TDMHSAS Update
TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
VOLUME 15, NO. 6 AUTUMN 2012

NATIONAL MENTAL ILLNESS AWARENESS MONTH: "Changing Attitudes, Changing Lives"

Awareness Week is October 7-13

The month of October has been designated "National Mental Illness Awareness Month" with the objective of educating the public about mental illnesses so that they can seek treatment for themselves or family members, and, through education, reduce the stigma and discrimination that people with mental illnesses are often subjected to, affecting their ability to maintain jobs and relationships.

In 1990, Congress established the first week of October as Mental Illness Awareness Week (MIAW) in recognition of the efforts of the National Alliance on Mental Illness (NAMI) to raise awareness. Since 1990, mental health advocates across the country have joined together during the first full week of October to sponsor many activities. The theme this year is "Changing Attitudes, Changing Lives."

Online at nami.org, you can access a "MIAW Idea Book" full of suggested activities that can be incorporated into planning for the fall. Stickers, posters and a web banner to use online or in documents are available for download in English and Spanish. A wide array of technical assistance is available from NAMI's state organizations and affiliates. Call (877) 387-6938 if you have questions.

Also, the **National Day of Prayer for Mental Illness Recovery and Understanding** is planned for Tuesday, Oct. 9. Special resources for outreach to faith communities also can be downloaded online at http://www.nami.org/template.cfm?section=Mental_Illness_Awareness_Week to access materials and to learn more about this important awareness month.

Mental Illness Awareness Facts

An estimated 400 million people worldwide suffer from mental or neurological disorders or psychosocial problems. These include disorders related to alcohol and drug abuse. Facts about mental health:

- About half of mental disorders begin before age 14, with about 20 percent of the world's children and adolescents estimated to have mental disorders.
- War and other major disasters contribute to the causes of mental health disorders.
- Mental health disorders are among the most well-known and treatable causes of suicide.
- Discrimination against people with mental disorders prevents many from seeking mental health care.

CONSUMER CORNER

"Back on His Feet"

After spending time in jail and on the streets, William Booher credits Kings Mountain Supportive Housing center for helping him.

Special to TDMHSAS; reprinted with permission from the Bristol Herald Courier

Although part of this story takes place in Virginia, the town of Bristol, Tenn., has a Main Street dividing its citizens and businesses between Tennessee and Virginia.

William Booher

The individual in this story spent a great deal of his life living on the streets of both states. The Bristol Herald Courier has an office in Virginia and prints in Tennessee. Obviously, the citizens are well-versed in cooperative living.

Over the past three years, William Booher has gone from living in a prison cell to the streets to more stable housing. He recently took the next step, moving into public housing, a place of his own that represents a ray of light into life's dark corners. He credits his turnaround largely to the Kings Mountain Supportive Housing center.

To read more, go online to: http://www2.tricities.com/news/2012/apr/22/homeless-place-his-own-ar-1859453/.

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Department Awarded 4-Year, $4 Million Grant to Expand Systems of Care for Children & Families Statewide

The TDMHSAS Office of Children and Youth (OCY) has been awarded a four-year, $4 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) effective October 1.

The funding will be used to implement a comprehensive strategic plan for a statewide System of Care (SOC) for children and families that is, according to the grant proposal written by OCY Director Susan "Sukey" Steckel, "family-driven, youth-guided, community-based, and culturally and linguistically competent." The statewide SOC expansion hopes to build on existing infrastructure and state/local partnerships; leverage current local, state, and federal funding streams; and increase families' access to mental health services and supports that adhere to the System of Care philosophy.

The Department was one of just 15 states to be given the award in what was described as a very competitive process.

Consumer Corner…cont.

TDMHSAS Helps Consumers Find Housing and Recovery Classes

For additional information, visit the Office of Housing, Homeless & Suicide Prevention Services at http://tn.gov/mental/recovery/housinghomeless.html and click on the "Creating Homes Initiative (CHI)" link to learn more. You can also link to www.recoverywithinreach.org, a website that offers help with recovery from mental illness and substance abuse disorders. This site includes a searchable index of service providers in your ZIP code. You can request a *Help with Recovery* brochure to help navigate the site by sending an e-mail to the TDMHSAS at OCA.TDMHSAS @tn.gov or by calling the Office of Consumer Affairs at (800) 560-5767 (8 a.m. to 4:30 p.m., Monday through Friday).

Tennessee National Guard Soldiers Face an Unseen Enemy

Collaborative Effort Provides Ongoing Support and Service

By Jim Robbins, TDMHSAS Veterans Affairs Liaison, Division of Substance Abuse Services

According to an initial assessment report by the Institute of Medicine[1], with sponsorship of the U.S. Department of Defense, "of the 2.6 million service members deployed to Iraq and Afghanistan, it's estimated that 13 percent to 20 percent[2] have symptoms of" Post-Traumatic Stress Disorder (PTSD).

At present, the Tennessee National Guard comprises 14,000 soldiers (10,000 Army National Guard and 4,000 Air National Guard). Sixty percent of Tennessee Army National Guard soldiers have been deployed; of those, 70-80 soldiers per year have presented with signs of PTSD. A further 2 percent, or about 200 soldiers, have presented with substance-abuse issues, and it is estimated that the percentage of substance abuse is much greater. Based on the assessment percentages, it is conceivable that 780-1,200 Tennessee soldiers are likely to present with symptoms of PTSD, of which an undetermined number are likely to develop substance abuse issues in addition to those soldiers already diagnosed.

With that information in hand, the Tennessee National Guard's J9[3], the TDMHSAS[4], the Tennessee Associations of Mental Health Organizations (TAMHO), and the Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS) have joined together to identify solutions to anticipate issues the soldiers presently and in the future will face.
In recent meetings, the team has developed a strategic plan that addresses known concerns. One concept is the development of a simplified approach to address critical issues in the outlying rural Tennessee National Guard units. This approach includes training key unit non-commissioned officers (NCOs) as to the signs of PTSD and/or substance abuse that a soldier may exhibit. Such an approach relative to intervention and prevention allows for recognition of a pending issue before a soldier takes action that may be harmful to themselves, others, or their career.

This is just one of the strategic elements the team is considering for immediate implementation. Colonel Patricia Jones, director of J9, summed up the importance of the multi-agency collaborative effort by saying: "Guard and Reserve service members are citizen soldiers, a slice of the community. We and our families are geographically dispersed, living in every ZIP code, instead of on or near a military base with all the services readily available. We typically utilize health care providers within the local community. This collaboration is imperative; it will insure the J9 team knows about the behavioral health resources available to the citizen soldiers throughout this great state. Together we will get critical assistance to service members who are adjusting to the normal trauma associated with separation and the experience of war."

