



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



# Project Rural Recovery

Delivering Mobile Integrated Care Where  
Tennesseans Live, Work, and Recover

## Year 3 Annual Report

March 31, 2022 - March 30, 2023

Published May 2023



# Department Introduction

## Mission

Creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders.

## Vision

A state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive.

## Project Background

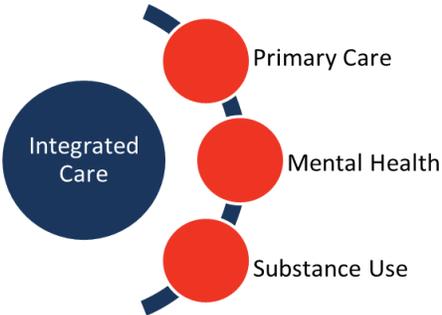
In early 2020, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) was awarded \$10,000,000 through SAMHSA’s Promoting Integration of Primary and Behavioral Health Care (PIPBHC) five-year grant. In addition, Tennessee Governor Bill Lee and the members of the General Assembly appropriated \$6.3 million in American Rescue Plan Act funds to expand the project with services beginning in 2023. The purpose of this program is to:

- Promote full integration and collaboration between primary and behavioral health care;
- Support the development of integrated care models to improve the overall health and wellness of adults and children with mental illness; and
- Promote and offer integrated care services including screening, diagnosis, prevention, and treatment of mental and substance use disorders and co-occurring physical health conditions and chronic diseases.



## Project Rural Recovery Overview

Through a competitive grant application process, TDMHSAS selected Buffalo Valley, Inc. and the McNabb Center to develop and implement an integrated care treatment model for children, adults, and families with mental illness and substance use disorders delivered in ten rural communities using two mobile health clinics. Services are currently provided Monday through Friday, one day in each county.





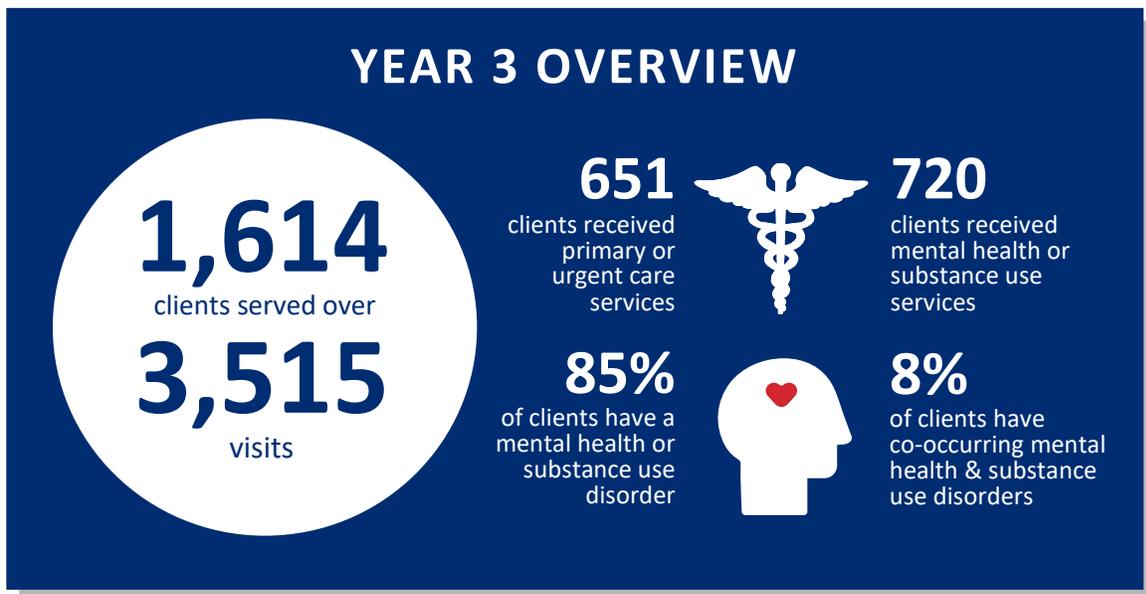
Buffalo Valley is a community-based agency that provides alcohol and substance abuse services including residential treatment, outpatient treatment, and detox as well as emergency shelter, transitional housing, and affordable permanent housing. The McNabb Center is a regional system of

care offering mental health, substance use, and social and victim services to children, adults, and families who reside in east Tennessee.

