



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

# TDMHSAS FY 2023 Joint Annual Report

Leading the Nation

Tennessee Department of Mental Health & Substance Abuse Services

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# Executive Summary

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS or Department) functions as Tennessee's mental health, substance use disorders (SUDs), and opioid treatment authority. The Joint Annual Report (JAR) 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 funding and program targets that address the service needs identified by the assessment.

In FY 2023, TDMHSAS continued to engage in collaborations to improve service outcomes while containing costs; maintaining and improving community mental health and substance abuse services; providing effective education and prevention services; decreasing prescription drug abuse; and promoting wellness and recovery for the citizens of Tennessee.

One ongoing challenge for TDMHSAS is maintaining a high-quality continuum of services while facing increased demands. As a response to the challenge, TDMHSAS leverages state, federal, and other non-state resources to meet unmet needs. In FY 2023, with noteworthy support from Governor Bill Lee and the Tennessee General Assembly (TNGA), the Department continued to work deliberately to increase suicide prevention and awareness while reducing the stigma associated with behavioral health, increasing substance abuse funding, and providing effective continuity of care for individuals living with mental health, substance use, and co-occurring disorders (CODs). In all, the FY 2023 budget of \$578,048,800, including \$380,941,900 in state appropriations, allowed the Department to continue to work toward its goal of ensuring that Tennesseans needing mental health or SUD treatment can connect with services regardless of their ability to pay.

Additional FY 2023 successes for TDMHSAS include: the launch of Mental Health Services at County Health Departments Pilot at the Jackson County Health Department (JCHD); \$8.2 million in recurring state funds added to Community Mental Health Providers (CMHPs) which allowed for an increase in provider rates that resulted in an additional 1,400 direct service positions; \$10.8 million in recurring state funds for substance use prevention and treatment agencies for provider rate increases and to support workforce recruitment and retention; the Creating Homes Initiative (CHI) surpassed the \$1 billion mark in leveraged funds; the expansion of Mental Health Courts to a total of nine (9); and, the distribution of 126,000 fentanyl test strips.

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# Purpose, Scope, and Activities of TDMHSAS

It is the mission of TDMHSAS to create collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and SUDs, and the Department's vision is a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and SUDs thrive.

TDMHSAS provides 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; early intervention; treatment; licensing oversight for community organizations providing behavioral health services; and outpatient and inpatient care. The Department operates four (4) Regional Mental Health Institutes (RMHIs) and provides research and policy development regarding a wide array of behavioral health issues.

The Department is responsible for system planning; setting policy and quality standards; licensing personal support services agencies, mental health, and substance use facilities; system monitoring and evaluation; and disseminating public information and advocating for persons of all ages who live with serious mental illness (SMI), serious emotional disturbance (SED), SUD, and/or COD. Through the operation of four fully accredited RMHIs, TDMHSAS also provides inpatient psychiatric services for adults, including acute, sub-acute, and forensic patients.

TDMHSAS is comprised of the following Department Offices and Divisions: Office of the Commissioner; Office of Communications; Office of Faith-Based Initiatives; Division of Fiscal Services; Office of Forensic and Juvenile Court Services; Office of Human Resources; Office of Juvenile Justice; Office of Strategic Initiatives; Division of Administrative and Regulatory Services; Division of Clinical Leadership; Division of General Counsel; Division of Hospital Services; Division of Mental Health Services; Division of Planning, Policy & Legislation; and the Division of Substance Abuse Services. Through the Department Offices and Divisions, TDMHSAS provides a quality spectrum of behavioral health services across the lifespan. Collaborative efforts, both public and private, involve partnerships with mental health, substance abuse, criminal justice, veterans, and child/family organizations, etc. The result is the creation of a cross-systems approach that promotes the most effective outcome of care.

TDMHSAS is dedicated to implementing and executing Governor Bill Lee's vision of a state government that is customer-focused, efficient, and effective. The goals of this vision, commonly referred to as Customer Focused Government (CFG), include efficient and effective management of the RMHIs; maintaining and improving community mental health and substance abuse services; and providing effective education and prevention services.

# Organization of the Department

**Office of the Commissioner** oversees and leads the Department in its mission. The Office of the Commissioner 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 of the Commissioner assesses the public 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 fiscal monitoring of Department grants, purchasing and disbursement of equipment and supplies, major maintenance and capital construction projects, licensing of all Tennessee agencies providing mental health, substance abuse, and personal support services, investigating complaints of abuse, neglect or mistreatment of service recipients of the licensed organizations, investigating complaints of fraud, waste and abuse and coordinating facility administration of the RMHIs with the Division of Hospital Services (DHS).

**Division of Clinical Leadership (DCL)** promotes high quality services through consultations, clinical oversight, education, the development and revision of clinical policies, best practice guidelines, and the advancement of research reviews.

**Division of General Counsel (DGC)** includes the offices of Legal Services, Contracts, and Investigations. The DGC provides Department-wide services in support of the Governor and Commissioner's mission and goals. The General Counsel, in addition to supervising this division, serves as the chief legal counsel and ethics officer for the Department.

**Division of Hospital Services (DHS)** provides oversight of the operation of the four (4) RMHIs and three (3) private contracted hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

**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, CODs, and/or SEDs. DMHS creates, expands, and oversees community-based programs and community support services including affordable housing programs; homelessness prevention services; a full continuum of 24-hour crisis services; wellness and recovery services; peer recovery services; supported employment services; suicide prevention services; geriatric services/Pre-Admission Screening and Resident Review (PASRR) services; disaster emergency services; a comprehensive System of Care-based child, youth, and family supports services.

**Division of Planning, Policy & Legislation** (DPPL) coordinates departmental legislative, rulemaking, and Central Procurement Office (CPO) Policy 2013-007 subrecipient monitoring activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant (MHBG) Application, Substance Abuse and Mental Health Services Administration (SAMHSA) Annual Report, Joint Annual Report (JAR) to the Governor, Three-Year Plan, and the Annual Needs Assessment

**Division of Substance Abuse Services** (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, and recovery support services for the general public, persons at risk for SUD, and persons abusing substances.

**Division of Fiscal Services** oversees general accounting functions including accounts receivable and payable and interactions with state and federal funding sources.

**Office of Communications** (OC) develops internal and external communication including the drafting, production, and distribution of news releases and statements to the media, publication of monthly Department newsletters, and managing the Department's website.

**Office of Faith-Based Initiatives** actively engages with faith communities and institutions as a means of increasing outreach, educational activities, and access of and visibility to individuals seeking recovery services. The Office of Faith-Based Initiatives oversees the Faith-Based Community Coordinators, the Lifeline Peer Project, Hybrid Lifeline Peer Project, as well as the Collegiate Recovery Initiative, each having been established to reduce the stigma surrounding behavioral health challenges across the state. Additionally, this Office provides oversight of the Certified Faith-Based Recovery Partner Program and the Certified Recovery Friendly Campus Program.

**Office of Forensic and Juvenile Court Services** (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

**Office of Human Resources** (OHR) assists the Divisions and Offices across the Department in obtaining and maintaining a workforce that can fulfill the Department's mission and objectives.

**Office of Strategic Initiatives** provides support to the Department's executive leadership team and seeks to find and secure opportunities that help further the mission and vision of the Department. The Office is responsible for planning, developing, and administering special projects and initiatives to expand the service delivery for Tennesseans living with mental illness and SUDs.

# Statewide and Regional Planning and Policy Council System

Title 33 of the Tennessee Code Annotated requires a structured planning process with council participation. TDMHSAS administers seven Regional Planning and Policy Councils from which regional mental health and substance abuse needs and information are channeled to the Statewide Planning and Policy Council and to the Department. Current or former service recipients and/or members of service recipient families are a vital part of the membership of each council. All levels of this unified planning and policy council system are advisory. Each Council meets quarterly.

## ***Statewide Planning and Policy Council***

The purpose of the TDMHSAS Statewide Planning and Policy Council is to assist in planning a comprehensive array of high-quality prevention, early intervention, treatment, and habilitation services and supports, and to advise the Department on policy, budget requests, and developing and evaluating services and supports (T.C.A. §33-1-401).

Responsibilities of council members include advising the Commissioner regarding plans and policies to be followed in the service system and the operation of the Department's programs and facilities; providing recommendations to the General Assembly regarding legislation and appropriations for such programs and facilities; and publicizing generally the situation and needs of persons living with mental illness, SED, SUDs, and their families. With the Commissioner, the TDMHSAS Statewide Planning and Policy Council also reports annually to the Governor on the service system, including the Department's programs, services, supports, and facilities.

The TDMHSAS Statewide Planning and Policy Council is made up of mental health and substance abuse services consumers, family members, providers, advocates, and other stakeholders in Tennessee. It is a large, active, independent body. In FY 2023, 12 council members were appointed or reappointed. The Statewide Planning and Policy Council achieved a quorum at each one of its quarterly meetings and actively sought to advise the Department concerning the needs of the communities served by its membership. In FY 2023, an average of 69 individuals participated in each of the quarterly meetings. Council committees (Adult Committee, Children's Committee, Executive Committee, Legislative Committee, and Planning and Budget Committee) met a total of 16 times during the fiscal year.

## ***Regional Planning and Policy Councils***

The purpose of the Regional Planning and Policy Councils is to advise the TDMHSAS Statewide Planning and Policy Council on the Three-Year Plan, including the desirable array of prevention, early intervention, and treatment services and supports for service recipients and their families, and such other matters as the

Commissioner or the TDMHSAS Statewide Planning and Policy Council may request and provide information and advice to the Department on policy, formulation of budget requests, and development and evaluation of services and supports (TCA §33-2-202).

The Regional Planning and Policy Councils provide citizen participation in policy planning, and are representative of service recipients and their families, advocates for children, adults, the elderly, service providers, agencies, and other affected persons and organizations (T.C.A. §33-2-203). To achieve inter-related communication and work among and between councils, the Chairs and Vice-Chairs of each Regional Council serves on the TDMHSAS Statewide Planning and Policy Council.

A Needs Assessment is conducted annually by the Regional Planning and Policy Councils to assist the Department with planning for resource allocation. Prioritized needs are shared with TDMHSAS staff to inform the development of strategies for the Three-Year Plan and report progress annually. In addition to the Needs Assessment, the Regional 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.

Regional Planning and Policy Councils are kept informed about Department activities through the monthly Executive Staff Report, in-person reporting at each quarterly Regional Planning and Policy 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, technical assistance regarding resources and the use of data in the Needs Assessment process were provided to representatives from the Regional and Statewide Councils in the first two months of calendar year 2023. The Office of Planning produces a Grants Finder Resource 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. TDMHSAS ensures that the most relevant needs are prioritized by asking the Statewide and Regional Planning and Policy Councils to complete an annual Needs Assessment. Each Spring, the seven (7) Regional Planning and Policy Councils as well as the Statewide Planning and Policy Council's Committees (Adult, Children's, and Consumer Advisory Board (CAB)) work independently to identify and prioritize up to three (3) mental health and three (3) substance abuse needs. Each identified need is supported by data and is submitted to the Department. Information from each Statewide Committee and Regional Planning and Policy



Council is gathered, and a Needs Assessment summary is compiled. This summary is then shared with TDMHSAS leadership and assists in the development of the Department's Three-Year Plan.

The Needs Assessment process creates a data-informed method for the Statewide and Regional Planning and Policy 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 meet identified needs more effectively and efficiently. 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, SAMHSA strategic initiatives, data from statewide Needs Assessments, and funding availability. During FY 2023, the Office of Research updated a variety of interactive dashboards on the Fast Facts Portal that were first developed in FY 2018. This portal, which provides budget information as well as an overview of key statistics concerning TDMHSAS-funded mental health and substance abuse services, is particularly helpful to the Statewide and Regional Planning and Policy Councils in identifying needs throughout the state. The Fast Facts Portal is available on the TDMHSAS website at [TN.gov/behavioral-health/research/fast-facts](https://www.tn.gov/behavioral-health/research/fast-facts).

# Accomplishments, Activities, and Initiatives

## Division of Administrative and Regulatory Services

The Division of Administrative and Regulatory Services (DARS) encompasses the Offices of Licensure, Subrecipient Monitoring, Research, and General Services. The DARS oversees a wide array of TDMHSAS' critical regulatory and business operations. It also coordinates IT and fiscal services with the Division of IT, Division of Fiscal Services, and the TDMHSAS Budget Office.

The Office of Subrecipient Monitoring (OSM) develops the Department's annual Subrecipient Monitoring Plan for submission to the State's Central Procurement Office. In FY 2023, the OSM fiscal monitors reviewed more than 348 contracts within 87 agencies. OSM continues to provide one-on-one technical assistance to subrecipient agencies. In FY 2023, the OSM provided technical assistance to 96 agencies and regularly participated in the Division of Substance Abuse Services' (DSAS') training sessions. OSM also remains the Department's liaison with the Tennessee Comptroller of the Treasury and is charged with conducting fraud, waste, and abuse investigations on behalf of the Department.

The Office of Licensure currently licenses 1,861 personal support, mental health, and substance abuse treatment sites across Tennessee. These 1,861 licensed sites are operated by 1,056 unique organizations. In

FY 2023, the Office of Licensure performed 2,164 licensing oversight visits. An “oversight visit” is an on-site inspection or investigation or a virtual off-site inspection. Additionally, Licensure saw an increase in its budgeted personnel in FY 2023 and created an Investigations Unit. The creation of this unit has allowed for segregation of duties within the field-based roles with staff performing inspection-related or investigation-related work but not both. This has assisted in establishing increased individual expertise in specific focus areas. In FY 2023, Licensure fielded 3,452 complaints, which resulted in 2,693 incident investigations. Finally, Licensure administratively facilitated the placement of four (4) individuals on the State of Tennessee Vulnerable Adult Abuse Registry for their abuse, neglect, and/or misappropriation of a vulnerable person in FY 2023.

The Office of Research supports the Department’s mission by collecting, analyzing, and disseminating data in collaboration with customers to maintain dashboards, evaluate programs and services, and to develop an array of quality data products to inform mental health and substance abuse service needs, utilization, outcomes, and impact. This office is also responsible for 16 data products located on the State’s website.

