



**Three Year Plan
for
FY2012 – FY2014
(July 1, 2011– June 30, 2014)**

**Tennessee Department of
Mental Health**

**TDMH THREE YEAR PLAN
FY 12 – FY 14
July 1, 2011**

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INTRODUCTION

The Tennessee Department of Mental Health (TDMH) serves as the state's mental health and substance use disorders authority and is responsible for system planning, setting policy and quality standards, system monitoring and evaluation, disseminating public information and advocacy for persons of all ages who have mental illness, serious emotional disturbance, or substance use disorders.

In June 2010, legislation was passed that created a Department of Intellectual and Developmental Disabilities (DIDD) and the same legislation changed the name of TDMHDD to the Department of Mental Health (TDMH) effective January 15, 2011. DIDD now serves as the state's developmental disability authority with responsibility to coordinate, set standards for, plan, monitor, and promote the development and provision of services and supports to meet the needs of persons with intellectual and developmental disabilities; consequently responsibility for developmental disabilities was transferred to the new Department of Intellectual and Developmental Disabilities.

One of the TDMH's major responsibilities is service system planning. Title 33 of the Tennessee Code Annotated, the mental health law, requires the TDMH to develop a Three Year Plan based on the TDMH Planning and Policy Council's recommendations. The plan must be updated at least annually, based on an assessment of the public need for mental health and substance use disorders services. The Department oversees seven Regional Planning and Policy Councils and a statewide TDMH Planning and Policy Council that advises the Department on planning, policy development, budget requests, and developing and evaluating services and supports. The Regional Planning and Policy Councils conduct an annual assessment of need at the local level and make recommendations to the statewide TDMH Planning and Policy Council for service development and resource allocation based on their findings. The TDMH Planning and Policy Council then formulates recommendations for inclusion into the Three Year Plan.

The plan serves several purposes:

1. Gives the TDMH Planning and Policy Council a forum to advise the Department on the desirable array of prevention, early intervention, treatment, and habilitation services and supports for service recipients and their families. The Council provides statewide citizen participation in advising the Department on policy and formulation of budget requests, as well as the development and evaluation of services and supports.
2. Provides a basis for the development of the TDMH's annual budget improvement request to the governor for the parts of the plan that are to be implemented during the budget year.

3. Identifies programs and activities that are vital to carrying out the vision and mission of the Department.
4. Provides a self-monitoring process to ensure that the TDMH meets its obligations to service recipients and their families.
5. Provides a means for internal and external communication. The plan communicates the TDMH goals and objectives to staff, other state entities, agencies that provide services and supports, other interested parties, and the public.
6. Provides a means to set priorities and to allocate resources consistent with the priorities while striving to ensure equitable distribution of services and resources statewide.

Divisions

The Division of Administrative Services (DAS) oversees monitoring, information systems, general services, and the budget. DAS also coordinates purchasing and facility management operations, major maintenance and capital outlay projects; provides budgeting and accounting functions, claims payments, data processing and system reporting. The Budget section monitors expenditures and develops the annual budget. Fiscal Services provides payroll services, reviews audit findings, and takes corrective action as indicated; provides accounting services for federal and community services grants and contracts; ensures that all income and expenditures are received, disbursed, and recorded; and ensures that all accounting, reporting, and reconciliation functions are performed. This Division also establishes methodology for the annual determination of charges for services provided in programs operated by TDMH and the determination of indigence.

Human Resources provide administrative services and gives policy management advice and technical assistance to the central office and the RMHIs on personnel-related matters. The staff advises employees regarding the Americans with Disability Act (ADA), Equal Employment Opportunity Commission (EEOC), employee relations, employee benefits, classification and compensation, recruitment, training, performance evaluations, and personnel transactions.

Information Systems Management (ISM) is responsible for all aspects of the software and hardware used by TDMH, which includes planning, analysis, design, development, implementation, installation, and ongoing support. ISM supports a structured information system to gather all data necessary for TDMH to carry out its duties related to planning, needs assessment, standard setting, evaluation, and promotion of service development.

The Construction and Engineering section oversees facilities management, engineering, and related services for TDMH. This section manages a comprehensive major maintenance program and coordinates all real property transactions. The General Services section provides procurement, fleet management, mail services, records management, and work-related transportation for TDMH staff. This section also serves as property officer for all fixed assets, as departmental monitor for the state property management system (P.O.S.T.), and as custodian for printing, publications, and forms.

The Division of Alcohol and Drug Abuse Services (DADAS) is responsible for planning, developing, funding and evaluating a statewide system of services for persons with, or who are at risk of developing substance use disorders and co-occurring substance use disorders and mental illness. The Division oversees and guides the development of a full continuum of prevention, treatment and addictions recovery services for individuals with substance use disorders and co-occurring substance use disorders and mental illness. These services constitute the State's addictions services safety net for persons with these conditions. The primary

funding vehicle for services is through the Division's administration of the federal Substance Abuse Prevention and Treatment Grant Block and limited state funding. These resources support substance abuse and co-occurring disorders prevention, treatment and recovery services through a network of approximately 152 community substance use disorders service agencies statewide. The Division has responsibility to prevent substance use disorders by providing public education concerning the causes and symptoms of substance use disorders and prepares and distributes suitable educational material to schools and interested members of the public. The Division also renders assistance to suitable local agencies and provide activities promoting public interest and information about substance abuse and dependence.

DADAS oversees the Co-Occurring Disorders Program to plan, promote, fund and evaluate services for persons with co-occurring substance use and mental disorders. The COD program provides extensive statewide training of service providers in treating COD issues; funds the Women's Addictions Recovery Network and other direct treatment services; and evaluates the effectiveness of services for co-occurring substance use and mental disorders.

DADAS manages the Criminal Justice Service Program by operating and overseeing the criminal justice programs that provide community mental health and substance treatment and recovery across the State of Tennessee. The Criminal Justice Service Program includes the Community Treatment Collaborative, Alcohol and Drug Addiction Treatment Program for DUI Offenders, Supervised Probation Offender Treatment Program, Criminal Justice Liaison Program and DUI Schools. The Criminal Justice Programs provide an opportunity for individuals with exposure and activity in the criminal justice system to receive community based treatment and recovery services that will help meet their individual needs and provide a continuum of support services in their community.

The Division of Clinical Leadership (DCL) seeks to assure high quality services through consultations, clinical oversight, education, the development and revision of clinical policies and best practice guidelines, and the advancement of research reviews. DCL assists service recipients by providing clinical oversight of various programs and by monitoring clinical research. DCL serves as the state opioid treatment authority that provides administrative, medical, and pharmaceutical oversight to certified Opioid Treatment Programs, including, but not limited to planning, developing, educating, and implementing policies and procedures to ensure that opioid addiction treatment is provided at an optimal level. It houses the Department's Institutional Review Board (IRB), which must approve any proposals to conduct research undertaken by, for, or with the TDMH, including requests to utilize service recipients, their records, or specimens for research purposes. DCL provides consultation to the clinical directors at the Regional Mental Health Institutes (RMHIs), including pharmacy consultation. In addition, DCL oversees a grant that provides intensive, in-home clinical services to families with parents who have substance abuse issues and children who are at imminent risk of state custody. The Division implements evidence-based practices, and provides Title VI oversight and

suicide prevention activities. The Division provides education regarding mental illness and substance use disorders for healthcare providers, service recipients and their families, and is currently working on developing strategies regarding workforce development. DCL continues to work collaboratively with TennCare in the design and development of standardized assessment and training guidelines for the managed care organizations.

The Division of Planning, Research & Forensics (DPRF) works with all program and planning areas to develop Departmental policy through research, data collection and analysis, and program evaluation. DPRF supports mandated planning and policy responsibilities by working with planning and program staff to develop special initiatives. The division also has responsibility for mandated inpatient and outpatient court-ordered mental health evaluation and treatment services for youth and adults which are provided through contracts with community agencies and state hospitals; and mandated coordination of transfers into and out of maximum security. DPRF has implemented a program to provide the Board of Probation and Parole (BOPP) with psychological evaluations of parole-eligible inmates identified by the BOPP. Evaluation of persons convicted of certain sex offenses is required by law prior to consideration by the BOPP, and the BOPP elects to request evaluations on other violent offenders. The Division also administers a Transformation Transfer Initiative Grant to reduce mental health evaluations from a predominately inpatient service to a predominately outpatient service. These evaluations use best practice risk assessments to quantify risk and develop recommendations for evidence-based services to reduce risk.

DPRF supports the mandated responsibility for community-based system planning to meet the public's need for mental health and substance abuse services based on an annual needs assessment, and preparing and maintaining a three-year plan for mental health and substance abuse services and supports. The Division maintains a statewide Planning and Policy Council and seven regional councils, which report community service needs and the adequacy of local service system delivery to TDMH. The Division also assures appointments to the planning and policy councils, and the RMHI facility boards of trustees, as required, to provide citizen participation in policy planning. The Division develops the Community Mental Health Services Block Grant application, the Implementation Report for the Mental Health Block Grant, the Three-Year Plan, and the Department's Finance and Administration Strategic Plan.

The Division of Mental Health Services (DMHS) supports the mandated responsibility for planning and promoting a comprehensive array of services and supports for people with mental illness and co-occurring disorders through the creation, expansion, and oversight of quality, affordable, safe, and permanent housing, as well as expanding transportation, employment, and community support services based on service recipient needs. The Division provides essential services to support people with mental illness and co-occurring disorders to prevent homelessness and to aid their integration into least restrictive settings. DMHS

administers the certification program for Peer Support Specialists who provide direct, Medicaid-billable peer-to-peer services and also administers the certification program for Family Support Specialists, who provide direct services billable as cost-effective alternatives. DMHS assists with the educational and support needs of mental health consumers and their family members through financial and technical support of statewide family and consumer organizations, and provides educational and recovery tools through activities of the Peer Support Center network. The Division also provides community outreach and education to diminish the stigma of persons with mental illness and substance use disorders. The Division is responsible for promoting the interests of service recipients; providing direct assistance to recipients through the Ombudsman program, and providing the tools for service recipients to advocate for themselves through training opportunities and the promotion of self-help programs. The Division provides a variety of materials that are made available to the public on mental health and substance use disorders, and provides training and materials for the Declaration for Mental Health Treatment. The Division also serves as liaison in service recipient and advocacy activities and works with DIDD, community providers, Managed Care Organizations (MCOs), and Adult and Child Protective Services. DMHS participates in the National Depression Screening Day each October during Mental Illness Awareness Week by offering free, confidential screenings to the public either by appointment or on a walk-in basis.

