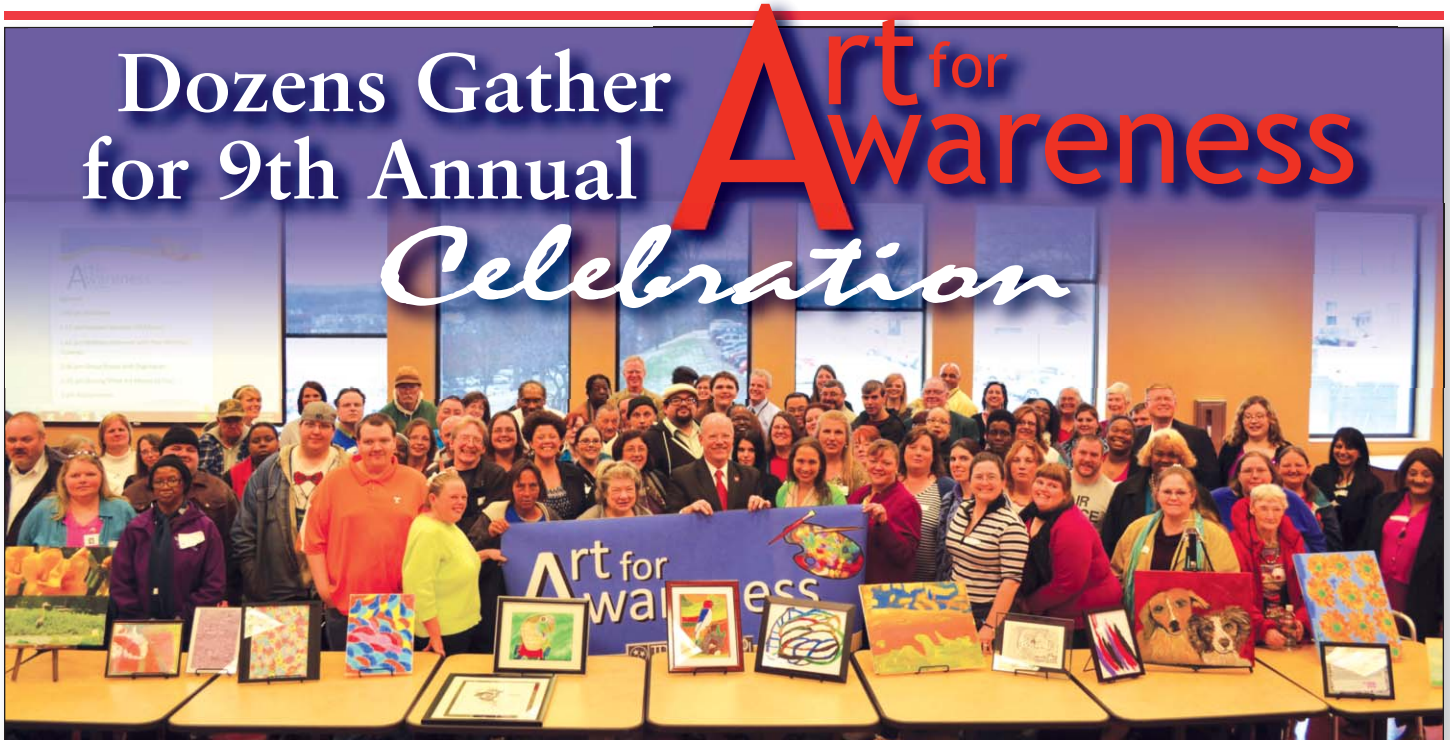


## Dozens Gather for 9th Annual Art for Awareness Celebration



*TDMHSAS Commissioner E. Douglas Varney and Deputy Commissioner Marie Williams celebrate with the dozens of artists and certified peer support specialists during the Ninth Annual Art for Awareness celebration.*

Dozens of consumers and peer specialists gathered recently for the Ninth Annual Art for Awareness celebration to share their art and contribute to the awareness of recovery and the healing it brings.

The event was on March 18 in The Tennessee Room of the William R. Snodgrass Tennessee Tower in Nashville.

The keynote address, titled "Healing & The Artistic Spirit" was delivered by Vik Moore, TDMHSAS Peer Recovery Coordinator.

After the event, all of the artwork was gathered and will be displayed in the halls of Legislative Plaza for the months of April and May.



*TDMHSAS Peer Recovery Coordinator Vik Moore gives the keynote address about "Healing & The Artistic Spirit."*



*Commissioner Varney welcomes attendees to the event.*

## WMHI Social Services Staff Member Doris Littleton Named TDMHSAS 2013 EMPLOYEE OF THE YEAR

**D**oris Prewitt Littleton, a social services staff member at Western Mental Health Institute (WMHI) in Bolivar, has been named the 2013 TDMHSAS Employee of the Year.

“Doris Littleton is an inspiration to everyone she works with and everyone she comes into contact with at Western Mental Health Institute,” TDMHSAS Commissioner E. Douglas Varney said. “She embodies all that is good and compassionate about the people who work in the behavioral health field. I am proud that she works at WMHI, and proud to honor her as the 2013 TDMHSAS Employee of the Year.”

Doris graduated from Tennessee State University in 1980 and began her employment with the State on March 23, 1981, as a Development Technician at the Nat T. Winston Developmental Center, a facility that served people with mental and emotional issues at WMHI prior to its closure in 1998. In June 1996, Doris transferred to WMHI and was promoted to Psychiatric Teacher Counselor. In 2003, she transferred to the Social Services Department, where she has excelled as a social services staff member.

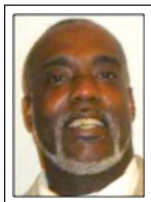
“I have known Doris since I first started to work here in 2000 and she has always proven to maintain the highest level of performance as a professional in each and every capacity where she has been ask to serve,” WMHI CEO Roger Pursley said. “Doris embodies the character and dedication needed to serve the population we have under our responsibility. She is the consummate role model for all staff when dealing with patients, families, other employees and outside agencies.”