## Division of Mental Health Services

The 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 disorder (COD), and/or serious emotional disturbance (SED). DMHS creates, expands, and oversees community-based programs and community support services including affordable housing programs; homelessness prevention services; a full continuum of 24-hour crisis services; wellness and recovery services; peer recovery services; supported employment services; suicide prevention services; geriatric services/Pre-admission Screening and Resident Review (PASRR) services; disaster emergency services; and a comprehensive System of Care-based child, youth, and family supports services. All program services are delivered via a network of mental health providers from grant contracts to mental health services agencies in the community.

Community mental health providers (CMHPs) were grateful for the provider rate increases added to their current grant contracts in FY 2023. There was more than \$8.2 million in state recurring funds added to CMHPs for this purpose. The DMHS reached out to forty-nine (49) providers and asked for their input where funding was needed most. Providers submitted feedback on how to allocate funds to have the highest impact on cost of living increases to the community mental health services’ workforce. The funds also supported increases to Behavioral Health Safety Net (BHSN) rates. The DMHS also increased MHBG funding by \$1.3 million using a similar method. Pay rates for more than 1,400 direct service positions were increased because of these provider rate funds.

## 988 Suicide and Crisis Lifeline and Statewide Crisis Line

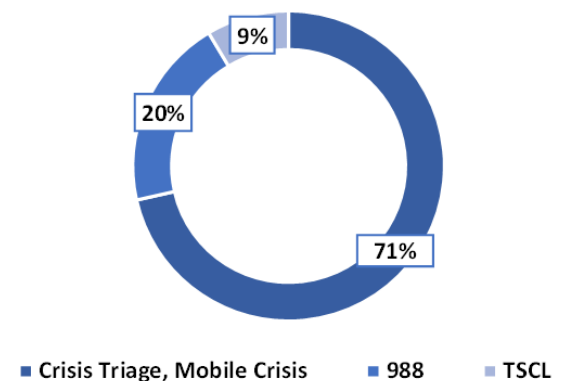
The 988 Suicide and Crisis Lifeline, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and nationally administered by Vibrant Emotional Health, celebrated its first anniversary on July 16, 2023. There are now seven (7) 988 Suicide and Crisis Lifeline providers in Tennessee. As of FY 2023, all 95 counties have both a primary and backup provider for all 988 calls. Chat and text services are also offered 24/7/365 by Tennessee-based providers as we continue to build capacity over the grant period.

Also, during FY 2023, TDMHSAS moved into the second year of our SAMHSA 988 Cooperative Agreement to continue to build out Tennessee's 988 infrastructure. While the primary goal of this grant is to promote a minimum of 90% in-state crisis call answer rate, the secondary goal is to build out an infrastructure for crisis chats and texts. This two-year award also funded a 988 Project Director position at TDMHSAS to provide oversight of Tennessee's 988 system. TDMHSAS was also awarded a Supplement to the SAMHSA 988 Cooperative Agreement, which increased capacity for chat/text, start-up funds for marketing and will allow our evaluation provider to research staff training and retention needs. Additionally, TDMHSAS is allocating the MHBG Crisis Set Aside funding to support the 988 Suicide and Crisis Lifeline infrastructure to increase capacity/staffing to allow for an increased in-state crisis call answer rate.

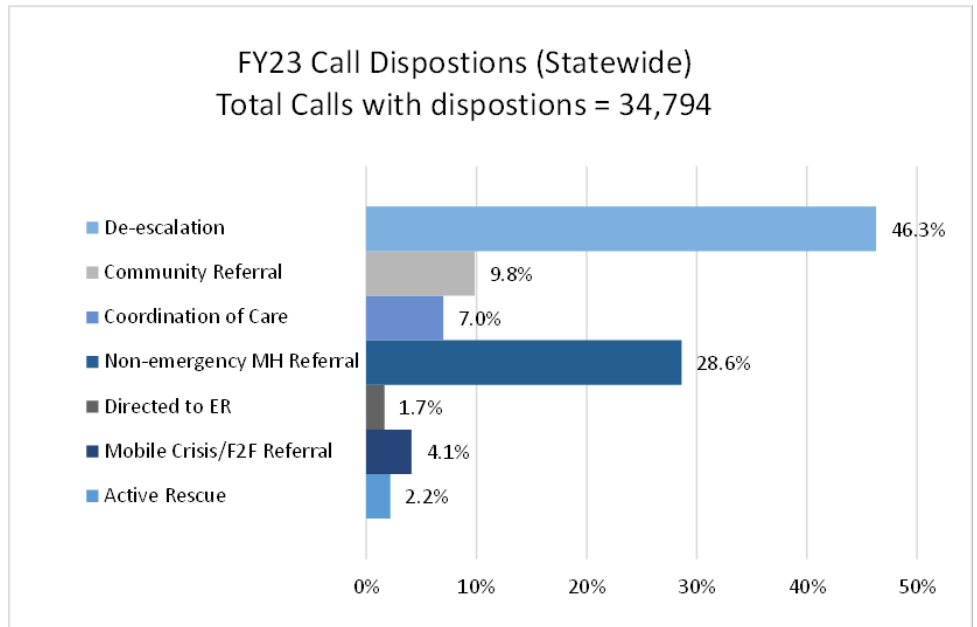
Through the agency level community-based provider Crisis Triage lines, the Tennessee Statewide Crisis Line (TSCL) and 988 Suicide and Crisis Lifeline, providers handled 175,662 total calls. Of the total crisis calls handled, 35,038 were through the 988 Suicide and Crisis Lifeline/988 implementation grant, 15,066 calls were through the TSCL, and 125,558 were handled by Crisis Triage/Mobile Crisis providers. Of the total calls handled through the Crisis Triage/Mobile Crisis providers and the TSCL, 80% of calls were regarding adults in crisis and 20% for children and youth. Further, 53% were resolved by phone without the need for a face-to-face (F2F) crisis assessment. Types of resolution include referral for outpatient services, coordination of care with existing providers, and de-escalation.

Through the 988 Suicide and Crisis Lifeline grant, providers reported additional detail around dispositions of the 988 crisis calls. All callers receive a risk assessment to determine appropriate intervention. Most of the calls (46%) were de-escalated, in that the person in crisis was stabilized through supportive listening, 29% of callers received a non-emergency mental health referral, 4% required a mobile F2F crisis assessment, and 2% required police/emergency medical services (EMS).

Tennessee's Crisis Continuum: "Front Doors"



Crisis providers across all lines have reported an increase in complex calls which require more time to resolve. Some examples given include past-trauma, increased anxiety and/or depression, and third-party calls. While these calls likely result in a disposition of de-escalation or non-mental health referral, they often require more time on the phone with the person in crisis than a Mobile Crisis/EMS dispatch.

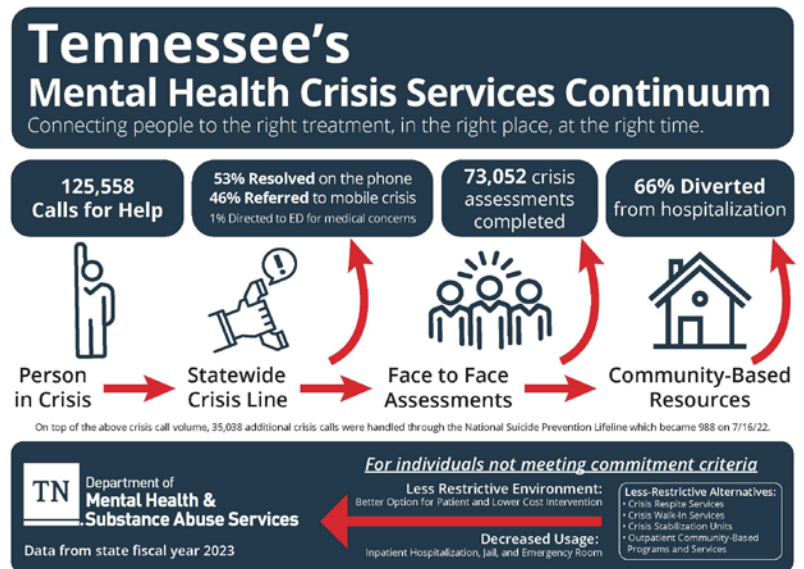


Of the 140,624 crisis calls received through Crisis Triage and the TSCL, 59.6% were diverted from inpatient hospitalization, and 44% were referred to Mobile Crisis for a F2F assessment, with 55% being resolved by phone.

### Crisis Continuum

Mobile Crisis Services are available to all Tennesseans, regardless of payor. However, most individuals receiving F2F crisis assessments are insured through TennCare (45%) or are uninsured (35%). Other types of payors identified include commercial insurance, Medicare, and Veterans Affairs (VA) benefits. Most assessments (45%) are completed in the emergency department (ED), while 26% are taking place in the Crisis Walk-in Centers (WICs).

During FY 2023, of the 73,052 total F2F crisis assessments, 80% were completed for adults and 20% were completed for children and youth. Of the total F2F crisis assessments, 66% were diverted from inpatient treatment and referred to alternative care (23 Hours Observation, Crisis Stabilization Unit (CSU), Crisis Respite, or outpatient services). During FY 2023, there were eight (8) Crisis WICs and CSUs across Tennessee, providing crisis assessment, 23-hour observation, crisis stabilization and respite services.



Crisis WICs provide voluntary, 23-hour direct service resources for individuals who would benefit from short-term stabilization in a supervised treatment environment and whose medical needs can be managed safely. The main outcome is to avoid unnecessary hospitalizations for persons whose crisis may resolve with time and observation. In FY 2023 the average length of stay (LOS) in 23-hour observation at a Crisis WIC was 18.6 hours. CSU services are licensed by the state to offer 24/7/365 intensive, short-term stabilization, up to 96 hours (the LOS may be extended by up to 24 hours) if necessary, to assure that adequate arrangements are in place to allow the safe discharge of the service recipient. This service is for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment. In FY 2023, there were 6,602 admissions to the CSUs with an average LOS of 72 hours. There are currently eight (8) CSUs totaling 119 beds. Additional CSU/WIC sites are scheduled to open in FY 2024 and FY 2025 due to American Rescue Plan (ARP) Funds awarded to TDMHSAS, which will result in more individuals diverted from the emergency departments (Eds), jails, and other community locations. These additional four (4) sites, all including a WIC and CSU, will be in Dyer, Henry, Montgomery, and Rutherford counties.

Crisis Respite services are non-hospital, facility-based services, focused on short-term stabilization, up to 72 hours, offering 24/7/365 in support of behavioral health treatment as determined by the crisis services provider. In FY 2023, there were 4,026 individuals who received respite care with an average LOS of 17 hours. Currently, all eight (8) WIC/CSU providers provide crisis respite services.

## ***Suicide Prevention***

TDMHSAS and contracted partners work to prevent suicide through a public health lens using gatekeeper trainings, awareness, and outreach across all 95 counties. Statewide gatekeeper trainings include Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA) for both adults and youth, and other evidence-based prevention trainings. Suicide Prevention efforts also include screenings for suicide risk, enhanced follow-up services for individuals at a heightened risk for suicide as well as suicide specific trainings for educators and healthcare providers. In FY 2023, the gatekeeper trainings reached more than 78,890 educators, more than 356 Pediatric Primary Care providers, and more than 13,509 adults across the state. Additionally, more than 53,000 individuals were screened for suicide risk and connected with appropriate services. One federally funded suicide prevention program, Tennessee Lives Count (TLC)-Connect 2, has produced a reduction in suicidal ideation for those enrolled by nearly 27%. TDMHSAS also developed a new program to increase utilization of the Mental Health America (MHA) online screening tools. Use of this screening tool statewide will result in increased use of mental health and suicide prevention services in Tennessee. In FY 2023, there were more than 53,744 screenings completed because of this program.

Available statewide, suicide prevention program initiatives include gatekeeper trainings, mental health screenings, and enhanced follow-up services for youth and young adults. Training programs are available for students, educators, pediatricians, and the public. These trainings are conducted in multiple formats,



including in-person, virtual, and online video streaming, to ensure wide-ranging access. In FY 2023, there were more than 90,000 individuals trained in youth suicide prevention, risk, and awareness across the state. In addition to trainings, there are screenings, also available statewide, which use evidence-based screening tools to identify heightened risk for suicide. These screenings result in referrals to clinically appropriate care based on the need of the individual's screening results. More than 5,000 individuals received suicide-risk screenings in FY 2023. Enhanced follow-up services are offered by the federally funded TLC-Connect 2 program. This program enrolls individuals ages 10-24 who have experienced a recent mental health crisis. The individuals can receive follow up services, either telephonically or virtually, for up to 30 days, receiving ongoing crisis management planning, care coordination, risk assessment and service linkage. This program has proven very effective in promoting vital service linkage and an overall reduction in suicidal ideation. Participants in the TLC-Connect 2 program exhibit a reduction in suicidal ideation by nearly 30% from the time of enrollment to the time of discharge from the program for the 750 individuals enrolled in this program during this current grant period.

## ***Disaster Management***

The Office of Crisis Services and Suicide Prevention's Disaster Management and Emergency Response team partners with CMHPs in securing crisis counseling services for residents of Tennessee affected by federally declared disasters. Once a disaster has been declared, the Disaster Management team works closely with both the Tennessee Emergency Management Agency (TEMA) and SAMHSA to apply for funding to provide these services. Crisis Counseling Programs (CCPs) are provided by CMHPs and offer a variety of resources to those in the disaster areas. These resources include helpful information to assist individuals as they work through an emotional response to the disaster, mental health related resources available in their community, and frequent check-ins to assess if further assistance is necessary.

During FY 2023, crisis counseling services were provided for two disasters. The Regular Services Program (RSP) for disaster TN 4637, which included tornadoes affecting counties in Middle and West TN, allocated \$1,504,854 in resources to four (4) service providers. Services covered a total of 12 counties which included Cheatham, Davidson, Dickson, Stewart, Sumner, Wilson, Henderson, Lake, Obion, Weakley, Gibson, and Henry. These providers were responsible for creating and disseminating informative materials such as rack cards, postcards, billboards, and social media posts. Throughout this period, the program reached out to more than 4,000 residents for brief educational sessions or supportive contacts, and more than 200 residents received individual or group crisis counseling. For the second disaster declaration, the Immediate Services Program (ISP) TN 4701, addressing severe storms, tornadoes, and straight-line winds, allocated \$384,812 to five (5) service providers. Services were provided in ten (10) counties which included Tipton, Haywood, Hardeman, Hardin, McNairy, Cannon, Macon, Rutherford, Lewis, and Wayne. Providers focused on producing materials such as workbooks for children, rack cards, billboards, social media posts, and community outreach efforts.

