TENNESSEE DEPARTMENT OF MENTAL HEALTH
and the
TDMH PLANNING & POLICY COUNCIL
FY 2011 Joint Annual Report
July 1, 2010 – June 30, 2011

INTRODUCTION:

The Tennessee Department of Mental Health (TDMH) is the state's mental heath, substance use disorders, and opioid authority and is responsible for system planning; setting policy and quality standards; licensing personal support services agencies and mental health and substance abuse services and facilities; 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. TDMH also licenses intellectual disability services and facilities.

In 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. As a result of this transfer of responsibility, the Statewide and Regional Planning and Policy Councils were restructured to include representation for mental health and substance abuse issues.

TDMH serves adults with mental illness and children with serious emotional disturbance by planning, promoting, and contracting for an array of community mental health services, which are complementary to the mental health treatment services provided through the Bureau of TennCare. Community mental health services include prevention, early intervention, support services, rehabilitation, recovery and forensic services, and juvenile court evaluation services. TDMH also provides a wide array and varied intensity level of substance abuse treatment services for children and adults with specialty services for women, intravenous drug abusers and persons at risk for or infected with HIV or tuberculosis. Prevention services are targeted to children and youth and include an array of school and community-based prevention programs, professional training, and evaluation activities. Substance abuse services are provided through a statewide network of more than 152 community and faith-based providers.

- TDMH administers two federal block grants from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). One provides services for adults with mental illness

and children with serious emotional disturbance and the other for persons with substance use disorders.

- TDMH maintains private, state and federally funded grant contracts with private, not for profit community mental health and substance abuse agencies and other organizations that provide a variety of services that are either not available or not fully supported through TennCare to enrollees and for non TennCare members who need services provided by TDMH.
- TDMH administers the Behavioral Health Safety Net of TN program which addresses core mental health service needs for uninsured persons with serious mental illness who meets eligibility criteria.
- TDMH operates five state psychiatric hospitals referred to as Regional Mental Health Institutes (RMHIs).
- TDMH provides statutorily mandated inpatient and outpatient forensic and juvenile court services through a combination of direct service through the RMHIs and contracts with community providers.
- TDMH provides assistance to individuals when a behavioral health crisis occurs. Tennessee has a 24/7 crisis system that includes mobile crisis, walk-in centers and crisis stabilization units, which provide services to individuals 18 years of age and older.
- TDMH contracts with five agencies to operate medically-monitored detoxification units which provide short-term, cost-effective detoxification services 24-hour, seven days a week.

The TDMH Planning and Policy Council was created by the General Assembly which set membership requirements and responsibilities in Tennessee Code Annotated, §§33-1-401-402. Membership includes service recipients and their family members, representatives for children and youth, the elderly, advocates, service providers, state agency representatives, and two legislators appointed by the Speakers of the respective houses.

The Council meets quarterly and is charged with assisting TDMH in planning a comprehensive array of high quality prevention, early intervention, treatment, habilitation, and recovery services and supports; advising the Department on policy; budget requests; and developing and evaluating services and supports. The Council annually reviews the adequacy of the mental health and substance abuse law, Title 33, to support the service systems; makes recommendations for inclusion in the Department's three-year plan; annually reviews the federal Mental Health Block Grant application and the federal Substance Abuse Prevention and Treatment Block Grant application; and, in conjunction with the TDMH, reports annually to the Governor on the service system, departmental programs and facilities.

STRENGTHS:

- Behavioral Health Safety Net of TN (BHSN) – TDMH administers the BHSN which addresses core mental health services for uninsured persons with severe mental illness who meet eligibility criteria. TDMH partners with 18 community mental health

agencies (CMHAs) across the State to provide essential mental health services to persons in this program.

The BHSN is designed to meet basic medication and treatment needs of these individuals and includes assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination. Over 30,000 individuals received services through the BHSN program this fiscal year. The top three services utilized were case management, pharmacologic management, and individual psychotherapy.

The TDMH Planning and Policy Council continues to recommend continuation of the BHSN.