DMHS staff manages and monitors crisis services in Tennessee which include 24/7 toll-free telephone triage, mobile crisis services, crisis stabilization units, walk-in centers and crisis respite beds with an emphasis on consumer preference, early intervention, prevention, community education and outreach. The Division also oversees the Behavioral Health Safety Net (BHSN). This program addresses core mental health service needs for uninsured persons who meet eligibility criteria. TDMH partners with 18 community mental health agencies across the state to provide essential mental health services to persons in this program.

DMHS develops, expands and monitors programs and services to complete a comprehensive system of services for children and youth. The Division provides policy guidance, technical assistance, support and program oversight for child-serving agencies in the development, implementation and expansion statewide of programs and services for children and youth with or at risk of serious emotional disturbance and their families. The Division participates with public/private collaborations in the development of innovative, empirically driven services for prevention, early intervention, suicide awareness and treatment models specific to the mental health of children and youth and their families. The Division oversees four federally funded local and regional six-year, \$9 Million System of Care (SOC) initiatives across the state and collaborates with other child-serving departments, providers, elected officials, families and youth in the development of Systems of Care for children and youth with serious emotional disturbance or young children with social, emotional, and/or behavioral needs and their families. The Division also works closely with the legislated Council on Children's Mental Health in developing a

strategic plan for statewide implementation of a comprehensive and coordinated SOC for children and youth.

The Division provides programs for older adults, cultural diversity activities, development of faith-based programs, and monitors compliance with Title IX of the Civil Rights Act by TDMH and its contract providers. The Division also oversees suicide prevention grants and programs, along with Federal Emergency Management Agency (FEMA) disaster grants. The Division administers the Pre-Admission, Screening and Residential Review (PASRR) program, which determines whether individuals admitted into a nursing home are appropriate for nursing home admission or need other “specialized services” for their mental illness. This Division also provides training to designate mandatory prescreening agents and provides technical assistance relative to mandatory outpatient treatment regulations.

DMHS oversees the *My Health, My Choice, My Life Program* that is a five year, \$3.6 million program funded by a Mental Health Transformation grant from SAMHSA/CMHS. The program is a combination of a peer-led health promotion, wellness and self-management program with peer wellness coaching for individuals with mental illness, substance use disorders, and co-occurring disorders.

The Division of Hospital Services (DHS) provides oversight of operation of the five RMHs in regard to administrative, quality management, and nursing services. The Assistant Commissioner for Hospital Services and the Director of Hospital Services are members of the RMHI Governing Body. DHS provide support and technical assistance to the RMHs to assure continued compliance with The Joint Commission standards and Centers for Medicare and Medicaid Services (CMS) regulations; support to the RMHI governing body and its committees to address quality issues at the RMHs; and coordinates interfacility transfers, interstate transfers, and transfers to and from Youth Development Centers.

The General Counsel provides the mandated services of advising the licensure review panel and representing TDMH in involuntary commitment and civil service proceedings, along with completing mandatory departmental rule promulgation and providing legislative liaison activities. The General Counsel is responsible for the TDMH review and analysis of certificate of need applications for the establishment or modification of mental health hospitals, non-residential methadone treatment facilities, and intellectual disability institutional habilitation facilities, and provides several optional services such as providing legal advice to the commissioner and the RMHs, reviewing contracts, overseeing HIPAA compliance, and serving as hearing officers for rulemaking hearings. The General Counsel is responsible for drafting and reviewing legislation, policies and procedures, and contracts and other documents of legal significance affecting the Department. The General Counsel also has oversight of the Department’s discrimination and harassment activities, and serves as the TDMH Compliance Officer with the responsibility for overseeing the department's compliance program and reporting to the executive staff and RMHI

Governing Body to ensure that the hospital does not submit false or improper claims and to reduce the risk of unlawful or improper conduct.

The Licensure and Review section is charged by TDMH with licensing all Tennessee agencies providing mental health, substance abuse, intellectual disability, developmental disability and personal support services. This section enforces and ensures compliance with TDMH licensure laws (found at Tennessee Code Annotated §§ 33-2-401 through 33-2-421), administrative rules (found at Tennessee Administrative Rules 0940-5-1 through 0940-5-39) and quality standards. The section also assists TDMH divisions in conducting investigations and audits of theft, mismanagement or abuse by TDMH employees or contract agencies.

The Office of Communications (OC) supports the mandated administrative responsibility of disseminating public information and making reports on the service system, the Department's programs, services and facilities. The Office assists in day-to-day media relations with state and national media inquiries and research-related questions, and the organization of news conferences and announcements. The Office coordinates statewide overcoming stigma efforts through the promotion of department initiatives, programs, and stakeholder, advocacy, and client communications. The Office also oversees department website content, publications management, and messaging.

Goal 1:	Tennesseans understand that behavioral health is essential to overall health.
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The TDMH participates in the State Health Plan Advisory Committee to ensure issues related to mental health and substance use disorders are incorporated into the State Health Plan. The Department continues to participate in the Internal State Health Council, along with other state agencies, to assist in developing the Strategic Plan for Statewide Health Information Exchange (HIE). Department staff participates in various workgroups that are making recommendations for the HIE plan and the state health plan.

Staff continues to speak to groups across Tennessee about the importance of mental health and its impact on the workplace, schools, and within the community in order to encourage their positive participation in efforts to overcome the stigma of mental illness. Public Service Announcements will continue to address the issue of stigma and encourage Tennesseans to seek help. The Department recently co-sponsored the 7th Annual Art for Awareness, a program which gives individuals recovering from mental illnesses a chance to showcase and talk about their art. TDMH has embarked on a number of art-related anti-stigma events as a way to promote that recovery is possible, and also that art is a helpful tool on the road to recovery. Additionally, TDMH collaborates with service providers, youth, families, and other stakeholders statewide on annual Children's Mental Health Awareness Day activities and promotional events to increase awareness of mental health needs in children and reduce associated stigma.

The TDMH staff participates in community groups and outreach programs to enhance understanding of mental health, serious emotional disturbance, substance use disorders and co-occurring disorders. They respond to phone inquiries, distribute brochures or other information via mail or e-mail and participate in community events such as health fairs and screenings. The DMHS coordinates yearly depression screenings open to the public. These activities target other state entities, service recipients, family members, service providers and the community to increase knowledge and awareness.

A library of brochures outlining the signs, symptoms and possible treatments and supports for youth and adult mental health disorders, substance use disorders, and co-occurring disorders is maintained in the Department. This information is designed to assist individuals and family members in the identification of programs and services that will best serve them and promote recovery, resilience, and community integration. The Department also disseminates informational materials on the importance of promoting mental health in children and identifying and treating mental health problems very early in life.

Since suicide is often the result of untreated mental illness, TDMH staff encourages individuals to seek help and overcome the stigma that often prevents the pursuit of treatment. TDMH provides information, increase awareness, training and prevention about suicide to service recipients, family members, service providers and the faith community. The Department participates in the statewide and regional Tennessee Suicide Prevention Network (TSPN) and the Interdepartmental and Statewide Advisory Council level, and maintains membership on the TSPN Strategies and Outcomes Committee. TDMH promotes the Promise for Tomorrow school-based suicide prevention curriculum developed by the

Jason Foundation. The Foundation distributes the curriculum to educators and others upon request. Teen Screen services are offered in middle and senior high schools. Staff also promotes the prevention of depression and suicide in older adults through the dissemination of information tailored to the older adult population.

The Department funds Family Support & Advocacy, a comprehensive family advocacy, outreach, support and referral service statewide by Tennessee Voices for Children as the "Statewide Family Support Network". An important function of this service is to assist families of children with serious emotional disturbance (SED) and professionals working with these children to attain the skills needed to assure that family-driven, youth-guided, and support services are provided. This program, also oversees a collaboration of community partners in planning activities to increase awareness about the needs of children with SED and their families and to reduce stigma. The Department continues to promote "Beginnings/NAMI Basics", a mental health curriculum for teachers, principals and other school personnel developed by NAMI Tennessee. This curriculum explores the warning signs of early onset mental illness in children and adolescents. Currently, this effort is funded with State dollars. Family support (respite) is a critical element in maintaining family caregivers' health and mental health. Programs funded include planned respite and respite voucher services to families whose children have a serious emotional disorder (SED) and who are in need of temporary relief from their care giving of children with these special needs.

The Higher Education Prevention Initiative is a college campus prevention initiative designed to promote safe and healthy campus communities throughout the State. It engages public and private colleges and universities in Tennessee to reduce alcohol and other drug abuse and misuse and related violence. The project design includes implementation of evidence-based environmental strategies that address campus needs, reduce substance abuse problems, prevent the onset and reduce the progression of substance abuse, reduce substance abuse-related problems on campuses, and build prevention capacity and infrastructure both on campuses and at the community level.

The Community Substance Abuse Prevention Coalitions are community teams, representing many different sectors, which mobilize to address the substance abuse problems that affect the health and wellness of their community. Coalitions implement environmental strategies focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. They work to change public laws, policies and practices to create environments that decrease the probability of substance use disorders.

TDMH oversees the Tennessee Statewide Clearinghouse for Alcohol and Drug Information and Referral that serves as a repository, distribution center and library for information regarding substance use disorders and co-occurring disorders. The Clearinghouse also serves as an information and referral center that can be accessed through a toll-free telephone service (the Tennessee Redline) at 1-800-889-9789, and an internet web-site that provides current information regarding substance use disorders and co-occurring disorders to the public. DADAS is also responsible for workforce development and provides this through on-line and face-to-face training events provided to alcohol and drug abuse, prevention, treatment and recovery providers. Training events focus on the training needs, as identified through the annual needs assessment.

