



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

# A Year Beyond Compare

Celebrating Achievements, Identifying  
Opportunities, and Looking to the Future

Tennessee Department of Mental Health & Substance Abuse Services

Joint Annual Report SFY21 | December 2021





# Executive Summary

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

In state fiscal year 2021, TDMHSAS continued to engage in collaborations to improve service outcomes while containing costs; maintained and improved community mental health and substance abuse services; provided effective education and prevention services; decreased prescription drug abuse; and promoted wellness and recovery for Tennesseans.



## OUR MISSION:

Creating

**COLLABORATIVE  
PATHWAYS TO**  
*RESILIENCY,  
RECOVERY, and  
INDEPENDENCE*

for Tennesseans living with mental illness and  
substance use disorders

## OUR VISION:

*A STATE*  
of resiliency, recovery,  
and independence  
*IN WHICH*  
**TENNESSEANS**  
living with mental illness  
and substance use disorders  
**THRIVE**

One ongoing challenge for TDMHSAS is maintaining a high-quality continuum of services while facing increased demand for those services. In FY 2021, with noteworthy support from Governor Bill Lee and the Tennessee General Assembly, the Department continued to work deliberately to increase suicide prevention and awareness while reducing the stigma associated with behavioral health conditions, increasing substance abuse funding, and providing effective continuity of care for individuals living with mental health, substance use, and co-occurring disorders. In all, the FY 2021 budget of \$444,233,600, including \$300,716,500 in state appropriations, allowed the Department to continue to work toward its goal of ensuring that any Tennessean needing substance use disorder (SUD) or mental health treatment can connect with services regardless of their ability to pay.

Additional FY 2021 successes for TDMHSAS include: utilizing \$7.6 million in state funding to create the Behavioral Health Safety Net (BHSN) for Children; a \$6 million federal grant to expand criminal justice reform efforts; procuring \$7.2 million in federal grant funding to respond to mental health and addiction concerns caused by COVID-19 and natural disasters; utilizing \$3 million in state funding to expand the School-Based Behavioral Health Liaison (SBBHL) program to all 95 counties; and, the construction of a women's residential recovery court that will serve 42 non-violent female felony offenders and offer intensive, co-occurring residential treatment services.

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# Purpose, Scope, and Activities of TDMHSAS

It is the mission of TDMHSAS to create collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders (SUDs), and the Department's vision to be a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and SUDs thrive.

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



## AS A DEPARTMENT, WE VALUE:

### **CUSTOMER FOCUSED:**

*An unwavering commitment* to keep patients and those who serve them *at the forefront of every decision.*

### **INTEGRITY:**

*Honesty and truth* in all we do.

### **INSPIRED PURPOSE:**

The *call to action* in service of a cause greater than one's self.

### **EXCELLENCE:**

The *highest standards* for services, efficiency, and conduct.

### **COMPASSIONATE**

### **AND EFFECTIVE LEADERSHIP:**

The commitment to *make effective decisions and inspire others* through active listening and empathy.

### **SOLUTIONS AND OUTCOMES-ORIENTED:**

The *commitment to positive outcomes and meaningful changes* in response to the critical needs of the Tennesseans we serve.

### **PARTNERSHIP:**

Beyond teamwork, *collaboration based on mutual success* to the benefit of the Tennesseans we are blessed to serve.

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

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

TDMHSAS is dedicated to implementing and executing Governor Bill Lee's vision of a state government that is customer-focused, efficient, and effective. The goals of this vision, commonly referred to as Customer Focused Government (CFG), include efficient and effective management of the RMHIs; maintaining and improving community mental health and substance abuse services; and providing effective education and prevention services.

# Organization of the Department

**Office of the Commissioner** oversees and leads the Department in its mission. The office is responsible for system planning; setting policy and quality standards; system monitoring and evaluation; disseminating public information; and advocating for people of all ages who have mental health issues, serious emotional disturbances, and/or substance abuse disorders. Annually the office assesses the public needs for mental health and substance abuse services and supports. This function is carried out in consultation and collaboration with current or former service recipients; their families, guardians, or conservators; advocates; provider agencies; and other affected people and organizations.



*Marie Williams, LCSW has served as TDMHSAS Commissioner since 2016 in the administrations of Gov. Bill Lee and Gov. Bill Haslam.*

**Division of Hospital Services** (DHS) provides oversight of operation of the four RMHIs and three private contracted psychiatric hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

**Division of Mental Health Services** (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates, expands, and oversees community-based programs and community support services including affordable housing programs; homelessness prevention services; a full continuum of 24-hour crisis services; wellness and recovery services; peer recovery services; supported employment services; suicide prevention services; geriatric services/PASRR services; disaster MH services; and a comprehensive System of Care-based child, youth, and family supports services.

**Division of Substance Abuse Services** (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, and recovery support services for the general public, persons at risk for substance use disorder, and persons abusing substances.

**Division of Administrative and Regulatory Services** (DARS) oversees fiscal monitoring of Department grants, purchasing and disbursement of equipment and supplies, major

maintenance and capital construction projects, licensing of all Tennessee agencies providing mental health, substance abuse, and personal support services, investigating complaints of abuse, neglect or mistreatment of clients of the licensed organizations, investigating complaints of fraud, waste and abuse and coordinating facility administration of the Regional Mental Health Institutes (RMHIs) with the Division of Hospital Services.

**Division of Clinical Leadership** (DCL) promotes high quality services through consultations, clinical oversight, education, the development and revision of clinical policies, best practice guidelines, and the advancement of research reviews.

**Division of General Counsel** (DGC) includes the offices of Legal Services, Contracts, and Investigations. The DGC provides Department-wide services in support of the Governor's and Commissioner's mission and goals. The General Counsel, in addition to supervising this division, serves as the chief legal counsel and ethics officer for the Department.

**Division of Research, Planning, Policy, and Legislation** (DRPPL) coordinates departmental legislative and rulemaking activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment, and supports the Department's mission by collaborating with customers to develop an array of quality data products about mental health and substance abuse service needs, utilization and impacts.

**Office of Communications** (OC) develops internal and external communication including the drafting, production, and distribution of news releases and statements to the media, publication of quarterly Department newsletters, and managing the Department's website.

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

**Office of Fiscal Services** oversees general accounting functions including accounts receivable and payable and interactions with state and federal funding sources.



**Office of Forensics and Juvenile Court Services** (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

**Office of Human Resources** (OHR) assists the Divisions and Offices across the Department in obtaining and maintaining a workforce that can fulfill the Department's mission and objectives.

**Office of Strategic Initiatives** provides support to the Department's executive leadership team and seeks to find and secure opportunities that help further the mission and vision of the Department. The Office of Strategic Initiatives currently oversees the Tennessee Recovery Navigator Program and Project Rural Recovery Program.

## Statewide and Regional Planning and Policy Council System

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

### ***Statewide Planning and Policy Council***

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

Responsibilities of council members include advising the Commissioner regarding plans and policies to be followed in the service system and the operation of the Department's programs and facilities; providing recommendations to the General Assembly regarding legislation and appropriations for such programs and facilities; and publicizing generally the situation and needs of persons living with mental illness, SED, SUDs, and their families. With the

Commissioner, the TDMHSAS Statewide Planning and Policy Council also reports annually to the Governor on the service system, including the Department's programs, services, supports, and facilities.

The TDMHSAS Statewide Planning and Policy Council is made up of mental health and substance abuse services consumers, family members, providers, advocates, and other stakeholders in Tennessee. It is a large, active, independent body. In FY 2021, 13 council members were appointed or reappointed. The Statewide Planning and Policy Council achieved a quorum at each one of its quarterly meetings and actively sought to advise the Department concerning the needs of the communities served by its membership. In FY 2021, an average of 93 individuals participated in each of the quarterly meetings. Due to health and safety concerns associated with COVID-19, Statewide Council meetings were held virtually during FY 2021. Council committees (Adult Committee, Children's Committee, Executive Committee, Legislative Committee, and Planning and Budget Committee) met a total of 13 times during the fiscal year.

### ***Regional Planning and Policy Councils***

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

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

A Needs Assessment is conducted annually by the Regional Planning and Policy Councils to assist the Department with planning for resource allocation. Prioritized needs identified by each Regional Council are shared with TDMHSAS staff to inform the development of strategies for the Three-Year Plan and to facilitate biannual progress reports. In addition to the Needs

Assessment, the Regional Councils also review and provide input on the federal Mental Health and Substance Abuse Block Grant plans and funding, legislative proposals for review by the Commissioner and possible consideration by the Governor, and other Departmental reports and initiatives.

Regional Planning and Policy Councils are kept informed about Department activities through the monthly Executive Staff Report, Department update reports delivered at each quarterly Regional Planning and Policy Council meeting, and ongoing interaction via email and telephone provided by the Office of Planning. In addition to the information dissemination that takes place between the Department and the Councils, specialized training regarding the use of data in the Needs Assessment process and the appropriate issues and format for legislative proposals were provided to representatives from the Regional and Statewide Councils in the first two months of calendar year 2021. The Office of Planning produces a Grant Finder Resource that is distributed via email and published on the Department's website monthly for use by the Councils for finding possible sources of funding.

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

### ***Annual Needs Assessment Process***

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

The Needs Assessment process creates a data-informed method for the Statewide and Regional Planning and Policy Councils to influence the design of the mental health and substance use service delivery system by identifying each region's needs to enable targeting of state resources to meet identified needs more effectively and efficiently. Participants in the Needs Assessment process include Statewide and Regional Planning and Policy Councils,

consumers, family members, caregivers, advocates, service providers, and TDMHSAS staff. Considerations include the Governor's and Commissioner's priorities, state and federal law and regulations, Substance Abuse Mental Health Services Administration (SAMHSA) strategic initiatives, data from statewide Needs Assessments, and funding availability. During FY 2021, the Office of Research updated a variety of interactive dashboards on the Fast Facts Portal that were first developed in FY 2018. This portal, which provides budget information as well as an overview of key statistics concerning TDMHSAS-funded mental health and substance abuse services, is particularly helpful to the Statewide and Regional Planning and Policy Councils in identifying needs throughout the state. [The Fast Facts Portal is available on the TDMHSAS website.](#)



# Fiscal Year 2021: Accomplishments, Activities, and Initiatives

## Division of Mental Health Services

### ***Crisis Continuum***

Due to the implications of the COVID-19 pandemic, programmatic changes were necessary to sustain efforts and ensure no disruption in services, including the move to virtual platforms for continued engagement and training efforts.

Tennessee's Crisis Services incorporates a continuum of high-quality crisis services, including Crisis Telephonic Triage and Intervention, Mobile Crisis, Crisis Stabilization Units (CSUs), Crisis Respite, and Walk-In Center (WIC) services. The approach is based on determining the most appropriate intervention needed to successfully alleviate the crisis in the least restrictive environment available to meet the needs of the individual.



*Click the image above to view the commercial produced for the Statewide Crisis Campaign.*

Crisis service providers received and answered 128,136 crisis phone calls statewide, resulting in 72,039 face-to-face assessments (all ages). During April-June 2021, TDMHSAS launched a statewide media campaign for the statewide crisis toll free number that likely contributed to the increase in calls. There are plans to continue to promote the crisis line in FY 2022. Crisis calls increased by 3.4% from FY 2020, while face-to-face assessments decreased by 4.4%. Of those face-to-face assessments, 63% were referred for least restrictive appropriate community clinical treatment (CSU, respite, outpatient, residential treatment, residence, etc.). This is a decrease of 1%, which remains consistent with FY 2020 diversionary efforts. Of the total number of face-to-face assessments, 84% were provided to adults and 16% were provided to individuals 17 years of age or younger. The number of face-to-face assessments for adults increased by 12% while the number of assessments for children and youth decreased by 12%. Additionally, with school closures due to COVID-19, there was a 6% decrease in total face-to-face assessments taking place at school, but a 6.6% increase in crisis calls from children and youth.

The largest impact of the COVID-19 pandemic to crisis services provision is seen in CSUs. During FY 2021, there were 6,348 CSU admissions which is a 30.6% decrease from the previous fiscal year. COVID-19 precautions and restrictions, in addition to staff shortages statewide, were factors that contributed to the decrease. Further, there were 3,601 Crisis Respite admissions in FY 2021, a 3.5% decrease from FY 2020.

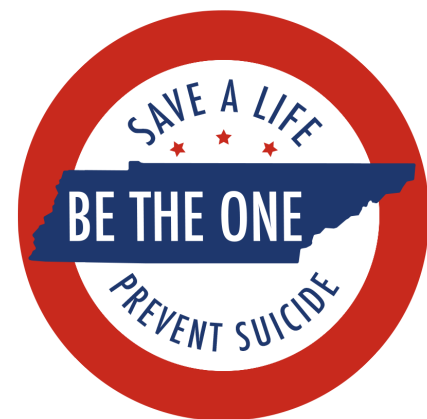
In response to the COVID-19 pandemic, TDMHSAS worked closely with state-contracted crisis providers to leverage telehealth in the provision of mobile crisis assessment and services. In FY 2021, a total of 46,105 technology-assisted crisis assessments were completed, an increase of 22,157 from FY 2020. In FY 2020, 31.8% of total face-to-face assessments were completed utilizing telehealth services while 64% of assessments were completed via telehealth the following fiscal year. These efforts continue to result in timely responses to community locations and contribute to reducing average lengths of stay (LOS) at emergency departments (EDs). At this time, most hospitals and jails have implemented telehealth technology for crisis assessments, and the DMHS continues to work with those jail and hospital partners that currently do not utilize telehealth services to implement these processes.

