

Joint Annual Report

FY 2019

(July 1, 2018 – June 30, 2019)



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EXECUTIVE SUMMARY

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS or Department) functions as Tennessee's mental health, substance use disorders, and opioid treatment authority. The Joint Annual Report allows TDMHSAS, jointly with the Statewide Planning and Policy Council membership, to report accomplishments and challenges annually to the Governor and State Legislature. During each fiscal year, TDMHSAS conducts a Needs Assessment that focuses on the population of Tennessee to ascertain unmet service needs and delivery system gaps. In the subsequent year, TDMHSAS develops budget and funding targets that seek to meet the service needs identified by the assessment.

In FY 2019, TDMHSAS continued to engage in collaborations to improve service outcomes while containing costs; maintaining and improving community mental health and substance abuse services; providing effective education and prevention services; decreasing prescription drug abuse; and promoting wellness and recovery for the citizens of Tennessee.

One ongoing challenge for TDMHSAS is maintaining a high-quality continuum of services while facing increased demands and persistent financial limitations. As a response to the challenge, TDMHSAS leverages state, federal, and other non-state resources to meet unmet needs. In FY 2019, Commissioner Marie Williams, with significant support from Governor Bill Lee and Tennessee General Assembly, continued to work deliberately to increase suicide prevention and awareness while reducing the stigma associated with behavioral health, increasing substance abuse funding, and providing effective continuity of care for individuals living with mental health, substance use, and co-occurring disorders. In all, the FY 2019 budget of \$380,236,100, including \$260,002,600 in state appropriations, allowed the Department to continue to work toward the Department's goal of ensuring that any Tennesseans needing substance use disorder or mental health treatment can connect with services regardless of their ability to pay.

Upon entering office in the beginning of 2019, Governor Bill Lee announced three priorities to increase access to mental health treatment and expand suicide prevention efforts in the state: \$11.2 million to expand access to services for those living with serious mental illness to include coverage for 7,000 additional uninsured Tennesseans through the Behavioral Health Safety Net of TN (BHSN of TN) program as well as increasing funding to the state's Regional Mental Health Institutes (RMHIs); a \$1.1 million investment to enhance the state's partnership with the Tennessee Suicide Prevention Network (TSPN) to establish new outreach and increase the intervention efforts across the state; and, \$3 million to the Creating Homes Initiative (CHI) which will be used to establish housing options for individuals in recovery from substance use disorders. The Department is very grateful for these additional funds and is committed to using the additional funds to increase services for the citizens of Tennessee.

Other successes for TDMHSAS include, the receipt of the federal State Opioid Response (SOR) Grant which aims to address the opioid crisis by: increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (buprenorphine, methadone, and naltrexone), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder; \$750,000 to expand the Lifeline Peer Project, bringing the number of Lifeline Peers to ten throughout the state; \$4.5 million in recurring state funding to expand community-based services and training to provide treatment options for juvenile courts across the state, specifically services and training that are evidence-based and outcomes oriented; and the development of the Patient Bed Matching (PBM) system to help track and identify available psychiatric inpatient beds for patients more effectively.

PURPOSE, SCOPE, AND ACTIVITIES OF TDMHSAS

In 2019, the Department adopted new mission and vision statements:

Our Mission:

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

Our Vision:

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

TDMHSAS provides services to individuals and families in Tennessee struggling with mental health and substance abuse issues, providers, legislators, other state agencies, and consumer/advocacy groups. Those services include: education; prevention; early intervention; treatment; licensing oversight for community organizations providing behavioral health services; and outpatient and inpatient care. The Department operates four Regional Mental Health Institutes (RMHIs), and provides research and policy development regarding a wide array of behavioral health issues.

The Department is responsible for system planning; setting policy and quality standards; licensing personal support services agencies, mental health, and substance use facilities; system monitoring and evaluation; and disseminating public information and advocating for persons of all ages who live with serious mental illness (SMI), serious emotional disturbance (SED), substance use disorder (SUD), and/or co-occurring disorder (COD). Through the operation of four fully accredited RMHIs, TDMHSAS also provides inpatient psychiatric services for adults, including acute, sub-acute, and forensic patients.

TDMHSAS is comprised of the following Department offices and divisions: Office of the Commissioner; Office of Research; Office of Faith-Based Initiatives; Office of Forensic and Juvenile Court Services; Division of Administrative and Regulatory Services; Office of Juvenile Justice; Division of Mental Health Services; Division of Substance Abuse Services; Division of Hospital Services; Division of General Counsel; Division of Clinical Leadership; Division of Planning, Policy, and Legislation; Office of Communications; and Office of Human Resources. Through the Department Offices and Divisions, TDMHSAS provides a quality spectrum of services across the lifespan. Collaborative efforts, both public and private, involve partnerships with mental health, substance abuse, criminal justice, veterans, and child/family organizations, etc. The result is the creation of a cross-systems approach that promotes the most effective outcome of care.

TDMHSAS is dedicated to implementing and executing Governor Bill Lee's vision of a state government that is customer-focused, efficient, and effective. The goals of this vision, commonly referred to as Customer Focused Government (CFG) include: actively work with RMHI leadership continuing efforts to improve outcomes for patient care while containing cost; maintain and improve community mental health and substance abuse services; and provide effective education and prevention services.

ORGANIZATION OF TDMHSAS

OFFICE OF THE COMMISSIONER is made up of the Commissioner, Deputy Commissioners, and Executive Administrative staff. This Office oversees and leads the Department in its vision to be a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive. The Office is responsible for system planning; setting policy and quality standards; system monitoring and evaluation; disseminating public information; and advocating for people of all ages who have mental health issues, serious emotional disturbances, and/or substance abuse disorders. Annually the office assesses the public's needs for mental health and substance abuse services and supports. This function is carried out in consultation and collaboration with current or former service recipients; their families, guardians, or conservators; advocates; provider agencies; and other affected people and organizations.

DIVISION OF MENTAL HEALTH SERVICES (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including housing, crisis services, suicide prevention, and peer-to-peer recovery services.

DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, and recovery support services for the general public, persons at risk for substance use disorder, and persons abusing substances.

DIVISION OF HOSPITAL SERVICES (DHS) provides oversight of operation of the four Regional Mental Health Institutes (RMHIs) and three private contracted hospitals in East Tennessee for administrative, quality management, program, and nursing services.

DIVISION OF ADMINISTRATIVE AND REGULATORY SERVICES (DARS) oversees fiscal monitoring of Department grants, general services, procurement, major maintenance and capital construction projects, licensing of all Tennessee agencies providing mental health, substance abuse, and personal support services, investigating complaints of abuse, neglect or fraud against licensed organizations, and coordinates facility administration of the Regional Mental Health Institutes with the Division of Hospital Services.

DIVISION OF CLINICAL LEADERSHIP (DCL) is responsible for providing clinical oversight and policy development for the regional mental health institutes (RMHIs) and clinical consultation to various divisions and offices within the Department. The Department's Chief Pharmacist acts as the State Opioid Treatment Authority. The Division oversees Tennessee's opioid treatment programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; and manages Title VI compliance for the Department. DCL further pilots substance abuse initiatives designed to benefit either individuals and/or families.

DIVISION OF GENERAL COUNSEL (DGC) includes the Offices of Legal Services, Investigations, Contracts, and Special Counsel that provide department-wide services in support of the Governor and Commissioner's mission and goals. The General Counsel serves as the chief legal advisor to the Commissioner and senior leadership.

DIVISION OF PLANNING, POLICY & LEGISLATION (DPPL) coordinates departmental legislative and rulemaking activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, and prepares the Department's Mental Health Block Grant Application to SAMHSA, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment.

OFFICE OF HUMAN RESOURCES (OHR) assists the Divisions and Offices across the department in obtaining and maintaining a workforce that is capable of fulfilling the Department's mission and objectives.

OFFICE OF COMMUNICATIONS (OC) develops internal and external communications including the drafting, production, and distribution of news releases and statements to the media, publication of Department newsletters, and manages the Department's website.

OFFICE OF RESEARCH supports the Department's mission by collaborating with customers to develop an array of quality data products about mental health and substance abuse service needs, utilization and impacts. This includes researching policy and program issues, assisting program directors in the evaluation of program effectiveness, providing data and analysis for decision support on mental health and substance abuse policy issues, and evaluating services under designated federal grants.

OFFICE OF FAITH-BASED INITIATIVES actively engage faith communities and organizations as a means of increasing outreach, educational activities, access, and visibility to individuals seeking recovery services. The Office of Faith-Based Initiatives oversees the Faith-Based Community Coordinators as well as the Lifeline Peer Project which was established to reduce the stigma of mental illness and addiction. Additionally, this office provides oversight of the Certified Recovery Congregation Program.

OFFICE OF JUVENILE JUSTICE expands community-based services and training to provide treatment options for juvenile courts to utilize across the state, specifically services and training that are evidence-based and outcomes oriented. The targeted population is youth who have been referred to juvenile court for a delinquent/unruly charge, or have already been adjudicated delinquent/unruly, and are at risk of being placed in DCS custody.

OFFICE OF FORENSICS AND JUVENILE COURT SERVICES (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

STATEWIDE AND REGIONAL PLANNING AND POLICY COUNCIL SYSTEM

Title 33 of the Tennessee Code Annotated requires a structured planning process with council participation. TDMHSAS administers seven Regional Planning and Policy Councils from which regional mental health and substance abuse needs and information are channeled to the Statewide Planning and Policy Council and to the Department. All levels of this unified planning and policy council system are advisory, and require the majority of membership to be current or former service recipients and/or members of service recipient families. Each Council meets quarterly.

Statewide Planning and Policy Council

The purpose of the TDMHSAS Statewide Planning and Policy Council is to assist in planning a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports, and to advise the Department on policy, budget requests, and developing and evaluating services and supports (T.C.A. §33-1-401).

Responsibilities of council members include advising the Commissioner regarding plans and policies to be followed in the service system and the operation of the Department's programs and facilities; providing recommendations to the General Assembly legislation and appropriations for such programs and facilities; and, publicizing generally the situation and needs of persons with mental illness, serious emotional disturbance, substance use disorders, and their families. With the Commissioner, the TDMHSAS Statewide Planning and Policy Council also reports annually to Governor on the service system, including the Department's programs, services, supports, and facilities.

