Mental Health Cooperative, Inc. (MHC) was formed in 1993 by the Tennessee Department of Mental Health and Substance Abuse (TDMHSAS) with the express purpose of serving consumers with Severe and Persistent Mental Illness (SPMI), who were underserved at the time. MHC continues to serve this population and has expanded to offer services to children & adolescents with Severe Emotional Disorders (SED) across Middle and East Tennessee.

MHC is unique because every client lives at or below poverty guidelines. The dual effects of poverty and severe mental illness can be catastrophic, requiring specialized, client-centered and trauma informed approaches. Community-based care management services are delivered in the client’s natural environment. Services are funded by the TennCare Medicaid Program or Safety Net funds provided through (TDMHSAS).
The MHC model works by integrating community based care management, psychiatry, psychotherapy, 24/7 crisis services, primary care, addiction treatment, and specialized pharmacy. To improve access to care, MHC offers “walk right in” admissions assessments at all sites.

MHC has focused on reducing inpatient hospital utilization and unnecessary Emergency Department presentations and has been successful in reducing the total cost of care for TennCare consumers in service. MHC has built excellent relationships with the TennCare Bureau and the TennCare Managed Care Organizations so that everyone is working together toward a unified mission.

By continuing to seek out and ask questions of those providing best practices across the country, and pushing the status quo, MHC’s integrated system of care will remain an invaluable asset for Tennessee citizens.

<1% Inpatient psychiatric utilization for entire MHC population.

WALK RIGHT IN
THE MHC MODEL

Clinical Services
- NPS Pharmacy
- Integrated Health Cooperative: Primary Care Clinic
- Medication-Assisted Treatment
- Outpatient Psychiatric Services
- Therapy Services
  - Outpatient
  - Pediatric & Family partnerships
  - School-based

Emergency Psychiatric Services
- Crisis Response Teams
- Crisis Treatment Center
- Crisis Stabilization Unit
- Intensive Intervention Center
- Criminal Justice Program

Care Management
- Tennessee Health Link
- Intensive Community Treatment
- Safety Net Services
- System of Care Across Tennessee (SOCAT)
- First Episode Psychosis Initiative (FEPI)
- Healthy Transitions

Consumer Support Services
- Representative Payee
- Clinic Transportation Services
- Homeless Outreach: PATH
- Supportive Housing
WHERE WE SERVE

MHC’s services have reached nearly 28,000 people in 2019.

Care Management & Outpatient Satellite Offices

Metro Center, Antioch, Gallatin, Dickson, Columbia, Murfreesboro, Clarksville, Cookeville, Chattanooga, Cleveland
MHC Therapy Works

Those engaged in psychotherapy are 2 ½ times LESS LIKELY to visit an Emergency Room or Inpatient Facility. (2019)

MHC Consumers Average Score: 4.03

*Only 12.5% of the general population nationally had a score of 4 or more

Adverse Childhood Experiences Scores

Visits for Medication Management

CY 2020

49,010
MHC’s focus over the past few years has been on integrating the “whole person” into our model.

We have enhanced our delivery of care to insure that we not only address the behavioral needs of our clients, but that we address their unique and often untreated primary health needs as well. MHC clients have an average of 2-3 co-morbidities including hypertension, COPD and diabetes and 87% have not seen a primary care provider on a regular basis in over 10 years.

As part of the conversion to Tennessee Health Link (THL), TennCare developed a Care Coordination Tool (CCT) to provide detailed claims information for clients enrolled in the THL program. With the information provided in the CCT, management can optimize the activities of care managers and clinicians, to best integrate treatment for specific physical and behavioral health needs.

Additionally, the managed care organizations provide periodic provider reports that include results related to Quality Measures, Efficiency Measures, and Total Cost of Care (TCOC) for our clients.
In February 2019, MHC opened a Crisis Treatment Center (CTC), a state-of-the-art facility designed to provide immediate access to specialized care for adults and children experiencing a psychiatric emergency. The CTC facility was specifically designed to emphasize a calming, relaxing atmosphere in an effort to reduce anxiety, stress and challenging behaviors. All MHC Emergency Psychiatric Services now operate from the CTC.

