

National Children's Mental Health Awareness Week Focuses on Exposing Stigma and Helping Children



Since 1949, May has been recognized around the United States as Mental Health Month. Recently, President Barack Obama called upon “citizens, government agencies, organizations, health care providers, and research institutions to raise mental health awareness and continue helping Americans live longer, healthier lives” in his official proclamation.

The focus for this year's awareness campaign is the mental health of children and young people, which ties in perfectly to National Children's Mental Health Awareness Week, which ran from May 5 through May 11.

Some key facts:

- About one in five young people are affected by mental health issues.
- Suicide is the third-leading cause of death in teens and the second-leading cause of death for college-age youth.

- About 14% of children under age 5 have social, emotional, or behavioral problems.
- One out of four youths will be bullied sometime during their adolescence, and one out of three have experienced cyber-bullying.
- About 40% of children whose parents are divorced have more behavioral health problems than other children.
- One in five Tennessee high school students say they drank alcohol before they were 13.
- One in five Tennessee high school students say they took prescription drugs one or more times without a doctor's prescription.

It is for reasons such as these that the theme for this year's National Children's Mental Health Awareness Week was “Out

of the Shadows: Exposing Stigma.” By making it easier and more acceptable for people to talk about these kinds of issues, it will only help our children learn and grow so that they can live strong and productive lives.

With the spotlight shining brighter on the need for improved mental health care in our country, we must make sure that we educate people about children's mental health issues and continue the work being done to eradicate scrutiny, discrimination, and repercussions that deter our children, youth, and families who are in need of care from seeking consistent help. Our goal is to keep mental health a part of national dialogue 365 days a year.

For more information about National Children's Mental Health Awareness Week, go online to awarenessweek.ffcmh.org.

National Prevention Week: “Your Voice. Your Choice. Make a Difference.”

The Department co-sponsored National Prevention Week 2013, which took place from May 12 to 18, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA).

The theme for this year's observation is “Your Voice. Your Choice. Make a Difference.” It was dedicated to increasing public awareness of, and action around, substance abuse and mental health issues. It represents an

opportunity to join with other individuals, organizations, and community coalitions to promote prevention activities, educate others about behavioral health concerns, and create and strengthen community partnerships.

During the week, young people were encouraged to take the “Prevention Pledge,” commit to a substance-free lifestyle and participate in the “I Choose” Project by submitting a photo to Kaitlin Abell of SAMHSA at

kaitlin.abell@samhsa.hhs.gov, with a personal message about why they feel substance abuse prevention and mental health promotion are important.

Additional information can be found at www.samhsa.gov/preventionweek/ichooseproject.

During the week, there was a daily focus on a different behavioral health topic to emphasize the following key areas:

Prevention Week

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Sunday, May 12 – Prevention and

Cessation of Tobacco Use: Each day, nearly 4,400 young people between the ages of 12 and 17 start smoking, according to SAMHSA. Many will suffer a long-term health consequence and about one-third will eventually die from a tobacco-related disease. According to the Campaign for Tobacco-Free Kids, more than 70,000 teenagers in Tennessee are smokers.

Monday, May 13 – Prevention of

Underage Drinking: According to SAMHSA's National Survey on Drug Use and Health, an estimated 10 million Americans under age 21 drank alcohol in the past month, and many young people start drinking before the age of 15. In Tennessee, 19.7% of youth report drinking alcohol for the first time before age 13.

Tuesday, May 14 – Prevention of Prescription Drug Abuse and Illicit Drug Use:

About 34,000 Tennessee youth ages 12-17 use pain relievers non-medically each year, while about 23,000 youth abuse or are dependent on illicit drugs each year, according to SAMHSA.

Wednesday, May 15 – Prevention of Alcohol Abuse:

One in four children grows up in a home where someone drinks too much, according to the National Institute on Alcohol Abuse and Alcoholism, part of the National Institutes of Health (NIH). In Tennessee, this means as many as 400,000 youth grow up in an environment where alcohol use is unhealthy.

Thursday, May 16 – Suicide

Prevention: Suicide is the third leading cause of death among youth and young adults ages 10-24 in

Tennessee and around the U.S. The rate of suicide in Tennessee is 14.4 per 100,000 individuals, higher than the national average of 10.8 per 100,000 individuals, which unfortunately places Tennessee's suicide rate 13th in the nation. For more information or to learn the warning signs of suicide, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or go online to suicidepreventionlifeline.org.

Friday, May 17 – Promotion of Mental, Emotional, and Behavioral Well-Being:

SAMHSA has numerous resources online at samhsa.gov/preventionweek/resources.aspx that detail ways in which local communities can help promote the mental, emotional, and behavioral well-being of all residents, no matter their age, race, sex, income level, etc.

Approved State Budget Contains Key Funding Increases

Recovery Courts, Crisis Stabilization Units, Staffing Increases are Among the Items Included

One of the final acts that the General Assembly completed before adjourning their session was to give approval to the state budget for the upcoming fiscal year. As part of that budget, the TDMHSAS saw a number of increases from previous years.

