

# TDMH Update

TENNESSEE DEPARTMENT OF MENTAL HEALTH

VOLUME 15, NO. 3

WINTER 2012

## An Adult Mobile Provider Is Established for Knoxville Area Counties

In December, 2011, Commissioner Doug Varney announced that Helen Ross McNabb, Inc. will serve as the new Adult Mobile Crisis Provider for the counties of Blount, Knox, Loudon, Monroe, and Sevier, effective February 1, 2012.

This change comes as part of the department's ongoing efforts to transform the mental health delivery system for the state of Tennessee. "Our transformation efforts are targeted toward improved coordination of care and streamlined access to a continuum of services," Varney said. "These improvements will aid individuals to remain in their communities and reduce reliance on inpatient services to meet their needs."

As a result of this transformation, interested parties were invited to submit



proposals indicating how they plan to ensure the needs of individuals served in crisis can be best met within their communities. After a review of the submissions, TDMH named Helen Ross McNabb, Inc. as the Adult Mobile Crisis Provider, adding to their existing crisis continuum which includes crisis walk-in triage capabilities and a crisis stabilization unit. In conjunction with their current involvement in the overall coordination of care and with their proven history in this region, Helen Ross McNabb will be a perfect partner in meeting the specific needs of individuals in this area.

TDMH would like to thank Parkwest Medical Center (Peninsula) for their many years of dedication and commitment to serving individuals in this region in need of crisis services. TDMH will continue partnering with Parkwest Medical Center to ensure psychiatric inpatient services are provided within the community for the individuals in need of this level of care. Parkwest Medical Center will be working with Helen Ross McNabb, Inc. to ensure that the transition for individuals seeking crisis services is as smooth as possible.

It is anticipated that the local crisis number will remain the same but plans have not yet been finalized. If unsure of which number to call, 1-855-CRISIS-1 (274-7471) will provide access to services from anywhere in the state. ■

### Community Input Assists Department in Early Childhood System of Care

NASHVILLE – Tennessee Department of Mental Health (TDMH) invited community participation on November 30, 2011, in Clarksville during a training and community planning session entitled *Early Connections Network: Make a Connection in Your Community!* This

event, at First Missionary Baptist Church, provided professionals, parents, and community partners in Middle Tennessee the opportunity to learn how agencies, community members, and families in a System of Care can work together to produce better outcomes for young children and their families in their community. Some of the important early childhood development facts the participants learned included that "the most significant brain growth occurs in the first six years of life," and that there are websites like "Zero to Three" at <http://www.zerotothree.org/> that exist

solely to improve the lives of infants and toddlers. In exchange, the Early Connections Network team also learned a great deal from those who came that will assist them as they develop individual solutions to the mental health needs of young children and their families in different communities.

Tennessee's Early Connections Network is a six year, early childhood System of Care initiative in Cheatham, Dickson, Montgomery, Robertson and Sumner counties funded by the Substance Abuse

*cont. next page*

## C O N S U M E R C O R N E R

## Story of Near-Suicide Can Encourage Others To Seek Help

*“No one called me on the phone to tell me that I had acute depression and was gravely ill. Cancer gave me the will to fight for my life; depression took away my will to live.”*

By Sandy Jordan

In February, I left work on my lunch hour, drove home, gathered up two bottles of strong medication, left my husband a note, drove not very far from my home, and took all the pills with the intention of ending my life.

I was a 59-year-old, white-collar worker that was straight as an arrow. I was the “rock” that everyone went to for advice. I was fun to be around. My happiness involved making everyone else feel good. By all intentions, I should be dead. I spent many days in critical care and then in a psychiatric hospital.

I am currently at home and have regular therapy sessions. So what happened? Why at this age? Why at a time when



Sandy Jordan

things were much better than they had been all my life? Please keep in mind that this is my story. This is what happened to me. I need to do this, because it may help someone recognize they need professional help, and it may help the friends and family of that person to know what to look for.

In my case, job stress turned into depression. It was a long time coming, but when it did, I did not recognize that I needed help. After all, my generation did not speak about these matters. Mental illness of any form was not discussed when I was a child. Depression is all-consuming. It mentally and physically takes over your life and your body.

I am a six-year breast cancer survivor. I mentioned this because I know that agony. But if I could take the breast

cancer and all other illnesses and pain, combined with every moment of sadness and despair that I had felt in 59 years, and turned it into one combined event to go through, it would be the equivalent of dealing with a hangnail compared to depression.

When I was told that I had breast cancer. I felt in control because I was able to be proactive with my care. Having breast cancer turned me into a fighter for my life. Depression takes away all control. No one called me on the phone to tell me that I had acute depression and was gravely ill. Cancer gave me the will to fight for my life; depression took away my will to live.

If you feel there is not hope and you are only going through the motions, please get professional help. If you know someone that has changed and happens to mention death or suicide, please listen to that person and insist that he or she gets professional help.

