

# Tennessee Department of Mental Health and Substance Abuse Services

## THREE YEAR PLAN FY 2015 - FY 2017

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**TDMHSAS THREE YEAR PLAN**  
**FY 15 – FY 17**  
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## **Introduction**

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) serves as the state's mental health and substance use disorders and opioid authority. TDMHSAS 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 live with mental illness, serious emotional disturbance, and/or substance use disorders.

In 1953, the Tennessee General Assembly created the Department of Mental Health to provide for better treatment and improved welfare of persons with mental illness.

In 1973, under the Comprehensive Alcohol and Drug Treatment Act, the General Assembly gave the Department responsibility for developing programs for treating and preventing alcohol and drug abuse.

In 1975, the department was renamed the Tennessee Department of Mental Health and Mental Retardation to reflect services to individuals with intellectual disabilities (then called mental retardation). In July 1991, the Division of Alcohol and Drug Abuse Services was transferred to the Department of Health.

In 2000, the General Assembly recreated the agency, changed its name to the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), and passed a comprehensive revision of the mental health and developmental disability law, Title 33 of the Tennessee Code Annotated (TCA).

In 2007, the Bureau of Alcohol and Drug Abuse Services (BADAS) was transferred to TDMHDD from the Department of Health by executive order and codified in 2009. This transfer expanded the Department's authority for the provision of services and supports for persons with substance use disorders (SUD). In 2010, legislation was passed that created a Department of Intellectual and Developmental Disabilities (DIDD). Responsibility for services related to developmental disabilities and/or intellectual disabilities was transferred to the new Department of Intellectual and Developmental Disabilities. 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.

The 2010 Legislature also changed the name of TDMHDD to the Tennessee Department of Mental Health (TDMH) effective January 15, 2011. Effective July 1, 2012, the Legislature changed the name of the Department of Mental Health to the Department of Mental Health and Substance Abuse Services (TDMHSAS) to more accurately reflect the mission of the agency.

One of the TDMHSAS's major responsibilities is service system planning. Title 33, Chapter 2, Part 2 of the Tennessee Code Annotated requires the TDMHSAS to develop a Three-Year Plan (Plan) based on input from the state TDMHSAS 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. Needs assessments are conducted annually by the TDMHSAS Regional Councils to assist Department staff in planning and resource allocation. TDMHSAS provides Regional Councils with data to help members identify prioritized needs. Prioritized needs are shared with staff to assist with the development of strategies for the Three-Year Plan and report progress annually. The needs assessment process creates an evidence-based method for Regional Councils to influence the design of the mental health and substance use delivery system by identifying each region's needs and targeting limited state resources to more effectively and efficiently meet identified needs. This information is used to

communicate and integrate results into a strategic planning and action process that ensures assessment information is used in meaningful ways to improve the mental health and substance abuse services delivery system.

The Department oversees seven Regional Planning and Policy Councils from which local and regional mental health and substance abuse needs and information are funneled to the State Council and to the Department. Needs assessment priorities and recommendations from the State Planning and Policy Council, combined with requirements associated with federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department's Three-Year Plan.

The Three-Year Plan serves several purposes:

1. Furnishes the TDMHSAS Statewide Planning and Policy Council a forum to advise the Department on a desirable array of prevention, early intervention, treatment, and recovery 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 TDMHSAS'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 TDMHSAS meets its obligations to service recipients and their families.
5. Provides a means for internal and external communication. The Plan communicates the TDMHSAS 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 fiscal services and monitoring, information technology, general services, and the budget. DAS also coordinates major maintenance and capital outlay projects and provides consultation and administrative oversight for the Regional Mental Health Institutes. The offices of Fiscal Services, Information Technology, Construction and Engineering, and General Services are a part of this Division.

The Office of 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 Office also establishes methodology for the annual determination of charges for services provided in programs operated by TDMHSAS and the determination of indigence.

The Office of Information Technology (IT) is responsible for all aspects of software, hardware and telecommunications systems used by TDMHSAS including planning, analysis, design, development, implementation, installation, and ongoing support. IT supports information systems with the purpose of administering programs and gathering all data necessary for TDMHSAS to carry out its duties related to planning, needs assessment, standard setting, evaluation, and promotion of service development.

The Office of Construction and Engineering oversees facilities management, engineering, and related services for TDMHSAS. Construction and Engineering manages a comprehensive major maintenance program and coordinates all real property transactions. This office works closely with the state Department of General Services and the state Building Commission.

The Office of General Services provides procurement, fleet management, mail services, records management, and work-related transportation for TDMHSAS staff. This office also serves as property officer for all fixed assets and is custodian for printing, publications, and forms.

The Budget Office develops the annual budget and provides on-going analysis and projections to leadership about spending patterns. This Office works closely with the state's Department of Finance and Administration (TDFA) and handles all budget modifications and budget request documents.

**The Division of Substance Abuse Services (DSAS)** is responsible for planning, developing, administering, and evaluating a statewide system of substance use, abuse, and addiction services for the general public, persons at risk for substance abuse, and persons abusing substances. These responsibilities are carried out through partnering with other government agencies, community organizations, and advocacy groups. Treatment and prevention services are provided by community and faith-based agencies by means of contract.

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 disorders (substance use disorders combined with mental illness). These services comprise the state's substance abuse services safety net for persons in need of assistance. Primary funding is received through the federal Substance Abuse Prevention and Treatment Block Grant and from limited state sources. Funding resources support substance abuse and co-occurring disorders prevention, treatment and recovery services through a network of approximately 221 community and faith-based substance use disorders service agencies statewide.

DSAS integrated co-occurring disorders (COD) into its' network of treatment services. All substance abuse treatment providers have been trained and certified as either Co-occurring Disorders Capable (CODC) or Co-occurring Disorders Enhanced (CODE). A Dual Diagnosis Capability in Addiction Treatment (DDCAT) is conducted to assess the provider's effectiveness with the delivery of co-occurring substance use and mental health disorders.

DSAS manages the criminal justice service program by operating and overseeing the criminal justice programs that provide community mental health and substance abuse 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; recovery (drug) courts; supervised probation offender treatment program; criminal justice liaison program; and DUI Schools. The criminal justice programs provide an opportunity for individuals with exposure to and activity in the criminal justice system to receive community-based treatment and recovery services that will help meet individual needs and provide a continuum of support services in the community.

DSAS retains responsibility to help prevent substance use disorders by providing educational materials to the public. Educational materials that describe the causes and symptoms of substance use disorders are prepared and distributed to schools and interested members of the public. The Division also renders assistance to local agencies and provides activities promoting public interest and information about substance abuse and dependence.

**The Division of Clinical Leadership (DCL)** seeks to assure high quality services through the following activities: consultations; clinical oversight; education; the development and revision of clinical policies and best practice guidelines; and the advancement of research reviews. DCL seeks to assure high quality service availability 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 licensed opioid treatment programs. Oversight includes, but is not limited to: planning, developing, educating, on-sight monitoring and implementing policies and procedures to ensure that opioid addiction treatment is provided at an optimal level.

DCL houses the Department's institutional review board (IRB), which must approve any proposals to conduct research undertaken by, for, or with the TDMHSAS, including requests that involve service recipients, their records, and specimen research.

DCL provides both medical and pharmacy consultation to the clinical directors at the Regional Mental Health Institutes. The Division implements evidence-based practices and provides civil rights compliance and suicide prevention activities which include suicide prevention and the African American faith community conferences and activities related to suicide prevention in the community, faith communities, and places of worship. The Division provides education regarding mental illness and substance use disorders to local and state officials, the general public, healthcare providers, advocates, service recipients and their families. DCL also coordinates student internships. DCL facilitates the development of best practice guidelines for a variety of populations and the creation of departmental standards in various domains such as adult mental health case management. DCL oversees the Building Strong Families (BSF) 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 placement into state custody. The BSF grant provides services in Bedford, Cannon, Coffee, Franklin, Grundy, Lincoln, Moore, and Warren counties.

DCL provides access to mental health and substance abuse services for families in limited rural areas through the Therapeutic Intervention, Education, & Skills (TIES) grant. TIES features programming for children age 17 and younger who are either in out-of-home placement or at risk of removal due to parent/caretaker substance abuse. The TIES program creates a collection of outreach, treatment,

education, counseling, and supportive services for children and families affected by substance abuse and trauma. It is operated in conjunction with the Seeking Safety curriculum for victims of trauma and the Intensive Family Preservation Service (IFPS) model, which is an intensive, in-home crisis program that has already been used successfully around the nation to help keep children in their homes. TIES is a grant funded program that provides services in Bedford, Cannon, Coffee, Davidson, Marshall, Rutherford, and Warren.

