



# Joint Annual Report

FY2017

July 1, 2016 – June 30, 2017

## TABLE OF CONTENTS

Executive Summary.....	1
Purpose, Scope, and Activities.....	2
Organization.....	3
Statewide & Regional Planning and Policy Council System.....	4
Annual Needs Assessment Process.....	5

### FISCAL YEAR 2017 ACCOMPLISHMENTS, ACTIVITIES, AND INITIATIVES

Division of Administrative and Regulatory Services.....	5
Division of Mental Health Services.....	6
Division of Substance Abuse Services.....	12
Division of Hospital Services.....	14
Division of General Counsel.....	15
Division of Clinical Leadership.....	16
Division of Planning, Research, and Forensics.....	17
Office of Communications.....	18
Office of Fiscal Services.....	18
Statewide & Regional Planning and Policy Councils.....	19

<b>CHALLENGES</b> .....	20
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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. Over the past fiscal year, 922 community providers from Memphis to Mountain City have touched more than 364,000 people with behavior health diagnoses.

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 targets that seek to meet the service needs established by the assessment.

In FY 2017, TDMHSAS engaged in collaborations to improve service outcomes while containing costs; maintain and improve community mental health and substance abuse services; provide effective education and prevention services; 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 also leverages federal and other non-state resources to meet unmet needs. In FY 2017, Commissioner Marie Williams worked deliberately to increase substance abuse funding to battle the opioid epidemic, provide effective continuity of care for individuals living with mental health, substance abuse and co-occurring disorder, and continue efforts to increase suicide prevention and awareness while reducing the stigma.

This past fiscal year, TDMHSAS received \$6 million in recurring funds to build a Substance Abuse Safety Net that will allow for the expansion of substance abuse treatment and recovery services in order to serve between 1,549 to 4,427 individuals below 133% poverty. The Department was also provided \$15 million in non-recurring funds to administer the Pre-Arrest Diversion Infrastructure Project. These funds will be used to create behavioral health jail diversion programs for those struggling with behavioral health needs in order to effectively care for people in the best manner possible while saving both state and local resources. Further, Substance Abuse and Mental Health Services Administration (SAMHSA) awarded TDMHSAS \$13.8 million under the TN Opioid State Targeted Response (STR) Grant to help combat the prescription opioid epidemic in Tennessee. Plans for the funds include increasing the following treatment services: continuum of care, treatment for pregnant women, recovery support and medication assisted treatment.

The Division of Mental Health Services has expanded its continuum of care services throughout the state to include telehealth evaluations to decrease wait times for individuals in crisis; the Division of Substance Abuse Services has continued to work diligently with Tennessee's criminal justice system to expand its Recovery Court programs for offenders with substance use and mental health disorders resulting in nearly half of participants graduating successfully; and the Division of Hospital Services began the transition from a paper chart system to an Electronic Clinical Record (ECR) within the Regional Mental Health Institutes (RMHIs) while also developing a new electronic timekeeping and nurse scheduling system through KRONOS.

## **PURPOSE, SCOPE, AND ACTIVITIES OF TDMHSAS**

One of Governor Bill Haslam's top priorities has been to have a customer-focused, efficient and effective state government. Commissioner Marie Williams' plans are to continue leading the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in executing Governor Haslam's Customer Focused Government (CFG) initiative. Customer Focused Government (CFG) goals include: actively work with RMHI leadership continuing efforts to improve outcomes for patient care while containing cost; maintain and improve community mental health and substance abuse services; provide effective education and prevention services; lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee. It is the vision of the Department to be one of the nation's most innovative and proactive state behavioral health authorities and the mission is to provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, rehabilitation, and recovery support services. TDMHSAS will provide services to individuals and families in Tennessee struggling with mental health and substance abuse issues, providers, legislators, other state agencies, and consumer/advocacy groups. Those services include: education; prevention; treatment; licensing oversight for community organizations providing behavioral health services; and outpatient and inpatient care. The Department will continue to operate four (4) Regional Mental Health Institutes (RMHIs), and provide research and policy development.

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), substance use disorder (SUD), and/or co-occurring disorder (COD). 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 Department offices and divisions: Office of the Commissioner; Division of Administrative and Regulatory Services; Division of Mental Health Services; Division of Substance Abuse Services; Division of Hospital Services; Division of General Counsel; Division of Clinical Leadership; Division of Planning, Research, and Forensics; Office of Communications; Office of Fiscal Services; and Office of Human Resources. Through the Department Offices and Divisions, TDMHSAS provides a quality spectrum of services across the lifespan. Collaborative efforts, both public and private, include but are not limited to mental health, substance abuse, criminal justice, veterans, and child/family organizations. The result is the creation of a cross-systems approach that promotes the most effective outcome of care.

## ORGANIZATION OF TDMHSAS

**OFFICE OF THE COMMISSIONER** is made up of the Commissioner, Deputy Commissioner, and Executive Administrative staff. This Office oversees and leads the Department in its mission to be one of the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems. The Office is responsible for system planning; setting policy and quality standards; system monitoring and evaluation; disseminating public information; and advocating for people of all ages who have mental health issues, serious emotional disturbances, and/or substance abuse disorders. Annually the office assesses the public's needs for mental health and substance abuse services and supports. This function is carried out in consultation and collaboration with current or former service recipients; their families, guardians, or conservators; advocates; provider agencies; and other affected people and organizations.

**DIVISION OF ADMINISTRATIVE AND REGULATORY SERVICES (DARS)** oversees monitoring, information technology, general services, procurement, major maintenance, capital outlay projects, administrative oversight for the Regional Mental Health Institutes, licensing of all Tennessee agencies providing mental health, substance abuse, and personal support services, and investigating complaints of abuse, neglect or fraud against licensed organizations.

**DIVISION OF MENTAL HEALTH SERVICES (DMHS)** administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates and oversees community-based programs and community support services for adults and children, housing, crisis services, suicide prevention and peer-to-peer recovery services.

**DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS)** is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, recovery support services for the general public, persons at risk for substance abuse, persons abusing substances, and recovery courts.

**DIVISION OF HOSPITAL SERVICES (DHS)** provides oversight of operation of the four Regional Mental Health Institutes (RMHIs) and three private contracted hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

**DIVISION OF GENERAL COUNSEL (DGC)** includes the Offices of Legal Services, Investigations, Contracts, and Legislation, Rules, and Privacy that provide department-wide services in support of the Governor and Commissioner's mission and goals. The General Counsel serves as the chief legal advisor to the Commissioner and senior leadership.

**DIVISION OF CLINICAL LEADERSHIP (DCL)** is responsible for providing clinical oversight and policy development for the regional mental health institutes (RMHIs) and clinical consultation to various divisions within the Department. The Chief Pharmacist also acts as the State Opioid Treatment Authority. The Division oversees Tennessee's opioid treatment programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; and Title VI compliance for the Department. DCL further pilots substance abuse initiatives designed to benefit either individuals and/or families.

**DIVISION OF PLANNING, RESEARCH, AND FORENSICS (DPRF)** provides planning, policy decision support and program evaluation, and forensic and juvenile court services administration.

**OFFICE OF COMMUNICATIONS (OC)** develops internal and external communications including the drafting, production, and distribution of news releases and statements to the media, publication of Department newsletters, and manage the Department's website.

**OFFICE OF FISCAL SERVICES** oversees general accounting functions including accounts receivable and payable and interactions with state and federal funding sources.

**OFFICE OF HUMAN RESOURCES (OHR)** works to ensure the Department has a workforce capable of fulfilling its mission and objectives through policy advice and technical assistance to managers and staff at the Central Office and Regional Mental Health Institutes on matters such as Americans with Disability Act, Equal Employment Opportunity; employee relations; benefits; recruiting; training; performance evaluations; and personnel actions.

