Tennessee v. Meta
Case No. 23-1364-IV

DX3701

Message

From: Matthew Parriott [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BD3A9B959D24465CBEA90DF3C64CDD3F-MATTHEW PAR]
Sent: 2/16/2023 7:17:52 PM
To: Kirby Fye [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=146f14ef5ba24e6a9415e252dd8be2ba-Kirby Huffm]
Subject: Try this
Attachments: FINAL FY22 JAR.pdf

Try this one. I found/corrected a few more things. Whenever you have something like that hanging at the bottom of a page, I hit Ctrl + Enter to insert a hard return and force it to the next page.

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TDMHSAS FY22 Joint Annual Report

Leading the Nation

February 2023

TNAGMETA-008-00039235

Executive Summary

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS or Department) functions as Tennessee's mental health, substance use disorders (SUDS), 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. In the subsequent year, TDMHSAS develops budget and funding targets that seek to meet the service needs identified by the assessment.

In FY 2022, TDMHSAS continued to engage in collaborations to improve service outcomes while containing costs; maintaining and improving community mental health and substance abuse services; providing effective education and prevention services; decreasing prescription drug abuse; and promoting wellness and recovery for the citizens of Tennessee.

One ongoing challenge for TDMHSAS is maintaining a high-quality continuum of services while facing increased demands. As a response to the challenge, TDMHSAS leverages state, federal, and other non-state resources to meet unmet needs. In FY 2022, 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, increasing substance abuse funding, and providing effective continuity of care for individuals living with mental health, substance use, and co-occurring disorders (CODs). In all, the FY 2022 budget of $518,826,200, including $333,071,200 in state appropriations, allowed the Department to continue to work toward the Department's goal of ensuring that any Tennesseans needing mental health or SUD treatment can connect with services regardless of their ability to pay.

Additional FY 2022 successes for TDMHSAS include: the opening of a Crisis Stabilization Unit (CSU) in Hamblen County to help individuals experiencing a crisis (there are now eight (8) CSUs across the state, with plans to open four (4) more CSUs in the near future); more than $3 million to provide funding to expand the proven model of the Creating Homes Initiative (CHI) to create housing opportunities for Tennesseans diagnosed with mental illness and/or SUD, with a focus on the justice re-entry population; the expansion of the Criminal Justice Liaison (CJL) program to serve all 95 counties; the opening of the Women's Residential Recovery Court (WRRC), located in Davidson County, which will provide services for up to 42 non-violent female felony offenders by offering intensive, co-occurring, trauma-informed treatment; and finally, $6.5 million to create the Tennessee Resiliency Project (TRP), a public-private partnership with local community behavioral health providers to enhance children and youth mental health services and supports.

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

The Department is responsible for system planning; setting policy and quality standards; licensing personal support services agencies, mental health, and substance use facilities; system monitoring and evaluation; and disseminating public information and advocating for persons of all ages who live with serious mental illness (SMI), serious emotional disturbance (SED), SUD, and/or 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 Forensic and Juvenile Court Services; Office of Human Resources; Office of Juvenile Justice; 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 Planning, Policy & 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.

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 Forensic 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 is responsible for planning, developing, and administering special projects and initiatives to expand the service delivery for Tennesseans living with mental illness and SUDs.

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 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 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 Hospital Services (DHS) provides oversight of operation of the four RMHIs and three private contracted 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, CODs, and/or SEDs. 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/Pre-Admission Screening and Resident Review (PASRR) services; disaster emergency services; a comprehensive System of Care-based child, youth, and family supports services.

Division of Planning, Policy & Legislation (DPPL) coordinates departmental legislative, rulemaking, and Central Procurement Office (CPO) Policy 2013-007 subrecipient monitoring activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, prepares the Mental Health Block Grant (MHBG) Application, Substance Abuse and Mental Health Services Administration (SAMHSA) Annual Report, Joint Annual Report (JAR) to the Governor, Three-Year Plan, and the Annual Needs Assessment

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 SUD, and persons abusing substances.

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. Current or former service recipients and/or members of service recipient families are a vital part of the membership of each council. All levels of this unified planning and policy council system are advisory. 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 2022, 32 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 2022, an average of 81 individuals participated in each of the quarterly meetings. Due to health and safety concerns associated with COVID-19, Statewide Council meetings were held virtually for the majority of FY 2022. Council committees (Adult Committee, Children's Committee, Executive Committee, Legislative Committee, and Planning and Budget Committee) met a total of 14 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, 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 are shared with TDMHSAS staff to inform the development of strategies for the Three-Year Plan and report progress annually. In addition to the Needs Assessment, the Regional Councils also review and provide input on both the federal Mental Health and Substance Abuse Block Grant plans and funding, legislative proposals for review by the Commissioner and possible consideration by the Governor, and other Departmental reports and initiatives.

Regional Planning and Policy Councils are kept informed about Department activities through the monthly Executive Staff Report, in-person reporting at each quarterly Regional Planning and Policy Council meeting, and ongoing interaction via email and telephone provided by the Office of Planning. In addition to the information dissemination that takes place between the Department and the Councils, technical assistance regarding resources and the use of data in the Needs Assessment process were provided to representatives from the Regional and Statewide Councils in the first two months of calendar year 2022. The Office of Planning produces a Grants 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 (7)

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 three (3) mental health and three (3) 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, SAMHSA strategic initiatives, data from statewide Needs Assessments, and funding availability. During FY 2022, 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.

Accomplishments, Activities, and Initiatives

Division of Administrative and Regulatory Services

The Division of Administrative and Regulatory Services (DARS) encompasses the Offices of Licensure, Subrecipient Monitoring, and General Services. The DARS oversees a wide array of TDMHSAS' critical regulatory and business operations. It encompasses the Office of Subrecipient Monitoring, Office of Licensure, Office of General Services, and Office of Research. It also coordinates IT and fiscal services with the Division of IT, Division of Fiscal Services and the TDMHSAS Budget Office.

The Office of Subrecipient Monitoring (OSM) develops the Department's annual Subrecipient Monitoring Plan for submission to the State's Central Procurement Office. In FY 2022, the OSM fiscal monitors reviewed 288 contracts within 74 agencies. It continues to provide one-on-one technical assistance to subrecipient agencies. In FY 2022, the OSM provided technical assistance to 110 agencies and is a regular participant in the DSAS' training sessions. The Office also remains the Department's liaison with the Tennessee Comptroller of the Treasury, and is charged with conducting fraud, waste, and abuse investigations on behalf of the Department.

The Office of Licensure currently licenses 1,863 sites across Tennessee which represents an increase of 36 licensed sites since the end of FY 2021. During FY 2020 – FY 2022, 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, often by use of video-based life safety and environmental walk-throughs of the agencies. These "virtual visits" enabled Licensure staff to ensure compliance with licensure rules while minimizing health and safety risks to Department staff as well as the licensed agency's staff and service recipients. In FY 2022, the Office of Licensure performed 1,735 virtual or in-person inspections.

The Office of Research supports the Department's mission by collecting, analyzing, and disseminating data in collaboration with customers to maintain dashboards, evaluate programs and services, and to develop an array of quality data products to inform mental health and substance abuse service needs, utilization, outcomes, and impact. This office is also responsible for 16 data products located on the State's website.

Division of Mental Health Services

The 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, CODs, and/or SEDs. 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

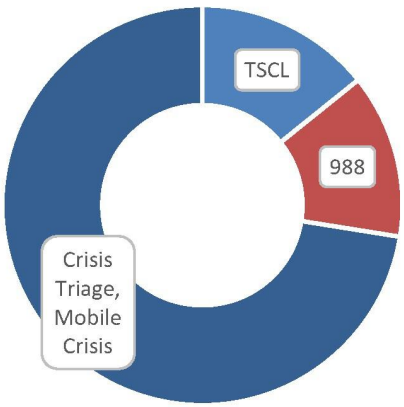
recovery services; peer recovery services; supported employment services; suicide prevention services; geriatric services/PASRR services; disaster emergency services; and a comprehensive System of Care-based child, youth, and family supports services.

988 Lifeline and Crisis Calls

During FY 2022, crisis providers handled calls to the National Suicide Prevention Lifeline (NSPL) as part of an implementation grant in preparation for go-live of 988 nationwide on July 16, 2022. There were six (6) NSPL Tennessee providers that supported the go-live of 988.

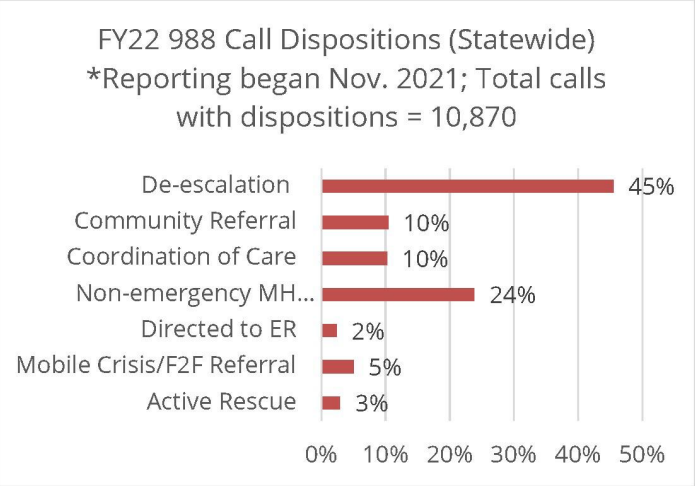
Also, during FY 2022, TDMHSAS was awarded funding from a SAMHSA 988 Cooperative Agreement to continue to build out Tennessee's 988 infrastructure. While the primary goal of this grant is to promote a minimum of 90% in-state crisis call answer rate, the secondary goal is to build out an infrastructure for crisis chats and texts. This two-year award also funded a 988 Project Director position at TDMHSAS to provide oversight of Tennessee's 988 system. TDMHSAS is also allocating the MHBG Crisis Set Aside funding to support NSPL Crisis Center infrastructure to increase capacity/staffing to allow for an increased in-state crisis call answer rate. As of the end of FY 2022, all 95 counties have both a primary and backup provider for all 988 calls. Chat and text services are also offered 24/7/365 by Tennessee-based providers as we continue to build capacity over the grant period.

Through the agency level Crisis Triage lines, the Tennessee Statewide Crisis Line (TSCL) and NSPL, providers handled 146,088 total calls. Of the total crisis calls handled, 19,443 were through the NSPL/988 implementation grant; 20,776 calls were through the TSCL; and 105,869 were handled by Crisis Triage/Mobile Crisis providers. Of the total calls handled through the Crisis Triage/Mobile Crisis providers and the TSCL, 80% of calls were regarding adults in crisis and 20% for children and youth. Of the total calls, 44% were resolved by phone without the need for a face-to-face (F2F) assessment. Types of resolution include referral for outpatient services, coordination of care with existing providers, and de-escalation.



Through the NSPL/988 grant, providers reported additional detail around dispositions of the 988 crisis calls. All callers receive a risk assessment to determine appropriate intervention. The majority of the calls (45%) were de-escalated, in that the person in crisis was stabilized through supportive listening; 24% of callers received a non-emergency mental health referral. Only 5% required Mobile F2F assessment; and 3% required police/emergency medical services (EMS).

Crisis providers across all lines have reported an increase in complex calls which require more time to resolve. Some examples given include past-trauma, increased anxiety and/or depression, and third-party calls. While these calls likely result in a disposition of de-escalation or non-mental health referral, they often require more time on the phone with the person in crisis than a Mobile Crisis/EMS dispatch. During FY 2022, on the TSCL, from July 2021 to June 2022, calls increased by 16% while the talk time increased by 26%.

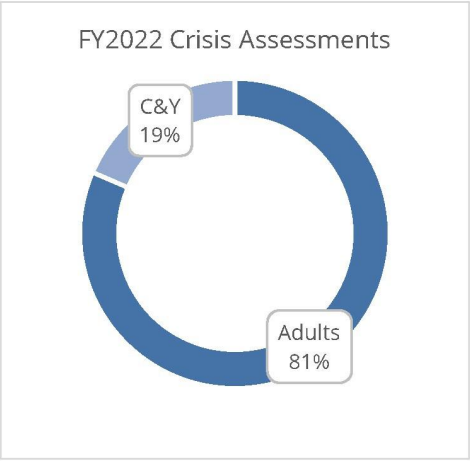


Of the 126,645 crisis calls received through Crisis Triage and the TSCL, 80.3% were diverted from inpatient hospitalization. Forty-four percent were referred to Mobile Crisis for a F2F assessment, with 55% being resolved by phone.