## ***Behavioral Health Safety Net (BHSN) and Older Adults***

The Behavioral Health Safety Net (BHSN) is a state-funded program providing essential outpatient mental health services to uninsured Tennesseans ages 18 and older and uninsured/underinsured Tennessee children ages 3 to 17 who meet program eligibility criteria through a network of participating CMHPs. Essential services offered through the BHSN include assessment and evaluation, therapeutic interventions, case management, psychiatric medication management, laboratory tests related to medication management, pharmacy assistance and coordination, and transportation to BHSN services.

In FY 2023, BHSN for Adults served 32,390 unique individuals ages 18 and older. More than 630,000 units of outpatient mental health services were provided, with the most utilized services being psychiatric medication management, case management, and individual therapy. In addition, 61% of BHSN for Adult enrollees received a telehealth service and 15% of all BHSN for Adult services were provided via telehealth. Workforce shortages continued to challenge service delivery this fiscal year. However, when BHSN providers experienced staffing shortages impacting their ability to meet demand, they would communicate clear expectations on wait times, offer referrals to other providers, utilize the existing continuum of care, and prioritize individuals based on need. Strategies BHSN providers are using to recruit staff and increase capacity to serve more BHSN enrollees include increasing pay, retention bonuses, referral bonuses for recruiting new staff, and utilizing telehealth and telephonic options to increase accessibility of services and providers' availability. In February 2023, TDMHSAS increased eight (8) BHSN services rates to align with TennCare's recent rate increase.

In FY 2023, BHSN for Children served 1,317 unique children ages 3-17. More than 12,000 units of service were provided, with the most utilized services being case management, assessment/evaluation services, and individual therapy. Of those children served, 17% enrolled in TennCare/Cover Kids and 53% received at least one telehealth service with 17% of all BHSN for Children services provided via telehealth. In FY 2023, there were 18 full-time employed (FTE) BHSN for Children Outreach Coordinators across the state focused on promotion of BHSN for Children. BHSN for Children Outreach Coordinators reported 5,685 combined community and school outreach contacts. Examples of expanded focus through Outreach Coordination this fiscal year has been expanding relationships with immigrant communities, working nights and weekend to provide outreach at various local community fairs and festivals, and connecting with Family Resource Centers (FRCs) through the Tennessee Department of Education (TDOE).

With 140 physical BHSN sites across the state and the successful utilization of telehealth, the statewide BHSN of TN Provider Network of 15 CMHPs can serve eligible adult Tennesseans no matter which county they reside in. Additionally, TDMHSAS and the Tennessee Department of Health (TDOH) have an Interagency Agreement to provide laboratory blood draw services for BHSN enrollees through County Health Departments specifically in counties where adequate coverage for these services is not available through the current statewide contract.

In collaboration with the TDOH, the co-located Mental Health Services at County Health Departments Pilot launched at the Jackson County Health Department (JCHD) with Volunteer Behavioral Health Care System (VBHCS) as the contracted mental health provider. The JCHD was selected for the pilot due to serving a rural community, not having a brick-and-mortar BHSN site and being identified by TDOH as a county health department serving many patients with behavioral health needs. VBHCS was selected as the mental health provider due to Jackson County being in its service area, its telehealth/telephonic service delivery experience, and its willingness to explore new ways to deliver mental health services. This pilot project focuses on JCHD providing on-site space for VBHCS staff to serve as a Navigator, funded by TDMHSAS. JCHD refers patients to the Navigator, regardless of the payor source. The Navigator quickly and efficiently coordinates access to behavioral health treatment for individuals receiving physical health care at JCHD. Space provided by JCHD allows for telehealth/telephonic service delivery. Between March 2023 and July 2023, 82 referrals were made to VCBHS from JCHD, with 45 of those individuals completing an intake to begin mental health services.

In FY 2023, the Older Adults Program (OAP) contracted with six (6) CMHPs. Combined, the six (6) contracted agencies enabled TDMHSAS to serve 53 counties in Tennessee. The OAP is designed to provide behavioral health care management to individuals over the age of 50 who are not eligible for these services through TennCare or any other funding source. Care management services may include collaboration with other health care providers, community outreach providing older adult-related behavioral health education on healthy aging best practices, and older adult mental health concerns in the local community healthy aging education, depression screening assessments, in-home therapy via telehealth or face-to-face visits for older adults with limited mobility, person-centered advocacy, and referral/linkage to community resources like respite care and other supportive health services for older adults, their families, and caregivers.

Older adult care management services were provided to 609 unduplicated individuals in FY 2023. OAP providers routinely present to local health councils, pharmacists, legal aid organizations, senior centers, councils on aging, faith-based communities, and local community centers. The Older Adults Program enables CMHP staff consultation from Area Agencies on Aging & Disability (AAADs), dementia care specialists, certified peer recovery specialists, regional health departments and Adult Protective Services (APS), when needed. The OAP may also provide coordination with primary care providers, as well as regular interval consultations with psychiatric nurse practitioners (NPs), psychiatrists, and other care management service organizations.

In FY 2023, the Office of BHSN and Older Adults continued to fulfill the Department's Interagency Agreement with the Division of TennCare. This partnership executes the federal mandate for the state's mental health authority to finalize all Level II Preadmission Screening and Resident Review (PASRR) determinations for residents/applicants of Medicaid-certified nursing facilities in Tennessee. These reviews ensure residents with SMI diagnoses and related conditions are appropriately placed in the most independent setting and receive specialized mental health services as part of their plan of care. In FY 2023, the Office of BHSN and Older Adults reviewed and finalized 5,846 Level II PASRR evaluations.

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

TDMHSAS operates a Helpline via phone and email staffed by Peer Advocates who help callers in need of mental health and substance abuse resources in their area, questions about insurance, housing options, the Certified Peer Recovery Specialist (CPRS) program, or need help filing a complaint. In FY 2023, the advocates addressed 3,608 cases, which were received by phone, email, licensure staff, state legislators, and the Governor's Office. The Helpline Peer Advocates provide resources, referrals, ombudsman services, and assistance with complaints.

In FY 2023, TDMHSAS funded 45 Peer Support Centers in Tennessee where CPRS provided peer support and recovery assistance to 7,209 individuals who live with SMI. The Peer Recovery Call Center, operated in East Tennessee by the Mental Health Association of East Tennessee (MHAET), received, or made 5,235 calls helping Tennesseans seeking mental health resources and support. The Office of Consumer Affairs and Peer Recovery Services also continued its partnership with the Tennessee Department of Correction (TDOC), resulting in six (6) 40-hour trainings for 61 qualified inmates to become CPRSs and provide peer support to their fellow inmates during their incarceration. In addition, workforce development opportunities were also provided to 578 peers through the standard CPRS training as well as workshops offered at the annual CPRS Conference.

In FY 2023, TDMHSAS contracted with the Tennessee Mental Health Consumers' Association (TMHCA) to provide peer support services in the state's CSUs via CPRSs through the CSU Peer Link program. The program is designed to reduce repeat use of crisis services, increase continuity of care, and help individuals move forward in their recovery. The CSU Peer Link program served 219 individuals at the CSUs in Cookeville, Chattanooga, Jackson, Johnson City, Knoxville, Memphis, and Nashville, providing peer support services that included developing a recovery plan and providing follow-up care after discharge.

The Department also served as the liaison to TMHCA's RMHI Peer Engagement Project. The Project, which is funded primarily through the Victims of Crime Act (VOCA) in partnership with the Office of Criminal Justice Programs (OCJP), empowered eight (8) of TMHCA's CPRSs to provide peer support services to 1,354 patients from the state's four (4) RMHIs. Through this project, CPRSs shared their personal stories of recovery with the patients, introduced the evidence-based practice of creating a Wellness Recovery Action Plan (WRAP), and provided peer support services after discharge to 87 individuals. There were 1,264 Certified Peer Recovery Specialists in the state of Tennessee in FY 2023 providing peer support services throughout the behavioral health system.

Lastly, the Department continued its partnership with NAMI Tennessee, wrapping up a three-year grant from the U.S. Department of Justice's (DOJ) Bureau of Justice Assistance to expand Crisis Intervention Team (CIT) programs in eight (8) rural counties: Sumner, Wilson, Smith, DeKalb, White, Putnam, Overton, and Cumberland. TDMHSAS also funds CIT statewide with MHBG funds to help maintain the statewide CIT in TN

Task Force, expand CIT to other counties, implement effective community strategies to better serve individuals in psychiatric crisis, safely reduce the prevalence of individuals with behavioral health needs in local jails, reduce costs related to prosecution and incarceration, and improve public safety. In FY 2023, 621 law enforcement officers and other first responders were trained in CIT.

## ***Housing and Homeless Services***

TDMHSAS continues to progress its charge to sustain and enhance the delivery of housing and homeless services, both qualitatively and quantitatively.



*Above: Director of Housing and Homeless Services, Neru Gobin, helps cut the ribbon to mark the opening of a new permanent supportive housing residence funded by the Creating Affordable Housing grant, August 2022*

The flagship program of TDMHSAS' Housing and Homeless Services, the Creating Homes Initiative (CHI), 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 CODs. The CHI implements an effective model of fostering assertive and strategic partnerships to leverage resources to achieve its goal. This effort is led by community-based Regional Housing Facilitators who are "hands on" community-based collaborators to help to identify needs, lend expertise, share knowledge, and support grant writing efforts.



Over the years, the CHI has seen great success in the creation of new affordable housing opportunities for the targeted population, including the expansion to CHI 2.0 to dedicate efforts toward the development of new safe, quality, and affordable permanent supportive housing options for Tennesseans living with SUD, including opioid use disorder (OUD) and CHI 3.0, which focuses efforts on the creation of new, safe, quality, and affordable permanent supportive housing for Tennesseans with mental illness and/or SUD who are re-entering the community from prisons and jails or have a history of incarceration. During FY 2023, the Office of Housing and Homeless Services released three (3) concurrent Announcements of Funding (AOF), including those for the CHI 3.0, CHI 2.0, and Creating Affordable Housing (CAH) grants, to solicit competitive applications to establish essential new affordable permanent supportive housing for the Department's targeted population. In total, the Regional Housing Facilitators (RHF) led collaborative efforts and fostered effective and productive partnerships with various state, local, and federal entities to leverage over \$188 million to create over 2,300 affordable housing opportunities in FY 2023. The CHI reached a major milestone during FY 2023, as it surpassed the \$1 billion mark in leveraged funds. Since its inception, the CHI has leveraged over \$1.2 billion in federal, state, local, and private funds to create more than 34,700 affordable housing opportunities across Tennessee.

Intensive Long-term Support (ILS) is a program that utilizes the Permanent Supportive Housing evidence-based practices model and is designed to provide quality, affordable housing with enhanced wrap-around support services to individuals discharging from the state's RMHIs. During FY 2023, the TDMHSAS continued its work and efforts to ensure the infrastructural development of two (2) new ILS residential facilities move toward completion with quality and structural integrity set as the highest priority, to ultimately benefit new residents exiting the RMHIs who otherwise would not have an opportunity to reside in the community with the level of support services needed to reduce the risk of return to psychiatric hospitalization.

TDMHSAS has continued to strengthen its efforts to impact homelessness with SSI/SSDI Outreach, Access, and Recovery (SOAR), a national program that utilizes an evidence-based practice model designed to increase access to the Social Security Administration's disability income benefit programs for eligible individuals who are experiencing or are at risk of homelessness and have a Serious and Persistent Mental Illness (SPMI) or CODs. Tennessee consistently ranks among the top ten states in the nation for SOAR outcomes, particularly in application approval ratings, and in FY 2023 Tennessee ranked #1 in the nation, as confirmed by SAMHSA (<https://soarworks.samhsa.gov/article/2023-national-soar-outcomes>).

## ***Supported Employment***

Individual Placement and Support (IPS) supported employment is an evidence-based program designed to help individuals living with behavioral health conditions return to and maintain jobs of their choosing. The program is delivered through a partnership between TDMHSAS and the Tennessee Department of Human Services' Division of Vocational Rehabilitation (TDHS-VR). IPS is offered in 26 states as well as seven (7) countries out of the United States. Currently, there are 28 randomized control studies which highlight the

program's effectiveness. Supported Employment programs help individuals with obtaining employment, and once employed, provide supports to assist with maintaining this employment. IPS is offered in 52 counties in Tennessee, 39 of which are rural. IPS services are provided in all TDHS-VR and TDMHSAS regions across the state. In FY 2023, 1,298 job seekers were supported by IPS teams across the state and 50% of those found employment. Of those who began working, 47% were employed for 90 days or more. These data are consistent with the national average for IPS teams which so far this year is at a 45% competitive employment rate.

TDMHSAS began promoting the IPS supported employment model in 2013 with just four (4) IPS teams. Currently, there are 36 IPS teams across the state from Johnson City to Memphis. With the help of Governor Lee and the TNGA, and in partnership with DHS-VR, IPS was expanded significantly increasing capacity and access to IPS services statewide. Over 50 direct support positions were added, leading to an additional 210 individuals served within seven (7) months of contract execution and allowing for 900 additional people to be supported with an education or employment goal annually. Two additional Statewide IPS Trainers were added to increase provider access to training and technical assistance to ensure fidelity to evidence based IPS model. In FY 2023, TDMHSAS also created the IPS Benefits Counselors program to provide personalized benefits counseling to individuals served by an IPS program in Middle and West Tennessee as they prepare to and do find employment.

### ***Peer Wellness***

The My Health, My Choice, My Life (MHMCML) Peer Wellness Initiative is a peer-led health and wellness program comprised of seven (7) Peer Wellness Coaches (PWCs) and a Statewide PWC and Trainer. The PWCs facilitate evidence-based health and wellness programs within CMHPs throughout the state and provide one-on-one peer wellness coaching. Currently, Peer Wellness Coaching is offered in 27 counties, 17 of which are rural. In FY 2023, through workshops and one-on-one coaching, PWCs helped 1,003 clients with their health and wellness goals. A total of 85% of those surveyed reported an increase in healthy eating, physical activity, or improved self-management behaviors. Additionally, 1,543 health and wellness activities outside of the evidence-based workshops were facilitated by the PWCs.