- Medically-Monitored Crisis Detoxification (MMCD) Units – TDMH contracts with five agencies for Medically-Monitored Crisis Detoxification services. These units provide short-term alcohol and drug detoxification services. The units are cost effective because they offer intensive 24-hour evaluation and withdrawal management, including observation, monitoring, and treatment, in a less restrictive setting than a hospital. The units are clinically effective as MMCD providers refer their patients upon discharge to treatment providers and follow-up to ensure that individuals maintain their scheduled appointments, and continue in substance abuse treatment. Referrals come from mobile crisis teams, RMHI's law enforcement agencies, or hospital emergency departments

  MMCD services have significantly improved access to care for uninsured individuals in need of detoxification services and have reduced hospital admissions, emergency department services, and criminal justice involvement.

- Mobile Crisis – Mobile crisis services provide assessment and referral services for individuals at a location within their community, utilizing natural supports whenever possible. From July 1, 2010 to May 31, 2011, mobile crisis served a total of 102,016 adults and children, with 52,029 of those requiring face to face assessment. Through partnering with the managed care companies, payment authorization processes during a crisis situation have been minimized and streamlined to decrease the time involved in referrals for care for TennCare members.

  In February 2011, the statewide toll free crisis line was changed to a number that is more likely to be recalled by individuals in crisis. The new number, 1-855-CRISIS-1 (274-7471) will eventually replace the old toll free number as the number is publicized and utilization increases across the state.

  Through workgroup efforts led by TDMH and the Bureau of TennCare, a standardized assessment for use in mobile crisis was developed and implemented statewide on July 1, 2011. This tool is a modified version of the Adult Needs and Strengths Assessment (ANSA) tool developed by Dr. John Lyons and provides a

valid and reliable method for making treatment decisions. This will assist in the development of best practices and improve overall consistency in outcomes for individuals in crisis.

As TDMH has been undergoing a top to bottom review and identifying potential efficiencies, mobile crisis services have been restructured in Hamilton County to move the system to a single provider. This was the only area of the state that had two providers serving a single county, and it is hoped that this change will result in streamlined access to care and service delivery consistency for the citizens of Hamilton County. This change became effective July 1, 2011.

- Crisis Stabilization Units (CSU's) – Tennessee currently operates seven (7) crisis stabilization units located in Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville and Johnson City. This service provides short term crisis resolution services to individuals ages 18 years of age and older who are in need of behavioral health crisis services and are at risk of requiring emergency hospitalization. CSU's offer intensive, 24-hour mental health treatment and stabilization. In addition, these facilities offer 24/7 walk-in triage capability which have proven most beneficial in keeping individuals out of Tennessee's emergency departments and jails unnecessarily. More than 18,000 individuals have been triaged and linked to services. In FY 11, approximately 33% of all cases brought in by law enforcement were through the CSU walk-in centers.

  Eight thousand, five hundred and fifty one (8,551) individuals ages 18 and over have been admitted for a short term stay at one of the seven crisis stabilization units between July 1, 2010 and June 30, 2011 rather than being admitted to a hospital. Approximately 65% of all individuals served in the CSUs are uninsured. Additionally, 20,629 individuals were served through the walk-in triage centers associated with each CSU.

  TDMH continues to investigate and promote the use of telehealth systems within the crisis system. Several crisis providers have connections with local emergency rooms, which allow more efficient use of resources. Walk-in centers are also being encouraged to seek and implement telehealth systems to increase access to these services.

  The TDMH Planning and Policy Councils continue to advise the Department on issues related to crisis services through the annual regional needs assessments, the children and adult statewide committees, and the monitoring of programs through the Department's Three-Year Plan progress reports.

- The Department has had several opportunities to work with individuals in the criminal justice system. Therefore, the Division of Alcohol and Drug Abuse Services (DADAS) reorganized its functions and created the Office of Criminal Justice Programs. The Alcohol and Drug Addiction Treatment program (ADAT) is a statutorily initiated, state funded program that provides alcohol and drug treatment to

indigent DUI offenders across Tennessee. The offenders must have a DUI conviction and be mandated to treatment by the court system.

Through a joint effort between DADAS and the Board of Probation and Parole (BOPP), the Community Treatment Collaborative (CTC) was created to divert at-risk probation and parole technical violators with substance abuse and co-occurring disorders from returning to state prison. The CTC diverted 3,827 individuals who would have otherwise been incarcerated due to a technical violation.