The TDMHSAS Statewide Planning and Policy Council is made up of fifty-four (54) mental health and substance abuse (MH-SA) providers, consumers, family members, advocates, and other stakeholders in Tennessee. It is a large, active, independent body. In 2019, fourteen council members were appointed or reappointed. The Statewide Planning and Policy Council achieved a quorum at each one of its quarterly meetings and actively sought to advise the Department concerning the needs of the communities served by its membership. Council committees (Adult Committee, Children's Committee, Executive Committee, Legislative Committee, and Planning and Budget Committee) met a total of twelve times during the year.

Regional Planning and Policy Councils

The purpose of the Regional Planning and Policy Councils is to advise the TDMHSAS Statewide Planning and Policy Council on the Three-Year Plan including the desirable array of prevention, early intervention, and treatment services and supports for service recipients and their families, and such other matters as the Commissioner or the TDMHSAS Statewide Planning and Policy Council may request, and provide information and advice to the Department on policy, formulation of budget requests, and development and evaluation of services and supports (TCA §33-2-202).

The Regional Planning and Policy Councils provide citizen participation in policy planning, and are representative of service recipients and their families, advocates for children, adults, and the elderly, service providers, agencies, and other affected persons and organizations (T.C.A. §33-2-203). In order to achieve inter-related communication and work among and between councils, the chairs and vice-chairs of each regional council may serve on the TDMHSAS Statewide Planning and Policy Council.

A Needs Assessment is conducted annually by the Regional Planning and Policy Councils to assist the Department with planning for resource allocation. Prioritized needs are shared with TDMHSAS staff to inform the development of strategies for the Three-Year Plan and report progress annually. In addition to the Needs Assessment, the Regional Councils also review and provide input on both the federal Mental Health and Substance Abuse Block Grant plans and funding, legislative proposals for review by the Commissioner and possible consideration by the Governor, and other departmental reports and initiatives.

Regional Planning and Policy Councils are kept informed about Department activities through the monthly Executive Staff Report, in-person reporting at each quarterly Regional Planning and Policy Council meeting, and

ongoing interaction via email and telephone provided by the Office of Planning. In addition to the information dissemination that takes place between the Department and the Councils, specialized training regarding the use of data in the Needs Assessment process and the appropriate issues and format for legislative proposals have been provided to representatives from the Regional and Statewide Councils in the first two months of calendar year 2019. The Office of Planning produces a Grants Resource Finder that is distributed via email and published on the Department's website monthly for use by the Councils for finding possible sources of funding.

The Planning and Policy Council system is unique to Tennessee with none other like it in the nation. It serves to bring grass roots participation from all regions of the state.

ANNUAL NEEDS ASSESSMENT PROCESS

Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Department. TDMHSAS ensures that the most relevant needs are prioritized by asking the Statewide and Regional Planning and Policy Councils to complete an annual Needs Assessment. Each Spring, the seven Regional Planning and Policy Councils as well as the Statewide Planning and Policy Council's Committees (Adult, Children's, and Consumer Advisory Board) work independently to identify and prioritize two mental health and two substance abuse needs. Each identified need is supported by data and is submitted to the Department. Information from each Statewide Committee and Regional Planning and Policy Council is gathered, and a Needs Assessment summary is compiled. This summary is then shared with TDMHSAS leadership and assists in the development of the Department's Three-Year Plan.

The Needs Assessment process creates a data-informed method for the Statewide and Regional Planning and Policy Councils to influence the design of the mental health and substance use service delivery system by identifying each region's needs to enable targeting of state resources to more effectively and efficiently meet identified needs. Participants in the Needs Assessment process include Statewide and Regional Planning and Policy Councils, consumers, family members, caregivers, advocates, service providers, and TDMHSAS staff. Considerations include the Governor's and Commissioner's priorities, state and federal law and regulations, Substance Abuse Mental Health Services Administration (SAMHSA) strategic initiatives, data from statewide Needs Assessments, and funding availability. During FY 2019, the Office of Research updated a variety of interactive dashboards on the Fast Facts Portal that were developed in the previous fiscal year. This portal, which provides budget information as well as an overview of key statistics concerning TDMHSAS funded mental health and substance abuse services, is particularly helpful to the Statewide and Regional Planning and Policy Councils in identifying needs throughout the state. The Fast Facts Portal is available on TDMHSAS' website.

FISCAL YEAR 2019 ACCOMPLISHMENTS, ACTIVITIES, AND INITIATIVES

DIVISION OF ADMINISTRATIVE AND REGULATORY SERVICES (DARS)

The DARS encompasses the Offices of Licensure, Subrecipient Monitoring, and General Services. DARS oversees a wide array of critical regulatory and business operations of TDMHSAS. These operations include oversight responsibility for subrecipient fiscal monitoring of all agencies with whom the Department contracts; licensing of Tennessee agencies that provide mental health, substance abuse, and personal support services; administering the construction and engineering at TDMHSAS-operated and leased facilities; overseeing purchasing and general services in the Department's Central Office; and, in cooperation with the DHS, coordinating facility administration of the department's RMHIs.

In FY 2019, the DARS Office of Subrecipient Monitoring implemented its annual monitoring plan, monitoring an increased number of Department grants while investigating complaints. The Office of Subrecipient Monitoring reviewed 328 contracts at 76 agencies. It continues to work with Department divisions, offices, and RMHIs to develop the Department's annual Risk Management Plan, filed annually. This Office maintains a close working relationship with Department IT staff to increase efficiencies in the Department's contract monitoring database. Subrecipient Monitoring worked with department IT staff to add the Catalog of Federal Domestic Assistance (CFDA) number to the Payments report, making it easier for agencies to delineate between Federal and State monies. Many department grant recipients are new to government contracting requirements; as a result, the Office

of Subrecipient Monitoring increased its one-on-one technical assistance sessions with these new agencies from 72 in FY 2018 to 78 in FY 2019. The Office of Subrecipient Monitoring was a presenter in training opportunities sponsored by the Office of Licensure and the Division of Substance Abuse Services (DSAS), and continues to be the Department's liaison with the Comptroller's office, submitting its monitoring reports for Comptroller review and investigations. The Office of Subrecipient Monitoring and Audit conducted internal audits on all Department P(purchase)-cards.

The Office of Licensure (Licensure) began fiscal year 2019 with 71 agencies licensed under a category of service known as the Office-based Opioid Treatment (OBOT) facility. By year's end, that number reached 129 due to a 2018 state law change. Licensure surveyed 1,684 licensed sites (State law requires that each agency be inspected at least once annually), while conducting approximately 2,200 on-site investigations and/or inspections. Licensure continues to work closely with the Division of Clinical Leadership (DCL) to familiarize Licensure staff with OBOT operations while providing technical assistance to any of these agencies. Licensure also provided training sessions in each of Tennessee's Grand Regions, educating licensees on changes in licensure laws and regulations, and coordinated training sessions with the Department's DCL, managed care organizations (MCOs), local fire jurisdictions, and Disability Rights Tennessee. Working closely with the Department of Human Services Adult Protective Services (APS), Licensure also provided training to attendees at APS-sponsored sessions while coordinating investigations, many of which resulted in individuals being recommended for placement on the Department of Health's Abuse Registry.

DIVISION OF MENTAL HEALTH SERVICES (DMHS)

The Crisis Continuum in Tennessee

Tennessee Crisis Services incorporate a continuum of high quality crisis services, including Mobile Crisis, Crisis Stabilization Units (CSUs), Crisis Respite and Walk-In Center (WIC) services. The approach is based on determining the most appropriate intervention needed to successfully alleviate the crisis in the least restrictive environment available to meet the needs of the individual. In FY 2018, there was over \$845,000 in recurring state funds added by providers to the crisis continuum in addition to the \$2 million in recurring state funds for mental health services. In FY 2019, as a result of provider feedback, \$511,000 was added to the crisis continuum in addition to the \$3 million in recurring state funds for mental health services.

In FY 2019, the Crisis Services Media Campaign was created to increase awareness of Tennessee's Statewide Crisis Line and to promote positive outcomes in psychiatric emergencies. The campaign received more than 19.5 million impressions statewide via television and social media. Crisis service providers received and answered 125,983 crisis phone calls statewide, resulting in 79,285 face-to-face assessments (all ages), of which 58% were referred for least restrictive appropriate community clinical treatment (CSU, respite, outpatient, residential treatment, home, etc.)

Technology and access to emergency psychiatric care are two of several ways the Department continues the effort to proactively address emergency department (ED) boarding. In FY 2019, 15,498 technology-assisted crisis assessments helped to ensure timely response to community locations and contributed to reducing average lengths of stay in EDs. Additionally, as a result of a \$3.5 million allocation in FY 2018 to Tennessee's WICs, 23,261 individuals received at least one service at a WIC in FY 2019; a 32% increase from FY 2017.

Tennessee has experienced an increase of its suicide rate in recent years. More than 1,163 lives were lost to suicide in 2017. TDMHSAS and contracted partners work hard to prevent suicide through gatekeeper training, awareness, counseling and outreach; however, reducing the number of suicides remains a challenge in Tennessee. In October 2014 and 2017, respectively, the Department received \$3.6 and \$1.7 million grants from Substance Abuse and Mental Health Services Administration (SAMHSA) to develop, implement, and expand suicide prevention work within the state. Through funding provided across these two grants, more than 3,094 individuals have been referred for enhanced follow-up services following a suicidal crisis. Training has also been provided for 37,000 gatekeepers and professionals to help prevent and intervene in the lives of individuals at risk of suicide, which includes 19,270 individuals trained in the evidenced-based prevention program, Question Persuade Refer (QPR).

The "Be the One" Campaign began in the State of Tennessee as a suicide prevention campaign for co-workers. It is based on the idea that colleagues can help build a supportive workforce which values and affirms life. There are three key components to the campaign: 1) providing suicide awareness and social marketing strategies by providing information regarding suicide; 2) teaching participants how to recognize when someone may be thinking about suicide, how to ask the question directly, and tips on how to develop good listening skills, and; 3) providing postvention suggestions in the event a suicide occurs to someone in the workforce. Currently, there are 16 state agencies and six non-state entities signed on to the "Be the One" Campaign with 51 trainers throughout the state.