### ***Children, Young Adults, and Families***

The Office of Children, Young Adults, and Families (OCYAF) continues to see growth in the number of programs offered by the office as well as increases in funding. The continued increase in funding demonstrates the ongoing commitment of the TNGA and Governor Bill Lee to the mental health and well-being of the children, youth, young adults, and families across Tennessee. OCYAF contracts with community providers to provide the most complete continuum of care possible, for individuals ages 0-30. Services and supports that complete the continuum and that are not directly funded by OCYAF are partnered with through other TDMHSAS offices, departments, and community providers.

OCYAF operates under the System of Care (SOC) philosophy, which seeks to ensure that child-serving agencies partner with parents and caregivers and ensure the presence of the family and youth voice in the services and supports they offer. Services need to be based in the community, where children and families live and work, and services need to be tailored to the family's culture. The System of Care Across Tennessee (SOCAT) program provides High-Fidelity Wraparound (HFW), an evidence-based Intensive Care Coordination model, available in all 95 counties. The SOCAT program is funded by federal SAMHSA grant funds and from an interagency agreement with the TDHS using Temporary Assistance for Needy Families (TANF) funds. In FY 2023, there were 32 SOCAT teams who served 445 families across the state. The top three (3) referral reasons for SOCAT children and youth are behavioral concerns, conduct/delinquency related behaviors, and hyperactive and attention-related behaviors. SOCAT teams have been able to successfully keep 92% of children, youth, and young adults in their homes with their families.

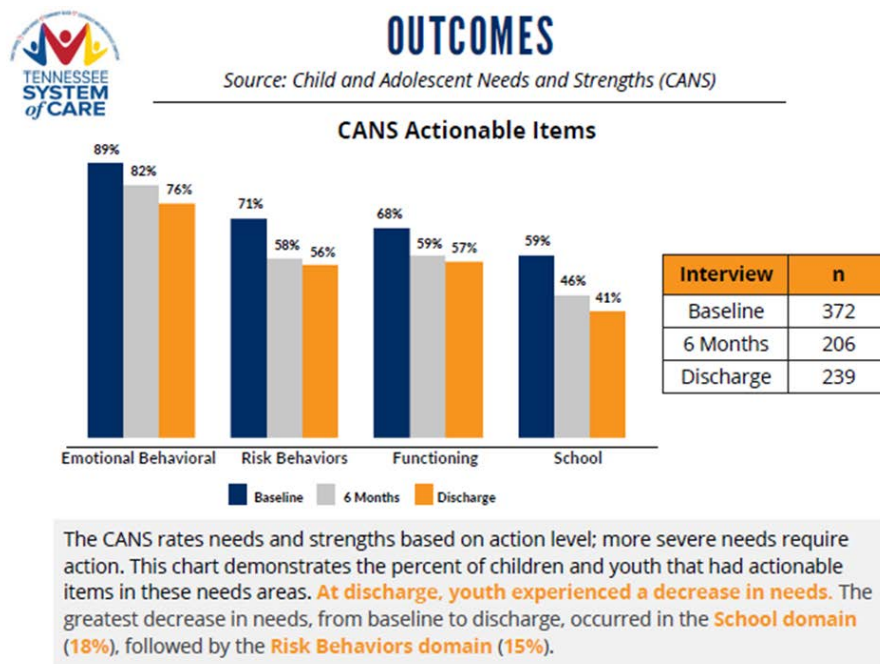


Figure 1: SOCAT-TANF Semi Annual Report Apr 21-Jun 23; Don Walker, Office of Research

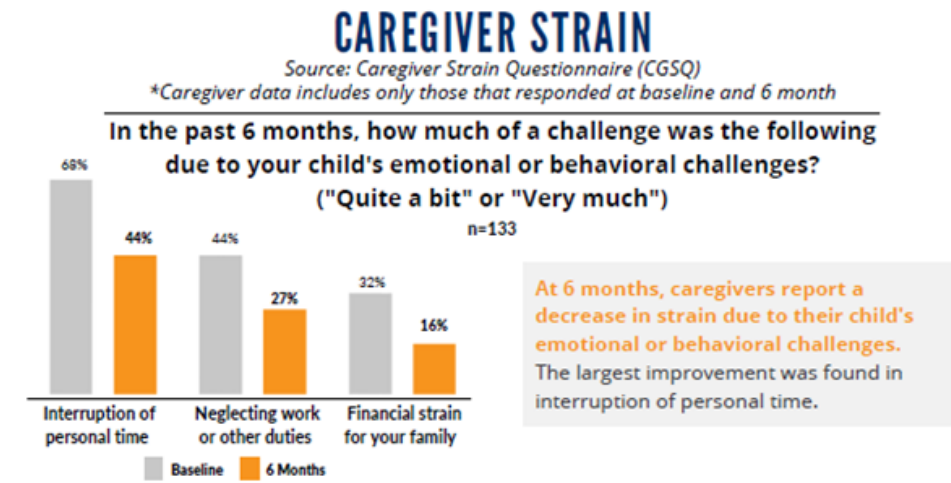


Figure 2: SOCAT-TANF Semi Annual Report Apr 21-Jun 23; Don Walker, Office of Research

Early Childhood Initiatives: The Regional Intervention Program (RIP) is funded by TDMHSAS and is a parent-implemented, professionally supported program for families with young children experiencing challenging behaviors. The program equips parents with tools 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 later in life. In FY 2023, 327 target children and 42 siblings from 276 families were served by RIP and an estimated 490 parents were provided support and education, with graduating families attaining family-specified treatment objectives. This is an increase of 5.5% over FY 2022, despite the official closure of two (2) inoperable sites, demonstrating the need for early intervention programming. During FY 2023, RIP continued in service of renewed revenue contracts with two (2) RIP-certified sites outside of Tennessee: Chula Vista Elementary School District in California and St. Luke's Community Hospital in Cedar Rapids, Iowa. These sites raise the profile of this award-winning program, unique to TDMHSAS.

Additionally, RIP continues to provide trainings as requested to the early childhood community. FY 2023 saw continued increased requests for training. All RIP community trainings are approved by the Tennessee Department of Human Services (TDHS) for continuing education credit for Early Childhood Professionals. In FY 2023, 2,098 adults received training in RIP strategies, theories, and programming, a greater than 250% increase over FY 2022. Challenging behavior continues to be the leading requested training amongst early childhood professionals in Tennessee, and RIP staff delivering these presentations across the state assists in addressing this need.

School-based Services: Since 1985, TDMHSAS has funded school-based services in Tennessee. In the past fiscal year, these services have been enhanced and expanded. Agencies providing Erase the Stigma, Project Better Attitudes and Skills in Children (B.A.S.I.C.), School-Based Behavioral Health Liaisons (SBBHLs), Project AWARE, Planned Respite, Respite Voucher, and Violence & Bullying Prevention programs utilized their grant

funds to strengthen and increase service provision within schools. In FY 2023, TDMHSAS leveraged additional state funding to support 45 additional SBBHLs to total 159.5 FTE SBBHLs statewide, as well as adding six (6) regional SBBHL Technical Assistance Coordinators. The BSCA supplemental MHBG funds enhanced services and supports to children and youth living with serious emotional disturbances (SED). In FY 2023, BSCA funds allowed an expansion in the Project B.A.S.I.C. program by creating a Regional North Central Project B.A.S.I.C. coordinator position and adding six (6) additional counties to receive a Project B.A.S.I.C. site. Thus, the grant’s targeted populations are now receiving services in 56 counties with Project B.A.S.I.C and all 95 counties with the SBBHL program. In FY 2023, 25,931 youth received behavioral health services and supports such as screening, individualized classroom consultation, and therapeutic interventions in schools through school-based programming. Additionally, the Erase the Stigma program served 15,939 youth. These students received services and supports put in place to decrease the stigma around mental health issues and increase mental health awareness.

Young Adults: The First Episode Psychosis Initiative (FEPI) OnTrackTN is primarily funded through an appropriation in which Congress allocated additional funds to the MHBG to support “evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders.” In FY 2023, TDMHSAS, in collaboration with Vanderbilt’s Statewide Trainer and Consultant, offered and/or coordinated multiple training opportunities to OnTrackTN sites including: Multi-Family Groups Therapy training to enhance family involvement in services; implementation of the OnTrack model for new staff; and Cognitive Behavioral Therapy (CBT) for psychosis. In FY 2023, the FEPI program provided services to a total of 232 youth and young adults. Additionally, the FEPI program received expanded funding using MHBG ARPA funds and BSCA funds.

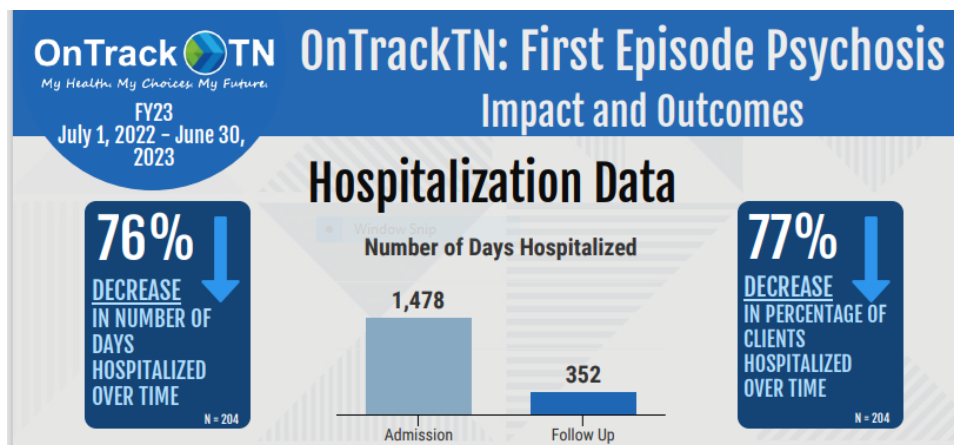


Figure 3: First Episode Psychosis Annual Evaluation, 7/1/22-6/30/23; Megan Merriman, Office of Research

In FY 2023, work continued with the Tennessee Healthy Transitions: Improving Life Trajectories (HT-ILT) Initiative, which is a five-year, \$5 million discretionary grant that was awarded to TDMHSAS by SAMHSA in March 2019. The purpose of the HT-ILT is to assist Tennessee youth and young adults ages 16-25 with SMI or COD, with a particular focus on co-occurring mental health and intellectual and development disabilities (IDD),



in order to maximize their potential to assume adult roles and responsibilities and lead full and productive lives. Services and supports include outreach, care coordination utilizing the Transition to Independence Process (TIP) model, Supported Employment and Education using the IPS model, and peer support services. Additionally, a Certified Young Adult Peer Support Specialist (CYAPSS) is embedded within the mobile crisis system at a local site providing short-term peer support services as well as linkage and referral services to youth and young adults. In FY 2023, HT-ILT sites served a total of 85 youth/young adults.

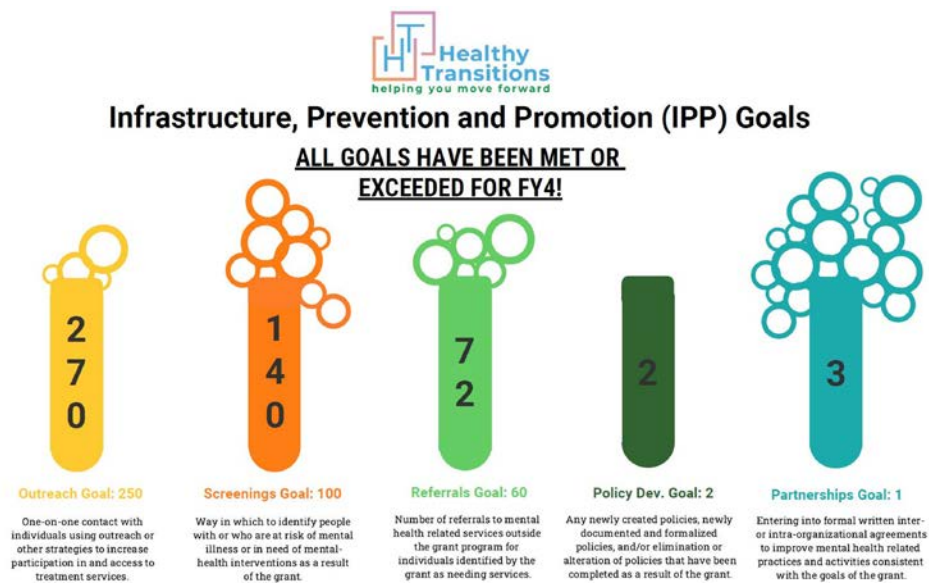
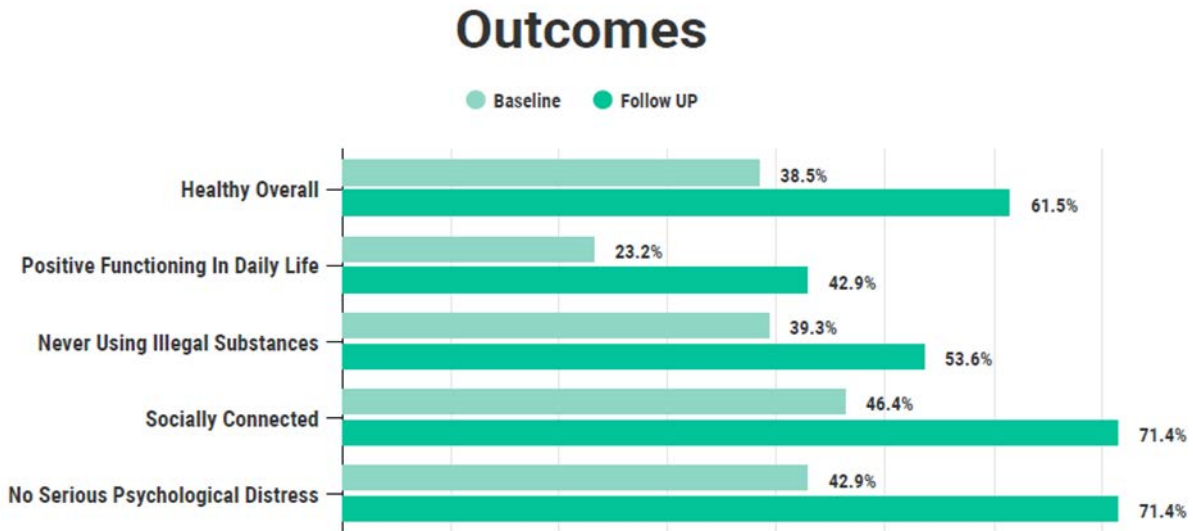


Figure 4: Healthy Transitions Report, 08/15/23; Megan Merriman, Office of Research

The Statewide Young Adult Leadership Council (YALC) was developed through HT-ILT and consists of youth and young adults who have lived experience with mental health disorders, substance abuse, and/or involvement with child and adult systems. In collaboration with TN Voices (TNV), the Statewide YALC met at least monthly in FY 2023 and participated in ongoing activities to ensure that youth and young adult voices and input are included at the state level.

