



Department of  
**Mental Health &  
Substance Abuse Services**



# Project Rural Recovery

Delivering Mobile Integrated Care Where  
Tennesseans Live, Work, and Recover

## Year 4 Annual Report

April 1, 2023 - March 31, 2024

Published May 2024



# PROJECT BACKGROUND

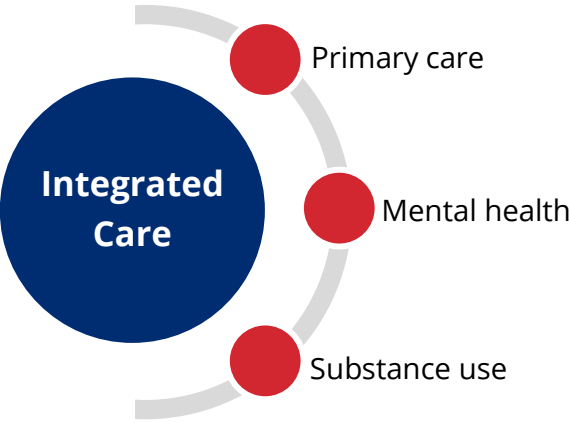
In early 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$10 million to the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) through their Promoting Integration of Primary and Behavioral Health Care five-year grant. TDMHSAS chose to provide services in rural counties which were identified as medically underserved, suffered the most from chronic conditions, and/or lacked the infrastructure to serve individuals in need. The mobile clinic model was selected to make services in these areas as accessible as possible. In 2022, Governor Bill Lee and the members of the General Assembly appropriated \$6.3 million in American Rescue Plan Act funds to expand the project in 10 additional counties beginning in 2023.



# OVERVIEW

## Purpose

Project Rural Recovery provides mental health, substance use, and physical health services to clients of any age in 20 rural Tennessee counties using mobile health clinics. The purpose of this program is to:



**Provide integrated care services** including diagnosis, prevention, and treatment of mental illness and substance use disorders and co-occurring physical health conditions

**Promote integration** between primary and behavioral health care

**Support the development of integrated care models** to improve the overall health and wellness of Tennesseans with mental illness and substance use disorders



## Service Providers

For the initial SAMHSA-funded iteration of PRR, TDMHSAS selected Buffalo Valley, Inc. and the McNabb Center to develop and implement Project Rural Recovery.

**Buffalo Valley** is a community-based agency that provides alcohol and substance abuse services including residential treatment, outpatient treatment, and detox as well as emergency shelter, transitional housing, and affordable permanent housing. The Buffalo Valley mobile clinic serves 5 counties in Middle Tennessee.



**The McNabb Center** is a regional system of care offering mental health, substance use, and social and victim services to children, adults, and families who reside in East Tennessee. The McNabb Center mobile clinic serves 5 counties in East Tennessee.



Cumulatively, Buffalo Valley and the McNabb Center have served **4,297** clients over **9,809** visits.

With the \$6.3 million in American Rescue Plan Act funds, TDMHSAS expanded the project with two additional mobile units, one in East Tennessee and one in West Tennessee.



**Pathways Behavioral Health** is a community mental health center and the behavioral health component of West Tennessee Healthcare. Pathways offers mental health and substance use treatment in eight offices and three peer centers in seven counties via in-person and telehealth visits. The Pathways mobile clinic serves 5 counties in West Tennessee.



**Ridgeview Behavioral Health Services** has a 60-year history of providing mental health services in East Tennessee and provides a comprehensive array of services including traditional outpatient clinics. The Ridgeview mobile clinic serves 5 counties in East Tennessee.

Ridgeview began providing services in June 2023 and Pathways began in October 2023. In the short time their mobile clinics have been operational, Pathways and Ridgeview have served **351** clients over **1,023** visits.