## STATEWIDE AND REGIONAL PLANNING AND POLICY COUNCIL SYSTEM

TDMHSAS administers seven Regional Planning and Policy Councils from which regional mental health and substance abuse needs and information are funneled to the Statewide Planning and Policy Council and to TDMHSAS. Needs Assessment priorities and recommendations from the Statewide Planning and Policy Council, combined with requirements associated with federal Mental Health Block Grant and Substance Abuse Block Grant funding, inform the development of the Department's Three-Year Plan. Title 33, Chapter 2, Part 2 of the Tennessee Code Annotated requires the TDMHSAS to develop a Three-Year Plan based on input from the TDMHSAS Planning and Policy Council. The plan is revised at least annually based on an assessment of the public need for mental health and substance use disorders services.

A Needs Assessment is conducted annually by the TDMHSAS Regional Councils to assist TDMHSAS with planning for resource allocation. Data is provided to the Regional Councils to assist members with identifying and prioritizing needs. Prioritized needs are shared with TDMHSAS staff to inform the development of strategies for the Three-Year Plan and report progress annually. The Needs Assessment process creates a data-informed method for Regional Councils to influence the design of the mental health and substance use service delivery system by identifying each region's needs to enable targeting of state resources to more effectively and efficiently meet identified needs. Needs Assessment information is used to communicate and integrate results into a strategic planning and action process that ensures assessment information is used in meaningful ways.

In addition to the Needs Assessment, the Councils also review and provide input on both the federal Mental Health and Substance Abuse Block Grant plans and funding, legislative proposals for review by the Commissioner and possible consideration by the Governor, and other departmental reports and initiatives.

The Council system is made up of fifty-two (52) mental health and substance abuse (MH-SA) providers, consumers, family members, advocates, and other stakeholders in Tennessee. It is a large, active, independent body that is fully-integrated MH-SA in Tennessee. In 2017, nine council members were appointed or reappointed. The Statewide Planning and Policy Council achieved a quorum at every meeting and actively sought to advise the Department concerning the needs of the communities served by its membership. Council committees met a total of twelve times during the year.

Regional Councils are kept informed about Department activities through the monthly Executive Staff Report, in-person reporting at each quarterly regional Council meeting, and ongoing interaction via email and telephone provided by the Office of Planning. In addition to the information dissemination that takes place between the Department and the Councils, specialized training regarding the use of data in the Needs Assessment process and the appropriate issues and format for legislative proposals have been provided to representatives from the Regional and Statewide Councils in the first two months of calendar year 2017. The Office of Planning produces a Grants Resource Finder that is distributed via email and published on the Department's website monthly for use by the Councils for finding possible sources of funding.

The Planning and Policy Council system is unique to Tennessee with none other like it in the nation. It serves to bring grass roots participation from all regions of the state.

## **ANNUAL NEEDS ASSESSMENT PROCESS**

Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Department. Behavioral health includes both mental health and substance abuse needs. TDMHSAS ensures that the most relevant services are prioritized by means of an annual Needs Assessment completed in conjunction with active and robust Statewide Council and seven 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 include Statewide and Regional Planning and Policy Councils, consumers, family members, caregivers, advocates, service providers, and TDMHSAS staff. Considerations include the Governor's and Commissioner's priorities, state and federal law and regulations, Substance Abuse Mental Health Services Administration (SAMHSA) strategic initiatives, data from statewide Needs Assessments, and funding availability.

## **FISCAL YEAR 2017 ACCOMPLISHMENTS, ACTIVITIES, AND INITIATIVES**

### **DIVISION OF ADMINISTRATIVE AND REGULATORY SERVICES (DARS)**

The Division of Administrative and Regulatory Services Services (DARS) encompasses the Offices of Licensure, Subrecipient Monitoring and General Services. DARS oversees a wide array of critical regulatory and business operations of the Department of Mental Health and Substance Abuse Services (DMHSAS). These include oversight responsibility for subrecipient fiscal monitoring of all agencies with whom the Department contracts, licensing of all mental health, substance abuse and personal support service agencies, construction and engineering at DMHSAS facilities, purchasing, and general services.

The Office of Subrecipient Monitoring revised the Department's annual monitoring plan to increase efficiency and provide targeted focus on risk management. This Office also worked closely with Department IT staff to develop new reports and increase efficiencies in the Department's contract monitoring database. Additionally, the Office of Subrecipient Monitoring has seen an increase in the number of agencies subject to monitoring, many of them new to the Department's contract/grant requirements. As a result, technical assistance has been provided to several agencies to ensure understanding of Department grant guidelines and processes.

The Office of Licensure began licensing Office-based Opioid Treatment (OBOT) facilities. This is a new licensed facility category. Licensure staff worked closely with the Department's Office of Clinical Leadership (OCL) to become familiar with operations and challenges in an OBOT facility. Licensure designated one staff member in each regional office as the "point person" for OBOT facilities. Potential OBOT licensees would be directed to this individual to answer any questions or address concerns. The licensing of OBOT facilities will continue to be a challenge to the Office of Licensure as physicians unfamiliar with the licensing process come into compliance with DMHSAS licensing rules and procedures.

The Office of General Services instituted new processes for tracking and streamlining Department purchases; instituted new processes for reserving fleet vehicles; developed and coordinated capital projects at two RMHIs; and participated with the Secretary of State's Office of Records Management in assessment of the Department's records to move toward the use of electronic records.

## **DIVISION OF MENTAL HEALTH SERVICES (DMHS)**

### **The Crisis Continuum in Tennessee**

Tennessee Crisis Services incorporate a continuum of crisis services, including Mobile Crisis, Crisis Stabilization, Respite and Walk-In Center services. The philosophy is based on determining the most appropriate intervention needed to successfully alleviate the crisis in the least restrictive environment available to meet the needs of the individual. The TDMHSAS contracts with sixteen adult and child and youth serving community-based 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 assessments. 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, 2016 to June 30, 2017, individuals interfaced with the continuum of crisis services a total of 220,746 times. Crisis service providers received and answered 125,004 calls by telephone statewide. During the same period, crisis service providers conducted 78,445 face-to-face assessments, of which 89% of the children and youth assessments and 77% of the adult assessments were addressed within the two-hour state required timeframe. Of the face-to-face assessments conducted by mobile crisis, 28% were conducted in a crisis walk-in triage center, 45% in a hospital Emergency Department (ED), 13% in a medical facility other than an ED, and 3% 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. Approximately 56% of individuals assessed by mobile crisis services were referred for least restrictive appropriate community clinical treatment (crisis stabilization unit, respite, outpatient treatment, residential treatment, home, etc.) and 44% were referred for inpatient hospitalization.

Additionally, there were 11,054 technology-assisted crisis assessments conducted using telehealth; a 70% increase from FY 2016. Technology-assisted crisis assessments help to ensure timely response to community locations, reduce average lengths of stay in EDs and improve overall efficiency of limited crisis resources. This technology is also used to conduct admission evaluations with RMHIs to ensure admission will occur prior to the long distance transport of an individual that could potentially result in a non-admit decision. In FY 2017, there were 659 telehealth admission evaluations completed at the state's four RMHIs.

In an effort to maximize the availability of psychiatric hospital beds for Tennesseans with the highest acuity level, Tennessee currently has eight operating Crisis Stabilization Units (CSUs) located in 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, Tennessee. There are a total of 115 community-based crisis beds across the state. From July 1, 2016 to June 30, 2017, statewide CSUs processed 9,730 admissions for psychiatric treatment with 66% of those admissions being for an uninsured individual.

Each CSU also offers 24/7/365 walk-in triage capability which has proven beneficial in keeping individuals out of Tennessee's Emergency Departments (EDs) and jails unnecessarily. Center services are beneficial to law enforcement officials by offering prompt access to mental health assessments and referrals. During FY 2017, there were 17,682 assessments conducted through one of Tennessee's eight crisis walk-in triage centers.