**The Division of Planning, Research & Forensics (DPRF)** works collaboratively with all program and planning areas to develop Departmental policy through research, data collection and analysis, and program evaluation. DPRF supports mandated Departmental planning and policy responsibilities by working with program staff to develop strategies and goals.

DPRF coordinates the mandated Departmental 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 both a Statewide Planning and Policy Council and seven Regional Councils. The Statewide and Regional Councils report community service needs and the adequacy of local service system delivery to TDMHSAS. The Division also oversees and coordinates 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 federal Community Mental Health Services Block Grant application, the Annual Report of the Mental Health Block Grant, the Three-Year Plan, and the Joint Annual Report.

DPRF provides decision support to TDMHSAS policy makers by providing the information, data, and research necessary to make data-driven decisions and to measure the effectiveness and efficiency of TDMHSAS projects and programs. DPRF manages the efforts to develop the data system necessary to comply with federal mental health and substance abuse reporting requirements.

The Division is also responsible for forensic services: statutorily mandated inpatient and outpatient court-ordered mental health evaluation and treatment services for adults with criminal charges, and outpatient evaluations for youth involved with juvenile court. Evaluation and treatment services are provided through state hospitals and contracts with community agencies. DPRF also coordinates transfers into and out of the Department's maximum security unit and transfers into the Department's maximum security unit from the Tennessee Department of Correction (TDOC).

DPRF has implemented a program to provide the Board of Parole (BOP) with psychological evaluations of parole-eligible inmates identified by the BOP. Evaluation of persons convicted of certain sex offenses is required by law prior to consideration by the BOP. In addition, the BOP elects to request evaluations on some violent offenders. These evaluations use best practice risk assessments to quantify risk and develop recommendations for evidence-based services to help reduce risk.

The Division has the leadership role in the Tennessee Integrated Court Screening and Referral Project (TICSRP) in partnership with the Administrative Office of the Courts, the Department of Children's Services, Tennessee Voices for Children, the Tennessee Commission on Children and Youth and the Vanderbilt University Center of Excellence for Children in State Custody. TICSRP trains youth service officers in juvenile courts to conduct mental health and substance abuse screening using a juvenile justice screening version of the Child and Adolescent Needs and Strengths survey with youth in juvenile court alleged to be unruly or delinquent. Youth identified as having service needs are referred to locally available services with the assistance of a Family Service Provider to help the youth and their families navigate the child and family service system. Family Service Providers are self-identified caregivers of

children who have been in substance abuse/mental health services and have completed training and certification provided by the TDMHSAS in order to assist others in need of services.

**The Division of Mental Health Services (DMHS)** supports the responsibility for planning and promoting a comprehensive array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. This is accomplished through the creation, expansion, and oversight of community-based programs and community support services. These programs and services provide the following programs and services: affordable housing programs; homelessness prevention services; 24-hour crisis services; wellness and recovery services; peer recovery services; suicide prevention services; geriatric services; disaster emergency services; a comprehensive System of Care-based child, youth, and family supports services; and other programs and services to meet the individualized needs of service recipients.

DMHS also contracts to provide core behavioral health services through the Behavioral Health Safety Net of Tennessee for indigent uninsured individuals with a qualifying primary mental health ICD-9 diagnosis who meet eligibility criteria.

The Division also provides community outreach and education to diminish the stigma of individuals living with mental illness and co-occurring disorders. The Division is responsible for promoting the interests of service recipients, providing direct assistance to recipients through the Helpline 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 a liaison in service recipient and advocacy activities and works in collaboration with other state agencies, community providers and organizations, managed care organizations (MCOs), and Adult and Child Protective Services. DMHS participates in the National Depression Screening Day each October during Mental Health Awareness Week by offering free screening information to the public.

DMHS administers the peer support centers, part of a best practice model of recovery for supporting individuals who are living with mental illness or substance abuse disorders. This model relies on individuals who live with mental illness to provide peer-to-peer support to others while drawing on their own experiences to promote wellness and recovery. The peer support model is fostered in Tennessee through the Tennessee Peer Recovery Specialist certification program, which began in 2007 and is administered by the Office of Consumer Affairs and Peer Recovery Services. Tennessee certified Peer Recovery Specialists deliver unique services in the behavioral health system, provide Medicaid-billable services through provider agencies, assist service recipients by promoting self-directed recovery goals, and function as mentors, advocates, teachers and group facilitators. To date, Tennessee has certified 333 Peer Recovery Specialists and continues to expand the professional employment opportunities for peers statewide.

DMHS also administers the My Health, My Choice, My Life grant which features programming designed to enable participants to build self-confidence to take part in maintaining mental and physical health and managing chronic health conditions. My Health, My Choice, My Life assists participants in improving their overall well-being and resiliency to live healthy and purposeful lives.

The Division of Mental Health Services of TDMHSAS applies for and administers federal grants that fund mental health screening and assistance for citizens who may be experiencing mental health difficulties associated with a disaster. TDMHSAS, with TEMA as lead agency, manages regional committees who respond in the event of a disaster to meet the mental health needs of the communities served by the organizations of committee members. Activities are organized around other interventions

that may be taking place in the communities and are specific to the area in which the disaster occurs. All disasters that occur in Tennessee are tracked on the TEMA website at <http://www.tnema.org/>

**The Division of Hospital Services (DHS)** provides oversight of operation for the four RMHIs for administrative, quality management, program services, and nursing services. The Assistant Commissioner for Hospital Services and the Director of Hospital Services are members of the RMHI Governing Body and, in those roles, assist with operation and oversight of the four RMHIs afforded by the Governing Body. DHS provides consultative services for support and technical assistance to the nursing departments of each RMHI and their nurse executives. DHS also provides assistance to the RMHIs 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 RMHIs; and coordinates inter-facility and interstate patient transfers.

DHS provides oversight of the delivery system transformation efforts in East Tennessee following the closure of Lakeshore RMHI. This oversight process is twofold: Individual conference calls or through the Knoxville Provider Meeting held monthly that includes problem solving to resolve issues relative to utilization of inpatient psychiatric services by facilitating collaboration among the private hospitals, mental health crisis providers, hospital emergency departments, and the county sheriffs.

**The Division of General Counsel (DGC)** provides the mandated services of advising the licensure review panel and representing TDMHSAS in involuntary commitment and civil service proceedings. The General Counsel is also accountable for completing mandatory departmental rule promulgation and providing liaison activities with the state legislature. The General Counsel provides the TDMHSAS review and analysis of certificate of need applications for the establishment or modification of mental health hospitals, and non-residential methadone treatment facilities. Included in the General Counsel's purview are optional services such as providing legal advice to the Commissioner and the RMHIs, overseeing HIPAA compliance, and serving as hearing officers for rulemaking hearings. The General Counsel oversees the development, processing and implementation of contracts and coordinates all Requests for Proposal activities for the Department.

The General Counsel is responsible for drafting and reviewing legislation, policies and procedures, 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 TDMHSAS Compliance Officer with the responsibility for overseeing the department's compliance program. The General Counsel reports to the executive staff and RMHI Governing Body to ensure that the hospitals do not submit false or improper claims and to reduce the risk of unlawful or improper conduct. The General Counsel also manages broad compliance monitoring for the RMHIs, Central Office of TDMHSAS and the Department at large.

**The Office of Licensure (OLIC)** The Office of Licensure is charged with licensing all Tennessee agencies providing mental health, substance abuse, and personal support services. This office enforces and ensures compliance with TDMHSAS licensure laws (Tennessee Code Annotated §§33-2-401 through 33-2-421), administrative rules (Tennessee Administrative Rules 0940-5-1 through 0940-5-39) and other quality standards. The Office of Licensure conducts investigations of complaints of abuse, neglect, mistreatment and other serious incidents at all TDMHSAS licensed agencies. Licensure is charged with facilitating the Department's Abuse Registry Committee and submission of names for inclusion on the State's Abuse Registry (handled by the Department of Health). Licensure also facilitates the meetings and administration of the Department's Licensure Review Panel, appointed providers who review requests for waiver of enforcement of licensure rules, hear appeals of any disciplinary action imposed by Licensure and make recommendations to the Commissioner on addressing the waiver requests and/or appeals.

**The Office of Communications (OC)** supports the mandated administrative responsibility of disseminating public information and making reports on behalf of and providing reports to appropriate parties regarding the service-delivery system and the Department’s programs, services, and facilities. OC is responsible for all day-to-day media relations for state and national news media inquiries and research-related questions. OC arranges any needed news conferences and prepares all media releases and announcements. OC coordinates statewide efforts to communicate and promote all relevant Department initiatives, programs, advocacy efforts, and related communications with the general public. OC oversees Department website content and any related social media ventures. OC oversees the production and distribution of the Department newsletter and assists all other Department divisions and offices with any internal or external messaging.