Both agencies combine their existing expertise with basic primary care services to provide holistic, integrated care. By removing access-related barriers, Project Rural Recovery has and will continue to improve the health of clients and serve as a model that can be replicated throughout rural Tennessee.



Throughout the project period, the providers have continued to engage and partner with community agencies, health councils, pastors, judges, health care providers, and local health departments to ensure awareness of available services. As a result of this ongoing effort, community support remains strong, and services are well-utilized.



*\*Clients may have received a combination of primary or urgent care, mental health, and substance use services*

## Services Offered

The services offered on the mobile health units are tailored to meet the needs of each client and includes:

### Physical Health Services

- Managing chronic illness and coordinating complex care with specialists
- Nutrition and weight loss care
- Hypertension management
- Cholesterol management
- Diabetes management
- Preventive health screenings for Tuberculosis, HIV, and Hepatitis

### Mental Health Services

- Assessment, diagnosis, and treatment of severe mental illness or emotional disturbance
- Counseling services
- Medication management

### Substance Use Services

- Assessment, diagnosis, and treatment of substance use disorders
- Medication-assisted treatment
- Nicotine cessation management

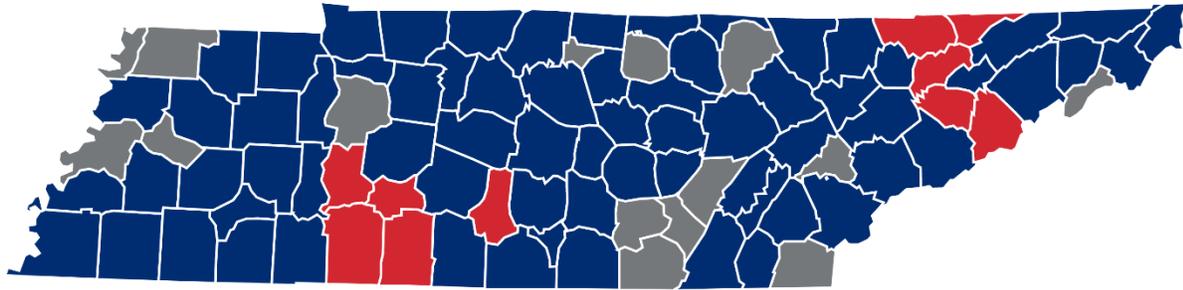
## Service and Residence Locations

Each mobile health unit is in one of five counties each day of the week according to a regular schedule located on the [Project Rural Recovery website](#). Each provider agency maintains a project-specific Facebook page where they provide updates on services and schedule changes or cancellations. The project is designed to provide clients with a predictable and reliable schedule and location to ensure maximum opportunity for ongoing care. Over the course of the project, minor location changes have been made to improve unit accessibility and visibility.

The map below shows the mobile health unit locations in red and clients' county of residence in blue. Many clients who are receiving services in middle TN have traveled to Buffalo Valley's treatment facility for services. While in treatment, they may also receive care from the mobile health unit.

