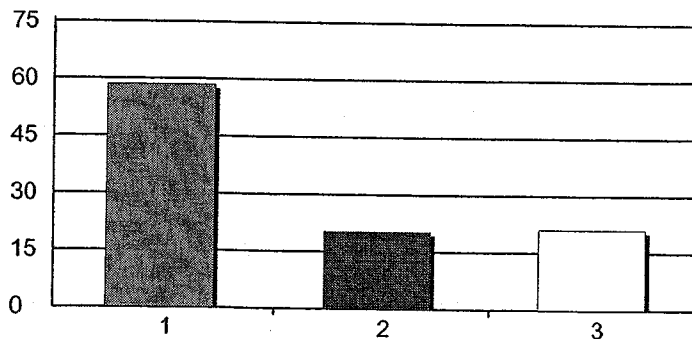
1. Not a Barrier	147	59%
2. Not Sure	51	20%
3. Definitely a Barrier	53	21%
Total Responses:	251	
Mean: 1.63 Standard Deviation: 0.81		

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32. Transportation to Services
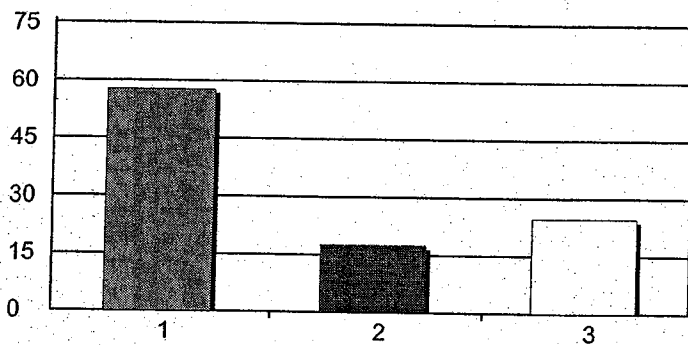
1. Not a Barrier	147	58%
2. Not Sure	45	18%
3. Definitely a Barrier	63	25%
Total Responses:	255	

Mean: 1.67   Standard Deviation: 0.85

Attachment D

Setting Priorities for Health Status Improvement

٦lon Method:

Opportunity = $(A + 2B)C$

Size of Problem
Seriousness of Problem
Effectiveness of Interventions

A=Size

Usually defined by prevalence of a condition, characteristic, or disease in entire population (but can be among sub-groups)

Percent of population with health problem

Percent	Score
25% +	9-10
10-24%	7 - 8
1-9%	5 - 6
0.1-0.9%	3 - 4
0.01-0.09%	1 - 2

B=Seriousness

ually defined by urgency to intervene, severity (leads
death?), disproportionate among vulnerable
pulations, and/or economic impact.

w Serious	Score
·ry Serious	9-10
rious	6 - 8
·derately Serious	3 - 5
t Serious	0 - 2

C=Effectiveness of Available Interventions

sually defined by "best real world" expectations based on
utcome evaluations of successful interventions in similar
ommunities including: effectiveness and efficiency (in light of
vailable resources)

ffectiveness

	Score
ery Effective (80%+)	10
elatively Effective (60-79%)	8 - 9
ffective (40-59%)	6 - 7
oderately Effective (20-39%)	4 - 5
elatively Ineffective (<20%)	0 - 3

Opportunity = $(A \sim 2B)C$

Smoking	AIDS	Illiteracy
A = 9.5	A = 3.5	A = 7.5
B = 9.5	B = 9.5	B = 7.5
C = 4.5	C = 4.5	C = 8.5
28.25	101.25	191.25

Attachment E

Pathways Community Health Assessment
Prioritization of Health Issues
Size of Health Issues

Anger Management Issues
1 in 3 high school students has been involved in a physical fight.
25,000 people were killed in a murder across the nation.
Everyday 6,000 people are wounded by violence.
There were 14,979 violent crime offenses by adults in TN in 2010. 4,325 by minors.
Source: Angermanagement.net; Uniform Crime Reports