## Services Offered

Services are tailored to meet the needs of each client and include:

### Physical Health Services

- Managing chronic illnesses
- Medication management
- Urgent care services
- Coordinating complex care with specialists
- Nutrition and weight loss services
- Preventive health screenings for Tuberculosis, HIV, and Hepatitis

### Mental Health Services

- Assessing, diagnosing, and treating mental illnesses
- Counseling/therapy services
- Psychiatric medication management

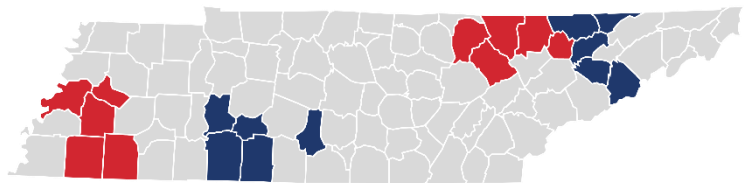
### Substance Use Services

- Assessing, diagnosing, and treating substance use disorders
- Medication-assisted treatment
- Nicotine cessation management

## Locations

Each mobile health unit is in **1 of 5 counties each day of the week** (20 counties total) according to a regular schedule located on the [PRR website](#).

Each provider maintains or is developing a Facebook page where they provide service and schedule updates. The project is designed to provide clients with a predictable and reliable schedule and location to ensure maximum opportunity for ongoing care. When the mobile clinics are unable to go out to their usual locations due to weather or maintenance issues, they do their best to provide services via telehealth.



■ Original locations ■ Expansion locations

West	Middle	East	
Crockett	Wayne	Grainger	Scott
Lauderdale	Marshall	Cocke	Campbell
Hardeman	Lewis	Jefferson	Fentress
Haywood	Lawrence	Claiborne	Union
Fayette	Perry	Hancock	Morgan

# CLIENT STORIES

## DISCOVERING A HEALTH CONDITION

A client who visited the mobile clinic for mental health treatment decided to also receive primary care services. A blood test revealed his thyroid hormones were too high and he is now on thyroid medication.

## SERVING EVERYONE

A client visited a mobile clinic after having a stroke. Although he is non-verbal and unable to read or write, the mobile health team has assisted him with his healthcare needs and he is now healthier and has increased functioning.

## ELIMINATING BARRIERS

A client could not access care at outpatient clinics due to financial and transportation barriers. While receiving care on the mobile health clinic, she exceeded her treatment goals: she has maintained sobriety, her children are living back at home with her, and she is employed.



## EARLIER TREATMENT

A veteran with PTSD had been placed on a waitlist for a therapy appointment elsewhere that was three months out. During this time, he was experiencing a family emergency. Because a PRR mobile health clinic had same day appointments available, he completed an intake that day and was scheduled for therapy the next week.

## GAINING TRUST

A member of the community was hesitant to visit the mobile clinic, saying he thought it was too good to be true and wouldn't stick around. After seeing the mobile clinic in the same location for several weeks, he decided he could trust it was there to stay. He visited to get information about services for himself, his siblings, and parents who can't afford basic care.

## HOLISTIC CARE

Although a client first visited for burns on her hand, the nurse practitioner learned she had hypertension which was not being treated consistently and a history of mental health treatment. Previously the client utilized the ER when she ran out of her hypertension medication or when she had headaches and chest tightness. Now in addition to treating her burns, the nurse practitioner is managing her hypertension and psychiatric medication.

# DATA

## Visits

During Year 4, 1,879 clients received care over 4,200 visits with an average of **16 visits per day** and **350 visits per month** across all four providers. Since program implementation, we have served **4,648 clients** over **10,832 visits**. In Year 4, **35%** of clients visited the unit multiple times with **9%** visiting more than five times.

Visits dipped in January 2024 due to icy and snowy conditions which prohibited travel.

