

MANY VOICES, ONE VILLAGE | Building Hope in Tennessee

BREAKOUT 1B

BUILDING THE VILLAGE

**Strategies for Effective
Community Collaborations**

TN Statewide Crisis Services and Suicide Prevention Conference

MANY VOICES, ONE VILLAGE | Building Hope in Tennessee



OPENING REMARKS
PANEL INTRODUCTIONS

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Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

TN Statewide Crisis Services and Suicide Prevention Conference

MANY VOICES, ONE VILLAGE | Building Hope in Tennessee



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TN Statewide Crisis Services and Suicide Prevention Conference

August 28, 2025

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Centerstone's Youth & Young Adult Suicide Prevention Program

Megan Williams & Ashley Hamby



Program funded by TDMHSAS:

- Awarded in 2019
- Provide evidence-based prevention & early intervention services to ensure youth & young adults under age 25 in Tennessee have mental health resources & information with the goal of reducing suicide attempts and fatalities
- Outreach, education, and consultation services are strategically targeted to pediatric primary care providers and higher education institutions



Where are Tennessee's Youth?

Pediatric/Primary Care Clinics



Higher Education Institutions



Program Goals

Service delivery focuses on the 25-county Middle Tennessee footprint, with plans to expand statewide over the next several years.

Provide evidence-based suicide prevention education & training to pediatric organizations and higher education institutions

Enhance continuity of care and follow-up for youth in need of mental health services and crisis intervention resources

Promote the use of evidence-based screening and assessment practices within partner organizations

Youth & Young Adult Suicide Prevention Program In Action

Outreach

- Outreach & rapport building with local pediatric & higher education institutions

Training

- Provide suicide prevention training to pediatric organizations & education institutions
(including nurses, support staff/ faculty, coaches, security, students in pediatrics)

Consultation

- Work with partners to develop screening procedures & increase access to local mental health resources
(bridging the gap to increase continuity of care)

Materials

- Create educational, informative materials that partners can use to support increased suicide prevention awareness

Outreach

Last Year's Outreach Efforts

- 55 pediatric organizations
- 48 higher education institutions
- 100% of higher education institutions in the Middle and West TN areas were contacted

INTRODUCTION

Suicide is the 2nd leading of cause of death for college students in Tennessee. Centerstone's Youth and Young Adult Suicide Prevention Grant provides FREE services to colleges and universities to assist in suicide screening, suicide prevention trainings, resources for students at risk, and resources for counseling centers and staff. The goal is to build an enhanced suicide prevention program.

WHAT WE PROVIDE

Program Manager can help institutions with the creation and implementation of a suicide prevention plan that includes:

- written and available prevention plan
- free awareness materials: stickers, magnets, posters, tri-folds, safety plans
- depression and suicide screening tools
- lifeline and crisis numbers
- mental health statements on syllabi, websites, student ID cards, newsletters, emails, etc
- evidenced-based suicide prevention trainings: Q.P.R.
- out-patient mental health care referrals

The goal is to address upstream risk and protective factors that reduce risk.

988

SUICIDE & CRISIS

Resources

Program Manager can assist with the development and implementation of a suicide prevention plan to help determine the most appropriate level of care for each student that has mental health challenges. When a student is at risk for suicide, they may require a referral to out-patient mental health services, mobile crisis assessments, and/or enhanced follow-up programs.

Suicide Prevention Training

Q.P.R. (Question, Persuade, Refer) training is a 60-90 minute evidence-based suicide prevention training for students, staff/faculty, counselors, campus security, athletic departments, etc. Q.P.R. provides skills that anyone can use to help someone in a mental health crisis.

Legislation

Governor Lee signed legislation that requires institutions of higher education to create suicide prevention plans. This grant assists these suicide prevention efforts. We focus on the needs of your students and staff/faculty.

CONTACT

Ashley Hamby
Program Manager
Youth & Young Adult Suicide Prevention
Ashley.Hamby@Centerstone.org
(931) 265-6608

Training

Last Year's Efforts:

- 19 Q.P.R. trainings provided
- Trained 108 pediatric staff & 232 higher education faculty & staff

Q

P

R

QUESTION. PERSUADE. REFER.