In January 2012, Doris was recognized by Gov. Bill Haslam during his State of the State address as an outstanding public employee.

“Doris has since become one of the most valuable assets to the social services department. She has an outstanding work ethic and is always willing to go the extra mile for her patients and co-workers,” said Lisa Roy, Doris’ supervisor at WMHI. “Doris is a strong, compassionate person who advocates for her patients and for herself, and she is not afraid to take on challenging situations for the benefit of Western and its patients. It is clear to me that working at WMHI is not just a job for Doris, but a calling, and it is an honor to work with someone who has such impeccable character.”

Along with being named 2013 TDMHSAS Employee of the Year, Doris was named WMHI’s Employee of the Year. The individuals honored as Employee of the Year for the state’s three other Regional Mental Health Institutes are:

- **Memphis Mental Health Institute (MMHI): Kenneth Wade Anderson**, Recreational Therapist in the Adjunctive Therapy



Department. “Kenneth has been a state employee for more than 27 years, and he is the perfect example of a team player,” said Charles Taylor, Kenneth’s supervisor. “He carries himself as an exceptional employee and is often doing things behind the scenes that go unrecognized. As part of MMHI’s Customer-Focused Government initiative, Kenneth has been chosen as the ‘Face of the Day,’



*Doris Littleton of Western Mental Health Institute in Bolivar was honored as the 2013 TDMHSAS Employee of the Year by Commissioner Varney (left) and WMHI CEO Roger Pursley (right).*

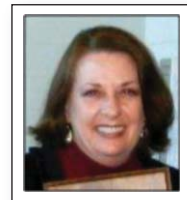
‘Face of the Month,’ and ‘Face of the Quarter’ employee on numerous occasions. He continues to go above and beyond.”

- **Middle Tennessee Mental Health Institute (MTMHI): Ken Tallman**, Information Resource Support Specialist. “Ken goes



above and beyond his normal day-to-day duties and embraces the chance to research and learn something new if the need arises,” said Lori Abriola, Ken’s supervisor. “He is the ‘go-to’ guy when a special need regarding computers or video cameras is needed. He is available to help and has assisted all employees – from direct care up to the Commissioner of the department – whenever the need arises. Ken approaches everything he does with a ‘can do’ attitude, nothing is too hard or insurmountable for him, and he is always approachable no matter what the request.”

- **Moccasin Bend Mental Health Institute (MBMHI): Pamela Gayle White**, Administrative



Secretary/Release of Information Coordinator in the Health Information Department. “During the time following the closure of Lakeshore Mental Health Institute, Pamela took on the additional responsibility and workload for handling more than 100 additional phone calls and written requests per month for information about Lakeshore patients,” said Shannon J. Chapman, Pamela’s supervisor. “She took on these extra duties in addition to helping organize and identify the old Lakeshore microfilm records, and she coordinates the release of this information, in addition to the release of MBMHI patient records. She is often called upon to assist patients in obtaining their records for purposes of aftercare, disability, and other needs and she is always a kind and caring advocate for the consumers from both facilities.”



## DATA ANALYSIS HELPS HIGHLIGHT IMPROVEMENTS IN RMHI PATIENT SATISFACTION

For many people who come to one of the state’s Regional Mental Health Institutes, it is their last chance at getting help, their last hope to find a place where they can get the treatment and support that they need.

Early in his administration, Governor Haslam asked each commissioner to conduct a “Top to Bottom Review” of their department to thoroughly analyze operational and organizational efficiency. Among the areas that TDMHSAS Commissioner E. Douglas Varney listed in his report

([tn.gov/governor/toptobottom/](http://tn.gov/governor/toptobottom/)) was the efficiency of the Regional Mental Health Institutes (RMHIs). Specifically, it said:

*“Increase the efficiency and effectiveness of the 5\* state Regional Mental Health Institutes. This initiative includes establishing best practices and standardizing clinical functions, expanding technology use, and determining barriers to discharge for long-term patients.”*

One of the ways the Department performs these functions is by analyzing data from the inpatient satisfaction surveys that are produced by the RMHI consumers. The surveys are done upon discharge from the facility, or once per year for those consumers who are in longer-term stays at the facility, and consist of a series of 20 questions related to their stay at the facility.

Thanks to some recent training for staff members at the RMHIs – including Customer Focused Government (CFG) initiatives and a LEAN initiative dedicated to the standardization of the admissions process – we have seen a marked increase in overall patient satisfaction in every “domain,” or area of care, in a comparison of survey data from fiscal year 2011-12 to fiscal year 2012-13:

Domain	FY2011-12	FY2012-13
Perception of Outcome	77%	82%
Perception of Dignity	78%	83%
Perception of Rights	63%	72%
Perception of Environment	72%	77%
Perception of Empowerment	78%	82%

Also, when comparing the monthly FY 2012-13 numbers with the rest of the nation, we see that Tennessee is consistently ahead of the national averages in terms of patient satisfaction.

“Within the mental health delivery system, the role of the RMHI is to be there when all other resources have been exhausted – simply put, it is often the last resort for many,” TDMHSAS Commissioner Varney said. “It is reassuring to know that patients recognize – and are satisfied with – the care they receive from the state’s RMHIs.”

\* Note: Lakeshore Mental Health Institute closed on July 1, 2012; currently, there are 4 RMHIs in operation around the state.

## FORMER DEPARTMENT COMMISSIONER DR. NAT WINSTON LEAVES BEHIND LONG LEGACY OF SERVICE

Dr. Nat T. Winston Jr., a psychiatric health care pioneer who served as Commissioner of the Tennessee Department of Mental Health from 1965 to 1969 and was the first superintendent of Moccasin Bend Mental Health Institute, died Tuesday, December 31, 2013.