As part of the overall \$304,335,400 approved budget for the Department – of which \$200,721,700 comes from the state – are the following funding allocations:

- \$1,560,000 for nine new Recovery Courts around the state. These specialized court systems incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of addicted nonviolent offenders. These new courts will combine the services currently found in Drug Courts with those of Mental Health Courts and Veterans Courts. The Department is currently in the process of determining where these new Recovery Courts will be located.
- \$2,100,000 in recurring funds (to replace one-time funds) for Crisis Stabilization Units (CSUs), which are voluntary services that offer 24-hour-a-day, seven-days-a-week intensive, short-term stabilization (up to 96 hours) and behavioral health treatment for people 18 and older whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource.
- \$525,000 in non-recurring funds for a Lifeline Program that will work with individuals in recovery to locate support and recovery services and will establish group programs in communities not currently served by 12-step programs.
- \$400,000 to be used for the “Not Alone” program, which provides no-cost, confidential programs and services to veterans and military families facing post-traumatic stress disorder (PTSD) and other invisible wounds of war.
- \$2,362,500 in non-recurring funds for the continuation of adolescent residential substance abuse services around the state.
- \$1,564,800 to increase staffing at Moccasin Bend Mental Health Institute (MBMHI). The addition of 31 positions at MBMHI will help bring the patient-staff ratio at the facility more in line with that of other Regional Mental Health Institutes across the state, as well as to meet recommendations of the Joint Accreditation Commission.
- \$204,400 to support implementation of the Incompetent Defendant Act, which applies to defendants who have been charged with misdemeanors and their charges are dropped.

A change that is not reflected in these cost increases is the funding for Peer Support Centers. The General Assembly moved to make the \$1,377,300 in funding a recurring item. Previously, these funds had been non-recurring funds.

Approved Budget Includes Funding for New Recovery Courts *Addresses Needs of Nonviolent Offenders with Mental Health or Substance Abuse Issues*

The TDMHSAS will create nine “Recovery Courts” to combat mental health and substance abuse issues in Tennessee.

Recovery Courts are specialized courts or court calendars that incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of addicted nonviolent offenders, and the approved Fiscal Year 2013-2014 budget included \$1.56 million for the nine new courts.

The courts that will be created through this funding will combine the services currently found in Drug Courts with those of mental Health Courts and Veterans Courts. Around the nation, most of these kinds of courts exist separately, but in Tennessee, the services will be integrated in an effort to combine similar issues of mental health, substance abuse, and veterans affairs in one location and to best utilize the available funds.

“We are facing a major prescription drug problem in our state,” Commissioner Douglas Varney said. “We need to focus all of our resources in the most efficient, effective, and collaborative way to maximize our impact on this issue and drug abuse overall. And because so many people who are dealing with a substance abuse issue also have a mental health issue – a situation referred to as a co-occurring disorder – these Recovery Courts will be able to help them get all the help that they need at one time and in one location.”

The target population comprises juvenile and adult offenders who meet the criteria of the Drug Court Program and voluntarily want to participate in it. The staff of each Drug Court work to ensure that defendants have the support of the justice system and access to treatment and recovery services that will address their substance abuse problems and needs.

While the locations of the new courts have not been determined, members of the TDMHSAS Office of Criminal Justice Services, part of the Division of Substance Abuse Services, have been working with community leaders around the state – including judges, district attorneys, public defenders, treatment providers, faith-based organizations, parole/probation offices, veterans officials, and others – to determine the best possible sites. Once these locations are finalized, an announcement will be forthcoming.

The existing Drug Courts that are funded by TDMHSAS*, and the cities or counties in which they cover, are:

- 12th Judicial District – Bledsoe, Franklin, Grundy, Marion, Rhea, and Sequatchie counties
- 13th Judicial District – Cumberland, Putnam, and White counties
- 15th Judicial District – Jackson, Macon, Smith, Trousdale, and Wilson counties
- 21st Judicial District – Hickman, Lewis, Perry, and Williamson counties
- 23rd Judicial District – Cheatham, Dickson, Houston, and Humphreys counties
- Anderson County Government – Anderson County
- Blount County Government – Blount County
- Bradley County Government – Bradley County
- Bradley County Government (Juvenile) – Bradley County
- Campbell County Government – Campbell County
- City of Jackson Drug Court – City of Jackson
- City of Milan – City of Milan
- Coffee County Drug Court Foundation – Coffee County
- Crockett County Government – Crockett County
- Cumberland County Government (Juvenile) – Cumberland County
- DeKalb County Government – DeKalb County
- DeKalb County Government (Juvenile) – DeKalb County
- Dyer County Government – Dyer County
- Fayette County Government – Fayette County
- Hamblen County Government – Hamblen County
- Hamilton County Government – Hamilton County
- Knox County Government – Knox County
- Madison County Government – Madison County
- Metropolitan Government of Nashville & Davidson County Residential Drug Court (DC4) – Davidson County
- Montgomery County Government – Montgomery County
- Morgan County Government – Morgan County
- Rutherford County Government – Rutherford County
- Scott County Government – Scott County
- Sevier County Government – Sevier County
- Shelby County Government – Shelby County
- Sumner County Government – Sumner County
- Warren County Government – Warren County
- Weakley County Government – Weakley County
- White County Government (Juvenile) – White County

*Please note that there are 10 additional courts that are not funded by TDMHSAS.