Crisis Continuum

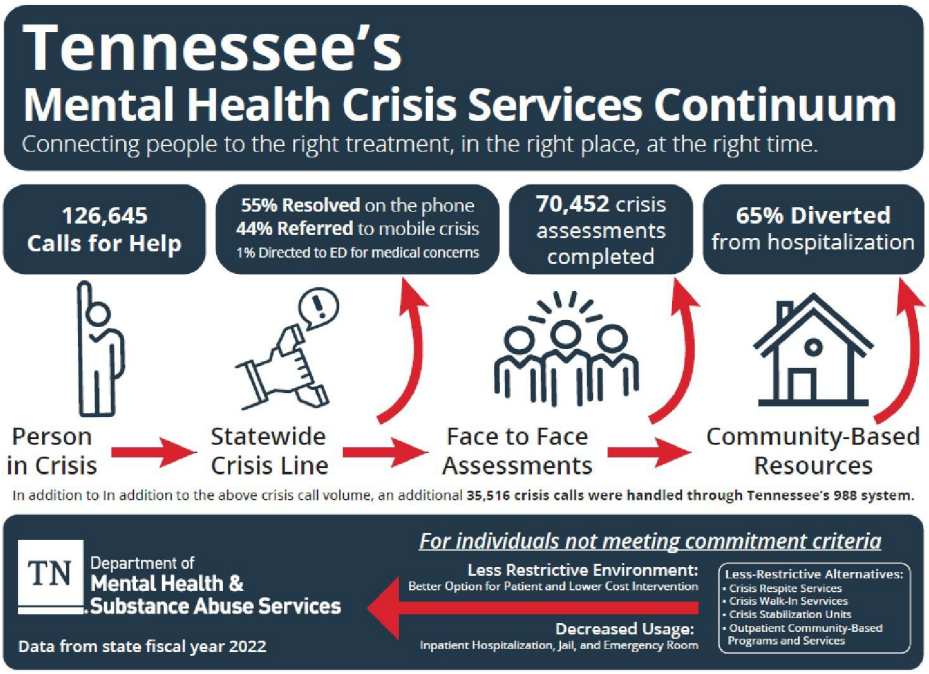
Mobile Crisis Services are available to all Tennesseans, regardless of payor. The majority of individuals receiving F2F assessments are insured through TennCare (43%) or are uninsured (38%). Other types of payors identified include commercial insurance, Medicare, and Veterans Affairs (VA) benefits. The majority of assessments (45%) are completed in the emergency department (ED), while 25% are taking place in the Crisis Walk-in Centers (WICs).

During FY 2022, of the 70,452 total F2F crisis assessments, 81% were completed for adults and 19% for children and youth. Of the total F2F crisis assessments, 65% were diverted from inpatient treatment and referred to alternative care (23 Hours Observation, Crisis Stabilization Unit (CSU), Crisis Respite, or outpatient services).



Also, during FY 2022, there were eight (8) Crisis WICs across Tennessee. Additional WICs are scheduled to open in FY 2023 due to American Rescue Plan (ARP) Funds awarded to TDMHSAS, which will result in more individuals diverted from the emergency departments (EDs), jails, and other community locations.

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Crisis WICs provide voluntary, 23-hour direct service resources for individuals who would benefit from short-term stabilization in a supervised treatment environment and whose medical needs can be managed safely. The main outcome includes the avoidance of unnecessary hospitalizations for persons whose crisis may resolve with time and observation. In FY 2022 the average length of stay (LOS) in 23 Hour Observation at a Crisis WIC was 20.5 hours.

CSU services are licensed by the State to offer 24/7/365 intensive, short-term stabilization, up to 96 hours, if necessary, to assure that adequate arrangements are in place to allow the safe discharge of the service recipient; and, the LOS may be extended by up to 24 hours. This service is for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource and who cannot be appropriately and/or safely managed in a less restrictive environment. In FY 2022, there were 6,464 admissions to the CSUs with an average LOS of 72 hours. There were initially seven (7) CSUs in operation across the state. Effective 11/01/2021, an additional CSU opened in Hamblen County for a total of eight (8) CSUs totaling 119 beds. Additional CSUs are scheduled to open in FY 2023 due to Addiction Recover Program (ARP) Funds awarded to TDMHSAS.

Crisis Respite services are non-hospital, facility-based services, focused on short-term stabilization, up to 72 hours, offered 24/7/365 in support of behavioral health treatment as determined by the particular crisis services provider. In FY 2022, there were 3,953 individuals who received respite care with an average LOS of 17 hours. Currently, five (5) of the eight (8) WIC/CSU providers provide crisis respite services. TDMHSAS plans to expand this service to the remaining three (3) WIC/CSU facilities in FY 2023.

Suicide Prevention

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. Statewide gatekeeper trainings include trainings like Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA) for both adults and youth, and other evidence-based prevention trainings. Suicide Prevention efforts also include screenings for suicide risk, enhanced follow up services for individuals at a heightened risk for suicide as well as suicide specific trainings for educators and healthcare providers. The gatekeeper trainings reached more than 58,000 educators, more than 400 Pediatric Primary Care providers, and more than 15,000 adults across the state. Additionally, more than 20,000 individuals were screened for suicide risk and connected with appropriate services. One federally funded suicide prevention program, TLC-Connect 2, has produced a reduction in suicidal ideation for those enrolled by nearly 30%.

In FY 2022, TDMHSAS developed a new program to increase utilization of the Mental Health America (MHA) online screening tools. Use of this screening statewide will result in increased use of mental health and suicide prevention services in Tennessee. In FY 2022, there were over 20,578 screenings completed as a result of this new program.

Disaster Management

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 2022, the West TN Flooding Immediate Services Program (ISP) and Regular Services Program (RSP) provided more than $700,000 to fund crisis counseling services to individuals recovering from West TN flooding in Dickson, Hickman, Houston, and Humphreys counties. Additionally, an ISP for the December 2021 tornadoes provided more than $500,000 in funding for crisis counseling to individuals impacted by tornadoes in the following counties: Cheatham, Davidson, Dickson, Gibson, Henderson, Henry, Lake, Obion, Stewart, Sumner, Weakley, and Wilson. The flooding and tornado ISP/RSP funding ensured that more than 6,800 individuals received crisis counseling services.

Additionally, the Disaster Management team partnered with the Tennessee Department of Health (TDH) and Tennessee Association of Mental Health Organizations (TAMHO) in the provision of an Emergency Preparedness Training Program. This project focused on awareness of the TSCL, services provided through this Crisis Line, and promotion of using this resource versus calling 9-1-1 when appropriate. This included development and distribution of videos educating Tennesseans on how to access crisis services across the state, along with representing Tennessee's Crisis Continuum's "Front Door", and services provided when an individual calls the TSCL. These ads aired on multiple television stations, streaming platforms and social media pages. The information in these ads reached more than six (6) million people across the state.

Behavioral Health Safety Net (BHSN) and Older Adults

The Behavioral Health Safety Net (BHSN) is a state-funded program providing essential outpatient mental health services to uninsured Tennesseans ages 18 and older and uninsured/underinsured Tennessee children ages 3 to 17 who meet program eligibility criteria through a network of participating Community Mental Health Providers (CMHPs). Essential services offered through the BHSN 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 services.

Initially implemented in 2005, the BHSN has experienced tremendous growth during the last few fiscal years. In FY 2020, Governor Lee and the Tennessee General Assembly approved an additional $5 million in state funding for the BHSN for Adults to expand services to more Tennesseans by enabling the increase of the Federal Poverty Level (FPL) requirement from 100% to 138%. In FY 2021, funding was added for the creation of a BHSN for Children.

In FY 2022, BHSN for Adults served 35,460 unique individuals ages 18 and older. Over 611,000 units of outpatient mental health services were provided, with the most utilized services being psychiatric medication management, case management, and individual therapy. Workforce shortages challenged service delivery this fiscal year. When BHSN providers experienced staffing shortages impacting their ability to meet demand, they would communicate clear expectations on wait times, offer referrals to other providers, utilize the existing continuum of care, and prioritize individuals based on need. Strategies BHSN providers are using to recruit staff and increase capacity to serve more BHSN enrollees include increasing pay, retention bonuses, referral bonuses for recruiting new staff, and utilizing telehealth and telephonic options to increase accessibility of services and providers' availability. In FY 2022, 68% of BHSN for Adult enrollees received a telehealth service and 21% of all BHSN for Adult services were provided via telehealth. Other accomplishments in FY 2022 include transitioning all RMHIs and TDMHSAS-contracted hospitals from paper-based BHSN applications to online BHSN enrollment.

In FY 2022, BHSN for Children served 1,127 unique children ages 3-17. Over 9,800 units of service were provided, with the most utilized services being case management, assessment/evaluation services, and

individual therapy. Of those children served, 18% enrolled in TennCare/Cover Kids and 56% received at least one telehealth service with 24% of all BHSN for Children services provided via telehealth. Each BHSN for Children provider has at least one (1) Outreach Coordinator focused on strategies to increase knowledge of services. Also, in FY 2022, TDMHSAS continued a media campaign targeting 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 advertising buy on social media and broadcast television in Nashville, Memphis, Knoxville, Chattanooga, and Tri-Cities media markets. In all, the campaign generated 28 million impressions.

With 146 physical 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. Additionally, TDMHSAS and the TDH have an Interagency Agreement to provide laboratory blood draw services for BHSN enrollees through County Health Departments specifically in counties where adequate coverage for these services is not available through the current statewide contract.

In FY 2022, the Older Adults Program (OAP) contracted with six (6) CMHPs serving 52 counties in Tennessee. The OAP is designed to provide behavioral health care management to individuals over the age of 50 who are not eligible for these services through TennCare or any other funding source. Care management services include outreach, collaboration with other health care providers, healthy aging education, depression screening assessments, in-home therapy via telehealth or face-to-face visits for older adults with limited mobility, person-centered advocacy, and referral/linkage to community resources like respite care and other supportive health services for older adults, their families, and caregivers. In FY 2022, older adult care management services were provided to 578 unduplicated individuals. In May 2022, TDMHSAS hosted, in partnership with Mental Health America of the Midsouth, a Behavioral Health & Aging Conference. The theme was "Finding Your Path to The Best Interventions and Care". Five hundred and twelve (512) attendees registered for the virtual conference, and continuing education unit (CEU) certificates were issued for six (6) full CEU credits to all participants completing the six-hour event.

In FY 2022, the Office of BHSN and Older Adults continued to fulfill the Department's Interagency Agreement with the Division of TennCare. This partnership executes the federal mandate for the state's mental health authority to finalize all Level II PASRR determinations for residents/applicants of Medicaid-certified nursing facilities in Tennessee. These reviews ensure residents with serious mental illness (SMI) diagnoses and related conditions are appropriately placed and receive specialized mental health services as part of their plan of care. The Office of BHSN and Older Adults reviewed and finalized 5,911 Level II PASRR evaluations.

Consumer Affairs and Peer Recovery Service

TDMHSAS operates a Helpline via phone and email staffed by Peer Advocates who help callers in need of finding mental health and substance abuse resources in their area, have questions about insurance, seeking

housing options, the Certified Peer Recovery Specialists (CPRS) program, or need help filing a complaint. In FY 2022, the advocates addressed 3,109 cases, which were received by phone, email, licensure staff, state legislators, and the Governor's Office. The Helpline Peer Advocates provide resources, referrals, ombudsman services, and assistance with complaints.

In FY 2022, TDMHSAS funded 45 Peer Support Centers in Tennessee where CPRSs provided peer support and recovery assistance to 6,858 individuals who live with SMI. The Peer Recovery Call Center, operated in East Tennessee by the Mental Health Association of East Tennessee (MHAET), received or made 5,264 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), resulting in seven (7) 40-hour trainings for 77 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 633 peers through the standard CPRS training as well as workshops offered at the annual CPRS Conference.

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 Peer Link 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 2022, the CSU Peer Link program served 138 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 the Victims of Crime Act (VOCA) in partnership with the Office of Criminal Justice Programs (OCJP), empowered eight (8) of TMHCA's CPRSs to provide peer support services to 1,340 patients in each of the state's four (4) 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 58 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 (8) rural counties: Sumner, Wilson, Smith, DeKalb, White, Putnam, Overton, and Cumberland. TDMHSAS also funds CIT statewide with MHBG funds to help maintain the statewide CIT in TN Task Force, expand CIT to other counties, 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. In FY 2022, 314 law enforcement officers and other first responders were trained in CIT.

Housing and Homeless Services

TDMHSAS continues to progress its charge to sustain and enhance the delivery of housing and homeless services, both qualitatively and quantitatively.



Director of Housing and Homeless Services, Neru Gobin, helps cut the ribbon at a new housing option, August 2021

The flagship program of TDMHSAS' 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 those Tennesseans experiencing mental illness or CODs. The CHI implements an effective model of fostering assertive and strategic partnerships to leverage resources to achieve its goal. This effort is led by community-based Regional Housing Facilitators who are "hands on" community-based collaborators to help to identify needs, lend expertise, share knowledge, and support grant writing efforts.

Over the years, the CHI has seen great success in the creation of new affordable housing opportunities for the targeted population, including the expansion to CHI 2.0 to dedicate efforts toward the development of new safe, quality, and affordable permanent supportive housing options for Tennesseans living with SUD, including opioid use disorder (OUD). During FY 2022, the CHI was expanded to CHI 3.0, which focuses efforts on the creation of new, safe, quality, and affordable permanent supportive housing for Tennesseans with mental illness and/or SUD who are re-entering the community from prisons and jails or have a history of incarceration. The Office of Housing and Homeless Services released an unprecedented four (4) concurrent Announcements of Funding (AOF), including those for the CHI 3.0, CHI 2.0, Creating Affordable Housing, and Intensive Long-term Support programs, to solicit competitive applications to establish essential new affordable housing for the Department's targeted population. In total, the CHI leveraged over $142 million to create over 4,000 affordable housing opportunities in FY 2022. Since its inception, the CHI has leveraged over $992 million in federal, state, local, and private funds to create more than 32,000 affordable housing opportunities across Tennessee.

