Tennessee

UNIFORM APPLICATION
FY 2025 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID   KNUHYRCNLJC5

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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City   Nashville

Zip Code   37243

II. Contact Person for the Grantee of the Block Grant

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

From   7/1/2023

To   6/30/2024

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

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, BHCS

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 988 Call Centers; Crisis Services Continuum; Behavioral Health Safety Net; Older Adults Program; First Episode Psychosis Initiative; Targeted Transitional Support Services; Housing programs supporting long-term supportive housing; certification for Peer Recovery Specialists; Individual Placement and Support (IPS) services; treatment and recovery support services from MHBG COVID related supplemental funds.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of individuals screened for mental health or related interventions by the Tennessee 988 Call Centers.
Baseline Measurement:	In state FY2023, there were 35,038 individuals screened by 988 Call Centers (only calls included).
First-year target/outcome measurement:	Increase the total number of individuals screened by 988 Call Centers from the prior year.
Second-year target/outcome measurement:	Maintain or increase the total number of individuals screened by 988 Call Centers from the prior year.

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

Data Source:

Data collected from Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline/988.

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

Description of Data:

Aggregate data includes information about the 988 calls handled in Tennessee.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Additional data reviewed from Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline, to include average speed to answer, abandonment rate, and the number of calls sent to backup centers.

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:

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

> Out of the 48,847 calls routed to Tennessee in FY24, 42,619 were answered and handled by Tennessee 988 Call Centers. This is an 87% in-state answer rate for FY24. During Spring 2024, TDMHSAS debuted four new 30 commercials aimed at parents of youth/young adults and young adults. The spots featured themes like athletic and academic performance pressure and negative self-talk and not fitting in. We also continued to use a legacy spot which features real-life 988/crisis calltalkers and sets expectations as to what people can expect when they reach out for help. The ads ran at athletic performance/basketball spot on broadcast and cable TV during March Madness and men's and women's NCAA Final Four and Championship games. In total, we achieved more than 7M impressions (not including cable TV). It is anticipated that the number of individuals supported by Tennessee 988 Call Centers will increase based on both state and national marketing campaigns.

Indicator #:	2
Indicator:	Number of Tennesseans (all ages) receiving emergency psychiatric crisis services assessment from a mobile crisis responder or at a crisis walk-in center.
Baseline Measurement:	In state FY2023, there were 73,052 individuals who 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 from the prior year.
Second-year target/outcome measurement:	Maintain or increase the total number of individuals receiving face-to-face crisis assessments from the prior year.

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.

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) and walk- in center crisis face-to-face assessments.

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 to less restrictive community care; the percentage of individuals seen by mobile crisis within two hours of the request for assessment; and percentage of assessments that were completed using telehealth. This indicator includes Mental Health Block Grant Supplemental Funding related to COVID-19 to support supplemental funds for mobile crisis providers for face-to-face assessments.

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:

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 FY23 (73,052) and FY24 (72,603) was -1.4%. The number of crisis assessments completed in FY24 slightly decreased due to an increase in the number of phone assessments (completed by the TN Statewide Crisis Line, Provider Crisis Lines, and 988 call centers) which were able to be resolved by phone, rather than needing to be referred for mobile crisis dispatch.

Indicator #:	3
Indicator:	Number of admissions to 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 FY2023, there were 6,602 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 from the prior year.
Second-year target/outcome measurement:	Maintain or increase the total number of individuals receiving treatment services at a CSU from the prior year.

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 the 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 FY23, there were eight (8) Crisis Stabilization Units in operation across the state for a total of 119 beds. Four new CSU/WIC awards have been granted to support the addition of Walk-In Centers and Crisis Stabilization Units in Henry, Dyer, Montgomery, and Rutherford Counties. Projects are at various stages in terms of infrastructure development but will be completed over the course of state FY24 and FY25.