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[1]Freking, Kevin. *Panel calls for annual PTSD screening for soldiers returning from Iraq, Afghanistan*. Associated Press. Posted: 07/13/2012 05:34:04 PM MDT. Click on the link to read the complete assessment: http://iom.edu/~/media/Files/Report%20Files/2012/PTSD-Initial-Assessment/PTSD_I_RB.pdf

[2]Note: The 13-20% range stated equals about 338,000-520,000.

[3]J9 is the Tennessee National Guard Military & Family Readiness Operations

[4]Assistant commissioners Sejal West and Rod Bragg are heading up the department's role in the effort.

Unseen Enemy…cont.

> *"In an unbroken line of valor stretching across more than two centuries, our veterans have charged into harm's way, sometimes making the ultimate sacrifice, to protect the freedoms that have blessed America. Whether Active Duty, Reserve, or National Guard, they are our nation's finest citizens, and they have shown the heights to which Americans can rise when asked and inspired to do so."*
>
> *—Jade Walker, ABC News Network*

Other recent initiatives by the team include:

- Community focus regarding deployment concentrations and where to best focus resources
- REDLINE resources relative to alcohol and drug use
- Additional unit education and training to support soldiers to include alcohol and drug definitions
- Creation of a Decision Tree to include steps for intervention and levels of care available
- Modification of CIT training for mental health
- Mental health first aid training for NCOs
- Post Deployment Health Screenings monthly at Smyrna and Milan
- Review of evaluation methodology in an effort to improve assessment data of soldiers with issues, which is critical to providing appropriate follow-up
- Remove the barriers associated with the stigma of self-reporting – the message that needs to be conveyed is that asking for help is a sign of individual strength
- For soldiers with positive Screening, Brief Intervention, and Referral to Treatment (SBIRT) indicators, provide immediate, brief intervention with the soldier
- Ongoing communication for sharing of resources

Meanwhile, active J9 programs include:

- Guard your Buddy
- Family Assistance Specialist
- Employer Support of the Guard/Reserve
- The Job Connection Education Program
- Chaplin
- Director of Psychological Health (DPH)
- Military & Family Life Consultants (MFLC)

Within the first month of its formation, the team has met twice, and the momentum relative to addressing these key issues is very positive.

While Tennessee National Guard soldiers are eligible for some assistance from the U.S. Department of Defense and U.S. Department of Veterans Affairs, the reality is that National Guard soldiers often have limited access to assistance programs at the federal level based on entitlement regulations. In that regard, joint initiatives to maximize available resources at the state level are imperative.

In support of J9's efforts, the team has made available the necessary personnel to provide a positive impact as the issues are about saving lives. Each soldier represents a family and lives in the communities where they are our neighbor or co-worker. The sacrifice these soldiers make during their deployments is a service for all of us. It is now time to be there to support these men and women as they so bravely defend our freedom. That is what the J9 team is doing.

The issues our soldiers face are real, and J9's collaborative team is working hard to address the issues as they exist. While Tennessee National Guard units continue to be actively deployed, with additional units scheduled for future deployments, time is of the essence to support the soldiers. Tennesseans as always continue to answer the call.

For additional information about the J9 collaborative effort, contact Chief Warrant Officer Parry Hazen or Noël Riley-Philpo, LCSW-Director of Psychological Health TN National Guard JFHQ, J9/Military and Family Readiness Operations at parry.c.hazen@us.army.mil or noel.riley-philpo@ceridian.com.

"Operation Immersion" Created to Help Veterans

By Jim Robbins, TDMHSAS Veterans Affairs Liaison, Division of Substance Abuse Services

The old adage "You can't understand another person's experiences until you've walked a mile in their shoes" can be classified as a proverb regarding the day-to-day challenges America's uniformed servicemen and women presently face. This saying is so relevant for our heroes serving in Afghanistan and Iraq, often experiencing multiple tours of duty back-to-back. For many, the conflict continues within, in the form of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), substance-use disorders, and the connected mental and emotional issues associated with debilitating injuries. In a collaborative effort to provide the best available treatment services to our veterans, TDMHSAS and the Tennessee National Guard have joined together for "Operation Immersion."

"Operation Immersion" is a comprehensive 2½-day training for behavioral health professionals and others seeking to expand their understanding of military culture, including the challenges and impact of deployment and combat on soldiers and their families. The training addresses military issues unique to Tennessee National Guard members who have served in combat and have experienced one or more deployments.

The training is designed to immerse participants in military culture and the deployment experience to help remove the barriers and apprehension soldiers often face when seeking help for mental health or substance abuse disorders. Attendees are invited to spend two nights in the barracks, go through a modified early morning Physical Training (PT), do chores, face inspection, march, tour a C-130 and Black Hawk Helicopter, participate in a weapons-fire simulation, perform land navigation, try on a Kevlar and flack vest, and eat a Meal Ready to Eat (MRE). They will hear the personal stories of Tennessee National Guard soldiers and briefings from officers and expert professionals in the fields of suicide prevention, PTSD, TBI, and substance abuse disorders that are unique to soldiers and their families.

"Operation Immersion" was conducted in Smyrna at the Tennessee National Guard Training Facility in mid-September. While the training offers lectures and interactive components, the goal, according to TDMHSAS Commissioner Doug Varney, is two-fold.

"This training will help mental health and substance abuse treatment professionals better understand the language, culture, and experiences of our soldiers and families," Varney said. "And we will create a network of people communicating with each other through the immersion experience to promote positive treatment outcomes for our veterans and their families."

As the mental health industry prepares and embraces the issues our veterans face, let's all be mindful of the sacrifice these men and women – along with their families – have made for each of us. Every day, let us be there for them, as they have been for us. For more details, contact Jim Robbins at (615) 253-5079 or James.Robbins@tn.gov. ■

From TDMHSAS Webmail:

I recently attended Operation Immersion in Smyrna, Tennessee. I am happy that I was fortunate enough to be amongst the attendees. The knowledge that I gained is irreplaceable and gave me a perspective on soldiers that I never had before. I have a better understanding of the obstacles that soldiers face when it comes to receiving aid. Every bit of the training was impactful, enlightening and eye opening. The personal testimonies on the last day sent us all away with a sense of knowing just how important our jobs are.

The entire three days was an emotional roller coaster for me. I received just a taste of what a soldier actually goes through, and I can only imagine the emotions that a soldier experiences while deployed, away from their loved ones and homes.

I sincerely hope that this training continues in the future. I have been talking to my co-workers about my experiences and how it affected me. I believe that Operation Immersion is necessary for mental health practitioners to gain the knowledge to better help soldiers they come in contact with and to get them the help they deserve.

