

# Tennessee

## UNIFORM APPLICATION

FY 2023 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/31/2022 - Expires 03/31/2025  
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Center for Mental Health Services  
Division of State and Community Systems Development

## A. State Information

### State Information

#### State DUNS Number

Number 878890425

Expiration Date

#### I. State Agency to be the Grantee for the Block Grant

Agency Name Tennessee Department of Mental Health and Substance Abuse Services

Organizational Unit Division of Planning, Policy and Legislation

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#### II. Contact Person for the Grantee of the Block Grant

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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2021

To 6/30/2022

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date 11/28/2022 10:23:37 AM

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#### Footnotes:

## B. Implementation Report

### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1  
**Priority Area:** Maintain and improve services  
**Priority Type:** MHS  
**Population(s):** SMI, SED, ESMI

**Goal of the priority area:**

Maintain and improve effectiveness of community mental health services.

**Objective:**

Assist Tennesseans to access low cost, high quality, outcomes-oriented community mental health and co-occurring competent services to create a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive.

**Strategies to attain the goal:**

Program strategies supporting objective include crisis services continuum network; Behavioral Health Safety Net for Adults; Older Adults Program; First Episode Psychosis Initiative; Targeted Transitional Support Services; Creating Homes Initiative; Community Supportive Housing; Emerging Adults; Intensive Long-Term Support; Supportive Living; certification for Peer Recovery Specialists; Supported Employment; Peer Support Centers; and Peer Wellness Coaches

**Edit Strategies to attain the objective here:**  
*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of calls to the statewide crisis hotline (855-CRISIS-1) and provider local crisis lines (all ages) providing access and referral to crisis services to individuals experiencing a mental health crisis  
**Baseline Measurement:** In state FY2021, there were 128,136 total crisis calls across all crisis providers, including calls to the statewide crisis hotline.  
**First-year target/outcome measurement:** Maintain or increase the total number of calls to the statewide crisis hotline during state FY2021.  
**Second-year target/outcome measurement:** Maintain or increase the total number of calls to the statewide crisis hotline during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The state Crisis Management System will track and report data related to the total number of telephonic crisis assessments completed by crisis triage personnel when calling the statewide crisis phone number, or the crisis provider agency phone number. The twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) toll-free telephone triage and intervention call center is answered in real time (within five (5) rings and/or thirty (30) seconds), whenever possible, by trained crisis triage personnel who provide a telephonic crisis assessment and intervention, and then determine a mode of response for assistance.

**New Data Source(if needed):**

**Description of Data:**

Aggregate data for this indicator will be compiled from the Crisis Management System from providers statewide to include the following services: telephonic crisis assessments, as reported by the Division of Mental Health, Office of Crisis Services and Suicide Prevention.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target maintained the total number of calls and was therefore achieved. The change in call volume between FY21 and FY22 was about 1%. The total number of calls in FY2021 to the statewide crisis hotline was 126,645. This total reflects the total crisis calls across all crisis providers, including calls to the statewide crisis line. Of those calls, 70,452 (56%) resulted in face-to-face or televideo crisis assessment

**Indicator #:**

2

**Indicator:**

Number of Tennesseans (all ages) receiving emergency psychiatric crisis services assessment (face to face or telephonically) from a mobile crisis responder or at a crisis walk-in center thereby saving the state additional dollars for more expensive inpatient hospital care and ensuring that Tennesseans receive the right care at the right time in the right place.

**Baseline Measurement:**

In state FY2021, there were 72,039 individuals that received a face to face crisis assessment.

**First-year target/outcome measurement:**

Maintain or increase the total number of individuals receiving face to face crisis assessments during state FY2021.

**Second-year target/outcome measurement:**

Maintain or increase the total number of individuals receiving face to face crisis assessments during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The state Crisis Management System will track and report data related to the total number of face to face assessments conducted by mental health crisis responders as a result of a mobile crisis call or visit to a TDMHSAS supported crisis walk-in center. Mobile crisis services are non-hospital, community-based services offered twenty four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365) for behavioral health crisis situations. Children and Youth Mobile Crisis Services are provided to children and youth who are 17 years of age and younger. There are four (4) Children and Youth serving Mobile Crisis Response Teams. Adult Mobile Crisis Services are provided to adults who are 18 years of age and over. There are twelve (12) adult-serving Mobile Crisis Response Teams. The eight (8) crisis Walk-in Centers across the State are non-hospital, facility-based services, affiliated with each of the Crisis Stabilization Units, offered twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365). Crisis Walk-in Services include a face-to-face evaluation, access to a psychiatric medication prescriber, access to 24/7 nursing assessments, access to 23-hour observation services, other needed services and supports, and follow-up services.