Year 4

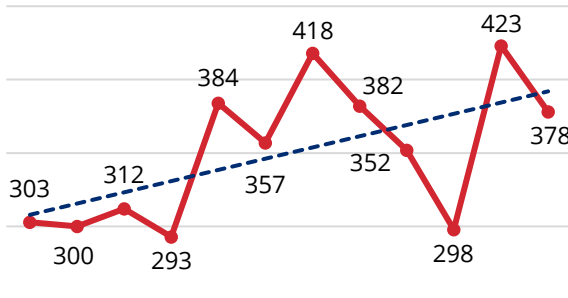
4,200 visits

1,879 clients

20 counties

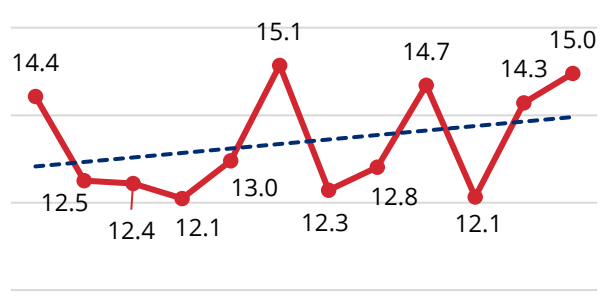
4 clinics

**Visits per Month in Year 4**



Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022						2023					

**Average Number of Visits per Day in Year 4**

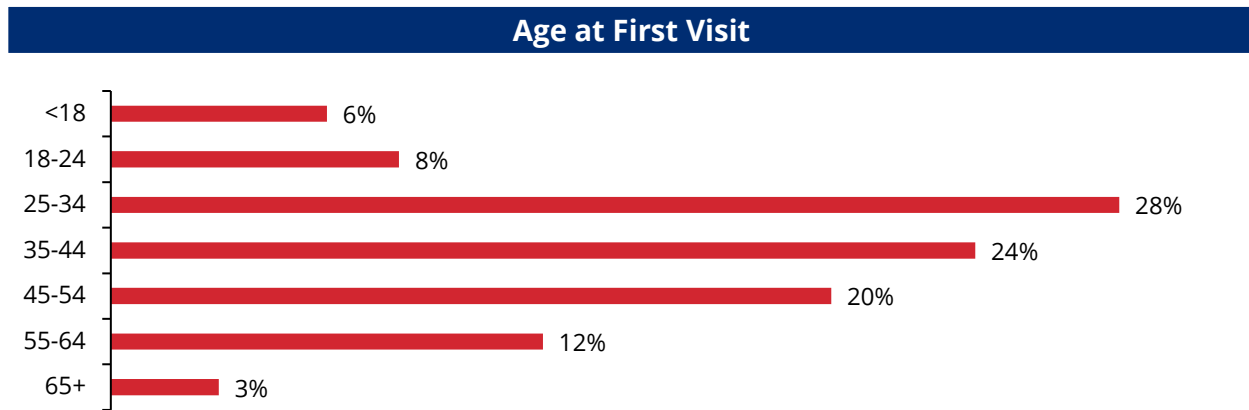
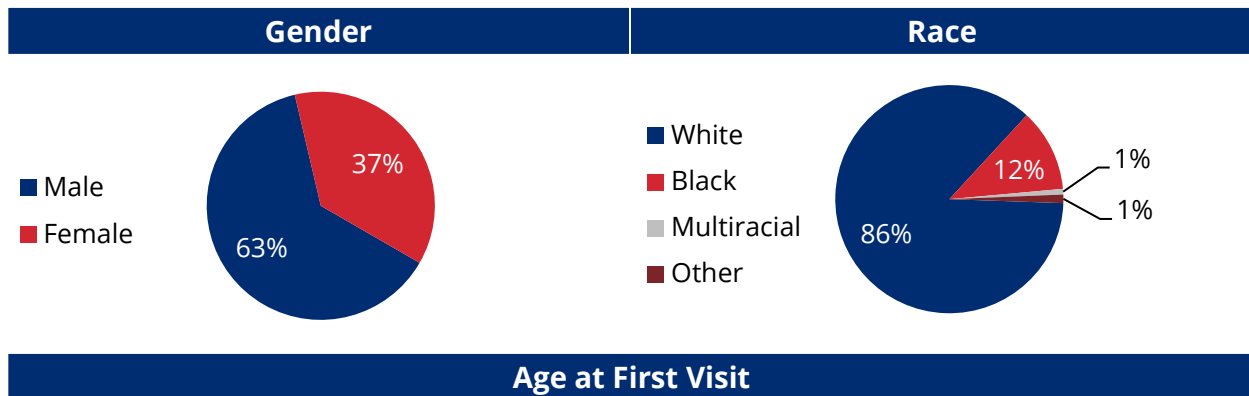


Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022						2023					

## Who We Served

All data in the **Who We Served** section is from baseline assessments, i.e. at first visit, that were completed during the Year 4 timeframe. Although 1,576 baseline assessments were collected during Year 4, clients may decline to answer some questions or participate at all, in which case only basic information will be shared by the provider. In Year 4, around half of new clients chose not to participate in the assessment. As a result, the following data represents the **774** clients who chose to participate in the assessment.

## Demographics



## Mental Health, Substance Use, and Wellbeing

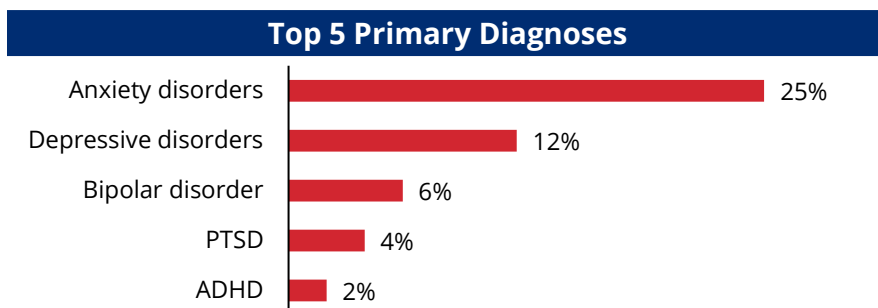
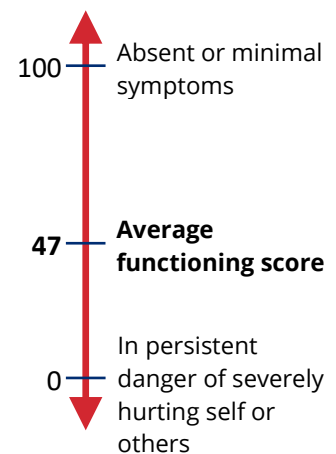
Around **57%** of clients have a mental health or substance use disorder and around **5%** have co-occurring mental health and substance use disorders. Nearly three fourths (**74%**) of clients have experienced psychological trauma and one in twenty (**5%**) had a positive suicide screening. Nearly 1 in 3 (**32%**) say they are extremely or considerably bothered by psychological symptoms such as nervousness and depression.



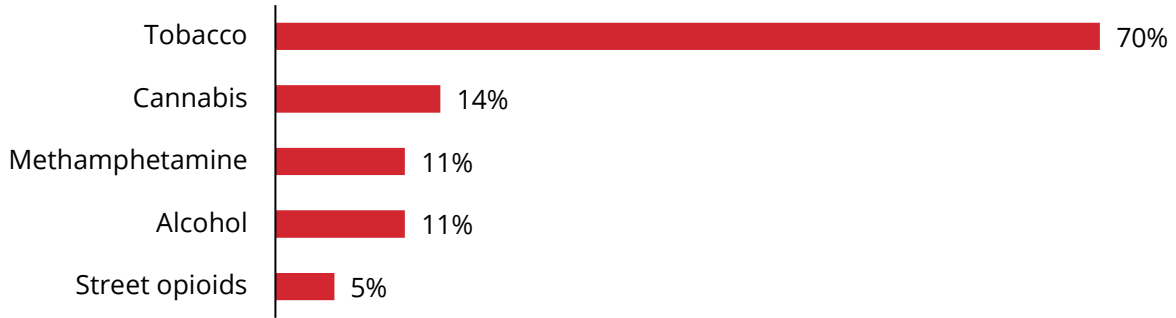
**1 in 3**

are considerably or extremely bothered by psychological symptoms

Clients' average functioning score (estimated from Daily Living Activities 20 scores) is **47**, indicating serious symptoms or impairment in areas of functioning such as housing, time or money management, substance use, or relationships.