Anxiety
32.2% of children seeking services have anxiety disorders.
18.1% of the adult population experiences anxiety, 22.8% of these cases is severe, 36.9% are receiving treatment.
Women are 60% more likely to experience anxiety.
0.8% experience Agoraphobia, 3.1% can be diagnosed with Generalized Anxiety Disorder, 1.0% experience Obsessive Compulsive Disorder, 2.7% associate with Panic disorder symptoms, 3.5% have PTSD, 6.8% Social Phobia, and 8.7% Specific Phobia.
Source: National Institute of Mental Health

Serious and/or Chronic Mental Health Disorder

Prevalence

18-25- 8%		White- 5.5%
26-49- 5%		Black- 4%
50+ - 3%		Hispanic- 5%
		Asian- 3.75%
Female- 6%		American Indian- 5%
Male - 3%		2 + More Races- 6%

Service Use Among Individuals with Serious Mental Illness
Inpatient- 7.5%
Outpatient- 40.5%
Prescription- 52.6%

Neuropsychiatric disorders are the leading cause of disability-adjusted life years topping cardiovascular diseases, malignant neoplasms, and unintentional injuries.
Total indirect and direct cost of serious mental illness is 317.6 billion nationally each year.
Source: National Institute of Mental Health

Depression
1.5% of the adult population experiences dysthymic disorder, 49.7% are classified as severe, 61.7% seek treatment.
11.2% of children or adolescents had either dysthymia or depression.
6.7% of the US population has been diagnosed with Major Depression, 30.4% of cases were severe, just over half at 51.7% were receiving services.
Women are 70% more likely than men to experience Major Depression.
3.7% of adults had thoughts of suicide, 1.0% committed suicide, and 0.5 percent attempted suicide.
Approximately 80% experiencing depression are not being treated.
Source: National Institute of Mental Health; PBS.ORG

Domestic Violence

U.S. Department of Justice stated that 1 in 3 dating teens had experience some violence from their partner.

85% of intimate partner violence affects women, totaling 588,490 nationally. 15% affected men, totaling 103,220 escalations.

Between 2001 and 2005, for nonfatal intimate partner violence: 27% of women had been threatened with their life as had 15% of males. 23% of male victims were approached with a weapon, and 7% had an object thrown at them.

63% of homeless women have experienced domestic violence at some point in their lives.

Source: Family First Aid.org; Angermanagement.net; US Department of Justice; National Coalition for the Homeless

Eating Disorders

0.6% of population experiences Anorexia Nervosa, 33.8% experiencing it seek treatment. Women are three times more like to experience it than men.

2.8% of Adult population represent a Lifetime Prevalence of Binge Eating, 43.6% get services at some time.

0.6% total adult lifetime prevalence of Bulimia Nervosa while only 15.6% sought treatment in the 12 month period, 43.6% eventually engaged in treatment.

2.7% of children and adolescents had severe eating disorders.

Post Traumatic Stress Disorder (PTSD)

3.5% of the US population has been diagnosed with PTSD. 36.6% of these cases are classified as severe. 49.9% receive treatment. 21% is minimally adequate to meet the need.

Average age of onset is 23 years old.

1.4 million Americans have served in OEF/OIF since 2001.

12% of the population fought in World War II.

Over 3 million child abuse reports were made in 1 year affecting 6 million children.

Source: National Institute of Mental Health; PTSD Combat; Winning the War Within, PTSDcombat.com, Childhelp: Prevention and Treatment of Child Abuse

Alcohol Abuse

Nearly half of college age treatment admissions were for primarily alcohol abuse.

Approximately 92% of the US adults who drink excessively report binge drinking in the past 30 days.

70% of binge drinking takes place over the age of 26.

Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers.

90% of alcohol consumed in young adults or adolescents under 21 is in binge drinking.

Excessive alcohol consumption is responsible for 79,000 deaths and 2.3 million years of potential lives lost.

About 17% of men and 8% of women meet criteria for alcohol dependence at some point in their lives.

Alcohol increases the risk of alcohol related accidents, cancer, and sexual assault with men.

7.2% of pregnant women used alcohol.

It increases the possibility of Fetal Alcohol Syndrome, STDs, cancer, heart problems, brain affects, and chances of sexual assault.