*"I am so thankful you all are here. We need these services so badly."*

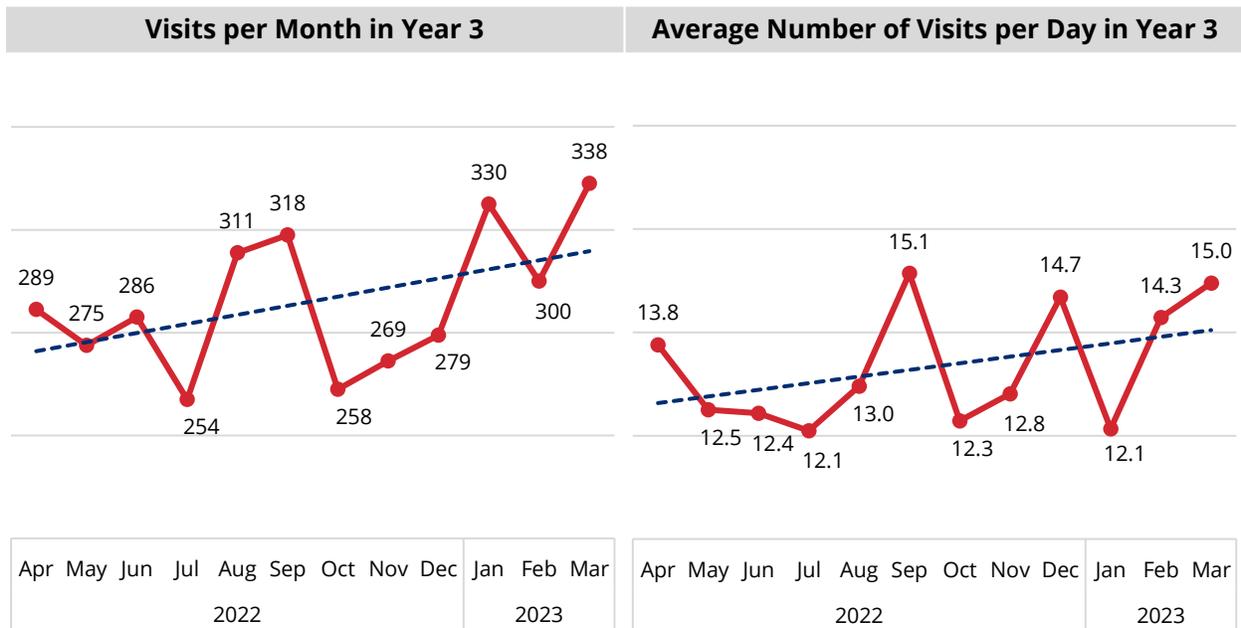
-Project Rural Recovery client



- Mobile unit locations
- Clients' county of residence

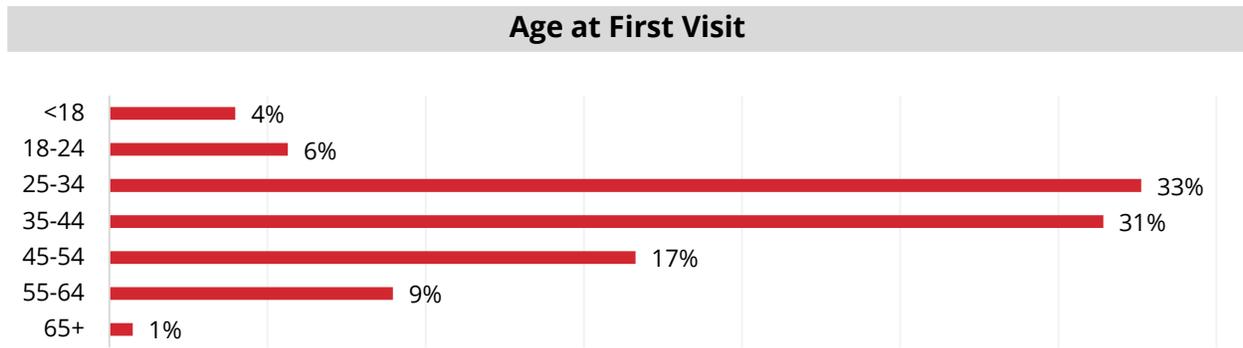
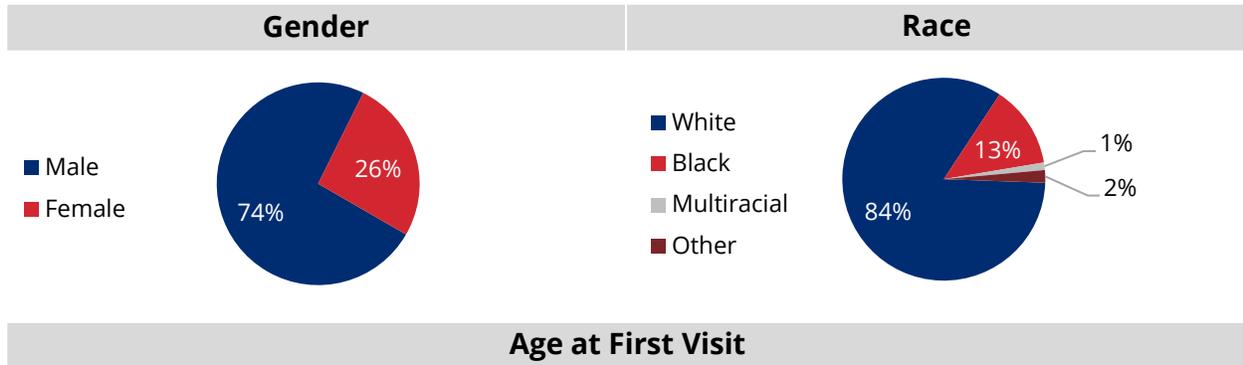
## Visits

During Year 3, 1,614 clients received care over 3,515 visits with an average of 13 visits per day and 292 visits per month. Since program implementation, we have served 3,063 clients over 6,652 visits. While visits have continued to increase over the last three years, we anticipate there may be less availability for new client appointments due to the limited clinical space.