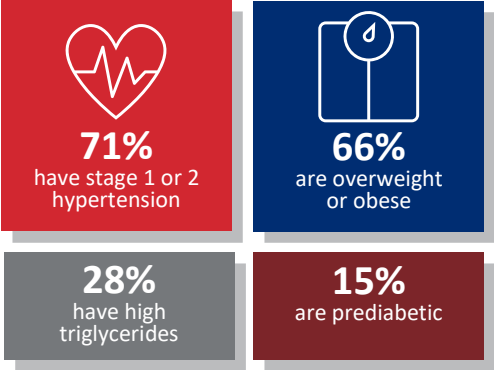
## Top 5 Substances Used Daily



Most clients use tobacco daily, usually in the form of cigarettes. In addition to the substances listed in the chart above, less than 5% of clients use prescription opiates, cocaine, hallucinogens, inhalants, prescriptions stimulants, or sedatives every day.

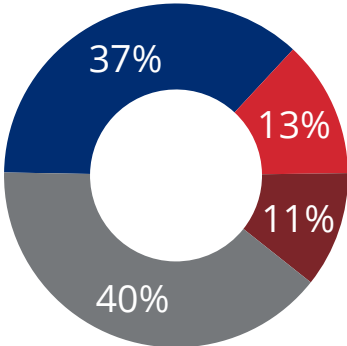
### Physical Health

Most PRR clients (**71%**) have hypertension and two thirds (**66%**) are overweight or obese. Over a quarter (**28%**) of clients have high triglycerides, **15%** are prediabetic, and many have borderline high total or LDL cholesterol or low HDL cholesterol. Providing accessible and regular care to these clients through Project Rural Recovery may help them avoid disease progression.



### Reason for Visit

Clients seek care for a wide range of reasons, from sinus infections to severe mental illness. Many clients report multiple reasons for visit, such as both a physical and mental health concern.



- Mental Health & Substance Abuse Services**  
Screening, diagnosis, therapy, referrals
- Primary & Urgent Care**  
Chronic conditions, infections, injuries, labs
- Medication Management**  
Prescriptions, follow ups, refills
- Multiple Reasons for Visit**  
A combination of above reasons



## Services Provided

Because Project Rural Recovery is focused on providing holistic, integrated care, a wide variety of services were provided during this period. The **most common services** include:

Individual therapy, psychopharmacology, and medication-assisted treatment		
Anxiety	Bipolar disorder	ADHD
Depression	PTSD	Substance use
Primary care services for common ailments		
Cold and flu	Headaches	Allergies
Minor injuries	Insect bites	Insomnia
Treatment for chronic conditions		
Hypertension	Diabetes	Asthma
Treatment for minor infections		
Sinusitis	Urinary tract infections	Oral infections

## Accessibility

During Year 3, we added five questions focused on previous care, care alternatives, and travel time. Because we ask these questions at baseline, we can learn more about the potential effects of providing care on the mobile clinic without depending on clients completing follow-up interviews. From the responses we received in Year 4, we learned:



**31%** have not seen a primary care physician in over 5 years



**94%** traveled to the mobile clinic in under 30 minutes



**41%** said they would not have received any care if the mobile clinic was not available



**54%** said it would have taken them over 30 minutes to travel had they sought other care

Additionally, **10%** of clients in Year 4 and **12%** cumulatively said they would have utilized the emergency room for care if the mobile clinic had not been available. The average cost to provide services to clients on the mobile clinic is around **\$600** per visit—less than a third of the cost for the average emergency room visit without insurance (**\$1,883**)\*. While services are free to clients, insurance may be billed if available. In Year 4, **15%** of initial visits were billed to insurance.