“This past year, we lost a true early pioneer in the development of modern day way of treating patients in psychiatric facilities,” TDMHSAS Commissioner E. Douglas Varney said. “Dr. Winston had a long and distinguished career in not only helping found a high-quality public mental health system, but always helping thousands of patients during many years of practice.”

A native of Johnson City, Tenn., Dr. Winston was the son of Nat Taylor Winston and Frances Naomi Colblantz. He attended Science Hill High School, serving as class president and graduating as valedictorian before deploying to the Pacific Theater of World War II, where he was an infantry officer. After completing his service, he attended Vanderbilt University, graduating Magna Cum Laude from Vanderbilt Medical School in 1953.

As the first director of the Johnson City Mental Health Clinic, he quickly gained success in the psychiatric field. He was appointed the first Superintendent of Moccasin Bend Psychiatric Hospital in the early 1960s, where his work gained national recognition and placed Tennessee on the forefront of mental health care.

Credited by Readers Digest as “spawning the birth of a quiet psychiatric revolution,” Dr. Winston served as Commissioner of Mental Health for Tennessee from August 1, 1965, through June 1, 1969, under both Governor Frank Clement and Governor Buford Ellington.

As Paul R. Dokecki and Janice D. Mashburn wrote in “*Beyond the Asylum: The History of Mental Handicap Policy in Tennessee*.”

He described his tenure as commissioner as “the Golden Era” when the administration’s appropriations requests won easy legislative support. ... By the time he left office in 1969, several new community centers were in operation, and six others were under construction.

According to an article in Christianity Today, Dr. Winston was largely responsible for helping singer Johnny Cash end his addiction to amphetamines and barbiturates. According to an interview with Cash on “Larry King Live,” Winston told Cash, “I’m a doctor, I’m a psychiatrist, and I’ve seen a lot of people in

## Nine Newly Funded Recovery Courts Brings Total Number of TDMHSAS-Funded Recovery Courts to 45

In the current 2013-14 fiscal year, there are nine (9) newly funded Recovery Courts around the state, bringing the total number of TDMHSAS-funded Recovery Courts to 45.

A Recovery Court is a specialized court or court calendar, comprised of a multidisciplinary team of individuals that serves to address the needs of nonviolent offenders who have substance abuse and/or co-occurring mental health issues, or who are veterans. Around the nation, most of these courts are called “Drug Courts.” However, in Tennessee, the term “Recovery Court” is used to symbolize the all-encompassing aspect of the court program and the focus on recovery.

Recovery Court programs are highly structured and demanding. The journey is long and can be difficult, but if participants take ownership of their lives and the choices they make, they can break the cycle of addiction and crime and live a life of recovery.

“We are facing a major prescription drug problem in our state,” Commissioner E. 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 nine recovery courts that received new Department funding, thanks to the budget appropriation of \$1.56 million in the approved Fiscal Year 2013-14 budget, are:

- 1st Judicial District – Washington County
- 2nd Judicial District – Sullivan County (Bristol)
- 2nd Judicial District – Sullivan County (Kingsport)
- 3rd Judicial District – Greene County
- 3rd Judicial District – Hawkins County
- 13th Judicial District – Cumberland County
- 19th Judicial District – Robertson County
- 25th Judicial District – Tipton, Lauderdale, Fayette, Hardeman, and McNairy counties
- 28th Judicial District – Gibson County (Community Treatment Program)

Beyond those, the Department funds 30 Adult Recovery Courts, two Residential Recovery Courts, and four Juvenile/Family Courts. They are:

### Adult Recovery Courts

- 3rd Judicial District – Hamblen County
- 4th Judicial District – Sevier County
- 5th Judicial District – Blount County
- 6th Judicial District – Knox County
- 7th Judicial District – Anderson County
- 8th Judicial District – Scott County
- 8th Judicial District – Scott, Fentress, Campbell, Union, and Claiborne counties
- 9th Judicial District – Morgan County

- 10th Judicial District – Bradley, McMinn, Polk, and Monroe counties
- 11th Judicial District – Hamilton County
- 12th Judicial District – Franklin, Grundy, and Marion counties
- 13th Judicial District – DeKalb County
- 13th Judicial District – Putnam, Clay, Pickett, Overton, and White counties
- 14th Judicial District – Coffee County
- 15th Judicial District – Wilson, Jackson, Macon, Smith, and Trousdale counties
- 16th Judicial District – Rutherford County
- 18th Judicial District – Sumner County
- 19th Judicial District – Montgomery County
- 20th Judicial District – Davidson County Misdemeanor Court
- 21st Judicial District – Williamson, Hickman, Lewis, and Perry counties
- 23rd Judicial District – Dickson, Cheatham, Humphreys, Houston, and Stewart counties
- 25th Judicial District – Fayette County
- 26th Judicial District – Madison County (City of Jackson)
- 26th Judicial District – Madison, Chester, and Henderson counties
- 27th Judicial District – Obion and Weakley counties
- 28th Judicial District – Crockett County
- 28th Judicial District – Gibson County (City of Milan)
- 29th Judicial District – Dyer and Lake counties
- 30th Judicial District – Shelby County
- 31st Judicial District – Warren and Van Buren counties

### Residential Recovery Courts

- 9th Judicial District – Statewide Residential Recovery Court in Morgan County
- 20th Judicial District – Residential Recovery Court in Davidson County

### Juvenile/Family Courts

- 6th Judicial District – Knox County Family Court
- 10th Judicial District – Bradley County Juvenile Court
- 13th Judicial District – DeKalb County Juvenile Court
- 13th Judicial District – White County Juvenile Court, also serving Van Buren County

Recovery Courts have existed in Tennessee since 1997 and established in statute in 2003 (T.C.A. §16-22-101-114). Executive Order No. 12 transferred them to TDMHSAS oversight in June 2012. Each Recovery Court receiving state funding must adhere to the principles set forth in the 10 Key Components, an evidence-based list established by the National Association of Drug Court Professionals with support from the U.S. Department of Justice.