To ensure that TDMHSAS maintains an adequate statewide footprint of Mandatory Pre-Screening Agents (MPAs), virtual bi-monthly MPA trainings were implemented. Since the onset of the pandemic, there have been ten trainings conducted where 96 individuals were designated as MPAs. Additionally, as a result of Governor Lee's Executive Orders, crisis providers were given the opportunity to complete the first Certificate of Need (CON) for

Involuntary Inpatient Placement via telephone, which positively impacted efficient placement efforts.

In calendar year 2020, 1,220 lives were lost to suicide in Tennessee. TDMHSAS and contracted partners work to prevent suicide through a public health lens using gatekeeper trainings, awareness, and outreach across all 95 counties. In January 2019, the Department received a \$3.68 million grant from SAMHSA to develop, implement, and expand suicide prevention work within the state for those 10-24 years of age. Through this five-year grant, at-risk youth are being referred for enhanced follow-up services following a suicidal crisis. Additionally, over 2,000 youth and youth serving adults provided training as gatekeepers and professionals to help prevent suicide and intervene in the lives of individuals at risk of suicide.

In FY 2021, the Be the One Campaign for workforce suicide prevention continued to gain momentum across the state. The Campaign focuses on creating suicide-safe work environments towards ultimately lowering the number of suicides in our working-age population that sees the highest number of suicide deaths in Tennessee annually. Currently, there are 16 state agencies and 15 non-state entities signed on to the Be the One Campaign with 161 trainers throughout the state. In FY 2021, 1,838 Tennesseans were trained in Be the One and the Postvention template was distributed for use of all partner agencies following a death by suicide.



*Click the logo or visit  
[TN.gov/behavioral-health/betheone](https://tn.gov/behavioral-health/betheone)  
to learn more.*

Also, in FY 2021, the Department was awarded the National Suicide Prevention Lifeline (NSPL) 988 Planning Initiative. This funding, which will run through December 2022, allows for formal planning in preparation for the transition of this number to 988 in July 2022. With this funding, the Department has partnered with all six NSPL call centers and the Tennessee Association of Mental Health Organizations (TAMHO) in the creation of an Implementation Plan. In preparations for the 988 roll out, the Department has allocated Mental Health Block Grant (MHBG) funds towards a 988 Infrastructure Enhancement Pilot promoting the “right sizing” of the current Tennessee NPSL/988 Infrastructure and call volume. Data captured through this initiative will not only allow for initial evaluation of our call center capacity needs but will allow for insights regarding downstream implementations to the Crisis Continuum.

The Office of Crisis Services and Suicide Prevention's Disaster Management and Emergency Response team includes partnerships with community mental health providers (CMHPs) in securing crisis counseling services for residents of Tennessee affected by federally declared disasters. Once a disaster has been declared, the Disaster Management team works closely with both the Tennessee Emergency Management Agency (TEMA) and SAMHSA to apply for funding to provide these services. Crisis Counseling Programs (CCPs) are provided by CMHPs and offer a variety of resources to those in the disaster areas. These resources include helpful information to assist individuals as they work through an emotional response to the disaster, mental health related resources available in their community, and frequent check-ins to assess if further assistance is necessary. During FY 2021, CCPs included a first-ever, state-wide disaster declaration due to the COVID-19 pandemic. As a result, TDMHSAS partnered with 11 CMHPs to ensure that resources were available to every county across the state. Services included real-time crisis management, access to 24/7 hotlines, health fairs, and other community-based outreach. Providers utilized great creativity to ensure that communities were made aware of available services through the use of billboards, social media posts, postcards, and news media communication. Through these outreach methods, the program messaging was viewed by more than two million Tennessee residents. To ensure the physical safety of both clients and staff, many of the connections were made via tele-video or telephone. This program proved to be extremely effective in working with individuals who struggled to cope with the daily impact of the pandemic.

Additionally, the Disaster Management program is also working with the Tennessee Department of Health (TDH) and TAMHO in the provision of an Emergency Preparedness Training. The purpose of this initiative is to provide training and support to emergency services providers in the community. At present, an evaluation, in partnership with TDH and TAMHO, is being completed to determine what focus/level of training would be most beneficial to community emergency services providers. It is hoped that the content, scope, and platform for this training will be both impactful and sustainable.

### **SAMHSA Disaster Relief Grant**

In September 2020, TDMHSAS was awarded a \$3.8 million Tennessee Disaster Response Initiative (TDRI) grant from SAMHSA for specific counties affected by the floods of 2019. The TDRI provides supplemental funding to support crisis services for individuals impacted by recent disasters including the 2019 floods through CSUs, Crisis WICs, and other related components of the crisis continuum. TDRI also provides supplemental funding for Substance Use Disorder (SUD) treatment, SUD recovery help, and supports 20 coalitions with disaster plan



development, media campaigns, and psychological first aid trainings. The affected TDRI counties include: Anderson, Bedford, Bledsoe, Blount, Campbell, Carter, Cheatham, Claiborne, Clay, Cocke, Coffee, Decatur, Dekalb, Dickson, Dyer, Fentress, Gibson, Giles, Grainger, Greene, Hamblen, Hamilton, Hancock, Hardin, Hawkins, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Marion, Marshall, McNairy, Moore, Morgan, Obion, Overton, Perry, Rhea, Roane, Robertson, Scott, Sequatchie, Sevier, Smith, Tipton, Unicoi, Union, Van Buren, Warren, and Wayne.

While this funding opportunity initially had a 12-month budget period, TDMHSAS applied for and was approved for a 12-month no cost extension allowing providers to have access to TDRI funding until 9/29/2022. Currently, there are over 65 mental health and substance abuse providers involved in supporting an expected 1,500 individuals with this funding opportunity.

### ***Office of Behavioral Health Safety Net (BHSN) and Older Adults***

As part of the FY 2021 budget, Governor Lee and the Tennessee General Assembly approved funding for the creation of a BHSN for Children. The BHSN for Children was implemented in September 2020 and provides essential outpatient mental health services to uninsured and underinsured Tennessee children ages 3 to 17 regardless of income who meet program eligibility criteria. Each BHSN for Children provider has at least one Outreach Coordinator focused on strategies to increase knowledge of services.



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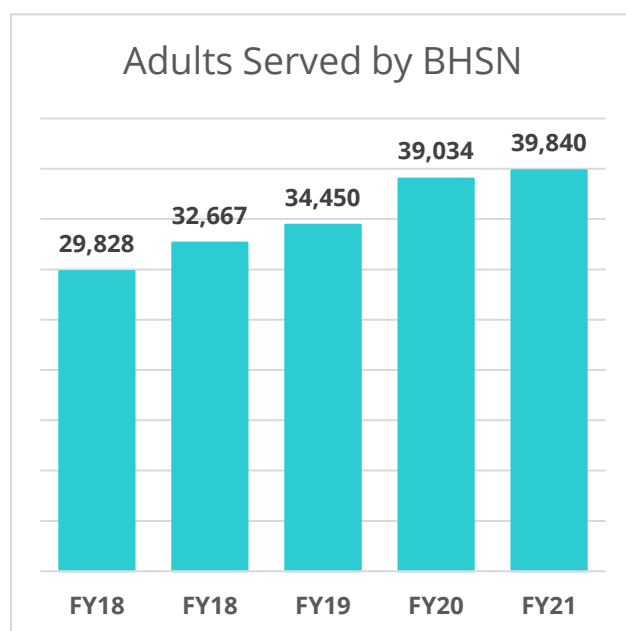
This project is funded under a grant contract with TDMHSAS.

*Click the image above to view the commercial produced for the Children's Behavioral Health Safety Net.*

In Spring 2021, [TDMHSAS launched a statewide media campaign for the BHSN for Children](#). The campaign targeted parents and other individuals who have roles in the lives of Tennessee children to raise awareness of supports for children and families. The campaign included a statewide buy on social media and broadcast television in Nashville, Memphis, Knoxville, Chattanooga, and Tri-Cities media markets.

In FY 2021, 436 unique children were served through the BHSN for Children and over 2,804 units of service were provided, with the most utilized services being assessment and evaluation services, individual therapy, and case management. Of those children served, 30% enrolled in TennCare/CoverKids, and 68% received at least one telehealth service with 40% of all BHSN for Children services provided via telehealth.

The BHSN for Adults provides essential outpatient mental health services to uninsured Tennesseans ages 18 and older who meet program eligibility criteria through a network of participating CMHPs. This includes community-based services for individuals with serious mental illness (SMI) that help them to continue leading functional, productive lives. Essential services offered through the BHSN for Adults include assessment and evaluation, therapeutic interventions, case management, psychiatric medication management, laboratory tests related to medication management, pharmacy assistance and coordination, and transportation to BHSN for Adult services.



As part of the FY 2020 budget, Governor Lee and the Tennessee General Assembly approved an additional \$5 million in state funding for the BHSN for Adults. This new funding allowed BHSN for Adults to expand services to more Tennesseans by increasing the Federal Poverty Level (FPL) requirement from 100% to 138%. In FY 2021, 39,840 unique individuals ages 18+ received outpatient BHSN of TN mental health services and over 666,000 units of service were provided, with the most utilized services being psychiatric medication management, case management, assessment and

evaluation services, and individual therapy. In FY 2021, BHSN for Adults served 470 more

individuals than in FY 2020 and over 5,000 more individuals than in FY 2019. There was also an increase in number served by county of residence in 49 counties over the previous fiscal year. The COVID-19 pandemic provided opportunities for telehealth delivery of behavioral health services. In FY 2021, 79% of BHSN for Adult enrollees received a telehealth service and 30% of all BHSN for Adult services were provided via telehealth. In addition, TDMHSAS continued its collaboration with TDH by renewing the Interagency Agreement to provide laboratory blood draw services for BHSN of TN enrollees through County Health Departments specifically in counties where adequate coverage for these services is not available through the current statewide contract. Other accomplishments include the development of the BHSN Provider Standards ensuring quality across the BHSN service spectrum and continuity of services across the BHSN Provider Network, and in collaborations with the TDMHSAS Office of Criminal Justice Services, the adjustment of BHSN eligibility criteria to allow specific BHSN services to be provided to individuals while incarcerated in anticipation of their release and beginning of their community mental health treatment.

With more than 150 BHSN sites across the state and the successful utilization of telehealth, the statewide BHSN of TN Provider Network of 15 CMHPs can serve eligible adult Tennesseans no matter what county they live in.

In FY 2021, the Older Adult Program and the Department's Preadmission Screening and Resident Review (PASRR) obligation moved into the Office of Behavioral Health Safety Net. The Older Adult Program is presently monitoring and supporting six individual Older Adult Program contracts with CMHPs. Combined, the six contracts enable TDMHSAS to serve 71 counties and are designed to provide care management to individuals over 50 who are not eligible for these services through TennCare or any other funding source. Care management services include outreach, assessment, depression screenings, in-home therapy for older adults unable to access services outside of their homes, person-centered advocacy and referral/linkage to community resources, and other treatment and supportive services for older adults, their families, and caregivers.

Despite the challenges presented by the COVID-19 pandemic, older adult care management services were provided to 545 unduplicated individuals in FY 2021. Further, each contracted CMHP has dedicated time for community mental health education regarding older adults to promote awareness and knowledge about mental health issues related to aging concerns, as well as healthy aging best practices and disease prevention through presentations to local health councils, pharmacists, legal aid organizations, senior centers, councils on aging, and

churches. The Older Adult Program enables staff consultation from dementia care specialists, older adult peer recovery specialists, and local Health Departments and Adult Protective Services, when needed. The OAP also provides coordination with primary care providers and other care management service organizations, like Area Agencies on Aging & Disability, as well as regular interval consultations for clients with medication nurses and psychiatrists.

In FY 2021 the office of BHSN and Older Adults renewed the Department's interagency agreement with the Division of TennCare. This new five-year agreement fulfills the federal mandate for finalizing all Level II PASRR determinations for residents/applicants of Medicaid-certified nursing facilities seeking admission to receive skilled nursing care in Tennessee. Additionally, the Office reviewed and finalized 4,698 Level II PASRR evaluations. Due to the ongoing COVID-19 pandemic, the number of face-to-face assessments was reduced significantly, and evaluations are now largely completed telephonically or virtually in lieu of on-site evaluations.

The Office of BHSN & Older Adults continues to be involved in on-going meetings with the Division of TennCare's regional trainings of nursing facility staff as well as their private contractor, Maximus Clinical Services, to ensure quality recommendations are made for residents of nursing facilities. The Office also continues to represent the Department with the Tennessee Commission on Aging & Disability and on the Alzheimer's Disease and Related Dementia Advisory Council, as well as with the Centers for Medicare & Medicaid Services' PASRR Technical Assistance Center, Southern Region.