# Who We Served

## Demographics

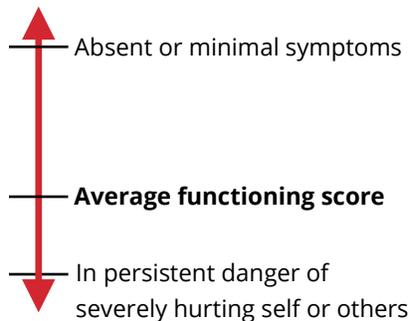


## Mental Health, Substance Use, and Wellbeing

More than 85% of clients have a mental health or substance use disorder and around 8% have co-occurring mental health and substance use disorders. More than 75% of clients have experienced psychological trauma and more than one in ten (11%) have considered suicide in the past month. More than 40% of all clients say they are extremely or considerably bothered by psychological symptoms such as nervousness and depression.

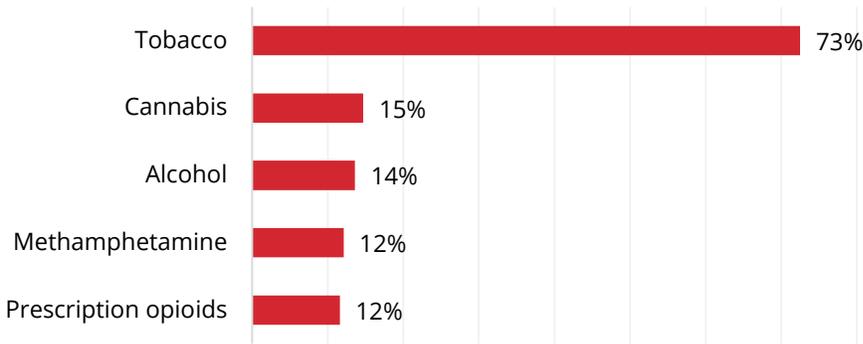


**1 in 10**  
considered suicide  
in the past month



Clients' average functioning score (estimated from Daily Living Activities 20 scores) is 36, indicating major impairment in several areas of functioning such as housing, time or money management, substance use, and relationships.

### Top Substances Used Daily\*

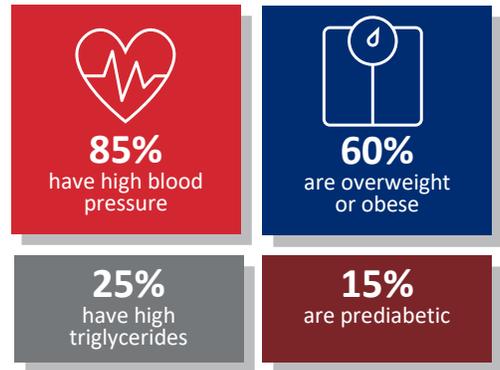


Most clients use tobacco daily, usually in the form of cigarettes. In addition to the substances listed in the chart on the left, less than 10% of clients use cocaine, hallucinogens, inhalants, prescriptions stimulants, or sedatives every day.

\*This chart excludes substances which are used daily by less than 10% of clients.

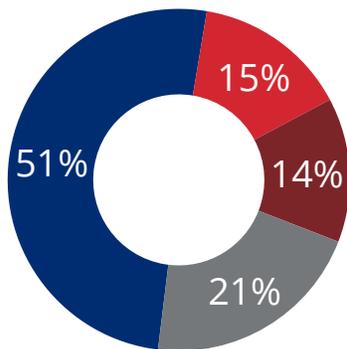
### Physical Health

Around 85% of clients have high blood pressure and 60% are overweight or obese. One in four clients has high triglycerides, 15% are prediabetic, and many have borderline high total or LDL cholesterol. Providing accessible and regular care to these clients through Project Rural Recovery may help them avoid disease progression.