**\$1,883**  
average ER visit  
without insurance

**\$600**  
average  
mobile  
unit visit

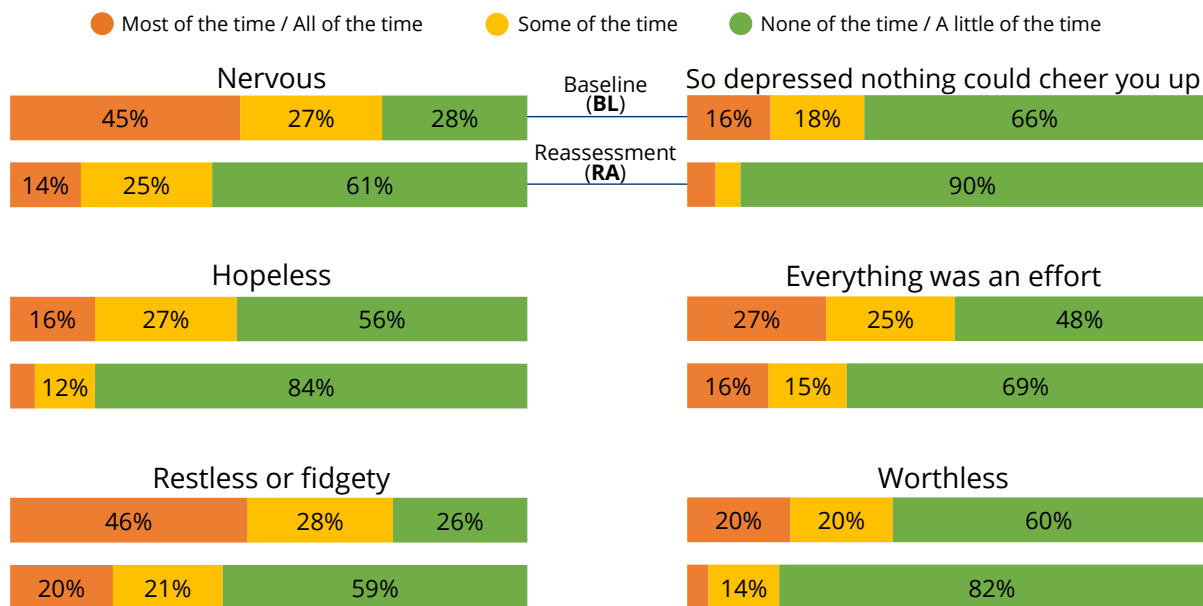
\*(Source: Hospital Pricing Specialists, 2020, <https://www.cbsnews.com/pictures/emergency-room-visit-cost-most-expensive-states/>)

## Outcomes

Reassessments, which are collected at 6-month intervals after the baseline assessment, provide valuable information about changes clients may experience as a result of receiving PRR services. Many clients who seek services on the mobile clinic are transient, do not have reliable means of communication, or chose not to engage in services once their health need has been addressed. As a result, not every eligible client completes a reassessment, though this rate has improved over time. To help improve reassessment rates, providers now offer incentives to clients who return for a reassessment.

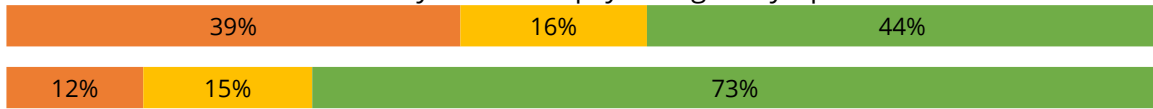
To be included in the **Outcomes** section, the reassessment must have been completed during the Year 4 timeframe.