### ***Consumer Affairs and Peer Recovery Services***

In FY 2021, TDMHSAS funded 45 Peer Support Centers in Tennessee where Certified Peer Recovery Specialists (CPRSs) provided peer support and recovery assistance to 5,848 individuals who live with SMI. The Peer Recovery Call Center, operated in East Tennessee by MHAET, received or made 5,334 calls helping Tennesseans seeking mental health resources and support. Additionally, the Office of Consumer Affairs and Peer Recovery Services continued its partnership with the Tennessee Department of Correction (TDOC) by facilitating a 40-hour training for qualified inmates to become CPRSs and provide peer support to their fellow inmates during their prison sentence. In addition, workforce development opportunities were also provided to 451 CPRSs through the standard CPRS training as well as workshops offered at the annual CPRS Conference.



Further, TDMHSAS contracted with the Tennessee Mental Health Consumers' Association (TMHCA) to provide peer support services in the state's CSUs via CPRSs through the CSU PeerLink program. The program is designed to reduce repeat use of crisis services, increase continuity of care, and help individuals move forward in their recovery. In FY 2021, the CSU PeerLink program served 109 individuals at the CSUs in Cookeville, Chattanooga, Jackson, Johnson City, Knoxville, Memphis, and Nashville, providing peer support services that included developing a recovery plan and providing follow-up care after discharge.

The Department also served as the liaison to TMHCA's RMHI Peer Engagement Project. The Project, which is funded primarily through Victims of Crime Act (VOCA) funding in partnership with the Office of Criminal Justice Programs (OCJP), empowered eight of TMHCA's CPRSs to provide peer support services to 679 patients in each of the state's four RMHIs. Through this project, CPRSs shared their personal stories of recovery with the patients, introduced the evidence-based practice of creating a Wellness Recovery Action Plan (WRAP), and provided peer support services after discharge to 119 individuals.

Lastly, the Department continued its partnership with the National Alliance on Mental Illness (NAMI) Tennessee with a three-year grant from the U.S. Department of Justice's (DOJ) Bureau of Justice Assistance to expand Crisis Intervention Team (CIT) programs in eight rural counties: Sumner, Wilson, Smith, DeKalb, White, Putnam, Overton, and Cumberland. TDMHSAS will fund the CIT program statewide with MHBG funds beginning in FY 2022 to help maintain the statewide CIT in Tennessee Task Force, expand CIT to other counties, and implement effective community strategies to better serve individuals in psychiatric crisis, safely reduce the prevalence of individuals with behavioral health needs in local jails, reduce costs related to prosecution and incarceration, and improve public safety.

### ***Housing and Homeless Services***

TDMHSAS continues to progress in its charge to sustain and enhance the delivery of housing and homeless services, both qualitatively and quantitatively. Intensive Long-term Support (ILS) is a program designed to provide quality, affordable housing with enhanced wrap-around support services to individuals discharging from the state's RMHIs. During FY 2021, the Department released an Announcement of Funding (AOF) to expand the program's service delivery to the West Tennessee region, specifically to create new quality housing with enhanced supports for individuals who are discharging from Western Mental Health Institute (WMHI), who otherwise would not have an available permanent, supportive housing option best suited to address their needs to successfully live and thrive in the community. A quality proposal was

selected (Tennessee Voices) for grant funding and infrastructural development of a new residential facility is currently underway.

The flagship program of the Office of Housing and Homeless Services, the Creating Homes Initiative (CHI), was devised by TDMHSAS Commissioner Marie Williams in the year 2000 to increase the safe, affordable, quality, permanent housing options for Tennesseans experiencing mental illness or co-occurring disorders. Since its inception, CHI has seen great success in the creation of new affordable housing opportunities for the targeted population. As a result of a recent expansion of the CHI, known as CHI 2.0, a particular focus has been dedicated toward the development of new safe, quality, and affordable permanent supportive housing options to benefit Tennesseans living with substance use disorder (SUD), including opioid use disorder (OUD). The CHI 2.0 expansion features seven dedicated full-time Regional Substance Use Housing Facilitators to use strategic collaboration and assertive partnering to achieve the program's goals. In total, the CHI leveraged over \$95 million to create over 3,000 affordable housing opportunities in FY 2021. Since 2000, the CHI has leveraged over \$850 million in federal, state, local, and private funds to create more than 28,000 affordable housing opportunities across Tennessee.



*Click the image above to view a playlist of success stories from the Creating Homes Initiative.*

TDMHSAS has continued to strengthen its efforts to impact homelessness with SSI/SSDI Outreach, Access, and Recovery (SOAR), a national program designed to increase access to the Social Security Administration's disability income benefit programs for eligible individuals who are experiencing or are at risk of homelessness and have an SMI or co-occurring substance use disorder. Tennessee consistently ranks among the top ten states in the nation for SOAR outcomes, particularly application approval ratings. The TDMHSAS SOAR Liaison program dedicates SOAR services to individuals discharging from the state's RMHIs, which reduces barriers to successful discharge of Tennesseans who have completed quality inpatient care and are ready to reintegrate to the community with opportunities for quality housing and support. During the previous fiscal year, the SOAR Liaison program expanded its coverage of service delivery from two to three of Tennessee's RMHIs. In FY 2021, the SOAR Liaison program expanded yet again to include service delivery in a part-time capacity to the fourth RMHI, Moccasin Bend Mental Health Institute (MBMHI). The completion of successful SSI/SSDI applications helps to facilitate hospital discharge and ensures access to permanent income, which in turn provides means to obtain quality housing and supportive services.

During FY 2021, TDMHSAS hosted its very first Housing and Homeless Services Conference, entitled "On Our Way Home: The PATH to Resiliency, Recovery, and Independence". Held virtually, this opportunity was made possible due to newly awarded funding from SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) grant for technical assistance and training. The OHHS collaborated with the TAMHO to produce this event. Conference sessions covered various topics, including Peer Recovery, SOAR, enhanced supportive housing, and the CHI, among others. More than 300 individuals across the state registered for the conference.


At the beginning of the COVID-19 pandemic, critical opportunities impacting service provision surfaced, which resulted in the implementation of safety practices in response to concerns of the virus spreading to existing residents, loss of income/employment, and temporary closings or reduced staffing of community-based service agencies and organizations. Efforts to address these opportunities included the drafting of guidelines for group home settings, collaborative discussions to identify strategies regarding how to safely accept new individuals, and the implementation of a temporary quarantine site by one of the permanent, supportive housing providers. While some challenges persist in some areas of service, increased testing opportunities and safe practices have improved the capacity for service delivery. Additionally, PATH, which typically utilizes direct customer engagement to conduct outreach services, safe practice guidelines implemented across the community have contributed to a reduction in

direct contact and engagement. While PATH program providers have put forth efforts to ensure access to services during the pandemic by implementing telephonic and virtual engagement with fellow community organizations and members that frequently access this program, closures and reduced capacity limits of congregative sites/areas in the community have added to this reduction. However, despite the many challenges presented by the pandemic, the COVID relief resources that have been made available to the community have provided new opportunities for support that may not have existed prior to the pandemic. Overall, the use of virtual technology continues to enhance opportunities for engagement with more community partners as there is a reduction in travel time and intra-agency partnerships throughout the state have increased.

## ***Supported Employment***

Individual Placement and Support (IPS) Supported Employment is a partnership between TDMHSAS, the Tennessee Department of Human Services (TDHS), and that department's Division of Vocational Rehabilitation (TDHS-VR). The initiative is an evidence-based model of supported employment for individuals with behavioral health and substance use challenges. Supported Employment programs assist individuals in obtaining employment, and once employed, provide supports to assist in maintaining employment. IPS services are provided in all TDHS-VR and TDMHSAS regions across the state, and is currently offered in 37 counties in Tennessee, 27 of which are rural. In FY 2021, 1,096 individuals were supported by IPS teams across the state and 46% of those found employment. Of those who began working, 45% were employed for 90 days or more.

This fiscal year provided opportunity for IPS teams to be innovative in support of individuals with behavioral health challenges in search of work. The team members helped individuals find employment in grocery stores, factories, department stores, car dealerships, and as caregivers. While the job types were limited during the height of the COVID-19 pandemic, IPS team members were no less effective than in pre-pandemic years with helping individuals find the jobs they longed for. In FY 2019, 983 people were supported by IPS teams, with a placement rate of 43%; in FY 2020, 1,118 people were supported with a placement rate of 49%



**THE IPS MODEL IS EVIDENCE-BASED**  
U.S. and International Randomized, Controlled Trials Show:

- **IPS works** better than standard employment supports.
- **IPS works** in both urban and rural communities.
- **IPS works** for youth and young adults.
- **IPS works** for people from different racial, ethnic, and minority backgrounds.
- **IPS works** for people with education goals.

*Click the image or visit [TN.gov/behavioral-health/ips](https://tn.gov/behavioral-health/ips) to learn more.*



and as noted above, in FY 2021, 1,096 people were supported by IPS teams with a placement rate of 45%. Additionally, clients who were supported by IPS teams in FY 2021, worked 13% more hours and earned close to \$1.00 per hour more than clients in the previous fiscal year. Further, Helen Ross McNabb Center (HRMC) and Ridgeview Behavioral Health Service both added new IPS teams with the focus of supporting individuals with SUDs.

Though IPS was designed to be most effective when delivered in-person and through face-to-face contact with IPS clients, employers, natural support, and mental health treatment teams, IPS teams met with clients, employers, family members and treatment teams by phone, video conferencing, text messaging and in person while practicing social distancing if necessary in order to overcome challenges presented by the COVID-19 pandemic.

### ***Peer Wellness***

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

In FY 2021, the PWCs helped 1,254 clients through workshops and one-on-one coaching with their health and wellness goals. A total of 76% of those surveyed reported an increase in healthy eating, physical activity, or improved self-management behaviors. This percentage represents a 14% increase in effectiveness when compared to the previous fiscal year. Additionally, 1,879 overall health and wellness activities outside of the evidence-based workshops were facilitated by the PWCs. Though the MHMCML initiative was designed to be delivered in-person and through face-to-face contact with clients in workshops and through one-on-one coaching, PWCs were able to ensure clients kept their health and wellness goals by utilizing video conferencing to help clients exercise inside their homes, creating diet plans by seeing inside the clients' homes, and by increasing the weekly contact.

### ***Children, Young Adults, and Families (OCYAF)***

The OCYAF oversees initiatives that range from early childhood to young adult and are financed through multiple funding sources such as state funds, federal block grants, and federal discretionary grants. The OCYAF seeks to assist in the provision of a complete continuum of

care for individuals ages 0-30. Services and supports not directly funded by the OCYAF are partnered with other departments and agencies.

System of Care (SOC) is the philosophy by which the OCYAF operates. SOC not only ensures that child-serving agencies partner with parents and caregivers but also that the family and youth have a voice in the services and supports offered. Services are based in the community and are required to be culturally and linguistically responsive. The service provision of the Tennessee SOC is High-Fidelity Wraparound (HFW) delivered by System of Care Across Tennessee (SOCAT) teams. In FY 2021, SOCAT was awarded two funding streams totaling \$21 million that can be drawn upon until 2024. As a result, SOCAT was able to expand to all 95 counties and increase the total number of teams to 27. The original SOCAT grant concluded in March 2021 having served 333 families and kept 93% of children in their homes. The new funding allows for the expansion of youth engagement services, Youth M.O.V.E. councils, and the addition of a Community Engagement Program which will allow for more community integration of SOC. In addition, SOCAT houses the Training and Technical Assistance Center (TTAC) which promotes SOC values and principles through providing resources, training, and consultation to individuals and agencies across the state.

The Council on Children's Mental Health (CCMH), codified in §T.C.A. 37-3-110–115, was established by the Tennessee General Assembly in 2008 as a Tennessee Commission on Children and Youth (TCCY) and TDMHSAS partnership, administratively attached to TCCY. CCMH functions as a statewide community of partners and stakeholders invested in furthering children's mental health care in Tennessee and is productive in working toward its mission of creating a statewide SOC to address children's mental health needs. TDMHSAS, with support from CCMH, has a strong history of leveraging various resources to further this mission. Currently, CCMH supports the SOCAT Initiative and will support the continuation of SOC in Tennessee with additional funding from TDHS and SAMHSA for another four years.

Early Childhood Initiatives: The Regional Intervention Program (RIP) is funded by TDMHSAS and is a parent-implemented, professionally supported program for families with young children experiencing challenging behaviors. The program equips parents with tools to manage their child's behavior so that early appearing behavior problems are less likely to put the child at risk of aggression and delinquency later in life. In FY 2021, 282 target children and 10 siblings from 244 families were served by RIP and an estimated 366 parents were provided support and education, with graduating families attaining family-specified treatment objectives. Also, during FY 2021, RIP again renewed revenue contracts with two RIP-certified sites outside of Tennessee;

Chula Vista Elementary School District in California and St. Luke's Community Hospital in Cedar Rapids, Iowa which continue to raise the profile of this award-winning program, unique to TDMHSAS. For the duration of the fiscal year, RIP operated in a virtual hybrid setting, an innovative service delivery model developed to ensure services continued despite the challenges presented by COVID-19. One of the most successful innovations was the continued delivery of Positive Solutions for Families (PSF), a 6-week virtual parent training series. During this time, five PSF Series were delivered, reaching 44 families across the state of Tennessee. This virtual training model will continue, ensuring that Tennessee families that live in regions not served by RIP sites can still receive training and information around parenting and behavioral health for children under age 6.