New Data issues/caveats that affect outcome measures:

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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:

☐

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

The first-year target maintained the total number of CSU admissions and was therefore achieved. The change in CSU utilization between FY23 (6,602) and FY24 (6,358) was -3%. Crisis providers reported an increased acuity of clients overall, resulting in the lack of ability of maintaining them through a lower level of care such as the CSU and needing inpatient hospital referral. During FY24, there were 9 Crisis Stabilization Units for Adults and 1 Crisis Stabilization Unit for Children & Youth in operation across the state for a total of 134 adult beds and 12 C & Y beds. The new WIC/CSU site in Rutherford County opened and began admitting clients on April 29, 2024. The C & Y CSU in Knox County began entering data into the Crisis Management System on May 1. 2024. Five new CSU/WIC awards have been granted to support the addition of three new adult Walk-In Centers and Crisis Stabilization Units in Henry, Dyer, and

Montgomery Counties and two new children and youth Walk-In Centers and Crisis Stabilization Units in Davidson and Shelby counties.

Indicator #: 4

Indicator: Number of uninsured/indigent adult Tennesseans having a serious mental illness (SMI) and number of uninsured/underinsured Tennessee children having a serious emotional disturbance (SED).

Baseline Measurement: In state FY2023, there were 33,707 total served by the Behavioral Health Safety Net.

First-year target/outcome measurement: Serve as many individuals as are eligible and apply to the Behavioral Health Safety Net with a goal of maintaining or increasing the total number of individuals served from the prior year.

Second-year target/outcome measurement: Serve as many individuals as are eligible and apply to the Behavioral Health Safety Net with a goal of maintaining or increasing the total number of individuals served from the prior year.

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 provides core, essential, out-patient, 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 offering vital services that people with SMI/SED must retain to continue leading functional productive lives including: assessment and evaluation, individual and group therapeutic intervention, case management, transportation, peer support services, psychosocial rehabilitation services, psychiatric medication management, laboratory tests related to medication management, pharmacy assistance, and coordination.

New Description of Data:*(if needed)*

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Data issues/caveats that affect outcome measures:

Additional data tracked and reviewed for this program includes units of services and services delivered via telehealth. The top utilized services for this program are consistently psychiatric medication management, case management, and individual therapy. Workforce challenges continue to impact service delivery, specifically with staff credentialed to provide therapy services.

New Data issues/caveats that affect outcome measures:

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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:

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

In FY24, 34,325 adults and 1,855 children received at least one BHSN service for a total of 36,180 Tennesseans served across all ages. The number of unique individuals served increased by 4.7% compared to FY23. While improving, mental health workforce issues continue to be a priority. In October 2023, TDMHSAS increased 10 BHSN for Adults service rates and 11 BHSN for Children service rates to align with FY24 TennCare service rate averages and to align with other TDMHSAS programs' unit rates. In March 2024, TDMHSAS launched a statewide media campaign for BHSN for Children that includes paid advertisements on television in Memphis, Knoxville, Chattanooga, and Tri-Cities and on social media receiving over 28.8M impressions.

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 FY2023, there were 609 served by the older adult program.

First-year target/outcome measurement: Maintain or increase the total number of older adults receiving care management services from the prior year.

Second-year target/outcome measurement: Maintain or increase the total number of older adults receiving care management services from the prior year.

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

Data Source:

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

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

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Description of Data:

Older Adults Program providers use a variety of behavioral health measurement tools and depression screenings to assess clients upon entry to the program and throughout their enrollment. The data tracks original baseline scores, how often individuals are assessed, their county of residence, age, specific months enrolled in the OAP, discharge date, Insurance status, and which services are provided by what modality: mental health care management, therapy (In-person or by telehealth) and medication management. The data also tracks monthly agency outreach, contact with primary care physicians and family/caregivers and community education on healthy aging and disease prevention.

New Description of Data: *(if needed)*

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Data issues/caveats that affect outcome measures:

None noted.

New Data issues/caveats that affect outcome measures:

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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 extended vacancies of care management positions at two of the community mental health agencies contributed to the 27% decrease from FY2023 served by the program. TDMHSAS has made efforts to meet this goal moving forward by increasing provider rates as well as recruitment and retention bonuses for employees.

