

Joint Annual Report
of the
Tennessee Department of Mental Health and
Substance Abuse Services
and the
TDMHSAS Statewide Planning & Policy Council
FY 2014

Joint Annual Report
The Tennessee Department of Mental Health and Substance Abuse Services
(TDMHSAS)
&
TDMHSAS Statewide Planning & Policy Council
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Executive Summary

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) functions as Tennessee's mental health, substance use disorders, and opioid treatment authority. The Joint Annual Report allows TDMHSAS, jointly with the Statewide Planning and Policy Council membership, to report accomplishments and challenges annually to the Governor and State Legislature.

During each fiscal year, TDMHSAS conducts a needs assessment that focuses on the population of Tennessee to ascertain unmet service needs and delivery system gaps. In the subsequent year, TDMHSAS develops budget and funding foci that seek to meet the needs established by the assessment as closely as possible.

TDMHSAS engaged in collaborations in FY2014 to improve public safety, decrease prescription drug abuse, and promote wellness and recovery for the citizens of Tennessee.

The ongoing challenge for TDMHSAS is attempting to provide a high-quality continuum of services while facing increased demands and persistent financial limitations. As a response to the challenge, TDMHSAS leverages federal and other non-state resources (totaling \$62M during Commissioner Doug Varney's tenure fully doubling previous administrations' alternative funding) to meet unmet needs. Additionally in the past year, the Office of Housing and Homeless Services, through the Creating Homes Initiative, raised and leveraged \$43,328,681 to create 2,224 housing opportunities. Even so, services for the homeless and substance abuse services continue to present statewide needs that are not met. Children and youth services face constricted revenue streams that, if expanded, may better meet the needs of Tennesseans.

Purpose, Scope and Activities of the Department of Mental Health and Substance Abuse Services (TDMHSAS)

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) serves as the state's mental health, substance use disorders, and opioid treatment authority. The Department is responsible for system planning; setting policy and quality standards; licensing personal support services agencies, mental health and substance use services and facilities; system monitoring and evaluation; and disseminating public information and advocacy for persons of all ages who live with serious mental illness (SMI), serious emotional disturbance (SED), and substance use disorder (SUD). Through the operation of four (4) fully accredited Regional Mental Health Institutes (RMHIs), TDMHSAS also provides inpatient psychiatric services for adults, including acute, sub-acute, and forensic. TDMHSAS is comprised of the following Divisions: General Counsel; Planning, Research, and Forensics; Hospital Services; Mental Health Services; Substance Abuse Services; Clinical Leadership; and Administrative Services. Through the Divisions, the TDMHSAS provides a quality spectrum of services across the lifespan. Collaborative efforts across a variety of service systems both public and private including but not limited to mental health, substance use, criminal justice, veterans, and child and family organizations create a concerted cross-system approach and promote the most effective outcome for care.

Statewide and Regional Planning and Policy Councils

TDMHSAS operates a structured planning process with multiple layers of Planning and Policy Council involvement to ensure citizen participation in policy and delivery-system planning. The Statewide and Regional Mental Health and Substance Abuse Services Planning and Policy Councils are established under T.C.A. §33-1-401 and T.C.A. §33-2-202 (mental health and developmental disability law). The Department oversees seven Regional Planning and Policy Councils (Councils) from which local and regional behavioral health needs and information are funneled to the Statewide Planning and Policy Council (Council) and ultimately to the Department. Needs assessment priorities and recommendations from the Council, combined with requirements associated with federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department's Three-year Plan for the service-delivery system. The Three-year Plan is then updated annually by TDMHSAS with input from all 8 (eight) Councils.

Council membership includes: representatives of individuals and their families; advocates for children; adults and elderly; service providers; stakeholder agencies and organizations. The majority of each Council's membership is current or former service recipients and members of service recipient families living with SMI and SUDs. TDMHSAS includes representation from the existing Substance Abuse Treatment Advisory Council, the Anti-drug Coalitions and the Prevention Council in each Regional Council to assist with planning for substance use treatment and prevention services. Advocates, providers, individuals, and family members of individuals with substance use disorders were also added to the statewide and seven Regional Councils. All eight Councils are fully integrated, including both mental health and substance abuse representation. The percentage of representation from the mental health and substance abuse services communities are monitored and maintained by the Office of Planning.

In the past two years, the involvement of the Councils in the planning process has significantly increased. Councils have used the research, data, consultation, and training provided by TDMHSAS to help identify needed services and supports that have implications on behavioral health systems.

TDMHSAS has provided needs assessment training, legislative proposal training, and is planning for an Executive Committee Retreat in October to provide additional resources and tools for Councils to use to identify services and supports for individuals living with mental health and substance use disorders. A new level of energy has emerged which creates a voice for all that attend meetings. Membership has increased across the state along with inquiries about leadership roles on the Statewide and Regional Council sub-committees.

TDMHSAS continues to actively recruit minorities, residents from rural areas, youth, and caregivers of children with serious emotional disturbance (SED) for membership. Recruitment takes place through networking arrangements accomplished by means of collaboration with present members of the Councils, providers, stakeholders, consumers and caregivers, and strategic partners in the community. The Governor appoints the chairperson of the statewide Council while the Commissioner appoints members of the Statewide Council recommended through the recruitment process.

Council Responsibilities:

- Assist the TDMHSAS in planning a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports;
- Advise the TDMHSAS on policy, budget requests, and developing and evaluating services and supports;
- Advise the TDMHSAS on the Three-year Plan including the desirable array of prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families;
- Recommend to the General Assembly legislation and appropriations for such programs and facilities;
- Advocate for and publicize the recommendations;
- Publicize generally the situation and needs of persons living with mental illness, substance use disorder, serious emotional disturbance and their families;
- Identify needs of service recipients who are children or elderly and of service recipients with combinations of mental illness, serious emotional disturbance, or substance use or dependence;
- Evaluate needs assessment, service and budget proposals;
- Reconcile policy issues among the service areas;
- Annual review of the adequacy of Title 33 to support the service systems;
- Advise the Commissioner on plans and policies to be followed in the service system and the operation of the TDMHSAS's programs and facilities; and
- Such other matters as the Commissioner may request.

One of the TDMHSAS's major responsibilities is service system planning. Title 33, Chapter 1, Part 4 of the Tennessee Code Annotated, the mental health law, requires the TDMHSAS to develop a Three-year Plan based on recommendations from the state TDMHSAS Planning and Policy Council. The plan must be updated at least annually based on an assessment of the public need for mental health and substance use disorders services. Needs assessments are conducted annually by the TDMHSAS Regional Councils to assist Department staff in planning and resource allocation. TDMHSAS provides Regional Councils with data to help members identify prioritized needs. Prioritized needs are shared with Department staff to apply in service system delivery planning. This information is used to communicate and integrate results into a strategic planning and action

process that ensures assessment information is used in meaningful ways to improve the mental health and substance abuse services delivery system.

Regional Councils are kept informed about the Department activities through the monthly Executive Staff Report, in-person reporting provided by the Office of Planning at quarterly Regional Council meetings, and ongoing interaction via email and telephone.

The TDMHSAS Office of Planning, part of the Division of Planning, Research and Forensics, administers and attends the meetings associated with Tennessee's Planning and Policy Council system (Regional and Statewide). The Office of Planning produces the Department's Three-year Plan, Mental Health Block Grant Plan and Annual Report, and Joint Annual Report. The Office of Planning is also involved in special projects that assist other Divisions with program planning and reporting, and works in tandem with the Office of Research to ensure that planning for Tennessee's service delivery system is data-informed.