**School-based Services:** Since 1985, TDMHSAS has funded school-based services in Tennessee. In the past fiscal year, these services have been enhanced and expanded. TDMHSAS-funded agencies providing Erase the Stigma, Project B.A.S.I.C.: Better Attitudes and Skills in Children, School-Based Behavioral Health Liaison (SBBHL), and Violence & Bullying programs utilized their state enhancement funds to strengthen and increase service provision within schools. For FY2021, Governor Bill Lee budgeted, and the Tennessee General Assembly appropriated, \$3 million to expand the SBBHL program. This expansion allowed for expansion of the program to 59 additional counties therefore ensuring that the 13 agencies providing this service reached students in all of Tennessee's 95 counties. As a result of the COVID-19 pandemic, school-based services had to quickly adapt to barriers and find creative ways to continue providing mental health services to children and youth in the community. Through virtual and telehealth services, 14,439 youth received behavioral health services and supports such as screening, individualized classroom consultation, or therapeutic interventions in schools through school-based programming. Additionally, the Erase the Stigma program which provides services and supports to decrease stigma around mental health issues and increase mental health awareness, served 11,033 youth.

**Youth and Young Adult Initiatives:** First Episode Psychosis Initiative (FEPI) OnTrackTN: The goal of FEPI OnTrackTN, a federally funded initiative is to support "evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders." OnTrackTN serves youth and young adults ages 15-30 who are experiencing a first episode of psychosis. The program has a total of five locations: Helen Ross McNabb Center (HRMC) which serves Knox and Hamilton counties; Carey Counseling Center which provides FEPI services to seven counties in Northwest Tennessee; Alliance Healthcare Services, Inc. in Shelby County; and Mental Health Cooperative (MHC) in Davidson County. In FY 2021, TDMHSAS released an AOF to expand the

FEPI program to three additional sites for the next four years (until June 2025) using COVID relief and American Rescue Plan Act (ARPA) funds. Awards were made to the following agencies: Volunteer Behavioral Health Care System which will serve Rutherford County; Ridgeview Psychiatric Hospital and Center, Inc. which will serve Anderson County; and Mental Health Cooperative (MHC) which will serve Montgomery County. Services for the new sites are set to begin in FY 2022. In FY 2021, TDMHSAS, in collaboration with Vanderbilt's Statewide Trainer and Consultant, offered multiple training opportunities to OnTrackTN sites including: Multi-Family Groups Therapy training to enhance family involvement in services; implementation of the OnTrack model for new staff; and Silver Linings Advocacy Academy training to enhance the youth/young adult voice and involvement in services. Additionally, the Vanderbilt Statewide Trainer and Consultant provided ongoing targeted training, coaching, technical assistance, and OnTrack fidelity monitoring and consultation to support the statewide implementation of youth/young adult best practices to 61 unduplicated individuals, including 33 staff across all FEPI sites. In FY 2021, the FEPI program provided services to a total of 154 youth and young adults.

The Tennessee Clinical High Risk for Psychosis (CHR-P) Initiative: The CHR-P Initiative is a five-year, \$1.6 million discretionary grant that was awarded to TDMHSAS by SAMHSA in October 2019. The goal of the CHR-P Initiative is to assist Shelby County youth and young adults, ages 12 to 25, who are at clinical high risk for developing psychosis to improve symptomatic and behavioral functioning; delay or prevent the onset of psychosis; and minimize the duration of untreated psychosis enabling them to resume age-appropriate social, academic, and/or vocational activities. This goal will be accomplished through development of a stepped-model of care that ensures easy access to evidence-based services and supports for youth, young adults, and their families. Partnering agencies include Case Management, Inc. (CMI) Healthcare Services and Centerstone Research Institute. Services and supports are designed based on the OnTrack model and include care coordination utilizing the Transition to Independence (TIP) Model, Supported Employment and Education utilizing the IPS Model, and family peer support and young adult peer support services. In FY 2021, TDMHSAS, in collaboration with Vanderbilt's Statewide Trainer and Consultant, provided training opportunities to the CHR-P team including Multi-Family Groups Therapy training to enhance family involvement in services; implementation of the OnTrack model for new staff; and Silver Linings Advocacy Academy training to enhance the youth/young adult voice and involvement in services. A virtual Early Psychosis Conference was also held in collaboration with the TAMHO to provide education and awareness of clinical high risk and first episode of psychosis to a Tennessee and national audience in which 393 people attended. In FY 2021, the CHR-P site served a total of 13

youth/young adults at clinical high risk for psychosis and plans continue for implementation of a local Young Adult Leadership Council (YALC).

The Tennessee Healthy Transitions: Improving Life Trajectories (HT-ILT) Initiative: In FY 2021, work continued on the HT-ILT Initiative, which is a five-year, \$5 million discretionary grant awarded to TDMHSAS by SAMHSA in March 2019. The purpose of the Tennessee Healthy Transitions Initiative (HTI) is to assist Tennessee youth and young adults, ages 16-25, with a serious mental health condition or co-occurring disorder (COD), with a particular focus on co-occurring mental health and intellectual and development disabilities (IDD), to maximize their potential to assume adult roles and responsibilities and lead full and productive lives. Services and supports include outreach, care coordination utilizing the TIP Model, Supported Employment and Education using the IPS Model, and peer support services. Additionally, a Certified Young Adult Peer Support Specialist (CYAPSS) will be embedded within the mobile crisis system at a local site providing short-term peer support services as well as linkage and referral services to youth and young adults. Partnering agencies include Frontier Health in Greene County; MHC in Davidson County; and Tennessee Voices (TV). In FY 2021, TDMHSAS offered multiple training opportunities to Healthy Transitions sites, including: Silver Linings Advocacy Academy training to enhance youth/young adult voice and involvement in services; Effective Facilitator Training to provide engagement tools and techniques needed to make virtual meetings more productive; as well as a Supervisor Training for supervisors of CPRSs. In FY 2021, HT-ILT sites served a total of 61 youth/young adults.

The Statewide Young Adult Leadership Council (YALC): The Statewide YALC was developed through Healthy Transitions (HT) and consists of youth and young adults who have lived experience with mental health conditions, substance abuse, and/or involvement with child and adult systems. In collaboration with TV, the Statewide YALC met at least monthly in FY 2021 and participated in ongoing activities to ensure that youth and young adult voices and input are involved at the state level including: participating on and presenting to the CCMH and Youth Transitions Advisory Council; presenting to the TDMHSAS Statewide Planning and Policy Council; receiving trainings in Question, Persuade, Refer (QPR), NAMI Ending the Silence and Youth Mental Health First Aid; and providing technical assistance to additional youth-serving programs. With input from the YALC, a training curriculum was developed for the CYAPSS program, a specialized training and certification program tailored to meet the unique needs of youth and young adults. The CYAPSS program launched in May 2021 and is scheduled to begin training and certifying young adult peers in FY 2022.

## ***COVID Relief Grant Programs***

In FY 2021, TDMHSAS received two rounds of COVID-19 Behavioral Health Care Response funding from SAMHSA totaling \$4.8 million. Approximately half of these grant funds support mental health treatment services and crisis services. The mental health services are for individuals impacted by COVID-19 with an income over 138% FPL (not eligible for the BHSN of TN). Funding is contracted to CMHPs to provide clinical, therapeutic, and support services. Through this grant, there have been over 1,000 Tennesseans who received mental health treatment. The crisis services are support crisis services for individuals impacted by COVID-19 through the CSUs and Crisis WICs components of the crisis continuum. It is expected that these funds will support crisis services to approximately 700 individuals during the grant period. These federal discretionary grant funds will end during calendar year 2022.

Additionally, this funding was used to establish Tennessee's Emotional Support Line for Pandemic Stress. The Emotional Support Line is available for healthcare workers, first responders, and all Tennesseans working in education, including educators and district and school administrators and staff, dealing with feelings of stress, anxiety, sadness, or depression related to work. This line will be continued after the discretionary grant ends using other COVID-19 relief funding sources described below.

The Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] and the Public Law 117-2, the American Rescue Plan Act of 2021 (ARPA) have allowed SAMHSA to release supplemental Community MHBG program funds to states to assist in response to the COVID-19 pandemic. Funding from these two MHBG awards totals just over \$43 million to support the mental health services continuum including prevention, intervention, access to crisis services, treatment, and recovery support services from July 2021 through September 2025. TDMHSAS sought to have the most equitable distribution of these funds based on current partnerships with grantees providing MHBG-related services across the state. These funds have resulted in 34 new grant contracts that focused on using the additional funds to support local community mental health needs and may be used in a wide variety of ways to support the continuum of prevention, intervention, treatment, and recovery services. Further, the relief grant includes funding set-asides for crisis services and expansion of the First Episode Psychosis Initiative (FEPI). While contracts under the COVID Relief funds will not begin until FY 2022, there was substantial work in the earlier months to submit the plan for spending to SAMHSA and prepare for the contracts with providers. The grant award began 3/15/21.



# Division of Substance Abuse Services

DSAS strives to create pathways of resiliency, recovery, and independence for individuals with substance use, mental health, and co-occurring disorders. Overseeing the state's efforts to prevent and treat SUDs for individuals who are uninsured and underinsured, DSAS successfully implemented the following projects during FY 2021 which strengthened Tennessee's substance abuse system, expanded access to services, and most importantly, increased capacity for our most vulnerable citizens in Tennessee.

- Expanded the Hub and Spoke model for the substance abuse treatment system. Hub and Spoke is a network of community providers around a central hub that offers a medication-assisted treatment (MAT) component to individuals seeking services for OUD. There are four regional Hubs in Tennessee located in Johnson City (Upper East), Nashville (Middle), Knoxville (East), and Memphis (the Memphis hub in West Tennessee has been expanded to include Jackson). The Hubs are a Federally Qualified Health Center (FQHC) in Memphis/Jackson, an Opioid Treatment Program (OTP) in Johnson City, a hospital in Nashville, and a substance abuse treatment provider in Knoxville. Each Hub provides at least one of the three Federal Drug Administration (FDA)-approved MAT medications (naltrexone, buprenorphine, methadone) for OUD and ensures the medication is available for administration to patients on-site. There are 24 local Spokes that offer OUD treatment, behavioral healthcare, primary healthcare, and recovery services. In FY 2021 3,693 clients received clinical treatment, of which 977 received methadone; 1,379 received buprenorphine; 618 received naltrexone; and 2,696 received recovery support services.
- In collaboration with Vanderbilt University Medical Center (VUMC), DSAS enhanced the Extension for Community Healthcare Outcomes (ECHO) tele-education platform to include an ECHO Plus track for State Opioid Response (SOR) Spokes to provide support for an opioid-addiction focused case manager. Participation in ECHO Plus includes bi-weekly ECHO sessions and identifying a site physician champion and the site case manager for required education sessions with particular focus on case conferences to enhance quality and evidence-based care.
- In FY 2021, the Regional Overdose Prevention Specialists (ROPS) distributed more than 201,000 naloxone kits to every county in Tennessee.

- DSAS' Sequential Intercept Model (SIM) assists with developing a cross-systems map that identifies how people with mental illness and/or co-occurring SUDs may encounter and flow through the local criminal justice system. SIM is a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change. In FY 2021, SIM's activities were expanded to three additional counties: Sevier, Bradley, and Rutherford.
- Construction on the Women's Residential Recovery Court (WRRRC) was completed. WRRRC will serve 42 non-violent female felony offenders and offer intensive, co-occurring residential treatment services to women who have volunteered to participate in the program.



*Click the image above to view a playlist of stories from a Recovery Court Graduation in FY21.*

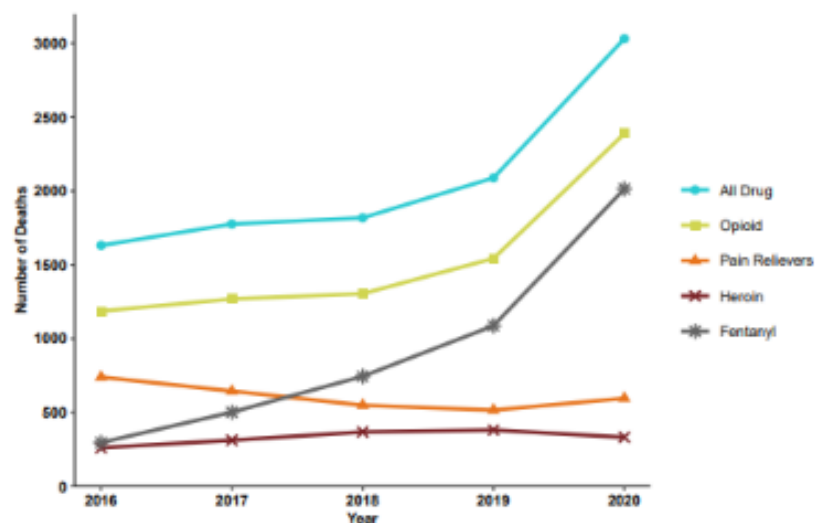
- Governor Lee's FY 2021 budget included enhancements for other DSAS programs. Those enhancements allowed providers to increase their catchment areas and to also expand service delivery:
  - \$625,000 to expand the Criminal Justice Liaison (CJL) Program. The CJL Program targets adults eighteen (18) years of age and older with SMI, MI, COD, or SUDs who are incarcerated or at risk of incarceration and who would benefit from

referral and linkage to behavioral health and other recovery and supportive services. This expansion will increase the number of CJLs from 29 to 33 and increase the number of counties served from 80 to all 95.