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

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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 FY2023, 232 youth and young adults experiencing First Episode Psychosis (FEP) received evidence-based treatment and recovery support services.

First-year target/outcome measurement: Maintain or increase the total number of youth and young adults experiencing FEP to receive treatment and recovery support services from the prior year

Second-year target/outcome measurement: Maintain or increase the total number of youth and young adults experiencing FEP to receive treatment and recovery support services from the prior year.

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

Data Source:

Data is submitted into REDCap by the FEPI providers and evaluated by the TDMHSAS Office of Research.

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:

The program recently expanded using Mental Health Block Grant Supplemental Funding related to COVID-19 and the Bipartisan Safer Communities Act (BSCA). There have recently been four 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, Hamilton, 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:

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

The first-year target was achieved. There were 244 youth and young adults served in FY24. With COVID Mental Health Block Grant Supplemental funds, 3 additional FEPI sites were added.

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 FY2023, 5,852 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 from the prior year.
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 from the prior year.

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

Data Source:

The 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 when 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:

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

The first-year target maintained the total individuals able to live independently and/or maintain stable housing with short-term financial support from the prior year and was therefore achieved. This indicator includes support for two targeted support programs. The CTTS program had an increase in clients served during FY24 but the ITTS program saw a decrease. The two programs combined served -5.9% fewer individuals from the prior year due to continued rising of service and housing costs.

Indicator #:	8
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 FY2023, there were 2,172 individuals residing in community-based TDMHSAS provider housing facilities and/or receiving services and support 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 support to maintain long-term supportive housing from the prior year.
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 support to maintain long-term supportive housing from the prior year.

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, Supportive Living, Supportive Recovery Housing, and Supportive Re-Entry Housing 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. 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). 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 the TN Code Annotated 12-4-330 directs TDMHSAS to reimburse certain supportive living facilities in 11 TN counties. Supportive Recovery Housing provides quality, safe, and affordable permanent housing with access to an array of recovery services to support the substance use recovery of adults. Supportive Reentry Housing program provides quality, safe, and affordable permanent housing with access to an array of supportive services that promote sustained community living for adults in Tennessee who re-enter the community from prisons and jails or have been previously incarcerated.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

During the grant period (FY24/FY25) there is a new program that will align with this outcome measure. The Residential Re-Entry Housing Program (RRHP) is in development to create six residential facilities to serve individuals with severe and persistent mental health challenges reentering the community from incarceration. These facilities will provide quality, safe, and affordable long-term supportive housing for individuals re-entering the community from incarceration who would otherwise not be able to successfully live in the community due to the lack of available housing with the capacity to meet their specific needs. There are also two additional ILS facilities that are expected to begin placing residents in FY24. This indicator includes Mental Health Block Grant Supplemental Funding related to COVID to support one ILS site.

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:

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

The target for FY24 was exceeded for this indicator. It is critically important to emphasize that all programs included in this indicator provide permanent housing. The primary objective is to ensure service recipients retain their housing and significantly reduce their risk of homelessness. The ability to exceed the KPI is attributed to the availability of new beds following the completion of infrastructure projects, the successful discharge of residents who achieved their individualized goals, and the prompt filling of vacancies.

Indicator #:	9
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 FY23, 446 peer specialists were certified.
First-year target/outcome measurement:	Maintain or increase the number of peer specialists certified from the prior year.
Second-year target/outcome measurement:	Maintain or increase the number of peer specialists certified from the prior year.

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

Data Source:

The number of individuals who 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:

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:

☐

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

Overall the three peer workforce certifications included in this indicator maintained from the prior year. In FY24, the combined total certifications decreased by -5%. For the CPRS program, this was attributed to the training no show rate. The CYAPSS program continues to gain momentum and increased by 5 in FY24.

Indicator #: 10

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 FY2023, 1,298 individuals were served through the evidence-based IPS initiative and 50% 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 IPS who will be employed in competitive and integrated work for at least one day from the prior year.

Second-year target/outcome measurement: Maintain or increase the percentage of the individuals served through IPS will be employed in competitive and integrated work for at least one day from the prior year.