The Annual Needs Assessment Process

Identified need can lead to programmatic opportunity. Tennessee's population and culture experience constant growth and change. Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Department. TDMHSAS ensures that the most relevant services are prioritized by means of an annual needs assessment completed in conjunction with active and robust Statewide and seven (7) Regional Planning and Policy Councils.

The needs assessment process creates a method for Regional Councils to influence the design of the mental health and substance use delivery system by identifying each region's needs and target limited state and federal financial resources to more effectively and efficiently meet identified needs. This information is used to communicate and integrate results into a strategic planning and action process to ensure assessment information is used in meaningful ways to improve the mental health and substance use system. Participants in the needs assessment process are Statewide and Regional Planning and Policy Councils, TDMHSAS staff, advocates, consumers and caregivers, and service providers. Considerations include the Governor's and Commissioner's priorities, state and federal law requirements, Substance Abuse Mental Health Services Administration (SAMHSA) strategic initiatives, data from statewide needs assessments, and funding availability.

Fiscal Year 2014 Accomplishments

Substance Abuse Recovery

2014 Legislation Impacting TDMHSAS Strategies

Several pieces of legislation passed during the 2014 legislative session that coincides with strategies of the TDMHSAS. Legal limits were placed on the amount of ephedrine or pseudoephedrine a person can purchase over the counter, including a component that established a law against any person under age 18 purchasing pseudoephedrine without a prescription. This new law is a direct attempt to decrease the amount of methamphetamine produced in Tennessee. Additionally, recent legislation now requires doctors to report the dispensing of controlled substances within one business day, rather than seven days as previously required.

Legislation was also passed to provide that a woman may be prosecuted for assault for illegally using a narcotic drug while pregnant; however, enrollment in a recovery program prior to birth of the

child is a viable defense. This law has a sunset provision in 2016, at which time the effects of the law will be evaluated. Additional legislation allows for participation in substance abuse treatment to be used as a condition of probation for 2nd or 3rd time DUI offenders. Individuals may also receive sentence reduction credits for successfully completing ordered treatment.

Criminal Justice Services

The Tennessee Rural Drug Court Expansion grant targets high-risk non-violent felony offenders in the 4th Judicial Recovery Court District (Grainger, Jefferson, Sevier and Cocke counties) who have been identified through the use of a validated risk and needs assessment instrument; volunteered to participate in a rural drug court program; and have been diagnosed with a prescription drug dependency. **In FY 2014, the recovery court increased its capacity by 33%, or ten participants. Four (4) of the ten (10) participants were pregnant women who were able to keep their babies as a direct result of having been involved in the recovery court. The court served a total of 40 participants.**

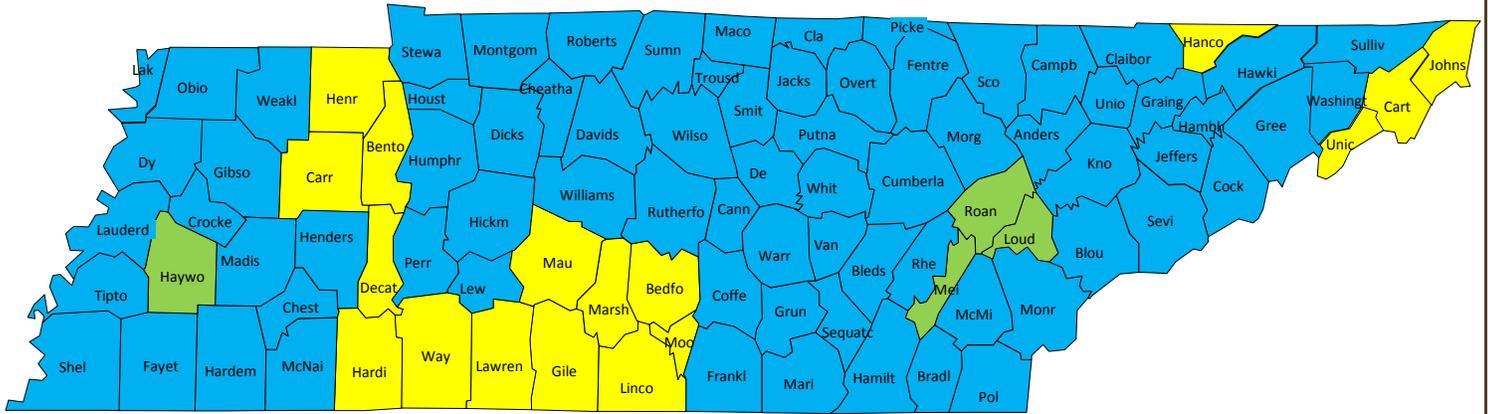
The Recovery Court programs continue to serve non-violent offenders who volunteer to receive treatment and recovery services to address substance abuse problems and needs. In FY 2014, eleven courts were recertified in the Ten Key Components for Drug Courts. Also, three new Veterans courts were added in Montgomery, Shelby and Davidson counties.

TDMHSAS established the first statewide residential drug court in the nation. The Morgan County Residential Recovery Court (MCRRC) will allow the state to divert male non-violent felony offenders in need of substance abuse treatment or mental health services from prison to effective treatment programs that are evidence-based and proven to have a larger impact on reducing recidivism. **In FY 2014, the MCRRC served 60 non-violent male offenders.**

The Knoxville Early Diversion Program created a partnership between local law enforcement agencies and liaisons to work as a specialized team to intervene and divert individuals at initial police encounter, preventing unnecessary jail time. The liaisons work side by side with Knox County law enforcement to address current gaps in service delivery. The diversion liaisons triage, assess, and identify possible treatment options for the individuals. If the individual needs further assistance in accessing resources, they are assigned to an early diversion case manager. Case managers work with service recipients to ensure treatment options are reviewed, referrals made, appointments set, and all barriers to the individual engaging in or receiving treatment are identified and addressed. **The Program served 38 individuals during FY 2014.**

Morgan County Residential Recovery Court

TDMHSAS is committed to promoting recovery as evidenced by the establishment of the first statewide residential recovery court in the nation. The Morgan County Statewide Residential Recovery Court (MCSRRC) is a 100-bed facility that provides long term residential treatment and recovery services for men who are having a difficult time staying out of the criminal justice system due to their substance use disorder. This diversion opportunity allows a non-violent, felony offender an alternative to prison. Referrals to MCSRRC are made from local recovery courts across Tennessee. Once the men complete the program at Morgan County, they return to their home recovery court to finish out the final phase of the program. As a component of the Governor's Public Safety Sub-cabinet Action Plan, TDMHSAS' goal is to expand Recovery Courts across Tennessee with an emphasis on prescription drug abuse.



Blue- Established Recovery Courts; Yellow- None; Green-Recovery Court but county not covered.

As a component of the Governor’s Public Safety Action Plan, the TDMHSAS will expand access to recovery courts across Tennessee while emphasizing the treatment of methamphetamine and prescription drug addictions. Additionally, the Department will increase the State’s funding of courts that serve defendants who would otherwise be incarcerated at the state’s expense. According to the Tennessee Department of Correction, the Recovery Court will cost an average of \$35 per person per day compared to \$67 per day in prison.