### In the past 30 days, how often have you felt... (N=146)



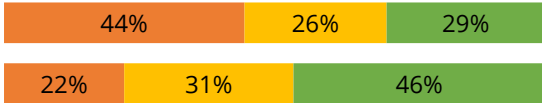
● Considerably / Extremely    ● Moderately    ● Not at all / Slightly

**Bothered by the above psychological symptoms**

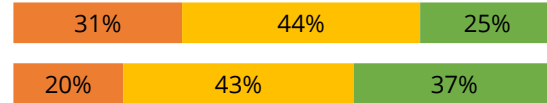


● Poor / Fair    ● Good    ● Very good / Excellent

How would you rate your mental health? (N=99)

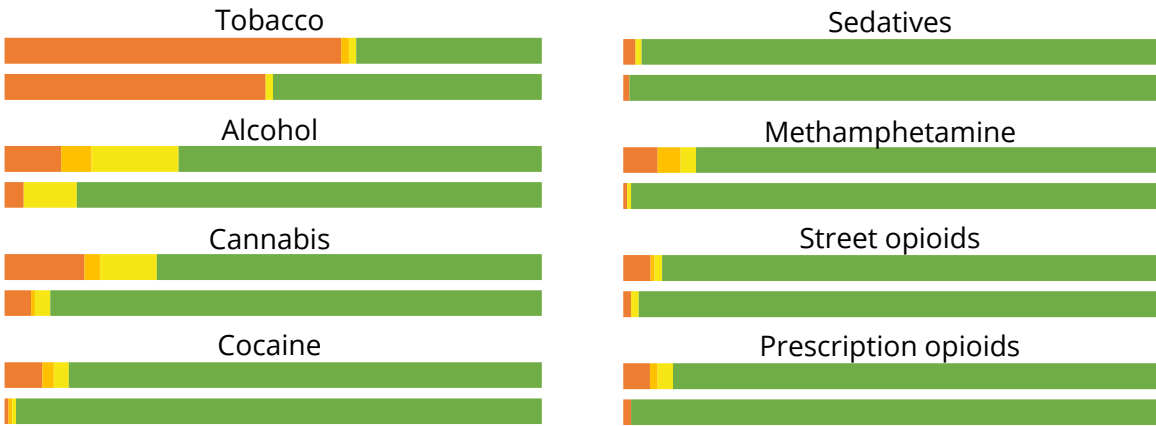


How would you rate your overall health? (N=143)



**In the past 30 days, how often have you used... (N=142)**

● Daily / Almost daily    ● Weekly    ● Once or twice    ● Never



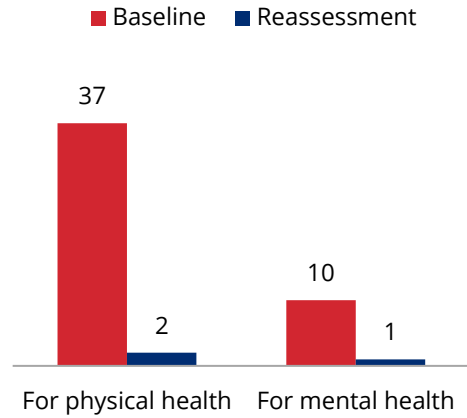
Substance	Assessment	Daily	Weekly	Once or twice	Never
Tobacco	BL	63%	1%	1%	35%
	RA	49%	0%	1%	50%
Alcohol	BL	11%	6%	16%	68%
	RA	4%	0%	10%	87%
Cannabis	BL	15%	3%	11%	72%
	RA	5%	1%	3%	91%
Cocaine	BL	7%	2%	3%	88%
	RA	1%	1%	1%	98%
Meth	BL	6%	4%	3%	87%
	RA	1%	0%	1%	99%
Street opioids	BL	5%	1%	1%	93%
	RA	1%	0%	1%	97%
Rx opioids	BL	5%	1%	3%	91%
	RA	1%	0%	0%	99%

## Emergency Room (ER) Utilization (N=145)

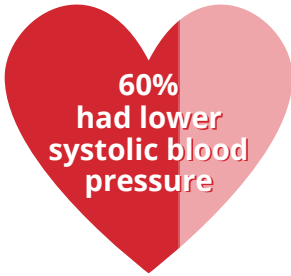


At baseline, 23 clients reported they utilized the ER for a physical health concern in the past 30 days, in total visiting 37 times. Based on estimates referenced earlier, these visits would have cost **\$69,971** total if the clients were uninsured. At follow up, only two clients utilized the ER for a physical health concern, each visiting once, representing a potential savings of nearly **\$50,000**. Likewise, providing mental health services on the unit instead of in the ER potentially saved over **\$18,000**.

