

Tennessee

**UNIFORM APPLICATION
2010**

**STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

I. Adult – Report summary of areas identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during FY10 to address areas of need identified in “Section II: Identification and Analysis of the Service System’s Strengths, Needs, and Priorities” of the 2010 Tennessee Community Mental Health Services Block Grant Plan.

1) Preservation of a continuum of care for all individuals in Tennessee regardless of payor source.

With the move to a statewide carved-in managed care system, DMHDD became responsible for the provision of clinical services to persons who meet priority population criteria, are without a payer source, and need immediate services or have been court-ordered to receive services. These services are provided through the Behavioral Health Safety Net (BHSN), which addresses core mental health service needs for uninsured persons with serious mental illness (SMI) who meets eligibility criteria. DMHDD partners with 18 community mental health agencies across the state to provide essential mental health services to the persons in this program. DMHDD contracts with multiple organizations to provide services that are either not available or not fully supported through TennCare or the BHSN.

The BHSN is designed to meet basic medication and treatment needs of these individuals and includes assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination. Approximately 29,000 individuals received services through the BHSN program this fiscal year. The top three services utilized were case management, pharmacologic management, and psychotherapy.

Through an MOU with TennCare, TDMHDD continues to provide oversight and evaluate the effectiveness of the integrated contracting and delivery model to ensure positive outcomes on behavioral health measures. The DMHDD Planning and Policy Council played a significant role in shaping the program: advocating for flexibility in the service package based on consumer need, inclusion of critical medications in the formulary, and expansion of the eligible population and continues to review the implementation outcomes of the BHSN.

To assist persons when a behavioral health crisis occurs, Tennessee has a 24/7 crisis system. Crisis Response Teams provide crisis intervention and assessment. A major goal of the crisis response system is to divert persons, when clinically appropriate, from psychiatric inpatient hospitalizations and unnecessary incarcerations due to behavioral health conditions. Services are provided to anyone in Tennessee regardless of ability to pay. The crisis system includes a continuum of crisis services used to divert individuals when clinically appropriate from more restrictive levels of care. The continuum of diversion services includes referrals to outpatient behavioral health service providers, Crisis Respite, Detoxification or a Crisis Stabilization Unit. Tennessee currently operates seven crisis stabilization units located in Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville and Johnson City. This service provides short term crisis resolution services to individuals age 18 years of age and older who are in need of

behavioral health crisis services and are at risk of requiring emergency hospitalization. CSUs offer intensive, 24-hour mental health treatment in a less restrictive setting than a psychiatric hospital and less costly. In addition, these facilities offer walk-in triage capability which has proven most beneficial in keeping individuals out of Tennessee's emergency departments unnecessarily. More than 16,000 individuals have been triaged and linked to appropriate services through the CSU walk-in center between July 1, 2009 and April 30, 2010 and a total of 756 individuals ages 18 and over have been admitted for a short term stay within one of the seven crisis stabilization units statewide between July 1, 2009 and May 31, 2010. DMHDD funds capacity for uninsured individuals and monitors services rendered to individuals who meet the admission criteria. Currently, approximately 65% of all individuals served in the CSUs are uninsured.

2) Restoration of funding for critical services

As a result of current revenue shortfalls in Tennessee, DMHDD is faced with a net FY 10 - 11 budget reduction of \$9,000,000. The impact of these reductions has been minimized through a reinvestment of two million in non-recurring funds for FY 10 -11. DMHDD continues to make every effort to find ways to both conserve and augment existing funding while working to ensure continuation of important mental health and substance abuse treatment services.

The FY 10-11 budget leaves the department's funding in a vulnerable position. A significant amount of the community and RMHIs' budgets are not funded on a recurring basis. As the economy improves and a new administration comes into office, DMHDD will focus on restoring permanent funding to these programs.

3) Increased services for Co-occurring Disorders, uninsured and veterans

To ensure integration/coordination between mental health and substance abuse, the DMHDD implements the Co-Occurring Program. The Co-Occurring Program takes place at community alcohol and drug treatment providers, and ensures an array of services and interventions are provided in an organized, collaborative manner at a specific level of care in order to address the needs of consumers with co-occurring substance-related and mental disorders. Each of the 31 SAPT Block Grant Treatment Agencies were trained in the Hazelden Co-Occurring Curriculum and completed the Dual Diagnosis Capability in Addictions Treatment (DDCAT) two times: (1) a self-survey report completed by the agency itself; and (2) an independent survey of the agency conducted by external COD personnel. The DDCAT survey assigned each agency to one of the following three categories:

- Addiction Only Service Providers;
- Co-Occurring Disorder-Capable Providers; or
- Co-Occurring Disorder-Enhanced Providers.

These differences in each agency's capacity to deliver COD services justify three different service reimbursement rates, recognizing the increased costs of providing COD services as well as the expanded skills that must be acquired and maintained by staff in order to deliver good quality COD services:

With the move to a statewide carved-in managed care system, DMHDD became responsible for the provision of clinical services to persons who meet priority population criteria, are without a payer source, and need immediate services or have been court-ordered to receive services. These services are provided through the Behavioral Health Safety Net (BHSN) and the Department's crisis system. Tennessee has also developed Cover Tennessee to create health insurance options that are affordable and portable. Cover Tennessee has four programs (see question 4 for descriptions of those programs).

In an effort to reduce the stigma of mental illness and substance use disorders, DMHDD hosted the second Operation Immersion training on November 5 and 6, 2009 and again August 30 and Sept. 1, 2010 at the TN National Guard Training Center in Smyrna, TN. DMHDD partnered with the Tennessee National Guard and the Tennessee Veterans Task Force to present this training, which focuses on military culture and issues unique to Tennessee National Guard Service members. The training provided an opportunity for behavioral health care providers to experience life from the military perspective. The event also featured presentations by experts from SAMHSA and Tennessee on Post Traumatic Stress Disorder, homelessness, and suicide prevention. DMHDD is also collaborating with the Fort Campbell Suicide Prevention Task Force to provide technical assistance to increase suicide awareness among soldiers and family members.

In 2010, the Department was notified that we were the recipient of a six-year \$9 million System of Care grant entitled "the Early Connections Network: Fulfilling the Promise" (ECN). This initiative will begin in October 2010 and focus on the mental health needs of young children from birth through five years and their families in 5 counties in Middle, TN. The program will have a special focus on working with the families of active military, reserve and National Guard units in the region.

4) Medical coverage for the SMI population

In order to provide medical coverage for individuals in Tennessee who are uninsured, including persons with serious mental illness, Tennessee developed Cover Tennessee to create health insurance options that are affordable and portable. Cover Tennessee has four programs.

- CoverTN offers affordable, portable health insurance options that meet the needs of small business owners, the self-employed and individuals who otherwise couldn't afford coverage. CoverTN is a limited-benefit health insurance plan that provides low-cost coverage for basic medical services.
- CoverKids provides free, comprehensive health coverage for qualifying children 18 and younger. The coverage includes an emphasis on preventive health services and coverage for physician services, hospital visits, vaccinations, well-child visits, healthy babies program, developmental screenings, mental health, vision and dental care. There are low co-pays for medical services, though well child visits and immunizations are covered at 100 percent.
- CoverRx is a pharmacy assistance program designed to assist those who have no pharmacy coverage, but have a critical need for medication. CoverRx provides participants affordable access to more than 250 generic medications in

addition to some name brands of insulin and of mental health medications and is supported by Express Scripts. CoverRx is not health insurance and will not cover doctor's visits or hospitalizations. CoverRx has no monthly premiums, just affordable copays which vary with income.

- AccessTN provides comprehensive health insurance for Tennesseans who are uninsurable due to pre-existing medical conditions. Three different plans are available with varying deductibles and participants can select the plan that is best for their situation. Members of AccessTN pay monthly premiums for comprehensive health coverage. Monthly premiums are based on current market rates. AccessTN also offers a premium assistance program for those members who need help paying premiums.

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

II. Adult - Report summary of the most significant events that impacted the Tennessee mental health system in the previous FY

Crisis services

To assist persons when a behavioral health crisis occurs, Tennessee has a 24/7 crisis system. Crisis Response Teams provide crisis intervention and assessment. A major goal of the crisis response system is to divert persons, when clinically appropriate, from psychiatric inpatient hospitalizations and unnecessary incarcerations due to behavioral health conditions. Services are provided to anyone in Tennessee regardless of ability to pay. The crisis system includes a continuum of crisis services used to divert individuals when clinically appropriate from more restrictive levels of care. The continuum of diversion services includes referrals to outpatient behavioral health service providers, Crisis Respite, Detoxification or a Crisis Stabilization Unit. Tennessee currently operates seven crisis stabilization units located in Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville and Johnson City. This service provides short term crisis resolution services to individuals age 18 years of age and older who are in need of behavioral health crisis services and are at risk of requiring emergency hospitalization. CSUs offer intensive, 24-hour mental health treatment in a less restrictive setting than a psychiatric hospital and less costly. In addition, these facilities offer walk-in triage capability which has proven most beneficial in keeping individuals out of Tennessee's emergency departments unnecessarily.

More than 16,000 individuals have been triaged and linked to appropriate services through the CSU walk-in center between July 1, 2009 and April 30, 2010 and a total of 756 individuals ages 18 and over have been admitted for a short term stay within one of the seven crisis stabilization units statewide between July 1, 2009 and May 31, 2010. DMHDD funds capacity for uninsured individuals and monitors services rendered to individuals who meet the admission criteria. Currently, approximately 65% of all individuals served in the CSUs are uninsured.