### Reason for Visit

Clients seek care for a wide range of reasons, from sinus infections to severe mental illness. Many clients report multiple reasons for visit, such as both a physical and mental health concern.



#### Mental Health & Substance Abuse Services

Screening, diagnosis, therapy, referrals

#### Primary & Urgent Care

Chronic conditions, infections, injuries, labs

#### Medication Management

Prescriptions, follow ups, refills

#### Multiple Reasons for Visit

A combination of above reasons

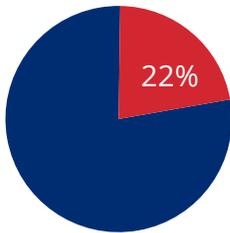
## Services Provided

Because Project Rural Recovery is focused on providing holistic, integrated care, a variety of services were provided during this period. The most common services include:

- Individual therapy sessions
- Treatment for anxiety, depression, and PTSD
- Treatment for chronic conditions such as hypertension and diabetes
- Treatment for minor infections including sinus, ear, and urinary tract
- Assistance with oral health issues
- Assistance with insomnia
- Assistance with accessing substance use treatment

## New Evaluation Questions

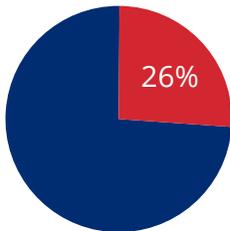
During Year 3, we added five questions focused on previous care, care alternatives, and travel time. Because we ask these questions at baseline, we can learn more about the potential effects of providing care on the bus without depending on clients completing follow-up interviews. From the 205 responses we received, we learned:



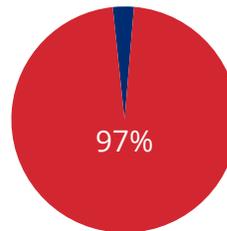
**Over 1 in 5** either hasn't been to a primary care physician in over 5 years or has never seen one.



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



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



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

Additionally, 17% said they would have gone to the emergency room for care if the mobile clinic had not been available. The average cost to provide services to clients on the mobile clinic is 68% less than the cost for the average emergency room visit without insurance. (Source: Hospital Pricing Specialists, 2020, <https://www.cbsnews.com/pictures/emergency-room-visit-cost-most-expensive-states/>.) If we apply this 17% to the total number of clients we have served since program inception (3,063), that translates to \$670,158 in savings. While services are free to clients, insurance may be billed if available.

An estimated **\$670,000** saved by clients utilizing the mobile clinic instead of the emergency room

