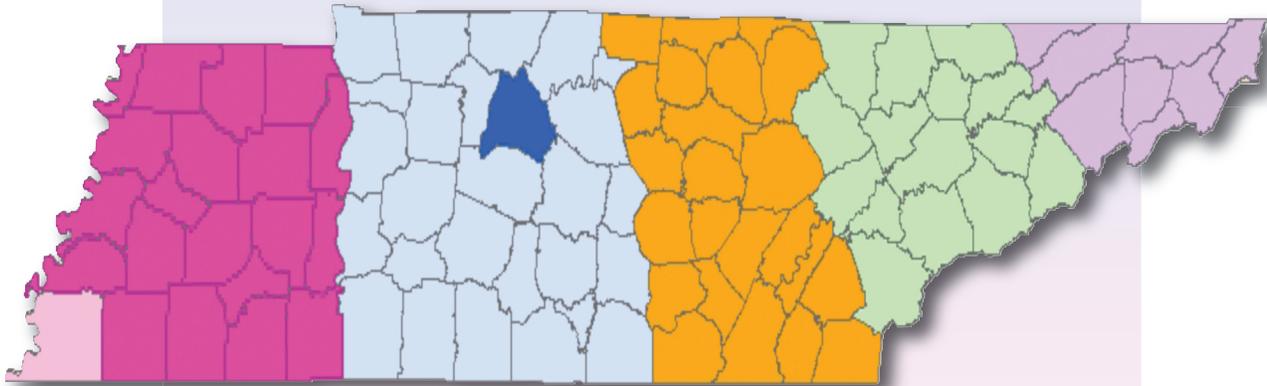


Best Practices



Behavioral Health Guidelines for Children and Adolescents from Birth to 17 Years of Age

**Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)
Division of Planning, Research, & Forensics in collaboration with the
Division of Clinical Leadership**

FEBRUARY 2013

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No pharmaceutical funding was used in the preparation and/or maintenance of these guidelines.

**Tennessee Department of
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Substance Abuse Services**

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Persons with a hearing or speech disability should dial 711 for access to Telecommunications Relay Services (TRS). This will allow them to use text telephone (TTY) or another device to call persons with or without such disabilities. ***In the event of an emergency***, TTY users should call 911 directly.

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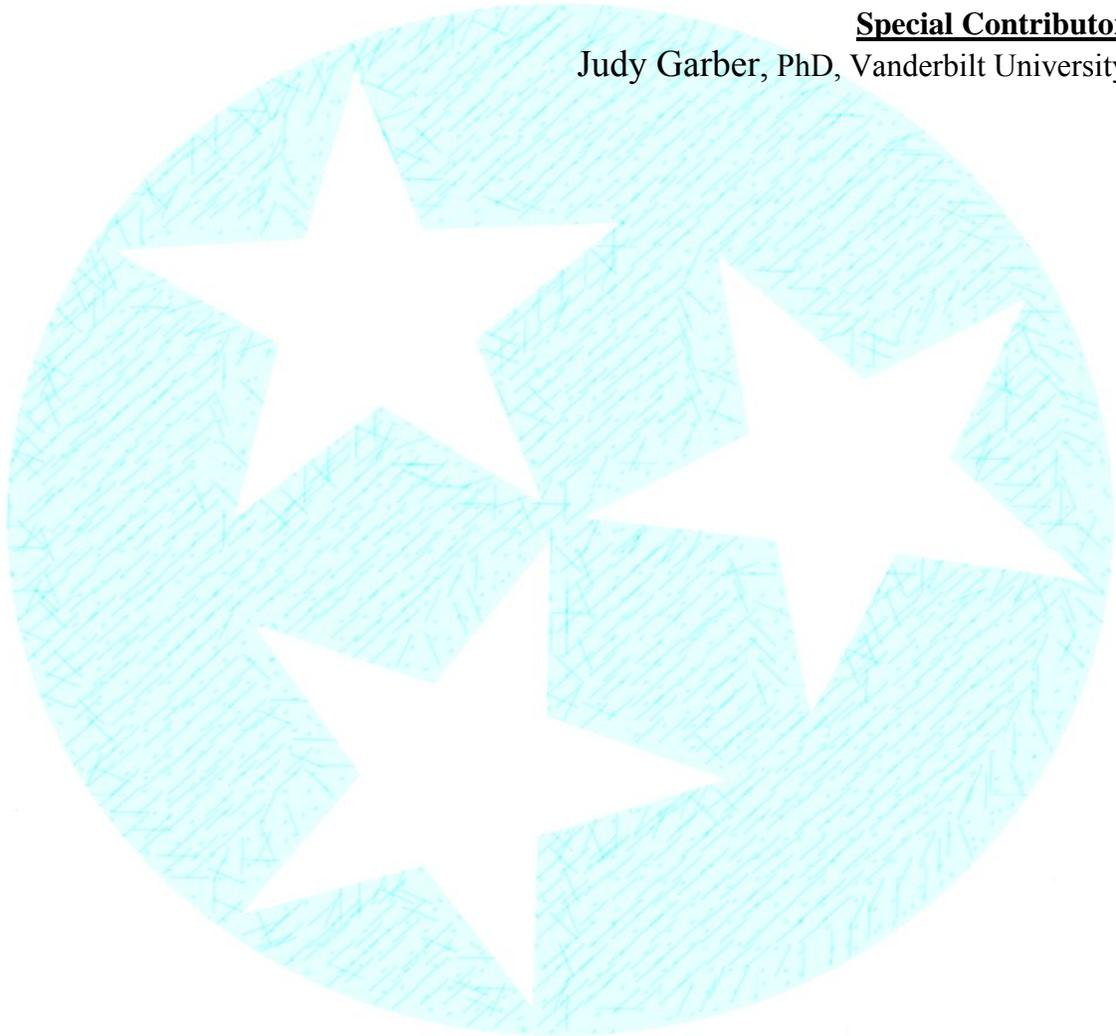
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TDMHSAS BEST PRACTICE GUIDELINES

Introduction

Welcome to the 2013 revision of *Tennessee's Best Practice Guidelines to Behavioral Health Services for Children and Adolescents: Birth to 17 Years of Age*. Revision of these guidelines has been a labor of love by some of the most selfless experts in the state. They have given not only of their expertise, but of their time in providing the best available resources on working with children and adolescents with behavioral health issues.

This revision project began at the request of Commissioner Doug Varney and Deputy Commissioner Marie Williams. At the time of the request, the most recent best practice guidelines document was a 2008 update. Edwina Chappell was asked to spearhead development of the revision.

An Advisory Group was formed to identify the focus for these guidelines. Leadership from the Tennessee Department of Children's Services (TDCS), the Tennessee Department of Health (TDH), the Tennessee Association of Mental Health Organizations (TAMHO), East Tennessee State University's Center of Excellence, the Bureau of TennCare, and various divisions of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) provided direction and recommendations for workgroups that would develop the core of these guidelines.

A total of 19 workgroups were formed. Representatives came from all walks of the behavioral health community: professors from institutions of higher education, executives and staff from managed care organizations, staff affiliated with community mental health and substance abuse service organizations, behavioral health professionals in private practice, and individuals with behavioral health diagnoses, as well as personnel from various state departments. Workgroup members were further representative of the three grand regions of the state—East, Middle, and West. Each workgroup selected a chairperson to lead the group and ensure a finished product.

There are several new sections in these 2013 guidelines. Among them are *Infant and Early Childhood Mental Health*; *Trauma-Informed Care*; *Children in Child Welfare*; *Children and Adolescents with Mental Health and Physical Health Disorders*; *Children and Adolescents Who Identify as Lesbian, Gay, Bisexual, Transsexual, Transgendered and Gender Nonconforming*, or *Questioning*; and *Medication Safety*. Sections on youth with sexual behavior problems have also been expanded to include children as well as adolescents. The *Best Practices* section is more detailed too.

TDMHSAS has oversight for and/or handles contracts for many programs across the state that deliver behavioral health services to children and adolescents and/or their families. Brief overviews of those programs are included in the guidelines.

The intent of the guidelines is to inform and educate child-serving professionals in the state, promoting high quality behavioral healthcare aligned with evidence-based and/or evidence-informed practices. These guidelines maintain their clinical focus by delineating best practice when working with young people who have specific mental health and/or substance use

disorders. In addition, screening tools that can be printed and/or downloaded for use by appropriate staff are again incorporated in the document.

Because the guidelines precede publication of the DSM-5, diagnostic criteria for disorders follow the DSM-IV-TR. Workgroups preparing guidelines for disorders in which changes were proposed have either included those changes or at least referenced them based on the information available at the time of writing. ***Users of these guidelines are encouraged to review the official DSM-5 product for current diagnostic criteria, once it is published and available.***

A draft version of the guidelines was distributed for review to the TAMHO Children & Youth Section, Managed Care Organizations (MCOs), and the Advisory Group, which includes representation from TDMHSAS, the Bureau of TennCare, the Tennessee Department of Children's Services (and Centers of Excellence), and the Tennessee Department of Health. Final review and approval were provided by executive staff of the TDMHSAS. The guidelines can be downloaded as a complete PDF or Word document or in sections.

We hope you find these best practice behavioral health guidelines useful. All contributors have worked diligently to ensure that this product provides relevant information and education for Tennessee professionals who deliver behavioral health services to children and adolescents that range in age from birth to 17 years. Direct questions or comments regarding this product to (615) 741-9476 or edwina.chappell@tn.gov.

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