## Initiative Aims to Help People Get and Keep Jobs



By Sue Karber, TDMHSAS Director of Consumer Wellness Programs

The Department has recently worked in partnership with the Tennessee Department of Human Services/Division of Rehabilitation Services (DRS) to increase the number of individuals with serious mental illness and co-occurring mental and substance use disorders who obtain and retain competitive and integrated employment.

Beginning in October 2013, TDMHSAS and DRS began working with Frontier Health, Helen Ross McNabb Center, Park Center, and Ridgeview to implement the Individual Placement and Support (IPS) model. Since implementation began, 106 individuals have been served by the four IPS programs. There have been 13 placements and 10 individuals are currently working in a variety of jobs, including cashier, receptionist, collector, housekeeper, phone operator, utility worker, sitter, and fry cook.

IPS is an evidence-based practice that is based on a 25-item fidelity scale and the following practice principles: Focus on Competitive Employment; Eligibility Based on Client Choice; Integration of Rehabilitation and Mental Health Services; Attention to Client Preferences; Personalized Benefits Counseling; Rapid Job Search; Systematic Job Development; and Time-Unlimited and Individualized Support.

IPS is the model of Supported Employment that has the most evidence and research behind it in supporting individuals with behavioral health disorders gaining and retaining employment. IPS was developed by the Dartmouth Psychiatric Research Center and showed a mean competitive employment rate of 58 percent in 19 randomized controlled trials. In a two-year follow-up of 142 individuals after attaining a job, the average amount of

time worked at the first job was 10 months and the average amount of time worked was 12.9 months.

TDMHSAS and DRS are enthusiastically optimistic about the IPS initiative and are committed to supporting individuals with serious mental illness and co-occurring disorders to gain and retain competitive and integrated employment.

...

TDMHSAS, NAMI-Tennessee, and DRS have announced the “Inaugural Individual Placement and Support (IPS)/Supported Employment Conference” on May 20-21 at the Scarritt Bennett Center in Nashville. Anyone who is interested in learning more about IPS and hearing from Debbie Becker of the Dartmouth Psychiatric Research Institute should contact Sue Karber, TDMHSAS Director of Consumer Wellness Programs, at [Sue.Karber@tn.gov](mailto:Sue.Karber@tn.gov) or (615) 253-2036.

## Former Department Commissioner Dr. Charles Treadway Cared Deeply about Tennesseans

Dr. Charles Richard Franklin Treadway, who served as Commissioner for the Department of Mental Health under Governor Winfield Dunn from 1971 to 1975 and as Interim Commissioner under Governor Lamar Alexander for a few months in 1979, died after a brief illness on April 30. He was 74.

Born in 1939 in Louisville, Ky., Dr. Treadway moved to Nashville as a child and graduated from Vanderbilt University and Vanderbilt University School of Medicine. He became board certified in both psychiatry and neurology and later obtained a Master's Degree in Business Administration from the Jack C. Massey School of Business at Belmont University, where he graduated summa cum laude.

After completion of his residency in psychiatry at the University of North Carolina, he served as a Clinical

Associate at the National Institute of Mental Health in Washington, D.C., and served as an Instructor in Psychiatry at Johns Hopkins University in Baltimore, Md.

Most recently, Dr. Treadway was the chairman emeritus and chief medical officer of Polaris Hospital Company. He was a co-founder of Psychiatric Solutions, where he served as chairman of the board until its merger with PMR Corp. in 2002. He was also a co-founder Medical Properties of America, which was later sold to Windrose Medical Properties Trust and served as a Board of Trustees member for Centennial Medical Center. He also served as medical director of HCA's Parthenon Pavilion and was vice president of HCA's Tennessee psychiatric division.

After he retired, he continued to practice psychiatry by providing care to active-duty soldiers and veterans.

## Dr. Nat Winston

*continued from page 3*

the shape you're in. And frankly, I don't think there is much chance for you. I've never known of anyone as far gone as you are to really whip it. Only you can do it, and it would be a lot easier if you let God help you.”

After a failed bid for the 1974 gubernatorial seat, Dr. Winston entered the private sector, founding American Psychiatric Hospitals, building and opening hospitals for sexually abused adolescents, and serving as Medical Director for several companies and hospitals.

Dr. Winston also gained national recognition as an entertainer and a banjo player, earning a gold record for selling over one million copies of his successful “How to Play” instructional record series. He was a sought-after speaker across the country and was an avid traveler.



## DID YOU KNOW?

# SPRING MONTHS (NOT WINTER MONTHS) ACTUALLY SEE THE HIGHEST NUMBER OF SUICIDES

## SUICIDE PREVENTION NEEDS TO BE A YEARLONG ENDEAVOR

**I**f you think that most suicides occur in the cold, gray winter months, think again: It has actually been shown that the spring months of March, April, and May have consistently had the highest suicide rate, with 4-6 percent more suicides occurring in these months than during others.

Despite these high numbers, the state of Tennessee has made some significant progress in recent years. For example:

- For three years, the Tennessee Lives Count (TLC) grant has provided suicide prevention training to more than 5,500 individuals across the state, as well as enhanced follow-up services to 237 high-risk youth under age 18 in the Middle and East regions of the state.
- The Tennessee Suicide Prevention Network (TSPN) has collaborated with counties that have high suicide rates. Currently, there are 11 counties with task forces focused specifically on preventing suicide, and since the formation of these task forces, their respective counties' suicide rate dropped as much as 40 percent.
- Due to The Jason Flatt Act of 2007, which requires Tennessee teachers to have two hours of suicide prevention training yearly, nearly 55,000 teachers received suicide prevention training last year. The Jason Foundation's suicide peer awareness training curriculum is currently used in 928 Tennessee public schools.