*Sandy Jordan is a Middle Tennessee resident. Her story ran in The Tennessean last year. It is her continued hope what she experienced will encourage others to seek help and avoid thoughts of suicide. Thanks to Bonnie Woodard, Jordan's friend, for her assistance in bringing this story to our attention. —The Editor ■*

## Community Input...cont.

and Mental Health Services Administration and administered by TDMH.

The purpose of the Early Connections Network is to build a System of Care for young children (ages 0-5) with social, emotional and behavioral needs. ECN will bring together families, caregivers, teachers, providers, governmental agencies, and natural supports in the promotion of healthy development to substantially strengthen community based, family-driven, and culturally and linguistically competent efforts to prepare

children for school and for life. The ECN will have a special focus on working with the children and families of military service members and veterans.

On November 30, nearly 100 representatives from agencies and communities across the Middle Tennessee region came together to gather information from local early childhood specialists on the latest infant and early childhood mental health trends and evidence based practices and to learn how systems of care can help young children in their community. Frances Duran, policy associate in the early childhood division at Georgetown University's Center for Child and Human

Development, shared strategies and successes from her work with various states and communities, and she provided a road map for developing systems of care for young children and their families in Middle Tennessee.

To become involved in the development of the Early Connections Network, please contact Susan Steckel, Director of TDMH Children and Youth Services at (615) 253-8377 or at [Susan.Steckel@tn.gov](mailto:Susan.Steckel@tn.gov). To receive ECN's online newsletter, contact the ECN Social Marketing Manager, Sonya Beasley, at [sonya.beasley@centerstone.org](mailto:sonya.beasley@centerstone.org) or call (931) 797-8432. ■

## Help with Recovery Is Just A Click Away

[www.recoverywithinreach.org](http://www.recoverywithinreach.org)

**A new brochure helps people step-by-step find affordable housing and a recovery class**

TDMH's newest *Mental Health Services brochure, posters and other promotional items are available.*

*By Bob Currie, Director of Housing and Homeless Services, Division of Mental Health Services*

Through the department's *Creating Homes Initiative*, the state contracts with community agencies to hire, house, and supervise 7 Regional Housing Facilitators (1 in each of the MH planning regions), and 4 Consumer Housing Specialists (1 each in Regions 3,4,6, and 7). Once a quarter, we have a face-to-face meeting to train, plan, and network, and recently they came to TDMH to receive the *Help with Recovery* promotional materials for state-wide distribution. The *Help with Recovery* campaign is funded through a federal grant whose purpose is to assure that people living with mental illness are able to access and receive needed services in community-based settings as soon as they are clinically ready rather than remain hospitalized for unnecessarily long periods.



Through our contract with Park Center, the state supports the *Recovery Within Reach* website which the Consumer Housing Specialists (CHS) and Regional Housing Facilitators (RHF) regularly promote to people living with mental illness, their families, and caregivers. The purpose of the *Help with Recovery* promotion is to assure that the greatest possible number of potential website users will know about the site and know how to access the recovery-oriented materials that can be found there. CHS and RHF will be distributing the promotional materials in Peer Centers, treatment centers, doctors' offices, health fairs, and anywhere else the intended audience might be reached.

The available information on the website at <http://www.recoverywithinreach.org/housingwithinreach> includes a searchable database of statewide supportive housing resources, information about many aspects of recovery from mental illness, a resource directory of recovery services, and a calendar of upcoming recovery-oriented events around the state, to name a few.

To learn more about this and other program visit the TDMH website, where there is also a link to the recovery site mentioned above, at <http://tn.gov/mental/recovery/CHIpage.html> or call (615) 532-4651. ■

## NEW TRAINING PROGRAM PROVIDES "SHIELD OF CARE" FOR TENNESSEE YOUTH IN THE JUVENILE JUSTICE SYSTEM

*By Lygia Williams, Principal Investigator/Project Director for Tennessee Lives Count™ Division of Mental Health Services*

Superintendent Haney, for the Woodland Hills Youth Development Center in Nashville, tells her staff to pay close attention to all the details in the *Shield of Care* curriculum so that they can keep their incarcerated youth safe from suicide. Lygia Williams, Project Director and Dr. Jeffrey Feix, Director of Forensics, who provided training, listen to staff comments. This event allowed valuable input from participants to help finalize the materials before final publication. The logo is trademarked and the curriculum is copyrighted with the State of Tennessee.

The first pilot training on the *Shield of Care™*, a new ground-breaking suicide prevention training



specifically designed for Juvenile Justice staff, was provided at Woodland Hills Youth Development Center in Nashville. The training was conducted on January 18, 2012, and was the culmination of research in the field of suicide prevention and juvenile justice. The development of the curriculum was data-driven and utilized the input of juvenile justice staff throughout Tennessee about what training components would address the specific system requirements in a

## Workforce Survey Yields Useful Data Beyond Mental Health Shortage Areas

By Edwina Chappell, PhD, Research Team, Division of Planning, Research & Forensics

Workforce development has long been an issue of concern for the Tennessee Department of Mental Health (TDMH). With emphases on prevention and recovery in addition to treatment, it is imperative that the department assist in ensuring a quality workforce for persons living with mental health and substance use disorders across the state.