**New Data Source(if needed):**

**Description of Data:**

Aggregate data for this indicator will be compiled from the Crisis Management System from providers statewide to include the following services: mobile crisis face to face assessments (adults and youth), walk in center crisis face to face assessments, as reported by the Division of Mental Health, Office of Crisis Services and Suicide Prevention.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Other outcomes reviewed will include the percentage of individuals receiving a crisis assessment who were diverted from a higher level of care; percentage individuals seen by mobile crisis within two hours of the request for assessment; and percentage of assessments

that were completed using telehealth.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target maintained the total number of face to face crisis assessments and was therefore achieved. The change in the total number of assessments between FY21 and FY22 was 2%. The total number of crisis assessments in FY2022 was 70,452. Out of the total 70,452 Tennesseans who received face-to-face psychiatric crisis assessments, 65% were diverted from hospitalization and referred to less restrictive community care (CSU, Respite, or Community Outpatient Services). This is an increase by 2% from FY21 diversionary efforts.

**Indicator #:** 3

**Indicator:** Number of admissions to the eight Crisis Stabilization Units (adults) providing intensive, short-term stabilization and behavioral health treatment for those persons whose behavioral health condition does not meet the crisis for involuntarily commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment.

**Baseline Measurement:** In state FY2021, there were 6,348 individuals admitted to a state supported Crisis Stabilization Unit (CSU) for treatment services.

**First-year target/outcome measurement:** Maintain or increase the total number of individuals receiving treatment services at a CSU during state FY2021.

**Second-year target/outcome measurement:** Maintain or increase the total number of individuals receiving treatment services at a CSU during state FY2022

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The state Crisis Management System will track and report data related to the total number of CSU admissions. CSUs are licensed by the State to offer twenty-four hours per day, seven days per week, three hundred sixty-five days per year (24/7/365).

**New Data Source(if needed):**

**Description of Data:**

Data collected in Crisis Management System includes: total CSU Admits by month; total admits by referral source; total admits by payor source; total uninsured served; average daily bed utilization; average length of stay by payor source; and discharge dispositions.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

During FY2021, there are seven CSU in operation. A new CSU will be opening in the coming months to serve Hamblen and surrounding counties that was awarded by TDMHSAS as a result of a competitive funding announcement.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. The total admissions to CSU in FY22 was 6,464. During FY22, there were initially seven (7) Crisis Stabilization Units in operation across the state. Effective 11/01/21, an additional CSU opened in Hamblen Co. for a total of eight (8) Crisis Stabilization Units, a total of 119 beds

**Indicator #:** 4

**Indicator:** Number of uninsured/indigent Tennesseans having a serious mental illness, living at or below 138% of the FPL, able to access outpatient mental health care from Behavioral Health Safety Net that otherwise would not have the ability to receive core behavioral health services.

**Baseline Measurement:** In state FY2021, there were 39,840 served by the Behavioral Health Safety Net for Adults.

**First-year target/outcome measurement:** Serve as many uninsured individuals as are eligible and apply to the Behavioral Health Safety Net for Adults during state FY2021 with a goal of serving 41,000 individuals.

**Second-year target/outcome measurement:** Serve as many uninsured individuals as are eligible and apply to the Behavioral Health Safety Net for Adults during state FY2022 with a goal of serving 41,000 individuals.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Behavioral Health Safety Net of TN (BHSNTN) grantee billing and services data is tracked monthly and reported by Behavioral Health Safety Net of TN database.

**New Data Source(if needed):**

**Description of Data:**

Behavioral Health Safety Net of TN (BHSNTN) grantee billing and services data is tracked monthly and reported by Behavioral Health Safety Net of TN database.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

There were 35,460 adults served by the Behavioral Health Safety Net in FY22 – this was a 10% decrease in total served from the prior year. Workforce challenges impacted service delivery this fiscal year. When BHSN Providers experienced shortages of behavioral health staff that would impact their ability to meet the demand, they would communicate clear expectations on wait times, offer referrals to other providers, utilize the existing continuum of care, and prioritize individuals based on need. In June 2022, TDMHSAS increased service rates to align with TennCare, Tennessee’s Medicaid program, averages. These increases were applied retroactively to FY22 services and will allow for cost-of-living salary adjustments for BHSN Provider staff and will assist in addressing public behavioral health workforce shortages.