Another vital component to the CHI is the Consumer Housing Specialist program, which incorporates peers to engage with the community to identify existing housing resources, share housing information, increase public understanding and support for Tennesseans with mental illness and/or SUDs, and keep current a housing resource database known as Housing Within Reach. In FY 2022, TDMHSAS expanded the Consumer Housing Specialist program to dedicate a new Specialist for service to TDMHSAS Planning and Policy Council Regions 1

and 2 (Northeast and East Tennessee regions) thereby ensuring service coverage for each of the seven (7) regions.

Moving forward, TDMHSAS will enter the second year of CHI 3.0 to focus on efforts to create new permanent housing opportunities for Tennesseans re-entering the community from prisons and jails or with a history of incarceration. TDMHSAS anticipates releasing a total of three (3) Announcements of Funding (AOFs) for the CHI 3.0 grant for re-entry housing, the CHI 2.0 grant for recovery housing, and the Creating Affordable Housing (CAH) grants for housing for individuals with mental illness and/or SUDs. These grant opportunities will be utilized by the Regional Housing Facilitators and Regional Substance Use Housing Facilitators to effectively leverage funding from various state, local, federal, and private entities to maintain and increase the number of housing opportunities for the targeted population.

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 2022, the Department released an AOF to expand the program's service delivery in the East Tennessee/Chattanooga region using MHBG COVID-19 American Rescue Plan Act (ARPA) funds, specifically to create new quality housing with enhanced supports for individuals who are discharging from Moccasin Bend Mental Health Institute (MBMHI), 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 for grant funding, and infrastructural development of a new 21-bed residential facility is currently underway.

In FY 2022, TDMHSAS expanded the Regional Housing Facilitator program to add a new Facilitator dedicated to the TDMHSAS Planning and Policy Council Region 5 (Middle Tennessee regional counties surrounding Davidson County), thereby ensuring each of the seven (7) Planning and Policy Council Regions has a full-time dedicated Regional Housing Facilitator and a full-time dedicated Regional Substance Use Housing Facilitator.

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 a Serious and Persistent Mental Illness (SPMI) or CODs. 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 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. All four (4) RMHIs have a designated SOAR Liaison to assist with applications. In FY 2022, 107 total applications were completed and submitted to the Social Security Administration (SSA).

During FY 2022, TDMHSAS hosted its second Housing and Homeless Services conference, entitled "Let's Lead the Way! The PATH to Re-Entry, Restoration, and Renewal". This opportunity was made possible due to awarded funding from the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) grant for technical assistance and training. Held virtually, conference sessions covered various topics including building morale in the workplace, accessing essential resources such as TennCare, PASRR, BHSN, navigating substance use treatment and services, re-entry services, and the impact of the Tennessee CHI on successful re-entry, among others. A total of 890 people across the state registered for the conference.

Supported Employment

Individual Placement and Support (IPS) supported employment is an evidence-based program designed to help individuals living with behavioral health conditions return to and maintain jobs of their choosing. The program is delivered in partnership with TDMHSAS and the Tennessee Department of Human Services' Division of Vocational Rehabilitation (TDHS-VR). IPS is offered in seven countries outside the United States, 26 states within the United States. Currently, there are 28 randomized control studies which highlight the program's effectiveness. Supported Employment programs help individuals with obtaining employment, and once employed, provide supports to assist with maintaining work. IPS is offered in 52 counties in Tennessee, 39 of which are rural. IPS services are provided in all TDHS-VR and TDMHSAS regions across the state. In FY 2022, 1,163 job seekers were supported by IPS teams across the state and 54% of those found employment. Of those who began working, 57% were employed for 90 days or more.

TDMHSAS began promoting the IPS supported employment model in 2013 with just four (4) IPS teams. Currently, there are 32 IPS teams across the state from Johnson City to Memphis. It has long been the goal to expand this evidence-based practice and with the help of Governor Lee and the Tennessee General Assembly, in partnership with DHS-VR, this expansion has been made possible.

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 27 counties, 17 of which are rural. In FY 2022, through workshops and one-on-one coaching, PWCs helped 1,082 clients with their health and wellness goals. A total of 96% of those surveyed reported an increase in heathy eating, physical activity, or improved self-management behaviors. This percentage represents a 20% increase in effectiveness when compared to the previous fiscal year. Additionally, 1,813 health and wellness activities outside of the evidence-based workshops were facilitated by the PWCs.

In FY 2022, PWCs were trained in Matter of Balance (MOB), an evidence-based program designed to reduce the fear of falling and increase activity levels in older adults or any individual with a history of falling or are seeking to increase balance, strength, and flexibility. Though PWCs were able to resume in-person services, staff turnover and vacant PWC positions presented a challenge to serving clients. Despite these obstacles, PWCs continued to find creative ways to engage and serve as many clients as possible, resulting in a significant increase in healthy behaviors compared to previous years.

Children, Young Adults, and Families

The Office of Children, Young Adults, and Families (OCYAF) has seen an increase of 78% in funding over the last three (3) years. This exponential increase in funding demonstrates the commitment of the Tennessee General Assembly and Governor Bill Lee to the mental health and well-being of the children, youth, young adults, and families across Tennessee. Through this funding we have seen an increase in our school-based services, our crisis continuum, and our infant and early childhood work. OCYAF has diversified its funding streams to include state funds, interagency funds, non-governmental funds, federal block grants, and federal discretionary grants. OCYAF contracts with community providers to provide the most complete continuum of care possible, for individuals aged 0-30. Services and supports that complete the continuum and that are not directly funded by OCYAF are partnered with through other TDMHSAS offices, departments, and community providers.

System of Care (SOC) is the philosophy by which OCYAF operates. The philosophy ensures that child-serving agencies partner with parents and caregivers and ensure the presence of the family and youth voice in the services and supports they offer. Services need to be based in the community where children and families live and work and services need to be tailored to the family's culture. The System of Care Across Tennessee (SOCAT) program provides High-Fidelity Wraparound (HFW), an evidence-based Intensive Care Coordination model available in all 95 counties. The SOCAT program is funded by federal SAMHSA grant funds and from an interagency agreement with the TDHS using Temporary Assistance for Needy Families (TANF) funds. In FY 2022, there were 32 SOCAT teams who served 275 families across the state. The top three (3) referral reasons for SOCAT children and youth are conduct/delinquency related behaviors, behavioral concerns, and hyperactive and attention-related behaviors. SOCAT teams have been able to successfully keep 93% of children, youth, and young adults in their homes with their families. During FY 2022, SOCAT provided trainings on Motivational Interviewing, public speaking, autism spectrum disorder (ASD), and High-Fidelity Wraparound (HFW). Additionally, SOCAT hosted a hybrid conference focused on Tennessee Homegrown services and supports, in which 550+ individuals attended.

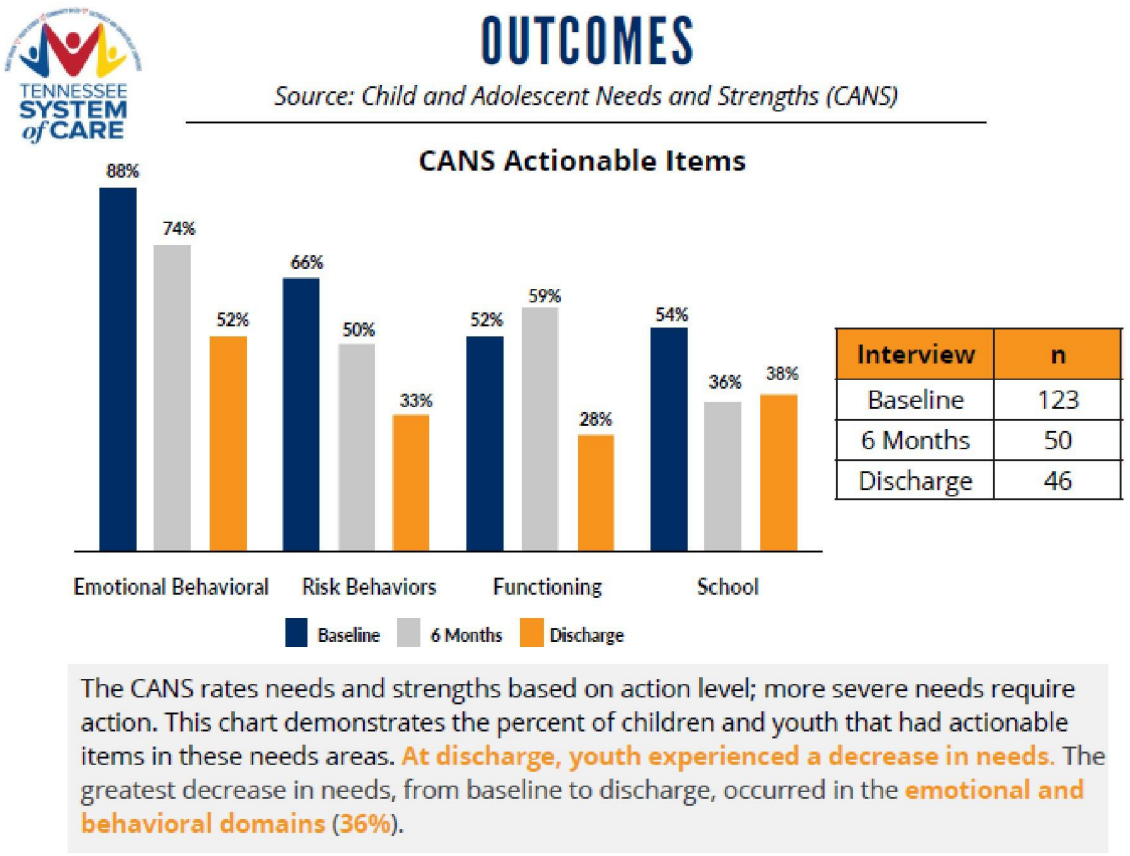


Figure 1: SOCAT-TANF Semi Annual Report Apr 21-Jun 22; Don Walker, Office of Research

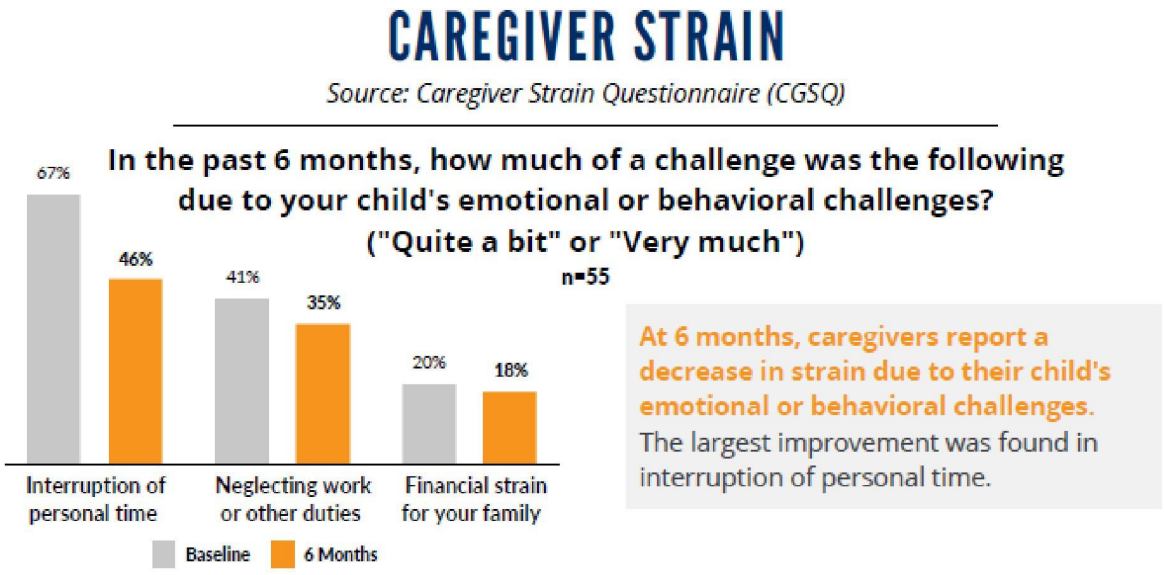


Figure 2: SOCAT-TANF Semi Annual Report Apr 21-Jun 22; Don Walker, Office of Research

TN Resiliency Project: In FY 2022, Governor Lee and the Tennessee General Assembly funded TDMHSAS with a $6.5M recurring appropriation of state funding related to children and youth mental health services to support the creation of the Tennessee Resiliency Project (TRP). The TRP Grant provides grants to local community behavioral health providers/school districts/other health entities aiming to address children and youth mental health concerns. A competitive AOF resulted in contracting the funding to the seven (7) TDMHSAS Planning and Policy Council regions of the state to cultivate partnerships, assess communities' needs, and provide community-based, family-driven, evidence-based/evidence-informed services and supports. TRP Grant goals include: 1) Promote Early Childhood Mental Health; 2) Increase Access to School-Based Mental Health; and 3) Ensure Enhanced Coordination of Crisis. These grant funds allowed for a substantial increase to the counties serving the Infant and Early Childhood population through the expansion of Child Care Consultation. School-based programming was also expanded because of these funds for Project B.A.S.I.C. and School-Based Behavioral Health Liaisons (SBBHLs). The crisis system has been able to expand by eight new specialized crisis teams serving East and Middle Tennessee.