Behavioral Health Safety Net (BHSN)

DMHDD administers the Behavioral Health Safety Net program which addresses core mental health service needs for uninsured persons with serious mental illness who meets eligibility criteria. DMHDD partners with 18 community mental health agencies across the state to provide essential mental health services to the persons in this program. The BHSN is designed to meet basic medication and treatment needs and includes assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination. Approximately 29,000 individuals received services through the program this fiscal year. The top three services utilized were case management, pharmacologic management, and psychotherapy.

Creating Jobs Initiative

The Creating Jobs Initiative (CJI) assertively and strategically partners with local communities to expand employment opportunities. TDMHDD continues to establish partnerships with providers of employment services at the state and local levels, including: Vocational Rehabilitation Services, Department of Labor, One-Stop Career Centers, and Benefits to Work Project (Center for Independent Living and Statewide Independent Living Council and Social Security Administration), to provide technical assistance to community mental health agencies regarding employment for mental

health service recipients. TDMHDD conducts outreach and training statewide to educate service recipients, family members, mental health service providers, employers, and other interested community stakeholders regarding employment opportunities and services.

Other Transformation Activities during FY10

Combating Stigma

DMHDD continues the “Overcoming Stigma Campaign” to spread positive messages regarding resiliency and recovery with a focus on the arts. On June 7, 2010, DMHDD and the Middle Tennessee Mental Health Cooperative sponsored the third Annual Art for Awareness Day at the Legislative Plaza which featured the work of consumer artist throughout the state. This event provides a great opportunity to share artwork and stories of recovery and resiliency by persons healing from mental illness and substance abuse.

Also, in an effort to reduce the stigma of mental illness and substance use disorders, DMHDD hosted the second Operation Immersion training on November 5 and 6, 2009 and again August 30 and Sept. 1, 2010 at the TN National Guard Training Center in Smyrna, TN. DMHDD partnered with the Tennessee National Guard and the Tennessee Veterans Task Force to present this training, which focuses on military culture and issues unique to Tennessee National Guard Service members. The training provided an opportunity for behavioral health care providers to experience life from the military perspective. The event also featured presentations by experts from SAMHSA and Tennessee on Post Traumatic Stress Disorder, homelessness, and suicide prevention. DMHDD is also collaborating with the Fort Campbell Suicide Prevention Task Force to provide technical assistance to increase suicide awareness among soldiers and family members.

Creative Homes Initiative

Tennessee's Creating Homes Initiative combines state leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people with mental illness. Since 2001, over \$388 million has been leveraged, resulting in the development of over 9,400 housing units. People with a history of mental illness living in supportive housing have an average 80% reduction in the number of psychiatric hospitalization days compared to the year before entering supportive housing.

Certified Peer Support Specialist (CPSS) Program

Tennessee administers a Peer Specialist Certification Program. In order to be a Certified Peer Specialist, an individual has to self-identify as having a mental illness or co-occurring disorder and has successfully navigated the service system to access treatment and resources necessary to build personal recovery and success with his or her life goals. An individual undergoes training recognized by the department on how to assist other persons with mental illness in fostering their own wellness, based on the principles of self-directed recovery. DMHDD has certified 144 Peer Specialists since the inception of the Peer Specialist Certification Program. Peer support services as provided by a Certified Peer Specialist are Medicaid-billable services in Tennessee. The Department has held numerous outreach presentations to inform MH providers and potential consumer-applicants about the certification program. It has both conducted and sponsored trainings for peer specialists to meet ongoing education requirements of

certification. The Office of Consumer Affairs has implemented program improvements to simplify the certification process and to provide certification status information to prospective employers. The state certification program is run by a Certified Peer Specialist and a review committee comprised of Certified Peer Specialists that provide oversight for the program.

Grant Awards

TDMHDD received a grant of \$3.6 million from SAMHSA to address significant health disparities experienced by Tennesseans with mental illness, substance use and co-occurring disorders. The grant, which will begin on Oct. 1, 2010, will work to transform DMHDD's recovery service infrastructure by integrating a physical health focus into existing behavioral health recovery services. The funds will be used in community mental health facilities throughout the state. They will be aimed to help Tennesseans with poor physical health who rarely access primary care. Programs will deal with exercise, nutrition, weight and sleep management, tobacco use and appropriate medication use. The program anticipates serving about 2,400 individuals over the next five years.

In May, the Department was awarded a \$380,000 grant from SAMHSA to provide services to individuals impacted by the flood. DMHDD worked with five community mental health centers in Middle and West Tennessee to offer individual and group crisis counseling, public education, community networking and support, and both adult and child needs assessments and referrals. The Department also received a \$2.1 million grant from SAMHSA to continue providing mental health outreach, counseling, and educational services to individuals impacted by the flooding. The grant began September 1, 2010 and will continue through June 2011.

Telemedicine Pilot Project

On June 30, 2010, DMHDD launched the RMHI Telemedicine Pilot Project with Western Mental Health Institute and a remote site in West, TN. The project will enable WMHI to conduct remote second Certificate of need evaluations of appropriate individuals in rural West, TN. The goal of this project is to expedite the assessment process, avoid unnecessary transportation to RMHIs of individuals who do not meet criteria for emergency involuntary admission, and eliminate the current assessment wait time for law enforcement upon arrival at an RMHI.

Evidence Based Practices

The annual Evidence Based Practice (EBP) survey of 18 community mental health agencies documented some increases in both the availability of EBPs and the number of priority population adults receiving services. The table below shows the number of CMHAs reporting availability of the EBP and the number served.

ADULT EBP	# Reporting Availability *	# SMI SERVED FY10
Supported Housing	12	831
Supported Employment	5	522
Assertive Community Treatment	3	226
Family Psycho-educational Services	6	7,832
Integrated Treatment for Persons with COD	11	6,885
Illness Management Recovery	15	1,463
Medication Management	5	13,824
TOTAL (DUPLICATED) RECEIVING AN EBP	N/A	31,583

*Based on 18 of 20 CMHAs responding to 2010 Provider EBP Survey.

Services for Returning Veterans

TDMHDD staff continues to lead the *Tennessee Task Force on Military Veterans and Their Families*, a collaboration including the National Guard, Veteran's Affairs, U.S. Army Reserves, U.S. Marine Corps, state departments, community behavioral health providers, active duty service members and returning veterans and their families.

TDMHDD and contract staff from the TN Suicide Prevention Network (TSPN) consulted with medical and psychiatric staff of the Ft. Campbell Army Base in Clarksville, TN to discuss the success of TSPN initiatives that might be utilized within the military service system. As a result of that collaboration, TDMHDD staff responsible for co-occurring disorders (COD) and substance abuse service initiatives serve on the Ft. Campbell Suicide Prevention Task Force.

In 2010, the Department was notified that we were the recipient of a six-year \$9 million System of Care grant entitled "the Early Connections Network: Fulfilling the Promise" (ECN). This initiative will begin in October 2010 and focus on the mental health needs of young children from birth through five years and their families in 5 counties in Middle, TN. The program will have a special focus on working with the families of active military, reserve and National Guard units in the region.

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

III. Adult - A report on the purpose for which the block grant monies for state FY were expended, the recipients of grant funds, and a description of activities funded by the grant

Projected allocations in the 2010 Block Grant Plan were based on the 2009 Block Grant award of \$7,708,555. The final 2009 Block Grant award to the state of Tennessee was \$7,723,117. The total Block Grant award is allocated to be expended each fiscal year. Annual awards beginning each October 1 are generally not allocated to the community until the beginning of the state fiscal year the following July 1. Despite recent decreases in the Block Grant award, TDMHDD has not decreased program allocations, utilizing any unspent dollars and early utilization of the subsequent year's Block Grant funding as necessary to maintain current funding levels.

At least 95 percent of each year's total award is granted to community based programs in accordance with the expectations of the block grant. The remaining five percent is allocated to support administrative functions relative to the community mental health system and meetings and activities of the Planning and Policy Councils. TDMHDD utilizes its Block Grant funding for the provision of services designed to impact the adult priority population by promoting education, empowerment, participation in treatment and building a reliable community support system that emphasizes recovery and community reintegration.

Fifteen private, not-for-profit Community Mental Health Centers (CMHCs) and one other community agencies received federal mental health block grant funds to provide services to adults. Each contracted agency provided services in accordance with a specific contract, budget and scope.

After the submission of the 2010 Block Grant Plan, revisions were made as to how the funding would be allocated; therefore, the planned allocations for services in the FY10 Block grant were revised. Some \$4,899,500 of Center for Mental Health Services (CMHS) Block Grant funding was expended for adult services in the following manner:

Assisted Living Housing \$ 210,000

Funds support six assisted housing projects that fill the gap in the continuum of housing available for adults with serious mental illness (SMI) who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in "assisted living specialist". The specialist is a consumer whose role is to serve as a mentor to and provide support for the other residents. A major goal of the program is to assist adults with a successful transition to independent living.

Consumer Family Support / BRIDGES \$100,000

Funds are provided to the Tennessee Mental Health Consumers' Association (TMHCA), via the Tennessee Disability Coalition, to support regional advocacy staff and on-going teaching of the Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES) psycho-educational program for mental health consumers. The mission of BRIDGES is to empower people who have mental health disorders to take an active and informed role in their treatment and to recover a new sense of purpose in life. BRIDGES is a self-help program that provides education and support to adults who have mental health disorders. There are two parts to the program: a set of courses on

recovery taught by mental health consumers and support groups facilitated by mental health consumers.