**The Office of Human Resources (OHR)** works to ensure the Department of Mental Health and Substance Abuse Services obtains and maintains a workforce that is capable of fulfilling the Department’s mission and objectives. OHR fulfills this function through policy advice and technical assistance to managers and staff at the Central Office and RMHIs on personnel related matters such as Americans with Disabilities Act (ADA), Equal Employment Opportunity, employee relations, employee benefits, classification and compensation, recruitment, training, performance evaluations, and personnel transactions.

### Goals

<b>Goal 1:</b>	<b>Tennesseans understand that behavioral health is essential to overall health.</b>
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TDMHSAS 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 the development of the strategic plan for Statewide Health Information Exchange (HIE). Department staff members participate in various workgroups that are making recommendations for the HIE plan and the state health plan.

TDMHSAS participates in the Governor’s Public Safety Subcabinet Workgroup to significantly reduce prescription drug abuse, drug trafficking, curb violent crimes, and lower the rate of repeat offenders. The Department is working collaboratively with eleven state agencies, safety professionals, and stakeholders across the state to provide prevention, intervention and treatment for individuals.

The TDMHSAS and the Tennessee Commission on Children and Youth (TCCY) coordinate the Council on Children’s Mental Health (CCMH). The CCMH is charged with designing and supporting a Statewide System of Care model 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. TDMHSAS also participates on the Youth Transitions Advisory Council (YTAC) to address the needs of youth transitioning from the child mental health system to the adult system. YTAC partners include all child-serving departments, community agencies and advocacy groups. The collaboration seeks to address gaps in the service delivery system, the fragmentation of services, and the lack of developmentally appropriate services for youth transitioning into the adult mental health system. Additionally, TDMHSAS is developing a statewide System of Care Technical Assistance Center, which will provide training, technical assistance and support to providers and stakeholder to address disparities in mental health services for children and families.

The Children's Cabinet, a collaboration of agency heads whose goal is to impact children's services in Tennessee, is the brainchild of the Governor and First Lady. The Tennessee School Readiness Model and kidcentraltn.com are two of the implemented initiatives that have come from the Children's Cabinet collaborative effort.

TDMHSAS staff members continue to speak to groups across Tennessee about the importance of good mental health and its impact on the workplace, schools, and within the community in order to encourage positive participation in efforts to overcome the stigma associated with people living with mental illness. Public service announcements continue to address the issue of stigma and encourage Tennesseans to seek help. The Department recently co-sponsored the 9<sup>th</sup> Annual Art for Awareness, a program which gives individuals recovering from mental illnesses a chance to showcase and talk about their art. TDMHSAS has embarked on a number of art-related anti-stigma events as a way to promote the concept that recovery is possible, and that art is a helpful tool on the road to recovery. Additionally, TDMHSAS 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 stigma associated with people living with mental illness.

TDMHSAS staff members participate in community groups and outreach programs to enhance understanding of mental health, serious emotional disturbance, substance use disorders and co-occurring disorders. Staff members 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 TDMHSAS provides yearly depression screenings information to the public. These activities focus on other state entities, service recipients, family members, service providers and the general public to increase knowledge and awareness.

A library of brochures is maintained in the Department that defines the signs, symptoms and possible treatments and supports for youth and adult mental health disorders, substance use disorders, and co-occurring disorders. Brochure 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 early in life.

The State of Tennessee provides funding for Tennessee Lives Count, the Tennessee Suicide Prevention Network (TSPN), and Project Tennessee/Jason Foundation, to supply comprehensive suicide prevention across the lifespan. The Jason Foundation's Suicide Peer Awareness program, entitled "A Promise for Tomorrow," is comprised of an intensive two-hour curriculum that incorporates education for teachers, students and parents about the signs of suicide. The curriculum provides tools and resources needed to identify at-risk youth. The Tennessee Lives Count (TLC) youth suicide early prevention/intervention project is funded through a federal grant made possible by the Garrett Lee Smith Memorial Act through SAMHSA. TLC serves youth ages 10 to 24 and provides suicide gatekeeper training to youth-serving organizations, enhanced follow-up services for youth at risk of suicide and evaluation of services to determine effectiveness. This grant ends July 31, 2014; however, TDMHSAS has applied for a new Garrett Lee Smith grant and should receive notification, if awarded, September of 2014.

The TSPN is a statewide public-private organization and association of agencies, advocates, consumers, professionals, physicians, clergy, journalists, social workers, law enforcement as well as survivors and attempters. TSPN develops and oversees the implementation of the Tennessee Strategy for Suicide Prevention to do the following:

- eliminate and reduce the incidence of suicide across the lifespan,
- reduce the stigma of seeking help for mental health problems that lead to suicide, and

- educate Tennesseans about suicide prevention and intervention.

TSPN adheres to the public health model to help reduce the incidence of suicide. Through its membership and directly, TSPN provides Question, Persuade, Refer (QPR) suicide prevention gatekeeper training, social marketing/awareness, Treatment Improvement Protocol (TIP) 50 and 101 training to substance use/abuse providers. TSPN operates as a non-profit with pass-through assistance and authority provided by Mental Health America of Middle Tennessee. A Governor-appointed advisory council provides recommendations and guidance to the TSPN executive and operational team. TDMHSAS has adopted as its own the statewide suicide prevention strategy developed and published by TSPN.

The most important objective of the suicide prevention programs is to raise awareness among Tennesseans that suicide is common and preventable. Another important aspect of suicide prevention in Tennessee is that programs cover the human life span and address the needs of all genders. Specific populations have been targeted and include the African-American community, LGBTQ, college-aged persons and older adults. TDMHSAS' Division of Clinical Leadership implements evidence-based practices and provides Civil Rights Compliance and suicide prevention activities which include Suicide Prevention and the African-American Faith Communities Conferences and activities related to suicide prevention in the community, faith communities, and places of worship. SAMHSA strategic initiatives addressed by this programming are prevention and special consideration for military personnel and their families.

TDMHSAS maintains a relationship with the Suicide Prevention Program Manager at Fort Campbell and the Enlisted Promotions Systems Manager at Tennessee Army National Guard. As a part of the TDMHSAS and TSPN's suicide prevention exhibits, suicide prevention resource materials are distributed to individuals in the community. The exhibits are held at different events in the community on a regular basis to provide awareness of signs of depression and suicide behaviors and community resources to help reduce suicides among these two branches of the military. Workshops related to the military are included as part of the agenda at suicide prevention conferences/workshops co-coordinated by the department staff.

Suicide is a major public health problem and the most preventable type of death. Tennessee has been a national leader in suicide prevention and has contributed to the knowledge base regarding suicideology, including the development of the Shield of Care curriculum for juvenile justice, a first of its kind. Tennessee has more vendors answering the Lifeline, the suicide warmline, and is often cited as having one of the best suicide prevention networks nationally.

In January, February, and March of 2013, Lifeline answered 4,295 calls from those needing help or support. In the same time period of 2014, the Lifeline answered 4,987 calls, an increase of almost 16%. Suicide rates for youth have decreased in Tennessee in recent years, a clear demonstration of the effectiveness of Tennessee's prevention programming.

The Shield of Care is a specialized suicide prevention training curriculum designed for staff working within juvenile justice facilities. All training materials, including trainer and participant workbooks, PowerPoint with embedded video clips and wallet cards are posted on the TDMHSAS website. The Shield of Care program was recently accepted to the Suicide Prevention Resource Center's (SPRC's) Best Practice Registry (BPR), which is a collaborative effort with the American Foundation for Suicide Prevention and SAMHSA.

The Mental Health Curriculum 101 provides mental health information and resources for mental health services to middle and high school students statewide. Specific information and resources for youth who have a parent with mental illness is also included in the curriculum. Students are eager to learn about mental health since peers also struggle with mental health disorders.

The Department funds the Family Support & Advocacy program, a comprehensive family advocacy, outreach, support, and referral service statewide provided by Tennessee Voices for Children under 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 SED children to attain the skills needed to assure that support services are provided. This program 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 associated with people living with mental illness. In addition, the Department supports the National Alliance on Mental Illness Tennessee (NAMI Tennessee) with the Child and Family Mental Health Education Program. The primary goal of this program is to provide information to parents, caregivers, service providers, and youth about mental health diagnoses, treatment modalities for children, advocacy skills, communication strategies, and problem solving techniques. The program also encourages participation in support groups specifically developed for caregivers and parents and is led by peers who are parents or caregivers of children with SED.

Additionally, family support, also known as respite, is a prime element in maintaining family caregiver’s health and mental health. TDMHSAS funds Planned Respite services to families whose children have a SED and need temporary relief from care giving. There are currently eight Planned Respite programs across six community mental health centers. The Respite Voucher program was developed to meet parents’ need for help in paying for needed respite services. This program is available Statewide through the Tennessee Respite Coalition.