SUICIDE PREVENTION TRAINING

BHSU: Join us at a FREE virtual QPR training event:

06/26/2025

12pm - 1:30pm

Thursday

June 26th

12pm-1:30pm Central via Zoom

TRAINING IS FREE, BUT REGISTRATION IS REQUIRED

- In just 90 minutes you can learn how to save a life from suicide.
- QPR stands for Question, Persuade, Refer; 3 steps ANYONE can learn to help prevent a suicide.
- Just like CPR, QPR is an emergency response to someone in crisis and can save lives.
- Suicide is the 2nd leading cause of death among 18-24 year olds. QPR will equip individuals to identify warning signs, how to intervene, and where to refer someone who is in crisis.
- Who is this training for? Anyone who is in a position to recognize that someone may be contemplating suicide: students, professors, school staff, co-workers, peers, friends, family members

988 SUICIDE & CRISIS LIFELINE

To register for this FREE training, scan the QR code.

Consultation

Last Year's Efforts:

- Consulted with 39 higher education institutions to increase suicide prevention and mental health awareness on campus
- Consulted with 17 pediatric organizations to increase mental health & suicide screenings, psychoeducation, and referral sources

Suicide Prevention:
A Resource Guide for Caregivers

Mental health struggles and suicidal thoughts are common for many young people.

As children grow into teenagers, they go through many physical, social, and emotional changes. Parents have the ability to support their child's mental and emotional development through these changes. Just as parents learn to keep young children safe from harm, they can learn strategies to support mental health and promote resilience as their children grow. This quick guide is meant to help parents recognize warning signs, learn strategies to support their children, and seek clinical help for mental health concerns.

Know the Risks and Provide Support

Support from family members can make a big difference by helping youth cope when life feels overwhelming.

Be Aware of Common Risk Factors:

- mental health conditions, such as depression
- social isolation
- alcohol or substance use
- family or peer conflicts
- bullying
- experience with a suicide death in their family or peer group
- access to dangerous weapons, toxic substances, medications, ropes, sharp objects
- stigma associated with mental health or help-seeking
- previous struggles with suicidal thoughts or attempts

Ways You Can Help:

- develop coping and problem-solving skills
- encourage connections to family, friends, and community
- support access to healthcare
- nurture supportive relationships with family members and other trusted adults
- restrict access to weapons, toxic substances, or medications

Statistics

Materials

Last Year's Efforts:

- Distributed over 14,800 materials
- Tailored to each organization & included local resource guides



OUT-PATIENT MENTAL HEALTH SERVICES

Centerstone (877) 467-3123

Counseling for children and adolescents
Intake appointments: (877) 467-3123
Crisis services: (800) 681-7444
4525 Harding Pike Suite 235, Nashville, TN 37205
Payment options: most major insurances accepted, Medicare, TennCare

Agape Counseling Center

Nashville location - Justiss-Kirby Center
(615) 781-3000
4555 Trousdale Dr Nashville 37204
Outpatient counseling, psychological testing
Payment options: most commercial insurances

Heritage Medical Associates

Nashville location
222 22nd Ave N, Nashville, TN 37203
Jerome Burt, PhD (629) 255-2170
Robert Jacobs, PhD (629) 255-2171
Green Hills location
2325 Crestmoor Road, Suite 204, Nashville, TN 37215
Shalene Grinder, LCSW (629) 255-2211
Out-patient counseling for children and adolescents
Payment options: most commercial insurances

Allied Behavioral Health Solutions

(615) 292-3661
317 18th Ave North, Suite 200, Nashville, TN 37203
Out-patient counseling, Applied Behavioral Analysis

Vanderbilt Behavioral Health

Vanderbilt Child and Adolescent Psychiatry
1500 21st Ave. S, Nashville 37212
(615) 936-3555
24/7 Crisis Assessment and Admissions
(615) 327-7000 and (800) 365-2270
Child and adolescent out-patient, in-patient, and crisis
Payment options: TennCare, most commercial insurances

Omni Visions (877) 937-5237

Multiple locations in Middle Tennessee
Individual counseling for children and adolescents, family therapy, medication management
Payment options: TennCare, most commercial insurance