**How first year target was achieved (optional):**

N/A

**Indicator #:** 5

**Indicator:** Number of older adults served with care management services such as outreach, screening, assessment, linkage, in home therapy and other supportive services to improve their quality of life and to develop skills that will help them to live in the community as independently as possible

**Baseline Measurement:** In state FY2021, there were 545 served by the older adult program.

**First-year target/outcome measurement:** Maintain or increase the total number of older adults receiving care management services during state FY2021.

**Second-year target/outcome measurement:** Maintain or increase the total number of older adults receiving care management services during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Providers report monthly on the number of older adults served by the program.

**New Data Source(if needed):**

**Description of Data:**

Older adult services use a variety of methodologies including: agency and in-home counseling to seniors unable to access services outside of their home; care management, clinical social work, and geriatric psychiatry assisting seniors and their families to meet their behavioral health needs; agency and in-home depression screenings; collaboration with the Area Agency on Aging; and consultations to Adult Protective Services in the local community.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. There were 578 older adults served in FY22 by the longer-term care management program.

**Indicator #:** 6

**Indicator:** Number of youth and young adults will receive evidence-based treatment and recovery support services through First Episode Psychosis Initiative (FEPI)

**Baseline Measurement:** In state FY2021, 154 youth and young adults experiencing first episode psychosis received evidence-based treatment and recovery support services

**First-year target/outcome measurement:** Increase the total number of youth and young adults receiving treatment and recovery support services from state FY2021 with a goal of serving at least 165 individuals.

**Second-year target/outcome measurement:** Maintain or increase the total number of youth and young adults receiving treatment and recovery support services during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of youth and young adults who have experienced first episode psychosis and received treatment and recovery support services by the First Episode Psychosis Initiative (FEPI) program as reported by the Office of Children and Youth Mental Health.

**New Data Source(if needed):**

**Description of Data:**

The First Episode Psychosis Initiative is designed to provide early intervention services for youth and young adults fifteen through thirty

(15-30) years of age in selected Tennessee counties who have experienced first-episode psychosis. This comprehensive intervention model (OnTrackTN) is a team of mental health professionals and support services, focusing on helping people work toward recovery and meeting personal goals. The program includes the following components: individual and group psychotherapy, supported employment and education, family education and support, peer support, psychopharmacology, and care coordination and management.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

In FY22, the program expands to three new sites to expand the OnTrack model for youth and young adults ages 15 to 30 years old who experience a first episode of psychosis, residing in Anderson, Montgomery, or Rutherford County, Tennessee.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. There were 199 youth and young adults served in FY22. With COVID Relief Mental Health Block Grant funds, 3 additional FEPI sites were added during this reporting period: Anderson, Montgomery, and Rutherford counties.

**Indicator #:**

7

**Indicator:**

Number of individuals (adults) experiencing mental illness or co-occurring disorders who receive short term-financial support for services such as rental assistance, utilities, medical support, and other costs associated with living independently and maintaining stable housing.

**Baseline Measurement:**

In state FY2021, 5,666 individuals experiencing mental illness or co-occurring disorders received short term-financial support for services aimed at living independently and maintaining stable housing.

**First-year target/outcome measurement:**

Maintain or increase the total number of individuals able to live independently and/or maintain stable housing with short-term financial support during state FY2021.

**Second-year target/outcome measurement:**

Maintain or increase the total number of individuals able to live independently and/or maintain stable housing with short-term financial support during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of individuals receiving short-term financial housing support is reported by Community Targeted Transitional Services (CTTS) and Inpatient Targeted Transitional Services (ITTS) programs on a monthly basis to the DMHS Office of Housing & Homeless Services.

**New Data Source(if needed):**

**Description of Data:**

The CTTS program provides specific, temporary financial assistance, allowing service recipients to live independently in the community by providing funding for rental deposits, rental assistance, utility deposits, utility payments, vision care, dental care, and other associated services on behalf of service recipients that increase familial stability and prevent homelessness. The ITTS program assists persons awaiting discharge from the State's Regional Mental Health Institutes (RMHIs) and Crisis Stabilization Units (CSUs) by providing them temporary financial assistance until their regular Social Security Administration (SSA) benefits, employment opportunities or other benefits can be restored, thereby enabling them to move into community settings with clinically ready.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**



None noted.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target maintained the total number served and was therefore achieved. The change in the total served between FY21 and FY22 was 4%. There were 5,431 individuals to receive short-term financial support in FY22. Complexities of requests, rate increases in rent and other essential expenses resulted in higher per-person demand of these funds. Over \$2.5m was used in FY22 to support these services to maintaining stable housing and prevent homelessness

**Indicator #:** 8

**Indicator:** Number of safe, affordable mental health and/or recovery housing opportunities that are created, improved, or preserved for people with a history of mental illness or co-occurring disorders as a result of the Regional Housing Facilitators and Consumer Housing Specialists supporting the Creating Homes Initiative

**Baseline Measurement:** In state FY2021, there were 3,012 housing or opportunities available statewide through the Creating Homes Initiative (CHI).