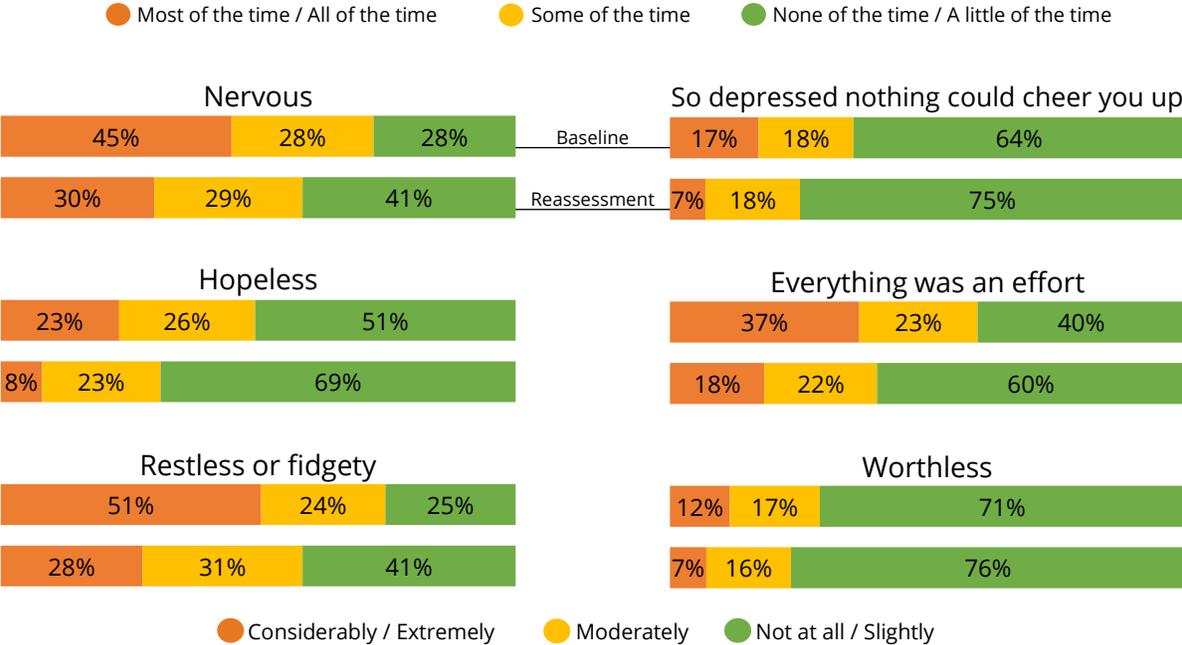
# Project Outcomes

Reassessments, which are collected at 6-month intervals after the baseline assessment, provide valuable information about improvements clients may experience as a result of Project Rural Recovery services. Many clients who seek services on the mobile clinic are transient or do not have reliable means of communication. Additionally, many clients do not continue to engage in services once their health need has been addressed. As a result, the number of reassessments successfully collected is relatively small (between ~60 and 95 depending on the question). In order to help improve reassessment rates, provider agencies will begin offering incentives to clients who return for a reassessment survey.

Clients completing the reassessment have reported improvement in almost every area measured, from nights spent homeless to a sense of belonging in the community. The data does not demonstrate improvement in physical health measures except for blood pressure. This is not surprising—diet and lifestyle will likely take longer to change significantly and many of our communities have limited access to healthy foods or opportunities for physical activity.

Reassessment results below are from all reassessment data collected year to date.

### In the past 30 days, how often have you felt...

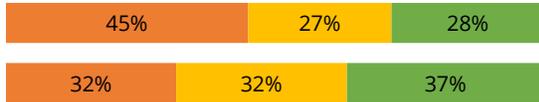


● Considerably / Extremely    ● Moderately    ● Not at all / Slightly



- A little / Not at all
- Undecided
- Mostly / Completely

Do you have enough energy for everyday life?



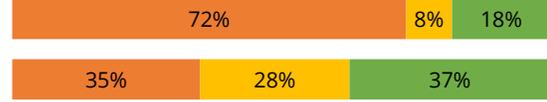
- Poor / Very poor
- Undecided
- Good / Very good

How would you rate your quality of life?



- Disagree / Strongly disagree
- Undecided
- Agree / Strongly agree

My symptoms are not bothering me.



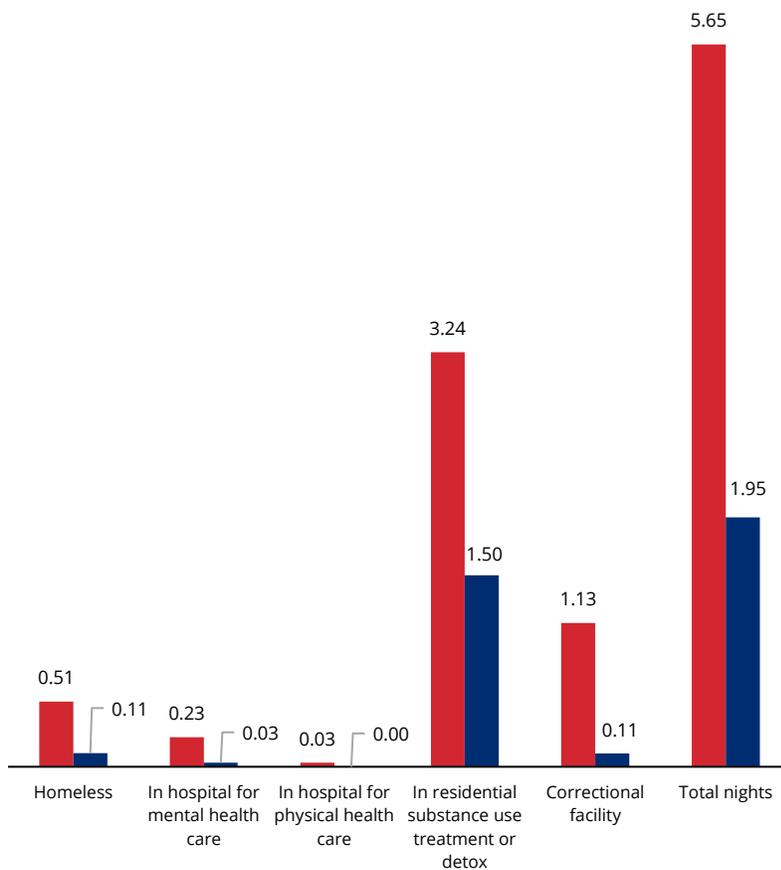
- Dissatisfied / Very dissatisfied
- Undecided
- Satisfied / Very satisfied

How satisfied are you with your ability to perform your daily living activities?