Peer Support Centers (PSC) \$ 4,113,500

A PSC is a place where persons who have received treatment for mental illness develop their own programs to supplement existing mental health services. PSCs provide opportunities for socialization and personal and educational enhancement. PSCs are places in which members address issues such as social isolation and discrimination. PSCs offer recovery-based services and programs that promote the involvement of consumers in their own treatment and recovery and assist consumers in acquiring the necessary skills for the utilization of resources within the community. Programs at the PSCs include training for Peer Specialist certification and WRAP.

Targeted Transitional Support Forensic \$476,000

Forensic Targeted Transitional Support providers "bridge" funds for aftercare services for service recipients returning to the community from the Regional Mental Health Institutes whose benefits will not resume until some time after discharge from the hospital. Many service recipients on a "forensic" legal status will have had their benefits discontinued because of their involvement with the criminal justice system. They are not eligible for benefits until they are discharged and need support while re-applying. Forensic Targeted Transitional Funds provided crucial support for the Forensic Census Reduction program, which reduced the inpatient forensic census by 19% in the first six months of the project and by 49% after 18 months.

Table III.A

PROGRAM	CONSUMERS	FAMILY	OTHERS
Assisted Living Housing	43	0	0
BRIDGES Curriculum Participants	132	0	0
Intensive Transitional Support Forensic	147	0	0
Peer Support Center (Average Monthly Attendance)	2,518	0	0
TOTAL SERVED	2,840	0	0

Table III.B below details Block Grant allocations for adult services by agency and program.

Table III.B BLOCK GRANT ALLOCATIONS FOR ADULT SERVICES

CMHC	Assisted Living Housing	Targeted Transitional Support Forensic	Consumer Family Support/ Bridges	Peer Support Centers	Total Adult
Frontier	\$140,000	0	0	\$444,102	\$584,102
Cherokee	0	0	0	\$51,023	\$51,023
Ridgeview	0	0	0	\$296,053	\$296,053
HR McNabb	0	0	0	\$108,532	\$108,532
Volunteer	0	\$476,000	0	\$996,936	\$1,472,936
Fortwood	0	0	0	\$108,532	\$108,532
Centerstone	0	0	0	\$564,423	\$564,423

Carey	0	0	0	\$379,434	\$379,434
Pathways	0	0	0	\$305,967	\$305,967
Quinco	0	0	0	\$197,382	\$197,382
Professional Care Services	0	0	0	\$197,382	\$197,382
Southeast	0	0	0	\$108,532	\$108,532
Parkwest	0	0	0	\$246,670	\$246,670
MH Cooperative	\$35,000	0	0	0	\$35,000
Park Center	\$35,000	0	0	0	\$35,000
OTHER AGENCY					
TN Disability Coalition	0	0	\$100,000	\$108,532	\$208,532
Total Adult	\$210,000	\$476,000	\$100,000	\$4,113,500	\$4,899,500
Total C&Y				\$2,784,231	
Total Both				\$7,683,731	
Admin. 5%				\$339,549	
^aTotal Allocation				\$8,023,280	

^a Total allocation exceeds amount of annual Block Grant Award

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

I. Child - Report summary of areas which the State identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during FY10 to address areas of need identified in "Section II: Identification and Analysis of the Service System's Strengths, Needs, and Priorities" of the 2010 Community Mental Health Services Block Grant Plan.

1) Restoration of funding for critical services

As a result of current revenue shortfalls in Tennessee, DMHDD is faced with a net FY 10 - 11 budget reduction of \$9,000,000. The impact of these reductions has been minimized through a reinvestment of two million in non-recurring funds for FY 10 -11. DMHDD continues to make every effort to find ways to both conserve and augment existing funding while working to ensure continuation of important mental health and substance abuse treatment services.

The FY 10-11 budget leaves the department's funding in a vulnerable position. A significant amount of the community and RMHIs' budgets are not funded on a recurring basis. As the economy improves and a new administration comes into office, DMHDD will focus on restoring permanent funding to these programs.

2) Expansion of children and youth respite and emergency respite services

TDMHDD utilized block grant funds to provide three respite programs last year. The Planned Respite Services program provides respite services to families of children identified with serious emotional disturbance, or dually diagnosed with SED and mental retardation, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized family respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively.

Funding supports respite services in each of the seven mental health planning regions across the state. Included in the total is \$30,100 that supplements state dollars to fund a self-directed respite voucher program for children ages birth to eighteen. This allows families who reside in Memphis/Shelby County to directly pay for respite services when needed.

The Regional Respite Program is a voucher program provides respite vouchers for families with children with SED or developmental disabilities in the seven Mental Health Regions of Tennessee. Funds are available for payment for respite services. Parents must call the TRC helpline or access respite through a referral from a regional TRC member. Parents must pay the provider first and then turn in their respite voucher for payment by the program. A very limited amount is available in each region due to the limited amount of funding.

The Respite Voucher Program assists families with the cost of respite services. Families must have children from birth to age 18 years who have a serious emotional disturbance or a developmental disability. Available statewide, excluding Shelby County which has the Memphis Respite Voucher Program, this respite subsidy program is run through the TN Respite Coalition, a statewide respite networking advocacy body. Funding enables families who are eligible for this program to pay for respite services, under Policies and

Procedures developed by the Tennessee Respite Coalition. Regional respite entities handle referrals for this respite subsidy.

3) Additional funds for school based programs

TDMHDD utilizes block grant dollars to provide the following three school based programs.

Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at 47 elementary school locations.

Peer Power is a violence prevention program designed for youth in grades four and five. The focus of the program is to enhance resiliency, and lessons focus on improving empathy, impulse control, decision making skills, and anger management. The curriculum is divided into 5 two hour sessions.

The Early Childhood Network is a collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies. The effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with this age group.

Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation and have identified gaps in services.

TDMHDD promotes the mental health of young children through a variety of grant programs of early screening, intervention and referral services including the Regional Intervention Program (RIP). The School Based Mental Health Liaisons (SBMHL) provides consultation to classroom teachers for children that evidence behavioral difficulties.

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

II. Child - Report summary of the most significant events that impacted the mental health system of the State in the previous FY

Council on Children's Mental Health Care

Following a two-year legislative study by a Select Committee on Children and Youth and its subsequent findings, legislation created the Council on Children's Mental Health Care (CCMHC), to design a plan for a statewide system of mental health care for children where mental health services are child-centered, family-driven, and culturally and linguistically competent, and to provide a coordinated system of care for children's mental health needs in the state. This council has begun taking steps to design this plan and has completed its first report to the Legislature in July 2010. TDMHDD's Commissioner co-chairs the Council, along with the Executive Director of the TN Commission on Children and Youth.

Grant Awards

In Oct. 2010, the Department was notified that we were the recipient of a six-year \$9 million System of Care grant entitled "the Early Connections Network: Fulfilling the Promise" (ECN). This initiative will focus on the mental health needs of young children from birth through five years and their families in 5 counties in Middle, TN. The program will have a special focus on working with the families of active military, reserve and National Guard units in the region.

This past year, DMHDD was also awarded a six-year \$9 million dollar grant by SAMHSA for duplicating the system of care model called the K-Town Youth Empowerment Network. This initiative in Knox County, Tennessee, serves youth transitioning to adulthood with serious emotional disturbance and their families. K-Town will offer an effective approach to delivering mental health services and system transformation through an enhanced culturally competent, family-driven, youth-guided, community-based and coordinated system of care. Employing local youth and caregivers as care coordinators with support from mental health consultants, and partnering with parents and youth at all levels, K-Town will serve a minimum of 400 youth ages 14-21 with serious emotional disturbance or serious persistent mental illness and their families over the course of the grant funded period (2009-2015). K-Town is a partnership between DMHDD, Tennessee Voices for Children, Helen Ross McNabb Center, and Centerstone Research Institute.

In November 2009, DMHDD, in partnership with the Tennessee Administrative Office of the Courts, was awarded \$196,742 for a Mental Health Justice Collaboration Grant from the Bureau of Justice Assistance. The grant will be used to implement the Tennessee Integrated Court Screening and Referral Project. This is an evidence-based intervention project that addresses the mental health and substance abuse needs of children and youth who come into contact with the juvenile justice system in Tennessee. The project aims to serve approximately 6,000 children and youth with non-violent charges in 10 Tennessee county juvenile courts. The grant will offer a special emphasis on rural jurisdictions with female clients.

Family Support Specialist Certification

TDMHDD, in collaboration with NAMI TN and Tennessee Voices for Children, launched "The Family Support Specialist Certification Program" in May 2009 to provide direct caregiver and caregiver support to parents of children and youth with emotional,

behavioral and co-occurring disorders. To date, 11 persons have been trained as Family Support Specialists.

Other Transformation Activities during FY10

Evidence Based Practices

Through its Best Practice Guidelines, TDMHDD promotes the use of evidence-based and best practices by providers across the state. However, TDMHDD does not directly fund or contract for any of the SAMHSA-tracked EBPs. Results from the annual CMHA EBP Provider Survey are summarized in the table below:

CHILD/YOUTH EBP	# CMHAs Reporting Availability	# SED SERVED FY10
Therapeutic Foster Care (TFC)	N/A	2678
Multi-Systemic Therapy (MST)*	3	926
Family Functional Therapy (FFT)*	2	297
TOTAL RECEIVING AN EBP		3901

- Based on 18 of 20 CMHAs responding to 2010 Provider EBP Survey.

The Department of Children Services (DCS) contracts for TFC homes for children and youth with special mental health needs. Three agencies reported the EBP of MST for FY10 and two agencies reported providing FFT.