Recovery Courts are specialized courts or court calendars that incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of addicted, co-occurring, mental health, and veteran offenders. Tennessee is one of only a few states with an established Recovery Court Certification process (page 8).

According to the Drug Treatment Act of 2003, Recovery Courts are required to follow the Ten Key Components adopted by the Bureau of Justice, Justice Assistance Programs:

- Key Component #1:** Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- Key Component #2:** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- Key Component #3:** Eligible participants are identified early and promptly placed in the drug court program.
- Key Component #4:** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Key Component #5:** Abstinence is monitored by frequent alcohol and other drug testing.

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Tennessee demonstrates a commitment to recovery as proved by the establishment of recovery courts across the state.

Shown is a picture of the courtyard at the Morgan County Residential Drug Court.



TDMHSAS certifies Recovery Courts to ensure compliance with best practice principles. The certification process consists of submitting an application, logic model narrative and required documents; such as program Policy and Procedures Manual, admission criteria and process, etc. To achieve certification status, a court must be in compliance with the benchmarks of the *10 Key Components*. When a court achieves certification status, it is valid for 4 years from date of approval notification.

Prescription for Success

The abuse of prescription drugs in Tennessee has become an epidemic with systemic effects that impact the entire population. Consequences resulting from this epidemic include overdose deaths, emergency department care and hospital costs, Neonatal Abstinence Syndrome, increased placement of children in state custody, and incarceration for drug-related crimes. **"Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee"** is a strategic plan developed by the TDMHSAS in collaboration with sister agencies impacted by the prescription drug crisis. Partner agencies include Departments of Health, Children's Services, Safety and Homeland Security, and Corrections, Bureau of TennCare, the Tennessee Bureau of Investigation, and the Tennessee Branch of the United States Drug Enforcement Agency. Prescription for Success is a multi-year, comprehensive plan intended to prevent and treat prescription drug abuse in Tennessee. Funding requests related to Plan initiatives will be determined through the General Assembly budgeting process. The Plan was rolled out

across the state with members of the General Assembly, local elected officials, community stakeholders and other interested parties. The plan has seven (7) goals and thirty-three (33) strategies to prevent and treat prescription drug abuse over a five-year period.

The following are the seven goals of the “Prescription for Success” Plan:

1. Decrease the number of Tennesseans that abuse controlled substances.
2. Decrease the number of Tennesseans who overdose on controlled substances.
3. Decrease the amount of controlled substances dispensed in Tennessee.
4. Increase access to drug disposal outlets in Tennessee.
5. Increase access and quality of early intervention, treatment and recovery services.
6. Expand collaborations and coordination among state agencies.
7. Expand collaboration and coordination with other states.

Substance Abuse Prevention

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant is expanding Tennessee’s continuum of care by closing the gap between prevention and treatment (American Society of Addiction Medicine, ASAM Level 0.5 Early Intervention). SBIRT targets two medical residency programs, East Tennessee State University (three clinics) and Meharry Medical College; a Federally Qualified Healthcare Corporation (FQHC), United Neighborhood Services; and the National Guard. One of the goals for SBIRT is to screen 18,871 patients, over five years, and in primary care settings to identify those at-risk for substance use disorders. **In FFY 2014, TDMHSAS served 10,694 patients for a total of 26,248 individuals over a three-year period, far surpassing the five-year goal.** In FY 2014, SBIRT training was provided to county Health Departments; Department of Children’s Services (DCS) juvenile justice, foster care and child protective services assessment workers; and DCS Train the Trainer with case workers and supervisors. In FY 2014, SBIRT introduced the Champions Program. Seven physicians from various medical backgrounds including emergency room, geriatric, internal medicine, and an FQHC have become “champions” by screening for substance misuse in their practices using the SBIRT program and sharing information about SBIRT best practices with colleagues across the state.

TDMHSAS received a state appropriation to pilot the Lifeline Peer Project to reduce stigma associated with addiction and increase community support for policies that provide for treatment and recovery services. The Project’s outcomes are to increase the availability of evidence-based addiction and recovery programs statewide as well as provides educational presentations for civic groups, faith-based organizations, and community leaders to increase understanding of addiction and provide support for recovery strategies. **In FY 2014, 61 new recovery group meetings were established and 1,054 presentations were given to reduce stigma.**

Substance Abuse Services

Although the Department experienced a slight reduction in the federal Substance Abuse Prevention Treatment Block Grant, the Division received three federal discretionary grants and three appropriations from the General Assembly for recovery (drug) courts, Lifeline Peer Project and Adolescent Residential Treatment programs.

As a contributor in the **Governor’s Public Safety Subcabinet Working Group**, TDMHSAS continued work toward fulfilling Subcabinet strategies.

Five strategies were completed in FY 2014:

1. **Enact a simplified DUI law for Tennessee and revamp it to increase access to treatment.**
Additional legislation allows for participation in substance abuse treatment to be used as a condition of probation for 2nd or 3rd time DUI offenders. Individuals may also receive sentence reduction credits for successfully completing ordered treatment.
2. **Increase the capacity of adult recovery courts to 2,200.**
Ten new recovery courts were added, increasing capacity to 2,267.
3. **Increase the number of non-violent felony offenders enrolled in recovery courts to 1,000.**
The total number of felony and misdemeanor offenders enrolled increased to 1,440.
4. **Implement a data system that will allow for the evaluation of adult recovery court outcomes.**
The Problem-Solving Court module in the Tennessee Web-based Information Technology System (TN-WITS) went live July 1, 2013. TDMHSAS is collaborating with the Department of Correction to analyze data collected from TN WITS to compare to the incarceration data to determine re-incarceration rates.
5. **Increase the annual number of news media mentions of drug abuse to 2,200.**
The total number of media mentions of “Drug Abuse” was 2,270. To increase the knowledge about the prescription drug epidemic, TDMHSAS implemented the “Take Only As Directed” media campaign. The goals of the Campaign are to educate and inform Tennessee citizens about the prescription drug epidemic, the importance of taking prescription drugs as prescribed, and how to recognize the need for treatment. The campaign aired August 5-11 and 24, 2013 and December 2, 2013 - January 19, 2014 in Knoxville, Nashville and the Tri-Cities areas. There were 2,822,000 radio impressions, 3,506,459 television impressions, and 3,249,000 cable TV impressions.

The TDMHSAS is on target to complete the other three action goals by the due date. The plan to establish at least 115 permanent prescription drug collection boxes statewide is ahead of schedule. **In FY 2014, 25 additional drug collection boxes were established and 109 take-back events were held for a total of 99 collection boxes and 208 take-back events.**

Substance Abuse Treatment

In July 2013, TDMHSAS began its partnership with Oxford House International to establish a network of recovery houses across the state. There were six (6) houses in Tennessee prior to the partnership – five (5) in Nashville and one (1) in Johnson City. **During FY 2014, twelve (12) new houses were added for a total of eighteen (18), doubling the goal of six (6) new houses.** Thirteen (13) houses are for men and five (5) are for women.