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

Data Source:

Data is submitted into REDCap by the IPS providers and evaluated by TDMHSAS Office of Research.

New Data Source *(if needed)*:

☐

Description of Data:

Supported Employment program assists individuals with a serious mental illness and/or co-occurring disorders to work at competitive and integrated jobs of their choosing, following the IPS evidence-based model of supported employment. The total served by the Supported Employment Initiative includes programs funded by the state mental health block grant, VR interagency funds (SEE), FEPI, Healthy Transitions 2, and CHR-P 2 grants.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

In FY23, Supported Employment Expansion (SEE) significantly increased statewide IPS Supported Employment capacity.

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:

☐

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

The total supported by IPS teams FY24 was 1,611 which is an increase of nearly 20% from the prior year. There has been continued expansion of the Supported Employment program across the state. The target for the first year was 47% and maintained from the prior year. We are pleased to have exceeded the national benchmark of 42.52% for IPS

Indicator #:	11
Indicator:	Number of individuals to receive direct treatment and/or prevention/education targeting SMI/SED populations from Mental Health Block Grant Supplemental Funding related to COVID.
Baseline Measurement:	In state FY2023, 69,265 individuals received mental health services and supports from COVID-19 Relief & COVID ARPA related grant projects.
First-year target/outcome measurement:	Maintain or increase the total number of individuals who received mental health services and support from COVID- ARPA related grant projects from the prior year.
Second-year target/outcome measurement:	Maintain or increase the total number of individuals received mental health services and support from COVID- ARPA related grant projects from the prior year.

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

Data Source:

Providers submit quarterly progress updates that include data related to grant funded positions, direct treatment and recovery services, and indirect prevention/education services targeting SMI/SED populations, and trainings.

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

☐

Description of Data:

Data is provided based on services delivered using the supplemental funding provided through the MHBG program to assist in response to the COVID-19 pandemic through the COVID Relief and/or COVID ARPA grants. Grant contracted providers assessed the needs within their community and each community has a unique COVID Relief/ARPA project. Examples of the types of projects supported with these funds include added support to the crisis services continuum, emergency department supports, children and school-based services, training for community professionals, workforce retention, jail therapy, housing services, and peer recovery services. The data reported includes both direct and indirect services provided to SMI/SED populations.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

Data in this section does not include the MHBG COVID Relief and/or COVID ARPA grant set-asides related to crisis services specific to mobile crisis assessments or FEPI expansion site. Those data are included in other indicators.

New Data issues/caveats that affect outcome measures:

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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:

☐

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

These non-recurring block grant supplemental funds supported services to 63,435 individuals in FY24. The total services provided was maintained from the prior year, serving only -9% from the prior year. It is expected by the community mental health providers that FY25 will be the final year of this non-recurring federal grant supplemental funding from the Mental Health Block Grant. Grant partners are focused on sustaining programs that have proven outcomes since being started under COVID Relief funding in 2021.

Priority #:	2
Priority Area:	Promote early intervention

Priority Type:　　　　　MHS

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

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 Suicide prevention programs; School Based Behavioral Health Liaisons; and the Regional Intervention Program.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
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 FY2023, 124,424 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 suicide prevention training, and/or public awareness activities from the prior year.
Second-year target/outcome measurement:	Maintain or increase the total number of individuals receiving suicide prevention training, and/or public awareness activities from the prior year.

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. Number of individuals receiving suicide prevention training, suicide risk screening, or resource/referral training as reported by Centerstone (Youth and Young Adult Suicide Prevention and Mental Health Awareness Program Provider) state monthly reports to the Office of Crisis Services and Suicide Prevention.