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

III. Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Expenditure of 2009 Block Grant Allocation

The 2009 Block Grant projected allocations were based on the final 2009 award amount of \$7,708,555 for Tennessee. The final 2009 Block Grant award to the state of Tennessee was \$7,723,117. Ninety-five percent of the total award was granted to community based programs in accordance with the expectations of the block grant. Approximately five percent of the award, or \$339,549 supports administrative functions relative to the community mental health system and Mental Health Planning and Policy Councils' support and activities. Despite recent decreases in the Block Grant award, TDMHDD has not decreased program allocations, utilizing an early withdrawal of the next year's Block Grant award as necessary. (See Table B.)

TDMHDD utilizes its Block Grant funding to provide community mental health services designed to promote education, prevention, and early intervention and build a reliable community support service system that emphasizes family education and support.

Eleven private not-for-profit CMHCs and two other community agencies received federal mental health block grant funds to provide these services. Each contracted agency provided services in accordance with a specific contract, budget and scope.

After the submission of the 2010 Block Grant Plan, revisions were made as to how the funding would be allocated; therefore, the planned allocations for services in the FY10 Block grant were revised. Some \$2,784,231 of Center for Mental Health Services (CMHS) Block Grant funding was expended for children and youth services in accordance with Criterion 1-5 in the following manner:

BASIC

\$ 1,610,460

Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at 47 elementary school locations.

Planned Respite Services

\$ 670,712

This program provides respite services to families of children identified with serious emotional disturbance, or dually diagnosed with SED and mental retardation, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized family respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively.

Funding supports respite services in each of the seven mental health planning regions across the state. Included in the total is \$30,100 that supplements state dollars to fund a self-directed respite voucher program for children ages birth to eighteen. This allows families who reside in Memphis/Shelby County to directly pay for respite services when needed.

Regional Respite Program**\$ 40,000**

This voucher program provides respite vouchers for families with children with SED or developmental disabilities in the seven Mental Health Regions of Tennessee. Funds are available for payment for respite services. Parents must call the TRC helpline or access respite through a referral from a regional TRC member. Parents must pay the provider first and then turn in their respite voucher for payment by the program. A very limited amount is available in each region due to the limited amount of funding.

Respite Voucher Program**\$30,100**

This program has been established to assist families with the cost of respite services. Families must have children from birth to age 18 years who have a serious emotional disturbance or a developmental disability. Available statewide, excluding Shelby County which has the Memphis Respite Voucher Program, this respite subsidy program is run through the TN Respite Coalition, a statewide respite networking advocacy body. Funding enables families who are eligible for this program to pay for respite services, under Policies and Procedures developed by the Tennessee Respite Coalition. Regional respite entities handle referrals for this respite subsidy.

Renewal House**\$ 6,250**

Funding supplements other state dollars to support early intervention and prevention services to children at risk of SED or substance abuse who reside at Renewal House, a residential program for addicted mothers in recovery and their children. Services provide on-site child, family and group counseling for which there is no third-party payer source. Parenting classes, support groups and family enrichment are provided for family preservation. Therapeutic services are also provided for children when evaluations deem such services appropriate.

Early Childhood Network**\$ 72,500**

This is a collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies. The effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with this age group.

Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation and have identified gaps in services.

Family Support & Advocacy**\$237,959**

This is a comprehensive family advocacy, outreach, support, and referral service provided statewide. Information, education, and training is provided to lay and professional groups about mental health issues, specifically regarding families of youth with Serious Emotional Disturbance (SED).

Peer Power**\$100,000**

Peer Power is a violence prevention program designed for youth in grades four and five. The focus of the program is to enhance resiliency, and lessons focus on improving empathy, impulse control, decision making skills, and anger management. The curriculum is divided into 5 two hour sessions.

Teen Screen

\$16,250

The Teen Screen program was developed by Columbia University and offers parents the opportunity to have their teenagers receive a voluntary mental health screening. The Teen Screen Program uses a questionnaire and interview process to see if a teen may be suffering from depression or other mental health problems. Teen Screen does not determine a diagnosis but if there are indicators of emotional distress or signs of emotional difficulties including suicidal thoughts, the family is notified and referrals are made.

Table III.A below shows the total number served during FY10 through program initiatives receiving full or partial Block Grant funding.

Table III.A

PROGRAM	CHILDREN	FAMILY	STUDENTS	TEACHERS
BASIC	14,008	0	14,008	0
Respite Voucher Program	80	80	0	0
Regional Respite Program	60	60	0	0
Planned Respite	224	187	0	0
Early Childhood Network	27	23	0	0
Renewal House	74	37	0	0
Family Support & Advocacy	0	8,038	0	0
Peer Power	748	0	748	0
Teen Screen	502	0	502	0
TOTAL SERVED	1,635	8,345	1,250	0

Table III.B on the following page details the 2010 Block Grant allocation for children and youth services by agency and program.

Table III.B 2010 BLOCK GRANT FUNDS ALLOCATED FOR C&Y SERVICES

CMHC	BASIC	Early Childhood Network	Family Support & Advocacy	Peer Power	Teen Screen
Frontier	\$286,557	0	0	0	0
Cherokee	\$70,028	0	0	0	0
Ridgeview	\$40,016	0	0	0	0
Volunteer	\$280,110	0	0	0	0
Fortwood	\$40,016	0	0	0	0
Centerstone	\$263,887	\$72,500	0	\$100,000	0
Carey	\$120,008	0	0	0	0
Pathways	\$120,047	0	0	0	0
Quinco	\$229,727	0	0	0	0
Frayser	0	0	0	0	0

Professional Care Services	\$160,064	0	0	0	0
OTHER AGENCY					
Renewal House	0	0	0	0	0
TN Respite Coalition	0	0	0	0	0
TN Voices for Children	0	0	237,959	0	16,250
Total C&Y	\$1,610,460	\$72,500	\$237,959	\$100,000	\$16,250

CMHC	Regional Respite	Renewal House	Memphis Respite Voucher Program	Planned Respite	Total
Frontier	0	0	0	\$81,112	\$367,669
Cherokee	0	0	0	0	\$70,028
Ridgeview	0	0	0	\$81,112	\$121,128
Volunteer	0	0	0	\$265,152	\$545,262
Fortwood	0	0	0	0	\$40,016
Centerstone	0	0	0	\$81,112	\$517,499
Carey	0	0	0	0	\$120,008
Pathways	0	0	0	0	\$120,047
Quinco	\$	0	0	\$81,112	\$310,839
Frayser	0	0	0	\$81,112	\$81,112
Professional Care Services	0	0	0	0	\$160,064
OTHER AGENCY					
Renewal House	0	\$6,250	0	0	\$6,250
TN Respite Coalition	\$40,000	0	\$30,100	0	\$70,100
TN Voices for Children	0	0	0	0	\$254,209
Total C&Y	\$40,000	\$6,250	\$30,100	\$670,712	\$2,784,231
Total Adult					\$4,899,500
Total Both					\$7,683,731
Admin. 5%					\$339,549
^aTotal Allocation					\$8,023,280

^a Total allocation exceeds amount of annual Block Grant Award.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	129,049	129,460	130,000	131,047	100.81
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To maintain access to publicly funded behavioral health care for adults.

Target: To serve a minimum of 130,000 adults through publicly funded behavioral health care.

Population: Adults receiving publicly funded behavioral health services.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of adults served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: TennCare; TDMHDD BHSN Annual Report; URS Table 2A

Special Issues: On January 1, 2009, the former State-only/Judicial program was dissolved by TennCare and those individuals were offered services in the BHSN if they met eligibility requirements for the BHSN.

Significance: The publicly funded system consists of TennCare and the BHSN. TennCare provides behavioral health services to all Medicaid-eligible adults. The BHSN provides services to TennCare disenrollees and other uninsured adults who are assessed as SMI.

Activities and strategies/ changes/ innovative or exemplary model: With the move to an integrated managed care system, TDMHDD will no longer have direct access to TennCare utilization data, but is working diligently with TennCare to obtain the data required to provide a response to this goal. With the merging of the MHSN and the State Only/Judicial population to create the BHSN, the criteria for data collection was adjusted to assure unduplicated service recipients. This BHSN data is provided annually and is included in this number.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	9.08	9.07	10	15.29	65.40
Numerator	1,051	926	--	1,228	--
Denominator	11,571	10,205	--	8,031	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Maintain a "readmissions within 30 days of discharge" rate of 10% or less.

Population: Adults discharged from state psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults discharged who are readmitted within 30 days.

Measure: Numerator: Number of adults readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of adults discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: This data would not reflect an admission to a private hospital within the 30-day post Regional Mental Health Institute (RMHI) period. Data includes all payor sources and legal codes.

Significance: The continuity of care following hospitalization is an important variant in stabilizing an individual post-discharge.

Activities and strategies/ changes/ innovative or exemplary model: State hospitals are the only inpatient option for persons without health care insurance. The readmission rates for hospitalizations continue to remain steady. For adults with SMI and without health insurance, continued outpatient care is available for a six month period to determine eligibility for the BHSN, Medicaid or other entitlements.

Target Achieved or Not Achieved/If Not, Explain Why: Not achieved. In Jan. 2009 a group of SMI persons were disenrolled from the TennCare (Medicaid program) leaving them with few alternatives for out-patient treatment, thus, in-patient readmission rate increased.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	20.85	20.37	21	29.35	71.55
Numerator	2,413	2,079	--	2,357	--
Denominator	11,571	10,205	--	8,031	--

Table Descriptors:

Goal: To provide effective outpatient services and alternative community resources to support stabilization in the least restrictive environment.

Target: Maintain a "readmission within 180 days of discharge" rate of 21% or less.

Population: Adults discharged from state psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of discharged adults readmitted within 180 days.