The Criminal Justice Behavioral Health Liaison program funds twelve (12) criminal justice liaisons statewide to work in the jails and with the court system to provide support and liaison services to incarcerated individuals and their families. Services include a mental health screening and assessment; linkage and referral to behavioral health and recovery support services; stabilized housing; medication assistance; and other community supports.

- Driving Under the Influence (DUI) Schools were transferred from the Office of Highway Safety to DADAS, and the Division undertook the project to standardize the curriculum. As of February 1, 2011. all licensed DUI Schools must use the evidence-based Prevention Research Institute's *Prime for Life* curriculum.

- Tennessee's Creating Homes Initiative combines state leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people with mental illness. Since 2000, over $401 million has been leveraged, resulting in the development of over 9,800 housing units. People with a history of mental illness living in supportive housing have an average 84% reduction in the number of psychiatric hospitalization days compared to the year before entering supportive housing.

- The children's mental health service system in Tennessee also has a number of strengths, including four System of Care (SOC) Federal Grant awards, the ability to support a variety of prevention and early intervention services for preschool and school-age children, extensive family support services, a well-developed planned respite program, and clinical services for at-risk populations. Effective diversion programs, in-home intervention, and a statewide crisis services program specifically for children and their families result in limited use of hospitalization for children. There is also generally good access to behavioral health services through access to affordable insurance programs, such as Cover Kids and TennCare.

  DADAS utilizes the Institute of Medicine (IOM) Continuum of Care model—promotion, prevention, treatment and maintenance—to ensure that a continuum of care of services is provided for substance use disorders to youth and young adults. This model identifies a proactive process in which each phase is linked to the next. Strong treatment promotes successful maintenance; successful maintenance prevents the need for repeat treatment. For example, the HIV/AIDS Early Intervention Services Program is designed to: 1) prevent individuals from becoming

infected with and/or transmitting HIV; 2) make early intervention services for HIV/AIDS available to individuals in alcohol and drug abuse treatment programs; and 3) identify and refer individuals needing social and medical services for HIV/AIDS to the appropriate services.

Numerous initiatives continue to occur that promote a better integrated SOC for children's services. TDMH and the Tennessee Council on Children and Youth co-chairs the Children's Council on Mental Health (CCMH) which is fully engaged in the process to plan for a statewide SOC for children and youth. The goal of the State's system is for children with multi-system needs to be served in their homes and communities. State partners and community and family advocacy groups also contribute to the work of the CCMH. TDMH made one of its block grant goals to increase public awareness of SED and Systems of Care through statewide outreach activities.

Additional strengths of the children's service system include targeted services to children in homeless families and contract requirements within TDMH contract services that ensure proportionate service access to rural areas. Challenges remain in the areas of recruitment and retention of all mental health professionals in rural areas, including those with specialized training in children and youth services.

- TDMH's leadership is excited about the growing use of telemedicine across the State. Telemedicine capability improves access to assessment, treatment, and specialist consultation in targeted rural areas. Telemedicine also has great potential to increase access to crisis services across the State, as well as produce savings for law enforcement by enabling distance evaluation for emergency involuntary hospitalization. A telemedicine pilot project conducted at one RMHI proved so advantageous that the program is expanding to all five State-operated RMHIs. Additionally, TDMH is exploring the use of telemedicine to provide Intensive Outpatient Services and case management for individuals with a substance use disorder. Telehealth also has the potential to make specialty psychiatric services available to underserved areas.

- Peer Support Specialists – A Certified Peer Specialist has self-identified as a person with a mental illness or co-occurring disorder (COD) who has successfully navigated the service system to access the treatment and resources necessary to build personal recovery and succeed with his or her life goals. This individual undergoes training recognized by the Department on how to assist other persons with mental illness in fostering their own wellness, based on the principles of self-directed recovery. Certified Peer Specialists deliver unique services in the mental health system; provide Medicaid-billable services through provider agencies; assist consumers by promoting self-directed recovery goals; and function as life coaches, advocates, teachers, and group facilitators. TDMH has certified 176 Peer Specialists since the inception of the Peer Specialist Certification Program in FY 06. The Department has held numerous outreach presentations to inform mental health providers and potential consumer-applicants about the certification program and

has conducted and sponsored trainings for peer specialists to meet ongoing education requirements of certification. The state certification program is administered by a Certified Peer Specialist and a statewide advisory committee comprised of Certified Peer Specialists that provide oversight. The guidelines and standards, along with the application and certification forms, are available on the TDMH website. Program improvements have been implemented to simplify the certification process. The TDMH Planning and Policy Council continues to endorse this program.

