



Teen Suicide Issue

The Advocate

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A newsletter on children's issues

August 2004

The person who completes suicide dies once. Those left behind die a thousand deaths, trying to relive those terrible moments and understand.

www.1000deaths.com
Christine B. Smith

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Calendar of Events

Events relating to helping children are available at: www.tennessee.gov/tccy/webcalen.html

TCCY

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at: www.tennessee.gov/tccy.

Tennessee Commission on Children and Youth
Andrew Johnson Tower
9th Floor
710 James Robertson Pkwy.
Nashville, TN 37243-0800

Preventing Suicide in Tennessee

Suicide claims approximately 1 million lives worldwide each year, resulting in one suicide every 40 seconds affecting people in every corner of the earth.

In the United States suicide ranks as the 11th leading cause of death in the general population, but the third leading cause of death among older teens, and the second cause of death among those ages 25 to 29.

The Tennessee suicide rate is 20th highest in the nation. In 2002, 778 suicides were reported in Tennessee. The average rate for Tennessee from 1998-2004 remained relatively stable at 12.9 per 100,000 people. The east south central states, Tennessee, Kentucky, Alabama and Mississippi, have the third highest rates among the nine regions in the United States, with Tennessee leading the region. Suicide is the ninth leading cause of death in Tennessee.

In Tennessee, during 2002, suicide for adults ages 25-34 was the second leading killer, behind accidents, and the third cause of death for people ages 19-24, after accidents and homicides.

Although suicide occurs in all cultures, with no group immune to it, certain demographic groups are more associated with suicide. In the United States a racial divide exists with the suicide rate for White Americans being double that for African-Americans. However, in recent years the rate for young African-American males has risen sharply, increasing by more than 200 percent since 1980. White males over the age of 85 have the highest suicide rate of any group.

September is designated as National Suicide Prevention Month, with September 5-11 selected as National Suicide Prevention Week. Events are planned across Tennessee in conjunction with the national awareness activities.

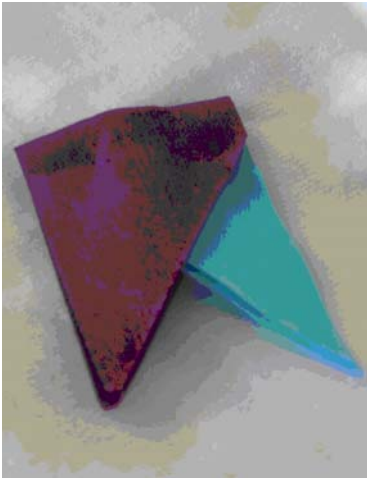
Mental Illness

Suicide is complex and has many different antecedents, but mental illness is considered a factor in 90 percent of all suicides. Alcohol and drug abuse, depression and bipolar disease are especially related to suicide. One of every 16 people diagnosed with depression will eventually complete suicide. People who

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Suicide Prevention Ribbon. The purple represents the suffering and loss experienced by the families and friends of those lost to suicide, and the turquoise the peace and calm that survivors and attempters hope to find.

are diagnosed with depression and use alcohol and drugs have an even greater risk. In males depression is often manifested as aggressive and angry behavior. A history of impulsivity and aggression is believed to increase the likelihood of suicidal behavior. Persons with developmental delays are also at higher risk of suicide.

Youth

Suicide among youth ages 15-24 has gone up 200 percent in the past 50 years. The suicide rate is higher in the elderly, but the actual number of deaths is higher for younger people. About 2 million emergency room visits by school age and adolescent children are the result of suicidal behavior or ideation, according to a Columbia University study.

According to the 2003 Youth Risk Behavior Survey, 17.5 percent of Tennessee high school students seriously considered attempting suicide. The percentage of students who reported making a suicide plan was 14.1. Nearly 10 percent, or 8.9 percent, reported having attempted suicide.

In Tennessee, males accounted for 79 percent of the suicides reported in 2002. Part of this disparity is because they often choose more deadly forms of suicide, such as firearms or hanging. Whites made up 92 percent of Tennessee suicides.