The Erase the Stigma program is a mental health education program that promotes understanding of mental health and wellness by providing basic information and education about mental illness and reduces the stigma associated with mental illness. A duck puppet/mascot named I.C. Hope is the signature method of providing mental health information to children and youth in concert with storytelling and other interactive exercises.

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; prevention of onset and lessening of the progression of substance abuse behaviors; reduction of substance abuse-related problems individually and on campuses; and building prevention capacity and infrastructure both on campuses and at the community level.

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

TDMHSAS 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 a website that provides current information regarding substance use disorders and co-occurring disorders to the public. [http://www.taadas.org/clearinghouse\\_main.htm](http://www.taadas.org/clearinghouse_main.htm)

DSAS is also responsible for workforce development and provides this through online and face-to-face training events provided to alcohol and drug abuse, prevention, treatment and recovery providers. Training events focus on training needs as identified through annual training needs assessment.

TDMHSAS 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 Correction's Board of Probation and Parole, drug courts, judges, local law enforcement, and community coalitions. TDMHSAS 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 system including judges, attorneys and other court personnel regarding the forensic and juvenile court processes. Educational opportunities are also available for specialized forensic juvenile justice evaluators and training for law enforcement on mental illness.

TDMHSAS 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 TDMHSAS on services to persons with lived experience with mental illness and substance use disorders.

TDMHSAS oversees and administers three federally funded System of Care (SOC) demonstration initiatives and five SOC Expansion Initiatives serving twenty-two counties. Each grant provides funding and technical assistance to local communities to build and sustain Systems of Care for children and youth diagnosed with serious emotional disturbance (SED) and their families. SOC are grounded in a values based framework, which includes being family-driven, youth-guided, community-based, and culturally and linguistically competent. SOC values and principles place the child and family at the center of this values-based approach to service delivery and system collaboration and assemble a network of effective formal and informal supports around the family. TDMHSAS partners with child serving departments, agencies, 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 with intensive mental health needs.

The Statewide System of Care Expansion Initiative (SOC-EXP) implementation grant was awarded to the TDMHSAS in October 2012. Implementation of the grant will fundamentally change the way mental health services are provided to children in Tennessee. The focus of the expansion grant is infrastructure and workforce development through creation of a statewide sustainable SOC Technical Assistance Center. In addition TDMHSAS will be developing a strategic financing plan for long-term sustainability of the SOC approach in Tennessee.

TDMHSAS has established four overarching goals and objectives for the SOC Expansion Implementation Grant:

1. Implement state-level policy, administrative and regulatory changes promoting and sustaining a Statewide SOC infrastructure, including a strategic financing plan;
2. Facilitate increased access to and expand or enhance the coordinated system of services, supports, and individualized care management for children and youth with serious emotional disturbances and their families;
3. Create and implement sustainable training and technical assistance strategies that facilitate ongoing learning, coaching and practice improvement, and supports fidelity to SOC values and principles; and
4. Expand the existing support and advocacy base for a Statewide System of Care.

The SOC expansion is a SAMHSA grant funded initiative.

TDMHSAS 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 needs. Department staff participate on the Youth Transitions Advisory Council chaired by Tennessee Council on Children and Youth (TCCY) and the statewide Mental Health/Juvenile Justice Workgroup. The Department is represented on the statewide Children’s Justice Task Force, the Tennessee Young Child Wellness Council (TNYCWC) initiative and the Center for Social and Emotional Foundations of Early Learning (CSEFEL). The Division of Mental Health Services participates annually in Children’s Mental Health Awareness Week and collaborates with other child-serving agencies to publicize community efforts to increase public awareness and decrease stigma.

DPRF collaborates with the Department of Education in the DOE’s Workplace Violence Prevention initiative. The DOE commissioned the development of a curriculum of Workplace Violence Prevention training for school system administrators, teachers, staff, and safety officers working out of local sheriffs’ departments. The training emphasizes the identification of “troubled” school staff members and troubling situations, and the DPRF provides training on how to access mental health and substance abuse services for school staff in need.

The Department is a member of the National Association of State Mental Health Program Directors (NASMHPD) and its various specialty Divisions and the National Association of State Alcohol Drug Abuse Directors (NASADAD), and the Community Anti-Drug Coalitions of America (CADCA).

TDMHSAS also participates in the Governor’s Children’s Cabinet. The focus of the group is to create a comprehensive strategy focused on issues such as children’s physical and mental health, education, safety and overall well-being. Two major initiatives launched include: The School Readiness Model and kidcentraltn.com. The Department is working collaboratively with the Departments of Children’s Services, Education, Health, and Human Services as well as the Bureau of TennCare.

<b>Goal 2:</b>	<b>Services are service recipient and family-driven and youth-guided.</b>
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TDMHSAS operates a structured planning process with multiple layers of Statewide and Regional Council involvement to ensure grassroots citizen participation in policy and delivery system planning. Membership includes: representatives of individuals and their families; advocates for children; adults and elderly; service providers; stakeholder agencies and organizations. The majority of each Council’s membership is comprised of current or former service recipients and members of service recipient families with mental health and substance abuse disorders. With this membership mix, TDMHSAS ensures that planning for the service delivery system meets the needs of the citizenry of the state at large.

The Department oversees the seven Regional Planning and Policy Councils from which local and regional mental health and substance abuse needs and information are funneled to the Statewide Council and to the Department. Needs assessment priorities and recommendations from the Statewide Planning and Policy Council, combined with requirements associated with federal Mental Health and Substance Abuse Block Grant funding, inform the development of the Department’s Three-Year Plan for the service delivery system. The Three-Year Plan is then updated annually by TDMHSAS with input from all Councils.

In 2011, TDMHSAS added representation from the existing Substance Abuse Treatment Advisory Council, the Anti-drug Coalitions and the Prevention Council to each regional Council to assist with planning for substance abuse treatment and prevention services. Advocates, providers, individuals, and family members of individuals with substance abuse disorders were also added to the Statewide and seven Regional Councils.

The DSAS Prevention Advisory Council, which focuses solely on prevention services, meets quarterly to seek feedback from agencies, coalitions, and other state agencies that provide such 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 DSAS Tennessee Treatment and Recovery Advisory Council (TNTRAC) meets quarterly to provide guidance to DSAS regarding specific programmatic funding (including the use of evidence-based practices), administrative decisions, and strategic planning. The Council is comprised of service providers and other stakeholders, as well as key Division staff. TNTRAC has eight committees that address specific areas: treatment and recovery, women, adolescent, co-occurring, criminal justice, information technology, HIV and faith-based initiatives.

Additionally, TDMHSAS coordinates the Consumer Advisory Board (CAB). The CAB serves as the voice of service recipients on issues related to recovery and resiliency, policy and planning, system evaluation, and the rights of the service recipient. The CAB provides its advocacy function for recipients regardless of age, ethnicity, sexual identity, or social or educational opportunity. The Consumer Advisory Board has held three annual Peer Recovery Specialist conferences. The conferences have been instrumental in promoting peer recovery specialists work throughout the state and has helped to educate stakeholders regarding the value of hiring trained peer specialists in their agencies. As a direct result, the TDMHSAS continues to help reduce stigma associated with those who live with mental health and substance abuse disorders, and create better community mental health services.

The TDMHSAS Helpline program is available through a toll free number and email address posted on the TDMHSAS website. Consumer advocates provide information about mental illness and substance abuse resources, respond to complaints, make referrals to services and supports, and provide information to TDMHSAS staff on recurring issues of concern from service recipients. The Helpline staff also addresses complaints and information requests generated by legislators on behalf of constituents and complaint referrals from the Comptroller's Office and the Office of Licensure that are best served with information, resources, and support.

The Department promotes peer recovery services for behavioral health service recipients to assist in the recovery process. TDMHSAS provides training to the coordinators of the 45 peer support centers in the recovery process, including the use of recovery tools such as the Wellness Recovery Action Plan (WRAP<sup>®</sup>), as well as in ways that the centers can assist participants in achieving recovery goals. TDMHSAS also promotes emerging evidence-based and best practices through the administration and monitoring of certification programs for Peer Recovery Specialists and Family Support Specialists, some of whom provide direct peer-to-peer support to service recipients and their families. Additionally, three addictions recovery support centers are funded through DSAS.

TDMHSAS was awarded a Bringing Recovery Support Services to Scale Technical Assistance Center Strategy (BRSS TACS) grant from SAMHSA in 2012 to transform the Certified Peer Specialist program.