TDMHSAS was awarded a State Youth Treatment Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Treatment and Recovery for Youth (TRY) project. The TRY Project will provide evidenced-based substance abuse services in Madison and Maury counties. TDMHSAS partnered with two community-based treatment provider sites to provide comprehensive treatment and recovery support services that encompass the complexities of addiction, mental health (including trauma), and recovery. **For FY 2014, 60 adolescents and transitional-age youth have been enrolled in TRY.**

Mental Health Wellness and Recovery

Behavioral Health Safety Net

The **Behavioral Health Safety Net of Tennessee (BHSN of TN)** offers community-based, core, vital services that people living with serious mental illness need to continue leading functional, productive lives. **35,501 individuals received services through the BHSN of TN program during FY 2014.** Services offered through the program include assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, pharmacy assistance and coordination, peer support services and psychosocial rehabilitation services. The inclusion of psychosocial services assists individuals whose coverage does not address recovery-related services such as employment assistance or homelessness assistance. The top four services utilized were case management, pharmacologic management, individual psychotherapy and psychosocial rehabilitation. The BHSN of TN partners with 15 community mental health providers across Tennessee. The BHSN of TN is based on a recovery model of services and supports with values such as self-sufficiency and self-reliance.

Children and Youth

The children's mental health service system in Tennessee has a number of strengths, including four existing System of Care (SOC) Federal Grant awards. **There are currently five (5) operational expansion sites, two (2) demonstration sites, and one (1) demonstration site that have been sustained.** The system is designed to support a variety of prevention and early intervention services for preschool and school-age children, extensive family support services, planned respite and respite vouchers, and clinical services for at-risk populations. Effective in-home intervention and a statewide crisis services program specifically for children and their families result in limited use of hospitalization for children. There is also access to behavioral health services through affordable insurance programs such as Cover Kids and TennCare. The Bureau of TennCare in collaborative partnership with the three Managed Care Companies, TDMHSAS, six community mental health providers and other stakeholders have designed and is currently implementing an innovative program designed to study intensive in-home and community based care coordination services for children with behavioral health needs and their families.

School-based mental health programs are well represented in Tennessee. With the increase in both violence and bullying in schools in recent years, the **Violence and Bullying Prevention** program has been very timely in its ability to increase empathy and build resilience in children while reducing aggressive behaviors. Also, the **Better Attitudes and Skills in Children (B.A.S.I.C.)** program serves 43 elementary schools across Tennessee. The focus of this program is to promote mental health in children in Kindergarten through 3rd Grade, and to identify and refer to mental health services children at-risk of serious emotional disturbance (SED). The B.A.S.I.C. staff provides mental health education through direct classroom work with children, teacher consultation, and work to enhance the school climate in ways which address risk factors for children. Additionally, the **School-Based Mental Health Liaison** program provides consultation for teachers and parents as well as intervention for students, and teacher trainings to improve understanding of mental health and substance use and abuse issues in the classroom. There are two programs in the schools that address stigma. The **Erase the Stigma** program educates students about mental illness and mental health and reduces stigma regarding mental illness. The **Child and Family Mental Health Education** program provides information to students about mental illness and teaches students how to overcome the stigma that surrounds mental illness.

TDMHSAS collaborated with the Department of Education to use evidence-based strategies for services provided by B.A.S.I.C staff in their elementary schools. This allows a focus on promoting the social and emotional development and school readiness of young children birth to age five. The **Child Care Consultation** program has further developed strategies that are now developmentally appropriate for children in kindergarten and first grade. Research has shown that the most effective way to embed new techniques in the classroom is to provide support coaching. Child Care Consultation staff has trained B.A.S.I.C. elementary school staff to use these strategies to provide support coaching to kindergarten and first grade teachers in their assigned schools. This puts evidence-based practices in the “tool kits” of the child development specialist B.A.S.I.C. staff. It also provides continuity in the classroom environment for children from pre-k to kindergarten and first grade.

Family Support is provided to families whose children have a Serious Emotional Disturbance through the TDMHSAS funded **Family Support and Advocacy** program and through the Planned Respite and Respite Voucher programs. There are seven (7) **Planned Respite** programs across the state which provide some direct respite and teach parents how to access respite resources and train their own respite providers. The **Respite Voucher** program uses vouchers to help parents across the state pay for respite services. A statewide toll-free Respite Helpline is available, which provides respite information to parents and professionals, and has a database of known respite resources across Tennessee. This year Tennessee was the host state for the Annual National Respite Conference, in Nashville on October 7-9, 2014, where several TDMHSAS staff presented.

Due to persistent funding limitations, challenges continue in the effort to provide expansive and early intervention and mental health services to children and youth, their families and schools.

Clinical Leadership

TDMHSAS developed a new Patient Satisfaction Survey. It is shorter and more patient friendly than the previous survey. It was first used in the Regional Mental Health Institutes (RMHIs) effective July 1, 2014. The Department developed a Patient Needs Screen. The instrument was designed to assess the degree of illness in persons admitted to the Regional Mental Health Institutes (RMHIs) or other psychiatric hospitals in the state. It identified the extent to which these patients presented with complex needs. Patient needs could be rated across ten (10) domains, eight (8) of which were used to identify patient type/needs: 1) safety; 2) threatening behavior; 3) axis I disorders; 4) axis II disorders; 5) other medical conditions; 6) physical conditions (related to vision, hearing, or mobility); 7) substance use; and 8) personal care. The Department also standardized hospital forms for the Regional Mental Health Institutes (RMHIs) and the *Formulary* for the Regional Mental Health Institutes (RMHIs).

The Building Strong Families in Rural Tennessee (BSF) grant project has made significant contributions in improving permanency outcomes for children affected by methamphetamine or other substance abuse; it received two years of additional funding in 2012. TDMHSAS is lead agency and has partnered with the Tennessee Department of Children’s Services, Tennessee Administrative Office of the Courts, Centerstone, and Centerstone Research Institute on this grant. The Child Welfare League of America (CWLA) and the National Center on Substance Abuse and Child Welfare (NCSACW) announced a Call for Abstracts for a journal entitled Effectively Addressing the Needs of Child Welfare Involved Families Affected by Substance Abuse: A Special Issue of Child Welfare Journal. BSF grant project submitted an abstract, which was accepted. The

grant project has since been invited to submit an article for consideration in the special journal issue. The BSF grant project received a certificate of recognition from the Administration on Children, Youth, and Families, Office on Child Abuse and Neglect, Children's Bureau, for its successful completion of the Regional Partnership Grant during the April 2014 Grantee Meeting. The BSF grant project stopped enrolling participants into research in August 2014. **During FY 2014, 216 children under age 5 and 279 ages 6-17 were served.** A no-cost extension was approved to allow completion of services to around 10 unduplicated families, thus honoring the Department's agreement with the Administration for Children and Families, the funder.

The TDMHSAS **Institutional Review Board (IRB)** is charged with protecting the welfare and rights of human participants in research and other research activities involving service recipients in TDMHSAS facilities (i.e., the Regional Mental Health Institutes [RMHIs]) and/or programs managed directly by TDMHSAS. **In FY 2014, the IRB reviewed and approved fifteen (15) research projects. Eleven (11) (73%) involved review by the full board. Nine (9) (60%) involved refused research for federal grant projects awarded to the Department.**

The **Suicide Prevention and the African American Faith Communities Initiatives** Committee continues to expand its initiatives in the faith communities by providing training, exhibits, and mental health and suicide prevention resource material. Initiatives have expanded from Nashville, Memphis, Clarksville, and Murfreesboro to Manchester, TN in 2014. The purpose of the initiatives is to provide faith leaders with tools to identify warning signs of depression and suicidal behaviors, to know how to help their parishioners, and to know the mental health resources in the community. A desired outcome is for parishioners to be able to identify signs of depression and suicidal behaviors and assist the individuals in getting the help they need.