In FY 2022, TDMHSAS was awarded a second, four-year, \$1.6 million discretionary Clinical High Risk for Psychosis (CHR-P 2.0) grant by SAMHSA. CHR-P 2.0 began implementation in FY 2023. The goal of the CHR-P 2.0 is to assist Shelby County youth and young adults ages 12 to 25 who are at clinical high risk for developing psychosis to improve symptomatic and behavioral functioning; delay or prevent the onset of psychosis; and minimize the duration of untreated psychosis enabling them to resume age-appropriate social, academic, and/or vocational activities. This goal will be accomplished through the development of a stepped-model of care that ensures easy access to evidence-based services and supports for youth, young adults, and their families.

The growth in number and reach of certified peer programs working with young adults and families continued in FY 2023. The Certified Young Adult Peer Support Specialist program for young people age 18-30 trained 49 individuals and fully certified 25 peers during the year. The Certified Family Support Specialist Program (CFSS) for family members with experience of supporting a loved one had 156 active and employed peers in FY 2023.

### ***COVID Grant Programs***

TDMHSAS has received multiple sources of pandemic-related funding that have been used to enhance and augment available mental health services statewide.

In March 2021, SAMSHA awarded \$15.7 million as the first round of supplemental MHBG funding for COVID Relief. There were 35 grantees supported by these supplemental MHBG funds starting in FY 2022. There was a second round of supplemental MHBG funds awarded in September 2021 totaling \$27.2 million from the ARPA. The APRA funds were used to continue the work of the same grantees funded as part of the COVID Relief supplemental funds. Overall, the two rounds of supplemental funds will provide support through FY 2025 for these mental health services agencies. Mental health providers for this grant served over 39,000 Tennesseans with the grant's funds across all of the 95 counties in FY 2022 as well as an additional 69,000 in FY 2023.

SAMHSA also awarded \$938,000 in ARPA grant funding for COVID-19 mitigation efforts within community mental health centers. Allocations were made based on their number of physical BHSN sites where outpatient behavioral health services are available to those who are uninsured. Mitigation funds are primarily used to support maintaining healthy environments and expanding workforce to implement COVID-response services for those connected to the behavioral health system. Mitigation funds also support training and technical assistance to the community mental centers workforce through a partnership with the TAMHO. These funds will be available through FY 2025.

TDMHSAS received \$41 million from the Tennessee Department of Finance & Administration (F&A) in FY 2023 to implement awarded projects from Tennessee' Fiscal Recovery Fund via ARPA 2021, U.S. Department of the Treasury funds to support the creation of four (4) new crisis walk-in centers/crisis stabilization units and two

(2) additional mobile health units. These projects are discussed throughout this report but are the result of COVID related funding.

## Office of Juvenile Justice

During FY 2023, TDMHSAS, in partnership with the Tennessee Department of Children's services (DCS), Tennessee Commission on Children and Youth (TCCY), Administrative Office of the Courts (AOC), and juvenile judges and court staff, continued implementation of the Juvenile Justice Reform (JJR) Local Diversion Grants using recurring state funding to impact the area of juvenile justice.

The goals of the JJR Local Diversion Grants are:

- To divert youth in juvenile courts from further penetration into the juvenile justice system using community-based services, rather than commitment to state custody, where treatment through community-based services better addresses the youth's needs.
- To establish, expand, and strengthen partnerships between juvenile courts, community behavioral health providers, child welfare, juvenile justice, education, youth and families, and other key stakeholders to maximize coordination in the diversion of youth from state custody.
- To ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth.
- To measure outcomes in the minimization of commitment of youth to state custody and recidivism in the form of re-arrest.

The six (6) organizations that implement these grants are Carey Counseling Center, Inc., Tennessee Voices (TNV), Youth Villages, Volunteer Behavioral Health Care System (VBHCS), Helen Ross McNabb Center (HRMC), and Frontier Health. The population of focus is youth who have been referred to juvenile court for a delinquent/unruly charge or who have already been adjudicated delinquent/unruly and are at risk of being placed in DCS custody. The array of services that can be provided include care coordination, intensive family therapy, group therapy, peer support, medication management, substance use services, crisis planning, school-based or community-based monitoring, respite services, and/or resource linkage. Referrals are received from juvenile court judges, juvenile court staff, and DCS. During FY 2023, providers were able to serve 1,305 justice involved youth and their families, and that number is expected to continue to rise.

Providers faced a new challenge as referrals increased and waitlists began forming as more justice-involved youth were seeking services. To address this challenge, the Department requested and received a funding

increase during the FY 2023 legislative session. The Governor included an additional \$1.3 million in his budget, and the General Assembly approved this increase in recurring funding. Providers will receive the additional dollars at the beginning of FY 2024.

## Office of Strategic Initiatives

### ***Tennessee Recovery Navigators***

The Tennessee Recovery Navigator Program (TRN) was implemented in June 2018 through the TN Together program. TRNs are individuals in long-term recovery who meet patients in hospital emergency departments (EDs) who have recently overdosed, are in active withdrawal, or are identified as potentially having a SUD and connect them with substance abuse treatment and recovery resources. Since implementation, the program has continued to grow and to serve more individuals each fiscal year. In FY 2023, the TRNs were able to serve 3,730 individuals in EDs across the state, an increase of 672 individuals from the previous fiscal year. This increase can be attributed to the expanded use of telehealth services and the partnership with the TDH which has afforded the opportunity to expand the number of navigators in specific regions of the state. Of the 3,730 individuals served, 66% were connected to some type of treatment or community resource. Additionally, the program began serving 13 additional hospitals bringing the total number of hospitals being served to 56. As the program continues into FY 2024, our goal is to continue to serve more individuals and find more pathways to treatment and recovery resources.

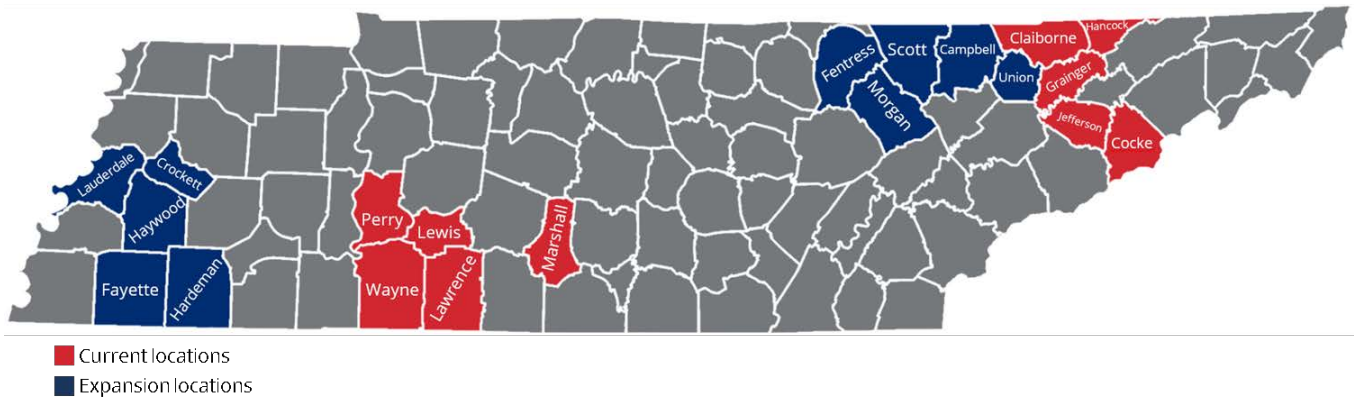
### ***Project Rural Recovery (PRR)***

In FY 2020, TDMHSAS received \$10,000,000 from SAMHSA's Promoting Integration of Primary and Behavioral Health Care grant to implement PRR using two (2) mobile health clinics. In FY 2023, Governor Lee and the TNGA provided ARP dollars to expand PRR's footprint to include two (2) additional mobile health units. The goal of the mobile health clinics is to provide integrated primary and behavioral healthcare to adults and children in their respective communities; improving access to coordinated, comprehensive care. The project will also create and implement statewide policy changes that build a reimbursement structure to further support mobile access strategies.

Buffalo Valley, Inc. and McNabb Center were the original two (2) providers contracted to implement and operate the mobile health clinics in ten (10) counties, four (4) of which are rurally distressed. These counties include Perry, Wayne, Lewis, Lawrence, Marshall, Cocke, Hancock, Claiborne, Jefferson, and Grainger. Ridgeview Behavioral Health Services and Pathways Behavioral Health are the new providers implementing integrative mobile healthcare funded through the ARPA funds. Together they add an additional ten (10) counties to those already ten (10) being served. These counties include Fentress, Scott, Campbell, Morgan, Union, Lauderdale, Crockett, Haywood, Fayette, and Hardman.



The map below identifies the locations the mobile health units serve, highlighted in red, with the new counties highlighted in blue. The counties shown in blue are the county of residence for the clients treated by the clinics. It is important to note that many clients may be receiving substance abuse services in one of the counties where the unit is located and access services while in treatment.



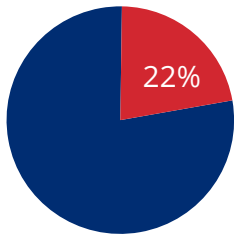
Overall, 3,581 visits were provided to 1,588 clients, averaging 298 visits per month.

Reassessments, which are collected at six-month intervals after the baseline assessment, provide valuable information about improvements clients may experience because of PRR services. Many clients who seek services on the mobile clinic are transient or do not have reliable means of communication. Additionally, many clients do not continue to engage in services once their health need has been addressed. As a result, the number of reassessments successfully collected is relatively small (between 60 and 95 depending on the question).

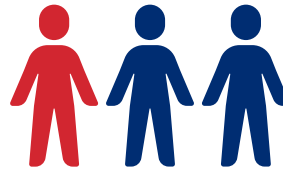
Clients completing the reassessment have reported improvement in almost every area measured, from nights spent homeless to a sense of belonging in the community. Additionally, 62% have experienced an improvement in their blood pressure.



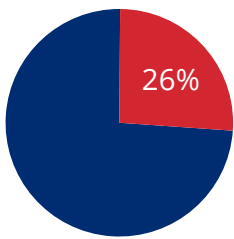
During Year Three, we added five (5) questions to the assessment focused on previous care, care alternatives, and travel time. Because we ask these questions at baseline, we can learn more about the potential effects of providing care on the bus without depending on clients completing follow-up interviews. From the 205 responses we received, we learned:



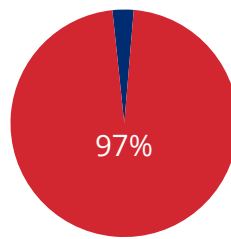
**Over 1 in 5** either hasn't been to a primary care physician in over five (5) years or has never seen one.



**Nearly 1 in 3 (31%)** said they would not have received any care if the mobile clinic was not available.



**Over 1 in 4** said it would have taken them over 30 minutes to travel had they sought other care.



**97%** said it took them less than 30 minutes to get to the mobile clinic.

The reassessment data is for dates 3/31/2022 – 3/30/2023.

PRR has successfully helped more than 3,000 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.

### ***Medication Assisted Treatment (MAT) in the Emergency Department Pilot***

In November 2021, TDMHSAS partnered with the Tennessee Hospital Association (THA) to pilot with three (3) EDs, one (1) in each Tennessee Grand Division, to explore ED MAT induction for patients with OUD. THA used data on the number of patients presenting with OUD in the EDs to make hospital selections. This led to the University of Tennessee Medical Center Knoxville (UTMCK), Ascension Saint Thomas Rutherford (ASTR), and Jackson-Madison County General Hospital (JMCGH) agreeing to partner with the initiative.

The pilot was created with four (4) initial goals: education of ED staff on the utilization of MAT in the ED setting increasing the number of X-Waivered physicians; facilitating ED initiation of buprenorphine for appropriate

patients; and connection to recovery services using recovery navigators. During FY 2023, the X-Waiver was removed due to federal legislative changes. While this prerequisite to providing patients with prescriptions to bridge the treatment of opioid related withdrawal until they can begin treatment in the outpatient setting is no longer active, the goal of improving patient access to buprenorphine until the outpatient appointment can be obtained and attended, remains. Pivoting to accommodate this change, new data points will be collected in the next fiscal year to capture a more complete picture of the connection to care.

For FY 2023, 191 patients have received buprenorphine in the ED and 397 patients have been provided lifesaving naloxone. With the success of the first pilot, the department has continued to fund the project and will be onboarding an additional three (3) hospitals, bringing the total number of partner hospitals to six (6).

### ***Public Behavioral Health Workforce Recruitment and Outreach Initiative***

In FY 2023, TDMHSAS launched a new program in partnership with the University of Tennessee, School of Social Work Program (UTSW) to expand the pool of behavioral health professionals by providing information about the career opportunities to high school students. The federal grant funding this work was written in response to the Tennessee Public Behavioral Health Workforce Workgroup that TDMHSAS and TennCare convened in June 2021. The Workgroup generated both short-term and long-term strategies to address recruitment and retention issues, one being Pipeline Planning for Public Behavioral Health Careers.

During FY2023, the project reached over 150 students. Of those 150 students, 71% said the education materials increased their knowledge about Behavioral Health Professions, 52% were interested in learning more, and 54% indicated they increased their consideration of a career in behavioral health. All the Project AWARE districts are trained and will be implementing the materials within their established programming to help reach more students in rural areas. Expansion opportunities in the coming year include adding the University of Memphis School of Social Work as an additional partner.