The TDMH promotes and supports collaborative partnerships between the behavioral health and criminal justice systems. Through the Criminal Justice Services programs, positive

working relationships have been developed with the Department of Corrections, Board of Probation and Parole, drug courts, judges, local law enforcement, and community coalitions. TDMH provides educational and training opportunities to the criminal justice system on how to work effectively with individuals who have mental illness, substance use disorders or co-occurring disorders. The Department also provides education to the court systems including judges, attorneys and other court personnel regarding the forensic and juvenile court processes. Educational opportunities are also available for specialized forensics juvenile justice evaluators and training for law enforcement on mental illness.

The Department, in partnership with the Tennessee Administrative Office of the Courts, received a \$196,742 grant from the Bureau of Justice Assistance that is being used to implement the TN Integrated Court Screening and Referral Project. This project is an evidence-based intervention pilot 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 3,000-6,000 children and youth alleged to be unruly or delinquent in 11 Tennessee juvenile courts in 10 mostly rural counties.

The TDMH provides Department-wide in-service training and events, such as teleconferences, to promote education and understanding about mental health diagnoses, recovery, resilience, person centered care and stigma reduction among staff. The Department also provides training to the members and staff of the General Assembly detailing the role of TDMH on services to persons with mental illness and substance use disorders.

The TDMH oversees and administers four federally-funded SOC initiatives currently in 8 counties. Each grant provides funding and technical assistance to local communities to build and sustain Systems of Care for children and youth with serious emotional disturbance and their families that are family-driven, youth-guided, community-based, and culturally and linguistically competent. TDMH partners with child-serving departments, service providers, youth, families and other stakeholders in developing comprehensive and coordinated Systems of Care and the infrastructure to support and sustain effective and appropriate services for children and youth.

The TDMH collaborates with the Department of Education (DOE), Coordinated School Health, the Center of Social and Emotional Foundations for Early Learning (CSEFEL), and other related groups to increase awareness of the crucial importance of early identification and treatment of children and youth with mental health problems. The Department collaborates with the Department of Children's Services in monthly meetings on children in custody with mental health issues and on children aging out of custody. The Department chairs the statewide Youth Transition Task Force and the statewide Mental Health/Juvenile Justice Workgroup. The Department is represented on the statewide Children's Justice Task Force, the Early Childhood Comprehensive Systems (ECCS) initiative and the Center for Social and Emotional Foundations of Early Learning (CSEFEL). Children's Services participates annually in Children's Mental Health Week and sponsors and operates a display booth for Children's Mental Health Week activities. The Department is a member of the National Association of State Mental Health Program Directors (NASMHPD) Child, Youth and Family Division and the National Association of State Alcohol Drug Abuse Directors (NASADAD).

OBJECTIVES:

- 1.1 TDMH increases awareness, knowledge and sensitivity of the public, state entities and other relevant parties regarding mental illness, serious emotional disturbances, substance use disorders, and COD, including the service needs of these populations.**

STRATEGIES:

- 1.1.1 In FY 2012, DMHS will work with service recipients, family members, providers and other interested parties, to create educational opportunities on implementing recovery principles and practices at the local level, to be reported in February and August 2012.
- 1.1.2 In FY 2012, DMHS, Consumer Affairs, will enhance its assistance to consumers and families through the ongoing peer support training of its staff to provide peer support, to be reported in February and August 2012.
- 1.1.3 In FY 2012, DADAS will provide on-line and regional educational and training opportunities for prevention, treatment and recovery support professionals and other behavioral health professionals, to be reported in February and August 2012.
- 1.1.4 In FY 2012, DADAS will produce an educational fact sheet for key stakeholders; i.e., judges, public defenders, district attorneys, Board of Probation and Parole, and community providers regarding DADAS Criminal Justice programs that serve as an alternative to incarceration, to be reported in February and August 2012.
- 1.1.5 In FY 2012, OC will implement a Facebook page to reach at least 500 individuals/agencies in the first year of use, to be reported on in February and August of 2012.
- 1.1.6 In FY 2012, DPRF, in collaboration with OC, DMHS and DADAS, will develop information and training materials to educate Governor Haslam's cabinet on mental illness, substance abuse and violence, to be reported in February and August 2012.
- 1.1.7 In FY 2012, DPRF will develop and implement a plan to improve the knowledge base of TDMH central office staff through speakers, brown-bag group discussions and webinars, to be reported in February and August 2012.
- 1.1.8 In FY 2012, DPRF will develop educational materials on legislation and the legislative process for the regional councils and the Statewide Legislative Committee to be reported in February and August 2012.
- 1.1.9 In FY 2012, DPRF, in conjunction with the General Counsel (GC) and DCL, will develop a process with legislative leaders for annual codification updates to the controlled substance schedules to be reported in February and August 2012.
- 1.1.10 In FY 2012, DPRF in collaborations with other Divisions, will provide data and analysis on mental health and substance abuse topics as requested by the General Assembly, to be reported in February and August 2012.
- 1.1.11 In FY 2012, DMHS will collaborate with statewide partners on Children's Mental Health Awareness Day activities to increase awareness and decrease stigma associated with children's mental health, to be reported in August 2012.

- 1.1.12 In FY 2012, DMHS, will work with SOC partners to enhance the TDMH website to include more detailed and easily accessible information related to current statewide SOC initiatives, SOC values and principles, wraparound services, serious emotional disturbances, community needs assessments, and other topics relevant to increasing awareness of children’s mental health, to be reported in February and August 2012.

1.2 TDMH promotes activities and education to decrease deaths by suicide.

STRATEGIES:

- 1.2.1 In FY 2012, DCL in collaboration with DADAS, will provide technical assistance to the Army Reserves’ Suicide Prevention Manager, to be reported in February and August 2012.
- 1.2.2 In FY 2012, DCL, in collaboration with the Tennessee Suicide Prevention Network (TSPN) and the Davidson County Metro Public Health Department, will assist leaders in faith communities in developing suicide statements and suicide prevention plans, to be reported February and August 2012.
- 1.2.3 In FY 2012, DADAS will collaborate with the DMHS to fund suicide prevention training and technical assistance to alcohol and drug providers, to be reported in February and August 2012.
- 1.2.4 In FY 2012, DMHS will oversee the Tennessee Strategy for Suicide Prevention as delineated by the Governor’s Suicide Prevention Advisory Council and shall participate, Ad Hoc in the quarterly meetings of this Council, to be reported in February and August 2012.
- 1.2.5 In FY 2012, DMHS in collaboration with DCL, will participate in TSPN’s Intra-State Departmental Group and will assure that five suicide prevention activities occur yearly, to be reported in February and August 2012.
- 1.2.6 In FY 2012, DMHS will provide suicide gatekeeper training using the Question, Persuade, Refer (QPR) model to 500 Tennesseans for the Tennessee Lives Count (TLC) Youth Suicide Prevention Grant, to be reported in February and August 2012.
- 1.2.7 In FY 2012, as part of the TLC Federal Grant, DMHS will track 50 youth ages 10-25 that have made a suicide attempt that required emergency room treatment using the Enhanced follow-up service. These youth will receive follow-up services for 3 months using means restriction, family counseling and referral support, to be reported in February and August 2012.
- 1.2.8 In FY 2012, DMHS will collaborate with TSPN and regional partners on Suicide Prevention Awareness Day activities to increase awareness and decrease stigma associated with suicide and mental health, to be reported in February 2012.

GOAL 2:	Services are Service Recipient and Family Driven and Youth Guided.
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TDMH conducts a variety of forums for service recipients, family members, and other stakeholders to express desires and needs related to the Department’s service systems. The Department has a system of advisory councils designed to provide citizen-based

participation that assists the TDMH in planning a comprehensive array of high quality prevention, early intervention, and treatment services and supports and to advise the Department on policy, budget requests, and developing and evaluating services and supports for persons with mental illness, serious emotional disturbance, and substance use disorders. The Council also advises TDMH on the Three-Year Plan, federal block grants, annual needs assessments, and legislative proposals. The DPRF works closely with the DMHS to solicit proposals from the Planning and Policy Councils for departmental legislation. Each of these advisory planning and policy councils must maintain a majority membership of current or former service recipients and members of service recipient families. Services for children, youth and their families should be family driven, youth guided, culturally and linguistically competent and community based. TDMH promotes efforts to include youth and families in service development, implementation, evaluation of services, policy-making and advisory capacities.

The DADAS Prevention Advisory Council meets quarterly to seek feedback from agencies and coalitions that provide prevention services, youth that receive prevention services, as well as other state agencies that are involved in the provision of prevention services. The Advisory Council is instrumental in supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse prevention services that are data driven, evidence-based, gender and culturally competent, population specific, and ensure equal and barrier-free access. In addition, the Council promotes interagency collaboration for the development and implementation of prevention services.

The DADAS Treatment Advisory Council meets quarterly to seek guidance from funded treatment and recovery support providers. The Treatment Advisory Council focuses on areas of treatment, recovery support, and women and adolescent services.

Additionally, TDMH coordinates the Consumer Advisory Board (CAB). The CAB serves as the voice of service recipients, regardless of age, ethnicity, sexual identity, or social or educational opportunity, on issues related to recovery and resiliency, policy and planning, system evaluation, and the rights of the service recipient. TDMH continues to work with CAB to find ways to ensure diversity within the CAB membership.

The TDMH Ombudsman program is available through a toll free number or an email address posted on the TDMH website. Consumer advocates provide information about mental illness and substance use disorders and respond to complaints, make referrals to services and supports, and provide information to TDMH staff on recurring issues of concern from service recipients. The Ombudsman staff also addresses complaints and information requests generated by legislators on behalf of constituents.

The Department promotes peer support services for mental health service recipients to assist in the recovery process. TDMH staff trains the directors of the Peer Support Centers in the recovery process, including the use of recovery tools such as the Wellness Recovery Action Plan (WRAP), as well as in ways that the centers can assist participants in achieving their recovery goals. TDMH also promotes emerging evidence-based and best practices through the administration and monitoring of its certification programs for Peer and Family Support Specialists who provide direct peer-to-peer support to service recipients and their families. Additionally, three (3) addictions recovery support centers are funded through DADAS.