Here are some additional facts about suicide rates around the state:

- In Tennessee, more men, women, and youth die by suicide each year than from homicide, AIDS, or drunken driving.
- Suicide is the third leading cause of death among youth and young adults ages 10-24 in Tennessee and throughout the entire nation.
- Yearly deaths by suicide are about twice that of deaths by homicide – in 2012, there were 956 suicides (or 14.8 per 100,000 residents) in Tennessee, compared with 456 homicides (or 7.1 per 100,000 residents). This rate also places Tennessee much higher than the national rate of 10.8 suicides per 100,000 residents.
- An average of 105 people die every day by suicide around the U.S., or about 38,000 a year.
- There are approximately as many suicides as there are motor vehicle deaths each year.

- More teens die by suicide than by cancer and heart disease combined.
- The highest rate of suicide in Tennessee is for people ages 45-54.
- About 4 times as many men die by suicide than women.
- Rates of suicide are higher in rural counties than urban counties.

For additional information about suicide prevention, check out the following programs:

- The TDMHSAS Crisis Line at (855) CRISIS-1 (274-7471) is available 24 hours a day, 7 days a week, and connects callers to their local provider for mental health and/or substance use crisis services. For more details, go online to [tn.gov/mental/recovery/crisis\\_serv.shtml](http://tn.gov/mental/recovery/crisis_serv.shtml).
- The TDMHSAS Office of Crisis Services and Suicide Prevention offers information online at [tn.gov/mental/mentalhealthservices/sp\\_child\\_suicide.shtml](http://tn.gov/mental/mentalhealthservices/sp_child_suicide.shtml).
- The Tennessee Suicide Prevention Network (TSPN) is the statewide public-private organization responsible for implementing the Tennessee Strategy for Suicide Prevention. For more details, go online to [tspn.org](http://tspn.org).
- The Tennessee Lives Count (TLC) project is a statewide early intervention/prevention project designed to reduce suicides and suicide attempts for youth ages 10-24. For more details, go online to [tspn.org/tlc](http://tspn.org/tlc).
- The Jason Foundation is dedicated to the prevention of youth suicide through educational and awareness programs. For more details, go online to [jasonfoundation.com](http://jasonfoundation.com).
- Mental Health America lists the key warning signs to be on the lookout for to help prevent suicide, and offers advice about what you can do if you think someone is considering suicide. For more details, go online to [mentalhealthamerica.net/suicide](http://mentalhealthamerica.net/suicide).
- The National Suicide Prevention Lifeline is available 24 hours a day, 7 days a week for anyone who is in a crisis or an emergency. If you or someone you know is in a crisis, you can call the Lifeline at (800) 273-TALK (8255). For more details, go online to [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org).

## ESSAY: Where should mental health help start?

By Larry Drain

*Larry Drain has worked as a professional in the mental health field for more than 35 years and has been a mental health consumer for most of his life.*

*He started "Hopeworks Community" about 8 years ago when his wife diagnosed with bipolar disorder. The goal was to have 20 people per week read it – now, he says there are more than 5,050 followers on the site (sign up at [hopeworkscommunity.wordpress.com](http://hopeworkscommunity.wordpress.com)), and many of the posts get passed along so often that more than 7,000 people read each one.*

*The following essay originally appeared online at <http://hopeworkscommunity.wordpress.com/2014/01/15/where-should-mental-health-help-start/>.*

Where should mental health help start? For too many people, their experience is that mental health is not very helpful or at least not what they had hoped for or expected. The question seems like a good place to start.

I start with one simple idea: If mental health help is supposed to make life better, a good place to start is what makes life better.

- **Dignity:** The dignity and value of the people you work with should be the fundamental assumption that you start with. That assumption should make a difference in the way you treat people. People are much more likely to emotionally invest in what you are doing if they believe that you are emotionally invested in them. My personal experience, based on 38 years professional experience and a lifetime of personal experience, is this is not the starting point of mental health treatment for most people. If someone is important, what is important to them is also held important and this is most certainly not the case for most people. They are given the message in a million ways that their value is dependent upon their response to treatment and that if they don't do well they are just not worth much. Treating people as people is different from treating them as patients.
- **Honesty:** If people feel they can't count on you to be honest, they feel like they can't count on you for very much. A major part of honesty is not claiming you know things you don't know or that you are able to do things you can't do. You don't know how people feel. You don't know what people are going through. Many of the theories about mental illness are at best theories and not scientific knowledge. They are still searching for the first chemical imbalance. The medications that are used are at best educated guesses. And side effects are real. And you don't know that people need to take meds for a lifetime. And you really don't know how much progress a given person can make. All of these things are matters of guesswork, conjecture and faith and to present them as some hard-fought and hard-won professional knowledge leads to people wondering if they can believe you or not. Credibility is key in all human interactions. And if you mortgage your credibility then you

lose all value. Arrogance is severely limiting. People actually believe in you more if they know what you don't know and know you don't know it.

- **Empower people:** Don't just allow people to make decisions. Treasure people making decisions. And help arm them to make better decisions. Teach them skills that matter in a way they can apply them to their lives. So much of mental health treatment is cookie-cutter stuff. Teach people things that allow them become more of the kind of person they want to be and live the kind of life they want to lead. A major part of life getting better is regaining control of the effective management of your life. If treatment is not about recognizing, supporting and treasuring independence it is not about much. All this is extremely hard to do if you believe people are basically the diagnosis they are given. You cannot believe the basic truth about someone is the label you put on them and then claim to give them a sense of empowerment in their life.
- **Affirm hope:** Tell people and act like you believe it. It can and does get better for people and you can make it better. It may be slow. There will be problems. But it can and does get better. Life has opportunity for you and is not simply a source of deprivation. Believing in the people you are trying to help is such a basic part of helping. Many professionals are just cynical. They believe in the end people who are "messed up" are likely to stay messed up and it is kinder not to let people get their hopes up too much.
- **Know you have as much to learn as to teach:** If the people you work with have nothing to give you, in the end you will find they believe you have little to give them. Life does not get better when everything is a one-way transaction.
- **Let people know they are safe:** Your intent is to in no way, either spoken or unspoken, diminish them. You don't have a point to make, a battle to win, a position to defend. You are there to help. Period.
- **Tell people they can learn:** Many people think they can't. Tell them it may be slow, sometimes painfully slow, but they can still learn. They are not so impaired, so limited, so stuck that they can't learn to do things differently that will make a difference in their life.

There are probably many other things that you could add to this list. Mental health help is a human interaction and the things that make a human interaction helpful and part of improving the quality of life are the same regardless of the interaction. For many people that I have known or talked to, the things that I have talked about are not their experience of the mental health system.

Sometimes I think we make things way too professional, way too intelligent and way too imposing. Maybe the most important things to know are not just your professional skills and knowledge. Maybe it's just what you know about being a good person to another person who really needs a good person.

**'KICK BUTT'S DAY'****Pays Tribute to Lives Cut Short by Tobacco**

The Department 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 that took place on March 19.

Prior to the event, 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 164 shorts were submitted to the project from all over the state. Judges then narrowed down the selections and named their favorites, which were displayed in Legislative Plaza.

This year, the winners were:

**First place** – Jonathan F., Lighthouse Christian Academy, Antioch

**Second place** – Jhoanna S., Glenclyff High School & International Teen Outreach Program (ITOP), Nashville

**Third place** – B.A., Monroe Harding, Nashville

Along with this event, there were numerous other programs held in cities including Memphis, Knoxville, Greeneville, Erwin, and many others across the state.

According to the Campaign for Tobacco-Free Kids ([www.tobaccofreekids.org](http://www.tobaccofreekids.org)) and the United Health Foundation ([www.kickbuttsday.org](http://www.kickbuttsday.org)):

- 21.6 percent of Tennessee high school students smoke, higher than the national rate of 18.1 percent.
- 24.9 percent of Tennessee adults smoke, higher than the national average of 19.0 percent.
- More than 5,700 Tennessee youth under age 18 become new daily smokers each year.



Members of the Oasis Center youth planning committee stand in front of the “Cig-Regrets: TN Lives Cut Short” booth in Legislative Plaza on Kick Butts Day with TDMHSAS employees (from left) Assistant Commissioner Rodney Bragg, Dennis Berry, and Angela McKinney Jones.

Photo by Abby Whisenant of Oasis Center

- About 18.6 million packs of cigarettes are bought or smoked by Tennessee youth each year.
- It is estimated that 10,000 Tennessee adults die each year from their own smoking, while more than 125,000 Tennessee youth age 18 and younger will ultimately die prematurely from smoking.
- Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined.

For more information about Oasis Center, please go online to

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

## Department Experts Train Nevada Staff on Shield of Care Suicide Prevention Curriculum



Nevada recently became the latest state to implement the Shield of Care suicide prevention curriculum in their juvenile justice system.

To help them implement it, Dr. Jeff Feix, TDMHSAS Director of Forensic and Juvenile Court Services, and Dr. Dustin Keller, Director of the Council on Children’s Mental Health (CCMH) with the Tennessee Commission on Children and Youth (TCCY), traveled to Las Vegas to conduct training.

About 30 people participated in the training from the Nevada Department of Children and Family Services, state and private vendor juvenile justice facilities, and the Clark County Youth Detention Center. These 30 people will then go on to train their staff throughout Nevada’s juvenile justice system.

Meanwhile, West Virginia and Idaho have also participated in train-the-trainer presentations via conference call, and the National Association of State Mental Health Program Directors hosted a webinar for more 300 participants presented by Dr. Feix and Lygia

Williams of the TDMHSAS Office of Crisis Services and Suicide Prevention. Training also has been completed for all Tennessee juvenile justice state facilities and some local detention centers, and TDMHSAS has been contacted by interested parties in nine other states.

The Shield of Care is an evidence-based curriculum tailored specifically to juvenile justice settings grounded in research and direct input from the staff of the Tennessee Department of Children’s Services (DCS) Youth Development Centers. The curriculum trains juvenile justice staff in suicide prevention gatekeeper skills using didactic instruction, workbook exercises, video clips, and small group activities.

It was developed as part of the Tennessee Lives Count (TLC) project, funded by a grant to TDMHSAS from the Substance Abuse and Mental Health Services Administration (SAMHSA) under the Garrett Lee Smith Memorial Act, and implemented in partnership with Mental Health America of Middle Tennessee, Centerstone Research Institute, and the Tennessee Suicide Prevention Network (TSPN).

Training materials and the entire Shield of Care curriculum can be found on the TDMHSAS website at

<http://tn.gov/mental/recovery/shieldcare.shtml>.



## Community News

### Centerstone Officially Opens New Facility to Treat Both Behavioral Health and Physical Health Issues

Centerstone recently celebrated the grand opening of a new outpatient facility in Nashville that will offer integrated behavioral and primary health care services.

TDMHSAS Commissioner E. Douglas Varney was joined by Nashville Mayor Karl Dean, Centerstone CEO Bob Vero, Centerstone of Tennessee Board Chairwoman Janet Ayers, and many others at the grand opening reception of the facility, located on the Dede Wallace Campus. The facility will provide a full continuum of services across the lifespan, including primary care services offered through Unity Medical Clinic.

“We are very excited to open this innovative new healthcare facility and explore a clinical model that connects primary care and behavioral health providers under one roof,” said Dr. Vero. “Being able to continue our legacy on this important property that is deeply rooted in Nashville’s history is incredibly inspiring. We look forward to advancing the treatment and prevention of mental illness and addiction from this new location, and working to ensure the health and wellbeing of our clients’ minds and bodies.”