In 2019 and in continuing the efforts of preventing suicide in Tennessee, the FY 2020 state budget approved and allocated \$500,000 recurring funds for suicide prevention and mental health awareness for youth and young adults. Three awardees were selected: Centerstone of Tennessee, Tennessee Voices for Children (TVC) and Mental Health Association of East Tennessee (MHAET). Through recurring funding the grantees will provide statewide screening and suicide prevention training for youth and youth serving organizations. Moreover, the Tennessee Suicide Prevention Network (TSPN) was awarded \$625,000 to hire six regional outreach directors to educate communities throughout Tennessee about suicide prevention and intervention strategies, assist with postvention operations, and establish leadership collaborations.

The Behavioral Health Safety Net of Tennessee (BHSN of TN)

The BHSN of TN provides essential outpatient mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of participating community mental health centers. This includes community-based services for people with SMI that help them to continue leading functional, productive lives. Essential services offered through BHSN of TN include: assessment, evaluation, diagnostic therapeutic intervention, case management, psychiatric medication management, laboratory tests related to medication management, pharmacy assistance and coordination, and transportation to behavioral health services.

The statewide BHSN of TN Provider Network of 15 Community Mental Health Agencies is able to serve eligible Tennesseans no matter what county they live in. There are 146 BHSN of TN sites across the state in 71 counties, 54 of which are considered rural. BHSN of TN services are available to individuals in all 95 counties. In FY 2019, a BHSN of TN transportation pilot project was completed that focused on helping BHSN of TN enrollees access transportation to behavioral health services. During FY 2019, 4,541 people utilized the BHSN of TN transportation service approximately 18,790 times. The flexible service description of the BHSN of TN transportation benefit allows providers and individuals to individualize the service based on resources available. As a result of the pilot project, TDMHSAS added transportation as a standard service available to BHSN of TN providers in FY 2020.

In FY 2019, 34,450 unique individuals received outpatient mental health services through the BHSN of TN. A total of 594,648 units of service were provided, with the most utilized services being psychiatric medication management, case management, assessment and evaluation services, and individual therapy. A new Director of Behavioral Health Safety Net of TN was hired after the retirement of the previous BHSN Director. TDMHSAS continued its collaboration with the Tennessee Department of Health by renewing the Interagency Agreement to provide laboratory blood draw services for BHSN of TN enrollees through County Health Departments in counties where adequate coverage for these services is not available through the current statewide contract for these services. And lastly, in FY 2019, the BHSN of TN team focused on increasing and simplifying the BHSN enrollment process for individuals discharging for TDMHSAS's RMHIs and privately contracted hospitals. The guidelines for BHSN of TN enrollment from the hospitals were revised, and the BHSN of TN team provided onsite BHSN of TN eligibility and enrollment training to three of the four hospitals.

In 2019, Governor Lee and the Tennessee General Assembly approved an additional \$5 million to be allocated to BHSN of TN as part of the FY 2020 budget. This expansion will allow for increasing the Federal Poverty Level (FPL) requirement from 100% to 138%.

Consumer Affairs and Peer Recovery Services

TDMHSAS contracted with the Tennessee Mental Health Consumers' Association (TMHCA) to provide peer support

services in the state's CSUs via Certified Peer Recovery Specialists (CPRSs) through the CSU PeerLink program. The program is designed to reduce repeat use of crisis services, increase continuity of care, and help individuals move forward in their recovery. In FY 2019, the CSU PeerLink program served 158 people at the CSUs in Cookeville, Chattanooga, Jackson, Johnson City, Knoxville, Memphis, and Nashville providing peer support services that included developing a recovery plan and providing follow-up care after discharge.

TDMHSAS also served as the liaison to TMHCA's RMHI Peer Engagement Project, where eight of TMHCA's CPRSs provided peer support services to 3,356 patients in each of the state's four RMHIs. The CPRSs shared their personal stories of recovery with the patients, taught Wellness Recovery Action Plan (WRAP) classes, and provided peer support services after discharge to 135 individuals.

The Department funded 45 Peer Support Centers in Tennessee where CPRSs provided peer support and recovery assistance to 8,317 individuals who live with SMI. The Peer Recovery Call Center operated in East Tennessee by the Mental Health Association of East Tennessee received or made 6,513 calls providing assistance to Tennesseans seeking mental health resources and support. Additionally, the Office of Consumer Affairs and Peer Recovery Services continued its partnership with the Tennessee Department of Correction and facilitated two 40-hour trainings for qualified inmates to become CPRSs and provide peer support to their fellow inmates during their prison sentence.

Workforce development opportunities were provided in FY 2019 to 320 CPRSs through the standard CPRS training as well as workshops offered at the annual CPRS Conference. In addition, specialized training for supervisors of CPRSs was provided to 84 supervisors.

Housing and Homeless Services

During FY 2019, TDMHSAS continued its work to dynamically address the need for affordable housing, housing support, and homeless services for persons experiencing mental illness and/or a co-occurring substance use disorder. Intensive Long-term Support (ILS) is a program designed to provide quality affordable housing with enhanced support services to individuals discharging from the state's RMHIs. TDMHSAS allocated \$591,000 in one-time state funding to support ILS infrastructure, and \$1.7 million in recurring Mental Health Block Grant (MHBG) funding for provision of ILS services, including two new ILS facilities to provide 28 new quality housing opportunities with wrap-around enhanced support for individuals discharging from Middle Tennessee Mental Health Institute (MTMHI). Until this fiscal year, the ILS program was not available in the Middle Tennessee region. This major achievement has allowed the Department to expand this resource to more individuals who otherwise would not have an available housing option best suited to address their needs to successfully live and thrive in the community.

Creating Affordable Housing is a program that implements a one-time funding grant model to develop and/or sustain safe, quality, and affordable permanent housing options for people experiencing mental illness or co-occurring disorders (CODs). In FY 2019, TDMHSAS awarded \$770,000 in Creating Affordable Housing grant funding to affordable housing providers to create or sustain a total of 52 housing opportunities across the state. The Creating Affordable Housing program supplements the Creating Homes Initiative (CHI), which was devised by TDMHSAS Commissioner Marie Williams in the year 2000 to increase the safe, affordable, quality, permanent housing options for those Tennesseans experiencing mental illness or co-occurring disorders. During FY 2019, the CHI leveraged approximately \$81 million to create over 2,200 affordable housing options. Since its inception through FY 2019, the CHI has leveraged over \$692 million in federal, state, local, and private funds to create more than 22,700 affordable housing options across Tennessee.

The Office of Housing and Homeless Services has explored opportunities to strengthen efforts to impact homelessness with the outreach program known as the Projects for Assistance in Transition from Homelessness (PATH), as well as SSI/SSDI Outreach, Access and Recovery (SOAR), a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration for eligible individuals who are experiencing or at risk of homelessness and have a serious mental illness or co-occurring substance use disorder. Collaboration at both the local community level as well as the national level has resulted in the development of plans and action steps to enhance awareness and increase access for services associated with

both PATH and SOAR in Tennessee.

An opportunity presented in service delivery this year is limited awareness of the temporary financial assistance service made available through the Community Targeted Transitional Support (CTTS) program, particularly in rural communities. The Office of Housing and Homeless Services is collaborating with CTTS provider agencies to explore and identify methods, such as signage and community outreach, to increase awareness of the program to solicit an increase in referrals and optimize service provision, along with the tracking of outcomes.

Going forward, the Office of Housing and Homeless Services will experience a significant expansion in its flagship program, the CHI. As a result of the vision of the Honorable Governor Bill Lee and the Tennessee General Assembly, the CHI will receive an increase in annual funding in the amount of \$3 million for the development of safe, affordable, and quality permanent housing for Tennesseans in opioid and other substance use recovery. This expansion, known as CHI-2, will include the implementation of new Regional Housing Facilitators to effectively leverage funding from various state, local, federal, and private entities to maintain and increase the number of housing options for persons in substance use recovery, and will include grant funding opportunities for the development of new housing options for this service population. TDMHSAS will also engage in a renewed partnership with the Tennessee Housing Development Agency (THDA) to develop an additional funding grant opportunity to develop housing for persons in opioid use recovery; THDA has agreed to set aside a one-time funding amount of \$3 million towards this collaborative project.

Individual Placement and Support Supported Employment (IPS)

Individual Placement and Support Supported Employment (IPS) is a partnership between TDMHSAS and the Department of Human Services (DHS), Division of Vocational Rehabilitation (DHS-VR). The initiative is an evidence-based model of supported employment for individuals with behavioral health challenges. Supported Employment programs assist individuals in obtaining employment, and once employed, provide supports to assist in maintaining work. IPS is offered in 37 counties, 27 of which are rural. As such, 28% of Tennessee's 95 counties have access to IPS and 35% of rural counties have IPS services.

In FY2019, there was an expansion of IPS which included services to youth and young adults. Helen Ross McNabb Center in Chattanooga expanded their First Episode Psychosis Initiative (FEPI) team by adding an IPS Employment and Education Specialist, whose role is to support youth and young adults between the ages of 16-25 with employment and education goals. Case Management Inc. and Alliance Healthcare Services both of which are in Shelby County, and Carey Counseling Center in Northwest Tennessee, began providing IPS Supported Employment services in eight West Tennessee counties.

The Department in collaboration with DHS-VR hosted the 2019 IPS Statewide Conference in Franklin, Tennessee. There were 123 people who participated, with 53 continuing education credits being awarded. In total, fifteen community mental health providers (CMHPs) were able to provide IPS Supported Employment services. In FY2019, 983 individuals were served by IPS. Of those supported, 23% were employed 90 days or more, and 43% were employed for at least one day in competitive, integrated jobs.

Peer Wellness Initiative

The My Health, My Choice, My Life (MHMCML) Peer Wellness Initiative is a peer-led health and wellness program made up of seven Peer Wellness Coaches and a Statewide Peer Wellness Coach and Trainer. The Peer Wellness Coaches facilitate evidence-based health and wellness programs within CMHPs throughout the state, and provide one-on-one peer wellness coaching. Currently, Peer Wellness Coaching is offered in 26 counties, 17 of which are rural.