Sincerely,
Rowena Sowders, B.S., M.A.
Treatment Counselor, Day Reporting Program,
Davidson County Sheriff's Office

DPRF DIVISION OF PLANNING, RESEARCH AND FORENSICS

2012 Needs Assessment Survey Highlights Barriers to Services

By Suzanne Weed, Director, Office of Planning

To inform the process of assessing need for Tennessee's mental health and substance abuse service delivery system, the TDMHSAS Division of Planning, Research and Forensics convened an intradepartmental group to create the inaugural Needs Assessment Survey. Three versions of the survey were distributed to providers, consumers, caregivers, and stakeholders in April 2012.

Survey results indicated that additional mental health and substance abuse services for people in detention centers or jails may be needed. Two-thirds (67%) of stakeholder respondents reported advocating for mental health and substance abuse services for consumers in adult jails or juvenile detention centers. Approximately 60% of consumer and provider respondents reported not being aware of, or feeling that there were no, services available in jail and detention.

Consumer and caregiver respondents noted that there are several barriers that may prevent them from obtaining needed services. About 30% of respondents identified the following as barriers: the inability to pay for services; transportation to and from services; and a medical issue that prevents them from obtaining services.

Providers and stakeholders reported similar numbers of racial and ethnic groups being served. About 92% of providers and stakeholders reported serving white and African-American consumers, and about 61% reported having served Latino consumers. 54.9% of stakeholders reported that they advocate for children in state custody, 58.5% said they advocate for adolescents with mental health and substance abuse diagnosis, and 47.6% said they advocate for those in the lesbian, gay, bisexual, transgender and questioning community.

The department will ask providers, stakeholders and consumers to respond to the second Needs Assessment Survey in October 2012. To improve the survey's focus on need, it will be shortened and simplified. The department will also increase the number of providers, consumers, and stakeholders who receive the survey by widely distributing an electronic link for it. A comprehensive email distribution list will be used to ensure that the survey reaches as many people as possible. ■

TEAM Act Brings Changes in Management of TDMHSAS Employees

By Brian Hughes, Assistant Director for the TDMHSAS Office of Human Resources

On October 1, the Tennessee Excellence Accountability Management (TEAM) Act became law, and many of the state's personnel policies will change. The purpose of this act is to establish a system that will attract, select, retain, and promote the best applicants based on performance and qualifications. The act modernizes the state's civil service procedures to give agencies more flexibility to identify, hire, and promote talented employees in their agency.

Among the changes that will occur are:

- Career Service employees will now be called Preferred Service employees.
- When hiring, managers will be able to hire the candidate they feel is best qualified for a position rather than having to hire from the top five identified by the Tennessee Department of Human Resources.
- The disciplinary process will be streamlined, but all Preferred Service employees will have the right to appeal a dismissal, demotion, or suspension.
- The appeals process will be reduced from five steps to three, and the timeframes will be shortened to ensure appeals are decided in a timely manner.
- Probationary periods would be a minimum of one year.
- Methods for rewarding performance with pay would be established.
- Beginning Oct. 1, employees being laid off will receive 60 days' notice. After January 1, 2014, employees being laid off will receive 30 days' notice.
- In a Reduction in Force (RIF), the order of layoff would be based on performance first, then seniority, skills and abilities, and disciplinary record.

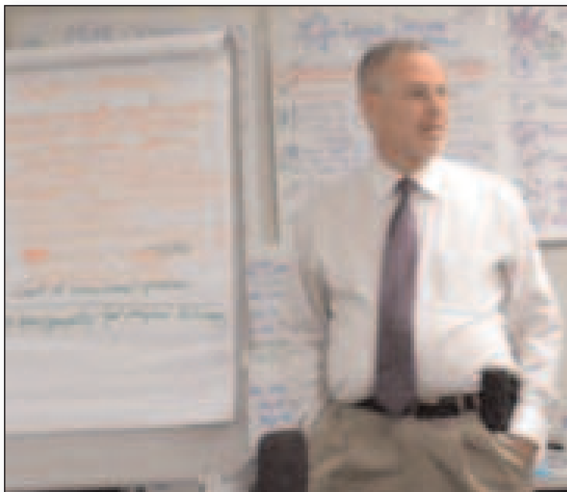
LEAN Event: Maximizing Customer Value and Minimizing Roadblocks in Government

By Angela McKinney-Jones, a LEAN Facilitator for TDMHSAS

The department held its first LEAN event on August 6-8 to focus on a specific business process in order to maximize customer value and minimize roadblocks. LEAN events are time-tested ways to engage the creativity of everyone involved and make processes better. LEAN events work by teaching a small team of people a structured, rapid-improvement methodology to improve a process. The team meets for a short concentrated period of time and leaves the meeting with change implemented immediately.

The focus of this LEAN event was the department's contracting process. Before the event, contracting had been identified as a problem area for department staff as well as vendors. On average, it was taking 120 days for the entire contracting process to be completed. Thus, the goal of the LEAN process was to create a new contract process that was efficient, customer-focused, and transparent. The objectives of the LEAN process were:

1) Have 95% of all TDMHSAS contracts fully executed by contract start date.
2) Increase the already high vendor satisfaction with the contract process (now 91.7%).
3) Decrease the number of handoffs, paper copies, tracking mechanisms, and data entry.



After the contracting process was examined, the team made some important observations. They found that the process was being logged at multiple points by multiple people, there were unnecessary hand-offs and redundant printing and storing of contract materials, and the process had become very manual. The team came up with a clear vision for a new process that will utilize technology and a centralized "document management solution." The new process will result in a 33% decrease in tasks associated with contracts.

The following individuals were on TDMHSAS's LEAN Team: Sue Karber, LEAN Team Leader; Bob Currie, Gene Wood, Kathy Ewing, Karen Colyer, Linda McCorkle, Linda Parker, and Sandy Braber-Grove. Additionally, Marcy Damon and Shannon Howell from General Services were on the LEAN Team. Angie McKinney Jones from TDMHSAS, Emily Passino from the Tennessee Department of Finance and Administration, and Keith Groves from the University of Tennessee served as Facilitators. Assistant Commissioner Rod Bragg is the department's LEAN Team Coordinator.■

LEFT: Rod Bragg, LEAN Team Coordinator, oversees a discussion by team members on contract processes.
ABOVE: In breakout sessions, team members worked together on different problems. The wall chart in the background served to identify all the stops and starts along the way in the contracting process.

REPORT: "My Health, My Choice, My Life"

By Sue Karber, Director of Consumer Wellness, TDMHSAS Mental Health Services Division

TDMHSAS Focuses on Wellness Week, September 17-23, With 4 Celebrations

The My Health, My Choice, My Life Initiative is working to assist individuals with behavioral health needs. During National Wellness Week on September 17-23, TDMHSAS staff were involved in applauding the positive effects many department programs have on the consumers served. As part of the department's whole health initiative, TDMHSAS hosted four "Wellness Celebrations" across the state to celebrate National Wellness Week. In Nashville, a celebration was held at Centennial Park on September 18.

Teaming up with Amerigroup, Blue Cross and Blue Shield, and United Healthcare, a variety of physical activities were offered and a picnic pavilion allowed guests to bring their own lunch, supplemented with healthy snacks and beverages provided by the sponsors. Similar events were held in Knoxville on September 19, Kingsport on September 20, and Chattanooga on September 21.

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched the second annual National Wellness Week as part of National Recovery Month to promote the many ways wellness can improve quality of life and increase life expectancy for people with mental and substance use disorders. During National Wellness Week, SAMHSA and TDMHSAS employees aimed to inspire individuals to improve one physical health behavior while also exploring their talents, skills, interests, social connections, and environment so they could incorporate other dimensions of wellness into their lives. ■

LEFT: Katie Lee talks to a celebration participant about the Eight Dimensions of Wellness at the Nashville event.
ABOVE: Counselors instruct participants in simple exercises that encourage weight loss during the Nashville event.
BELOW: Wellness Peer Support Counselors and participants gather at the event in Knoxville."

ANNOUNCEMENT FOR FUNDING REGION 6 & 7: Peer Wellness Coach Proposals for *My Health, My Choice, My Life*

TDMHSAS is requesting proposals from mental health agencies that currently provide mental health recovery services in Mental Health Planning Regions 6 and 7 (West Tennessee) interested in employing a Certified Peer Specialist to serve as a Peer Wellness Coach to assist the state in implementing the My Health, My Choice, My Life Initiative.

Proposals are due Friday, October 12. Click Here for the Announcement Letter. Click Here for a Proposal Cover Sheet and Requirements.

Visit www.myhealthmychoicemylife.org to learn more about the Wellness Initiative. Contact Sue Karber at (615) 254-2036 or Sue.Karber@tn.gov. ■

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REPORT:...cont.

Wellness Coaches Participate in the Annual Leadership Forum

The Leadership Forum in Washington, D.C., is an annual conference that provides consumer leaders with hope, inspiration, and the tools to plan and evaluate Mental Health Transformation Grant (MHTG) programs. The purpose of forum is to enhance the capacity for consumer involvement and leadership within mental health grants and increase the knowledge and skills of consumer leaders. The Leadership Forum also gives consumer leaders a chance to network and build communities with fellow leaders across all the MHTG locations.

Dan Armatis, Peer Wellness Coach for Regions 4 & 5

All four of the My Health, My Choice, My Life Regional Peer Wellness Coaches from Tennessee attended The Leadership Forum on July 19-20. Dan Armatis, Peer Wellness Coach for Regions 4 and 5, had the opportunity to be part of a Wellness Panel at the forum. Dan discussed the "Eight Dimensions of Wellness" and explained that "wellness" is more than physical or mental health, but being healthy in all areas, including socially, occupationally, and financially. Dan also shared his experience with his own wellness and how he is now influencing others in his role as a Peer Wellness Coach. ■

My Health • My Choice • My Life

My Health, My Choice, My Life Dimensions of Wellness*

Wellness

Physical
Recognizing the need for physical activity, diet, and nutrition while discouraging the use of tobacco, drugs, and excessive alcohol

Spiritual
Represents one's personal beliefs and values, having meaning and purpose, and developing a sense of balance

Social
Encourages contributing to the environment and community and emphasizes the interdependence between ourselves, others and nature

Intellectual
Recognizing our creative abilities and finding ways to expand our knowledge and skills while discovering the potential for sharing those gifts with others

Emotional/Mental
Involves the capacity to recognize and express our feelings, adjust to emotional challenges, and cope

Occupational
Seeking opportunities to participate in activities that are meaningful and rewarding, and provide meaning and purpose

Environmental
Involves being and feeling safe in our living, learning, and working spaces and the larger communities where we participate as citizens

Financial
Recognizing income, debt, savings, knowledge of products and services, perception of satisfaction with current and future financial situation

www.myhealthmychoicemylife.org

* Adopted from Swarbrick, M. (2006). A wellness approach. Psychiatric Rehabilitation Journal, 29, (4) 311- 314.

Department of Mental Health, Authorization No. 339525, 1,000 copies, June 2012. This public document was promulgated at a cost of $0.21 per copy.

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REPORT:...cont.

"What Wellness Means to Me"

Wellness Participants Graduate in Celebration, Share Artwork

The My Health, My Choice, My Life Initiative held a graduation celebration so the participants of its Chronic Disease Self-Management Program (CDSMP) could come together and celebrate their achievements in completing the workshop. This summer, three graduation celebrations took place in Nashville, Morristown, and Athens. Regional Peer Wellness Coaches worked with Peer Support Centers to provide healthy food at the celebrations, and each My Health, My Choice, My Life participant received a T-shirt and graduation certificate.

In addition, The Peer Support Centers enlisted consumers to participate in showing what wellness means to them in poster projects. These projects helped them focus on what they have learned, and encourage working together as a community.

For more on the Wellness Initiative, go online to http://tn.gov/mental/health_wellness.shtml and http://myhealthmychoicemylife.org/.

Cherokee, Health Recovery Group, Morristown, www.cherokeehealth.com

Cherokee's Health Recovery Group in Morristown. The participants at Health Recovery Group in Morristown used their artistic ability to design posters around wellness. The participants drew about items that represented what wellness means to each of them. The posters include several different aspects of the Eight Dimensions of Wellness and show just how important each domain is. The participants at Health Recovery Group were able to take away several tools used within the workshops – including problem solving and action plans – and apply them to their everyday life.

Frontier Health, New Start, Greeneville http://frontierhealth.org

Frontier Health's New Start in Greeneville. Although Frontier Health's New Start group did not make a poster display, their enthusiasm for the wellness program is apparent in their ready smiles and proud display of their certificates of graduation.

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REPORT:...cont.

LifeCare, Nashville, http://lifecarefamily.org/

LifeCare in Nashville. While the members at LifeCare did not have one project with a common theme, they did create several individual projects that carry the same message about wellness and the importance of self-expressions.

Park Center South, Nashville http://www.parkcenternashville.org/

Park Center South in Nashville. This work created by the participants at Park Center South included quotes from several members about how they felt about the My Health, My Choice, My Life Initiative. Comments included "I learned exercise can reduce stress" and "Wellness made me calm and feel better about others."

Peninsula, Wellness Recovery Center, Maryville www.peninsulabehavioralhealth.org

Peninsula's Maryville Wellness Recovery Center. The members of the Maryville Wellness Recovery Center created an excellent rendition of the "Wellness Wheel" and its eight dimensions. The circles represent the various aspects of life that make up a person – Emotional, Financial, Social, Spiritual, Occupational, Physical, Intellectual, and Environmental. Each of these components is equally important and must be maintained for a person to reach a state of well-being. The members were excited to show everyone their hard work at the graduation celebration. It is now proudly displayed in the center as an inspirational reminder.

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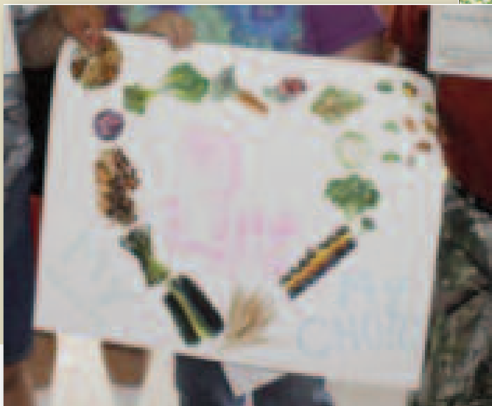
REPORT:...cont.

Ridgeview's Friendship Place in Harriman. The members of Ridgeview's Friendship Place in Harriman created a beautiful bulletin board that was influenced by Native American culture and art. In the center is a symbol with the phrase, "It All Matters", which refers to the "Wellness Wheel" and its eight dimensions. Together, these dimensions make up a whole person. The members' attention to detail is truly remarkable. Everyone who participated put forth a great deal of time and effort, and all of their hard work paid off. This beautiful board is now proudly displayed for all to see.

Volunteer Behavioral Health, Our Place, Murfreesboro
www.vbhcs.org/

Volunteer Behavioral Health's Our Place in Murfreesboro. This was a piece done by the participants at Our Place in Murfreesboro. The members chose this design to illustrate the how healthy living and wellness affects both physical and emotional health.



Tennessee's Crisis System Adopts the Columbia Suicide Severity Rating Scale

By Melissa Sparks, MSN, RN, Director of Crisis Services, with input from Lygia Williams, Principal Investigator/Project Director for Tennessee Lives CountTM, TDMHSAS Mental Health Services Division

Suicide is the third leading cause of death for people age 10 to 29 and the second leading cause of death for members of the U.S. military. According to the Status of Suicide in Tennessee report available on the Tennessee Suicide Prevention Network (TSPN) website (tspn.org), one of the highest-risk populations in Tennessee is white males between the ages of 45 and 54. Recent financial or relationship issues have been identified as major contributing factors of suicide risk, and identifying individuals at risk is something that all systems strive to manage with positive outcomes. Staff from TDMHSAS researched the available tools used to predict risk for suicide in an attempt to identify solutions to this issue.

Several studies have compared the Columbia Suicide Severity Rating Scale (C-SSRS) tool to other well-known tools in the precision of identifying individuals in need of care and treatment for suicidal behavior and/or thinking. One such study, published in The American Journal of Psychiatry in December

> *"The (Columbia Suicide Severity Rating Scale) is a very predictable tool for evaluation persons for suicide risk. Involved is knowing the right questions and asking them."* Melissa Sparks, Director of Crisis Services for TDMHSAS

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Suicide Severity...cont.

2011, concluded that the C-SSRS could reliably predict a potential suicide attempt for individuals with a past history of attempts as well as identify individuals who may be at risk for an impending suicide attempt.

The C-SSRS is nationally and internationally known for its predictability of a person's risk for suicide and is being used across a variety of systems, such as the U.S. Department of Veterans Affairs, the National Guard, jails, schools, and judicial systems, to better identify individuals in need of emergency care and appropriately refer them to limited resources. The tool has been endorsed by the National Institute of Mental Health, the Centers for Disease Control and Prevention, and the Food and Drug Administration, in addition to a variety of other organizations.

The Tennessee Lives Count (TLC) program, in collaboration with TSPN, has already been hard at work providing information about the tool to Tennessee emergency departments, schools, jails and other systems. TLC helped facilitate an opportunity for Tennessee's crisis system to learn more about the tool from one of the creators. After listening to a presentation by Dr. Kelly Posner of New York, representatives from the crisis services community voiced a desire to adopt the tool to screen at-risk individuals during a crisis assessment. If multiple systems implement the tool, the overall system will be better prepared to treat high-risk individuals more timely and consistently, ultimately utilizing scarce resources more efficiently.

TDMHSAS, in collaboration with TennCare and managed-care companies, will soon finalize an implementation plan for incorporating the assessment into the Tennessee Crisis Assessment Tool (TCAT). Once a plan is in place, crisis responders will receive training before the C-SSRS is fully utilized by the system.

Tennessee is excited about the potential that this tool has to offer in saving lives lost to suicide. We are most appreciative of Dr. Posner's willingness to come share her knowledge with professionals and systems across the state. ■

Office of General Counsel Trains Mental Health Operators

325 Representatives of Supportive Living and Adult Supportive Residential Facilities Attend

In August, through six regional, statewide training sessions, 325 operators of Mental Health Supportive Living and Adult Supportive Residential Facilities in Memphis, Jackson, Nashville, Murfreesboro, Knoxville and Chattanooga met with TDMHSAS's Licensure officials to learn more about state and federal laws that govern the operation of their facilities. The training was held in conjunction with the Disability Law and Advocacy Center of Tennessee and the Tennessee Mental Health Consumers Association. The sessions were free and lunch was provided at each location. ■

BELOW : Cynthia Tyler, Director of Licensure, and TDMHSAS staff investigators hold a question-and-answer sessions with representatives from licensed facilities at Cloverbottom in Nashville, site of the first training session in the series.

RIGHT: The staff of TDMHSAS is joined by representatives of the Disability and Advocacy Center of Tennessee and the Tennessee Mental Health Consumers Association as they field questions and offer suggestions in dealing with difficult clients and issues, based on their experiences and observations.

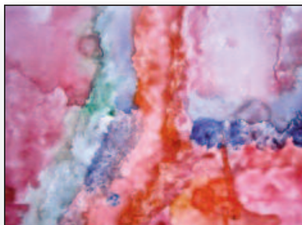
LEFT: Cynthia Tyler talks to Peggy Zide of Cedarcroft Home following the morning session that included a review of residents' rights and the variety of issues caregivers face in providing care while meeting compliance rules.

Community Update

Jane Baxter Honored for Lifetime Achievement in the Arts and Recovery Work

(From left) Dr. Bob Vero, president and CEO of Centerstone of Tennessee; Jane Baxter, art project director of The Healing Arts Project, Inc.; TDMHSAS Commissioner Doug Varney; and John Page, chief operating officer for Specialty Services at Centerstone, gather at the gallery dedication ceremony and reception at the Ella Hayes Center.

Nashvillian Jane Baxter was honored July 19 at Centerstone's Ella Hayes Center in downtown Nashville with a reception and dedication of a permanent art gallery named in her honor. TDMHSAS Commissioner Doug Varney joined Centerstone officials, consumer artists, family and friends for the occasion.



ABOVE: "Colorburst," a Watercolor by Donna Shepard, Fayetteville

ABOVE: "Catalpa Watauga Katwalk" by Kathy Tupper, Nashville (Based on a tree in Centennial Park at the lake)

The gallery is named the "Jane Baxter Recovery Gallery," and is installed on the third floor of the Centerstone facility. It was created by Centerstone patients and those who have been part of Baxter's Healing Arts Project Inc. (HAPI) activities and events. Many of these artists attended the reception to show their gratitude for Baxter and her mental health advocacy work.

Baxter has served as art project director of HAPI for almost a decade. HAPI provides opportunities for people living with mental illness and addiction disorders to express their creativity and increase their self-confidence and self-esteem through artwork. The organization also works to diminish stigma about mental illnesses by showcasing artwork throughout the community while sharing artists' stories of recovery and healing along the way. For more information about HAPI, visit http://healingartsprojectinc.org/.

Information from The Tennessean, July 21, 2012

TAADAS AWARDS

On Sept. 13, 2012 the Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS) held its annual Recovery Month Celebration Awards Dinner on the campus of Trevecca Nazarene College. During the evening, the group recognized five individuals who have acted in the best interests of those seeking assistance with or in recovery from substance abuse in Tennessee.

TAADAS is a statewide, consumer-oriented association representing thousands of consumers in recovery, family members, health care professionals and providers. The organization provides a collaborative Tennessee voice for those with addiction and co-occurring issues and seeks through prevention and recovery support services to effect positive change. To learn more, visit http://taadas.org/.

Award recipients (from left) are Daryl Murray, ED Welcome Home Ministries, Volunteer of the Year Award; TDMHSAS Commissioner Doug Varney, TAADAS Vision Award; Joe Pickens, ED JACOA, Lifetime Achievement Award; Jerry Risner, CEO Buffalo Valley, CEO of the Year Award; TDMHSAS Assistant Commissioner Rod Bragg, Division of Substance Abuse Services, Voice of Recovery Award

NAMI Tennessee Honors Department's Director of Crisis Services

Melissa Sparks, the Director of Crisis Services for the TDMHSAS, has been named a winner of the 2012 Professional Award by the Tennessee Chapter of the National Alliance on Mental Illness (NAMI-TN). She received her award on Sept. 29 at the NAMI-TN 2012 State Conference, held at the Patterson Park Community Center in Murfreesboro.

In her nomination letter, Jodi Bartlett, Crisis Director for the Northern Region for Volunteer Behavioral Health and a board member of NAMI's Cookeville affiliate, said, "Since beginning her tenure in this job, Melissa has worked tirelessly to bring about positive changes to the Crisis Delivery System. ... Melissa makes herself readily available to all crisis teams at the 'drop of the hat' and strives for excellence across the entire crisis continuity of care."

Roger N. Stewart, Deputy Director of NAMI-TN, told Ms. Sparks that "In presenting this award, we recognize your exceptional efforts in decreasing stigma while raising public awareness and hope for those living with the effects of mental illness. … On behalf of all Tennesseans living with mental illness, we thank you for your faithfulness and perseverance."

For more information about NAMI-TN, please go online to namitn.org or call (615) 361-6608. For more information about the TDMHSAS Division of Crisis Services, please go online to http://tn.gov/mental/recovery/crisis_serv_services.html or contact Melissa Sparks at (615) 253-4641 or Melissa.Sparks@tn.gov.

REPORT: Tennessee Lives Count™ Update

By Lygia Williams MA, Project Director/Principal Investigator, Office of Housing, Homeless & Suicide Prevention Services, TDMHSAS Division of Mental Health Services

Third Suicide Prevention Grant Awarded

TDMHSAS was awarded The Tennessee Lives Count™ (TLC), Youth Suicide Prevention, Intervention Project, a Garrett Lee Smith Suicide Prevention grant by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The original grant was awarded in 2005, and the current TLC grant is the third award. TLC received extra funding from the Centers for Disease Control and Prevention to conduct an Enhanced Evaluation. Tennessee was one of only two states (Maine was the other) to receive the extra funding.
As a result of the research and findings of the TLC Project, an article titled "Putting Program Evaluation to Work: A Framework for Creating Actionable Knowledge for Suicide Prevention" was selected for publication in Translational Behavioral Medicine: Practice, Policy and Research. This article is the result of a partnership with the CDC to disseminate knowledge gained through research.

The article is a sample of the "development of actionable knowledge," an emerging process for translating important research and evaluation findings into action to benefit practice settings, and is an effort to apply evaluation findings to strengthen suicide-prevention practice. This article describes the actionable knowledge framework developed by TLC. In addition to the CDC's authors, two TLC staff were also authors: Jennifer Lockman, MS Lead Evaluator for the TLC grant, and Lygia Williams. Tennessee's "Actionable Knowledge" findings have been presented at the American Association of Suicidology's 2012 conference; the Garrett Lee Smith annual grantee meeting; and through several national webinars this year. For more information, contact Lygia Williams at Lygia.Williams@tn.gov or (615) 253-5078. ■

TLC Referenced in Three CDC Fact Sheets

The Centers for Disease Control and Prevention's Applying Science, Advancing Practice fact sheets references the TLC Project in three separate issues.

- The first, "Preventing Suicide through Connectedness," reports that the TLC initiative found that the relationship between youths and gatekeepers (positive adults in their lives, such as teachers, coaches, ministers, etc.) mattered. Gatekeepers who reported a stronger connection to youths in their program/service were almost twice as likely to accurately identify suicidal youths.
- The second, "Suicide Prevention: A Public Health Issue," focuses on public health and reports that the TLC initiative successfully trained gatekeepers throughout Tennessee using and promoting a public health approach.
- The third, "Putting Knowledge into Action," reports that TLC developed an actionable knowledge product, the Gatekeeper Training Implementation Support System, which is available nationally to help agencies and others use gatekeeper programs more effectively.

TLC Gatekeeper Training Implemented

TThe TLC Initiative created the Gatekeeper Training Implementation Support System (GTISS), an online resource that provides tools to support successful selection, implementation, and evaluation of gatekeeper training programs. The GTISS can be viewed at www.gatekeeperaction.org.

The GTISS provides accessible online tools for assisting organizations, trainers, and program managers in tailoring gatekeeper training experiences to their settings. It also provides action-focused tools and tips for overcoming common barriers to selecting, implementing, and evaluating gatekeeper-training programs.