KHROME (Kids Helping Rutherford County and Others Morph into Excellence) Youth Move which consists of 10-12 youth in the Rutherford County area is one of the initiatives that developed out of the Rutherford County Suicide Prevention Coalition and now also collaborates with Tennessee Voices for Children's National Youth Move Program. Workers perform skits and provide presentations two to three times a month related to suicide prevention and bullying at community events where youth are participating. Performances have helped a number of youth in the community obtain needed help, preventing one suicide and ensuring other youth were referred to services.

The Opioid Treatment Program implemented revisions on Opioid Treatment Rules to align them with best practices. These revised rules will provide additional guidance in the proper use of medication assisted treatment.

Corporate Compliance/QAQIP

The Department implemented a departmental compliance program in FY 2013 (Policy 13-1, Departmental Compliance; effective April 1, 2013) and created a Quality Assurance and Quality Improvement Plan (QAQIP) to assist in effectuating the same. Implementation of the compliance program began in fiscal year 2013 and is now fully implemented. The Department plans to submit an annual compliance report to the Commissioner and Governing Body in September 2014.

Data and Outcomes

The TDMHSAS makes every effort to use data and outcomes in program planning and decision making. TDMHSAS, Office of Research plays a supportive role to TDMHSAS executive staff, and

to the Divisions of Hospital Services, Mental Health Services, and Substance Abuse Services in assembling data needed for policy making.

Data books containing behavioral health information for Tennessee counties as well as information about Tennessee compared to the United States were compiled and are available on the Department website. This information is used by policy makers, program directors, service providers, stakeholders and the general public for determining local, regional and statewide needs. The data is also used by the TDMHSAS Planning and Policy Councils at the state and regional levels to inform the annual TDMHSAS needs assessment.

The Department collects data from program areas, including Medicaid (TennCare), to support Tennessee's Mental Health Block Grant application. Aggregate data about the clients receiving public mental health services in Tennessee is reported through the Uniform Reporting System (URS) Tables to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Client-level demographic, diagnostic and service setting data is also compiled from multiple sources and submitted to SAMHSA through a partnership with the Tennessee Association of Mental Health Organizations (TAMHO).

The Department coordinates the collection and reporting of Department customer and financial data required for the annual children's resource mapping project of the Tennessee Commission on Children and Youth. These data are reported annually to the Tennessee General Assembly along with data from other agencies providing services to children, age birth to 17, and young adults, ages 18-24.

Disaster Response

The Tennessee Disaster Mental Health Response plan and Committees were created to ensure timely response to mental health and substance abuse issues resulting from disasters. The mission statement of the State of Tennessee Disaster Mental Health Response plan and the State/Regional Mental Health Committees is to facilitate coordinated culturally competent state, regional, and local mental health planning, intervention and response efforts relative to disasters of any type in order to maintain quality care, safety, and security for survivors, their families, disaster responders and volunteers.

The State of Tennessee Disaster Mental Health Response Committee shall be comprised of a TEMA representative, 4 representatives from DMHSAS, (Primary Services Coordinator, Director of Disaster Mental Health Services, Tennessee Recovery Project Director, and the Crisis Services Director) a representative of DHS, TAMHO, the Commission on Aging, Chairpersons from the Regional Response Committees and a representative from the American Red Cross. The Committee will have a Co-Chair who will be one of the Regional Chairs and will rotate every two years. The committee will specify the organizational and operational goals for Tennessee's mental health response to all large scale or significant disasters and shall provide overall policy direction for the program. The Committee shall be responsible for:

- 1) Program development, planning and evaluation
- 2) Coordination of program activities and disaster mental health response
- 3) Providing a mechanism for quality assurance which includes required credentials for disaster mental health responders
- 4) Developing response standards
- 5) Arranging for and supporting training of disaster mental health responders

- 6) Providing consultation to regional disaster mental health response teams'
- 7) Updates to plan

In a Presidential Disaster that includes a federal emergency declaration for individual assistance it is the Department's responsibility to evaluate the need for, and if warranted apply for and implement thru FEMA/SAMHSA a Crisis Counseling Grant. The Crisis Counseling grant is a strength based outreach program that provides a multitude of services to survivors in the community. **Presently Tennessee there are not any active Crisis Counseling Programs however from 2010 thru 2013 Tennessee had 3 distinct programs providing a multitude of services to over 50,000 survivors.**

General Counsel

In 2014, the Department, via Governor Haslam's Legislative Package, introduced the Recidivism Reduction Act of 2014 (SB1633/HB1429) with the goal of reducing DUI recidivism by employing a combination of substance abuse treatment (including residential and intensive outpatient treatment as well as recovery courts), judicial discretion, upfront jail time, sentence reduction credits, and probation. The act passed the Tennessee General Assembly and was signed into law by Governor Haslam on May 13, 2014, effective July 1, 2014. It gives courts the power to sentence 2nd and 3rd DUI offenders to a substance abuse treatment program as a condition of probation after completing a clinical substance abuse assessment and serving a period of confinement in jail. This act recognizes the legitimate need to punish DUI offenders as a deterrent while seeking to provide substance abuse treatment tailored to the offender's specific need. The Recidivism Reduction Act of 2014 will be an effective tool in reducing DUI recidivism in the state of Tennessee.

Housing and Homeless Services

TDMHSAS was awarded the Cooperative Agreement to Benefit Homeless Individuals—States (CABHI) grant. The CABHI will be used to facilitate the formation and operation of an Interagency Council on Homelessness. The Interagency Council on Homelessness will develop and oversee implementation of a statewide plan to strategically address the needs of the homeless population. Additionally, the Interagency Council will consider ways to maximize TennCare availability to the homeless population. To ensure sustained partnerships among state-level housing and support service systems, the Interagency Council will consider expansion of membership and scope to address all homelessness in Tennessee. Commitment letters for collaboration were included from the following state agencies:

- Tennessee Department of Mental Health and Substance Abuse Services
- Tennessee Department of Veteran Affairs
- Tennessee Department of Health
- Bureau of TennCare
- Tennessee Housing Development Agency
- Metropolitan Government of Nashville Department of Social Services
- Shelby County Government

As part of the West Tennessee expansion project, an Intensive Long-term Support Services facility opened in Memphis, TN. This facility provides fourteen intensive long-term support service beds in partnership with Alliance Healthcare Services. The Intensive Long-term Support program provides intensive long-term, wrap-around support services that are community-based and long-term recovery-oriented. On-site services include psychiatric, nursing, case management and treatment services, as well as living skill development and community participation. Long-term patients from

Memphis and Western Regional Mental Health Institutes (RMHIs) who met criteria were placed in this home.

Inpatient Targeted Transitional Support funds for west Tennessee regions were increased to \$382,500 to expand services for patients discharge from the Memphis RMHI and Western RMHI. Among these support programs are the SSI/SSDI Outreach, Access, and Recovery (SOAR) Liaison and the Transition Facilitator. The SOAR Liaison completes applications for SSI/SSDI benefits with patients at WMHI and MMHI. The Transition Facilitator assists patients who have been frequently re-admitted to the RMHI and need special assistance in accessing resources within the community prior to and following discharge from MMHI.