Although Tennessee is outperforming the nationwide average related to wait time for patients experiencing a behavioral health crisis, the state is beginning to experience an increase in wait times and the number of persons waiting for placement. In an effort to proactively address this problem, TDMHSAS and the Tennessee Hospital Association (THA) have brought together a public/private collaboration among community partners and formed a



work group to review Tennessee's current psychiatric care delivery system with a key emphasis on providing treatment immediately at the point of entry into the system. The work resulted in the development of a Frequently Asked Questions (FAQs) document on Mobile Crisis, the hospitalization process, Mandatory Prescreening Agents (MPAs) and CSUs, to standardize the processes involved in the psychiatric crisis delivery system. The collaborative also recommended a set of Psychiatric Treatment Protocols for EDs and encourages all EDs across the state to implement these psychiatric protocols in their hospitals. Outcomes expected by establishing and implementing these protocols include: decreasing the need for hospitalization, increasing the number of individuals being treated within the community, and decreasing the need for Sheriff transportation.

TDMHSAS and the Tennessee Suicide Prevention Network (TSPN) work hard to prevent suicide through gatekeeper training, awareness, counseling and outreach. However, reducing the number of suicides remains a challenge in Tennessee. In 2016, more than 1,100 lives were lost to suicide. In recent years, this number has continued to rise. A critical gap in the crisis services continuum is the lack of consistent follow-up care for individuals using the crisis system. Reciprocal referral relationships and transition protocols require further development to ensure at-risk patients discharged from EDs, inpatient psychiatric units, and crisis centers are rapidly linked to Enhanced Follow-Up (EFU). Many businesses in the public and private sectors are ill-equipped to handle a suicide attempt/death and need post-vention training to support individuals who are grieving, and prevent complicated grief and suicide contagion.

In response to these concerns, TDMHSAS recently applied for and was awarded a SAMHSA three-year National Strategy for Suicide Prevention (NSSP) grant. The \$1.7 million grant supports the implementation of the 2012 National Strategy for Suicide Prevention on preventing suicide and suicide attempts among adults ages 25 and older. Tennessee was one of five states who received a grant award. Delivery of services began on October 1, 2017. Additionally, through funding provided by two SAMHSA grants, more than 2,494 individuals have been referred for enhanced follow-up services following a suicidal crisis. Training has been provided for gatekeepers and professionals to help prevent and intervene in the lives of individuals at risk of suicide. Currently, more than 1,000,000 people are reached by suicide prevention activities, training and interventions each year. The recent NSSP grant award will support the continuation of this work.

### **The Behavioral Health Safety Net of Tennessee (BHSN of TN)**

In an effort to help Tennesseans with serious mental illness who lack behavioral health insurance coverage, TDMHSAS collaborates with community mental health agencies across the state to provide vital services, helping people with serious mental illness lead functional and productive lives. Services offered through the BHSN of TN include assessment, evaluation, diagnostic services, therapeutic intervention, case management, peer support services, psychosocial rehabilitation services, office visit for evaluation and management, labs related to medication management, and pharmacy assistance and coordination.

In FY 2017, 556,005 services were provided to 29,898 individuals through the BHSN of TN. The top utilized services include: case management, psychotherapy, office visits for evaluation and management, and psychosocial rehabilitation.

### **Consumer Affairs and Peer Recovery Services**

The PeerLink program is designed to reduce repeat use of crisis services, increase continuity of care, and help individuals move forward in their recovery. In FY 2017, PeerLink expanded its program in Nashville and Knoxville to include Cookeville, Chattanooga, and Johnson City. TDMHSAS also contracted with the Tennessee Mental Health Consumers' Association (TMHCA) to continue the CSU PeerLink program at the Crisis Stabilization Units (CSUs) in Nashville and in Knoxville. As a result, Certified Peer Recovery Specialists (CPRSs) provided peer bridge services to 113 individuals, which included developing a recovery plan with persons in the CSU, and providing follow-up care after discharge.

Additionally, TDMHSAS served as liaison to TMHCA's Peer Engagement Project, where two of TMHCA's CPRSs serve on the treatment team at Middle Tennessee Mental Health Institute (MTMHI). In FY 2017, six additional CPRSs were added to the treatment teams at Moccasin Bend Mental Health Institute (MBMHI), Western Mental Health Institute (WMHI), and Memphis Mental Health Institute (MMHI). The CPRSs shared their personal stories of recovery with the patients, taught Wellness Recovery Action Plan (WRAP) classes, and provided peer support services after discharge. The Office of Consumer Affairs and Peer Recovery Services continued planning to begin offering CPRS training in Tennessee prisons as well as to create a Best Practice Guide for integrating CPRSs into behavioral health agencies.

TDMHSAS funded 45 Peer Support Centers in Tennessee, and 77 supervisors of CPRSs were provided with supervision training. As a result, more than 9,780 individuals who live with serious mental illness received services and support from Peer Support Centers. In addition, the Peer Recovery Call Center operated in East Tennessee by the Mental Health Association of East Tennessee received or made 7,276 calls providing assistance to Tennesseans who live with mental illness.

### **Housing and Homeless Services**

TDMHSAS continued its leadership toward the effort to affect statewide homelessness with the Tennessee State Plan to End Homelessness. Adopted by the Tennessee Interagency Council on Homelessness (TICH) on May 25, 2016, the Plan incorporates the collaborative power of multiple State agencies to identify specific needs and resources, ensuring Tennesseans in need have access to safe, affordable, quality housing options. There has been an initial growth of the implementation of the Plan, through the establishment of four workgroups and an Executive Committee to actively address specific objectives and action steps within the Plan.

Additionally, the Creating Affordable Housing Program, a supplemental funding grant awarded to community-based provider agencies, created seventy housing opportunities throughout the State of Tennessee for individuals experiencing mental health or co-occurring disorders. The Creating Affordable Housing Program supplements the Creating Homes Initiative (CHI), which was devised by TDMHSAS Commissioner Marie Williams in the year 2000 to increase the safe, affordable, quality, permanent housing options for those Tennesseans experiencing mental illness or co-occurring disorders. Since its inception, the CHI has leveraged approximately \$580,000,000 in new federal, state, local, and private funds. These dollars have resulted in the development of 18,790 safe, quality, and affordable permanent housing opportunities for individuals experiencing mental illness or co-occurring disorders. In FY 2017, the CHI leveraged \$46,000,000 in new federal, state, local, and private funds and 2,287 safe, quality, and affordable permanent housing opportunities for individuals experiencing mental illness or co-occurring disorders.

### **Individual Placement and Support Supported Employment (IPS)**

Individual Placement and Support Supported Employment (IPS) is a continuing partnership between TDMHSAS and the Department of Human Services Vocational Rehabilitation. The initiative is an evidence-based model of supported employment for individuals with behavioral health challenges. Supported Employment programs assist individuals in obtaining employment, and once employed, provide supports to assist in maintaining work. In FY 2017, with the expansion of the First Episode Psychosis Initiative (FEPI), an IPS Employment and Education Specialist was added to Alliance Healthcare in Memphis and Mental Health Cooperative in Nashville to serve 16-25 year olds. In a collaboration between Park Center and Mental Health Cooperative, IPS services were expanded to include Rutherford County.

Furthermore, with the growth of IPS sites and services expanding across the state, TDMHSAS allotted funding for a second Statewide IPS Trainer to provide training and technical assistance to Community Mental Health Providers and Vocational Rehabilitation staff. In total, eleven Community Mental Health Providers were able to provide IPS Supported Employment services. In FY 2017, approximately 806 individuals were served by IPS. Of those served, 29% were employed 90 days or more, and 41% were employed for at least one day of competitive, integrated employment.