Measure: Numerator: Number of adults readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of adults discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: This data would not reflect an admission to a private hospital within the 180-day post RMHI discharge period. Data includes all payor sources and legal codes.

Significance: A major challenge in a comprehensive community-based mental health system of care is the development of community-based alternatives to inpatient treatment.

Activities and strategies/ changes/ innovative or exemplary model: This indicator has remained steady for the past five years. Continued focus is placed on finding community alternatives in order to prevent or stabilize a psychiatric or life crisis before involuntary hospitalization is the only option. Currently, seven crisis stabilization programs operate across the state. Crisis response services also have access to crisis respite beds to provide a brief time of rest and support to stabilize or alleviate a crisis situation. WRAP, IMR and BRIDGES courses enhance consumer stability and promote early planning for treatment and support services that improve the likelihood of effective interventions without the need for hospitalization.

Target Achieved or Not Achieved/If Not, Explain Why: Not achieved. In Jan. 2009 a group of SMI persons were disenrolled from the TennCare (Medicaid program) leaving them with few alternatives for out-patient treatment, thus, in-patient readmission rate increased.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	7	7	7	7	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide all SAMHSA-recommended EBP services.

Target: Maintain availability of behavioral health interventions having consistent, scientific evidence showing improved consumer outcomes.

Population: Adults assessed as SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of SAMHSA-defined evidenced based practices provided in Tennessee.

Measure: Number

Sources of Information: TDMHDD; CMHA FY10 EBP Provider Survey; URS Tables 16-17

Special Issues: States may be providing other best practices not included in the URS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: Current URS Developmental Tables 16-17 list the following Evidenced Based Practices for adults:
 1. Supported Housing (SH)
 2. Supported Employment (SE)
 3. Assertive Community Treatment (PACT)
 4. Family Psychoeducation (FP)
 5. Integrated Treatment (IT)
 6. Illness Management and Recovery (IMR)
 7. Medication Management (MM)

Tennessee has supported approved models of SH and SE for many years. There are HUD supported housing sites and supported housing funding through the Creating Homes Initiative. Supported employment opportunities are available at all Psychosocial Rehabilitation Programs. There are currently two PACT teams operated under the managed care system, but no available funding to expand either team capacity or add additional teams.

The existence of EBPs is verified in different ways. SE is a service that must be offered through licensed Psychosocial Rehabilitation Programs. PACT utilization is monitored by the managed care contractor. A provider survey, which lists the

model service description and the minimum fidelity criteria required for reporting is currently used.

The FY10 EBP survey provided the most up to date information regarding the evidenced based practices. Twenty CMHAs were contacted with 18 responding regarding the provision of services across the state. Many CMHAs indicated plans to continue expanding the types of EBPs available within their scopes of service.

While the number of persons being served is included in the survey response, it is noted that this reporting method is not a completely reliable indicator of the clinical or cost effectiveness of the model. Currently, at least in Tennessee, no other method appears to be a viable alternative to a provider survey for those services not specifically offered as part of a funded program.

Target Achieved Achieved. All EBPs are available in the state, although not all under the auspices
or of TDMHDD.
Not Achieved/If
Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.67	.60	.75	.87	116
Numerator	660	537	--	831	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased access to supported housing services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served who received supported housing services.

Measure: Numerator: Number reported receiving service.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider survey; URS Table 16

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Stable, affordable housing of choice is a strong indicator of improved psychiatric stability and quality of life.

Activities and strategies/ changes/ innovative or exemplary model: Tennessee has promoted supported housing for many years. CMHAs are encouraged to assist consumers in accessing the housing of their choice and provide the financial and social supports to enable them to succeed. However, housing shortages and prohibitive costs were deterrents to movement from institutes or supervised housing into more independent living situations. CHI continues to positively impact the housing options available to consumers.

Twelve of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Supported Housing with 831 adults with SMI served.

Target Achieved Achieved.

or

Not Achieved/If

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.44	.38	.50	.55	110
Numerator	434	339	--	527	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased access to supported employment services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served receiving SE services.

Measure: Numerator: Number reported receiving service.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider Survey; URS Table 16

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Employment is often voiced as the first priority of consumers working toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: To assist adults to gain and maintain employment of their choice is a primary goal of Psychosocial Rehabilitation Services, which have been funded in the state for over ten years. There are currently 18 locations across the state

Collaborative Efforts between TDMHDD and Vocational Rehabilitation have also led to the development of transitional supported employment services. Regional task groups are located in local communities to develop employment opportunities for persons with mental illness. Outreach, training and technical assistance are also provided statewide to service recipients, family members, mental health service providers, employers and other interested community stakeholders regarding employment opportunities and services.

Five of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Supported Employment with 527 adults with SMI served.

Target Achieved or Not Achieved/If Achieved.

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.20	.23	.23	.24	104.35
Numerator	200	202	--	226	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Maintain access to assertive community treatment.

Population: Adults assessed as SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage reported served in PACT.

Measure: Numerator: Number reported as being provided PACT.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider survey; URS Table 16

Special Issues: Access to this EBP is dependent upon continuation of the service under the TennCare managed care program.

Significance: The three current PACT teams have a capacity of 226 clients.

Activities and strategies/ changes/ innovative or exemplary model: PACT teams serve a finite capacity of adult clients with minimal turnover.

Three of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Assertive Community with 226 adults with SMI served.

Target Achieved Achieved.

or

Not Achieved/If

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.42	2.56	.42	8.20	1,952.38
Numerator	415	2,276	--	7,832	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Maintain access to family psychoeducation services.

Population: Adults with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults with SMI served receiving this EBP.

Measure: Numerator: Number receiving service.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider Survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Provider networks are encouraged to provide EBPs but the EBPs are not specified.

Activities and strategies/ changes/ innovative or exemplary model: Six of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Family Psychoeducation with 7,832 adults with SMI served.

TDMHDD promotes the use of evidence based clinical practices, but does not fund or oversee specific models.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. A significantly higher percentage of consumers received FP.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	4.38	6.05	5.50	7.21	131.09
Numerator	4,334	5,385	--	6,885	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased access to integrated services.

Population: Adults with COD.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served receiving IT.

Measure: Numerator: Number reported receiving IT.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Integrated treatment lessens barriers to access and provides care to the whole person as opposed to a diagnosed illness.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD continues to promote the integration of treatment for COD with the provider community through collaborative projects with the Division of Alcohol and Drug Abuse Services and through provider and contract agencies in the community. TDMHDD is also contracting with seven agencies, one in each planning region, to provide Co-occurring Enhanced Intensive Outpatient services.

Eleven of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Integrated Treatment of Co-Occurring Disorders with 6,885 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.84	1.56	.90	1.53	170
Numerator	835	1,391	--	1,463	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased use of an illness management recovery services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage receiving IMR.

Measure: Numerator: Number reported as being provided IMR.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria.

Significance: IMR assists consumers in accepting responsibility for their own recovery: physically, emotionally, mentally, and spiritually.

Activities and strategies/ changes/ innovative or exemplary model: Train-the-trainer sessions were conducted using the CMHS Evidence Based Practice Illness Management and Recovery (IMR) Toolkit with the goal of developing a cadre of trained practitioners who could foster the implementation of this EBP in their service area.
Fifteen of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Illness Self-Management with 1,463 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:]

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	5.76	23.53	6.25	14.48	231.68
Numerator	5,704	20,953	--	13,824	--
Denominator	98,951	89,054	--	95,465	--

Table Descriptors:

Goal: To promote access to evidence based practices within the public behavioral health system.

Target: Determine baseline access to medication management.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served receiving MM.

Measure: Numerator: Number reported as being provided MM.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: MM can improve consumer/family understanding of medication effects and limit overmedication and interactive side effects.
The use of medication algorithms is encouraged as a best practice.

Activities and strategies/ changes/ innovative or exemplary model: Five of eighteen CMHAs responding to the FY10 EBP Provider survey reported the availability of Medication Management with 13,824 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	63.49	59.62	70	56.23	80.33
Numerator	3,462	3,075	--	3,562	--
Denominator	5,453	5,158	--	6,335	--

Table Descriptors:

- Goal:** To provide behavioral health services that are rated positively by service recipients.
- Target:** To attain/maintain a minimal rating of 70% of adults who report positively about service outcomes.
- Population:** Sample of adults receiving public mental health services.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent of adults submitting a positive survey response on outcomes domain.
- Measure:** Numerator: Number of positive responses reported in the outcomes domain.
Denominator: Total responses reported in the outcome domain.
- Sources of Information:** TDMHDD; TOMS; URS Table 11
- Special Issues:** The annual MHSIP has been linked to the TOMS to provide a random sample of annual survey responses.
- Significance:** Positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.
- Activities and strategies/ changes/ innovative or exemplary model:** The MHSIP survey was added to the TOMS web-based survey system with random TOMS participants completing the annual survey. With the increasing number of participants completing the survey, it is hoped a clearer picture will emerge regarding the way clients perceive treatment.
As WRAP, IMR and person-centered services become more widely available, consumer perception of the attainment of self-chosen goals will likely play an important role in the tenor of their responses to questions in this domain.
- Target Achieved or Not Achieved/If Not, Explain Why:** Not Achieved. With the budget restrictions and cuts that were proposed at varying times through the year, consumer and family concern for stability of funding may have contributed to the decrease in positive perception of care.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	22.16	19.40	25	17.55	70.20
Numerator	3,009	3,657	--	3,888	--
Denominator	13,579	18,855	--	22,159	--

Table Descriptors:

Goal: Adults with SMI are able to get and keep employment of their choice.

Target: To increase the number of adults reporting hours of paid work.

Population: Adults receiving public mental health services and participating in TOMS

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percent of adults reporting employment.

Measure: Numerator: Number of adults employed.
Denominator: Total number of adults completing employment question.

Sources of Information: TOMS Survey; URS Table 4

Special Issues: Employment is defined as reporting any number of hours worked for pay on TOMS survey question.

Significance: Employment is the number one desire of a majority of consumers who are not employed.

Activities and strategies/ changes/ innovative or exemplary model: Numerators for FY10 data were based on the TOMS survey, which reports the number of hours during a week that adults either were in school, did volunteer jobs, or worked for pay.
The Creating Jobs Initiative (CJI) assertively and strategically partners with local communities to expand employment opportunities. TDMHDD continues to establish partnerships with providers of employment services at the state and local levels, to provide technical assistance to community mental health agencies regarding employment for mental health service recipients.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Tennessee has seen an overall decrease in employment and a rise in unemployment in the last year which has drastically effected employment for all individuals throughout the state. This decrease has also affected the employment of SMI individuals.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	11.04	11.13	10	11.89	118.90
Numerator	1,522	2,104	--	2,637	--
Denominator	13,792	18,900	--	22,179	--

Table Descriptors:

Goal: Services provided through the public mental health system have a positive impact on client behavior.

Target: To decrease the incidence of arrests in adults with SMI.

Population: Adults receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults reporting decreased number of arrests.

Measure: Numerator: Number of adults reporting fewer or no arrests on any subsequent TOMS surveys.
Denominator: Number of adults reporting any number of arrests on initial TOMS survey.

Sources of Information: MHSIP; TOMS Survey; URS Table 19

Special Issues: As TOMS is a new system future performance indicators may be revised.

Significance: Persons with mental illness are best served in the mental health system. One goal of treatment is to reduce the likelihood of behaviors that could lead to criminal justice involvement.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD has no access to county databases of arrest records of service recipients. FY10 data show that only 5% of adults receiving services for at least 12 months reported an arrest while 14% of adults receiving services for less than 12 months reported an arrest.

For the FY10 implementation report, data will be used to determine the percentage adults responding to the survey reporting an arrest within a 12 month period.

TDMHDD supports eighteen criminal justice/mental health liaison positions serving twenty-three counties to provide interventions for adults with mental illness or COD who are in jail or at risk of being jailed and promotes collaborative educational efforts between criminal justice and mental health systems. Staff also works closely with mental health courts to assess service needs and develop diversion programs.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Due to the way TOMS data are collected, this goal had to be re-written. The numerator now is "Number of adults reporting an arrest within the past 30 days." The denominator is "Number of adults responding to the survey." Just over 11% of the respondents reported an arrest within 30 days. We believe the target was not achieved due to the poor economy and because of disenrollment of SMI persons from TennCare (Medicaid).

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	2.47	2.30	5	2.42	206.61
Numerator	328	439	--	541	--
Denominator	13,293	19,111	--	22,337	--

Table Descriptors:

Goal: To promote stability in housing through engagement in treatment and support services.

Target: Maintain homelessness of service recipients at less than 5%.

Population: Adults receiving public mental health services and participating in TOMS

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults surveyed reporting homelessness.

Measure: Numerator: Number indicating a homeless choice as their living situation.
Denominator: Total number of adults completing living situation question on TOMS.

Sources of Information: TOMS Survey; URS able 15

Special Issues: Survey choices reported as homeless include shelter, on street, outside, in a vehicle, or other.

Significance: Recovery includes access to safe and affordable housing. The combination of federal outreach initiatives, consumer support services, housing development initiatives and independent living subsidies markedly improve options for individuals who are homeless.

Activities and strategies/ changes/ innovative or exemplary model: The combination of federal outreach initiatives, consumer support services, housing development initiatives and independent living subsidies markedly improve options for individuals who are homeless. TOMS data for FY10 shows a continued downward trend in homelessness.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Adults reporting homelessness is less than 5%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	68.52	65.95	70	63.38	90.54
Numerator	3,742	3,477	--	4,077	--
Denominator	5,461	5,272	--	6,433	--

Table Descriptors:

Goal: To assist and empower consumers to develop positive support systems.

Target: To attain/maintain a minimum rating of 70% positive response to Social Connectedness (SC) Domain.

Population: Adults receiving public mental health services taking the adult annual TOMS survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults submitting a positive survey response on SC domain.

Measure: Numerator: Number of positive responses reported on the SC domain.
Denominator: Total responses received on the SC domain.

Sources of Information: MHSIP; TOMS: URS Table 9

Special Issues: The MHSIP survey has been added to the web-based TOMS.

Significance: Recovery and community integration can be measured by normal relationships and activities within the community as a whole.

Activities and strategies/ changes/ innovative or exemplary model: As narrated throughout this plan, TDMHDD supports a variety of services and supports to increase the social connectedness of consumers and families beyond the provider community.

The MHSIP survey was recently added to the TOMS web-based survey system with random TOMS participants completing the survey annually. The TOMS consumer outcomes tool also includes questions similar to those on the MHSIP in the Social Connectedness Domain.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. With the overall climate of uncertainty regarding funding and eligibility for mental health coverage, consumer and family concerns are likely to be reflected in the social support/social connectedness consumers are feeling.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	64.46	59.45	70	55.97	79.96
Numerator	3,473	3,058	--	3,522	--
Denominator	5,388	5,144	--	6,293	--

Table Descriptors:

Goal: To improve the everyday functioning of service recipients.

Target: To attain/maintain a minimum rating of 70% of adults who report positively on the Level of Functioning domain.

Population: Adults receiving public mental health services taking the adult annual MHSIP survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percent of adults submitting a positive survey response on level of functioning domain questions.

Measure: Numerator: Number of positive responses reported on the functioning domain.
Denominator: Total responses received on the functioning domain.

Sources of Information: MHSIP Survey; TOMS; URS Table 9

Special Issues: MHSIP is now part of the TOMS web-based system.

Significance: The ability to function satisfactorily in major life roles is necessary to achieve recovery goals.

Activities and strategies/ changes/ innovative or exemplary model: Persons with a mental illness want and need what everybody wants and needs - friends, families, a good education, a good job, and things to do for fun and relaxation. The successful attainment of any of these simple goals can be negatively influenced by symptoms, side effects, behaviors, or frequent hospitalizations.

A combination of effective clinical care, illness management education, and peer and family support contributes to personal growth and successful community integration. The regular TOMS consumer outcomes survey includes questions similar to those on the MHSIP in the Functioning Domain.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. With the overall climate of uncertainty and insecurity regarding funding and eligibility for mental health coverage as well as the economic distress this past year, consumers and family members are experiencing increased stress which would have a significant effect on improvements in level of functioning.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Services to Older Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	760	886	1,075	1,742	162
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To engage older adults with mental health issues in a treatment/support community.

Target: To maintain specialized services to 900 older adults.

Population: Adults age 55 and Over with mental illness.

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: Number engaged in treatment/support services.

Measure: Number

Sources of Information: Annual Project Reports

Special Issues: Data will include numbers served by four Older Adult Outreach Projects.

Significance: Older adults are less likely to seek mental health or substance abuse treatment through the traditional mental health service system and are best engaged through collaboration with primary care and other older adult non-treatment service communities.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD recognizes that older adults are underserved within the behavioral health system and promotes projects and outreach activities to better serve them. Four projects provide outreach, screening, assessment, linkage, treatment and supportive services to persons age 55 and over with mental health service needs. These projects also provide community mental health education to promote awareness and knowledge about geriatric mental health concerns. Topics may include signs of misuse and abuse of substances including over the counter medications; signs of dementia, depression, anxiety, and paranoia; signs of elder abuse, and techniques for dealing with disruptive and aggressive behaviors. More general topics related to life experiences of older adults such as grief and loss, loneliness, stress management, and coping with change may also be presented.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: SMI Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	10,843	22,918	20,000	31,269	156.35
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To ensure access to necessary mental health services.

Target: To serve 16,000 adults.

Population: Adults assessed as SMI without a payor source for treatment.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of adults with SMI served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: TDMHDD Office of BHSN Services

Special Issues: The Behavioral Health Safety Net (BHSN) currently serves eligible adults with SMI who were disenrolled from TennCare or are not eligible for TennCare.

Significance: TDMHDD is striving to maintain access to necessary mental health services for priority adults without coverage for mental health services.

Activities and strategies/ changes/ innovative or exemplary model: As of January 1, 2009, the BHSN began serving all individuals who were disenrolled from TennCare and met eligibility requirements, including the former "State only/Judicial" population.

Target Achieved Achieved.

or

Not Achieved/If

Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Support for Recovery Oriented Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	57	57	50	64	N/A
Numerator	4,389,500	4,389,500	--	4,899,500	--
Denominator	7,651,500	7,651,500	--	7,683,731	--

Table Descriptors:

Goal: To assure availability of support and recovery-oriented services for adults with SMI.

Target: To expend a minimum of 50% of Block Grant funding for recovery-oriented services for adults with SMI.

Population: Adults with SMI.

Criterion: 5:Management Systems

Indicator: Percent of block grant funds allocated for recovery-oriented services.

Measure: Numerator: Amount of Block Grant dollars spent on recovery-oriented services
Denominator: Total amount of Block Grant funding minus administrative costs

Sources of Information: TDMHDD Budget

Special Issues: Allocations are based on continued ability to expend Block Grant funding for non-treatment services.

Significance: Recovery-focused activities provide peer counseling and support, illness management education and help with daily skill building.

Activities and strategies/ changes/ innovative or exemplary model: Non-clinical services, especially recovery and support services are considered important for maintaining wellness, promoting empowerment, improving community reintegration and contributing to improvement in an individual's quality of life.
Since FY07, TDMHDD has utilized the majority of state and federal funding to pilot, promote, maintain and enhance a variety of service initiatives that assist adults with a serious mental illness to live, work, learn and participate fully in their communities.

Target Achieved Achieved.
or
Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	52,649	64,884	52,700	58,302	110.63
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Maintain access to publicly funded behavioral health services for children and youth.

Target: At least 52,500 children and youth are served through the public system.

Population: Children and youth.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number served.

Measure: Number

Sources of Information: TennCare; CoverKids; URS Table 2

Special Issues: TDMHDD does not provide clinical treatment services to children and youth. The ability to provide data on this NOM is dependent upon successful negotiation for data sharing with TennCare and CoverKids programs.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: TennCare enrollment remains available for children and youth under age 21 who meet eligibility requirements for Medicaid and for a small group of non-Medicaid eligible children meeting certain other criteria. TDMHDD is working with TennCare to obtain the data necessary to complete these goals.

Target Achieved Achieved.

or

Not Achieved/If

Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	3.95	7.43	10	6.45	155.04
Numerator	21	26	--	16	--
Denominator	532	350	--	248	--

Table Descriptors:

Goal: To offer effective inpatient treatment and continuity of care to maximize community tenure.

Target: Maintain a "readmission within 30 days" rate of 10% or less.

Population: Children and youth under age 18 discharged from state inpatient care.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of discharges readmitted within 30 days.

Measure: Numerator: Number readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: Only one five state psychiatric hospitals serve children and youth.

Significance: Children are best served within the context of family and community.

Activities and strategies/ changes/ innovative or exemplary model: The managed care organizations contract with RMHIs and private psychiatric hospitals to provide inpatient care to children and youth. Readmission rates within 30 days are often dependent not only upon continuity of clinical care for the child, but linkage to community education and support services for the family. Standards of care exist within the managed care organizations regarding continuity of care.

It is noted that the readmission rate within 30 days to all psychiatric facilities has historically been just slightly higher than readmission rates to state hospitals.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	12.41	11.43	18	10.08	178.57
Numerator	66	40	--	25	--
Denominator	532	350	--	248	--

Table Descriptors:

Goal: The public mental health systems includes effective community alternatives to inpatient treatment.

Target: Maintain "readmission to within 180 days" of discharge rate to 18% or less.

Population: Children and youth below age 18 discharged from state inpatient care.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of discharges readmitted within 180 days.

Measure: Numerator: Number readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues:

Significance: A major goal of a comprehensive service system is the availability of effective community and in-home alternatives to hospitalization.

Activities and strategies/ changes/ innovative or exemplary model: While serious emotional disturbances can require hospitalization for necessary adjustments or crisis situations, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide early intervention and family-centered services within the home, school, or other least restrictive environment.

Intensive in-home services for at risk children, education and support for caregivers of children with SED and other emotional and behavioral issues and intensive, specialized interventions by children and youth crisis services programs, all serve to impact the child's ability to remain in the family and community setting.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Readmission rate remained below 18%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	2	3	1	3	300
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To promote the use of behavioral health interventions having consistent, scientific evidence showing improved outcomes.

Target: To maintain availability of evidenced-based practices.

Population: Children and Youth

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of SAMHSA recommended evidenced based practices being provided in Tennessee.

Measure: Number

Sources of Information: Provider Survey

Special Issues: States may be providing other best practices that are not included in the URS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: The URS Table 16 list of Evidenced Based Practices for children includes:

1. Therapeutic Foster Care (TFC)
2. Multi-Systemic Therapy (MST)
3. Family Functional Therapy (FFT)

The number of children and youth receiving EBP services is reported by means of an annual provider survey. In FY10, agencies were asked to respond service numbers based only on programs that met minimum fidelity requirements. All services were reported, but are not widespread.

DCS provides foster care services and contracts with area CMHAs to provide specialized training and support services to foster parents who provide TFC services.

While TDMHDD and the MCCs promote the use of evidenced based practices, there are no contractual requirements determining which recognized programs are used.

Target Achieved Achieved.
or
Not Achieved/If
Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	8.40	9.03	8.40	8.69	103.45
Numerator	2,773	2,678	--	2,678	--
Denominator	33,004	29,660	--	30,805	--

Table Descriptors:

Goal: To promote the use of evidence based practices within the public service system.

Target: To maintain the number served at or near the FY07 service level.

Population: Children and youth served by DCS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children and youth receiving TFC.

Measure: Numerator: Number receiving TFC.
Denominator: Total number SED served.

Sources of Information: Data Requests from DCS; TennCare

Special Issues: Annual data from DCS reporting the number of children and youth served in TFC is not specified by mental health priority population. TDMHDD access to service data from TennCare and CoverKids is not confirmed at this time.

Significance: A correlation between the population receiving TFC and the population of children with SED served through TennCare and CoverKids is not clear.

Activities and strategies/ changes/ innovative or exemplary model: Families are sometimes unable or unwilling to care for children. DCS is responsible for providing temporary care or foster care for many of these children. DCS recruits foster families who provide safe and supportive homes in which the children's emotional, physical and social needs can be met. Sometimes, specialized training is necessary to provide such care. TFC is a temporary service until the family and, in some cases, the child can address the problems which made placement necessary. When parents cannot or will not make their home safe for the child's return, other permanent options are sought. These include adoption or, for older youth, independent living arrangements.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Note: FY10 numbers are estimated due to a change in the Department of Children's Services management information systems. Due to this change an exact number was not possible to produce this year.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.76	1.88	1.88	3.01	160.11
Numerator	250	558	--	926	--
Denominator	33,004	29,660	--	30,805	--

Table Descriptors:

Goal: To promote evidenced-based practices within the public mental health system.

Target: To maintain access to Multi Systemic Therapy.

Population: Children and Youth

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children and youth receiving MST.

Measure: Numerator: Number receiving EBP service.
Demoninator: Total number served.

Sources of Information: FY10 EBP Provider Survey; TennCare

Special Issues: Data to report this NOM is gathered by an annual provider survey including minimum fidelity criteria. The varying response rate and non-verifiability of this method makes target setting extremely difficult.

Significance: A correlation between the population receiving MST and the population of children with SED served through TennCare and CoverKids is not clear.

Activities and strategies/ changes/ innovative or exemplary model: Provision of clinical services for children and youth is not under the auspices of the state mental health authority.

In the 2010 provider survey, three of eighteen agencies reported providing MST according to minimum fidelity criteria. Other CMHAs report use of components of MST within their children and youth programs, but do not meet fidelity criteria for the model.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	0	.75	.75	.96	128
Numerator	0	222	--	297	--
Denominator	N/A	29,660	--	30,805	--

Table Descriptors:

Goal: To promote evidence based practices within the public mental health system.

Target: Maintain access to Family Functional Therapy.

Population: Children and youth with SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent receiving FFT.

Measure: Numerator: Number receiving FFT.
Denominator: Total number served.

Sources of Information: FY10 EBP Provider Survey; TennCare

Special Issues: TDMHDD does not contract for clinical services to children and youth. Data to report this NOM is gathered by an annual provider survey including minimum fidelity criteria. The varying response rate and non-verifiability of this method makes target setting extremely difficult.

Significance: Correlation between number receiving EBP and number of SED served is not clear.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD promotes the use of EBPs but has no contracts specific to the provision of FFT.

Two of eighteen reported availability of FFT.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	67.61	57.91	70	60.43	86.33
Numerator	1,144	809	--	988	--
Denominator	1,692	1,397	--	1,635	--

Table Descriptors:

- Goal:** Behavioral health services for children and youth result in positive, measurable and observable outcomes.
- Target:** To attain/maintain a positive outcomes rating of 70%.
- Population:** Children and youth whose parents complete a MHSIP survey.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent of positive responses.
- Measure:** Numerator: Unduplicated # of individuals reporting positive response to questions in outcomes domain.
Denominator: Unduplicated # of individuals responding to domain questions.
- Sources of Information:** MHSIP; TOMS; URS Table 11
- Special Issues:**
- Significance:** An observable improvement provides opportunities for positive feedback to the child and promotes acceptance of treatment for the caregiver.
- Activities and strategies/ changes/ innovative or exemplary model:** The highest goal of any service system is to attain the best possible outcome for the service recipient and his or her family. The MHSIP survey was added to the TOMS web-based survey system. With the increasing numbers of participants completing the survey, it is hoped a clearer picture will emerge regarding the way clients perceive treatment.
- Target Achieved or Not Achieved/If Not, Explain Why:** Not Achieved. With the budget restrictions and cuts that were proposed at varying times through the year, consumer and family concern for stability of funding may have contributed to the decrease in positive perception of care.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	11.77	10.18	10	17.64	176.40
Numerator	584	183	--	689	--
Denominator	4,963	1,797	--	3,907	--

Table Descriptors:

Goal: Children and youth receiving publicly funded mental health services improve in school attendance.

Target: No more than 10% of MHSIP respondents have children suspended or expelled within the past 30 days.

Population: Parents of children and youth receiving public mental health services who participate in MHSIP.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children suspended or expelled within the past 30 days.

Measure: Numerator: Number reporting of children suspended or expelled within the past 30 days.
Denominator: Total number of parents completing MHSIP survey.

Sources of Information: MHSIP Survey; URS Table 19b

Special Issues:

Significance: A goal of treatment is adequate role functioning for children and youth with mental illness or emotional disturbances. Attendance at school is a normal role for most children and youth.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. This could be due to the question being changed from children missing school 6 or more days to children being suspended or expelled in the past 30 days.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	5.42	7.74	7	7.85	112.14
Numerator	98	706	--	722	--
Denominator	1,808	9,125	--	9,196	--

Table Descriptors:

Goal: Children and youth receiving public mental health services will show decreased involvement in the juvenile justice system.

Target: One percent of children and youth will report decreased arrests.

Population: Children and youth receiving public mental health services participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent reported with decreased number of arrests.

Measure: Numerator: Number of children and youth who had an arrest in the past 30 days.
Denominator: Number of children and youth/parents completing a TOMS survey.

Sources of Information: MHSIP; TOMS Survey; URS Table 19A

Special Issues:

Significance: One goal of treatment is to reduce the likelihood of behaviors that could lead to juvenile justice involvement.

Activities and strategies/ changes/ innovative or exemplary model: Criminal justice history obtained through the MHSIP and TOMS parent surveys showed that children and youth who had been in treatment for at least twelve months were significantly less likely to have an arrest than those in services for less than twelve months.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved, although it is close to the target, could be due to paucity of services of level of intensity needed by some youth.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.05	.07	1	.04	2,500
Numerator	3	7	--	4	--
Denominator	5,529	9,359	--	9,429	--

Table Descriptors:

- Goal:** To promote stability in housing through engagement in behavioral health treatment and family support.
- Target:** Maintain homelessness at less than 1%.
- Population:** Children and youth participating in TOMS.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent served who report homelessness.
- Measure:** Numerator: Number indicating a homeless choice as living situation on any parent or youth TOMS survey.
Demoninator: Total number of parents or youths reporting living situation.
- Sources of Information:** TOMS Survey; URS Table 15
- Special Issues:** A very small number of children and youth receiving services at CMHAs report homeless status.
- Significance:** Living in a homeless family places a child at high risk for developing emotional and/or behavioral issues.
- Activities and strategies/ changes/ innovative or exemplary model:** TDMHDD provides outreach to homeless families who have children living as part of the family. Children are assessed and linked to necessary services. Caregivers are evaluated for needs and referred for mental health, substance abuse or medical evaluations. Parents are linked to services and supports that can assist them in breaking the cycle of homelessness due to domestic violence, mental illness or addiction.
- Target Achieved or Not Achieved/If Not, Explain Why:** Achieved. Percentage of children and youth reporting homelessness is less than 1%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	87.59	85.73	89	87.41	98.21
Numerator	1,525	1,280	--	1,506	--
Denominator	1,741	1,493	--	1,723	--

Table Descriptors:

Goal: To promote social support systems for parents/caregivers of children and youth with mental illness or emotional disturbances.

Target: To maintain an 87% positive rating for domain.

Population: Caregivers of C&Y receiving publicly funded services and completing a MHSIP annual survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of parents submitting a positive survey response.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in SC domain.
Denominator: Unduplicated # of individuals responding to SC domain questions

Sources of Information: MHSIP; TOMS Survey; URS Table 9

Special Issues: Similar questions on the TOMS will be compared for validity.

Significance: Social connectedness can help parents, grandparents, or other caregivers feel better equipped to deal with problem issues with their children and with providers.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD supports a variety of family support, advocacy and consultation activities targeted to promote support for families of children with emotional and/or behavioral disorders.

Pamphlets for various support groups are available in provider waiting areas, parent groups may be held at agencies in the evenings, and regional advocacy staff makes presentations for parents, teachers and others on a routine basis.

Homogenous support, education, and self-help groups have long demonstrated an effectiveness at helping people feel that they are not alone, that there are things that work, and that there are others who understand and will listen and share what helps them. Adequate education and support for the parent or caregiver can enable a more appropriate response to the child's actions, decrease overall frustration, and instill a sense of hope within the family.

Target Achieved or Not Achieved/If Not achieved. With the overall climate of uncertainty regarding funding and eligibility for mental health coverage, consumer and family concerns are likely to be reflected in the social supports/social connectedness consumers are feeling.

Not, Explain Why: While this goal was not achieved at 100% it was significantly achieved at 98.21%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	70.70	61.33	75	64.78	86.37
Numerator	1,187	847	--	1,052	--
Denominator	1,679	1,381	--	1,624	--

Table Descriptors:

Goal: To promote behavioral health services that result in increased level of functioning (LOF).

Target: To maintain a 70% rating on LOF domain.

Population: Parents of C&Y receiving publicly funded services and completing a MHSIP annual survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percent of positive survey responses on LOF domain.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in functioning domain.
Denominator: Unduplicated # of individuals responding to domain questions

Sources of Information: MHSIP; TOMS Survey; URS Table 9

Special Issues: Similar questions on the TOMS will be compared for validity.

Significance: Improved functioning levels in school, with family and others is a sign of treatment success and enhances resiliency in the child or youth.

Activities and strategies/ changes/ innovative or exemplary model: While clinical treatment services to children and youth are provided through other state agencies, TDMHDD provides a wide range of support and education services for children and their families and caregivers. Anti-stigma presentations promote acceptance of children with mental illness or children with family members who have mental illness.

The promotion of best practices and a recovery/resiliency philosophy can improve the likelihood of understanding and appropriate responses within a child's treatment, home, school and community environment, enhancing positive responses to treatment and functioning levels.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. With the overall climate of uncertainty and insecurity regarding funding and eligibility for mental health coverage as well as the economic distress this past year, consumers and family members are experiencing increased stress which may have a significant effect on improvements in level of functioning.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: SED Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	33,004	29,660	33,100	30,805	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Maintain access to publicly funded services for children and youth with SED.

Target: Monitor number served annually.

Population: Children and youth enrolled in TennCare.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Unduplicated number served.

Measure: Number

Sources of Information: TennCare; URS Table 14

Special Issues: Source of information is TennCare.

Significance: TDMHDD wishes to assure behavioral health service access to those most in need, children and youth assessed as SED.

Activities and strategies/ changes/ innovative or exemplary model: TennCare provides data regarding services provided to SED population.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved, although more SED children were served in FY10 than FY09. The target assumed a level of outreach that TennCare program did not achieve.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Support for Early Intervention

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	22.81	22.82	20	22.19	N/A
Numerator	1,745,500	1,745,500	--	1,705,560	--
Denominator	7,651,500	761,500	--	7,683,731	--

Table Descriptors:

Goal: To ensure the availability of early intervention services for children and youth.

Target: To maintain a minimum of 20% of Block Grant funding for early intervention and prevention services.

Population: Children and Youth with or at risk of SED

Criterion: 5:Management Systems

Indicator: Percent of block grant funds being used for prevention and early intervention services.

Measure: Numerator: Amount to be allocated for prevention and early intervention services
Denominator: Total amount of block grant funding minus administrative costs

Sources of Information: TDMHDD Office of Fiscal Services; Budget Allocation

Special Issues: Block grant allocations include BASIC, Renewal House, Early Childhood Network, Peer Power and Teen Screen.

Significance: Children and youth under eighteen comprise nearly 25% of Tennessee’s population. Early prevention and intervention services are considered most important to avoid the development of more serious emotional and/or behavioral problems.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD is committed to a philosophy of prevention, early identification and intervention services. The Department uses federal and state funding to support services aimed at prevention and the early identification of behavioral and/or emotional problems in children and youth. These include: 1) Child Care Consultation to day care providers, early childhood centers, and pre-kindergarten programs; 2) The Regional Intervention Program (RIP) provides early treatment for families with children under six years old who have moderate to severe behavior disorders; 3) The Early Childhood Network, a collaborative systems of care effort; and 4) Project BASIC, a school-based mental health early intervention and prevention program.

BASIC and RIP were developed in Tennessee more than twenty years ago and have expanded across the state. BASIC has been nationally recognized by the American Psychiatric Association and RIP has been extensively researched as a best practice. A number of states seek information, consultation, and training from Tennessee to replicate these programs.

In light of state fiscal constraints and competing priorities, Tennessee strives to

ensure the continued availability of early intervention and prevention programs through a dedicated minimum portion of Block Grant funding.

Target Achieved Achieved.
or
Not Achieved/If
Not, Explain Why:

Upload Planning Council Letter for the Implementation Report

**Tennessee Department of Mental Health and
Developmental Disabilities Planning and Policy Council**
c/o 425 5th Avenue North
5th Floor Cordell Hull Bldg.
Nashville, Tennessee 37243

ROBERT BENNING
CHAIR

CAROL WESTLAKE
VICE-CHAIR

JUDE WHITE
VICE-CHAIR

November 24, 2010

Ms. Barbara Orlando
Grants Management Specialist
Division of Grants Management OPS, SAMHSA
One Choke Cherry Lane, Room 7-1091
Rockville, MD 20850

Dear Ms. Orlando,

The Tennessee Department of Mental Health and Developmental Disabilities Planning and Policy Council recently had an opportunity to review the 2010 CMHS Block Grant Implementation Report. No comments were generated.

In general, given the state of the economy in Tennessee and throughout the nation, the Council believes that the Department, in response to specific requests by the governor to reduce their budget during this FY, has made some very difficult choices, while preserving those services that impact our most vulnerable citizens in need. More difficult yet is the task at hand where each agency of state government has again been asked to submit budget reductions for FY2011/2012.

Last legislative session the Council along with other advocacy groups was very successful in mitigating the proposed cuts for mental health and was successful in influencing the General Assembly to appropriate new dollars which included both recurring and one time revenues.

Thus the Departments and the Councils challenges this coming session are substantially more daunting; however all of us are committed to the task.

Sincerely,


Robert J. Benning, Chair
TDMHDD Planning and Policy Council

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.