Athena Consulting & Psychological Services

Multiple locations throughout Middle Tennessee
(615) 820-1155
220 Athens Way Suite 104, Nashville, TN 37228
Out-patient counseling, medication management
Payment options: accepts most commercial insurances

Ross Center (615) 338-6341

Multiple locations in Middle Tennessee
900 Glendale Ln, Nashville, TN 37204
Out-patient counseling for children and adolescents
Payment options: BlueCross/BlueShield, United HealthCare, TriCare, Aetna, Magellan, Amerigroup, United Community Plan, CompPsych, Value Options,

988
SUICIDE & CRISIS
LIFELINE

If you or someone you know needs support now, call or text 988 or chat.988lifeline.org

988 SUICIDE & CRISIS LIFELINE

If you or someone you know is thinking about suicide, call or text 988

You will automatically be connected with a certified local crisis center 24 hours a day, 7 days a week.

There is help.
There is hope.

Take a slip, save this number, send them to a friend.
Let's all do our part to #savealife

Talk with us.

This project is funded under a Grant Contract with the State of Tennessee, Department of Mental Health and Substance Abuse Services

CALL or TEXT 988
988lifeline.org/chat

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What is a mental health crisis?

A crisis is when someone is experiencing suicidal or homicidal thoughts, self-harm behaviors, and/or hallucinations

Look for changes in behavior or patterns that are not typical, which may include non-verbal cues.

Warning signs are suicidal ideations, depression, anxiety, withdrawn attitude, hopelessness, and/or restlessness.

People who are in crisis may experience a loss of hope, rapid mood swings, increased agitation, increased risk-taking or out-of-control behaviors, or isolating themselves from others

Myth versus Fact

MYTH: If I seek treatment, my children may be taken away.
FACT: When working with youth, safety is the number one priority. Mental Health Professionals work together with families to problem solve, determine the best care for your youth, and help support you as a parent or guardian. Treatment encourages family support and cooperation to strengthen family dynamics. Behavioral Health addresses connections between behaviors and the health and well-being of body and mind.

MYTH: If my child or I go to an intake, people will assume I am a bad parent or have a mental illness.
FACT: Seeking mental health services is not any different than seeing a medical doctor for a broken rib or severe pain. Professionals assess and treat moods that affect a person's daily life, such as depression, anxiety, or suicidal thoughts. Seeking help and support is a form of taking care of yourself and others.

MYTH: Talking about suicide can put the idea in their head and increase the risk of suicide.
FACT: Talking about suicide does not increase risk. Asking about suicide provides an opportunity for communication. Fears shared are more likely to diminish and the risk of an impulsive act can decrease.

This program is funded by a Grant Contract with the State of TN, Department of Mental Health and Substance Abuse Services

What to expect

Crisis may be dispatched to your location or by telephone to do a crisis assessment for safety.

If you are unsure if your situation is a crisis, the crisis line will make that determination and provide assistance, so do not hesitate to call.

Crisis assessments could result in referral to in-patient or out-patient treatment.

In-patient treatments refer to hospitalizations, and is typically the last option providers suggest, and the decision is based off of the assessment, safety-concerns, and need for monitoring.

Out-patient treatments refer to counseling programs where the patient receives help to identify stressors, learn to cope, and manage their mental health, during regularly scheduled office visits.

Crisis will assess the patient and treatment options vary depending on what is most appropriate.

What to bring to an intake appointment

- your driver's license or other government ID
- insurance card (if you have one)
- a list of medications, including dosage and frequency
- if you have received therapy or mental health services in the past, bring the clinic or therapist's contact information (if you have it)
- your personal contact information (address, phone number, social security number)

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Suicide Prevention: A Resource Guide for Caregivers

Important Warning Signs for Parents

You may notice some behavior changes in your child that are worrying. Some behaviors may indicate that a youth is at immediate risk of suicide. It's time to take action if you notice these signs in family or friends:

- talking about or making plans for suicide
- expressing hopelessness about the future
- displaying severe/overwhelming emotional pain or distress
- showing worrisome changes in behavior, particularly in combination with the warning signs above, including significant:
 - withdrawal from or changing social connections/situations
 - changes in sleep and appetite (increased or decreased)
 - anger or hostility that seems out of character or out of context
 - recent increased agitation or irritability
- sudden increase in reckless behaviors
- increased alcohol or substance use
- neglect of self-care or personal hygiene


Resources / Crisis Services

If you or someone you know is struggling or in crisis, help is available. Call, text, or chat 988 with any questions you may have, or if you are going through something you would rather not go through alone.