The TDMH works to ensure that all service recipients involved in emergency commitment hearings, judicial commitment hearings and conservatorship proceedings at the RMHIs are afforded a full and fair hearing, and that their constitutional rights are honored. The Department enhances service recipients' knowledge of his or her rights by requiring service providers to inform service recipients of their general rights as well as rights specific to the program of service. Staff ensures that confidentiality laws and regulations for the protection of service recipients are followed to minimize the potential dissemination of confidential patient information and personal health information used in research or other applications.

The TDMH processes licensure applications from eligible service providers and issues licenses to those meeting licensure requirements. The Department also conducts investigations of complaints, reports of abuse and deficiencies in operation of a facility which further serves to protect service recipients.

The block grant funds a respite voucher program for families of children and youth with an SED, which features a family directed respite service model.

The TDMH collaborates with youth, families, and other stakeholders in developing and implementing local broad-based governance structures for each SOC initiative. These governance structures provide youth and families the opportunity to actively participate in the design, implementation, and evaluation of the local SOC. TDMH also co-chairs the legislated Council on Children's Mental Health where youth and family members are active participants in the development of a strategic plan for a comprehensive statewide SOC for children and youth with mental health needs.

OBJECTIVES:

2.1 Service recipients and families participate in the design, implementation and evaluation of the service system.

STRATEGIES:

- 2.1.1 In FY 2012, DMHS, Consumer Affairs, will collaborate with DADAS to develop a co-occurring training component for Certified Peer Specialist programs to be reported in February and August 2012.
- 2.1.2 In FY 2012, DMHS, Consumer Affairs, will collaborate with DADAS to design and implement the certification process for Recovery Specialists to work in the public behavioral health system, to be reported in February and August 2012.
- 2.1.3 In FY 2012, DMHS will collaborate with the Council on Children's Mental Health to develop a strategic plan for children and youth with mental health needs and their families, to be reported in February and August 2012.
- 2.1.4 In FY 2012 DADAS, will collaborate with DMHS, Consumer Affairs, to develop a Peer Certification process for substance use and co-occurring disorders Peer Support Specialists, to be reported in February and August 2012.

Goal 3:**Disparities in Services are Eliminated.**

The TDMH works to eliminate disparities in services and supports statewide. Below are initiatives taking place in Tennessee targeted toward reduction of those disparities.

The Emotional Fitness Centers, a faith-based project that addresses utilization disparity of mental health services, works to decrease the stigma of seeking mental health services in minority communities. This project is offered in several local churches in Shelby County with outreach to Hardeman and Fayette counties. The focus is on underserved African American communities in need of mental health services who are not accessing the mental health service system.

The Aligning Forces for Quality Initiative is being implemented by the Healthy Memphis Common Table in the Memphis area to improve the quality of health care, reduce racial disparities and provide models for national reform. TDMH continues to offer assistance regarding issues related to mental health services.

The TDMH administers the BHSN of TN to uninsured Tennesseans with a qualifying primary mental health diagnosis who meet eligibility criteria. The program is provided through 18 community-based mental health agencies across the state and provides the core, vital services that people with a severe mental illness need to continue leading functional, productive lives. Services include assessment, evaluation, diagnostic, therapeutic intervention, case management, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

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 continuum of diversion services includes referrals to outpatient behavioral health service providers, Crisis Respite, Detoxification or a Crisis Stabilization Unit (CSU). The CSUs provide short-term stabilization services that include assessment, triage, medication management, and group and individual therapy as well as an opportunity for clients to work with the wellness recovery peer specialists. Medically managed detoxification units add another level to the continuum of crisis services. In addition to the crisis teams and CSUs, TDMH funds five (5) agencies to provide 24/7 crisis detoxification services throughout the state. There are also specialized crisis services that provide statewide evaluation of children and youth, up to age 18, who are experiencing a psychiatric emergency.

TDMH consistently reviews grant opportunities for developing prevention/intervention programs for children and youth, in particular for the School-Based liaison program for youth who are at risk of mental health difficulties and substance use disorders. DMHS has secured the current funding for these School-Based programs from the Department of Education in the TDMH Division of Alcohol and Drug Abuse Services.

Recent changes in law have required that evaluations of treatment needs for criminal defendants found Not Guilty by Reason of Insanity conducted under T.C.A. § 33-7-303(a) be

completed on an outpatient basis rather than an inpatient basis. TDMH has amended contracts with all the providers of outpatient court-ordered forensic mental health evaluations to include providing community-based evaluations under this statute, assuring accessibility for all jurisdictions across the state.

The Deaf and Hard of Hearing Tennesseans who have mental health problems are in need of culturally competent services that address the disparities this population encounters. Therefore, DMHS continues to partner with the State Council for the Deaf and Hard of Hearing as well as community providers to develop strategies that will enhance mental health services to this population. DADAS also funds an agency in Middle Tennessee to provide substance abuse prevention services to deaf and hard of hearing children or children who come from a home with deaf and hard of hearing individual.

The TDMH administers the PASRR evaluations of nursing home residents with mental illness by assuring that evaluations are performed timely and appropriately. This screening determines whether the individual's mental health related needs can be met in a nursing home. The screening also makes mandatory psychiatric treatment recommendations that must be implemented while the individual is in the nursing facility.

The TDMH and the Tennessee Commission on Children and Youth have responsibility for a Council on Children's Mental Health that is designing a statewide system of care for children and youth with mental health needs and their families that is coordinated, community based, family driven, youth guided, and culturally and linguistically competent. TDMH also shares responsibility, with the Department of Children's Services (DCS), for a transition task force to address the needs of youth transitioning from the child mental health system to the adult system. Partners in this task force include all child-serving departments, community agencies and advocacy groups. This collaboration seeks to address gaps in the service delivery system, the fragmentation of services, and the lack of developmentally appropriate services to transition-age youth into the adult mental health system.

The TDMH also works with the Tennessee Commission on Children and Youth, DCS, the Governor's Office of Child Care Coordination, Tennessee Voices for Children, Vanderbilt Center for Excellence and the AOC to begin to transform the way in which children and youth in juvenile courts access mental health and substance abuse services. A system of screening juveniles for referral to needed services is being implemented in 11 juvenile courts in 10 mostly rural counties. This initiative is supported by a federal Criminal Justice and Mental Health collaboration grant awarded by the Bureau of Justice Assistance. The initiative seeks to identify and serve previously underserved youth in the juvenile courts.

The TDMH continues to recruit persons of various cultural backgrounds to serve as members of the Departmental and regional planning and policy councils. Efforts are made to ensure providers either have employees who speak various languages or provide interpreters when needed. TDMH continues to determine methods for recruiting and serving minority populations.

OBJECTIVES:

- 3.1 TDMH increases awareness of the importance of a culturally competent service system and improves availability of services and supports that reflect the cultural diversity of Tennessee.**

STRATEGIES:

- 3.1.1 In FY 2012, Human Resources will pursue innovative methods for recruiting culturally competent TDMH employees, to be reported in February and August 2012.
- 3.1.2 In FY 2013, Human Resources will pursue innovative methods for recruiting culturally competent TDMH employees, to be reported in February and August 2013.
- 3.1.3 In FY 2012, DMHS will oversee the development, implementation, and evaluation of local Systems of Care that are culturally and linguistically competent, to be reported in August 2012.
- 3.1.4 In FY 2013, DMHS will oversee the development, implementation, and evaluation of local Systems of Care that are culturally and linguistically competent, to be reported in August 2013.

3.2 TDMH increases access to services and supports, especially in rural areas.

STRATEGIES:

- 3.2.1 In FY 2012, DMHS will partner with DCS to assess the mental health service needs of transitional/high-risk youth, to be reported in February and August 2012.
- 3.2.2 In FY 2012, DMHS, Crisis Services, will work in collaboration with the Bureau of TennCare, to ensure continued operation of the crisis stabilization units walk-in-centers, to be reported in February and August 2012.
- 3.2.4 In FY 2012, DMHS, Crisis Services, will work in collaboration with the Bureau of TennCare, to ensure continued support for crisis services, to be reported in February and August 2012.
- 3.2.5 In FY 2012, DADAS will collaborate with the managed care organizations to explore funding for co-occurring services for consumers enrolled in a TennCare plan, to be reported in February and August 2012.
- 3.2.6 In FY 2012, DPRF, Forensic Services, will implement a pilot project for family support providers for youth involved with juvenile court and their families in four (4) juvenile courts in mostly rural counties as a part of a federal criminal justice/mental health collaboration grant, to be reported in February and August 2012.
- 3.2.7 In FY 2012, DMHS, Crisis Services, will collaborate with DMHS Children's Services, the Bureau of TennCare and the Department of Intellectual and Developmental Disabilities to investigate potential solutions to inpatient placement difficulties being encountered by Tennessee's children and youth, to be reported in February and August 2012.
- 3.2.8 In FY 2012, DMHS, Crisis Services, will complete a top to bottom review of crisis services and identify inefficiencies and/or ineffective service delivery models that can be improved, to be reported in February and August 2012.

- 3.2.9 In FY 2012, DADAS will implement a pilot tele-medicine assessment and intensive outpatient treatment program in Scott and Cocke counties, to be reported in February and August 2012.
- 3.2.10 In FY 2012, DHS will streamline community referrals to RMHIs and discharges from RMHIs to the community, to be reported in February and August 2012.
- 3.2.11 In FY 2012, DHS will expand RMHI televideo health emergency assessments statewide, to be reported in February and August 2012.
- 3.2.12 In FY 2012, DMHS will oversee the development of a regional implementation plan for early childhood mental health services in Cheatham, Dickson, Montgomery, and Robertson County related to the Early Connections Network SOC initiative, to be reported in February and August 2012.
- 3.2.13 In FY 2012, DMHS will oversee the expansion of a SOC infrastructure and services in the 12 county South Central Region of the Department of Children's Services related to sustainability of the Mule Town Family Network SOC of Care initiative, to be reported in February and August 2012.