Triage Counselors are available 24/365 to assist callers, offer resources, and dispatch MHC Crisis Counselors when appropriate (Mobile Crisis Response).

MHC has assembled a vast continuum of crisis services that includes a 15-bed Crisis Stabilization Unit (CSU) and an 8-bed Intensive Intervention Center (IIC) also known as “Respite,” all housed within the CTC complex.

Individuals admitted to our CSU and IIC receive a psychiatric evaluation with medication initiation if needed, nursing care, psychotherapy, psycho-education, discharge planning, support and meals. Both programs are staffed around the clock by trained professionals and differ primarily by acuity level and specific needs.

<table>
<thead>
<tr>
<th>Crisis Treatment Center</th>
<th>Average Walk-in Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018: 193</td>
</tr>
<tr>
<td></td>
<td>2019: 239</td>
</tr>
</tbody>
</table>
We were honored when Governor Bill Lee and Commissioner Marie Williams (TDMHSAS) visited our Crisis Treatment Center (CTC). They toured and were then interviewed by the Council of State Governments for a project highlighting model behavioral health “jail diversion” programs that are having a major impact on their communities.

A consumer that recently benefited from the Crisis Treatment Center, as well as two Metro Police officers, also participated. Media from many different outlets covered the event.

Governor Lee held a press conference in our front lobby following the visit where he shared continued support for increased crisis and jail diversion funding moving forward.

The CTC provides a crucial support for law enforcement. Often law enforcement are the first responders to an individual in crisis. Prior to the opening of the CTC, officers had limited options to help those in need, to access immediate treatment. The result was extended wait times for officers and individuals in local emergency rooms and walk-in centers.
MHC's Emergency Psychiatric Services have been very effective in providing a safe alternative to inpatient psychiatric hospitalization.

HC Emergency Psychiatric Services continuously looks for ways to improve and part of this process is getting feedback from the individuals we serve. Satisfaction surveys are completed in all programs within EPS.

Crises are resolved outside of hospitalization:

- 80%

EPS Satisfaction Score: 95%
We specialize in helping those struggling with substance abuse and addiction to **comfortably** reduce and eventually eliminate cravings.

Outpatient services include:
- Psychotherapy & Behavioral Counseling
- Community-Based Care Management (food/shelter/clothing/transportation/benefits)
- Psychiatric Services (as needed)
- Ages 16 and up
- Assistance with legal issues

**MEDICATION-ASSISTED TREATMENT**
Integrated Health Cooperative

MHC has been successful in transforming care delivery to meet the specific needs of this vulnerable, often marginalized population by recognizing the need for increased access to integrated physical healthcare. Clients now access our in-house primary care clinic, Integrated Health Cooperative (IHC).

Alarming, those struggling with SPMI are likely to die 14-32 years earlier than the general population. In fact, the average lifespan for a MHC client is sadly only 53 years.

MHC providers understand the unique needs of this population, and take the extra time needed to make sure clients are comfortable before moving forward. Perhaps most important is the trust that each IHC provider builds with their clients so they will feel comfortable engaging primary care moving forward, and potentially improve their quality of life and long term health outcomes.

87% of consumers have not seen a primary care provider regularly in over 10 years

877 number of referrals to specialists CY 2019
MHC has embedded licensed mental health clinicians into 25 primary care practices throughout Middle and East Tennessee. Community partner providers and MHC clinicians work shoulder to shoulder to integrate physical and mental healthcare. Providing behavioral health services in primary care offices, where consumers are already comfortable and trusting, compliments accessibility and favorable outcomes.

MHC provides psychotherapy in 25 community primary care partner sites across the state.

MHC is the largest known provider of primary care/behavioral health integrated partnerships in the state.
To further strengthen MHC’s integrated model, a specialized pharmacy, Neuro Psychiatric Services (NPS) was added.

Having NPS on-site not only improves client’s access to their medications but also access to consultation with a pharmacist.