988
SUICIDE
& CRISIS
LIFELINE

Call or Text 988
Text: TN to 741741
Chat: 988lifeline.org

Youth Villages
866-791-9222



This program is funded by a Grant Contract with the State of TN, Department of Mental Health and Substance Abuse Services

STUDENT MENTAL HEALTH

College is an exciting experience! Naturally, your focus is on the opportunities you will have. While stress is part of being a student, it can become overwhelming and lead to other mental health problems. These stressful times require students to fully grasp the serious mental health challenges they or their peers will face, and be equipped to provide support. Why?

Mental health issues are prevalent on college campuses:

53% felt hopeless

40% screen positive for depression

35% diagnosed with a mental health disorder

25% used illicit drugs

12% report suicidal ideation

1/3 binge drink

Mental health issues are a leading impediment to academic success:

1/3 felt so depressed that it was difficult to function

5/10 felt overwhelming anxiety, making it hard to succeed academically

Suicide is a real concern:

2nd leading cause of death

2% attempted suicide

1,100 suicide deaths per year

Be Proactive

Studies show that students that seek help for their stress and depression perform better academically than those who do not.

Stress will always be a part of our lives. It's not about avoiding stress, but knowing yourself (and your limits and strengths) and being proactive.


It is normal to experience feelings about what is to come and how you will deal with the changes.

Some of the changes you may face include:

- the uncertainty about what is expected academically
- decision making about courses, major, career
- academic issues such as procrastination, test anxiety, writer's block, disappointment with grades
- difficulties balancing academics, social, and other activities
- relationships - making friends, living with roommates, becoming independent from your family

Lessons Learned

- The outreach and consultation aspect of our program takes time (building rapport is a slow process, embrace it!)
- Not all higher education institutions are equal (finding our niche within the community)
- Bring food!



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Pathways Behavioral Health Services

“HELP IS HERE”

Who We Are

- ▶ Affiliate of West Tennessee Health Care
- ▶ Services Anybody and Everybody
 - ▶ 75 of the 95 Counties in TN
 - ▶ 13,328 Individual Client's Served in 2021
- ▶ Private and Confidential
- ▶ Continuous and Holistic
- ▶ Affordable and Convenient
 - Grant, Insurance, and Other Programs



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Locations

- ▶ 8 Locations in West TN:
 - Brownsville
 - Dyersburg
 - Jackson
 - Summar Dr., EAP/Recovery+, Psychiatry and Counseling
 - Lexington
 - Milan
 - Tiptonville
 - Union City
- ▶ 8 Emergency Departments with staff on call
- ▶ 60 School and Headstarts in 13 Counties
- ▶ 8 Courts and Jails in West TN
- ▶ Zoom, Phone, Telehealth, and In-Person Available

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Mobile Crisis/988/CCP

- ▶ 24/7 Mobile Crisis Response Team: Covering 8 Counties
 - ▶ Henderson, Haywood, Madison, Crockett, Dyer, Lake, Weakley, and Obion
 - ▶ Handle over 5,000 case a year on average
 - ▶ Phone, Face to Face, Zoom, Follow-ups
- ▶ 988 Suicide and Crisis Hotline
 - ▶ Same 8 Counties
 - ▶ Phone Calls and Follow-up
- ▶ CCP: Disaster Crisis Counseling Program
 - ▶ Obion and Dyer: have done others in the Past
 - ▶ Meeting people where they are at.