Grants Collection Database Available to Help Find Potential Funding Sources

By Sarah Sanders, Office of Planning

The procurement of funding can be a pervasive challenge in ensuring optimal services for those who depend on quality mental health and substance abuse services in Tennessee and across the nation.

The Office of Planning (a part of the Department's Division of Planning, Research and Forensics) has created a Grants Collection Database in response to the expressed need for more information regarding funding opportunities. The purpose of the Grants Collection Database – found on the Office of Planning's website at <http://www.tn.gov/mental/recovery/oplr/Planning.shtml> – is to serve as a resource for potential supplementary funding sources for those providers serving Tennesseans.

The Database is organized according to three types of available grants:

- National grants offered by corporations or organizations located outside of Tennessee that award grants to programs and initiatives across the nation
- State grants offered by Tennessee corporations or organizations to programs and initiatives within Tennessee
- Federal grants offered by the federal government

Included in the database are governmental, corporate or foundation strategic giving priorities, as well as historical information about which agencies and organizations have awarded grants and what types of programs have been funded. This information enables grant seekers to readily identify potential grants consistent with programs and mission. The clickable link for each granting source is included in the database document so that grant seekers may proceed directly to the grantor website to obtain more details for potential grants. Other pertinent application, deadline, and timing information is also included.

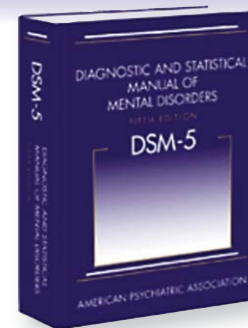
The Grants Collection Database is updated on a monthly basis to ensure that shifts in strategic funding priorities or requests for proposals and applications are current. The database includes information about organizations making awards to those with missions consistent with the following:

- increasing mental health and wellness
- providing substance abuse services
- integrating mental health and wellness concepts with medical care and education

For more information about the Grants Collection resource, contact Sarah Sanders in the TDMHSAS Office of Planning at (615) 253-4545 or sarah.sanders@tn.gov.

DSM-5 Released with Key Revisions

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders – often referred to as the DSM – is being released this month by the American Psychiatric Association. The last revision to the manual was done in 2000; in this edition, there are changes that will impact the way disorders are diagnosed and classified. The changes are based on several factors, including current research-based findings and the input of experts from the fields of psychiatry, neurology, psychology, pediatrics, and a variety of social work fields.



During the past 20 years, advances in neurology, genetics and behavioral sciences have increased clinicians' understanding of mental illnesses. New methods of analyzing research data and better imaging of the brain have led to sophisticated understanding and better diagnosis.

The DSM-5 is set up to give all clinicians a common diagnostic language. It does not make treatment recommendations.

Major changes include the way assessments are made in diagnosing and treating disorders, disabilities, medical conditions, and other factors such as environment. Chapters are also reordered from previous editions, with related disorders grouped together. For example, "Trauma and Stressor-Related Disorders," a new chapter, now includes Post-Traumatic Stress Disorder (PTSD).

There are also some new diagnoses, including:

- Disruptive Mood Dysregulation Disorder (DMDD), which is expected to reduce the number of children misdiagnosed with Bipolar Disorder.
- Hoarding Disorder, a serious mental condition that affects a significant percentage of the population and is no longer seen as a symptom or subtype of Obsessive-Compulsive Disorder.
- Excoriation Disorder, which is the compulsive picking at one's skin for no apparent medical reason.

There are also some revisions of previous diagnoses. For example, PTSD is now described as including four instead of three distinct diagnostic clusters, and there is more focus on behavioral symptoms and unique aspects regarding children and youth with this disorder. Also, Pedophilia is now called Pedophilic Disorder, and Substance Use Disorder is combined with two disorders and is called Substance Abuse and Substance Dependence.

One of the most controversial and significant revisions is the change in the disorders formerly known as Autistic Disorder, Asperger's Syndrome, Pervasive Developmental Disorder and Childhood Disintegrative Disorder. These now fall under Autism Spectrum Disorder.

The new DSM-5 notes that the treatment for disorders in several categories will not be covered by insurance and still need more research. These include Attenuated Psychosis Syndrome (precursor to schizophrenia), Internet Use Gaming Disorder, Suicidal Behavioral Disorder, and Non-Suicidal Self-Injury. In addition, Anxious Depression, Hypersexual Disorder, Parental Alienation Syndrome, and Sensory Processing Disorder, although legitimized by some mental health professionals, were excluded as deemed not having sufficient research to warrant inclusion in the manual.