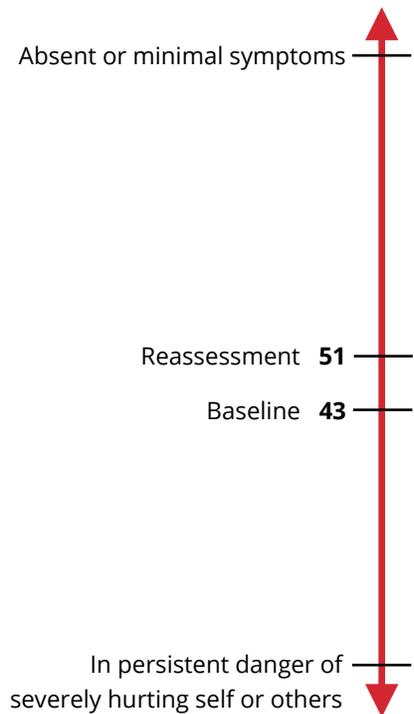


### Average number of nights spent outside home

■ Baseline ■ Reassessment



### Average estimated functioning score\*

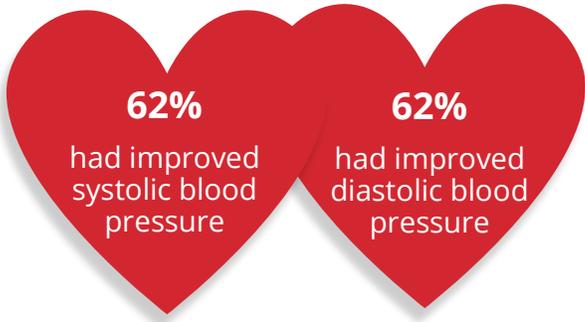


\*Includes only clients who had both baseline and reassessment scores

\*Higher score indicates higher functioning

**95%**  
said if they had other choices, they would still get services from the agency.

**95%**  
said they would recommend the agency to a friend or family member.



## Expansion

Project Rural Recovery will continue with its existing two mobile health units through at least March 2025 utilizing grant funds. Sustainability and expansion will be the focus during the remaining project period to ensure ongoing services.



Tennessee Governor Bill Lee and the members of the General Assembly appropriated \$6.3 million in American Rescue Plan Act funds to expand the project with two additional

mobile units, one unit in East TN and one in West TN. Pathways Behavioral Health will operate the unit in West TN. Pathways is a community mental health center and the behavioral health component of West Tennessee Healthcare. Pathways offers mental health and substance use treatment in eight offices and three peer centers in seven counties via in-person and telehealth visits.

Ridgeview Behavioral Health Services will operate the unit in East TN. Ridgeview has a 60-year history of providing mental health services in East Tennessee and provides a comprehensive array of services including traditional outpatient clinics.

Both teams have made progress during the past year designing their mobile health units, developing operational framework, and hiring key staff to help with implementation efforts and expect to begin providing services in June 2023.

The units will utilize the same approach and care model as Project Rural Recovery and will each provide at least 1,000 visits per year. The counties to be served through this expansion include Lauderdale, Crockett, Haywood, Fayette, Hardeman, Morgan, Fentress, Scott, Campbell, and Union.



## Final Thoughts

Project Rural Recovery has successfully helped more than 3,000 rural Tennessee residents obtain care they otherwise may not have received. Ensuring all Tennessee residents have access to mental health, substance use, and physical health care is essential, and mobile healthcare makes this possible. We are confident that, through creative collaboration and innovation, we will continue to provide mobile integrated care in rural Tennessee.

Please visit our website if you would like to learn more about [Project Rural Recovery](#) including hours of operation and locations. If you have questions, please contact Darren Layman at [Darren.Layman@tn.gov](mailto:Darren.Layman@tn.gov).