**The first step in strengthening the workforce is determining the whereabouts of every psychiatric physician in the state.** TDMH conducted its annual survey of psychiatric physicians statewide between August and November 2011. Psychiatric physicians were defined as psychiatrists and osteopathic physicians with a psychiatry specialty. Survey questions focused on types of services, i.e., outpatient and/or inpatient, provided to individuals living with mental illness, as well as estimates of the amount of time devoted to such services, and low income and child service populations. Demographic information for psychiatric physicians was obtained from the Tennessee Department of Health (TDOH) website. Survey data were collected either via telephone or email.

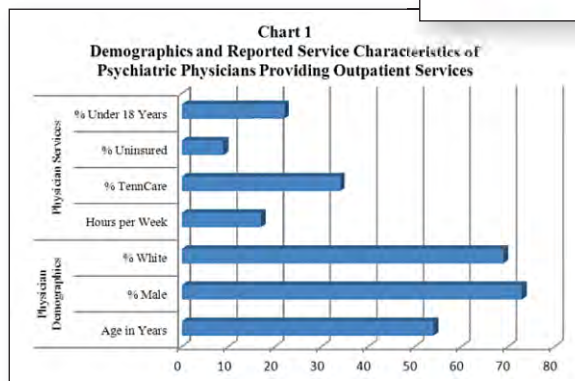
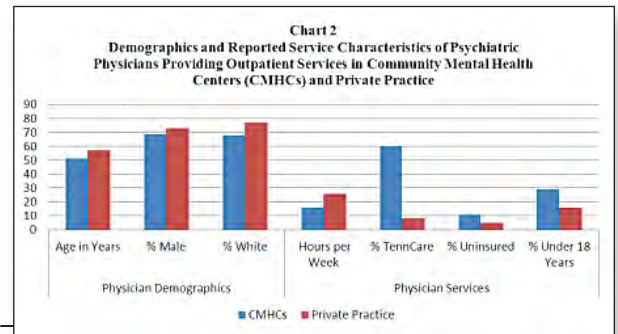
The results of this survey are used in determining mental health shortage areas. Shortage area criteria were established by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, and all shortage areas, whether mental health, primary care, or dental, are referred to as HPSAs (health professional shortage areas). A HPSA designation yields substantial benefits to mental health professionals and providers, leveraging recruitment and retention of much needed staff by agencies and other entities. It can open up loan repayment possibilities for a wide range of health professionals, including physicians, dentists (pediatric or general), psychiatrists, nurse practitioners (primary care),

physician assistants, certified nurse-midwives, dental hygienists, psychologists (health service), licensed clinical social workers, psychiatric nurse specialists, licensed professional counselors, and marriage and family therapists.

A total of 782 psychiatric physicians were included in the survey pool during the data collection period. Ninety-five percent carried the rank “medical doctor” while the remainder were either osteopathic physicians or classified as residents in departments of psychiatry. The survey confirmed that psychiatric physicians in Tennessee work in a variety of settings, including community mental health centers (CMHCs), correctional facilities, departments of psychiatry, developmental centers, hospitals, managed care organizations, private practice, regional mental health institutes, rehabilitation facilities, residential treatment facilities, state departments, university counseling centers, veteran affairs’ facilities, and youth development centers. Their responsibilities range from administration, research, teaching, or supervision only to the provision of inpatient and/or outpatient services to individuals living with mental illness. The survey further indicated that approximately 30 percent of psychiatric physicians are no longer practicing. HPSA designations are based on general outpatient service delivery, however.

Demographic data show that psychiatric physicians who provide outpatient services to the general public in the state are predominantly white males, 54 years of age on average. (See Chart 1.) They range in age from 29 years to 86 years. These physicians spend about 17 hours per week providing direct, face-to-face outpatient services at any one location. Slightly more than one third of services are provided to individuals on TennCare, nine percent to persons without insurance, and 22 percent to youth under 18 years of age.

As expected, psychiatric physicians at CMHCs and in private practice have similar demographic characteristics, but the former tends to provide more outpatient services to the most vulnerable individuals living with mental illness, persons of low income and children. (See Chart 2.) Those employed at CMHCs provide substantially more services to individuals on TennCare, as well as more services to people who are uninsured and persons younger than 18 years of age. Lower total hours of service were reported for psychiatric physicians at CMHCs (17 hours per week) than physicians in private practice



(26 hours per week), but CMHC physicians are more likely to work at two or more locations, 33 percent compared to seven percent respectively.