- Family Support Specialists – A Certified Family Support Specialist is a person who has self-identified as the caregiver of a youth with an emotional, behavioral, or COD and who has successfully navigated the child serving systems to access the treatment and resources necessary to build resiliency and foster success in the home, school, and community. This individual undergoes training recognized by the Department on how to assist other caregivers in fostering resiliency in their child based on the principles of resiliency and recovery. TDMH has certified 11 Family Support Specialists since the inception of the Family Support Specialist Certification Program in FY 09. Family support services, as provided by a Certified Family Support Specialist, can be reimbursed by Medicaid to mental health providers. The guidelines and standards, along with the application and certification forms, are available on the TDMH website. Program improvements have been implemented to simplify the certification process.

- Addictions Disorder Peer Support Centers are funded by the Department to provide peer support services for individuals who have been placed on a waiting list for clinical substance abuse treatment services. Individuals receive the following services from trained peer counselors: mentoring, education, addictions disorder support services, peer counseling, transportation, and employment skills. The Peer Support Centers prepare the participants for a successful treatment outcome and a life of recovery.

- The Tennessee Web-based Information Technology System (TN WITS) enables DADAS to manage scarce resources effectively; describe and advocate for the work with consumers, family members, legislators, advocates and others; centralize billing; and to evaluate the impact of services on the health and well-being of Tennesseans. TN WITS also collects National Outcome Measures (NOMs) and Treatment Episode Data Sets (TEDS) for federal agencies. Coalitions, prevention, treatment and recovery support service providers enter into TN WITS all NOMs data with additional information on the community sector support, costs and staff level of effort. Prevention providers are able to enter consumer demographics, enroll the consumer in a curriculum, and set up group sessions and activities. TN WITS also has the capability of tracking consumer's clinical treatment and recovery support episodes of care. All prevention, treatment and recovery programs, including coalition staff, have been trained on how to utilize data to make informed decisions, and are provided ongoing technical assistance from DADAS.

- Crisis Grant Award – In September 2010, TDMH received a $2.1 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to continue providing mental health outreach, counseling, and educational services to individuals impacted by the severe storms, historic flooding, and tornados that began April 30, 2010.

- Early Connections Network (ENC) - In October 2010, TDMH received a $9 million grant from the U.S. Substance Abuse Mental Health Services Administration to implement a coordinated system of care for young children in Middle Tennessee over the next six years called the Early Connections Network. The grant serves children in Cheatham, Dickson, Montgomery, Robertson, and Sumner counties with a special focus on the children of military service members.

- My Health, My Choice, My Life – In October 2010, TDMH was awarded $3.6 million from the U.S. Substance Abuse Mental Health Services Administration to address significant health disparities experienced by Tennesseans with mental illness, substance use disorders, and co-occurring disorders. The grant works to transform TDMH's recovery service infrastructure by integrating a physical health focus into existing behavioral health recovery services. The "My Health, My Choice, My Life" program will be offered in communities throughout the state and deliver education, motivation and support. Participants work through a peer-led health, wellness, and chronic disease prevention and self management program to improve their whole health and extend their lifespan. Program consumers participates in prevention and self-management of chronic illnesses by addressing exercise, nutrition, weight, sleep management, tobacco use, and appropriate medication use. The program anticipates serving approximately 2,352 individuals over the next five years.

- Integrated Recovery Integrated Services (IRIS) – In January 2011, TDMH, in collaboration with the Tennessee Department of Correction (TDOC) and the Board of Probation (BOPP), received a $600,000 grant from the U.S. Bureau of Justice Assistance to reduce recidivism among incarcerated women with co-occurring mental health and substance abuse disorders. IRIS will work with community behavioral health and recovery service providers to help adult females currently incarcerated in the Tennessee Prison for Women successfully transition back into the community. Services will begin four to six months prior to release and will provide intensive and comprehensive clinical treatment, recovery support, transition planning and case management services to approximately 74 females over the next two years.

ANTI-STIGMA/EDUCATION

- Anti-Stigma Campaign – TDMH continues the "Overcoming Stigma Campaign" to spread positive messages regarding resiliency and recovery with a focus on the arts. The Department co-sponsored the 6th Annual Art for Awareness, a program which gives individuals recovering from mental illnesses a chance to showcase and talk

about their art. This event provides a great opportunity to share artwork and stories of recovery and resiliency by persons healing from mental illness and substance abuse. Reducing stigma and increasing knowledge regarding resiliency and recovery is an important focus of the TDMH Planning and Policy Council.

- The Tennessee Recovery Project has made over 58,000 contacts with survivors and distributed 109,639 pieces of material on flood recovery. Due to the effects of Post Traumatic Stress Syndrome, along with a recent concern of flood related suicides, Tennessee's federal partners granted the state a no cost extension through August 2010 to continue efforts to help with the effects of the May 2010 flood.

  Tennesseans suffered through two additional natural disasters. Tornados in the east and flooding in the west led to two more federal FEMA declarations. Fortunately, with the Department's experience in the past year, and having a Tennessee Recovery Project Director in place, this led to the prompt approval of two additional crisis counseling applications. A combination of the state and providers experience has enabled the Department to continue the Tennessee Recovery Project for the survivors of 2011 disasters.

- TDMH partnered with the Tennessee National Guard and the Tennessee Veterans Task Force to host the third Operation Immersion training on August 30 - September 1, 2010 at the Tennessee National Guard Training Center in Smyrna, TN. The training designed to immerse attendees in military culture and the deployment experience is an effort to help remove the barriers and apprehension soldiers often face when seeking help for mental health or substance abuse disorders. Participants stayed in the barracks, went through modified early morning physical training, chores and inspections, toured a C-130 and Black Hawk Helicopter, and ate ready to eat meals, just like those who are deployed to combat. Additionally, Traumatic Brain Injuries and Suicide Prevention trainings gave the participants a better understanding of the trauma that many service members experience, especially during combat. Operation Immersion provided an opportunity for behavioral health care providers to experience life from the military perspective.

- TDMH and the Healing Center in Memphis hosted the 5th National Suicide and the Black Church Conference on June 22-23, 2011. The conference featured experts in the areas of suicide prevention, mental health and substance abuse issues.

CHALLENGES

- Budget – The FY 10 – 11 approved budget reflected a 4% reduction in recurring discretionary State dollars. Reductions included reducing staff and bed capacity at the RMHIs, policy and program staff, and community program grants. After examining current programs and services, TDMH decided to focus on preserving services and programs that target the Department's high priority populations and programs with a substantial impact on reducing psychiatric hospitalization. Non-

recurring funding add-backs in the amount of $12.6 million temporarily mitigated the reductions for FY 10 – 11.

In the FY 11 – 12 budget, due to the continuing impact of the economic downturn on the State and its revenue sources, TDMH was faced with the need to take an additional 1% reduction in recurring discretionary State dollars, together with the possible loss of previous non-recurring add-backs, for a potential net reduction of $12,926,000. The impact of these reductions has been minimized temporarily through a reinvestment of $10,567,600 in non-recurring funds for FY 11 – 12. Funding support for indigent in-patient care is an ongoing concern.

The FY 11 – 12 budget put TDMH in a challenging position since a significant amount of its budget for services for mental health and substance abuse services remain funded on a temporary, non-recurring basis. The Department continues to make every effort to find ways to conserve, reallocate, and augment existing funding while working to ensure continuation of important basic mental health and substance abuse treatment services.

The TDMH Planning and Policy Council continue to monitor the Department's budget and make recommendations as needed.

- TDMH is challenged with building a data infrastructure to meet all federal and state mandates to gather data necessary to carry out duties related to planning, needs assessment, standard setting, evaluation, and development of mental health services and supports for current and potential service recipients, as well as, completing an annual assessment of the public's need for mental health services and supports. Because data collection is so fundamental to assessing the need, access, utilization, and quality of services delivered, TDMH is evaluating the feasibility of purchasing or developing a Department-wide integrated system to manage mental health and substance abuse services and outcomes collection across programs. Such a system would enable TDMH to collect the client-level data necessary for planning, needs assessment, standard setting, evaluation, and development of services and supports for current and potential consumers. The best and most accurate data comes from those entities TDMH regulates or contracts with and can be required to report. That data, however, constitutes a very small data set compared to that of TennCare; thus a significant portion of TDMH service system planning relies on extrapolating national prevalence data and other policy and evidence-based research.