**First-year target/outcome measurement:** Increase the total number of housing opportunities available through CHI from state FY2021 with a goal of 3,200 housing opportunities.

**Second-year target/outcome measurement:** Maintain or increase the total number of housing opportunities available through CHI during state FY2022

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of new or improved housing opportunities available as a result of the Creating Homes Initiative (CHI) is reported by Regional Housing Facilitators, Regional Substance Use Housing Facilitators and Consumer Housing Specialists to the Office of Housing & Homeless Services.

**New Data Source(if needed):**

**Description of Data:**

Regional Housing Facilitators are located within the 7 mental health planning regions to plan, develop and maintain permanent supportive housing opportunities for people with mental illness or co-occurring disorders through community coalitions and partnerships. Consumer Housing Specialists ensure people with mental illness or co-occurring disorders find affordable housing by helping them access the housing listing on the Recovery Within Reach website, access benefits and other income, and address systemic barriers that prevent access to housing.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

In FY22, state funding for the Creating Homes Initiative will be increased to include "CHI 3.0", to create new safe, quality, and affordable permanent housing opportunities with effective support services to Tennesseans experiencing mental illness and/or substance use disorder who re-enter the community from prisons and jails or have been previously incarcerated.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. There were 4,051 new housing opportunities created in FY22 including:

- CHI 1.0 (Mental Illness) new housing opportunities: 3,571
- CHI 2.0 (Substance Use) new housing opportunities: 298
- CHI 3.0 (Reentry) new housing opportunities: 182

The Creating Homes Initiative expanded efforts in FY22 to create new permanent affordable housing opportunities for Tennesseans with mental illness and/or substance use disorder who are reentering the community from prisons and jails or have a history of incarceration. Announcements of Funding for housing development released in FY22 included those for the Creating Affordable Housing, CHI 2.0, and CHI 3.0 grants.

**Indicator #:**

9

**Indicator:**

Number of individuals (adults) experiencing mental illness or co-occurring disorders who reside in community-based TDMHSAS provider housing facilities (independent living, group homes, supportive housing) and/or receive services and supports to maintain long-term supportive housing.

**Baseline Measurement:**

In state FY2021, there were 1,667 individuals residing in community-based TDMHSAS provider housing facilities and/or receiving services and supports to maintain long-term supportive housing.

**First-year target/outcome measurement:**

Maintain or increase the total number of individuals residing in community-based TDMHSAS provider housing facilities and/or receiving services and supports to maintain long-term supportive housing during state FY2021.

**Second-year target/outcome measurement:**

Maintain or increase the total number of individuals residing in community-based TDMHSAS provider housing facilities and/or receiving services and supports to maintain long-term supportive housing during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Data is reported to the Office of Housing & Homeless Services by housing providers funded by the Community Supportive Housing, Intensive Long-term Support, Emerging Adults and Supportive living programs.

**New Data Source(if needed):**

**Description of Data:**

Community Supportive Housing provides flexible funding to agencies to provide supported housing for adults diagnosed with mental illness and co-occurring disorders. Staff is hired by contract agencies to provide on-site supervision for residents and as-needed supervision to non-supervised group homes and apartments; coordinate outside activities for the residents; and work one-on-one to develop a housing plan that identifies the consumer's ideal housing goal and more independent living. This program includes housing developed through the Creating Homes Initiative (CHI), a strategic plan to partner with local communities on a grassroots level to create permanent housing options for Tennesseans with mental illness. The Emerging Adults program in Nashville, TN provides a comprehensive array of supportive housing and habilitation services for youth ages 18 to 25 living with serious emotional disturbances (SED) who have recently graduated out of the State's foster care system and/or adolescent residential recovery for mental illness or co-occurring disorder; includes mental health and substance abuse treatment, recovery and resiliency skills training; education and employment training and support; and life skills training such as financial management, wellness and nutrition, personal grooming and hygiene, leisure and community engagement, relationship building, and household management. The Intensive Long-Term Support (ILS) facilities provide intensive long-term, wrap-around support services to allow people to be discharged from RMHIs into supportive living facilities in the community. Funding for Supportive Living facilities is described in TN Code Annotated 12-4-330 directs TDMHSAS to reimburse certain supportive living facilities in 11 TN counties.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target maintained the total served and is therefore achieved. There were 1,620 served by these permanent housing programs in FY22. The number of served compared to program bed capacity indicates a greater rate of housing retention for individuals served, thereby preventing homelessness for these Tennesseans. The bed capacity of the programs in FY22 for this KPI was 1,368.