According to Centerstone, the new 18,090-square-foot facility will include specialty services for children, families, adults, and older adults; 37 clinician offices for counselors, psychiatrists, and nurses; space for specialty programs; group therapy and play therapy areas; and much more. Also, there are numerous outdoor garden areas with bricks from the original building serving as pavers to outline the old facility’s footprint.

For more information, please go online to [centerstone.org](http://centerstone.org).



*Joining TDMHSAS Commissioner Varney at the grand opening celebration of the new Centerstone behavioral and physical care facility located on the not-for-profit organization’s Dede Wallace Campus in Nashville were (from left): Brian Smallwood, partner at Inform Smallwood + Nickle Architects; Debbie Cagle, CEO of Advantage Behavioral Health; Janet Ayers, Board of Directors chairwoman for Centerstone of Tennessee; Dr. Bob Vero, CEO of Centerstone of Tennessee; Nashville Mayor Karl Dean; Michael Bailey, President/CEO of Unity Physician Partners; Jack Wallace, Board of Directors chairman for Centerstone Foundation; and David C. Guth Jr., CEO of Centerstone of America.*

*Photo by Chad Driver of Centerstone*

### Memphian Edward Johnson receives TCCY Youth Excellence Award



*Edward Johnson of Memphis recently received the TCCY 2014 Youth Excellence Award.*

Just Care Family Network (JCFN) is pleased to announce that Edward Johnson of Memphis received the 2014 Youth Excellence Award presented by the Tennessee Commission on Children & Youth (TCCY).

Johnson was recognized at the Annual Children’s Advocacy Days on March 11 in Nashville. The award, open to youth across the state, recognizes and celebrates young adults who are currently involved in bettering the lives of at-risk youth.

During his teen years, Johnson repeatedly interfaced with the juvenile justice system and was frequently removed from school – suspended or expelled. However, working through JCFN, the children’s mental health System of Care program in Memphis, he is now studying social work at Lemoyne Owen College, serves as a mentor and spokesperson for the program, and is a youth leader.

“We are all so proud of Edward and his accomplishments. He worked hard to overcome the challenges facing him from an early age,” said Dr. Altha Stewart, JCFN Executive Director. “Now he serves as a great reminder of how resilient our youth are when provided the tools and supports needed to recover from whatever they are facing. And it shows that being ‘at-risk’ does not have to be a predicator of a negative outcome when the family and community can offer the ‘protective factors’ that are a part of the System of Care work done by Just Care Family Network.”

A department of Shelby County’s Division of Community Services, Just Care Family Network is a federally funded grant program through Substance Abuse & Mental Health Services Administration, administered by the Tennessee Department of Mental Health and Substance Abuse Services. Learn more at <http://www.shelbycountyttn.gov/justcarefamilynetwork>.

## Community News

### Just Care Family Network to Receive Award for Advancing Minority Mental Health

In related news, the American Psychiatric Foundation (APF) recently announced that the Just Care Family Network has been selected to receive an American Psychiatric Foundation Award for Advancing Minority Mental Health for 2014.

According to APF, the award “was established to recognize mental health professionals and mental health programs that are undertaking special efforts to increase public awareness of and secure quality and comprehensive mental healthcare for underserved minorities.”

Presentation of this award will be made during the American Psychiatric Association annual meeting in May in New York City.

### Sexual Assault Center of East Tennessee, Helen Ross McNabb Center Merge

It was announced earlier this year that the Sexual Assault Center of East Tennessee (SACET) and the Helen Ross McNabb Center would officially merge operations on Jan. 1.

Founded in 1973 as the Knoxville Rape Crisis Center and currently serving 15 counties, the mission of the SACET is to provide excellent and compassionate services for victims and survivors of sexual assault and to empower communities through education and social change. SACET has four program areas, which include

forensic nursing, advocacy, therapy and prevention education.

The Helen Ross McNabb Center provides crisis services for individuals experiencing domestic violence, substance abuse, and/or psychiatric crises, and also provides emergency shelter for individuals in crisis situations.

SACET will be recognized as a service of the Helen Ross McNabb Center. The ultimate goal of the merger is to increase and strengthen services for individuals and families during crisis situations and to seamlessly connect those individuals to quality support and after care services.

For more information, visit [www.mcnabbcenter.org](http://www.mcnabbcenter.org) or call (865) 637-9711.

### Andy Black Retires as Helen Ross McNabb Center CEO



*Andy Black*

Andy Black, the CEO of Helen Ross McNabb Center in Knoxville, has announced his plans to retire, effective June 30.

To replace him, the Board of

Directors voted to name Jerry Vagnier, who has been serving as President since 2013, as the new CEO. He has been with Helen Ross McNabb Center for 26 years, starting as a social worker, providing direct care to children and adolescents. He has since held a number of clinical management positions before moving



*Jerry Vagnier*

into administrative roles.

When Black was named CEO in 2003, Helen Ross McNabb Center served about 7,000 children and adults. Last year, it served about 20,000 individuals in 21 East Tennessee counties.

The Helen Ross McNabb Center is a not-for-profit provider of behavioral health services in East Tennessee. Since 1948, the Center has provided quality and compassionate care to children, adults and families experiencing mental illness, addiction and social challenges. As the Center celebrates 65 years of providing services to communities in East Tennessee, its mission remains clear and simple: “Improving the lives of the people we serve.”

For more information, visit [www.mcnabbcenter.org](http://www.mcnabbcenter.org) or call (865) 637-9711.

### Tennessee Voices for Children names Rikki Harris new Executive Director

Tennessee Voices for Children (TVC) has announced that Rikki Harris will become the organization’s third Executive Director as of Feb. 3, 2014.

While Rikki has served TVC well in the position of Director of Development and Marketing, it is her prior six-year experience in management as Director of Child and Adolescent Services at a community mental health center in Ft. Worth, Texas, that provides her with a solid foundation to lead the organization in today’s fast-changing healthcare environment, said Dick Blackburn, president of the TVC Board of Directors.



# COMMISSIONER'S CORNER



## **Lesla Hall becomes Interim Assistant Superintendent at MTMHI**

Middle Tennessee Mental Health Institute (MTMHI) is proud to announce that Lesa Hall is the new Interim Assistant Superintendent, Quality Management Services.

Lesla began her career in nursing in 1997 by working as a staff nurse at MTMHI. In 2002, she transferred to Quality Management Services in the position of Performance Improvement Coordinator and was later promoted to Standards and Compliance Coordinator, a position she held until this appointment.

Prior to her work at MTMHI, Lesla worked as an Emergency Child Protective Services Social Worker for the State of Tennessee and a Federal Officer for the Department of Treasury.

Lesla received her Bachelor of Arts degree in Psychology and Public Relations from Western Kentucky University and, in 1996, her Associate's Degree in Nursing. She is currently pursuing her master's degree in Nursing (with a concentration in Administration) from Austin Peay State University.

Lesla is an avid reader who enjoys incorporating her reading into her other activities, whether it be traveling with her husband, Chris, or spending time outside with her pets.

## **Pair join Office of Statewide Systems of Care**

The TDMHSAS Office of Statewide Systems of Care is excited to announce the recent arrival of Keri Virgo, Project Director for the SOC Expansion Initiative, and Kisha Ledlow, Statewide Technical Assistance Coordinator and Grants Manager.

Keri comes from Ft. Wayne, Indiana, where she most recently worked as the Total Quality Coordinator with Park Center, a community mental health center. She holds degrees in Public Management, Psychology, and Criminal Justice and is working on completion of her dissertation for a Psy.D. in Organizational Psychology.

Kisha is a Tennessee native and graduate of Middle Tennessee State University with a Master of Arts in Sociology. She worked most recently with the Early Connections Network, an SOC demonstration initiative, in Clarksville, as Technical Assistance Coordinator. She was also a member of various community committees focused on improving children's mental health throughout Tennessee.

## **Lori Minor becomes Nurse Executive at MMHI**

Memphis Mental Health Institute (MMHI) is pleased to announce that Lori Minor, RN, MSN, MSHSA, has joined the staff as the facility's Nurse Executive.

Lori's educational background includes a Master of Science in Nursing Management and Leadership and a Master of Science in Health Service Administration. She has practiced as a nurse since 1999, holding various positions of leadership and management in Nursing Services.

She brings to MMHI a wealth of experience from throughout the United States, including stints with Kaiser Permanente Hospital in Honolulu, Hawaii; University Community Hospital in Tampa, Florida; Memorial Hospital of Gulfport, Mississippi; and The Regional Medical Center in Memphis.



## **Prevention Specialist joins Division of Substance Abuse Services**

The TDMHSAS Division of Substance Abuse Services, Office of Prevention Services, is pleased to announce the addition of Kendyle Lofton as a Prevention Specialist providing support for two federally funded projects.

Kendyle comes to the Department from Alabama, where she earned a Bachelor of Business Administration degree, concentration in Marketing, and a Master of Science Management degree, concentration in Health Care, from Troy University.



### **New Website for Families**

As part of the Governor's Children's Cabinet, TDMHSAS is proud to announce [kidcentraltn.com](http://kidcentraltn.com), a one-stop shop for Tennessee families to connect with important information and resources provided by state departments.

Along with tons of articles and information relating to health, education, development, and support, [kidcentraltn.com](http://kidcentraltn.com) features a comprehensive directory of state-operated and state-funded services for children and families.

And if you have a smartphone, check out the new Mobile App with some great features!



## Mission Statement

The mission of the Tennessee Department of Mental Health and Substance Abuse Services is to plan for and promote the availability of a comprehensive array of quality prevention, early intervention, treatment, habilitation and rehabilitation services and supports based on the needs and choices of individuals and families served. For more information, visit [www.tn.gov/mental](http://www.tn.gov/mental).

## Regional Intervention Program (RIP) Continues to Help Children, Families

A number of parents involved with the Regional Intervention Program (RIP) in Nashville shared powerful testimonials about how RIP has helped their family during a recent event at the facility.

“Early intervention at RIP powerfully impacted my daughter’s behavior, both at home and at daycare,” said Meredith Benton, current RIP parent and employee at the Tennessee Department of Environment and Conservation. She added that at RIP she found “practical concrete strategies that resulted in substantial behavior changes in a matter of weeks.”

Funded by TDMHSAS, RIP is designed for the early treatment of children with moderate to severe behavior disorders and has been serving families with young children since 1969. It is an internationally recognized parent-implemented program in which parents learn to work directly with their own children. The program is available to families in which there are concerns regarding a young child’s behavior and is coordinated by professional resource staff members.

“People think that RIP is for only the most extreme cases of ‘bad’ behavior in children. But RIP is truly a place for anyone who needs help parenting,” said former RIP parent Katherine Echerd, a mother of three. “Before RIP I felt my parenting was ineffective and I was full of guilt all the time, thinking I wasn’t making the best decisions for my children. Now that is not the case. I feel empowered as a parent and equipped with the strategies and resources that RIP provided our family.”

Along with the main facility in Nashville, there are RIP Expansion Sites located across the state in Clarksville, Cleveland, Columbia, Franklin, Gallatin, Johnson City, Kingsport, Knoxville, Memphis, and Murfreesboro. For more information about RIP, please call (615) 963-1177 or go online to [ripnetwork.org](http://ripnetwork.org).



**Tennessee Department of Mental Health and Substance Abuse Services**

## Update

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