

TDMHDD Update

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FALL 2008

State Awarded \$9 Million for Mental Health Services in Shelby County

The Tennessee Department of Mental Health and Developmental Disabilities received a grant of \$9 million from the U.S. Substance Abuse and Mental Health Services Administration to implement a coordinated system of care for children and youth in Memphis and Shelby County over the next six years, called the JustCare Family Network. Effective September 30, 2008, the grant is a result of the partnership among TDMHDD, Tennessee Voices for Children, JustCare for Kids, Dr. Leon Caldwell with Rhodes College, and Comprehensive Counseling Network (Frayser Millington Mental Health Center).

The focus of a system of care program is to foster the collaboration between state and local agencies, schools, and families and to provide appropriate mental health services and supports for children and youth with serious emotional disturbances in order for them to function more effectively at home, in school, and within their community.

“It is so important that we give Tennessee’s young people the support they need to thrive in school and the community,” said Governor Phil Bredesen. “This funding will help families, schools and community agencies work together to build relationships that will benefit the child as they learn to live with their mental illness.”

“The JustCare Family Network will offer an effective approach to delivering mental health services and system transformation through an enhanced culturally competent, family-driven and coordinated system of care,” stated TDMHDD Commissioner Virginia Trotter Betts. “The close working relationship, a true partnership among all parties involved, allowed us to receive these funds that will benefit one of

Tennessee’s most vulnerable populations—children and youth. Without the strong collaboration illustrated here this achievement would not have been possible.”

The Network anticipates serving 450 children and youth with SED ages 5 to 19 residing in Memphis and Shelby County. One of the program’s goals is to reach the disproportionate number of African-American youth in the juvenile justice system with undiagnosed, untreated mental health needs.

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“Our vision for this system of care began eight years ago when Memphis Shelby County Juvenile Court called the community together to address the large numbers of youth with undiagnosed mental health needs who, instead of getting the help they needed, were winding up at juvenile court. This grant will develop a service infrastructure that will empower caregivers, youth, and families with knowledge, skills, resources and support they need for their children and youth to be successful in their

everyday lives and keep them out of the juvenile justice system,” said Jeune Wood with JustCare for Kids.

The Network seeks to achieve the following goals for children and youth with SED residing in Memphis and Shelby County: decrease the incidence and length of stay in placements outside the home; increase access to a broad array of services; improve clinical, academic, and behavioral functioning; decrease parent stress; and implement and infrastructure of family-driven and culturally competent services.

“This specific system of care provides comprehensive services that

MENTAL ILLNESS AWARENESS WEEK

“Recovery in Action”

In 1990, Congress designated the first full week of October as Mental Illness Awareness Week (MIAW). This is a time that mental health consumers and providers take time to engage in activities to increase and promote mental illness awareness. The purpose of these activities includes promoting wellness in terms of an individual’s mental health and attempting to dispel myths and fight the stigma that people with mental health diagnoses encounter every day.

This year’s theme for MIAW at TVHS was “Recovery in Action” which was meant to recognize the efforts of veterans in their personal efforts of their own individual recovery in mental health.

In recognition of MIAW, the following activities took place at TVHS in an effort to raise awareness of mental health issues:

“Recovery in Action” Recognition Awards - Recognizing veterans in their personal triumphs and challenges in their personal Recovery and

“Work and Mental Health,” a program for both veterans and staff which featured Rod Bragg, TDMHDD director of planning and development, Cathy Houser, Center on Disability and Employment, Scott Hardie, TVHS Supported Employment Program, as well as a veteran's perspective on dealing with personal challenges. ■

September IS NATIONAL Alcohol AND Drug Addiction Recovery Month

Event to be Held on Shelby Street Bridge to Celebrate Tennesseans in Recovery

September is National Alcohol and Drug Addiction Recovery month. The Tennessee Department of Mental Health and Developmental Disabilities and the Alcohol and Drug Council of Middle Tennessee are joining together to recognize all Tennesseans who are currently in recovery from past drug and alcohol abuse and those who are working toward recovery. Alcohol and drug addictions are serious chronic illnesses that require focused attention and treatment regimens. With proper treatment and supports, recovery is certainly possible for all persons facing the illness of drug and alcohol abuse. “Alcohol and drug addictions have devastating health and societal consequences, and Tennesseans are certainly not immune to these serious health problems,” said TDMHDD Commissioner Virginia Trotter Betts. “Recovery Month provides an opportunity to highlight the benefits of treatment and encourage people with drug and alcohol abuse issues to begin their journey of recovery—a journey that leads to sobriety, productivity and much hope and fulfillment.”

The 2008 Recovery Month theme, “Real People, Real Recovery” recognizes the impact that real people and real

stories can have on the hope and achievement of personal health. Recovery month celebrates those who have worked to advance the treatment and recovery landscape and applauds the gains made by those in recovery from alcohol and drug abuse. Communities are encouraged to support activities to enhance prevention and treatment of substance abuse and to improve all local residents' access to a continuum of recovery services.

“At least one in 10 Tennesseans suffer from addiction,” stated to Mary McKinney, Executive Director of the Alcohol & Drug Council of Middle Tennessee. “Each person who suffers from addiction impacts everyone in their lives---family, friends, co-workers, etc. The good news is that there IS hope and that recovery is attainable. Addicts and their families do not have to suffer in silence or feel shame or guilt over this disease.”

Sponsored by the A&D Council of Middle Tennessee, “A Bridge to Recovery” is an event supported by TDMHDD and the Substance Abuse and Mental Health Services Administration. On Saturday, September 27, beginning at 1:30 p.m. on the Shelby Street Bridge in Nashville, individuals are encouraged to gather on the bridge for a brief ceremony, followed by a 3-block Recovery Walk to the Country Music Hall of Fame Park in support of their recovery or the recovery of a friend or family member. At the park, speakers will engage the audience with their personal stories, recovery music will be provided live by Jackie Jefferson, and refreshments will be served.

Please visit www.admct.org for information on Nashville’s National Alcohol and Drug Addiction Recovery Month event. For additional resources and mental health and substance abuse information, please visit www.state.tn.us/mental. ■

Division of Alcohol and Drug Abuse Services Holds Open House

The Division of Alcohol and Drug Abuse Services (DADAS) held an open house on Friday, September 26, 2008. Over 100 visitors from across the state had the opportunity to talk with staff, learn about the various services provided by the division, and follow a designated “path of recovery” through the office which displayed interesting facts about alcohol and drug abuse services throughout the history of Tennessee. It was a chance for not only staff and providers, some traveling from East and West Tennessee, to come together for an afternoon of conversation and refreshments, but it was also an opportunity for other departments in the state to stop by and see the great work the division is doing.

Members of the Tennessee Access to Recovery (ATR) project pose at the DADAS Open House. Pictured from left to right: Dedee Hayes, Michael Smith and April Stewart



The open house was planned to coincide with Recovery Month. Nashville, Tenn. – On October 23, 2008, The Mental Health Cooperative Inc. held a symposium titled Evidence Based Treatment of Co-Occurring Disorders. Commissioner Virginia Trotter Betts gave the opening remarks for the event that brought over 60 participants from across the state. ■

– HAPPENINGS –

McNabb Center Offers Free Help for Problem Gambling

CenterPointe Addiction Services of the Helen Ross McNabb Center is offering free clinical services to individuals and families who are suffering from the destructive effects of gambling addiction.

CenterPointe is offering individual counseling, group counseling, and family therapy for people who are, or know someone who is struggling with a gambling addiction. In addition, the CenterPointe staff is available to provide informational meetings to individuals and organizations in the community about the warning signs and symptoms of problem gambling.

For more information on the free gambling addiction services or to schedule an informational meeting, please call 865-523-4704 ex. 3421. ■

On September 18, 2008, Windsor Medicare Extra hosted a behavioral health forum titled Integrating Mental and Medical Health Services. Pictured left to right are keynote speakers Kathy Wood-Dobbins, CEO, Tennessee Primary Care Association; Jay Harrington, Ph.D, vice president of special needs plans, Windsor Medicare Extra; and James A. Greene, M.D., professor and chair, department of psychiatry, University of Tennessee at Memphis. Windsor is one of only two health plans in the nation contracted with the Centers of Medicare and Medicaid to provide services to Medicare beneficiaries with mental health conditions. (Photo by Amanda Woodhead/Released) ■



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Pictured from left to right are Bob Murray, M.D., Chief Medical Officer of Cumberland Heights and Clinical Assistant Professor of Psychiatry at Vanderbilt University and presenter; Ken Horvath, MS, LADAC, TDMHDD, Coordinator of the Office of Co-Occurring Disorders; and Alan Lynch, M.D., Chief Medical Officer of The Mental Health Cooperative Inc. and Clinical Assistant of Psychiatry at Vanderbilt University and presenter. ■

COMMISSIONER'S CORNER

September: Suicide Prevention Month

What Can Be Done to Promote Early Intervention to Prevent Suicide?

By Virginia Trotter Betts

On July 28, 1999, an imperative to prevent suicide in the United States was unveiled by Surgeon General David Satcher. The document, entitled The Surgeon General's Call to Action to Prevent Suicide, outlines more than a dozen steps that can be taken by individuals, communities, organizations, and policymakers. While working closely with Dr. Satcher during this time, I had the opportunity to play a key role in developing that report. I am proud to say that Governor Bredesen, the Tennessee Department of Mental Health and Developmental Disabilities and our fellow Tennesseans have worked hard in recent years to implement many of the recommendations of that pioneering action report.

Tennessee's suicide prevention initiative began with the development of eight regional networks statewide that make up the organization, the Tennessee Suicide Prevention Network. Their work is based upon The National Strategies for Suicide Prevention.

The state has augmented its prevention efforts by assisting the Jason Foundation in providing school-based suicide prevention curriculums throughout Tennessee as well as cosponsoring the biennial National Suicide and the Black Church Conferences in Memphis, with the next scheduled for 2009. The state also supports several school-based mental health curriculums that are geared toward helping youth and young adults better understand mental illness and how to use local resources that are available across the State to attain mental health.

TDMHDD is the federal grant recipient for the Tennessee Lives Count project, which over the past three years provided Gatekeeper Training to more than 16,000 adults who work with high risk youth. The public service announcement for the TLC project has reached more than 500,000 people on a monthly basis and has resulted in a doubling of calls to the National



A symposium on suicide prevention was held on September 18 and 19 at the Millennium Maxwell House in Nashville. Community leaders and advocates from across the state gathered in recognition of 10 years of suicide prevention initiatives in Tennessee. Quilts were displayed in honor of Tennesseans who took their lives.

Suicide Prevention Lifeline. TLC has also worked with the Department of Education to place a suicide prevention mouse pad in each public middle and high school technology lab to provide students with suicide's warning signs and help-seeking resources in a youth-friendly format.

Suicide prevention is a priority in Tennessee for many reasons: suicide is the third leading cause of death among youth and young adults ages 15-24 in Tennessee as well as the entire nation; the rate of suicide in Tennessee is 14.4 per 100,000 individuals, higher than the national average of 11.0 per 100,000 individuals; and Tennessee's suicide rate ranks 13th in the nation. We need to change these numbers significantly and quickly!

State Awarded \$9 Million...cont.

recognize the diverse cultural practices of families in Shelby County,” remarked Dr. Leon Caldwell with Rhodes College. “This is a great opportunity for us to learn from the youth and their families valuable ways to promote healthy behaviors and deliver effective service.”

Tennessee currently has an additional system of care in Columbia, Tennessee. The MuleTown Family Network is in its fourth year of providing a system of care for children, youth, and their families in Maury County. Tennessee’s initial system of care was in Metro Nashville from 1999 to 2006. ■

COMMISSIONER’S CORNER...cont.

Suicide is the leading cause of violent death worldwide, above homicide and death due to natural disasters. Suicide does not discriminate by gender, economic status, race, or ethnicity. In 90 percent of instances, suicide is the result of unrecognized, untreated or poorly treated mental illness or substance abuse disorders. The majority of those who die by suicide have seen a primary health care provider in the month prior to their death. Suicide can be said to be the terminal outcome of untreated serious mental illnesses.

In order to address this serious and deadly public health problem, we need to continue our efforts in Tennessee and vigorously promote early intervention through mental health education and awareness. Suicide can be prevented, but Tennesseans need to more thoroughly educate themselves about mental health and mental illness in order to seek early, effective, and needed help for themselves or their loved ones. Behavior changes in a loved one should never be dismissed. If more information and resources are needed, call 1-800-273-TALK (8255) 24 hours a day, seven days a week.

I am proud of all we have accomplished in this state, but much more needs to be done. By working together, we can save the lives of our fellow Tennesseans—our family, neighbors, co-workers, and friends. ■

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