  However, two projects are underway with the potential to provide TDMH more detailed system data. The Tennessee Association of Mental Health Organizations (TAMHO), the statewide trade group for CMHAs, has begun collecting, in a data warehouse, client-level information on services delivered at CMHAs across the state. Because this is an all-payer database (including publicly-funded mental health services), TAMHO has agreed to allow TMDH access to the database. Also, a newly developed State-planned and operated All-Payer-Claims Database will be available to all State agencies, and all insurers that operate in Tennessee must report claims

data. It is envisioned as a vehicle for supporting and determining needs for public health services related policy making. A Memorandum of Understanding (MOU) regarding data sharing between TDMH and the State Planning Office, in the Department of Finance and Administration, is currently in development.

- Workforce shortages present a tremendous challenge to TDMH. Staffing, especially nurses and other qualified direct caregivers, is a problem for the RMHIs. Without sufficient nursing staff, consumer care is negatively impacted. The RMHIs also experience great difficulty in recruiting and retaining clinical staff, particularly psychiatrists and pharmacists. Some State employee salaries, especially in health and mental health management and clinical classifications, are not competitive. Recruitment and retention of professionals as required in the State's complex mental health service system is increasingly more difficult, especially for child psychiatrists.

- Challenges continue in developing a true, statewide System of Care model for the delivery of both integrated clinical services and child and family support services, expanding school-based services, and developing a full continuum of services designed around the needs of transition age youth.

  Many system barriers to continuity between youth and adulthood service access have been identified through efforts by advocates and providers. These efforts have culminated in the development of a statewide transition task force. TDMH shares responsibility, with the Department of Children's Services (DCS), for the 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.

  Another challenge is a lack of recognition of the value of Systems of Care for children and youth. One of TDMH's block grant goals is to increase public awareness of Systems of Care through statewide outreach activities.

- Crisis Services - A large portion of the funding for crisis services is non-recurring state dollars which places the program at risk for significant reductions every year. TennCare disenrollment and increasing unemployment rates have contributed to an increase in the number of uninsured needing services. As a result, the mobile crisis system which has not received an increase in funding in 20 years, struggles to provide the resources needed to meet the need. This has created additional funding challenges for TDMH, particularly in light of the budget reductions occurring over the past several consecutive years. Other than TennCare, there are no other funding sources available for these important services.

  MMCDs improve access to care for uninsured individuals in need of detoxification services and have reduced hospital admissions, emergency department services,

and criminal justice involvement. However, more funding is needed to fully serve all parts of the state.

Technology implementation has been slow in coming and many crisis service providers have yet to implement electronic systems that provide access to needed information or that assist with data collection and/or communication.

- Employment - A primary challenge for TDMH is the lack of funding to establish an Employment Facilitator in each of the 7 mental health planning regions. Based on the significant success in the expansion and improvement of housing options for people with mental illness through the Creating Homes Initiative, TDMH is committed to developing a similar model for Creating Jobs Initiative, anticipating similar outcomes. Research demonstrates that work is a key to recovery and that persons with mental illness are able to live more rewarding lives through this contribution to their communities. Studies show that 60% - 75% of the people with mental illness want to work. However, 85% - 95% are unemployed. The impact of the lack of employment opportunities for persons with mental illness and co-occurring disorders, includes increased homelessness, increased criminal justice involvement, and increased hospitalizations. Lack of funding severely limits the implementation of the Creating Jobs Initiative. TDMH continues to seek alternative funding to develop and maintain this program.

The TDMH Planning and Policy Council sees its advocacy role as critical in assuring that the quality of care to those most in need is not compromised. The Council is active and strategic in its direction-setting and advocacy efforts, and has a thorough grasp on the challenges facing the State. There is a high level of dedication among Council members, who are effective advocates.

The TDMH recognizes that although much work has been done, more work is needed to address the needs of individuals with mental health and substance use disorders. The Department's major challenge remains the current financial constraints facing most States that continue to restrict hiring of new staff, stabilization or expansion of existing services, and funding of new initiatives.