Physical and mental health medications can be “blister packaged” to help clients adhere to complicated drug regimens.
MHC is an absolutely vital resource for Tennessee since it is the only organization of its type, where the sole purpose is to provide support and treatment to those challenged with serious mental illness and poverty.

Dynamic growth has resulted in year over year increases in admissions and revenue, allowing MHC to serve more people with improved capacity for resources, training, integrated services, transportation and improved facilities.

**STAFFING**

MHC opened in 1993 with 60 staff. Today, MHC employs over 660 positions.

**CENSUS DEVELOPMENT**

Percentage of Growth 1993-2020

4156%

Active Clients Enrolled In Services
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization/Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Mullins</td>
<td>Chair</td>
<td>Dixon Hughes Goodman, LLP</td>
</tr>
<tr>
<td>Susie Adams</td>
<td>Secretary</td>
<td>Vanderbilt School of Nursing</td>
</tr>
<tr>
<td>Berry Holt</td>
<td>Director</td>
<td>Bradley Arant Boult Cummings, LLC</td>
</tr>
<tr>
<td>Myles MacDonald</td>
<td>Finance Committee Chair</td>
<td>Kraft CPAs, Retired</td>
</tr>
<tr>
<td>Mickey McKay</td>
<td>Director</td>
<td>Fifth Third Bank</td>
</tr>
<tr>
<td>Jason Ross</td>
<td>Director</td>
<td>Life Point Health</td>
</tr>
<tr>
<td>David Tropauer</td>
<td>Director</td>
<td>Envision Healthcare</td>
</tr>
<tr>
<td>Andrea Turner</td>
<td>Director</td>
<td>Asurion</td>
</tr>
<tr>
<td>Lisa Webb</td>
<td>Director</td>
<td>Merrill Lynch / Bank of America, TN</td>
</tr>
</tbody>
</table>

“I had a mental nervous breakdown. I am grateful for the personal care MHC provided me with.” – Consumer

MHC NEVER RESTS ON IT’S LAURELS.

WE ARE CONSTANTLY EVOLVING AND SEARCHING FOR NOVEL APPROACHES AND CREATIVE SOLUTIONS THAT DRIVE IMPROVED OUTCOMES.
Pam Womack serves as Chief Executive Officer responsible for strategic vision and leadership of the organization. Pam founded MHC in 1993 with the intention of creating specialized, community based services for those challenged with severe and persistent mental illness (SPMI). Under Pam’s direction, MHC has grown into a premier behavioral health company, offering state of the art treatment to thousands of adults, adolescents, children and families across Tennessee.

Pam was recently selected to serve on the Mayor’s Community Behavioral Health and Wellness Advisory Council. She is recognized as a fierce advocate for the provision of behavioral health outpatient services, delivered in the least restrictive environment possible, to some of the state’s most vulnerable citizens.

Prior to MHC, Pam served 14 years as the Director of Community Services for the Tennessee Department of Mental Health where she was instrumental in developing state wide case management, and mobile crisis services. Pam received her Bachelor’s Degree from the University of Mississippi and her Master’s Degree in Social Work from the University of Tennessee Memphis.

David Wilson serves as Chief Financial Officer responsible for all financial operations of the organization. David also serves as Chief Development Officer and oversees the financial feasibility of new opportunities for MHC. David brought a wealth of experience to MHC in 2014 in community based healthcare, accounting/finance and business intelligence.

Prior to joining MHC, David practiced accounting with the Nashville based accounting firm Kraft CPAs. David left public accounting in 2010 and became Director of Finance for SunCrest Healthcare, a private equity owned for-profit home healthcare company. David left SunCrest in 2014, when the company was sold, and was named CFO of Mental Health Cooperative.

David is a Certified Public Accountant and an Adjunct Professor of Accounting for Belmont University. David received his Bachelor’s Degree from North Carolina State University and Middle Tennessee State University and his MBA from Belmont University, Jack Massey School of Business. In 2018, Wilson was named Nashville Business Journal’s “CFO of the Year”.