In FY 2019, the MHMCML Peer Wellness team participated in the Art for Awareness event in Nashville during Mental Health Day on the Hill. The Peer Wellness Coaches trained others in the Chronic Pain Self-Management Program (CPSMP), Chronic Disease Self-Management Program (CDSMP), and Diabetes Self-Management Program (DSMP); all of which are evidence-based practices certified through the Self-Management Resource Center. Additionally, Peer Wellness Coaches were not only recertified in the Tobacco Free curriculum by the University of

Colorado, but they also added the Nutrition and Exercise for Wellness and Recovery (NEW-R) curriculum to the available workshops they use to help individuals with wellness. Through one-on-one peer wellness coaching, and health and wellness workshops such as the CDSMP, CPSMP, DSMP, Tobacco-Free, Whole Health Action Management, and NEW-R programs, 1,013 individuals living with SMI were served in FY 2019.

Finally, each year, Tennessee's Peer Wellness Coaches organize regional Championship Games for Peer Support Centers and psychosocial rehabilitation center. The Championship Games continue to be a great way to inspire healthy movement and fellowship in recovery. The 2019 Championship Games were held at Victor Ashe Park in Knoxville, Tennessee where over 100 individuals participated.

Children, Young Adults, and Families (OCYAF)

The OCYAF oversees initiatives that range from early childhood to young adult and are financed through multiple funding sources such as state funds, federal block grants, and federal discretionary grants.

The Council on Children's Mental Health (CCMH), codified in T.C.A. 37-3-110-115, was established by the General Assembly in 2008 as a Tennessee Commission on Children and Youth (TCCY) and TDMHSAS partnership, administratively attached to TCCY. CCMH functions as a statewide community of partners and stakeholders invested in furthering children's mental health care in Tennessee and is productive in working toward its mission of creating a statewide System of Care (SOC) to address children's mental health needs. TDMHSAS, with support of CCMH, has a strong history of leveraging various resources to further this mission. Currently, CCMH supports the System of Care Across Tennessee (SOCAT) initiative, a federally funded grant to move forward the principles of a SOC statewide by 2020.

System of Care Across Tennessee (SOCAT): Over the last 20 years, TDMHSAS has received five SOC Demonstration grants and two SOC Expansion and Sustainability grants. SOCAT builds on the lessons learned and implementation science to guide the expansion and sustainability of efforts in Tennessee. In October 2016, TDMHSAS received a \$12 million federal discretionary grant from SAMHSA to expand and sustain SOC in Tennessee. SOCAT is led in partnership with TCCY, and the SOCAT team consists of a collaboration of many partners throughout the state who help to guide the process. Through this collaboration, SOCAT has been providing services partnering with seven Community Mental Health Centers (CMHCs) located in 12 counties. Currently, 87 counties have access to SOCAT and the intent is that all 95 counties in Tennessee will have access. In addition, SOCAT houses the Training and Technical Assistance Center (TTAC) which promotes SOC values and principles through providing resources, training, and consultation to individuals and agencies across the state.

Early Childhood Initiatives: The Regional Intervention Program (RIP) is funded by TDMHSAS and is a parent-implemented, professionally supported program for families with young children experiencing challenging behaviors. The program equips parents with tools to manage their child's behavior so that early appearing behavior problems are less likely to put the child at risk of aggression and delinquency later in life. In FY 2019, 352 target children and 60 siblings from 301 families were served by RIP and an estimated 452 parents were provided support and education, with graduating families attaining family-specified treatment objectives. During FY 2019, RIP renewed revenue contracts with 2 RIP Certified Sites, outside of Tennessee; Chula Vista Elementary School District in California and St. Luke's Community Hospital in Cedar Rapids, Iowa. These revenue contracts are raising the profile of this award-winning program, unique to TDMHSAS. Additionally, in FY 2019, the state broke ground on a new facility, designed specifically for provision of RIP services, a first in the program's 50-year history.

School-based Services: Since 1985, TDMHSAS has funded school-based services in Tennessee. In the past fiscal year, these services have been enhanced and expanded. Agencies providing Erase the Stigma, Project B.A.S.I.C.: Better Attitudes and Skills in Children, School-Based Behavioral Health Liaison (SBBHL), and Violence & Bullying programs utilized their state enhancement funds to strengthen and increase service provision within schools. The SBBHL program expanded to seven additional agencies and 23 additional counties bringing the total number to twelve agencies in 26 counties. Additionally, the TN Department of Education (TDOE) was awarded a 5-year \$9 million federal discretionary grant from SAMHSA, Project Advancing Wellness and Resiliency in Education-State Education Agency. This initiative will increase awareness of mental health issues among school-aged youth; provide training for adults who interact with school-aged youth to detect and respond to mental health issues; and

connect school-aged youth, who may have behavioral health issues, to services. In FY 2020, the OCYAF plans to hire a part-time Co-Project Manager position to collaborate with TDOE in meeting the goals of the grant.

Young Adult Initiatives: First Episode Psychosis Initiative (FEPI): The On Track TN: FEPI is funded through an appropriation in which Congress allocated additional funds to SAMHSA to support “evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.” OnTrackTN serves youth and young adults, ages 15-30, who are experiencing a first episode of psychosis. In FY 2019, the program expanded for a total of five locations: Helen Ross McNabb Center (HRMC) which used state enhancement funds to support the provision of FEPI services in Knox County and expanded to Hamilton County through an announcement of funding award; Carey Counseling Center which provided FEPI services to seven counties in Northwest Tennessee; Alliance Healthcare Services, Inc. in Shelby County; and Mental Health Cooperative (MHC) in Davidson County. During FY 2019, a total of 134 youth and young adults were served through the FEPI.

Tennessee Healthy Transitions (HT) Initiative: The HT Initiative is a 5-year \$5 million discretionary grant awarded by SAMHSA in September 2014. The purpose of HT is to assist youth and young adults, ages 16-25, with or at-risk of developing a serious mental health condition and/or COD by improving their health and wellness, and leading self-directed lives. During FY 2019, HT hosted trainings and received consultation on the Transition to Independence Process (TIP) Model in order to support sustainability of behavioral health services that are both driven by and meet the unique needs of youth and young adults. The Statewide Young Adult Leadership Council (YALC) was developed through HT and consists of youth and young adults who have lived experience with mental health conditions, substance abuse, and/or involvement with child and adult systems. With input from the YALC, a training curriculum was developed for the Certified Young Adult Peer Support Specialist (CYAPSS) program, a specialized training and certification program tailored to meet the unique needs of youth and young adults. The CYAPSS program is scheduled to launch in FY 2020.

In March 2019, SAMHSA awarded TDMHSAS the Healthy Transitions: Improving Life Trajectories (HT-ILT) grant. This 5-year \$5 million discretionary grant assists youth and young adults, ages 16-25, with a serious mental health condition or co-occurring disorder in maximizing their potential to assume adult roles and responsibilities and lead full and productive lives. CYAPSSs will be embedded within the mobile crisis system at a local site providing short-term peer support services as well as linkage and referral services to youth and young adults. Partnering agencies include Frontier Health, Mental Health Cooperative, Inc. (MHC), and Tennessee Voices for Children (TVC).

Older Adult Services

The Office of Older Adults is presently monitoring and supporting six individual Older Adult Program contracts with CMHPs. Two of these contracts, Quinco Community Mental Health Center and Helen Ross McNabb Center, are new as of this year. The contracts combined now enable the TDMHSAS to serve 260 unduplicated individuals at a minimum. The contract is designed to provide care management to individuals over 50 who are not eligible for these services through any other funding source. Care management services include outreach, screening, assessment, linkage, in-home therapy and other supportive services.

During FY 2019, services were provided to 469 unduplicated individuals. This increase is due largely to demographic increase in aging population; increase in transitions within programs; and program expansion by an East Tennessee service provider. In addition, each agency dedicates time for community mental health education to promote awareness and knowledge about geriatric mental health concerns. Examples of the aforementioned services include presentations to local health councils, pharmacists, legal aid organizations, and senior centers to name a few. Mental Health America conducted three regional conferences involving Aging & Behavioral Health in each part of the state with 289 attendees. Frontier Health conducted an agency wide training to educate all staff entitled “Competently Working with Older Adults” presented by Dr. Natali Edmonds a Board Certified Geropsychologist.

The Office of Older Adults is also responsible for fulfilling the Department’s federal mandate of reviewing and approving all Level II Preadmission Screening and Resident Reviews (PASRR) performed for residents of Medicaid certified nursing facilities. Staff reviewed and approved 5,955 Level II PASRR evaluations in FY 2019. Staff is involved in on-going meetings with the Bureau of TennCare and their private contractor Ascend Management to

ensure quality therapeutic recommendations are made for residents of nursing facilities particularly under the federally mandated area of “specialized services”.

The Office of Older Adult Programs continues to represent the department on the Commission on Aging serving as the Commissions Audit Chairperson. In addition, staff members serve on the “Honoring Choices Tennessee” committee which is an initiative to promote Advance Directives.

The Office of Older Adult Programs continues to participate in the area of Disaster Mental Health Services as an Emergency Service Coordinator for Tennessee’s Emergency Management Agency (TEMA). While staff members have been involved in fulfilling its role with TEMA there has not been any disaster requiring a federal declaration for individual assistance. However, staff members did attend FEMA/SAMHSA training on the Crisis Counseling Program in Emmitsburg, Maryland this year.

Tennessee Move Initiative (TMI)

In FY 2019, the TMI entered its third year of implementation in Tennessee with the primary purpose of successfully transitioning identified individuals from long-term facilities to community-based housing. Individuals served are those residing for more than 90 days and/or individuals who have had multiple points of entry within a 90-120 day period within the Department’s RMHIs.

The goals of TMI include: decreasing prolonged hospitalizations and repeated readmissions that impose negative implications on an individual’s quality of life, including their path to recovery; delivering recovery-focused, intensive, and customized care coordination services which support identified individuals in the least restrictive and most integrated setting appropriate to individual need; ensuring a continuity of care which leads to sustained hope, personal empowerment, respect, social connectedness, and self-responsibility relative to the individuals served; and ensuring that providing services are centered on the individual, sensitive to the family, culturally and linguistically competent, and founded in community resources.