## **Division of Substance Abuse Services**

The DSAS continues to work to leverage federal and state resources, charting a course in meeting Tennesseans where they are. While creating successes during FY 2023, DSAS simultaneously worked toward creating pathways of resiliency, recovery, and independence for individuals affected by substance use, mental health, and CODs. Our vision of service expansion and creating capacity is at the forefront of what we do to serve those in our state most in need.

## ***Continuum of Care and Addiction Recovery Programming***

The Continuum of Care focuses on providing services for adults with an alcohol or drug dependency, or adults with a co-occurring substance use and a psychiatric diagnosis. Services include Outpatient, Intensive Outpatient, Partial Hospitalization, Residential, Social Detox and Medically Monitored Detox, and Halfway Houses. In FY23 there were 11,743 persons served in these capacities. DSAS received \$6M in new recurring state funds in FY23 to increase access to treatment services and an additional \$1M in recurring state funds to increase access to Addiction Recovery Services. The Addiction Recovery Program (ARP) provides recovery support services to service recipients that are recovering from life impairments because of substance use disorder(s) only or co-occurring disorders. These services can include case management, transportation, recovery skills, relapse prevention, and recovery activities.

## ***Addressing Workforce Challenges***

To address workforce recruitment and retention, Governor Lee and the TNGA appropriated state funds to bridge the reimbursement gap between public payor resources for state funded agencies. Substance use prevention and treatment agencies were able to utilize more than \$10.8 million in recurring state funds to support provider rate increases to support workforce recruitment and retention. This increase is essential to attracting and retaining individuals in the public behavioral health field, especially those that focus on unique populations and located in specific geographic locations, such as rural areas.

## ***Expansion of Accountability Courts - Mental Health Courts***

The TNGA enacted the Mental Health Treatment Act of 2022 and appropriated funds for the implementation of new mental health court programs and the continuation of existing mental health court programs in Tennessee. The main goal of this law is to reduce incarceration of justice-involved individuals living with mental health illness by diverting them into judicially supervised, community-based treatment programs and services while promoting public safety. During FY 2023, six (6) mental health courts were implemented for a total of nine (9) across the state. TDMHSAS team members continue to organize and participate in numerous informational and planning meetings with judges across the state related to mental health court planning and implementation.

## ***Northeast Tennessee Residential Recovery Court (NTRRC) Programs***

In FY 2023, DSAS issued an Announcement of Funding (AOF) for Residential Recovery Court Programs for the purpose of providing services to non-violent, justice-involved individuals who are actively participating in a local recovery court, have a greater need for intensive substance abuse and/or co-occurring treatment services and supervision, and have not been successful in recovery court programming in their community. Families Free submitted a proposal on behalf of Judicial leadership in the 1st, 2nd, and 3rd Tennessee Judicial Districts and was awarded Residential Recovery Court grant funds. These Judicial Districts came together with the regional vision of decreasing incarceration rates of individuals with substance use and CODs, and

decreasing the negative impact of substances on individuals, families, and communities. The NTRRC will be comprised of both men's and women's programs. Individuals from the nine-county region of Carter, Johnson, Unicoi, Washington, Sullivan, Greene, Hamblen, Hancock, and Hawkins, will be referred, assessed, and if eligible, admitted to a 12- to 18-month program. The men's program will operate in the Northeast Correctional Complex and the women's program will be housed in Johnson City. The NTRRC has the capacity to provide services for up to 85 non-violent male and 10 non-violent female felony offenders, and offers intensive, co-occurring, trauma-informed treatment, and recovery services. Upon completion of the program, participants transition back into their community recovery court to complete programming. NTRRC will begin accepting participants in Fall 2023.

### ***TN Save a Life Program***

Regional Overdose Prevention Specialists (ROPS) continued their lifesaving work in FY 2023. ROPS are located statewide to provide training and education on drug overdose, overdose prevention, emerging substances, and available resources. They also serve as a point of contact for naloxone and fentanyl test strips (FTS) distribution in their catchment areas. In FY 2023, ROPS distributed more than 177,000 units of naloxone, an increase of 55% compared to the amount of naloxone distributed during the previous fiscal year (more than 114,000 units). Since the program's inception, TDMHSAS has documented at least 66,000 reversals due to distributed Naloxone. In addition, ROPS partnered with more than 2,500 agencies/organizations to provide training, outreach, and resources (naloxone, FTS, and recovery resources). Through the Tennessee Save a Life Program, formal trainings offered through ROPS were provided to DCS, TDOC, Rural Health Association, law enforcement, first responders, K-12 schools, higher education institutions, syringe services providers, substance use treatment and recovery centers, criminal justice providers, mental health and medical providers, civic organizations, and social service agencies. Informal trainings and outreach were offered in a variety of settings including health fairs, resource events, libraries, community centers, local businesses, hotels/motels, encampments of unhoused individuals, jails, and entertainment venues.

### ***Fentanyl Test Strip Education and Distribution***

In March 2022, the Tennessee General Assembly passed, and Governor Lee signed legislation that allowed for the individual use of equipment that detects synthetic opioids, such as fentanyl. The most common of these tools are fentanyl test strips. This low-cost, life-saving tool is now included in the overdose prevention program to support existing efforts to distribute naloxone to people at risk of overdose, and the results have been tremendous. In the first year of this effort, ROPS and community partners distributed more than 126,000 FTS.

TDMHSAS focused on collecting data that would demonstrate life-saving behavior changes and survey questions were modeled after feedback from other Southeastern states and program participants. Eighty-five percent (85%) of survey respondents noted at least one positive behavior change because of using FTS. This

demonstrates the role FTS can play in helping individuals understand the risk they are taking with their drugs, and how this can often lead them to modify their behavior in positive ways. Examples of positive behavior change include having naloxone on hand, didn't use/exchanged, and used less and/or shared results with social network. Tennesseans utilizing FTS showed a higher likelihood to engage in life-saving positive behavior change than a similar study in the Southeast.

Ninety-four percent (94%) of survey respondents felt better able to protect themselves as a result of using FTS. This shows that FTS can help people identify their risk when knowing if there is a presence of fentanyl in their drugs. Tools like this provide another opportunity for service providers to engage individuals and connect to available resources, such as treatment/recovery resources, disease prevention and treatment, and other needs that improve quality of life and health outcomes. FTS have shown that in addition to helping people feel better able to protect themselves, they also can foster trust and engagement with service providers/programs.

### ***Fentanyl, Stimulants, Xylazine, and Other Emerging Drugs***

To assess baseline knowledge and educational needs, providers and engaged citizens were surveyed about questions they received, stories/rumors/myths circulating in their communities, and information they needed on fentanyl, stimulants, and xylazine. Using those responses, presentations were developed in collaboration with a professor at the University of Tennessee's Health Sciences Center, the TDH's Office of Informatics and Analytics, and DSAS. As TDMHSAS received questions from providers, data from TDH, and an increase in public notices from federal partners, a training on xylazine was developed. In addition to a training technical FAQ document, information sheets and an emerging drugs web page was established to ensure Tennessee-specific information was available for xylazine. More than ten (10) training sessions were held throughout the year with more than 1,500 individuals trained at the end of FY 2023. Trainings continue to be offered quarterly, and as needed, directly to the community. In addition, prevention coalitions and Regional Overdose Prevention Specialists (ROPS) were provided with updated slide decks, information sheets, and social media materials about fentanyl, xylazine and other emerging drugs to be used in their communities. ROPS trained more than 100,000 Tennesseans on these topics in FY 2023. Ongoing trainings offered through DSAS or community partners were provided to TDH employees, Center for Disease Control and Prevention (CDC) High Impact Areas, the Hal Rogers Workgroup, the TDH's Overdose Response Coordination Office, Department of Childrens Services, Department of Correction, Rural Health Association, law enforcement, first responders, K-12 schools, higher education institutions, syringe services providers, substance use treatment, recovery, criminal justice providers, mental health providers, civic organizations and social services, and medical providers.

### ***TN CBHCR: COVID-19 Behavioral Health Care Response Grants***

TDMHSAS received two (2) grants to address the increase in mental illness and substance misuse for adults impacted by the COVID-19 pandemic. DSAS collaborated with DMHS to implement the TN COVID-19



Behavioral Health Care Response (CBHCR) grants. The purpose of these grants was to address the needs of individuals with SMI, individuals with SUD, and/or individuals with CODs as a result of the pandemic.

Through this grant funding, DSAS provided substance abuse treatment services to adults with a primary alcohol or other drug abuse, dependency diagnosis, or co-occurring substance use and psychiatric diagnosis. Clinical treatment services offered through this grant were outpatient, intensive outpatient, and residential. Recovery support services included relapse prevention, recovery skills, case management, pastoral/spiritual support, transitional housing, and transportation. With the first grant, 418 individuals received substance use treatment services and 272 received recovery support services. With the second grant, 278 individuals received substance use treatment services and 159 received recovery support services.

### ***TN Disaster Response Initiative (TDRI)***

TDMHSAS received a Disaster Response grant to address the increase in substance misuse and mental illness due to the impact of the floods in Tennessee. The purpose of the Disaster Response grant was to provide mental health and SUD treatment, crisis counseling, and other related supports for adults and children impacted by a natural disaster. Again, DSAS collaborated with DMHS to implement the TDRI: Tennessee Disaster Response Initiative. The TDRI provided services to 56 counties.

### **Prevention**

DSAS also partnered with 28 Substance Use Prevention Coalitions to develop disaster response plans that included the following activities:

- Public Service Announcements-Radio and Print (social media)
- Media Campaign-Adults & Youth Radio and Print (virtual)
- Development of materials for youth coalitions
- Providing psychological first aid trainings post disasters
- Trainings to manage emotional stress of adults and youth post disaster
- Offer counseling services to adults and youth
- Educate the community about self-care and stress management skills (virtual)

### **Treatment and Recovery**

Substance use treatment services were provided to adults with a primary alcohol or other drug abuse, dependency diagnosis, or co-occurring substance use and psychiatric diagnosis. Clinical treatment services included outpatient, intensive outpatient, and residential levels of care. Recovery support services included case management, recovery skills, relapse prevention, spiritual/pastoral support, transportation, and transitional living. Over the life of the grant, 738 individuals were served.

## ***Expansion of Medication Assisted Treatment (MAT)***

In FY 2023, DSAS expanded its array of medications for the treatment of OUD. Sublocade is a once monthly buprenorphine extended-release injection for the treatment of moderate to severe OUD in patients who have initiated treatment with a buprenorphine-containing product. As with all MAT products, DSAS requires Sublocade to be used in combination with counseling and psychosocial support. In FY 2023, 32 unique individuals received 70 units of Sublocade.

## ***Problem Gambling Program enhanced to include Online Sports Wagering***

Nearly two decades ago, the General Assembly authorized the Tennessee Education Lottery and directed DSAS to provide services related to problem gambling. With the expansion of sports wagering, DSAS has expanded its work to include online problem gambling. This expansion included enhancing the long-standing partnership with The Gambling Clinic at The University of Memphis. Since 1998, the clinic has provided therapeutic, consultation, and educational services related to problem gambling.

The Problem Gambling Prevention and Treatment Services Program is a multi-purpose program designed to:

- Increase knowledge about problem and/or pathological gambling for those persons at risk, their families, and the general community
- Identify and assess those with problem and/or pathological gambling conditions and provide outpatient treatment services if needed
- Continually assess regional needs and coordinate outreach activities for potential service recipients

In FY 2023, The Gambling Clinic at the University of Memphis partnered with East Tennessee State University (ETSU) to establish a regional gambling clinic in East Tennessee. Both clinics are staffed by clinical psychologists or individuals working towards their doctoral degree trained in gambling disorders. They provide face-to-face outpatient treatment as well as telehealth treatment services for Tennessee residents. They also assess the individuals to determine if there is a substance use or mental health disorder and, if indicated, make appropriate referrals. In FY 2023, 54 individuals received treatment services and there have been more than 25,000 visits to [www.TheGamblingClinic.com](http://www.TheGamblingClinic.com).

## **Office of Faith-Based Initiatives**

The goals of the OFBI are to connect individuals struggling with behavioral health challenges to treatment; facilitate understanding of treatment and recovery; increase knowledge of mental health challenges and substance misuse; spread awareness of Faith-Based initiative certification and its requirements; help others understand the continuum of care and collaborate with it; help groups understand and implement the best practice model; and promote and improve the effectiveness of the faith-based initiative in bridging the gap between the faith community and recovery support services.

The Lifeline Peer Project was established to reduce stigma related to behavioral health challenges and increase access to recovery support services. Lifeline Coordinators help establish recovery support programs including but not limited to Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Celebrate Recovery (CR), All Recovery, and SMART Recovery, as well as other self-help support groups throughout the state. They also help connect individuals with treatment and speak publicly about their own lived experience in their recovery journey. More recently, the Lifeline Peer Project has incorporated mental health into their training curriculum. There are currently ten (10) Lifeline coordinators located throughout Tennessee.

The Hybrid Lifeline Peer Project was established, in partnership with the TDHS, to serve specific distressed and at-risk regions of the state to increase awareness, coordinate between community resources, and connect individuals with treatment and recovery services. Hybrid Lifeline supports low-income families in receipt of or eligible for either TANF or Supplemental Nutrition Assistance Program (SNAP) and will be eligible to receive support for substance abuse treatment and/or recovery services. There are currently ten (10) Hybrid Lifeline coordinators located throughout Tennessee.

The Collegiate Recovery Initiative was established to inform campuses across the state on how they may take a proactive role in increasing awareness around mental health, curbing the addiction epidemic; equip campuses across the state with the necessary means to take a proactive role in the mental health of their students and the addiction epidemic across the state; encourage campuses and student bodies to leverage available resources; to assist campuses in the process of assessing for a collegiate recovery college (CRC) or collegiate recovery programs (CRP) and getting their programs off the ground; and to reduce stigma through peer sharing and roundtable discussion (Project Lifeline).

The TDMHSAS Faith-Based Community Coordinators are individuals with lived experience who connect with communities of faith to recruit, train, and certify through the Tennessee Certified Faith-Based Recovery Partner program. Each community coordinator is employed by their local Community Prevention Coalition. Currently, the Department has four (4) Faith-Based Community Coordinators, one (1) for each grand division of the state, and one (1) specific coordinator for Shelby County.