For additional review of changes and terminology, visit the American Psychiatric Association (APA) review about the "DSM-5: The Future of Psychiatric Diagnosis" at <http://www.dsm5.org/Pages/Default.aspx>.

LEAN Event Helps RMHIs Standardize Admissions Processes

New Policy Expected to Make Sure Patients Are Cared for Quickly and Professionally



The members of the LEAN Future State Team were (back row, from left) Sue Karber, LEAN facilitator from DMHSAS Central Office; Janice Morrow, Nurse from WMHI; Lee McDole, Business Office from MTMHI; Dr. James Varner, Clinical Director from WMHI; Lisa Brown, Director of Admissions from MTMHI; Sherry Oziminski, LEAN facilitator and Business Analyst, Business Solutions Development, Department of Finance and Administration; Charly Nash, Systems Analyst from DMHSAS Central Office; Emily Passino, LEAN facilitator and Senior Management Consultant, Office of Consulting Services, Department of Finance and Administration; (front row, from left) Peggy Holmes, Director of Admissions from MMHI; Shanequa Ellison, Lead Psych Tech from MBMHI; Lois Lee, Director of Admissions from MBMHI; Sandra Richardson, Admissions Coordinator from WMHI; and Angie McKinney Jones, LEAN facilitator from DMHSAS Central Office.

Earlier this year, a group of Department employees – representing all four Regional Mental Health Institutes and the Central Office – gathered to work on centralizing the admissions processes at the RMHIs. This project was initiated in an effort to ensure that the admissions process is as customer-focused, efficient and transparent as possible.

The project began with the team members setting a series of overall goals that would do three key things:

1. To ease the process – “That could be my mother,” as Commissioner Douglas Varney said.
2. To expedite the process so that treatment starts sooner and internal resources are utilized most effectively.
3. To make a “User Friendly” process that is “Customer Focused.”

The team members then met at each of their respective RMHIs with the LEAN Facilitators to come up with individualized “maps” of how the process currently works, counting the number of tasks, handoffs, decisions, and files that were being made and how long the process typically took.

From this, there were a couple of key observations made:

- There are opportunities to use AVATAR more fully.
- We could take advantage of shared drives to reduce amount of paper utilized.
- There are some “Best Practices” for collection of valuables and security that could be utilized by all institutes.
- There are tasks being done by Admissions that are not necessary to

the process of admitting a patient as soon as possible.

The team then produced a series of recommendations that they shared with the executive leadership in the department, including Commissioner Varney, Deputy Commissioner Marie Williams, Assistant Commissioner John Arredondo, MBMHI CEO Bill Ventress, MTMHI CEO Bob Micinski, WMHI CEO Roger Pursley, MMHI CEO Lisa A. Daniel, and others.

“By improving the admissions process at each of our Regional Mental Health Institutes, we will make sure that we keep our front door open and serve all of our patients in a humane, timely manner,” said Commissioner Varney.

Currently, the recommendations have been reviewed by executive leadership and an implementation plan is being created so it can be rolled out for all the RMHIs.

Grants Awarded to Help Create Rental Housing for People with Mental Health Issues in Counties Hit by 2008 Tornadoes

Almost \$3 Million Provided to Build 37 Rental Units in Eight Counties

On Feb. 5-6, 2008, a series of tornadoes crossed the state from Memphis through the Jackson area and then to the Nashville area and beyond. Straight-line winds and floods associated with the systems also caused damage and deaths across the state. On Feb. 7, President George W. Bush declared the event a disaster and eventually 16 counties were designated as disaster areas: Benton, Fayette, Fentress, Hardin, Haywood, Hickman, Houston, Lewis, Macon, Madison, McNairy, Perry, Shelby, Sumner, Trousdale and Williamson counties.

Since March 1, 2013, community organizations have worked with housing facilitators funded through the Department's Creating Homes Initiative (CHI) to write and get Community Development Block Grants from the Tennessee Department of Economic and Community Development (ECD) that would help replace houses in communities affected by the 2008 tornadoes.

Of the seven total grants that were distributed, four of them were for CHI-affiliated projects in which the new rental houses will be available to people with mental health issues or co-occurring disorders (which describe a person as having at least one mental health issue along with a substance use disorder co-occurring at the same time). Those four CHI-affiliated projects are:

- The North Memphis Community Development Corporation (NMCDC) received \$109,148 for the rehabilitation of four (4) rental units in Shelby County. The NMCDC will rehabilitate single-family properties donated by Bank of America and a local nonprofit organization, Alpha Omega Veterans Services, Inc.

- The Southwest Tennessee Community Development Corporation received \$1,122,608 for the development of 13 rental housing units. The funds will be used to rehab 4 homeless shelters in Madison County, build two duplexes (4 units) in McNairy County, build two duplexes (4 units) in Hardin County, and build one single-family dwelling in Hardin County.
- Buffalo Valley received a \$1 million grant to build 10 single family houses, five in Hickman County and five in Lewis County.
- Community Action Network, Inc., got a \$750,000 grant to acquire foreclosed homes, rehab them, and transform them into 10 rental units in Benton and Houston counties.