Source: Centers for Disease Control and Prevention; SAMHSA

Crisis Services

Rate of Suicides Per 100,000 in the U.S. in 2007

Overall-   11.5
Men-   19
Women-   5
Ages 0-18- 2
19-29-   13.75
30-44-   16
45-59-   18.5
60+-   15

4% of the overall population had thoughts of suicide.
Over 7% of 17-25 year olds had thoughts of suicide.
1% or every 1 in 100 made plans to commit suicide.
2 million US adolescents attempt suicide.
Suicide is the 3rd leading cause of death ages 15-24.
20% of individuals and family and friends who experienced psychosis say "no one" helped during the crisis.
3% of the US population are estimated to experience psychosis at some time in their life
Source: National Institute of Mental Health; National Alliance on Mental Illness

Education Services

Over 50% of students age 14 or older with a mental disorder drop out of high school- higher than any other drop-out rate of a disability group.
Source: National Alliance on Mental Illness

Employment Services

Throughout the 1990's, 90% of the people with serious mental illnesses were unemployed.
The unemployment rate for individuals who graduated high school but not enrolled in college was 33.4 while the unemployment rate was lower for those enrolled in college at 22.8 percent in 2011.
Source: Department of Health and Human Services; Bureau of Labor Statistics, College Enrollment and Work Activity of 2010 High School Graduates.

Outreach to Homeless People

Community attitudes to residential housing may be negative.
Limitations exist within local community budgets.
Relapse is common which makes it hard to maintain consistent contact and relationships.
Services must be adapted to fluctuating symptoms.
Flexible admission criteria are required.
Case management should be offered.
Services must be adapted based on client need.
Source: UNC Center for Excellence in Community Mental Health

Integrated Services for people with both Mental Health and Substance Abuse Issues

An estimated 5.2 million people are living with a 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

Co-Occurring Mental Health and Substance Abuse Problems Between 1995-2001, admissions based on dual diagnosis rose from 12 to 16%. In 2001, co-occurring disorders were more likely to be based on a referral from another health provider rather than self-referred. In 2002-2003, there were 340,000 counted male veterans with a co-occurring SMI and substance abuse problem. In 2004, co-occurring disorders contributed to 192,690 ER visits. Almost as many were admitted and relapsed as were admitted to inpatient units: 40.4% vs. 42.2%. Source: SAMHSA
Drug Abuse In 2009, there were 4.6 million drug related ER visits. ED visits of nonmedical use of pharmaceuticals increased by 98.4% between 2004-2009. 422,896 cocaine related ED visits. 376,467 marijuana related ED visits. 213,118 heroin ED visits. 93,562 stimulants ED visits. 2.8 million Americans have used MDMA, 2.4% of 8th graders had tried it 28.5 million Americans over age 12 had used marijuana. It is the most commonly used drug. 13.7% of 8th graders, 27.5% of 10th graders, 34.8% of 12th graders had abused marijuana. 605,000 Americans older than 12 had used heroin in 2009. 1.2 million Americans had used methamphetamine. 90% of lung cancer is attributable to smoking, 38,000 deaths are caused from secondhand smoke per year. 70 million Americans smoke cigarettes. Source: National Institute on Drug Abuse
Prescription Drug Abuse 16 million Americans over age 12 misused prescription drugs in 2009. 2.7% of 8th graders, 7.7% of 10th graders, 8.0% of 12th graders had abused Vicodin. 2.1% of 8th graders, 4.6% of 10th graders, 5.1% of 12th graders had abused Oxycontin. Hydrocodone (alone or in combination) resulted in 104,490 ED visits. Oxycodone (alone or in combination) contributed to 175,949 ED visits. Methadone 70,637 ED visits. 210 million opioid prescriptions were written in 2010, over 100 million hydrocodone, and close to 50 million oxycodone. Source: National Institute on Drug Abuse
Alternatives to Hospitalization Waiting lists to see a psychiatrist prevent consultation about medication management. It could be 4-6 weeks before a psychiatrist can see a client. Residential services, vocational rehabilitation agencies, 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

Psychiatrist

Determining distribution of psychiatrist's FTE time requires looking at complexities of psychiatric illness, variations of psychiatric morbidity, needs of individual patients, and presence of other health professionals providing care.