Four TMI teams at three CMHPs provide recovery-focused, intensive, and customized care coordination services to identified individuals in long-term units. Each partner agency has developed and implemented recovery-oriented programming to ensure individual, family, and housing provider supports while connecting and coordinating with natural and formal supports within the individual’s home community. In FY 2019, there were a total of 89 individuals served in the community by the TMI program.

Pre-Arrest Diversion Infrastructure Project (PADIP)

The goal of pre-arrest diversion is to reduce or eliminate the time individuals with a mental health, substance use, or COD spend incarcerated by redirecting them from the criminal justice system to community-based treatment and supports. In FY 2018, \$15 million in non-recurring funds were appropriated to TDMHSAS to support the PADIP. The PADIP aims to support infrastructure development that will support efforts to: divert individuals with behavioral health needs away from jail and to appropriate community-based treatment; enhance public safety by implementing effective strategies local communities can use regarding serving those in psychiatric crisis; alleviate jail overcrowding; and reduce costs related to prosecution and incarceration. There were seven communities across the state funded to support this effort within the following counties: Shelby, Madison, Davidson, Putnam, Hamilton, Knox, and Hamblen. Each community committed to investing a minimum of 25% cash to match the State funds.

In FY 2019, the total number of individuals diverted from jail as a direct result of the seven projects was 5,304. Individuals served by PADIP include persons living with behavioral health needs such as mental illness, substance use, or CODs, and individuals who are at risk for incarceration and/or have committed low-level offenses. Since the inception of the projects, the providers reported that there was an estimated cost savings of over \$10.2 million to local criminal justice system based on the total number of individuals diverted by the program. As a result of these funds, an additional 75 beds were created for diversion. Currently, all but 20 of these beds have been completed and are operational. Only one capital project remains to be completed in Madison County, and over 4,500 law enforcement professionals have received training as a result of this project.

In 2019, Governor Lee and the Tennessee General Assembly appropriated \$1.5 million to the Department of General Services (DGS) for the purpose of Pre-Arrest Diversion Infrastructure – Capital Grants as part of the FY 2020 budget. TDMHSAS, in consultation with the Department of Finance and Administration, shall recommend to the DGS to whom such grants shall be disbursed. Responses to the AOF will inform recommendations for funding. Capital grant funding is not recurring and may only be used to support capital projects, not program operations.

OFFICE OF JUVENILE JUSTICE

In FY 2019, TDMHSAS, in partnership with DCS, TCCY, Administrative Office of the Courts (AOC), and juvenile judges and court staff, received recurring state funding for \$4.5 million to impact the area of juvenile justice by implementing Juvenile Justice Diversion Programs across Tennessee.

Juvenile Justice Diversion Program Goals:

- To divert youth in juvenile courts from further penetration into the juvenile justice system through the use of community-based services, rather than commitment to state custody, where treatment through community-based services better addresses the youth's needs.
- To establish, expand, and strengthen partnerships between juvenile courts, community behavioral health providers, child welfare, juvenile justice, education, youth and families, and other key stakeholders to maximize coordination in the diversion of youth from state custody.
- To ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth.
- To measure outcomes in the minimization of commitment of youth to state custody and recidivism in the form of re-arrest.

The six organizations that implement these programs are Carey Counseling Center, Inc., TVC, Youth Villages, Volunteer Behavioral Health Care System, Helen Ross McNabb Center, and Frontier Health. The purpose of this funding is to expand community-based, evidence-based, and outcomes oriented services and training to provide treatment options for juvenile courts. The population of focus is youth who have been referred to juvenile court for a delinquent/unruly charge or who have already been adjudicated delinquent/unruly, and are at risk of being placed in DCS custody. The array of services that can be provided include care coordination, intensive family therapy, group therapy, peer support, medication management, substance use services, crisis planning, school-based or community-based monitoring, respite services, and/or resource linkage. Referrals are received from juvenile court judges, juvenile court staff, and DCS.

Implementation of services through the selected providers began in January 2019. Through the first six months of FY 2019, 373 juvenile justice involved youth were served, and 85% of discharges were successful. A successful discharge means the youth completed the treatment program and remained in the home.

DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS)

DSAS was awarded the following eight discretionary grants in FY 2019:

1. **State Opioid Response (SOR): *Changing Behavior, Coordinating Care, and Restoring Lives*** is a two year federal grant, \$18,543,089 per year, to address the opioid crisis by increasing access to medication-assisted treatment (MAT), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD).
 - **TN SOR Prevention Activities:**
 - Provide opioid overdose training to key stakeholders throughout the state
 - Develop a multimodal training program for healthcare professionals on the assessment and treatment of OUD including DATA waiver training

- Ensure access to naloxone in all of the state’s high-risk areas to “high risk” individuals
 - Mitigate the circumstances related to opioid overdose outbreaks
- **TN SOR Treatment and Recovery Activities:** Expand access to MAT, clinical treatment, and recovery services through a hub-and-spoke model; and provide additional SUD treatment and recovery programs.
2. **Comprehensive Opioid Addiction Program- COAP- Category 1: First Responder Partnerships** is a \$1.6 million federal grant over three years that targets overdose survivors and their family members in Hamilton and Sullivan counties. This grant expands law enforcement and victim service partnerships through the creation of a multi-disciplinary overdose response team. Children and family members affected by an opioid overdose event may also be referred to services.
 3. **Comprehensive Opioid Addiction Program- COAP- Category 2: Technology Assisted Treatment Projects Tennessee Rural Telehealth Expansion Project (TRTEP)** is a \$1 million federal grant over three years that expands the availability of treatment and recovery support services in rural Tennessee communities through the use of tele-health. Through partnerships with two behavioral health care providers (Pathways and Ridgeview), the Department of Children’s Services (DCS), county sheriffs, recovery courts, and victim services agencies, ten new project sites are providing tele-health services: In West TN - Pathways: 1) WRAP (Wo/Men’s Resource and Rape Assistance Program) - Jackson (Madison County); 2) Weakley County Jail, Dresden (Weakley County); 3) Weakley County Courthouse, Dresden (Weakley County); 4) Recovery Court, Milan (Gibson County); and 5) Obion County Jail (Obion County). In East TN - Ridgeview: 6) DCS Field Office in Anderson County; 7) DCS Field Office in Roane County; 8) DCS Field Office in Morgan County; 9) DCS Field Office in Scott County; and 10) DCS Field Office in Campbell County.
 4. **Tennessee Coordinated Response to Pregnant/Postpartum Substance Abuse** is a \$3.3 million federal grant over three years to expand and enhance treatment and recovery support services to pregnant and postpartum women who are involved in the justice or child welfare systems. Seven women’s treatment providers (Frontier Health, Helen Ross McNabb Center, Volunteer Behavioral Healthcare in Cookeville, Renewal House, T.A.M.B., Serenity Recovery Center and Cocaine and Alcohol Awareness Program) will deliver services in six counties and surrounding catchment areas: Shelby, Madison, Davidson, Putnam, Knox, and Washington. Treatment providers will collaborate with a range of providers in their communities to offer treatment and recovery support services such as: outpatient treatment services; in-home services for both individuals and family members; case management; peer support; evidence-based parenting classes; and wraparound services such as transportation, child care, educational/vocational training, job placement, and referral to housing.
 5. **Coffee County Family Treatment Court** is a five-year, \$1.6 million federal grant to support the expansion of the Coffee County Family Treatment Court’s delivery of treatment services that incorporates the SOC and High Fidelity Wraparound principles into their service model. The target population for the project is parents facing custodial removal of their children on the grounds of child abuse/neglect, and children and non-offending caregivers who are involved in the juvenile dependency court system of Coffee County Tennessee.
 6. **Tennessee Rural Recovery Court Expansion Program** is a five-year, \$2 million federal grant to support the expansion of assessment, treatment, and recovery support services in six counties: Tipton, Lauderdale, Hardeman, McNairy, Lawrence, and Maury. The target population is non-violent felony offenders engaged in the 22nd and 25th Judicial District Recovery Court programs.
 7. **Family-Centered Services in Tennessee Adult Recovery Courts** is a \$2 million federal grant over three years that will introduce family-centered approaches into five recovery court programs: **West TN:** 26th Judicial District Recovery Court; **Middle TN:** Sumner County Recovery Court; and **East TN:** 1st Judicial District – Carter County and Washington County, and 2nd Judicial District Recovery Court- Sullivan County. These recovery courts will increase capacity while simultaneously piloting a new service delivery model

that can be disseminated throughout the state to other court programs. High-risk/high-need participants are the target population for this project.

- 8. Tennessee Opioid SBIRT (TOS)** project is a five year, \$4.9 million federal grant to provide opioid and other drug screenings, brief intervention, and referral to treatment services for adults in primary health care settings. The TOS project population delivery will be located in three regions heavily affected by SUD through a partnership with three academic health centers: University of Tennessee Health Science Center, Memphis (West TN); Meharry Medical College, Nashville (Middle TN); and Eastern Tennessee State University, Johnson City (East TN).

The Tennessee Opioid State Targeted Response (STR) federal grant worked to reduce the number of overdose-related deaths through naloxone distribution; training professionals and key stakeholders on OUD; implemented an Opioid Overdose Rapid Response System; improved access and availability of clinical treatment and recovery services; expanded access to MAT; and implemented new strategies for pregnant women. Through this funding more than 40,000 professionals and key stakeholders were trained on OUDs, and over 40,000 units of naloxone were distributed statewide by the Regional Overdose Prevention Specialists (ROPS) which resulted in more than 4,000 lives saved. By improving access and availability to clinical treatment, MAT, and recovery support services, more than 8,000 individuals were served. Partnering with the Department of Health, Opioid Rapid Response Teams were developed statewide, providing communities the tools needed to mitigate the circumstances of opioid outbreaks. Although the funding for the Tennessee Opioid STR was provided prior to FY 2019, the grant provided DSAS the opportunity to increase stigma reduction efforts, enlarge our audience in providing education to communities about SUD, demonstrated that treatment works through peers, and created new pathways to recovery using MAT.