**Indicator #:** 10

**Indicator:** Number of eligible individuals will become certified as peer workforce annually from programs including: Certified Peer Recovery Specialists (CPRS), Certified Family Support Specialist (CFSS), and Certified Young Adult Peer Support Specialist (CYAPSS).

**Baseline Measurement:** In state FY21, 213 peer specialists were certified.

**First-year target/outcome measurement:** Maintain or increase the number of peer specialists certified during FY2021.

**Second-year target/outcome measurement:** Maintain or increase the number of peer specialists certified during FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

The number of individuals that will become Certified Peer Recovery Specialists is reported by the Office of Consumer Affairs and Peer Recovery Services. The number of individuals that will become Certified Family Support Specialists or Certified Young Adult Peer Support Specialists is reported by the Office of Children, Young Adults, and Families.

**New Data Source(if needed):**

**Description of Data:**

CPRS's and CYAPSS's have lived experience of mental illness or substance use disorder.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No in-person CPRS Trainings were provided during FY21 due to COVID-19 pandemic, all were virtual. Not all trainees on the waitlist were able to do a virtual training, so the number trained and then the number certified was subsequently lower. In summer 2021 TDMHSAS released its Certified Young Adult Peer Support Specialist (CYAPSS) program which will allow for young adults to become certified to provide support to other young adults on their recovery journey.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. There were 417 new certified peers in FY22 including: 398 Certified Peer Recovery Specialists, 11 Certified Family Support Specialist, and 8 Certified Young Adult Peer Support Specialists.

**Indicator #:** 11

**Indicator:** Percentage rate employment for of the individuals served through the evidence-based Individual Placement and Support (IPS) Supported Employment initiative will be employed in competitive and integrated work for at least one day.

**Baseline Measurement:** In state FY2021, 1,096 individuals were served through the evidence-based Individual Placement and Support Supported Employment initiative and 46% were employed in competitive and integrated work for at least one day.

**First-year target/outcome measurement:** Maintain or increase the percentage of the individuals served through the evidence-based Individual Placement and Support Supported Employment initiative will be employed in competitive and integrated work for at least one day during state FY2021.

**Second-year target/outcome measurement:** Maintain or increase the percentage of the individuals served through the Individual Placement and Support Supported Employment initiative employed in competitive and integrated work for at least one day during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Percentage of total individuals served through Individual Placement and Support Supported Employment initiative who are employed in competitive and integrated work for at least one day as reported by the Office of Wellness and Employment.

**New Data Source(if needed):**

**Description of Data:**

Supported Employment Initiative assists individuals with a serious mental illness and/or co-occurring disorders work at competitive and integrated jobs of their choosing, following the Individual and Placement Support (IPS) Supported Employment evidence-based model of supported employment.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first-year target was achieved. There were 1,163 individuals served in FY22 by the 32 IPS teams available across Tennessee and 54% were employed in competitive and integrated work for at least one day.

**Indicator #:** 12

**Indicator:** Number of individuals (adults) with serious mental illness, substance abuse diagnoses, and co-occurring disorders who receive support from self-management workshops or one-on-one peer wellness coaching delivered by Peer Wellness Coaches.

**Baseline Measurement:** In state FY2021, 1,254 individuals participated in self-management workshops or received one-on-one peer wellness coaching.

**First-year target/outcome measurement:** Maintain or increase the total number of individuals participating in self-management workshops or receiving one-on-one peer wellness coaching during state FY2021.

**Second-year target/outcome measurement:** Maintain or increase the total number of individuals participating in self-management workshops or receiving one-on-one peer wellness coaching during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of individuals served through self-management workshops or one-on-one peer wellness coaching delivered by state-funded Peer Wellness Coaches as reported by the Office of Wellness and Employment.