The GTISS provides research-driven knowledge that supports suicide prevention for organizations and communities. The training is instrumental in developing a culture and infrastructure that enables effective implementation of suicide-prevention strategies. The system provides tools and resources to help gatekeepers adopt what they learn in training and use this knowledge to help youth and adults of all ages.

These tools can be adapted in any context and for any population. The GTISS has five stages: Preparation, Training, Translation, Application and Reflection. Each stage has 10 separate tools for gatekeepers, along with tools for organizations and communities as well.

All of the tools can be downloaded and adapted to help communities achieve the goal of establishing an effective network of assistance for people who are at risk for suicide. GTISS is a web-based system, free to anyone who wants support for effecting meaningful strategies to prevent suicide. The Suicide Prevention Resource Center (SPRC), the leading national agency for suicide prevention information, also maintains a link to the GTISS. This support system would not have been possible without funding from SAMHSA and the CDC, and the creativity of the TLC project's lead evaluator, Jennifer Lockman. Contact Lygia Williams at Lygia.Williams@tn.gov or (615) 253-5078 for more information.

Examining the Success of Tennessee's Crisis Stabilization Units

By Melissa Sparks, MSN, RN, Director, Crisis Services, Division of Mental Health Services

In 2008, the TDMHSAS expanded crisis stabilization services by contracting with agencies across the state to provide seven Crisis Stabilization Units (CSUs) and crisis walk-in triage centers.

The addition of a new CSU in East Tennessee, which began providing services on August 13, brings the statewide total up to eight units and crisis walk-in triage centers. Each CSU has a 15-bed unit, with the exception of one 10-bed unit in Cookeville, providing a total of 115 community-based beds across the state. Services are provided by Frontier Health, Helen Ross McNabb, Cherokee Health Systems, Mental Health Cooperative, Pathways, Southeast Mental Health Center, and 2 units operated by Volunteer Behavioral Healthcare Systems.

CSUs provide facility-based, voluntary services that offer 24-hour, seven-day-a-week, intensive, short-term stabilization and behavioral health treatment for people 18 and older whose behavior health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. Services provided by a CSU are limited to 96 hours. CSUs offer a valuable resource for individuals at risk of needing emergency hospitalization. With early intervention and prevention, symptoms can be treated before they become unmanageable and more difficult to stabilize. Services provided to date return high satisfaction ratings from individuals willing to complete a short survey.

Crisis walk-in triage centers provide non-hospital, facility-based services that offer 24-hour, seven-day-a- week behavioral health treatment to people 18 and older by providing assessment and evaluation, early intervention, prevention, stabilization, referral, and follow-up services for individuals seeking assistance in obtaining appropriate behavioral health services or linkage of services to achieve and/or improve their prior level of functioning following a crisis situation. For individuals with no acute medical concerns, crisis walk-in triage centers offer quick access to a mental health professional for screening and service referral at a lower total cost than traditional emergency department access. These services are provided at no cost to individuals without a third-party payer source.

During fiscal year 2009, the first year of expanded crisis stabilization services, the seven CSUs served approximately 4,180 individuals. By fiscal year 2011, the number served had more than doubled to 8,556, and increased to 9,586 during fiscal year 2012. The average statewide utilization rate has increased from 62% utilization in fiscal year 2011 to 70% in fiscal year 2012, with an average length of stay just over three days. Less than 4% of all CSU admissions are readmitted within 30 days or require transfer to inpatient psychiatric hospitalization. Data related to the provision of crisis walk-in triage services was not collected that first year, but available data demonstrates a steady increase in access to these services, with approximately 21,904 individuals being served during fiscal year 2012.

Though a direct correlation cannot be made due to all the variables impacting psychiatric admission rates, CSUs have demonstrated potential usefulness in reducing the need for hospitalization. The percentage of individuals requiring hospitalization following a face-to-face with a crisis responder dropped from 39.1% in fiscal year 2011 to 34.5% in fiscal year 2012. Additionally, the total admissions to the state's regional mental health institutes dropped from 10,359 in fiscal year 2011 to 9,561 in fiscal year 2012. After examining the available data, it appears that Tennessee's CSUs have been very successful in reducing the need for hospitalization. TDMHSAS is proud of the continuum of services provided for individuals in crisis and will continue developing services while striving to improve the overall quality of care provided to individuals in need of emergency mental health services.

For more information about Crisis Services, contact Melissa Sparks at (615) 253-4641 or Melissa.Sparks@tn.gov. ■

COMMISSIONER'S CORNER

By Doug Varney, TDMHSAS

Lisa Daniel named CEO of Memphis Mental Health Institute

Lisa Daniel was named the CEO of Memphis Mental Health Institute (MMHI) on July 30. She has served as Interim CEO since May 2011.

Prior to her service as interim CEO, she acted as Assistant Superintendent of Program Services at MMHI. She has worked in state government for more than 13 years for both TDMHSAS and child protective services for the Tennessee Department of Human Services. She has spent 27 years of her 33-year career in mental health services, both community-based and hospital-based.

She is also an active member of the Tennessee Suicide Prevention Network, a board member of the Memphis Crisis Center, and a member of the Shelby County Foster Care Review Board. You can contact Lisa Daniel at (901) 577-1800 or Lisa.A.Daniel@tn.gov.

Alex King named Assistant to Commissioner and Deputy Commissioner

Alex King joined TDMHSAS in August as Executive Assistant to the offices of Commissioner and Deputy Commissioner. He replaces Ashley Fuqua, who was named Assistant Director of the Office of Licensure.

Alex graduated in December 2011 with a bachelor's degree in Political Science with Legal Studies from the University of Tennessee at Chattanooga. After graduation, he served as a legislative intern for the 2012 session of the Tennessee General Assembly. In this role, he served in the Office of the Senate Speaker Pro Tempore, Bo Watson, where he oversaw and organized bill review. Alex also begins law school this year at the Nashville School of Law. You can contact him at (615) 532-6503 or Alex.King@tn.gov.

Ashley Fuqua named Assistant Director of Licensure Office

Ashley Fuqua assumed the role of Assistant Director of the Office of Licensure in August 2012 after having served as Executive Assistant to the Commissioner and Deputy Commissioner since August 2011.

She brings her experience in TDMHSAS and her prior experience in legislative issues and state government to this role. She has been a licensed attorney since October 2011. You can contact her at (615) 532-3629 or Ashley.Fuqua@tn.gov.

Michael Rabkin named Director of Communications

Michael Rabkin joined TDMHSAS on September 4 as the new Director of Communications and Public Information Officer for the department.