## **Peer Wellness Initiative**

The *My Health, My Choice, My Life* Peer Wellness Initiative is a peer-led health and wellness program made up of five Peer Wellness Coaches and a Statewide Peer Wellness Coach and Trainer. The Peer Wellness Coaches facilitate evidence-based health and wellness programs within Community Mental Health Providers throughout the state, and provide one-on-one peer wellness coaching.

In FY 2017, the *My Health, My Choice, My Life* Peer Wellness Team coordinated three health and wellness celebrations, attended the Championship Games during SAMHSA's National Wellness Week, and in September 2016, upon invitation, hosted the Wellness Fair at the Alternative Conference in San Diego, California. Additionally, all of the Peer Wellness Coaches were trained to be Master Trainers in the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) while also receiving training directly from the National Council for Behavioral Health on the Whole Health Action Management (WHAM) program. In total, fifty peer providers across the state also received WHAM training.

Through one-on-one peer wellness coaching, and health and wellness workshops such as the CDSMP, DSMP, and Tobacco Free and Well Body programs, 801 individuals were served. Moreover, for those that participated in peer wellness coaching, the average Global Assessment Scale (GAS) score was 3.7, indicating that most people attempted their weekly action plan and were self-managers by revising their action plan as needed. Based on post-workshop surveys, of those who attended the CDSMP, DSMP, Tobacco Free, or Well Body programs, 48% self-reported an increase in healthy eating behaviors, 48% self-reported an increase in physical activity behaviors, and 58% self-reported an increase in self-management behaviors.

## **The Office of Children and Youth Mental Health (OCYMH)**

The Office of Children and Youth Mental Health (OCYMH) oversees a variety of children and youth programs including school-based liaisons, transition age youth, System of Care (SOC), anti-stigma, violence and bullying prevention, respite, faith-based mental health, prevention, and early intervention. These programs are financed through multiple funding sources such as state funds and federal discretionary grants.

The Council on Children's Mental Health (CCMH), codified in T.C.A. 37-3-110–115, was established by the General Assembly in 2008 as a Tennessee Commission on Children and Youth (TCCY) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) partnership, administratively attached to the Commission on Children and Youth. The Council functions as a statewide community of partners and stakeholders invested in furthering children's mental health care in Tennessee. Since the beginning, the Council has been very productive in working towards its mission of creating a statewide system of care to address children's mental health needs. TDMHSAS, with support of the Council, has a strong history of leveraging various resources to further this critical mission, including obtaining important system-building grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Currently, the Council supports the System of Care Across Tennessee (SOCAT) initiative, a federally funded grant to move forward the principles of a System of Care (SOC) statewide by 2020. SOC grants, including the SOCAT initiative, have created a strong foundation for furthering children's mental health care, built a passionate and active partnership of the statewide community of stakeholders, families and children, and emphasized a dedication to continue further expansion and implementation. This focused partnership in grant collaboration and execution have established Tennessee as a nationwide leader in promoting children's mental health care as a top priority and the establishment and the continued presence of the Council underscores the commitment to advancing this work beyond federal support.

## **Early Childhood Initiatives**

The Regional Intervention Program (RIP) is funded by TDMHSAS. It is a parent-implemented, professionally supported program for families with young children experiencing challenging behaviors in Tennessee. Successful completion of RIP enables parents to manage their child's behavior so that early appearing behavior problems are less likely to put the child at risk of aggression and delinquency in adolescence. In FY 2017, 324 target children and 114 siblings from 285 families were served by the program. In addition to children served, an estimated 438 parents were provided support and education in managing their child's behavior with graduating families attaining specified treatment objectives regarding their child's behavior problems. During FY 2017, RIP also entered into a revenue contract with a parent intervention program in Chula Vista Elementary School District (CVESD) in California to provide training and technical assistance in order to expand RIP replication sites beyond Tennessee.

## **System of Care Across Tennessee (SOCAT)**

In October 2016, the Department received a \$12 million federal discretionary grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand and sustain System of Care (SOC) work within the state. Over the last seventeen years, TDMHSAS has received five SOC Demonstration grants and one SOC Expansion and Sustainability grant. System of Care Across Tennessee (SOCAT) builds on lessons learned and implement science to guide the expansion and sustainability of efforts that have been going on in Tennessee since 1999.

The SOCAT team consists of a collaboration of many partners throughout the state (e.g. Tennessee Commission on Children and Youth, Department of Health, Department of Children's Services, Administrative Office of the Courts, Department of Education, Bureau of TennCare, local service providers and agencies, family-run organizations, and advocacy groups) who help to guide the process and implementation of this large endeavor. This level of collaboration ensures that SOCAT focuses on the entire family's success, and not just the designated client.

A primary partner of SOCAT is the Tennessee Commission on Children and Youth (TCCY). TCCY, through the Council on Children's Mental Health (CCMH), has hired three Divisional Coordinators for the state in order to assist SOCAT in identifying resources and developing a community base. In addition to these positions, the CCMH Director and SOCAT Director work closely on the creation, implementation and financing of a governance structure to ensure long-term sustainability. Through this collaboration, SOCAT has begun providing services through contractual partnerships with four Community Mental Health Centers (CMHC) in Madison, Putnam, Coffee and Sevier Counties. As SOCAT continues to expand, eight additional agencies will have the opportunity to apply to serve more counties throughout the state with the intent that all 95 counties in Tennessee will have access to SOCAT services.

In addition to local services, SOCAT is tasked with developing local interagency planning teams in all 95 counties to ensure that young children/children/youth/young adults and their families have the opportunity to access the services and supports that they need. The interagency teams will provide a forum for local service providers, advocates, state agencies, and child-serving agencies to come together to assess the needs of their local communities, and address how they can work together to ensure that their families have what they need to be successful.

The Office of Children and Youth Mental Health and SOCAT continue to oversee the Certified Family Support Specialist (CFSS) certification program which seeks to certify parents and caregivers of children and youth with a mental, emotional, behavioral, and/or co-occurring disorder as Family Support Specialists (FSSs). The program is responsible for certifying those qualifying individuals to become FSSs to provide family support, advocacy, and system navigation to other families involved in the various child-serving systems. Employed Certified Family Support Specialists (CFSSs) are eligible to bill Medicaid for services, and are an important part of the service array for children, youth, and families. The SOC Expansion (SOC-EXP) Initiative was able to partner with Tennessee Voices for Children (TVC) and the National Alliance of Mental Illness (NAMI) Tennessee to offer scholarships to qualifying individuals to take the competency course at no cost as an effort to build the workforce of CFSSs.

## **Young Adult Initiatives – First Episode Psychosis Initiative (FEPI)**

Tennessee’s FEPI is funded through an appropriation in which Congress allocated additional funds to SAMHSA to support “evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.” The program, titled OnTrackTN and modeled after OnTrackNY, serves youth and young adults between the ages of 15-30, who are experiencing psychotic symptoms such as hallucinations, unusual thoughts or beliefs, or disorganized thinking, with symptoms present for more than a week, but less than 24 months. During FY 2017, Carey Counseling Center, Inc. enrolled a total of twelve (12) new youth and young adults in its OnTrackTN program. Additionally, Mental Health Cooperative, Inc. in Davidson County and Alliance Healthcare Services in Shelby County began enrolling youth and young adults into their respective OnTrackTN programs in October 2016. To date, both programs have enrolled at total of forty-nine (49) youth and young adults in the program.