### ER Visits in the Past 30 Days



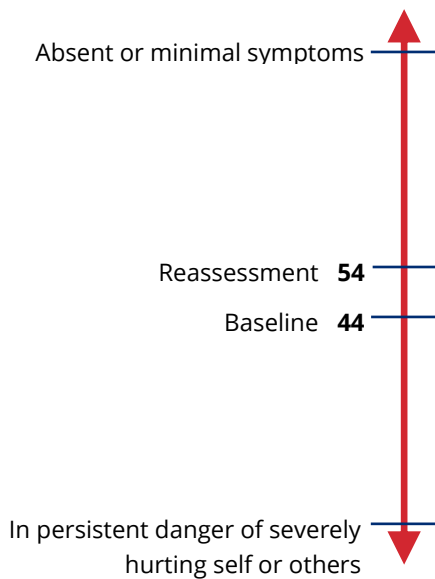
## Health Outcomes (N=50)



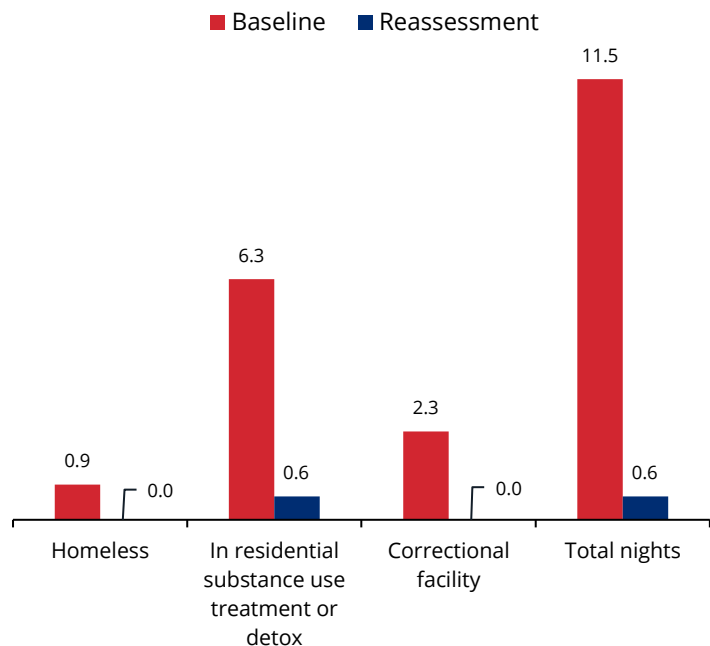
**47%**

of those who were overweight or obese at baseline (36) had a lower BMI at reassessment

## Average estimated functioning score (N=137)



## Average number of nights spent outside home in the past 30 days (N=145)





## Final Thoughts

By removing access-related barriers, Project Rural Recovery has improved and will continue to improve the health of clients and serve as a model that can be replicated throughout rural Tennessee.

Project Rural Recovery has successfully helped more than 4,500 rural Tennessee residents obtain care they otherwise may not have received. Ensuring all Tennessee residents have access to mental health, substance use, and physical health care is essential, and mobile healthcare makes this possible. We are confident that, through creative collaborations such as our recently created Mobile Healthcare Work Group, we will continue to provide mobile integrated care in rural Tennessee.

Please visit our website if you would like to learn more about [Project Rural Recovery](#) including hours of operation and locations. If you have questions, please contact Darren Layman at [Darren.Layman@tn.gov](mailto:Darren.Layman@tn.gov).