Rates in nonmetropolitan areas were 12 percent higher than in metropolitan areas. Generally, less populated areas have higher suicide rates. The relatively small number of suicides may contribute to statistical problems with these rates. One suicide in a county the size of Jackson or Decatur yields a rate of 70 per 100,000, although one suicide in Williamson County results in a rate of 4.6.

Methods

In 2002, two-thirds (or 67 percent) of suicides in Tennessee involved the use of a firearm. Nationally, in 2001, the figure was 55 percent, and suffocation or hanging and poisoning were each involved in approximately one-fifth of suicides.

Minority Youth

According to the National Organization of People of Color Against Suicide, the rate of African-American suicide for teens 15-19 more than doubled from 3.6 per 100,000 to 8.1 per 100,000 from 1980-1995. The latest statistics show that African-Americans die from suicide at a rate of five each day.

Hispanic youth account for one-fourth of all Hispanic American suicides. Rates of suicide for Native Americans is high, but differ by nation.

The Tennessee Commission on Children and Youth Cindy Durham, Chair Nashville	
Angi Agle Oak Ridge	Trudy Hughes Maryville
Betty Anderson Covington	Drew Johnson Johnson City
Joe Askins Fayetteville	Jim Kidd Fayetteville
Natasha Blackshear Nashville	Mary Lee Dickson
P. Larry Boyd Rogersville	Christy Little Jackson
Murray Butler Henderson	Jerry Maness Memphis
Beverly Cosley Chattanooga	Sharon T. Massey Clarksville
Tabitha Dean Cordova	Linda Miller Memphis
James B. Ford Franklin	Susie Mitchell Johnson City
Susan Glassman Germantown	Marie Mobley Goodlettsville
Tim Goldsmith Memphis	Joetta Yarbro Dyersburg
Johnny Horne Chattanooga	Linda O'Neal Executive Director

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Facts About Suicide

- ⓧ Tennessee ranks 20th in the nation based on its suicide rate.
- ⓧ Suicide is the 11th leading cause of death in the United States, with one suicide occurring on average every 17 minutes.
- ⓧ Suicide is the 3rd leading cause of death among 15- to 24-year-olds.
- ⓧ The elderly make up 12.4% of the population but comprise 17.6% of all suicides.
- ⓧ An estimated 765,000 Americans attempt suicide each year.
- ⓧ Five million living Americans have attempted to kill themselves.
- ⓧ Every year in the United States, more than 16,000 men and women kill themselves with a gun. That's two-thirds more than those who use a gun to kill another.
- ⓧ An estimated 4.45 million Americans are survivors of the suicide of a friend, family member or loved one.

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Gay and Lesbian Youth

Studies have found high rates of suicide attempts (20% to 39%) in young homosexuals and bisexuals (5-10 times above expected rates). These studies suggest homosexuality can trigger social stress or identity conflicts and an increase of suicidal behavior. However, problems of definition and questions about the relationship between attempted and co

Five million living Americans have attempted to kill themselves, and an estimated 765,000 Americans attempt suicide each year. Women and the young are more likely to have survived a suicide attempt. Men are four times as likely to commit suicide as women, but women are three times more likely to attempt suicide. It is estimated that there are 25 suicide attempts for every suicide.

According to Tennessee hospital discharge data for 2002, there were 3,733 suicide attempts among high school students. There were nine deaths among these attempts, and 876 were treated on an inpatient basis (TN Dept of Health, Bureau of Health Informatics, Health Statistics and Research).

The United States currently does not track suicide attempts. Efforts to better track attempts could be an important prevention tool, since attempts are considered a risk factor for suicide completion. However, a desire to protect families and individuals may result in underreporting of suicides and attempts.

Prevention Strategies

Universal Strategies

Restricting Access to Deadly Means. Since more than half (two thirds in Tennessee) of suicides involve firearms, efforts to restrict access to firearms are considered effective ways to combat suicide. A study of suicide attempts found that 78 percent of all attempts using firearms resulted in death, compared to less than 1 percent of all suicide attempts involving poisonings or drug overdoses.