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

Description of Data:

Tennessee Suicide Prevention Network (TSPN) is a statewide coalition of agencies, advocates, and consumers that oversee the continuing implementation of suicide prevention strategies in Tennessee to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma of seeking help associated with suicide, and to educate communities throughout Tennessee about suicide prevention and intervention strategies. Project Tennessee provides a 2-hour educational curriculum for teachers, students, and parents about the signs of suicide. The program provides tools and resources needed to identify at-risk youth. The Youth and Young Adult Suicide Prevention and Mental Health Awareness Program provides mental health awareness, and suicide prevention training to Institutions of Higher Education in Middle and West TN and Middle TN Pediatric Offices in establishing processes for providing suicide risk screening and referrals.

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:

☐

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

> Overall there were 9% more individuals statewide to receive suicide prevention training from these programs from FY23 to FY4.

Indicator #:	2
Indicator:	Number of students served by the school based behavioral health liaisons using the Multi-Tiered System of Support interventions from Tier II and Tier III services. Examples Public of Tier II and Tier III services include Psycho-Educational Groups, Individual Student Consultations, Behavioral Health Screenings, Individual, Group, Family Therapy.
Baseline Measurement:	In state FY2023, 23,490 students received mental health screening, services, or supports in schools from school based behavioral health liaisons.
First-year target/outcome measurement:	Increase the total number of students served by school based behavioral health liaisons from the prior year.
Second-year target/outcome measurement:	Increase the total number of students served by school based behavioral health liaisons from the prior year.

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

Data Source:

> Data is submitted into REDCap by the school based behavioral health liaisons and evaluated by TDMHSAS Office of Research. The provider submits monthly data on the number of students impacted by Psycho-Educational Groups, Individual Student Consultations, Behavioral Health Screenings, Individual, Group, Family Therapy.

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 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.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

> The State has significantly increased investment for school based behavioral health liaisons and is expanding this program in FY24 to add over 100 additional positions.

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:

☐

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

The number of students served increased by 13% from the prior year. Workforce issues have been ongoing but are improving as the current statewide fill rate for SBBHL positions statewide is 73%. The local school districts work with the community mental health centers providing the SBBHL services at the beginning of the school year to conduct a needs assessment. The focus of this assessment is to determine the services for their specific schools based on need. This can include providing only one tier or multiple tiers of the Multi-Tiered System of Support. Which tiers of service are selected will impact the number served.

Indicator #:	3
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 FY2023, 369 children under the age of 6 and their families 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.
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 support from the prior year.
Second-year target/outcome measurement:	Increase the number of children under the age of 6 and their families receiving prevention and early intervention services and support from the prior year.

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

Number of young children and siblings (under 6 years old) experiencing challenging behaviors served by the Regional Intervention Program as reported by the DMHS Office of Children, Young Adults, and Families.

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.

New Description of Data:*(if needed)*

☐

Data issues/caveats that affect outcome measures:

There were two RIP sites that were closed in FY23.

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:

When the FY2024 target was set, two additional RIP Expansion sites were operational. However, during this review period, changes in provider organizational priorities led to the closure of these two sites. TDMHSAS is now working with providers reopen them in areas with the greatest need. In FY 2024, 285 target children and 33 siblings from 247 families were served by RIP. In addition to children served, an estimated 370 parents were provided support and education in managing their child's behavior. Successful completion of the RIP program enables parents to manage their child's behavior, so that these early appearing behavior problems are less likely to put

the child at risk of aggression and delinquency in adolescence. Graduating families attained their specified treatment objectives regarding their child's behavior problems.

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

Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2023   Reporting Period End Date: 6/30/2024

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2023	C Estimated/Actual SFY 2024	Please specify if expenditure amount reported in Column C is actual or estimated
$4,802,031	$130,951,693	$175,689,978	◉ ○ Actual 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 Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services
This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start
Date: 07/01/2023

Reporting Period End
Date: 06/30/2024

A Period	B Expenditures	C <u>B1 (2022) + B2 (2023)</u> 2
SFY 2022 (1)	$431,055,771	
SFY 2023 (2)	$494,842,134	$462,948,953
SFY 2024 (3)	$670,947,050	

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

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

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

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

F. State General Data Notes

State General Data Notes

Expenditure Period Start Date: Expenditure Period End Date:

MHBG Table Number	General Data Note
	No Data Available

Footnotes: