



**tamho**

tennessee association of  
mental health organizations

## MEMBER HISTORY



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## CAREY COUNSELING CENTER

### History

### Timeline

- 1970 Founded as the Paris Mental Health Center – Susan B. Kennon, First Executive Director.
- 1978 First organizational owned facility opens in Paris which still serves as the location of the administration and the Henry County outpatient office.
- 1979 Outpatient office opens in Gibson County.
- 1983 Corporation name changed to Carey Counseling Center, Inc.
- 1987 Full time outpatient office opens in Carroll County.
- 1989 Adult residential group homes opens in Trenton and Camden with funding from HUD.
- 1990 Early Intervention Programs in Benton, Carroll, Gibson and Henry Counties begins with newly appropriated state funding from the division of Alcohol and Drug Services.
- 1994 Consumer operated drop-in center opens in Henry County.
- 1996 Mobil Crisis Programs established. Outpatient office in Benton County opens.
- 1999 1<sup>st</sup> Independent Living Home opens in Camden.
- 2000 Outpatient office in Obion County opens.
- 2001 Services in Lake County begin.
- 2002 Mental Health Court Liaison program begins in Gibson and Henry Counties.
- 2003 Herrington Place opens.
- 2006 Cherry Blossom Place in Huntingdon and Cypress Place in Tiptonville opens. Outpatient office in Weakley County opens. Bright Horizons Meth Program begins - Joint venture with Weakley County Juvenile Court and Carey.

### Story(ies)

### Photographs





## CASE MANAGEMENT, INC.

History

Timeline

Story(ies)

Photographs





## CENTERSTONE

### History

Centerstone is the largest behavioral healthcare provider in Tennessee and the 9<sup>th</sup> largest in the nation. Created by the affiliation of six community-based mental health centers, Centerstone has grown to become a network of more than 75 facilities and over 150 school and community partnership locations. Facilities within our network have been serving middle Tennesseans since the mid-1950s. We work with clients and their families at all stages of life, providing a full array of services ranging from outpatient therapy and counseling to addiction treatment to case management and much more. Centerstone is committed to providing professional, compassionate services that improve the quality of life for all those who choose us for care.

The oldest of our centers, the Mental Health Guidance Center of Middle Tennessee (later to be named the Dede Wallace Center in honor of Louise "Dede" Bullard Wallace, a young mother and passionate Junior League volunteer) was chartered on May 20, 1955. Opening its doors in 1956, it was the first precursor to Centerstone, as we know it today. In 1997, Centerstone was formed through the merger of the Dede Wallace Center with Pinnacle Health which operated three prestigious community-based mental health centers: Columbia Area Mental Health Center, Harriett Cohn Center and Highland Rim Mental Health Center. In 1998, Luton Mental Health Services also joined Centerstone. In January 2000, Centerstone entered into a strategic relationship with Meharry Medical College to open the Elam Mental Health Clinic, our sixth agency. By 2002, all of these entities had adopted the Centerstone name. The merging of these respected organizations has allowed us to expand our knowledge, services and effectiveness, always with the end goal of better serving our clients.

Offering over 60 specialized programs, we work with over 50,000 clients and their families each year. We employ a staff of 1,000, including psychiatrists, nurses, psychologists, master's-level clinicians, social workers, case managers, therapists, finance specialists, information systems technicians, administrative and support staff. Centerstone follows the philosophies of Recovery and Resiliency in every aspect of our treatment planning.

A recognized leader in the behavioral health field, we are continually engaged in dozens of revolutionary research studies to promote the efficacy of best proven practices. We utilize these proven treatments every day in the delivery of our services, while enhancing access to quality of services in both rural and metropolitan areas.

Throughout our rich history, Centerstone has witnessed countless individuals reclaiming lives once fragmented by depression, bipolar disorder and schizophrenia; young people reclaiming their childhood from the pain of abuse or neglect; families reclaiming stability and security after disaster; teens reclaiming a sense of balance amid the stress of schools and relationships; adults reclaiming victory over addiction; and older adults reclaiming joy and independence. For Centerstone, our treatment is always carried out with the company motto in mind, "Everyone Matters." Constantly striving to provide the best possible care, Centerstone continues to respond to the behavioral healthcare needs of individuals and their families, regardless of age or the severity of challenges.

### Timeline

May 20, 1955	Mental Health Guidance Center of Middle Tennessee is chartered. This is the precursor organization for Dede Wallace Center.	December 1956	new facility is completed. This facility is one of the few facilities in the country especially designed as a mental health center.
October 1955	Junior League of Nashville agrees to construct a new building (2410 White Avenue) in Nashville and provide \$15,000 annually	1957	Mental Health Guidance Center of Middle Tennessee sponsors first annual meeting of all personnel in Tennessee community mental health centers.
February 1956	Center opens to provide services		

May 25, 1957	Mental Health Association of Clarksville/Montgomery County is chartered. This is the precursor organization for Harriett Cohn Center.	September 1970	The Nashville Mental Health Center is renamed Dede Wallace Center, in memory of Louise "Dede" Bullard Wallace. Dede was a Junior League member who advocated for the mental and emotional health needs of women and children
1958	Mental Hygiene Association of South Central Tennessee is incorporated. This is the precursor to Columbia Area Mental Health Center.	March 5, 1970	The Columbia Area Mental Health Center was chartered.
1959	Mental Health Guidance Center changes name to Nashville Mental Health Center.	1971	The Dede Wallace Center Endowment Fund, Inc. is organized and incorporated.
1961	The Nashville Mental Health Center assists six churches in organizing counseling and other services.	1973	Dede Wallace Center opens Camp Dogwood, the first therapeutic summer camp for children.
1961	The Nashville Mental Health Center helps organize the first public school class for emotionally disturbed children (Warner School).	1974	Dede Wallace Center establishes a licensed pharmacy.
1961	The Mental Health Association of Clarksville/Montgomery County changes its name to Harriett Cohn Guidance Center. The Cohn Family donates home of Harriett Cohn to center as its main office.	1975	Columbia Area Mental Health Center completes new 14,000 square foot facility in Maury County.
	The Tennessee Association of Mental Health Centers hosts Annual Meeting & Trade Show in Clarksville. A dedication ceremony is held at the new Harriett Cohn Guidance Center as part of the annual meeting agenda.	1975	Luton Mental Health Center is chartered and named in honor of the first licensed psychiatrist in Tennessee – Dr. Frank Harper Luton.
1963	The Nashville Mental Health Center conducts a class in Advanced Psychotherapy for the Vanderbilt University Department of Psychology.	1978	Austin Peay State University provides site for new Harriett Cohn Center facility.
1963	The Maury County Mental Health Clinic was incorporated, with services beginning in July 1964.	1979	The Columbia Area Mental Health Center developed a research agreement with Tennessee Neurological Institute and developed a psychological internship in rural mental health with Vanderbilt University and its Peabody College.
	The Nashville Mental Health Center's Dr. Fitts authors and publishes the Self Concept Scale.	1980	The Columbia Area Mental Health Center's work with community organizations led to the development of new non-profit agencies/groups such as: Buddies of Maury County, IMPACT, the Lawrence and Wayne Counties Adult Activity Centers, Maury County Senior Citizens, Buffalo Valley, and the Vietnam Veterans Group.
1966	The Giles County Mental Health Clinic opened.	1982	Harriett Cohn Center begins operation of first group home in Clarksville.
1966	During the 1966-67 fiscal year, the Maury County Mental Health Clinic provided office space to Central State Hospital in support of their after-care program for discharged CSH patients from Maury and surrounding counties.	1983	Columbia Area Mental Health Center is nationally recognized as program of excellence.
1966	The Maury County Mental Health Clinic begin working with the school system to help teachers and personnel understand the individual needs of children and to review procedures designed to meet these needs.	1984	First therapeutic preschool program opens at Luton Mental Health Center.
1967	The Multi-County Comprehensive Mental Health Center opens to serve Coffee and four surrounding counties (later named Highland Rim Mental Health Center).	1988	Dede Wallace Center develops Mental Health Management of America, Inc., the nation's first managed care company addressing publicly funded behavioral health services.
1968	The Harriett Cohn Guidance Center changes its name to Harriett Cohn Mental Health Center.	1992	Luton Mental Health Center develops national disaster relief response initiative.
1969	Nashville Mental Health Center pilots a research project on the use of closed circuit television modeling videotapes as adjuncts to therapy. The Center also offers its first educational course on Child Rearing to the public.	1994	Dede Wallace Center begins Nashville's first crisis stabilization program.
		1994	Highland Rim Mental Health Center creates adolescent alcohol and drug day treatment program.
		1997	Centerstone forms through affiliation of Dede Wallace Center and Pinnacle Health (Harriett

	Cohn Center, Highland Rim Mental Health Center and Columbia Area Mental Health Center).	2002	All facilities begin operating under the Centerstone name.
1998	Luton Mental Health Services joins Centerstone.	2002	Centerstone Community Kitchen receives national award for work with at-risk teens.
1999	Centerstone receives Marvin Runyon Achievement Award from the Center for Nonprofit Management.	2003	Centerstone expands its clinical research with Vanderbilt and leading universities. Dr. Herbert Meltzer leads schizophrenia initiative.
2000	Dede Wallace Foundation becomes the Centerstone Endowment Trust.	2004	Centerstone establishes Advantage Behavioral Health, a behavioral health managed care organization.
January 1, 2000	Centerstone begins a strategic relationship with Meharry Medical College to operate the Elam Mental Health Clinic.	2005	Centerstone responds to the national relief efforts for Hurricanes Katrina and Rita.
2001	Centerstone responds to 9/11 in New York City and Washington, D.C.	2005	Centerstone becomes TennCare Safety Net Provider.
2001	Centerstone launches electronic medical record, telemedicine and distance learning, and programs for older adults.	2006	Centerstone celebrates 50 years, serving more than 45,000 individuals through a network of 65 facilities in Middle Tennessee Region.

## Story(ies)

### RIP Providing Positive Solutions for Struggling Families

Four year-old Jordon was a ticking time-bomb. Any small thing could set off his aggressive behaviors and tantrums. Once upset, he was inconsolable. He would scream, kick, and even get physical with his preschool teachers. Ultimately, he had to be removed from his preschool altogether.

Jordon's mother Jessica turned to Centerstone's Regional Intervention Program in Columbia, Tennessee. "We needed a program that could help Jordon succeed and teach us how to be more effective parents," explains Jessica.

Funded by the United Way of Maury County and the Tennessee Department of Mental Health and Developmental Disabilities, RIP teaches families new skills for communication and discipline. At RIP, parents are encouraged to provide positive reinforcement for positive behaviors. "Jordon learned coping skills and breathing techniques to replace his desire to lash out. We also worked with him on social interaction to help him verbalize his feelings. It has made a great difference in his self-esteem, confidence and overall happiness," says Renee Leach, RIP Program Coordinator.

Jessica has also found comfort in the peer support of RIP. Parents who have gone through the program serve as mentors for

the new parents. "I don't know what I would have done if we didn't have this program. It has truly changed our lives." she says.

### Sarah

Before Sarah was adopted at age two, she only knew a life of neglect. Her drug addicted birth mother left her alone for hours on end. In frustration, Sarah would pull out her hair and scratch at her arms and legs. By the time Sarah came to live with her adopted mother, she was extremely malnourished and painful sores covered her small frame. Her outward appearance was troubling but what brewed underneath was simply heartbreaking.

Sarah's lack of human interaction had left her without the ability to recognize or show emotion. She functioned in her own world and barely acknowledged anyone. Her speech was nonsensical and she couldn't bear human touch.

Sarah's new mother knew the situation was more than she could handle on her own. She turned to Centerstone's unique Therapeutic Preschool, a school for children ages two to five years old who are exhibiting behavioral disorders and are unable to thrive in a typical preschool setting. Sarah began seeing her masters level counselor who helped her work on her verbalization and coping skills. The socialization she received while being

guided and taught by her specially trained instructors turned her world around.

Today Sarah is a spirited and loving four year-old with plans to start attending traditional kindergarten next year. Sarah and her mother found the help they needed for a bright future at Centerstone.

### Greg

Greg is a brilliant 45 year-old man with an incredible aptitude for complicated mathematics. He is also severely schizophrenic.

During a session with his therapist, Greg was asked to participate in one of the many leading research studies being conducted by Centerstone. He accepted and began daily sessions with researchers. Along with gaining a much-needed sense of purpose, he benefited from the medicines that were prescribed as part of the study. He also received intensive cardiac workups, including electrocardiograms.

One day, the EKG registered that Greg was having a serious heart attack. Strangely, he claimed to feel nothing as the heart attack was occurring. Centerstone quickly called 911, and he was rushed to the hospital for life-saving treatment.

Greg ignored the symptoms and the pain of his heart attack *because he didn't know the*

*pain was real.* He was so accustomed to being sick that he didn't recognize reality. This provided powerful insight into why people with schizophrenia might not seek treatment for illness.

Centerstone's 20-person research staff, one of the largest of any behavioral healthcare center in the country, is conducting numerous clinical studies and numerous projects, helping to unlock the mysteries of

mental illness and find helpful treatment options for those who so dearly need them.

## Photographs

## CHEROKEE HEALTH SYSTEMS

### History

Cherokee Health Systems' roots are planted firmly in East Tennessee. We were founded in 1960 by the Federated Women's Clubs of Morristown with limited mental health services provided in a room of the Hamilton Bank building in downtown Morristown. Over the past 47 years, our services have expanded to encompass 13 counties and surrounding communities, and our model of care has evolved to include a blending of primary care and behavioral health services. This model of care and Cherokee's mission to provide accessible, quality health services has resulted in the organization becoming both a Community Mental Health Center and a Federally Qualified Health Center.

We believe that "being healthy" means more than being *physically* well. At Cherokee Health Systems, "being healthy" includes all aspects of our lives – being physically well, having a positive attitude about ourselves, and finding meaning and purpose in our work, home, school and our society. We provide care that's focused on helping our patients live a satisfying, fulfilling life. We use a team of primary care and behavioral health professionals who are committed to our patients' health, and we believe the most important person on that team is the patient. Through an active partnership with us, patients receive assistance in finding and maintaining a healthy lifestyle and healthy relationships.

Cherokee Health Systems accepts most insurance and TennCare plans and, since opening in 1960, has offered flexible payment schedules based on income and family size. We believe that our patients' ability to pay should never interfere with the opportunity to receive quality care.

### Timeline

1959	Agency founded by the Federated Women's Clubs of Morristown	1983	The Clinch Mountain Regional Health Center Corporation was initiated as an amalgamation of Cherokee's services and the Blaine Medical and Dental Board.
1960	Services began as the Mental Health Center of Morristown in the old bank building downtown.	1984	The first primary care clinic was established and located in Blaine.
1971	The name of the agency changed to Cherokee Guidance Center, to de-stigmatize mental illness.	1987	The Union-Grainger Primary Care (a Federally Qualified Health Center) management contract began for the Washburn and Maynardville clinics. A primary care office was established in Knoxville.
1975	Satellite clinics were opened in Tazewell and Newport.	1989	Cherokee was designated the "carve out" Behavioral Health Organization managed care provider in East Tennessee for Healthsource.
1978	The agency went back to using mental health in its name and became Cherokee Mental Health Center.	1993	The Talbott building was opened and the agency changed its name to Cherokee Health Systems (CHS) to reflect its comprehensive mission of integrated primary and behavioral health care.
1979	School Psychology services were established.		
1980	Outreach services to primary care began.		
1982	The Five Rivers Services, HUD housing to be used for clients who do not need hospitalization but do not function well without structure and supervision, was established with a home in Morristown and one in Tazewell.		

1994	TennCare was launched. CHS was the Behavioral Health Organization under TennSource, a TennCare Managed Care Organization, causing unwanted downsizing. The newly renovated 5 <sup>th</sup> Street office and a new office in Rutledge were opened.		new facilities were opened in Newport and New Tazewell; CHS, in cooperation with the City of Rutledge, doubled the size of the clinic in Rutledge.
1995	A Bean Station primary care office was established in collaboration with Lakeway Regional Hospital.	2002	Notice of a three-year Rural Health Outreach grant was received that funds outreach and clinical services for the growing Hispanic populations in Grainger, Hamblen and Jefferson Counties.
1996	A Sevier County primary care clinic and a primary care office in Claiborne County were opened.	2003	CHS was awarded a Bureau of Primary Health Care grant enabling the involvement of Rutledge, Blaine and Bean Station practices into comprehensive community health centers; moved into a newly renovated office in Blount County to accommodate the growing behavioral health practice; opened an integrated primary care and behavioral health office in Mechanicsville; opened a behavioral health office in a suite in the Children's Hospital clinic on Dutch Valley Road.
1997	Construction began on a new Maynardville office; a West Knoxville office opened; CHS was named "Business of the Year" in Grainger County.		
1999	Primary care was added to the 5 <sup>th</sup> Street office; a new Sevier County building was constructed.		
2000	A behavioral health office was opened in Blount County; the Talbott facility was renovated to allow for enhanced children's services with the addition of a pediatric practice.	2005	CHS was designated a Migrant Health Center by the Bureau of Primary Health Care.
2001	New behavioral health offices opened in Jefferson County adjacent to Jefferson Memorial Hospital; a new integrated behavioral health and primary care office opened in Loudon County; CHS received a \$1 million Community Access Program grant to link area safety net primary care providers through an integrated service delivery model; the Bureau of Maternal and Child Health awarded CHS a two-year planning grant to design a model of integrated care for children and their families;	2006	Opened a discount pharmacy in the Loudon County office. Opened a new facility in Knoxville on Western Avenue that provides a blend of primary care and behavioral health services and houses a discount pharmacy. Cherokee held its first Integrated Care Conference with participants from community health centers and community mental health centers from a dozen different states.
		2007	Opened a primary care clinic in McMinn County.

## Story(ies)

### A Cherokee Health Systems Story

Tennesseans who live on the winding, hilly, back roads of the Appalachian Mountains face some unique challenges when it comes to access to any kind of service. Many times they do without. However, there are times when a need is so urgent that these resilient folks are willing to go to great lengths to survive or avert a crisis. Thus was the case when one of Cherokee Health Systems' patients, who struggled with schizophrenia, was about to run out of the medication he needed to hold his world together, and the road to the pharmacy was flooded. His case manager, a longtime resident of the mountains, was well acquainted with the patient and the terrain. When he called for help and was willing to walk seven miles to meet her, she knew he was desperate. Working with the pharmacy, she picked up his medication, wrapped it in bubble wrap, duck taped it into a novelty bucket and tied it to the fishing line at the end of a fishing rod. She

drove to the edge of the flooded road, which had become a small river, where the patient waited on the other side. After a couple of unsuccessful casts, her perseverance paid off. The "medication bucket" landed on the opposite side of the flooded road where the grateful patient could retrieve it.

When commended for her creative actions, the case manager replied matter-of-factly, "No big deal. We just do what we need to do."

### Another Cherokee Story

Some folks come to Cherokee Health Systems for a situation that requires only a little support to get them through a personal crisis, and sometimes

a patient's whole life needs support. Thus was the case with a patient who had been released from a psychiatric hospital following an exacerbation of his mental illness and drug use. He was referred to Cherokee for temporary housing in a group home while he awaited admission to a residential alcohol and drug treatment facility. During his expected "short stay", he was supported by psychotherapy, medication management and day programming services. Initially, he was not happy about being in a group home. This gentleman had always lived independently in a large city.

When it appeared the patient's admission to an alcohol and drug residential treatment facility was going to take much longer than expected, staff invited him to attend Cherokee's intensive outpatient alcohol and drug treatment program. He accepted the invitation and continued to attend regular psychotherapy and medication management appointments. A tiny seed of hope began to take shape in this patient. He expressed an interest in returning to work, so staff referred him to vocational rehabilitation training where he began working in that program.

Outstanding legal charges and fines were also part of this patient's historical "baggage". His case manager began working with him to address these concerns. He had no primary care provider and no health insurance, but needed services, so he began seeing one of Cherokee's family physicians at the same office where he was getting his behavioral services.

Cherokee billed him on a sliding scale arrangement. Now his psychiatric and primary care providers could closely coordinate his care.

As the months passed, this man came to appreciate the benefits of his stay at the group home and the other support services he was receiving. He cited these efforts as critical to his success and began thinking about living independently. He completed the outpatient alcohol and drug program and began attending weekly relapse prevention group meetings. He finished the vocational rehabilitation training, got new eyeglasses, addressed his legal issues and got his driver's license back. His life was finally moving in a positive direction.

This patient's short term respite turned into more than a year's stay. He has stayed sober, is emotionally stable, has well established medical and psychiatric care, and has a large support system to help him maintain his gains in independent housing. During a conversation with his therapist, he remarked about his gains and how he had struggled for more than 20 years to overcome his problems. He thought he was close to death when he first came to Cherokee. He is sure he would have died had he not gotten into treatment.

This man's story highlights the compassion and dedication of Cherokee's caring staff and the benefits of a fully integrated system of medical and behavioral health care. He truly reaped the benefits of Cherokee's mission to improve the quality of life for patients through the blending of primary care, behavioral health and prevention services.

## Photographs





## COMPREHENSIVE COUNSELING NETWORK

### History

Frayser Millington North Shelby Mental Health Center, doing business as Frayser Family Counseling Center and most recently as Comprehensive Counseling Network (CCN), was incorporated in 1975 and began providing mental health treatment services in 1976. It is a not-for-profit organization licensed by the State of Tennessee and governed by a 15-member volunteer Board of Directors. The Center currently provides services at two locations. The Center at 2150 Whitney Avenue serves as the corporate office and offers mental health treatment services to adults. Located at 2100 Whitney Avenue, the Paul Schwartz Center for Children and Families offers mental health treatment services to children, adolescents, and their families.

CCN currently has approximately 130 employees, including psychiatrists, nurse practitioner, doctorates in pharmacy, licensed psychologists, and several master's level and bachelor's level clinical staff. Many of the master's level staff members are licensed within the State of Tennessee. Also included as part of CCN's staff are support and administrative personnel.

CCN provides comprehensive outpatient mental health treatment and case management services to individuals of all ages. Through a subcontract with Mid-South Health Net, Inc., the Center also offers supportive residential services to adults who are mentally ill.

In 2005 and through a contract with the Tennessee Department of Finance and Administration, CCN began providing community based support services to individuals with mental retardation/developmental delay.

The Center serves approximately 2200 individuals at any time, of whom about 1500 are adults with serious and persistent mental illnesses. A significant percentage of those adults also experience problems with substance abuse. The Center also provides services to approximately 700 children and adolescents, many of whom are defined as seriously emotionally disturbed. A significant percentage of those children/adolescents also have a co-occurring diagnosis of substance abuse and/or developmental delay.

Approximately 75% of the individuals served are African American, with the remaining 25% of European American origin. The Center offers its services to individuals residing in all areas of Shelby County.

Funding for CCN's services comes through the Tennessee Departments of Mental Health, Children's Services, Health, and Finance/Administration. The Center receives funding through the United Way of the Mid-South, the City of Memphis, and the Shelby County Schools. CCN is an authorized provider for TennCare, and also accepts private pay and private insurance.

The Center's Executive Director, Ms. Janet Whaley, has worked with the agency since 1978, becoming the Executive Director in 1985. Ms. Whaley holds master's degrees in Social Work and in Business Administration.

### Timeline

☐ Story(ies)

☐ Photographs



## FORTWOOD CENTER

### History

Sixty years ago as World War II was ending, people in Chattanooga were making an adjustment to soldiers returning home which presented emotional challenges for children and parents. Mental illness was severely stigmatized and not a single mental health facility existed within 100 miles of the city.

Brave and wise members of the community stepped out of the prevailing mind-set in 1947 to establish the Chattanooga Child Guidance Clinic. Leading that charge was Dr. Joe Johnson, revered for his leadership, vision, and tireless advocacy for mental health. Dr. Johnson founded the Clinic as the first outpatient mental health service center in Tennessee, starting in two rooms of the Health Department in City Hall. From that beginning, when the organization was almost a voluntary effort, to the present, it has grown to an over \$9 million budget with a staff of 136.

To reflect its evolution in services the Guidance Clinic changed its name in 1965 to the Chattanooga Psychiatric Clinic and to the present Fortwood Center in 1985. During its sixty years of service, Fortwood Center has become the major provider of outpatient community-based services in Chattanooga and Hamilton County.

### Timeline

- |  |  |
|--|--|
| <p>1947 Chattanooga Child Guidance Clinic Founded</p> <ul style="list-style-type: none"> <li>• Started by a special committee of the Council of Community Forces</li> <li>• Funding from Junior League, City Board of Education, Chattanooga Times</li> </ul> <p>1948 Mental Health Association of Chattanooga Founded</p> <ul style="list-style-type: none"> <li>• Formed to sponsor the Clinic</li> <li>• Served as the Board of Directors for the Clinic</li> </ul> <p>1953 First Director Appointed, Dr. Robert Hagood, M.D.</p> <p>1958 First Meeting of the Guidance Clinic's newly established Board of Directors</p> <p>1961 Dedication of new location at 1028 East Third Street</p> <p>1965 Name changed to Chattanooga Psychiatric Clinic with adult outpatient treatment added.<br/>Established Community Mental Health Center</p> | <p>1977 Dr. Harold Korner appointed Director</p> <p>1978 H. Earl Medley, CMSW, appointed Director</p> <p>1984 Patton House Residential Care for Adults established</p> <p>1985 Name Changed to Fortwood Center</p> <p>1990 Case Management Program and Mitchell Residential Home established</p> <p>1992 Mobile Crisis Response Team established</p> <p>2006 – 2007 Capital Campaign Raises Funds for Expansion of Children's Services</p> |
|--|--|

## ☐ Story(ies)

### Story #1

10 year old boy referred by his PCP due to ADHD. He exhibited poor school performance, was suspended multiple times, had low self-esteem and poor social skills, and appeared very angry. His parents were stressed out and did not know how to handle him. He met with the psychiatrist for a full psychiatric evaluation and was able to get started on an appropriate medication regimen. He worked with the therapist on learning impulse control techniques, anger management and social skills training. His case manager further reinforced this, while also serving as an advocate for him at school. He was behind academically because of his multiple suspensions and behavior; his case manager assisted his parents in navigating the school system and ensuring he received the services he needed to help him be successful. Within three months of treatment this child was able to attend school daily with no suspensions, and pulled up his conduct grade from a "U" to a "S+", with his grades also reflecting improvements. He was no longer failing any of his classes, and participated in tutoring several days a week that his case manager helped his parents arrange. His parents had not realized that he was eligible for an individualized educational plan through special education services because of his SED (serious emotional disturbance), and that he qualified for additional services and modifications in the classroom to help him be as successful as possible in school. Within six months, he participated in his first sleepover with a friend he made at school, and was signed up to begin little league (a first for him as well!)

### Story #2

16 year old referred by Hamilton County Juvenile Court due to unruly behaviors and truancy; she was on the verge of entering state custody due to her parents inability to deal with her. She was not able to get along with her family, and was failing school. She appeared apathetic, was not

taking care of herself, and had frequent somatic complaints leading to poor attendance at school. When she did go to school, she would not complete her work, instead putting her head down on her desk. She was unable to sleep at night, which seemed to increase her irritability. She had recently been hospitalized due to a suicide attempt, and reported doing this due to command hallucinations ("voices" that told her to). Through her assessment, it was determined she was suffering from Major Depressive Disorder, Severe, with Psychotic Symptoms. She received a psychiatric evaluation with the MD, and was started on medication to address her symptoms of depression, including her serious psychotic symptoms. She also worked with the therapist to address her SED, and was able to develop more positive coping skills for managing both her mood and hallucinations. Her family also participated in family therapy with her to work on improving communication skills and conflict resolution. They also learned more about her SED and how to identify her symptoms of decompensation in order to get her the help she needs before her mood spirals out of control as had previously been the case. Her case manager provided community support, both at home and school, as well as got her involved in recreational activities at her local community center. A year after she began treatment at Fortwood Center, she is currently passing all of her classes with a "B" average, and is attending school daily. She discovered a love for acting, and is set to play a role in an upcoming school play. She continues to take her medication, and is monitored regularly by our MD. Her therapy appointments are less frequent now (she sees her therapist every 3-4 weeks), and maintains regular contact with her case manager as she works towards graduation. She is no longer involved in the juvenile justice system, though has expressed the desire to work with teenagers in similar situations as a future career.

## ☐ Photographs





## FRONTIER HEALTH

### History

#### ***Celebrating more than 50 Years of Service in Northeast Tennessee and Southwest Virginia***

Celebrating more than 50 years of service, Frontier Health is the leading provider of mental health, substance abuse, and developmental disabilities services in Northeast Tennessee and Southwest Virginia. As a not-for-profit 501(c) 3 organization, Frontier Health's leadership continues its community founders' earliest vision from 1951 to establish accessible and quality services within the region. After the first community mental health centers opened in May 1957, the agencies that would become Frontier Health worked cooperatively throughout their fifty-year history to expand and provide quality services. Area Alcohol and Drug, Developmental Disabilities, Housing, and Vocational Rehabilitation Services embraced mergers with the founding mental health agencies to allay administrative costs and afford continued service to the region. The agencies collectively partnered with groups such as Head Start, Dawn of Hope, Contact Concern, cities, counties, housing authorities, and court systems, to provide services. The transition to Frontier Health came in 1997, when Central Appalachia Services, Nolachuckey-Holston Area Mental Health and Watauga Mental Health merged. The leadership of these agencies, and the then recent merger of Bristol Regional Mental Health with CAS, solidified their commitment and ability to help individuals in the now, 12-county region served.

The first two mental health centers opened in Johnson City and Kingsport in 1957. The Johnson City center became Watauga Mental Health in 1962 and voted to affiliate with Johnson City Memorial Hospital to receive the Department of Health, Education and Welfare Hill-Burton funds for a new building on Fairview Avenue. Services were expanded into Carter and Unicoi Counties in 1971. Federal funds were again tapped for the renovation of a hospital building as the new site of Watauga Mental Health. After a \$999,000 renovation, the facility opened in 1973 to include 16 inpatient hospital beds, outpatient therapy, daily living center therapy, alcohol and drug counseling, children and youth services, a school for emotionally disturbed children, family therapy, and vocational counseling. In 1974, Watauga dissolved its partnership with the Johnson City hospital and in July 1985, Woodridge Psychiatric Hospital was opened. (The 75-bed facility is now a part of Mountain States Health Alliance.) In 1989, Watauga also opened a psychosocial rehabilitation program as the Victory Center. The psychiatric rehabilitation recovery center now provides vocational, case management, and employment services for people with mental illness or who are recovering from substance use issues. In 1997, Victory Center merged with Kingsport's Park Center, which had opened in 1989.

Kingsport Mental Health became part of Holston Valley Community Hospital in August 1968 but it wasn't until 1978 that the center's growth was noted by Tennessee Commissioner Harold Jordan, who pledged support for state funding for a new facility. Armed with a \$600,000 state grant and more than \$200,000 in local funds, Holston Mental Health opened it in April 1981. Nearly simultaneously, the center began a partnership with Planning District One (Community Services Board) in Lee, Scott, and Wise Counties, and the City of Norton, Va., for services at its three existing clinics. Holston Mental Health officially separated from Holston Valley Hospital in December 1982. Then, in 1987, Holston Mental Health partnered with Holston Alcohol & Drug and in 1989 merged with the agency, creating the first free-standing Alcohol & Drug program to merge with a community mental health center in the state. That A&D program, (founded in 1967 as Kingsport Council on Alcohol and Drug Dependency), was actually the first substance abuse program to open in the region. That next year, SAFE House Domestic Violence Shelter and Kingsport Center of Opportunity merged with Holston Mental Health to form Holston Services, Inc. Kingsport Center of Opportunity opened in 1968 as a sheltered workshop

for people with mental retardation. After several mergers and program re-alignments, it is now Frontier Industries – Kingsport and includes case management, residential services, vocational training, employment, and support services.

In February 1958, the third community mental health center to open in the region was Bristol Mental Health. It was touted as the only one in the country that was a concerted effort of two states, two counties, and two cities. In 1965, the center and Bristol community groups began a drive to build a new facility, seeking Federal Construction Funds via the 1963 Community Mental Health Center Act. Bristol Regional Mental Health Center formally occupied its current site in May 1970. The cost including grant and matching funds, was \$144,000. About one month later, Bristol Regional Mental Health joined Bristol Memorial Hospital to benefit both organizations. Bristol Regional Mental Health sought eligibility for an eight-year \$244,660 National Institutes of Mental Health staffing grant and the hospital sought eligibility for Hill-Burton Federal construction grant for its psychiatric unit. Bristol Mental Health first offered services in 1968 in Johnson County, and in 1974 in Abingdon, and Glade Spring, Va. In 1993, the merger of Holston Services, Bristol Regional Mental Health and Bristol Regional Rehabilitation (a program for people with mental retardation that began in 1971) led to Central Appalachia Services, blending both mental health services and services for people with mental retardation or developmental disabilities. The Bristol program is now Frontier Industries – Bristol.

Nolachuckey-Holston Area Mental Health Center was officially chartered in 1972 to provide services for Greene, Hancock, and Hawkins counties. The Tennessee Commission of Mental Health granted \$600,000 toward a new facility that was occupied in December 1975. Services in Hancock and Hawkins were provided at locations within hospitals in those counties until independent facilities were built.

In 1985, the Kingsport Council on Alcohol and Drug Dependency implemented the first Student Assistance Program in the State of Tennessee. The first school counselor placed in that program, Gary McConnell, still works for Frontier Health. In 1985, Holston Mental Health, Bristol Mental Health, Watauga Mental Health, Nolachuckey-Holston Mental Health, and the Department of Housing and Urban Development (HUD) established a non-profit corporation, Rainbow Homes, Inc., to build group homes for mentally ill adults using HUD funds. The first home opened in 1985. There are now seven group homes and eight supported living facilities.

Also in 1985, Holston Mental Health and Bristol Mental Health took joint responsibility for the operation of Sullivan House, a group home for youth referred by Juvenile Courts in Kingsport and Bristol. Adolescent group homes have grown to four programs and facilities for youth who may be in state custody, at-risk of state custody, or who may be runaways. Services include observation and assessment; structured treatment program; Project Safe Place for run-away and throw-away youth; and therapeutic foster care and adoption services. The TRACES therapeutic foster care program actually began in 1991.

Frontier Health began embracing the electronic health record with a CMHC partnership beginning in 1989. Frontier Health began developing an electronic medical record in 2001, and in 2004 began a pilot Electronic Medical Record that was system-wide in 2005.

From small outpatient facilities in only three local cities in the late 1950s, Frontier Health has grown to 67 facilities and more than 85 programs in 12 counties of Northeast Tennessee and Southwest Virginia. During Fiscal 2007, Frontier Health provided more than 37,000 individuals with Clinical Services. There were 234 children and youth who received Specialty Services. Alcohol and Drug Residential Services were received by 631 people. Peer Support Services were provided to 567 individuals. Residential Services were received by 553 individuals, and 264 people received Supported Living services. There were 10,965 individuals served in school-based services and 10,866 receiving educational services. There were 896 individuals who received vocational rehabilitation services. For Fiscal Year 2007, Frontier Health served **62,863** individuals.

## Timeline

- 1957
  - Johnson City Mental Health Center opens May 13, 1957
  - Kingsport Mental Health Center opens in May 1957
  - Mental Health Services provided in Lee, Scott, and Wise Counties during 1950s
- 1958
  - Bristol Mental Health Center opens in February 1958
- 1960
  - Johnson City Mental Health Center affiliated with Memorial Hospital
- 1961
  - Hill-Burton funds were secured by Johnson City Mental Health
  - Johnson City Mental Health relocates to 208 West Fairview Avenue
- 1962
  - Johnson City Mental Health opens 109 West Watauga Avenue
- 1965
  - Johnson City Mental Health purchases 204 West Fairview property
  - Bristol Mental Health receives land from Bristol Memorial Hospital
- 1966
  - Bristol Mental Health C&Y begins Therapeutic Summer Camp
- 1967
  - Kingsport Council on Alcohol and Drug Dependency opens
  - Johnson City Mental Health operates 1st comprehensive community mental health center in Tennessee
  - Bristol Mental Health Clinic becomes Bristol Regional Mental Health Center
- 1968
  - Kingsport Mental Health merges with Holston Valley Hospital
  - Kingsport Center of Opportunity opens
  - Bristol Mental Health expands services to Johnson County
- 1969
  - Johnson City Mental Health provides educational/treatment services in contract with Johnson City Schools at the Educational Youth Center, first known program in Tennessee
- 1970
  - Bristol Mental Health merges with Bristol Memorial Hospital, opens new facility
  - Regional Child Development Center opens in Wise County
- 1971
  - Bristol Sheltered Workshop opens
  - Johnson City Mental Health begins Alcohol and Drug Treatment Division and opens Elizabethton Mental Health
  - Bristol Mental Health begins day treatment and emergency A&D services
  - Greene County Mental Health launched part-time counseling
- 1972
  - Nolachuckey Mental Health chartered to serve Greene, Hawkins, Hancock Counties and opens a center in Greene County and satellite services in Hawkins County
  - Chapter X Board forms in Southwest Virginia
  - Johnson City Mental Health renames itself as Watauga Area Mental Health Center
- 1973
  - Highlands Board contracts with Bristol Mental Health
  - Watauga opens renovated center at 109 West Watauga Avenue
  - Regional Child Development Center opens centers in Coeburn and Gate City
  - Nolachuckey Mental Health opens satellite services in Hancock County
- 1974
  - Alcohol & Drug Council of Kingsport separates from Regional Alcohol & Drug Council
  - Nolachuckey gets Federal Block Grant to build new facility
- 1975
  - Developmental Services Incorporated adds homebound Mental Retardation program for children ages 3 to 14
  - Bristol Mental Health begins specialized geriatrics program
  - Nolachuckey Mental Health opens new facility in Greeneville
- 1977
  - Bristol Sheltered Workshop opens 1st home for adults with Mental Retardation
  - Watauga Mental Health begins Daily Living Center, psychiatric day treatment, and Watauga opens Erwin center
  - PD1 opens Mental Health centers in Lee, Wise & Scott County
  - Bristol Mental Health begins Forensic Services
  - Nolachuckey Mental Health starts Emergency Services
- 1978
  - Alcohol & Drug Council of Kingsport begins DUI program
  - Bristol Mental Health introduces Drug Mis-Use program in Sullivan County High Schools
  - Kingsport Mental Health moves to Sullivan Street
  - Nolachuckey Mental Health opens Therapeutic Day Care in Hawkins

- 1979
  - Bristol Sheltered Workshop opens first thrift store
  - Nolachuckey Mental Health begins Therapeutic Day Care in Hancock
  - Watauga Mental Health helps start Johnson City Task Force of Sexual Assault, Abuse and ACCESS crisis line
- 1980
  - Bristol Sheltered Workshop opens 1st Mental Health Group Home, Grant Widner
  - Bristol Mental Health begins clubhouse program
  - Holston Mental Health begins Psychosocial Day programs ADAPT for adults and LIFE for elderly
- 1981
  - Holston Mental Health opens new facility & contracts with PD1 Community Services Board in Lee, Scott & Wise Counties and City of Norton
  - Communication Center for the Deaf and Hard of Hearing opens
  - Regional Child Development Center adds adult program, Four Seasons, contract with PD1
  - Alcohol & Drug Council of Kingsport begins school-based prevention
  - Bristol Mental Health begins early intervention A&D program
  - Bristol Sheltered Workshop opens Sunhouse
- 1982
  - Holston Mental Health separates from Holston Valley Hospital
  - SAFE House opens
  - Watauga Mental Health opens Fairview Center
  - Developmental Services opens Powell River Center for Rehabilitation (Independence Unlimited)
- 1983
  - Rainbow Homes Inc. organized by 4 area Mental Health centers
  - DSI/PD1 open 1st MR Group Home, Park Place
  - Holston Mental Health/PD1 opens Independence House
  - Elizabethton Mental Health opens Overmountain Child and Family Services
- 1984
  - Alcohol & Drug Council of Kingsport absorbs services from Regional A&D Council when it closed
  - Bristol Sheltered Workshop renamed as Bristol Regional Rehabilitation
- 1985
  - Watauga Mental Health opens Woodridge Psychiatric Hospital
  - Sullivan County contracts with Holston Mental Health / Bristol Regional Counseling for adolescent group home services: Sullivan House
  - Alcohol & Drug Council in Kingsport starts Tennessee's 1st Student Assistance Program
- 1986
  - Link House opens
  - Dickson Center opens Sunnybrook Therapeutic Nursery
- 1987
  - Cloud Nine program opens as partnership of Holston Mental Health, Kingsport Housing Authority, Kingsport Alcohol and Drug Council, Girls Club, First Baptist Church, Kingsport Juvenile Court (Judge Steve Jones), and the Cloud Apartments Tenants Association
  - Kingsport Center of Opportunity opens developmental program (AIM)
  - Bristol Rehabilitation opens Fairmount Group Home
  - Watauga Mental Health begins Employee Assistance Program
  - Rainbow opens Eldreth House
- 1987
  - Alcohol & Drug Council of Kingsport becomes Holston Alcohol & Drug
  - Bristol Mental Health, Holston Mental Health, DHS, ETSU, Indian Path, Juvenile Court, City & County Schools begin PASS parent program
  - Watauga Mental Health opens intensive program for women in A&D recovery
- 1988
  - PD1 opens adolescent group home, Addington Hall
  - Watauga Mental Health begins Adventure Program and opens Circle Time Therapeutic Nursery
  - Bristol opens private practice-model counseling center
  - Rainbow opens Moore House, Laurel House, Plymouth Road and Crockett Apartments
- 1989
  - Holston Alcohol & Drug & Holston Mental Health are 1st freestanding A&D to merge in Tennessee
  - Holston Mental Health opens Park Center in Kingsport and Holston Child & Family and Polly Summit in Wise County
  - Watauga begins dual diagnosis program, opens Victory Center
  - Bristol Regional opens Willowbrook Therapeutic Nursery
  - Developmental Services opens Hillcrest and Roller Russ
- 1990
  - Holston Mental Health Services, Kingsport Center for Opportunity, and SAFE House merge as Holston Services Inc.
  - Holston Services opens Pierce House and Friendship Connection
  - Bristol Mental Health separates from Bristol Memorial Hospital
  - Bristol Regional Counseling opens Mountain Valley Therapeutic Nursery in Johnson County
- 1991
  - Nolachuckey Mental Health opens Church Street Pavilion, A&D Family Therapy, and Drop-in Center
  - TRACES Therapeutic Foster Care consortium forms
  - General Shale of Kingsport completes brick mural in new Bristol Regional Counseling Center
- 1992
  - Watauga opens Greenwood Challenge Ropes Course

- Nolachuckey Mental Health begins Supported Employment, Therapeutic Nursery Program, and GreenHouse A&D halfway house, and begins offering Project BASIC
  - Bristol Rehabilitation reopens Communication Center for the Deaf and Hard of Hearing
  - Elizabethton Mental Health renamed Charlotte Taylor Center
- 1993
- Central Appalachia Services is merger of Holston Services, Bristol Mental Health, and Bristol Regional Rehabilitation
  - Watauga's Victory Center begins Victory Scapes landscaping
  - Central Appalachia Services opens Appalachia Court Apartments
  - Rainbow merges with Central Appalachia Services
  - Nolachuckey Mental Health opens new Hawkins facility
  - CAS' Kingsport Center of Opportunity and Bristol Rehabilitation rename as Opportunities Unlimited
- 1994
- Central Appalachia Services opens Bristol Apartments
  - Opportunities Unlimited - Kingsport opens with Park Center, Kingsport Center of Opportunity, Vocational Training, and Friendship Connection
  - Regional Crisis Teams formed
  - Nolachuckey Mental Health opens new Hancock facility
  - Watauga Mental Health and Central Appalachia Services sign managed care contract for Fairview's services; Nolachuckey later joins the agreement
- 1995
- Link House merges with Central Appalachia Services
  - Central Appalachia Services begins Step by Step program
  - CAS's Opportunities Unlimited opens first Thrift Store
- 1996
- Central Appalachia Services opens Kingsport Apartments, Open Arms, and enters management contract with DSI
  - Watauga Mental Health opens Watauga Center for Health and Aging, begins SafetyCab, and Circle Time becomes Building Blocks Preschool
- 1997
- Central Appalachia Services, Nolachuckey Mental Health, and Watauga Mental Health merge in May to form Frontier Health
  - Frontier Health is Business Journal Business of the Year
  - Opportunities Unlimited opens new Bristol location
  - Park Center services merge with Victory Center
  - Link House launches Project Safe Place
- 1998
- Frontier Health outpatient sites join with Woodridge to achieve JCAHO Accreditation
  - Independence Unlimited Thrift Store opens
  - Frontier Health begins Supervised Community Living Program
- Dual Disorder Treatment Program revised
  - Windsor House opens
- 1999
- Turning Point opens
  - Appal-Link system begins
  - Four STAR partnership with Frontier Health, Greeneville Juvenile Court, City Schools & County Schools begins
- 2000
- Magnolia Ridge Treatment Center opens
  - Opportunities Unlimited Thrift Store opens new store in Johnson City
  - Oasis Observation & Assessment Center opens
  - TRACES began offering adoption services
  - LINK House program becomes Primary Treatment Center
  - Addington Hall reorganizes as outpatient site
  - Bridging the Gap initiated
- 2001
- Frontier Health outpatient, Woodridge, & Magnolia Ridge earn JCAHO accreditation
  - MR/VR programs net CARF accreditation
  - Psych-Link video conferencing begins
  - Virginia Outpatient Services Reorganized
  - Dual Diagnosis Disorder Pilot begins in state
  - Chatam Apartments and Stratford Apartments open for people with Serious and Persistent Mental Illnesses
  - Housing program for homeless begins with Creating Homes Initiative
- 2002
- Frontier Health opens new corporate office in Gray
  - Regional Child Development Center develops Infant Mental Health Services
  - Watauga Behavioral Health Services combines Adult, C&Y and Case Management Services at 109 West Watauga
  - Wise County Behavioral Health Services combine Adult and C&Y services at new Big Stone Gap site as Wise County Behavioral Health Services
- 2003
- Wellmont contracts with Frontier Health for management of Behavioral Health Services & Ridgeview
  - Opportunities Unlimited adopts name change to Frontier Industries
  - Initiate Drug Courts in Lee and Scott Counties
  - Tennessee Crisis Services affiliates with The Jason Foundation
- 2004
- Frontier Health Outpatient sites, Woodridge, Magnolia net JCAHO accreditation
  - Frontier Health Employment Services net CARF accreditation
  - Telepsychiatry services offered in Johnson County
  - Initiate Voice recognition for physicians, nurse practitioners

- Initiate Drug Court in Wise County
- 2005
- Frontier Health outpatient, crisis, & substance abuse programs net CARF re-accreditation
  - Woodridge sold to Mountain States Health Alliance
  - Lee County merges Adult, C&Y services at renovated site as Lee County Behavioral Health Services
  - Sexually Abusive Youth, FINE, Art Smart added
  - Launch new Website
  - Launch Quality Update consumer newsletter
- 2006
- Higher Ground Peer Support Center opens in Johnson County
  - Opportunity House opens in Pennington Gap
  - Magnolia Ridge opens Willow Ridge
  - Participation in Bristol Drug Court
- 2007
- Mental Health Court developed in Washington County
  - Frontier Health celebrates 50 Years of Service

## Story(ies)

### “Audrey”

I have a dual diagnosis: bipolar and drug addiction. I guess I always suffered from the symptoms of bipolar, though I didn't always know it. The drug addiction came later. I was raised in an extremely abusive family. I believe my mother had an undiagnosed mental disorder. We were put in foster care when I was 9, returned at 12, and removed again after I attempted suicide.

My teen years were spent bouncing between elation and despair. I took my first drink at 13 and found amphetamines at 17. I married and separated, taking with me my only child, who also exhibited problems.

As I reached my 30s I remarried and later started using I.V. drugs. I was still unmedicated for bipolar, and the roller coaster went faster and faster. I felt trapped in domestic violence, drug abuse and mental illness. All I wanted was to end it. I wanted to die — until faced with that possibility. I infected my arm so badly I had to have surgery. The doctors said I might lose my arm, or worse. I knew I had to make some serious changes. I left everything behind but my son and his dog and came to Tennessee. Here I sought help for my son and for myself.

Today I've been in recovery more than 2 years. My son and I are doing well. I've come to terms with most of my past, though some is still painful. In my sobriety things are better, but not always perfect. I lost my brother this year to suicide; he suffered from an untreated mental illness and abused alcohol. Had I gone untreated

as he was, I would not be here today. I am grateful.

### “Jane”

Jane's tumultuous childhood and scars from sexual abuse at the hands of family members caused the 6-year-old to be removed from the home. Her past created a challenge for Jane's foster family. Thanks to help from the Frontier Health TRACES foster care program, Jane eventually learned to cope.

Court appearances and imprisonment for the abuser failed to bring security to Jane. Fear and anxiety overwhelmed her. She refused to leave her foster home and refused to leave the side of her foster mother, Mary.

Mary came up with a creative method to let Jane feel safe. It worked; Jane was able to increase her distance and feel safe. Occasionally, Jane would test to see if Mary was there. Mary gave her the assurance she needed.

Returning to school created new anxiety for Jane. She feared she would lose Mary, the only person left in her life. TRACES staff continued treatment, including accompanying Jane to school as needed, and frequent visits with TRACES staff. Mary's extended family also helped Jane feel part of her new home. Outside activities helped Jane step outside her comfort zone. During high school, Jane won academic awards. At 18, Jane has a job and she plans to attend college.

An inspiration to the TRACES staff, Jane is considering a field where she can help people experiencing hopelessness. Jane is active with her church youth group, where she mentors other teens. She proudly says a mother doesn't have to come through birth, sometimes a “mom,” can grow from the heart.

### “Levi”

Levi left Crossing Point after he turned 18, the age when the Tennessee Department of Children's Services typically begins to help clients move toward independence. Levi received Emergency Shelter Grant Funding for his first two months on his own. He has since started drawing disability, and moved into his own apartment. DCS helped Levi by funding three month's rent. He still sees a therapist and a Continuous Treatment Team case manager.

Levi attended the Victory Center vocational rehabilitation program, which led to his employment. He now works 30 hours per week and loves his new apartment and freedom. Levi is living on his own and plans to attend college to better provide his own future.

### “Evelyn”

It's really hard to get it through my head that I'm graduating from the Adventure Program. I'm scared about finally being through. It's my second attempt. The first time I was rude and disrespectful but this time I've tried really hard to be productive and set a good example. Graduating means

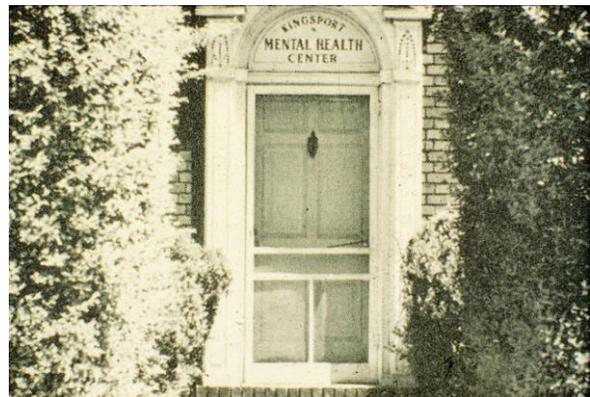
I have to get a job and start planning the rest of my life, a life that depends on my attitude and behavior.

I won't have the security of this place when things get rough but one of the neatest things was learning to make friends. I had to learn other girls could be trusted and were not all that bad. I also figured out I could have a positive relationship with guys and I improved my relationship with my mother.

I've done a lot of growing up in the past year. I've had to let go of old behaviors and old friends. I've had to make extremely difficult choices. Sometimes it's hard to know what's right because I want to "fit in." There are nights I still struggle to keep from drinking, but I realize since I quit all that stuff I've become the person I thought drugs made me become. I have to let go of those feelings often and ask God for help, which is something else that's hard for me. I used to worship the devil, so becoming a firm believer in God is a miracle in my life.

I have a reason to live. I remember days I didn't want to get out of bed; I wanted to lie down and die. I really did want to die. Life held no meaning. I tried unsuccessfully to kill myself all the time with the drugs. It was hard on me and my family. I remember thinking treatment was the biggest load of crap and would never work, but it does. I was lazy and didn't want to work to get better. But my life became more important and I changed. I'm still changing, one day at a time.

## 📷 Photographs







## GENERATIONS MENTAL HEALTH CENTER

### History

The groundwork for what has become Generations began with health care facilities. Generations/Gaither's Group was formed in 1991. The formation of this organization came about through a commitment for carrying on a health care ministry. The people involved in this organization were educated, motivated, and experienced in the management and marketing of health care. Each had a firm philosophy based upon Christian principles. It is upon these philosophies that an operational plan developed with a goal of providing the highest quality of service for those in their care. In 1991 the first nursing home took off and then the second one was added by 1997.

With much prompting from J.B. Denton a NAMI advocate, the founder David G. Gaither purchased thirty two acres in Warren County, Tennessee with the intention to begin to care for the mentally ill just as he had for the elderly in his nursing homes. Mr. Denton was going to educate Mr. Gaither about mental health and assist in the day-to-day operation of the mental health facilities. However, Mr. Denton fell ill and passed away leaving Mr. Gaither to learn everything to be able to get the new facility in Morrison, Tennessee up and going. The first supervised residential home in Morrison, Generations of Morrison - the Denton House opened in February 1998. The home could house eight members. Over time, three more houses opened on that Morrison land to provide excellent twenty-four hour awake care for those that resided there.

Seeking to provide the best clinical support for the thirty-two residents of Generations of Morrison, Mr. Gaither approached the Behavioral Health Organization (BHO) about being able to provide mental health services for those that Generations housed. In this way the members could have an on sight case-manager, etc. which would improve the quality of clinical care. The BHO agreed and in July of 2002, Generations Mental Health Center opened in Warren County, Tennessee.

The year of 2002 was a busy one for the Generations staff. In November of that year Generations of McMinnville, McMinnville, Tennessee opened which is the transition/diversion house. This home is different then anything else in the state as this home has a higher staff to member ratio and also, has a full time nurse on staff Monday thru Friday. This house is utilized for the purpose of supporting members who have had difficulty transitioning out of the hospital and/or have failed placements in the past as they attempt community placement. Also, it is utilized for diverting hospitalization if a member is requiring extra support and supervision for stability in the community. This home is a Co-ed facility that houses eight members. In Cannon County, Tennessee, Generations of Woodbury opened in November as well. It is a five-acre campus that contains two houses, eight members each. These homes are supervised residential homes. One home is for males and one for females.

In October 2004, after much prompting of the community, Generations Mental Health Center opened to the public. And has been growing in outpatient numbers every since. We have added two therapists, several case-managers, including an adolescent case-manager and continue to grow.

In August of 2006, the Robert Coy House and the Kristopher Wayne House opened in Warren County, Tennessee. The Robert Coy House was opened for young ladies ages eighteen to thirty that are in need of high levels of supervision and support to maintain compliance and safety. This supervised residential home is a locked facility and it houses eight

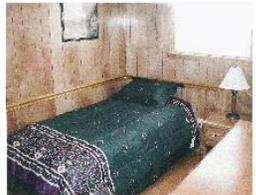
young women. The Kristopher Wayne Home is a supervised residential for young men ages eighteen to thirty. These young men are in need of high levels of supervision and care.

March of 2007 was another mile stone period of growth for Generations as the Campbell Lodge, our first sub-acute type housing opened in Warren County, Tennessee. The Campbell Lodge is the first in the state of this type. The Lodge is a sixteen bed, all male facility that supports and supervises members that would otherwise be in the sub-acute units of the mental health hospitals. In September and August of this same year Generations expanded to the western region of the state with two smaller sub-acute level houses; the Nichols House which is an all male facility housing eight and the Pettit House which is an all female home, also housing eight.

## ☐ Timeline

## ☐ Story(ies)

## ☐ Photographs





## GRACE HOUSE OF MEMPHIS

### History

Grace House of Memphis, Inc., a United Way agency, is a Tennessee Department of Health licensed non-profit treatment facility for women who have alcohol and/or drug abuse problems. In operation in the same location since 1976, Grace House enjoys an excellent reputation for having an effective treatment program. Its mission is to provide quality addiction treatment regardless of a woman's ability to pay.

Grace House offers: a detoxification program (2 weeks, 4 beds), a rehabilitation program (3-6 months, 13 beds), and a halfway house program (Grace House Extended) for extended treatment (3-12 additional months, 8 beds). The rehabilitation program includes group, individual and family therapy; assertiveness, relationship and abuse awareness classes; twelve-step and communications classes, as well as lectures about recovery, leadership, wellness, and effective living skills.

Any adult female suffering from a substance abuse problem who has a sincere desire to overcome her problem and has no severe medical complications may be admitted. Grace House provides services regardless of race, religion, or national origin. Pregnant women are given priority.

### Timeline

Grace House was founded in 1976 by Pat S. with 25 years of sobriety at the time, she wanted to create a safe place for female alcoholics. Originally, Grace House was an 8 bed facility that served as a safe house for women. There were no paid staff members, only volunteers. No records were kept, but we know that at times, clients were given the keys and told to take care of everything, while the volunteer staff went home to rest.

- By 1978, group therapy sessions were held on a regular basis. Assertiveness training classes were started by Pat Buckley in 1980.
- In 1981, Sharon Trammell became director. Group therapy, individual therapy and regular classes were conducted on a regular basis. Grace House expanded to include 18 beds (4 of which were used as social setting detox beds). This was the beginning of a more structured program. Files were kept and taxes were paid.
- In 1982-83, a social detoxification program was started that required a full-time nurse and a volunteer doctor.
- In 1983, step classes were started; the house was remodeled, and four new rehab beds were added.
- In 1985, our volunteer doctor resigned. Dr. Jim Burnett was hired as our staff doctor.
- The first full-time counselor was hired in 1986. That same year, Grace House added a halfway house, bringing the total bed count to 25.

Today, Grace House offers a detoxification program (2 weeks, 4 beds), a rehabilitation program (3-6 months, 13 beds), and a halfway house program for extended treatment (3-12 additional months, 8 beds). The rehabilitation program includes group, individual and family therapy; assertiveness, relationship and abuse awareness classes; twelve-step and communications classes, as well as lectures about recovery, leadership, wellness and effective living skills. The Halfway House (Extended) program offers individual, as well as group therapy, and- training in job readiness.

Grace House has a trained, licensed staff of seven counselors and ten additional support staff. Eighty percent of the full-time staff have been with Grace House for over ten years. (Please visit our [staff page](#) for more information.)

Over the years, Grace House has expanded its funding base and now receives annual funding from the TN State Department of Health, United Way of the Midsouth and the City of Memphis. Grace House is the only long-term residential treatment center in the state of Tennessee that is for women only.

## Story(ies)

**Client's Story** – When I came to Grace House, I had plenty of experience, but no strength or hope. I lived to drink and drank to live. I could not imagine my life without alcohol and drugs. I functioned for many years with the aid of these things, but the time came when they stopped working.

At this point, my life became more unmanageable, I hated myself and what I had become and there was no hope. I didn't care if I lived or died because I believed there was no way out. I involved so many people in my disease and hurt them in so many ways. Lying, cheating, stealing and manipulating were my normal behavior.

I reached the point I could face no one or stand to look at myself. I arrived at Grace House totally bankrupt spiritually, emotionally and physically. They took me in and my journey began. The staff showed more love, patience and understanding than I knew existed. The fear, panic and tears were a daily thing and I had no faith that I could make it. The staff believed for me, and never gave up. They were never too busy to listen and understand.

I was able to become teachable with time, and start the work I needed to find myself. I began to understand my disease, find a Higher Power that I could believe in, face the truth and deal with the past. The truth hurt and the emotional pain was overwhelming at times, but I knew I was safe and they always assured me that they were there and I would be okay. I was taught self-forgiveness, trust and what honesty is. I learned it is okay feel and be who I am. I have been given a way out and solution.

Grace House and staff gave me another chance at life, and taught me how to live without alcohol and drugs. They also gave me a new family that will always be there give me the love and support to fight my disease. I will always have a safe and loving place to call home and feel accepted for who I am.

## Photographs



## HELEN ROSS McNABB CENTER

### History

In 1945, the Child Welfare League of America conducted a survey of children's needs in the Knoxville community. The League recommended the formation of a child guidance clinic. Pursuing this recommendation, the Council of Community Agencies appointed a committee, with Helen Ross McNabb as chairman, to study the possibility of opening a child guidance clinic.

Fifty nine years ago a determined young Helen Ross McNabb, made an appeal to the Knoxville City Council for funds to help open a mental health clinic for children. At this time, there was a great need but little attention being given to those suffering with mental illnesses. She was very persuasive because Council voted to give \$8,000 in matching funds to get the ball rolling. In October, 1948, Helen Ross McNabb's dreams were realized when the doors of the mental health center opened.

The center was known as the Knoxville Mental Health Clinic. It was the first community mental health clinic established in the state and served citizens from 16 East Tennessee counties. Headed by Dr. Louise Noel and staffed by three professionals, the clinic was financed with \$16,000 in federal public health funds matched by local funds, including \$8,000 from the Knoxville City Council and \$1,200 from the Junior League. The Knoxville Bureau of Health was responsible for the financial and administrative operations of the clinic. A separate advisory board headed by Mrs. McNabb (who was also an experienced social worker), directed the making of the clinic's policies and oversaw program development.

The clinic, an outpatient diagnostic and treatment facility for children, experienced rapid growth and moved to larger quarters in 1949 and again in 1951.

The Tennessee Department of Mental Health (TDMH) was formed in 1953. This TDMH became responsible for the quality of professional work at the clinic and directed the disbursement of public funds. The clinic, now independent from the Knoxville Bureau of Health, became the Knoxville Mental Health Center, a private, not-for-profit corporation governed by a volunteer Board of Directors. Soon after, the board recognized a need to address broader community mental health issues and agreed to divide. Half of the board membership remained to govern the Center. The other half became the nucleus of the board of a new organization, the Knox Area Mental Health Association.

The Knoxville Mental Health Center grew throughout the 1950s, adding professional staff and space as needed to meet the demand for services. Adults were accepted for treatment in 1955. The Department of Mental Health, the City of Knoxville, Knox County, the Junior League, and patient fees provided the Center's primary financial support. In 1956, the Center was accepted as a United Fund (United Way) agency.

In 1965, the Board of Directors decided the Center should become a comprehensive mental health center and applied for funds under the Comprehensive Community Mental Health Center Act of 1963. To qualify for the federal dollars, the Center agreed to provide outpatient services, inpatient care, adult day care, 24-hour emergency service, and a consultation and education program.

Federal funds were approved in 1967. A campaign to provide the necessary matching local funds was launched, and a building site on the grounds of the University of Tennessee Medical Center was leased for 50 years. In January of 1969, the two-story brick building was completed and dedicated as the Helen Ross McNabb Community Mental Health Center.

Throughout the 1960s and 1970s, the Center provided comprehensive community mental health services. When necessary, the Center would operate neighborhood satellite clinics to provide onsite services.

By the early 1980s, the need for expansion again presented itself. In 1986, a third floor was added to the Center. This solution provided only temporary relief from crowded conditions.

In 1988, the Center leased and renovated an older home on the edge of downtown Knoxville. Friendship House, a social/recreational and vocational rehabilitation facility for adults who have mental illness, was opened in the home in 1989. A 1993 annual fund campaign allowed the Center to purchase and renovate a business facility on Luttrell Avenue. The vocational rehabilitation services were relocated there and named Friendship House Vocational Connection.

Also in 1989, a capital funds campaign was conducted to finance the building of a children's programs facility. For several years the Center's programs for children had been located in the Center and at various rented spaces throughout Knoxville. In 1989 the Helen Ross McNabb Children and Youth Center opened, bringing all these services under one roof.

In 1997, the Center merged with Detoxification Rehabilitation Institute (DRI). It opened as a 14-bed, non-medical alcoholic detoxification and rehabilitation program under a grant from the state. Soon, services for other substances abuses were offered there as well. In the 1980s a number of outpatient programs were added, as were prevention, adolescent residential, training and community education, and AIDS outreach programs, expanding the service area to 16 counties.

Two of the D.R.I. facilities were in dire need of improvement. A capital funds campaign raised \$3.3 million in Knox and Blount counties to renovate an existing building for the adult program and build a new facility for the adolescent center. CenterPointe Adult Services opened in 1998. It now offers residential treatment, intensive outpatient care, day treatment, social detoxification, and medically-managed detoxification.

In the spring of 1998, the Center received a generous gift of 90 acres of property from Robert and Laila Werner of Louisville, Tennessee. A 40-acre portion of the estate is the site of the Gateway Center, a residential substance abuse treatment facility for adolescents that opened in November 1999.

The Center's "Friendship Works" campaign raised over \$1.1 million to renovate the existing facility for the Friendship House Peer Support Center and to construct a new, adjoining building. The facility now houses psychiatric rehabilitation services in addition to the social/recreational rehabilitation services. The new Friendship House opened in 2002.

Also in 2002, the McNabb Foundation launched a capital campaign to raise \$5 million to create a new state-of-the-art adult services facility and relocate and centralize its administrative services. The new facility opened in July 2003.

Realizing they were not equipped to handle children's services, Knox County signed an agreement with the Center in 2003, to assume the operation of the John Tarleton children's home campus. The campus houses foster care, adoption, residential, and community-based counseling services specifically for children.

In 2005, the Center became a Safety Net Program and completed a \$1.5 million fundraising campaign for the renovation and new construction for the CenterPointe adult addiction services facility.

And in 2007, the Center launched a \$775,000 campaign for the Lifeline program that will provide mental health services to 200 people a year that have no resources or insurance coverage to pay for care.

Today the Center is a regional provider of mental health, mental retardation, substance abuse, and social services in 19 East Tennessee counties. We are proud to say that we are continuing our mission... Improving the lives of the people we serve.

## ☐ Timeline

1948	The Knoxville Mental Health Clinic opened, becoming the first community mental health established in the state. The Center served children and families from 16 East Tennessee counties.	1994	A second floor was added to the Children and Youth Center.
1953	The Knoxville Mental Health Clinic became the Knoxville Mental Health Center.	1997	The McNabb Center merged with Detoxification Rehabilitation Institute.
1955	Adults were accepted for treatment at the Center	1998	CenterPointe Adult Services Center opened offering residential treatment, intensive outpatient programs, day treatment, and medical detoxification
1956	The Center was accepted as a United (Fund) Way agency	1998	The Center receives a generous gift of 90 acres of property from Robert and Laila Werner of Louisville. A 40 acre portion of the estate is the site of Gateway, the adolescent substance abuse treatment center.
1965	The Center agreed to become a comprehensive mental health center, providing, outpatient and inpatient care, adult day care, 24- hour emergency service, in addition to a consultation and education program.	1989	Children and Youth Center built on Arthur Street.
1969	A two-story building on the site of the University of Tennessee Medical Center was completed and dedicated as the Helen Ross McNabb Community Mental Health Center.	2002	Friendship House’s new addition was opened after a \$1.1 million campaign provided funds to renovate the current building and construct an adjoining building.
1970’s	The Center provided comprehensive community mental health services, often operating neighborhood satellite clinics to provide onsite services when needed.	2003	Adult services and administration building completed on Springdale Avenue. The Center also assumed control of the John Tarleton Children’s Home from Knox County.
1986	A third floor was added to the Center to help relieve crowded conditions.	2005	The Center became a Safety Net Program and completed a \$1.5 million fundraising campaign for the renovation and expansion of the CenterPointe adult Addiction Services Facility.
1989	Friendship House, a social/recreational and vocational rehabilitation facility opened. Also in 1989, a capital campaign began to raise funds to finance the Children and Youth Center, to bring together all children’s services under one roof.	2007	Construction and renovations of CenterPointe completed.

## ☐ Story(ies)

### Story #1

(A)---“B” is a 59 year old African American male who has reportedly been homeless

for the past 40 years. During the late ‘60s and early ‘70s, he served in the military and was stationed in Germany. In 1973, he was discharged and lived with his family sporadically, but ended up back on

the streets. He also admits to being depressed and has self-medicated with alcohol for over 35 years.

In April 2007, he came to Helen Ross McNabb Center's (HRMC) PATH Homeless Program asking for assistance in securing housing and mental health treatment. With the support of HRMC's homeless program and several other community agencies, "B" attended an informal hearing and was finally approved for housing. He is now on the waiting list and is excited about what lies ahead. He has also been linked with the Veteran's Administration where he is receiving mental health treatment and feels his depression is getting better every day. He knows the road to recovery will be long, but believes things will be different this time with the continued support and encouragement of various community agencies that have assisted him.

### Story #2

**(B)**---"S" was a teen entering into high school when things got to be more than she could handle. She had difficulty maintaining friendships and keeping up with her school work. In her freshman year she attempted suicide for the first time. "S" was tested by the local school system for Emotional Disturbance. She met the criteria, and was offered by the school system support through its Intervention Programming. Additionally, she began receiving more intensive case management services through the Helen Ross McNabb Center.

Over the years, she was hospitalized several different times for suicidal ideation. After spending two years at the Knoxville Adaptive Education Center, with the help of the Bridges Program, she was able to transition back to her high school for her junior year. Intensive Case Management services through Helen Ross McNabb were offered to "S" her last year of school. She struggled throughout the year with cutting again, but maintained well enough to graduate with a regular diploma with intentions to attend community college in the fall. "S" says she would not be alive today if it weren't for the help that the Helen Ross McNabb Center provided her throughout her high school years.

### Story #3

**(C)**---Joe is a 43 year-old white male who has been in the Program for Assertive Community Treatment (PACT) at the Helen Ross McNabb Center for five years. Before PACT, he had been in Lakeshore Mental Health Institute for five years and was thought to lack the skills to live outside of a psychiatric hospital. As a result of the PACT team's intensive support in working with Joe to regain and maintain his independence, he has not been hospitalized one day since he was discharged. He has been living in a house provided through Helen Ross McNabb for several years with two other roommates. Joe is proud of his job and the progress that he has made. He presently is in the process of scheduling computer classes and has long term plans to attend a local community college.

"Living in this house has been super for me. I was in Lakeshore for years and couldn't get out without PACT. I have a part-time job and even a car. Our home is comfortable and clean. We care about each other. The guys even help me to make sure I get up in time to go to work"

## 📷 Photographs



## LIFECARE FAMILY SERVICES

### History

In the spring of 1997, Kenny Mauck felt the challenge through the teaching of his pastor, L.H. Hardwick of Christ Church, to reach out to the children and families within the greater Nashville area. It was during this time that Kenny revealed to his wife, Raye Ann, that he desired to fulfill a promise he made to himself back in 1990. It was while he was counseling at an after school program with a troubled nine year old child who had serious emotional and legal issues involving he and his single parent mother that this purpose was planted in his heart.

For the next six months Kenny and Raye Ann, with the prayerful support of their family, began the first non-profit 'Faith Based' Community supportive organization within the Greater Nashville area for children and youth. The kitchen table in their home became the first office location and with their own money began what was then known as, 'LifeCare for Youth'. In 1998, a Board of Directors was established for this non-profit organization and the first relocation was to their converted, remodeled garage. Raye Ann operated the day to day activities while Kenny, who was still working full time at Christ Church, was the Executive Director. With the help of his own children they helped transport children and youth supporting the organization whole-heartedly. From 1998 to the year 2000 the organization went from having two contracted professional caregivers to five contracted professionals caring for over 75 families within this time frame period.

The organization moved in 2001 to Brentwood, TN in a two room office suite adjoined next to Dave Ramsey, friends of the Mauck family. It was at this time Kenny went part-time with Christ Church and he and his wife Raye Ann began a Juvenile Accountability Program with children and youth who were residually going before the court system with legal problems. LifeCare at this time changed its name to 'LifeCare Family Services' when it became evident that the children's caregivers often needed help for themselves as well as the children who were referred to the program. In January 2002, Kenny became the full time Director of LifeCare and through the help of Chuck Klusener, became a Faith Based, licensed Community Mental Health Agency with the State of Tennessee.

In the year 2003, LifeCare went from a staff of 10 to a staff of 16 employees. It was then in 2003, that an amazing growth spurt began to happen. Very little time passed before the organization was caring for over 400 people with a staff of over 40 employees. At the end of 2003, LifeCare Family Services opened their second office located in the city of Cookeville. This growth continued in the year 2004, and at the end of 2004, LifeCare was serving over 800 clients and had a staff of approximately 80 people. Currently, LifeCare is continuing to serve over 1,200 children, youth, and adults and a staff committed and specifically trained to deal with issues ranging from addictions, marital and family, legal and domestic, financial, and other related counseling issues facing individuals and families today. A lot has happened in the eight years of this faith based organization from that first office in the kitchen. LifeCare has two large facilities with over 12,000 square feet combined between the two offices. In speaking with the Executive Director, Kenny Mauck, he feels in many ways "LifeCare has just begun" to see what God can do with that original dream God planted in he and Raye Ann's heart by putting together a great army of professional caregivers who share this philosophy of care within this 'faith based organization', a place that is continuing to becoming the healing center for people regardless of who they are or where they come from throughout Nashville and the surrounding Middle Tennessee and Upper Cumberland areas within Tennessee.

### Timeline

1997 In the spring of 1997, Kenny Mauck felt the challenge through the teaching of his pastor, L.H. Hardwick of Christ Church, to reach out to the children and families within the greater Nashville area. The kitchen table in his home became the first office location,

and with Kenny and RayeAnn Mauck's own money, they began what was then known as, 'LifeCare for Youth', a non-profit, faith-based organization for children.

1998 - 2000 A Board of Directors was established and the first relocation was to their converted, remodeled garage. RayeAnn operated the day-to-day activities while Kenny, who was still working full time at Christ Church, was the Executive Director.

From 1998 to the year 2000 the organization went from having two contracted professional caregivers to five contracted professionals caring for over 75 families within this time-frame.

2001 - 2002 The organization moved to Brentwood, TN to a two-room office. Kenny went part-time with Christ Church and he and RayeAnn began a Juvenile Accountability Program with children and youth who were residually going before the court system with legal problems. LifeCare at this time changed its name to 'LifeCare

Family Services' when it became evident that the children's caregivers often needed help and guidance as well. The next year, Kenny became Director of LifeCare full-time and through the help of TennCare, LifeCare became a faith-based, licensed community mental health agency with the State of Tennessee.

2003 - 2007 LifeCare went from a staff of 10 to a staff of 16 employees to a staff of over 40 employees caring for over 400 people. At the end of 2003, LifeCare Family Services opened their second office

located in the city of Cookeville. At the end of 2004, LifeCare was serving over 800 clients and had a staff of approximately 80 people. Today, LifeCare is continuing to serve over 1,200 children, youth, and adults with a staff committed and specifically trained to deal with issues ranging from addictions, marital and family, legal and domestic, financial, and other related counseling issues facing individuals and families today in three different locations in Nashville, Lebanon and Cookeville, Tennessee.

## ☐ Story(ies)

**Success Story #1** -- A 14 year boy was referred to LifeCare due to poor attendance in school and his anti-social behavior. He insisted on wearing only black clothing to school with dark accessories. His mother, a single parent could not handle the child at this point. LifeCare assigned one of our male case managers to this child and over a period of several months the child began to open up and began to change his attitude towards school and towards people. This case manager provided the boy a strong male model that had not existed in his life. A bond of trust developed between case manager, the child and the mother. In the meantime it became apparent to the mother that she also had problems which until now she had refused to acknowledge: she was a drug abuser and an alcoholic. Through working with another case manager assigned to her she was able to address her problems and overcome them.

The Outcome: The child is in school and is dedicated to completing his education. He has a dream he wishes to pursue. The mother is now working with other mothers to help them face problems and helping them overcome the obstacles they face. In both cases the son and the mother feel that without the help and intervention of LifeCare their lives would have continued on a path of hopelessness and sure destruction.

**Success Story #2** -- Like many who come to LifeCare, Jane's marriage was in trouble. The ability to communicate with her husband and her children was nearly non-existent. Life was no longer enjoyable, she was depressed and felt no hope for her family. She knew she needed help and a friend referred her to LifeCare. Our therapist began meeting with Jane on a weekly basis. After several weeks the therapist suggested that Jane ask her husband to attend a session. Jane asked her husband to attend, but he initially refused. After an encouraging phone call from the therapist, he finally agreed. During the next couple of months both began to cope with their own "hang-ups" that were keeping them from talking. A ray of hope had been introduced into lives that for so long had no hope. They recognized, with the help of our therapist, what was keeping them apart. They also acknowledged that their problems were impacting the children in significant ways and causing major discipline problems for the family. The parenting skills of the couple were explored now that communications between the two of them were open. Suggestions for changes in the family structure along with how to set rules were discussed, with many of them implemented. The Outcome: Today the family is strong, the children no longer fear what may become of the parent's marriage and structure within the entire family has been restored.

## ☐ Photographs





## MENTAL HEALTH COOPERATIVE

[History](#)

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[Story\(ies\)](#)

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## PARK CENTER

### History

Park Center serves individuals with mental illness through integrative services that focus on needs, choices and strength ... Restores Hope • Provides Opportunities • Promotes Recovery.

### Timeline

- |  |  |
|--|--|
| <p><b>1981</b> The Mental Health Association (MHA) began looking for gaps in services to people with mental illness.</p>   | <p><b>1998</b> annual fundraising event <b>How About Dinner and A Movie?</b> with Tipper Gore serving as Honorary Chair.</p>   |
| <p><b>1983</b> Park Center receives funding from the Department of Mental Health and the Division of Vocational Rehabilitation to offer vocational services to adults with mental illness. Jack Hollis is hired as its first Executive Director.</p> | <p><b>1998</b> Housing Support Center opens at 4501 Gallatin Road. Jack Hollis retires and Barbara Quinn becomes Executive Director.</p>   |
| <p><b>1984</b> Park Center (located on Park Avenue) opens its doors with 8 members and 7 staff.</p>  | <p><b>2000</b> A second capital campaign was launched to purchase a second location in East Nashville (Park Center East) that would concentrate on those who are dually diagnosed.</p>   |
| <p><b>1987</b> Park Center (a vocational program) and House of Friendship (a social program) merge.</p>  | <p><b>2001</b> Park Center East opens with a Co-occurring Day Program and a Clinic.</p>  |
| <p><b>1988</b> Park Center ventured into the housing market to provide affordable housing for those with mental illness. The first Housing Coordinator was hired to oversee 2 duplexes and 2 houses.</p>   | <p><b>2003</b> NAMI recognizes Park Center with the Community Partner of the Year.</p>   |
| <p><b>1991</b> A capital campaign is held to expand Park Center's building at 801 12<sup>th</sup> Avenue South. The building is dedicated as the Katzman-Garrison Building.</p>  | <p><b>2005</b> HUD approves an 811 grant for Park Center first new construction apartment complex – Haley's Park.</p>  |
| <p><b>1994</b> Park Center receives the HCA Achievement Award in recognition of having a successful capital campaign for this building expansion.</p>  | <p><b>2006</b> Park Center adds SSI/SSDI Homeless Outreach Services and it receives the NAMI Program of the Year Award. Housing Support Center is renamed Park Center North and becomes entirely run by consumers/ members.</p>  |
| <p><b>1996</b> Two homeless shelters (men's and women's) funded through HUD's Safe Haven program were added to Park Center's housing.</p>  | <p><b>2007</b> Approximately 694 consumers/members (unduplicated) are served this year with close to 500 served monthly and over 230 living in Park Center Housing. In addition, Homeless Outreach worked with 58 homeless individuals (56 of 58 applicants now receive SSI/SSDI benefits) and the program receives the Tennessee Ending Homelessness Conference Outstanding Community Service Recognition Award. Haley's Park opens and Park Center acquires properties for transitional youth housing. Park Center employs 93.</p> |
| <p><b>1997</b> Park Center receives its second HCA Achievement Award for hiring consumers/members. Park Center holds its first</p>   |  |

## Story(ies)

### Carlos

Imagine if you were homeless, what it would be like. Simply to survive would likely consume most of your energy. There is no one place in Nashville that homeless folks can visit to meet their basic needs of food, shelter, clothing, and health care. Soup kitchens, hospitals, clinics, and social service agencies are scattered about the city and require you to walk long distances or rely on the bus when you have bus fare. Each facility has their own set of rules, and if you forget those rules or arrive late, you may be turned down from services, banned from the facility, and labeled “non-compliant.”

Despite these serious obstacles and a lack of truly affordable housing, many homeless individuals in Nashville overcome homelessness and achieve stability. Carlos G., a member of Park Center, recently exited homelessness successfully. It is time to recognize and celebrate Carlos G. and others who now have a roof over their heads!

From 2003 – 2006, Carlos G. stayed at the Nashville Rescue Mission – an emergency shelter for homeless men. Like many homeless folks, Carlos G. had a difficult time accessing consistent mental health treatment, and his mental health symptoms would often fluctuate and go unchecked without medication and counseling. These symptoms made it difficult for Carlos to concentrate, socialize with peers, and hold down a job in general. With these impairments and a lack of steady income, Carlos could not find housing. On many days, Carlos would keep to himself and walk alone to soup kitchens or sit by himself in the “infamous alley” that connects the Nashville Rescue Mission to the Campus for Human Development (a homeless day shelter). Carlos would rarely look people in the eye, his clothes were often unkempt, and he had a hard time expressing his feelings because of the effects his mental health symptoms had on his cognitive functioning.

Things began to look up for Carlos when he decided to apply for disability benefits with the help of Park Center’s SSI/SSDI Homeless Outreach Project. By partnering with Park Center, Carlos was approved for disability benefits in only two months and was introduced to the day program at Park Center South. By the beginning of the New Year, Carlos successfully obtained housing with the help of his new, stable income and began attending Park Center’s day programs daily.

The stability and structure gained through his disability benefits, his new housing, and his consistent participation in the structured day programs offered by Park Center made it easier for Carlos to access consistent mental health treatment and become an active member of the community. Carlos has truly transformed over the past 4 months and the evidence is eye-opening and inspiring. Carolyn Cooper, a street outreach worker in Nashville, worked with Carlos when he was homeless and recently described his transformation in this way: “I am so pleased with Carlos. His story is one of the best success stories and recognizing his transformation is much needed. In the past, Carlos would barely look at me. Now, he looks at me, smiles, and shakes my hand. He looks great. It is so wonderful.”

But, don’t take it from me or Carolyn. Find out for yourself and meet Carlos and other amazing people at Park Center South. Carlos will most likely offer you a handshake and a smile.

***Park Center Member Overcomes Homelessness, Achieves Stability  
By Will Connelly, Homeless SSI/SSDI  
Outreach Project Coordinator***

### Amy

I was diagnosed as “mentally ill” the second semester of my senior year in high school, however, my problems started

long before. My parents got a divorce when I was seven which led to a five year court battle. Due to physical and emotional abuse I endured from my mother, I started seeing a therapist around the tender age of eight. My dad, two sisters and I went through a lot. There were times where we actually had to worry about whether or not we would have enough money to live on. My dad was, and still is, a very creative person. I remember when I was about nine years old and our electricity got cut off because dad did not have enough money to pay the bill. To keep us from getting scared, dad told us that we were camping out. I can still remember how “lucky” I thought I was because I had such a cool daddy who let us cook our food over a fire and camp out in the living room. I strongly believe that if it had not been for my dad constantly making sacrifices, and telling my two sisters and I how important it was to stick together that I would not be where I am today. As I have already stated, I was diagnosed my senior year. I am not sure exactly what “triggered” the problems that led to the diagnoses however I do know that I was unhappy and at times suicidal long before this. Anyway, I was really depressed and started mutilating. At first I don’t think my teachers knew exactly what was wrong, but I have been told that something wasn’t quite right. I don’t remember much from this period of my life, I just know that I wasn’t happy. Pretty soon I started hearing voices. I was absolutely terrified of them. I heard them constantly. The good voices were my bears. They kept me safe and told me when someone was out to get me, or was going to hurt me. For the longest time, I would not go anywhere or talk to anyone without a bear for fear that someone would be in “disguise” so that I would not recognize them and they could “get me.” Eventually, it got to the point to where I had to bring a bear with me to school just to be able to function and feel safe. Nine years later, I understand and see that this is irrational, but even now, there are days when I feel I need my bears. Then there were the “bad voices.” These were the voices that repetitively told me that I was

the scum of the earth, fat, ugly and many other nasty, negative things. I think that the voices are and always will be the most difficult aspect of my illness. When I tell people about the voices, I am always afraid that people will think that I am crazy, but it is truly how my psychotic episodes are. This continued for awhile until I became suicidal. I remember how I felt both terrified and relieved as I sat with one of my teachers crying and telling her that I no longer wanted to live. She immediately called my father who came and got me from school. The next day, I was admitted to Vanderbilt Psychiatric Hospital. Although I bounced in and out of the hospital for the remainder of my senior year, I was still able to graduate with the rest of my class. Now, my doctors, therapist, and father had a problem. I was too sick to go home and be alone all day, however, my insurance would no longer pay for me to be in the hospital – I was too sick to go home but too well to stay in the hospital. After much debate it was decided that I would start attending a program for mentally ill adults and so I started at Park Center. I was so scared, and I have to admit, I hated it the first day. When my father picked me up that first afternoon, I begged him not to make me go back. He told me that I needed to stick it out a little longer and in a month or so if I still hated it, we would see if there were other options. Now, six suicide attempts and numerous hospitalizations later, I am still here at Park Center. When I first started at Park Center, I could not get through a full day without a panic attack. I am now going to school at Nashville Area State College part-time, attending Park Center part-time taking on new tasks such as orientating new members and have also learned how to ride the bus by myself. Four years ago, I never thought that I would be where I am right now. I have overcome many obstacles, and I know that I was able to do these things because I had faith in myself and I worked long and hard, but I also know that if it had not been for the staff and members alike at Park Center, and for my father and two sisters, I would not have had the ability to get where I have gotten to today. I am happy to report that I have not been in the hospital in over two years and have

not tried to kill myself in an even longer time. I hope through writing this testimonial it will help at least one person to not feel so alone and also help those of you who might not know a lot about mental illnesses to have a better understanding of what life is like for those diagnosed with mental illness.

#### **IN HER OWN WORDS**

*By Park Center Member Amy U.*

### **Louetta**

When I moved into an apartment owned by Park Center in 1994, if you had told me that I would have a Master's Degree in Social Work and own my own home in less than 10 years, I would never have believed you. In fact, you would have to have possessed a tremendous faith to have even suggested that to me, considering my history of mental illness and level of functioning. Luckily for me at the time of my greatest crisis, I found people who were able to hold onto hope for me when I was unable to hold it for myself, such as the people at Park Center.

The years preceding 1994 had been long, arduous, disheartening years for me. I entered college one month after my father's suicide in 1974. After starting out in the honor's program, I graduated by the skin of my teeth. Four or five years later, I was diagnosed with a psychiatric illness, and I moved home with my mother. I learned then that I had been treated for mental illness as a child. For several years I didn't try to work, although I longed to have meaning and purpose in my life. I prayed that God would use this seemingly wasted time to help others, somehow, someday.

After a tumultuous career as a computer programmer, a new medication I was trying in 1993 failed. I fell through the cracks, and ended up homeless, bankrupt, and in trouble with the law. After living in a halfway house for 6 months, I moved from that transitional housing into independent living in Park Center's housing program. I am incredibly grateful that there was a place for me to live that I could afford on SSDI, that was safe, and in

a lovely neighborhood, convenient to shops, grocery and drug stores, even a hospital, and on a bus route.

I liked my roommate and together we planned how to make the most of our living arrangement. She had been in Park Center's day programs and had honed her cooking skills there. After my aunt gave me china and silverware, we held birthday parties and holiday dinners for friends, many of whom were Park Center members.

I worked during those years at the local drop-in center, which had been started by Park Center. This was a time of transitional employment for me. I was actually learning a new work role that more suited my interests and abilities. The demands of the job challenged me to make the most of my mental health recovery. Advances in medications in the 1990s were also essential to my progress and fueled my aspirations.

In 1997 I went off SSDI and worked part-time in three jobs in mental health. I took a big step and moved into my own 1-bedroom apartment. My mother paid half my rent. Park Center helped give me the confidence to make this move towards independence by agreeing to underwrite my rent if I relapsed. Knowing the reality that would likely occur at some point, it reassured me to know that I had a safety net. On two different occasions I called on Park Center to pay my rent while I took off from work to undergo med adjustments. Once again, Park Center provided the support I needed to become stable and able to work again.

My life continued to blossom. I had made some close friends, like Beth Baxter, who eventually worked as Park Center's psychiatrist. And I had a wonderful mentor, Sita Diehl, who encouraged me to apply for a scholarship from the Eli Lilly Schizophrenia Reintegration Awards. They funded my Master's Degree at the U. T. School of Social Work, which I attended part-time while working full-time at Vanderbilt on a federally-funded research project. I graduated in 2001 with a 4.0 grade point average and received the Chancellor's Award from the faculty. That

year I also received the Clifford Beers consumer award from the Mental Health Association of Middle Tennessee.

In 2003 I embarked on a new job as the Consumer Housing Specialist for Davidson County for the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), which placed my contract with Park Center in 2005. In this position I serve consumers, family members, and providers with access to the website, [www.housingwithinreach.org](http://www.housingwithinreach.org) (or .com), providing information about housing resources to help others to live as independently as possible in safe, stable, affordable, permanent housing. I also work to overcome stigma in the community, to help create more welcoming neighborhoods.

I conceived the American Dream Homeownership Challenge Homebuyers' Club, which Bob Currie, my former supervisor at Park Center (now Director of Housing and Homeless Services at TDMHDD) put together with collaborators Pinnacle Bank and Woodbine Community Organization. The Homebuyers' Club teaches mental health consumers in Davidson County about homeownership issues and the process of buying a home. Graduates who become mortgage ready are eligible for significant downpayment and closing assistance forgivable loans and grants provided by the Federal Home Loan Bank of Cincinnati through Pinnacle Bank and also by other sources such as the TDMHDD.

This past spring, I initiated and chaired our first Alternative Spring Break, in which students from the University of Florida, Gainesville, came to Nashville and interacted with members in outings and activities, with consumers from four agencies participating. Support from Park Center staff was essential to coordinating this week and making it a great success.

As Park Center's representative to the Middle Tennessee Mental Health and Substance Abuse Coalition, I have initiated a number of arts projects. For example, I conceived the Art For Awareness project, in which Tennessee

artists with mental illnesses converge on the state capitol on May 1 to ask their representatives to hang their art in their offices for a month to show their support for persons with mental illnesses in their district. I also initiated the exhibit at the Parthenon Art Gallery earlier this year, called "Creative Expressions and Recovery: A Path to Mental Wellness". These exhibits bolster the self-esteem of the artists, but also serve to educate the public about the abilities and talents that mental health consumers possess, thus helping to overcome the stigma of mental illness.

I have recently developed an outreach project to help faith-based groups like churches identify ways to respond to persons with mental illnesses in their congregations and also to help persons who are homeless and mentally ill who come to them for assistance. Collaborating with NAMI Tennessee, we will hold in-services for both staff and congregational groups, providing informational packets and support for starting education and support programs.

I must acknowledge the many contributors to these projects who work tirelessly and with great commitment to carry them out. Individuals like Jane Baxter (MTMHSAC), Evelyn Yeargin (Mental Health Cooperative) and Lynece Benton, Robin Dillon, and Barbara Quinn (Park Center) always have time for me, along with individuals from all over our community. My co-workers at Park Center work daily to help me overcome obstacles and make my work easier.

From depending on Park Center for housing to working for Park Center to help people access housing, I have come full circle. I never would have believed this is where I would be today. Restoring hope, providing opportunity, promoting recovery, Park Center has fulfilled all of these for me and continues to fulfill these for others, making our lives richer, more full of meaning and hope, and the promise of recovery.

 Photographs





## PATHWAYS BEHAVIORAL HEALTH SERVICES

### History

Pathways of Tennessee is the result of the 1995 merger of West Tennessee Behavioral Center and Northwest Counseling Center. Pathways of Tennessee serves the counties of Crockett, Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion and Weakley.

West Tennessee Behavioral Center began as the Jackson Mental Health Center which was founded in 1957 by the Jackson Mental Health Association as one of the “first of its kind in Tennessee.” On October 28, 1966 the City of Jackson and Madison County passed a resolution to build a mental health center on the grounds of Jackson Madison County General Hospital.

On August 30, 1968 Dr. Nat T. Winston, Tennessee Commissioner of Mental Health, announced the upcoming opening of the center in Jackson, Tennessee. During the open house for the Center on May 3, 1970, the Jackson Sun reported that “this service (inpatient unit) reflects the national trend toward placing the focus of mental health treatment in the community. For many it will mean the forestalling of placement in a mental hospital.”

The Jackson Mental Health Center became Jackson Counseling Center and finally, West Tennessee Behavioral Center. The Center expanded to serve Haywood and Henderson counties.

Northwest Counseling Center originated from a charter granted on April 3, 1965 to the Obion Chapter of the Tennessee Division of the National Association of Mental Health. A significant accomplishment of the concerned and committed citizens and the Obion County Chapter of Mental Health Association was a two day conference held in July, 1968, which was instrumental in promoting the need for community health centers. One of the featured speakers at that conference was Dr. Nat T. Winston, State Commissioner of Mental Health.

Weakley and Dyer counties were the first counties to commit to the community mental health center concept. Lake and Crockett counties later joined that commitment and Northwest Tennessee Community Mental Health Center, Inc., a private non-profit organization was born.

The original office of Northwest Tennessee Community Mental Health Center was located in Obion County General Hospital in Union City. Staff included a psychiatric social worker, a psychiatrist, a psychologist, and a secretary. In November, 1976, the office which is located on Hannings Lane in Martin, Tennessee and served as the principal place of business was occupied. Since that date, offices were built in Obion, Dyer, and Lake counties.

Pathways has since opened offices in Gibson and Hardeman counties and has become the largest community mental health center in West Tennessee and one of the five largest centers in the state.

Over 30 years have passed since the beginning of the entities forming Pathways and coincidentally, Dr. Nat T. Winston now serves as the Medical Director for Pathways.

#### Timeline

#### Story(ies)

#### Photographs



**PENINSULA**  
*a division of Parkwest Medical Center*

## History

Peninsula Outpatient Centers, formerly Overlook, was established as a program of Eastern State Psychiatric Hospital (Lakeshore) in the fall of 1973 in Knoxville, Tennessee. The program was named Overlook because the center was housed in a building with a view overlooking the Tennessee River. Its first Executive Director was A. Stanley Webster, Ph.D., and the facility was staffed with approximately 12 employees. Initially there was both an inpatient unit and an outpatient unit. From the beginning, Overlook's employees were driven by a heartfelt mission to preserve the dignity of persons with serious and persistent mental illness while providing an understanding of their needs and advocating for quality, accessible community-based mental health services.

Overlook was chartered as Overlook Community Mental Health Center (OMHC) on February 20, 1974. The area assigned to OMHC by the Tennessee Department of Mental Health and Mental Retardation consisted of Blount, Loudon, Monroe, Sevier counties and the western third of Knox County. Under the leadership of Homer Wilkins, Ph.D., newly named Executive Director, clinics were opened in all 5 counties that year, and the staff expanded to approximately 30. Clinics were established in whatever space could be found at the time. For example, the Monroe County clinic was located in a church. The church kitchen served as an administrative office, and treatment provided in children's Sunday School rooms.

Overlook's Board of Directors assumed responsibility for the operation of the Center, which separated from Lakeshore in October, 1976. The Center moved to 6906 Kingston Pike in the Bearden area of Knoxville.

OMHC experienced a phenomenal rate of growth within its first few years, and by June of 1988, the organization had moved into a newly constructed two-story building on Lake Brook Boulevard in Knoxville. Also in 1988, OMHC changed its name to Overlook Center, Inc. (OCI) and Dell Larcen became Executive Director.

Overlook's celebrated its 15<sup>th</sup> anniversary in 1991. The youngest mental health center in the state of Tennessee, OCI had by that time become the largest, with a budget of more than \$12 million annually, and 250 employees in its five-county area. In addition to physician and therapy services, services included Community Support Services such as Mobile Crisis Unit, day treatment, case management and supported employment; Children and Youth Services such as adolescent day treatment, therapeutic nursery for preschool children, ropes course and children's respite services; and Outpatient Services such as 24-hour crisis phone line, alcohol and drug treatment, psychiatric elder care and nursing home services.

Growth and innovative programming continued at Overlook. Among 1993 highlights were the establishment of an Office of Consumer Advocacy, as well as the conversion to a community-based consumer-driven model of care. In that year, 138,225 treatment sessions were provided to the 6,773 consumers served. A new Mission Statement was drafted as follows, "The heart of Overlook Center is resourceful and innovative people believing in the ultimate value and uniqueness of all. In relationships, we seek to become partners in a community which promotes meaning, enrichment and growth for everyone. Our shared dream is to live, work, love and celebrate in a safe, supportive community."

In 1994, with the advent of TennCare, OCI's leadership realized that, in order for the center to thrive in the new managed care environment, it would need to merge into a larger health system. On March 17, 1995, Overlook became a member of the Fort Sanders Alliance (now called Covenant Health), a not-for-profit health system, and in 1996, OCI, along with Peninsula Hospital and Peninsula Village formed a new behavioral health system known as Covenant Behavioral Health. John Milner was named its President and Chief Administrative Officer.

Today, the system is known as Peninsula, A Division of Parkwest Medical Center, having become a part of Parkwest, one of Covenant Health's primary care hospitals, on June 23, 2005. Barbara Blevins is the President and Chief Administrative Officer of Parkwest, Steve Petty is Vice President of Peninsula Outpatient and Residential Services, and Glenda Sublett is Vice President of Peninsula Inpatient Services. With approximately 750 employees, Peninsula is the largest provider of behavioral health services in East Tennessee, consisting of a 155-bed inpatient unit, a fully licensed residential treatment center for troubled teens, an intensive outpatient partial hospitalization program offering mental health and alcohol/drug treatment, as well as outpatient centers offering comprehensive community-based services. Peninsula employees continue to carry on the tradition established at Overlook in 1973 of being "driven by a sense of mission that lives in their hearts." Committed to the belief that there is recovery from mental illness, Peninsula is incorporating the recovery philosophy in all aspects of its programming. In 2006, Peninsula's Recovery Education Center was honored by TAMHO (Tennessee Association of Mental Health Organizations) with a Program of Excellence Award.

## Timeline

1973	Inaugurated as a new program of Eastern State Psychiatric Hospital (Lakeshore) Outpatient Department. Named the Overlook Program because it is housed in a building overlooking the Tennessee River. A. Stanley Webster, Ph.D. named Executive Director.	Hospital, Peninsula Village, a residential treatment center for troubled teens, Patricia Neal Stroke Rehab Center, Thompson Cancer Survival Center, and Overlook Center, Inc.
1974	Chartered as Overlook Community Mental Health Center (OMHC). Homer Wilkins named Executive Director. In addition to the Knox County Clinic satellite offices are also opened in Blount, Loudon, Monroe and Sevier counties.	1997 Overlook Center, Inc., Peninsula Hospital, Peninsula Village, Peninsula Lighthouse, an outpatient alcohol drug and alcohol treatment program, were combined into one behavioral health system. The new behavioral health system was called "Covenant Behavioral Health" and "Peninsula Behavioral Health." John Milner was named President and Chief Administrative Officer.
1976	Overlook's Board of Directors assumed responsibility for the operation of the center, and the corporate office and Knox County Clinic moved off the Eastern State campus to 6906 Kingston Pike.	2000 Barbara Blevins was named President and Chief Administrative Officer of the behavioral health system. Peninsula began implementing a "whole-scale" change process to completely change and improve all of its systems.
1988	Overlook moved to 3001 Lake Brook Boulevard in a newly constructed building. Corporate offices for the center were located downstairs, and the Knox County Clinic was located upstairs. Dell Larcen named Executive Director. OMHC became Overlook Center, Inc. (OCI).	2003 Peninsula Hospital, Peninsula Village and Peninsula Lighthouse legally merged into Overlook Center, Inc. to form a new corporation called Peninsula Behavioral Health.
1991	OCI celebrated its 15 <sup>th</sup> anniversary as the youngest and largest mental health center in Tennessee. It was during that year that Overlook opened its first home and community based program.	2005 Peninsula Behavioral Health merged into Parkwest Medical Center, a member of the Covenant Health System to become Peninsula, A Division of Parkwest Medical Center. Later that year, Barbara Blevins was named President and Chief Administrative of Parkwest and Peninsula.
1995	Overlook became a member of the Fort Sanders Health System. Fort Sanders Health System adopted the new name of Covenant Health. The new health system included 5 primary care hospitals, Peninsula Psychiatric	

2007 Peninsula, a Division of Parkwest Medical has approximately 750 employees in five East Tennessee counties. Peninsula provides comprehensive recovery-

based services at Peninsula Hospital, Peninsula Village and Peninsula Outpatient Services.

## ☐ Story(ies)

### Peninsula Story: Adolescent

Jerry was referred for intensive Case Management services (CTT) at Peninsula in June 2006. At that time, he required visits from his Case Manager at least 12 times a month, and was very close to being placed in residential treatment. Jerry was diagnosed with severe depression, mood swings and oppositional defiant disorder. He had recently been removed from his home and placed in the home of his grandmother, aunt, and uncle.

Jerry was very defiant when the CTT case manager first started working with him. He had difficulty trusting other people and maintaining a positive relationship with the case manager or with anyone else. Jerry also had truancy issues with school.

It took a lot of work on both the part of Jerry & the CTT Case Manager to get him through the next couple of years. Oddly enough, the turning point in the relationship was when Jerry's grandmother became terminally ill and passed away right after Christmas of 2006. The CTT Case Manager was with Jerry during the time of bereavement. Such caring helped Jerry to express his feelings, as well as begin to learn better coping skills to deal with his grief and anger.

Jerry was able to remain in the local school and successfully finish his 9th grade year. Jerry continues to do well

in the 10<sup>th</sup> grade, and has been able to move to less intensive case management.

### Adult Story

One morning, Sue, age 76, woke up experiencing psychotic symptoms—she broke her rosary beads and kept repeating “kill, kill, kill.” Sue was hospitalized for a few months, but was not getting better and was refusing to eat. She then developed pneumonia and lost down to 80 pounds.

Sue's granddaughter had heard about Peninsula's Senior Day Hospital. Sue reluctantly went to the Day Hospital, where her medications were adjusted to better suit someone her age. She was also placed into therapy and support group sessions with others her age that were also experiencing symptoms of mental illness.

After completing the program at Senior Day Hospital, Sue was enrolled into Peninsula's Recovery Education Center (REC). Sue didn't want to go to REC—she was still very weak and needed help just to get into the building.

At the REC, Sue was enrolled into the Wellness Recovery Action Plan (WRAP), a program developed by nationally-known Mary Ellen Copeland and taught at Peninsula. WRAP helped Sue to understand her

illness and her medications, as well as to recognize what made her feel worse and what made her feel better. Sue also took classes at the REC in Spirituality, Genealogy and use of the computer.

Sue is currently volunteering in the kitchen at the Recovery Education Center, and is taking the 80-hour Peer Support Specialist Training. She says, “I have regained my focus in life, and have been able to recognize my “gifts and purpose” once again. My medications are working well for me, and I have learned coping skills. I'm happy and my family is happy once again. I continue to learn, take my medications and to take personal responsibility for my wellness.”

### Adult Story #2

From age 3 to 15, Jane was physically & sexually abused by multiple family members. Her mother left when she was 9 years old after learning about the abuse, and Jane moved out of the house to live with a girlfriend when she was 15.

As so many children who are abused do, Jane tried to be perfect. She graduated from high school with honors and had eleven years of perfect attendance. School was her escape from home and her abusers.

As she became an adult, Jane started experiencing flashbacks and accompanying symptoms of deep

depression. She married a man she thought would be good to her—he was the father of two children and was very active in his church. She adopted his children and they had 2 more children together.

However, when she started to experience health problems, Jane’s husband became angry and increasingly abusive. On her second day home from having had major

surgery, he beat and raped her. As soon as she was well, Jane left her husband, taking her two children. But by this time, her bouts of depression were getting more and more severe.

It was when she had lost three close family members within nine days that Jane turned to drugs to make herself feel better. She was addicted to crack cocaine for a year before

finally enrolling in Peninsula’s Intensive Outpatient Program. Jane successfully completed the program, and soon started doing volunteer work.

Today, she is employed in a program that allows her to help others to put their lives back together. She says, “Getting a proper diagnosis, medications and learning about recovery has saved my life, literally.”

## 📷 Photographs



## PROFESSIONAL CARE SERVICES OF WEST TENNESSEE

### History

PCS has served the citizens of West Tennessee since its inception in 1971. Originally organized as a community mental health center, PCS has always been cognizant of its mission and purpose in providing quality mental health services to the residents of rural West Tennessee. The first three counties to be served by PCS were Tipton, Lauderdale and Fayette.

In March of 1997 PCS opened an office in Millington and in September of 1998, an office in Brownsville was established. PCS opened an office in January 2000 an office in Dyersburg.

PCS also administers two consumer run Peer Support Centers – facilities which provide a place for mental health consumers to socialize and work toward recovery.

PCS operates supportive living facilities in Somerville, Ripley and Dyersburg. PCS also sub-contracts with other supportive living facilities in Memphis to provide housing for mental health consumers. PCS has purchased homes in Lauderdale County, Tipton County, Haywood County, Dyer County, Crockett County and Fayette County to provide housing for consumers of mental health services who are able to reside in an environment that does not require 24-hour residential supervision.

A volunteer Board of Directors, made up of residents from the counties we serve, governs PCS. Dr. Jim Causey, as Executive Director heads the Management Team of Professional Care Services.

PCS is an agency composed of approximately 170 psychiatric/mental health and administrative support personnel who are caring and involved professionals trained to respond to the mental health needs of their community through assessment, intervention, treatment, rehabilitation and support.

### Timeline

### Story(ies)

#### PCS (Covington) story:

Mr. Jim Smith (not real name) started mental health treatment from PCS in 2002 through an evaluation by our crisis team. At that time he was diagnosed with schizoaffective disorder. He experienced many crisis screenings, inpatient hospitalizations and incarcerations. At his last discharge from jail, he was accepted into a supervised residential home where he lived and received treatment for 8 months. He has recently been getting services from voc

rehab and has begun a painting job. He is in the process of transitioning to his home town and is getting his own apartment. He will continue his services with PCS on our adult CTT program as a step down from supervised residential. He is doing better than ever and his quality of life has improved greatly. Mr. Smith has goals and dreams and is now a productive part of our community.

#### PCS - Success Story #2

Ronald began his treatment with Professional Care Services soon after the death of his mother. He had never received any psychiatric services. He was diagnosed with Major Depressive Disorder, and Moderate Mental Retardation. He rarely made eye contact evidencing marked low self-esteem. His chief complaints were self-isolating, anxiety, nightmares, and difficulty completing most activities of daily living. Ronald had always lived with his mother and relied on her solely for residential, financial and emotional stability. Soon after beginning medication Ronald was enrolled in our Adult Case Management program. His case manager coordinated with a local agency whose primary goal was to prepare Ronald to manage his own personal affairs, housing

placement and job skill training. He was also linked with a supportive drop-in center where he could socialize to promote self-esteem and alleviate self-isolation.

Throughout his course of treatment, a local restaurant employed Ronald where he received recognition for outstanding job performance. He established both personal and spiritual relationships and remarkably improved his social skills. He was placed in an assisted living facility where he is responsible for his own daily living skills. He was taught to manage his laundry, cooking and personal hygiene with great success. In conclusion, Ronald greatly improved and maintained stability with the efforts of both his case manager and local agencies involved in his treatment.