Community Collaboration in Rural Communities

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- ▶ Community collaboration involves partnerships among health providers, schools, local agencies, faith leaders, law enforcement, and residents.
- ▶ Historically underserved: This could be for many different reasons



Common Challenges with Community Collaboration

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- ▶ Geographic & Access Barriers
- ▶ Service Limitations
- ▶ Technology Limitations
- ▶ Financial
- ▶ Stigma
 - ▶ **Cultural Beliefs:** In small rural communities, mental health issues are often seen as personal weaknesses or private family matters rather than medical conditions
 - ▶ **Fear of Being Seen:** In tight-knit towns, individuals worry that seeking help might be noticed and judged, especially if the mental health provider is also a neighbor or church member.

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Benefits to Community Collaboration

- ▶ Expanded Access to Care
 - ▶ Filling Service Gaps
 - ▶ Outreach to Vulnerable Population
- ▶ Early Identification and Intervention
 - ▶ Training
- ▶ Empowered and Resilient Communities
 - ▶ Local Ownership
 - ▶ Partnerships
- ▶ Reduction in Stigma
 - ▶ Normalizing Mental Health Conversation
 - ▶ Engagement and Participation
 - ▶ Long-Term Cultural Shifts
 - ▶ Trusted Relationships
 - ▶ Connection


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Ways to Effectively Collaborate

- ▶ Start by Listening
 - ▶ Who, What, Why
 - ▶ Often times, we forget this part.
- ▶ Bring the Conversation to Familiar Spaces
 - ▶ Instead of "official" Spaces
- ▶ Use Language that Fits
 - ▶ Avoid Jargon
 - ▶ "We're addressing mental illness," try "We're helping folks manage stress, trauma, or life challenges."
- ▶ Putting a Face to Name
 - ▶ Becomes More Personal
 - ▶ Shows Investment
- ▶ Maintain Presence and Follow Through
 - ▶ Consistency Matters
 - ▶ One time events don't usually build trust.



Cocke County Disaster Response Crisis Counseling Program



Building Stronger Communities Through Collaboration and Partnership

Jerri Little, M.Ed., Team Leader- Crisis Counseling Program

McNabb Center – Cocke County

TN Statewide Crisis Services and Suicide Prevention Conference –
August 28th, 2025

Introduction

- Flood disasters disrupt communities at every level
- Recovery requires strong collaboration among local, state, and federal partners
- Real insights into building and sustaining effective partnerships
- Challenges

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Impact of Helene on Cocke County, TN September 2024

- Widespread Flooding, damaging roads, homes, and critical infrastructure.
- Newport, Del Rio, and Hartford were heavily impacted.
- Roads became impassable
- Many residents were displaced or trapped
- Disrupted water, power and internet in rural areas
- School closures
- Downtown businesses were flooded, including the jail