- \$4,687,500 to expand Recovery Court Programs. This will allow for two additional residential recovery courts to be established and will also increase and expand services statewide. Those services include, but are not limited to, substance abuse treatment, case management, family services, drug testing, supplies, housing, and specific assistance to individuals involved.

In 2017, Tennessee developed strategies that targeted decreasing prescription drug abuse. The strengthening of opioid prescribing laws along with overdose prevention and education efforts proved to be successful in decreasing prescription drug pain reliever overdose deaths. While prescription drug pain reliever overdose deaths have decreased over the past five years (2016 to 2020) by almost 19.5%, all drug overdose deaths continue to rise mainly due to illicit synthetic opioids, primarily fentanyl. Through state and federal funds, DSAS has deployed ROPS to provide overdose prevention trainings and naloxone distribution; implemented a statewide Opioid Overdose Rapid Response System with the assistance of the TDH; coordinated with the Center for Disease Control (CDC) and Federal Bureau of Investigation (FBI) to respond and support patients and individuals impacted by over prescribing; and increased treatment capacity. DSAS continues to pursue resources to increase awareness of the dangers of opioids, reduce overdose deaths, reduce unmet treatment need, and increase access to MAT. The following grant was awarded in FY 2021 to continue addressing OUD:

**Number of Overdose Deaths by Drug Type in TN, 2016-2020**



Analysis by the Office of Informatics and Analytics, TDH (last updated August 26, 2021). Limited to TN residents.  
Data Source: TN Death Statistical File.

Number of Overdose Deaths in TN by Drug Type					
Type	2016	2017	2018	2019	2020
All Drug	1,631	1,776	1,818	2,089	3,032
Opioid	1,186	1,268	1,304	1,543	2,388
Pain Relievers	739	644	548	515	595
Heroin	260	311	367	380	331
Fentanyl	295	501	744	1,087	2,014

- The **TN State Opioid Response (SOR) II: *Changing Behavior, Coordinating Care, and Restoring Lives*** grant is a two-year, \$30 million per year grant to increase access to MAT, reduce unmet treatment need due to OUD and/or stimulant use disorder, and reduce opioid overdose-related deaths. **TN SOR II** aims to: (1) increase awareness of the dangers of opioids and stimulants and of opioid overdose prevention resources, (2) educate key stakeholders on preventing overdose and on safety around illicit drugs, (3) reduce the number of overdose-related deaths through naloxone distribution, (4) train health professionals to assess and treat individuals with OUD and/or stimulant use disorder, (5) reduce opioid overdose deaths through an ED-Initiated Buprenorphine/Naloxone Pilot Program, (6) expand access to MAT in rural areas of the state, (7) expand access to MAT for recovery court clients through a pilot to provide injectable buprenorphine, and (8) expand access to MAT, clinical treatment, and recovery services through a Hub and Spoke model.



*Click the image above to view a playlist of news stories from the April 2021 National Prescription Drug Take Back Day.*

SAMHSA continues to assist states with mental health and SUD services for individuals affected by COVID-19. The following grants were awarded in FY 2021:

- The **TN COVID-19 Behavioral Health Care Response II** grant is a one-year, \$2,859,647 grant which will continue to respond to the behavioral health impacts of COVID-19. DSAS will continue to collaborate with the DMHS to expand opportunities for behavioral healthcare treatment by increasing services, including implementing a telehealth treatment format statewide. This grant will also strengthen service capacity at agencies to address treatment services needs in areas where the COVID-19 impact is concentrated, as well as enabling access to state residents for whom distance is a barrier. Activities will include screenings, assessments, evidence-based population-appropriate treatment services, and recovery support services to state residents with SMI, mental disorders less severe than SMI, SUD's, and/or COD's. This grant will also provide services for healthcare professionals affected by their role in responding to the pandemic.
- The **COVID Emergency Relief Funding for the Substance Abuse Prevention and Treatment Block Grant (SABG)** was awarded for activities consistent with the SABG program requirements. DSAS received \$29,973,471 for a two-year period and may use this supplemental COVID-19 Relief funding to: promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services; promote support for providers; maximize efficiency by leveraging the current infrastructure and capacity; and address local SUD related needs during the COVID pandemic.
- The **American Rescue Plan Act Supplemental Funding for SABG Program** was awarded \$25,886,179 over a four-year period to support Substance Abuse Prevention, Treatment, and Recovery services. This proposal will deliver culturally appropriate outreach to Tennesseans and continued engagement with project enrollees through evidence-based SUD treatment services, MAT, and wrap-around services to facilitate participation in treatment and recovery. DSAS will also assess the feasibility and possible utilization of mobile MAT clinics to underserved communities. Additionally, this plan will support continuation of a Recovery Community Organizations (RCO) pilot project. DSAS will also expand recovery housing and substance abuse treatment services for justice involved individuals re-entering the community and needing services.



- DSAS also collaborated with DMHS and was awarded the **Tennessee Disaster Response Initiative (TDRI)** grant. This is a two-year, \$2,513,500 grant that addresses substance misuse, anxiety, depression, and other issues that may stem from natural disaster. The TDRI developed and implemented a comprehensive plan of evidence-based SUD treatment or co-occurring disorders, screens and assesses clients age 18 and over for these evidence-based services and provides recovery support services. Additionally, this grant will contract with 28 Substance Abuse Prevention Coalitions in the impacted areas to develop disaster response plans that can include public service announcements, media campaigns, development of materials for youth coalitions, trainings, counseling services for adults and youths, and community education regarding self-care and stress management skills.

## Division of Hospital Services

In FY 2021, DHS continued its efforts toward the Customer Focused Government goal of efficient and effective operation of the RMHIs. There are four RMHIs located across the state of Tennessee:

RMHI	LOCATION	BEDS	FY 2021 ADMISSIONS
Memphis Mental Health Institute (MMHI)	951 Court Avenue Memphis, TN 38013 (901) 577-1800	55	1,124
Middle Tennessee Mental Health Institute (MTMHI)	221 Stewarts Ferry Pike Nashville, TN 37214 (615) 902-7400	207	3,188
Moccasin Bend Mental Health Institute (MBMHI)	100 Moccasin Bend Road Chattanooga, TN 37405 (423) 256-2271	165	2,424
Western Mental Health Institute (WMHI)	11100 Old Highway 64 West Bolivar, TN 38008 (731) 228-2000	150	614



As the pandemic continued into FY 2021, the RMHIs continued to revise and update policies to ensure practices remained in compliance with the latest Centers for Disease Control and Prevention (CDC) and Tennessee Department of Health (TDH) guidance. Employees and patients were screened for COVID-19 related symptoms before entering the building and mask mandates for employees continued. Testing of anyone with symptoms assisted with the identification of COVID-19 positive staff and patients which helped to reduce transmission. Vaccinations were offered to employees and patients as soon as the supplies were made available. Approximately 64% of all staff across the four RMHIs received at least the first dose of the vaccination. Despite staffing shortages and other challenges associated with the pandemic, the RMHIs continued operations with minimal interruptions to the provision of services.

Despite the challenges associated with COVID-19, the RMHIs successfully reduced the 30-day readmission rate from 9.63% at the end of FY 2020 to 8.74% at the end of FY 2021. By collaborating with family, conservators, and members of the treatment team, some of the RMHIs began conducting special case reviews of individuals returning within 30 days of discharge to identify issues that may have contributed to the rapid decompensation of their mental illness. The most common factors associated with a rapid re-admission are placement issues post discharge and non-adherence with prescribed medications. Discharge planning for re-admissions focuses on those areas that were identified during the special case review with the goal of improving overall outcomes for the patients being served.

During FY 2021, the RMHIs began using a Waystar Clearinghouse software to aid in the reduction of claims with errors that result in denial of payment for services rendered. The Waystar Clearinghouse, which is a SaaS (Software as a Service) based platform, has greatly improved the quality of the claims being submitted to third-party payer sources and has been instrumental in increasing overall revenue collection across the RMHIs. Clean claim submission rates have improved from averaging 70-80% to averaging 96-98% per week.

Efforts to increase the number of tele-connect (video conferencing) services continued throughout FY 2021. Tele-connect allows individuals in need of inpatient psychiatric services at an RMHI to be evaluated for admission remotely. There are now more direct connections between the RMHIs, jails, and EDs than ever before. These connections help prevent unnecessary transports for those who do not meet admission criteria and help reduce the amount of time spent waiting for evaluation in an ED. During FY 2021, there were 4,708 admission evaluations conducted via tele-connect technology, which is the highest since tele-

connect services originally began in 2010. By using tele-connections for admission evaluations, it also decreases the potential of COVID-19 transmission by limiting the number of individuals presenting on-site who ultimately may not meet criteria for admission.

Following the full implementation of Electronic Clinical Records (ECR) and Automated Medication Dispensing Cabinets (AMDC) at the RMHIs in FY 2019, optimization efforts of the ECR have been underway. During FY 2021, a Lab Interface, allowing the electronic return of lab results from an outside vendor, was implemented at three RMHIs, with one having gone live the previous fiscal year. The remaining three facilities are slated to go live during the next fiscal year. To ensure compliance with CMS requirements related to providing electronic notification to outside providers of any admission, discharge and/or transfer (ADT), TDMHSAS partnered with the Tennessee Hospital Association (THA) to ensure that ADT data submitted to ConnectTN is then passed along to any providers involved in the patient's care (with the patient's consent). As efforts to convert the remaining paper documents to electronic continue, there were approximately 90 medical problem treatment plans standardized across all four RMHIs in preparation of implementing electronic treatment plans into the ECR.

DHS continues to partner with Tennessee's Managed Care Organizations (MCOs) to ensure timely discharge of individuals to an appropriate lower level of care for those who no longer require an inpatient level of care. Despite increased challenges related to community placement due to COVID-19, there were 252 subacute discharges across all four facilities during FY 2021. In addition, DHS, in collaboration with Tennessee's MCOs and the Department of Intellectual and Developmental Disabilities (DIDD), have created a sub-group that meets three times a week to assist with discharge planning for individuals admitted to the RMHIs with a co-occurring intellectual and/or developmental disability. Since this patient population is often more resource intensive, securing appropriate community placement can often be challenging.

Additionally, TDMHSAS continues to partner with three private psychiatric inpatient hospitals in East Tennessee to provide services to the uninsured population in Regions 1 & 2. Those hospitals (Parkwest, Ballad Health, and Ridgeview Psychiatric Hospital and Outpatient Center, Inc.) provided 3,364 units of service for uninsured individuals during FY 2021.

The biggest opportunity the RMHIs currently face (other than managing COVID-19) relates to maintaining sufficient staffing, particularly physicians, nurses and psychiatric technicians who are essential to the operations of the RMHIs. Many efforts are made to attract and recruit employees for these positions, including, but not limited to job fairs, online advertising,

accepting walk-in applicants, and establishing partnerships with nursing and medical schools. Use of a web-based database called PracticeMatch has assisted with identifying potential psychiatrist candidates but the job market is incredibly competitive. TDMHSAS' Office of Human Resources work closely with the RMHIs to support both recruitment and retention efforts. However, maintaining a high morale of existing employees has been particularly challenging during the pandemic as staff work with COVID-19 positive patients and are required to work more overtime due to staff illness and higher staff vacancies. In response, some of the RMHIs have established Morale and Retention committees to help keep leadership informed of staff needs with at least one facility conducting stay interviews to gain insight into what is working and what additional efforts might help boost morale from the employees' perspective. Despite these opportunities, the RMHIs continue to provide quality psychiatric inpatient services to those with no other resources.

In June 2021, both MTMHI and MBMHI had full unannounced surveys conducted by The Joint Commission (TJC). These facilities were originally due for the survey in 2020 but the pandemic interfered with TJC's ability to conduct onsite surveys. At the conclusion of the surveys, both facilities successfully maintained accreditation.

In the coming year, DHS will continue to focus on identifying improvements to the admission processes at the RMHIs with a goal of reducing the time from receipt of a referral to the time an admission evaluation is conducted. TDMHSAS continues to partner with THA and EDs across the state to address the amount of time an individual experiencing a mental health crisis spends in the ED while awaiting psychiatric inpatient placement to an RMHI.

## Office of Juvenile Justice Programs

During FY 2021, TDMHSAS, in partnership with DCS, TCCY, the Administrative Office of the Courts (AOC), and juvenile judges and court staff, continued implementation of the Juvenile Justice Reform Local Diversion Grants using recurring state funding to impact the area of juvenile justice.