The department would like to thank psychiatric physicians and/or their staff in private practice, regional

# COMMISSIONER'S CORNER

As you see from this issue, our staff continues to be involved in many projects as we restructure, reinvent and develop new ways of meeting Tennessean's needs in the face of a reduced budget. For more "what's new," read our news releases at <http://www.tn.gov/mental/> from the online News Room. Major developments include the creation of the First Lady's *Governor's Children's Cabinet*, which includes a mental health focus, and Governor Haslam's *Public Safety Strategy* on prescription drugs and anti-meth laws and programs.

In December, the Cordell Hull staff joined the rest of our central office staff in the Andrew Johnson Tower at 710 James Robertson Parkway, Nashville. We now fill the 10th, 11th and 12th floors of the building. Our phone numbers remain the same. The move from Cordell Hull has improved internal daily communications and, in the long run, saves time and money as we work together.

We wanted to put a special spin on *Art for Awareness* by exposing more people to the 7th Annual Exhibition. This year, on March 6, which coincided with TAMHO's *Mental Health Day on the Hill*, *Art for Awareness* was held at the Andrew Johnson Tower and was co-sponsored by the department and the Healing Arts Project, Inc. (HAPI). In past years the event was held at the Legislative Plaza in May.

The artwork that more than 60 consumers brought to the event will hang for the month of April at the Legislative Plaza, while the 107th General Assembly is still in session. Selected pieces will be on display for a year at our office conference rooms. By April, images of the artwork and a group photo with Governor Haslam will also be placed on our website in an online gallery. To learn more about this annual event, contact TDMH's Office of Communications at (615) 253-4812.

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## *Art* for Awareness Moved to March and to the Andrew Johnson Tower



## Commissioner's Corner...cont.

### Debbie Shahla Promoted to BHSN Director

Debbie Shahla is assuming the new role of Director of the Behavioral Health Safety Net as of February 12, 2012.

Shahla has over 30 years of experience in our field and will bring skill, knowledge, and experience to the program. Her educational background includes a Masters of Arts in Educational Psychology from Tennessee Tech University. She has long been involved in the development of the Mental Health Block Grant, the department's annual F&A Strategic Plan and the department's Three-Year Plan. Shahla has served on the Abuse Registry Committee, represented the Department on the State's Internal Health Council, and on the Tennessee Disability Council. Prior to her work in our Planning Division for over ten years, she worked for the Division of Mental Retardation Services (now known as the Tennessee Department of Intellectual and Developmental Disabilities) for 20 years. She started her career in the field of intellectual disability as Director of Staff Development at the Booneville Human Developmental Center in Arkansas. To contact Shahla email [Debbie.Shahla@tn.gov](mailto:Debbie.Shahla@tn.gov).

### Sejal West Named Assistant Commissioner for Mental Health Services

Sejal West brings a broad range of more than 10 years valuable experience in the community mental health field, from case management, crisis assessment, program and policy development, and fund raising to staff training and development, clinical and administrative supervision, federal grant reporting and various clinical duties.



During her service as the director of the Behavioral Health Safety Net of Tennessee, West effectively managed an annual budget of \$22,000,000, and a staff of four. She developed and strengthened relationships with community providers and developed and implemented policy and procedures resulting in program improvement.

Before coming to state government, West worked for Centerstone of Tennessee as a Crisis Care Consultant. West is a graduate of the University of Virginia in Charlottesville with a BA in Psychology and of Trevecca Nazarene University in Nashville with a MA in Counseling Psychology. To contact her, email [Sejal.West@tn.gov](mailto:Sejal.West@tn.gov).

### Cecilia Tindell is 2011 Employee of the Year

Every year, our mental health institutes nominate a staff person for *Employee of The Year*. This program seeks to recognize employees on the daily front lines of mental health care and to encourage all employees to emulate those who are considered TDMH's "Best of the Best."



Congratulations to **Cecilia Tindell** of Lakeshore Mental Health Institute who is our *2011 Employee of the Year!* Cecilia is a Psychiatric Technician in Chota 5, Acute Care, and has been with TDMH for 30 years. During her time as caregiver to patients with varying levels of function, she is known as the employee who goes the "extra mile."

Tindell's coworkers and patients consistently describe the importance of her quiet and humble nature as she reacts positively to any event. According to her supervisor, Lisa Hodgson, Tindell has an attitude and patience that is therapeutic, especially with patients who have severe mental illnesses or substance abuse issues and are frightened and struggling in an unfamiliar environment.

Congratulations also go to the other nominees who serve and inspire staff and patients:

**Steve Blair**, Institutional Services Manager, General Services, Middle Tennessee MHI

Manages three departments at once, improving operations; a team player 24/7 while maintaining a positive attitude in the face of any crisis.

**Gladys Cheairs**, Admission/Psychology Technician, Memphis MHI

A team leader who takes pride in maintaining an outstanding work performance, gives excellent care, and expresses positive concern to patients; ensures correct medical records for all shifts.

**Derrick Rhodes**, Recreation Therapist 2, Adjunctive Therapy Department, Western MHI

Especially good with aggressive patients, listening and responding to their needs and fears, and goes beyond job duties to help other departments.

**Sheri Stern**, Admin. Serv. Assist. 2, Quality Management Dept., Moccasin Bend MHI

Takes on last minute projects and assignments, develops helpful databases, a "go-to" person for development of institute forms; contributes to compliance and accreditation issues. ■

## TAMHO Names Marie Williams as Recipient of the President's Award

The Tennessee Association of Mental Health Organizations (TAMHO) honored Marie Williams, Deputy Commissioner of TDMH, with one of its most prestigious awards during the annual dinner and recognition ceremony in December, 2011. Jim Causey, TAMHO President, presented the award and commented on Williams' long history of service and life-changing efforts on behalf of persons with mental health issues.

"Marie Williams initiated the *Creating Homes Initiative* in 2000 and through this effort, leveraged more than 350 million dollars in funding to help support more than 8,700 housing options for persons diagnosed with mental illness and co-occurring disorders," said Causey.



TAMHO President, Jim Causey, PhD, presents Marie Williams, Deputy Commissioner of TDMH, with the 2012 President's Award

He went on to explain that the impact of this program is huge. Over the past 10 years, CHI has also become a model for other states and communities to follow. Williams was also instrumental in

developing the Behavioral Health Safety Net of Tennessee, a program funding the delivery of core mental health services to uninsured adults. Last year, the safety net served more than 32,000 people.

Williams' accomplishments have recently earned her the position of Deputy Commissioner for the department, and this award is one of many she has earned over the last decade. Williams has also served as a teacher for the University of Tennessee, College of Social Work. She coauthored the *Out of Poverty* curriculum, a group-based peer and mentoring program designed to help people move from dependency to self-sufficiency, which many communities across the nation now use. To contact Williams, email [Marie.Williams@tn.gov](mailto:Marie.Williams@tn.gov).

TAMHO celebrates over 50 years of service and is a statewide trade association representing community mental health centers and other non-profit corporations that provide behavioral health services. To learn more about the organization, visit <http://www.tamho.org>. The complete slate of awards and winners for 2012 are:

**Marie Williams**, Deputy Commissioner, Tennessee Department of Mental Health, Nashville

**President's Award**

**Blake Anderson**, City Court Judge, Jackson, Tennessee

**Frank G. Clement Community Service Award**

**Pam Womack**, CEO Mental Health Cooperative, Nashville

**Dorothea Dix Professional Service Award**

**Jerry Vagnier**, Vice President of Operations, Helen Ross McNabb Center, Knoxville

**Distinguished Service Award**

**Bonnie Kelly**, SHINE-Supporting Health in Everyone, Mental Health Cooperative, Nashville

**Personal Courage Award**

**WKPT AM Tri-Cities**, hosted by Dave Light, Kingsport  
**Media Award**

**Centerstone** – Co-Occurring Disorders Treatment Program, Nashville  
**Programs of Excellence Award**

**Frontier Health** – HEROES Program (Helping Everyone Reach Optimum Excellence & Success, Johnson City  
**Programs of Excellence Award**

**Park Center** – Homeless Outreach Program, Nashville  
**Programs of Excellence Award**

**Board-Jim Causey**, PhD, Professional Care Services of West Tennessee, Covington  
**Volunteer Leadership Award**

**Committee/Section** – Richard French, Carey Counseling Center, Paris  
**Volunteer Leadership Award**

**Bob Benning**, Chairman of the Tennessee Coalition of Mental Health and Substance Abuse Services, Chief Executive Officer, Ridgeview, Oak Ridge  
**Special Recognition, Office of the Governor & Tennessee Department of Mental Health**

## Ellyn Wilbur Named Executive Director of TAMHO

Ellyn Wilbur was named Executive Director of the Tennessee Association of Mental Health Organizations (TAMHO) as of August 1st, 2011.



Ellyn succeeds Dick Blackburn who devoted nearly 30 years to TAMHO. We would like to thank Mr. Blackburn for his distinguished service in addressing the needs of mentally ill and chemically dependent citizens of Tennessee.

Ellyn served as Director of Policy and Advocacy for TAMHO over the past two-and-a-half years. She has brought a wealth of management experience in behavioral health to the organization, obtained primarily in prior roles as Executive Director of Case Management, Inc. in Memphis and Vice President of

## Phoenix Art Gala Recognizes Promoters of Recovery Through Healing Arts



L to R: Gilligan, Lambert, Butts, Jr, and Westlake (representing TDC) are Phoenix Award winners.