Another study found members of handgun-owning families were twice as likely to die in a suicide or homicide as members of the same age, sex and neighborhood who had no history of handgun purchase. These increased risks persisted for more than five years after the purchase.

In 2001, 57 percent of all firearm deaths were suicides. In same year, firearm crimes were only 9 percent of all violent crimes, but 90 percent of homicides. By contrast, between 1993 and 2001, only 0.7 percent of victims of violent crime threatened or confronted their attackers with a gun. A firearm in the home is 11 times more likely to be used in an attempted suicide than in self-defense, according to the Brady Campaign. Since 1994, when federal legislation requiring background checks prior to the purchase of firearms went into effect, suicide deaths by firearm have dropped. A recent study found the incidence of suicide dropped in states that adopted laws requiring guns to be kept locked.

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Mental Health Treatment.

Because mental illness is strongly associated with suicide, efforts to identify those suffering with mental illness and to encourage them to seek treatment are part of the state's suicide prevention plan. These efforts also include reducing the stigma associated with mental illness and with seeking help.

Identifying and Treating At Risk Groups

Better tracking of suicide attempts can help identify those at risk of future attempts and also provide more opportunities for researching and understanding the causes of suicide and improving methods of preventing it.

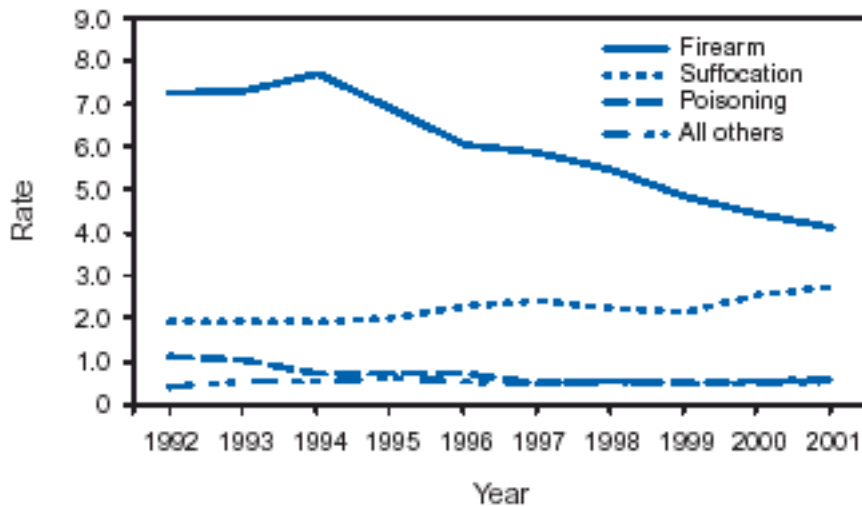
TeenScreen. Tennessee Voices for Children is participating with Columbia University to administer the TeenScreen, a screening questionnaire to identify mental health problems in teens. Using a grant from Advocare, the agency will administer the survey to screen at least a 1,000 children as a part of a one-year grant, working with at least two schools in each of Tennessee's grand regions. TVC is targeting middle schools and high schools, and the goal is to also encourage participating agencies and schools to get their own licenses to screen students on a regular basis and to work with the local mental health communities. Screening has begun in Dyersburg and Metropolitan Nashville, and TVC is negotiating with other systems. The agency will administer the questionnaires, link families with community mental health programs, and monitor families to make sure referrals were followed.

Community Awareness and Preparedness. Training programs to alert community members and leaders to people at risk of suicide include ASIST (Applied Suicide Intervention Skills Training), Question/Persuade/Refer (Q.P.R.) and SPIRAL (suicide prevention planning for caregivers). These programs increase the likelihood that a person will be identified and referred to help.

After Care for Communities and Families.