Goal 4:	Early Screening, Assessment, and Referral to Services are Common Practice.
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The TDMH is involved in a variety of activities to ensure that early screening, assessment and referral are common practice. TDMH has partnered with the Bureau of TennCare and other child-serving departments to improve access to and quality of prevention and early intervention services for children and youth. Through support of the criminal justice mental health liaison projects, TDMH promotes activities that lead to early identification, assessment and diversion of service recipients who are involved in the criminal justice system. DPRF is working with juvenile judges and other state agencies to identify mental health treatment needs of youth involved in the juvenile justice system. Youth who have been charged with delinquency in juvenile court can receive services from a crisis team, when experiencing a crisis situation and outpatient court-ordered mental health evaluations. In addition, the contracts for the delivery of health and mental health care to TennCare enrollees encourages behavioral health screening in primary care for all enrollees and mandates behavioral health screening for enrollees in physical disease management programs.

Several programs are regularly funded by the Mental Health Community Services Block Grant which provides early intervention and prevention services for children, youth and their families. Besides Project BASIC (Better Attitudes and Skills in Children), a prevention and early intervention program for K-3 elementary school children, TDMH also funds programs that provide respite services and respite vouchers for services to families of children identified with a serious emotional disturbance (SED) or dually diagnosed with SED and intellectual disabilities. Services are provided for children at risk of SED or substance abuse who reside with their mothers at a residential program for addicted mothers in recovery. Other programs include violence and bullying prevention and a resiliency enhancement program designed for youth in grades four through eight. Prevention and other early intervention services are also provided for at-risk children.

The TDMH oversees the Early Connections Network regional SOC initiative in 5 counties, which will design, implement and evaluate early childhood mental health services partly through the promotion and practice of early identification of mental health needs in young children ages birth-5. This initiative will design and implement a regional SOC infrastructure to expand and coordinate services for young children with mental health needs and their families through a public health approach to infant mental health. TDMH also participates on the Tennessee Infant and Early Childhood Mental Health Initiative, a statewide interest group of supporters of infant and early childhood mental health committed to increasing awareness of infant mental health, identifying system wide barriers to care, and promoting early identification of and effective and appropriate treatment for infant mental health needs in the zero to five population.

The TDMH also promotes prevention and early intervention by assisting with depression and anxiety screenings in local communities and coordinating activities for National Depression Screening Day. Teen Screen, a national mental health and suicide risk screening program for youth, helps young people and their parents through early identification of mental health problems, such as depression. Additional information and screening tools are made available at various venues throughout the state.

There are several DADAS programs focusing on the early intervention and prevention of substance use disorders. The Tennessee Teen Institute provides teens with the skills, education and information to develop and implement substance abuse prevention programs in their communities. This is an annual five day event designed to develop leadership, communication, and planning skills to help other teens avoid substance abuse. Tennessee Prevention Network funding supports thirty (30) agencies in providing evidenced based prevention services to select populations of youth, including children in foster care, children of substance abusing parents, children of incarcerated parents, high school dropouts and other population groups that have been identified as high risk of abusing substances. Additionally, the Tennessee Prevention Network programs target those engaged in high use behaviors such as binge drinking, prescription drug abuse and inhalant abuse. The Comprehensive Alcohol, Tobacco and Other Drug Prevention Program is a structured, intensive group session targeting youth who may be at risk for developing alcohol, tobacco, or other drug use and abuse problems and includes a community service project that strengthens commitment against substance use disorders. The School Based Behavioral Health Liaison Expanded Service is the provision of face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED, behavior problems, or substance use disorders. In addition to these, the Department also provides educational opportunities for professionals in the field of substance abuse prevention and treatment that are associated with the prevention, intervention, treatment, co-occurring and recovery support to advance their knowledge and skills.

Tennessee's Partnerships for Success projects are administered in 20 substance abuse prevention coalitions across the state. The project aims to reverse the state's upward trend in binge drinking; prevent the onset and progression of substance abuse among 14-25 year olds; strengthen prevention capacity and infrastructure at the state and county levels; and leverage, redirect, and realign Tennessee's funding streams for substance abuse prevention services.

TDMH also funds the Tennessee Suicide Prevention Network, Tennessee Lives Count and the Promise for Tomorrow curriculum which use suicide prevention and early interventions methods.

OBJECTIVES:

4.1 TDMH provides prevention and early intervention services and education to persons or families with persons at risk of or who have serious emotional disturbance, mental illness, and substance use disorders.

STRATEGIES:

- 4.1.1 In FY 2012, DMHS will explore creative methods to expand early intervention and prevention programs, to be reported in February and August 2012.
- 4.1.2 In FY 2012, DMHS, in collaboration with state agencies and community and family advocacy groups, will continue to work toward a statewide system of care for children and youth with mental health needs and their families as part of the mission of the Council on Children's Mental Health, to be reported in February and August 2012.
- 4.1.3 In FY 2012, DADAS will develop strategies to decrease binge drinking among the 14 to 25 year old population, to be reported in February and August 2012.
- 4.1.4 In FY 2012, DADAS will increase the number of strategies related to reducing the access to tobacco products for person less than eighteen (18) years of age, to be reported in February and August 2012.
- 4.1.5 In FY 2012, DADAS will continue to integrate the Strategic Prevention Framework process into the statewide prevention system, to be reported in February and August 2012.
- 4.1.6 In FY 2012, DMHS will continue to work with Tennessee Suicide Prevention Network, Tennessee Lives Count and the Jason Foundation to provide suicide prevention and early intervention training, to be reported in February and August 2012.
- 4.1.7 In FY 2012, DADAS will increase exposure to prevention messages related to underage drinking and prescription drug abuse through regional workgroup outreach activities, to be reported in February and August 2012.
- 4.1.8 In FY 2012, DADAS will develop an intergovernmental agency five year Prevention Strategic Plan to address the prevention of substance use and misuse, to be reported in February and August 2012.
- 4.1.9 In FY 2012, DADAS will increase the number of individuals receiving treatment for prescription drug abuse, to be reported in February and August 2012.

4.2 TDMH promotes screening, assessment, and treatment/service options for persons with co-occurring disorders of substance use disorders and mental illness.

STRATEGIES:

- 4.2.1 In FY 2012, DPRF, Forensic Services, will promote access to mental health and substance abuse services by implementing a pilot project for screening children in juvenile court alleged to be unruly or delinquent for mental health

and substance abuse needs in 11 juvenile courts in 10 counties as a part of a federal mental health/criminal justice collaboration grant in partnership with the Administrative Office of the Courts and the Department of Children's Services, to be reported in February and August 2012.

4.3 TDMH promotes screening for mental illness and substance use disorders in primary health care.

STRATEGIES:

- 4.3.1 In FY 2012, DCL, in collaboration with DMHS, will provide screening tools for use by primary care physicians, human service professionals and referral resources in its best practice guidelines and re-evaluate their utility, to be reported in February and August 2012.
- 4.3.2 In FY 2012, DMHS, in collaboration with the statewide Council on Children's Mental Health, will continue to develop a SOC Children with SED and continue to review universal assessment tools for children and families that could be used statewide, to be reported in August 2012.
- 4.3.3 In FY 2012, DADAS will work with community primary care providers to adopt Screening, Brief Intervention and Referral to Treatment as a standard practice model to reduce substance use disorders and related consequences, increase consumer's well-being, and to generate additional revenues at the community agency level, to be reported in February and August 2012.
- 4.3.4 In FY 2012, DMHS will oversee the Early Connections Network which will partner with the Department of Health and local pediatricians to address infant mental health needs in five counties in Middle Tennessee, to be reported in August 2012.
- 4.3.5 In FY 2012, DADAS will implement Screening, Brief Intervention, and Referral to Treatment in primary care clinics at (SBIRT) East Tennessee State University and Meharry Medical College, as well as the Tennessee National Guard, to be reported in February and August 2012.

Goal 5:	Excellent Services are Delivered.
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The TDMH strives to provide excellent services to Tennesseans, and the following are ways in which the Department works toward that goal.

Each of the six Evidence-Based Practices recommended by SAMHSA is provided in some measure in the State's behavioral health service system. These include: Supported Housing, Supported Employment, Assertive Community Treatment, Family Psychoeducation, Integrated Treatment for persons with COD of mental illness and substance use disorders, and Illness Management and Recovery. TDMH evaluates the most effective mental health treatments and revises or updates best practice guidelines for children, adolescents, and adults if research indicates the need to do so.

Regional Housing Facilitators (RHF) and Consumer Housing Specialists (CHS) implement the Creating Homes Initiative (CHI) of the SETH Initiative at the community level in the seven statewide planning regions. RHF and CHSs are responsible for engaging traditional and non-traditional community partners in their regions, including, but not limited to: group home operators, mental health providers, landlords, apartment complex owners and developers, public housing officials, Managed Care Organizations, community staff members, and other stakeholders.

The Creating Jobs Initiative (CJI) seeks to assertively and strategically bring together local communities to expand employment opportunities. TDMH 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 the 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. TDMH 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.

To ensure that quality services for substance use disorders are being provided, TDMH promotes the use of the Tennessee Alcohol and Drug Best Practice Guidelines, a guide for all publicly funded services for substance abuse treatment in the state. The Department also promotes the *Matrix Intensive Outpatient Treatment Manual*, an evidence-based practice for treating persons with stimulant use disorders and is effective for treating other substance use disorders, and the *Co-Occurring Disorder Training Manual*, which provides information and treatment needs and recommendations regarding service recipients who have a mental health disorder in combination with a substance use disorder. TDMH also administers the Alcohol and Drug Addiction Treatment program (ADAT), which is a state-funded program that provides substance abuse treatment services for Driving Under the Influence (DUI) offenders and supervised probation offenders. All funded treatment programs are required to use an evidence-based program geared to the population served.

Tennessee's Partnership for Success Project aims to reverse the State's upward trend in binge drinking. A total of twenty counties are being funded to engage in SAMHSA's outcomes-based Strategic Prevention Framework (SPF) planning and implementation process. Substance Abuse Prevention Coalitions are leading a partnership of TDMH Service Providers and a statewide network of organizations to improve community wellness by identifying, implementing and evaluating effective strategies to alter policies, practices, and attitudes that currently support unsafe alcohol consumption and create a hazard to public safety.

The TDMH continues to investigate a more viable way to calculate the designation of a "Federal Mental Health Professional Shortage Area" within the state. When the Federal government designates a county or community as a mental health professional shortage area, it officially recognizes that there are not enough mental health professionals to provide a sufficient level of care in that area, and makes that community or county eligible for federal funds.