**T**he Healing Arts Project, Inc. – HAPI announced the 2012 Phoenix Awards, presented at the Phoenix Art Gala on Thursday, February 16, 2012, at the Millennium Maxwell House Hotel in Nashville. The Phoenix was chosen to represent the spirit of recovery and triumph over adversity. The winners, recognized for contributing to the opportunity for artistic creativity among persons in mental health and addiction recovery, are:

**2012 Community Friend Award, Candace Gilligan, Middle Tennessee Mental Health Institute CEO:** Recognizes a professional in the community who has contributed significantly to reducing stigma and showing the value of the arts in recovery. Gilligan has supported the importance of having art in mental health recovery and making beautiful art created by mental health consumers available for public enjoyment. MTMHI hosted the exhibit of 27 artist panels from the book *Challenged Lives and Artistic Vision* in the lobby during 2010 and 2011, and currently exhibits original consumer artwork in the lobby.

**2012 Spirit of Artists Award, John L. Butts, Jr., Consumer Artist, Clarksville:** Recognizes an individual whose expressive art is part of their recovery and who shares their creativity in Healing Arts Project, Inc. – HAPI activities and events. Butts is a member of ReConnect Clarksville and has participated in classes, exhibits, and events since the project began in 2004. He does not let an opportunity go by to express

the value of art in his life. He encourages others at his ReConnect Center to enjoy art and leads an art group. He started creating art in high school by watching others and decided to try it himself by drawing and sketching. He has not stopped making art and is dedicated to his craft.

**2012 Volunteer Friend Award, Lorene Lambert, TDMH Publications Editor:** Recognizes an individual in the mental health community who has helped strengthen the impact of the Healing Arts Project, Inc. Lambert has extended her interest in promoting people with artistic talent from many cultural backgrounds to making the *Art for Awareness* event significant for both HAPI and the Tennessee Department of Mental Health. Lambert’s life-long background in the arts and understanding the mind of the artist is a fit for promoting *Art for Awareness*. Her training in lay ministry means giving service to others in all areas of her life, including her community of Cross Plains, TN and to the Bureau of Land Management Adopt-a-Horse-or-Burro Program, leading to the *National Volunteer Award* in 1986.

**2012 Business Friend Award, Tennessee Disability Coalition:** Recognizes a business that has contributed to the ability of HAPI to reduce stigma and provide creative opportunities for the artists. The Coalition works to organize and unite the disability community to affect public policy, civil rights, and service delivery for persons with disabilities. The Coalition has welcomed the Healing Arts Project, Inc. activities with space for meetings and administrative work at the Coalition building. A Tennessee Disability Coalition grant supported the interviews and research for the book “Challenged Lives, Artistic Vision” featuring 27 outstanding Healing Arts Project, Inc. - HAPI artists. The Coalition hosts a collection of HAPI artwork in the hallways of their building. Carol Westlake is the founding Executive Director of the Tennessee Disability Coalition and accepted the award.

The Healing Arts Project, Inc. (HAPI) provides the opportunity for persons in mental health and addiction recovery in Middle Tennessee to express creativity through the arts and increase self-esteem and self-confidence, and combats stigma within communities by creating and displaying artwork. HAPI includes many partner artists, organizations and advocates in communities who work together to provide this service. The Tennessee Arts Commission and Metro Nashville Arts Commission are among the Healing Arts Project, Inc. partners who support art classes, art exhibits and art access in communities.

Sponsors of the Phoenix Art Gala on February 16, 2012 include the Tennessee Department of Mental Health, Mental Health Cooperative, Centerstone, Tennessee Mental Health Consumers Association, United Healthcare Community Plan, Park Center, Benton Counseling and Consulting Services, and Jane and Richard Baxter Family. ■



## Shield of Care...cont.

detention facility. Funding for the *Shield of Care™* was a result of a Substance Abuse and Mental Health Service Administration (SAMHSA) grant, awarded to the Tennessee Department of Mental Health (TDMH) for the *Tennessee Lives Count™*.

This ground-breaking model of suicide prevention for youth in the juvenile justice system is a first-of-its-kind model. The curriculum was reviewed by national experts in the fields of juvenile justice and youth suicide, the reviews were exceptionally positive. Even though the *Shield of Care™* has not been formally released, several states have heard about the product and have expressed an interest in using the *Shield of Care™* to provide suicide prevention training for their juvenile justice staff. SAMHSA and the newly formed National Suicide Prevention Alliance (NSPA) anticipate this curriculum will become a model nationally.

The *Tennessee Lives Count™* (TLC) projects are in partnership with the Mental Health Association of Middle Tennessee, Centerstone Research Institute, and the Tennessee Suicide Prevention Network (TSPN). Between 2008 and 2011, TLC was primarily focused on reducing suicide in the juvenile justice system through the provision of “Applied Suicide Intervention Skills Training” (ASIST), a nationally recognized prevention curriculum. Training on this two-day curriculum was provided to the staff in the state’s five youth development centers responsible for caring for Tennessee’s incarcerated juvenile justice youth.

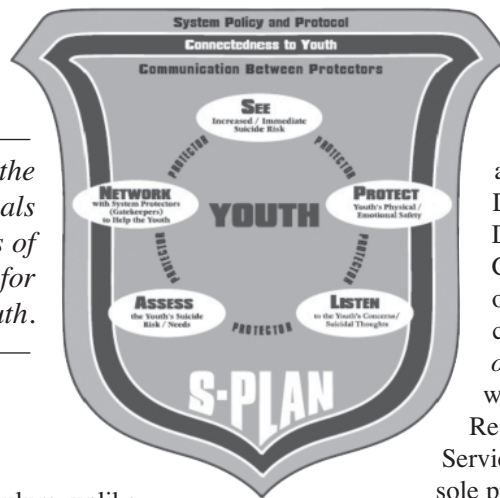
The initial evaluation and focus groups with juvenile justice staff led to the development of a never-before-seen model. Juvenile justice staff that participated in the first pilot training stated that the *Shield of Care™* captures the realities of preventing youth suicide in that system. Protecting youth from suicide, stems from the necessity of

*The inner shield in the curriculum reveals S-Plan layers of protection for incarcerated youth.*

caring for juveniles who are away from home, some for the first time, who may exhibit behaviors that mask internal turmoil and fears. For the staff of an institution, they must recognize there are many steps in prevention, and these may not happen in the same order or in the same way, depending on the facility, but will become essential in prevention.

In the curriculum, the logo is converted into a multi-layered, three-step shield of protection. The outer layer represents an agencies policies and procedures. The middle layer represents the staff connection to the youth, the most important protective factor in suicide prevention according to the CDC. The inner most layer represents the staff networking and collaborating together. Key actions for staff in this layer, in order to save a life, are referred to as the “S-Plan,” which stands for:

- S - Seeing the Increased Risk
- P - Protecting Youth from Immediate Physical and Emotional Damage
- L - Listening and Understanding A Youth’s Concerns and Asking the Most Important Question About Suicidal Thoughts
- A - Assessing A Youth’s Current Risk and Need for Help
- N - Networking as A Team to Save A Life



The curriculum, unlike other youth suicide prevention curriculums, addresses the system needs by assuring staff understand their policies and how critical adherence to them saves lives.

Additionally, all aspect of the S-Plan addresses the real roles and responsibilities of juvenile justice staff.

The curriculum development would not have been possible without the SAMHSA grant and hard work from work group members of the TLC Task Force who planned, researched and wrote the initial curriculum. TLC’s evaluator conceptualized the model after conducting focus groups in juvenile justice facilities. After that, the written manuscript was given to a professional curriculum writer and professional videographer to create a final product.

The curriculum workbook is enhanced by a video entitled “Second Glances.” The video is embedded within a power point presentation and includes three vignettes, representing three scenarios of different youth experiencing suicide from ideation to an attempt. The company that produced the video for the *Shield of Care™* is Kap ART/Maple Street, known for its video series and numerous EMMY nominations.

Final curriculum is the result of work by TDMH partners and collaborators, including Mental Health Association of Middle Tennessee, the Tennessee Suicide Prevention Network, Tennessee Administration Office of the Courts, Youth Village, CRI, Tennessee Commission on Children and Youth, the Jason Foundation, Trevecca Nazarene University, Nashville Juvenile Court Services, Tennessee Disability Law and Advocacy Center, Tennessee Department of Children’s Services’ Division of Juvenile Justice, Centerstone Institute, and the staff of Tennessee youth development centers across the state. The *Shield of Care™* Project is in consultation with the Suicide Prevention Resource Center, Columbia Care Services, and Outreach Arts and is the sole property of the State of Tennessee, Department of Mental Health.

For more information contact [Lygia.Williams@tn.gov](mailto:Lygia.Williams@tn.gov) or call (615) 253-5078. ■

## CO-OCCURRING DISORDERS COLLABORATIVE

**STRENGTHENING INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGH EDUCATION AND AWARENESS**



### Tennessee Association of Mental Health Organizations (TAMHO)

42 Rutledge Street, Nashville, TN 37210-2043  
(615) 244-2220 | (800) 568-2642 toll free in TN | Fax: (615) 254-8331  
<http://www.tamho.org>

### NAMI Tennessee (National Alliance on Mental Illness TN)

1101 Kermit Drive Suite 605, Nashville, TN 37217  
(615) 361-6608 | Fax: (615) 361-6698  
<http://www.namitn.org>

### Tennessee Association of Alcohol, Drug & Other Addiction Services (TAADAS)

Airport Executive Plaza  
1321 Murfreesboro Road, Suite 155, Nashville, TN 37217  
(615) 780-5901 | Fax: (615) 780-5905  
<http://www.taadas.org>

### Tennessee Coalition for Mental Health and Substance Abuse Services

42 Rutledge Street, Nashville, TN 37210-2043  
(615) 244-2220 | Fax: (615) 254-8331  
Email: [tcoalition@tamho.org](mailto:tcoalition@tamho.org)

### Tennessee Voices for Children (TVC)

701 Bradford Avenue, Nashville, TN 37204  
(615) 269-7751 | Fax: (615) 269-8914  
<http://www.TNVoces.org>

### Tennessee Department of Mental Health Division of Alcohol & Drug Abuse Services

Andrew Johnson Tower, 11<sup>th</sup> Floor  
710 James Robertson Parkway, Nashville, TN 37243  
(615) 532-6500  
<http://www.tn.gov/mental>

## CO-OCCURRING DISORDERS: MOVING TENNESSEE TOWARD INTEGRATION

### WHAT DO WE MEAN BY CO-OCCURRING DISORDERS?

In the Substance Abuse Mental Health Services Administration 2002 Report to Congress, co-occurring disorders were defined as . . .

*“ . . . individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other.”*

**Simply put, a co-occurring disorder typically refers to an individual having one, or more, diagnosed mental illness coupled with one, or more, diagnosed addictive disorder.**

### HOW MANY PEOPLE ARE AFFECTED?

It is estimated that over 10 million people across the United States are struggling with co-occurring disorders. Many of these people do not access treatment services, and when they do, the treatment is often not “integrated” or delivered in a way that best meets their needs. Based on national prevalence data it is estimated that in Tennessee approximately **196,000** individuals suffer from co-occurring disorders.

### WHAT IS THE IMPACT OF CO-OCCURRING DISORDERS?

We actually know a lot about the impact of co-occurring disorders on individuals, families and our community.

- **Impact on our healthcare system . . .** People who suffer with this usually have more episodes of relapse and more emergency room visits. They have to go to inpatient hospitals to address symptoms of mental illness and addiction more often than people who are dealing with one disease. We also know that people with co-occurring disorders have higher rates of chronic diseases such as HIV, diabetes, hepatitis and high blood pressure.
- **Impact on the Criminal Justice System . . .** In the local jail systems, 76% of inmates with mental health issues reported substance use. Untreated mental illness, or mental illness and a co-occurring substance abuse disorder, is a strong predictor of recidivism.
- **Impact on our families . . .** It is estimated that approximately 60% of families of children involved in the child welfare system have substance use problems with at least one-half of those being diagnosed with a co-occurring mental illness. In 2010, Tennessee had approximately 8,000 children and adolescents in state custody. Of the families involved in the state’s foster care system, prevalence data tells us that approximately 2,000 to 4,000 families are impacted by substance use and a co-occurring mental illness which have a negative impact on health, relationships, safety, employment and education and poses greater challenges in maintaining recovery or resiliency than those with a single diagnosis.
- **Impact on our communities . . .**

**Homelessness** - At least 50% of people who are homeless have co-occurring disorders. Left untreated, these people have little chance at obtaining jobs and permanent housing.

**Workforce** - Mental illness and substance abuse drains over \$100 billion from American businesses. More workers are absent due to stress and anxiety than physical illness or accident.

### WHAT CAN WE DO TO INFLUENCE CHANGE?

- Create and support a “no wrong door” community-based integrated treatment approach, so that mental health centers and addictions treatment providers are equipped to help, no matter who comes through their door for assistance. The presence of co-occurring disorders is the expectation rather than the exception.
- Increase treatment opportunities. Last year in Tennessee, approximately 12,000 people received treatment for addictive disorders. Due to limited resources, less than 3% of those with co-occurring disorders received treatment through our addictions treatment system.
- Advocate for a continuum of treatment options, including inpatient and outpatient care, supportive housing, and peer-to-peer support provides the best possible opportunity for recovery.
- Provide Tennesseans with the resources to manage these diseases and the support to maintain life-long recovery. Treatment works and recovery is possible.
- Provide co-occurring disorder training. Workforce development is critical. Tennessee has a wealth of experienced, dedicated clinicians who want to help. Providing them with the most up-to-date information and training on evidence-based practices will ensure our place as leaders in the field of co-occurring disorders treatment.

## Workforce Survey...cont.

mental health institutes, community mental health centers, departments of psychiatry of Tennessee medical schools, hospitals operated by the Veteran's Administration, and the state departments of corrections, intellectual disabilities, and children's services for their assistance in data collection.

Data on service availability in general and for persons of low income in particular are reported to TDOH in February as part of the required federal report to identify shortage areas, with feedback regarding mental health shortage area designations expected within the next few months. The department will distribute an official map, and place online, showing the new HPSAs following processing by HRSA. For more information contact [Edwina.Chappell@tn.gov](mailto:Edwina.Chappell@tn.gov) or call (615) 741-9476. ■

## TAMHO 2012 Awards...cont.

Operations-Children's Services, Magellan Health Services. Under her leadership, TAMHO will continue to be an important partner with State government, its vendors in the healthcare arena, and all behavioral health stakeholder groups as we strive to expand and improve the mental health and addictions services system throughout Tennessee. ■



## Update

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