He graduated in 1995 with a Bachelor of Arts degree from The Pennsylvania State University. Previously, he worked as an editor and manager at a number of major metropolitan newspapers, including The Miami Herald, The New York Post, and The (Memphis) Commercial Appeal. His most recent job before coming to TDMHSAS was as the Editing Team Leader at the Gannett Design Studio in Nashville. You can reach him at (615) 532-6597 or Michael.Rabkin@tn.gov.

Bruce Gilmore named Director of Hospital Services

Bruce Gilmore was appointed the Director of Hospital Services on September 10. He began his career with TDMHSAS in 1998 as the Hospital Program Director of the Middle Tennessee Mental Health Institute (MTMHI) children and youth program. In 2003, he was promoted to Assistant Superintendent for Administrative Services at MTMHI. he is a registered nurse with a Bachelor of Science degree from the University of Portland and a Masters in Business Administration from the Southeastern University of Fort Lauderdale, Fla.

He is a 2012 LEAD Tennessee Leadership Training graduate and a 2003 Tennessee Government Executive Institute graduate. His new duties include oversight of all four state mental health hospitals in Tennessee. You can contact him at (615) 741-3032 or Bruce.Gilmore@tn.gov. ■

TDMHSAS Well Represented at 3rd Annual Building Strong Families Conference

By Edwina Chappell, Ph.D., Principal Investigator, BSF Grant and Member, TDMHSAS Research Team

For the third consecutive year, individuals interested in becoming more informed about building stronger families while gaining a greater knowledge of the many stressors for children and families that accompany substance abuse and misuse were given that opportunity. On August 15-16, the 3rd Building Strong Families Conference, sponsored by the Coffee County Anti-Drug Coalition in conjunction with the Building Strong Families grant project that operates through Centerstone, convened on the campus of Motlow College.

Edwina Chappell, TDMHSAS and BSF Principal Investigator; Sarah Hailey, Board Chairwoman, Coffee County Anti-Drug Coalition; Kristina Clark, Executive Director, Coffee County Anti-Drug Coalition; and Angela McKinney-Jones, TDMHSAS, BSF Advisory Council member, gather for a group picture.

The conference provided professional and personal development, including sessions on grants management, increasing leadership skills, prescription drug abuse and other drug trends, trauma-informed issues and criminal justice, sexual abuse, suicidal ideation and substance abuse treatment, grief, legislative issues affecting children and youth, effective evaluation, environmental prevention strategies, veterans' issues, In Home Tennessee, how to engage faith communities, and working with resistant clients. More than 200 people representing 20 counties attended.

Opening remarks were provided by Dr. MaryLou Apple, president of Motlow College, and state Rep. Judd Matheny, a Republican from the 47th District. Dr. Apple informed participants about the college's partnership with businesses in the area to build a prepared workforce. Rep. Matheny shared information regarding various bills he sponsored and his involvement in the establishment of the Coffee County Anti-Drug Coalition. TDMHSAS's Angela McKinney-Jones, director of the Tennessee Office of Prevention Services, was the plenary speaker. She spoke about Screening, Brief Intervention and Referral to Treatment (SBIRT), defining the evidence-based practice model and discussing current efforts in educating and training primary care physicians in the state. She further reported on plans to expand SBIRT work with providers serving the National Guard.

State Rep. Judd Matheny addresses the opening session of the conference on August 15. He was instrumental in the establishment of a drug-free coalition in Coffee County after a successful town hall meeting in 2000 held by Sarah Hailey and Christine Archer.

Angela Atonsa of the Center for Family Development checks on conference materials with Christina Merino, prevention director of the Coffee County Anti-Drug Coalition.

Tullahoma Mayor Lane Curlee delivered welcoming and encouraging remarks to conference attendees on Day 2, while Sejal West, TDMHSAS Assistant Commissioner for Mental Health Services, served as plenary speaker. She provided a detailed overview of the state of the department, including information regarding the transfer of drug courts to TDMHSAS and the expansion of peer support certification.

This conference is an offshoot of a 2010 conference sponsored by the Building Strong Families in Rural Tennessee (BSF) Grant Project. The 2010 conference was the first no-cost, child welfare/substance abuse event convened in the rural area encompassing Bedford, Cannon, Coffee, Franklin, Grundy, Lincoln, Moore, and Warren counties where BSF services are targeted. The Coffee County Anti-Drug Coalition, through Executive Director Kristina Clark and as a regional collaborative council member of the grant project, has assumed financial sponsorship for the last two conferences. These conferences allow the region to enhance expansion of knowledge and service capacities on behalf of children and families. Feedback regarding this conference was again positive and new entities have committed to assisting with sponsorship of a 4th conference in 2013. Through the efforts of the coalition and BSF staff, prevention credits and continuing education units are available to conference participants.

BSF aims to keep children at imminent risk of being placed into state custody (because of their parents'/caregivers' substance abuse) safely in their homes, as well as to enhance regional partnerships, expand service capacity, and provide education and information to stakeholders in targeted counties. Since March 2008, BSF has safely and successfully kept more than 350 children in their homes with biological parents and/or relatives. Cindy Cothran is BSF Project Director for Centerstone.

The BSF grant project is a partnership among three state agencies—TDMHSAS, the Tennessee Department of Children's Services (DCS), and the Administrative Office of the Courts (AOC), along with two nonprofit entities: Centerstone and Centerstone Research Institute (CRI). BSF is funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant # 90CU0051. TDMHSAS is lead agency for the grant project. ■

Commissioner Varney Named NASMHPD Regional Representative

TDMHSAS Commissioner Doug Varney was named the Regional Representative for the Southern Region to the National Association of State Mental Health Program Directors (NASMHPD) during the 2012 annual Commissioners' Meeting in Washington, D.C., on July 15-17. NASMHPD is the only member organization representing state executives responsible for the $36.7 billion public mental health service delivery system, serving 6.8 million people annually in all 50 states, 4 territories, and the District of Columbia. NASMHPD operates under a cooperative agreement with the National Governors Association.

"I am excited to serve in this role and appreciate the appointment to this position," Commissioner Varney said. "It is always an honor to receive such a nomination. NASMHPD is a very important association, and their work is integral in our field."

The organization believes that mental health is universally perceived as essential to overall health and well-being, with services that are available, accessible, and of high quality. Priorities include person- and family-centered care, integrated health supports within the community and workforce, and supportive ideas that encourage recovery and resiliency.

NASMHPD also serves as the national representative and advocate for state mental health agencies and their directors, and supports effective stewardship of state mental health systems. NASMHPD informs its members on current and emerging public policy issues, educates on research findings and best practices, provides consultation and technical assistance, collaborates with key stakeholders, and facilitates state to state sharing. To learn more about NASMHPD, visit http://nasmhpd.org. ■

Update

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