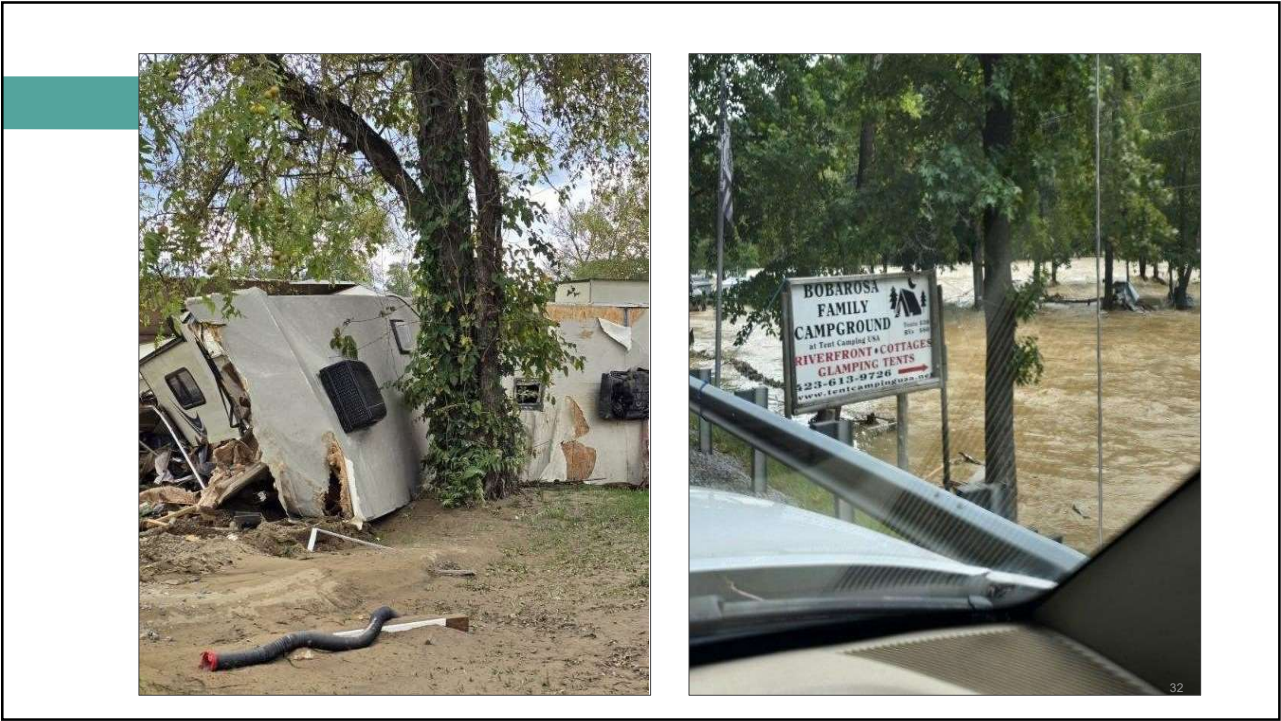
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