Postvention. As a part of their crisis managements programs, schools, communities and institutions use postvention strategies after a suicide has occurred to help those affected by a suicide. These programs help them deal with their grief and prevent the "contagious" spread of suicide. ■■

FIGURE 2. Annual suicide rates* among persons aged 15–19 years, by year and method — United States, 1992–2001



* Per 100,000 population.

Source: Centers for Disease Control, HHS

Protective factors

- Intact social supports, marriage.
- Active religious affiliation or faith.
- Presence of dependent young children.
- Ongoing supportive relationship with a caregiver.
- Absence of depression or substance abuse.
- Living close to medical and mental health resources.
- Awareness that suicide is a product of illness.
- Proven problem-solving and coping skills.

As a result of the Surgeon General's 1999 call for efforts to prevent suicide, an expert panel created the Tennessee Strategy for Suicide Prevention. In 2000, the Tennessee Department of Mental Health and Mental Retardation (now Developmental Disabilities) contracted with the Crisis Intervention Center to hire a statewide suicide prevention coordinator, whose initial task was to facilitate the formation of the Tennessee Suicide Prevention Network. Eight regional teams of physicians, social workers, survivors, survivors of suicide attempts, health care professionals, clergy, teachers, mental health professionals, and representatives from state departments implement to work of the network across the state.

More than 900 Tennessee teachers, counselors, police officers, youth workers, and others have attended the two-day intensive, interactive Applied Suicide Intervention Skills Training courses in eight different regions across the state.

Approach

The Tennessee Suicide Prevention Network (TSPN) has chosen to address the problem of suicidal behavior in youth by:

1. Creating and distributing an up-to-date list of existing suicide education programs to all school personnel, colleges, mental health providers, crisis centers, faith-based communities, juvenile courts, and social service providers.
2. Training college personnel, middle school and high school personnel, youth pastors, and students about the warning signs and signs of concern about suicide. The training program(s) would be of their choosing from the list created and distributed by TSPN in approach No. 1 above.
3. Reducing the stigma associated with being a consumer of mental health, substance abuse, and/or suicide prevention services through billboard campaigns and by developing teams of survivors and professionals in each of the eight regions to train and speak to groups of professionals and gatekeepers who come into contact with youth.
4. Collaborating and networking with existing professional conferences to include youth suicide prevention workshops.
5. Helping each school and college write a suicide intervention plan and follow-up services for those at immediate risk using the American Association of Suicidology Guidelines for Postventions.
6. Creating a Tennessee Suicide Prevention Resource Directory for each of the eight regions of the state and distributing this information to key people such as school personnel, colleges, mental health providers, crisis centers, faith-based communities, juvenile courts and social service providers.
7. Addressing the lack of access/insurance/waiting lists for treatment/transportation to mental health services for children in state custody and children not in state custody.
8. Training Department of Children's Services staff, contracted agencies and foster parents in ASIST (Applied Suicide Intervention Skills Training), Question/Persuade/Refer (Q.P.R.), SPIRAL (training for caregivers), etc.
9. Creating regional response teams to provide postvention services (short-term grief counseling and aftercare services) to schools where a suicide has occurred in each of the eight regions, using postvention guidelines of the American Association of Suicidology (AAS).
10. All suicide prevention programs and efforts stress the importance of enhancing protective factors for youth and young adults as a strategy to prevent youth suicide.



TCCY Authorization
No. 316049. October
2003.

Warning Signs

A suicidal person might be suicidal if he or she:

- ⚡ Talks about committing suicide;
- ⚡ Has trouble eating or sleeping;
- ⚡ Experiences drastic changes in behavior;
- ⚡ Withdraws from friends and/or social activities;
- ⚡ Loses interest in hobbies, work, school, etc.;
- ⚡ Prepares for death by making out a will and final arrangements;
- ⚡ Gives away prized possessions.

Internet Support for Families

www.parentsofsuicide.com

www.friendsandfamiliesofsuicide.com

The Advocate is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 21-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive *The Advocate*, contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633. Fax: (615) 741-5956. E-mail: fay.delk@state.tn.us.