David Wilson
LEADERSHIP

Peggy Hoffman
Chief Administrative Officer & Chief Compliance Officer

Peggy Hoffman serves as Chief Administrative Office and Chief Compliance Officer responsible for oversight of all administrative and compliance functions. She has held several executive leadership roles since joining MHC in 1993.

Prior, Peggy directed services for Continuous Treatment Team which was one of the agencies that combined to form MHC. Since 1993, she has been instrumental in keeping MHC mission focused by leading the design of all facilities with client’s needs at the forefront. Peggy earned her Bachelor’s degree in Sociology from Middle Tennessee State University, and her Master’s Degree in Social Work from the University of Tennessee Knoxville. She is a Licensed Clinical Social Worker.

David Patzer
Medical Director

Dr. David Patzer serves as Medical Director responsible for clinical and administrative leadership to all psychiatrists and advanced practice nurses, in addition to ensuring exemplary clinical quality of care.

Prior to joining MHC in 2009, Dr. Patzer worked for the Davidson County Drug and Mental Health Court programs. He was a faculty member of the Yale Child Study Center and University of Arizona, where he founded the Neuropsychiatric Disorders Evaluation and Research Clinic. Dr. Patzer received his Medical Degree from Northwestern Medical School and completed Psychiatric Residency training and Fellowship at Yale University. Dr. Patzer completed an Addiction Psychiatry Fellowship at Vanderbilt University. He is Board Certified in Adult Psychiatry, Child & Adolescent Psychiatry and Addiction Medicine.

Ruth vanBergen
Senior Vice President Operations

Ruth vanBergen serves as Senior Vice President of Operations responsible for all organizational functions, infrastructure and quality of care. Ruth began her career at MHC in 1998 where she led the development of the state’s first Program for Assertive Community Treatment (PACT), which is still in operation today. She has also been instrumental in building and nurturing MHC’s care management service, focused solely on persons with serious behavioral health challenges that has matured into one of the largest programs in the state.

Ruth received her Bachelor’s Degree in Psychology from Arizona State University, her MBA in Health Care Management from the University of Phoenix and a Master’s Degree in Educational Psychology from Southern Illinois University. She is a Licensed Professional Counselor/Mental Health Service Provider and a Nationally Certified Counselor.
Amanda Bracht serves as Senior Vice President of Clinical Services responsible for all organizational clinical operations, and quality of care. Amanda began her career at MHC as a Crisis Counselor, directly out of graduate school in 1997. She transitioned to the Nashville Public Defender’s Office to help establish the new Guardian ad Litem program before returning to MHC full time in 2001.

Amanda helped develop MHC’s Criminal Justice and Emergency Psychiatric Services programs into recognized models of care. She is acknowledged as an expert in the area of emergency behavioral health crisis response. Amanda earned her Bachelor’s Degree in Sociology from Tennessee Technological University, her Master’s Degree in Social Work from the University of Tennessee and is a Licensed Clinical Social Worker.

Kimber Dills serves as Vice President of Human Resources responsible for the development, implementation and oversight of all human resources functions with the goal of MHC becoming an employer of choice in behavioral healthcare. Kimber began her career with MHC in 1993. Recently, Kimber led MHC to national recognition for their retirement plan’s 403 B.

Michael Kirshner serves as Vice President of Business Development responsible for developing and overseeing growth strategies for all service lines. Michael joined MHC in 2003. He is well known for developing strategic partnerships, crafting creative marketing campaigns and accelerating new facility growth.

Prior to MHC, he worked in similar capacities for Tennessee Christian Medical Center (Adventist Health System), Behavioral Health Resources Incorporated and Psychiatric Management Resources. Michael received his Bachelor’s Degree in Philosophy from the University of South Florida, a Master’s Degree in Counseling (Psychology) from Trevecca University and a MBA from Argosy University, Graduate School of Business and Management. He is a Licensed Professional Counselor/Mental Health Service Provider and an Approved Clinical Supervisor through the state of Tennessee.
OUR MISSION

MHC exists to engage, enlighten, and empower individuals and families with behavioral health issues to live healthier lives.

By providing integrated care for the whole person, everyone can experience hope and live a full life in the community.