**New Data Source(if needed):**

**Description of Data:**

Peer Wellness Initiative program is a component of the statewide, peer-led health and wellness initiative, which promotes chronic disease prevention and self-management programming for individuals with mental illness, substance use disorders, and co-occurring disorders. Statewide Peer Wellness Coaches and Trainer provide mental health and co-occurring treatment and recovery services providers with health and wellness training, technical assistance, and ongoing support in implementing health and wellness programming. Peer Wellness Coaches promote healthier behaviors for Tennesseans with Mental Health and/or Substance Use Disorder conditions. They do this by facilitating holistic, evidence-based curriculums such as Chronic Disease, Diabetes, and Chronic Pain Self-Management Workshops, Whole Health Action Management (WHAM), Nutrition Education Wellness and Recovery (NEW-R), Tobacco Free Workshops, and one-on-one Peer Wellness Coaching to help participants achieve their wellness goals, all of which are based around the Eight Dimensions of Wellness.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Workforce challenges and vacancies of coach positions contributed to the 13% decrease from FY21 served by the program. In FY21 there were 1,254 served and there were 1,082 served by peer wellness coaches in FY22. At the time of this report, all of the Peer Wellness Coaches are filled. During FY23, TDMHSAS allocated additional funds to providers to support rate increases for staff. Providers were able to determine where to apply these increases. The majority of providers supporting this program elected to increase funds for workforce. This is expected to help reduce vacancies for this program.

**How first year target was achieved (optional):**

N/A

**Priority #:** 2

**Priority Area:** Promote early intervention

**Priority Type:** MHS

**Population(s):** SMI, SED, ESMI

**Goal of the priority area:**

Provide effective early intervention, education and prevention services.

**Objective:**

Change the trajectory of the lives of at-risk Tennesseans by connecting them to early intervention services and providing education to improve their understanding of mental health

**Strategies to attain the goal:**

Program strategies supporting objective include: Behavioral Health Safety Net for Children, Tennessee Suicide Prevention Network and Jason Foundation; School Based Behavioral Health Liaisons, Project B.A.S.I.C. (Better Attitudes and Skills in Children), Violence and Bullying, and Youth Screen programs; Regional Intervention Program; System of Care Across Tennessee Network; and Juvenile Justice Reform Local Diversion programs.

Edit Strategies to attain the objective here:  
(if needed)

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of uninsured or underinsured Tennessee children having a serious mental illness, able to access outpatient mental health care from Behavioral Health Safety Net for Children that otherwise would not have the ability to receive core behavioral health services

**Baseline Measurement:** In state FY2021, there were 475 served by the Behavioral Health Safety Net for Children.

**First-year target/outcome measurement:** Serve as many uninsured or underinsured children as are eligible and apply to the Behavioral Health Safety Net for Children with a goal of serving 500 individuals.

**Second-year target/outcome measurement:** Maintain or increase the number of uninsured or underinsured children served by the Behavioral Health Safety Net for Children during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Behavioral Health Safety Net of TN (BHSNTN) grantee billing and services data is tracked monthly and reported by Behavioral Health Safety Net of TN database.

**New Data Source(if needed):**

**Description of Data:**

The Behavioral Health Safety Net (BHSN) for Children provides essential outpatient mental health services to Tennesseans ages three to 17 who don't have insurance coverage or lack full behavioral health coverage. There are no limits on family income for eligibility. The BHSN for Children is administered through contracts with Community Mental Health Agencies across the state, and each provider agency has an Outreach Coordinator who can assist families. These services are community-based, so inpatient care is not covered. The program also helps to connect/refer to other behavioral health payor sources.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The BHSN for Children program began in FY2021.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first-year target was achieved. There were 1,127 total children served in FY22 by the Behavioral Health Safety Net. Enrollment and number served has increased during the 2nd year of implementation. All 15 providers have Outreach Coordinators in place to outreach to schools and the community about the program. TDMHSAS created a media campaign to raise awareness and to increase referrals and enrollments. Advertisements ran statewide on television and social media for five months in FY22, generating nearly 28 million impressions.

**Indicator #:** 2

**Indicator:** Number of individuals receiving suicide prevention and post-vention training to increase public awareness and knowledge of suicide warning signs and risk factors, reduce the stigma associated with mental illnesses and, identify potential mental health and/or alcohol and drug use concerns in students.

**Baseline Measurement:** In state FY2021, 113,880 individuals received mental health awareness in Tennessee, through the provision of mental health and suicide prevention training, and/or public awareness activities.

**First-year target/outcome measurement:** Maintain or increase the total number of individuals receiving mental health awareness in Tennessee, through the provision of mental health and suicide prevention training, and/or public awareness activities during state FY2021.

**Second-year target/outcome measurement:** Maintain or increase the total number of individuals receiving mental health awareness in Tennessee, through the provision of mental health and suicide prevention training, and/or public awareness activities during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of individuals will receive suicide prevention and post-vention training as reported by Tennessee Suicide Prevention Network (TSPN) state monthly reports; number of teachers will receive suicide prevention training as reported by Jason Foundation state monthly reports; number of middle and high school students will receive mental health/suicide prevention training as reported by Mental Health Association of East TN state monthly reports to the Office of Crisis Services and Suicide Prevention.