Survivors

The consequences of suicide are not limited to the loss of life of an individual. The family members, co-workers and friends also suffer. Surviving family members are at higher risk of suicide and emotional problems.

Estimates are that at least six people are left to pick up the pieces after a suicide. Annually more than 4,000 Tennesseans deal with a suicide death. Grief lasts a lifetime, so it is estimated that, over the past 25 years, 5 million American have had to deal with suicide losses.

The usual responses to grief (shock, guilt, anger, denial, relief, etc.) may be intensified by suicide. Other feelings may include relief and isolation. Survivors may not be aware their feelings are common to those undergoing such a loss. Also, different people grieve in different ways and paces.

Survivors of Suicide group meetings are held across Tennessee to provide a safe place for anyone who has lost a loved one through suicide or is helping someone who has had a such a loss. The meetings are available whenever the survivor is ready, be it immediately or years later.

Survivors of Suicide meetings include:

Chattanooga
Survivors of Suicide
(423) 322-3297
Third Thursday of each month at 7:00 p.m.

Jackson
L.I.S.A
(731) 664-7324
First Monday of each month at 7:00 p.m.

Johnson City
Tri-Cities Survivors of Suicide
(423) 224-1300
Fourth Monday of each month at 6:00 p.m.

Knoxville
Suicide Grievors Support Group
(865) 671-9631
Second Thursday of each month at 7:00 p.m.

Maryville
Suicide Grievors Support Group of Blount
County
(865) 977-5718
1st Thursday of each month at 7:00 p.m.

Tullahoma
Ray of Hope Center
(931) 393-0624

Nashville
Survivors of Suicide Support Group
(615) 244-7444
Every Monday at 7:00 p.m.

TCCY
Regional Coordinators

Northeast Tennessee Council

Diane Wise
1233 Southwest Ave., Extension
Johnson City, TN 37604
(423) 979-3200 ext 105
Diane.Wise@state.tn.us

East Tennessee Council

Robert Smith
531 Henley St., 7th Floor
Knoxville, TN 37902
(423) 594-6658

Robert.E.Smith@state.tn.us

Southeast Tennessee Council

Marilyn Davis
540 McCallie Ave., Suite 643
Chattanooga, TN 37402
(423) 634-6210

Marilyn.Davis@state.tn.us

Upper Cumberland Council

Kathy Daniels
1000 Neal Street
Cookeville, TN 38501
(931) 520-4445

Kathy.Daniels@state.tn.us

Mid-Cumberland Council

Jo Stanley
710 James Robertson Parkway,
9th Floor
Nashville, TN 37243-0800
(615) 532-1579

Jo.Stanley@state.tn.us

South Central Tennessee Council

Elaine Williams
Post Office Box 397
Columbia, TN 38402-0397
(931) 388-1053

Elaine.Williams@state.tn.us

Northwest Tennessee Council

Dana Cobb
P.O. Box 586
Huntingdon, TN 38344
(731) 986-4243

Dana.Cobb@state.tn.us

Southwest Tennessee Council

Rodger Jowers
225 Dr. Martin Luther King Drive
Jackson, TN 38301
(731) 423-6545

Rodger.Jowers@state.tn.us

Memphis/Shelby County Council

Gwendolyn Wright
170 N. Main St., 9th Floor
Memphis, TN 38103
(901) 543-7657
Gwendolyn.Wright@state.tn.us

Congress Considers Increasing Funds for Youth Suicide Prevention


The U.S. Senate has approved the Garrett Lee Smith Memorial Act, and the bill will be considered in the House when it returns to session in September. It passed unanimously in the Senate.

The legislation, which is sponsored by Rep. Bart Gordon, would create two new grant programs. Grants totaling \$48 million dollars would be distributed over three years, with \$22 million for campus mental health services and \$12 million for a suicide prevention resource center. The bill strives to support efforts to develop and implement state-sponsored, youth suicide early intervention and prevention strategies; support public and private nonprofit organizations involved in state suicide prevention; and collect and analyze data for evaluation, research and public development.

Only a third of youth at risk for suicide and a fifth of those with depression receive treatment, according to Columbia University.

The bill, H.R. 4799, creates a national suicide prevention center and a program funding mental and behavioral health services on campus.

Sen. Bill Frist was listed as a co-sponsor of the bill in the Senate, and Reps. Cooper, Davis, Duncan, Ford, Jenkins and Wamp are co-sponsors of the House bill. The Tennessee Suicide Prevention Network has worked with Rep. Gordon in supporting the bill.

The bill is named the Garrett Lee Smith Memorial Act, for the son of Sen. Gordon Smith, R-OR. Just prior to the Congressional summer break, the 16 year-old son of Rep. Todd Tiahrt, R-KS, died by suicide. 

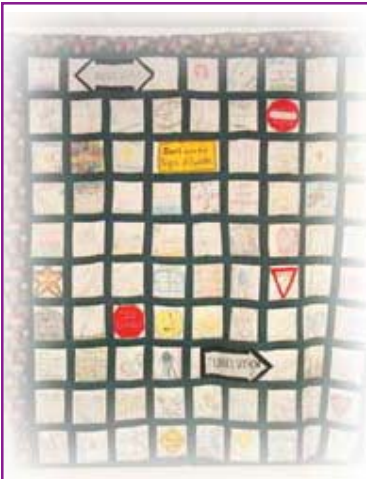
Antidepressants and Suicide

Concern about the relationship between antidepressants and suicide has led the Federal Drug Administration to issue a warning about the use these drugs. Admitting a lack of evidence definitively linking suicidal ideation and behavior to antidepressants, the FDA recommended close monitoring of people on these medications, which can give relief to suffering people.

A recently released British study of antidepressant drugs found that suicidal thoughts or attempts were four times more likely during the first 10 days of treatment than they were after three months. A total of 2,800 people ages 10 to 69 were studied over a six-year period, during which there were 19 suicides. The study did not specifically look at the area of most concern, the use of antidepressants in children and youth.



Other Self Destructive Behaviors



The Lifekeepers Memory Quilts project is an effort to put a “face” on the problem of suicide and to memorialize the many people who complete suicides each year. Each panel on the quilts has a picture and a story.

Teens, especially teen girls and young adults, also participate in other types of physically self-destructive behaviors that differ from suicide and suicide attempts because death is not the goal of the behavior.

Eating Disorders. Anorexia nervosa (severely restricting food) and bulimia (purging oneself of food) and other eating disorders can be life threatening. They increased as society’s norms regarding desired weight and beauty changed, beginning in the 1960s. In addition, they are viewed as methods of asserting control by people who feel overwhelmed by life. Eating disorders can have serious health consequences, including death.

Self-Injury. Some experts say one in 200 teen girls deliberately inflict pain on themselves. Sometimes called “cutting,” because the most common behavior is cutting or slashing the body, these behaviors also include burning, hitting oneself, interfering with the healing of wounds, pulling out hair, and even breaking limbs. The injuries are usually done in private and, some subjects report, in a trance-like state in which the pain is diminished. The intent is not to end one’s life but to replace emotional pain with physical pain. ❧

Alcohol and Drugs and Suicide

September is also National Alcohol and Drug Addiction Recovery Month. The month celebrates the people who have overcome stigma, denial and obstacles to treatment and are now in recovery.

In 2002, an estimated 22 million Americans were defined as battling substance dependence or abuse, according to Substance Abuse and Mental Health Services Administration. The families, friends and co-workers of these people are also affected by their dependence.

The lifetime risk for suicide death among alcohol-dependent people has been estimated at 7-10 percent. Although the risk of alcohol-related suicide is higher among older male adults, binge drinking is associated with suicide attempts. Habitual and binge drinking high school students were more likely to have suicide ideation, suicide plans and suicide attempts. A study in Pennsylvania found that 46 percent of suicide victims had alcohol in their blood. Teen suicide victims who were intoxicated were seven times more likely to have used a firearm than those with no alcohol in their bloodstreams.

The relationship between alcohol and drug abuse and suicide is complicated by the presence of dual diagnoses; serious suicide attempters with alcoholism were more likely to have had a mood disorder than alcoholics who had not attempted suicide. Some experts attribute alcohol and drug abuse by those with mental disorders to an effort to “self-medicate” or turn to drugs or alcohol or both to feel better or otherwise eliminate the symptoms of the disorder.

Although this complexity suggests a need for more research on the link between suicide and substance abuse, efforts can be made to address these risk factors by identifying alcohol as a risk factor for teen suicide and educating the public about it. In addition to restricting youth access to alcohol and firearms, efforts can also be made to improve youth access to substance abuse treatment. ❧

Resources

Tennessee Suicide

Prevention Network
P.O. Box 40752
Nashville, TN 37204
Phone: 615-297-1077
Fax : 615-383-9714
Sridgway@tspn.org
www.tspn.org

The Jason Foundation, Inc.

116 Maple Row Blvd., Ste C
Hendersonville, TN 37075
www.jasonfoundation.com

American Association of Suicidology

4201 Connecticut Ave.,
NW, Suite 408
Washington, DC 20008
Phone: (202) 237-2280

www.suicidology.org

Suicide Prevention Action Network (SPAN) USA

P.O. Box 73368
Washington, DC 20056
Phone: (202) 449-3600
Fax: (202) 449-3601
info@spanusa.org
www.spanusa.org

Lifekeeper Quilt

3740 Crestcliff Court
Tucker, GA 30084
Phone: (678) 937-9297
Fax: (679) 937-9125
Lifekeeper@aol.com
www.lifekeeper.org

National Organization for People of Color Against Suicide

4715 Sargent Road, NE
Washington, DC 20017
Phone: 202-549-6039
Fax: 1 (866) 899-5317
info@nopcas.org
www.nopcas.com

Centers for Disease Control

www.cdc.gov/nchs/fastats/suicide.htm

CRISIS NUMBERS

Local crisis numbers may be found in the front of the telephone book or call 911.

National Suicide Hotline:

1 (800) SUICIDE
1 (800) 784-2433

Ways to be helpful to someone who is threatening suicide

- 🦋 Be direct. Talk openly and matter-of-factly about suicide.
- 🦋 Be willing to listen. Allow expressions of feelings. Accept the feelings.
- 🦋 Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
- 🦋 Get involved. Become available. Show interest and support.
- 🦋 Don't dare him or her to do it.
- 🦋 Don't act shocked. This will put distance between you.
- 🦋 Don't be sworn to secrecy. Seek support.
- 🦋 Offer hope that alternatives are available but do not offer glib reassurance.
- 🦋 Take action. Remove means, such as guns or stockpiled pills.
- 🦋 Get help from persons or agencies specializing in crisis intervention and suicide prevention.

For more information, contact the Tennessee Suicide Prevention Network, the source of the lists contained in this newsletter. 🦋

TCCY Update

DMC Task Forces Get New Staff

TCCY's Disproportionate Minority Contact Task Force and its related local task forces are making progress in their efforts to address DMC in Tennessee. In Tennessee, minority youth are represented in juvenile court and in secure juvenile confinement to a much greater degree than would be expected based on their representation in Tennessee's population. In addition to the statewide task force, active task forces are working in the state's largest cities to address issues specific to those cities. Efforts are underway to organize a task force in Jackson.

The program has been approved by the AmeriCorp*Vista program to have workers, or Vista volunteers, to staff the local taskforces. TCCY is participating through the program's cost-share program. The agency pays a monthly stipend to the worker, and AmeriCorp*Vista provides training and other services.

TCCY has recruited and hired four workers: Tina Bailey, Knox County; Misty Bush, Davidson County; Diane Williams, Hamilton County; and Phylcia Woods, Shelby County. 🦋