The goals of the Juvenile Justice Reform Local Diversion Grant are:

- To divert youth in juvenile courts from further penetration into the juvenile justice system fusing community-based services, rather than commitment to state custody,

where treatment through community-based services better addresses the youth's needs.

- To establish, expand, and strengthen partnerships between juvenile courts, community behavioral health providers, child welfare, juvenile justice, education, youth and families, and other key stakeholders to maximize coordination in the diversion of youth from state custody.
- To ensure resiliency, well-being, and overall connectedness to the community for juvenile justice involved youth.
- To measure outcomes in the minimization of commitment of youth to state custody and recidivism in the form of re-arrest.

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

Despite COVID-19-related barriers in FY 2021, providers continued to serve juvenile justice involved youth. In fact, providers met and exceeded the annual goal, serving 839 youth across the 91 counties included in the grant. During the fiscal year, as courts and schools resumed operations, program referrals increased, and providers were able to adapt their service provision to meet the needs of families and the courts. The pandemic not only provided opportunities for providers to craft and implement creative solutions to less-than-ideal situations, but it also highlighted areas in need of improvement.

# Office of Strategic initiatives

## ***Tennessee Recovery Navigators***

The Tennessee Recovery Navigator Program (TRN) was implemented in June 2018 thanks to Governor Haslam and the Legislature's financial support through the TN Together Initiative. Since implementation the program has grown and has continued to serve more individuals each fiscal year. In FY 2021, despite the challenges presented by the COVID-19 pandemic, the TN Recovery Navigators were able to serve 2,697 individuals in emergency departments (EDs) across the state, which was an increase of 62 individuals from the previous fiscal year. This increase can be attributed to the expanded use of telehealth services. Of the 2,697 individuals served, 76% were connected to some sort of treatment or community resource. Also, in FY 2021, the program began serving four (4) additional hospitals bringing the total number of hospitals being served to 42. As the program continues into FY 2022 our goal is to continue to serve more individuals and find more pathways to treatment and recovery resources.



*Click the image or visit [TN.gov/recoverynavigators](https://tn.gov/recoverynavigators) to learn more.*

## **Tennessee Recovery Navigator Expansion**

In alignment with the Department's mission, a partnership with Ascension Saint Thomas Rutherford's (ASTR) Emergency Department (ED) has continued to create pathways to recovery for individuals with opioid use disorder (OUD). Building on the foundation laid in FY 2020, during FY 2021 TRN focused on improving referral volumes associated with the TRNs assigned to the ASTR Pilot Project. An 86% improvement in referrals to TRN was achieved from FY 2021 Quarter 2 to Quarter 4 as a result of Buffalo Valley, Inc. (BVI) and ASTR collaborating to implement staffing and education improvements.

During FY 2021 ideas for supporting EDs statewide in the implementation of similar programs was explored. A quarterly call was established with the goal of informing interested parties on the progress and lessons learned occurring at ASTR. Guest speakers from the Tennessee Lifeline Program, Regional Overdose Prevention Specialists (ROPs), and Erlanger Health

Systems shared information and a forum for discussing concerns for similar work was developed.

In addition to promoting connection to care opportunities, the pilot project aimed to address opioid related withdrawal at the ED point of care using buprenorphine. Twenty resident physicians at ASTR participated in an incentivized learning activity which resulted in completion of the eight hours of education required to obtain the traditional X-Waiver needed to prescribe buprenorphine. In 2021, the U.S. Department of Health & Human Services (DHHS) released new guidelines allowing physicians to prescribe buprenorphine to less than 30 patients at one time given a notice of intent (NOI) was completed. At present, five attending physicians at ASTR have completed the NOI improving ED capacity to provide bridge prescriptions of buprenorphine for patients awaiting an appointment in the outpatient setting for continued OUD care.

### ***Project Rural Recovery***

In FY 2020, TDMHSAS received funding from SAMHSA's Promoting Integration of Primary and Behavioral Health Care grant to implement PRR using two mobile health clinics. The goal of the mobile health clinics is to provide integrated primary and behavioral healthcare to adults and children in their respective communities; improving access to coordinated, comprehensive care. The project will also create and implement statewide policy changes that build a reimbursement structure to further support mobile access strategies.



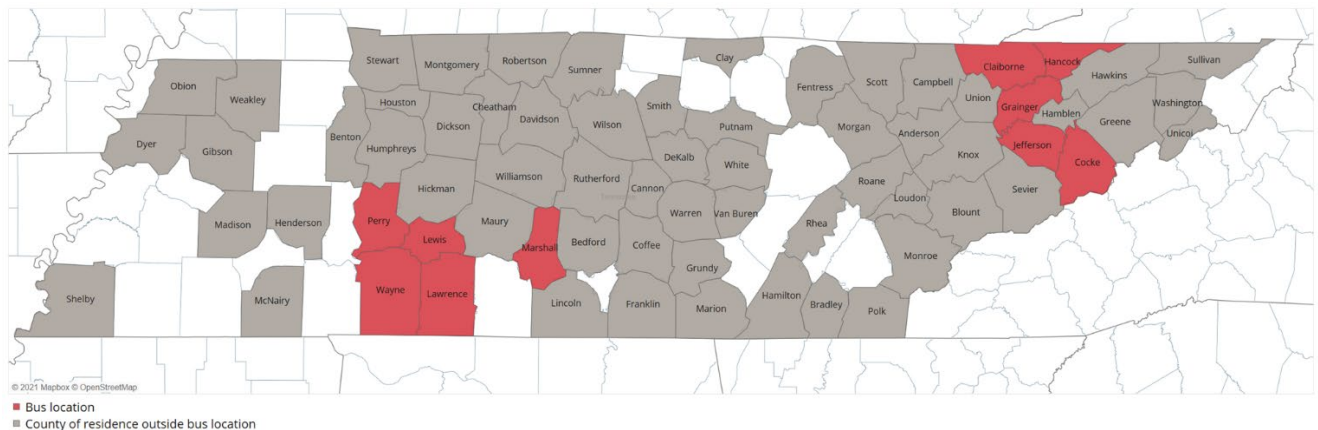
*Click the image above or visit [TN.gov/behavioral-health/ruralrecovery](https://www.tn.gov/behavioral-health/ruralrecovery) to watch video and see pictures of the mobile clinics.*



Buffalo Valley, Inc. and McNabb Center have been contracted to implement the mobile health clinics in ten counties, four of which are rurally distressed. These counties include Perry, Wayne, Lewis, Lawrence, Marshall, Cocke, Hancock, Claiborne, Jefferson, and Grainger.

Despite Covid-19, the agencies were able to purchase and design both mobile health units, hire and train a staff of ten individuals, design and implement an integrated care model, and provide 1,018 visits to 635 clients in FY 2021.

The map below identifies the locations the mobile health units serve, highlighted in red. The counties shown in gray are the county of residence for the clients treated by the clinics. It is important to note that many clients may be receiving substance abuse services in one of the counties where the unit is located and access services while in treatment.



## Office of Faith-Based Initiatives

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

of the Faith-Based Initiative and how it connects the community with recovery and support services.

The Lifeline Peer Project was established to reduce stigma related to the disease of addiction and increase access to substance abuse recovery like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. Lifeline representatives help start AA, NA, Celebrate Recovery, and other self-help support groups throughout the state. They also help connect individuals with treatment and speak publicly about their own personal experience with recovery. More recently, the Lifeline Peer Project has incorporated mental health into their training curriculum. There are currently 17 Lifeline coordinators located throughout Tennessee.

In FY 2021, the Collegiate Recovery Initiative was established to inform campuses across the state on how they may take a proactive role in curbing the addiction epidemic; equip campuses across the state with the necessary means to take a proactive role in the addiction epidemic across the state; encourage campuses and student bodies to leverage available resources; to assist campuses in the process of assessing for a collegiate recovery college (CRC) or collegiate recovery programs (CRP) and getting their programs off the ground; and, to reduce stigma through peer sharing and roundtable discussion (Project Lifeline).

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

FY 2021 accomplishments for the Office of Faith-Based Initiatives include:

- 93 Certified Recovery Congregations established: YTD 780 congregations throughout the state.
- Referred 4,773 individuals into treatment and/or recovery support services.
- Provided 1,038 trainings dealing with stigma, access to recovery support, access to treatment, and understanding mental health. This includes trainings offered via in-person meetings, conference calls, Facebook Live, Zoom, and WebEx.
- More than 98,702 individuals trained as part of the Lifeline Peer Project, Hybrid Lifeline, and Faith-Based Community Coordinators Project.

# Office of Forensics and Juvenile Court Services

The OFJCS administers the system for court-ordered evaluations to determine competency to stand trial and mental capacity at the time of the offense, juvenile court-ordered evaluations, treatment for adults to establish competency, commitment for individuals found not guilty by reason of insanity (NGRI), psychiatric evaluations for the Board of Paroles, and Mandatory Outpatient Treatment (MOT). In FY 2021, there were 1,844 initial outpatient evaluations which diverted 76% of individuals from the need for an inpatient evaluation. There were 483 inpatient evaluations and 82 new commitments for inpatient treatment of incompetent defendants. There were 13 evaluations of defendants found NGRI and nine new NGRI admissions to the RMHIs, a number far lower than previous years due in part to courts reducing the number of trials and in-person hearings during the ongoing pandemic. Additionally, there were 263 evaluations conducted by order of juvenile courts and 119 psychiatric evaluations of parole-eligible inmates conducted for the Board of Parole.

The MOT coordinator maintained a database of existing client status throughout the year, tracking 350 active MOT cases receiving services from 39 separate community agencies. The coordinator notified each provider of any MOT cases due for review each month and tracked all cases involving notification of non-compliance to the court. As in previous years, the MOT manual was distributed to providers during trainings conducted in the field and posted on the TDMHSAS website.

Over 14,000 juvenile court screenings have been conducted in the Tennessee Integrated Court Screening and Referral Project since the beginning of the Project in October 2010 resulting in over 6,000 referrals for mental health, substance use, and/or family services. Further, training for juvenile court staff was expanded in FY 2021 regarding the requirement for risk and needs screening in the Juvenile Justice Reform Act of 2018 (Public Chapter 1052). As a result, over 700 juvenile court Youth Service Officers have been trained to complete risk and need screening with youth in juvenile courts.

# Division of Administrative and Regulatory Services

The DARS encompasses the Offices of Licensure, Subrecipient Monitoring, and General Services. DARS oversees a wide array of TDMHSAS' critical regulatory and business operations. These operations include oversight responsibility for subrecipient fiscal monitoring of all agencies with whom the Department contracts, including investigating complaints of fraud, waste, and abuse within contracted agencies. DARS administers the licensing of Tennessee agencies providing mental health, substance abuse, and personal support services while also investigating complaints of abuse, neglect, and mistreatment of clients of licensed agencies. DARS administers major maintenance and capital projects at TDMHSAS-operated and leased facilities and, in cooperation with the Division of Hospital Services (DHS), coordinates physical plant administration of the Department's RMHIs. Finally, DARS oversees the Department's Central Office purchasing, motor vehicle maintenance and coordinates maintenance of the Department's Central Office with the Tennessee Department of General Services (TDGS).

In FY 2021, the DARS Office of Subrecipient Monitoring implemented its annual monitoring plan, monitoring an increased number of Department grants while investigating complaints of fraud, waste, and abuse. The Office of Subrecipient Monitoring reviewed 214 contracts at 97 agencies. The Office of Subrecipient Monitoring also developed its annual monitoring plan for FY 2022, submitting it timely to TDGS' Contract and Procurement Office (CPO). It continues to work with Department divisions, offices, and RMHIs to develop the Department's annual Risk Management Plan. This Office maintains a close working relationship with Department IT staff to increase efficiencies in the Department's contract monitoring database. The DARS Office of Subrecipient Monitoring continues to provide one-on-one technical assistance with the Department's contracted agencies, particularly those that are new to government contracting requirements; its one-on-one technical assistance sessions have increased from 86 in FY 2020 to 91 in FY 2021. The Office of Subrecipient Monitoring also participates as a presenter in training opportunities sponsored by the Division of Substance Abuse Services (DSAS). The Office of Subrecipient Monitoring continues its role as the Department's liaison with the Comptroller of the Treasury's Office, submitting its monitoring reports for Comptroller review, and if necessary, investigating allegations of fraud, waste, and abuse. Additionally, the Office of Subrecipient Monitoring and Audit conducted internal audits on all Department P(purchase)-cards.

The Office of Licensure currently licenses 1,827 sites across Tennessee. This represents an increase of roughly 80 licensed sites since the end of FY 2020. The COVID-19 pandemic impacted the Office of Licensure's business operations, requiring that it conduct a mixture of in-person and desk-based inspections and investigations. The desk-based inspections and investigations were completed by means of video-based life safety and environmental walk-throughs (collectively called "virtual visits"). Virtual visits were completed as an effort to ensure licensee administrative rule compliance, but more importantly, to help minimize health and safety risks to Department staff, licensee staff, and service recipients of the licensed provider. The Office of Licensure performed 1,735 virtual or in-person visits and conducted 2,490 investigations in FY 2021.