CHI was founded in 2000 to create and expand affordable, safe, permanent, and quality housing options in local communities for people with mental illness in Tennessee. The original goal of this initiative was to create 2,005 new or improved permanent housing options for Tennesseans with mental illnesses and co-occurring disorders by the year 2005. That goal was achieved in the fall of 2002, and a new goal of 4,010 by 2005 was developed. That goal was reached, and now the ongoing goal is to create 500 new or improved permanent housing options each year. Since CHI began, it has created more than 8,800 housing opportunities by leveraging more than \$379 million. For more information, go online to <http://tn.gov/mental/recovery/CHIpage.html>.

Tennesseans Benefit from Narcotic Drug Reporting as of April 1

Effective April 1, prescribers are now required to look up their patients in the state's Controlled Substance Monitoring Database before beginning a new treatment with an opioid or benzodiazepine, and at least yearly thereafter if treatment continues.

The reporting will ultimately benefit all Tennesseans in helping to decrease the complex collection of problems associated with improper use of prescribed drugs.

"Just as we check for allergies before giving a medication intended to help a patient, medical professionals will now check the database to help prevent these powerful medications from causing harm," said Tennessee Department of Health (TDH) Commissioner John Dreyzehner, MD, MPH. "We believe the April 1 requirement for clinicians to use the

database will improve patient safety, provide opportunities for counseling and referral to treatment to prevent misuse and abuse of prescription drugs, and help to prevent the use of drugs for non-intended purposes."

In 2011, a total of 1,062 people died from drug overdoses in Tennessee. The database will provide clinicians opportunities to identify patients with potential substance abuse or misuse issues so timely counseling and referral can occur to help prevent future deaths.

"Clinician-patient conversations are especially important among women of childbearing age," said TDH Chief Medical Officer David Reagan, MD, PhD. "We unfortunately have a national epidemic of babies being born dependent on legal or illegal drugs their mothers

ingested during pregnancy. At birth, the baby is cut off from the drug and goes through a painful process of withdrawal. The condition is known as neonatal abstinence syndrome, or NAS, and it is painful for the baby and costly to society. In addition to the suffering of the infant, typical first year of life health costs for a baby with neonatal abstinence syndrome are nearly six times higher than for a normal baby."

In 2011, Tennessee recorded 629 NAS births. Prescribers and dispensers of narcotics who have questions about the Controlled Substance Monitoring Database should call (615) 253-1305 or visit <http://health.state.tn.us/boards/Controlledsubstance/index.shtml>.

State Partners with United Neighborhood Health Services on Innovative Screening, Intervention, Referral Program

Madison Group Becomes Fourth Partner in Tennessee

The TDMHSAS has partnered with the United Neighborhood Health Services (UNH) in Madison, Tenn., to implement Tennessee's Screening, Brief Intervention and Referral to Treatment Program (SBIRT) as part of its continuum of care and behavioral health program.

UNH serves the wellness and medical needs of a large, demographically diverse population in Davidson County. Dependent upon clinic flow, UNH will screen approximately 1,000 patients per month. They have joined three other active SBIRT primary-care providers in Tennessee: The Clinics at East Tennessee State University in Bristol and Johnson City, The Clinic at Nashville General Hospital, and Centerstone serving the Tennessee National Guard in Smyrna.

SBIRT is a comprehensive, integrated, public-health approach to the delivery of early intervention and treatment services for people with substance use disorders. A vital focus of the program is to offer opportunities for early intervention and treatment before severe consequences occur. At-risk individuals are defined as people who consume alcohol or other substances in ways that could lead to dependence and/or interfere with healthy lifestyles, and individuals in environments that expose them to or facilitate the potential for substance use and misuse.

Key components for accessing different communities and offering this program are primary care centers, hospital emergency rooms, trauma centers and other community settings including military environments. Primary care physicians, practitioners, licensed



clinicians, and residents are trained under the SBIRT program to administer screenings and offer interventions or treatments. More intensive alcohol and substance abuse conditions are referred for treatment. The fundamental processes of SBIRT are:

- **Screening:** A single prescreen question that is universal and simple in approach as part of the standard medical intake process. For alcohol, the question for men is, "How many times in the past year have you had five or more drinks in one day?" and the question for women is, "How many times in the past year have you had four or more drinks in one day?" For drug use, the question is, "How many times in the past 12 months have you used a recreational drug or a prescription medication other than how it was prescribed?"
- **Brief Intervention:** Time-limited, structured, proven research procedures for working with individuals with at-risk use and abuse behaviors.
- **Brief Treatment:** Up to 12 sessions; these include the monitoring of individuals who misuse alcohol and other drugs but are not yet dependent.