## Photographs

## QUINCO MENTAL HEALTH CENTER

### History

From humble beginnings out of a small 8' x 10' office at Western Mental Health Institute in 1974, Quinco has established itself as a leader in the provision of behavioral health services in Southwest Tennessee.

During its early "missionary" days, on Tuesdays, a psychiatrist, nurse, and counselor would load a box of files into a station wagon and drive east on highway 100 to the Henderson and Parsons; On Thursdays, the same psychiatrist, nurse and counselor would load their box of files into a station wagon and drive east on highway 64 to Selmer and Savannah. Services were provided wherever possible, courthouse basements conference rooms, fire departments, and local hospitals. On Mondays, Wednesdays, and Fridays, services were provided from Bolivar.

Today, Quinco has grown into a behavioral health system composed of seven full time clinics and seven additional service locations serving the communities of Bolivar, Selmer, Savannah, Henderson, Decaturville, Jackson, and Lexington. Our staff includes psychiatrists, psychiatric nurse practitioners, psychiatric nurses, licensed counselors and social workers, case managers, psychiatric rehabilitation specialists, mobile crisis specialists, peer support counselors, and housing specialists.

### Timeline

### Story(ies)

#### QUINCO MHC - Success Story #1

"Marjorie" is a 40 year old African American female. My first contact with her was on 05/19/05. She had seen another therapist in the office, but stated to me that this therapist made her afraid that she was just trying to return her to the hospital. Marjorie had recently had a manic episode in which she was found in the streets hallucinating, raging, and eating out of garbage cans. She was placed on medication during her hospitalization, but when she began seeing me, she had discontinued the medication, stating that she did not need it and did not have a mental illness. Based on her symptoms and past information, it was clear that she was bipolar with psychotic features. Initially, her contact with me was sporadic and inconsistent. Her thought processes were so unorganized that it was difficult to carry on any conversation with her. At times, she was incoherent. However, she began to keep regular appointments with me. She was very guarded and it was clear that trust was a big issue for her. After building her trust, I began to talk to her about her past

hospitalization and what had happened, and her desire to not let it happen again. Together we learned that she had a pattern of going without food and sleep for days at a time. Slowly, I began to teach her about Bipolar Disorder and the importance of regular sleep patterns and food intake. She still would not consider medication and her thought processes were still very difficult to follow. Today, she is now on medication, acknowledges her need for medication throughout her lifetime, and now is able to carry on conversations. She is currently attending church regularly and states that she is happier, talking to others now, and does not feel everyone is against her.

#### QUINCO MHC - Success Story #2

My first contact with "Lucy" was on 10/12/00. At that time, she weighed less than eighty pounds. She was 18 years old, had just completed high school and was living with her grandparents. Her grandmother brought her to the center

because she felt she was anorexic. After completing her initial assessment, it was clear that she did have anorexia nervosa and major depression, severe. For several sessions, almost all of them, during our first year working together, she made no eye contact whatsoever, only answered questions with one word responses, and gave little, if any information about herself. I learned almost all information about her from her grandmother. Lucy ate very little and always ate alone, never varying what she ate. Her health was in danger. To make a long story short, after finding out she was an artist, I began to use this to connect with her. Over time, and with much persistent work, Lucy began to talk, make eye contact, and even laugh a little. Even her drawings changed from very violent pictures to ones in which she was smiling and themes were positive. Now she is 24 years old, she began college last year, and is able to eat out with others and eats a variety of items. More importantly, she is a healthy 150 pounds, has been in a stable relationship for 2 years now, and is finally happy.

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#### **QUINCO MHC - Success Story #3**

Chloe, a timid, fragile-looking eleven-year old girl, was referred to Quinco MHC by the local school system. They were alarmed by her behaviors which included licking the floor, talking to people who were not there as well as talking to her hair and her pencils. She also was reportedly chastising peers for sitting next to her because she believed her dog was occupying the chair next to her.

Since referral, Chloe has participated in individual therapy, medication clinic, case management, and the Learning Alternative Behavior (LAB) classroom where she also participated in individual and group therapy. After 2 years, she was able to return to her local, mainstream school setting and has not only successfully maintained her position in that school for over a year, but also participates in several extracurricular activities. She has grown from a withdrawn little girl into a self-confident, expressive adolescent.

Currently, Chloe is maintained with therapeutic monitoring and medication clinic services.

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#### **QUINCO MHC - Success Story #4**

Darrell came to Quinco fresh out of prison. He had just finished serving a 10 year prison term for a sex-related crime. Darrell was gruff-looking and lacking in social skills. His eye contact was poor and he spoke while staring at the floor. He had no friends and only one supportive family member. He was required to come to Quinco as part of his parole/discharge plan.

Since referral, Darrell has participated in individual therapy, medication clinic, case management, and the SETH program. He first obtained his GED while working part-time. He is now in college working on a technical degree. Darrell now stands proudly and with confidence. He recently brought by photos of his GED graduation to show staff and has graduated to med only status.

## Photographs



## RIDGEVIEW

### History

In 1954, Sarah Ketron, a guidance counselor/teacher with the Oak Ridge Schools Pupil Personnel Department, recognized the need for mental health services as she worked with students and their families. To meet this need, she led a group of Anderson and Roane county citizens to form the Mental Health Association of Anderson and Roane Counties.

As a result of their efforts, in September 1957 Ridgeview began operations as the Oak Ridge Mental Health Center. At that time, arrangements were made to rent an E-type apartment building from the federal government at 84 New York Avenue, in Oak Ridge.

The Mental Health Act of 1964 made money available for construction of community mental health centers across the country. In 1968, under the direction of the board of directors and then executive director John F. Byrne, a federal grant was obtained and construction began at 240 W. Tyrone Road, in Oak Ridge, the present site of Ridgeview.

In 1970, the center began to expand its program by establishing satellite clinics in the surrounding counties of Anderson, Campbell, Morgan, Roane and Scott.

In 1976, the expansion of the facility and addition of 22 beds to the inpatient unit was completed for a total of 44 beds. In 1983, the name was changed to its current Ridgeview Psychiatric Hospital and Center, Inc. In 1993 Ridgeview closed its 22 bed adolescent inpatient program and opened an adolescent day treatment program. Many of the earlier services were redefined, given the ever changing environment in health care, and today Ridgeview only operates sixteen inpatient psychiatric beds for adults.

Under the leadership of Robert J. Benning, chief executive officer since 1987, Ridgeview continues to serve its five-county catchment area with a full and expanding array of mental health services, without regard to an individual's ability to pay.

Ridgeview annually serves over 7,000 individuals with services that include alcohol and drug treatment, inpatient treatment with post-hospitalization care, services for children and youth, individual therapy, group therapy, medication management and case management.

Community support services for adults with mental illness play a key role in assisting individuals to reach their highest level of independence and recovery with residential services, peer support centers and psycho-social rehabilitation. These programs work together to provide housing, education, and opportunities for social activities and promote recovery through support and empowerment of each client.

Ridgeview is proud that it has held true to its original mission and, as a result, over 70% of its net revenues come from serving the TennCare population. Ridgeview also has been very successful in competing for federal grants and has been awarded four major co-occurring grants for youth and adults during the past two years.

Lastly, Ridgeview continues to serve the uninsured on a sliding fee scale. Although this has become increasingly more challenging, each year the board of directors remains committed to making sure that this group of individuals will not be deprived of essential care.

## ☐ Timeline

- 1954 .....At the suggestion of Oak Ridge Pupil Personnel Department, a group of Oak Ridge and Anderson County citizens met to form the Oak Ridge Mental Health Association, the purpose of which was to establish a mental health center.
- 1957 .....Dr. Kenneth Crouse is hired as the first director of the Oak Ridge Mental Health Center as it opens for business on New York Avenue, Oak Ridge.
- 1961 ..... A charter of incorporation is issued to the center in the name of the Mental Health Center of Anderson and Roane counties.
- 1964 .....John F. Byrne, Ph.D., begins as executive director and serves until 1985.
- 1969 ..... A fully operational regional community mental health center with twenty-two inpatient beds opens at 240 W. Tyrone Road, Oak Ridge.
- 1970 ..... The center expands services by establishing satellite clinics in Campbell, Roane, Scott, and Morgan counties and changes its name to the Regional Mental Health Center of Oak Ridge, Inc.
- 1976 ..... The Oak Ridge facility is expanded to a 44-bed inpatient unit.
- 1983 ..... The name of the organization is changed to Ridgeview Psychiatric Hospital and Center, Inc.
- 1985 ..... Ben Bursten, M.D., replaces Dr. Byrne as executive director and also serves as chief medical officer.
- 1986 ..... Ridgeview expands again with the opening of the John F. Byrne Center, in Oak Ridge.
- 1987 ..... Robert J. Benning becomes Ridgeview's fourth C.E.O.
- 1993 .....The adolescent inpatient unit is closed and an adolescent day treatment program is started.
- 1994 .....TennCare is implemented in Tennessee to replace Medicaid as a primary funding source.
- 1996 to present day
- Ridgeview continues to serve a large TennCare population and maintains its status with TDMHDD as a Safety Net provider.
  - Ridgeview continues to expand telemedicine services.
  - Ridgeview continues to grow programs, via federal grants, for individuals with co-occurring illnesses.
  - Ridgeview continues to see uninsured clients.
- 2007 .....Ridgeview celebrates its 50<sup>th</sup> anniversary as a community mental health center.

## ☐ Story(ies)

## ☐ Photographs



## SOUTHEAST MENTAL HEALTH CENTER

### History

Thirty-five years ago, a group of citizens got together and took the initial step in founding a community mental health center for the mentally challenged population of Shelby County. Under the name of Southeast Memphis Mental Health Center, they acquired a Charter of Incorporation from the State of Tennessee in September of 1973 as a private, non-profit corporation organized for the purpose of providing comprehensive community mental health services to residents of census Catchment Area 27 in Shelby County, Tennessee as defined by the Tennessee Department of Mental Health and Mental Retardation. Even though the group originally met at the Memphis City Board of Education, they soon moved to 3520 Getwell Road. They remained at the Getwell Road location until 1979 when they relocated to 3810 Winchester Road, Memphis, Tennessee which today houses the corporate offices and a clinic for mentally ill Children and Youth. A second clinic, which remains in operation today, was opened in May of 1980 in the Orange Mound community at 2579 Douglass. This clinic serves mentally ill adults, and also houses a full service pharmacy. A third clinic, which also remains in operation today, was opened in May of 1997, serving mentally ill adults.

The Center is governed by a community oriented Board of Directors. This Board of Directors, serving in the public trust, has the legal responsibility for the operation of the Center. The Center's first Board President was Dr. Jerry Boone, and James A. Baker, Jr. is the current Board president.

Mr. Tom Miles was the Center's first Executive Director, and in September 1976 was succeeded by Dr. Leon Lebovitz, who had been a Board member since the Center's inception. Dr. Lebovitz served as Executive Director for 13 years at which time he was succeeded by the late Andrew Fox. Mr. Fox was succeeded by Gene Lawrence in 1992, who continues to serve as the Director of the agency. Under the leadership of Mr. Lawrence, the agency has experienced tremendous growth. Southeast presently manages some seven (7) corporations. There are three licensed mental health clinics, four licensed supportive living facilities, three semi-independent group homes, and three Apartment complexes, with over 160 residential beds in the community. Southeast also sponsors Turning Point Peer Support Center. In 1999, Southeast partnered with a local private hospital to open a 50-bed inpatient Psychiatric Unit for the mentally ill in the downtown area of Memphis, which remains in operation today.

Southeast Mental Health Center is and has been a viable presence in the community, serving 2500-3000 active cases at any given time. It is the only county-wide mental health facility with a full continuum of care, the largest Medicare provider, and the largest provider of mental healthcare services for children in Memphis. Services include Psychiatric Services & Chemotherapy, Pharmacy Services, Individual & Family Counseling, Specialized Educational groups, Consultation & Education Services, Employee Assistance Programs, Children & Youth Services, Psychoeducational Evaluation of Children, Parenting Classes, Alcohol & Drug Treatment Services, Intensive Support Focus Groups, Supportive Living Facilities, and a Full Range of Other Housing Opportunities, Case Monitoring, Case Management, and Liaison Services to Local Hospitals.

### Timeline

## ☐ Story(ies)

**“Jane”** – not her real name

On September 11, 2004 I was fortunate enough to be allowed to participate in a program of recovery. When I arrived at the center on Summer Avenue I was nervous and very anxious, you see for the first time in my life I was going to admit to a room full of people that I had a mental illness. I had lived for the past 38 years thinking all I had to do was pray and if I prayed hard enough these feeling would go away and I would return to normal. The praying help tremendously, however I also needed medication and I needed to learn that I was not alone and there was other’s just like me. Zoe helped me to understand having a diagnosed mental illness did not mean I was ignorant or stupid, which is what I originally felt like when communicating with others. Ms. Dillon helped me just by treating me as an intelligent human being. I was shocked to be treated so well and for once in my life did not feel as though I was inferior in any way. Learning how to spot my triggers and using recourses available to me to overcome them was something I needed to be taught. I not only learned to listen to my feeling and write down what triggers the anxiety, but also there are numerous resources available to people who needs them and doing it alone not only unnecessary but unwise. I thank God every day that he guided me to Turning Point and the people who work there. The staff share a common bond with you recognizing that having a diagnosed mental illness does not mean you are not normal.

## ☐ Photographs



## VANDERBILT COMMUNITY MENTAL HEALTH CENTER

### History

Vanderbilt Medical Center is a private, not-for-profit educational/medical institution with a tripartite mission of research, education, and service. The University was founded in the 1800s and currently is identified as one of the top 25 universities in the country. The Department of Psychiatry has been providing mental health and psychiatry services to the Middle Tennessee region for over 50 years. Vanderbilt's Department of Psychiatry, which includes the Mental Health Center, is located on the main Vanderbilt University Medical Center campus in Nashville, Tennessee and currently has approximately 170 staff and faculty members. The Mental Health Center has a large community practice collaborating with other agencies such as the Metropolitan Nashville Public School System and Juvenile Court.

The Department of Psychiatry provides a vast array of high quality mental health services including evaluation, diagnosis, treatment and psychiatric and behavioral consultation, to the State of Tennessee, various county governments, provider agencies, and private consumers. In addition to service provision the Department has and continues to assist in the development and implementation of state of the art diagnostic and treatment programs in both the public and private mental health sectors. This innovation and leadership is reflected in the type and quality of services that are provided to the community, and in the introduction of evidenced based treatment to the public over the last decade and a half to ensure the highest quality services and outcomes are provided.

The leadership of this Department began with Dr. Frank Luton, who was the first full-time faculty member with Vanderbilt Medical Center. Dr. Frank Luton served in this position until the Department of Psychiatry was formed in 1947. The first Chair appointed to Psychiatry was Dr. William F. Orr, Jr.. Dr. Orr served as the department chair from 1947 – 1969. One of Dr. Orr's noted successes was to bring one of the first training grants in Psychiatry to Vanderbilt. Dr. Marc H. Hollender served as the Chair to Psychiatry from 1970 – 1983, during his reign the residency program was strengthened, faculty grew and monies were secured to establish research and scholarly writing. The years 1983 – 2000 saw a lot of growth in our Department with the leadership of Dr. Michael Ebert. It was during this time that the Vanderbilt Child and Adolescent Hospital opened with capacity to hold 77. Clinical Services within the Hospital community expanded but also there was a lot of initiative around implementing community services within the Nashville area. The Department saw a lot of growth during this time; Dr. Ebert resigned and handed over the reigns to his Assistant Chair, Dr. George Bolian. Dr. Bolian served in this capacity for five years and kept the Department active in the tripartite mission of research, training and quality clinical service. In 2005, after an extensive search Dr. Stephen Heckers was recruited from Harvard McClains Hospital. In addition to growing clinical services, Dr. Heckers is focused on developing a research enterprise that employs state-of-the-art imaging technology to better understand the neural mechanisms of mental illness.

### Timeline

### Story(ies)

**One of Our Most memorable Outcomes:**

During our time at Caldwell Elementary School, Sheryl Margolis and I came into a disastrous situation.

You see the news headlines that morning had a direct impact on us. Murder in the Lane Garden Apartments, overnight was the leading statement. Little did we know that this would impact us? Early that morning upon our arrival we came to find that it was a kindergarten student and her mother who were witness to this travesty. Someone broke into the apartment and killed mom's boyfriend.

Therefore we used that day to debrief the situation with mom and her daughter. After which both received individual counseling from Vanderbilt. Sheryl saw the mom and I saw the little girl. The mom was also a regular participant in our weekly Woman's Support Group. As time went on the woman's husband, a serviceman came back into the picture; he joined his wife in therapy, so her individual sessions became Couple's Therapy. The family was re-united and moved out of state. We thought this was the end.

However, two years ago I received a phone call from out of state. The woman identified herself and gave me enough information that I could recall who she was. She went on to say, "Thank-you for everything you and Sheryl did for my family. I just wanted you to know that our daughter is graduating and she is the Valedictorian at her High School graduation. I also want you to know that she received a full scholarship to Vanderbilt University and will be coming back to Nashville in the Fall." I must say this caught me quite by surprise and our phone call ended with the both of us in tears.

## Photographs



## VOLUNTEER BEHAVIORAL HEALTH CARE SYSTEM

### History

The Mission Statement for Volunteer Behavioral Health Care Systems is to empower those who utilize our services in such a manner as to enable them to develop to their potential and improve their quality of life. Volunteer also strives to create a professional environment where employees are empowered to be creative and self-directed where incentives are such that they can maintain or improve their quality of life. This is to be accomplished in an environment which allows Volunteer to generate an adequate level of financial security.

Volunteer Behavioral Health Care Systems, Inc. was formed in January 1995, as the parent organization for **Johnson Mental Health Center, Inc.** and **Hiwassee Mental Health Center, Inc.** **Plateau Mental Health System, Inc.** entered the Volunteer system in February 1996, followed by **The Guidance Center** in August 1998, and **Cumberland Mental Health Services, Inc.** in July 1999. Volunteer is a private not-for-profit corporation, as were each of the five mental health centers listed above. Each mental health center has a rich history of over 20 years of providing community based services for seriously and persistently mentally ill (SPMI) adults, severely emotionally disturbed (SED) children and adolescents, and persons with alcohol and drug treatment needs.