Psychiatrists perform direct and indirect services.

Seeing a stable patient takes about 15 minutes and 5 for documentation while a a followup with an unstable patient may take 40 min.

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

Waiting time to see a psychiatrist after arranging the appointment averages 4-6 weeks.

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

Safe, Affordable Housing

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

After the 90's, a trend showed that 90% 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.

An eligible couple may receive $1,048, adding up to an annual household income of $12,576 whereas the average household income in TN was $43,314.

Living in some institutions may make a person ineligible to receive disability benefits

Source: Department of Health and Human Services; UNC Center for Excellence in Community Mental Health; Social Security Administration, SSI Spotlight Homelessness

Self-Help Groups

Social inclusion is central to promoting mental health and minimizing the disability associated with mental illness.

Individuals with strong support have improved quality of life, develop an improved level of functioning and social contact, and have fewer relapses.

Source: Mental Health Coordinating Council, Inc., "Social Inclusion: Its importance to mental health";

Substance Abuse Treatment Services

23.5 million people 12 or older needed substance abuse treatment in 2009

41.4% were alcohol related, 20.0% were heroin or opiate related, 17.0% were marijuana related

59.8% were Caucasian, 20.9% African-American, 13.7% Hispanic, 5.6% Other

7.5% admissions were for ages 12-17, 33.3% ages 18-29

Source: National Institute on Drug Abuse

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 external barriers to services.

Lack of trust and belief that it won't help were identified as personal barriers.

Source: Bein, L., 2009 "Military Mental Health: Problem Recognition, Treatment Seeking, and Barriers"

Access to Medication

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

There were 47,208,222 uninsured individuals in the US in 2010.

86.6% of the uninsured population was between the ages of 18-64.

Source: National Alliance on Mental Illness; American Factfinder, US Census Bureau

Cannot afford services, co-pays, deductible

Cannot afford services, co-pays, deductible

Percent Individuals Below Poverty Line

	US	TN
2009	14.3	17.1

Percent Families Below Poverty Line

	US	TN
2009	10.5	13.1

46.2 people were living in poverty in 2010
15.1% of the population
5 of the 10 leading causes of disability are mental problems.
Approximately 70% of disability claims fail on the first attempt. Even when expedited under the Compassionate Allowance Initiative the claim would take 20 days to process.
Source: American Community Survey; US Census Bureau; Socialsecurity-disability.org; World Health Organization, Mental Health and Work: Impact, Issues, and Good Practices

Family Support

Denial is associated prior to accepting a family member's mental illness.
Presence of a support system helps to alleviate stress, increase self-confidence and value, and decrease feelings of isolation and loneliness.
Most people believe that mental illnesses are rare and "happen to someone else".
Most families are not prepared to deal with the onset of a mental illness in the family.
Source: Pathways2promise.org; Mental Health America; DDS Safety Net

Homelessness

3.5 million people, 1.35 million of them children, are likely to experience homelessness in a given year.
In 2007, the National Alliance to End Homelessness reported a point-in-time count of 744,313 from 2005.
Mental illness was the 3rd largest cause for homelessness.
Riding public transportation can cost around $2 for each ride.
Transient homeless individuals are more likely to use emergency room services.
Source: National Law Center on Homelessness; National Coalition for the Homeless; PriceofTravel.com; Pollio, D.E., 1997, "The Relationship Between Transcience and Current Life Situation in the Homeless Services-Using Population"

Insurance Coverage

49 million people were uninsured in 2010, 1 million more than in 2009.
Employer sponsored healthcare insurance has declined.
When individuals lose their jobs, there is a decline in employer sponsor coverage.
Unemployment in Jan 2012 in the nation was 8.3%
Source: The Kaiser Commission on Medicaid and the Uninsured;

Lack of Child Care

55% of women work and provide for their families.
Many families rely on family members for child care.
Child care expenses range from $4000-$10,000 per child.
In 1997, the median annual income for a single mother was $17,256.
Parents may have difficulty obtaining care around their homes or in correspondence to their schedules.
Source: Almanac of Policy Issues, Child Care

Attachment F

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