## Division of General Counsel (DGC)

The DGC supports the Department's operational and administrative activities by providing Department-wide legal services, investigating internal complaints, processing contracts, and serving as privacy, ethics, and compliance counsel. In the past fiscal year, the Office of Legal Services engaged in over 6,466 court actions (primarily probable cause and judicial commitment hearings), 44 abuse registry cases and disciplinary appeals actions, and other miscellaneous legal actions and projects. Additionally, the Office of Investigations conducted over 100 investigations and the Office of Contracts processed 1,339 contracts and amendments worth over \$270 million.

## Division of Clinical Leadership

The DCL is responsible for providing clinical oversight and policy development for the RMHIs and clinical consultation to various divisions and offices within the Department. The DCL oversees Tennessee's Opioid Treatment Programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; ensures Title VI compliance for the Department; and provides training in collaboration with the DSAS. The DCL also pilots substance abuse initiatives designed to benefit either individuals and/or families, and partners with community and other state agencies to provide training and educational opportunities on a variety of mental health and substance abuse topics.

In FY 2021, Targeted Efficacy and Capacity Building in Opioid Treatment-TN (TECBOT-TN), a 3 year, SAMHSA-funded program designed to help close the gap in access and delivery of evidence-based MAT services for adults living with OUD remained active through March 31, 2021 due to approval of a no-cost extension. TECBOT-TN incorporates a multifaceted MAT approach to treating opioid addiction by offering a person-centered, accessible, effective, comprehensive, coordinated/integrated, culturally competent, evidence-based MAT service model that blends education (including opioid overdose prevention), psychosocial, medical (including tobacco cessation and screening for infectious diseases), family planning/prenatal care, and recovery supports for adults with moderate to severe OUD. Original treatment providers included three substance use treatment facilities and an opioid treatment center (methadone clinic). TECBOT-TN provides MAT services to underserved adults (i.e., underinsured or without insurance) with OUD in the Tennessee counties of Davidson, Hardin, Lewis, Shelby, Sullivan, and Washington. Services and providers were expanded to include Henry, Maury, Wilson, Knox, Montgomery, Hamilton, Dyer, and Madison counties by Year 3 (FY 2021 only covered three months of the fiscal year as the program follows the Federal Fiscal Year which runs from October 1 through September 30). The no-cost extension period focused on maintenance MAT services for currently enrolled patients and the collection of follow-up data. The closeout report for the project, submitted 6/24/2021, indicated that, over the three years of the grant, the project provided MAT services to 1,467 adult patients at treatment locations in 14 rural and urban counties across the state – five each in West and Middle Tennessee and four in East Tennessee. Program participants were primarily white (83%), between the ages of 25 and 44 years (71%), and male (59%). Three percent of participants were active military or veterans, two percent identified as Hispanic/Latino, and 29% were women of childbearing age (18-44 years). Many positive outcomes were reported including a 76% reduction in the percentage of patients who abstained from drugs and alcohol for 30 days at six-month follow-up compared to intake, and an 88% decrease in the percentage of participants who received inpatient services for alcohol or substance abuse in the past 30 days from intake to six-month follow-up.

In FY 2019, TDMHSAS was awarded another grant aimed at providing evidence-based MAT to underserved persons living with OUD. Targeted Efficacy and Capacity Building in Opioid Treatment-TN.Expansion (TECBOT-TN.X) was proposed to close the gap in access and delivery of such treatment for patients who required a MAT referral rather than an inpatient bed. Grant goals included: 1) increasing the number receiving MAT/integrated care services; 2) decreasing tobacco use, illicit/non-prescribed drug use, inpatient days, and healthcare utilization costs; and 3) increasing the number of DATA-2000 waived healthcare practitioners. Using a care-



coordination model, TECBOT-TN.X was designed to facilitate appropriate, high-quality treatment in opioid addiction for underserved adults receiving services in a state-funded private psychiatric hospital in Blount County over a three-year period. For FY 2021, TECBOT-TN.X served 54 acute patients with OUD transitioning to one of two preselected outpatient MAT providers in Knox County. Of these 54 patients, 94% are white, approximately 76% are male, and 85% are between the ages of 25 and 44. Every reasonable effort is undertaken to ensure a coordinated transition to a MAT provider within 24-48 hours of discharge from the state-funded psychiatric hospital. Once connected to the MAT provider, patients are encouraged to participate in a full range of wraparound and recovery support services including counseling, behavioral therapy, and integrated care, along with MAT. Preliminary outcomes data are encouraging as they show declines in substance use along with improved mental health outcomes at six-month follow-up. It should further be noted that participants are reporting less suicidal ideation or wishes to end their life since participating in the program. TECBOT-TN.X has also been successful in increasing the number of DATA-2000 waived healthcare practitioners in the state with 13 new practitioners achieving data-waiver status (four medical doctors and nine nurse practitioners). The Department applied for a no-cost extension in June 2021 and received approval in July 2021. With this being the last year of the grant cycle, DCL will be submitting an annual progress report by 12/28/2021 and a final (closeout) report no later than 6/30/2022.

The Therapeutic Intervention, Education and Skills (TIES) grant project also operates through DCL. Funded by the Tennessee Department of Human Services (TDHS), TIES addresses the complex needs of families with children at risk of out-of-home placement due to parental substance use. TIES utilizes high-fidelity intensive in-home family treatment in combination with Seeking Safety to help families thrive and remain together. Therapists are in the home 8-10 hours per week and complete safety checks with the children every 48-72 hours (depending on the age of the child). TIES in-home staff provide personalized treatment plans to address the individual needs of each family as well as needs identified in assessments and by the Tennessee Department of Children's Services (TDCS). Depending on the needs of the family, services last from 4-6 weeks. To be eligible for the TIES program, a family must have a parent or caregiver with substance use issues and a child or children in the home at imminent risk for out-of-home placement due to the parental substance use. TDCS is the primary referral source, though referrals from the courts can also be accepted. Program services are voluntary. In FY 2021, TIES was approved for expansion and now offers services in nine rural counties in Middle Tennessee including Coffee, Bedford, Franklin, Hickman, Maury, Lawrence, Lewis, Lincoln, and Marshall. Two additional master's level in-home therapists were also hired to ensure delivery

of services in the expanded service area. In FY 2021, TIES served 52 families. In total, the project provided services to 103 adults and 104 children. COVID-19 has made family engagement more challenging (insufficient phone minutes, lack of Internet access, or poor band width to complete sessions). However, iPads were purchased toward the end of the fiscal year so that families experiencing technological challenges would be able to fully participate in the program. Therapists continue to conduct “drive-by” visits to confirm the safety of the children in the home. From July – December 2020, 95% of TIES children were safely and successfully maintained in their homes at case closure. This is a two percent increase from January – June 2020. As lead agency for this grant project, TDMHSAS is currently collaborating with TDHS and TDCS to transition the project to an evidence-based model that has been approved under the Federal Family First Prevention Act.

The TDMHSAS Institutional Review Board (IRB) continues to operate regularly and in compliance with its Federal Wide Assurance (FWA) under the leadership of the chairperson, co-chairperson, and administrator from DCL. All TDMHSAS IRB membership positions are appropriately filled and recorded with the Federal Office of Human Research Protections (OHRP). By the end of FY 2021, the IRB was providing institutional oversight for 24 active studies. The IRB’s Federal registration number is IRB00004627 and is valid until August 20, 2024. The IRB provides free Human Research Participant’s Protections Training for principal investigators and researchers conducting research by or for the department. The training course can be found at [https://www.proprofs.com/training/course/?title=tdmhsas-human-research-participants-protections-training\\_5c7caec1cb5e2](https://www.proprofs.com/training/course/?title=tdmhsas-human-research-participants-protections-training_5c7caec1cb5e2).

In collaboration with DHS and TDH, DCL continues to provide updated data that allows the RMHIs to maintain their designation as Health Professional Shortage Area (HPSA) facilities. This allows nursing staff at these facilities to apply for loan repayment through the Health Resources & Services Administration’s (HRSA) Nurse Corps Loan Repayment Program (NCLRP). Collecting data on shortage areas can also help our contracted providers recruit staff such as physicians, psychologists, social workers, etc. New data collection for those designations should be completed by March 2022.

TDMHSAS’s Chief Pharmacist serves as the state opiate authority providing consultation and oversight of buprenorphine clinics and methadone programs throughout the state. The Chief Pharmacist serves on committee’s charged with annual review and revision of the TDH’s chronic pain guidelines, buprenorphine prescribing guidelines, and the scheduling of controlled substances in Tennessee. The Chief Pharmacist also continues to serve as chair of the Cover Rx

Clinical Advisory Committee. This committee makes formulary decisions for the CoverRx pharmacy discount program which is used by most individuals enrolled in the BHSN of TN program. Additionally, the Chief Pharmacist serves as a preceptor for 3rd and 4th year pharmacy students from the University of Tennessee and Belmont Colleges of Pharmacy. The Chief Pharmacist, in collaboration with the University of Tennessee, participated in a virtual recruiting initiative aimed at attracting candidates for the managed care residency position for calendar year 2022. The Chief Pharmacist also serves as the business sponsor for the ECR project.

DCL continues to expand the faith community initiatives by providing training, conferences, resource materials, and exhibits on suicide prevention, mental health, and bullying. Initiatives in Tennessee are currently being implemented in Nashville, Memphis, Murfreesboro, Manchester, and Gallatin.

In FY 2021, the Nashville Suicide Prevention in the African American Faith Communities Coalition (NSPAAFC) focused on distributing mental health and suicide prevention resource materials to additional faith communities and local organizations in the Nashville area, and developed and distributed a youth suicide survey to 85 faith communities to determine if mental health resources are available in their community. Additionally, in collaboration with the Faith-Based Initiative Committee, which includes state and local departments as well as local organizations, the NSPAAFC planned and facilitated trainings on the Recovery Congregations with African American faith leaders being the target audience. There were 25 faith leaders in attendance with 11 faith leaders agreeing to become a Recovery Congregation and 10 expressing interest in having some of the mental health and substance abuse training at their faith community. In the Spring of 2021, the NSPPAFCC, in collaboration with the Department's Faith-Based Initiatives, partnered with the Tennessee Alzheimer's Association's Conference presenting on the Mental Health Impact of COVID-19 on the Churches via Zoom. Additionally, the Rutherford County Suicide Prevention Coalition members continued to participate in several mental health and substance abuse events via Zoom, including a Suicide Prevention Symposium, exhibits, videos, distribution of suicide prevention resource materials to faith communities and local organizations, and drive-throughs.

In addition to developing and submitting the Department's annual Title VI Compliance Report and Implementation plan for 2021, DCL, in collaboration with DSAS staff, coordinated and trained 354 contract agencies' Title VI coordinators and a number of their other staff during the Title VI training via WebEx in June of 2021.

The Chief Medical Officer (CMO) continues to assume increased responsibility for oversight of psychiatric health care delivery at the three private psychiatric contract hospitals. In order to better monitor and manage patient length of stay (LOS) at those facilities, opportunities for improvement in treatment are offered at the time of request for increased LOS and rationale for increased stay has been critically reviewed on a near-daily basis. A process for consultation between the three contract hospitals and their referral RMHI has been developed which has encouraged communication among doctors and enhanced patient care.

The CMO has also assumed the role of conducting mortality reviews of any patient who passes away while hospitalized at any of the four RMHIs. The purpose of these reviews is to provide an understanding of any quality-of-care concerns associated with the patient's death. These reviews also provide an opportunity to identify any issues that could be a source of future mortality and morbidity. Additionally, the CMO has reinstated the Clinical Review Oversight Committee (CROC). The CROC organizes and brings together resources from any of the four RMHIs to discuss and review the care being delivered to treatment-resistant patients. The CMO continues to chair multiple committees within TDMHSAS with a focus on best practices and quality of care. The CMO has developed a series of presentations focusing on substance use issues for the purpose of training DCS case managers who work with substance abusing families.

The CMO and other staff within DCL continue to partner with the Bureau of TennCare, TDOC, and multiple universities within the Nashville area on training and workforce development.

## Division of Research, Planning, Policy, and Legislation

The DRPPL is comprised of three offices: the Office of Research, the Office of Planning, and the Office of Legislation and Rules. A key function of the Office of Research is to make information about substance use and mental health available to stakeholders and policy makers. During FY 2021, the Office of Research updated a variety of interactive dashboards that were first developed in FY 2018. These dashboards contain county-level information about substance abuse services, mental health services, psychiatric hospital services, recovery courts, recovery congregations, and licensed service sites. The dashboards can be readily viewed at: [TN.gov/behavioral-health/research/fast-facts](https://www.tn.gov/behavioral-health/research/fast-facts). Regional Planning and Policy Councils use this

information to inform the Department's Needs Assessment. Substance abuse prevention coalitions and members of the public can now readily access this information to understand trends in their county and identify available services.