While Volunteer has been in existence only since 1995, the five mental health centers making up the Volunteer system have an operating history that extends back to 1962. Volunteer provides comprehensive behavioral health care services from 58 service locations covering 31 counties and 11,192 square miles in Tennessee, which is largest geographical mental health area serviced in the state. The yearly budget is over 35 million and our last fiscal year we saw 25,768 adults, 6,895 children for a combined total of 32,663 unduplicated clients. We currently have 158 residential beds and 40 active homes in our foster care program. Recently, we reached a business agreement with Genoa Healthcare Full-Service Pharmacies. The pharmacies were incorporated into six of our locations so that we can provide better access to medication for our clients. Volunteer currently has 696 employees which include psychiatrists, nurse practitioners, licensed psychologists, case managers, doctoral interns, and clerical staff. Volunteer Behavioral Health Care System is a Tennessee public benefit corporation organized pursuant to the Tennessee Nonprofit Corporation Act. Volunteer was organized in 1995 to promote and support the interest and purposes of other organizations that provide behavioral health care, education, or research to the community and which qualified as organizations exempt from federal income taxation under Section 501 (c) (3).

Volunteer offers outpatient services to adults, children, and families in its 31 county service area. Services include: individual, family, marital and group therapy; evaluations and assessments; crisis response and respite; specialized programs for children and families; services for the severely/persistently mentally ill; physician/psychiatric medication management; alcohol and drug abuse treatment and prevention/education; Employee Assistance Programs and Behavioral Wellness Seminars. Volunteer operates two of the three Crisis Stabilization Units and Walk-In Clinics for behavioral health issues in the State of Tennessee. One is located in Cookeville and the other in Chattanooga. Volunteer also operates a juvenile residential program and a half-way house for adult males; as well as, developing housing for clients through contracts with boarding homes and apartments. Volunteer also manages several HUD residential properties through an agreement with three mental health housing corporations.

The Clinics and Special Programs of the Volunteer System provide a broad array of services and treatment. It has always been Volunteer's purpose to meet or exceed customer expectations by being the preeminent provider of behavioral health care. Here at Volunteer we strive to make a difference in every life that reaches out to us for help, we live by our slogan, "Help Today... For a Better Tomorrow."

## Timeline

### Cumberland Mental Health

**1972**

The Sumner County Guidance Center opens.

**1973**

Cumberland Mental Health started in Lebanon as the Wilson County Mental Health Center. It was established in a house that was donated for \$1 a year by a man named Eugene Crawford. The Center remained at that location until 1979 when it moved to its current location.

**1977**

The Sumner County Guidance Center begins the mobile health unit.

**1978**

- Services began in Hendersonville.
- TRAC house for juvenile girls opens in Gallatin.

**1979**

The Wilson County center opens at new location on Winter Drive., Lebanon.

**1982**

- The Hendersonville office opens.
- A boy's summer camp is offered by the Wilson County Center.

**1985**

- Cumberland Mental Health establishes the Woodstrek Wilderness program for children from ages 12-14 years old.

**1988**

Wilson County Mental Health Center merges with Sumner County Guidance Center, adds Trousdale County in January and changes the name to Cumberland Mental Health Services, Inc. with locations in Lebanon, Gallatin, and Hendersonville.

**1993**

The Lebanon location offers evaluations/forensic services and mobile crisis services.

### Hiwassee Mental Health

**1973**

Hiwassee Mental Health Center is established serving the four counties of Bradley, McMinn, Meigs, and Polk.

**1995**

- Blue Ridge Psychiatry P.C. was purchased in Cleveland.
- Established a Half -Way House for Alcohol and Drug services in Cleveland.

**2006**

A new facility was purchased on South Ocoee in Cleveland.

### Johnson Mental Health

**1974**

- Johnson Mental Health Center was established serving the six counties of Bledsoe, Grundy, Hamilton, Marion, Rhea, and Sequatchie.
- The outpatient clinic is located on the campus of Moccasin Bend Mental Health Institute.

**1981-1985**

Chartered Mental Health Housing Corp. and awarded HUD grant to construct and operate four group homes.

**1995**

HUD approves \$230,000 for the building of two more group homes.

### Plateau Mental Health

**1969**

Plateau Mental Health Center was established serving the 13 counties of Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White.

**1971**

Plateau Mental Health Center, in Cookeville, received a grant to establish a Satellite Center, in McMinnville.

**1976**

A residential center was established in McMinnville.

**1978**

C.H.E.E.R. Mental Health Center is established in McMinnville.

## The Guidance Center

### 1968

The Rutherford County Guidance Center is founded serving Rutherford County.

### 1985

- Adds Cannon County to the service area and The Rutherford County Guidance Center changes its name to The Guidance Center.
- The Guidance Center's Bell St. office begins therapeutic preschool.
- The Murfreesboro building moved from the office on Spring Street to a 13,000 square foot building on Church Street.
- The Guidance Center's Thompson Lane office opens.
- The Guidance Center is one of the first in the state to have an Electronic Health Record.

### 1988

- The Williamson County Counseling Center merges with The Guidance Center.

### 1991

- The Guidance Center becomes APA accredited for the doctoral internship program.
- The Guidance Center starts The Therapeutic Foster Care Program.

### 1993

Land is purchased and an outpatient clinic is built on Mayfield Drive. in Smyrna.

## Volunteer Behavioral Health Care System

### 1994

Volunteer Behavioral Health Care System formed with the merger of Johnson Mental Health and Hiwassee Mental Health.

### 1996

Plateau Mental Health joined the Volunteer family.

### 1998

- The Guidance Center joined Volunteer.
- Bobby Freeman, Ph.D. becomes Chief Executive Officer until his retirement in 2004.

### 1999

Cumberland Mental Health joined Volunteer.

### 2000

The Cleveland office offers the RIP program.

### 2001

- Early Childhood Network Program is established.
- Volunteer becomes the first client for the Electronic Health Record System, Care Logic, and goes live on October 8, 2001.

### 2003

- Johnson Mental Health Center relocates its operations to a 35,000 square foot office on Bell Avenue in Chattanooga.
- The Volunteer administrative offices relocate to the Spring Street location in Chattanooga.

### 2004

- The Opening of the first Crisis Stabilization Unit in the state, located in our Chattanooga office.
- Chris Wyre is named President/Chief Executive Officer for Volunteer.

### 2005

- A number of Volunteer's employees, in several locations, offered their services to Hurricane Katrina victims.
- A contract was reached with Genoa Healthcare Full-Service Pharmacies. The contract incorporated six pharmacies in select offices.

### 2007

- The Therapeutic Foster Care Program is established in the Franklin office.
- The Crisis Stabilization Unit in the Cookeville office opens.

### 2008

Several of our employees volunteer their time to help tornado victims in local communities

## Story(ies)

### From Alone and Homeless to Living in Recovery

"Mary Joe", a single female, came to Volunteer's Thompson Lane office for the PATH Homeless Outreach Program looking for help with housing and mental health treatment. She notified the PATH case manager that she has been chronically homeless for the last year and was awaiting approval of

disability. Previously, "Mary Joe" lived with her brother until he passed away. Several life stressors, including the lack of housing exacerbated "Mary Joe's" mental health condition and she had to be hospitalized.

In the meantime, the PATH case manager continued to assist her with locating housing and filed her paperwork with the housing authority. By the time "Mary Joe" was released from the hospital, the case manager had completed her application

for housing. The case manager and “Mary Joe” worked together, with “Mary Joe” living in a local motel until she was approved for housing.

While waiting for approval from Murfreesboro Housing Authority, the case manager introduced “Mary Joe” to the Peer Support Center. She used the Peer Support Center as a source of social support and to learn about recovery and managing the mental illness. She was also able to make healthy friendships. Within two months, “Mary Joe” was actively working toward recovery, which included consistent mental health treatment through Volunteer. She was approved for a Shelter-Plus Care Voucher. She currently lives independently in a one bedroom apartment. She continues to attend the Peer Support Center and is working to obtain a source of income until her disability is approved.

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### Overcoming Tragedy

A call came into Volunteer’s Cookeville office that deeply saddened all of the employees at the location. A young child witnessed the violent and tragic death of her mother. She began treatment in the Healing Childhood Trauma Program within three days of experiencing the traumatic event. The gravity of what this child went through was felt by every staff person at the agency and there was an immediate response by staff to ensure the child felt safe, protected and nurtured. Agency staff members, from the Healing Childhood Trauma clinician to the janitor, showed an unwavering dedication to her and the other children in this program.

The young child and her family worked closely with the program therapist, and were dedicated to the intensive treatment approach used in the program. She rarely missed an appointment, even when such sad and painful experiences were being explored. Her symptoms, which included regular nightmares, being extremely fearful and experiencing significant anxiety subsided as she continued working hard in therapy.

After eight months of treatment, she was ready to graduate. Over 50 people attended her graduation ceremony. This included family members, Plateau staff, Department of Children’s Services staff and other community members. It was a remarkable show of support for a young child who symbolized for us, the power of healing through her

determination, dedication, and resilience. Serving this child also helped us, as an agency, to better appreciate the vulnerability of the people we serve and strengthen our focus on our responsibility to maintain an encouraging, nurturing, and caring environment for each person entering our agency.

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### “Heather”

“Heather” was in her late 20’s when she reached out to The Guidance Center for help. She came into treatment with a history of severe childhood abuse, low self-esteem, and depression. After several sessions she made great progress. She was able to move on from her past struggles to live a healthy and happy life.” Heather” wrote a poem for her therapist to explain how grateful she was for the help given to her.

#### My Guardian Angel

You are my angel God sent to me in my tears,  
to fight away the demons and all the fears  
My guardian angel, you will always be in my heart  
to find the courage to make a fresh start

It’s hard to leave my angel because  
all there is to know about me from the heart you know  
And you believe in me, I see it in your eyes  
when I talk to you each week,  
your eyes glow with surprise at the work I complete

So with each step I take in life,  
I take a piece of my angel to give me courage to fight  
to find myself and the love I have to give  
and the courage to find the strength I have to live

A full life with self-esteem that is my goal  
and not just a dream  
So my guardian angel, good-bye for now,  
I will miss your tender words and your kind heart  
and how you listen to every word with such concern  
and taught me to stop, listen, and learn.

If you can help a lost little girl like me,  
give her the strength to find self-esteem,  
your gift in life is a precious thing,  
I wish you well and great things

Your life will be full of sweet success,  
Hold your head up high and God bless

 Photographs



## WHITEHAVEN-SOUTHWEST MENTAL HEALTH CENTER

### History

**Mission Statement** – To enhance our community by providing a comprehensive range of services toward improving the quality of life for adults, children and families experiencing life problems.

**Description of Business, Services, Products, Etc.** – Whitehaven Southwest Mental Health Center, Inc. (WSWMHC) is a private, non-profit corporation chartered in 1973. The agency's primary objective is to use a case management approach to the provision of professional mental health counseling along with a wide range of supportive services for all of its clients.

WSWMHC provides an array of services to both adults and children. Included are psychiatric services, mental health case management, alcohol and drug abuse, counseling, HIV/AIDS education, vocational readiness, community outreach, domestic violence programs, anger management, supportive housing, rent/utility assistance, representative payee services and assistance with children, youth and family issues.

**Date Organization was Founded** – The Center was incorporated in June 1973

**How it all Started (events surrounding founding of organization)** – The Whitehaven Civitan Club members, aware that there was no Mental Health Center in Whitehaven or South Memphis, organized the Board of Directors, incorporated the Center in June, 1973. The Board contacted the State Department of Mental Health, City council, County Court and started with a budget of \$35,000.00

The first staff consisted of the Center Director, a receptionist, a psychologist, a nurse one day a week and a physician ½ day a week. The Center was located in four small offices in the Professional Building next to Methodist Hospital South. Although President Nixon had impounded federal monies for mental health center staffing grants, a lawsuit overturned that action, and the Whitehaven Center received its first staffing grant September 1, 1974. In that first year of operation before federal funding, the Center was able to increase its budget, mainly from Medicaid payments, to approximately \$100,000.00.

The Department of Human Services reordered its priorities in early 1980, eliminating Title XX support for family and individual counseling. This started the decline in the rendering of conventional therapy services. The Center was not in a position to defend traditional, one to one counseling due to low productivity and the lack of outcome measures. Other mental health centers in Shelby County, and across the state, were experiencing similar declines. At the same time, the Center established a separate satellite to attract middle class, self pay or insurance covered clients. The Board of Directors had been concerned about the declining family therapy, and the Center decided to invest in a separate operation as a move to long run survival. It also provided a way for the Center to give services, in an attractive setting, to those individuals who could afford to pay, and the resulting revenue would support other Center programs.

With the total census at the state institute significantly reduced, and growing community disenchantment with the deinstitutionalization process, the Center's attention was turned towards the population presenting at the Emergency Room and with repeated trips through the local acute hospital. The Center's acute hospital admission rate had been

approximately 1 per 500 of the catchment's area population, closed to the admission rate for the United States as a whole. The questions of how to address this population and what to do for them, combined with ideas from the balanced service system concept, led the Center to consider decentralizing its operations into community satellites. Decentralization discussion and planning started in early 1980, and continued in 1981.

At the same time, both the State and the Federal funding agencies concentrated on the Center's emergency services. Up to this time, the Center used a telephone answering volunteer group (shared by 4 other mental health centers in Shelby County) and used its own therapy staff for back-up in the event of face to face contact requirements. In early 1980, the Center decided to establish its own full time emergency services for that face to face capability. The establishment of that service resulted in significantly improved continuity of care although the number of actual face to face encounters averaged 5 per month through the rest of 1980. The emergency services staff was increased in late 1980 in anticipation of the closing of the City of Memphis Hospitals Emergency Psychiatric Holding Unit.

**Founders, Key Individuals in the Early Days –** The Whitehaven Civitan Club members & Board of Directors

**Key Events, Conditions in the Early Days –** In early 1974, patients formerly at the University of Tennessee and Tennessee Psychiatric Hospital and Institute (TPH & I) outpatient clinic were shifted en masse to the Whitehaven Center. There were approximately 1,000 aftercare patients transferred over a period of 6 months.

The Center started the 1974 grant year in September with about 15 staff. Medication clinics were still limited to two days a week; and patient visits on those clinic days averaged 120 encounters. The Center also initiated traditional therapy services and attempted to establish a private pay/insurance base.

In late 1974, the Center executed an agreement with a local senior citizen's program, operating at that agency's site. This was later to develop into one of the largest components the Center had, and was recognized as a pioneering effort to deliver services to the fragile elderly.

In 1975, the Tennessee legislature appropriated approximately \$1.5 million to provide equalization funding. Up to that point, newly started Centers received very small support amounts from the State Department of Mental Health. The Whitehaven Center's grant from the state increased from approximately \$90,000.00 to \$350,000.00 in the fiscal year starting July 1, 1975.

To meet the requirements being a federally funded community Mental Health Center, the center developed a Halfway House, to further support the Adult Day Treatment program started at the same time as the staffing grant.

From the time this effort was initiated to early 1981, the Center was responsible for reducing the long-term chronic aftercare population in the state hospital system from 130 people to approximately 40 people. In early 1977, the Center applied for and received approximately ½ million dollars in Title XX funding. Those funds were primarily for services to the elderly, adult day treatment programming, Halfway House and family and individual counseling. In 1977, the center was able to switch from the staffing grant (at approximately \$300,000 a year) to an Operations grant, increasing federal support to \$550,000.

**Key Individuals, Events, Periods of Time, etc., During the Organization's Development and Growth, after the Early Days to the Present –** The Board of Directors explored the possibility of a mental health center in the Pine Hill/Longview Heights Community. Mrs. Ida M. Flythe, a charter member of the Longview Heights Civic Club for many years, was selected from that body to be on the committee to conduct a feasibility study to have a mental health center in the neighborhood in which she lived. Mrs. Flythe readily accepted this task and began to research the need for a

facility providing specialized services of this nature. Mrs. Flythe along with another charter club, Rev. K.C. Sain began to turn necessary wheels in an effort to bring a mental health center to the Pine Hill community residents. This undertaking met with residential opposition. Mrs. Flythe and Rev. Sain repeatedly addressed The City Council until the cords of opposition and community protest were broken. A community school building formerly Pine Hill School a few feet from Mrs. Flythe's front door was vacant and available for occupancy by some acceptable enterprise. Mrs. Flythe and Rev. Sain again began another pilgrimage to the Land Use Control Board in an effort to change the zoning classification, which prohibited a mental health facility's opening in the closed school building. In 1982, Whitehaven Southwest Mental Health Center expanded its facilities to 1087 Alice Avenue, the Pine Hill School building. On May 17, 1982, Mrs. Flythe became a member of the Board of Directors of the Whitehaven Southwest Mental Health Center. Mrs. Flythe's service continues to yield productive benefits. In December 1997, all adult services of the Center moved from 3127 Stonebrook to that building in the Pine Hill community where Mrs. Flythe lived, worked and served. The budget has increased from \$35,000 in 1973 to over \$2.7 million in 1998. The first staff consisted of five positions. The center staff has now increased to over fifty positions, and provides numerous services to mental health consumers. Because of Mrs. Flythe's dedication to community needs, Whitehaven Southwest yet stands in the immediate community as a beacon of hopeful possibilities to persons with mental illnesses and their families.

### Timeline

### Story(ies)

Sometime ago I was privileged to attend an awards ceremony for consumers residing in one of our residential facilities. As the program progressed, the audience learned how the program participants had overcome so much adversity and sometimes seemingly insurmountable odds to reach their individual goal. One of the more poignant moments of the evening came when one mother (Gina) told of her struggle to see her daughter graduate from high school. Gina battled addiction issues and was living in our transitional house. At the ceremony Gina was in tears as she shared her joy with us on the accomplishments of her daughter who attended one of Memphis' inner city schools. Her daughter Beth was an A student through school and had just received a full four (4) year scholarship to a Austin Peay.

We are constantly bombarded with stories about how out of control our youth are. We need more stories about how parents with behavioral issues have struggled to help their children beat the odds to come out on top. This is one of those stories.

### Photographs