## **Tennessee Healthy Transitions Initiative (HT)**

The Tennessee Healthy Transitions Initiative (HT) is a five-year \$5 million discretionary grant awarded to the TDMHSAS by SAMHSA in September 2014. The purpose of HT is to assist Tennessee youth and young adults with or at risk of developing a serious mental health condition and/or co-occurring disorder by improving their health and wellness, leading self-directed lives and reaching their full potential. This goal is accomplished through providing coordinated public awareness, outreach and engagement, and access to treatment and resiliency and recovery support services to youth and young adults ages 16-25 with or at risk of serious mental health conditions or co-occurring disorders in two (2) targeted communities. HT provides targeted and innovative awareness, outreach, and specialized treatment and recovery support services to the following prioritized populations of youth and young adults ages 16-25: those in contact with the criminal justice system; those aging out of foster care through child welfare; those who are homeless or at risk of homelessness; and those who identify as being Lesbian, Gay, Bisexual, Transgender, Questioning, or Intersex (LGBTQI).

During FY 2017, HT hosted three trainings on the Transition to Independence Process (TIP) Model and received consultation on best practices in implementing a TIP-informed model in Northwest Tennessee and Hamilton County. The Tennessee Healthy Transitions Initiative Project Director began planning for the development of TIP site-based trainers to assist other organizations in engaging youth and young adults. The Tennessee Healthy Transitions Initiative State Transition Team met three times and engaged in developing a Shared Purpose Agreement as well as planning for FY18 activities.

## **Office of Older Adult Services**

The Office of Older Adults is presently monitoring and supervising four contracts with Community Mental Health Centers (CMHC) in four different regions of the state. The contracts serve individuals over age 50 who need care management and are private pay or Medicare. Each agency serves at least 34 individuals with Frontier Mental Health Center recently expanding its program. In total, at least 250 individuals received services during fiscal year 2017.

The Older Adult staff also work with TennCare Long Term Care Offices to review and approve federally mandated Preadmission Screening and Resident Review (PASRR) evaluations for individuals with mental health needs who are proposed for admission to nursing facilities. These evaluations include Level of Care and Specialized Services recommendations based on the state’s revised interpretation of guidelines.

Staff members also actively participate in various interdepartmental functions including chairing the Commission on Aging Audit Committee, operating as the Department’s liaison with TEMA, and serving on the Nursing Home Closure and Advanced Directive committees. Older Adult staff members have written and supervise a Crisis Counseling Grant for the survivors of the Tennessee Wildfires which was a federally declared disaster. The grant is being implemented through FEMA and SAMHSA in conjunction with Helen Ross McNabb Centers. In FY 2017, there were approximately 6,000 face-to-face contacts and 5,700 pieces of information disseminated.

## Tennessee Move Initiative (TMI)

In FY 2017, the Tennessee Move Initiative (TMI) launched in Tennessee with the primary purpose of successfully transitioning identified individuals from long-term facilities to community-based housing. Individuals served are those residing for more than 90 days and/or individuals who have had multiple points of entry within a 90-120 day period within the TDMHSAS Regional Mental Health Institutes (RMHIs).

The goals of TMI include: decreasing prolonged hospitalizations and repeated readmissions that impose negative implications on an individual's quality of life, including their path to recovery; delivering recovery-focused, intensive, and customized care coordination services which support identified individuals in the least restrictive and most integrated setting appropriate to individual need; ensuring a continuity of care which leads to sustained hope, personal empowerment, respect, social connectedness, and self-responsibility relative to the individuals served; and ensuring that providing services are centered on the individual, sensitive to the family, culturally and linguistically competent, and founded in community resources.

Three Community Mental Health Agencies (CMHAs) provide recovery-focused, intensive, and customized care coordination services to identified individuals in long-term units. Each partner agency has developed and implemented recovery-oriented programming to ensure individual, family, and housing provider supports while connecting and coordinating with natural and formal supports within the individual's home community. In FY 2017, there were a total of 67 individuals served by the TMI program.

## DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS)

### TN Opioid State Targeted Response (STR) Grant

In FY 2017, TDMHSAS was awarded \$13.8 million to reduce the number of opioid overdose related deaths through distributing naloxone; training professionals and key stakeholders on opioid overdose disorders; implementing an Opioid Overdose Rapid Response System; improving access and availability of clinical treatment and recovery services; expanding access to medication-assisted treatment; implementing new strategies for pregnant women; and supplementing existing resources. The grant will be implemented in FY 2018, and will focus on three populations:

- **Individuals at high risk for overdose.** Research indicates that the high availability of opioids in Tennessee is contributing to the addiction problem across the state.
- **Individuals with a diagnosis of opioid or heroin use disorder.** Tennesseans are three times more likely to identify prescription opioids as their primary substance of abuse than the national average while heroin treatment rates have grown more than four times in the past five years in metropolitan counties of the state from a low of 6.9 per 10,000 of poverty population to 28.8.
- **Pregnant women abusing opioids or heroin.** Over the past decade, there has been a nearly ten-fold rise in the incidence of babies born with NAS in Tennessee.

### Prescription for Success

The epidemic abuse of prescription drugs, specifically opioids, has produced disastrous and severe consequences to Tennesseans of every age. Opioid dependence can lead to deaths from overdose, emergency department visits, and Neonatal Abstinence Syndrome (NAS). In 2012, the Prescription for Success initiative was announced by the Governor Bill Haslam. In collaboration with other state agencies, TDMHSAS led the way in an effort to reduce the number of individuals who become addicted to prescription medications. Aspects of the initiative included decreasing the number of Tennesseans that abuse controlled substances; decreasing the number of Tennesseans who overdose on controlled substances; decreasing the amount of controlled substances dispensed in Tennessee; increasing access to drug disposal outlets in Tennessee; and increasing access and quality of early intervention, treatment and recovery services.

As of June 2017, the accomplishments for this initiative are:

- Approximately 63% reduction in doctor shopping from 2011 – 2016
- The number of permanent prescription drug collection boxes has increased from 36 to 230
- Funding to expand Oxford Houses has increased to 56 sober-living homes with almost 396 beds
- Established 330 recovery meetings and referred more than 1,600 people to treatment
- Certified 220 faith-based “Recovery Congregations/Organizations”

Other aspects of the initiative are under way and will be attained as the implementation proceeds.

### **Prevention and Early Intervention Services**

Community Anti-Drug Coalitions continue to work to reduce underage alcohol use, underage tobacco use, and prescription drug use in their communities through environmental and community based strategies. During FY 2017, ten new coalitions were added for the following counties: Bradley/Polk, Carter, Cheatham, DeKalb, Gibson, Monroe, Obion, Sevier, Unicoi, and Lawrence. The addition of these coalitions will further enhance the capacity and the reach of substance abuse prevention efforts statewide. In addition, the coalitions have collaborated with the Tennessee Department of Environment and Conservation to help place at least one permanent drug collection box in all of state’s 95 counties. As a result, the number of permanent drug collection boxes across Tennessee increased from 36 in 2012 to 230 in 2017.

The Synar Amendment to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act requires states to have laws prohibiting the sale and distribution of tobacco products to minors. TDMHSAS has an interdepartmental agreement with the Department of Agriculture to conduct tobacco compliance checks in establishments that sell tobacco products and are accessible to minors. Tennessee is required to have a tobacco retailer violation rate (RVR) of 20 percent or below. In the 2017 Annual Synar Report, TDMHSAS reported that our state had an estimated RVR for FY2016 of 7.5%, which is the lowest it has ever been.

Further, TDMHSAS was awarded the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant by SAMHSA. SPF Rx is a strategic effort to address the non-medical use of prescription drugs and opioid overdoses. The counties of Clay, Grundy, Henry, Roane, Scott, Sumner and Union will conduct town hall meetings, implement a public media campaign and partner with the National Guard to mentor substance abuse prevention coalitions.

The Tennessee Prevention Network (TPN) also continues to provide evidence-based primary prevention services to groups and/or individuals determined by assessment to be at increased risk of abusing alcohol and drugs. Primary prevention programs are “those directed at individuals who have not been determined to require treatment for substance abuse.” In FY 2017, 7,156 youth up to age 24 participated in educational activities, mentoring, referral activities, tutoring, service learning, student assistance programs, and alternative activities.

### **Treatment and Recovery Support Services**

Best practices indicate that medication-assisted treatment (MAT) is clinically appropriate for the treatment of opioid use disorder. MAT is the use of medications, in combination with behavioral therapies, to treat substance use disorders. TDMHSAS enhanced the treatment service array offered through the Substance Abuse Prevention and Treatment Block Grant to include MAT for individuals who have a primary diagnosis of opioid use disorder or a diagnosis of a co-occurring opioid use and psychiatric disorder.

In April 2017, the Tennessee General Assembly passed legislation for TDMHSAS to implement a pilot project for opioid addiction treatment. The propose of the pilot project was to provide opioid relapse and/or alcohol addiction dependence treatment, including non-narcotic medication-assisted treatment, to adults who are participating or eligible for participation in a drug court treatment program. It was determined that VIVITROL injections would be used as the medication-assisted treatment protocol. TDMHSAS staff and the pharmaceutical vendor conducted extensive training for the courts and substance abuse treatment providers to educate them on

the benefits of VIVITROL, the proper administration of the injection, as well as possible side effects. As a result, 111 individuals received medication-assisted treatment in FY 2017.

Women who are parents and also struggling with substance abuse disorders may face additional barriers to treatment. One crucial barrier is the availability of safe, substance-free, supportive living environments. Through Oxford House International, TDMHSAS offers sober-living for individuals in recovery. In FY 2017, two sober-living homes for woman and children were added to help promote and support the relationship between a parent and child in recovery.

Further, the Tennessee Department of Health Office of Health Planning has worked this past year with the TDMHSAS (and its stakeholders) to revise the Certificate of Need standards for non-residential substitution-based opioid treatment centers. These standards should be finalized, approved, and adopted by the Governor by early 2018.

### **Criminal Justice**

TDMHSAS continues to work diligently with Tennessee’s criminal justice system to expand its programs for offenders with substance use and mental health disorders. Recovery Courts serve individuals with substance abuse, mental health and co-occurring disorders. The focus is on positive aspects of recovery which allows for better coordination of care. In FY 2017, TDMHSAS established one felony adult recovery court; certified one adult recovery court and one veteran treatment court; and recertified seven courts. 1,836 unique participants were admitted into the recovery court program; 831 completed the program.

In 2017, DSAS implemented the Tennessee Risk Assessment System (TN-RAS) within the adult recovery court programs. The TN-RAS consists of assessment tools that: separate offenders into risk groups based on their likelihood to recidivate; identify dynamic risk factors that can be used to prioritize programmatic needs; and identify potential barriers and need for treatment. Offenders are interviewed during prescreening for entering into a recovery court program. The desired outcome is to ensure that the recovery court programs are targeting the high risk, high need criminal justice population.

The Criminal Justice Behavioral Health Liaison Program examines the issues affecting adults with serious mental illness and/or substance abuse issues who are involved in the criminal justice system. The purpose of the program is to facilitate communication/coordination between the community, the criminal justice system, substance abuse and mental health systems to achieve common goals; to support the establishment of services that would promote diversion activities; and provide liaison activities for adults with serious mental illness and/or substance abuse issues who are incarcerated or at risk of incarceration. Working collaboratively with jail administrators, public defenders, district attorneys, judges, and sheriffs, liaisons screen and identify an individual’s most immediate clinical or recovery support needs pre- and post-adjudication in order to divert him/her from re-entry into or out of jail or prison. In FY 2017, there were 2,565 individuals served within the criminal justice liaison program.

### **DIVISION OF HOSPITAL SERVICES (DHS)**

In FY 2017, the Division of Hospital Services (DHS) continued its efforts toward the Customer Focused Government goal of efficient and effective operation of the Regional Mental Health Institutes (RMHIs). There are four RMHIs located across the state of Tennessee:

<b>RMHI</b>	<b>LOCATION</b>	<b>BEDS</b>	<b>FY2017 ADMISSIONS</b>
Memphis Mental Health Institute (MMHI)	951 Court Avenue Memphis, TN 38013 (901) 577-1800	55	1,527
Middle Tennessee Mental Health Institute (MTMHI)	221 Stewarts Ferry Pike Nashville, TN 37214 (615) 902-7400	207	3,786



Moccasin Bend Mental Health Institute (MBMHI)	100 Moccasin Bend Road Chattanooga, TN 37405 (423) 256-2271	165	2,866
Western Mental Health Institute (WMHI)	11100 Old Highway 64 West Bolivar, TN 38008 (731) 228-2000	150	959

Numerous projects are underway and will be finalized over the next few years, including the transition of the RMHIs from a paper chart system to an Electronic Clinical Record (ECR) system. A large portion of the content (clinical assessments, progress notes, treatment plans, physician orders, etc.) for the system was developed during FY 2017. The project remains on track to begin deployment in January 2018.

During November and into December 2016, Western Mental Health Institute (WMHI) had an unannounced survey conducted by the Joint Commission. Though the Joint Commission has become more stringent in their auditing processes, WMHI successfully maintained accreditation.

During FY 2017, DHS purchased and implemented an electronic timekeeping and nurse scheduling system with KRONOS. This workforce timekeeping and scheduling system with biometric features was implemented at Middle Tennessee Mental Health Institute (MTMHI) as a pilot site in March 2017. After implementation, several system changes were required to accommodate the needs of the staff which continued throughout the remainder of the fiscal year. The remaining three facilities are expected to complete implementation by the end of FY 2018.

In collaboration with the Tennessee Hospital Association and TDMHSAS leadership, DHS worked with community partners to develop treatment protocols that could be used to help stabilize individuals presenting to emergency departments in behavioral health crisis. There were eight emergency departments that began piloting these protocols during FY 2017. Efforts are currently underway to develop outcome measures that demonstrate the value of these treatment protocols to the individual and systems impacted by providing care earlier during the crisis. Tennessee's efforts to address emergency department wait times have drawn national attention and other states have become interested in replicating the model.

A key accomplishment by DHS for FY 2017 included the development and implementation of a new electronic billing system for contracted inpatient services. This system improves overall efficiency of inpatient reimbursement processes and allows improved data collection and aggregation capability. It also affords providers improved ability to identify and bill for individuals who become retroactively eligible for TennCare covering the date of service resulting in increased credits back to the state.

DHS successfully re-negotiated contracts with three private providers in East Tennessee to continue serving uninsured individuals in need of inpatient hospitalization within their communities. Parkwest, Mountain States Health Alliance and Ridgeview Psychiatric Hospital and Outpatient Center, Inc. combined admitted 3,257 uninsured individuals for services during FY 2017.

## **DIVISION OF GENERAL COUNSEL (DGC)**

The Division of General Counsel (DGC) is responsible for providing legal services, investigating internal complaints of abuse and employee grievances, processing all grants and contracts, overseeing legislative activity and rulemaking, and serving as privacy, ethics, and compliance counsel. In the past fiscal year, the Office of Legal Services engaged in over 11,000 court actions, primarily commitment proceedings, 44 disciplinary appeals, and other miscellaneous legal actions and projects. The Office of Investigations conducted over 131 investigations. The Office of Contracts processed over 865 contracts and amendments. The Office of Legislation, Rules, and Privacy supported three bills and ran one Administration bill in the General Assembly. The Office also promulgated two rules for the Department and adopted the Department's public record policy. Additionally, the DGC also produced the annual compliance report and oversaw ethics and privacy compliance.

## **DIVISION OF CLINICAL LEADERSHIP (DCL)**

The Division of Clinical Leadership (DCL) is responsible for providing clinical oversight and policy development for the RMHIs and clinical consultation to various divisions within the Department. The Division oversees Tennessee's opioid treatment programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; Title VI compliance for the Department; and, in collaboration with the Division of Substance Abuse Services (DSAS), trains and documents. DCL also pilots substance abuse initiatives designed to benefit either individuals and/or families.