In FY 2022, a new grant was awarded to TDMHSAS by the National Association of State Mental Health Program Directors (NASMHPD) to pilot a program supporting families in children's hospital EDs with mental health needs. The goal of the grant program is to provide families with coordinated services to reduce the amount of time spent in ED holding rooms, while providing parents with skills, referrals/resources, and psychoeducation to better navigate crises in the future without relying solely on EDs. Partnering agencies meet goals through two methods: 1) Mental Health Cooperative (MHC), in partnership with Monroe Carrell Jr. Children's Hospital at Vanderbilt, placed a care coordinator and family support specialist in the ED to provide onsite support and coordination, ensuring follow-up after discharge, and 2) Helen Ross McNabb Center (HRMC), in partnership with East Tennessee Children's Hospital (ETCH), placed an Advanced Practice Nurse (APN)/Nurse Practitioner (NP) to serve in the ED to provide assessment and medication as needed. Referrals are often then made to the TRP Grant for care coordination and peer support.

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 2022, 309 target children and 41 siblings from 267 families were served by RIP and an estimated 400 parents were provided support and education, with graduating families attaining family-specified treatment objectives. This is an increase of 20% over FY 2021, as families returned to programming in-person at all 11 RIP locations across the state. During FY 2022, RIP continued in service of 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. These sites raise the profile of this award-winning program, unique to TDMHSAS. Beginning in the first Quarter of FY 2022, RIP returned to in-person services from its previous

hybrid operation, offering an opportunity to return to fidelity service delivery for families across the state, as well as ensuring the return of community building opportunities for all attending families.

Another continued virtual service was the delivery of Positive Solutions for Families (PSF). This model was revised in FY 2022 by the National Center for Pyramid Model Innovations. RIP-Nashville staff were invited to present at a webinar offered to PSF implementers nationally about the system of implementation at RIP. PSF is a 7-week parent training series, now offered virtually in Nashville. In FY 2022, four (4) PSF Series were delivered, reaching 43 families across the state. The success of this virtual model demonstrates the statewide need for parents of young children and ensures that Tennessee families that live in regions not served by RIP sites can still receive training and information around parenting and behavioral health for young children. Additionally, RIP continues to provide trainings as requested to the early childhood community. FY 2022 saw a significant increase in requests for training. All RIP community trainings are approved by TDHS for continuing education credit for Early Childhood Professionals. In FY 2022, 787 adults received training in RIP strategies, theories, and programming, a 300% increase since last year. These efforts are made with the hope to increase referrals and enrollments for RIP-sites statewide. Finally, in FY 2022, RIP-Nashville demonstrated leadership in the field through two (2) staff members earning an Infant Mental Health Endorsement® and Early Childhood Mental Health Endorsement® in partnership with the Association for Infant Mental Health in Tennessee (AIMHiTN).

School-based Services: Since 1985, TDMHSAS has funded school-based services in Tennessee. In the past fiscal year, these services have been enhanced and expanded. Agencies providing Erase the Stigma, Project B.A.S.I.C.: Better Attitudes and Skills in Children, SBBHLs, Project AWARE, Planned Respite, Respite Voucher, and Violence & Bullying Prevention programs utilized their grant funds to strengthen and increase service provision within schools. In addition to the recurring funding, in FY 2022, Governor Bill Lee budgeted, and the Tennessee General Assembly appropriated, an increase of $6.5 million for the aforementioned Tennessee Resiliency Project (TRP Grant). Increased TRP Grant funding allowed an expansion in the SBBHL and Project B.A.S.I.C. programs. This expansion allowed for the addition of a regional middle Project B.A.S.I.C coordinator, 21 additional counties to receive a Project B.A.S.I.C site, as well as 11 school-based behavioral health liaisons. Thus, the grant's targeted populations are now receiving services in 56 counties with Project B.A.S.I.C and all 95 counties with the SBBHL program. In FY 2022, 21,267 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 served 13,545 youth. These students received services and supports put in place to decrease the stigma around mental health issues and increase mental health awareness.

Young Adults: The First Episode Psychosis Initiative (FEPI) OnTrackTN is primarily funded through an appropriation in which Congress allocated additional funds to the MHBG to support "evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders." In FY 2022,

TDMHSAS, in collaboration with Vanderbilt's Statewide Trainer and Consultant, offered and/or coordinated 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 Cognitive Behavioral Therapy (CBT) for psychosis. In FY 2022, the FEPI program provided services to a total of 199 youth and young adults.

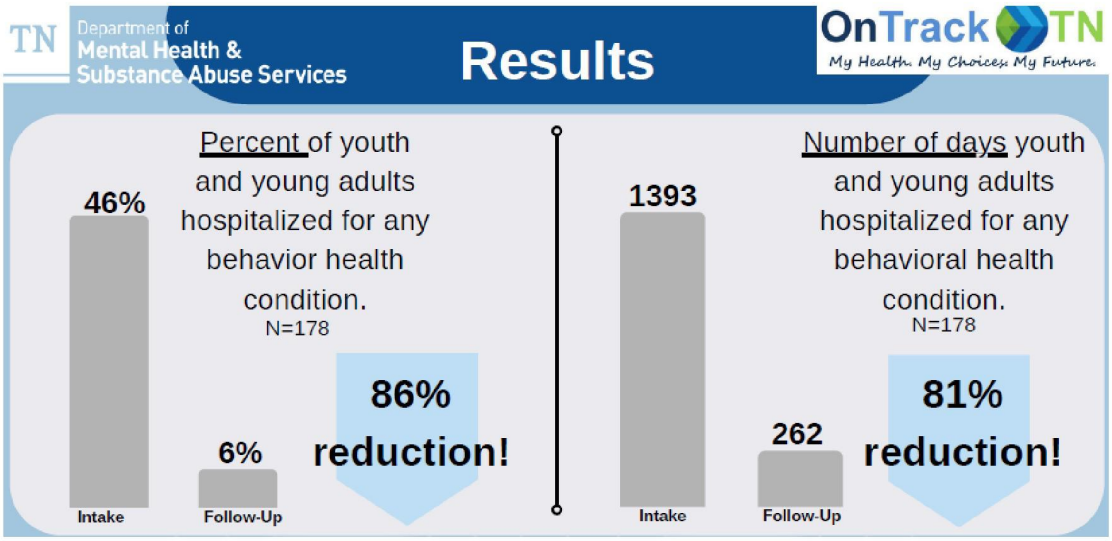


Figure 3: First Episode Psychosis Annual Evaluation, 7/1/21-6/30/22; Megan Merriman, Office of Research

In FY 2022, work continued on the Tennessee Healthy Transitions: Improving Life Trajectories (HT-ILT) Initiative, which is a five-year, $5 million discretionary grant that was awarded to TDMHSAS by SAMHSA in March 2019. The purpose of the HT-ILT is to assist Tennessee youth and young adults ages 16-25 with SMI or COD, with a particular focus on co-occurring mental health and intellectual and development disabilities (IDD), in order 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 Transition to Independence Process (TIP) model, Supported Employment and Education using the IPS model, and peer support services. Additionally, a Certified Young Adult Peer Support Specialist (CYAPSS) is 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. In FY 2022, TDMHSAS offered multiple training opportunities to HT-ILT sites including Silver Linings Advocacy Academy training to enhance youth/young adult voice and involvement in services; Trauma-Informed Youth Engagement Series training to provide trauma-informed engagement tools and techniques needed to effectively work with; and training for supervisors of Certified Peer Support Specialists (CPSSs). In FY 2022, HT-ILT sites served a total of 85 youth/young adults.

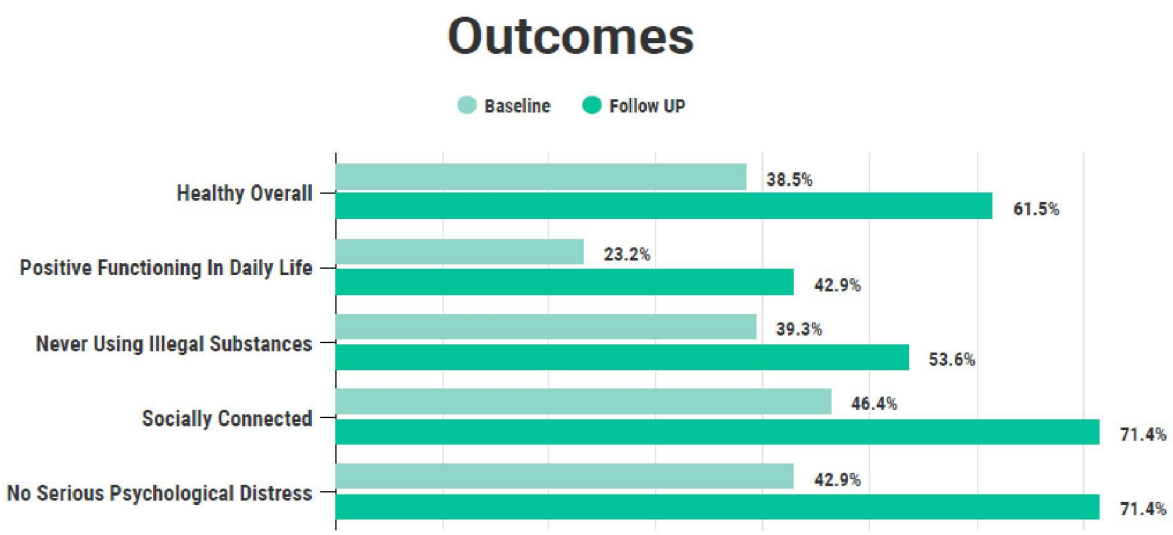


Figure 4: Healthy Transitions Report, 10/7/22; Megan Merriman, Office of Research

The Statewide Young Adult Leadership Council (YALC) was developed through HT-ILT and consists of youth and young adults who have lived experience with mental health disorders, substance abuse, and/or involvement with child and adult systems. In collaboration with TN Voices, the Statewide YALC met at least monthly in FY 2022 and participated in ongoing activities to ensure that youth and young adult voices and input are included at the state level.

In FY 2022, TDMHSAS was awarded a second, four-year, $1.6 million discretionary Clinical High Risk for Psychosis (CHR-P 2.0) grant by SAMHSA. CHR-P 2.0 will begin implementation in FY 2023. The goal of the CHR-P 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 the development of a stepped-model of care that ensures easy access to evidence-based services and supports for youth, young adults, and their families. Services and supports are designed based on the OnTrack model and include care coordination utilizing the TIP model, Supported Employment and Education utilizing the IPS model, and family peer support and young adult peer support services.

Additionally, the CYAPSSs, with input from the YALC, developed a training curriculum by Youth Era and TDMHSAS for the CYAPSS program. This is a specialized training and certification program for young people ages 18-30 that was tailored to meet the unique needs of youth and young adults. CYAPSSs provide peer support that is developmentally appropriate and engaging to other young people ages 30 and under. The CYAPSS program launched in May 2021 and began training and certifying young adult peers in FY 2022. In FY 2022, 18 individuals completed the CYAPSS training and nine (9) obtained the full CYAPSS certification.

The Certified Family Support Specialist Program (CFSS) provides State of Tennessee certification for individuals who provide direct caregiver-to-caregiver support services to families of children and youth with mental, emotional, behavioral, or CODs. Because of their life experiences to inspire hope and provide support to others who are facing similar challenges, this program allows CFSSs to provide a level of service and support beyond that of clinical staff. In FY 2022, there were 81 active and employed CFSSs.

COVID RELIEF GRANT PROGRAMS

Since 2020, TDMHSAS has received multiple rounds of pandemic related funding.

The Behavioral Health Care Response (CBHCR) discretionary grant funds supported mental health services for individuals impacted by COVID-19 with an income over 138% FPL (not eligible for the BHSN). Grant contracts to CMHPs for these funds started on 8/1/2020 to provide clinical, therapeutic, and support services. Through this grant, over 1,400 Tennesseans have received mental health treatment. Additionally, this funding was used to establish Tennessee's Emotional Support Line for Pandemic Stress. All services under the first CBHCR grant for mental health services ended as of 5/31/22 and over 96% of the mental health portion of grant funds was spent.

The CBHCR Crisis funds supported crisis services for individuals impacted by COVID-19 through the CSU and WIC components of the crisis continuum. Grant contracts to the six (6) CSU/WIC crisis providers began on 6/15/21. Through this grant, over 2,170 Tennesseans received crisis services in a CSU/WIC during FY 2022. Data on the number of days served are also captured in Tennessee's Crisis Management System. During FY 2022, there were 1,684 days of care provided in community-based 23-hour observation services at crisis WICs and there were 4,373 days of care provided in CSUs supported by these funds. This total served would have been included in the CSU and WIC totals for FY 2022 reported by the Office of Crisis Services as these FOA #2 funds were intended as supplemental funding for the crisis providers. It's expected that nearly 100% of funds will be spent by 12/31/22.