The TDMH Institutional Review Board (IRB) reviews all research requests received by the Department for conformation to TDMH policy. Staff writes and submits articles for

publication on mental health issues and disseminates research findings. TDMH develops, provides and oversees internships for individual undergraduate and graduate students in mental health policy and treatment. The RMHI Governing Body Quality Committee, under the leadership of TDMH staff, reviews and makes recommendations on trends of incidents, investigations and mortality reviews in the RMHIs to the Governing Body. They make recommendations for improvements in patient care and safety at the RMHIs by reviewing select quality indicators. TDMH staff work closely with the RMHIs to assure on-going compliance with accrediting and certifying agencies, including The Joint Commission standards and CMS regulations.

The TDMH monitors licensed agencies for quality services. Staff ensures lawful compliance with rules and regulations regarding the operation of facilities, services and personal support services. The Department also identifies and proposes legislation that benefits individuals with mental illness and substance use disorders. Other proposed legislation is reviewed for potential impact on the Department and individuals served by TDMH.

The Department continues to produce and refine reports that assess progress made by community providers on the provision of services. These reports also provide information on program performance measures and identify areas for quality improvement. TDMH collaborates with stakeholders and family members to facilitate the development and use of meaningful evaluation indicators of service delivery systems to enhance resilience, rehabilitation and recovery.

The TDMH evaluates the continuum of care and monitors the forensic performance standards for inpatient and outpatient forensic and juvenile court services. Staff reviews and revises the inpatient and outpatient juvenile and adult performance standards annually to improve the quality of the forensic and juvenile court ordered evaluations. Staff also provides initial training sessions (approximately eight annually) to contractors and Department staff. The Department provides an annual continuing education session for certified forensic evaluators.

The TDMH continues to work to improve and implement clinical recruitment and retention. The Department participates in educational activities at area colleges, universities, and high schools to increase the visibility of TDMH employment opportunities. Staff also continues to collaborate with the RMHIs to increase visibility of TDMH career opportunities by attending job fairs, career days, and other functions throughout the state and to address ongoing clinical staffing concerns. TDMH works with the Department of Human Resources to create more competitive salary rates for clinical professionals at the RMHIs, particularly nursing parity rates. The Department also promotes the Certified Peer Specialist program to enhance and expand the mental health workforce.

The Department has ongoing relationships with several schools, including Vanderbilt University, Middle Tennessee State University, Fisk University, University of Tennessee – Health Science Center, Austin Peay State University, Tennessee State University, and Meharry Medical College. All five (5) RMHI's have clinical affiliation agreements and include additional schools. These relationships allow TDMH to provide educational activities, internships, and clinical rotations for a variety of mental healthcare professionals, including nursing, psychiatry, psychiatric residents, pharmacy, physician assistants, nurse practitioners, social workers, and occupational therapy, allowing students to become aware of opportunities available in the public mental health sector. TDMH partners with East Tennessee State University to provide a psychiatric residency program at Lakeshore Mental

Health Institute. This gives the Department affiliations with Departments of Psychiatry in three of our five state hospitals (*Lakeshore, Memphis, and Middle Tennessee Mental Health Institutes*). TDMH encourages medical schools and other clinical professional programs in colleges and universities to increase focus in courses to identify and treat individuals with mental illness and substance use disorders.

The TDMH participates in the Tennessee Interdisciplinary Health Policy Program (TIHPP) by providing monthly internships where medical, law, and pharmacy students participate as a group in government agency-sponsored internships to learn the value and effectiveness of the multi-disciplinary approach to health care policy development.

DMHS promotes access to mental health services that are best practices for children by continuing to provide funding for the Regional Intervention Program (RIP), school-based mental health care, the Better Attitudes And Skills In Children (BASIC) early intervention programs, mental health consultation in early childhood settings and a faith-based initiative for assessment and evaluation service to an underserved population. Services are also funded for children and youth in several evidence based programs- Second Step Program used in the Violence and Bullying program, TeenScreen, and the QPR Program (Question, Persuade, Refer) for youth suicide prevention. Recipients of the grant programs from DMHS are required to establish measurable goals and objectives. These quantifiable outcomes can help determine the effectiveness of these programs for children, youth and their families. These programs promote resiliency in children and youth, which is the internal support and inner strength that enable youth to surmount adversity and to thrive.

DMHS promotes access to appropriate mental health services for children and youth with serious emotional disturbances through the development, implementation, and evaluation of Systems of Care and related services. Systems of Care promote the use of appropriate and effective evidence-based and promising practices for children and youth, such as Wraparound and Trauma-Focused Cognitive Behavioral Therapy.

DPRF staff continues to consult with staff from the Department of Commerce and Insurance concerning federal mental health and substance abuse parity law and its adoption by health insurers in the state, and maintains close communication with the Tennessee Department of Finance and Administration and shares relevant information with TDMH staff

OBJECTIVES:

5.1 TDMH promotes the use of research findings and evidence-based practices.

STRATEGIES:

- 5.1.1 In FY 2012, DCL in collaboration with TennCare, will re-evaluate the most effective mental health treatments and revise or update best practice guidelines for children, adolescents, and adults if research indicates the need to do so, to be reported in February and August 2012.
- 5.1.2 In FY 2012, DADAS will use the cross system mapping exercise with the Criminal Justice Behavior Health liaisons and other state departments and agencies to identify gaps, resources, and opportunities available for the target population and also identify services needed to divert a person with mental illness, co-occurring or substance use disorders from the criminal justice

- system into the behavioral mental health system, to be reported in February and August 2012.
- 5.1.3 In FY 2012, DPRF will analyze and use data from the Tennessee Outcome Measurement system (TOMS) to meet SAMSHA mental health block grant outcome measure data requirements, to be reported in February and August 2012.
 - 5.1.4 In FY 2012, DMHS will report both local and national findings from the SOC initiatives related to services and supports for children and youth with serious emotional disturbances and their families, to be reported in February and August 2012.
 - 5.1.5 In FY 2012, DPRF will add enhancements to TOMS data analysis system to fulfill requirements of new federal Data Infrastructure Grant, to be reported in February and August 2012.
 - 5.1.6 In FY 2012, DPRF will provide TOMS data analysis to TDMH Planning and Policy Council to inform department decision making, to be reported in February and August 2012.
 - 5.1.7 In FY 2012, DPRF staff will secure TennCare data and perform analysis on data relevant to department needs, to be reported in February and August 2012.
 - 5.1.8 In FY 2012, DADAS, in collaboration with the DCL, will finalize the A&D Best Practices Guidelines, to be reported in February and August 2012.
 - 5.1.9 In FY 2012, DPRF will monitor changes in the list of controlled substances at the federal level and annually revise Tennessee rules to incorporate federal additions or deletions from the list, to be reported in February and August 2012.
 - 5.1.10 In FY 2012, DPRF will research and prepare findings about the potential for abuse of substances in Tennessee for substances not scheduled at the federal level, to be reported in February and August 2012.
 - 5.1.11 In FY 2012, DPRF, in collaboration with the DCL, DADAS, and Licensure and Review, will research best practices and develop an initiative to reduce the incidence of Tennesseans' addiction to prescription drugs, to be reported in February and August 2012.
 - 5.1.12 In FY 2012, DPRF, in collaboration with DMHS and DADAS, will research best practices, conduct studies, and write reports on special topics to inform planning for services, to be reported in February and August 2012.
 - 5.1.13 In FY 2012, DPRF, Forensic Services, will implement a program to provide the Board of Probation and Parole (BOPP) with psychological evaluations of parole-eligible inmates identified by the BOPP. These evaluations will use research-based best practice risk assessments to quantify risk and develop recommendations for evidence-based services to reduce risk, to be reported in February and August 2012.
 - 5.1.14 In FY 2012, DPRF staff will identify the types of data currently being collected on funded programs (including utilization and outcome data), and how that data is being analyzed and used, to be reported in February and August 2012.
 - 5.1.15 In FY 2012, DPRF staff will facilitate the development of a set of dashboards on key performance indicators, as required under SAMHSA's new list of instructions for Mental Health and Substance Abuse block grants, to be reported in February and August 2012.
 - 5.1.16 In FY 2012, DPRF staff, in conjunction with staff from Information Technology and the DMHS, will initiate planning for an individual client-level data base, as

- required under SAMHSA's new list of instructions for Mental Health and Substance Abuse block grants, to be reported in February and August 2012.
- 5.1.17 In FY 2012, DPRF will collaborate with DHS, DMHS and DADAS to develop outcomes for their respective service areas, to be reported in February and August 2012.
 - 5.1.18 In FY 2012, DHS will establish a process to identify and share best practices in patient treatment and administration of RMHI services, to be reported in February and August 2012.

5.2 TDMH increases access to resiliency and recovery oriented services that include peer support, family support, employment and housing.

STRATEGIES:

- 5.2.1. In FY 2012, DMHS, through the CHI, will assist local communities to create 500 new or improved units of affordable, appropriate and integrated permanent housing options along a continuum from 24/7 supportive living facilities through home ownership, to be reported in February and August 2012.
- 5.2.2 In FY 2012, DMHS will work with homeless services providers and stakeholders including other state agencies to improve coordinated efforts to end homelessness, to be reported in February and August 2012.
- 5.2.3 In FY 2012, DMHS will continue the CJI to assertively and strategically partner with local communities to expand employment opportunities for service recipients, with a goal of adding new employment opportunities, to be reported in February and August 2012.
- 5.2.4 In FY 2012, DMHS will identify opportunities at the state and local levels for braided funding whereby resources are combined from various employment service entities to provide employment services for individuals with mental illness and COD, to be reported in February and August 2012.
- 5.2.5 In FY 2012, DMHS will convene a stakeholders meeting to identify, plan for, and prioritize transportation issues, to be reported in February and August 2012.
- 5.2.6 In FY 2012, DMHS will work with Peer Support Centers to assist people to develop a Wellness Recovery Action Plan, to be reported in February and August 2012.
- 5.2.7 In FY 2012, DMHS will implement alternative funding strategies to continue Regional Housing Facilitation services and Consumer Housing Specialist services, to be reported in February and August 2012.
- 5.2.8 In FY 2012, DMHS will assist community mental health agencies in pursuing Medicaid reimbursement for peer support services, to be reported in February and August 2012.
- 5.2.9 In FY 2012, DMHS will increase the number of people experiencing homeless who obtain SSI / SSDI benefits by developing and expanding SSI/SSDI Outreach, Access, and Recovery (SOAR) capacity statewide, to be reported in February and August 2012.
- 5.2.10 In FY 2012, DMHS will work with Peer Support Center staff to improve advertising of the Peer Support Center services, and to invite members of the BHSN to take advantage of the recovery opportunities available at the Peer Support Centers, to be reported in February and August 2012

- 5.2.11 In FY 2012, DMHS will work with Peer Support Center staff to develop a strategy for reaching out to youth in transition and invite them to take advantage of the recovery opportunities available at the Peer Support Centers, to be reported in February and August 2012.
- 5.2.12 In FY 2012, DMHS will facilitate an increase in the number of homeless individuals contacted through outreach efforts by PATH contractors, to be reported on in February and August 2012.
- 5.2.13 In FY 2012, DMHS will provide training to three Peer Leaders from each Peer Support Center in Middle Tennessee to co-teach the *My Health, My Choice, My Life* peer-led health promotion, wellness and self-management program, to be reported in February and August 2012.
- 5.2.14 In FY 2012, DMHS will work with Peer Support Center staff in Middle Tennessee to recruit members of the Peer Support Centers and the BHSN for the *My Health, My Choice, My Life* peer-led health promotion, wellness and self-management program, to be reported in February and August 2012.
- 5.2.15 In FY 2012, DMHS will provide the *My Health, My Choice, My Life* peer-led health promotion, wellness, and self-management program to 276 consumers in Middle Tennessee, to be reported in February and August 2012.
- 5.2.16 In FY 2012, DMHS will identify the training requirements needed to add a Peer Wellness Coaching competency to the state Peer Specialist Certification program, to be reported in February and August 2012.
- 5.2.17 In FY 2013, DMHS will provide training to three Peer Leaders from each Peer Support Center in East Tennessee to co-teach the *My Health, My Choice, My Life* peer-led health promotion, wellness and self-management program, to be reported in February and August 2013.
- 5.2.18 In FY 2013, DMHS will work with Peer Support Center staff in East Tennessee to recruit members of the Peer Support Centers and the BHSN for the *My Health, My Choice, My Life* peer-led health promotion, wellness and self-management program, to be reported in February and August 2013.
- 5.2.19 In FY 2013, DMHS will provide the *My Health, My Choice, My Life* peer-led health promotion, wellness, and self-management program to 600 consumers in Middle and East Tennessee, to be reported in February and August 2013.
- 5.2.20 In FY 2014, DMHS will provide training to three Peer Leaders from each Peer Support Center in West Tennessee to co-teach the *My Health, My Choice, My Life* peer-led health promotion, wellness and self-management program, to be reported in February and August 2014.
- 5.2.21 In FY 2014, DMHS will work with Peer Support Center staff in West Tennessee to recruit members of the Peer Support Centers and the BHSN for the *My Health, My Choice, My Life* peer-led health promotion, wellness and self-management program, to be reported in February and August 2014.
- 5.2.22 In FY 2014, DMHS will provide the *My Health, My Choice, My Life* peer-led health promotion, wellness, and self-management program to 672 consumers statewide, to be reported in February and August 2014.
- 5.2.23 In FY 2013, DPRF will identify opportunities for state wide expansion of the Integrated Court Screening and Referral Project to be reported in February and August 2013.
- 5.2.24 In FY 2012, DMHS will assist service providers in pursuing Medicaid reimbursement for family support services, to be reported in February and August 2012

5.3 TDMH improves and expands the workforce that provides services and supports.

STRATEGIES:

- 5.3.1 In FY 2012, DCL will conduct an annual statewide assessment of select mental health professionals to better identify and describe workforce needs, especially related to shortage areas, and provide results as required to the Tennessee Department of Health, to be reported in February and August 2012.
- 5.3.2 In FY 2012, DMHS will oversee local SOC workforce development initiatives related to services and supports for children and youth with serious emotional disturbance and their families, to be reported in August 2012.
- 5.3.3 In FY 2012, DMHS, DADAS and DHS will assess workforce training needs and develop an implementation plan, to be reported in February and August 2012.
- 5.3.4 In FY 2012, DAS in collaboration with all other department divisions will develop a plan for leadership succession, to be reported in February and August 2012.
- 5.3.5 In FY 2012, DMHS will work with providers to increase capacity around trauma informed care, to be reported in February and August 2012.

5.4 Quality services are available to persons with mental illness, serious emotional disturbance, and substance use disorders.

STRATEGIES:

- 5.4.1 In FY 2012, DCL will monitor the TennCare preferred drug list (PDL) to determine the need for adding or deleting medication, as evidence based practices and research indicate, to be reported in February and August 2012.
- 5.4.2 In FY 2012, DCL will work with the RMHI medical staff to develop and maintain consistent pharmacy formularies across the RMHIs, to be monitored and reported by DCL in February and August 2012.
- 5.4.3 In FY 2012, DCL will evaluate new activities that need to be included in the memorandum of understanding (MOU) between TDMH and the Bureau of TennCare, to be reported in February and August 2012.
- 5.4.4 In FY 2012, through the BHSN, DMHS will continue to maintain and increase core essential services including behavioral health to eligible service recipients, to be reported in February and August 2012.
- 5.4.5 In FY 2012, Licensure and Review will implement strategies to create more uniform procedures and policies throughout the three regional offices, to be reported in February and August 2012.
- 5.4.6 In FY 2012, DADAS will continue to work collaboratively with other agencies and departments to pursue funding streams to meet the behavioral health needs of consumers who are engaged with the criminal justice system, to be reported in February and August 2012.

- 5.4.7 In FY 2012, DCL in collaboration with DADAS will provide oversight of the Opiate Treatment Programs to enhance patient care and safety and improve patient outcomes, to be reported in February and August 2012.
- 5.4.8 In FY 2012, DPRF staff will provide Department of Finance and Administration (F&A) Benefits Administration input into Cover Tennessee programs and access data from these sources for TDMH, to be reported in February and August 2012.
- 5.4.9 In FY 2012, TDMH will promote opportunities for provider training on cognitive behavioral therapy, and other evidence based practices, to be reported by DMHS in February and August 2012.
- 5.4.10 In FY 2012, DADAS will provide technical assistance to funded adult and adolescent treatment agencies to assure that they are qualified to deliver and are providing co-occurring disorders capable or co-occurring disorders enhanced treatment services, to be reported in February and August 2012.
- 5.4.11 In FY 2012, DADAS program specialists, in collaboration with DAS, will review alcohol and drug prevention and treatment providers to ensure compliance with contract requirements, to be reported in February and August 2012.
- 5.4.12 In FY 2012, DADAS will establish and implement an independent peer review process in which funded agencies will be reviewed for quality and appropriateness of treatment services, to be reported in February and August 2012.
- 5.4.13 In FY 2012, DADAS will administer a supervised probation treatment program statewide for consumers who have a supervised probation eligible offense and have a history of substance abuse, to be reported in February and August 2012.
- 5.4.14 In FY 2012, DMHS will continue the workgroup to study children and youth inpatient services, and also expand the workgroup to include additional agencies, to be reported on in February and August 2012.
- 5.4.15 In FY 2012, Licensure and Review in collaboration with DPRF will complete substantive necessary changes for selected TDMH licensure rules to be reported in February and August 2012.
- 5.4.16 In FY 2012, Licensure and Review will begin development of a manual of standard operating procedures for use in the three regional offices, to be reported in February and August 2012.
- 5.4.17 In FY 2012, Licensure and Review, in collaboration with IT and DPRF, will begin development of a process of assessing licensed facilities during annual Licensure and Review inspections in order to provide information for the public as well as internal use, to be reported in February and August 2012.
- 5.4.18 In FY 2012, DMHS, Crisis Services, will work in collaboration with the DCL to identify and document best practice guidelines for the delivery of crisis services, to be reported in February and August 2012.
- 5.4.19 In FY 2012, DMHS, Crisis Services, will investigate potential solutions to transportation issues encountered during crisis which contribute to the need for inpatient hospital utilization, to be reported in February and August 2012.
- 5.4.20 In FY 2012, DCL will expand its focus on quality improvements including standardized procedures within the RMHIs, to be reported in August and February 2012.
- 5.4.21 In FY 2012, DCL will report results for the Building Strong Families (BSF) grant project that serves families with children in or at risk of state custody

- and at least one parent that abuses substances, to be reported in August and February 2012.
- 5.4.22 In FY 2012, DPRF will work with DAS and Licensure and Review to ensure that the licensure compliance rating system aligns with current licensure rules, to be reported in February and August 2012.
 - 5.4.23 In FY 2012, DPRF, in collaboration with the DCL, will revise licensure rules to clearly define the role and responsibility of the state opioid treatment authority (SOTA), to be reported in February and August 2012.
 - 5.4.24 In FY 2012, DPRF, in collaboration with the DCL, DADAS, and Licensure and Review will revise licensure rules to ensure that people receiving services from an opioid treatment program are provided with the opportunity and support to reduce or eliminate their addiction to opioids through both short-term and long-term detoxification services as an alternative to long-term maintenance treatment, to be reported in February and August 2012.
 - 5.4.25 In FY 2012, DPRF, in collaboration with the DHS, DMHS, and DADAS, will promote the expansion of televideo use in training, medical consultations, and family meetings, to be reported in February and August 2012.
 - 5.4.26 In FY 2012, DPRF, in collaboration with the DHS, will evaluate the statewide implementation of televideo for assessing persons referred for emergency admission to a regional mental health institute, to be reported in February and August 2012.
 - 5.4.27 In FY 2012, DHS, in collaboration with the DPRF, DAS, and TDMH Governing Body, will develop and implement a program integrity plan for the regional mental health institutes to standardize internal controls and to prevent and respond to potential fraud, waste and abuse, to be reported in February and August 2012.
 - 5.4.28 In FY 2012, DAS in coordination with The General Counsel, DADAS and DMHS will ensure that contract service providers receive contracts timely so budgeted services are available and accessible, to be reported in February and August 2012.
 - 5.4.29 In FY 2012, DAS will maintain the contracts tracking database to ensure timely contract processing, to be reported in February and August 2012.
 - 5.4.30 In FY 2012, DAS will annually update the contract guide for program staff and the RMHIs, to be reported in February and August 2012.
 - 5.4.31 In FY 2012, DAS will inform TDMH program staff about contract deadlines and procedures through annual meetings, to be reported in February 2012.
 - 5.4.32 In FY 2012, DAS will meet quarterly with fiscal, The General Counsel and budget staff to discuss contracting issues and make recommendations for improving the contracts process, to be reported in February and August 2012.
 - 5.4.33 In FY 2012, DADAS will collaborate with the Tennessee Department of Correction and the Board of Probation and Parole in a diversion project for offenders needing alcohol and drug services, to be reported in February and August 2012.
 - 5.4.34 In FY 2012, DADAS will conduct an outcome evaluation on funded services to determine effectiveness and efficiency, to be reported in February and August 2012.
 - 5.4.35 In FY 2012, DADAS, in partnership with state and community stakeholders, will develop a five-year strategic plan for statewide prevention services, to be reported in February and August 2012.
 - 5.4.36 In FY 2012, DADAS will restructure the Treatment Advisory Committee to include service providers, stakeholders and DADAS staff. The committee will