FY 2023 accomplishments for the Office of Faith-Based Initiatives include:

- 144 Certified Recovery Congregations established: YTD 1,051 congregations throughout the state.
- Referred 6,871 individuals into treatment and/or recovery support services.
- Hosted 2,786 events with trainings dealing with stigma, access to recovery support, access to treatment, and understanding mental health. This includes trainings offered via in-person meetings, conference calls, Facebook Live, Zoom, and WebEx.
- More than 95,000 individuals trained as part of the Lifeline Peer Project, Hybrid Lifeline, Faith-Based Community Coordinators, and Collegiate Recovery Initiative Projects.

- Around 5,450 individuals attended presentations to become Collegiate Recovery Allies.

During FY2023, surveys were added to the various trainings being provided in the communities and the surveys show:

- 93% of respondents reported the events/trainings were beneficial in helping change their understanding of individuals with behavioral health challenges.
- 96% of respondents report being positively impacted by the presentations provided by our coordinators.
- 92% of respondents report a reduction in personal stigma because of the events/trainings provided by the OFBI.
- 95% of respondents report being more willing to assist someone in finding help with behavioral health challenges because of our events/trainings.

## Division of Hospital Services

In FY 2023, the DHS continued its efforts toward the Customer Focused Government (CFG) goal for efficient and effective operation of the RMHIs. There are four (4) RMHIs located across the state of Tennessee:

RMHI	LOCATION	BEDS	FY 2023 ADMISSIONS
<b>Memphis Mental Health Institute (MMHI)</b>	951 Court Avenue Memphis, TN 38013 (901) 577-1800	55	<b>885</b>
<b>Middle Tennessee Mental Health Institute (MTMHI)</b>	221 Stewarts Ferry Pike Nashville, TN 37214 (615) 902-7400	207	<b>2,145</b>
<b>Moccasin Bend Mental Health Institute (MBMHI)</b>	100 Moccasin Bend Road Chattanooga, TN 37405 (423) 256-2271	165	<b>2,349</b>
<b>Western Mental Health Institute (WMHI)</b>	11100 Old Highway 64 West Bolivar, TN 38008 (731) 228-2000	150	<b>548</b>

TDMHSAS continues to partner with three (3) private psychiatric inpatient hospitals in East Tennessee to provide services to the uninsured population in Regions I and II. These hospitals (Parkwest, Ballad Health, and Ridgeview Psychiatric Hospital and Outpatient Center, Inc.) provided 2,127 units of service during FY 2023.

In FY 2023, the DHS focused on a series of significant initiatives to enhance the services provided to the citizens of Tennessee. In partnership with the THA and the TDH, the Patient Bed Matching (PBM) application was successfully implemented across all RMHIs and 12 state-contracted crisis providers streamlining admission processes and enhancing throughput. The PBM application is a web-based tool available to assist EDs, crisis providers, and admissions staff in locating and securing an appropriate psychiatric bed at an inpatient behavioral health hospital. The application returns results regarding bed availability by relying on bed capacity information provided through TDH's Healthcare Resource Tracking System (HRTS) and provides a secure, Health Insurance Portability and Accountability Act (HIPAA) compliant application that can be used to share clinical documentation and referral status updates.

Additionally, efforts that began in FY 2022 to address the high forensic waitlist have yielded success in FY23. By increasing admissions for forensic evaluations, contracting with psychologists to expand the capacity for conducting forensic evaluations, and increasing forensic bed capacity, waitlist times have been reduced to pre-pandemic levels. This is significant, considering the number of referrals continues to remain at an all-time high.

During FY 2023, the Department obtained approval for two (2) important infrastructure enhancements. The most notable is the construction of a new facility for MBMHI in Chattanooga and the approval of Phase 2 for WMHI in Bolivar. This phase will include the construction of a new kitchen and the addition of 25 beds.

Following the full implementation of Electronic Clinical Records (ECR) and Automated Medication Dispensing Cabinets (AMDC) at the RMHIs in FY 2019, optimization efforts of the ECR continue. Continuing efforts from the previous fiscal year, electronic treatment plans have now been implemented at MBMHI and WMHI, elevating the quality of care for individuals receiving inpatient services. The remaining two (2) facilities are expected to implement electronic treatment plans in early calendar year 2024. Next on the horizon for the ECR is an upgrade offered by the vendor, Netsmart, that will enhance the system and improve end user experiences. This enhancement is called Avatar NX and will have a significant impact and value for the hospitals.

In April 2023, The Joint Commission (TJC) conducted a full unannounced triennial survey at MTMHI and awarded the coveted gold seal of approval, accrediting the facility for an additional three (3) years. The DHS continues to conduct mock surveys at each of the RMHIs prior to TJC unannounced surveys to identify possible improvement opportunities.



Overall revenue collection rates across the RMHIs continue to improve since utilizing the Waystar Clearinghouse. This platform is designed to aid in the reduction of claims with errors that result in the denial of payment for services rendered. The Waystar Clearinghouse, a Software as a Service (SaaS) based platform, has greatly improved the quality of the claims being submitted to third-party payer sources and has been instrumental in increasing the overall revenue collection across the RMHIs. This software has resulted in an impressive revenue collection rate of over 91%.

Additionally, the DHS team has been collaborating with the RMHI social workers while reviewing placement and service needs for individuals hospitalized more than 60 days. This collaboration allows the DHS to identify community services that may be needed to ensure a successful discharge and continued treatment. As needs are identified, the division can advocate for needed community placements and services to ensure individuals ready for discharge have the resources needed to live a life of recovery, resiliency, and independence.

The RMHIs continue to strive for excellence, with a primary focus on employee retention and sufficient staffing, particularly for crucial positions like physicians, nurses, custodial workers, and psychiatric technicians. Various strategies have been adopted, including job fairs, online advertising, accepting walk-in applicants, rapid hiring events, increased in-range hiring salary, Pay for Performance (P4P), and establishing partnerships with nursing and medical schools, along with the Star Loan Repayment Program to support recruitment and retention efforts. Additionally, salary increases have been implemented to attract and retain top talent across the state. This statewide initiative to raise salaries to be competitive with the market has significantly reduced vacancies across the system. To assist with attracting and retaining new talent, a referral bonus program has also been implemented. Under the referral bonus program, RMHI employees who refer applicants that are hired as a psychiatric technician, registered nurse (RN) 2, custodial worker 1, security guard 1, or licensed practical nurse (LPN) 2 at an RMHI, are eligible to receive up to \$3,000 as a referral bonus to be paid in graduated installments during the first 24 months of the referral's employment.

Future plans for DHS include continued work to identify and implement strategies and processes designed to streamline the admissions process at the RMHIs. Though the PBM application has created many efficiencies, there continues to be manual preparation of excel spreadsheets to collect pertinent information that is not collected by the PBM application. Additional technology platforms designed to ease the burden on staff are currently being investigated. Improving admission throughout will continue to be a number one priority.

Finally, a new electronic billing system is being designed that will create efficiencies for private contracted providers and Central Office staff. The current system requires manual input of each admission to the three private inpatient facilities that TDMHSAS currently contracts with. This equates to more than 2,300 admissions that are manually keyed in by Division staff. The newly designed system will reduce overall work effort required to manage the East Tennessee contracted hospitals serving uninsured individuals.

# Office of Forensic and Juvenile Court Services

The Office of Forensic and Juvenile Court Services (OFJCS) 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 (NGRI), psychiatric evaluations for the Board of Paroles, and Mandatory Outpatient Treatment (MOT). In FY 2023, there were 2,302 initial outpatient evaluations which diverted 65% of individuals from the need for an inpatient evaluation. There were 714 inpatient evaluations and 113 new commitments for inpatient treatment of incompetent defendants.

In FY 2023, there were 20 evaluations of defendants found NGRI and 20 new NGRI admissions to the RMHIs, numbers which are consistent with pre-pandemic years. Additionally, there were 397 evaluations conducted by order of juvenile courts and 104 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 283 active MOT cases receiving services from 26 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.

More than 23,000 juvenile court screenings have been conducted in the Tennessee Integrated Court Screening and Referral Project since the beginning of the Project in October 2010, facilitating referrals for mental health, substance use, and/or family services. New screener certifications and re-certifications are conducted on an ongoing basis and by the end of FY 2023, over 700 juvenile court Youth Service Officers (YSOs) had been trained to complete risk and need screening with youth in juvenile courts.

## Division of General Counsel

The DGC supports the Department's operational and administrative activities by providing Department-wide legal services, investigating internal complaints, processing contracts, and serving as privacy, ethics, and compliance counsel. In the past fiscal year, the Office of Legal Services engaged in over 5,500 court actions (primarily probable cause and judicial commitment hearings related to state psychiatric hospital admissions), handled numerous abuse registry cases, disciplinary appeals actions, Equal Employment Opportunity Commission (EEOC) and Tennessee Human Rights Commission (THRC) complaints, and other miscellaneous legal actions and projects. Additionally, the Office of Investigations (OI) conducted over 124 investigations and the Office of Grant and Procurement Contracts processed 1,781 contracts and amendments worth over \$374 million.

# Division of Clinical Leadership

The DCL is responsible for providing clinical oversight and policy development for the RMHIs and clinical consultation to various divisions and offices within the department. The DCL oversees Tennessee's Opioid Treatment Programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; ensures Title VI compliance for the department; and provides training in collaboration with the DSAS. The DCL also pilots substance abuse initiatives designed to benefit individuals and/or families, and partners with community and other state agencies to provide training and educational opportunities on a variety of mental health and substance abuse topics.

The Therapeutic Intervention, Education and Skills (TIES) grant project operates through the DCL. Funded by the TDHS, TIES addresses the complex needs of families with children at risk of out-of-home placement due to parental substance misuse. TIES utilizes high-fidelity intensive in-home family treatment in combination with Seeking Safety to help families thrive and remain together. Therapists are in the home 8-10 hours per week and complete safety checks with the children every 48-72 hours (depending on the age of the child). TIES in-home staff provide personalized treatment plans to address the individual needs of each family as well as needs identified in assessments and by TDCS. Depending on the needs of the family, services last from 4-6 weeks. To be eligible for the TIES program, a family must have a parent or caregiver with substance misuse issues and a child or children in the home at imminent risk for out-of-home placement due to the parental substance misuse. TDCS is the primary referral source, though referrals from the courts can also be accepted. Program services are voluntary. TIES offers services in nine (9) rural counties in Middle Tennessee including Coffee, Bedford, Franklin, Giles, Hickman, Lawrence, Lincoln, Marshall, and Maury. Services are provided by five (5) master's level in-home therapists who are supervised by a Program Coordinator. The Program Coordinator also works with a small number of families and can provide alcohol and drug assessments or backup to program therapists when needed.

In FY 2023, TIES provided services to 38 families (37 unduplicated), including 54 adults and 74 children. COVID-19, along with staff shortages at TDCS, reduced the number of referrals and interfered with family engagement in FY 2023. However, from July – December 2022, 91.3% of TIES children were safely and successfully maintained in their homes at case closure, and from January – June 2023, 93.3% of TIES children were safely and successfully maintained in their homes at case closure. As lead agency for this grant project, TDMHSAS continues to collaborate with TDHS and TDCS to transition the project to an evidence-based model that has been approved under the Federal Family First Prevention Services Act (FFPSA). The department has been awarded a grant from the Federal Administration for Children and Families (ACF) to implement this evidence-based model in the current service area for five (5) years. Set to begin in FY 2024, the new grant project is TDMHSAS-HOMEBUILDERS, and based on the oldest, best documented intensive family preservation services (IFPS) model in the country.

Under the leadership of the chairperson, co-chairperson, and administrator from the DCL, the TDMHSAS Institutional Review Board (IRB) convenes regularly and in compliance with its Federal Wide Assurance (FWA). All TDMHSAS IRB membership positions are appropriately filled and recorded with the Federal Office of Human Research Protections (OHRP). By the end of FY 2023, the IRB was providing institutional oversight for 24 active studies. Moreover, the IRB hosts free Human Research Participant's Protections Training to principal investigators and researchers conducting research by or for the department.

The DCL has collaborated with the TDH over the years to identify mental healthcare professional shortage areas (MHPSAs), working diligently to ensure that these designations remain up to date. Shortage area designations tend to improve recruitment and retention due to the availability of loan repayment programs for behavioral health practitioners that agree to provide services in those areas. Moreover, higher MHPSA scores tend to be associated with higher loan repayment amounts. The Division works with TDMHSAS' Office of Planning, workforce committees on the Regional Policy and Planning Councils, and the Office of Consumer Affairs to keep contracted providers informed about how to become a National Health Service Corps- (NHSC-) approved site, as well as information about the opening of application cycles for loan repayment programs. Nearly all loan repayment programs require potential awardees to work at NHSC-approved sites. Communities where NHSC-approved sites are located tend to have limited access to care. Since January 2019, a DCL staff member has been one of the department's representatives on the Advisory Board of the Tennessee State Loan Repayment Program (TSLRP) that operates through TDH. In FY 2023, the program had \$134,000 in available loan repayment funding for eligible behavioral health practitioners. Five (5) staff in contracted outpatient facilities received TSLRP awards: two (2) staff were Licensed Clinical Social Workers (LCSWs) and three (3) were Licensed Professional Counselors (LPCs). The TSLRP application cycle for 2023 opened November 28, 2022, and closed January 27, 2023.

The DCL further collaborates with TDMHSAS' Division of Hospital Services (DHS) to ensure that our RMHIs maintain their designation as Healthcare Professional Shortage Area (HPSA) facilities. HPSA facility designation allows nursing staff at the RMHIs to apply for loan repayment through the Health Resources & Services Administration's (HRSA) Nurse Corps Loan Repayment Program (NCLRP). In FY2023, the departments had NCLRP awardees at MTMHI and WMHI. In addition, the Division has been instrumental in seeking out new loan repayment programs, especially those that can bolster recruitment at the RMHIs, by identifying a loan repayment program in which healthcare practitioners of diverse disciplines in the RMHIs can apply. This program, which became available in 2021, is known as the Substance Use Treatment and Recovery Loan Repayment Program (STAR LRP). STAR LRP awards are six-year-awards and are not limited to behavioral health practitioners that work in ambulatory (outpatient) settings.