The Research Team is responsible for compiling and reporting information about individuals receiving publicly funded mental health services as a condition of the Mental Health Block Grant (MHBG). Information about population demographics, customer satisfaction, and progress achieving national outcome measures is reported annually to SAMHSA. The Research Team also prepares data briefs on a variety of subjects including the impact of services on customer satisfaction, employment, living situation, and other service outcomes. The Research Team works with TDMHSAS divisions to analyze data needed to inform policy decisions as well as support program evaluations for state funded programs and discretionary grants, including SAMHSA-funded grants. Resources available to the public can be found on the Department website at <https://www.tn.gov/behavioral-health/research/data--research--and-planning/data-resources-.html>.

The Office of Planning produces the Department's Three-Year Plan, administers the Statewide and Regional Planning and Policy Council system, coordinates appointments to the Planning Councils, and develops and submits the Mental Health Block Grant (MHBG) application, the MHBG Annual Report, and the Department's Joint Annual Report. In FY 2021, the Office of Planning continued to empower the Councils to fulfill their roles as required by law, become more active and effective by increasing membership, specifically among consumers and family members, increase mental health and substance abuse awareness activities within the community, and encouraging more purpose-driven meetings. Regional Councils were also encouraged to become more involved in the Legislative Proposal process and submitted a total of nine proposals for review. In addition, Planning staff engaged in special projects including providing technical assistance to Statewide and Regional Councils, providing trainings to new Statewide Council members, consulting with other Divisions and Offices, and developing relationships with other state and federal agencies. In collaboration with the Office of Research, the Office of Planning continued the ongoing process of increasing the use of data to inform decision making and ensure a data-driven Needs Assessment process through the updated Fast Facts Portal, which is available for the Councils to use in the Needs Assessment process.

The Office of Legislation and Rules tracked 476 bills during the 2021 legislative session. The Office of Legislation and Rules also produced the annual legislative summary for the 2021 Legislative Session. The Office gave counsel to the Department regarding proposed, potential,

and pending rulemaking activity. The Office worked in conjunction with the DCL and other state agencies to coordinate the promulgation of rules related to scheduling of controlled substances as required by state law. These rules became effective on December 30, 2020.

## Office of Communication

The TDMHSAS Office of Communication continued to deliver excellent customer service and exemplary results during FY 2021.

The Department's social media presence continued to grow with both earned and paid opportunities on Facebook and Instagram. During the fiscal year, the Department's posts and ads were seen more than 7.3 million times on Facebook and 1.7 million times on Instagram. While the OC continued to produce high-quality content, much of this exposure came from paid ads during two media campaigns.

In the spring months of FY 2021, the Department used funding to purchase another flight of ads in the Crisis Services media campaign. This campaign which was previously nominated for a Midsouth Regional Emmy Award is designed to raise awareness of the Statewide Crisis Line, share reasons why someone might call, and set expectations for what a call taker can do. In addition to social media ads with nearly 4 million impressions, the Office of Communication placed buys on broadcast television in Nashville, Memphis, and Knoxville achieving an additional 3.7 million impressions.

Also, in the spring of 2021, the Department used funding to promote the new Children's Behavioral Health Safety Net (BHSN). This campaign aimed to increase awareness of the service, educate potential clients about eligibility criteria, and connect individuals with a provider in their area. The campaign ran statewide on social media and video streaming services and on broadcast television in the state's five major markets. In all, the campaign earned 2,676,574 digital impressions and approximately six million television impressions. Both campaigns will be restarted in early FY 2022.

With pandemic restrictions and precautions in place for much of the fiscal year, the Office's communications efforts centered around supporting several virtual conferences, redesigning, and publishing new webpages on TN.gov, and producing animated videos explaining key programs offered by the Department and providers. The Department's Update newsletter



published by the OC continued to be a vital communications vehicle with editions published in all 12 months of the fiscal year.

About halfway through the fiscal year, in-person video production opportunities resumed with the OC covering ribbon cuttings for CHI developments, recovery court graduations, and personal success stories. Additionally, the Office of Communication published 18 news releases and Op-eds for consideration, coordinated media interviews, and assisted in publicizing prevention efforts through the #ResilienTN campaign.

## Regional Planning and Policy Councils

In the face of the challenges faced by the ongoing COVID-19 pandemic, Regional Councils continued to work towards increasing membership and attendance at meetings as well as involvement and participation on the Adult, Children's, and Legislative subcommittees. These subcommittees are not only vital in the annual needs assessment process, but also in the development of legislative proposals. In FY 2021, nine proposals from two Regional Planning and Policy Councils were submitted for review and consideration.

Pursuant to Governor Lee's executive orders regarding electronic meetings as well as the Open Meetings Act, all FY 2021 Regional Planning and Policy Council meetings were held electronically due to COVID-19 restrictions and safety precautions. Despite this change in format, Regional Planning and Policy Councils continued to work productively through education, support, and advocacy to meet the Department's vision to be a state of resiliency, recovery, and independence in which Tennesseans living with mental illness and substance use disorders thrive. Below are a few highlighted activities from various Regional Councils:

As with the other Regional Planning and Policy Councils, Region I held quarterly meetings virtually. During this time, resources and contact information for COVID-19 assistance was made available to all members, and through the use of federal and state COVID-19 assistance, providers within the region were able to help members gain access to cell phones and other forms of technology for them to be able to receive services via telehealth. Region I was also able to support one another in helping connect members to needed services by sharing areas of employment opportunities, communicating with Managed Care Organization (MCO) representatives, and providing information surrounding new funding opportunities at local, state, and federal levels.

Further, in an effort to increase membership, particularly among the young adult population, the Region I Planning and Policy Council members reached out to local universities to explain the importance of the Regional Planning and Policy Councils, inform interested participants in how to become a member, and gain insight into the school perspective for future meeting topics. Region I continues to stay in contact with local community, county, and city leadership about the importance of behavioral health services within the region and how they can become involved to make an impact.

As mentioned previously, in May 2021, two Regional Planning and Policy Councils (Region II and Region IV) submitted a total of nine legislative proposals for recommendation to the TDMHSAS Legislative Committee. Of those nine proposals, one was selected from Region IV to move forward for Governor Bill Lee's consideration.

Additionally, three members of the Statewide Planning and Policy Council were selected to participate in the workforce development workgroup in late FY 2021. These individuals will represent and bring forth the concerns around workforce development brought up by the Statewide and Regional Council System.

While Regional Planning and Policy Councils participated in advising the Department on the Three-Year Plan through the annual needs assessment and legislative proposal process, they also continued their work in advocating for children and adults with mental health and substance abuse needs.

# Opportunities

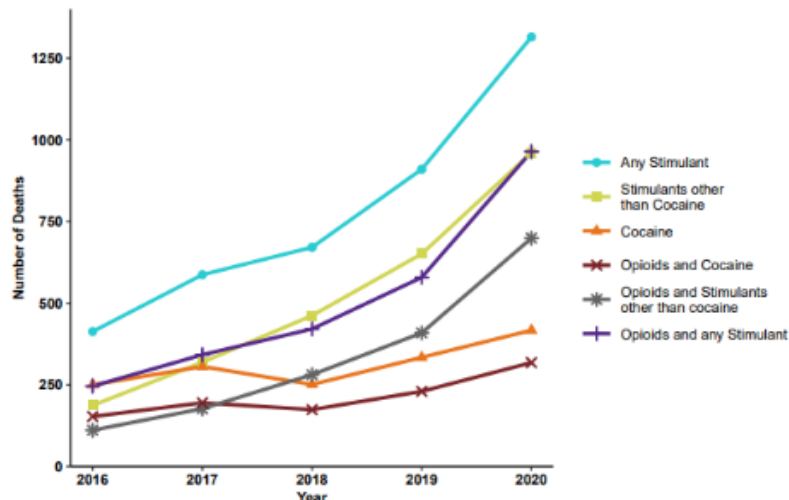
## Opioid Epidemic

Tennessee continues to see a shift in the opioid epidemic from prescription drug abuse to substances laced with synthetic opioids, most notably fentanyl. This shift in opioids coupled with the COVID-19 pandemic is resulting in an increase in non-fatal and fatal overdoses. However, TDMHSAS is addressing this issue by leveraging an increase in state and federal funding to implement strategic and innovative countermeasures including: increasing the distribution of pill lockboxes, deactivation pouches (a method used to deactivate unwanted prescription pills and allow them to be safely discarded), and naloxone; Sequential Intercept Mapping (SIM) in various communities to aid in bridging the gap between the criminal justice and mental health/substance abuse systems; increasing utilization of MAT; and engaging EDs so as to assist them in their ever important role in combating OUD. There are additional opportunities to establish Non-Fatal Overdose Review Teams, enhance MAT options by adding injectable buprenorphine and expand access to MAT, clinical treatment, and recovery services.

## Stimulant Use Disorder

The percentage of individuals with methamphetamine as a primary substance of use that received TDMHSAS-funded services has increased 18% from January 1, 2019 through September 30, 2021. This percentage has ranged from 9% to 11% over the same period for the U.S. (TEDS Discharge Report). In addition to the increase in methamphetamine use, stimulant-related overdose deaths are also increasing up 218% in 2020 when compared to 2016. Through the SOR II grant, TDMHSAS will develop strategies to increase awareness of the

Number of Stimulant Overdose Deaths in TN, 2016-2020



Analysis by the Office of Informatics and Analytics, TDH (last updated August 26, 2021). Limited to TN residents.  
Data Source: TN Death Statistical File.

Number of Stimulant Overdose Deaths in TN					
Type	2016	2017	2018	2019	2020
Any Stimulant	413	587	671	910	1,315
Stimulants other than Cocaine	187	319	462	651	961
Cocaine	250	306	251	334	417
Opioids and Cocaine	153	195	174	230	318
Opioids and Stimulants other than cocaine	111	177	281	409	699
Opioids and any Stimulant	246	342	421	579	964

dangers of stimulants; train health professionals to assess and treat individuals with stimulant use disorder; and expand access to clinical treatment and recovery services.

### ***Addressing Marijuana***

Research shows a linkage between marijuana use and depression, anxiety, suicide planning, and psychotic episodes. This information coupled with a decrease in perception of risk among Tennesseans of almost 18% from 2015 to 2019 among youth ages 12-17 and 30% among young adults ages 18-25 during that same period, indicates that increasingly, young people today do not consider marijuana use as risky behavior. In an effort to increase protective factors, decrease risk factors, and prevent misuse of marijuana by Tennesseans, DSAS added marijuana prevention as one of the five goals for each of the 46 TDMHSAS-funded coalitions. The goal is to reduce the past 30-day use of marijuana among persons 12-17 years of age through primary prevention strategies. The target group of 12-17 years of age was selected after a review of data indicating that when youth start using marijuana before age 18, the rate of developing a SUD rises to 1 in 6.

### ***Workforce Development***

Tennessee continues to experience a shortage of trained professionals who can provide mental health treatment to its citizens, particularly psychiatrists and registered nurses. TDMHSAS continuously works to resolve this issue. The DHS and TDMHSAS Office of Human Resources work closely with the RMHIs to support both recruitment and retention efforts. Additionally, towards the end of FY 2021, Commissioner Williams, in partnership with TennCare, convened a workgroup to help address and gain insight into the issues surrounding the recruitment and retention of Tennessee's public behavioral health workforce.

### ***Reducing Stigma***

Reducing the stigma associated with mental illness or substance abuse disorders is a constant goal of TDMHSAS and, when accomplished, results in individuals feeling more empowered to seek treatment that can improve their lives. TDMHSAS will continue investing in education and awareness efforts to reduce stigma of mental illness and substance abuse disorders.

### ***Suicide Prevention***

According to the Office of Vital Statistics, 1,220 Tennesseans lost their lives to suicide in 2020 with nearly all groups, with exception to the 25–34-year-old age range, seeing a slight decline across the state. While TDMHSAS, Centerstone, the Jason Foundation, and TSPN, among

others, strive to prevent suicide through training, awareness, counseling, and outreach, reducing the number of suicides remains a challenge throughout the state. TDMHSAS, along with its partners, will continue to aggressively address this issue.

### ***Council Identified Challenges***

In FY 2021, Regional Councils identified several needs across the state. These needs included workforce development of behavioral health professionals and increasing existing access to: the children and youth crisis continuum; transitional housing for individuals with mental health and substance use disorders; treatment beds for adults and children; substance abuse prevention programs for at-risk youth; recovery housing options for individuals diagnosed with substance abuse and/or co-occurring disorders; peer recovery and support services; and, school-based mental health education, services, and screenings.

TDMHSAS incorporates these identified needs into the Department's Three-Year Plan. This document, required by Title 33 to inform the public of the Department's goals, objectives, and strategies, includes prevention, early intervention, treatment service, and supports for people living with mental illness, serious emotional disturbance, and/or substance use disorders. The annual needs assessment, which is completed by the Regional Planning and Policy Councils, is used to help develop the Plan.

### ***In Conclusion***

Over the course of FY 2021, TDMHSAS, its Regional Mental Health Institutes, and its large, diverse provider network demonstrated flexibility and ingenuity to serve Tennesseans most effectively among the COVID-19 pandemic. The Department and its myriad of partners look forward to continuing to create and expand prevention, treatment, and recovery support services so that Tennesseans living with behavioral health challenges can thrive in their communities.