In FY 2017, DCL received its fifth and final year of funding from the Administration for Children and Families (ACF) for the Therapeutic Intervention, Education, & Skills (TIES) grant project. The award amount was \$1,000,000 per year across five years. The purpose of the grant project was to stabilize and empower families with substance use issues so they could maintain their children safely and successfully in their homes, and avoid the trauma associated with state custody. Through May 2017, 195 children had been identified as focal children (i.e., youngest children in the family). Ten percent were diagnosed with neonatal abstinence syndrome (NAS) at birth. Slightly more than forty percent were younger than one year of age and greater than one third (34%) were between the ages of one and five years. Eighty-nine percent of focal children remained safely and successfully in their homes post-services and ninety percent showed no new substantiated maltreatment for the same time period. The TIES project was a partnership among TDMHSAS; Tennessee Department of Children's Services (TDACS); the Bureau of TennCare; and Centerstone of Tennessee, Inc. (program and research/evaluation divisions).

The TDMHSAS Institutional Review Board (IRB), under the leadership of the chairperson, co-chairperson, and administrator from DCL, continues to operate regularly and in compliance of its Federal Wide Assurance (FWA). The TDMHSAS-IRB Policy and Procedures Manual was updated to help facilitate proposal and amendment submissions for researchers. Between July 1, 2016 and June 30, 2017, the TDMHAS' IRB held eight full-review meetings, approved four new studies, approved continuation of thirteen studies (including expedited studies), handled fifteen study amendments, and closed out four studies. Additionally, the roster on the Federal Website was updated to include the Department's new Pharmacy Resident, who can serve as an alternate member with voting rights.

In FY 2017, DCL completed the medication section of the BRIDGES manual for the Office of Consumer Affairs. This module will assist individuals in better understanding their mental health issues. In addition, DCL completed research on older adults and behavioral health issues. This research will be used to develop and publish best practices, and behavioral health guidelines for older adults.

DCL continues to collect data on psychiatric physicians in the state. This data helps to identify the mental health professional shortage areas across the state. During FY 2017, some professions required that facilities become designated in addition to their location in a shortage area. Such identification is now a requirement for the state's Nurse Corps Loan Repayment Program. DCL gathered all necessary data (e.g., bed capacity and other factors) from three of four RMHIs; one RMHI did not have the necessary number of patients to be considered for designation. Once collected and organized, the data gathered was submitted to the Tennessee Department of Health for Federal review. Decisions will be available in FY 2018.

The Chief Pharmacist of DCL served as a member of the Electronic Clinical Health Record (ECR) and an Automated Medication Dispensing Cabinets (AMDC) steering committee, consulted on related legislative proposals, participated in the chronic pain guideline committee meetings, and continues to develop and improve the new opioid treatment program central registry with enhanced outcome reporting capabilities.

Furthermore, DCL's managed care pharmacy residency program was granted accreditation by the American Society of Health-Systems Pharmacy (ASHP) and the Academy of Managed Care Pharmacists (AMCP) for a three year cycle. The program currently accepts one resident per year with the Chief Pharmacist serving as the residency program director.

DCL continues to expand the faith community initiatives by providing training, resource materials and exhibits on suicide prevention, mental health and bullying. Initiatives in Tennessee are currently being implemented in Nashville, Memphis, Clarksville, Murfreesboro, and Manchester. DCL staff coordinated the Suicide Prevention Conference that focused on Adverse Childhood Experiences (ACEs) in Murfreesboro during FY 2017. The conference included expert presenters from the state and local community.

DCL also assisted with KHROME (Kids Helping Rutherford County and Others Morph into Excellence). KHROME is a youth-led organization devoted to improving services and systems that support growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare in Rutherford County and surrounding areas in Middle Tennessee.

## **DIVISION OF PLANNING, RESEARCH & FORENSICS (DPRF)**

The Office of Planning produces the Department's Three-Year Plan, administers the Statewide and Regional Planning and Policy Council system, coordinates appointments to the Planning Councils and the RMHI Boards of Trustees, and develops and submits the Mental Health Block Grant, the SAMHSA Annual Report, and the Joint Annual Report for the Governor and the Legislature. In 2017, the Office of Planning empowered the Councils to become more active, effective and continue to fulfil their roles as required by law. In addition, Planning staff engaged in special projects including providing behavioral information for the State Health Plan, training, consulting with other Divisions, providing technical assistance to Statewide and Regional Councils, and developing relationships with other state and federal agencies. In collaboration with the Office of Research, the Office of Planning continued the ongoing process of increasing the use of data to inform decision making and ensure an educated Needs Assessment process.

A key function of the Office of Research is to make information about substance use and mental health available to stakeholders and policymakers within the Department. Information about substance use and mental health status of Tennesseans is compiled in data books available on the Department's website. Regional Planning and Policy Councils use this information to inform the Department's Needs Assessment.

The Research Team is responsible for compiling and reporting information about individuals receiving publicly funded mental health services as a condition of the Mental Health Block Grant. Information about population demographics, customer satisfaction and progress achieving national outcome measures is reported annually to the Substance Abuse and Mental Health Services Administration. The Research Team also prepares data briefs on a variety of subjects including the impact of services on customer satisfaction, employment, living situation, and other service outcomes. Additional information can be located on the Department website at <https://www.tn.gov/behavioral-health/article/data-briefs>.

The Research Team works with TDMHSAS divisions to analyze data needed to inform policy decisions. In collaboration with DSAS, the Research Team partners with other departments to collect and report substance abuse data to policy makers through an interdepartmental State Epidemiological Outcomes Workgroup (SEOW) and an Opioid Task Force convened by Governor Haslam. The Research Team also tracks outcomes for the Prescription for Success Initiative. In collaboration with DMHS, the Research Team analyzed data to evaluate the implementation of coordinated services for children and youth enrolled in System of Care expansion sites and for young adults with a first episode of psychosis. The Research Team worked with the Housing and Homeless Program to measure increase in housing opportunities and dollars leveraged by the Creating Home Initiative (CHI). In collaboration with DHS, the Research Team conducted a multi-year analysis of admissions and discharge diagnoses of individuals in psychiatric hospitals operated by or under contract with the Department. More information can be located on the Department website at <https://www.tn.gov/behavioral-health/topic/Data-Research-and-Planning>.

The Office of Forensic and Juvenile Court Services administers the system for court-ordered evaluations to determine competency to stand trial and mental capacity at the time of the offense, juvenile court-ordered evaluations, treatment for adults to establish competency, commitment for individuals found not guilty by reason

of insanity, psychiatric evaluations for the Board of Paroles and Mandatory Outpatient Treatment (MOT). In FY 2017, there were 1,801 initial outpatient evaluations which diverted 77% of individuals from the need for an inpatient evaluation. There were 443 inpatient evaluations and 108 new commitments for inpatient treatment of incompetent defendants. There were 277 evaluations conducted by order of juvenile courts and 97 psychiatric evaluations of parole-eligible inmates conducted for the Board of Parole.

The MOT coordinator maintained a database of existing client status throughout the year, tracking over 300 active MOT cases receiving services from thirty-nine separate community agencies. The coordinator notified each provider of any MOT cases due for review each month, and tracked all cases involving notification of non-compliance to the court. As in previous years, the MOT manual was distributed to providers during trainings conducted in the field and posted on the TDMHSAS website.

Over 8,400 juvenile court screenings have been conducted in the Tennessee Integrated Court Screening and Referral Project since the beginning of the Project in October 2010 resulting in over 4,000 referrals for mental health, substance abuse, and/or family services.

## **OFFICE OF COMMUNICATIONS (OC)**

The OC is responsible for ensuring that the Department's internal and external communication strategy aligns with the Governor's priorities. The Director serves as a liaison between the Department and the Governor's Communications Office. OC coordinates all efforts in response to an Open Record Request on behalf of the Department to ensure that the Department remains in compliance with the requirements established by the "Tennessee Public Records Act" and generated timely news media/press releases.