- **Referral to Treatment:** A process that facilitates access to care for patients who screen at high-risk for substance use problems. These patients are linked to substance abuse or mental health treatment agencies for formal diagnosis and possible treatment.

Integrating SBIRT into the standard of care at United Neighborhood Health Services, as well as at each of the partner sites, is helping to frame behavioral health services into whole health services around Tennessee and to reduce barriers to quality care that patients face every day. So far, the communities are responding: The impact and results of the screenings and services offered are proving that the SBIRT concept is highly beneficial.

The best course of action in the fight against substance abuse, and the goal of the SBIRT program, is to identify and treat it before it develops into a chronic disease.

SHARE YOUR EVENTS

A new form online will allow mental health agencies and organizations to share upcoming events on our Website. Visit TDMHSAS' Upcoming Events page at http://www.state.tn.us/mental/up_events.html, complete the form, and email to Lorene.Lambert@tn.gov or fax to her attention at (615) 253-1846.

Art for Awareness

Welcomes Consumer Artists During Mental Health Day on Capitol Hill



Consumer artists and counselors at this year's 8th Annual Art for Awareness.

Dawn Majors, State Photographic Services

About 150 people attended the 8th Annual Art for Awareness during Mental Health Day on Capitol Hill on March 5. Of that number, 50 artists showcased their work and learned about the “Eight Dimensions of Wellness” and how to inject attitudes and activities of wellness into their daily lives as they recover from mental illnesses and substance abuse.

An exhibit of consumer art will be on display for the months of April and May in the Legislative Plaza Hallway. The artwork showcases a variety of themes and medium, including watercolors and pencil. Each piece includes cards that showcase the artists’ thoughts about their work. In the past, some consumers have sold their works to admirers and anyone interested in a piece can contact the TDMHSAS Office of Communications at (615) 253-4812.

This year’s theme, “Art—One Pathway to Wellness,” highlighted two new additions to the conference, exhibitor booths and a motivational speaker who focused on wellness through eight multi-dimensional experiences in recovery. Booth sponsors were the state departments of Health, Intellectual and Developmental Disabilities, Tourist Development, and DMHSAS. Private agency participants included Volunteer Behavioral Health and StreetWorks, an non-profit organization that offers free HIV testing and information. Mark Bresee, a Peer Wellness Coach from the Chattanooga AIM Center provided the motivational talk, focusing on how to have a “Great Life” through one’s response to obstacles and challenges during recovery.

Art for Awareness is co-sponsored by TDMHSAS and the Healing Arts Project, Inc. (HAPI). For more information on

the annual Art for Awareness, contact Lorene Lambert at Lorene.Lambert@tn.gov or call (615) 253-4812. For more information on HAPI, contact Jane Baxter at janebaxter@comcast.net or visit <http://healingartsprojectinc.org/>.

SHARE YOUR NEWS

Have something interesting that you want to include in an upcoming issue of this newsletter? Send your information and/or photos (in jpeg format) to Lorene Lambert at Lorene.Lambert@tn.gov, and call (615) 253-4812 if you have questions.

COMMUNITY NEWS INDUSTRY AWARDS



MTMHI Nurse Marilyn Beesley Honored with Community Friend Phoenix Award

The Healing Arts Project, Inc. (HAPI) presented the “2013 Community Friend Phoenix Award” to Marilyn

Beesley, an RN from Middle Tennessee Mental Health Institute (MTMHI) at their annual Phoenix Art Gala in February.

This award is given to recognize a professional in the community who has significantly contributed to reducing stigma and showing the value of the arts in recovery. Marilyn is both an RN and holds a master’s degree in Studio Art. She started an art class at MTMHI for patients as a form of hands-on therapy.

The benefits of the class include the creation of artwork by patients that has fostered changes in attitudes. Marilyn said that combative patients became calmer, and eventually some requested more “studio time.” Some who expressed the desire for isolated began to exhibit an attitude of sharing their ideas

and materials with other patients. Last year, several patients entered their work in the annual Art for Awareness and attended the conference with their caregivers. They expressed a great deal of pride when describing their creations. Several have sold their works with the proceeds donated back to the Institute’s art classes for supplies. The award honors Beesley for the dramatic difference she has made in many individuals’ recovery journey.

The phoenix is a symbol of the capacity to rise from the ashes and survive, representing consumers who rise beyond their disorders and learn to live anew in recovery as they heal through their art. Pieces of consumer artwork, showing their talent and vision of their world, were auctioned off at the Gala. Proceeds from the Phoenix Art Gala are used to provide services and materials for the artists. Please visit the website www.healingartsprojectinc.org for more information about HAPI, the artists, and how you can be involved.

Federal Grant to Help Expand Juvenile Court Screening Project

The state was recently awarded a federal Transformation Transfer Initiative (TTI) grant of \$221,000 that will be used by the TDMHSAS to expand the juvenile court screening project, which will be led by Dr. Jeff Feix, Director of the Office of Forensic and Juvenile Court Services with TDMHSAS.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the TTI to assist states in transforming their behavioral health systems of care. For fiscal year 2013, CMHS has awarded TTI grants of \$221,000 to 11 states or territories to “identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, either through a new initiative or expansion of one already under way, and can focus on one or multiple phases of system change.”