TDMHSAS also received community MHBG COVID-19 Relief funds to assist in response to the COVID-19 pandemic. Grant contracts for community MHBG COVID-19 Relief funds began July 2021 and are set to expire on 3/14/2023. However, TDMHSAS has requested a one-year term extension.

TDMHSAS has allocated the MHBG COVID-19 Relief funds to support four (4) core areas:

1. Services for SMI and SED: There are 34 grant contracts for services for COVID-19 Relief. Mental health providers for this grant served over 39,000 Tennesseans with the COVID-19 Supplemental funds across all of the 95 counties in FY 2022. The providers submit quarterly progress reports on the impact of these funds. When preparing to contract these funds, the provider agencies submitted feedback to TDMHSAS for how funds could best be used to support their community within the context of COVID-

19 relief. The Services category has an overall scope of work focused on providing comprehensive community mental health services to adults with SMI or children with SED.

2. Crisis services: Similar to the standard MHBG grant, the MHBG COVID-19 Relief grant includes a required 5% set-aside for crisis services. TDMHSAS elected to allocate more than the 5% from the total award. There are 12 grant contracts supporting mobile crisis F2F assessments using COVID-19 Relief grant funds, and over 54,000 of the F2F crisis assessments were supplemented with COVID-19 Relief funds during FY 2022. These funds supplemented crisis agencies expenses for approximately 77% of all of the mobile assessments completed for adults and youth across Tennessee.
3. First Episode Psychosis Initiative (FEPI): Like the standard MHBG grant, the MHBG COVID-19 Relief grant includes a required 10% set-aside for FEPI programs. TDMHSAS released a competitive funding announcement for the award of these funds. The expanded counties (Anderson, Montgomery, and Rutherford) were selected based on a review of TDMHSAS mobile crisis F2F crisis assessments for ages 10- 24. There were 20 young adults served by the new teams during FY 2022 (from 11/1/21– 6/30/22). All teams have staffing patterns and available coordinated services to reflect the OnTrack model Coordinated Specialty Care approach. The majority of funds in the one-year extension request will be used to support this category.
4. Administrative supports within TDMHSAS: The MHBG COVID-19 Relief funds are supporting the administrative infrastructure for TDMHSAS to support the grant funds. An array of TDMHSAS staff is supporting grant activities including mental health services staff to support daily programmatic oversight of the COVID-19 Relief grant contracts as well as staff in supported employment and peer wellness, housing and homeless services, and special projects staff. These funds also support Office of Planning staff supporting the TDMHSAS Planning and Policy Council, added support for IT services, and fiscal monitoring and budget analyst staff to support contract processing and oversight.

TDMHSAS received notice from SAMHSA that there would be an additional expansion to the MHBG program to assist in response to the COVID-19 pandemic under the ARPA. The majority of grant contracts will begin in FY 2023 and will be used to continue services started under the MHBG COVID-19 Relief grant as described above in the same four (4) core areas for an additional two (2) years. Additionally, SAMHSA has awarded one-time ARPA funding for COVID-19 Mitigation efforts. Mental health providers have been contacted about these additional ARPA funds and it is anticipated that contracts will begin in March 2023.

Office of Juvenile Justice

During FY 2022, TDMHSAS, in partnership with the Tennessee Department of Children's services (DCS), Tennessee Commission on Children and Youth (TCCY), 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 Grants are:

- To divert youth in juvenile courts from further penetration into the juvenile justice system using 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 (6) 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.

As program referrals continued to increase in FY 2022, providers faced a new challenge. Waitlists began forming as more justice involved youth were seeking services. Following discussions with providers and several juvenile judges, the Department was able to increase funding in two regions to address waitlists. Once again, the annual goal was exceeded as providers were able to serve 1,017 youth and their families throughout the state during the fiscal year. As the JJR programs continue to yield positive outcomes, referrals continue to rise and waitlists persist. To address this challenge, the Department has included a funding increase in the FY 2024 budget request.

Office of Strategic initiatives

Tennessee Recovery Navigators

The Tennessee Recovery Navigator Program (TRN) was implemented in June 2018 through the TN Together Initiative. TRNs are individuals in long-term recovery who meet patients in the ED who have recently overdosed, are in active withdrawal, or are identified as potentially having a SUD and connect them with substance abuse treatment and recovery resources. Since implementation the program has continued to grow and to serve more individuals each fiscal year. In FY 2022, despite the ongoing challenges presented by the COVID-19 pandemic and workforce shortages, the TRNs were able to serve 3,058 individuals in EDs across the state, an increase of 361 individuals from the previous fiscal year. This increase can be attributed to the expanded use of telehealth services and the partnership with the Tennessee Department of Health (TDH) which has afforded the opportunity to expand the number of navigators in specific regions of the state. Of the 3,058 individuals served, 69% were connected to a modality of treatment or community resource. Additionally, the program began serving 13 additional hospitals bringing the total number of hospitals being served to 55. As the program continues into FY 2023, our goal is to continue to serve more individuals and find more pathways to treatment and recovery resources.

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 OUD. Building on the foundation laid in FY 2020, and ongoing development during FY 2021 and FY 2022, continued focus was placed on improving referral volumes associated with the TRNs assigned to the ASTR Pilot Project. The project also added three (3) additional Navigators to serve Hamilton County and the surrounding counties area. A 67% improvement in referrals to TRN was achieved from FY 2021 to FY 2022, due to collaborative efforts between Buffalo Valley, Inc. (BVI), TDMHSAS, and ASTR to implement staffing and education improvements.

During FY 2022, quarterly calls were established with the goal of informing interested parties on the progress and lessons learned occurring at ASTR and expanding the conversation regarding treating opioid use disorder in the emergency department with buprenorphine to other interested facilities. Guest speakers with an emphasis on lived experience were invited to share their perspectives regarding interfacing with emergency department care while living with an SUD.

In addition to promoting connection to care opportunities, the pilot project aims to address opioid related withdrawal at the ED point of care using buprenorphine. In FY 2022, there were seven (7) additional attending physicians who obtained their X-waiver, increasing the number of X-waived physicians at ASTR from three (3) in June 2021 to ten (10) in June 2022. Additionally, eight (8) new resident physicians matriculated to the first year of the emergency medicine graduate medical education program in the ASTR ED with each of them completing X-waiver training as a part of the pilot project educational efforts. Finally, multidisciplinary

collaboration was improved with stakeholder meetings growing to include representation from nursing leadership, chaplaincy, ED Pharmacy, the physician medical group, administration, and the community benefits team.

Medication Assisted Treatment (MAT) in the Emergency Department Pilot

In November 2021, TDMHSAS partnered with the Tennessee Hospital Association (THA) to pilot with three (3) EDs, one (1) in each Tennessee Grand Division, to explore ED MAT induction for patients with OUD. THA used data on the number of patients presenting with OUD in the EDs to make hospital selections. This led to the following hospitals being selected:

- East TN: University of Tennessee Medical Center Knoxville (UTMCK), who began implementation in January 2022.
- Middle TN: ASTR, who began implementation in April 2022.
- West TN: Jackson-Madison County General Hospital (JMCGH), who began implementation in April 2022.



Click the image to view the beginning successes of the pilot.

The pilot has four (4) goals: education, increasing the number of X-Waivered physicians, ED induction, and connection to recovery services using recovery navigators. **Education** encompasses the delivery information to the ED physicians, nurses, and staff on what MAT is and how they can begin treatment in the ED for those with OUD. **Increasing X-Waivered physicians** provides the opportunity for them to write bridge prescriptions for patients they induct in the ED until that person can connect to their treatment appointment in the community. For patients clinicians identify as appropriate for MAT, following processes established by the ED, buprenorphine is offered at the point of care, increasing **ED inductions**. Lastly, after induction, an effort is made to ensure connection to the **TRN,** or other available referral processes, to facilitate connection to ongoing treatment in the community.

Through June 2022, **112** patients have received buprenorphine in the ED and for one of the pilot hospitals, at 90 days they have seen a 49% continued engagement rate in treatment for the patients they have inducted; **220** patients have been provided lifesaving naloxone; and there are **27** newly X-waivered physicians across the

state. The pilot is set to end June 2023. Through the success of this project, we hope to see a growth in interest and action of EDs taking part in this standard of care for patients with OUD.

Project Rural Recovery (PRR)

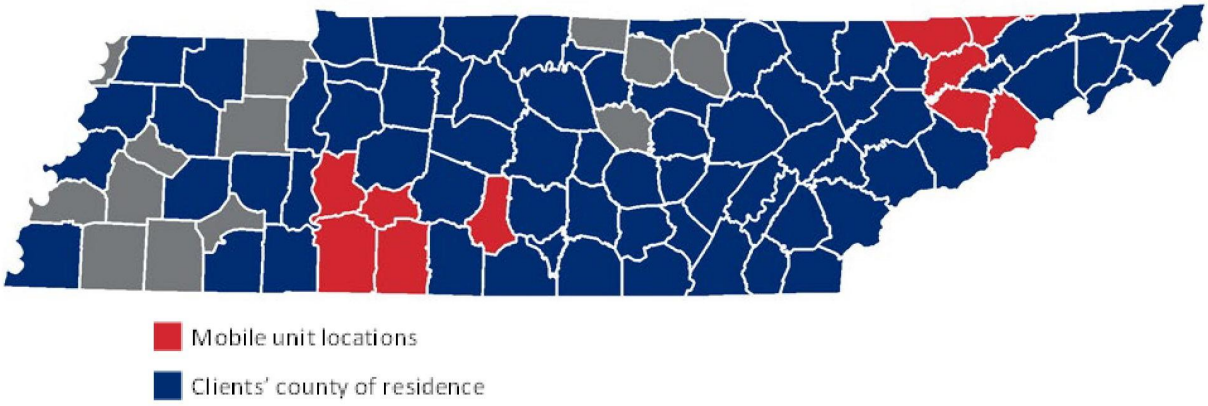
In FY 2020, TDMHSAS received $10,000,000 from SAMHSA's Promoting Integration of Primary and Behavioral Health Care grant to implement PRR using two (2) mobile health clinics. The goal of the mobile health clinics is to provide integrated primary and behavioral healthcare to adults and children in their 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.

Buffalo Valley, Inc. and McNabb Center have been contracted to implement and operate the mobile health clinics in ten (10) counties, four (4) of which are rurally distressed. These counties include Perry, Wayne, Lewis, Lawrence, Marshall, Cocke, Hancock, Claiborne, Jefferson, and Grainger.





The map below identifies the locations the mobile health units serve, highlighted in red. The counties shown in blue 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.



Both agencies built upon the Year One successes by continuing to improve their integrated care models including the ability to perform HIV testing. Overall, **2,951 visits** were provided to **1,522 clients** averaging **247** visits per month.

While the project continues to improve and provide services to more clients, there are still opportunities for growth in areas. A requirement through our funding partner SAMHSA requires that consenting clients complete a six-month reassessment. Clients often only return for services when the need arises which does not always align with the six-month reporting window. Additionally, some clients are unable to be contacted and/or have relocated during this time. To work towards overcoming this barrier, providers are attempting to define the project and data collection elements more clearly during intake. The teams are also exploring SAMHSA-approved client incentives to help encourage follow-up.

Project financial sustainability is another priority that is being addressed. While the projects are fully funded with federal dollars, this grant ends March 2025. Efforts have been made by both providers to maximize third-party revenue to help offset the operational costs. We will also coordinate an ongoing advisory committee to help identify and implement an overall mobile healthcare strategy including financial sustainability.

Thanks to Governor Bill Lee and the Tennessee General Assembly, there was an award of $6.3 million to add two (2) mobile health units through the ARPA, one in East TN and one in West TN. These units will utilize the same approach and care model as Project Rural Recovery. The counties to be served through this expansion include Lauderdale, Crockett, Haywood, Fayette, Hardeman, Morgan, Fentress, Scott, Campbell, and Union. Ridgeview Behavioral Health Services and Pathways of TN have been selected to implement and operate these units with services beginning in early 2023.

In January 2022, TDMHSAS was awarded grant dollars from the National Association of State Mental Health Program Directors (NASMHPD) Transformation Transfer Initiative (TTI) to partner with the University of Tennessee, School of Social Work Program (UTSW) aimed at taking proactive steps to expand the pool of behavioral health professionals by providing information about the careers in the public behavioral health workforce to high school students. This grant was written in response to the Tennessee Public Behavioral Health Workforce Workgroup that TDMHSAS and TennCare convened in June 2021. The Workgroup generated both short-term and long-term strategies to address recruitment and retention issues, one being Pipeline Planning for Public Behavioral Health Careers. As a result of this grant opportunity, TDMHSAS and UTSW have been able to onboard four (4) ambassadors (current students) who are helping create the educational material and marketing material for the education that will be provided to high school students. Additionally, a webpage that will provide easy access to this information will be disseminated to high school counselors in an effort to get information out to high school students quickly and easily.

Once education begins to high school students, pre- and post-tests will be administered to see if there is an increased interest in high school students pursuing a career in the public behavioral health field. UTSW has partnered with UT's Health Rocks 4-H program to connect with high schools across the state. TDMHSAS will be applying for a second round of this funding to expand this work and partner with the University of Memphis, School of Social Work (UMSW) to be able to outreach to a broader set of high school students. There will also be a social media component to expand the modalities used to engage students in learning about the career opportunities.