Tennessee Together Initiative

Tennessee Together is a multi-faceted plan, comprised of legislation, more than \$30 million (state and federal funds), and other executive actions to attack the state's opioid epidemic through three major components: 1) Prevention, 2) Treatment, and 3) Law Enforcement. DSAS received \$9.25 million to implement prevention, treatment, and recovery activities to support its efforts to address the opioid crisis. Those funds supported the following activities:

- TN RedLine expansion to include a warm "hand-off" for treatment services
- Increase the number of substance abuse prevention coalitions
- Increase capacity for inpatient detox treatment
- Increase residential treatment services and programs for pregnant women
- Increase access to tele-treatment services in rural communities
- Increase capacity for clinical treatment services for adults
- Expand access to MAT to include all three forms of FDA- approved medications
- Expand recovery support services which include recovery activities, and health and wellness
- Expand recovery housing
- Develop and implement a Recovery App to support individuals in recovery

Additionally, in FY 2019, DSAS received non-recurring state funds to continue the Naltrexone in Recovery Court pilot program. Naltrexone is utilized to decrease opioid dependence and increase recidivism rates for individuals in the recovery court program.

OFFICE OF FAITH-BASED INITIATIVES

The goals of the Office of Faith-Based Initiatives are to: connect individuals struggling with addiction to treatment; increase knowledge of what addiction is; facilitate understanding of SUD treatment and recovery; understand the continuum of care and collaborate with it; spread awareness of the Faith-Based Initiative certification and its requirements; help groups understand and implement the best practice model; and, promote and improve effectiveness of the Faith-Based Initiative and how it connects the community with recovery and support services.

The Lifeline Peer Project was established to reduce stigma related to the disease of addiction and increase access to substance abuse recovery like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. Lifeline representatives help start AA, NA, Celebrate Recovery, and other self-help support groups throughout the state. They also help connect individuals with treatment and speak publicly about their own personal experience with recovery. More recently, the Lifeline Peer Project has incorporated mental health into their training curriculum. There are currently 10 Lifeline coordinators located throughout Tennessee.

The TDMHSAS Faith-Based Community Coordinators are individuals with lived experience who connect with communities of faith to recruit, train, and certify through the Tennessee Certified Recovery Congregation program. Each community coordinator is employed by their local Community Anti-Drug Coalition. Currently, the Department has three Faith-Based Community Coordinators, one for each grand division of the state.

FY 2019 Office of Faith-Based Initiatives Accomplishments:

- 181 Certified Recovery Congregations established; YTD 521 congregations throughout the state
- Referred 2,734 individuals into treatment and/or recovery support services
- Provided 713 trainings dealing with stigma, access to recovery support, access to treatment, and understanding mental health
- Over 14,000 individuals attended trainings provided by Lifeline Peer Project and Faith-Based Community Coordinators

DIVISION OF HOSPITAL SERVICES (DHS)

In FY 2019, the DHS continued its efforts toward the Customer Focused Government goal of efficient and effective operation of the Regional Mental Health Institutes (RMHIs). There are four RMHIs located across the state of Tennessee:

RMHI	LOCATION	BEDS	FY 2019 ADMISSIONS
Memphis Mental Health Institute (MMHI)	951 Court Avenue Memphis, TN 38013 (901) 577-1800	55	1,388
Middle Tennessee Mental Health Institute (MTMHI)	221 Stewarts Ferry Pike Nashville, TN 37214 (615) 902-7400	207	3,299
Moccasin Bend Mental Health Institute (MBMHI)	100 Moccasin Bend Road Chattanooga, TN 37405 (423) 256-2271	165	2,606
Western Mental Health Institute (WMHI)	11100 Old Highway 64 West Bolivar, TN 38008 (731) 228-2000	150	663

Electronic Clinical Records (ECR) and Automated Medication Dispensing Cabinets (AMDC) were deployed and implemented at the remaining two of four RMHIs during FY 2019. Ongoing optimization efforts of the system continue as DHS works closely with NETSMART, a company that develops health information technology for organizations in the behavioral health field. In March 2017, DHS purchased and implemented an electronic timekeeping and nurse scheduling system with KRONOS, which was piloted at MTMHI. During FY 2018, this workforce timekeeping and scheduling system with biometric features was fully implemented at all four RMHIs. To further enhance the use of KRONOS, DHS has been working to send data from KRONOS to the Edison system. This file transfer will allow KRONOS to send timekeeping information to Edison resulting in a decreased duplication of effort for RMHI timekeepers.

In an effort to return individuals residing in a RMHI for long periods of time to the community, the DHS in collaboration with Tennessee’s Managed Care Organizations (MCOs), has focused intensively on discharging individuals to the level of care appropriate to meet the needs of each individual. During FY 2019, there were 293

subacute discharges across all four facilities. Many of these individuals spent several years in the state facility and are now successfully living in the community. To assist this effort, the Department's Office of Housing and Homeless Services created Intensive Long-term Supports (ILS) in the community designed to meet the needs of this complex and often medically fragile population.

In collaboration with St. Thomas – Rutherford Medical Center and Volunteer Behavioral Health crisis services, MTMHI continues to participate in a tele-connect project aimed at reducing unnecessary transports from high volume, long distance emergency departments (EDs). The project involves personnel supporting an individual needing psychiatric inpatient admission in the ED while a video interface is established in order for the RMHI admitting physician to determine whether the person will meet emergency involuntary commitment criteria. Individuals not meeting criteria for admission are then discharged from the ED and avoid the approximate two-hour round trip journey to MTMHI with law enforcement that would have resulted in a non-admit decision. TDMHSAS is currently considering expanding the project to other RMHIs and high volume EDs.

TDMHSAS has been partnering with the Tennessee Department of Health (TDOH), the Tennessee Hospital Association (THA), and other stakeholders to further identify improvements in the care and coordination of individuals in need of emergency inpatient psychiatric or addiction treatment services. The Patient Bed Matching (PBM) system is a web-based application developed to track and identify available psychiatric inpatient beds for patients more effectively. The PBM portal is housed with the Healthcare Resource Tracking System designed to locate healthcare resources in times of disaster. The system allows a bed searcher to put some general information about their referral into the system while the receiving facility can make a decision about whether they will be able to accept the referral based on the information provided by the searcher. It is anticipated that the web-based application will be rolled out statewide by the end of 2019.

The private psychiatric inpatient hospitals in East Tennessee contracted with TDMHSAS to provide services to the uninsured population as a result of closing Lakeshore Mental Health Institute in 2012 (Parkwest, Mountain States Health Alliance (now Ballad Health), and Ridgeview Psychiatric Hospital and Outpatient Center, Inc.) provided 3,314 (duplicated) units of service for uninsured individuals during FY 2019.

The biggest opportunity that the DHS faces is related to staffing of the RMHIs, particularly psychiatrists who are essential to RMHI operations, and working diligently on both recruitment and retention efforts. According to the Health Resources and Services Administration, by 2030, the supply of psychiatrists is expected to decrease by approximately 27 percent given the number of psychiatrists entering, leaving, and changing work hours, while the demand for psychiatrists is expected to increase by 6 percent. Despite having numerous contracts with recruiting agencies, the RMHIs continue to struggle with recruiting and retaining psychiatrists, nurses, and psychiatric technicians. Some of the efforts made this year include but are not limited to: salary adjustments to improve the RMHIs' ability to compete with the market, attending events containing large numbers of nursing and/or psychiatrists in an attempt to recruit, partnerships with schools for nursing and physicians, incentivizing current staff to seek nursing degrees, and contracting with multiple recruiting firms.

THE OFFICE OF FORENSICS AND JUVENILE COURT SERVICES (OFJCS)

The OFJCS administers the system for court-ordered evaluations to determine competency to stand trial and mental capacity at the time of the offense, juvenile court-ordered evaluations, treatment for adults to establish competency, commitment for individuals found not guilty by reason of insanity (NGRI), psychiatric evaluations for the Board of Paroles, and Mandatory Outpatient Treatment (MOT). In FY 2019, there were 2,156 initial outpatient evaluations which diverted 76% of individuals from the need for an inpatient evaluation. There were 537 inpatient evaluations and 88 new commitments for inpatient treatment of incompetent defendants. There were 31 evaluations of defendants found NGRI and 14 new NGRI admissions to the RMHIs. There were 359 evaluations conducted by order of juvenile courts and 113 psychiatric evaluations of parole-eligible inmates conducted for the Board of Parole.

The MOT coordinator maintained a database of existing client status throughout the year, tracking over 350 active MOT cases receiving services from 39 separate community agencies. The coordinator notified each provider of any MOT cases due for review each month, and tracked all cases involving notification of non-compliance to the court.

As in previous years, the MOT manual was distributed to providers during trainings conducted in the field and posted on the TDMHSAS website.

Over 10,000 juvenile court screenings have been conducted in the Tennessee Integrated Court Screening and Referral Project since the beginning of the Project in October 2010 resulting in over 5,500 referrals for mental health, substance abuse, and/or family services. Training for juvenile court staff was expanded in FY 2019 to assist courts to be in compliance with the requirement for risk and needs screening in the Juvenile Justice Reform Act of 2018 (Public Chapter 1052).

DIVISION OF GENERAL COUNSEL (DGC)

The DGC is responsible for providing legal services, investigating internal complaints of abuse and employee grievances, processing all contracts and amendments, and serving as privacy, ethics, and compliance counsel. In the past fiscal year, the Office of Legal Services engaged in over 8,700 court actions (primarily commitment proceedings), 38 disciplinary appeals, and other miscellaneous legal actions and projects. The Office of Investigations conducted over 144 investigations. The Office of Contracts processed 1,290 contracts and amendments. The Office of Special Counsel made changes to the Department's subrecipient monitoring process by more fully integrating the Department's fiscal and programmatic monitoring processes to ease the administrative burden on grantees. Additionally, the Office of Special Counsel developed the Grants Management Manual, which is now available on the Department's website, which provides guidance for the Department's grantees regarding the State's contracting process, reviews the fiscal and programmatic requirements for grant contracts, and provides links to other key resources available for grantees.

DIVISION OF CLINICAL LEADERSHIP (DCL)

The DCL is responsible for providing clinical oversight and policy development for the RMHIs and clinical consultation to various divisions and offices within the Department. DCL oversees Tennessee's Opioid Treatment Programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; ensures Title VI compliance for the Department; and provides training in collaboration with the DSAS. The DCL also pilots substance abuse initiatives designed to benefit either individuals and/or families.