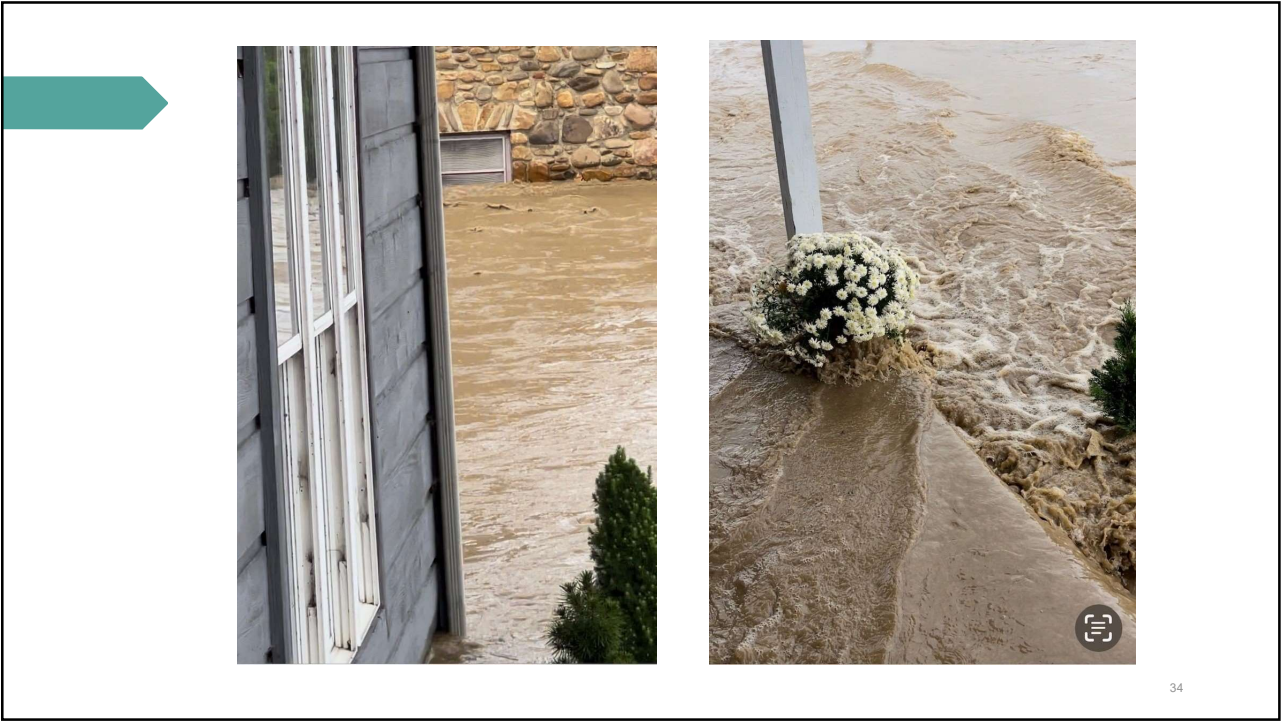
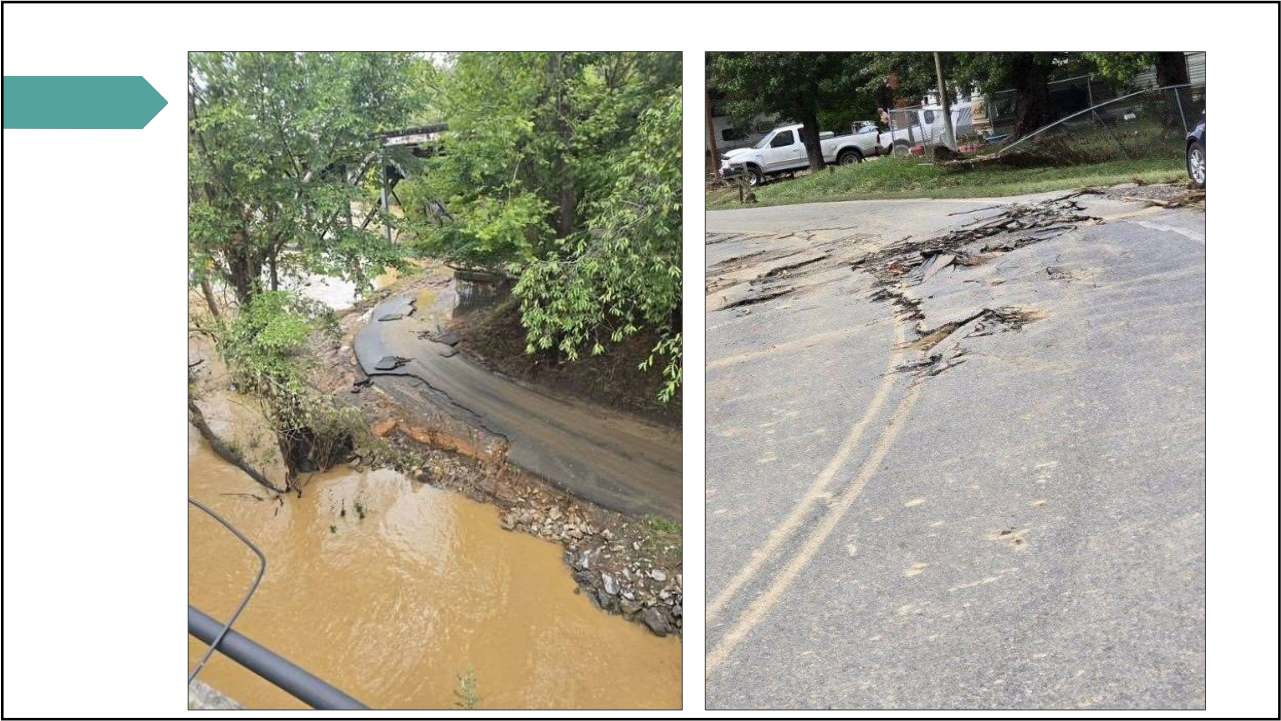