Division of Substance Abuse Services

The Division of Substance Abuse Services (DSAS) continues to work to leverage federal and state resources, charting a course in meeting Tennesseans where they are. While creating successes during FY 2022, DSAS simultaneously worked toward creating pathways of resiliency, recovery, and independence for individuals affected by substance use, mental health, and CODs. Our vision of service expansion and creating capacity is at the forefront of what we do to serve those in our state most in need.

Sequential Intercept Model (SIM) Assisting Rural Counties to Locate Gaps in Criminal Justice System

Through grant funding from the Bureau of Justice Assistance, DSAS conducted SIM workshops in nine (9) rural counties in Tennessee – Anderson, Blount, Bradley, Cheatham, Cocke, Dickson, Grundy, Roane, and Tipton. These workshops assisted county stakeholders in the development of a cross-systems map to identify how individuals with mental illness and/or co-occurring SUDs encounter and flow through the local criminal justice system, assess available resources, determine gaps in services, and plan for community change. At the completion of the workshops, reports were issued that identified each of the counties' priorities. The DSAS is

actively working with each county to implement tailored programming targeted to addressing the gaps in services for justice-involved individuals with SUD, mental illness, and/or CODs.

Opening of the Women's Residential Recovery Court (WRRC)

In FY 2022, the WRRC program opened and began accepting participants. Its census has continued to grow as the program has continued to develop. The WRRC has the capacity to provide services for up to 42 non-violent female felony offenders, and offers intensive, co-occurring, trauma-informed treatment and recovery services. Women participating in the program have a greater need for intensive services and supervision as they have not previously been successful in recovery court programming in their community. Upon completion of the program, participants transition back into their community recovery court to complete programming.



Governor Bill Lee attends a recovery court graduation in Cookeville, November 2021.

Criminal Justice Liaisons (CJLs) Facilitate Care Coordination

In FY 2022, the CJL Program expanded with services now available in all 95 counties. The CJL Program offers support to justice-involved individuals with SUD, mental illness, and CODs at all intercepts of the justice system. They provide referrals and linkages for behavioral health care and engage with those in custody to assist them as they reenter the community. This work also includes communicating and working closely with family members of those who are incarcerated. Statewide, this program screened more than 3,000 individuals in FY 2022 and connected them with treatment and supports to address their behavioral health challenges and live productive lives in the community. In addition, DSAS hosted the first Annual Criminal Justice Liaison Conference. Presentations included Housing and Homeless Services; Developing a CIT Program; Behavioral Health Safety Net (BHSN); working with Regional Overdose Prevention Specialists (ROPS) and a discussion on Fentanyl.

Addressing Workforce Challenges

The COVID-19 Emergency Relief Funding for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) presented an opportunity to provide more than $6.2 million in provider stabilization payments due to the adverse impact of COVID-19 on the behavioral health workforce. Substance use prevention, treatment, and recovery providers were able to utilize these funds to expand and support payroll costs for their workforce.

New HIV Outreach Program

In FY 2022, TDMHSAS established the HIV Community Outreach, Engagement, and Prevention Program (HIV-COEPP), which provides services to those at high risk for HIV and SUDs. The program uses a navigation approach to expedite services; funds public awareness campaigns regarding the risk of substance misuse among individuals living with HIV; provides opportunities for screening and testing for HIV; training and education around the risks of substance misuse; education on HIV/AIDS; and needed linkages to services where indicated. Through this program the Coalition for Healthy and Safe Campus Communities added HIV prevention as a part of their substance use prevention efforts. Eight (8) college campuses are currently addressing HIV/Substance Use as a part of their substance use prevention plans. Two (2) of the four (4) HIV-COEPP providers receive Ryan White funds.

TN State Opioid Response (SOR) I Grant

The Tennessee State Opioid Response (TN SOR): Changing Behavior, Coordinating Care, and Restoring Lives project was a $46.7 million federal grant awarded to TDMHSAS by the United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA). This two-year grant with a no-cost extension period (2018-2021) aimed to expand the capacity of Tennessee's publicly funded prevention, treatment, and recovery support services systems in response to the state's opioid epidemic. The six (6) broad goals of the TN SOR grant were: (1) increase awareness of the dangers of opioids; (2) educate key stakeholders on preventing overdose; (3) reduce the number of overdose-related deaths through naloxone distribution; (4) train health professionals to assess and treat individuals with OUD; (5) implement an Opioid Overdose Rapid Response Team; and (6) expand access to MAT, clinical treatment and recovery services through a Hub and Spoke model.

Outcomes

- ROPS distributed 140,740 overdose prevention naloxone kits to first responders (including EMS, fire departments, and law enforcement agencies), treatment agencies, and individuals at high risk of overdose.

- There were 46,404 reported successful overdose reversals in which an individual's life was saved by naloxone administration during the TN SOR grant period.

- ROPS trained 83,983 individuals at high risk of overdose, treatment/recovery service providers, and first responders.

- A total of 5,154 unduplicated clients received clinical treatment, MAT, and recovery support services. TDMHSAS funded four (4) regional hub-and-spoke programs in Upper East, East, Middle and West

Tennessee. The four (4) hub agencies supported 22 spoke providers in the community to expand the availability of OUD treatment and recovery services. MAT offered through TN SOR included Methadone, Buprenorphine, and Naltrexone.

Treatment	Year 1	Year 2	No-Cost Extension Period
Clinical Treatment Services	999	2,332	3,550
Medication Assisted Treatment	**Year 1**	**Year 2**	**No-Cost Extension Period**
Methadone	525	643	973
Buprenorphine	207	920	1,237
Naltrexone	117	564	584
Recovery Services	**Year 1**	**Year 2**	**No-Cost Extension Period**
Recovery Support	613	1,720	2,549

Increasing Tennesseans' Knowledge and Capacity Around Fentanyl

Providers and engaged citizens were surveyed about questions they received, stories/rumors/myths circulating in their communities, and information they needed about fentanyl. Using those responses, a presentation was developed by a professor at University of Tennessee's Health Sciences Center. Virtual trainings were provided to coalitions, ROPS, TDH employees, Center for Disease Control and Prevention (CDC) High Impact Areas, the Hal Rogers Workgroup, the TDH's Overdose Response Coordination Office, substance abuse treatment, recovery, and criminal justice providers statewide, and social services and medical providers. Multiple trainings were held throughout the year with more than 1,400 individuals trained at the end of FY 2022. Trainings are continuing to be offered monthly. Prevention coalitions and ROPS were provided with a slide deck as well as an information sheet and social media materials about fentanyl to be used in their communities. In addition to the development of the training, TDMHSAS has a website that includes public facing materials, additional information, links to other partners' resources related to drug overdose, and an Eventbrite for monthly scheduled virtual trainings. A similar process was used to develop a training on stimulants.

Naloxone Distribution Strategy Expansion

In FY 2022, DSAS was notified that there was a shortage of intramuscular (IM) naloxone. Using leveraged state funds to address the shortage, DSAS staff worked with one of the RMHIs to establish a protocol for ordering additional varieties of naloxone, IM vials, and higher dose intranasal Kloxxado. These units were distributed through our ROPS and community partners which contributed to the increased access of naloxone across the state.

Expansion of Coalition Scope of Work to Include Marijuana Prevention

In an effort to increase protective factors, decrease risk factors, and prevent misuse of marijuana by Tennesseans, TDMHSAS added marijuana prevention as one of the four goals for each of the forty-six TDMHSAS-funded coalitions. The goal is to: reduce the past thirty (30) day use of marijuana among persons ages twelve to seventeen (12-17) years through primary prevention strategies. To be effective, prevention strategies or interventions must be linked to the risk and protective factors that drive the problem in the community of the coalition. Using SAMHSA's outcomes-based Strategic Prevention Framework (SPF) planning and implementation process, community coalitions tailored their implementation plan to the needs of their community. Components of the implementation plan include Providing Information, Building Skills, Decrease Access/Increase Barriers, Change Consequences, Physical Design, and Modify/Change Policies.

TN Save A Life Program

ROPS are located throughout the state as a point of contact for training and education on opioid overdose and overdose prevention through the distribution of naloxone. From July 2021 through June 2022, the ROPS distributed 114,112 units of naloxone, an increase of 60% compared to the amount of naloxone distributed during the previous fiscal year (71,448 units). Additionally, TDMHSAS has documented at least 19,275 reversals because of naloxone distributed during FY 2022.

Additional Substance Use Prevention Coalitions

In FY 2022, TDMHSAS issued an AOF to expand its substance use prevention services for three additional organizations. Substance Use Prevention Coalitions work to reduce dependence on harmful and potentially lethal substances such as prescription drugs, alcohol, and tobacco. Coalitions are visible in their communities working with schools, local leaders, and business partners to stop addiction before it starts. Coalitions also support innovative and proactive strategies to reduce addiction and support recovery by working with first responders and law enforcement, training individuals on overdose and distributing naloxone, and communicating the dangers of substance use.

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 ten (10) Lifeline coordinators located throughout Tennessee.

The Hybrid Lifeline Peer Project was established, in partnership with the TDHS, to serve specific distressed regions of the state to increase awareness, coordinate between community resources, and connect individuals with treatment and recovery services. Hybrid Lifeline supports low-income families in receipt of or eligible for either TANF or Supplemental Nutrition Assistance Program (SNAP) and will be eligible to receive support for substance abuse treatment and/or recovery services. There are currently ten (10) Hybrid Lifeline coordinators located throughout Tennessee.



Director of Collegiate Recovery, Nathan Payne, speaks at an event at the University of Tennessee Chattanooga in April 2022.

The Collegiate Recovery Initiative was established to inform campuses across the state on how they may take a proactive role in increasing awareness around mental health, curbing the addiction epidemic; equip campuses across the state with the necessary means to take a proactive role in the mental health of their students and 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 four (4) Faith-Based Community Coordinators, one (1) for each grand division of the state, and one (1) specific coordinator for Shelby County.

FY 2022 accomplishments for the Office of Faith-Based Initiatives include:

- 127 Certified Recovery Congregations established: YTD 907 congregations throughout the state.
- Referred 4,959 individuals into treatment and/or recovery support services.
- Provided 1,709 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 119,078 individuals trained as part of the Lifeline Peer Project, Hybrid Lifeline, Faith-Based Community Coordinators, and Collegiate Recovery Initiative Projects.
- More than 1,100 individuals attended presentations to become Collegiate Recovery Allies.

Division of Hospital Services

In FY 2022, the Division of Hospital Services (DHS) continued its efforts toward the Customer Focused Government (CFG) goal for efficient and effective operation of the RMHIs. There are four (4) RMHIs located across the state of Tennessee:

RMHI	LOCATION	BEDS	FY 2022 ADMISSIONS
Memphis Mental Health Institute (MMHI)	951 Court Avenue Memphis, TN 38013 (901) 577-1800	55	**979**
Middle Tennessee Mental Health Institute (MTMHI)	221 Stewarts Ferry Pike Nashville, TN 37214 (615) 902-7400	207	**2,738**
Moccasin Bend Mental Health Institute (MBMHI)	100 Moccasin Bend Road Chattanooga, TN 37405 (423) 256-2271	165	**2,372**
Western Mental Health Institute (WMHI)	11100 Old Highway 64 West Bolivar, TN 38008 (731) 228-2000	150	**591**

During FY 2022, the DHS focused on identifying and implementing several improvements to the admissions process at the RMHIs, including increasing admissions for forensic evaluation to address a back log of admissions created by COVID-19. To assist in combating the forensic waitlist, the RMHIs contracted with psychologists to increase the capacity to conduct forensic evaluations and increase admission rates. The Division also piloted the SMART Medical Clearance form, a standardized tool for determining medical stability for patients with a psychiatric crisis in an ED. The ultimate goal of utilizing the SMART medical clearance process is to promote patient safety, reduce unnecessary testing, reduce costs, reduce harm, and reduce unnecessary delays.

Over the past several years, TDMHSAS has partnered with the TDH and the Tennessee Hospital Association (THA) to develop and implement the Patient Bed Matching (PBM) system, even as these efforts were impacted by the COVID-19 pandemic. The PBM application is a web-based tool available to assist EDs, crisis providers, and admissions staff in locating an appropriate psychiatric bed at an inpatient behavioral health hospital. It is an expansion of the State's Healthcare Resource Tracking System (HRTS) and provides a secure, Health

Insurance Portability and Accountability Act (HIPAA) compliant application that can be used to share clinical documentation and referral status updates. During FY 2022, many PBM system enhancements were made. Training was provided to the RMHI Admissions staff and state-contracted crisis teams with the goal of using the system for referral transmission in the early fall of FY 2023. TDMHSAS is hopeful that complete implementation of this system will also contribute to improving admission throughput, streamline processes, and improve communication among all involved parties.

The use of technology to improve patient care continues to be adopted by agencies across the state and has contributed to the increased ability of the RMHIs to conduct admission evaluations through tele-connect (videoconferencing) platforms. Tele-connect allows individuals in need of inpatient psychiatric services at an RMHI to be evaluated for admission remotely. These connections help prevent unnecessary transports for individuals who do not meet admission criteria and help reduce the amount of time spent waiting for evaluation in an ED. During FY 2022, there were 5,116 admission evaluations conducted via tele-connect technology.