- be renamed the Treatment and Recovery Advisory Council, to be reported in February and August 2012.
- 5.4.37 In FY 2012, DMHS in collaboration with DADAS and DOE, will continue to explore available opportunities to expand the Mental Health School-Based liaison program for youth at risk of developing an emotional, behavioral, or substance abuse problem, to be reported in February and August 2012.
 - 5.4.38 In FY 2012, DHS will standardize treatment plans and processes across the RMHIs, to be reported in February and August 2012.
 - 5.4.39 In FY 2012, DHS will develop and implement a plan to ensure compliance with Medicare and Medicaid administrative requirements to prevent fraud and abuse, to be reported in February and August 2012.
 - 5.4.40 In FY 2012, DCL, DMHS, DADAS, and DHS will increase interagency and community provider linkages and collaboration for improved service delivery, to be reported by DPRF in February and August 2012.
 - 5.4.41 In FY 2012, DHS will minimize the number of delayed admissions and length of time to resolve referrals subject to delayed admissions, to be reported in February and August 2012.
 - 5.4.42 In FY 2012, DHS will develop an RMHI “Barriers to Discharge” reporting system to identify and resolve barriers to discharge of long-term patients, to be reported in February and August 2012.
 - 5.4.43 In FY 2012, DMHS will continue to oversee SOC related services for children and youth with serious emotional disturbance and their families, to be reported in February and August 2012.
 - 5.4.44 In FY 2012, DMHS, Crisis Services, will collaborate with other stakeholders, to reduce barriers to humane transportation for hospitalization, to be reported in February and August 2012.
 - 5.4.45 In FY 2012, DADAS will implement a criminal justice re-entry program in Washington, Sullivan, and Johnson counties to work with women who have children and are incarcerated. Clinical treatment, recovery support services, and intensive case management will be provided, to be reported in February and August 2012.

Goal 6:	Technology is Used to Access Services and Information.
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With the goal of implementing comprehensive electronic medical records, TDMH is working to create an integrated system that will allow clinical staff to more efficiently provide direct care to service recipients. The use of bar coding tools along with hand-held devices, tablets and other tools will further enhance TDMH’s ability to provide the best care in the most efficient manner possible. A true electronic medical record will allow TDMH to quickly exchange more information with other entities, particularly with the community mental health agencies, to create a more seamless continuum of care. The expanded use of video conferencing capabilities in partnership with other State agencies will provide greater access to services that are currently limited.

The TDMH uses Internet based tools, such as the TDMH website and e-mail notifications to provide general information and inform service recipients, families, and other stakeholders about issues related to service delivery and public policy. In addition, the TDMH website is

updated regularly to include the most accurate information about accessing resources available to Tennesseans. Consumer Housing Specialists, in partnership with the Department, oversee the content maintenance of a comprehensive, state-wide, housing knowledge web-based resources system as part of the Real Choice Systems Change Housing Within Reach project. Secure, web-based applications have been developed to improve the efficiency of billing and data collection for services such as the BHSN and court-ordered forensic mental health evaluations.

The TDMH maintains databases for Consumer Affairs, Forensics and Juvenile Court Services, Licensure, a contract database, and a Criminal Justice Behavioral Health database.

The Tennessee Web based Information Technology System (TNWITS) is an integrated online system utilized by the Division of Alcohol and Drug Abuse Services. It allows the issuance and approval of services to eligible recipients in addition to providing a more efficient system for contracted providers to conduct business with DADAS. TN WITS also processes and generates provider payments based on the client service encounter data and contract information. It enhances the ability of DADAS to evaluate and monitor client services and agencies in real time.

The TDMH promotes the use of telemedicine to increase response time for diagnosing patients, reduce stressors on persons with a potential mental illness, and reduce transportation costs. TDMH continues to explore potential opportunities to expand the use of televideo by the RMHIs, the community and criminal justice settings.

TDMH continues the RMHI Telemedicine Pilot Project with Western Mental Health Institute (WMHI). The project has enabled WMHI to conduct remote second Certificate of need (CON) evaluations of appropriate individuals in rural west Tennessee. 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. The project is now being expanded to all of the Regional Mental Health Institutes. The results of a preliminary evaluation show that there are savings generated through the use of telemedicine and that there is no difference in percent admitted to hospital between those receiving an in-person evaluation and those receiving an evaluation via televideo.

TDMH works with the Council on Children's Mental Health to research and identify strategies for addressing system wide issues related to data sharing, electronic medical records, and the use of technology related to services and supports for children and youth with mental health needs.

OBJECTIVES:

6.1 TDMH will use technology to improve access and coordination of services, especially in remote areas or in underserved populations.

STRATEGIES:

- 6.1.1 In FY 2012, DMHS, Consumer Affairs, in collaboration with DPRF, will use the enhanced Consumer Affairs data base to analyze the contacts handled by Consumer Affairs, to be reported in February and August 2012.

- 6.1.2 In FY 2012, DMHS, Crisis Services, in collaboration with DPRF, will work with community providers to promote the use of telehealth technology in the mental health system and identify barriers to implementation of such technology, to be reported in February and August 2012.
- 6.1.3 In FY 2012, the RMHIs, in conjunction with DAS and DHS, will conduct televideo evaluations for emergency involuntary admission in at least one area of the state, to be reported by DHS in February and August 2012.
- 6.1.4 In FY 2012, TDMH staff will participate and provide input into F & A's Internal Health Council and state committees focused on e-health initiatives, to be reported by DPRF in February and August 2012.
- 6.1.5 In FY 2012, DPRF, Forensic Services will work with Fiscal Services and The General Counsel to fully implement systems for billing and tracking of billing of counties for forensic evaluation and treatment services in accordance with T.C.A. § 33-7-304, to be reported in February and August 2012.
- 6.1.6 In FY 2012, DMHS in collaboration with statewide SOC partners and the Council on Children's Mental Health, will develop a plan for addressing cross-system data sharing issues related to services and supports for children and youth with mental health needs and to support continuous quality improvement efforts, to be reported in August 2012.

6.2 TDMH will develop and implement an integrated electronic health record and personal health information system.

STRATEGIES:

- 6.2.1 In FY 2012, DAS, in collaboration with DHS and DCL, will study the electronic health record and personal health information systems used in other states and the strategies used to transition to electronic health information systems, to be reported in February and August 2012.
- 6.2.2 In FY 2012, DAS, in collaboration with DCL, DHS and the RMHIs, will complete a major upgrade for the Pharmacy Information System, to be reported in February and August 2012.
- 6.2.3 In FY 2012, DCL in collaboration with DAS, will implement a new standardized pharmacy software system at the RMHIs, to be reported in February and August 2012.
- 6.2.4 In FY 2012, DAS, in collaboration with DADAS, DMHS and DPRF, will provide recommendations on data collection process and data dashboard technologies for mental health and substance abuse data, to be reported in February and August 2012.
- 6.2.5 In FY 2012, DMHS will facilitate an increase of the number of PATH contractors who regularly enter their service process and outcome data into HUD's Homeless Management Information System (HMIS) in advance of this becoming a federal mandate, to be reported in February and August 2012.
- 6.2.6 In FY 2012, DAS in collaboration with DHS, will seek resources and develop a return on investment relative to the use of electronic medical records within the RMHIs that are interoperable with other health care providers and entities to improve integration of care, to be reported in February and August 2012.

ACRONYMS

AOC	Administrative Office of the Court
BHSN	Behavioral Health Safety Net
CAB	Consumer Advisory Board
CHI	Creating Homes Initiative
CJI	Creating Jobs Initiative
CMHAs	Community Mental Health Agencies
CMS	Center for Medicare and Medicaid Services
COD	Co-occurring Disorders
CHS	Consumer Housing Specialists
DADAS	Division of Alcohol and Drug Abuse Services, TDMH
DAS	Division of Administrative Services, TDMH
DCL	Division of Clinical Leadership, TDMH
DCS	Department of Children's Services
DIDD	Department of Intellectual and Developmental Disabilities
DHS	Division of Hospital Services, TDMH
DOE	Department of Education
DPRF	Division of Planning, Research & Forensics, TDMH
DMHS	Division of Mental Health Services, TDMH
FY	Fiscal Year
GC	The General Counsel
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
HUD	U.S. Department of Housing & Urban Development
NAMI	National Alliance on Mental Illness
OC	Office of Communications, TDMH
RMHI(s)	Regional Mental Health Institute(s)
RHF	Regional Housing Facilitators
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SETH	Support, Employment, Transportation & Housing
SMI	Serious Mental Illness
SOC	System of Care
TLC	Tennessee Lives Count
TDMH	Tennessee Department of Mental Health
TOMS	Tennessee Outcome Measurement System
TSPN	Tennessee Suicide Prevention Network