Targeted Efficacy and Capacity Building in Opioid Treatment-TN (TECBOT-TN) remained an active grant in FY 2019. Awarded by SAMHSA, TECBOT-TN was designed to help close the gap in access and delivery of evidence-based, MAT services for persons with opioid use disorder (OUD). TECBOT-TN incorporates a multifaceted MAT approach to treating opioid addiction by offering a person-centered, accessible, effective, comprehensive, coordinated/integrated, culturally competent, evidence-based MAT service model that blends education (including opioid overdose prevention), psychosocial, medical (including tobacco cessation and screening for infectious diseases), family planning/prenatal care, and recovery supports for adults with moderate to severe OUD. Treatment providers include three substance use treatment facilities and an opioid treatment center (methadone clinic). It is anticipated that TECBOT-TN will provide MAT services to approximately 660 underserved adults (i.e., underinsured or without insurance) with OUD in the Tennessee counties of Davidson, Hardin, Lewis, Shelby, Sullivan, and Washington and/or other service locations of the MAT providers over a three-year-period. The project plans to serve approximately 220 individuals each year. In FY 2019, TECBOT-TN provided MAT services to 235 individuals with OUD, exceeding the number the program proposed to serve during that time period. Additionally, due to the competitiveness of the grant opportunity, a research component was included and will be coordinated by the evaluation services provider.

In FY 2019, TDMHSAS was awarded another grant aimed at providing evidence-based MAT to underserved persons with OUD. Targeted Efficacy and Capacity Building in Opioid Treatment-TN.Expansion (TECBOT-TN.X) was proposed to close the gap in access and delivery of such treatment for patients who require a MAT referral rather than an inpatient bed. Using a care-coordination model, TECBOT-TN.X was designed to facilitate appropriate, high quality treatment in opioid addiction for 132 underserved adults (44 eligible individuals annually) receiving services in a state-funded private psychiatric hospital (PH) in Blount County over a three-year period. For FY 2019, TECBOT-TN.X served 49 patients through its care coordination model, and acute patients with OUD transitioned to an outpatient MAT provider in Knox County. Every reasonable effort is undertaken to

ensure a coordinated transition to the MAT provider within 24-48 hours of discharge from the PH. Once connected to the MAT provider, patients are encouraged to participate in a full range of wraparound and recovery support services including counseling, behavioral therapy, and integrated care, along with MAT. TECBOT-TN.X expects to: 1) increase the number receiving MAT/integrated care services; 2) decrease tobacco use, illicit/non-prescribed drug use, inpatient days, and healthcare utilization costs; and 3) increase the number of DATA-2000 waived physicians.

The TDMHSAS Institutional Review Board (IRB) continues to operate regularly and in compliance with its Federal Wide Assurance (FWA) under the leadership of the chairperson, co-chairperson, and administrator from DCL. All TDMHSAS-IRB membership positions are appropriately filled and recorded with the Federal Office of Human Research Protections (OHRP). By the end of FY 2019, the IRB was providing institutional oversight for twelve active studies. The IRB's Federal registration is valid through October 22, 2021.

In collaboration with Department's Division of Hospital Services (DHS) and the TDH, DCL's applications for three RMHIs to become Health Professional Shortage Area (HPSA) facilities were approved. The newly designated HPSA facilities are: Middle Tennessee Mental Health Institute (MTMHI), Moccasin Bend Mental Health Institute (MBMHI), and Western Mental Health Institute (WMHI). As a result of these facility designations, nursing staff at these facilities are now eligible to apply for loan repayment through the Health Resources & Services Administration's (HRSA's) Nurse Corps Loan Repayment Program (NCLRP). This also allows the DHS the ability to mention these facility designations during the recruitment process. HPSA designations for mental health catchment areas across the state remain valid at this time. New data collection for those designations should be completed by January 2020.

The Chief Pharmacist served as a member of the Executive Committee for the Electronic Clinical Record (ECR) project, consulted on legislative proposals, participated in the chronic pain guideline committee meetings, served as co-chair for the Tennessee buprenorphine treatment guidelines, and as part of his duties as the state opioid treatment authority, continues to develop and improve the new opioid treatment program central registry with enhanced outcome reporting capabilities. The Chief Pharmacist also continues to maintain the managed care residency program that offers advanced clinical training to recently-graduated pharmacists in area of managed care, health policy, and mental health and substance abuse disorders. In addition to the residency program, the Chief Pharmacist serves as a preceptor for 3rd and 4th year pharmacy students from the University of Tennessee and Belmont Colleges of Pharmacy.

DCL continues to expand the faith community initiatives by providing training, conferences, resource materials, and exhibits on suicide prevention, mental health, and bullying. Initiatives in Tennessee are currently being implemented in Nashville, Memphis, Clarksville, Murfreesboro, and Manchester. In FY 2019, DCL staff assisted in the coordination and facilitation of two conferences: in Memphis, the 9th National Suicide and the Black Church Conference that focused on Suicide Prevention and Adverse Childhood Experiences (ACEs), and in Nashville, the Suicide and Trauma Prevention Conference and the Annual Lifecycle Conference sponsored by the Davidson County Sheriff's Office that focused on criminal justice, mental health, the opioid crisis, and co-occurring disorders (CODs). Both conferences included presentations provided by national, state, and local experts. Further, the Rutherford County Suicide Prevention Coalition hosted its first Suicide Prevention Awareness Event in Murfreesboro, Tennessee.

In addition to developing and submitting the Department's annual Title VI Compliance Report and Implementation plan, DCL in collaboration with DSAS staff, trained 255 contract agencies' Title VI coordinators and a number of their other staff during the Title VI training via WebEX.

The Chief Medical Officer (CMO) continues to assume increased responsibility for oversight of psychiatric health care delivery at the three private contract hospitals. In order to better monitor and manage patient length of stay (LOS) at the facilities, opportunities for improvement in treatment are offered at the time of request for increased LOS and rationale for increased LOS has been critically reviewed on a near-daily basis. The hospitals have been very amenable to suggestions tendered, and the improved communication has resulted in decreased LOS. This not only ensures patients are receiving quality care, but also results in substantial taxpayer savings while also allowing contract hospitals to stay within budget forecasts. LOS requests have been directed to the CMO for central point

management in order to streamline the process. As a result, the total number of LOS requests has decreased substantially. A process for consultation between the three contract hospitals and their referral RMHI has been developed which has encouraged communication among doctors and enhanced patient care.

The CMO has consulted with the Assistant Superintendent Quality Management Team (ASQM) at each of the four RMHIs, and with their advice and consent, has reorganized and refocused the quarterly Quality Committee on a RMHI-centric format. An emphasis on Best Practices is now a focus of the meeting, and presentation of at least one clinical audit by each RMHI is now a standard agenda item. Monitoring and evaluation of clinical issues will be at the forefront going forward. In addition to assisting at the four institutes when they are experiencing physician shortages, the CMO has also agreed to review mortality reviews for each of the RMHIs.

DIVISION OF PLANNING, POLICY, AND LEGISLATION (DPPL)

The DPPL is comprised of two offices: the Office of Planning and the Office of Legislation and Rules. The Office of Planning produces the Department's Three-Year Plan, administers the Statewide and Regional Planning and Policy Council system, coordinates appointments to the Planning Councils and the RMHI Boards of Trustees, and develops and submits the Mental Health Block Grant application, the SAMHSA Annual Report, and the Department's Joint Annual Report. In 2019, the Office of Planning continued to empower the Councils to fulfill their roles as required by law, become more active and effective by increasing membership, specifically among consumers and family members, increase mental health and substance abuse awareness activities within the community, and encouraging more purpose-driven meetings. Regional Councils were also encouraged to become more involved in the Legislative Proposal process, and submitted a total of nine proposals for review. In addition, Planning staff engaged in special projects including providing technical assistance to Statewide and Regional Councils, providing trainings to new Statewide Council members, consulting with other Divisions, and developing relationships with other state and federal agencies. In collaboration with the Office of Research, the Office of Planning continued the ongoing process of increasing the use of data to inform decision making and ensure a data-driven Needs Assessment process through the updated Fast Facts Portal, which is available for the Councils to use in the Needs Assessment process moving forward.

The Office of Legislation and Rules tracked 363 bills during the 2019 legislative session. The Office of Legislation and Rules also produced the annual legislative summary for the 2019 Legislative Session. The Office gave counsel to the Department regarding proposed, potential, and pending rulemaking activity. The Office worked in conjunction with the DCL, the Office of Licensure, and other department offices and divisions to coordinate the promulgation of rules related to Nonresidential Office-Based Opiate Treatment Facilities and Nonresidential Office-Based Opiate Treatment Facilities with Dispensing Authorization. These rules became effective on June 27, 2019. The Office, in conjunction with DCL and the Buprenorphine Treatment Guidelines Committee, updated the Tennessee Buprenorphine Treatment Guidelines in September 2018.

OFFICE OF RESEARCH

A key function of the Office of Research is to make information about substance use and mental health available to stakeholders and policy makers. During FY 2019, the Office of Research updated a variety of interactive dashboards that were developed in FY 2018. These dashboards contain county-level information about substance abuse services, mental health services, psychiatric hospital services, recovery courts, recovery congregations, and licenses service sites. The dashboards can be readily viewed at: <https://www.tn.gov/behavioral-health/research/tmhsas-fast-facts-test-3.html>. Regional Planning and Policy Councils use this information to inform the Department's Needs Assessment. Substance abuse prevention coalitions and members of the public can now readily access this information to understand trends in their county and identify available services.

The Research Team is responsible for compiling and reporting information about individuals receiving publicly funded mental health services as a condition of the Mental Health Block Grant (MHBG). Information about population demographics, customer satisfaction, and progress achieving national outcome measures is reported annually to SAMHSA. The Research Team also prepares data briefs on a variety of subjects including the impact of services on customer satisfaction, employment, living situation, and other service outcomes. Additional information can be found on the Department website at <https://www.tn.gov/behavioral-health/article/data->

[briefs.](#)

The Research Team works with TDMHSAS divisions to analyze data needed to inform policy decisions. In collaboration with DSAS, the Research Team partnered with other departments to collect and report substance abuse data to policy makers through an interdepartmental State Epidemiological Outcomes Workgroup (SEOW). The Research Team also tracked outcomes for the Prescription for Success Initiative. In collaboration with DMHS, the Research Team analyzed data to evaluate the implementation of coordinated services for children and youth enrolled in SOC expansion sites and for young adults with a first episode of psychosis. The Research Team worked with the Housing and Homeless Program to measure the increase in housing opportunities and dollars leveraged by the CHI. In collaboration with DHS, the Research Team conducted a multi-year analysis of admissions and discharge diagnoses of individuals in psychiatric hospitals operated by or under contract with the Department. More information can be found on the Department website at <https://www.tn.gov/behavioral-health/topic/Data-Research-and-Planning>.