Since 2000, over \$427 million has been leveraged resulting in the development of over 11,048 housing units under the Creating Homes Initiative (CHI). This initiative combines Department leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people living with mental illness. People with a history of mental illness living in supportive housing have an average 82% reduction in the number of psychiatric hospitalization days compared to the year before entering supportive housing. The CHI supports regional housing facilitators and consumer housing specialists. Regional housing facilitators plan, develop, and maintain permanent supportive housing opportunities for people with mental illness or co-occurring disorders through community coalitions and partnerships. Consumer housing specialists assist individuals living with mental illness or co-occurring disorders find affordable housing by helping access benefits and other income, the housing listed on the Recovery Within Reach website, and address systemic barriers that prevent access to housing.

Enhancements and development in collection and analysis of program data have been completed for nine Housing and Homeless Services programs. The outcome data will inform program development and give a broader picture to the number and types of services people are receiving.

Individual Placement and Support (IPS)

Through collaboration with the Tennessee Department of Human Services/Division of Rehabilitation Services (DRS), TDMHSAS has increased the number of individuals with serious mental illness and co-occurring mental and substance use disorders who obtain and retain competitive and integrated employment. Beginning in October 2013, TDMHSAS and DRS began working with Frontier Health, Helen Ross McNabb Center, Park Center, and Ridgeview to implement the Individual Placement and Support (IPS) system. **Since implementation began, 185 individuals have been served by the four IPS programs. There have been 59 placements and 44 individuals are currently working in a variety of jobs, including cashier, receptionist, collector, housekeeper, phone operator, utility worker, sitter, and fry cook.**

IPS is an evidence-based practice based on a 25-item fidelity scale and the following practice principles: focus on competitive employment; eligibility based on client choice; integration of rehabilitation and mental health services; attention to client preferences; personalized benefits counseling; rapid job search; systematic job development; and time-unlimited and individualized support.

My Health, My Choice, My Life

My Health, My Choice, My Life is a peer-led health promotion and wellness initiative for Tennesseans who live with mental health and substance use disorders. Programming is supported

by both state and federal funds. This holistic health initiative integrates a medical model with recovery and resiliency, resulting in an initiative that focuses on overcoming physical and mental health symptoms through strengths, personal empowerment and resiliency. The Program is led by Peer Wellness Coaches who have firsthand, lived experience with psychiatric and/or co-occurring conditions.

My Health, My Choice, My Life provides individuals with self-directed tools, empowering them with the knowledge, skills and resources to improve their overall well-being and resiliency and live healthy and purposeful lives. Peer-led health and wellness activities include: workshops on self-management of chronic health conditions, diabetes self-management, tobacco cessation, and weight management; and one-on-one peer wellness coaching. In FY 2014, Peer Wellness Coaches planned two Championship Games, an event where Peer Support Centers, Psychosocial Rehabilitation Programs, and Group Homes were invited to compete in individual and team events for ribbons. **Approximately 250 peers participated in the two Championship Games in Athens, TN and Milan, TN.** Peer Wellness Coaches also facilitate workshop graduation celebrations, Wellness Celebrations during SAMHSA's National Wellness Week, meal and snack planning, on-site physical activities, and various outreach events.

The My Health, My Choice, My Life program is supported through a combination of state and federal funds and served a total of 441 individuals in FY 2014. Most recent evaluation data shows that 81% of My Health, My Choice, My Life participants indicated improvement in medical, health, and overall functioning. Highly significant levels of improvement were observed in eating habits as participants reported eating a variety of foods as identified in the plate method. These improvements include attention to serving sizes and portions, eating less sodium, reading food labels, increased use of the plating method food selection, and eating more fruits and vegetables daily. Highly significant improvements were noted in physical activities, including flexibility and strengthening activities. Highly significant improvement were also observed in self-management including better decision making, creating action plans, solving problems, and brainstorming ideas. Significant levels of improvement were noted for eating at the same times each day. No significant levels of improvement were found in the areas of eating foods lower in fat, the amount of soda drank each day, the amount of time spent exercising, and the number of nights participants indicated good sleep.

Peer Support Centers and Recovery Specialists

TDMHSAS recognizes the importance of prevention, early identification, and treatment of mental illness and substance use disorders. To that end, the TDMHSAS continues to promote and invest in anti-stigma education initiatives and wellness programming. TDMHSAS strives to promote wellness and recovery for individuals living with severe mental illness (SMI), severe emotional disturbance (SED), and substance use disorders (SUD).

TDMHSAS fosters recovery through maintaining 45 peer support centers throughout the state. Tennessee's peer support centers provide the education, information and support necessary for individuals to manage the recovery process and learn to access useful community resources. Peer support centers are peer-operated and offer a range of skill-building and recovery activities developed and led by peer staff members trained in the recovery process and engagement. Individuals who attend the center have an opportunity to develop peer leadership skills that empower participation in various roles within the center. A 2014 consumer satisfaction survey of more than 600 peer support center members demonstrates that as a result of involvement with the

peer support center, 83% felt more in control of life; 89% said they participate more fully in treatment and recovery, 74% said they are less likely to go to a psychiatric hospital, 77% said they are able to deal with a crisis, 83% said they participate more fully in social situations, and 84% said they are more independent.

Peer support is an evidence-based practice for supporting people with mental illness and substance use disorders. Peer support is provided in Tennessee by specially trained individuals who self-identify as having personally experienced a mental illness, substance use disorder, or co-occurring disorder and who have successfully accessed the treatment and resources necessary to build their own personal recovery. This model is fostered in Tennessee through the Certified Peer Recovery Specialist Program. Certification expands professional employment opportunities for people who have lived experience of mental illness, substance use disorder, or co-occurring disorder. **107 Tennesseans were certified in FY2014 and 69 peers renewed their certification.**

Certified Peer Recovery Specialists complete an intensive, 40-hour training that includes active participation with role plays, constructive feedback, group work, self-examination, comprehensive tests, and six hours devoted to ethics and boundaries. The training is provided free of charge in several locations across the state. Applicants complete an extensive application that assesses their progress in recovery and their readiness for the training. **194 Tennesseans were trained in FY 2014.**

In addition, TDMHSAS funds three (3) addictions recovery support centers, respectively one in east Tennessee, middle Tennessee, and west Tennessee for persons with lived experience in substance use disorders. The centers provide peer-to-peer interactions that support individuals in transition so that those awaiting admission to inpatient treatment are not without assistance. The recovery support center specialists also provide opportunities for individuals to become engaged with 12-step meeting environments (Alcoholics Anonymous, Narcotics Anonymous, etc.) which may be helpful in the recovery journey.

Included in the continuum of recovery, TDMHSAS funds support services for individuals who have lived experience with a substance use disorder. Services include: case management, recovery skills groups (such as parenting, budgeting, etc.), spiritual/pastoral support, relapse prevention, drug testing, and transportation. Support services are generally delivered following clinical treatment, but can also be used to assist individuals concerned about or experiencing a relapse.