Impact of Helene on Cocke County, TN. (Continued)

- McNabb Center is located within the flood zone and was evacuated
 - **72** children were displaced
 - **192** Homes were a total loss
 - 35 Major Damage
 - 36 Moderate Damage
 - 24 Minimal Damage
- In December 2024, there was a **28%** increase in those seeking mental health services from the same time in prior year

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Leveraging Existing Partnerships and Resources After a Disaster

In the aftermath of Helene, leveraging existing partnerships and community resources was crucial to expand the reach, enhance coordination, and improve the outcome of response and recovery for Cocke County, TN.

McNabb Center's established relationships with local organizations—such as government agencies, schools, law enforcement, nonprofits, faith-based groups, and community leaders—provided a solid foundation for rapid mobilization and effective service delivery.

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Why Collaboration Matters

- No single agency can meet all community needs post-disaster
- Partnering allows:
 - Broader reach
 - Resource pooling
 - Reduced duplication of efforts
 - Stronger trust with the community

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Types of Partnerships

- Local: Fire departments, schools, faith-based organizations
- State & Federal: TEMA, FEMA, Department of Health
- Nonprofit: Red Cross, food pantries
- Private Sector: Utilities, businesses, media

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The Immediate Response

- The McNabb Center was approached by TEMA on **Friday, October 11th**, to begin staffing the Multi Agency Resource Center beginning Sunday, October 13th.
- From **October 13th–November 4th**, 31 PRN staff worked the MARC 12 hours a day, 6 days a week, and 5 hours on Sunday.
- FEMA took over the MARC on **December 5th**, and became the DRC. Staff continued to work at the DRC 7 days a week.

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Continued Response to Disaster

- On December 5th, McNabb began community outreach to impacted areas of the community
 - Staff went door to door – 314 addresses was provided from community members
 - Began tabling events in the community
 - Became engaged with long-term recovery planning sessions



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How McNabb Center Assisted

- Connected individuals to Celebrate Recovery
- Provided medical supplies to diabetic survivors
- Distributed food, water, and essential resources
- Volunteered at Nurture Center to hand out supplies
- Provided immediate crisis intervention

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Building Trust with Other Agencies

- Show up consistently, and be involved with the community
- Be transparent about limitations and goals
- Respect each agency's expertise and boundaries
- Celebrate shared successes and communicate regularly



Barriers to Effective Coordination and Partnerships

- **Lack of Collaboration**
 - Unclear leadership and poor coordination lead to service gaps or duplication
- **Mismatched Goals**
 - Differing missions and timelines create tension over roles and resources
- **Trust Gaps**
 - Weak pre-disaster relationships hinder information sharing and true collaboration
- **Communication Breakdowns**
 - Inconsistent messaging causes confusion among partners
- **Role Confusion**
 - Unclear responsibilities lead to overlap or unmet needs
- **Resource Competition**
 - Agencies may compete rather than collaborate
- **Cultural Disconnects**
 - Outside organizations may overlook local norms, reducing trust and engagement
- **Legal Barriers**
 - Contracts, red tape, and delays hinder timely service delivery
- **Coordination Fatigue**
 - Stress and burnout reduce effectiveness without centralized leadership

Lessons Learned and Recovery Focus

- Importance of ongoing relationship-building with community partners
- Need for disaster readiness education in rural communities
- Critical role of mental health support for survivors and responders
- Recovery goes beyond rebuilding — it's about listening, presence, and restoring trust




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Thank You

- Jerri Little, M.Ed.
- Team Leader, Crisis Counseling Prevention Program
- McNabb Center
- Jerri.little@mcnabb.org
- “When we collaborate, we recover stronger.”




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References & Disclaimer

- This presentation was developed specifically for the TN Statewide Crisis Services and Suicide Prevention Conference based on the presenter's professional experience in disaster response and crisis counseling.
- All strategies and examples are original or based on generalized practices in the field. Any resemblance to specific events or programs is coincidental unless otherwise stated.
- If external research or publications are included in future versions of this presentation, appropriate references will be cited on individual slides or in a bibliography.
- For questions or permissions, please contact:
 - Jerri Little, M.Ed. – McNabb Center

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Questions & Answers

In-Person Attendees . . .

Please raise your hand if you'd like to ask a question or share a comment. A Mic Runner will bring a wireless handheld microphone to you. Kindly speak directly into the mic so that everyone—including our virtual participants—can hear you clearly.

Virtual Attendees . . .

Please post your questions and comments in the Chat Box to the right of your viewing screen. Our Chat Box Monitor will relay them to the speakers and panelists for response during the session.



IMPORTANT NOTE FOR AUDIENCE ENGAGEMENT | Virtual participants will not be able to hear any in-room dialogue unless it is spoken directly into a microphone. Please wait for a mic runner to deliver a wireless handheld microphone before speaking. Kindly direct your comment or question into the microphone to ensure it is heard clearly. Your support in fostering inclusive and effective communication is greatly appreciated by all—especially our virtual attendees.

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