OFFICE OF COMMUNICATIONS (OC)

Fiscal Year 2019 was a very busy one for the OC. Highlighted accomplishments include executing two multimedia campaigns, reaching roughly 1 in 5 Tennesseans with department social media posts, and producing several impactful stories of recovery.

The TN Together opioid awareness campaign which began in FY 2018 concluded at the end of FY 2019. Thanks to new funding sources, the Department was able to take the TN Together message statewide on television, and social and digital media, and to newspapers in Middle and East Tennessee. In all, the campaign garnered nearly 77 million impressions. In addition to exposure of general awareness topics, the campaign generated a 20% average year-over-year increase in calls for addiction treatment referrals to the Tennessee REDLINE. Further, the campaign's three commercials which featured recovery stories were nominated for a Midsouth Regional Emmy Award. More information about the campaign can be found at this link: <https://www.tn.gov/opioids/about-tn-together/tn-together-media-campaign.html>.

The OC also worked with the DMHS' Office of Crisis Services and Suicide Prevention to promote the Department's statewide crisis phone line. Working with a limited budget, the OC produced a commercial and ran ads statewide on social media and in the state's three largest media markets: Nashville, Memphis, and Knoxville. In all, the campaign received nearly 20 million impressions and reached more than half of Tennessee residents. In addition to the exposure, the statewide crisis phone line saw a 13% year-over-year increase across the three months that the ad was running.

The Department's earned media efforts on Facebook grew by leaps and bounds in FY 2019 with the total number of "likes" increasing by 135% ending the fiscal year at 5,692. TDMHSAS Facebook posts reached nearly 1.3 million individuals and were seen more than 2 million times, and videos produced by the Department for Facebook were seen nearly 170,000 times. The meaningful, uplifting, and relevant content curated by OC Assistant Director Leslie Judson frequently goes viral, surpassing all expectations.

Video production continues to be an area of focus and success for the OC. The Department released several large video projects focusing on recovery court profiles, Veterans Treatment Court, and the Therapeutic Intervention, Education, and Skills (TIES) program. Not only does the content feature the Department's communications priorities, it connects with real people. On Facebook, the Recovery Court Profile series reached nearly 100,000 people.

Production of the Update newsletter continued in FY 2019 with eight issues distributed to employees, providers, and community members. This continues to be a high-quality document that captures achievements and shares priorities. Archived newsletters are posted on TN.gov at this link: <https://www.tn.gov/behavioral-health/providers/additional-resources/-department-newsletter/newsletter-archives---2006-to-present.html>.

The Department website continues to be a trusted source of information for internal audiences and external stakeholders. During FY 2019, the Department's website received more than 832,000 page views. Most popular pages included mental health services, BHSN of TN, the CPRS program, and mobile crisis services.

The OC also continues to serve the graphic design needs of the Department. In FY 2019, highlights in this area included the production of a glossy physician's recruitment booklet and a Faith-Based Toolkit. The recruitment booklet was the first-ever publication of this kind highlighting each RMHI and the city where each is located. The Faith-Based Toolkit is available on the Department's website at this link: <https://www.tn.gov/behavioral-health/substance-abuse-services/faith-based-initiatives1/faith-based-organization-toolkit.html>.

STATEWIDE & REGIONAL PLANNING AND POLICY COUNCILS

In FY 2019, the Statewide Planning and Policy Council saw several changes to its membership as a result of Regional Council leadership changes and term expirations. Currently, there are 54 members on the Statewide Planning and Policy Council with 53% representing consumers or family members.

Throughout the fiscal year, Regional Councils worked towards increasing membership and attendance at meetings as well as involvement and participation on the Adult, Children's, and Legislative subcommittees. These subcommittees are not only vital in the needs assessment process, but also in the development of legislative proposals. In FY 2018, six legislative proposals from one Regional Planning and Policy Council were submitted to TDMHSAS. In FY 2019, however, nine proposals from three Regional Planning and Policy Councils were submitted. Currently, of the seven Regional Councils, almost all have established Adult, Children's, and Legislative subcommittees. The goal for FY 2020 is for all seven Regional Planning and Policy Councils to have all three subcommittees developed and active.

Each and every Regional Planning and Policy Council continues to work productively through education, support, and advocacy to meet the Department's vision to be a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive. Below are a few highlighted activities from various Regional Councils:

In Region I, through the help of peer support, drop-in centers, and housing organizations providing transportation for their consumers, the Council continued to see an average of 80-90% consumer representation at each meeting. As a result, there was large amount of consumer participation with the Annual Needs Assessment which helped to identify critical mental health and substance abuse needs within the region from a consumer standpoint. Moreover, gaps in services identified from discussions at the quarterly Planning and Policy Council meetings were used in the development of SAMHSA and TDMHSAS grants to help better serve individuals diagnosed with mental illness or substance use disorders in their area.

In Region II, the expansion of the Crisis Intervention Training (CIT) classes to police departments continue to be strongly attended. Members of the Region II Planning and Policy Council are active in the expansion of the CIT program. Region II's vital involvement and participation with the Legislative Proposal process continued in 2019 with five submitted proposals for review. Though not required, the Region II Planning and Policy Council is unique in that it has implemented a substance abuse services subcommittee as well. This subcommittee meets quarterly and works to identify substance abuse needs within the region. This has not only been helpful in developing the annual needs assessment, but also ensures members are well-informed of both mental health and substance abuse resources within the region.

In Region III, the Second Annual Mental Health Awareness event, "Embracing Hope", was held in May 2019. Proceeds of the event went to the National Alliance on Mental Illness (NAMI) and Mental Health Association of East TN (MHAETN). Several members of the Region III Planning and Policy Council helped prepare for and attended the event. Hamilton County Schools created the Community Attendance Review Board (CARB) in order to identify underlying issues negatively impacting student absences. CMHPs involved on the Region III Planning and Policy Council are actively involved in this program. Additionally, the Children's subcommittee developed goals for the year that included offering Adverse Childhood Experiences (ACEs) trainings to teachers and staff through the region in school districts.

In Region IV, attendance was maintained with nearly 30 active members attending each meeting. Membership representation, inclusive of family members, caregivers, and persons with lived experience, continued at a level of 51%. In June 2019, Region IV submitted two legislative proposals for review. Of those two proposals, one has ignited discussions and collaborations with other state departments. The Region IV Children’s subcommittee Chair continued to use Eventbrite to post meeting announcements, which resulted in increased meeting attendance. The goal of this subcommittee is to continue to work to get more family members involved. Further, prior to a change in leadership in July 2019, Region IV leadership developed a survey for members designed to solicit feedback to refine meetings and increase engagement.

OPPORTUNITIES

Opioid Epidemic

Tennessee has seen a decrease in the number of prescriptions for opioids, the potency of prescribed opioids, and an increase in the number of take back boxes, recovery housing and recovery courts, and the purview of anti-drug coalitions through ROPS and Lifeline Peers. Most notably, access to MAT service providers throughout the state has increased significantly. However, there is an opportunity to expand prevention, treatment, and recovery services to all Tennesseans, and the challenges still remaining include: addressing the upsurge of methamphetamine and heroin usage, decreasing stigma, increasing access to treatment, and increasing funding to expand evidence-based treatment.

Workforce Development

Tennessee continues to experience a shortage of trained professionals who can provide mental health treatment to its citizens, particularly psychiatrists and registered nurses. According to the Health Resources and Services Administration, by 2030, the supply of psychiatrists is expected to decrease by approximately 27% given the number of psychiatrists entering, leaving, and changing work hours, while the demand for psychiatrists is expected to increase by 6%. TDMHSAS continuously works to resolve this issue. Some of the efforts made this year include but are not limited to: salary adjustments to improve the RMHIs' ability to compete with the market, attending events containing large numbers of nursing and/or psychiatrists in an attempt to recruit, partnerships with schools for nursing and physicians, incentivizing current staff to seek nursing degrees, and contracting with multiple recruiting firms.

Reducing Stigma

Reducing the stigma associated with mental illness or substance abuse disorders will allow individuals to feel more empowered to seek treatment. TDMHSAS will continue investing in its education and awareness efforts to reduce stigma of mental illness and substance abuse disorders.

Suicide Prevention

Three Tennesseans die by suicide per day. While TDMHSAS and TSPN strive to prevent suicide through training, awareness, counseling, and outreach, reducing the number of suicides remains a challenge throughout the state. TDMHSAS and TSPN will continue to look aggressively at ways to address this issue.

Council Identified Challenges

In FY 2019, Regional Councils identified several needs across the state. These needs included: lack of affordable and appropriate housing options; limited services for individuals who do not qualify for BHSN of TN; limited number of treatment beds for adults and children; limited number of treatment options for the uninsured with mental health, substance abuse, and co-occurring needs; limited number of TN Recovery Navigators throughout the state; limited number of mental health and substance abuse prevention programs for at-risk youth; and limited recovery housing options for individuals diagnosed with substance abuse and/or co-occurring disorders.

For the Fiscal Year 2020 budget, Governor Bill Lee proposed and the Tennessee General Assembly approved the following in order to address some of these identified needs: \$500,000 in new, recurring state funding for youth and young adult suicide prevention and mental health awareness programs; \$5 million in new state funding to provide safety net services to approximately 7,000 more Tennesseans by widening the program's income criteria from 100% of Federal Poverty Level (FPL) to 138% FPL; and in support of the Tennessee CHI, \$3 million to increase the number of affordable and appropriate recovery housing options for individuals living with SUD throughout the state. Lastly, in May 2019, seven new team members and 19 new counties were added to the department's Tennessee Recovery Navigator program.

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