A team of stakeholders from Tennessee that included CEOs of mental health and substance use disorder provider agencies and Department staff attended a policy academy in Reston, Virginia. The Tennessee team developed an action plan to transform the existing certification program into one for people with lived experience of mental illness or substance use disorder. The name was changed to Certified Peer Recovery Specialists to reflect this significant change, and identify or develop a standardized training curriculum for all Certified Peer Recovery Specialists. A standardized training curriculum was developed. The first training in the new curriculum was provided in April of 2013 and since that time, 258 have completed the CPRS training. The original BRSS TACS Tennessee team now forms the core of the Certified Peer Recovery Specialists Advisory Committee.

TDMHSAS 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 preserved. The Department enhances service recipients' knowledge of their 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 for dissemination of confidential patient information or personal health information. TDMHSAS also designates a specific staff person to target compliance with federal and state privacy laws.

TDMHSAS processes licensure applications from eligible service providers and issues licenses to applicants 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 Mental Health Block Grant funds a respite voucher program for families of children and youth with an SED, which features a family-directed respite service model. Respite gives relief to families and caregivers from the extraordinary and intensive demands of providing ongoing care. It helps keep families together and keeps them healthier, happier, and more productive by assisting them in finding time to get away and reduce stress related to constant caregiving.

TDMHSAS collaborates with youth, families, and other stakeholders in developing and implementing Statewide and 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. TDMHSAS also co-chairs the statutorily mandated 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.

<b>Goal 3:</b>	<b>Disparities in services are eliminated.</b>
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The Emotional Fitness Centers program consists of a faith-based initiative in Memphis and Shelby County that provides funding for Peer Advocate Liaisons (PALs) in churches in underserved African-American communities. The Liaisons assist participants in identifying behavioral health needs and help to successfully navigate the behavioral health system with the goal of increasing utilization of mental health and substance abuse services. Desoto and Hardeman Counties offer satellite sites for residents outside Shelby County. Ten African American churches now have Emotional Fitness Centers on site. Each church has one to four peer advocate liaisons at each site, a licensed professional counselor, a program manager and a navigator.

The Behavioral Health Safety Net of Tennessee (BHSN of TN) offers community-based, core, vital services that people living with serious mental illness need to continue leading functional, productive lives. This includes assessment, evaluation, diagnostic, therapeutic intervention, case management, psychiatric medication management, psychosocial education, peer support services, labs related to medication management and pharmacy assistance and coordination.

The BHSN of TN partners with 15 community mental health providers across Tennessee. The BHSN of TN continues to provide core behavioral health services to more than 35,000 indigent individuals living with serious mental illness.

There are technical and financial eligibility requirements that must be met by individuals before they can qualify for BHSN of TN assistance. Individuals who are eligible for the BHSN of TN must meet the following requirements:

1. Be determined ineligible for TennCare or have completed a TennCare application; and
2. Do not have private health insurance, or the private health insurance lacks mental health coverage or all mental health benefits under the private health insurance have been exhausted for the year as determined by the provider in consultation with the service recipient; and
3. As of September 1, 2013, individuals who have Medicare Part B, and meet all other eligibility requirements for the BHSN of TN may be enrolled. Additionally, any BHSN of TN service recipient sixty-five (65) years of age or older will be treated as having Medicare Part B, even if they are not receiving Medicare Part B. These two groups are eligible only for the four (4) approved services: case management; medication training and support; peer support and psychosocial rehabilitation services. Additionally, if an individual is enrolled in Medicare Part B and has chosen a Medicare Advantage Plan, they may also be enrolled in the BHSN of TN if they meet all other eligibility requirements of the BHSN of TN, provided the Advantage Plan doesn't cover the four (4) approved services above or the benefits have been exhausted for the year; and
4. Do not have behavioral health benefits through the Veteran's Administration; and
5. Be a US Citizen, or qualified alien; (see definition of qualified alien in Appendix I in the BHSN of TN manual); and
6. Be a resident of Tennessee; and
7. Be diagnosed with a qualifying mental health diagnosis (please refer to BHSN of TN ICD-9 Eligibility Diagnosis Codes document in Appendix III in the BHSN of TN manual); and
8. Have a household income at or below 100% of the Federal Poverty Level (FPL); and
9. Be nineteen years of age or older; and
10. Not be in an in-patient facility; and
11. Not be an inmate or not be incarcerated.

TDMHSAS administers a 24/7 crisis system to assist adults and children and youth in behavioral health crisis. Mobile crisis response teams (MCRT) provide crisis intervention and assessment in the community for anyone regardless of the ability to pay. 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. For adults, the continuum of diversion services includes outpatient behavioral health services, crisis respite services, medically monitored detoxification units, and crisis stabilization units (CSUs). 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 a wellness recovery peer specialist. Children and youth diversion services include Comprehensive Child and Family Treatment (CCFT), Community Treatment Teams (CTT) and residential treatment services.

TDMHSAS consistently reviews grant announcements for opportunities to obtain funding for the purpose of increasing prevention/intervention programs for adults, children, and youth. Specifically and in particular, the Department seeks increased funding 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 school-based programs from the Tennessee Department of Education and internal Department sources.

TDMHSAS continues to actively recruit minorities, residents from rural areas, youth, and caregivers of children with SED to serve as members of the Statewide and Regional Planning and Policy Councils. Interpreters are provided to Council members and participants when needed. TDMHSAS continues to use a variety of resources to recruit and serve minority populations.

The Preadmission Screening and Resident Review (PASRR) process was created in accordance with the Omnibus Budget Reconciliation Act of 1987, legislation which mandates individuals diagnosed with mental illness, an intellectual disability, or a related condition are to be screened before entering a nursing facility. TDMHSAS is responsible for screening all individuals with mental health issues as reflected in the PASRR Level I screening process. The purpose of the in-depth screening process (called a PASRR Level II performed by a qualified private entity) is to determine the need for specialized services (inpatient psychiatric placement) or if a nursing home placement is appropriate and can meet the individual's mental health needs.

TDMHSAS works with the Tennessee Commission on Children and Youth (TCCY), Department of Children's Services (DCS), Tennessee Voices for Children, Vanderbilt Center for Excellence and the Administrative Office of the Courts (AOC) to transform the way in which children and youth involved in the juvenile justice system access mental health and substance abuse services. The Transfer Transformation Initiative grant from SAMHSA supports screening that results in juveniles being referred for appropriate services.

TDMHSAS funds 38 adult recovery court programs, two adult residential recovery court programs, three juvenile drug court programs, one family recovery court and support for a veteran court program. Additional specialty court programs that are operational in Tennessee but not funded by TDMHSAS include one family drug court, two juvenile drug courts, four DUI court programs, two veteran court programs and three mental health court programs.

TDMHSAS Recovery (Drug) Courts are funded with state appropriations and drug court fees. The drug courts are specialized courts or court dockets that incorporate the following for the target population: intensive judicial supervision; treatment services; sanctions; and incentives to address the needs of addicted non-violent offenders. The target population includes adult male or female offenders who meet the criteria and voluntarily participate in the Drug Court Program. Each drug court is comprised of a team that includes a judge, prosecutor, defense attorney, drug court coordinator, probation officer, treatment providers, case manager, and other program staff. The team works in concert to ensure that defendants have the support of the justice system and access to treatment services that will address their substance abuse problems and needs. Every drug court receiving state funding must follow the ten key components for Drug Courts adopted by the Bureau of Justice, Justice Assistance Programs and receive certification from Tennessee Department of Mental Health and Substance Abuse Services.

The ten key components for operation of recovery (drug) courts are as follows:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Drug courts use a non-adversarial approach; promote public safety while protecting participants' due process rights.

3. Drug courts identify eligible participants early and promptly place them in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Drug courts monitor abstinence by frequent alcohol and other drug testing.
6. Drug Courts use a coordinated strategy to govern responses to participants' compliance.
7. Drug Courts use ongoing judicial intervention with each drug court participant as an essential component of the program.
8. Drug Courts utilize monitoring and evaluation to measure the achievement of program goals and gauge effectiveness.
9. Drug courts employ continuing interdisciplinary education to promote effective drug court planning, implementation, and operations.
10. Drug courts forge partnerships among the court, public agencies, and community-based organizations to generate local support and enhance drug court effectiveness.

TDMHSAS and the Tennessee Department of Correction (TDOC) opened the first statewide residential Recovery Court in the nation. The court is located in the Tennessee Morgan County city of Wartburg, which is about 45 miles west of Knoxville. The 100-bed program has been established to allow the state to divert people in need of substance abuse treatment or mental health services from prison beds to effective treatment programs that are evidence-based and proven to have a larger impact on reducing recidivism. The Recovery Court will also allow prison beds to be reserved for those violent offenders who are most in need of them and who have a more noticeable effect on public safety. Morgan County Residential Recovery Court participants complete an intensive 7 – 9 month program and then transition back to their community recovery court to complete their final phase of programming. Case management, recovery services, safe housing, job placement and training, and family support services are provided to the individuals back in their community court.