**New Data Source(if needed):**

**Description of Data:**

Number of individuals will receive suicide prevention and post-vention training as reported by Tennessee Suicide Prevention Network (TSPN) state monthly reports; number of teachers will receive suicide prevention training as reported by Jason Foundation state monthly reports; number of middle and high school students will receive mental health/suicide prevention training as reported by Mental Health Association of East TN state monthly reports to the Office of Crisis Services and Suicide Prevention.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target maintained the total trained and was therefore achieved. The change between FY21 and FY22 was a decrease of about 5%. The total trained in suicide prevention was 107,313 in FY22. Some suicide prevention training programs have reported hesitancy on the part of registered trainees in showing up for in-person trainings following the shift from virtual-only format. Training formats are being adjusted in FY23 as needed to maximize the number of individuals trained, regardless of training format (virtual vs. in-person) moving forward.

**Indicator #:** 3

**Indicator:** Number of students to receive targeted behavioral health services and supports (including both in person and virtual) such as screening, individualized classroom consultation, or therapeutic interventions in schools through school based programming.

**Baseline Measurement:** In state FY2021, 14,439 students received mental health screening, services, or supports in schools.

**First-year target/outcome measurement:** Increase the total number of students receiving mental health screening, services, or supports in schools from state FY2021 with a goal of 15,000 students served.

**Second-year target/outcome measurement:** Maintain or increase the total number of students receiving mental health screening, services, or supports in schools during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Number of students served by the School Based Behavioral Health Liaisons from [Tier 2 or 3 services, A.9.c], Project B.A.S.I.C. (Better Attitudes and Skills in Children) [individuals or group, A.9.4], Violence and Bullying [A.9.a.2], and Youth Screen [screenings completed] programs

**New Data Source(if needed):**

**Description of Data:**

School Based Behavioral Health Liaisons use the Multi-Tiered Systems of Supports (MTSS) framework to provide face-to-face consultation with classroom teachers to enhance trauma-informed learning environments for children and youth who have or are at-risk for SED, behavior problems, or substance use disorders. Liaisons provide training and education for the classroom teachers regarding mental health and substance abuse topics, as well as behavioral interventions. Liaisons provide a connection between the child’s family and school to ensure collaboration and proper communication; assists with transitions between alternative school/classroom placements; supports school staff/families in navigating mental health transitions between alternative school/classroom placements; supports school staff/families in navigating mental health and other needed services; and provides mental health screenings and brief therapy for the child or youth as needed. Project B.A.S.I.C. (Better Attitudes and Skills in Children) is a school-based, mental health prevention and early intervention service that focuses on the promotion of mental health in children in the earliest school grades (K-3rd grade). A child development specialist (CDS), employed by a community mental health agency, works full-time in an elementary school to promote Pyramid Model practices and implementation. The program includes: identification and referral of children with serious emotional disturbance (SED), teacher consultation, student consultation, positive school climate activities, and classroom mental health promotion presentations, all guided by the Pyramid Model framework. Violence prevention and resiliency for youth in grades 4-8; uses the Second Step curriculum, an evidence-based practice that teaches empathy, impulse control, decision-making skills and anger management. The School & Communities Youth Screen Program uses a scientifically-based screening tool designed to identify at-risk youth; provide effective interventions to assist with their treatment. Youth Screen is a national mental health and suicide risk-screening program for youth.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

School-based programming overcame the unprecedented challenges posed by the pandemic and exceeded goals for FY21 allowing students to receive targeted behavioral health services and supports. TDMHSAS will continue to expand these successful programs in FY22 with state funding as part of the Tennessee Resiliency Project Grant focusing on expansion/creation of early childhood mental health programs, school-based mental health services, and enhanced coordination of care for youth experiencing behavioral health crisis.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. There were 22,568 students to receive targeted school-based interventions in FY22. While telehealth and virtual services are still offered as an option, students have returned to in person learning, allowing school-based programming to resume in schools as well. TDMHSAS expanded SBBHL and Project BASIC programs in FY22 as part of the Tennessee Resiliency Project Grant and will begin including related data FY23.

**Indicator #:** 4

**Indicator:** Number of children under the age of 6 and their families will receive prevention and early intervention services and supports through Regional Intervention Program (RIP) to ensure that young children and their families experiencing challenging behaviors receive services and support.

**Baseline Measurement:** In FY2021, 292 children under the age of 6 and their families received prevention and early



intervention services and supports through Regional Intervention Program (RIP) to ensure that young children and their families experiencing challenging behaviors receive services and support.

**First-year target/outcome measurement:** Increase the number of children under the age of 6 and their families receiving prevention and early intervention services and supports from state FY2021 with a goal of 375 children served.