The TDMHSAS envisions using the funding it will receive “to continue the transformation of juvenile court services by expanding the use of screening for mental health, substance abuse and family service needs of youth referred to juvenile courts as unruly or delinquent, provide family-peer support services to the families of these youth, and increase the use of evidence-based therapeutic practices for the juvenile justice population.”

Among the strategies outlined in the application by the TDMHSAS are to:

- Provide training and technical assistance to youth service officers, Department of Children’s Services (DCS) court liaisons, and court administrators;
- Provide screening outcomes to DCS court liaisons for

referral to evidence-based therapeutic services;

- Establish Family Support Providers to assist the families of youth in juvenile courts who are identified as having behavioral health needs to negotiate the human services providers network;
- Provide training and technical assistance to juvenile court judges and attorneys in the use of the screening process and Family Support Services.

The Tennessee Integrated Court Screening and Referral Project (TICSRP) is supported by a multi-agency collaboration including the TDMHSAS, DCS, the Administrative Office of the Courts (AOC), the Vanderbilt University Center of Excellence (VUCOE), the Tennessee Commission on Children and Youth (TCCY), and Tennessee Voices for Children (TVC). This multi-agency collaboration began in 2007 with efforts to transform the provision of juvenile-court-ordered mental health evaluations from highly restrictive, stigmatizing and expensive inpatient services to community-based outpatient services.

Between August 2010 and July 2012, 2,678 juveniles had been screened in the TICSRP across 10 counties, resulting in almost 1,400 referrals for mental health, substance abuse, and/or family services. Those counties are Dickson, Hawkins, Lawrence, Macon, Madison, McNairy, Morgan, Obion, Sevier, and Washington. (Note that McNairy, Obion, and Sevier counties no longer take part in this program). The new grant will allow expansion of this program to as-yet-undetermined counties.

“Kick Butts Day” Pays Tribute to Lives Cut Short by Tobacco *Tennessee Youth Display Art at Legislative Plaza*

The TDMHSAS teamed up with Oasis Center, a nationally recognized organization based in Nashville that helps young people transition to adulthood, to sponsor a statewide youth-led project as part of National Kick Butts Day, a national day of anti-tobacco activism on Wednesday, March 20.

Prior to that day, Tennessee middle and high school students participated in “Cig-Regrets: TN Lives Cut Short” in which they wrote stories and decorated a pair of shorts in honor of a life cut short by tobacco use. More than 250 shorts were submitted to the project from all over the state. Judges then narrowed down the selections and named their favorites.

First place went to Christina Chitwood and Dakota Reese of Jellico High School in Campbell County; second place went to David Smith, also of Jellico High School in Campbell County; and third place went to Lawrencia Harrison of Martin Luther King Magnet in Davidson County.

All of the submitted shorts were displayed for the day at the Legislative Plaza. Jenn Garcia, Youth Engagement Director for Oasis Center, and participating students Maria Campos, Josselin Aguilar, and Noah Ramage worked to organize the project and were on hand to talk to legislators and visitors about the campaign.

According to the Campaign for Tobacco-Free Kids (online at www.tobaccofreekids.org):

- 21.6 percent of Tennessee high school students smoke, higher than the national rate of 18.1 percent
- 23 percent of Tennessee adults smoke, higher than the national average of 19 percent
- More than 7,500 Tennessee youth under age 18 become new daily smokers each year
- More than 488,000 Tennessee youth are exposed to secondhand smoke.



Students Maria Campos (left) and Josselin Aguilar (right) along with Jenn Garcia, Youth Engagement Director for the Oasis Center, talked with legislators and visitors about the annual Kick Butts campaign on March 20 at the Legislative Plaza in Nashville.



- Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes, such as fires caused by smoking and smokeless tobacco use.
- Smoking directly leads to \$2.16 billion being spent every year on health care in Tennessee; each residents' state & federal tax burden from smoking-caused government expenditures is about \$589 per household.

For more information about the Oasis Center, please go online to www.oasiscenter.org. For more information about National Kick Butts Day, please go online to www.kickbuttsday.org.

COMMISSIONER'S CORNER



New Patient Rights Advocate Named for MTMHI

Randall Birdsong has been appointed as Patient Rights Advocate for the Middle Tennessee Mental Health Institute (MTMHI). Randall is a graduate of Marshall University in West Virginia, where he earned a bachelor's degree in Counseling and

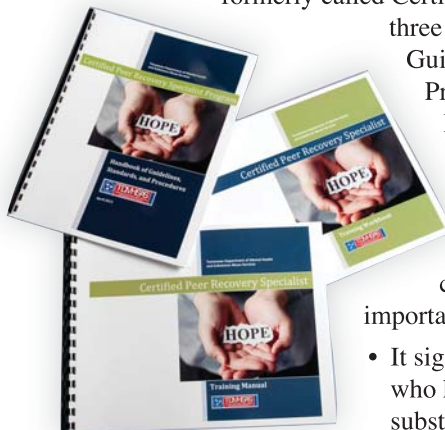
Rehabilitation. He has worked in the health field since 1988, and began working with the patients at MTMHI in 2000. While at MTMHI, Randall has worked as both a Mental Health Technician and a Recreation Therapist. Please join us in welcoming Randall to his new position. Contact him at Randall.Birdsong@tn.gov.

