Project Rural Recovery
Delivering Mobile Integrated Care Where Tennesseans Live, Work, and Recover

Year 1-2 Annual Report
March 31, 2020 - March 30, 2022
Published May 2022
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. 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
TDMHSAS collaborated with 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 will improve the health of clients and serve as a model that can be replicated throughout rural Tennessee.

A key element to implementing and maintaining this project has been the initial and ongoing community outreach. Each agency works with community leaders such as pastors, mayors, judges, local clinic leaders, and EMS to increase awareness of available services and establish a referral process. This has also helped communities embrace the project and alleviate concerns about the types of services being provided. As a result of this outreach and various marketing strategies, there is strong community support and services are well-utilized.

**YEAR 1 & 2 OVERVIEW**

- **1,676** clients served over **3,039** visits

**813 clients received primary or urgent care services**

**856 clients received mental health or substance use services**

**82% of clients have a mental health or substance use disorder**

**23% of clients have co-occurring mental health & substance use disorders**

*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 include:

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, diagnoses, and treatment of severe mental illness and emotional disturbance
- Counseling services
- Medication management

Substance Use Services
- Assessment, diagnoses, 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. 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.

“I am so thankful you all are here. We need these services so badly.”

-Project Rural Recovery client
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.

Who has been served?

Services were provided for 15 months during the first two years. During this time, 1,676 clients received care over 3,039 visits, despite mobile health unit delivery delays, the COVID-19 pandemic, and time taken to hire and train staff.

Demographics

Demographic information is collected on all clients at intake.

<table>
<thead>
<tr>
<th>Age at First Visit</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>&lt;18</td>
<td>13%</td>
</tr>
<tr>
<td>18-24</td>
<td>10%</td>
</tr>
<tr>
<td>25-34</td>
<td>18%</td>
</tr>
<tr>
<td>35-44</td>
<td>27%</td>
</tr>
<tr>
<td>45-54</td>
<td>31%</td>
</tr>
<tr>
<td>55-64</td>
<td>7%</td>
</tr>
<tr>
<td>65+</td>
<td>2%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>67%</td>
</tr>
<tr>
<td>Female</td>
<td>33%</td>
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<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>85%</td>
</tr>
<tr>
<td>Black</td>
<td>1%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Refused</td>
<td>10%</td>
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</tbody>
</table>
Mental Health, Substance Use, and Wellbeing

More than 80% of clients have a mental health or substance use disorder and nearly one in four have co-occurring mental health and substance use disorders. Nearly 75% of clients have experienced psychological trauma, and one in ten have considered suicide in the past month. More than 45% of all clients say they are extremely or considerably bothered by psychological symptoms such as nervousness, depression, and restlessness. Many struggle with activities of daily living, including maintaining secure housing, managing time and money, and accessing resources.

<table>
<thead>
<tr>
<th>Top Substances Used Daily</th>
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<tbody>
<tr>
<td>Tobacco</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Cannabis</td>
</tr>
<tr>
<td>Street opioids</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Prescription opioids</td>
</tr>
</tbody>
</table>

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

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.

Physical Health

Nearly 90% of clients have high blood pressure and two-thirds of clients are overweight or obese. More than 15% of clients have previously tested positive for Hepatitis C. Many clients are prediabetic and have borderline high total cholesterol, LDL cholesterol, or triglycerides. 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.

Services Provided

Because Project Rural Recovery is focused on providing wholistic, 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

Next Steps

Project Rural Recovery will continue to receive federal funds through March 2025. Sustainability and expansion will be the focus during this remaining project period. TDMHSAS is forming a workgroup to create a strategic vision for mobile integrated healthcare in TN, identify new funding opportunities, and create or update policies that will support ongoing operations.

An award of $6.3 million will add two mobile health units through the American Rescue Plan Act, one in East TN and one in West TN. The units will utilize the same approach and care model as Project Rural Recovery. The counties to be served through this expansion include Lauderdale, Crockett, Haywood, Fayette, Hardeman, Morgan, Fentress, Scott, Campbell, and Union. Services are expected to begin in late 2022.
Final Thoughts

Project Rural Recovery has successfully helped 1,676 rural Tennessee residents obtain care they would otherwise 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.