The RMHIs successfully reduced the 30-day re-admission rate from 8.74% at the end of FY 2021 to 8.08% at the end of FY 2022. The RMHIs made 30-day readmits a focus for improvement opportunities and created Performance Improvement (PI) teams to focus on reduction strategies. By collaborating with family, conservators, and members of the treatment team, some RMHIs conducted special case reviews of individuals returning for admission 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 rapid re-admission are placement issues post-discharge and non-adherence with prescribed medications. Discharge planning for re-admissions focuses on areas identified during the special case review with the goal of improving overall outcomes for the patients being served.

The Division 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. There were 274 subacute discharges across all four (4) RMHIs during FY 2022. In addition, the Division of Hospital Services, in collaboration with Tennessee's MCOs and the Department of Intellectual and Developmental Disabilities (DIDD), created a sub-group that meets three (3) times a week to assist with discharge planning for individuals admitted to the RMHIs with a co-occurring intellectual and/or developmental disability. This patient population is typically more resource-intensive and securing appropriate community placement can often be challenging.

In October 2021, The Joint Commission (TJC) conducted a full unannounced triennial survey at MMHI. At the conclusion of the survey, MMHI successfully maintained accreditation status. The Division of Hospital Services continues to conduct mock surveys at each of the RMHIs prior to TJC unannounced surveys to identify possible improvement opportunities.

During FY 2022, the RMHIs continued to build upon the Waystar Clearinghouse software, a platform designed to aid in the reduction of claims with errors that result in denial of payment for services rendered. The Waystar Clearinghouse, 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 the overall revenue collection across the RMHIs. Clean claim submission rates have improved to 90% for FY 2022.

TDMHSAS continues to partner with three (3) private psychiatric inpatient hospitals in East Tennessee to provide services to the uninsured population in Regions 1 & 2. These hospitals (Parkwest, Ballad Health, and Ridgeview Psychiatric Hospital and Outpatient Center, Inc.) provided 2,495 units of service for uninsured individuals during FY 2022.

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 continue. During FY 2022, the RMHIs concluded the build and development of treatment plans and group notes. MBMHI is slated to pilot the implementation of both beginning in the fall of FY 2023, followed by the other three (3) RMHIs.

The biggest opportunity for the RMHIs relates to employee retention and sufficient staffing, particularly physicians, nurses, custodial workers, 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, rapid hiring events, increased in-range hiring salary, Pay for Performance (P4P), market adjustments, and establishing partnerships with nursing and medical schools. The Star Loan Repayment Program is another program that aids in recruitment and retention. The program offers up to $250,000 in loan repayment for qualifying applicants who work full-time for six (6) years in a Star Loan-approved facility. Many employees working at the RMHIs have taken advantage of this program. The TDMHSAS Office of Human Resources continues to work closely with the RMHIs to support both recruitment and retention efforts. Some of the RMHIs have established Retention and Morale committees to help keep leadership informed of staff needs, with at least one (1) facility conducting stay interviews to gain insight into what works and what additional efforts might help boost morale from the employees' perspective. Some other initiatives developed from the retention and morale committees include lunch with the Chief Executive Officer (CEO) and mentor programs where seasoned employees are paired with new employees for growth and development. Despite ongoing workforce shortage challenges, the RMHIs continue to provide quality psychiatric inpatient services to those with no other resources.

Office of Forensic and Juvenile Court Services

The Office of Forensic and Juvenile Court Services (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 2022, there were 2,347 initial outpatient evaluations which diverted 70% of individuals from the need for an inpatient evaluation. There were 607 inpatient evaluations and 85 new commitments for inpatient treatment of incompetent defendants.

In FY 2022, there were 27 evaluations of defendants found NGRI and 14 new NGRI admissions to the RMHIs, numbers which are consistent with pre-pandemic years. Additionally, there were 324 evaluations conducted by order of juvenile courts and 103 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 314 active MOT cases receiving services from 26 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. In FY 2022, a password-protected computer-based MOT Tracking system went live, further improving our ability to assist MOT providers in the community.

Over 18,000 juvenile court screenings have been conducted in the Tennessee Integrated Court Screening and Referral Project since the beginning of the Project in October 2010, facilitating 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 General Counsel

The Division of General Counsel (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 7,500 court actions (primarily probable cause and judicial commitment hearings), 12 abuse registry cases and disciplinary appeals actions, and other miscellaneous legal actions and projects. Additionally, the Office of Investigations conducted over 90 investigations and the Office of Contracts processed 1,542 contracts and amendments worth over $299 million.

Division of Clinical Leadership

The Division of Clinical Leadership (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 2019, TDMHSAS was awarded a second Federal Medication-Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) 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 waivered 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. FY 2022 covered only three months of the grant's final-cycle year (July 1, 2021 - September 29, 2021). Though the project applied for and was awarded a six-month no-cost extension (September 30, 2021 - March 31, 2022), that period focused on follow-up data collection and completion of the final report. During the last three months of the grant's final-cycle year, TECBOT- TN.X enrolled 14 acute inpatients with OUD transitioning to one of two preselected outpatient MAT providers in Knox County. Of these 14 patients, 100% were white, approximately 86% were male, and 86% were between the ages of 25 and 44. The closeout report for the project was submitted on May 20, 2022. It indicated that the project provided outpatient MAT services to 160 adults from 19 rural and urban counties who had been inpatients in a state-funded psychiatric hospital over the three years of the grant. Three percent (3%) of participants were veterans, a priority population for the project. Many positive outcomes were identified, including a significant decrease in reported drug use at 6-month follow-up compared to intake; a 208% increase in the percent of participants employed either full-time or part-time at six-month follow-up; and an 87% decrease in the percent of participants who received inpatient services for alcohol or substance abuse in the past 30 days. The project further added 19 Data-2000 waivered practitioners in the service area.

The Therapeutic Intervention, Education and Skills (TIES) grant project also operates through the DCL. Funded by the 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 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. TIES offers services in nine (9) rural counties in Middle Tennessee including Coffee, Bedford, Franklin, Hickman, Maury, Lawrence, Lewis, Lincoln, and Marshall. Services are provided by five (5) master's level in-home therapists who are supervised by a Program Coordinator. The Program Coordinator also works with a small number of families.

In FY 2022, TIES served 40 families. In total, the project provided services to 70 adults and 69 children. COVID-19, along with staff shortages at TDCS, reduced the number of referrals and interfered with family engagement in FY 2022. From July – December 2021, 94.7% of TIES children were safely and successfully maintained in their homes at case closure. From January – June 2022, 95% of TIES children were safely and successfully maintained in their homes at case closure. As lead agency for this grant project, TDMHSAS continues to collaborate with TDHS and TDCS to transition the project to an evidence-based model that has been approved under the Federal Family First Prevention Services Act. In fact, the department has been awarded a grant from the Federal Administration for Children and Families to implement this evidence-based model in the current service area for five (5) years, replacing Lewis County with Giles County. Other service counties remain unchanged.

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 the 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 2022, the IRB was providing institutional oversight for 26 active studies. The IRB's Federal registration number is IRB00004627 and is valid until January 21, 2025. The IRB provides free Human Research Participant's Protections Training for principal investigators and researchers conducting research by or for the department.

In collaboration with the Division of Hospital Services and TDH, DCL continues to provide data that allows the RMHIs to maintain their designation as Healthcare 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. DCL also worked with TDH to ensure that mental healthcare professional shortage areas designated in 2018 maintained their designations in 2022. DCL further identified a new loan repayment program (LRP), Substance

Use Treatment and Recovery (STAR LRP), in FY 2022 that offers loan repayment opportunities to a variety of behavioral health professionals that work in the RMHIs. Further, DCL is one of the department's representatives on the Advisory Board of the Tennessee State Loan Repayment Program (TSLRP). In FY 2022, six (6) behavioral health professionals were identified as recipients of loan repayment through TSLRP. The program had $200,000 in available loan repayment funding for eligible behavioral health practitioners in 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 UT and Belmont Colleges of Pharmacy. The Chief Pharmacist, in collaboration with the UT, 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 African American 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 2022, the Suicide and the Black Church Conference Planning Committee planned, coordinated, and facilitated the Virtual Kick Off for the 10th Annual Suicide and the Black Church Conference during the Spring. Over 200 people participated in this conference.

Additionally, the Rutherford County Suicide Prevention Coalition members continued to participate in a number of mental health and substance abuse events via Zoom and F2F, including, exhibits, videos, distribution of suicide prevention resource materials to faith communities and local organizations, and drive-throughs. The Rutherford County Suicide Prevention Coalition, in partnership with a Louisiana Parish affected by several suicides by young females, planned, coordinated, and facilitated a 2nd Virtual Annual Suicide Prevention Symposium in the Spring of FY 2022.

In FY 2022, the Nashville Suicide Prevention in the African American Faith Communities Coalition (NSPAAFC) continued to focus on distributing mental health and suicide prevention resource materials to additional faith communities and local organizations in the Nashville area, hosting mental health and suicide prevention exhibits at community events, training, and adding new members to the coalition. The coalition planned, coordinated, and facilitated SPAAFCC's 7th Virtual Biennial Suicide Prevention Conference during the summer of FY 2022. Over 125 people participated in this conference. Further, in FY 2022, 12 of the 25 African

American churches that participated in the Recovery Congregation training in FY 2021 completed their training and are now certified as Recovery Congregations.

In addition to developing and submitting the Department's annual Title VI Compliance Report and Implementation plan for FY2022, the DCL, in collaboration with DSAS staff, coordinated and trained 360 contract agencies' Title VI coordinators and a number of their other staff during the Title VI training via WebEx in May of 2022.

The Chief Medical Officer (CMO) continues to assume increased responsibility for oversight of psychiatric health care delivery at the three (3) private psychiatric contract hospitals. 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 (3) 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 (4) 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 (4) 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 the DCL continue to partner with the Bureau of TennCare, Tennessee Department of Correction (TDOC), and multiple universities within the Nashville area on training and workforce development.

Division of Planning, Policy & Legislation

The Division of Planning, Policy & Legislation (DPPL) is comprised of two (2) offices: the Office of Planning and the Office of Legislation and Rules.

The Office of Planning produces the Department's Three-Year Plan, administers the Statewide and Regional Planning and Policy Council system, coordinates appointments to the Planning Councils, and develops and submits the MHBG application, the MHBG Annual Report, and the Department's Joint Annual Report (JAR). In FY 2022, 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 service recipients and their 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 two (2) legislative proposals for review. In addition, Office of 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 492 bills during the 2022 legislative session and produced an annual legislative summary of legislation that became law in 2022 for review and use by TDMHSAS Executive Staff and the Statewide and Regional Planning and Policy Councils. Additionally, the Office gave counsel to the Department regarding proposed, potential, and pending rulemaking activity. Specifically, 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 23, 2021.

Office of Communications

State Fiscal Year 2022 marked a return to extensive video storytelling, new tools and methods for managing social media, and unparalleled reach through several media campaigns. As pandemic restrictions eased and in-person events resumed with frequency, the OC attended several gatherings and scheduled video shoots. The content of these productions matched Department priorities showcasing the focus on resiliency, recovery, and independence of Tennesseans receiving TDMHSAS services.

Tennessee Recovery Navigators Profile

The TRNs pair lived experience of addiction and recovery with a passion for helping others on the same journey. This video series examines the Recovery Navigators who work through Frontier Health, their partnerships with local hospitals, and connections to other community services that have made them so successful.

School-Based Behavioral Health Liaisons

Tennessee's SBBHLs serve the mental health needs of students in elementary, middle, and high schools across the state. Thanks to new state funding, TDMHSAS was able to expand this amazing program to cover all 95 counties. These stories recorded just before the school year began in summer 2021 capture the perspectives of several mental health professionals who work as SBBHLs.

Collegiate Recovery Initiative

Challenging the social norms around the "college experience" and creating recovery-friendly spaces on campuses across Tennessee. Videos feature events at UT Knoxville, ETSU, UT Chattanooga, Lipscomb University, and Motlow State.

Recovery Court Profiles

12 Videos featuring stories from Judges, Court Administrators, Court Graduates, and more.

First Responder REST

The First Responder Resource Engagement Specialty Team (REST) program covers 14 counties in southern middle Tennessee. The program works with first responders to train them on addiction, using naloxone, burnout, compassion fatigue, and several other issues that influence their interactions with the people they encounter. This video series features interviews with the FR-REST team, law enforcement, and a program participant.

UT Medical Center Knoxville – Medication Assisted Treatment

If you go to the ED for treatment, you're often sent home with a plan that includes medication. For people who experience an overdose or come to the ED in withdrawals, medication is available, but it's very rarely used in this setting. Thanks to a new pilot project, three (3) Tennessee hospitals are trying out MAT in their EDs. This video series profiles the team at the University of Tennessee Knoxville Medical Center and the amazing successes they've already had so far!

The OC also continued its strong partnership with DSAS' Office of Prevention and Early Intervention Services to coordinate statewide efforts under the #ResilienTN banner. The main efforts for this partnership centered around the two National Prescription Drug Take Back Days, International Overdose Awareness Day (IOAD), and Fentanyl Awareness Day. Additional activities included a news conference at TBI headquarters around the danger of counterfeit prescription pills and hosting take back events in Davidson County. Social media successes included more than 88,000 people reached on Facebook for IOAD and more than 14,000 impressions during the April 2022 Take Back Day event. The OC and the DSAS Office of Prevention and Early Intervention Services also collaborated extensively to produce materials around fentanyl, opioid overdose, and related materials. This included a new webpage (TN.gov/behavioral-health/fentanyl) , one pager, video trainings, and printed materials.