<b>Goal 4:</b>	<b>Early screening, assessment, and referral to services are common practice.</b>
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TDMHSAS is involved in a variety of activities to ensure that early screening, assessment and referral are common practice. TDMHSAS 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 justice mental health liaison projects, TDMHSAS promotes activities that lead to early identification, assessment and diversion of service recipients who are involved in the 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. A federal Transfer Transformation Initiative grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to DPRF, will allow for the expansion of a juvenile court screening project which trains youth service officers to complete mental health and substance abuse screening for all youth referred to juvenile court as unruly or delinquent. Any youth may receive services from a crisis team when experiencing a crisis situation. Such youth can also receive outpatient court-ordered mental health evaluations. In addition, contracts for the delivery of health and mental health care to TennCare enrollees encourages behavioral health screening in primary care for all enrollees and mandate behavioral health screening for enrollees in physical disease management programs.

Several programs, funded by the Mental Health Community Services Block Grant, provide early intervention and prevention services for children, youth and their families. In addition to B.A.S.I.C (Better Attitudes and Skills in Children), a prevention and early intervention program for K-3 elementary school children, TDMHSAS funds programs that provide respite services and respite vouchers for

services to families of children identified with a 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 which is a resiliency enhancement program designed for youth in grades four through eight. The violence and bullying prevention program serves Bedford, Coffee, Dickson, Montgomery, Rutherford and Stewart counties. Prevention and other early intervention services are also provided for at-risk children. The Regional Intervention Program (RIP) is a family intervention program for children under age 6 years who have significant behavior problems. RIP programs are located in: Nashville, Memphis, Columbia, Clarksville, Murfreesboro, Gallatin, Cleveland, Franklin, Knoxville, Johnson City, and Kingsport.

TDMHSAS oversees the Early Connections Network regional System of Care (SOC) initiative in five counties. The initiative 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 to five years. It will also 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. TDMHSAS also participates on the Tennessee Infant and Early Childhood Mental Health Initiative, a statewide 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 mental health needs in the age zero to five population.

TDMHSAS also promotes prevention and early intervention by providing information about depression and anxiety screenings in local communities and coordinating activities for National Depression Screening Day. Youth 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.

For FY2014, the US Congress passed a budget bill that created a new program mandate with a focus on young people with a recent severe mental illness (SMI) diagnosis and experiencing a first psychotic break. Across the country, there has been an increase in the number of mass shootings perpetrated by young people who may have been suffering from a psychotic episode. TDMHSAS received a 5% increase in the annual Mental Health Block Grant allocation to create a program for youth who experience their first psychotic episode. The program will be implemented in the upper northwest area of Tennessee and will be innovated for operation in a rural area. Carey Counseling Center will serve as the provider with services available initially in seven counties including Lake, Obion, Weakley, Carroll, Benton, Henry and Gibson. Upon full implementation in the seven-county area, the coverage for the program will drop south to cover more of Region 6.

There are several DSAS programs focusing on early intervention and prevention of substance use disorders. Tennessee Prevention Network funding supports twenty-three agencies in providing evidence-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 to be at high risk of abusing substances. Additionally, the Tennessee Prevention Network programs target those engaged in high risk 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 Mental Health Liaison Program provides 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, the Department also provides educational opportunities for professionals in the field of substance abuse prevention and treatment associated with the prevention, intervention, treatment, co-occurring and recovery support to advance knowledge and skills.

Tennessee's Partnership for Success project aims to reverse the State's upward trend in binge drinking. A total of 19 counties are being funded to engage in SAMHSA's outcomes-based Strategic Prevention Framework (SPF) planning and implementation process. Substance abuse prevention coalitions (Coalitions) are leading a partnership of TDMHSAS service providers and a statewide network of organizations to improve community wellness. The Coalitions will accomplish improved 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.

Building Strong Families (BSF) and Therapeutic Intervention, Education, and Skills (TIES) program address the complex needs of children (ages 0 to 18) who are in or at-risk of out-of-home placement due to parent/caretaker methamphetamine or other substance abuse. The project implements an evidence-based, trauma-informed, culturally competent continuum of outreach, treatment, education/counseling, and supportive services for children and families utilizing all components of the high fidelity Intensive Family Preservation Services (IFPS) model in eight rural Tennessee counties: Bedford, Cannon, Coffee, Franklin, Grundy, Lincoln, Moore, and Warren. The TIES program works with children and families utilizing all components of the high fidelity Intensive Family Preservation Services (IFPS) model in conjunction with Seeking Safety, as appropriate, for participants with a history of trauma. TIES provide services across seven urban and rural Middle Tennessee counties: Bedford, Cannon, Coffee, Davidson, Marshall, Rutherford, and Warren.

The Knoxville Early Diversion Program (KEDP) provides screening, assessment, referral, and treatment services through a partnership with the Helen Ross McNabb Center and Knoxville Law Enforcement Agency; and in coordination with community partners and stakeholders. This program will assist the city of Knoxville with enhancing existing behavioral health, substance abuse, and co-occurring services by giving law enforcement an avenue to identify individuals that are appropriate for pre-arrest diversion. During the next three years, the goals are to: 1) divert 1,250 individuals from entering jail through early diversion liaison outreach; 2) link individuals to community resources; 3) address current gaps in services in the Knoxville community; and 4) provide extensive case management services to 175 individuals.

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

Office of Crisis Services and Suicide Prevention is collaborating with TDIDD (Tennessee Department of Intellectual and Developmental Disabilities) to identify and optimize access to essential information and services for individuals with intellectual disabilities being served in the crisis response system. The objectives established by the collaborative are: cross train between Mental Health and Intellectual Disability professionals, identify and implement methods of information sharing and gathering, review of historical information, standardize law enforcement training and identify emergency resources that can be accessed 24/7. The overall goal is to improve outcomes for individuals with intellectual disabilities that enter into crisis.

TDMHSAS participates in the Governor's Safety Subcabinet with a mission to develop a safety action plan designed to have a significant impact on crime in Tennessee and help create a climate in communities across the state that fosters the creation of more jobs. The key initiatives of the safety action plan include:

- significant reduction in drug abuse and trafficking,
- curb violent crimes, and
- reduce the rate of repeat offenders.

The Subcabinet continues to advocate to reduce prescription drug abuse across the state by increasing public awareness about prescription drug abuse; increasing data sharing among departments; expanding treatment options for people addicted to prescription drugs; supporting health care providers in becoming champions for the prevention and treatment of drug abuse; and strengthen law enforcement tools to fight prescription drug abuse.

TDMHSAS recently launched “Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee.” This is a comprehensive and multi-year strategic plan developed by the Tennessee Department of Mental Health and Substance Abuse Services in collaboration with sister agencies impacted by the prescription drug epidemic including: Departments of Health, Children's Services, Safety and Homeland Security, and Correction, Bureau of TennCare, the Tennessee Bureau of Investigation, and the Tennessee Branch of the United States Drug Enforcement Agency.

<b>Goal 5:</b>	<b>Excellent services are delivered.</b>
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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 co-occurring disorders of mental illness and substance use, and illness management and recovery. TDMHSAS evaluates the most effective mental health treatments and develops, revises or updates best practice guidelines for children, adolescents, and adults as research indicates the need to do so.

Regional housing facilitators (RHF) and consumer housing specialists (CHS) implement the Creating Homes Initiative (CHI) at the community level in the seven statewide planning regions. RHF’s and CHS’s 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.

TDMHSAS is enhancing substance abuse recovery housing by partnering with Oxford House, International to assist with efforts to increase housing, employment, education, and other supports for individuals recovering from substance use disorders. Oxford House, Inc. is a publicly supported, non-profit 501(c)(3) corporation that is the umbrella organization which provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept. Oxford Houses are self-run, self-supporting homes. Services include locating suitable housing and assessing an individual’s eligibility for services.

TDMHSAS received an Adolescent and Transitional-Aged Youth Treatment Enhancement and Dissemination Grant for four years. The Treatment and Recovery for Youth (TRY) Program will improve substance abuse treatment and recovery services for Tennessee adolescents (12-18) and transitional-aged youth (18-24) and their families by developing a Learning Laboratory in Madison and Maury counties. The Learning Laboratory will be developed in partnership with community-based agencies; Department of Children’s Services, Human Services, Education and Health; Bureau of TennCare and the Commission on Children and Youth. Collaborating with like-minded organizations will result in referrals to the TRY

program; linkages to resources that support participant recovery and optimize health outcomes; and ensure the transformation of service delivery across the state. TRY will provide direct service delivery to 400 youth.

To ensure that quality services for substance use disorders are being provided, TDMHSAS 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; 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; and the *Seeking Safety Manual*, a treatment manual for PTSD and substance abuse, which includes a trauma specific intervention for clients with a history of trauma and substance abuse. TDMHSAS also administers the Alcohol and Drug Addiction Treatment program (ADAT), 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.

TDMHSAS is committed to developing a Trauma Informed System of Care by integrating the knowledge of violence and abuse into its service delivery practices. To begin integrating the substance abuse system, the Seeking Safety: A Treatment Manual for PTSD and Substance Abuse model is used. This model can be used as a group or individual format for male and female service recipients in a variety of settings; i.e., outpatient, inpatient and residential. All block grant treatment providers have been trained in the Seeking Safety model. This is a screening module in the Tennessee Web-based Information Technology System (TN-WITS) that can assist providers with access to substance abuse clients who have had a traumatic event. If the screening indicates trauma, the provider will be required to create a treatment plan that includes trauma specific services and refer the individual for other community support services, if needed. On-line training and regional workshops are provided to treatment, recovery support and criminal justice providers.

TDMHSAS 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 only that there are not enough psychiatrists to provide a sufficient level of care in that area.

TDMHSAS institutional review board (IRB) reviews all research requests received by the Department for conformation to TDMHSAS policy. Staff members write and submit articles for publication on mental health issues and disseminate research findings. TDMHSAS develops, provides and oversees internships for individual undergraduate students, graduate students, PharmD students and residents in mental health policy, treatment, and pharmacy. The RMHI Governing Body quality committee, under the leadership of TDMHSAS 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. TDMHSAS staff members work closely with the RMHIs to assure on-going compliance with accrediting and certifying agencies, including The Joint Commission standards and CMS regulations.

TDMHSAS monitors licensed agencies and non-licensed recovery support agencies for quality, appropriateness and efficacy of services. Licensure 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 TDMHSAS.

The Department continues to produce and refine reports and data that assess progress made on the provision of services. Reporting and data provide information on program performance measures and identify areas for quality improvement. TDMHSAS 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 Division of General Counsel, in collaboration with the Office of Planning, has implemented a Department-wide compliance plan called the Quality Assurance Quality Improvement Plan (QAQIP). The QAQIP is facilitated by the Director of Compliance, covers all areas of the Department, and addresses all possible laws, standards and regulations that may come into play as Department staff carry out the functions of the Department. The purpose of the QAQIP is to create a cross-functional committee to ensure that all Divisions within the Department are compliant with the guidelines that govern the activities contained in that Division. The first annual report covering FY2014 will be submitted to the Commissioner by the Director of Compliance in the 2nd quarter of FY2015.

TDMHSAS 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 three training sessions annually to contractors and Department staff. The Department provides an annual continuing education session for already certified forensic evaluators. DPRF is providing training for RMHI and community providers on the use of evidence-based risk assessment procedures to develop risk management strategies integrated with mandatory outpatient treatment (MOT) plans. Training will also address the proper use and management of MOT.

As the behavioral health workforce integrates care efforts, case managers, social workers and nurses have shifted roles in order to help bridge the gap between physical health and behavioral health and move individuals with mental health and substance abuse issues toward recovery. TDMHSAS continues to work to improve and implement clinical recruitment and retention of clinical staff. The Department participates in educational activities at area colleges, universities, and high schools to increase the visibility of TDMHSAS employment opportunities. Staff also continues to collaborate with the RMHIs to increase visibility of TDMHSAS career opportunities by attending job fairs, career days, and other functions throughout the state and to address ongoing clinical staffing concerns. TDMHSAS works with the Tennessee 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 recovery specialists and certified family support specialist programs to enhance and expand the behavioral health workforce.

The Department maintains relationships with several universities and colleges, including Vanderbilt University, Middle Tennessee State University, Fisk University, University of Tennessee – Health Science Center in Memphis, Austin Peay State University, Tennessee State University, and Meharry Medical College. All four RMHIs have clinical affiliation agreements that include additional schools. These relationships allow TDMHSAS 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. Department affiliations exist within psychiatry departments in two of four state hospitals (Memphis and Middle Tennessee Mental Health Institutes). TDMHSAS encourages medical schools and other clinical professional programs in colleges and universities to increase focus on courses to identify and treat individuals with mental illness and substance use disorders.

TDMHSAS trains two to three pharmacy students each month from the University of Tennessee, Memphis Health Science Center College of Pharmacy. The Department also has a Pharmacy Internship Program and trains one intern each year. This intern is selected from a pool of pharmacists across the United States.

TDMHSAS 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 liaisons, the Better Attitudes And Skills In Children (B.A.S.I.C) 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 Prevention program, Youth Screen, and the QPR Program (Question, Persuade, Refer) for youth suicide prevention. Recipients of the grant programs from TDMHSAS are required to establish measurable goals and objectives. These quantifiable outcomes can help determine the effectiveness of programs for children, youth and their families. Programming promotes resiliency in children and youth, which is the internal support and inner strength that enable youth to surmount adversity and to thrive.

Integration of behavioral health and physical health is a primary focus of the My Health, My Choice, My Life health promotion and wellness initiative for Tennesseans who live with mental health and substance use disorders. This holistic health initiative integrates a medical model with recovery and resiliency, resulting in an initiative that focuses on overcoming physical and mental health symptoms through strengths, personal empowerment and resiliency. It is led by individuals who have first hand, lived experience with psychiatric and/or co-occurring conditions. This program provides individuals with self-directed tools, empowering them with the knowledge, skills and resources to improve their overall well-being and resiliency and live healthy and purposeful lives.

TDMHSAS completed a revision of the Best Practice Guidelines for Children and Adolescents from Birth to 17 Years of Age. This is an extensive 500-page document that will provide relevant information and education for professionals who deliver behavioral health services to children and adolescents who range in age from birth to 17. This is a key educational tool that will help inform and educate child-serving professionals in the state, promoting high-quality behavioral health care aligned with evidence-based practices. The report includes topics on anxiety, attention deficit hyperactivity disorder, eating disorders, psychosocial versus pharmacological treatments, schizophrenia, sexual behavior problems, substance abuse and co-occurring disorders. The Best Practice Guidelines are currently in development for substance abuse services and older adult services.

TDMHSAS 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, and parent child interaction therapy.

Additionally, TDMHSAS will develop a Statewide System of Care Technical Assistance Center (SOC-TAC) that will partner with other state and national experts to provide training and technical assistance to state agencies, providers, and stakeholders serving children with mental, emotional and behavioral disorders and their families.

**Goal 6:****Technology is used to access services and information.**

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has, in the past two years, developed and begun to implement a plan for the use of technology that accomplishes the following:

1. Succeeds at moving the TDMHSAS along the path towards establishing an Electronic Health Record (EHR) at the Regional Mental Health Institutes (RMHIs);
2. Anticipates present and future information sharing and collaboration with community service providers;
3. Undertakes to decrease the unnecessary transportation of patients/recipients (to an RMHI) who have accessed the crisis services continuum; and
4. Establishes the infrastructure for the collection and warehousing of client-level data with the ultimate goal of providing the public, policymakers, and service-delivery system developers with accurate data for decision support.

The RMHIs have standardized all forms used for charting patient treatment and have implemented new forms at all four hospitals. In anticipation of the development and shared use of an EHR, the RMHIs ensure that the various departments within the hospital have access to the most current information regarding the treatment of each patient through the use of standardized forms. The new forms help to transition standardized information into the new EHR for the purpose of accomplishing the same goal: offering RMHI staff the most current information regarding each patient in an electronic format.

In anticipation of future electronic information sharing and collaboration with community service providers, the EHR development efforts include system compatibility with community structures either in place or in process. Information sharing will be HIPAA compliant and include the necessary pharmacy history, clinical history, test and lab history and aftercare recommendations and/or history. In an effort to increase the ability of patients to receive adequate care in less-restrictive, community-based settings, the development of an EHR creates a bridge between inpatient care and community providers allowing the patient to receive continuous care in every setting.

Since September 2011, telehealth technology has been implemented in all four RMHIs through the use of stationary video conferencing equipment. The mobile version of the technology is currently being utilized with laptop computers, netbooks and iPads. The mobile version allows community crisis workers and specialty consultants to move to the location of the patient and establish the patient's eligibility for admission to an RMHI prior to the transportation of that patient. The mobile version of the telehealth program decreases the frequency of unnecessary transportation of patients (usually completed by law enforcement personnel) and allows for the accurate assessment of patient need in whatever setting the assessment takes place. Referrals can be made to appropriate and available services for every patient. Telehealth assessments at RMHIs have increased more than seventy-five percent in FY 2014.

DMHS has developed a web-based Crisis Tracking System for use by providers who contract with the Department for providing crisis services. Providers routinely enter or upload information to the system from a compatible program. The Crisis Tracking System is designed to enhance decision support, allow for specific patient tracking by different providers through the crisis services continuum, and allow for client-level data reporting for cyclical needs assessment activities and outcome measure analysis.

DSAS utilizes the Tennessee Web-based Information Technology System (TN WITS), a Certified Electronic Health Record data system, to collect client level data, financially process and generate provider payments, provide timely reporting information to all state and federal grantors, and assist with the programmatic accountability and review audit process. Two hundred eighteen (218) service providers offering thirty-two (32) prevention, treatment, recovery support and criminal justice programs are being tracked and managed through the TN WITS system.

TDMHSAS is exploring options to collect and maintain information about the behavioral health outcomes for individuals receiving services in Tennessee. This information will be used to meet national reporting requirements and enhance the ability of Tennessee to make data-driven decisions concerning the behavioral health delivery system.

TDMHSAS works with the Council on Children's Mental Health (CCMH) 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.

**Tennessee Department of Mental Health  
and Substance Abuse Services**

**LIST OF ACRONYMS**

ACA	Affordable Care Act
ADAT	Alcohol and Drug Addiction Treatment Fund
AHP	Affordable Housing Program of Federal Home Loan Bank
AHRQ	Agency for Healthcare Research and Quality
AOC	Administrative Office of the Court
ARC	Attachment, Self-Regulation and Competency Learning Collaborative
BASIC	Better Attitudes and Skills in Children
BGAS	Block Grant Application System
BHSN of TN	Behavioral Health Safety Net of Tennessee
BOPP	Board of Probation and Parole
BPR	Best Practice Registry
BRFSS	Behavioral Risk Factor Surveillance System
BRIDGES	Building Recovery of Individual Dreams and Goals through Education and Support
BRSS TACS	Bringing Recovery Supports to Scale Technical Assistance Center Strategy
BSF	Building Strong Families
CAB	Consumer Advisory Board
CADCA	Community Anti-Drug Coalitions of America
CANS	Child and Adolescents Needs and Strengths Survey
CCMH	Children’s Council on Mental Health
CCO	Chief Compliance Officer
CDC	Centers for Disease Control
CDSMP	Chronic Disease Self-Management Program
CEPI	Center for Evaluation and Program Improvement
CFSS	Certified Family Support Specialist
CJI	Creating Jobs Initiative
CHI	Creating Homes Initiative
CHS	Consumer Housing Specialists
CIT	Crisis Intervention Team
CMHA	Community Mental Health Agency
CMHI	Children’s Mental Health Initiative (MHBG use)
CMHS	Center for Mental Health Services
CMS	Center for Medicaid and Medicare Services
COC	Continuum of Care
COD	Co-Occurring Disorder
COE	Tennessee Centers of Excellence [for Children in State Custody]
CON	Certificate of Need
CPRS	Certified Peer Recovery Specialist
CQI/TQM	Continuous Quality Improvement/Total Quality Management

CSEFEL	Center for Social and Emotional Foundations for Early Learning
CSH	Community Supportive Housing
CSU	Crisis Stabilization Unit
CTR	Clinical Therapeutics and Recovery
CTTS	Community Targeted Transitional Support
CYHOP	Children and Youth Homeless Outreach Project
DAS	Division of Administrative Services
DCL	Division of Clinical Leadership
DCS	Department of Children's Services
DHS	Division of Hospital Services
DSAS	Division of Substance Abuse Services
DBSA	Depression and Bipolar Support Alliance
DIDD	Department of Intellectual and Developmental Disabilities
DIG	Data Infrastructure Grant
DGC	Division of General Counsel
DMHS	Division of Mental Health Services
DMHT	Declaration for Mental Health Treatment
DOE	Department of Education
DPRF	Division of Planning, Research and Forensics
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders Text Revision
DSMP	Diabetes Self-Management Program
EBP	Evidence Based Practice
ECAC	Early Childhood Advisory Council
ECCS	Early Childhood Comprehensive Systems
EHB	Essential Health Benefits
EHR	Electronic Health Record
EPSTD	Early Periodic Screening, Diagnosis and Treatment
F&A	Finance and Administration
FHLB	Federal Home Loan Bank
FQHC	Federally Qualified Healthcare Centers
FPL	Federal Poverty Level
FSP	Family Service Provider
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HUD	U. S. Department of Housing and Urban Development
ICD-9	International Statistical Classification of Diseases
ILS	Intensive Long-term Support
IMR	Illness Management and Recovery
IRIS	Integrated Recovery Integrated Services
ITTS	Inpatient Targeted Transitional Support
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Questioning
LOF	Level of Functioning
LS/CMI	Level of Service/Case Management Inventory
M/SUD	Mental Health/Substance Use Disorder
MCO	Managed Care Organization
MCRT	Mobile Crisis Response Team
MHBG	Mental Health Block Grant
MHMCML	My Health, My Choice, My Life
MHPAEA	Mental Health Parity and Addiction Equity Act

MHSN/CTR	Mental Health Safety Net/Clinical Therapeutics and Recovery
MI	Mental Illness
MMCD	Medically Monitored Crisis Detoxification
MOE	Maintenance of Effort
MOT	Mandatory Outpatient Treatment
MOU	Memorandum of Understanding
MPA	Mandatory Pre-screening Agent
MRS	Multiple Response System
MST	Multi Systemic Therapy
NAMI	National Alliance on Mental Illness
NAMITN	National Alliance on Mental Illness of Tennessee
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NASMHPD	National Association of Mental Health Program Directors
NCTIC	National Center for Trauma-informed Care (SAMHSA)
NIMBY	Not In My Back Yard
NIMH	National Institute of Mental Health
NITT	Now is the Time
NOMS	National Outcome Measurement System
NRI	National Association of State Mental Health Program Directors Research Institute
NVSS-M	National Vital Statistics Systems - Mortality
OC	Office of Communications
OCA	Office of Consumer Affairs
PALS	Peer Advocate Liaisons
PATH	Projects for Assistance in the Transition from Homelessness
PI	Primary Investigator
P&PC	Planning and Policy Council
PSC	Peer Support Center
PWC	Peer Wellness Coaching
QAQIP	Quality Assurance Quality Improvement Plan
QHP	Qualified Health Plans
QPR	Question, Persuade, Refer
RHF	Regional Housing Facilitators
RIP	Regional Intervention Program
RMHI	Regional Mental Health Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Block Grant
SAPT	Substance Abuse Prevention and Treatment
SBIRT	Screening, Brief Intervention, Referral and Treatment
SCHIP	State Children's Health Insurance Program
SED	Seriously Emotionally Disturbed/Disabled
SETH	Support, Employment, Transportation & Housing
SHP	Support Housing Program of HUD
SMHA	State Mental Health Authority
SMI	Severe Mental Illness or Seriously Mentally Ill
SNAP	Supplemental Nutrition Assistance Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	System of Care
SOC-EXP	System of Care Expansion Initiative

SMI	Severe Mental Illness
SPF	Strategic Prevention Framework
SPMI	Severe Persistent Mental Illness
SSA	State Substance Abuse Authority
SUD	Substance Use Disorders
TA	Technical Assistance
TAMHO	Tennessee Association of Mental Health Organizations
TANF	Temporary Assistance for Needy Families
TCCY	Tennessee Commission on Children and Youth
TDCI	Tennessee Department of Commerce and Insurance
TDCS	Tennessee Department of Children's Services
TDFA	Tennessee Department of Finance and Administration
TDHS	Tennessee Department of Human Services
TDMHPPC	TDMHSAS Planning and Policy Council
TDMHSAS	Tennessee Department of Mental Health and Substance Abuse Services
TDOC	Tennessee Department of Corrections
TDOE	Tennessee Department of Education
TDOH	Tennessee Department of Health
TennCare	Tennessee's Medicaid Program Organization
TF-CBT	Trauma Focused-Cognitive Behavioral Therapy
TFC	Therapeutic Foster Care
TLC	Tennessee Lives Count
THDA	Tennessee Housing Development Agency
TIES	Therapeutic Intervention, Education and Skills
TIHPP	Tennessee Interdisciplinary Health Policy Program
TIPP	Treatment Improvement Plan
TMHCA	Tennessee Mental Health Consumers' Association
TNTRAC	Tennessee Treatment and Recovery Advisory Council
TN-WITS	Tennessee Web Information Technology System
TOMS	Tennessee Outcomes Measurement System
TOPS	Tennessee Office of Prevention Services
TRY	Treatment and Recovery for Youth
TSPN	Tennessee Suicide Prevention Network
TTI	Transformation Transfer Initiative
TVC	Tennessee Voices for Children
URS	Uniform Reporting System
WIC	Walk in Center
WRAP	Wellness Recovery Action Plan
YTAC	Youth Transitions Advisory Council

**\*This list may contain acronyms not used in the document to which it is attached.  
The document may contain acronyms not listed here.**