The Art for Awareness event occurred in conjunction with Mental Health Day on Capitol Hill on March 18, 2014. Art for Awareness was co-sponsored by TDMHSAS and the Healing Arts Project, Inc. **More than 120 people participated in Art for Awareness, where consumer artists showcased their work, which was then displayed in Legislative Plaza during April and May.**

Regional Mental Health Institutes

To continuously improve inpatient psychiatric hospitalization services for individuals, the TDMHSAS has implemented a business process improvement (BPI) effort across all four (4) Regional Mental Health Institutes (RMHIs). BPI is a systematic approach to help an organization optimize its underlying processes to achieve more efficient results. BPI was initiated as the Department works toward an electronic medical record system. As part of the overall electronic medical record system, a Cost Benefit Analysis (CBA) on the cost of automated medication dispensing cabinets has also been completed. The addition of automated medication dispensing

cabinets will allow for increased pharmacy coverage options at all four (4) RMHIs, decreased medication errors, more timely administration of new or emergency medication, and provide a means of closed loop medication administration once an electronic medical record is implemented. Closed loop medication administration is a process which provides for improved patient medication administration through the use of an Electronic Medical Record (EMR) system which include; clinical decision support tools, electronic physician order writing, pharmacy system, and electronic support for assuring the 5 Rights of Medication Administration - right medication, right dose, right time, right route and right patient through a series of double-checks closing the loop with the use of automated medication dispensing cabinets and scanning of barcodes found on patient bracelets.



Western Mental Health Institute in Bolivar, TN.

During the past year, the TDMHSAS has served as a pilot site for State government training for Customer Focused Government (CFG); CFG training has been conducted at all four (4) RMHIs. This training focuses on providing high quality service to Tennessee taxpayers at the lowest cost. This is achieved by improving customer service; lowering operating cost; increasing flexibility and promoting the pooling of skills, tools & information; streamlining and integrating organizations and processes; and improving data usage for better decision-making and investment of resources. **During FY 2014, there were 9,218 admissions to RMHIs.**

The Department has received and provided training to all four (4) RMHIs on Active Shooter training. Active Shooter training provides training on how to respond in a situation where there is an active shooter and vital information must be provided to law enforcement or a 911 operator once communication is established.

In collaboration with TDMHSAS Divisions, a team has been developed to evaluate individuals in all four (4) RMHIs for barriers to discharge. Barriers to discharge may include lack of insurance or financial resources, medical comorbidities, or other barriers such as family or community resistance. During FY 2014, a special task force was sent to west Tennessee to evaluate individuals who had been hospitalized for greater than 90 days. **The task force was able to assist fourteen (14) individuals with barriers to discharge to transition back into the community with supportive housing.**

One of the main projects the TDMHSAS is the transition from DSM (Diagnostic and Statistical Manual of Mental Disorders) IV and ICD-9 International Classification of Diseases, Ninth Revision) to DSM 5 and ICD-10. This transition will change the current process of diagnosing and billing at all four (4) RMHIs. The Center for Medicaid and Medicare Services (CMS) has set a nationwide implementation date of October 1, 2015.

Research Collaborations

Data to determine client satisfaction with access to and the quality of community mental health services, as well as the impact of services on client functioning, is also collected through a partnership with TAMHO. The Department compiled and analyzed client satisfaction (Mental Health Statistical Improvement Program or MHSIP) and outcome (Tennessee Outcome Measurement Survey or TOMS) data for both community services and prepared statewide (TOMS and MHSIP) as well as regional MHSIP reports comparing data for FY 2012 and 2013.

The Department also worked with program area directors (Office of Consumer Affairs and Peer Recovery Services, the Office of Housing and Homeless Services, Office of Health and Wellness) to design surveys to collect demographic and consumer satisfaction data about the impact of program components on consumer functioning and program satisfaction.

The Department also evaluates the statewide expansion of systems of care (SOC) for children with emotional and behavioral problems. An evaluation plan and guidelines for collecting child and family interview data were developed; data about community readiness to implement SOC services that are youth-guided, family-driven, coordinated at the community level, and sensitive to the culture and languages of families from diverse backgrounds were collected and analyzed. To determine implementation accomplishments and challenges, the Department also conducted interviews with community program leaders as well as focus groups with service recipients.

The Department began collecting and analyzing data to evaluate the short-term outcomes of recovery courts for people with substance abuse problems. A survey of recovery court operations was used to determine implementation of best practices (10 Key Components, see page 7) required by law. Survey results were presented at the Tennessee Association of Drug Court Professionals and incorporated into a report to the Tennessee General Assembly. Client-level data collected in the new problem-solving court module includes: participant demographic information; substances of abuse by method and age of first use; treatment level of care and progress; weekly progress summary sheet; criminal history; and military/veteran status.

Data was compiled to document the degree of prescription drug abuse in Tennessee and to evaluate the Department's implementation of the Safety Subcabinet's prescription drug initiative. The work of the Safety Subcabinet was used to launch a multi-agency initiative, Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, to address this pervasive multi-dimensional issue impacting Tennessee individuals, families, and communities.

In collaboration with the Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS), the Department developed a method of sharing state and agency data with treatment providers receiving Substance Abuse Prevention and Treatment Block Grant funds. Excel pivot tables allow providers to access three years of data about the clients served at their agency and the

state level including critical information about client demographics, the primary, secondary and tertiary substance of abuse, living situation and employment status.

An analysis of psychiatric inpatient client satisfaction data for FY 2012 and 2013 was used by regional mental health institutes to evaluate and make changes to program operations. Data from both state psychiatric hospitals and private psychiatric hospitals with state contracts were collected and reported to SAMHSA as part of the client-level data reporting described above. An analysis of state and private psychiatric hospital readmission rates were reported to Executive Staff.

Suicide Prevention

Through TDMHSAS three year SAMHSA - Garrett Lee Smith Memorial Act grant has funded the **Tennessee Lives Count (TLC)** program, a collaborative effort in suicide prevention research, gatekeeper training and crisis follow-up for children and youth which concluded July 2014. In October 2014, TDMHSAS was awarded two new SAMHSA grants that will allow suicide prevention activities to continue with children and youth as well as adults. Other contracted services in suicide prevention include the **Tennessee Suicide Prevention Network (TSPN), Mental Health 101, Project Tennessee, and YouthScreen (formerly TeenScreen).**

The **Tennessee Suicide Prevention Network (TSPN)** is the statewide public-private organization responsible for implementing the Tennessee Strategy for Suicide Prevention as defined by the 2001 National Strategy for Suicide Prevention and is a nationally recognized model for other states seeking to establish such networks. **During FY 2014, there were 43,613 people reached through TSPN presentations, training sessions, and exhibits.**

The Crisis Continuum in Tennessee

The TDMHSAS contracts with 12 adult-serving community-based providers and four child and youth serving providers to offer statewide mobile crisis services to individuals of all ages. **Mobile Crisis** provides 24/7/365 toll-free telephone triage, intervention and face to face assessment. Mobile Crisis face-to-face services include: prevention, triage, intervention, community screenings for involuntary hospitalization by a mandatory pre-screening agent, evaluation and referral for additional services and treatment, stabilization of symptoms, mobile services to wherever the crisis is occurring in the community and follow-up services for a behavioral health illness and a crisis situation. **From July 1, 2013 to June 30, 2014, adult mobile crisis service providers received and answered over 105,000 calls by telephone statewide. During the same period, Mobile Crisis conducted nearly 70,000 face to face assessments. Of the face to face assessments, 25% were conducted in a crisis walk-in triage center, 37% in an emergency room, 14% in a medical facility other than an emergency department and 4% were seen at their place of residence.** Many other assessments were conducted in various locations that include but are not limited to: jails or detention facilities, schools and universities and nursing homes.