Media Campaigns

The OC continued two existing media campaigns and created a new campaign during FY 2022. The Children's BHSN campaign resumed during September-November 2021 and January 2022 netted more than 12.2 million impressions. The campaign used creative ads produced for the initial run which occurred at the end of FY

2021. Noticeable results included about 7,200 page views for the Children's BHSN during the three (3) months when the ads were running with greatest frequency.

The OC extended the Emmy Award nominated Crisis Services media campaign with additional funding and a new funding source. The original spot ran in August and September 2021 netting 3.9 million impressions on television and an additional 2.9 million impressions on social media. We were also able to alter the commercial slightly to fit a new funding source which was focused on first responders. This spot ran in May and June 2022 and netted 5.4 million impressions.

The OC collaborated with DMHS' OCYAF to create a media campaign for Healthy Transitions. Based around a concept of GPS directions for "navigating" common challenges that transition age young adults face, the trio of spots achieved 3.1 million impressions across Instagram and YouTube resulting in 3,571 clicks to the Healthy Transitions website.

New Tools and Unparalleled Reach

During FY 2022, the OC initiated use of Sprout Social to aid with social media management, tracking trends, and reporting reach. These tools plus opportunistic content creation and media campaigns enabled the department to achieve nearly 21 million impressions across Facebook and Instagram. During FY 2022, our TN.gov site received more than one (1) million pageviews.

Regional Planning and Policy Councils

In FY 2022, Regional Planning and Policy 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 2022, two (2) legislative proposals from the Region IV Planning and Policy Council were submitted for review and consideration and one of those proposals, regarding decriminalizing the use of fentanyl test strips, was included in Governor Lee's 2022 Legislative Package and became law in the Spring of 2022. See Tennessee Public Chapter 764 of 2022.

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 was able to continue to hold quarterly meetings in a hybrid format offering both face-to-face and teleconferencing access due to continued COVID-19 concerns. During this time, members were contacted to identify needs of consumers and agencies to help

coordinate services and maintain stability in providing behavioral health and substance abuse services to individuals and families in the region. Resources and contact information for COVID-19 assistance were also made available to all members. In FY 2022, Region I also continued a campaign to update their membership listing to ensure accuracy as well as increase membership through flyers and other forms of advertisement to local schools and hospitals. This advertisement resulted in the addition of new members from area universities to the council.

Based on a proposal made by Region II, TDMHSAS increased the number of needs each regional council identifies during the needs assessment process. This change was implemented during the 2022 Needs Assessment process. Two other recognitions within the Region II Planning and Policy Council: Jan Cagle, interim Vice-Chair for Region II during FY 2022, was awarded the CIT mental health advocate award by the State at the ongoing state CIT crisis conference and Region II member Amy Blackwell was awarded the National Reclaiming Children Award from the National Federation of Families.

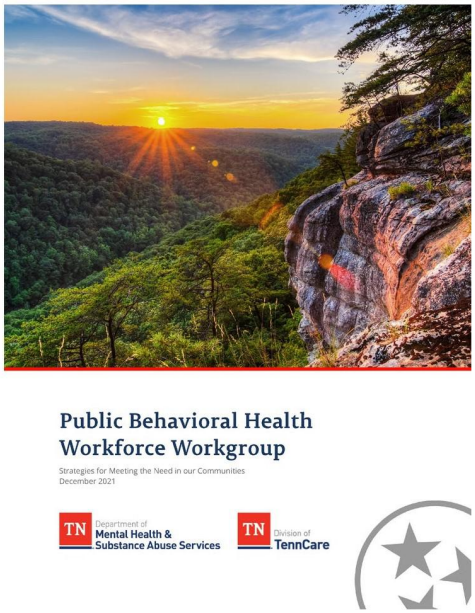
Like Region I, the Region III Planning and Policy Council increased participation across rural counties with ability to hold virtual and hybrid meetings. As a result of this ability, participation increased among the subcommittees, and Chairs for all three (3) subcommittees (Adult, Children's, and Legislative) were established. This ability will also allow Region III to engage more members in the annual needs assessment process from throughout the region where needs identified may look different than just within Chattanooga.

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

Workforce Development

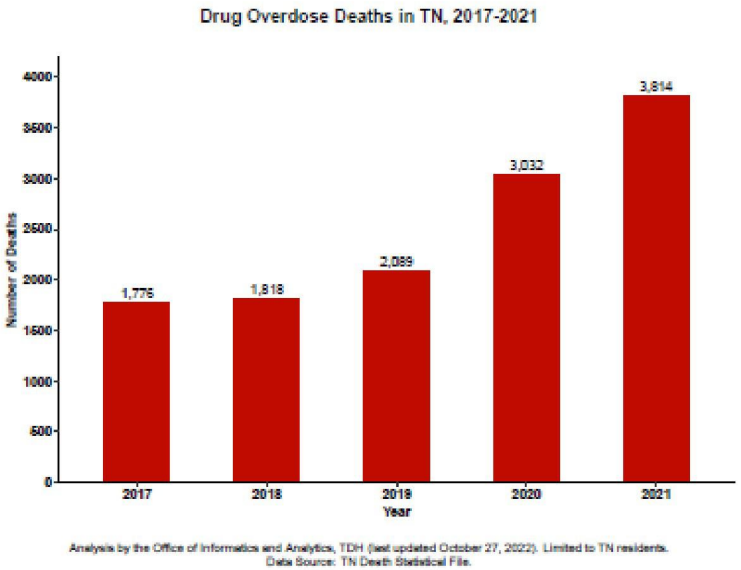
All sectors of the workforce are experiencing staffing challenges in the post-pandemic employment landscape, and the public behavioral health field is no different. TDMHSAS proactively convened a group of key stakeholders in conjunction with TennCare to research the issue and develop strategies during the summer of 2021. The Public Behavioral Health Workforce Workgroup's final report (available at this link: TN.gov/behavioral-health/workforceworkgroup) was published in December 2021, and the recommendations contained therein helped to shape budget requests for both TDMHSAS and TennCare with both organizations requesting and receiving significant provider rate increases in the FY23 budget cycle. For TDMHSAS, the provider rate increase amount was $18 million. Additionally, the department continues to seek additional provider rate adjustments as well as exploring other strategies outlined in the report to address workforce issues in the public behavioral health sector.



Workforce issues at the Regional Mental Health issues have also persisted. TDMHSAS has worked closely with the state Department of Human Resources to advocate and receive pay increases in the hardest to fill job classifications.

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. While prescription drug pain reliever overdose deaths have decreased from 2017 to 2021 by 21% (76 deaths in 2017 to 60 in 2021), all drug overdose deaths continue to rise, reaching 3,814 in 2021 according to the TDH.



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); increase training opportunities on naloxone; SIM in various communities to aid in bridging the gap between the criminal justice and mental health/substance abuse systems; increasing utilization of MAT; expanding recovery support services, and engaging EDs to assist them in their ever important role in combating OUD. Additional opportunities to enhance MAT options include adding injectable buprenorphine and increasing access to MAT and clinical treatment.

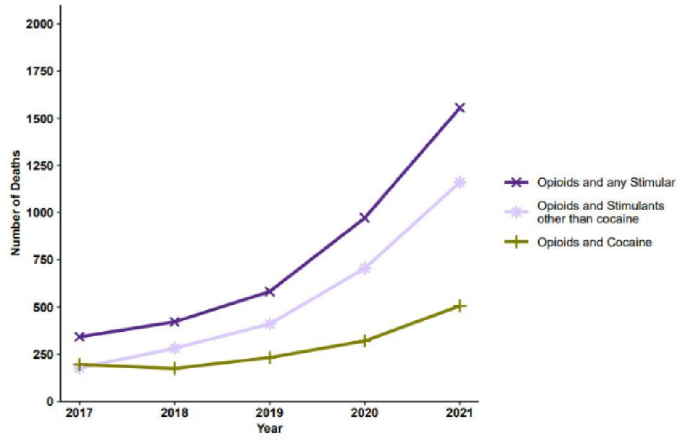
Prescription History in the 365 Days Before Overdose Deaths in TN, 2017-2021

Percent who filled any prescription in the TN CSMD within 365 days of death by type of overdose death among all individuals who died, 2017-2021 (n_total=12,399, n_linked=10,678)					
Overdose Death	**2017**	**2018**	**2019**	**2020**	**2021**
All Drug	64	58	53	48	44
Opioid	66	58	53	47	44
Pain Relievers	76	69	63	62	60
Heroin	57	51	49	47	44
Fentanyl	54	50	49	44	42
Benzodiazepine	76	75	66	66	60
Opioid and Benzodiazepine	75	73	66	65	59

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 United States (TEDS Discharge Report). In addition to the increase in methamphetamine use that has been seen in TEDS reporting, deaths in Tennessee involving any stimulants have consistently increased over the past five years: a 245% increase from 2017 to 2021. Further, deaths involving stimulants other than cocaine, a category that includes primarily deaths involving methamphetamine, have increased substantially over this period.

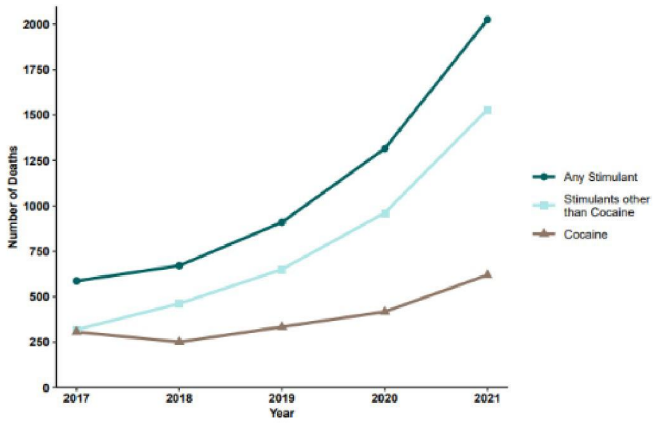
Number of Stimulant and Opioid Overdose Deaths in TN, 2017-2021



Analysis by the Office of Informatics and Analytics, TDH (last updated October 27, 2022). Limited to TN residents.
Data Source: TN Death Statistical File.

Number of Stimulant and Opioid Overdose Deaths in TN					
Type	**2017**	**2018**	**2019**	**2020**	**2021**
Opioids and Any Stimulant	342	421	582	972	1,555
Opioids and Stimulants other than Cocaine	177	281	410	705	1,161
Opioids and Cocaine	195	174	232	320	506

Number of Stimulant Overdose Deaths in TN, 2017-2021



Analysis by the Office of Informatics and Analytics, TDH (last updated October 27, 2022). Limited to TN residents.
Data Source: TN Death Statistical File.

Number of Stimulant Overdose Deaths in TN					
Type	**2017**	**2018**	**2019**	**2020**	**2021**
Any Stimulant	587	671	910	1,315	2,025
Stimulants other than Cocaine	319	462	651	961	1,530
Cocaine	306	251	334	417	620

Deaths involving both opioids and stimulants have also increased over the past five years. In 2021, 77% of stimulant-involved deaths also involved an opioid. Of these deaths (1,555), the opioid most frequently involved was fentanyl (94%). TDMHSAS will address the risk factors of OUD, opioid overdose, and stimulant use disorder by utilizing TDMHSAS-funded SOR providers for opportunities to provide treatment services in addition to Federal Block Grant funding for the continuum of care. Risk factors will also be addressed by including individual-based prevention providers, substance use prevention coalitions (SUPCs) and ROPs. Individual-based prevention providers utilize Evidence Based curriculums to increase protective factors such as self-esteem, sound decision making, and healthy coping strategies in youth and young adults. SUPCs and ROPS, working in coalitions with other providers, increase knowledge on the dangers of opioid and stimulant misuse/illicit substance use, how to respond to an overdose, awareness of the availability of harm reduction resources, increasing public awareness on the broader trends of the substance use crisis, the brain science of addiction, and access to health professionals that can assess and treat OUD and stimulant use disorders. SUPCs implement advertising/ media campaigns in their regions that raise awareness about the dangers of opioids and stimulants and resources for naloxone, harm reduction, and recovery. ROPS bring their professional training, such as nursing, paramedicine, social work, and public health, together with lived experience of recovery or close personal connection to SUD to challenge stigma and promote recovery in their communities.

Reducing Stigma

Reducing the stigma associated with mental illness or substance abuse disorders will allow individuals to feel more empowered to seek treatment. TDMHSAS will continue investing in 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 and the Tennessee Suicide Prevention Network (TSPN) will continue to aggressively address this issue.

Council-Identified Challenges

In FY 2022, Regional Planning and Policy Councils identified several needs across the state. The 2022 Needs Assessment Summary, as well as other helpful documents, included the Department Update regarding the 2022 Needs Assessment Summary, can be found at this link: https://www.tn.gov/behavioral-health/planning1/needs-assessment.html.

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TNAGMETA-008-00039290