The Office of Communications published several news releases throughout the fiscal year to communicate departmental priorities to the media and the public. OC also worked with various media outlets to place and produce stories showing the department's mission and vision, and participated in a televised town hall discussion on opioids. Staff also curated an engaging Facebook presence to increase the department's social media influence. The TDMHSAS Facebook page nearly doubled its "likes" adding 623 new users who are interested in our messaging. Additionally, OC continued to publish website updates in response to departmental stakeholder needs. In FY 2017, approximately 265,400 users visited our <https://www.TN.gov> site. Plans for the upcoming fiscal year include attaining new video capabilities to produce short videos in order to showcase the work the department is doing to accomplish its mission and vision.

## **OFFICE OF FISCAL SERVICES**

The Office of Fiscal Services oversees accounting functions within the Department of Mental Health and Substance Abuse Services, which include: processing deposits, accounts payable, payroll; billing for court-ordered forensic evaluation services; federal grant management accounting involving cash draws, compliance with State Policy 03 reporting and cost allocation plan review; and preparation of federal financial reports and maintenance of effort schedules. Office of Fiscal Services also provides accounting oversight and support related to the Department's four Regional Mental Health Institutes (RMHIs), which involve the submission of Medicare and private pay cost reports, and assistance with the completion of the DOH Joint Annual Report. It has implemented new budgeting and invoicing procedures and processes to increase Department efficiencies.

Projects have continued in FY 2017 to improve timekeeping and staff scheduling in the Regional Mental Health Institutes. With a goal of automating workforce scheduling, the Department, using information provided by Vanderbilt engineering students regarding clinical workforce scheduling along with consultants from the Department of Finance and Administration, has begun the process of contracting with an outside vendor for timekeeping equipment and software. It is working on new management procedures for staff use of the equipment and incorporation of the data generated into accepted State timekeeping processes. Work continues on implementation of an Electronic Medical Records system and automated medication dispensing equipment in the RMHIs.

## STATEWIDE & REGIONAL PLANNING AND POLICY COUNCILS

Over the past fiscal year, the Statewide and Regional Planning and Policy Councils met quarterly working as advocates for individuals living with mental health, substance abuse and co-occurring disorders. The Councils, which are made up of providers, stakeholders, consumers, and family members were able to collaboratively voice the needs in order to influence the mental health and substance abuse system.

In the Statewide Planning and Policy Council, the Governor's Children's Cabinet created a Multiple Agency Collaboration and Single Team Plan Approach by coordinating, streamlining, and enhancing the state's efforts to provide needed resources and services to Tennessee's children. Neonatal Abstinence Syndrome (NAS) pilots were developed with plans to launch the pilot program in each of Tennessee's regions. Breakout discussion groups were held in each region with Regional Council Chairs and Vice-Chairs attending and participating. From these groups, the Governor's Children's Cabinet was able to identify sets of issues impacting families in each region as well as the resources that are available.

In Fall 2016, the Tennessee Department of Health held six regional workshops entitled *Tennessee Vital Signs Workshop for Mental Health* providing residents opportunities to suggest ways to improve population health, and help shape the state health plan in a way that positively affects all Tennesseans. The sessions were open to the public, and Regional Council Chairs and Vice Chairs participated across the state.

In FY 2017, TDMHSAS Regional Planning and Policy Councils saw several accomplishments. Region II Council saw an increase in the amount of Alcohol and Substance Abuse recovery meeting groups to 17 in their six-county region. Council members also assisted with a Suicide Cluster Response team after three teenagers died by suicide in their region. As part of the response team, members held a Suicide Community Forum at Farragut High School to provide support and education. Plans for FY 2018 include providing educational trainings and programs to teachers, staff and students. Additionally, Region II coordinated a regional response team to address mental health needs of survivors of the fires that ravaged the Great Smoky Mountains. Members also held three landlord summits in which information was gathered to create a resource list of affordable housing options for consumers. Currently, the Council is working toward preparing consumers to take on active leadership roles within the Council.

The Region III Council whose membership at each quarterly meeting includes over 40 consumers and providers, focused much of its efforts on collaborating with the Tennessee Council for the Deaf, Deaf-Blind and Hard of Hearing on submitting a Legislative Proposal.

The Davidson County Courthouse and the Korean War Veterans Memorial Bridge was lit in green in honor of Mental Health Month in May 2017. TDMHSAS Region IV Council was responsible for the organization of this ceremony to promote community awareness on individuals living with mental illness. Further, the annual NAMI Davidson Walk, 5K & Village Mental Wellness Festival continued to grow this fiscal year with 655 registered to participate. Proceeds funded the independent 501.c.3 which provides free support services throughout the Greater Nashville Area. Region IV Council members also led a membership drive, and welcomed over 20 new individuals representing crisis, foster care, residential services, acute care and substance abuse services.

In Region V, "Ari's Place", a new post-partum drug treatment program, birthed its second baby. Both mother and baby are currently healthy and drug-free. The Mental Health America of Middle Tennessee's *Erase the Stigma* program, which focuses on how to manage bullies, bad days and negative emotions, reached 21,000 students.

Regional Councils continue to work to expand membership across the state to include more consumers and family members.

# CHALLENGES

## Meeting The Needs

TDMHSAS continues to struggle to meet the growing need for substance abuse treatment in Tennessee. Throughout the state, it is estimated that 82,965 individuals are addicted to prescription opioids and require treatment for prescription opioid abuse. The State has seen a positive impact with laws being passed to control addiction to prescription medications. However, the use of heroin as an alternative has experienced an increase. On average, four Tennesseans a day die from drug overdoses. In FY 2017, TDMHSAS received the Tennessee Opioid State Targeted Response (STR) Grant which allotted \$13.8 million to help prevent drug-related overdoses. By focusing on continuum of care, treatment for pregnant women, medication-assisted treatment and recovery support, TDMHSAS will continue its fight against the Opioid Epidemic in Tennessee.

## Workforce Development

Tennessee continues to experience a shortage of trained professionals who can provide mental health treatment to its citizens. The most profound shortage area: psychiatric technicians, registered nurses, and physicians. On average, within the four RMHIs, there are approximately 80 vacancies in these three classes. As a result, the shortage of trained professionals has continued to cause a struggle within the admission departments as they cannot keep up with the volume of service demand, and wait times in emergency departments or other locations have increased. In FY 2017, efforts were taken to increase the salaries, particularly for registered nurses, which helped improve recruitment and retention. However, workforce development remains a challenge.

## Reducing Stigma

Reducing the stigma associated with mental illness or substance abuse disorders will allow individuals to feel more empowered to seek treatment. Stigma continues to be a challenge, as some individuals may fear seeking help due to feeling ostracized by others. Tennessee will carry on its education and awareness efforts to reduce stigma of mental illness and substance abuse disorders.

## Suicide Prevention

While TDMHSAS and TSPN work hard to prevent suicide through gatekeeper training, awareness, counseling and outreach, reducing the number of suicides remains a challenge throughout the state. In 2016, 1,110 lives were lost to suicide in Tennessee. This is an increase from the 1,065 lives lost in 2015. By comparison, the number of deaths by automobile accidents in 2016 was 836.

## Council Challenges

In FY 2017, Regional Councils encountered similar challenges across the state. These included: increasing engaged members to participate on the Councils; transportation; lack of affordable housing options; limited number of available treatment beds for both adults and children; an increased rate of opioid abuse and overdoses; and limited number of substance abuse treatment options.

TDMHSAS is committed to continued advocacy as well as leveraging of other non-state funding sources to meet the needs of Tennesseans who are struggling with untreated mental health, substance abuse and addiction issues.

For further information contact:

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