Suicide Prevention Joins Crisis Services to Become Unified Office

The Office of Crisis Services recently became the Office of Crisis Services and Suicide Prevention. Suicide Prevention was formerly linked to the Office of Housing and Homeless Services. By linking similar issues together, the TDMHSAS will increase networking and dialogue between our employees and crisis service providers.

Publications Created for Peer Recovery Specialist Training Program

Three publications have been created to support a training program for Certified Peer Recovery Specialists (SPRS), formerly called Certified Peer Specialists. The



three are the Handbook of Guidelines, Standards and Procedures, the CPRS Program Trainers Manual and the CPRS Workbook. TDMHSAS received a SAMHSA grant and the name change indicates three important things:

- It signifies the addition of peers who have lived experience with substance use disorders.
- It introduces the redesign of the program by providing a training curriculum that is co-occurring.
- It enables peer recovery services that are provided by a CPRS and identified as medically necessary to be reimbursable by TennCare.

The CPRS program, under the Division of Mental Health Services' Office of Consumer Affairs and Peer Support Services, welcomes peers who have lived the experience of mental illness, substance abuse, or co-occurring disorders. The new weeklong training is in progress now and is provided in cities across the state with no registration fee to the participant. Training applications and additional details can be found at: <http://www.tn.gov/mental/recovery/oca3.shtml>.

MOU Renewed

Commissioner Douglas Varney recently resigned the memorandum of understanding (MOU) with the Disability Law & Advocacy Center of Tennessee (DLAC).

The MOU was originally signed by both parties in July 2012 as a way to signify the two entities beginning a collaborative working relationship. The re-signing commemorated DLAC's new executive director – Lisa Primm – and TDMHSAS's commitment to work with DLAC to ensure the safety and rights of Tennesseans with mental health and substance abuse disorders.



Commissioner Douglas Varney re-signs the MOU.



Pictured at the event are (from left) Ashley Fuqua, Assistant Director of the TDMHSAS Office of Licensure; Lisa Primm, Executive Director of DLAC; Commissioner Varney; Angela Webster, Public Policy Advisor of DLAC; and Elizabeth Setty Reeve, Intake Director and Disability Rights Attorney of DLAC.

Commissioner's Corner *continued from page 5*

Best Practice Guidelines for Children and Adolescents Updated Online

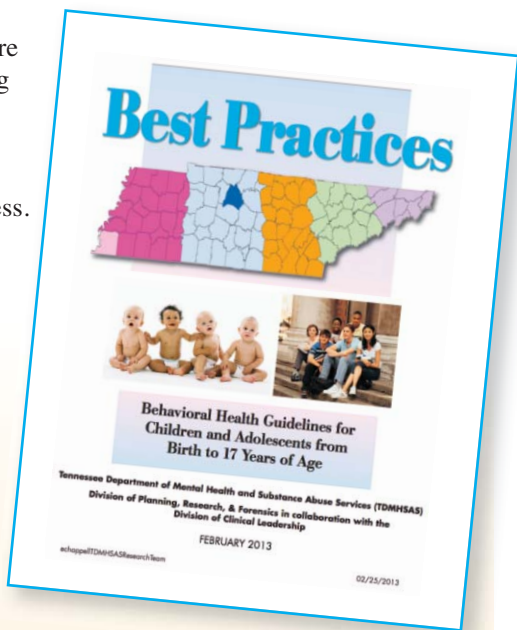
The TDMHSAS recently completed a revision of "Behavioral Health Guidelines for Children and Adolescents from Birth to 17 Years of Age," an extensive 500-page document that will provide relevant information and education for professionals who deliver behavioral health services to children and adolescents who range in age from birth to 17.

The Department spent many months leading a broad array of more than 100 stakeholders from across the state to work on the document, which was last revised in 2008. This extensive report – which has been posted online at

http://www.tn.gov/mental/policy/best_pract_children.shtml – is a key educational tool that will help inform and educate child-serving professionals in the state, promoting high-quality behavioral health care aligned with evidence-based practices.

"This Best Practice Guide is a great reference document for all people who provide mental health and substance abuse services for children and families in our state," said Commissioner Douglas Varney. "I especially want to thank Dr. Edwina Chappell and the more than 100

stakeholders who were involved in producing this report for their tireless effort and continued support throughout this process. This truly will be an invaluable resource."



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Update

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