**Second-year target/outcome measurement:** Maintain or increase the number of children under the age of 6 and their families receiving prevention and early intervention services and supports during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Maintain or increase the number of children under the age of 6 and their families receiving prevention and early intervention services and supports during state FY2022.

**New Data Source(if needed):**

**Description of Data:**

The Regional Intervention Program is a parent-implemented, professionally-supported program for young children (2-6 years old) and their families experiencing challenging behaviors. RIP has been serving families with young children since 1969. This unique, internationally recognized program guides parents in learning the skills necessary to work with their own children, while they receive training and support from other RIP families. There are 11 program sites across Tennessee. For the entirety of FY21, like many other programs, RIP maintained programming in a virtual world with little in-person service delivery. All programs continued to run & serve families virtually. Programs have slowly opened to in-person services, based on their community's guidelines, and several programs anticipate opening in early FY22. Programs that have already opened described significant increases in referrals as children re-enroll in school/childcare settings.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. In FY22, 309 target children and 41 siblings from 267 families were served by RIP-N and RIP-X combined. Beginning in the first months of FY22, most RIP programs began to return in-person programming as school systems resumed (August/September 2021).

**Indicator #:**

5

**Indicator:**

Number of children, youth and young adults with SED at-risk of out of home placement who receive evidence-based High Fidelity Wraparound support to support, stabilize, and keep them with their families and in their communities

**Baseline Measurement:**

In FY2021, 82 children, youth and young adults will receive evidence based high-fidelity wraparound support.

**First-year target/outcome measurement:**

Increase the number of children, youth and young adults served from state FY2021 with a goal of serving 200 families with High Fidelity Wraparound

**Second-year target/outcome measurement:**

Maintain or increase the number of children, youth and young adults served during state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Providers report data monthly on High Fidelity Wraparound outcomes to DMHS Office of Children, Young Adults, and Families.

**New Data Source(if needed):**

**Description of Data:**

System of Care programs provide intensive care coordination services, using High Fidelity Wraparound to families of children with an SED/SMI with the intent of reducing out-of-home placements, including hospitalizations.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

The FY21 baseline is based on only the Federal SOCAT total served. The SOCAT TANF began in FY21 and that is why the total target for FY22 is higher.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved (if not achieved,explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. There were 275 children who received evidence based wraparound services and supports from the 32 System of Care teams in FY22. The significant increase in total served was due to adding more SOCAT teams. The number of teams increased from 27 to 32 statewide.

<b>Indicator #:</b>	6
<b>Indicator:</b>	Number of juvenile justice involved youth diverted to evidence-based, community-based services and completing the treatment program
<b>Baseline Measurement:</b>	In FY2021, 724 juvenile justice involved youth were discharged from services. 17% of those discharges can be attributed to engagement issues and the youth did not complete the program.
<b>First-year target/outcome measurement:</b>	Decrease the number of juvenile justice involved youth exiting services before program completion due to engagement compared to state FY2021.
<b>Second-year target/outcome measurement:</b>	Maintain or decrease the number of juvenile justice involved youth exiting services before program completion due to engagement compared to state FY2022.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Providers report data monthly on program outcomes to the Office of Juvenile Justice Programming. Services providers are currently collecting data to show cost savings, improvements in quality of life outcomes, and reductions in recidivism and out of home placements. As implementation continues and youth are being successfully discharged from services, this data will be used to show program effectiveness.

**New Data Source(if needed):**

**Description of Data:**

The primary purpose of the Juvenile Justice Reform Local Diversion Grant program is to expand 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. In addition, the JJR Grant aims to support Building Strong Brains (Tennessee's ACEs Initiative) by supporting youth served by the JJR Grant in building resiliency and educating professionals on responding in a trauma-informed manner.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None noted.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

N/A

**How first year target was achieved (optional):**

The first year target was achieved. In FY2022, 853 juvenile justice involved youth were discharged from services. 15% of those discharges can be attributed to engagement issues and the youth did not complete the program. There were 1,017 juvenile justice involved youth who received services from JJR Grant program in FY22.

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**Footnotes:**

## C. State Agency Expenditure Reports

### MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2021	Estimated/Actual SFY 2022	Expense Type
\$4,802,031	\$103,962,347	\$114,171,529	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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**Footnotes:**

## C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Period (A)	Expenditures (B)	B1 (2020) + B2 (2021) 2 (C)
SFY 2020 (1)	\$404,942,751	
SFY 2021 (2)	\$397,488,208	\$401,215,480
SFY 2022 (3)	\$431,055,771	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	No	_____
SFY 2022	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: \_\_\_\_\_

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**Footnotes:**