Over 31% of assessments conducted by adult mobile crisis services consisted of Tennessee's uninsured population, with 11% of the total uninsured population being individuals enrolled in the **Behavioral Health Safety Net (BHSN of TN)** program. Approximately 60% of individuals assessed by mobile crisis services were referred for community-based mental health and/or alcohol and drug services as an appropriate alternative to hospitalization.

During FY2014, TDMHSAS released an Announcement of Funding for children and youth mobile crisis services resulting in the selection of four providers to serve individuals under the age of 18

across the state. As of July 1, 2014, Frontier Health began serving children and youth in eight counties in the upper East area of the state, Helen Ross McNabb began serving five counties in the Knoxville area, Mental Health Cooperative began serving Davidson County while Youth Villages continues to serve the rest of the state. A comprehensive evaluation plan has been created to ensure services provided across all four providers meet quality and community collaboration expectations.

Tennessee currently operates eight (8) **Crisis Stabilization Units (CSUs)**: Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville, Morristown and Johnson City. CSUs provide facility-based, voluntary services that offer 24/7/365, intensive, short-term stabilization and behavioral health treatment for persons 18 years of age and older whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. Services provided by a CSU are limited to 96 hours. Each CSU has a 15 bed capacity with the exception of one 10 bed unit located in Cookeville, TN. **Statewide there are 115 community-based crisis beds. From July 1, 2013 to June 30, 2014, statewide CSUs treated 10,216 admissions for psychiatric treatment with 61% of those admissions being uninsured individuals.** CSUs continue to assist in the effort to maximize the availability of psychiatric hospital beds for Tennesseans with the highest acuity level.



The Crisis Stabilization Unit at Mental Health Cooperative in Nashville, TN.

In addition, each of the CSUs also offer 24/7/365 walk-in triage capability which has proven beneficial in keeping individuals out of Tennessee's emergency departments and jails unnecessarily. **During FY2014, there were 17,503 assessments conducted through one of Tennessee's eight crisis walk-in triage centers.** Center services are beneficial to law enforcement officials by offering prompt access to mental health assessments and referrals.

During FY 2014, TDMHSAS implemented a new statewide laptop telehealth system allowing Regional Mental Health Institute (RMHI) admission evaluations to occur prior to the long distance transport of an individual to a psychiatric hospital. **From July 1, 2013 to June 30, 2014, there were 709 telehealth admission evaluations completed with one of the state's four (4) RMHI's.** Of those, 32% resulted in a non-admit decision which prevented unnecessary transport by law enforcement and trauma experienced by the individual requiring transport by law enforcement. In addition to using telehealth technology to conduct the admission decision with state hospitals, crisis service providers continue to use the technology to ensure timely response to community locations, reducing average lengths of stay in emergency rooms. **In FY 2014, 4,095 crisis assessments were reported as being conducted via telehealth.**

A new standardized crisis assessment was implemented to enhance the integrity and consistency in determining appropriate levels of intervention across the statewide Mobile Crisis system. The

Columbia Suicide Severity Rating Scale (C-SSRS) is included within the standardized assessment framework. As the C-SSRS is nationally and internationally recognized as an effective tool to help determine an individual's risk for suicide, its inclusion further strengthens the assessment as a comprehensive tool for professionals in-field during crisis encounters.

The TDMHSAS also implemented a statewide crisis data collection system which provides valuable information regarding volume, the reason services were needed, where services are accessed and barriers to accessing needed mental health and/or substance abuse services, among other things.

Challenges

The primary challenge for TDMHSAS is to provide a high-quality array of services while managing both increased demands and persistent financial limitations. TDMHSAS measures need annually through a statewide needs assessment process. The needs assessment process is conducted via gathering data that illustrates the service array and determines the effectiveness of programming based on the results reflected in the data. TDMHSAS also gathers provider, stakeholder and consumer/caregiver surveys which shed considerable light on existing need divided by Planning Council region. As the state population changes and grows, service needs change and increase. The Department is perpetually challenged with continuing to provide excellent services to an increasing number of individuals with systemic needs with the same amount or less funding. TDMHSAS leverages federal and other non-state resources (totaling \$62M during Commissioner Doug Varney's tenure fully doubling previous administrations' alternative funding) in an effort to meet unmet needs.

Customer Focused Government Challenge #1: Available resources to address the critical needs of Tennesseans accessing public mental health and substance abuse services.

The Department continues to be faced with the challenge of providing treatment and recovery support services to individuals in need. According to the National Survey on Drug Use and Health, only 11% of those in need of treatment are receiving services. Financial limitations are also impeding the establishment of community-based coalitions and a residential recovery court for women. Although we saw an increase in the establishment of recovery courts in 2014, there have been challenges to adding courts in some rural areas of the state.

While substance abuse treatment services saved Tennessee taxpayers approximately \$340,038,600 in FY 2013 as evidenced by decreases in the costs of drug-related crime and increases in earnings due to gainful employment, the availability of resources continue to challenge TDMHSAS efforts. In FY 2014, changes in public policy and societal understanding of non-violent drug-related offenses will require additional funding to meet the increased need.

Additionally as cited in the Department's Customer Focused Government Plan, TDMHSAS funded community mental health treatment services saved Tennessee taxpayers approximately \$535,705,968 and prevention services approximately \$45,369,005 in increased productivity, and reduced health care, criminal justice, and social services costs in FY 2013.

Customer Focused Government Challenge #2: Availability of public funding for those without third party payor sources.

Citizens without third-party payor resources must rely on public funding and assistance to meet mental health and substance use service needs (at the time this Report is written, the development of Insure Tennessee is underway). Crisis services in Tennessee serves a vital need in this regard because it prevents some individuals from (what could be) certain hospitalization and, in FY 2014, saved Tennessee taxpayers \$53,205,844 in hospitalization costs (state funding through services provided via the Regional Mental Health Institutes). Crisis services providers continue to operate this vital service in the absence of an increase in funding and in spite of increasing costs of doing business and increasing demand.

As a partial external intervention and to assist providers with finding and obtaining funds for this and other services, TDMHSAS produces and publishes a monthly grants collection. The grants collection is a compilation of local, state, national, and federal grants researched and available through competitive proposal processes.

Customer Focused Government Challenge #4: Ability to implement the Electronic Medical Records (EMR) system in our hospitals.

As data becomes increasingly important worldwide, the absence of technology used to gather data becomes an obstacle to maintaining existing funding. Federal sources of funding require more and more complex reporting of program outcomes and information much of which requires improvements in state and private computing technology and data gathering ability. Changes to the healthcare infrastructure as the result of the evolution of technology also present challenges in the absence of increased funding that is specifically targeted for technology. For example, the Regional Mental Health Institutes have succeeded in standardizing all clinical forms in preparation for the implementation of an Electronic Health Record (EHR). An EHR allows healthcare data gathering and sharing that increases efficient effective treatment across providers. As patients are released to community care, providers may have access to treatment records which then prevents any repeats of ineffective treatment and may assist patients on the road to recovery.

Finally, TDMHSAS has worked diligently to implement information gathering databases internally and has added a Crisis Services database and maintains the TNWITS system to track substance abuse services treatment activities. The mental health services database continues to pose a challenge due to a lack of funding availability for establishing such a database.