TDMHSAS' Chief Pharmacist provides technical assistance and oversight for the RMHIs' pharmacy services. The Chief Pharmacist also serves as the State Opioid Treatment Authority (SOTA) providing consultation and oversight of buprenorphine clinics and methadone programs throughout the state. The Chief Pharmacist

serves as the co-chair for the Department's IRB committee and the Formulary Review and Oversight Committee and serves on the state's Maternal Mortality Review Committee (MMRC). Additionally, the Chief Pharmacist serves on committees charged with the review and revision of the TDH's chronic pain guidelines, buprenorphine prescribing guidelines, and the scheduling of controlled substances in Tennessee. The Chief Pharmacist continues to serve as chair of the CoverRx Clinical Advisory Committee (CAC) which makes formulary decisions for the CoverRx pharmacy discount program that is used by most individuals enrolled in the BHSN of TN program. Further, the Chief Pharmacist serves as the Residency Program Director for the department's PGY1 Managed Care Pharmacy Residency Program and as a preceptor for 3rd and 4th-year pharmacy students from the UT and Belmont Colleges of Pharmacy.

The DCL continues to expand the African American faith community initiatives by providing training, conferences, resource materials, and exhibits on suicide prevention, mental health, and bullying. Initiatives in Tennessee are currently being implemented in Nashville, Memphis, and Murfreesboro. In the Spring of 2023, the Suicide and the Black Church Conference Planning Committee planned, coordinated, and facilitated the 10th Annual Suicide and the Black Church Conference. Over 200 people participated in this conference.

The Rutherford County Suicide Prevention Coalition members continued to participate in an increased number of mental health and substance abuse events via Zoom and F2F, including providing suicide prevention training (Question Persuade and Refer) at several faith communities, suicide prevention presentations, exhibits, videos, and distribution of suicide prevention resource materials to faith communities, local organizations, and drive-throughs.

In FY 2023, the Nashville Suicide Prevention in the African American Faith Communities Coalition (NSPAAFC) continued to focus on distributing mental health and suicide prevention resource materials to additional faith communities and local organizations in the Nashville area, hosted mental health and suicide prevention exhibits at community events, provided training, and added new members to the coalition. The coalition planned, coordinated, and facilitated SPAAFCC's 7th Virtual Biennial Suicide Prevention Conference in August 2022. Over 125 people participated in this conference.

In addition to developing and submitting the department's annual Title VI Compliance Report and Implementation plan for FY 2023, the DCL, in collaboration with DSAS staff, coordinated and trained 413 contract agencies' Title VI coordinators and their other staff during the Title VI training via WebEx in May and June of 2023. DCL staff also provided technical assistance to an increased number of contract agencies' new Title VI coordinators and processed several Title VI complaints in 2023.

The Chief Medical Officer (CMO) continues to assume increased responsibility for oversight of psychiatric health care delivery at the three (3) private psychiatric contract hospitals. To better monitor and manage patient length of stay (LOS) at those facilities, opportunities for improvement in treatment are offered at the



time of request for increased LOS and rationale for increased stay has been critically reviewed on a near-daily basis. A process for consultation between the three (3) contract hospitals and their referral RMHI has been developed which has encouraged communication among doctors and enhanced patient care.

The CMO has also assumed the role of conducting mortality reviews of any patient who passes away while hospitalized at any of the four (4) RMHIs. The purpose of these reviews is to provide an understanding of any quality-of-care concerns associated with the patient's death. These reviews also provide an opportunity to identify any issues that could be a source of future mortality and morbidity. Additionally, the CMO has reinstated the Clinical Review Oversight Committee (CROC). The CROC organizes and brings together resources from any of the four (4) RMHIs to discuss and review the care being delivered to treatment-resistant patients. The CMO continues to chair multiple committees within TDMHSAS with a focus on best practices and quality of care. The CMO has developed a series of presentations focusing on substance use issues for the purpose of training DCS case managers who work with substance abusing families.

The CMO and other staff within the DCL continue to partner with the Bureau of TennCare, TDOC, and multiple universities within the Nashville area on training and workforce development.

## Division of Planning, Policy & Legislation

The Division of Planning, Policy & Legislation (DPPL) is comprised of two (2) offices: the Office of Planning and the Office of Legislation and Rules.

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 develops and submits the MHBG application, the MHBG Annual Report, and the Department's Joint Annual Report (JAR). In FY 2023, the Office of Planning continued to empower the Councils to fulfill their roles as required by law, become more active and effective by increasing membership, specifically among service recipients and their family members, increase mental health and substance abuse awareness activities within the community, and encouraging more purpose-driven meetings. Regional Councils were also encouraged to become more involved in the Legislative Proposal process and submitted a total of three (3) legislative proposals for review. In addition, Office of Planning staff engaged in special projects including providing technical assistance to Statewide and Regional Councils, providing trainings to new Statewide Council members, consulting with other Divisions and Offices, 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 a data-driven Needs Assessment process through the updated Fast Facts Portal, which is available for the Councils to use in the Needs Assessment process.

The Office of Legislation and Rules tracked 588 bills during the 2023 legislative session and produced an [annual legislative summary](#) of legislation that became law in 2023 for review and use by TDMHSAS Executive Staff and the Statewide and Regional Planning and Policy Councils. Additionally, the Office gave counsel to the Department regarding proposed, potential, and pending rulemaking activity. Specifically, the Office worked in conjunction with the DCL and other state agencies to coordinate the promulgation of rules related to scheduling of controlled substances as required by state law. These rules became effective on January 1, 2023.

## Office of Communications

State fiscal year 2023 showcased a continued emphasis on storytelling for the TDMHSAS Office of Communications (OC) with special emphasis around the department’s key initiatives. The OC published 19 news releases, 11 newsletters, and 867 social media posts. Social media efforts were marked by increased challenges navigating algorithms to achieve organic reach as platforms continue to monetize the ability to reach audiences that were once attainable. Even still, the department greatly grew its presence on social media with promising gains made on LinkedIn. The following chart shows key stats and year over year growth from FY 2022 to FY 2023.

	Total Followers	Year Over Year Increase	Impressions
Facebook	15,951	2,038	2,562,972
Instagram	1,667	183	83,465
LinkedIn	3,641	1,801	111,321

Key initiatives and areas of focus for the Office of Communications in state fiscal year 2023 included:

### 988

The OC supported the roll-out of the 988 Suicide and Crisis Lifeline in Tennessee with paid marketing efforts in the fall of 2022 and spring of 2023. Paid marketing efforts focused on increasing awareness of 988 among parents and caregivers as well as Tennesseans generally and leveraged the prior success of the Statewide Crisis Line campaign and assets provided by SAMHSA. Total reach for ad buys was more than 35 million impressions. During this work, the OC was also able to produce new commercials for 988 in Tennessee which will be used in upcoming buys. The Office was also integral in educating the public through earned media

opportunities due to large interest from media outlets across the state. The OC developed talking points, contributed to conference calls, and coordinated interviews for department leaders and community providers.

## ***Employee Recruitment***

The OC saw its role in human resources (HR) recruitment efforts grow substantially during FY 2023. The OC provided graphic design, social media marketing, and other support functions as Central Office and RMHI Human Resource (HR) leaders ramped up their efforts to recruit and hire new staff. Video was a large part of this effort with employee profiles produced featuring staff from MTMHI and MBMHI. [You can watch the videos on our YouTube channel at this link.](#)

## ***Substance Use Prevention***

The Office continued its close collaboration with the DSAS' Office of Prevention and Early Intervention Services to develop materials, promote resources, and generally increase awareness of emerging drug trends. Efforts in this area include creating webpages, specifically for [fentanyl](#) and [xylazine](#), designing one-pagers and other printable materials with information, and promoting online training events. Collaborative efforts around major prevention events including International Overdose Awareness Day and National Prescription Drug Take Back Days also proved fruitful with extensive opportunities for earned media generated.

## ***IPS Supported Employment***

The OC continued its support of the DMHS' Office of Wellness and Employment through participation on Tennessee's Employment First Task Force. The OC helped plan the annual task force event with Governor Lee in the fall of 2022 which featured a success story from an IPS Supported Employment provider ([link to media coverage](#)). The OC also created a new IPS homepage ([TN.gov/behavioral-health/ips](https://tn.gov/behavioral-health/ips)) and [published a video success story](#) during FY 2023. Additionally, the OC was responsible for [authoring the multi-departmental news release highlighting the decade-long partnership of the Employment First Task Force](#) to increase employment opportunities for Tennesseans living with disabilities.

## ***Criminal Justice***

In state fiscal year 2023, the OC continued its focus on the criminal justice work of the department with storytelling featuring some of the state's Criminal Justice Liaisons (CJLs). Videos featured the work happening in [Clarksville through Centerstone Behavioral Health](#) and in [northeast Tennessee through Frontier Health](#). The OC also produced a Recovery Court success story for the Tennessee Association of Recovery Court Professionals annual conference featuring a woman who [completed a program in Sumner County](#).

# Regional Planning and Policy Councils

In FY 2023, Regional Planning and Policy Councils continued successfully to work towards advocacy of mental health and substance use issues within their respective regions, increasing membership of service recipients and family members to aid in the annual Needs Assessment process, and garnering more active participation on their Adult, Children's, and Legislative subcommittees. These subcommittees are not only vital in the annual needs assessment process, but also in the development of legislative proposals. Two (2) legislative proposals from the Region IV Planning and Policy Council were submitted for review and consideration and one (1) of those proposals, which authorizes the responding law enforcement officer or the district attorney general's office to extend criminal immunity to persons who are experiencing a subsequent drug overdose and who are seeking medical assistance, was included in Governor Lee's 2023 Legislative Package and became law in the Summer of 2023. See Tennessee Public Chapter 41 of 2023.

Regional Planning and Policy Councils continued to work productively through education, support, and advocacy to meet the Department's vision to be a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and SUDs thrive. While Regional Planning and Policy Councils participated in advising the Department on the Three-Year Plan through the annual needs assessment and legislative proposal process, they also continued their work in advocating for children and adults with mental health and substance abuse needs by participating in mental health and substance use awareness events across the state.

## Opportunities

### ***Workforce Development***

All sectors of the workforce are experiencing staffing challenges in the post-pandemic employment landscape, and the public behavioral health field is no different. TDMHSAS proactively convened a group of key stakeholders in conjunction with TennCare to research the issue and develop strategies during the summer of 2021. The Public Behavioral Health Workforce Workgroup's [Report](#) was published in December 2021, and the recommendations contained therein continue to help to shape budget requests for TDMHSAS with large rate increases in FY 2023 and FY 2024 and additional support requested in FY 2025. Funding added by the Tennessee General Assembly in August 2023 will also support community providers as they work to recruit and retain staff to serve the Tennesseans with the greatest behavioral health needs. The department continues to seek opportunities to address workforce issues at the RMHIs. We look forward to feeling the full effects of historic raises in the hardest to recruit job classes as well as retention bonuses.

### ***Opioid Epidemic***

Tennessee continues to see a shift in the opioid epidemic from prescription drug abuse to substances laced with synthetic opioids, most notably fentanyl. While prescription drug pain reliever overdose deaths have

decreased from 2017 to 2021 by 21% (76 deaths in 2017 to 60 in 2021), all drug overdose deaths continue to rise, reaching 3,814 in 2021 according to the TDOH.

TDMHSAS is addressing this issue by leveraging an increase in state and federal funding to implement strategic and innovative countermeasures including: increasing the distribution of medication lockboxes; deactivation pouches (a method used to deactivate unwanted prescription pills and allow them to be safely discarded); increasing training opportunities on opioids, stimulant, and emerging drugs; increasing education on and access to fentanyl test strips and naloxone; community outreach around available resources; Sequential Intercept Mapping (SIM) in various communities to aid in bridging the gap between the criminal justice and mental health/substance abuse systems; increasing utilization of MAT; expanding recovery support services, and engaging EDs to assist them in their ever important role in combating OUD. Additional opportunities to enhance MAT options include adding injectable buprenorphine and increasing access to MAT and clinical treatment.

### ***Stimulant Use Disorder***

The percentage of individuals with methamphetamine as a primary substance of use that received TDMHSAS-funded services has increased 17% from calendar year 2020 through 2022, from 18% of all individuals served in 2020 (3,136 people) to 21% in 2022 (3,523). This percentage has remained steady at 9% over the same period for the United States (TEDS Discharge Report).

Deaths involving both opioids and stimulants have also increased over the past five (5) years. In 2021, 77% of stimulant-involved deaths also involved an opioid. Of these deaths (1,555), the opioid most frequently involved was fentanyl (94%). TDMHSAS will address the risk factors of OUD, opioid overdose, and stimulant use disorder by utilizing TDMHSAS-funded State Opioid Response (SOR) providers for opportunities to provide treatment services in addition to Federal Block Grant funding for the continuum of care. Risk factors will also be addressed by including individual-based prevention providers, substance use prevention coalitions (SUPCs) and ROPs. Individual-based prevention providers utilize Evidence Based curriculums to increase protective factors such as self-esteem, sound decision making, and healthy coping strategies in youth and young adults. SUPCs and ROPS, working in coalitions with other providers, increase knowledge on the dangers of opioid and stimulant misuse/illicit substance use, how to respond to an overdose, awareness of the availability of harm reduction resources, increasing public awareness on the broader trends of the substance use crisis, the brain science of addiction, and access to health professionals that can assess and treat OUD and stimulant use disorders. SUPCs implement advertising/ media campaigns in their regions that raise awareness about the dangers of opioids and stimulants and resources for naloxone, harm reduction, and recovery. The ROPS have varied backgrounds, including people in long term recovery from substance use and/or mental health conditions, CPRs, nurses and paramedics.

## ***Reducing Stigma***

Reducing the stigma associated with mental illness or substance abuse disorders will allow individuals to feel more empowered to seek treatment. TDMHSAS will continue investing in education and awareness efforts to reduce stigma of mental illness and substance abuse disorders.

## ***Suicide Prevention***

According to the most recent data available from the Office of Vital Statistics, 1,219 Tennesseans lost their lives to suicide in 2021. While TDMHSAS, Centerstone, the Jason Foundation, and the Tennessee Suicide Prevention Network (TSPN), among others, strive to prevent suicide through training, awareness, counseling, and outreach, reducing the number of suicides remains a challenge throughout the state. TDMHSAS and the TSPN will continue to aggressively address this issue.

## ***Council-Identified Challenges***

In FY 2023, Regional Planning and Policy Councils identified several needs across the state. The 2023 Needs Assessment Summary can be found at this link: <https://www.tn.gov/behavioral-health/planning1/needs-assessment.html>.



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